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**INFANT AND YOUNG CHILD NUTRITION:
SITUATION ANALYSIS AND PROSPECTS
IN THE AFRICAN REGION**

Report of the Regional Director

EXECUTIVE SUMMARY

1. Malnutrition remains one of the most frequent causes and determinants of morbidity and mortality in children worldwide. More than one-third of under-five children are malnourished - they are stunted, wasted or deficient in iodine, vitamin A or iron.
2. In the face of this challenging global and regional situation, WHO and UNICEF decided to undertake a global consultation on infant and young child nutrition. This initiative that started in March 2000 in Geneva will end in 2002 with the adoption of a global strategy on infant and young child nutrition for the decade. This document is a contribution of the Regional Committee for Africa to the ongoing reflections on the initiative.
3. The situation of infant and young child nutrition in Africa is worsened by poverty, natural disasters, wars, socio-political upheavals and massive population displacements.
4. Protein-energy malnutrition is increasing on the African continent whereas it is decreasing in other regions of the world. Each year, micro-nutrient deficiencies take a heavy toll on infants and young children. The risk of HIV/AIDS transmission through breast-feeding is creating additional problems in poor countries with a high prevalence of HIV infection.
5. The African Region could take the opportunity offered by the drawing up of the global strategy to assess progress made in the area of infant and young child feeding and adapt national nutrition programmes to the orientations given in this new strategy.
6. The Regional Committee is invited to examine this document and make recommendations for improvement of the African Region's contribution to the updated global strategy on infant and young child nutrition.

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INTRODUCTION

1. In 2000, the Fifty-third World Health Assembly reaffirmed the importance accorded by the Member States to WHO activities related to infant and young child nutrition.¹ It decided, together with UNICEF, to undertake a new initiative² for the adoption of an updated strategy on “infant and young child nutrition”. The preparation process of this strategy should result in the submission to the World Health Assembly in 2002 of a document amended and enriched by all the regions.
2. This document analyses the situation of infant and young child nutrition in the African Region and describes the prospects and conditions of implementation of an effective strategy for addressing nutrition-related problems. It is the contribution of the African Region to the global discussion for the adoption of this strategy.
3. In Africa, nutritional problems in infants and young children occur in a context characterized by factors such as the prevalent low birth weight, household food insecurity, inappropriate infant and young child feeding practices, including the absence of food safety and hygiene, and inadequate intake of proteins and energy foods. These combined factors lead to:
 - (a) protein-energy malnutrition;
 - (b) micro-nutrient deficiencies: iodine, vitamin A and iron; and
 - (c) severe nutritional consequences that are likely to aggravate infectious diseases such as acute respiratory infections, diarrhoea and malaria.
4. Over the past decade, the international community has intensified actions to fight against all these nutritional deficiencies. Many international conferences³ have been held to find ways of eradicating or at least reducing their scale.

SITUATION ANALYSIS

5. Malnutrition remains one of the most frequent causes of morbidity and mortality in children worldwide. According to WHO, it contributes to 55% of infant and child deaths.⁴
6. Over the past decade, Africa’s food and nutrition situations have deteriorated steadily. Food production has continued to drop year by year as a result of many factors, including restrictive macro-economic policies, natural disasters and conflicts. Consequently, different nutritional deficiency-related diseases are affecting millions of infants and young children. Thus, protein-energy malnutrition is increasing in Africa⁵ whereas it is decreasing in other regions of the world.

¹Decision WHA 53 (10).

²The target groups which will benefit from this strategy are newborns aged 0 to 28 days; infants aged 1 to 12 months and young children aged 36 to 59 months; children born in difficult circumstances such as premature and severely malnourished children and those born with low birthweight.

³International Conference on Nutrition (ICN-1992) and World Food Summit (1996).

⁴Murray CJL and AD Lopez. *The Global Burden of Disease*, Harvard University Press, Cambridge, USA, 1996; and DL Pelletier, EA Frongilo and JP.Habicht. “Epidemiological evidence for a potentiating effect of malnutrition on child mortality”, in *American Journal of Public Health*, 1993, p. 83.

⁵According to *Demographic and Health Surveys* (DHS, 1989-99), one infant out of three is stunted and underweight and one infant out of ten is wasted. In some countries, percentages of stunting in under-three children are as follows: 41% in Niger, 25% in Burkina Faso, 36% in Mauritania, 42% in Nigeria, 35% in Sierra Leone.

7. Each year, micronutrient deficiencies take a heavy toll on infants and young children. An estimated 57 000 children aged 6 to 59⁶ months in nine countries of West Africa die each year as a result of vitamin A deficiency, which also causes blindness and increases the risk of infection. About 150 million people, representing 25% of the total population of Africa, are at risk of iodine deficiency which is particularly serious in children because it inhibits their intellectual development. Furthermore, iron deficiency, which is the most widespread form of all the micronutrient deficiencies, affects more than half of under-five children in Africa.

8. In Africa, more than 90% of children aged 0 to 2 years are breast-fed. However, in many African countries, less than 20% of infants aged 0 to 4 months are *exclusively* breast-fed,⁷ whereas WHO estimates at 35% the world's infant population that is exclusively breast-fed.⁸ The persistence of socio-cultural practices unresponsive of good nutrition deprives infants of the irreplaceable protection that breast milk can offer them. It is indeed known that the risks of infection are higher when the infant is not exclusively breast-fed. With the emergence of HIV/AIDS and considering the risks of mother-to-child⁹ transmission of the virus through breast-feeding, many actions are under way in the Region to train health workers at the Central and peripheral levels. In the absence of an ideal response to the problem posed by breast-feeding of sero-negative children by their seropositive mothers, research is ongoing to find the best ways of sensitizing mothers and parents responsible for providing care to children.

9. A considerable number of countries are affected by problems of nutrition in emergencies. People in emergency situations include AIDS orphans and widows, already malnourished children, adolescent mothers, future mothers and many other social groups such as the handicapped and mothers in prison who also have a right to keep and breast-feed their children.

PERSPECTIVES IN THE REGION

10. **Three strategic objectives** are set out in the proposal made by WHO and UNICEF:

- (a) to ensure the survival, health and good nutrition of infants and young children;
- (b) to strengthen the capacities of mothers, families and care-givers to make informed choices about optimal feeding practices for infants and young children even in very difficult circumstances; and

⁶AG-Bendes M and Coll. (1999). *Les pratiques prometteuses et les leçons apprises dans la lutte contre la carence en vitamine A dans les pays de l'Afrique subsaharienne*. The countries mentioned in this publication are countries of the Organisation de Coordination et de Coopération pour la lutte contre les Grandes Endémies (OCCGE).

⁷USAID and Macro International Inc. *Demographic and Health Surveys (DHS)*, 1994 - 1999.

⁸Document A53/7 (March 2000): Report by the Director-General of WHO to the Fifty-third World Health Assembly.

⁹Piwoz EG (August 2000): SARA/AED-USAID: *HIV/AIDS and Infant Feeding: Risks and Realities in Africa*.

- (c) to facilitate the adoption and implementation by governments, with the support of the national and international community, of policies and plans of action that support appropriate feeding practices for infants and young children.

These strategies must be translated into concrete actions in the areas of breast-feeding, complementary feeding, and prevention and control of protein-energy and micro-nutrient deficiencies, especially in difficult circumstances.

11. Action will be taken **in the area of breast-feeding** to:

- (a) strengthen national policies on the promotion of exclusive and uninterrupted breast-feeding during the first six months of life;
- (b) support breast-feeding by women at work by creating or strengthening breast-feeding facilities;
- (c) lighten the work of rural women to enable them to breast-feed their children as long as possible;
- (d) assist governments which have not yet done so to adopt the International Code of Marketing of Breast-milk Substitutes and to ensure its implementation and follow-up;
- (e) extend the Baby-friendly Hospital Initiative to all the health facilities of the countries and to envisage such extension to communities;
- (f) train health workers, social welfare workers and members of associations working in the area of breast-feeding in technical issues relating to national policy on breast-feeding; and
- (g) support research on community knowledge, attitudes and practices in the area of breast-feeding in order to identify themes for advocacy and action.

12. **Breast-feeding in the presence of HIV** poses a crucial problem in countries where poverty and seroprevalence coexist. While waiting to find solutions to this problem, comprehensive actions to prevent and manage HIV infection should be pursued. These include the following:

- (a) assistance to infected mothers to make informed choices concerning the breast-feeding of their children;
- (b) training of health workers to care for infants and young children born to infected mothers; and
- (c) encouragement of and support to all care-givers at community level in aid of mothers and infants.

13. In the area of **complementary feeding**, actions should be taken to:

- (a) reinforce the knowledge of communities, mothers and persons caring for children on the most appropriate period to introduce other solid or liquid foods after the first six months of life, while breast-feeding continues;
- (b) promote clear, simple and practical national guidelines for developing and rendering accessible local products that can adequately complement the feeding of breast-fed children aged 6 to 24 months; and
- (c) educate mothers on the hygiene and preservation of foods for infants and young children.

14. **Infant feeding in difficult circumstances** must be an integral part of emergency preparedness plans which should make it possible to immediately assess the nutrition situation and urgently provide a response to limit as much as possible the pernicious effects of such a situation on the health of infants and young children. The measures recommended in this respect include the formation of networks of

volunteers capable of ensuring the nutritional follow-up of infants and young children living in camps for displaced persons and of intervening when necessary, and the promotion of compliance with elementary rules of hygiene.

15. Malnutrition control programmes should equally cover lactating mothers, particularly within the framework of primary health care.

16. Consensus has been reached on the actions to be implemented concerning protein-energy malnutrition and micro-nutrient deficiencies. The actions are:

- (a) strengthening of strategies which have produced satisfactory results (iodization of salt, vitamin A and iron supplementation, etc.);
- (b) promotion of the appropriate storage, packaging and use of local foods to facilitate proper weaning;
- (c) training of health workers in the integrated management of nutritional diseases (severe protein-energy malnutrition; iodine, iron and vitamin A deficiencies);
- (d) support to research on the different infant nutrition-related diseases in order to formulate new strategies; and
- (e) monitoring and evaluation of the impact of these interventions.

CONDITIONS TO BE MET TO GUARANTEE THE SUCCESS OF THE NEW STRATEGY

17. To ensure the successful implementation of the orientations of the new strategy, it is necessary to:

- (a) evaluate successfully implemented or ongoing programmes in the area of child survival and more particularly in the area of infant feeding;
- (b) document feeding practices considered promising and provide scientific proof of their effectiveness;
- (c) coordinate the efforts of governments, partners and civil society in the formulation of coherent nutrition policies, taking account of the needs of the populations; a multisectoral and multidisciplinary approach to malnutrition control is indispensable to guarantee the success of any strategy implemented in this respect, especially the sensitization of the rural population by the ministry of agriculture on the production of foods with a high nutritional value; in addition, the populations must be involved in the determination of priorities and must participate actively in the implementation of the different programmes; and
- (d) strengthen the performance of health services; they, in their turn, must launch sensitization and advocacy actions and provide accessible and quality preventive and curative health care; health districts would need to establish an information and monitoring system on the nutritional status of infants and young children to concretely contribute to the malnutrition control.

18. WHO and UNICEF will continue to strengthen cooperation with the countries at the technical, institutional and financial levels. They will pursue their advocacy to ensure that infant and young child nutrition policies are based on equity. They will support the establishment of norms and standards in the area of health and nutrition, the conduct of essential research on health and nutrition and the training of human resources. These actions will be carried out in collaboration with other partners such as FAO, UNDP, the World Bank and USAID.

CONCLUSION

19. The new global strategy on infant and young child nutrition offers the Member States of the African Region the opportunity to assess the nutrition situation and reaffirm the fact that the problems of nutrition in general and of infant and young child nutrition in particular are strategic and closely linked to poverty reduction. Though most countries of the Region have already formulated guidelines on infant and young child nutrition, they however still have to make efforts to concretely implement these guidelines. They have also to encourage research in order to perfect their recommendations in areas such as the duration of exclusive breast-feeding and the risk of mother-to-child transmission of HIV.

20. WHO and UNICEF intend to pool their efforts to assist the countries to meet the challenge of infant and child mortality. The actions envisaged in this document should help to significantly reduce infant and child mortality in the African Region and ensure child survival. The African Region supports this initiative and will take the necessary steps to ensure its success in the next decade.

