Copenhagen Nutrition Supply Chain Consensus

1. In the context of SDG 2, 3 and 17, commitments made as part of the Scaling Up Nutrition (SUN) Movement, the Framework for Action (International Conference on Nutrition, 2014), UN Decade of Action, the Paris Declaration and the Accra Declaration on Aid Effectiveness, and related emphasis on resilience, sustainability and national system strengthening, we, as partners participating at the Nutrition Supply Chain Practitioners’ Forum in Copenhagen 21–23 June 2016, recognize and highlight the following key principles on the nutrition supply chain:

2. The effects of maternal and child undernutrition on child survival, health and development and on macroeconomic development are now well-documented and understood. The focus on combatting undernutrition continues to grow with an increasing number of organizations and alliances addressing undernutrition through a multi-sectoral approach. This, in turn, calls for coordination and alignment between partners and sectors to ensure maximum impact of interventions to prevent and treat undernutrition.

3. Specific high impact interventions to address undernutrition are often implemented through health service delivery platforms. The scale-up of such interventions to prevent, manage and treat undernutrition, including acute malnutrition and micronutrient deficiencies, has been followed by significant progress in making nutrition services people-centred and an integral part of the primary health care basic services package. Integration of the corresponding supply chain system into the national central supply chain is
pending in most countries. We, as partners committed to investing in nutrition, recognizing that the integration of essential nutrition supplies into the national supply chain management system is a step towards stronger sustainability and resilience, reinforcing national authorities’ autonomy and accountability on supply chain and should be pursued, wherever possible.

4. Any nutrition Supply Chain Management (SCM) intervention should be seen in a health system strengthening context. Through integration and by building on existing health (supply chain) systems, the likelihood of finding sustainable nutrition SCM solutions will increase. We recognize that any integration process will build on the existing supply chains serving the health sector (e.g. through Central Medical Stores or equivalent), and that its design will be informed by the need to sustain a highly performing and resilient system, contributing to improved and more equitable health and nutrition outcomes. Depending on the context, integration of different supply chain elements can happen incrementally and over time. In some cases, optimization of existing supply chains may be more relevant than integration.

5. Funding for key commodities that drive the cost of nutrition programmes (e.g. Ready to Use Therapeutic Food [RUTF]) has followed emergency patterns. While some elements of nutrition services have gradually been incorporated into the basic primary health care services package from a public financing point of view, the majority of the related commodity budget (including for RUTF, therapeutic milk, anthropometric and therapeutic equipment, etc.), is still mobilized through fragmented funding sources that are short term, rigid and erratic in nature. This provides challenges to rational SCM planning and is often counterproductive to ongoing SCM optimization and integration initiatives. While recognizing emergency response as a necessary component of our work in nutrition, the Forum calls for mobilization of more stable funding to support routine programmes and secure pipelines for essential nutrition commodities, and for delivering infrastructure and mechanisms.
6. While recognizing the general positive impact of nutrition interventions, mobilization of funds (domestic and external) should be supported by evidence generation in terms of return of investments and efficacy of specific interventions. In addition, efforts should be made to support the development of investment plans, to ensure they are comprehensive; wherever it has been adopted, the SUN Movement and its networks will provide an appropriate platform for this purpose. In order to expand the fiscal space for nutrition, the relevance and feasibility of new funding facilities that apply lessons from other global funding mechanisms (e.g. GFATM and GAVI) should be explored to achieve the right balance between a vertically driven commodity focus and a health system strengthening approach. Any global financing mechanism would also need to apply co-funding principles as countries graduate to middle income status.

7. The Forum further highlights the need for common quality standard setting for essential nutrition commodities to help regulation at the country level. At the global level this implies the creation of appropriate standards through Codex and relevant Pharmacopeias. At country level, the local frameworks will determine how nutrition commodities are to be regulated, always with clear delimitation of responsibilities among national regulatory bodies to assure the quality, safety and efficacy of nutrition products. Efforts should be made to include essential nutrition commodities in the National Essential Medicine List (NEML) or other applicable essential health commodity lists, which in turn will help mobilize resources, guide, establish priority and ease integration into subsequent parts of national supply chain systems. A number of countries reported success in incorporating supplies for Severe Acute Malnutrition (SAM) under a category for Foods for Special Medical Purposes.

8. Further, the Forum calls for common norms and standards for end user monitoring, with defined responsibilities and accountability among supply chain stakeholders. It is essential that all nutrition commodities reach the intended end user with a minimum of wastage. Best practices, including from existing national supply chain systems, should be reviewed and documented to
establish common guidance on monitoring content, as well as process ensuring appropriate accountability standards.

9. Finally, as countries embark on or pursue integration and optimization processes, it will be critical to do so with structured partnerships, and to activate mechanisms to coordinate the work of all partners around an agreed national strategy that is aligned with national policy, reaffirms commitment to the process and is led by the government.

10. We, the participants of the Nutrition Supply Chain Forum, agree to work towards the realization of the above principles, including as part of country implementation initiatives, upcoming SUN consultations, Nutrition Deep Dive meetings and domestic and global fund mobilization initiatives.