WORLD PUBLIC HEALTH NUTRITION ASSOCIATION

JOIN US, WORK WITH US, AND HELP TO MAKE OUR WORLD A BETTER PLACE

December blog Reggie Annan



Waking up, I remember that I am fortunate to be alive and to have enough food to eat. In some parts of the world, 'poverty' means that children do not have internet access at home, or fancy video games or flat screen TV at home. But in Africa where I come from, having a TV or internet access is beyond the reach of very many families and communities. African, and Asian, children living in poverty, don't know about video games. For them being poor means that they don't have access to quality food, or to enough food, or to clean water to drink. Their surroundings make them prey to all sorts of disease-causing organisms. They are exposed to many factors that lead to malnutrition and death, even before birth at the foetal stage.

Hence, we should continue to focus on malnutrition, calling urgently for immediate and speedy action. Around a third to a half of all child deaths have malnutrition as a cause. One way of staying focused is to read – and to write – about malnutrition. That's a prelude to and a foundation for action.

The good news is that there seems now to be a lot of high level commitment from many actors, at least on paper, including 'world leaders' and governments (who provide policies), through health professionals (who deliver the services), to bilateral organisations and civil society organisations (who are referees or mediators), to donor agencies (who pay the money). In this column I will summarise some of these commitments and what they may and can mean. As an introduction, see the view from Ghana in the picture above, which helps in imagining nice things.

Professional integrated action against undernutrition

The Nairobi Resolution

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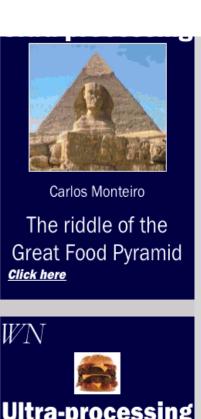
I start with the declaration made by participants at the end of the African Nutrition and Epidemiology Conference in Nairobi a couple of months ago in October, as promised last month. Here are some of them, in the picture above. The full declaration is on the African Nutrition Society website at www.imtf.org. It begins: Participants meeting at the 4th African Nutritional Epidemiology Conference in Nairobi, Kenya on the 8th day of October 2010, call on the African Nutrition Society (ANS) to ensure that:

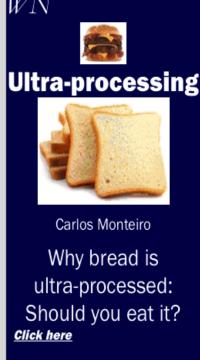
- Nutritionists, physicians and other health professionals take responsibility for leadership in addressing the health consequences of food insecurity including maternal and child undernutrition and severe childhood malnutrition in all its forms, in recognition of the latter as an important cause of death and disability of children that requires urgent action by all relevant social actors.
- ANS members and others in the nutrition fraternity assure that all nutritionists
 and related health professionals in Africa have the core elements of training to
 meet standard benchmarks, and the competencies for certification for
 professional practice, including training of others in the health workforce in
 screening, early identification and management of nutrition-related health
 conditions including severe malnutrition.
- Academic institutions in Africa re-examine their curricula, training activities, continuing professional development programmes and evaluation processes, to ensure that (1) they meet the standard international benchmarks for professional practice, including the identification and treatment of severe malnutrition as a core competency, and that (2) curricula include training in newly emerging disciplines in public health nutrition that link food security to food consumption patterns and manifestations of all forms of malnutrition, and (3) that they include training modules on the role and contribution of other sectors and services towards improving access to quality and safe food and (4) that skills and professional competencies are acquired in dissemination of research outcomes to policy and decision makers.

The Nairobi Resolution has been much needed. Food insecurity remains a major cause of undernutrition in Africa. It has immense impact on health, human productivity and social well-being. Attempts are being made to improve national food security as well as household and individual food insecurity. But at the same time, food scientists and health care workers have to deal with the clinical outcomes of undernutrition. These include mild, moderate and severe malnutrition, micronutrient deficiencies, and non-communicable diseases.

The newly formed African Nutrition Society recognises the important role that nutritionists and other allied health workers have to play, to reduce the burden of malnutrition. Nutritionists need to work with other health professionals and other sectors to deliver the best possible outcomes. Nutritionist can also play an important role in the training of other members of the healthcare system, including physicians, nurses and community health workers.

The Nairobi Resolution is a step forward. Leadership does indeed need to come from public health and nutrition professionals. So what are the next steps? I think we Africans should all be considering how this Resolution can be implemented. Words guide actions. But they surely are not an end, but a means to an end.







Scaling Up Nutrition (SUN)

Global focus to address malnutrition



On 21 September, just before the Nairobi conference, a number of world leaders met in New York. Their purpose was to announce the '1,000 Days: Change a Life, Change the Future' campaign, and specifically to give a conspicuous launch to the Scaling Up Nutrition (SUN) initiative.

SUN rises

'Investing in early childhood nutrition is a sure-fire strategy. The returns are incredibly high' said Anne Mulcahy, chair of the board of Save the Children, at the meeting. 'Almost 2.7 million children die each year because they're malnourished, but improving nutrition is not rocket science. Something as simple as better breastfeeding could save a million children a year. Investing in nutrition will fuel global productivity. It's clear the world economy can no longer afford the losses tied to chronic malnutrition'.

The SUN initiative was first released in draft, in April 2010. It is endorsed by more than a hundred actors from national governments, the United Nations system, civil society organizations, development agencies, academia, philanthropic bodies and the private sector (1). It urges a better focus on nutrition within development programmes, and stresses that the right investments will save lives, improve countries' economic prospects and increase the prosperity, well-being and potential of their citizens.

It identifies investments shown to work when implemented within the context of nutrition-focused development policies. It details means by which country, regional and international actors can work together. The full document can be accessed at http://un-foodsecurity.org/sites/default/files/SUNRoadMap.pdf.



Malnutrition is preventable. When children get malnourished it can be treated. Very simple interventions have been showed to work. It is indeed not rocket science. Exclusive breastfeeding for the first six months of life, followed by appropriate complementary feeding from 6 months, such as seen in the picture above, is crucial. So is treating severe acute malnutrition, micronutrient supplementation, and food fortification. These are simple strategies that may bring enormous benefits and provide children to reach the full developmental potential as adults, when

Fabio Gomes



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NEXT MONTH IN WN OUT ON 1 FEBRUARY





implemented at scale.

1,000 crucial days

At the New York event, US Secretary of State Hillary Rodham Clinton, and others including UN Secretary-General Ban Ki-moon, also launched the '1,000 Days: Change a Life, Change the Future' initiative, designed to focus on the importance of nutrition during the first thousand days of life (beginning before and during conception), and to do this within the next thousand days.

Secretary of State Clinton said: 'We know enough about the science of nutrition to know that these interventions have the biggest impact when they occur during the first thousand days of a child's existence. That begins with pregnancy and continues through a child's second birthday. So we can be very targeted with our investments to save and improve the greatest number of lives'. She continued: 'But while we have life-saving solutions, they remain out of reach for hundreds of millions of people worldwide. And it also is a problem that even when we have such solutions, when it comes to delivering them – particularly to rural communities – the last mile is the longest' (More on this can be accessed at www.thousanddays.org).

Focus on Africa

Already also there are commitments to Africa from other world leaders. Thus, the 2009 G8 (now G20) meeting in L'Aquila, Italy, resolved to strengthen global initiatives for Africa to promote food security, promote sustainable access to water and sanitation and to promote global health and promote education for all (2). The L'Aquila Declaration item #110 states 'We are aware of our responsibility in pushing forward the achievement of the Millennium Development Goals, particularly in Africa. The interrelated nature of these Goals calls for comprehensive, coordinated and complementary development policies. These policies will be inspired by the principles of sustainability, inclusiveness and gender equality as well as by the five pillars of the Paris Declaration: ownership, alignment, harmonization, results-based management and accountability'.

Partnership, capacity, sustainability Ways towards equity

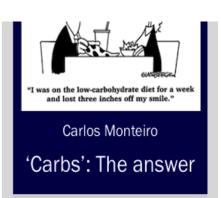
In her address, Secretary of State Clinton also said: 'We have to be ready in our partnerships to increase our support for countries struggling with undernutrition, and we have to align our programs and our funding with their plans instead of creating parallel programs. It is time for us truly to partner with countries to help build their capacity. When the donors are gone and the donor dollars have been used, what remains? ... Our humanitarian impulses, our generosity, are very important, but the hard work of capacity building is what should be our focus. And we have to deliver both short-term results and long-term progress'.

Bravo, Secretary of State Clinton. You are right. The elements for success, the lack of which create failure, were all in your speech. Let's be optimistic. The three key elements in the speech are partnership, capacity building and sustainability. If these are fully addressed in the right ways, there will be an end to childhood undernutrition and hunger. Children in Africa, such as those shown below, will be beaming with happy smiles.

Partnership



It is in the spirit of partnership that the donor listens to counterparts in the country in need, and agrees: 'Although I think you needed X, I will help you to address Y,







which is not my priority but it is your most needed action'. It is vital also that the two parties engage in dialogue, in case the country's priority is not well thought through, and find common ground. But whatever way we look at things, partnership is the most sustainable solution.

Capacity



In most if not all of the 36 most burdened countries, workforce capacity even at the regional or even district level is not adequate. Africans need to remember that expatriate professionals working in poor countries usually do not intend staying in these countries for the rest of their lives. So what happens when the foreign experts leave the country, or the programme folds up. and there is no local capacity to continue? The country's state becomes worse than it was. We must build workforce capacity not just in the big cities but in rural areas. This means that health workers need incentives to live and work in poor rural communities.

Sustainability



Partnership and capacity building are both needed to ensure sustainable interventions. Capacity building goes beyond training the work force. Infrastructure is required. In many impoverished countries, the hard to reach areas where the burden is greatest can be made accessible with better roads. Health workers would more likely move to rural settings if basic amenities like electricity and clean water are available and accessible. Sustained interventions also imply good governances, political stability, and fair trade.

In his President's Letter last month, Barrie Margetts said: 'Africa. It is time to be fair'. He is right to say that trade, not aid, is the better way to address global inequity. As the saying goes, it is like teaching people to fish rather than giving them fish. Also supporting those that have been taught to fish to acquire fishing rods is helpful. So aid has a part to play, especially in emergency situations and as short term interventions.

In this and my previous two columns, I have highlighted a series of initiatives that are meant to make Africa stronger, more self-reliant, and to reduce food insecurity and undenutrition in Africa. They all are part of a greater whole. If we hold ourselves accountable, and if we carry out our commitments, then the world will be a better place, for us and our children. The 2009 *l'Aquila Declaration* rightly states that policies need to be inspired by the principles of sustainability, inclusiveness and



gender equality, as well as by ownership, alignment, harmonisation, results-based management and accountability. Let us make this happen.

References

- A Road Map for Scaling-Up Nutrition (SUN). First edition, September 2010. Accessed: http://unfoodsecurity.org/sites/default/files/SUNRoadMap.pdf.
- G8 Leaders Declaration: Responsible Leadership for a Sustainable Future. Accessed at <u>http://www.g8italia2009.it/static/G8_Allegato/G8_Declaration</u> <u>08_07_09_final,0.pdf.</u>

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This column is reviewed by Geoffrey Cannon.

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