

Comments on CRP4 Proposal: Agriculture for Improved Nutrition and Health

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| Australia | <p>General Comments:</p> <p>The CRP responds directly to the CGIAR Vision and has had the benefit of a large and timely multidisciplinary international conference involving all three ANH sectors held in Delhi in February 2011, following upon a CRP 4 planning consultation in July 2010. CRP 4 is predicated on the notion that improving the poor's demand for and access to nutritious and safe foods are needed rather than a narrow focus on food productivity and production increases. Of course these are complementary strategies, but this does not receive adequate recognition in the proposal.</p> <p>The biofortification components build upon current research under HarvestPlus and AgroSalud, whereas the other three represent relatively new or expanded foci for the CGIAR. The proponents indicate there are three innovations in the program: new partnerships across sectors, cutting edge research and new tools and methods for evidence-based policy and practice. Priority will be accorded to Sub-Saharan Africa and South Asia, which seems appropriate in view of the extent of and losses from poor nutrition and health documented in these regions in the proposal.</p> <p>High priority should be accorded to research that aims to assess the possible trade-offs involved in pursuing biofortification options in staples versus improved productivity and stability traits of these and nutritionally complementary crops. Such research expresses the CGIAR's comparative advantage and also generates IPGs. It also will assist in assessing the value and desirability of making the substantial investments in enhancing the national capacities required to exploit the outputs from CGIAR biofortification programs that the proposal alludes to. In this respect <i>ex post</i> impact assessment of the HarvestPlus biofortified crops that are being released is an imperative in order to inform future strategies.</p> <p>Considerable resources will be devoted to creating a demand by the poor and malnourished for the nutritionally enhanced and safer products emerging from the value chain and biofortification components CRP 4. As nutrition education has had a limited effect in developed countries, it is moot whether such an approach will be successful amongst the poor, malnourished and often illiterate consumers in developing countries.</p> <p>With the exception of the biofortification component, it will be difficult to assess the outcomes and influences of CRP 4, and even more so the impacts. The action research M & E mode proposed with ANH initiatives of partners in component 4 aims to distil lessons but it is moot as to whether these will lead to generic IPGs. This component is novel for the CG but arguably has the least probability of success.</p> <p>The value chain and agriculture associated diseases (AAD) components are primarily at a scoping stage and require further <i>ex ante</i> impact assessment and prioritization before</p> |

long term commitments are appropriate.
In overall terms CRP 4 aligns well with the objectives of a number of existing and proposed ACIAR projects – mostly the animal health and horticultural programs. The proposed alignment of CRP4 with CRP3.7 will add to this relevance and future ACIAR project/program directions.

Specific Comments:

- The proposal notes (p.12) that dietary energy from cereals has become more affordable but diet quality in the form of pulses more expensive. It is posited that the solution is in “...broadening the paradigm of agricultural productivity and value chain research to ensure that food produced is more nutritious, safer and accessible to the poor.” (p.14). Arguably an equally valid conclusion is to also increase the investment in productivity-enhancing research on complementary nutrient quality dense crops like pulses and vegetables as well as cereals, so that price pressures are reduced from added supplies. This can be directly beneficial to the poor and malnourished, as the green revolution in cereals was to them. Broadening the paradigm may not have the same result, especially if nutrition quality and food safety traits come with a trade off in other desirable attributes such as yield potential and stability, as sometimes can be the case. Indeed elucidating these potential trade-off issues should be at the heart of CRP 4 research. Reference to such studies is made in objectives 3-5 in the value chain component on pp. 28-31, which should be strongly encouraged as these have international public good (IPG) attributes. It is notable in this context that later in the proposal (p.109) it is stated that the priority should be making foods of higher nutritive value accessible to the poor rather than improving the nutritive value of staple crops. This would seem to contradict the paradigm broadening theme of p.14, but reinforces that these are valid contrasting hypotheses to be further tested in CRP 4.
- One element in the value chain component is the provision of information and knowledge to consumers to positively influence behavior in seeking more nutritious and safer food. Whether this involves biofortified foods or nutrient dense traditional foods, it is a moot point the extent to which nutrition education has been an effective instrument in changing consumer behavior, even in developed countries. It would seem to have a low probability of success in developing countries, especially among the poor, malnourished and illiterate, who are the primary target groups of CRP 4.
- The pathways to impact will have an evidence base, with knowledge, tools and technical inputs to help decision makers make better investment and policy choices. A wide range of national and international ANH initiatives have been identified that will form the basis of four categories of partnerships: (i) enablers (policy and decision makers); (ii) development implementers; (iii) value chain actors and representatives; and (iv) research partners. It will be extremely difficult to ascertain let alone attribute the influence of CRP 4 on outcomes and impacts of the ANH programs it partners, with the exception of the biofortification component. Indeed the value chain component lacks verifiable indicators of these, which is a major deficiency and even outputs are mostly generic.
- There seems to have been little attention to priority assessment in component 1

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| | <p>in the proposal. The available foods and diets of the poor, malnourished and vulnerable are quite location and system specific. Hence it would have been useful to at least have had an analysis of the malnourishment/poverty and value chain system hot spot sites in Sub-Saharan Africa and South Asia, to inform decisions about where to best expend limited resources to maximize the chances for IPGs to result. Otherwise there is a risk that limited inferences can be drawn beyond the partner sites chosen for collaboration, which seems to have been largely opportunistic.</p> <ul style="list-style-type: none"> • It is proposed to undertake diet and nutrition surveys as part of the value chain component. In this context global and regional partners are highlighted but little mention is made of collaboration with national diet, health and nutrition research agencies such as the National Institute of Nutrition and Home Science Colleges in Universities in India. These agencies already conduct such surveys and some centres such as ICRISAT have already effectively collaborated with them in the past. • The issue of assessing potential trade-offs among breeding objectives like nutrient contents, yield, yield stability etc. should be included as a priority research question in the biofortification component (p. 41), where the CGIAR has a comparative advantage and there are obvious IPG attributes associated with the findings. • While the outputs and outcomes in Figure 5 (p.42) for the biofortification component are informative and have timelines, they are somewhat generic. As in other components, these need to be fleshed out more in the operational plans, in the form of verifiable indicators. It is notable that HarvestPlus has been incorporated into CRP 4 and that it has clearly identified target populations. Other components should follow the lead of HarvestPlus in this regard. While Tables 6-9 contain an outline of expected activities, outputs and outcomes for pilot launches of a number of already biofortified crops, these are not empirical but in general terms such as “release of varieties”. A high priority should be accorded to the evaluation of these and other released biofortified crops over the next few years to establish actual <i>ex post</i> research and development outcomes and impacts. These will be crucial in judging the value and desirability of biofortification as a general approach in future plant breeding strategies in the CGIAR and NARS. • Component 3 on agriculture associated diseases (AAD) has three sub-components: food safety, zoonotic/emerging diseases and other risks in ecosystems. It involves the disciplines of epidemiology, biotechnology, economics, sociology and environmental sciences. A large number of potential diseases are listed (pp.58-60, Box 5) for inclusion in component 3. It is good to see a narrowing down of these in table 10 but this lacks any information on the extent of human and economic losses associated with them so that readers can be assured they represent the appropriate priority. This is a major deficiency but it seems that this component of CRP 4 will devote considerable attention to assessment of the risks and consequences for the gender-disaggregated poor of the various candidate AAD. This is appropriate and until it is completed perhaps other elements of component 3 should be delayed, except those that are ongoing such as work on aflatoxins. |
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| | <ul style="list-style-type: none"> • Component 4 on integrated agriculture, nutrition and health programs and policies (ANH) seems essentially to be action research aimed at ensuring replicability and scaling up of successful ANH programs and policies. It involves case studies (Appendix 3) partnering with ANH development programs to mirror their planning, implementation and evaluation cycles in order to build up knowledge of how to have programs that successfully integrate ANH objectives. It will examine operational issues, assess impacts and cost effectiveness, and draw lessons. This component would seem to be aspirational and lacks precise plans for how the research would be conducted, although the time horizon is ten years. Indeed it reads much like an M & E program for a development agency or project. It is not clear what the comparative advantage of the CGIAR is or should be in this respect. • The CRP will be alert to the need for impact assessment, although it recognizes the difficulties of attribution and will explore new methods for understanding how evidence reaches (uptake) and influences (outcomes) stakeholders. It also plans an extensive gender program for each of the four components. • The proposal acknowledges in Chapter 8 that agriculture-nutrition and agriculture-health initiatives are not new in the CGIAR, so it is relevant to reflect on what the point of departure is for CRP 4. As best can be distilled from the proposal it is that there is now a firm demand for ANH approaches in the development community and that this justifies the risks associated with CRP4, which are readily acknowledged by the proponents. While demand may be a necessary condition for CRP 4 to be supported, it is not sufficient. There remain questions related to the CGIAR comparative advantage and identification of an IPG agenda as outlined earlier, as well as potential for measurable impact. • Learning, advocacy and communications are the essential elements seen by CRP 4 for achieving impact and building capacity in ANH across the three sectors involved. Communications will be up front in order to galvanize the sectors. Is this putting the cart before the horse? The first three years will be used to operationalize the program and consolidate existing projects into a comprehensive longer term program. An M&E program will be set up in year 1 and <i>ex post</i> impact assessment (IA) in year 3. As the biofortification programs comprising component 2 have been underway for many years, it is suggested that these ought to be subjected to <i>ex post</i> IA as a matter of urgency in order to set the stage for future strategies in this key component. This would seem especially timely as Appendix 8 (p.177) indicates there are major deficiencies in the capacity of NARES to capitalize on the already biofortified outputs emerging from HarvestPlus. It suggests major efforts are needed in phenotyping, nutritional analyses and seed systems in NARES before real impacts can occur. In this context it is felt that the research and development partnerships within countries is not given sufficient attention for agricultural purposes and is totally absent for public health research issues. • It is pleasing to see reference to the use of outcome reporting by means of the erstwhile CGIAR performance measurement system (p.127). This is to be commended and indeed should be mandatory for all CRPs over the next three years or until a new M & E system is established, as most MTPs covered this period and most ongoing unrestricted and restricted projects had this horizon. |
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| <p>FAO</p> | <ul style="list-style-type: none"> • The budget for the next three years will have 70% on nutrition and 30% on health. Presumably this is primarily a reflection of the current balance and the dominance of HarvestPlus. In future there should be a reassessment of this balance after further <i>ex ante</i> impact assessment and prioritization. The institutional overhead rate of the centres involved is 13.6% of total direct costs, including 4% charged on flow through funds to partners. This seems lower than other CRPs and again reinforces the need for a comparative analysis by the Consortium Board/Fund Office in due course. CRP management is charged at 2%. <p>The CRP 4 proposal Agriculture for Improved Nutrition & Health addresses the strategic system level objective in the CGIAR Strategic Research Framework; “to improve nutrition and health” through four main research themes (Value chains for enhanced nutrition; biofortification; prevention and control of agriculture-associated diseases; and, integrated animal, health and nutrition programmes and policies).</p> <p>FAO considers the emphasis on biofortification and Harvest Plus as extreme.</p> <p>The document omits many of the inputs from the Addis Ababa workshop on the CRP 4, which was attended by at least two FAO staff members. The following issues were underlined at the workshop: sustainable diets, and sustainable agriculture (including sustainable agriculture intensification), and the role of food and nutrition as ecosystems services; and the necessity to analyse the nutrient content of the existing biodiversity of species before engaging biofortification work. These issues need to be considered when revising the CRP proposal.</p> <p>On partnerships, FAO is mentioned in the category of enablers. This infers that the Organization’s role in the proposed programme is perceived as that of facilitation rather than a partner in guiding activities of some components. Nonetheless, as the proposed programme intends to work with countries on individual and integrated agriculture, nutrition and health policies, since FAO also works with Member Countries on agriculture and nutrition policies, consultations between FAO and CRP 4 on this subject to avoid misunderstandings and confusing mutual clients would probably be reciprocally beneficial.</p> <p>Field programmes would greatly benefit from research results of the various components of this undertaking. It is therefore recommended that the organization explores ways of keeping close linkages with operations of the components of the programme. Paragraph 5 (point number 6) of page 112 infers that this possibility exists.</p> |
| <p>IDRC</p> | <p>IDRC has supported the Agriculture and Health Platform at IFPRI for the past three years. This CRP evolved from work done under this platform. As well, IDRC has supported work on emerging zoonoses of livestock in south-east Asia through ILRI. Total funding has exceeded \$7 million CAD in the last five years.</p> |

Strengths

- The creation of an Agriculture, Health and Nutrition (AHN) program in the CGIAR system is innovative. While many individual components of the CRP are innovative, the section dedicated to innovation repeats information already presented and thus adds no value to the proposal.
- The gender component is strong and goes beyond the basics of gendered analyses of existing datasets. As well the gendered element of this CRP provides a clear value-added component to the traditional health care sectors.
- Theme 3, agriculture related diseases, is much improved over previous versions of the proposal.
- Theme 3 is very innovative with a focus on prioritizing issues according to what is important to the poor, good integration of risk and socio-economic analysis with innovative risk-based management as well as innovations in technological, organizational and social aspects of disease detection and assessment of agriculture associated disease (AAD).
- The principles of Theme 3 are consistent with those of IDRC's EcoHealth program (trans-disciplinarity, equity and participation); this aspect is particularly appreciated.

Weaknesses

- Themes 1 and 4 are presented in a very linear manner, with research activities slated to begin only in years 3 and above. This is potentially extremely limiting if there are delays in research results in the first phases of the CRP implementation.
- Theme 1 in years 1 and 2 consist of much consultation that in the view of IDRC has already been accomplished through various venues including a conference in Delhi. Thus activities that are slated to begin later on could in fact begin much sooner.
- The Delhi conference is referenced repeatedly; however, this event took place in February 2011, was heavily focused on nutrition (rather than AHN), and much of the previous work that went into the formation of the CRP occurred much earlier.
- Theme 2 bio-fortification: Harvest Plus and AgroSalud (former Challenge Programs) have been incorporated intact into CRP 4 and use up about 50% of the CRP budget over 4 years. Even though the Challenge Programs have pre-existing funding streams it is unclear how these funding streams are accounted for in the final budget, and what funds are available for the other research activities over the full term of the proposal.
- These two former Challenge Programs have not been integrated well into the rest of the CRP and could continue as stand-alone projects, even though there is plenty of potential for links with value chains and markets, in particular.
- Subcomponent 3.2 of Theme 3 is too focused on specific zoonoses and emerging infectious diseases (IEDs). The theme description includes the potential for many diseases to be examined but the research activities are focus almost entirely on Rift Valley Fever (RVF)

and cysticercosis. It is not evident whether other diseases will be included and how.

- Theme 4 is very transactions-heavy. Sub-component 4.1 Objectives 3 and 5 are not scheduled to start activities until years 5 and above. Case studies are already presented in the appendix to begin work on generating evidence immediately.
- The discussion of partnerships throughout the proposal is weak and appears to have been given a lower priority.
- IDRC's past contributions in building AFN programming within the CGIAR centers have not been referenced appropriately; only relatively minor work related to malaria is noted. This is perhaps due to an overall weakness in describing how the current proposal has evolved from past work.
- IDRC feels that Sub-Component 4.1 in this version of the proposal has not improved. This is perhaps because the strengths of the various organizations involved in the implementation of the activities are such that existing programming can be used to move forward on specific objectives. Thus, the description of objectives 1 – 5 are extremely linear and attempt to create the appearance that each step requires equal time and attention, when in fact, much of the work to attain the first objectives has already been undertaken. Does this explain why the policy work from the previous subcomponent is poorly integrated with the research activities presented here?
- In Sub-Component 4.1, much attention has been placed on generating hard evidence regarding health and nutrition outcomes, when it is likely that evidence will evolve dynamically over time.
- The M & E section is weak. This is disappointing in particular because the introduction includes text about innovative M & E and SMART goals. Yet it was not easy to determine what criteria for success have been identified. The overall M+E strategy is woefully lacking in originality or specifics.
- The risk assessment section is very thin, even flimsy. Risks are presented only by component and generic research challenge issues. No assessment of risks due to proposed governance model is provided. No sophisticated assessment of what might derail this CRP is provided. One presumes that underlying assumption of overall success if each component reaches its desired outcomes.

Other comments

Sections 2 through 5, which contain the objectives + strategic framework, CRP justification, impact pathways and partnerships, are unnecessarily long and repetitive. The impact pathway approach is a good one, and appears to be critical to keeping this CRP on track, and to extracting results. Given the level of detail in the impact pathways presented throughout the document, it is surprising that the M+E section hardly refers to these pathways.

Component 4 is based on the premise that demand or potential demand for AHN research. This is only true in some jurisdictions. Without a breakdown by geography of

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| <p>World Bank-ARD</p> | <p>the research activities it is not possible to assess whether the program will encounter administrations that are not receptive to the policy work of component 4. What activities are planned to address this issue if/when it arises?</p> <p>The success of this CRP will absolutely hinge on the choice of the Program Management Coordinator. So far, collaborations between IFPRI AND ILRI have not been great, even in the drafting of this CRP except at the highest level.</p> <p>Relative budget of component 4 seems very high compared to component 1</p> <p>Summary</p> <p>This proposal for CRP 4 is dramatically improved over the last version. Many of our consolidated comments were taken into account to produce a much more coherent and well-argued rationale for this program. The writing is much improved and consistent throughout, although the frequent self-congratulatory comments on the outcomes of the Delhi 2020 meeting are tiresome.</p> <p>Overview:</p> <p>The CRP seeks to accelerate progress in improving the nutrition and health of poor people by exploiting and enhancing the synergies between agriculture, nutrition and health through four research components: value chains, biofortification, control of agriculture-associate diseases, and integrated agriculture, nutrition, and health programs and policies. The CRP is innovative, particularly its inclusion of value chain approach and foci on influencing poor consumers’ behaviour. However, the CRP does not clearly illustrate an integrated research strategy between the proposed components nor how the outcomes for each component or collectively improve nutrition and health. We acknowledge the fact that the CRP has taken up the challenge of broadening its scope and would appreciate if the CRP would particularly further flesh out Component 3 and 4 and include a section on fish.</p> <p>Recommendation – Conditional approval subject to the following revisions:</p> <ol style="list-style-type: none"> 1. The four components proposed in the CRP are important issues to address. However, the components stand out as individual initiatives and lack a linkage. The proposal fails to describe how these four components collectively “improve nutrition and health”. The CRP needs to revise the document to address why these four components are the top research for development priorities and how these four pieces fit together to improve nutrition and health. 2. The CRP elaborates the importance of partnerships (page 19-23) but lacks a clear strategy on forming these partnerships. It is particularly lacking in the aspect of the private sector. The CRP needs to clearly identify a group (or groups) of partners, including the private sector, who are committed to work with the listed CGIAR centers on this CRP. 3. There is very limited recognition of the role and potential of fish and fisheries in the CRP. 4. Although there is a policy component to the CRP, it does not consider the role and impact of economic growth on nutrition and health. The CRP should include |
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| | <p>this aspect of research in the revision.</p> <ol style="list-style-type: none"><li data-bbox="418 233 1430 331">5. The CRP needs to identify quantifiable and critical outcome and impact indicators and targets, and establish a set of agriculture-nutrition indicators that link to nutrition-health indicators.<li data-bbox="418 338 1430 583">6. The CRP biofortification component 2 is an established research effort (HarvestPlus and AgroSalud). Component 1, 3 and 4 are relatively new and much less fleshed out. 50% of the proposed CRP budget supports component 2 and yet does not describe any rationale of this approach. From a research continuum and innovation perspective, unless a strong justification is provided, a more balance investment is desired to advance the agriculture nutrition and health research for development. |
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