

# Standing Committee on Nutrition

## Report of the Standing Committee on Nutrition at its Thirty-first Session

*Hosted by SCN Chair, Catherine Bertini, United Nations Under Secretary General for Management*

*at the United Nations and UNICEF, New York*

*22-26 March 2004*

A.	Introduction . . . . .	1
B.	Symposium on <i>Nutrition and the Millennium Development Goals</i> . . . . .	2
C.	Launch of the <i>5<sup>th</sup> Report on the World Nutrition Situation</i> . . . . .	2
D.	Plenary Session Discussion . . . . .	2
E.	Working Group meetings: summary reports . . . . .	3
	E.1 Breastfeeding and Complementary Feeding . . . . .	3
	E.2 Capacity Development in Food and Nutrition. . . . .	4
	E.3 Household Food Security . . . . .	5
	E.4 Nutrition and HIV/AIDS . . . . .	6
	E.5 Nutrition in Emergencies . . . . .	9
	E.6 Nutrition, Ethics and Human Rights . . . . .	12
	E.7 Micronutrients . . . . .	13
	E.8 Nutrition of School-Age Children . . . . .	14
	E.9 Nutrition Throughout the Life Cycle . . . . .	16
F.	Report from the Bilateral Partners . . . . .	17
G.	Report from the Nongovernmental/Civil Society Organizations . . . . .	19
H.	Report from the UN Agencies . . . . .	21
I.	Date and Venue of the 32 <sup>nd</sup> Session . . . . .	21
J.	Appointment of the SCN Secretary and Re-election of the SCN Chair . . . . .	22
K.	Closure of the Session . . . . .	22
Annex 1	List of Participants . . . . .	23
Annex 2	Invitation to the SCN from Mr Jorge Solla, Secretary of Health, Brazil . . . . .	29
Annex 3	List of Steering Committee members . . . . .	30
Annex 4	List of Working Groups, chairs and co-chairs . . . . .	31

### A. Introduction

1. SCN Chair Ms Catherine Bertini welcomed participants to the 31st Session and to the Symposium on *Nutrition and the Millennium Development Goals*, hosted by United Nations in collaboration with UNICEF, New York. The SCN is a dynamic, tripartite body of the United Nations, bringing together UN agencies, bilateral partners and NGOs/civil society to harmonize nutrition policies and actions, and to speak for nutrition at global, regional and country level. Registration

for the 31st Session had surpassed all previous years, with participation from 17 UN agencies, 22 bilateral partner countries, 40 NGOs and with at least 55 academic and civil society institutions represented. A list of participants can be found in Annex 1.

## **B. Symposium on Nutrition and the Millennium Development Goals**

2. Ms Bertini opened the Symposium on *Nutrition and the Millennium Development Goals* by introducing a group of most eminent speakers, all of whom represented organizations and agencies which are the driving force to achieving the Millennium Development Goals. Professor Jeffrey Sachs, Director of the Earth Institute, Quetelet Professor of Sustainable Development, and Professor of Health Policy and Management at Columbia University, and Special Advisor to the United Nations Secretary General Kofi Annan on the Millennium Development Goals made a presentation on *The MDGs: Human Rights, Economics and Nutrition: How do they intersect?*. Professor Sachs challenged the SCN to provide concrete recommendations to the Millennium Project team, and specifically the Hunger Task force, on how nutrition can be incorporated into strategies to achieve the MDGs. Mr Ian Johnson, Vice President for Sustainable Development, World Bank made a presentation on *Environment, Sustainable Development and Nutrition: Loosely Linked or Tightly Wed?* Mr Johnson stressed how sustainable development is linked to nutrition through agriculture, the environment and health and encouraged the SCN to also think in the long-term. Mr Frederick Schiek, Deputy Administrator US Agency for International Development made a presentation on *Multisectoral Approaches to Hunger and Poverty: Meeting the Challenge of the Millennium Declaration*. Mr Schiek highlighted the importance USAID attaches to the integration of nutritional improvement to community, health, agriculture and education. Dr Thoraya Ahmed Obaid, Executive Director UNFPA made a presentation on *Health and the Links to Nutrition*. Dr Obaid emphasized how improving the status of women can have enormous impact on women's nutrition and that of their children: three key groups should be focused on: pregnant and lactating women, infants under two, and adolescent girls. Dr Nevin Scrimshaw, President of the International Nutrition Foundation and Senior Advisor for the UNU Food and Nutrition Programme gave a keynote lecture on *The Role of Nutrition within the MDGs*, Dr Scrimshaw highlighted direct actions that can be taken by the SCN in relation to each of the MDGs. Ms Susan Keino from Masenu University, Kenya, gave the 8<sup>th</sup> Dr Abraham Horwitz Lecture on *Nutrition and the MDGs: A Kenyan Perspective of Eradication of Extreme Poverty and Hunger*. Ms Keino provided an impressive overview of Kenya's struggle to achieving the MDGs and gave specific policy recommendations that could help Kenya reach its goal. Papers presented at the Symposium will be published in the July 2004 issue of *SCN News*.

## **C. Launch of the 5th Report on the World Nutrition Situation**

3. Ms Bertini introduced the *5th Report on the World Nutrition Situation* which had been prepared by a Task Force composed of Bruce Cogill, Lawrence Haddad, Kathleen Kurz, Milla McLachlan, Arne Oshaug, Sonya Rabeneck and Jay Ross with the assistance of Liv Elin Torheim, in partnership with the many UN and other agencies that provided access to data and expertise. Funding had been provided by SCN's Bilateral Partners in Denmark, Germany and Norway. Lawrence Haddad and Arne Oshaug outlined the key messages of the report which showed nutrition is not simply a useful indicator of the attainment of the MDGs but also a foundation for their attainment. The Report summarizes the latest trends in nutrition status and outlines how improved nutrition status, and the means by which it is attained, underpins the progress towards the attainment of the MDGs. It shows how a nutrition perspective can make development architecture (governance, health sector reform, poverty reduction strategy processes and trade liberalization) more effective. Ms Bertini, Lawrence Haddad and Arne Oshaug also gave a press conference on the 5<sup>th</sup> Report as part of the UN's daily press briefing. The Report is available to download on the SCN website:

<http://www.unsystem.org/scn/Publications/AnnualMeeting/SCN31/SCN5Report.pdf>

or a printed copy can be requested from the SCN Secretariat Email: [scn@who.int](mailto:scn@who.int)

## **D. Plenary Session Discussion**

4. In the context of the MDGs, Ms Bertini introduced the jointly developed WHO and UNICEF *Global Strategy for Infant and Young Child Feeding*—its operational targets support seven of the eight MDGs. The strategy is the result of a comprehensive two-year participatory process, with the aim to move towards formulating a sound approach to alleviating the tragic burden borne by the world's children—50-70% of the burden of diarrhoeal disease, measles, malaria and lower respiratory infections in childhood are attributable to undernutrition. A further aim is to contribute to a lasting reduction in poverty and deprivation by revitalizing world attention to the impact feeding practices have on nutritional status, growth and development, health—the very survival of infants and young children.

5. Professor Pedro Sanchez, Coordinator, Millennium Project Task Force on Hunger and Director of Tropical

Agriculture at Columbia University Earth Institute outlined the work in progress of the Task Force on Hunger. The Task Force had already produced an interim report which calls for action at the local, national and international level. Locally, the Task Force recommends synergistic interventions to increase the agricultural productivity of food-insecure farmers through soil fertility restoration and small-scale water management, make markets work for the poor by improving transportation, communication and storage, and improve the nutrition of vulnerable groups through feeding and supplementation programmes. At the national level, the Task Force calls for enabling policy reforms from developing countries as well as developed countries to make government more transparent and trade more fair. Internationally, Professor Sanchez suggested that ending hunger is possible, however it requires a global commitment. Professor Sanchez reiterated Professor Jeffrey Sachs' call for suggestions and feedback on the Task Force on Hunger's interim report.

6. *Interaction with the Private Sector* There was a brief discussion on how the SCN might interact with the private sector, the general perception being that the SCN should at least tentatively explore the issue, and be guided by the UN agencies who already have procedures in place. The issue was discussed in more detail in the separate working sessions of the UN, Bilateral Partners and NGOs/CSOs (see sections F, G and H in this report). It was decided that the Steering Committee would review the matter, and possibly appoint a temporary task force to make recommendations on how the SCN might proceed to engage with the private sector.

## E. Working Group meetings: summary reports

7. In order to achieve maximum input on how all aspects of nutrition can help achieve the MDGs, all nine current Working Groups held meetings during the Session. Full reports are available on the SCN webpage: [http://www.unsystem.org/scn/Publications/AnnualMeeting/working\\_groups.htm](http://www.unsystem.org/scn/Publications/AnnualMeeting/working_groups.htm) or upon request from the Secretariat EMail: [scn@who.int](mailto:scn@who.int)

### E.1 BREASTFEEDING AND COMPLEMENTARY FEEDING (Chaired by Miriam Labbok UNICEF and Randa Saadeh WHO)

8. Over the past year the Working Group followed-up on the matrix *Contribution of Breastfeeding, Complementary Feeding, and Related Maternal Nutrition to the Millennium Development Goals* drafted in Chennai. However, since the protection, promotion and support of optimal infant and young child feeding as described in the *Global Strategy for Infant and Young Child Feeding* addresses each of the eight goals, it was arbitrary to distribute any one specific BF/CF activity against any individual goal. The Working Group therefore fine-tuned the content of the contribution of BF/CF to the goals, rather than report activities against any one goal. A review of the preliminary document addressing planned MDG country assessments found only two infant and young child feeding interventions (interventions based on food supplementation for infants [0-2 years] and interventions for children aged 5-12 years, which focus on supplementation programmes through school meals). Since neither of these address the interventions and indicators of the Global Strategy or of the Working Group, members were asked to provide additional intervention areas and indicators for the SCN to suggest to the MDG country assessment team for inclusion in all country assessments.

9. The Working Group had four objectives:

- ❑ To reach consensus and produce improved definition on the role of BF/CF in support of specific MDGs
- ❑ To discuss the inclusion of BF and CF in economic analyses and major planning and funding instruments
- ❑ To offer interventions and measures ('how' and 'how to assess') for infant and young child feeding to be included in the MDG country analyses
- ❑ To discuss a Goal for 2015.

The following objectives were proposed in support of the MDGs:

- ❑ At least 60% of children < 6 months of age exclusively breastfed
  - i. development of a statement of rationale
  - ii. discussion as to whether this is too low or too high
  - iii. clarity as to the measurement, e.g. cross sectional survey of last 24 hours
  - iv. alternative suggested: reduce percent of children not exclusively breastfed by half
  - v. in general there was agreement with the usefulness of setting an objective.
- ❑ At least 60% of children 12-15 months of age are still breastfed with appropriate complementary feeding
  - i. discussion as to whether this goal is too low or too high, however, since baseline for this age group is not available, it is difficult to judge

- ii. need to separate the 'continued breastfeeding' objective from the complementary feeding objective, and if so it would be too low for 'still breastfeeding'
- iii. need to include the concept that breastfeeding is a contribution to household food security
- iv. need to consider an additional objective that would increase attention to the related nutritional status and care of the mother, as well as to her role in achieving any BF or CF objective.

10. *Private Sector involvement of SCN* There was consensus on the viewpoint that the commercial sector holds different interests which are not consistent with those of the SCN, and therefore should not be part of policy development within SCN. However, recognizing that there will be a process to discuss this issue, the Working Group notes that, given its unique experience in addressing the issue of the private sector, there should be representation by this Working Group and full acknowledgement of the issues addressed in the International Code of Marketing of Breastmilk Substitutes.

11. *Action Plan for BF/CF Working Group for 2004: In the light of this year's discussion should the BF/CF Working Group have Task Forces?* Three potential Task Forces were discussed: a) a TF to follow-up on country-level implementation of the *Global Strategy for Infant and Young Child Feeding*; b) a TF to provide input about SCN Working Group on issues related to infant feeding to the UN MDG Millennium Task Force; and c) a TF to deal with the name of the Working Group and terminology relating to infant and young child feeding. All interested task forces are requested to submit a statement of objective, membership and suggestion of which working group chair might serve as liaison as soon as possible to Miriam Labbok (MLABBOK@UNICEF.ORG). Those interested in working on any specific task should contact the SCN Secretariat.

12. The current Working Group Chair and Co-Chairs have served for at least two years. While they are willing to continue if called upon, there has not been an NGO/CSO among them since the current Chair changed status. Participants were invited to send nominations to the Steering Committee.

13. The group encourages the Steering Committee to give special attention to the topic of the *Global Strategy for Infant and Young Child Feeding* during next year's meeting as the host, the Government of Brazil, has been highly active in addressing infant and young child feeding within its own borders, and has served as a model to other nations.

## E.2 CAPACITY DEVELOPMENT IN FOOD AND NUTRITION (Chaired by Cutberto Garza UNU, David Sanders University of the Western Cape, and Hans Schoeneberger GTZ)

14. Regional activities over the last year included:

- ❑ *Implementation of the Asian Plan of Action* presented at the 30th Session of the SCN The Asian Task Force conducted a survey to assess the capacities of Asian institutions in five key areas: Maternal and Child Nutrition—CR Yajnik (Japan); School Children and Adolescent Nutrition—C Khan (Vietnam); Adults and Elderly Nutrition—Widjaja Lukito (Indonesia); Food and (Sustainable) Nutrition Security—Khor Geok Lin (Malaysia); and Food Safety—V Prakash (India). Plans are being made to establish partnership training and trainee institutions in each of these core areas to enhance individual, institutional, and organizational capacities. Prof Khor Geok Lin (Malaysia) has assumed responsibility for planning a leadership training programme for mid-career professionals with primary and related nutrition responsibilities throughout the region.
- ❑ *Implementation of the African Plan of Action* Regional meetings were held in 2003 to update the plans presented at the 28th SCN Session in Nairobi. Major activities have focused on building capacity in the area of HIV and Nutrition. Drs Robert Mwandime (East Africa) and Pauline Kuzwayo (Southern Africa) have taken primary responsibility for collaborative activities within both regions. Kinday Ndure Samba led an effort to enhance advocacy skills in West and Central Africa. Each also serve as focal point for updating regional action plans. A review of regional action plans by each of the African task forces is planned for 2004 to identify and act on common priorities. An African Network of Graduate Students has been organized and launched under the initial auspices of UNU (C Garza).
- ❑ *Implementation of the Latin American Plan of Action* The region has focused on the implementation of a region-wide project sponsored by the Global Forum for Health Research: Challenges for Childhood Health and Nutrition Research in Latin America. This effort is led by Prof R Uauy (INTA, Chile) and Prof Juan Rivera (INSP, Mexico). The group also organized a Leadership Training Workshop for young Latin American professionals working in the area of food and nutrition (J Rivera, Mexico).
- ❑ *Completion of Formation of Regional Task Forces for Enhancing Capacity in the Area of Food and Nutrition* An initial meeting is planned for July 2004 for a Middle Eastern counterpart of the other regional task forces. This is being done in close collaboration with IUNS (O Galal, Secretary General) and Dr A Gohar (National Nutrition Institute, Cairo). Dr Fre Pepping (Wageningen University) has initiated organizational plans for naming and organizing a similar

group for Eastern Europe. Thus by the end of 2004 groups should be operational in Africa, Asia, Eastern Europe, Latin America, and the Middle East, as planned at the 30th SCN session.

15. Formal recommendations for moving forward were not reviewed by the group beyond those suggested during the rich discussions that followed presentations by the African Graduate Student Network (AGS-NET) and the Asian Capacity Development Task Force (CASNA, Prof E Wasantwisut, Thailand). Key recommendations were:

- ❑ AGS-NET promise to enhance present and future networks in Africa. The group's presentation underscored the importance that capacity development will play in achieving and sustaining the MDGs. Thus, the Working Group recommended that efforts be made to ensure the active participation of AGS-NET members at the upcoming 2005 Durban meeting; to assist them in linking with under- and postgraduate students of nutrition in Africa and the diaspora; to enhance access to primary research literature, and to continue close working relationships so that the Working Group may assist AGS-NET with other priority areas identified by student group.
- ❑ Progress made by the regional task forces and in establishing groups in the Middle East and Eastern Europe was applauded by the Working Group. If these initial efforts are to succeed, the Working Group must intensify its efforts to associate these groups to other broader capacity development efforts. Thus, the group recommended that efforts be made to link regional task forces to coalitions such as those being built by the Rockefeller Foundation in their Joint Learning Initiative for enhancing health professional resources. Particular emphasis was given to linking the African Regional Task Forces with the Rockefeller initiative Working Group on Disease Programmes. The SCN Working Group also urged regional task forces to broaden their base beyond academia, to improve networking and multisectorial approaches to building capacity and to work more closely with regional development efforts such as those soon to be undertaken by the ASEAN region to fulfill MDG objectives.
- ❑ The working group's major challenge remains the cooperation, coordination, and harmonization among capacity development activities undertaken by the SCN tripartite members: the UN agencies, bilateral organizations, and nongovernmental organizations. The discussion reaffirmed the group's commitment to empowering regions by supporting their efforts to enhance long-term capacity development plans that are closely integrated with specific problem solving activities. Among this commitment's principal goals is the increasing and strengthening of a regional professional base for tackling today's and tomorrow's food and nutrition challenges. Realization of these aspirations requires matching actions with rhetoric. This principal challenge remains unchanged and is growing in urgency. Thus, the Working Group discussion urged exploration of concrete actions for improved collaboration among the tripartite SCN members. One example is re-consideration of the approach proposed at the Berlin meeting for an SCN-based fund to support capacity building efforts. The suggested mechanism was the imposition of a 'levy' on ourselves for training, e.g. allocate the equivalent of 2% of funds spent by UN, bilateral agencies and NGO's in sending 'expatriates' to developing countries and/or the equivalent of 2% of the salaries paid by such agencies to professionals from developing countries when such professionals are hired to work outside their country of origin. The Working Group recognizes that such suggestions have a downside (e.g. making nutrition activities 'more expensive'), however, the upside (e.g. contributing to a sustainable work force) may compensate amply for shortcomings.

15. The present co-chairs are prepared to continue in their respective capacities and to seek input regarding changes in the group's organization through its biannual Newsletter (past copies can be found on SCN webpage:

[http://www.unsystem.org/scn/Publications/AnnualMeeting/capacity\\_development.htm](http://www.unsystem.org/scn/Publications/AnnualMeeting/capacity_development.htm))

### E.3 HOUSEHOLD FOOD SECURITY (Chaired by Kraissid Tontisirin FAO, Lawrence Haddad IFPRI and Shakuntala Thilsted Denmark)

16. The co-chairing system adopted in the summer of 2002 for the Working Group on Household Food Security was maintained and there was close communication Email throughout the year. The recommended workshop on sharing experiences on household food security for better nutrition did not materialize due to conflicting workload and constraints in resources of key actors.

17. Particular attention was given to the MDG process, with special focus on the work of the Hunger Task Force. A background paper *Achieving MDGs: How can the SCN Working Group on Household Food Security contribute?* was prepared by the Working Group Secretariat for the 31st Session. The session was chaired by Lawrence Haddad, IFPRI, who briefly introduced the topic, linking it to the findings of the *5th Report on the World Nutrition Situation*. This was followed by a general presentation by Kraissid Tontisirin and Florence Egal, FAO, on the contribution of the Working Group to the achievement of the MDGs. Sean Kennedy and Patrick Webb reported on recent work by IFAD and WFP on Result and Impact-Based Management for Household Food Security. Joergen Georg Jensen, Senior Technical Adviser (Agriculture

and Nutrition), Ministry of Foreign Affairs, Denmark, shared his experience and concerns regarding the incorporation of food and nutrition security within the agricultural sector programme of the Danish International Development Assistance (DANIDA). Rosanna Agble, Head of Nutrition, Ghana Health Service, presented her perspective regarding the challenges facing governmental institutions in addressing the multisectoral issues of household food security and attaining the Millennium Development Goals.

18. Shakuntala Thilsted, co-chair, opened the general discussion. Participants agreed that specific attention should be given to sustainable (and in particular affordable and culturally appropriate) solutions at local level. Progress in improving household food security do not depend so much on new technical interventions *per se*, but on processes. In particular, communication and collaboration at all levels—local, national, regional, global—within and between institutions (government, academic centres, NGOs, CSOs); and funding and planning modalities are the main challenge. The need for, and difficulties in achieving, collaboration between the health and agriculture sectors was cited as an example. Stakeholders need to adopt a people-centred approach and focus on simple common principles as a basis for concrete, creative and effective dialogue between partners. Local organizations have a key role to play and should not only be considered as recipients. Exchange of information and lessons learnt is essential to enhance the local process.

19. *Recommendations for SCN action in the coming year* The group concluded that it should concentrate on the following activities in the coming months:

- ❑ provide collated contributions to the Hunger Task Force and global MDG plan (with specific attention to concrete innovations that have a positive impact on HFS and nutrition)

Participants agreed that since nutrition is key to most MDG goals, the MDG process is bound to increase attention and support for nutrition at global and country level. The SCN, and in particular the Working Group, should play a key role in the process, by harnessing the experience and lessons learnt by UN agencies, bilaterals and NGO/CSOs in promoting household food security and nutrition in the last decades:

- ❑ strengthen and develop indicators (with particular attention to dietary diversity and process)
- ❑ set-up and support in selected countries a network of working group members with a view to mainstreaming HFS and nutrition in relevant policies, programmes and projects.

Given the limited time available, participants did not discuss the modalities for implementation of these recommendations. This will be done by EMail or by telephone in the coming weeks.

#### E.4 NUTRITION AND HIV/AIDS (*Chaired by Andrew Tomkins*)

20. Working Group Co-Chair Andrew Tomkins thanked USAID and FANTA for supporting the attendance of Moses Sinkala and Lackson Kasonka, UNU for supporting the attendance of Robert Mwadime, and the SCN Secretariat for their administrative help.

21. *The role of the SCN Working Group on Nutrition and HIV/AIDS—identifying interventions needed to achieve the Millennium Development Goals (MDGs)* (*Andrew Tomkins*) There is now greater commitment to expanding the provision of antiretroviral drugs to more people. The WHO 3x5 initiative and increased funding for RVs from the Global Fund are examples. Several nutritional factors will need to be included within ARV programmes for them to be effective; this requires the development of guidelines and improved skills and capacity of medical and nursing staff. Societal change to reduce the scale of stigma, which often prevents people from accepting Voluntary Counseling and Testing (VCT), is vital.

*It is suggested that the following interventions are needed to achieve MDG 1:*

- ❑ antiretroviral drugs and nutritional guidelines to promote their efficacy and safety
- ❑ focused nutrition interventions
- ❑ agricultural technology and policies to increase food production and security for sick/affected adults
- ❑ food assistance to families lacking food security, are malnourished and affected by HIV.

22. School attendance is decreasing in many HIV-affected communities which are also poor and food insecure. Several factors contribute to this: the need to care for sick parents, to farm, seek food or employment together with the declining quality of schools and the absence of teachers because of illness or funerals. In addition the health and nutrition of school children is compromised by factors considered by the Working Group such as micronutrient deficiency and infections.

*It is suggested that the following interventions are needed to achieve MDG 2:*

- ❑ the provision of school meals, parasite control and improved micronutrient status
- ❑ improve food security in HIV-affected families so that children can attend school rather than farm/do paid work
- ❑ the provision of food aid in return for school attendance.

23. Several factors affect children's lives which in turn influence their susceptibility to HIV and its associated malnutrition. Lack of confidence in negotiating sex, stigma about discussing HIV or obtaining VCT or treatment, all contribute to increased susceptibility. The lack of awareness of the relationship between HIV and nutrition and the low level of parenting skills among boys are major problems and reflect inadequate discussion within the schools and community groups.

*It is suggested that the following are necessary to achieve MDG 3:*

- ❑ reduction of stigma by community-based societal interventions
- ❑ improvement of parenting skills for boys and girls
- ❑ increased responsiveness by family members to the nutrition and care needs of women.

24. Infant and young child mortality rates are increasing among communities with a high prevalence of HIV/AIDS. It is estimated that there are around 700,000 new cases of paediatric HIV globally each year as a result of MTCT. The rates of child mortality are especially high if the mother is dead, seriously ill, absent or is an adolescent. A current emerging concern is that infants who are born to an HIV infected mother may be at immunological risk even though they remain HIV free (uninfected/exposed). There is increasing evidence that micronutrient interventions improve pregnancy outcome of HIV infected mothers and they may improve infant health.

*It is suggested that the following are necessary to achieve MDG 4:*

- ❑ appropriate infant feeding regimes to prevent MTCT
- ❑ improving nutrition/health/survival of HIV infected mothers
- ❑ improving child health/care/nutrition to prevent opportunistic infection
- ❑ improving nutrition of infected and affected children
- ❑ preventing adolescent pregnancy
- ❑ providing ARVs to mothers and children.

25. Maternal mortality rates are increasing in many HIV/AIDS affected communities. Whereas there is clear data from a single study in Asia that regular prepregnancy and intrapregnancy supplementation with beta carotene or vitamin A leads to reduced maternal mortality, there is no data on the effect of nutritional supplementation on HIV infected women. There is however increasing evidence that HIV infected women have a higher prevalence of infections which cause mortality. HIV infected women also have worse nutritional status.

*It is suggested that the following is necessary to achieve MDG 5:*

- ❑ provision of ARVs to pregnant and lactating women
- ❑ nutrition interventions based on evidence from randomized controlled clinical trials.

26. HIV has harmful effects on pregnancy outcomes, leading to prematurity and low birthweight in women with malnutrition. It is also known that malaria hastens the progression of HIV/AIDS. Thus the combination of HIV and malaria on foetal and maternal health is of particular concern. Among the opportunistic infections affecting HIV infected individuals, TB is common. There is some evidence that nutritional interventions decrease susceptibility and improve rate of recovery from TB. It is increasingly recognized that ARVs have short and long-term side effects.

*It is suggested that the following is necessary to achieve MDG 6:*

- ❑ prevention of malaria—especially in pregnancy
- ❑ evidence-based nutrition interventions in individuals with HIV associated TB and diarrhoea
- ❑ improved nutritional management to increase efficacy/safety of ARVs
- ❑ improved nutrition/health of HIV-infected individuals not yet on ARVs
- ❑ improved nutritional management of opportunistic infections.

27. HIV infected individuals are especially likely to acquire opportunistic infection such as intestinal infection (from water and food) and respiratory infection (often found in communities with overcrowding and poor housing). There is

increasing evidence that community programmes have more sustainable effects on the environment.

*It is suggested that the following is necessary in order to achieve MDG 7:*

- ❑ improve water supplies/sanitation for avoiding diarrhoea
- ❑ ensure adequate housing to prevent respiratory infections (ARI/TB)
- ❑ develop community-based approaches to ensure environmentally sustainable food production and improved nutrition.

28. Whilst there are many activities in the area of nutrition and HIV/AIDS, the results are not widely known or appreciated. The importance of developing guidelines to assist national governments and agencies was recognized.

*It is suggested that the following is necessary in order to achieve MDG 8:*

- ❑ share information on what works in controlled situations (efficacy studies)
- ❑ share information on the impact of interventions within established services/community systems to assess their effectiveness
- ❑ identify knowledge gaps
- ❑ improve advocacy to obtain resources for nutrition and HIV interventions in HIV infected/affected communities
- ❑ ensure that UN agencies are aware of each others' activities and policies in order to produce a joint coherent policy—this would contribute to national capacity building.

29. *WHO activities on Nutrition and HIV/AIDS (Randa Saadeh)* WHO seeks to alleviate the overall burden of malnutrition by reducing the severity and complexity of the impact that HIV/AIDS and nutrition have on each other through the development of a comprehensive strategic response derived from evidence-based guidance. To do this WHO has established an Inter-Agency Working Group on Nutrition and HIV/AIDS to share information and coordinate activities. A WHO Technical Advisory Group on Nutrition and HIV/AIDS has also been set up as principal international advisory body for making recommendations to the Director-General. A technical consultation on nutrient requirement for people living with HIV/AIDS was held in May 2003, the report has been published.

30. *HIV/Nutrition and Pregnancy Outcome—a case study from Lusaka, Zambia (Lackson Kasonka)* In Zambia, maternal mortality rates have increased from 560/100,000 live births in 1990 to 729 in 2002. Due to a lack of community-based studies available on maternal health, nutrition or pregnancy outcomes, the Breast Feeding and Postpartum Health Project was established in an urban community in Lusaka. Despite the availability of skilled, trained and dedicated staff, stigma within the community prevents widespread uptake of counseling and testing for HIV—only 36% of antenatal women agree to have an HIV test. Of these 32% are HIV infected. The significance of these findings in women in relation to pregnancy outcome, and required dosage for antiretrovirals, is not known in these resource poor settings. However the association of nutritional deficiencies with poor pregnancy outcomes infers that there be a causal relationship and studies on nutritional interventions are needed.

31. *Infant feeding, HIV transmission and infant growth (Moses Sinkala)* In the light of the study showing the benefits of exclusive breastfeeding (EBF) on post natal transmission of HIV there have been considerable activities to promote EBF among HIV infected populations. However, there has been rather little appreciation of the nutritional problems faced by infants of infected mothers and of the difficulty facing mothers as their children can no longer be supported by breastfeeding alone. In the Breast Feeding and Post Partum Health Project, several aspects of infant and maternal health and nutrition have been highlighted, it is now recognized that several factors increase the chance of a mother transmitting HIV in her breastmilk. Infants of HIV infected mothers may be of lower birthweight in poorly nourished communities; indeed, the children of infected mothers in the Zambian BFPH study were 60g lighter than those of uninfected mothers. Furthermore, these infants of infected mothers failed to catch up and remained lighter and shorter by age four months. Several reasons for this appear possible—some infants are HIV infected, some were exposed but uninfected, some were premature or had intrauterine growth retardation, maternal milk may be of inadequate volume in HIV infected mothers, and maternal milk may have a high Na level or maternal morbidity (physical/mental) led to poor care. The relative importance of each of these factors is currently unknown.

32. *Nutrition, Food Security and HIV in Southern Africa—UNICEF Southern Africa Nutrition Analysis Project—preliminary analysis (John Mason)* Child underweight is highest in high HIV areas (urban/peri-urban probably), with IMR/HIV showing the same relation. Child underweight deteriorates more in high HIV areas, and much more in high HIV drought affected areas. Child malnutrition (underweight or stunting) has recovered somewhat, in some areas, after the drought, but not to 2001 levels. Greatest recovery has been seen in Zimbabwe. Changes in child nutrition is most clearly (and significantly) associated with HIV level by area. It is plausible that food aid mitigated the effect of drought and food



insecurity on child nutrition in other countries. Recommendations for policies and programmes are:

- ❑ focus more resources to protect child nutrition, health, and development in areas traditionally better off, but which have high HIV/AIDS (urban/peri-urban)
- ❑ address destitution through the creation of a safety net
- ❑ develop integrated response of nutritional support with treatment
- ❑ establish contingency plans and streamlined emergency and development assistance during times of drought
- ❑ develop better ways of improving child caring practices and protecting orphans
- ❑ ensure that surveys lead to a surveillance system (e.g. combining periodic sample surveys with community based programmes including growth monitoring)
- ❑ promote better understanding of effects of assistance (food aid, ARVs) and determinants of malnutrition, which means moving from current ecological to disaggregated analyses.

33. *Information Systems for Exchange of Information on Programmes on Nutrition and HIV (Robert Mwadime)* A clearer understanding of the interaction between nutrition and HIV is evolving and the right information needs to get to the right user at the right time. There are various information types:

- ❑ list-serves: ProNut-HIV (<http://www.pronutrition.org>); NutritionNET (<http://www.nutritionnet.net>); AF-AIDS Forum ([www.archives.healthdev.net/af-aids](http://www.archives.healthdev.net/af-aids)); INTAIDS-forum ([www.listshealthlink.org](http://www.listshealthlink.org)); PWHA-Net (<http://www.health.net/pwha-net>); Source ([www.asksources.info](http://www.asksources.info))
- ❑ electronic or printed materials (newsletters, brochures, reports and articles, data sheets): IFPRI library (<http://www.ifpri.cgiar.org/training/newsletter/>); New and Note-worthy in Nutrition (M.Aspillera@ifpri.org); NICUS (<http://webhost.sun.ac.za/nicus>) run by Stellenbosch University, S Africa; AEGiS (<http://www.aegis.com>); other global websites include: WHO, FAO, WFP, UNICEF, UNAIDS, WB, USAID, others.

34. Key Recommendations:

- ❑ Develop effective nutrition and infection control interventions for prevention and improved management of HIV; associated malnutrition should be incorporated within existing policies and programmes aimed at achieving each of the MDGs; new knowledge is needed to increase the number and efficacy of evidence-based interventions.
- ❑ Develop focused guidelines for the inclusion of nutrition interventions to enhance the efficacy and safety of antiretrovirals and to slow down the rate of disease progression for infected individuals not on antiretrovirals.
- ❑ The SCN should produce a framework for action document on nutrition and HIV interventions to assist the development of specific policies and programmes by governments, agencies and NGOs with a particular focus on improving food security, health, survival and child development in which organizational responsibilities and resource/benefit implications should be outlined.

#### E.5 NUTRITION IN EMERGENCIES *(Chaired by Saskia van der Kam MSF Holland)*

35. The working group is guided by the UNICEF *Conceptual Framework*. The Working Group reviewed achievements over the past year and focused on:

36. *Treatment of severe malnutrition* Although the management and treatment of severe malnutrition has improved considerably in the last decade there is still need for improvement in the efficiency of community-based models and in the treatment of severely malnourished 'forgotten' groups such as adolescents, adults and infants.

37. *Adult malnutrition* In 2001 the Working Group recommended the development of methods to measure the prevalence of adult malnutrition in populations and to identify adults who are at risk, for enrolment in feeding programmes—in July 2000 the SCN had published two reviews on assessment of adult and adolescent malnutrition which indicated that in depth research is required in order to define anthropometric and contextual indicators and the cut off points (<http://www.unsystem.org/scn/Publications/html/rmis.html>). New research will be jointly conducted by the University of Aberdeen, supported by Partners Research Emergency Nutrition (PREN), Humanitarian Scientific Advisory Group (includes Emergency Nutrition Network; CDC; Epicentre) and the NGO Support Group. The aim is to explore and develop a model to increase the robustness of current indicators of severe adult malnutrition during complex emergencies through a literature review (published and unpublished) and the analysis of data (including context). Agencies are requested to forward any related information including reports, raw data, patient cards, surveys and articles;

the adult theme group will send out a data request information package including information on strict data security and confidentiality. Further information can be obtained from [pren@abdn.ac.uk](mailto:pren@abdn.ac.uk)

*Recommendation:* Develop methods to assess adult malnutrition (*Responsible: Jane Knight, University of Aberdeen*)

38. *Community based therapeutic treatment (CTC)* Last year the Working Group learnt about community based therapeutic treatment (CTC), a new way of managing severe malnutrition, and will closely follow developments until the CTC (and alternatives) are well developed and consolidated. It has been observed that uncomplicated severe acute malnutrition is relatively manageable: the improvement of the child is rapid and evident when using CTC. CTC motivates care givers (mothers, fathers, health care workers) and lends credibility to health care systems. Experience in 2002-2003 shows outcome indicators below or close to Sphere minimum standards.

*Recommendation:* Consolidate community treatment of severe malnutrition, including the development of an intervention framework and a position on severely malnourished infants. (*Responsible: Valid International*)

39. *Food security* Food security entails the availability and accessibility of adequate quality and quantity of food at household level. The Working Group highlighted the issue of quality.

40. *WFP's goals on food aid in emergencies:* In the coming three years WFP will prioritize saving lives in crisis situation; protect livelihoods/enhance resilience to shocks and support improved nutrition and health of vulnerable people. Among the ways to attain these are strengthening of partnership, results-based management, supporting education and reducing gender disparity. To improve quality, WFP is studying the effectiveness of in-country fortification of food aid.

41. *Evidence indicates that micronutrient deficiencies continue to affect populations living in acute and protracted crisis situations.* UNHCR recognized that failure to address micronutrient malnutrition in long-term African refugee programmes suggests the need to review policy and practice of agencies involved in refugee health and nutrition programmes. UNHCR is investigating micronutrient deficiency assessment methods, effective supplementation, including the use of iron cooking pots to increase iron consumption, and the development of nutrient analysis software. In addition several NGOs are looking at ways of fortifying food of displaced, refugees and PLWHA.

*Recommendation:*

- ❑ develop and integrate simple and robust methods into routine activities and operations to permit monitoring and surveillance of the micronutrient content of rations and the incidence of micronutrient deficiencies.
- ❑ develop ways of supplementation adapted to specific situations, such as in-country improvement of food aid, distribution of supplements to vulnerable groups, fortification of the family pot.

(*Responsible : theme group micronutrients in emergencies*)

42. *Care practices* Despite being part of the *Conceptual Framework* for years, the sector of care practices is underdeveloped in the agencies working in emergencies. Many agencies are addressing issues of care practices affecting the nutritional status of young children and their care takers, but mainly in the context of development. Not only are the practices themselves critical to children's survival, growth and development, but also are the way in which they are performed (with affection and responsiveness to children).

43. *Mental and social issues in caring practices* ACF investigated the psychoaffective/emotional relationship between caregiver-child. Outcomes from research in Sudan made clear that people from the same background can have divergent perceptions of the same context. In a chronic crisis, both displaced and resident populations are vulnerable. Also highlighted is the relationship between alcoholism, family conflict and relapses. In Afghanistan (Kabul), a study of the causes of severe acute malnutrition of infants under six months showed that, in addition to knowledge, beliefs and cultural practices on infant feeding, depression and anxiety are important causal factors in a society with strict rules about marriage and gender roles.

*Recommendation:*

- ❑ Compile details of mental/social support provided by agencies in nutritional programmes to direct future activities in this area
- ❑ Investigate these interventions in order to recommend the most effective, efficient and locally adapted ways to address care in emergencies

(*Responsible: Action Contre le Faim France*)

44. *Infant and young child feeding in emergencies* The previous year theme groups reported on the preparation of training modules for infant feeding in emergencies. Training Module 1 *Infant Feeding in Emergencies, for relief staff* is widely used by health staff and individuals, as well as in training. Access is mainly through the ENN website, other venues will be explored. Module 2, containing technical information for health workers is being finalized: new sections cover managing malnourished infants under six months, the management of artificial feeding in emergencies, and complementary

feeding. *Recommendation:* identify gaps in evidence specifically for infant feeding issues (e.g. treatment of severe malnutrition in infants) (*Responsible: Marie McGrath*)

45. *Nutrition and disease (HIV/AIDS)* The Working Group continues to support common practice in public health to improve general health status, such as preventative and curative interventions and water and sanitation interventions. The Group has no specific theme group on diseases related to nutrition, although many organizations intervene in this sector. There are many new initiatives related to nutrition and people living with HIV/AIDS on the issue of food security and family support, as well as patient care. The SCN Working Group on Nutrition and HIV/AIDS has provided solid knowledge which is used in various nutrition interventions at the field level. The Nutrition in Emergencies Working Group would like to work with the Working Group Nutrition and HIV/AIDS to share some of the unique experiences and lessons learned during interventions addressing certain aspects of HIV/AIDS in emergency contexts. In this way the Emergency Working Group can fully profit from the valuable knowledge of the Nutrition and HIV/AIDS Working Group, and vice versa. *Recommendation:* a representative of the Working Group on Nutrition in Emergencies should join the Working Group on Nutrition and HIV/AIDS to ensure a physical and sustainable link between the two working groups. (*Responsible: Saskia van der Kam (MSF)*)

46. *Capacity development for nutrition in emergencies* Capacity development for nutrition in emergencies' is defined as a process of change which is enabled through relevant and related changes in structures, processes, skills, attitudes and knowledge, that allow individuals and organizations to respond more effectively to the problem of malnutrition in emergencies. The methods used are the development of relevant policies, strategies, best-practice guidelines, curricula and training courses, preferably developed in partnership with national structures and institutions in crisis-affected countries and which aim to improve national capacity. A list of available courses on emergency nutrition is available on NutritionNet ([www.nutritonnet.org](http://www.nutritonnet.org)). The list includes university, agency and NGO courses. The list will be updated next in June 2004. Various training workshops have been conducted in partnership with UN agencies (FAO, WHO, UNICEF, WFP), governments (Ethiopia, Afghanistan) and institutes (Tufts, CDC, Colombia, Univ. of Nairobi, Kenyatta Univ.). In addition to these training activities, there are several other capacity building and collective memory building initiatives: the second edition of the Sphere manual is published, training is ongoing, the SMART project is continuing.

47. Working Group activities are organized by category based on the UNICEF Causal Framework, where many sectors in nutrition are related; however, for clarity, only activities that directly contribute to the MDG's are listed here:

- ❑ *Eradicate extreme poverty and hunger* Activities that are covered in the food security sector contribute directly to this MDG. This year the focus is on the availability and accessibility of micronutrients for populations in emergencies. Nevertheless food availability and accessibility remains a point of interest for many agencies.
- ❑ *Achieve universal primary education* Work on caring practices and capacity building contributes to this goal directly. This year the focus is on the caregiver and caretaker. One of the caring aspects in a household is to ensure proper schooling for its members. Food security is an important precondition for proper schooling; in food insecure situations children are often working in the fields or on the street instead of attending school.
- ❑ *Promote gender equality and empower women* Capacity building, community-based treatment of severe malnutrition, improvement of care practices, including intervention to improve the mental health of caregivers, contribute directly to this MDG.
- ❑ *Reduce child mortality* Efforts to improve treatment of severe malnutrition in new strategies (community treatment of severe malnutrition) and for special groups (infants, adults), contribute directly to this goal. Improving the care given to children is also an important contribution.
- ❑ *Improve maternal health* Treatment of severe adult malnutrition and improved care contribute directly to this goal.
- ❑ *Combat HIV/AIDS, malaria, and other diseases* Identification and compilation of lessons learned from nutrition interventions in AIDS programmes, and strategies in nutritional programmes to combat HIV/AIDS directly contribute to this goal.
- ❑ *Ensure environmental sustainability* The Working Group promotes local production of therapeutic foods and local fortification activities.
- ❑ *Development of global partnerships* The capacity development theme group contributes directly to this goal. In addition many strategies promoted by the Working Group envisage partnership with local communities (community treatment of severe malnutrition) and context specific interventions (adult malnutrition, HIV/AIDS).

48. The current chairs and secretariat are stepping down, henceforth the Working Group Nutrition and Emergencies will be chaired by: Fathia Abdallah (UNHCR) [abdallahf@unhcr.ch](mailto:abdallahf@unhcr.ch) and Caroline Wilkinson (ACF France) [cwilkinson@actioncontrelafaim.org](mailto:cwilkinson@actioncontrelafaim.org) The Working Group is organized by theme group, each group has a focal point:

- ❑ *Micronutrients* Andrew Seal (ICH) [a.seal@ich.ucl.ac.uk](mailto:a.seal@ich.ucl.ac.uk) Fathia Abdallah (UNHCR) [abdallahf@unbr.ch](mailto:abdallahf@unbr.ch)
- ❑ *CTC* Paul Rees Thomas (CONCERN) [paul-rees.thomas@concern.net](mailto:paul-rees.thomas@concern.net) Steve Collins (Valid International) [steve@validinternational.org](mailto:steve@validinternational.org)
- ❑ *Adult malnutrition* Bradley Woodruff (CDC) [baw4@cdc.gov](mailto:baw4@cdc.gov)
- ❑ *Infant feeding in emergencies* Marie McGrath (ENN) [marie@enonline.net](mailto:marie@enonline.net)
- ❑ *Mental health and care in emergencies* Cecile Bizouerne (ACF) [cbizouerne@actioncontrelafaim.org](mailto:cbizouerne@actioncontrelafaim.org)
- ❑ *Capacity building* Annalies Borrel (TUFTS) [Annalies.Borrel@tufts.edu](mailto:Annalies.Borrel@tufts.edu)

The theme groups propose to plan a longer meeting in 2005, before the SCN annual meeting.

#### E.6 NUTRITION, ETHICS AND HUMAN RIGHTS (Chaired by Urban Jonsson UNICEF, Wenche Barth Eide and Uwe Kracht WAN/AHR)

##### 49. Developments since the 30th SCN Session include:

- ❑ *The Common Understanding* The Second Interagency Workshop on Implementing a Human Rights Based Approach in the Context of UN Reform was held in Stamford, USA, in May 2003. The workshop sought to move forward the agenda of interagency cooperation around human rights mainstreaming, focusing on the CCA/UNDAF processes, as called for in the UN Secretary-General's Agenda for Further Change of September 2002. It also examined examples of how United Nations Country Teams (UNCTs) are dealing with human rights in the context of PRSP and MDG processes. A key result is a Statement of Common Understanding which specifically refers to a human rights based approach to development cooperation and development programming by UN agencies, which was later endorsed by the United Nations Development Group. The three pillars of the Common Understanding are:
  - all programmes of development cooperation, policies and technical assistance should further the realization of human rights as laid down in the *Universal Declaration of Human Rights* and other international human rights instruments
  - human rights standards contained in, and principles derived from, the Universal Declaration of Human Rights and other international human rights instruments guide all development cooperation and programming in all sectors and in all phases of the programming process
  - development cooperation contributes to the development of capacities of 'duty-bearers' to meet their obligations and/or 'rights-holders' to claim their rights

The SCN Steering Committee's call for mainstreaming human rights in all SCN activities, made at its Tivoli retreat in January 2004, is a first step in this direction.

- ❑ *Principles for the respect of human rights by Transnational Corporations (TNCs) and other enterprises* The SCN is regularly invited as an observer to the UN Sub-Commission on the Promotion and Protection of Human Rights. The 2003 session finalized work on draft 'Norms on responsibilities of transnational corporations and other enterprises with regard to human rights', to be submitted to the 60th session of the Commission on Human Rights meeting in March-April 2004 in Geneva (Doc. E/CN.4/Sub.2/2003/12/Rev.2 (2003)). Specific reference to the respect by transnational corporations and other business enterprises for and contribution to the realization of the rights to adequate food and drinking water and to the highest attainable standard of physical and mental health, warrants the involvement of the SCN.
- ❑ *Advancing dialogue at the country level* Members of the SCN, and the Working Group on NEHR in particular, have been especially conscious of the need for national dialogue concerning the implications of applying the right to adequate food and corresponding state obligations, under specific economic, social and cultural conditions prevailing in a given country. They were directly involved in catalyzing two additional national seminars on the right to food in Uganda and Mali, funded by NORAD, and more indirectly in a third in Sierra Leone, funded by Germany through FAO. The seminars drew inspiration from the normative basis established by General Comment No.12 on the right to food and principles derived for implementation by state and non-state actors. It is hoped that the experience from the seminars can inspire similar initiatives elsewhere with funding from other sources, eventually leading to an 'adaptive model' for advancing national dialogue on the right to food and related rights in other interested Member States.

##### 50. Follow-up action to last year's recommendations

- ❑ *Intergovernmental Working Group on voluntary guidelines for the progressive realization of the right to adequate food* Working Group members participated in the IGWG-RTF established by the FAO Council in response to a recommendation of the *World Food Summit: five years later*. The SCN statement 'On the nutritional dimension of the

right to adequate food', drafted by a NEHR task force at the Chennai session was circulated to IGWG participants. In support of the voluntary guidelines process, FAO organized a series of country case studies on the right to adequate food. NEHR Co-chair Uwe Kracht acted as lead consultant for the Uganda study and presented preliminary results from all studies to a group of Government representatives to FAO and FAO staff in February 2004. A full report on the studies will be published shortly by FAO.

- ❑ *Sharing of experience on human rights based approaches to development programming* The UNICEF-sponsored book on *Human Rights Approach to Development Programming*, authored by the NEHR Chair, has been widely circulated since its publication in mid-2003. The book on *Adequate Food as a Human Right – Its Meaning and Application in Development*, edited by the two NEHR Co-chairs, as well as NEHR member George Kent's book on *The Human Right to Adequate Food*, both to be published in mid-2004, will further contribute to dialogue and the sharing of experience within the Working Group and beyond.
- ❑ *Rights-based monitoring and evaluation* UNICEF has sought to further develop the application of the concepts and proposals contained in the NEHR document on *Monitoring the realization of the rights to adequate food, health and care for nutritional well-being* presented to the 28th SCN session. One outcome is the 2004 discussion paper *The Human Rights Based Approach to Programming at UNICEF and its Implication for Evaluation*.
- ❑ *Other NEHR recommendations from Chennai* On human rights in emergencies, the work of the Interagency Standing Committee on Emergencies within the Executive Committee on Humanitarian Affairs demonstrates that it is now generally accepted that human rights apply in both peace and war, with international humanitarian law complementing human rights law in complex emergency situations. Issues concerning the need for human rights training were further addressed at the current NEHR meeting, including aspects of training of UNCTs in mainstreaming human rights in CCA/UNDAFs within the framework of the Common Understanding.

51. The Working Group recommends:

- ❑ that the SCN reformulate its mandate so as to reflect that it will facilitate the ending of malnutrition in all forms through the realization of the rights to adequate food, health and care throughout the world
- ❑ that the SCN request all Working Groups now to take steps to mainstream human rights principles in their respective domains
- ❑ that the SCN appoint a task force to provide inputs to the Millennium Project Hunger Task Force to reflect human rights principles and standards in its final report.

52. The NEHR meeting had before it an initial list of selected issues where SCN could contribute to strengthening the human rights dimension in the work of the Hunger Task Force and the Millennium Project more generally—it focused on a brief discussion of two issues: (i) human rights related training and (ii) the further advancement of codes of conduct for the food-related industry, building on recent work by the UN Sub-Commission on the Promotion and Protection of Human Rights on 'Norms on responsibilities of transnational corporations and other enterprises with regard to human rights'. It is intended to continue the discussion early on in the intersessional period, keeping in mind the Hunger Task Force timeframe for finalizing its report by December 2004.

53. NEHR intends to follow-up the call at the current SCN session for more effective continuation of all the Working Groups' work between sessions. As a first step, the Chair/Co-chairs will contact SCN members to ascertain their willingness to participate in intersessional NEHR activities related to the above recommendations as active NEHR members or to be at least regularly informed as passive members.

#### E.7 MICRONUTRIENTS (Chaired by Frances Davidson USAID, Bruno de Benoist WHO and Ian Darnton-Hill UNICEF)

54. The Micronutrient Working Group began with presentations from three managers of micronutrient country programmes that have demonstrated success: Dr. Josefina Bonilla, 'Supplements and Fortified Foods in Nicaragua' (vitamin A, iron and iodine); Ms. Rosanna Agble, 'Micronutrient deficiencies in relation to MDGs—The Ghana Experience' (vitamin A, iron deficiency, iodine); and Mr. Ram Shrestha, 'Nepal National Vitamin A Program.' Participation of these presenters was organized by MOST, the USAID Micronutrient Program. In all three programmes, supplementation, particularly vitamin A supplementation, is the most mature intervention. Food fortification is well developed in Nicaragua, starting in Ghana and only in preliminary stages in Nepal. The degree of development of other food-based strategies is variable, although nutrition communication is a component of all programmes.

55. Key points from the presentations and the subsequent discussions include:

- ❑ Recognition that vitamin A supplementation (VAS) can no longer be considered as a short-term intervention.

Strategies for sustaining VAS for the long-term are important. Phasing out of VAS has to be done with great prudence and with a strong evidence base. None of the three countries has chosen to phase out VAS, even Nicaragua despite advances in other strategies. Post-partum VAS is less well developed than VAS for children 6-59 months.

- ❑ In all cases, strong partnerships bringing together all stakeholders are key elements in the success of micronutrient programmes. These partnerships have leveraged implementation resources beyond the health sector (communities, local governments, media, schools, industry, etc.). Micronutrient programme infrastructure has been leveraged to implement other public health programmes (Nepal) and conversely, existing public health campaigns have been leveraged to include micronutrient programmes (Nicaragua).
- ❑ Micronutrient nutrition of the young child (under 2 years of age) remains a great concern, with anaemia levels of young children of particular concern. Improved knowledge of young children's micronutrient intake, technologies for enriching their diets and improving complementary feeding is needed. It was reiterated that breastfeeding promotion and support are key elements in the control of micronutrient malnutrition.
- ❑ All successful programmes have included strong communication strategies, including a combination of approaches (community radios, television, interpersonal communications, schools, etc.). Development of very specific, compelling messages that resonate with the target populations is important.
- ❑ All successful programmes have included strong training components that reach beyond health workers.
- ❑ Food fortification requires understanding of the private sector's needs and should move towards fortifying an array of food products, including those that can reach young children. Specific concerns were raised concerning the use of sugar as a vehicle for vitamin A. Communication has focused on having consumers choose VA-fortified sugar over non-fortified sugar, and to consume only the levels they are used to consuming.
- ❑ In all cases, the micronutrient deficiency control programmes are making major contributions to several Millennium Development Goals (MDGs).
- ❑ Promotion of production and consumption of micronutrient-rich foods is included to a greater or lesser extent in all three programmes. There is a need for a more systematic identification of potential for food-based strategies and the evaluation of their impact beyond knowledge of micronutrient-rich foods.
- ❑ In all three programmes, including the most mature (Nicaragua), it is recognized that external technical and financial resources continue to be necessary. Mobilizing increasing levels of national resources to maintain and expand micronutrient deficiency control remains a challenge. The level of national resources committed for micronutrient programmes is a critical indicator of success.
- ❑ In plenary, a brief presentation showed that micronutrient interventions contribute to all MDGs and that successful control of micronutrient malnutrition will be essential for their achievement. Two key recommendations for action reported back to the plenary were:
  - Improved knowledge of young children's micronutrient intake, technologies for enriching their diets and improving complementary feeding are greatly needed. Food fortification should move towards fortifying an array of food products, including those that can reach young children. Efforts to mobilize national investments in micronutrient programmes must be enhanced. Level of national resources committed for micronutrient programmes is a critical indicator of success.
  - Ongoing or planned activities should be reported by working group participants and collated by an informal secretariat (UNICEF, USAID, WHO, HKI). This will constitute the Working Group's work plan and will be reported on in a year's time at the next SCN Session.

#### E.8 NUTRITION OF SCHOOL-AGE CHILDREN *(Chaired by Arlene Mitchell WFP)*

56. The Working Group on the Nutrition of School-Age Children has primarily taken advantage of the SCN's annual session as an opportunity to bring attention to the important nutrition issues among the school-age population. Although the Working Group was unsuccessful in convening meetings or holding other events during the year 2003, the promotion of this work through the SCN contributes to the expansion of activities in this area. During the previous year:

- ❑ The Alliance for Action on School Feeding, Health and Basic Education for the Sahel was launched in September of 2003. A similar multi-country approach was initiated for the countries of Southern Africa also in 2003. In March 2004, the Latin America School Feeding Network was launched in Santiago, Chile. All of these efforts have involved a wide variety of partners including national governments and local and international health,

nutrition and education institutions.

- ❑ The WFP Working Group Co-Chair participated actively in the Millennium Development Goal (MDG) Task Force on Education and Gender and coordinated closely with the Hunger Task Force. The work included meetings in New York, Washington, DC, and Bangalore as well as a Millennium Project team mission to Ethiopia. One key recommendation from the Ethiopia visit was to substantially increase school feeding activities there.
- ❑ Work has been undertaken on the issue of the sustainability of school feeding operations, by the World Food Programme, the US Department of Agriculture, and Catholic Relief Services.
- ❑ UNICEF has announced its support of school feeding and the minimum package approach as described in the 2003 Working Group discussion. The agency has expanded its cooperation with school feeding programmes worldwide.
- ❑ Deworming linked to school feeding has expanded significantly over the past year, and gained support from a wider variety of donors and governments.
- ❑ Several studies and large-scale initiatives have been undertaken related to nutrition, food, and school-based interventions for children affected by HIV/AIDS. In December, WFP implemented an all-Africa HIV/AIDS and School Feeding workshop with representatives from UNAIDS, UNICEF, FAO, to share lessons learned and to encourage more attention and action on these issues in Africa.

57. The Working Group discussed the most important linkages between the MDGs and this group's work, and presented recent programme and intervention results and experiences related to scaling up key nutrition interventions for this age group.

- ❑ *Linkages between the MDGs and school nutrition* The link between nutrition, children's ability to learn and their education achievement means that adequate nutrition is essential for achieving *MDG 2—Achieving Universal Primary Education*. Since 'school-age children' encompasses adolescents, the health and nutrition of this age group is essential for achieving *MDG 5—Improving maternal health*. Adequate nutrition is essential for a healthy immune system and can reduce the severity of HIV infection. School can also provide a forum for health and nutrition education, including HIV/AIDS prevention education, and for caring for orphans and vulnerable children. This links with *MDG 6—Combating HIV/AIDS, malaria and other diseases*.
- ❑ *Scaling up programmes to achieve the MDGs* Presentations focused on recent success stories in nutrition programming for school-age children, highlights are:
  - *Deworming* Results from a national deworming programme in Nepal which should achieve full national coverage by April 2004 were shared. This study, together with others, has confirmed that deworming is extremely cost effective (in Nepal, 2 cents per child per year) and can have enormous benefits for children, with a reduction in worm load and subsequent improvement in iron status leading to reduced morbidity, improved growth and development.
  - *Integrated school-based interventions* The experience of the Zambian Government programme implementing a series of interventions, including: deworming, iron supplementation and vitamin A supplementation, and skills-based health education (including for HIV/AIDS prevention and malaria prevention and treatment) was shared. A three year longitudinal study demonstrated a significant reduction in the prevalence of both hookworm and urinary schistosomiasis, after two annual rounds of deworming (e.g. from 60% to 1% for schistosomiasis). The programme has been successful in building capacity in the areas of policy, training and training materials, targeting and delivery, partnerships, monitoring and evaluation. The Zambian Ministry of Education have now committed funds to extend the programme to a further four provinces by 2005, with the aim of full national coverage by 2008.

58. The Working Group has two specific recommendations regarding scaling up effective nutrition programming for school-age children in order to maximize its contribution to achieving the MDGs:

- ❑ school feeding programmes have been around for decades and continue to be one of the mainstay interventions aimed at school-age children. The integration of other interventions into feeding programmes improved efficiency in delivery. It is recommended that every possible effort be made to design and implement school feeding programmes as food plus other school-age health and nutrition interventions
- ❑ deworming has proven itself many times over to be one of the least costly and most effective interventions available for addressing both health and nutrition needs of school-age children. It is recommended that every possible opportunity be identified for providing deworming services to school-age children.

A third recommendation pertains to actions that the Working Group should undertake over the next year. Notwithstanding the first recommendation regarding 'school feeding plus,' there appears to be a lack of awareness in the international development community of the current state-of-the-art in school feeding as well as a reoccurring set of questions related to a school feeding that never seem to get answered. To address this gap it is recommended that the SCN support and facilitate the Working Group on the Nutrition of School Age Children to produce a 'state of school feeding' paper. The specific content of this document remains to be elaborated, but it is anticipated that it would be a combination review and meta-analysis drawing on current practice and research in school feeding and school nutrition over the last decade. The recommended approach toward producing this paper would be to draw on experts across a number of institutions involved in school feeding and school nutrition.

59. The working group is currently chaired by three members (two co-chairs, and a secretary). These three members represent a UN Agency/WFP, an NGO/Save the Children and an academic institution/Imperial College closely associated with the World Bank. These members have served for the past two years. They could conceivably continue to lead this working group, however the future organization of the working group was not discussed due to lack of time and the absence of one of the co-chairs.

#### E.9 NUTRITION THROUGHOUT THE LIFE CYCLE (*Chaired by Ricardo Uauy LSHTM, UK and INTA, Chile and Ted Greiner Sweden*)

##### 60. Key recommendations from the Working Group relating to the MDGs

- ❑ Promote nutrition, health, care and education of adolescent women, including fulfillment of their reproductive rights (MDGs–1,2,3,4,5,6,8)

The Working Group prioritized the nutrition and health of adolescent women in order to effectively break the intergenerational cycle of poor maternal nutrition, foetal growth restriction and post-natal malnutrition/stunting. There is ample evidence that the nutritional status of women before they become pregnant is more influential on pregnancy outcomes than any nutritional supplements provided during pregnancy. Efforts at improving micronutrient intakes and achieving a healthy weight should thus be undertaken before conception, with emphasis on the adolescent period. The prevention of unwanted pregnancies, especially at the time young girls are still growing, requires information, education and access to reproductive health, including contraception. This is presently an unfulfilled right in many parts of the world. The Working Group considers that efforts to promote women's reproductive rights should go in tandem with efforts to improve nutrition, health, care and education of adolescent women for maximal impact to protect maternal health and child growth and development and to obtain optimal pregnancy outcomes—important to both women and men.

- ❑ Achieve the goals of reducing child mortality by including optimal nutrition as embodied in the global strategy on infant and young child feeding (MDGs–1,3,4,6,7)

The Working Group noted with extreme concern the latest figure of 10 million deaths of children under five, close to 30% of these are preventable by simple nutrition and care practices. Exclusive breastfeeding to 6 months, followed by appropriate complementary feeding could alone save close to two million children from death. Additional measures such as clean water and sanitation, micronutrient rich foods and/or food fortification could contribute to preventing another one million deaths. These interventions are presently well formulated and approaches for their effective implementation are presented in the *WHO/UNICEF Global Strategy for Infant and Young Child Feeding*.

- ❑ Fulfillment of MDG goals requires integration of the global strategy on NCD prevention (diet, physical activity, and health) (MDGs–1,3,4,5,7,8)

The Working Group examined the double burden of disease affecting most developing and transitional societies around the world. It is no longer a question of focusing on children's health and nutrition or on prevention of adult chronic disease. The evidence presented and discussed indicates that nutrition-related chronic disease NRCs (cardiovascular disease, obesity and diabetes, and some forms of cancer) account for a major proportion of death and of DALYs lost on a global basis, including amongst the low-income groups in developing countries as they experience the epidemiological-nutrition transition. There was consensus within the Working Group that this issue was central to the achievement of the MDGs, since prevention of these conditions must start in early life (from the moment of conception). Moreover, early nutrition is a key factor in determining risks for NRCs. In developing countries these conditions affect adults in their productive years who often succumb before they reach old age. Already strained health resources become progressively limited with the burden of NRCs, especially related to rapidly growing epidemic of diabetes striking at increasingly younger age groups and consuming, for example, 8% of the Ministry of Health budget in Tanzania.



## 61. Plan of action for 2004/05

- ❑ Continue work (WHO/UNICEF/IAEA) on cost effective ways of prevention and control of malnutrition in young children. Continue implementing the Global Strategy on Infant and Young Child Feeding.
- ❑ Develop a plan of action and global strategy for improvement of foetal growth and prevention of low birthweight. Prioritize adolescent girls in order to break the intergenerational cycle. (WHO/UNICEF/IAEA).
- ❑ Support the implementation of the global strategy on NCD prevention considering the special challenges facing developing countries, namely how to address the double burden of disease. Consider addressing this topic in Brazil as a prime example of a country undergoing a rapid nutritional transition.

**F. Report from the Bilateral Partners**

62. Arne Oshaug (Norway), bilateral representative to the Steering Committee (SC), chaired the meeting. Elisabet Helsing (Norway) and Shakuntala Thilsted (Denmark) were rapporteurs. Arne Oshaug was reelected as Chair, Shakuntala Thilsted will continue as the second Co-Chair, while Ted Greiner asked to be replaced as Co-Chair. Barbara Macdonald (Canada) was elected new Co-Chair.

63. The bilateral partners expressed their appreciation that the UN, with support from UNICEF, had hosted the 31st Session, and thanked SCN Chair Ms Catherine Bertini for her guidance and leadership over the last year.

64. Through membership in the Steering Committee the bilateral partners are now more updated on, and involved in, the SCN management and process than before. With a view to transparency and openness, the minutes of the Steering Committee are shared with all the bilateral partners on the Email list of the group's Chair. In this way all partners follow the discussions, the inner life of the SCN, thereby gaining a strengthened identity, interest and commitment to the organization. Such an approach is inclusive and conducive to consensus building.

65. A total of 32 individuals had attended in the Bilateral Partners meetings, with participation from Africa, Latin America, North America and Europe, as well as a large delegation from Brazil. Previously it had been suggested that the SCN should identify and support a core group of bilateral partners from low income countries to regularly participate in annual sessions and other important SCN events. It was therefore appreciated that the SCN had identified some nutrition representatives from governments and supported their participation in this year's meeting.

66. There had been a brief discussion on whether the bilateral group should be divided in two: bilateral donors and recipient countries. However, the consensus was that such division might be meaningless and possibly counterproductive in today's rapidly changing world. The group decided that it would be stronger staying together.

*Millennium Development Goals and other constructs and concepts in development planning*

67. There was consensus that a stronger focus on general development frameworks and initiatives is useful—at the moment this is the MDGs.

68. Amongst the bilateral partners there was some focus either on the MDGs themselves, or on the goals contained in the UN Millennium Declaration. Several participants representing large and medium-size development agencies reported their strong commitment to the MDGs, which had become the basis for their activities. In some cases funding was tied to these goals. On the other hand the goals contained in the UN Millennium Declaration were seen by some agencies mainly as an orientation or guidance for development work in general.

69. In countries on the receiving end of development support experience was mixed. Some had programmes that fit well with the context of the MDGs, however these had often been formulated earlier and independently of the goals. For others the Declaration and the MDGs have had considerable impact, in particular in policy attention to food and nutrition.

70. Likewise, Food as a Human Right was taken seriously by some bilateral partners as a guiding force in development work, often with the incorporation of gender equality and maternal health. There was some concern that there are no indicators of governance in the MDGs, and that the importance and urgency expressed by member states with regard to the development of human rights into programmes of action is not reflected in the current MDGs.

71. Several countries receiving assistance had found the Poverty Reduction Strategies framework being incorporated into conditions for assistance, consequently the framework should also be considered in government action plans. PRSPs could be considered a national framework for the achievement of the MDGs. Priority areas for action in nutrition-related areas are often linked to funding opportunities, and here nutrition might easily lose out. Nutrition is too important to be only a small sub-programme under the health heading. In some instances food safety has been considered to constitute a nutrition programme.

72. The bilateral partners recognize the activities of the Hunger Task Force are of great importance. In order to improve the integration of nutrition into the Task Force's final report, the bilateral partners suggest a peer review of the current Interim Report be organized under the aegis of the SCN.

*The double burden of disease*

73. Several representatives of southern countries mentioned chronic disease, obesity and other risk factors for noncommunicable diseases their populations faced, and how this is linked with undernutrition, making for a double burden of disease. This is already a problem in poorer countries: measures are urgently needed to prevent this from becoming a more serious problem. Chronic disease competes with communicable disease for scarce health budget funds as this double burden appears simultaneously. These disparate problems therefore need to be tackled simultaneously.

74. The bilateral partners therefore support efforts by WHO to develop a global strategy addressing diet, physical activity and health to be discussed at the 2004 World Health Assembly.

75. The bilateral partners consequently welcome the life course approach which is the focus of one of the SCN Working Groups, and urge this focus be taken into account by UN agencies and all other development actors.

76. The MDGs do not mention the double burden of disease, despite the prevalence of NCDs having risen to alarming proportions, and which will continue to grow if appropriate measures are not taken. The bilateral partners urge the SCN to bring the issue to the attention of the MDG Task Forces.

*Proposals from the SCN Steering Committee Retreat*

77. The bilateral partners welcome the continuing transformation towards the creation of a new SCN. Times of change are times of opportunity—it is essential every effort is made to make the SCN a unique and strong organization. The group were pleased that the SCN Chair organized a Retreat for this purpose in Tivoli, Italy, in January 2004, and provided the following comments:

78. The group appreciate the tripartite partnership structure (UN organizations, NGOs/CSOs and Bilaterals) included in the present draft document.

The group question the establishment of an Advisory Board and suggest as an alternative that a high level UN forum be convened to address the global failure to effectively address nutrition problems, and the need for collaboration and harmonization of UN agency efforts in this regard. This forum should also explore means for establishing a permanent core budget for the SCN to address these needs.

79. The group welcomed the focus on the MDGs, and corresponding projects, task forces and other activities, as a focal point for much of the nutrition relevant global and national action, and that the SCN Working Groups had been asked to focus on how nutrition could be integrated into the projects planned by the MDG task forces.

80. The group were nevertheless concerned that the MDGs are given such a central place in the present draft SCN mandate and plan of action. It may not necessarily be a good idea for the SCN to tie its ideology too much to time-bound goals: a more general wording might serve the SCN better. There are issues along the food-nutrition-health-development axis which are not covered by the MDGs. The group suggests a more generic term such as general development frameworks and initiatives of the UN be used.

81. The group appreciate the Steering Committee's suggestion for integrating a human rights based approach and governance issues into the SCN and fully support that these issues be mainstreamed into the SCN's work along the lines suggested by the Working Group on Nutrition, Ethics and Human Rights which is in line with the UN Agenda for Further Change, presently in progress within the UN System.

82. The group discussed whether the food industry/private sector should become a fourth SCN partner. It was noted the SCN is already open to their participation in annual sessions. Whilst the group agreed on the importance of such contacts for discussion, and fora for meeting with various groups in the private sector, the group was unanimous that food industry/private sector should not be invited to become a fourth SCN partner. Criteria for any contact between the SCN Secretariat and the food industry/private sector need to be developed.

83. The group noted that food production and trade have not been adequately dealt with in the past and resolved to raise industry-related topics in the future. Naturally industry representatives would be invited to any such discussion.

*Financing of the SCN*

84. The bilateral partners expressed concern regarding the financing of the SCN. The financial problems are a considerable challenge for the UN agencies, the SCN Chair and all SCN participants. The group indirectly supports the SCN core budget through their contributions to the various UN agencies; and directly support the programme budget by providing funding for specific projects or from time to time hosting an annual session.

85. The group believes that the new SCN should maintain Secretariat resources for an optimal level of activity and publishing, with core funding to continue coming from the UN agency members. The bilateral partners will continue to provide human resource inputs and financial support for projects, publications, and attendance by some delegates from low-income countries in response to proposals and requests, and by occasionally hosting the annual session.

#### *Communication, Information and Networking*

86. By definition bilateral partners report back to their governments, and in doing so they emphasize the crucial role of nutrition. In this respect, the group request UN agencies and the SCN Secretariat to inform the group whenever nutrition-relevant issues will be discussed at UN events (such as annual membership meetings and meetings of agency boards, sessions in the UN General Assembly and ECOSOC, international financial institutions, special committees, summits and conferences) so that each partner may fully brief government representatives who will attend these meetings.

87. The group were disappointed that information about this year's SCN session was apparently only circulated through the already existing SCN mailing list and SCN website. The group expected that the UN website itself would have clearly referred to this year's meeting.

88. The group appreciated the *5th Report on the World Nutrition Situation* with its innovative approach and useful analysis. It was hoped that the SCN Chair, the Secretary, and the Steering Committee will provide the necessary follow-up to many of the issues addressed in the Report. The group suggests the Report be used in an extensive advocacy and information campaign for the various MDG task force members, the media, and other important channels of public information.

#### *The Working Groups*

89. The group sees the Working Groups as central to the work of the SCN. They provide an arena for the discussion of technical and scientific issues, the link with policy and programming, and raise implications for evaluation. Whilst most working groups function well, some do not. The bilateral partners request the SCN Secretariat to remind the Working Group Chairs of their responsibility to develop realistic programmes with clear objectives, to make time to discuss relevant recommendations and to always include a plan of action for the following year, working towards the next annual meeting.

### **G. Report from the NGOs/Civil Society Group**

90. Flavio Luiz Schieck Valente (Brazilian Forum on Food and Nutritional Security/ABRANDH/APAN) and David Sanders (PHM, South Africa), NGO/CSO representatives to the Steering Committee, chaired the meeting. Mary Lung'aho (Interagency Infant and Child Feeding), Emily Levitt (Cornell University), Gary Gleason (International Nutrition Foundation) Joseph Mutuku (KCAN) were rapporteurs.

74. More than 60 representatives of civil society, NGOs, PVOs, academics and consultants had attended the meeting, the majority for the first time. Approximately half were from international and national NGOs, the remainder were from academic institutions.

91. The group elected Elisabeth Sterken INFACT—Canada/IBFAN as the third NGO/CSO representative to the Steering Committee, replacing Susan Siew/WABA—Malaysia, who had resigned for personal reasons. Flavio Luiz Schieck Valente was re-elected Chair of the group, with an extension of the mandate for a year through the SCN Session in Brazil 2005.

92. The group thanked the Government of the Netherlands for their financial support which had made possible the participation of several southern civil society organizations in the New York Session.

#### *Comments on the MDGs*

93. The MDGs should be seen as short-term objectives in a long-term strategy towards a world free of malnutrition. They do not represent SCN's final goals. The actions proposed to achieve MDGs do not tackle the root causes of malnutrition, there is a need for more discussion on strategies (the how) for achieving the MDGs. There is a need more recognition of civil society, its role in the process has been underutilized. Civil society has done much work in the identification and implementation of valuable strategies, whilst certain governments and intergovernmental organizations persist in macro policies which contradict and erode civil society initiatives and even some of their own social actions. Civil society will continue to promote innovative initiatives towards the holistic realization of the MDGs, it will also a) monitor the realization of the MDGs, and b) hold governments and intergovernmental agencies accountable for their actions.

*Relationship of the SCN to the MDGs*

94. The NGO/CSO group felt the discussion of the MDGs overshadowed the discussion of nutrition, particularly in the Symposium, with a dominance of UN views and approaches and with little room for the presentation of the views and experiences of civil society and governments.

95. The group questions the methods proposed to reach the goals, especially those used to define strategies which clearly have not taken into account the contribution of civil society, popular and community organizations. The group supports the idea of involvement in the process towards the realization of the MDGs. However, only with recognition of the role of civil society in the identification, elaboration and implementation of appropriate strategies and actions will the SCN be able to speed up the process and find adequate routes to the goals in the diversity of cultures we live in.

96. Many countries and societies are working towards the goals without necessarily using the specific terminology and often adopt more integrated strategies. There is a need to learn from these, as well as a need to learn from initiatives that did not work. The SCN must assume an important role in supporting the documentation of the successes and failures from a civil society perspective.

*On the SCN Steering Committee Retreat and other issues:*

97. The group felt there was a need for emphasis on what works and how to implement such actions and to make explicit what does not work.

98. The group questions the value of establishing an Advisory Board. If the goal is to gather high level support for the SCN, an effective and ongoing communication strategy should be established.

99. The SCN should promote capacity development initiatives for the implementation of policy and for advocacy.

100. Issues papers on cutting edge themes should be produced every one or two years.

101. Recommendations: the SCN should refocus its mission and its vision. The new mandate should be:

- ❑ To facilitate the ending of malnutrition throughout the world together with its partners at national and global levels. The SCN should focus on its areas of strength and responsibility,
- ❑ The SCN should establish a mechanism to ensure the inclusion of nutrition-related strategies in the Millennium Project, including all relevant Millennium Project task forces.
- ❑ With few exceptions, the group recommends that the industry/private sector should not become a constituent of the SCN on an equal standing with UN agencies, governments and NGOs/CSOs. The group recognizes the importance of engaging with the private sector at the implementation phase of developing activities to end malnutrition. Whilst the private sector/industry should not be involved in the process of public policy elaboration, it could be an actor at the implementation level. The SCN should elaborate guidelines to regulate the participation of the private sector in SCN activities, including issues related to funding.
- ❑ The SCN should facilitate the process of developing nutrition at regional level through the holding of regional meetings, in addition to the annual meetings.
- ❑ Regarding the SCN financing, financial contributions should not be imposed on NGO/CSOs—the possibility of voluntary contributions could be considered. Funds should be provided for southern NGO participation.
- ❑ The representation of NGOs/CSOs and governments in the Steering Committee should be increased.
- ❑ Need to communicate to the public at large that hunger is not the same as malnutrition.
- ❑ The group strongly recommends that the SCN working groups should be maintained and strengthened, and feels that they represent the strongest and most valuable part of the annual SCN session.
- ❑ The group further recommends that each constituency (UN/Bilateral/NGO-CSO) should have equal representation in the direction of the Working Groups, which should include a formally constituted Chair, Vice-Chair and Secretary, which rotate each three years.
- ❑ The quality of the working group sessions is variable, to correct this the group recommends that all working groups should have firmly established TORs explaining tasks and goals and how they will achieve them. The establishment of the TOR should be discussed with the members of each working group, not just amongst the Steering Committee.
- ❑ The group recommends that the working group sessions concentrate on the application of science rather than science *per se* and to provide the opportunity for practitioners of nutrition to interact and exchange information about the how of ending malnutrition. In addition, emerging issues should also be afforded a space on the agenda

to set the stage for future aspects of working group activities.

- Working groups should work throughout the year. Each working group should agree on a work plan for the coming year at each session. A list of members should be established and electronic communication maintained throughout the year.

## H. Report from the UN Agencies

102. SCN Chair Ms Catherine Bertini chaired the UN agencies meetings, with participation by 13 agencies.

103. *SCN Governance* The agencies are aware the SCN is at a critical junction in its existence, it wants to move forward and business as usual will no longer suffice. The Steering Committee Retreat proposal to appoint a senior level policy advisory board is viewed as a mechanism to obtain political recognition for nutrition at the highest level in agencies and governments. Based on inputs received from the UN agencies, bilateral partners and NGOs/CSOs the Steering Committee would develop Terms of Reference along with an outline of the possible composition of the board and length of service of members.

104. It was felt the SCN Steering Committee should continue to function in its current format while the review of the governance structure of the SCN was undertaken.

105. *Working Groups* The agencies applaud the work of the Working Groups, they are the driving force of the SCN (Terms of Reference can be found in the SCN Strategic Plan, Annex A—[http://www.unsystem.org/scn/Publications/strategic\\_plan.PDF](http://www.unsystem.org/scn/Publications/strategic_plan.PDF)) Through continuously operating working groups participating agencies take an active role in the work programme of the SCN leading to harmonization, information sharing, and advocacy. A review of the working groups is on the work plan of the Steering Committee for 2004-2005. UN agencies would like each group to have clearly defined specific time-limited tasks, that the groups work continuously throughout the year, reporting back at annual sessions, and that each group has a Chair, with two co-Chairs (allowing representation from each of the three constituencies).

106. *Collaboration amongst UN agencies* As a general operating principle the agencies reaffirmed their commitment to collaboration. Whilst efforts are continuously being made to strengthen collaboration, the agencies realize that much more can be done to streamline country-level work. The agencies recommended that a few select countries where several agencies are working at the national and sub-national level be identified, and that these are used as opportunities for strengthening collaboration and to learn about bottlenecks and success factors. Case studies on such efforts could be prepared under the auspices of the SCN.

107. *Interaction with the private sector* The UN agencies recommend that the SCN Chair appoint a task force to propose a process on how the SCN might engage the private sector. The International Code of Marketing of Breast Milk Substitutes with its vast experience on implementation would be consulted in this respect.

108. *Funding* The agencies agreed that through high level dialogue, and based on a work plan with clear time lines and deliverables, funding from the UN agencies to the SCN should be increased, and become more regular. In addition more creative funding opportunities within the agencies should be explored.

109. *Millennium Development Goals* There is already substantial collaboration by the agencies with the Millennium Task Forces. The agencies recommend that the SCN, through specific agencies, bilaterals and NGO/CSOs, collaborate with the Millennium Task Forces on some of the countries identified as early action countries. In addition the agencies recommend that the July 2004 Interim Report of the Millennium Project Hunger Task Force and the Millennium Project Child Health and Maternal Health Task Force be peer reviewed by a panel of experts under the aegis of the SCN. The peer review comments would then be forwarded from the SCN to the Task Force chairs and Dr Jeffrey Sachs, Director of the Millennium Development Project.

## I. Date and Venue of the 32<sup>nd</sup> Session

110. Dr Jorge Solla, Secretary of Health, Brazil, outlined the importance Brazil places on the question of malnutrition. (full speech attached as Annex 2). On behalf of His Excellency Humberto Costa, Minister of Health, he was honoured to announce the Government of Brazil would host the 32<sup>nd</sup> Session of the SCN in Brasilia, 14-18 March 2005.

111. Distinguished Nutrition Advisor, Bishop Dom Mauro Morelli, briefly addressed the Session, he urged greater dynamism and commitment to the cause of nutrition. He looked forward to welcoming the SCN family to Brazil next March.

**J. Appointment of SCN Secretary and Re-Election of SCN Chair**

112. Ms Bertini reported that the Steering Committee had reviewed many excellent candidates for the position of SCN Secretary and was pleased to announce the unanimous choice of the Steering Committee was Dr Roger Shrimpton.

113. Milla McLachlan, Steering Committee Vice Chair, reported that the Steering Committee recommended Ms Bertini should be re-elected for a further two year term as SCN Chair. Ms Bertini was re-elected as SCN Chair by acclamation.

**K. Closure of the Session**

114. SCN Chair Ms Catherine Bertini thanked the group for the excellent 31st Session and looked forward to seeing everyone again in 2005 in Brazil. The Session was closed.

**LIST OF PARTICIPANTS**

*Chair:* Catherine Bertini, United Nations Under-Secretary-General for Management

*Special Guests:* Ian Johnson, Vice President, World Bank

Frederick W. Schieck, Deputy Administrator, USAID

Thoraya Ahmed Obaid, Executive Director, UNFPA

Jeffrey Sachs, UN Millennium Project Director/Earth Institute, Columbia University

Pedro Sanchez, Coordinator, Millennium Project Task Force on Hunger

Nevin Scrimshaw, UNU/International Nutrition Foundation

*SCN Distinguished Nutrition Advisor:* Bishop Dom Mauro Morelli, Brazil

*8<sup>th</sup> Dr Abraham Horwitz Lecturer:* Susan Keino, Maseno University

**UNITED NATIONS AGENCIES**

Food and Agriculture Organization of the United Nations

International Atomic Energy Agency

International Fund for Agricultural Development

United Nations

United Nations Children's Fund

—*EAPRO, Thailand*

—*ESARO, Nairobi*

—*CARK, Kazakhstan*

—*WCARO, Dakar*

United Nations Development Programme

United Nations Population Fund

Office of the United Nations High Commissioner for Refugees

United Nations University

World Bank

World Food Programme

—*Ghana*

—*Washington*

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International Food Policy Research Institute

International Plant Genetic Resources Institute

**PUBLIC-PRIVATE INITIATIVES**

Global Alliance for Improved Nutrition (GAIN)

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Brazil

Canada  
Denmark

The Gambia  
Germany

Ghana  
Italy  
Madagascar  
Netherlands  
Norway

Serbia and Montenegro  
Sweden

South Africa  
Tanzania  
United Kingdom  
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—*Food and Nutrition Technical Assistance Project*

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Caroline Wilkinson  
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Action Contre la Faim, France

AJFAND and KCAN

APAN

Asian NGO Coalition for Agrarian Reform and Rural Development  
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Bill and Melinda Gates Foundation

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CARE, Tajikistan

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Micronutrient Initiative

NutritionWorks  
Population Council  
Population Services International  
Save the Children (Uganda)  
Save the Children (UK)  
—*Bangladesh*  
Save the Children (USA)

Valid International

World Alliance for Breastfeeding Action (WABA)  
World Alliance for Nutrition and Human Rights (WANAHR)

World Health Policy Forum  
World Vision, Canada  
World Vision, Mongolia

**ACADEMIA AND CIVIL SOCIETY**

Canada—Acadia University  
Canada—Centre for Indigenous Peoples' Nutrition and Environment (CINE)  
Denmark—Compact A/S  
France—Groupe URD  
France—International Special Dietary Foods Industries (ISDI)  
Germany—University of Giessen  
India—Adolescent Girls Anaemia Control Program  
India—Breastfeeding Promotion Network of India (BPNI) and Regional Coordinator, International Baby Food Action Network (IBFAN) Asia Pacific  
India—Government Medical College  
India—Madras School of Economics  
India—National Institute of Nutrition  
Indonesia—Bogor Agriculture University (IPB)

Indonesia—SEAMEO-TROPMED RCCN, University of Indonesia  
Italy—Consultant  
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Malaysia—Universiti Putra Malaysia  
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Pakistan—Links International

Philippines—Nutrition Centre of the Philippines

Senegal—CLM

South Africa—Nelson R. Mandela School of Medicine

South Africa—University of the Western Cape

Sudan—University of Khartoum

Tanzania—Muhimbili University College

UK

UK—Aberdeen University

UK—Centre for International Child Health

UK—Freelance Consultant

UK—Institute of Child Health

UK—Partnership for Child Development

UK—University of Southampton

USA

USA

USA—AISA

USA—American School Food Service Association

USA—Bastyr University

USA—Centres for Disease Control and Prevention

USA—Columbia University

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Edward A Frongillo

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Emily Levitt

Mduduza Mbuya

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USA—National Institutes of Health (Fogarty International Center)  
USA—New School University  
USA—Off Ramp Films  
USA—Tufts University  
USA—Tulane University

USA—University of California, Berkeley  
USA—University of California, Davis  
USA—University of Washington  
Zambia—University Teaching Hospital

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### Mr Jorge Solla, Secretary of Health, Brazil, presentation to the SCN 31<sup>st</sup> Session

Ms Catherine Bertini, Chair of the UN Standing Committee on Nutrition, representatives of the UN agencies, governments and civil society organizations present at the 31<sup>st</sup> Session of the SCN: The Brazilian Government recognizes the great relevance of the SCN to different branches of our government and to our people. Indeed, no country can guarantee the food and nutritional security of its people without the strength and coordination of the multilateral organizations coupled with an urgent revision of the international norms that regulate the financial and trade sectors. In this respect, the Brazilian Government welcomes the launch of the *5<sup>th</sup> Report on the World Nutrition Situation*.

The Brazilian delegation has had the honour of representing the Brazilian Minister of Health and the Brazilian Government this week at the 31<sup>st</sup> Session, which has allowed us to better understand the work of the SCN and its working groups. The work of the SCN is especially relevant to developing countries, in particular to Brazil—Brazil identified the promotion of food and nutritional security as one of the strategic pillars of its 2003-2007 Government Plan.

In 2002, immediately after the results of the presidential elections were made public, President Lula announced hunger eradication as the key priority of his Government. The Government has proposed an initiative to create an International Fund to Combat Hunger to support countries interested in integrating the promotion of food and nutrition security into their national development plans and poverty and hunger eradication strategies. Brazil views the worst violence in the world is that imposed on children, women and men by hunger and poverty—the only war that makes sense is the war on hunger, malnutrition and poverty—this is the only way to increase security and peace.

In partnership with other ministries, the Brazilian Ministry of Health continues its efforts to guarantee the human right to adequate food through an integrated national food and nutritional security policy. Recently the Second National Food and Nutritional Security Conference gathered one thousand two hundred governmental and nongovernmental delegates from the 27 Brazilian States. The Conference proposed national political directives for a National Policy to be elaborated by the Brazilian Government in partnership with civil society.

The promotion of a healthy diet and the integration of a nutrition perspective in all relevant public policies is of fundamental importance to guarantee the success of a national food and nutritional security policy—and as a reflection of this, the Brazilian Ministry of Health views the WHO/FAO Global Strategy on Diet, Health and Physical Activity most favourably. There is a cruel synergy between maternal and child malnutrition and the development of chronic diseases—it is urgent that this knowledge be effectively incorporated into health, agriculture, education and financial policies. The Brazilian Government is struggling to guarantee that health and nutrition priorities be placed above the immediate economic interests in order to avoid subsequent high levels of suffering, reduced quality of life, and other social costs. Within this context, the National Food and Nutrition Policy is a pioneering contribution to the promotion of food and nutrition security and the human right to adequate food, including the promotion of healthy livelihoods and diet—the implementation and consolidation of a national food and nutritional surveillance system is of central relevance. Food and nutrition issues must be dealt with in an integrated fashion. Hunger, malnutrition, obesity and chronic diseases are part of the same global problem: *food and nutritional insecurity*.

For all these reasons, the Brazilian Delegation is pleased to inform you that the Brazilian Government would be honoured to host the 32<sup>nd</sup> SCN Session in Brasilia in 2005. It is hoped that the 2005 session will discuss the fundamental role of nutrition in the eradication of hunger in Brazil, and in other countries, in the context of promoting sustainable human development, human rights and quality of life.

Brazil hopes that the 32<sup>nd</sup> Session will allow for greater participation of government and civil society representatives from Portuguese and Spanish speaking countries from Latin America and Africa. New York saw the first participation of an official delegation from the Brazilian Government in an SCN Session. We hope that our partnership with the SCN will be strengthened over the coming years and that together we can build a better world in which hunger and malnutrition are part of the past and that we can concentrate on building a more human and united world in which diversity is respected and that our children can live without fear.

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