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Promoting child nutrition in the Southern African Development Community Region

Regional parliamentary seminar hosted by the National Assembly of the Republic of Namibia and co-organized by the Inter-Parliamentary Union (IPU) and the United Nations Children's Fund (UNICEF)

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OUTCOME DOCUMENT

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We, members of parliament from 9 countries in SADC gathered at a regional workshop in Windhoek to discuss how parliaments can contribute to improving nutrition and to ensuring every child's right to survive and thrive, through the protection, promotion and support of optimal nutrition from the time of conception up to the age of 24 months (the 'first 1000 days').

Our meeting took place immediately after the United Nations high-level summit. The 2030 Agenda for Sustainable Development was adopted there and we committed to contribute to the achievement of its objectives. Promoting child nutrition is explicitly included in the Agenda's first and third objectives ("no poverty" and "good health and well-being").

Our debates focussed on four main themes: (1) The significance of nutrition security for development; (2) The stubbornly high rates of undernutrition (stunting, wasting and micronutrient deficiencies), examples of success in reducing them and the emerging challenge of obesity; (3) Overcoming structural and environmental barriers to nutrition; and (4) Parliament's role in the creation of political commitment and action.

Our discussions commenced with a recognition of the critical importance of food and nutrition security to economic development, to the healthy growth and survival of children, and to breaking intergenerational cycles of poverty that continue to trap so many individuals, families, communities and countries in Southern Africa. We agreed that urgent action is needed.

Undernutrition is caused by a lack of access to adequate nutritious food, poor care and feeding practices, and low access to health services and sanitation, especially during the first 1000 days.

Undernutrition leads to stunted growth and impaired cognitive development. This directly reduces human capital formation and stifles economic development. Consequences for individuals and nations are severe. Children face a substantially increased risk of death and disease, and a 20-25% reduction in income as an adult. Nations lose 2-3% of GDP.

In the developing world, more than 160 million children suffer from stunting, and in some countries more than half of children are affected. Alarming, 39% of children in Eastern

and Southern Africa are stunted. While some progress has been made in the SADC region over the last years, the vast majority of countries in the region are not on course to meet stunting targets established by the World Health Assembly.

But progress is possible. While stunting is largely irreversible, it can be prevented. Prevention needs to happen during the first 1000 days. The evidence and solutions are clear.

We also recognised that:

- the first 1000 days of a child's life is a critically important period during which improved nutrition and feeding practices must be protected, promoted and supported, particularly breastfeeding (which should be started early, continued exclusively for 6 months, and extended for up to at least 24 months with safe and adequate complementary food);
- investment in nutrition offers one of the highest financial returns of all development interventions (sixteen dollars for every dollar invested); but to our dismay, only a very small fraction of national budgets are allocated to nutrition on average;
- government-verified data is essential for greater accountability and performance; MPs can act as data champions;
- empowerment of women through access to information and access to services outside the home is key to improving nutrition outcomes; engagement of men at all levels in order to improve child nutrition is also essential;
- rapid economic growth does not necessarily result in a rapid reduction of undernutrition; improvements in nutrition require the implementation of nutrition interventions; good nutrition contributes to economic growth while undernutrition perpetuates poverty;
- a multi-sectoral approach that encompasses and coordinates areas such as health, water, sanitation, agriculture, finance and trade will be required to move the nutrition agenda forward effectively; social protection programmes, such as cash transfers, generate a documented reduction in stunting; improved sanitation can also reduce stunting;
- nutrition policies and outcomes will only advance if there is sufficient political commitment and will; overcoming institutional, legal, fiscal, political, environmental and administrative barriers is essential as is supporting robust accountability mechanisms that will help to achieve meaningful, cost-effective results;
- change can happen relatively quickly; evidence shows that stunting rates can fall quickly and breastfeeding rates expand rapidly, even in the course of a single electoral term.

Parliament's role in advancing nutrition

We discussed the various roles Parliaments can play in advancing nutrition, including: adopting relevant legislation; helping to shape or oversee national plans; engaging constituencies at community level; partnering with people and organizations in civil society to hold governments accountable; and ensuring that laws and policies are actually

implemented. In terms of pro-nutrition legislation, we highlighted the importance of implementing and enforcing effective national regulations to implement the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions and of adopting maternity legislation based on the ILO Maternity Protection Convention 2000.

Priority Actions for Parliaments and their Members

The following recommendations came out of the debates, which we pledge to follow up as a priority:

1. **Legislation and policy:** We commit to review our existing legal and policy frameworks from a nutrition-sensitive perspective, in order to ensure there is a comprehensive legal framework in place for nutrition. Particular emphasis should be given to:
 - (a) Improved implementation, monitoring and enforcement of the International Code of Marketing of Breast-milk Substitutes and all relevant subsequent World Health Assembly resolutions, through the adoption of enforceable legislation;
 - (b) Adoption and implementation of maternity protection legislation based on the 2000 ILO Maternity Protection Convention and Recommendation, in order to provide sufficient support to all categories of women in the workplace, including those in the informal sector, and in order to follow recommended infant and young child feeding practices;
 - (c) Addressing the burdens of overnutrition or obesity by establishing regulations that require nutrition labelling, food fortification, subsidies for healthy foods and disincentives for unhealthy foods, and that prohibit the inappropriate marketing of unhealthy foods and beverages;
 - (d) Overseeing the adoption of policies on HIV and infant feeding in line with World Health Organization recommendations.
2. **Budget allocation and expenditure:** We agree that budget allocation is crucial for the enforcement of legislation and the implementation of policies and programmes aimed at improving infant and young child nutrition. It is also essential to ensure that a fair share of the budget is allocated to key ministries responsible for the delivery of such programmes and for the implementation, monitoring and enforcement of pro-nutrition legislation. Equally, we have a role to play in monitoring expenditure and making sure money is properly spent.
3. **Oversight:** We agree that it is essential to use our powers of scrutiny and oversight to hold governments to account for the enforcement of existing laws and policies. We will continue to hold governments to account and track compliance and implementation of the approved budget and policies either by making use of existing parliamentary committees and caucuses, or by establishing appropriate sub-committees.
4. **Representation and awareness-raising:** We commit to being champions for nutrition and for children and families, especially the most vulnerable. We will use our position to galvanize action and draw attention (using current evidence and data) to the unacceptably high rates of malnutrition that continue to afflict so many of our nations in SADC.

5. **Develop nutrition-friendly parliamentary mechanisms:** We acknowledge that more needs to be done within our parliaments to secure a better response to the nutritional needs of children, especially the most vulnerable. We commit to identifying ways to build our capacity to address infant and young child nutrition-related issues in our daily work, including through improved engagement with youth organisations;
6. **Coordination and cooperation:** We pledge to ensure that we coordinate our activities and work in partnership with other actors, including civil society, donors, development bodies and international organizations, such as UNICEF, IPU, the World Health Organization, the Food and Agriculture Organization, and the World Food Programme. We will explore effective coordination frameworks that harmonize the activities of government, audit offices, parliaments and civil society. We underscore the importance of coordinating actions across party lines between individual MPs and the committees and caucuses on which we serve. We furthermore commit to expanding regional coordination and to pursue parliamentary exchanges and cooperation in order to share best practices and inspire each other to accelerate the nutrition agenda.

We commit to taking these recommendations back to our respective national parliaments and constituencies and will draw on the support of UNICEF, IPU, the World Health Organization, the Food and Agriculture Organization, the World Food Programme and relevant civil society organizations as we endeavour to meet or exceed global nutrition targets.