

The Role of Partnership in Capacity Building in Public Health Nutrition - Experience of Malaysia

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ABSTRACT

Public Health emphasizes the plurality of the determinants of health of individuals, families and communities. Nutrition, as a major determinant of health, is itself influenced by a multitude of determinants that are under the purview of several agencies. Thus, inter-sectoral collaboration among the relevant agencies is imperative for promoting optimal health and nutrition such a partnership is manifested in the development and implementation of the National Plan of Nutrition (NPAN) of Malaysia pursuant to the International Conference on Nutrition (ICN) held in 1992. While the overall coordination of NPAN is at the Family Development Division in the Ministry of Health, the body that sees to the coordination is again a multi-agency group in the form of the National Coordinating Committee for Food and Nutrition (NCCFN). The NCCFN has representation for the nine thrust areas of NPAN that cut across various sectors including health, agriculture, education, community development and economic planning. Capacity building is a central strategy in the NPAN through the creation of positions and special budgetary allocations, and the implementation of activities including research, training, development of dietary guidelines and the National Nutrition Policy. This policy will be a major driving force for strengthening and building of capacity for nutrition-related activities, and more importantly it will facilitate a coordinated and coherent approach to capacity building, including sharing of resources.

INTRODUCTION

Partnership has become an extremely important approach in public health. Collaboration whether between individuals, agencies and institutions is one of the principles of Primary Health care, which in 1978, was adopted to be the vehicle to achieve health for all. In the field of public health nutrition, the role of partnership is particularly important, bearing in mind the multiplicity and plurality of factors that influence both individual and community nutrition. The National Plan of Action for Nutrition (NPAN) in Malaysia, that has been in operation since 1995, was developed through a strong inter-sectoral collaboration and commitment; hence it will only be able to meet its objectives if this collaboration is in place, because the activities contained in it are to be carried out by several agencies working in tandem with a common shared goal. This paper outlines some of the experiences in optimising partnership in capacity building in the development and implementation of the NPAN

BACKGROUND

To have a better understanding, it is relevant to review the basic concept of the determinants of health, of which nutrition is a major one; and of nutrition itself, because both capacity building and partnership depend on the understanding of the inter-relationship of these factors. It is also useful to revisit the methods used in Public Health in health promotion and disease prevention.

Determinants of health and nutrition

The concept of plurality of determinants of both health and nutrition is relevant to the issue of inter-sectoral and inter-individual collaboration. Health is determined by a multitude of factors which for convenience can be divided into

- (i) Biological including genetic factors
- (ii) Environmental factors, which include both physical and the socio-economic factors
- (iii) Lifestyle factors
- (iv) Factors in the healthcare system

It is important to note that nutrition applies to all of these factors. While genetic factors are practically unchangeable, there is now evidence being collected on the role of foetal programming, the term used to describe the phenomenon of prenatal/intrauterine factors (including nutrition) on risk to chronic non-communicable diseases in adulthood (the Barker's hypothesis). Among the environmental determinants of health, whether in the physical or the social and economic environment, nutrition is a paramount factor. When it comes to lifestyle factors, nutrition and diet are identified as a major lifestyle factor for which interventions are not only feasible, but very promising and effective. Nutrition too has always been and shall continue to be an important component of health care services.

Nutrition itself is influenced by an equally large number of factors. Indeed many of the factors affecting health in any of the four categories above, also influence nutrition. Thus the link between a determinant to health may be direct or may go through the link of nutrition. The clearest examples are education and economic status.

Determinants, whether they are the cause of or the risk factor for a disease, provide the rationale for intervention - the detrimental ones are to be eliminated or reduced, while the positive ones to be encouraged. In the light of the plurality of determinants of health and nutrition, it is impossible to achieve either nutritional or health status of individuals and communities without inter-sectoral collaboration

Public health methods

Based on the determinants above, Public Health as a discipline in medicine, has depended upon a variety of methods to promote and maintain health and to prevent disease. Public health practitioners have depended on the following broad methods:

- (i) Enhancing the body's immunity, so that the potential host is protected from infectious agents, and it can be claimed that immunization has been the most effective of disease prevention measures.

The Role of Partnership in Capacity Building in Public Health Nutrition – Experience of Malaysia

- (ii) Having well-born children, and this is achieved mainly through safe motherhood and child survival strategies.
- (iii) Providing needs-based health services, and ensuring that the target groups use them optimally.
- (iv) Behaving sensibly appears to be the most relevant “mantra” in Public Health of the present day with many, if not most, diseases having behavioral factors attached to them.
- (v) Maintaining good nutrition - and this has to be in both directions of undernutrition and over-nutrition.

Significantly, nutrition is mentioned as one of these methods. But more importantly, nutrition has a role in all of these methods. The lifestyle methods have a significant and direct implication on nutrition and diet which have become major themes for the Healthy Lifestyle Campaigns. Provision of health services, especially to vulnerable groups such as women in reproductive age and children, has had nutrition as an integrated element. This therefore relates directly to the approach of having well-born children. As mentioned earlier, the evidence being accumulated on foetal programming will have major implications on health care and nutrition. Even in immunisation, the role of nutrition is becoming more recognised, especially with evidence on the role of Vitamin A in potentiating the effect of vaccines especially measles vaccine.

While these are Public Health methods, they cannot be implemented without optimal partnership and collaboration among the many stakeholders. The NPAN by its very nature especially in the context of its 9 themes, is heavily dependent on collaboration. This was clearly enunciated at the International Conference on Nutrition (ICN) in Rome in 1992. Please refer to *Appendix 1* for the sections (Articles 22 and 23) related to inter-sectoral issues in the Declaration and Plan of Action of this conference.

THE INGREDIENTS FOR “BUILDING CAPACITY”

Building of capacity is a central strategy in any plan of action. As mentioned above, the NPAN by its very nature, and the themes contained in it, requires capacity to be in place for optimal implementation and impact. In the ICN Declaration of 1992, the matter of capacity strengthening is clearly spelt out in the sub-sections of Section 23, in particular sub-section (a), as shown in Appendix 1.

Capacity is most commonly and most easily understood as the resources and inputs into a programme, in this case the NPAN. Generally, we perceive the ingredients for capacity in a plan of action as

- financial capacity
- manpower, in terms of their number, distribution and competence
- physical infrastructure and facilities
- knowledge and scientific evidence
- information and mechanism for monitoring and assessment

To hold all these together, and to ensure that they are procured and used optimally, other

ingredients are needed, such as:

- commitment, from all agencies and stakeholders, and at all levels
- supportive environment including the political commitment
- effective collaboration and partnership

It is to be recognized that in the field of under-nutrition, there has been a large body of knowledge accumulated over the years, and evidence for interventions are available. For newer areas of concern, the scientific community in the field of nutrition is very active in gathering new knowledge and evidence. Yet, the problem of malnutrition is still a public health challenge in many countries. Thus it is very tempting to hypothesise that the missing ingredients are perhaps the commitment, collaboration and a supportive environment.

THE NATIONAL PLAN OF ACTION ON NUTRITION (NPAN) – USING PARTNERSHIP FOR CAPACITY BUILDING

The above concepts on the determinants of health and of nutrition, and the ingredients for capacity building can be applied to the NPAN. To describe this, a brief review is given below on the themes of the NPAN, the coordinating mechanism, and the political commitment including the national policy. Finally the agencies involved are mentioned, without going into the details of their roles and functions. The NPAN was developed with the impetus provided by the International Conference on Nutrition in 1992. Therefore the development of the NPAN was in line with the relevant sections of the declaration of the conference, as shown in Appendix 1

The themes of the NPAN

The nine (9) themes in the NPAN require actions to be taken by governments, and each of them allows each sector or stakeholder to determine how it can best address nutritional problems; this includes efforts in capacity building. These themes, which were identified at the International Conference on Nutrition have been adopted by the Malaysian NPAN. The overall coordinator is based in the Family Health Development Division of the Ministry of Health. The NPAN also identifies the main coordinating agency for each of the themes, based on the theme's main focus. The themes and the relevant agencies are as follows:

- (i) Incorporating nutritional objectives, considerations and components into development policies and programmes (Economic Planning Unit of the Prime Minister's Department)
- (ii) Improving household food security (Ministry of Agriculture)
- (iii) Protecting consumers through improved food quality and safety (Food Quality Control Division, Ministry of Health)
- (iv) Preventing and managing infectious diseases (Disease Control Division, Ministry of Health)
- (v) Promoting breast-feeding (Family Health Development Division, Ministry of Health)
- (vi) Caring for the socio-economically deprived and nutritionally vulnerable (The Implementation and Co-ordination Unit, Prime Minister's Department)
- (vii) Preventing and controlling specific micronutrient deficiencies (The Institute for Medical

The Role of Partnership in Capacity Building in Public Health Nutrition – Experience of Malaysia

- Research, Ministry of Health)
- (viii) Promoting appropriate diets and healthy lifestyles (Family Health Development Division, Ministry of Health)
 - (ix) Assessing, analysing and monitoring nutrition situations (Family Health Development Division, Ministry of Health)

In the Declaration of the International Conference on Nutrition, these themes are set out in the following Section 23 (Appendix 1) which enunciates the inter-sectoral issues.

The coordination mechanism (The NCCFN)

The inter-sectoral and inter-agency nature of the NPAN requires coordination at the national level. While the overall coordination is at the Division of Family Health Development in the Ministry of Health, the body that sees to the coordination is again a multi-agency body in the form of the National Coordinating Committee for Food and Nutrition (NCCFN) with members consisting of senior officials in the relevant agencies. Capacity building is ensured by the common grounds covered by this Committee. Since the NPAN was developed, capacity has been strengthened in each of the involved agencies, as well as in the secretariat for the NPAN itself, including the creation of positions and special budgetary allocation. This special allocation is given through the Secretariat in the Ministry of Health, but its distribution is to the different agencies, using the need and justification by the respective TWG (see below)

The implementation (The TWGs)

To implement the activities of the NPAN, as well as to build capacity, activities necessarily cut across the nine themes. Thus it is necessary and effective to have Technical Working Groups (TWGs). There are five (5) TWGs, and again, the inter-sectoral approach is emphasized. Each TWG also has a coordinator, and unlike the themes, these coordinators were selected not by virtue of the agency, but more by their individual interest and expertise. These TWGs and their coordinators are:

- (i) Policy (Director of Family Health Development, Ministry of Health)
- (ii) Training (Prof Khor Geok Lin, Universiti Putra Malaysia)
- (iii) Dietary guidelines (Prof Ismail Mohd Noor, Universiti Kebangsaan Malaysia)
- (iv) Research (Dr Tee Ee Siong, Institute for Medical Research - *has retired*)

The political commitment (The National Food Safety & Nutrition Council)

Political commitment is important in capacity building because resources, especially in a competitive environment require support from the highest level. Political commitment can also enhance and support partnership and collaboration. The NPAN was effective in providing the impetus to create a high level policy making and coordinating mechanism for nutrition. After much deliberation and considering several options, the government created a Ministerial level Council for both nutrition and food safety (the efforts for setting up of the Food Safety Council had begun much earlier, and it was advantageous to combine food safety with nutrition). This Council is the National Food safety and Nutrition Council, chaired by the Minister of Health.

The members are very senior officials of the agencies, including those from relevant private sector agencies and NGOs. The Council had its inaugural meeting in February 2002 focusing on food safety issues. The second meeting to be held in September shall focus on nutrition, with policy (see below) as one of the main agendas.

The National Nutrition Policy

Work is now ongoing in the finalisation of the National Nutrition Policy, and this is undergoing deliberations by the several agencies, especially from the aspects of comprehensiveness, appropriateness and feasibility of implementation. The policy will be tabled at the National Food Safety and Nutrition Council meeting in September. This policy will be a major driving force for strengthening and building of capacity for nutrition-related activities, and more importantly, it will facilitate a coordinated and coherent approach to capacity building, including the sharing of resources.

The agencies and individuals

The NPAN was developed by several related agencies and individuals, as reflected in the membership of the National Food Safety and Nutrition Council, the NCCFN and TWGs. As an illustration, membership of the middle level coordinating mechanism, the NCCFN is shown:

- Ministry of Health - The overall coordination is by the Family Health Division of the Ministry of Health. The other Divisions in the Ministry of Health involved are the Disease Control Division, Food Quality Control Division. The Institute for Medical research under the Ministry is also a member
- Two agencies in the Prime Minister's Department - Economic Planning Unit and Implementation & Coordination Unit
- Ministry of Agriculture - including its research agency, the Malaysian Agriculture Research and Development Institute (MARDI)
- Ministry of Education
- Ministry of Rural Development
- Ministry of National Unity and Community Development
- The National Family Development and Population Board, under the Ministry of Family and Women Development
- The universities - Universiti Malaya, Universiti Kebangsaan Malaysia and Universiti Putra Malaysia

LESSONS LEARNED

The Malaysian experience in developing the NPAN, and putting in place the various mechanisms, has allowed several lessons to be learned in **capacity building** especially in optimising inter-sectoral **partnership** and **collaboration**. From this experience, some of the lessons learned, both from the strengths and weaknesses are:

The Role of Partnership in Capacity Building in Public Health Nutrition – Experience of Malaysia

Strengths

- (a) One of the striking features of nutrition is the vast body of knowledge that exists, and the large number of experts in the field in several sites. The strengths and opportunities that already exist in the many agencies are to be identified, and they are to be brought together.
- (b) The presence, readiness and willingness of a coordinator is therefore important. With this scenario, a coordinating mechanism is an absolute necessity. Thus, although the Public Health Department of the Ministry of Health was not present at the International Conference on Nutrition in 1992, the Family Health Division of this Department took upon the coordinating role for all health related nutrition activities.
- (c) The fact that nutrition is an integral and established component of the Family Health Development programme, having been in place to meet the needs of vulnerable groups under the Maternal and Child Health Programme, it became easier to expand this role to the more demanding and challenging scope of the public health programmes. Thus for example, the Non-communicable Disease Section of the Disease Control Division came on board to address the problems of diet-related chronic diseases.
- (d) Pursuant to this, there were already several platforms, partnerships that already existed for cooperation in the field of nutrition for many years, such as the Applied Food and Nutrition Programme and the School Feeding Programme, and the NPAN only needed to optimize and strengthen these.
- (e) The various levels of management and coordination, from the Council to the NCCFN to the TWGs provided a clear and streamlined structure and process, and with this inter-sectoral collaboration and resource planning is more coherent.

Weakness

- (a) The fact that many stakeholders are involved, coordination may be difficult, and the coordinating body has to have adequate mandate to bring all these together.
- (b) Because some organizations are more complex than others, and also because terms of references may differ substantially, representation from the many agencies may be at varying levels of seniority and decision-making power. Thus some issues often cannot be resolved at one meeting and referrals and consultations have to be made first.
- (c) Continuity of members for the various committees and working groups is another problem, especially in agencies where officers are transferred relatively frequently.
- (d) The procurement of resources especially posts of scientific and support staff and for budget is not always easy in the light of competing priorities in Public Health.

Others

- (a) Going by the Malaysian experience, the order of the events taking place was not planned. The NPAN was developed by the NCCFN, and that time the Council had not been formed. This came about later. The National Nutrition Policy too was outlined later, although discussions on it have been ongoing. This however, has NOT been a problem and activities have been carried out accordingly.
- (b) “Capacity” has to be seen in its widest context, not merely procuring physical and financial resources. Recognizing that different agencies have different strengths as well as

weaknesses, the coordination allows these to be optimally used.

CONCLUSION

Public health has now evolved to be the “New” Public Health which emphasizes the plurality of the determinants of health and the need therefore for many sectors and agencies to be involved in promoting health of individuals, families and communities. Nutrition, as a major determinant of health itself, is influenced by many determinants which are in the many fields of human activities, and thus are under the purview of several agencies. These agencies include government agencies, non-government organizations, professional bodies and the private sector. The scope for nutrition covers a wide range including health, poverty alleviation, food security, food safety, and many others. The activities too cover a wide range - service provision, public education, training and human resource development, anti research. The wide range of concerns requires a wide range of capacity. The multiplicity of factors and players makes it necessary that efforts in capacity building involve all parties. This complex feature is an advantage and can accrue benefits to the various programmes, on condition collaboration and partnership is forged and managed effectively,

APPENDIX 1: World Declaration and Plan of Action for Nutrition - sections on inter-sectoral issues

III. INTERSECTORAL ISSUES

22. Improved nutrition requires the coordinated efforts of relevant government ministries, agencies and offices with mandates for agriculture, fisheries and livestock, food, health, water and public works, supplies, planning, finance, industry, education, information, social welfare and trade. It also requires the cooperation of universities and research institutes; food producers, processors and marketers; the health care community; educators at all levels; the media and NGOs involved in all of these sectors. Therefore, national inter-sectoral coordination mechanisms are needed to ensure the concerted implementation, monitoring and evaluation of policies, plans and programmes. Community involvement is imperative in all aspects of planning and execution of nutrition improvement activities.

23. Many inter-sectoral issues must be addressed in policies and programmes to improve nutrition with close cooperation and coordination by all. Among these issues are:

- (a) Creating, building and strengthening government institutions and community and private infrastructures to address nutritional problems with special attention given to management and training skills.
- (b) Carrying out a wide range of nutrition training in the agriculture, health, economic and education sectors.
- (c) Using mass media to increase awareness and promote better nutrition.
- (d) Strengthening relevant research on identified problems and developing effective interventions through, *inter alia*, the building of institutional capacity and the provision of adequate financial support to research.
- (e) Strengthening educational systems and communication mechanisms to improve and

The Role of Partnership in Capacity Building in Public Health Nutrition – Experience of Malaysia

- implement nutritional knowledge especially at the individual, family and community level.
- (f) Creating better monitoring and surveillance systems and mechanisms related to food, nutrition, health and education to assure positive policy and programme responses to surveillance and monitoring.