

## Loans and Funding for Dietitians and Nutritionists in Developing Countries: The Context of Africa

The Wimpfheimer-Guggenheim International Lecture  
FNCE Culture Symposium  
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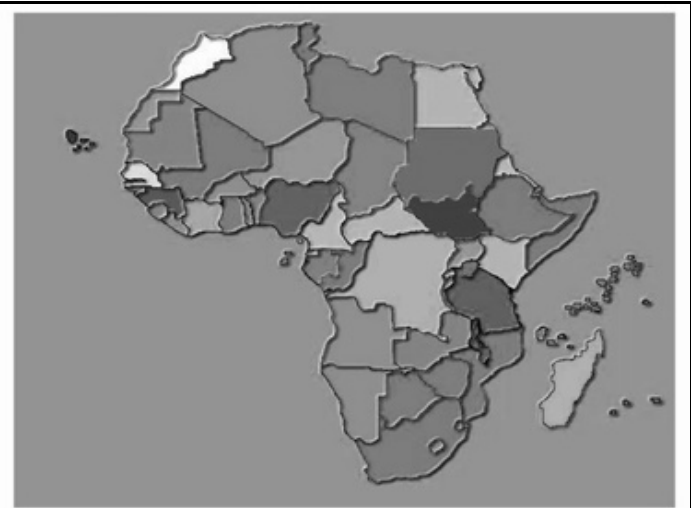
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## Learning Objectives

- Project Africa's reality in terms of Food and Nutrition Security
- Provide insights into funding for nutrition and dietetics in Africa
- Share examples of how countries and regions approach the challenges in poor resource settings to achieve nutrition and dietetic training and capacity building
- Share current innovations for delivering food, nutrition and dietetics services in the context of multiple sectors

If the drum beat changes  
we must also change the  
dance...

Hausa Proverb, Nigeria



## African Context – what's unique?

- Africa is extremely diverse – 54 countries with over a Billion people
- Cultures and traditions vary
- Level of development and economies differ
- Governance issues are different and (can be) challenging
- Level of education, perceptions, expectations vary
- Priority issues are not the same
- Diverse policy environments
- Focus on training and capacity building for nutrition and dietetics vary

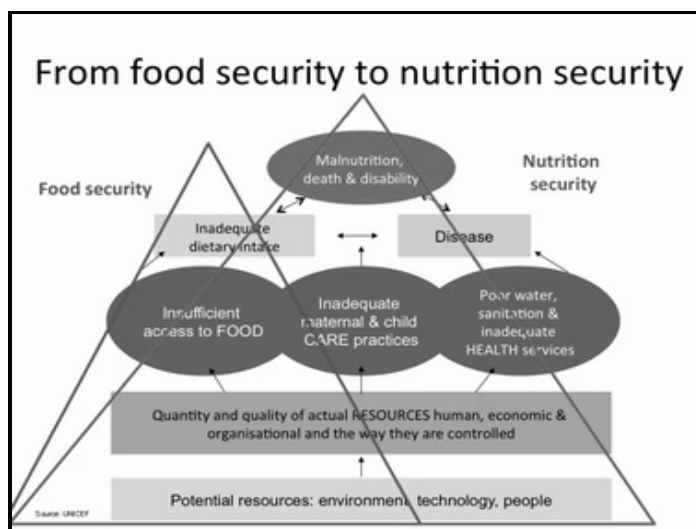
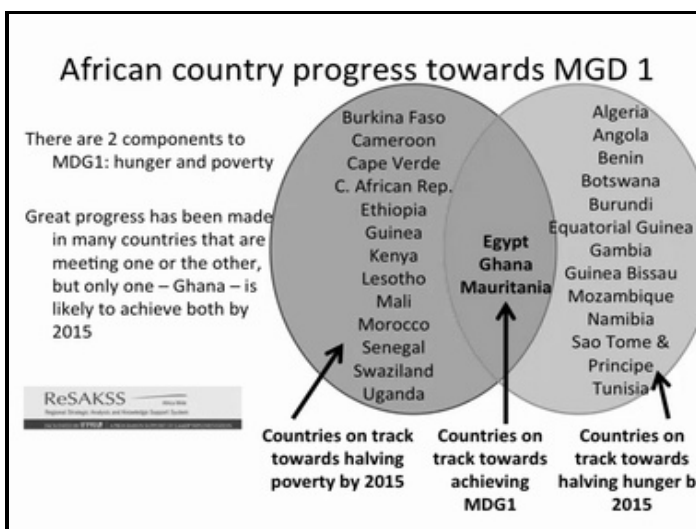
## What's unique in Africa? 2

- Nutrition and Dietetics remain a rare and unusual discipline still: BUT really needed
- Many national governments/public sector and private sector struggle with funding (bursaries, loans or work study programmes)
- More focus on primary health care model – preventive care through public health nutrition and community nutrition
- Double burden of malnutrition. NCDs on the rise alongside severe undernourishment

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A sad state of affairs!	
☹	Over 300 million people in Africa are undernourished (consume < 2100 kcal/day)
☹	5 million children die of malnutrition every year - one every 6 seconds
☹	Malnutrition is the leading cause of death (about 35% of child deaths per year) and disability
☹	Over 50 million African children suffer from chronic malnutrition - i.e. 40% are stunted
☹	Over 40% of pregnant women are malnourished
☹	60% of children <5 years are undernourished
☹	50% of maternal mortality is due to malnutrition
☹	African diets are inadequate in essential vitamins and minerals

The Impact	
☹	Hunger => 6 – 10% GDP loss in low labour productivity (2.7 – 4.2% due to iron-deficient anaemia alone)
☹	Malnourishment can lead to loss of 10% earning potential => 3% annual GDP loss
☹	Birth defects, maternal deaths, childhood mortality, blindness, anaemia, susceptibility to disease
☹	Lower IQ, academic performance and productivity
☹	A vicious cycle of deprivation



### Food, Nutrition and Dietetics Training

**SADC (Southern Africa) region:**  
South Africa, Botswana, Malawi, Namibia, Mozambique, Swaziland, Zambia, Zimbabwe...

**East Africa:**  
Kenya, Uganda, Tanzania, Ethiopia...

**West Africa:**  
Senegal, Ghana, Nigeria, Ivory Coast, Cape Verde...

**North Africa:**  
Egypt, Morocco, Tunisia, etc.

- ✓ Different education models/systems; British, French, and Portuguese dominate
- ✓ A fair share still train in the UK, USA, Australia, Portugal, Brazil, France, The Netherlands etc.

### Some examples 1

**1. Botswana**

- Offers bursaries and scholarships to citizens to study at the University of Botswana or abroad
- Creates incentives for students to return home post graduate – job placements
- Provides extensive in-service training for public health nutrition
- Created a robust system that reaches all rural and urban populations with food security, nutrition and dietetics services
- Cutting edge policy reform for results and impact – based on sound governance and equity of service provision; good social protection programmes

## Some examples 2

### 1. South Africa

- Offers bursaries and scholarships to citizens to study at the local Universities; Pretoria, Cape Town, Stellenbosch, KwaZulu Natal, Limpopo, North West, UNISA,
- Traditionally had more focus on Dietetics training and research
- Public health nutrition training and practice remains weak
- The private sector more engaged in partnering for training, capacity building, job creation and service provision
- In 2012, only about 2400 dietitians were registered with the HPCSA
- Total pop is 51million served by too few nutrition experts
- Ratio is 1 dietitian to 60 000 people

## Accreditation and Recognition

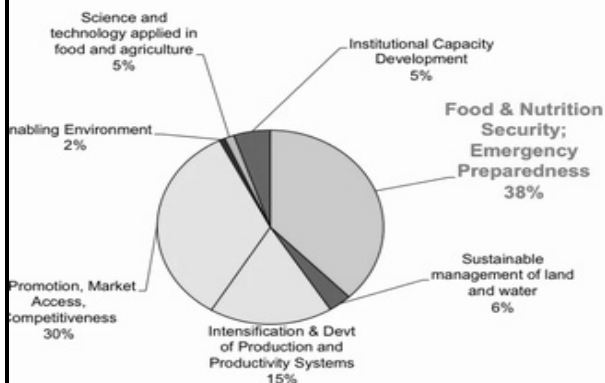
- Done nationally for each country; South Africa well regulated for dietitians and at the cutting edge of the profession and industry in Africa
- For Food and Nutrition, generally not so well regulated – but varies by country
- Harmonization across countries not in place, hence difficult for practitioners to move easily across borders
- An awakening for better regulating food safety specialists, given the huge challenges

## Addressing the Gaps and Challenges

- Design and re-design training and capacity building programmes that are relevant and context specific
- Strengthen training institutions of higher learning; ensure they are current with emerging issues, challenges and innovations in the science of food, nutrition and dietetics
- Recognize training and capacity development for nutrition and dietetics as an investment with the best return – for human capital, productivity, national development
- Need for more South-South, and North-South collaboration and exchange of lessons and expertise

## National policies: Key Priorities of NAIPs

According to aggregated budgets of NAIPs; situation 04/2010



## Future Outlook: Forging Better Links

- Move away from silo mentality – create stronger links, coordination and collaboration across sectors (Ag, Ed, SP, water and sanitation, trade and industry, finance & dev planning)
- Capitalize on global and continental initiatives and movements for training a critical mass of dietetics and nutrition experts;
  - Scaling Up Nutrition (22 out of 30 are African countries)
  - Comprehensive Africa Agriculture Development Programme (CAADP) and Nutrition integration : training across sub-regions
  - Feed the Future
  - Agriculture for Nutrition and Health (Ag4HN) - CGIAR
  - New Alliance for Food Security and Nutrition

## Conclusion and Key Messages

Support and funding for nutrition and dietetics remains weak across the African continent

Poverty impacts on the capacity of families to fund the education of children

Poor education of the family/parents is a barrier to access of funding and scholarship opportunities

The new global and continental commitment to Food and Nutrition an important entry point to relook funding opportunities and the development of nutrition and dietetics for impact – e.g. SUN

### Some inspiration and aspiration...

- Influence and contribute to the setting up of an African Academy for Nutrition and Dietetics
- Support the setting up and strengthening of individual country associations, councils and academies
- Nudge all sectors to rally around nutrition and dietetics as central to health, human and national development and key to national security
- Motivate for policy and mind-set changes required for optimum impact in food and nutrition security

### Final thought...

If we were able to prevent disease through better diets, would we need as many hospitals?

Imagine the medical cost savings!

Now picture increases in individual human development and national economic development...

Nutrition and dietetics remain central to life all round – more training, more quality, more numbers...

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