

Report of the

Partner Agency Consultation

on the

**Landscape Analysis on readiness
to act in nutrition**

5 - 6 November 2007, Geneva, Switzerland



Contents

1. Introduction	3
2. Objectives and Expected Outcomes of the Partner Agency Consultation	4
3. Discussions and Issues Raised	5
3.1 Overview and objectives of project	5
3.2 Indicators	8
3.3 Classification of countries according to readiness	11
3.4 Assessment and analysis methodologies for in-depth studies.....	13
3.5 Selection of countries	15
3.6 Products to be developed under the project	16
3.7 Future products which can draw on the Landscape Analysis	18
3.8 Timeline	18
4. Overall Conclusions and Summary List of Agreements	19
 Annexes	
Annex 1: List of participants	22

1. Introduction

The partner agency consultation on the Landscape Analysis on readiness to act in nutrition met in Geneva from 5 to 6 November 2007. The meeting was opened by Dr J. Schlundt, Acting Director from the WHO Department of Nutrition for Health and Development (NHD) at the World Health Organization (WHO). Dr Schlundt stated that the project on the Landscape Analysis was conceived as part of WHO's efforts in strengthening its contribution to the achievement of the Millennium Development Goals (MDGs). In relation to this, the Lancet Series on Maternal and Child Undernutrition will be launched in early 2008 and will provide a unique advocacy opportunity to accelerate evidence-based action in nutrition. In order to maximize the impact of this opportunity and for carrying forward the findings of the Series to create intersectoral action for improving nutrition, the Landscape Analysis will identify gaps, constraints and opportunities for integrating new and existing effective nutrition actions and implement them at scale, in the 36 high-burden countries¹ where 90% of the world's stunted children live. For the development and execution of this Landscape Analysis project, WHO has formed a Project Coordination Team which includes the representatives of the Departments of Child and Adolescents Health (CAH) and Making Pregnancy Safer (MPS) who meet weekly to discuss the progress, workplan and tasks to be undertaken. However, he emphasized that the effective undertaking of the Landscape Analysis cannot be accomplished by WHO alone. It requires the close involvement and participation of our partner agencies and various stakeholders, notably the United Nations System Standing Committee on Nutrition (SCN), who is an integral part of the project and whose Secretariat is an important part of the Project Coordination Team.

Dr E. Piwoz, Senior Programme Officer, Global Health Strategies at the Bill & Melinda Gates Foundation, described in her address that the Foundation has recently developed its nutrition strategy which focuses on four areas: research, access to micronutrient-fortified foods at population level, reduction of maternal and child undernutrition, and strengthening of global consensus and country capacity. She highlighted how the Landscape Analysis will be particularly valuable for contributing to the progress of the two latter areas of the Foundation's nutrition strategy focus. However, she emphasized that the outcomes of the Landscape Analysis should be as useful to countries, partner agencies, and donors as they would be for the Foundation.

Dr I. Darnton-Hill, Senior Adviser in Child Survival and Nutrition at United Nations Children's Fund (UNICEF) was elected as Chair, and Dr D. Pelletier, Professor at Cornell University/ Mainstreaming Nutrition Initiative, was elected as Vice-Chair and Rapporteur of the meeting.

1

The following are 36 high-burden countries which are home to 90% of the 178 million stunted children under 5 years of age in the world: Afghanistan, Angola, Bangladesh, Burkina Faso, Burundi, Cambodia, Cameroon, Côte d'Ivoire, Democratic Republic of the Congo, Egypt, Ethiopia, Ghana, Guatemala, India, Indonesia, Iraq, Kenya, Madagascar, Malawi, Mali, Mozambique, Myanmar, Niger, Nigeria, Nepal, Pakistan, Peru, Philippines, South Africa, Sudan, United Republic of Tanzania, Uganda, Viet Nam, Yemen, Turkey, Zambia.

2. Objectives and Expected Outcomes of the Partner Agency Consultation

The holding of this partner agency consultation was planned as part of the 1st phase of the Landscape Analysis project implementation, involving various partner agencies and other stakeholders through the SCN Steering Committee mechanism. WHO, therefore, informed SCN of their plan to organize a partner agency meeting at the their Steering Committee meeting held in New York on 13 –14 September 2007. Immediately following the approval the project proposal by the Bill & Melinda Gates Foundation in October 2007, WHO after consultation with the SCN Steering Committee members, confirmed the dates of the meeting as 5 – 6 November 2007, and began its preparations.

The objectives of the Partner Agency Consultation were to:

1. Review, evaluate and agree on:
 - the data collection and assessment methodologies for the desk analysis, telephone interviews and country visits;
 - the appropriate indicators to use and how to categorize them in order to classify countries according to the severity of nutrition problems and readiness to act; and
 - the process and criteria for selecting 20 countries for telephone interview and 10 countries for further in-depth investigation.
2. Discuss the involvement and participation of partner agencies in the project in order to further develop the operational plan of the project i.e. being part of the undertaking of telephone interviews, country visits, peer-reviewing of the analysis and findings.
3. Initiate the identification and mapping of key focal points and stakeholders in the various sectors of the 36 countries.

The expected outcomes of the meeting, therefore, were to:

1. Agree on the data collection and assessment methodologies including composite indicators for classifying countries and the criteria for selecting 20 countries for telephone interview and 10 countries for country visits;
2. develop the operational plan of the project; and
3. agree on the process for identifying key focal points and stakeholders in the 36 countries

3. Discussions and Issues Raised

3.1 Overview and objectives of project

The main aim and goal of the original Landscape Analysis project was to develop and disseminate a strategic action plan to guide consolidated and harmonized international assistance and investment by all stakeholders to accelerate action for the reduction of undernutrition in 36 high-burden countries.

The specific objectives of the project originally set out to:

1. Conduct a landscape analysis in 36 high-burden countries of their readiness to act at scale in order to accelerate actions for reducing maternal and child undernutrition by assessing existing gaps and constraints, and identifying opportunities to integrate nutrition-related action;
2. Develop a strategic plan and recommendations to guide international assistance and investment in accelerating nutrition action in countries that are in different categories of readiness by examining the nature and extent of the support required using a three-stage assessment involving all stakeholders (desk review of secondary data, telephone interviews with key informants and selected country visits);
3. Promote consolidated and harmonized international assistance and investment in nutrition action in order to accelerate the reduction of maternal and child undernutrition in 36 high-burden countries by widely disseminating, and publishing the outcomes and analyses of the project in the WHO/SCN Report on the World Nutrition Situation and through a high-level policy-maker and stakeholder briefing meeting at the World Health Assembly in 2008; and
4. Establish and agree on a baseline related to the current status of nutrition action with 36 high-burden countries in order to allow the tracking of their future progress.

The original Landscape Analysis project has the following four phases with distinct activities. Please note, however, that some of the timelines for each Phase now need to be adjusted as the original workplan was developed based on a planned beginning of the project in September 2007.

Phase 1: Development of assessment methodologies

- Development of draft data collection/assessment methodologies for:
 1. Desk analysis (36 high-burden countries)
 - ▶ Assessment of nature/severity of maternal/child undernutrition
 - ▶ Assessment of readiness to implement actions
 - ▶ Development of 3 x 3 classification of readiness
 2. Telephone interviews

3. Selected country visits
- Holding of a partner agency consultation

Phase 2: Data collection and assessment

- 3 stage assessment:
 1. Desk analysis of 36 high-burden countries
 2. Telephone interview with 5 key informants in 20 selected countries
 3. Country visits in 10 selected countries for in-depth investigation

Phase 3: Analysis and peer-review

- Analysis of the data collected in Phase 2 and peer-review of preliminary results
 - ▶ Presentation of progress and preliminary results at the 35th SCN Annual Session
- Final overall analysis:
 - ▶ consideration of results obtained in Phase 2 & feedback/inputs received from discussions at the 35th SCN Annual Session
 - ▶ preparation of an overview of all results
 - ▶ drawing and finalization of conclusions

Phase 4: Development of final report and strategic action plan

- Completion of data analysis, preparation/publication of final report and dissemination of findings
- Development of strategic action plan and recommendations for international assistance/investments for harmonized action
- Holding of a technical briefing meeting during the 61st World Health Assembly in May 2008

Due to the delayed timing of the implementation of the project, however, it is planned that interim results will be discussed with some selected countries at the 35th SCN Session in Hanoi, Viet Nam, in March 2008 and also at the high-level policy-maker/stakeholder briefing during the 61st World Health Assembly to be held in May 2008 in Geneva, Switzerland. Final results will then be published in a detailed WHO report, and a further summary of conclusions and some data material will be published in the 6th Report on the World Nutrition Situation (expected later in 2008). The analysis will also serve as a baseline related to the current status of nutrition action in the 36 high-burden countries in order to allow tracking of their future progress.

"Readiness analysis" is frequently used in the private sector, where companies undergo the exercise before making investment decisions in order to determine the readiness for change in terms of technical and strategic capacity, and what preparation is needed where and how. The meeting acknowledged the usefulness of obtaining more information on how the readiness analysis is being used by the private sector.

It was acknowledged that during the early stages of the development of the project proposal that we all share common goals, expressed in, for example, WHO's Strategic Objectives on nutrition, food safety and food security, SCN's Vision, Ending Child

Hunger and Undernutrition (ECHUI) targets, and the World Bank's Repositioning Nutrition Strategy. However, the reduction of maternal and child undernutrition does not accelerate in many countries. Therefore, applying the concept and approach of the readiness analysis to the area of nutrition, the aim of undertaking a landscape analysis on readiness to act was first and foremost to identify gaps and opportunities to move forward at the country level, starting with these 36 high-burden countries. Furthermore, through this process in the 36 countries, lessons could also be drawn regarding the readiness of the international nutrition system to take action.

The meeting participants welcomed the project and discussed the potential long-term effects in terms of providing guidance, advocacy opportunities and the enhancement of commitment to nutrition action. However, they emphasized that there is a need for more clarity in terms of the purpose of the Landscape Analysis, i.e. for whom the recommendations and action plan to be developed through the project are intended.

It was emphasized that the Landscape Analysis should be functional in order to provide practical guidance. There is a demand in countries and among international actors to obtain information on what they should be doing, how they should do it, whether they should do it differently from how they are at present, how they can bring about this change, and how much it will cost. It was recognized that there is a need for eventually developing a menu/package/toolbox of interventions to be used according to different combinations of nutrition problems and countries' readiness.

Through intensive in-depth investigations, including the focus group discussions in 10 selected countries as well as in discussions with decision-makers in health at the 61st World Health Assembly in May 2008, the Landscape Analysis itself could potentially enhance commitment to act at scale. The meeting discussed the lack of high-level and consistent attention to nutrition and why nutrition does not get the same attention as, for example, disease initiatives, such as HIV/AIDS, malaria and tuberculosis (TB). Challenges discussed include the fact that decision-makers are usually not themselves personally vulnerable to, and affected by, maternal and child undernutrition. It is crucial to get the message across that nutrition is the top determinant of health and that malnutrition has economic and other consequences for countries. It was agreed that the high-level dissemination of the project results at the briefings at the World Health Assembly and through the 6th Report on the World Nutrition Situation, as well as the planned nutrition tracking system, constitute important advocacy tools.

Moreover, the project should take advantage of the attention given to nutrition through the Lancet Nutrition Series, and seek to harmonize with the review of the international nutrition system which was requested by the SCN Chair and is currently being coordinated by UNICEF.

It was agreed that a nutrition tracking system should use readily available and standardized information combined with authoritative, comprehensive nutrition databases, thus allowing desk analysis and relatively simple maintenance. For the in-depth investigation of selected countries, it was recommended that international agencies should try to avoid extracting data from countries for use in external centralized analysis, but rather involve countries from the beginning, ensuring that assessment and analysis become a participatory process.

Agreements:

- Need more clarity in terms of the purpose of the Landscape Analysis project. i.e. for whom the recommendations and action plan to be developed through the project are intended
- Make the Landscape Analysis functional in order to provide practical guidance, which could be useful in developing a menu/package/toolbox of interventions to be used according to different combinations of nutrition problems and countries' readiness
- Take advantage of the potential of the Landscape Analysis itself to enhance commitment at country level, for which evaluation elements need to be brought in during the early stages of project development
- Maximize the use of advocacy opportunities (i.e. 35th SCN Session, 61st WHA, 6th Report on the World Nutrition Situation, nutrition tracking system) to get the message that nutrition is an important determinant of health and that malnutrition has economic and other consequences for countries
- Harmonize with and build on leverage created through ongoing initiatives, e.g. Lancet Nutrition Series, review of the international nutrition system and ECHUI, amongst others
- In developing the nutrition tracking system (country nutrition profiles), maximize the use of readily available and standardized information and authoritative, comprehensive nutrition databases
- When undertaking in-depth country investigations in 10 countries, involve countries from the beginning in order to ensure that assessment and analysis become a participatory process

3.2 Indicators

The meeting participants acknowledged the usefulness of the categorization of indicators based on the UNICEF Conceptual Framework. It was suggested, however, that the indicators be grouped between "nutritional problems", including: 1) the nutritional outcomes and the immediate and underlying level factors affecting these outcomes and 2) "readiness to accelerate progress in undernutrition reduction", which includes factors mainly at the basic level. "Readiness", in turn, would be a function of "commitment" and "capacity". In addition, the meeting suggested that there is also a need to have a category of "meta-indicators" which have an impact on nutrition actions, for example, governance, gender, human rights, conflicts and emergencies.

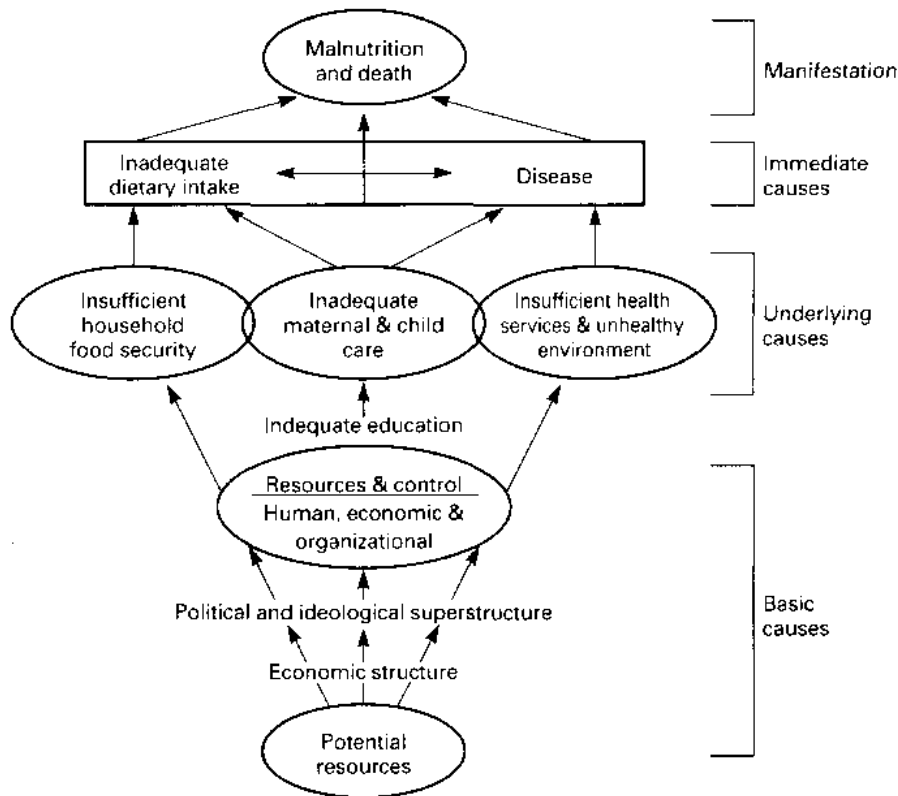
The meeting, therefore, suggested that the indicators be reviewed under the following 4 broad categories:

1. Nature, extent and distribution of nutrition problems

Nutrition problems relate to factors at manifestation level (i.e. nutritional status), immediate level factors (i.e. dietary intake and disease interaction) and underlying level factors (i.e. food, health and care factors) in the UNICEF Conceptual Framework (Figure 1) and how they change over time (i.e. percentage of change in prevalence and trend). The indicators need to capture

inequity issues (i.e. disaggregation by sex, socioeconomic status, geographical areas – sub-national data, such as urban vs. rural) and possibly serve to identify so-called "hotspots", where possible.

Figure 1: UNICEF Conceptual Framework



2. Commitment

Commitment corresponds to willingness to act at scale, in terms of concrete plans and demonstrated resource allocation, among governments as well as agencies and donors, to nutrition in addition to indirect policies in other areas that might impact on nutrition. Nutrition budgets, however, are seldom explicit and this poses a challenge to understanding priority changes or tracking resource flow for nutrition.

Some examples of governmental commitment include existence of nutrition policies, budget lines for nutrition, nutrition objectives in Poverty Reduction Strategy Papers (PRSPs), existing legislation, percentage of budget spent on health, priority given to nutrition relative to other sectors by national governments, reporting obligations to, for example, the World Declaration and Plan of Action for Nutrition adopted by the International Conference on Nutrition (ICN), the

Convention on the Rights of the Child (CRC), and the Covenant on Economic, Social and Cultural Rights (CESCR).

3. Capacity

Capacity refers to the ability of the countries to act at scale. Some examples include resources at national level (i.e. general GDP per capita), coverage of nutrition and health programmes, number of nutritionists or nutrition personnel in the Ministry of Health, existence of nutrition institutions and coordination mechanisms, and training opportunities in nutrition.

4. Meta-indicators

Meta-indicators describe general conditions and contextual factors that will enable or constrain the commitment and capacity to carry out nutrition actions. Examples include governance, female education, women's status, crises (i.e. natural disasters, wars, conflicts, etc.), human development indicators/indexes, defense expenditure, changes or trends in under 5 mortality rates, etc.

It was agreed that the desk review for compiling data for these categories should, wherever possible, build on the existing on-going work and maximize the use of existing data sources. These include the MDG target indicators, Countdown 2015, UNICEF's State of the World's Children Report, the Lancet Nutrition Series, FAO's National Food Security Medium-Term Plans and others.

In order to identify appropriate indicators that reflect constraints to acting at scale, the meeting discussed bottlenecks at four levels (international, national, district and household), and the results anticipated from the project. For instance, the main bottlenecks at the international level included lack of common understanding and speaking with one voice, changing agency priorities, and poor use of existing resources. It was emphasized that the Landscape Analysis project would contribute to increased attention, awareness and funding, and to agencies working better together despite different mandates.

Some remaining issues to be clarified include: Where to place the coverage and intensity of nutrition interventions? It could fit under both capacity as well as commitment? If composite indicators are to be used, how will their individual components be weighted? How to best capture communication and coordination among and between partners at both international and national levels, as well as between sectors and constituencies, including donors and NGOs?

Agreements:

- Use four broad categories of indicators for analysis: (1) nature, extent and distribution of nutrition problems, (2) commitment, (3) capacity, and (4) meta-indicators
- For compiling the data for these categories, build on the existing on-going work and maximize the use of existing data sources, wherever possible
- Resolve remaining issues to be clarified. These include: where to place coverage and intensity of nutrition interventions? they could fit under both

capacity as well as commitment? If composite indicators are to be used, how will their individual components be weighted? How to best capture communication and coordination among and between partners at both international and national levels, as well as between sectors and constituencies, including donors and NGOs?

3.3 Classification of countries according to readiness

Concrete examples were given to demonstrate how countries can be classified and show progress in work on developing methodology. It was noted that the objective of the Landscape Analysis is not just to understand where best to invest, but also how to best invest in order to accelerate the reduction of maternal and child undernutrition. The idea is, therefore, to develop a method to make a functional classification system of countries according to a typology of nutritional problems vs. state of readiness to act at scale. When these are divided into 3 levels (low, medium, high) and combined to form a 3 by 3 matrix, this can both guide action and serve as an advocacy tool. The classification system should be developed with a view to eventually developing a menu or package of intervention programmes and guidance on how to act at scale and the kind of investment needed to enhance countries' readiness.

The Typology² and magnitude of malnutrition must consider the nature, severity and actual rate of reduction of the nutritional problem. In its *Report Card on Nutrition* from 2006³, UNICEF has classified countries according to whether they are on track for reaching MDG1 based on the severity of the problem and current average annual rate of reduction (AARR). The state of readiness to act at scale should be based on a composite indicator reflecting a country's capacity and commitment. Examples were given of how countries could be classified according to governance⁴ and resources⁵.

The political sensitivity of classifying countries along such scales was discussed. Whenever possible, existing classifications should be used to avoid controversy. If new ones are to be created, it is important to obtain country buy-in, however this can be time-consuming because ranking requires the endorsement of the countries involved. The Landscape Analysis may, however, be less politically sensitive for the following two reasons:

- a) It largely uses existing indexes to which the countries have already agreed. Therefore, combining existing data in creative ways that leads to action could be very useful. The WHO Department of Child and Adolescent Health (CAH) is developing key indicator profiles in order to classify 60 countries for the Countdown 2015. It was, therefore, recommended that the Landscape Analysis uses these child survival indicators and classification, and develop a

² The World Bank has done a grouping of countries based on the typology of malnutrition problems (Figure 5.2, *Repositioning nutrition*, World Bank, 2006)

³ UNICEF Report Card on Nutrition (2006)

⁴ Based on World Bank governance indicator, calculated on a regular basis for a number of countries

⁵ An appropriate expression needs to be developed, for example based on GDP per capita, ODA, etc.

complementary set of nutrition-specific indicators, including the nutrition indicator in the MDGs (i.e. underweight for under 5 years of age).

- b) It aims to develop a methodology on how to classify (rather than coming up with a definitive classification). The methodology can subsequently be subject to discussion and validation.

It was suggested that the 36 countries be informed about the project and given the opportunity to participate. A letter should be sent from WHO and a copy of the letter to be shared with partner agencies who participated in the meeting, as well as with the SCN Steering Committee members for them to disseminate and share with their regional and national offices in order to ensure that everybody concerned would be informed of the undertaking of the Landscape Analysis.

Remaining issues: How to capture heterogeneity within countries? How to capture the complexity of the nature of the nutrition problem (e.g. dimensions related to food, health and care) on one scale?

Agreements:

- Develop a method to make a functional classification system of countries according to the typology of nutrition problems vs. the state of readiness to act at scale, with a view to eventually developing a menu or package of intervention programmes and guidance on how to act at scale and the kind of investment needed to enhance countries' readiness. Typology and magnitude of malnutrition must consider the nature, severity and actual rate of reduction of the nutrition problems, whereas the state of readiness to act at scale should be based on a composite indicator reflecting a country's capacity and commitment
- Minimize the political sensitivity of classifying countries through:
 - a) using existing indexes and classifications which the countries have already agreed to, in order to avoid controversy, especially Countdown 2015 classification, World Bank Governance indicators, State of the World's Children, and
 - b) emphasizing that the Landscape Analysis aims to investigate the feasibility of developing a methodology for how to classify, rather than coming up with a definitive classification of countries
- Inform the 36 countries about the Landscape Analysis and give them the opportunity to participate or not
- Resolve remaining issues: How to capture heterogeneity within countries? How to capture the complexity of the nature of the nutrition problem (e.g. dimensions related to food, health and care) on one scale, as well as the heterogeneity of readiness?

3.4 Assessment and analysis methodologies for in-depth studies

The proposed assessment and analysis methodologies for in-depth country investigations involve discussions with main development actors to explore perceptions and knowledge of nutrition problems, actions and priorities. The analysis regarding the national nutrition system would be qualitative, in particular, with regard to the aspects of stewardship, financial resources, provision of food and nutrition services, and strength of human and institutional resources. The responses would be discussed in focus groups using a problem tree analysis.

Unpublished data collection methods and results were presented from the study of the 20 countries (that are home to 80% of the global burden of stunting).undertaken for the preparation of the Lancet Nutrition Series Paper 4. In order to build on this Paper's work, one suggestion was to classify countries according to different types of readiness in a 2 by 2 matrix with high-low capacity and commitment.

The meeting emphasized that data collection and analysis should involve the countries and the Landscape Analysis should take a very participatory approach to make it a two-way learning experience in order to benefit the countries as well as the agencies. Furthermore, it is key to involve countries and make them implicit partners from the very beginning so a process of change can be established from the beginning. Examples mentioned included so-called "Future Search Workshops" and HIV programme assessment trips in Southern and Eastern Africa. The participatory method, "Future Search Workshops", involves group discussions with a problem identification phase where participants examine challenges and bottlenecks, a dream phase where they envision their ideal future, a reality phase where they look at what is likely to happen if no action is taken, and a planning phase in which they agree upon actions needed to narrow the gap between the ideal and the probable futures. Another example was a report of how high-profile joint assessment teams undertaking 5-day multi-agency assessment trips in selected countries in Southern and Eastern Africa, boosted motivation to act at scale and succeeded in improving coverage of HIV services. Only 3-4 simple indicators were used in this project, and it was, therefore, suggested that the Landscape Analysis should not start too ambitiously, but be quite focussed initially and expand later.

The concept of readiness analysis has been used by the private sector in order to determine their investment strategies. If the Landscape Analysis follows this approach, it should aim at assessing readiness for change as much as readiness to act at scale. As such, it would require exploring attitudes, old versus new skill sets required, risks and insecurity, perceptions of the need to change, institutional cohesiveness, incentives and communication. It was noted that in order to investigate these, a full design team might be needed, including experienced change management consultants who may boost strategizing, operationalization and implementation. Some questioned the sustainability of outsiders initiating change and the need for the motivation for change to come from within.

The meeting emphasized the advantage and attractive selling point that changes in nutrition can happen quickly. The World Bank's *Repositioning Nutrition* document describes short and long routes to good nutrition. The group discussed barriers for and resistance to change. Growth Monitoring Programmes, for example, which have been evaluated in the Lancet Nutrition Series as largely ineffective due to the failure to link monitoring to any follow-up action, have nonetheless become a ritual in most countries, though the outreach and coverage is impressive. The challenge is how to change "doing wrongs" into "doing rights" through finding positive ways to engage countries in a process of change. Countries are not resistant to change if they see a benefit from it. The introduction of the new WHO Growth Standards, for example, presented a unique opportunity to change the current implementation of the Growth Monitoring Programmes and that, in fact, many countries had already started measuring the length and height of children.

In discussing the composition of the country assessment team for in-depth country investigation, it was agreed that team members need broad experience and not be biased in favour of any specific nutrition interventions. Suggested skills and expertise for the country assessment team include having hands-on practical experience with nutrition policies and programmes at the country level including developing skills in advocacy and communications, and knowledge in change management.

Remaining questions: How to generalize the data analysis and outcomes derived from the proposed 10 country visits for in-depth investigation into all 36 high-burden countries? Or should there be the development of a method which could be applied to all 36 countries and others, if necessary? Is there any need for developing remaining data analysis plans?

Agreements:

- Assessment methodologies will involve discussions with main development actors to explore perceptions and knowledge of nutrition problems, actions and priorities, as well as national nutrition systems in terms of aspects of stewardship, financial resources, food and nutrition capacity and services, and human and institutional resources
- Analysis to include qualitative methods, where responses will be discussed in focus groups using a problem tree analysis
- Involve the countries from the beginning and make them implicit partners in order to ensure it will be a two-way learning experience
- Explore the possibility of building on existing methodologies, such as "Future Search Workshops", or learn from other experiences such as HIV programme assessment trips in Southern and Eastern Africa
- Clarification on how to assess readiness for change as it may require different sets of skills for investigation compared to assessing readiness to act at scale
- In setting up a country assessment team for in-depth country visits, ensure that the team members have broader skills and expertise, including hands-on practical experience with nutrition policies and programmes at the country level, including developing skills in advocacy and communications, and knowledge in change management

- Resolve remaining questions: How to generalize the data analysis and outcomes derived from the proposed 10 country visits for in-depth investigation into all 36 high-burden countries? Or should it be a development of a method which could be applied to all 36 countries and others, if necessary? Is there any need for developing remaining data analysis plans?

3.5 Selection of countries

The Landscape Analysis focuses on the 36 countries that are home to 90% of the burden of stunting, of which a sample would, according to the original project design proposed, be subject to more in-depth study through telephone interviews (20 countries) and country visits (10 countries).

The meeting welcomed the focus on the burden of stunting, but expressed some concern related to the identification of the initial 36 focus countries as well as to the feasibility and value of doing telephone interviews in 20 countries before visiting 10 of them. Although the project focuses on 36 countries with high numbers of stunted children, attention to the countries not on the list of 36 that have high stunting rates but relatively smaller populations, and therefore not contribute significantly to the global burden, should not be diminished. This is consistent with a child's rights approach. There was an agreement to dispense with the telephone interviews with 20 countries and go directly from 36 to 10 countries for in-depth study due to the lack of added value, as well as time constraints.

A variety of criteria for selecting the 10 countries for in-depth study from the list of 36 were discussed. These included: aiming to achieve geographical representativeness; focusing on high or low prevalence countries; focusing on countries considered more or less ready (or a variety of typologies); excluding countries already achieving considerable reduction with little assistance; asking countries to volunteer; building on the work undertaken for the preparation for the Lancet Nutrition Series Paper 4); and taking opportunity of factors at country level, such as the presence of "nutrition champions" or existing initiatives (e.g. ECHUI or MNI). The group agreed that it was crucial that country visits should be possible, i.e. that there were no security constraints, and to make use of strategic opportunities in countries where it was likely to get country buy-in and therefore make an impact.

The meeting was informed that the World Food Programme (WFP)/Ending Child Hunger and Undernutrition (ECHUI) encouraged the project group to look at the in-depth analysis by the Boston Consulting Group (BCG) in Mauritania and Niger for ECHUI. BCG has offered to continue this analysis in other countries for ECHUI. The Food and Agriculture Organization of the United Nations (FAO) also informed the meeting of the exercise which is currently underway by the FAO Food and Nutrition Division to map the partners at country level with regard to food security and nutrition.

The meeting developed the following three-tier criteria for selecting countries:

1st tier

- Preliminary screening of 36 country criteria (as identified by WHO 2007)

2nd tier

- Security (\geq Phase 2)
- Country willingness
- Possibility to effect change (governance as proxy)
- No added value

3rd tier

- Timeliness
- Burden and trends
- Diversity (Regional, Capacity, Commitment)
- Existing activities, e.g. Mainstreaming Nutrition Initiative (MNI)

Unfortunately, there was not enough time during the meeting to go through the exercise of applying these criteria to selected countries. However, with the suggestion of the chair, a small group of participants assembled immediately after the meeting to review the list of countries and undertake the initial selection of countries applying the criteria agreed. The countries selected through this initial review include Burkina Faso, Cambodia, Cameroon, Ethiopia, Guatemala, Indonesia, Kenya, Madagascar, Malawi, Niger, Uganda and Viet Nam.

Agreements:

- Focus the desk analysis on the 36 countries that are home to 90% of the burden of stunting, and further in-depth study through country visits to 10 of these countries (i.e. dispense with the 20 country telephone interviews)
- Maintain attention to the countries not on the list of 36 that have high stunting rates, but relatively smaller populations, and therefore do not contribute significantly to the global burden, consistent with a child's rights approach
- Use the three-tier selection criteria agreed by the meeting for selecting the 10 countries for in-depth country investigations: 1st tier: Preliminary screening 36 country criteria (as identified by WHO 2007); 2nd tier: Security (\geq Phase 2), country willingness, possibility to effect change (governance as proxy), no added value; 3rd tier: timeliness, burden and trends, diversity (regional, capacity, commitment), existing activities (e.g. MNI)
- Further review the initial list of countries selected (i.e. Burkina Faso, Cambodia, Cameroon, Ethiopia, Guatemala, Indonesia, Kenya, Madagascar, Malawi, Niger, Uganda and Viet Nam) using the criteria agreed by the meeting

3.6 Products to be developed under the project

The results of the project will be widely disseminated through the following six ways: (1) strategic action plan for international investment; (2) web-based nutrition tracking system (i.e. nutrition country profiles); (3) presentation of preliminary results of desk analysis and discussions at 35th SCN Session; (4) high-level policy-maker/stakeholder briefing at the 61st World Health Assembly; (5) a WHO report on the Landscape Analysis; and (6) provision of inputs to the 6th Report on the World Nutrition Situation.

Originally, it was suggested that the outcomes of the Landscape Analysis be reported in the 6th Report on the World Nutrition Situation. There was discussion as to whether it should be called an SCN Report (as it usually is even if prepared with partners) or WHO/SCN report as planned originally. The SCN Steering Committee, however, had expressed at their face-to-face meeting in September 2007 that the latter was unacceptable and contradictory. It was noted that the SCN report would be crucial to get commitment from other agencies, as a WHO report would be regarded as an internal document. It was, therefore, suggested that the 6th Report would include a summary and conclusions of the Landscape Analysis and a separate WHO report will be prepared to include a more detailed analysis of the data collected and its conclusions.

The preliminary results of the desk review section of the Landscape Analysis will be presented at the 35th SCN Session in Hanoi in March 2008, and discussed with decision-makers in nutrition from some selected countries who attend the Session. Results will be further discussed at high-level policy-maker/stakeholder briefings at the 61st World Health Assembly in Geneva in May 2008.

The Landscape Analysis aims to develop a nutrition tracking system for the 36 countries presenting a profile having a set of indicators for each country describing nutrition problems, capacity and commitment to act at scale, as well as relevant meta-indicators. The system could also be used for establishing a nutrition tracking system and profiles for more countries. The system will draw indicators from other databases and existing systems, especially from the WHO Nutrition Databases. It is envisioned that this system will serve as an advocacy tool as well as enhance the accountability and commitment of countries. It was acknowledged that a visual presentation is key for the profile to serve as a useful advocacy tool. The 2006 UNICEF Report Card on *Undernutrition* was suggested as an example and possible model.

It was noted that the various reports produced need to better reflect the human right to adequate food and the *Voluntary Guidelines*.

Agreements:

- Six products are planned under the project: (1) strategic action plan for international investment; (2) web-based nutrition tracking system (i.e. nutrition country profiles); (3) presentation of preliminary results of desk analysis and discussions at 35th SCN Session; (4) high-level policy-maker/stakeholder briefing at the 61st World Health Assembly; (5) a WHO report on the Landscape Analysis; and (6) provision of inputs to the 6th Report on the World Nutrition Situation.
- Use both visual presentation and data-based indicators in the planned nutrition tracking system presenting a profile having a set of indicators for each country
- Include the human right to adequate food and the *Voluntary Guidelines* in the various reports to be produced as part of the Landscape Analysis

3.7 Future products which can draw on the Landscape Analysis

Linked to the classification of different typologies of countries, the meeting participants recommended that a menu or toolbox should be developed. Most of the basic nutrition actions are well-known, so the challenge is to get agencies to agree on a tangible set of interventions and how to implement them at scale in different typologies of settings based on the severity of the problem and readiness to act on it. This should give countries hands-on advice suggesting packages of interventions to be implemented in different situations.

Agreements:

- Linked to the classification of different typologies of countries and different stages of readiness, the meeting suggested to investigate the feasibility of developing a menu or package of interventions ("toolbox")
- Agencies need to agree on the instructions and guidance on which interventions to use under what conditions (i.e. a tangible set of interventions and guidance on how to implement them at scale in different typologies of settings based on severity of problem and readiness to act on it)

3.8 Timeline

The time schedule with milestones as described in the proposal was presented and the meeting agreed that the project is facing a very tight timeline. However, it was noted that without the telephone interviews in 20 countries, there will be more time and opportunity to concentrate on the undertaking of the 10 country in-depth investigations.

4. Overall conclusion and summary list of agreements

It was agreed that the meeting was very important for ensuring the involvement of partner agencies and obtaining their input from the beginning of the project. The Landscape Analysis will serve as a useful input for countries, agencies and donors on where and how to best invest in accelerating action to reduce maternal and child undernutrition. The strategic action plan for investment and international assistance which will be developed at the end of the project will be a valuable tool.

The following is a summary list of the agreements made at the partner agency consultation:

Overview and objectives of project

- Need more clarity in terms of the purpose of the Landscape Analysis project. i.e. for whom the recommendations and action plan to be developed through the project are intended
- Make the Landscape Analysis functional in order to provide practical guidance, which could be useful in developing a menu/package/toolbox of interventions to be used according to different combinations of nutrition problems and countries' readiness
- Take advantage of the potential of the Landscape Analysis itself to enhance commitment at country level, for which evaluation elements need to be brought in during the early stages of project development
- Maximize the use of advocacy opportunities (i.e. 35th SCN Session, 61st WHA, 6th Report on the World Nutrition Situation, nutrition tracking system) to get the message that nutrition is an important determinant of health and that malnutrition has economic and other consequences for countries
- Harmonize with and build on leverage created through ongoing initiatives, e.g. Lancet Nutrition Series, review of the international nutrition system and ECHUI, amongst others
- In developing the nutrition tracking system (country nutrition profiles), maximize the use of readily available and standardized information and authoritative, comprehensive nutrition databases
- When undertaking in-depth country investigations in 10 countries, involve countries from the beginning in order to ensure that assessment and analysis become a participatory process

Indicators

- Use four broad categories of indicators for analysis: (1) nature, extent and distribution of nutrition problems, (2) commitment, (3) capacity, and (4) meta-indicators
- For compiling the data for these categories, build on the existing on-going work and maximize the use of existing data sources, wherever possible
- Resolve remaining issues to be clarified. These include: where to place coverage and intensity of nutrition interventions? they could fit under both capacity as well as commitment? If composite indicators are to be used, how will

their individual components be weighted? How to best capture communication and coordination among and between partners at both international and national levels, as well as between sectors and constituencies, including donors and NGOs?

Classification of countries according to readiness

- Develop a method to make a functional classification system of countries according to the typology of nutrition problems vs. the state of readiness to act at scale, with a view to eventually developing a menu or package of intervention programmes and guidance on how to act at scale and the kind of investment needed to enhance countries' readiness. Typology and magnitude of malnutrition must consider the nature, severity and actual rate of reduction of the nutrition problems, whereas the state of readiness to act at scale should be based on a composite indicator reflecting a country's capacity and commitment
- Minimize the political sensitivity of classifying countries through:
 - a) using existing indexes and classifications which the countries have already agreed to, in order to avoid controversy, especially Countdown 2015 classification, World Bank Governance indicators, State of the World's Children, and
 - b) emphasizing that the Landscape Analysis aims to investigate the feasibility of developing a methodology for how to classify, rather than coming up with a definitive classification of countries
- Inform the 36 countries about the Landscape Analysis and give them the opportunity to participate or not
- Resolve remaining issues: How to capture heterogeneity within countries? How to capture the complexity of the nature of the nutrition problem (e.g. dimensions related to food, health and care) on one scale, as well as the heterogeneity of readiness?

Assessment and analysis methodologies for in-depth studies

- Assessment methodologies will involve discussions with main development actors to explore perceptions and knowledge of nutrition problems, actions and priorities, as well as national nutrition systems in terms of aspects of stewardship, financial resources, food and nutrition capacity and services, and human and institutional resources
- Analysis to include qualitative methods, where responses will be discussed in focus groups using a problem tree analysis
- Involve the countries from the beginning and make them implicit partners in order to ensure it will be a two-way learning experience
- Explore the possibility of building on existing methodologies, such as "Future Search Workshops", or learn from other experiences such as HIV programme assessment trips in Southern and Eastern Africa
- Clarification on how to assess readiness for change as it may require different sets of skills for investigation compared to assessing readiness to act at scale
- In setting up a country assessment team for in-depth country visits, ensure that the team members have broader skills and expertise, including hands-on practical experience with nutrition policies and programmes at the country level, including developing skills in advocacy and communications, and knowledge in change management

- Resolve remaining questions: How to generalize the data analysis and outcomes derived from the proposed 10 country visits for in-depth investigation into all 36 high-burden countries? Or should it be a development of a method which could be applied to all 36 countries and others, if necessary? Is there any need for developing remaining data analysis plans?

Selection of countries

- Focus the desk analysis on the 36 countries that are home to 90% of the burden of stunting, and further in-depth study through country visits to 10 of these countries (i.e. dispense with the 20 country telephone interviews)
- Maintain attention to the countries not on the list of 36 that have high stunting rates, but relatively smaller populations, and therefore do not contribute significantly to the global burden, consistent with a child's rights approach
- Use the three-tier selection criteria agreed by the meeting for selecting the 10 countries for in-depth country investigations: 1st tier: Preliminary screening 36 country criteria (as identified by WHO 2007); 2nd tier: Security (\geq Phase 2), country willingness, possibility to effect change (governance as proxy), no added value; 3rd tier: timeliness, burden and trends, diversity (regional, capacity, commitment), existing activities (e.g. MNI)
- Further review the initial list of countries selected (i.e. Burkina Faso, Cambodia, Cameroon, Ethiopia, Guatemala, Indonesia, Kenya, Madagascar, Malawi, Niger, Uganda and Viet Nam) using the criteria agreed by the meeting

Products to be developed under the project

- Six products are planned under the project: (1) strategic action plan for international investment; (2) web-based nutrition tracking system (i.e. nutrition country profiles); (3) presentation of preliminary results of desk analysis and discussions at 35th SCN Session; (4) high-level policy-maker/stakeholder briefing at the 61st World Health Assembly; (5) a WHO report on the Landscape Analysis; and (6) provision of inputs to the 6th Report on the World Nutrition Situation.
- Use both visual presentation and data-based indicators in the planned nutrition tracking system presenting a profile having a set of indicators for each country
- Include the human right to adequate food and the *Voluntary Guidelines* in the various reports to be produced as part of the Landscape Analysis

Future products which can draw on landscape analysis

- Linked to the classification of different typologies of countries and different stages of readiness, the meeting suggested to investigate the feasibility of developing a menu or package of interventions ("toolbox")
- Agencies need to agree on the instructions and guidance on which interventions to use under what conditions (i.e. a tangible set of interventions and guidance on how to implement them at scale in different typologies of settings based on severity of problem and readiness to act on it)

ANNEX 1

LIST OF PARTICIPANTS

Dr Ezzeddine Boutrif, Director, Nutrition and Consumer Protection Division, Food and Agriculture Organization of the United Nations (FAO), Rome, Italy

Dr Mickey Chopra, Director, Health Systems Research Unit, Medical Research Council, Cape Town, South Africa

Dr Denise Costa Coitinho, Ending Child Hunger and Undernutrition Initiative (ECHUI), c/o World Health Organization, Geneva, Switzerland

Dr Ian Darnton-Hill, Senior Adviser, Child Survival and Nutrition, United Nations Children's Fund (UNICEF), New York, NY, USA

Mr Ahmed Baba Fall, Senior Food Aid Coordinator, Office of the United Nations High Commissioner for Human Rights (UNHCR), Geneva, Switzerland

Dr Sean M. Kennedy, Technical Adviser, Human Health and Nutrition, Technical Advisory Division, International Fund for Agricultural Development (IFAD), Rome, Italy

Dr David Pelletier, Mainstreaming Nutrition Initiative, Associate Professor of Nutrition Policy, Division of Nutritional Sciences, Cornell University, Ithaca, NY, USA

Dr Ellen G. Piwoz, Senior Program Officer, Global Health Strategies, Bill & Melinda Gates Foundation, Seattle, USA

Dr Liv Elin Torheim, Associate Professor, Public Nutrition, Akershus University College, Lillestrøm, Norway

Dr Victoria Quinn, Senior Vice President, Programs, Helen Keller International, Washington, DC, USA

Dr Tina van den Briel, Deputy Chief, Nutrition Service, Policy, Strategy & Programme Support Division, World Food Programme, Rome, Italy

World Health Organization

Nutrition for Health and Development

Dr Jorgen Schlundt, Director a.i., Nutrition for Health and Development (NHD), World Health Organization, Geneva, Switzerland

Dr Chizuru Nishida, Scientist, Nutrition for Health and Development (NHD), World Health Organization, Geneva, Switzerland

Dr Jonathan Siekmann, Technical Officer, Nutrition for Health and Development (NHD), World Health Organization, Geneva, Switzerland

Dr Carmen Casanovas, Technical Officer, Nutrition for Health and Development (NHD), World Health Organization, Geneva, Switzerland

Mrs Ann-Beth Moller, Technical Officer, Nutrition for Health and Development (NHD), World Health Organization, Geneva, Switzerland

Mrs Zita Weise Prinzo, Technical Officer, Nutrition for Health and Development (NHD), World Health Organization, Geneva, Switzerland

Child and Adolescent Health for Development (CAH)

Dr André Briend, Medical Officer, Newborn and Child Health and Development (NCH), Child and Adolescent Health for Development (CAH), World Health Organization, Geneva, Switzerland

Making Pregnancy Safer (MPS)

Dr Anuraj Shankar, Coordinator Monitoring, Surveillance and Evaluation (MEV), Making Pregnancy Safer (MPS), World Health Organization, Geneva, Switzerland

United Nations System - Standing Committee on Nutrition (SCN)

Dr Roger Shrimpton, Secretary, United Nations System - Standing Committee on Nutrition (SCN)
c/o World Health Organization, Geneva, Switzerland

Dr Claudine Prudhon, Coordinator, United Nations System - Standing Committee on Nutrition (SCN), World Health Organization, Geneva, Switzerland

Ms Kaia Engesveen, Technical Officer, United Nations System - Standing Committee on Nutrition (SCN), World Health Organization, Geneva, Switzerland