

Investing in Infant and Young Child Nutrition: a critical factor for National Development”

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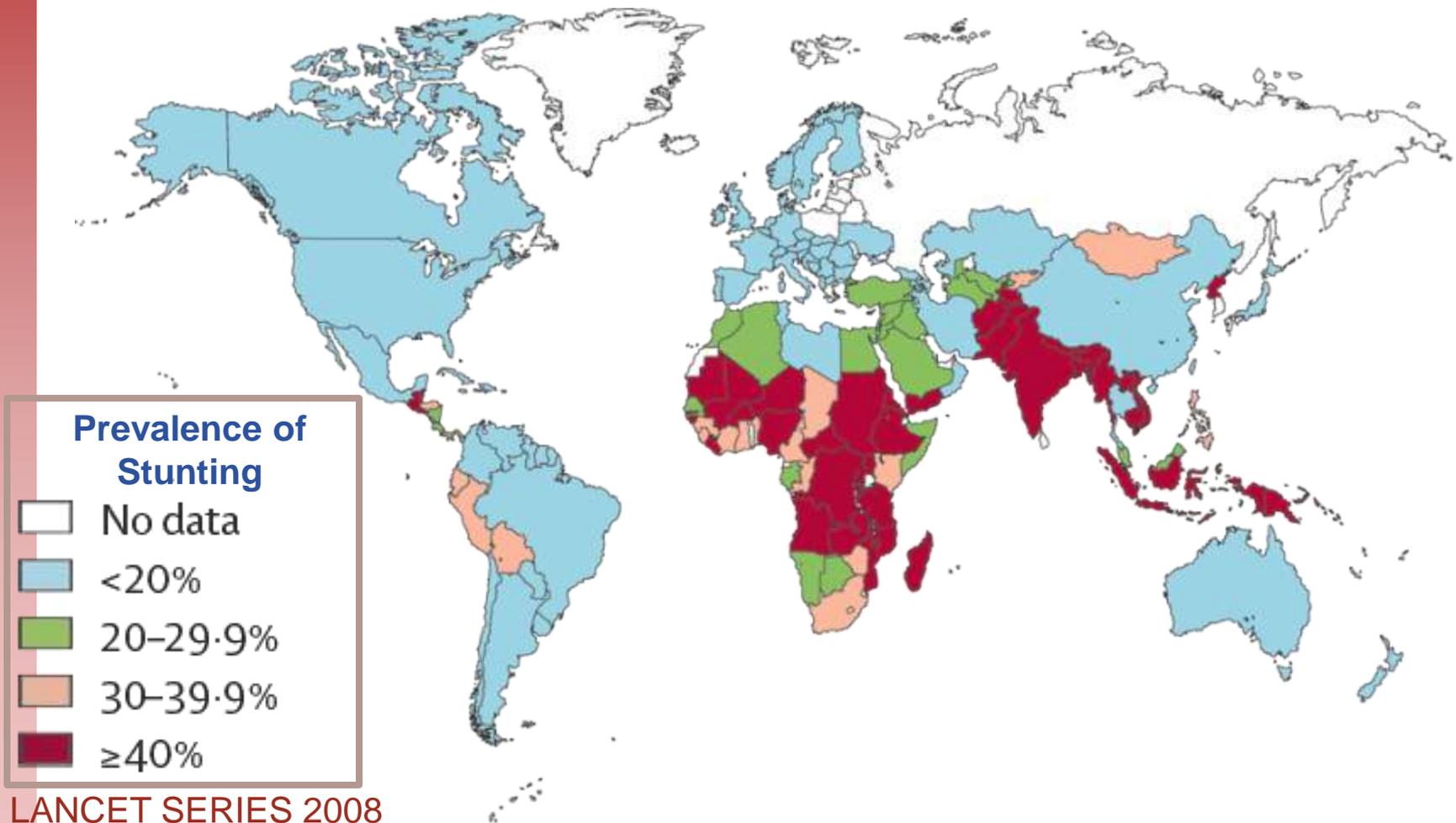
WISHH Conference

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Outline

- Nutritional Status of Infants and Young Children
- Why should we invest in them?
- Recommendations

178 Million Children Under 5 Suffer from Stunting

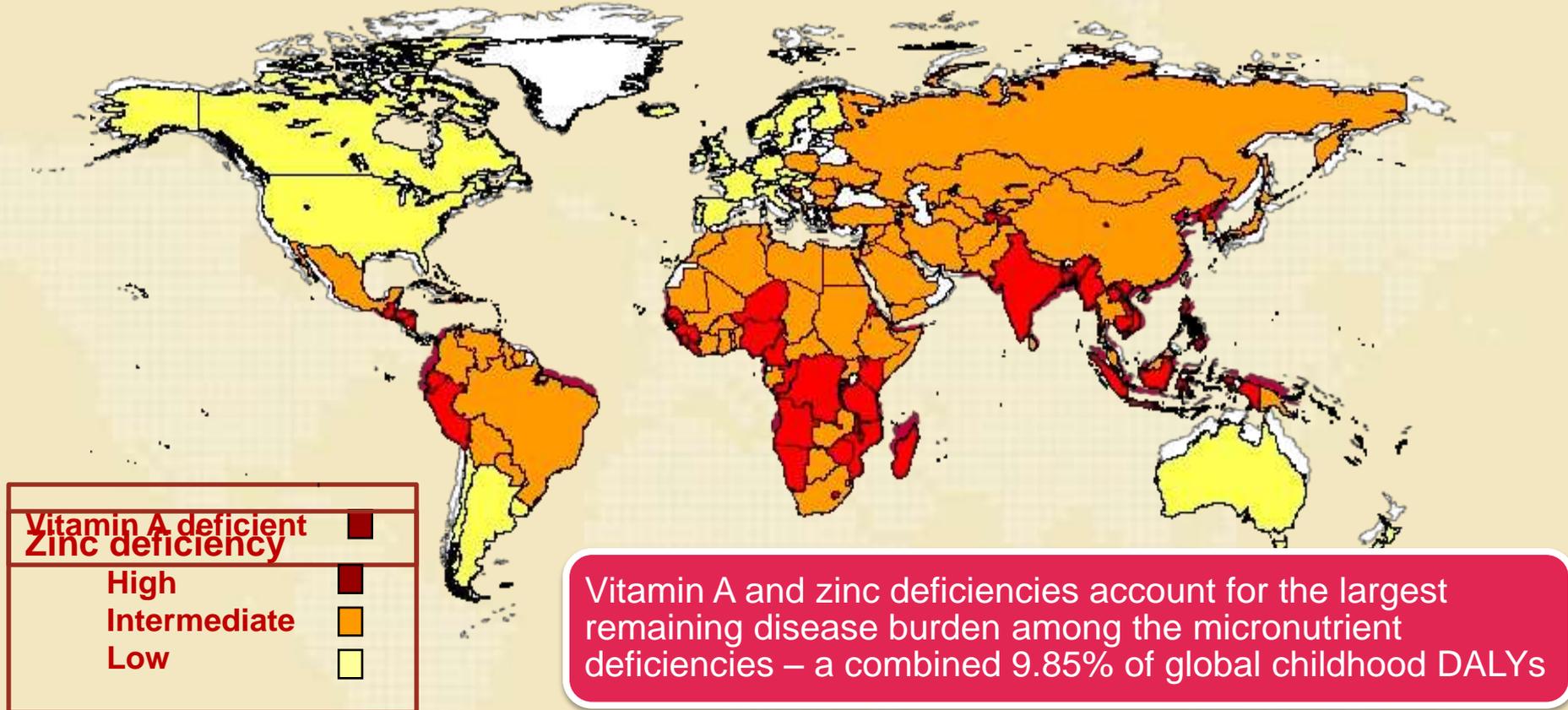


LANCET SERIES 2008

90% of All Stunted Children Live in Just 36 Countries



Micronutrient Deficiencies



Vitamin A and zinc deficiencies account for the largest remaining disease burden among the micronutrient deficiencies – a combined 9.85% of global childhood DALYs

Iron deficiency is a risk factor for maternal mortality, responsible for 115,000 deaths per year, 20% of maternal mortality

Ghana:

Health & Nutrition Situation

- Infant Mortality Rate: 76 per 1000 live births
- <5 Mortality Rate: 120 per 1000 live births
- 65% of children <5 are deficient in iron
- % of children <6 with VAD: 60%
- 1300= Annual no of neural tube birth defects
- 1.1% of GDP lost to all forms of VMD

Source: World Bank /MI VMD Damage Assessment

Nigeria:

Country, Health & Nutrition data

- Population: 147.98 million
- Population growth rate: 2.2%
- Infant Mortality rate: 98 per 1000 live births
- <5 Mortality Rate: 191 per 1000 live births
- Exclusive Breastfeeding rate : 17%
- Prevalence of iron Deficiency Anaemia <5: 27.5%
- Prevalence of VAD <6 : 25%

Source: World Bank; NFCNS

Undernutrition begins with the Mother's status



**Maternal undernutrition:
underweight for height (low body
mass index)**

**Less visible micronutrient
deficiencies**

**May lead to health problems for
the mother and intrauterine growth
restriction (IUGR)**

Paper 1 Key Messages

Together these risk factors were **responsible for more than one-third—about 35%—of child deaths** and 11% of the global total disease burden

More than 3.6 million mothers and children die each year as a result of undernutrition

The very high mortality and disease burden resulting from these nutrition-related factors make a **compelling case for the urgent implementation of proven interventions**

Damage Suffered in Early Life Leads to Permanent Impairment



Four empty, rounded rectangular boxes stacked vertically, intended for notes or additional information.

Economic Costs of Malnutrition:

- 20% reduction in productivity
- 5% reduction in educational achievement
- Indirect losses from poor cognitive losses and loss in schooling
- 13.5 point reduction in IQ due to IDD
- Losses in resources from increased healthcare costs
- GDP lost to malnutrition as high as 2 – 3 %

Source: Repositioning Nutrition as central to Development (World Bank)

Health and other Implications

- Nutrition related Non-Communicable Diseases:
 - Cardiovascular diseases
 - high blood pressure
 - Obesity
- High disease burden esp. communicable diseases HIV/AIDS
(double burden of diseases in developing world)
- High medical costs – compromised health services
- Poor and slow economic development

Copenhagen Consensus 2008

...advocating for nutrition!

- 50 Leading Economists (including 5 Nobel Laureates)
- Aim to prioritize the world's biggest problem
- “extra” \$75b to spend over 5 years on pressing global challenges
- Attractive Returns On Investment!
- Problems and solutions considered much broader than health
 - Global warming
 - Terrorism
 - Trade

Copenhagen Consensus 2008

...advocating for nutrition!

1. Micronutrient Supplements for children (**Malnutrition**)
2. Doha Development Agenda (**Trade**)
3. Micronutrient Fortification (**Malnutrition**)
4. Expanded Immunization coverage for children (**Disease**)
5. Biofortification (**Malnutrition**)
6. Deworming & other nutrition programs at school (**Malnutrition and Education**)
7. Lowering price of schooling (**Education**)
8. Increase & improve girls schooling (**Women**)
9. Community-based nutrition promotion (**Malnutrition**)

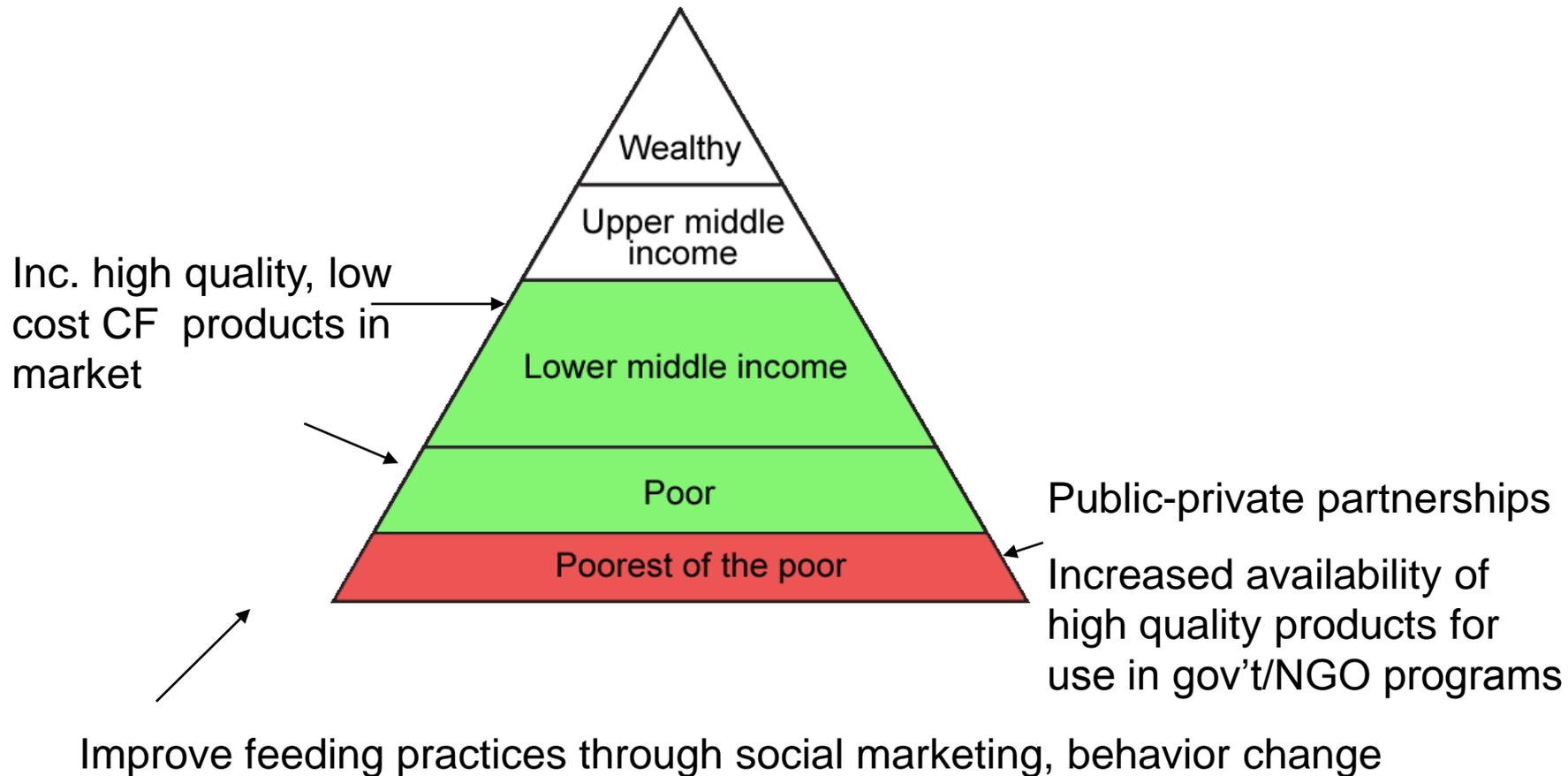
Key challenges at the National Level

- Getting nutrition on the national agenda
 - Inability to build nutrition agenda that can survive political and admin changes
 - Failure to recognize that nutrition determines human, social and economic development
- Doing the right things
 - Incorporation of nutrition in social and economic policies addressing poverty, trade and agriculture
- Not doing the wrong things
 - Examine “nutrition actions” and its impact on the nutritional status of mothers and children < 24 months

Key challenges at the National Level(2)

- Acting at scale
 - Involve the Private Sector
- Reaching those in need- including safety nets for those most affected by rising food prices
 - Targeted Programs for women, children and the poor
- Using data for decision making
 - Monitoring and Assessment of process and results
 - Public accountability; Efficient use of funds
- Building strategic and operational capacity
 - Build institutions!
 - Capacity Building

Harness and assess market based approaches to serve lower middle income and poor children



Infant Young Child Nutrition Program

GOALS

Stimulate the private sector to produce low-cost, high quality fortified complementary foods and fortified complementary food supplements for infants and children living in low income families.

Build enabling environment to support the introduction of these products in developing countries

Priority Countries

Africa

Ghana

Uganda

S Africa

Nigeria

Asia

Bangladesh

India

China

Indonesia

Infant Young Child Nutrition Program

Examples of Types of Fortified Complementary Products

- **Fortified Food based Supplements**

- For example fortified peanut or lipid spreads to be eaten alone or added to other foods such as bread



- **Fortified complementary foods**

- Fortified infant cereal made from cereals plus soy or peanuts, milk, sugar and oil.

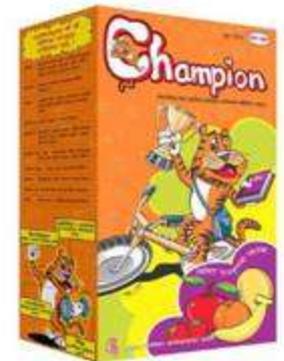
- **Micronutrient Powders**

- Vitamins and minerals in powder form or crushable tablets to be sprinkles mixed into cooked foods.



- **Other possible products**

- Fortified pureed fruits/vegetables
- Processed fortified dairy products in semi solid form, such as yogurt, flan, etc.



Who is GAIN?



- A Swiss foundation launched in 2002 at a UN Special Session on Children
- Headquartered in Geneva since 2003
- Funded by the Bill and Melinda Gates Foundation, USAID and CIDA, also supported by The World Bank
- Board members from multilateral agencies (WHO, UNICEF, World Bank), government (USAID, CIDA), private sector (Danone, Unilever, DR. Reddy Lab) and civil society (PATH, ASHOKA)
- Regional offices in Johannesburg (Africa), Beijing (South East Asia) and New Delhi (South Asia)

Mission

•GAIN's mission is to reduce malnutrition through the use of food fortification and other strategies aimed at improving the health and nutrition of populations at risk, **particularly children and women**



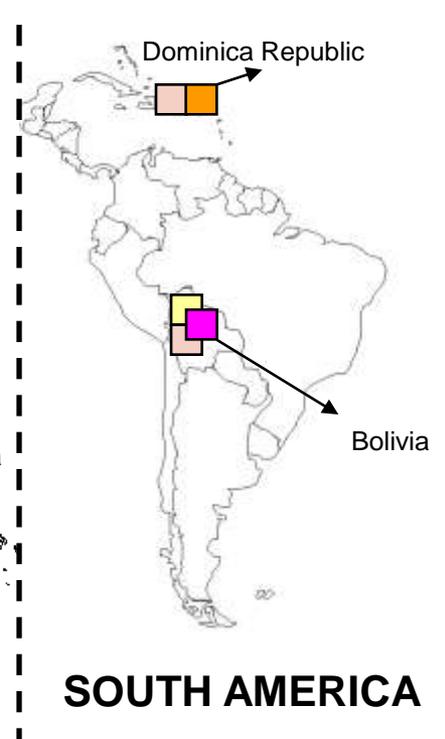
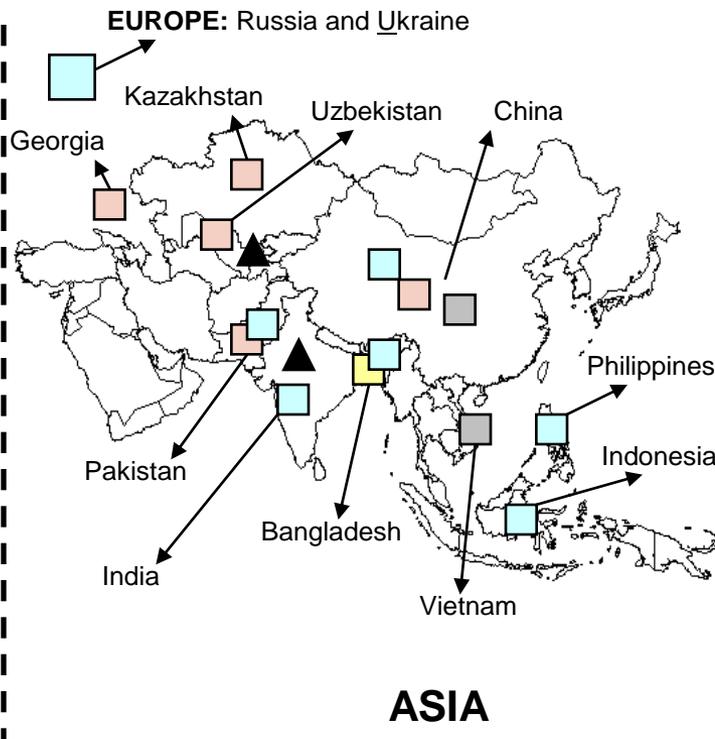
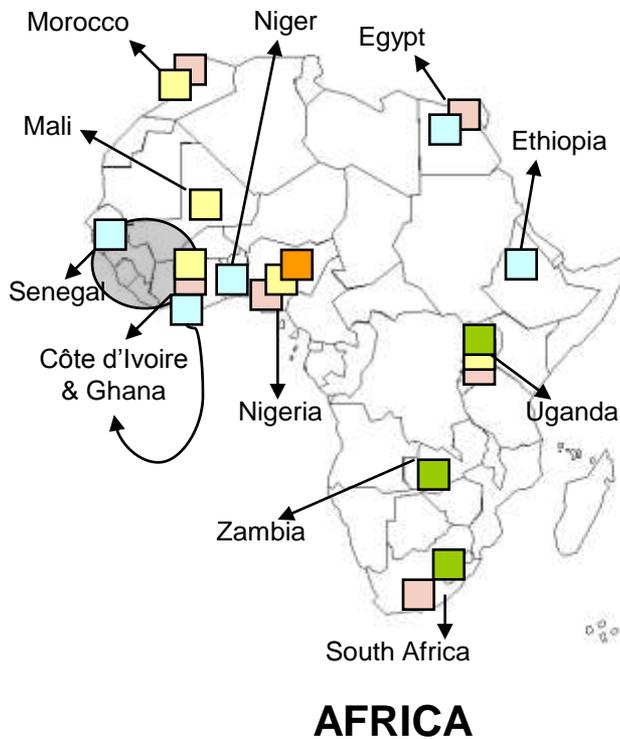
Food Fortification Programs

To date:

- 18 countries with national grants
- 1 regional strategy funded **UEMOA**
- Small grants implemented ▲
- 13 USI programs □

Products fortified:

 : Wheat flour	 : Maize Meal
 : Vegetable oil	 : sugar
 : Milk	 : condiments (soy & fish sauce)



GAIN Approach

- GAIN uses a unique model for food fortification involving **public-private partnerships**
- GAIN emphasizes **co-creation** to stimulate innovation when engaging with the private sector
- Through **advocacy**, GAIN fosters improved policies and practices among the world's governments, companies and opinion leaders
- Rigorous **performance management** frameworks ensure that GAIN programs deliver a measureable, cost-effective impact on target populations

The Way Forward

National nutrition programs should effectively monitor and evaluate target populations that benefit most from interventions—pregnant women and children under 2

Countries should focus resources on interventions with proven effectiveness and implement them at scale as quickly as possible

Economic and social policies addressing poverty, trade and agriculture associated with rapid improvements in nutritional status should also be implemented

Governments should look to incorporate nutrition goals into programs that may not directly address health, but that could benefit from improved national nutrition

The Way Forward (2)

- Advocacy for Exclusive Breastfeeding (0 – 6 months)
- Development of affordable fortified complementary foods and supplements (for 6 – 24 months kids)
- Development of appropriate regulations guiding food labelling, advertising and communication
- Community nutrition projects involving both the food and non-food sectors
- Build and strengthen partnerships for IYCN (IYCN Alliance?)

Conclusion

- Investing in Infant and Young Child Nutrition is indeed a critical factor for national development!
- The world has become a global village. Our children need the right nutrition at the right time to compete in the global arena
- The return of investment is high
- All stakeholders (Government, Private sector, civil society, academics and research, media) must work together to ensure a healthier and more nutritionally vibrant future for the Nigerian child!

Thank you / Contact details



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