If readers take away one message from this report, it should be that ending malnutrition in all its forms will catalyse improved outcomes across the Sustainable Development Goals (SDGs). Whoever you are, and whatever you work on, you can make a difference to achieving the SDGs, and you can help end malnutrition. The challenge is huge, but it is dwarfed by the opportunity.

1. The world faces a grave nutrition situation – but the SDGs present an unprecedented opportunity to change that.

A better nourished world is a better world. Yet despite the significant steps the world has taken towards improving nutrition and associated health burdens over recent decades, this year’s Global Nutrition Report shows what a large-scale and universal problem nutrition is. The global community is grappling with multiple burdens of malnutrition. Our analysis shows that 88% of countries for which we have data face a serious burden of either two or three forms of malnutrition (childhood stunting, anaemia in women of reproductive age and/or overweight in adult women), and progress on global nutrition targets is slow, or moving backwards.

The SDGs, adopted by 193 countries in 2015, offer a tremendous window of opportunity to reverse or stop these trends. The SDGs are telling us loud and clear: we must deliver multiple goals through shared action. Nutrition is part of that shared action.

2. Improving nutrition will be a catalyst for achieving all the other SDGs.

Our analysis shows there are five core areas that run through the SDGs to which nutrition can contribute, and in turn, benefit from:

- sustainable food production
- strong systems of infrastructure
- health systems
- equity and inclusion
- peace and stability.

Through these five areas, the report finds that improving nutrition can have a powerful multiplier effect across the SDGs. Indeed, it indicates that it will be a challenge to achieve any SDG without addressing nutrition.

3. Tackling the underlying causes of malnutrition through the SDGs will unlock significant gains in the fight to end malnutrition.

Nutrition is an indispensable cog without which the SDG machine cannot function smoothly. We will not reach the goal of ending malnutrition without tackling the other important factors that contribute to malnutrition.

4. There is significant opportunity for financing a more integrated approach to improving nutrition universally.

Malnutrition has a high economic and health cost, yet not enough is spent on improving nutrition. New analysis shows domestic spending on undernutrition varies, with some countries spending over 10% of their budget on nutrition and others far less. Global spending by donors on undernutrition increased by 1% between 2014 and 2015, but fell as a proportion of official development assistance (ODA) from 0.57% in 2014 to 0.50% in 2015. Spending on prevention and treatment of obesity and diet-related non-communicable diseases (NCDs) represented 0.01% of all ODA in 2015, even though the global burden of these diseases is significant. Some donors are bucking this trend, but considerably more investment is needed.

The bigger opportunity is for governments and others to invest in nutrition in an integrated way. Our analysis this year already shows that governments spend more on sectors that help address the underlying causes of malnutrition than they do on interventions specific to nutrition. Opportunities through innovative financing mechanisms and existing investment flows need to be explored. The world simply cannot afford not to take a more integrated approach to investing in nutrition.

5. To leave no one behind, we must fill gaps and change the way we analyse and use data.

The Global Nutrition Report has consistently called for more rigorous data collection to ensure accountability. This year we highlight that data gaps are hindering accountability and progress. To improve nutrition universally we need better, more regular, detailed and disaggregated data. We identify lack of data disaggregated by wealth quintile, gender, geography, age and disability as a particular barrier. National averages are not enough to see who is being left behind. We need disaggregated data for all forms of malnutrition, in all countries as nutritional levels can vary even within households. This will ensure that marginalised, vulnerable populations are not left behind in the SDG agenda. Beyond just collecting data, we need to actively use this data to make better choices and inform decision-making at the policy level.
The world faces a grave nutrition situation...

- 2 billion people lack key micronutrients like iron and vitamin A
- 155 million children are stunted
- 52 million children are wasted
- 2 billion adults are overweight or obese
- 41 million children are overweight
- 88% of countries face a serious burden of either two or three forms of malnutrition

And the world is off track to meet all global nutrition targets

...but the SDGs present an unprecedented opportunity for universal and integrated change.

Improving nutrition will be a catalyst for achieving goals throughout the SDGs...

The SDGs are brought together into five areas that nutrition can contribute to and benefit from.

There is significant opportunity for financing a more integrated approach to improving nutrition universally

Malnutrition has a high economic and health cost and a return of $16 for every $1 invested.

- 1 in 3 people are malnourished...
- ...but global spending by donors on undernutrition is 0.5% of ODA...
- ...and on NCDs and obesity is 0.01% of global ODA.

The bigger opportunity is for governments and others to invest in nutrition in an integrated way, across sectors that impact nutrition outcomes indirectly, like education, climate change, or water and sanitation.

We must make sure commitments are concrete pledges that are acted on

Deep, embedded political commitment to nutrition will be key to progress. Commitments need to be ambitious and relevant to the problem, leaving no-one behind.

There is an exciting opportunity to achieve global nutrition targets while catalysing other development goals

Double duty actions
- Tackle more than one form of malnutrition
- Will increase the effectiveness and efficiency of investment of time, energy and resources to improve nutrition

Triple duty actions
- Tackle malnutrition and other development challenges
- Could yield multiple benefits across the SDGs

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6. We must make sure commitments are concrete pledges that are acted on.

Without deep political commitment to nutrition that is rooted in the way governments govern, multilateral agencies coordinate, civil society engages and businesses are run, the act of making commitments to improve nutrition becomes nothing more than empty rhetoric. Accountability mechanisms must be designed to ensure that stated commitments are delivered in practice. Commitments need to be ambitious and relevant to the problem, leaving no one behind.

7. There is an exciting opportunity to achieve global nutrition targets while catalysing other development goals through ‘double duty’ and ‘triple duty’ actions.

No country has been able to stop the rise in obesity. Countries with burgeoning prevalence should start early to avoid some of the mistakes of high-income neighbours. There is an opportunity to identify – and take – ‘double duty’ actions which tackle more than one form of malnutrition at once. These will increase the effectiveness and efficiency of investment of time, energy and resources to improve nutrition. For example, actions to promote and protect breastfeeding in the workplace produce benefits for both sides of the double burden of malnutrition. Likewise, ‘triple duty actions’ which tackle malnutrition and other development challenges could yield multiple benefits across the SDGs. For example, urban food policies and strategies can be designed to reduce climate change, food waste, food insecurity and poor nutrition.

Global statistics for the nutritional status and behavioural measures adopted as global targets for maternal, infant and young child nutrition (MIYCN) and diet-related NCDs

<table>
<thead>
<tr>
<th></th>
<th>2010 Recommended intake</th>
<th>2014</th>
<th>2016</th>
</tr>
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<tbody>
<tr>
<td>Sodium intake</td>
<td>2g/day</td>
<td>4g/day</td>
<td></td>
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<table>
<thead>
<tr>
<th>Condition</th>
<th>2014</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td><strong>Adult diabetes</strong></td>
<td>422 million</td>
<td>641 million</td>
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<tr>
<td>Raised blood glucose</td>
<td>204 million</td>
<td>266 million</td>
</tr>
<tr>
<td>Aged 18+</td>
<td>8%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Adult obesity</strong></td>
<td>529 million</td>
<td>1,130 million</td>
</tr>
<tr>
<td>Body mass index ≥ 30</td>
<td>597 million</td>
<td>597 million</td>
</tr>
<tr>
<td>Aged 18+</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Anaemia</strong></td>
<td>613 million</td>
<td>1,929 million</td>
</tr>
<tr>
<td>Women of reproductive age 15-49 years</td>
<td>578 million</td>
<td>35.3 million</td>
</tr>
</tbody>
</table>

This summary was prepared by the authors of the Global Nutrition Report 2017. This is a peer-reviewed publication. Any opinions stated herein are those of the authors and are not necessarily representative of or endorsed by Development Initiatives Poverty Research Ltd or any of the partner organisations involved in the Global Nutrition Report 2017.

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