



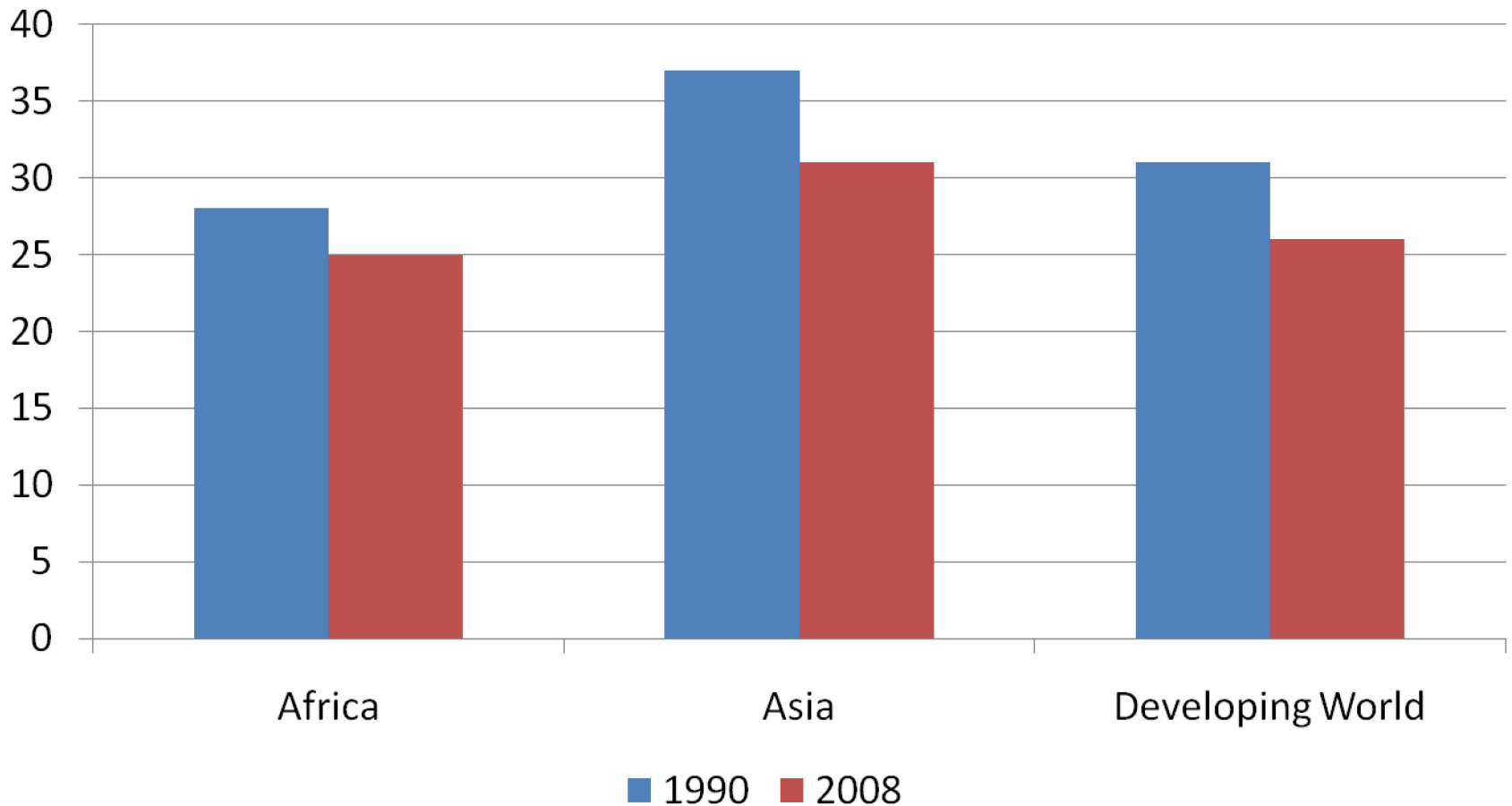
INTERNATIONAL FOOD  
POLICY RESEARCH INSTITUTE  
*sustainable solutions for ending hunger and poverty*

# PROGRESS TOWARDS THE MDG1 HUNGER TARGET WHAT LESSONS?

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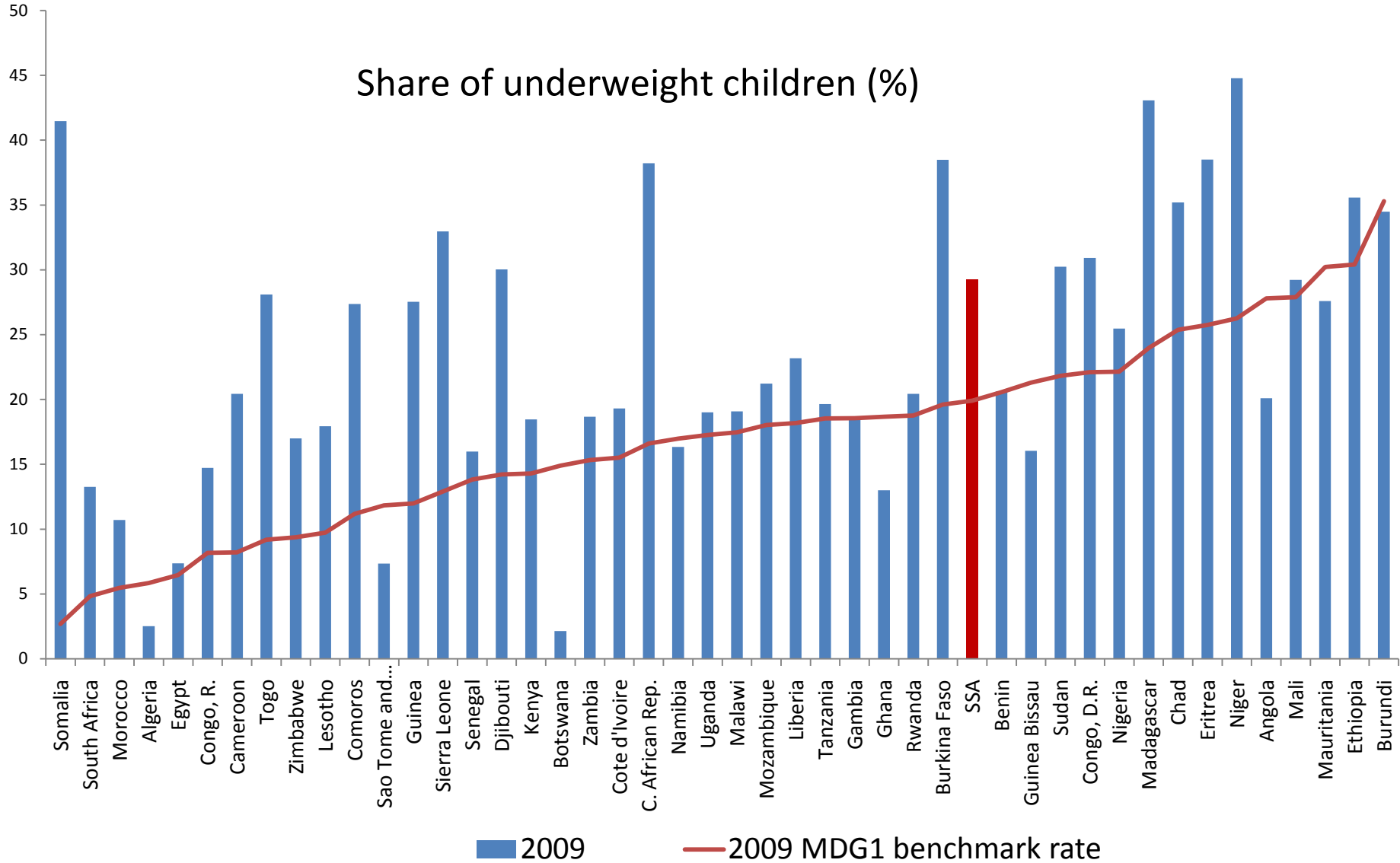
International Food Policy Research Institute

# Underweight Prevalence Among Children Under 5 Around 1990 and 2008: VERY SLOW PROGRESS



# PROGRESS TOWARDS THE MDG1 HUNGER TARGET AMONG AFRICAN COUNTRIES

Share of underweight children (%)



# THE IFPRI GLOBAL HUNGER INDEX

## Combines 3 dimensions of hunger

- Child malnutrition (underweight)
- Child mortality
- Undernourishment among general pop.

$$\text{GHI} = (\text{PUN} + \text{CUW} + \text{CM})/3$$

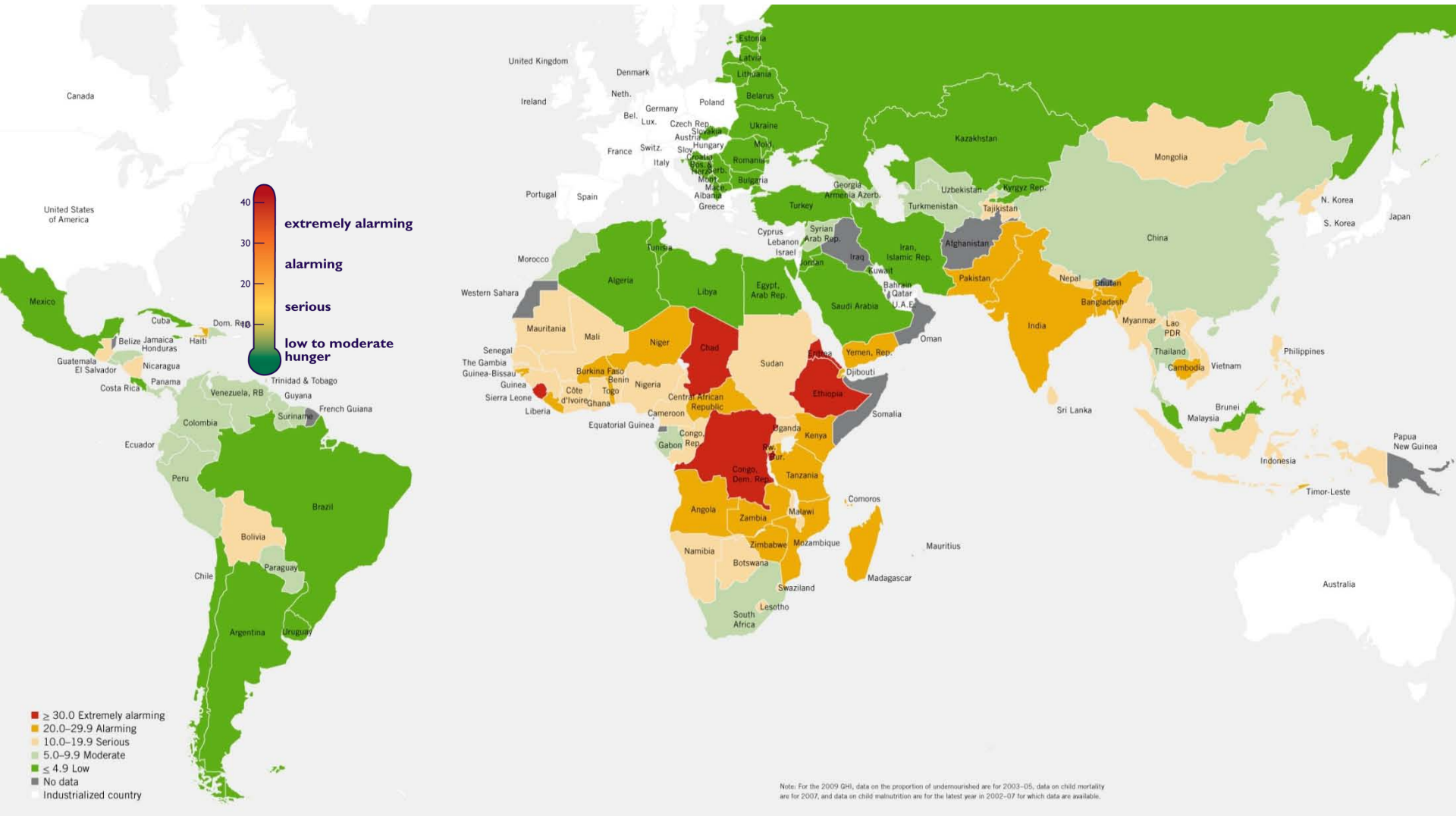
with **GHI:** Global Hunger Index

**PUN:** proportion of the population that is undernourished (in %)

**CUW:** prevalence of underweight in children under five (in %)

**CM:** proportion of children dying before the age of five (in %)

# GHI country performance: Index by severity

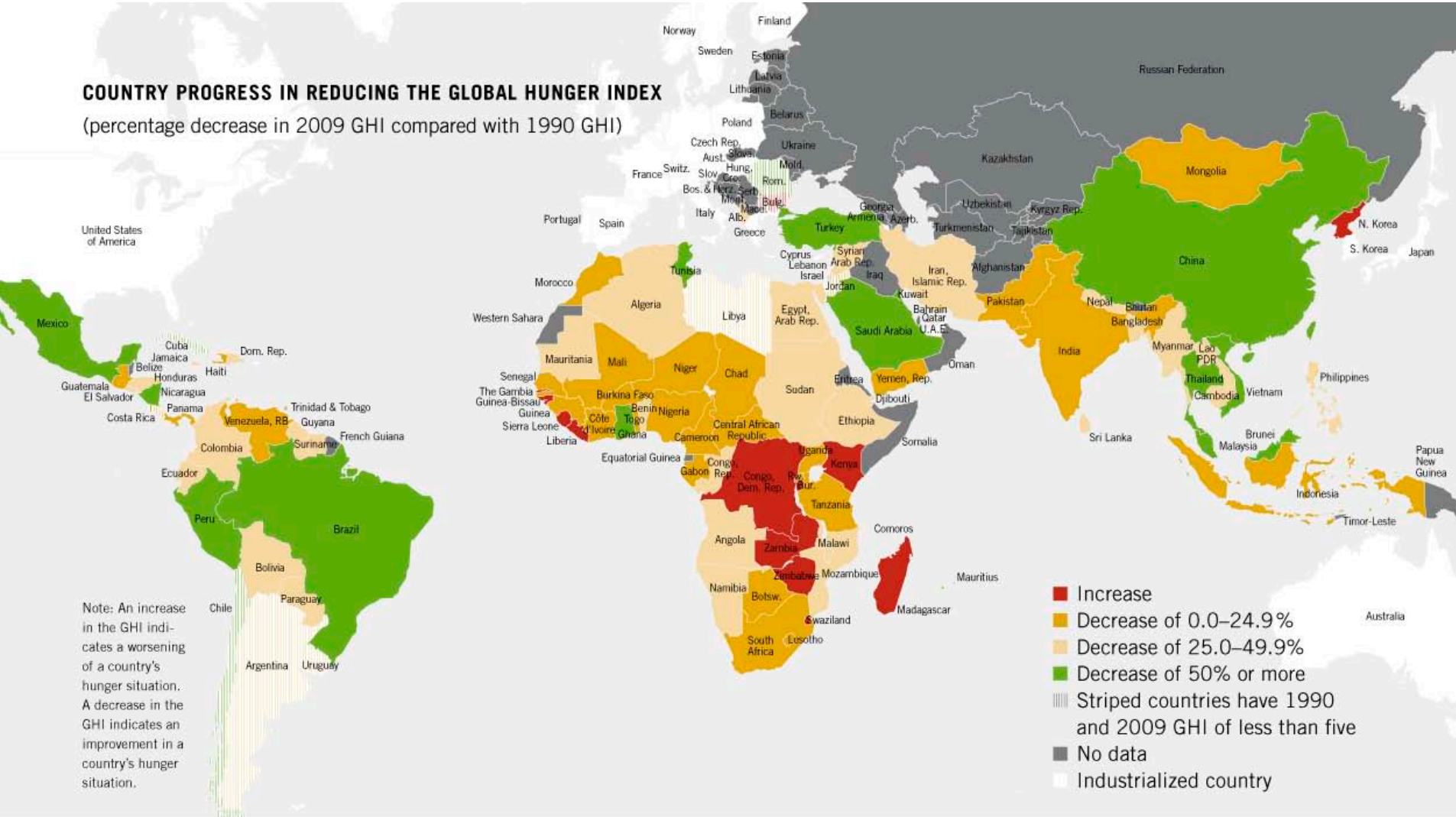


**29 countries: “alarming” or “extremely alarming” levels of hunger**

# Country progress

## COUNTRY PROGRESS IN REDUCING THE GLOBAL HUNGER INDEX

(percentage decrease in 2009 GHI compared with 1990 GHI)



# PROGRAMS TO FIGHT HUNGER AND MALNUTRITION

## **Preventive and Therapeutic => *Reduce Acute Malnutrition***

- Early childhood nutrition programs
  - Supplementary Feeding
  - Ready to Use Foods (therapeutic/preventive)
  - health interventions
- Food production based programs
  - Raise HH Food availability
  - Increase dietary quality
  - Biofortification

# PROGRAMS TO FIGHT HUNGER AND MALNUTRITION

## **Protective => *Reduce vulnerability***

- Productive safety nets
  - In-kind transfers (conditional)
  - Cash transfers (conditional)
  - Employment programs
- Labor productivity raising investments in smallholder and rural sectors



# PERU GOOD START TO LIFE PREVENTIVE PROGRAM

## COVERAGE/INTERVENTIONS

Nutrition/Hygiene/Health

75000 Children under 3

35000 Pregnant and Lactating Mothers

223 rural Communities

IMPACT	2000	current
Malnutrition under 5:		5%
Malnutrition total Pop:	28%	15%
Stunting	54%	37%
Iron deficiency	76%	52%
Vitamin A deficiency	30%	5%

# MALAWI TREATMENT BASED PROGRAM

## COVERAGE/INTERVENTIONS

826 Children

Rural assessment centers

2-weeks supply of RUTF

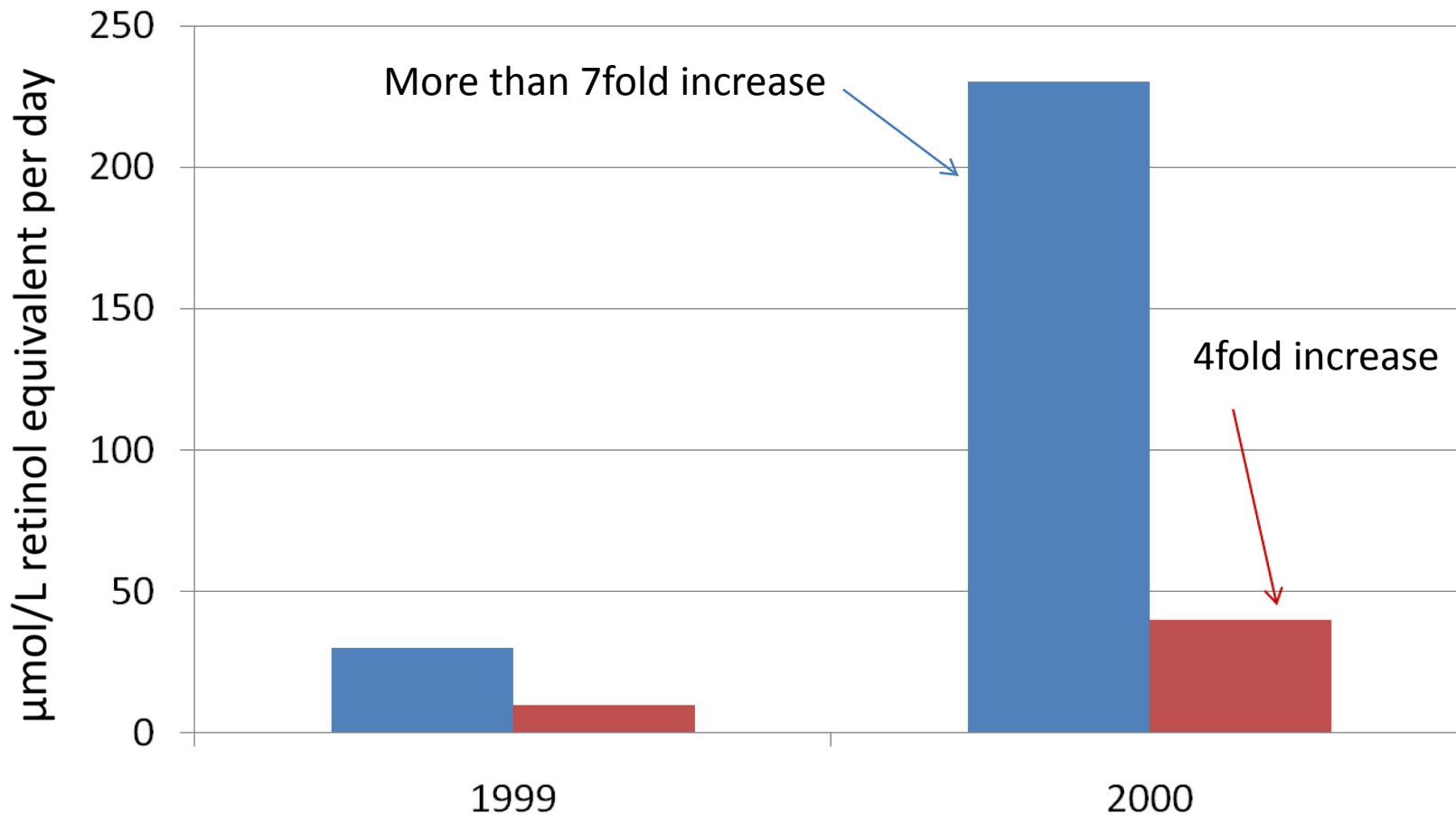
## IMPACT

Malnutrition recovery rate	94%
No change in Malnutrition	2%
Defaulted	3%
Died	1%
Daily weight gain	2.7kg

# Bangladesh Homestead Food Production

Seeds; Animal Husb; Edu. to 5mill. people in 50% of sub-districts

## Change in Vitamin A Intake



# HARVESTPLUS Biofortified Crops

## FOR AFRICA

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- Iron  
Beans
- Vitamin A  
Cassava  
Maize  
Sweet Potato



# HARVESTPLUS Biofortified Crops

## FOR ASIA

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- Iron & Zinc  
Pearl Millet
- Zinc (Iron)  
Rice  
Wheat



# ETHIOPIA PRODUCTIVE SAFETY NETS

## COVERAGE/INTERVENTIONS

Public Works, access to services, credit, cash transfer  
7 mill. people  
4 major regions  
Annual budget of US\$500 mill.

## IMPACT

Increase in mean caloric availability	10%
Decrease in no. of food insecure months	1.6%
Increase in fertilizer use	11 p.c. points
Increase in use of improved seeds	5 P.C. points

# WHAT ARE THE LESSONS?

- NUTRITION INTERVENTION PROGRAMS CAN WORK
- THEIR SCIENTIFIC FOUNDATION OF HAS BENN ESTABLISHED
- THEIR TECHNICAL VALIDITY HAS BEEN PROVEN
- OBSTACLES TO SCALING UP?
  - COST EFFECTIVENESS
  - IMPLEMENTATION LOGISTICS
  - DELIVERY SYSTEMS

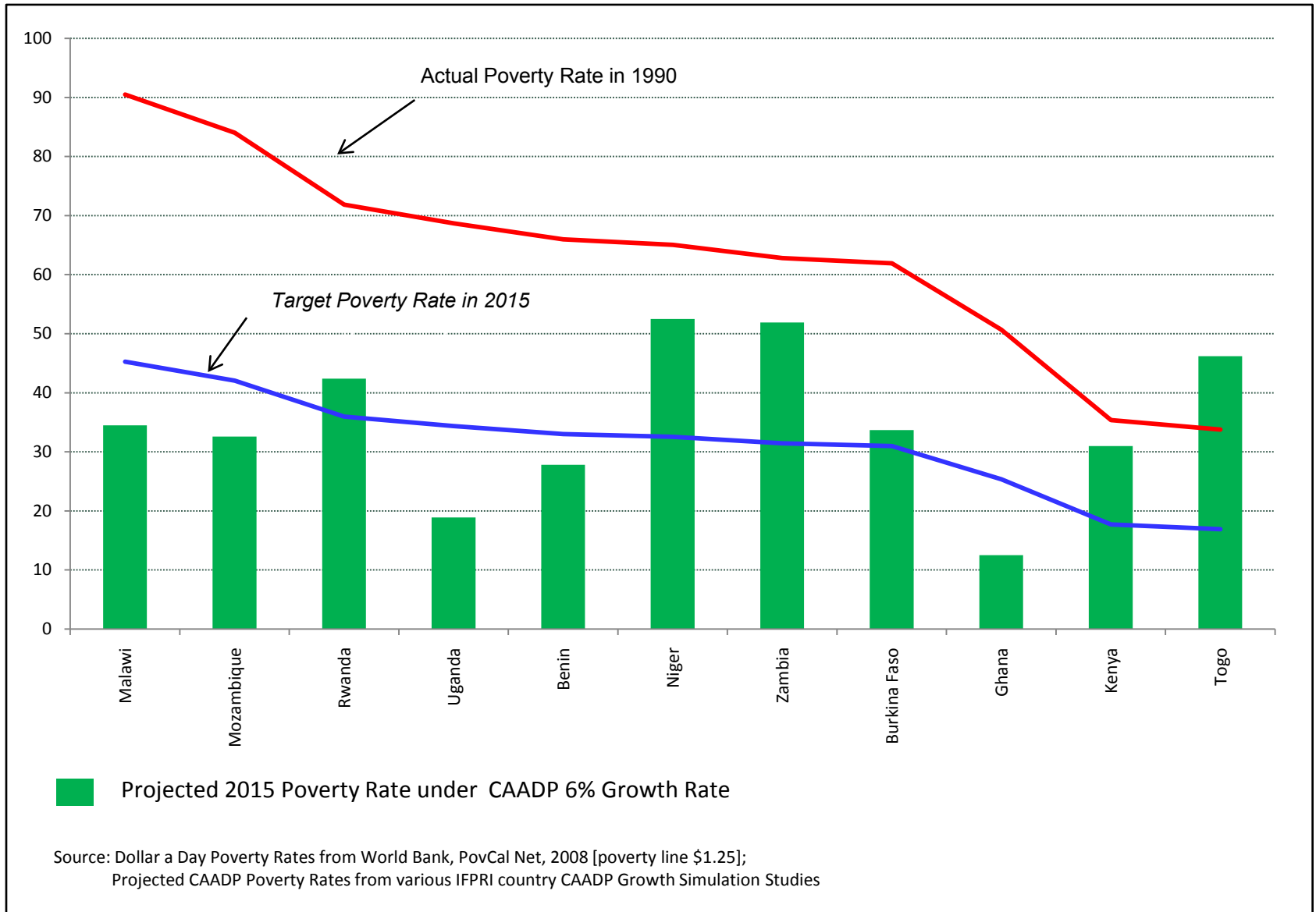
# LOOKING FOR CONVERGENCE ACROSS MDGs

- HUNGER AND MALNUTRITION ARE SYMPTOMS OF LOW INCOME AND/OR ACCESS TO SERVICES: EDUCATION, HEALTH, SOCIAL PROTECTION
- LOW ACCESS TO SOCIAL SERVICES IS OUTCOME OF
  - LOW HOUSEHOLD PRODUCTIVITY / LIMITED FISCAL RESOURCES
  - POOR SERVICE DELIVERY / OBSTACLES TO ACCESS
- MOST EFFECTIVE WAY TO RAISE INCOMES  
RAISE PRODUCTIVITY OF RESOURCES POOR PEOPLE DEPEND ON:  
=> AGRICULTURAL LAND AND RURAL LABOR
- CONVERGENCE: SOCIAL SERVICES ARE NOT HOMOGENEOUS  
THEIR COMPOSITION IS NOT GROWTH NEUTRAL  
  
=> OPTIMIZE EXPENDITURES IN HEALTH, EDUCATION, AND SAFETY NETS  
TO MEET SOCIAL NEEDS WHILE MAXIMIZING IMPACT ON SHORT AND  
LONG TERM LABOR PRODUCTIVITY GROWTH IN RURAL AREAS



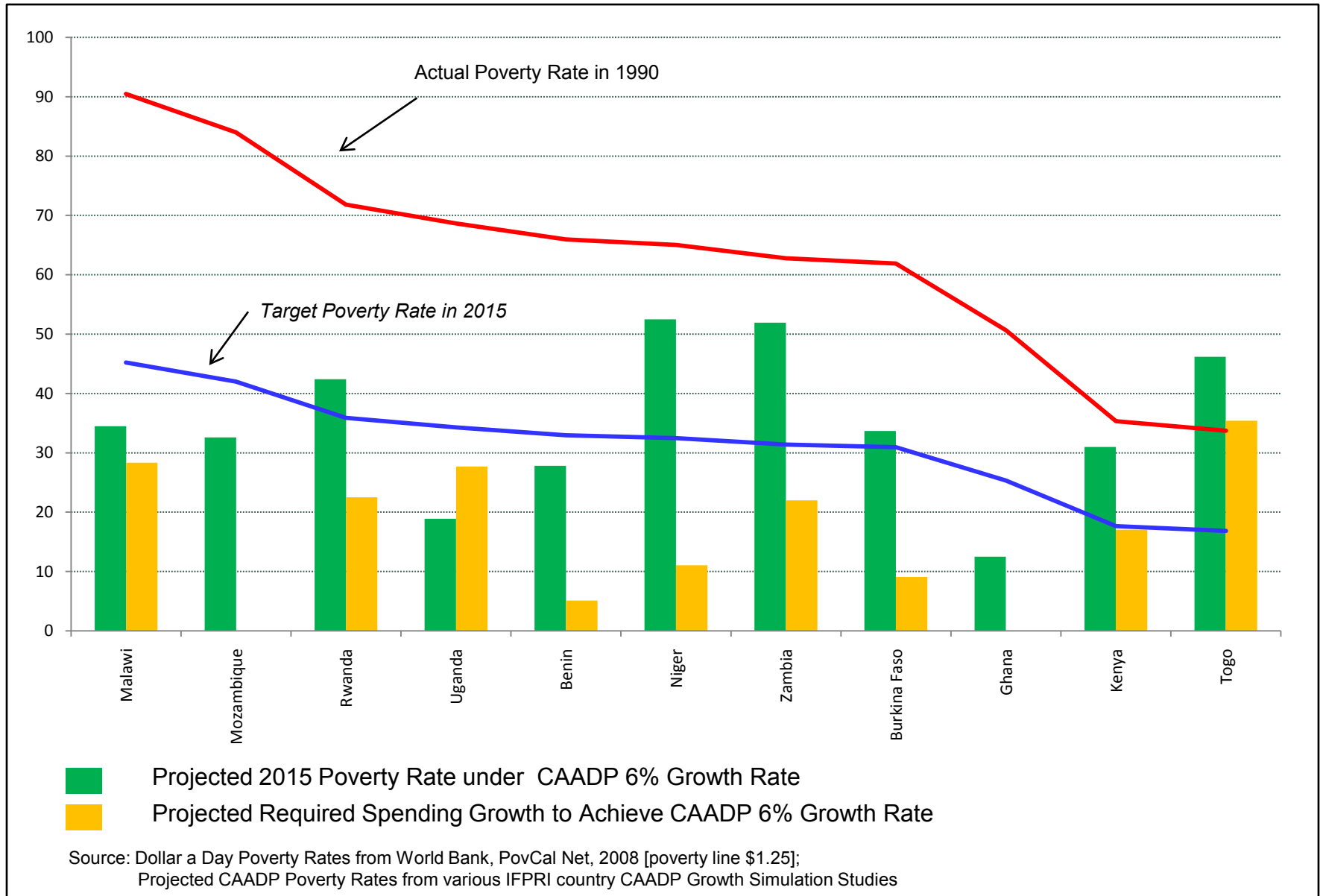
# LONG TERM CHALLENGE NO. 1

## BRIDGING THE GROWTH GAP TO MEET THE POVERTY MDG TARGET

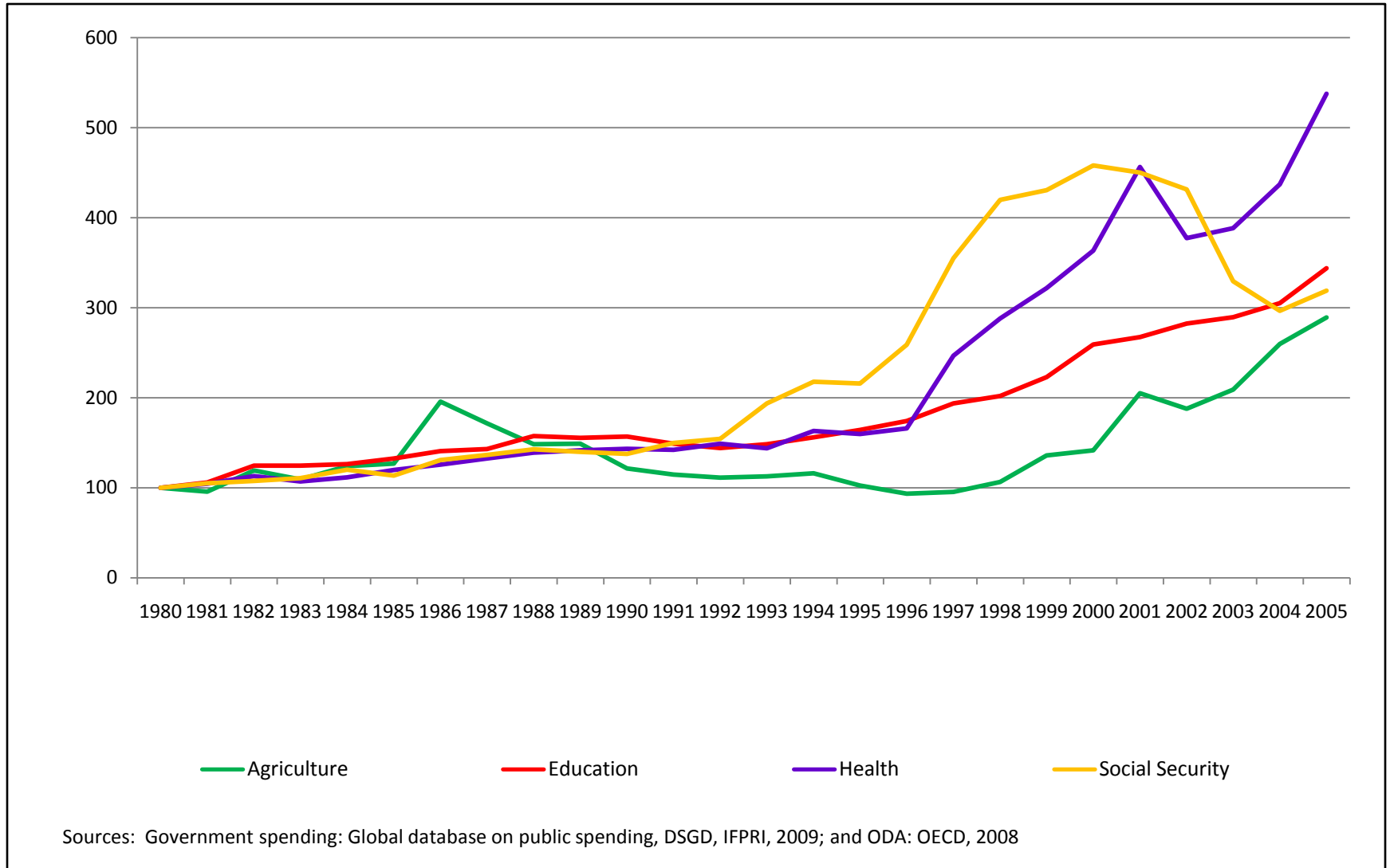


# LONG TERM CHALLENGE NO. 2

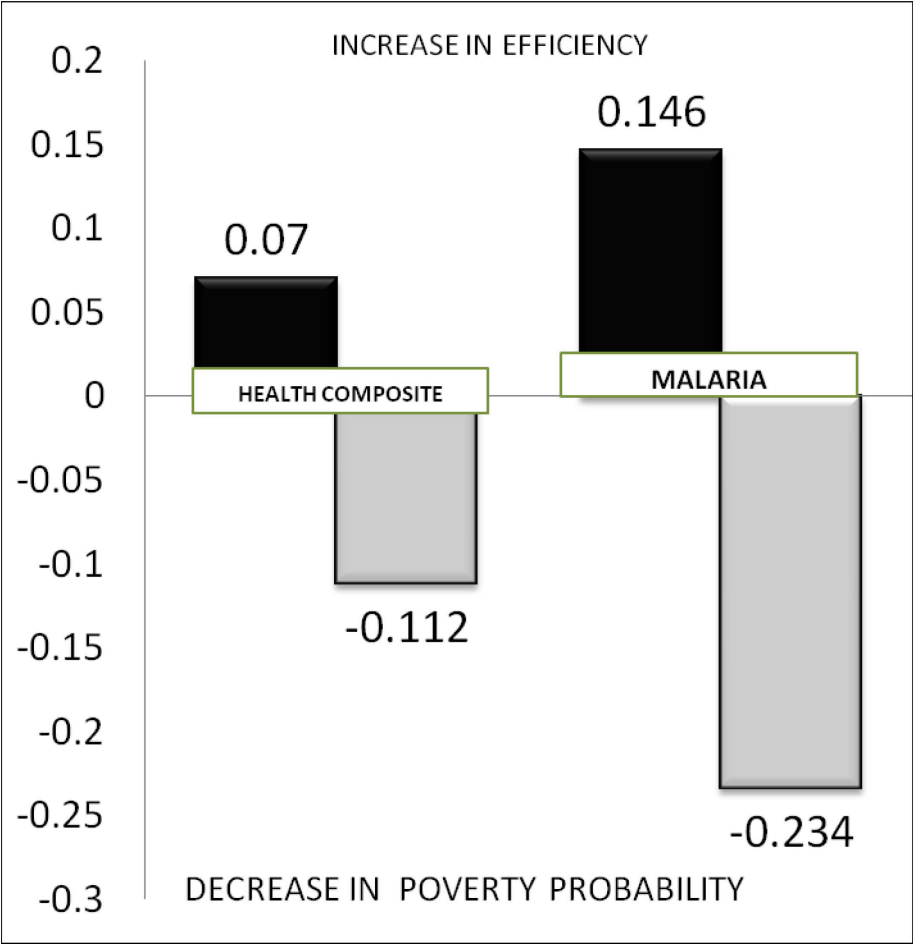
## BRIDGING THE EXPENDITURE GAP TO MEET THE POVERTY MDG TARGET



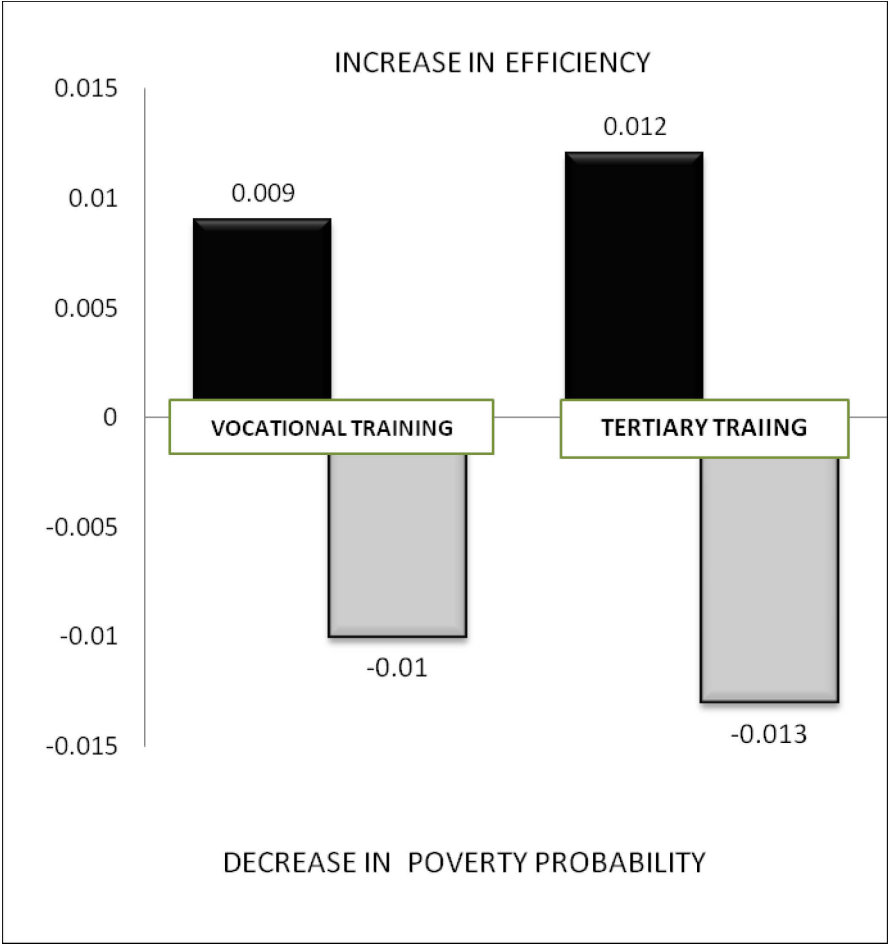
# LONG TERM TRENDS IN PUBLIC EXPENDITURE ALLOCATION AMONG AFRICAN COUNTRIES



# EFFECT OF 10% INCREASE IN SERVICES EXPENDITURE ON SOCIAL OUTCOMES, AGRICULTURAL EFFICIENCY, AND POVERTY



HEALTH SERVICES



EDUCATION SERVICES

# MDGS AND CONVERGENCE BETWEEN SOCIAL AND PRODUCTIVITY INVESTMENTS

## BASIC STRATEGIC QUESTIONS

- 1 HOW TO MAXIMIZE LONG TERM GROWTH WHILE MEETING SHORT TERM SOCIAL NEEDS
- 2 HOW TO MAXIMIZE SYNERGY BETWEEN SOCIAL SERVICES AND PRODUCTIVITY ENHANCING INVESTMENTS
- 3 HOW TO EXPLOIT GROWTH EXTERNALITIES OF SOCIAL SERVICES
- 4 HOW TO IMPROVE CONSIDERATION OF GROWTH SYNERGIES IN BUDGET PLANNING AND NEGOTIATIONS

# CONVERGENCE RELEVANCE

## WHICH COUNTRIES NEED CONVERGENCE?

### COUNTRIES WITH “LITTLE MONEY AND LITTLE TIME”

- VERY TIGHT MEDIUM TO LONG TERM BUDGET CONSTRAINTS
- LARGE SHARE OF POPULATION LIVING IN POVERTY
- LARGE SHARE OF LOW-SKILL UNDEREMPLOYED RURAL POOR
- LOW DEGREE OF DECENTRALIZATION OF SERVICES
- URBAN-CENTERED SERVICES DELIVERY (SITE AND CONTENT)