

# Positioning Women's Nutrition at the Center of Sustainable Development

## Micronutrient Forum 2016

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### The Micronutrient Forum

**About:** The Micronutrient Forum serves as a global catalyst and convener for sharing expertise, insights and experience relevant to micronutrients in all aspects of health promotion and disease prevention, with special emphasis on integration with relevant sectors. Its primary objective is to foster dialogue among the research, policy, clinical, program and private sector communities to facilitate the translation of evidence for policy and program planning, and to inform research needs and priorities based on evidence gaps in order to support programs.

**Vision:** A world in which all people have access to essential micronutrients at levels needed to promote health and prevent disease.

The 4<sup>th</sup> Micronutrient Forum Global Conference took place from October 24 to 28, 2016, in Cancun, Mexico. This was preceded by two days of sponsored symposia. The Forum has grown since it was first held in 2007 in Turkey, the East-West nexus, where *Hidden Hunger* gained visibility on the global stage. Since

then, the micronutrient message has been heard from East Asia (2009, China), Africa (2014, Ethiopia), and now North America. In two years, the Micronutrient Forum Global Conference will return to Asia.

Delegates from academia, governments, funding bodies, NGOs, program implementers, and the private sector gathered each day from 8:30 am to 7:00 pm, building dialogue and sharing their experiences and opinions across four tracks: **1)** Measuring and interpreting information on micronutrient status; **2)** Effects of micronutrient interventions on indicators and functional outcomes; **3)** Scaling up micronutrient interventions in vulnerable populations – bridging the gaps between evidence and implementations; and **4)** Transforming the enabling environment to forge a future for micronutrients – what will it take?

### Mainstreaming women's nutrition for sustainable development

This year's theme focused on the most important foundation of health, food and nutrition – women. Women and girls are simultaneously the key providers and recipients of food and care in almost every society. Addressing their challenges and needs, and empowering them, is both a rights-based and cost-effective strategy to improve the wellbeing and sustainable development of families, communities and countries.

### “Women hold up half the sky”

It was in the 1960s that child health was placed on the global health agenda. However, the health and nutritional status of women were not the main focus, or even a priority, at the time: mothers were regarded only as a means of improving child health. It wasn't until the late 1980s that the focus shifted toward preventing maternal mortality, with the “safe motherhood initiative.” The UN then placed maternal health high on its agenda by incorporating it as the 5<sup>th</sup> Millennium Development



A speaker at the 4<sup>th</sup> Micronutrient Forum Global Conference, which focused on the key role of women and girls as both the recipients and the facilitators of better nutrition.

Goal (MDG). With this came a more holistic vision of women's health, although it was still very fragmented, with unproductive competition over which issues to prioritize.

Women have different needs compared to men, based on biological and social factors including gender rights and socioeconomic status, which puts women at a disadvantage in many societies. Hence a lifestyle approach to women's health should be adopted. Women's health directly impacts on the health of the next generation. When a mother dies, her children are ten times more likely to die by the age of ten.

Health systems are largely unresponsive to the needs of women, despite the fact that women are the majority within the health workforce. Women should not be viewed simply as bearers of health problems, but also as key to providing solutions.

It should go without saying that women throughout the world who are better nourished are more capable of caring for their families. For this to be achieved, the following should be considered:

1. Value women: provision of preventative/curative interventions;
2. Gender-responsive policies (e.g., maternity/paternity leave)
3. Compensate women: unpaid contributions;
4. Include women in data collection and analysis: sex-disaggregated status; and
5. Be accountable to women: accountability framework.

Thus a combination of gender equality and health is crucial for achieving and maintaining sustainability. Research findings presented at the Micronutrient Forum explicitly showed that fo-

cus on women certainly delivers results, but that this should be complemented by a recognition of the contribution that can also be made by men. In fact, the Micronutrient Forum implicitly emphasized that nutrition, health and development must be a shared human and "non-gendered" endeavor. The health of women must be guaranteed, if current and future generations are to be healthy and reach their full potential. The first 1,000 days is indeed critical, but so too are the days before pregnancy.

The health and functional outcomes of women are sensitive to nutrition, including maternal health and survival, weight gain in pregnancy, birth outcomes, and postnatal growth and cognition. Proven prenatal interventions include food supplementation with a variety of products, although the energy and protein content can vary. The sharing of these food supplements with other members of the family as well as their substitution for less nutritious products is a problem. In combination with a range of additional factors, this has led to the failure of many pregnancy interventions. After a decade of research, there is still no clear recommendation for micronutrient supplementation, despite strong evidence of its benefit, such as the positive effect of calcium on reducing the risk of preeclampsia and hypertensive disorders. Such a recommendation is necessary considering that, in many developing countries, the nutritional status of women as they enter pregnancy is suboptimal.

Adolescent girls, in particular, are at increased risk of adverse birth outcomes, given that nutrition during that period is particularly important. Early (ages 10–14 years) and late adolescence (ages 15–18 years) provide a second window of opportunity to improve health, and therefore warrant more research attention. Integrative approaches such as the consideration of maternal infections and family planning are of utmost importance to women's health, and will eventually confer nutritional benefits.

### Zooming out ... From cell to society

A key message at the conference was the need for research across the whole cell-to-society spectrum, gathering all cellular/molecular, clinical, community, implementation and policy-level inputs, integrating the results into an effective policy and service delivery package, and finally making intradisciplinary dialogue possible between scientists and practitioners working in this field. Effective knowledge translation and transfer is key to the optimal functioning of the continuum. The same concept is applicable to our educational and training systems. We can only be as successful as the weakest link in the chain.

### Interfacing between disciplines

Micronutrient malnutrition is a socioeconomic issue with biological outcomes. In its manifestations, all the social determinants of health and nutrition come into play. A woman with



A speaker panel at the 4<sup>th</sup> Micronutrient Forum

iron-deficiency anemia may need literacy and new knowledge (behavior change), access to affordable and sustainable markets, and economic support or empowerment to diversify and enrich her diet and that of her family. Many of these may fall outside of the reach of medical and health personnel. Multiple disciplines need to come together and work with one another to bring lasting solutions.

This year's Micronutrient Forum was a unique demonstration of the need for an interdisciplinary and multisector approach. It showcased how researchers and intervention projects had built and implemented crosscutting teams, dialogues and action plans with their nonmedical counterparts from industry, technology, economics, agriculture and trade, management, culture and media.

#### The 4<sup>th</sup> Forum: The 4<sup>th</sup> dimension for action

For many years, the triple-A approach (Assessment–Analysis–Action–re-Assessment) has been promoted in the nutrition discipline, and its research and action. This has resulted in a move away from common descriptive epidemiological studies (dominant in developing-world research, where micronutrient challenges are more prevalent) to developing and implementing practical interventional models. However, it seems, there was still a missing element – inspired, capacitated and connected nutrition professionals! The European Nutrition Leadership Program (ENLP), established in the early 1990s, started to ad-

dress the leadership capacity development need. Excitingly, this training has now spread across the continents. Today we have regional leadership trainings almost everywhere. The Micronutrient Forum provided the opportunity to bring together alumni from different nutrition leadership programs to share their experiences, learn from each other, and look to the future and the establishment of a global network of empowered and inter-connected nutrition leaders.

#### Micronutrient nutrition: A dietitian's perspective

As a practicing dietitian, I was thrilled to have the opportunity, thanks to a grant from the *Sight and Life* Foundation, to join other nutrition family members at the 2016 Micronutrient Forum. Sadly, I didn't meet many dietitians. Nutrition scientists and program implementers seem more "collective" in their teams and actions. Our medical teams, instead, are composed of a diverse range of (para-) medical practitioners: a medical doctor, a nurse, a psychologist, but never more than one nutritionist and dietitian. One dietitian seems enough! Attending the Forum raised a few questions in my mind. How can we effectively communicate with medical teams with regard to micronutrient malnutrition? How can we link the mass interventions made by community nutrition and dietetics professionals to thousands of single interventions made sporadically by dietitians in their clinics and private offices? These are conversations I need to pick up on.

### Zooming in ... Track 4: Transforming the enabling environment to forge a future for micronutrients.

#### What will it take?

This track included an enlightening plenary session, chaired by the new SUN Movement Coordinator (Gerda Verburg) with the new Executive Director of GAIN (Dr Lawrence Haddad) and with panelists from the African Nutrition Leadership Programme, the Micronutrient Initiative (MI), Access to Nutrition Foundation, The Power of Nutrition, and Tufts University. The discussion was vibrant and thought-provoking.

According to Dr Haddad, the current state of the enabling environment for micronutrient interventions is very weak. There is a low level of awareness, a low demand for solutions, and little support for solution implementation. There is some data on the distribution and depth of the hidden hunger problem, mainly from sub-Saharan Africa and South Asia. It is known that women's diets are largely monotonous, and according to the Global Nutrition Report (GNR), the minimum dietary diversity in infants aged six to 23 months for 60 countries is only 28%. Acting on the message "consume five fruits and vegetables a day" can cost up to 52% of household income in countries such as India, Pakistan, Bangladesh and Zimbabwe. It is simply not feasible to purchase five fruits and vegetables while living on \$2 a day. The world signed up to halve anemia rates in women by 2025, but at the current rates of progress this will only be achieved by 2084. There are also disturbing data gaps. Government spending on micronutrient interventions, which is needed for accountability, is generally unknown; the WHO micronutrients database is still under construction; the FAO database only covers nine countries; and the Tufts University dietary database is not publicly available.

It is clear that there needs to be stronger advocacy in many, if not all, areas. It is clear that "micronutrients" are not as high on the agenda as they should be, and are in fact facing a downward trend. Thus it is important to make micronutrient malnutrition (hidden hunger) newsworthy.

#### What needs to change?

- > There needs to be stronger and smarter advocacy, with a focus on quality over quantity. Low diet quality is a massive risk factor for global burden of disease.
- > Data and statistics only go so far: emotion is needed to shape preference and demand.
- > Researchers need to speak the same language as journalists and decision-makers.
- > Could celebrity chefs help with communication? They may be able to penetrate the consciousness of the population.
- > We have largely been focusing on improving technical capacity, but we need also to focus on functional capacity

by way of developing leadership skills within the nutrition community. We have been talking about this, but not yet investing in it.

- > Building partnerships is important. For example, if you are not good at fund-raising, then partner with a dynamic fund-raiser.
- > We need to work together with the business community and make use of its capabilities, such as innovative research and distribution.
- > There is a lot of mistrust of the business world due to bad practices and the exploitation of vulnerable groups; however, there are also good practices. There is not enough data about what businesses are doing. There should be a monitoring tool to assess what they are doing, then we can open the door for better dialogue.
- > You will not get any change in behavior by not engaging with the private sector or isolating yourself from it.
- > Scientists can be powerful advocates. They should inform top levels of government by creating opportunities to meet the people who matter, and should get across the message that nutrition is an excellent investment.
- > Nutrition needs to be approached from an economic perspective. Low-skilled jobs are becoming automated: people need to reach their full cognitive potential to function in this changing world.

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**“There is a problem with communication when the index of acronyms in a research paper is longer than the research itself. Our research needs to be able to talk to people outside of our environment.”**

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#### Clear identification of the role of the many vital stakeholders

To create an enabling environment for the effective implementation of micronutrient interventions, it is crucial to define the different roles of various actors. The role of civil society in food fortification programs is to serve as a “catalyst” – to be an advocate providing support to the different stakeholders and hold them accountable. The private sector's role is to be more “open” to the idea of contributing to public-private partnerships that are targeted at solving micronutrient problems. Technical assistance is also important and serves to identify innovative ways for capacity-building and problem-solving. Technical ca-

capacity is also essential for providing leadership to develop or improve appropriate curricula for universities. The role of the donor community must be to respond to the needs and help address the gaps in human development for a targeted country. The donor community should ensure that micronutrient interventions are owned locally, with the funding only providing a start-up or initiation of the interventions. Accountability and timely monitoring and evaluation should also be facilitated by the donor community.

### Are we speaking the right language to turn evidence into policy and programs?

A panel comprised of a young scientist, a former minister of public health, a UN colleague and a representative of civil society, and which also included active audience participation, delved into this critically important topic. After all, to be a champion of nutrition, it is important to speak the same language as the decision-makers.

Most people in government are not technical, so malnutrition needs to be explained to them. Political commitment is critical, so our language needs to be adjusted when speaking to different groups and in different situations: the message must be contextualized and relevant. Yes, politicians have to make decisions based on evidence, and that evidence has to be strong enough and has to be communicated effectively, but at the end of the day, “Yes I’m convinced” only means “Yes” when the budget is allocated!

In reality, the biggest drivers of policy are economics and political pressure from civil society. Nutrition information needs to be packaged and sold to the press so that it generates mounting public pressure that will force governments to take action. Therefore we need to spend as much time communicating results – to a variety of policy-makers – as we do collecting data.

Having the data is a great start, as in order to do relevant research, we need to know what the problems are. There needs to be a harmonization of data. At the moment, everyone wants to do their own survey, and we spend a lot of time collecting data and then don’t seem to turn it into programs and interventions that make a difference. There needs to be a louder voice from the scientific community.

Many scientists feel like they do not have the communication skills to talk to politicians about nutrition. Scientists are taught to think critically but not necessarily how to communicate that critical thought outside of scientific circles. However, if academics do not talk to politicians, then others with their own agendas will. Scientists should be encouraged to find ways to transfer and translate their research findings to policy-makers. Media communication for academia should be considered within the context of student training, and knowledge brokers are needed for effective communication with decision-makers.

### Transformational leadership – not a position but a distinct form of capacity-building

Three categories of current capacity needs include:

1. Empowering and enabling multisectoral nutrition systems, including coordinating nutrition bodies (this provides the framework for interventions to take place)
2. Program staff (including researchers, evaluators and policy designers), and
3. Frontline staff such as community health workers (possibly the most crucial group, as they provide the capacity to deliver interventions at the household level).

A clear distinction should be made between management and leadership. Management helps an organization to perform its specific role, such as delivering products or services, ensuring quality, and overseeing the budget and timeframe. Leadership takes the organization into the future by creating aligned commitment, identifying opportunities, and taking advantage of these. It requires vision and shared values, and there is a need to empower others in order for change to take place.

Transformational leadership includes a strong sense of purpose that goes beyond self-interest; strong moral and ethical values that demonstrate commitment and trustworthiness; the self-confidence and courage to confront tough issues, which creates the ability to build teams; the ability to create motivating climates and the willingness to learn; being in tune with reality; the ability to deal with ambiguity; establishing a common vision and common goals among diverse stakeholders; emotional intelligence, self-awareness and communication skills; and the ability to manage resistance to change and to influence the direction of change.

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**“The quality of the leadership sets the ceiling – an organization cannot grow beyond the size of its leader”**  
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Take-home messages from the leadership discussion included that there must be a paradigm shift in the way nutritionists are trained and taught about leadership, which should also highlight the importance of partnerships, teamwork, and taking knowledge directly into the community. The value of multisectoral collaboration was also emphasized, including the need to break out of empires, let go of egos and work together as one, sharing a common vision, as opposed to acting as competitors. There was also a call to action from team leaders to value and support their team members by finding out what is needed for them to carry out their work more effectively. Finally, as leadership involves working with people with different backgrounds



A rural medical health center in Cancun, Mexico

and perspectives, it is vital to be able to build effective relationships with various stakeholders. This approach to leadership training is what needs to be scaled up, and should possibly be incorporated into academic curricula. Transformational leadership must be considered as the lubricant to make the process run smoothly and accelerate change.

**Has the arrival of the SDGs changed financing for nutrition?**

Klaus Kraemer, Managing Director of the *Sight and Life* Foundation, who chaired this session, stressed that nutrition lies at the heart of the SDGs. In order to achieve the nutrition-specific SDGs, including the internationally agreed targets on stunting, there needs to be not only an increase in evidence-informed, nutrition-specific interventions (e.g., breastfeeding, supplementation and treatment of severe acute malnutrition) but also an increase in coverage to more than 90% in the highest-burden countries. Yet to date, overseas assistance for nutrition-specific interventions is less than 1%. To achieve scale-up will require significantly more investment. But what must this investment be, and how should it be secured?

It is generally known that nutrition does not receive sufficient global funding to reach its set targets. According to the Global Nutrition Report, the nutrition budget needs to be approximately \$3 billion (US) per year over the next 10 years. To achieve just four of the World Health Assembly targets would require funding of \$10 billion.

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**“The only way to fully know whether any action will be taken versus whether it will remain on paper is if it appears in the budget!”**  
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Rule number one in fund-raising: “If you don’t know what you’re asking for, you will have a hard time getting it.” Rule number two: “Don’t just ask for a number – ask for a number to do things.” It is important for nutritionists to be clear and specific about what they hope to achieve and what it will cost, as opposed to simply asking for a figure when requesting funding.

The total development assistance budget fluctuates at around \$150 billion, and nutrition receives around 1% of that. It is clear that the case for how crucial nutrition is to achieving the SDGs has not been made. Currently, the nutrition community is completely off-target for achieving the SDG 2 of ending hunger, achieving food security and improved nutrition and promoting sustainable agriculture. Although having the funds is a major part of the solution, from a political perspective, funding is only obtained when the correct logic is applied to acquire it. When thinking about ending global hunger, there are three simple questions to be asked:



Kesso van Zutphen (left) and Ghazal Avand at the *Sight and Life* Foundation booth at the Micronutrient Forum in Cancun

1. What are the needs?  
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2. What are the policies?  
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3. What are the resources available in each country?

With this in mind, efforts should be targeted toward a best-case scenario of a country with a high need, strong policies and low resources – this is the scenario that will achieve the most positive results. By contrast, a worse-case scenario would be low needs, weak policies and high resources. Country data on needs, policies and resources can be mapped in order to determine where the maximum benefit from a nutrition intervention would be achieved.

The impact of major economic, demographic, technological and developmental shifts has reshaped priorities and created the need for more innovative ideas/solutions to achieve sustainable health and development gains. In addition, there is an urgent requirement for not only multisector collaboration, but also for global partnerships. Given the close interlinkages between human and planetary health – as exemplified by the climate-change-induced food and nutrition security shocks seen in the developing world – high-income countries need to be held more accountable for their actions. Nowhere is this accountability more important than in the agricultural sector. This should involve working backwards from environmental degradation towards the desired outcomes.

With regard to moving the needle on nutrition and the development and implementation of innovative interventions, micronutrient deficiencies need to be examined within the context of changes in development. There is a particular need to introduce new tools and technologies for tracking nutritional indicators. The current pace limits the ability to utilize data to make a substantial case that more funding is needed for nutrition interventions, simply because it is difficult to say whether or not existing programs are having an impact. So it extends far beyond simply collecting data and involves using this nutrition intelligence for a purpose. Nutritionists would benefit from adapting the way we think about achieving nutrition goals and the way we engage with the food system in general. This would involve improving relationships with the controllers of the food system – the private sector – which has generally been problematic for nutritionists. The next generation of young nutritionists must realize this and will have to develop better communication across sectors, while engaging in problem-solving and creating better, more innovative, business models.

While some believe that seven of the SDGs are related to nutrition, others link nutrition to 12 of the SDGs – making it an overwhelmingly global issue that affects all of us. It is estimated that addressing these goals will take up to \$1.5 trillion per year, so there is a need to look beyond nutrition and beyond development. To obtain this funding may require a blended fi-

nance approach, where both public and private finance is integrated in order to achieve development goals.

At present, focusing on nutrition and agriculture in isolation to achieve development will remain insufficient until real-life traditional and modern ecosystems are created that balance nutrition, socioeconomics and health.

In our current global economic system, high-income countries import far more from low-to-middle-income countries than vice-versa, and big business is increasingly looking to start-up companies and SMEs for innovative ideas. It is therefore time to take a full one-world approach to all industrial markets as we attempt to find a way to bridge social and economic activity across countries.

**The economics of demand**

Marketing can be defined as the creation, management, and measurement of programs designed to influence the choices one needs people to make in order to meet specific objectives. Most marketing tends to focus on the four P's: product, price, place and promotion. Yet individual choice will finally determine actions, and therefore understanding the psychology of choice is a growing science. Brain science shows that people are a product of a long string of choices, and that our capacity for decision-making has evolved over time. Nevertheless, the way we make decisions has barely changed: 95% of our decision-making is unconscious, and 90% of the critical decisions we make are based on intuition. Overall, intuition is more influential than experience. In nutrition, we need to understand why people don't do what they are supposed to do – or, more specifically, why people don't make healthy eating choices.

Behavioral economics is an emerging science which helps us to craft ways for assisting people to make good choices through "nudge" interventions – interventions that nudge us in the right direction rather than simply telling us what is right and what is wrong. For example, it has been shown that a choice supported by peer pressure can play an important role in influencing popular behavior. Four key messages for social behavior change communication are:

- 1. If you want to encourage someone to do something, **MAKE IT EASY**
- 2. Make the example of others adopting the behavior change you require **VISIBLE TO THE PEOPLE WHOSE BEHAVIOR YOU WANT TO CHANGE**
- 3. Always think about how the **PROSPECT OF A LOSS** might be working against you or could work for you
- 4. Make your **BENEFITS FELT NOW**, not in the future

**Future orientation in science and practice**

Without doubt, the nutrition discipline in general, and specifically the micronutrient field, is changing, and evidence-based interventions to improve the lives of billions are growing. There has been a significant increase in developing broader stakeholder awareness of our cause. We have also widened our action umbrella and added more micronutrients (such as vitamin D and zinc) to the initial portfolio under the *Hidden Hunger* concept (vitamin A, iodine and iron). We have expanded our research and knowledge from the cellular/molecular level to the policy and implementation levels. We have developed new graduate programs to promote systemic and interdisciplinary thinking and action. We have been able to absorb and invest more assets (human, financial, technological, etc.) for the common cause of improving micronutrient nutrition. We have been able to support innovative ideas in technology to deepen our fortification, supplementation and dietary diversity strategies.

But we must not, and cannot, rest. As was clearly shown in many presentations at the Micronutrient Forum, we need to do more. More in implementation science and leadership capacity development. More basic research. More engaging with the beneficiaries – the communities we have set out to assist.

We need to keep focused on the 4 Cs: be more Committed, Comprehensive, Creative, and Collaborative in our research and practice. We need to strengthen our political, scientific and financial pillars as our three main power dimensions. We need to grow and develop leadership skills to couple with our academic and technical knowledge. We need to be resilient in our endeavors. We need to benchmark success stories, learn from our experience, and be open to harnessing different capacities and working in new and different ways. Last but not least, we need to find practical and scalable ways to mainstream women and girls for our health and development visions and plans. And we have to make sure that whatever we do is also driven by the passion to ensure sustainability.

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**For further information about the Micronutrient Forum, please visit [www.micronutrientforum.org](http://www.micronutrientforum.org)**  
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