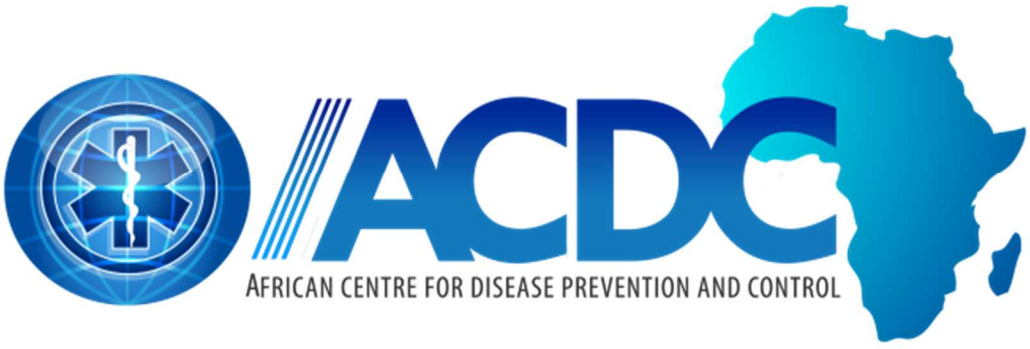
AFRICA HEALTH ORGANISATION

AHO Plan of Action on

Reduction of Chronic Malnutrition

Tackling Chronic Malnutrition in Children and vulnerable groups in Africa

Partners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EMPOWERING AFRICAN WOMEN AND GIRLS


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Preface

Malnutrition during the preconception period, life *in utero*, childhood, and throughout life course increases the risk of illness and premature death. The earlier malnutrition occurs, the more severe its consequences. Furthermore, it has a deleterious effect on growth and development and can even blunt the immune response and reduce physical, mental and learning capacity. Much more recent, however, and still evolving, is knowledge about the relationship between poor nutrition during critical periods of prenatal and postnatal life and the risk of chronic noncommunicable diseases in adulthood.

Short stature in women increases obstetric risk to the mother, and maternal malnutrition affects foetal growth and development, increasing the number of newborns with intrauterine growth retardation and neonatal morbidity and mortality. It is also associated with a decrease in human capital, lower productivity and individual and group income, and higher social expenditure due to avoidable deaths, care and treatment of the consequences of malnutrition, and the cost attributable to years of productive life lost, thus perpetuating the cycle of malnutrition and poverty.

Population groups at the lower levels of the socioeconomic scale have higher morbidity and mortality rates, and this association is manifested throughout the social hierarchy. The underlying mechanisms are complex and probably differ from country to country and culture to culture. Part of this complexity derives from the fact that socioeconomic status is not a directly observable variable but a multifactorial construct, woven into a framework of physical, environmental, and personal circumstances that interact, mutually impact one another, and tend to be perpetuated intergenerationally.

A key component of this framework is nutrition, which is not a simple intermediary factor between the individual and household economy and health, but also plays a causative role of its own in both senses: as a link between the economy and health and as a crucial factor in development

Graciano Masauso
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Introduction

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2. A key component of this framework is nutrition, which is not a simple intermediary factor between the individual and household economy and health, but also plays a causative role of its own in both senses: as a link between the economy and health and as a crucial factor in development.

3. Malnutrition during the preconception period, life *in utero*, childhood, and throughout life course increases the risk of illness and premature death. The earlier malnutrition occurs, the more severe its consequences. Furthermore, it has a deleterious effect on growth and development and can even blunt the immune response and reduce physical, mental and learning capacity. Much more recent, however, and still evolving, is knowledge about the relationship between poor nutrition during critical periods of prenatal and postnatal life and the risk of chronic noncommunicable diseases in adulthood.

4. Short stature in women increases obstetric risk to the mother, and maternal malnutrition affects foetal growth and development, increasing the number of newborns with intrauterine growth retardation and neonatal morbidity and mortality. It is also associated with a decrease in human capital, lower productivity and individual and group income, and higher social expenditure due to avoidable deaths, care and treatment of the consequences of malnutrition, and the cost attributable to years of productive life lost, thus perpetuating the cycle of malnutrition and poverty.

5. Chronic malnutrition, whose marker *par excellence* is low height-for-age, is the result of multiple factors, among which the following must be distinguished: immediate causes, such as maternal malnutrition, poor diet, and repeated infections; underlying causes, such as low levels of maternal schooling, adolescent pregnancy, poor maternal and child care, poor parenting practices, and lack of access to basic sanitation and health services, among others; and, finally, basic causes, such as inequality of opportunities, exclusion and discrimination on the basis of gender, race, or political belief. These factors act synergistically and simultaneously over prolonged periods.

6. Low height-for-age objectively reflects imbalances in health determinants; it is relatively easy to measure and is part of the routine nutrition and health assessment. Furthermore, it provides a means of evaluating social inequities between countries and regions. It is therefore considered a proxy for the living conditions of the population and a useful indicator for the medium- and long-term monitoring and assessment of policies and programs for poverty reduction. All of these

factors make it a useful tool in advocating for the establishment of policies and programs for poverty reduction.

Background

7. This Strategy and Plan of Action for the Reduction of Chronic Malnutrition proposes a series of innovative actions for meeting, in an integrated and intersectoral manner. It furthermore strengthens the activities proposed in the Strategy and Plan of Action on Nutrition in Health and Development, and in the AHO Strategic Plan 2020-2030, and incorporates the principles of primary health care renewal, health promotion, and social protection. The Strategy focuses on family and community health, gender equality, and interculturalism as its frame of reference and responds to human rights conventions and commitments.

Conceptual framework

8. For operational purposes, chronic malnutrition is defined as height-for-age of more than two standard deviations (SD) below the reference standards, which, excepting a minority of cases attributable to other biological causes, reflects the outcome of the cumulative effect of adverse nutritional, health, and social conditions that have affected or are affecting growth rate.

Principles

(a) Emphasize the modification of determinants rather than simply addressing their effects.
(b) Target activities not only to individuals but also to highly vulnerable geodemographic areas, and to reducing inequalities in access.
(c) Promote a multisectoral approach that addresses social and environmental health determinants.
(d) Recognize opportunities for intervention throughout the life course.
(e) Coordinate joint activities at the local, national, transnational, and regional levels.
(f) Identify integrated, sustainable, evidence-based interventions and formulate, monitor, and evaluate them in a unified manner.
(g) Ensure autonomy, the exercise of human rights, and social participation.

Proposal

Strategy

28. This strategy is based on a health determinants approach to the reduction of inequalities and on the life-course approach within the framework of family and community, autonomy, exercise of human rights, a gender-responsive approach, and interculturalism. Its principles are the renewal of primary health care, health promotion, and universal social protection, for which five strategic areas are proposed:

(a) *Generation and exchange of strategic information and lessons learned for evidence-based decision-making.* Promotes nutrition, health, and social determinant surveillance systems and accountability systems that help guide intersectoral policies, plans, and programs for preventing malnutrition and fostering development.

(b) *Advocacy and coordination at the interministerial and interagency level for the development of intersectoral policies and programs.* Targets the highest political level to create the environment needed to establish a suprasectoral coordinating mechanism to coordinate and implement healthy public policies, as well as interministerial plans and programs that help to address the key determinants of nutrition in an integrated and simultaneous manner.

(c) *Capacity building and strengthening of health systems based on the renewal of primary health care* for the delivery of integrated health services, the achievement of universal coverage, and the implementation of interventions of proven efficacy in compliance with global and regional guidelines.

(d) *Integration of activities into the family and community.* Promotes the empowerment of women, adolescent girls, and young girls, and the equal participation of women and men from all populations and their families and communities in planning and decision-making, with particular emphasis on addressing social determinants.

(e) *Mobilization of resources and strategic alliances and partnerships.* Promotes the formation of intersectoral partnerships at the various levels of government, including bilateral and multilateral international cooperation agencies, national NGOs and centers of excellence, as well as the integration of mandates, joint planning, and efficient use of the resources allocated to nutrition, health, and development policies, plans, and programs, fostering the principles set forth in the Paris Declaration and Accra Agenda for Action

Ten-year Action Plan

29. *Goal:* Contribute to the achievement of goals and to the improvement in the health of the peoples of Africa throughout the life course, with a multisectoral, multiethnic, multicultural, and gender-responsive approach that fully respects the right to health.

30. *Purpose:* To improve nutrition, health, and development throughout the life course.

31. *Regional Goal for the Americas by 2015:*

(a) Reduce chronic malnutrition (height-for-age < -2 SD from the WHO reference standard) by five percentage points in children under 5.
(b) Reduce the prevalence of nutritional anemia by five percentage points in pregnant women and children under 5.
(c) Prevent an increase or reduce the prevalence of overweight and obesity.

Objective 1

To develop, strengthen and implement interministerial policies, plans, and programs for nutrition, health, and development that meet the following requirements: a) a social determinants approach; b) resource allocation; c) interministerial coordination and planning; d) active national, municipal, and local government involvement; and e) surveillance, evaluation, and accountability of programs and interventions.

Goal 1
Double the number of countries that have approved policies, plans, and interministerial programs, with resources allocated at the national, municipal, and local levels, to address the determinants of nutrition and health, emphasizing: education for girls and women; food security; household income and purchasing power; adolescent, female, and mother and child health; and access to healthy housing (air quality, clean water, basic sanitation, and hygiene).

Indicator 1
Eight countries have approved policies, plans, and interministerial (health, agriculture, education, labor, environment, housing, women, development and finances) programs, with resources allocated to the national, municipal, and local levels for the prevention of chronic malnutrition and the promotion of development.

Activities for the Local level
1.1 Identify, assess, and rank the role of the main social determinants of nutrition.
1.2 Establish a suprasectoral coordinating mechanism that ensures the participation of ministries and national institutions in the development of comprehensive policies and programs in nutrition and development.
1.3 Identify, mobilize, and allocate interministerial resources for the implementation of policies, plans, and programs.
1.4 Include the fight against malnutrition as a core issue for priority discussion at regional and global summits.
1.5 Include that advances made in nutrition and health in presidential reports to the nation.

Activities for the National Level
1.6 Advocate, at the highest political level, for including the fight against malnutrition as the linchpin that integrates social programs.
1.7 Provide technical cooperation for the analysis and classification of nutrition determinants.
1.8 Provide technical cooperation for joint, coordinated, interministerial planning and the strengthening of decentralized technical cooperation at the local level.
1.9 Document and publicize successful experiences.

1.10 Advocate for the development of decentralized interagency cooperation, in coordination with national authorities, within the framework of the Pan American Alliance for Nutrition and Development and lead strategic partnerships with bilateral and multilateral agencies.

Objective 2
Incorporate indicators of nutritional status and its social determinants into health surveillance systems that are not limited simply to compiling health information but include the analysis of

this information by gender, ethnicity, and geographical area and permit forecasting and the timely prevention of nutritional problems.

Goal 2
Double the number of countries that include indicators of nutritional status[5] and its social determinants in their national health surveillance systems and report biennially on the prevalence of chronic malnutrition, acute malnutrition, overweight, obesity, and anaemia in pregnant women and children under 5.

Indicator 2
Eight countries have up-to-date, timely, reliable, and sustainably obtained information on the prevalence and trends in malnutrition and its social determinants.

Activities for AHO management
2.1 Identify and prioritize, by relevance and timeliness, the indicators for malnutrition determinants.
2.2 Add indicators of nutritional status, health, and development determinants to national statistics systems.
2.3 Establish mechanisms to ensure the quality, relevance, and timeliness of information collected through health surveillance systems.
2.4 Use the information obtained by surveillance systems to devise or reorient intersectoral public policies and programs.
2.5 Ensure the sharing, at the national and international level, of information and lessons learned about the prevalence and trends in nutritional and health status and, as well as the analysis of their determinants.
2.6 Ensure the sharing of successful experiences at the national and international level.
2.7 Implement and incorporate external evaluation of programs by independent entities and set up accountability and social audit mechanisms.

Activities for the AHO technical team
2.8 Advocate, at the highest political level, for the inclusion of indicators of nutritional status and its social determinants in national statistical systems.
2.9 Provide technical cooperation to identify and prioritize, by relevance and timeliness, the indicators of nutritional and health status determinants.
2.10 Give priority to the measurement of height-for-age and weight-for-height as the most important anthropometric indicators for population-wide surveillance.
2.11 Provide technical cooperation for the inclusion of indicators of nutritional and health status, and their determinants, in national statistics systems.
2.12 Provide technical cooperation for incorporating the analysis of nutrition and health determinants into the formulation and reorientation of intersectoral policies, plans, and programs.
2.13 Provide technical cooperation to promote the sharing of information and lessons learned at the national level and between countries.
2.14 Provide technical cooperation and spearhead the implementation of program evaluation systems and accountability and social audit mechanisms.

Objective 3
Increase the number of integrated,[6] intersectoral,[7] evidence-based programs and interventions—rooted in the principles of primary health care renewal, health promotion, universal access, human rights, gender-responsiveness, and interculturalism—in the areas of food, nutrition, health,[10] and development[11]

Goal 3
Increase in the number of vulnerable areas (as determined by the extreme poverty rate or by a prevalence of low height-for-age in excess of 15%[12]) that have implemented integrated intersectoral programs or interventions in the areas of food, nutrition, health, and development.

Indicator 3
Fifty percent of vulnerable municipalities, as determined by the extreme poverty rate or by a prevalence of low height-for-age in excess of 15%, are implementing sustainable, integrated, intersectoral programs or interventions in the areas of food, nutrition, and health.

Activities for AHO management
3.1 The Member States must set objective, concrete goals for the reduction of low height-for-age, low weight-for-age, and nutritional anaemia, and must break down these goals at the departmental, state/provincial, or municipal level, bearing in mind that internal gaps must be bridged or, at the very least, not widened.
3.2 Develop the ability to design, administer, carry out, monitor, and evaluate integrated interventions in food, nutrition, health, and development.
3.3 Mobilize national resources for sustainable implementation of integrated life-course interventions in food, nutrition, health, and development.
3.4 Mobilize resources at the municipal and local level for the sustainable application of integrated life-course interventions in food, nutrition, health, and development.

3.5 Identify a set of life-course interventions for the promotion of adequate diet, monitoring of growth and physical and cognitive development, and women's, maternal, and child health care as an integral part of development-related programs or interventions (education, food production, water and sanitation, healthy housing, income generation, and social participation).
3.6 Establish intersectoral coordination mechanisms at the municipal and local levels for the implementation of life-course interventions that promote adequate diet, monitoring of growth and physical and cognitive development, and women's, maternal, and child health care as an integral part of development-related programs or interventions.
3.7 Undertake activities to promote health services utilization.
3.8 Strengthen the response capacity of intersectoral bodies.

Activities for AHO technical team

3.9 Provide technical cooperation for capacity building for the management, design, implementation, monitoring, and evaluation of integrated food, nutrition, health, and development interventions.[14]

3.10 Engage in advocacy at the different levels to mobilize national resources for the sustainable implementation of integrated food, nutrition, health, and development interventions.

3.11 Provide technical cooperation for the development of a series of integrated interventions to promote an adequate diet, monitoring of growth and physical and cognitive development, and women's, maternal, and child health care as an integral part of development-related programs or interventions.

3.12 Provide intersectoral technical cooperation for any coordination mechanisms established at the municipal and local level.

3.13 Provide technical cooperation for incorporating a life-course, rights-based, gender-responsive, intercultural, and community participation approach into the design and implementation of integrated interventions.

Objective 4

Boost the technical/administrative and decision-making capacity of health workers and personnel from other sectors for the implementation of integrated intersectoral life-course interventions in the areas of food, nutrition, health, and development.

Goal 4

Strengthen the technical and social management capacity of intersectoral human resources programs in the health sector and other sectors working to reduce malnutrition.

Indicator 4

Fifty percent of health workers and personnel from other sectors in vulnerable areas (as determined by the extreme poverty rate or by a prevalence of low height-for-age in excess of 15%) trained in the social management of intersectoral programs for the prevention of malnutrition.

Activities for AHO management

4.1 Develop and finance a national plan for capacity building of human resources in the social management of programs or interventions in the areas of food, nutrition, and health throughout the life-course, including the design, implementation, monitoring, and evaluation of these interventions and their technical and programming content, as well as counselling and direct observation of individuals, their families and their communities.

4.2 Develop the response capacity of the health services and of other sectors, in keeping with the priority food, nutrition, and health issues.

Activities for AHO technical team
4.3 Provide technical cooperation for capacity building of the human resources in the areas of food, nutrition, and health throughout the life-course, including the design, execution, monitoring, and evaluation of these interventions and their technical and programming content, as well as counselling and direct observation of individuals, their families and their communities.
4.4 Mobilize interagency resources for training health workers and developing health service response capacity, in keeping with the priority food, nutrition, and health issues.

Objective 5
Achieve women's empowerment and community participation in health and development planning processes.

Goal 5
Increase the number of vulnerable areas—as determined by the extreme poverty rate or by a prevalence of low height-for-age in excess of 15%—in which women and the community actively take part in community health and development planning.

Indicator 5
Fifty percent of vulnerable areas —as determined by the extreme poverty rate or by a prevalence of low height-for-age in excess of 15%—have established mechanisms for community participation throughout the planning and implementation of their health and development plans.

Activities for AHO management
5.1 Create municipal entities that ensure the involvement of women and community actors in health and development planning.
5.2 Empower communities to take part in plan/program planning and management.

Activities for AHO technical team
5.3 Provide technical cooperation for the creation of municipal entities that permit participatory health and development planning.
5.4 Conduct participatory health and development planning processes in a manner consistent with the UN Convention on the Elimination of All Forms of Discrimination against Women

Objective 6
Establish intersectoral alliances with strategic partners, at the various levels of government that prioritize nutrition, health, and development in their plans and budgets.

Goal 6
Increase the number of intersectoral alliances with strategic partners, at the various levels of government that prioritize nutrition, health, and development in their plans and budgets.

Indicator 6
Fifty percent of vulnerable areas, as determined by the extreme poverty rate or by a prevalence of low height-for-age in excess of 15%, have established intersectoral alliances with strategic partners and prioritized nutrition, health, and development interventions in their work plans and budgets.

Activities for AHO management
6.1 Promote the establishment of strategic partnerships at the various levels of governance between the public sector, society at large, the private sector, academia, bilateral and multilateral cooperation agencies, etc.
6.2 Establish and strengthen links between national and regional projects and initiatives geared to promoting nutrition, health, and development.
6.3 Promote joint planning and the integration of budgets, ensuring effective resource use and preventing duplication of efforts.

Activities for AHO technical team
6.4 Provide technical cooperation to support the establishment of strategic partnerships between the public sector, society at large, the private sector, academia, and bilateral and multilateral cooperation agencies.
6.5 Promote and spearhead the establishment of strategic partnerships among these sectors.

Monitoring and Evaluation of the Plan
AHO shall implement a monitoring and evaluation system to allow the documentation and biennieal reporting of progress in the execution of the Strategy and Plan of Action, as measured by the following indicators:
• Number of countries that have developed intersectoral policies to prevent malnutrition and foster development.
• Number of countries that have established interministerial coordination mechanisms for addressing nutrition and development.
• Proportion of health budgets allocated to integrated, intersectoral interventions aimed at promoting food issues.
• Number of countries with up-to-date information and bienniel reporting on the prevalence of chronic malnutrition, obesity, overweight, and anaemia in children under 5.
• Number of vulnerable areas—as determined by the extreme poverty rate or by a prevalence of low height-for-age in excess of 15%—that have implemented intersectoral programs or interventions that integrate housing, water and sanitation, agriculture, education, and health to promote nutrition and development.

• Number of countries with human resource training plans in place that prioritize intersectoral interventions for addressing nutrition, health, and development.
• Percentage of health ministry workers at vulnerable areas—as determined by the extreme poverty rate or by a prevalence of low height-for-age in excess of 15%—that have received training in the social management of intersectoral programs geared to preventing malnutrition.
• Number of vulnerable areas—as determined by the extreme poverty rate or a prevalence of low height-for-age in excess of 15%—that have mechanisms at the municipal level to permit the participation of women and other community actors in health and development planning.

Financial implications of this Agenda item:
AHO cannot execute this Plan by itself. Cooperation with others and other direct stakeholders is essential for its execution.
The estimated cost of executing the Plan of Action is US$ 460 million per year. This includes maintenance of the current staff, the hiring of additional staff, and the implementation of activities at the regional, subregional, and national level in eight priority countries.

Summary

Recognizing the consequences of child undernutrition for physical and cognitive development, immune response, and the risk of illness or premature death, as well as for educational performance and functional capacity, human capital formation, productivity, and individual and collective well-being;

Recognizing the right of children to develop physically, mentally, morally, spiritually, and socially in a healthy and normal manner and with freedom and dignity;

Recognizing that living conditions and undernutrition early in life contribute to the development of overweight, obesity, and chronic diseases (including diabetes, hypertension, and atherosclerosis, and others), with serious consequences for the wellbeing of the population, the social burden of resulting disability, and the years of productive life lost;

Underscoring that, in the Region of the Americas, the height-for-age indicator is a better reflection of both prolonged lack of access to an adequate diet and the effect of other social factors associated with poverty;

Reiterating that nutrition is a determinant of human development and, at the same time, is affected by a series of social and economic determinants;

AHO urges Members to:
(a) give priority to intersectoral actions for the prevention of chronic malnutrition; (b) promote dialogue and coordination between ministries and other public institutions, as well as between the public and private sectors and civil society, in order to achieve national consensus on the social determinants and life course approaches to the prevention of chronic malnutrition;

(c) propose and implement interministerial policies, plans, programs, and interventions with a view to preventing chronic malnutrition at all levels of government of the Member States;

(d) set up an integrated monitoring, evaluation, and accountability system for policies, plans, programs, and interventions that will make it possible not only to determine their impact in terms of reducing chronic malnutrition but the situation of their social determinants and guide timely decision-making;

(e) put processes in place for internal review and analysis of the relevance and viability of the Strategy and Plan of Action based on national priorities, needs, and capabilities.

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