

**COMPENDIUM - FINAL REPORT
ZERO HUNGER CHALLENGE WORKING GROUPS**

THE SECRETARY-GENERAL'S
HIGH-LEVEL TASK FORCE ON
GLOBAL FOOD AND
NUTRITION SECURITY



ZERO STUNTED CHILDREN LESS THAN 2 YEARS

Working Group Composition – Participating Agencies

Co-Chairs: FAO, UNICEF, WFP, WHO

This compendium summarizes the outcome of the work done by the twenty-three High level Task Force of Global Food and Nutrition Security entities, coordinated by the HLTF Coordination Team from October 2014 to October 2015.

This report outlines the main features of this specific Zero Hunger Challenge element, including suggested metrics to monitor progress, as a guide to all stakeholders willing to join the challenge. The report is articulated around four sections. Each section explains the approach used, bottlenecks encountered, alternatives considered and all the information necessary for the reader to understand how the group reached its conclusions.

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Concordance reached by the HLTF entities

Countries can eliminate stunting in our lifetimes. Sustainable investments and multi-sector, multi-stakeholder cooperation are key to succeed. There is increased country, regional, and global action to eliminate stunting. The United Nations system agencies support collaborative efforts such as the 2030 Agenda for Sustainable Development, the Second International Conference on Nutrition (ICN2), the World Health Assembly nutrition targets, and the Scaling Up Nutrition (SUN) Movement. The United Nations Secretary-General's Zero Hunger Challenge prompts countries to invest in nutrition and implement policy measures.

Reporting on the six World Health Assembly (WHA) targets — including stunting — is done through biennial reports to the WHA and through the annual Global Nutrition Report. A Global Monitoring Framework on Maternal, Infant and Young Child Nutrition (GMF) was adopted by the World Health Assembly in May 2015. It will create an internationally accepted approach to monitoring progress towards nutrition targets. This framework is based on the WHA Global Nutrition Targets and refers to children under 5-years. Stunting data on children under 2-years is more difficult to obtain. Nevertheless, new global and regional estimates for stunting could be available by the end of 2015, as stunting data for children under 2-years is ongoing.

Countries can use the WHO/UNICEF/EC target tracking tool to set national targets and monitor progress toward stunting reduction. Business and civil society support stunting reduction efforts through the Scaling Up Nutrition Movement, ICN2, the Committee on World Food Security (CFS), and Nutrition for Growth.

The 17 Sustainable Development Goals and 169 targets have been adopted by the 193 Members of the UN General Assembly. Stunting reduction is mentioned in Target 2.2; it is linked to the WHA target to reduce stunting in children less than 5 years of age by the year 2025. Adaptation to the 2030 time frame was proposed by WHO and needs to be further developed. Currently, the stunting indicator seems to be clearly included in the SDG monitoring framework; however continuous and urgent advocacy is needed to ensure several appropriate nutrition indicators are added.

The number of natural and man-made emergencies have increased. In response to the rising scale and changing nature of needs for humanitarian assistance, emergency response funding reached a record high in 2015, totalling USD 24.5 billion. Emergencies can strain or overwhelm food and health systems, disproportionately affecting vulnerable communities, and reducing progress toward eliminating stunting. Stronger links between humanitarian and development systems is urgently needed.

I. **Definition**

Concordance reached by the HLTF entities

Stunting, or being too short for one's age, is defined as a height or length for age more than two standard deviations below the World Health Organization (WHO) Child Growth Standards median.

Zero stunted children less than two years: 2.3 percent is the maximum level of stunting prevalence, in order for a country to have achieved zero stunting.

(As validated by the United Nations Secretary-General Ban Ki-moon at the 11 March 2015 HLTF Principals Meeting).

Explanation

Target 1 of the World Health Assembly targets, adopted in 2012 (WHA resolution 65.6) is to reduce by 40 percent the number of children under 5 years of age who are stunted by 2025. Sustainable Development Goal 2, recently adopted by the General Assembly, under its target 2.2 aims "By 2030, [to] end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons." Global and national reporting on stunting focuses on the age group of children under 5 years of age. The ZHC focuses on children under 2 years of age. It can be a challenge to obtain additional data on stunting reduction rates for children less than 2 years of age. The WG recognizes the need for flexibility regarding this target group on stunting..

II. Policy measures

Concordance reached by the HLTH entities

Stunting has many causes. It is the outcome of multiple household, environmental, socioeconomic and cultural factors. This is both a challenge and an opportunity: stunting is an excellent marker for human development, yet stunting reduction requires multi-sectoral policy measures and action.

Policy recommendations have been made in the WHO Stunting Policy Brief, the ZHC Regional Guiding Framework for Achieving Zero Hunger in Asia and the Pacific and the ICN2 Framework for Action.

Stakeholders are working to reduce stunting. The Private Sector and Civil Society have active platforms both in the SUN Movement and the Committee on World Food Security (CFS). The UN Agencies with a mandate in nutrition have endorsed the UN Global Nutrition Agenda (UNGNA) — a broad framework providing strategic directions for the next five years. The REACH partnership has refocused its work on stunting reduction.

- Dissemination of multi-sectoral policy guidance on stunting reduction

Nutrition is a multi-sectoral issue. For addressing the immediate, underlying and basic causes of malnutrition, including stunting, effective nutrition-specific interventions, implemented at scale e.g. through community-based programmes, are required. The Lancet Nutrition Series of 2013¹ highlighted that nutrition-sensitive interventions and programmes in agriculture, social safety nets, early child development, water and sanitation, and education can sustainably enhance the scale and effectiveness of nutrition-specific interventions.

WHO's policy briefs can guide national and local policy-makers on what actions should be taken at scale in order to achieve the global nutrition targets². There are evidence-based, effective interventions that can produce results.

For stunting³ there is a programmatic focus on the first 1,000 days from conception to the child's second birthday.

Given that wasting — linked with recurrent episodes of infectious disease — increases the cumulative risk of stunting⁴, programmes for the prevention and management of diarrhoea and severe acute malnutrition can contribute to stunting reduction.

Similarly, maternity protection policies and legislation to promote and protect adequate breastfeeding and complementary feeding choices and practices are beneficial to stunting reduction. In this regard, countries should take advantage of available regulatory instruments such as the International Code of Marketing of Breast-Milk Substitutes, and food safety regulations in compliance with the Codex Alimentarius, to protect infant and young child nutrition.

1 [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60843-0/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60843-0/abstract)

2 <http://www.who.int/nutrition/global-target-2025/en/>

3 http://www.who.int/nutrition/topics/globaltargets_stunting_policybrief.pdf

4 Checkley et al, 2008; Richard et al, 2012.

To the extent that maternal anaemia prevention is integrated in a holistic maternal health care package that improves overall maternal nutrition and health, efforts to address this problem will also contribute to reductions in low birth weight and stunting.

Countries should begin with a situation analysis to establish how many children under 5-years (based on ZHC, focus is on under 2 years) are stunted, where they live and what the determinants of stunting in specific geographical and social contexts are, so that actions taken are tailored to specific needs. A deliberate equity-driven policy targeting on the most vulnerable populations is an effective strategy to reduce national stunting prevalence.

Actions to reduce stunting include:

1. Support policies and/or strengthen interventions to improve maternal nutrition and health, beginning with adolescent girls (weekly iron and folic acid supplementation, prevention and treatment of infections and nutrient supplementation during pregnancy and maternity protection policies⁵ for pre- and postnatal care).
2. Protect and promote early initiation of exclusive breastfeeding for the first six months of an infant's life, followed by continued breastfeeding for 2 years or more, to provide "secure" nutrition and protect infants from gastrointestinal infections.
3. Support policies and investments that help meet the nutrient requirements and promote consumption of healthy, diversified diets including high-quality, nutrient-rich foods⁶ in the complementary feeding period (6 to 23 months), including support for nutrition-sensitive agriculture and social protection programs.
4. Improve micronutrient intake through food fortification, including complementary foods, supplements when needed, and encouraging diversification of food production (to include horticultural products, legumes, livestock, and fish at small scale, underutilized crops, and bio-fortified crops).
5. Foster safe food storage and handling practices to avoid infections from microbial contamination and mycotoxins.
6. Strengthen community-based interventions to protect children from infections (diarrhoea and malaria), intestinal worms and environmental causes of sub-clinical infection through improved water, sanitation and hygiene (WASH).
7. Support incorporation of linear growth assessment in child health routines to provide critical, real-time information for target setting and progress monitoring.
8. Better integrate nutrition in health promotion strategies and strengthen service delivery capacity in primary health care systems and community-based care to prevent stunting and acute malnutrition, supported by social protection programmes.

The WHO stunting policy brief has been shared at global and regional meetings.

The UN Regional Thematic Working Group on Poverty and Hunger in Asia and the Pacific has developed a Regional Guiding Framework for Achieving Zero Hunger in Asia and the Pacific⁷.

⁵ ILO Maternity Protection Convention, 2000 N° 183

http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183

⁶ Animal source foods are the best sources of high-quality nutrients. In vegetarian diets where cereals and legumes are the main sources protein, nutrient supplements or fortified foods can fill gaps

⁷http://www.fao.org/fileadmin/user_upload/faoweb/docs/aprc32/Zero_Hunger_Challenge_Regional_Guiding_Framework_for_Achieving_ZHC_in_A-P.pdf

For stunting, this Framework has established the outcome of “universal access to nutritious food in the 1,000-day window of opportunity between the start of pregnancy and a child’s second birthday, supported by sustainable nutrition-sensitive health care, water, sanitation, education and specific nutrition interventions that enable empowerment of women, as encouraged within the Movement for Scaling Up Nutrition and the Renewed Efforts Against Child Hunger and Malnutrition”.

The framework includes (a) five direct nutrition interventions:

- 1) Exclusive breastfeeding.
- 2) Continued breastfeeding together with appropriate and nutritious complementary food up to 2-years and beyond.
- 3) Use of growth curves for early detection of malnutrition.
- 4) Effective management of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM).
- 5) Nutrition education.

And (b) four nutrition-sensitive interventions:

- 1) Local production of nutritious foods.
- 2) Direct provision of extra nutrients and fortified foods.
- 3) Access to clean and adequate water and sanitation.
- 4) Access to health services.

The Second International Conference on Nutrition (ICN2) was held in November 2014. Nine side events were held including a well-attended event organized by the United Nations System Agencies on “healthy children, growing societies: the United Nations Nutrition networks’ support to countries’ stunting efforts.” The ICN2’s outcome documents committed Member States to eradicate stunting⁸ and proposed a set of policy recommendations.⁹

- Contribute to the analysis of nutrition policies and reporting through the Global Nutrition Report

The Global database on the Implementation of Nutrition Action (GINA)¹⁰, hosted by WHO, provides information on nutrition policies and interventions. WHO is preparing a second global nutrition policy review to be finalized in 2016¹¹. The second Global Nutrition Report¹², released on 15 September 2015, also reported on countries’ nutrition policies.

- Support to and from Private Sector and Civil Society

The SUN Business Network (SBN) is one of the four global networks that support SUN countries (along with the United Nations, civil society and donor networks). The Global Alliance for Improved Nutrition (GAIN) and the United Nations World Food Programme (WFP) are co-facilitating the SBN and an Advisory Group of senior business leaders also supports it. The SBN was established to mobilize and intensify business efforts in support of the SUN movement and to ensure all people realize their right to good food and nutrition security. The SBN has produced a guide on business engagement and provides advice to SUN country policy-makers. Increasingly, SUN countries are developing plans to engage business in national plans. In 2014, there were business representatives engaged with 22 country multi-stakeholder platforms.

⁸ Rome Declaration on Nutrition, paragraph 15. a) <http://www.fao.org/3/a-ml542e.pdf>

⁹ ICN2 Framework for Action <http://www.fao.org/3/a-mm215e.pdf>

¹⁰ <http://www.who.int/nutrition/gina/en/>

¹¹ http://www.who.int/nutrition/publications/policies/global_nut_policyreview/en/

¹² <https://www.ifpri.org/cdmref/p15738coll2/id/129443/filename/129654.pdf>

The SUN Civil Society Network (SUN CSN) is comprised of national and international organizations working in various fields, including women's empowerment, humanitarian aid, and trade unions. At the country level, the SUN CSN supports civil society's efforts to advocate for nutrition within the national context and to align the strategies, efforts and resources of civil society with national plans to scale up nutrition. The civil society network also encourages grassroots contributions to develop national plans for scaling up nutrition so that these reflect and are adapted to the needs and reality of the communities suffering from multiple burdens of malnutrition.

Both SBN and CSN were represented in the Second International Conference of Nutrition (ICN2) non-state actors group, together with business and civil society mechanisms of the Committee on World Food Security (CFS). These groups provided inputs into the conference outcome documents (Rome Declaration on Nutrition and the Framework for Action) and held ICN2 pre-conference events. Outcomes of those events were presented in a plenary session during the ICN2.

- Harmonized global support to countries in policy formulation and scale up

HLTF members, including FAO, IFAD, UNICEF, WFP and WHO, have been working to ensure that the United Nations System's global-level mechanisms and platforms are fit for purpose to eliminate stunting in our lifetime. In March 2015, the Renewed Efforts Against Child Hunger and Undernutrition (REACH) Partnership, which had previously focused on addressing underweight, was refocused to achieving the target of a 40 percent reduction in the number of stunted children by 2025. This revalidation of REACH included adding additional responsibility of acting as the Secretariat for the United Nations Network for SUN, to greater harmonize and strengthen the effectiveness of United Nations support to 55 SUN countries in evidence-based policy formulation and scaling up of nutrition interventions. These efforts were also complemented by the recently endorsed United Nations Global Nutrition Agenda (UNGNA) version 1.0¹³, which proposed a broad framework for the United Nations agencies working in nutrition, including long-term strategic directions and short-term priority actions.

¹³ http://unscn.org/files/Activities/SUN/UN_Global_Nutrition_Agenda_final.pdf

III. Metrics

Concordance reached by the HLTH entities

New global, regional and national stunting estimates for children under 5 years of age are available from 1990 to 2014, showing that stunting has declined from 39.6 to 23.8 percent but that progress is uneven in regions and by income group. A tracking tool to assist countries set targets and monitor progress is available. The new SUN Movement strategy includes a SMART target on stunting.

A Global Monitoring Framework on Maternal, Infant and Young Child Nutrition includes a core set of 21 indicators and has been approved by the WHA.

The 2030 Agenda for Sustainable Development — including its 17 goals and 169 targets — was adopted by the UN General Assembly on 25 September 2015. An indicator framework for the monitoring of the goals and targets is under development. Continued advocacy to include several appropriate nutrition indicators is urgently needed.

- Analysis of data from the global database on stunting prevalence by country, regional and global levels; mapping the establishment of targets at country level.

On 30 June 2015, the WHO, UNICEF and the World Bank updated the joint dataset of weight and height measurements. All surveys that ended in 2014 and passed a quality control check were included. New global and regional estimates for stunting were released on 22 September 2015¹⁴. It is now possible to extract data for the under-two age subgroup.

A tool to track the achievement of the WHA target to reduce stunting has been developed by WHO, UNICEF and the European Commission (EC). The web-based tracking tool is meant to assist countries in setting national targets and monitoring progress (www.who.int/nutrition/trackingtool). The tracking tool allows users to take into account different rates of progress for the six WHA global nutrition targets and the time left to achieve these goals by 2025. This tool complements existing tools on nutrition interventions, impact and costing.

The stunting reduction target established by the SUN countries is in the SUN Movement Annual Progress Report.¹⁵ The new SUN 2.0 strategy (2016-2020), recently endorsed by the SUN Lead Group, includes a stunting target: “ The SUN Movement will have contributed to significant improvements in nutrition in all SUN countries, so that by 2020 all SUN countries will have reduced the number of children under 5 who are stunted by 30 percent”.

¹⁴ http://www.who.int/nutrition/publications/jointchildmalnutrition_2015_estimates/en/

¹⁵ http://scalingupnutrition.org/wp-content/uploads/2014/11/SUN_Compndium_ENG_20141026_final_web_pages.pdf

The Global Nutrition Report 2015¹⁶ indicates that 39 of 114 countries with data are on course to meet the global target, compared with 24 in 2014. In 2015, 60 countries are off course but making some progress. The number of countries making no progress on stunting in 2015 was 15, compared with 19 in 2014. Nearly all states in India showed significant declines in child stunting between 2006 and 2014.

- Organization in May 2015 of a consultation with Member States and UN Organizations on a global nutrition monitoring framework

The purpose of the Global Monitoring Framework (GMF) on maternal, infant and young child nutrition is to create an internationally accepted approach to monitor progress toward nutrition targets at both the national and global levels. The GMF will inform the design of country nutrition surveillance systems and help policy-makers decide on policies to reach global nutrition targets.

The GMF includes tracer indicators at different stages of the nutrition results chain: (1) primary outcome indicators that measure the six global nutrition targets; (2) intermediate outcome indicators that monitor how specific diseases and conditions affect countries' trends towards the six targets; (3) process indicators which monitor programme and situation-specific progress and (4) policy environment and capacity indicators which measure the political commitment within a country. Primary outcome indicators have been approved by the World Health Assembly in May 2014 and other indicators were approved in May 2015.

The GMF includes a core set of 21 indicators: 7 outcome, 5 intermediate outcome, 6 process and 3 policy environment and capacity indicators. Each indicator is separated should be disaggregated by gender, geographic and socio-economic variables, such as urban or rural, and by age.

¹⁶ <http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/129443/filename/129654.pdf>

Indicators	
Primary outcome indicators, monitoring progress towards the six global nutrition targets	
PO1	Prevalence of low height-for-age (stunting) in children under 5 years of age
PO2	Prevalence of haemoglobin <12 g/dL (anaemia) in non-pregnant women
PO3	Prevalence of haemoglobin <11 g/dL(anaemia) in pregnant women
PO4	Prevalence of infants born <2500 g (low birth weight)
PO5	Prevalence of weight-for-height >2 SD (overweight) in children under five years of age
PO6	Prevalence of exclusive breastfeeding in infants aged six months or less
PO7	Prevalence of low weight-for-height (wasting) in children under five years of age
Intermediate outcome indicators, monitoring conditions on the causal pathways to the targets	
IO1	Prevalence of diarrhoea in children under 5 years of age
IO2	Proportion of women aged 15-49 years with low body mass index (BMI of <18.5 kg/m ²)
IO3	Number of births during a given reference period to women aged 15-19 years/ 1000 females aged 15-19 years
IO4	Proportion of overweight and obese women aged 18+years of age (BMI >25 kg/m ²)
IO5	Proportion of overweight (> 1SD body mass index for age and sex) in school-age children and adolescents (5-19 years)
Process indicators, monitoring programme and situation specific progress	
PR1	Proportion of children 6 to 23 months of age who receive a minimum acceptable diet
PR2	Proportion of population using a safely managed water drinking service
PR3	Proportion of population using a safely managed sanitation service
PR4	Proportion of pregnant women receiving iron and folic acid supplements
PR5	Percentage of births in baby-friendly facilities
PR6	Proportion of mothers of children 0-23 months who have received counselling, support or messages on optimal breastfeeding at least once in the last year
Policy environment and capacity indicators, measuring political commitment	
PE1	Number of trained nutrition professionals per 100 000 population
PE2	Country has legislation/regulations fully implementing the International Code of Marketing of Breast-milk Substitutes (resolution WHA 34.22) and subsequent relevant resolutions adopted by the Health Assembly

	Indicators
PE3	Country has maternity protection laws or regulations in place in line with the ILO Maternity Protection Convention, 2000 (No. 183) and Recommendation No. 191

The 193-member United Nations General Assembly formally adopted the 2030 Agenda for Sustainable Development on 25 September 2015, along with a set of 17 bold new Sustainable Development Goals and 169 targets to end poverty and hunger, fight inequality, and tackle climate change over the next 15 years. The Inter-agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs) has to develop a framework to monitor the goals and targets of the 2030 Development Agenda at the global level, and to support its implementation. The United Nations System Agencies, in collaboration with civil society and academia, under the umbrella of the United Nations System Standing Committee on Nutrition has developed a policy brief on priority nutrition indicators¹⁷. Sustained advocacy efforts are needed to ensure that several adequate nutrition indicators are included in the framework.

¹⁷ <http://www.unscn.org/en/publications/nutrition-and-post-2015-agenda/#2>http://www.unscn.org/files/Publications/Policy_brief_Priority_Nutrition_Indicators_for_the_Post-2015_SDGs.pdf

IV. Messaging

Overall concordance reached by the HLTF entities

The ICN2 focused global attention on addressing malnutrition in all its forms and committed Member States to eradicate hunger and prevent all forms of malnutrition worldwide, including stunting. The new SDGs 2030 Development Agenda includes a goal on zero hunger and a target 2.2 to “end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons”. The HLTF should draw attention to the comprehensiveness, the multi-sectoral nature, and the global scope of this nutrition agenda.

A solid set of nutrition indicators for the SDG indicator framework is needed and advocacy needs to continue to ensure this.

Even under challenging contexts of natural and man-made disasters and conflict situations, the ZHC aspirations need to be realized. Malnutrition in all its forms needs to be addressed and eradicated in any context.

The Second International Conference on Nutrition (ICN2), held in Rome from 19 to 21 November 2014, was a high-level intergovernmental meeting that focused global attention on addressing malnutrition in all its forms. The meeting was co-organized by the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO). The participating 162 Member States, one associate member and the European Union endorsed the Rome Declaration on Nutrition and the Framework for Action¹⁸. The Rome Declaration states that “chronic malnutrition as measured by stunting has declined, but in 2013 still affected 161 million children under five years of age.” The declaration commits Member States to eradicating hunger and preventing all forms of malnutrition worldwide, particularly undernourishment, stunting, wasting, underweight and overweight in children under five years of age. Recommendations 36 and 37 of the Framework for Action include actions to address stunting.

With regard to preventing stunting and other forms of under-nutrition, The Cost of Hunger in Africa (COHA) Study¹⁹ —which is led by the African Union Commission (AUC) and the New Partnership for Africa’s Development (NEPAD) Planning and Coordinating Agency, with support from the UN Economic Commission for Africa and WFP — published the first phase of its reports on the social and economic costs of under-nutrition in Africa. Country studies have estimated these costs to range from 1.9 percent of Gross Domestic Product (GDP) lost in Egypt to 16.5 percent of GDP lost in Ethiopia.

The 2014 and 2015 Global Nutrition Reports²⁰ highlight the particular concern of nutrition’s under-representation in the current SDG framing: of the total 169 draft targets, only one target is

¹⁸ <http://www.fao.org/3/a-mm531e.pdf>

¹⁹ <http://www.costofhungerafrica.com/>

²⁰ <http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/129443/filename/129654.pdf>

explicitly related to malnutrition. The report's authors advocate to work with allies to embed nutrition indicators in other SDGs and targets. In response, the United Nations System Standing Committee on Nutrition (UNSCN) Secretariat has developed, in collaboration with experts and partners a policy brief on priority indicators for the Sustainable Development Goals (SDG) framework, including a stunting indicator²¹. It has furthermore published the SCN News edition 41 featuring "Nutrition and the Post-2015 Development Agenda"²² which includes 2 feature papers and an opinion piece on the nutrition targets and indicators including stunting.

As the United Nations Statistical Commission will work until March 2016 to develop the SDG monitoring framework proposing the SDG indicators until March 2016, it is important to keep highlighting . The 2030 Agenda for Sustainable Development can highlight the importance of nutrition in the 2030 Agenda for Sustainable Development and advocate for all eight proposed nutrition indicators in the framework.

The 2030 Agenda for Sustainable Development also presented the opportunity for the ZHC participating agencies to highlight the importance of reaching the world's most vulnerable, which are often living in crises or emergency situations. The Global Nutrition Report 2015 and the SDGs both emphasized the risks posed by climate change, such as climate-related disasters and increased climate variability.

Meanwhile, the SUN movement is trying to improve the support to fragile and conflict-affected countries. Emergencies can exacerbate food and health systems that are already weak, and disproportionately affect the most vulnerable, including women and children suffering from hunger. Given that the 1,000-day window is so short, it is important to address nutrition throughout this window even in humanitarian emergencies. This can help ensure that children are healthy, with stronger immune systems, more resilient to withstand future crises, and more likely to achieve their potential in life. Better coherence between humanitarian and development systems and financing for preparedness, resilience-building and social protection can help to improve focus on enabling environments and prevention of under-nutrition in emergencies.

²¹ http://www.unscn.org/files/Publications/Policy_brief_Priority_Nutrition_Indicators_for_the_Post-2015_SDGs.pdf

²² http://www.unscn.org/files/Publications/SCN_News/SCNNEWS41_web_low_res.pdf

V. Conclusion

Stunting can be eradicated in our lifetime. Commitments have been made (WHA targets, ICN2, SDGs), the indicators are identified, the tools for tracking are available for countries, the resources are being increasingly mobilized, and stakeholders are working to achieve this common goal.

Stunting reduction success stories are emerging in different regions and settings: Ethiopia, Rwanda, Tanzania, Burkina Faso, Niger (see box 1 and 2) and the Indian State of Maharashtra are striking examples. We need to continue on this path to achieve the target of ‘zero stunted children’ by working together efficiently at all levels. The ZHC is a continued beacon of inspiration and aspiration to get the job done by 2030.

Branca et al.²³ argue that to reach the 2025 WHA global target of a 40 percent reduction in the number of stunted children — from 171 million in 2012 to 102 million in 2025 — the annual average rate of reduction (AARR) is 3.9 percent. With concerted efforts to decrease stunting prevalence, such as through the Scaling Up Nutrition movement, combined with reduced rates of population growth, it should be possible to maintain or accelerate this rate of improvement by 5 years (i.e. to 2030)

If the same AARR rate of 3.9 percent continues until 2030, the estimated number of stunted children should not exceed 86 million. This translates roughly to a 50 percent reduction in numbers of stunted children compared to the 2012 baseline. With supportive and concerted UN efforts, increased investments and multi-sector, multi-stakeholder cooperation, countries can eliminate stunting in our lifetimes.

The UN SG Ban Ki-moon, in his opening address to the assembly, urged all “to look beyond national boundaries and short-term interests and act in solidarity for the long-term. We can no longer afford to think and work in silos.” The HLTF entities agree.

²³ http://www.unscn.org/files/Publications/SCN_News/SCNNEWS41_web_low_res.pdf

Box 1: Scaling-up exclusive breastfeeding and other optimal infant and young child feeding practices in Burkina Faso (UNICEF, 2015)

Suboptimal infant and young child feeding (IYCF) are important contributors to the high prevalence of stunting —33 percent — in Burkina Faso. Challenges include a lack of capacity of community health workers, the practice of giving water to infants before the age of six months resulting in diarrhoea and other water-borne diseases, poor dietary diversity, and low frequency of complementary feeding.

For the past decade, Burkina Faso has worked to improve nutrition by putting in place nutrition policies and legislative frameworks and coordination mechanisms to create an enabling environment for improving nutrition. Burkina Faso also joined the SUN movement in 2011, and a multi-sectoral road map was developed in 2012. Moreover, In Burkina Faso, media campaigns and communication for development activities carried out by non-governmental organizations (NGOs) and community-based organizations (CBOs) have raised awareness and influenced behaviour change in the country.

Nutrition investments over the past decade contributed to improvements in IYCF practices as well as fostered an ideal context from which to launch a plan to scale up optimal infant and young child nutrition in 2013. The Government, with the support of UNICEF, developed an ambitious ten-year plan to reduce child stunting, entitled "Scaling up optimal infant and young child feeding practices, 2013–2025."

The overall goals of the scaling-up plan were to 1) increase rates of exclusive breastfeeding in children under six months from 38 percent in 2012 to 80 percent in 2025; and 2) increase the number of children aged 6–23 months receiving the minimum acceptable diet, an indicator that combines information about breastfeeding or milk feeds, dietary diversity and frequency of meals, from 3.5 percent in 2012 to 30 percent in 2025.

According to Burkina Faso's 2014 annual nutrition survey and national estimated results: exclusive breastfeeding rates in infants under 6 months old increased from 38.2 percent in 2012 to 50.1 percent in 2014; early initiation of breastfeeding remained at 42 percent between 2010 and 2014; and the number of children aged 6–23 months receiving the minimum acceptable diet increased from 3.2 percent in 2012 to 11.4 percent in 2014.

By the end of 2014, 4,788 community health workers were trained in community-based IYCF interventions. A mother-to-mother support group approach is used as platform for community-based IYCF counselling, and to stimulate positive behaviour and social change. As part of the scale-up plan, each mother-to-mother support group includes 15 participants, supported by a community health worker, and provides an ideal entry point for multi-sectoral nutrition-sensitive interventions, such as homestead food production, home fortification, and optimal WASH practices promotion using a household model approach.

Burkina Faso's scale-up plan is successful due to its participatory approach, planning and budgeting process which has attracted funding, and strong coordination among stakeholders. The nutrition investments made over a number of years have also culminated in an enabling environment for nutrition in general, which facilitated improved IYCF practices. The Burkina Faso experience with IYCF scale-up could provide a good model for other countries facing high stunting rates in the Sahel region.

Box 2: The 3N initiative in Niger: an example of a country-led, multi-sectoral approach to prioritizing nutrition (WFP, 2015).

3N, *les Nigérien Nourrissent les Nigériens* (Nigeriens Feed Nigeriens), is a high level, multi-stakeholder government initiative in Niger, presided over directly by the President. The initiative, which runs from 2012—2015, fights malnutrition while improving community resilience. It provides an overarching, common framework under which a variety of individual programs for nutrition are organized within and linked to. The 3N initiative includes a steering committee that is chaired by the Ministry of Public Health. Other ministries concerned with food and nutrition security are also represented in the 3N initiative. United Nations agencies (working directly as well as through REACH), donors, civil society, private sector and research and training institutions are also in the steering committee. The 3N strategy was finalized at the same time Niger joined the SUN movement.

Niger has high levels of acute malnutrition, and stunting has remained over 40 percent for over a decade. Niger's food and nutrition security is frequently threatened by climate-related crises such as drought. In recent years, due to the collaboration facilitated by the 3N initiative, both treatment and prevention of under-nutrition through a mix of nutrition-specific and nutrition-sensitive interventions.

The focus on prevention of under-nutrition is relatively new in Niger and has developed alongside the recognition that a multi-sectorial response is needed, particularly for nutrition-sensitive actions in critical sectors such as agriculture and education. The 3N initiative helps this type of collaboration, which has been especially strong under the “communities of convergence” approach that WFP and UNICEF jointly advocated for including in the 3N. Here, communities themselves plan their nutrition-specific and sensitive interventions, which are then coordinated by government, United Nations agencies, and NGOs.

Niger has also made improvements in its use of data to inform programming and policy. WFP has provided technical input and support to Niger's Agency for Food Crisis and Prevention, which manages the country's food security crisis surveillance system, including on the integration of nutrition indicators within the agency's assessments.

While challenges remain in continued scale up of implementation, and Niger is still off course to meet the WHA target for stunting; nevertheless, in less than 10 years it has gone from having no nutrition programming to recognizing nutrition as a national priority. The 3N initiative demonstrates that effective multi-stakeholder platforms are led by governments and require strong, high-level political support. Additionally, it has shown that multi-sectorial collaboration can improve responsiveness to community-identified needs and enable flexible packages of interventions, as seen in the “communities of convergence” approach, which WFP and UNICEF jointly supported with the Government.