



2013 Lancet Series (on nutrition) Launch and Roundtable Meeting

August 29, 2013.

Introduction

The Lancet published a landmark series of papers on Maternal and Child Under nutrition through the combined knowledge and expertise of academics and agencies, including experts at World Health Organization. These papers will serve to catalyze the international community to bring Nutrition more squarely on the global agenda. The papers bring to bear evidence on the critical role of early nutrition in the health of children, making it clear that the golden period of intervention for nutrition is between pregnancy and 24 months.

While highlighting that nutrition is a desperately neglected aspect of maternal, newborn and child health, it advocates for preventing maternal and child under nutrition as a long-term investment that will benefit the current generation and the next. The World Health Organization regards nutrition as a foundation for health and recognizes that over a third of child deaths, or 3.5 million, are due to under nutrition. It affirms the need for renewed and concerted action towards reducing under nutrition. This was the subject of a series of papers published in 2008.

To bring issues highlighted in the Lancet Series to the fore, the United Nations Children Emergency Fund (UNICEF) partnered with Save the Children International to hold a one day roundtable and launch of the 2013 Lancet Series on August 29, 2013.

The round table brought together partners, key decision makers and stakeholders at the state and national level who can make decisions that will ensure the scale up of cost effective nutrition interventions

A total of five presentations were made with one group working session. At the end of the event, participants discussed and reviewed some of the recommendations made on the Lancet series and came up with a communique.

The meeting had a total of 40 participants in attendance and was facilitated by Dr. Ibrahim Oloriegbe, National Programme Manager, Working to Improve Nutrition in Northern Nigeria (WINNN).

RATIONALE

The first Lancet Series on Nutrition, published in 2008 focused on the crucial period from conception to a child's second birthday. The publication and recommendation given on the Lancet Series 5 years ago stimulated tremendous increase in political commitment for the reduction of under-nutrition at the global and national level. The main outcome being the Scaling up Nutrition (SUN) Movement.

Five (5) years after the last series, the burden of maternal and child under-nutrition is still a problem in middle and low income countries. Improvement in Nutrition intervention remains an unfinished agenda. For instance in Nigeria there is no dedicated budget line for nutrition activities.

Technical presentations

SUN Initiative: The journey so far in Nigeria

The presentation was made by Dr. Chris Isokpunwu, Head of Nutrition, Federal Ministry of Health. The presentation highlighted that the Lancet demonstrated the availability of thirteen proven nutrition interventions that could address the problems of malnutrition and save millions of lives. The set of interventions focused on the 'window of opportunity' from minus 9 to 24 months (i.e. from conception to 2 years of life) for high impact in reducing death and reducing and avoiding irreversible harm.

Nigeria joined the SUN movement in November 2011 and a multi-sectoral stakeholder platform; the Nutrition Partners Platform, was identified to drive the movement. The platform expanded the nutrition space with increased private sector participation and made nutrition a national development issue. It also increased resources for nutrition specific interventions. Concluding his presentation, Dr. Isokpunwu said some of the challenges being faced with the SUN movement include low public funding for nutrition interventions, and little or no participation of the state and local governments.

The Lancet Series 2013: A new conceptual framework

Made by Dr. Davis Omotola of UNICEF, the presentation looked at the underlying causes of malnutrition which can be grouped into three broad categories namely: food insecurity, inadequate care, and poor public health. To address these issues, the Lancet series called on greater priority for national nutrition programs, stronger integration with health programs, enhanced inter-sectoral approaches and greater focus on coordination.

Concluding his presentation, Dr. Omotola noted that under-nutrition has many inter-related causes which need to be identified in order to effectively design an emergency response. The Lancet conceptual framework for under-nutrition is a useful tool for understanding the interventions to be applied. It describes three levels of interventions: Nutrition specific, Nutrition sensitive and building of an enabling environment.

Maternal and Child Under-nutrition and Overweight in Low-income and Middle-income Countries by Mrs. Beatrice Eluaka

Introducing her paper, Mrs. Eluaka pointed out that maternal and child malnutrition in low-income and middle-income countries encompasses both under-nutrition and a growing problem with overweight and obesity.

She also emphasized that despite all interventions aimed at encouraging exclusive breastfeeding for the first six months of life, only about 30% or less of women practice exclusive breastfeeding in major UN regions. This has contributed to the prevalence of maternal overweight which has had a steady increase since 1980 and exceeds that of underweight in all regions.

Concluding her presentation, Mrs. Eluaka reiterated that new evidence strengthens the case for a continued focus on the critical 1,000 day window during pregnancy and the first two years of life, highlighting the importance of intervening early in pregnancy and even prior to conception.

Evidence-based interventions for Improvement of Maternal and Child Nutrition: What can be done and at what cost in Nigeria?

The presentation was made by Paul Mudzongo of UNICEF who emphasized that under-nutrition, including fetal growth restriction, suboptimum breastfeeding, stunting, wasting, Vitamin A and zinc, are underlying causes for 45% of child deaths.

He summarized the benefits that will be recorded if 10 nutrition specific interventions are scaled up with 90% population coverage as follows:

- Mortality in children 5 years could be reduced by 15%
- -35% (19-43) reduction in diarrhoea-specific mortality
- -29% (16-37) reduction in pneumonia-specific mortality
- -39% (23-47) reduction in measles-specific mortality
- Stunting overall reduced by at least 20%
- Severe wasting reduced overall by 61%
- The evidence for various interventions at various stages assessed and also reviewed delivery platforms for the interventions

The presentation divided the interventions into maternal interventions (daily iron, multiple micronutrient and calcium supplementation, balanced energy protein supplementation, and folic acid supplementation), and nutrition interventions in infants and children (breastfeeding within the first 24 hours of birth, counseling, educational interventions, promotion and consumption of a minimum acceptable diet with dietary diversity, Vit A and preventive zinc, and management of acute malnutrition). Supplementation, also looked at specific interventions for different groups.

Nutrition-sensitive Interventions and Programs: How can they help to accelerate progress in improving maternal and child nutrition?

Presented by Prof. Ngozi Nnam; President, Nutrition Society of Nigeria, the paper was divided into three sections

- What are nutrition sensitive interventions and programs
- How can the nutrition sensitive interventions and programs help to accelerate progress in improving maternal and child nutrition.
- Ways of improving nutrition sensitivity of the programs to improve maternal and child nutrition

She defined nutrition sensitive interventions as programs that address the underlying determinants of malnutrition and development and incorporate specific nutrition goals and actions. Nutrition-sensitive programs can serve as delivery platforms for nutrition-specific interventions potentially increasing their scale, coverage and effectiveness. They include Agriculture, Social safety nets, early child development, and schooling.

He further analyzed specific contributions that each intervention will make to reducing malnutrition.

Concluding her presentation, Prof. Nnam emphasized the need to improve nutrition sensitivity of programs by adequate targeting of communities and individuals.

The Politics of Reducing Malnutrition: Building Commitment and Accelerating Progress:

This presentation by Dr. David Olayemi of Save the Children took a comparative look at the nutrition landscape between 2008 and 2013 which highlighted among other things that the launch of the Scaling Up Nutrition (SUN) Movement in 2010 which marked a major stepping stone towards improved stewardship of nutrition architecture.

However, to translate momentum into results, especially in high-burden countries, training, knowledge and evidence , politics, governance, capacity and financial resources are pivotal to creating and sustaining political momentum and subsequently, translating momentum into results.

Concluding his presentation, Dr. Olayemi presented the following four key messages:

- Enabling environments are needed to bring stakeholders together in harmony for nutrition
- Leadership at all levels is fundamentally important for creating and sustaining momentum and converting it to impact.

- Operational research on how to scale up and a shift to the “Why?” and “How?” as well as the “What” of effectiveness
- Under-nutrition can be accelerated through deliberate action

Question and Answer Session

At the end of presentations, participants were given an opportunity to ask questions and make contributions to further enrich discussions. Excerpts from the Q&A session are below:

- Understanding the nutrition architecture in Nigeria is difficult; what structure should be delivering nutrition; what resources? A lot of interventions are taking place but there is a lot of fragmentation. There is need for a clear structure.
- There is a strong relationship between exclusive breastfeeding and maternal weight gain. A woman is expected to gain 11-12kg during pregnancy and about 4kg of the weight goes to the breast. This means that exclusive breastfeeding will help to shed the weight after delivery.
- What kind of partnership is government trying to build with the private corporation’s e.g. Nestle.

Responding to the issue of the nutrition architecture in Nigeria, Dr. Chris stated that on the delivery platform, nutrition policies at the national level are not binding at the state and local government levels. There is need to advocate at the state level for nutrition policies to be adopted. He also pointed out that even though the government at the national level is responsible for policies and creation of guidelines, inputs should come from the states and local governments for ownership purposes.

The government at the national level should ensure that funds are raised before approaching the states for counterpart funding.

Group Work

Participants were divided into four groups for the group work session. Each group was presented with a set of messages/ recommendations from the Lancet Series. The groups discussed the messages and adapted them to the Nigerian context. Messages that were not relevant were removed following group debates. Below are excerpts from the group work session:

Group 1:

The group focused on ‘*Key messages on disease burden due to Nutritional conditions*’ which had a total of 10 messages for the group to consider. At the end of discussions, the group agreed on the following:

On key points 4(Maternal overweight and obesity are associated with maternal morbidity, preterm birth, and increased infant mortality) ,5 (Fetal growth restriction is associated with maternal short stature and underweight and causes 12% of neonatal deaths), 7(Suboptimum breastfeeding results in more than 800000 child deaths annually), and 9(Prevalence of overweight and obesity is increasing in children younger than 5 years globally and is an important contributor to diabetes and other chronic diseases in adulthood): there was no data from the group to substantiate information given in the three messages; however, the group agreed that they were relevant within the Nigerian context

On key points 1(Iron and calcium deficiencies contribute substantially to maternal deaths) and 2 (Maternal iron deficiency is associated with babies with low weight (<2500g) at birth): The group agreed that the two messages were relevant based on data from NDHS and MICS 2008 and 2011 respectively.

Key point 6 (Stunting prevalence is slowly decreasing globally, but affected at least 165 million children younger than 5 years in 2011; wasting affected at least 52 million children) : The group agreed that stunting is decreasing in but at a slow rate. Evidence is in MICS 2011. Cases of overweight is increasing from 25% - 31%. Wasting is also decreasing (MICS 2011).

Key point 8(Undernutrition, including fetal growth restriction, suboptimum breastfeeding, stunting, wasting, and deficiencies of vitamin A and zinc, cause 45% of child deaths, resulting in 3.1 million deaths annually): the group agreed that Nigeria's prevalence is 60%. Zinc deficiency in under 5's is 20% while vitamin A deficiency in the same group is 23%.

Key points 3(Maternal and child under nutrition, and unstimulating household environments, contribute to deficits in children's development and health and productivity in adulthood) and 10 (under nutrition during pregnancy, affecting fetal growth, and the first 2 years of life is a major determinant of both stunting of linear growth and subsequent obesity and non-communicable diseases in adulthood): The group said these two points were relevant based on the Early Childhood Care and Development (ECCD) data presentation.

Based on the above, the group made the following recommendations

1. There should be a national nutrition survey to measure some key issues such as maternal and infant mortality.
2. There should be nutrition education at all levels including ANC
3. Promotion of appropriate infant and young child nutrition especially at the household community level.

Group 2:

The group looked at 'Key messages on nutrition-specific interventions'. They agreed that all the messages were relevant to the Nigerian context and therefore came up with the following recommendations:

1. Strengthen community and facility IYIF counseling
2. Micro-nutrient and calcium supplementation for pregnant women brought to scale
3. Continue community management for acute malnutrition
4. Regulation of junk food as a way of curbing obesity

Group 3:

Group 3 discussed 'key messages on nutrition-sensitive interventions and programs'.

The group unanimously agreed that all the messages were relevant to the Nigerian context and made the following recommendations:

1. Education of every girl child: every girl child must go to school. Nutrition should be included as a core part of the curriculum in schools.
2. Media adverts should carry nutrition specific information. Employing technology/telecommunication industries in the nutrition movement.
3. Bio-fortification of locally available foods.

Other points

1. Agriculture: bio-fortification of agricultural products for improved yield of nutrients

Increased agricultural food production

How?

- Give farmers incentives: accessible incentives eg fertilizers, tractors, high yielding crops etc.
 - Sensitizing them on new crop introductions and farming techniques
 - Government should adopt agriculture as an intervention strategy for unemployment.
2. Social safety net:
 - Food should be given as transfers, not cash
 - Food to be transferred should meet the specific nutrient needs of the community
 - Transfers should be conditional
 - Transfers should target child care clinics and immunization clinics
 3. Early child development:
 - Ensure adequate nutrition for adolescent girls who are future mothers
 - Ensure exclusive breastfeeding by encouraging creches in work places and laws to back up the existence of such and defaulters checked and punished.
 - Addressing post-partum and other forms of depression in women by forming support groups.
 4. Education:

- Including nutrition as a core part of school curriculum
- Having nutrition clubs in schools, including religious groups for women Islamia schools, church women groups, local community groups etc.
- Media adverts on foods should possess a strong nutrition message.
- Government should make it as a mandate for private organizations producing foods to educate people on how to prepare their products nutritionally.

Group 4:

The group focused on 'Key messages on enabling environment for Nutrition'. For the group, all the messages were relevant to the Nigerian context. They made the following recommendations:

1. Creation of a budget line devoting a percentage of the total budget to nutrition
2. Formulation and adoption of a food and nutrition policy
3. Entrenchment and accountability and coordinating structures to ensure appropriate utilization of funds.

Conclusion

The Lancet series has highlighted nutrition as a desperately neglected aspect of maternal, newborn and child health. However, it advocates for preventing maternal and child under-nutrition as a long-term investment that will benefit the current generation and the next. It is hoped that recommendations from the roundtable meeting will provide partners, key decision makers and stakeholders at the state and national level a platform to scale up cost effective nutrition interventions.

Next Steps

- To strengthen the national SUN CSO platform to advocate on the recommendations made at the launch.
- To prepare position papers on each of the key recommendations
- To carry relevant messages from the Launch to subnational platforms
- To sensitize the media on the significance of the Lancet series
- Support national and subnational nutrition champions to carry out advocacy based on the recommendations.

Appendix 1: Participants' registration list

S/N	Name	Organization	e-mail
1.	Prof. Ngozi Nnam	Nutrition Society of Nigeria	ngnnam@yahoo.com
2.	Dr. Ibrahim Oloriegbe	Save the Children International	ibrahim.oloriegbe@savethechildren.org
3.	Dr. Folu Olatona	APHPH	folatona@gmail.com
4.	B. D. Omotola	UNICEF	bomotola@unicef.org
5.	Paul Mudzongo	UNICEF	pmudzongo@unicef.org
6.	Dr. Catherine Eyo	Medical Women Association of Nigeria	catherineeyo@gmail.com
7.	Chinwe Ezeife	NPHCDA	chinwezeife@yahoo.com
8.	Dr. Chris Osa Isokpunwu	FMOH	osachris@yahoo.com
9.	Peter Inalegwu	National Trail Newspapers	
10.	Karina Lopez	Save the Children	Karina.lopez@savethechildren.org
11.	Beatrice Eluaka	Save the Children/ SPRING	beluaka@spring-nutrition.org
12.	Mathilda Banwat	APHPN	mathildabanwat@yahoo.com
13.	Ebun Odujinrin	Medical Women's Association of Nigeria	ebunoduj@yahoo.com
14.	Catherine Eyo	MWAN	catherineeyo@gmail.com
15.	Judd Leonard Okafor	Daily Trust	juddleanard@yahoo.com
16.	Shehu Aisha Isaku	Daily Trust	ayeesual@gmail.com
17.	Stephen Ayuba	Ministry of Economic	stepayuba@yahoo.com

		Planning, Gombe	
18	Okeke John	Guardian	Okeke_jc@yahoo.com
19	Ramatu Budah Aliyu	Save the Children	ramatubudah@yahoo.co.uk
20	Assaye Toue	UNICEF	bassaye@unicef.ou
21	Chidi Agbaraji	Save the Children	chidiagbaraji@yahoo.com
22	Hon. Mohammed Kabir Janyan	Commissioner, SMOH, Zamfara	mkjanyan@gmail.com
23	Saidatu Umar	FMWASD	umarusaadatumanu@yahoo.com
24	Okoro Clementina	FCT PHCDA	eberecee@gmail.com
25	Ibanga Imoh	FIDA Nigeria	fidanigeria@yahoo.com
26	Chizoba Unaeze	International Medical Corps	Nigeriapo@internationalmedicalcorps.org
27	Christiana Yunanah	NPC	Christy.yuana@gmail.com
28	Edna D. D. Azuwa	NCWS	
29	Uche Chuta	NUJ Abuja	ucheonyechuta@yahoo.com
30	Nkechi Osuagwu	ACEF	
31	Chioma Mmiriukwu	NSF-FCT	cdmmiriukwu@gmail.com
32	Peter Oladele	UNICEF	poladele@unicef.org
33	Emmanuel Diugwu	Hot 98.3 FM	diugwuemmanuel@yahoo.com
34	Oluniyi Oyedokun	UNICEF	ooyedokun@unicef.org
35	Dr. Iyawe Hanson	Nutrition Society of Nigeria	iyawehanson@yahoo.com
36	Dr. Manuel Oyinbo	Save the Children	
37	Halima Kyari	Save the Children	
38	Dr. David Olayemi	Save the Children	
39	Olayinka Adekugbe	Save the Children	
40	Hope Oduma	Save the Children	

Appendix 2

Communiqué Issued at the End of a Roundtable Discussion on 2013 LANCET Series on Nutrition held on the 29th of August 2013 at Hawthorn Suites Abuja.

PREAMBLE

In Nigeria, 10.9 million children under five are stunted by malnutrition, meaning their physical and cognitive development is impaired and they are unable to reach their full potential. It is estimated that maternal and child under-nutrition is the cause of 3.5 million deaths annually. Globally, malnutrition causes 2.3 million child deaths every year and has tangible impacts on the economic and social development of countries affected. It can undermine future earning potential by as much as 20% and inhibit economic growth by as much as 3% of GDP. Today's malnutrition rate could knock \$125 billion off global output by 2030 when these children reach working age. In recent years great progress has been made in preventing child deaths and improving child development in Nigeria, but unless the stubborn problem of malnutrition is effectively tackled, there is a high risk that these hard-won gains will be lost.

It's against this background that save the children and UNICEF organized a roundtable discussion of state and non-state actors on nutrition on the 2013 lancet series on the 29th of August 2013 in Hawthorn suites Abuja. The discussion gave the stakeholders an opportunity to look at strategies that will ensure the scale up of cost effective nutrition interventions with special focus on the 2013 lancet series targeting Nutrition intervention strategies.

The Lancet is one of the world's best known weekly peer reviewed medical journal that launched a series to highlight clinically important topics and areas of health and medicine often overlooked by mainstream research programmes and other medical publications. Many of the series have the specific aim of raising the profile of these neglected areas as an advocacy tool to inform health policy so as to improve human development often overlooked by mainstream research programmes and medical publications.

The round table provided stakeholders with the opportunity to discuss and review some of the recommendations made on the Lancet Series 2013 and agree what recommendations stakeholders can make to Nigerian governments. The discussion was guided by the 2013 Lancet series framework that outlines Nutrition intervention from four critical areas;

1. Nutrition specific interventions that address the immediate causes of suboptimal growth and development
2. Nutrition sensitive interventions that address the underlying determinants of malnutrition
3. Specific nutrition goals and actions to be taken and achieved (Disease burden due to Nutritional conditions)
4. How to build an enabling environment to support the nutrition interventions and programs to enhance growth and development

Observations

- Participants agree that the LANCET series have made critical suggestions towards addressing issues of malnutrition around the world but it is critical for every country to focus on issues that are more specific to their country.
- It was clearly observed that malnutrition remains a major health and development issue in Nigeria and contributes to as much as 50% of under-five mortality in the country.
- The first 1000 days of a child's life (from conception until the first two years of life) is the most important time for any type of intervention as effect of under-nutrition after a child reaches the age of two years could be irreversible.
- It's also important to look at indirect intervention strategies towards addressing the issue of nutrition in Nigeria which may not achieve instant impact but long term impact e.g women empowerment programmes.
- Though Nigeria joined the international movement against malnutrition; Scaling up Nutrition (SUN) two years ago, it's yet to be officially launched. Key opportunities and challenges facing the platform were discussed thoroughly with key action points discussed towards scaling up the platform.
- The government of Nigeria has made a commitment to provide \$30million to address malnutrition in the country and \$10million has already been released which is a good progress.
- For Nigeria to achieve their goal of combating malnutrition in Nigeria, both states and local governments have to take part in the process by providing budget lines for nutrition intervention strategies.

Recommendations

The meeting therefore recommended the following action points based on the four 2013 Lancet series framework themes;

Key Messages on Nutrition Specific Interventions

- Strengthen and scale up community and facility IYCF counseling
- Provide Micronutrient supplementation for all pregnant women (folic acid and calcium) though further evidence must be provided to back the effectiveness of calcium.
- Scaling up of the implementation of Community Management of Acute Malnutrition for Severe Acute Malnutrition.

Key Messages on Nutrition Sensitive Intervention

- Bio-fortification of selected staple foods as evidence of the effectiveness of bio fortification continues to grow for other micronutrient and crop combinations.
- Empower women through targeted awareness creation and focus more on behavioral change communication to change nutrition unfriendly norms that promote practices that lead to child malnutrition e.g distribution of resources amongst family members that gives preference to the fathers.
- Adverts on food products should carry nutritional messages and encourage nutritional practices.

Key messages on disease burden due to Nutritional conditions

- Carry out a national food consumption and nutrition survey
- Nutrition Education and Antenatal care
- Promotion of appropriate IYCF at household and community levels.

Key Messages on Enabling Environment for Nutrition

- Formulation and adoption of Nutrition friendly policies by Government at all levels.
- Entrenchment of accountability and coordinating structures to ensure appropriate use of funds.