



POLICY BRIEF

NUTRITION AND REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH

Photo: UN Photo/Albert González Farran



BACKGROUND

Nutritional status greatly influences an individual's growth, educational attainment, productivity, reproductive success, and susceptibility to disease.

Children undernourished within their first 1,000 days of life have slower cognitive and physical development and are less likely to perform well in school. In 2001, the Commission on Macroeconomics and Health showed that higher income is associated with better health ("wealthier is healthier"), but also showed a link from improved health and nutrition to economic growth ("healthier is wealthier"). Thus, the macroeconomic

consequences of malnutrition for low- and middle-income countries can be significant.

Approximately 165 million children suffer from undernutrition. Presently, childhood malnutrition is responsible for up to 45 per cent of all deaths among children under five. African countries (excluding north Africa), in particular, have struggled to tackle malnutrition. Improvements in nutrition can be undermined by food insecurity; only three countries have been able to reduce hunger by 50 per cent or more (Ghana, Mauritania). In five countries, hunger has worsened over this time. African countries also face an uphill battle against Anaemia, with more than 70 million women of reproductive age suffering from it, increasing

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their likelihood of dying from a post-partum haemorrhage during childbirth. At current trends, it will take more than 150 years to resolve this problem in Africa.

Stunting (low height-for-age) and Wasting (low weight-for-height) are two other major challenges for African development. 56 million children under five in the continent were affected by stunting in 2011, i.e. one third of the world's stunted children. Stunted children have a greater risk of disease and may also have a retarded development, with consequences on schooling and employment. Studies in Ghana and Brazil have correlated each centimetre gain in height due to improved childhood nutrition with a wage increase of 8-10% in adulthood. Wasting, resulting from a combination of food insecurity, poor sanitation, and lack of access to clean water, is affecting 13 million children under five in Africa (2011).

Poverty and marginalization exacerbate these conditions. Children from poor and rural households are more likely to be underweight, as are children born to mothers with low levels of education, or exposed to poor water and sanitation. Pregnant women who are malnourished are more likely to give birth to malnourished children (low birth weight), as are women who are undernourished during their own first 1,000 days of life.

Global- and country-level interventions for improved nutrition have been proven to be effective and provide high economic and social returns. Thus, communities, national governments, donors, and global partnerships need to leverage multi-sectoral platforms to collectively prioritize women and children's nutritional needs.

CHALLENGES

- Frequent droughts and other natural disasters have devastated Africa's agricultural sector in recent years, and constrained countries' ability to build long-term emergency food stores. Along with global economic factors, this has resulted in severe food price volatility in Africa. Adverse climate change in the future will likely worsen. Price hikes affect poor people's access to food, and create a vicious cycle of poverty in which the very assets that allow a family to produce food are liquidated in order purchase food.
- Nutritional disorders in Africa are often related to the prevalence of diarrhoeal disease and vitamin deficiency. Thus, programs that address undernutrition should be integrated with diarrhoeal disease control and vitamin supplementation.
- Low coverage of proven and effective nutrition interventions such as exclusive breastfeeding, complementary feeding, micronutrient supplementation, management of severe malnutrition continues to be a challenge in the Region.
- Population growth in Africa is rising at a faster rate than agricultural productivity. Population growth is also a key contributor to poverty and a key impediment to providing water, sanitation, and health services. Achievements in nutrition can be undermined if food production cannot meet the demands of a growing population, and if the growing population is both poorer and sicker than previous generations.
- Conflict, instability, and food insecurity are mutually reinforcing conditions. Conflict in some countries in Africa has led to internal displacement, declines in productivity, disruption in markets and health services, and an increase in hunger and malnutrition.

Food insecurity, in turn, drives conflict and instability as populations fight over scarce resources. During conflicts, mothers and children are especially susceptible to malnutrition.

STRATEGIES AND BEST PRACTICES

African governments are demonstrating strong leadership and political commitment to nutrition and food security issues. For example, food security has been Malawi's top domestic policy issue since the 2004/05 drought. A number of strategies and best practices point the way forward.

Prevention of Hunger

- Improve domestic financing for the agricultural sector.
- Link national agricultural policy explicitly to country nutrition goals and interventions. Tie these to strategies to improve access to land and gender equality.



- Promote and provide individual/community support for nutrition-enhancing newborn and infant care strategies. Proven strategies include exclusive breastfeeding from delivery up to six months, kangaroo care, and complementary feeding for children 6-24 months.
- Strengthen national nutrition policy, financial allocation to nutrition interventions and implementation.
- Educate and provide support for auxiliary interventions such as hand washing and hygiene messaging. Promote and improve access to zinc for home-based care of diarrhoea.

Provision of Nutrients, Fortificants and Emergency Feeding

- Introduce supplementation and fortification of key nutrients via periodic supplementation through integrated campaigns (e.g. Child Health Weeks) or partnerships with food growers/processors for fortification of staple foods (e.g. iodization of salt, Vitamin A-enhanced maize).

- Nutrient supplementation for pregnant and breastfeeding women (e.g. calcium and iron folate) through such channels as ante-/post-natal clinics or post-natal community health worker visits.
- Increase availability of therapeutic feeding interventions for severe acute malnutrition, if possible on an outpatient basis. Create a consistent supply of therapeutic foods in quantities appropriate for household use. Screen and treat accompanying medical conditions.

Policy and Best Practice

- The World Health Assembly, in 2012, approved a comprehensive implementation plan on maternal, infant and young child nutrition. This also established six global nutrition targets on the reduction of stunting, wasting, anaemia, overweight, low birth weight and on the improvement of breastfeeding rates.
- Adopt globally recognized growth-monitoring standards (e.g. multiple growth monitoring indicators, better record-keeping from the point of individual child health cards up to national surveillance systems, inclusion of growth monitoring in pre-service training).
- Integrate nutrition components into other reproductive, maternal, newborn and child services, such as family planning initiatives, HIV-AIDS programs, and bed-net distribution activities.
- Introduce food-related social safety nets such as early warning systems, targeted cash- or food-for-work programs and emergency response systems. Integrate nutrition education into these programs.



Photo: UN Photo/Albert González Farran

Figure 1: A Multi-Faceted Approach to Malnutrition



CASE STUDY: ETHIOPIA

The Ethiopian government in partnership with the Food and Agriculture Organization (FAO) launched a comprehensive approach to food security following decades of famine. The project focused specifically on female-headed households, and integrated agriculture, health, education, and water and sanitation. Women's income-generating activities were prioritized (e.g. poultry raising, beekeeping, vegetable growing), as was health promotion for nutrition and safe water and sanitation. The project targeted 26,000 people in Southern Tigre and Northern Shao and resulted in a decline of acute malnutrition from 13.4% to 9.5% in two years.

KEY OPPORTUNITIES

- The African Union's Comprehensive Africa Agriculture Development Program (CAADP) was initiated in 2003 to help member states boost agricultural productivity by improving land and water management, rural market infrastructure, food availability, and agricultural research. Countries also agreed to commit at least 10% of national budgets to agriculture. More than 40 African countries have completed CAADP-based National Agriculture and Food Security Investment Plans and are eligible for funding from the Global Agriculture and Food Security Program. Opportunities exist to ensure country-level CAADP implementation includes a gender-perspective and a prioritization of investment for maternal and child health.
- African governments and the G8 initiated the New Alliance for Food Security and Nutrition in 2012 to increase private investment in agriculture. The Alliance's Global Agriculture and Food Security Programme will help improve information sharing among African countries. Food Security and Nutrition Cooperation Frameworks will be created to align and prioritize food security issues within CAADP national investment plans. Over US \$3 billion has been raised to boost productivity among small farmers, including women. Opportunities exist to ensure the Alliance commits to a gender perspective and a nutritional focus on a child's first 1,000 days.
- The Global Alliance for Improved Nutrition (GAIN) is a public-private partnership to increase access to missing dietary micronutrients. Over 600 companies and civil society organizations are involved, reaching an estimated 667 million people with nutritionally enhanced food products. About half of the beneficiaries are women and children. GAIN's goal is to reach one billion people by 2015 with nutritious foods that have sustainable nutritional impact.

- The Scaling Up Nutrition (SUN) movement was launched in 2010 to campaign for improved coordination and leadership on nutrition. In Africa, 28 countries are involved in SUN.^a SUN seeks to ensure that donors, governments, industry, and civil society invest in scaling up a package of nutrition-specific and -sensitive, cost-effective, evidence-based interventions, such as the promotion of exclusive breastfeeding, access to supplements and fortification, and therapeutic feeding for severe undernutrition. Aligned with SUN, the 1000 Days Partnership focuses on pregnancy through the first two years of life. These countries are adopting multi-sectoral approaches to improving nutrition: setting up multi-stakeholder nutrition platforms; adopting sound nutrition policies and laws; articulating national commitments and aligning plans around a single set of expected results; implementing specific nutrition interventions (including the promotion of breastfeeding) and nutrition-sensitive approaches, across multiple sectors; mobilizing in-country and external resources to realize their commitments: monitoring progress and demonstrating their achievements. The SUN Movement provides a means through which donors, the UN system, business, and civil society are harmonizing and aligning their in-country and external support behind government-led national nutrition plans and contributing to systems for mutual accountability.
- Feed the Future (FtF) targets the root causes of hunger, poverty, and undernutrition, especially for women and children. Twelve of the nineteen FtF focus countries are in Africa. Through FtF and the Global Health Initiative, the United States supports country-owned programs to address the root causes of undernutrition and improve the future potential of millions of people. In addition to its support for the first 1,000 days, FtF strengthens local capacity to bring programs to national scale and sustain them.
- The World Health Organization's Accelerating Nutrition Improvements project, supported by the Canadian International Development Agency, is designed to support government efforts to strengthen nutrition surveillance in eleven high-burden countries in Africa (excluding north Africa) by building on national health information systems.^b



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- a. SUN African Countries include (2012) Benin, Burkina Faso, Burundi, Cameroon, Chad, Côte d'Ivoire, DR Congo, Ethiopia, Gambia, Ghana, Guinea, Kenya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Tanzania, Uganda, Zambia, Zimbabwe.
- b. Accelerating Nutrition Improvements Project (WHO/CIDA) Sub-Saharan African Countries: Burkina-Faso, Ethiopia, Mali, Mozambique, Rwanda, Senegal, Sierra Leone, Tanzania, Uganda, Zambia, Zimbabwe.