



2020 Global Nutrition Report

Action on equity to end malnutrition

Launch presentation - 12 May 2020

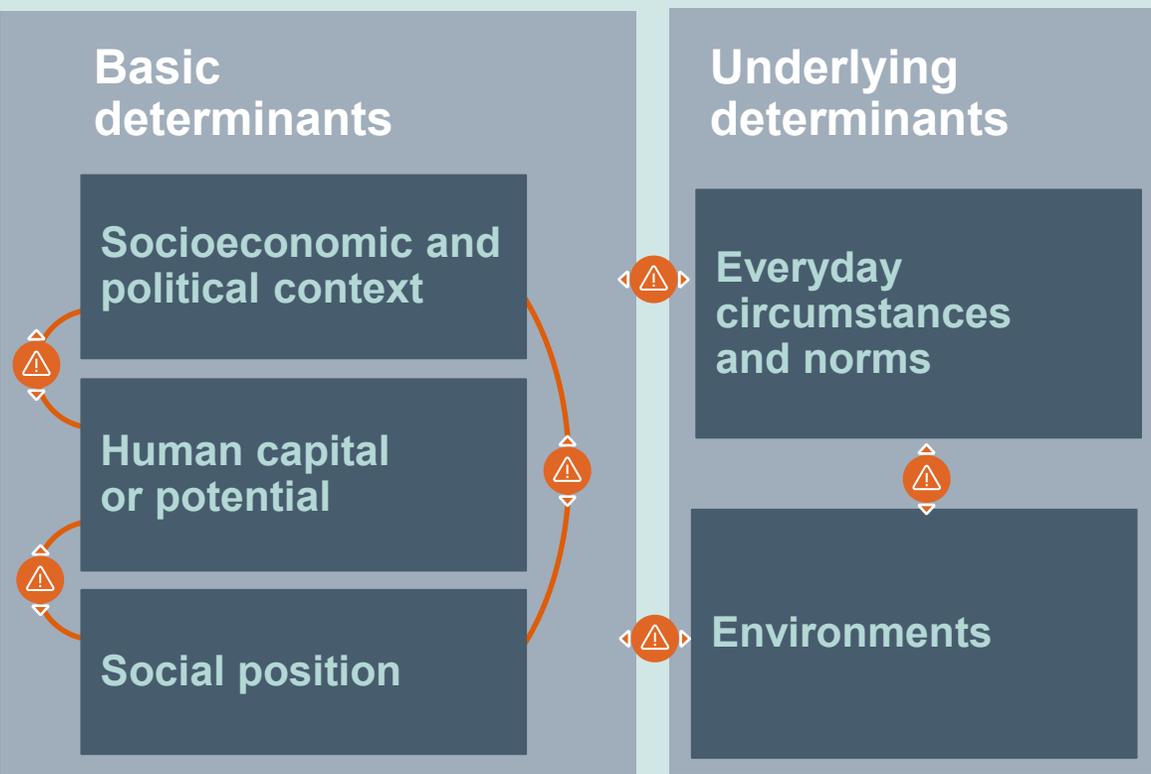


Why action on equity to end malnutrition?

Nutrition inequity: our defining challenge

Injustices in food and health systems hold people back from healthy diets and lives

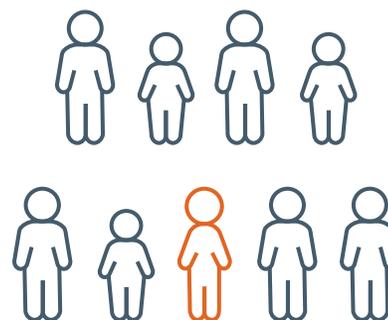
Social determinants are drivers of inequity...



... that can lead to inequalities in nutrition outcomes

Globally, **1 in 9** people is hungry or undernourished

Globally, **1 in 3** adults is overweight or obese



Processes of unfairness, injustice and social exclusion start at the basic level and extend to the underlying level



Nutrition equity: our defining opportunity

Everyone deserves access to healthy, affordable food and quality nutrition care

Poor diets are **not simply a matter of personal choices**

Food and health systems need to be transformed



Address inequities in **food systems** and make healthy, sustainable food the most accessible and affordable choice for all



Fully integrate nutrition in **health systems** and make nutrition care, preventive and curative, universally available

Now is the time to act. Stakeholders must work in coordination to overcome the barriers that are holding back progress to end malnutrition



Build **equitable, resilient and sustainable** food and health systems



Focus on **joint efforts** – global challenges show how vital this is



Leverage key moments to **renew and expand** nutrition commitments and strengthen accountability



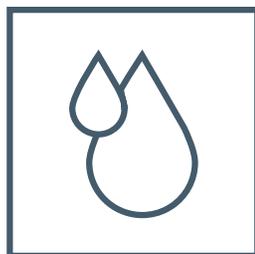
Invest in **nutrition**, especially in communities most affected

Who is most affected?

The state of global nutrition

Progress towards the global nutrition targets is too slow and deeply unfair. Global patterns hide significant inequalities between and within countries

Maternal, infant and young child nutrition targets



Anaemia

In 2016, anaemia affected **613.2 million women** of reproductive age, 35.3 million of whom were pregnant.

OFF COURSE



Exclusive breastfeeding

In 2018, **42.2% of infants** 0–5 months were exclusively breastfed.

SOME PROGRESS



Low birth weight

The latest estimate (2015) is that there are around **20.5 million children** with low birth weight.

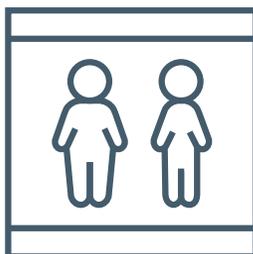
SOME PROGRESS



Childhood stunting

In 2018, **149.0 million children** were stunted.

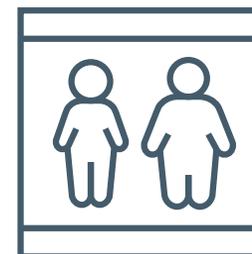
OFF COURSE



Childhood wasting

In 2018, 7.3% of children were wasted, equivalent to **49.5 million children**.

OFF COURSE



Childhood overweight

In 2018, 5.9% of children were overweight, equivalent to **40.1 million children**.

OFF COURSE

The state of global nutrition

Progress towards the global nutrition targets is too slow and deeply unfair. Global patterns hide significant inequalities between and within countries

Diet-related noncommunicable disease (NCD) targets



Salt intake

In 2017, the global mean sodium intake was **5.6g per day**.

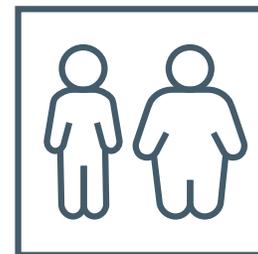
OFF COURSE



Raised blood pressure

In 2015, 597.4 million men and 529.2 million women had raised blood pressure – **1.13 billion adults** in total.

OFF COURSE



Adult obesity

In 2016, 284.1 million men and 393.5 million women were obese – **677.6 million adults** in total.

OFF COURSE



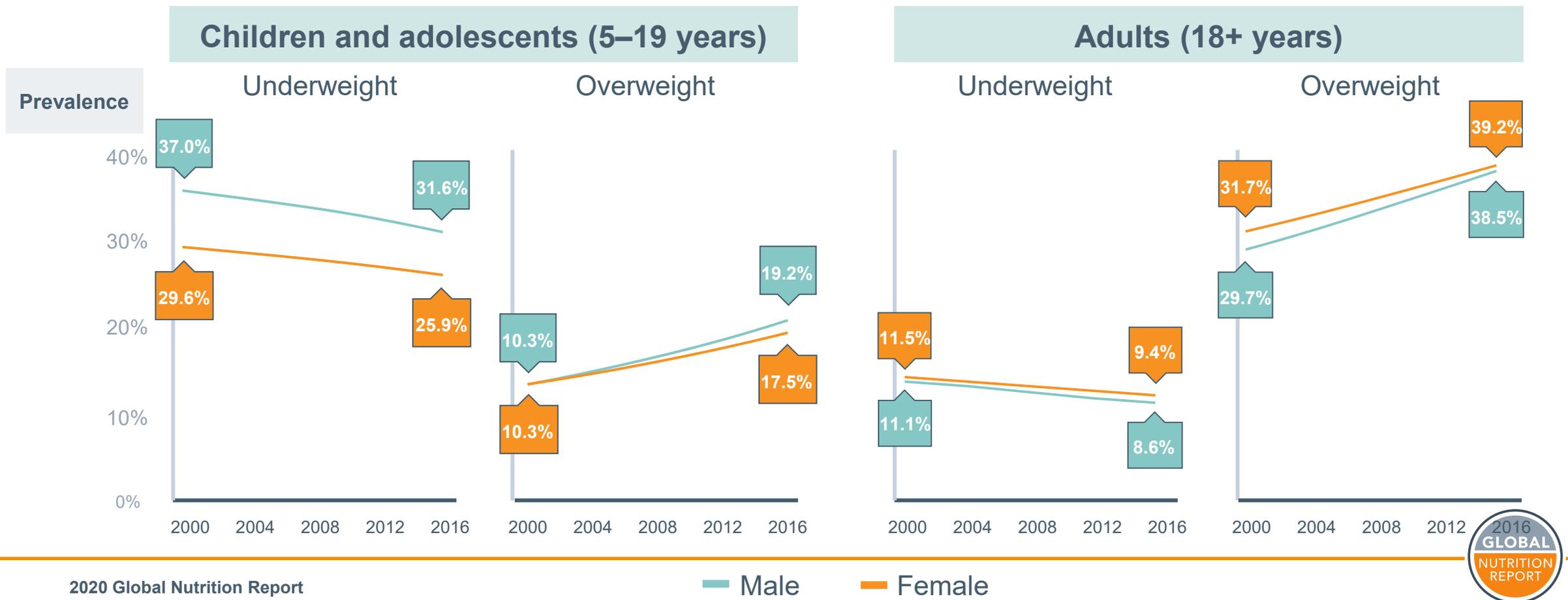
Adult diabetes

In 2014, 217.8 million men and 204.4 million women were diabetic – **422.1 million adults** in total.

OFF COURSE

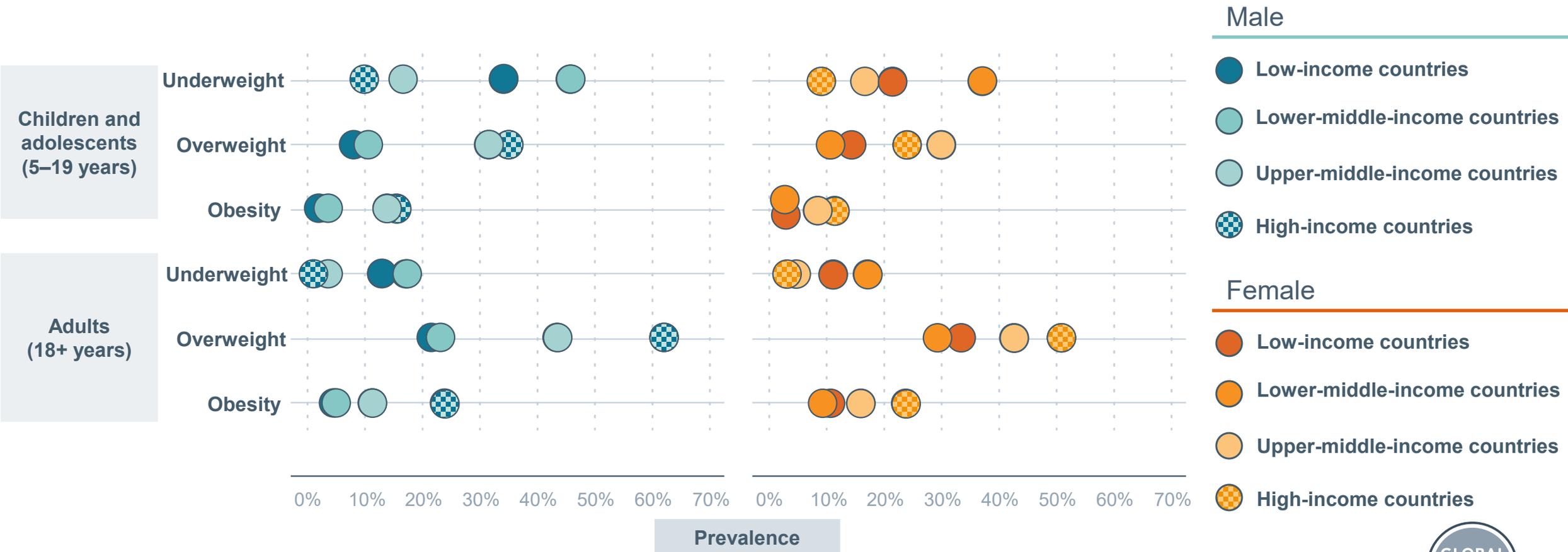
The double burden of malnutrition

Underweight still mostly affects children and adolescents, while overweight and obesity are rising across all ages



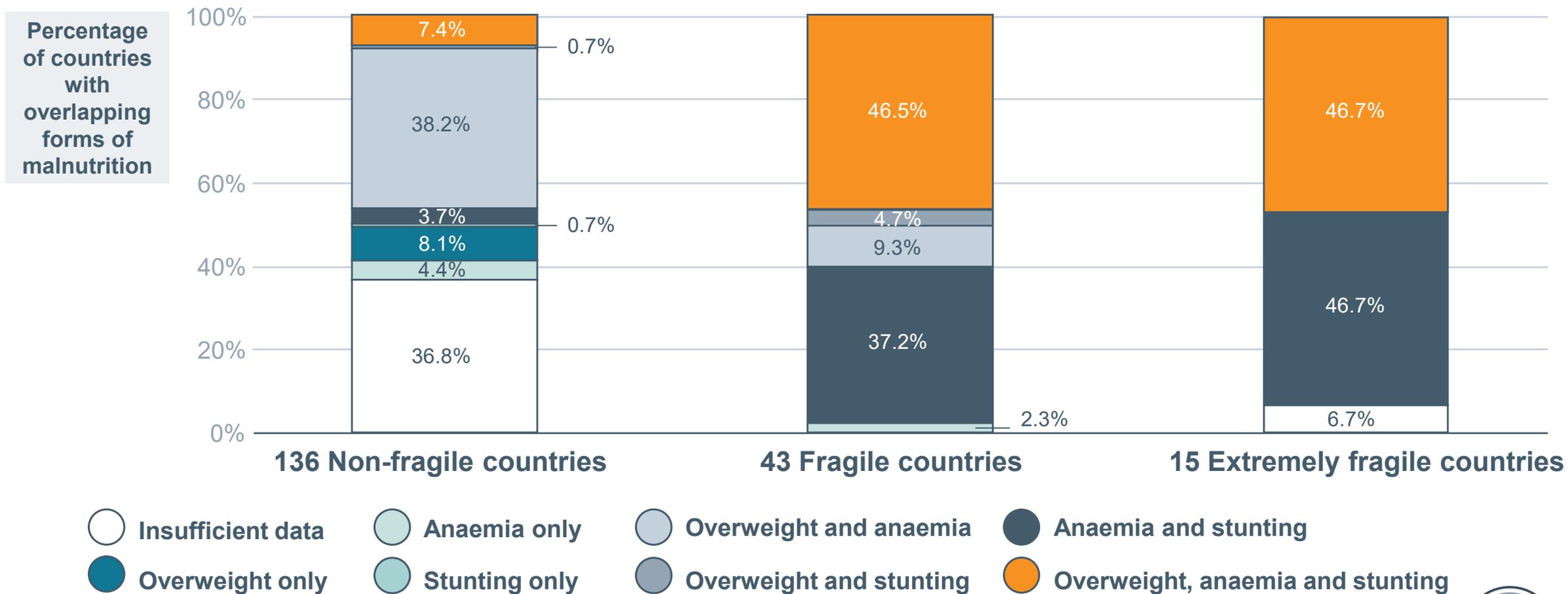
Inequalities between countries

Underweight persists in poorer countries, while overweight and obesity are more common in wealthier countries



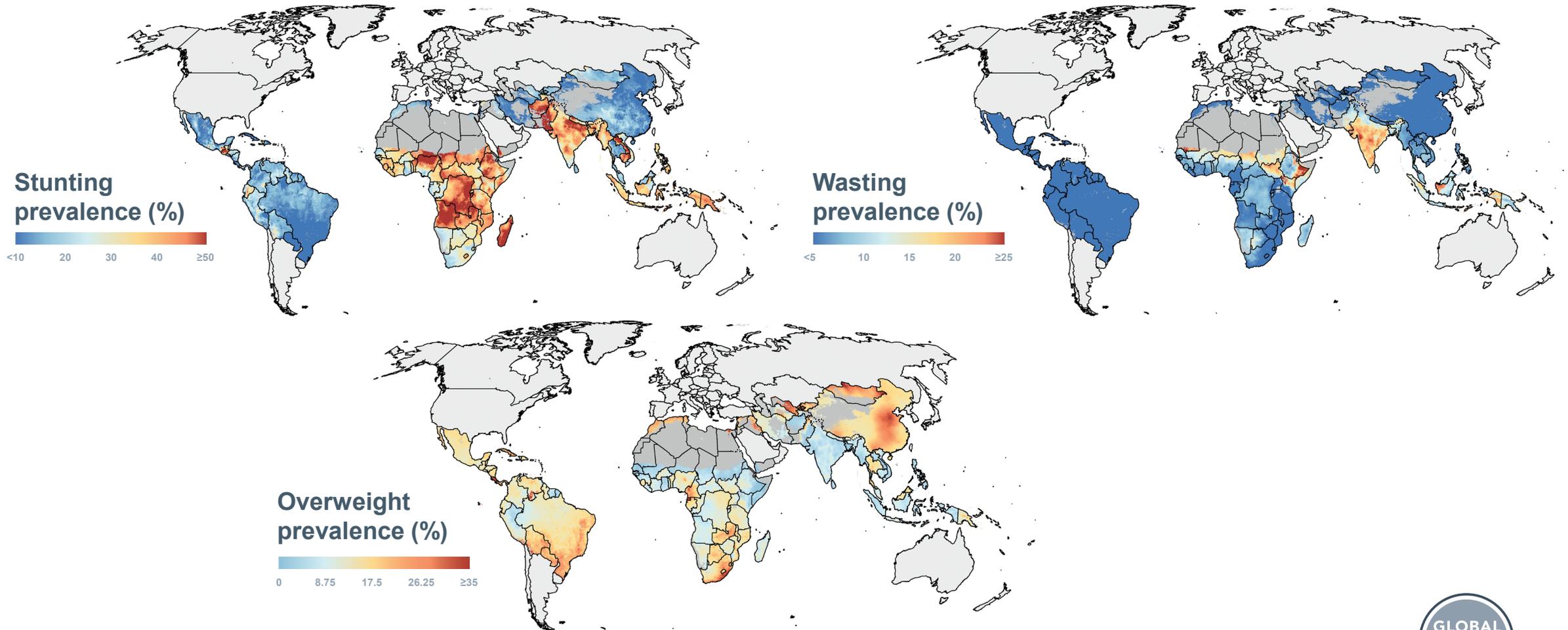
Inequalities between countries

Conflict and other forms of fragility compound the problem



Inequalities within countries

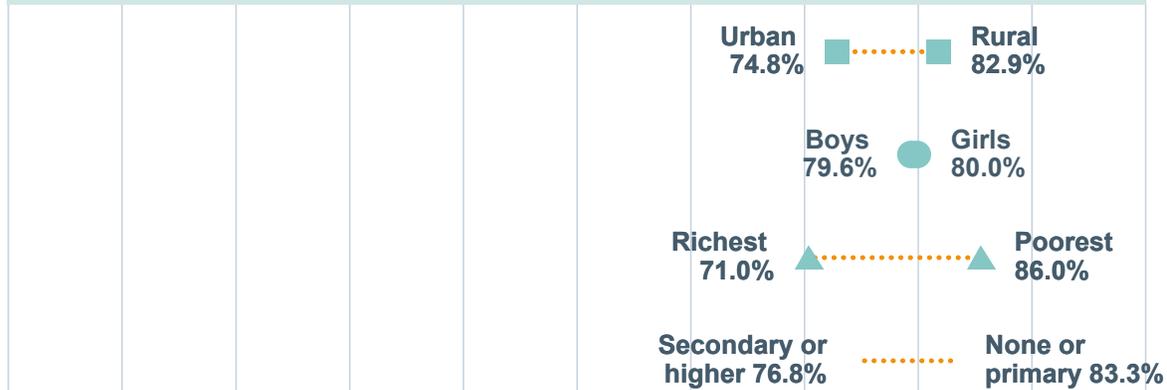
Subnational location matters, with large differences across communities



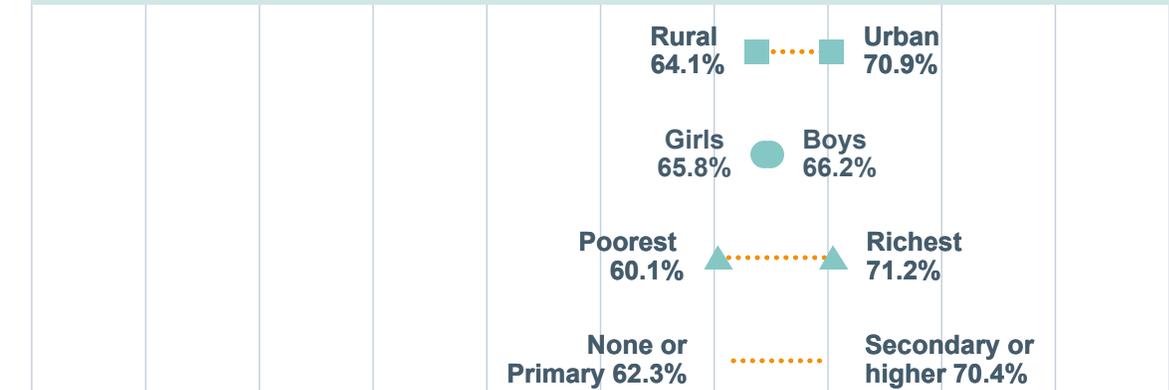
Vulnerable groups are often the most affected

Inequalities in infant and young child feeding practices

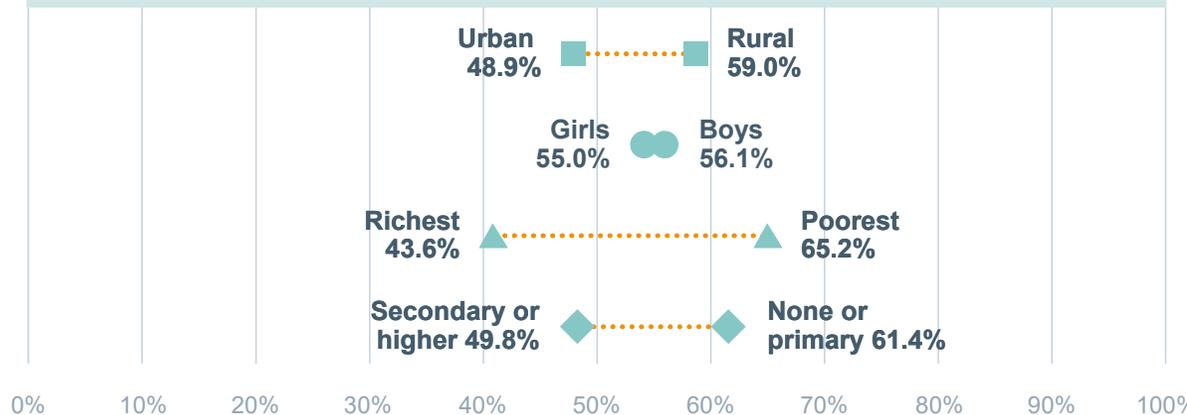
Continued breastfeeding (1 year)



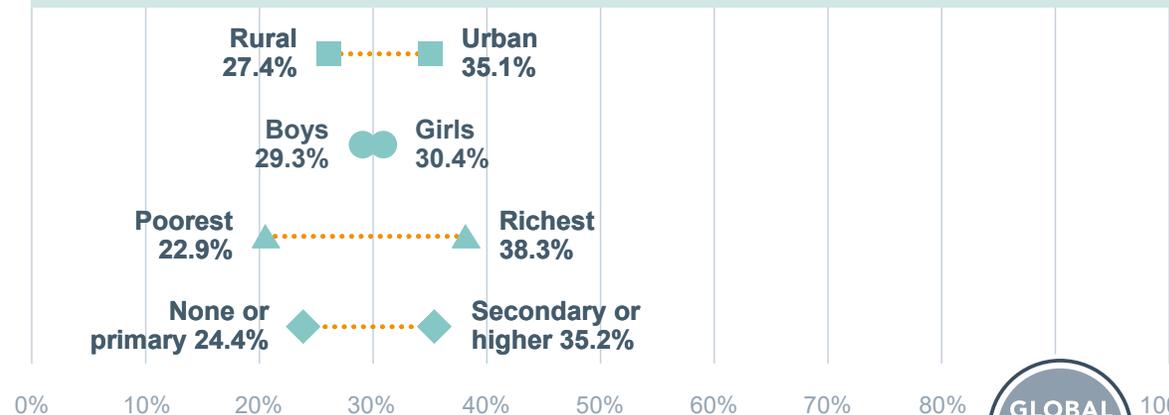
Introduction of solid, semi-solid or soft foods (6–8 months)



Continued breastfeeding (2 years)



Minimum dietary diversity (6–23 months)

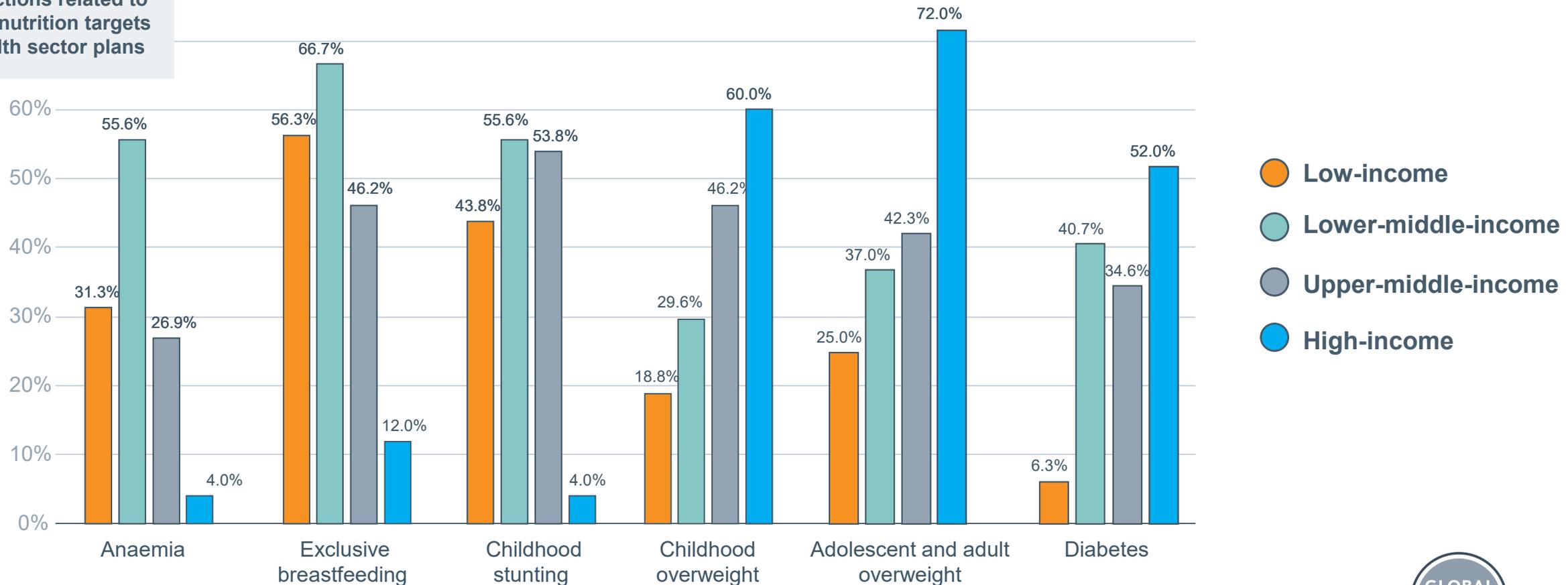


How can we make our health systems more equitable?

Leadership and governance

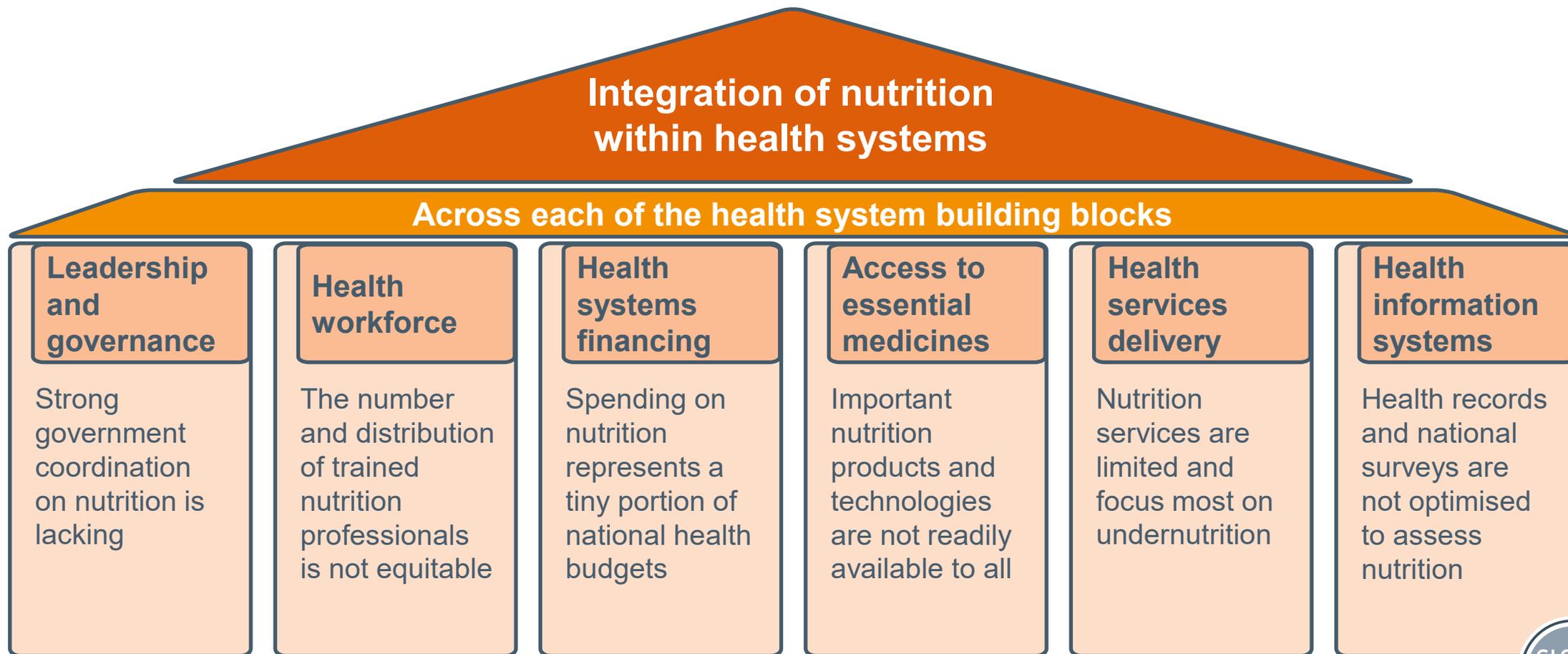
Countries are not prepared to fight both sides of malnutrition at the same time

Percentage of countries with actions related to global nutrition targets in health sector plans



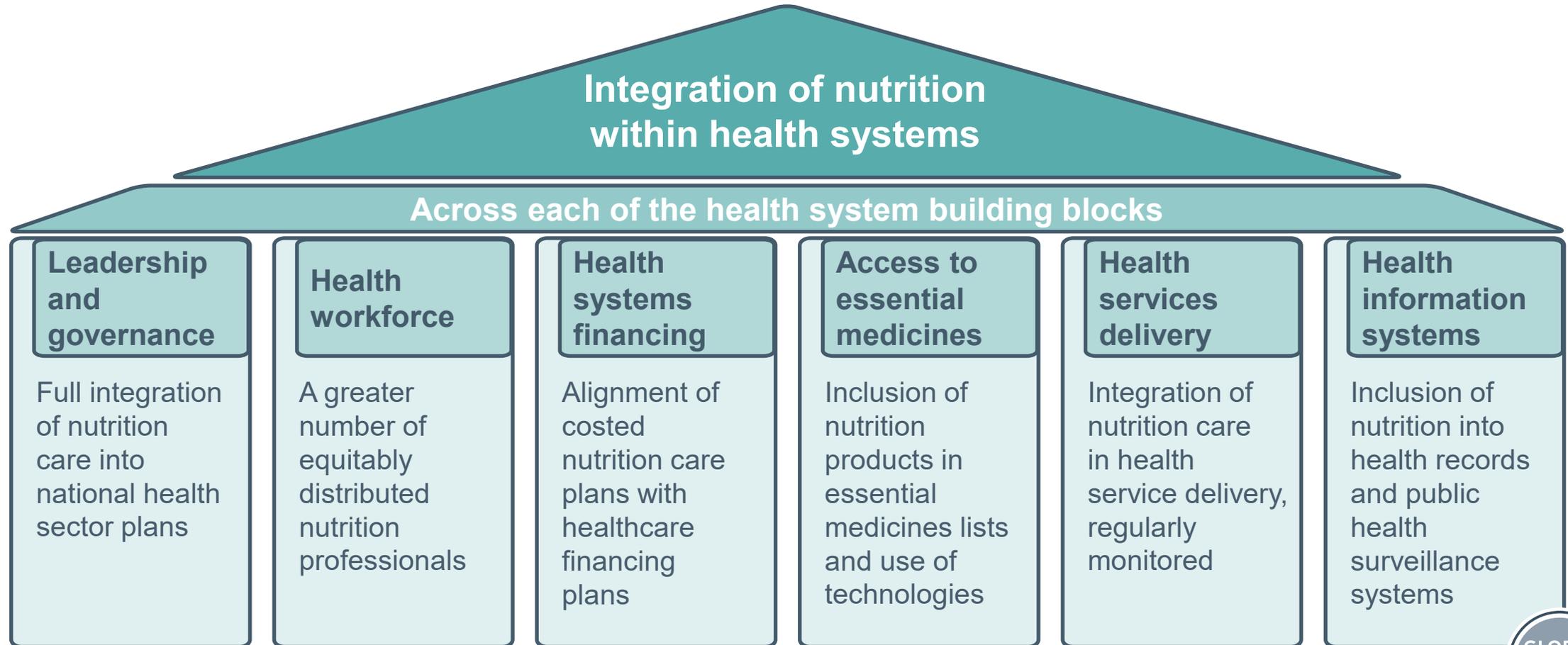
Challenges in health systems

Nutrition care – preventive and curative – is not equitably integrated within health systems



Opportunities in health systems

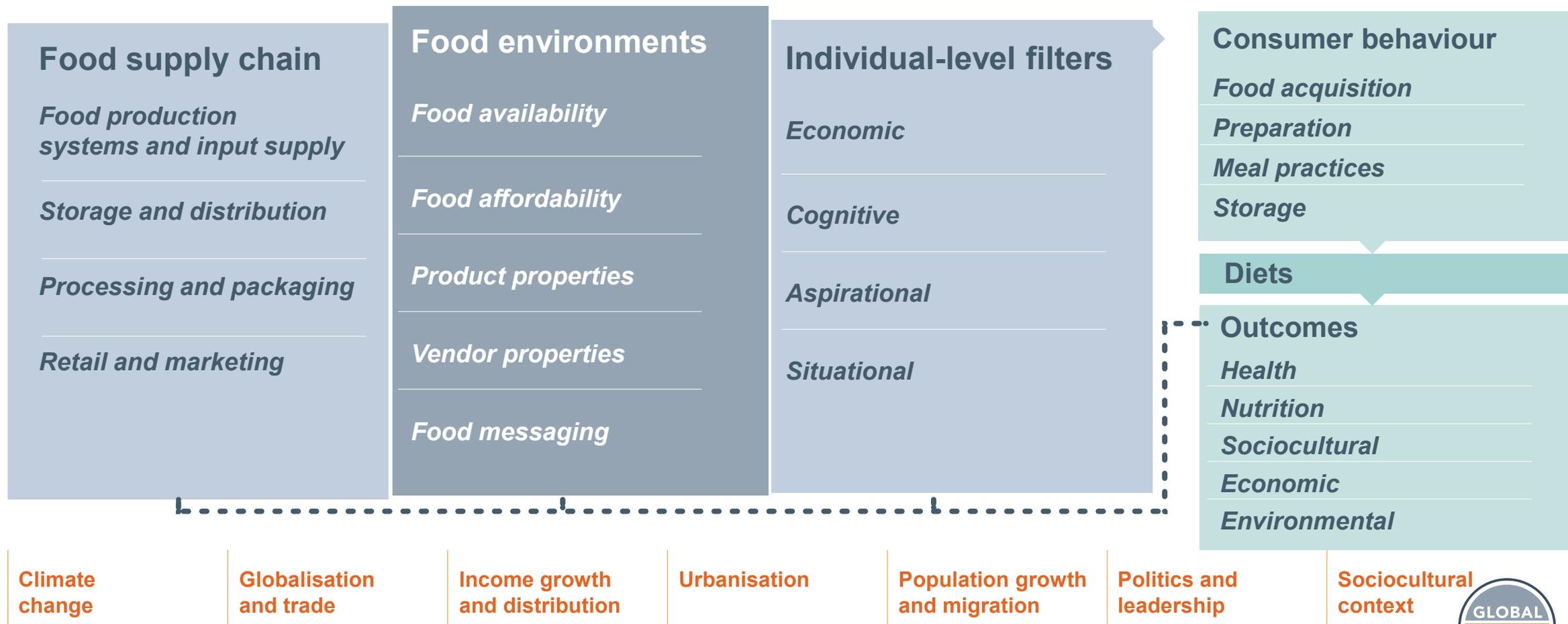
Universal health coverage is our chance to fully integrate nutrition in health systems, save lives and reduce healthcare spending



How can we make our food systems more equitable?

Food system framework

Food environments are the connecting link between supply and demand systems



Challenges in food systems

Inequities in food systems restrict access to healthy and affordable diets



Existing agriculture systems limit the production of diverse crops



Many processed foods do not meet international recommendations on salt, sugar and fat levels



Fresh food is often less accessible and affordable



Ultra-processed foods are cheap and intensively marketed to low-income groups

Opportunities in food systems

Solutions already exist to make healthy, sustainable food the most accessible, affordable and desirable choice



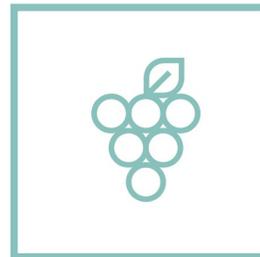
Implement comprehensive regulatory and policy frameworks to ensure availability of healthy foods



Increase public investment for healthier food products



Support shorter supply chains for fresh-food delivery programmes



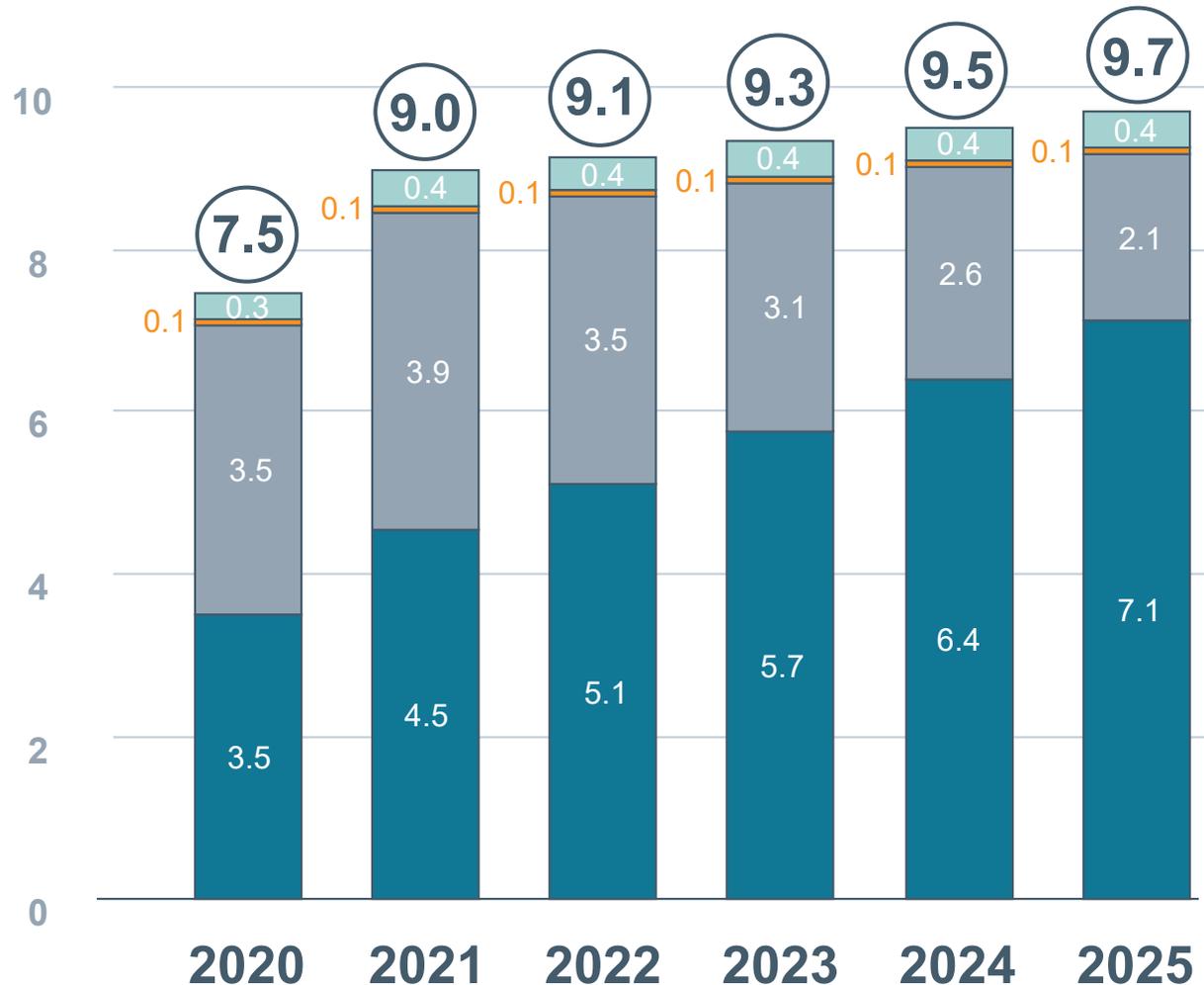
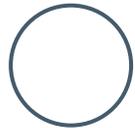
Work with the food industry to encourage production and marketing of healthier food products

**What investments are needed
to improve nutrition outcomes?**

Challenges in equitable financing

Financial commitments don't match the scale and nature of the issue

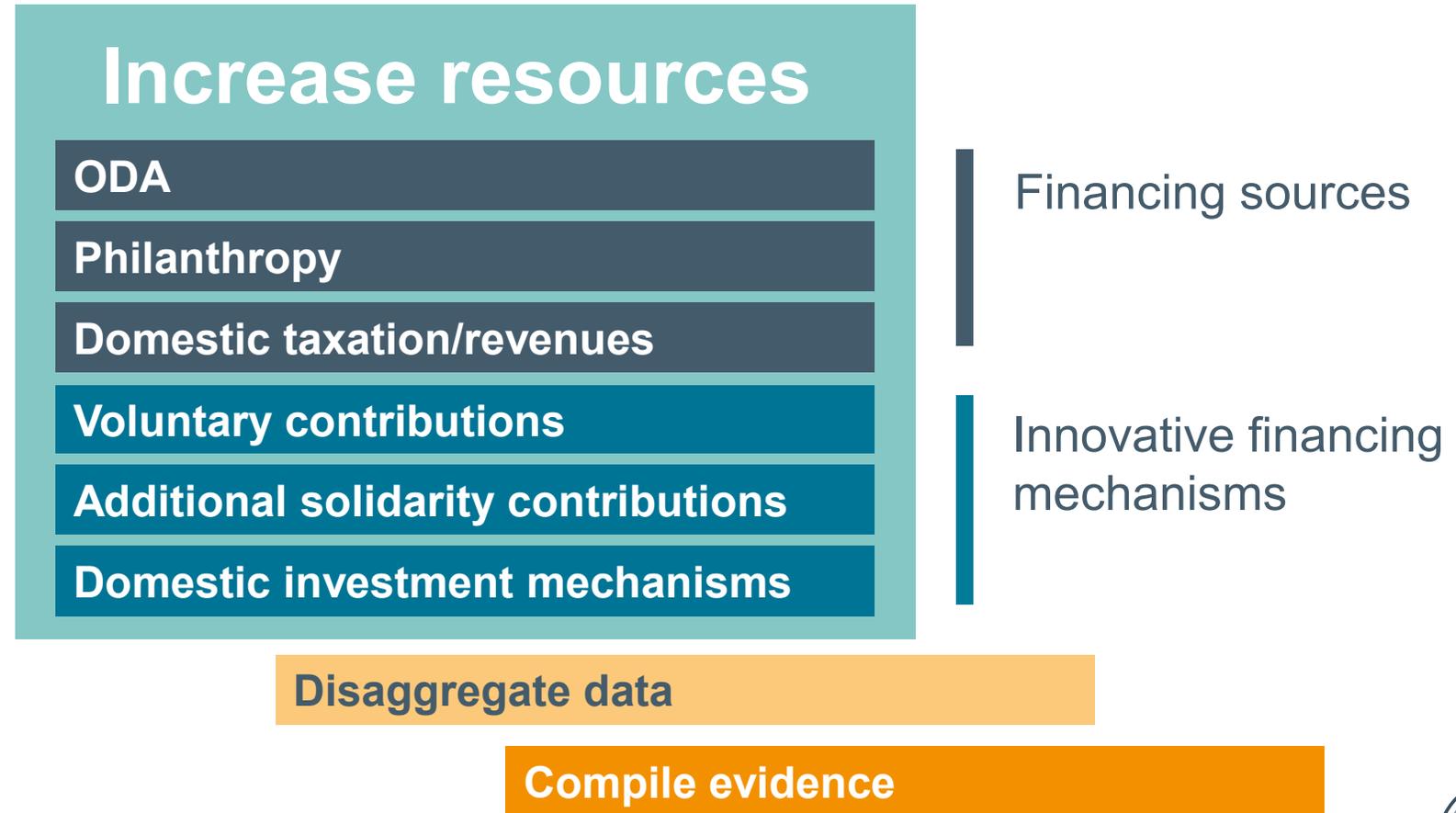
Additional funds needed to meet 2025 global nutrition targets (US\$ billions)



- Additional domestic
- Additional donor
- Additional household
- Innovative sources

Opportunities for equitable financing

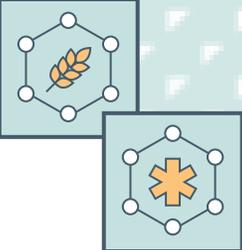
Expanded financial commitments, strengthened data systems and evidence of cost effectiveness



**What critical actions are needed
to achieve nutrition equity?**

Critical actions

Transform systems and target resources for faster and fairer progress to end malnutrition



Build **equitable, resilient and sustainable** food and health systems

Nutrition care should be an integral part of universal health coverage to address nutrition inequities

An equity-sensitive approach to food systems is key to ensuring healthy, accessible and affordable food for all



Invest in nutrition, especially in communities most affected

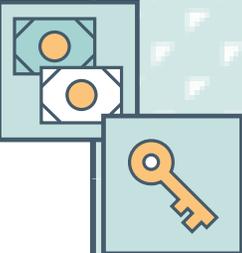
Well resourced, well coordinated and accountable. Resources should be expanded and preferentially targeted to where the need is greatest

Critical actions

Make nutrition equity a priority and a collective responsibility



Focus on joint efforts – global challenges show how vital this is



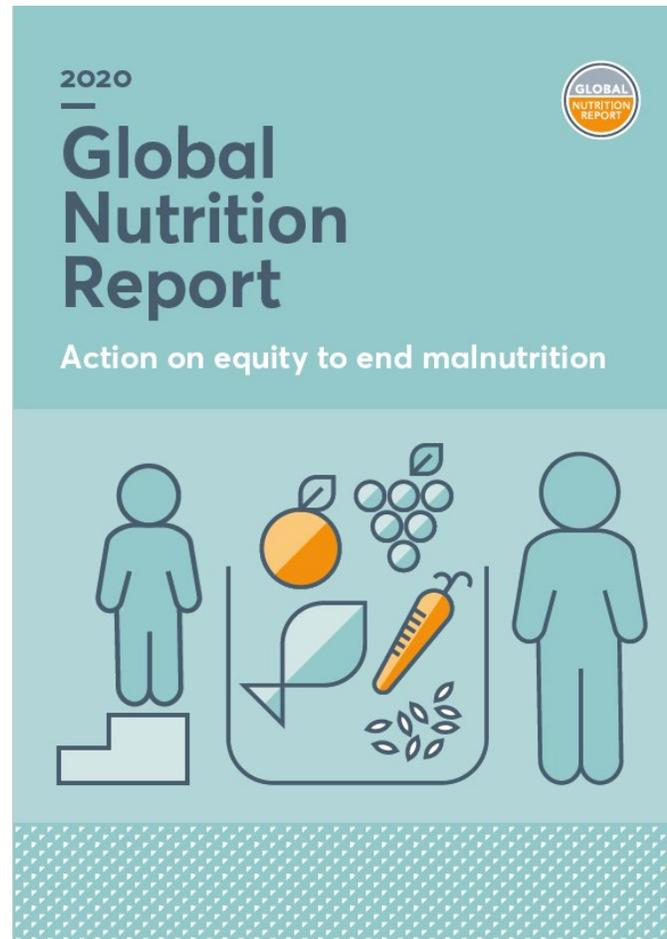
Leverage key moments to **renew and expand** nutrition commitments and strengthen accountability

Engage and mobilise all sectors to act now and target those most in need

Renew and expand ambitious and SMART commitments

Establish an international system of governance and strengthen accountability

Success is within reach



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*For notes and sources,
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