



NUTRITION AID ARCHITECTURE

HOW COULD IMPROVEMENTS IN
FINANCING MECHANISMS
GALVANISE THE GLOBAL EFFORT?

RESULTS
the power to end poverty

Acknowledgements

This report is written by Steve Lewis based on research by Tena Nevidal from University College of London. We would like to thank Ms Nevidal, UCL, and all the nutrition and financing experts who spoke with us from development agencies and partners. These included Children's Investment Fund Foundation (CIFF), Development Initiatives (DI), Institute for Development Studies (IDS), Global Health Advocates (GHA) Brussels, Department for International Development (DFID), The Bill and Melinda Gates Foundation, Results for Development (R4D), the SUN Network (SUN), USAID (United States agency for international development), Micronutrient Initiative, RESULTS USA and various partners from the 'Road to Rio' advocacy network. We would also like to thank colleagues who reviewed drafts.

This report is produced by RESULTS UK as part of our ongoing work on undernutrition. The views and opinions expressed in the paper are those of the author/RESULTS UK and do not necessarily reflect the policy of any of the development agencies with whom we spoke. If you have any comments on this publication please contact us on steve.lewis@results.org.uk

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1 | Executive Summary

Donor agencies and national governments around the world are committed to strengthening the global response to undernutrition in developing countries. This report looks at a complex issue that underpins their efforts: is the 'architecture' of financing adequate to ensure that funds can reach their required targets in a co-ordinated and effective way? Are current financing mechanisms adequate? Could new mechanisms usefully be introduced? The report does not claim to have found definitive answers, but we raise issues for discussion that should be addressed as the nutrition community searches for improvements and increased effectiveness.

Undernutrition has for years been a neglected area within development circles. Two billion people suffer from undernutrition through 'hidden hunger', or micronutrient deficiencies.ⁱ Within this number, around 805 million people, are chronically undernourished. Undernutrition contributes to the deaths of 3.1 million children each year.ⁱⁱ

Not only is nutrition a huge public health issue, it also has a direct impact on the economic development of a country. According to the 2013 Lancet Child and Maternal Health Series, undernutrition reduces a nation's economic growth by at least 8%. This loss of growth comes from direct productivity losses, losses via poor cognition and losses via reduced schooling.ⁱⁱⁱ

In spite of this very large public health impact and economic impact, it is estimated that aid to the nutrition sector is only around 0.4% of all development aid (ODA). The funding given only amounts to 1.4% of the funds required for 'basic nutrition'.^{iv} The Lancet puts the global gap in financing nutrition at \$9.6 billion a year.^v It is evident that resources for nutrition need to be substantially increased. The questions that remain are, in what way, and by which actors?

The Nutrition for Growth (N4G) summit in June 2013, co-hosted by the Children's Investment Fund Foundation (CIFF), the UK and Brazil, was a major step forward in bringing more political attention to the issue of undernutrition. Large financial pledges were also made at the summit: \$4.1 billion (£2.7 billion) in new

money for nutrition-specific work alone. Of this sum, \$2.9 billion (£1.9 billion) was core funding with a further \$1.2 billion to be raised through match funding. A further \$19 billion (£12.5 billion) was committed to nutrition-sensitive investments between 2013 and 2020.^{vi}

However two caveats mean that this new funding is not yet 'bankable' by Low Income Countries (LICs). First, the pledges in June 2013 were spread over a 7-year period up until 2020. Second, there was a lack of detail about how the new funds would be channelled to developing countries. While some agencies implied they would continue to use existing funding channels (mainly bilateral funding), others spoke about the need for new or innovative funding channels.

Responding to these questions, in July and August 2014 RESULTS UK carried out a short investigation into Nutrition Aid Architecture. The two component parts were a literature study, and a series of interviews with key stakeholders in aid financing. This report is the outcome of that study. RESULTS UK is grateful to the nutrition experts who spoke with us and shared their opinions. All interviews were 'non-attributable' and thus there are no attributed quotes in the report. The recommendations given in this report are those of RESULTS UK and should not be ascribed to any of the agencies who spoke to us.

As we approach the end of the current MDG period, development stakeholders know that there will be a new set of Development Goals from 2016 onwards. The questions raised in this report can help inform the debate. Apart from the clear fact that the world urgently needs to increase the amount of finance available for nutrition programmes, the main issues raised in the report are as follows:

The aid architecture for nutrition at present is fragmented and complex. There is a multitude of agencies engaged in both nutrition funding and programming. Most stakeholders believe that reducing the complexity of the sector would lead to an improvement in effectiveness. In practice, however, there are few suggestions at present for how to reduce the number of organisations working in a similar field. Overall there is a greater

interest in increasing the coordination of agencies and increasing the total budget of the sector. If those two objectives can be achieved in the short term, then in the long term, it may be possible to turn attention and energy to reducing the complexity of the architecture.

Global donor investment in health grew markedly in the years following the establishment of large global funds such as the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and Gavi, the Vaccine Alliance. Therefore one basic question in our key informant interviews was – does the world need a new ‘Global Fund for Nutrition’ in a similar model? This could be envisaged as a new body that would be the predominant funding source for the sector in the same way that GFATM is the major funder of TB programmes around the world. Most interviewees recognised the value of GFATM and Gavi in moving the scale of the response, and agreed that this might be desirable in the future. However the majority response was that at the present time there is little appetite in major donor agencies for any new Global Fund.

Some stakeholders made the point that the overall amount of funding in the nutrition sector is not sufficient at present to be worth the investment in a new Global Fund. However, there are arguments for steady increases in funding for nutrition. Depending on how these increased investments are made, they could create the conditions for an existing entity or initiative to grow into a de-facto “Global Fund”, possibly in a model similar to the evolution over time of the Global Partnership for Education (GPE).

If the sector is not willing, or able, to develop a Global Fund for Nutrition at the present time, what else can be done to improve the architecture? The report outlines various ways to improve the current functioning of the sector. These include increasing domestic expenditure, investigating innovative financing mechanisms, and supporting institutions such as Global Agriculture and Food Security Program (GAFSP) and, in particular, the Scaling Up Nutrition (SUN) network. Many stakeholders identified the importance of SUN within the nutrition landscape and some identified the SUN Multi-Partner Trust Fund as a channel that could be scaled up in the future. Presently, SUN plays a

role within the funding landscape, by channelling some funds and by providing funding information and recommendations for larger donors. At present however, it seems that SUN is valued more because of its technical remit and expertise rather than its ability to channel funds.^{vii}

While there are a great many agencies involved in nutrition architecture, there is an overall shortage of donors, or donor agencies, which provide significant funds for nutrition work. However various agencies have begun working on new initiatives, perhaps in response to the challenges of delivering large increases in resources to nutrition. Indeed this is a rapidly changing landscape. There are at least three innovative financing or leveraging proposals being developed: the Catalytic Fund for Nutrition, the Global Financing Facility and UNITLIFE. These are to be welcomed.

The following short paragraphs summarise the three new initiatives:

1 CATALYTIC FUND FOR NUTRITION

At the Nutrition for Growth Summit in June 2013, CIFF pledged to develop a new Catalytic Fund for Nutrition. The Fund will aim to deliver 20-30% reductions in stunting in the worst affected geographies, as well as preventing well over 100,000 deaths among children under 5 over an 8-year period. The new Fund aims to mobilise \$400 million-\$1 billion in funding from non-traditional sources over the period to 2022, including from private donors, and will incentivise governments to increase their domestic financing for nutrition. According to sources, the fund is on track to launch before the end of 2014 with agreements covering a substantial portion of this funding in place. In addition to CIFF, the partners at launch are likely to include DFID, the UBS Optimus Foundation, UNICEF, and the World Bank.

It is the view of RESULTS UK that the Fund is a valuable initiative that should be supported. We applaud the effort to bring in new partners such as UBS Optimus. We urge DFID to support the Fund by providing matched funding as announced at N4G. This leadership, and the opportunity that the Cata-

lytic Fund represents, creates an incentive for other countries to make complementary announcements and increase their own support for nutrition.

2 THE GLOBAL FINANCING FACILITY (GFF)

In September 2014, Dr Jim Kim, President of the World Bank, announced a potential new funding facility to be housed in the bank, with the expected title of the Global Financing Facility in support of Every Woman Every Child (GFF). At the time of writing the GFF is in its design phase. The GFF is being set up with initial pledges totalling around \$800m from Norway and Canada.

The modalities of this new facility are still to be designed, but it is the intention of GFF to increase the amount developing countries spend on health programmes by providing funding that may be leveraged up to four times with the World Bank's International Development Association (IDA) funds.

RESULTS UK believes that the GFF could be an important new instrument in the financial landscape. Countries could use the leveraging features of GFF to channel greatly increased amounts of World Bank IDA funding into health and nutrition interventions, increasing domestic attention paid to nutrition programming. As such, it is essential that there is clear encouragement to include nutrition programming within the mandate of the new GFF.

3 UNITLIFE

A third potential source of new funding, based on the working model of UNITAID, has recently been proposed, although at time of writing it is too early to know if it will reach its full potential. According to press sources, UNITLIFE would be a new facility funded from a tiny levy taken from each barrel of oil

revenues from African countries, with the money raised going to fight chronic malnutrition (stunting). The scheme's creator, Philippe Douste-Blazy, has said that he already has initial support from some African countries, for example the Republic of Congo. If successfully expanded, the scheme has the potential to raise over a billion dollars per year.

Although very new, RESULTS UK welcomes this innovative thinking. We have seen the successful impact of UNITAID, and hope for similar positive outcomes for nutrition. While acknowledging that this is another actor in an already full landscape of nutrition agencies, it is a bold attempt to harness a new source of funds. It is important that UNITLIFE identifies a specific operational focus along similar lines to UNITAID, which focuses on market creating and market shaping for commodities in the fight against HIV, TB and malaria. It is recommended that experts in the field support the work done so far by Philippe Douste-Blazy.

The last part of this report looks at some of the big questions that need to be asked by those working on the setup of any new nutrition funding initiatives. What is a sensible split between Nutrition-Sensitive and Nutrition-Specific interventions? How best to mitigate the problem of aid orphans? We give recommendations for issues that need consideration by any nutrition financing institution. As one of our interviewees said:

“ WE ARE ALL WAITING TO SEE WHAT THE NEW SET OF DEVELOPMENT GOALS WILL BE IN THE POST-2015 PERIOD. WE MAY HAVE TO COMPLETELY RESTRUCTURE OUR PROGRAMMING FOR 2015-2030. ”

We hope that the questions and issues raised in this report will contribute to decisions made around the long-term improvement of the aid architecture, and ultimately lead to an increased impact on nutrition globally.

2 | Introduction

This section describes the methodology for the research and explains why funding for nutrition is in some ways more complex than funding for other development areas. It then shows that more money is needed to improve the global response to undernutrition, and notes that increased finance will bring economic rewards for developing countries.

2.1 | The RESULTS UK research

In July and August 2014 RESULTS UK carried out a short investigation into Nutrition Aid Architecture. The two component parts were a literature study, and a series of interviews with key stakeholders in global aid financing. This report is the outcome of that study. RESULTS is grateful to the University College of London for the student resource, and to the nutrition experts who spoke to us and shared their opinions. In general the nutrition experts who spoke to us were speaking in a personal capacity, not in representation of their agencies.

All interviews were 'non-attributable' from the beginning; therefore there are no attributable quotes in this publication. The recommendations given in this report are those of RESULTS UK and should not be ascribed to any of the 'key informants' or agencies who spoke to us.

Some of the main sources for the literature study were as follows, whilst others are referenced in the text:

- **Heart (August 2014) Helpdesk Report: Health Architecture: Current and Future**
- **Milken Institute (December 2013) Catalytic Finance for Nutrition (this report is a write-up of a Financial Innovations Lab workshop that took place in May 2013)**
- **Development Initiatives (2013): The Aid Financing Landscape for Nutrition**
- **Institute for Health Metrics and Evaluation (2012): Financing Global Health: The End of the Golden Age?**
- **PMNCH (2011) Options for Action: Strengthening the Global Financing Architecture for Reproductive, Maternal, Newborn and Child Health (RMNCH).**

2.2 | Nutrition as a complex development intervention

Undernutrition is the biggest single underlying cause of child mortality. In 2013, it accounted for 45%, or 3.1 million, deaths in children under the age of 5.^{viii} Undernutrition can be fatal on its own, or in combination with another disease, such as tuberculosis. In those cases the body enters a vicious cycle where it is less

able to fight off disease because of the lack of nutrients and in return, as the disease advances, it becomes more difficult for the body to absorb vitamins and minerals altogether, which allows for the disease to advance even faster. Children that are severely acutely malnourished have 9 times greater likelihood of dying before the age of five than healthy children.

Nutrition is a complex area to work on for many reasons. One reason is the need for a cross-sectoral approach, encompassing both nutrition-specific interventions and nutrition-sensitive interventions. The response can only be successful in-country with well-coordinated cross-ministry interventions.

For example, the health ministry of a developing country needs increased funding, but so does the budget lines of many other line-ministries such as agriculture or health.

Another characteristic of most nutrition aid is that it is still seen primarily as a humanitarian issue, rather than the focus of long-term development. Therefore the average funding for nutrition projects lasts only around 6 months, which is too short a period for implementing projects that could achieve sustained impact. Although the burden of undernutrition becomes higher when there is a conflict or other humanitarian emergency, countries with the highest burden of undernutrition are often stable and may be either low-income or middle-income countries, with India topping the list.^{ix}

Combating undernutrition is not just about becoming well nourished, but about staying well nourished. It is important that both donors and beneficiary countries acknowledge this and commit to long-term and cross-sectoral nutrition projects. We need to see nutrition programmes which contribute to building a societal framework in which it becomes harder to slip into malnutrition and easier to bounce back from when it happens.

2.3 | Why more money is needed - the global finance gap

Total global funding for nutrition is extremely low.^x Current basic nutrition interventions only meet around 1.4% of the need identified.^{xi} Estimates suggest that if the levels of funding remain the

same and current commitments are met we will see the number of people suffering from undernutrition fall by only 82 million by 2050 – only 10% of the number of chronically undernourished people. So even without population growth, 766 million people in the world would still be facing a life impacted by undernutrition.^{xii} If we are to alleviate undernutrition we must address the current global financing gap.

Aid for nutrition currently comes mainly from traditional donors, for example Canada. Between 2009-2011, Canada gave an average of US\$104 million a year directly to basic nutrition ODA.^{xiii} The Gates Foundation, the EU, USA and the UK are also main contributors to nutrition projects, each giving over US\$34 million a year. Canada and the UK also lead the way in terms of aid to nutrition through multilateral channels such as the World Bank IDA and the European Community. However, even with considerable donations from these countries, the world is nowhere near raising the US\$10.3 billion required each year to end undernutrition.^{xiv}

There is a need both for traditional donors to increase their spending on this area and for new sources of finance to be brought on board (e.g. domestic or innovative financing). Although the SUN movement has been successful in engaging donors and countries and sustaining a country-led development of scaling up nutrition programmes, the whole system faces the challenge of an enormous financial gap that prevents many country plans from being implemented.

The funding problem is twofold. Firstly, there is a need for resources per se. Secondly, there is a need for resources to go where they are most needed. This might not always be where donors would like them to go. A common example is when a donor wants to prioritize a specific intervention where the impact can be traced back to their exact resource contribution in

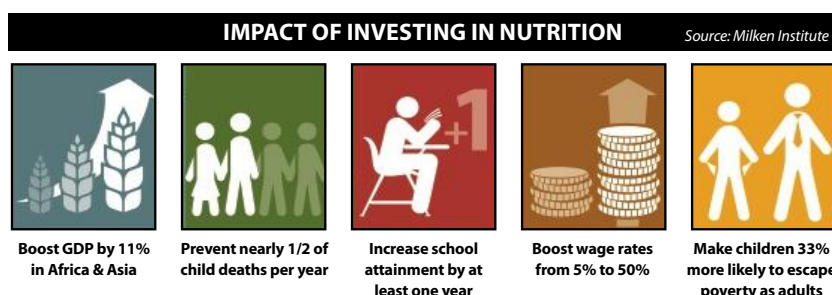
an attributable way, allowing them to demonstrate defined 'value-for-money'. While at the same time, what the country needs might be an action whose contribution is difficult to measure, such as hiring additional staff or creating infrastructure.

2.4 | The economic benefits of improving nutrition levels

Increasing finance for nutrition is excellent value for money, both because it builds long-term economic growth in developing countries, and because many of the interventions themselves give high rates of return on investment.

Prior to 2008, economists estimated that undernutrition reduced a nation's economic growth by between 2 and 3% of GDP. In The Lancet 2013 series, a figure of up to 8% is given. This is owing to reasons such as the reduction in a child's ability to attend and learn in school, loss of long-term cognitive functions owing to chronic lack of essential vitamins and productivity losses due to increased mortality rates.^{xv} Children who are not undernourished have been shown to earn 20% more in the labour market and are 10% more likely to own their own business.^{xvi}

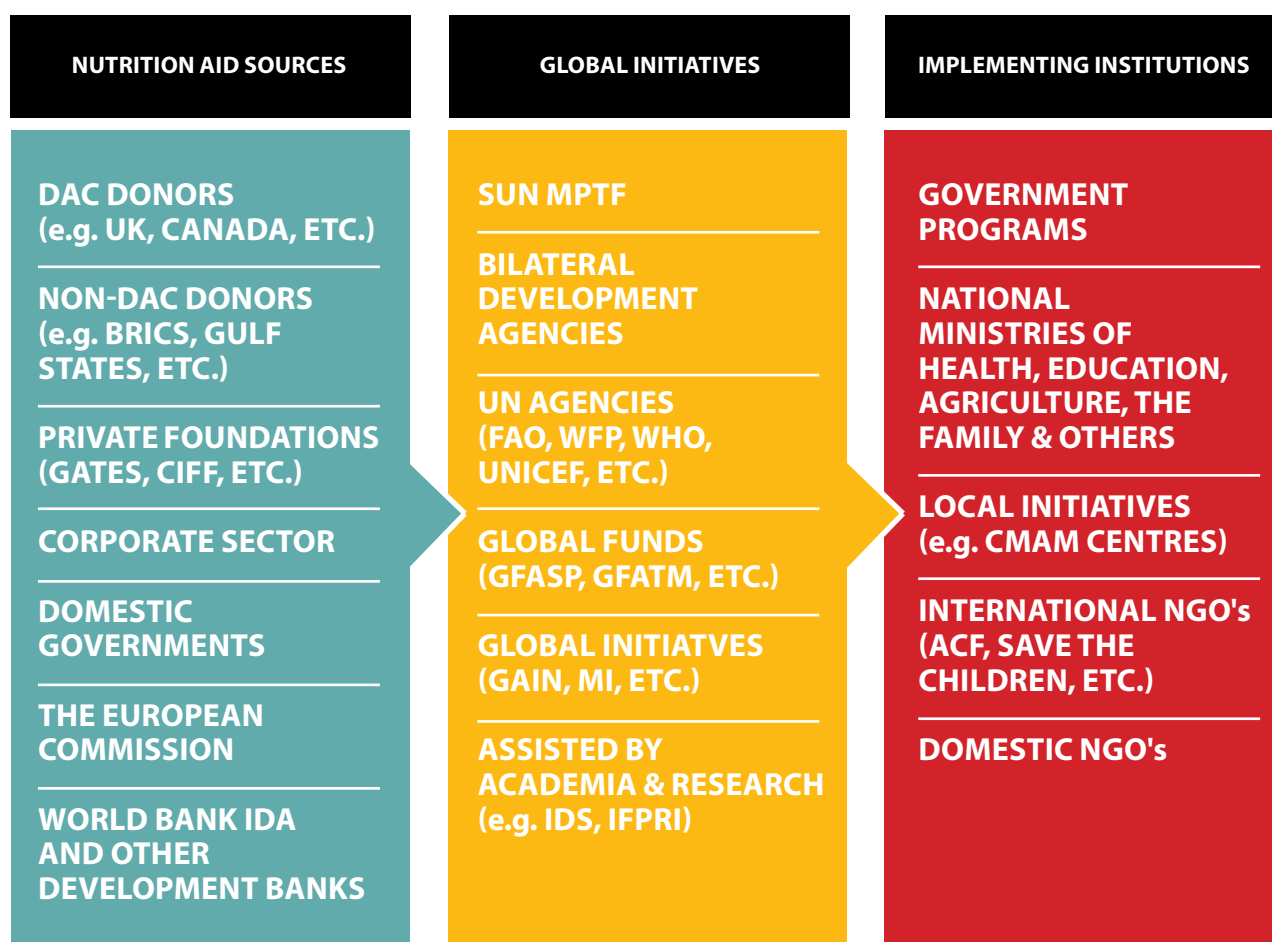
In 2008, a team of Nobel Laureate economists, as part of the Copenhagen Consensus project, identified that nutrition-specific interventions were some of the most effective interventions available in global development, providing the very best value for money in terms of lives saved. Their research highlighted that nutrition-specific interventions had the potential to save one million lives, reduce stunting by one third and halve the number of children who are wasted; all at a benefit to cost ratio of 16-1.^{xvii} Since then, the Copenhagen Consensus has explored the issue further and has determined that nutrition interventions can have even greater return on investment.



3 | The Current Nutrition Aid Architecture

3.1 | Alphabet soup

Below is a schematic flow of resources in the Nutrition Aid Architecture:

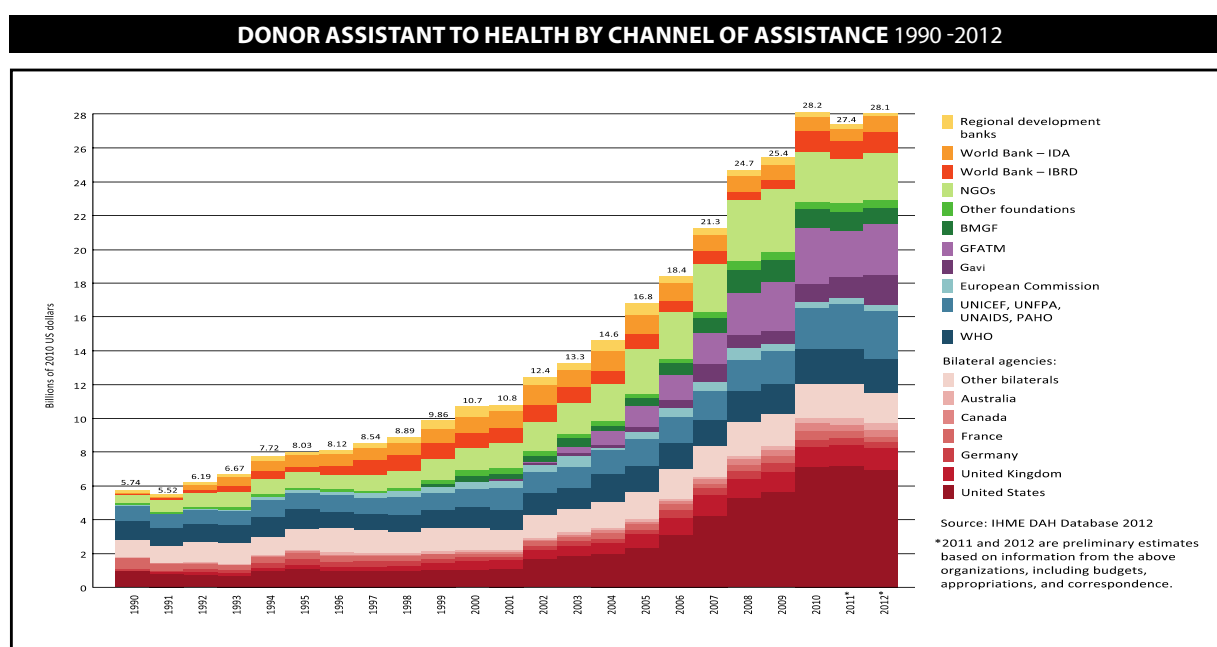


Most funding for nutrition at the moment is bilateral. In 2011, bilateral and multilateral basic nutrition commitments accounted for US\$ 352 million and US\$ 67 million, respectively. In the period from 2000 to 2011, bilateral ODA for nutrition increased threefold, while contributions from multilateral agencies fell by 24%.^{xix}

3.2 | What can be learnt from Global funds in other development sectors?

The 2012 Financing Global Health Report showed that global levels of DAH (Donor Assistance to Health) grew rapidly in the years up to 2010.^{xx} In order to incentivize increased investment in nutrition, it is beneficial to review the different variables that contributed to the pre-2010 growth in ODA.

The graph below shows actors within global health financing and their contributions to overall levels of Donor Assistance to Health for the period of 1990-2012.



Source: Financing Global Health 2012

It is clear that the establishment of GFATM in 2001 and Gavi, the Vaccine Alliance, in 2004, visibly contributed to the remarkable increase in global levels of ODA for health.

Although there are other factors that possibly facilitated these levels of growth, such as the favourable situation in the global economy pre-2009, such levels could hardly have been achieved without the formation of the global funds and all the benefits these bring to donors. These include the possibility of benefiting from economies of scale, and new capacities to measure, monitor, evaluate and show verifiable results from health financing.

When it comes to nutrition, a number of our interviewees point-

ed out that the nature of global funds as they operate at the moment is incompatible with the nature of nutrition as a development issue. This is because nutrition relies on other sectors such as agriculture, primary healthcare and education. Therefore verticality could be harmful for advancing nutrition goals.

However, nutrition would still benefit from some other characteristics of global funds, such as economies of scale when it comes to buying certain inputs. Centralization can also foster better coordination among donors. The question is whether there is enough donor appetite to increase funding to an extent that permits a Global Fund that could operate on a global level.

3.3 | Benefits of Scaling up Nutrition Interventions

One of the greatest benefits of Global Funds such as Gavi is the economies of scale that accrue. Bulk buying of inputs can drive down prices, and build up consistency and quality. In some programmes the same would be a major benefit for some sort of global facility in the nutrition space, as is shown by the following Case Study.^{xxi}

There is a pressing need to scale up nutrition interventions that have been already proven as cost effective so as to reduce the global burden of undernutrition. Micronutrient interventions are some of the most cost-effective development investments, one of these being zinc supplementation for diarrhoea management. Diarrhoeal diseases are the second largest killer of children under the age of five years, and are both preventable and treatable. They are also a leading cause of undernutrition. While hygiene practices and safe drinking water are important for preventing diarrhoea, the treatment protocol of zinc supplementation alongside Oral Rehydration Salts (ORS) solution, and appropriate nutrition are critical to save young lives.

Zinc complements ORS therapy and reduces the severity of diarrhoeal episodes. It is highly cost effective in reducing child mortality and morbidity. Timely procurement of zinc tablets, supply and distribution, and capacity building of health workers are important in timely action in diarrhoeal cases.

Frequent stock shortages of zinc supplements in the primary health care supply chain are a massive roadblock in tackling diarrhoeal cases in the community. It would therefore make sense in high burden countries to instigate a central financing mechanism, and large scale procurement, which would allow efficient distribution along the supply chain.

This would firstly ensure an uninterrupted supply of life saving therapy, and help expand the programme for better outreach in remote areas. Secondly, economies of scale would mean bulk procurement would contribute to a reduction in cost per child saved. The estimated cost of achieving 40% coverage of zinc in South Asia, Sub-Saharan Africa, and East Asia, is just \$1 per child, with an estimated cost-to-benefit ratio of 1:14.^{xxii}

CASE STUDY

DIARRHOEAL CONTROL IN BIHAR, INDIA WITH ZINC SUPPLEMENTATION

India has the highest burden of child deaths due to diarrhoea. Micronutrient Initiative (MI), one of the global leaders delivering micronutrient interventions to vulnerable groups in over 70 countries, has collaborated with the Government of India on management of diarrhoeal diseases in rural communities. In Bihar, MI piloted a Childhood Diarrhoea Management Programme of zinc supplementation for children suffering from diarrhoea. Recognising the importance of logistical support, MI provides technical and logistical support to the state government of Bihar to manage demand and distribution of supplements. It provides zinc and ORS to families with children affected by diarrhoea, and builds capacity of primary health functionaries at the grassroots level for timely and effective delivery. Under this pilot, between August 2011 and May 2014, more than 1,580,000 cases of childhood diarrhoea were reported, 86% of which were successfully treated with ORS and zinc.

This case highlights the success of bulk procurement of nutrition interventions supported by a single agency, helping reduce erratic and inconsistent funding, and supply gaps in delivering life-saving interventions.

3.4 | A Global Fund for nutrition?

As discussed in section 3.1, most stakeholders in the sector agree that the aid architecture for nutrition at present is fragmented and complex owing to the number of agencies engaged in both nutrition funding and nutrition programming. Stakeholders believe that reducing the complexity of the sector would lead to an improvement in effectiveness but in practice there are few suggestions at present for how to reduce the number of agencies working in a similar field. Partly this may be because of uncertainty over the post-2015 framework. Overall there is a greater interest in increasing the coordination of agencies and increasing the total budget of the sector. If those two objectives can be achieved in the short term, then in the long term it may be possible to turn attention and energy to reducing the complexity of the architecture.

Global donor investment in health grew markedly in the years following the establishment of large global funds such as GFATM and Gavi, the Vaccine Alliance. Therefore one key question in our interviews was does the world need a new stand-alone 'Global Fund for Nutrition' in the model of the GFATM? Some respondents compared the amount of funding coming into other Global Funds with the very low total finance for nutrition. While the GFATM replenishment in 2013 aimed at a target of \$15 billion over 3 years, the total currently spent on nutrition is only around \$1.4 billion.^{xxii}

Most interviewees agreed that the size and performance of GFATM had transformed the global response to HIV in the last decade. However, a majority of stakeholders said that while a 'Global Fund for Nutrition' might in theory be desirable in the long run, at present there was little appetite for any new Global Funds.

Most stakeholders offered the opinion that one, new, all-encompassing Global Fund for Nutrition at present is not a feasible plan. However all stakeholders are open to new facilities that will help to increase the total revenue stream, as long as it also intends to enhance collaboration within the sector. The ideal criteria that a new nutrition financing facility could fulfil are:

- 1 To attract the maximum possible resources
- 2 To ensure they are spent as effectively as possible
- 3 To foster cooperation among donors
- 4 To operate in alignment with the general Principles of Aid Effectiveness

The facility would additionally need to invest time and effort in Research and Development (R&D), data collection, and monitoring and evaluation. Such cross-cutting functions would serve to support the entire nutrition sector and should be an important function of any new facility.

4 | Financing options: If not a Global Fund, what?

The results of the research show there is little global appetite at present for a new Global Fund for Nutrition, but also that more resources need to be spent on nutrition. Therefore, we ask where these new funds can come from. There are four possible answers:

- 1 Spending through traditional donors and routes can increase
- 2 Spending by new donors and/or innovative funding can increase
- 3 Spending by domestic governments can increase
- 4 Current spending even if it remains stable can become more efficient and effective

4.1 | Support SUN

Established in 2009 as a collaborative framework, the SUN Movement has emerged as the technical focal point of Nutrition Aid Architecture. With 54 countries on board and more joining, it is at the centre of global efforts to scale up nutrition. Most bilateral arrangements are underpinned and supported by technical expertise of the SUN movement.

Part of the SUN Movement is the Multi-Partner Trust Fund (MPTF), set up in 2012 and housed in UNDP. The MPTF is

“**DESIGNED TO ENSURE THAT CATALYTIC GRANTS REACH GOVERNMENTS, UN AGENCIES, CIVIL SOCIETY GROUPS, OTHER SUN PARTNERS AND SUPPORT ORGANIZATIONS. IT WILL ENABLE PARTNERS TO CONTRIBUTE FINANCES THAT WILL FACILITATE THE DEVELOPMENT AND IMPLEMENTATION OF GOVERNMENT OR STAKEHOLDER ACTIONS FOR SCALING UP NUTRITION ... IT IS NOT DESIGNED TO BE A VERTICAL NUTRITION FUND FOR LARGE SCALE INVESTMENTS IN FOOD AND NUTRITION SECURITY, NOR TO REPLACE EXISTING FUNDING PATHWAYS AT COUNTRY LEVEL.**”^{xxiii}

Some respondents in the nutrition interviews believe that over time the MPTF could grow, and take on new functions. However in our interviews with officials from SUN, and with most other experts, it seems clear that at present the SUN movement does not have the ambition to become a large global fund for nutrition. SUN is predominantly a technical agency providing advice and coordination. By supporting the production of robust Country Plans, SUN provides a key service for donors who can support costed programmes that are technically strong. Another important aspect is the SUN Civil Society Network, which works to build capacity in SUN countries for achieving maximum impacts in scaling up nutrition.

An independent external evaluation of SUN is currently being carried out^{xxiv}. The interim evaluation report published in October shows that:

“**SUN HAS MADE A SIGNIFICANT CONTRIBUTION IN GENERATING INTERNATIONAL ATTENTION FOR NUTRITION...COMMENTS ON THE SUN MOVEMENT SECRETARIAT'S PERFORMANCE HAVE BEEN EXTREMELY POSITIVE, INCLUDING PRAISE FOR ITS ADAPTABILITY, RESPONSIVENESS, AND EFFICIENCY. INTERIM FINDINGS ON THE SECRETARIAT ARE POSITIVE AND THE REPORT RECOMMENDS THAT THE LEAD GROUP SHOULD TAKE EARLY ACTION TO SECURE THE CONTINUITY OF THE SECRETARIAT.**”^{xxv}

4.2 | New initiatives:

At the time of writing there are three initiatives that, if they come to fruition, will increase the total amount of nutrition funding available. RESULTS believes that the Catalytic Fund, the Global Financing Facility (GFF) and the (potential) UNITLIFE initiatives come as close as it gets to playing the role of a Global Fund for Nutrition, and therefore deserving further and continuing support by the development community.

4.2.1 | The Catalytic Fund for Nutrition

At the Nutrition for Growth Summit in June 2013 CIFF pledged to develop a new Catalytic Fund for Nutrition. This new, multi-donor financing facility is nearly ready to see the light of day. The Catalytic Fund for Nutrition will provide countries with a financial incentive to deliver demonstrable progress in the fight against undernutrition.

Since the Nutrition for Growth Summit in June 2013, CIFF has led a broad partnership of donors and agencies that intend to join

forces in the new, multi-donor financing fund. The facility will aim to deliver a 20-30% reduction in stunting in the worst affected geographies, as well as preventing well over 100,000 deaths among children under the age of five.

The new facility will be governed independently from any one donor, with a small dedicated staff that will:

- mobilise \$400 million-1 billion in funding from non-traditional sources over the period to 2014 to 2022, including private donors
- direct these funds to scale up the highest impact, most cost-effective programming in 5-10 countries
- incentivise governments to increase their domestic financing for nutrition.

According to sources, the fund is on track to launch before the end of 2014 with agreements covering a substantial portion of this funding in place. In addition to CIFF, the partners at the launch are likely to include DFID, UBS Optimus, UNICEF, and the World Bank.

It is the view of RESULTS UK that the Fund is a valuable initiative that should be supported. We applaud the effort to bring in new partners such as UBS Optimus. We urge DFID to support the Fund, which will hopefully incentivise other countries to also increase their support for nutrition.

4.2.2 | Global Financing Facility of the World bank (GFF)

During the week of the UN General Assembly in New York in September 2014, Dr Jim Kim, President of the World Bank, announced a potential new funding facility to be housed at the World Bank. The new Global Financing Facility in support of Every Woman Every Child (the GFF) is intended to support global health programmes that contribute to improved progress on maternal and child health.

Dr Jim Kim, has expressed his hopes for the new facility: "The creation of the Global Financing Facility will enable us to transform the business of global health and development with scaled-up, smart, and sustainable financing, so that all women and children have access to lifesaving care."^{xxvi}

The GFF is being set up with initial pledges of around \$600 million

from Norway and \$200 million from Canada and it is intended that these funds will be used to leverage funds from the world bank IDA –the funds that are given as grants or low-interest loans to the poorest countries. "Based on strong country demand for health results-based financing programs, these bilateral contributions could leverage up to an estimated \$3.2 billion from IDA, for a total of up to \$4 billion in financing to support MDG acceleration and improve reproductive, maternal, newborn, child and adolescent health."^{xxvii}

It is estimated that only around 4% of IDA funds over the last decade have been spent on health, nutrition and populations programmes. Therefore the GFF could be an important new instrument in the financial landscape. If countries use the GFF to leverage increased amounts of the World Bank IDA funding, this would substantially increase domestic attention paid to nutrition programming.

RESULTS believes that since nutrition is such a central and underpinning factor in child and maternal health, it therefore needs to be a central component of the GFF. Undernutrition contributes to 45% of all child deaths, so it is essential that there is very clear encouragement to include nutrition programming within the guidelines of the new GFF when it is set up.

4.2.3 | UNITLIFE

A new scheme for supporting the fight against chronic undernutrition is currently under consideration, based on the successful UNITAID project. UNITAID provides financing for HIV/AIDS, malaria, and TB treatments and diagnostics, partly through a small levy taken from airline revenues across several Northern and Southern country partners. The project's creator, Philippe Douste-Blazy, describes the principle behind UNITAID as "taking a microscopic contribution of solidarity on economic activities that benefit most from globalization: mass tourism by plane, mobile phones, Internet, financial transactions and extractive resources."^{xxviii}

According to press reports, Mr Douste-Blazy is now intending to expand the idea to tackle undernutrition, with subsidies to come from oil revenues. According to press reports the Republic of Congo has already signed on to the scheme, with the hope that other African partners will join the country shortly. The programme would be called UNITLIFE, and could raise hundreds of millions of dollars if the projected tiny levy on oil revenue were

expanded to eight countries in Africa.^{xxxix} Further opportunities for funding exist in worldwide expansion of the scheme and application of such levies to gas and mining revenue streams, and could potentially source over one billion dollars annually. Douste-Blazy is hopeful that the scheme could one day expand even further to telecommunication and internet revenues, with great potential for future health financing.

Whilst recognising that the ideas are very new, it is recommended that experts in the field support the work done so far by Philippe Douste-Blazy. It has the benefit of potentially raising funds from the private sector, and of increasing the pot of funds raised from within developing countries themselves. Once further developed this fund could be announced at the third International Conference on Financing for Development to be held in July 2015.

4.3 | Global Agriculture and Food Security Program, GAFSP

The Global Agriculture and Food Security Program is a trust fund housed in the World Bank. It is a multilateral mechanism which aims to address underfunding of agriculture and food security investment plans developed by countries in consultation with donors and other stakeholders at the country level, thereby contributing toward the achievement of Millennium Development Goal 1: to cut hunger and poverty by half by 2015.

GAFSP works on the agricultural element of the multiple underlying determinants of undernutrition. While it does not focus on addressing nutrition, half of the projects it funds dedicate some portion of their funding for nutrition. With GAFSP, agricultural practices play a more active part in the nutrition jigsaw. Although GAFSP is not a World Bank program, its activities are consistent with the Bank's new approach that it is no longer acceptable for an agriculture project merely to increase outputs. It must enhance the nutritional health of the population.

Respondents in interviews gave opinions that GFASP is a valuable programme worthy of further support. However it is not seen as a central pillar in the response to undernutrition. At present the lack of a robust evidence base restricts funding to some nutrition-sensitive responses. Major donors to GFASP should encourage the programme to invest further in proving the efficacy of their large agricultural programmes in improving the nutritional status of the relevant population.

4.4 | Include nutrition in the work of other Global Funds

Some of our interviewees suggested that while they see little chance of a new stand-alone Global Fund for Nutrition, it should be possible to incorporate a nutrition component work in existing global funds. "It takes huge political time and energy to set up a new global fund," explained one expert, "and usually takes the commitment of one strong political leader." In the absence at present of that political impetus it could be easier to insert nutrition interventions into the work of existing bodies.

For example, anti-retroviral treatments (ARTs) are less effective in the undernourished and some anti-TB medication is more effective when taken after a meal. GFATM already includes some nutritional education and supplementation in its programmes but this could be expanded to increase the impact of existing interventions and to benefit the nutritional status of communities with which the Fund works.

There is a similar argument for integrating nutrition into Gavi programmes given the correlation between nutritional status and the efficacy of immunisation programmes. Further, Gavi's robust systems for delivering immunisation to millions of children across the world could also support delivery of key nutritional interventions and in doing so achieve Gavi's broader objectives of improving child health.

Given the scale of the need for nutritional interventions, there is a clear need to partner such interventions with existing systems that reach large numbers of people, particularly children. Education systems could be utilised to deliver iron supplementation to school girls. Further, given the strong correlation between education and nutritional status, we believe that the Global Partnership for Education could assess how it can incorporate a wider range of nutrition programmes into their work.

4.5 | Incentivise domestic financing for nutrition

An important component of the funding discussion is to lessen the reliance on donor funding and increase finance from within developing countries. A successful example of this at the Nutrition for Growth event was that 15 Southern governments committed to increasing the domestic resources invested in their scaling up nutrition plans.^{xxx}

Overall however the record of most governments in funding nutrition programmes is poor. In most countries data is absent. The government of Tanzania is to be congratulated for having carried out recently one of the few, good quality Public Expenditure Reviews (PER), with reliable figures.^{xxxix} But the PER showed that total expenditure on nutrition programmes in 2012/13 only amounted to 0.22% of the total government budget. The PER gives a series of straightforward recommendations such as: "... establish a Nutrition Sector Basket Fund...implement the Nutrition Strategy through available basket funds such as Health, Agriculture etc....and implement nutrition interventions in a purposeful and transparent manner rather than ad hoc approach found in this study." ^{xxxix}

Other possible ways of encouraging domestic expenditure are as follows:

- **Donor Fund Carrot and Stick.** Some Global Funds are only accessible to countries that have committed publicly to increase their own national expenditure
- **Build on the SUN-supported National Nutrition Plans.** Having a costed and technically sound plan makes it easier for sector ministries to see their role in the country plan
- **Build improved data and evaluation systems and improve the quality of evidence.** For example, increase the frequency of national or regional nutrition surveys. The existence of improved data will show ministry officials what is working in nutrition and hence encourage follow-up
- **Improve budget coding.** There is a lack of agreement internationally on expenditure codes for nutrition programmes (reflecting the issues around multi-sectoral approaches). Finance ministries cannot tell how much is being spent on nutrition if nutrition does not show up in budget codes. Indeed this issue is also a challenge to OECD and the World Bank officials, and needs high-level technical attention
- **Improve internal coordination.** For example, in Cambodia eleven ministries have just come together in a year-long process to develop a new National Strategy for Food Security and Nutrition (2014-18). A key position is a high-level official responding to the prime minister who can ensure collaboration of line ministries

- **Tax breaks or legislation can be enacted to encourage the private sector to play a more active role in good nutrition.** For example, in Tanzania, DFID provided initial technical support to a fortification programme in a flour factory. But an important step towards the nationwide institutionalisation of the programme came when the government made flour fortification mandatory in 2013
- **In some situations it is beneficial to set international targets that can inspire governments to put greater urgency to an issue.** For example, the 2001 Abuja Declaration, when African Union countries pledged to increase government funding for health to at least 15%. A declaration of this type can then lead to regular monitoring and transparency of progress across countries

One factor that is most likely to lead to an increase in domestic expenditure is when there is better understanding of the economic cost of undernutrition. When countries are more aware that high levels of undernutrition reduce GDP levels by up to 3% per annum or more, then finance ministers may be more willing to devote finances to preventing it.

4.6 | Change programming priorities

Even if no more funding can be found for nutrition, it is possible to gain a greater result by reallocating current spending towards proven priorities. The Lancet 2013 series showed ten proven interventions that are the most effective. Secondly the Copenhagen Consensus group of economists have consistently shown nutrition in the top 5 on their lists of most effective development interventions based on the cost-benefit analysis of poverty reduction.^{xxxiii} Therefore, by reallocating funding within a country's development budget it is almost certainly possible to gain improved outcomes using this new knowledge of effectiveness. The 2014 Nutrition Public Expenditure Review in Tanzania sadly showed that the majority of funding spent in Tanzania was not spent on effective programmes. "Most of the resources at the national level were directed towards least cost-effective interventions by both the Government and Donor funds. Overall, the least cost-effective interventions accounted for 73% of the total investment on nutrition over the three years." ^{xxxiv}

It is evident that resources for nutrition need to be substantially increased. The question is, in what way and by which actors? This section looks into different dilemmas faced by all agencies, including the split between nutrition-specific or nutrition-sensitive work and that between traditional or non-traditional donors. These are complex debates and the main aim here is to raise the questions that need to be asked before a new financing facility is unveiled.

5.1 | Nutrition-Specific & Nutrition-Sensitive Interventions

One of the most fundamental questions in the nutrition sector is what types of interventions should be prioritized. Nutrition interventions can broadly be placed into two groups: nutrition-specific (focused on the immediate causes of undernutrition) and nutrition-sensitive (emphasising multisectoral work and the underlying causes of the condition). A key question for any new financing facility is to assess which should take precedence, or how to achieve an appropriate balance.

Nutrition-specific interventions include micronutrient fortification, adding nutrients to foodstuffs, and supplementation, providing individual nutrients or sets of nutrients separately from the diet. These sorts of programmes can be attractive to donors because results are impactful after a short period of time and can be directly measured. The Lancet 2013 Series identified a set of 10 nutrition-specific interventions that if scaled up could reach 90% of those in need (in the 34 most-affected countries) and eliminate about 900,000 deaths of children under 5 years of age.^{xxxv}

Nutrition-sensitive interventions encompass work in agriculture, education, and public health, as well as issues such as improving the education and rights of women. Unfortunately, the current evidence-base for nutrition-sensitive programmes is weak. And even if the work is impactful, it is significantly more difficult to identify the inputs of any one donor, making it less attractive to some donors and unsuitable for Results-Based Financing.

It is therefore recommended that any new financing facility should acknowledge the importance of both forms of intervention. Ensuring integration across sectors and contributing to strengthening capacities of the relevant sectors is likely to ensure a long term and sustainable response to undernutrition. The existing practice within the SUN movement gives priority to national nutrition programmes and country ownership, where the balance between nutrition-specific and nutrition-sensitive inter-

ventions is determined at country level.

As has also been stated many times by institutions such as Gavi and GFATM, there is the ongoing need to build stronger primary health systems and to improve the capacities of primary health functionaries and communities. From the example of Ebola the world is learning that it is not tenable to leave some countries with weak and fragile health systems. One principle of a robust and effective Nutrition Aid Architecture is that funding contributes to the building of integrated health and community health systems.

5.2 | Traditional and non-traditional donors

A key question for any new financing facility will be how to achieve a shift of focus in donor funding across all sectors. Resource mobilisation efforts cannot only aim to achieve more spending from the traditional donors, but also need to engage actors that traditionally were less involved in aid conversations. Speaking to UK Civil Society in September, British Minister Lynne Featherstone said clearly “we need to broaden the shoulders of the aid effort.”^{xxxvi}

The non-traditional donor can include any of the following: the private sector, non-DAC donors (mostly emerging economies), private foundations, high-net worth individuals, and innovative funding instruments. Of these, there is some scepticism for the magnitude of any response that can be gained from the private sector. Private foundations such as the Bill & Melinda Gates Foundation, CIFF, and The Rockefeller Foundation are extremely important in the response to the underfunding of nutrition. This is true not only in the amount of money that foundations can provide, but also in the policy discussions that in the last few years have brought about a new awareness of the issue. Foundations are also important for their funding of advocacy efforts, raising awareness of the importance of nutrition.

5 | Considerations for any new financing mechanism

Non-traditional donors are not a homogenous group. They have different motivations and should be incentivized based on those. The 2012 ACF report entitled *Aid for Nutrition: Using innovative financing to end undernutrition* gives the best schematic outline of different ways in which these incentives can be realized.^{xxxv}

5.3 | Innovative financing

Another key question for any new financing facility for nutrition regards its ability to leverage new forms of innovative finance. Whilst this is a huge area the following brief sections outline some of the possibilities.

LONG-TERM GUARANTEES

Guarantees attract investors by providing a low risk over future revenue. For example, Development Impact Bonds (DIBs) represent interventions through which investors would be able to invest in future success. Similarly, Advanced Markets Commitment (AMC) is an instrument that assures investors that there would be a future market for a product that has not yet been developed. A practical example of this would be a pharmaceutical company announcing in advance the price of a not-yet developed drug, with the funds raised from investors buying its AMC then used to contribute to the drug's R&D.

At present some stakeholders believe that in order to make bonds such as DIBs truly attractive to investors, the facility would need to be housed in a respected finance facility such as the World Bank and be guaranteed by the International Finance Corporation (IFC, part of the World Bank group). A new finance facility will have to assess what guarantee instruments are in place to give them credibility on the market.

SOLIDARITY LEVY MECHANISMS

Solidarity mechanisms often refer to creating small taxes to raise resources for development. An existing example is the airline tax that provides much of the funding for UNITAID. The 'Robin Hood tax' on financial transactions that is being considered by France and 11 other European countries is another example. The new proposed UNITLIFE (section 4.2.3) is another example, and envisages funding from a small tax on extractive industries in Africa. The benefit of solidarity mechanisms is that they create genuinely new funding and, once installed, are low-maintenance to collect.

They do not depend on an annual public budgeting and discussion process in parliament and are thus potentially less volatile. The solidarity levy is simple in concept but extremely difficult to take to fruition in practice. In fact, UNITAID is one of the only agencies with this concept that has managed to bring in finance at scale, which is what is needed for the nutrition sector.

REVENUE RECLAIM OR OFFSET MECHANISMS

Revenue reclaim mechanisms involve donor institutions making policy decisions that increase the amount of resources that developing countries themselves can invest in development. For example, debt relief on condition that the debt is reinvested into development efforts, or debt swap where a debt to a High Income Country is cancelled in exchange for development-related policy commitments by the developing country government. Revenue mechanisms can also incentivize the private sector to engage in market activities that can contribute to development efforts, such as tax exemptions or tax reductions for social enterprises.

A number of innovative financing schemes could bring in new resources to a nutrition fund. However, such new mechanisms are complex and relatively unknown, and the nutrition sector may not as yet carry enough financial weight to attract the long term serious research and political lobbying to achieve such a start-up. Some innovative mechanisms (such as AMCs) also lend themselves more to new 'products' (e.g. a new vaccine or diagnostics kit), rather than to the broader cross-sectoral change required for nutrition. A final challenge is that most of the major innovative financing schemes can only be set in place by governments. There is thus a long-term advocacy role for Civil Society to play in continuing to push for these mechanisms (e.g. the long battle over financial transaction tax).

5.4 | Results-Based Financing

Results-Based Financing (RBF) has become more common in development circles in the last decade. RBF acts as an incentive to domestic commitment because of the opportunity for replenishment upon achieving set targets. The scheme emerged in the area of health and has since spread to other sectors (such as education), though not without controversy. RBF has demonstrated success in improving health rates in countries such as Cambodia, Nicaragua and Rwanda.^{xxxviii}

From what we know of the current plans for a Global Financing

Facility, in support of Every Woman, Every Child, there is strong interest in Results-Based Financing in the GFF. Also, it is possible that elements of RBF would be written into other new nutrition financing initiatives. However, as there are some concerns with RBF, certain questions have to be answered before it is fully incorporated into any new scheme.

Facility design needs to take into account the following questions. Firstly, does RBF push a new facility in the direction of nutrition-specific projects, because these are easiest to measure and to assign success and value for money? Secondly, would an RBF approach lead to a focus on quantity rather than quality (e.g. set target indicators at the level of healthcare supply or healthcare coverage, rather than on quality of healthcare services)?^{xviii} Thirdly, how feasible is it to use RBF in conflict-affected or fragile states? Finally, if a country does not successfully achieve the programme indicators and funding is thus reduced, how will the agency avoid a negative spiral of worse outputs and less finance, in the end harming the poorest communities?

This short discussion paper can do little more than raise some of these questions. To truly determine the impacts of RBF in this area, there needs to be more research done and empirical pilot studies conducted in the context of improving nutrition.

5.5 | Donor Darlings and Orphans

One more question for those designing the new nutrition funding initiatives is how to ensure that finances can be allocated according to need. The phenomenon known as donor darlings and orphans comes from having other criteria on which countries are given priority in funding (e.g. language, colonial history, etc.). The result is that certain countries get a disproportional amount of nutrition aid in relation to others. For example, in 2009-2011, the 36 countries bearing 90% of the undernutrition burden together received 72% of basic nutrition ODA commitments. However, Sub-Saharan African countries in this group received about 54% of basic nutrition ODA disbursements, despite representing 26% of the global need. At the same time, South Asia received only 28% of basic nutrition ODA despite representing 56% of the need.^{xi}

Donor darlings and orphans are a problem that persists across all aid sectors. In health, out of the top 20 countries with the highest all-cause disability-adjusted life years (DALYs), only 12 are among the top 20 recipients of DAH.^{xii} This shows that politi-

cal factors in donor countries skew the distribution of global aid rather than need alone.

A critical issue here is that post-conflict countries or fragile states are the least likely to have sound national nutritional plans but are the ones who need funding the most. Therefore, there is a role here for a nutrition fund that is prepared to take risks, similar to modalities in the education sector. Any new nutrition facility should tackle the issue of aid orphans by supporting existing initiatives such as the SUN Donor Network criteria, and also by developing policies that can give priority to the countries with high burdens that are not attractive to bilateral donors.

5.6 | Governance

The new funding facilities will each have to agree on their governance mechanisms. However, there are a few characteristics of the nutrition sector that are worth considering in relation to governance. Achieving good nutrition is intrinsically an inter-sectoral endeavour and can only be truly tackled by improving not only its immediate but also the underlying causes.

For this to be reflected in the facility's approach to nutrition, the governance would have to consist of representatives from all the different stakeholders in the area. This implies a governing board that would have representatives from the cross-sectoral institutions mentioned elsewhere in this report. As well as representation of, for example, nutrition-specific and nutrition-sensitive interventions, it is also likely to have representation of developing and donor countries and independent experts from the field. Therefore the governance arrangements, like the sector itself, will be relatively complex.

Secondly, it is the case that nutrition needs an organic approach. The method SUN employs has proven successful in attracting both donors and countries with high burdens of undernutrition, as it gives the leading role to countries while leaving donors the freedom to invest in whichever project they believe answers their criteria best.

Lastly any new facility should be aware of the importance of the Paris, Accra and Busan Principles on aid effectiveness: ownership, alignment, and harmonisation.^{xliii} It is also recommended that it includes some representation of Civil Society in governance arrangements.

6 | Conclusions & Recommendations

The facts on nutrition funding are inescapable – undernutrition contributes to 45% of all child deaths, yet nutrition programming makes up only 0.4% of ODA. There is a fundamental need to increase the resources that can be dedicated to nutrition work.

The current aid architecture in the nutrition space is complex. However it seems unlikely at the present time that a new all-encompassing Global Fund for Nutrition will be set up on the same lines as the GFATM or Gavi. In the absence of a ‘Global Fund’, other initiatives exist that should be supported, and we should monitor their development over time. The growth and maturation of the nutrition sector as resources increase will most likely lead to another review of the aid architecture for nutrition, giving us a new opportunity to simplify it, but at present most stakeholders agree that the highest priority challenge is simply to bring more resources into the sector.

The SUN Movement is recognised as a key technical player in the nutrition landscape, but not a major provider of finance. It would seem sensible and valuable to scale up the existing SUN Multi-Party Trust Fund which so far has a good record of providing solid and valued technical assistance to high-burden countries.

There are three new initiatives that could potentially be launched in the near future. Each bring substantial new funds and have the potential to play a key role in the future aid architecture for nutrition, so each of these schemes are worthy of support.

The Catalytic Fund for Nutrition has been championed tenaciously by CIFF since N4G in June 2013 and this initiative should be supported by all stakeholders. DFID should move ahead with the release of the £32 million in match funding pledged at N4G. This will then encourage other agencies to continue and increase their support for nutrition programming.

The Global Financing Facility is a potentially high-value scheme that can unlock substantial World Bank IDA funds and encourage developing countries to allocate more of these funds to high-impact health and nutrition programmes. It is essential that the Facility includes nutrition in its remit. The advisory team designing the GFF should include an expert with experience of the SUN movement to ensure coordination with existing initiatives for global nutrition. In particular, breastfeeding should be included

as a “Key Enabler” and nutrition should be included among the suggested interventions.

Efforts to establish UNITLIFE by Dr. Philippe Douste-Blazy should be supported, with UNITLIFE directed to support the fight against chronic malnutrition. Institutions with the required technical skills should work with Dr Douste-Blazy to ensure UNITLIFE takes on a specific role in the Global Nutrition Architecture. This should be complimentary to existing actors much in the same way the UNIAID’s market creation and shaping work is complimentary to the other major actors in HIV/AIDS, tuberculosis, and malaria.

Any new Fund for nutrition will have to take into account certain issues that promote good practice and improve collaboration. After discussions with stakeholders and reading the prior literature, RESULTS believes that any new financing facility should:

- **Consider carefully the interplay between Nutrition-Specific and Nutrition-Sensitive programming, and the relationship with new models of Results-Based Financing.** There are some areas of nutrition work that can be delivered in a comparatively vertical way and are thus more amenable to RBF. However, overall there is a huge need to continue to support health systems and nutrition systems.
- **Contribute to build stronger primary health systems and tackle structural components of the system, for example, strengthen the capacity of primary health workers, and mobilise communities to improve outreach of health and nutrition services to poor and remote populations.**
- **Consider the contrasting wish to concentrate on a few high high-burden countries where programmes can reach large numbers of people, yet also take into account ‘aid orphans’ that have a high burden of undernutrition and yet find it difficult to raise funds from current donors.**
- **Take into account the Busan accords on Aid Effectiveness: Ownership, Alignment, and Harmonisation.**
- **Include the appropriate width of stakeholders into governance mechanisms, including board members who will ensure collaboration with the SUN Movement, Southern countries and civil society.**
- **Contribute to funding improved data collection, research and the search for evidence. At present for example the evidence base for Nutrition-Sensitive interventions is weak.**

- Impact monitoring for all nutrition interventions is hampered by the high cost and thus infrequency of household nutrition surveys.
- Dedicate funds to improving monitoring and evaluation capacity. The effort should be twofold; building country capacity and improving monitoring on a global level (especially the search for standard indicators across countries).
- Actively search out opportunities to build collaboration and cooperation within the sector. A new fund can invest in innovative approaches, such as South-South triangular cooperation, that focuses on engaging all stakeholders, including research institutes, academia, the private sector and civil society.
- Civil society from South and North should be strongly involved in the design and governance of any new facility. The experience of GFATM, which has strong civil society engagement in both operations and in governance, shows the value of input from this sector.

In terms of raising funds any new funding initiatives should:

- Aim to reach out to non-traditional donors as well as established major donors. Actively explore innovative financing sources such as Development Impact Bonds, Advanced Markets Commitments, and Solidarity Levy Mechanisms (such as the UNITLIFE initiative). There is an important role for global civil society to continue their advocacy in favour of new mechanisms; for example, the Financial Transparency Tax and its use in fighting undernutrition.
- Incentivise domestic spending alongside external aid, whenever possible, since ownership and sustainability of the country plan needs to be a major goal of all development areas.
- Be designed in a way that minimises the actual and perceived possibility for corruption.^{xliii} Development practitioners understand that, while present in our sector, actual rates of corruption are very low. However, an inaccurate view of the pervasiveness and scale of corruption remains a persistent and central component of the general public's understanding of aid.^{xliiv} It is therefore doubly important to ensure that programmes are visibly corruption-free by design, with robust controls to identify, stop, and redress any misuse of funds that do occur.

REFERENCES

- ⁱ The Global Hunger Index (2014), *The Challenge of Hidden Hunger*, p.21
- ⁱⁱ The Lancet (2013), *Maternal and Child Undernutrition in Low-Income and Middle-Income Countries*, p.427-451
- ⁱⁱⁱ Horton, S., & Steckel, R.H., (2013). Global economic losses attributable to malnutrition 1990-2000 and projections to 2050. In: Lomborg, B. *How much have global problems cost the world? A scorecard from 1900 to 2050*, Cambridge University Press, Cambridge. First seen in The Lancet (2013), *Maternal and Child Nutrition Series, Executive Summary*, p.3.
- ^{iv} Generation Nutrition (2013), *Acute Malnutrition: An Everyday Emergency*, p.23
- ^v The Lancet (2013), *Maternal and Child Nutrition Series, "Nutrition: a quintessential sustainable development goal"*, p.3
- ^{vi} Nutrition for Growth Global Compact Commitments: Executive Summary (2013), p.1
- ^{vii} Scaling Up Nutrition Network website: <http://scalingupnutrition.org/the-sun-network/donor-network>
- ^{viii} Partnership for Maternal, Newborn & Child Health website: http://www.who.int/pmnch/media/press_materials/fs/fs_mdg4_childmortality/en/
- ^{ix} UNICEF (April 2013), *Improving Child Nutrition, The achievable imperative for global progress*, p.9 and p.13
- ^x Nutrition for Growth Global Compact Commitments: Executive Summary, (2013), p.1
- ^{xi} ACF (2013), *Aid for nutrition; Are we on track to meet the needs? 2010 and 2011*, p.7 and OECD (October 2013) Basic nutrition is one of the reporting codes used on the OECD Development Assistance Committee's Creditor Reporting System (CRS) database. The category covers aid for "direct feeding programmes (maternal feeding, breastfeeding, and weaning foods, child feeding, school feeding), determination of micronutrient deficiencies; provision of vitamin A, iodine, iron etc; monitoring of nutritional status; nutrition and food hygiene, household food security." Quoted from OECD website, list of reporting codes for aid to health, available at: <http://www.oecd.org/dac/stats/aidtohealth.htm>. Source taken from Generation Nutrition (2013), *Acute Malnutrition: An Everyday Emergency*
- ^{xii} Development Initiatives (2013), *The Aid Financing Landscape for Nutrition*, p.5
- ^{xiii} Development Initiatives (2013), *The Aid Financing Landscape for Nutrition*, p.5
- ^{xiv} Development Initiatives (2013), *The Aid Financing Landscape for Nutrition*, p.5
- ^{xv} Horton, S., & Steckel, R.H., (2013). Global economic losses attributable to malnutrition 1990-2000 and projections to 2050. In: Lomborg, B. *How much have global problems cost the world? A scorecard from 1900 to 2050*, Cambridge University Press, Cambridge
- ^{xvi} Institute of Development Studies (2013), *Delivering Demographic Dividend in Africa: Investing in Nutrition is the First Step*
- ^{xvii} The Copenhagen Consensus (2008), *The Challenge of Hunger and Malnutrition*, p.9
- ^{xviii} The Third Copenhagen Consensus (2012), *Hunger and Malnutrition*, available at: <http://www.copenhagenconsensus.com/publication/hunger-and-malnutrition>
- ^{xix} Development Initiatives (2013), *The Aid Financing Landscape for Nutrition*, p.16
- ^{xx} Institute for Health Metrics and Evaluation (2012), *Financing Global Health 2012: The End of the Golden Age?* p.15
- ^{xxi} Horton et al (2008). Copenhagen Consensus Centre: *Best Practice Paper. Micronutrient supplements for Child Survival (Vitamin A and Zinc)*. Copenhagen Consensus Centre. Accessed on 28 October 2014
- ^{xxii} Development Initiatives (2013), *The Aid Financing Landscape for Nutrition*, p.5
- ^{xxiii} UNDP website: <http://mptf.undp.org/factsheet/fund/SUN00>
- ^{xxiv} Independent Comprehensive Evaluation of the Scaling Up Nutrition Movement - Interim Progress Report (October 2014) available at: <http://scalingupnutrition.org/wp-content/uploads/2014/10/141003-SUN-ICE-Interim-Progress-Report.pdf>
- ^{xxv} Independent Comprehensive Evaluation of the Scaling Up Nutrition Movement - Interim Progress Report (October 2014), p.15 xxvi World Bank (September 2014), *Development Partners Support the Creation of Global Financing Facility to Advance Women's and Children's Health*, available at: <http://bit.ly/1CpaUBL>
- ^{xxvii} World Bank (September 2014), *Development Partners Support the Creation of Global Financing Facility to Advance Women's and Children's Health*. xxviii Miles, T., (September 2014), *UN entrepreneur taps African oil for child health*, available at: <http://reut.rs/ZdV79L>
- ^{xxix} Miles, T., (September 2014), *UN entrepreneur taps African oil for child health*
- ^{xxx} Nutrition for Growth Global Compact Commitments: Executive Summary (2013), p.3
- ^{xxxi} As evidenced throughout: Government of Tanzania, (March 2014), *Public expenditure review of the nutrition sector*
- ^{xxxii} Government of Tanzania, (March 2014), *Public expenditure review of the nutrition sector*, p.55
- ^{xxxiii} Copenhagen Consensus, (2014), *Preliminary Benefit-Cost Assessment for 12th Session OWG Goals*, available at: <http://www.copenhagenconsensus.com/publication/preliminary-benefit-cost-assessment-12th-session-owg-goals>
- ^{xxxiv} Government of Tanzania, (March 2014), *Public expenditure review of the nutrition sector*, p.29
- ^{xxxv} The Lancet (2013), *Maternal and Child Nutrition Series, "Nutrition: a quintessential sustainable development goal"*, p.1
- ^{xxxvi} Author attended event
- ^{xxxvii} ACF (2012), *Aid for Nutrition: Using innovative financing to end undernutrition*, p.11-29
- ^{xxxviii} Rusa, L. and Fritsched, G., (2007), *Rwanda: Performance-Based Financing in Health in Emerging Good Practice in Managing for Development Results: Sourcebook – Second Edition*.
- ^{xxxix} OECD (2013), *Results-based Financing, Evidence from performance-based financing in the health sector*, p.10 and p.42
- ^{xl} Development Initiatives (2013), *The Aid Financing Landscape for Nutrition*, p.5
- ^{xli} Institute for Health Metrics and Evaluation (2012), *Financing Global Health 2012: The End of the Golden Age?* p.15 xlii The Paris Declaration Principles (2005) accessed via Asia-Pacific Aid Effectiveness Portal website available at: <http://www.aideffectiveness.org/Themes-The-Paris-principles.html>
- ^{xliii} Independent Commission for Aid Impact (October 2014), *DFID's Approach to Anti-Corruption and its Impact on the Poor*
- ^{xliv} BOND (October 2014), *Change the Record research* available at: <http://www.bond.org.uk/news.php/412/change-the-record>

GLOSSARY

ACUTE MALNUTRITION (WASTING)

Low weight-for-height. Wasting is usually the result of recent shock, such as lack of calories and nutrients and/or illness, and is strongly linked to mortality.

CHRONIC MALNUTRITION (STUNTING)

Low height-for-age. Stunting is the cumulative effect of (Stunting) long-term deficits in quantity and quality of food intake, poor caring practices, and illness.

MALNUTRITION

Poor nutritional status caused by nutritional deficiency or excess (undernutrition or overnutrition).

NUTRITION-SPECIFIC INTERVENTIONS

Interventions which tackle the immediate causes of malnutrition. For example, food supplementation, food fortification, promoting of breastfeeding and complementary feeding.

NUTRITION-SENSITIVE INTERVENTIONS

Interventions not designed to address nutrition specifically but which tackle key underlying determinants of malnutrition. For example, agriculture or water and sanitation interventions.

UNDERNUTRITION

Poor nutritional status due to nutritional deficiencies as a result of inadequate quantity or quality of food intake (or both), and from repeated illness and malabsorption. The main forms of undernutrition are stunting, wasting, and micronutrient deficiencies.

FORTIFICATION

The process of externally adding small amounts of one or more nutrients (commonly vitamins and minerals) to foodstuffs to enhance their nutritional value.

SUPPLEMENTATION

Provision of food or specific nutrients as a supplement to the daily diet.

ACRONYMS

ACF	Action Against Hunger
AMC	Advanced Markets Commitment
CIFF	Children's Investment Fund Foundation
CMAM	Community-based Management of Acute Malnutrition
DAC	OECD Development Assistance Committee
DAH	Donor Assistance to Health
DFID	Department for International Development
DIB	Development Impact Bonds
FfD	Financing for Development
GAFSF	Global Agriculture and Food Security Program
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
GFF	Global Financing Facility
IDA	International Development Association (of the World Bank)
IFC	International Finance Corporation (of the World Bank)
ICN2	Second International Conference on Nutrition (November 2014)
LICs	Low Income Countries
MAM	Moderate Acute Malnutrition
MDG	Millennium Development Goals
NAFSN	New Alliance for Food Security and Nutrition
NGOs	Non-Governmental Organisations
NTD	Non-Traditional Donor
N4G	Nutrition for Growth (Summit, June 2013)
ODA	Official Development Assistance
RBF	Results-Based Financing
RMNCH	Reproductive, Maternal, Newborn and Child Health
PMNCH	Partnership for Maternal, Newborn and Child Health
SAM	Severe Acute Malnutrition
SUN	Scaling Up Nutrition
SUN MPTF	SUN Movement Multi-Partner Trust Fund
TD	Traditional Donor
WASH	Water, Sanitation and Hygiene

RESULTS UK is a non-profit advocacy organisation that aims to generate the public and political will to end hunger and poverty. RESULTS's focus is on educating and empowering people – be they ordinary citizens or key decision-makers – to bring about policy changes that will improve the lives of the world's poorest people. Our advocacy focuses on areas we believe have the most potential to make a difference. We have a track record of expertise in education, microfinance, and global health and nutrition issues.

As well as our collaboration with MPs and other high level 'champions' RESULTS also has a network of volunteers around the UK: grassroots advocates who work together in local groups to become effective advocates for change. We support people to build their understanding of the issues and what they can do about them. Our approach has proven to be effective and powerful, yielding significant results which have brought an end to poverty closer.

RESULTS also carries out strategic advocacy, media and public awareness-raising campaigns at national and international levels. RESULTS UK collaborates with RESULTS organisations in the USA, Japan, Canada, Mexico, Australia and South Korea to achieve our advocacy objectives.

RESULTS UK is a member of THE ACTION GLOBAL HEALTH PARTNERSHIP

ACTION is a global partnership of advocacy organisations working to change policy and mobilise resources to fight diseases of poverty and to improve equitable access to health services. ACTION was founded in 2004 as a partnership of civil society advocacy organisations with the shared mission of mobilising new resources to respond to TB globally. Since then, ACTION has expanded its advocacy efforts to include the promotion of child survival. Within the child survival area ACTION has a particular focus on supporting the benefits of immunisation and highlighting the importance of undernutrition for infant development.

This publication compliments others in the RESULTS nutrition series:

TANZANIA, FEBRUARY 2014, YOU CAN'T STUDY IF YOU'RE HUNGRY.

ZAMBIA, MARCH 2014, NUTRITION ADVOCACY IN ZAMBIA

CAMBODIA, JUNE 2014, UNDERNUTRITION IN THE LAND OF RICE

They are available on our website: <http://results.org.uk/about-us/publications>

See also **Generation Nutrition – An Everyday Emergency, April 2014**

<http://www.generation-nutrition.org/sites/default/files/acute-malnutrition-an-everyday-emergency-low-res.pdf>

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