

SESSION I: INTERNATIONAL PERSPECTIVES

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U.N. Standing Committee on Nutrition

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I've been asked to paint a broad-brush picture of nutrition concerns around the world before Isatou then talks more specifically about some of the local successes at government and community level in one of the smallest but one of the loveliest countries in Africa. It will be a very brisk overview, inevitably, so I apologize in advance if I skim over some important issues and omit some key points. Hopefully, they can be brought up again in discussion.

As Ms. Bertini just said, the Standing Committee is actually a big tent. It's a big tent for people concerned with nutrition, not just nutritionists. And I say that because in some ways nutrition is too important to be left to nutritionists. It's something that affects us all.

The key aspect of the SCN vision and mandate is the term "human development." Nutrition is not just a residual of economic growth. It's not just an outcome measure of success or failure in economic or agricultural growth. Nutrition matters because it affects all of us our entire lives, for our entire lives. It's something that carries with us into the next generation. It's, therefore, a key input, a key fundamental of the development process that I would argue as being somewhat neglected in the development debate. It's something, as Catherine said, that is essential not just to meeting the first of the Millennium Development Goals, but it underpins our success or failure in meeting all of them.

Now, the reality: We are making progress, but there are still major problems. This year at least 11 million children will die before the age of five, prematurely. Many of those will die in conflicts – the terrible situations that we're all familiar with through CNN. Even in those contexts, many of those will die because they were already undernourished. You know, yes, bullets will kill and so will cholera, but malnutrition, particularly undernutrition and micronutrient malnutrition, is one of the primary mediating factors for the diseases that actually kill, lay people open to disease. And most importantly, most of those child deaths will not take place in the context of disasters; they will be outside of disasters.

Undernutrition is associated with around 50%, some people say slightly more, of all of these premature child deaths. It plays, it mediates in different ways for different diseases as different roles. But it's crucially important to understand that nutrition and the treatment of malnutrition is in itself one of the key elements of resolving deaths – and that's why I'm putting it there. It's not just the impediment of life, it's also resolving death.

Trends, while we're making, as I say, some progress, the first line underweight, children who are too light for their age, this being a gradual decline in the measure that is included in the target for the MDG1. But at this rate we're not going to reach the goal of MDG1, which is to bring the number down by 50%. Stunting, same, improving a little bit, but it has to be said not everywhere.

And wasting, being too thin for one's height (the acute condition), is heading in the wrong direction. Some of the reason for that is increased wasting across Africa, something that hasn't really been highlighted until the SCN reviewed the data that exists. That's not to ignore that most of the problem, the biggest numbers of child malnutrition, are still in Asia. But the locus of that problem has been gradually shifting, as well as an increase in the acute form.

Obesity too is growing – and we'll come back to that many times. It's already a critical problem in some countries. But let's not, and I urge us not to forget the principal challenge of resolving undernutrition is an unfinished job.

Here, on this slide for child stunting, the green is Subsahara in Africa. This is illustrating the shifting locus, a gradual decline in stunting, which is the long-term measure of child growth, gradually in the countries of South Asia, gradually increasing in Subsahara in Africa. But the bigger numbers remain in South Asia. We still, again, have problems to resolve there.

This is a map that came out of the work of the Hunger Task Force of the MDGs. Let's also emphasize that it's not the same everywhere in Africa. Africa is not one country. It's a lot of countries with many different problems, but there are concentrations, hotspots, in certain parts of Africa, not everywhere.

And when one puts the prevalence, the share of children affected, alongside the largest numbers of children affected, then you come up with these darker-shaded areas, which actually coincide with three of the world's biggest nutrition crises, which are in Niger right now, Niger, West Africa, Ethiopia, and growing in Malawi. These are major problems, entrenched problems, long-term problems; they are not the result of outbreaks of conflict. They're issues that need to be addressed in the process of development.

As I said, also Asia: We cannot forget that Asia has the biggest numbers, and there's a very heavy concentration in some of the biggest countries – India, Pakistan, Bangladesh, Indonesia. We have some major areas to deal with. And wasting is also present in these countries, again outside of crises. Roughly 78% of the children who are wasted, severely wasted, in the world are found in three countries: India, Pakistan and Bangladesh. It's the latest numbers from UNICEF. Not conflict zones, not famine zones. This reflects a failure of development policy, not a failure in the sense of sudden collapse of problems.

It's been argued that the Asian problem – but it's a global problem – relates to the very poor status of mothers and very high rates of low birth weight. I started out by saying malnutrition carries with you throughout your entire life, and it starts very, very early. This is one of the graphics in which, unusually, Asia shows worse off than Africa – it's the bottom line. The circle just shows the rapid decline in the status of small children, babies, under 12 months of age. And even if they're born with a reasonable birth weight – many are not; many are well below that – there is a consistent and significant collapse in their nutritional status within the first year. That is where we have to make the biggest impact. It's also one of the hardest times to make any impact.

It relates to maternal malnutrition during the period pre-birth. It relates to growth failure of the child. It relates to the sanitation environment, the health environment. But the point is that it starts very early.

Now, there are tantalizing links that can allow us to explore possible linkages between undernutrition and overnutrition. Some of the work of Professor Barker, very influential in pointing out that in-utero nutritional insults seem to be linked with the onset of adult chronic diseases, which are very closely linked with diabetes and obesity.

There are also suggestions that breastfeeding or lack thereof in the first few months, exclusive breastfeeding, may be related to obesity, that stunting, the fact that once children are on a process of becoming malnourished, becoming stunted, may also in itself be related population-wide to obesity subsequently and micronutrient deficiencies. Also a recent study by Durand Corporation in the U.S. showing a link between the prices of fruits and vegetables and their consumption and obesity. The same has been shown in Mexico. Of course, that relates to diet quality.

All tantalizing links, but ones which should allow us not to say it's either/or – underweight versus obesity – rather the processes of becoming malnourished may actually be very similar and very linked and shouldn't, therefore, be separated.

As Ambassador Quinn mentioned, there are very real concerns as countries seem to be transitioning from mainly one type of problem to perhaps mainly another type of problem. As you can see, BMI means body mass index. Less than 18.5 means that an adult woman is underweight, she's malnourished – versus over 30 means overweight and obese. You have Egypt with a serious problem on the top end, Columbia significantly up there. You run down the list, and you see the relative balance shifts.

And you still have countries like Ethiopia, Bangladesh with very small fractions of the overweight problem. However, it cannot be ignored, because just like HIV-AIDS, just like many other aspects, we need to find ways for prevention, for addressing the process, not just the individual but the process that is leading to this malnutrition. In Egypt there are lots of clinics and dietitians mushrooming everywhere, giving advice to the individual – that's important. What we need to do is address the problem.

Consider Zimbabwe, which is roughly similar. It's dealing with roughly similar scale of the problem. What is more is that Zimbabwe is also in the 7% range in terms of potential loss of gross domestic product due to micronutrient deficiencies, deficiencies in the population of vitamins and minerals.

So I'm expanding the picture now. It's not just about small children, it's not just about underweight and overweight. It's also about the vitamins and minerals that are a problem across all these populations. And it's been calculated that just losses due to micronutrient deficiencies, economic losses to the economy, are astronomical. So you have a country like Zimbabwe that has to invest scarce resource into addressing undernutrition, now has to invest scarce resources into overnutrition but is bleeding resources because of other deficiencies that relate directly to micronutrients.

This in a sense is the holistic problem that has to be resolved in terms of nutrition. It has many faces and requires multiple solutions. And there are solutions – we do have some. They're often unsung. Sometimes we have focused on the negatives and not perhaps enough on the positives.

I've just thrown together four sets of potential areas of success that still need to be elaborated. And I'm certainly not suggesting the job is done. They're all equally important. But focus on protocols and products, technology and targeting, knowledge and know-how, synergies and not silos – you can tell alliteration is alive and well in Boston. And I just realized, talking Iowa, bursting with grain silos, that there's nothing wrong with silos. I'm absolutely not suggesting that. We need silos, and we need busting silos. But you get my point.

On protocols and products: I think an unsung success is nutrition in emergencies. The world has become increasingly competent, professional and effective in saving lives and protecting lives in emergencies. And a large part of that relates to better products for treating, the treatment of acute malnutrition and the prevention of malnutrition. And protocols – the know-how, the division of responsibilities. This is from Indonesia, Banda Aceh, after the Asian tsunami. We've become very good at... We've become, as I say, increasingly effective at reducing nonviolent death, reducing the numbers of people who die in the context of major emergencies that do not involve people being shot, raped or otherwise traumatized.

Nonviolent deaths are dropping, and it's not just about being quick, it's about being right, doing the right things. Good needs assessment is more than bringing in the right logistics, which is crucial, of course, in most emergencies. But it's also about the treatment of the malnourished. All kinds of new products that have been developed in the last 15 years or so, focused on cutting-edge linkages between nutrition and medical science and industry and technology. They're bringing to bear then in a professional way through a better-trained cadre of humanitarians how to apply these products and others to prevent deaths and malnutrition. Even in the tsunami where it was predicted more people would die after the tsunami than died during the shock, that didn't happen. Malnutrition was contained; very few people died in addition.

Targeting and technology: Targeting not just individuals. I think we're increasingly moving towards understanding we need to target problems, the processes that are affecting multiple individuals. Of course, we have to screen individuals and treat them as individuals. But to truly tackle malnutrition, we have to tackle the problem. Part of that requires identifying and predicting problems. Perhaps, for instance, if you know there's a niacin-deficient population dependent on corn in Angola, then when those people become refugees, they're likely to have outbreaks of pellagra, you can tailor nutrition interventions accordingly. And the numbers of micronutrient deficiencies outbreaks in the context of emergencies has been declining because we are doing a better job of that.

In other cases, technology – I don't have to tell many of you – matters for micronutrient fortification of blended foods, be it in factories – that was in North Korea – or in refugee camps, bringing the technology to where it matters. Of course, technology also includes biotech, plant breeding, product development, other things that were discussed yesterday and will be discussed more later.

Knowledge and know-how: Nutrition, as I said, is too important to be left to nutritionists. We all need to know the information, we all need to share the information. And one of the keys to that is

that sound nutrition is a human right – it's a right, it's an entitlement. But often people don't realize that. Building the entitlement for good nutrition into programming is a key, making people aware of what they're entitled to. I've seen destitute women in Bangladesh and refugees in Angola – once they were aware of what it was they were entitled to, generating a demand that then had to be met by, be it the government or local PDOs.

But it also, it's about communication for behavior change. Very, very important, something that has tended to be niche domain but is critically important, not just for mothers but also for fathers, for grandparents – what can you do, given scarce resources in your environment, matters a great deal, and it should be part of all kinds of programs, including in emergencies where, for example, in Indonesia in the mid-1990s it was found through excellent work by UNICEF and Helen Keller International, that communicating simple messages about the importance of vitamin A to child growth, and the sources of those foods, had a huge impact, statistically significant impact on the behavior of mothers who could remember those simple messages.

A little knowledge, in this case, is not a dangerous thing; it can be a wondrous thing. And synergies rather than silos. This quote is from the Organization for Economic Cooperation and Development, a large and important organization, which is simply saying it's not enough to rely on economic growth to improve nutrition. It's something that many agencies have struggled with for a long, long time but I think is now finally understood. Economic growth is essential. It underpins development, your ability to invest resources. But it's not enough.

Targeted nutrition actions of many, many kinds – not just food, not just supplements, not just vaccines – are in fact the synergies that we're seeking.

But for that to work, we need the right kind of vehicles to deliver. It used to be, for example, that vitamin A was widely distributed by piggybacking on polio vaccination campaigns, very successful, almost too successful, because polio has particularly disappeared, and the vaccination campaigns are disappearing. As a result, that vehicle for distributing vitamin A is disappearing, which is the sloping line, and the cost per unit of deliver of vitamin A has been rising because we're having to find alternative ways to deliver, to get out to the people who actually need it most – very important.

Catherine mentioned SCN reports. I think instructional synergies are also often underestimated and overlooked. It's not just about producing pretty documents, but the SCN's periodic updating of world nutrition situation, which is very important. But it's joint programming, it's bringing agencies like WFP and UNICEF and FAO to work together in the same places with discreet, complementary inputs, to generate the outcomes we need.

But there are problems. There are persistent challenges that certainly we can discuss, but there are areas that we need to still focus on in a big way. As I said, reaching mothers when they're pregnant, early in their pregnancy, and children, particularly zero to one, let alone zero to two, very challenging still today. Exclusive breastfeeding, a message that's been well-known for a long time, still a problem.

Iron – we've made great progress on vitamin A and iodine, still a long way to go. But iron deficiency anemia affects maybe two billion people in the world, has major economic impacts. We're still struggling how to address that. Preventing obesity is a growing problem, a major

problem. But as I said, let's not throw the baby out with the bath water – my wife keeps telling me that; I have a young son.

Undernutrition globally is still a primary and major problem that has to be addressed. And we have to find ways to intervene effectively at scale, reaching those hotspots, those worst cases, which is precisely where capacity for action is weakest and where funding is the most negligible. That's not a surprise, but that's the reality.

And we need to ensure that actions are mutually reinforced. A lot of talk – I'm concluding here – a lot of talk about the MDG1 addressing hunger. MDG1 seeks to resolve or reduce poverty and hunger by 50%, but it has five separate targets, not just two. And the point is – you don't achieve MDG1 unless you achieve all five targets. And Nepal, for example, can be doing very well on poverty and less well on undernourishment, for example. There are other countries where Mauritania has done pretty well on reducing the poverty gap – the further out the line, the closer they are to meeting the MDG1 goal targets. But still has a long way to go on achieving underweight and undernourishment goals. Peru is the exact opposite.

My point is that it's not one or the other. It's not just reducing poverty, it's not just growing more food. Tackling underweight among children requires policies, programs and actions to do precisely that. We need appropriate action in all areas.

So the problem remains huge. As the governor just said, it is truly morally unacceptable that hundreds of millions of children are allowed to be not just simply hungry but actually undernourished in this day and age, and that billions of people are facing debilitating, sometimes life-threatening deficiencies of vitamins and micronutrients.

We need to be targeting the process, not just the individual problem and mainstreaming the solutions into the process of development. We need to do that. We have to challenge the invisibility of malnutrition. Terms like “forgotten emergencies,” “hidden hunger,” they speak volumes about the invisibility of this problem to many people. And I praise the World Food Prize for bringing nutrition onto the table here in this way, give it more visibility.

We need to protect against shocks. We need to address all aspects of the lifecycle. It's not just a one-shot deal and then you've solved... There is malnutrition, specific problems throughout the lifecycle that we have to address. It's not either/or in emergencies or development. We need both. We need the best possible science and professional practice applied in both domains.

Good nutrition, sound nutrition – it's not just a good idea, it's a right, it's a human right. And it's as yet an unmet right. I think in some ways that's why the SCN is called a “standing committee,” not a “sitting committee,” although we need to be sitting a lot these days. But we need to stand up. We need to stand tall to finish the unfinished business that is the scale of child and maternal and adult malnutrition in the world.

The people I and my colleagues and many of us come into contact with around the world, year in, year out, malnourished, undernourished, severely life-threatened people – they never give up. That's one of the lessons I've always learned and been humbled by. They never give up. And therefore we don't have the luxury or the right to ever give up on them either.

Thank you.