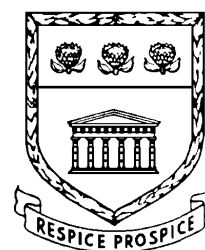


THE ROLE OF HEALTH SYSTEMS IN FOOD SOVEREIGNTY AND NUTRITION

REPORT OF A RESEARCH WORKSHOP
31 May 2006-2 June 2006
Cape Town, South Africa



Medical Research Council and
University of the Western Cape

Regional network for Equity in Health in east and
southern Africa (EQUINET)

Supported by SIDA Sweden

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1. Background

The case study writers meeting on the Food Security and Nutrition concerns in east and southern Africa sought to bring together case study writers and expert facilitators that have been working on nutrition initiatives, policies, and to update them on the prevailing situation, current interventions, equity and policies on food security. It also aimed to outline a clear way of working together and complimenting each others efforts in assisting the case studies to achieve the desired goals and to be able to operationalise the processes decided upon by the meeting. The meeting was held in Cape Town between 31 May 2006-2 June 2006.

The meeting is being held in the context of the Medical Research Council (MRC) South Africa programme of work on food security, nutrition and health in southern and east Africa in the Regional Network for Equity in Health in east and southern Africa (EQUINET). The programme aims to explore the links between nutrition and food security interventions located within or closely linked with the health sector and health systems, and the broader macro-level analysis of trade, agriculture and the dominant discourse around food security. This work is supported by a review panel of key personnel working on food security and nutrition programmes in the region and internationally. The work aims to inform policy and advocacy using available evidence on the ways in which a more food sovereignty and equity based approach would influence the design and implementation of food and nutrition policies and interventions generally, and within the health system.

The background of this meeting was the current food and nutrition security crisis in southern and eastern Africa. Food and nutrition security remains Africa's most fundamental challenge. The number of Africans who are undernourished has been on the rise for decades. However, a new resoluteness to change is developing among African leaders as well as in the international community. Africa may at last be poised to make real progress on achieving food and nutrition security.

The main areas of interest were a greater focus and attention directed to raising agricultural productivity both at household and national level, fostering economic growth, building human capacity, improving nutrition and health, and strengthening governance and regional policies and explore ways in which actors at all levels can work together. The meeting closed with the development of a framework to assist the writing of the case studies that would present existing evidence of practices, strengths and weaknesses of existing policies at national and international levels in southern, east and west Africa.

The meeting participants agreed that the current policies and level of investment will lead to increased childhood malnutrition in the long term, and that food security goals and the Millennium Development Goal (MDG) of safe drinking water could be achieved with improved policies.

Some case studies would seek to address whether food security could be sustained by increased and more effective aid in the context of the food aid policies. Noting that food aid is not an appropriate instrument for fostering long-term agricultural development in Africa, the team highlighted a need to bring secondary empirical evidence that would either support a strategy to eliminate food aid and/or simultaneously have food secure nations and food aid.

2. Objectives

The objectives of the meeting were to:

- develop a common framework for the development of case studies;
- discuss each suggested case study in detail;
- identify and agree on mechanisms for completion of case studies, specifically the timelines, peer review mechanisms and contractual agreements; and
- share plans for the dissemination and utilization of the case studies.

The writers of the case studies chose the methods they felt best suited the effective presentation of their food security and nutrition areas. A variety of methods were used including, plenary, group work, learning collectives, and lectures. Presentations were also aided by various aids, including, power point, flip charts, and boards.

The different facilitators came with different competences to the meeting which contributed to the success of the meeting. This diversity was also important in ensuring:

- case study writers were informed of the expectations and scope of case studies;
- everybody agreed on the links and priorities between case study writers and the coordinator; and
- there were clearly defined priorities and timeframes for completion of case studies.

3. Introductions and welcome remarks

Dr Mickey Chopra, the Director of Medical Research Council gave the opening remarks and facilitated the meeting. He began by welcoming everyone and gave participants a platform to introduce themselves and the organisations they represented (*Appendix 1*). After presenting the program for the meeting (*Appendix 2*), Dr Chopra gave a brief overview of the role of and the work done by EQUINET. He then highlighted the objectives of the meeting.

4. Presentations

4.1. Agriculture, nutrition and health

Dr Mickey Chopra; Director Health systems research Unit, Medical Research Council and School of Public Health, UWC

Dr Mickey Chopra provided a detailed brief on agriculture, nutrition and health. He began by acknowledging that agriculture, food security and nutrition are fundamentals for addressing inequities in health. Most of the poor in Africa are still engaged in the rural economy as their main source of income and malnutrition underlies more than half of all childhood deaths. The widespread 2002 food insecurity crisis in Southern Africa with millions experiencing food shortages highlighted the vulnerability of the region to food poverty.

Dr Chopra went on to explain the effects of consumer prices on the general health of the population, specifically looking at Malawi. He argued that the net effect of the gradual rise in the total food consumer price index can be correlated with increased stunting and wasting. He described the progressive decline in agriculture characterised by the

general decrease in cultivated land and the continuous rise in rural to urban migration with a focus on the marginal areas, farmers and the vulnerable as the dominant story.

He then went on to highlight the need for a concerted and an unwavering understanding of the impacts of trade, HIV, on the rural livelihoods and health in different contexts in order to make appropriate policy suggestions. This led him into a discussion of the factors he felt had an impact at the level of households. He highlighted levels of household vulnerability focusing on the position of the deceased in the household, the ability of the household to attract new members, the sex of deceased and the characteristics of adults remaining in the households. He further stressed that only 30% of the variation in distribution of land is between villages and that most of the variation in household land distribution is explained by intra-village allotment.

Dr Chopra also linked trade, food security and health. The links were characterised by the links between trade, the food chain and food security. He also mentioned the commercialisation of farming and also focused on inequalities amongst smallholder farmers, gender inequities and the commercialisation of nutrition. In his analysis there was a major paradigm shift from the traditional concept of food security, hence his greater emphasis on productivity, availability, health and nutritional goals in his attempt to define food and nutrition security. It was clear from his descriptions that there was a need to ensure that practitioners and policy makers in the relevant sectors should identify and appreciate the inter- and intra-sectoral links between agriculture, nutrition, health and trade as they relate to improving the food security of the region. Dialogue and exchange of information among key stakeholders in agriculture, trade, health and nutrition is critical to the improvement of east and southern African food and nutrition security, including the implementation of food and nutrition plans and programmes. He also presented a framework showing the existing links between agriculture and health.

To conclude Dr Chopra highlighted a number of priorities in agriculture, food security and nutrition:

- Promote specific arrangements for female-headed households, e.g.
 - remove restriction on title deed
 - use the cash crop scheme as mechanism for firm to recover input loans for food crops which will help improve afflicted households' access to cash inputs.
- Interventions to improve food security and nutrition (i.e. food aid) occurring at scale across the region.
- Use of nutritional status as indicators of the link between the macro changes and health.

Dr Chopra described food sovereignty as:

- the prioritisation of food production for domestic and local markets, based on peasant and family farmer;
- ensuring fair prices for farmers, which means the power to protect internal markets from low priced, dumped imports;
- access to land, water, fishing areas, and other productive areas through genuine redistribution;
- recognition and promotion of women's role in food production and equitable access and control of land combined with decision making; and
- community control over productive resources and public investment in support of productive activities of family, geared toward empowerment of locals.

4.1.2. Plenary discussion on the presentation

A member of the NEPAD Health secretariat, Bibi Giyose, criticised what she felt was a focus on food aid for the sake of food aid. She explained that food aid has not had the wider food security impacts that it should have had. However, it is an important instrument in ascertaining household food security. She went on to highlight the challenges facing African countries at present. These included how to model and improve agriculture and empower communities in food production and food security. She went on to reiterate the need for appropriate and effective strategies that should be undertaken to mobilise communities to initiate their nutrition programmes. Ms Giyose raised a need for engagement in information dissemination on biotechnology issues and concerns, specifically on novel products and what communities understand.

Joyce Chanetsa, from the Nutrition Council of Zimbabwe, described a need for nutrition surveillance. She emphasized that the Food and Nutrition Surveillance system, would provide indicators to monitor the achievement of the primary objective of the project. She went on to draw attention to the primary need for the surveillance system, she explained it as an important instrument in providing information needed to inform decision making, to assist in the implementation of appropriate and timely interventions for improved food security and nutrition outcomes. She also added that the stakeholders, both public and private, are involved in the food security and nutrition outcomes and would need this information to inform their activities.

Ms Chanetsa gave a practical example of a communication challenge with respect to collection and interpretation of data in Zimbabwe. She said although food and nutrition data may be available through the National Health Information System (NHIS), the Zimbabwe Vulnerability Assessments, and also periodic nutrition surveys, there is a gap in the mechanism or capacity to provide this data regularly and in a timely manner in order to inform appropriate decision making and action by stakeholders. It is this gap the food and nutrition surveillance system would try to cover.

Complimenting Joyce Chanetsa, Professor David Sanders focused on what policy makers should be doing in order to sustain food security. He mentioned small scale, market gardens and what would be required to move to small-scale policy. He also emphasised the need to examine agriculture policies in relation to food security and HIV/AIDS.

The challenge of accommodating multiple stakeholders domestically while acknowledging their vested interests was also stressed by Fortunate Machingura from TARSC/EQUINET, who stated that farmers, youth and women, in particular, must get involved in policy making. Farmers, for too long, have been recipients of, and not contributors to policy. Consultations between the farmers and the private and public sector are important, and it is crucial for farmers and women's groups to have a voice in policy discussions. She went on to suggest the need to consider grassroots participation to ensure household involvement at a community level.

Finally it was noted that there were several themes that kept on being repeated, such as: the political will, national solidarity, participation, policies, information and self-development.

4.2. The role of contextual and technical factors in integrated nutrition programs

Professor David Sanders, Director: School Of Public Health, UWC

Prof Sanders presented data on wasting, or acute malnutrition, typically brought on by a short-term food crisis; on stunting (height/age < -2s.d.'s), or chronic malnutrition, which may be analysed in stable environments to measure change in chronic poverty; and finally on underweight children (weight/age < -2s.d.'s), which is commonly collected in growth monitoring and can reflect stunting, wasting or both. These indicators, according to Prof Sanders, provide an indication of the nutritional status of the population. Malnutrition can contribute to morbidity and ultimately lead to mortality if not treated. In order to effectively deal with malnutrition, it is important to identify both where it is and the causes, such as food insecurity. He went on to explain that malnutrition contributes to 60% of deaths of children under five. Interventions to prevent malnutrition are vital and will improve child survival (Millennium Development Goal 4). There has been a high case-fatality in severe malnutrition. Severely malnourished children often comprise the majority of inpatient pediatric deaths in developing countries. This stems primarily from poor knowledge of correct case-management among doctors and nurses. He stated that most of these deaths can be avoided and that if all hospitals followed the WHO guidelines for treating severe malnutrition, many thousands of lives would be saved.

In this regard, he explained the need for community solidarity in forming community-based initiatives in the prevention and treatment of malnutrition. He stated that when moderately and severely malnourished children are identified before they become critically ill, they can be treated at home through community-based care. Treatment in the community avoids the risk of children acquiring infections whilst in hospital. It is also less disruptive to families. This can be complemented by capacity building and strengthening of health systems. Early detection of malnutrition involves community mobilisation. The empowerment of communities was a clear useful tool to many health systems currently lacking the infrastructure for active case-finding or treatment at home, so the need for strengthening and empowerment would not only help to shape community based programmes but also build the capacities of communities.

Prof Sanders presented the UNICEF conceptual framework on the different causes of malnutrition. He suggested that it was important to address the immediate causes, underlying causes and basic causes of malnutrition. In this framework it is clear how the economic structure can influence resources and control of resources, in turn, affecting the household food security, which ultimately manifests to malnutrition. The presenter suggested an implementation cycle that has, at its core, 'capacity building', strengthened by interventions concerning advocacy, team building, policy, evaluation, situational assessment, analysis, implementation and management, planning and evaluation. Prof Sanders also provided data on how the use of WHO guidelines reduced case fatalities in Malawi, South Africa and Ghana. On each aspect of the implementation cycle he gave evidence to acknowledge the effectiveness of each tool/factor.

He noted that nutrition programmes generally include growth monitoring, breastfeeding promotion, nutrition education, promotion of better weaning practices and sometimes micronutrient programmes and deworming. Supporting activities often comprise health activities such as immunisation, improved diarrhea case management and family planning, nutritional surveillance and links to local food production.

The main objective of community based nutrition programmes is the improvement of food and nutrition security but there are no specific nutrition targets. Success in CBNP's is a function of socio political or "contextual", technical and financial factors. While each of these groups of factors is essential, the strength and relative weight of each differs from programme to programme. He defined socio-political factors as factors which describe power arrangements and social relations affecting nutrition programmes and which influence the decision taken in a society to initiate or support such programmes, and technical factors as those that include two broad components, programme hardware, e.g. buildings, equipment, transport and other materials; programme software, which has to do with the technical capacity of programme personnel to design, initiate, manage and evaluate nutrition programmes. Finally, financial factors as both external and internal. Sustainability is dependent on internal financial capacity and its reliability.

To further highlight on community participation Professor Sanders argued that perceived benefits include:

- an increased sense of ownership of the project by the community, thus leading to sustainability;
- a decrease in resistance to project innovations, assisting the dissemination of nutrition education messages, and the promotion of regular and ongoing attendance at programme activities;
- decreasing dependence on external assistance through the strengthening of community structures and leadership; and
- genuine community participation in programme development implies participatory democracy and a measure of popular democratic control more generally in a society.

However, one factor that limits community participation is increased administrative complexity. On the other hand successful community-based nutrition programmes have tended to have combinations of political will at central level, middle-level district (and more decentralised) administrative support. This reinforces the potentially 'synergistic' relationship between the community and government. Resulting political will manifest a rise in the social sector (including health) budgets, rapid deployment of personnel to periphery and promotion of community-level workers. The socio-political context has potential to facilitate inter-sectoral collaboration at all levels.

To conclude, key technical factors included: participatory approaches to assessment and analysis, using appropriate technologies and methods; planning with intersectoral action and sustainability in mind; implementation using community-based workers to achieve high coverage and; training and ongoing support and supervision.

4.2.1. Plenary discussion on the presentation

The UNICEF conceptual framework led to discussions on how the food and nutrition interventions can reduce the drivers in the UNICEF conceptual framework. One participant suggested that the outcomes in the framework may be different but the drivers may be the same in the grassroots levels such that the concept may be used in the HIV/AIDS case study. How do food security and nutrition interventions not only aid in fighting HIV/AIDS but also malnutrition and underlying causes of HIV/AIDS. In this framework factors such as empowerment of women would help address issues of household food security, as such, a comprehensive and integrated approach is necessary.

Also, the discussion touched on the school feeding case study. It was agreed that the same concept of the framework may be used to address other underlying drivers/causes such as absenteeism from school, sanitation, vulnerability and hygiene and how school-feeding schemes may address some of the issues. However all these interventions to address these drivers should be people driven, community based and owned as a grassroots strategy.

There was a general recommendation to prioritise agriculture in national policies with a focus on:

- areas of comparative advantage;
- developing sustainable strategies for managing soil and water; and
- introducing appropriate but simple technologies such as the arm measurement as a measure of under-nourishment.

In his presentation Professor Sanders suggested nutrition security as key to development, and that it depended on adequate food and health services, care practices and sanitary environments. He said nutrition insecurity goes beyond food insecurity, and added that, while the cycle of malnutrition is “vicious,” it can be broken

4.3. Food security and nutrition flagship programmes: Taking a regional perspective

Ms Boitshepo Giyose, Advisor: Food and Nutrition Security, NEPAD Secretariat
Ms Boitshepo Giyose began by defining NEPAD as the new initiative by the African Union and describing its rationale in Food Security as a necessary but not sufficient condition for nutrition - food production to ensure increased food security and, nutrition security to ensure enhanced continental development.

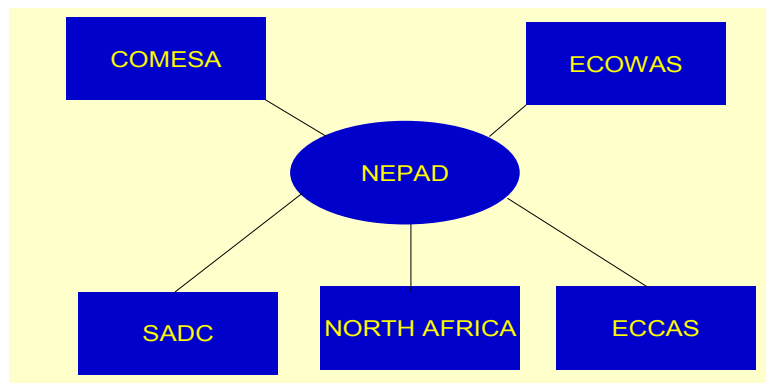
NEPAD has an Agriculture Unit and its main goal is to increase production, eliminate hunger, reduce poverty, and improve food and nutrition security. It works on a principle of ‘No Agricultural production, No food, No Nutrition security, nothing to fortify’. It partners with other sectors/units, which include Health, Education, Infrastructure, UN, Foundations, and Bilateral agencies.

She went on to acknowledge the Comprehensive African Agriculture Development Programme (CAADP). She defined it as a framework for the attainment of the African Agriculture revolution and derives its mandate from NEPAD vision, goals and objectives. It is an African agenda reflecting a common African agriculture vision. CAADP is characterised by its main investment pillars, which are:

- land management and water control
- rural infrastructure and market access
- increasing food supply and reducing hunger
- research and technology, dissemination, adoption.

These pillars are implemented from a central point, NEPAD, through COMESA, ECOWAS, SADC, North Africa and ECCAS, as illustrated in *Figure 1*.

Figure 1: Regional Economic Communities (RECs) - Implementers of CAADP



She highlighted that NEPAD Pillar Three concentrates on food security and nutrition and the key objectives include fortification (including bio-fortification), home grown school feeding programmes, national strategic food reserves, policy review and advocacy. The implementation strategy involves creation and strengthening of partnerships, mobilising resources, building on existing programmes and complimenting ongoing efforts.

Ms Boitshepo went on explaining how each implementer of CAADP fits in Pillar Three as each tries to address the food and nutrition security (see *Table 1*). As she concluded she spoke about success of the NEPAD FSN programme depending on:

- strong partnerships
- commitment and coordination at RECs level
- clear definition of priorities
- availability of and prudent use of resources.

Table 1: NEPAD Pillar 3

COMESA	ECOWAS	ECCAS	SADC
Build co-ordinated action plan to improve nutrition, including: <ul style="list-style-type: none"> •fortification of processed foods •dietary diversification with nutritious crops at the household level •nutrition education •Backstop school feeding. 	<ul style="list-style-type: none"> • Agricultural value chains promotion. • Promotion of food production. • Strengthening of competitiveness of export crops. • Development of processing, storage and preservation. • Delivery of services that meet the needs of the operators of the value chains. 	<ul style="list-style-type: none"> • Regional Post-War Agriculture Initiative: support agriculture production revival in countries recovering from years of war and in post-conflict situation. • Regional Nutrition Initiative: Strengthening nutrition and food intake improvement by promoting the school feeding programmes. • Harmonisation of ECCAS and CEMAC Regional Food Security. • Food emergency preparedness. 	<ul style="list-style-type: none"> • Establish a high-level policy advisory board on hunger and malnutrition linked with national bodies. • Strengthen system of regionally coordinated national food reserves, based on strengthened early warning and information systems. • Develop coordinated action plan for nutrition, covering: <ul style="list-style-type: none"> – fortification of industrially processed foods – dietary diversification with nutritious crops – local production, processing and marketing.

4.3.1. Plenary discussion on the presentation

The NEPAD secretariat raised a concern on the need to develop one big comprehensive strategy for the continent on food security and nutrition. This led into a discussion on what role the participants could play to engage with the NEPAD framework and the AU's comprehensive strategy and which critical elements should be included.

There was mention of the greater opportunity to discuss issues at the round table meetings that will be held September 2006, hosted and coordinated by NEPAD. The challenge was on who would be involved from the different countries, and whose capacity should be built.

Another question was what would be advocated to ensure Pillar Three is not neglected. Also, the strategic elements discussed, included a driver in the AU who effectively would push the nutrition strategies that already exist, it was noted that it was of importance to identify focal points for nutrition strategies.

In formulating a comprehensive food and nutrition strategy for the continent, the AU meeting in September 2006 would require inputs from the findings of these commissioned papers. It was therefore agreed that by then, submission of these papers should be complete and at least policy briefs prepared by the 4th of September.

4.4. The school feeding programme in Southern Africa with a focus on improving food security and food sovereignty in Southern Africa

Mark Tomlinson, Health Systems Unit, Medical Research Council, South Africa

Mark said that his paper would commence with the philosophy of school feeding schemes, on this subject he included:

- targeting – school age versus younger;
- school versus home;
- investment for nutrition;
- school feeding for development versus school feeding for emergencies;
- gender empowerment – keeping girls in school; and
- investment for educational attainment.

The second aspect was to conduct an audit to review existing policies. The methodology was to engage with existing critiques (World Bank and others), NEPAD and Pillar Three, and whether school feeding is a good investment or not. Another focus was on what factors underlie the need for school feeding, and whether there is a monitoring and evaluation framework in place. He went on to suggest that the third aspect would be to provide a number of Southern African programme examples of school feeding. A major focus would be on studies of school feeding programmes in the region focusing on how policies differ across the region, from least cost effective to most cost effective AND from least to most developmental. South Africa and Botswana are 100% government funded and have direct feeding programmes, while Malawi (an example of a move from development to emergency to development) and on the other hand Angola and Lesotho that both have a World Food Programme in place permanently.

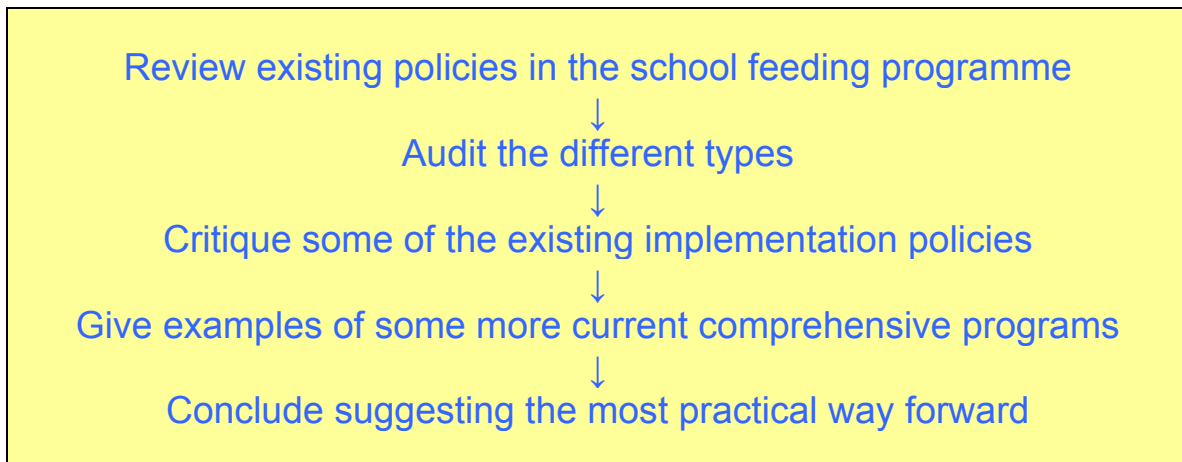
In his critique and discussion segment he said he would work with an assumption that the school feeding programme is a noble idea and people are simultaneously satisfied with school feeding as an intervention. In this regard he assumed the existence and

inevitability of school feeding. He advocated that his main areas of concern would be to look at home and/or school, gender empowerment and local food production, provide a practical framework for the implementation of school feeding based on food security and sovereignty principles, broadening to include de-worming, sanitation, water, information provision, how to overcome the administrative and bureaucratic aspects taking over the nutrition element. Finally, he would focus on the issue of corruption.

Dr Tomlinson stressed that uncontrolled food aid hinders sustainable agriculture, and urged building capacity of farmers to be better organised and better able to articulate their concerns. Speaking on challenges to nutrition security he went on to stress the technical, political and institutional issues. He suggested that nutrition should be viewed as a development rather than a humanitarian issue. He urged strong political support, collaboration with and among sectors, and a proactive nutrition agenda.

The house agreed to set up a general framework in the layout of his case study. The framework is shown in *Figure 2*:

Figure 2: Framework for layout of case study



4.5. HIV/AIDS and Food and Nutrition Security Policy and Programming in Eastern and Southern Africa

Dora Panagides, Hellen Keller International, Zimbabwe and Peter Atekyereza, Makerere University Uganda

Peter Atekyereza's case study provided contextual background in east Africa (Uganda, Kenya and Tanzania) and southern Africa (Zimbabwe, Mozambique and SA), with a focus on HIV/AIDS and food and nutrition in areas of prevalence rates, demographics, rural/urban, causes and malnutrition levels, poverty levels and indicators. He reviewed the relationship between HIV/AIDS and food and nutrition, biological and/or medical and briefly described the role of food and nutrition in influencing (immediate and underlying) determinants of HIV infection (cyclical relationship of livelihoods, vulnerability, food insecurity and HIV infection or impact of AIDS).

Mr Atekyereza highlighted women's role in securing food and nutrition and called for empowering women through law and development policies, particularly those that

address land tenure and public representation. Other issues raised included: strengthening agronomical research;

- better links between research and education;
- better communication of research findings and results; and
- enhancing investment in material and financial infrastructures.

He went to discuss policies and programs and advocated for the inclusion and emphasis on reviewing existing HIV/AIDS and food and nutrition, welfare policies and programmes in the region and analysis of the link among the policies in articulating the relationship between HIV/AIDS and food security, and the way the interaction between HIV/AIDS and food and nutrition security is addressed. He repeated the identification of gaps and shortcomings in the dynamics of policy design, coordination and implementation, and programmes: design, targeting, implementation and management and evaluation frameworks.

From discussions with Ms Panagides, Mr Atekyereza suggested the inclusion of a comprehensive strategy to address questions like food and nutrition policy (how does it address food security issues to reduce the causes of HIV infection arising from food insecurity or vulnerability) the HIV/AIDS policy-how it relate to food and nutrition

In response, the group decided that there was a need to define the purpose of the case study, define the overall goal and explore the role of agricultural research, as well as to identify gaps and commonalities that could provide direction with a focus on HIV/AIDS interventions. It was agreed that the presentation on evaluation of food security and HIV/AIDS programme presented by Jackson Bwagiro Tumwine from Kampala Uganda should link with the HIV/AIDS programme. Finally, the layout of the case study would, in addition to the areas highlighted earlier emphasise:

- agricultural sector interventions in east and southern Africa;
- small farm mechanisations; and
- low input agriculture and knowledge preservation (the use of fuel efficient stoves).

4.6. Evaluation of food security and HIV/AIDS programs

Jackson Bwagiro Tumwine, Makerere University Uganda

The team agreed that Jackson's presentation needed more focused attention in defining the rationale for agricultural interventions and to provide evidence on aspects of land, food insecurity with respect to gender equality. He would also need to look at the role of agricultural policy and the specific interventions; review of the implementation and review of the interventions.

4.7. Exploring the links between food aid and markets and their impact on food security and nutrition; review of status of food security and nutrition components

Paul Jere, Mlolo Agricultural Development Program Malawi

In his presentation, Mr Jere underscored the main cause for poor conditions in Africa emphasising that their origin lay in historical policy, as well as inconsistencies that have led to the undercapitalisation of agriculture. He identified market development, water

management, land tenure formalisation, regionalisation of research, and the treatment of HIV, as possible pillars on which a renewed long-term agricultural policy may be based.

He recognised political will to invest in agriculture among African governments, but noted a time-lag in implementation. He highlighted weakness in key support institutions for small-holder farmers, praised traditional land tenure models, and encouraged investment in social and physical capital. He went on to stress the need to focus on how to implement priority actions. Noting that political concerns often impede the functioning of systems, institutions and markets and hinder business opportunities, he said food and nutrition security goals can be met if all stakeholders have a common vision and strategy for achieving these goals. He underscored the role of transportation networks in linking and developing regional markets, and argued that efforts toward good governance and infrastructural development are meaningless without the elimination of agricultural subsidies in developed countries not in developing countries. As such it was of major importance to refocus on the existing policies during research to see to what extent and effect existing policies contributed towards food and nutrition security. He noted the importance of providing social services, such as education, healthcare and roads, and stressed the need for macroeconomic stability, enabling national legislation and consistent policy requirements

It was agreed that Mr Jere would summarise:

- the rationale for trends in food aid in the region;
- the different components of household food security; and
- how food aid improves these in brief and the principles of food aid programs.

Mr Jere will focus on Malawi and, time allowing, other areas in southern and/or east Africa.

5. Conclusion

The meeting came to a close on the 2nd of June 2006. It was decided that policy briefs be ready by 4 September 2006 when the African Union meeting takes place. Finalised case studies will be completed the following week and submitted to Dr Chopra. First drafts on follow up work will be submitted by 15 August 2006 for review by Dr Chopra. Comments will be returned to case study writers by the beginning of September.

APPENDIX 1: Participants list

Name	Organisation	Physical address	Email and contact telephone
Bibi Giyose	New Partnership for Africa's Development (NEPAD)		BibiG@nepad.org Tel: +27 11 313 3834/3153 Fax: +27 11 313 3450
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Appendix 2: Programme



*Regional Network on Equity in Health in east and southern Africa
(EQUINET) in co-operation with
Health Sciences Research Council MRC South Africa*

‘Food security and nutrition work using a food sovereignty and equity lens

**CASE STUDY RESEARCH MEETING
Cape Town, 31st May-2nd June 2006**

The overall purpose of the case writers workshop is to bring together successful case study writers and expert facilitators in order to finalise plans for the implementation of the case studies. The specific aims of event are to:

Objectives

1. To develop a common framework for the development of case studies
2. To discuss each suggested case study in detail
3. Identify and agree on mechanisms for completion of case studies, specifically the timelines, peer review mechanisms and contractual agreements
4. Share plans for the dissemination and utilization of the case studies

Expected results

1. Case study writers informed about the expectations and scope of case studies.
2. Agreed linkages and priorities between: case study writers and co-ordinator
3. Clearly defined priorities and timeframes for completion of case studies.

DAY ONE: Wednesday 31 MAY

08:15 - 08:30	Registration
08:30 – 08:50	Welcome, Opening Remarks and Aims of the meeting - Professor Mickey Chopra, Director Health Systems Research Unit, Medical Research Council & School of Public Health, UWC
8:50 – 9:45	General Overview of Food and Nutrition Situation and Programmes in east and southern Africa and the links to equity in health /EQUINET work - Use of a food sovereignty approach - -Professor Mickey Chopra, Director Health Systems Research Unit, Medical Research Council & School of Public Health, UWC
09:45 -10:15	Comments & Questions
10:15-10:40	Break

- 10:40 – 11:30 **Example of Integrated Food and Nutrition Programme**
 - Professor David Sanders –Director, School of Public Health, UWC
- 11:30-12:00 Feedback & Discussion
- 12:00 - 13:00 Inputs from Expert Consultants
Ms Joyce Chanetsa, Food and Nutrition Council, Zimbabwe
A Persepective from 10 years of nutrition programming in Zimbabwe
Professor Pauline Kuzwayo, MEDUNSA University
What have we learnt from nutrition programmes and health?
Ms Bibi Giyose NEPAD Health Secreteriat
Taking a regional perspective
- 1300-1400 Lunch
- 14:00 – 17:00 Case Study Presentations and Discussion:
- **Peter Atekyereza:** Examination of the links between nutrition and agriculture in Uganda
 - **Jackson Tumwine:** Evaluation of food and HIV/AIDS programmes in a district in Uganda
 - **Dora Panagides :** HIV/AIDS and Nutrition: Current Policies and Programs
 - **Mark Tomlinson:** Evaluation of School Feeding and DOH Nutrition programmes in South Africa
 - **Paul Jere:** Evidence concerning impact of food aid operations on grain markets in Southern Africa
- 17.00 - 17.30 **Round Up and Closing Remarks from Day 1.**
 - Mickey Chopra

DAY TWO: **1st June 2006**

- 08.30 - 09.15 ***A Common Framework for Case Studies*** - Professor Mickey Chopra
- 09:15 – 10:00 Questions and Discussion
- 10:00 – 13:00 **Case Study Writers working on further plans for their particular case study with support from expert consultants**
- 13:00 - 14:00 Lunch
- 14.00 - 15:00 **Work on case study plans and references-continued.**
- 15:00 – 16:30 **Presentations** Discussion and comments

Day 3: Friday 2nd June 2006

- 8:30-9:00 **Summary of Day 2**
- 9:00-10:00 **Presentation and discussion on finalization, synthesis and dissemination of case studies**
- 10:00-10:30 **Summary of management issues and finalization of timeline**
- 11:00-12:00 **Individual meetings between case study writers and MRC to finalise contractual arrange**