

# INTERNATIONAL CONFERENCE AGAINST CHILD UNDERNUTRITION

Paris, France / May 14-15, 2013



BRIDGING THE NUTRITION  
SECURITY GAP  
IN SUB-SAHARAN AFRICA:  
A PATHWAY TO RESILIENCE  
AND DEVELOPMENT

Conference Report



[www.child-undernutrition-conference.org](http://www.child-undernutrition-conference.org)

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These summaries are, for the most part, the result of note-taking by UNICEF Nutrition Specialists from Sub-Saharan African countries during the conference. They therefore reflect only a selection of what was debated during this event.

For a complete access to the content of all sessions, please connect to the conference website:

[www.child-undernutrition-conference.org](http://www.child-undernutrition-conference.org)

The video or audio recording of each session is available, as well as all PowerPoint presentations prepared by speakers for the conference.

The conference was organized by UNICEF with the support of the French Ministry of Foreign Affairs, Agence Française de Développement (AFD), the Bill and Melinda Gates Foundation (BMGF), Action contre la Faim (ACF), ALIMA (the Alliance for International Medical Action) and Médecins Sans Frontières (MSF). This report was compiled by UNICEF France only.

# INTRODUCTION

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From May 14-15, more than 400 people from different sectors and parts of the world (131 from CSO; 70 from African governments and Parliaments including Ministers; 53 from Europe including donors; 60 from UN agencies, 25 from Academia, 20 from private sector and 10 from media) gathered in Paris, France for the International Conference Against Child Undernutrition. The Conference was timely for a variety of reasons: 26 million children under the age of 5 suffer from severe acute malnutrition, 67 million from moderate acute malnutrition and 195 from chronic malnutrition. More than a third of the annual deaths of children under 5 can be attributed to malnutrition. **But the world's nutrition actors are at a crossroads.**

In order to break the vicious cycle of these recurrent and often-predictable emergencies, it is vital to scale up nutritional interventions, but also to bring about a paradigm shift from an emergency response to a development approach. Strengthening people's resilience to nutrition challenges is evidently conditioned to long term strategies.

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The conference allowed the participants to discuss the latest evidence on nutrition specific and nutrition sensitive interventions; on the strategies for scaling up those interventions and on how to secure sustainable funding mechanisms. It helped to drive momentum for political commitment around the scale-up in Sub-Saharan Africa of evidence-based and cost-effective nutrition-specific and nutrition-sensitive strategies, focusing on tackling the problem of child undernutrition. Given the current environment of budget constraints, particular emphasis was placed on assessing the cost, impact and expected return on investment of interventions.

The conference reviewed the specific causes and magnitude of the problem in Sub-Saharan Africa, and addressed the following issues:

## **Policy approaches: what does it take to effectively address undernutrition?**

Political will and public commitment are instrumental to creating an enabling environment for the process of developing, costing and adopting a multisectoral national nutrition plan. Effective approaches can be scaled up and adopted across the region.

## **Interventions: what works?**

Which multi-sector, context-specific operational approaches demonstrate the highest impact? The conference will place emphasis on a set of proven interventions, both direct and indirect, including the innovative use of technology to address undernutrition.

## **Building long term commitment**

The conference aims to strengthen political will and address the challenge of securing long-term sustainable financing, including through innovative mechanisms.

# KEY CHALLENGES AND OPPORTUNITIES IDENTIFIED DURING THE CONFERENCE

## CHALLENGES

- Political will must be maintained, even when there are political changes or security issues in countries, and it needs also to be translated into investment in nutrition;
- Sustainably and efficiently fighting undernutrition requires to go beyond classical emergency responses and fund resilience approaches, well integrated between all food and nutrition security partners;
- Long term financial resources to support nutrition resilience are still too limited, and there is a need to better understand and assess the costs of nutrition-specific and nutrition-sensitive interventions;
- To achieve a reduction in stunting and mortality, nutrition needs to be integrated in a global health package for children in the first 1000 days, which requires to strengthen health systems and overcome hurdles such as lack of financial and quality human resources;
- For infant and young child feeding (IYCF), reaching an adequate diet for children 6-23 month old is difficult in Sub-Saharan Africa (minimum dietary diversity not always possible to reach, insufficient availability and accessibility of fortified foods for toddlers);
- Adequate IYCF also requires behavior and social change intervention (care, feeding and sanitation practices);
- In social protection policies, tensions in the targeting of interventions between reaching the poorest households or reaching all households with young children; also, social transfers are often too small to meaningfully affect household consumption of food or other goods;
- The necessary multi-sectoral approach to fight undernutrition is not always easy, as sectoral Ministries in countries are often used to work vertically;

- Nutrition must appear as a stronger priority in post-2015 development agenda, as nutrition problems are not visible enough in the Millennium Development Goals (MDGs), or only through broader related topic (food security, hunger, health, etc.).

## OPPORTUNITIES

- Progress is possible, provided there is political will to implement easy inexpensive solutions – we know what to do and how to do it;
- There is a momentum driven by the SUN Movement to help in advocacy and support countries in quality nutrition programming and resources mobilization;
- There are more and more functioning coordination frameworks and alliances at prime ministers level (or other high level) in countries;
- Awareness and commitment of donor countries in the fight against undernutrition has improved;
- Support for nutrition by United Nations agencies has increased;
- The existence of networks of civil society organizations, at both international and national levels, is a positive factor to maintain momentum and hold stakeholders accountable of their promises and efforts against undernutrition.
- Encouraging progress has already been achieved: good coverage of vitamin A supplementation, good increase of rates of exclusive breastfeeding;
- Micronutrient powders (MNP) or lipid-based nutrient supplements (LNS) are easy to use, have demonstrated encouraging results and are good vehicles in the process of behavior change practices regarding infant and young child feeding (IYCF).

# OPENING CEREMONY

## Main highlights

Sub-Saharan Africa is a home for most undernourished children leading to death and economic losses: 40% chronic malnutrition, half of each generation, 3% of domestic wealth. Sub-Saharan Africa is the only region in the world with trends not improving. There is a need to change paradigms: nutrition is not inevitable, it cannot be satisfied with only emergency; there is a need for multisectoral solutions

including social protection and strengthening resilience. Prevention of chronic forms can be done; the UN secretary general has included stunting reduction among 21<sup>st</sup> century goals, stunting is one the best investment as per Copenhagen consensus. Malnutrition is a killer, damage to mind is irreversible and there is no cure, Africa faces unique challenges not keeping pace, acute malnutrition a critical burden, need to take action now as a moral imperative.

Call on government in the region, nutrition must be given the priority it deserves.

## Recommendations

- Combining points of views, expertizes, can help fight malnutrition for betterment of the world.
- Need worldwide partnership to mobilise support.
- Need political will and good governance from countries affected.

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# PLENARY SESSIONS

## SESSION TITLE

### GRASPING THE UNDERNUTRITION BURDEN IN SUB-SAHARAN AFRICA

## Main Highlights

The enhanced UNICEF conceptual framework defines what nutrition is; focusing on the interplay of underlying factors and immediate factors.

Undernutrition also has impact on poverty. There is intergenerational cycle; undernutrition happening earlier in life can have irreparable damage.

In undernourished child, the brain cortex - the innervation of brain - has shorter

branches; this leads to reduced school performance. Now there is a shift from underweight to stunting because of the irreversibility of stunting including non-communicable diseases later in life.

Africa has made poor progress. Children from poor households have levels of stunting twice higher than those children from rich households.

High levels of acute malnutrition are found from

Sahel to horn of Africa.

Anaemia is also widespread in children in Sub-Saharan Africa.

However some progress have been made: increases in rates of exclusive breastfeeding and high coverage of vitamin A supplementation.

## Recommendations

- Focus on 1000 days (from conception to 24 months of age).

## PLENARY SESSIONS

### SESSION TITLE

## BUILDING NUTRITION RESILIENCE IN CONTEXTS OF PERMANENT VULNERABILITY AND RECURRENT CRISES

### Main Highlights

There are many definitions of resilience but it is necessary to focus on capacity of people and systems to resist and absorb shocks and transform and change from shocks. Nutrition is both a mean to and a result of resilience. Malnutrition can be viewed as a threat to national security.

Resilience can only realistically be funded by using flexible funding that is available to multiple sectors. There is a need to link nutrition interventions with household food security measures. Keeping communities at the centre of human and infrastructure development is important.

### Recommendations

- Nutrition needs to be contextualized in the poverty reduction strategies.
- Partners to support joint actions in a coordinated and multisectoral manner.
- Multiyear and predictable funding mechanisms are needed to address resilience agenda.

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### SESSION TITLE

## INFANT AND YOUNG CHILD FEEDING IN SUB-SAHARAN AFRICA

### Main Highlights

Supplementation with lipid-based supplement (LNS - low amount) according to studies does not reduce the amount of milk consumption and is a promising intervention for the development and growth of the child.

Home fortification must be integrated with other maternal and child health and nutrition interventions. Use communication strategies adapted to the context to make an impact and change behavior through: communication channels including the media, partnerships, community involvement.

Fortified foods should not necessarily replace local foods.

### Recommendations

- Take measures to ensure that activities are integrated.
- Involve civil society and communities.
- Provide budget lines for nutrition with a focus on prevention.

### SESSION TITLE

## SOLVING THE FUNDING CHALLENGE

### Main Highlights

Funding trends for management of acute malnutrition are increasing while there is little funding for stunting reduction. Funding is more oriented to emergency interventions

and not to the countries with strategic plan, clear priorities and preventive interventions. However, good opportunity with EU policy framework: commitment to reduce stunting rate by 7 million in 2025.

Monitoring is key to ensure the attainment of the objective and impact - resource tracking: common methodology for all SUN donors for regular reporting on nutrition, the basis for broader reporting tool for all

partners, from government to civil society.

**Importance of clear targets, clear strategies, accountability and results driven for a good impact.**  
**The return is enormous when you invest in nutrition.**  
**The Netherlands shaped its Food & Nutrition Security (FNS) policy: working together with civil society and private sector.**

**Momentum is now, 2013 is a unique opportunity to change the trajectory of nutrition funding.**

**There is a little of support on specific nutrition funding, there is new financing vehicle to leverage non-traditional resources to support SUN: need for innovative funding mechanism to effectively deploy funding into quality country nutrition program.**

### Recommendations

- Leadership and high level commitment to reduce malnutrition.
- Government should be receptive to a change for quality nutrition programming.
- Government should be a lead and bring together partners and private sectors from the various key sectors in order to work efficiently in fighting malnutrition.

## SESSION TITLE IT CAN BE DONE

### Main Highlights

Stress on how to measure political will. Without budget scaling up is difficult. Micro funds cannot provide results. Having a Nutrition budget line is a good way to ensure sustainability and appropriation.

— The budget must reflect the commitment to the people. Investing in health does not mean improving nutrition as it's a multi sectoral approach. The main issue is inequity in Namibia is related to inadequate distribution of resources, so it's also a question of social justice to reduce the inequities.

— Benin: Nationally political will must be reflected by

definition of priorities, good strategic thinking and good governance at international level adapting research subjects to context and environment.

**Stress on the important of engagement of CSO.**  
— Event in 2011 was to keep momentum and to encourage CSO to get involved. There will be a meeting in June 2013 also. International CSO and national CSO can/must work together.

— Networks at national level not easy they have different knowledge and level and take long time to be organised but they are linked to the community and have influence in communities in establishing priorities and creating

awareness, enhancing participation, control and claiming changes to politics.

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### Recommendations

- Need to address the inequities and promote social justice and social development through improving nutrition status of population.
- Commitment to people should be reflected in national plan and allocation of resources.
- Effective management of all available resources (including human resources).
- To develop capacities for local NGO at all levels and promote exchanges and link at international and national level.

## PLENARY SESSIONS

### SESSION TITLE

## COSTING NATIONAL NUTRITION PLANS

### Main highlights

Participatory approach from all stakeholders is key and the costing should be based on the strategic plans for development.

It is important to consider the budget contribution from government, partners and communities.

Costing principles were used to determine the coverage by governance, specific nutrition interventions and sensitive nutrition interventions.

Implementation level at all decentralized levels is important for costing.

There is a need to master the costs of all interventions to reduce malnutrition and to know how the budget is divided across different interventions.

It is useful to work on different scenario during the costing and the decision to be taken by the government in a participatory manner.

Costing plans reflect national engagement and consultative approach between the government and partners.

### Recommendations

— Coordination and leadership in budgeting and costing of national plans.

— Consultation with all stakeholders should be done for efficient costing/budgeting exercise.

— Align country support to countries plans and reinforce the implementation and the government system.

— Costing methodology is known but partners should take into consideration specific context in each country.

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### SESSION TITLE

## INTEGRATING NUTRITION, HEALTH AND WASH INTERVENTIONS

### Main Highlights

In contexts with a high child mortality burden, the analysis of multiple causes (with undernutrition as an underlying factor in more than a third of children's death, but other easily treatable diseases such as malaria accounting for 30% of deaths) points to the need for delivering a global preventive and curative health package to children under five, especially in the crucial first 1,000 days.

Projects addressing not only undernutrition, but also immunization, prevention and treatment of major child killers have demonstrated a strong impact to reduce mortality and stunting.

The scaling up of such interventions remains a challenge:

— Strengthening of health systems is needed, but requires stakeholders to move away from vertical approaches and to replace substitution strategies by long-term capacity building, while maintaining support to tackle emergency/crisis phases.

— Pluriannual plans to tackle undernutrition in an integrated way must be implemented. However, most funding for nutrition is still attributed for emergency responses.

— Decentralization is a key element, not only through community health workers, but also relying more on mothers, giving them the means to be the primary caretakers of

their children (for instance by mainstreaming MUAC for early-diagnosis and treatment of undernutrition).

— In spite of strong evidence on specific nutritional needs, the availability and affordability of adequate complementary foods for 6-23 month old children remains a major hurdle in Sub-Saharan Africa.

— The cost of the global health package is also a challenge. One study presented assesses the cost to \$200 for the whole 2 years of a child's life, of which more than half is the cost of providing a nutritional supplement to fill the gaps of available complementary foods.

There is also growing evidence that Environmental Enteropathy (EE) is a major underlying cause of stunting,

anemia and impaired response to vaccines and infections. EE is a subclinical condition of small intestine caused by constant exposure to fecal contamination (due to poor WASH conditions) that diverts nutrients from growth to infection-fighting. Whereas diarrhea is episodic, EE is constant, and virtually ubiquitous among poor people in developing countries.

### Recommendations

- A holistic approach of child health and nutrition must prevail during the whole first thousand days (better taking into account maternal health and nutrition).
- Donors must allocate long-term funding to projects integrating nutrition, health and WASH interventions, supporting public health systems to deliver this complete care package.
- Efforts are necessary to increase availability and decrease costs of adequate complementary foods for 6-23 months old children.
- The impact of environmental enteropathy on child health and nutritional status strongly suggests that conventional WASH interventions (latrines, hand washing, safe drinking water, safe food) must be redesigned to better suit the specific contamination risks during the first 1,000 days (infant handwashing, protective playspaces, etc.).

### SESSION TITLE

## SOCIAL SAFETY NETS TO IMPROVE NUTRITION

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### Main Highlights

Considerable evidence from Africa and elsewhere that transfers are used to buy food. « Rule of thumb » is that a 10% increase in household income raises household acquisition of calories by 3-5%.

Some evidence that transfers are used to improve diet quality. Some evidence (eg Uganda) that transfers improve diet of children < 24m. More limited evidence that social protection interventions improve anthropometric status.

### Recommendations

- Tighter linking of programmes designed to improve care giver knowledge about good nutrition practices with social protection interventions.
- Consider direct nutrition interventions (eg micronutrient sprinkles; lipid based fortified products) as part of social protection interventions.

# PARALLEL SESSIONS

## — 1

### SPOTLIGHT ON WOMEN

#### Key messages

- The issue is very important and if we are to break the cycle we need to address the issue of women health, nutrition and empowerment.
- Intervene early even before the mother gets pregnant. And that is a place that is under researched. we know more what to do from pregnancy but not as much what to do before.
- Intervene in an appropriate manner so that women who are over target be target well. Empowerment is more than involvement. A starting place is to start recognizing the problem.

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### SPOTLIGHT ON THE PRIVATE SECTOR

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An analysis of distribution of stunting among the population according to the wealth of households shows that although stunting rates are higher in children of the poorest families, in absolute number there are as many stunted children in the three poorest quintiles as in the two poorest quintiles. Combined with the agricultural transformation trend (from subsistence farming to commercial farming, with consumers relying more on food products available on the market), this fact highlights the specific role (no matter how this role is perceived) played by the private food sector in making adequate nutritious foods available to young 6-23 months old children, especially in the field of prevention and for families with some

purchasing power that don't rely almost exclusively on the public sector. For the treatment of severe acute malnutrition, the landscape of production of Ready-to-Use Therapeutic Food (RUTF) is evolving quickly. The number of suppliers grew from 3 (one global supplier, 2 local suppliers) in 2006 to more than 20 in 2012 (among which 11 global suppliers). Today, local production represents about 34% of the total production, and the aim is to reach 50% by 2014. Local production is still challenging, facing many constraints (cost and local availability of quality raw materials, missing infrastructure, weak legal framework, taxation, import duties and bureaucracy, difficult access to working capital...) and resulting in

higher prices than when procurement is done on the international market.

For the provision of fortified foods in prevention of undernutrition, groups such as IBFAN voice concerns that private interests might prevail over the interest of the children, and that promotion of fortified foods addresses the symptoms of undernutrition rather than the root causes, and might divert food diets from locally grown foods and increase risks of non-communicable diseases later on in life.

From a State perspective, the Minister of Congo presented experiences of Public Private Partnerships, with strong control by government (through laws and regulations), that yielded positive results to decrease micronutrient deficiencies and their health consequences.

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## PARALLEL SESSIONS

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Several key leads emerged from the debate:

— For RUTF, in spite of higher prices, local production must be encouraged as this appears in the long run as a more sustainable option for countries.

— Current prices reflect a fair market competition, but discussions on how to decrease prices, through Private Public Partnerships, must continue.

— Fortified foods are needed in context where an adequate diet cannot be procured easily by families for their young children

through locally grown foods, but government control over the private baby food sector is necessary to avoid corporate behaviors that would undermine the interest of children.

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### SPOTLIGHT ON FOOD SYSTEMS

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— How agriculture can reduce malnutrition and poverty.

— Diversifying is key and agriculture has to be gender sensitive.

— Back agricultural sector with intervention on health and water and sanitation.

— Diet diversity at the household level.

— Improve processing expanding market.

— Nutrition education is key.

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## COMMITMENT & RECOMMENDATION STATEMENTS BY CONSTITUENCIES FROM SUB-SAHARAN AFRICA

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Ahead of the closing ceremony, representatives from key stakeholders' group in Sub-Saharan Africa (civil society, academia, governments and parliamentarians) read statements giving their perspective on the fight against undernutrition.

### African government participants and members of parliament

They commit to:

- Accelerate the adhesion process to the Scaling Up Nutrition Movement by all countries.
- Increase our efforts to strengthen the national high-level leadership in the fight against malnutrition.
- Make nutrition a priority of various meetings both at global and continental levels (for instance the G-8; the World Health Assembly, the 50<sup>th</sup> Anniversary of the African Union...)
- Make the fight against malnutrition a continental and regional priority.
- Advocate for more domestic funding for nutrition.
- Preserve and strengthen the multisectoral character of nutrition.

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## COMMITMENT & RECOMMENDATION STATEMENTS BY CONSTITUENCIES FROM SUB-SAHARAN AFRICA

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They commit to:

- Creation of a mechanism for monitoring progress; commitments including financial commitments.
- Financial support to mid-income level countries or those that have made progress in order to sustain the gains.
- Creation of networks of members of parliament for nutrition.
- Creation of exchange platforms within the framework of South-South cooperation.
- Include nutrition as a priority in the post-MDG agenda.
- Strengthen Institutional Framework for nutrition taking into account the decentralisation process and the local governments' capacity.

### Civil Society Organizations

They commit to:

- Continue working on treatment and prevention of acute malnutrition.
- Coordinate and exchange information.
- Capitalise on program progress.

### Academia

They commit to:

- Advocate for a creation of a critical mass of nutritionists in the region.
- Promote South-South cooperation
- Harmonise and integrate nutrition modules into different sectors (rural development, sanitation...)
- Advocate at highest level for nutrition.

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## CLOSING CEREMONY

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Speakers at the closing ceremony once more highlighted the unique moment for nutrition this year, with many opportunities to bring about changes in the way child undernutrition is addressed.

One key event will be the Nutrition for Growth Summit on June 8 in London, hosted by the UK one week ahead of the G8 Summit, to which high-level participants are expected (Prime Minister and Vice-President of Brasil, Prime Minister of Ireland, President of Malawi, Bill Gates, etc.) as well as representatives from civil society organizations. Financial commitments are also expected,

and participants at the conference were encouraged to develop their own commitments and bring them on the table on June 8.

There will be other opportunities to push nutrition on the agenda, for instance with ongoing discussions on the post-2015 development agenda, or beyond 2013 with events such as the Brazil Olympics in 2016.

The closing address retained three key messages from debates during the two days of the conference:

- The need to integrate nutrition in a broader child health package;

- The need for a multi-sector effort against nutrition, including water, sanitation and hygiene interventions, social protection strategies, nutrition-sensitive interventions (such as in the field of agriculture);

- The central role of women that should be considered a vector of change as much as a target of interventions.

The importance of expanding sustainable resources to invest in nutrition was also stressed, and the tax on financial transactions chosen by France was cited as one of the possible leads to achieve such a goal.