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Nutrition and integrated health care to highlight Canadian plan to fight child and maternal mortality, minister says

A multibillion-dollar initiative on nutrition and “an integrated approach” to help frontline health workers will highlight the plan that Canada will recommend for adoption at this summer’s G8 meeting to help developing nations tackle maternal and child mortality, International Development Minister Bev Oda says.

Oda will unveil the detailed package of programs in Halifax, Nova Scotia tomorrow at the meeting of G8 development ministers that is being held to lay the groundwork for international initiatives to be discussed at the G8 summit in Huntsville, Ontario, June 25-27.

Oda says the Canadian plan will call upon G8 nations to adopt a Framework for Action on Nutrition that has been developed and spearheaded by a small team of Canadian experts alongside officials from the World Bank, USAID, the United Nations and nongovernmental organizations, including Bread for the World.

There is increased international interest in tackling nutrition as a determining factor in child and maternal mortality, Oda told *CMAJ* after a meeting with World Bank President Robert Zoellick and United States Administrator for International Development Dr. Rajiv Shah in Washington, DC, on Saturday.

At the World Economic Forum in Davos, Switzerland, in January, Canadian Prime Minister Stephen Harper identified improvements in child and maternal health as the government’s primary humanitarian goal for the G8 summit.

But the maternal health project has since become embroiled in controversy, particularly after United States Secretary of State Hillary Clinton waded into the fray during a G8 finance ministers meeting in March in Gatineau, Quebec, in which she chided Canada for not including access to safe, legal abortions as a component of the project.

Oda’s comments suggest that Canada hopes to essentially sidestep the controversy by asking the G8 to tackle the estimated 400,000 easily preventable maternal deaths and eight million easily preventable child deaths in poor nations primarily through expanded nutrition and health programs.

Noting that the Canadian International Development Agency (CIDA) has adopted a food security program that endorses nutrition as one of the agency’s three central aims (*CMAJ* 2009. DOI:10.1503/cmaj.109-3137), Oda says she “welcomes renewed international attention to nutrition as a development priority. We have been working hard with our global nutrition partners to build this momentum and will champion nutrition as part of the maternal and child health initiative at the G8 Summit in June.”

Oda adds that nutrition has too often been overlooked in international efforts to tackle child and maternal mortality, which have largely focused on diseases such as AIDS, tuberculosis, malaria and polio.

But Oda cautions it remains unclear whether Canada will be able to forge a consensus around an approach that's focused on improving health systems and nutrition. "I don't know whether it's doable or not doable," she warns. "But we are certainly going to be a proponent of health systems strengthening and nutrition as well."

The nutrition initiative is based on a plan crafted by development economist Sue Horton, chair of global health economics at the University of Waterloo in Ontario, along with Meera Shekar, lead health and nutrition specialist at the World Bank, and a team of consultants from a wide spectrum of nongovernmental organizations and multilateral agencies

(<http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/Peer-Reviewed-Publications/ScalingUpNutrition.pdf>).

The plan calls for governments and international agencies to spend an additional \$10.3 billion a year "from public resources to successfully mount an attack against undernutrition on a worldwide scale," explains Graeme Wheeler, managing director of the World Bank.

"This would benefit more than 360 million children in the 36 countries with the highest burden of undernutrition — home to 90% of the stunted children worldwide — and prevent more than 1.1 million child deaths," Wheeler says. "Since early childhood offers a special window of opportunity to improve nutrition, the bulk of the investment needs to be targeted between pre-pregnancy and two years of age."

David Morley, president and chief executive officer of Save the Children Canada, says an emphasis on maternal and child health has long been sought by nongovernmental organizations. But he adds that Canada needs to balance the emphasis on nutrition with support for community level health care workers within strengthened regional and national healthcare systems.

"We have to support more community health care programs at the village level in tackling child and maternal mortality," he says. "That's what we've been talking about as the way to go."

Morley argues that \$364 million budget increase that the government provided to CIDA this year should be devoted to the G8 pledges for child and maternal health. "The big question is: Are they going to put new money on the table?"

Jenilee Guebert, director of research for the G8 and G20 research groups with the global health diplomacy program at the Munk School of Global Affairs at the University of Toronto in Ontario, also cautions that the G8 often does not act fully on its commitments.

For example, she notes that although the G8 pledged \$20 billion for food security in 2009, so far, Canada is one of the only countries to act on the promise.

Similarly, Guebert notes that at the 2000 summit in Okinawa, Japan, G8 leaders made commitments to: reduce the number of HIV/AIDS-infected young people by 25% by 2010; reduce TB deaths and prevalence of the disease by 50% by 2010; and reduce the burden of disease associated with malaria by 50% by 2010.

At the 2005 summit in Gleneagles, Scotland, the leaders called for an AIDS-free generation in Africa and near-universal “access to treatment for all those who need it by 2010.”

“As of 2008, just over 4 million were receiving ARVs [antiretrovirals], which was about one million more than those receiving treatment in 2007,” Guebert says. “However, more than half of those who need ARVs are still without.” — Paul Christopher Webster, Toronto, Ont.

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