

**European Commission Seminar
‘Enhancing EC’s contribution to address child and maternal
undernutrition and its causes’**

Brussels, 7 – 8 May 2008

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Seminar
‘Enhancing EC’s contribution to address child and maternal undernutrition and its causes’

Brussels, 7 – 8 May 2008
At Best Western County House, Bestwestern.be
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Objectives:

- to review main types of strategies and actions in the field of nutrition and the relevance of these, assisted by nutrition experts and in light of recent publications
- provide inputs to prepare a reference document on the new EC approach, strategy, position and responses to tackle undernutrition and, in particular, better address chronic malnutrition

PROGRAMME

Wednesday 7 May

Time	Sessions
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Part 1 – Introductions

9.00 – 10.00	Welcome, background to the seminar and objectives Programme Introduction of participants Administrative matters
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Part 2 – Setting the scene

10.00 – 11.15	Presentations – Overview of child and maternal undernutrition in developing countries: B. Cogill Effective actions to address undernutrition: B. Cogill/M.C. Dop Discussion
11.15 – 11.45	Tea break
11.45 –	Presentations – National level systems to address malnutrition and its causes:

13.00	example from the Sahel: Y. M. Prével
	International nutrition system overview: B. Cogill
	Major donors' strategies/position to address undernutrition: L. Haddad
	Discussion
13.00 – 14.15	Lunch
14.15 – 15.15	Presentation - EC strategies and financial instruments: Juan Garay (DG Dev) , S. Delpierre (ECHO) and research funding: P. Sarfatti (DG Dev)
15.15 – 15.45	Tea break
Part 3 – Information (including research) and action	
15.45 – 18.00	Group work: recommendations to support actions/changes in the following 4 areas:
	Group 1: information systems
	Group 2: health sector (incl. micronutrient supplementation and treatment of acute malnutrition)
	Group 3: LRRD and management of structural and conjectural issues (incl. treatment of acute malnutrition)
	Group 4: economic and food related interventions (incl. micronutrient fortification)

Thursday 8 May

Time	Session
8.30 – 9.15	Group work continued
9.15 – 10.30	Feedback from groups Discussions
10.30 – 11.00	Tea break
11.00 – 11.45	Feedback from groups Discussions

Part 4 – Policies and institutional arrangements

Part 5 – EC strategic positioning within the international nutrition arena

11.45 – 12.30	Group 1: Policies, institutional arrangements and partnerships which support a multi-sector approach	Group 2: What should be the role of the EC vis a vis other donors?
12.30 – 13.45	Lunch	
13.45 – 14.30	Group work continued	
14.30 – 15.30	Feedback from group on national policies and institutional arrangements Discussions	
15.30 – 16.00	Tea break	
16.00 – 17.00	Feedback from group on EC strategic positioning Discussions: what role for the EC vis a vis other donors?	

Part 6 – Conclusion

17.00 – 17.30	Conclusion and closure
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Key points¹¹:

Undernutrition does not get adequate attention in development agendas despite the scale of the issue (178 million under five are stunted, 55 million are wasted and undernutrition is directly responsible for 3.5 million deaths per year).

Addressing undernutrition requires strong political commitment, and substantial and sustained financial support, including:

- a stronger commitment from the EC and EU member states to addressing undernutrition
- more leadership from the EC with a view to assuming a clear global leadership role.

In developing countries and as part of the international nutrition community, the EC should support::

- better institutional integration and coordination of the multiple sectors, entities and actors involved in nutrition and the appointment of nutrition champions
- tools for decision making which are better aligned with decision makers' needs (e.g. through impact measurement, expenditure tracking, use of nutrition indicators, and harmonisation of information systems)
- capacity building (recognising a need for a broader set of actors with competence in nutrition, including more nutritionists)
- free access to treatment of severe acute malnutrition (Ready-to-Use Therapeutic Food - RUTF) as part of the health package and health system strengthening.

Internally the EC should consider:

- conducting a nutrition audit of policies and programmes to obtain an understanding of what is being spent on nutrition and the impact it is having
- developing a nutrition strategy, appointing nutrition champions, using nutrition indicators and applying a nutrition lens to *all* relevant policies in the interests of coherence, structure and incentives to its policies and programmes, and maximum impact .
- linking nutrition to the governance agenda
- strengthening the emergency and development aid contiguum through a dialogue at planning stage between ECHO and the Delegations (joint programming and monitoring).

¹¹ These 'Key points' reflect issues raised frequently during the seminar, including in the working

groups. They are intended as a guide to the reader. It is not necessarily the case that there was consensus around all of them, though they can be considered to have been broadly controversial. However, they should not be considered recommendations as such.

Seminar

‘Enhancing EC’s contribution to address child and maternal undernutrition and its causes’

Background and objectives

Jean-Pierre Halkin, Head of Unit E6 (Natural Resources), in opening the seminar, said it would serve as an opportunity for an exchange of information and for the Commission to learn about malnutrition and how to integrate nutrition concerns into food security programmes in ways which best leverage the Commission's own expertise. The Commission was not expecting to propose a strategy as such, but the results would feed into a Concept Paper. Rising food prices across the world were a topical and important backdrop to the seminar.

Claire Chastre, the external consultant who had drawn up the preparatory note for the meeting and would be drafting the concept paper, stressed the importance of understanding the variety of causes of malnutrition. A causal model drawn up by The Lancet as part of its series on Maternal and Child Undernutrition² was a good basis for discussion on this.

Child and maternal undernutrition and its causes

The Lancet Series, Bruce Cogill, UNICEF

(Overview of child and maternal undernutrition and effective actions to prevent undernutrition)

Bruce Cogill of UNICEF, who contributed to the Lancet Series³, presented some of the key findings in several presentations in the course of the first morning. He was the first but by no means the last participant, to stress the need for distinguishing clearly between acute or chronic forms of inadequate nutrition, and different impacts and whether they are reversible, e.g. stunting (low height for age) which is irreversible, but wasting (being underweight for one's height) which can be remedied.⁴

² <http://www.globalnutritionseries.org/> and <http://www.thelancet.com/collections/series/undernutrition>

³ There was some criticism of The Lancet series in the ensuing debate for having been limited in its approach and in the comments it took on board, but there was a consensus that it was a useful starting point for discussion even if it should not be regarded as a 'bible'.

⁴ In subsequent debate, stressed was placed on making the distinction between chronic malnutrition and acute malnutrition, with chronic malnutrition taking much longer to reverse and with a much lower success rate than acute malnutrition, for which treatment could lead to weight gain after only a few weeks.

Around the world, he pointed out, 178 million children under five are stunted – primarily in south and south-east Asia, and across much of Africa. Globally 55 million (10%) of children are wasted, of whom 19 million are affected by severe acute malnutrition. The highest prevalence of wasting is in South Asia (29 million).

Vitamin A and zinc deficiencies account for the largest remaining disease burden – a combined 9.8% of global childhood DALYs⁵. Vitamin A deficiency occurs in large parts of South America, Africa, South and Southeast Asia, and China. High risk of zinc deficiency is more clustered, albeit found in much the same regions (with the exception of China), but in addition, there are high levels of risk in Turkey, parts of the Middle East and North Asia.

Sub-optimal breastfeeding is responsible for 1.4m child deaths each year, and 44m DALYs, i.e. 10% of all childhood DALYs, with clear regional differences.

Overall, 90% of undernourished children live in 36 countries. Adults who are undernourished as children face an increased risk of diabetes and cardiovascular disease as adults.

He stressed the importance of therefore taking regional differences into account when targeting nutrition intervention.

In discussing what is effective, he said that the contributors to The Lancet series had reviewed 45 interventions. Of these, 14 were recommended for all 36 countries and 11 for some settings. The interventions were all based on models and published studies taken from peer-reviewed journals. The modelling approach was a cohort model following children from birth to 36 months with stunting and mortality as outcomes.

Overall, the four most promising interventions are:

- Breastfeeding promotion
- Appropriate complementary feeding
- Supplementation with vitamin A and zinc
- Appropriate management of severe acute malnutrition.

Growth monitoring and school feeding were considered the most ineffective tools for addressing undernutrition.

The key age group is conception until 24 months.⁶

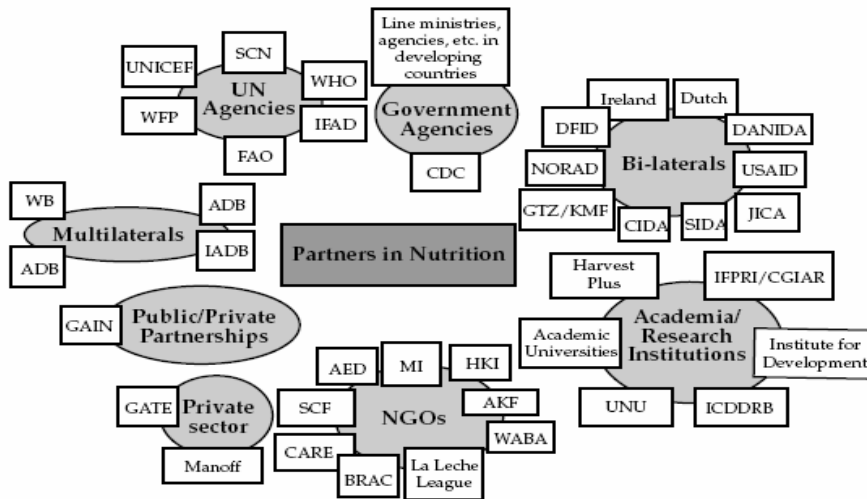
⁵ DALYs Disability Adjusted Life Years are a standardised approach to epidemiological assessment that includes estimates of the burden of a disorder in terms of mortality, incidence, average age of onset, duration, and disability severity. Applying DALYs indicates a particular burden of malnutrition in the series.

⁶ In the subsequent discussion, Patricia Palma of Presanca (Programa Regional de Seguridad Alimentaria y Nutricional para Centroamérica) stressed the importance of intervening in the maternal health cycle where the mother is malnourished but the child is not, and of breaking the inter-generational cycle of malnutrition and undernutrition.

He also highlighted the need for better institutional integration, illustrating the current complexity with a graphic drawn up by the World Bank in 2006:

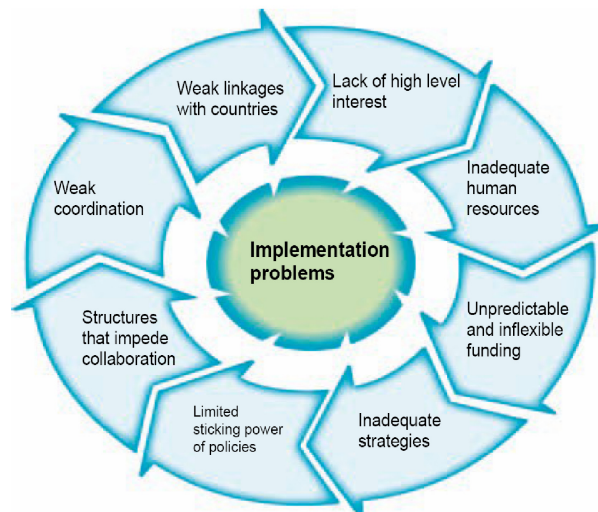
Figure 1: Development partners supporting nutrition

Figure 5.1 Principal development partners supporting nutrition



Source: The World Bank 2006

With a graphic from The Lancet series, he illustrated the core problems preventing the international nutrition system from being fully effective:



Source: The Lancet

The conclusion is that the global system is dysfunctional. The proliferation of institutions causes confusion to nutritionists and non-nutritionists. A common vision is needed. Moreover, at the moment, human and institutional capacity for dealing with nutrition are low. Financial flows are dominated by the distribution of food. The funding for undernutrition is not only “grossly insufficient and poorly targeted”, but it is too fragmented.

The potential of food-based approaches integrating agriculture and nutrition for reducing child and maternal undernutrition
– an example of effective action, Marie-Claude Dop of FAO.

A project involving the introduction of the Orange Fleshed Sweet Potato (OFSP) – a source of Vitamin A - in Mozambique has been a model for optimising women’s key role in agri-nutrition interventions and achieving dietary diversity in rural areas to ensure the intake of essential nutrients.

At the end of the two-year project, there was no change in level of low serum retinol in the control group, while the prevalence of low serum retinol in the intervention group decreased from 60 to 38%.

Success factors were:

- the fact that other varieties of sweet potato were grown in the area;
- the involvement of women and of farming organisations;
- the provision of nutrition education.

A potential disadvantage of focusing on women was the possibility that this would place still more demands on their time, making it important to promote ways of saving their time, notably by using local mills and fuel-efficient technologies.

The debate focused on the extent to which there is (or not) a link between improved income and improved nutrition, with Marie-Claude Dop stressing the importance of education in order to achieve a certain link between the two.

**Greater DFID and EC Leadership on Reducing Undernutrition:
Opportunities and Constraints**

Lawrence Haddad, Institute for Development Studies

In the context of the results of an evaluation by the Institute for Development Studies (IDS) at the request of Save the Children into the attention paid to nutrition by the UK's DFID (Department for International Development) and the EC, *Lawrence Haddad*,

Director, IDS, said they had concluded that DFID and the EC had assigned chronic malnutrition a medium level of priority – though much of this assessment depends on just how nutrition-friendly the indirect nutrition interventions are. One of the major problems in the analysis had been very poor data, particularly on indirect interventions.

The reasons he identified why an institution might under-emphasise nutrition relative to its importance and his suggestions for solutions were:

Why nutrition does not get enough attention	Solutions for donors	Solutions for northern NGO's
The context		
<i>Weak institutional incentives</i>		
no nutrition indicator reporting frameworks	use underweight as indicator for MDG1 ⁷	lobby on nutrition indicators
the nature of chronic malnutrition - a 'silent tsunami'	use opportunities in new health, gender and education strategies to embed nutrition	work with Parliamentary committees
	use nutrition indicators to highlight poor governance	
The message		
<i>Lack of a simple story</i>		
lack of 'silver bullets' (or easily fired 'silver bullets')	a nutrition audit of indirect nutrition spend	pressure DFID for a 'Stern Report' on nutrition
inability to claim credit	support nutrition surveys to name and shame	emphasise that the MDGs that are lagging are those most dependent on nutrition
lack of resonance with current policy frameworks	research on political, governance and institutional dimensions of nutrition	link governance and nutrition languages
The connectors		
<i>isolated and lacking visibility</i>		
no dedicated nutrition champion	appoint a nutrition champion	offer to co-fund a nutrition champion

⁷ Millennium Development Goal 1

Why nutrition does not get enough attention	Solutions for donors	Solutions for northern NGO's
few invisible nutrition champions	develop a nutrition strategy	connect up domestic child support agenda and international child malnutrition agendas
	support the UN Standing Committee on Nutrition	

Neither health nor agriculture sectors have made nutrition a priority, but he argued that several factors were providing an opportunity to position nutrition higher on the policy agenda, including high world food prices, which were an opportunity to bring agriculture back in from the cold. He felt the Lancet Special Series had lifted the profile of undernutrition.

What was needed he said was more analysis of political, institutional and policy processes as a driver for change and an explicit link to the governance agenda. He felt optimistic that the context was becoming more receptive to changed thinking.

He stressed the importance of nutrition audits to obtain a good understanding of what is being spent on nutrition and the impact it is having.

In the discussion which followed, there was wide support for this analysis. Stress was placed on the lack of - and the need for - a global vision and a global strategy; for a clear understanding of the difference between food aid and nutrition issues - and the role of the many nutrients which children need; and for the EC to look more closely at what it is doing on nutrition, notably in the context of food security programmes, and despite competing priorities.

DG ECHO Support to Nutrition Activities

Stéphane Delpierre, ECHO

There are a number of ways in which the EC supports nutrition programmes, but ECHO, the humanitarian office is one of the key channels: of DG ECHO's €577 million spending in 2007, €309m went on food and nutrition/malnutrition. DG ECHO has steadily increased its participation in nutrition-related projects over the years, mostly related to the prevention and treatment of acute malnutrition. Nutrition-related projects accounted for more than 10% of the budget for the first time in 2007.

Niger, Burkina Faso and Sudan accounted for more than 50% of the nutrition-related spending. ECHO does not intervene directly but via partners. Four partners accounted for 60% of the funding in 2007: Action contre la Faim, UNICEF, the Red Cross and Acción contra el Hambre. He pointed out that treating malnutrition has evolved greatly over the

years, but that ECHO finds it difficult to find the right partner. The solution is not to be found down the food security route.

DG ECHO mainly targets the prevention and treatment of acute malnutrition via supplementary feeding, therapeutic feeding, community-based feeding centres, nutritional education, nutrition Surveys, surveillance and monitoring, and training and local capacity building.

He concurred nevertheless in the view that prevention and treatment of acute and chronic malnutrition for children and mothers under five is too low on the EC agenda.

He identified a number of operational challenges: the need for:

- improved and reliable knowledge for management of (mal)nutrition;
- updated and enhanced nutrition expertise/training, notably for national and international experts;
- more technical assistance in nutrition;
- nutrition to be seen as a cross-sectoral issue and not as a sub-component of health policy;
- food security not to be allowed to distract attention from nutrition.

The way forward was, he said, to:

- fully integrate nutrition into the EC development agenda;
- reopen the debate on access to basic services (i.e. nutrition care) versus human rights (right to food, nutrition care etc.);
- promote nutritional security as a complement to health and food security.

National level systems to address malnutrition and its causes: examples from the Sahel

Yves-Martin Prével, IRD

Yves Martin-Prével of the Institut de Recherche pour le Développement (IRD) focused on national nutrition information systems within the Sahel, and in particular the nine countries which are part of CILSS (Permanent Inter-State Committee for Drought Control in the Sahel).

He compared the ideal of a closed-loop system (Figure 3) with the reality, in which most countries lack or have inadequate information for taking the decisions. He gave some examples of good models that could support programming decisions in some countries, e.g. Gambia and Senegal.

However, even where information is available, decision-makers do not use it. In addition, the situation on the ground is complicated by inadequate capacities, problems of co-ordination and lack of political commitment, so that the loop is imperfect (Figure 4). That

leads to a Catch-22 situation where early-warning systems and long-term monitoring do not feed into the decision-making process, with the result that crises are in fact not avoided and emergency responses become inevitable.

Figure 3: Ideal nutrition information system

'Ideal' nutrition information system

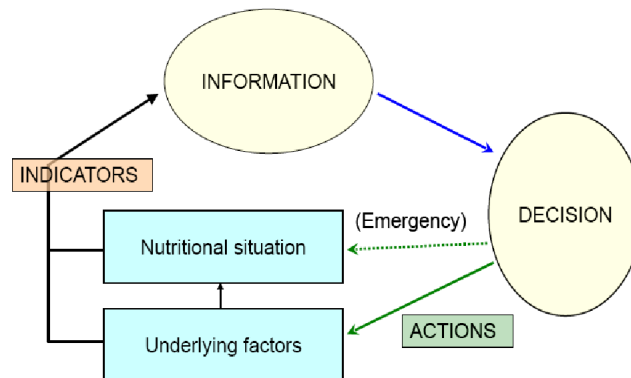
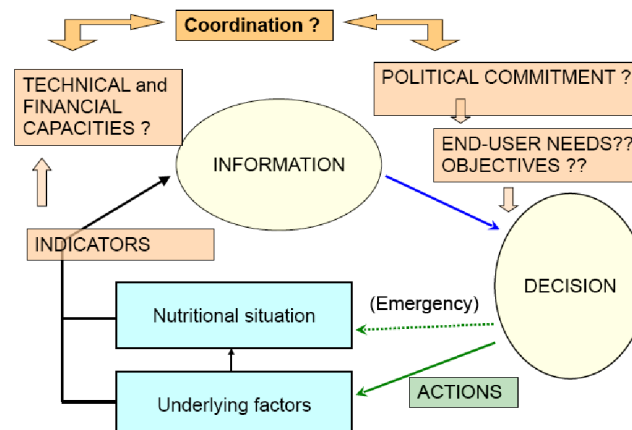


Figure 4: 'Real-world' information systems

nutrition information system: questions



Information providers need to identify the decision-makers, understand their needs and seek political commitment – which in turn should translate into more adequate funding. The EC should support such a process. The EC should also co-ordinate better with other agencies and between governments, so that systems and surveys are not duplicated, and strategies are aligned. Conflicts between different agencies within government also need to be resolved so that structures are clear. In that way, it would be possible to achieve the 'ideal' national system.

He also suggested that there was a major flaw in the diagrammatic presentation of partners in nutrition drawn by the World Bank (Figure 1) in that national governments were seen as one partner 'inter pares' when in practice they should be the focal point around which all the others gravitate. As a result, the partners in nutrition were not feeding into the 'ideal' national platform from a single entry points but were entering at all levels in discombobulated fashion.

It was important, he stressed, therefore for the partners in nutrition to acknowledge their responsibility for the current situation, reinforce co-ordination with governments and between partners.

Finally, national capacity-building was vital, but would only work if national governments appropriated it. He pointed out in this connection the importance of national governments recognising the role of NGOs, since failure to do so was a cause of a brain drain.

Child & Maternal Undernutrition: the Role of Agricultural Research for Development

Paolo Sarfatti (DG Dev)

Agricultural research has a contribution to make in addressing malnutrition by improving food availability, improving food access (to cheap and good quality food) and improving food quality (improving post-harvest techniques, transport and processing). Paolo Sarfatti explained the ways in which the EU can fund agricultural research.

There are three funding routes:

- two are thematic -
 - the Framework Programme for Research and Technological Development (FP7) (which has a €1.9bn budget for food and agricultural biotechnology over the seven-year life of the programme);
 - the Food Security Thematic Programme, which supports the delivery of international public goods contributing to food security, and has ca. €230m to spend over four years on pro-poor and demand-driven agricultural research and technology and improving its outreach and dissemination.

- the third - the Development Cooperation Instrument (DCI) - is country-based.

Under the SICA (Specific International Cooperation Actions) within FP7, there had been a call on addressing malnutrition in developing countries, particularly malnutrition in children. As a result, a programme involving five African countries was now under way.

More than half the funding from the Food Security Thematic Programme (FSTP) would go to the CGIAR (Consultative Group on International Agricultural Research). Examples of its programmes were improved cassava for the developing world. The EC is funding regional programmes in Africa, including processing methods for fruits, vegetables and tubers, improvements in East African dairy products and West and Central Africa banana/plantain.

Working group results

Working Group: Information Systems

The group's work was organised around the answers to three questions:

- What are the barriers to creating and sustaining an 'Ideal' information system?
- What are feasible and realistic recommendations to overcome barriers?
- What are priority actions?

The barriers identified were:

Absence of:

- resource tracking (governments and donors do not know how much is being invested in nutrition);
- evaluation data (on effectiveness, efficiency and impact) - particularly in relation to indirect interventions;
- information on resources needed for scaling up, thus making it difficult to allocate and prioritise resources or to know what is needed to develop or sustain information systems;
- country and regional capacity for information systems and use of data for decision-making, with a lack of (quality) data at each of the three levels at which it is needed (surveys, surveillance and routine monitoring) and issues in relation to ownership/sustainability in government and civil society;
- co-ordinated, harmonised and coherent data based on a unified framework (standardised protocols), partnerships with governments, and global and regional information systems.

The group recommended:

- Monitoring source flows for nutrition
 - Include information systems in budget line items
 - Include nutrition indicators in process monitoring
- Increase support for/foster culture of monitoring and evaluation (M&E)
 - Set a minimum percentage allocation for M&E
 - Advocate for use of independent evaluations
 - Evaluate impact of indirect nutrition interventions
- Support research and analysis on costing, operational inputs for non-emergency programmes
 - Collect data on resource requirements for setting up & maintaining information systems
- Support initiatives to develop country & regional capacity for information systems
 - System complexity should be context-specific
 - Include nutrition indicators in existing health systems
 - Strengthen existing institutions with information systems mandate
 - Focus on standardized methodologies, data quality, analysis & use for decision-making
- Obtain political commitment for nutrition within EC member states and Paris Declaration
 - Focus on strengthening information systems within government sectoral policies addressing undernutrition
 - Utilize new platform technologies for knowledge management
 - Promote harmonization/coordination & institutionalization

In the discussion which followed, the following potential areas for additional thought were identified:

- strengthening institutional capacity of NGOs;
- giving communities a key role and ownership of programmes;
- understanding how decisions are made;

in the context of the specific role of the European Commission:

- the importance of the EU making a political commitment to nutrition and being overall more politically active;
- the possibility of the EC playing a role in reinforcing technical measurement tools because the cost of having the wrong information is high;
- the importance of establishing a dialogue and working towards harmonised information systems.

Working Group: Health Sector and Management of Acute Malnutrition

This group initially addressed the question: what are the major constraints, problems and weaknesses, including micronutrients supplementation and water/sanitation intervention.

The group recognised that water and sanitation can save lives, but felt the impact on nutritional status was uncertain. It then focussed on the role of the health sector in management of acute malnutrition, based on the following distinction:

- Severe Acute Malnutrition (SAM) , which includes severe wasting and kwashiorkor (oedematous malnutrition), and
- moderate malnutrition (stunting and wasting).

SAM can be the result of emergencies or structural. Improvements should be included in the basic health care package, with free access to treatment and management of complications. Addressing SAM implies that health services must cooperate with the community.

In relation to moderate wasting and stunting, the group noted that there is a WHO technical meeting in September 2008 to develop a protocol. The group felt that more attention needs to be given to immediate causes. Children, particularly those under the ages of 2-3, need access to a balanced diet providing essential nutrients through local foods and supplements.

Key issues identified by this group in relation to the health sector and the management of acute malnutrition were:

- Milk is essential, and there should be better availability of and access to milk;
- There is an urgent need for Ready to Use Foods;
- Local production should be promoted;
- Therapeutic food products should be in the national essential drugs list;
- Health systems need strengthening;
- IMCI (integrated management of childhood illness) algorithms should be revised;
- Integration with TB – HIV Aids treatment is important;
- Relevant training on nutrition is needed;
- Research is absolutely necessary;
- The Commission's ability to act is limited by the fact that very few ACP countries consider health a focal sector;
- Nutrition needs a political profile.

In the discussion which followed, the following areas were identified as also being potentially relevant:

- how to prioritise among interventions;
- access to health services;
- ensuring accountability and incentives;

- the costs and benefits of breastfeeding;
- the importance of early-stage access to services and therefore of the role of the community in providing help with detection;
- the need for an even greater emphasis on the importance of prevention and therapeutic food, and the need for quality food and for the 40 basic nutrients;
- an over-emphasis on food, which should be complementary to other programmes;
- support for prevention measures and not just a curative approach;
- treating those who at risk of falling into the SAM category.

in the context of the specific role of the European Commission:

- the support it could provide in developing social safety nets and malnutrition screening.

Working Group: LRRD and management of structural and non-structural/temporal issues (incl. treatment of acute malnutrition)

The group looked first at the LRRD issues and barriers that prevent better cooperation between different actors, concluding that different players have different mandates and use different (and indeed competing) tools. Moreover, donors could be asking for too much too quickly (the Paris Declaration was given as an example.)

The group also concluded that emergency aid and development aid should be seen as contiguous and complementary. Emergency relief and development should not be seen as successive links in a chain. UNICEF programmes which include an emergency component in development programmes using a single cadre of staff were a good model. Complementary management of emergency and development programmes could be another approach. The use of a limited number of focal sectors by the donors was seen as a constraint for successful LRRD.

Addressing the question of the possible roles for the EC to manage better the link between action aimed at addressing structural as opposed to non-structural undernutrition, the group concluded that the EC could play:

- a technical role in contributing expertise and developing strong relationships between multi-sector humanitarian players and DG ECHO, and between humanitarian and development specialists (including between DG ECHO and EC Delegations, and
- a political role in revitalising political dialogue on nutrition and putting nutrition and continuing quality care on the agenda of central and decentralised governments, e.g. local and regional authorities, in order to ensure that there is a focus on nutrition at the grass roots.

The group stressed the importance of ECHO and Delegations dialoguing at the programming stage with a right to provide input into each other's work. There should be joint programmes with shared monitoring - for which there are already precedents in Mali and Senegal. The EDF National Authorising Officer was also part of the process in some cases.

The group also underlined the importance of addressing the lack of personnel qualified in nutrition, or at least capable of working on structural and temporal nutrition problems. The EC could play a role in developing Master's programmes. Once there was a critical mass of qualified personnel, it would then be possible to carry the political message to governments and donors.

In the discussion which followed, the following potential issues or potential gaps in the outcome of this group's work were identified:

- the current system of linking calls for proposals to an annual work plan makes it difficult to include nutrition upstream (and therefore political commitment is needed before this can be addressed);
- integrating LRRD at the programming phase is essential;
- the absence of civil society partners can be a constraint;
- the Presanca "Food and Nutrition Security Project" developed when malnutrition became acute after prices in coffee increased and involving four countries and 14 regional institutes with a common agenda could be a model. One of the programme's components is capacity-building in which students have 18-month on-site placements;
- Training programmes need to evolve to keep up with the emergence of new issues (obesity, genetics) or the re-emergence of diseases which it was thought had been eradicated in some regions (kwashiorkor);
- A change in the political debate is needed to obtain more investment for health in order to prevent wasting;
- Preventing and treating moderate malnutrition requires developing synergies;
- NGOs should not be over-burdened with tasks which are more properly those of the health system.

Working Group: Economic & Food Security Programmes for Nutrition

In looking at the constraints, problems and weaknesses of economic and food security programmes in addressing nutrition, this group concluded that there is a lack of evidence about the impact on nutrition, and on what works well, what has had a negative impact, where the missed opportunities are, what is appropriate targeting (by geographical, population or age groups) and what are the trade-offs (for example, between agricultural yields and nutrition).

At the root of this problem was the failure to set nutrition objectives, to monitor results and establish causal analysis. This reflected a lack of strategy and emphasis (and possibly

of awareness) on the part of the EC and national governments of the importance of nutrition. The group identified a lack of incentives to improve this situation, a lack of technical capacity in the field of nutrition, and the complexity of attributing nutrition outcome.

In looking at how to maximise impacts, there was agreement that nutrition is a cross-cutting issue. That being said, the question was how to raise awareness, i.e. where are the best pressure points to have this recognised and put nutrition on the EU political agenda in order to create a trickle-down effect to national governments and policies. It would require pressure on Commissioners, the European Parliament and Member States. Civil society would also have to take the issue up.

The group's recommendations for maximising impact were:

- a nutrition audit of policies and programmes: what are the objectives, funding levels, who is reached (what is the “window of opportunity”), where, and likely impacts and opportunities;
- an EC nutrition strategy/ strategic view to provide coherence, structure and incentives;
- incorporation of nutrition into key relevant areas where there are windows of opportunity – food security, health, governance (not token mainstreaming).
- appoint nutrition champions; sensitise staff; issue guidance papers;
- provide some budget for direct interventions;
- understand causal analysis in order to provide contextually appropriate programmes;
- adjust existing programmes by applying a nutrition lens:
 - focus on the most effective interventions by context,
 - add nutrition indicators,
 - improve targeting
 - reduce risk of negative impacts,
- better integration with other programmes (agriculture, social transfers, water, fortification, health...)
- adding nutrition programmes to new Calls for Proposals;
- working with other donors to include nutrition indicators into PRSPs/ national plans;
- starting with a few pilot countries;
- Leveraging funds from others.

In summary, therefore, the group felt that there was a need for a clearer focus on nutrition indicators, better integration with other policies and political will. It suggested choosing countries that can be showcased and carry out general advocacy with other members.

In the discussion which followed, the following additional issues were identified:

- the “do no harm” principle is not always a guarantee that there will not be negative impacts;
- nutrition has many outcomes but it is not always possible to establish an identifiable link;
- nutrients are not getting through to children via current programmes;

- public/private partnerships should play a role, and are assuming increasing importance in Africa, particular through NEPAD (New Partnership for Africa's Development).

Working Group: National policies and institutional arrangements

This group concluded - and in this it had been influenced by the previous day's presentations - that nutrition policies, strategies or action plans have rarely achieved their objectives. Implementation capacity is often poor.

So they had asked themselves what were the options for positioning nutrition at a policy level:

- integration of nutrition in sectoral policies (e.g. health, social protection, agriculture...)
- specific policies/strategies
- integration into PRSPs
- other options?

They identified political will as a success factor, and noted that political commitment must be translated into written commitment by donors. Clear global leadership is needed.

They identified possible confusion between food availability and nutrition when designing programmes as detrimental to success.

The group did not think that health authorities should play a primary role except in relation to severe acute malnutrition.

This raised the issue of the proper place for a unit in charge of nutrition within the institutional framework.

They concluded that it would have to be at very senior level, e.g. reporting to the Prime Minister, be autonomous, have political support and feed into an inter-ministerial mechanism. It could assign specific responsibilities to different departments and partners, and this should reach down to local (e.g. municipality) level. The unit should be staffed with senior people, but not necessarily solely with nutritionist. Economists could play an important role. The unit should also support placing 'nutrition champions' in key places across government. These also did not necessarily need to be nutritionists.

Creation of such a unit should be accompanied by an advocacy process targeting Ministry of Finance, Parliaments and the media to get nutrition on the political agenda.

It was also key to have nutrition indicators included systematically within PRSP's (Poverty Reduction Strategy Papers) and to include nutrition interventions in the PRSP process, e.g. in the social and health sectors.

Issues highlighted in the ensuing discussion as having been overlooked by this group included:

- the potential role of public-private partnerships, which it was argued by some participants had already proven their value in reducing the price of RUTFs (Ready to use Therapeutic Food).

Working Group: EC positioning vis-a-vis other donors

This group had concluded that it was important for the EC to be a leader, though not necessarily *the* leader.

The EC should build on its strengths:

- the source of large resource flows (with a high profile in indirect intervention);
- strong in development, humanitarian aid *and* research;
- the potential to exercise political leverage is key;
- sovereignty within the development Budget;
- significant country and regional presence (compared to other donors);
- influence on Member States policies.

The EC should:

- map what it is doing and gain a better understanding of what others are doing;
- finalise what the group understood was an Inter-service paper on Nutrition planned for 2009;
- prioritise nutrition within the existing budget lines;
- support civil society in regions and in Member States.

In the discussions on the above two topics, it was felt that the EC, EuropeAid, ECHO and DG DEV all have a role to play in raising the profile of nutrition - as do the Delegations. In the post-devolution area, they have become very powerful, particularly where they are singing from the same hymn sheet.

There was a view on the part of some that there could be a case for an EC strategy document or a Communication (to the Council of the European Union and the European Parliament), though there was not necessarily consensus within the group - or in the ensuing discussion - on this, or indeed on whether it is appropriate or feasible for the EC to seek a global leadership role for itself in nutrition.

Conclusion

Philippe Jacques, Head of Sector in Unit E6, in concluding the meeting stressed that the form in which the Commission would formulate a 'strategy' had yet to be decided. It would not necessarily take the form of a Communication. Drafting a Communication was a lengthy process. A concept note or guidance papers might produce more immediate operational results, including with Delegations.

The seminar had been a brain-storming exercise to improve EuropeAid's understanding of nutrition issues, and the results of the seminar could be used to mainstream nutrition in existing strategies.

It would be important to gain a better understanding of what the EC is already doing and to coordinate emergency and development responses better. It would be vital to identify the costs of programmes and mobilise energies. There was also a need to make improvements in locating resources and partners with whom the EC could work, and to link everyone in the field. Nutrition needed to be closely related to social aspects and access to food.

The challenge would be to put nutrition at the top of an agenda in which climate change, access to energy and rising food prices were all fighting for priority.