



Nutrition Now: A Case for Bold Canadian Leadership to Accelerate Progress on Ending Malnutrition

As COVID, conflict and climate-related disasters continue to drive hunger and malnutrition worldwide, marginalized populations are facing growing threats to their survival and wellbeing, while Canada stands to lose years of investment and development on nutrition. The current malnutrition crisis is unprecedented, with disproportionate impacts on those already most marginalized: women and girls; young children; conflict and crisis affected populations; and those excluded from inequitable and overburdened health systems.



In particular:



Women and girls

COVID-19 has exposed how power imbalances and resulting gender inequalities have a direct impact on the nutritional status of women and girls, leading an additional

4.8 MILLION WOMEN

to suffer from anemia.

Without urgent action, additional cases of anemia during pregnancy would result in

US \$177 MILLION

**in lost productivity
between 2020-2022.**

The disproportionate impact of the pandemic on nutrition outcomes for women and girls demonstrates the need for nutrition to be treated as a human right and a gender equality issue. Achieving gender equality will not be possible as long as women and girls suffer from malnutrition at a much higher rate than men and boys.

Crisis-affected populations

Escalating conflict, displacement and increasing climate shocks have resulted in lost livelihoods for families, disrupted crop production and food trade, and risk pushing even more people into crisis level hunger and malnutrition in 2022. Climate change, particularly extreme weather, including sea level rise, soil erosion and locusts swarms in East Africa, continue to cause economic shocks and drive conflict through increased migration or greater competition for resources.

Infants and young children

Due to COVID-19, an additional

6.7 MILLION

children under 5 could

suffer from wasting this year – the most immediate and life-threatening form of malnutrition. Without urgent action, the global number of children suffering from wasting could reach almost

54 MILLION

over the coming year,

with the latest data predicting an unacceptable

250 additional child deaths

per day over the next 3 years due to malnutrition, with an additional 13.6 million wasted children with a high risk of death. This crisis also has a direct impact on preserving economic productivity: the additional burden of childhood stunting, and child mortality translates to future productivity losses among working-age adults of close to

USD \$44 BILLION.

Excluded population

COVID-19 has widened inequality gaps across age, gender, ethnic and geographic lines, exacerbating previous inequalities and creating new divides in access to life-saving health and nutrition services.

Access to primary healthcare with appropriately integrated nutrition actions must be strengthened to ensure quality nutrition services are accessible to everyone in need, equitably. This requires a health system strengthening approach to nutrition.





Countries around the world are already reeling from the pandemic's harsh blow to national health systems and setbacks to domestic budgets caused by the pandemic, and cannot afford either the immediate costs of preventing, detecting and treating malnutrition, or the long term loss of productivity resulting from a failure to address growing malnutrition.

The severity of the crisis underscores the urgent need for

SCALED-UP FUNDING

for nutrition that is inclusive of marginalized populations, in particular women and girls; infants and young children; and crisis affected populations.

Globally, on top of the **US \$1.7 billion called for by the**

Global Nutrition Investment Framework,

an additional

US \$1.7 BILLION PER YEAR

is needed to mitigate the alarming impacts of the COVID-19 pandemic on nutrition and reach the

World Health Assembly (WHA) targets by 2025.

It is against this backdrop that Canadian Civil Society Organizations are joining their voices to sound the alarm and call on Canada to play its part in reversing this unparalleled malnutrition crisis and addressing the immense financing gap. Now is the time to deliver critical, inclusive, and gender-transformative nutrition interventions adapted to meet new conditions and disparities created by COVID-19, and to prioritize the nutrition of women and girls; infants and young children; crisis affected populations, and excluded populations. An approach that targets the most excluded and highest need populations is crucial to saving lives, breaking the cycle of intergenerational malnutrition, gender inequality and poverty; and ensuring that nutrition and primary health care are prioritized during every stage of COVID-19 response and recovery.

On 7-8 December 2021, Japan is inviting the world to Tokyo at the

Nutrition for Growth (N4G) Summit

The Summit aims to mobilize new commitments and new ambitions for a world without malnutrition. While Canada kicked off the 2021

Nutrition for Growth (N4G) Year of Action

and made an initial commitment of

CAD \$520 MILLION

greater investment is needed to mitigate the devastating impacts of the pandemic on nutrition and human capital.

Canadian Civil Society Organizations are unanimously calling on Canada to top up its initial investment with a minimum of CAD \$330 million over five years¹ in new funding at the Tokyo N4G Summit to protect the health, rights and dignity of the most vulnerable children and women – including in humanitarian crises – both during the pandemic and into recovery.

Outlined below are four recommendations for how additional Canadian investments should be spent.



1. Increase cooperation efforts and accelerate gender-transformative actions for nutrition

Canada's Feminist International Assistance Policy affirms that for women and girls to enjoy their right to good nutrition they must be able to exercise agency over strategic life decisions, have access to and control of resources, and be empowered by the informal and formal structures around them. Conversely, for women and girls to experience increased agency and power over resources, they must be well nourished. As such, Canada's approach to improved nutrition for women and girls must focus on responding to the unique needs of these populations, such as anaemia, which continues to hold over 1 billion women and girls back from optimal health, learning, and employment.

Canada's nutrition investments should also focus on changing conditions so that women and girls can recognize and act on their own power, and take the lead as transformational change agents to both improve their own nutrition, as a right in and of itself. This entails women and girls, in partnership with male allies and other power holders, actively engaging in identifying and addressing barriers in their socio-cultural, economic and political environments that limit their decision-making power and resource control. Such an approach must also include interventions, policies, strategies and programs that focus on the prevention of malnutrition in women and adolescent girls before, during and after pregnancy. By placing greater emphasis in Canada's support towards strengthening systems to establish a continuum of care for adolescent girls, women and the children they choose to have, Canada can directly support the nutrition of women and girls by preventing anaemia and other forms of malnutrition, while simultaneously helping to reduce the number of children suffering low birth weight, as laid out in the Global Action Plan on Child Wasting.

The Government of Canada must continue to demonstrate political leadership at the intersection of gender equality and nutrition by making gender equality a central lynchpin upon which multi-sectoral responses to nutrition build. Furthering this goal needs to be a principle nutrition-related priority of the Government of Canada.

¹ Canada's initial commitment of CAD \$520 million over 5 years in December 2020 falls short of the CAD \$850 million investment target set by Canadian Civil Society Organizations to address critical financing gaps preventing the realization of the World Health Assembly (WHA) targets.

2. Urgently expand support for child survival and the prevention, early detection and treatment of child wasting

Over the past two decades, the world has reduced the proportion of children suffering from undernutrition by one third – or an astonishing 55 million. This proves that progress is possible. Yet growing poverty and inequality, conflict, climate change and the impacts of COVID-19 are combining to stall and even subvert progress made in recent years.

Urgent and intensified efforts are required to intervene early to protect children from wasting while ensuring early detection and treatment for those who do become wasted, to provide them with the best opportunities for survival and development. When prevention fails, treatment for wasting becomes essential, and must be made more readily available and accessible to all who need it regardless of the context. Efforts must also protect children from missed rounds of Vitamin A supplements, including by supporting governments to catch up on vitamin A campaigns, as well as plan and implement vitamin A programs – and increasingly in the context of routine care.

Canada must look to increase investment in longer-term, preventative approaches to address food and nutrition crises that lead to wasting. This includes committing to pre-arranged financing so humanitarian organizations can respond more quickly to emerging crises. This would also enable vital development efforts that boost sustainable food security and nutrition. It is critical that Canada's support for prevention not come at the expense of treatment, and vice versa – both are significantly underfunded and one cannot be sacrificed for the other.

3. Commit new, timely humanitarian support to address the global hunger crisis

There are now 41 million people worldwide who are at extreme risk of famine, a staggering 300% increase during the past six months largely due to the multiplier effects of conflict, COVID-19 and climate change. Despite the G7's adoption of a Famine Compact and several High Level Meetings, global commitments to famine response do not come close to meeting needs. Humanitarian Response Plans remain woefully underfunded, with those of the hardest hit countries – the DRC, Ethiopia and Yemen – funded at less than 30%. Infants and young children, women and girls make up a disproportionate portion of those affected by hunger.

Canada must urgently provide additional resources to ensure that Humanitarian Response Plans are fully funded. This is the only way to sustainably tackle acute food insecurity and malnutrition and prevent even more communities from reaching famine or famine-like conditions. Conditions of severe food insecurity, child malnutrition, and mortality and risk of famine are predictable several months before humanitarian needs escalate.

Crucially, this funding must be flexible, unearmarked and frontloaded. Famine and the catastrophic impact of food insecurity and malnutrition can only be avoided by anticipatory financing to ensure timely and effective multi-sectoral humanitarian action. Crucially, information from early warning mechanisms must be used to plan for, fund and launch anticipatory action that addresses the specific needs of those most at risk, particularly children, women and vulnerable communities.

Canada must also significantly scale up multi-year investments to address the root causes of acute hunger.

Urgent action on funding and access will help humanitarian partners address the immediate drivers of famine and provide a lifesaving first line of defence. However, sustainably averting famine, food insecurity and life-threatening malnutrition can only be achieved through political action that translates into better governance, greater and longer-term financial commitments across the humanitarian-development-peace nexus, and action on climate change.

4. Commit to strengthen health systems

Lack of access to primary healthcare with appropriately integrated nutrition actions can mean that quality nutrition services do not reach everyone. That is why Canada's support must prioritize the integration of nutrition within health systems to ensure that nutrition services are consistently of high quality and optimal coverage. Essential nutrition services should be part of the standard package of available healthcare services, universally available to all.

To this end, Canada must continue supporting countries' efforts to strengthen health workforce capacity to deliver essential nutrition services. Frontline workers involved in nutrition service delivery should have the required pre- and in-service training, means and motivation to perform their assigned roles. In particular, it is imperative to ensure that frontline workers, such as community health workers, receive adequate nutrition training and are appropriately equipped to provide quality nutrition care.

Similarly, Canada must support countries' efforts to integrate the delivery of essential nutrition supplies within the health system; strengthen information systems to collect, analyse and use data on nutrition; and regularly monitor and evaluate nutrition services to address inequities in delivery, coverage, and access.



Conclusion

Any new investments that Canada makes in nutrition programming will yield high returns, well into the future. Nutrition is undeniably one of the most **cost-effective** investments for a healthy world with cross-cutting impacts on economic and social development. Every year, malnutrition costs the global economy **\$3.5 trillion**. Yet, every dollar invested in nutrition can yield **an additional \$16** in economic benefits

What's more, integrating nutrition in international assistance interventions is critical for the effectiveness of Canada's FIAP and its overall humanitarian and development portfolios and COVID-19 response, including in the areas of global health, education, food systems, WASH, and gender equality. New investments in nutrition will ensure that Canadian investments in gender equality, education, sexual and reproductive health and rights (SRHR), and economic empowerment achieve their desired outcomes in emergencies and beyond, recognizing the proven linkages between nutrition and education, food systems, health, and productivity outcomes, as well as the losses accrued from poor nutrition.

By making a bold, new pledge of additional funds at N4G 2021, Canada can ensure an equitable recovery that strengthens global immunity to infectious disease, places women and children at the center of recovery, and helps achieve the greatest health impact through Canada's International Assistance Envelope for women's and girls' health.