

STRATEGY

2011



Nutrition in Developing Countries

Directorate-General
of Global Affairs,
Development and
Partnerships



Strategic Guideline Document

DIRECTORATE-GENERAL OF GLOBAL AFFAIRS, DEVELOPMENT AND PARTNERSHIPS

**NUTRITION
IN DEVELOPING COUNTRIES**
STRATEGIC GUIDELINE DOCUMENT

MINISTRY OF FOREIGN AND EUROPEAN AFFAIRS

All rights of adaptation, translation and reproduction by any processes,
including the photocopy and the microfilm, reserved for any countries.

Cover photo : National Nutrition Day, 21 June 2008, Madagascar © GRET
Execution : DILA
Printing : imprimerie de la DILA
© Ministère des Affaires étrangères et européennes, 2011

CONTENTS

Preamble	4
The issue and its context.....	6
1. Scale and consequences of the problem.....	6
2. The responses to maternal and child undernutrition.....	9
Strategic orientation and operational implementation	13
1. Helping countries to detect, prevent and treat malnutrition in women of child-bearing age and children under two.....	13
2. Contributing to a more efficient international mobilisation against malnutrition	15
Implementation modalities	17
Appendixes	18
Appendix I: logical framework.....	18
Appendix II: acronyms	19
Appendix III: bibliography.....	20

PREAMBLE

1. More than half the global population suffers from one form of malnutrition or another. Malnutrition kills ten children per minute. It compromises people's physical and cognitive capabilities. It impedes on the development of the society as a whole and contributes to persistent poverty. Today, the international food, financial and economic crises also further deteriorate the situation.

2. Progress towards the first Millennium Development Goal (MDG1) is measured, in particular, by a nutritional indicator (proportion of underweight children under five years of age), which specifically links poverty, food and malnutrition.

MDG1: Eradicate extreme poverty and hunger

Goal 1: halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day.

Goal 2: achieve full and productive employment and decent work for all, including women and young people.

Goal 3: halve, between 1990 and 2015, the proportion of people who suffer from hunger.

The proportion of undernourished children went from 33% in 1990 to 26% in 2006. This progress does not, however, enable to reach the MDG. Also, as food staples have increased in price, the situation has worsened since 2007.

3. The complex causes of malnutrition require a multi-sector approach which, in particular, includes health, economic and social considerations beyond the issue of food. An inadequate health and hygiene environment, lack of access to quality healthcare and inappropriate mother and child care are also factors to consider.

4. Nutrition is not only a matter of immediate survival, it is also an investment in future generations to avoid some physical or intellectual handicaps. Reducing malnutrition is therefore a humanitarian and developmental issue. The emergency – development division must be overcome.

5. This Strategic Guideline Document, *Nutrition in Developing Countries*, is in line with the Agriculture and Food Security sectoral strategic framework of the French development policy. It proposes a framework for cooperation to improve the synergy between French actors in the field of cooperation. It is a steering tool for the French public aid sector on issues of nutrition, to which parties in the field can refer to (international partners, private sector, public sector, NGO, research, etc.).

Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life (World Food Summit, 1996).

6. This document has been developed by a working group made of experts, researchers and development cooperation operators in the field of nutrition, healthcare and food security. It has also been discussed with a panel of Northern and Southern partners.

Malnutrition is a pathological condition resulting from insufficient quantities of one or several essential nutrients in food (or none at all), or, at the opposite end of the scale, stemming from an excess of certain food types. It can thus encompass illnesses related to undernutrition, which are either specific (e.g. problems related to lack of iodine or anaemia due to an iron deficiency) or multiple (for example, stunting) or pathological, due to excesses (e.g. obesity because of an excessive energy intake).

In this document, the term **maternal and child undernutrition (MCU)** refers to undernutrition for women and children. It includes several forms:

- **intra-uterine growth restriction**, the main cause of low birthweight;
- **stunting or chronic malnutrition**, in children (low height in relation to the age);
- **wasting** in children (low weight in relation to the height) as well as cases of bilateral oedema (kwashiorkor) which together constitute **acute malnutrition**;
- energy deficit for women (low Body Mass Index);
- various forms of less visible micronutrients deficiencies.

Underweight children (low weight for their age), which is one of the indicators used to monitor progress towards the third target of MDG1, is a consequence of stunting or wasting.

THE ISSUE AND ITS CONTEXT¹

1 Scale and consequences of the problem

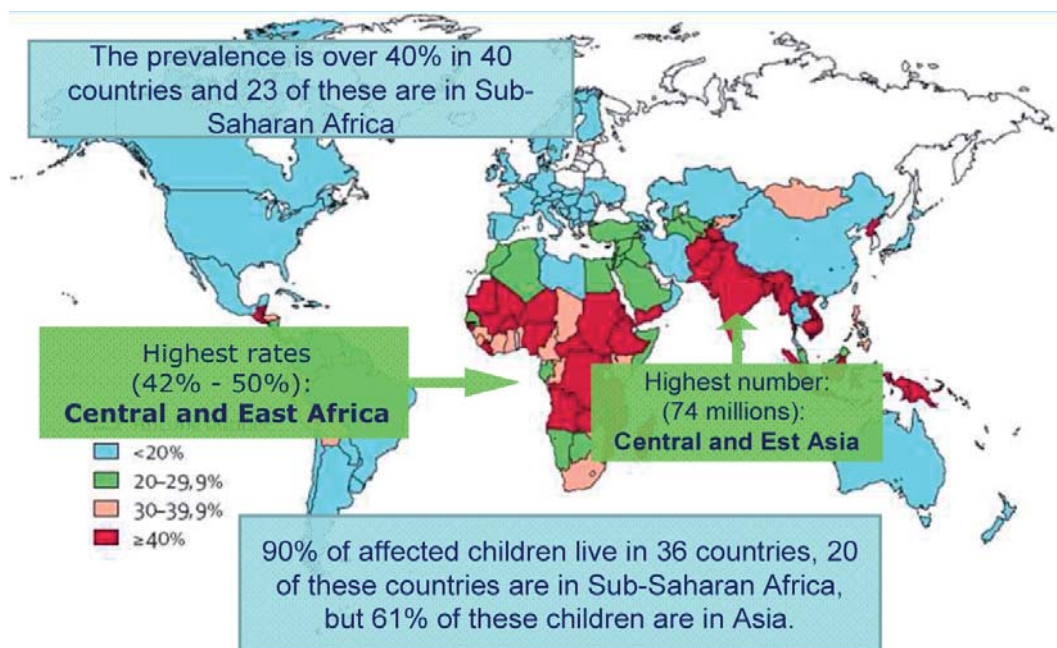
1.1 Maternal and child undernutrition: an overwhelming toll at the beginning of the 21st century²

- 180 million children under five are affected by stunting and 55 million suffer from wasting (of which 20 million cases are severe);

- intra-uterine growth restriction affects 13 million new born babies per year;
- Half the pre-school children and pregnant women suffer from iron deficiency anaemia;
- half the children have vitamin A deficiencies;
- iodine deficiencies affect approximately 15% of the population in developing countries.

The regions most affected by maternal and child undernutrition are in South Central Asia and Sub-Saharan Africa. **Approximately 90% of the children affected by stunting live in 36 countries and 80% of these are located in just 20 countries.**

Proportion of children under five affected by stunting



Source: Lancet Series 2008

1. The acronyms used in this document are explained in the appendix II.
2. Sources: Lancet 2008, 2004 Micronutrient Initiative, UNICEF 2006, 2005 MDG Report, World Bank 2008.

The proportion of underweight children under five decreased by 32% to 27% between 1990 and 2006. **This progress is insufficient to reach one of the targets of the first MDG:** to halve the proportion of underweight children between 1990 and 2015. Furthermore, the progress is uneven: among the 58 countries moving towards the MDG target in 2007, only 6 were in Sub-Saharan Africa.

Also, although the proportion of children suffering from undernutrition has decreased in Sub-Saharan Africa, the absolute number is increasing. In 2008 and 2009 the international crisis forced poor households to cut on essential expenses, for food and healthcare, for example. Thus, according to a World Bank estimate, the number of children suffering from permanent damages due to malnutrition would have increased by over 40 million in 2008.

1.2 The emergence of obesity and diet-related chronic non-communicable diseases³

→ Long considered a problem of developed countries, overweight and obesity (which are associated with chronic non-communicable diseases such as type 2 diabetes, hypertension, cardio-vascular diseases and certain cancers) have increased exponentially in developing countries. The proportion of women over 30 who are overweight in Africa is expected to rise from 36% to 41% between 2005 and 2015, according to WHO estimates. The situation is even more critical in several Mediterranean countries.

The rapid development of the diet-related chronic NCDs is associated with changes in life-style and diet associated with urbanisation, industrialisation of food and the rapid expansion of supermarkets. All the links in the food chain are affected. Furthermore, these diseases exist alongside undernutrition, resulting in some countries being faced with a “**double burden**” which consists of both epidemic levels of obesity and very high levels of undernutrition.

1.3 The consequences of malnutrition⁴

- The following data illustrates the cost of malnutrition in terms of human lives:
- maternal and child undernutrition is responsible for the deaths of between 3.5 and 5 million children under five years of age (i.e. over a third of all cases of child mortality);
 - 20% of maternal deaths (115,000 deaths per year) are associated with anaemia, as a result of iron deficiency;
 - obesity causes some 2.5 million deaths each year, almost half of which occur in developing countries.

Malnutrition does affect people's health. Maternal and child undernutrition is responsible for 35% of diseases among children under five. Malnutrition experienced in the womb and in early childhood increases the risk of obesity and chronic non-communicable diseases in adults.

Maternal and child undernutrition also affect people's physical and cognitive development and **its after-effects are irreversible after the age of two**. Malnutrition “is passed on” from one generation to the next. A case of malnutrition which starts to develop at the foetal stage can persist into adulthood, increasing the risk in women who suffer from malnutrition as children of having children who suffer from intrauterine growth restrictions. At the scale of communities, malnutrition is an obstacle to development.

3. Sources: WHO 2006 and 2005.

4. Sources: Lancet 2008 and WHO 2006.

Economy and malnutrition⁵

According to World Bank estimates, the economic cost of malnutrition ranges between 2 and 3% of GDP. R. W. Fogel, winner of the Nobel Prize for Economics, considered that improvements in nutrition were responsible for some 30% of Great Britain's increase in income per capita between 1790 and 1980.

Malnutrition reduces the profitability of investments made in sectors such as agriculture and education.

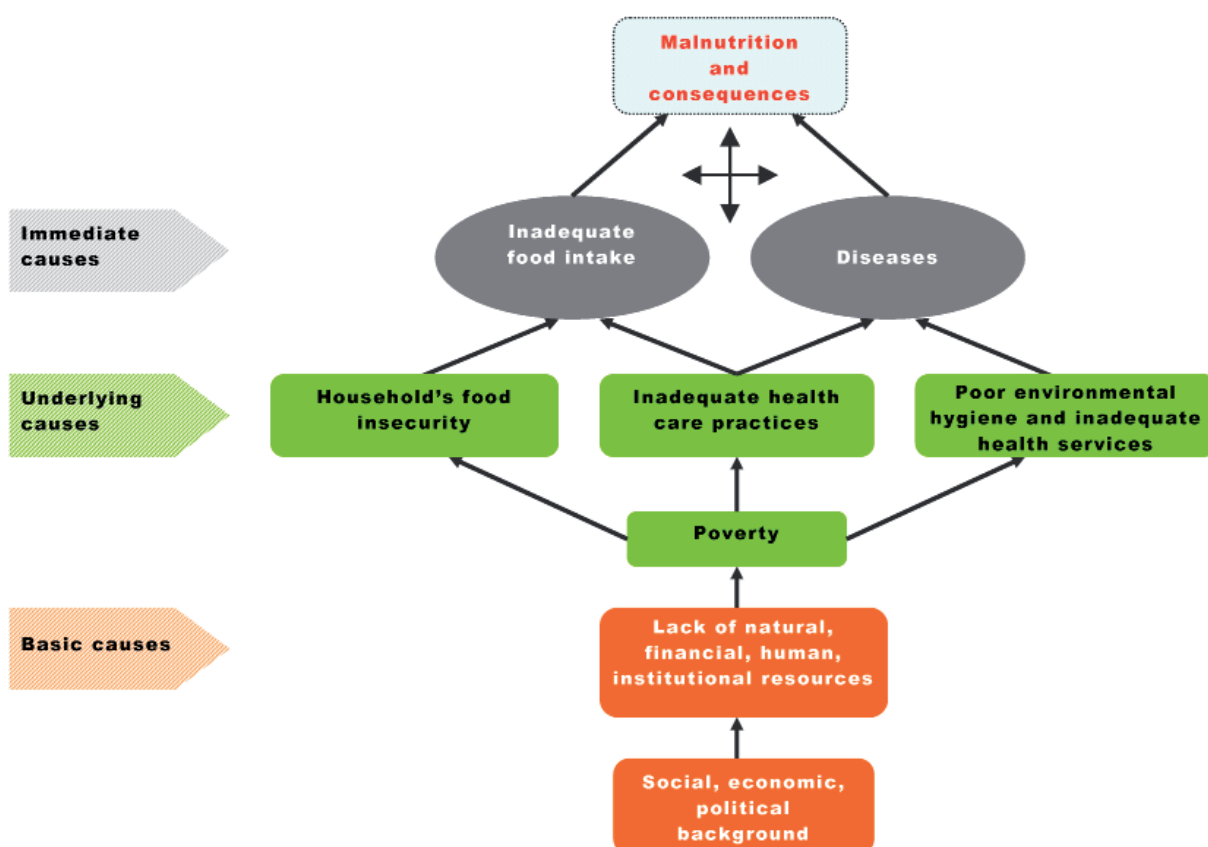
Malnutrition and the illnesses it provokes are a considerable expense to healthcare systems. The costs associated with diet-related non-communicable diseases (diabetes, hypertension, cancer) are particularly high.

1.4 The causes of malnutrition

➔ Malnutrition results from the interaction of several factors. Both diet and non-diet-related causes must be taken into consideration. They bring into play a whole range of social, economic and cultural factors, which are often linked to poverty. Particular attention must be paid to the inadequacy of healthcare practices.

Mothers are most often in charge of healthcare. Their health and nutritional status, levels of stress and education, mental health, beliefs, economic independence, work load and place in the community significantly impact on children's nutrition. Gender issues are thus also key to nutrition.

Causal model of malnutrition



Source: UNICEF.

5. World Bank 2006 and Fogel 1993.

2 The responses to maternal and child undernutrition

2.1 The need for a combination of actions to combat the immediate, underlying and basic causes

➔ “Direct” actions are recommended as a matter of priority as their efficiency is well-established. Measures addressing the immediate causes of malnutrition, such as maternal breast-feeding vitamin A and zinc supplementation and the treatment of severe acute malnutrition (in hospitals and at the community level/at home) should thus be encouraged.

If all these “direct” actions were implemented, almost a quarter of child deaths under the age of 36 months could be avoided. The proportion of children affected by stunting at the age of 36 months could be reduced by almost a third in the 36 countries hosting 90% of children affected by this condition.

Treatment of severe acute malnutrition and ready to use therapeutic food

Treatment for severe acute malnutrition has evolved in recent years, with the development of ready to use therapeutic food, the most famous of which is Plumpy’nut. This new generation of easy-to-use products with a high nutritional value allows all the nutritional needs of young children suffering from severe malnutrition to be met. It also makes it possible to treat children at home and therefore avoid hospitalisation in cases which do not display medical complications. This curative approach does, however, still face problems in terms of cost and design of sustainable and efficient distribution systems. Moreover, it is as important to address other aspects of the problem (drinking water, quality food complements at an affordable price for all children).

This list of actions is neither exhaustive, nor prescriptive. The choice of action should be context specific. Important questions, such as the fine-tuning of sustainable systems beyond rehabilitation centres, still need to be resolved.

Examples of predominantly “direct” actions whose efficiency is well-evidenced

Actions to be implemented in the 36 countries most affected by stunting	Actions to be implemented depending on the context
<ul style="list-style-type: none"> – Salt iodization. – Maternal supplements in folic acid/iron, calcium, multiple micro-nutrients. – Promotion of breastfeeding. – Behaviour change communication for improved complementary feeding. – Zinc supplement, Vitamin A supplement/ fortification for children and infants. – Zinc in the management of diarrhoea in children and infants. – Treatment of severe acute malnutrition. – Interventions aimed at reducing tobacco use and indoor air pollution. – Interventions aimed at improving the hygiene of children and infants (including hand-washing). 	<ul style="list-style-type: none"> – Maternal energy and protein supplements; maternal iodine supplements. – Deworming. – Insecticide-treated bednets. – Intermittent preventive treatment for malaria. – Neonatal Vitamin A supplements. – Delayed umbilical cord clamping. – Conditional cash transfer programmes (with nutrition training). – Supplements and iron fortification for children and infants.

Source: *Lancet* 2008.

Nutrimad: an innovative way of preventing child undernutrition in Madagascar

The urban component of the Nutrimad* project aims to improve the diet of children under two through economically and socially sustainable systems. The project is made up of two components:

- 1 nutritional education targeting appropriate dietary practices;
- 2 supply of food supplements fortified with minerals and vitamins which are locally developed and produced. These are on offer via a network of restaurants for babies (“hotelin-jazekely”) in working class neighbourhoods. These outlets sell porridge that can be taken away or eaten “in-house”. At the end of 2008, each restaurant sold an average of 4,500 portions of porridge per month at 5 Euro-cents per portion. 43% of families in the areas in which these restaurants were set up had a child between 6 and 23 months and bought some each week, consuming an average of 4.6 meals per child per week.

** This project is financed by the Île-de-France Region, the French Ministry of Foreign and European Affairs and the European Commission and implemented by the GRET (Research Group for Technological Exchange) in collaboration with the National Office of Nutrition (Office national de la nutrition), the Institute of Research for Development (IRD), the University of Antananarivo and the town councils of Antananarivo, Antsirabe, Fianarantsoa and Toamasina.*

A sustainable reduction in maternal and child undernutrition also requires “indirect” actions, on the underlying and basic causes of malnutrition (agricultural and economic development, social transfers, improved women’s rights, education, etc.).

Such operations usually take place outside of the nutrition sector, *stricto sensu*. They must, however, be analysed in the light of their positive or negative impact upon the nutrition of women and young children. Such initiatives should include or be conceived to contribute to nutritional goals.

Taking nutritional issues into consideration in the agricultural sector

Integrating nutritional goals into the support to the agricultural sector may entail:

- targeted actions towards the populations most vulnerable to maternal and child undernutrition in rural areas;

- prioritisation of gender issues (access to land, training, workload, etc.);
- promotion of fruits and vegetable crops and small scale livestock - traditionally under women responsibility - which provide a high quality nutritional value and food diversity;
- training of decision-makers and service providers in the field of agricultural development;
- impact evaluation of the actions on maternal and child undernutrition.

A similar approach should shape the measures taken in other connected areas, such as education, water, sanitation, etc., areas which are significantly affected by malnutrition.

2.2 The reinforcement of national systems to combat malnutrition

➔ The long term reduction of malnutrition requires political and national mobilisation, including the following:

- 1 acknowledgement of the countries’ nutritional problems as well as their causes;
- 2 government will which translates into specific long term commitments in terms of public policy, national strategy and budget allocation;
- 3 analytical, technical, strategic and nutrition management capacities;
- 4 development of a “culture of nutrition” in connected fields (economy, agriculture, health, education, water and sanitation);
- 5 an institutional architecture adapted to the multi-sectoral nature of nutrition, to enhance coordination and mobilisation among all the parties concerned (local communities, civil society, connected technical services, etc.);
- 6 operational structures capable of reaching populations suffering from (or at risk of) malnutrition and assessing the results of their actions (monitoring/evaluation system);
- 7 long-term substantial financial resources mobilised within the framework of national economic policies.

NUSAPPS (Nutrition, Food Security and Public Policy in the Sahel) Initiative

NUSAPPS* is a multi-state initiative in Western Africa, which aims to strengthen national early warning and surveillance systems and to push for implementation and evaluation of public policy on issues relating to nutrition and food security. Thus, to respond to the new challenges of urbanisation, NUSAPPS has supported an analysis of food vulnerability in Ouagadougou and Banjul, creating the basis for an urban nutritional surveillance system. This project has shown the impact of the food price crisis on households in Ouagadougou between 2007 and 2008, revealing a significant drop in the consumption of several high value nutritional food groups (milk products – 21%; meat – 25%; fruits – 31%; vegetables rich in vitamin A – 32%). This reduction in dietary diversity, with its foreseeable nutritional consequences, has gone together with an increase of almost 10% of households suffering from food insecurity. These results have since been used by the National Food Security Council and the World Food Programme to distribute food vouchers and nutritional supplements in urban areas of Burkina Faso.

* The NUSAPPS initiative is run by CILSS (the Permanent Inter-State Committee for Drought Control in the Sahel) in partnership with the French Ministry of Foreign and European Affairs, the IRD, the West African Health Organisation and the European Commission.

2.3 The improvement of the international system

➔ Nutrition cannot remain the issue with which everyone meddles, but for which no one takes responsibility.

At the international level, many institutions and private companies are involved in the fight against malnutrition in developing countries (14 United Nations agencies, 5 international and regional banks, 5 regional cooperation organisations, 20 bilateral aid agencies, 5 large foundations and the 15 operational agencies they have created, 30 international NGOs, 35 research centres and universities, several hundred academic journals and 12 large multinational companies in the fields of food and nutrition).

This diversity of stakeholders results in a lack of coordination and visibility which impede on political and financial mobilisation.

The international community mobilises between \$250 and \$300 million⁶ a year, specifically to address nutritional issues. Nevertheless, it is difficult to estimate the amount of public aid dedicated to malnutrition because it is integrated within other sectors (healthcare, childhood). Moreover, it is not easy to take into account actions which have an indirect impact on nutrition, although if is not a specific goal.

Bilateral aid offered by France in the malnutrition and associated sectors

Water and sanitation	€185 million per year
Health	€295 million per year
Food security	€250 million per year
– of which nutrition	€10 million per year

New governance and a reform of the international system are necessary to:

- 1 increase political mobilisation in support of nutrition;
- 2 sustainably mobilise financial resources to match needs, in accordance with aid effectiveness criteria;
- 3 rationalise initiatives and parallel non-coordinated structures, facilitate cooperation between various parties and promote shared strategies in order to offer coherent support to the stakeholders involved in the nutrition sector;
- 4 strengthen human and institutional resources in the most affected countries by creating an environment conducive to nutrition (training, coordination, integration into national strategic frameworks, research, technical studies);
- 5 offer services which national groups cannot supply, alongside local capacity building.

6. Source: Lancet 2008.

It is necessary to improve the coordination of the stakeholders on two levels:

- 6 on strategic issues, progress monitoring and validation of innovations, the Standing Committee on Nutrition (SCN) of the United Nations system should be strengthened. Its mandate to encourage parties working in the nutrition sector to cooperate at the international level, and its role as a specialist forum are recognized. However, its institutional and financial weaknesses, as well as its human resources shortcomings, do currently limit its capacity to deliver the desirable level of coordination and political dialogue.
- 7 at the operational level, in support of the countries concerned: from this perspective, the global action plan, which is being prepared by the World Bank, could offer an operational solution which would encourage mobilisation as of 2010.

Moreover, in the same way as reduced malnutrition should be a goal shared by policies in economic, healthcare, education, water and sanitation and agriculture spheres, the problem of nutrition should also be taken into consideration in international food security initiatives.

Recommendations of an Expert Panel on West Africa (Ouagadougou, May 2009)

Invited to consider the axes of France's intervention in this sector, a panel of experts emphasised the following points:

- public policy support, support to consultation frameworks and contracting processes between the State and operators for the implementation of national programmes to combat malnutrition;
 - capacity strengthening, particularly through training opportunities in Africa;
 - scaling up rather than new 'pilot' operations, which are already too many and too scattered;
 - strengthening of early warning systems and national research capacities;
 - acknowledgement of local communities as key actors in the system;
 - reliance on local civil society actors specific to each context;
 - flexible interventions to address obesity, chronic non-communicable, diet-related diseases and children over 2 years of age;
 - as the fight against malnutrition most often involves health ministers, mobilisation of other relevant sectors to avoid over burdening health budgets alone with the need to increase efforts as regards nutrition;
 - facilitation of regional dialogue on these issues.
-

STRATEGIC ORIENTATION AND OPERATIONAL IMPLEMENTATION

→ France will invest its resources, expertise and actors on two objectives:

- 1 **to help** countries detect, prevent and treat malnutrition **in women of child-bearing age and children under two**;
- 2 to improve the efficiency of international mobilisation against malnutrition.

In line with France's commitments as regards aid effectiveness, this strategy will support the priorities defined by partner countries and will seek complementarity with other donors.

The associated death rate and long term consequences of malnutrition in women of child-bearing age and children under 2 justify the focus of the first objective.

Support will be prioritised in Sub-Saharan Africa, as the number of children suffering from malnutrition is there rising. However, France's other partner countries, which have identified nutrition as a field for cooperation, will not be excluded.

Aid effectiveness

By signing the Paris Declaration on Aid Effectiveness, France committed itself to following the beneficiary countries' principles of ownership, alignment on countries' priorities, harmonisation between donors, mutual responsibility and result-based management.

In practice, this translates into cooperation based on shared priorities, with:

- a large proportion of French ODA for development channelled through vertical funds and multi-lateral agencies;
 - greater coherence between the different multi-lateral tools and France's own instruments;
 - the coordination of French aid efforts with recipient countries' and regions' strategies.
-

The second objective will enable France to contribute to the international mobilisation to reduce all forms of malnutrition, including on emerging issues, such as the co-existence of over and undernutrition.

The logical framework presented in the appendix is discussed below.

1 Helping countries to detect, prevent and treat malnutrition in women of child-bearing age and children under two

→ France will support policies and programmes which are established for the long term, adapted to the context, responding simultaneously to all factors impacting on malnutrition and integrating the various related issues as a whole (development, crises, crises prevention).

Support to programmes to reduce maternal and child undernutrition will aim to strengthen local and national systems and enhance the quality of information produced as a basis for decision-making.

1.1 Institutional and human capacity strengthening

→ France will assist in the definition and implementation of national policies supported by the necessary human and financial resources. It will promote global nutritional policies, taking the 'double burden' into account, in countries where it is relevant. It will support, in particular, cross-sector consultation frameworks in order to enhance the involvement of stakeholders active

in health, agriculture, emergency and food crises units, education, water and sanitation with policy formulation. It will support national and regional parties in the production of information, analyses and communication materials designed to inform institutional leaders in the sectors which can help reduce malnutrition.

It will support the integration of nutrition objectives and indicators in the strategic guidelines and sectoral reference documents of partner States and aid agencies and in aid programmes when negotiations on aid take place between France, other donors, the partner regions and States.

In line with on-going actions in Western Africa, strengthening human and institutional capacities will also be continued, as these are key factors in the fight against maternal and child undernutrition.

Training needs are diverse and target different audiences. The training of nutritionists on technical, analytical, strategic and management issues relating to food, nutrition and public health will be strengthened. France will support the awareness-raising of experts in fields connected to nutrition through the integration of nutrition into other sectors' *curricula*.

These actions will support regional forums of experts, inter-university networks and regional training centres, for initial and life-long training (include on the job training). The partnerships between French training institutes and these Southern institutions will be supported.

1.2 Support to information systems in order to improve the quality of information used as the basis for a decision

➔ Decision-making on issues of nutrition policy and conception of appropriate solutions require a reliable, timely information base, adapted to the needs of both decision-makers and users.

France will support the national and regional surveillance and early warning systems on the nutritional situation, including the production of relevant information, coordination of sources and their analysis and their use by decision-makers.

As well as nutritional information *stricto sensu*, France will also support the distribution and use of economic analyses to help with macro-economic and budgetary choices to support nutrition.

1.3 Support to prevention and treatment of maternal and child undernutrition

➔ As far as possible and in accordance with the context, operations focused upon maternal and child undernutrition supported by France shall meet the following criteria:

- target pregnant women and children under two years of age, without excluding the treatment of severe acute malnutrition for children over two;
- invest for the long term in the framework of sustainable systems;
- address immediate and underlying maternal and child undernutrition factors, taking into consideration its cross-sectoral nature;
- integrate prevention and management of the risks of malnutrition and ensure coordination between humanitarian and development actions.

France will also promote the incorporation of nutrition into sectoral programmes (water and sanitation, health, education, food security) via the integration of nutrition objectives and indicators.

In addition, with its private sector support instruments, the French Development Agency (Agence française de développement/AFD), will support partnerships for the development of food and nutritional supplements production chains at different levels (local communities, SMEs...), factoring in the needs of agro-food enterprises for supply, production, quality-control, distribution and communication.

The AFD will also support partnerships with private businesses in order to mobilise technical know-how, financial resources and research capacities on nutritional issues. In particular, this support will come into play in the study and conception phases (analysis of actors, stakes, labels, etc.). The projects supported shall comply with the following criteria:

- respect the International Code on Marketing of Breast-Milk Substitutes;
- ensure that private partners' proven expertise is made available to local actors;
- guarantee the nutritional and health quality of products;
- favour access to these products for the majority of the target population;

- respect European ethics norms for research and testing;
- respect European regulations on communication and advertising for food stuffs.

In order to encourage private sector mobilisation, France will propose a partnership charter, based on these criteria.

1.4 Promotion of applied research, capitalisation and valorisation of its results

➔ France will support the work of researchers and partner country experts in the following fields:

- epidemiology of malnutrition;
- innovations in the field of treatment and management;
- impact of nutrition on economic growth and human capital;
- evaluation of the efficiency of actions, their sustainability and capacity to be replicated on a national policy level.

In matters of follow-up and evaluation, France will support:

- the systematic evaluation of maternal and child undernutrition prevention and reduction programmes;
- the incorporation of *ex ante* impact indicators for nutrition in programmes which address the underlying causes of malnutrition, such as water, agriculture, urban development, health, etc.

The AFD will study the feasibility of systematising nutritional criteria in the evaluation of development programmes in areas heavily affected by malnutrition.

2 Contributing to a more efficient international mobilisation against malnutrition

2.1 Strengthening strategies, governance and funding for the fight against malnutrition at the global level

➔ France will work towards a more coherent global governance which guarantees representation and participation from the countries most affected by malnutrition.

Increased integration of nutrition into international initiatives, such as the Global Partnership for Agriculture, Food Security and Nutrition (GPAFSN), will be encouraged in international fora.

Moreover, in order to improve the coordination and collaboration between multiple actors in the field of nutrition, France will support:

- the United Nation's Standing Committee on Nutrition (SCN) as a platform for the promotion of the cooperation between the parties involved in the field of nutrition at the international level. France will promote the participation of experts from the most affected Southern countries in SCN projects and affairs;
- enhanced operational coordination of UN and Bretton Woods' agencies based on the comprehensive Framework for Action of the United Nations High Level Task Force on the global food security crisis, on the action plan being prepared by the World Bank and on the lessons learnt of the United Nations REACH initiative (Renewed Efforts Against Child Hunger) in Western Africa.

In order to ensure sustainable and predictable funding mechanisms in response to the needs, France will support research on innovative financing solutions.

2.2 Increasing mobilisation of European partners as regards nutrition

➔ Like France, several EU Member States (United Kingdom, Ireland, Spain, the Netherlands) recently reviewed their strategies and the level of their commitments in the fight against malnutrition in developing countries. This mobilisation needs to be consolidated by the adoption of a European strategy by the European Commission. This will serve as a reference point for enhanced cooperation and stronger coordination between Member States and European parties, NGOs or research institutes. France will support the development of such a strategy, its implementation and the mobilisation of financial instruments.

France will support and contribute to the establishment of a committee of experts at the European level.

2.3 Supporting research and international surveillance of emerging issues

➔ Funds allocated to research for development will be primarily used for controversial subjects or those which present uncertainties. For example, the biological efficacy of certain actions and their effectiveness in real conditions will be assessed. France will also contribute to measuring the effectiveness of operations targeted at the underlying causes of malnutrition.

At the international level, France's contribution will also extend to the surveillance and research on emerging issues and ongoing changes, notably the coexistence of malnutrition which stems from both deficiencies and excesses in order to establish their implications for strategy and public policy. In parallel, France will encourage the findings of research and capitalisation to be circulated and used effectively.

IMPLEMENTATION MODALITIES

➔ A monitoring committee, led by the French Ministry of Foreign and European Affairs⁷, will bring together the Ministry of Labour, Employment and Health, the Ministry of Agriculture, Food, Fisheries, Rural Affairs and Spatial Planning and the AFD. It will bring together scientific, civil society and business experts, as required. Besides monitoring the actions carried out by French actors in the sector, it will examine current issues relating to nutrition.

The French Ministry of Foreign and European Affairs will monitor the coherence of measures in the fields concerned with nutritional issues (health primarily, but also food security, agricultural development, gender, water and sanitation, social protection, education, research).

It will ensure that mobilisation of the various instruments, which finance the activities of the fight against malnutrition, is coordinated:

- programmed food aid;
- emergency aid;
- financing of NGOs via the Fund for Social Development and AFD;
- thematic framework for intervention, leaving conflicts – fragile States of the AFD;
- technical institutional assistance;
- AFD projects, specifically those relating to the health of mother and child, food security and subsistence agriculture;
- support projects to strengthen research systems in Southern countries from the Fonds de solidarité prioritaire (Priority Solidarity Funds for Southern countries).

Of the 36 countries which comprise 90% of stunted children, 20 belong to France's Priority Solidarity Zone (ZSP)

Country (in grey: ZSP country)	Focal sectors in which France and the country have a direct impact on nutrition
Afghanistan	Agriculture and food security
Angola	
Bangladesh	
Burma	
Burkina Faso	
Burundi	Water and sanitation
Cambodia	Agriculture and food security; health
Cameroon	Agriculture and food security; health
Côte d'Ivoire	
Democratic republic of the Congo	Health
Egypt	
Ethiopia	Water and sanitation
Ghana	Water and sanitation; agriculture and food security
Guatemala	
India	
Indonesia	
Iraq	
Kenya	Water and sanitation
Madagascar	Agriculture and food security; health
Malawi	
Mali	Water and sanitation
Mozambique	Health
Nepal	
Niger	Health; water and sanitation
Nigeria	
Pakistan	
Peru	
Philippines	
South Africa	
Sudan	
Tanzania	Water and sanitation
Turkey	
Uganda	
Vietnam	Agriculture and food security
Yemen	Agriculture and food security
Zambia	

7. Division covering food security and health.

APPENDIXES

Appendix 1: logical framework

→ Global objective: ensure nutrition security and nutritional balance of vulnerable populations

by placing issues relating to malnutrition at the core of development priorities

Global indicator: proportion of under-weight children in ZSP countries (MDG 1)

		Indicators
Objective 1: Helping countries to detect, prevent and treat malnutrition in women of child-bearing age and children under two		
1.1	Human and national institutional capacity strengthening	Number of “partnership framework” documents shared by partner countries and aid agencies which integrate nutritional support into their programmes Number of ZSP countries which have a: – “nutrition” policy – active inter-sectoral “nutrition” consultation forum Number of experts trained in nutrition
1.1.1	Support the definition and implementation of public policies on nutrition	
1.1.2	Support inter-sectoral consultation frameworks and tools to support decision-making	
1.1.3	Training and awareness-raising of relevant actors	
1.2	Support to information systems in order to improve the quality of information used as the basis for a decision	Finances allocated to strengthening information systems Number of ZSP countries with annual survey systems which include nutritional components Number of economic analyses communicated.
1.2.1	Support the integration of nutrition into national and regional surveillance and early warning systems	
1.2.2	Support the coordination and coherence of nutrition information providers within countries	
1.2.3	Optimise and disseminate analyses to help with macro-economic and budgetary decisions which promote nutrition	
1.3	Support to prevention and treatment of maternal and child undernutrition	Volume of French aid allocated to operations which seek to combat maternal and child undernutrition Number of children and mothers covered by programmes co-financed by France Number of companies supported and volumes produced.
1.3.1	Support projects/programmes which detect, prevent and treat maternal and child undernutrition	
1.3.2	Incorporate a nutritional dimension into the design of countries’ sectoral programmes (water/sanitation, health, food security, etc.)	
1.3.3	Support local food and specific nutritional supplements production chains in partnership with local and international private sector, while respecting ethical practices	
1.4	Promotion of applied research, capitalisation and valorization of its results	Number of scientific publications, reports, seminars, information for the general public/summaries, trained researchers (thesis or Masters) Number of innovative projects brought to fruition.
1.4.1	Collecting and sharing of experiences as well as monitoring/evaluation of programmes	
1.4.2	Feasibility studies to scale up pilot programmes and innovative actions	
1.4.3	Analysis of the impact of nutrition on the economy and the development of human capital	

Objective 2: Contributing to a more efficient international mobilisation against malnutrition		
2.1	Strengthening strategies, governance and funding for the fight against malnutrition at the global level	Frequency of references to nutrition in political declarations Level of financing allocated at the international level to nutrition in developing countries Conclusions on the “innovative financing” options available
2.1.1	Incorporate nutrition into initiatives which are linked to the Global Partnership for Agriculture, Food Security and Nutrition	
2.1.2	Strengthening of the Standing Committee on Nutrition as a multi-partner forum for cooperation/coordination to share common strategies	
2.1.3	Participation of Southern experts in international structure and initiatives	
2.1.4	Improve the coordination of multilateral agencies for nutrition	
2.1.5	Research innovative financing options	
2.2	Increasing the mobilisation of European partners as regards nutrition	Additional volume of financing used by the European Commission for Nutrition Policy Adoption of a European Commission strategy.
2.2.1	Support the adoption of a nutrition strategy for developing countries by the European Commission and the mobilisation of tailored financial instruments	
2.2.2	Support the mobilisation and coordination of Member States and European actors in favour of nutrition	
2.2.3	Establish public-private partnerships to mobilise resources	
2.3	Supporting research and international surveillance of emerging issues	Number of published studies and research projects financed by France
2.3.1	Monitoring and research on the co-existence of malnutrition caused by both deficiencies and excesses	
2.3.2	Researching the effectiveness of the various forms of intervention and other controversial subjects and uncertainties	
2.3.3	Distributing the results of research and making the most of them	

Appendix 2: acronyms

AFD	French Development Agency
CILSS	Permanent Inter-State Committee for Drought Control in the Sahel
CNDD	Chronic Non-Communicable Diet-Related Diseases
DFID	Department for International Development
EC	European Commission
GDP	Gross Domestic Product
GPAFSN	Global Partnership for Agriculture, Food Security and Nutrition
GRET	French Research Group for Technological Exchange
IDS	Institute of Development Studies
IRD	Institute of Research for Development
MCU	Maternal and child undernutrition
MDG	Millennium Development Goals
NCDs	Non-communicable diseases
NUSAPPS	Nutrition, Food Security and Public Policy in the Sahel
ODA	Official Development Assistance
RUTF	Ready to Use Therapeutic Food
SCN	Standing Committee on Nutrition
UN	United Nations
UNICEF	United Nations Children’s Fund
WAHO	West African Health Organisation
WFP	World Food Programme
WHO	World Health Organisation
RUTF	Ready to Use Therapeutic Food
SCN	Standing Committee on Nutrition
UNICEF	United Nations Children’s Fund

Appendix 3: bibliography

- Chastre C., *Enhancing EC's Contribution to Address Maternal and Child Undernutrition and its causes, Background Paper for the Seminar*, European Commission, May 2008.
- Comité d'aide au développement, *Mémorandum de la France sur ses politiques et programmes en matière d'aide publique au développement*, OCDE, décembre 2007.
- European Commission, *Enhancing EC's Contribution to Address Maternal and Child Undernutrition and Its Causes, Concept Note*, European Commission, January 2009.
- Fogel R., *Economic Growth, Population Theory, and Physiology: The Bearing of Long-Term Processes on the Making of Economic Policy, Nobel Lecture*, December 9, 1993.
- GRET, *Amélioration de l'alimentation des jeunes enfants en zone urbaine à Madagascar, rapport d'activité 2008 Nutrimad volet urbain*, GRET, 2008.
- Gwatkin R. et al., *Socio-Economic Differences in Health, Nutrition, and Population Within Developing Countries, An Overview*, World Bank, 2007.
- Horton R., *Maternal and Child Undernutrition: An Urgent Opportunity*, The Lancet, 2008.
- Horton S., Alderman H., Rivera J., *Copenhagen Consensus 2008 Challenge Paper, Hunger and Malnutrition*, Copenhagen Consensus Centre, 2008.
- Hunger Task Force, *Report to the Government of Ireland*, 2008.
- IRD, CILSS, MAE, *Recueil d'expériences en matière d'information nutritionnelle dans un contexte de surveillance et d'alerte précoce dans les pays du CILSS: éléments de réflexion à partir des missions diagnostics au Niger, Mali, Sénégal, Mauritanie, Gambie et Tchad*, IRD/CILSS/MAE, 2006.
- Le Bihan G., Delpeuch F., Maire B., *Nutrition et politiques publiques, propositions pour une nouvelle approche des enjeux alimentaires*, Série Humanité et biosphère, Cahiers de propositions pour le XXI^e siècle, Éditions Charles Léopold Mayer, Paris, 2002.
- Levine R. et Kuczynski D., *Review of the Global Nutrition Landscape, Discussion Paper*, Center for Global Development, 2008.
- Martin-Prével Y., Delpeuch F., *Faim et malnutrition au Sahel: remobilisation nécessaire*, Sciences au Sud n° 41 – Tribune, IRD, 2007.
- NUSAPPS, *Nutrition, sécurité alimentaire et politiques publiques au Sahel, Informer pour mieux décider, rapport d'activités de septembre 2007 à septembre 2008*, CILSS, 2008.
- OMS, *Obésité et surpoids*, Aide-mémoire n° 311, 2006.
- Shekar M. et al., *Mainstreaming Nutrition into Poverty Reduction Strategy Papers: What Does It Take? A Review of the Early Experience*, World Bank, 2006.
- Sumner A. Lindstrom J., Haddad L., *Greater DFID and EC Leadership on Chronic Malnutrition: Opportunities and Constraints*, IDS, 2007.
- Standing Committee on Nutrition, *5th Report on the World Nutrition Situation*, SCN, 2004.
- The Lancet Series:
Maternal and Child Undernutrition, 2008:**
- Black R., Allen L., Bhutta Z., Caulfield L., de Onis M., Ezzati M., Mathers C., Rivera J., *Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences*.
- Victora C., Adair L., Fall C., Hallal P., Martorell R., Richter L., Sachdev H., *Maternal and Child Undernutrition: Consequences for Adult Health and Human Capital*.
- Bhutta Z., Ahmed T., Black R., Cousens S., Dewey K., Giugliani E., Haider B., Kirkwood B., Morris S., Sachdev H., Shekar M., *What Works? Interventions for Maternal and Child Undernutrition and Survival*.
- Bryce J., Coitinho D., Darnton-Hill I., Pelletier D., Pinstrop-Andersen P., *Maternal and Child Undernutrition: effective action at national level*.
- Morris S., Cogill B., Uauy R., *Maternal and Child Undernutrition: Effective International Action Against Undernutrition: Why Has It Proven So Difficult and What Can Be Done to Accelerate Progress?*
- The Lancet, *Série sur la malnutrition maternelle et infantile – Résumé*, The Lancet, 2008.
- UN, *The Millenium Development Goal Report*, UN, 2005.
- UNICEF, *Progress for Children, A World Fit for Children, Statistical Review*, Number 6, UNICEF, December 2007.
- UNICEF, The Micronutrient Initiative, *Vitamin and Mineral Deficiency, A Global Progress Report*, UNICEF/MI, 2004.
- WHO, *Preventing Chronic Diseases: A Vital Investment*, WHO, 2005.
- World Bank, *Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action*, World Bank, 2006.
- World Bank, *From Agriculture to Nutrition Pathways, Synergies, and Outcomes*, World Bank, 2007.

Over half of the world's population is affected by one form of malnutrition or another, undermining their physical and cognitive capabilities. Its damaging effects restrict the development of entire societies and contribute to the persistence of poverty. Furthermore, the current international food, financial and economic crises are exacerbating the situation.

The many causes of malnutrition call for a multi-sectoral approach which is present in this strategic policy paper, *Nutrition in Developing Countries*, adopted on 14 February 2010 by the Joint Secretariat of the Interministerial Committee for International Cooperation and Development. This publication offers a cooperation framework to help countries fight maternal and child malnutrition while contributing to more efficient international mobilisation.

Directorate-General of Global Affairs, Development and Partnerships of the French Ministry of Foreign and European Affairs

The missions of the French Ministry of Foreign and European Affairs are:

- summarize information on the changing global economy and put it into perspective, prepare decisions on the French government's foreign policy;
- draft France's foreign policy;
- coordinate France's international relations;
- protect French interests abroad and assist French nationals outside France.

The creation of the Directorate-General of Global Affairs, Development and Partnerships (DGM) in April 2009, as part of the reform of the Ministry, enables diplomacy to anticipate, identify and respond to the challenges of globalisation more effectively.

Confronted with global issues that have a direct impact on the lives of our citizens and multiple actors, the Ministry intends to emphasise the need to tackle global issues, in the firm belief that every major economic, cultural and societal issue calls for collective action with more outward focus, anticipation, interministerial coordination, responsiveness, interdisciplinarity and a resolutely European approach.



Directorate for Communication and the Spokesperson's Office

www.diplomatie.gouv.fr