

Global funding for nutrition programs is inadequate. The Global Financing Facility (GFF) supports nutrition as an essential building block for the healthy development and well-being of women and children. With its potential for high impact, the GFF has made nutrition a priority area for its investments.



Photo: John Rae/ Global Financing Facility

ALARMING RATES OF GLOBAL MALNUTRITION

Inadequate nutrition prevents millions of children from reaching their full potential. Undernutrition is an underlying cause of about 45 percent of all child deaths and anemia contributes to about 20 percent of maternal deaths. Poor maternal health and nutrition at conception and during pregnancy increases children's risk of adverse outcomes, including death, low birth weight, and stunting (when a child is too short for their age). Worldwide, 155 million children under 5 are stunted, with serious consequences for their physical and cognitive development.

GOOD NUTRITION: THE FOUNDATION FOR DEVELOPMENT

Well-nourished women, children and adolescents live healthier lives, with greater resilience to life-threatening disease. The first 1,000 days from conception to 24 months are critical for ensuring adequate nutrition due to the rapid pace of brain development during this period. Sustainable Development Goal 2 (target 2.2) calls for ending all forms of malnutrition by 2030, which includes achieving, by 2025, internationally agreed-upon targets on stunting and wasting in children under 5 years of age, and addressing the nutritional needs of adolescent girls, and pregnant and lactating women. A diet comprised of nutrient-rich foods, in sufficient quantities, combined with early stimulation and learning, health care and child protection, provides the foundation for the physical and cognitive growth and development needed to learn in school and succeed in the workplace—an essential precursor to economic prosperity for all.



THE GFF

HAS MADE NUTRITION A PRIORITY AREA
FOR ITS INVESTMENTS.

GLOBAL PROGRESS HINGES ON GREATER INVESTMENTS IN NUTRITION

Whether providing iron and folic acid supplements during pregnancy or ensuring nutrient-dense complementary foods for young children, nutrition interventions are proven cost effective investments in health and development. Breastfeeding alone has the potential to prevent 12 percent of all deaths in children under age 5: Exclusively breastfed children are 14 times more likely to survive than non-breastfed children. According to the World Bank Group's recent publication, *An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting*, a country can expect a return of between \$4 and \$35 for every \$1 invested in nutrition.

Despite its importance, there has historically been too little funding to address nutrition. This is changing, as global movements, such as Scaling Up Nutrition, are calling for more sustained funding. Through its work to achieve dramatic increases in financing for reproductive, maternal, newborn, child, and adolescent health and nutrition in high-burden, low-income and lower-middle-income countries, the GFF is supporting the global scale up of nutrition interventions.

NUTRITION AND THE GFF'S INVESTMENT CASES

All of the GFF country Investment Cases call for increased funding for nutrition with aims to:

- End malnutrition as a cause of maternal and child morbidity and mortality and improve maternal, newborn, infant, young child, and adolescent nutritional status;
- Scale up the coverage, quality and utilization of cost effective nutrition services, focusing on adolescent girls, pregnant women, lactating women and children under 5 (especially those aged 0 through 24 months);
- Increase equitable access to nutrition services; and
- Strengthen the delivery of nutrition services through performance-based financing (PBF) and other tools.

GFF INVESTMENTS IN NUTRITION

The GFF supports a variety of nutrition interventions by:

- Integrating nutrition into the full continuum of maternal and child health services, by focusing on actions such as increasing exclusive breastfeeding rates, improving counseling on infant feeding and early stimulation and the prevention and treatment of maternal anemia;
- Building capacity at the community and health-facility levels, by training health providers on peer-to-peer counseling on infant feeding and early stimulation to improve child feeding practices; better management of moderate and severe acute malnutrition; and the scale up of Kangaroo Mother Care to assist low birth weight babies;
- Providing commodities, such as micronutrient supplements and fortificants, ready-to-use therapeutic foods, and deworming medications;
- Increasing the community-based delivery of nutrition services, through community health and early childhood development workers;
- Reaching underserved areas, by setting up mobile clinics and using a rapid in-and-out approach in security challenged settings to deliver health and nutrition services to vulnerable women and children;
- Supporting the Baby-Friendly Hospital Initiative, which encourages breastfeeding and other best practices for infant survival; and
- Working multi-sectorally to address the underlying determinants of undernutrition by integrating nutrition-sensitive activities into other sectors, such as social protection, agriculture, and water and sanitation.

INCREASED
FUNDING FOR NUTRITION



NUTRITION IN GFF COUNTRIES

These are some examples of how nutrition has been integrated into the GFF's Investment Cases and country operations:

- Nigeria:** In several Northeastern states, where under-5 mortality rates are 54 percent higher than in the country's southern states, a key effort is strengthening the delivery of a minimum package of nutrition services. They include the management of severe acute malnutrition, micronutrients and regular growth monitoring and promotion. Mobile teams reach remote and under-served communities including in violence-affected areas. The project also includes a strong focus on the nutrition of adolescent girls, including the provision of fortified foods and supplements.
- Guatemala:** GFF trust fund resources will be used to buy down IBRD financing to more concessional rates to support the expansion of nutrition services in areas most strongly affected by chronic undernutrition.
- Mozambique:** In alignment with the near-finalized Investment Case for RMNCAH-N, the GFF will support the facility- and community-based implementation of a package of essential nutrition services for pregnant women and young children in five priority provinces in country. Expansion in coverage and improvements in quality of delivery of the nutrition package is financed through the achievement of results (through disbursement-linked indicators), which is a new model for Mozambique that is intended to stimulate marked and sustained reductions in stunting prevalence in high burden regions.

FINANCING FOR NUTRITION

It is estimated that investing an additional US \$2.3 billion per year in a limited set of priority nutrition interventions over the next 10 years will help to save 2.3 million lives and result in 50 million fewer stunted children by 2025. The GFF will contribute to filling this gap using its financing approach. This includes: supporting domestic resource mobilization to ensure nutrition is prioritized in the national budget; ensuring the efficiency of complementary financing by working with countries to provide a clear set of priorities in Investment Cases, including specific nutrition services that financiers (both public and private) can align around; and, linking catalytic grant financing with IDA or IBRD resources to increase the available envelope for health financing, including for nutrition.

US \$2.3 BILLION
PER YEAR



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¹ World Bank publication, An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting - <https://openknowledge.worldbank.org/handle/10986/26069>