Using Evidence for Policy and Programming in Nutrition
The Experience of Transform Nutrition West Africa (TNWA)

Presenting: Roosmarijn Verstraeten (IFPRI)

25 August 2021, 11:00 – 13:00 (CET)
Housekeeping Rules

- Please turn off your microphone and camera.
- Please ask questions using the chat box.
- When speaking or sending a chat message, please identify yourself.

We would like to remind you that this session will be recorded and uploaded on the NIPN Website.
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25 August 2021
Objectives

Share experience in West Africa about:

• How to identify effective nutrition interventions
• How to identify and understand the data needed to evaluate and monitor policies and programmes
• How to mobilise evidence data and knowledges
Interventions, actions, and policies to address malnutrition

Roos Verstraeten
Research coordinator
Transform Nutrition West Africa, IFPRI

C4N/NIPN Webinar
August 23, 2021
Purpose of today

• To be able to identify interventions, policies, and actions to address various types of malnutrition

• To identify and understand what data are needed to assess and track progress in policies and programs at global, regional, and country level
  • To become familiar with common measurement frameworks and common data sources for obtaining nutrition indicators, including coverage of practices and interventions
  • To understand current priority information gaps for nutrition measurement in the West Africa Region
Part 1: Effective interventions to address malnutrition throughout the lifecycle
The past decade has seen growing global & regional momentum to prioritize and act upon nutrition.

**World Health Assembly (WHA) Global Nutrition targets 2025, "2012**

**The 2030 Agenda and the Sustainable Development Goals (SDGs), "2015**

**NCD targets 2025**

**Call To Action to invest in the Nutrition Data Value Chain in West Africa**

**UN Decade of Action on Nutrition, 2016-2025**

These agenda’s can only be achieved by a comprehensive and coherent set of actions, programmes, and policies addressing both underlying and immediate causes of malnutrition.
The availability of high-quality, timely and reliable data is key to monitor and track progress towards global & country targets...

...& to make progress we must translate data into action.
Nutrition throughout the lifecycle approach

Improving nutrition outcomes at each stage of life,
Across the spectrum of malnutrition
At various levels
Through integrated actions, policies, and programmes

Frameworks are useful to help identify appropriate actions, interventions, and policies...

Source: Tackling Obesities: Future Choices – Obesity System Atlas. 2007 DIUS/PUB8602/2K/10/07/NP; © Crown Copyright. URN 07/1177

https://www.foodsystemsdashboard.org; DOI:https://doi.org/10.36072/db


Source: Keats et al. Lancet 2021; DOI:https://doi.org/10.1016/S2352-4642(20)30274-1
The UNICEF framework helps us to characterize the malnutrition problem in a specific context – including causes & consequences - and to prioritize policy & program actions.

At each level we identify data needed to guide policy & program actions.

Source: UNICEF framework
We know **WHERE** to intervene: in 2013, 34 countries account for 90% of the global malnutrition burden.

Source: Global Nutrition Report 2018

Stunting in children U5 co-exists with anemia and overweight in adult women.

Source: Transform Nutrition West Africa 2019

Photo: M Holdsworth; Dakar, Senegal 2002
We know **WHAT** to do

Framework for actions to achieve optimum fetal and child nutrition and development

- Benefits during the life course
  - Adult stature
  - School performance and learning capacity
  - Obesity and NCDs
  - Cognitive, motor, socioemotional development
  - Morbidity and mortality in childhood
  - Work capacity and productivity

**Nutrition specific interventions and programmes**
- Adolescent health and preconception nutrition
- Maternal dietary supplementation
- Micronutrient supplementation or fortification
- Breastfeeding and complementary feeding
- Dietary supplementation for children
- Dietary diversification
- Feeding behaviours and stimulation
- Treatment of severe acute malnutrition
- Disease prevention and management
- Nutrition interventions in emergencies

**Optimum fetal and child nutrition and development**
- Breastfeeding, nutrient-rich foods, and eating routine
- Feeding and caregiving practices, parenting, stimulation
- Low burden of infectious diseases
- Food security, including availability, economic access, and use of food
- Feeding and caregiving resources (maternal, household, and community levels)
- Access to and use of health services, a safe and hygienic environment

**Knowledge and evidence**
- Leadership, capacity, and financial resources
- Social, economic, political, and environmental context (national and global)
- Politics and governance
- Rigorous evaluations
- Advocacy strategies
- Horizontal and vertical coordination
- Accountability, incentives regulation, legislation
- Leadership programmes
- Capacity investments
- Domestic resource mobilisation

**Nutrition sensitive programmes and approaches**
- Agriculture and food security
- Social safety nets
- Early child development
- Maternal mental health
- Women’s empowerment
- Child protection
- Classroom education
- Water and sanitation
- Health and family planning services

We know **WHAT** to do: conceptual framework for nutrition specific interventions

**Maternal nutrition and ANC programs**

**Double duty actions**

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*Source: Bhutta et al. Lancet 2013; http://dx.doi.org/10.1016/S0140-6736(13)60996-4*
We know **WHAT** to do: 10 nutrition specific interventions (*Lancet* 2013)

1. folic acid supplementation
2. Maternal multiple micronutrient supplementation
3. Maternal balanced energy & protein supplementation
4. Maternal calcium supplementation
5. Promotion of exclusive breastfeeding
6. Appropriate complementary feeding
7. Vitamin A supplementation (6-59 mo)
8. Preventative zinc supplementation
9. Management of SAM
10. Management of MAM
We know **WHAT** to do: Scale up (Lancet 2013)

Scaling up these 10 nutrition-specific interventions from their present coverage to 90% coverage in 34 high-burden countries would reduce mortality by 15%, stunting by 20%, severe wasting by 61%
We know **WHAT** to do: Scale up of nutrition specific interventions & child mortality (Lancet 2013)

Source: Bhutta et al. 2013
Elements critical to scaling up (impact)

Enabling environment

1. A clear vision or **goal** for impact
2. **Matching characteristics of interventions**, with (3)
3. An enabling organizational **context** for scaling up
4. Establishing and supporting **drivers** such as catalysts, champions, ownership, incentives
5. Choosing contextually relevant **pathways** to scaling up
6. Building operational and strategic **capacities** for scaling up
7. Adequate **governance** structures and systems
8. Adequacy, flexibility, stability of **financing**
9. Mechanisms for **learning and accountability**

Source: Gillespie S, Menon P and Kennedy A. Scaling up nutrition impact: What will it take and how will we get there? Advances in Nutrition 2015; [https://doi.org/10.3945/an.115.008276](https://doi.org/10.3945/an.115.008276)
Therefore other, complementary approaches are essential...

Scaling up these 10 nutrition-specific interventions from their present coverage to 90% coverage in 34 high-burden countries would reduce mortality by 15%, stunting by 20%, severe wasting by 61%
We know **WHAT** to do: current evidence base supports nutrition sensitive interventions in

### FOOD
- Cash or voucher transfers
  - Can be effective for improving dietary diversity and food security, no proven effect on nutritional status
  - +BCC
  - Impact on nutritional status (evidence remains limited)
- Agricultural interventions can help to improve dietary diversity and long-term food security (food fortification)

### CARE
- Early childhood development
  - Improves child development and in some cases nutrition outcomes
- Health and family planning services
- Maternal mental health

### HEALTH
- WASH interventions
  - Are effective and essential for optimal nutrition and growth

<table>
<thead>
<tr>
<th>WASH</th>
<th>Details</th>
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<tbody>
<tr>
<td>Water</td>
<td>Access to safe drinking water (quality &amp; quantity)</td>
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<tr>
<td></td>
<td>Water treatment &amp; safe storage</td>
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<tr>
<td>Sanitation</td>
<td>Improving access &amp; use of improved sanitation</td>
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<td></td>
<td>Safe disposal of faces of young children</td>
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<td></td>
<td>Sanitation for other vulnerable groups</td>
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<tr>
<td>Hygiene promotion</td>
<td>Handwashing with soap at critical times (e.g. after toilet, before food preparation)</td>
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<td></td>
<td>Food hygiene</td>
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<td></td>
<td>Environmental health</td>
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Women’s empowerment: **educating & empowering women is one of the most effective interventions in terms of reducing under nutrition**
Example: Impact pathways from nutrition sensitive agriculture interventions to nutrition outcomes


https://doi.org/10.1093/advances/nmaa103
We knew **WHAT** to do and which interventions to scale up in 2013: do the 10 nutrition specific interventions still stand?

### 2013 RECOMMENDATIONS vs. "THE ELEVEN SAMURAI"

<table>
<thead>
<tr>
<th>Intervention</th>
<th>2013 Recommendation</th>
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<tbody>
<tr>
<td>Periconceptual folic acid supplementation or fortification</td>
<td>Large-scale food fortification for prevention of MN deficiencies</td>
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<tr>
<td>Maternal calcium supplementation</td>
<td>Maternal calcium supplementation in low intake populations</td>
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<tr>
<td>Maternal BEP supplementation</td>
<td>Maternal BEP supplementation in undernourished populations</td>
</tr>
<tr>
<td>Maternal MMN or IFA supplementation</td>
<td>Maternal MMN supplementation</td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>Vitamin A supplementation in deficient contexts</td>
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<tr>
<td>Promotion of breastfeeding</td>
<td>Breastfeeding promotion and counselling</td>
</tr>
<tr>
<td>Complementary feeding education and food provision (food insecure);</td>
<td>Complementary feeding education and food provision (food insecure);</td>
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<tr>
<td>complementary feeding education (food secure)</td>
<td>complementary feeding education (food secure)</td>
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<tr>
<td>Preventive zinc supplementation</td>
<td>Preventive zinc supplementation</td>
</tr>
<tr>
<td>Management of MAM</td>
<td>RUSF for management of acute malnutrition</td>
</tr>
<tr>
<td>Treatment of SAM</td>
<td></td>
</tr>
<tr>
<td>Zinc for management of diarrhea (2008)</td>
<td>Therapeutic zinc supplementation for diarrhea</td>
</tr>
<tr>
<td></td>
<td><strong>Preventive SQ-LNS for optimizing health &amp; growth in children</strong></td>
</tr>
</tbody>
</table>

Source: Keats et al. Lancet 2021; DOI:https://doi.org/10.1016/S2352-4642(20)30274-1
Evidence for nutrition sensitive interventions (outside of the health sector) has grown

Food environment  
Food fortification  
Agriculture  
Social protection  
WASH

Yet, it remains challenging to quantify costs and benefits of these types of interventions

We knew **WHAT** to do: nutrition sensitive interventions and its progress 2013-2020 told through Stories of Change and Exemplars in Global Health

“Real world” evidence for success of multisector approaches from 11 countries & 4 Indian States in reducing stunting in children

Poverty alleviation, WASH, and parental education accounted for ~50% of the observed reduction in stunting in many case studies

Enabling factors:
- High-level political and donor commitment
- Advocacy for mainstreaming nutrition across sectors (strong leadership)
- Investments in granular data for monitoring and decision-making
- Attention to cross-sectoral and vertical (national to community) coherence in planning and action

More clarity is needed on which interventions to consider in various contexts

Lancet Series 2020 Framework for nutrition actions

Direct health-care sector nutritional interventions
- Maternal and child micronutrient supplementation, including home fortification
- Maternal and child food supplementation
- Support for early immediate breastfeeding initiation
- Delayed cord clamping
- Promotion and support for exclusive and continued breastfeeding
- Promotion of age-appropriate complementary feeding practices
- Management of moderate acute malnutrition
- Treatment of severe acute malnutrition
- Anaemia treatment
- Promotion of healthy diet and physical activity during childhood and adolescence

Indirect health-care sector nutritional interventions
- Family planning and reproductive health services
- Disease prevention and management strategies, especially for diarrhoea
- Maternal mental health support

Other sectoral strategies directly affecting nutrition
- Iodised or other micronutrient-fortified salt
- Staple food fortification
- Biofortification and agronomic fortification
- Nutritional interventions in schools
- Nutrition in emergency programmes
- Mass and social media messaging for improved nutrition
- Policies to reduce prices or increase access to nutritious foods and diverse diets
- Policies to limit marketing of unhealthy foods and breast milk substitutes, including labelling
- Promotion of healthy diets and age-appropriate complementary feeding in social protection programmes

Macro-level social factors
- Household food insecurity

Macroeconomic factors
- Unhealthy household environment
- Disease
- Inadequate dietary intake
- Income poverty
- Maternal characteristics
- Child characteristics

Cross-cutting strategies
Health-care system strengthening, data system strengthening, community mobilisation and monitoring, and evaluation for accountability

Other sectoral strategies indirectly affecting nutrition
- Household food security
- Poverty alleviation strategies
- Women’s empowerment
- Child protection and support services
- Universal education with a gender focus
- Early child stimulation
- Water, sanitation, and hygiene interventions
- Food safety
- Sugar-sweetened beverage taxes

Figure 1: Revised framework for the classification of nutrition actions

Source: Keats et al. Lancet 2021; DOI: https://doi.org/10.1016/S2352-4642(20)30274-1
Yet, nutrition specific interventions are not reaching scale, why?

The new Lancet series *on maternal and child undernutrition progress* assessed 20 effective NI on 6 readiness to scale criteria.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Meeting all criteria</th>
<th>Meeting most criteria</th>
<th>Meeting some criteria</th>
<th>Meeting few criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence</td>
<td>Breastfeeding counselling</td>
<td>Micronutrient powders for children 6-23 months</td>
<td>Calcium during pregnancy</td>
<td>MAM treatment</td>
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<td>Global guidance</td>
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<td>Delivery platform</td>
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<td>Product and supply system</td>
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<tr>
<td>Cost to deliver known</td>
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<tr>
<td>Data for monitoring available</td>
<td></td>
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</table>

*Source: Heidkamp et al. Lancet 2021; https://doi.org/10.1016/S0140-6736(21)00577-8*
What do we know and what’s next?

The first 1,000 days reaffirmed as the critical window of opportunity to ensure healthy growth and development.

Maternal nutrition is more critical than ever to support healthy moms, healthy pregnancies, and healthy babies—and it’s been under-resourced in the last decade of action.

We are all part of the puzzle when it comes to prioritizing the unfinished nutrition agenda.

Nutrition interventions delivered within and outside the health sector are equally crucial for preventing and managing malnutrition.

The Lancet Series on Maternal and Child Undernutrition Progress
COVID-19 risks to undo the modest progress made so far: Estimates suggest a 14.3% increase in prevalence of moderate or severe wasting in U5 in 2020 (6.7 million additional children)

Its impact on poverty and food availability requires renewed action to prevent and treat malnutrition

Standing Together For Nutrition Consortium

A multidisciplinary consortium of nutrition, economics, food and health system experts working to address the scale and reach of COVID-19 related nutrition challenges

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**Panel: Five urgent actions to protect children’s right to nutrition in the COVID-19 pandemic**

- Safeguard and promote access to nutritious, safe, and affordable diets
- Invest in improving maternal and child nutrition through pregnancy, infancy, and early childhood
- Re-activate and scale up services for the early detection and treatment of child wasting
- Maintain the provision of nutritious and safe school meals for vulnerable children
- Expand social protection to safeguard access to nutritious diets and essential services

Source: Fore et al. Child malnutrition and COVID-19: the time to act is now. Lancet 2020. [https://doi.org/10.1016/S0140-6736(20)31648-2](https://doi.org/10.1016/S0140-6736(20)31648-2)
Reflection exercise #1

In your team identify the types undernutrition in children U5 in your country, as well as its causes and its consequences.

– Identify three key types of malnutrition (e.g. stunting, wasting) that you think need to be prioritized in your selected country. Explain why you would prioritize these over others.

– For each of these types of malnutrition, list which nutrition specific intervention(s) you would propose to your government to address these. Think about the causes related to these types when doing so.

– Can you propose a nutrition sensitive intervention that would address the underlying causes of these types of malnutrition?
<table>
<thead>
<tr>
<th>Prioritized types of malnutrition</th>
<th>Nutrition specific intervention</th>
<th>Nutrition sensitive intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anaemia</td>
<td>Distribution of Iron MN Powder, Folic Acid Distribution, Deworming</td>
<td></td>
</tr>
<tr>
<td>Stunting</td>
<td>Consumption of food diversity, Breastfeeding</td>
<td>WASH, SBCC, Agriculture, Social Protection</td>
</tr>
<tr>
<td>Overweight</td>
<td></td>
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</tbody>
</table>
Part 2: Policies & Actions to address malnutrition
Nutrition throughout the lifecycle approach

Improving nutrition outcomes at each stage of life,
Across the spectrum of malnutrition
At various levels
Through integrated actions, policies, and programmes

Improving nutrition around the life-course (WHO Essential Actions, 2013 & 2019)

Source: Branca F et al. BMJ 2013; doi: https://doi.org/10.1136/bmj.h4173

Source: Essential nutrition actions: mainstreaming nutrition through the life-course. Geneva: WHO; 2019/ Licence: CC BY-NC-SA 3.0 IGO
Malnutrition is multi-causal and any adequate response must be a co-ordinated multi-stakeholder approach.
Food Systems Dashboard

Policies & actions to improve diet and nutrition through the food system

- 42 actions across 10 thematic areas
- Evidence-based identification of key actions (synthesis of 8 reports)
- These actions have shown potential to improve nutrition.
- They are adaptable to local contexts
- Will be integrated into the Food Systems Dashboard

**Action Areas**

<table>
<thead>
<tr>
<th>Action Areas</th>
<th>#</th>
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<tbody>
<tr>
<td>Agricultural Actions</td>
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</tr>
<tr>
<td>International Trade Actions</td>
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</tr>
<tr>
<td>Research Processing &amp; Technology Actions</td>
<td>7</td>
</tr>
<tr>
<td>Supply Chain Infrastructure Actions</td>
<td>6</td>
</tr>
<tr>
<td>Financial Actions</td>
<td>4</td>
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<td>Public Institution Actions</td>
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<tr>
<td>Business Incentive Actions</td>
<td>5</td>
</tr>
<tr>
<td>Regulation and Law Actions</td>
<td>5</td>
</tr>
<tr>
<td>Education and Public Awareness Actions</td>
<td>4</td>
</tr>
<tr>
<td>National Guidelines</td>
<td>1</td>
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</tbody>
</table>

At various levels

Limited regulatory actions or structural changes in the environment, focus on provision of information.

Important policy gaps exist. Less than half of the countries with a higher prevalence of childhood overweight had relevant policies or actions such as reformulation, regulation of marketing to children, etc.

Across the spectrum of malnutrition

Double Duty Actions Framework

School food policies and programmes

Why the potential for double duty?
- Integrated school-based nutrition programmes can address the double burden of nutrition-related ill-health and be used to build on and interconnect ongoing nutrition initiatives. They also represent a potential access point for engaging parents and communities (15).
- School food standards have been found to be effective at increasing the availability and purchase of healthy food and decreasing the purchase of unhealthy food with the potential to impact health (34).

Regulations on marketing

Why the potential for double duty?
- Limiting marketing of breast-milk substitutes, in accordance with the International Code of Marketing of Breast-milk Substitutes (35), aims to mitigate inappropriate use of substitutes and provide an enabling environment for infant and young child feeding practices, with implications for undernutrition and obesity.
- Food marketing influences children’s food preferences and diet-related behaviours and outcomes, with implications for obesity and diet-related NCDs (36).
NATIONAL POLICIES AND PLANS TO ADDRESS THE DUAL BURDEN OF MALNUTRITION
A MULTI-COUNTRY POLICY REVIEW

Unless policy makers apply the brakes on overweight, obesity and related disease and accelerate efforts to reduce undernutrition, everyone will pay a heavy price: death, disease, economic losses and degradation of the environment.
— Global Panel on Agriculture and Food Systems for Nutrition 2016

Figure 3: Types of policies available for the 29 USAID priority countries

- limited availability of nutrition, NCD, and food security policies
- None identified all double-duty actions in these policies

Source: SPRING National policies and plans to address the dual burden of malnutrition 2017
“Several policy options targeting industry and consumers can help to re-shape food environments and address multiple forms of malnutrition; these approaches include restrictions on marketing and promotion of unhealthy foods to children and of breastmilk substitutes and follow-on formula incentives to caregivers; legislation or taxation; and clear product labelling. Many of these policies have been implemented at scale, but, except for fiscal policies, evidence for their nutritional impacts remain scant.”

Tax policy for sugary drink consumption: UK and Mexico

Sugary drink taxes around the world
Sugar tax: hitting a sweet spot?

https://www.youtube.com/watch?v=pLwcbHEuK44

**WHAT IS ALREADY KNOWN ON THIS TOPIC**

Taxes on sugar sweetened drinks have been recommended as an intervention to reduce sugar consumption

Evidence of the effectiveness of tax in reducing consumption of sugar sweetened drinks in Mexico has been established through purchases and sales studies at the household level

No study has analysed individual changes in consumption related to the tax in Mexico

**WHAT THIS STUDY ADDS**

Three years after implementation of the tax, the probability of being a medium or high consumer of soft drinks had decreased, and the probability of being a low consumer or non-consumer had increased

Stronger associations were observed in participants with secondary school and higher education than in those with elementary school or less

Taxes on sugar sweetened drinks are an effective means of deterring consumption; further increases to the tax could encourage further reductions in the very high consumption levels in Mexico

**WHAT IS ALREADY KNOWN ON THIS TOPIC**

High consumption of sugar sweetened beverages (SSBs) is associated with increased risk of dental caries, obesity, type 2 diabetes, and cardiovascular disease; the World Health Organization recommends the implementation of SSB taxes to reduce consumption

The UK soft drinks industry levy (SDIL) was designed to encourage reformulation of soft drinks to remove sugar via three design features: a levy on manufacturers; inclusion of two tiers, with a higher rate charged on drinks with more sugar; and announcement of the levy two years before implementation to give manufacturers time to adjust

Although previous evaluations have explored the effect of consumer facing SSB taxes, none have explored the effect of the SDIL on purchases, taking existing trends in purchases into account

**WHAT THIS STUDY ADDS**

Overall one year after implementation, compared with pre-announcement trends, the total volume of all soft drinks purchased did not change but the sugar purchased in these drinks decreased by 30 g per household per week, or 9.8%—equivalent to three fewer teaspoons, or one 250 mL serving of a drink with 5 g sugar per 100 mL per person per week

No change in total volume purchased but decreases in sugar in drinks purchased means that tiered SSB taxes such as the SDIL might benefit public health without harming the soft drinks industry
Evidence for nutritional impacts of policies remains key...

“Paucity of studies examining double-duty actions despite the attention that it has garnered within the global nutrition community”


Impact of policies on behavioural change

"To accelerate progress, the nutrition community must take ownership of the dual-purpose agenda and adopt a new paradigm and mindset that promotes a more holistic approach to designing actions to simultaneously address the full range of malnutrition challenges"

More than 1000 policies in 191 countries. The database provides an overview of who is doing what, where, when, why and how.
West Africa’s data story: Action around policies & programs

Nutrition-relevant policies and programs: a comprehensive review
Policies were included if...

<table>
<thead>
<tr>
<th>Nutrition-oriented</th>
<th>Implementation</th>
<th>Nutrition-relevant</th>
</tr>
</thead>
</table>
| • A nutrition-relevant objective  
• A budget for nutrition  
• Indicator(s) of nutrition | Either currently in use or in the advanced drafting stage | All relevant sectors including Nutrition, Agriculture, Food systems, WASH, Health (ANC), Social protection, ECD/Education, etc. |

Analysis tier 1: WHA targets  
Analysis tier 2: other forms of malnutrition (as prioritized)  
Analysis tier 3: Internal coherence
### Availability of nutrition-relevant policies in West Africa

<table>
<thead>
<tr>
<th>Country</th>
<th>Documents identified online and through targeted consultation (n)</th>
<th>Documents screened</th>
<th>Reasons for exclusion</th>
<th>Total excluded</th>
<th>No access document(s) post expert consultation</th>
<th>Documents included in policy brief</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>No longer in use</td>
<td>Not nutrition-oriented</td>
<td>Not a policy, strategy, or action plan</td>
<td>Other reason (e.g., duplicate, not national)</td>
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<td>4</td>
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<td>7</td>
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<td>Benin</td>
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<td>Burkina Faso</td>
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<td>34</td>
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<td>3</td>
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<td>Cape Verde</td>
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<td>5</td>
<td>9</td>
<td>29</td>
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<td>Cote d'Ivoire</td>
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<td>23</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>2</td>
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<tr>
<td>Gambia</td>
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<td>28</td>
<td>8</td>
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<td>20</td>
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<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
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<td>54</td>
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<td>3</td>
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<td>6</td>
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<td>2</td>
</tr>
<tr>
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<td>6</td>
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</tr>
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<td>8</td>
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<tr>
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<td>4</td>
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<td>30</td>
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<td>180</td>
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<td>13</td>
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<tr>
<td>Sierra Leone</td>
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<td>20</td>
<td>5</td>
<td>5</td>
<td>4</td>
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<tr>
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<td>85</td>
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<td><strong>916</strong></td>
<td><strong>877</strong></td>
<td><strong>190</strong></td>
<td><strong>181</strong></td>
<td><strong>143</strong></td>
<td><strong>218</strong></td>
</tr>
</tbody>
</table>
Across the region, there is much potential to make nutrition policies more multi-sectorial and non-health sectors more responsive to nutrition.

<table>
<thead>
<tr>
<th></th>
<th>Benin</th>
<th>Burkina Faso</th>
<th>Cape Verde</th>
<th>Côte d'Ivoire</th>
<th>Gambia</th>
<th>Ghana</th>
<th>Guinea</th>
<th>Guinea Bissau</th>
<th>Liberia</th>
<th>Mali</th>
<th>Mauritania</th>
<th>Niger</th>
<th>Nigeria</th>
<th>Senegal</th>
<th>Sierra Leone</th>
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<td>4</td>
<td>4</td>
<td>1</td>
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<td>1</td>
<td>1</td>
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<td>13</td>
<td>3</td>
<td>0</td>
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<td>7</td>
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<td>3</td>
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<td>Economic/Social</td>
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<td>2</td>
<td>4</td>
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<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
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<td>0</td>
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<tr>
<td>Environment/Climate/Resources</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Cross-cutting</td>
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<tr>
<td>TOTAL</td>
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<td>16</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td>17</td>
<td>7</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td>19</td>
<td>16</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>
Questions?
Part 3: Data for action in nutrition: mobilizing evidence, data and knowledge

“Nutrition needs a data revolution. Of the many information gaps the ones most needed to be filled are those that constrain priority action and impede accountability.”

Source: 2014 Global Nutrition Report
Source: 2020 Global Nutrition Report
There is no set of core globally-standardized nutrition indicators - several nutrition indicator frameworks are used at global level.

A common critique is that these frameworks lack “actionable data.”

- Scaling Up Nutrition MEAL 2018: > 70 Indicators (14 intervention coverage)
- Global Nutrition Report Since 2014: > 60 Indicators (5 intervention coverage)
What are actionable nutrition data?

Data are needed to:

• Identify & prioritize problems
• Diagnose causes & drivers
• Design strategy & select interventions
• Monitor & refine implementation
• Ensure enabling environment is in place
• Assess impact
What are actionable nutrition data?

Data are needed to:
• **Identify & prioritize problems**
• Diagnose causes & drivers
• Design strategy & select interventions
• Monitor & refine implementation
• Ensure enabling environment is in place
• **Assess impact**
What are actionable nutrition data?

Data are needed to:
- Identify & prioritize problems
- Diagnose causes & drivers
- **Design strategy & select interventions**
- Monitor & refine implementation
- Ensure enabling environment is in place
- Assess impact

---

**Data on the reach & coverage of interventions**

\[
\text{Coverage} = \frac{\text{# of individuals who did receive intervention (or practice)}}{\text{# of individuals who should receive intervention (or practice)}}
\]

Intervention coverage is more “actionable” than nutrition outcomes when it comes to implementation of strategies.

---

How do you know you are reaching scale, i.e. every woman and every child?
Nutrition Information System

- Vital registration
- Exposure registries
- Clinical or community records
- Laboratory records
- Pharmacy records
- Education, agriculture
- Weather, climate change
- Household surveys (e.g., DHS, MICS, SMART, LSMS)

**Key Challenges:**
- Data quality, defining clear denominator as they only capture those who come to services
- Level of representativeness, frequency, differences in methods by survey

Source: Adapted from the conceptual framework for public health surveillance CDC: Centers for Disease Control. (2012). CDC’s vision for public health surveillance in the 21st century. MMWR Morb Mortal Wkly Rep, 61, 1-44.
Yet, the reality in-countries is that it is very often routine data that is used to report on coverage.
... And there is also a lack of actionable coverage indicators.

Across DVTs (accountability, PIM, or both), DVTs could still include more actionable indicators to support decision-making.

<table>
<thead>
<tr>
<th>Average # of actionable indicators per DVT by goal and domain</th>
<th>4-6 actionable indicators</th>
<th>2-3 actionable indicators</th>
<th>0-1 actionable indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling Environment for Nutrition</td>
<td>Accountability: 1</td>
<td>Both: 4</td>
<td>PIM: 3</td>
</tr>
<tr>
<td>Enacted Legislations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coverage (includes maternal, infant/child, and other)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actionable - Not Actionable Indicator ratio</td>
<td>3.5</td>
<td>13:12</td>
<td>9:8</td>
</tr>
</tbody>
</table>

Notes:
1. The analysis includes nutrition-specific and nutrition-sensitive indicators. For nutrition-sensitive indicators, only indicators measuring interventions with clear evidence of impact were included. (Systems of Evidence of Multistotical Approaches for Improved Nutrition, November 2021, World Health Organization.)
2. Some indicators covering the same topic were grouped and counted as one indicator to facilitate comparison across DVTs, e.g., separate indicators covering the presence of iodine, salt iodine, and BSF code were grouped as one indicator.
3. DVTs typically report indicators for which there is data available; aspirational indicators are only very rarely listed and/or reported, therefore aspirational indicators from would like to track but are not displayed on their dashboards due to lack of data were not included for this analysis.

Measuring the coverage of nutrition interventions along the continuum of care: time to act at scale

Stuart Gillespie, Purnima Menon, Rebecca Heidkamp, Ellen Piwoz, Rahul Rawat, Melinda Munos, Robert Black, Chika Hayashi, Kuntal Kumar Saha, Jennifer Requejo

ABSTRACT
The global community is committed to addressing malnutrition. And yet, coverage data for high-impact interventions along the continuum of care remain scarce due to several measurement and data collection challenges. In this analysis paper, we identify 24 nutrition interventions that should be tracked by all countries, and determine if their coverage is currently measured by major household nutrition and health surveys. We then present three case studies, using published literature and empirical data from large-scale initiatives, to illustrate the kind of data collection innovations that are feasible. We find that high-quality actionable data are crucial for turning political commitment to scale up nutrition into visible results on the ground.

Summary box
- High-quality actionable data are crucial for turning political commitment to scale up nutrition into visible results on the ground.
- We propose a set of high-impact nutrition-specific interventions along with indicators for tracking their coverage.
- A value chain approach to the generation, analysis, communication and use of data is key for progress.
When we do have data on coverage (on nutrition specific interventions), we see little improvement over the last decade.

Coverage of nutrition-specific interventions across West Africa

Source: Inception report Transform Nutrition West Africa
Do countries in West Africa have actionable nutrition data?
West Africa’s data story: availability of key nutrition indicators

- Identify **available data sources at country level**.
- **To identify gaps and opportunities** in national data systems to effectively track progress, set priorities, inform policies/programs, and guide implementation and monitoring.
Nutrition outcomes & drivers

## Coverage indicators

### Summary of availability of coverage indicators for nutrition interventions along the lifecycle stage

<table>
<thead>
<tr>
<th>Lifecycle stage</th>
<th>Intervention</th>
<th>Implemented at national levels (yes/no)</th>
<th>Data on coverage collected? (yes/no)</th>
<th>Indicator reported in reports? (yes/no)</th>
<th>Data source</th>
<th>Year</th>
<th>Availability of datasets</th>
<th>Coverage indicator (yes/no)</th>
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</thead>
<tbody>
<tr>
<td>Preconception</td>
<td>Food supplementation</td>
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<tr>
<td></td>
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<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>No</td>
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<tr>
<td>Pregnancy</td>
<td>Iron supplementation</td>
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<td>No</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>No</td>
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<tr>
<td></td>
<td>Folic acid supplementation</td>
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<td>No</td>
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<td>No</td>
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<tr>
<td></td>
<td>Nutrition counselling during pregnancy (specific content)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Enquête Démographique et de Santé</td>
<td>2017-2018</td>
<td>+</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Iron-folic acid supplementation (IFA)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Enquête Démographique et de Santé</td>
<td>2017-2018</td>
<td>+</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Calcium supplementation for pregnant women with low calcium intakes</td>
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<td>No</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>Delivery and postnatal</td>
<td>Support for early initiation of breastfeeding (support/observation within an hour/within 2 days)</td>
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<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>No</td>
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<td></td>
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<td>NA</td>
<td>NA</td>
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<tr>
<td>Childhood</td>
<td>Counseling for complementary feeding</td>
<td>Yes</td>
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<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Counseling for exclusive and continued breastfeeding</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Enquête Démographique et de Santé</td>
<td>2017-2018</td>
<td>+</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Support for exclusive and continued breastfeeding</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Enquête Démographique et de Santé</td>
<td>2017-2018</td>
<td>+</td>
<td>Yes</td>
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<tr>
<td></td>
<td>Food supplementation for complementary feeding in food insecure populations</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Enquête Démographique et de Santé</td>
<td>2017-2018</td>
<td>+</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Vitamin A supplementation</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Enquête par grappes à</td>
<td>2017-2018</td>
<td>+</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Availability of key nutrition indicators: Challenges, gaps & opportunities in the WA region

- Data are lacking on key indicators of **diet-related NCDs** to report on NCD targets informatively in 15 of the 16 countries; Guinea-Bissau has no data available.

- Data are lacking on **diet quality among WRA**. Only four countries (Burkina Faso, Ghana, Mali, Sierra Leone) have data sources that report on *minimum dietary diversity among WRA*.

- Most data sources (in 13 countries) are **not timely (not within recommended frequency window) and are out of date**.
  
  New DHS ongoing in many countries

- All indicators are reported according to the specified global measurement in at least one source per country. Different definitions are used for sodium intake (in all sources), wasting/thinness and obesity among WRA in Cabo Verde, and diabetes in Ghana.
Availability of key nutrition indicators: Challenges, gaps & opportunities in the WA region

- **No/difficult access to administrative data** and their data collection form (especially for Senegal, Mauretania, Guinea-Bissau, Nigeria, and Gambia)

- Few data sources report on coverage indicators, though there is the **potential to calculate and report** on these indicators

- Limited or **no data on** coverage of interventions for **adolescence, preconception, and delivery**. Main focus is on childhood and pregnancy.

- Different definitions of indicators across and within types of surveys. **Lack of standardization**.

- Challenging to know which of **these interventions are implemented** at national level!
Meaningful progress has been made since 2013 in strengthening nutrition data value chains.
Investing in the Nutrition Data Value Chain: a Call To Action in West Africa

Together for Nutrition: A West African Data Forum

- i) Share achievements and challenges
- ii) Strengthen connectivity, coordination, and collaboration;
- iii) Formulate a call to action to strengthen the data value chain for nutrition
- iv) Identify stakeholder groups to take up and support the call on data-driven nutrition action

Participants developed a common Call To Action to invest in the Data Value Chain for Nutrition. The Call To Action was shared with countries for uptake and contextualisation.

Endorsement by WAHO

The Call To Action was endorsed by WAHO to strengthen the management of nutrition data along the value chain for more effective planning, monitoring, and decision-making.

Assessment and Investment

- A one-year follow-up aims to assess where we are at and identify which further investments need to be made to accelerate the use of nutrition data for accountability and action?

Call To Action

Interactive webinar on how to bring a Call To Action to life. Countries will share their experiences (the stakeholders involved, the process applied, the lessons learnt and next steps) identifying success and challenges to accelerate uptake of the CTA.

WAHO Webinar

Together for Nutrition: A West African Data Forum
Summary of country progress

Countries engaged with Government, WFP, UNICEF, WB, PNIN, FAO, WHO, WAHO, Research institutes, private sector, civil society to contextualize the CTA, using a participative and multisectoral approach to e.g. Harmonization of data through id of nutrition indicators. They identified the needs to improve data quality (of routine data), continue advocacy for funding and electronic data collection tools, strengthen capacity along the DVC and engage staff in nutrition data curation and will continue to use the CTA as an advocacy tool to obtain harmonization of data, capacity strengthening, and releasing committed budget to apply the Nutrition Data Value Chain for more effective decision-making.

Source: based on input from Liberia, Nigeria, Burkina Faso, Mali, Niger, Togo, Senegal, Cape Verde, Ghana, and Ivory Coast
Imagining a new agenda: turning these data stories and their challenges into opportunities for distinguished success in the region

- Measures to harmonize: Support WAHO in uptake of the (living) policy database and other data products to inform the Nutrition Observatory
- Capacity: make the short courses online available (enhanced sustainability)
- Provide leadership: best practice and ‘feuille de route’ to allow countries to undertake action around nutrition data.
Similar exercise is available for South Asia and Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka

India’s actions to strengthen the nutrition data value chain

• India recently developed a “National Nutrition Coverage Monitoring Indicator Framework”

• Includes all interventions reflected in the National Nutrition Program strategy
  - Uses global indicators when available
  - Identifies country-specific indicators when not available

• Ensures that all sectors & partners are reporting comparable data
• Why needed?
  • Many governments & partners are conducting household surveys to collect more frequent data on reach & impact of nutrition investments

• About the resource
  • Details coverage indicators & questions for inclusion in household surveys
  • Includes 15 nutrition interventions across continuum of care, mostly through health sector
  • Collects more information than questions included in multi-topic survey programs (e.g. DHS)
  • Recommended indicators & questions draw from DHS & other global survey programs; also reflect measurement research

• For this & other resources visit: https://datadent.org/compendium-of-nutrition-intervention-coverage-indicators-questions-for-household-surveys/

Join the Community of Practice https://datafornutrition.org/
Other ongoing work related to data

• **Guidance: National Nutrition Information Systems (NNIS) – to be released in Q2**
  Designed to reach *newcomers and/or non-technical people* with contextual information to help them understand a national nutrition information system and its value

• **Core Standardized Set of Nutrition Administrative Indicators and DHIS2 Nutrition Module – to be released in Q2**
Thank you!
Further resources

• TNWA: Data Country Profiles
• TNWA: policy notes
• Hawkes et al. Double-duty actions: seizing programme and policy opportunities to address malnutrition in all its forms. Lancet 2020; https://doi.org/10.1016/S0140-6736(19)32506-1
• Initiative Ouest Africaine Countdown to 2030 pour la nutrition. Ne laisser Aucune Femme ni Aucun enfant en rade: Inégalités dans la couverture et l’état nutritionnels des femmes, des enfants et des adolescents en Afrique de l’Ouest. Rapport 2020
• Heidkamp R et al. Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: an agenda for action. Lancet 2021; https://doi.org/10.1016/S0140-6736(21)00568-7
Questions?
Discussion