

What role for ODA in combating undernutrition?

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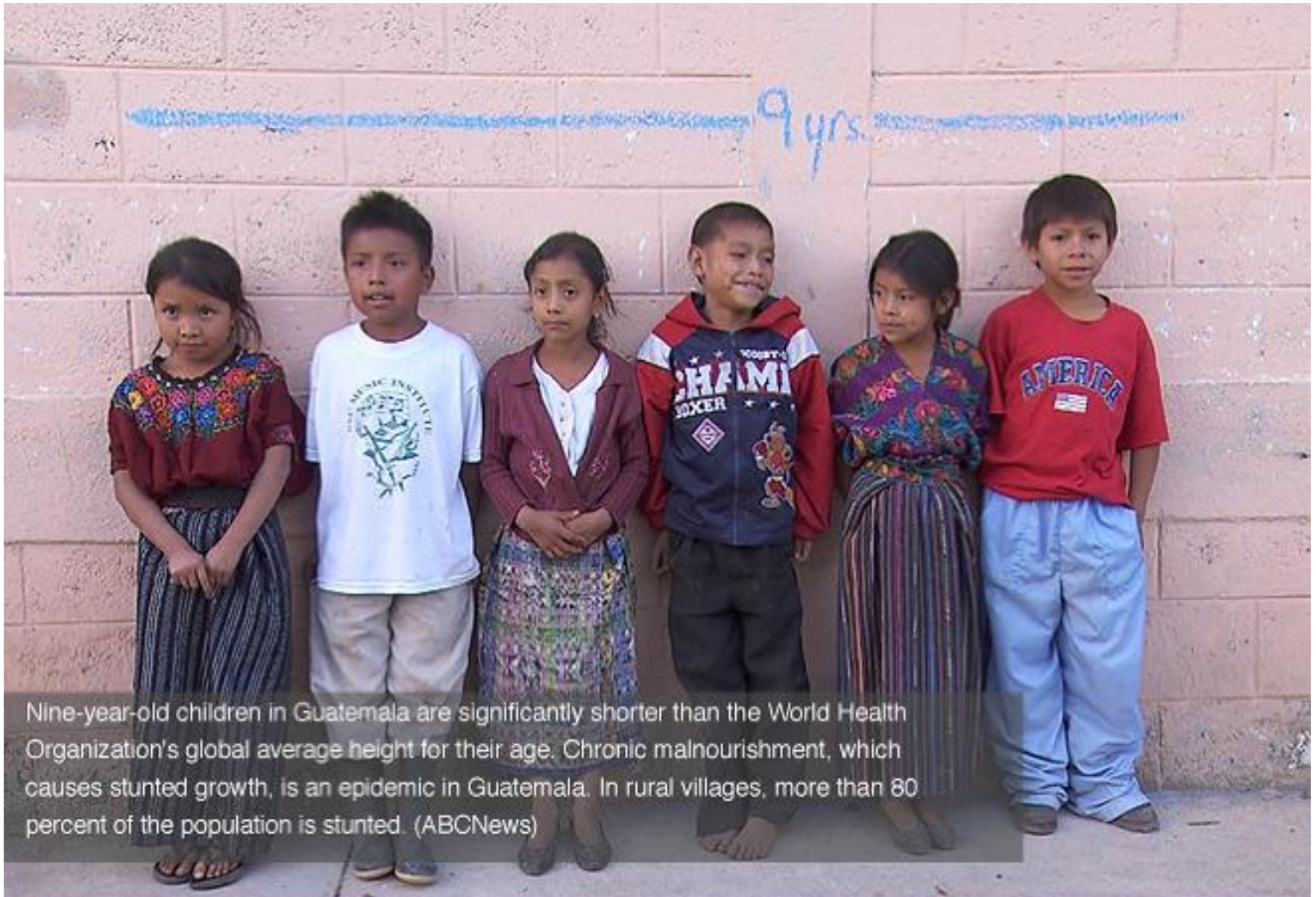
Seminar at Crawford School, ANU

August 2012

Public policy case

- Rights of the child
- Information asymmetries
 - invisibility
- Prevent externalities
 - intergenerational transmission
 - health burdens of NCDs
- Irreversibilities
 - Quick action
- Economic growth

Guatemalan children, significantly lower than median height for age of a healthy population



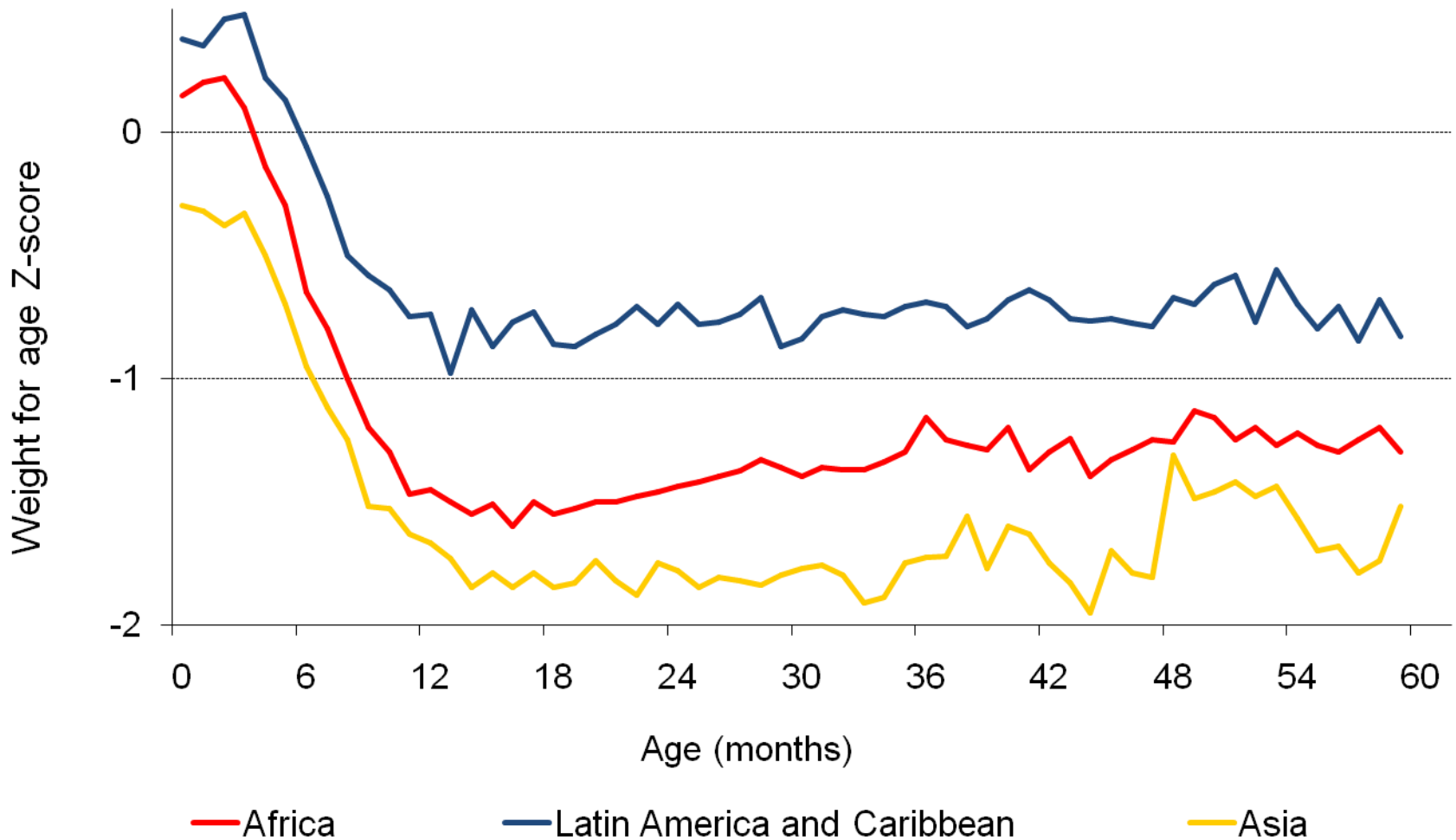
Nine-year-old children in Guatemala are significantly shorter than the World Health Organization's global average height for their age. Chronic malnourishment, which causes stunted growth, is an epidemic in Guatemala. In rural villages, more than 80 percent of the population is stunted. (ABCNews)

Externalities: Non Communicable Disease

“We now know that poor fetal growth and small size at birth are followed by increased risk of coronary heart disease, stroke, hypertension, type 2 diabetes and osteoporosis. This has led to the hypothesis that these disorders originate through unbalanced nutrition *in utero* and during infancy”

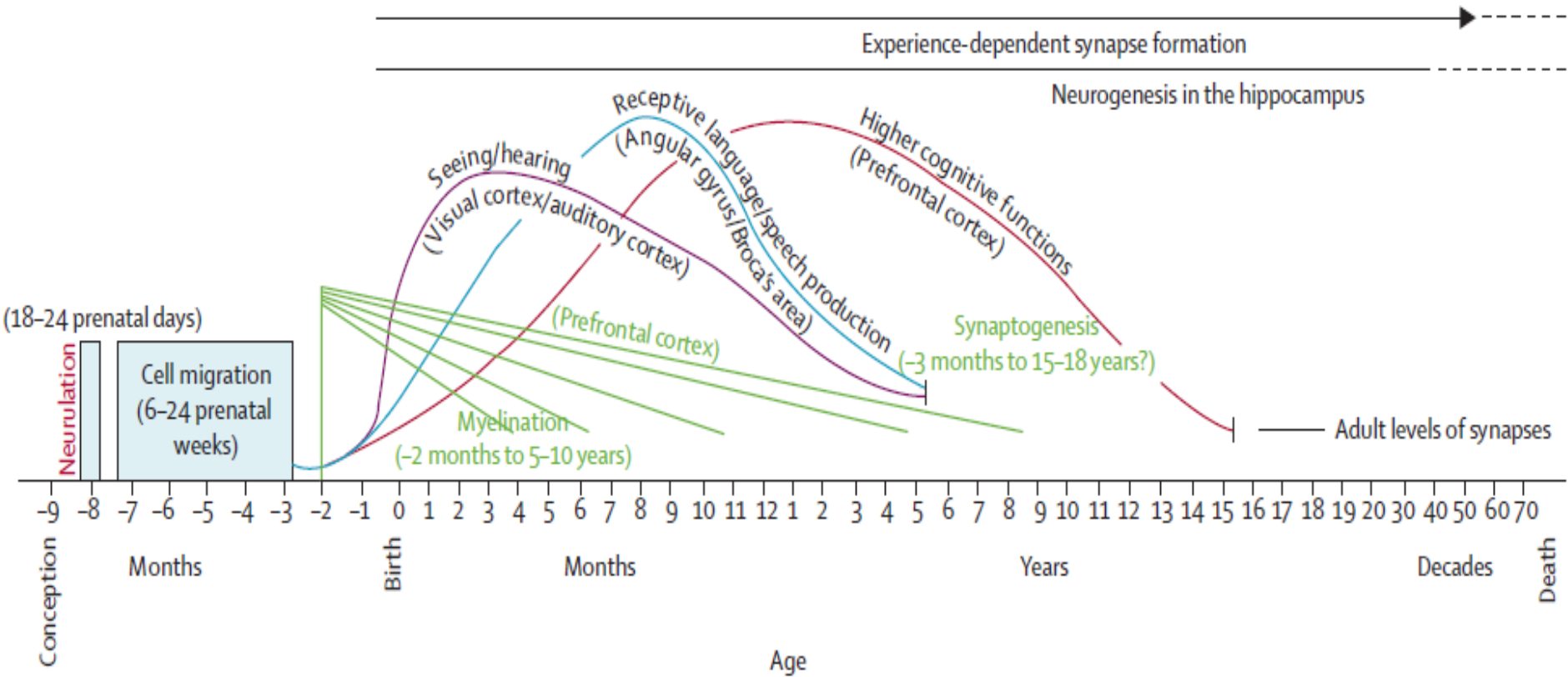
(DOHaD Society website, 2010)

Irreversibility of infant undernutrition



Shrimpton et. al. 2001

Human Brain Development



Thompson, R. A., & Nelson, C. A. (2001). Developmental science and the media: Early brain development. *American Psychologist*, 56(1), 5-15.

Impact of stunting at 36 months on multiple outcomes over the life course of an individual up to middle adulthood

Individuals surveyed 1969 - 1977 in rural Guatemala, re-interviewed 2002 – 2004

The absence of growth failure at 36 months is causally linked to:

- For men, a one-standard deviation increase in height- for-age at 36 months raises hourly earnings by 20 percent.
- Individuals who were not stunted are 33.9 percentage points less likely to live in poor households as adults.
- A one-standard-deviation increase in height-for-age raises the per capita consumption level of the household that they live in by nearly 20 percent.

Impact of Infant Undernutrition on Indonesian Children

- In the absence of any catch-up, by adolescence, a malnourished child will grow to be 4.15 cm shorter than a well-nourished child.
- However, there is some catch up and by adolescence, a malnourished child will grow to be only 0.95 cm shorter than a well-nourished child.
- A decline in stature by 0.95 cm lowers schooling attainments by 0.6 grades of schooling.

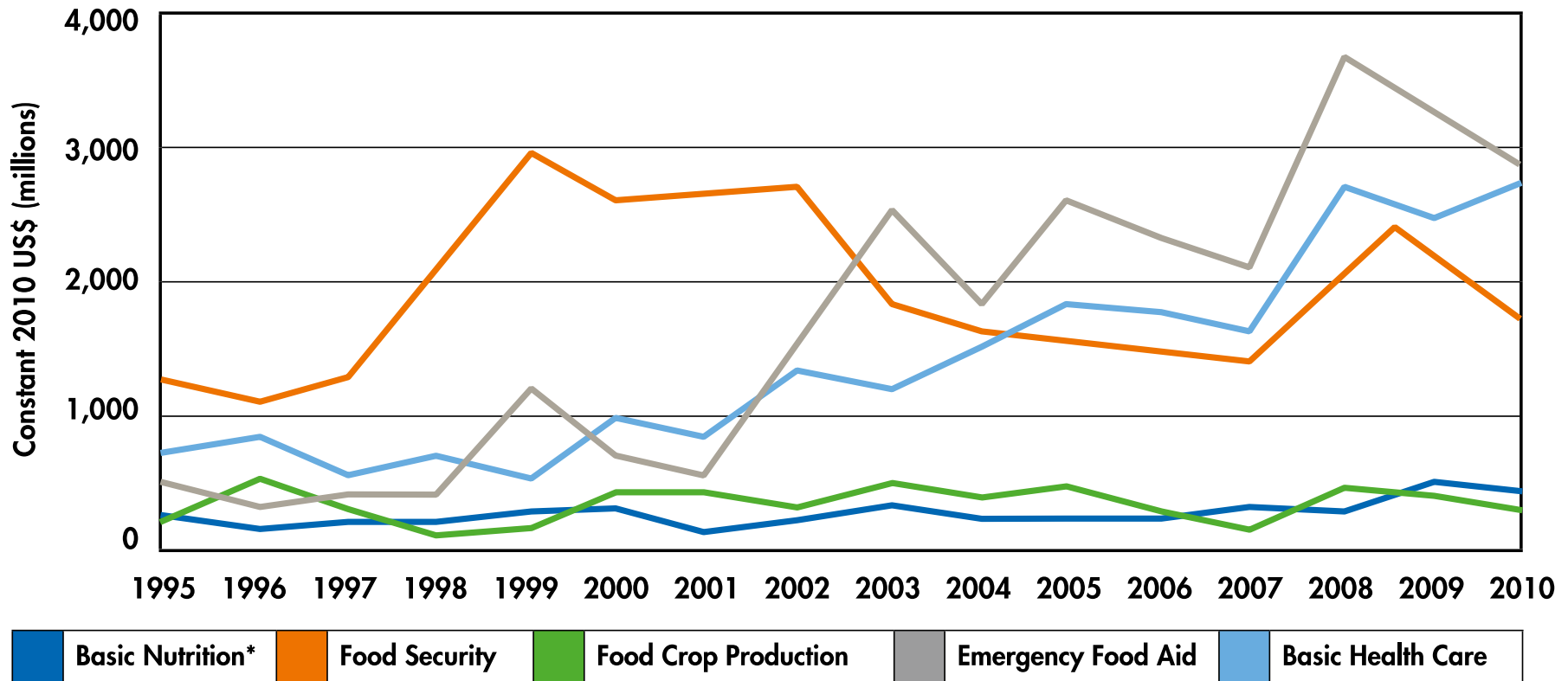
Is there Complete, Partial, or No Recovery from Childhood Malnutrition?
Empirical Evidence from Indonesia. Subha Mani. October 8, 2008

ODA case for support

- Cost of saving lives – moral case
- National interest – conflict, disease, migration
- Supporting capacity to
 - making it more visible (Commitment Index)
 - facilitating across departments
- Take risks
 - pilot and evaluate innovations (e.g. SEIF)
 - work with private sector (e.g. Vodafone)
 - work to mobilise and improve quality of philanthropic support (e.g. Children's Investment Fund Foundation)

ODA to basic nutrition compared to related sectors

FIGURE 1.4: TRENDS IN ODA COMMITMENTS TO BASIC NUTRITION AND OTHER SECTORS (SOURCE: OECD DATABASE 2012)



* Basic Nutrition is part of the Health sector

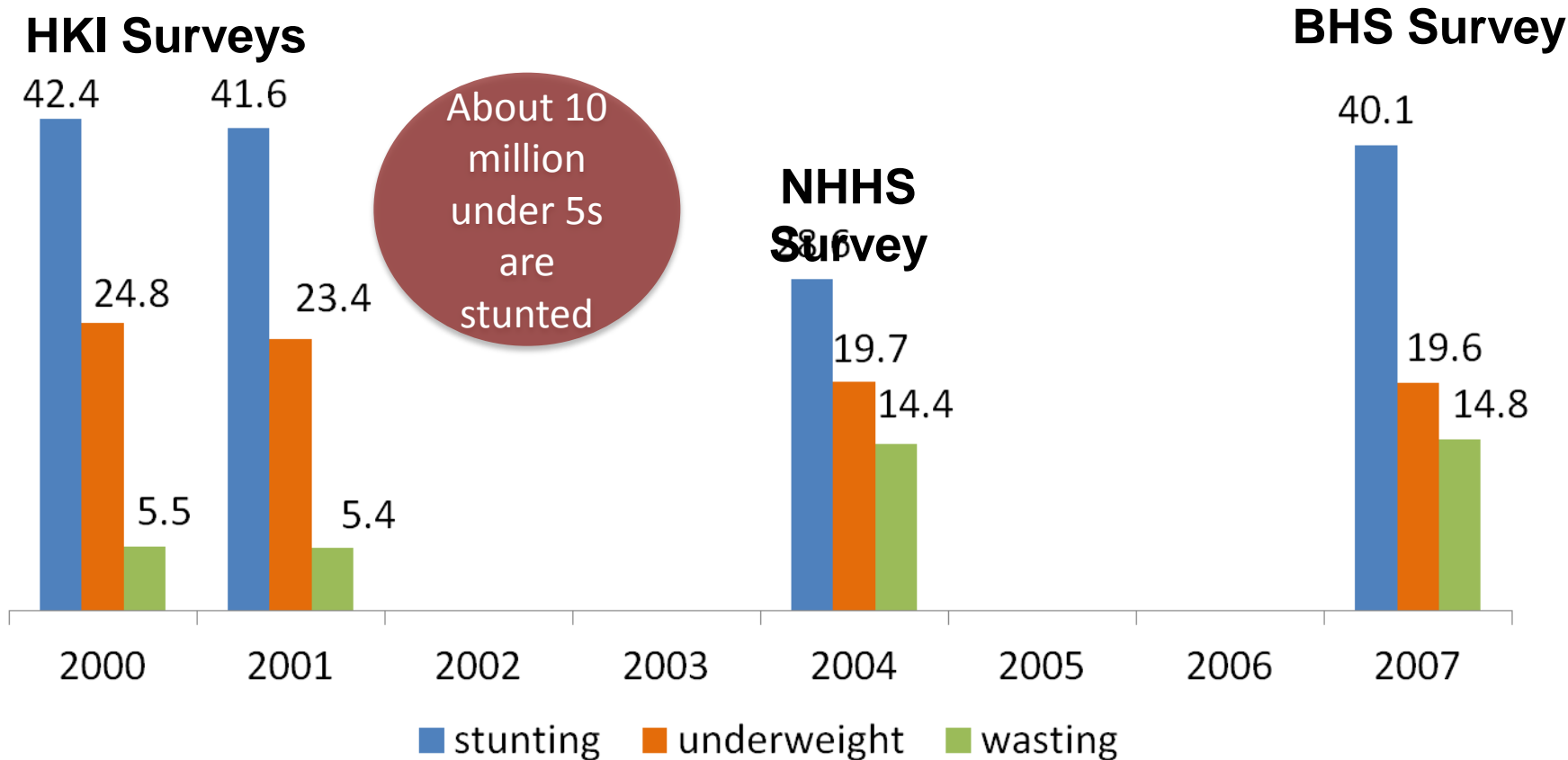
Low resources to Direct interventions;
But large resource flows to Indirect interventions
which can be made nutrition sensitive

Why has ODA been so low?

- Everyone's business, non-one's responsibility
- Invisibility
- ODA to nutrition is difficult to track

Indonesia: undernutrition rates of under fives (%)

Progress on stunting=MDG1 (stunting) by **2052**

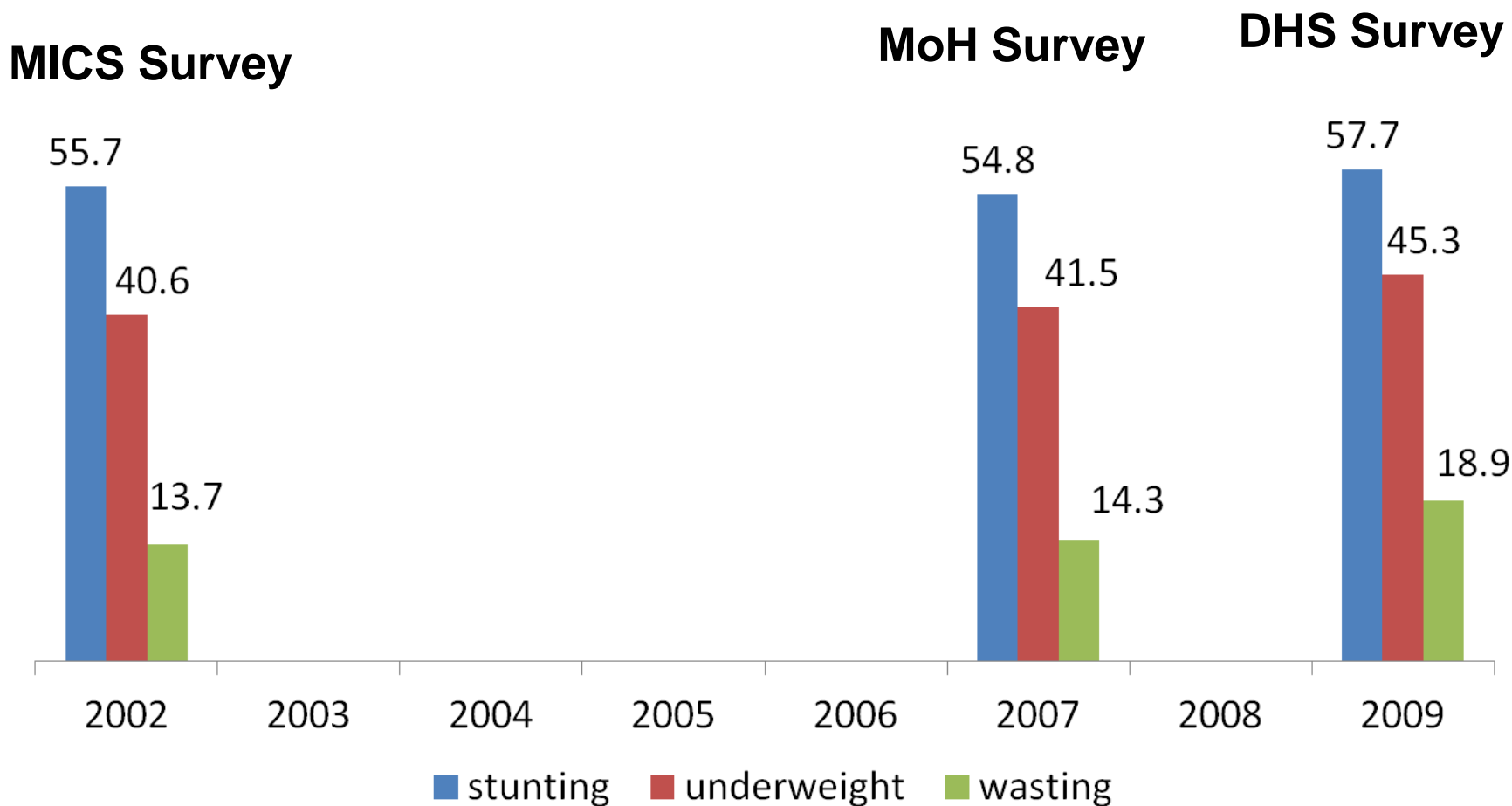


If MDG1 was based on stunting instead of underweight, MDG1 target (say target of 25% stunting, based on generous assumption of 50% stunting in 1990) would be achieved by **2052** (2007+45

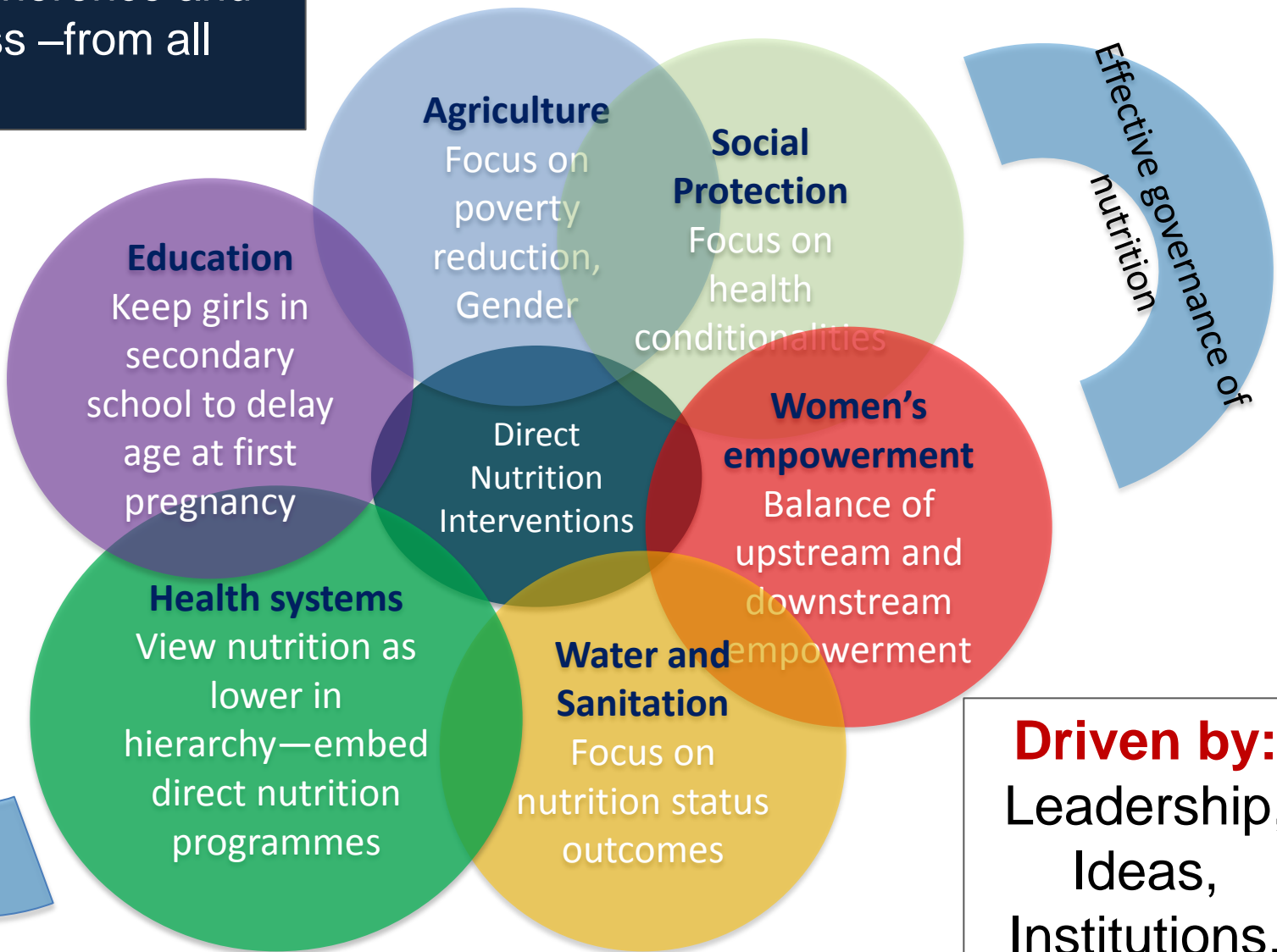
years)
WHO Global Database of Child Development and Growth

Timor Leste: undernutrition rates of under fives (%)

Possibly the highest stunting rates in the world,
Wasting rates also extremely high



Effective nutrition action requires coherence and critical mass –from all sectors

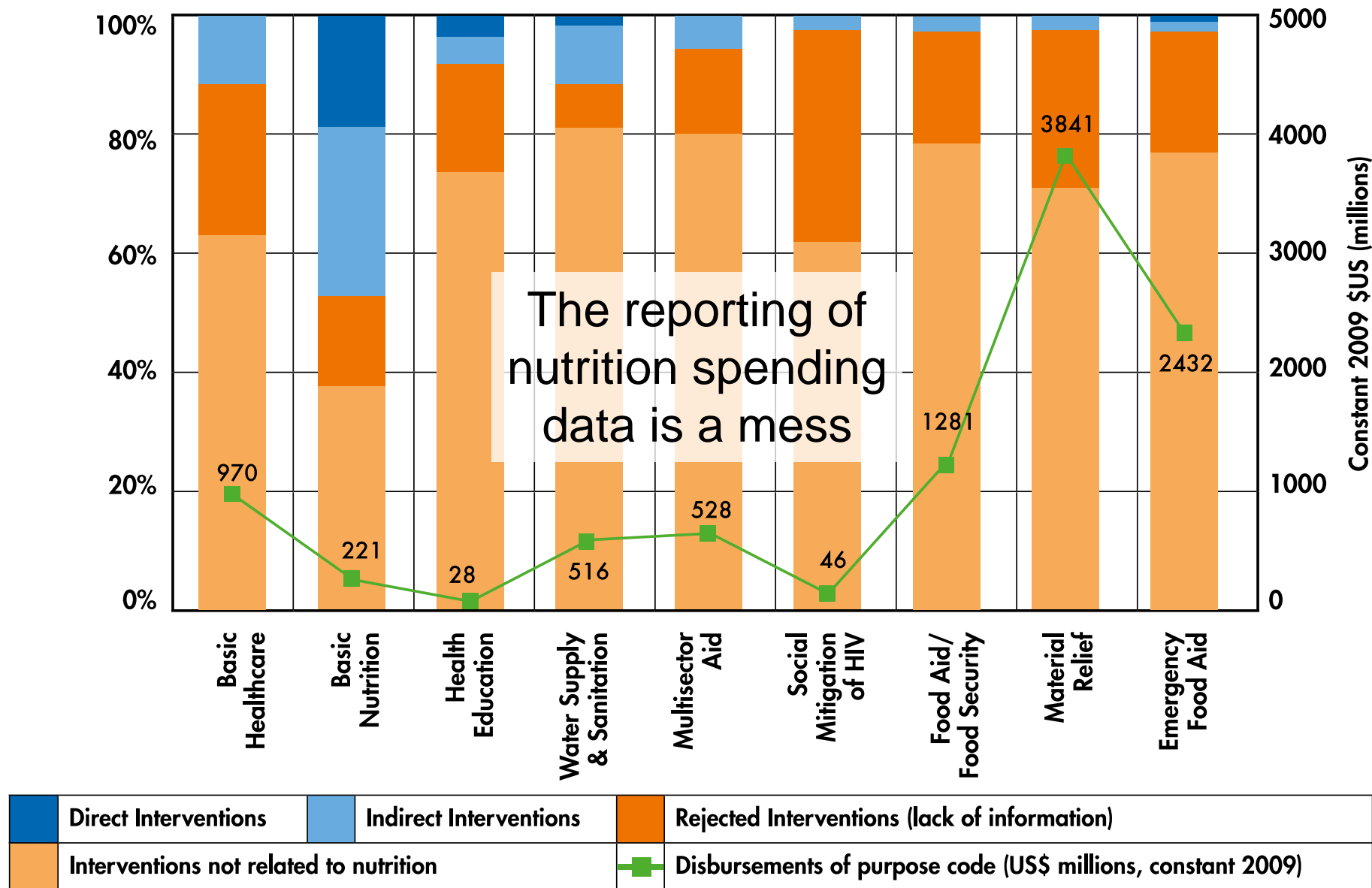


Broad based economic growth

Effective governance of nutrition

Driven by:
Leadership,
Ideas,
Institutions,
Incentives

FIGURE 3.1A: THE REPORTING OF NUTRITION INTERVENTIONS IN SPECIFIC CRS PURPOSE CODES BY DONORS FROM 2005 TO 2009

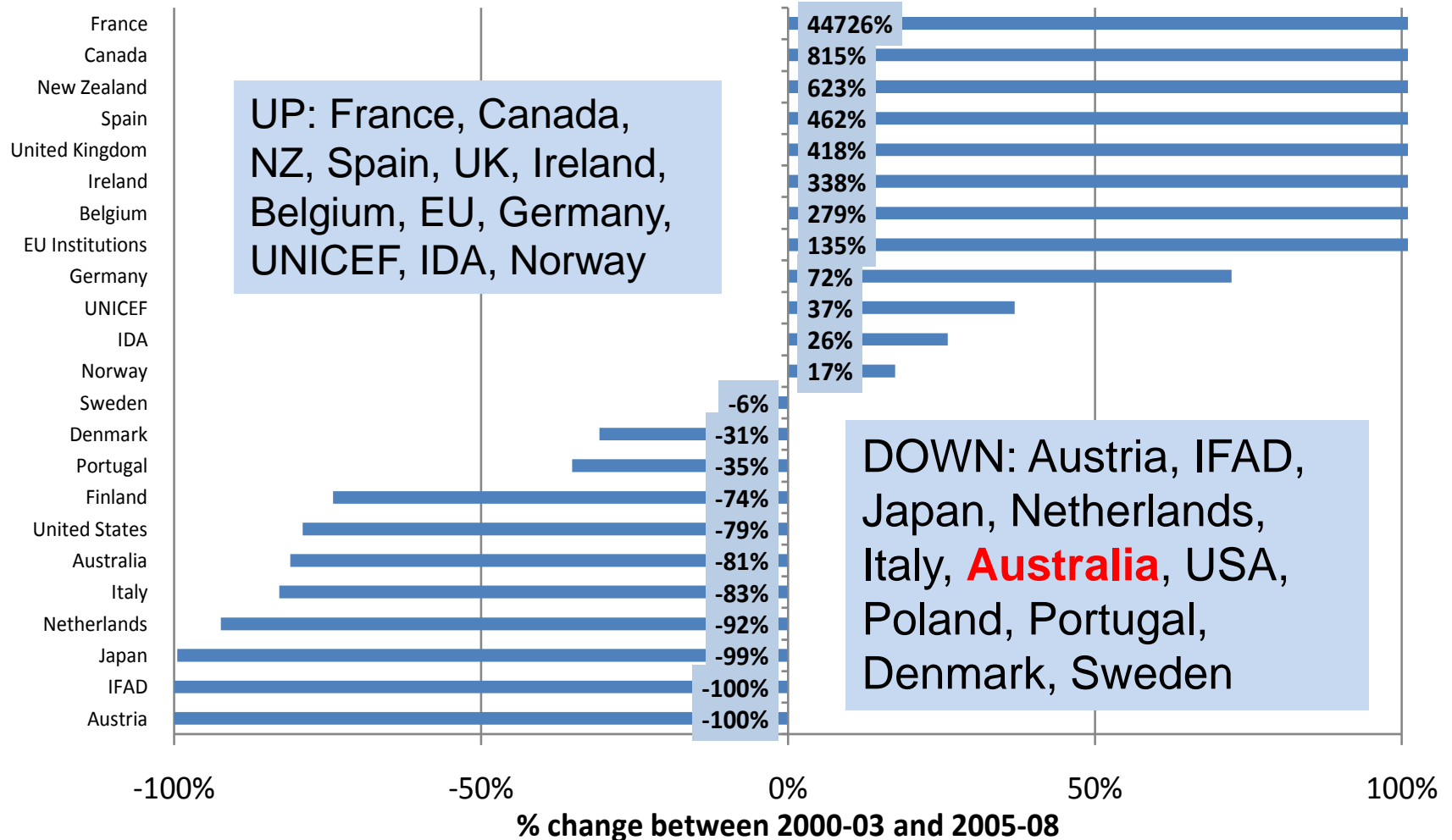


So why is it back on ODA agenda?

- Food price crisis and food price volatility
- It fits the results agenda
 - Consensus on what to do - Lancet 2008 series
 - Consensus on indicators
 - Consensus on consequences
 - Successes (Brazil, Vietnam, Peru)
- Squabbling around instruments has given way to an issue focus (1000 days)
- Resilience agenda

Changes in Donor Spending in Basic Nutrition: 2003-08

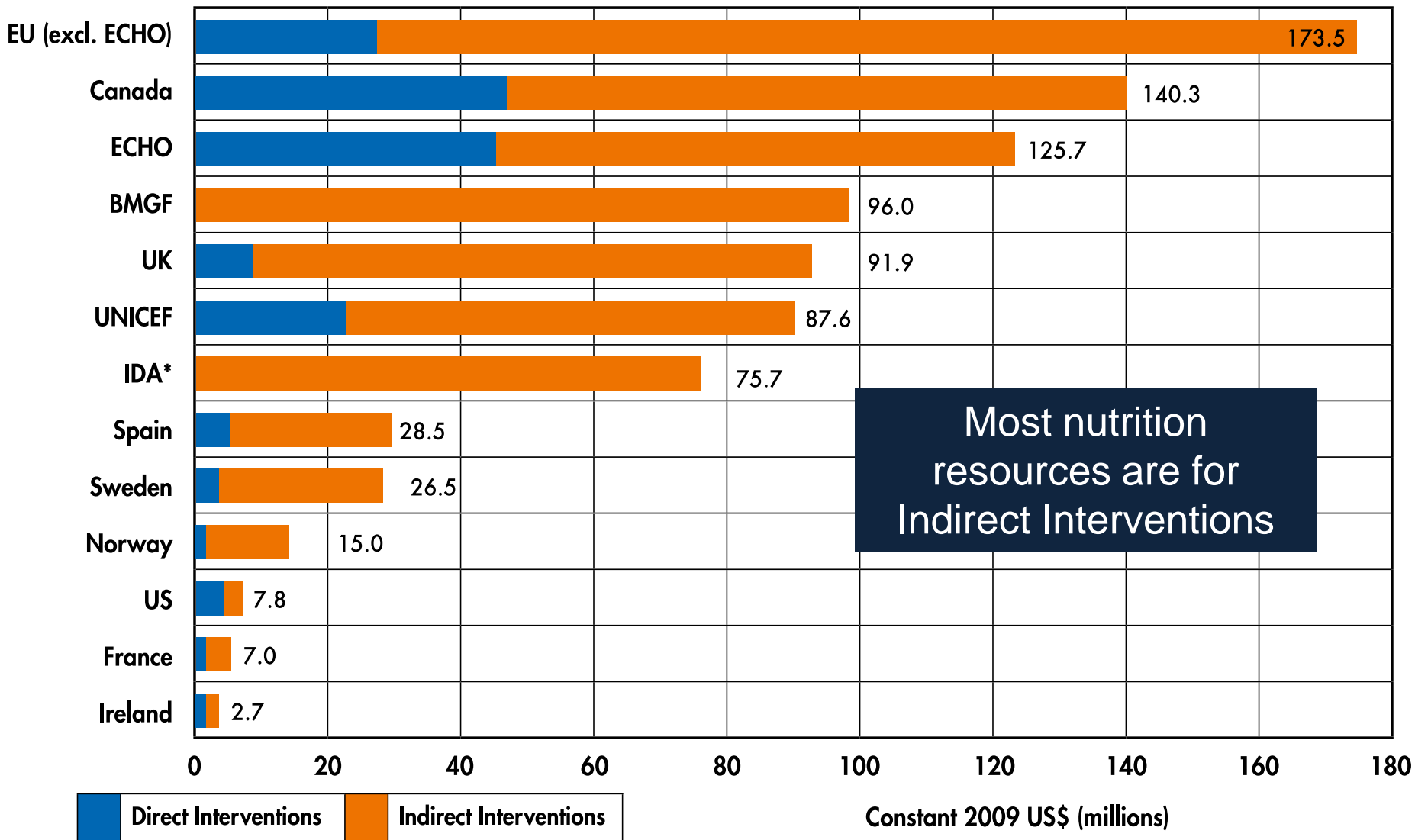
Figure 4.5: % change in basic nutrition aid over 2000-03 and 2005-08



Source: OECD-CRS online database. Accessed December 2010

Nutrition Advocacy Landscaping in Europe: An Analysis of donor commitments. February 2011. Daniel Coppard, Asma. Devint.

FIGURE 3.1B: ESTIMATED ODA FOR NUTRITION INTERVENTIONS PER DONOR IN 2009



* For IDA, no figures were reported in the CRS database for 2009. Therefore an average of ODA for nutrition interventions from 2005-2008 was used.

Some unresolved issues

- What are some of the operational issues that make some (seemingly identical) direct interventions work better than others?
- Scaling up of direct interventions—is it just money?
- Indirect interventions—how to make them more nutrition sensitive?
 - Agriculture is a particular puzzle
- How to think and work multisectorally
- How to lock in the high levels of commitment?
 - Track funding and find new funding sources (additional and automatic)
 - Accountability and commitment infrastructure
 - More frequent outcomes



Which aid donors are committed to reducing hunger?

Country	Government expenditure rank	Policies and programmes rank	HRCI (1 is best)
Denmark	3	4	1
Finland	6	9	2
Belgium	9	7	3
Ireland	5	11	3
Norway	2	15	5
France	11	6	5
United Kingdom	14	3	5
Australia	16	2	8
Netherlands	10	8	8
Spain	4	14	8
Germany	12	10	11
South Korea	23	1	12
Japan	8	17	13
Canada	13	13	14
Greece	21	5	14
Sweden	7	19	14
Italy	22	12	17
USA	18	18	18
Austria	20	16	18
Switzerland	15	22	20
New Zealand	17	20	20
Portugal	19	21	22

Source: IDS – at hrcindex.org

Opportunities for AusAID to meet strategic goals

Saving Lives	Promoting opportunities for all	Sustainable economic development	Effective governance	Humanitarian and disaster response
<p>Prevention of under-nutrition..</p> <p>saves 30% of deaths of children under 5</p>	<p>Prevention of under-nutrition..</p> <p>increases grade attainment by one standard deviation</p>	<p>Prevention of under-nutrition..</p> <p>results in a 34% lower chance of the adult living in poverty</p> <p>NCD links</p>	<p>Because of invisibility and need to work across sectors ..</p> <p>need to innovate on accountability and commitment is high</p>	<p>Rapid response required in first 1000 days..</p> <p>means attention to prevention and real time monitoring</p>

Conclusions

- Strong public policy case for intervening in nutrition (externalities, asymmetries of information, growth, rights)
- Strong ODA case (moral, national, risk, capacity)
- Back on ODA agenda
- Unresolved issues: scaling up, leveraging indirect interventions, accountability and commitment
- Australian government can be a real leader in the region