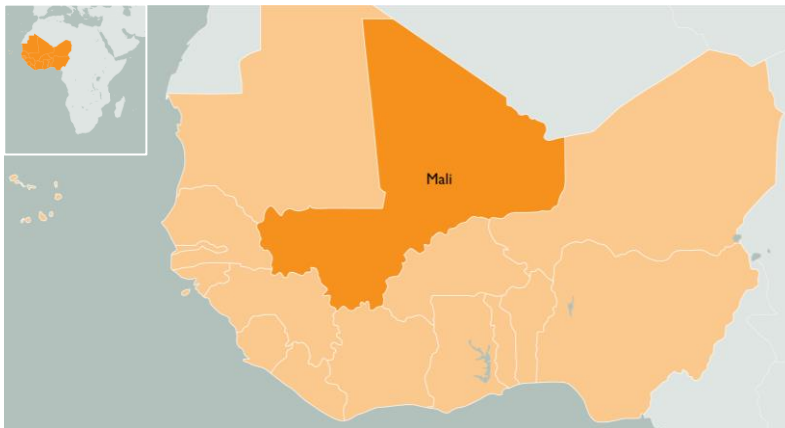


Nutrition Policy in Mali



What does this brief tell you?

This brief summarizes nutrition-relevant policies in Mali.

We examine i) nutrition context, policy objectives, indicators, budget, and activities, ii) key beneficiaries, actors and coordination, iii) monitoring, evaluation, and accountability, and iv) whether current policies are aligned with the World Health Assembly (WHA) global targets.

Key messages

Why was this brief developed?

- To strengthen understanding of the current direction of nutrition-relevant policy in Mali and its implications. It was developed in response to partners' request and priorities.

What are the key findings?

- Nutrition is featured most prominently in nutrition, health, agriculture/food security, and social protection policies.
- Young children and women of reproductive age are the most frequently mentioned groups and targeted beneficiaries.
- Of the six WHA targets and their indicators, policies' content focuses most on U5 wasting, followed by U5 stunting and, to a lesser extent, WRA anemia and exclusive breastfeeding.
- All of the policies point to the importance of multisectoral coordination.

What are the policy recommendations?

- Address gaps and incoherence in nutrition-relevant policies, clearly aligning nutrition targets, objectives, activities and indicators.
- Prioritize nutrition across policy areas, including education/research, environment, climate and resource management, water, sanitation and hygiene, and other cross-cutting policies (e.g. gender/family, governance).
- Build and sustain strong vertical and horizontal coordination mechanisms to tackle mutually reinforcing issues which call for multi-stakeholder engagement.
- Mainstream nutrition in policies and strategies that are now being drafted to overcome shortcomings identified in current policy documents.

The state of nutrition in Mali

Mali is currently not on track to meet most of the World Health Assembly (WHA) 2025 targets. The country is potentially on track to achieve the target on exclusive breastfeeding (EBF) during the first 6 months of life by 2025 (which rose from 31.5% in 2015ⁱ to 40.2% in 2018ⁱⁱ), if the rate of improvement remains the same. No progress has been made toward reducing the prevalence of anemia in women of reproductive age (WRA) between 2012 and 2016 (58.2% in 2012 and 59% in 2019ⁱⁱⁱ), nor did it show improvements in under-five (U5) stunting. The prevalence of U5 stunting did not change significantly between 2010 and 2018 (27.8% in 2010 vs 26.9% in 2018^{iv}), placing the country off track to meet this target by 2025. Despite some improvement in the level of U5 wasting (from 10.4% in 2011 to 9.0% in 2018^v), Mali is not on track to achieve this target. Overweight/obesity in U5 children remained generally stable between 2011 and 2019, putting Mali on course to meet this target (0.8% in 2011 and 0.7% in 2019^{vi}). Beyond the WHA targets, U5 anemia remains high (82% in 2018^{vii}). Mali currently experiences a double burden of malnutrition in the adult population. Overweight/obesity remains high, namely with 35.1%* of adult women and 20.3%* of adult men were estimated to be overweight/obese in 2016, while hypertension was estimated to affect 33.6%* of adult women and 31.2%* of adult men in 2015 (NCD Risk Factor Collaboration 2017^{viii}), and diabetes was estimated to affect 6.4%* of adult women and 8.4%* of adult men in 2014^{ix}.

Current nutrition policy landscape in Mali

Six nutrition-relevant policies currently in use or in the advanced drafting stage are included in this brief (see **Table I**). They are in the areas of nutrition ($n=2$), health ($n=2$), agriculture/food security ($n=1$) and economic/social ($n=1$). No nutrition-relevant policies identified in the areas of education/research, environment/climate/resource management, water/sanitation/hygiene, or other cross-cutting policies (e.g. gender/family, governance, etc.), were found to be sufficiently nutrition-oriented following their assessment based on the policy review's inclusion criteria and were therefore excluded from this brief.

Table 1: List of nutrition-relevant national policies

NR	Area	Policy Name	Acronym	Start	End
1	Nutrition	Politique Nationale de Nutrition	PNN	2010	2021
2		Politique Nationale de Sécurité Alimentaire et Nutritionnelle	PolINSAN	2017	2025
3	Health	Plan Décennal de Développement Sanitaire et Social	PDDSS	2014	2023
4		Politique et Normes des Services de Santé de la Reproduction	PNSSR	2019	2023
5	Agriculture/Food security	Plan National d'Investissement dans le Secteur Agricole	PNISA	2015	2024
6	Economic/Social	Politique Nationale de Protection Sociale	PNPS	2015	NS

NS (Not Specified)

Methods

All nutrition-relevant national policies, strategies, and action plans currently in use or in the advanced drafting stage as of September 2020 were included in this brief. Inclusion criteria were the presence of a nutrition objective, a budget for nutrition, and/or a nutrition indicator. Policies were not included in our analysis when i) we did not have access to the policy documents; ii) they were released or updated after expert consultation (September 2020).

We obtained potentially relevant documents from a systematic search that included pre-identified websites (e.g., relevant national government ministries, United Nations agencies and nongovernmental organizations), a Google search, a reference search, and country expert consultation. Targeted consultations with regional and in-country experts were used to access documents not available online and for validation. We screened identified documents (see Annex 1) against our eligibility criteria. Six documents met our inclusion criteria. Coding, data extraction, and content analysis for these documents was carried out with NVivo qualitative analysis software and Excel.



PROBLEM

What is the focus of policies' presentations of the nutrition context and what problems are highlighted?

All policies except the PNSSR provide some analysis of the nutrition context. Across policy areas, the nutrition context is exclusively focused on the country level, without an outline of the regional or global context. Only three policies in the nutrition (PNN and PoINSAN) and agriculture/food security (PNISA) areas recognize wide geographical and/or rural/urban disparities in Mali's nutrition context. Four policies spanning across all policy areas (PoINSAN, PDDSS, PNISA and PNPS) refer to socioeconomic disparities, while only the PoINSAN and PNISA include information on gender disparities.

In terms of nutrition problems acknowledged in the policies' nutrition context, the focus across policy areas is on undernutrition. Three policies (PNN, PDDSS and PNISA) cover micronutrient deficiencies, e.g. vitamin A, zinc, iodine and/or iron deficiency. Overweight/obesity only feature in one nutrition policy (PNN). Although health and nutrition policies present a more holistic picture of nutrition problems than other policy areas, the role of nutrition in contributing to non-communicable diseases (NCDs) is not emphasized in the policies.

Four out of six policies (PNN, PoINSAN, PDDSS, and PNISA) outline causes and/or consequences of nutrition problems. Causes include prioritization of treatment of acute malnutrition to the detriment of prevention and nutrition security, low dietary diversity,

systematic non-integration of nutrition into policies, insufficient nutrition-sensitive interventions, lack of access to essential social services, lack of awareness good nutritional practices by a large part of the population (in particular women who are the main providers of meals), socio-cultural constraints, weak link between nutrition/food security/social protection, sectoral nature of interventions and insufficient coordination between actors, poor knowledge of certain stakeholders in the area of nutrition. Other cited determinants include biophysical and agro-climatic shocks affecting crops and livestock, floods, locust invasions, epizootics, economic shocks (e.g. rising prices in national, regional and international markets) and social/political shocks (e.g. attacks by armed groups, internal and external conflicts, etc.), weak resilience mechanisms and poverty. Consequences include morbidity, mortality, sub-optimal physical and intellectual development and low productive capacity.

Table 2 highlights policies that include contextual information on WHA target indicators. The targets most frequently covered in the policies' situational analysis are U5 wasting (n=5) and U5 stunting (n=4), followed by WRA anemia (n=2) and exclusive breastfeeding (EBF) (n=1). Low birth weight (LBW) and U5 overweight are not included in the contextual analysis in any of the policies.

Is the nutrition context evidence-based?

The nutrition context is most evidence-based (i.e., cites references) in nutrition policies. Citations are predominantly for statistics rather than textual information. Cited data sources for evidence in the policies' nutrition context include the Multiple Indicator Cluster Survey (MICS), the Enquête Démographique et de Santé du Mali (EDSM), as well as Helen Keller International (HKI), Institut National de Santé Publique (INRSP), and the Standardized Monitoring and Assessment of Relief and Transition (SMART). Evidence that is cited mainly relates to prevalence levels of nutrition problems and not to identified solutions. Most of the policies that present information on nutrition disparities cite references related to this information.



What is included in the relevant policies to address the highlighted problems?

As shown in **Table 2**, all policies except the PNSSR, in the health policy area, include nutrition in their general and/or specific **objectives**. These objectives contain nutrition-specific (e.g. improving the nutritional status of the population) and nutrition-sensitive content (e.g., reinforcing nutrition-sensitive food security interventions). Most of the included **nutrition indicators** are outcome indicators (e.g. U5 stunting) and, to a lesser extent, output indicators (e.g. number of beneficiaries receiving specific policy components, or number of actors who are utilizing the agreed framework for implementation and M&E). In terms of nutrition problems, indicators focus exclusively on undernutrition. The WHA target indicators most often addressed in the policies are U5 stunting (n=3) and U5 wasting (n=3), followed by exclusive breastfeeding (n=1) and WRA anemia (n=1). No indicators for the WHA targets on low birth weight and U5 obesity are included in the policies. Additional indicators, beyond specific WHA targets, include underweight and child anemia. **Planned nutrition activities** feature across policy areas, in all policies except one (PNN), in the nutrition area, despite containing indicators. The PoINSAN (nutrition) presents the most comprehensive range of nutrition activities, although the PNSSR, in the health policy area, also includes a wide range of nutrition-specific and nutrition-sensitive activities. Only two policies, one in the nutrition area (PoINSAN) and one in the agriculture/food security area (PNISA) have a **budget for nutrition**. Content on **scaling up**

focuses on mechanisms for piloting and implementing the policy (e.g., guiding principles, multidisciplinary teams working on the implementation of pilot nutrition interventions, as well as mechanisms for strengthening coordination and harmonization of policy components already implemented at the national scale.

How do policies' targets align with the WHA 2025 Global Targets?




















Table 2 shows four policies with nutrition indicators that coincide with WHA target indicators. Three policies, from the nutrition (n=2) and agriculture/food security (n=1) areas, include targets for at least one of these indicators. These policies set different years as their target date (PNN: 2017, PoINSAN: 2030, PNISA: 2024). While Mali's target dates vary across policies, if met, they would put Mali on track to meet WHA targets for exclusive breastfeeding and U5 stunting. There are, however, two policies with targets that, even if met, would not necessarily put Mali on track to achieve the WHA targets by 2025, namely WRA anemia in the PNN and U5 stunting in the PoINSAN.

Is there coherence within policies?

Policies with nutrition objectives would be expected to include both planned nutrition activities and nutrition indicators, while policies without nutrition objectives would be expected to include neither. Yet there are several instances (see Table 2) where this is not the case. Generally, this is not necessarily due to a lack of coherence within policies but because a) policies' objectives are broad and do not explicitly link to nutrition (while their indicators or planned activities

are specific enough to make this link explicit), or b) indicators and/or planned activities are to be addressed in a separate programmatic document (which is sometimes noted in the main policy document). There are, however, some cases where there is incoherence within different parts of the same policy. The policy with the strongest internal coherence is the PNN, in the nutrition area, which shows close alignment between the challenges identified in the policy's nutrition context, its objectives and nutrition indicators, as well as partial coherence between the activities linked to stated objectives and coverage indicators related to these activities (namely with relation to IYCF promotion, school-age children's nutrition and more general population nutrition status and wellbeing). The remaining nutrition and health policies, namely the PoINSAN, PDDSS and PNSSR, all fail to include coverage indicators linked with the activities, although they all do include nutrition indicators that are linked with policy objectives, in the case of the PoINSAN with clear coherence between the two. Strong coherence is also found in the PNPS, in the social protection area, specifically in the links between context, objectives and activities, although it scores poorly in nutrition and coverage indicators, which are not mentioned in the policy. Finally, the PNISA, in the agriculture/food security area, shows some coherence across all process steps, namely between nutrition context, objectives, activities and indicators, but this is only partial. This is due to the fact that the policy objectives are too broad to allow for clearer alignment, thus hampering stronger internal coherence.

Table 2: Inclusion of nutrition and WHA indicators in policies' context, objectives, indicators, activities, and budget; key scaling-up mechanisms

NR	Area	Acronym	Nutrition context on WHA indicators ¹	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators ²	Planned nutrition activities	Budget for nutrition ³	Key scaling-up mechanisms
1	Nutrition	PNN	  	✓	✓	  	✗	NA	Documentation of pilot nutrition interventions by a multidisciplinary team from various research and teaching institutions with a view to their scaling-up.
2		PoINSAN	 	✓	✓	 	✓	✓	NA
3	Health	PDDSS	   	✓	✗	✗	✓	NA	Guiding principles of the policy intended to guide scaling up of actions
4		PNSSR	✗	✗	✓		✓	NA	NA
5	Agriculture/ Food security	PNISA	 	✓	✓		✓	✓	NA
6	Economic/ Social	PNPS		✓	✗	✗	✓	NA	The policy itself is designed for broad coverage and national scale implementation

 U5 STUNTING
  WRA ANEMIA
  LOW BIRTH WEIGHT
  U5 OVERWEIGHT
  EXCLUSIVE BREASTFEEDING
  U5 WASTING

¹ U5 stunting is indicated for policies with nutrition context on chronic malnutrition. U5 wasting is indicated for policies with nutrition context on acute malnutrition.

² U5 stunting is indicated for policies with nutrition indicators on chronic malnutrition. U5 wasting is indicated for policies with nutrition indicators on acute malnutrition.

³ Not applicable (NA) indicates policies that do not have sufficiently detailed budget information to assess whether nutrition is included, while ± is used for policies that provide sufficient budget information but with no mention of nutrition.



Who are the key people and organizations targeted by and responsible for these policies?

Which target groups are the focus of nutrition context?

The groups that feature most often in the policies' nutrition context are U5 children and women (n=5), in particular women of reproductive age (WRA) (n=4). Only one policy (PNSSR) does not provide any data on the nutrition situation for any population groups. Adolescents beyond WRA, men or the elderly are not mentioned in any of the policies.

Who are the beneficiaries?

As shown in **Table 3**, there is clear consistency in the targeting of primary beneficiaries across policies in all policy areas. All of the policies feature U5 children and WRA as their primary beneficiaries, even in the one policy that does not report on their nutrition status in the situational analysis. In addition to these groups, two policies also include PLW (PNSSR) and farmers (PNISA) among their primary beneficiaries.

Who are the actors?

Only half of the policies, namely those in the nutrition and health areas, specify what the roles and responsibilities of the different actors involved in policy delivery. The most prominent actor is the national government, involved in various capacities: from policy formulation, management and coordination, to financing, implementation, monitoring and evaluation. As shown in **Table 3**, a narrower range of roles is

planned for local government. Civil society, NGOs and technical partners cover similar roles in two of the policies (PoINSaN and PDDSS), respectively in the nutrition and health policy areas, with the exception of financing, which remains the remit of the national government. Implementation responsibilities are distributed across a wider range of actors. These include communities, which feature as active participants in the two nutrition policies (PNN and PoINSAN), rather than merely as beneficiaries. The private sector is also mentioned in implementation roles in two policies (PoINSAN and PDDSS), where it is also involved, respectively, in a financing and M&E role. Overall, there are important gaps in the spelling out of actors' roles, responsibilities and lines of accountability within and between sectors in the nutrition-relevant policy landscape in Mali.

Is there multisectoral coordination mentioned in the policy?

Despite the lack of detail on the specific responsibilities of actors involved, the importance of multisectoral coordination is highlighted across all policies and policy areas. Coordination mechanisms include multi-actor and -sector committees and groups; documents and tools; workshops and events; the use of sectoral policies; and government leadership to ensure coherent action. For example, nutrition policies point out that the institutional set-up is to be based on a National Nutrition Council, chaired by the Minister of Health (CNN), an Intersectoral Technical Committee on Nutrition (CTIN), chaired by the Secretary General of the Ministry of Health, a Technical Secretariat to lead the activities of the CTIN and those of the CNN, implementing Agencies (AMIO), the establishment of a CNN in charge of the PNN, supported by an

intersectoral technical committee and the establishment of regional (CROCSAD), local (CLOCSAD) and communal (CCOCSAD) committees. Only the PoINSAN highlights challenges associated with multisectoral coordination, which center around socio-political degradation, governance, the regional and international environment, mobilization of financial resources, and climate and environmental hazards.

Table 3: Summary of beneficiaries, actors, and multisectoral coordination mechanisms

NR	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' roles					Primary actors	Multisectoral coordination mechanisms
					National government	Local government	Communities	Private sector	Civil society NGOs technical and financial partners		
1	Nutrition	PNN	U5, WRA	X	1,2,3	1	1	X	X	Government, Agence de Mise en Oeuvre (AMIO)	✓
2		PoINSAN	U5, WRA	X	1,2,3,4	1,2,4	1	1,4	1,2,4	Government	✓
3	Health	PDDSS	U5, WRA	X	1,2,3,4	1,4	X	1,2	1,2,4	Government	✓
4		PNSSR	U5, WRA, PLW	X	X	1	X	X	X	Collectivities	✓
5	Agriculture/Food security	PNISA	U5, WRA, farmers	X	X	X	X	X	X	NA	✓
6	Economic/Social	PNPS	U5, WRA	X	2	X	X	X	1	Government	✓

* Roles: 1 = Implementation; 2 = Monitoring and evaluation; 3 = Management/coordination; 4 = Financing



What are the monitoring, evaluation, and accountability mechanisms?

Five policies (PNN, PoINSAN, PDDSS, PNISA and PNPS) mention **monitoring and evaluation (M&E)**, with most containing a dedicated M&E section or framework or plans to implement one. M&E activities include the identification of key indicators, data collection and monitoring of key indicators, upload of documents onto a publicly accessible online repository, process and impact evaluations with midline and endline assessments, appointment of specific groups of actors across jurisdictional level for M&E and results-based follow up activities, regular reporting, annual and quinquennial reviews, external evaluations, data sharing and dissemination, and tools for evidence-based decision making. Only one policy (PoINSAN) mentions **accountability mechanisms**, although these are framed in terms of obligation rather than as existing instruments for ensuring accountability. The guiding principles cited with relation to accountability are transparency and trust between the State and development partners, and between actors across the system and beneficiary populations.

Gaps and recommendations

This policy note is intended to inform national decisions makers, policymakers and a wider audience including implementing partners across all relevant nutrition sectors. Its analysis can help to better understand gaps and incoherence within existing policies. Furthermore, the recommendations emanating from this analysis can inform revisions of existing or the development of new

nutrition-relevant policies to improve impact on nutrition in their country.

Recommendation 1: Address gaps and incoherence in nutrition-relevant policy.

The analysis above highlights a number of gaps and incoherencies in current nutrition-relevant policy in Mali. Future policies or revisions could:

- Ensure that nutrition context, objectives, indicators, and /or planned activities align, in terms of nutrition problems and targeting of populations (e.g., nutrition objectives target several different groups but nutrition indicators only measure progress for some of these groups). This would allow to achieve better coherence within policies, introduce well-aligned impact pathways, from broad objectives to specific indicator measures, and enable identification of gaps and challenges, leading to more effective targeting.
- Better define nutrition concepts and indicators to allow for common understanding across actors and policy areas, as well as coherence in measurement of indicators. Only few policies highlight nutrition disparities across regions, gender, urban/rural and socioeconomic status; even if some policies targeting vulnerable populations focus on specific beneficiary groups, disaggregated nutrition indicators and targets are not clearly defined. Ideally, indicators are also disaggregated by gender, geographic area and between urban and rural settings, to capture the disparities identified in a policy's context analysis, and to ensure effective progress tracking.
- Invest more in inclusion of marginalized and/or underrepresented population groups. The policies we assessed provided limited nutrition context

information on adolescents, men and the elderly. The policies can benefit from more inclusive consideration of these groups, as they play an important role in contributing to a child's growth, development and life chances, calling for their involvement in activities addressing children's nutrition

- Invest in fighting malnutrition in all its forms in Mali by capitalizing on shared drivers, entry points and delivery platforms. In order to curb current trends in malnutrition, namely the coexistence of multiple forms, a holistic lifecycle approach is essential to address causes and consequences of malnutrition and disease burden in the country. A rising burden of overweight/obesity and diet-related NCDs across the region calls for targeting not only key groups through interventions that will impact on a child's life course, but also on the lifecycle in terms of different age groups currently being affected by different and often coexisting burdens of malnutrition, including within the same households and communities
- Ensure clear budget allocation plans for nutrition across nutrition-relevant policies and sectors. Most of the policies we assessed lacked clearly defined nutrition budgets, although budgetary information may be provided in some form in additional documents. Overcoming this limitation is crucial for meeting the WHA targets, or at least for narrowing the gap between these and the current situation.

Recommendation 2: Continue to invest in strong multisectoral coordination.

Strengthening multisectoral coordination and actions across sectors, ministries, and departments will be

essential for achieving the WHA targets in Mali. Multisectoral and multi-actor coordination is the basic guiding principle of governance for all nutrition policies included in this note. Despite the presence and the importance of multisectoral coordination highlighted in all of these policies, significant challenges for its functionality were mentioned. Leadership can be strengthened by clearly defining the roles of all actors at a higher hierarchical level with an authority over all of the contributing sectors. The application of strong vertical and horizontal coordination mechanisms would buttress the country's potential to achieve the WHA targets.

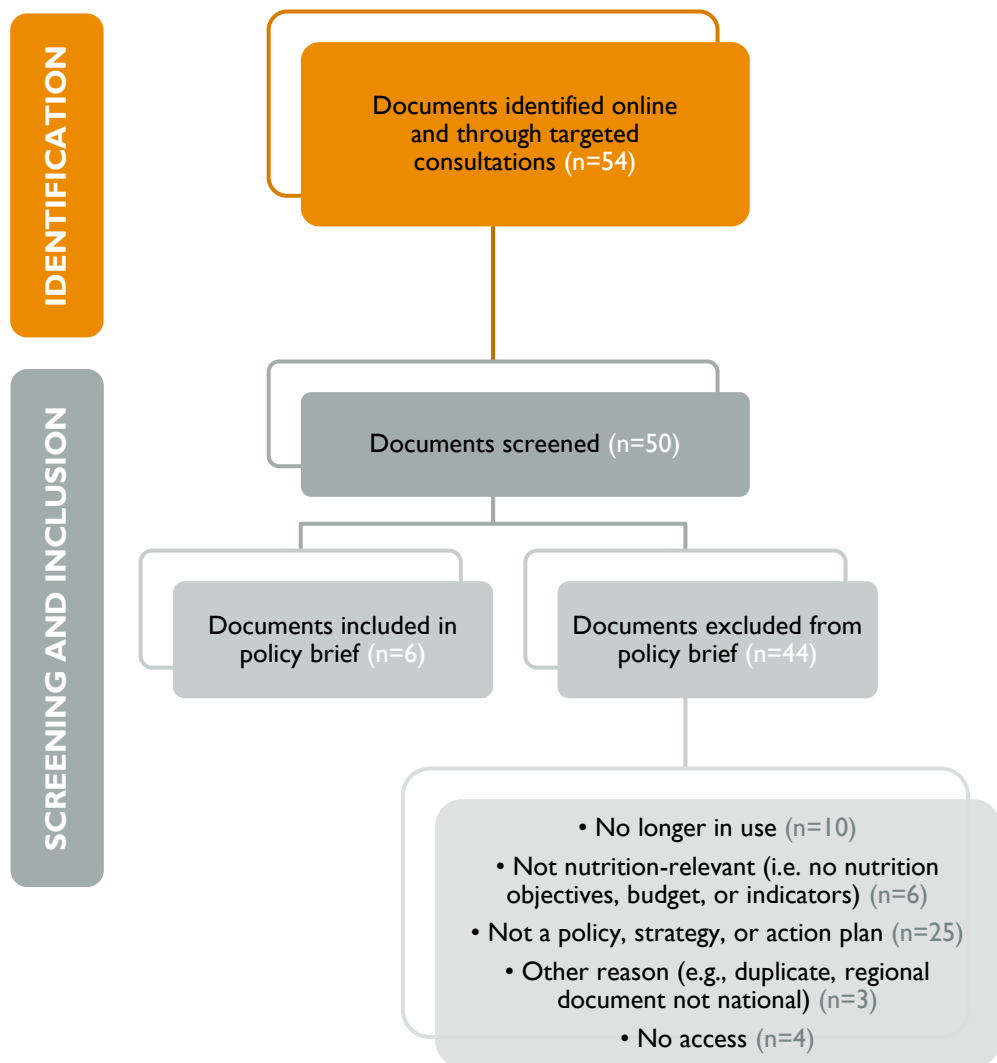
Recommendation 3: Mainstream nutrition into future documents across diverse policy areas.

Only some policies adequately cover nutrition by including nutrition-oriented objectives and actions. The remaining policies could improve the integration of nutrition into their nutrition context, objectives, planned activities, indicators, and budgets. To begin mainstreaming nutrition into future policies and operational documents into diverse policy areas, policymakers could refer to the gaps identified throughout this policy review. This includes missed opportunities in sectors excluded from this synthesis because the policies identified were not sufficiently nutrition-oriented (namely education/research, environment/climate/resource management, water/sanitation/hygiene, or other cross-cutting policies (e.g. gender/family, governance, etc.)). Strong multi-stakeholder engagement across the policy landscape is essential for ensuring that nutrition is integrated across sectors to create and sustain an enabling environment for tackling malnutrition.

Recommendation 4: Recognize nutrition as a cross-cutting area in ongoing policy drafts/revisions.

The revision of existing policies and the drafting of new ones provides an opportunity for better integration of nutrition through the alignment of activities and indicators with the nutrition issues, objectives and target groups indicated in the policies. By incorporating the above recommendations, any new or revised policy could contribute to advancing nutrition at national level.

Annex I: Flow diagram of documents included in the policy brief



Endnotes

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ⁱⁱⁱ World Health Organization, Global Health Observatory Data Repository/World Health Statistics (apps.who.int/gho/data/node.main.1?lang=en).

^{iv} UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Database, April 2021.

^v Ibid.

^{vi} UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Overweight (Survey Estimates), April 2021, New York.

^{vii} Ibid, ii.

^{viii} NCD Risk Factor Collaboration 2016-2017. Available at: <http://ncdrisc.org/data-downloads.html>.

^{ix} Ibid.

* Prevalence (%) is based on modelled estimates.

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