Sustainable Development Goals & UNICEF’s New Nutrition Strategy

Saul Guerrero
Nutrition Specialist, Program Division, UNICEF HQ
Why am I here?
Achieving many of the Sustainable Development Goals is contingent on achieving measurable progress on nutrition.

And that in turn is contingent on critical inputs like supplies.
But let me be more specific
Why is SDG 2 so critical?
1 in 2 children suffering from hidden hunger

1 in 3 children not growing well

“The consequences are profound, not just for the child’s own prospects – in childhood itself and on into adulthood – but also for national economic development and the attainment of the Sustainable Development Goals (SDGs)”
1 in 3 children not growing well

Confronted with this challenge, UNICEF needed a renewed strategy to guide its efforts to support governments in achieving the specific targets under SDG2.

“The consequences are profound, not just for the child’s own prospects – in childhood itself and on into adulthood – but also for national economic development and the attainment of the Sustainable Development Goals (SDGs)”
What are the specific targets under SDG2?
Target 2.1: By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to nutritious, safe and sufficient food all year round.

Target 2.2: By 2030, end all forms of malnutrition, including achieving, the internationally-agreed targets for stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls and pregnant/lactating women.
What makes these specific goals and targets significant?
achieve a 40% reduction in the number of children under-5 who are stunted;
achieve a 50% reduction of anaemia in women of reproductive age;
achieve a 30% reduction in low birth weight;
ensure that there is no increase in childhood overweight;
increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%;
reduce and maintain childhood wasting to less than 5%
How does the new UNICEF Maternal and Child Nutrition Strategy (2020-2030) support governments in accelerating progress?
Update our conceptual framework

**Outcomes for children & women**

- Immediate determinants
  - **Adequate Food**
    - Breastmilk, nutrient-rich age-appropriate foods, with safe drinking water and household food-security, at all times
  - **Adequate Feeding**
    - Age-appropriate and responsive feeding and stimulation, with adequate food preparation, food intake, and hygiene practices
  - **Healthy Environment**
    - Healthy food environments, quality health and sanitation services, and a healthy living environment, including for physical activity
  - **Good Governance**
    - Political, financial and multi-sectoral commitment to advance children’s and women’s right to nutrition
  - **Positive Norms**
    - Social and cultural commitment to advance children’s and women’s right to nutrition
  - **Sufficient Resources**
    - Environmental, financial, social and human resources to fulfill children’s and women’s right to nutrition

**Improve Nutrition for Children and Women**

Improved survival, health, physical growth, cognitive development, school readiness and school performance in children and adolescents; improved survival, health, productivity and wages in women and adults; and improved prosperity and cohesion in societies.

- Achieve a 40% reduction in the number of children under-5 who are stunted;
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- Reduce and maintain childhood wasting to less than 5%
Support government efforts and strengthen national systems

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Objective 1: To prevent undernutrition, micronutrient deficiencies, and overweight in early childhood (i.e. the first five years of life).

Objective 2: To prevent undernutrition, micronutrient deficiencies and overweight in middle childhood and adolescence (i.e. 5–19 years of age).

Objective 3: To prevent undernutrition, micronutrient deficiencies, and overweight in women – including during pregnancy and breastfeeding – and low birth weight in newborns.

Objective 4: To provide children with severe wasting and other forms of life-threatening acute undernutrition with timely and quality feeding, treatment and care.

Set clear objectives to drive programmatic action

- achieve a 40% reduction in the number of children under-5 who are stunted;
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How will all of this affect supply chain and the commodities involved?
Set clear objectives to drive programmatic action

Support food fortification programs
Support maternal nutrition programs
Support child and adolescent nutrition programs
Support child wasting treatment programs

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Large-scale food fortification

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<thead>
<tr>
<th>Change Objective</th>
<th>Programmatic Implications</th>
<th>Supply Implications</th>
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<tbody>
<tr>
<td>Support large-scale food fortification in the form of salt iodization, wheat flour fortification, and cooking oil fortification</td>
<td>Support adoption of mandatory legislation</td>
<td>Stronger capacity amongst producers to reliably procure high-quality premixes</td>
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<td>Ensure enforcement through regulatory monitoring</td>
<td>Stronger use of adequate testing equipment (e.g. qualitative salt test kits and other quantitative tools) in internal and external quality assessment/control.</td>
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<td>Strengthen procurement and supply systems of premix</td>
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<td>Improve monitoring and impact evaluation</td>
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<tr>
<td>Explore the potential use of other condiments and staples for large-scale food fortification in selected settings</td>
<td>Determine coverage and reach of other condiments</td>
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<td>Examine technical feasibility of fortification</td>
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# Maternal Nutrition

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<tbody>
<tr>
<td>Strengthen nutrition counselling and weight gain monitoring during pregnancy.</td>
<td>Improve implementation of current recommendations</td>
<td><strong>Operational</strong></td>
</tr>
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<td>Strengthen evidence on a) effectiveness of nutrition counselling and b) weight gain monitoring.</td>
<td>Dose: Make available 30mg iron/folic acid product in settings with low anemia rates</td>
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<tr>
<td>Improve care for pregnant adolescent girls and other nutritionally at-risk</td>
<td>Identify and target pregnant adolescents and other at-risk groups</td>
<td><strong>Package</strong>: Promote use of blister packs and smaller (30 count) bottles of iron/folic acid to improve compliance</td>
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<td>pregnant women.</td>
<td>Develop approaches on protein-energy supplements and calcium supplementation</td>
<td><strong>Innovation</strong>: Increase demand for UNIMMAP multiple micronutrient supplements in high-burden settings</td>
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<tr>
<td>Improve coverage and adherence of micronutrient supplements</td>
<td>Strengthen delivery platforms for iron and folic acid in routine care</td>
<td><strong>Development</strong>: Develop novel approaches on calcium supplementation</td>
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<td>Support the use of multiple micronutrient supplements in populations with a high prevalence of nutritional deficiencies or in emergency settings</td>
<td><strong>Supply</strong>: Develop improved food supplements for pregnant and lactating women</td>
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<td>Help improve packaging to increase compliance and help shape markets</td>
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- Achieve a 40% reduction in the number of children under 5 who are stunted;
- Achieve a 50% reduction of anaemia in women of reproductive age;
- Achieve a 30% reduction in low birth weight;
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## Children in middle childhood (5-9 yrs) and adolescence (10-19 yrs)

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<td>Scale up use of micronutrient supplements</td>
<td>Support weekly iron/folic acid supplementation, especially through schools</td>
<td>Micronutrient Supplementation</td>
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<td></td>
<td>a) Support iron supplementation among school-age children:</td>
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<td></td>
<td></td>
<td>i) Daily 30-60 mg iron</td>
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<td></td>
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<td>ii) Weekly 45 mg iron</td>
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<tr>
<td>Improve food environments and related policies and legislation</td>
<td>Support policies on labeling of foods and marketing restrictions, including foods provided or sold in or near schools</td>
<td>b) Support iron supplementation among adolescent girls</td>
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<tr>
<td></td>
<td></td>
<td>i) Daily 30-60 mg iron</td>
</tr>
<tr>
<td></td>
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<td>ii) Weekly 60 mg iron/2800 ug folic acid</td>
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<td>Promote healthy diets and active lifestyles</td>
<td>Harness the potential of large-scale social and behaviour change communication interventions to promote healthy diets and active lifestyles</td>
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## Treatment for Child Wasting

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<td>Delivering continuum of treatment for all wasted children</td>
<td>Increases in admission criteria, earlier therapeutic treatment (i.e. during moderate phase) leading to an increase in the number of children treated</td>
<td>Consolidation of the RUF needs for treatment, resulting in greater demand for RUTF for treatment.</td>
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<td>Stronger integration into routine health services</td>
<td>Increase availability of treatment services in health facilities, leading to an increase in the number of children treated</td>
<td>Resulting in greater demand for RUTF, greater procurement/distribution via national health systems</td>
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<tr>
<td>Further decentralization through community health services</td>
<td>Increased utilization of community health structures and systems (incl. Community Health Workers) for treatment</td>
<td>Greater demand for RUTF and greater pressure on supply chain systems to distribute to community-level</td>
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What will all of this mean for us over the next decade?
We will need to strengthen forecasting across the board, and programs will have a key role to play in supporting that.

We will need to push supply chains further than ever before as we care for children and their families in hard-to-reach areas.

We will need to work harder in ensuring adherence, and in some programs, reducing defaulting.

We will need to be even more sophisticated in our engagement with the private sector, allowing us to expand our reach and innovate like never before, whilst safeguarding the rights and interests of every child, everywhere.
Thank You