



The WORLD BANK's  
INVESTING IN  
**NUTRITION**  
FOR GROWTH &  
PRODUCTIVITY

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# TWIN GOALS

End Extreme Poverty and  
Boost Shared Prosperity

*“There's no credibility in talking about equality of opportunity if children start off their lives unable to participate, unable to compete in the economy of the future.”*

-World Bank Group President Jim Kim  
October, 2016

# NUTRITION IN THE CONTEXT OF WBG TWIN GOALS

Nutrition is Ground Zero for WBG twin Goals

**Reducing poverty**

Improved nutrition improves incomes, drives economic growth

**Shared prosperity**

Improving nutrition addresses the bottom 40%

**Cross-sectoral expertise**

**Financing**

**Convening power to leverage fragmented playing field**

WBG Comparative advantages

# Human Capital Index: The Story

*“How much human capital will a child born today acquire by the end of secondary school, given the risks to poor health and poor education that prevail in the country where she was born?”*

Three ingredients reflect building blocks of the *next generation’s* human capital:



**SURVIVAL:** Will children born today survive to school age?

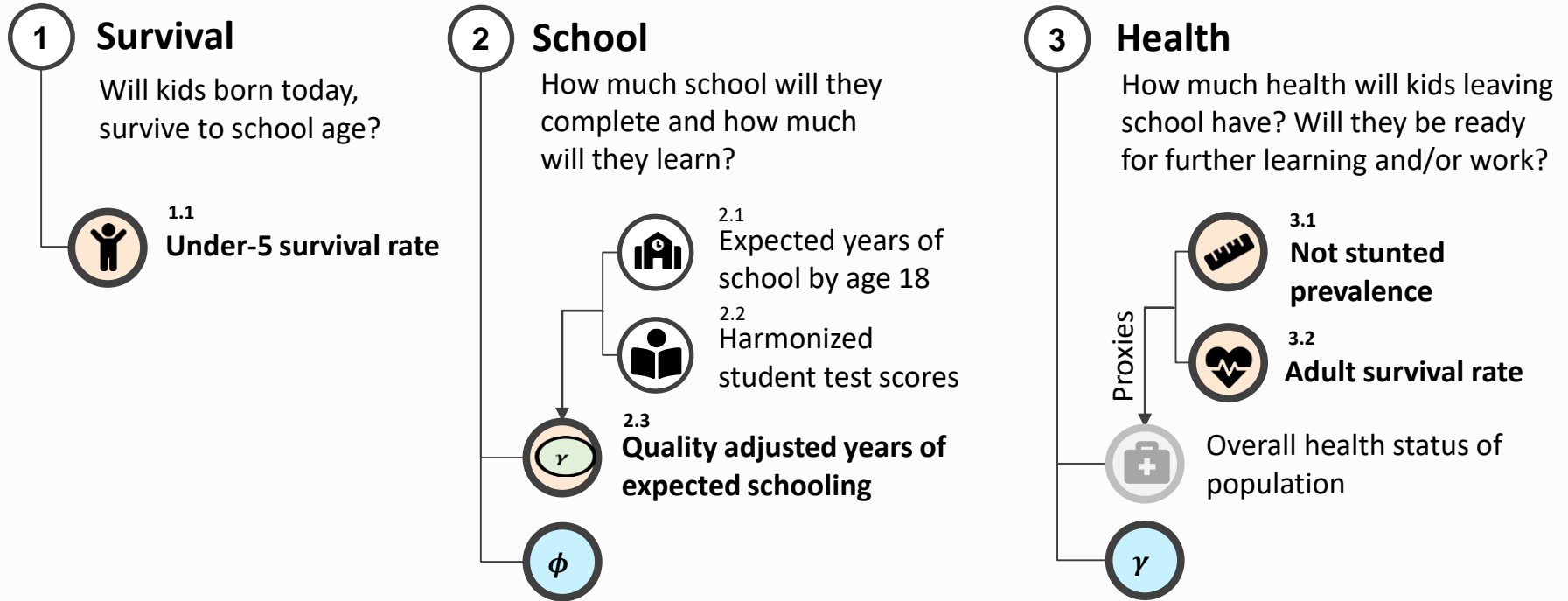


**SCHOOL :** How much school will they complete and how much will they learn?



**HEALTH :** Will they leave school in good health, ready for further learning and/or work?

# HUMAN CAPITAL INDEX



# INVESTMENTS IN NUTRITION BUILD HUMAN CAPITAL AND BOOST SHARED PROSPERITY



## SCHOOLING

Early nutrition programs can increase school completion by one year



## EARNINGS

Early nutrition programs can raise adult wages by 5-50%



## POVERTY

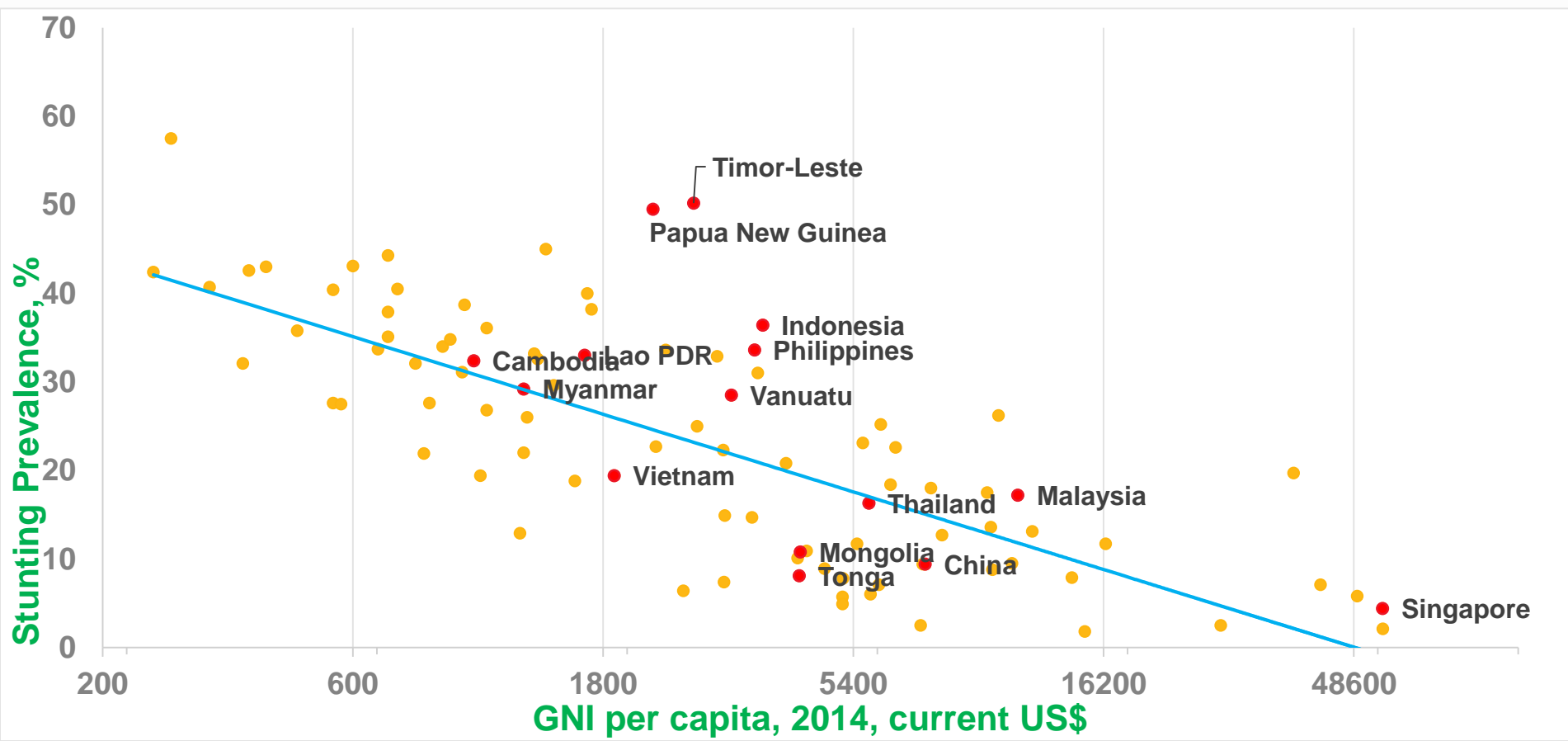
Children who escape stunting are 33% more likely to escape poverty as adults



## ECONOMY

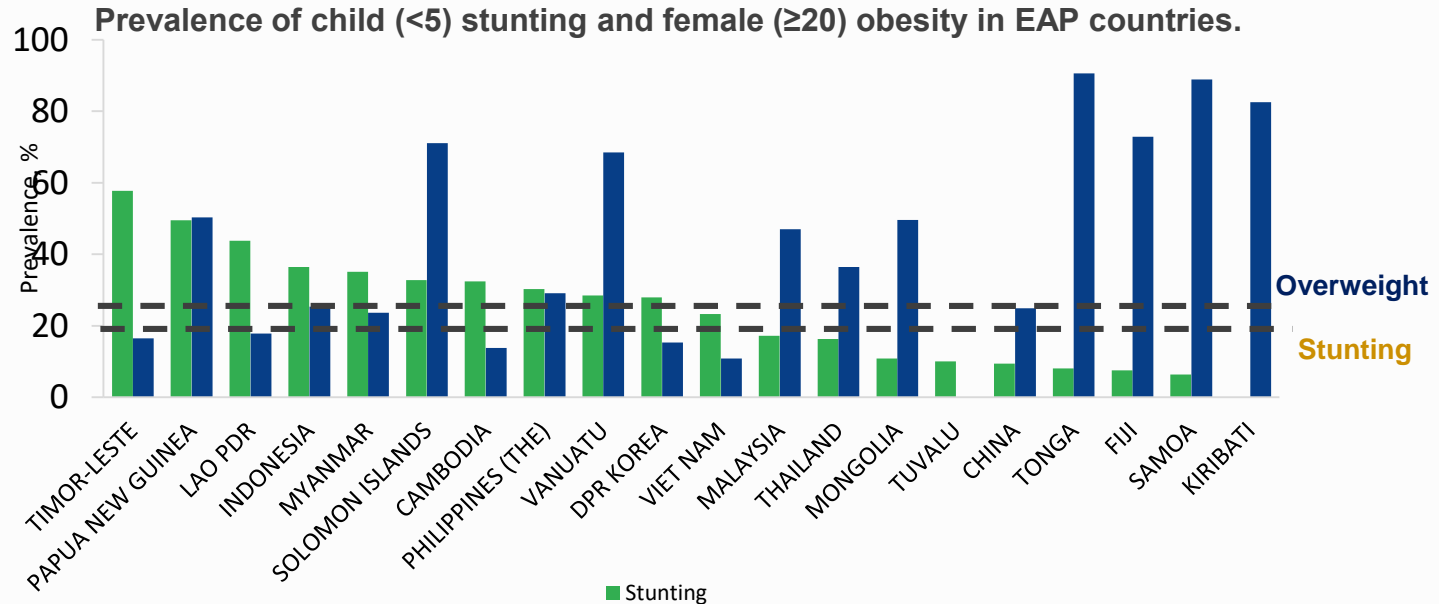
Reductions in stunting can increase GDP by 4-11% in Asia & Africa

# The persistence of high levels of childhood stunting despite decades of economic growth and poverty reduction represents a staggering, yet avoidable, loss to human capital formation in the EAP Region



# EAP Nutrition Context

**Problem:** High levels of stunting persist in EAP coexists with rising overweight



Note: Cutoffs indicate: WHO high prevalence of stunting (30%) and female overweight exceeding the current global average (35%)



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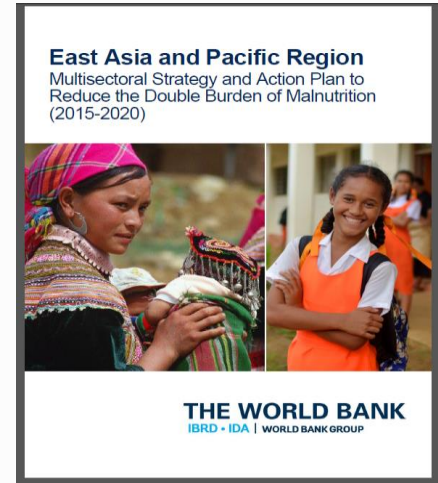
# WB NUTRITION WORK IN EAP

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# World Bank Response

## Vision

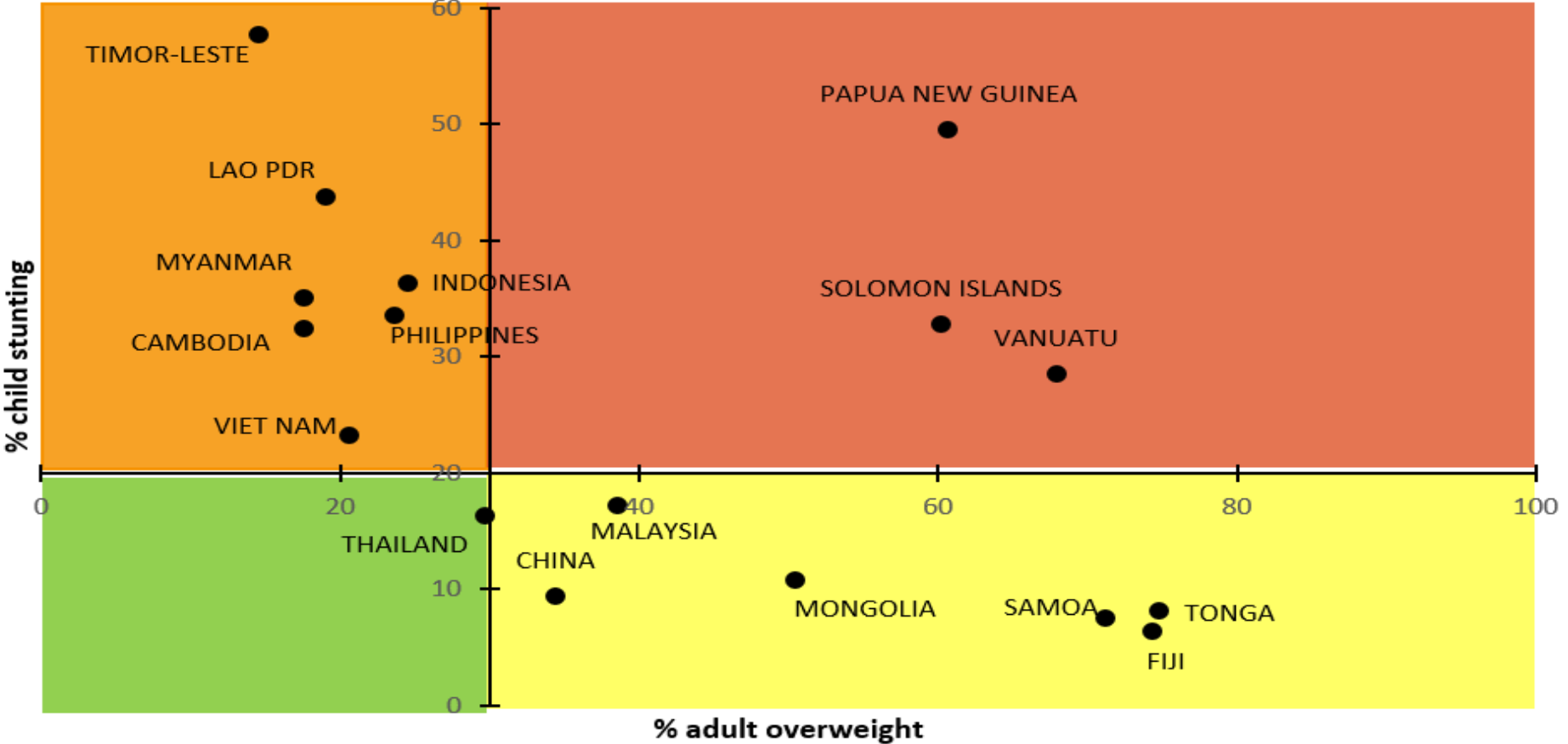
*World Bank Group engagement in the East Asia and Pacific region will promote strategies to more effectively address the DBM, and thereby improve the health and productivity of the current population and prevent the inter-generational transfer of poverty which is associated with chronic malnutrition among women, infants and young children.*



## Objective

**To expand the scale, scope and impact of the World Bank Group's regional work program on the double burden of malnutrition, while building commitment to and capacity for a multisectoral response to malnutrition among World Bank Group staff and external clients in EAP.**

# SIMULTANEOUS *NUTRITION TRANSITION* IS LEADING TO CHANGES IN DIET, AND OVERWEIGHT/OBESITY IS ON THE RISE.



# Strong Efforts to Scaling Up Nutrition Engagement in EAP

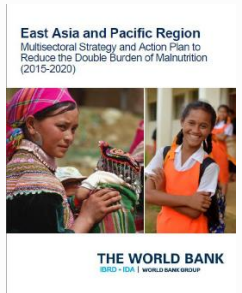
FY14

## HNP ENGAGEMENT STRATEGY

Focus on unfinished MDGs, including nutrition

FY15-  
FY16

## DFAT-FINANCED NUTRITION EFO



Multisectoral Engagement Strategy & Action Plan for the Double Burden of Malnutrition (prioritizes 7+1 countries)

FY17

## EAP NUTRITION TASK FORCE



Led by Regional Vice President; Country Directors committed to building the nutrition sensitivity of portfolio, focused on stunting

FY18

## ENHANCED WBG NUTRITION



Pipeline of over \$600m in nutrition-focused lending operations



# STIMULATING REGIONAL OWNERSHIP

## SE ASIA CMU APPROACH TO STUNTING REDUCTION

Allocate and use better Available resources

- Prepare a “[nutrition flagship operation](#)” in each of our countries (see next slide)
- Tweak our existing and pipeline operations to become more nutrition-focused (geographical convergence; same SBCC; leverage common “service delivery platform”)

Adopt a multi-phased approach

- Signal long-term WBG commitment
- Lay a 12-16 year multi-phase approach of support

More emphasis on incentivizing behavior change

- Social Behavioral Change and Communication
- Conditional Cash Transfers

Ramp up policy dialogue and advocacy

- **Cross-sectoral dialogue** led by CMU
- Establish and monitor **common results framework**
- Lead dialogue on strengthening high-level coordinating bodies
- Platforms: Country Partnership Frameworks; Pipelines; Flagship)

Strengthen community-level delivery platforms

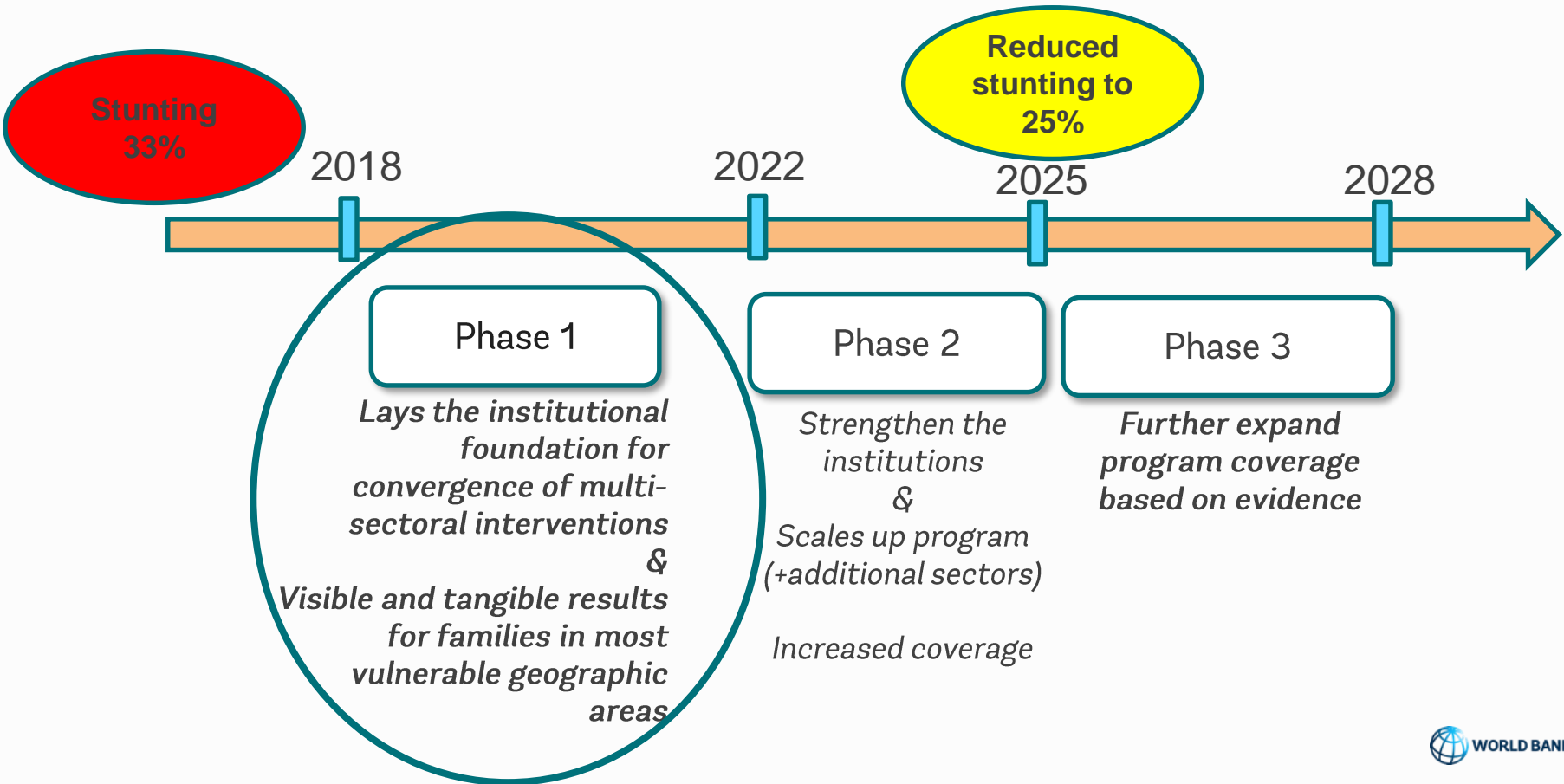
- Strengthen community/village level’s ability to plan, deliver and monitor nutrition services.

Greater emphasis on leveraging ICT

- Identify beneficiaries
- Nudge behavior change
- Monitor results



# LAO PDR: A PHASED CONVERGENCE MULTI-SECTORAL APPROACH TO REDUCE MALNUTRITION



# MYANMAR: ADDRESS BOTH DEMAND AND SUPPLY—SUPPORTED BY SYSTEMS STRENGTHENING

## DEMAND SIDE

### INCENTIVES FOR WOMEN

(Cash and recognition)

To support seeking health and nutrition services and consuming diverse foods during pregnancy and proper feeding/caring of young children

### QUALITY COMMUNICATIONS

INTERVENTIONS at all levels

Improve knowledge and social norms in support of seeking timely health and nutrition services appropriate dietary and feeding/caring practices

## SUPPLY SIDE

INCENTIVES AND PERFORMANCE MONITORING OF HEALTH PROVIDERS AND COMMUNITY LEVEL WORKERS

To increase coverage and quality of health and nutrition interventions for women and children during the first 1000 days

## SYSTEMS STRENGTHENING

STRENGTHENING ACCOUNTABILITY, MONITORING & EVALUATION

To strengthen greater multisectoral oversight and better accountability for nutrition results at all levels (central, region/state, township, and community); To support greater targeting, payment and information systems

# A Multisectoral Approach to Nutrition in Cambodia

Impact

**REDUCTION OF CHILD STUNTING**

Health Outcomes

Improved maternal and child nutritional status in the first 1,000 days

Improved nutrient intake for women and children in the first 1,000 days

Decreased disease and improvement of nutrient absorption in first 1000 days

Behavioral Outcomes

Increased utilization of essential health and nutrition services in the first 1,000 days

Improved child care, feeding, hygiene, and sanitation behaviors

Increased availability and affordability of a nutritious diet

Project Outcomes

## CAMBODIA NUTRITION PROJECT

Improved quality, availability and accessibility of essential health and nutrition services

Increased demand for essential health and nutrition services

Enhanced enabling environment (governance, financing, and capacity) for nutrition

## H-EQIP

Increased quality and availability of essential health and nutrition services

Increased affordability of health services for the poorest

## SMALL TOWN WATER SUPPLY & SANITATION

Improved knowledge of optimal hygiene and sanitation practices

Increased clean, safe water and improved sanitation

## AGRICULTURAL SECTOR DIVERSIFICATION

Intensified and diversified smallholder farming systems

Improved market linkages/income generation opportunities for agricultural households

Intervention

Performance-based financing to health facilities for nutrition and immunization services

Expansion of HEF and non-medical benefits for priority essential health and nutrition services for at risk populations

Community-based nutrition services, SBCC, and mobilization

Community incentives for nutrition (specific/sensitive) service utilization

Nutrition capacity building for government, service providers, and community in nutrition

National health sector systems for quality enhancement and monitoring, payment, and verification

Strengthening Health Equity Fund system performance and monitoring

Delivery of WASH SBCC  
Provision of piped water and sewerage

Training, extension, and inputs to promote production and productivity of nutrient-dense crops



# INDONESIA: “WHOLE-OF-BANK” SUPPORT FOR THE NATIONAL STRATEGY TO ACCELERATE STUNTING PREVENTION

## National Leadership

- Convene the political commitment of district leaders to implement
  - Allocate resources across ministries and to districts according to need and performance
  - Incentivize districts to improve performance
- Hold line ministries and districts accountable for results, & publish results

HEALTH

WASH

EDUC

SOCIAL PROT.

AG

I-Sphere  
(Primary)

INEY

PAMSIMAS

INEY

PKH

DPL\*

## District Convergence

- Convene political commitment of village leaders
- Diagnose drivers of stunting & improve data systems
- Allocate resources according to need and performance
- Clarify village roles, mobilize HDW & public results

## Village Convergence

- Raise community-wide awareness of stunting and its causes
- Identify 1,000 day households and map their nutrition needs
- Use scorecards to monitor intervention delivery and convergence

1,000 DAY HOUSEHOLDS

- Existing operations in WASH and Social Protection sectors
- Complement primary health care operation in preparation
- Built on national CDD platform (Village Law & Generasi project)
- Built on Generasi ECED Frontline Pilot
- Active cross-sectoral analytics
- Possible DPL to include food sector reforms

# STRONG ANALYTICS AND KNOWLEDGE GENERATION

## VIETNAM

Multi-sectoral Nutrition Assessment and Gap Analysis for High-Stunting Burden Provinces

## PHILIPPINES

Series of analytics to inform nutrition policy and public discourse in the Philippines through evidence-based analysis

## TONGA

NCD-related Taxation Policy Assessment in the Pacific

## THAILAND

A synthesis and analysis of key strategy and policies on overweight/ obesity control and prevention in Thailand

# POTENTIAL AREAS FOR COLLABORATION

## 1 Advocating for More Political Commitment and Multisectoral Accountability

- Step-up ASEAN-wide Advocacy for Nutrition
- Secure/Strengthen **Country Commitment** and **Monitor Progress**
  - Systematically and Publicly Monitor Progress Toward Results

## 3 Strengthen Evidence Base

- Rigorous Analytics of the Drivers of Malnutrition (including region-specific factors)
- Generating Investment Cases/Cost of Not Investing in Nutrition
- Financing Pilots that can test Innovative Approaches for delivering Evidence-Based Interventions

## Mobilizing New Resources

2

- Launch New ASEAN Initiative for Financial Support (eg Japan TF)
- Co-finance the Scale-up of WB Nutrition Investments or Support their Implementation
- Engaging Ministers of Finance

## Supporting ASEAN-Wide Policy Coherence

4

- Taxation of Unhealthy Foods and Beverages
- Legislation on Marketing of Unhealthy Foods and beverages to Children
- Food (especially rice) Fortification
- Legislation on Marketing of Breastmilk Substitutes
- Regulating Informal Food Operators

# POTENTIAL AREAS FOR COLLABORATION

## 5 Engaging the Private Sector

- Rice Fortification
  - Review Regional experience
- Collaborate with the World Economic Forum
  - Include Nutrition as a key theme of the 2019 WEF ASEAN Summit?

## Sharing Lessons of Success

6

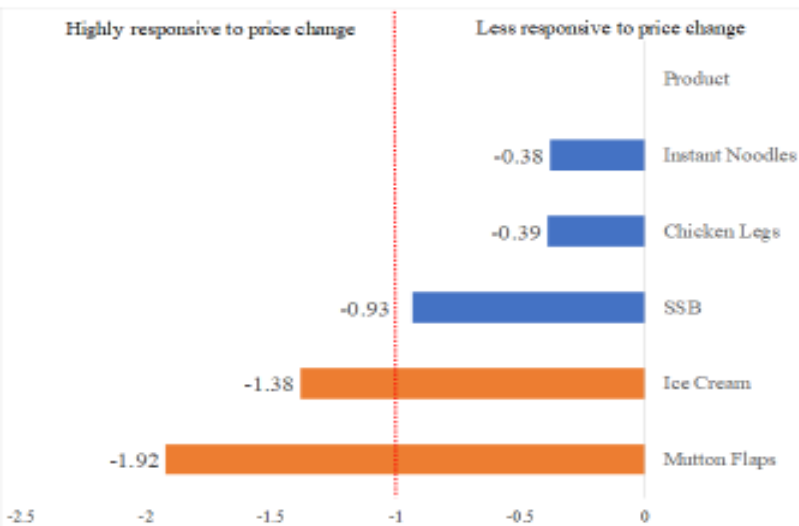
- Fiscal and Policy measures to combat overweight and obesity
- Successful approaches to improving maternal and child undernutrition

# RESULTS FROM TONGA NCD TAX STUDY

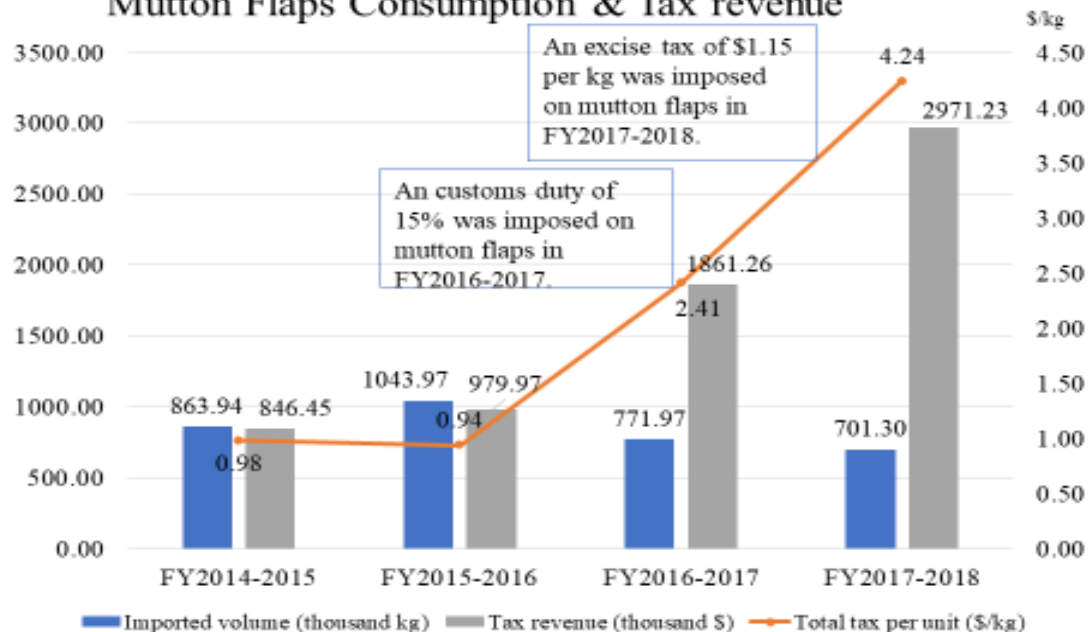
Consumers' responsiveness to changes in price led by the imposition of excise tax/import duty varied from product to product.

Drop in consumption and Increase in revenue

### Elasticity of food subject to NCD tax



### Mutton Flaps Consumption & Tax revenue



# Making p **ACKNOWLEDGEMENTS**

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# THANK YOU