



SCN NEWS

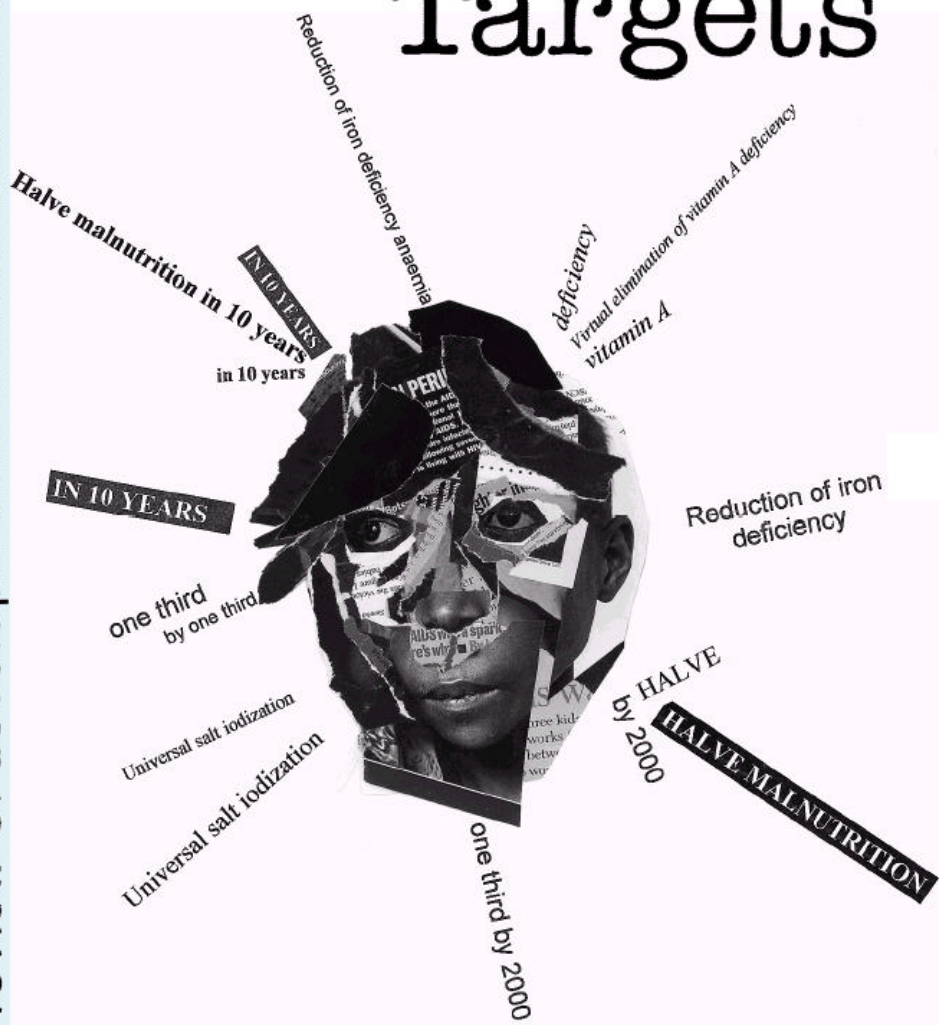
a periodic review of developments in international nutrition

Nutrition

Goals

and

Targets



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SUB-COMMITTEE ON NUTRITION

(ACC/SCN) — The UN System's Forum for Nutrition —

The Administrative Committee on Coordination (ACC), which is comprised of the heads of the UN Agencies, recommended the establishment of the Sub-Committee on Nutrition (SCN) in 1977, following the World Food Conference (with particular reference to Resolution V on food and nutrition). This was approved by the Economic and Social Council of the UN (ECOSOC). The UN members of the SCN are ECA, FAO, IAEA, IFAD, ILO, UN, UNAIDS, UNDP, UNEP, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNRISD, UNU, WFP, WHO and the World Bank. IFPRI and the ADB are also members. From the outset, representatives of bilateral donor agencies have participated actively in SCN activities as do nongovernmental organizations. The Secretariat is hosted by WHO in Geneva.

The **mandate of the ACC/SCN** is to serve as the UN focal point for promoting harmonized nutrition policies and strategies throughout the UN system, and to strengthen collaboration with other partners for accelerated and more effective action against malnutrition. The **aim of the SCN** is to raise awareness of and concern for nutrition problems at global, regional and national levels; to refine the direction, increase the scale and strengthen the coherence and impact of actions against malnutrition worldwide; and to promote cooperation among UN agencies and partner organizations. The SCN's annual meetings have representation from UN Agencies, donor agencies and NGOs; these meetings begin with symposia on subjects of current importance for policy. The SCN brings such matters to the attention of the ACC and convenes working groups on specialized areas of nutrition. Initiatives are taken to promote coordinated activities — interagency programmes, meetings, publications — aimed at reducing malnutrition, reflecting the shared views of the agencies concerned. Regular reports on the world nutrition situation are issued. *Nutrition Policy Papers* are produced to summarize current knowledge on selected topics. *SCN News* is published twice a year, and the *RNIS* is published quarterly. As decided by the Sub-Committee, initiatives are taken to promote coordinated activities -- inter-agency programmes, meetings, publications -- aimed at reducing malnutrition, primarily in developing countries.

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Cover illustration by Lindsay Barrett-Gillespie

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Your contributions to future issues are most welcome. **SCN NEWS** shares experience in nutrition.

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Chairman's round-up

This issue of SCN News is devoted to nutrition goals and targets. This topic is both timely and important because two major upcoming international meetings will review achievements towards nutrition goals set in the 90s. These are the United Nations General Assembly Special Session on Children in September which marks the tenth anniversary of the Children's Summit, and the World Food Summit: 5 Years Later meeting in Rome in November which will consider a mid-decade review of progress since the World Food Summit in 1996. I attended the Preparatory Committee meeting for the Special Session on Children in New York in June, and worked with nutrition colleagues to strengthen the nutrition content of the draft outcome document. This document now incorporates a strong nutrition message, with specific wording on micronutrient malnutrition as well as an emphasis on the prenatal period and prevention of low birthweight.

Both of these events will take stock of where we really are compared to where we had hoped to be. Progress reports covering key nutrition indicators will be published by many of the agencies and NGOs involved in the preparatory processes for these meetings. Progress is mixed. SCN News 22 presents the results of an informal email survey of opinions on the value of goals and targets themselves. I hope our readers find the collection of feature articles and interviews provocative. For the first time SCN News engaged a guest editor, Dr. Claudio Schufftan, who worked with the Secretariat in Geneva for one month. I want to thank him here for his efforts.

As SCN News 22 goes to press the United Nations General Assembly is preparing for a special session on June 25 to address the HIV/AIDS global pandemic. This is the first gathering of the General Assembly devoted to a public health crisis. While access to anti-retroviral drugs continues to receive a great deal of worldwide attention, as well as press coverage, the role of nutrition for families and communities living with HIV and AIDS tends to be overshadowed.

The SCN, at its annual session held in April in Nairobi, provided a forum for discussion of the role of nutrition in the HIV/AIDS care package. This symposium brought together the nutrition and the HIV/AIDS communities. Indeed Dr. Peter Piot, during his keynote address, remarked that he had

never before addressed a nutrition audience in his 20 years of professional involvement in HIV/AIDS. The symposium provided a forum to discuss how nutrition programmes and networks can respond to the HIV/AIDS crisis and help to mitigate its worst effects. The SCN, as a collective body, prepared a statement on nutrition and HIV/AIDS for presentation at several of the round table discussions of the General Assembly. The Statement is reproduced on the back cover page. The full report of the symposium will be published by the Secretariat later this year as a Nutrition Policy Paper.

Also included in this issue of SCN News is a summary report from each of the eight Working Groups that met during the SCN's 28th annual session. Working Groups are the driving force of the SCN. Participating agencies and individuals take an active role in the work programme of the SCN through Working Groups. Recommendations for SCN action this year cover key issues including the assessment of adult malnutrition during emergencies, strengthening programmes to support exclusive breastfeeding, implementation of sub-regional action plans for capacity building and work on benchmarks and indicators for monitoring the realization of the rights to food, health and care.

Meetings of the SCN's Working Groups as well as the annual symposia are open to the public and now draw a large audience. Indeed, participation in Nairobi was the highest in the 24-year history of the SCN. The SCN's steering committee is trying to capture this spirit of open debate in a new name for the SCN. This change has been requested by the ACC, the parent body of the SCN, which has itself been restructured over the past six months. Stay tuned.

The SCN's 29th annual session will take place in Berlin, March 11 to 15, 2002, hosted by the Government of Germany in collaboration with the German Foundation for International Development and GTZ. The session will include a symposium on nutrition in the context of crisis and conflict. Our website will provide detailed information on the content of the programmes as it develops. Please plan to attend—I look forward to seeing you in Berlin.

Namanga Ngongi



Advocacy in practice

ACHIEVING SUSTAINABLE FOOD AND NUTRITION SECURITY: THE FINAL MILESTONE

From the Roman Philosopher Seneca, who said, “a hungry person listens neither to religion nor reason”, to Mahatma Gandhi, who pointed out that to a hungry person, “God is a piece of bread”, the need to achieve a hunger-free world has been stressed repeatedly by great thinkers and humanists.

The various World Food Conferences held during the last 60 years have also stressed that, at present, there is no technological, financial or political excuse for the persistence of under- and malnutrition. FAO’s World Food Summit held in Rome in 1996 resolved that, by the year 2015, there should be a reduction of the number of persons going to bed hungry by half. Recent estimates however reveal that progress in achieving even this modest goal is, on the whole, not satisfactory. Why are we faced with such a situation?

There is now greater clarity in understanding the multiple dimensions of hunger:

- ◇ There is endemic hunger arising from overall food deficits, as well as poverty.
- ◇ There is hidden hunger caused by the deficiency of micronutrients in the diet.
- ◇ There is transient hunger caused by natural or man-made calamities.
- ◇ There is hunger during different periods in the life of a person, often resulting in serious consequences, as in the case of maternal and foetal malnutrition. Such maternal malnutrition results in the birth of babies of low birth weight (LBW). LBW children suffer from many handicaps in later life including inability to realise the child’s given genetic potential for mental and physical development. In South Asia, every third child born is LBW. This is the cruelest form of inequity in this age of knowledge.

With the onset of the information age and with the spread of democratic systems of governance, there are uncommon opportunities for realising the goal of sustainable food and nutrition security. Civil society organizations, with appropriate national and international support, can launch integrated nutrition security programmes in their respective areas that can comprise the following action points:

- ◇ Ensuring adequate availability of food at the right time and place; (this is a function of production).
- ◇ Ensuring economic access to a balanced diet by mak-

ing multiple livelihood opportunities accessible; (this is a function of distribution).

- ◇ Making clean drinking water, environmental sanitation, primary health care and primary education available to assure an optimal assimilation of food by the body.

In addition to paying attention to availability, access and assimilation, steps will have to be taken to prevent seasonal hunger through the promotion of Community Grain Banks that can serve the needs of both food for work and food for nutrition. The food for nutrition programmes should be tailored to serve the needs of the old and infirm, of pregnant and nursing mothers and of infants.

The nutrition security strategy should be adapted to specific agro-ecological, socio-cultural and socio-economic conditions. For example, hidden hunger can be overcome through appropriate horticultural practices that provide the food with the nutrients needed to reverse local deficiencies--provided water is available for irrigation. Where the production of the desired range of vegetables and fruits is difficult, direct intervention methods like iodised and iron-fortified salt, oral dose of vitamin A or other forms of food fortification will have to be adopted. Also, there is need for widening the food basket through the revitalization of the cultivation of locally adapted and drought-tolerant strains of millets, tubers, grains and legumes.

Ensuring opportunities for a productive and healthy life for every individual in our planet should be the goal of human communities in every village, town and city. We can achieve the goal of a hunger-free world by 2015 provided decentralized and community managed nutrition strategies are supported by national and international organizations.



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Nutrition Goals and Targets

DE-EMPHASIZE NUTRITION GOALS AND TARGETS IN NUTRITION WORK: NOW

Paul Arthur

In the past two decades, several goals and targets have been used to track progress in the efforts being made to overcome undernutrition in low income countries. Coming in the form of resolutions which governments sign in high profile global fora, they exert an important influence on the direction of nutrition policy and programme development in those countries. Significantly, they determine funding priorities for donor countries, and produce internal shifts in health and nutrition investments in the more responsive recipient countries. While these resolutions are useful to bring about new programme efforts, they do shift the focus of attention to achieving the specified short- and/or long-term outcome(s); this, to the detriment of ensuring sustainable processes that will maintain those gains.

Global targets ignore inter-country and regional differences in the burden of the problem. Typically, they aim at single, but often gigantic leaps (i.e. to eliminate, control or half the problem), as opposed to going for more pragmatic, incremental and sustainable approaches to overcome the problem. It is assumed that the most obvious indicators for measuring progress are those that relate to the outcome, and rarely do they measure the processes that determine those outcomes. By highlighting outcomes, we ignore the contribution wider social, cultural and economic factors and forces make to the genesis of these problems, and thus can be found guilty of undermining the development of integrated sustainable programme approaches.

To keep programme actions focused, these goals must by necessity address very specific nutritional problems. So what is a 'problem' gets largely defined as a result of the strength of the international lobby convincing local public health nutritionists about the importance of their narrower specific areas of interest. The list of priority areas for intervention thus grows, not in response to the actual status of key problem areas in the affected countries, but in response to going along with the international scientific community.

Donor pressures, overt or subtle, force countries to respond to the calls for action. The resulting human and material resources shifts disrupt previously planned programmes of work, and undermine gradual and more sustained improvements in overall nutrition.

Where does this put us? The international nutrition community needs to realign its thinking and address overall nutrition deficits and their multi-layered determinants, as

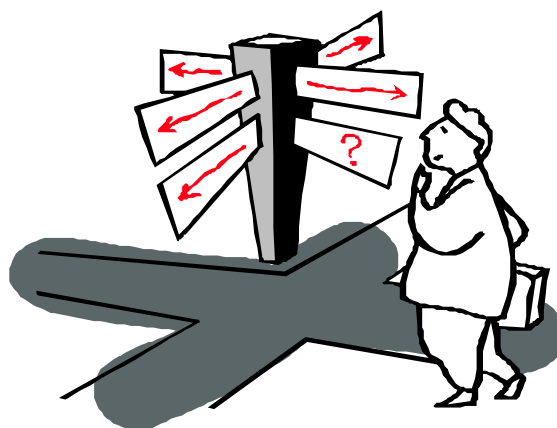
opposed to piling up single-problem approaches. This is highlighted by the fact that, in low income settings, except in very adverse ecological regions, it is unlikely that single nutrient deficiencies will occur in the absence of an overall nutrition deficit.

There are several related questions that need to be addressed:

- ◇ How can we more proactively incorporate the wider contextual issues that are relevant to nutrition during our discussions in international fora when they set the agenda for country programmes?
- ◇ How can we articulate goals and targets that reflect such a realignment without losing the emphasis on nutrition?
- ◇ How can goals promote nutrition more as an investment in human development, deemphasising health and nutrition status outcomes?
- ◇ How can we ensure that donor countries buy into the longer term programme plans of recipient countries instead of attempting to reshape such plans to match the global goals?

Ironically, I am of the opinion that deemphasising the current goals and targets would be the best way to reach those 'other' goals and targets I am talking about.

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NEEDED: MORE EMPHASIS IN USING FOOD-BASED STRATEGIES TO IMPROVE HUMAN NUTRITION

Shakuntala Haraksing Thilsted

The great strides gained in increasing the supply of grain in the last 25 years attest to the undeniable importance of food based strategies in solving hunger and malnutrition. In order to achieve a greater and faster improvement of human nutrition, food based strategies which focus on commonly consumed foods are necessary.

The focus on staple foods was well warranted. However, though important for contributing energy and nutrients, staple foods are not the only foods eaten. Small amounts of other foods such as vegetables, fish, pulses, fruits and spices are also consumed. These commonly consumed foods make up an essential part of the everyday diet and should play a much larger role in food-based strategies and the setting of goals. Focus on these foods is opportune as the thrust on grains has detracted attention from them and their production has diminished. In Southeast Asia, as the area under rice has increased, pulses are now grown on a smaller area and their production has fallen significantly.

Increasing access to these habitual foods for poor population groups is thus a goal that should be explicit in food based strategies. To achieve this, these foods first need to be identified and given the status and priority they deserve. In Bangladesh, fish is acknowledged as a food commonly consumed by the poor in their everyday diet, but efforts have been focused on increasing the production of large fish. This has not benefited the poor who eat small fish. Knowledge of this consumption pattern should lead to strategies that promote and enhance the production and consumption of small fish. In some countries, wild foods such as vegetables, fruits and animals are commonly consumed, greatly contributing to vitamin and mineral intakes. Therefore, strategies that promote and protect common property areas are important to ensure the continued access of such wild foods to the poor. Also, knowledge of the importance of these foods in the local food culture, as well as their nutrient density, is necessary in order to set specific goals regarding which foods should be given greater priority and how the areas where they are grown should be protected and managed.

Sound food based strategies must be firmly grounded in the food culture and meal pattern of the specific population group. Strategies that target only foods eaten during meals and not also those eaten outside meals can limit the effect of food based strategies. In some parts of the world, the

largest proportion of nutrients such as fat, vitamins A and C are supplied from foods eaten between meals and consumed out of the house. Furthermore, seasonality of food intake is a common feature of food intake in developing countries. This should also be considered in food based strategies. Greater production and consumption of high-yielding vitamin A-rich fruits can build up needed vitamin A

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and not also those eaten outside meals can limit the
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body stores. Breeding of new varieties that can increase off-season production of such foods can offset seasonal reductions in nutrient intakes. In addition, nutrition education, focused on promoting positive

perceptions of foods in relation to health and nutrition, as well as beneficial local habits and customs must be made an integral, quantifiable goal in the strategies to be chosen.

Selecting and breeding edible plants and animals with higher nutrient density, and/or higher contents of enhancers and lower contents of inhibitors of mineral absorption offer further exciting avenues for setting specific goals for food based strategies. A three-fold increase in iron and zinc content in rice can increase intakes of these minerals immensely in poor populations that eat rice as they consume large quantities. Using traditional processing methods and new technologies to reduce phytic acid, a potent inhibitor of mineral bioavailability in cereals, is also important.

It is generally accepted that animal foods are expensive and, therefore are not commonly consumed by the poor. In many Southeast Asian countries, small fish and other aquatic animals are an important part of the everyday diet of the poor and contribute considerably to the intakes of animal protein, iron, vitamin A, calcium and zinc. Recent studies have shown that calcium bioavailability from small fish eaten with bones is as high as that from milk. No inclusion of these foods in food based strategies has been made in spite of the fact that they are well liked, are relatively inexpensive, are frequently consumed, have high nutrient density and increase nutrient bioavailability.

In many developing countries, there are definite quantifiable targets for the annual supply of staple foods to be achieved at the national level. These targets are effectively used to direct strategies and set explicit goals with respect to productivity and other measures to ensure that the national supply is met. With respect to other commonly consumed foods, there are some general policy guidelines

regarding increased overall production, but rarely are there strategies and goals set. The *World Summit for Children* in 1990 set specific nutritional goals regarding quantifiable reductions in single nutrient (iron, iodine and vitamin A) deficiency within a specific time frame. This enabled the formulation and implementation of supplementation and fortification programmes with defined strategies and goals. In the two conferences which dealt with food, the *International Conference on Nutrition* in 1992 and the *World Food Summit* in 1996, no specific goals were set with respect to foods, only broad policy guidelines regarding the overall role of foods in improving nutrition and food security. This may have contributed to the lack of specific direction and goals in food based strategies.

Even though one can agree that all food based strategies should have an overall long term goal of improving human nutrition, there is an urgent need to quantify goals in this area, giving specific time frames with respect to supplies, access and intakes of specific foods consumed by the poor. This is an important missing tool to enable the formulation and implementation of programmes at different levels with the aim of achieving better defined targets within food based strategies.

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THE ROLE OF NUTRITION GOALS AND TARGETS:

Point/Counterpoint— Usha Ramakrishnan and Jay Ross

GUILTY OF PROMOTING VERTICAL THINKING AND SILVER BULLET, TECHNICAL FIXES?

Usha Ramakrishnan

Goals are extremely important for advocacy; they spur policy makers to action. However, negative repercussions are not infrequent in the interpretation and implementation of goals; therein lies the bigger challenge. The desire to obtain results in a short time span typically brings about the pursuit of short-term and easy-to-attain approaches whose successes often are short-lived. Effective planning thus requires short, medium and long-term goals.

Let's take vitamin A deficiency disorders. The causes of VADD are rooted in poor diets and infection, both typical of poor environments fraught with inequity. The availability of an effective and feasible technical intervention, namely high dose vitamin A supplements, has resulted in the promotion of vertical approaches that rely heavily on donor-dependent supplies and on the existing health infrastructure. No doubt, coverage has increased with considerable external funding and commitment; but what is not clear is whether these short-term successes are sustainable or will be reversed. Weak decentralisation policies and dwindling support for already overburdened health infrastructures in poor countries make these successes vulnerable. The other major concern here is donor fatigue, which further raises issues of sustainability, especially since the underlying and basic causes of the nutrition problem are most often not addressed.

Some nutritional problems, such as child malnutrition and nutritional anaemias, are simply not amenable to be solved overnight and require more comprehensive and sustained interventions. Goals for such problems have not been realistic and have not provided the solutions for success which typically rely on much broader approaches.

Therefore, less attention is paid to the more "intractable" problems such as iron deficiency and low birth weight since they are considered more complex and in need of interventions at all causal levels and over longer time frames, even generations.

Another pitfall is that goals may encourage the pursuit of single 'short-cut' intervention strategies. This in turn promotes an unhealthy competition for scarce resources between vertical nutrition programs, when more comprehensive/horizontal approaches may be more beneficial. For example, food based approaches that improve dietary quality overall and/or multi-nutrient supplementation have the potential of reducing more than one single nutrient deficiency.

Finally, goals tend to be general and often fail to address important specific issues such as priority setting and targeting of key interventions especially in resource limited settings. Goals are important, but should be implemented using a balanced approach that combines effective and proven interventions with strategies that will empower communities and strengthen health services delivery.

IN DEFENSE OF THE USE OF TARGETS IN NUTRITION POLICY ANALYSIS AND ADVOCACY

Jay Ross

One of the reasons for the relative neglect of nutrition in development programmes is the difficulty in making nutrition problems "real" for decision-makers, especially those outside our field. Apart from their most severe manifestations, nutrition problems are not generally visible or apparent to their victims, to health care professionals and to policy makers. There is, therefore a widespread lack of appreciation of the extent of malnutrition and the damage it does to health, survival, human capacity and thus develop-

ment.

The use of nutrition targets alone cannot address this problem. For example, the policy maker who does not see that sub-clinical vitamin A deficiency is a problem may not be enlightened by the knowledge that it affects, say, half of all children in the population. And reduction of an invisible problem is also invisible. However, if this reduction can be translated into terms that the policy maker can recognise and understand—such as child mortality or illness—then both the consequences of malnutrition and the need for improving nutrition jump into focus. Although virtual elimination of vitamin A deficiency disorders may be an unrealistic target, depending on the situation and the time frame, it can still be used to quantify the hypothetical benefits of nutrition improvements in functional terms that programme planners and policy makers care about, thus providing a clear incentive for action. Quantifying potential benefits implies quantifying both the extent of the problem and its potential improvement. For this purpose, targets are absolutely necessary; they set the potential improvement.

A more obvious benefit of targets in policy analysis and advocacy is that they provide what the word literally implies: results to aim for and a measure of achievement or lack thereof. The recent trend towards results-based man-

agement are based on the same principles. Keeping measurable results in sight helps planners, managers and policy makers maintain their focus on activities that achieve those, i.e. more effective activities are favoured over less effective ones; diversions are more easily avoided. At the end of the day, targets provide a measure of accomplishment or lack thereof.

This is not to argue that targets should be the *only*, or even the dominant, guiding principle to nutrition planning and policy-making. There is a real danger that a narrow preoccupation with measurable results can distract from achieving equally important results simply because they are less easy to measure—*not everything that counts is easily counted*.

The bottom line of this counterpoint is that, as a means of quantifying the potential benefits of nutrition improvements in terms that policy-makers will appreciate, and as a guide for action, as well as a means of measuring success, targets have an important role in nutrition policy analysis and advocacy.

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Nutrition problems are not generally visible or apparent to their victims, to health care professionals and to policy makers... reduction of an invisible problem is also invisible

Progress in Bangladesh towards the goals of the 1990 World Summit

Using data collected in rural areas over the last decade, the Nutrition Surveillance Project (NSP), has reported that vitamin A deficiency among preschool children and child undernutrition rates have steadily declined in Bangladesh. However, at the end of the decade, a large percentage of children in rural Bangladesh were still stunted (55% down from 71% in 1991) and underweight (61% down from 72%), and more than half of women and children were anaemic. Many infants were not exclusively breastfed for long enough and were not given complementary foods at the right age. Clearly, more needs to be done. The review highlights the importance of having a good quality surveillance system to monitor these indicators. Without it, nutritional targets have little, if any, meaning.

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NUTRITIONAL TARGETS —UNREALIZABLE WITHOUT REDUCTION IN INEQUITY

Michael Latham and Micheline Beaudry

An infant born in Japan can expect to live 42 years longer than one born in Sierra Leone. Such inequity is unacceptable. And the gap is widening. But even in the United States, the world's remaining superpower, life expectancy of infants varies widely. For example, a white male born in a Colorado county can expect to live 20 years longer than an African American male in Washington, DC or 14 years longer than a white male in the Bronx in New York. The indisputable fact is that the last couple decades of the 20th century saw a widening gap between rich and poor, nations and people. This we consider the root cause of malnutrition.

Over the last decade, several international conferences endorsed ambitious goals to reduce malnutrition by the year 2000. Most of these targets were not met. In 1992, at the *International Conference on Nutrition*¹, all governments endorsed the goals of the 1990 *World Summit for Children* including the one halving the 1990 prevalence of underweight in young children² and substantially reducing anaemia by the year 2000. Was setting these goals not disingenuous, and even a hindrance to progress, when these documents do not set targets, and suggest actions to (also) reduce inequity? Did endorsers not know that unless effective steps were taken to improve equity, the prevalence of underweight children was unlikely to be markedly reduced, and anemia would probably not be controlled, especially in South Asia and Africa where these problems are most prevalent?

Unless effective actions are designed to improve equity, stated goals to reduce undernutrition are empty promises. The inequity does not only manifest itself as a widening gap in incomes, but as gaps in access to education; to reasonable health care; to food security; to information; to clean water; to a sanitary environment; and more. Furthermore, inequities are often related to gender and even to social background or caste.

The goals and targets set in international conferences, and approved by governments North and South cannot possibly be achieved without improving equity and addressing some of its external causes such as globalization as it has been practiced; the current world economic order that is rigged against the powerless; the increasing power of transnational corporations increasingly merging into global oligopolies; the negative impact of structural adjustment and WTO rules; and the resulting weakening of national governments.

Inequity is not just another word for poverty. Kerala, Sri Lanka and Cuba provide examples of places where, in different ways and despite prevalent poverty, a greater level of equity has been associated with lower rates of infant and young child mortality, less undernutrition, less illiteracy, better health, and reduced gender bias than in comparable neighboring areas or countries with more inequity, but less poverty. For most of these parameters there are striking differences, for example, between Kerala and Maharashtra; Sri Lanka and India; Cuba and much of Central America.

It is recognized that progress has been made to reduce the prevalence of both iodine deficiency disorders, and vitamin A deficiency without paying attention to inequity. But sustainable control of vitamin A deficiency using measures to improve dietary diversification will also require improved equity.

Unless effective actions are designed to improve equity, stated goals to reduce undernutrition are empty promises.

We distinguish between equity and equality. Attempts to improve equity seek to reduce gross inequalities. The late President Nyerere of Tanzania put it this way: "No man needs to live in a palace, no man should live in a hovel"³. Why haven't we produced the statistics focusing on the degree of inequity in different countries?, and where are goals and targets to reduce inequities to be found?

STRUCTURAL INEQUITY

Take the puzzling fact that prevalence rates of malnutrition (rate of underweight in underfives) continue to be higher in South Asia (44%) than in Sub-Saharan Africa (around 36%)⁴. Anaemia is equally more prevalent. Why does a country like India—the world's largest 'democracy', now a nuclear power, with a thriving economy and reasonable industrialization, with a flourishing dot.com industry, and an agricultural system that has made the country self-sufficient in major staple foods—have higher rates of malnutrition than many African countries lacking all, or most of these attributes? Without doubt, inequity plays a very important role.

Two forms of inequity are much more marked in India than in most African countries. These are gender and caste related inequities which India has too easily shrugged off as 'cultural' characteristics. It has been suggested that differences in malnutrition rates between South Asia and Africa lie in gender related control over production and consumption, and differences in the degree of care which

children receive from their mothers⁵, as well as the care mothers get during pregnancy and lactation.

Discrimination, and therefore inequity, on the basis of gender is very evident still in many parts of India where females are discriminated against from the womb to the tomb; where we see alarming rates of abortion of female fetuses, female infanticide, wives totally subservient to their husbands, and as widows, to their husband's families. Many women have little control over the products and income they generate through their own labor. But another 'culturally related' cause of inequity also contributes to malnutrition: the one associated with discrimination against persons of low caste, a form of apartheid now outlawed in South Africa. We know it contributes to serious malnutrition in the affected population.

INCREASING INEQUITY AS A RESULT OF GLOBALIZATION

According to the 1999 UNDP *Human Development Report*⁶, more than 80 countries still have per capita incomes lower than they had a decade or more ago and 55 countries have had declining per capita incomes. The income gap between the fifth of the world's people living in the richest countries and the fifth in the poorest was 74 to 1 in 1997, up from 60 to 1 in 1990 and 30 to 1 in 1960.

...it is by and large true that having ambitious goals to reduce malnutrition serves to make leaders feel comfortable...Few want to rock the boat and come out with statements that these are unrealisable targets—they cannot be reached unless we improve equity.

We have to ask ourselves: Is economic advancement dependent on a dismantling of free, or subsidized, social services such as education and health services, and the rejection of participatory democracy?⁷ Norway is one country that has maintained social democracy in the world of globalization, and it has done so quite successfully⁸. Cannot developing countries raise themselves out of poverty, attempting to improve their national economies, at the same time recognizing the importance of improved equity especially in terms of access to nutrition, education, health care and other services? Again, here the lessons to be learnt should come from policies adopted in Kerala, Sri Lanka and Cuba.

Globalization is being offered as the answer to improving the economies of poor countries. Yet so far it is often increasing inequities and reducing poor nations' ability to achieve national/local food and nutrition security. It is important that nutrition scientists study these issues and work with activists in other fields to reduce such inequities, to oppose the growing negative impacts of current forms of globalization so far and to reign in the power of transnational corporations (TNCs). One important avenue is to support and get involved in the growing movement to universalise human rights. Such activism has in the past achieved some successes, most notably in countering the unethical promotion of breastmilk substitutes⁹.

The 1999 *Human Development Report* describes the WTO as: "the first multilateral organization with authority to en-

force national governments' compliance with rules"⁶. In Seattle, a public outcry slowed WTO's attempts to strengthen its own power, to the detriment of developing countries.

The "battle of Seattle" proved to be a wake-up call, and perhaps a rebirth of moral activism. This brand of activism needs to be nurtured so it can halt the harmful effects of globalization by awakening the world to the intolerable prevailing and increasing inequities⁷. What was striking about Seattle, was the alliances that began to sprout between diverse groups including trade unions, environmentalists, small farmers, liberal politicians from the North and South, and many others. These alliances were strengthened in Davos and Porto Alegre; in Washington DC, and most recently in Quebec. One wonders how many nutritionists are active in this new movement.

If we really hope to see hunger and malnutrition reduced and overcome worldwide, we need to join, and be active, in this new coalition. Those who state that nutritionists should not politicize nutrition problems or solutions are, by

so saying, supporting the status quo. And that is a political statement. But such a status quo is morally unacceptable; it invariably leads to more inequity, more food insecurity and more malnutrition.

TRANSNATIONAL CORPORATIONS AND THEIR CONTRIBUTION TO THE WEAKENING OF THE STATE

Globalization, structural adjustment and free trade regulations have in the last quarter century weakened the power of many states; and this often in nations which only took up Western capitalism during this period. Many elected governments have increasingly lost the ability to fulfill their obligations (and their promises) to their electorate as economic and political power become entrenched in a small network of interest groups often led by TNCs whose vast resources can 'influence' politicians, government officials, the military, academia, aid agencies and others. The ethics of this influence is more often than not questionable.

Large corporations have influenced the public sector along the lines of their global interests and have weakened governments both North and South. The bargaining power of labor has been eroded: "Workers are being pitted against workers, and communities against communities as companies relocate from one country to another in search of new markets, the weakest unions, the most flexible rules on working conditions and the largest subsidies. The time has come to press for an economy that protects people not corporations"¹⁰.

The 15 largest TNCs (such as GM, IBM, Shell, Microsoft, Nestlé, etc.) have gross incomes larger than the GDP of

over 120 countries, including all countries in Africa¹¹. Close to two-thirds of world trade is controlled by TNCs. The giant firm Cargill controls 60% of world grain trade.

The "battle for the control of the world food system is now being waged, and its chief combatants are agribusiness and the state... the odds are depressingly in favor of agribusiness"¹². Actions by ever larger TNCs impose uniform diets and tastes, reduce biological diversity, ignore local and national cultures, and damage local environments.

Where and how do we see the comparatively narrow nutrition goals and targets affecting this state of affairs?

In 1997, the SCN appointed an international Commission on the Nutrition Challenges of the 21st Century. One reason was to examine why goals set at several UN meetings to reduce malnutrition by half by the year 2000 had not been met. Our belief was and is that current forms of globalization, the increasing power of TNCs and the parallel weakening of the state are major causes of continuing high rates of food insecurity and malnutrition worldwide. The Commission requested us to write a paper expressing these views. In this paper, and in subsequent fora, we forcefully raised concerns about these issues. The Commission's final report¹³ did not give prominence to our views.



CONCLUSIONS

For sure, it is by and large true that having ambitious goals to reduce malnutrition serves (mainly) to make leaders (and people) feel comfortable, because they are voting for something 'good'. Few want to rock the boat and come out with statements that these are unrealisable targets—they cannot be reached unless we improve equity. So, together with those we purport to serve, we should be advocating for an additional set of more revolutionary policies that offer realistic chances to reduce inequity. If we, as nutritionists, are committed to really achieve major reductions in undernutrition and anemia we need to also be involved in activities to curb the many negative aspects of globalization and get directly involved in actions that improve equity, that change the current unfair economic order and that promote the universal respect of human rights, including rights to adequate food, health and care.

Acknowledgements

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from the SCN Secretariat]

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What do you think?

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SHOULD NUTRITIONISTS GET RID OF POLITICIANS?

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WE FAILED OUR CHILDREN!

The 20th century is gone and we have to admit we failed to save millions of children from malnutrition; this, in spite of the fact that we knew exactly what to do and how.

We simply failed to put nutrition on the agenda of presidents, of ministries, of community leaders and of international organisations. We only succeeded in having leaders pay lip service to nutrition. We only managed to implement a few successful nutrition programs. We did achieve some decreases in malnutrition rates in Latin America and Asia, but what we did was far from enough. One in three children in the countries in the South is still malnourished, and in Africa malnutrition rates are actually increasing.

In the last decade, we held numerous conferences and seminars, we identified the success factors in nutrition programs¹, we developed and deployed simple tools (such as the growth chart), we printed tons of materials to train trainers, many candidates graduated with PhDs in nutrition. Some of the best nutrition advocates were put in decision-making positions in UNICEF or the World Bank. We solemnly agreed to achieve goals and targets, yet most of them were not achieved.

Malnutrition being an outcome of poverty, one could argue that nutritionists alone cannot tackle this issue. True. Malnutrition rates will only decrease as poverty alleviation succeeds and inequities are reduced. But while the central issues of poverty and inequity are being tackled, we should at the same time improve nutritional status through specific programmes. There is evidence of this happening in various countries (Honduras, India, Madagascar, Senegal, Tanzania, Zimbabwe). Both tracks should be pursued at the same time.

WHY WAS IT THAT WE FAILED?

Nutrition programmes are still not mainstream. It is true that we are embarked in a long-term effort to curb malnutrition, and some progress has been made. But we could have done better—much better—if there had been the political will for which we failed to build the right constituency. Malnutrition mainly debilitates and kills children who have no voice. Those surviving often do not show terribly visible sequels. Malnutrition cannot be cured with expensive drugs, with the potential of generating huge profits. In those regards it is totally different from diseases such as AIDS.

But this is not the main reason why nutrition is not on the

agenda, nor why we haven't achieved so many of the goals set in 1990 at the *World Summit for Children*. The reason why nutrition is not on the agenda today is because we made two major mistakes:

First, we approached nutrition from too narrow a perspective. We basically restricted nutrition to the realm of the health sector, when it should have been tackled by many sectors. This was done partly because it was thought that the lack of an institutional home for nutrition created difficulties for implementing nutrition programmes. There was an attempt in the 70s to create inter-sectoral nutrition planning cells attached to offices of presidents or prime ministers. But this proved largely unsuccessful, one reason being that they were set up mainly as a response to external agencies' pressures. We also made nutrition too complicated, not appealing to non-nutritionists: an example is the constant in-fighting among nutritionists arguing about which indicators to use, weight-for-age or weight-for-height.

Nutrition is far more than a health issue. Nutritionists must work with other sectors. They need to be familiar with notions of economics, of contracting with the private sector, they must know how to recognise opportunities to piggy-back nutrition interventions on education, infrastructure, poverty or other programmes. For example, work with industry has been crucial in the iodisation of salt. However, experience shows that if nutrition activities constitute only a small part of such projects, nutrition components risk not being implemented². Experience shows that nutrition improvements must be made one of the main objectives of such projects and must muster at least 30% of the project's budget. Some will argue that this is too fragmented an approach to malnutrition. It would be if that is all that is being done. But, at the same time, we must be carrying out a policy dialogue with different relevant sectors along the lines of a comprehensive approach to fight poverty of which malnutrition is a most prominent, visible outcome.

Second, we failed to sell nutrition to politicians. The only programmes I have worked on, that succeeded, were those where presidents, prime ministers, or strong community leaders personally backed the programmes. Nutritionists must learn how to market their programmes, they need to have lobbying, advocacy and political analysis skills—if not themselves, at least somebody in their team or in their group of strategic allies. The question is, are we training them to take up such very real, everyday responsibilities?

As technicians, we naively thought that it would be enough to show results to have the continued support of decision-

makers. So, we dutifully came up with goals and targets, we developed, gathered and aggregated nutrition indicators thinking these were inputs to empower decision-makers. Unfortunately, most of them were political animals, not scientific animals, and they never really consider (ed) outputs from our so well designed monitoring and evaluation schemes.

Only when presidents, prime ministers, party leaders, congressmen, community and other leaders of the world take an interest in nutrition will we have *de facto* commitments to and funds for programmes large enough to make a long-term difference. We thus need to identify what makes individual politicians and leaders 'click' and find out if that somehow overlaps with the technically identified needs of our nutrition programmes. We need to work with elected officials at all levels, to sell them the nutrition goals and targets, and to demonstrate to them how cheaply and rapidly they could reap the benefits of a successful national nutrition programme.

All politicians will say that nutrition is of the utmost importance, some will even be willing to put money into it. But, more often than not, these funds risk not being spent wisely. For example, many Latin American countries have expensive untargeted food distribution programmes which were initiated for populist reasons and now cannot be closed, because the political cost would be too high. Political discourses are often insincerely generous, pretending to help the people, for instance by giving out food. Nutritionists missed seeing those as opportunities to more genuinely and equitably improve poor people's nutrition thus making such programmes real win-win situations for the politicians.

True, there have been some advances, such as the participation of communities and NGOs, as well as the integration of nutrition goals and targets into development programmes (on paper at least). But overall, actions fall far short from what is needed.

We need to build a grassroots constituency that can effectively influence politicians to launch large-scale community-based nutrition programmes. Although this can be done, it takes time and requires that something is already ongoing in large community-based nutrition projects. It is clear to me now that this approach needs to be complemented by an effort at higher levels, efforts to directly reach out to politicians so as to gain their support, i.e. the constituency-building approach must be two-pronged: at the community and at the higher political level.

We all know that sustainability depends on how much ownership is achieved, from the community, the local leaders, the participating ministries, NGOs, to the private sector. Many stakeholders need to be lobbied and convinced or co-opted. We need to make sure that women leaders,

union leaders, party leaders, also become stakeholders. What is required to secure action is not only for nutrition to be recognised as a key issue by international agencies and country leaders, not only to integrate nutrition concerns into national poverty programs, not only to inform and to train, but also to constantly bring up nutrition in the ongoing policy dialogue, to build strategic alliances (not only among international organizations, but with community and political leaders, and also with the private sector so that the latter can contribute by financing nutrition programs and providing services).

Nutrition is as political an issue as poverty. We cannot continue to naively hide this fact. We need to learn how to play the politicians' game by finding out what motivates them, only then will they lend us their weight.

We are guilty of having applied a restricted vision of nutrition, one that maintained it in the realm of basic needs. We have now moved into the realm of nutrition as a basic right. However, nutrition goes beyond basic needs. The fight against poverty and malnutrition is one and the same. It has to be fought in many fronts: social, political, economic, ethnic, religious, to name but a few. But foremost, the battle is fought in the political arena. *Take the challenge and have a chance to succeed; disregard it, and set yourself up for yet another failure.*

Nutrition is as political an issue as poverty... We need to learn how to play the politicians' game...

HOW I SEE THE FUTURE

- ◇ Nutrition is no longer managed by ministries of health; it has become a concern of every sector, because it is one of the main outcomes of poverty and because nutrition indicators are being used to measure progress in the battle against poverty.
- ◇ International organisations are putting nutrition on their agendas for policy dialogue in every sector, and invest substantial amounts of money in now better-conceived nutrition programs. Their employees are being promoted based on the impact their projects have on poverty reduction indices (among which malnutrition is key).
- ◇ Politicians are incorporating nutrition into the political programmes in their political campaigns, including actions to raise funds from the private sector to help finance the proposed nutrition programmes. They are being increasingly pressured by community leaders demanding that nutrition be placed in the political agenda
- ◇ Those who picket international meetings are becoming an international counter-power to be reckoned with. They are calling for needed economic vindications and for a brand of development that fosters true human well-being, especially of the poor. We have seen them fight for causes in the field of nutrition, e.g. against genetically modified foods, inadequate food safety, as

well as against the inequities of malnutrition. Isn't a convergence of such ideas with the ones here expressed the way to go? You, readers, be the judges... and then the protagonists.

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NUTRITION GOALS AND TARGETS: MUCH ADO ABOUT NOTHING OR IMPETUS FOR ACTION?

Meera Shekar, Roger Shrimpton and Bjorn Ljungqvist

The *World Summit for Children* identified three micronutrient goals*:

- ◇ The virtual elimination of iodine deficiency disorders (IDD)
- ◇ The virtual elimination of vitamin A deficiency and its consequences,
- ◇ A reduction of iron deficiency anaemia in women by one third of the 1990 levels

After ten years, the IDD goal is close to achievement, there has been a fair amount of progress on the vitamin A goal, but the iron deficiency goal is far from being realised. What was different about these three goals?

THE STORY OF IDD

The mid-decade goal for IDD was revised to read "universal salt iodisation". Evidence that the IQ of the overall population was reduced by as much as 10-13% wherever IDD was a significant public health problem, led to the decision of converting the intervention strategy from a targeted distribution of iodised salt and/or iodine oil capsules through the health system, to one of universal salt iodisation. Thus, the indicator of success shifted from being an impact indicator (IDD prevalence) to an outcome/coverage indicator (percent of salt iodised). This meant that verifying progress towards the goal would be easier and extensive pre- and post-intervention goitre palpation surveys were made redundant. In addition, the development of the salt testing kits empowered anybody to test salt in their own household, community and/or district. Anyone—from members of parliament in some developing countries, to ministers of health in others, from James Grant in UN-

CEF, to village health workers—could now test salt and advocate for its iodisation. That iodine deficiency affected the entire population's intellectual development was communicated at all levels. The locus of partnerships for achieving the goal moved from the health sector to the salt industry, distributors and retailers. Equally importantly, the technology for iodising salt—which was simple and had been shown to be effective—was made available universally. Indigenous industries producing salt iodisation machines, and salt-testing kits sprang up in many countries. Data from simple field-based surveys showing that the strategies were working, provided encouragement at country level and proof that success was in sight. Moreover, the role of the private sector in salt iodisation was recognised, supported and promoted. Had attempts to iodise salt been pursued solely through the public sector, as has been the case for other goals, the goal of universal salt iodisation would not have been realised.

WHAT ROLE DID NUTRITION GOALS PLAY IN THIS PROCESS?

Goals provided an impetus for heads of state to rally around and reach an agreement, as well as to commit themselves politically. They provided a platform for advocacy and offered (in this case) a realisable end point. Goals raised awareness of the problem not only among the more obvious duty bearers (the state parties and international organisations), but also among potential donors. Would the support for salt iodisation from the Kiwanis have been realised without international goals and targets? Would donor fatigue have set in more easily in the absence of goals? We believe the answers to these questions are no and yes respectively. The IDD goals prompted action and competition among countries. When countries fell behind intermediate targets, the *Progress of Nations* reports were used to put pressure on governments. Thanks to international advocacy efforts, politicians and leaders in many countries were able to make informed statements about the benefits of salt iodisation and about the links between salt iodisation and school performance. Without clear, agreed goals, donor support, and concerted advocacy, none of this would have been possible.

* Soon after the *World Summit for Children*, the need for more immediate targets for the first five years was perceived. The rationale was that most politicians are only in office for five years. Thus decade long goals were not useful for holding them accountable or for advocating for their support during their term of office. From among the full set of WSC goals, a sub-set of goals was established for the mid-decade and approved by the UNICEF Executive Board.

THE VITAMIN A AND ANAEMIA GOALS

The story of the vitamin A goal is similar to the iodine goal. Once again, the long-term goal of virtual elimination was modified for the mid-decade to one of achieving 80% supplementation coverage. Improving vitamin A status had been shown conclusively to reduce young child mortality rates by a quarter¹. It was only in 1998 that consensus was reached on the benefits of large scale prophylactic supplementation for populations with under-five mortality rates greater than 70 per 1,000 live births (recently changed to 50 at IVACG 2001 in Hanoi), regardless of the existence of clinical vitamin A deficiency signs. However, efforts were (and still are) under way to look for alternate non-health delivery systems for achieving and sustaining high coverage in countries with high mortality rates. These efforts were backed with vitamin A supplies provided by donors, especially Canada.

While on track in many countries, the realisation of the vitamin A targets is slower than it could have been. Perhaps the big difference lies with advocacy around vitamin A supplementation, which has been plagued with difficulties. While initial advocacy efforts sold vitamin A supplementation as a short-term strategy, later efforts to reinforce the need to maintain it as a medium to longer-term strategy have not been as successful. Similarly, the mortality reduction benefits of vitamin A supplementation have not always been clearly articulated in advocacy at country level so that, to-date, many policy makers in countries still believe that the primary public health importance for vitamin A supplementation is to reduce blindness. Despite many years of experience, more sustainable strategies for improving vitamin A coverage elude us, and most of the efforts are still channelled through the public sector. Under these circumstances, goals and targets have helped keep vitamin A on the agenda, have even provided impetus for action, but have not taken action far enough, soon enough.

The anaemia story is different. The goals themselves were never clear. Strategies to achieve these targets were not defined. While the benefits of reducing anaemia are relatively well known, the efficacy of iron supplementation as the sole intervention for controlling anaemia is still unclear, and effectiveness trials are not to be seen in the near future. Furthermore, though community action is essential for anaemia control strategies, efforts to involve communities have not been given priority. Not surprisingly, donor support for anaemia control has been insignificant.

Can the goals be expected to contribute anything in such a situation, or did we set ourselves up for failure in the first place?

STUNTING AND UNDERWEIGHT—WHERE DID WE GO WRONG—THE GOALS OR THE STRATEGIES?

The *World Food Summit* goal in 1990 was set at reducing malnutrition rates among children under five by one half. For the mid-decade, perhaps in recognition of the unrealistic nature of these goals, the child malnutrition goals were not included. The malnutrition reduction goal has, by and large, not been achieved and the reasons are not very different from those for anaemia reduction. The goals themselves were ambitious, the strategies ambiguous with unclear efficacy and effectiveness; donor support was not forthcoming. Not surprisingly, the goals were never or seldom used for effective advocacy at any level, and resource allocations for the control of stunting and underweight are no match for the requirements implied by the goals.

The goal established at the *World Food Summit* (Rome 1996) is to halve the number of people suffering from malnutrition between 1990 and 2015. This means reducing malnutrition in children under five from 32% to 16% globally by 2015. Is this target feasible? Have communities and families been consulted to determine whether a reduction in child malnutrition is a priority, or whether/how it can be achieved? Have any efforts been made towards seeking consensus with communities? Experience with successful nutrition programmes in developing countries suggests that these have achieved reductions of 1-3 percentage points a year². This means that if the under five malnutrition rate is 32%, a one percentage point a year reduction to 28% in five years is equivalent to a 12.5% reduction, whereas a more optimistic 1.5 percentage points a year reduction would reduce under five malnutrition to 26%, i.e. a 19% reduction over five years. This suggests that, over a five year horizon, a 12-20% reduction in child malnutrition is possible if the right programmes with the right strategies are put in place.

However, in reality, even if all enabling conditions were met, not all developing countries can be expected to keep pace with experiences from the most successful nutrition programmes at a national scale. In this context, the WFS goals may still be ambitious. And the need for specific country and community level targets remains.

To identify the right set of programmes addressing child malnutrition consensus is needed about what those strategies ought to be. This would allow the development of a set of intermediate coverage indicators for child malnutrition. To date, one of the problems that remains with the child malnutrition indicator of underweight is that whilst it covers all children under five, the processes that result in underweight and stunting have an effect mostly up to

The goals themselves were never clear; strategies to achieve these targets were not defined... did we set ourselves up for failure in the first place?

twelve months of age. After twelve months of age weight growth patterns are similar anywhere in the world³. This new piece of evidence calls for immediate action and for a change of course. The factors that determine growth failure are basically three: birth weight, duration of exclusive breastfeeding and adequacy of complementary feeding to twelve months of age. Strategies to tackle child malnutrition should concentrate on these three by tackling them in the context of the full conceptual framework using a Triple A approach. For instance, the strategy should include inputs to reduce household morbidity through preventive family/community level actions (the family-community component of IMCI). Another concern is that of the capacity of duty bearers. Recognising that communities are key duty bearers for the reduction of child malnutrition, there is a need to assess and analyse capacity gaps, and to include strategies for community empowerment, including participatory communication, capacity development, and gaining control over needed resources.

The reduction of child malnutrition is one of the main outcome indicators proposed for measuring the progress in global poverty reduction to the year 2015^{4,5}. If used strategically, this could translate into greater advocacy and donor resources for malnutrition prevention. However, in order for this to happen, two issues remain to be addressed. The first is the need for clarity and consensus on strategies and processes that have the potential to achieve these goals. The second is the need for inclusion of a clear nutrition target (rather than only an indicator) among the International Development Targets. This will mean an explicit recognition of the role of stunting and underweight reduction, not simply as a measure of poverty reduction outcomes, but also as part and parcel of poverty alleviation; to this one has to add the need to allocate significantly more resources for their control.

WHOSE GOALS ARE THEY ANYWAY?

The IDD goal was a top-driven goal, with most of the action at central levels and relatively little action sought at community and family levels. The vitamin A supplementation goal again can be achieved through primarily top-down strategies with some action needed at community level. The anaemia goal needs some action driven from the top, but also needs consistent action at community level (e.g. on dietary practices, and hygiene promotion). For the underfive malnutrition goal, most of the strategies and actions lie at community level.

This analysis of the four goals suggests that while externally actionable top-down goals such as the IDD and vitamin A goals are more easily achieved through international targets, when action is vital from within communities and families (as is the case for child malnutrition goals and, to a large extent for anaemia) external goals may be less useful. In such a case, it is even more important that goals are proposed and consensus reached first with communities and families (as the front-line duty bearers) to then

bring them to the national and international levels. Such a process will ensure that the goals are owned by those who need to act upon them, and contribute toward creating social capital⁶.

UNDER WHAT CONDITIONS ARE GOALS USEFUL?

Seven conditions are necessary for goals and targets to be useful:

- ◇ First, targets must be realistic and consensus must be reached with all pertinent duty bearers in terms of their achievability.
- ◇ Second, they must be set in partnership with and owned by the primary duty bearers.
- ◇ Third, strategies underlying the goals must be doable, clearly defined and proven effective in real life situations in developing country situations.
- ◇ Fourth, the goals must be creatively used for advocacy at all levels. Benefits must be clearly and unequivocally articulated and every opportunity for advocacy must be seized upon to foster political action.
- ◇ Fifth, the role of all stakeholders, including the private sector, civil society, as well as traditional duty bearers such as governments, families and communities must be explicitly spelled out and accounted for.
- ◇ Sixth, reliable mechanisms for measuring and reporting on the progress on the goals must be put into place. This may be made easier by building upon existing monitoring and evaluation systems and Triple A processes in countries.
- ◇ Seventh, resources to match the actions implied by the goals must be mobilised and made available to the relevant duty bearers on a long term and sustained basis.

All of the above are necessary, but not sufficient conditions for success of goals and targets. Ultimately, capacity for and accountable action by duty bearers at the actionable levels shall remain the key to success.

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GOALS AND TARGETS IN THE REALM OF NUTRITION RIGHTS

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The term goal is here taken to refer to an ideal desired state, e.g., no malnutrition in the world, while target is understood as a quantified achievement to be reached along the path to the goal by a specific time. Goals may be generic (e.g., no malnutrition in the world), or may be divided into their component elements (e.g., no stunting, no vitamin A deficiency disorders).

Often the global community proposes specific targets to be met in the process of achieving goals. For example, the 1990 *World Summit for Children* called for reduction of severe and moderate malnutrition rates to half their 1990 level by the year 2000. Such targets are based on measurable indicators that allow judging whether the path is pointing towards the goal, and whether the progression is rapid enough to achieve the target by the intended time. With clearly formulated targets, when the time comes, it is possible to say whether the target has in fact been successfully reached.



Some goals are set in great detail. Very concrete goals in relation to nutrition were set at the *World Summit for Children*; they were subsequently endorsed by many other international bodies. Nations then may, or may not, have taken binding commitments to the goals. In most cases, these goals and targets are not legally binding for endorsing states. They are understood as strong recommendations for governments to formulate their own commitments.

Few of the targets set by the international community in 1990 with regard to children's nutrition were met by 2000. Nevertheless, they remain useful for guiding the formulation of national commitments.

RIGHTS IMPLY GOALS, BUT NOT VICE-VERSA

The proclamation of goals does not necessarily mean that any individual has any rights in relation to the government/agency/programme that proclaim them. The goal may say that everyone ought to get a particular outcome or service (e.g., adequate nutrition), but that does not in itself mean that people are entitled to it. The core implication of a right is that if everyone is entitled to something, everyone has a legal claim to it. As a legal claim, there are specific actions

that rights holders can take to remedy the situation if they do not receive what they are entitled to.

Goals do not imply rights, but rights do imply goals. Human rights declarations and covenants express global goals: there should be no slavery, no discrimination, no genocide, no malnutrition, etc. When states ratify international agreements, they make commitments to pursue the respective goals in their own countries. However, nations have in fact exercised considerable latitude in interpreting and applying these goals.

BUT RIGHTS INVOLVE MORE THAN GOALS

Setting clear goals and targets can be very helpful to governments as they design their social sector programmes. However, people having a right to a particular goal being realised requires more than just having the government set the goal. A substantial planning effort and commitment of resources must be made to achieve specific targets by specific times. These commitments can be made through an appropriate national law or decree.

Often goals are set loosely and governments are unable or unwilling to make the needed commitments, sometimes due to real or apparent resources constraints. Governments may make concrete commitments to more limited targets, e.g. only for children under three years of age, or with longer time horizons, e.g. over fifteen years. The point here is that nutrition rights mean that governments should make firm commitments to specific nutrition targets.

Goals do not imply rights, but rights do imply goals...

When states ratify international agreements, they make commitments to pursue the respective goals in their own countries.

Clearly articulated goals and targets should be used as the basis for designing specific goal-directed strategic plans of action—backed by legally binding documents. The plans should set specific targets, i.e. specific levels of specific indicators to be achieved by specific dates. For example, the government may say that it will reduce the rate of malnourished children under two years of age by five percent in two years, and twelve percent in five years. In this approach, the process of realizing a right is pursued through a realistic step-wise strategy.

At all levels, strategies should be based on explicit intermediate goals and targets. Strategic planning and resource allocation should be guided by these plausible, concrete objectives. There must also be a possibility for

mid-course corrections and the reallocation of resources. In other words, there must be continuous steering of the effort if the target is to be achieved.

Many social sector programmes define their tasks in terms of the services they provide, e.g. inputs such as nutrient supplements, school meals, etc. They often leave the ultimate goal unspecified, and thus function as if they expect to continue the same activity forever, not aiming at resolving the problems they claim to address. In doing so, these programmes may actually help to perpetuate the problems

The entitlements corresponding to specific human rights can be described either in terms of inputs delivered to clients or in terms of desired outcomes, results, or targets that constitute steps toward the achievement of particular goals. Rights to specific inputs and rights to specific outcomes correspond to what in the human rights discourse are called "obligations of conduct" and "obligations of result".

Human rights are an important instrument in contributing to the achievement of social sector goals... we begin with the premise that every child is entitled to whatever it takes to assure that she or he is not stunted. That is not negotiable.

THE IMPORTANCE OF LOCAL PARTICIPATION

Careful attention must be given to the *process* through which rights are realized. The rights holders should not be treated as passive beneficiaries of government-directed programmes, but should be fully engaged, with high levels of participation, community ownership, sustainability, and empowerment.

This means that the beneficiaries should be active participants not only in the implementation of social programmes, but also in the formulation of their goals and targets. Goals and targets should emerge from broadly participatory consensus-building efforts. The goals and targets set out at the major global conferences or at national-level meetings of policy makers should not simply be imposed on local communities.

International human rights instruments articulate widely shared goals that are identified through broad participatory global consensus-building efforts. They acknowledge the reality and value of local differences and encourage localized interpretations and application of the agreed-upon principles. Rights need to be concretized locally as specific entitlements and specific local targets. The most important means of adapting global goals to local realities is to assure that local people participate in shaping the policies for achieving them. Outsiders coming in with their own analyses and their own remedies for local problems violate the right of local people to participate. Local people must be actively engaged not only in the implementation of

the programs, but also in their design and management. They must share in the formulation of the goals, as well as in shaping the means for reaching them.

THE IMPORTANCE OF STRATEGY

Goals and targets do not fulfill themselves. They mean little in isolation; they become important when part of a coherent strategy for action. Consider, for example, the goal of ending stunting among children. If we are serious about this, we will need to mobilize the resources that will be needed and put in place the required actions to get there; it will further require that we get prepared to give the right incentives to the right individuals in the right places at the right times.

Human rights are an important instrument contributing to the achievement of social sector goals. We should go beyond saying that children ought to get the food, health, and care they need, to say that they are *entitled* to these things. The specifics of

these entitlements will vary in different places according to local circumstances. However, we begin with the premise that every child is entitled to whatever it takes to assure that she or he is not stunted. That is not negotiable.

The goal of abolishing stunting cannot be achieved in a short term. That is why national governments have to make long-term commitments to reducing it by a certain percentage per year. That commitment should be ideally enshrined in a national law. If results show results are falling below target, the resources allocated to the achievement of that target should be increased accordingly to get back on course.

This sort of commitment establishes a clear incentive for using resources efficiently and effectively, and to assure that the efforts stay on track. Willingness to make this sort of commitment to allocate resources in a national law would be the clearest indication of genuine commitment by national governments for the achievement of the goal.

All people everywhere have the right to adequate food and nutrition. Clearly, many countries do not have the capacity to assure the realisation of this right. Thus, the international community has obligations to act to assure its realisation. There needs to be a commitment of significant international resources to help the poorest countries in their efforts to eliminate malnutrition. This assistance could take the form of food supplies and direct financial assistance, but in the long run the most important assistance might be in forms such as advisory services and capacity building.

Systematic strategies need to be formulated and implemented at every level if the goal of fulfilling every person's right to adequate food and nutrition is to be achieved. In these strategies, there must be clear incentives for the actors to do what needs to be done, and there must be institutional mechanisms in place to assure that all actors are held accountable for doing their jobs. Just as the construction of a building or a bridge is only possible with detailed

planning and periodic course corrections during the process of working toward the goal, the human right to adequate food and nutrition can only be fully realized through carefully designed and implemented programs of action. The formulation of strategies only begins with the formulation of clear goals and targets.

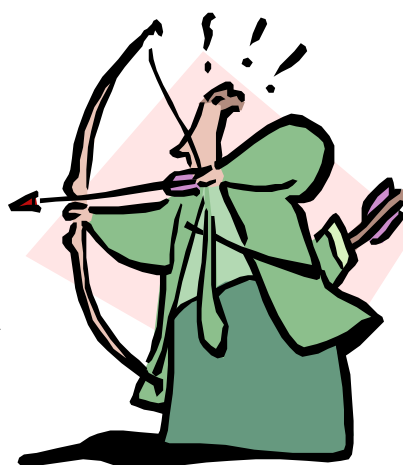
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AIMING AT THE TARGET: WHAT'S LEFT FOR THE DEVIL TO ADVOCATE?

Claudio Schuftan

Guest editing this issue has really been a learning experience. Not that I did not already have some personal convictions on the topic. Rather, I was exposed to new angles to the question: over the long term, have nutrition goals helped progress or not?

Here I blend my own ideas with what I feel are loose ends in the collection of papers by my distinguished colleagues. I do this with the benefit of hindsight, having read their work. This then is additional, hopefully complementary, food for thought.



community representation. But it is the process that carries in it the seed of sustainability. Unfortunately, as nutrition professionals, we fear prescribing processes; we also fear discrediting processes that we know do not work. We have not spent the time to arrive at universally acceptable indicators that can measure sustainable progress in processes such as participation, social mobilisation and empowerment. Instead, we have spent time and money choosing and monitoring outcome goals and targets that have unduly over-medicalised the nutrition problem. Think about it.

THE BIG HYPE

Clearly, large international conferences convened to set and monitor global goals and targets raise huge expectations and excitement. Whether these events are useful in moving programmes forward is a different matter. Keep in mind that setting goals is the result of a process in which public admission of dissent is difficult. Therefore, countries pledge, but do not really embark or comply.

The real challenge comes after the (usually expensive) international gathering. It comes during the process of preparing down-to-earth action plans, raising funds and implementing them. Unfortunately, this process is rarely participatory. And for this process, the international conference, more often than not is unhelpful, because the strategies to achieve the targets are left a bit in the air (or in the paper).

THE OUTCOME-PROCESS RIDDLE

Getting to where we want to go requires knowing and quantifying where we want to be. But the processes involved are even more important. Goals and targets address where we want to go. Processes are left to the planners and managers to implement—often excluding com-

BEING REALISTIC

With a pinch of self-criticism, some goals and targets set in the 90s called for a number of pretty unrealistic measures, unaffordable to most developing countries' state coffers. With insufficient resources, one cannot but get low coverage rates. This is, by definition, not only ineffective, it is also wasteful. The danger I see is that we may be doing this again for goals being set for 2015. At the moment, we have no assurances that the new set of goals will mobilise leaders, the media and members of civil society any more than before. Business as usual will simply not get us there for anaemia, stunting and underweight. At present rates of progress, it will take us decades to halve the prevalence of child malnutrition.

Moreover, three serious concerns arise here. The first is who should be the judge as to what is *realistic*. Certainly not the technicians alone. Global, across-the-board (i.e. one fits all) targets actually need to be adjusted to local circumstances and this process takes much more than the technicians can offer.

Another related concern is the quality of data used to monitor progress. If data are of poor quality the intrinsic

value of a number reflecting how far one is from achieving the target is simply misleading. This concern over data quality comes out clearly in the responses to the questionnaire sent to field workers (see p 19).

The third concern is that I still find colleagues saying that this or that goal *may* be too ambitious. I think the time has passed for 'maybe' positions. (I am reminded of a small poster hanging on the wall of my office which reads "I said maybe, and that's final!") The facts are out. After democratic consultation, we are expected to endorse concrete advice on directions and finish lines.

ON CONVERGENCE

An issue that was not touched by any of the contributed papers is the notion that progress towards achieving one goal can (and often does) help achieve another. The same is true for processes set up and for resources raised. Actions to overcome malnutrition can and should be seen as additive. For example, an effective vitamin A programme helps improve iron nutrition and thus reduce anaemia. Improvements in iron status can improve the appetite of a child. High rates of exclusive breastfeeding will impact upon many nutrition indicators. There are quite a few other examples. The bottom line is that actions to address micronutrient deficiencies and chronic malnutrition are complementary and inseparable and only then will they impact on the overall well-being of individuals and populations.

But this complementarity does not come automatically. It will be the result of applying the conceptual framework so that we address all causes of malnutrition and proactively embark on the processes needed to make changes sustainable. The processes still in need of more attention are those related to tackling the underlying and basic causes of malnutrition. Much more needs to be done on this, starting with de-medicalising goals, and focusing more on structural processes than on malnutrition itself which is an outcome.

THE HUMAN RIGHTS TWIST

As members of institutions and/or as individuals, many of us are moving towards a change in the paradigm giving direction to our work. What we may not have thought enough about is that goals and targets—many of them intermediate in nature—are, in a way, antithetical to the human rights paradigm. This is because the human rights paradigm is based on the principle that we cannot rest until the rights of *all* (i.e. 100%) are instated or restored, not ten years down the road, but the soonest possible. Consequently—and being realistic—we should be talking of *steps to be achieved in the process* of fulfilling the human rights of all claim holders. The issue here is nutrition rights and food as a right. For most of us this is a whole new approach.

A compromise could be to start working on goals and targets in reverse. We could express targets as an expected decrease in the number malnourished, or what it will still take to close the gap and uphold the rights of all.

THE EQUITY FACTOR

Reaching targets (usually followed by a congratulatory stage) can be misleading. Implementing effective interventions primarily amongst the easier-to-reach near poor—say the second lowest income quintile—can eventually lead to achieving national targets on schedule. However, this in turn can exacerbate inequity, as discussed by Latham and Beaudry. Here, I just want to bring to your attention what some are calling *the distributional concerns of* (sometimes short-cut) *actions* (imposed) *to achieve goals*.

ON ACCUSATIONS OF DEPENDENCY AND TOP-DOWN IMPLEMENTATION

The achievement of micronutrient goals has created dependency. How? Not only are many IDD and VADD schemes top-down—with an element of dependency there -- but supplies and other resources are most often donor provided. In the long run, in terms of sustainability, what worries some of us is the 'ownership-donorship' interplay. At the end of the day, it is a zero sum game. I do disagree with what Shekar et al imply in their article (see p 10). These authors argue that solutions lie in a continuum from VADD, to IDD, to IDA, to stunting and underweight. In their view VADD and IDD call for *vertical goals which need little action at community level*. To be effective and sustainable in the long run, all nutrition programmes require community level action and involvement.

To me, the idea of *some* community action is nonsensical. Implying that for child malnutrition *most* strategies should be at the community level is like shifting the responsibility for child malnutrition to the community itself—so *they* better deal with it. That may not have been Shekar *et al's* intention, but it sure reads like that.

DONORS (AND WE OURSELVES) TOUCH SOME PROJECTS MORE THAN OTHERS

What are the reasons for a lack of commensurate donor support for IDA and for the reduction of child malnutrition? Does it have something to do with donor fatigue or with targets for these two problems having been set at unreasonable levels? Remember at this point that UNICEF dropped monitoring the underweight goal from its mid-decade review.

Are we responsible for having set ourselves up for failure? I tend to think not. In the eyes of donors (...and many amongst us) IDA and chronic malnutrition are more *messy* to deal with than IDD and VADD. There is all this bottom-up, community action, poverty alleviation and equity in-

volved, as well as longer time horizons. Hence, donors pay plenty of lip service to these instead of embarking head-on towards working out solutions. That is not fatigue. It is not lack of will. It is a *political choice*. Internal and external resources allocated to IDA and child malnutrition have thus remained a pittance, unmatched to the challenge. There is nothing in sight that tells me this will change soon.

Again, it is in the process of selecting the strategies and the steps to progressively achieve them where donors and many amongst us have been and continue to be undemocratic and where we have failed those whose nutrition rights are being violated. As long as we consider the strategies needed to tackle the basic causes of malnutrition to be outside the realm of our professional scope of work, we should consider ourselves part of the problem and not the solution.

THE POVERTY ALLEVIATION CONNECTION

Will the new global shift towards poverty alleviation strategies happen and will it change what has been said so far?

The reduction of child malnutrition is now a key outcome indicator to measure progress in poverty alleviation. But, alas, this does *not* automatically translate into greater advocacy, action and donor resources for the prevention of child malnutrition. Being an indicator does not translate into being the object of concerted new efforts directed at halving malnutrition. We have a lot more to do here. Improved socio-economic status will improve nutrition, but we know that is only part of the story—although quite a big part.

The take-home message is that there is probably no such thing as across-the-board realistic targets. At most, they can be proposed on some technical grounds. But consensus must be painstakingly built for them in many, many places with both bottom-up and top-down inputs. There simply are no short-cuts. Goals or no goals, for people to gain control over the resources they need to overcome all aspects of malnutrition remains the key. Keep in mind the conceptual framework and the Triple A process.

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LET US KNOW WHAT YOU THINK! WE WELCOME YOUR COMMENTS.
WRITE TO US AT: ACCSCN@WHO.INT

Is the use of growth charts an application of (growth) goals?

Growth charts have been at the core of family level nutrition projects for 40 years. The growth chart—essentially a set of internationally determined weight-for-age references—has been used to monitor health and nutrition goals. These goals are taught to mothers and care givers around the world—literate and not. In a way, the chart sets monthly goals for child growth (or the direction and slope of the curve). Mothers are told that the achievement of these relate directly to their children's health and development.

Charts have provided mothers with a means of visualizing regular progress by "seeing" the current and longer term growth goals as shown on the chart. The power of this goal-based system is now being enhanced by new studies coordinated by WHO that will provide new growth curves for full-term, normal birth weight, healthy, breastfed infants. This work should provide new monthly goals for infant and young child growth that can be used to reinforce, expand and revitalize community based growth monitoring worldwide. New emphasis will hopefully be placed on younger infants aged 6-24 months and will include stronger interventions to assure adequate micronutrient nutrition for this group.

Commune level (or equivalent) growth monitoring uses the growth charts to set a goal for a monthly weight gain of an age-cohort of children. This is then directly linked to community level decision making. A commune level children's growth monitoring activity greatly reinforces community-based growth monitoring by extending the measurements into aggregates that lead to planning. Too little work has been done systematically in this area that has major community development potential and that adds a new dynamic to community level participatory planning and social development.

Overall, nutrition related goals do serve to maintain nutrition in community level planning and development decision-making. They help set the indicators to be used in social planning, and help to measure progress in community programmes, especially in child development and in the protection of children's rights. In addition to growth monitoring, areas in which goals are useful to measure progress at community level include, among other, exclusive breastfeeding, the Baby Friendly Hospital Initiative, iron deficiency and anaemia reduction, access to iodized salt and access to water and environmental sanitation.

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VOICES FROM THE FIELD

SUMMARY OF RESPONSES TO AN INFORMAL SURVEY EXPLORING FIELD WORKERS' OPINION ON NUTRITION GOALS AND TARGETS

Questionnaires were sent by Email to 25 field workers—eight in the Americas, ten in Asia and seven in Africa. Of these, ten responded: seven from Asia, two from Africa and one from Latin America.

The preamble of the questionnaire simply read as follows: THE SUMMIT FOR CHILDREN CALLED BY UNICEF IN 1990, THE INTERNATIONAL CONFERENCE ON NUTRITION IN 1992 AND THE WORLD FOOD SUMMIT IN 1996 SET SOME IMPORTANT NUTRITION GOALS FOR THE 90S AND BEYOND. GIVE US YOUR EXPERIENCE-BASED OPINION ON THE FOLLOWING:

1. IN YOUR COUNTRY, HAVE NUTRITION GOALS AND TARGETS HELPED US ACCELERATE ACTIONS OR IN ANY OTHER WAY?

Eight of the respondents answered yes and commented:

- >Targets became part of national plans of action
- >Yes, particularly the nutrition goals of the *World Summit for Children*
- >Yes, but few translated into country-specific benchmarks
- >They helped to focus and to accelerate actions
- >They found their way into several other development plans
- >They served to remind the governments about commitments they had made in summits
- >They gave breastfeeding and micronutrient interventions a major boost
- >Yes, from them we set our own national goals
- >Targets sensitised top level planners
- >Yes, they created awareness among professionals, but not much at policy level, and government ownership is needed for sustainability
- >Yes, but nutrition has remained within the health sector
- >Yes, we need something to aspire to and to aim for, setting sub-goals has helped countries carry out reality checks of where they are when
- >They also affected NGO plans.

One respondent answered no and added nutrition remains everyone's business, but no one's responsibility; setting targets on paper with little follow-up and accountability breeds scepticism.

2. OR HAVE GOALS AND TARGETS HINDERED PROGRESS BY CONCENTRATING OUR EFFORTS MORE ON OUTCOMES THAN ON SUSTAINABLE PROCESSES? IN YOUR SITUATION, ARE NUTRITION GOALS AND TARGETS GUILTY OF PROMOTING VERTICAL THINKING AND HAVE THEY RATHER FOSTERED SILVER BULLET, TECHNICAL FIXES?

Four respondents answered no and commented:

- >Internationally set targets are a good starting point
- >They helped primarily in setting up inter-sectoral development plans and, as partners became aware of the roles they were called to play, this ensured horizontal rather than vertical thinking
- >No, but I have to admit that low birth weight, child malnutrition and anaemia turned out to be more complex than what we thought originally and our interventions turned out to be too simplistic
- >Integration has often diluted the success made by vertical programmes, diluting ownership and accountability.

Five respondents said that it is possible that targets may have fostered verticality and commented:

- >The response for different goals has been different as regards vertical thinking; for instance, in IDD a focus on outcomes and a sustainable process complemented each other, in VADD and IDA, verticality damaged dietary diversification approaches
- >To tackle immediate, severe problems, vertical programmes are needed, but not otherwise
- >Implementation may have been vertical, but was successful showing that real progress is possible; at least some problems were solved; it is not wise to wait for general development to happen to see advances in human nutrition
- >Although not intended, targets sometimes lead to vertical thinking, as well as to only one ministry being made to take action
- >Focusing on achieving quick outcomes is detrimental in the long run, for example, sustaining the full baby-friendly status of hospitals where personnel was initially trained has turned out to be quite difficult
- >We have concentrated too much on the curative and easily doable preventive aspects; we spent millions of dollars and we often have little to show for it.

One respondent definitely thinks targets have fostered verticality and added that there is a clear tendency to seek quick fixes, and such an approach is least likely to succeed and produce long-lasting changes.

3. THESE GOALS AND TARGETS WERE THERE, BUT I (WE) NEVER BOTHERED TOO MUCH WITH THEM. (TRUE OR FALSE)

Seven respondents thought this was false and commented:

- >They did become an integral part of tracking progress
- >They have been central to our work on micronutrients
- >Focusing on general economic improvements hinders simple actions towards progress in human nutrition.

One respondent thought this was partially true and added many people care about goals, but their voices are not heard and do not get translated into fully implemented actions; caring is not enough to move things forward so people tend to lose faith.

One respondent thought it was true and added not many implementers are bothered. Focusing on targets results in too many players without clearly identified responsibilities.

4. HAVE NUTRITION GOALS AND TARGETS BEEN GOOD FOR YOU TO USE AS ADVOCACY/SOCIAL MOBILISATION TOOLS FOR NATIONAL DECISION-MAKERS? HAVE THEY BEEN GOOD TO MOBILISE COMMUNITIES?, DID USING THEM MAKE AN EXTRA DIFFERENCE? DID THEY FOSTER QUANTUM LEAP IMPROVEMENTS IN NUTRITION WORK IN YOUR COUNTRY?

...goals do carry weight; our job is to help put into place review processes so that they are treated as serious commitments...but goals need to be mobilised; otherwise people feel these targets are imposed from outside.

Seven respondents said yes to all questions and commented:

- >These goals do carry weight; our job is to help put into place review processes so that they are treated as serious commitments
- >They moved nutrition work forward in our country
- >They helped sensitise policy makers and programme implementers, as well as to mobilise thousands of volunteers for the VADD programme; but goals need to be interpreted locally if the community is to be mobilised; otherwise, people feel these targets are imposed from outside
- >To know that some actions are part of a global effort carried out in many other countries as well helped for advocacy.

Two respondents had mixed responses to the questions and commented:

- >Yes for the decision-makers, but not for communities; quantum leaps were only seen in iodised salt and vitamin A coverage
- >Yes, they helped strengthen certain components in government programmes, but no, they have not worked to mobilise communities; it is difficult for communities to understand the long-term implications and no one is explaining these to them; There have not been any quantum leaps in our country.

One person said 'not so far' to all questions and added there has been political and economic turmoil in his country so that it has been difficult, if not impossible, to make a strong case for nutrition programmes.

5. DO WE NEED UPDATED NUTRITION GOALS AND TARGETS FOR 2015? WOULD A NEW SET OF NUTRITION GOALS AND TARGETS FOR 2015 MOBILISE LEADERS, THE MEDIA AND CIVIL SOCIETY MORE UNDER CURRENT CIRCUMSTANCES IN 20001? IS IT WORTH SPENDING TIME AND MONEY IN SETTING THESE NEW GOALS? OR SHOULD WE DEEMPHASISE THE USE OF GOALS AND TARGETS IN NUTRITION WORK OVERALL? WHY?

Seven respondents said they were needed and commented:

- >Updated goals are key to monitor performance; we should compare success and failure experiences so far to learn how goals helped or not
- >The new set of goals has to get a broader commitment at country level; our job is to keep them in the agenda
- >Yes, but we have to make them more relevant to the current circumstances, look at emerging issues and think of innovative ways of addressing them; do not de-emphasise the use of goals, they are important also in getting various countries to address common issues across countries
- >Updated goals need to be realistic if they are going to keep out interest

- >Yes, but it is essential this time to support all new goals with resources to implement the activities called for
- >Yes, but beware, summits are not followed by making available the needed resources; summits are forgotten except for the few of us who have to do the follow up; many countries do not keep their promises; also, governments change; how do we make sure that the next government will keep the promise?; we should look for more innovative ways of getting people on board again
- >Yes, but new goals should not be arrived at by a few bureaucrats, academics and senior programme staff, but should include people with practical field experience and grassroots representatives.

Two respondents said they are not needed and commented:

- >Setting new goals will cost money and precious time; just admit our inability to reach the goals on schedule; give broader time frames that are country-specific
- >Although noble, goals mean little; they encourage grossly inaccurate data to be used as barometers; better focus on processes to achieve change; targets must always go together with an enunciation of the actions needed to achieve them.

6. WOULD GOALS BE NEEDED ON INDICATORS OTHER THAN THE ONES SUGGESTED BY THE THREE IMPORTANT MEETINGS ABOVE, I.E. ON INFANT AND UNDER FIVE MORTALITY, MATERNAL MORTALITY, STUNTING, UNDERWEIGHT, LOW BIRTH-WEIGHT, HYGIENIC WATER AND SANITATION, EXCLUSIVE BREASTFEEDING, CONTINUATION OF BREASTFEEDING TO UP TO TWO YEARS, ADEQUATE COMPLEMENTARY FEEDING, VACCINATION COVERAGE, IODINE, IRON AND VITAMIN A DEFICIENCY RATES?

Five respondents were of the opinion we need new ones and suggested indicators for access, availability, acceptability, affordability, for diabetes, cardiovascular diseases, obesity and gout, and for gender and maternal health other than during pregnancy.

One respondent was non-committal and added that we may extend the list to one or two more micronutrients, to physical activity, smoking and healthy diet indicators.

One respondent thought other goals are not needed and thought we already have enough goals to worry about.

7. DID THE USE OF THE SUMMIT GOALS AND TARGETS INCREASE VISIBILITY AND/OR COMMITMENT OF GOVERNMENT FUNDS TO NUTRITION ACTIVITIES?

Four respondents said yes and commented and one added that there was a relative increase in government funding. Two respondents said yes, but to a limited extent only.

Three respondents did not think visibility and government funding increased and commented:

- >Goals by themselves do not; committed actors do
- >Now, it is time governments pick up the costs of these successful interventions;
- >As is, governments have meagre resources; they can and often do show commitment if and after funding is provided by donors.

8. DO YOU FEEL THAT LOCAL/NATIONAL STAFF INTERNALISED THE GOALS (MADE THEM THEIR OWN) TO GUIDE THEIR WORK?

Three respondents were of the opinion that the goals had been internalised and commented:

- >Staff have been instrumental in adapting goals to the country situation
- >Yes, but the issue of ownership of the activities has not been achieved yet

Four respondents had mixed responses and commented:

- >This is the key issue in making goals work; we need to

avoid national staff feel that these goals are imposed, and that some external agency comes in and admonishes them for not achieving them

- >National staff has internalised the goals, but local staff has had difficulty
- >Yes, but only certain staff
- >Technical levels more than decision makers; the turnover rate of the latter is a problem.

Two respondents answered no and gave no comments.

9. DO YOU FEEL NUTRITION GOALS SET YOU UP FOR AN IMPOSSIBLE TASK, I.E. TO REACH UNATTAINABLE TARGETS?

Two respondents thought that goals were unattainable and added that it is important to work with countries so they can modify the goals to correspond to their specific national context..

Four respondents were non-committal in their view and commented:

Articulating goals and targets by themselves is not enough; a group of committed people needs to translate them into strategies and interventions which they will then pursue forcefully.

>Those for micronutrients were realistic; those for child malnutrition were not

>Goals were to be used mainly as a yard-stick to measure performance in nutrition

>Assessment and measurement of progress has been a main constraint

>Whether the goals should be achieved seems less important than trying to get there; we thus would need more process indicators to ensure that those countries that really try hard, but cannot reach the goals, are provided with more resources.

Three respondents did not agree that targets had been unattainable and added that the constraints lie in the lack of adequate finances and technical manpower, as well as weak multisectoral efforts.

10. IS THE QUALITY OF THE AVAILABLE DATA IN THE NATIONAL/ LOCAL CONTEXT GOOD ENOUGH TO WARRANT MEASURING AND REPORTING PROGRESS AGAINST THE GOALS?

Three respondents think the quality of data is good enough and added that the data were getting better, but still not representative of the whole country; there is enough information in the country now, though, to say that nutritional problems have worsened over time.

One respondent was non-committal and offered no comments.

Five respondents think data is not reliable and commented:

- >Governments have not been able to bear the costs of

regular national surveys; the MOH statistics are not reliable; community-level monitoring does not provide correct data either due to poor training and poor understanding of the meaning of the indicators

- >Quality of data being a limiting element, this is an area that requires more international support
- >Surveys are mostly contracted out by international agencies; the training of interviewers is short and often inadequate; the quality of the data is questionable
- >Much of the data is from small-scale surveys; there are hardly any representative data.

11. DID THE EXISTENCE OF THE GOALS MEAN THAT YOU RECEIVED PRESSURES TO REPORT IMPROVEMENTS ON THEM?

Two respondents say there have been pressures and offered no comments. Five respondents say they never received pressure and one added that some gentle pressure is needed to bring about a competitive spirit.

12. IN YOUR ENVIRONMENT, HAVE SOME NUTRITION GOALS AND TARGETS SUCCEEDED BETTER THAN OTHERS? WHY?

All ten respondents answered yes to this question and commented:



- >IDD, VADD and the Baby Friendly Hospital Initiative have had more success
- >Goals associated with supplementation (e.g. vitamin A capsules) are soft options and more likely to succeed
- >Government commitments, international agencies and private sector inputs have been key contributory factors
- >Only if and when support of international agencies was received, goals have succeeded
- >Long term commitments and significant coverage of the national population, as well as their participation are crucial for success
- >'Showcasing' these successful programmes has brought more resources and further success
- >Overall development and secular trends rather than any concerted programme explain some progress in decreasing rates of severe malnutrition.

13. WHICH GOALS DO YOU THINK FAILED (AGAIN, IN YOUR ENVIRONMENT)? WHY?

Five respondents said the IDA and child malnutrition goals failed and one added exclusive breastfeeding and appropriate complementary feeding as failures. Reasons given for this are: no community ownership and empowerment,

insufficient leadership and coordination, low visibility/low priority given, these are more 'complex' issues, experts could not come to a consensus on what exactly to do, a lesser role for the private sector in these goals, inadequate behavioural change promotion for these goals, and no work on gender equity even attempted.

14. DOES NON-ACHIEVEMENT OF NUTRITION GOALS AND TARGETS MEAN WE (THE NUTRITION COMMUNITY) FAILED TO ARTICULATE AND POSITION THEM IN A CONVINCING MANNER? OR IS IT RATHER THAT WE FAILED TO TRANSLATE THEM INTO CONCRETE STRATEGIES AND INTERVENTIONS?

Two respondents answered yes to both questions and added that the yes is more so for the second question, adding that advocacy is wonderful, but if it is not backed up by concrete proposals for what to do, one loses one's audience and one's credibility.

One respondent replied yes to the first and no to the second question and added that more efforts are required to convince policy makers and the community at large. We do not do that well yet.

Four respondents replied no to the first and yes to the second question and one commented saying that the strategies remained

unclear and not integrated into a life-cycle approach.

Three respondents said no to both questions and commented:

- >Articulating goals and targets by themselves is not enough; a group of committed people needs to translate them into strategies and interventions which they will then pursue forcefully
- >The failure has rather been in proving our success to others and in eliciting more community participation
- >Success is not always to be measured as full attainment of set goals and targets.

15. CAN WE MAKE NUTRITION GOALS AND TARGETS IMPOSSIBLE **NOT** TO PURSUE, I.E. A POLITICAL IMPERATIVE? HOW?

Four respondents think we can and commented:

- >Those in positions of power have to be made uncomfortable
- >Making all nutrition issues human rights issues
- >Including nutrition goals as prime national development

goals; this requires community mobilisation with an emphasis on basic rights.

One respondent answered 'hopefully' and added that he was not sure how, but thought that linking nutrition goals to human rights and poverty alleviation would be good starting points.

Four respondents were non-committal and added that it would depend on the person who holds the seat of power and that what is needed is for the public to pressure the decision makers.

One respondent answered no and added that countries need to modify and adapt goals according to their own political environment.

16. DID NUTRITION GOALS AND TARGETS TACITLY CALL FOR UNREALISTIC MEASURES UNAFFORDABLE TO DEVELOPING COUNTRIES' STATE COFFERS?

Three respondents were of the opinion goals did call for unaffordable measures and commented:

- >Yes, but countries also cannot afford not to embark in reaching these goals
- >Yes, because of other conflicting government priorities.

One respondent said it depends on what goals and targets. Four respondents answered no and commented:

- >Measures are affordable if the leadership so decides
- >It is a matter of allocation priorities, not of lack of resources
- >Many developing countries spend more on defence so there is definitely room.

17. IS IT VERY DIFFERENT TO HAVE GOALS AND TARGETS FOR MICRONUTRIENT DEFICIENCIES AS OPPOSED TO HAVING THE SAME FOR STUNTING AND/OR UNDERWEIGHT?

Six respondents think it is very different and added that stunting and wasting require more complex interventions and are very influenced by external factors, and that focusing the prevention of stunting in the under 2 years of age group can make things cheaper and more focused.

Three respondents answered no to this question and one added that micronutrient deficiencies cannot be totally controlled with vertical programmes; they require overall nutrition and public health approaches.

18. WOULD IT BE ANY BETTER TO EXPRESS NUTRITION GOALS AND TARGETS IN TERMS OF DECREASING THE NUMBERS OF THOSE WHOSE NUTRITION-RELATED HUMAN RIGHTS ARE BEING VIOLATED?

Three respondents think it would be better and one added that by doing so, Human Rights institutions can become 'watch-dogs' challenging implementing agencies and making them accountable.

One respondent recognises she does not understand enough about this issue and the response of another is non-committal. One respondent was of the opinion that it would be difficult to express the goals in terms of Human Rights and had no comments. Two respondent said it would be a bad idea.

SCN News sincerely thanks Chandrakant Pandav, Shawn Baker, Rosanna Agble, Ram Shrestha, Indira Chakravarty, Johnny Kyaw-Mynt, Rukhsana Haider, Nguyen Khan, Zulfikar Bhutta and Omar Dary for having taken the time to respond to this questionnaire.

Women comprise 70% of the world's poorest

In the last decade, the importance of women's and adolescent girls' economic participation and empowerment has increasingly been recognized. While policies and programmes to increase women's economic opportunities have been laid down, they have yet to be translated into action. How can women and adolescent girls benefit from current economic trends that offer room for growth and access to economic resources and rights? How do we get from here to there?

Women are key economic contributors, with their income directly benefiting their children and households. Yet, women and girls continue to constitute the majority of those living in poverty. Why? The reality is that many women in developing countries work long hours, earn low wages, have insecure jobs and continue to lack access to key economic resources such as ownership of land and property. The strain of these factors weighs heavier on the poorer families. Presently, nearly 120 million young people around the world work full-time—61% of all adolescents in Asia, 32% in Africa and 7% in Latin America—to support themselves and their families.

The need for action to economically empower women and girls is all the more pressing today, because the current cohort of adolescent girls is the largest ever in the world's history. In many poor families, adolescent girls do the housework so that their mothers can earn income elsewhere—they take care of siblings, tend the home, prepare food. In times of great economic need, girls, like their mothers, play the dual role of caretaker and wage earner, putting in long hours working both in and outside the home. But they earn little income. In order to fulfil these roles, girls from poor households are the first to drop out of school and miss out on the education and training that could enable them to have better lives.

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28th session

This section of SCN News provides summary reports arising from our most recent annual session which was hosted by the World Food Programme in Nairobi from 2-6 April. We are especially grateful to Professor Ruth Oniang'o of Jomo Kenyatta University for disseminating information about the SCN to the nutrition community in Kenya and elsewhere in the eastern Africa region. As a result we were pleased to welcome a large number of nutrition professionals working in academia, for NGOs and for local government, many for the first time. Attendance was the highest in the 24-year history of the SCN. There was active audience participation and rich debate throughout the week. The week opened with a plenary discussion of the SCN's next Report on the World Nutrition Situation, followed by a PROFILES presentation by the Kenya Coalition for Action in Nutrition. The rest of the first day was taken up by parallel meetings of NGOs/civil society, bilateral partners, and UN agencies. These parallel sessions allowed time for each group to discuss matters of particular concern to their constituencies. The SCN Symposium on Nutrition and HIV/AIDS took place on the second day, April 3. The Symposium was opened by Dr Sam Ogeri, Minister of Public Health for Kenya, and the keynote address was given by Dr Peter Piot of UNAIDS. Other speakers were Minister Dlamini of Swaziland, Oliver Saasa of Zambia, Sophia Mukasa Monico of Uganda, Stuart Gillespie of IFPRI/Washington DC, Ms Lucy Thairu from Kenya gave the Dr Abraham Horwitz Memorial Lecture. An informal meeting on nutrition support for people living with HIV/AIDS was held in the evening. This resulted in concrete commitment for follow-up action including regional training on the development of national guidelines. Eight of the SCN's Working Groups were convened on April 4 and 5. Their reports are summarized below. Working Groups tackle substantive areas deemed of greatest importance by the collective SCN body. SCN participants can at any time submit proposals for new working group themes to the SCN Chair for consideration. This helps to ensure that priority issues are addressed. The last day of the SCN session, April 6, was taken up with discussion of conclusions arising from the Working Groups as well as separate reports from the parallel meetings. The full report is available on our website.

SCN Symposia and Working Group meetings are open to all; please join us next March in Berlin.

ACC/SCN Working Groups

Nutrition of school-age children

An extraordinary meeting of the Working Group on Nutrition of School-age Children was held during the 28th Session for two reasons. Firstly, there is an enhanced focus on school feeding and food-for-education as a result of recent new initiatives. Secondly, there is increasing UN activity on school health and nutrition as a result of the launch of Focusing Resources on Effective School Health (FRESH) Partnership at the World Education Forum in Dakar, Senegal. Country programmes using the FRESH framework and supported by all four original partners are now being rolled out in at least 11 countries in Africa. The Working Group reported follow-up to recommendations of last year in four areas: preparation of a technical review of the health and nutritional status of school age children globally, compilation of good practices for school-based health and nutrition services, increased access to knowledge in the area of school nutrition and health via the internet, and harmonization of partner agencies' approaches to nutrition in the education sector, with special regard to the place of food in the FRESH framework.

The Working Group recommended that:

- WFP should coordinate an expert technical group to address outstanding challenges in creating effective school nutrition and health programmes. The expert group should comprise representatives from the appropriate agencies, participating countries, NGOs and technical institutions. Challenges to be addressed

should include the economic and social benefits of school feeding, methods to identify high risk groups for feeding, exit strategies for food aid assisted school feeding, community based approaches, and monitoring and evaluation.

- WFP and the World Bank should work together, and with other partners, at country level in Africa where there are opportunities to explore the joint roles of WFP and Bank projects for mothers and infants (IMCI and reproductive health), underfives (early childhood development projects) and school age children (FRESH and school feeding projects).

There should be greater emphasis on nutrition strategies that improve education, health and nutritional outcomes. WFP, the Bank, WHO and CIDA should explore how FRESH school-based services, especially deworming, can be synergistically linked with school feeding. These workshops will include participation from the education and health sectors.

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Capacity development in food and nutrition

Progress over the one year existence of this Working Group was reviewed. Based on recommendations made last year, focus was placed on capacity development efforts in Africa. Africa faces many challenges with 47.3 million preschool children stunted. More than 50% of pre-

school deaths are related to malnutrition. The nutrition situation in many parts of Africa is deteriorating due to economic downturn, HIV/AIDS, reduced public sector spending and limited capacity to plan and implement effective programmes. Workshops were held in each of southern, eastern and western-central Africa over the past year. UNU and IUNS were facilitators. The workshops addressed the development of learning cooperatives, mechanisms for effective intra- and inter-regional cooperation, and training needs. Action plans were prepared through intensive consultation, and were driven by African professionals. The goals of these action plans are to inspire African leadership in nutrition to meet the challenges of combating malnutrition in a sustainable manner, drive national level nutrition agendas, and mobilize support for the sub-regional action plans and cooperation of stakeholders.

The Working Group recommended that

- Implementation of the sub-regional action plans should continue. Other efforts which are consistent with the overall vision of the African Capacity Development Initiative, such as the Information Technology project, West African Health Organization Initiative, and the UNICEF/IFPRI proposed project, can be integrated into these action plans.
- SCN member organizations should use this Working Group as a means to combine efforts and maximize potential impact.
- The new Dr. Abraham Horwitz Fellowship Programme, initially proposed for Latin America, should be expanded to other regions after evaluation of the response generated and the funding available.

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Micronutrients

This Working Group reviewed progress in four areas: iodine deficiency disorders, iron deficiency anemia, vitamin A deficiency, and multiple micronutrient deficiencies. There has been major progress in controlling IDD, predominantly through iodization of salt. The main challenges for the future include providing special support to countries affected by IDD but which have no control programme in place, and ensuring sustainability of salt iodization. These two issues can be addressed through mobilizing the international community, developing partnerships of various stakeholders including the salt producers, reinforcing the capacity of labs at all levels, and undertaking independent assessments of progress made by countries.

Regarding iron, the Working Group noted that there have been a number of important activities in the area of control of anaemia and iron deficiency over the past year. However, iron is still the 'orphan' among the three main micronutrients. The need to ensure a strong goal for reduction of anaemia in the outcome document of the UN General Assembly Special Session on Children (see p. 31) was

discussed. A small group met after the Working Group meeting and formulated new wording to be conveyed to Dr. Kul Gautum, Deputy Executive Director, UNICEF.

Advances and evolution in thinking in the vitamin A area were reviewed by the Working Group. There is growing consensus to adopt a new terminology, vitamin A deficiency disorders or VADD, to replace both "clinical deficiency" and "sub-clinical deficiency". The rationale for this change will be published by the International Vitamin A Consultative Group later this year. Estimates of people with VADD are not yet available. The new terminology implies a new approach to deriving estimates, especially for women and adolescents. On the programme side, much progress has been made towards controlling vitamin A deficiency via national immunization days and child health weeks. However, the need to pursue a package of approaches including supplementation, food fortification and dietary diversification was emphasized.

Food fortification was discussed and presentations made by the Micronutrient Initiative and FAO. It was noted that food fortification should be part of a broad development strategy, i.e., part of an overall health and nutrition strategy which includes dietary improvement, supplementation and public health measures. However, some participants expressed concern about an emerging global alliance for fortification. There may be value in taking a cautious approach because of issues related to market protection and liberalization of food trade. Some felt that too little attention is paid to food composition databases and that knowledge of indigenous foods is quite poor. Several noted that fortification efforts also need to emphasize technologies for small-scale fortification to target those who lack access to centrally processed foods.

The following areas were identified by the Working Group as requiring priority attention in the coming year:

- The Working Group should continue to support a series of, by now, well-publicized recommendations developed over recent years and aimed at sustainable IDD elimination. These include increased support to small scale salt producers and waiving excise duties on potassium iodate.
- Integrated programme packages should be developed to address all causes of anaemia, including iron deficiency
- As national immunization days are phased out, there is a need to develop other strategies to maintain high coverage levels of vitamin A supplementation
- Efforts to document the extent of VADD in adolescent girls and women need to be accelerated, and programmes developed to address the needs of these two groups.
- Community-based approaches integrating multiple interventions and various target groups should be developed and supported.
- At its next meeting the Working Group should focus



on *integrated approaches*, including food-based approaches, rather than interventions involving single micronutrients.

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Nutrition, ethics and human rights

This Working Group convened its seventh meeting during the 28th Session. The chair recalled that human rights thinking was new to the nutrition community in the early 90s. Over the years, this Working Group has been effective in promoting a human rights approach to food and nutrition programming. Follow-up to recommendations made last year was discussed. This included background work on the preparation of a manual on the interpretation and use of General Comment number 12 on the right to adequate food, and a new focus on benchmarks and indicators for food and nutrition rights programming and monitoring. Three international meetings have been held over the past year where the content and use of General Comment number 12 was discussed, e-groups have been established for the exchange of views and knowledge, and several countries have announced interest in organizing national seminars on the General Comment. A task force meeting was held, prior to the 28th session, to review a draft paper on benchmarks and indicators. The task force felt that the draft paper would serve as a good basis for future work in this area.

The Working Group recommended that:

- Work on benchmarks and indicators for monitoring the realization of the rights to food, health and care to prevent hunger and promote good nutrition, should be intensified. The draft paper should be revised and discussed again next year. This revision can be accomplished via egroups, an inter-sessional meeting at the time of the *World Food Summit: five years later* in November 2001, and specialist consultancies as needed.
- SCN member agencies should engage actively in work on benchmarks and indicators, notably FAO, UNICEF, WHO, WFP, UNHCR, the Bank and others. In addition, interested bilaterals and NGOs should join in this work and be open to financially supporting inter-sessional activities as needed. The SCN has a unique opportunity to combine the experience and expertise of member agencies in an integrated response to the continuing call from the human rights bodies of the UN, for indicators to improve national and international monitoring of economic, social and cultural rights in countries that are States Parties to the international human rights conventions.
- The Working Group should review the status of other rights-related work of relevance to nutrition within the agencies. This review will help to place the work of single agencies in the wider context of UN Reform as

regards the revitalisation of human rights as a fundamental principle of all work of the UN system.

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Breastfeeding and complementary feeding

The agenda of this Working Group was designed to include reporting on agency and other activities in follow-up to issues identified last year, exchange of information on scientific, programme and policy advances, and provision of advice to the SCN on these matters, as well as identification of critical issues for further discussion as part of one to two year work plan. WHO provided a progress report on the Infant and Young Child Feeding Strategy, and FAO presented a paper on infant and young child feeding emphasizing child feeding and household food security. UNICEF provided an update on the Code and implications of the Convention of the Rights of the Child (CRC). It was noted that progress on the implementation of the CRC is fundamental to infant and young child health and nutrition. WHO presented the results of a systematic review of published literature related to the optimal duration of exclusive breastfeeding. This work concluded that there is a scientific rationale for policy recommending exclusive breastfeeding "for six months". Work undertaken by Wellstart underlined that infants may not be physically ready for foods other than breast milk prior to 6-7 months. A study on breastfeeding in four countries in Africa showed that there has been a reduction in support for breastfeeding as a result of fears and misinterpretation of the UNAIDS/WHO/UNICEF guidance related to HIV and breastfeeding.

The Working Group recommended that:

- The WHO should report back next year on progress towards the Global Strategy on Infant and Young Child Feeding, highlighting changes created through the planned open process and including input from bilaterals and interested UN and other agencies
- Implementation of the Code (especially new efforts in training and capacity in Code awareness), BFHI, ILO Maternity Protection Convention and aspects of the Innocenti Declaration should continue to be a focus of the reporting of the Working Group.
- The SCN Chair should write to the Director General of the WHO congratulating her on the process that led to improved recommendations on the duration of exclusive breastfeeding. The letter should also stress the importance of the Innocenti wording on the duration of breastfeeding "for at least two years".
- The SCN should call upon all UN agencies to actively promote exclusive breastfeeding in all populations, and to report on the balance of attention given to this as compared to attention given to prevention of HIV transmission through breastfeeding.
- Preliminary data on morbidity and mortality outcomes among exclusively breastfed, mixed fed and artificially fed infants and their mothers in the UN-sponsored pilot projects for the prevention of mother-to-child trans-

mission of HIV that provide infant formula should be presented as soon as possible. If outcomes among artificially fed infants are not better than among breastfed infants, this information should be disseminated and the feeding intervention should not be continued as part of the projects.

- Breastfeeding and breast milk should be taken into account in all work on household food security and in assessing women's economic contribution.
- Complementary foods and feeding, related indicators, and training needs should be dealt with in depth by the Working Group next year, with a focus on both appropriate and adequate food and feeding behaviours.
- The SCN should request that all UN agencies report on support for, and progress in, community activities, programmes and advocacy for optimal breastfeeding behaviours. This would include appropriate nutritional, social and workplace support for all women of child-bearing age, pregnant and lactating women.
- Early in the process of preparations for the 29th Session, the Secretariat should remind Working Groups to interact with each other to ensure that issues of mutual concern are considered in all relevant meetings. The SCN Secretariat should also expedite the exchange of information amongst SCN members on meetings and strategy development on issues that might impact on breastfeeding.

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Nutrition in emergencies

The Working Group reported back to the SCN on priority issues identified last year. A document entitled *Infant and young child feeding in emergencies* has been prepared, filling a need for practical guidance that can be used by both policy-makers and relief staff. The publication has been supported so far by 12 NGOs and two UN agencies; additional support is sought. Training modules for infant feeding in emergencies have also been prepared. The purpose of these modules is to prepare emergency relief staff to support appropriate infant feeding and to describe the process of applying operational guidance. Again, this work is the result of collaboration amongst a number of NGOs and several UN agencies. The Working Group had expressed serious concerns last year about the WHO's pricing policy regarding a manual entitled *Management of severe malnutrition*. The manual is now available for downloading from the WHO website. The need to prioritize gaps in knowledge, skills and practice in emergency nutrition across agencies has led to the design of a tool (a matrix) to be applied by each agency involved in relief work. This process will help to identify areas in which new work needs to be initiated.

The Working Group will take on this new work in the coming year:

- Following a proposal to implement therapeutic feeding through a community based programme, interested individuals should contact the Working Group to collaborate in this initiative.
- A task force has been created to spearhead a proposal to prepare a technical review of the scientific basis and origins of current field practice, entitled *The meaning and measurement of acute malnutrition in emergencies*. The proposal will be reviewed for breadth, scope and content by the Working Group. The Working Group requested that potential authors contact the chair.
- To consolidate and share training tools and ensure these are accessible by non-technical, management and technical staff alike, a comprehensive strategy for training initiatives in emergency nutrition will be formulated.

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Household food security

The Chairperson outlined the objectives of this meeting which were to take stock of what had been accomplished in the area of household food security since the last meeting, and to build consensus around a workplan to implement community approaches for achieving household food security and reducing malnutrition. The decline in the number of food insecure worldwide has been only 8 m/yr, while the target is 20 m/yr. The challenge is to find new strategies to accelerate the pace of improvement. FAO places emphasis on community-based approaches that provide a viable and practical means to rapidly reduce malnutrition. These approaches involve mobilizing communities to take advantage of existing services. Factors contributing to malnutrition in Kenya were discussed. One problem is the decline in consumption of traditional foods. Support for women's groups in small scale food processing, to increase consumption as well as income, needs to be expanded.

The Working Group recommended that:

- Partners interested in working within the broad framework of community-based strategies for household food security should be identified. Further, a Task Force should be created to guide work on this approach.
- A plan of action to incorporate community-based approaches into the UN Development Assistance Framework, the Common Country Assessment, and the ACC Task Force on Rural Development and Food Security should be drawn up.
- Countries, partnerships and alliances for assisting in the implementation of community approaches should be identified. A consensus meeting on community-based nutrition programmes should be considered for later this year, and possibly an ACC/SCN symposium on this topic in the future.



- Operational research on best practices at community level should be encouraged. A stronger case should be made for increasing investments in this approach to encourage the mobilization of resources.
- The use of food aid for improving household food security should be explored.

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Prevention of foetal and infant malnutrition

The Chairperson presented information on the new WHO global estimates of low birthweight, noting that data collection methods are improving. Sources are mostly surveys and hospital data. LBW is still prevalent in developing countries, the highest rates are seen in Asia. The new estimates show a slight improvement in the prevalence of LBW in some regions, although this could be because of better data. UNICEF supports LBW reduction programmes in eleven countries, offering an integrated package which includes provision of multi-micronutrient supplements.

Core indicators are weight gain in pregnancy, birthweight, iron status and compliance. Informed consent is part of the protocol. Results will be available in about three years. A targeted programme aimed at reducing LBW amongst refugees in Tanzania was presented. Interventions addressed malaria and anemia and the quality of antenatal care; food rations were distributed. LBW was reduced from 33 to 14% in six months. The WHO antenatal care trial was presented. This trial (carried out in Argentina, Cuba, Thailand and Saudi Arabia) shows that a decrease in the number of antenatal visits does not adversely affect pregnancy outcomes. Working Group participants queried whether these results would pertain to regions with high rates of LBW. The merits of the life cycle approach to LBW were discussed in the context of work funded by the March of Dimes in the USA. The World Bank described a new initiative aimed at creating a global learning network. New evidence for the fetal origins of disease arising from a recent meeting in India was discussed.

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An important breakthrough in the parallel meeting of Bilateral Donors at the ACC/SCN annual sessions

The ACC/SCN bilateral parallel meeting that convened during the 28th session in Nairobi, expanded its representation to include staff from ministries of aid-receiving countries. Officers from the Gambia, Kenya, Mali and South Africa took part. This change reflects earlier discussions to more precisely define what constitutes a meeting of bilaterals. In the spirit of the African Nutrition Capacity Development Initiative, the concept has now been expanded from bilateral donors to bilateral partners. As a result, from now on, government representatives will attend the bilateral parallel meetings during the ACC/SCN annual sessions.

The ACC/SCN 29th Session

including a one-day Symposium on
Nutrition in the context of crisis and conflict
will take place in Berlin, Germany

Monday 11 through Friday 15 March 2002

Hosted by the Federal Ministry for Economic Cooperation and Development,
Government of Germany, in collaboration with the
German Foundation for International Development (DSE) and
Deutsch Gesellschaft für Technische Zusammenarbeit (GTZ)

Registration and programme details will be available on the SCN website
<http://acc.unsystem.org/scn/> from mid October 2001

Nancy Jo Peck



It is with enormous sadness that we report the death of Nancy Jo Peck on February 23, after a four-year illness. Nancy Jo trained as a biologist. It was personal experience that drew her to breastfeeding advocacy work. Nancy Jo was dismayed that the major Geneva hospitals in the 70s, when she breastfed her own infants, were so lacking in support and understanding for mothers and babies.

Nancy Jo was a founder of IBFAN Geneva (GIFA) and served as a scientific expert for nearly 20 years. She was a key person in so many projects: she was the author of Breastfeeding Briefs (now published in five languages), and co-ordinated IBFAN's work on Codex, WTO, the UN and the Convention of the Rights of the Child.

Nancy Jo was a tireless and forceful advocate, extremely dedicated to the cause she believed in. She was especially active on the legislative side of IBFAN's work. Her keen scientific sense and critical thinking added immeasurably to the achievements of IBFAN and the breastfeeding movement globally.

Vulimiri Ramalingaswami



Professor Vulimiri Ramalingaswami, *Rama*, died on May 28, 2001 in a New Delhi hospital of cancer. Professor Ramalingaswami was closely associated with nutrition during all his illustrious career. He was active in the global IDD family since the 50s and was the first Vice-Chairman of the IC-CIDD. He was the Director of the All India Institute of Medical Sciences, New Delhi for a period of 10 years from 1969 on. From 1979, he served in The Indian Council for Medical Research for a period of six years. He was also nominated India's first National Research Professor. In recognition of his exemplary contribution to the health sciences, he received India's highest civil honours – the Padma Vibhushan and the Padma Bhushan. He also became a Fellow of the USSR Academy of Sciences and a Fellow of the Royal Society.

Professor Ramalingaswami had been in poor health for the last three months. He was alert and active till his last few days. He maintained a very keen interest in IDD and kept abreast of global developments. He was annoyed by the Government of India's decision to lift the ban on the sale of non-iodised salt. He was a leading campaigner for its restoration.

He leaves behind his wife Dr Prabha Ramalingaswami, his son Jagdish, daughter Lakshmi and their families, as well as scores of students, disciples and colleagues all over the world.

Contributed by Madhu Karmarkar and Chandrakant Pandav and the ICCIDD

Programme news

Editor's Note: For this issue, Programme News contributors were asked not just to provide information on current activities, but also to focus on their use of, and experience with, nutrition goals and targets.

Interagency

United Nations University/ International Nutrition Foundation/ Micronutrient Initiative/Centres for Disease Control

Micronutrient goals aim build on progress

In September 2001, over 120 Heads of State are expected to attend the United Nations General Assembly Special Session (UNGASS) on Children. The outcome document, to be signed at the meeting, is tentatively titled *A World Fit for Children*. It will touch on the overall environment of children throughout the world and include basic principles, general goals and the more detailed strategies and actions needed to achieve during the current decade a *world fit for children*.

The document is being developed by a Preparatory Committee with support from UNICEF. Each draft has drawn extensive comments by rational delegations, UN agencies, concerned NGOs, expert bodies and a wide variety of other groups. UNGASS preparatory documentation including the various drafts of *A World Fit for Children*, can be viewed on the UNICEF web site at www.unicef.org.

Before and during the UNGASS Preparatory Committee Session in January 2001, there was an effort to assure that *A World Fit for Children* included a goal whereby each country would commit to reducing the prevalence of nutritional anaemia in children less than two years of age and women by 30% by 2010. The proposed wording, developed through broad consultation, expanded on the goal set in 1990 at the *World Summit for Children* that was not achieved by the year 2000.

The United Nations University (UNU), International Nutrition Foundation (INF), the Micronutrient Initiative (MI), the US Centers for Disease Control (CDC), WHO, UNICEF, Helen Keller International (HKI) as well as the ACC/SCN and other groups have monitored the development of this outcome document in relation to anaemia and iron deficiency. Following its 28th Session, the SCN proposed specific wording for the section of *A World Fit for Children* that deals explicitly with iron deficiency, vitamin A deficiency and iodine deficiency disorders.

At the third Preparatory Committee Session at the United Nations in mid-June, issues related to nutrition, both general and specific, had gained considerable prominence. As agreed by national delegations at that meeting, *A World Fit for Children* will contain explicit wording on anaemia and iron deficiency under actions and strategies needed to achieve health and nutrition goals during the current decade. The relevant paragraph reads:

Achieve sustainable elimination of iodine deficiency disorders by 2005 and vitamin A deficiency by 2010; reduce by one third the prevalence of anaemia, including iron deficiency, by 2010; and accelerate progress towards reduction of other micronutrient deficiencies, through dietary diversity, food fortification and supplementation.

This wording was also used in the *Call for Action* agreed upon by experts from 45 countries who participated in the conference *Forging Effective Strategies to Prevent Iron Deficiency*, sponsored by ILSI, MI, and Emory University 5-7 May in Atlanta. In addition the wording was endorsed at an international review on a multi-micronutrient supplementation for children held in Peru in May, sponsored by the German Government.

Senior advisors on international nutrition in UNICEF, the World Bank, the Micronutrient Initiative, Helen Keller International, Centers of Disease Control, the UNU and INF all agree that this wording provides an adequate framework for advocacy and monitoring. The consensus is that efforts should now shift toward the actions necessary to assure there is no repeat of the last decade's global failure to achieve the less ambitious goal of reducing iron deficiency anaemia in pregnant women.

This new commitment calls for reducing the prevalence of anaemia including iron deficiency *in all groups*. Support for new and expanded national efforts will be needed. The pace and scope of work during the past two years has accelerated, showing progress toward improved interventions, new funding and organizational resources, better documentation of existing programmes, new advocacy tools and on mechanisms that better link field projects with technical assistance and information. Support in all these areas should be intensified to provide more ideas that are constructive, dedicated advocacy, and committed effort to support key groups.

Following-up on the UN General Assembly Special Session on Children in September will require support to move the national commitments to reduce iron deficiency into operational form. The list below suggests the scope of this work and, while not complete, draws from recent discussions during the Atlanta meeting and other professional venues.

Political leaders will need:

- ❑ Concise explanations of the prevalence and consequences of anaemia and iron deficiency
- ❑ Brief, clear and convincing arguments that iron deficiency can be reduced during the decade

Donor organization and NGO leaders will need:

- Practical information showing that reducing iron deficiency is a true life cycle issue that is affordable, "doable," and essential to basic child and women rights.
- Practical information on the overall "package" of iron interventions, including guidance on setting goals, sequencing and phasing major interventions, phasing activities, and obtaining new resources.
- Updated summaries of current actions to improve interventions and sources of technical skills.
- An outline of the expanded sectoral partnerships including health, education, agriculture, labour, trade and most importantly the private sector and NGOs dealing with child and women's rights

National officials and programme leaders responsible for meeting the UNGASS commitments on iron deficiency will need:

- Broader strategies for generating the resources needed to organize programmes to improve iron nutrition such as food fortification and preventive supplementation
- A stronger voice on setting research agendas, and better access to information on work in process and all relevant results
- Better access to useful guidelines, current research, technical information and operational lessons learned
- More comprehensive and professional communication strategies supporting advocacy and resource generation and in partnership building and maintenance, motivation and training of service delivery personnel and community level communication to generate demand for products and services leading to improved iron nutrition

Researchers working on anaemia and improving iron nutrition will need:

- Stronger channels that are more active and links among laboratories, efficacy sites and large population-based intervention programmes
- Improved sequencing and collaboration on similar research and acceleration of work needed to bring improve intervention components to wide-scale use

Support for programme planning and development of relevant programming tools, guidelines and resources must become a priority as well. New, more effective work on effective communication strategies and a more sophisticated approach to programming issues needs to balance the progress made on technical issues. Comments, criticism and suggestions on this view of developments and current priorities will be valuable as activities progress to improve advocacy, support programme development support and broaden technical information exchange.

From the perspective of the INF and UNU the global acceptance of a goal for each country to reduce the prevalence of anaemia including iron deficiency by 30% by 2010 will be extremely useful. Comments are most welcome on how the setting of this goal can best be exploited by those working to improve iron nutrition.

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The latest drafts of both the Official and NGO outcome documents are available on the UNICEF website: www.unicef.org

AUSTRALIA

Primary Prevention Section, Commonwealth Department of Health and Aged Care, Canberra

The Primary Prevention Section develops, implements and evaluates national level public health nutrition policy and initiatives, as well as physical activity and weight control so as to increase the number of Australians who consume a diet consistent with the national dietary guidelines. For this purpose, a Strategic Intergovernmental Nutrition Alliance was established. It has since developed *Eat Well Australia*, the 2000/2010 framework for public health nutrition.

Rather than setting goals and targets for nutrition, the framework outlines strategic directions for health gain, capacity building and strategic management in nutrition, e.g. promotion of vegetable and fruit consumption, of a healthy weight, good nutrition for mothers, infants and school-aged children and improving nutrition for vulnerable groups.

Other initiatives include recommendations for healthy eating, a national breastfeeding strategy, a community grants program addressing child nutrition, and the development of a national food and nutrition monitoring and surveillance system. For further information or a copy of resources, visit the following web pages:

For Eat Well Australia –

<http://www.dhs.vic.gov.au/nphp/signal/priority.htm>

For recommendations on healthy eating –

<http://www.health.gov.au/pubhlth/strateg/food/index.htm>

For the National Breastfeeding Strategy –

<http://www.health.gov.au/pubhlth/strateg/brfeed/index.htm>

For the National Child Nutrition Program –

<http://www.health.gov.au/pubhlth/strateg/childnutrition/index.htm>

For the Nutrition Monitoring and Surveillance project –

<http://www.acithn.uq.edu.au/nutrition/monitoring>

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ECA

Economic Commission for Africa

Editor's note: SCN News is delighted to welcome the ECA to the SCN family. The ECA attended the recent SCN annual session for the first time.

Partnerships for sustainable development

Much of the African continent has been experiencing a stagnation. Nevertheless, encouraging progress has also been made by many countries in reforming their economies to ensure equitable growth and reduce poverty. But such improvements remain fragile in an intensely competitive global environment.

As a member of the UN and as part of the African institutional landscape, the ECA's mandate is to support the economic and social development of its 53 member States, foster regional integration, and promote international co-operation for Africa's development. Partnerships are central to ECA's vision and involve cooperation with African intergovernmental organizations, UN agencies, the donor community, African universities, research centres and civil society groups. Work includes research, advisory services, seminars and workshops, information transfers,

advocacy, capacity building through fellowships, internships and lectureships in support of varied research.

The African Development Forum (ADF)

One of the ECA's initiatives is the ADF; it aims at establishing an African development agenda that reflects consensus among partners on a new, shared vision for the continent. It focuses on Africans taking the lead in formulating shared goals and priorities, drafting action programmes and defining the environment that will enable its countries to implement their own development agenda with appropriate support from the international community. The Forum meets annually in Addis Ababa, Ethiopia. The 1999 Forum was the first and focused on *The Challenge to Africa: Globalisation and the Information Age*. ADF 2000, organized in partnership with the OAU, ILO and UNAIDS focused on *'AIDS: the greatest leadership challenge'*. ADF 2001 will focus on regional co-operation and integration.

ADF 2000 resulted in an *African Consensus and Plan of Action: Leadership to overcome HIV/AIDS*. The document spells out commitments made (by governments, international organisations, civil society organisations and individuals) and how to implement them. ECA and its partners will monitor the implementation of the plan. Moreover, given the destructive impact of HIV/AIDS on all development efforts, ECA is incorporating HIV/AIDS components in all its work programmes.

Food security as a component of Africa's Sustainable Development

Consensus has been reached that sustainable development calls for a greater emphasis on food security, social development and environmental security, all key to poverty reduction. This calls for an urgent reorientation of current policies for which member states require assistance.

The mission of the Food Security and Sustainable Development Division of the ECA is to provide this assistance. It lobbies policy-makers to make them aware of the urgency of making the needed changes in policy and in strategic planning. The Division has developed an advocacy tool—the Population, Environment, Development and Agriculture model—which is an interactive computer simulation model to illustrate the likely impact of alternative policy options on the food security status of the population. The model demonstrates the relationships between these fields. Recently, an HIV/AIDS component has been introduced to account for its impact on development variables. The Division organised a workshop on women's reproductive health and household food security (the relationships between reproductive health and household food security) aimed at proposing evidence-based recommendations that will lead to policies that improve the quality of life of women and their families. The workshop set out guidelines for a research agenda.

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The goal of abolishing stunting cannot be achieved in a short term. That is why national governments have to make long-term commitments to reducing it by a certain percentage per year.

FAO

'Too little progress in fighting hunger since 1996 - FAO calls for new political commitment' This was the conclusion of the Committee on World Food Security (June 2001) which met to discuss, among other items, preparations for the *World Food Summit: five years later (WFS:5YL)*, Rome, November, 2001.

Concern over hunger tends to be confined largely to highly visible emergency situations. This delays action, because of an indifference towards finding the needed urgent solutions to chronic hunger.

FAO's most up-to-date monitoring on the efforts by nations and the international community to fulfil their WFS commitments shows that although headway has been made and some success stories can be found in individual countries and communities, much remains to be done.

Some 792 million people in developing countries and 34 million in the developed world remain chronically hungry in spite of the success of farmers in generating enough food to meet everyone's needs.

The number of undernourished is falling at a rate of 8 m/yr, far below the average rate of 20 m/yr needed to reach the target of halving the number of food insecure people by the year 2015 to 400 million. The target will not be reached unless there is renewed political commitment and more resources are forthcoming.

The purpose of WFS:5YL is to do just that, to raise both the political commitment and the financial resources to fight hunger and to translate these into practical programmes. Participants will then consider ways to accelerate the process. The pledge to cut the number of hungry people in half by 2015 provides a time-bound, measurable target through which progress can be measured and through which governments and decision-makers can be made accountable. This nutritional goal thus remains a critical point of reference for the Organisation.

Given the high level of dependency of many of the world's poor and nutritionally vulnerable on agriculture, the primary importance of the food and agriculture sector in alleviating and preventing malnutrition is clear. Consequently, FAO argues that priority actions are needed to stimulate agriculture and rural development. More determination is required at a time when the commitments are wavering and there are fewer resources being made available.

One of the positive consequences of the WFS is that the Right to Food is now recognised as a human right under international law. Achieving the WFS goals requires that the elimination of hunger be made a vital first step in the eradication of poverty and be included as a specific objective of poverty reduction strategies. A sharper focus on agricultural development to achieve improvements in household food and nutrition security is thus needed within the broader objective of poverty reduction.

FAO believes that relatively modest investments and simple technology changes will raise small farmers' productivity, improve food security and reduce hunger and poverty. However, sufficient resources to do just that are not being allocated. There is no evidence, in the last five years, of a rise in international or domestic resources for agricultural development; ODA for agriculture has rather fallen steadily. Actually, at the same time, a

number of the most food insecure countries have increased their military expenditure. Following the WFS in 1996, very few governments took actions massive enough to fight hunger and few international institutions included the reduction of hunger as a central element in their development portfolios.

FAO's long-term strategy is to focus more on the hunger eradication component of poverty reduction programmes and modifying investment projects to increase their impact on hunger reduction. Its Special Programme for Food Security is to become a people-centred demand-driven instrument through which communities are empowered to address hunger in its multiple dimensions.

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www.fao.org/unfao/bodies/cfs/cfs27/cfs2001-e.htm

HKI

Helen Keller International

HKI, the international division of Helen Keller Worldwide, was founded in 1915 by Helen Keller with the mandate to educate and rehabilitate soldiers blinded during World War I. In the 70s, the mandate shifted from education and rehabilitation of the blind to include blindness prevention. In 1999, the agency was renamed Helen Keller Worldwide, with HKI becoming the international division.

HKI's work in nutrition started in the 70s with programs to combat vitamin A deficiency, the leading cause of childhood blindness. Work with the Government of Indonesia and Johns Hopkins University laid the basis for demonstrating the links between vitamin A and child survival. This led to a significant expansion of vitamin A programs. In 1992, the nutrition activities were expanded to include iron and iodine deficiency prevention and control, and subsequently, other micronutrients. Currently, operations research on multiple micronutrients, birth weight and maternal mortality is being conducted in Indonesia and Niger. Food-based approaches, such as the national home-gardening program in Bangladesh, are important strategies in achieving the micronutrient goals of any country.

As a technical assistance organization, HKI seeks to work with partners in government, communities and NGOs to put in place solutions to respond to the immediate, medium and long term micronutrient needs of vulnerable populations throughout the life cycle. Within countries, HKI collaborates with health and other ministries, national NGOs, bilateral agencies such as USAID, the Micronutrient Initiative, as well as with WHO.

The micronutrient goals of the *World Summit for Children* and confirmed at the *FAO/WHO International Conference on Nutrition*, have provided direction to HKI's work. HKI currently operates nutrition programmes in a total of 15 countries in Africa and Asia. HKI also takes active part in international fora such as the ACC/SCN and various expert committees, usually providing an operational perspective for moving the science into programs.

Highlights of HKI's recent work include:

- Integration of vitamin A into National Immunization Days, and assisting in the organization of national/regional micronutrient days including vitamin A and iron/folate in Burkina Faso, Guinea, Mali, Morocco, Mozambique and Niger.
- Implementation of nutrition-focused child survival projects in Mali and Niger that improve quality of nutrition services and

counseling in health centers and community education on nutrition and diarrhea case management.

- Piloting of various models of improving iron/folate supplementation of pregnant and lactating women through the existing health care system, through traditional birth attendants and mass campaigns, as well as by integrating with the community-directed river blindness control activities.
- Introduction of home gardening approaches to improve micronutrient intake, including the introduction of sweet potatoes in Burkina Faso, Niger and Mozambique.
- Identification of potential food vehicles for micronutrient fortification.
- Development of a nutrition focal point networks covering the 15 countries of the Economic Community of West African States.
- Implementation of home gardening programmes in Bangladesh, Cambodia and Nepal to improve micronutrient intake through increased consumption of micronutrient-rich plant foods year-round, increased income (from the sale of garden produce) to supplement household purchasing power, and empowerment of women in support of improved household caring practices.
- Operation of nutrition and health information systems in Bangladesh and Indonesia to monitor nutrition and health trends.
- Nutrition/health interventions in Indonesia with the USAID Food For Work initiative in support of the country's economic recovery efforts.
- Advocacy for linkages between food policy and nutrition (using nutrition surveillance data) in Bangladesh and Indonesia.
- Provision of technical assistance to governments and other organizations throughout the region (most recently in Cambodia, Pakistan and Viet Nam) to conduct large-scale surveys to assess the prevalence of micronutrient deficiencies.
- Trial in Indonesia to assess the impact of a multiple micronutrient supplementation on reducing maternal mortality and enhancing child survival.
- Provision of technical assistance to the national vitamin A supplementation programmes in Bangladesh, Cambodia, China, Indonesia, Nepal, Philippines and Viet Nam.
- Implementation of nutrition education/social marketing activities in Bangladesh, Cambodia, Nepal and the Philippines.
- Active support of the *Garantisadong Pambata* campaign (integrated child health weeks) in the Philippines in nine regions, as well as work with local authorities on decentralization and on IMCI.

HKI's nutrition programmes are supported by USAID, the MI, DANIDA, UNICEF, the Task Force Sight and Life, Leiner Health Products, the ADB, and NOVIB. HKI remains committed to working closely with its partners in an integrated fashion. HKI has appreciated being closely involved with the SCN both in the working groups and as one of the Civil Society/NGO representatives on its Steering Committee.

With further success in work on VADD and on ICCIDD, we anticipate working to sustain this progress, and continue to be actively involved in reducing iron deficiency and other causes of micronutrient malnutrition.

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IAEA

International Atomic Energy Agency

The International Atomic Energy Agency's contribution to the growing discipline of Nutritional Metrology

Standardization of analytical techniques and harmonisation of measurement approaches by developing careful protocols for various food and nutritional tests have enhanced the accuracy, precision and reliability of the same. This has led to the emergence of a sub-discipline entitled nutritional metrology, the science of measurement.

Several methods for evaluation of the health and nutritional status of human subjects are presently in use. These include simple anthropometrics which also reflects the components of the human body (e.g. fat), nutrient balance studies which reflect nutrients bioavailability, and calorimetry and balance studies to determine the utilization of nutrients. More advanced methods include biochemical assessments for the different nutrients, hormonal assays that look into their regulatory functions, and gene mapping and proteomics that study genetic influences. Innovative approaches that calibrate and validate methods have now become routine in an effort to assure their precision.

Several nutritional metrology applications use stable isotopes and are very useful in human nutritional studies. Isotopes, both radioactive and non-radioactive, allow detailed evaluation of nutrient intake, body composition, energy expenditure, as well as status of micronutrients and their bioavailability. The doubly labelled water technique combines the use of the stable isotopes to measure total energy expenditure in humans, as well as to investigate the magnitude and causes of undernutrition and emerging obesity in developing countries. The deuterium dilution technique is a reliable tool to measure breast milk intake and thereby infant growth and development. In collaboration with WHO's Growth Monitoring Programme, this is generating new data on growth standards for children in the developing countries. The technique is also used in the measurement of body composition. Moreover, stable isotopes of Fe and Zn have been successfully used to assess the nutritional impact of several nation-wide food supplementation programmes for pregnant and lactating women and children in both developed and developing countries.

Isotopic techniques are also proving to be especially suitable for monitoring changes in body composition, energy metabolism and mineral status in the elderly (especially in cases of osteoporosis). Additionally, nuclear methods have served to develop models for a Physiological Reference Man in Asia, to establish the elemental composition of foods and to measure pollutants in the environment.

Stable isotopic tracers are completely safe, are non-invasive, and can be used in free living humans. They emit no externally measurable radiation and their presence in excess of natural levels is detectable by an isotope ratio mass spectrometer. In sum, isotopes are widely used in a number of Co-ordinated Research Projects and Technical Co-operation Projects of IAEA.

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IBFAN

International Baby Food Action Network

The year 2000 saw important steps forward in the adoption of international instruments. The challenge for 2001 and onwards is to advocate for the promotion, implementation and monitoring of these instruments, namely ILO's convention 183 recommendation 191 on maternity protection at work and World Health Assembly's Resolution on six months duration of exclusive breastfeeding.

IBFAN together with others have warned the UN against abandoning its key role in setting international standards and in assisting governments to implement and safeguard the same. IBFAN has also expressed its concerns in relation to the interaction between the UN and corporations for which no mechanisms have been incorporated to ensure transparency and/or external assessment.

There are currently five IBFAN regional offices in all continents. Working groups on focused issues and special global task forces have been established. They will all get involved in these new challenges. IBFAN is not registered as an international organisation. National groups are autonomous and each is registered independently.

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ICCIDD

International Council for the Control of Iodine Deficiency Disorders

With the aim to eliminate iodine deficiency and to promote sustainable optimal iodine nutrition throughout the world, ICCIDD was formed in 1985. Iodine is distributed unevenly over the earth's surface, and currently, about 2.2 billion people (over one-third of the world's population) live in areas of iodine deficiency and risk its consequences, mainly on the fetus and infant. These consequences include foetal and neonatal deaths, short stature, permanent mental retardation, deaf mutism, other developmental defects, goiter, poor educability, and low economic productivity.

Collaboration with UNICEF (and its global network doing most of the work), with WHO, and work with other partners and donors (Kiwaniis International and the Gates Foundation among others), as well as with national governments has led to great progress. ICCIDD members include endocrinologists, public health experts, practicing health professionals, communicators, agriculturists, the salt industry and representatives of major international organizations. Financial support has come from bilateral international aid (particularly Canada, Australia, the Netherlands, the United States, and Sweden) and from multilateral agencies, especially the World Bank and UNICEF. The total membership of ICCIDD is about 600 individuals from about 100 countries. The Board of Directors has 40 members, including special committees. A system of national coordinators in countries is now being set up.

Activities: ICCIDD provides technical assistance for countries and institutions, it sponsors meetings, and supplies assorted publications. It assesses programmes and carries out in-country technical reviews with emphasis on monitoring and sustainability. It gives high priority to information exchange and publishes a quarterly newsletter. It keeps a database on progress in each country. ICCIDD also gets involved in programme implementation assisting all efforts to improve iodine nutrition (mostly those related to iodized salt). Finally, ICCIDD sponsors and carries out targeted research on methods to assess and improve iodine nutrition.

IFAD

International Fund for Agricultural Development

Progress in Household Food Security and Nutrition

The essential mission of IFAD is to expand the range of opportunities for the rural poor – primarily through improved agricultural production, rural finance and local capacity-building. Through the design and operation of its loan portfolio, technical assistance grants and cooperation with NGOs, IFAD has decided to focus on achieving impact, particularly on food security and on the nutritional status of the rural poor.

International development goals and targets are periodically set; and there is every sign that this will continue. I do not think there is evidence that the targets/goals have had any actual impact in the field, one way or the other. But they clearly have a political importance to some significant players. Otherwise, heads of state, and the directors of UN agencies would not keep setting them.

Sean Kennedy, IFAD, s.kennedy@ifad.org

Remarkable progress has been made in IDD during the past decade. Many previously deficient populations now show good biochemical evidence of sufficiency. Worldwide, about 70% of households now consume iodized salt. Current emphasis is to provide adequate iodine for the rest of the population, and to support mechanisms for sustaining optimal iodine nutrition by monitoring iodine status in people and iodized salt distribution channels.

Use of goals and targets: ICCIDD supports the setting of goals and targets for achieving optimal iodine nutrition. Together with WHO and UNICEF, ICCIDD has developed indicators to measure adequate iodine nutrition. These are chiefly urinary iodine concentration in representative population samples, and satisfactory levels of iodine in salt in the market. These criteria provide a quantitative means to assess progress and to recognise countries and activities in need of help. The goal of "virtual elimination of iodine deficiency by the year 2000," pledged by the 1990 World Summit for Children, helped mobilize a large number of agencies, donors, NGOs, and countries to achieve major progress. Experience in dealing with these goals is now helping to shape a longer term strategy for sustainability through effective monitoring, a major focus for ICCIDD current work.

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—PROGRAMME NEWS—

Please keep sending news of your activities— we receive countless letters from readers saying this is the only way they have of keeping up to date with what's being done by the movers and shakers in the field of nutrition

Contact us on: accscn@who.int

The IFAD Plan of Action 2000-2002 identifies complementary building blocks: (1) impact assessment; (2) knowledge management; (3) policy and institutional environment improvement; and (4) strategic partnerships. Progress to date on implementing the household food security and nutrition elements of the Action Plan are:

Impact Assessment

- ❑ Together with WFP, a rapid baseline child malnutrition survey was field-tested in China in late 2000. Trained project personnel was then able to carry out the same survey in an adjacent project area without further external assistance.
- ❑ IFAD is preparing an inter-agency workshop on Nutrition, Development and Community Action that will include discussions of case studies on the use of key nutrition baseline indicators to estimate project impact.

Knowledge Management

Recently issued publications, information and advocacy materials include:

- ❑ Knowledge base on Gender and Household Food Security, 2001.
- ❑ Rapid Nutrition Surveys for Estimating Project Impact, 2001.
- ❑ Guidance Note on Household Food Security and Nutrition. Hi-Memory CD-card: Household Food Security and Gender – At the Centre of IFAD's Poverty Alleviation Strategy.

Policy and Institutional Environment

- ❑ FAO, IFAD and WFP jointly prepared the document Toward System-wide Guidance on Household Food Security and Nutrition. This paper was presented to the UN Consultative Committee on Programme and Operational Questions in April 2000. Extensive comments were provided by 15+ agencies and were consolidated into a unified document. The final version was approved in New York in September 2000 and subsequently distributed throughout the UN system.
- ❑ IFAD's Corporate Strategy for the years 2000/2001 now includes reference to the use of nutrition indicators in IFAD projects, and the link between poverty reduction and the reduction of malnutrition.

Strategic Partnerships

- IFAD participated again in the SCN at the 27th Session in Washington, following a three-year absence. In 2001, IFAD was able to resume support for the core budget of the SCN.
- IFAD participated in the discussion on the need for improved data and additional research on the factors determining development progress ("*From consensus to action: a seminar on the international development goals*", Washington, March 2001).
- IFAD is an active partner in the inter-agency working group on Food Insecurity and Vulnerability Information and Mapping Systems (FIVIMS).

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IFPRI

International Food Policy Research Institute

IFPRI Collaborates with CARE on Urban Programming

In 1997, IFPRI formed a partnership with Care International to improve the effectiveness of urban livelihood security projects. As part of this collaboration, and as part of the diagnostic phase of project development, IFPRI and CARE carried out rapid urban assessments in Bangladesh, Mozambique, and Tanzania. Integrated projects to improve livelihood security based on these assessments are now underway in four cities in Bangladesh and in Mozambique. In these countries, IFPRI is currently supporting project operations by helping CARE staff set up monitoring and evaluation systems and undertaking baseline and operational surveys. In addition, IFPRI will produce case studies of projects in Peru and Ethiopia that will identify key lessons learned from urban experiences there.

Working with UNICEF in Ghana

IFPRI is working with UNICEF/Ghana to evaluate the impact of UNICEF interventions on maternal and child nutrition, with a special focus on food-based strategies and microcredit to increase the production and intake of foods rich in micronutrients. The study will examine the individual and combined effects of the different components of UNICEF's programme in the Savelugu/Nanton district of northern Ghana. Preliminary fieldwork to understand the local food system and habits was completed in 2000, and a baseline survey is currently underway. This will be followed by an operations research of implementation alternatives in 2002, and a follow-up survey in 2003.

Working with the Government on Nicaragua's Social Safety Net programme

The 'Red de Proteccion Social' (RPS) is a pilot safety-net programme designed to increase the human capital of children in rural Nicaragua. In a novel approach, RPS provides cash transfers to households contingent upon children's primary school attendance, up-to-date vaccination schedules, and participation in growth monitoring. IFPRI is evaluating the impact of the pilot project and is collaborating with the Government in the design of an expansion of the programme. The design, implementation, and analysis of a census of the beneficiary population (65,000 individuals living in 11,000 households) have been conducted. A baseline household survey was carried out on a representative sample of 2,000 households. The data are now being analyzed.

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ITALY

Italian Research Institute for Food and Nutrition (INRAN)

A recent publication entitled *Strategies to fight anaemia and growth retardation in Saharawi refugee children* presents the rationale, efficacy and effectiveness of food-based supplementation trials in the prevention and control of stunting among refugees living in chronic vulnerability. More specifically, the monograph addresses issues of food technology, practical aspects of the implementation of field programmes, potential benefits of these nutrition interventions and draws conclusions and recommendations for future research. This document has been prepared as a pragmatic approach intended to be useful to field workers and all nutritionists interested in nutrition intervention programmes.

A video illustrating this publication is also available, in both English and Spanish, entitled *Managing Child Anaemia and Growth Retardation: A food-based Intervention among Saharawi refugees*.

Dr. F. Branca and C. Lopriore

<http://inn.inn.it/Ricerca/scheletro/scheletro.htm>

IVACG

International Vitamin A Consultative Group

IVACG Meeting – 12-15 February 2001 – Hanoi, Vietnam

More than 550 policy makers, program managers, planners and scientists from 64 countries participated in the 25th anniversary celebration for IVACG. The meeting focused on the best strategies to eliminate vitamin A deficiency. The meeting report will be published in *The Journal of Nutrition* later this year.

IVACG proposed that the term Vitamin A Deficiency Disorders (VADD) be used to describe the various states of vitamin A deficiency from keratomalacia and corneal scarring to sub-clinical signs or tissue deficiency.

Night blindness in pregnant women is to be considered a major risk factor: for vitamin A deficiency, for severe anaemia, for malnutrition, and for reproductive and infectious morbidity. Improving the mother's vitamin A status benefits her health, as well as that of her child.

It was recommended that a 5% prevalence of maternal night blindness (defined as the occurrence of night blindness in women during their last term-delivery in the past three years) be used as the cut-off point to establish vitamin A deficiency 'as a public health problem' in a specific area.

The safety of high-dose supplementation was affirmed. WHO and IVACG will publish a new dosing schedule for infants (more frequent dosing with larger doses during EPI contacts) and routine supplementation of lactating women.

The concurrent implementation of multiple strategies to combat vitamin A deficiency, i.e. supplementation, food fortification and dietary diversification, was recommended for all countries with VADD. The specific mix of these strategies is to be determined by each national and/or regional situation.

The U.S. National Academy of Sciences now estimates that the conversion of beta-carotene to vitamin A, in otherwise healthy well-nourished American children, is half what it had previously been assumed. Recent data from developing countries suggest the conversion ratio in these populations (particularly of dark green leafy vegetables and orange/yellow fruits) is even less than half. These data indicate that it is virtually impossible for young children, with their limited food intake, to achieve normal vitamin A status on vegetables and fruits alone.

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INACG

International Nutritional Anaemia Consultative Group

INACG Meeting – 16-17 February 2001 – Hanoi, Vietnam

More than 500 policy makers, program managers, planners and scientists from over 70 countries gathered in Hanoi to discuss the latest scientific and programme findings related to iron deficiency and iron deficiency anaemia (IDA).

The Symposium highlighted the importance of accurate diagnosis of iron deficiency and IDA and stressed the need to demonstrate functional impacts of iron deficiency with and without anaemia. Nutrition and public health strategies to combat iron deficiency and IDA were presented and discussed by experts in the field.

Dr Julia Tagwireyi of Zimbabwe, opened the Symposium calling it "a scandal" that the world's most prevalent nutritional problem --iron deficiency-- has received only limited attention. Very little has been done to reduce its impact on child development and maternal health and the keynote speaker focused on the frequently asked question "why has so little progress been made?". Obviously, there are no simple answers to this. There is a clear need to re-evaluate the impact of existing programmes focusing on at-risk individuals. In particular, the benefit of iron supplementation during pregnancy has to be evaluated in women with moderate or severe anemia since the risk of maternal mortality is related to the severity of anemia. More information is also needed on the importance of iron deficiency and IDA in early life, in particular on the functional outcome of deficiencies at different stages during early development. New data supporting a causal relationship between IDA in very young children and poorer behavior and development as they grow older were presented at the Symposium.

The complex etiology of anemia, and the difficulties related to accurate diagnosis of iron deficiency, must be considered when establishing strategies to combat iron deficiency and IDA. Iron deficiency is a major factor in the etiology of nutritional anemia and interventions to increase iron intake by food fortification and/or supplementation programs remain key to combat IDA. A commitment to comprehensive approaches is needed --including actions in the areas of malaria control, of deworming and improved sanitation, of access to health care and of overall better nutrition. Only by recognizing the complexity of this public health problem, will realistic local strategies and goals be set for real progress to be made. The meeting report will be available later this year.

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—IVACG'S and INACG'S— use of goals and targets

IVACG and INACG serve as *fora* for discussion of issues surrounding the establishment of goals and targets in their respective fields, but IVACG and INACG have not expressly used these in their work. It is clear that to be effective, such goals and targets must be measurable with well-defined, scientifically-sound indicators and must be measurable under field conditions; baseline data must be collected and resources made available to measure changes in the indicator selected. Under these conditions, goals and targets can be very useful policy and strategic tools allowing international bodies and national governments to plan and to measure progress.

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IZINCG

International Zinc Nutrition Consultative Group

The International Zinc Nutrition Consultative Group (IZINCG) has been established with the broad goal of controlling zinc deficiency. A pre-requisite to establishing specific goals for the elimination of zinc deficiency is knowledge of the prevalence and distribution of this condition. Currently, national prevalence estimates based on direct assessment of zinc status in populations are lacking.

There is first a need to establish standard techniques and references for assessment methods. At the moment, zinc deficiency can only be estimated based on indirect indicators such as the adequacy of zinc in the food supply and prevalence of stunting among children. IZINCG is engaged in the compilation of information needed to assess population zinc status using both direct and indirect indicators. The following information is required:

- ❑ Additional biochemical and functional tests for the direct assessment of zinc status. Serum zinc concentration offers an acceptable measure at the population level. However, more sensitive tests are sought.
- ❑ Population-based studies to establish associations between indicators of zinc status and functional outcomes of zinc deficiency (to establish cut-offs points). Assessment of these indicators in relation to functional outcomes before and after zinc supplementation.
- ❑ Standardized analytical techniques and standards for quality control.
- ❑ Quantification of the zinc content of food and factors that affect the absorption of zinc (e.g. phytate). This information will assist in assessing the risk of zinc deficiency, based on local food supply and consumption, and in the development of appropriate food-based interventions, such as fortification programs.

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Our website: <http://acc.unsystem.org/scn/> — provides links to many partners' websites

LINKAGES

*Changing measures to better assess change:
LINKAGES's Experience with Breastfeeding Indicators*

Changes in child mortality due to breastfeeding cannot easily be attributed to specific programme interventions. Attitudes towards breastfeeding, awareness of the importance of exclusive breastfeeding, and support to enable mothers to breastfeed are important outcomes of promotional activities, but are difficult to quantify and interpret, and may not reflect actual practice. Conversely, indicators of *current* breastfeeding practices can be more easily measured and are sensitive to changes resulting from program activities.

LINKAGES, a USAID-funded global program providing technical assistance to organizations promoting breastfeeding, has promoted a set of breastfeeding indicators to standardize the assessment of breastfeeding behaviors. These few indicators have all been field-tested, are fairly easy to measure and interpret, are operationally useful, and address worldwide breastfeeding goals.

Collecting these indicators presents several methodological challenges.

- The use of 24-hour recall data tends to overestimate the percentage of infants who have been exclusively breastfed since birth:
24-hour recalls reflect current breastfeeding status and may overestimate the proportion of exclusively breastfed infants, since some infants who are given other liquids irregularly may not have received them in the 24 hours before the survey. The best estimates of exclusive breastfeeding are obtained from current status data that includes all births in a specified time period. The measure should be interpreted as the percent of infants who "are currently being exclusively breastfed" rather than the percent who have been exclusively breastfed since birth.
- Measuring changes in infant feeding behaviours requires a large sample for a sub-population that represents a small proportion of the population:
Any assessment of behavioural change in infant feeding requires attention to the size of the comparison groups. The detection of changes in breastfeeding and other infant feeding behaviours of five to ten percentage points over 1-3 years requires large sample sizes.
- Breastfeeding questions typically require more than a "yes" or "no" response:
Multiple factors determine whether breastfeeding is optimal, including what foods or liquids, if any, were given in the preceding 24 hours. For comparability, this list of foods and liquids should be consistent with Demographic Health Survey (DHS) instruments.

Asking questions about infant feeding behaviours related to exclusive breastfeeding and timely complementary feeding must include questions about foods given in the previous 24 hours: these are more than a "yes" or "no" responses so they require more intensive training on the data collection instrument, and raises the likelihood of interviewer and respondent error.

- Lactational Amenorrhea (LAM) measurements do not reflect an appropriate use of the method:

LAM measurements are based on a woman's indication that LAM is deliberately used as a method of family planning. The woman who states she is using LAM actually should meet three criteria for use of LAM; most cannot identify these three criteria.

*Using Indicators to Measure Change in Bolivia,
Ghana and Madagascar*

After assessments and advocacy were carried out in 1999, LINKAGES with local partners designed and implemented behaviour change interventions to increase optimal breastfeeding practices. In 2000, rapid assessments were conducted to quantify the initiation of breastfeeding within one hour of birth, six months of exclusive breastfeeding, and LAM acceptance rates in women with infants under six months. Results were drawn after six to nine months of field intervention. Baseline, DHS, and control data served as comparison.

Results: Initiation of breastfeeding within one hour increased markedly in all three countries. In Madagascar, it doubled (73% compared with 34% at baseline). In Ghana, it doubled (50% compared with 25% in control areas). In Bolivia, it increased 64% over baseline data.

Exclusive breastfeeding increased dramatically in Ghana and Madagascar but showed little to moderate change in Bolivia: Madagascar, 68% against 45% at baseline; in Ghana, 68% against 44%; and the DHS (31%). The data are a true reflection of increases in behaviour adoption.

LAM acceptance showed a modest increase in Madagascar and no change in Bolivia. It increased from 2-13% in Madagascar and in Bolivia it remained the same (7-8%). LAM was only recently introduced into the Ghana program, so no data are available.

Applying Lessons Learned to Other Programme Areas

LINKAGES continues to support the use of these indicators. The approach used requires that 1) the indicators chosen measure programmatic success; 2) programme data be comparable with international data; 3) indicators address international goals; and 4) new indicators are pre-tested before their application.

Tools that LINKAGES and partners are now using include behaviour change methodologies, training modules for health care providers and community workers, mother-to-mother support groups, social marketing strategies, policy analysis and advocacy materials, and monitoring and evaluation instruments. Besides Bolivia, Ghana and Madagascar, LINKAGES is active in India, Jordan, Malawi and Zambia. LINKAGES is also involved with WHO, UNICEF and IBFAN to address key issues pertinent to breastfeeding promotion.

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Children who have iron deficiency anaemia in infancy are at risk for long-lasting developmental disadvantage as compared to peers with better iron status

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—MARCH OF DIMES—

The March of Dimes, in its mission to improve the health of infants, is leading a 29-member international task force of nutrition scientists, administrators, and policy makers to address the public health concerns of women and infants around the world.

Nutrition problems should not be looked at only as under-consumption. Dietary imbalances and excesses are also important. Many countries have developed dietary guidelines for the general population. Unfortunately, the needs of pregnant and lactating women, and of infants under two years of age are not adequately addressed.

The task force will publish a comprehensive report, based on two years of work, by the end of 2001. The report will review the best available scientific evidence supporting four public health priorities, from undernutrition to overnutrition, and will present food-based dietary recommendations to promote optimal human development. Actionable messages will be provided for community leaders, policy makers and health care providers.

The report will be presented in a life-cycle format starting with the period before birth. Throughout the report, three key interrelated messages will be highlighted:

- Improved perinatal outcomes begin with healthy women.
- Inadequate nutrition early in life may lead to long-term consequences.
- Weight matters.

Acting on the report's recommendations will be the work of a variety of organizations, from international to community. The task force will recommend tools and resources to assist organizations working on these problems.

Other activities of The March of Dimes include:

- Publications and continuing education for health professionals.
- Education and media-based campaigns for consumers.
- Evaluation activities.
- Advocacy to promote legislation for food/water safety, food fortification, micronutrient supplementation, and funding for consumer education.
- Support of non-nutritional strategies required for success (for example, infection control, physical activity).

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—THE NETHERLANDS—

Since 1956, KIT staff have been involved in nutrition surveys and surveillance, rapid needs assessments, research and programme implementation in the field of maternal and child nutrition, dietary approaches to alleviate micronutrient deficiencies and nutrition in primary health care. Long term involvement in maternal and child health projects has given KIT the expertise to address health and nutritional problems in a life cycle approach.

A district-level, participatory approach to the assessment, planning and implementation of nutrition needs was pilot-tested and then replicated in several African and South-East Asian countries.

Currently, KIT is also integrating nutrition in other sub-sectors such as disease control and reproductive health.

Together with partners in Kenya and Egypt, KIT staff are planning an intervention/study involving micronutrient supplementation in tuberculosis control programmes. The main objective is to reduce the burden of TB (with or without concomitant HIV/AIDS) through a family approach with a focus on reducing mortality and relapses, as well as the prevention of new cases through protection of contacts.

KIT nutrition staff are working with colleagues of the Reproductive Health and AIDS Unit on the nutrition and food security aspects of an AIDS mitigation and prevention strategy. Now, KIT is collaborating with UNAIDS on creating an enabling environment that stimulates community problem analysis and action planning to mitigate the consequences of the epidemic on food security.

At policy level, our interest is to position nutrition in the context of broader health and poverty policies such as sector-wide approaches and World Bank-sponsored Poverty Reduction Strategy Papers. This implies asking: Where and how should one place nutrition in poverty reduction strategies?, and How can we nutritionists make clear to non-nutritionists that nutrition is not only a great indicator of poverty, but also a goal on its own that deserves direct attention and funding?

KIT's view is that *nutrition goals and targets*, the topic of this issue of *SCN News*, are useful and desirable as long as they remain realistic with sufficient long time frames (10-15 years) and address relevant target groups: children up to three years old, adolescent girls, pregnant and lactating women.

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—PAMM—

Program Against Micronutrient Malnutrition

The Program Against Micronutrient Malnutrition is an alliance that supports national leaders to reach the goals of eliminating micronutrient malnutrition. These goals were set at the 1990 World Summit and the record shows that the goals became a rallying point for advocacy, resources mobilization, definition of what needed to be done as a priority, and for monitoring the achievement of outcomes. Now, ten years later, the time has come to look at the score card of accomplishments and, more importantly, to come up with the new goals for, say, 2015. PAMM believes these goals will be helpful.

During the immediate past period, PAMM focused more on activities to eliminate IDD globally by mobilizing direct involvement of salt producers and their associations to become part of the global thus joining UN, bilateral, non-governmental and scientific organisations. A Summit of Leaders held in Paris in January 2001, with 25 high-level participants from 16 key international organizations, concluded that the time was ripe to formalise the ongoing relationship, and a Partnership for Sustained Elimination of Iodine Deficiency was formed. The group's board includes UNICEF, the MI, WHO, the Salt Institute (USA), the China National Salt Industry Corp, the European Salt Producer's Association, Kiwanis International, ICCIDD and PAMM/CDC. The Advisory Board has met twice this year and actions are in progress. Rapid progress is expected in universal salt iodization. A presentation will be made at an upcoming round table during the UNGASS on Children.

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PHA

People's Health Assembly

People's Charter for Health

The PHA—a worldwide coalition of grassroots people's organisations working on health and nutrition—held its first assembly last December in Bangladesh. 1,500 participants came from 94 countries. The week-long highly successful meeting consolidated a global network that will make the voices of the unheard heard. The centre piece of the deliberations was the approval of the organisation's Charter. The document is an expression of common concerns, presents a vision of a healthier and better nourished world, at the same time that it calls for radical action to change the deteriorating conditions of the health and nutrition of the poor both in the North and in the South. The Charter is being used as an advocacy tool, as a rallying point for a global health movement. It was presented during the World Health Assembly in Geneva last May.

Six principles underlie the Charter:

- ❑ health is a fundamental human right
- ❑ primary health care is our non-negotiable basis for policy;
- ❑ governments have the fundamental responsibility to ensure access to quality health care
- ❑ people and people's organisations are essential to formulate, implement and monitor health programmes
- ❑ political/economic/social/environmental issues are the primary determinants of health and must get top priority in policy making, and
- ❑ actions at all levels (from individual to global) are needed to tackle the current health crisis.

The Charter makes five calls for action, each with a subset of actions to be undertaken.

- ❑ The first call is for health to be considered as a human right;
- ❑ the second, third and fourth are calls to tackle the economic, social, political and environmental challenges of this day and age;
- ❑ the fifth calls for tackling the problems of war, violence and conflict.

PHA:

- ❑ demands a return to comprehensive Primary Health Care strategies;
- ❑ will pressure governments to enforce national health, nutrition and essential drug policies;
- ❑ opposes privatisation of public health services;
- ❑ encourages people's power and control in decision making in health;
- ❑ demands that people's organisations be represented in local, national and international fora;
- ❑ promotes traditional healing systems;
- ❑ demands changes in the training of health personnel;
- ❑ demands that health and nutrition research respects universal ethical principles;
- ❑ opposes coercion in population and family planning policies; and
- ❑ supports local initiatives fostering participatory democracy and the consolidation of a people-centred international solidarity network.

The Charter has already been translated into over 20 languages, is being gradually endorsed by hundreds of organisations worldwide and is becoming a genuine rallying point for action at various levels.

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SCF-UK

Save the Children – UK

Nutrition goals and targets—SCF-UK's perspective

Save the Children UK has a four-year global Programme Strategic Plan which set objectives and indicators for each of our core areas of work, including nutrition. These objectives provide clarity and focus to our work, and enable us to evaluate the impact of our programmes. Advocacy work as well as programming is based on these objectives. For the area of nutrition, these are:

- ❑ to prevent and mitigate the worst effects of malnutrition in emergencies through improved policy and practice.
- ❑ to protect children's rights in relation to infant feeding as a means of avoiding preventable malnutrition, and infant morbidity and mortality.
- ❑ to influence nutrition policy and practice to ensure child-appropriate and sustainable solutions to malnutrition.

Using these three objectives, we can design more effective nutrition projects, identify actors with whom we need to work, and link nutrition to the bigger picture in our global programmes. Outcomes are obviously important, and it is against these that SCF's work is measured. However, a third objective is explicitly focused on long-term and sustainable interventions with a potential for impact in reducing chronic malnutrition. SCF is concerned that traditional nutrition interventions, such as growth monitoring, are not the most effective or sustainable way of preventing childhood malnutrition.

We use a household economy approach to emphasise the economic context in which child malnutrition exists and to identify its real root causes, as well as the impact of natural and man-made shocks as they are linked to actual macroeconomic conditions. This encourages discussions about social, economic and investment issues and their realistic potential to combat poverty/destitution. This is in contrast to spending great sums on acute emergencies --as an acute response-- when they develop.

SCF also looks at alternative community-level interventions more broadly, particularly linking them to overall livelihood interventions with greater and more lasting potential impact on reducing malnutrition long-term. Pilot programmes are being designed, the outcomes of which should provide useful information on alternative approaches to nutrition programming.

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Just as the construction of a building or bridge is only possible with detailed planning and periodic course corrections during the process of working toward the goal, the human right to adequate food and nutrition can only be fully realized through carefully designed and implemented programmes of action. The formulation of strategies only begins with the formulation of clear goals and targets.

George Kent (see p 13)

UNAIDS

The AIDS epidemic is posing a broad challenge to all sectors of society, turning back hard-won development progress. The epidemic undermines food and nutritional security, devastates family incomes, kills agricultural workers and thus decreases food production.

The International Partnership for AIDS in Africa (IPAA) is a coalition that works to curtail the spread of HIV, to reduce its impact and to halt the further reversal of human, social and economic development. UNAIDS serves as the secretariat for the IPAA.

The IPAA addresses the epidemic by advocating joint planning and implementation of AIDS activities. Organizations concerned with nutrition are encouraged to join the Partnership by becoming involved in planning and policy-making. Such mechanisms take on different forms in different countries. In many countries UNAIDS has placed a Country Programme Adviser, who is the best contact for getting involved.

IPAA advocates for the creation of high-level political coalitions for attacking AIDS; for increased Government leadership; for increased political and financial commitments from all actors; for equitable access to care; and for the need for a growing involvement of all sectors of society. IPAA's strategy is presented in Framework for Action available from UNAIDS

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USAID

Progress on Vitamin A work

USAID has continued in its efforts to convert research findings regarding the impact of vitamin A on child survival into ongoing programs. It has expanded its investment in both vitamin A supplementation and in improving dietary practices including the consumption of fortified foods. It has also emphasised establishing performance indicators to measure how many children are reached by children vitamin A programs.

USAID has encouraged the institutionalization of periodic (six months apart) distribution of vitamin A supplements to children under five years of age. It insists that promotional activities be put in place prior to each distribution round to encourage mothers to bring their children. USAID has also lobbied for such periodic outreach programs being incorporated into the mandate of national health service delivery systems. Where possible, vitamin A distribution is coupled with other child survival services such as de-worming. Experience to date suggests that countries can achieve close to 80% coverage with vitamin A supplements rapidly and efficiently using this approach.

In the past year, USAID, along with a number of other donors, has continued to support programmes in Nepal, Indonesia, the Philippines, Bangladesh and Nicaragua. New national programmes have been launched in Zambia and Ghana and preparations for similar programs are underway in Uganda, Mali, Niger and Mozambique. Regional programs are starting in India and South Africa. Typically, these programmes include a

monitoring component of coverage estimates; in some cases, surveys follow the distribution.

Fortification is viewed as a parallel intervention that has the potential of allowing later more targeted supplementation and, in many cases, the phase-out of universal supplementation. In developing countries, where poverty levels make cost-recovery of the fortification process difficult, the path to fortification will be longer and more challenging.

In the past year, USAID has continued to support the Government of Zambia in its effort to improve its program to fortify sugar with vitamin A and has been a major contributor to the launch of sugar fortification in Nicaragua. In the Philippines, USAID is supporting the Food Fortification Task Force to accelerate efforts to develop a multi-pronged programme to fortify both staple and processed foods.

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WABA

World Alliance for Breastfeeding Action

Vitality in diversity

The World Alliance for Breastfeeding Action was civil societies' response to the need for a coordinated effort to support the Innocenti Declaration targets. Born on 14 February 1991, in the basement of UNICEF, a meeting brought together a rainbow of groups and individuals working on the breastfeeding issue from lactation consultants to nutrition experts. Everybody who was anybody in the breastfeeding movement, was there. One of the icons of the movement, the late Dr Derrick Jelliffe, even wrote a calypso song, the WABA Crawl, which has been set to pulsating happy music by a great South African band, giving it a beat and a rhythm that reverberates with joy and solidarity.

WABA developed, giving groups and individuals of every spectrum of the movement an entry point to participate. It dared and its members to make a difference and to let WABA become a world wide force.

Everyone, Everywhere

WABA's World Breastfeeding Week became its single most effective popularising campaign involving over 120 countries. During that week, thousands of groups and individuals across the globe get involved in social mobilisation activities including the press, street plays, demonstration and workshops. The core materials appear in some 16 languages in flyers, balloons, stickers, bookmarks and radio programmes. Each year, the theme changes, but it is always linked to the Innocenti Declaration goals. Themes have included *Mother Friendly Workplace Initiative*, *Making the Code Work*, *Breastfeeding: Nature's Way*, *Breastfeeding: the Best Investment* and *Breastfeeding: Empowering Women*. This year, the theme is *Breastfeeding in the Information Age*. The week has become the single most powerful unifying activity of the breastfeeding movement. Communities, governments, and even businesses have taken it on and it is beginning to take a life of its own in many places --a mark of a healthy social movement.

The Baby Friendly Hospital Initiative became a major UNICEF programme with WABA playing a popularising role. With its partners, WABA started a Women and Work Initiative. It fights for *Mother Friendly Workplaces* and has developed into a major campaign on strengthen maternity protection. The initiative

resulted in stronger wording in the ILO Convention 183 on Maternity Protection in June 2000. New links with trade unions have also been formed. WABA was present at the Conference on Women in Beijing (1995), the International Conference on Population and Development (1994) and the World Food Summit (1996). In the latter, WABA was chosen as the NGO community representative.

A New Environment

More recently, WABA has been establishing partnerships with the environmental movement to develop joint strategies for campaigns against toxins in breastmilk (see *SCN News* No. 21, p.23). WABA has also been active on the issue of HIV transmission via breastmilk. A new vigilance and better coordinated efforts are called for on these two issues; challenges are greater than ever before.

WABA's strength lies in the creativity of its actors, in its ability to think vertically and horizontally, in its capacity to act at many levels, in its avoidance of duplicating efforts, and in its courage to go beyond traditionally defined issues and actions to establish new linkages. WABA is a successful new social movement.

Critical Issues

For the future, WABA has developed a 10-point forward looking action document as a global, universal linking tool. The framework *Ten links for nurturing the Future* covers the following "critical" issues:

- Human rights and responsibilities
- Food security
- Women's empowerment
- Community participation
- Baby-friendly cultures
- Integrity
- International Code
- Capacity building
- Advocacy
- Networking

WABA will elaborate further on these issues at an upcoming meeting in Brazil this July. In September 2002, in Tanzania, WABA will again hold a global forum to strengthen the movement further and giving a new mission to its future --retaining vitality and respecting diversity.

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WFP

World Food Programme

School Feeding and Public Health Training Workshop

WFP and WHO conducted a School Feeding and Public Health workshop in East Africa with Canadian support. The workshop highlighted how combining food aid, education and health interventions reinforce each other. The workshop took place in Entebbe, Uganda in April 2001 and brought together representatives from WFP and ministries of health and education of Uganda, Kenya, The Gambia, Tanzania, Malawi, Eritrea, and Zambia. All these countries have a WFP-assisted school feeding programme, and have evidence of a high prevalence of schistosomiasis and soil transmitted helminthic infections; national governments had shown interest to implement a pilot deworming intervention. The World Bank funded the participation of government officials from Zambia and Eritrea which will get WFP-

supported school health national programmes. The training included practical field experience in a school setting. Participating countries are now in the process of preparing project proposals for pilot deworming interventions in their respective countries.

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WHO

World Health Organization

Infant and young child nutrition

This year's World Health Assembly adopted a comprehensive resolution on infant and young child nutrition. The Resolution calls for exclusive breastfeeding for six months and for safe and appropriate complementary foods, with continued breastfeeding, for up to two years of age or beyond. (See a related article in the **STOP PRESS** section of this issue). The resolution also addresses the risk of HIV transmission through breastfeeding.

More than a year into a two-year preparatory process to arrive at a new Global Strategy on Infant and Young Child Feeding, WHO has organized country consultations in Brazil, China, Philippines, Scotland, Sri Lanka, Thailand and Zimbabwe. The first regional consultation took place in Bangkok in March 2001. Additional regional consultations were held for the Region of the Americas and the European Region in May and the African Region in June. The Eastern Mediterranean Region will have one in September, and the Western Pacific Region in October. By October 2001 over 100 WHO Member States will have taken part in this aspect of the preparatory process. The final revised text of the draft strategy will be submitted for endorsement to WHO's Executive Board in January 2002 and to the upcoming World Health Assembly in 2002.

Micronutrient Databanks

In *SCN News* 21, we reported that we were finalising work to bring the IDD database up-to-date. This data is now being checked and cleared by the respective governments and ministries of health so that it can be loaded onto our web site.

One of the delaying factors in overhauling the databases has been requesting and locating final survey reports. WHO's NHD would therefore like to take the opportunity of using this *SCN* issue to request readers to contact its offices if they have survey reports on Iodine Deficiency Disorders, Vitamin A Deficiency Disorders and Anaemia. Ideally, we are looking for final reports for national-level surveys, but we are also interested in sub-national, regional, district and even local level surveys if no others exist. Please help. Contact: Henrietta Allen at allenh@who.int or Ines Egli at eglii@who.int

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WORLD BANK

The World Bank nutrition activities for 2001/2002 focus on integrating nutrition into poverty reduction strategies, and increasing the quality and quantity of the Bank's investment in nutrition; additionally, iron, low birthweight and institutional capacity development are getting special emphasis.

A focus on iron has now become a significant component of the Bank's overall nutrition operations, and on the issue of low birthweight, the Bank is focusing its attention on the non-pregnant adolescent and on maternal nutritional antecedents of poor pregnancy outcomes.

Staff have been involved in finalising the joint WB/UNICEF Nutrition Assessment which reviews the Bank's and UNICEF's nutrition portfolios over the past 15 years from 1984-1999. The final report will be published in August 2001. The Assessment is providing the basis for the Nutrition Strategy Note that will guide the Bank's nutrition operations over the next few years.

Bank staff were instrumental in including nutrition contents in the Poverty Reduction Strategy Papers (PRSP) Sourcebook (available at www.worldbank.org/poverty). A Seminar on Food Security and Nutrition in PRSPs was held in May. Another workshop on "Health, Nutrition and Population in PRSPs in the Context of Debt Relief" was held in West Africa, in collaboration with UNICEF and WHO, also in May 2001.

The Bank has produced a Nutrition Toolkit. The Toolkit offers a set of 12 tools to design, appraise, implement, monitor and evaluate nutrition interventions. Nine tools are available so far, and can be accessed at www.worldbank.org/nutritiontoolkit, or can be ordered by e-mail from address below. Some of the tools are: Tool # 1 *Nutrition in Project Design* that covers the integration of nutrition into the project development process; Tool # 2 *Basic Facts: Nuts and Bolts of Nutrition* which is directed at managers involved in the preparation of nutrition situation analyses; Tool # 4 *Growth Promotion*; Tool # 5 *Food Supplementation* and Tool # 9 *School Nutrition*.

Nutrition At-A-Glance is a four-page document that summarizes priority nutrition issues and interventions most appropriate for addressing them. It is a useful tool for non-nutritionists dealing with nutrition operations.

An issues paper on Institutional Development/Capacity Building for Nutrition, was recently prepared. It includes recommendations for a focused work program on management and capacity development. The paper will be released in July 2001.

Two case studies on management issues, one on Thailand and the other on the Tamil Nadu Integrated Nutrition Project are also currently being finalised.

An analysis of the three major IDD projects, in China, Madagascar and Indonesia was recently completed; it was found that collaboration between the private sector and the public sector is proving to be effective.

An analysis of the Nutrition situation of Europe and Central Asia was also recently completed.

Other activities

Infant feeding recommendations are being developed in Laos. In Cambodia, anaemia control is getting support. Review of the nutrition work in Indonesia, Bolivia, Pakistan, Sri Lanka and Nigeria is currently under way. The Bank is also providing support for a nutrition relevant conference in Eastern Europe and a conference on salt-iodisation in Central Asia. Nutrition communication components are being incorporated in a project in El Salvador and to food security operations in Ethiopia. The Bank

has supported the IUNS/UNU-led initiative on nutrition capacity building in Africa. A regional nutrition action plan is being supported in the Middle East and in North Africa.

World Bank investments in nutrition (as projects or components of projects) have totalled around \$700m in the 1996-2001 period. For 2000, total spending for nutrition was \$128m, and 2001 total new spending on nutrition is estimated to be \$42m.

A total of 48 projects from 1989-2000 had both a nutrition and an HIV/AIDS component, 33 of which were in Africa.

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— WORLD VISION — CANADA

World Vision Canada's Micronutrient and Health Program (MICAHA) is a CIDA funded initiative that uses a collaborative integrated approach to improve the nutrition and health status of women and children through cost-effective and sustainable interventions. To implement this program, World Vision Canada works with other NGOs, national governments and its own offices in Ghana, Senegal, Tanzania, Ethiopia and Malawi.

The purposes of MICAHA are to:

- ❑ reduce the prevalence of micronutrient deficiencies through increased intake and bioavailability of iron, iodine and vitamin A
- ❑ reduce the prevalence of diseases that affect micronutrient status (diarrhoea, parasitic and vaccine preventable diseases)
- ❑ enhance local capacity to deliver micronutrients and health programmes.

MICAHA is involved in supplementation, dietary modification, fortification, primary health care and capacity building. Each country individualised its goals, targets and strategies to address its specific needs.

In MICAHA, using nutrition goals and targets has presented both challenges and benefits. Because of the numerous partners involved, goals provide a framework to guide programme implementation. Targets have been useful in monitoring programme efficacy. For example, the effectiveness of vitamin A interventions was measured through targets such as reducing the prevalence of night blindness to 0.5%. This target was surpassed in Ethiopia where current levels of night blindness of 0.3% show an improvement over baseline levels of 0.5% in 1997. Community involvement and use of local resources are part of program design. This will help to ensure sustainability of outcome.

<i>Indicator</i>	<i>Baseline (1997)</i>	<i>Final (2000)</i>	<i>Country</i>
Stunting in children <5 years	56%	40%	Malawi
Malaria in pregnant women	17%	2%	Tanzania
Wasting in children <5 years	24%	10%	Senegal
Anaemia in non-pregnant women	43%	29%	Ghana

Highlights of other MICAH results:

While using goals and targets has been beneficial in our case, the use of these indicators can have limitations. Realistic programme goals can be difficult to establish due to demographic, health status and cultural differences between countries and local

communities. Additionally, it is difficult to agree on the appropriate target levels: if levels are set too high or too low, this can hinder the work of program facilitators. However, if these limitations are considered during programme design, goals and targets can then play an important role in implementation.

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Survey on NGOs

NGOs have earned a far greater level of trust than Group of Eight governments, media and transnational corporations. These are the findings of a survey carried out last year among 500 well-educated, media-attentive people from Australia, France, the UK and the US.

NGOs are trusted nearly 2:1 to "do what is right" compared to governments, the media and corporations. Two thirds of respondents said that corporations only care about profits while over half said that NGOs represent values they believe in. NGOs ranked significantly higher as a source of credible information than media outlets. Two thirds thought NGO influence had increased significantly over the past decade.

Tough year for the hungry

WFP's World Hunger Map illustrates the extent of hunger currently affecting an estimated 830 million people around the world. Most of the hungry go without food primarily because they are poor. Otherwise, war and drought are the main culprits. Sudan, Ethiopia, Eritrea, Indonesia, Afghanistan, Sierra Leone, Guinea and Tajikistan are most seriously affected. Both more money and political resolve must be committed before these crises grow worse. This is a global problem in need of global responses.

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WFP's colour map map can be ordered free of charge for schools or organizations on line at:

www.wfp.org/map_request.htm

Some 28 million people in Sub-Saharan Africa are facing severe food shortages according to

Food supply situation and crop prospects in Sub-Saharan Africa

published by FAO. The situation is most critical in Eastern Africa where 20 million of the affected live. Kenya is added to the WFP list above.

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Editor's note: Elsewhere in this issue of SCN News contributors have stressed that expanded efforts are urgently needed to reduce iron deficiency, and the resulting impairment in physical productivity and cognitive capacity. The Asian Development Bank has a growing interest in this area, and in particular working towards new alliances.

Asian development bank

STRATEGIES TO ELIMINATE IRON DEFICIENCY ANAEMIA (IDA)

Asia's ability to reduce the alarmingly high rates of maternal mortality and cognitive impairment in children depend substantially on major efforts to reduce anaemia (IDA). IDA afflicts 60% of all pregnant women (88% in South Asia), half the women of reproductive age, and 40% of preschoolers in Asia

ADB is supporting three regional initiatives that focus on the public and private sectors cooperating to solve the problem of IDA. Two regional studies on food fortification and rice plantbreeding are ongoing, with the expectation that by 2003 ADB will lead major initiatives in the region to raise the iron density of essential staples consumed by the poor at affordable prices. A third sub-regional initiative in the Trans-Caucasus Central Asia (TCCA) will help seven countries fortify flour and salt through integrated attention to production, regulation and trade.

The regional food fortification project (cosponsored by International Life Sciences Institute and Danida) focuses on the iron fortification of wheat flour and condiments such as soy sauce and fish sauce, all widely consumed by the poor in the region. Six countries (China, India, Indonesia, Pakistan, Thailand, and Viet Nam) are participating in the project. Iron fortification emerged as a regional priority at a regional strategy meeting hosted by the ADB in February 2000¹. Prominent government food regulators and captains of Asian food industries pledged to cooperate in reducing micronutrient malnutrition in the region. IDA was identified as the top priority for concerted action. The project will develop a regional investment plan based on country studies, regional workshops on food technology, regulation and trade.

The second regional strategy is rice plantbreeding through a donor consortium led by ADB in association with the International Rice Research Institute and the International Food Policy Research Institute and four DMCs (Bangladesh, Indonesia, Philippines, and Viet Nam). A three-year research study ending in 2003 will test promising rice varieties with high iron and zinc density to ensure that their yield is adequate, that the iron and zinc are bioavailable to consumers, that consumers are willing to eat the varieties, that the production and dissemination of the new varieties is feasible for national agricultural research systems and seed companies, and that the rice will be affordable to the poor.

The third regional activity, supported by the Japan Fund for Poverty Reduction, responds to the breakdown in production of fortified flour and salt in the TCCA sub-region. The project aims to set up production systems and build capacity for improved regulation, quality control and trade of fortified flour and salt, so that poor women and their children will get adequate iron and iodine through daily consumption of these staples.

¹ Manila Forum 2000: *Strategies to Fortify Essential Foods in Asia and the Pacific - Proceedings of a Forum on Food Fortification Policy*. Manila: Asian Development Bank.

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nutrition in emergencies



Assessment of Adult Undernutrition in Emergencies Report of an SCN Working Group on Emergencies special meeting, April 2001

Presentations of field data on adult undernutrition were made to the SCN Working Group on Emergencies in 1999 and 2000. As a result of the interest in these data and the increasing number of adult surveys received by the RNIS, the SCN published a supplement on the Assessment of Adult Undernutrition in Emergencies in July 2000. This led to a one-day special meeting on adult malnutrition held during the SCN 28th Session, the aim of which was to reach a common understanding of the recommendations on the assessment of malnutrition in adults and to identify practical steps to improve practice.

This meeting was convened to:

- ◇ reach a common understanding of the recommendations proposed in the supplement ,and
- ◇ to identify practical steps to improve practice in the assessment of adult undernutrition.

This report should be considered as an addendum to the RNIS supplement on *Adults: Assessment of Nutritional Status in Emergency-Affected Populations* (July 2000). (The RNIS supplement is available from the SCN Secretariat.)

Overview of the meeting

Presentations were made on the RNIS recommendations and operational agency field experience (Concern, CDC and Helpage), these were followed by an expert panel discussion¹. The participants then divided into small groups to consider the following topics and make interim recommendations for practice and research: (i) population based assessments, (ii) screening for selective feeding programmes, (iii) training, and (iv) operational issues. The following interim recommendations were agreed during the plenary.

Interim Recommendations for Operational Agencies

WHEN TO CONSIDER ASSESSING ADULT UNDERNUTRITION

The group felt very strongly that it is only appropriate to assess adult undernutrition in emergency situations in very specific circumstances. Assessments of population nutritional status should not routinely include adults because, in general, the nutritional status of the underfive population is a good proxy for the nutritional status of the wider community. However, it may be appropriate to consider assessing adult undernutrition in addition to children's undernutrition in specific circumstances, for example:

- ◇ If the crude mortality rates begin to approximate or surpass the underfive mortality rates, suggesting that the population over-five is as vulnerable as the underfive population.
- ◇ If the prevalence of undernutrition is very high in the

underfives and is not due to a health problem mainly affecting that age group

- ◇ If there is reasonable doubt that the nutritional status of children does not reflect the adult nutritional situation. For example in Bosnia or Kosovo it was suspected that older people were particularly vulnerable to undernutrition.
- ◇ If many adults attempt to enroll in selective feeding programmes or present to health posts
- ◇ If anecdotal reports of adult undernutrition are received
- ◇ If there is low coverage of food aid in dependant populations
- ◇ If data is required as an advocacy tool to lever resources

PRE-REQUISITES FOR SURVEYING ADULTS

The group recommended that surveys of adults should not be undertaken unless the following pre-requisites have been met:

- ◇ A thorough contextual analysis of the situation has been undertaken including an analysis of the causes of undernutrition
- ◇ Technical expertise is available to ensure quality of data collection, adequate analysis and correct presentation and interpretation of results
- ◇ Clear and well-documented objectives of the adult survey are formulated
- ◇ The resource and/or opportunity costs of including adults in a survey have been considered.

PRACTICAL RECOMMENDATIONS FOR POPULATION-BASED ASSESSMENT OF ADULT ANTHROPOMETRY

Anthropometric assessment of adults should not be undertaken in isolation. An analysis of the causes of undernutrition should accompany anthropometric assessment. Data must also be gathered on other food security, nutrition, health, and economic variables. Nutrition information could include the results of assessments of children 6-59 months of age or other age and sex groups. Health data could include surveillance or survey data on the incidence of illness and death, especially illness and death due to

those causes most closely associated with undernutrition, such as dysentery, measles, cholera, malaria, or others. Economic analysis may include market surveys and prices, migration, employment opportunities and household income.

In population-based surveys, valid sampling techniques, such as cluster or systematic random sampling, must be used in order to generalise the result. Crucial to this process is a clear definition of the population of interest and the objectives for the survey. For example, if adults are to be included in a survey of children less than five years of age and only households with young children are chosen, the sample of adults will not be representative of all adults in the population. Nonetheless, in most situations adults will be assessed along with children less than five years of age. In such cases, households should be the unit of sampling, and selection of households should continue until the desired number of both children and adults have been measured. All efforts should be made to prevent potential selection bias (i.e. inclusion of specific groups in the sample and exclusion of others) because adults are more often away from the home than children underfive, particularly healthy men.

Adult surveys should only include persons less than 18 years of age in special circumstances. Rapid changes in anthropometric measures due to pubertal development complicate anthropometric assessment of persons younger than 18 years. In contrast, older people should probably be included in assessments of adults where possible. Because older people may be more dispersed in the community as compared with adults and children, more houses must be included to ensure the sample size is adequate. In such surveys, agencies should consider using long-bone measurements such as arm-span or demi-span as a proxy for height in calculations of body mass index (BMI). In some situations, such as inflationary economies with many pensioners on fixed incomes, surveys may target only older people.

Because little agreement exists on the validity of proposed anthropometric indices for adults, adult surveys should aim to gather data on weight, height, sitting height, and mid upper arm circumference (MUAC). These data can be used to calculate BMI. Previous studies indicate substantial variation in BMI with Cormic index (sitting height divided by standing height: a measure of body shape). BMI should, therefore, be adjusted for Cormic index. Adjustment can substantially change the apparent prevalence of undernutrition in adults and may have important programmatic ramifications. MUAC measurements should always be taken. If immediate results are needed or resources are severely limited, surveys may include only MUAC measurements.

Because the interpretation of anthropometric results is complicated by the lack of validated functional outcome data and benchmarks for determining the meaning of the

result, results must be interpreted along with the contextual information described above. The presentation of the results should include clear descriptions of all sampling and measurement methods. They should also present the prevalence of undernutrition as defined using multiple cut-off points. Such cut-off points should include the proportion of adults with BMI and Cormic-adjusted BMI below 16.0 and 17.0. Reports should also include a presentation of the distribution of values for all anthropometric measures and indices, for example cumulative frequency graphs or tables.

PRACTICAL RECOMMENDATIONS FOR ADMISSION TO SELECTIVE FEEDING PROGRAMMES

Before implementing selective feeding programs specifically tailored for adults, agencies should consider alternative strategies for improving household access to food. Where adult selective feeding programmes are necessary dry ration distributions are always more preferable to on-site wet feeding because of the opportunity cost for adults in attending these programmes. The main objective of therapeutic feeding programs should be the prevention of death.

THERAPEUTIC FEEDING

Where possible adult therapeutic centres should be integrated into wider programmes including TB treatment programmes, HIV support networks and other health programmes to allow referral of secondary cases of undernutrition.

Admission and discharge criteria should include a combination of anthropometric indices, social factors and clinical signs. Because little agreement exists on the validity of proposed anthropometric indices for admission and discharge, where possible weight, height and MUAC should be gathered for each individual. Individual agencies should decide on the indicator to use to determine entry and exit in each situation. This choice should take into account the known shortcomings of BMI, the lack of information on MUAC and the programme implications of their use (levels of need, resources available, presence of chronic or secondary undernutrition). Sustained weight gain should be an important element of the discharge criteria. Until the functional significance of anthropometric indicators is better understood, cut-off points determining when an individual should be admitted and discharged should be adapted to the resources available and the context. No generic set of social factors can be recommended for any emergency situation. These should be adapted to the particular situation (see the RNIS supplement for an example from South Sudan). Clinical signs should also be context specific. Some examples are: inability to stand and walk, bilateral oedema (Beattie grade 3 or more), sunken eyes. The relative importance of specific social or clinical signs is likely to vary and may need to be established locally.

The progress of adults admitted into centres should be monitored using: weight gain, presence of oedema, func-



tional ability and MUAC. Individual patients should have a minimum weight gain of 5g/kg/day. As a reference, the duration of the individual's stay should be between 15 - 40 days. Functional ability and MUAC should be recorded for research purposes. Failure to gain weight requires prompt investigation. Patients with secondary undernutrition (e.g. as a consequence of TB or AIDS) should be referred to more appropriate programmes.

RECOMMENDED RESEARCH PRIORITIES

The group recommended five areas of focus for operational research on adult undernutrition. First, proposed cut-offs for BMI, Cormic-adjusted BMI and MUAC should be validated using mortality and other data on functional outcomes, such as morbidity, ability to carry out routine activities, and reproductive health outcomes. Second, the variation in MUAC by age, sex and ethnic group is largely unknown. Data on MUAC from various groups, including both well nourished and undernourished adults, should be collected as soon as possible. Third, the aetiology of adult undernutrition, including adult nutritional oedema, requires further investigation. Health and food security indicators

should be considered in this investigation. Fourth, anthropometric and functional methods to differentiate between acute and chronic undernutrition need to be developed. Fifth, anthropometric methods for assessment of undernutrition in the 18-25 year group, in older persons and in adolescents need further development. The SCN Working Group on Emergencies Thematic Group on Adult Malnutrition will further develop this research agenda and make steps towards its implementation.

Acknowledgements

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Special thanks go to the expert panel members for their invaluable contribution to the success of the meeting.

1 Expert panel members: Dr. Steve Collins, Dr. Bradley Woodruff, Dr. Carlos Navarro-Colorado, Dr. Arabella Duffield, Dr. Peter Salama and



ACC/SCN Refugee Nutrition Information System

After a short break in production due to staffing changes, the SCN Secretariat is pleased to advise that a bumper RNI S report (issue # 32/33) was published in May. This report on the nutrition situation of refugees and displaced populations is available in hard copy from the SCN Secretariat (accscn@who.int) or can be downloaded from the ACC/SCN web site at <http://acc.unsystem.org/scn/> RNI S # 34 will be published at the end of July 2001.

We'd like to say HELLO to Tewodros Woldemariam who wrote recently from Derwonaji Refugee Camp in Eastern Ethiopia saying:

By chance I found one of your early RNI S Reports (March 1998) in the archives of our store.

I was really amazed by how much relevant information it contains.

To be honest this is the only publication we have concerning activities in refugee camps.

*There is a total lack of information exchange
on the general situation of refugees around the world.*

Rest assured Tewodros, we've added your name to our mailing list and from now on you will receive the RNI S Reports as they are produced!

speaker s̄corner

POINT/COUNTERPOINT ON CONFERENCE DIPLOMACY

Point: Margaret Catley-Carlson
Chair, Global Water Partnership

Special sessions—Pros from a Conference Pro....

There is a good reason for skepticism about conference diplomacy and summits. They cost a lot, steal the time of those involved in the subject, divert time from substance to administrative detail, and often enrich the hospitality industry of the host country a great deal more than they enrich the thought process on the subject issue. And in the post battle-for-Seattle era, is it worth even trying to get leaders together and hope that the focus can be on the events in the Conference room?

And yet....and yet....

International conference diplomacy can work, and work well, to accelerate progress on important issues. I have seen it happen twice—at the 1990 *World Summit for Children* and at the Cairo *Conference on Population and Development*. On both of these occasions, it is fair to say that a real paradigm shift occurred. After these meetings, a substantial part of the world, and certainly the senior levels of governments, looked at these issues—at least for a time—differently than they had before the conference. An interesting but very different third '5050success' example for me would be the The Hague *Conference on Water* in March 2000. Why? What made these three different?

- ◇ For the Children's Summit, the extraordinary importance of the event derived from the fact that heads of state and government were faced with the reality of the situation of children *in their own countries*, the fact that peer pressure and pressure from the inimitable James Grant was applied on them to get them to participate, and that they were also faced with the simple but powerful request that they agree to report on progress in a number of areas which impact children. The list was kept tolerably small although not small enough. This formula has, of course, been tarnished by frequent attempts to replicate it.
- ◇ The Cairo Conference's success was based on the determination of groups of NGOs, well backed by UNFPA and others, to mobilize in every country in the world to take a look at reproductive health issues: difficult, taboo, sensitive issues. To these were added the demographic impact of the situation of women (though a lot of participants were more inclined to see the problem in this perspective after the conference than before it!). High media interest, because of these taboos and sensitive issues, did not hurt. Within five years, governments were tripping over themselves in their readiness to report along the lines of the new paradigms that emerged. This alacrity has both a home-grown and an international au-

diance. NGOs and community groups provided the real yeast—whether this will continue or will feel the need to move outside the barricades will vary from issue to issue.

- ◇ The Hague *Conference on Water* hasn't yet impacted on government policy, but it gave impetus to the type of coalition-building across all sectors that is the necessary precursor to a more sane water policy around the world. It is a work-in-progress for a resource which has many, many sectoral demands, but no single international organization, usually no national organization or organizing ministry, and few defenders of the resource itself apart from narrower sectoral demands on its use.

I think what made these events significant was the degree of preparation that occurred *at the national level* for the international event itself.

Even where and when the earth does not move—and it would be wishful thinking and far-fetched to talk about paradigm shifts—conference diplomacy does have two important pluses:

- ◇ First and foremost, the opportunity for groups within countries to get together; dialogue begins, information is exchanged, problem lists are drawn up—and these can be followed by requests for meetings at senior political, private sector or social levels to enhance the level of national preparedness; the national media are mobilized around the coming event, financial support and other resources are pulled in towards the cause and, above all, coalitions of partners are formed.
- ◇ Second, well organized conferences give a lot of opportunities to practitioners from all sectors—public, private, academic—to focus on success stories and to exchange experiences about best practices. This is a lot more enduring and important work than the tedious construction of never-to-be-seen-again-or-ever-read-in-their-entirety ministerial documents.

So what point do I make?

That the success or failure of a global conference—despite the hoopla attached to the ministerial events and statements—depends on whether these events have an impact on national and community level concrete actions. Does the international conference enhance these activities, does it provide impetus and support to such concrete work, or does it rob precious time and resources from it for irrelevant activities on a platform far removed from reality? *Carpe diem, carpe conference!*

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Counterpoint: Keith Bezanson
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Is there a future for Summits and special Sessions of the United Nations?

There can be little doubt about the historical value of global summits. Without them the multilateral system itself would never have existed. The main institutions of the multilateral system (the World Bank, the IMF, the United Nations and its specialised agencies) were the products of global summits and they were central to the remarkable quarter century following the second world war (called the 'Golden Age' by historian Eric Hobsbawm) of rapid economic growth and growing prosperity in all regions of the world.

Because of this, it is small wonder that summits and conference diplomacy became a preferred vehicle to address global problems. After all, it had been demonstrated that they could not only galvanise political will for shared actions, but could also mobilize the resources necessary to tackle problems.

Summits worked in the past. The question is whether there are good reasons to think that they may not work in the future? There is no unequivocal answer to this, but there are reasons to be skeptical.

First, the context for global summits has greatly changed from the 'Golden Age.' Among other factors, the 'Golden Age' of world economic growth was also a period of considerable international generosity. For two and a half decades, there were continuous increases in ODA to poorer countries. But the 'Golden Age' came to an end in the early 70s, and the world entered what Hobsbawm called the 'Crisis Decades.' With this, came the end of the prolonged period of international generosity—development assistance budgets have been cut by practically all donor countries. At the same time, new tasks have demanded a growing share of a diminishing pool of public funds for international co-operation. Post-conflict reconstruction, humanitarian relief, refugee assistance and a wide range of new needs in the area of 'global public goods,' (e.g. biodiversity preservation, global climate change, efforts to fight drug trafficking, money laundering, and other crimes) now compete with more traditional development areas such as health and population, food and nutrition, education and training, that had previously been the main focus of development assistance.

Second, this is a time of unprecedented stress on the entire multilateral system. At no time since the founding of the United Nations and the Bretton Woods institutions over fifty years ago have multilateral institutions been forced to contend with so many pressures and paradoxes. As never before, they are challenged by poor countries demanding to be integrated into the global economy in an effort to help them alleviate the deep socio-economic fissures that

such integration is clearly causing. They are asked to exercise regional and global leadership making international development efforts converge, as well as to blend the myriad of interests, differing viewpoints, and often-conflicting priorities of a vast array of actors with different agendas. They are required to seek out and function effectively in partnerships with governments, decentralized authorities, the private sector, bilateral and other multilateral agencies, NGOs and civil society, and to do so at national, transnational and grass roots levels. They are mandated to decentralize and increase their operational presence 'on the ground' while demonstrating greater fiscal restraint and savings in their administrative costs. Last but not least, they are confronted by angry mobs accusing them of expansionism and hidden agendas and calling for their abolition.

Third, the very nature of summits and conference diplomacy has altered irreversibly. Historically, summits were essentially inter-governmental in character. Preparatory work was conducted by national governments and those who participated in summits themselves were almost exclusively representatives of national governments. The *Earth Summit* of Rio in 1992 effectively changed the model. In many countries, the preparations for Rio included broadly based civil society consultations that included regional and municipal levels of government, business associations and especially NGOs. These groupings and institutions of society also attended the Rio Summit and held a parallel summit. Since Rio, efforts at summitry and special sessions have met increasing demands from such groups for commensurate representation and political weight in summits. Whatever the many benefits of this new 'inclusiveness,' the processes of conference diplomacy have become significantly more complex, more time-consuming and more expensive. Moreover, each group of stakeholders tends to express its views and requirements in a variety of ways, in different manners and through a diversity of channels, often generating a cacophony of demands to which attention must be paid. Because of this, it is becoming increasingly questionable that future conference diplomacy will be able to sort out conflicting viewpoints and balance conflicting interests.

Fourth, there is a growing weariness with summits and with the vast gaps between the noble rhetoric and agreements that emanate from them and the actions that follow. The *Earth Summit* is illustrative of this. Its conference diplomacy, especially between richer and poorer countries, produced a consensus based on what came to be known as the 'Rio Bargain.' The bargain was to bring about a new framework of international cooperation within which both rich and poor countries would act jointly to protect the environment. The bargain had three components: a major increase in ODA, advanced countries' financing the poorer countries' access to new, 'clean' technologies, and the elimination of trade barriers inimical to the interests of poorer countries. Next year will be the tenth anniversary of Rio (Rio+10) and, of the above three components, pro-

gress has occurred only on the third. In the case of the other two, movement has been rather in the opposite direction.

The gap between words and actions with regard to the *Earth Summit* is but one example. Much of the current wave of conference diplomacy is centred on new international development targets (IDTs)—the very topic of this issue of *SCN News*—and the number of these targets seems to grow with each conference. Among those now officially endorsed are:

- ◇ A reduction by one half in the proportion of people living in extreme poverty by 2015.
- ◇ Universal primary education in all countries by 2015.
- ◇ Demonstrated progress towards gender equality and the empowerment of women by eliminating gender disparity in primary and secondary education by 2005.
- ◇ A reduction by two-thirds in the mortality rates for infants and children under age five and a reduction by three-fourths in maternal mortality—all by 2015.
- ◇ Access through the primary healthcare system to reproductive health services for all individuals of appropriate ages as soon as possible, and no later than 2015.
- ◇ A reduction by 50% of the proportion of people without

access to safe water and sanitation by 2015.
 ◇ The implementation of national strategies for sustainable development in all countries by 2005, so as to ensure that current trends in the loss of environmental resources are effectively reversed at both global and national levels by 2015.

It is entirely unclear that any of these laudable targets can be achieved. What is clear is that they will not be achieved in the absence of substantial new investments and a several-fold expansion in public financing. However, to date, conference diplomacy has not addressed this key question of costs and on how these are to be met. If this continues, it would appear that frustration with summitry and special sessions can only grow.

Summits proved of almost immeasurable value in the past, because they produced meetings of minds, agreements on joint actions and the commitment of required resources. However, the context that allowed for such success has shifted, and shifted greatly. The factors outlined above summarize reasons for growing skepticism about summits and, indeed, suggest an inauspicious future for conference diplomacy.

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Do you have a point-counterpoint to offer?
 Write to SCN News and we will post it in our next Speakers' Corner—accscn@who.int

ENDING MALNUTRITION BY 2020¹: A TIMID AGENDA FOR CHANGE?

A belated reading of this ACC/SCN-commissioned Report has left me with mixed feelings. I found it rich in information, well researched, overall liberal and progressive in its outlook, but caught a bit in old frames when it comes to finding ways out. What I mean is that we are given a recipe to change the situation that has perpetuated malnutrition for ages from *within* the paradigm. That is tough and, in a way, lacks credibility. Revamped old formulas or even new ones that do not center around a) a bottom-up, empowering approach to ending malnutrition, and b) a frontal attack on the basic causes of malnutrition underpin this lack of credibility. In short I think we need a paradigmatic break.

In summary form the Report sets out recommendations for ACC/SCN agencies in four columns, from left to right, starting with the international level and placing the local level at the extreme right. That already introduces a top-down bias. The table calls for harmonising nutrition goals without telling us what this harmonising is all about. It actually calls for new regional task forces (not well defined) and national nutrition councils to *reconsider* nutrition goals and set *new* priorities for action (...as if increased and new knowledge alone would be the engines of the political changes needed to eradicate malnutrition). We are also

left in the cold as to what magic bullet these new plans of action are supposed to incorporate. It is emphasized that these new goals should be adapted to national circumstances. Haven't we done that already? Aren't goals—old or new—still plain wish-lists? Repeated calls are made to build national capacities, but little is said on what skills are most needed and nothing on how to train community-based activists that will foster the community mobilization that will be needed for any success to be had. The proposed 'village level boards' sound more like bureaucratic than militant structures, and the box in the table pertaining to local level capacity building is the only one left blank.

In short, by looking at the table I get a feeling of *déjà vu*. We've been there before...and the Report does acknowledge this, but hopes *this* time we'll get it right.

There are contradictions too. Statements elsewhere in the Report suggest that purposeful action will require determined political commitment and mobilizing the public at large. The Report further calls on governments and tells them they *'should'* put forward the (non-binding) draft of the Code of Conduct on Human Rights to Food. No elaboration is offered (see p 56).



Talking about societal issues, the Report, in my view, is incorrect when it says that 'nutrition may not even respond to improved income' (p 7). I have tried to prove this wrong elsewhere². I also disagree that, in the public-private divide, 'the challenge is to bridge the communications gap between both'. It is much more complicated than that, as is acknowledged later on when the Report describes Codex Alimentarius negotiations in which '140 corporations were represented, compared with 105 nations; thus the interests of the developing nations are (frequently) poorly represented'.

The responsibilities of governments *vis à vis* respecting, protecting and facilitating the rights of people to feed themselves are unfortunately presented in conditional tense (should) on page 56. Moreover, only the ethical and not so much the political imperatives of human rights considerations are highlighted.

Under its Visions, the Report further calls on us 'to assess why the international community has failed to implement existing knowledge before now' (as if we really did not know why...) and tells us 'it is unclear why more has not been done'. Well, it is plenty clear for some of us. I find these statements naive and incongruous with the rest of the Report, aggravated a few lines further down by the Report complaining about 'the failure of some major financial institutions to follow the World Bank initiatives...on food security and human health...'. Have those worked? ...am I missing something?

I am also a non-believer in pro-poor structural adjustment and self-targeted safety nets 'with community co-financing' (ugh!). Safety nets and targeting victimize the poor as if it is *their fault* to be malnourished. Both do nothing to redress the basic causes that are perpetuating malnutrition to begin with. But to add insult to injury, in its Annex 4, the Report calls for the IMF and the World Bank 'to build into their guidelines for adjustment programs specific provision for protecting the nutritional safety of vulnerable groups'. Later, the Report does recognize the advantage of population approaches over targeting 'since they tend to deal with major national issues'.

I find it difficult to envision how national nutrition councils (and sub-national nutrition boards) called for by the Report can 'avoid the pitfalls of the early councils'. To begin with, most of the time, the will of the ruling elite in developing countries is not there. No councils can or will thus do enough, even if we set them up less top heavy on bureaucrats, with a technical secretariat and with all the other attributes of 'success' listed on page 64. I wonder if something like a political secretariat would not have a better chance.

In any case, I agree that each country should go through an introspection exercise and reconsider the effectiveness of their current policies. But this process should be controlled by beneficiaries, not providers! From there should emerge a revisioning and a remissioning for the years to come.

Finally, the ACC/SCN is asked by the Commissioners to take an overwhelming number of new functions and roles in the new agenda for which it is not prepared, nor funded, nor staffed. Similarly, the IUNS is asked to take some roles for which it is not prepared.

Reviews like this invariably pick on the more negative aspects of a lengthy report like this and further point out contradictions, probably the result of multiple authorship. I repeat, this Report has its merits –certainly in its situation analysis and many of the agenda items set forth. I learned a lot by reading it and recommend it to all *SCN News* readers....so you can perhaps find your own qualms.

Claudio Schuftan: aviva@netnam.vn

1. Commission on the Nutrition Challenges of the 21st Century (2000) Ending malnutrition by 2020: An agenda for change in the millennium, Final report to the ACC/SCN by the Commission on the Nutrition Challenges of the 21st Century, *Food and Nutrition Bulletin Supplement*, 21:3-88 pp., Sept. 2000. [Copies are available from the ACC/SCN Secretariat in Geneva—contact accscn@who.int]
2. Schuftan, C (1998) Malnutrition and income: Are we being misled? (A dissenting view) *The Ecology of Food and Nutrition*, 37:101-121.

TRANSITIONS AFFECTING NUTRITION AND AGEING: *An update on SCN News 19*

There is much good news to report about ageing. Advances in nutrition and public health mean that higher life expectancy is likely and the potential is great for most people in the world to live to an old age with a high quality of life. But caution is indicated. With abundance, we may be creating new problems.

Five transitions affect the nutritional status of ageing people worldwide:

◇ The *demographic transition* involves a rapid shift from

young population profiles to older profiles with low birth and death rates. These changes will result in dramatic increases in those over age 60, from 10% of the population in 2000 to over 22% in 2050, with the vast majority of these new elders in the developing countries.

◇ The *epidemiological transition* involves a shift away from the high prevalence of infectious diseases and undernutrition to a pattern of high prevalence of chronic diseases (diabetes, cardiovascular diseases, hypertension) and overnutrition. These trends will have powerful effects on

morbidity and mortality patterns.

- ◇ Third, there is the *nutrition transition*: Today, in much of the world, diets are higher in micronutrients and energy than ever before; to this, one has to add inadequate physical activity patterns. These increases in energy intake, coupled with low energy outputs, have led to an epidemic of excess adiposity, as well as disuse (muscular) atrophy in many elders. We now have a better understanding of both nutrition and aging at the cellular level. Biotechnology has great potential to provide us more nutritious foods while promoting sustainable agriculture and higher quality of life especially for senior citizens.
- ◇ The *information transition* involves new ways to exchange information and knowledge through the electronic media. These technologies make the transfer of nutrition information much more accessible to everybody worldwide.
- ◇ Finally, there is the *globalization transition*. The globalization of countries' economies could facilitate the imple-

mentation of nutrition advances, but it also has the potential to cause diets to deteriorate especially those of urban migrants. Global approaches are necessary, including those to deal with the rapidly growing aging group. This challenge will have to be tackled alongside our fight against hunger, food insecurity and illnesses in traditionally vulnerable groups.

The goals for ageing people remain. They aim at achieving a balanced, healthy diet, and maintaining an active lifestyle in a safe and caring environment. The challenge is universal, the task is immense. Countries must collaborate in this effort.

Our work is supported by the U.S. Department of Agriculture. Opinions here expressed are those of the authors and do not reflect the views of the USDA.

*Odilia I. Bermudez: bermudez@hnrc.tufts.edu
Johanna T. Dwyer: jdwyer1@lifespan.org*

NUTRITION AND THE ENVIRONMENT: *An update on SCN News 21*

In general, there are three ways in which humans can adversely affect the environment: by neglect, by directly destroying it, and/or by polluting it. Especially where the environment has been exploited for the supply of energy and resources (such as raw materials and food) and where people create larger settlements and set up industries, as humans we fail to sustain the environment and contribute to its deterioration. Given natural cycles of regeneration, if humans simply ignore the natural environment, the environment can actually be restored. Destruction of the commons and pollution of the waters are the most devastating and irreversible of insults. But not enough is reported about this. It is alarming, for example, that MEDLINE citations indexed with the keyword "pollution" are declining in the health literature, and that the combination of "nutrition-pollution" lags far behind the combination of "nutrition-food" and "nutrition-infection".

It has been only six months since the publication of *SCN News 21* on the theme of Nutrition and the Environment (to which we both contributed). In the meantime, interest on this topic has grown. Proof of this comes from a recent opinion poll among the USA citizens in which 53% rated the environment as their primary concern as compared to 33% who ranked the economy first. This derives, in part,

from the evolving worldwide awareness and discussions of environmental matters that have arisen in reaction to the policies disclosed by the new US Administration. Most notable has been the announcement that the USA will not ratify the Kyoto Treaty on greenhouse gases. To this was added the relaxation of standards on the arsenic content of drinking water, new restrictions in the protection of endangered species, and the green light to drilling for oil in the Alaskan wilderness. Other issues in the news originating from Europe have included environmental issues such as mad cow disease and foot-and-mouth disease.

We feel that human nutrition depends directly on diet, health and the environment. The research community should capitalise on the renewed worldwide interest in the environment and initiate the research needed to put the nutrition-environment relationships on firmer empirical ground so that needed advocacy can be done based on facts.

*Rainer Gross: rnp@lamolina.edu.pe
Noel W. Solomons: cessiam@quate.net*



We'd like to hear your views. Write to us at **SPEAKERS' CORNER**. If there's something you feel strongly about, let us know. accscn@who.int

publications

Editor's Note: SCN News 21 provided information on eight major reports issued during year 2000, by UN agencies and one (the Disasters Report) by an NGO. We received several letters and email messages saying that this new feature of SCN News is highly appreciated. These reports are not widely disseminated throughout the nutrition community, but they probably should be. They provide a wealth of data and text on societal and economic factors related, directly and indirectly, to nutrition. They will be useful in teaching, speech writing and advocacy work. Here we offer information on six additional publications—three UN agencies' reports on poverty, a report on refugees, the 2001 Disasters Report, and a report on water/sanitation.

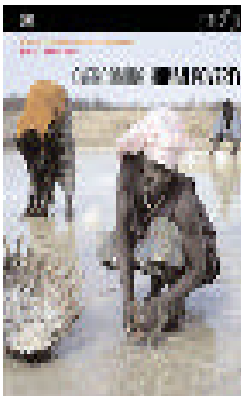


RURAL POVERTY REPORT 2001: The challenge of ending rural poverty

IFAD, Oxford University Press, 2001, 266 pp.

Progress in reducing rural poverty has stalled. In the 90s, it fell to less than one third of the rate needed to meet the UN's commitment to halve world poverty by 2015. Although three quarters of the world's 1.2 billion extremely poor people live and work in rural areas, aid to agriculture, their main source of income, has fallen by two thirds. IFAD argues that to be successful, poverty reduction policies must focus on rural areas. To overcome disadvantages stemming from remoteness, lack of education and health care, insecure and unproductive jobs, high fertility rates and (often) discrimination against women and ethnic minorities, the rural poor need: legally secure entitlements to basic assets (especially land and water); technology (above all for increasing the output and yield of food staples); access to markets; opportunities to participate in decentralised resources management; and access to microfinance. Such policies not only promote economic growth, but also help alleviate urban poverty. A sustainable reduction in poverty calls for the creation of a more decisive pro-poor policy environment and the specific allocation of a greater volume of resources to the poor at the same time seeking greater effectiveness. This needs to be complemented by better partnership among government, civil society and the private sector so that the poor are empowered to take full responsibility for their own development.

ifad@ifad.org www.ifad.org



POVERTY REPORT 2000: Overcoming Human Poverty

UNDP, 2000, 139 pp.

This *Report* was launched at what UNDP's Administrator calls "a major turning point in the global campaign against poverty", the UN General Assembly's five-year review of progress against poverty following the 1995 World Summit for Social Development. The *Report* shows that current trends are troubling, indeed progress is negligible in many countries. At the Social Summit developing countries made firm commitments to eradicate extreme poverty and substantially reduce overall poverty, yet they ran into numerous roadblocks – financial crises, onerous debt burdens, protectionism, war and civil conflict, and a string of natural disasters. The *Report* assesses a broad range of national poverty programmes to find out what is working and what is not, and to draw some general lessons for better policies. One lesson is clear: programmes need to be multisectoral and comprehensive. Confining poverty programmes to a set of small scale, disjointed projects is not an effective use of resources. Programmes need a strategic approach, many need not only more funding, but also better coordination by government ministries with clout. Civil society and private sector need to be involved in a broad, united front.

www.undp.org

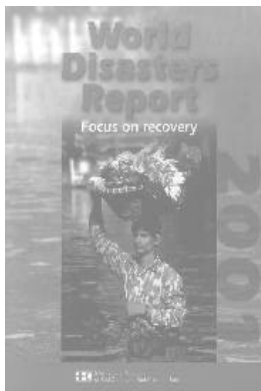


World Economic and Social Survey 2000: Trends and Policies in the World Economy

UN, 2000, 280 pp.

Yes, another report on poverty—this one on the theme Escaping the Poverty Trap. This *Survey* was compiled by the Department of Economic and Social Affairs of the United Nations, drawing on the work of the regional commissions of the UN, UNCTAD, the IMF and the World Bank. Part one chronicles a "remarkable" recovery in the world economy after the crisis years 1997-99. The *Survey* finds that the volume of international financial flows has not returned to its pre-crisis level, but international financial markets are displaying a "sense of calm". International trade has largely recovered from the setback it suffered following the financial crises. However, the losses incurred during 1997-98 can never be make up, rates of economic growth in most countries have recovered, or are in the process. For those most directly affected, many of the social consequences of the crisis persist, with unemployment and poverty levels remaining higher than they were a few years ago. This situation is inconsistent with the global pledge to reduce by half the proportion of people living in extreme poverty in the next 15 years. The challenge is for poorer countries to break out of their poverty trap, by finding a path to sustainable development. Part two examines the critical points on this path. Is improved nutrition on this path? Read, and find out.

www.un.org/publications

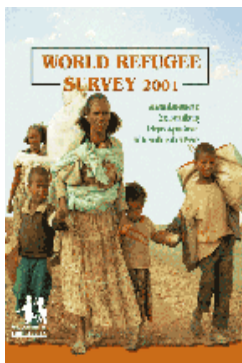


WORLD DISASTERS REPORT 2001

IFRC, 2001, 248 pp.

The *World Disasters Report* has been published by the International Federation of Red Cross and Red Crescent Societies since 1993. This *Report*, which focuses on recovery, uses plain language and forceful case studies to illustrate both the complexity of disasters and the inadequacy of international response. Didier Cherpitel, Secretary General of the IFRC, notes in the foreword that there were more disasters in 2000 than in previous years of the decade. Fewer people are being killed, but more are adversely affected now than in the past. A major cause is the increase in the number of "un/natural" events such as floods, wind storms and droughts. The *Report* frankly discusses some of the lessons to be learned about the processes of recovery. Prospects for recovery from disasters, particularly for those in the most disaster-prone countries, are not encouraging. Recurrent disasters are sweeping away development gains and calling into question even the possibility of recovery. Gaps between life-saving relief and longer-term development can leave disaster-affected people stranded. Technical solutions that do not adequately take account of communities' needs may mean that reconstruction *does not* lead to recovery. Post-disaster reconstruction has focused too much on rebuilding physical infrastructure – but there is more to recovery than concrete. Investment in the social capital of disaster-affected communities is key to building sustainable recovery.

secretariat@ifrc.org www.ifrc.org

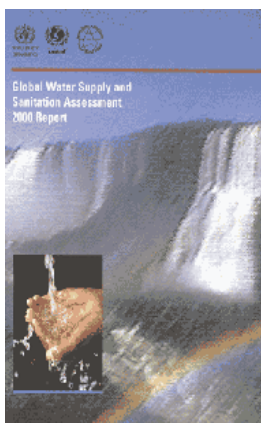


WORLD REFUGEE SURVEY 2001

US Committee for Refugees, 2001, 306 pp.

"Excuse me if we don't throw a party," writes Jeff Drumtra, Senior Policy Analyst for the US Committee for Refugees, in an opening chapter of the World Refugee Survey. The year 2000 marked the 50th anniversary of the founding of the UN High Commissioner for Refugees, the agency responsible for protecting and assisting the world's refugees. The year 2001 is the 50th anniversary of the 1951 UN Refugee Convention, the body of international law meant to ensure refugee rights. Both are under siege and losing ground. But this report covers not just the plight of refugees, it also deals with conditions affecting asylum seekers and internally displaced persons. The report begins with numbers, recognizing that statistics on refugees and other uprooted people are often inexact and controversial. One country's refugee is another's illegal alien, so government tallies cannot always be trusted. The statistics represent the best judgements of the US Committee for Refugees. This is followed by a series of essays by distinguished scholars on the Refugee Convention, tools of engagement, conflict prevention, asylum and Article 34 of the Convention, and a heart-wrenching testimonial from a young boy in South Sudan. Country reports from all regions are also presented, giving detailed descriptions of population movements in regions that tend to get less press coverage, such as Kyrgistan, Kazakstan and Uzbekistan; there is a lengthy section on Iran, currently host of the largest number of refugees in any country in the world. Each country report explains the legal status of the Convention, and whether or not legislation is in process. Country reports also explain the political and military events at the root cause of population flows, large and small. This is a massive volume, formidably well-researched.

Usacr@irsa-uscr.org www.refugees.org



GLOBAL WATER SUPPLY AND SANITATION ASSESSMENT 2000 REPORT

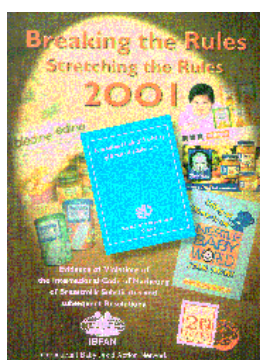
WHO, UNICEF, Water Supply and Sanitation Collaborative Council, 2000. 79 pp.

As Richard Jolly, Chair of the Water Supply and Sanitation Collaborative Council and SCN Chair from 1996-2000, points out in the Foreword, this document is an important benchmark for international efforts to bring dignity and health to the world's most deprived people. Access to safe water and sanitation is a universal need and a basic human right. Despite the intensive efforts of many institutions at the national and international levels, nearly 1.1 billion people still remain without access to improved drinking water services and about 2.4 billion *have no access* to any form of improved sanitation facilities. This Report presents the findings of the fourth assessment of the water supply and sanitation sector. It is a source of water and sanitation coverage estimates, and supports investment, planning, management and quality of service decisions in the sector. An important change in the methodology used in preparing the report is an emphasis now on users as primary sources of data, rather than on providers. The assessment gives the baseline and monitoring methodology that will ensure reliable and consistent statistics with which to report progress with confidence in the years to come. The report is highly readable, with a large number of graphics, maps and figures that deliver clear and important messages.

www.who.int

BREAKING THE RULES, STRETCHING THE RULES 2001: Evidence of violations of the International Code of Marketing of Breastmilk Substitutes and subsequent Resolutions

IBFAN, *International Baby Food Action Network*, May 2001, 72 pp.



On the occasion of the 20th anniversary of the Code this Report, launched by IBFAN in May, is the result of monitoring the marketing practices of 16 transnational baby food and 13 bottles/teats companies in 14 countries. It exposes widespread and systematic violations by Nestlé, Wyeth, Abbott-Ross, Mead Johnson, Cow&Gate, Gerber, Evenflo and others.

Among the findings: health care facilities continue to be used by companies to reach mothers; companies provide free infant formula to facilities and free samples to health workers; promotional materials are distributed to new mothers; seven companies use baby clubs to promote their products, the Internet is used for marketing; labelling provisions are violated by all companies; in short, the evidence collected demonstrates systematic disregard for the Code.

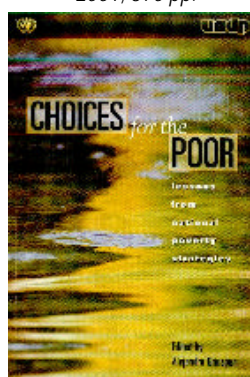
According to UNICEF, reversing the decline in breastfeeding could save the lives of 1.5 million infants around the world every year. To date, 51 countries have incorporated all or most of the Code's provisions into law. Two highly informative charts accompany the Report. These are State of the Code by Company and State of the Code by Country.

See the related press release by visiting the IBFAN website at www.ibfan.org/english/news/press/press15may01.html. The report is available in English and Spanish and can be downloaded as a PDF file.

Contact: mikebrady@babymilkaction.org website <http://www.babymilkaction.org> (You can now order publications and merchandise on-line).

CHOICES FOR THE POOR: Lessons from national poverty strategies

Edited by Alejandro Grinspun, UNDP, 2001, 370 pp.



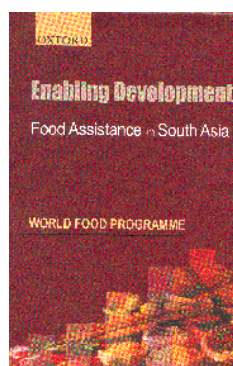
This book is based on a comprehensive external evaluation of the strengths and weaknesses of the Poverty Strategies Initiative, a programme launched in 1996 to help developing countries fight poverty. Drawing on findings from almost 50 countries, *Choices for the Poor* provides a range of analytical and operational insights for the development of pro-poor policy. It shows that successful anti-poverty strategies take time to develop and require broad-based consensus among key national actors. The book bears witness to the technical and political complexity of developing these strategies and cautions against overly technocratic and disengaged approaches. Part 1 of the book covers policy issues and Part 2 country cases.

<http://www.undp.org/dpa/publications/choicesforpoor/ENGLISH/index.html>

ENABLING DEVELOPMENT:

Food assistance in South Asia

WFP Regional Office for South Asia, Oxford University Press, New Delhi, 2001, 290 pp.



This book takes stock of the current situation of hunger and malnutrition in the region and examines ways to dealing with it. The progress made by the countries in the region over a span of forty years is assessed. The book includes maps that locate the areas of highest prevalence of food insecurity,

tracking cereals availability, percentage of the population subsisting below the poverty line, female illiteracy, number of underweight children and of anaemic women, flood prone areas, and areas affected by civil conflict. They show that the concentration of extreme food insecurity cuts across national boundaries. Improving food security is thus an issue that brings the countries in the region together.

Enabling Development emphasises the advantages of placing food in the hands of women in food assistance programmes and suggests short- and long-term solutions to hunger through food-based assistance programmes. The book spans five chapters covering food insecure people and places, South Asia's food economies, food-based assistance in the region, the challenges for food assistance to enable development, and conclusions and recommendations.

www.oup.com or www.wfp.org

FOCUS 5—HEALTH AND NUTRITION: Emerging and re-emerging issues in developing countries

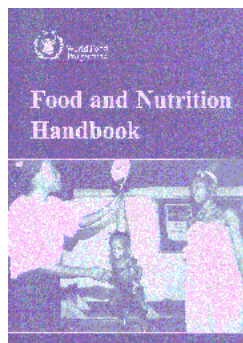
Edited by R Flores and S Gillespie, IFPRI 2020 Vision, February 2001, 22 pp folder

Given the importance of health and nutrition for development, this collection of policy briefs presents expert perspectives on some of the most significant emerging and re-emerging nutrition and health issues that will influence human development in developing countries in the next decades. These conditions are increasingly diverting public health resources away from prevention and primary health care. Only by responding to the health and nutrition concerns associated with and determined by hunger and poverty can the developing world make significant progress in escaping the trap. Briefs cover the global burden of disease, HIV/AIDS, malaria, TB, intrauterine growth retardation, obesity diet-related chronic diseases, health and ageing, micronutrients and policy priorities. It is concluded that many of these problems affect public health, but they also demand larger development solutions. Many of the improvements needed will take time and, to be sustainable, require laying the right foundations now.

ifpri@cgjar.org www.ifpri.org

FOOD AND NUTRITION HANDBOOK

WFP, Rome, 2001, 123 pp.



The handbook is aimed at WFP staff at all levels who are involved with the delivery of food assistance to WFP beneficiaries. This handbook should serve as both a reference and training manual, providing staff with:

- ◇ A better understanding of food and nutrition issues.
- ◇ A practical tool to tackle a number of basic nutrition related tasks, and
- ◇ The ability to judge when specialised advice should be sought.

The handbook enables the staff to assess and analyse the nutrition situation in a country or region and helps manage the design, implementation, monitoring and evaluation of interventions. The chapters begin with a statement of purpose, and a summary. A list of learning objectives for each chapter indicates the knowledge/skills WFP staff is expected to acquire. The handbook is divided into two sections. Chapters 1-5 deal with basic food and nutrition concepts and the process of analysing nutrition problems and their causes. The second section, Chapters 6-11, covers the practical applications of nutrition interventions, programming issues, the tools for planning rations, selective feeding modalities, and general food distribution issues.

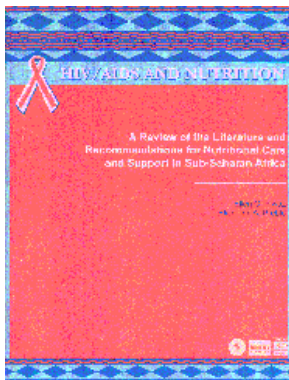
The book can be obtained from the Nutrition Unit in WFP Rome. Contact rita.bhatia@wfp.org

Human rights are an important instrument contributing to the achievement of social sector goals. We should go beyond saying that children ought to get the food, health, and care they need, to say that they are entitled to these things.

George Kent (see p 13)

**HIV/AIDS AND NUTRITION:
A review of the literature and recommendations for nutritional care and support in Sub-Saharan Africa**

E.G. Piwoz and E. A. Preble, USAID, SARA Project and Commonwealth Regional Health Community Secretariat. November 2000. 54 pp.



HIV/AIDS and nutrition are inextricably interrelated. Malnutrition increases the risk of HIV transmission and the progress of HIV infection. In turn, HIV infection exacerbates malnutrition. The monograph informs us of the role of nutrition in HIV infection in African settings and describes its effects on reductions in food intake, nutrient malabsorption and metabolic alterations. It explores the possible effects of vitamins and minerals on HIV disease progression and mortality, as well as on mother to child transmission.

Nutrition counselling and interventions can slow or reverse the process and consequences of weight loss and wasting in people living with HIV and AIDS. The paper presents examples of a number of nutrition support programmes. And provides support recommendations for both adults and children. Initially, the aim of interventions is to help people living with HIV to remain relatively healthy, prolonging the interval from initial infection to development of AIDS and improving the quality of their lives. At later stages of the disease, nutrition support is largely palliative and focuses on maintaining intake during bouts of illness and recuperative feeding. The paper finally explores the risks of HIV transmission through breastfeeding, contrasting it with the various risks of replacement feeding.

Copies can be obtained from the SARA project: sara@aed.org

**THE MICRONUTRIENT REPORT:
Current Progress and trends in the control of Vitamin A, Iodine and Iron deficiencies**

JB Mason, M Lofti, N Dalmiya, K Sethuraman and M Deitchler, The Micronutrient Initiative/IDRC, UNICEF, Tulane University, Ottawa, 2001, 116 pp.



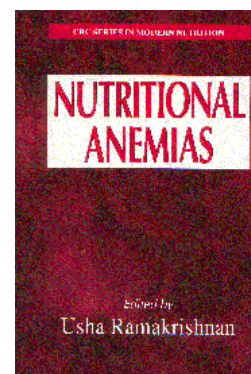
This Report summarises the status of all these deficiencies and reports on progress made by programmes to tackle them. This is the first of a series of annual reports. It helps to set priorities for needed interventions.

Part I summarises prevalence trends and Part II describes the status of current programmes and suggests how to sustain their impact. The Report highlights current issues of supplementation and fortification with multiple nutrients and it pleads for more effective and integrated surveillance. It concludes that salt iodisation is the most extensive micronutrient intervention at present, that coverage through Vitamin A supplementation is of the order of 60% in about 30 countries, that fortification gets more attention in Latinamerica and that iron supplementation is lagging behind worldwide. The report includes numerous tables, figures and maps.

www.micronutrient.org

NUTRITIONAL ANEMIAS

Edited by Usha Ramakrishnan, CRC Series in Modern Nutrition, CRC Press, Boca Raton, FL, 2001, 260 pp.



This book examines anaemias in detail and offers an overview of the most current findings on the aetiology and consequences of this important public health problem. The book extensively discusses intervention strategies in the prevention of nutritional anaemias. It also examines multinutrient and iron supplementation, problems with compliance especially during pregnancy, and compares the benefits of daily versus weekly dosing.

Nutritional Anemias critically reviews successes and failures drawing lessons from past and ongoing programmes, as well as addressing current controversies head-on. Chapters by 22 different authors cover a historical overview and the complex causes of nutritional anaemias, their assessment, their functional consequences during different stages of the life cycle, as well as supplementation, fortification, food-based approaches, and measures to control helminth infestation. The book will serve as a timely resource for those working in public nutrition.

CRC Press LLC, 2000 N W Corporate Blvd, Boca Raton, Florida 33431, USA.

THE STATE OF THE WORLD'S CHILDREN 2001: Early Childhood

UNICEF, 116 pp., with a foreword by Kofi Annan and a special article by Nelson Mandela and Graca Machel



What happens during the very earliest years of a child's life from birth to age three influences how the rest of childhood and adolescence unfolds. Yet, this critical time is usually neglected in the policies, programmes and budgets of countries. Drawing on reports from the world over, *The State of the World's Children 2001* details the daily lives of parents and other caregivers who are striving—in the face of war, poverty and the HIV/AIDS epidemic—to protect the rights and meet the needs of these young children.

Choices to be made, the opening section, makes the case for investing more in the earliest years of childhood, before the age of three, when brain development is most malleable and rights are most vulnerable. It sets

the options governments have about where and when to make investments to ensure that children under three have their rights protected and their needs met. It highlights the importance of early childhood development programmes, not only for children, their parents and caregivers, but for the progress of nations as a whole.

A necessary choice, the middle section, calls on us to give needed attention to the youngest children where it is most difficult to guarantee: in countries where poverty, violence and devastating epidemics seriously challenge parents' hopes for their children. The section argues that early child care can act as an effective antidote to cycles of violence, conflict, poverty and HIV/AIDS. *The only responsible choice*, the closing section, highlights the fact that parents often struggle against great odds, to do right by their children. In both industrialised and developing countries alike, they find advice and aid from informal support networks and community organisations with innovative child care programmes. Some of these experiments are described. The report goes on to make the case why investment in early childhood development pays off. The Report is richly illustrated, has some country profiles and a section with maps. It also includes updated and very useful country-by-country statistical tables on basic, demographic and economic indicators, on nutrition, health, education, and on women, including tables showing the rate of progress being made by each individual country.

pubdoc@unicef.org www.unicef.org



**PLEASE
CONTINUE
SENDING IN YOUR REPORTS
AND PUBLICATIONS
—We will do our best
to include them in
an upcoming issue**



The ACC Network on Rural Development and Food Security have just updated their website to include articles on the World Food Summit: 5 years later; updates on several thematic groups, civil society participation and an update on the Horn of Africa Initiative.

<http://www.accnetwork.net>

Upcoming issues ...



The next issue of SCN News #23 (December 2001) will feature a series of articles on **Civil Society and the UN System: debate in the nutritional arena**. We welcome suggestions for topics of articles from all readers

Next year, 2002, brings the 25th anniversary of the ACC/SCN and 25th issue of SCN News. Many readers have suggested that SCN News #25 December 2002 publish a history of the ACC/SCN

Let us know what you think

Email us at:
accscn@who.int

Bulletin board

United Nations Special Session on Children

New York, 19-21 September 2001

The session will review achievements and results of commitments made by governments at the 1990 World Summit for Children and will also consider future actions for children over the coming decade. Further, the session will assess steps towards the implementation of the Con-

vention on the Rights of the Child. To date, 80 member states have submitted their national reports many showing that overall gains have fallen short of commitments and obligations. Documentation on the session will be posted and updated in the UNICEF website.

mkisabriye@unicef.org www.unicef.org/specialsession

—We hope this issue of SCN News will be considered as a contribution to the debate on this UNGASS on Children—
SCN News invites your comments on this session for its upcoming issue—contact accscn@who.int



In 1996, 186 countries pledged to cut by one half the number of 800 million hungry people by the year 2015. Unless extra efforts are made to accelerate progress, the goal will not be achieved before 2030 – a full 15 years later. The number of hungry people is only being reduced by 8 m/yr instead of the expected 20 m/yr. The review will be carried out at the highest level; civil society has been invited to participate.

Contact: erwin.northhoff@fao.org

International Colloquium on Promoting Growth and Development of Under Fives, Belgium, November 2001.

Those interested in attending, contact Danielle van melle at dvmelle@itg.be

8th Seminar of the European Nutrition Leadership Programme, Luxembourg, March 2002. It will assist developing a new leadership in human nutrition.

Contact Mrs Duym-Brookman at lous.duym@staff.nutepi.wau.nl

3rd International Symposium – Agroenviron 2002, Sustainable agroenvironmental systems: New technologies and applications. October 26-28, 2002, Cairo, Egypt. Contact Prof. Abdel-Rehman sirahman@intouch.com

ChildLine is an electronic newsletter of the Basics II Project. It is a monthly bibliographic service focusing on child survival.

To subscribe, send a message to basics@lb.bcentral.com with the word "subscribe" in the body of the email and include the name of your organisation and country.

Sustainable food security for all by 2020: A 2020 vision conference, September 4-6, 2001, Bonn, Germany.

For more information contact s.hill-lee@cgiar.org

For the website of the **International Anti-Poverty Law Centre**, an international human rights organisation based in New York, and a resource and research centre for economic, social and cultural rights. go to www.iaplc.org

www.web-agri.com is a new agricultural search engine with access to 300,000 on-line pages.

UNICEF Innocenti Research Centre (Italy) has a new website at www.unicef-icdc.org

where you will find an on-line catalogue and a bookstore ordering facility. They specialize in economic and social policy analysis and in the application of human rights instruments.

Their 2000-2001 catalogue can also be ordered from florence.orders@unicef.org

Photoshare is a website of the Johns Hopkins Center for Communication Programmes that allows you to access free photos for non-profit, educational use. You can use them in your presentations for more impact. Searching the database and ordering photos online is fast and easy.

www.jhuccporg/mmc/photoshare

Two important free web-based repositories of peer reviewed research for our readers to know about are

<http://pubmedcentral.nih.gov> and www.publiclibraryofscience.org

Both publish scholarly, scientific journal articles.

Readers who may be interested in **spirulina** as a means to supplement children suffering from micronutrient malnutrition, should contact Denis von der Weid at antenna.geneve@worldcom.ch

For a penny a day per American, the United States could lead an international campaign to cut world hunger in half by 2015. This is the conclusion of a report on **Foreign Aid to End Hunger**, published by the US-based Bread for the World Institute. This aid would have to be well planned and poverty-focused. One billion dollars a year in additional aid and debt relief is needed for Sub-Saharan Africa alone. Such a commitment would prompt other industrial nations to provide more aid.

bread@bread.org

www.bread.org

Register for IDPAS Iron World

The Iron Deficiency Project Advisory Service is a project of the International Nutrition Foundation housed in the Tufts University School of Nutrition, Boston. Its Iron World Network, funded by the Micronutrient Initiative, links and provides free technical information for advocates, planners, project leaders and researchers working to improve iron nutrition. It makes available guidelines, research reports, articles and expert advice to its members. IDPAS Iron World has a section of the MI website at

www.micronutrient.org/idpas

Information is also available in free CD ROMS. Register by contacting Gary Gleason at idpas@inffoundation.org

Slightly belatedly, the ACC/SCN Secretariat received a copy of the **Asian Development Review** Vol.17, Nos.1+2 of 1999. It is published by the Asian Development Bank. It will be of particular interest to our readers (especially in Asia), because it is *devoted to nutrition*. It has eight articles on the following topics:

- Investing in child nutrition in Asia
- Linking community-based programmes and service delivery to improve maternal and child nutrition
- Controlling micronutrient deficiencies in Asia
- Women's status: levels, determinants, consequences for malnutrition interventions and policy
- The role of caring practices in South and Southeast Asia
- Linking food and nutrition security
- Nutrition information systems in child nutrition programmes, and
- Opportunities for investments in nutrition in low-income Asia.

adbpub@mail.asiandevbank.org www.adb.org

Political Science 675c, Nutrition Rights, Fall 2001

In the fall of 2001, this course on Nutrition Rights will be offered as a graduate course in political science by Professor George Kent of the University of Hawai'i; The course examines the meaning and the application of the human right to adequate food and nutrition. Participants will gain an understanding of recent developments in nutrition rights, and also develop skill in applying the nutrition rights approach in specific contexts. This will be an on-line course, available to anyone who has reliable access to the Internet. The core text, Nutrition Rights: The Human Right to Adequate Food and Nutrition, may be accessed at:

www2.hawaii.edu/~kent/tutorial2000/titlepage.htm

The syllabus for the course may be accessed at

www2.hawaii.edu/~kent/pols675cfall2001/syllabus.html

Individuals who are not registered as full-time students at the University of Hawai'i at Mānoa can register for this course through the university's Outreach College, accessible through its

website at www.aln.hawaii.edu

The tuition and registration fee for this three-unit graduate course add up to \$519 for both Hawai'i residents and non-residents. Full-time students at the University of Hawai'i at Mānoa may register for the course by following their usual registration procedures.

Additional information about this course may be obtained from Professor Kent at kent@hawaii.edu

Ethics in Food and Agriculture

Major changes in the fields of food and agriculture in recent years have brought to the fore a variety of ethical questions of relevance to food security. FAO has therefore designated ethics in food and agriculture a priority area for interdisciplinary action and established an internal committee on the matter.

A new publication series has been launched, **the FAO Ethics Series**. The purpose of the series is to give impetus to the ongoing dialogue on issues like globalisation, the right to adequate and safe food, sustainable rural development, genetically modified organisms and the environment, and the need for equitable participation. Noteworthy is a September 2000 Report of the Panel of Eminent Experts on Ethics in Food and Agriculture.

For more information, contact margret.vidar@fao.org

Picture cards on breastfeeding in the form of transparencies illustrating proper breastfeeding positions, the physiology of breastfeeding and highlighting its multiple benefits. Available from TALC at talcul@btinternet.com

FIAN (FoodFirst Information and Action Network) has just put out its new publications catalogue covering the issues of Hungry (its international magazine) and background papers on the human right to feed oneself. Contact them at fian@fian.org

Nutrition Works and International Health Exchange have a register for food and nutrition specialists seeking work in developing countries. If you are interested in long or short-term opportunities, they would like to hear from you. Many international agencies and NGOs seek candidates from our lists. Contact Pat Brooke in London pat@ihe.org.uk

UNICEF CATALOGUE 2001: A selection of publications on children and human development. Can be ordered from publications@un.org or orders can be placed directly at www.un.org/publications

Micronutrient Initiative Newsletter
You can request to be added to the mailing list by writing to mi-newsletter-dl@lyris.idrc.ca or watch for it in MI's upcoming website www.micronutrient.org under resources.

Subscribe to **BFHI News**, the Baby-Friendly Hospital Initiative Newsletter. Write to the Editor BFHI News at pubdoc@unicef.org

Deworming in school feeding programme News come from WFP working in Nepal showing the positive impact of deworming on worm load (80% reduction, particularly relevant for hook worm) and on the prevalence of anaemia when linked to the provision of fortified blended food. WFP and WHO think these results support the idea to replicate such programmes to groups of pregnant women. For more information contact douglas.coutts@wfp.org

Health in Emergencies promotes WHO's work in preparedness and response to disasters, conflict and post conflict and raises awareness of good practice in emergency health management in humanitarian emergencies. Each issue has a specific focus area - recent topics include HIV/AIDS in emergencies, polio eradication in emergencies and water systems. The quarterly publication is available at: <http://www.who.int/eha/disasters/newsletter.shtml> wallacej@who.int

Wellstart Publications
Download the full publications list and order form in PDF format: <http://www.wellstart.org/publications.asp>
Note a new search feature

Would you like to post something on this bulletin board?
The next issue of SCN News will go to print in December 2001.
Contact: accscn@who.int



Deutsche Stiftung für Internationale Entwicklung

Four-week international training course on
Food and Nutrition Security—Programmes Addressing Acute and Chronic Malnutrition
8 October to 2 November 2001

Organized by the Food and Agriculture Development Centre (ZEL) of the German Foundation for International Development (DES) in collaboration with the German Agency for Technical Cooperation (GTZ) and German Agro Action (DWH), this course is designed for practitioners from food and nutrition security related projects at macro and micro level, from government as well as non-governmental agencies. It will provide a holistic understanding of the complex nature of food and nutrition security—the main focus will be the analysis and appraisal of the different approaches and instruments for the preparation, planning and management of food and nutrition security programmes.

Contact: k.klennert@des.de



Stop press!

The Bill and Melinda Gates Foundation has given large grants to the global immunization campaign. The Foundation is now showing an interest in nutrition programmes, and fortification in particular. The Global Health Program of the Bill and Melinda Gates Foundation has organized a consultation to discuss implementation strategies to accelerate the elimination of micronutrient malnutrition in developing countries, with special attention to opportunities for fortification of foods. A meeting will take place at the Foundation and the Elliott Grand Hyatt Seattle, Washington, July 25-26, 2001. The consultation with implementing agencies will follow a closed meeting of interested donors. The meeting provides a forum to report the results of the recent consultation with stakeholders conducted by Mercer Management Consulting and the Keystone Center.

Further information on this consultation can be obtained from Sally Stansfield at the Gates Foundation: sally@gatesfoundation.org

FAO/WHO/UNU Expert Consultations on Food Energy and Protein Requirements

These three UN organizations have together embarked on a review of energy and protein requirements. The two expert consultations will provide an update of the 1985 publication Energy and Protein Requirements (WHO Technical Report Series no.724). One of the main reasons for updating energy requirements is the large body of new data on energy expenditure, especially for children. Separate working groups have been set up to deal with infants and preschool children, pregnancy and lactation, methodologies and analytical issues related to food energy and protein, protein quality and food labelling for both energy and protein. The energy consultation will take place in Rome in October. In order to draw on a review of protein requirements undertaken now by the National Academy of Sciences Food and Nutrition Board in the US, the protein consultation will take place in spring 2002. The protein consultation will deal with the contentious issue of adaptation, i.e., the extent to which human adults adapt to different protein and amino acid intakes and therefore the magnitude of the minimum requirements.

For further information contact Robert Weisell at FAO: Robert.Weisell@fao.org

The UN General Assembly Special Session on HIV/AIDS concluded on Wednesday 27 June, when the 189 members of the General Assembly approved a Declaration of Commitment. The Declaration contains two references to nutrition, as follows.

18. Recognizing the need to achieve the prevention goals set out in this Declaration in order to stop the spread of the epidemic and acknowledging that all countries must continue to emphasize widespread and effective prevention, including awareness-raising campaigns through education, nutrition, information and health-care services.

65. By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.

For further information go to:

http://www.unaids.org/whatsnew/others/un_special/Declaration2706_en.htm

Nutrition Transition and its implications for health in the developing world will be discussed August 20-24 2001 at the Bellagio Rockefeller Conference Centre. Leaders in nutrition from 22 countries will meet to assess current low and moderate income industrializing countries' experience related to the nutrition transition and provide ideas for pushing forth a broader public health agenda in this area. Specifically, the conference will focus on the shift towards patterns of behaviour (diet, smoking, drinking, activity) that lead to rapid increases in obesity, cardiovascular diseases, cancers.

More information can be obtained from Barry M. Popkin, School of Public Health, Carolina Population Centre. Popkin@unc.edu

The 6th Dr Abraham Horwitz Lecture

ANNOUNCEMENT AND CALL FOR PROPOSALS

The ACC/SCN Secretariat announces the 6th Dr Abraham Horwitz Lecture, which will take place in Berlin, Germany on March 12, 2002. Proposals are invited from young professionals studying or working in the field of international nutrition.

Dr Abraham Horwitz served as the Chair of the ACC/SCN between 1986 and 1995. He died on July 10, 2000, at the age of 89 years. In an interview published in SCN News in late 1995, just after his retirement, Dr Horwitz sent a message to those working in nutrition:

"Keep the faith that you are committed to a most noble cause, the well-being of people whom you do not know but whose needs you feel intensely. Redouble your efforts in whatever you do in nutrition while being bold and imaginative."

The aim of this Lecture series, established by Sir Richard Jolly in 1996, is to continue Dr Horwitz' heart-felt, highly-valued and extremely generous tradition of mentoring young talent and their ideas for nutrition programmes. Each year a young guest lecturer who possesses the knowledge and commitment to prepare an exceptional paper is invited to make a presentation to the ACC/SCN Session. The 6th Lecture will take place during the Symposium on Nutrition in the Context of Crisis and Conflict. The symposium will be opened by the German Minister for Economic Cooperation and Development, followed by a distinguished keynote speaker.

Young nutrition professionals are invited to submit a three-page (double-spaced) concept paper to the ACC/SCN Secretariat in Geneva by Monday, December 3, 2001. Proposals are welcome by email, regular mail or by fax. The content of the proposed Lecture should relate directly to the theme of the symposium. All proposals meeting the basic criteria (set out below) will be considered, however, preference will be given to those describing new programmatic or policy approaches.

The proposal should contain:

- ❑ A cover letter containing the applicant's full name and contact details.
- ❑ A one-page summary CV.
- ❑ A three-page concept paper explaining the scope of the Lecture and the key issues to be presented.
- ❑ A letter from a professor or other senior professional colleague who is willing to provide guidance during the writing and preparation of the Lecture.

The ACC/SCN Secretariat will select the best proposal and the successful candidate will be notified by December 20, 2001. Proposals will be evaluated against three criteria: clarity, innovation, and demonstrated knowledge of the field.

The Lecture will be published as part of the Symposium proceedings in the ACC/SCN's Nutrition Policy Paper series. Travel to and from Berlin next March along with hotel/living expenses while attending the meeting will be covered by the ACC/SCN. The Lecturer will also receive a honorarium of \$500.

Further information is available from the ACC/SCN Secretariat in Geneva: phone: 41-22-791 04 56, fax: 41-22-798 88 91, email: accscn@who.int
Our mailing address is c/o World Health Organization, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland

<http://acc.unsystem.org/scn/>



Statement by the ACC/SCN at its 28th Session

6 April 2001, Nairobi, Kenya

NUTRITION AND HIV/AIDS

We, the ACC/SCN, recognize the devastating impact the HIV/AIDS epidemic is having on development, particularly in Africa. We further recognize that the epidemic is increasingly driven by factors that also create malnutrition – in particular, poverty, conflict and inequality.

HIV/AIDS and malnutrition often operate in tandem. Poor nutrition increases the risk and progression of disease. In turn, disease exacerbates malnutrition.

HIV/AIDS can be both a cause and a consequence of food insecurity. HIV/AIDS leads to reduced agricultural production, reduced income, increased medical expenses, thus causing reduced capacity to respond to the crisis. Food insecurity may lead to increased high-risk behaviors, for example, labour migration or engaging in transactional sex that increases the likelihood of infection.

Food and nutrition play an important role in prevention, care and mitigation activities in HIV/AIDS-impacted communities.

We, the ACC/SCN, recognize that:

- 1) the HIV/AIDS epidemic is not just a health issue but is reversing hard won development gains
- 2) a community-driven multi sectoral approach must be supported to address food and nutritional needs of all vulnerable populations
- 3) access to food is one of the main problems of HIV-impacted communities
- 4) nutrition and food security is a logical entry point for assisting affected communities
- 5) over time AIDS prolongs and deepens poverty, strips all assets and depletes human and social capital
- 6) HIV/AIDS attacks the most productive segments of the population, leaving behind children and the elderly
- 7) stigma undermines social capital and limits health-seeking behavior, including prevention of mother-to-child-transmission
- 8) women who are key actors in household food security and caregiving are particularly vulnerable to the effects of disease and its impacts
- 9) HIV/AIDS impacts agriculture through labor shortage, knowledge loss and a loss of formal and informal institutional support and capacity
- 10) breastfeeding remains of fundamental importance to child survival and development, whilst there is evidence of limited transmission of HIV through breastfeeding
- 11) nutrition is a core component of the essential HIV/AIDS care package promoted by UNAIDS.

We, the ACC/SCN, commit ourselves to collaborate with the international community and Heads of State in particular in this effort by:

- 1) integrating food security and nutrition considerations into HIV/AIDS programming
- 2) concurrently addressing the HIV/AIDS crisis in our food and nutrition work, using existing nutrition networks and programs
- 3) identifying and implementing optimal approaches to food-assisted activities as part of larger care and mitigation programs, as well as food production and processing activities
- 4) taking steps to reduce stigma and protect humans rights of people affected by HIV/AIDS, including the right to food
- 5) elaborating and fully implementing nutrition care and counseling as part of the essential HIV/AIDS care package
- 6) operationalizing pragmatically the UNAIDS/UNICEF/WHO policy statement on HIV and Infant Feeding while protecting, promoting and supporting optimal infant feeding for child survival among all women.