

Financing to Meet the World Health Assembly Targets for Nutrition: Progress and Challenges

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on behalf of Mary D'Alimonte, Kyle Borces, Augustin Flory

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#InvestInNutrition #FANUS2019

With thanks to **BILL & MELINDA**
GATES foundation for supporting this work



**RESULTS FOR
DEVELOPMENT**

We need more money for
nutrition from all sources
- and we need to make
sure support goes to
those who need it most



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1

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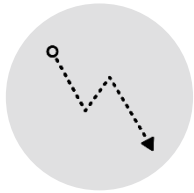
Investing in nutrition is critical for health and economic development - and must be a collective effort from all partners



Investing in nutrition is a moral & economic imperative



An estimated **151 million children** under age five are developmentally stunted as a result of chronic undernourishment



Malnutrition is directly or indirectly tied to up to **60% of child deaths**, and drastically affects **childhood development**



The economic consequences represent losses of **11 percent of GDP** every year in Africa and Asia, whereas preventing malnutrition delivers **\$16 in returns on investment for every \$1 spent**

Nutrition is one of the very best (co)investments governments and development partners can make

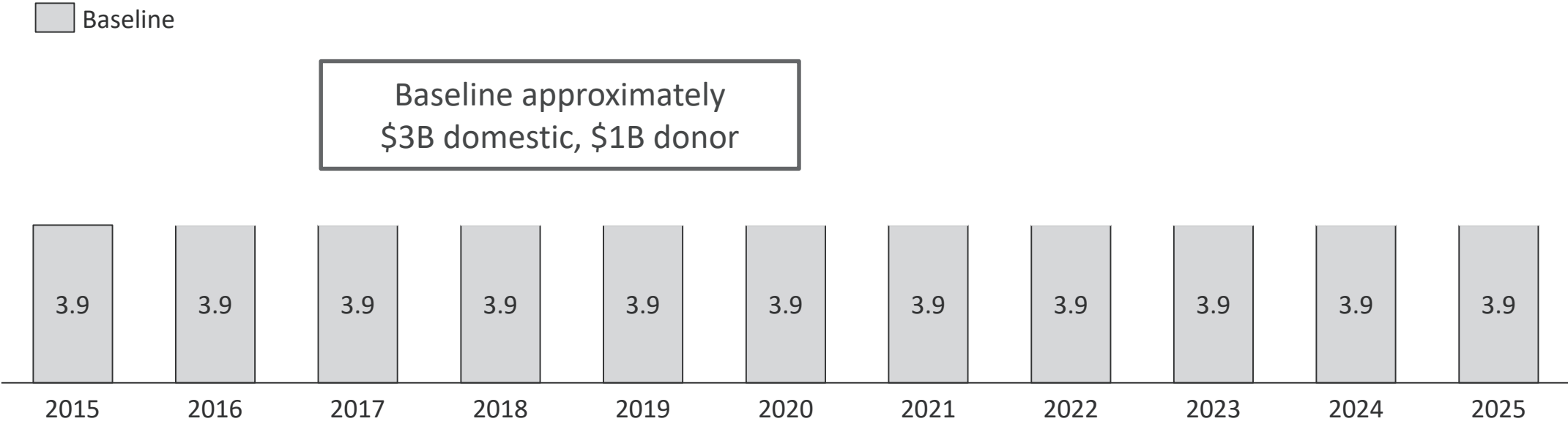


Greater investments are needed from all sources if we are to reach the WHA targets for nutrition (and later, the SDGs)

Investment Framework for Nutrition calls for investments of **\$70B** in additional resources over 10 years (2015-25) in a package of high-impact nutrition-specific interventions to help reach the **WHA targets** for nutrition

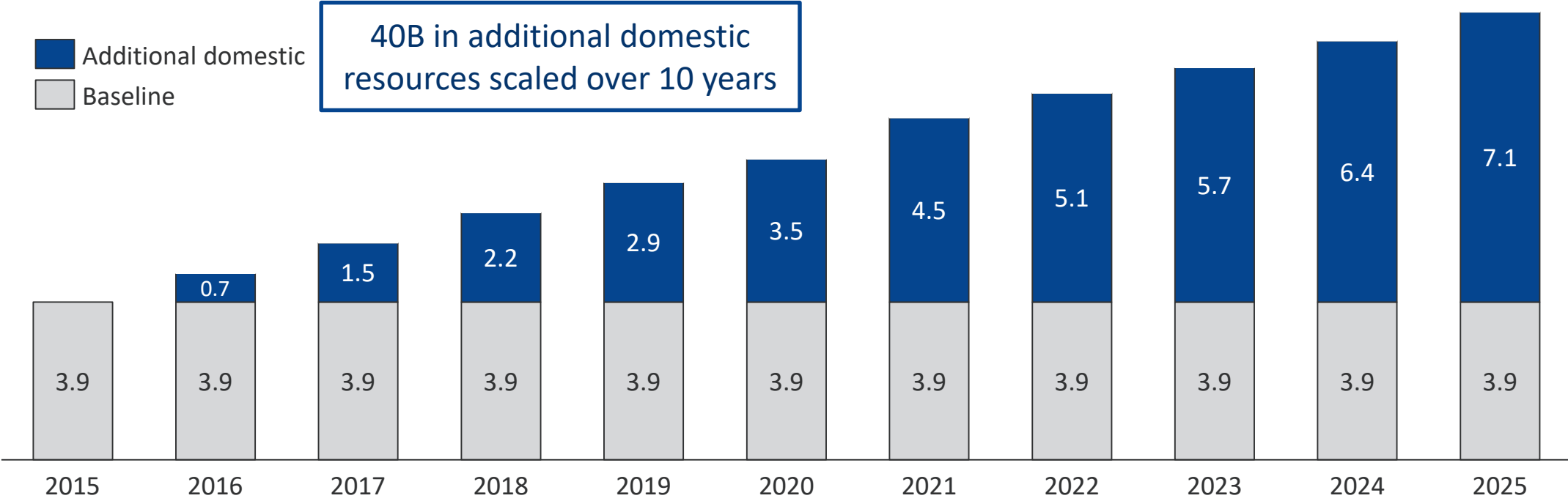
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Additional funding (USD \$B) needed from all sources to scale high-impact nutrition-specific interventions to reach the WHA nutrition targets, from in the *Investment Framework for Nutrition*



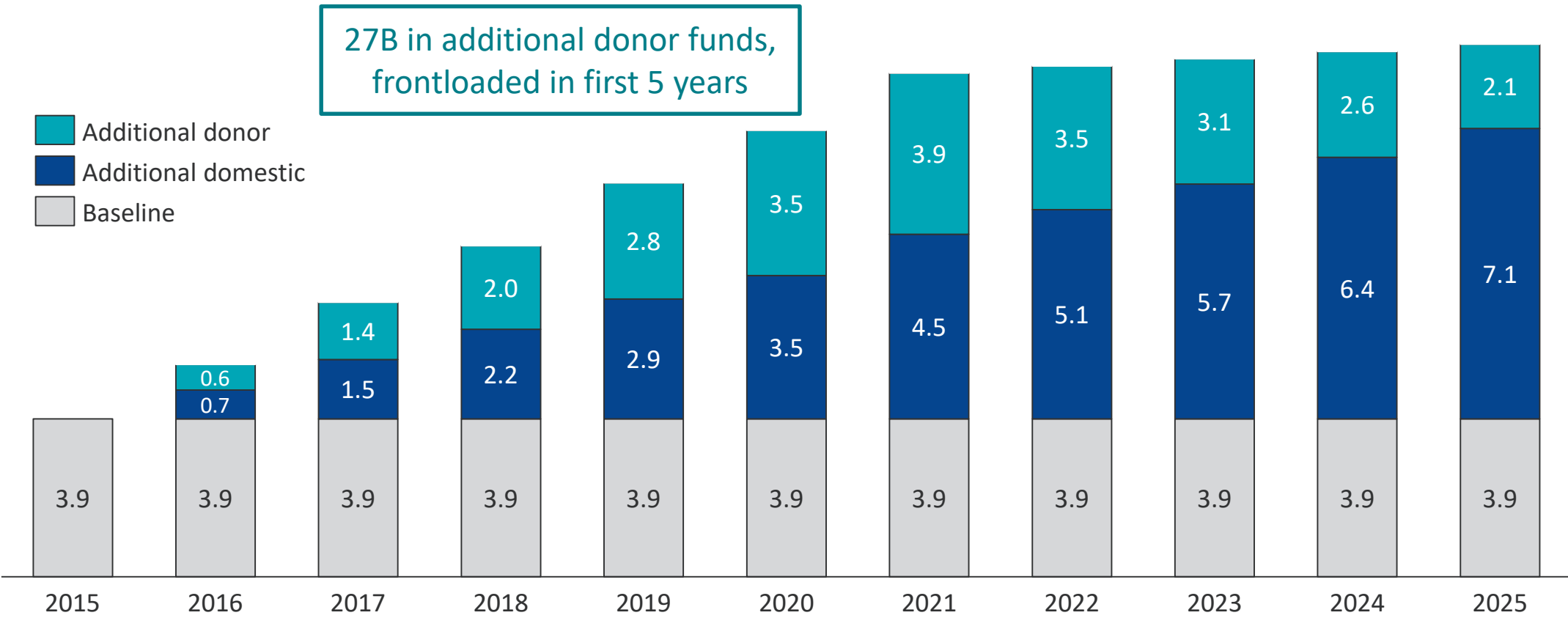
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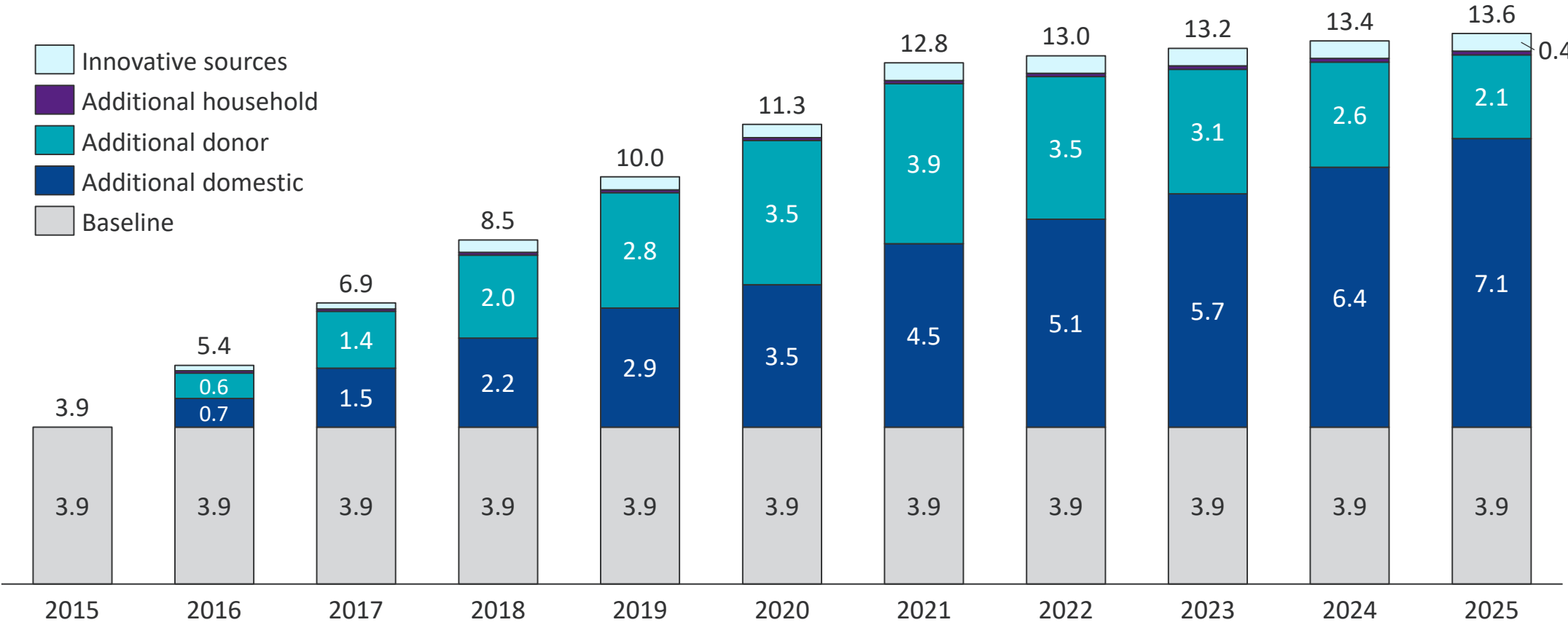
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2

We don't know everything about domestic financing trends for nutrition – but we do know that a lot more progress is needed

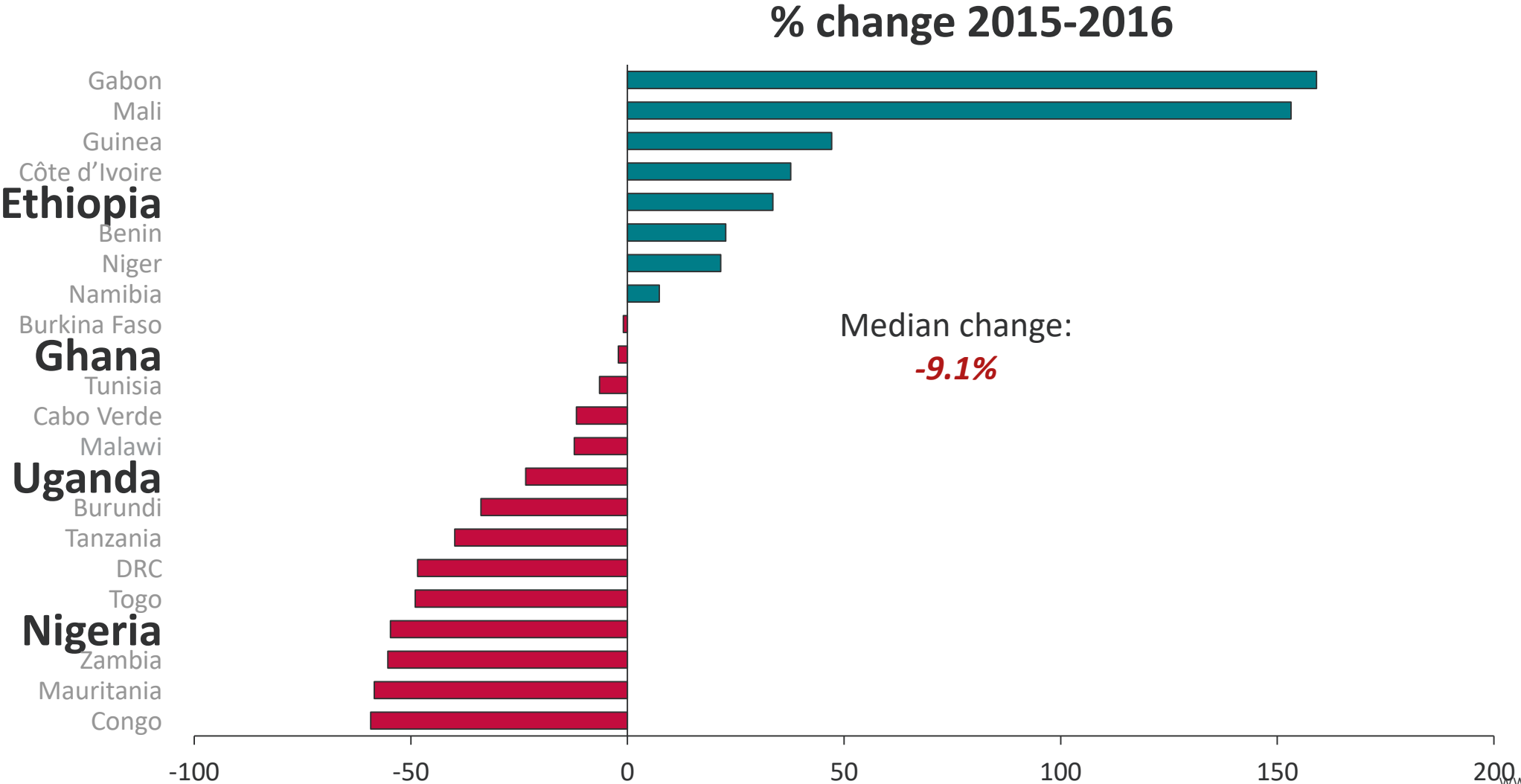


2

Domestic funding for nutrition is difficult to track. National health accounts show some countries making progress, others losing ground.



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Actions for government champions

- Strong, **costed multisectoral nutrition plans** based on prioritized actions
- **Targeted efforts to mobilize resources** from line Ministries and Finance
- **Tracking financial flows** and program results to support further investment and target those most in need

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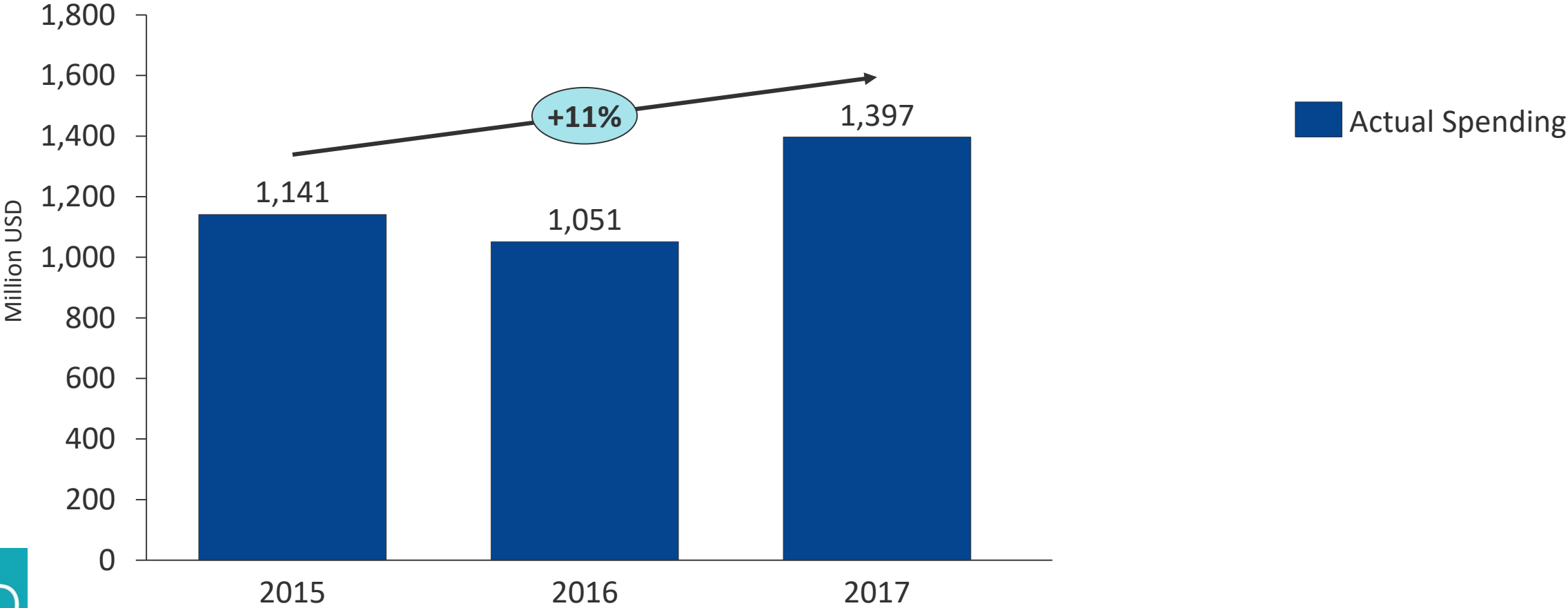


Other movements – e.g. the UHC agenda – may also create opportunities to increase investment in nutrition

3 Donor aid for nutrition is increasing - but not evenly towards all the WHA targets

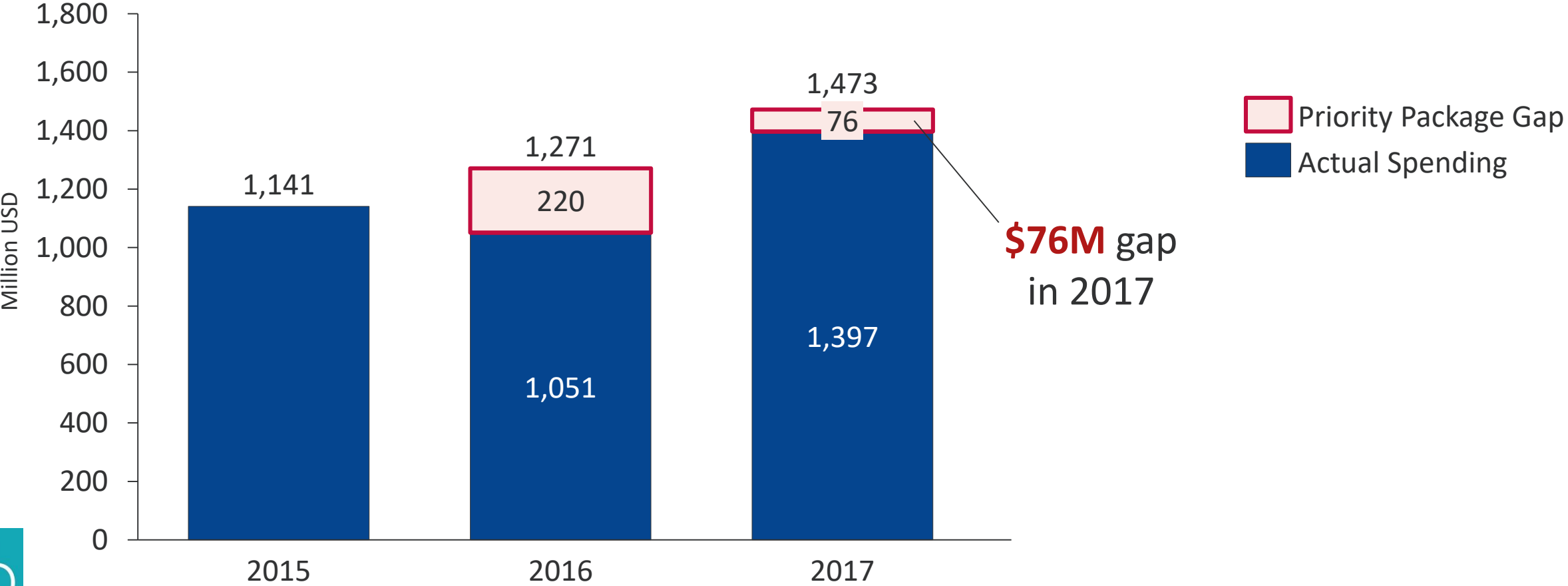
Donor funding appears to be moving in a positive direction...

Nutrition-specific WHA-aligned disbursements 2015-2017 (USD millions)



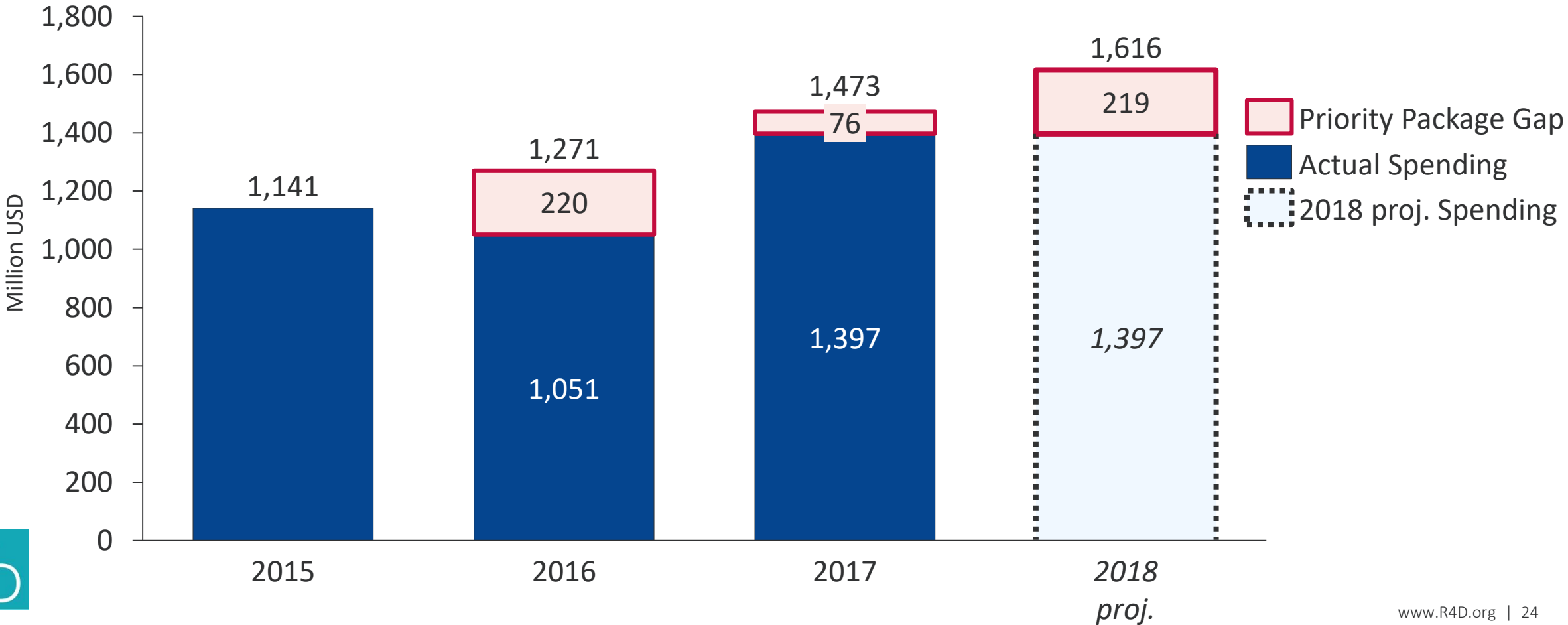
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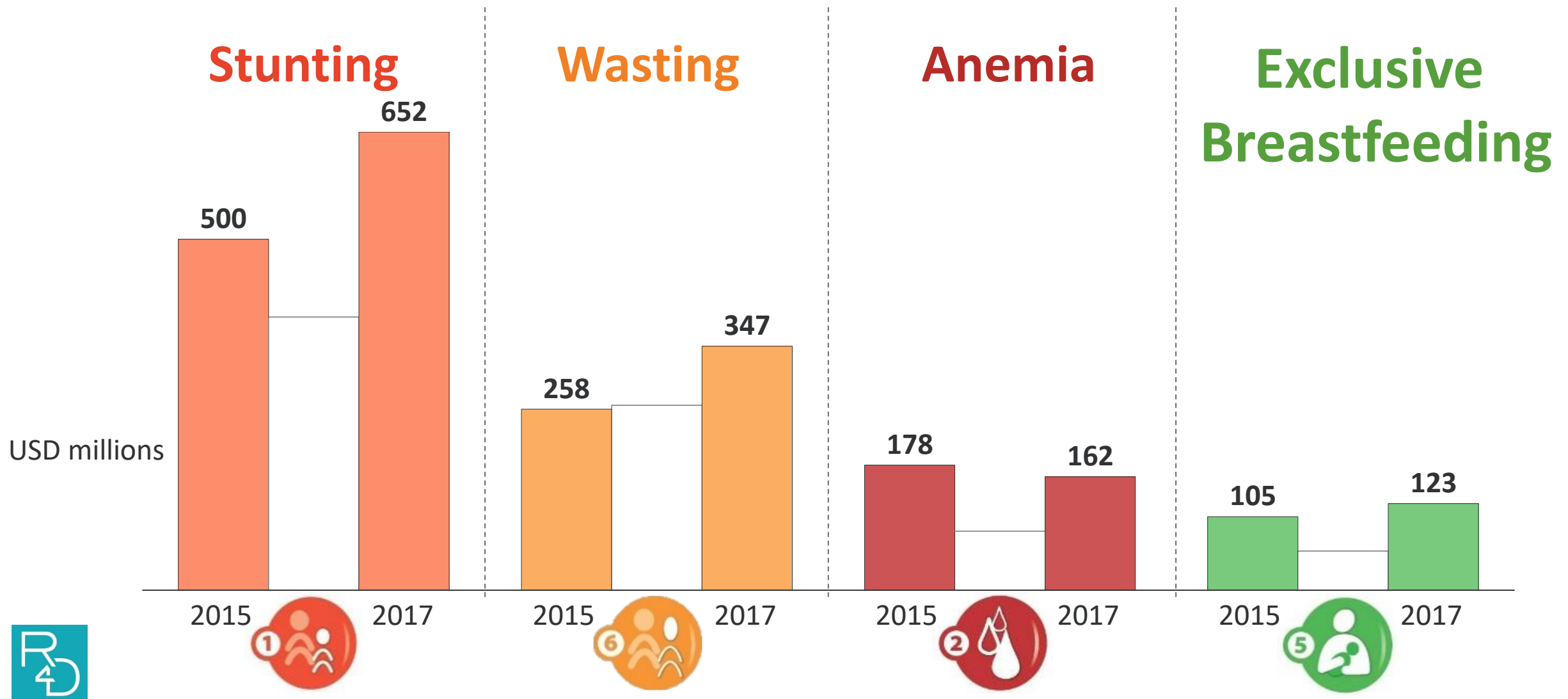


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There are clear aid funding increases for **Stunting** and **Wasting** - but **Anemia** and **Exclusive Breastfeeding** need more attention



Disbursements across the WHA targets cannot be summed due to intervention overlap. See www.r4d.org/trackingWHAtargets for methods

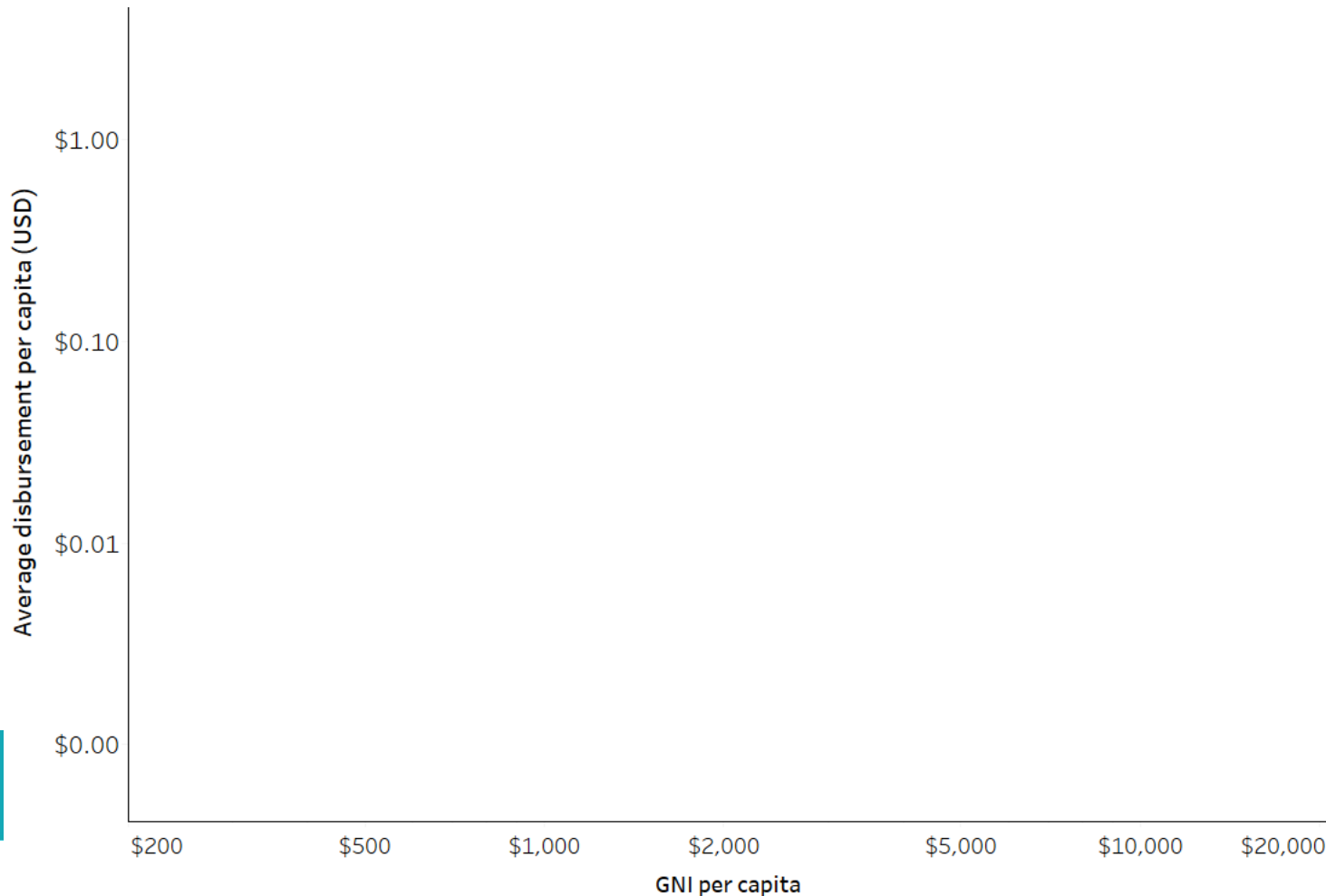
4

Donors must do more to ensure that
no recipient countries are being
left out or left behind



Donor aid for nutrition shows patterns of targeting by country income, but some countries receive little relative to peers

Average disbursement per capita by GNIpc

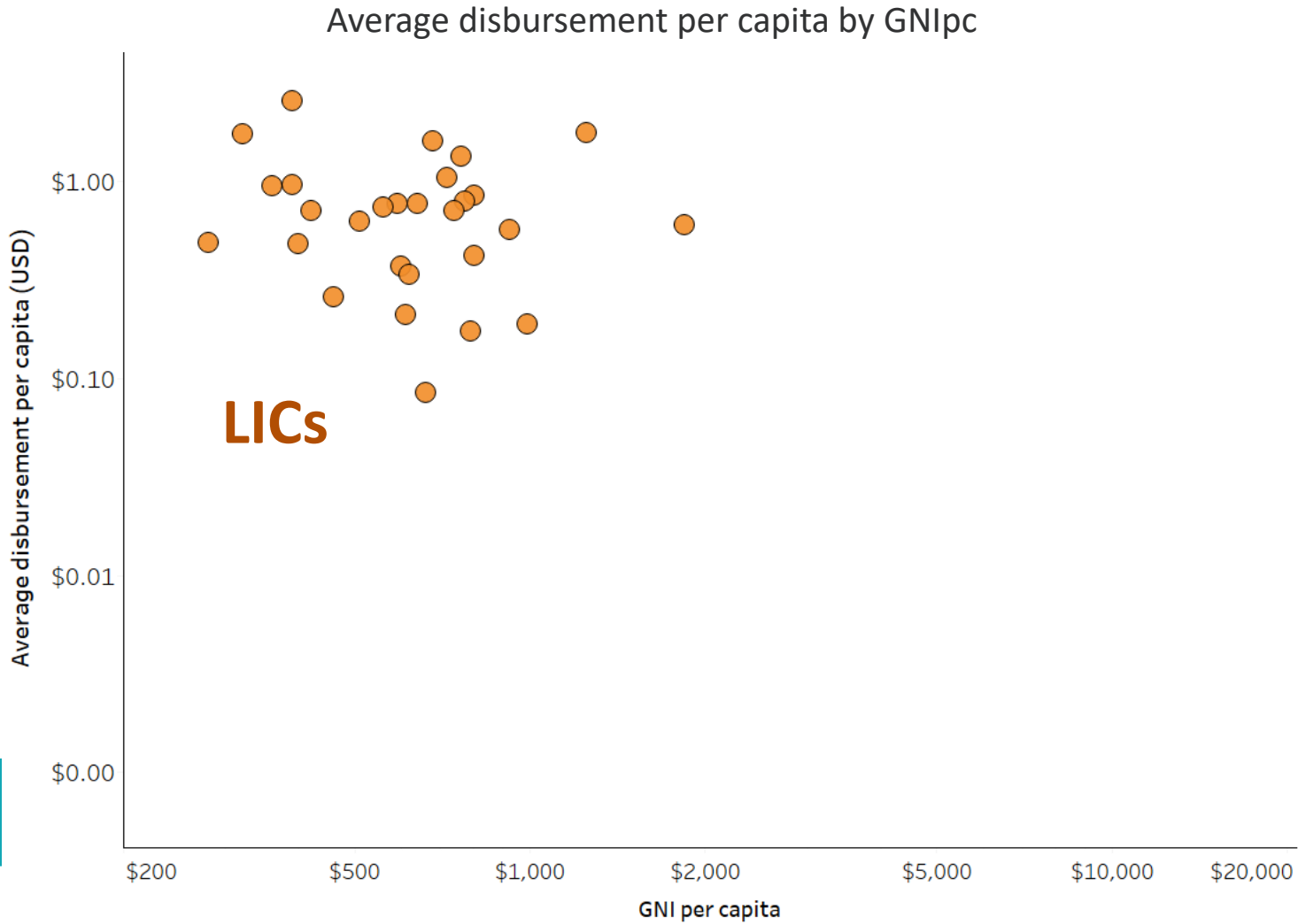


Among LICs, aid disbursements per capita do not vary in proportion to GNI per capita.

However, among MICs, there is clearer evidence of targeting according to income.

Overall, in statistical models, GNI per capita explains ~35% of the variation in aid per capita.

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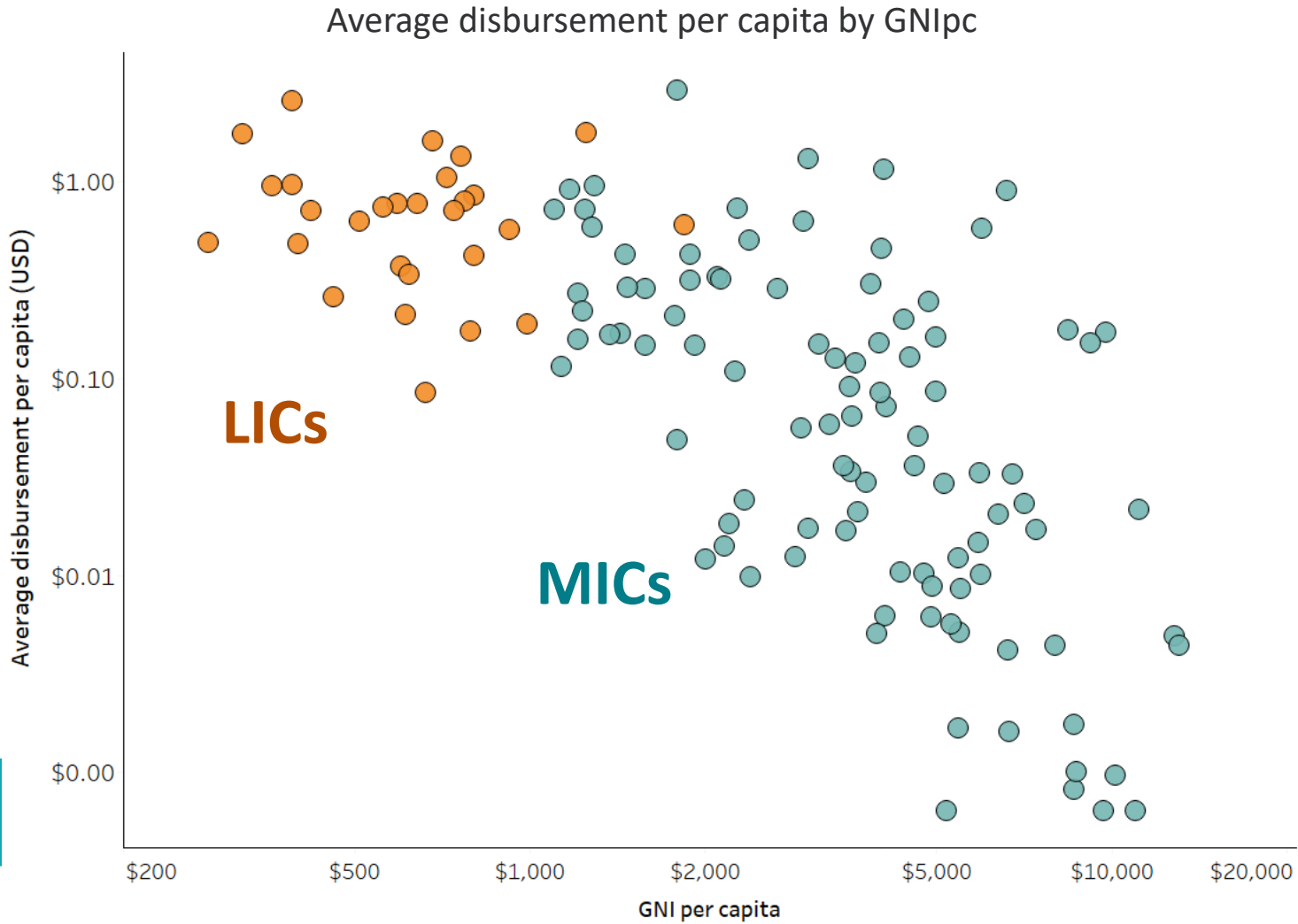
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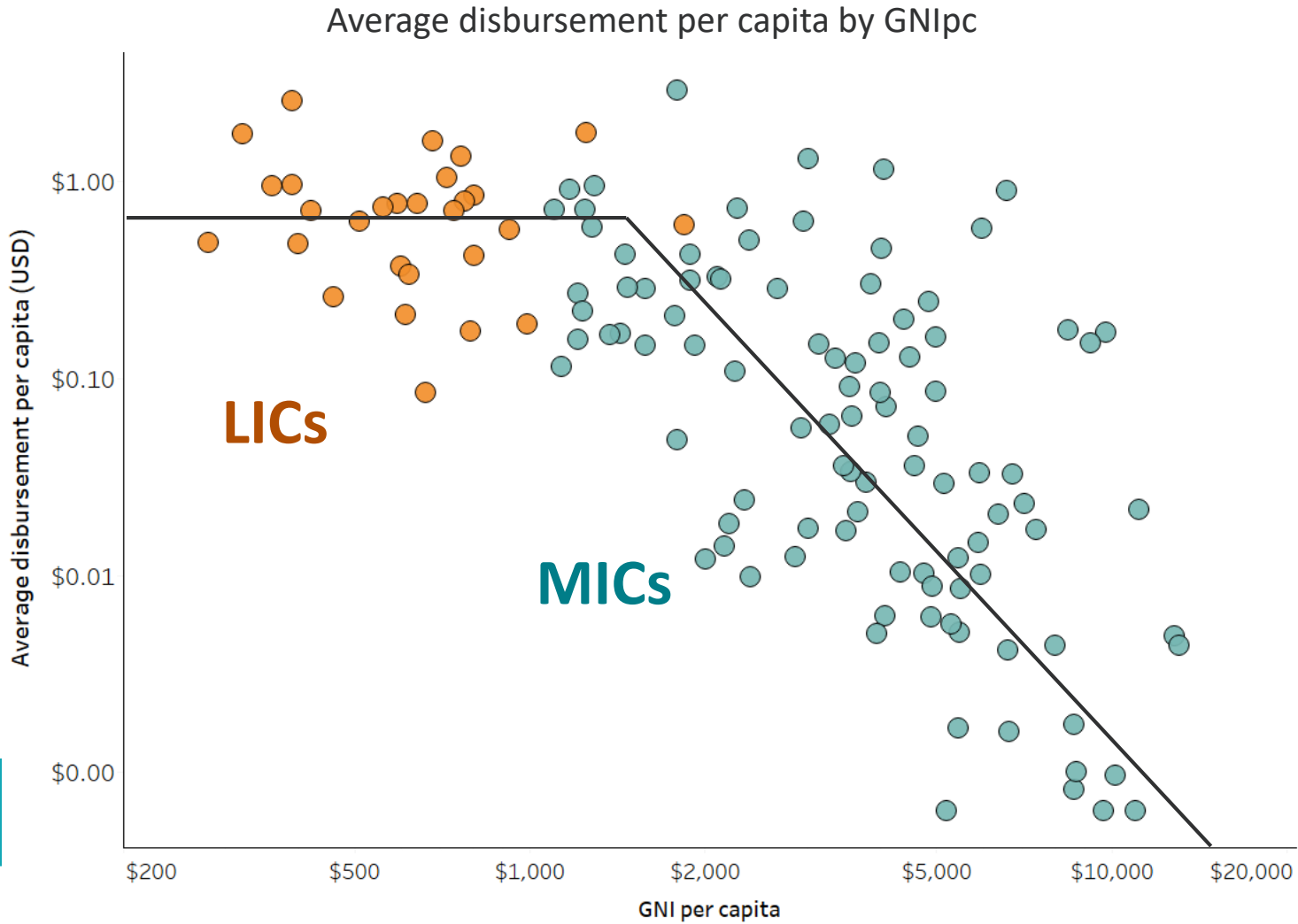
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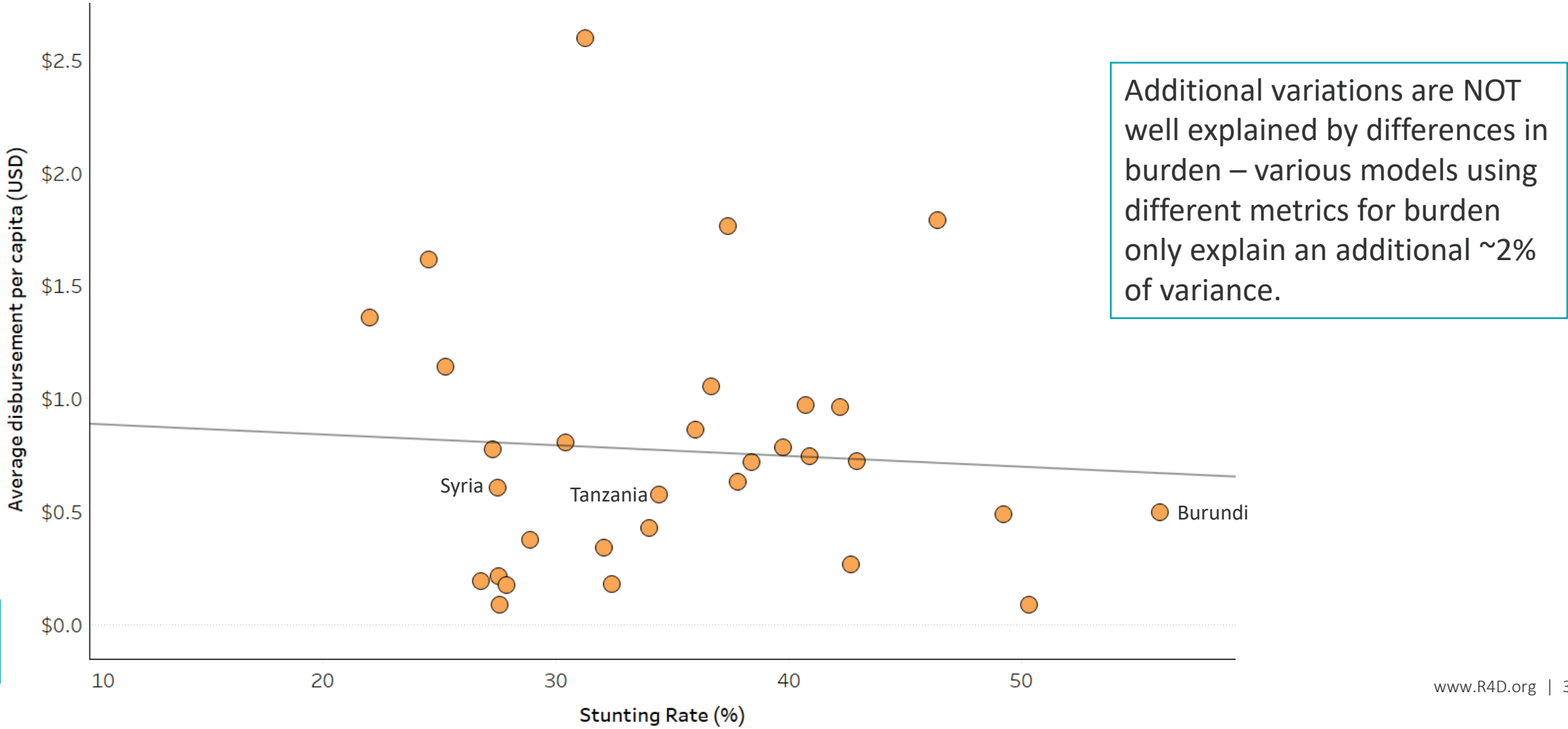
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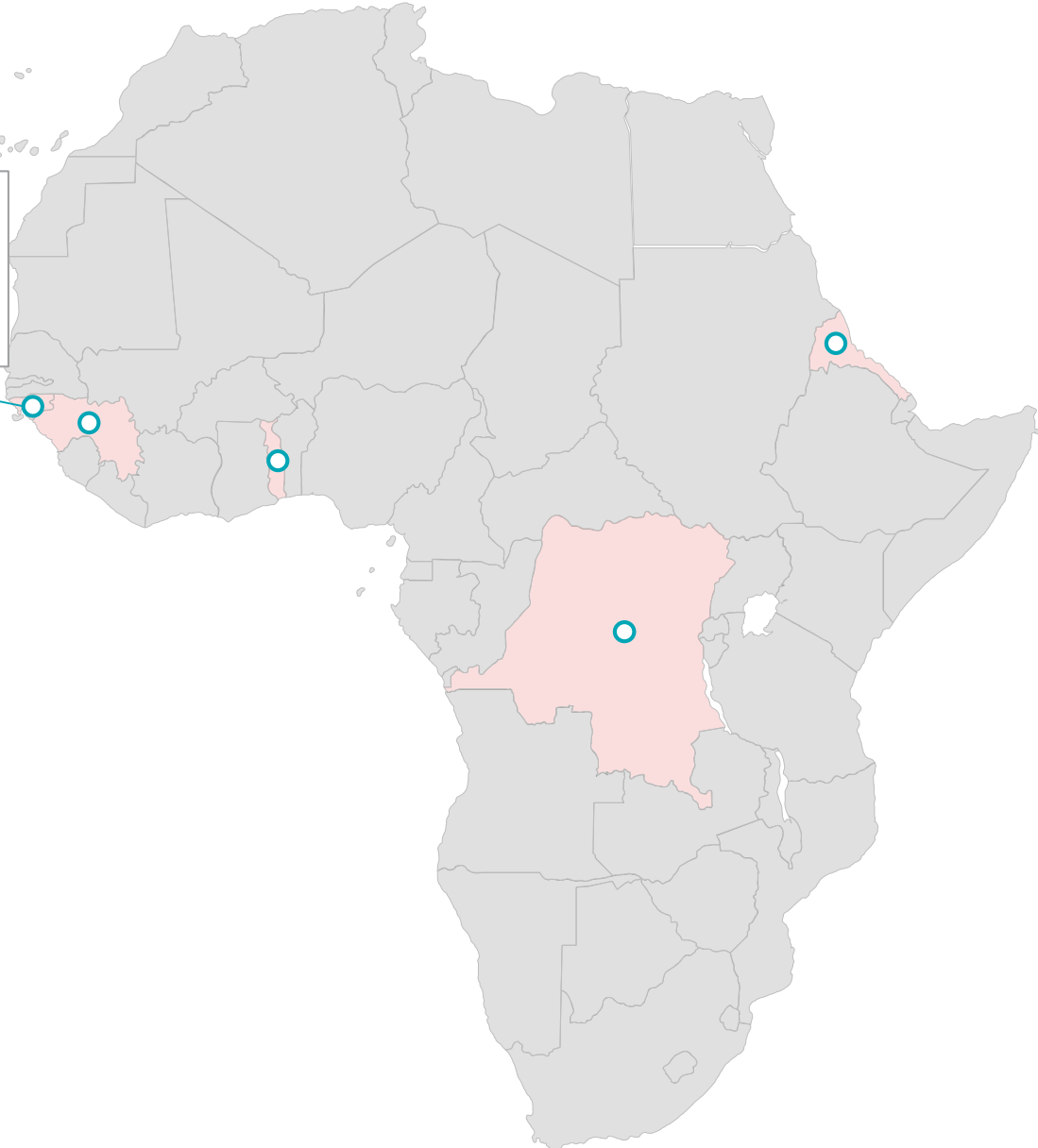
While aid may be targeted towards **lower income** countries, there appears to be very little targeting towards **higher burden** countries

Average disbursement per capita does not increase with stunting burden in Low Income Countries



Several African countries are receiving very little aid relative to nutrition burden

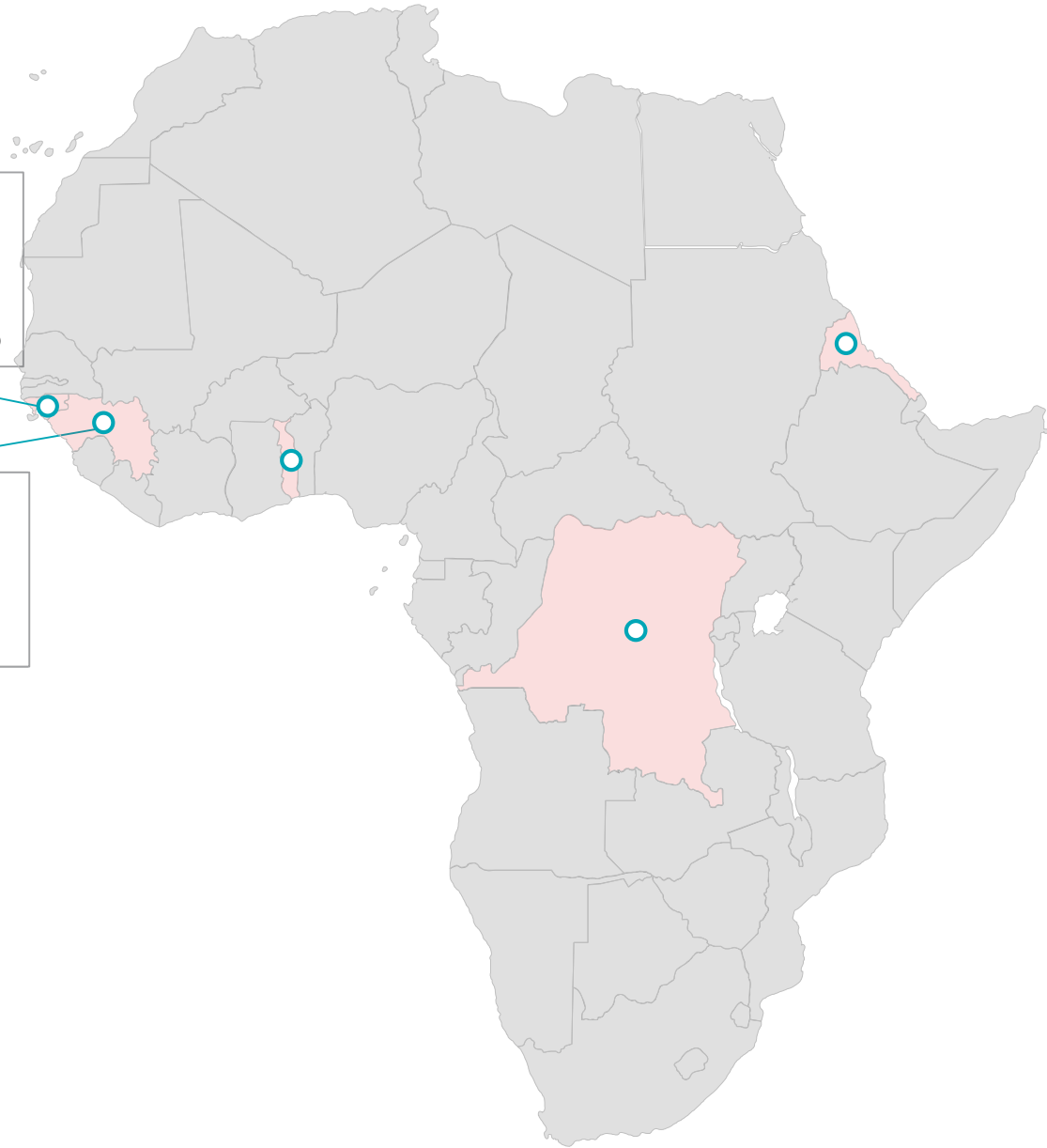
Guinea-Bissau



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• \$0.16 million USD
• **\$0.09** per capita
• Stunting rate = 27.6%

Guinea-Conakry

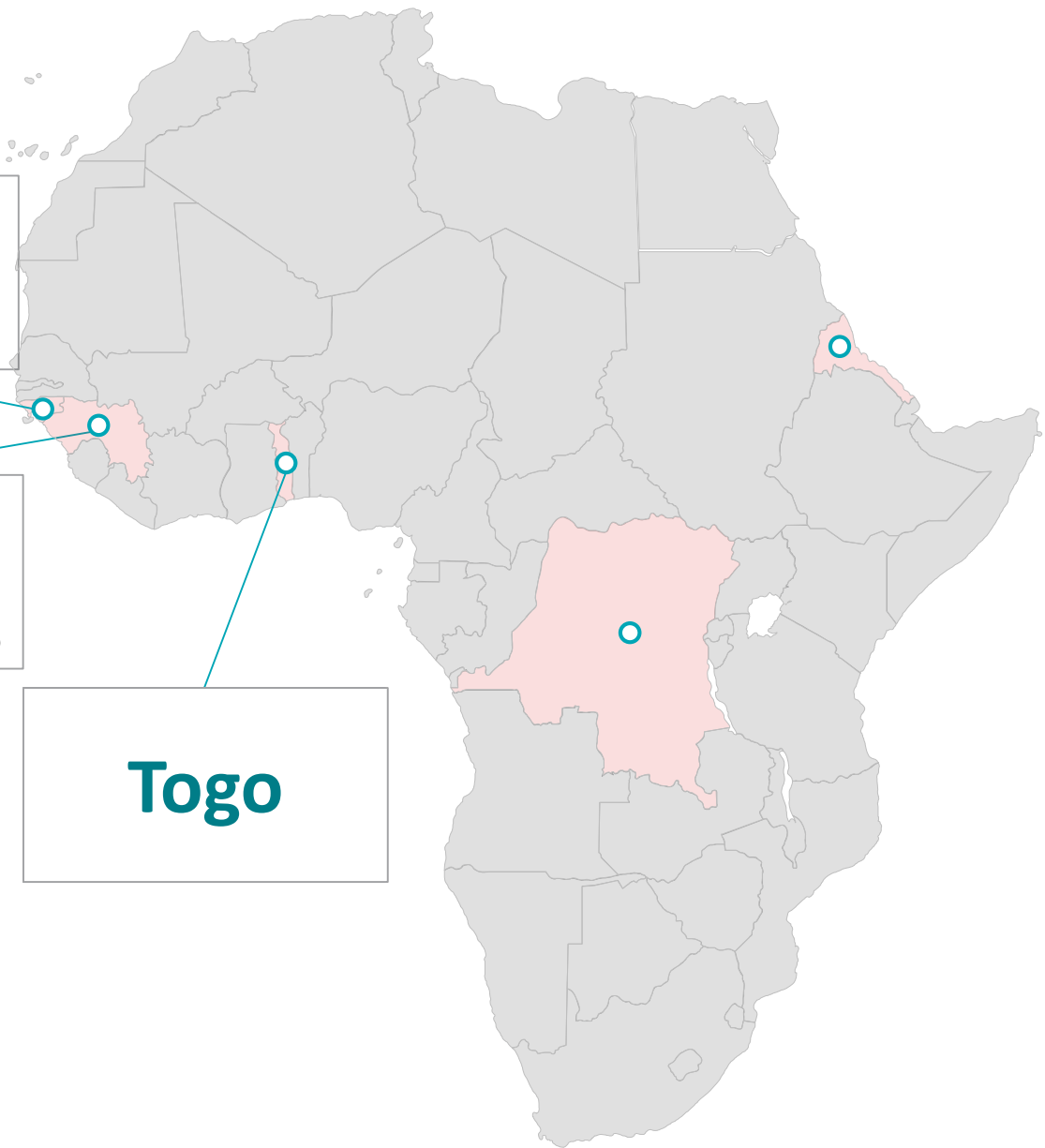


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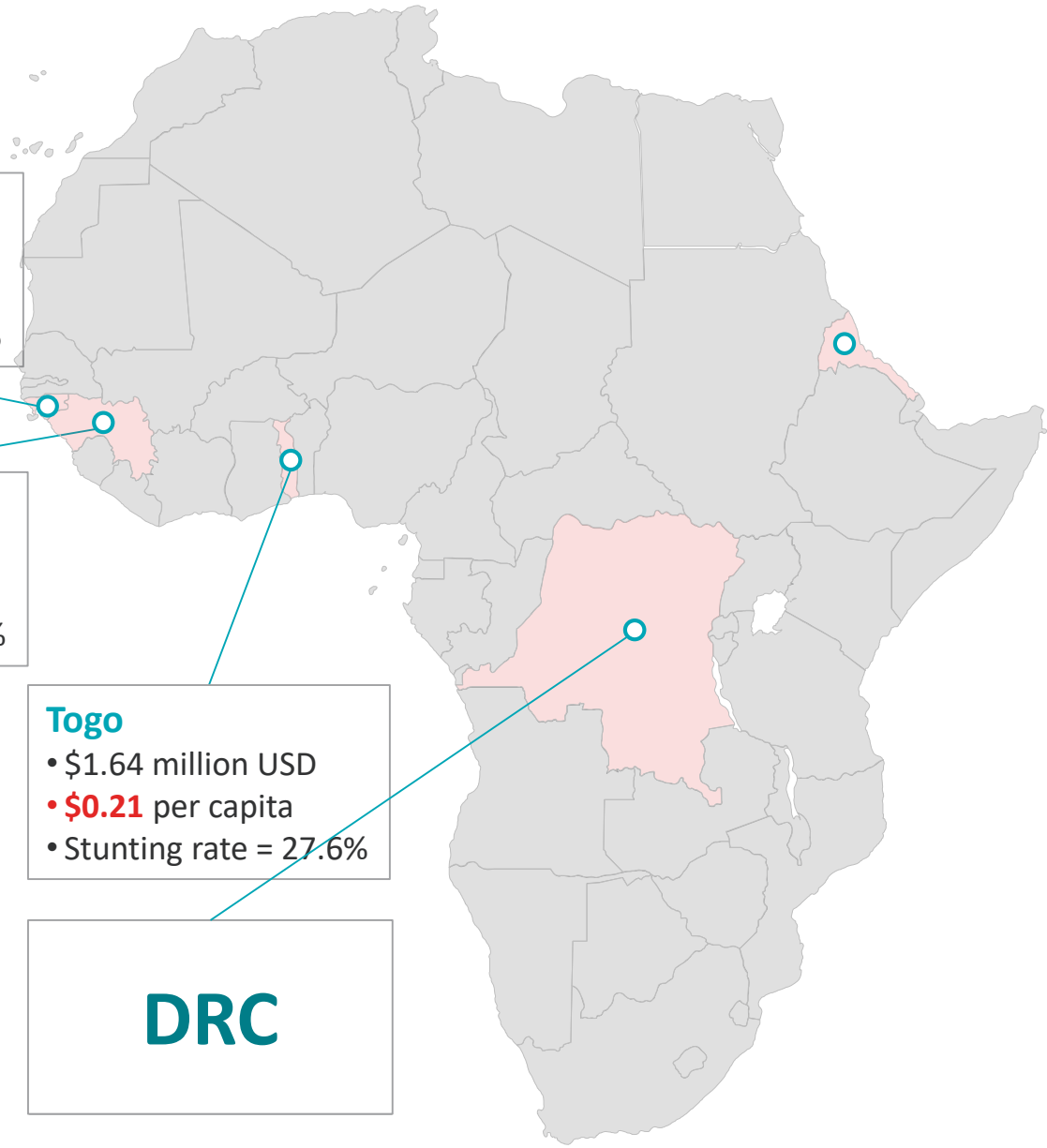
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DRC



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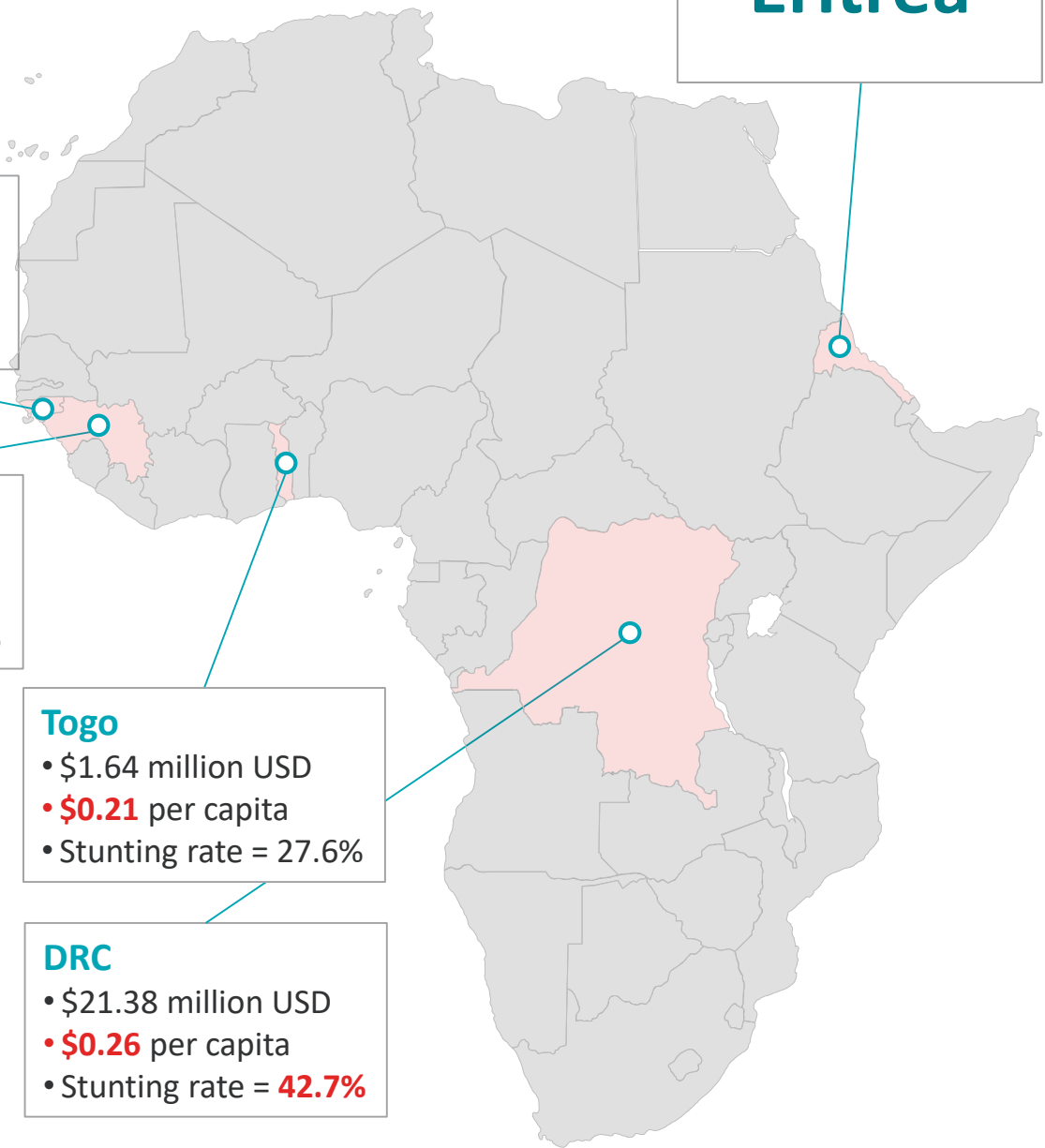
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• Stunting rate = **42.7%**

Eritrea



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Whatever model is used, many countries receive very little nutrition aid relative to need. Eritrea, Guinea-Bissau, Guinea-Conakry, DRC, and Togo represent some of the most underfunded countries in the world.

Median aid p.c. among SSA LICs: **\$0.72**
These 'donor orphans' are **\$0.09-\$0.26**

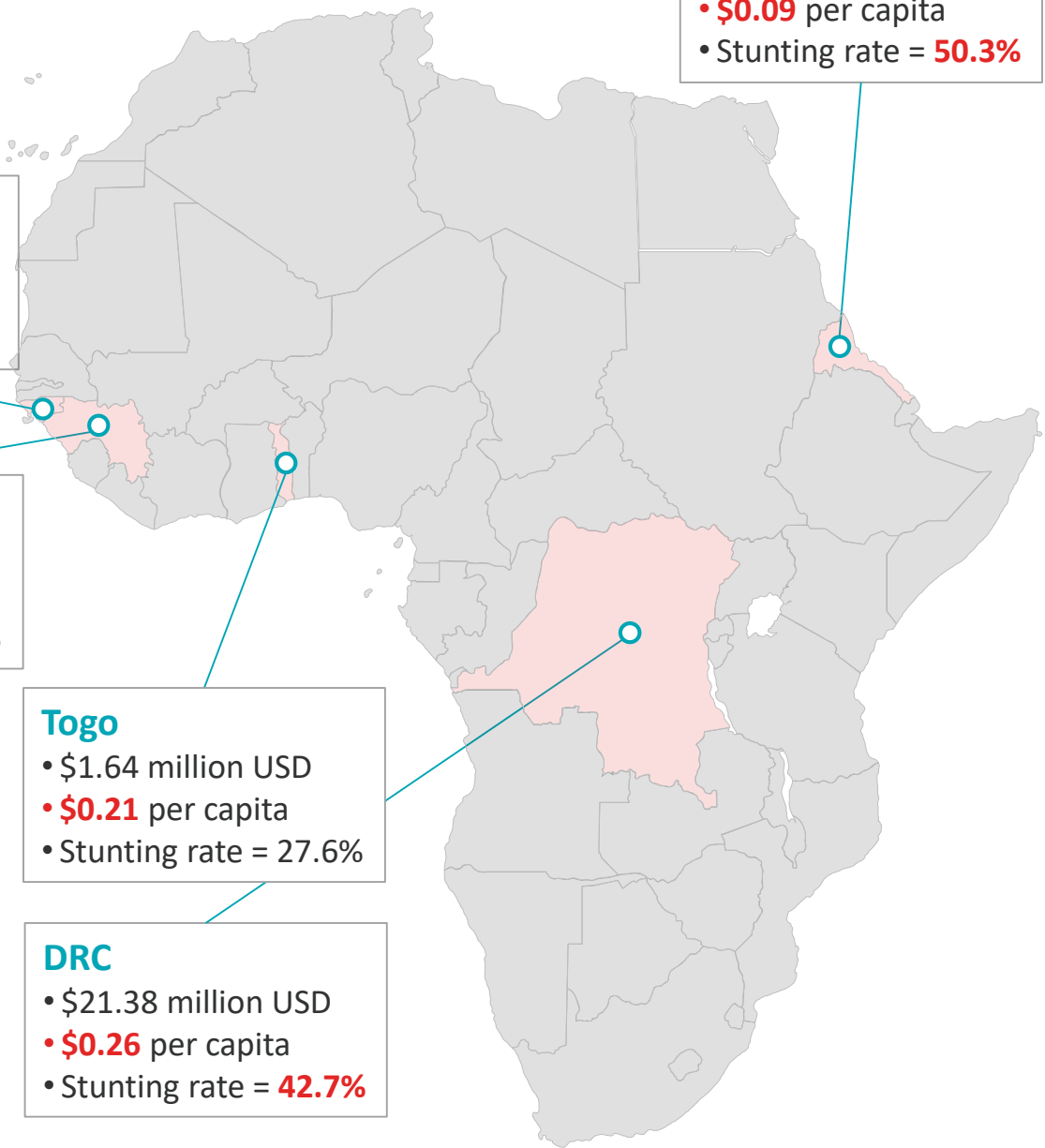
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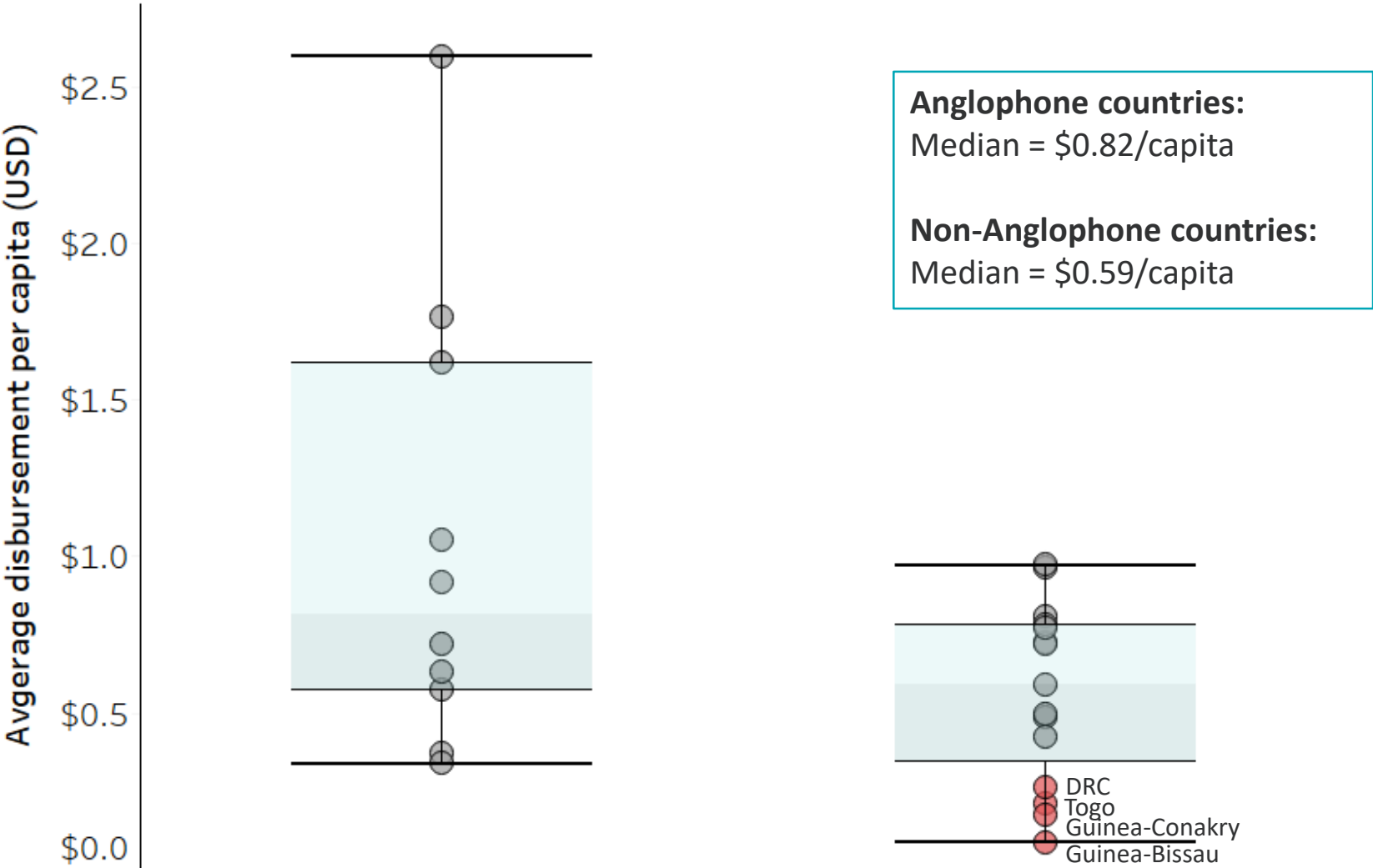
DRC
• \$21.38 million USD
• **\$0.26** per capita
• Stunting rate = 42.7%

Eritrea
• \$0.44 million USD
• **\$0.09** per capita
• Stunting rate = **50.3%**



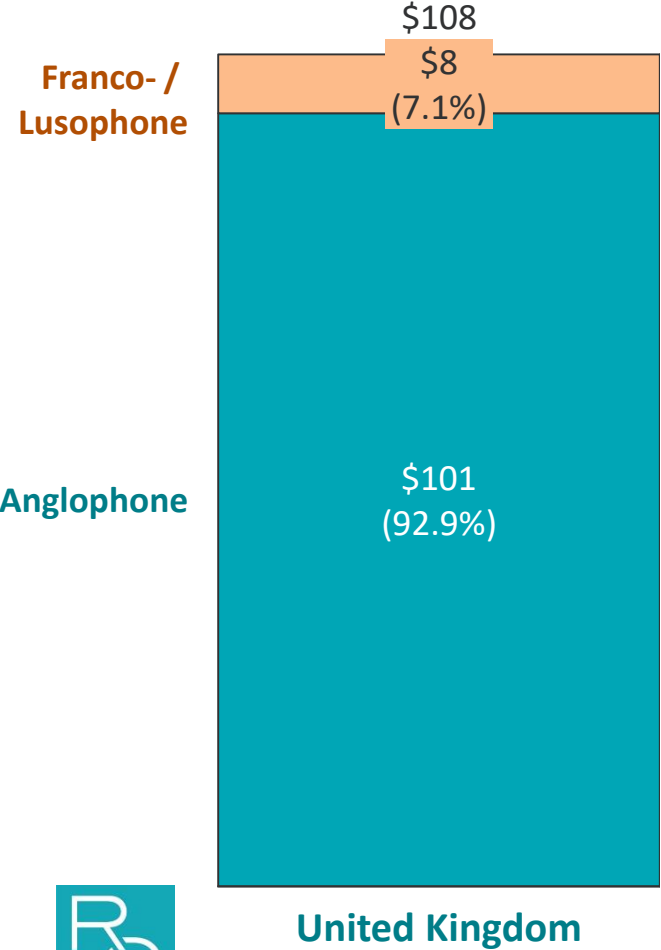
Franco/Lusophone countries get less aid per capita than Anglophone countries, and make up a majority of the most underfunded countries

Anglophone Vs Francophone/Lusophone in SSA among LICs



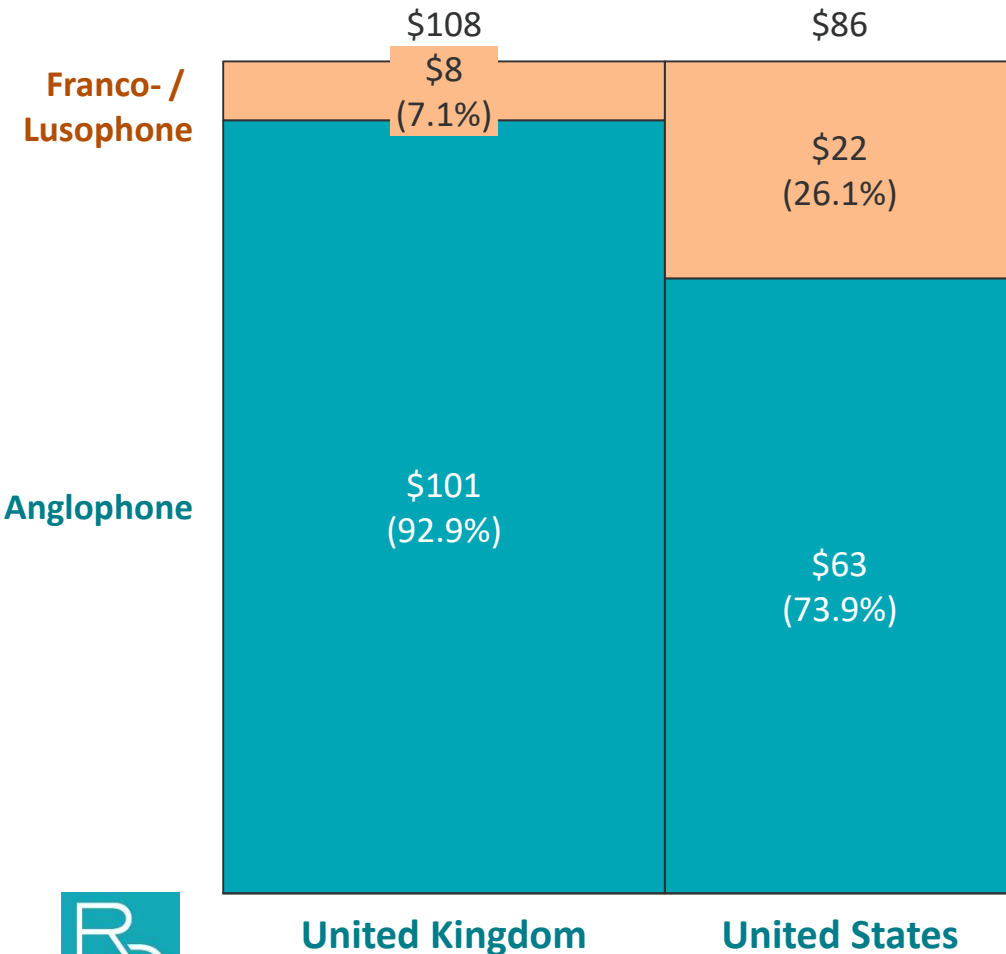
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Average 2015-17 WHA-aligned aid to Anglophone vs Francophone/Lusophone recipients in SSA, by donor (\$M)



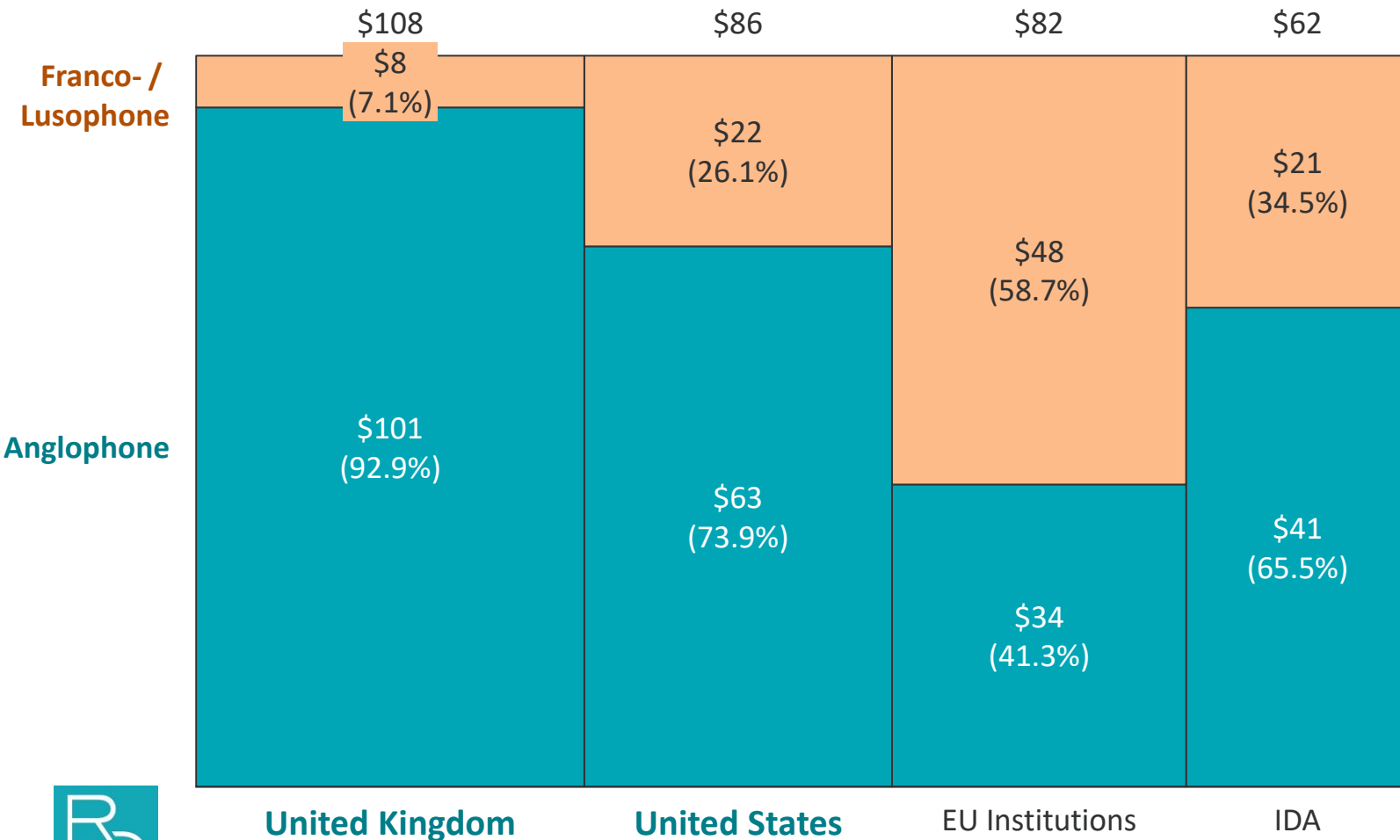
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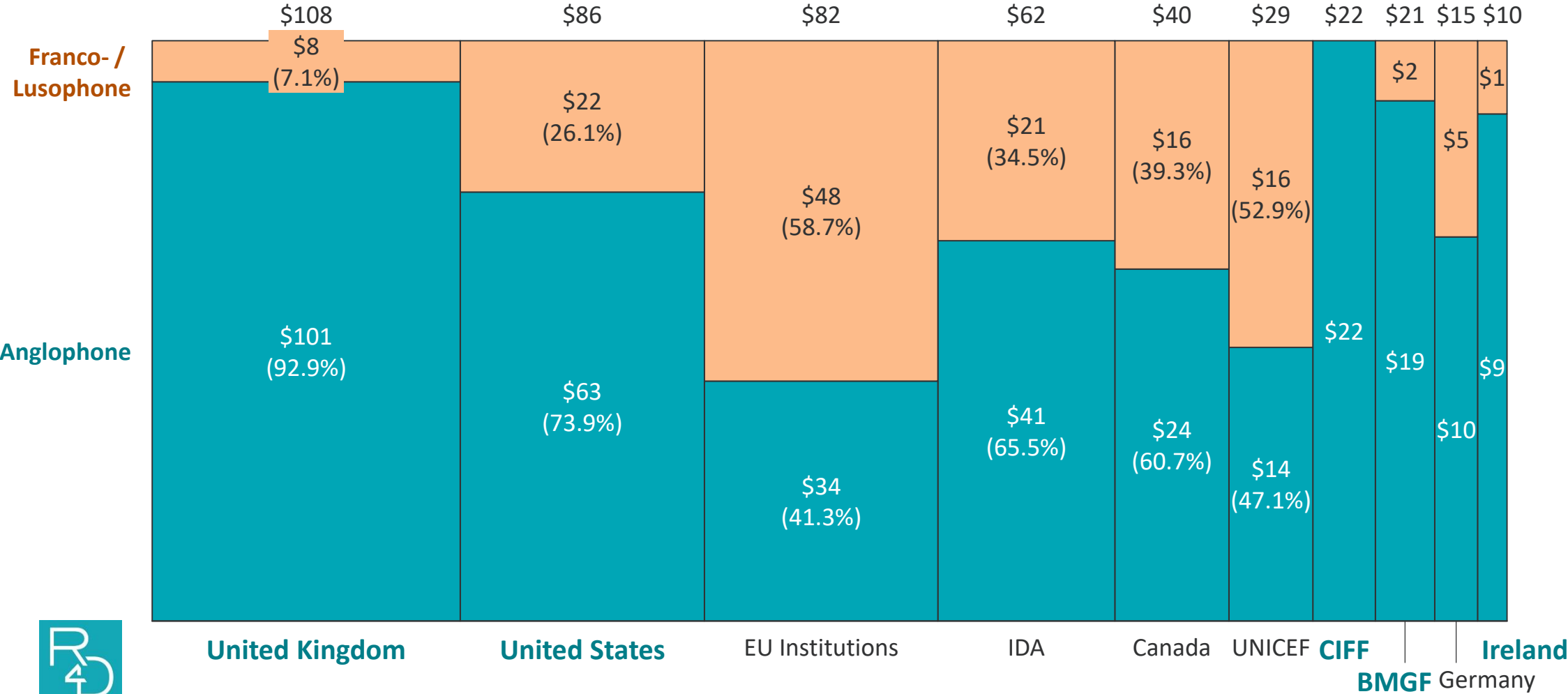
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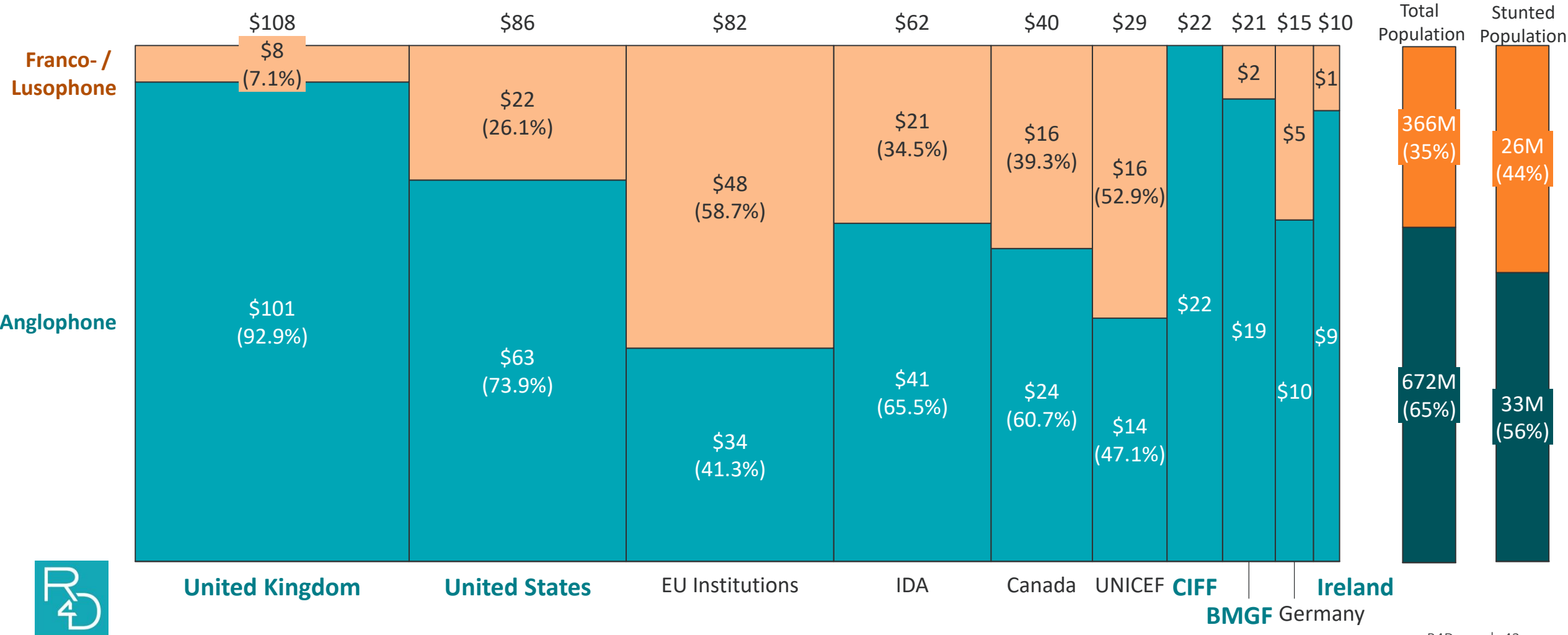
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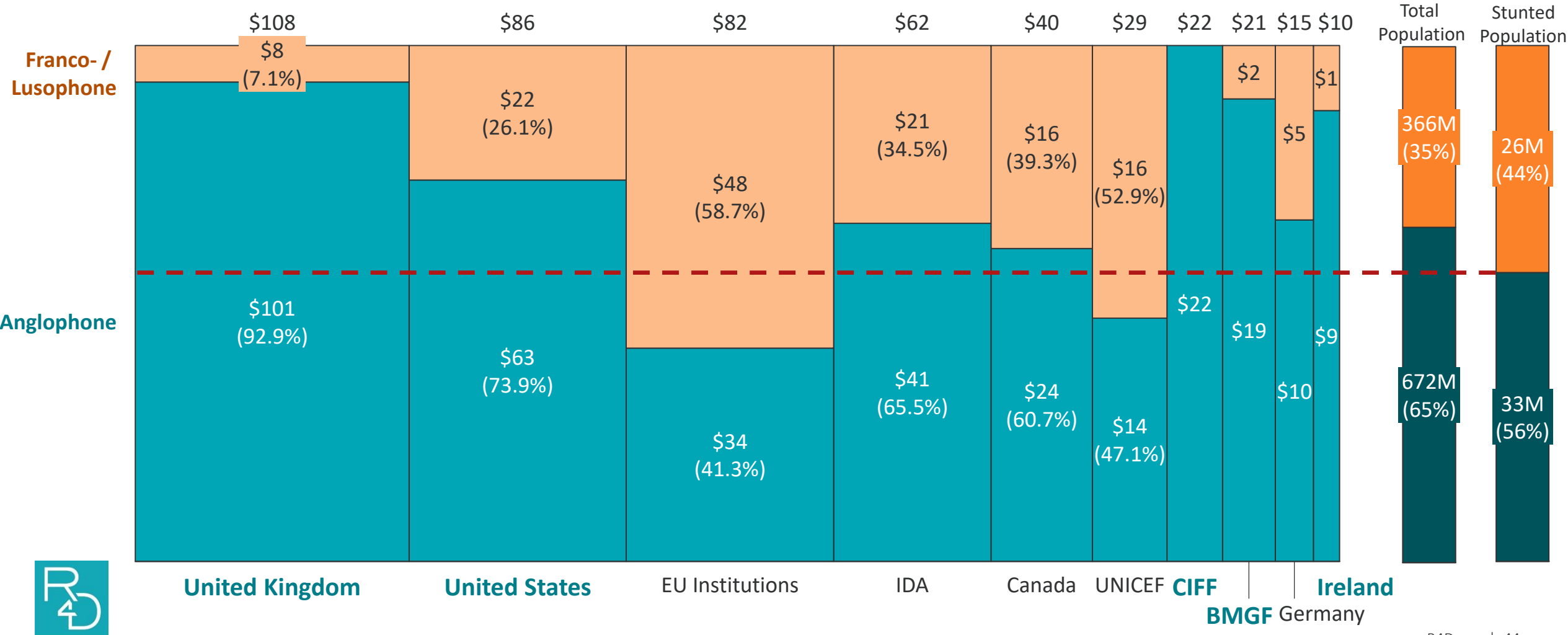
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- **The research community** should take up the issue of **equity in nutrition finance**, to illuminate where and why nutrition funding is not reaching countries, communities and individuals with the highest needs for support

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