

# ADB Interventions on Nutrition and Food Fortification

- Nutrition is central to the accomplishment of the **Millennium Development Goals**, particularly those to achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; and combat HIV/AIDS, malaria, and other diseases. It is also integral to the Millennium Development Goal to eradicate extreme poverty and hunger.
- The general discussion of nutrition seen in the 1960s has been replaced by nutrient-specific strategies. Fortification has been promoted as the most cost effective nutrition intervention.
- In countries where development has proceeded rapidly, the problem of overnutrition is emerging rapidly, which increases risk for several chronic diseases.
- Urbanization and increases in life expectancy have changed the demographic profile of Asia and the Pacific. More effort is needed to develop effective nutrition programs for all types of nutrition risks.

## Background

From 1985 to July 2004, ADB financed in the **health sector** 31 regional technical assistance projects related to health, nutrition, population, and early child development for a total of \$32.8 million. Beginning in 1996, it approved five regional technical assistance projects for \$11.7 million, out of which \$8.8 million were financed by the **Japan Fund for Poverty Reduction**, to enhance nutrition and set the stage for ADB interventions in food fortification in 16 developing member countries. In 2004, the Operations Evaluation Department conducted a **Special Evaluation Study of ADB Interventions on Nutrition and Food Fortification**.<sup>1</sup> All five projects were evaluated. Bangladesh, Indonesia, Kyrgyz Republic, the People's Republic of China, and Viet Nam were selected for detailed field assessments. Consultations and interviews were conducted with policymakers and stakeholders, including public and private entities involved in nutrition and food fortification, nongovernment organizations, nutrition institutions, academics, and the United Nations Children's Fund. Desk reviews were carried out for other countries.

## Summary of Findings

The study found that, for some developing member countries, the regional approach provided by the projects had not been enough. Country-specific assistance in integrating nutrition plans into development plans, and support for pilot projects, are necessary. Technical assistance should include a small investment component to improve effectiveness and sustainability through demonstration, such as piloting. Nutrition interventions should also be "owned" by stakeholders. This involves tailoring them to local social conditions by involving civil society, related development partners, and private sector representatives. The study found also that poverty reduction and strengthening of health care systems alone cannot solve micronutrient deficiency problems: consumers do not automatically demand micronutrient-rich foods with increased income. Further, major constraints to implementing nutrition programs are poor access to essential services, such as health and education; declining state of health services; low resource allocations given to these sectors; and lack of poverty and nutrition data. And, not surprisingly, poor

people in areas with the greatest risk of micronutrient undernutrition usually do not eat foods that can be fortified.

Lessons are that micronutrient fortification must be combined with other food security and community nutrition initiatives. Also, safety-net programs, including refugee feeding, must respond to total nutrition needs, not only calorie needs. In addition, promotional efforts on micronutrient fortification should not neglect to emphasize the recurring costs of regulatory and enforcement mechanisms, testing laboratories, and training. These costs are generally not integrated in short-term assistance packages and need to be taken into account to ensure that efforts are sustainable. Moreover, nutrition efforts should be appropriate to the level of nutrition risk and capacity of the countries involved and their development partners. Nutrition efforts should consider the following:

- Geographic and socioeconomic baseline data on malnutrition risks are essential for developing an appropriate mix of nutrition interventions.
- Periodic assessments of nutrition status and situation (e.g., childhood population nutrition, obesity, and micronutrient status) are important.
- Monitoring and risk management capacities of participating countries must be improved to allow increased coverage and sharper focus on delivery of fortified foods consumed by the poor.
- Appropriate technologies need to be transferred to governments, nongovernment organizations, food industries, and consumer groups to ensure successful and sustainable fortification projects.
- Holistic solutions for poverty reduction are required to mitigate risks of malnutrition by supporting complementary activities on nutrition improvement and empowerment of women.

### Recommendations

- In designing a food fortification intervention and in calculating the cost effectiveness of the intervention, ADB should take into account costs that are often ignored, for example, costs related to supporting quality assurance and standardization.
- A modified (hybrid) modality of technical assistance that allows small pilot investment components appears to have potential in enhancing effectiveness and ensuring sustainable impact of ADB

interventions on nutrition and food fortification. ADB should explore the possibility of such modality in its ongoing effort to enhance technical assistance operations.

- Findings and outputs of the nutrition-related regional technical assistance projects, and lessons from other ADB nutrition-related operations, can feed into the update of ADB's Policy for the Health Sector or the integrated Health, Nutrition and Population Strategy planned for 2006.
- ADB should continue to catalyze nutrition development efforts in Asia and the Pacific.
- Regional technical assistance projects should build ownership by tailoring nutrition interventions to local social conditions.
- Holistic solutions that can address and mitigate underlying risks for poor nutrition should be promoted by supporting complementary activities for improved nutrition and empowerment of women in ADB's operations.

### Feedback

**ADB Management's Response** endorsed the recommendations of the study. It acknowledged that current processing and implementation of nutrition-related projects should take into consideration the recommendations and conclusions set out in the study. More attention should be paid to assessing the costs of quality assurance and standardization when preparing cost-effectiveness analyses and assessing the sustainability of our food fortification interventions. The Japan Fund for Poverty Reduction offers scope for projects that include small investment components, which are indeed considered essential to increase the effectiveness and impact of technical assistance. The **Chair's Summary of the Development Effectiveness Committee Discussions** expected ADB to take the key recommendations of the study into account in (i) further work in the health sector; (ii) the design of further food fortification interventions; and, more generally, (iii) efforts to strengthen the effectiveness of ADB's technical assistance.

<sup>1</sup> ADB. 2004. *Special Evaluation Study of ADB Interventions on Nutrition and Food Fortification*. Manila. Available: <http://www.adb.org/Documents/Reports/Evaluation/sst-reg-2004-19/ses-food-nutrition.asp>