The Government of Burkina Faso marks its commitment for stunting reduction among children under five years old through a multi-sectorial approach

From 5 to 8 May 2014 a national planning workshop for the reduction of chronic malnutrition was held in Ouagadougou / Burkina Faso. Dr. Arsène Bognessan Ye Minister of State responsible for relations with the institutions and political reforms chaired the opening session of this important meeting on behalf of His Excellency the Prime Minister. The opening session was co-chaired by the Ministers of Health (Lene Sebgo), Agriculture (Mahama Sawadogo) and Social Action (Alain Zoubga). The technical and financial partners in nutrition were represented by UNICEF, the European Union, WHO, WFP, FAO and the World Bank. UNICEF and WHO were respectively represented by Mr Marc Rubin and Dr. Djamila Cabral.

The workshop organized by the Ministry of Health, with the technical and financial support of UNICEF through the EU Africa’s Nutrition Security project and WHO, brought together high-level technicians from the Ministries of Health, Agriculture and Food Security, Animal Resources, Water, Hydraulic Facilities and Sanitation, Economy and Finance, Social Action and National Solidarity, Women's Empowerment, National Education and Literacy, Environment and Sustainable Development, Industry, Trade and the Crafts, as well as key technical and financial partners in nutrition (international donors, UN agencies, NGOs and associations) national parliamentarians, and the network of journalists and communicators in nutrition and food security.

In their respective speeches, the Minister of State, the Minister of Health and the UNICEF’s Representative have all asserted the imperative need for a multisectoral approach in order to accelerate stunting reduction in Burkina Faso. Indeed, the overall objective of the workshop was to generate consensus and commitment among the representatives of different sectors around a multi-sectorial plan for stunting reduction in Burkina Faso.

Chronic malnutrition or stunting affects more than 165 million within 5 years old in the world, among which more than 56 million in Africa (Lancet, 2013). In Burkina Faso, stunting affects more than 31.5% of children aged less than 5 years old, which represents more than
one million children every year. Stunted 5 years old children are at minimum 10 centimeters shorter than their non-stunted peers. Severe stunted under-five children are at higher risk of death from diarrhea (five times) and pneumonia (three times) than children who are not. Chronic malnutrition is also associated with poor cognitive development. Stunting produces permanent and irreversible damages at the physical and brain level, which significantly increase the risk of child mortality and dramatically decrease the development of learning capacities. Stunted children will reach a low level of education and will be less productive adults. This decline of productivity will have a significant impact on the economic development of the country: national economic loss has been estimated by the World Bank at 11% average in the countries of Sub-Saharan Africa.

To address this problem, still underrated by Governments strategies and policies, Burkina Faso adhered in 2011 to the SUN (Scaling-Up Nutrition) movement with the objective of scaling-up interventions with a proven impact on nutrition. The most recent scientific evidence has shown that interventions with a proven impact on nutrition are not only nutrition-specific interventions but also nutrition-sensitive interventions from different sectors, including: health, food security, water, sanitation and hygiene (WASH), social protection, education, gender promotion, the private sector and social and behavior change communication.

In 2013, during the Paris and London international conferences on nutrition, the Government of Burkina Faso made his commitment to reduce the prevalence of chronic malnutrition to 25% of children under five years old by 2020. Furthermore, the 2012 World Health Assembly agreed on the objective of reducing the number of children under five year old suffering from chronic malnutrition worldwide by 40% between 2010 and 2025.

Challenges to accelerate the reduction of stunting in Burkina Faso are huge. At the end of this workshop, it was agreed that 13 direct nutrition interventions across the life cycle should be strengthened. New direct nutrition interventions identified included (1) multiple micronutrient supplementation for pregnant women to ensure higher calcium intake, (2) home fortification with micronutrient powder, and (3) inclusion of adolescent girls in nutrition programs.

Regarding sensitive nutrition interventions, 12 interventions in the health sector targeting the continuum of care-provision will be strengthened and scaled-up. Particularly, seasonal chemo prevention of malaria in children 3-59 months (a new intervention in Burkina Faso) should be effectively implemented.

Regarding the WASH sector, 5 priority interventions have been identified: (1) improving access to drinking water sources in rural and urban areas with a focus on equity (2) promotion of good transportation, storage, and water treatment at home, (3) promotion of hand washing with soap, (4) improving access to sanitation facilities and (5) promotion of community led total sanitation (CLTS).
Regarding the agriculture sector, 5 priority interventions have been identified: (1) improving the availability and access to a varied and healthy diet throughout the year through home gardening, small livestock and forest non-timber products (2) promotion of the production of foods with high nutritional value, (3) stabilize food prices (subsidized sales, social shops) food vouchers, free distributions of food, (4) strengthening women’s access to resources (access to land, income from the sale of agricultural products, access to micro-credits) and (5) adoption of best practices on crop conservation, processing and storage.

Regarding the social protection sector, 3 interventions were identified: (1) safety nets interventions linked to nutrition (conditional and unconditional cash transfer, subsidized sales and social free food distribution), (2) exemption of healthcare costs for children under 5 years old and (3) universal health insurance.

Regarding the education sector, 4 priority interventions have been identified: (1) girls schooling, (2) women’s alphabetization, (3) parental education and (4) the insertion of nutrition modules in schools, post school and informal education.

The private sector will contribute to the implementation of direct nutrition interventions through: (1) large scale food fortification (2) fortification of local infant flavors, (3) promotion and marketing of appropriate local products and (4) promotion of small business and contribution to the creation of income-generating activities.

Bottlenecks related to the implementation of the priority interventions and the associated activities to address them have been identified during the workshop. Actions to be taken include communication for behavior and social change, and gender issues. In addition, a consensus was reached on a common results framework to reduce stunting in Burkina Faso.

Regarding the coordination platform for the implementation and monitoring of the multi-sectorial action plan for stunting reduction in Burkina Faso, it was recommended to reform the National Council for Nutrition (CNCN) through revision of texts, name, members, associates, and improved links with other sectors for better taking into account the multi-sectorial approach for stunting reduction.

The participants to the workshops also agreed on the next steps, which include: (1) the adoption and diffusion of the common results framework (2) the development of a communication plan including institutional advocacy for the implementation of the workshop’s recommendations (3) the revision of laws governing the existing nutrition mechanism of coordination (National Council for Nutrition) (4) the establishment of a formal framework of collaboration within the private sector (5) advocacy for the exemption of premix used in large scale fortification (6) advocacy for the establishment of a Memorandum
of Understanding for the sale of fortified infant formula in deposits of essential generic drug to promote their accessibility to the most vulnerable groups (7) establishing a task force to advocate for exemption from fees for curative care for children under 5 years.

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