

ZIMBABWE MINISTER'S STATEMENT

PRESENTED BY DR DAVID PARIRENYATWA DURING ICN2 CONFERENCE

All protocol observed.

It is a great honour for me to give remarks to the Second International Conference on Nutrition.

Zimbabwe is a landlocked country with a population of nearly 13.1 million people of which 15% are children under the age of 5 years and 25% are women of child bearing age. The life expectancy rate is currently standing at 51 years for males and 52 years for females. Zimbabwe's literacy rates are ranked as one of the highest in the world at 91.3%. Over the last decade, Zimbabwe has lost skilled manpower to the region and beyond which has contributed to the lowering of the Human Development Index.

Agriculture remains a dominant and significant sector of Zimbabwe's economy. It contributes 15- 20% of the country's GDP and at least 70 % of the population, mainly smallholder farmers depends on agriculture for their livelihoods. Zimbabwe's economy is increasingly diversifying with a significant contribution coming from mining and tourism sectors. Gains from these key sectors have helped the country to significantly cope with the socio-economic challenges during the last decade.

Zimbabwe's agriculture is well diversified, and its Comprehensive Agricultural Policy Framework has been designed to integrate nutrition objectives for healthy diets and to raise production and productivity. The diversification of agriculture has enabled the country to produce a wide range of agricultural commodities which are strategic in ensuring food and nutrition security, especially for smallholders who constitute the majority of the farmers. However, Zimbabwe faces some challenges which have to do with food availability and accessibility.

Resource poor households that are unable to produce their own foods or to raise enough cash to purchase food require support through social protection programmes. Generally foods consumed by rural households are of low diversity and largely unbalanced with a clear dominance of carbohydrates over protein rich foods, hence there is need to promote the consumption of a balanced diet. Only 17.3% of children aged 6 – 23 months are consuming the minimum acceptable diet with meat, milk and eggs being rarely consumed by most children.

The major nutrition challenges in Zimbabwe are chronic malnutrition and micronutrient deficiencies. Nearly one in three children under the age of five years is stunted. Latest statistics however show that stunting prevalence is on a downward trend from 35% reported in the Multiple Indicator Cluster Survey (MICS) of 2009, and 27.6% reported in the MICS 2014. This notable decrease is likely to be attributed to the promotion of e integrated community health programmes that the country is currently implementing.

However more needs to be done to accelerate stunting reduction if the country is to meet the global World Health Assembly targets of 40% reduction by 2025. Micronutrient deficiencies also remain a major public health problem and according to the latest micronutrient survey, nearly 30% of children under five and 25% of women of child bearing age are anaemic.

Zimbabwe is also experiencing a double burden of malnutrition with a proportion of children under the age of five years and women of child bearing age being overweight.

Zimbabwe is a breastfeeding nation and exclusive breastfeeding for the first 6 months and continued breastfeeding up to 24months is promoted. There has been a significant increase in the rates of exclusive breastfeeding amongst children below 6months from 31% in 2010 to 41% in 2014 (MICS 2014).

Zimbabwe is still battling with high communicable disease prevalence especially HIV and related illnesses that continue to contribute and aggravate malnutrition in the country. Nearly 20% of acute malnutrition amongst both adults and children is as a result of these illnesses.

Access to clean safe water and adequate sanitation also remains a challenge for both rural and urban populations. Up to 56 % of some rural populations have no access to improved sanitation and nationally 24% have no access to safe water.

Food and Nutrition Security issues are a priority for the Government of Zimbabwe, and they occupy a prominent position in the country's economic blueprint- the Zimbabwe Agenda for Sustainable Socio-Economic Transformation (ZIMASSET). In view of this, over the years Zimbabwe has directed an average of 10% - 15% of the National Budget to the Ministries which are involved in food and nutrition security related activities.

Preventing and reducing stunting, especially during the first 1000 day period; from conception to 2 years of age has emerged as one of the most critical national priorities to Zimbabwe as reflected in ZIMASSET 2013-2018 document. In addition the multi-sectoral Food and Nutrition Security Policy and Implementation Plan of 2013 that was launched calls for stakeholders in agriculture, social protection, health, nutrition, water and sanitation sectors to address food and nutrition insecurity using a multi-sectoral approach.

Under Commitment 5 of the framework of the 2013 Food and Nutrition Security Policy, a National Nutrition Strategy 2014 – 2018 and a Food Fortification Strategy have been developed to address stunting and other prevailing nutrition challenges.

Zimbabwe joined the Scale Up Nutrition Movement (SUN) as an early riser country in 2011. The Government of Zimbabwe is committed in supporting the SUN Movement as evidenced by appointing the Food and Nutrition

Council (under the Office of the President) as the Government Focal Point/Convener which have so far assisted into the establishment of the Civil Society, UN and Donor Networks.

It is under this policy environment that Zimbabwe plans to move forward and address current challenges through the various sectors to impact positively on improving nutrition outcomes.

The country plans to continue engaging the UN family agencies under the Zimbabwe United Nations Development Framework (ZUNDAF) to jointly implement a nutrition flagship programme through the various sectors to improve nutrition in all districts in Zimbabwe.

The Government is committed to “ensuring food security for all people including access to adequate, diverse and nutritious food by all people at all times”. In recognition of broad-based agricultural development as an effective means of reducing poverty and accelerating economic growth, the Government of Zimbabwe intends to extensively use the ‘Investment Opportunities under the Food and Nutrition Security Programme’ as a resource mobilisation tool to improve agricultural production of diverse and adequate food.

The country also intends to invest in extensive water, sanitation and hygiene programme to ensure attainment of universal access to safe drinking water by its entire people. The Government of Zimbabwe will continue to ensure provision of appropriate regulatory environment to guide local, regional and international food supply chain and to safeguard against potential conflicts of interest.

In Conclusion, as a country, Zimbabwe has made tremendous efforts to adhere to all the commitments it has made to both global and regional initiatives linked to nutrition. There has however been limited support and capacity for both nutrition specific and nutrition sensitive interventions. It

is with no doubt that the country can benefit further from both financial and technical support from the both WHO and FAO in implementing strategies outlined in its economic ZIMASSET blueprint and National Nutrition Strategy in which addressing Food and Nutrition challenges is first priority.