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Republic of Botswana

Seminar Report

Nutritional Strategies, Governance and Comparative Advantages of Regional Economic/Health Communities for implementation in Eastern and Southern Africa

29th November 2012, Fairground Holdings,
Gaborone, Botswana

UNICEF wishes to thank all participants, national, regional and global partners for their contribution in the seminar.

This document is the report from a one-day high level regional consultation conducted in partnership with the Government of France through its Embassy to Botswana also Special Representation to the Southern Africa Development Community (SADC), SADC, the Republic of Botswana and UNICEF.

This document has been produced with the financial assistance of the European Union. The views expressed herein in no way can be taken to reflect the official opinion of the European Union.

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List of Acronyms

ADFNS	Africa Day for Food and Nutrition Security
AIDS	Acquired Immunodeficiency Syndrome
ARNS	Africa Regional Nutrition Strategy
ART	Anti-Retroviral Treatment
ARV	Anti-Retroviral
AU	African Union
CAADP	Comprehensive Africa Agriculture Development Program
COMESA	Common Market for Eastern and Southern Africa
DRR	Disaster Risk Reduction
ECOWAS	Economic Community Of West African States
ECSA-HC	East, Central and Southern Africa Health Community
ESAR	Eastern and Southern Africa Regional
ESARO	Eastern and Southern Africa Regional Office
FAO	Food and Agriculture Organization
GDP	Gross Domestic Product
HAART	Highly Active Anti-Retroviral Treatment
HIV	Human Infection Virus
HKI	Helen Keller International
IGAD	Intergovernmental Authority for Development
IRAPP	IGAD Regional HIV/AIDS Partnership Program
IYCF	Infant and Young Child Feeding
MATCH	Maternal, Adolescent and Child Health
MDG	Millennium Development Goals
NEPAD	New Partnership for Africa's Development
REC	Regional Economic Community
RHC	Regional Health Community
SADC	Southern African Development Community
SUN	Scaling Up Nutrition
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1 Executive Summary

The Regional Integration Seminar brought together over 90 participants from more than 40 organizations to discuss *"Nutritional strategies, governance and comparative advantages of regional economic/health communities in supporting their implementation in Eastern and Southern Africa"*, co-organized by the French Embassy to Botswana, the Southern African Development Community and the United Nations Children's Fund Eastern and Southern Africa Regional Office and hosted by the Republic of Botswana.

The Seminar was an opportunity for the Regional Economic and Health Communities to engage in dialogue, network and share experiences on policies and strategies to reduce stunting. AU-NEPAD, IGAD, ECSA-HC, SADC and COMESA were able to each present their mandates, nutrition strategies and policies and share governance issues in their work with Member States. A panel discussion highlighted the importance of multi-sectoral and inter-entity coordination in the region.

Specific nutrition issues that are relevant to the region such as the latest evidence on HIV and infant feeding, strategies to reduce micronutrient deficiencies, social protection and linkages between nutrition and agriculture were discussed by experts with keen interest from the participants.

Strong endorsements from keynote speeches, technical presentations and general discussions urged for strengthened coordination, strategic policy formulation, mechanisms for communication and exchange among regional entities, and efficient, equitable and multi-sectoral action towards reducing stunting. A call for further forums to bring together the Regional Economic and Health Communities around nutrition issues was universally positively received.

2 Background and objectives

2.1 Background

Maternal and child undernutrition is responsible for the death of 3.6 million children (35% of child deaths) of which 49% occurred in Africa[1]. With a total population of almost 400 million and a Gross National Income per capita of US$1,486[2], the Eastern and Southern Africa Region (ESAR) sounds like a dynamic economic region where the devastating long term effect of early childhood malnutrition undermines the survival and development of young children. Hence, maternal and child undernutrition in ESAR contributes to 36% of child death in Africa. Estimates of child malnutrition indicate that a staggering 26 million children aged less than five years living in ESAR countries are stunted, i.e. 46% of stunting cases in Africa and 15% globally. Such levels of undernutrition generate significant costs to national economies and are a key constraint to long term economic development[3].

Since the early 1990s the global fight and mobilization against child undernutrition has been high on the global development agenda as shown by the 1992 World Declaration on Nutrition and the 2000 Millennium Declaration. The Lancet publication series on child survival (2003) and maternal and child undernutrition (2008) have both described the proven and effective nutrition interventions for child survival and development. In addition, the last few years have been marked by a renewed attention on child malnutrition, increased advocacy for nutrition. Within the Eastern and Southern Africa region, this has materialized by the existence of several regional nutrition strategies.

In this context, as some countries are members of more than one Regional Economic Community (REC) or belong to a REC and a Regional Health Community (RHC), they are involved in more than one nutrition strategy. At times, this can create duplication of efforts or, worse, confusion, thus limiting investment in nutrition by national authorities and the donor community. By default RECs in ESAR do have some differences and similarities and using REC/RHC comparative advantages would benefit the implementation of proven effective nutrition interventions in the region. This issue also needs to be considered within the context of broader governance issues that typically characterize either the nutrition agenda or REC/RHCs' interventions, in particular:

- Multi-sector coordination, *e.g.* at REC/RHC Secretariat's level, due to the multisector nature of factors affecting nutrition.
- Regional-national level relationship and "division of labour" (subsidiarity principle).
- Internalized/externalized implementation, e.g. considering REC/RHCs' capacities and functions.
- Multi-partner coordination, due to the large number of development players that have a role in the fight against malnutrition.

[1]Robert E Black, Lindsay H Allen, Zulfiqar A Bhutta, Laura E Caulfield, Mercedes de Onis, MajidEzzati, Colin Mathers, Juan Rivera, for the Maternal and Child Undernutrition Study Group. Maternal and child undernutrition: global and regional exposures and health consequences. Lancet 2008; 371: 243–60

[2]UNICEF (2012).The State of the Worlds's Children 2012.New-York, USA: UNICEF.

[3]The World Bank (2006) Repositioning nutrition as central to development, A Strategy for large-scale action, Directions in Development, Washington, USA.

- Resource mobilization and channeling framework, considering the previous issues and the scale of the needs.

In order to help address these issues, the 8th Regional Integration Seminar organized by the Embassy of France to Botswana and the South African Development Community in partnership with United Nations Children's Fund (UNICEF) Eastern and Southern Africa Regional Office, dealt with *"Nutritional strategies, governance and comparative advantages of regional economic/health communities in supporting their implementation in Eastern and Southern Africa".*

2.2 Objectives

The seminar specific objectives are to:

1. Present the burden and key determinants of child malnutrition in Eastern and Southern Africa;
2. Present and discuss the key principles of existing and proposed regional nutrition strategies or initiatives for nutrition in the various Regional Economic and Health Communities in ESAR; and
3. Discuss related governance issues and highlight Regional Economic and Health Communities comparative advantages in supporting nutrition strategies.

3 Opening Ceremony

3.1 Opening and Welcome Remarks

The High Level Thematic Seminar on Regional Integration was formally opened by **Her Excellency Mrs. Genevieve Iancu, Ambassador of the Embassy of France to Botswana and Special Representative to SACD** and **Dr. Doreen Mulenga, UNICEF Representative in Botswana**.

In her speech, Mrs. Iancu underlined the history of the biannual regional integration seminar with SADC Secretariat that started in 2009 as it "nourishes the debate on regional integration in Southern Africa and across the continent". She also stressed the timeliness of the regional nutrition seminar as an appropriate follow up to the commemoration of the Convention on the Rights of the Child on 20th November.

Dr. Mulenga spoke about the affordable high impact solutions for child nutrition, especially during the 1,000 days from conception to the child's second birthday. Referring to the 26 million children under-fives who are stunted in the Eastern and Southern Africa Region, Dr. Mulenga said "these children are 26 million reasons why malnutrition is a key regional concern". She then added that reducing stunting contributes in breaking the cycle of poverty because of the effect of investment in nutrition towards an increase in GDP (2-3% annually). Dr. Mulenga concluded on the spirit of the seminar partnership as a way to share a common vision to reduce stunting and enhance connectivity between regions, countries and communities.

Representing the host country, the **Honorable Phandu Skelemani, Minister of Foreign Affairs and International Cooperation of the Republic of Botswana**, welcomed the seminar guests and participants. He saluted the Regional Seminar and encouraged national authorities in the region and Africa to invest in child nutrition to make Africa stronger.

3.2 Keynote Address

Mrs. Graca Machel, Founder of the Graca Machel Trust urged African countries to mainstream nutrition in order to pursue sustainable development. She insisted on working to make sure that children are not stunted, so they can reach their full potential physically and intellectually. She added that reducing stunting is critical for the economic growth and development of the continent.

She highlighted the importance of nutrition on the first thousand days after which a child is never able to recover, perform poorly academically, and will eventually have low productivity as adults.

Mrs. Machel expressed disappointment in the slow pace in which the regional entities have acted in producing nutrition policies and strategies that can support countries in addressing malnutrition. She cited that of the 54 countries in the continent, only nine are on track in terms of MDGs relating to nutrition; of these, only Botswana from Eastern and Southern Africa has made good progress despite the challenges of HIV and AIDS.

She thus called for the continent to ensure that every child reaches their full potential, to end maternal mortality, to end infant and child mortality, and to end stunting. Mrs. Machel pointed out

that "budgeting for nutrition programs at country level is still minimal and does not reflect the critical role and impact that good nutrition plays in the lives of its citizenry and ultimately development of the nation." Looking forward, Mrs. Machel appealed to regional entities to quickly develop and adopt regional nutrition frameworks that support systematic evidence driven coordination of nutrition interventions. She appealed to national governments so that nutrition is recognized as a development issue and not just a health issue.

3.3 Regional Dimension of the Scaling Up Nutrition Movement

In a video message, **Dr. David Nabarro the Special Representative of the United Nations and Secretary General for Food Security and Nutrition**, congratulated the countries in the region whose national leadership has committed to addressing malnutrition in their own countries and ensuring that results are realized by joining the Scale Up Nutrition Movement. The SUN Movement harnesses the power of political leadership from countries coming together and taking responsibility for showing results towards better nutritional outcomes. Hundreds of organizations from civil society, businesses, donor agencies and the UN System are supporting the SUN countries, making nutrition politically significant globally. This is an unprecedented opportunity to show that solutions are being put in place to achieve nutritional improvement.

He cited the 7 countries in the SADC region that have joined the SUN Movement with very high-level political commitment and efforts to increase resources for nutrition. As well as implementing nutrition-specific interventions, they are putting in place mechanisms that bring together multiple sectors for nutrition-sensitive development.

Dr. Nabarro also noted the important role of NEPAD in ensuring an integrated and sustainable approach to agriculture, food security and nutrition under the CAADP. He also expressed anticipation for the SADC Strategic Framework on Food and Nutrition as well as other nutrition strategies in the Eastern and Southern African Region. Finally, he urged continuous collaboration and free discussion so that countries can collectively sharing and learning.

4 Stunting Reduction

The stunting reduction session was chaired by Dr. Colleta Kibassa who is the Chief of the Young Child Survival and Development section in UNICEF Botswana. The session was organized around two presentations, one on the situation of child nutrition in Botswana, one on global and regional perspectives on stunting reduction, followed by a discussion.

4.1 Child Nutrition in Botswana

By Mrs. Shenaaz El Halabi | Deputy Permanent Secretary Preventive Services |Ministry of Health | Botswana.

The situation on child nutrition in Botswana was presented and touched on some epidemiological data from the country including under-fives and infant mortality and HIV prevalence among pregnant women. It indicated high services utilization by the population for most health care services (antenatal care, institutional deliveries, delivery assisted by skilled personal and immunization) which contrasted with increasing trends of child mortality.

On child malnutrition, Botswana is classified as a high prevalence country with 31.2% stunting in 2007. The country is also facing a rise in the proportion of children born with less than 2.5 kgs. In general feeding practices are sub-optimal for infant and young children in Botswana.

To address the situation, the Ministry of Health developed the Botswana Nutrition Strategy 2012-2016 which primarily targets a reduction of stunting from 31% in 2007 to 15% in 2016. The strategy has seven priority areas, among them infant and young child feeding, micronutrient interventions, integrated management of acute malnutrition to name a few. The presenter concluded by underscoring the need to accelerate efforts to ensure that economic progress seen in Botswana is better reflected in children's nutritional status.

4.2 Global and Regional Perspectives on Stunting Reduction

By Dr. Noel Marie Zagre|Regional Adviser for Nutrition | UNICEF ESARO.

The different forms of malnutrition were presented and showed how "one third of under-fives deaths can be prevented with a good nutrition status". The importance of breastfeeding and complementary feeding in child survival has been highlighted as it can reduce under-5 mortality by up to 19% when implemented at scale. The effects of stunting on brain development have been shown and social and economic case for focusing undernutrition has been presented. Undernutrition in the first 1000 days from conception to the child's second birthday leaves children with irreversible deficits that translate to losses in schooling, earning potential and GDP. Stunting has effects not just on child mortality, morbidity and development but also on national development. Stunting in Eastern and Southern Africa affects 26 million children. The 13 direct nutrition-specific interventions were presented.

Data from the World Bank shows that funding for nutrition has not increased in the last decades as it has for HIV and health. Other data from the Copenhagen Consensus indicate that every dollar spent in reducing chronic undernutrition has $30 payoff.

The window of opportunity and the role of infant and young child feeding in preventing undernutrition were emphasized. Another highlight of the presentation was the Scaling up Nutrition Movement and the recognition that nutrition is central to countries development agenda. Multi-sectoral programming is necessary to widen the vision to nutrition sensitive programming and a common framework for action such as the SUN framework. So far the 30 countries have joined the SUN movement.

The equity dimension was discussed, illustrated by the case of India with poor children being disproportionately affected by stunting and the very positive example of Brazil where equity-oriented programming helped to reduce child undernutrition and bridge the gap between the richest and the poorest children. Quoting Mr. Lake, the presenter indicated that "The time has come to recognize nutritional status as a marker of progress in development and also as a maker of progress – and a key to more sustainable development."

The presentation stressed the need for a nutrition sensitive development agenda while citing the role that regional economic and health communities can play in engaging partners around nutrition security and in identifying effective entry points for national policy and strategy development.

4.3 Discussion

Comments from the audience urged that stunting become a more visible part of countries development agenda. The focus on the 1,000 days as the window of opportunity to reduce stunting was reinforced. Another topic of interest was the importance of updated data and countries capacity to monitor stunting reduction.

The need for education and health promotion interventions targeting children caregivers while ensuring inclusiveness of other members of the community was emphasized. Some questions, more specific to Botswana, were on the efficacy/effectiveness of Tsabana, the local supplementary food ration given to children 6 to 59 months.

One participant recommended that the outcome of this seminar be used to inform the post-2015 discussions on health.

5 Regional Economic and Health Communities: Nutrition Policies and Strategies

The session on nutrition policies and strategies was chaired by Dr. Jessica Blankenship, Regional Micronutrient Advisor for Helen Keller International (HKI). Dr. Blankenship's session consisted of a presentation by each regional entities participating in the seminar: IGAD, ECSA, COMESA, SADC and NEPAD.

5.1 AU-NEPAD Food and Nutrition Security Policies, Strategies and Programmes

By Mrs. Boishepo Bibi Giyose | Senior Advisor and Head of Food and Nutrition Security| NEPAD.

Food security and sound nutrition are the foundations of survival, health, productivity and national economic growth. A multi-sectoral approach to deliver on nutrition-sensitive and nutrition-specific actions remains critically important. However, the state of food security and nutrition in the continent remains dire with 300 million people consuming less than 2,100 kilocalories per day and 5 million children dying of malnutrition every year.

The impact of hunger is 6-10% GDP loss in low productivity. Malnourishment can lead to a loss of 10% earning potential, translating to 3% annual GDP loss. All these lead to a vicious cycle of deprivation, poverty and low economic growth. Vulnerability to food insecurity and malnutrition which could be defined as an inability to cope with shocks and stresses is likely to co-exist with other areas of vulnerability such as poverty, illness, unemployment, and others.

In the continent, there are several key policies and strategies on food and nutrition security such as the Africa Regional Nutrition Strategy in 2005, the Framework for African Food Security in 2007, the Pan African Nutrition Initiative in 2005, and the Africa 10-year Strategy for Reduction of Vitamin and Mineral Deficiencies. These policies link and contribute to regional and sub-regional nutrition policies and the promotion of a multi-sectoral approach to food and nutrition security.

The New Partnership for Africa's Development (NEPAD) has several Food and Nutrition Security Flagship Programmes such as the Infant, Young Child and Maternal Nutrition, Home Grown School Feeding, Reduction of Micronutrient Malnutrition with Food Fortification, and Dietary Diversity. For these flagship programmes, NEPAD support policy development, review and advocacy as well as capacity building.

The African Union-NEPAD is intensifying its advocacy for further political commitment such as through the Africa Day for Food and Nutrition Security (ADFNS) celebrated each year the 30th of October, publication of The Cost of Hunger in Africa: Social and Economic Impact of Child Undernutrition, and strengthening of the Africa Food and Nutrition Security Score Card to foster accountability and timely action. These initiatives provide a rallying point in intensifying commitments at all levels. The ADFNS in particular provides a stakeholder platform and facilitates discussion between governments, civil society, private sector, the academe, farmers and development partners.

The Comprehensive Africa Agriculture Development Programme (CAADP), conceived in 2003, is a common framework for the restoration of African agriculture in supporting a growth and development agenda. It aims to increase annual agricultural production by 6% by 2015 though a 10% increase in public expenditure allocation. The CAADP Framework for African Food Security helps countries and regions to elaborate their own food security strategies, to define investment priorities and set short, medium and long-term objectives.

5.2 IGAD Nutrition Policy

By Dr. Innocent Mwesigye |Assistant Coordinator| IGAD.

The Intergovernmental Authority for Drought and Development was created in 1986 and this was changed in 1996 into the current Intergovermental Authority for Development. Though the programmes initially concentrated mainly on food security and agriculture, IGAD recognized the need to expand its interventions to other social concerns and established the Health and Social Development Section in 2005. In 2007, the IGAD Regional HIV/AIDS Partnership Programme (IRAPP) was launched and continues to address the challenges of HIV and AIDS among vulnerable groups in cross-border areas and refugees within the seven IGAD Member States.

IGAD has no regional nutrition policy. Only three of its Member States have national nutrition policies. After the successes of the IRAPP, IGAD is keen to formulate and operationalize a food and nutrition policy to address nutrition-related MDGs, create capacity and strengthen coordination mechanisms in order deliver better nutrition and attain best standards of health.

The IGAD nutrition policy will focus on addressing nutritional issues in the “hot spots” of highly vulnerable, mobile and refugee populations. They hope to be able to have a regional nutrition policies and agenda setting in the first quarter of 2013, an action plan in the second quarter and a review in two years’ time.

5.3 East, Central and Southern Africa Health Community

By Mrs. Dorothy Namuchimba | Manager Food Security and Nutrition Programme| ECSA-HC.

The East, Central and Southern Africa Health Community was established to foster and strengthen regional cooperation and capacity to address the health needs of its ten Member States. The ECSA-HC promotes and encourages efficiency and relevance in the provision of health services. It complements the countries’ efforts to strengthen their health systems through research, information and advocacy initiatives, monitoring and evaluation programmes and, when necessary, can respond in emergencies. In addition, ECSA-HC has technical programmes which include human resource for health development and capacity building.

ECSA-HC’s Food Security and Nutrition Programme was undertaken to contribute to the reduction in malnutrition in the region by strengthening the capacity of Member States for prevention and control of communicable and non-communicable diseases and by contributing to the improvement of nutrition, food safety and food security. This is done by promoting implementation of evidence-based nutrition programme, building capacity of training institutions, strengthening the nutrition

education programmes, increasing skills in leadership and management, knowledge management and supporting the acceleration of implementation of high impact interventions in nutrition and food security.

To date, the ECSA-HC has been able to publish the Nutrition and HIV/AIDS pre-service manual for nursing and midwifery, promotion and uptake of the Essential Nutrition Actions in all Member States and even some non-Member States, a survey of the available nutrition professionals, and convening of four regional workshops on food fortification. To further support and promote food fortification, ECSA-HC has been able to develop food fortification standards for maize, wheat flour, sugar, oil and salt, food control manuals, food fortification cost analysis, and a network for regional laboratory proficiency.

5.4 SADC Strategic Framework on Food and Nutrition

By Mr. Joseph Mthetwa | Senior Programme Officer for Health and Pharmaceuticals | SADC.

The scope of the draft South African Development Community Strategic Framework on Food and Nutrition for 2013 to 2022 includes nutrition, food safety and food security as contributors of socio-economic development. The Strategic Framework works on the premise that good nutrition and safe food in the first thousand days of life (from conception to two years of age) prevent long term consequences such as impaired physical and cognitive development, that good maternal nutrition promotes optimal fetal development, and that undernutrition has negative impacts on wellbeing as well as economic development of societies in Member States. The Strategic Framework prioritizes the most vulnerable populations and includes issues around nutritional needs during emergencies.

The priority areas of intervention includes nutrition-related non-communicable diseases; acute and chronic malnutrition; micronutrient deficiencies; nutrition and HIV and AIDS; food safety; food security; research, monitoring and evaluation; and, capacity building for nutrition and food safety. The Strategic Framework also defines the pillars of success such as regional harmonization, participation, inter-sectoral collaboration, application of appropriate technology, gender mainstreaming, and social protection for vulnerable children and families.

Institutional framework defines the working groups and committee that provide the platform in which linkages, knowledge sharing, standards setting, guideline development, and advocacy for evidence-based interventions can be done.

5.5 Enhancing Food Security in Support of Nutritional Strategies in the COMESA Region

By Mrs. Emiliana Tembo | Director of Gender and Social Affairs Division | COMESA.

The Common Market for Eastern and Southern Africa (COMESA) treaty with Member States stress that countries will promote cooperation in the production of food stuffs which are rich in proteins such as meat, fish, dairy products and legumes. The treaty also promotes rural development through improved nutrition, access to better health services and improved water supply. Overall, COMESA supports Member States in harmonizing agricultural policies as well as nutritional policies across the

region. Furthermore, COMESA has a Gender Policy and a Gender Mainstreaming Action Plan which promotes gender equity and social development.

However, COMESA also recognizes that despite being in an agriculturally dominant region, there are still prevailing food deficiencies and child malnutrition. COMESA has thus integrated child malnutrition issues under its social programmes. COMESA's Social Charter upholds social rights in the pursuit of social development work. As part of this Charter, social protection is strongly advocated through social assistance and welfare programmes which can include food transfers to vulnerable groups including children and orphans. The Charter also advocates for equitable and ready access to medical assistance and health care especially in the rural and urban poor areas with emphasis on primary health care.

COMESA would like to address child malnutrition challenges in the region further and are thus planning for a COMESA Nutrition Strategy within the framework of trade and regional integration.

6 Panel Discussion: Governance, Multisectoriality, Strengths and Comparatives Advantages of Regional Entities towards Nutrition-Sensitive Development

The Panel discussion session was co-chaired by Dr. Noel Marie Zagre (UNICEF ESARO) and Mrs. Boishepo Bibi Giyose (NEPAD). Panelists were Dr. Pura Rayco-Solon (UNICEF ESARO), Dr. Innocent Mwesigye (IGAD), Mrs. Dorothy Namuchimba (ECSA-HC), Mrs. Charlotte Dufour (FAO) and Mr. Joseph Mthetwa (SADC).

Nutrition as a Regional Priority

The panel reaffirmed earlier discussions on the evidences on the importance of nutrition. Investments around nutrition have the best returns on human development, even from an economic standpoint. Focusing action among the vulnerable populations to reduce equity can result in even greater impact.

Multi-sectoral Coordination

A challenge for multi-sectoral coordination is to have each sector "own" the nutrition agenda. This often requires the presence of a higher level body or platform to ensure coordination across sectors. In Uganda, for instance, the Nutrition Policy explicitly requires involvement of different line ministries to implement national strategies.

Understanding barriers to engagement can assist in bringing about closer alignment. Having a common understanding of nutrition security, especially among nutrition and agriculture colleagues, can address many of the perceived bottlenecks to multi-sectoral coordination. Working at regional and national levels and, most importantly, at the community level, to bring partners together to discuss the problem of malnutrition and its determinants can result in alignment of priorities, coordination and agreements on roles and responsibilities.

Comparative Advantages of Regional Economic and Health Communities

Regional communities are relevant because their nutrition policies and strategies can guide REC Member States in developing theirs. They can bring in important elements such as accountability, monitoring during the development of national documents. REC nutrition strategies and policies help set standards and drive important focus areas such as equity, participation and gender sensitivity.

The characteristics and comparative advantages of the regional entities are anchored on the commonalities of the Member States being served. Ownership of policies and strategies of the regional communities lie at country level. This gives the regional communities strategic entry points that correspond with government priorities. Regional specificities appear in REC and RHC policies and strategies and can be guideposts for standards and regulations. While national priorities increase action on nutrition, having a regional inter-country platform further raises the nutrition agenda in a positive cycle. Regional bodies can stimulate sharing and lessons learning.

Governance and Inter-REC/RHC Coordination

There was widespread agreement that closer coordination among regional communities can further strengthen the relevance and usefulness of regional entities. This brings about improved coordination, communication, and increased efficiency in use of resources.

However, mechanisms for an inter-REC/RHC coordination are currently absent. Though there is a tripartite group composed of the East Africa Community, COMESA and SADC at a political level, there is none at a technical level. The African Union in its capacity as the umbrella structure for regional communities can bridge this liaison, for instance through NEPAD or the CAADP. Assistance and support, when required, can also be sought from development partners such as the United Nations.

The members of the panel agreed to recommend further inter-REC/RHC forums to facilitate closer coordination among regional communities.

7 Nutrition Strategies – A holistic approach

The session was chaired by Prof. Maria Nnyepi, Head of the Department of Family and Consumer Sciences from the University of Botswana. This session had three presentations and touched on infant feeding and HIV-AIDS, Micronutrients, and Food and Nutrition Security and Social Protection.

7.1 HIV and Infant Feeding - Implementation, Guidelines and Best Practices

By Prof. Hoosen M. Coovadia | Director, Maternal, Adolescent and Child Health | University of Witwatersrand | South Africa.

Looking at the commonest causes of under-5 mortality in Africa, the presenter indicated that undernutrition is a cause for a third of them.

The key principles of infant feeding and HIV are: (1) the balance of HIV prevention and protection from other causes of child mortality, (2) the integration of HIV interventions into maternal and child health services, (3) setting national or subnational recommendation for infant feeding in the context of HIV, (4) breastfeeding when anti-retroviral drugs are not immediately available.

Anti-Retroviral in the post-partum period can be given to the infants (option A) or the mother can get triple drug therapy while breastfeeding (option B). On maternal ARVs, the two key approaches are that mothers can be on lifelong therapy if their CD4 count is equal of below to 350 (or WHO stage 3/4). If CD4 is above 350 (WHO stage 1/2), the mother receives prophylaxis ARV while breastfeeding. Option B+ is about lifelong ARV regardless of CD4 count.

Looking back at the 2006 WHO recommendations on infant feeding in the context of HIV, the presenter reminded the audience on the AFASS criteria whereby “if replacement feeding is not acceptable, feasible, affordable, sustainable and safe, breastfeeding need to be continued”.

In 2010, WHO releases new recommendations then updated its framework for priority action in 2012. The aim of infant feeding practices in the context of HIV should be not just the prevention of HIV transmission but also ensuring the health and survival of infants. WHO explicitly recommends that health authorities endorse either breastfeeding while the mother or the infant receives ARVs, or the alternative which is avoidance of all breastfeeding. Mothers will still need on-going counselling and support to optimally feed their infant. Mothers of infants who are receiving ARVs should exclusively breastfeed their infants for 6 months and continue breastfeeding until 12 months of age and only then consider stopping.

7.2 Overview - Micronutrient Deficiency and Programme Implementation in SADC Region

By Dr. Jessica Blankenship | Regional Micronutrient Advisor |Helen Keller International.

Micronutrient malnutrition is of public health concern in Sub-Sahara Africa whether in terms of iron, vitamin A and iodine deficiencies. These deficiencies targets mainly children under-fives, pregnant and lactating women.

Major health consequences due to iron deficiency include poor pregnancy outcomes, impaired physical and cognitive development and increased risk of morbidity in children, and reduced work productivity in adulthood. Anemia contributes to 20% of all maternal deaths.

Major health outcomes in children due to vitamin A deficiency (VAD) are severe visual impairment and blindness. VAD significantly increases the risk of severe illness, and death, from such common childhood infections as diarrheal disease and measles. In pregnant and lactating women, VAD leads to night blindness and low vitamin A content in breastmilk.

Major health outcomes of iodine deficiency are impaired cognitive development in children and goiter.

The Scaling Up Nutrition Framework translates knowledge on micronutrient deficiency into actions with a number of nutrition-specific interventions related to micronutrients. For example, exclusive breastfeeding, vitamin A supplementation, iron supplementation in pregnancy (of at least 90 tablets), salt iodization (at a level of at least 15ppm), and biofortification (as complementary intervention). Dietary diversity with behavior change communication, fortified complementary foods and multiple micronutrient powders are also important considerations.

7.3 From Food Security to Nutrition Security and the role of Social Protection

By Mrs. Charlotte Dufour | Food Security Officer | Food and Agriculture Organization.

Governments usually focus on national level policies and national food security while disregarding household food security. The challenge between economic and nutritional priorities remains because investment in a few commercial crops or support to a few large agriculture producers tends to leave behind many small farmers. To go beyond these problems, there is a need to demystify nutrition. Experts from nutrition, agriculture need all to work together.

The contribution of agriculture to nutrition security could include the areas of food production, processing, storage and marketing of nutritious foods so food becomes available and accessible all year round, help to generate income (which can be used for health and hygiene) and is utilized at household level by individuals; natural and human resource management; food safety and safe agricultural practices to limit negative impact on health; and, nutrition education and labour saving technology to improve caring practices.

Making social protection work for nutrition requires using nutrition situation analysis to inform design/formulation of social protection programmes; exploring the possibility of combining social protection instruments; including nutrition as an explicit objective of social protection programmes; linking social protection schemes with complementary nutrition interventions; promoting cash transfers to foster women's empowerment, support local markets and improve dietary diversity;

and, encouraging integrated impact assessment to build an evidence-base on the nutritional impact of social protection.

The presentation suggested the opportunities to bring nutrition and food sectors together such as increased attention to social protection; linking social protection, agriculture, education, and food and nutrition security through a multi-sectoral approach; and, decentralization and local development. The presentation concluded by indicating that the right to food is a basic human right and while States have obligations, everyone has responsibilities.

7.4 Discussion

The discussion around the shift in South Africa from formula feeding to breastfeeding in the context of HIV was explained by Prof. Coovadia as being due to the following factors: (1) having strong evidence to support the change, (2) having high level leadership wherein both the South African President and Prime Minister supported the change; and, (3) strong community engagement.

The promotion of iodized salt against limiting salt intake to prevent cardiovascular risk was also discussed. Dr. Blankenship responded by saying that iodization does not increase salt intake. The same applies for sugar as a vehicle for fortification, that is, fortification does not increase sugar consumption.

8 Conclusions, Recommendations and Vote of thanks

8.1 Conclusions and Recommendations

By Dr. Noel Marie Zagre|Regional Adviser for Nutrition | UNICEF ESARO.

Dr. Zagre reminded the audience of the inspiring Keynote Address by Mrs. Graca Machel in which she described the state of and strategies to reduce stunting in Africa, supported the need for more engagement by national authorities, and urged the continent to "to stop justifying our failure" and do what is right for child nutrition and African nation development.

The working based on evidences using proven interventions for planning and evaluation was emphasized. Better use of available data and data generation especially real-time need to go together for better planning, monitoring and evaluation.

The cost of inaction is just too high as it results in lost children's lives and delays development progress at country level. Hence, the need to keep the engagement for nutrition high and shifting our mindset so that we are able to translate the global momentum for stunting reduction towards actions at country level. Regional Economic and Health Communities have a role to play in fostering country level actions. The SUN Movement and other nutrition policies need to become a reality at country level.

This seminar enabled an initial dialogue between regional entities, particularly the Regional Economic and Health Communities, around coordination and integration. Knowledge has been shared in term of what each regional entities is doing for nutrition, what are their plans are and the processes necessary to have a policy document adopted by member states. Each of the regional bodies has a mandate, an area of focus and characteristic strengths. Taking this seminar forward, there is a need to work with the African Union to improve coordination and ensure that policies and strategies are linked with the African Regional Nutritional Strategy and global strategies.

The one-day seminar met its objectives of providing a platform for all to discuss and exchange information and share global recommendations on technical aspects. Questions have been raised and should be discussed further in follow-up forums. The involvement of the African Union for the setting of coordination mechanism for better integration is critical.

Recommendations made during the seminar include: (1) engagement in the post-2015 agenda for health and stunting reduction, (2) collaborative work, planning and sharing of information among RECs and partners, and, (3) the Africa Union or NEPAD to put in place a network of communication.

8.2 Vote of Thanks

By Mr. Anders Pedersen | Resident Coordinator |United Nations, Botswana.

The Resident Coordinator of the United Nations in Botswana thanked all speakers from the opening ceremony to the four technical sessions and called to mind the inspiring speech from Mrs. Machel. He showed appreciation the organizers of the seminars, the Government of France through its

Embassy to Botswana, Special Representation to SADC and UNICEF Eastern and Southern Africa Regional Office as well as UNICEF Botswana. He stated that bringing people together to talk and bring the right thing on the agenda is central to UN and this seminar is a demonstration of the UN added value.

9 Annexes:

9.1 Transcript of the Keynote Address of Mrs. Graca Machel

Your excellency, President; your excellency, the Minister of Foreign Affairs and International Cooperation in Botswana; your excellencies, the Ambassadors and other diplomatic representatives; UN family; Ladies and gentlemen. I'm not good with protocols so let me say, "All protocols observed" so I don't leave anyone out.

I want to thank the organizers for inviting me to join you this morning. I do it with immense pleasure because I think I am here for an opportunity to share with you, not really insights, but mostly my concerns. For this I want to congratulate and thank the organizers for bringing the issue of our Seminar to the fore today.

Let me say why I am so passionate about children. It comes actually from a very disturbing history in my own country. You may recall that Mozambique was plunged into conflict after independence which lasted about 16 years. At that time I was Minister of Education and I had participated in a beautiful movement in engaging public officials but mostly communities in building from scratch, actually, an education network because at the time of the independence, we had the highest illiteracy rate on this continent. We had 93% of illiteracy in the country. So we made it a point to mobilize everybody to build schools and to train teachers and we were doing really well. Sadly, this conflict came. And I remember very well getting to my office and in those days there was no internet, even parcels didn't exist. There were telegraphs. And at my left, every morning when I get into my office, there was a pile of telegraphs which had been about schools which had been burned, teachers who had been kidnapped, kids who have been killed because of conflict. So imagine my situation, asking "What am I dealing with?" And my relationship with children has always been one of joy and sharing. Now I began to be freely engaged in a deep pain of children losing their lives in a conflict which was senseless. So for me it's not just an intellectual option to care for children.

Then much later, the Secretary General, because of this history, asked me also to lead a team to understand the impact of conflict on children. I visited many countries in the world in all regions. Everywhere where I went, I was a witness of children dying, of children suffering, children in pain. That has kept my deep concern about children's lives very active.

That's why when they say things like "luminary" or so, no.

I'm just a grandmother now. I am just a grandmother who is deeply disturbed and concerned that despite all our statements, we do not care enough about children. We do not. It just makes me sometimes angry, other times just frustrated, and at times I just feel like I have to use all platforms to try to shake people and say, "Listen. Children matter." That's why I'm here.

To this regional assembly that has to deal with regional strategies, governance and comparative advantages of Regional Economic and Health Communities for implementation in Eastern Africa and Southern Africa, again I say thank you very much for organizing.

But it is long overdue. The MDGs were adopted in 2000. Back then there was a very clear command of what the global community should do and achieve in terms of nutrition. The African continent, only five years later, in 2005, adopted an African Regional Nutrition Strategy which is in place since 2005. But now 12 years after the adoption of the MDGs, or exactly three years to finish the 15 years of MDGs, Southern Africa, Eastern Africa, they don't have yet even a strategy on nutrition. They haven't adopted yet. We run the risk of getting to 2015 either having adopted - because knowing the heart in which this discussions go, it takes one, two, three, four years - we run the risk of adopting the strategy exactly a year before we close the period of MDGs. For me, that is the disturbing thing.

I mentioned I'm just a grandmother and I watch my own grandchildren growing. I say, "Why is it they have the conditions they do. Why can't even our grandchildren invert the same?" So I took it, really as a personal pledge and contribution, to contact SADC about two years ago. We started working together to find out where we stand about this strategy on nutrition at the region. Last year, I requested and fortunately I was allowed to address the Ministers of Health in Lusaka to urge them, to say, "It is already too late, but please let us work to accelerate the process of adopting a regional policy on nutrition." We have been working with SADC and we attracted a group of international partners, among them the Bill and Melinda Gates Foundation, CIFF, and we also engaged GAIN, which you know is one of the leading agencies on this. We managed to complete, recently, a draft. It was tabled to the recent Meeting of Ministers of Health in Maputo. It has only a "Noted" and there is still a long process until it goes through the channels for the Ministers to adopt.

So my first concern is: If we know and we agree that nutrition is a fundamental advocacy for children to have a good start in life, why is it that it takes so long, a painfully slow process, for us just to agree on a policy?

While there is very good work going on in the field of nutrition across our two regions, Eastern and Southern Africa, some critical challenges still remain. I will mention just a few. The coordination of these efforts at the regional level is still shaky. With the absence of that coordination, actions at country level do not benefit from lessons which you can learn from one another and then improve our performance. Hence every step could be - so that you could have - lessons that would inform implementation and as it is, it is a little bit lost.

As we speak, not all countries in these two regions have developed their own national strategies based on their specific circumstances.

Third, nutrition is led by Ministries of Health but even within Ministries of Health you'll find it hard to find a budget line which clearly indicates the importance of nutrition. It is mentioned but - as you have clarity on what is the budget line for HIV/AIDS, even for malaria - you don't find clearly the budget line for nutrition and what is exactly to happen. Ministers of Health, in many cases, they concentrate on attending to children who come to clinics, to health units, because they have acute malnutrition, but not in the society to promote nutrition so that you can prevent the cases that would come to the clinics as acute. We deal with the effects but there is not really a very strong movement to deal with root causes of malnutrition and to give, as I said, a good start to children.

I know I'm talking to experts so I shouldn't be talking but I'm going to mention that we have to remind ourselves that malnutrition including the acute malnutrition means stunting or chronic malnutrition. And sometimes in our cities now, we also have cases of obesity as a result of poor nutrition. So let's have clarity on where the buck stops.

At least for me, what is the biggest issue which concerns me: it is a chain of things. A mother who is not well nourished gives birth to a child who is undernourished. This child may die in the first days of life, what they call "neonatal death". Maybe he or she survive in the first year, this child escapes "infant mortality", then goes and survives five years, so this child survives what we call "child mortality". But then, although she or he is physically alive, that is stunting. This stunting, which I think we all know, means this child physically and mentally will never reach full potential of its life - never - so will perform poorly in education; even as a adult, will perform poorly in terms of productivity in the workplace; and has a life which, yes, is half-limbed because the basic needs at birth were missing.

You know, we take a lot of effort to introduce food schemes in schools. That's important; we need to continue to do that. But we have to be very clear - it is already too late. It will feed the body, but in terms of recovery, we don't even meet it enough. That child will never, never recover full potential. That's why it becomes an issue which we have to build awareness at different levels for people to understand the importance of

nutrition. It's more than just food. It's fundamentally to give the right opportunity to a child to become fully a human being.

In our region, SADC, which I know better, our average of stunting is 40%. Some countries have 44%, like mine, Mozambique; others, 46%. But others like Malawi, for instance, they even have more than 50%. Listen, we are saying that almost half of our children in this region, they are not going to reach their full potential, physically and intellectually. Almost half - that is the shocking thing for me. When we say, to fight and overcome poverty: these children 20 years from now, they will remain behind other children of their generation in other parts of the world. So whatever they can call overcoming poverty, in human development, these children will be less than other fellow children in other parts of the world. Because there will come a time when they will become productive. This continent of ours will continue to remain behind if we don't take seriously the issue of how you give a child a good start.

We do have already studies which show that poor human development impacts in economic development. UNICEF was mentioning that: that human development will impact economic development. So whatever you put for economic development if you don't start from the beginning, you are blocked, cut short.

There is also evidence that the first thousand days - it has also been mentioned - are crucial. It's the mother, from the time of conception, and it's the child up to two years of age. Now with this, it mean that the focus of nutrition has to begin with women of reproductive age and to make sure that every single woman who falls pregnant will be in a better position to give birth to a healthy child.

But that is not the understanding we have with governments. We don't concentrate on pregnant women. So this here is a sort of a mindset which has to change. I'm talking to specialists here who are going to be talking of how we are going to learn from one another. But I am saying, more than learning from one another, coming to comparative advantages, et cetera, you have to become advocates. You have to build awareness. Because whatever you do, however it may be taken technically, if there is no change in attitude from people, and of course learned from those who are luminaries like you, then the impact is known to be very small.

This continent of ours is among the two regions which are not going to reach the Millennium Development Goals. It is Africa and it is South and East Asia. But we as Africans, we are even the worst. I think we have to begin also to feel revolted that Africa shows always the worst indicators. Always, the worst social indicators out in this continent. It doesn't build any dignity of anyone to be referred as the worst all the time.

Of the 54 countries on this continent, only nine will reach the nutrition indicators of MDGs. Only nine. In Southern Africa, only Botswana so far is on track. Only Botswana. Maybe when we have better surveys, we can add a few more. I want to raise an element here. Most of the time, we justify here in Southern Africa that we don't reach MDGs on poverty, on health, particularly the health MDGs, because of the impact of HIV/AIDS. But Botswana is hit by HIV/AIDS and Botswana is prone to reach the nutrition indicator. How did they manage and then Mozambique, South Africa, Swaziland and others, why they don't. What I'm trying to say is that we get used to justifications. We justify why we cannot. What I am saying, we have to stop justifying because there are ways and means. Even when there are challenges, you still can do your best. And then we have an example: a certain period, a few years or maybe a decade ago, I think someone came up and said Botswana is at risk of extinction, right? There you have a country which was at risk of extinction, now it can prove that it is possible to meet nutrition indicators despite the huge challenges of facing HIV/AIDS. What I'm trying to say is that we have to stop justifying - justifying away ways and means of what we have to do - for the sake of our children.

Other countries which will reach [the MDGs] are basically in West Africa. We know that some of the West African countries are in the Sahel. They don't have the reach and possibilities of developing agriculture as we

do in Southern Africa, yet they managed.

Now let me come to what are the current challenges in implementing multi-sectoral and evidence-based nutrition strategies. I think apart from what we as a Trust together with some of our partners do, I don't think we do have a recent and robust survey in this end so that we know exactly what is happening. Most of the information we gathered are referring to 2006, 2008, and the most recent will be 2010. I don't think it's right. We can't develop proper strategies if we don't have evidence-based information. So one challenge - maybe here with the support of the UN family and other development partners - we need to have proper information. That's a challenge. We will not be able to report in 2015 what the nutrition indicators are on the basis of what happened on 2010 or 2012. We have to be able, 2014 at the least, to have proper information on what is happening on our regions, these two regions.

The second challenge is, I mentioned already, is that nutrition has to (maybe I should begin by reinforcing that we need to) approve, rather SADC, East Africa, they need to approve and adopt strategies, the sooner the better. Then we need to have every single country with their comprehensive multi-sectoral strategy in which it is clear - all, at the regional level and at the national level - should have very clear targets on what you should achieve in the next three years now. But because also most of the countries have what they call "vision" - Vision 2030, Vision 2005, whatever - and those visions have to have a clear indication of what we are going to do for malnutrition.

We need to recognize that at the national level, although the Ministry of Health is responsible for reporting, technically to report, malnutrition is really a multi-sectoral issue beginning with agriculture. Agriculture has to produce not only enough food, but diversified food which is available at communities, which is accessible and affordable because we do also have cases were food is there but is too expensive for people to get. And it is expensive because it is not there in quantity. If it is there in quantity, there is no way; price will drop. But we don't have a situation in which we can confirm in our countries that communities and families have food 365 days, food of quality. That should be a pledge. Any government of dignity has to be able to feed its mouths and to feed well. Because in SADC and in East Africa we do have climactic conditions to produce, there is no excuse again. There is no excuse. People talk of Africa feeding the world. I say, no, Africa doesn't have to feed the world for now; Africa needs to feed itself first and feed it well. Then we can dream of feeding others.

We need to have the Ministers of Industry engaged in fortification so that those commodities which are available: sugar, flour, oil, and salt, are fortified because every single family, at least salt and many times oil and sugar, will reach them.

We need to engage Ministries of Women and Social Welfare. No matter how good a strategy is at the national level, the success of nutrition programmes will be reached when every single family, particularly women, are able to understand not only to have food but to prepare it in a way that it is adequate for pregnant women, adequate for children, adequate for the family. If that message is not in our communities, it's not in our families. Sometimes it is in the national level, other times it is in the provincial levels but very little in terms of engaging families in understanding and learning actually to change our eating habits. Sometimes we talk of food security when we have maize or when you have cassava or you have rice available. Well, it may fill our tummies but it's not enough in terms of nutrition.

And finally I want to mention also another Ministry which has to be engaged in this is Finance because we always negotiate with Ministry of Finance to understand where our priorities are. Of course, the Ministry of Health might find it hard to justify because it would say, "Why nutrition?", and the Minister is even talking in terms of budgets we spend money killing one another instead of feeding children. So Finance has to be engaged in this.

In all this, I think we need to raise awareness, consciousness of what nutrition is all about.

I want to finish by saying, "What are we going to do now?" I'm insisting, we must quickly develop and adopt regional strategies and we need to raise the prominence of nutrition with human development in our nations - as part of the human development - and I tell you that will have an impact on development, the economic development.

I want to suggest also that development partners do work with us to help bring the issue, to prioritize because development partners they also contribute when they make their options on where they want to invest. So please help us to understand this and to put nutrition at the level it should be.

I think I'll mention again that I would like to see a evidence-based information on where we stand and this is technically complex work and both the UN and other partners can help us. It would be important for us to get at least the 2014 info, knowing the exact picture in our two regions.

To the Secretariats of both SADC and Eastern Africa, as we did with gender, we agreed when we said 30% for women that it takes long to implement but at least we have a guideline. We need also guidelines for nutrition which is sort of mandatory - it is not mandatory because no one feels obliged but at least it's a reference for countries to know what they have to achieve in a certain period of time and helping them with mechanisms of reporting and mechanisms of monitoring. The Secretariats have to build that capacity. We at the Trust as partners are willing to work, at least with SADC, to try to build that capacity, to try to push - to push really - for the prioritization of this issue.

I think if we all agree that children are first - we have all these sayings about "Children First", always we say, "Children First" - I would like to see seriously maternal mortality drop, neonatal and infant mortality drop, child mortality drop, and finally stunting: to end stunting. Maybe we need really to develop a sort of a specific indicator to end stunting; not to allow ourselves to have children to grow with half nutrition but to have full nutrition.

I'm not a diplomat when I talk about this. I say it because I feel it. I know that I'm talking here to experts who are not the decision makers, they're not Ministers, but it is up to you; to you in your departments in the Ministry of Health, firstly, to move nutrition from that corner, which is a marginal corner, and to bring it to the mainstream. It is in working with your Ministries that you take it up and we will try to continue work with different Ministries. As I said, we addressed Ministers of Health. We are looking for opportunities to address Ministers of Agriculture; we are looking for opportunities to address Women and Social Welfare Ministries - all of them - so that they can take responsibility but yours is to prove to your Ministers that nutrition is not a marginal issue and you have to make it mainstream.

I wish you well and thank you very much.

9.2 Transcript of the Address of Dr. David Nabarro

Good day, I am so happy to be talking here with you through the video as you start this very important SADC seminar.

It's my honor to be able to brief you today about the Scale Up Nutrition Movement. It's a new and unique collection of people from governments, civil society, the United Nations, donor, businesses, and the scientific community. It's a collective effort to eliminate malnutrition in all its forms and it's been founded on the principle that all people have a right to food and good nutrition especially during the thousand days from the start of a woman's pregnancy through her child's second birthday.

Scaling Up Nutrition relies on national leaders committing to be responsible for addressing malnutrition in their own countries and ensuring that results are realized. Now we've seen during the last two years that more than 30 countries have actually decided to make this commitment and what we've seen is that governments in particular are focusing on implementing solutions that directly improve nutrition such as support for breastfeeding or ensuring access to essential vitamins and minerals, increasing coverage, ensuring effectiveness and empowering people to be able to act for better nutrition outcomes.

At the same time, these governments are focusing on implementing development strategies that are sensitive to nutrition across all sectors. This means ensuring that nutritious foods are produced and then are accessible to all people at all times of the year. It means ensuring that women and children are included in social protection programmes with a particular focus on nutritional outcomes. It means that clean water, hygiene and sanitation and basic health care are available particularly for women and children in their first two years of life. Perhaps most important, it means putting priority on ensuring that women can access education and in all aspects of their life are empowered to be able to feed their children so that they can have the best possible nutritional outcomes.

I must say that as I've watched the Scale Up Nutrition Movement over the last two years, starting as an idea launched at the UN General Assembly in 2010 and now, as I just said, with at least 30 countries participating. I've seen the power of political leadership from countries coming together and showing that collectively the leaders want to be able to take responsibility for getting better results. It's because the leaders of these countries have committed to better nutritional outcomes and because they've come together in the Scale Up Nutrition Movement. Because they are trying to act in ways that enable all people to be able to benefit, we are seeing such fantastic results.

As you go through your seminar today, let me just focus on one or two of the issues that I think are particularly important. First of all, let us look at the 30 or so countries that are members of the movement; fourteen of them joined in the last year. They are home, the 30 countries totally, to 58 million stunted children. That's one third of the global burden of 165 stunted children in the world. And there are hundreds of organizations from civil society, from business, from donor agencies, and the UN System that are supporting the Scale Up Nutrition countries. I really do think that it is crucial that we take advantage of this unprecedented opportunity for nutritional improvement. We've seen really powerful commitments such as during the May 2012 meeting of the G8 in the United States, the meeting in London in August 2012 on hunger and nutrition at the end of the Olympics this year, and also other events that have been hosted around the world. We are seeing that nutrition is an issue which is gaining in political significance globally. That means that within SUN countries, but also everywhere, it's great if collectively we can show that there are solutions that are being put in place that are achieving results.

Let's look inside the SADC region. Seven of the 15 countries that are members of SADC have actually joined the Movement: Madagascar, Malawi, Mozambique, Namibia, Tanzania, Zambia and Zimbabwe. I think the commitments of all these countries are quite remarkable. The Presidents of Mozambique and Tanzania, Excellency Armando Emilio Guebuza and Excellency Jakaya Muso Kikwete, are both very strong leaders. They are members of the Scale Up Nutrition Movement Lead Group; so too is Prime Minister Nangas Angula of Namibia. Malawi has placed nutrition under the office of the President, Mrs. Joyce Banda. Nutrition in Madagascar is under the office of the Prime Minister, Jean Omer Beriziky. In Zimbabwe, the Vice President, Joyce Mujuru, is the national champion for nutrition. It's fantastic to see leaders taking responsibility for nutrition, bringing it into their offices and taking a lot of attention to check to see that nutritional outcomes are realized. All the seven SADC countries that are in the SUN Movement have or are in the process of endorsed national policies, legislation and strategies that will have a maximal impact on outcomes. In all these countries we are seeing efforts to align actions around a single set of expected nutritional results. We are also seeing the overall effort to increase resources to realize these results. That's what the SUN Movement is about. Everybody working together: together because then we are much more powerful than the sum of our individual efforts and we can better respond to people's needs.

Madagascar, Malawi, Mozambique and Tanzania are decentralizing efforts to address nutrition so that districts and communities are better able to take ownership of actions and responsibility for defining and implementing nutrition policies and actions. These countries are really concerned that different sectors work effectively together to improve nutrition, especially at the sub-national level.

In Zambia, the Comprehensive National Food and Nutrition Policy for the period 2011 to 2015 covers programmes that directly improve nutrition, and also covers activities in different sectors that are sensitive to nutrition outcomes. The Zambia policy was developed after broad consultations with participation of many different stakeholders including senior government officers from each sector.

In Namibia, there are a lot of efforts underway to develop a country implementation plan for nutrition under NAFIM with a common results framework to ensure delivery at scale and to improve the alignment and harmonization of different sectors.

I want to say how important is the action of NEPAD in helping to ensure that in different regions in Africa, there is a consistent approach to ensuring that agriculture, food security and nutrition are handled in an integrated and sustained way. Under CAADP, the Comprehensive Africa Agriculture Development Programme, countries really are making important reforms to ensure that policies and institutional capacities contribute to food security and nutrition in a sustainable way and deliver results on which countries report at regular intervals. This is an extraordinary process, I mean, watching the evolution of CAADP and the way in which the focus on food and nutrition security has increased in recent years and I would really like to congratulate those who have been involved at country level and regionally and of course in the NEPAD agency itself. I'm delighted that the Chief Executive Officer of NEPAD, Dr. Ibrahim Mayaki is actually on the Scale Up Nutrition Lead Group as well and is able to contribute to helping us understand how the CAADP process is actually helping advance nutritional outcomes.

Of course SADC is finalizing a much anticipated Strategic Framework on Food and Nutrition and several nutrition strategies exist within the Eastern and Southern Africa Region. I was delighted that ECOWAS organized a Nutrition Forum on the role of local authorities, communities, civil societies and the private sector in the Scaling Up Nutrition earlier this year, actually, this month in November in Ouagadougou. I participated by video and I was really interested to see the power of that process in helping to bring together different countries in the region and really enable countries to share their experiences between each other. It's crucial to draw on the different capacities across regions to help advance the nutrition outcomes at country level. Regional forums have a critical role to play because they really enable different groups to exchange with each

other, to learn from each other, to support each other in a way that's much harder to do if one working just internationally or at country level alone. And that's why the theme of this SADC forum: Nutritional Strategies, Governance and Comparative Advantages of Regional Economic and Health Communities in Eastern and Southern Africa is so totally relevant. That's what the SUN Movement is about: energy between countries, between communities shared at regional level in order to stimulate better outcomes in a sustainable way.

I really do wish you a fruitful discussion and I look forward enormously to hearing what results you're achieving. I think that the work you're doing will have a huge impact on the way in which the SUN Movement is taken forward throughout Southern Africa. It really does mean that collectively we are sharing and learning. It also means that collectively, we can focus on results. So thank you very much indeed for the chance to speak. I hope that the video comes across okay. I really hope that you'll share with me what's going on. Don't hesitate to send in any kind of emails or ideas to me at nabarro@un.org and please make sure that I understand exactly the sort of challenges that you are facing. I'll do what I can and so with my colleagues at the Scale Up Nutrition Secretariat can do to help you to advance your efforts for better nutrition outcomes.

Good day and thank you.

9.3 Seminar Agenda

8:00 – 8:30	Registration of participants	Registration Room
8:30 – 9:00	Opening Remarks	**H.E. Mrs. Geneviève Iancu** *Ambassador* Embassy of France to Botswana / Special representation to SADC **Dr. Doreen Mulenga** Representative United Nations Children's Fund, Botswana
9:00 – 9:15	Welcome Remarks	**Honorable Phandu Skelemani** *Minister of Foreign Affairs and International Cooperation, Republic of Botswana*
9:15 –9:30	Keynote Address	**Mrs. Graça Machel** *Head of the Graça Machel Trust*
9:30 – 9:45	Health break	Tea room
9:45 – 9:55	**Regional dimension of the Scaling Up Nutrition Movement (Video Recording)**	**Dr. David Nabarro** Special Representative of the UN Secretary General for Food Security and Nutrition.
9:55 – 10:55	Stunting Reduction **Chair:** **Dr. Colleta Kibassa,** Chief - Young Child Survival and Development, UNICEF Botswana	
	Child Nutrition in Botswana	**Mrs. Shenaaz El Halabi** *Deputy Permanent Secretary, Ministry of Health*
	Global Perspective in Stunting Reduction and Situation of Children in the Region	**Dr. Noel Marie Zagre** Regional Adviser for Nutrition, UNICEF Eastern and Southern Africa Regional Office
	General Discussion	

10:55 – 12:25	Regional Economic/Health Communities: Nutrition Policies and Strategies **Chair: Dr. Jessica Blankenship** Regional Micronutrient Advisor, Helen Keller International	
	Africa Regional Nutrition Strategy and NEPAD	**Mrs. Boishepo Bibi Giyose** Head of Food and Nutrition Security New Partnership for Africa's Development
	IGAD Nutrition Policy	**Dr. Innocent Mwesigye** Intergovernmental Authority for Development
	ECSA Nutrition Policy	**Mrs. Dorothy Namuchimba** Manager Food Security and Nutrition East, Central and Southern Africa Health Community
	SADC Strategic Framework on Food Security and Nutrition	**Mr. Joseph Mthetwa** Senior Programme Officer for Health & Pharmaceuticals Southern African Development Community
	COMESA Nutrition Policy	**Mrs. Emiliana Tembo** Director of Gender and Social Affairs Division, Common Market for Eastern and Southern Africa
	General Discussion	
12:25 – 13:55	Lunch	Lunch room
13:55 – 15:25	Panel Discussion: Governance, Multisectoriality and Strengths and Comparative Advantages of Regional entities towards Nutrition-Sensitive Development **Co-chairs** **Dr. Noel Marie Zagre**, UNICEF ESARO and **Mrs. Boishepo Bibi Giyose,** NEPAD Panel Members: **Dr. Pura Rayco Solon**, United Nations Children's Fund **Dr. Innocent Mwesigye**, Intergovernmental Authority for Development **Mrs. Dorothy Namuchimba**, East Central and Southern Africa Health Community **Mrs. Charlotte Dufour,** Food and Agriculture Organization **Mr. Joseph Mthetwa,** Southern African Development Community	

15:25 – 15:40	Health break	Tea room
15:40 – 16:40	Nutrition strategies – an holistic approach **Chair:** **Prof. Maria Nnyepi,** Head , Department of Family and Consumer Sciences University of Botswana	
	Infant Feeding and HIV/AIDS	**Prof. Hoosen M. Coovadia** Director – Maternal, Adolescent and Child Health, University of Witwatersrand
	Micronutrient Deficiencies and interventions	**Dr. Jessica Blankenship** Regional Micronutrient Advisor, Helen Keller International
	Food and Nutrition Security	**Mrs. Charlotte Dufour** Food Security Officer, UN Food and Agriculture Organization
	Social Protection and Nutrition	**Mrs. Charlotte Dufour** Food Security Officer, UN Food and Agriculture Organization
	General Discussion	
16:40 – 16:55	Conclusions and Recommendations	**Dr. Noel Marie Zagre** Regional Adviser for Nutrition, UNICEF Eastern and Southern Africa Regional Office
16:55 – 17:00	Vote of Thanks	**Mr. Anders Pedersen** Resident Coordinator United Nations, Botswana

9.4 Participants' List

Full Name	Position	Organization
Bibi GIYOSE	Advisor Nutrition	AU-NEPAD
David MMOPELWA	Researcher	BIDPA
Gothusang LESEGO	Photojournalist	BOPA (Dailynews)
Keone KEALEBOGA	Reporter	BOPA (Dailynews)
Dikoloti MOREWANE	President	Botswana Breastfeeding Association
R. KOBUE-LEKALAKE	Lecturer	Botswana College of Agriculture
Tonya ARSCOTTMILK	Paediatrician	Botswana-UPenn Partnership
Carolina Martins VARAO	Vice Consul	Brazilian Embassy
Jennifer ANDERSON	High Commissioner	British High Commission
Otshidile ONKABETSE	Reporter	BTV
Esther MACHAKAIRE	PMTCT Medical Officer	Center for Diseases Control
Emiliana TEMBO	Director of Gender	COMESA Secretariat
Jacinta SIBIYA	Principal Health Officer 1	DPH/MOH
Dorothy NAMUCHIMBA	Manager Food Security & Nutrition	ECSA-HC
Hideyabi MATSUKI	First Secretary	Embassy of Japon
Sayuri ITO	Reseacher	Embassy of Japon
Charlotte DUFOUR	Nutrition Officer	FAO
Philippe TABARD	Regional Health Advisor	French Embassy
Gilles Roussey	Deputy Head of Mission	French Embassy
Marine Beng-Thi	Cooperation Attache	French Embassy
Willy Andrews	Communication Officer	French Embassy
H. ELISCHER	Resident Representative	Friedrich Erbert
N.G MODISE	Councillor	Gaborone City Council
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