Addressing Nutrition Needs in the Post-2015 Agenda

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Goal 1: Eradicate extreme poverty and hunger

- Target 1C: Halve the proportion of people who suffer from hunger
  - Prevalence of underweight children < 5 years
  - Proportion of population below minimum level of dietary energy consumption

- Developed with little input from the global nutrition community
- Focus on the poorest world regions
- Indicator of weight-for-age not optimal for assessing causes and consequences of undernutrition
Nutrition in the Post-2015 Agenda

• Agenda will be decided by Member States

• Strong advocacy role by civil society

• Nutrition community represented by the Road to Rio Global Nutrition Advocacy Working Group
  – Recommendation is to build on the WHA Global Nutrition Targets
  – Include a standalone food and nutrition security goal
  – Ensure nutrition-related targets and indicators within other goals

Collaborative process and consensus building the key to success

• Engagement with a broad group of stakeholders
  – Governments
  – Civil society
  – Private sector (where appropriate)

• Consideration of threat of NCDs and relationship to diet-related factors, including but not limited to, overweight/obesity and lack of physical activity

• Making the case that nutrition as more than a risk factor for poor health, but as a prerequisite for human capital and national development
Global nutrition targets endorsed by the WHA in May 2012

1. 40% reduction in the number of children under 5 who are stunted
2. 50% reduction of anaemia in women of reproductive age
3. 30% reduction in low birth weight
4. No increase on childhood overweight
5. Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%
6. Reduce and maintain childhood wasting to less than 5%
Child undernutrition (< 5 years) is declining, but still too high

• Stunting
  – 26% (150 million)
  – Prevalence down 35% from 1990
  – Highest prevalences in Africa (36%) and Asia (27%)
  – >90% reside in Africa and Asia

• Wasting
  – 8% (52 million)
  – Prevalence down 11% from 1990
  – 73% live in Asia, mostly in South-Central Asia

Levels and patterns of stunting

Timing and severity of underweight, stunting and weight for length

FIGURE 1
Mean anthropometric z scores according to age for all 54 studies, relative to the WHO standard (1 to 59 months).
Gap between recommended and global breastfeeding and complementary feeding practices

“Improved nutrition in utero and during the first 24 months of life as providing a valuable ‘1000 day window of opportunity’ for lifelong health and development”

Hilary Clinton, Speech on Change a Life, Change the Future, 2010
Child (< 5 years) obesity a growing threat

• Overweight
  – 7% (43 million)
  – Prevalence up 54% from 1990
  – Highest (15%) in developed countries
  – Increasing trends in all world regions

Levels and patterns of overweight

Dietary risk factors and physical activity collectively accounted for the largest proportion of global DALYs, with the most prominent dietary risks being diets low in fruits and those high in sodium.

- Role of dietary patterns
- Globalized food markets
- Processed foods

http://vizhub.healthdata.org/gbd-compare
Figure 1: Percentage of global health loss that can be attributed to motorized road transport compared with other leading risk factors, 2010

Source: Institute for Health Matrix Research Institute, Univ. Washington
Conclusions

• Discussion ongoing on balance among food-based approaches, sustainable agriculture, food security and nutrition

• Consideration of both nutrition-specific and nutrition-sensitive interventions

• Collaboration and consensus building essential to avoid conflicting messages

• Need to build strong alliances among countries
Thank you

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