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Commentary

The contribution of the national nutrition policy in addressing Ghana's social determinants of health and nutrition inequalities

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Abstract

One of the major challenges for developing countries is growing economic prosperous while eradicating poverty and lowering social and health inequalities. The National Nutrition Policy of Ghana (NNP) was launched in July 2016 to ensure optimal nutrition for people living in Ghana, promote child survival, and enhance capacity for economic growth and development. A review of the policy was conducted in 2018 where the effectiveness of the policy in meeting its objectives was ranked as poor, impacting negatively on the social determinants of health. This article analyzes the NNP by using the Kingdon Framework to determine how problems, politics, and the policy itself can act as a tool to address the factors that have a significant influence on an individual's health and well-being, especially the marginalized in society.

INTRODUCTION

Healthy public policy is an important strategy for promoting health, which strives to make health a priority for decision-makers at all levels of government. By promoting intersectoral activity and cooperative partnerships, healthy public policies are equity-focused, with specific considerations for impacts on population health (WHO, 1988). Growing economically prosperous while also eradicating poverty and lowering social and health inequalities is one major challenge for developing countries.

FAO states that food security exists 'when all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life' (FAO, 2015). Malnutrition and food insecurity have poverty and inequality as their root causes. Dietary quality is negatively impacted by poverty. Food insecurity is more likely to occur when there is income inequality, especially for socially excluded and marginalized populations. For a person to maintain a healthy dietary pattern, they must always have access to wholesome, affordable foods that are safe. Access to foods that promote healthy eating patterns is correlated with poor health outcomes.

Low socioeconomic level individuals and families may make difficult decisions due to their limited financial resources. For instance, having to decide between buying food and paying for utilities, transportation, education, or feeding other family members. Similar to this, people might have to stretch their budget by making other choices, like buying less healthful, less expensive meals. This will negatively impact their food sovereignty and heighten food insecurity and optimum nutrition. Numerous studies have shown that the majority of the world's poorest people still lack access to nutrient-adequate diets (Schneider et al., 2021b).

According to research by Raghunathan, et al. (2021), the daily cost of a diet in India accounted for more than half of men's and women's daily unskilled salaries. Omiat & Shively (2017) discovered that between 2000 and 2011, the price of food in Uganda that satisfied minimum nutrient demands grew and largely remained over the poverty line. Food costs can be high or volatile and there may occasionally be a shortage of it due to seasonality, inadequate market integration, lack of storage opportunities, and restricted transport alternatives for perishable goods. The inability to improve diet quality and nutrition without additional food systems may result from the interaction of availability and costs (Gelli et al., 2020).

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Masters et al.'s (2018) research on Ghana found that the cost of achieving dietary adequacy doubled between 2009 and 2014. As a long-term, sustainable way out of poverty, policymakers and development initiatives must prioritize raising incomes. However, if nutrient-dense foods are not consistently and reasonably available, the population may not receive enough nutrients to meet their needs even if nutrition education has been successful.

Children of school age may do worse in school as a result of food insecurity. When children are consistently hungry, their learning outcomes deteriorate and every element of their physical and mental health is also compromised. Food insecurity has an impact on a child's ability to focus, recall information, regulate their emotions, and use their motor skills (Thomas et al., 2019) all of which are necessary for academic achievement. A lack of free school meals may also result in fewer students enrolling in school, which will eventually result in higher rates of unemployment and job insecurity. When someone cannot meet fundamental necessities, such as a sufficient diet, social protection ought to provide them with urgent and direct assistance.

Global estimates for 2022 put the number of stunted (too short for age) children under five at 149 million, wasted (too thin for height) children at 45 million, and overweight or obese children at 37 million. Undernutrition has been related to over half of the mortality of children under the age of five. The majority of these take place in nations with low and moderate incomes (WHO, 2024). Low- and middle-income countries have long experienced a significant burden of child undernutrition, mostly because of food insecurity, socioeconomic and demographic disadvantages, significant loads of infectious diseases, and other biological and social variables (UNICEF, 2013). It is essential to collaborate across systems, implementation levels, and sectors to develop effective, long-lasting solutions for malnutrition. A multisectoral approach to nutrition; one that methodically and thoroughly involves several ministries or agencies; is frequently touted as the most efficient method of addressing undernutrition (Garrett et al., 2011). In a 2013 report, the World Bank identified some advantages of this approach, including increased 'policy coherence' or 'government-wide attention to policies or strategies and trade- offs, which have positive or unintended negative consequences on nutrition', as well as accelerated action on undernutrition's determinants (World Bank, 2013).

NATIONAL NUTRITION POLICY

The National Nutrition Policy (NNP) of Ghana was launched in July 2016 to ensure optimal nutrition for people in Ghana, promote child survival, and enhance economic growth and development capacity. It was prepared by representatives of key government sectors and partners such as the Ghana Health Service, civil society organizations (CSOs), non-governmental organizations (NGOs), and research institutions, with guidance and leadership from the Ministry of Health. It provides a framework for important sectors to connect their policies and activities with clear nutrition goals and encourages efficient coordination and cooperation across all stakeholders. When it comes to putting nutrition-specific interventions into practice, the health sector is seen as a significant leader. In addition, it is thought that implementing nutrition- sensitive interventions that address the underlying and basic causes of malnutrition requires the significant contribution of other key sectors, including agriculture, education, gender and social protection, local government, water, and sanitation, as well as civil society and the private sector (despite potential risks such as conflict of interest and lack of accountability, among others). The policy has three main objectives with various policy measures for each objective.

The first objective is to increase coverage of high-impact nutrition-specific interventions that ensure optimal nutrition of Ghanaians throughout the lifecycle with specific reference to maternal health and child survival. Policy measures for this objective include nutrition of women of childbearing age and the newborn, optimum nutrition during infancy and childhood, nutrition for school-age children and adolescents, nutrition in the general population (such as balanced diet, hydration, limiting processed foods and moderating salt and sugar intake), preventing and managing obesity and diet-related non-communicable diseases, and preventing and managing acute malnutrition in emergencies.

The second objective of the NNP is to ensure high coverage of nutrition-sensitive interventions to address the underlying causes of malnutrition. The policy measures under this objective are; Health, Water, Hygiene and Sanitation Services, agriculture and food security, social protection and safety nets, and education.

The third objective is to reposition nutrition as a priority multi-sectoral development issue in Ghana. The policy measures under this objective are; advocacy and communication, prioritizing nutrition, integrating and coordinating, institutional strengthening, research, and monitoring and evaluation.

The objectives and their policy measures under the NNP align with the sustainable development goals 1(No Poverty), 2(Zero Hunger), 3(Good Health and Well-Being), 4(Quality Education), 5(Gender Equality), 6(Clean Water and Sanitation) and 12(Responsible Consumption and Production), which will eventually improve health, education, reduce inequalities and accelerate economic growth among the populace (National Nutrition Policy, 2016).

REVIEW OF THE NNP

A review of the policy, its implementation, and its effectiveness was conducted by Nwafor in 2018 (Nwafor, 2018). According to the report, the national medium-term plan outlined the state of nutrition as follows: "Domestic production of selected staple food crops continues to exceed national demand, reflecting surpluses. Despite this positive outcome, household food insecurity persists in certain parts of the country. There is unacceptably high child malnutrition, the prevalence of micro- and macro-nutritional deficiencies, and an increased incidence of diet-related non-communicable diseases" (National Development Planning Commission, 2017). The medium-

term plan also noted that "the Ghana Cost of Hunger Study conducted by the Africa Union Commission in 2016 estimated the annual cost of child under-nutrition and its socio-economic impact on health, education, and productivity at GH¢4.6 billion, which is equivalent to 6.4 percent of GDP" (World Food Program and John A. Kufuor Foundation, 2017). The effectiveness of stakeholders in meeting their responsibilities in the implementation of the NNP was assessed and was ranked as fairly positive, with reasons for failure ranging from inadequate funding, lack of collaboration with other Municipal and District Assemblies (MDAs) and stakeholders as well as socio-cultural practices that inhibit the achievement of health objectives. Additionally, other factors that were outlined as being the reasons for the low effectiveness of the NNP included the low importance attached to nutrition in the ministries and other stakeholders, the focus on curative rather than preventive measures, and overdependence on donor funds (Nwafor, 2018).

Food insecurity and malnutrition still exist among those from low socioeconomic origins, indicating that the NNP has had only a little impact on the social determinants of health. The fact that over 820 million people worldwide lack access to food, as reported in a 2019 FAO report, highlights the tremendous difficulty in reaching the 2030 Zero Hunger goal. Nearly every subregion of Africa is experiencing an increase in hunger, with Sub-Saharan Africa reporting the highest rates of undernourishment at 22.8 percent. An estimated 56.1 million people in West Africa were undernourished in 2018. Severe food insecurity is most prevalent in Africa, where it increased from 18.1 percent in 2014 to 21.5 percent in 2018 (FAO, 2019).

Increased undernourishment results in a higher newborn mortality rate and a shorter life expectancy because food insecurity worsens health outcomes while food security improves the health status of Sub-Saharan African nations. On the other hand, a rise in the mean energy intake from food lowers infant mortality and lengthens life expectancy (Beyene, 2023).

Targeting nutritionally sensitive populations, such as women and children, the NNP should have resulted in the implementation of the conditional cash transfers that were proposed, as well as improving the standard of service delivery in general.

Water scarcity and food insecurity are related in many ways. They co-exist in the same communities, homes, and people. Children who drink unsafe water get diarrhea, which has an impact on food consumption and nutrition. Water scarcity reduces agricultural productivity, which has an impact on food security. Agriculture is a vital source of livelihood in many situations where food instability and water scarcity coexist. In these instances, water insecurity may necessitate making trade-offs between allocating water for consumption against agricultural use.

POLICY ANALYSIS USING KINGDON FRAMEWORK

A political scientist named John Kingdon created the Kingdon Framework of Policy Analysis to explain how policy agendas, policy alternatives, and policy decisions are created and used. It draws attention to how politics, policy, and problems interact to shape the development of policies (Hoefer, 2022).

Nutritional goals have largely been unfulfilled for a variety of reasons. Programs about nutrition in Ghana are not adequately funded. Despite the proclaimed political will, the necessary funds and resources are not provided to carry out interventions. As a result, outside donors provide both financial and technical support for the majority of nutrition programs that are executed. It is more difficult to achieve the objectives outlined in the NNP, when there is a persistent financial gap for nutrition. Furthermore, it has been shown in earlier research that coordination between sectors, programs, and administrative levels is still poor (Aryeetey & Coomson, 2022).

Under the direction and leadership of the Ministry of Health, representatives of significant government partners and sectors created the National Nutrition Policy. It provided a framework for important sectors to connect their policies and activities with clear nutrition goals and encouraged efficient coordination and collaboration across all stakeholders.

Political institutions such as the executive, legislative, and administrative spheres of government, frequently serve as the main determinants of nutrition responses at all levels. By articulating policy debates, supporting policy initiatives, facilitating inclusive policy processes (such as public consultations), drafting policy and legislation, providing institutional memory, and enhancing accountability through oversight of policy initiatives, agencies, and expenditures, supportive political administrations enable commitment. This is more likely when efforts are made to create non-partisan coalitions for nutrition when lawmakers are actively involved in policy processes, and when governments with strong social welfare and antipoverty agendas are elected or maintained in office (Hawkes et al., 2016). It is well known that political administrations are unsupportive (Acosta & Haddad, 2014).

Several times verbal commitments made by members of the executive branch were not translated into orders for enactment by the legislative and administrative branches. This is more likely in the context of weak electoral demand and/or civil society pressure (i.e., reducing the political cost of inaction), the low level of nutrition visibility, and poor nutritional literacy among legislators, administrators, and citizens when attention to nutrition was eclipsed by more concrete "vote-winning" issues, and in highly partisan, fragmented or unstable political environments.

Studies in high-income countries have found that the election of or congressional dominance by more right-wing (e.g. liberal-conservative) governments weakened support for dietary policies aimed at preventing obesity (Baker et al., 2017). It has been discovered that in certain low- and middle-income countries, a "food-centric" belief system directs governmental responses away from nutrition and towards agricultural production, food distribution, and hunger reduction.

From this angle, the main focus is on reducing hunger and increasing food production and distribution. It usually gives

priority to agricultural output and guaranteeing food availability. Immediate hunger and food scarcity are the main concerns. Although the assurance of food supply is essential, other vital components of health and nutrition, like nutrition-sensitive therapies need attention as well.

A "multicentric" thought paradigm prioritizes nutrition-specific and/ or curative or biomedical therapies over nutrition-sensitive ones when addressing undernutrition (Levitt, et al., 2011).

Interventions focused on addressing certain nutritional deficits or diseases are known as nutrition-specific interventions. For instance, encouraging therapeutic feeding regimens, micronutrient supplements, and exclusive breastfeeding. Improving each person's nutritional status and health outcomes is the main goal. Engagements focused on nutrition-sensitive interventions seek to enhance the fundamental factors that influence nutrition, including but not limited to food security, access to clean water, sanitation, and education. They examine more general aspects of social, economic, and environmental factors that affect nutrition. Furthermore, the term "multicentric" denotes a decentralized or multidimensional strategy; it describes a way of thinking that gives priority to therapies that are particular to nutrition above approaches that are sensitive to nutrition when it comes to treating undernutrition. In essence, it stresses personalized and prompt treatment. Although nutrition-specific therapies are necessary to address acute deficits, it is imperative to adopt a holistic approach that incorporates both nutrition-specific and nutrition-sensitive techniques. Long-term impact and sustainability may be limited if nutrition-sensitive therapies are neglected. Combining the two methods guarantees both prevention and all-encompassing healthcare. Poor performance of the NNP over the five years could be a result of the factors listed above in the political and societal contexts.

RECOMMENDATIONS

In summary, strategic action and collaborative efforts by all stakeholders (government agencies, CSOs, academic Institutions, foreign organizations, and the citizens) can be used to build and reinforce commitment to an efficient policy execution of national nutrition policies over time.

Accelerating coordinated, receptive, and powerfully led nutrition actor networks and sustained commitment-building efforts are necessary. For everyone concerned, including the international development partners, this should be one of their primary responsibilities. Political leaders, lawmakers, and administrative elites must be enlisted, and coalitions of civil society must be organized, to implement effective policies. Government institutions must have the political commitment to establish organizational strategic capabilities and cultivate commitment among partners in implementation at all levels. Effective mobilization of financial resources must be enhanced to reduce over-dependence on foreign aid when it comes to sustaining the implementation of such policies.

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