



CONCERN
worldwide

THE TIME IS NOW:
The Global Opportunity to
Make Undernutrition History

SUZANNA BUNYERE, WHO RECEIVED SEEDS AND TOOLS FROM CONCERN WORLDWIDE, IN MASISI, NORTH KIVU, DEMOCRATIC REPUBLIC OF CONGO. PHOTO: KIM HAUGHTON.

Introduction from the Chief Executive



In a world of plenty, one challenge above all others is crippling the potential of almost a billion people. Hunger kills 2.3 million children each year and leaves another 165 million stunted. It prevents generations of young people from reaching their full potential and realizing their dreams. It undermines the economic progress being made by the world's least-developed countries because people who are stunted as children see their earning potential as adults reduced by as much as 20 percent. The scourge of hunger is an affront to our humanity. We must act together to end it.

And we know when and how to act. The 1,000 days from pregnancy to two years of age is the critical period in which a child must receive the right nutrition. Science and research have shown repeatedly and consistently that undernutrition can be addressed by focusing on this "window of opportunity." We know, too, that cost-effective and high-impact interventions exist and that with strong political leadership and timely, effective action, food and nutrition security can be achieved.

2013 is an important year in which to strengthen that political leadership, to secure the necessary policy and financial commitments, and to build national and international accountability around commitments already made in the area of food and nutrition security. It is also the year in which we must—together—amplify the need for a bold goal on food and nutrition security in the post-2015 development framework.

Concern is committed to the fight against hunger. It is an essential element of who we are and what we do. This booklet presents three proven approaches we are taking to tackle the complex, underlying causes of undernutrition:

- Investing in smallholder farmers and supporting alternative rural livelihoods
- Building community resilience to undernutrition
- Scaling up nutrition interventions and strengthening health systems

There are challenges ahead, but they are not insurmountable if there is the commitment and the will to work together to address both the causes and effects of hunger. We have reached a turning point in the fight to end hunger.

Now is the time to take action to make hunger history.

A handwritten signature in black ink that reads "Joseph M. Cahalan". The signature is written in a cursive, flowing style.

Joseph M. Cahalan
Chief Executive Officer, Concern Worldwide U.S.

The Challenge of Food and Nutrition Insecurity

WHAT IS FOOD AND NUTRITION INSECURITY?

Food and nutrition security occurs when “all people at all times have physical, social and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life.”¹

According to the UN Standing Committee on Nutrition, undernutrition represents “an insufficient intake of energy, protein, or micronutrients, which in turn leads to nutritional deficiency.” Manifestations of undernutrition include a low height for age in children (stunting), a low weight for age in children (wasting), and micronutrient deficiencies.²

THE SCALE OF THE CHALLENGE

Estimates from the UN suggest that over 870 million people still suffer from food insecurity globally, despite progress made in recent years.³ Around 165 million children under

the age of five suffer from chronic undernutrition and 55 million are categorized as suffering from wasting.⁴

Undernutrition remains responsible for an estimated 35 percent of all deaths in children under five years of age and represents around 11 percent of the global disease burden.⁵

Furthermore, the effects of climate change and population growth are increasing the pressure on our food systems to meet the global demand. Vulnerability to shocks as well as small- and large-scale natural and man-made disasters is eroding people’s ability to cope with and bounce back from predictable and recurring hazards like drought. At the same time, climate, environmental, and security stresses are adding pressure to poor people’s food and nutrition security. The catastrophic food and nutrition crises that hit the Sahel and Horn of Africa regions in 2012 were as much about people’s inability to cope with and bounce back from predictable hazards as they were about a general shortage of food. Indeed, the 2012 harvest across the Sahel was only three percent lower than the average harvests over the past five years.⁶



Thab Pharch works on the construction of an irrigation canal for rice farming. PHOTO: CONOR WALL, CAMBODIA.



Zainab Nyirazirwanda (45), a widow and mother of two, at the market. PHOTO: MIKE GOLDWATER, RWANDA.

THE GREATEST BURDEN ON THE POOREST

Food and nutrition insecurity remain concentrated in low-income countries and among the most vulnerable people within those countries. The 2012 Global Hunger Index shows that hunger on a global scale remains serious, with 20 countries having levels of hunger that are “alarming” or “extremely alarming.” Progress in reducing the number of people who are food insecure remains stagnant, while the challenges to the resilience of the global food system are only predicted to increase in the coming decades.⁷ Just 24 countries account for 80 percent of the global burden of undernutrition.⁸

Data from surveys in 41 countries show that, on average, stunting levels were almost three times higher among poor households than those with higher levels of income.⁹ A UN study shows that children from the poorest 20 percent of households are nearly twice as likely to die before their fifth birthday as children in the richest 20 percent.¹⁰

WOMEN AND CHILDREN ARE ESPECIALLY VULNERABLE

Undernutrition results in illness and fatalities in mothers and children. Because women are usually primary caregivers, the status of women is strongly associated with nutritional outcomes.¹¹ Women account for around 60 percent of those suffering from undernutrition.¹² Children who are undernourished, not optimally breastfed, and suffer from micronutrient deficiencies have substantially lower chances of survival than those who are well nourished.¹³

Children who do survive “may be locked into a cycle of recurring illnesses and faltering growth, with irreversible damage to their development and cognitive abilities.”¹⁴ Such challenges can result in reduced lifetime earnings and could be responsible for the loss of about two to three percent of GDP annually in low-income countries.¹⁵

WHAT ARE THE CAUSES OF FOOD AND NUTRITION INSECURITY?

Experts suggest that four dimensions underpin food and nutrition security:

- 1 Food availability:** a sufficient quantity of food with appropriate quality
- 2 Food access:** adequate resources to acquire food for a nutritious diet
- 3 Food utilization:** the ability to utilize food through an adequate diet, clean water, sanitation, and health and caring practices
- 4 Stability:** the ability to acquire food, even in times of a sudden shock or crisis

Undernutrition represents both a cause and consequence of food insecurity, brought about most immediately by inadequate diet and infection. Food access and availability, maternal and childcare practices, health services, and water and sanitation all influence these immediate causes. On the national level, political policies, resources, the status of women, and socio-economic factors such as institutions all play a key underlying role.¹⁶

Invest in Smallholder Farmers and Support Alternative Rural Livelihoods

Despite rapid urbanization in many low-income countries, poverty and undernutrition remain predominantly rural problems. Recent estimates show that of the nearly 1.4 billion people in extreme poverty, an estimated 70 percent live in rural areas.¹⁷ Smallholder farmers—those who own or cultivate less than two hectares of land—face specific challenges in this context. According to a major study on hunger by the UN, around 50 percent of the world's hungry people live on small-scale farms.¹⁸

Women face particular challenges in smallholder farming. Despite growing up to 80 percent of staple food in many developing countries and carrying out the majority of agricultural and household tasks, they are often marginalized in policymaking and face added difficulty in gaining legal entitlement to land and agricultural support services.¹⁹ If women had equal access to productive resources, yields on farms could increase by 20 to 30 percent in low income countries.²⁰

In response to these challenges, the international community should help low-income countries invest in improving

productivity for smallholder farmers, with a focus on sustainable production, nutritious foods, and support to women farmers. In addition, vulnerable households that are unable or do not wish to continue to work in farming should be supported in finding alternative livelihoods.

INVESTMENT IN THE PRODUCTIVITY OF SMALLHOLDER FARMERS

Investment in smallholder farmers can lead to both improved household food and nutrition security and wider economic impact. A Concern Worldwide case study in Rwanda demonstrates that with a targeted package of support to increase agricultural productivity and link to savings programs, farmers with small plots of land were able to triple their crop productivity and improve crop diversity. Households also increased food consumption and dietary diversity, started to employ other people, and built resilience to external shocks such as erratic rainfall or illness in the household.²¹



Local farmer shows off a freshly pulled peanut plant on her farm. She has taken advantage of the integrated farming techniques and now grows limes, peanuts, bananas, green beans, chilis, and more. PHOTO: CONOR WALL, CAMBODIA.

Analysts have demonstrated that growth in agriculture generates the greatest improvements for the poorest people, particularly in agriculture-based economies.²² Further evidence shows that growth in the agriculture sector, concentrated among the rural poor, can result in a faster reduction in stunting than growth in other sectors.²³

Growth in agricultural production will improve rural incomes but may not necessarily lead to improvements in child nutrition without program integration. Recent work on integrating nutrition and agriculture has highlighted the need for policies to address:

- **Soil fertility:** Address land tenure issues that discourage soil fertility management. Target fertilizer and lime subsidies. Integrate soil conservation, agroforestry, and nitrogen-fixing crops into the farming systems.
- **Improve agricultural production in terms of quality as well as quantity:** Promote crops that have high nutrient density and provide key micro-nutrients.
- **Increase crop diversity with crops that can improve dietary diversity, particularly during the off-season:** Promote home gardens using space- and water-saving techniques.
- **Increase animal proteins in the diet:** Support the household production and consumption of small stock, fish, and poultry.
- **Involve women:** Reduce women's workload so that women have more time for food preparation, child feeding, and visiting health centers. Improvements in women's income are more likely to translate into improved food and nutrition security than are improvements in men's income.
- **Integrate nutrition counseling into agricultural extension/advisory programs.**
- **Address disease burdens and animal-transmitted infectious diseases linked to agriculture:** Examples include schistosomiasis, tapeworms, tuberculosis, and brucellosis.
- **Address food safety and hygiene issues as well as the loss of nutrients during processing.**
- **Watch food prices:** Assess the impact of crop production changes on food prices. Introduce price stabilization mechanisms and provide cash transfers during times of high prices.
- **Be particularly careful with projects that promote cash crop production:** Positive effects depend on whether the land and labor used are in surplus as well as the variability in the supply prices of basic food crops.
- **Encourage small-scale agricultural processes:** Beware of projects that involve labor-displacing mechanization. Give priority to agricultural activities that generate employment.

Case Study: Conservation Agriculture in Zimbabwe



Robert Chasara and family in Eastern Highlands Region, Nyanga District, Zimbabwe.
PHOTO: JAMES PURSEY.

Concern has promoted conservation agriculture in Zimbabwe since 2006 as a way to increase productivity and reduce the labor required on the farm. Studies have shown that conservation agriculture techniques can improve crop yields by as much as 70 percent. In Zimbabwe specifically, farmers who were previously receiving food aid improved their productivity as a result of conservation agriculture—so much so that they were able to sell grain to neighboring villages. There were many positive ripple effects as people had more income to send their children to school, cover medical expenses, and rebuild their assets, such as cattle. In addition to Zimbabwe, Concern has introduced conservation agriculture—targeting mostly women farmers—in Tanzania, North Korea, Zambia, and Malawi.

What is conservation agriculture? Conservation agriculture follows three key principles, all of which contribute to higher crop yields and reduced labor by maintaining the natural soil structure and nutrients: (1) reduce/minimize soil disturbance (2) keeping the soil covered (e.g., with mulch) (3) rotating crops.

Source: M. Harty, P. Wagstaff, M. Harper, J. Chikate, *Conservation Agriculture: Measuring the Impact on Livelihoods in Zimbabwe*, Agriculture for Development, No. 11, Autumn 2010



Margaret Pauline Anyango sells vegetables at her small roadside stand in High Ridge village of Nairobi's Korogocho slum. Margaret is a former beneficiary of Concern Worldwide's cash-transfer program, which gives families a regular, monthly injection of cash to allow them to feed their families and invest in small businesses.

PHOTO: PHIL MOORE, KENYA.

ACCESSING MARKETS TO SELL PRODUCTS

Working with smallholder farmers to produce food is only part of the solution to undernutrition. Farmers must have access to markets to sell their surplus, and to do this they need roads, bridges, and transportation systems, all investments that donors and governments need to make if we are to raise incomes and tackle malnutrition.

Trade should further be encouraged by removing taxes and charges that may deter transactions and by other measures, including: standardized weights and measurements; community-managed food storage facilities; access to credit through savings cooperatives; and information sharing and collaboration through farmers' cooperatives and small enterprise.

SUPPORTING ALTERNATIVE RURAL LIVELIHOODS

People should also be supported to undertake alternative livelihood activities in rural areas. This can be done through technical and vocational training, establishment of micro-finance programs, and tax breaks and incentives such as subsidies. Safety nets and social protection programs should be provided to vulnerable people who are unable to work or produce sufficient food.



Women of the Concern-supported Kolkoli villages gardening interest group. The vegetables are eaten and sold to buy cereals. PHOTO: TAGAZA DJIBO, NIGER.

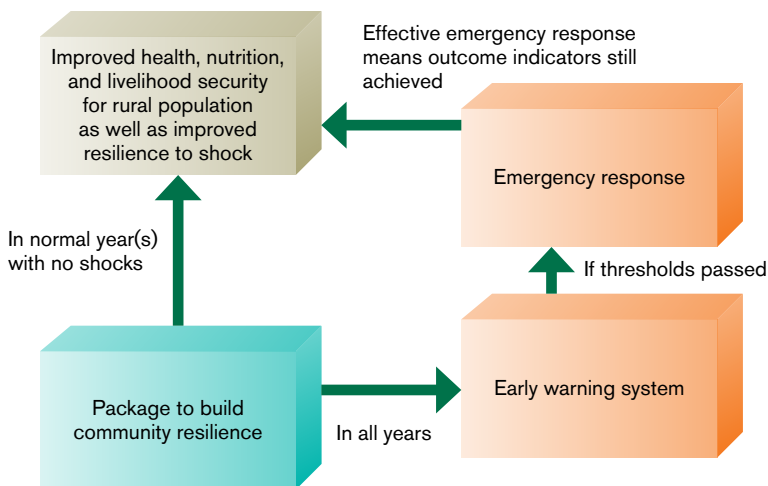
Build Community Resilience to Undernutrition

Recurring food crises in the Sahel region and in the Horn of Africa have underscored the need to work on a long-term, systematic approach to building the resilience of vulnerable countries and populations to chronic food insecurity. The problem is complex, involving factors such as conflict, weak governance, desertification, food access, inequality, and competing demands for prioritization. We can no longer operate in separate developmental, humanitarian, and environmental sectors as chronic undernutrition, acute malnutrition, and environmental degradation are interrelated.

Given wide-ranging political and policy developments in this area and the myriad actors now embracing the concept of resilience, there is a growing need to find consensus on what a systemic approach to resilience should entail and how each actor can add value in making it happen.

Concern understands resilience as the ability of a country, community, or household to anticipate, respond to, cope with, and recover from the effects of shocks and to adapt to stresses in a timely and effective manner, without compromising their long-term prospects of moving out of poverty.

Linking Humanitarian and Development Programming in an Integrated Manner



A key element of effective resilience work for Concern is to engage communities and local governments to create what we call “community resilience” and to develop and strengthen their management capacities to do so. Given Concern’s focus on extremely poor people, we see our added value as working at the community and district level to ensure that good policies are implemented and made real for the poorest communities. By designing and managing effective community resilience programs and by building the capacity of local governments to support this, Concern can effect real change and provide examples to national governments for scale-up.

Undernutrition is the key indicator of hunger. It is also recognized as a root cause of vulnerability and so adequate nutrition is at the core of realizing resilience. To improve nutritional outcomes sustainably over the long term, a coherent, multisectoral, systemic, and context-specific approach is required.

DESIGNING FOR RESILIENCE

Learning from our work in Niger and Kenya, Concern in Chad has designed a medium-term intervention (2012 to 2016) that brings together activities related to water, nutrition, disaster risk reduction (DRR), livelihoods, and inequality **to improve the overall health, nutrition, and livelihood security of the rural population of Dar Sila (eastern Chad) while improving their resilience to shocks.** Taking this integrated approach entails delivering a range of projects that addresses multiple needs, coordinated across a variety of sectors, to achieve common goals. Concern is partnering with the Feinstein International Centre at Tufts University to test this model rigorously for community resilience and generate evidence in order to contribute effectively to both policy and practice change.



Case Study: Cash Transfers in Niger

In 2009, Niger experienced a severe drought, resulting in deteriorating food and nutrition security in several regions. Concern responded with a package of interventions to prevent malnutrition and support food and nutrition security in Tahoua District. This included an unconditional cash transfer of \$215 given over five months to approximately 10,000 households in an effort to support their food and nutrition security during the hunger season and ensure that they did not sell their assets to meet food needs.

The program was particularly innovative in that some of the cash transfers were provided via mobile phones. Operational research conducted by Concern in partnership with Tufts University revealed that when compared to delivering money manually, the mobile transfers were shown to be less costly for Concern and more convenient for beneficiaries who only had to travel to local mobile phone agents, rather than to a distribution point, to receive the money. The resulting time savings could increase the time available for work by 2.5 hours over the course of the program, an amount of time equal to that needed to produce three kilograms of millet, which could feed a family for a day.

Concern has continued to provide seasonal cash transfers in Tahoua, Niger every year since then. Research conducted by Concern in 2012 suggests that the children of households who received cash were less wasted than households of the same socio-economic group who did not receive cash.

Source: Jenny Aker et al., *Zap It to Me: The Short-Term Impacts of a Mobile Cash Transfer Program*, Washington D.C.: Center for Global Development Working Paper 268, September 2011; *Concern Report on the Impact of Cash Transfers on Nutrition Status*, Concern 2012.



Agaycha Awikguini, a 50-year-old widow living in Tahoua, Niger, receives her first cash transfer from Concern. PHOTO: NIGER, CONCERN WORLDWIDE.



Beneficiaries of Concern's mobile cash transfer program that was rolled out in Tahoua, Niger in 2010. PHOTO: CONCERN WORLDWIDE.

BUILDING COMMUNITY RESILIENCE THROUGH LONGER-TERM SOCIAL PROTECTION SYSTEMS

While short-term safety nets such as cash transfers can be effective tools in promoting access to food, they are not a cure-all to improve food and nutrition security or ensure resilience. In the longer term, national governments, with technical and financial support from donors, should institutionalize social protection systems as a public policy priority.

Social protection policies should aim to move beyond interventions that provide a “bottom-line” safety net in times of crisis towards an agenda that can help poor and vulnerable people to manage risks, invest in livelihood activities, and tackle the underlying causes of their vulnerability.

Activities to support these aims could include:

- Financing predictable social transfers for vulnerable groups through child benefits, disability allowances, and old-age grants
- Supporting poor households with adults of working age to realize their productive potential, such as public works projects

- Targeting income support linked to complementary interventions such as vocational training, which can improve off-farm income
- Instituting complementary policies that promote access to social services for the very poor such as fee-waivers, subsidized health insurance, and home-based care
- Supporting initiatives such as the “Social Protection Floor” developed by the International Labour Organization
- Developing “transformative” rights-based legislation on social transfers that encourages the role of governments as duty-bearers²⁴

There is ample evidence to illustrate the impact that institutionalized long-term social protection programs can have on food security and nutrition outcomes. In South Africa, econometric analysis of a child benefits program showed that a three-year-old boy receiving a Child Benefit Grant was likely to have an increased height for age, which is the equivalent of a 3.5-centimeter increase in adulthood.²⁵ This statistic provides an important indication of improved nutrition in childhood. Brazil and Mexico are among the countries that have also seen the benefits of social protection programming in reducing poverty and hunger.



Agnes Thawale, who is a member of the Kathyothyo irrigation group in Malawi, with her son, Manuel. PHOTO: MALAWI, PIETERNELLA PIETERSE

Scale Up Nutrition Interventions and Strengthen Health Systems

In 2008, a series of five studies in the medical journal *The Lancet* reviewed evidence regarding the impact of child undernutrition and interventions that can improve nutrition in infants and children under the age of five.²⁶ Based on this piece of work, the World Bank has illustrated that 13 interventions, targeted at the crucial first 1,000-day window from a mother's pregnancy through a child's second birthday, are feasible and cost-effective at reducing undernutrition in children.²⁷

In June 2013, this was followed by a four-part series analyzing the impact to date of improved nutrition from agriculture, social safety nets, and education as well as highlighting the importance of political and policy commitments. It further estimates the cost and impact of scaling up proven nutrition-specific interventions in the most vulnerable countries and expands the evidence base in relation to the importance of adequate nutrition during the first 1,000 days and the links to overweight and obesity later in life.

Since 2012, there has also been significant progress on the political and policy front in terms of the increasing number of countries committing to scale up nutrition interventions,

backed by dedicated and costed plans, and increasing support and alignment of donors and other stakeholders behind such country initiatives. In September 2012, the Scaling Up Nutrition movement (SUN) adopted a revised strategy that presents an overview of the movement's vision, goals, and strategic approach and objectives for the period from 2012 to 2015.

The international community must continue to support national governments in low-income countries to scale up interventions rapidly. Technical, political, and financial support from donors for country plans is one way to achieve this aim.

The 13 direct interventions can have a substantial impact on a child's health and improve wider educational and economic performance.

Evidence shows that if delivered at scale and implemented in the 36 countries that carry the highest burden of undernutrition, these interventions could reduce global stunting levels by a third.²⁸ Similarly, the World Bank has projected that child mortality could decline by as much as a million a year.²⁹

13 Evidence-Based, Direct Interventions to Prevent and Treat Undernutrition

PROMOTING GOOD NUTRITIONAL PRACTICES

- 1 Breastfeeding
- 2 Complementary feeding for infants after the age of six months
- 3 Improved hygiene practices, including hand-washing

INCREASING INTAKE OF VITAMINS AND MINERALS

Provision of micronutrients for young children and their mothers

- 4 Periodic vitamin A supplements
- 5 Therapeutic zinc supplements for diarrhea management
- 6 Multiple micronutrient powders
- 7 De-worming drugs for children (to reduce losses of nutrients)
- 8 Iron-folic acid supplements for pregnant women to prevent and treat anemia
- 9 Iodized oil capsules where iodized salt is unavailable

Provision of micronutrients through food fortification for all

- 10 Salt iodization
- 11 Iron fortification of staple foods

THERAPEUTIC FEEDING FOR MALNOURISHED CHILDREN WITH SPECIAL FOODS

- 12 Prevention or treatment for moderate undernutrition
- 13 Treatment of severe undernutrition ("severe acute malnutrition") with ready-to-use therapeutic foods (RUTF)

Source: Horton et al., 2009. *Scaling Up Nutrition: What Will It Cost?*

Concern's experience suggests that the most effective method to take these activities to scale is by working through existing health systems. Concern has successfully supported governments in Malawi and Ethiopia to scale up the Community Management of Acute Malnutrition (CMAM) through technical support and building the capacity of national and district health staff. As a result, CMAM has spread more rapidly than originally expected and has facilitated the hand-over of key activities to government ministries.³⁰

The coming years will be crucial for sustaining the commitment, capacities, and coordination for all of the above efforts to succeed. There are important roles in this process for all stakeholders. Joint efforts and intersectoral support towards a common goal will be paramount to eradicating hunger and undernutrition once and for all. Since September 2010, when U.S. Secretary of State Hillary Rodham Clinton and then-Irish Foreign Minister Micheál Martin launched the "1,000 Days: Change a Life, Change the Future Call to Action," Concern Worldwide has been working in partnership with global stakeholders to promote targeted actions and investment to improve nutrition during the 1,000-day window. Additionally, in Ireland, in May 2012, Concern launched its own far-reaching "1000 DAYS" campaign to raise awareness and mobilize support across Ireland for Concern's work on tackling undernutrition.



Mother with child treated for malnutrition at Concern-supported health facility in Lilongwe, Malawi. PHOTO: CONCERN WORLDWIDE.

Case Study: Child Survival in Rwanda

Concern believes that the treatment of Severe Acute Malnutrition (SAM) should be available alongside treatment for other child illnesses. Rwanda is one of the low-income countries where Concern works with national authorities to improve health systems. The USAID-funded child survival program there illustrates the success of this type of approach. To build national capacity, SAM screening at the community level and referral to the nearest health facility for treatment have been integrated into the work of community health workers, complemented by the community case management approach in all villages for greater sustainability. Scaling up community case management for malaria, diarrhea, and pneumonia and integrating community case management for severe malnutrition into the program led to striking health improvements in six under-served districts, benefiting nearly 318,000 children under five years old:

- Care-seeking for fever reached 75 percent and appropriate treatment for fever increased from 20 to 43 percent
- Care-seeking for respiratory symptoms increased from 13 percent to 63 percent

Source: Concern Worldwide, Kabeho Mwana: *The Rwanda Expanded Impact Child Survival Program*, Concern Worldwide (US): New York, 2012



Janviere travels to the home of community health worker Christianne to treat her 36-month-old daughter, Emmerence, who has a fever. PHOTO: ESTHER HAVENS PHOTOGRAPHY, RWANDA.

STRENGTHEN HEALTH SYSTEMS AND INSTITUTE LONG-TERM, NUTRITION-SENSITIVE POLICIES

While broadening the scale of these specific interventions would address the immediate causes of child undernutrition, a longer-term solution is required to tackle the underlying socio-economic and health determinants that drive it.

Concern's experience in low-income countries suggests that tackling inequality and strengthening health systems and services is one way to achieve this aim.

Low-income countries, with support from donor countries, should put in place policies to tackle inequality as well as strengthen health systems and services as an immediate priority to improve nutrition. Activities to achieve this aim could include:

- Placing positive nutrition outcomes as a priority that cuts across sectors such as agriculture, education, and social policy

- Tackling gender inequality through the education of women, as children of mothers with even primary education are more likely to survive beyond the age of five³¹
- Increasing access to improved water and sanitation facilities, as poor water and sanitation lead to illness and poor nutrition outcomes
- Investing in health infrastructure and facilities such as health centers, particularly in remote, rural areas, and responsive medicine supply chains
- Improving the capacity and skills of health workers through trainings and refresher courses
- Supporting community health workers at local levels and improving the pay and conditions for health workers in rural areas to prevent the out-migration of health service professionals
- Instigating policies that reduce barriers to health care for the poorest people, including medical insurance systems, fee waivers for the poorest users, and home-based care for the most vulnerable
- Ensuring that preparation and capacity to respond to surges in case loads of acute malnutrition is maintained while also supporting health system-strengthening activities

The Time Is Now: Shaping the Post-2015 Agenda

2013 is the year in which progress towards the achievement of the MDGs is being assessed and the contours of the new development framework post-2015 are beginning to emerge.

The importance and centrality of food and nutrition security in the post-2015 framework must be recognized and the vision that emerged from global consultations echoed:

“Hunger, food insecurity and malnutrition can be ended sustainably by 2025. The eradication of hunger and malnutrition must be definitive and irreversible based on the right of everyone to safe, sufficient, nutritious and affordable food. This vision is achievable. Bold and effective action is urgent and both a moral and political imperative.”

—Joint Chairs and Co-Leads Synthesis Report
from the High Level Consultation (HLC) on
Hunger, Food Security, and Nutrition in the Post-2015
Development Framework, Madrid, April 4, 2013

This vision has been advanced by the High Level Panel report of Eminent Persons on the Post-2015 Development Agenda (May 2013), which proposes a goal to ensure food security and good nutrition. We urge the global community to take forward this vision now, to cement this call for a goal, and to work together to secure:

- A global goal to eradicate hunger and ensure food and nutrition security for all
- A strong focus specifically on nutrition, including:
 - A bold target to reduce stunting that builds upon the World Health Assembly-endorsed target to reduce the prevalence of stunting by 40 percent by 2025
 - A recognition of the need to address wasting in line with the World Health Assembly-endorsed target to reduce the prevalence of childhood wasting to less than five percent by 2025



Three-year-old Agnes Kape Senanga, Western province, Zambia. PHOTO: PATRICK BENTLEY.

- A recognition that improving nutrition requires action across multiple sectors, including health, water, sanitation and hygiene, agriculture, education, and women's empowerment, through the inclusion of nutrition targets throughout the framework

Good nutrition is not just an outcome of development but also a driver of development and economic growth. A clear focus on food and nutrition security, with the objective of getting to zero cases of stunting, especially during the vital 1,000-day window from pregnancy to age two, provides an approach to end extreme poverty that addresses inequalities, focuses on the most vulnerable, and reinforces resilience. **THAT is the world we want.**



Felina Everest and her one-year-old daughter, Evangeline. PHOTO: TANZANIA, CRYSTAL WELLS/CONCERN WORLDWIDE

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ABOUT CONCERN WORLDWIDE

Concern Worldwide is an international, non-governmental, humanitarian organization dedicated to reducing extreme poverty, with more than 3,000 personnel working in 25 of the poorest countries in Africa, Asia, and the Caribbean. Concern Worldwide targets the root causes of extreme poverty through programs in health, education, livelihoods, HIV and AIDS, and emergency response, directly reaching more than 6.9 million people.

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