Numbers for Nourishment: Diet, Consumption, and Access Insights

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  - Research support: Bill & Melinda Gates Foundation (through POSHAN, WINGS and Alive & Thrive). FCDO, CGIAR Trust Fund
  - Acknowledgements: My many research and communications colleagues at IFPRI and our various partners
  - I have no conflicts of interest to declare

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Today’s talk

- Primer on measuring “nutrition”
- Data on food and nutrition in India [& South Asia]
- Use cases on insights from available data
  - Stunting reductions in India
  - Program coverage data in India
  - Dietary data in South Asia and India
  - A local food systems assessment in South Asia
- Summary and reflections
Why care about malnutrition? Because the consequences of malnutrition are far-reaching

- Major contributor to child survival
- By far the biggest driver of the burden of disease
  Global epidemic of non-communicable disease (NCDs)
- Cognitive impairment
- Intergenerational impacts of poor nutrition
- Lost income-earning potential
- Annual GDP losses
2 minutes: Come in on the chat box

- What do you think of when you hear the words “malnutrition”
How is malnutrition/nutrition measured?

- Dietary intake [food]
- Nutrient intake [from food]
- Nutrient status [in the blood/body]
- Functional outcomes related to nutrition [physical tests, cognitive tests]
- Physical outcomes related to nutrition [body size]
Children < 5 years of age

- **Stunting**: child <5 years of age is too short for their age—a result of chronic undernutrition (more than 2 standard deviations below median in a healthy population)

- **Wasting**: child <5 years of age has weight too low for their height—a result of acute undernutrition (more than 2 standard deviations below median in a healthy population)

- **Underweight**: child <5 years of age has weight too low for their age—from either chronic or acute undernutrition (more than 2 standard deviations below median in a healthy population)

- **Overweight**: child < 5 years of age has weight too high for height (more than 2 standard deviations above median in a healthy population)
Stunting: an index of child growth based on attained height for age
Wasting: an index of child growth based on weight proportional to height

38.4% children (<5y) in India are stunted
21% of children (<5y) in India are wasted
Multiple forms of malnutrition: a new era
Where does data in India come from on food and nutrition? And how available is it?

<table>
<thead>
<tr>
<th>Dietary intake [food]</th>
<th>NFHS (food groups), CNNS (food groups), NNMB (food intake, nutrients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrient intake [in food]</td>
<td>NNMB (nutrient intakes), Upcoming DABI – diets, anthropometry, biomarkers</td>
</tr>
<tr>
<td>Nutrient status [in the blood]</td>
<td>CNNS, NNMB, DABI</td>
</tr>
<tr>
<td>Functional outcomes related to nutrition [physical tests, cognitive tests]</td>
<td>None that I am aware of</td>
</tr>
<tr>
<td>Physical outcomes related to nutrition [body size]</td>
<td>NFHS, CNNS, DABI</td>
</tr>
</tbody>
</table>

Only the NFHS survey rounds are available in public domain.
New diet data portal is currently available for India!
About the Indian Diet Data Portal

Data on individual food consumption is needed to make agri-food policies and programmes more nutrition sensitive. The Indian Diet Data portal to summarize, in one place, what individual dietary intake data already exist for India, at the national and sub-national level.

It is designed and developed with the objective to shed light on data gaps in the country with respect to dietary intake data and to make available data more readily available to end users. It includes a compilation of metadata such as where the data were collected, from whom, when, using what tool. In some instances, microdata have also been made available.

We have taken inspiration from the global dietary database, FAO/WHO Global Individual Food consumption data Tool (GIFT)

Join our Learning Network on Indian Diet Data
Moving an agenda in public policy is complex; bringing data and evidence to that is also complex

Yes we have a problem

We agree on drivers We agree on solutions

• Policy instruments • Invest in effective programs

• Monitor • Recalibrate

The evolution of science and evidence, policy, finance, politics, administrative, societal and cultural perspectives…..

POSHAN at IFPRI: A knowledge/evidence initiative

Why?
• Support policy and program decisions and actions with data and evidence
• Strengthen capacity to produce and use evidence
• Create demand for nutrition knowledge and evidence

Who?
• Initiated by a small group at IFPRI, with several partner organizations over the years
• Primary support from Bill & Melinda Gates Foundation

How?
• High quality data & evidence work
• Evidence-based honest-broker
• Pro-active, opportunistic and responsive

Focus of the evidence

The challenge
• Who’s affected
• By what
• In which areas/groups?

The determinants
• What factors drive outcomes
• What factors drive change over time

The solutions
• Who is reached by current solutions
• What is the impact of new solutions
Supporting India’s policy community with data and evidence over a decade

2011: Inception research
(2011: NFHS-3; Hungama 2011)

2012: Strategy development

2013: Research & engagement

2014: Research, new government

2015: Research

2016: Research
(new evaluations); Phase 2

2017: Phase 2 work, esp. state, district

2018: NFHS-4, NITI MoU, courses

2019-20: Support to National Mission Elections; incumbent

2021: NFHS-5, NITI-IIPS collaboration, POSHAN II evaluation

2022-24: A new phase

2011-12: FORMATIVE RESEARCH
- Policy reviews
- Stakeholder influence mapping
- Evidence reviews
- Knowledge network reviews
- Strategy development, drawing on evidence on evidence-to-policy

2013-15: FIRST PHASE
- Thematic research
- Stakeholder engagement

2016-21: SECOND PHASE
- Thematic, opportunistic & responsive research
- Expanded research partnerships
- Expanded engagement
- Capacity building

2021-22: POSHAN 2 extension/supplement
- Thematic research
- Expanded research partners

2022-24: A new phase
- Thematic research
- Partnerships

India launches umbrella national program for nutrition (2018)

India revises umbrella national program for nutrition (2022)
The portfolio of data & evidence to support the policy community

Work with large data sets
- Descriptive knowledge products
- Research papers

Implementation research studies
- Convergence and service delivery, technology integration, maternal nutrition, growth monitoring quality, bottleneck flows, food supplements in ICDS, maternity benefit transfers

Nutrition financing
- Costing studies
- Engagement with a nutrition financing network on continuum of financing
What forms of evidence did we generate in the last decade?

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Abstract Digests and COVID-19 Digest</td>
<td>39</td>
</tr>
<tr>
<td>Data, Policy, and Research Notes*</td>
<td>106</td>
</tr>
<tr>
<td>Reports</td>
<td>16</td>
</tr>
<tr>
<td>District Nutrition Profiles</td>
<td></td>
</tr>
<tr>
<td>(counting updated versions across POSHAN-2)</td>
<td>NFHS-4: 640</td>
</tr>
<tr>
<td></td>
<td>NFHS-4 &amp; -5: 707</td>
</tr>
<tr>
<td>State Nutrition Profiles</td>
<td>33</td>
</tr>
<tr>
<td>(counting updated versions across POSHAN-2)</td>
<td></td>
</tr>
<tr>
<td>Journal articles</td>
<td>55</td>
</tr>
</tbody>
</table>
Actionable data and evidence products, co-produced with partners

**NATIONAL**

- Topical Data Notes at national level

**STATE**

- Trends of nutrition outcomes, determinants and interventions

**DISTRICT**

- Issue-based policy and research notes
Our approach to engaging and supporting stakeholders explicitly recognizes the diversity of the nutrition policy community in India and the diversity of the available evidence.

A policy community is a large group – our approach to engagement is, therefore, tailored to embrace this diversity and be wide-ranging (policy makers, informal and formal working groups, academics, media, civil society and development partners).
Our communications and engagement focused connecting stakeholders to data and evidence and creating demand for data and evidence

Virtual knowledge platforms – IFPRI-POSHAN's new website went live – September 2019

Knowledge products

Physical knowledge networks

Direct engagement & capacity strengthening
Examples of how we supported the policy community over the years

- Engaging with development partners and other networks
  - Coalition for Food and Nutrition Security
  - Development partner networks
  - Take-home rations network
  - Nutrition financing
  - Maternal nutrition network
  - Quality of care network
  - COVID data partners group
- Supporting Government of India and state governments
  - Monitoring framework for POSHAN Abhiyaan
  - Responsive analyses and co-authored journal articles and policy products
  - Numerous studies for state governments
- Supporting national policy capacity strengthening
  - In-person nutrition training for district administrators and others
  - Developing nutrition online course for administrators
Knowledge mobilization, capacity strengthening, and technical support is all about working with people & requires resources

**Knowledge mobilization & technical support**

- Co-develop knowledge products, with a focus on peer-reviewed research
- Co-organize dissemination events, learning labs, flagship conferences (e.g., Delivering for Nutrition)

**Capacity strengthening**

- Support efforts to strengthen nutrition capacity for diverse actors
  - Online course with national training academy
  - State-specific trainings for officials
  - Nutrition short courses
- Support evidence-to-policy activities with research partners on diverse thematic areas
Bringing people together: Delivering for Nutrition, a flagship conference on implementation research to bring evidence to stakeholders
Use cases

• Stunting reductions in India
• Program coverage data in India
• Dietary data in South Asia and India
• A local food systems assessment in South Asia
What have we learnt: On childhood stunting in India, it has been a long road, but the issue is still standing.

Recognize
Yes we have a problem

Align
We agree on drivers
We agree on solutions

Act
• Policy instruments
• Invest in effective programs

Learn
• Monitor
• Recalibrate

• Problem denial around stunting/linear growth retardation
• Stunting as an indicator of a complex biological process (growth)
• Individuals versus populations

• Drivers □ sanitation? gender? Multisectoral?

• Solutions □ nutrition-specific/nutrition-sensitive; 1000 days

• Policy instruments □ ICDS-centric; food and feeding bias remains strong but quality, reach, equity all challenging
• New solution space now – BCC, multisectoral rhetoric
• Financing still inadequate
• Recognition of social determinants still poor

• Data contestation
• Recalibration of any policy instrument is very slow
• Lessons from state success still not fully embedded in strategies (social determinants)
Problem recognition for childhood stunting: why are Indian children short?

- **Problem**
  - 2008: Acceptance and “shame” and “curse”
  - 2009-2014: Denial around growth standards
  - 2013: EPW collection debunking this
  - 2015-2018: Re-acceptance and integration into national goals and POSHAN Abhiyaan strategy

- **Determinants**
  - Sanitation (Spears et al)
  - Gender/patriarchy (Jayachandran and Pande)
  - Multifactorial, complex (Menon et al., Subramanyam et al)
  - Underlying social discrimination (Deshpande et al, 2021)

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**Discussion**

- Methodologically Deficient, Ignorant of Prior Research
  - Gargi Wable
- Myths and Realities of Child Nutrition
  - Stuart Gillespie
- Stunting among Children - Facts and Implications
  - Alessandro Tarozzi, Angus Deaton, Dean Spears, Diane Coffey, Jean Dreze
- Reality of Higher Malnutrition among Indian Children
  - C Sathymala, Rakesh Lodha, Yogesh Jain
- Are Child Malnutrition Figures for India Exaggerated?
  - Arun Gupta, Biraj Patnaik, Devika Singh, Dipa Sinha, R Srivatsan, Radha Holla, Sachin Jain, Samir Garg, Sejal Dand, Sulakshana Nandi, Vandana Prasad, Veena Shatrugna
- Choice Not Genes - Probable Cause for the India-Africa Child Height Gap
  - Rohini Pande, Seema Jayachandran

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**Problem recognition for childhood stunting: why are Indian children short?**

Indian children are very short, on aver-
age, compared with children living in oth-
er countries. Because height re-
flects early life health and net nutri-
tion, and because good early life health also
helps brains to grow and capabilities to
develop, stunted growth is a human deve-
nopment disaster. Parag found these facts, but argues that
Indian children are particularly short be-
cause they are genetically programmed to
be so. In consequence, the higher preva-
ience of stunting among Indian children
than among children in much poorer
countries in Sub-Saharan Africa comes
from using inappropriate common stan-
dards, and, in the use of the literature,
well-accepted estimates in the impor-
tance of the disease environment. There
is a growing recognition of health and med-
care, but healthcare is even less im-
potent for health status than the role on
children’s growth that comes from con-
stant struggle with disease. In fact,
attention was taken to the food
intake of children who are driven to
food, primarily driven by need to
the key in human nutrition. This
food is obviously important, but so is
disease, and food and disease inter-
seems this has been well under-
stood for a long time, especially in the in-
teraction of the biological mortality

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**Are Child Malnutrition Figures for India Exaggerated?**

Arvind Panagariya argues that the current World Health Organ-
ization (WHO)-recommended international growth standards exaggerate
the extent of stunting in India. He points out that while the prevalence of stunting
by current norms is higher in India than
many poorer Sub-Saharan African coun-
tries, it has much lower mortality rates
selectively to drive home the point that
the Indian story of malnutrition needs to be reconstituted.
Our response attempts to go beyond
points and, get to the root of the problem of hunger and malnutrition,
and highlights the complexity of relation-
ships that produce “stunted bodies" in India. As we understand it, low weights
Determinants: What factors explain differences between high- and low-stunting districts across India?

Key insights:

- Used district-level data from national survey to highlight spatial differences in stunting across 640 districts in India.

- Findings highlight the range of factors that explain differences between high and lower stunting burden districts.

- Results emphasize the importance of focused strategic planning and action to address multiple, and different, district-specific determinants of stunting across India.

Lessons from Indian states that reduced stunting (2006-16) offered insights for strategy that are not yet fully included in policy.

### How did policies evolve?
- Major national efforts – ICDS scale-up; NRHM introduction and scale up
- Successful states added to national efforts with varying nature and timing of state additions
- Food security, poverty policies/programs too + economic growth

### What supported change?
- Vision to address an outcome was key
- Capable, stable bureaucrats who were given space and time
- Financing adequacy, flexibility, stability;
- Efforts to strengthen implementation systems
- Catalysts, champions of various types played a role (media, civil society, human rights commissions, politicians, bureaucrats)

Use cases

- Stunting reductions in India
- Program coverage data in India
- Dietary data in South Asia and India
- A local food systems assessment in South Asia
Supporting India’s policy community with evidence over a decade

2011: Inception research
2012: Strategy development
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2022-24: A new phase

India launches umbrella national program for nutrition (2018)
India revises umbrella national program for nutrition (2022)

2022-24: A new phase
- Thematic research
- Partnerships
Progress since launch of POSHAN Abhiyaan in 2018: Coverage increased for most preconception and pregnancy interventions between 2016 and 2021.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>2015-16</th>
<th>2019-21</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand for FP satisfied</td>
<td></td>
<td>51.8</td>
<td>59.1</td>
</tr>
<tr>
<td>Iodized salt</td>
<td></td>
<td></td>
<td>93.4</td>
</tr>
<tr>
<td>Any ANC</td>
<td></td>
<td>80.2</td>
<td>85.3</td>
</tr>
<tr>
<td>ANC first trimester</td>
<td></td>
<td>56.7</td>
<td>64.1</td>
</tr>
<tr>
<td>≥4 ANC</td>
<td></td>
<td>50.7</td>
<td>55.2</td>
</tr>
<tr>
<td>Received MCP card</td>
<td></td>
<td></td>
<td>89.6</td>
</tr>
<tr>
<td>Received IFA tab/syrup</td>
<td></td>
<td>78.5</td>
<td>87.8</td>
</tr>
<tr>
<td>Neonatal tetanus</td>
<td></td>
<td>83.3</td>
<td>83.6</td>
</tr>
<tr>
<td>Deworming</td>
<td></td>
<td></td>
<td>76.7</td>
</tr>
<tr>
<td>Weighing</td>
<td></td>
<td>91.3</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding counselling</td>
<td></td>
<td>40.7</td>
<td>62.4</td>
</tr>
<tr>
<td>Counselling on keeping baby warm</td>
<td></td>
<td>38.4</td>
<td>59.9</td>
</tr>
<tr>
<td>Cord care counselling</td>
<td></td>
<td>36.3</td>
<td>58.3</td>
</tr>
<tr>
<td>Food supplementation</td>
<td></td>
<td>53.1</td>
<td>67.1</td>
</tr>
<tr>
<td>Health &amp; nutrition education</td>
<td></td>
<td>39.9</td>
<td>60</td>
</tr>
<tr>
<td>Use of bed nets</td>
<td></td>
<td>53.9</td>
<td>55.7</td>
</tr>
</tbody>
</table>

ANC: Antenatal care, IFA: Iron & Folic Acid, MCP: Mother & Child Protection
Source: NFHS-4 (2015-16) and NFHS-5 (2019-21) unit-level data; Note: Sample is mother-last child pairs at the household level.
Progress since launch of POSHAN Abhiyaan in 2018: Coverage increased for all interventions during pregnancy and post-natal periods between 2016-2021

<table>
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<tr>
<th>Intervention</th>
<th>2015-16</th>
<th>2019-21</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional birth</td>
<td></td>
<td></td>
<td>81.9</td>
</tr>
<tr>
<td>Skilled birth attendant</td>
<td></td>
<td></td>
<td>84.1</td>
</tr>
<tr>
<td>Food supplementation</td>
<td>0</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Health &amp; nutrition education</td>
<td>48.9</td>
<td>56.4</td>
<td></td>
</tr>
</tbody>
</table>

Source: NFHS-4 (2015-16) and NFHS-5 (2019-21) unit-level data
Note: Sample is mother-last child pairs at the household level.
Progress since POSHAN Abhiyaan in 2018: Coverage of most early childhood interventions improved in India between 2016 and 2021

<table>
<thead>
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<th>2019-21</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full immunization</td>
<td>26.7</td>
<td>39.4</td>
<td>63.6</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>33.3</td>
<td>44.2</td>
<td>63.6</td>
</tr>
<tr>
<td>Pediatric IFA</td>
<td>20.2</td>
<td>30.6</td>
<td>50.7</td>
</tr>
<tr>
<td>Deworming</td>
<td>56</td>
<td>70.8</td>
<td>60.4</td>
</tr>
<tr>
<td>ORS during diarrhea</td>
<td>28.8</td>
<td>45</td>
<td>45.6</td>
</tr>
<tr>
<td>Zinc during diarrhea</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Food supplementation</td>
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<tr>
<td>Weighing</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Counselling on child growth</td>
<td></td>
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</tr>
</tbody>
</table>

Source: NFHS-4 (2015-16) and NFHS-5 (2019-21) unit-level data; Note: Sample is mother-last child pairs at the household level.
What we learnt about connecting the dots: An learning architecture to support India’s nutrition journey during POSHAN Abhiyaan (2018-2022) offered numerous opportunities for data and evidence communities

Examples of evidence to program linkages in POSHAN Abhiyaan (2018-2022)

- Monitoring framework
- Periodic progress reports and links to political and administrative reviews
- SBCC surveys and links with national SBCC Alliance
- Aspirational district program (ADP) surveys and links with ADP program
- M-Health (ICDS-CAS) monitoring and evaluation and links with technology roll-out program
- Anemia Free India dashboard and other learning opportunities
- COVID-19 monitoring and learning networks
Use cases

• Stunting reductions in India
• Program coverage data in India
• Dietary data in South Asia and India
• A local food systems assessment in South Asia
Dietary data gaps in South Asia

• The availability of dietary data across Bangladesh, India, Nepal, and Pakistan is currently poor.

• Data are mostly available on food group consumption and for infants and young children.

• Few surveys capture quantity of foods consumed; estimating nutrient intake from population-based surveys is therefore not possible.

• Only Bangladesh currently has large-scale publicly available and repeated rounds of data on dietary intakes for multiple age groups.

Availability of data on diets in South Asia: A data availability assessment for Bangladesh, India, Nepal, and Pakistan | IFPRI : International Food Policy Research Institute
• Very limited data on food groups in the NFHS
  • Not all food groups
  • Not asked using standardized dietary indicator methods for food groups
  • Still useful to assess patterns and trends

• At the national level from 2005-06 to 2019-21, only the daily consumption of dairy has increased.

• The consumption of dark green leafy vegetables and any protein has declined and consumption of fruits has remained low.

• Few Indians consume animal source foods daily, and only around half consume any protein (either animal source foods or pulses).

• On a positive note, the consumption of fried foods and aerated drinks has not increased in the last 4-5 years

Vast differences in trends and levels of daily consumption of green leafy vegetables vs. fruits (NFHS)

India: Insights on intake of 17 food groups from the CNNS

Figure 1. Frequency of intake of various food groups among adolescents 10-19 years in India

Chakrabarti et al, in preparation
Designing a local food systems assessment

Conceptually grounded in multiple frameworks/literatures
- HLPE framework for overall food system
- Gender-adapted HLPE
- Food environment framework
- Drivers of food choice
- Food systems countdown indicators
- Adolescent diets and nutrition

Identifying gaps in secondary data on diets in South Asia

Questionnaire assembled using validated and/or field-tested instruments where available
- New questions designed where unavailable

Domains for inquiry and choice of respondents developed based on these multiple frameworks and interests

Pre-survey design field visits to multiple locations

Cross-country questionnaire design workshop (Nepal, Sept 2022)

Drivers of food choice analysis workshop (Bangladesh, Mar 2023)

GDQS, questionnaire refinement and survey harmonization workshop (Nepal, Jan 2023)

https://cgspace.cgiar.org/bitstream/handle/10568/127434/TAFSSA%20Methods%20Note%201_Food%20Systems%20Assessment_anonymous.pdf?sequence=1
District diet snapshot

• Data collected in Feb-Mar 2023
• 4000 households, ~12,000 individuals (adult men, adult women, adolescents)
• Highlights gender and age differences in diets
  E.g. sweets/ice-cream consumed by 40% of adult women vs. 75% of adult men
• Reports on drivers of food choice for select food items
  Perceived nutrition quality, safety, accessibility, affordability, ease of preparation, taste, etc.
• Identifies food sources
  Most food consumed is purchased (not produced, received from others, or foraged)

Scott et al, 2023. Forthcoming…
Global Diet Quality Score: Level of consumption of food groups using GDQS consumption categories (Bangladesh)
Sources of sentinel food items
(Q.B3_2 Where does your household get ___ from)

- Rice
- Wheat
- Maize
- Millets
- Moong Dal
- Masoor Dal
- Chana Dal
- Chickpeas
- Potato
- Poultry
- Fish
- Other Meat
- Eggs
- Milk
- Orange Vegetables
- Leafy Vegetables
- Onions
- Tomatoes
- Fruits
- Noodles
- Chips
- Baked sweets
- Fried food
- Soft drink
- Tea/coffee with sugar
- Total (n=2005)
Food systems: We are just at the beginning

Recognize
Yes we have a problem

Align
We agree on drivers
We agree on solutions

Act
• Policy instruments
• Invest in effective programs

Learn
• Monitor
• Recalibrate
Summary

- Malnutrition – in all forms – is a challenge across India and South Asia but there are success stories as well
  - Rising burdens of overweight, hypertension and stagnating anemia are all substantial challenges for the 2020s
- Healthy [and sustainable] diets are an important driver of all forms of malnutrition but challenges abound in achieving healthy diets for all
- Data – on a full range of issues related to food and food systems – is crucial to moving forward on the food and nutrition agenda but is limited both in availability, accessibility and content
- Available data can help but ensuring that discourse is data-grounded is essential
Researchers can play a critical role in connecting the dots between data, evidence and policy

What can researchers who care about supporting policy communities do?
❖ Stay grounded in data and evidence
❖ Embrace complexity
❖ Align - not just my science
❖ Be available, be pro-active
❖ Connect, bring others in
❖ Recognize our limited power but never give up
❖ Invest in teaching and learning from policy actors

What can the policy community do?
❖ Stay informed
❖ Engage and listen to researchers and invest in data
❖ Institutionalize processes to absorb the fullness of evidence and data