2012 January column
Reggie Annan

It is a new year and many are looking forward to a new start. People generally start the year with things to change, things to start and things to stop because they want fresh starts. Hence the many resolutions, even though most get broken by the end of thee first month. I think this is so because we all genuinely desire the ideal. Life however is more real than ideal.

For me something else is very significant this year. I now live in Africa after many years in Europe. I think for the purpose of my blogs, this move is Key because living in Africa, I have a better understanding of what goes on and also have first hand information. Therefore I will be more directly involved in what I write. So for this blog, I will start with my perception about Ghana so far on issues of nutrition. Then, I will summarise my commentaries for 2011 just like I did at the beginning of 2011 for 2010. This gives a good foundation of where we got to in 2011. As usual, take some time to enjoy the beach scenery in Ghana above.

Maternal deaths in Ghana
The plight of pregnant women

There is a lot to say about Ghana and a lot of good about Ghana. Ghana is among the countries where progress is being made regarding democracy, governance, rule of

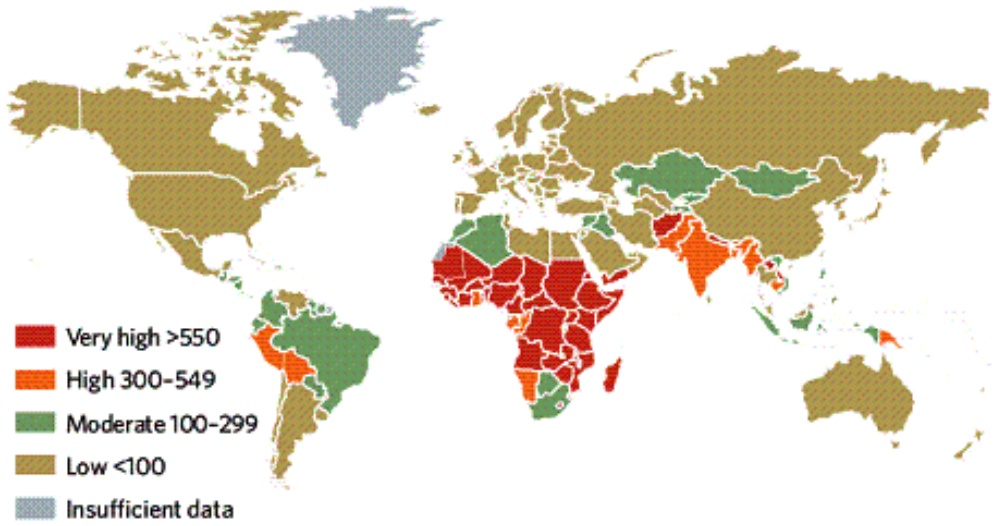
law, accountability, girl child education, nutrition etc. This is good. But I will like to draw your attention to something that dawned on me not long ago. And that is progress is very relative. It is like comparing poor people and someone happens to be the richest among the poor. It does not make him rich. Or comparing poorly performing high school and your school is the best amongst them. You may still not be good enough to compete with the good schools. Progress is good but may not be enough.

My interest is in nutrition and health so I start with maternal mortality issues in Ghana. By this I mean the number of women who die from complications related to child birth. Why this choice? There are three reasons. There is a billboard that attracts my attention anytime I am in town (This billboard has a woman sitting at the back of a bicycle being ridden by a young man. The woman is heavily pregnant and seems to be in labour and being sent to wherever she will deliver on the bicycle. You may ask how on earth is this possible? I know it is possible because many years ago when I lived in a town called Tamale in Northern Ghana, it was not strange to find a whole live cow or several goats or a wardrobe, or something very strange, being transported at the back of bicycles. It is not strange to find a pregnant woman, with a child at her back and holding one in her arms and sitting at the back of a bicycle. I did not find the picture of that billboard but the one above tells a lot of the story.

The billboard has the writing "Out of every 100000 women who gives birth, 350 die". But because of the picture that this message is related to, one may think that maternal death happens mainly in rural areas but it seems not the case at all. Let me tell you a little story. In the town I live in I have heard of two women die during child birth in one hospital. These women were mid to late twenties, freshly married, their first deliveries and clearly affluent. They were not in a rural area. Their backgrounds tell me they are likely to be of good nutritional status and better lifestyle. They might have taken all the precautions whilst pregnant because of better education and awareness. They probably attended all the antenatal clinics and were driven to the hospital in good private cars during labour. The hospital they died in is

not rural. On the contrary, it is one of the best in the country. Mind you, these deaths may have nothing to do with the health service delivered to them. These two examples could also be out many thousands successful births. I do not have the full story yet but one thing is clear. Maternal mortality is a significant problem, not secluded to villages of Ghana. I hope deaths of this nature are properly reviewed, questioned and health professionals are held accountable if any negligence is reported.

My second reason for this choice is because I have learnt that the First Lady of the Republic, Mrs Ernestina Naadu Mills (pictured above) is a strong campaigner of zero maternal deaths in Ghana. I believe she chose this topic because it is clearly a problem. According to the statistics, see global image below, Ghana is among the countries where maternal deaths were over 500 per 100 000 live births in 2005, and



Annan R. The plight of pregnant women, and other stories *[Column]*. *World Nutrition*, January 2012, **3**, 1

among the worse groups in the world. More recent statistics show it has reduced in Ghana to 350 deaths (1). But compared to the WHO EU region where the estimated maternal deaths for 2005 was 27 deaths per 100000 live births, ours is big problem Moreover we are not making enough progress to achieve the MDG target on reducing maternal mortality.

Mrs Mills has said that the rate at which women are dying during child birth is unacceptable, and something drastic must be done to reverse the trend. Speaking at a launch of her campaign for accelerated reduction of maternal mortality in Africa under the theme "'Ghana Cares: No Woman should die while giving Life", she called on all to work hard to ensure zero tolerance of maternal mortality in the country. She said "I hope to enjoy all the support for the vision of sustaining the continuity of the human race in Ghana, by ensuring that every woman in giving life stays alive, as well as the baby". The wife of the President noted that the loss of a mother shatters a family and threatens the well-being of the surviving children. Ghana is part of the global community that would report on the Millennium Development Goals (MDGs) by 2015, and in order to achieve the MDGs 4 and 5, she stressed the need for everybody to play important roles to ensure that women in labour get access to health facilities early enough to have skilled delivery.

What specific actions are the First Lady campaigning for? She has called on Metropolitan, Municipal and District Chief Executives (DCE) to draw comprehensive programmes that would help reduce the maternal mortality rate in the country. Ghana is divided into ten Regions within which are several Metropolitan and Municipal Districts headed by DCEs. The Districts are quite autonomous since the country runs a decentralised government. She also said that there will be policy dialogue, advocacy, and community social mobilisation to ensure political commitment towards the reduction in maternal mortality and increase in resources, as well as bring about societal change in supporting to reduce death during delivery. The private sector, civil society organisations (CSOs), non-governmental organisations (NGOs) and other stakeholders are all being encouraged to increase their efforts in mobilising resources to accelerate the reduction in maternal mortality in the country.

For this campaign to succeed, the causes of death should be explored and addressed. They should be tackled with solutions that work and are sustainable for a lasting impact. Also, clear steps and simple activities should be in place to ensure policy dialogue, advocacy, and community social mobilisation and political commitment the first lady suggests. This will ensure that that those big jargons are understood by all in real activity terms. In my next blog, I will explore these causes and seek how the suggested solutions will work. But for now I congratulate the First Lady for taking on a relevant campaign. It is indeed sad and fundamentally wrong for women to live all their lives healthily, only to die helplessly during child birth.

1. World Health Organsation. Global Health Observatory Data Repository. Obtainable at http://apps.who.int/ghodata/?vid=240

Looking back the past year

An eventful 2010

I wrote 8 commentaries in 2011 and just looking at the diverse topics I covered in the course of last year convinces me that 2010 was quite eventful. A major reason why I am putting this summary together is because some of the issues of 2011 are still to be dealt with because they are ongoing. Forgetting them and quickly moving on to new stuff will not help anybody. Also, the events of last year tell me that there is a lot to expect this year.

Capacity building for young African nutritionists

In February, I recounted my trip to Windhoek, Namibia, the beautiful Southern African city, where I attended the grant writing workshop organised by African Nutrition Leadership Programme. The objective of the training was to develop young nutritionist scientists in Africa to write good nutrition and health related research and programmatic proposals and to make us competitive in the global world in attracting support to implement our ideas and vision.

A key outcome of the training was that every one of us would submit grant proposals after the training. I will be very happy to hear from those who were part of this training to share with us if they've been successful in winning any grants. On my part, I have been more active in writing articles for publication and grant proposals since the training.

Diversifying food, ensuring food security

When I wrote about dietary diversity in March last year, the key message was that diversifying our food intake is important for addressing food and nutrition security in Africa especially in remote areas. Coincidentally, these are the areas where there are many indigenous foods, especially fruits and vegetables, some of which have probably not been captured on our food composition tables. These foods should be researched, and promoted.

The sad thing about our modern world is that processed foods on shelves of supermarkets are regarded better and prestigious hence many people including the rural folks think it is only by eating those foods that make you "cool". It is not prestigious to grow food in your backyard or carry a basket in an open market where I come from. Unfortunately, the diversity in foods on shopping mall shelves is poor. Open markets should be encouraged to encourage freshness and diversity.

Taboos.... they still exist

I enjoyed writing about food taboos in April and the response I had from the readers made it all worthwhile. What made this topic special was because I wrote about Kwashiorkor and the fact that its origin had a lot to do with food taboos. The indigenous people in Accra, Ghana, the Gas, which happens to be my tribe used the word Kwashiorkor to describe the disease of the first born child as a result of the coming of the second born child. Most first born children suffered this disease when the mothers became pregnant with a second child.

They apparently did not realise that these children were suffering from malnutrition because they had been prematurely weaned, were inadequately fed and received poor care. It took the Jamaican paediatrician Dr Cicely Williams who worked in Accra in the early 1930s and understood what exactly was happening to make it known to the Medical world. Food taboos influence nutrition a lot and although the people in the Ga tribe have long ago known that Kwashiorkor was a form of malnutrition, some of these taboos still exist in Africa. And yes in this 21st century. What are we public health nutritionists doing about this?

ANLP, a just cause!

In May I had the pleasure of getting participants of the 10 annual African Nutrition Leadership Programme, my Alma-Ata, to share testimonies with readers after their training. I have chosen just one paragraph from one of the participants to remind us how important this training is for Africa. Ali Jafri wrote "Before attending the ANLP, I was going to give up on a community project I had started in Morocco. But during the social responsibility session, I became convinced to keep on that project because I have a responsibility to the people I serve. Through the other sessions, I understood that in order to succeed in that project, I should share my vision with others so that others will know what I am trying to achieve and be able to support my efforts. I have started that right after I came back home in Morocco". Wow! In my opinion, this is a programme worth supporting.

Good nutrition protects against AIDS

July 2011's topic was "good nutrition can protect against HIV/AIDS. Describing the vicious cycle between malnutrition and HIV disease progression, I mentioned that HIV compromises nutritional status and immune competency. This increases susceptibility to secondary opportunistic" infections. Malnutrition on the other hand makes one more likely to be infected with HIV, and once infected progression is faster in poorly nourished people. Good nutrition should promoted in people living with HIV to complete antiretroviral therapy.

FANUS 2011

Indeed it was an eventful year. In September, I touched on the food crisis in East Africa: issues, causes and solutions. I am sure readers remember the debate among the decision makers as to who should be blamed, rather than what should be done. In fact, just thinking about this brings back the sadness I felt then. When I wrote about this, African nutritionists were planning for the mammoth Federation of African Nutrition Societies Conference. My advice then was that we should use the conference to find lasting solutions to the nutritional problems that plague Africa. Did this happen?

I think it started. Because in November 2011, I reported on the FANUS conference which was well attended and there was a unified interest from all Africans, from the South to the North and across the East and West Africa. For me the unity was an indication that things will happen. But that wasn't all. There were a lot of policy issues and action oriented topics discussed. In fact a colleague of mine mentioned how his superior at work refused to attend the conference because he taught the topics were policies rather than science. I think he got it wrong because the problems in Africa have a little to do with the science. On the contrary it is about governance and policies to put the science into action. Everybody knows the science or at least we know enough of it.

2011 expectations
Four important actions

It is my strong opinion that what started at FANUS last September should continue. Four important actions among many were taken and even started at the FANUS meeting which need building on. The first was the decision to develop common competency-based curricula for training nutritionists in Africa. We have committed to make sure nutritionists in Africa are professionals who can not things and who will do things. To set the ball rolling in this regard, it was agreed at the FANUS meeting was nutritionists should know.

This year we need to work towards agreeing on what nutritionists should be able to do. Once this is achieved, we can work towards getting these agreements disseminated and implemented across Africa. This indeed is a key step to having a well trained public health workforce that is able to change things and do things that make a difference. If nutritionists have the expected competencies by the time they complete say a degree, we will have people who can help train the rest of the health professionals to have core-competencies in nutrition. In this way, the Johannesburg and Nairobi declarations which called for core nutrition competencies among health professionals can be realised. Everything is linked. In 2010 we made declarations, in

2011, we did something towards it and in 2012 we should be building on it. If this is continued, by 2020, we would have made very important progress.

The second key decision at FANUS, was to bring every African country on board in the implementation of the SUN initiative. Indeed the sun has begun to shine on Africa. The SUN initiative is a call to scale up interventions to promote god nutrition and to address malnutrition because it is in scaling up that real improvements will happen.

Interventions like exclusive breastfeeding for six months and continued breastfeeding thereafter, appropriate complementary feeding and addressing micronutrient deficiencies will reduce malnutrition levels and prevent deaths in infant and young children. These are proven to be effective but for them to substantially impact on infant and under five years mortality, there should be wide-scale implementation. This is why the unified front at the Federation level to bring every African country on board in dealing with these issues is so significant. It is my expectation that we will build on this in 2012.

The third important message at FANUS was that the younger generation of nutritionists should be more involved. They have more drive, enthusiasm, motivation and passion than the older ones. Of course the older ones have the experience and can bring up the younger generation. With this in mind, the programme was such that the younger and older scientists were all equally involved in deliberations and decisions. If this is continued, lack of capacity will never be an issue in Africa in future, although it is now. Also, there will always be well qualified and competent people to take over as others leave the scene.

The fourth was a call for Africa to start dealing with cancer, starting with cancer registers to collect information on cancers: those who suffer from them, the type of cancers, and causes. It is evident that food, nutrition, physical activity and body composition are associated with risks of cancers. Apart from smoking, food and nutrition is the second largest cause of cancer globally. Although we are still battling with communicable disease in Africa, the non-communicable ones are significant enough and should not be ignored. Without the correct information on cancers, their sufferers and causes, it is unlikely that they can be addressed. Therefore as we begin 2012, I would like to challenge the nutrition professionals in Africa to advocate the National Health Services to start country cancer registers in countries where these do not exist.

Transforming Africa's nutrition landscape

Continuing on my expectations for 2012, I would also like to remind us that the 5th African Nutrition and Epidemiology Conference (ANEC) is being held at the later part of 2012 in Bloemfontein, South Africa. Dubbed Nutrition Congress Africa 2012, the theme for the event is Transforming the Nutrition Landscape in Africa. It

is three congresses in one: 5th ANEC congress, the 12th Congress on the Association for Dietetics in South Africa and the 24th Congress of the Nutrition Society of South Africa. The joint nature of this programme again signifies that oneness of purpose that nutritionists in Africa are having now and if we continue this way, things will only get better. To make this more rewarding, the other sectors whose work affects nutrition should be invited. By this I am referring to water and environmental sanitation, agriculture, education, transport, human rights and even media to help us advocate and communicate effectively.

On my part, I think we should build on the action points that resulted from the FANUS meeting. I hope that at this meeting, we will agree on competency-based curricula for nutritionists based on the knowledge based curricula agreed at FANUS. The programme should allow Africa Nutrition Societies to report on what they've done to Scale-Up Nutrition interventions over the past year. The younger generation of nutrition scientists should continue to be significantly involved. This is part of building our capacity. We should also ask how far those countries without cancer registers are on starting one.

A voice at the global level

In signing off, I strongly encourage African nutritionist to become more involved in world nutrition issues such as the World Public Health Nutrition Congress in April 2012 at Rio. If you are reading this blog and have not done so already, join the Association of the World Public Health Nutrition. Details of that are right on this website. Also decide to participate at Rio 2012. The congress promises to be interactive and participatory. A strong representation from Africa will mean that we will take part in making the decisions that affect the whole world including Africa.

regvies@yahoo.com