Food system transformation

This is a summary of the following paper:
Fanzo J, Haddad L, Schneider K, Béné C, Covic, N, Guarin A et al (2021) Viewpoint: Rigorous monitoring is necessary to guide food system transformation in the countdown to the 2030 global goals. Food Policy, 104, 102163.
https://doi.org/10.1016/j.foodpol.2021.102163

Food systems that support healthy diets in sustainable, resilient, just and equitable ways can give rise to progress in eradicating poverty and malnutrition, protecting human rights and restoring natural resources. While food system activities have contributed to great gains for humanity, they have also led to significant challenges including hunger, poor diet quality, inequity and threats to nature. While it is recognised that food systems are central to multiple global commitments and goals, the current trajectories are not aligned to meet these objectives.

Food system transformation aims to generate a future where all people have access to healthy diets produced in sustainable and resilient ways that restore nature and deliver equitable livelihoods. Transformation is possible in the next decade but rigorous evidence is needed to keep progress on track. A comprehensive, science-based monitoring framework can support evidence-based policymaking and the work of those who hold key actors accountable in this transformation process.

The authors' paper proposes a monitoring framework centred around five thematic areas which arise from a systemic analysis of food systems, the entry points for change, established targets and goals and the necessary processes and capacities to bring about change. The authors developed working groups around each thematic area (shown in in bold) to develop the following indicator domains:

1. Diets, nutrition and health: diet quality; food security; food environment; policies affecting food environments.
2. Environment and climate: land use; greenhouse gas emissions; water use; pollution; biosphere integrity.
3. Livelihoods, poverty and equity: poverty and income; employment; social protection; rights.
4. Governance: shared vision; strategic planning and policies; effective implementation; accountability.
5. Resilience and sustainability: exposure to shocks; resilience capacities; agrobiodiversity; food security stability; food systems sustainability index.

Recognising that this must be a multi-stakeholder process, the authors will use an adapted Delphi process to gather feedback on the thematic areas and indicator domains, identify candidate indicators and vet the selection of final indicators to be monitored. To spur accountability towards an inclusive food system transformation, the authors have issued a call for action. They hope others will contribute further evidence of successes and challenges and offer actionable recommendations based on this evidence.

MUAC screening for acute malnutrition at the community level in Niger

© WFP/Evelyn Fey/Niger/2021

Integration of severe acute malnutrition treatment in primary health care provided by community health workers in rural Niger

This is a summary of the following paper:
Ogobara Dougnon A, Charle-Cuéllar P, Toure F (2021). Impact of integration of severe acute malnutrition treatment in primary health care provided by community health workers in rural Niger. Nutrients, 13(11).
https://doi.org/10.3390/nu13114067

In Niger, childhood malnutrition remains a public health problem. In the Maradi region, the prevalence of global acute malnutrition (GAM) reached 11.4% with 3.4% severe acute malnutrition (SAM) in the same year. Niger's community-based management of acute malnutrition (CMAM) policy dictates that SAM be treated by nurses in health facilities. However, the integration of SAM treatment into integrated community case management platforms has the potential to increase coverage through the community-based treatment of uncomplicated SAM cases by community health workers (CHWs). In parallel, there has been increased interest in simplified protocols for SAM treatment including the use of mid-upper arm circumference (MUAC) as a single criterion for treatment admission.

This study aimed to assess the impact of the integrated management of SAM by CHWs on treatment coverage in the Maradi region of Niger, with special attention given to anthropometric criteria for admission to treatment. A non-randomised controlled trial was implemented in two rural communes, Maïreyreye (control) and Guidan Amoumoune (intervention). The control group received outpatient treatment for uncomplicated SAM from health facilities while the intervention group received outpatient treatment from health facilities or CHWs. A total of 2,789 children aged 6–59 months were included in the study.

Results showed that the addition of CHWs as service-providers increased treatment coverage and CHWs maintained a good quality of care. In the intervention area, coverage increased by 3.1% and 77.2% of children were cured, compared to the control area where coverage decreased by 8.3% and 72.1% (below Sphere standard) were cured. Children managed by CHWs had a less severe anthropometric condition at admission and recovered seven days earlier than those treated exclusively at health facilities. In addition, a higher proportion of children admitted to treatment were identified by MUAC (33.9%) compared to weight-for-height z-score (12.1%) as the sole criterion. Expanding the MUAC cut-off to 125 mm as an admission criterion also allowed for almost all (99.5%) children identified by weight-for-height z-score to be admitted for treatment. These findings support a potential revision to Niger's protocols for the management of acute malnutrition to incorporate community-based management by CHWs.