

Protocols

Good morning, distinguished ladies and gentlemen.

I feel honoured to have been invited as a National Nutrition Champion at the “***National Summit on: Scaling Up Nutrition: Catalyst for Achieving the Millennium Development Goals***”. Indeed, I must commend the efforts of the Federal Ministry of Health for this very significant step towards a healthier future for Nigerian children.

In January 2012, the 130th Executive Board of the WHO considered the Report (EB130/10) on, “*Maternal, Infant and Young Child Nutrition: Draft Comprehensive Implementation Plan*”, and, in expressing appreciation for the work completed to date, requested the Secretariat to conduct further consultations regarding the targets via a web-based process open to all Member States and regional economic integration organizations, as well as multilateral organizations.ⁱ

The goal of the proposed global targets is to highlight key priority areas that must be addressed to alleviate the burden of malnutrition in children, starting with the earliest stages of development, so that optimal nutrition and health can be achieved. Global targets are also meant to provide a benchmark for the international community to measure achievements, identify gaps and trigger corrective actions, towards estimating global resource requirements.

The proposed global targets should be translated into national targets, based on the country-specific context, such as epidemiology of nutritional conditions, risk factor trends, experiences with developing and implementing nutrition policies, level of development of health systems and previous experiences with interventions. Establishing national targets will help develop national policies and programme, as well as calculate the level of resources required for their implementation.

There is no gainsaying that a well-balanced diet is the most important requirement for healthy living. Good nutrition helps reduce our risk of getting a large number of diseases. On the other hand, malnutrition is either directly or indirectly responsible for approximately half of all deaths

worldwide. This applies to perinatal and infectious diseases as well as chronic diseases. Malnutrition accounts for 11% of the global burden of disease, leading to long-term poor health and disability and poor educational and developmental outcomes. Worldwide, by 2010 it was found that about 104 million children under-5 years of age were underweight and 171 million stunted. At the same time, it was found that about 43 million children under-5 were overweight or obese. About 90% of stunted children live in 36 countries and children under two years of age are most affected by malnutrition. Nearly 20 million children under-5 suffer from severe acute malnutrition, which is a life threatening condition requiring urgent treatment. In fact, it is estimated that malnutrition contributes to 1 million child deaths every year. The magnitude of this estimate suggests that severe malnutrition in children is an important public health problem. It had been estimated that by 2009, 8.1 million of children under-5 died, mostly from preventable causes such as pneumonia, diarrhea, malaria and neonatal conditions; about 90% of deaths of children under-5 happen in 42 countries, with half the worldwide deaths occurring in only six countries. Under-nutrition, associated with about one third of those deaths, was then associated with almost 3 million children deaths.

In 2001, Nigeria ranked 13th out of 23 Countries. Doctors Without Borders (Medecin Sans Frontiers, MSF) reported in 2005 that hundreds of children in northern Nigeria, close to the Niger border, were suffering from severe malnutrition brought on by measles, drought and rising food prices. MSF fed more than 600 children under the age of five at an emergency centre set up in the far northern state of Katsina. Dozens more badly malnourished children kept arriving during the period with many in life-threatening situations.

Malnutrition has been identified as a silent killer, which is responsible for over 60% avoidable maternal and infant mortality, especially in the under-5's, as disclosed by the President, Nutrition Society of Nigeria, Professor Ignatius Onimawo in Daily Trust newspaper of March 2010. He added that malnutrition contributes to 60% of underlying causes of avoidable deaths, making Nigeria one of the country's with the worst maternal and infant morbidity rate recorded among the comity of nations. According to UNICEF, in Nigeria, the worst affected communities are found in the Northern part of the country.ⁱⁱ

Improvement of exclusive breastfeeding practices, adequate and timely complementary feeding, along with continued breastfeeding for up to two years or beyond, could annually save the lives of 1.5 million under-5 children. Growth failure during intrauterine life and poor nutrition in the first two years of life, have led to critical consequences throughout the life-course. Appropriate breastfeeding and complementary feeding practices not only play a significant role in improving the health and nutrition of young children, they also confer significant long-term benefits during adolescence and adulthood.

The Isa Wali Empowerment Initiative (IWEI) was founded in 2009, in Kano. Amongst its aims was to empower women and children that are socially disadvantaged through the provision of education and healthcare. Admittedly, when we began work, nutrition was not high on our priority list, but it immediately became so, we realized that most of the women that came to our classes had children that were malnourished. After a baseline survey conducted at inception, it was established that the main diet of the members of the selected communities tended to comprise of mainly carbohydrate with very little protein. We therefore devised a programme that aimed, amongst other objectives, at helping women enhance the nutritional quality of their meals using locally available foods. The women were also taught the nutritional values of the various available foods and the proper ways of preparing the meals.

Several of the children we saw had to be rushed to hospital due to the acute nature of their conditions. We were able to administer and distribute to the affected children 18 cartons of Plumpynut, (courtesy of the Clinton Foundation), an imported formula that we were informed was very effective, but not readily available. We discovered that Plumpynut, is a French Nutriset formula, to which affected children are known to be quite responsive, when administered in the required doses. Our research disclosed that the formula comprises basically of peanut butter, skimmed milk, sugar, minerals and fortified vitamins, all of which ingredients are available locally. Looking at the sheer numbers of affected children in the areas where IWEI operates, however, and in the context of the scarcity of an imported product, we quickly realized that we needed to do was to focus on prevention, in the long term, rather than cure. Thus began the inclusion, in our programmes, of

cooking classes, emphasizing on the nutritional quality of the meals prepared by the women in our target group.

Mothers were advised to use more protein (in this case, beans) in their rice, while various dishes were taught them, using locally available foodstuff and healthy drinks using millet, guinea corn, groundnuts, 'zogale' (moringa), baobab seeds, etc. Suffice is to say that the children, the women and their husbands have since learnt to appreciate the new culinary delights introduced to them, and continuously demand for new recipes.

From my limited experience, I would humbly make a few suggestions to the Federal Ministry of Health for consideration in developing the Road Map for Scaling Up Nutrition in Nigeria.

There is a lot of ignorance about the nutritional values of locally grown foods and importance of good nutrition, so the Government may wish, in partnership with civil society and private sector operators, to establish programmes that empower young girls through educating them on these critical issues. These programmes should also include practical cooking lessons. Members of the communities should also be trained on the most suitable preservation methods of nutrients in perishable foods.

Research into how to encourage the growth of the most beneficial but locally available foodstuff is critical. Farmers should be supported and incentivized to plant the healthiest of yields, while the growing of harmful crops, such as tobacco, should be discouraged and ultimately phased out completely in the interests of the health of our citizenry and even the soil in which tobacco is planted and nurtured.

The rearing of livestock, poultry and fish farming should actively be encouraged, especially for our women in the rural communities. All three are productive ventures, remain veritable sources of protein with the added advantage of being convenient enterprises from within the confines of their compounds.

Songs and jingles are an effective method of learning to enable the wide dissemination of information on the value of various locally available and healthy foods. These songs and jingles would clearly impart the much-needed

information to people who are unable to read and write, so they should also be developed in local languages and widely imparted on the radio and even as mobile phone tunes, for easy recollection.

On the curative side, our Food and Technology Departments in the Universities and Polytechnics could be encouraged to focus on how to produce our own version of Nutriset, similar to a peanut paste fortified with vitamins and minerals. But I must sound a note of warning. Plumpynuts have proven to be very effective in boosting energy levels and the general health of children in relatively short periods, but there are intellectual property challenges that have arisen in developed countries where attempts have been made to produce a local version. Since, however, the components of Nutriset are locally available and malnutrition abound in many developing countries, certain civil society groups have already begun experimenting on how to manufacture similar nutrition boosters, using guinea corn, beans and groundnuts as supplementary feeding. Attempts to use soya bean, however, have resulted in diarrhea, so efforts are on to ensure only those foods that are beneficial to children at such an early age, are utilized. Focus must be on ease of ingestion (critical for babies) and its sustained retention, for appreciable results. Given the intellectual property issues mentioned earlier, however, it may be worth mentioning that there are no patents on peanut butter production, so it may be worthwhile for us to consider manufacturing the requisite nutrients for a similar product in Nigeria.

Having said this, it is not certain if Nutriset patents are even enforceable in developing countries like Nigeria. In places like Malawi, there are already 2 companies making similar products to Plumpynut, independent of Nutriset. Indeed, India is on record to have recently asked UNICEF to return \$800,000 worth of Plumpynut, requesting it, instead, to source for local alternatives.

I should mention that Niger has its own franchise of Nutriset, which has tripled its production to keep up with increasing demand. Unfortunately, the cost of production is \$65 for a 60-day supply, compared with the equivalent from France, which comes to them at \$60 directly. Costs, as in most developing countries, are driven up by the cost of electricity, transportation, taxes and the importation of some of the ingredients (except, of course, for groundnuts).

My hope is that this National Summit would lead us into realizing significant reductions in malnutrition, as well as enable us to make significant progress towards achieving all the nutrition-related MDG goals and targets in Nigeria by 2015, especially in health, education and economic outcomes. I am, indeed, delighted to contribute to this initiative and I congratulate the Minister of State, the Ministry of Health, all stakeholders and their partners for this much-needed and laudable initiative. Finally, I wish to thank you, most sincerely, for the privilege of being selected as National Nutrition Champion by the Ministry of Health. I commit to supporting the efforts to reduce and even eliminate malnutrition in Nigeria.

Maryam Uwais MFR

20th February, 2012.

ⁱ http://www.who.int/nutrition/events/2012_consultation_proposed_globaltargets/en/index.html

ⁱⁱ http://www.unicef.org/nigeria/media_6547.html