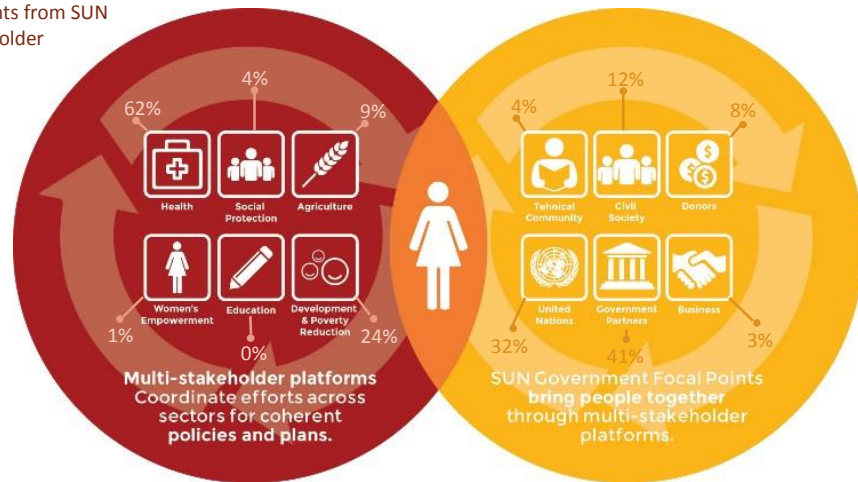


25 – 29 January 2016
Over 300 participants
11 teleconferences
7 x English, 3 x French
and 1 x Spanish
45 Countries and the
Indian State of
Maharashtra
participated.
SUN Countries:
Bangladesh; Benin;
Botswana; Burkina Faso;
Burundi; Chad; Congo
Brazzaville; Costa Rica;
Cote d'Ivoire; Democratic
Republic of Congo; El
Salvador; Ethiopia;
Ghana; Guatemala;
Guinea-Conakry; Haiti;
Indonesia; Kenya; Kyrgyz
Republic; Lao PDR;
Madagascar; Malawi;
Mali; Mauritania;
Mozambique; Myanmar;
Namibia; Nepal; Nigeria;
Pakistan; Peru; Senegal;
Sierra Leone; Somalia;
South Sudan; Sri Lanka;
Swaziland; Tajikistan; The
Gambia; Togo; Vietnam;
Yemen; Zambia; and
Zimbabwe.

Diversity of Participants from SUN
Country Multi-Stakeholder
Platforms*



The meeting focused on country experiences in setting national nutrition targets and the corresponding commitments to action to achieve these targets, taking into consideration the six global nutrition targets of the Comprehensive Implementation Plan on Maternal and Infant and Young Child Nutrition (the Global Nutrition Targets 2025), and the nutrition-related targets of the WHA global monitoring framework for non-communicable diseases (NCD).

SUN Countries including Burkina Faso, Congo-Brazzaville, Côte d'Ivoire, Indonesia, Kenya, Kyrgyz Republic, the Indian State of Maharashtra, Nepal, Peru, Sierra Leone, Zambia, and Zimbabwe, were invited to kick-start the discussions by presenting their experiences in setting national nutrition targets and commitments to actions, guided by the following questions:

- What was the method of establishing national nutrition targets?
- What kind of commitments to actions were triggered following the agreement on the national nutrition targets?
- How do the targets and commitments link to the national planning and budget cycle for nutrition?

Participating SUN Countries reflected upon the presentations and shared their own experiences of the target setting process.

1. Establishing National Nutrition Targets

For many SUN countries, the *Global Nutrition Targets 2025* endorsed by the World Health Assembly (WHA) in 2012 have provided a **useful reference point** when setting national nutrition targets. For other countries, it appears that the **process of setting national nutrition targets** had already begun before the *Global Nutrition Targets 2025* were introduced. In both cases, the following factors were taken into consideration while establishing national level nutrition targets, especially when setting targets to reduce the prevalence of child stunting:

The presence of **baseline data from the most recent population-based surveys**, was an essential element to initiate the target setting process. When setting targets to reduce the prevalence of child stunting, many countries analyse the **current annual average reduction rate (AARR)** based on historical trends. They also review their plans, policies and actions in order to establish a realistic and achievable level of ambition. For example, Zambia incorporated research findings, past trends in key nutrition indicators, and analysis of needs and gaps in services, capacity and logistics to feed into the target setting process.

While many countries expressed the value of **global references** (2030 Agenda for Sustainable Development, Global Nutrition Targets for 2025, and the nutrition-related targets of the WHA global monitoring framework for NCDs), two **national level factors** must also be in place. The first is adequate levels of **political will** to ensure nutrition is at the top of the agenda. The second is to invest time and effort to reach a consensus among participating sectors and actors **on the level of ambition of these targets based on the national contexts**.

The consultation to set the targets can be informed by relevant data including the malnutrition prevalence rates, the mapping and coverage of existing interventions, recent

political commitments, availability of budget linked to interventions, and sectoral priorities. This helps to ensure that national nutrition targets are achievable and realistic.



World Health Assembly Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition Global Nutrition Targets (Global Nutrition Targets 2025)

1. A 40% reduction of the global number of children under five who are stunted;
2. A 50% reduction of anaemia in women of reproductive age;
3. A 30% reduction of low birth weight;
4. No increase in childhood overweight;
5. Increase the rate of exclusive breastfeeding in the first six months up to at least 50%;
6. Reduce and maintain childhood wasting to less than 5%.

Nutrition-related targets of the Monitoring Framework for Noncommunicable Diseases (Voluntary Global Targets for NCD)

1. Halt the rise in diabetes and obesity
2. A 30% reduction in mean population intake of salt/sodium

Ethiopia’s Seqota Declaration aims to end childhood undernutrition by 2030 and reflects the strong commitment of the Government to improve nutrition and to recognise the role of nutrition to propel sustainable development. Kenya adapted the Global Nutrition Targets 2025 by analysing the regional trends, especially the Sub-Saharan African region, in relation to their national data. In-country disparities were also considered based on geographical prevalence and program coverage rates.

Target setting exercises often involve a process of **multi-sectoral and multi-stakeholder consultations** at the national and sub-national levels with the participation of nutrition councils, technical experts and committees. **Aligning national nutrition targets to the national development plan** was mentioned as a good practice for encouraging **multi-sectoral ownership**.

For example, while setting up their Common Results Framework (CRF) for nutrition, Burkina Faso adopted a multi-sectoral participatory approach to identify and set up national nutrition targets. This process was followed by specific individualised workshops for each sector to further

Example for National Nutrition Targets: Burkina Faso

Targets for the Common Results Framework and National Nutrition Policy

Targets	Initial situation 2013	Current situation 2015	Target situation by 2025
Stunting	31.5%	30,1%	20%
Wasting	8,2%	10,6%	Less than 5%
Maternal breastfeeding	47,2%	46,7%	60%
Minimum Acceptable Diet	7,2%	13,4%	30%
Anaemia in women of reproductive age.	49%	62%	40%
Anaemia in under-5 children	88%	83%	65%

refine the interventions of the respective sectors listed in the Common Results Framework that would help to achieve the agreed national nutrition targets.

Several countries face challenges in addressing the **multiple burdens of malnutrition** and emphasised the importance of establishing national targets to halt the increase in child overweight and obesity. To help address this challenge, the World Health Organization (WHO) encourages countries to consider adopting a ‘no increase in childhood overweight’ target given that the data for its calculation are commonly available, and it’s monitoring is an essential measure to prevent child as well as adult overweight and obesity.

Key Lessons for Setting Achievable National Nutrition Targets

- ✓ Analyse historical trends using reliable data over a set time frame.
- ✓ The level of the ambition needs to be set at country level based on the latest prevalence, the historical trend, the population growth and an analysis of the contextual factors.
- ✓ Mobilising political will to own and achieve national targets is key as well as involving relevant sectors and actors.

2. Commitments to Action

Several countries explained how the process of setting national nutrition targets was often followed by commitments to action to contribute to the achievement of these targets. These commitments typically relate to efforts required in order to reach the nutrition targets by making priority services available to those most in need. While the specific types of commitments discussed by countries varied greatly depending on the national and sub-national contexts, a few interesting illustration are below.

Strong political commitments and ambitious targets require **adequate budget allocations**. For example, in light of the national nutrition targets set for 2019, the Government of Indonesia committed to increase the budget allocation for nutrition programmes and for the Directorate for Nutrition in the Ministry of Health from IDR 157 billion in 2014 to IDR 856 billion in 2016.

Ensuring that **adequate coordination channels are in place** at all levels of government in order to translate national nutrition targets into **actions at the sub-national level** is key. Cote d’Ivoire’s commitment for coordination is reflected in their newly established National Nutrition Council composed of the central government, regional and departmental committees.

What is a SMART commitment?

SMART is the instrument to apply in setting your commitments or goals.

SMART* is:

SPECIFIC	<ul style="list-style-type: none"> Indicates a specific action and who is responsible Is compatible with country-level priorities and needs.
MEASURABLE	<ul style="list-style-type: none"> States which indicators will be used to monitor commitments and how they will be measured Includes quantifiable indicators and baseline levels when possible
ACHIEVABLE	<ul style="list-style-type: none"> Is consistent with the progress achieved on previous similar commitments Is as ambitious as possible while being mindful of limitations
RELEVANT	<ul style="list-style-type: none"> Reflects the nutritional context of the country, including challenges Addresses the broader priorities of each country and existing nutrition commitments
TIME BOUND	<ul style="list-style-type: none"> Includes a realistic time-frame for its achievement

*SMART definition from the GNR Guidelines

Strong implementation platforms are required to ensure the **effective coverage** of priority nutrition interventions. **Strengthening human resources** (quantity and quality) was reported to be essential, particularly for the effective functioning of decentralized arrangements.

The Government of Sierra Leone committed to increase nutrition personnel at the national as well as district levels. As a result, every government hospital at district-level is now equipped with public health and clinical nutritionists. . Examples of services mentioned by countries include the provision of wholesome meals for pregnant and lactating women on a daily basis during the last trimester of pregnancy and during the first 3 months of lactation (Maharashtra); strengthening the quality of Maternal and Infant and Young Child Nutrition (MIYCN) services delivered throughout the continuum of care with a multi-sectoral approach (Nepal); and the provision of Iron and Folic Acid (IFA) supplementation to pre-pregnant women, early screening of high-risk mothers, and regular monitoring of intrauterine growth retardation through cash transfer programmes (Sri Lanka).

Strengthening monitoring and evaluation (M&E) systems ensures accountability and allows governments to continuously improve service provisions. Benin has created a multi-sectoral information system that allows them to collect information from different ministerial databases. In Maharashtra, the government has committed to providing field-level officers with mobile phones to improve their ability to track results. Lao PDR has committed to strengthen the monitoring of annual progress against priority actions and targets by convening a national nutrition forum to help ensure mutual accountability of all stakeholders.

Examples of how countries have expressed their SMART Commitment

SIERRA LEONE

Together, government and supporting partners will promote early initiation of breastfeeding, exclusive breastfeeding and timely complementary feeding practices for children under five years by 2017. (See table below)

	Description	Baseline 2013	Target 2017
Indicator	Percent of Infants 0-5 months exclusively breastfed	19%	40%
Coverage	Pregnant and lactating women reached with EBF promotion	51%	60%
Target group	Pregnant and lactating women, husbands, grandmothers	>50%	80%
Indicator	% Children 6-23 months old with minimum acceptable diet	19%	40%
	% of children with timely initiation of semi/solid foods at 6 months	51%	60%
Coverage	Estimated number of pregnant and lactating women receiving Complementary feeding promotion messages	>50%	80%
Target group	Pregnant and lactating women, husbands, caretakers, grandmothers		

ZAMBIA

Commitments to Actions Triggered following the agreement on national nutrition targets. Commitment 1: *Government with support from partners to scale Up well proven, effective and low cost food and nutrition interventions from current 14 districts to 45 districts by 2018.*

SPECIFIC	MEASURABLE	ACHIEVABLE	RELEVANT	TIME BOUND
YES	YES	YES	YES	YES
The "who" and the action are identified	The baseline coverage is listed and can be tracked to see if coverage increases over a period of three years	Other countries have shown that it is possible to have an effective, multi-sectoral strategy in place to combat stunting	Stunting is a significant issue	A very concrete time frame is included

Key Lessons for securing SMART commitments to action to achieve results

- ✓ Adequate budget allocations are essential to assure commitments to actions.
- ✓ Strong coordinating mechanisms and adequate human resources at every level of government help to ensure that nutrition targets translate into effective actions.
- ✓ Commitments towards implementation need to be Specific, Measurable, Achievable, Relevant and Time bound.
- ✓ Efforts to improve monitoring and evaluation systems is crucial to track implementation and link it to the achievement of targets.

3. Linking targets and commitments to national planning and budgeting

National nutrition targets and associated commitments to action can be meaningfully connected through the national planning and budget cycle. This can happen in a variety of ways but some general themes emerged from the discussions.

Targets and commitments from national plans need to be reflected in operational work plans at all government levels. For example, in Indonesia, the National Medium Term Development Plan is translated into provincial and district plans. These plans are adopted by the sectoral ministries through five-year sectoral strategic plans with sector-specific indicators, targets and budget. These strategic plans are then translated into sectoral annual work plans and budgets to achieve results.

Challenges and support

Countries face a range of challenges when setting and achieving national nutrition targets. Some of the commonly reported issues include:

- Despite its importance, some countries found the lack of updated and reliable data as a major challenge. This can impair a country's ability to take into account all relevant risk factors that will affect implementation.
- Targets are not often matched with the necessary resources required at the national level. This demands countries to prioritize interventions and their coverage based on the allocated resource.
- Significant delays in the release of available funds leads to the disruption of services.

If you need support to review your targets:

- The WHO Tracking Tool at <http://www.who.int/nutrition/trackingtool/en/> can help countries to calculate the national targets based on the most recent baseline findings, the historical trend and the population growth rate. However, the level of ambition in setting the targets will depend on the country-based analysis of the current circumstances and a review of the policies and actions that are planned and implemented.
- The Global Nutrition Report team will be providing assistance to those countries that are developing new or revised SMART commitments. A SMART commitment guideline is available at <http://globalnutritionreport.org/files/2016/03/SMART-guideline-GNR-2016.pdf>, and the Global Nutrition Report "hotline" email is GnrSmart2016@gmail.com

Transparency of information systems that track results and allocated resources is critical. This requires reliable data, disaggregated at national and sub-national levels, to be regularly accessible to all stakeholders contributing to scaling up efforts. In Zimbabwe, implementation of multi-sectoral nutrition interventions is reported through a near real-time monitoring system. Communities provide feedback on their satisfaction with services provided using a short message service (SMS) system.

The involvement of different actors, including finance divisions, throughout the target setting, planning, budgeting,

implementation and monitoring cycle is key to promote accountability and to accelerate the achievement of results. The technical group responsible for nutrition coordination in Mozambique (GT-PAMRDC) regularly meets with the financial planners in every sector. The aim is to ensure that nutrition is included and resourced in the yearly work plan of these sectors. In Kenya, the Medium Term Expenditure Framework (MTEF) uses a sub-county to national approach that involves all stakeholders and relevant ministries in an annual performance review forum. The results of the review are used to inform the priority setting process for sectoral work plans.

Performance-based incentive mechanisms can help improve sub-national management of implementation and to increase coverage of services to those most in need. For example, Peru uses continuous feedback loops within its financial system to stimulate performance at the municipal, regional and national levels. Through the use of a results-based budgeting process, Peru tracks expenditures, monitors effective functioning, and increases allocations in areas where implementation is demonstrated to be most needed and most effective.

Key lessons for connecting the dots between targets, commitments and actions

- ✓ The planning phase offers an opportunity to translate targets and commitments into tangible actions and required resources (human, physical and financial).
- ✓ Timely and reliable data is essential to inform decisions on implementation and spending.
- ✓ Performance based financing can help to ensure that resource is mobilised on a continuous basis and can help to increase implementation and more effective spending.

This summary was developed by the SUN Movement Secretariat for the SUN Movement. More information about SUN Country Network Meetings and the presentations can be found at <http://scalingupnutrition.org/progress-in-the-sun-movement/country-network-call-notes-updates>.

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