



## Drivers of Policy Change: The Kaleidoscope Model May 13, 2015 USAID Agriculture Officers' Training

# Zambia micronutrient case study materials

Table 1. Stakeholder inventory Summarizes role of 13 stakeholders.

a. Participants draw one stakeholder card at random.

b. They then present to the group their position on Vitamin A fortification.

c. They summarize by placing their institution's post-it note on the Circle of Influence graphic at the front of the room.

## **Ministry of Health (MOH)**

Role in nutrition policy:

- Makes health and nutrition policy
- implements micronutrient supplementation programs
- monitors fortification programs

Position on Vitamin A fortification:

• highly concerned about Vitamin A deficiency (VAD) levels; conducts 1997 VAD survey finding 66% children suffer from VAD

• supports Vitamin A supplementation, but finds existing programs insufficient, reaching only 28% of under-5 children

- recommends maize fortification
- supports sugar fortification as second best alternative

## National Food and Nutrition Council (NFNC)

Role in nutrition policy:

- reviews available evidence on nutritional status in Zambia
- advises cabinet and MOH on food and nutrition policy

Position on Vitamin A fortification:

- supports supplementation, but finds it insufficient in reaching vulnerable groups
- recommends maize fortification
- supports sugar fortification as second best alternative
- refuses to support "sweet and healthy too" advertising campaign proposed by the

USAID-funded Zambia Integrated Health Project (ZIHP) to support the Vitamin A fortification law

## Zambia Sugar Company

Role in Zambian sugar market

• privatized in 1996; experiences early financial problems as fortification discussion unfolds

• produces 92% of domestic sugar

• imported sugar (mostly from Malawi) accounts for 10% - 25% of domestic sugar sold in the late 1990's, when fortification was being considered

Role in nutrition policy:

• not normally involved in nutrition policy

• invited to stakeholder consultations to consider alternative forms of micronutrient fortification

• implements Vitamin A fortification of sugar

• receives \$250K in equipment and 1 year supply of fortificants from donors to facilitate implementation of the fortification program

Position on Vitamin A fortification:

• supports fortification of sugar provided legislation also prohibits sale of unfortified sugar

- requests \$1 million in donor funding for equipment, advertising and fortificants
- raises domestic price of sugar 70% following fortification requirement
- complains of sugar smuggling from Malawi, which undercuts domestic sugar price

• complains of slow implementation of donor-promised publicity campaign promoting Vitamin-A fortified sugar

## Kalungwishi Estates

Role in Zambian sugar market:

- produces 1% of domestic sugar
- experiences financial problems

Role in nutrition policy:

- not normally involved in nutrition policy
- implements Vitamin A fortification of sugar
- receives no donor funding

Position on Vitamin A fortification:

- requests donor funding for equipment, advertising and fortificants
- complains that fortification raises costs by 5% and reduces profits by 20%

## Zambia Milling

Role in nutrition policy:

• as the nation's largest maize processor, they are a key private sector agricultural sector stakeholder

• invited to the 1996 NFNC stakeholder consultation to consider alternative forms of micronutrient fortification

Position on Vitamin A fortification:

• opposed to maize meal fortification on the grounds that unregulated hammer mills will not fortify and thus will gain a cost advantage over Zambia Milling

• neutral on sugar fortification

## Zambia National Farmers' Union (ZNFU)

Role in food and nutrition policy:

• represents farmer interests to all levels of government Position on Vitamin A fortification:

• pleased about the sharp rise in sugar price following fortification law, since this potentially benefits farmers

• campaigns against sugar smuggling that emerges following fortification requirement in 1998 and the ensuing domestic price spike; sends out mobile patrols to monitor key border crossings with Malawi; worries that smuggling of unfortified sugar will depress domestic sugar prices and therefore farmer prices

#### **Sugar importers**

Role in nutrition policy:

not normally involved

Position on Vitamin A fortification:

• 70% increase in sugar price is good for the import business

• demand for cheaper, unfortified sugar from Malawi grows rapidly following Zambia's fortification law

• however, crackdown on unfortified imports puts them out of business

#### **Tropical Diseases Research Centre (TDRC)**

Role in food and nutrition policy:

- conducts technical research on public health and nutrition
- $\bullet$  conducted a 2000 study documenting children receiving Vitamin A supplements and fortification reduce VAD to 7%

Position on Vitamin A fortification:

• in favor of all interventions that effectively increase increased Vitamin A intake by vulnerable groups

## USAID

Role in food and nutrition policy:

• provides large-scale financial support for various nutrition interventions Position on Vitamin A fortification:

• strong early proponent and continued supporter

• finances 1997 VAD survey

• finances consultancy of Dr. Omar Dary with experience from Guatemala who advises

MOH and NFNC on lessons learned from Guatemala's successful experience requiring Vitamin A fortification of sugar

• provides \$250K to support donor financing of start-up costs for Zambia Sugar (equipment, 1 year of fortificants) and public health advertising campaign promoting fortified sugar

• supports fortification efforts through funding of the Zambia Integrated Health Project (ZIHP)

#### Indaba Agricultural Policy Research Institute (IAPRI)

Role in food and nutrition policy:

• conducts empirical research on food policy

• conducted a 2013 review of sugar markets before and after implementation of

fortification requirement

Findings from sugar market study:

• domestic sugar prices tracked world prices until 2000 when Vitamin A fortification was imposed; since then domestic prices have increased sharply over world prices

• domestic sugar pricing appears unrelated to supply and demand factors

• imports have declined since fortification requirement imposed, increasing the market and pricing power of Zambia Sugar

• Zambia, though a low-cost producer (\$169 per ton vs world average \$263) charges consumers higher retail prices than elsewhere; domestic sugar prices exceed world prices by 50% to 100%

 $\bullet$  Zambian sugar sells for less in DRC (\$0.92/kg) than in Zambia (\$0.98), suggesting price discrimination

Position on Vitamin A fortification:

• against legally mandated sugar fortification because fortification reinforces the monopoly power of Zambia's dominant supplier of sugar, enabling them to increase sugar prices to artificially high levels

• recommends alternative methods of increasing Vitamin A intakes (supplementation; biofortification of sweet potato and orange maize)

## Food and Drugs Control Laboratory (FDCL)

Role in food and nutrition policy:

• advises government in setting food safety standards

• tests for compliance of food products with existing food safety standards Position on Vitamin A fortification:

• suppliers must meet the legal fortification requirements

• early tests suggest wide variation in fortification level from Zambia Sugar; FDCL finds most samples under required 10 mg/kg

• inadequate operational funding prevents FDCL from travelling to Zambia Sugar factory in Mazabuka to monitor Vitamin A levels

#### **International Eye Foundation**

Role in food and nutrition policy

• supported 1996 Zambia workshop on micronutrient deficiencies, organized by NFNC and UNICEF

Position on Vitamin A fortification

• strongly in favor of all interventions that increase Vitamin A intake

# UNICEF

Role in food and nutrition policy

• co-sponsored the 1996 Zambia workshop on micronutrient deficiencies, organized by NFNC

Position on Vitamin A fortification

• strongly in favor of all interventions that decrease micronutrient deficiencies in children and pregnant women