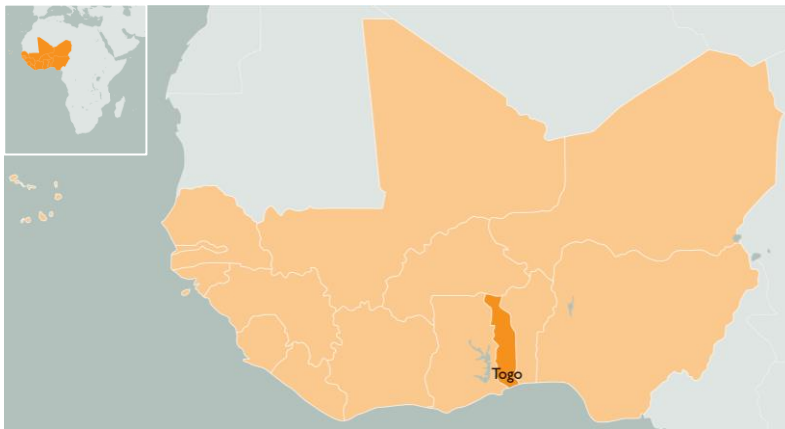


Nutrition Policy in Togo



What does this brief tell you?

This brief summarizes nutrition-relevant policies in Togo.

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 and widen understanding of the current direction of nutrition-relevant policy in Togo 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 and health policies
- Beyond Togo's general population, children U5, adolescents and women (especially WRA) are the most frequently mentioned groups and targeted beneficiaries.
- Of the six WHA targets and their indicators, policies' content focuses most on stunting and wasting and least on WRA anemia, LBW and U5 overweight. The two nutrition policies adopt the six WHA target values as its own.
- All the policies point to the importance of multisectoral coordination.

What are the policy recommendations?

- Use existing nutrition policies as a point of reference for addressing gaps and incoherencies within nutrition-relevant policies that are not sufficiently nutrition-oriented in their present form.
- Prioritize and invest in strong multisectoral coordination. The CNRN could be anchored at a higher level, with authority conferred to all of the actors involved, in order to improve nutrition leadership at national level.
- Support engagement to facilitate the mainstreaming of nutrition in all nutrition-relevant policy areas, and to ensure that future policies utilize a strategic approach to policy development aimed at avoiding the shortcomings identified in current policies.

The state of nutrition in Togo

Togo is on track to achieve the World Health Assembly (WHA) 2025 target on exclusive breastfeeding during the first 6 months of life (64.3% in 2017ⁱ) and overweight in children under five years of age (U5) (1.5% in 2017ⁱⁱ). Despite some improvements in U5 stunting (from 26.2% in 2012 to 23.8% in 2017ⁱⁱⁱ), anemia in women of reproductive age (WRA) (from 50% in 2012 to 48.9% in 2016^{iv}), and low birth weight (from 16.5% in 2010 to 16.1% in 2015^v), Togo is not on track to meet either of these targets. The country is not on track to achieve the WHA target on U5 wasting, which has shown to be worsening (from 4.8% in 2010 to 5.7% in 2017^{vi}). Beyond the WHA targets, iron deficiency among U5 children remains a major problem, with an U5 anemia prevalence of 71% in 2016^{vii}. There is a double burden of underweight and overweight/obesity in the adult population, with 8.9% (2016^{viii}) of adult women being thin while the prevalence of overweight/obesity in women has risen from 31.4% in 2010 to 35.8% in 2016^{ix}.

Current nutrition policy landscape in Togo

Six nutrition-relevant policies currently in use or in the advanced drafting stage are included in this brief (see **Table 1**). They are in the areas of health ($n=2$), nutrition ($n=2$), economic/social ($n=1$), and environment/climate/resource management ($n=1$) policy.

Table 1: List of nutrition-relevant national policies

NR	Area	Policy Name	Acronym	Start	End
1	Nutrition	Politique Nationale Multisectorielle de Nutrition	PNMN	2019	2030
2		Plan Stratégique National Multisectoriel de la Nutrition au Togo	PSNMN	2019	2023
3	Health	Plan National de Développement Sanitaire	PNDS III	2017	2022
4		Politique Nationale de la Santé	PNS	2011	2021
5	Economic/Social	Plan National de Développement	PND	2018	2022
6	Environment/Climate/Resource Management	Plan National d'Adaptation aux Changements Climatiques du Togo	PNACC	2017	2021

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 including pre-identified websites (e.g., relevant federal government ministries and United Nations agencies), a Google search, 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.



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

All but one (PNACC) policy provides some contextual information on the nutrition situation. This situational analysis is most comprehensive within nutrition policies. Across policy areas, the nutrition context focuses predominantly on the national level. At the subnational level, geographical/regional disparities are recognized by all the policies except the PNACC. However, disparities such as gender, rural/urban, and socioeconomic disparities are not acknowledged in the nutrition context of policies beyond nutrition-specific policies. Over half of the policies (across all areas except for environment/climate/resource management) also present the regional or global context, including Togo's adhesion to the Malabo Summit 2014, the 2016-2025 Africa Regional Nutrition Strategy, Agenda 2030 for long-term (durable) development (ODD), the Community of West African States and the African Union Agenda2063, the Rome Declaration, the UN Decade of Action for Nutrition (2016-2025), and the 2008 Copenhagen Consensus.

Across policy areas, the focus is on both undernutrition and overweight/obesity. More than half of the policies (exclusively in the nutrition and health policy areas) present information on non-communicable diseases (NCDs), including diet-related NCDs such as diabetes and high blood pressure, and their risk factors. Most of these policies frame overweight/obesity as a driver of NCDs. Only two nutrition policies present contextual information on micronutrient deficiencies, namely

vitamin A, iodine, and iron deficiency. Nutrition and health policies present a more holistic picture of nutrition problems than other policy areas.

All policies except one (the PNACC, which does not include a nutrition context) outline causes ($n = 4$) and/or consequences ($n = 5$) of nutrition problems. Causes include poor health, limited access to basic services and care, poor diet, insufficient access to drinking water and sanitation, and poverty. Consequences include mortality, morbidity, poor human capital and productivity, and negative impacts on social and economic development.

Table 2 highlights those policies that include a nutrition contextual information on the WHA indicators. U5 wasting, followed by U5 stunting and WRA anemia, are most frequently included. All the other WHA indicators (LBW, EBF, and U5 underweight) mentioned in the policies are exclusively confined to nutrition policies which adopted all of the six WHA target indicators as their own. The PNACC doesn't mention any WHA indicator.

Is the nutrition context evidence-based?

The nutrition context for all policies (except the PNACC) consistently cites evidence. References are predominantly provided for statistics, rather than textual or qualitative information. Cited data sources for evidence on the nutritional context in policies include household surveys, including the Demographic and Health Survey (DHS), Multiple Indicator Cluster Survey (MICS), Standardized Monitoring and Assessment of Relief and Transition (SMART) Survey, the WHO STEPwise approach to Surveillance (STEPS), Health Ministry surveys, the QUIBB survey (Enquête Questionnaire Unifié des Indicateurs de Base du Bien-être, 2015), the Malaria Indicator Survey, food security and vulnerability studies and FAOSTAT. Most of the policies that report data on nutrition disparities, causes and consequences of nutrition problems cite the sources of the information presented. For instance, only one of the policies that present information on geographical nutrition disparities in Togo does not cite references, while the evidence base is adequately referenced in all other policies. In contrast, sex-disaggregated data is referenced in only one policy (PNMN). Overall, cited evidence commonly refers to prevalence levels of nutrition problems, rather than on identified evidence-based solutions.



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

As shown in **Table 2**, all policies include nutrition in their general and/or specific **objectives**. These objectives contain nutrition-specific (e.g., improving the nutritional status of the population) and, to a lesser degree, nutrition-sensitive content (e.g., reinforcing nutrition-sensitive food security interventions). Most of the included **nutrition indicators** are outcome indicators (e.g., U5 stunting), although a number of policies also include output indicators (e.g., proportion of U5 receiving vitamin A supplement). One policy (the PNACC) does not report any nutrition indicator. In terms of nutrition problems, policy indicators focus on undernutrition and, to a lesser extent, on overweight/obesity and diet-related NCDs, including hypertension and diabetes. WHA target indicators less often referred to across policies are U5 overweight, LBW and WRA anemia. Importantly, none of policies present disaggregated nutrition indicators. **Planned nutrition activities** are detailed in four of the policies from the nutrition and health policies areas. PSNMN (a nutrition policy) presents the most comprehensive range of nutrition activities, although PNDIS III (a health policy) also includes a wide range of nutrition-specific and nutrition-sensitive activities. Only one policy (the PNDIS III, which has sufficiently detailed budget information) includes a **budget for nutrition**. Content on **scaling up** focuses on mechanisms for piloting and implementing the policy (e.g., guiding principles, scaling up of evidence-based high-impact interventions, use of new or existing committees to

manage implementation and facilitate dialogue). Nutrition features specifically in information related to scaling-up within all of the nutrition and health policies, unlike policies in other areas. All policies mention risks or challenges to scaling up, namely poor governance, insufficient resources and capacities, and poor information management systems.

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







Table 2 shows five policies with nutrition indicators that coincide with WHA indicators. Four of these policies, across the nutrition ($n = 2$), health ($n = 1$), and economic/social ($n = 1$) policy areas, include targets for at least one of these indicators. The target dates vary across policies (2030 or 2023 for nutrition policies and 2022 for the health and economic/social policies). These targets, if met, generally put Togo on track to achieve or even surpass the WHA targets by 2025. There is, however, at least one policy (PSNMN) with targets (U5 stunting, LBW and WRA anemia) that, even if met, would not necessarily put Togo on track to achieve the WHA targets by 2025.

Is there coherence within policies?

Policies with nutrition objectives would be expected to include both nutrition indicators and planned nutrition activities, while policies without nutrition objectives would be anticipated to include neither of these. The Togolese nutrition-relevant policy landscape shows two instances (see **Table 2**) where this is not the case. In general, this is not necessarily due to a lack of coherence within policies but because indicators and/or planned activities are intended to be addressed in a separate or future operational document. Nevertheless, there are some cases of incoherence within different parts of the policies included in this

synthesis which can serve as entry points for improving policy coherence. Firstly, populations targeted in nutrition objectives are not always the same as those targeted in nutrition indicators and/or planned nutrition activities. For instance, the objectives of the PND cover the whole population, while the policy's nutrition indicators only focus on U5 children. Secondly, problems featured in the policies' nutrition context are not always included in policies' nutrition indicators. For example, one policy highlights that U5 wasting is a nutrition problem of concern, but it does not include a related indicator (despite including indicators for other nutrition problems identified in the policy). Third, despite the fact that the situational analysis in almost all policies highlights nutrition disparities, especially between regions, none of these specify that nutrition indicators should be disaggregated to capture the disparities identified. Finally, several policies fail to clearly define concepts (e.g., chronic and/or acute malnutrition) or age ranges for prevalence indicators. On the other hand, the analysis of internal coherence has shown that there is appropriate alignment and coherence between the situational analysis, stated objectives, planned activities and indicators within nutrition policies.






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	PNMN		✓	✓		✓	NA	Scaling up of evidence-based high-impact interventions and promoting enabling systems; Guiding principles for implementation (Consultation and Coordination; Decentralization, Integration, Multisectoral collaboration, Partnership, Community involvement, Results-based management); Strengthening multisectoral collaboration (Operationalize multisectoral coordination and strengthen technical coordination); Focus on main constraints and challenges for scaling up (including increase coverage of interventions, resource mobilization, community participation, capacity building, monitoring & information management system and governance); Strengthening training, communication and information system; Promoting human rights and the empowerment of women; Strengthening enforcement measures for legislative texts; Increasing mobilization of resources; Promoting health practices
2		PSNMN		✓	✓		✓	NA	Focus on main constraints and challenges for scaling up; Scaling up through strategic axis: improved services access; Improved knowledge, attitudes and practices, increase food access, strengthen the resilience of vulnerable populations, Improvement of the information system; Strengthening/promoting nutrition training and research, Strengthening governance and multisectoral coordination, Implementation of cross-cutting interventions Analysis of risks and mitigation measures; Institutional anchoring, Institutionalization of multisectoral approach; Guiding principles (Consultation and Coordination; Decentralization, Integration, Multisectoral collaboration, Partnership, Community involvement, Results-based management); Legislation
3	Health	PNDS III		✓	✓		✓	NA	Acceleration of the scaling up of the implementation of the Integrated Management of Newborn and Childhood Illnesses (PCIMNE - Prise en Charge Intégrée des Maladies du Nouveau-né et de l'Enfant); Guiding principles for policy implementation (Intersectoral collaboration involving the institutionalization of intersectoral actions, Harmonization and alignment with policy priorities, Mutual accountability for results through the strengthening of joint frameworks for monitoring and evaluating plan results, Effective administrative and financial decentralization, Sufficient resources mobilization/allocation and their efficient use); Strengthening the health system (Strengthening the health system towards Universal Health Coverage (UHC) including community health); Focus on major issues and challenges of the sector; Communication and information (including Public communication and advocacy) Risk analysis and management; Focus on main dysfunctions of the health system (including inadequate governance and management, insufficient human resources, insufficient public funding, poor National Health Information System (SNIS) limiting decision-making)

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.

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
4		PNS	 	✓	✓		✓	NA	Focus on challenges to scale up (including poor decentralization, planification, and mobilization of financial and human resources, poor health information system, limited services access, weak regulation and control); Guiding principles for implementation at scale; Scaling up mechanism through the Accessibility and quality of health care and services (increasing coverage; scaling up of high-impact interventions; Strengthening primary health care; strengthening of public-public and public-private partnerships; development and promotion of quality assurance; better emergency management); improving governance; health information; Human Resources; and the funding mechanism; Conditions for policy success include Adhesion and Accountability of all actors and partners; National commitment at the highest level, Intra and Multisectoral coordination.
5	Economic/Social	PND		✓	✓		✗	NA	Analysis of opportunities and challenges; Scaling up through the policy funding strategy (including improve national tax systems, mobilization of national savings, mobilization of resources from Togolese abroad, strengthening of the public-private partnerships, strengthening of the banking system, scaling up of microfinance and mesofinance, application of a new debt approach, leveraging on the contracting-out strategy) Guiding principles to drive the policy implementation (include Leadership and Ownership; Partnership and Mutual Accountability; Results-oriented management and sustainability; and equity, gender and inclusion); Risks analysis and success factors; Communication; Capacity building
6	Environment/Climate/Resource Management	PNACC	✗	✓	✗	✗	✗	NA	Guiding principles for implementation at scale; Gap analysis to identify needs for policy success; Scaling up through Awareness and Communication, Capacity strengthening, Advocacy and Lobbying)

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



PEOPLE

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

Which target groups are the focus of nutrition context?

The situational analysis in half of the policies contains data on the general population. Children, and then women, are the groups that feature most often in the nutrition context. Few policies, across policy areas, also address the adult population. Adolescents are only mentioned in one policy (PNMN), while the elderly and men are not mentioned in any of the policies' nutritional context.

Who are the beneficiaries?

As shown in **Table 3**, the primary beneficiaries of policies vary by policy area. Overall, the most frequent primary beneficiaries include the Togolese general population, children U5, adolescents and women (especially WRA). Other beneficiaries include the adult population, communities, young people and vulnerable population groups. The elderly are mentioned as beneficiaries in two policies, while men/fathers are only targeted as beneficiaries in one policy, namely the PNMN. Two policies in the area of climate change and health mention rural areas as their targeting focus. Only one policy, from the environment/climate/resource management area, targets decision makers and influencers (parliamentarians, authorities or local opinion leaders).

Who are the actors?

All policies explicitly mention at least one actor involved in policy development, although few have an exhaustive list of actors engaged in this role. National government is most often mentioned (n=6), followed by civil society/NGOs/technical and financial partners (n=4), private sector (n=3), and local government (n=1). As shown in **Table 3**, the national government is among the primary actors for all policies. The economic/social, environment/climate/resource management and one of the health policies tend to have many types of actors involved in varied roles, while nutrition-specific policies detail extensive roles primarily for national government and the civil society/NGOs/technical and financial partners. The national government is the lead actor for all policies; however, many other actors (including specific ministries, local government and non-governmental partners) are cited as involved. For instance, the PSNMN recognizes the nutrition role of ministries across various sectors and identifies nutrition objectives, activities and measurement of indicators that these actors could oversee/contribute to. Communities are featured as actors mainly in economic/social and climate change policies; however, they are not reported as being involved in the development of any of the policies.

Is there multisectoral coordination mentioned in the policy?

The importance of multisectoral coordination is highlighted across all policies and policy areas. Coordination mechanisms include multi-actor and multi-sector committees and groups; communication; dialogue; workshops and events; and government leadership to ensure coherent action. For example,

nutrition policies point to the Conseil National pour le Renforcement de la Nutrition au Togo (CNRN) and the Groupe de Travail Multisectoriel sur le Renforcement de la Nutrition (Taskforce) as key platform to ensure coordination between actors at different levels (national, regional, and community). Almost all policies highlight challenges associated with multisectoral coordination. These center around poor multisectoral coordination and lack of synergy between sector interventions and programs, weak collaboration between public sector institutions, and low involvement of private sector actors, women's groups, parliamentarians and civil society. Nevertheless, there are policies, across most areas (except the economic/social policy area), which highlight some successes in using coordination mechanisms to address such challenges and improve multisectoral coordination. One example is the multisectoral taskforce, which aims to facilitate multisectoral policy development and implementation.

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	PNMN	Nationwide population; infants, children and WRA, adolescents	Adults, Men	1,2,3,4	1,2,3	I	I	I	National government + regional/district and local government	✓
2		PSNMN	Nationwide population; infants, children and WRA, adolescents	Adults	1,2,3,4	X	I	I	1,2,3	Government Ministries and non-governmental partners (e.g. UN agencies and SUN Movement)	✓
3	Health	PNDS III	U5 children, Adolescents, WRA	Adults	1,2,3,4	1,2,3	I	1,2,3,4	1,2,3,4	National government and national/local bodies within health sector + Partners	✓
4		PNS	General population (and Mothers, infant and young children, adolescents and elderly)	Adults; Young people; Community; Family; Rural area; Vulnerable people/poor people	1,2,3,4	I	I	I	1,4	State (with MoH and partners)	✓
5	Economic/Social	PND	Nationwide population; U5 children	X	1,2,3,4	1,2	1,2	1,2,4	1,2,4	National government (and international actors)	✓
6	Environment/Climate/Resource Management	PNACC	General population	Adults; Urban area, rural area; Parliamentarians; decision-makers; public private sector actors; civil society organizations; local communities; sector officials; Local authorities (responsables des collectivités locales); vulnerable areas, local customary authorities, local opinion leaders; vulnerable beneficiaries (women, young people, elderly people, producers, etc.); state and non-state actors; Stakeholders in the coastal zone (manufacturers, farmers, fishermen, the general public)	1,2,3,4	1,2	1,2	1,2,4	1,2,4	State with Ministerial departments (environment, planification, economics) and partners	✓

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



What are the monitoring, evaluation, and accountability mechanisms?

All of the policies include a dedicated **monitoring and evaluation (M&E)** section. Some policies, such as the PNDS III, PND and PNACC, contain very detailed M&E information. Many partners tend to be involved in M&E, although policies generally designate a lead actor. M&E activities include data collection and monitoring of the policy's indicators, regular reporting, and formative and final evaluations. **Accountability mechanisms** are also mentioned in all of the policies. They include accountability as a guiding principle, the use of M&E to identify progress and needed improvements, monitoring of progress to inform action plans, regular progress reviews, and arrangements for the provision of accountability mechanisms at all levels.

Gaps and recommendations

The analysis above highlights some degree of incoherence and a number of gaps in current nutrition-relevant policy in Togo. To address these, policies should:

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

- Invest in malnutrition in all its forms. More can be done to include U5 overweight/obesity in the policies' nutrition context and stated indicators. As the country is seeing a rising prevalence of overweight/obesity, this merits integration within policies, along with micronutrient deficiencies and undernutrition.

- Certain population groups that are currently underrepresented in nutrition-relevant policy in Togo should be included for comprehensive coverage and targeting of multiple forms of malnutrition that affect all age groups. Policies provide very limited nutrition information on adolescent, adult male and elderly population groups. Although adolescents do feature among targeted beneficiaries in most of the policies, nutrition indicators do not reflect the need to target this group acknowledged within policies. Men and the elderly are almost always missing in nutrition-oriented policies.
- Ensure that the nutrition situational analysis, objectives, indicators, and/ or activities align, both in terms of nutrition problems and targeting of populations.
- Factor in nutrition disparities across regions, rural vs. urban areas, income or gender by including disaggregated indicators to capture progress across the varied groups and relevant disparities recognized by situational analyses. Indeed, most of the policies point to nutrition disparities across regions, rural/urban areas, and highlight vulnerable groups (including poor people) as targeted beneficiaries, but none of the policies propose disaggregated nutrition indicators.
- As in the PNMN (which could be used as a point of reference for developing other nutrition-oriented policies), use strong and updated evidence to guide the identification of evidence-based, high-impact solutions, rather than limiting the use of evidence to prevalence levels of nutrition problems, so that clearer guidance can be made available for the effective planning, implementation and monitoring of interventions.

- As in the PNMN, clearly and consistently define concepts and indicators to allow for common understanding across sectors and policy areas, as well as to enable coherence in the measurement of indicators.
- These gaps and incoherences should be addressed both in future policies and in operational documents for existing policies (e.g., implementation or monitoring and evaluation plans).

Recommendation 2: Prioritize and invest in strong multisectoral coordination.

- Despite the importance of multisectoral coordination mechanisms highlighted across all policies, there are significant challenges for their functionality. These include the weak collaboration between public sector institutions, lack of synergy between sectoral policies and programs, and the low involvement of private sector actors. However, with sufficient investment and systematic prioritization aimed at harmonizing existing mechanisms can improve multisectoral coordination.
- Overall, communities are not involved in key stages of policy development. Public engagement can be improved to ensure that the policies appropriately target beneficiaries and adequately address nutrition problems that are important to the communities in which they are implemented.
- Togo is currently not on-track to meet most of the WHA targets. Current policies have varying targets linked with the WHA targets. Strong leadership and governance are needed

to improve multisectoral coordination that can guide policymakers across areas to work toward common targets. The CNRN could be anchored at a higher level, with clear responsibilities and an appropriate degree of autonomy for the actors involved.

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

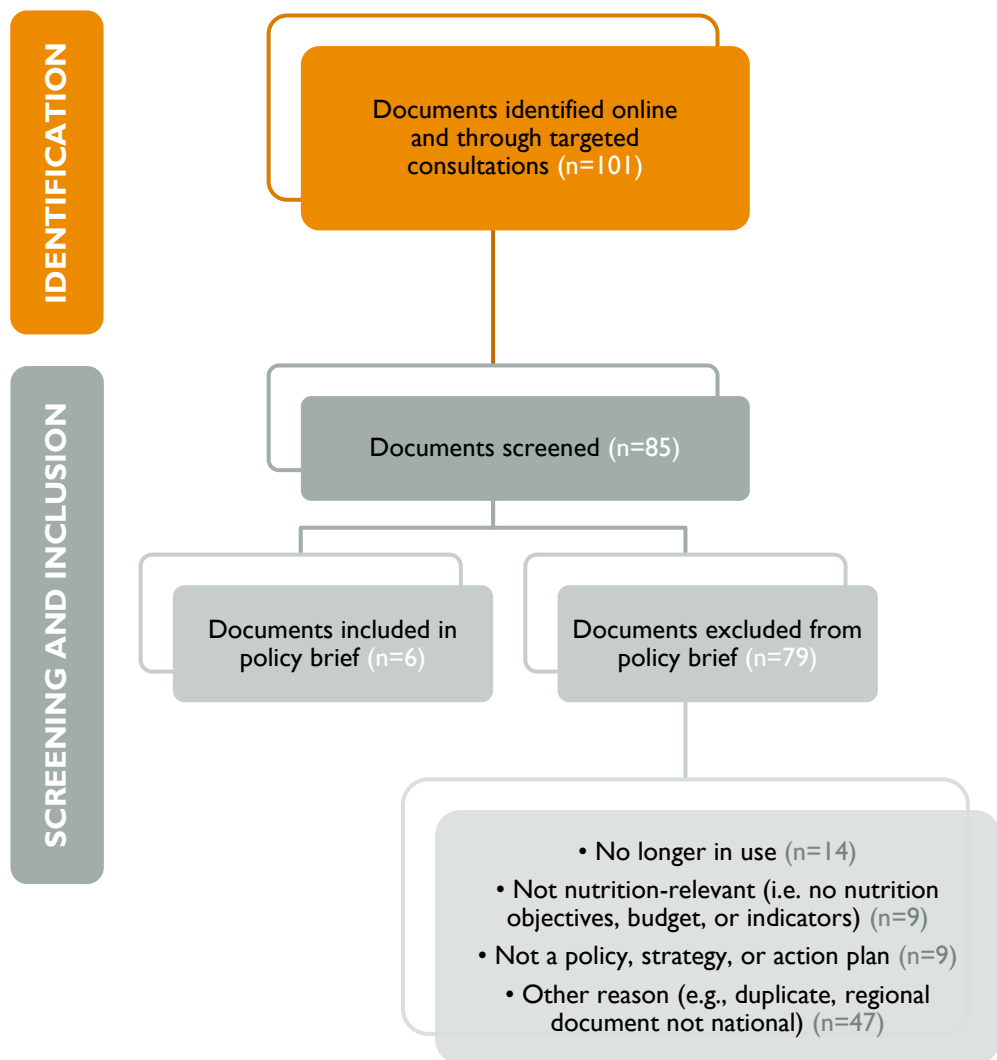
- Of the policies included in this synthesis, only the nutrition and health policies adequately cover nutrition. Other policies (from economic/social and climate change areas) should invest in improving the integration of nutrition into their objectives, indicators, activities, and budgets.
- Nutrition experts from the nutrition and health policy areas should engage in the development and supervision of policy guidelines to facilitate alignment with nutrition priorities relevant to other sectors. The PSNMN could serve as a point of reference for other nutrition-relevant sectors to start the mainstreaming of nutrition into future policies and operational documents. To effectively begin the alignment of documents from diverse policy areas, policymakers could refer to nutrition objectives, indicators, and relevant activities listed in the PSMN, which details roles for actors across numerous sectors.
- Beyond the policy areas included in this review, there is a need for engagement to ensure that additional nutrition-relevant policy areas that currently do not address nutrition,

such as Food security/Agriculture, WASH and gender policies, also mainstream nutrition.

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

- Most of the policies are due to end soon (either in 2021 or in 2022). These include the PND; PNDS III; PNS; and the PNACC. Any new or updated policies can take into account the identified shortcomings of current documents and consider the above recommendations. The PND is the overarching cross-sectoral policy that guides sectoral planning. Its revision is an opportunity to coordinate across sectors for a coherent push for nutrition, thus marking Togo's explicit recognition of nutrition as a cross-cutting theme.

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



Endnotes

- ⁱ United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2020). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, July 2020.
- ⁱⁱ UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Overweight (Survey Estimates), April 2021, New York
- ⁱⁱⁱ National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF)
- ^{iv} National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF).
- ^v National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF).
- ^{vi} National Bureau of Statistics (NBS) and United Nations Children's Fund (UNICEF).
- ^{vii} WHO Global Health Observatory data repository. Retrieved from <http://apps.who.int>
- ^{viii} WHO Global Health Observatory data repository. Retrieved from <http://apps.who.int>
- ^{ix} WHO Global Health Observatory data repository. Retrieved from <http://apps.who.int>

Ampa Dogui Diatta¹, Laura Casu², Mariame Dramé², Irina Uzhova³, Judith Kaboré⁴, Fanta Touré⁴ and Roos Verstraeten¹
¹ International Food Policy Research Institute | ²Independent consultant | ³ Institute of Technology Sligo | ⁴ Action Against Hunger

To Cite this Publication:

Diatta, A.D., L. Casu, M. Dramé, I. Uzhova, J. Kaboré, F. Touré and R. Verstraeten. 2021. *Nutrition Policy in Togo*. Transform Nutrition West Africa, Evidence Note No. 9. Dakar, Senegal: International Food Policy Research Institute.

This publication has not been peer reviewed. Any opinions stated in this publication are those of the author(s) and are not necessarily representative of or endorsed by IFPRI.

© Copyright 2021 International Food Policy Research Institute (IFPRI). This publication is licensed for use under a Creative Commons Attribution 4.0 International License (CC BY 4.0). To view this license, visit <https://creativecommons.org/licenses/by/4.0>.



Transform Nutrition West Africa is a regional platform to enable effective policy and programmatic action on nutrition. It is funded by the Bill & Melinda Gates Foundation from 2017–2021 and is led by the International Food Policy Research Institute.
E IFPRI-tnwa@cgiar.org W transformnutrition.org/westafrica T twitter.com/TN_NutritionRPC