

October blog
Reggie Annan



Last month I shared my experiences at the International Paediatric Association (IPA) Congress in Johannesburg. Highlights of the congress included a Resolution by the participants of the congress that the care of infants and children with severe malnutrition needs to become a core competency for paediatricians. This month I will say how I think nutritionists can help to make this resolution a reality.

Next month I will be reporting on the African Nutrition and Epidemiology conference to be held in Nairobi – hence the Kenyan sunset above. What is expected of us who attend the conference? Will it be just another gathering where we talk and do little afterwards? See below.

Finally, there is still more to say about the Millennium Development Goals, and progress – or lack of adequate progress – in Africa. Is there cause for optimism?

Malnutrition
Are nutritionists competent?

This month's commentary
World Nutrition



Keith West
Rolf Klemm
Alfred Sommer

**Why vitamin A
supplementation is
a global life-saver**

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This month's editorial
**World Nutrition
HOT TOPIC**
**Conferences: what for.
The future blueprint**

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Geoffrey Cannon





Paediatricians at the just ended IPA have recognised that malnutrition is a crucial risk to the lives of children. Above are the delegates with the Resolution. The full Resolution, which is available at www.imtf.org, states: 'Paediatricians meeting at the 26th IPA Congress of Pediatrics, resolve as follows –

1. Paediatricians and related health professionals should take responsibility for leadership in addressing the problem of severe malnutrition in all its forms as a major cause of death and disability of children that requires urgent action by all relevant social actors.
2. IPA member societies should assure that all paediatricians and related health professionals have the identification and treatment of severe malnutrition as a core competency and be certified accordingly.
3. National Societies should examine the curriculum, training activities and evaluation processes to ensure the inclusion of the identification and treatment of severe malnutrition as a core competency'.

Resolutions are necessary, but implementation is also essential. Since nutritionists are responsible for addressing nutrition-related issues, we should be asking, how can these core competencies be achieved? What help might we offer to ensure that the resolution is implemented?

In my opinion, we should also be asking if all nutritionists are competent in the prevention and management of malnutrition in infants and children in the first place. If not, this should be a core competency for both trainee and practicing nutritionists, especially those studying and working in countries with high prevalence of malnutrition and those who intend to work in these areas.

If we as nutritionists have these core competencies, then we can engage and work close with paediatricians, nurses and other health workers who care for children and the trainers of these groups to provide the needed capacity to achieve the expected competencies. Public health nutritionists need to lobby their respective policy-makers and politicians to ensure that the right systems are in place, and that training on prevention and management of severe malnutrition is part of the curriculum of medical and nursing training.

Of course there will be barriers. Let's identify these barriers and explore ways of removing them. We can be effective public health nutritionists with the multi-sectoral approach. The determinants of poor nutrition are not just lack of health care or food insecurity.

Breastfeeding is crucial

Hot gossips from Porto
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The relevance of Susan Sontag

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HOT SESSIONS

Frank fair fearless firm
reviews of the best
(and not quite so best)
sessions at Porto

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Claudio Schuftan



21 reasons why the MDGs can't work
Structural reasons for world poverty
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Reggie Annan





Good nutrition is crucial for infants and young children. Just as one while fundamental example, exclusive breastfeeding can reduce by 30-50 per cent the burden of death and disability in children within a 3-5 year period in many countries (1). The economic benefits of this have also been shown. Prevention is always better than cure. Adequate childhood nutrition has long-lasting economic and developmental benefits for all countries.

Nutrition in Africa
Undernutrition is the main issue



For nutritionists in Africa, one main event this year is the African Nutrition and Epidemiology Conference. ANEC IV will be held in Nairobi from 4-8 October. I will be there, and I will be reporting on the conference next month.

ANEC provides a unique opportunity for food and nutrition scientists, health professionals and policy makers, and representatives of civil society organisations and the private sector with an interest in Africa's nutrition agenda. It is held every two years in different countries within Africa. The first conference was held in South Africa, and then Ghana and Egypt.

The theme this year is 'Nutrition and Food Security: Successes and Emerging Challenges'. This has been chosen, the organisers say, to 'Reflect a major area of historical and contemporary importance to human health, survival, and economic development in Africa and other developing regions of the world. Attaining food security in a challenging world is essential not only to meet the Millennium Development Goals. This ultimately will have an impact on nutrition through the lifecycle, and the epigenetic factors which link poverty with chronic non-communicable diseases'.

Stick to the main issue

What should be our expectations? I believe the presentations and discussions should focus on nutritional issues of most urgent relevance to Africa, especially vulnerable groups, such as children and women like those pictured above. Climate change, obesity and chronic diseases are important, and nutrigenomics is interesting. But undernutrition is still our primary problem. There still are vast numbers of African children who are stunted (dangerously short) and wasted (dangerously thin). Issues affecting maternal health are still very common. Food insecurity associated with drought and emergencies cannot be over-emphasised. Eradicating extreme poverty and hunger, reducing child deaths, and improving maternal health, should be our focus.

The talks need to be followed by action. Nutritionists have been described by other professions as 'problem describers' rather than solvers. Problems do need to be



Big issues, big pictures in Africa
A new African nutrition society
MDGs: looking on the bright side

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Food-based control and prevention of undernutrition

Food and Agriculture Organization of the UN International symposium, Rome, 7-9 December

Here is how to participate
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Coming in November
World Nutrition



Carlos Monteiro

PORTO DEBATE
Food processing is the big issue

WVN

July commentary
Colothur Gopalan



C Gopalan

My life in nutrition

The testimony of our first honorary life member

[Access Dr Gopalan's September commentary here](#)
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described, because we must know what you are dealing with in order to identify the correct solution. But it must not end there.

I want the various renowned researchers, scientists, and practitioners invited to talk in Nairobi, to spend more time sharing experiences of interventions and programmes which have worked and for those that did not, the possible reasons. In this way, we can show what we have done and can show others what to do.

Diversity in Kenya



On a lighter note, I am hoping to learn and experience Kenya, its history, food, culture, beaches and especially its wildlife parks, a major tourist attraction, where one can see the great animals of the African savannah, like the mother and child elephants pictured above. I learnt recently from some Kenyan friends that in Nairobi it is not unusual for some of the animals in the park to come into the city and to walk on the main roads because the parks are very close to the city. I am sure we will all be close to nature whilst in Kenya.

African Nutrition Society **Professional organisation**

One attraction of ANEC 4 is a symposium organised by and for the African Nutrition Society Established in 2008, this is a registered scientific professional body concerned with the nutrition agenda for Africa. Its vision is to provide a continental professional scientific forum, to promote training, research and capacity, and to contribute to workforce development to meet Africa's nutrition and health policy agenda. Headed by Wilna Oldewage-Theron (South Africa), other members of the board of trustees include Paul Amuna, Anna Lartey, Habiba Wassef and Francis Bruno Zotor, renowned nutritionists in Africa.

Asked what makes this new society special, Paul Amuna has this to say. 'We are not a political organisation, and will not provide a political platform for anyone. We want to grow a continental nutrition society, along the lines of major national societies like the American Society for Nutrition, or the British Nutrition Society'. The African Nutrition Society intends to work with African institutions to drive harmonisation of nutrition training, and to support institutions in curricula development and accreditation of their courses. There are plans to have a register of nutritionists in Africa in the medium term. Paul Amuna stressed that the society is a continental organisation with emphasis on developing individuals and providing a home and voice for them as nutrition professionals.

Continuing professional development is required by many professional bodies such as nurses, doctors, and statisticians. For the nutrition profession, this concept is quite alien in Africa, except in a few countries such as South Africa, where dietitians and nutritionists are required to be registered with the professional board for dietetics and nutrition, and are required to accrue a number of continuing education units a year to maintain registration. .

I believe the African Nutrition Society is worth supporting. All well-meaning nutritionists who want to bring about change in Africa should put their weight behind it. Further details and how to join can be found on its website at <http://www.answeb.org>

The Millennium Development Goals **New UN resolution**

UN Standing Committee on Nutrition (UNSCN)

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July commentary
Urban Jonsson



The rise and fall of pradigms in world food & nutrition policy

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June commentary
Harriet Kuhnlein



Here is the good news

[Access Harriet Kuhnlein's June](#)



UN Secretary General Ban Ki-Moon, in a foreword to the Millennium Development Goal report issued in June this year, stated: 'It is clear that improvements in the lives of the poor have been unacceptably slow, and some hard-won gains are being eroded by the climate, food and economic crises'. However, the report states that big gains have been made in reducing extreme poverty, getting children into primary schools, addressing AIDS, malaria and child health, and there is a good chance to reach the target for access to clean drinking water.

With only five years left until the 2015 deadline, Ban Ki-moon called on world leaders to attend a summit in New York, which was held last month, from 20-22 September, to accelerate progress. He has also established an advocacy group of eminent personalities who have shown outstanding leadership in promoting the Goals. Specifically, this group will support the building of political will and mobilising global action (2). *Editor's note: This [Claudio Schuftan](#) questioned the philosophy of the Millennium Development Goals as now conceived and operated.*

Africa's progress towards the Goals

Can Africa get on track to achieve the Goals? As at 2004, UNICEF's under 5 deaths by region showed the percent of deaths to be 46 in Sub-Saharan Africa, compared with 1 per cent in industrialised countries, 32 in South Asia, 5 in Middle East/North Africa, 1 in Latin America/Caribbean and 10 per cent in East Asia/Pacific (3).

Between 1990 and 2005, the proportion of people in Sub-Saharan Africa living on less than \$1.25 a day, only reduced from 58 to 51 per cent. Net enrolment in primary schools increased from 58 to 76 per cent. The report stated that gender parity in primary and secondary education – a target that was to be met by 2005 – is still out of reach for many less resourced countries.(4)

Goal 4 seeks to reduce under-5 deaths by two thirds. Sub-Saharan Africa is far from reaching this target having only shown reduction in deaths from 184 to 144 per 1000 live births between 1990 and 2008. On improving maternal health, preliminary data showed signs of progress, with some countries achieving significant declines in maternal mortality ratios. However, the rate of reduction is still well short of the 5.5 per cent annual decline needed to meet the target. HIV infection rates have stabilised but SSA remains heavily infected, accounting for 72 per cent of all new cases in 2008. Access to HIV treatment has improved but universal access is far away.

Sub-Saharan Africa as a region is not making adequate progress; nor is Africa as a continent, although North Africa is on track. But within Sub-Saharan Africa some countries such as Botswana are on track for some of the targets, and there are lessons to be learned from such countries.


Widened gap between regions

[Access Michael Latham's June commentary here](#)
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W/N

May commentary
Michael Latham

**The great
vitamin A fiasco**



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In another UNICEF report, Progress of Children (5), it is stated that despite impressive gains in some countries in Sub-Saharan Africa, the gap between the region and other regions have widened. The picture above shows the conditions far too many people are living in. The report says: 'In 1990, a child born in sub-Saharan Africa faced a probability of dying before his or her fifth birthday that was 1.5 times higher than in South Asia, 3.5 times higher than in Latin America and the Caribbean, and 18.4 times higher than in the industrialised countries.

'By 2008, these gaps had widened markedly, owing to faster progress elsewhere. Now, a child born in sub-Saharan Africa faces under-five mortality rate that is 1.9 times higher than in South Asia, 6.3 times higher than in Latin America and the Caribbean, and 24 times higher than in the industrialised nations'(5)..

Optimism or delusion



There is another way of looking at figures that seem to indicate gloom and doom. Shantayanan Devarajan, the World Bank chief economist for Africa, argued that Africa can meet the MDGs, if not by 2015 then soon thereafter. He said this at a UK Department for International Development MDG conference held last March (6). He gave three reasons. The first is that although most African countries are off-track, Africa has, since the mid-1990s, arguably been making the greatest progress towards the goal. Secondly, Africa's progress since the mid-1990s has been due to economic growth and improved service delivery. And third, while Africa was probably hardest-hit by the global economic crisis, the response of African policymakers has helped to dampen the impact, and has set the stage of for the continent to benefit from a global recovery.

Data issued by the UK Overseas Development Institute and the UN Millennium Campaign also indicate that in absolute terms, many of the world's poorest countries are making the most overall progress towards achieving the Millennium Development Goals. Eleven of the 20 countries making the most absolute progress are among the poorest countries in Africa (7)

Does achieving the goals in 2015 matter, or should we pay more attention progress made? According to Salil Shetty, Director of the UN Millennium Campaign, much of the negative reporting on progress is misleading (7). 'Instead of lamenting that Africa might miss the MDG targets, we should be celebrating the real changes that have happened in the lives of millions of poor people, not least because of the unified effort between governments and citizens, supported by donors' he has said.

Such positive and optimistic views have attracted a lot of debate. On the one hand, it would be deluded to ignore the problems in Africa of corruption, poor governance

and lack of rule of law, together with high levels of unemployment, wastage of resources, poor educational development, and poor infrastructure. These all persist, and all cause poor health, low life expectancy, inequity and poverty.

That said, the efforts of so many social workers, policy makers, civil society groups, women, professionals and African leaders should be commended. The Millennium Development Goals can be achieved in Africa, at some time and perhaps not so long after 2015, with stronger regional partnership in trade, environmental sustainability and governance and genuine political will from rich and well-resourced countries.

Are we justified in being optimistic, or are we suffering from delusion? Are the Goals realistic at all? It is not in my place to judge this, but I am sure that having goals is essential. Countries that are progressing gradually should be encouraged, so that they do not lose heart. The main focus should be on countries that are regressing or in which progress is very slow, to find out the reasons and when feasible to intervene. Each country needs to be addressed differently because some countries are not doing so well with some targets but are on track with others.

On the crucial issue of under-5 mortality, UNICEF proposes three inter-related approaches (3), These are:

1. Governments in the priority countries must strengthen their health systems and management.
2. Donors must increase their financial commitments.
3. Availability and access to medical supplies, interventions and new technologies must be dramatically improved.

What do you think? Please respond using the facility below.

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