

## Regional Perspectives on unleashing agriculture's potential for improved nutrition and health

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In sub Saharan Africa, the agricultural sector is mandated to ensure food security of small holder households whilst health has the responsibility of nutrition ignoring the liaison between them. Improving the nutrition outcomes in developing countries requires concerted effort from agriculture and health, which currently operate in separate silos (Hoddonitt, 2011; Kabba, 2010; Johnson, 2010). Nutrition always emerges as an emergency response but seldom considered an integral component in development programmes which no stakeholder alone can sustainably tackle individually. Today at global, regional and national levels there is increasing consensus that agriculture, health and nutrition synergies require renewed impetus in harnessing the effort. Yet it is common knowledge and practice that policies, programming and monitoring efforts are independently executed in these sectors. Robust coordination systems among them is often inadequate or none existent. These issues characterized the 11<sup>th</sup> and 12<sup>th</sup> Annual Economic Community of West African States (ECOWAS) Nutrition forum, and the 27<sup>th</sup> African Union Summit side event on food and nutrition.

### Trends in sub Saharan Africa

Power struggle for individual benefits; limited engagement of the private sector, lack of clear mechanisms for accountability and inadequate financial commitment from the government are some of the factors prominent in programming for agriculture, health and nutrition in the Sub Saharan Africa (SSA).

- 1) *Power struggle for individual sectoral benefits:* Approximately one third of the population in Africa is chronically malnourished yet several policy decision processes indicate the insufficient appreciation of the role of nutrition in development (NEPAD, 2008). Inflexible governance structures hindered progress in the past and, unless confronted, they will continue to do so in the future. There is urgent need to continue to forge a structured and multi-sectoral coordination mechanism to implement programmes. However, the mindset of political and sectoral heads in Africa is unsupportive of such mechanisms, more so where there is competition for available resources. Sectors struggle for individual benefits than take the sectoral approach.
- 2) *Public verse private sector selection:* Programming, in spite the source of funding, whether from development partners or government, prioritises support to the public entities. With the exception of the fortification interventions, usually small scale in the region (Smith *et al.*, 2010), the private sector has been minimally implicated and supported to address nutrition challenges in the region. Whereas uncertainty encases issues of operation outside the usual chain of ministerial command (Gavian *et al.*, 2004) and circumvention concerns may be speculated as compared to fostering sustainability through government structures, mechanisms for nurturing the private sector should be highly ranked in sustainably unleashing the potential for agriculture in improving health and nutrition.
- 3) *Minimal sectoral investment:* The financial commitment by governments in SSA to improve agriculture, health and nutrition is continuously inadequate, in spite ratifying to various forums both global and regional thus the tendency to rely on development partners' support. For

example in the 2010 Africa Health Financing scorecard, only 8.7 percent was the average domestic budget allocation for Africa; Rwanda ranked highest (18.8 percent) and Somalia least (none). Whilst a few governments have prioritized nutrition as a crosscutting issue in achieving strides in the Comprehensive African Agriculture Development Programme (CAADP), only half of the African Union member states have programmes have supportive budget allocations for nutrition infrastructure development activities (NEPAD, 2010). The statement made by the agriculture sector minister of Rwanda at the recently concluded 2011 Common Markets for Eastern and Southern African cum Alliance for Commodity Trade in Eastern and Southern Africa (COMESA/ACTESA): '*.... any other African country that has small holder farmers and farms to grow food and crops for value addition must never be ranked among the failed states always begging for food and dependant on support...*'- highlights the need to commit and action the decision.

- 4) *Accountability*: The shifting interaction in agriculture, health and nutrition demands for policy incorporation and espousal in response to the dynamics has gained global and regional interest. There is need to maintain the issue high on the African governments agenda as well as to raise their level of accountability on agreements made to enhance the synergy. The civil society organizations need to raise awareness and ensure that supportive public pressure is built through actions by the public and other stakeholders at national and sub-national levels to affect policy and/or political change.

#### **Strategies for unleashing agriculture's potential for improved health and nutrition in SSA**

- Advocacy campaigns and capacity building – field visits, 'champions' identification, dialogues-targeting political leaders are crucial for reinforcement of multisectoral coordination and strengthening individual sectoral leadership.
- Nurture monitoring and accountability platforms for African governments to action commitments.
- Capacities strengthening for harmonized nutrition communication to allow coordinated approaches among sectors and civil society. Schools are an effective, scalable and sustainable channel for nutrition communication to all sectors, updating curriculum to suit emerging issues.
- Provide incentives – subsidies on inputs, enhanced market accessibility, legal framework change - for the adoption of promising practices by sectors and the private sector.