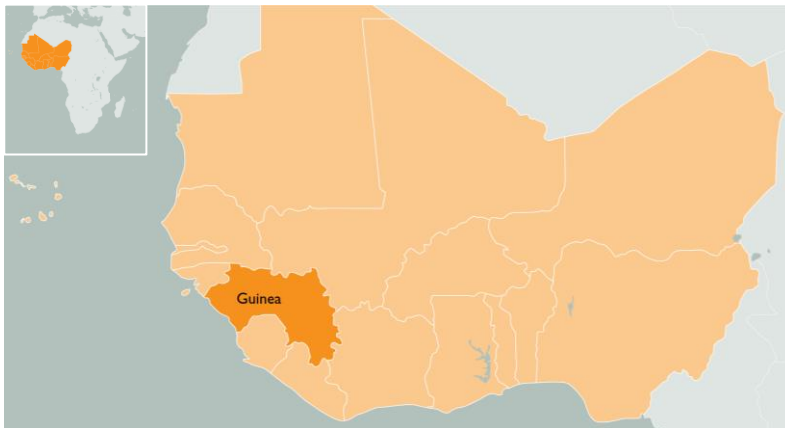


# Nutrition Policy in Guinea



## What does this brief tell you?

This brief summarizes nutrition-relevant policies in Guinea.

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 Guinea 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 and agriculture/food security policies.
- Young children and women (including 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 stunting and U5 wasting followed by exclusive breastfeeding and, to a lesser extent, WRA anemia.
- Over half 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, water, sanitation and hygiene, environment, climate and resource management, economic, social, 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 Guinea

Guinea is not on-track to achieve any of the World Health Assembly (WHA) 2025 targets. Despite improvements in exclusive breastfeeding during the first six months of life (from 20.4% in 2012 to 33.4% in 2018<sup>i</sup>), Guinea is not on-track to meet this target. Anemia in women of reproductive age (WRA) has shown no progress since 2012 (50.9% in 2012 and 50.6 in 2016<sup>ii</sup>) while under-five (U5) stunting did not change significantly between 2012 and 2018 (31.1% and 30.3%<sup>iii</sup>), similarly to U5 wasting between the same years (10% and 9.2%<sup>iv</sup>). Guinea is not on track to achieve the WHA target on U5 overweight, the prevalence of which is rising (3.8% in 2012 and 5.6% in 2018<sup>v</sup>). Finally, there is no recent data on Low Birth Weight (LBW).

## Current nutrition policy landscape in Guinea

Seven 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 nutrition ( $n=2$ ), health ( $n=3$ ) and agriculture/food security ( $n=2$ ). No nutrition-relevant policies identified in the areas of education/research, water/sanitation/hygiene, environment/climate/resource management, economic/social, 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 Multisectorielle de Nutrition	PNMN	2019	2030
2		Plan Stratégique Multisectoriel d'Alimentation et de Nutrition	PSMAN	2019	2024
3	Health	Politique Nationale de Santé	PNS	2015	2024
4		Plan National de Développement Sanitaire	PNDS	2015	2024
5		Politique Nationale de Santé Communautaire	PNSC	2017	NS
6	Agriculture/Food security	Politique Nationale de Développement Agricole	PNDA	2018	2025
7		Projet de Développement Agricole Intégré de la Guinée - Plan de Gestion des Pestes	PDAIG - PGP	2018	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 I) against our eligibility criteria. Seven 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?

Four policies, two in the nutrition (PSMN and PSMAN) and two in the health (PNS and PNDS) policy areas, provide a situational analysis of the nutrition context. The PNDA, in the agriculture/food security context only briefly mentions nutrition security and limitations linked with governance but does not provide a full situational analysis of the nutrition status of population groups. Across policy areas, the nutrition context focuses predominantly on the country level. The global context is not presented in any of the policies, but there is mention of the regional context of West Africa in the PNMN and PNDA. The two nutrition policies present disaggregated data on geographical, rural/urban, sex/gender and socioeconomic disparities, the latter also being present in one health policy, namely the PNS. The remaining policies do not present any disaggregated data.

In terms of nutrition problems, the focus across policy areas is mainly on undernutrition, although the two nutrition policies, and to a lesser extent the PNDS in the health area, offer information on multiple forms of malnutrition across the spectrum. The micronutrient deficiencies cited are anemia, vitamin A and iodine deficiency (PNMN and PSMAN). Four of the policies, two in the nutrition (PNMN and PSMAN) and two in the health areas (PNS and PNDS), present information on overweight/obesity and diet-related NCDs such as diabetes and arterial hypertension. The multisectorality of determinants and consequences of malnutrition

issues is more heavily emphasized in policies from the nutrition area, and to some extent in the PNDS, from the health area.

**Table 2** highlights policies that include contextual information on WHA target indicators. U5 stunting and U5 wasting are most frequently included (n=4), namely in nutrition and health policies, followed by WRA anemia and exclusive breastfeeding (n=2), included in both nutrition policies. The two remaining targets, low birth weight and U5 overweight, only feature in one nutrition policy (PNMN).

### Is the nutrition context evidence-based?

The nutrition context is most evidence-based (i.e., cites references) in all nutrition policies, followed by health policies (except the PNSC). Across all policy areas, citations are predominantly for statistics rather than textual information. Cited data sources for evidence in the policies' nutrition context include the Standardized Monitoring and Assessment of Relief and Transition (SMART) survey, household surveys such as the Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS), as well as the United Nations Development Program (UNDP) and the World Health Organization (WHO). Evidence that is cited mainly relates to prevalence levels of nutrition problems and not to identified solutions. The PNMN, which presents information on nutrition disparities, cites references related to this information.



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

As shown in **Table 2**, only four policies, two in the nutrition (PSMN and PSMAN) and two in the agriculture/food security (PNDA and PDAIG-PGP) policy areas, include nutrition in their general and/or specific **objectives**. These objectives contain both nutrition-specific (e.g., improving the nutritional status of the population, with particular attention to the nutrition status of vulnerable groups in society) and nutrition-sensitive content (e.g., increasing the contribution of the agriculture/food security sector to nutritional needs). Almost all included **nutrition indicators** are outcome indicators (e.g. U5 stunting), although the PNDS, in the health policy area, also includes output and coverage indicators (e.g., number/percentage of U5 children receiving nutrition interventions). In terms of nutrition problems, policy indicators focus only on undernutrition, failing to acknowledge the role of exclusive breastfeeding (albeit including this as an indicator) and appropriate IYCF feeding practices for multiple forms of malnutrition, including overweight and obesity. Minimum acceptable diet rather than minimum dietary diversity is chosen as a scale for measurement of the nutrition of status of children. No data is provided on indicators for micronutrient deficiencies, including the WHA target of anemia in WRA. None of the policies include disaggregated nutrition indicators. The only WHA indicators addressed in the policies are U5 stunting, U5 wasting and, to a lesser extent, exclusive breastfeeding. **Planned nutrition activities** are detailed in four of the policies, one in the nutrition (PSMAN), two in the health (PNDS and PNSC) and one in the agriculture/food security (PNDA) policy areas. None of

the policies contain a **budget for nutrition**. Content on **scaling up** focuses on guiding principles, extension of coverage of planned activities to additional areas and food insecure groups, and evidence-based scaling up of high-impact interventions. Some of the policies also highlight challenges to scaling up, as detailed in the table below. These include insufficient financial resources for nutrition, lack of adequate human resources for scaling up, low coverage of high impact interventions at community level, insufficient operational research in the field of nutrition, lack of processing, promotion of local products for food diversification, weak institutional mechanisms and insufficient coordination of interventions.

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

**Table 2** shows three policies with nutrition indicators that coincide with WHA indicators. Two of these policies, from the health and agriculture/food security areas, include targets for at least one of these indicators. Only the PNDS sets a date (2021) for its targets, namely for U5 stunting and exclusive breastfeeding. Even if met, these would not necessarily put Guinea on track to achieve the WHA targets by 2025.








### 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). The PSMAN, in the nutrition policy area, presents a high degree of coherence across all process steps, clearly linking nutrition and coverage indicators and activities to stated objectives, which in turn address the malnutrition issues identified in the policy's nutrition context. There are, however, some cases where there is incoherence within different parts of the same policy. The PNMN, another nutrition policy, presents a high coherence between the challenges identified in its nutrition context and policy objectives. However, it fails to match this with linked activities and nutrition and/or coverage indicators. The three included health policies (PNS, PNDS and PNSC) show poor alignment between the challenges identified and stated objectives. The PNS does not include any details on nutrition objectives and indicators. Similarly, although the policy states that it will implement activities, these are not specified in the document. The PNDS is overall coherent, but the formulation of its nutrition objective is too broad. On the other hand, it presents good alignment of activities with objectives and includes coverage indicators for planned activities. The PNSC does not provide sufficient information on the nutrition context, objectives are not well defined. Although it mentions some community-led nutrition activities, these are also framed in broad terms and are not linked with nutrition or coverage indicators. With regards to agriculture/food security policy, the PNDA show some coherence across all process steps, although it remains broad. The objectives that aim to address the nutrition-sensitive issues identified are not sufficiently spelled out, although its planned activities go further than

stated objectives in covering some of the challenges. However, nutrition and coverage indicators are not specific enough to measure inputs and results from all of the expected activities. The PDAIG-PGP lacks information across sections for the analysis of internal coherence of the policy, mentioning a nutrition security objective but not providing any additional information on activities or indicators.

**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 <sup>1</sup>	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators <sup>2</sup>	Planned nutrition activities	Budget for nutrition <sup>3</sup>	Key scaling-up mechanisms
1	Nutrition	PNMN		✓	✗	✗	✗	NA	Focus on challenges to scaling up (insufficient financial resources for nutrition, lack of qualified human resources, insufficient coordination of interventions, low coverage of high impact interventions at community level, insufficient operational research in the field of nutrition, lack of processing, promotion of local products for food diversification); guiding principles for implementation at scale (state commitment, existence of public engagement structures for sectoral ministries; control of government/parliament action, awareness of the importance of nutrition in the fight against infant morbidity and mortality by high-level authorities and need to raise the issue at higher hierarchical level)
2		PSMAN		✓	✓		✓	NA	Scaling up through implementation of different activities (e.g. high impact activities, good dietary practices and canteens) in areas where the population is suffering from food insecurity.
3	Health	PNS		✗	✗	✗	✗	NA	Guiding principles for implementation at scale; efficiency, results-based management, decentralization and partnership. Scaling up of high impact activities (e.g. vaccination, nutrition, mass treatments, oral rehydration, breastfeeding, etc.).
4		PNDS		✗	✓		✓	NA	Scaling up of several activities, with particular focus on evidence-based high impact activities.
5		PNSC	✗	✗	✗	✗	✓	NA	Guiding principles for policy implementation: leadership / local governance, community accountability, multisectoral, equity, quality of care and services, multidisciplinary and accountability.
6	Agriculture /Food security	PNDA	✗	✓	✓		✓	NA	Focus on challenges to scale up including challenges of the policy implementation framework. Focus on SWOT analysis.
7		PDAIG - PGP	✗	✓	✗	✗	✗	±	Focus on challenges (weakness of the institutional mechanism, insufficient in human resources and quality, lack of coordination, insufficient financial resources). A SWOT analysis and an analysis of the institutional and legal framework are carried out.

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

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

<sup>3</sup> 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.

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



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

### Which target groups are the focus of nutrition context?

Only two nutrition policies (PNMN and PSMAN) mention specific target groups in their situational analysis, specifically children, women (including women of reproductive age), and people living with HIV. Two health policies provide information on the nutrition context with regards to the general population (PNS and PNDS), while one health policy (PNSC) and two agricultural/food security policies (PNDA and PDAIG-PGP) do not provide detailed data on specific target groups.

### Who are the beneficiaries?

As shown in **Table 3**, primary beneficiaries of policies vary across policies but present some consistency in key target beneficiaries, particularly in areas that are closely related to nutrition-specific issues. Overall, the most frequently targeted primary beneficiaries are U5 children, who feature in nutrition (n=1), health (n=2) and agriculture/food security (n=1). Other primary beneficiaries include women (including WRA), youth and people living with HIV/AIDS, as well as broader population groups such as households or the general population. Only one policy, in the agriculture/food security sector, does not specify information on the individuals or groups targeted by the policy. Secondary beneficiaries are mentioned in three of the seven policies, across all three included policy areas. These

include specific target groups (WRA, PLW, adolescents), as well as households and the general population.

### Who are the actors?

The primary actor consistently mentioned across most policies, except the PSMAN, is the national government and other governmental bodies relevant for each given policy, as reported in more detail in **Table 3**, with health policies being under the direct responsibility of the Ministry of Health, and agricultural policies being placed either under the remit of the Ministry of Agriculture (PNDA), or under multiple ministries (PDAIG-PGP), as is also the case for one nutrition policy (PNMN), while the other included nutrition policy (PSMAN) does not provide data on primary actors, roles and responsibilities. Across policies, the national government and to a lesser extent the local government cover a broad range of roles, from policy development and financing, to implementation, monitoring and evaluation. Another prominent group of actors that features across policy areas are civil society, NGOs, technical and financial partners, mainly involved in implementation, monitoring and evaluation and financing. The private sector also features in most policies, except the PSMAN, almost exclusively in implementation and, for three of the policies (PNMN, PNS and PNDS) in financing. The actors with the least prominent role across policies are communities, which only feature as active participants, rather than merely as passive beneficiaries, only in nutrition policies (PNMN and PSMAN).

### Is there multisectoral coordination mentioned in the policy?

Multisectoral coordination mechanisms are mentioned in two nutrition policies (PNMN and PSMAN) and two health policies (PNS and PNDS). The three remaining policies, one from health (PNSC) and two from agriculture/food security (PNDA and PDAIG-PGP), do not report on specific mechanisms for coordination across sectors, although the PNDA does mention the need to put such mechanisms in place for implementation of the policy. The coordination mechanisms cited include consultation with multiple stakeholders, technical committees, planning mechanisms for concerted cooperative formulation of actions to be implemented, organs for the supervision and coordination of activities across sectors and jurisdictional levels, clarification of lines of accountability, national councils for the delivery of specific services (e.g. fortification), or for follow-up, a national council for agricultural development and food security and food and nutrition division, expected to coordinate activities for better synergy in nutrition-sensitive sectors, as well as common frameworks for data monitoring, as well as process and impact evaluation. Some of the challenges to effective multisectoral coordination that are mentioned include the weak involvement of certain actors. The PNDA mentions that partitioning in the design and implementation of TFP interventions reduces their effectiveness. Initiatives are still hampered by a weakness in the harmonization of interventions between them, as well as weak alignment with broader global priorities (e.g. with the principles of the 2005 Paris Declaration), which could provide some structure for goals that can only be achieved through joint multisectoral and systemic efforts.

**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	Communities, households and vulnerable population	✗	1,2,3,4	NA	3	2,4	1,2,4	National Government (National multisectoral nutrition committee under the supervision of the Prime Minister)	✓
2		PSMAN	U5, WRA, people living with HIV/AIDS	Adolescents, households	NA	NA	1	NA	NA	NA	✓
3	Health	PNS	General population	✗	1,2,3,4	1,3,4	✗	1,4	1,3,4	Government (Ministry of Health)	✓
4		PND5	U5	WRA, PLW	1,2,3,4	1,2,4	✗	1,4	4	Government (Ministry of Health)	✓
5		PNSC	U5, youth, women	✗	1,2,3,4	1,2,3,4	✗	1	1,2,4	Government (Ministry of Health)	✗
6	Agriculture/Food security	PNDA	U5	General population	1,2,3,4	1	✗	1	1,2,4	Government (Ministry of Agriculture)	✗
7		PDAIG - PGP	NA	NA	1,2,3,4	1	✗	1	1,2,4	National Government (different ministries and national committee)	✗

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



## What are the monitoring, evaluation, and accountability mechanisms?

All seven policies mention **monitoring and evaluation (M&E)**. M&E activities include multisectoral committees, establishment of information systems, measurement of key indicators within and across relevant sectors, oversight of a unified system by the National Committee for Nutrition, monitoring and evaluation at subnational and service delivery facility level, data collection for process and impact evaluation, use of data from multiple sector-specific M&E databases, M&E activities alignment through use of a framework and plan for an integrated and harmonized M&E system, regular visits to decentralized level implementation sites reviews (every three months) by multisectoral teams, participatory coordination of activities, data sharing and dissemination, sharing of M&E documents, tools and frameworks, reviews, periodical undertaking and supervision of M&E and research. **Accountability mechanisms** are also mentioned in three policies, namely the PNMN and PSMAN from the nutrition area, and the PNDA from the agriculture/food security area. These include the definition of guiding principles, roles and responsibilities of specific actors, and the alignment of multi-actor activities based on clear reporting and rules of good governance (through shared vision, transparency, inclusion, participation, reactivity, accountability and strategic intelligence), inclusive sectoral, multisectoral and multiparty political dialogue, roundtables for the mobilization of financial resources, and advocacy to improve predictability of resources and accountability of allocation. Other broader mechanisms cited include coherence with the mechanisms of the State's

comprehensive policies and multisectoral strategies and alignment with the mechanisms of global strategies and policies.

## 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 Guinea. 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 Guinea 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 Guinea. Multisectoral and multi-actor coordination is the basic guiding principle of governance for most nutrition policies included in this note. Despite the presence and the importance of multisectoral coordination highlighted in most 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.**

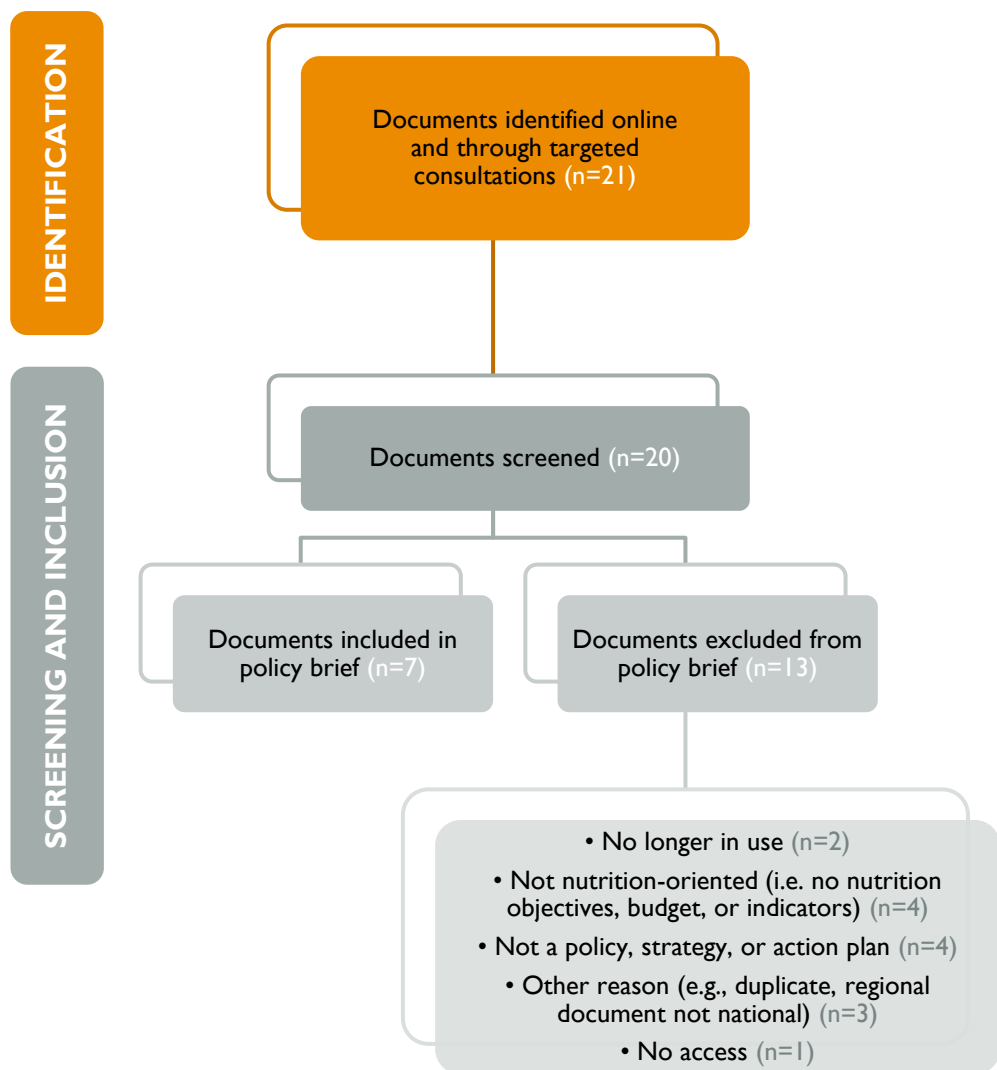
Only some policies adequately cover nutrition by including nutrition-oriented objectives and actions. The remaining policies could improve the integration of nutrition into their nutrition context, objectives, planned activities, indicators, and budgets. To begin

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 and research, water, sanitation and hygiene, environment, climate, resource management, economic, social, 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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<sup>i</sup> Enquête Démographique et de Santé EDS IV-MICS 2012 and EDS 2018

<sup>ii</sup> Micronutrient database WHO 2018

<sup>iii</sup> *Ibid*, i.

<sup>iv</sup> *Ibid*, i.

<sup>v</sup> *Ibid*, i.

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