

Addendum to the 16th ECOWAS Nutrition Forum Recommendations on Adolescent Nutrition



transform
nutrition
WEST AFRICA

INTRODUCTION

The West African Health Organization (WAHO) organized the 16th Economic Community of West African States (ECOWAS) Nutrition Forum in November 2019, in Monrovia, Liberia. The Forum, whose theme was “Adolescent Nutrition: Institutionalizing Sustainable Actions for Improved Outcomes in West Africa,” generated recommendations for countries to advance adolescent nutrition. This document serves as a supplement to those recommendations and highlights where evidence is available, is being generated, or is needed to inform decision making. This addendum aims to provide practical guidance on how to translate the Monrovia recommendations into actionable activities at the country level.

Below, in black, are the original recommendations, followed by



suggested elaborations of proposed actions and/or complementary actions in gray;



references to existing evidence related to the recommended actions in blue; and



evidence needed to implement the recommended action in orange.
(This gap could be filled by generating the required evidence).

This is a working document; evidence can be added over time.




Local adolescents in the village of Marabis, Zinder region, Niger, during a meeting with the village chief.


RECOMMENDATIONS FOR MEMBER STATES

I. Increase priority given to adolescent health and nutrition programmes

I.1 Provide a platform for adolescents to express their needs and aspirations through the use of youth ambassadors and champions.

 Ministries of Health should identify platforms for adolescents to share their thoughts and experiences, and ensure that adolescent health and nutrition needs are integrated into national policies, strategies, and plans, taking into consideration gender, age, and both in-school and out-of-school adolescents.

 Evidence to be generated through regional landscape analysis of adolescent platforms.


 Ministries of Health to identify which youth platform/organisation or nutrition organisation/structure is responsible for consulting adolescents and youth on the implementation of nutrition and health policies, based on the findings of the landscape analysis of adolescent platforms.

 Ministries of Health to provide strong leadership and prioritize adolescent health and nutrition programmes across different departments.


I.2 Institute appropriate programmes to reach and build the skills of out-of-school, institutionalized (e.g., in correctional centres), and indigent adolescents.


 Identify evidence-based, high-impact programmes and scale them up using platforms identified by the landscape analysis to reach the maximum number of adolescents.


 Evidence is available from some high-impact programmes, including [iron supplementation](#) and [social protection \(cash transfers\)](#).

 Evidence needed: emerging best practices from programmes that have been shown to be effective in West Africa — notably, Nigeria's Anaemia Reduction In and Out of School Girls (ARISING), which is ongoing but has not yet been evaluated.


I.3 Organize regular engagements with First Ladies, politicians, opinion and religious leaders, NGOs.


 Encourage first ladies to raise their voices for adolescent and youth nutrition and health, and to participate in regional efforts to formulate joint recommendations for ECOWAS member states.

 Raise awareness of adolescent nutrition issues among parliamentarians and in particular youth parliamentarians and emphasize their role in holding every stakeholder accountable for making progress.

 Work with opinion and religious leaders, as well as NGOs, to raise public awareness of the high priority of adolescent nutrition.

1.4 Institute social protection measures including conditional transfers and national health insurance to reduce barriers to access to health care services for out-of-school and indigent adolescents.


 Improve economic opportunities for adolescents through programmes that seek to expand the range of such opportunities available to girls (especially out-of-school girls) and/or their families.


 Evidence available: UNICEF's secondary data analysis (publication forthcoming), which shows poverty as a major determinant of adolescent pregnancy and childbirth; WFP's [Fill the Nutrient Gap analysis](#), which shows that adolescent girls in households bear the highest cost to meet an adequate diet; and examples of effective interventions, including business or vocational skills training, productive cash and/or in-kind grants (sometimes conditional on delayed marriage), and provision of financial assets or services.

2. Increase financial investment in adolescent health and nutrition

2.1 Advocate for strong policymaker efforts to increase budgetary allocation to nutrition, specifically adolescent nutrition.

 Within existing budget-tracking analyses, ensure that there is a specific focus on adolescent nutrition.

 Evidence available: [Existing SUN budgetary analyses](#) and the upcoming analysis in The Gambia, Ghana, Chad, Côte d'Ivoire, and Guinea Bissau by the Permanent Interstate Committee for Drought Control in the Sahel (CILSS).

 Evidence to be generated through regional landscape analysis: assessment of whether and what part of national budgets are committed to nutrition activities, and explore what budget is dedicated to adolescents.


2.2 Increase funds for adolescent health services through the identification of innovative funding mechanisms for nutrition, including dedicated budget lines and leveraging funds from existing programmes, statutory levies, crowd funding, and private sector participation.

 Increase funds for adolescent health services through the identification of innovative funding mechanisms for nutrition and ensure that Global Financing Facility (GFF) investment cases include adolescent nutrition.

 Evidence to be generated through regional landscape analysis: assessment of innovative funding mechanisms and analysis of GFF cases that include adolescent nutrition.


3. Improve availability, quality, and use of data for decision making on adolescent nutrition and health

3.1 Define a core set of indicators based on data from various sources to monitor the health and nutrition of adolescents (including 10–14 year olds).

 Evidence needed: guidance from regional landscape analysis on the best M&E indicators for this age group and how to collect them.


3.2 Integrate adolescent health and nutrition, including of 10–14 year olds, into national health management and information systems (HMIS).

 Integrate data for 10-14 year-old age group into national HMIS.

 Evidence to be generated during the implementation of these recommendations: how member states integrate data into their national HMIS or other national nutritional surveys.

3.3 Develop a national research agenda that includes longitudinal studies, systematic reviews, Knowledge Attitude Practices (KAP) studies, and operational research on adolescent health and nutrition.

 Identify cost-effective programmes, key programme gaps, and priorities.

 Evidence available: IFPRI's [evidence note](#) that maps research on adolescent nutrition to shed light on research trends and identify knowledge gaps in West Africa.

4. Increase public awareness on the health and nutrition needs of adolescents

4.1 Develop national communication (Social and behaviour communication change' (SBCC)) plans on adolescent health and nutrition.

 Institutionalize foundational learning in schools to address low health and nutrition literacy among adolescents.

 Ensure that there is a specific focus on adolescent nutrition and health in already existing national communication (SBCC) plans.

 Evidence available: [WHO AAHA guidance](#).

5. Increase the organization of nutrition and health services for adolescents

5.1 Establish or strengthen school health clinics that provide adolescent-friendly services.

 Make every school a health-promoting school and establish or strengthen school health and nutrition services, including micronutrient supplementation.


 Evidence to be generated: documentation during implementation of these recommendations of linkages between schools and health facilities.

RECOMMENDATIONS FOR WAHO AND REGIONAL ECONOMIC COMMUNITIES

6. Support countries in development of appropriate policies and programmes to mainstream adolescent health and nutrition into the national public health agenda




 Implement this recommendation according to guidelines based on an extensive policy review for West Africa.

 Update the ECOWAS regional strategic nutrition plan, ensuring that there is a focus on adolescent nutrition, and secure member states' endorsement.

 Evidence available: Action Against Hunger, [Integration of nutrition into contributing sector programmes and policies](#); IFPRI's evidence notes on nutrition-relevant policies in [Nigeria](#), [Burkina Faso](#), and the [West African region](#).

 Evidence being generated: joint assessment of nutrition-relevant policies in West Africa (IFPRI/ACF) and whether these policies include a specific focus on adolescent nutrition.


7. Increase financial investment in adolescent health and nutrition

-  Assess and increase financial investment in tracking adolescent health and nutrition.
-  Assess current allocation to adolescent nutrition and health, and share results (see SUN budgetary analysis).
-  Analyse how this allocation is disbursed, map it against cost-effective priority programmes, and assess gaps. This will help to ensure cost-effective use of the allocation and links back to the elaboration under Recommendation 2.1 — within existing budget-tracking analyses, ensure a specific focus on adolescent nutrition.

8. Support the sharing of novel technologies, including mobile applications, between countries in the development of adolescent nutrition and health communication programmes





-  Assess whether member states are currently sharing new technologies among themselves to assist in the development of such programmes, and if not, encourage them to do so.
-  **Evidence needed:** A landscape analysis of existing efforts and platforms to reach adolescents with health and nutrition programmes in West African countries. Additional evidence to be generated on use of mobile applications and/or other novel technologies within adolescent nutrition and health programmes.

9. Provide platform for regular exchange of best practices for improving adolescent health and nutrition outcomes

-  Use existing platforms to enable exchange of best practices for improving adolescent health and nutrition.
-  **Evidence needed:** Assessment of existing platforms for maximum use and to avoid duplication among these platforms.

RECOMMENDATIONS FOR PARTNERS

10. Support countries with funding for adolescent health and nutrition

-  Financial and technical partners to conduct country- and regional-level analyses on budget allocations for nutrition programmes with a specific focus on adolescent nutrition and health.
-  Financial and technical partners to document impact or positive changes from increased funding.
-  Based on results of costing and budget-tracking analyses, financial partners to increase funding for adolescent health and nutrition programmes when necessary.
-  Technical partners and civil society to advocate for government investment in adolescent health and nutrition programs

11. Help countries to conduct costing analyses of (existing) interventions for adolescents

-  Technical partners and civil society to support countries in conducting costing and cost-effectiveness analyses of existing interventions for adolescent health and nutrition.

12. Support countries in integrating indicators on adolescent nutrition and health, especially of 10–14 year olds, into national surveys (DHS, MICS, SMART)

- Once a core set of indicators on adolescent nutrition and health have been established, help countries to integrate those indicators into national surveys (DHS, MICS, SMART).

13. Support countries in strengthening local technical capacity on data management

- The Regional Nutrition Working Group based in Dakar to follow up on calls to action developed during the West African Data Forum to help countries implement recommendations, including improving local technical capacity for data management.

14. Help countries expand school feeding programmes to include integrated adolescent health services

- Technical partners to conduct an evidence review on school feeding programmes within the region and, where feasible, expand programmes to include health and nutrition services (MNP, deworming, iron supplementation, menstrual management, malaria control, and water and hygiene services for adolescent girls and boys).

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