

Testimony Submitted to the House Subcommittee on
State, Foreign Operations, and Related Programs

By

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March 3, 2015

Chairwoman Granger, Ranking Member Lowey, and distinguished Members of the House Subcommittee on State, Foreign Operations, and Related Programs, thank you for your leadership and thank you for this opportunity to testify.

My name is Lucy Martinez Sullivan and I am the Executive Director of 1,000 Days. I am here today in strong support of the Nutrition sub-account within the Global Health Programs account at the U.S. Agency for International Development (USAID). Currently funded at \$115 million, we are asking for \$200 million in order to bolster U.S. investments targeting women and children, especially during the powerful 1,000-day window between a woman's pregnancy and her child's 2nd birthday, when better nutrition can have a life-changing impact on a child's future and help break the cycle of poverty.

In 2010, the U.S. and Irish Governments issued the *1,000 Days Call to Action* to bring greater attention to what has been called one of the most pervasive, yet least addressed, global health and development challenges: maternal and child malnutrition. What followed was the formation of a partnership that brings together governments, the private sector and civil society organizations to promote targeted action and investment to improve nutrition during the critical 1,000-day window.

That core Nutrition sub-account enables USAID to expand "evidence-based approaches to nutrition and supports innovative new approaches that will improve outcomes for the most vulnerable populations. Activities focus on the prevention of undernutrition through integrated services. These include nutrition education to improve maternal diets, nutrition during pregnancy, exclusive breastfeeding, and infant and young child feeding practices; diet quality and diversification through fortified or biofortified staple foods, specialized food products, and community gardens; and delivery of nutrition services such as micronutrient supplementation and community management of acute malnutrition."

Thanks to bipartisan congressional support for nutrition over the years, we have made considerable progress, but we still have a long way to go to achieve meaningful and lasting reductions in maternal and child malnutrition. With your support and leadership, we can reach those difficult, but reachable last few miles.

What We Know

The world is facing multiple burdens of malnutrition, with populations suffering from stunting, wasting, micronutrient deficiencies, overweight/obesity, and diet-related non-communicable diseases (NCDs).

Undernutrition, in particular, stymies economic development and keeps families and societies locked in a cycle of hunger and poverty. It accounts for 11% of the global disease burden. The right nutrition, however, provides the building blocks for a child's survival and development, leading to a lifetime of health and economic benefits for themselves, their families, and their communities.

Each year more than 6 million children under the age of 5 die from largely preventable causes. Undernutrition is the underlying cause of nearly half, or about 3 million, of these deaths. Wasting (low weight for height) accounts for 7.4% of under-5 deaths globally and repeated or prolonged bouts of untreated wasting can lead to stunting (low height for age). Severely wasted children are on average 11 times more likely to die than their healthy counterparts. The current global levels of severe wasting are responsible for up to 2 million deaths annually.

Around the world, "165 million children with stunted growth have compromised cognitive development and physical capabilities, making yet another generation less productive than they would otherwise be." It is estimated that 52 million children under 5 years are wasted in the world at any point in time, with 17 million estimated to be severely wasted.

Chronic undernutrition also leads to increased susceptibility to infections and illnesses, such as diarrhea and pneumonia; magnifies the impact of diseases, such as HIV/AIDS and malaria; and compromises the absorption and effectiveness of lifesaving medicines. Better nutrition during the 1,000-day window can result in a savings of about \$20-30 billion annually in health costs.

Approximately 800,000 child deaths per year could be prevented if children were breastfed exclusively during their first 6 months. Studies show that children who are breastfed have lower rates of mortality, meningitis, asthma and other respiratory illnesses, bacterial and viral infections, ear infections, juvenile diabetes, allergies, obesity, some chronic liver diseases, and some types of cancers. Increasing rates of exclusive breastfeeding is critically important to reducing preventable child deaths and ensuring long-term health, well-being, and productivity.

Micronutrient deficiencies contribute to pregnancy-related complications and a large share of maternal deaths. The lack of key micronutrients and stunting in girls contribute to complications later in life, such as obstructed labor and obstetric fistula, a preventable childbirth injury.

The world's leading economists agree that nutrition interventions are among the most important investments we can make. In 2012, the Copenhagen Consensus concluded that

fighting undernutrition in young children should be a priority investment for policymakers. Every \$1 invested in nutrition generates as much as \$48 in better health and increased productivity. In 2014, the *Cost of Hunger in Africa* study estimated the economic costs associated with child undernutrition as much as 16% of GDP. The right nutrition during childhood can increase individual earnings over a lifetime by up to 46%.

Global Momentum

In 2013, 90 stakeholders, including the U.S. and 23 other governments, signed the Global Nutrition for Growth Compact, committing \$4.15 billion until 2020 for high-impact, high-return nutrition programs that have the power to change lives and the future. On behalf of the United States, then-USAID Administrator Rajiv Shah pledged to reduce the number of stunted children by 2 million, reflecting a 20% reduction over 5 years in *Feed the Future* focus regions.

As part of that pledge, USAID developed a Multi-Sectoral Nutrition Strategy to efficiently coordinate and integrate resources across sectors, accelerating progress to achieve the World Health Assembly Global Nutrition Targets by 2025. The strategy identifies nutrition as a bridge linking health, agriculture, water, sanitation and hygiene (WASH), and food assistance activities, and serves as a roadmap to accelerate progress toward child stunting reductions and ending preventable maternal and child deaths.

With its focus on high-impact actions during the 1,000-day window, the new strategy builds upon the *1,000 Days Call to Action* and the global Scaling Up Nutrition (SUN) movement, which is led by 54 countries that have identified undernutrition as a constraint to their economic growth.

As a follow-up to the release of the USAID Strategy in 2014, there is an interagency process currently underway to develop a U.S. Government Global Nutrition Coordination Plan, aimed at improving coordination across all agencies involved in global nutrition activities. This is a promising next step to align resources and maximize outcomes, and we applaud that effort.

Report language in the FY14 and FY15 State, Foreign Operations appropriations bills signaled strong congressional support for a government-wide, cross-sectoral strategy that would align resources and maximize outcomes. Maintaining similar report language in the FY16 bill would signal continued congressional support for a final draft of the Coordination Plan in 2015.

Looking Ahead

During the past decade, new evidence has emerged on the importance of nutrition on the health of mothers and children. In 2008, and again in 2013, *The Lancet* medical journal calculated the short- and long-term consequences of maternal and child undernutrition and laid out a framework of key nutrition actions during the 1,000-day window so that a child may survive *and* thrive.

Knowing what we know now – thanks to leading scientists, medical experts and economists – and having the benefit of a new USAID Multi-Sectoral Nutrition Strategy to guide our work, we have an historic opportunity to operationalize a new way of “doing business” that truly accelerates progress and helps us reach global commitments for improved nutrition and ending preventable maternal and child deaths. But in order for us to get more nutrition for our money, we need more money for nutrition. Increased resources are necessary to scale up proven interventions and implement new, cost-effective approaches.

Along with nutrition-related approaches in agriculture, food security, WASH, and humanitarian assistance, a down payment of \$200 million in the Global Health Programs account for nutrition interventions can put the U.S. on track to meet its global commitments to end preventable maternal and child deaths and reduce stunting by 20% over 5 years in *Feed the Future* focus regions (resulting in 2 million fewer stunted children).

Without urgent action on nutrition, progress on disease prevention and treatment – as well as hunger and poverty alleviation – will be harder and more costly to achieve. Reaching those critical last few miles requires a careful stocktaking of the most impactful actions and the best return on investment.

The narrow, yet powerful 1,000-day window presents a clear and cost-effective target for investments. Only then can we leverage the full potential of a well-nourished and healthy future generation toward sustainable economic development and positive integration into a global trade system.

Thank you again for your leadership on moving this important agenda forward and thank you for the opportunity to testify.