Off To A Good Start: A Proposed Nutrition Framework for East Asia and the Pacific (EAP)
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1. BACKGROUND

Malnutrition is a persistent problem in the East Asia and Pacific region (EAP), despite rapid economic growth and impressive rates of poverty reduction in recent years. Since the 1997–98 economic and financial crisis, the EAP region has been one of the world’s fastest-growing regions with steady high economic growth rates. Income growth alone, however, is not sufficient to reduce the high prevalence of undernutrition\(^1\) in some countries in the EAP region. Although many EAP countries are on track to achieve the MDG target of halving rates of underweight by 2015, stunting rates have stagnated and remain very high. In addition, in several countries, women continue to have high rates of anemia, excessive thinness, and short stature which are risk factors for maternal mortality, low birthweight, poor child health and stunting. Micronutrient deficiencies, especially iron deficiency, persist even among the most successful East Asian countries like China and Thailand.

The EAP region includes dramatic contrasts in nutritional status and epitomizes the various stages of the “nutrition transition”. The nutrition transition is defined as the shift from traditional diets based on indigenous staples, legumes, and fruits and vegetables, to a more global intake pattern including processed and imported animal source foods and increased amounts of sugar, fats, and salt. A shift from rural to urban lifestyles generally accompanies the transition, as do consumption patterns favoring more sedentary lifestyles (for example traveling by car vs. walking or watching television vs. traditional forms of recreation). Increasing rates of overweight and obesity among both adults and children contribute to the increased incidence of noncommunicable diseases (NCDs) such as diabetes and coronary heart disease (CHD).

Countries in the EAP region can be categorized according to the three phases of the nutrition transition (Table 1-1). These are as follows:

1. Early transition with high stunting, high maternal undernutrition, and low obesity rates;
2. Advanced transition with moderate to high stunting, improving maternal undernutrition, and moderate obesity; and
3. Full transition with low stunting and high obesity rates among women and children.

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\(^1\) Stunted growth is reduced linear growth and is measured as height-for-age. It is a primary manifestation of chronic undernutrition in early childhood, including undernutrition during fetal development.
Table 1-1: Definition of Country Profiles

<table>
<thead>
<tr>
<th>Profile</th>
<th>Characteristics</th>
<th>Country Classification (According to Profiles)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Countries in early transition</td>
<td>- Stunting levels among under-fives of 30 percent and higher</td>
<td>▪ Cambodia</td>
</tr>
<tr>
<td></td>
<td>- High levels of low birthweight (LBW) and maternal body mass index (BMI) &lt; 18.5</td>
<td>▪ Lao PDR</td>
</tr>
<tr>
<td></td>
<td>- Overweight among children less than 5 percent</td>
<td>▪ Myanmar</td>
</tr>
<tr>
<td></td>
<td>- High BMI (&gt;30) among women less than 5 percent</td>
<td>▪ Timor-Leste</td>
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<tr>
<td></td>
<td></td>
<td>▪ Vietnam</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ PNG</td>
</tr>
<tr>
<td>2: Countries in advanced</td>
<td>- Stunting levels among under-fives of 20-29 percent</td>
<td>▪ China</td>
</tr>
<tr>
<td>transition</td>
<td>- Overweight among children above 5 percent but below 10 percent</td>
<td>▪ Indonesia</td>
</tr>
<tr>
<td></td>
<td>- High BMI (&gt;30) among women over 5 percent but below 10 percent</td>
<td>▪ Malaysia</td>
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<tr>
<td></td>
<td></td>
<td>▪ Mongolia</td>
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<tr>
<td></td>
<td></td>
<td>▪ Philippines</td>
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<tr>
<td></td>
<td></td>
<td>▪ Solomon Islands</td>
</tr>
<tr>
<td>3: Countries in full transition</td>
<td>- Stunting levels among under-fives less than 20 percent</td>
<td>▪ Fiji</td>
</tr>
<tr>
<td></td>
<td>- Overweight among children above 10 percent and rapidly increasing over past decade</td>
<td>▪ Samoa</td>
</tr>
<tr>
<td></td>
<td>- High BMI (&gt;30) among women over 10 percent and rapidly increasing</td>
<td>▪ Thailand</td>
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<tr>
<td></td>
<td></td>
<td>▪ Tonga</td>
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<td></td>
<td></td>
<td>▪ Tuvalu</td>
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<td></td>
<td></td>
<td>▪ Vanuatu</td>
</tr>
</tbody>
</table>

As a result of the nutrition transition, many EAP countries are experiencing the double burden of both over- and undernutrition (Figure 1-1). Overnutrition is due to the overconsumption of energy-dense nutrient-poor foods that are high in fat, salt and refined sugar combined with low levels of physical activity, while undernutrition is caused by inadequate consumption of nutrient-rich foods, poor hygiene and sanitation, and infections. Both over- and undernutrition co-exist in the same country, community, and even in the same family and individual (Barker et al. 2002). Several of the world’s most populous countries likely to face an obesity epidemic are in EAP, including China, Indonesia, and Philippines. Indonesia and the Philippines have a growing double burden with continuing high levels of stunting and burgeoning overnutrition problems. This unhealthy combination seriously threatens economic growth, undermines national well-being, and imposes additional cost pressures on health and other social welfare programs. Many of the Pacific Islands have some of the highest obesity rates in the world (for example, a staggering 80 percent of women in Tonga are overweight or obese).
Figure 1-1: Dual Burden of Malnutrition: Child Stunting and Adult Overweight/Obesity in EAP Countries

Source: WHO Nutritional Landscape Country Profiles (Anthropometry data are the latest available from National Country Surveys during the last five years).

**There is a strong economic and social rationale for preventing under- and overnutrition.** First, the economic costs of undernutrition are substantial. It is estimated that individual productivity losses are approximately 10 percent of lifetime earnings. Second, there are long-term cognitive losses associated with stunting and iron deficiency anemia in children which ultimately impact on a person’s productivity in adulthood. Finally, higher health costs due to treatment of infections (undernutrition) or for the treatment of obesity and associated chronic disease (undernutrition/low birthweight and overnutrition) put a strain on the already weak, overburdened health systems in these countries. Overall it has been estimated that losses to GDP due to high prevalence of malnutrition may be as high as 2 or 3 percent, and even higher when one takes into account the effect on the long-term cognitive impairment of children. Addressing malnutrition should be recognized not only as a social expenditure but as an investment.

**Box 1-1: Productivity and Nutrition: Losses Are Irreversible, But Gains Are Irrevocable**

Nutrition and productivity are interlinked; there is ample evidence to demonstrate that undernutrition has lifelong and irreversible effects on health and on cognitive and physical human development. From an economic perspective, faltering growth leads to stunting in children, which translates into shorter stature in adulthood. This condition is accentuated by anemia and iron deficiency which reduce the capacity for physical work and result in lost productivity and reduced lifetime earnings. Similarly, undernutrition can cause lasting damage in terms of cognitive development and intellectual ability, as malnourished children tend to start school later, have lower rates of performance, and higher rates of absenteeism and dropouts, predisposing children to lower wages and earnings later in adulthood (Alderman, Hoddinott and Kinsey, 2003). Finally, early life undernutrition, particularly fetal growth restriction and low birthweight, is correlated with increased risk of later life obesity and/or adult onset of NCDs such as diabetes and CHD (Barker et al, 2002).
Nutritional deficiencies and excesses can be addressed through readily available cost-effective interventions for undernutrition and by proactively seeking effective approaches to overnutrition, before the problem begins to mirror the epidemic proportions found in developed countries. The accompanying technical note (Technical Note on Nutrition in East Asia and the Pacific) provides a more in-depth presentation of the nutrition situation in the EAP region. There is widespread acknowledgment of the multisectoral nature of malnutrition at the global level, along with the need to develop and implement nutrition strategies that incorporate actions by multiple sectors in order to address the problem. The immediate causes of malnutrition are related to inadequate food and nutrient intake and to poor health, with the underlying causes stemming from household food insecurity, poor maternal and child care practices, inadequate health care-seeking behaviors, lack of clean water, poor sanitation and hygiene, gender inequities, and low levels of education for girls.

The more direct nutrition-specific interventions (often delivered through the health sector) address malnutrition through evidence-based actions such as the promotion of exclusive breastfeeding and administration of Vitamin A supplements to young children. Nutrition-sensitive interventions include actions delivered through sectors such as agriculture and social protection (for example conditional cash transfers to increase attendance at antenatal care to receive iron folic acid supplements). To address overnutrition, engagement with the private sector food industry and the ministry responsible for trade will be some of the many critically important alliances with nonhealth/nutrition sectors needed to tackle the burgeoning crisis of overweight and obesity in the EAP region.

Most countries in the region have national social and economic policies that include nutrition as a key outcome, but few countries adequately address stunting, or the growing risk of overnutrition and the rise in diet-associated NCD rates. Given the multisectoral determinants and social and behavioral change aspects of nutrition, effective implementation of nutrition programs is a major policy challenge. Many countries do have national nutrition policies and nutrition programs, and there are some impressive success stories, including, for example, Thailand’s success in reducing undernutrition. Nevertheless, challenges to improved nutrition remain significant. They include reaching the community level, ensuring adequate management and quality control of nutrition services, consolidating services, and building and sustaining the needed multisectoral institutional framework that is operationally effective and focused on results at the community level. Few, however, address the double burden effectively.
2. CHALLENGES AND OPPORTUNITIES FOR ADDRESSING MALNUTRITION IN THE REGION

The double burden of malnutrition is well under way throughout the EAP region; yet action on nutrition, both at the national and international level, is constrained by a number of institutional and operational challenges:

- **Lack of Policy Framework and Weak Political Commitment:** Although it is an advantage that most countries have nutrition policies, many of these are aspirational, lacking prioritization, budgeting, or a grounding in actual programs. They are often overly ambitious in both their goals and in the number of programs mounted. As a result, the institutional capacity is overwhelmed, no single program is implemented well, and lack of results weakens political support.

- **Fragmented Institutional Arrangements:** Some gross indicators of nutritional institutional capacity include the existence of a national nutrition policy, one or more public organizational entities charged with implementation of the national policy, the existence of national nutrition programs, the inclusion of nutrition in annual public budgets, and the coverage of needy and underserved populations. In the final analysis, however, institutional capacity should be measured by the quality and impact of the policies and programs and, for many countries, these measures demonstrate the lack of progress resulting from fragmented or absent institutional arrangements for nutrition.

- **Lack of Implementation Capacity at the National and Subnational Level:** Although countries might have adopted nutrition policies at the national level, in many EAP countries the subnational capacity for planning, implementation, and program management remains too weak to ensure that national nutrition policies reach the community level and are operationally effective and focused on results. In Indonesia a strong national nutrition policy and stakeholder groups exist but attention has been mainly on reducing underweight, with prevention of stunting only recently included in national planning. At the same time, the operational capacity for programs to reduce stunting needs to be built up. In the Philippines much attention continues to go to feeding programs which only partly address chronic undernutrition.

- **Remaining Knowledge Gaps:** There is a dearth of knowledge about successful national or large-scale overnutrition and obesity programs from which to learn, either in developed or developing country settings. Most countries in EAP, except for the Pacific Islands, are at the beginning of the obesity epidemic and prevention is key to avoiding the costly situation that characterizes many high income countries. This framework proposes to develop a research program to gain more understanding about the emergence of overnutrition as a public health problem in developing countries as well as effective intervention mechanisms. Piloting practical programmatic approaches (rather than academic research) is urgently needed along with better epidemiological surveillance and data collection. More work is needed to identify the best policy levers to prevent obesity and diet-related chronic disease from undermining health and economic gains in these countries. For undernutrition, the renewed attention to sanitation and the importance of preventing tropical enteropathy requires new knowledge and tools for early detection of the condition, integration of clean water and sanitation interventions into health
and nutrition programs, and increased effectiveness of hygiene education and other types of interventions.

But there are also opportunities. The development of this nutrition framework coincides with a period of unprecedented global attention and consensus about the need to address malnutrition along with a regional readiness to scale up existing interventions and/or redesign programs to increase effectiveness by integrating global lessons and new knowledge:

- **Agreement on What Works to Promote Optimal Nutrition in the Critical Window of Opportunity (-9 to 24 months):** Fueling the momentum around the need to address undernutrition in pregnant women and children (pregnancy to 24 months) is the strong evidence-base for efficacious interventions. Recent publications² have documented the long-established literature on what works to improve nutrition. Nutrition interventions are among the best development bargains, yielding very high returns in the form of better school outcomes, higher work productivity, and improved health. The prominent Copenhagen Consensus ranked nutrition interventions, from micronutrients to community-based nutrition as five of the top ten most cost-effective investments for development, much higher than for any other sector.

- **Increased Donor Interest:** As global interest grows, donor interest in seriously addressing the double burden of malnutrition in EAP is increasing as well. This is evident not only from an increased number of statements and support from high-level policy makers, but also from new investments in nutrition. At the global level, the Bank is a key donor partner and initiator of the Scaling Up Nutrition (SUN) movement, which now has over 100 institutions and agencies as signatories to the SUN Framework for Action. There is keen interest at the country level, with more than 18 countries having declared their intention to move rapidly to scale up their nutrition programs. In the region, AusAID has expressed interest in discussing work on overnutrition and obesity, especially in the Pacific Islands. The Millennium Challenge Corporation, in addition to a recent agreement to fund programming for child undernutrition, made funding available for a review paper on overnutrition and obesity in Indonesia, while the WHO-Obesity Task Force continues to seek more interest from partners.

- **Adding Nutrition-Sensitive Components to Existing Programs:** Independent of nutrition programs, many countries have also instituted community-driven development schemes in a variety of the sectors with the aim of improving nutritional outcomes and these may be excellent entry points for nutrition. Indonesia is designing a pilot to refocus the successful poverty reduction program towards devoting more attention to reducing stunting. It is expected that many lessons can be learned and an impact study and various qualitative reviews are foreseen. Basic education programs provide opportunities to include school health and nutrition interventions and early childhood development programs that focus on the earliest years (0-2 or 0-3 years) incorporate nutrition interventions along with health and stimulation for optimal child growth and development. Options for nutrition-sensitive actions in agriculture programs include: (i) targeted investments in smallholder farmers, (particularly women farmers); (ii)

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² World Bank. 2006; Bhutto et al. 2008; Behrman et al. 2004b; and Horton et al. 2008.
prioritization of agricultural activities that provide diverse diets in adequate quantities to women and young children (for example food production for own consumption such as small-scale animal production and home garden plots); (iii) improved land tenure policies—particularly for women; and (iv) the promotion of increased market opportunities for female-controlled crops to increase gender equity.
3. HOW CAN THE WORLD BANK CONTRIBUTE?

Nutrition projects supported by the Bank date back to the 1980s and 1990s when highly successful freestanding nutrition programs began in Thailand and Indonesia with the aim of reducing undernutrition. Nutrition was revitalized at the Bank in 2006 with the publication of “Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action” and, in recent years, new resources for nutrition have been provided to the regions, including EAP, along with increased technical support from the Health, Nutrition and Population (HNP) anchor to capitalize on the expanding discourse on nutrition.

Re-engagement with nutrition in the EAP region began in 2009 with the production of a situational assessment entitled “Opportunities to Protect and Enhance Nutrition in the East Asia and Pacific Region”. In order to better assess the nutrition situation in each of the countries of the region, this paper was followed by a regional consultation in June 2010, where Bank staff members came together with representatives from Cambodia, China, Indonesia, Lao PDR, Philippines, Vietnam, Thailand and Timor-Leste to discuss the emerging double burden of malnutrition throughout the region. Among the agreements and next steps that came out of that consultation was the development of this framework as well as intensive follow-up in promising countries and the gathering of more information regarding overnutrition and obesity.

In EAP, the World Bank has the opportunity to make a major contribution to reducing undernutrition in five of the 36 countries that carry 90 percent of the world’s burden of stunting (Cambodia, Indonesia, Myanmar, Philippines, and Vietnam). Many lower-income countries in EAP are not on track to achieve the MDG1c (reduction of underweight) and have stunting prevalence rates greater than 40 percent amongst children under the age of five (see Table 3-1), putting these countries at the same levels or higher than many South Asian and Sub-Saharan African countries. In South Asia, for example, India has an overall stunting prevalence of 48 percent and Bangladesh 43 percent, while in Sub-Saharan Africa, Ethiopia and Rwanda have child stunting prevalence rates just above 50 percent, whereas Senegal and Ghana are both below 30 percent.

Across the region, there is not only a lack of commitment/attention to the nutrition agenda by governments, but common challenges hinder the success of the few existing nutrition interventions. These challenges include: (i) barriers to reaching the community level; (ii) poor program management and quality control; and (iii) difficulties with building and sustaining an institutional framework that is multisectoral and focused on results at the community level. In light of these obstacles, countries need to build the local capacity of government agencies and the private sector, both in terms of nutritional knowledge and technical implementation, to become more active in recognizing and addressing the double burden. There has been a lack of leadership in nutrition and, despite the presence of many donors, both funding and action on nutrition have been limited. Furthermore, data on under- and especially overnutrition, are scarce or outdated, and the in-country research capacity weak.

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3 A comprehensive background report entitled “Opportunities to Protect and Enhance Nutrition in the East Asia and Pacific Region” was prepared by Judith McGuire in June 2009 in preparation for this framework.
<table>
<thead>
<tr>
<th>Country</th>
<th>% Children &lt; 5yrs with Low Height/Age (Stunted)</th>
<th>% Children &lt; 5yrs with High BMI-for-Age (Overweight)</th>
<th>Nutrition Issues</th>
<th>Current Bank Involvement in Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>39.5</td>
<td>2.0</td>
<td>The MDG for child malnutrition is off-track—high levels of child and maternal undernutrition</td>
<td>No engagement</td>
</tr>
<tr>
<td>China</td>
<td>13.7</td>
<td>5.9</td>
<td>Rapid rise of NCDs and persistent levels of undernutrition</td>
<td>Limited engagement in FY11: production of a report on NCDs in China</td>
</tr>
<tr>
<td>Indonesia</td>
<td>40.1</td>
<td>11.2</td>
<td>Child malnutrition (high prevalence of child stunting) and rapidly emerging double burden</td>
<td>FY12: proposed collaboration between Millennium Challenge Corporation (MCC)/WB/Bappenas/Generasi for a grant to support the reduction of stunting levels in Indonesia</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>47.6</td>
<td>1.3</td>
<td>High levels of child and maternal undernutrition</td>
<td>Bank lending project (approx. US$4m) that focuses on nutrition, child health and maternal health</td>
</tr>
<tr>
<td>Malaysia</td>
<td>15.6</td>
<td>5.5</td>
<td>Transition to NCDs and burden of overnutrition</td>
<td>No engagement</td>
</tr>
<tr>
<td>Myanmar</td>
<td>40.6</td>
<td>2.4</td>
<td>High levels of child and maternal undernutrition</td>
<td>No engagement</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>43.9</td>
<td>3.4</td>
<td>High levels of child and maternal undernutrition but difficult to assess depth of situation due to lack of data</td>
<td>No engagement</td>
</tr>
<tr>
<td>Philippines</td>
<td>27.9</td>
<td>2.4</td>
<td>Persistent child and maternal undernutrition and rapid rise in NCDs</td>
<td>No engagement</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>32.8</td>
<td>2.5</td>
<td>Persistent child and maternal undernutrition and rapid rise in NCDs</td>
<td>No engagement</td>
</tr>
<tr>
<td>Thailand</td>
<td>15.7</td>
<td>8.0</td>
<td>Transition to NCDs and burden of overnutrition</td>
<td>No engagement</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>54.8</td>
<td>5.7</td>
<td>High levels of child and maternal undernutrition</td>
<td>No engagement</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>10.0</td>
<td>6.3</td>
<td>Transition to NCDs and burden of overnutrition</td>
<td>No engagement</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>25.9</td>
<td>4.7</td>
<td>Persistent child and maternal undernutrition and rapid rise in NCDs</td>
<td>No engagement</td>
</tr>
<tr>
<td>Vietnam</td>
<td>30.5</td>
<td>3.0</td>
<td>High levels of child and maternal undernutrition and emerging NCDs</td>
<td>No engagement</td>
</tr>
</tbody>
</table>

Source: See Table 1, Technical Note on Nutrition in EAP.
Note: Shaded country means not on track to achieve MDG1; Source: [http://www.mdgmonitor.org/goal1.cfm](http://www.mdgmonitor.org/goal1.cfm)
Major gaps exist in the EAP portfolio with the Bank’s involvement in nutrition currently limited to only one lending project in Lao PDR, one Analytical and Advisory Activity (AAA) in China focusing on NCDs, and one project support/preparation in Indonesia to target stunting. The Bank is, however, in a key position to provide technical support and possible financial assistance to countries that are interested in scaling up nutrition interventions that are responsive to their particular, and rapidly changing, needs. Given nutrition’s multisectoral nature, ongoing Bank programs and projects in the health and other sectors offer excellent opportunities to integrate nutrition activities or enact policies that will enhance the positive impact of other sectors’ activities on nutrition. For example, there is a natural alliance between social protection and nutrition, with several EAP countries being strong candidates for improved nutritional outcomes through conditional cash transfers (CCT) and social fund programs. Applying a multisectoral nutrition lens would assist in shaping policies that contribute to an increased prevalence of overnutrition via the industry, urban development and trade sectors, among others.

The principal objective of this nutrition framework for EAP is to catalyze interest and action on under- and overnutrition in the region and expand the region’s investment in nutrition through a multisectoral approach. This recognizes the persistent condition of both over- and undernutrition in all countries in the EAP region, the high cost of these conditions to national economies, and the highly variable amount invested in nutrition in the region. Increased action from the World Bank to address the double burden of malnutrition in the EAP region is justified by its past experience and comparative advantage as a multisectoral organization. The World Bank’s broad-based engagement with all sectors of government allows connections with crucial policymakers in finance and planning. Ongoing Bank programs and projects in the health and other sectors offer excellent opportunities to integrate nutrition activities or enact policies that will enhance the positive impact of other sectors’ activities on nutrition. The World Bank has access to significant resources and strong convening power among donors in various sectors and across government agencies.

The framework proposes concrete steps aimed at increasing the evidence base for operationally effective interventions. These will address the double burden of malnutrition, creating awareness and improving national and local commitment to nutrition, translating knowledge into policy, and identifying partnerships and resources to support the design and implementation of effective nutrition interventions. The framework intends to raise the profile of nutrition at the managerial level (mainly Country Management Unit (CMU) and Country Directors (CDs)) with the aim of creating funding and program space at the country level. The plan also serves as an advocacy tool to raise awareness among EAP Bank staff in sectors related to nutrition (especially agriculture, social protection, education and water and sanitation).
4. A PROPOSED FRAMEWORK TO SCALE UP NUTRITION IN EAP

The nutrition framework outlines three routes through which to respond to demand for improved nutritional outcomes in the EAP region (Figure 4-1):

1. **Raise awareness of the double burden of malnutrition in the EAP region**: Improve awareness and commitment by World Bank staff and senior management, as well as by our client countries, about the high levels of under- and over-nutrition that coexist in most EAP countries.

2. **Address the knowledge gap about the double burden of malnutrition by building evidence about the nutritional status of EAP countries and their underlying determinants**: conduct in-depth situational analyses of countries’ nutritional landscape to fill the current data gap, and design evidence-based interventions that are localized and respond to the in-country needs.

3. **Support the development of innovative approaches to lead/embrace a multisectoral response for nutrition in those countries that have expressed demand**: Given the multisectoral nature of nutrition it is imperative for this framework to ensure convergence of all sectors which can contribute to positive nutritional outcomes as well as to avoid harm through unintended negative consequences of nonnutrition interventions and programs.

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4 Not necessarily in this order only.
The framework is expected to span Financial Years 2011-15, the remaining years to achieve the MDGs, with success measured by the following outputs in the EAP region:

- increased World Bank investment and grant funding in nutrition;
- AAA reports and policy notes; and
- new partnerships and increased donor resources allocated to nutrition.

The activities proposed would contribute to the achievement of the nutrition-related MDGs through increased investment, but also through expanded knowledge of what can be done and how to implement interventions effectively.

*Detailed activities on all actions are provided in Brief number three, which describes the three routes to respond to demand for nutrition.*
BIBLIOGRAPHY


