

Hub in French-Speaking Africa

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1st country of focus:	Benin
Additional countries of focus:	Burkina Faso, Mali
Relevant to the conference theme:	Non-communicable chronic diseases
Summary:	<p>Low-income countries are now facing not only undernutrition and micronutrient malnutrition, but also nutrition-related non-communicable diseases (NCD) such as obesity, diabetes, hypertension, and cardiovascular disease. This is the 'double burden of malnutrition' which imposes a heavy toll on societies and health systems. Since 2008 TRANSNUT has been involved in a joint project with West-African academics and NGO partners on the double burden of malnutrition. The six-year project involves training, research and advocacy. The principal partner is the Regional Institute of Public Health, Bénin. There are several other partner institutions in Bénin, Burkina Faso and Mali.</p>
What challenges does your project address and why is it of importance?:	<p>Low income countries continue to struggle with undernutrition, micronutrient malnutrition and infectious disease. Concurrently, the nutrition transition fueled by urbanization and globalization contributes to the rapidly increasing prevalence of NCDs. The double burden widens the gender health gap as women are more prone than men to obesity and micronutrient malnutrition. Furthermore, a major issue is the synergistic interaction of malnutrition in early life and the nutrition transition, with further increased risk of NCDs in population groups exposed to malnutrition in early life. The challenges of addressing the double burden of malnutrition are many: 1) The widespread misconception that undernutrition and nutrition-related NCDs are opposite issues, with undernutrition as a problem of the poor and nutrition-related NCDs, of the affluent; 2) Lack of sensitization of decision-makers to the urgency to prevent NCDs since the cost of treating these diseases is beyond the means of low-income countries; 3) Lack of well-trained personnel to address nutrition-related NCDs, including in nutrition counselling and communication for behavioral change. In several low-income countries, nutritionists are only trained to manage malnutrition; 4) Paucity of data on the nutrition transition and the double burden of malnutrition; and 5) Positive attitudes towards female overweight and sedentary lifestyles in several socio-cultural groups.</p>

How have you addressed these challenges? Do you see a solution?:

The goal of the project is to strengthen the capacity of French-speaking countries of West Africa to address the double burden of malnutrition. Towards this goal, the project is creating a hub on the double burden of malnutrition in Bénin, with partner institutions and for the benefit of the whole region. Partners are involved in training of human resources, action research and communication and advocacy. We see part of the solution in bringing closer together training, research and advocacy activities as a means of enhancing impact on nutritional health of the population. As part of the training component, two new regional academic training programs are now offered in Bénin: a Master's program in public health nutrition and the new professional B.Sc. program in Nutrition and Dietetics to train nutritionists/dietitians for the prevention and management of nutrition-related NCDs, as well as undernutrition and micronutrient malnutrition. Continuous education on the nutrition transition and chronic diseases, as well as on community management of acute nutrition, is also offered to health professionals. The short training sessions (one to two weeks) are credit granting, and have so far been offered in Benin and Burkina Faso. Regarding research, the "Nutrition-Friendly School Initiative" of WHO, a framework specifically designed for the prevention of the double burden of malnutrition, is pilot-tested and evaluated for the first time in Africa, in a few primary schools of Ouagadougou and Cotonou. The approach is concerned with the school environment, the curriculum, school health and nutrition services, and parents and teachers. Other research projects pertain to the nutrition transition, the double burden of malnutrition and nutrition-related NCDs in Bénin, Burkina Faso and Mali. These studies provide data and tools for preventive action and advocacy. Community-based action research for the prevention of NCDs through self-help groups is in progress in Bénin. Communication and advocacy are intended to sensitize populations, health professionals and decision-makers at the international, regional and national level to the issue of the double burden of malnutrition and to the urgent need for action. Research results are widely disseminated in the scientific community, in addition to being translated back to communities. Important leaders and decision-makers are associated with the project, which reinforces advocacy in favor of policy and programs to control nutrition-related chronic diseases. An advocacy tool on diabetes in sub-Saharan Africa is being developed and will be used by partners and in training programs.

How do you know whether you have made a difference?:

Making a difference is certainly the intent of the results-based project at horizon 2014. Evaluation and sustainability measures provide indicators of success. 1) Evaluation: Not only numbers of persons trained, but the quality of training, the increase of local training capacity and the extent of utilization of new competencies are assessed. A gender lens is used to assess results of training programmes. The 'Nutrition-friendly School Initiative' is evaluated for process, and in Burkina Faso for impact, with baseline and post-hoc diet and nutritional status assessment in intervention and paired control schools. Baseline school data was used for advocacy, with the resulting government decision to extend the school lunch program to urban schools in Burkina Faso, which is itself considered a positive result. Results of studies on the nutrition transition and cardiometabolic risk factors were used for sensitization of the population. In order to respond to the expressed need for specific guidance on diet, a set of food-based dietary guidelines are being developed, which suggests some impact on awareness and may bring about changes in dietary practices. 2) Sustainability measures: The design of CIDA-funded institutional partnership projects is intended to foster sustainability. The project only provides technical assistance, initial training material and equipment, and funds for research; it does not cover running costs of programmes.

Additionally, it involves in-kind contribution of partner institutions, including their personnel, since no salary is paid by the project. Academic programmes and continuing education are developed locally, in Africa, with training of trainers primarily done locally; only a few Ph.D. students are trained abroad, and the trainees are government employees who have agreed by contract to return to their country. Continuing education modules in nutrition will soon be offered on-line, so that they will be affordable and more easily accessible. All these measures are taken so that the training programmes mounted with project support will continue once the project pulls out. Additionally, the nutrition communication tools will continue to be used and the NFSI will be pursued and scaled-up as described below. The advocacy tools on the prevention and management of type 2 diabetes which are being developed to influence decision makers will continue to be used for this purpose, as well as in training programmes.

Have you or the project mobilized others and if so, who, why and how?:

Institutional and financial resource mobilization is regarded as a major contributor to sustainability. Examples are provided. The training programmes are in the hands of local institutional partners, in Bénin primarily and in Burkina Faso as regards continuous education. Scholarships from various donors are needed for the Master's programme to be sustained; lobbying and networking are on-going. Professional nutritionists from Canada have contributed to the academic programme development as volunteers, with Canadian NGO support. The NFSI, although still on a pilot scale, has mobilized the government, and scaling-up may soon start with other sources of funds. The West African Health Organization (WAHO) has provided funds to IRSP to develop nutrition communication material for the general public. The project has also provided technical assistance to develop grant proposals for intervention research, and to include nutrition-related NCD activities in the national action plan in nutrition.

When your donor funding runs out how will your idea continue to live?:

In spite of all the efforts, the partners recognize that addressing nutrition-related NCD and the double burden of malnutrition in a sustainable manner is a major challenge in low income countries of West Africa.

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