

**ASSURING FOOD AND NUTRITION SECURITY IN AFRICA BY 2020:
Prioritizing Action, Strengthening Actors, and Facilitating Partnerships**
April 1–3, 2004, Kampala, Uganda

SUMMARY NOTE

Parallel Session: **Implementing Action in Key Areas: Improving Nutrition and Health**

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Title: **Food and Nutrition Security and Health in Africa Region**

Date: April 2, 2004

Introduction

1. *Malnutrition is one of the main and most frequent causes of morbidity and mortality among the poorest populations of the developing world.* There is a close linkage between food, health and care to improving the nutritional status of the populations. In most of developing countries, malnutrition is a serious public health problem with inadequate intake of protein, energy and micronutrients, frequent infections and disease and affects 800 million people worldwide. Malnutrition kills, maims, cripples and blinds the poor and vulnerable groups and plays a major role in half of the 10.4 million annual child deaths. It is a cause and consequence of disease and disability in children. It is not only medical but also a social problem arising from and contributing to poverty. Malnutrition has economic ripple effects and compromises development. It is both a major cause and effect, a key indicator of poverty and underdevelopment.

Nutritional situation in Africa

2. In Africa, malnutrition is a very serious public health problem. Children and women are the most affected groups. This situation is compounded by increasing chronic diseases due to over-nutrition as well as HIV/AIDS and emergency situations.
3. Low birth-weight: there is a high prevalence of low birth-weight: 11-52%. Protein energy malnutrition (PEM): Among the children under five years old, stunting is at a prevalence rate of 30-40%, wasting 10% and under weight 30-40%. Micronutrient deficiencies: the prevalence rate of iodine deficiency (goitre) is 10-40%; the prevalence rate of vitamin A deficiency among under-five is 25%; the prevalence rate of iron deficiency anaemia is 50% among under-five and 60% among pregnant women. There are other micronutrient deficiencies occurring mainly within emergency situations: beri-beri, pellagra, scurvy, rickets.
4. The burden of chronic diseases is rapidly increasing in Sub-Saharan Africa. For example obesity, diabetes, cardio-vascular diseases, cancer contributed to 28% of morbidity and 35% of mortality in 1990.
5. The underlying causes of malnutrition are: poverty; food insecurity; inadequate feeding habits and practices related to food quality, taboos and food hygiene; infectious diseases and intestinal worms; HIV/AIDS; emergency situations; particular groups such as orphans, disabled children, aged people are prone to malnutrition. Chronic diseases are related to over-nutrition, increase of intake of fats, sugar, salt, lack of physical activity, rapid urbanization, social and cultural beliefs.

6. The consequences of malnutrition are: low birth-weight, growth retardation, brain damage, impact on reproductive function and immune system, increasing of morbidity and mortality, impact on economic development.

Nutritional interventions

7. In a normal situation, for prevention and control of nutritional problems, the following interventions have to be formulated and implemented.
- Nutrition assessment: suitable and sustainable interventions are designed after nutrition surveys to provide data for the planning.
 - Infant and young child feeding programmes: exclusive breastfeeding during the first 6. months of age, pursuit of breastfeeding up to 24 months of age, complementary feeding
 - Management of severe malnutrition and micronutrient deficiency control: nutrition rehabilitation, medical and social care; supplementation of vitamin A, iron and folate, promotion of consumption of iodized salt, diet diversification, systematic deworming.
 - Nutritional surveillance system: continuous collection of data through existing services and activities
 - Community empowerment, social mobilization, advocacy
 - Food security and food safety interventions
 - Prevention and treatment of infectious and chronic diseases
 - Development of a national coordination and monitoring mechanism
8. Particular situations:
- Emergency situations: In the emergency situations, nutritional interventions are:
 - o rapid nutrition assessment
 - o selective feeding programmes: supplementary and therapeutic feeding programmes, general food distribution, mass feeding
 - o prevention of micronutrient deficiencies: supplementation of vitamin A, iron and folate, promotion of consumption of iodized salt, systematic deworming of children
 - o nutrition surveillance activities
 - o Information, Communication and Education (IEC)

At this stage, it is useful to start the planning of long term interventions.

- HIV/AIDS: In a context of HIV/AIDS, nutrition interventions are as follow:
 - o prevention of mother to child transmission
 - o nutritional care for infants, children and adults
 - o nutritional care for pregnant and lactating women
 - o nutritional component in ARV treatment
 - o food-based approaches at individual, household and community levels
 - o nutritional care for vulnerable children (orphans)

Conclusion

9. For a sustainable improvement of the nutritional situation in African countries, the following conditions must be created:
- develop and implement national food and nutrition policies and plans of action
 - set up integrated interventions for development throughout an intersectoral collaboration with a suitable coordination mechanism
 - use a community-based approach with active community participation
 - train personnel for development and implementation of the interventions
 - set up a research programme

Note: This note has not been edited. The views expressed in this summary note are those of the author and are not necessarily endorsed by or representative of IFPRI or of the cosponsoring or supporting organizations.