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**CHANGING THE
PARADIGM FOR
WOMEN AND GIRLS**

BY TOM ARNOLD AND DAVID BECKMANN

Maternal and Child Undernutrition

Translating Evidence and Rhetoric into Action

Will 2011 be remembered as a turning point in the global effort to combat maternal and child undernutrition? Although it's an effort that has been the subject of much research and rhetoric in recent years, concrete action has lagged behind the indisputable data and the strong words. But in the last several months, we are starting to see real evidence of forward momentum; and in the coming months there will be new opportunities to increase this momentum. National governments, the United Nations, civil society organizations, development agencies, academia, foundations and the private sector are committing themselves with growing urgency and focus.

Adequate nutrition is critically important during the first 1,000 days (from pregnancy to 2 years of age) of a child's life. There is conclusive evidence of the impact of undernutrition on infant and child mortality and its largely irreversible long term effects on health and on cognitive and physical development.

Globally, malnutrition is an underlying cause of one-third of all maternal and childhood deaths, in large part because young children who are malnourished are more susceptible to illness and life-threatening health conditions. Child malnutrition is further responsible for 11 percent of the global disease burden, thereby hindering progress toward the Millennium Development Goals. This evidence has underpinned a number of recent political and policy initiatives aimed at improving early childhood nutrition.

A NEW CONSENSUS

Undernutrition causes an estimated 3.5 million maternal and child deaths annually. As U.S. Secretary of State Hillary Rodham Clinton said, "These deaths are

intolerable because they are preventable." Today, 195 million children are stunted. This is a third of all children in the world who are younger than 5 years-old. Of these, 90 percent live in just 36 countries, 21 of which are in sub-Saharan Africa. In some African countries the proportion of children stunted is as high as 50 percent.

In January 2008 the *Lancet* issued a five-part series on nutrition which provided evidence on the impact of early childhood undernutrition. The most common form of malnutrition across the world is micronutrient deficiency, which affects 2 billion people. The four most widespread deficiencies are in vitamin A, zinc, iodine and iron, which are associated with 10 percent of all deaths in children under 5.

Malnourished children are more at risk of contracting illnesses such as diarrhea, malaria and pneumonia. They are more likely to grow up to be shorter adults. Malnourished girls are more likely to give birth to low birth-weight offspring, contributing to a multi-generational cycle of malnutrition. Impaired cognitive function leading to lower educational performance and economic productivity means child undernutrition hinders economic development. In Zimbabwe, children who were stunted at preschool age started school seven months later, lost an average of 0.7 grades of schooling and earned 12 percent less over their lifetime, a trend mirrored in many studies. Where childhood malnutrition is pervasive, the loss to GDP can be as high as 2 to 3 percent, not including the indirect costs of malnutrition such as health care and lost wages due to illness.

The barriers children, young women and mothers face in meeting their nutrition needs include poverty, a lack of education on healthy diets and infant care, a lack



of access to a diverse variety of nutritious foods, a lack of access to adequate health care and sanitation, restrictive cultural practices and low social status. In countries where gender inequality is great, high rates of hunger also occur as female members of a household will 'eat least and last.'

Low rates of exclusive breastfeeding also inhibits a child's growth and development and 'suboptimal' breastfeeding results in the death of 1.4 million young children each year. Complementary foods, ideally introduced at 6 months, may also be unavailable, of poor nutritional quality or introduced too early or too late.

WHAT CAN BE DONE?

The *Lancet* series identified proven, high impact and cost effective interventions focused on the "window of opportunity" from minus 9 to 24 months (i.e. the first 1,000 days) to reduce death and disease and prevent irreversible harm.

The steps that need to be taken include:

- Direct nutrition-specific interventions focusing on pregnant women and children younger than 2.
- Nutrition-sensitive multi-sectoral approaches such as supporting agricultural development, improving social protection and ensuring access to health care.

In 2009 the World Bank identified a package of 13 interventions for the first 1,000 days (↘ see table online). The World Bank estimated the total cost of the 13 interventions in the 36 highest burden countries at \$11.8 billion annually, of which \$1.5 billion would be absorbed by households. That package of interventions would save the lives of 1 million children annually.

A PLAN OF ACTION

In April 2010, A Framework for Action to Scale Up Nutrition (SUN) was launched to advocate a better focus on child undernutrition. It was endorsed by more than a hundred entities, including national governments, the United Nations, civil society organizations, development agencies, academia, foundations and the private sector. The Framework was followed by the development of A Road Map for Scaling Up Nutrition, which was launched at the UN General Assembly Summit for the Millennium Development Goals in September 2010. A transition team, chaired by the UN Secretary-General's Special Representative for Food Security and Nutrition, Dr. David Nabarro, is now in place to oversee the SUN Road Map.

The SUN Road Map envisages three stages of country participation: (a) national authorities taking stock of the national nutrition situation and of existing strategies, institutions, actors and programs; (b) national authorities developing their own plans for scaling up nutrition; (c) rapid scaling up of programs with domestic and external financing.

The aim is that countries ready to scale up nutrition will start to receive intensive support from the international community by the end of 2011. To date, 'early riser' countries include: Bangladesh, Ethiopia, Guatemala, Malawi, Mozambique, Nepal, Niger, Peru, Senegal, Tanzania, Uganda, Mali, Rwanda, Sierra Leone, Ghana, Haiti and Zambia.

The governments of countries facing the greatest undernutrition problems must be the main investors in efforts to scale up nutrition. But they need support from the other stakeholders committed to improve nutrition. National health systems which integrate

improved nutrition practices need sustained investment and trained personnel. Additional financial resources will be required, some from a re-prioritization of national resources and international aid, others from additional net resources for early childhood nutrition. The social and cultural barriers to achieving improved child nutrition, including the low status of women in many societies, must be honestly acknowledged and addressed.

The SUN transition team draws on the work of six task forces rallying for sustained support for SUN actions within participating countries. They deal with (a) national capacities and systems strengthening, (b) advocacy and communications, (c) social mobilization, (d) engagement of development agencies/donors, (e) involvement of the private sector in nutrition sensitive sustainable development and (f) monitoring and evaluation.

CALL TO ACTION

SUN is supported by the 1,000 Days advocacy initiative that focuses attention on the 1,000-day window of opportunity between pregnancy and a child's second birthday, when adequate nutrition has the greatest impact on saving lives and on cognitive and physical development. The initiative aims to rally support for nations to improve their people's nutritional status within 1,000 days – i.e. between the 2010 MDG Summit and June 2013.

Bread for the World and Concern Worldwide participated in the 1,000 Days launch, calling for a broad set of voices and actors to speak up about the urgency and importance of scaling up nutrition interventions, especially in the first 1,000 days.

A June 2011 summit meeting sponsored by the two organizations is one of a number of initiatives designed to organize a voice for civil society in order to maintain and build on the political momentum.

We must do all we can to sustain political commitment to address the issue of maternal and child malnutrition, bolster and reinvigorate champions of this issue and help recruit new champions. We must help develop a shared advocacy agenda and strategy for the planned follow-up event at the next UN General Assembly and the upcoming G20 Summit, including a focus on financing to mobilize the additional resources needed to scale up nutrition.



Photo courtesy of Liam Burke, Concern Worldwide

The international nutrition community has accumulated extensive evidence concerning the burden, consequences and effective interventions related to undernutrition. Countries and their partners have extensive knowledge and experience concerning the management of multi-stakeholder platforms and the capacities needed for scaling up nutrition. A global momentum is building for a renewed effort to translate these assets into large-scale improvements in the nutrition of high burden countries.

The coming years will be crucial for sustaining the commitment, the capacities and the coordination for these efforts to succeed. There are important roles in this process for members of the global health community and we look forward to building momentum to scale up nutrition interventions, especially in the first 1,000 days of a child's life. **GH**



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A graphic consisting of a grid of colored dots in shades of orange, green, purple, and blue, arranged in a pattern that suggests a globe or a network. The text "The global health community meets here." is written in a curved path around the bottom of the dots.

**Securing a Healthier Future
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