



UNITED NATIONS SYSTEM

Standing Committee on Nutrition

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

Hosted by the Vietnamese Government

Hanoi, Viet Nam, 3-6 March 2008

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Summary

- The **35th SCN Session** focusing on "**Accelerating the reduction of maternal and child undernutrition**" 3-6 March 2008, hosted by the Government of Viet Nam, was attended by 367 participants.
- **Keynote speakers and main guests** at the Symposium included **Ann M. Veneman**, *Executive Director UNICEF and SCN Chair*; **His Excellency Nguyen Sinh Hung**, *Standing Deputy Prime Minister of Viet Nam*; **Dr Jean Marc Olive**, *Country Representative of WHO in Viet Nam*; **Professor Patrus Ananias**, *Minister of Social Development and Fight against Hunger of Brazil*; **Dr Nguyen Quoc Trieu**, *Minister of Health of Viet Nam*. All emphasized the importance of accelerating the reduction of maternal and child undernutrition to reach the MDGs and to realize the rights to adequate food, health and care. **Symposium presentations** were made by Mercedes de Onis, Robert Black, Marie Ruel, Nguyen Cong Khan, Jorgen Schlundt, Tahmeed Ahmed, David Pelletier, Denise Costa-Coitinho and Alan Berg. SCN News #36 will feature the papers based on these presentations.
- **Discussions** took place in SCN constituency groups (Bilaterals, UN, NGO/CS), in the thematic Working Groups, in the Regional Sessions for Asia, Africa and Latin America, and in plenary. Main issues for discussion were related to **accelerating the reduction of maternal and child undernutrition**, including not only how the **Lancet Nutrition Series** would be helpful in terms of programmatic implications but also suggestions for technical and analytic expansion. A recent **review of the SCN role, functioning and structure** triggered engagement and debate.
- **The SCN Working Groups** met in formal and informal pre-session meetings, and had the opportunity to meet with the **SCN Chair** and discuss each of their respective fields.
- The **Task Force on Assessment, Monitoring and Evaluation** presented results achieved and ongoing work to map out a minimum set of core indicators as well as serving as a sounding board and as a forum. Its main products are posted to the SCN website.
- The **Bilateral Partners** welcomed the Lancet Series and called for a follow-up series going beyond bio-medical aspects. Recommendations were made with regards to the role of the SCN. The **NGO/Civil Society Group** discussed the SCN review, private sector engagement and the Lancet Series. Concerned about weak leadership in international nutrition, the Group made a statement entitled "World nutrition is under threat". The **UN Agencies** discussed the set of recommendations to come out of the Session. The UN group also drew a series of main conclusions regarding the role and functioning of the SCN.
- There was **broad agreement** that the recent Lancet Nutrition Series brings an **important new body of evidence for the enormous burden and consequences** of maternal and child undernutrition that is inhibiting global development. The Series also provides important new **evidence for the benefit of a set of specific nutrition interventions**, operating at the immediate and underlying levels that together, in addition to other poverty reduction efforts, can help to accelerate the reduction of maternal and child undernutrition and in doing so contribute to achieving the Millennium Development Goals. Furthermore the Lancet Nutrition Series outlines some of the **institutional and coordinative capacities** that are needed at the national and international levels in order to allow this set of interventions to be taken to scale in the most affected countries. The SCN participants, each with their experience from their respective fields of expertise, discussed **how the key messages and contributions from the Lancet Series would help to move the agenda forward in their thematic and geographic working areas** and the role of the SCN in helping to do this. The SCN agreed to draw together the conclusions from these discussions through its constituencies and thematic working groups, and to **prepare a set of recommendations from the 35th Session** within a month after the Session.



RECOMMENDATIONS FROM THE SCN 35TH SESSION
"ACCELERATING THE REDUCTION OF MATERNAL AND CHILD UNDERNUTRITION"

EXECUTIVE SUMMARY

The 35th Session of the SCN held in Hanoi in March 2008, which focussed on accelerating the reduction of maternal and child undernutrition, made the following recommendations:

Recognizing that:

- The global burden of maternal and child undernutrition remains unconscionably large, and is the single greatest constraint facing global development efforts.
- A renewed and strengthened evidence base exists for a set of essential nutrition interventions that if effectively targeted to mothers and children from conception to two years of age, could prevent at least a quarter of child deaths under 36 months of age, and reduce the prevalence of stunting by about a third.
- Although this important set of interventions cannot replace socio-economic development, they can help accelerate the reduction of maternal and child undernutrition, especially when main-streamed into efforts to tackle poverty, improve food security and livelihood support, and strengthen health service delivery.
- Remarkably little is being done to tackle the problem of maternal and child undernutrition, especially in the countries most affected. Increased mobilization is therefore needed at all levels of society in order to act at scale with this set of essential nutrition interventions.
- The recent increases in food prices and the reduction of grain stocks to a 30 year low threaten the capacity to provide assistance and ensure the right to food, especially in those nations showing least progress towards achieving the non-income targets of MDG1.
- Global nutrition leadership needs to be further strengthened in order to facilitate technical and policy consensus that will permit accelerated reduction of maternal and child undernutrition.

Recommends that:

- Governments give greater recognition to the importance of maternal and child undernutrition and their contribution to development, as well as their legal obligation under international human rights law, and provide leadership in ensuring that the appropriate policies and programmes are put in place, so that the essential nutrition interventions are implemented at scale, and the most vulnerable households are protected in the face of unexpected economic and/or environmental shocks.
- Donors, foundations and other funding sources, while aligning and adapting global initiatives to national priorities, as part of their assistance to those countries most affected by maternal and child undernutrition, give a far greater priority to funding and facilitating at scale coverage of the essential nutrition actions as an integral part of poverty reduction and health system strengthening.
- The UN system through its country teams give greater priority in its development assistance to maternal and child undernutrition, supporting Member States actions to ensure the essential set of nutrition interventions at scale as part of the poverty reduction activities, as well as realizing human rights relevant to nutrition, including the right to adequate food and to health.
- The UN take the lead in developing extraordinary measures to counteract escalating food prices, and ensure the capacity to respect, protect and fulfil the right to food, especially of the most vulnerable, in the event of natural disasters and other emergencies.
- All actors give greater attention to monitoring and evaluating programmes aimed at accelerating the reduction of maternal and child undernutrition. Policies at global, regional and country level be reviewed, harmonized and monitored, with a view to encourage integrated support to at risk families, and to promote and protect maternal and child nutrition. Furthermore progress towards the achievement of MDG 1 should be reported against reductions in the prevalence of stunting in children below the age of five, not just underweight.
- The upcoming reviews of the SCN and the global nutrition architecture, which are welcomed, should examine the different structures and alternative approaches being used by other sectors.

A. Welcome and opening of the 35th Annual Session of the SCN

1. Dr Tran Hong Hai, Head of Department of International Cooperation of the Ministry of Health of Viet Nam, welcomed all SCN participants to Hanoi and to Viet Nam, expressing that the Vietnamese Government was very honoured to host the 35th SCN Session 3-6 March 2008 on its 30th anniversary. In particular, he welcomed the distinguished guests who were taking part at the Opening Session: Ms Ann Veneman, Executive Director of UNICEF and Chair of the SCN; His Excellency Nguyen Sinh Hung, Standing Deputy Prime Minister of Viet Nam; Dr Jean Marc Olive, country representative of the World Health Organization and representing the UN Country Team in Viet Nam; Professor Patrus Ananias, Minister of Social Development and Fight against Hunger of Brazil; Dr Nguyen Quoc Trieu, Minister of Health of Viet Nam; and, Dr Roger Shrimpton, Secretary of the SCN.

2. SCN Chair Ann M Veneman, Executive Director of UNICEF, opened the Session and the Symposium on *Accelerating the Reduction of Maternal and Child Undernutrition*. In her opening remarks, Ms Veneman, thanked the Vietnamese government for hosting the Session, and all the participants for contributing to a successful meeting. Sound nutrition for mothers as well as children is central to health, learning, economic development and well-being, with a strengthened evidence base now being provided by the Lancet Nutrition Series. Ms Veneman noted progress in child mortality, for which undernutrition is an important underlying factor, as well as higher coverage of essential micronutrients, increased rates of exclusive breastfeeding in many countries, as well as the increasing number of successes in using Ready-to-Use Therapeutic Foods (RUTFs). Ms Veneman also noted that despite remarkable economic growth during the past two decades, the number of undernourished people in the developing countries remains stubbornly high. Much of the existing undernutrition is resulting from cultural and traditional malpractice, such as discrimination against women or inadequate breastfeeding. She reminded the participants that while underweight is being reduced, global reduction rates are falling short of the MDG1 targets with some countries seeing either no progress or a deterioration. Some countries however, like Viet Nam, China, Malaysia and Thailand are on track for the income target of MDG1. Proven interventions must be accelerated and scaled-up to reach the target. Nutrition needs to be an integrated part of community based child services backed by strong national health systems. Broad public-private collaboration helps drive results by building a comparative strength and leveraging resources. The case is compelling. Undernutrition, is the underlying cause of an estimated 3.5 million deaths annually; more than a third of all child deaths are attributable to maternal and child undernutrition. Good nutrition in early childhood is crucial for the health and long-term development of the child, as well as for achieving a healthy and educated population to spur economic development. Ms Veneman concluded her speech noting that while there is much to do, probably never before has the opportunity been better. The task ahead must be approached with a shared sense of urgency.

3. His Excellency Nguyen Sinh Hung, Standing Deputy Prime Minister of Viet Nam, extended his welcome to all SCN participants and reconfirmed the important role of the SCN Session in reviewing global nutrition activities and discussing strategic interventions and approaches for improved nutrition for the achievement of the Millennium Development Goals (MDGs). He described how Viet Nam, with the support and assistance from UN agencies foreign governments and international organizations, has reached some remarkable achievements over the past few decades. Underweight in children has been reduced by 12% since 2000; the prevalence of anaemia and chronic energy deficiency in reproductive aged women have also been significantly reduced. However, due to the long-lasting aftermaths of the war, food insecurity due to natural disasters as well as poverty and inadequate nutrition knowledge, nutritional indicators are still low compared to those of neighbouring countries. In 2007, underweight in children remained at 21.2% while stunting rates remained at 33.9%. To address this challenging nutrition situation, the Government of Viet Nam has ratified the National Plan of Action for Nutrition and the follow-up of the National Nutrition Strategy 2001-2010, and is committed to achieving the nutrition related MDGs.

4. Dr Jean Marc Olive, the country representative of WHO, thanked, on behalf of the United Nations Country Team in Viet Nam, all those who had contributed to preparing and hosting the 35th SCN Session, especially the SCN Steering Committee and Secretariat and the Government of Viet Nam. As one of the pilot countries for UN Reform, members of the UN Country Team in Viet Nam have been learning how to work more effectively together as a UN family and with partners, to promote issues that are central to the UN mission and country needs. The SCN Session would offer an opportunity to strengthen and expand collaboration among partners and would complement a series of local initiatives to promote nutrition, health and survival among mothers and children. Dr Olive stressed the need to integrate the issue of undernutrition and its underlying effects into the child survival agenda and told how partners in Viet Nam are advocating for increased focus on the issues of neonatal care, breastfeeding, child and

maternal nutrition, sanitation and hygiene, and reproductive health. Viet Nam has made great progress in many aspects of maternal and child health: Infant and child mortality rates have fallen dramatically, immunization rates are high, and the country is on track to meet the MDG4. But Viet Nam still faces food and nutrition challenges that threaten the health, development as well as millions of Vietnamese lives. Stunting affects more than one-third of children, with ethnic minorities and those living in remote areas at highest risk. Micronutrient deficiencies persist, affecting child survival rates and damaging children's growth and cognitive development, with over a third of all pregnant women being anaemic. Dr Olive reaffirmed the UN Country Team's commitment to address these challenges, in continued close cooperation with the Government and partners and in coherence with national plans and strategies.

5. Professor Patrus Ananias, Minister of Social Development and Fight against Hunger of Brazil, gave a key note speech on the activities undertaken in Brazil for accelerating the reduction of maternal and child undernutrition and the results achieved. Despite its large population of 184 million people, a poverty rate of 19.3% and a high Gini index of 0.562, Brazil has obtained significant results in pursuit of food and nutrition security over the last few decade. Child mortality has been reduced from 47 to 25 per thousand in the period 1990-2006; underweight in children has been reduced from 10% in 1999 to 2.4% in 2006. These results were largely achieved through several large scale government programmes and mechanisms such as the "Zero Hunger" strategy which ensures the right to adequate food, the National System of Food and Nutrition Security (SISAN) which integrates policies and actions at three levels of government and civil society in partnership with private enterprises, the Organic Law of Food and Nutrition Security (LOSAN) through which the right to adequate food is enforced; the National Council on Food and Nutritional Security (CONSEA) comprised of 18 Ministers of State and 36 representatives of civil society; the National Conferences on Food and Nutritional Security which consolidates the participation of civil society; the Bolsa Familia Program which targets poor families through cash transfers with health and education conditionalities, and other health assistance and maternal and child nutrition strategies including the Family Health Strategy, the Food and Nutrition Surveillance System and distribution of micronutrients as part of basic health services. Brazil remains committed to the fight against and malnutrition internationally.

B. Symposium on Accelerating the Reduction of Maternal and Child Undernutrition

6. The Symposium on 3 March was well attended with 367 participants, reflecting the SCN's tripartite constituency: registered participants included Bilateral Partners, NGO/Civil Society members and representatives of 11 UN agencies. Presentations can be found on the SCN website attached to the [Agenda for the 35th SCN Session](#), with papers to be published in [SCN News #36](#) (www.unsystem.org/scn)

7. The first session of panel presentations was chaired by Ricardo Uauy, President of the International Union of Nutrition Societies (IUNS), Professor at LSHTM and INTA Chile, and Chair of the SCN Working Group on Nutrition Throughout the Lifecycle.

- Dr Mercedes de Onis, World Health Organization, in her presentation on *Child Undernutrition based on the new WHO Growth Standards and Rates of Reduction to 2015*, discussed the burden of child undernutrition and its consequences for adult performance, including the intergenerational cycle of growth failure in the first two years of life. Evidence links stunting to cognitive development, school performance and educational achievement and a child's height for age is the best predictor of human capital. She described how new analysis using the WHO growth standards gives higher estimates for stunting and severe wasting compared to previous estimates based on the NCHS standards. Worldwide, 178 million children under five years suffer from stunting, of whom 57 million live in Africa, 112 million in Asia and 9 million in Latin America. The global prevalence of stunting is 32%, with rates in Africa, Asia and Latin America averaging 40%, 31% and 16%, respectively. Eighty percent of all stunted children live in 20 countries only, whereas 90% of all stunted children live in 36 countries. Projected estimates towards 2015 show that few regions are on track to halve the prevalence of underweight among children under 5 years as expressed in MDG1, with some regions even seeing an increase in the number of cases. The new WHO Growth Standards offer an opportunity to redefine, refocus and reenergize all actions to promote child growth and development, and their introduction into countries can put a new focus on reducing malnutrition. Many countries have already started using the new growth standards or are in the process of doing so, some of them also planning to incorporate height measurement to assess stunting at the individual level.

- Dr Robert Black, Johns Hopkins Bloomberg School of Public Health, in his presentation on *The Lancet's Series on Maternal and Child Undernutrition*, described the focus and key messages of the five papers in the series. Paper 1, on the prevalence and short-term consequences of maternal and child undernutrition in terms of death and disease burden, concludes that maternal and child undernutrition along with micronutrient deficiencies and sub-optimal breastfeeding are responsible for more than one third – about 35% - of child deaths and 11% of the global total disease burden. Paper 2, on the long-term educational and economic effects and associations with adult chronic disease, concludes that damage suffered in early life leads to permanent impairment. Interventions should address improved nutrition and growth before the age of 2 years, as rapid weight gain among older children whose growth had been restricted was shown to increase the risk for adult chronic disease. Paper 3, in a systematic review of the efficacy or effectiveness of existing interventions, provides a list of those with sufficient evidence to implement in all or specific contextual situations to improve maternal and birth outcomes and newborn, infant or child nutrition. Paper 4 and 5 examine the conditions that need to be in place at the national and global level for scaling-up these interventions. Dr Black described how the potential impact on death and disability of implementing at scale the most promising interventions (breastfeeding promotion, appropriate complementary feeding, supplementation with vitamin A and zinc, and appropriate management of severe acute malnutrition) was modelled in the 36 countries home to 90% of the global burden of stunting, concluding that child deaths could be reduced by one quarter, the prevalence of stunting at 36 months by one third, and 60 million DALYs (Disability Adjusted Life Years) could be averted. Intensified nutrition action in high-burdened countries could lead to the achievement of MDG1 and greatly increase the chances of achieving MDGs 4 and 5.
8. The second session of panel presentations was chaired by Dr Andrew Tomkins, Professor at the Institute of Child Health at the University College of London and Chair of the SCN Working Group on Nutrition and HIV/AIDS.
- Dr Marie Ruel, International Food Policy Research Institute, in her presentation *Nutrition Interventions within the Broader Social Development Context: Examples of Successful Integration of Nutrition in National Poverty-Reduction Strategies*, discussed the long routes to improving nutrition. While the so-called short routes to improved nutrition addressing the immediate causes of malnutrition may eliminate one quarter of the burden through the set of evidence-based interventions suggested in the Lancet Nutrition Series, it is imperative to simultaneously focus on the long routes in order to reduce poverty and improve livelihoods through mainstreaming nutrition in multiple sectors such as agriculture, health, gender and education, scaling-up nutrition as part of cross-sectional initiatives. The linkages between agriculture and nutrition, for example, are highly bi-directional, although the exact pathways may not be fully known. Some countries in Latin America have seen promising results of Conditional Cash Transfer programmes where financial support has been given to eligible families that comply with certain criteria in terms of school or health attendance. These programmes have contributed not only to reducing poverty but also to increasing caloric intake, improving dietary quality or reducing stunting rates. Dr Ruel described how the relationship between underweight reduction and Gross National Income per capita vary in different countries and discussed lessons learned from Thailand and China. Such lessons cannot be drawn through randomized trials, but require documentation and understanding the impacts of policy processes under different political and social conditions.
 - Dr Nguyen Cong Khan, Director of the Vietnamese National Nutrition Institute, presented a *Plan of Action to Accelerate Stunting Reduction in Viet Nam*. In 2007, one in three children under five years were stunted whereas one in four were underweight, with rural areas especially in the central and north highlands being worse hit. This has had serious consequences on economic growth as result of direct production losses, poorer cognitive functions and increased health care costs. The National Nutrition Strategy 2001-2010, ratified by the Prime Minister in 2001, supports the Viet Nam Development Goals which aim to reduce malnutrition with specific targets to be achieved for underweight (20%), stunting (25%) and overweight (5%) by 2010 focusing particularly on high prevalence provinces. Dr Khan demonstrated how the high Government commitment was reflected in annual increases in budget and a well-developed health infrastructure that include malnutrition prevention and reductions in malnutrition. The challenges were identified to be the high rates of stunting, the slow reduction rates, and the high variations between provinces. The new Plan of Action to Accelerate Stunting Reduction in Viet Nam 2008-2013 aims to achieve national stunting rates lower than 20% with no rate higher than 30% in any province and to achieve national low birth weight rates lower than 6%. Priority regions are identified based on stunting prevalence, poverty rates and geographic

determinants, and focus on the window of opportunity from pregnancy to 2 years. A series of interventions are prescribed for three different target groups: women of reproductive age, pregnant women and children under two years, based on whether they live in or outside the high priority areas. The Action Plan also comprises supporting strategies addressing families and society, in addition to measures to enhance advocacy, M&E, multisectoral and international cooperation.

9. The third session of panel presentations was chaired by Dr Emorn Wasantwisut, Professor at the Mahidol University and Co-Chair of the SCN Working Group on Capacity Development in Food and Nutrition.
- Dr Jørgen Schlundt, World Health Organization, presented the *Landscape Analysis on Countries' Readiness to Accelerate Action to Reduce to Maternal and Child Undernutrition* being undertaken by WHO in cooperation with SCN through a Partner Agency Group set-up through the SCN Steering Committee. The ultimate aim of the Landscape Analysis of readiness to act in the 36 countries home to 90% of the global burden of stunting is to lay the foundation for scaling-up effective nutrition action in the high-burden countries and to accelerate support to achieve the MDGs. The specific objectives are to identify gaps, constraints and opportunities to scaling-up, to develop strategic action plans to guide accelerated action, and to establish a baseline for current status of nutrition situation and action in the 36 high-burden countries. Activities include a desk-review of all 36 countries, construction of an on-line nutrition tracking system, and preparations for in-depth assessments planned in eight countries. The desk analysis gathers existing information and looks at the nature and distribution of nutrition problems, the commitment and capacity – i.e. the readiness - to act on these problems, as well as a set of meta-indicators describing factors that impacts on the nutrition situation. Of the 36 countries, ten are on track to achieve MDG1 at an average annual rate of reduction (AARR) greater than 2.6%, seventeen are progressing at an insufficient rate at AARR in the range of 0.6%-2.5%, whereas nine have virtually no progress at an AARR of less than 0.5%. The preliminary results of the desk analysis showed that there is a high degree of correlation between being on track for achieving MDG1 and many of the indicators for nutrition outcomes (e.g. low birth weight), for several of the indicators for the underlying factors related to food, health and care (e.g. exclusive breastfeeding for 6 months), for some of the indicators used to assess commitment and capacity (e.g. existence of a national nutrition action plan part of the development plan), and for some of the meta-indicators (e.g. Gender Development Index). Dr Schlundt further described the Nutrition Tracking System, which would be based on seven existing databases in the WHO Department of Nutrition for Health and Development and showed an example of a 2-page Country Profile that this system would generate.
 - Dr Tahmeed Ahmed, ICDDR,B and Dr David Pelletier, Cornell University, presented on the theme *Mainstreaming Nutrition: Overcoming Country Level Challenges in Commitment, Consensus and Capacity for Accelerating Maternal and Child Undernutrition Reduction*, sharing experiences from the Mainstreaming Nutrition Initiative which is led by ICDDR,B with support from the World Bank in collaboration with Cornell University and others. Dr Ahmed, in his presentation on *Mainstreaming Nutrition: The Case of Zinc*, discussed the constraints to increasing zinc coverage which remains low in many countries, and usually far below ORS coverage despite the benefits of zinc in diarrhoea management and on stunting reduction. He presented a core MNI framework for determining the locus and dimensions of the mainstreaming nutrition process including key questions to be answered to facilitate policy decisions and implementation and evaluation of nutrition actions. These key questions relate to which nutrition interventions to deliver at what time in the lifecycle by whom and at which delivery points, taking into consideration sociopolitical conditions that might affect policy change. Dr Pelletier, in his presentation *Commitment, Capacity and Consensus: Overcoming Challenges at the Country Level*, pointed out that the review of interventions in Lancet paper 3 might not address the real challenges to implementation and to scaling-up, such as the many nutrition actors with diverse perspectives, interests, resources and tactics. The MNI Policy Process Study with interviews of 30 actors at country level revealed a number of factors relating to societal conditions, catalytic events, structural factors and behaviours or points of contention that had influenced the development agenda. In search of avenues of opportunities, the study looked at those strategies and tactics that had helped enhance commitment, coherence, coordination and support to describe elements of strategic capacity required to move the agenda forward, such as partnerships building and broker agreements, at individual and institutional level and in the form of shared norms.
 - Dr Denise Costa-Coitinho, Coordinator of the Inter-Agency Action Team, in her presentation *REACH-End Child Hunger and Undernutrition*, reminded the participants that the 34th SCN Session had welcomed ECHUI, endorsed its goals and recommended that it be a broad based partnership with

close links to the SCN. Since the 34th SCN Session, the WFP and UNICEF Executive Boards had approved ECHUI and requested to further refine the ECHUI work plan, develop the Partners Group and prepare the ground for the Secretariat. Two ECHUI pre-studies in Mauritania and Niger had been concluded in July 2007. An inter-agency team had been established in Rome in December 2007 with full-time staff from WFP, WHO and UNICEF, and additional partners to join. The initiative had renewed its focus, acquired a new brand and was preparing a roll-out plan to bring together on-going initiatives based on a number of inputs including those from the 34th SCN Session. The new brand REACH - Renewed Efforts Against Child Hunger and undernutrition - was believed to reflect more precisely the initiative's aim and focus on reaching out directly to those most in need with effective, coordinated operations at the country level, yet within the aspiration of "ending" child hunger and undernutrition. She described REACH as a network of government-led solution-focused partnerships among national governments, UN, civil society and private sectors, to accelerate countries' progress on MDG1 Target 2. REACH would be aiming at establishing a forum for food and nutrition officials from national governments to share their vision, demands and lessons learned. Leadership and strategic management capacity were to be developed for government-led integrated operations for implementing, at scale, four to five evidence-based interventions in five priority areas according to country situation. The steps to be taken include mobilization of a partners' coalition at the country level to analyse country readiness, willingness and ability to scale up proven interventions; supporting under government leadership, action plan development, implementation, monitoring and evaluation. The initiative will start in a few pilot countries with the Boston Consulting Group, then follow the eight countries that are part of the in-depth analysis in the WHO Landscape Analysis, and expand through designing processes and systems for compiling and disseminating successful practices & ongoing innovative efforts to act at scale. Dr Costa Coitinho welcomed advice from the SCN on a number of issues, including focus, rebranding, roll-out plan, timeline, examples of successful acting at scale, mechanisms for establishing country-focused forums, advocacy and communications needs, innovative financial mechanisms, and articulation of the work of the SCN secretariat with that of the REACH partnership.

10. The fourth session of the symposium featuring the 12th Dr Abraham Horwitz Lecture was chaired by Alan Court, Deputy Executive Director of UNICEF, with comments to the lecture by Dr Soerkiman of Indonesia, Dr Julia Tagwiery of Zimbabwe and Dr Chen Chunming of ILSI China.

- In celebration of the 30th year anniversary of the SCN, the 12th Dr Abraham Horwitz Memorial Lecture was given by Alan Berg, previously World Bank and long time member of the former SCN Advisory Group on Nutrition, presenting the results of a survey of the international nutrition community done in 2007 in his lecture entitled *Reflections from the Front Lines: Swimming Upstream with Optimism*. Berg recalled the important role that Dr Abraham Horwitz had played for international nutrition in general and for the SCN in particular, bringing energy, integrity and humanism to the extent that under his leadership the SCN was recognised as a model for ACC sub-committees. The survey formed part of a larger project being undertaken to examine the international nutrition system over the past 40 years and had therefore been designed so that findings would be comparable to those of a similar study by Dr James Levinson in 1997. A majority of the 529 respondents were involved in operational programme and policy, which had been considered crucial for the validity when seeking opinions on opportunities for and challenges in implementing and scaling-up programmes. The findings were to a large extent very positive and Berg demonstrated the wider optimism since 1997 through a series of survey findings. He concluded that the international nutrition community was optimistic about its mission and its future, and cognizant and appreciative of the research done in the past to elucidate the consequences of malnutrition and the relationships between nutrition and particular communicable diseases. However, respondents believed that primary attention in the future needs to be given not to further refinement of research findings on causality and consequences but rather to effective advocacy utilizing the powerful evidence already available, generation of adequate resources to properly address malnutrition, and improved management and implementation of programs with particular attention to opportunities for community participation.

11. All the three commentators joined Alan Berg, recounting their memories of Dr Abraham Horwitz and his contributions to advance international nutrition. They recalled his proactivity, optimism, vision and ability to inspire confidence. Professor Chen Chunming, Board Member of GAIN, emphasized the need for concrete examples to demonstrate for policy-makers that nutrition is fundamental for development, for example through multisectoral approaches that ensure nutritious food to the rural poor in China. Dr Julia Tagwiery, Food and Nutrition Council of Zimbabwe, called on all SCN participants to

together contribute to making a difference, using the existing consensus on technical issues at the international level as a starting point for harmonizing actions at the country level. Dr Soerkiman, Indonesian Coalition for Fortification, shared his recent experiences in Indonesia where he had written a letter to the President and subsequently obtained audience with the Minister of Finance to discuss the serious consequences of the rising food prices, which Dr Soerkiman hoped would encourage SCN participants to speak up on the importance of nutrition.

12. Summing up the day of the Symposium, Alan Court representing the SCN Chair thanked all speakers, commentators and participants. He appreciated the presentations and comments that had placed the Lancet Nutrition Series in a new context, and drew a parallel to the passion, renewed action and commitment that the former Executive Director of UNICEF Jim Grant evoked among decision-makers through highlighting and even repeating key messages. The role of the nutrition community is to place such key messages into context of the broader development agenda, where they can fit into mechanisms for delivery, advocacy and demand creation that will translate into improved nutritional outcomes. The optimism among respondents to Alan Berg's survey had been particularly refreshing, especially that young professionals were attracted into the field which would secure renewal and new ideas.

13. As the last agenda items and in celebration of the 30th SCN anniversary, *Awards of Merit* were given to Professor Tu Giay, Professor Ha Huy Khoi, Dr Michael Latham, and Alan Berg, in recognition of outstanding life long contributions and service to nutrition.

- Professor Tu Giay and Professor Ha Huy Khoi were honoured by the SCN Vice-Chair Dr Werner Schultink who maintained that much of Viet Nam's success in reaching the MDG4 on child mortality and being on track to reaching MDG1 on underweight could be attributed to the long and distinguished work of these two nutrition champions. Professor Tu Giay founded the National Institute of Nutrition and remained its Director in 12 years. He developed a famous home gardening system that also promoted animal protein intake through fish ponds. Professor Ha Huy Khoi, Director of NIN for 9 years, continued Professor Tu Giay's efforts and further developed nutrition in Viet Nam, particularly in the field of micronutrients and protein-energy malnutrition, and worked on the documenting the impact on nutrition in time of transition in Viet Nam.
- Professor Michael Latham was honoured by Dr Elisabeth Sterken, the Chair of NGO/Civil Society Group who highlighted his important contributions to advancing health and nutrition among mothers and children. Professor Latham has had a distinguished career in academia and in health service, working in Tanzania and Uganda in Africa before joining the Graduate School of Nutrition at Cornell University, where he continues to supervise students. He has been a cofounder and co-chair of the advisory group of the World Alliance for Breastfeeding Action. His legacy however, has been through his students who work throughout the world extending his commitment to maternal and child health.
- Alan Berg was honoured by Professor Arne Oshaug, Chair of the Bilateral Group who emphasized his impact in moving the nutrition agenda through reaching out to so many audiences beyond the nutrition community. He has influenced bankers and other decision-makers, and has been an inspiration to practitioners in the field who have appreciated his newsletter *New and Noteworthy in Nutrition*. Alan Berg has been a global giant in nutrition history.

C. Issues for discussion in the business sessions

14. On Tuesday 4 March, SCN Vice Chair Werner Schultink, UNICEF, chaired the plenary session in the morning, reviewing the items to be discussed in the constituencies and working groups, as well as the expected outcomes of these discussions. Items to be presented were the Annual Report, the report of the Task Force on Assessment, Monitoring and Evaluation, expected outcomes of the Session including recommendations on the programmatic implications of the Lancet Series, and the review of the SCN.

15. *SCN Annual Report*. The SCN Secretary Roger Shrimpton presented the SCN Annual Report, of which a three-page summary had been made available to all participants. The report captures the activities of the Secretariat, the Steering Committee as well as the SCN body, in relation to the recommendations coming out of the 34th SCN Session in Rome 2007. During the course of the year the Steering Committee had met monthly by telephone conference in addition to two face-to-face meetings. There had been an agreement to undertake a review of the SCN and a brainstorming meeting had taken place in Boston at Tufts University under the leadership of Patrick Webb. The Working Group on Private Sector Engagement was still pending identification of chairs by the three constituencies. Of the three cross-

cutting Task Forces only the one on Assessment, Monitoring and Evaluation had been active during the year. The SCN Secretary added that the two more action-oriented Task Forces on Development of Integrated Approaches and Advocacy, Communication and Partnerships Building respectively, might perhaps better fall under the mandate of ECHUI/REACH. The SCN Secretariat had published two issues of SCN News and four issues of the Nutrition Information in Crisis Situations (NICS), thanks to funding secured from USAID, Micronutrient Initiative, UNHCR, CIDA and GAIN. The Secretariat had also obtained partial funding for the 6th Report on the World Nutrition Situation from the Government of Norway. A fund raising exercise aimed to twenty companies, within the framework of the SCN Private Sector Policy, had not brought results. The Secretariat had seen various changes in staff, including the arrival of Ms Karine Lagoutte in the place of Ms Jane Hedley. There had also been major administrative changes as part of reforms that have been taking place in the host agency WHO.

16. *The Task Force on Assessment, Monitoring and Evaluation.* Grainne Moloney (FAO Somalia), in the absence of Mark Smulders (FAO, Chair of the Task Force on AME), reported on the work of the Task Force throughout the year. The Task Force is chaired by FAO and WFP with twelve core members from all three constituencies¹. A concept note has been developed to explore what the added value of the Task Force might be in the context of supporting, harmonizing and capitalizing on the related work being done across the various constituents of the SCN. This note had been used to develop a work plan and identify three priority areas of work: 1. Establish an agreed upon *minimum set of core indicators* that measure food deprivation and malnutrition, in multiple sectors and contexts; 2. Serve as an effective *sounding board* for the SCN Working Groups and inter-agency activities, functioning as a peer review mechanisms rather than endorsing board; and, 3. Provide a *forum* where members can exchange information on AME best practices, tools and methods, through for example a webpage on the SCN website. A planning meeting was held in January and specific products are underway including a repository of tools and documents, fact sheets, review papers. The Task Force has also developed a statement proposing stunting as the main indicator for endemic poverty.²

17. *Expected outcomes of the 35th SCN Session.* SCN Secretary Roger Shrimpton reported from the work of a small drafting group consisting of Alan Court (UNICEF) representing the SCN Chair, Jorgen Schlundt (WHO) representing the UN group, Biram Ndiaye (Senegal) representing the Bilateral Partners, and Elizabeth Sterken (INFACT) representing the Civil Society group, that had met to discuss the content of recommendations to come out of the 35th Session, which had been referred to in the background documentation as the "Hanoi Declaration". The recommendations should be no more than two or three pages and have 5 or so different parts. With the first part focussing on the enormous burden of maternal and child undernutrition in particular the new understandings and dimensions related to the window of opportunity between conception and two years of age as well as all aspects of undernutrition including stunting and wasting in addition to underweight. A renewed and strengthened evidence base has been derived from the Lancet Nutrition Series paper 3 including a set of interventions that specifically address maternal and child undernutrition. The SCN needs to communicate to the broader development community that these interventions should complement and be mainstreamed into poverty reduction efforts including PRSPs in order to improve both livelihoods and nutrition for sustainable development. The Secretariat would develop these recommendations into a draft for discussion during the constituency meetings, especially the second business meeting. Alan Court explained that it was agreed to call this Recommendations from the Session. A previous "zero" draft of the Hanoi Declaration that had been developed by the Secretariat was not shared as the drafting group had felt it was better to start afresh.

18. *Review of the SCN.* The SCN Vice Chair Werner Schultink, in introducing the last agenda item of the session on the review of the SCN, emphasized the need to scale-up action along the short as well as the long routes in order to reach the MDGs. This would not only require more resources but also enhanced coordination and harmonization among partners, which is the reason why the SCN was created 30 years before. In 2008, the nutrition environment was perceived to be even more crowded with multiple actors often with overlapping mandates. Yet the linkages to higher political levels were weak, nutrition advocates were few, and many important development actors were not aware of the SCN. The Steering Committee had therefore decided to undertake a review to see what could be done to improve the functioning of the SCN to unify and streamline, increase its profile and generate more resources for the nutrition agenda. A

¹ Others interested to join should contact mark.smulders@fao.org

² Available from

www.unsystem.org/SCN/Publications/html/task_force/SCN%20TFAME%20statement%20on%20stunting%20FINAL.doc

group of people had met for a two days brainstorming session at Tufts University in Boston to discuss these issues. The following presentation by Dr Patrick Webb on the outcomes of the discussions should guide the SCN participants in their discussion in the three constituencies on how each of the groups can contribute to strengthen the SCN so it becomes an improved forum for harmonization.

19. Dr Patrick Webb, Tufts University, presented the issues that been discussed by the group in Boston in January 2008, the last in the series of recent reviews of the SCN,³ in addition to other reviews of the international nutrition structure such as Lancet Nutrition Series paper 5 and the review currently being undertaken by a group of consultants on behalf of the Gates Foundation. It had been clear that SCN remains in high demand and that it welcomes and cultivates enthusiasm to combat malnutrition. Its function as a forum for networking, information sharing and harmonization was highly regarded, especially its cross-sectional nature where a broad range of issues were being discussed and where smaller organizations also have a voice. Nevertheless, a series of topics had been identified that might not function optimally and would have to be discussed in the constituencies, including the structure in terms of reporting obligations, the feasibility of having a chair rather than a high-level board, the Secretariat and whether it should be hosted by an UN agency or rather by universities on rotation, the frequency and focus of the SCN Sessions, the SCN Working Groups and how to make them more effective, the SCN products and whether they should be more academic through working with universities and research institutions to enhance peer review, the role of private sector in the SCN, the funding of the SCN and how to make it more sufficient and predictable through paid membership dues or functioning as a global nutrition fund, and the role of the SCN at country level in relation to the One UN process. Dr Webb asked the SCN participants to consider these issues throughout the 35th Session, keeping in mind the urgency of getting collective goals, giving SCN a functional form and the necessary resources to carry out its mandate in order to move the nutrition agenda forward.

D. Working Group meetings: summary reports, work plans and key recommendations for action

20. All nine working groups met during the 35th Session, with five Working Groups holding pre-Session meetings on the Sunday in addition to the regular meeting during the Session. The SCN Chair Ann M Veneman, the Vice-Chair Werner Schultink and the SCN Secretariat met with the Working Group Chairs on Sunday afternoon. The Secretariat met with the Working Chairs again on Thursday morning for a debriefing on their working sessions.

21. On Sunday, the SCN Secretariat gave a brief on expectations to the Working Groups at the 35th Session. Each Working Group presented their main achievements throughout the years. A summary table of the Working Group structure and main outputs over the past five years was shared with all participants. The SCN Chair enjoyed the opportunity to discuss the work and purpose of the SCN Working Groups with the Working Group Chairs, sharing a series of comments related to the Working Group activities and themes. Among the issues of particular concern, Ms Veneman reiterated the need to build capacity of universities in the South as well as to rebuild capacity and know-how in the area of agricultural extension. She noted that nutrition is a cross-cutting issue and cooperation with other fields such as agriculture, health and education is essential. The SCN should not operate in isolation. Regarding the recent concern for increasing food commodity prices and household food security, Ms Veneman noted that higher prices also may benefit rural poor who get their income from selling food. She also highlighted the need for a cost-benefit analysis of increasing girl enrolment and attendance through food incentives in relation to nutrition of school-age children.

22. During the meeting on Thursday morning, many of the WG Chairs expressed the value of the SCN Working Groups, giving examples of successes such as the Nutrition and HIV/AIDS webpage, the Task Forces of the Working Group on Nutrition, Ethics and Human Rights, and the Theme Groups of the Working Group on Nutrition in Emergencies. The Working Group on School-Age Children also noted that there had been considerable energy and motivation this year with a number of participants signing up for being involved in activities planned for 2008. There was broad agreement that the SCN plays a vital role being the only place where practitioners, policy makers and researchers meet. However, the SCN, its funding mechanisms and its leadership needed to be strengthened. It was suggested that having a Head of

³ These recent reviews of the SCN include: the Mid-term review (2002), 'Taking the pulse' (2003), the Tivoli retreat (2004), World Bank donor evaluation 2004-2006 (2007), and the 'History of SCN' project (2008).

Agency as Chair might not be appropriate due to the many other duties of such a position entails, and that it might be more appropriate for the current Chair to have a Presidential like status, with another ADG level person as the Chair. The links to the UN were considered important, and linkages to the higher levels such as the CEB needed to be formalized. Regarding the recent reviews of the SCN and the international nutrition architecture, many were concerned that these had failed to involve the Working Group Chairs who all felt that they could provide invaluable inputs to these efforts and called for a constructive and engaging process. One suggestion to improve the quality of Working Group meetings was to distribute a short questionnaire at the end of each session to get feedback on the usefulness of the meeting as well as the profile of participants. It was agreed that the review of the SCN should not take the Session focus away from getting broad agreement on a set of recommendations that would be based on the Lancet Series and reinforce its messages. Such recommendations should be simple, focusing on policy harmonization and help SCN participants to speak with one voice to the UN Country Teams and the Resident Coordinator system. Some Chairs expressed that they had been disappointed about many of the comments to the Lancet Series. The discussions taking place in plenary were not always constructive with some debaters misusing their opportunity to give meaningful inputs. The Working Group Chairs agreed that they would prepare specific comments to the Lancet Series in their respective thematic areas. These inputs would contribute to refining the set of recommendations coming out from the Session, and could also be disseminated through the SCN News.

23. Full reports of each Working Group meeting, with work plans for the year to come, will be posted on the [SCN website](#) and summarized in SCN News #36. In the plenary session on the last day the Secretary gave a summary of the preliminary working group reports as follows:

D.1 Working Group on Nutrition in Emergencies

24. The Working Group chaired by Caroline Wilkinson (ACF), Caroline Abla (USAID), Zita Weise Prinzo (WHO) and Anne Callanan (WFP) met on Sunday and Tuesday. More than 40 participants attended the pre-session meeting on Sunday, which focused on reporting on achievements of Working Plan activities for the past year and setting priorities for Working Plan for the next year. The meeting revisited the theme groups on HIV, infant feeding in emergencies, maternal nutrition, micronutrients, assessments and community-based management of severe malnutrition. Presentations focused on implications of transition to new WHO child growth standards, impact of supplementary feeding programmes, management of malnourished infants under 6 months of age, field evidence on LQAS and SMART, and capacity development from Nutrition Cluster work. These discussions were summarized on Wednesday including debriefing of theme groups and work plan, inputs from the WG to the recommendations to come out of the Session, and a presentation with updates from the Nutrition Cluster.

25. The key Working Areas for 2008 – 2009 were identified as follows:

- Treatment and prevention of acute malnutrition should be at the forefront of action and research in emergency situations.
- Issues of micronutrient content and availability in relief products needs further work
- Treatment of malnourished infants under 6 months of age was recognized as a main focus area for work during the year
- Further focus on the nutritional needs of pregnant and lactating women in emergency situation is needed

26. The Working Group made the following comments on Lancet Nutrition Series:

- The Group welcomed the recognition by the Lancet Series of the importance of appropriate treatment of severe acute malnutrition for reducing childhood mortality.
- The Group was encouraged by the endorsement of community based treatment and the use of RUTF and would like to see this further emphasized in follow up work on the series.
- The Group supported the call for more research on the implementation and cost-effectiveness of intervention strategies for reducing childhood and infant malnutrition and mortality including groups not currently included in WHO treatment protocols.
- Nutritional oedema should be fully recognized as an important life threatening manifestation on severe acute malnutrition.

27. On the recommendations to come out of the 35th SCN Session, the Working Group proposed the following additions: Emergencies exacerbate the already fragile nutritional status of populations. It is recognized that in emergency situations acute malnutrition is a major cause of mortality due to issues of access to services, poor diets, and displacement, among others. It should therefore be recommended to the Chief Executive Board:

- That prevention and treatment of acute malnutrition remain a priority for all SCN constituencies and that they ensure support to governments' efforts.
- That innovative responses based on recent evidence-based advances, such as community-based approaches, are scaled up.
- Sustained financial commitment is a pre-requisite to provide free access to treatment and preventive services in emergencies as well as to build capacities within governments to incorporate these services into national health systems.

D.2 Working Group on Nutrition and HIV/AIDS

28. The Working Group chaired by Andrew Tomkins (ICH, UK), Bruce Cogill (UNICEF), Randa Saadeh (WHO) and Stuart Gillespie (IFPRI, unable to attend), met on Tuesday with presentations and discussions on the evidence for the impact of nutrition interventions on progression and survival in HIV/AIDS, nutrition support within PEPFAR supported programme for HIV/AIDS in Viet Nam, developments in nutrition and HIV policies in Asia, management of HIV infected severely malnourished children, and recent evaluations of cash transfer schemes to improve household food security in HIV affected families.

29. The Working Group gave a series of recommendations to the SCN plenary that related to issues to be included in the recommendations coming out of the 35th SCN Session as well as to the Lancet Nutrition Series:

- Rights Based Approach based on the Convention on the Rights of the Child should be the basis for policy and action; all children have the right to be born free and remain free of HIV. This infers that all children's parents should be tested for HIV and provided with counselling on their own HIV status and how to reduce transmission of HIV antenatally, intra-partum and postnatally. Particular focus should be given to provision of appropriate infant and young child feeding in the prevention of paediatric HIV in addition to the provision of antiretroviral drugs (ART).
- There is a need to develop better understanding of the role for nutrition interventions (both food based and micronutrient supplements) in affecting HIV/AIDS progression and severity, adherence and the development of ART resistance. In particular, an urgent clarification around Vitamin A supplementation postpartum in HIV positive women is required.
- There is a need for critical reviews and greater clarity of the impact of interventions aimed at reducing HIV/AIDS associated disadvantage, including Food Insecurity, Food Production, Agriculture, and School Absenteeism and Performance.
- There is a need to develop and evaluate novel effective, appropriate policies for HIV/AIDS mitigation which include indicators of child development as well as nutritional status. These are likely to include Care for Orphans and Vulnerable Children, Improving Household Food Security for the vulnerable, and Capital and/or Stipend based cash transfers
- There is need to develop better understanding of the role of HIV/AIDS in the high mortality rates from Severe Acute Malnutrition (SAM) in HIV endemic areas. This requires development of novel, evidence based, protocols for nutritional management and ART for HIV infected children with SAM together with a critical review of earlier detection of HIV among moderately malnourished children.
- There is need to continually review and reform HIV/AIDS Policies and Nutrition Policies in the light of new evidence – to ensure that the interaction of HIV and Nutrition are included.
- The Lancet series on Undernutrition is a major resource and provides a high level of academic review of efficacy studies. There are specific issues where their published statements are at variance with clinical and public health experience in HIV affected communities. This is particularly so in the area of case fatality rates from Severe Acute Malnutrition (SAM) especially within the context of HIV. There is urgent need to engage in dialogue to provide correct information and clarify HIV/SAM interaction and its management. This requires communication and further publication on what is already known and research on what is not known.

- Opportunities should be seized for including data on HIV/AIDS related Nutrition and Food Insecurity Issues and how they have been effectively tackled, within national and international meetings which have a primary focus on HIV/AIDS.
- The continued helpful interaction between the Nutrition and HIV/AIDS WG with WGs on Breast Feeding and Complementary Feeding, Emergencies and School Age Children, in particular, have been very beneficial and further interaction is recommended to facilitate the work of the Nutrition Cluster.

D.3 Working Group on Nutrition, Ethics and Human Rights

30. The Working Group chaired by Margret Vidar (FAO), Flavio Valente (FIAN), Asako Hattori (OHCHR) and Marlis Lindecke (GTZ, unable to attend) with Marc Cohen (IFPRI) as rapporteur, met on Sunday and Tuesday in addition to holding a book launch on Thursday. Presentations and discussions on Sunday focused on the work of the five Task Forces on the International Dimensions of the Right to Food, on the Human Rights Responsibilities of the Corporate Food Sector, on Capacity Development for Human Rights in Nutrition, on Defining the Fundamental Right to be Free from Hunger, and on Indigenous People and the Right to Adequate Food, respectively. As part of the overall SCN Session theme on accelerating the reduction of maternal and child undernutrition, the Group discussed discrimination and undernutrition, as well as other business and plenary agenda items including the international nutrition system and the SCN review, the forthcoming 6th Report on the World Nutrition Situation, the Lancet Nutrition Series, and the Landscape Analysis of Readiness to Act at Scale. These discussions were summarized on Tuesday, in addition to a presentation on discrimination and undernutrition in India. On Thursday, the Group organized a launch of the book entitled *Global Obligations for the Right to Food*, produced by the Task Force on International Dimensions of the Right to Food and edited by George Kent (Hawaii University).

31. On the Lancet Series, the Working Group welcomed attention to the serious problem of maternal and child undernutrition in developing countries in such a prestigious health sciences journal. The Working Group appreciated in particular the call for research into the accountability and responses of governments to their nutrition-relevant commitments under international conventions such as the UN convention on the rights of the child and the convention on the elimination of all forms of discrimination against women. However, the Working Group also had a number of concerns about the series as a whole, including:

- It tends to take a top-down approach to issues, focusing on getting the interventions right, and frequently views malnourished people as clients and beneficiaries, rather than human beings with rights who are key actors in achieving their own development. Instead, it tends to re-medicalize discussion on nutrition and miss out on the important role and contribution of policy and legal frameworks, including those on human rights in nutrition.
- It tends to neglect the important role that the U.N. system has played and must continue to play in overcoming undernutrition.
- The series seems to blame the nutrition community for the persistence of undernutrition, while it neglects social, political, economic, and cultural determinants of malnutrition.

32. The Working Group adopted a set of recommendations on global obligations for the right to food, available from http://www.unsystem.org/SCN/Publications/AnnualMeeting/ethics_and_human_rights.htm and requested that the Secretariat transmit them to the relevant organizations.

33. Regarding the work plan for 2008, the Working Group will continue to monitor developments on global obligations for the right to food over the next year. The Taskforce on the Human Rights Responsibilities of the Corporate Food Sector will focus on regulation of industry marketing practices, especially as regards pressure on children, and may change its name accordingly. The Working Group will invite a legal expert to serve as vice-coordinator of the Taskforce. The Taskforce for Capacity Development for Human Rights in Nutrition will continue to bring a human rights perspective to nutrition meetings, take part in training initiatives, and assist in the development of curricula on the linkages between food/nutrition and human rights. The Taskforce on Indigenous Peoples and the Right to Adequate Food will complete its study of this topic and present it, together with policy recommendations, at the IUNS meeting. The 36th Session of the SCN will receive an update. The Taskforce on the Fundamental Right of Everyone to be Free from Hunger will continue efforts to clarify the content of this right. The Working Group will explore activities to address the human rights implications of ready-to-use therapeutic foods.

34. The Group gave the following recommendations to the SCN:

- For future SCN Sessions, the Secretariat inform all registered participants of the Working Group's pre-session meeting and ask that they inform the WG Chair if interested in attending.
- Efforts to review SCN in the context of an overall assessment of the international nutrition system be carried out in a transparent manner; recognize the core role of SCN in harmonizing the efforts of U.N. agencies in the field of nutrition, with the advice of bilateral partners and civil society; and acknowledge the prominent place of human rights on the agenda of the United Nations and in the vision and mission of SCN.
- The SCN continue to focus on economic, social, political, and cultural factors as causes of malnutrition, and that other working groups pursue their particular focus within a human rights perspective.

D.4 Working Group on Breastfeeding and Complementary Feeding

35. The Working Group chaired by David Clark (UNICEF), Isatou Jallow (WFP, unable to attend) and Kay Dewey (University of California, Davis), met on Sunday and Wednesday. On Sunday, the Working Group reported on implementation of 2007 recommendations. There were presentations and discussions regarding a Maternal, Infant and Young Child (MIYCN)Forum, the revitalization and expansion of BFHI (community, mother-baby-friendly, neo-natal care units) as well as country level experience with complementary feeding interventions and their integration into child survival programmes and overall nutrition strategies, including efforts to scaling up with an example of experiences from Mexico, and implications of the Lancet Nutrition Series for programmes aiming at the reduction of maternal and child undernutrition. On Wednesday, there were presentations on the revitalization and expansion of BFHI with experiences from Zambia, the new/revised indicators of infant and young child feeding, and growth monitoring promotion and its role as intervention or as platform for action.

36. Regarding the Lancet Nutrition Series, the Working Group recognized that it represents an important platform to advocate for greater attention, support and financing for programmes supporting optimal infant and young child nutrition. The Working Group did recognize certain limitations in the series that will require explanation when using the findings for advocacy purposes. This included the fact that certain interventions were not included on the list of "effective" interventions because of lack of published evidence. A good example is the Baby-Friendly Hospital Initiative, with the result that breastfeeding counselling is the only intervention included in the calculation of the impact of breastfeeding interventions, without mentioning the fact that breastfeeding needs to be protected, promoted and supported via multiple channels. The Working Group felt that, because of the lack of large-scale trials with the power to detect effects on mortality, the series probably underestimates the importance of complementary feeding. Poor complementary feeding remains the main obstacle to improving the nutritional status of children in the 6-24 months age group. On the other hand, the calculation in respect of the impact of zinc supplementation was based on efficacy studies alone, and the actual impact in supplementation programmes is thus likely to be lower. The Group noted that the series does not provide any programming guidance to governments or implementing agencies.

37. The Working Group recommended that the Task Force that has worked to establish a Maternal, Infant and Young Child (MIYCN)Forum continue to work on the setting up of a forum with the following objectives:

1. To share state of the art research results that are programmatically relevant.
2. To share results of recent reviews and meta-analysis.
3. To provide an opportunity for international agencies to report on recent consultations, strategy documents and global progress to meeting MDGs (e.g. draft IYCF indicators document on WHO website has provoked very little feedback).
4. To share information on program implementation, monitoring and evaluation findings ("best practices), including costs, cost-effectiveness and cost-benefit analyses.
5. To allow NGOs, foundations and potential funders to share information on their current and future programs.
6. To provide a venue for presentation of survey data (DHS, MICS, CDC) including trend analysis.
7. To encourage government ministry representatives to share reports on their activities.

8. To discuss private sector initiatives and public-private partnerships.

The Group recommended proceeding on a progressive basis, starting with newsletter/website while working on the holding of a meeting. The Task Force should consider holding the first Forum meeting as a satellite to the 2009 Micronutrient Forum. The MIYCN Forum should also consider the issue of infant feeding in emergencies and should include a rigorous assessment of field activities in all aspects of IYCN. This would require the marrying of academic research with field programs, including food security and economic issues.

D.5 Working Group on Household Food Security

38. The Working Group on Household Food Security, chaired by Florence Egal (FAO) and Jeanineke Dahl Christensen (Denmark) and Helene Deret (ACF), met on Wednesday with presentations on lessons learnt on promoting household food security in the Asia-Pacific region, advocacy work on biodiversity in the ECOWAS region, and bioenergy and food security.

39. The Working Group recognized that accelerating demographic change, increased socio-economic disparities and environmental degradation – associated with unsustainable production, trade and consumption practices - are key determinants of food insecurity and malnutrition. This has been reflected in the present increase in food prices, the reduction of food stocks, and potentially further aggravated by the emerging biofuel production. Within this context, the Working Group made the following recommendations:

- Policies at global, regional and country level should be reviewed, harmonized and monitored with a view to encourage integrated support to at risk families and to promote and protect maternal and child nutrition
 - It is essential that families have and maintain the means, the information and access to basic services to ensure appropriate maternal and child nutrition.
 - The interventions recommended in the Lancet series should be systematically articulated with relevant food security and livelihood support – combining short and longer term action - to families and communities of undernourished mothers and children.
40. The Working Group also shared their work plan for 2008/2009, which involved:
- Document local practices of food security interventions improving malnutrition.
 - Expand and facilitate the network of practitioners interested in food security and nutrition, and ensure interaction and sharing of lessons learned and experiences.
 - Ensure that nutrition is mainstreamed in all the food security international meetings and vice-versa

D.6 Working Group on Nutrition of School Age Children

41. The Working Group, chaired by Francisco Espejo (WFP), Lesley Drake (Partnership for Child Development, UK) and Natalie Roschnik (Save the Children, US) met on Sunday and Wednesday. On Sunday, the presentations and discussions focused on the new WHO growth reference for school-aged children and adolescents; the current activities of the different members; issues and opportunities related to nutrition of school-aged children and the 2008 work plan of the Working Group; On Wednesday discussions focused on the relationship between education and undernutrition, the role of nutrition education and activities at the school level that could maximize the educational effect in preventing under-five malnutrition. There was a presentation by Martin Bloem on the reduced risk of child malnutrition with greater maternal and paternal formal education in Indonesia and Bangladesh, and another by Patrick Webb on nutrition information and formal schooling as inputs to child nutrition.

42. The Working Group gave the following summary comments on the Lancet Nutrition Series:

- The Lancet Nutrition Series rightly comments on the why and the what should be done to expand human capital and improve lives by addressing undernutrition during the “window of opportunity”. However, the Lancet Series neglects education as an important determinant of undernutrition; not only for the current school age population, but also for those who will go on to become parents in the future.
- The LNS estimates that universal coverage of certain proven interventions would decrease prevalence of stunting by one third. The good news is that, in this situation, there would be one third fewer

stunted children, but what about the other two thirds? The Working Group believes that broader determinants of health and nutrition (socioeconomic factors, including education), not addressed by the Lancet NS, play a significant role. If these factors are not recognized and targeted in combination with the package recommended by the LNS, it is highly likely that the global community will not succeed in eradicating undernutrition.

43. The Working Group gave the following recommendations and statements to the SCN:

- Every additional year of parental education (both mothers and fathers) counts to reduce the risk of undernutrition among their children. Improving access and quality of education should be a key complementary intervention to address undernutrition.
- Essential health and nutrition education and information provided to parents and children, prevents child undernutrition. Schools provide an effective way to transfer this information to communities, children and future parents.
- School health and nutrition interventions, including school feeding, address key health and nutrition problems that affect school children and prevent them from participating fully in school. Therefore, school health and nutrition interventions are key elements in enabling countries to achieve their *Education for All* (EFA) and the *Millennium Development Goals* (MDGs). This synergistic relationship between nutrition, health and education boosts efforts towards reducing undernutrition in the long term.
- This synergistic relationship between nutrition, health and education can boost efforts towards overall human development.

D.7 Working Group on Capacity Development in Food and Nutrition

44. The Working Group on Capacity Development in Food and Nutrition, chaired by Patrick Stover (UNU), David Sanders (University of the Western Cape, South Africa, unable to attend) and Emorn Wasantwisut (Mahidol University, Thailand) met in a closed meeting of the core members on Sunday to discuss their work plan progress and review proposal for the year to come. The open meeting on the Wednesday, had presentations on the United Nations University Food and Nutrition Programme for Human and Social Development, the strengthening capacity in academic institutions & institutionalizing these efforts for sustainable faculty and research programs, the strengthening of capacity in academic institutions to serve regional local food and nutrition programmes (training, monitoring, evaluation, programme research) for improving public health, a strategic plan for engagement: the academic network in the Middle East, and comments a panel consisting of Mirjana Pavlovic (University of Belgrade, UNU-FNP), Emorn Wasantwisut (University of Mahidol, UNU-FNP), Azza Gohar (National Nutrition Institute, Cairo, UNU-FNP) and Joseph Ashong (Cornell University, AGSNet). Further detailed reports from the regional Task Forces are available in the Working Group report and planned activities for 2008-2009, at http://www.unsystem.org/SCN/Publications/AnnualMeeting/capacity_development.htm

45. The session focused on two primary themes: 1) the current state of academic and research institutions in developing regions, and the need to strengthen their capacity and sustainability and 2) the role of universities in addressing regional public health nutrition needs. Within universities, the retention of young faculty is increasingly a challenge due to low salaries, deteriorating infrastructure, inadequate resources to conduct research, and increased teaching obligations. North-South collaborations among universities can be effective in training new faculty and providing resources to seed research programs for young faculty. Universities play a key role in addressing local public health needs in the areas of program research, monitoring, evaluation and training. The importance of integrating context, inter-disciplinary approaches, qualitative & quantitative methodologies, project/programme cycle, globalization, transitions, policy developments and governance was emphasized. An assessment of current practices in program research, monitoring, evaluation and training indicates gaps in addressing many of these key parameters. The group also recognizes the importance of south-south collaborations in informing and enhancing nutrition training.

46. On the Lancet Nutrition Series, the overall sentiment of the discussion reflected the Series conclusions regarding training and institutional capacities. There was general agreement that there is a shortage of appropriately trained academics, professionals and technicians in nutrition, and that current nutrition training and education at all levels does not adequately prepare new graduates for careers in nutrition. Current approaches to training were described as “outdated”, “irrelevant”, and not regionally informed with a western bias. There was less agreement in the WG regarding the value of educating students from developing regions in American and European universities.

47. The Working Group recommendations were:

- The United Nations University Food and Nutrition Program in partnership with the SCN consider conducting and publishing a comprehensive review of graduate training in international nutrition. The review should:
 - Recommend a curriculum that reflects current needs, challenges and opportunities and enables transformative advancements in translating new nutrition knowledge into practice.
 - Include a cost/benefit analysis of educating PhD students from developing regions in regional versus western universities.
- Strengthen south-south collaborations among training and research institutions for knowledge sharing, research and training to overcome the insularity of regions and institutions.
- Renew efforts towards north-south collaborations among training and research institutions for effective resource and knowledge sharing that is responsive to capacity needs of institution, country and region.
- For countries that do not have nutrition training institutions, UNU can facilitate the training of their staff by linking them with well established nutrition training institutions in the region.

D.8 Working Group on Micronutrients

48. The Working Group on Micronutrients, chaired by Martin Bloem (WFP), Jacques Berger (France), and Gary Gleason (INF, who was unable to be present), met on Thursday. Presentations and discussions focused on the use of multiple micronutrients in pregnancy and for young children (emergencies and development programmes, the importance of ready to use foods for delivering micronutrients to malnourished children in community settings, the GAIN-supported 10 year Micronutrient strategy, and Viet Nam's strategic approach to preventing and controlling micronutrient deficiencies.

D.9 Working Group on Nutrition Throughout the Life Cycle

49. The Working Group on Nutrition Throughout the Life-Cycle, chaired by Ricardo Uauy (IUNS), Chizuru Nishida (WHO) and Ana Beatriz Vasconcellos (Brazil) met on Thursday.

50. The meeting focused on the effectiveness of interventions for accelerating the reduction of maternal and child undernutrition through national community-based approaches drawing on lessons learned from a series of country experiences. Presentations focused on the on reducing malnutrition through national primary health care programmes in Brazil, forging alliances for efficient National Nutrition Community-Based programme in Madagascar, and community-based intervention programmes for improving nutrition throughout the life cycle in Viet Nam.

51. The Group concluded that

- Efforts are being made in some of the countries to address maternal and child undernutrition through community-based programmes with a life-course perspective, as had been learned through the three country reports on progress in implementation at national level taking.
- In these efforts, scaling-up had been achieved through using community volunteers and health workers, which raises questions about sustainability. It was suggested that special financial compensation to community workers might need to be considered, through the local health system or through community reimbursement of basic services.
- Integration of programmes at the community level remains a challenge since the health delivery system does not contemplate integrated approaches. The experience of Viet Nam based on the family health model seemed to be particularly relevant.

E. Report from the Bilateral Partner Group

52. Arne Oshaug (Norway), bilateral representative in the Steering Committee (SC) chaired the meeting, and was re-elected as chair, and Jeanineke Dahl Kristensen (Denmark) and Biram Ndiaye (Senegal) were elected as co-chairs. The Bilateral Partner Group (BP) consisted of 31 participants from 20 countries. All took active part in the deliberations and contributed with viewpoints on all elements in the agenda. Several in the BP took part in writing and editing the report.

Matters related to the SCN

53. In general the BP found that the role of the SCN should be clarified before deciding on Terms of Reference (TOR) of the leadership and the Steering Committee. However, the BPs would like to underline that a SCN Chair should preferably take active part in the annual sessions of SCN, although the Group understands the constraint the present Chair has on the use of her time.
54. The BP would like to request that the TOR for the Management of the SCN, and the Steering Committee are revisited. A particularly important element might be whether tasks are sufficiently delegated to the Executive Secretary to ensure flexibility and remove potential delays in the daily work of SCN.
55. It seemed important that the Chair, or a person delegated to take part in the deliberations in the annual session, such as the case had been this time with Allan Court. His leadership in several sessions was appreciated.
56. The BP found it important that arguments voiced by the participants in the BP constituency are recognized by the Management of the SCN, particularly so by the Chair. BP participants found the SCN's annual sessions a very important arena for meeting the various UN agencies and NGOs at one single place.
57. The BP saw funding of the SCN as essential for an adequate functioning. The BP was sure that the management of SCN realize that, but would like to stress that the funding responsibility is firmly spelt out in the TOR of SCN's Management, and acted upon adequately by the person responsible. The BP also thought that it would be significant that issues like funding of the SCN is regularly communicated with the BP and the CSOs in order to find common strategies for generating funds necessary for the function of an ever increasing and active SCN.
58. The BP would like to see nutritional challenges taken up at appropriately high-level UN arenas. In this context it was considered important that a reporting routine is clarified such as it was earlier when SCN reported regularly to ECOSOC. The BP found it natural that the annual report of the SCN should be shared with the UN General Assembly, maybe through a reporting mechanism to the ECOSOC coordination segment. The SCN should also be promoted in the home pages of the members of the SCN constituencies; this should include information on the global meetings, publications, important events etc. Nutrition and the role of SCN should be firmly part of the development agenda, since i.a. this was seen as vital for achieving the MDGs.
59. The BP appreciated the presentation of challenges to the SCN by Dr Webb. The BP shared some of the concerns expressed, and agreed that any challenge perceived both by active SCN participants and those outside SCN would be important to assess. The Group encouraged a continued open process discussing the challenges expressed. The BP thought that the SCN had developed in a very nice way, particularly since the establishment of the three constituencies, namely the UN, the CSO and BP's. The BP members expressed a strong need for continuation of the SCN.
60. The BP meant that SCN should remain a UN entity. The need for harmonization, development of a basis or platform for action was considered more important than when SCN was established in 1978. However the BP recognize that the "playing field" had changed; today there were far more players on the global nutrition scene than ever before. New approaches to engage with the new actors in ways acceptable to all participating countries would be necessary.
61. The BP would welcome the SCN be in close contact with "One UN" teams at country level, and preferably invite representatives to the annual sessions. Representatives of "One UN" could share their experiences and viewpoints that might be important to the continuing improvement of the SCN. That would make the entity even more relevant to the needs of development agencies and countries themselves.
62. The BPs considered that the working groups are critically important to the SCN. However, ToRs and other guiding instruments for the Working Groups should be revisited. The WG should present their objectives and timeline in their annual program, and be evaluated every year according to expected outputs. This would ensure accountability of the WGs.
63. The BP thought that SCN should have annual sessions. However, there was a felt need for regional sessions, such as the one hosted by ECOWAS in 2006. The BP would request the Executive Secretary to provide inputs and stimulate to regional sessions linked to the agenda of SCN. The meeting organized together with ECOWAS was a good example regarding this.

64. However, such events should not imply increased costs of SCN. Any actor wanting a regional session relevant to SCN should ensure funding before such events were suggested. One could utilize planned meetings which could be a useful and natural link to a regional session of SCN. The frequency of such regional sessions would be pending on initiatives from the regions and capacity of the SCN, but it should not be limited to one each year.

Towards making the SCN more relevant to the national level

65. The dissemination of conclusions and recommendations from the annual SCN Sessions, to the UN Country Teams, should be a specific responsibility, as appropriate, of the SCN Chair, the person delegated by the Chair, or by the Executive Secretary. This to ensure that stakeholders in nutritional policies and programmes are appropriately informed.

66. Furthermore, the designated lead UN agency for nutrition at the national level, should, convene a meeting of all stakeholders (governments, NGOs, development partners etc.) to disseminate conclusions and recommendations from the annual SCN Sessions, discuss their implications for nutrition activities in the country, and provide feedback to the Chair and the Executive Secretary of the SCN. The Chair's report to the Annual Session of the SCN should include such feedback from the country level.

67. The lead UN agency for nutrition at national level should also be responsible for the dissemination of the SCN publications to relevant stakeholders at the national level, and for the launch of important SCN publications such as the World Nutrition Situation Reports etc., in the same manner as the State of the World's Children's report and UN Development Reports are launched.

68. These efforts will ensure a better communication to various stakeholders on burning issues addressed in the SCN.

The SCN symposium

69. The BP agreed that the symposium addressed several important issues. The BP would like specifically to mention the presentation by the Vietnamese Government, giving directions and hope for dealing with difficult issues. Also the policy dimensions discussed in the IFPRI presentation were encouraging.

The Lancet series on nutrition

70. The BP welcomed that the medical scientific journal, the Lancet, published five papers on various dimensions on nutrition, focusing on issues related to mothers and children. This was a bio-medically based analysis addressing parts of the complexity of the nutrition challenges. The Group would encourage that this process continues, for example by addressing similar issues but including social, political, legal and cultural factors in the analysis.

71. The BP recommended all the SCN constituencies to provide inputs to the Secretariat that could be used in a letter to the editor of the Lancet. The BP requested that the Secretary provide feedback to the constituencies on acceptance of the letter.

F. Report from the Nongovernmental/Civil Society Organizations

72. The NGO/Civil Society Group was chaired by Ted Greiner (PATH), with Elisabeth Sterken, (INFACT), Ricardo Uauy (IUNS) and Urban Jonsson (The Owls) as Co-Chairs. The NGO/CSO constituency group held two meetings and subgroups worked hard outside of these. The elected term of the Chair, Elisabeth Sterken, came to an end and she informed the group that she did not want to continue in that capacity. She was thanked for her loyal service during the past year, involving among other things, participating in most of the monthly Steering Committee teleconferences and two face to face SC meetings. One of the Co-Chairs, Mary Materu, asked to step down before this session was held. The other Co-Chair, Ted Greiner, was thus asked and accepted to assume the role of Chair. In light of the large size of the Civil Society constituency and pending request to increase to two representatives in the SC meetings, the group decided to elect not two but three Co-Chairs. The following participants were elected to fill these posts: Elisabeth Sterken, Ricardo Uauy and Urban Jonsson.

Private Sector Engagement

73. Participation by the private sector had greatly increased this year. The Group discussed the SCN Private Sector Engagement policy, reminding all that private sector participants who work in companies dealing with food or drink are not welcome to a) contribute economically to the work of the SCN or its constituent groups, and b) participate in policy making activities of the SCN or its constituent groups.

74. The Group reviewed the need for relevant companies to abide by the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant World Health Assembly Resolutions and for others to ensure that they do not contribute to the global epidemic of obesity. The draft Terms of Reference for a private sector Working Group were distributed and written comments were received. These will be discussed within the NGO/CSO advisory group and forwarded to the Secretariat. No participant came forward to offer to be our nominee as a Co-chair of this WG.

The Lancet Nutrition Series

75. The Civil Society group understood that the SCN would in some way formally respond to the Lancet Nutrition Series. Its expanded 25-member Advisory Group is prepared to assist in this task.

Review of the SCN

76. NGO/Civil Society Constituency perceived the Boston Review as the latest, though by far the least transparent, in a long series of SCN reviews, each conducted to explore ways of improving the effectiveness of the SCN.

77. Given that it was intentionally done by people who had not been involved in the SCN and without actively seeking the opinions of those, such as the Civil Society group, which had, it was hardly surprising that its conclusions called for something quite different from the SCN that the Group knew.

78. While the Group recognized that the SCN was currently suffering from resource limitations, it was insisted that it continue to meet annually. The NGO/Civil Society group had grown to be a large constituency. Unlike for most participants from the other constituencies, attendance by many of them not only involves organizational, but also personal economic sacrifice. They offer this alone as an expression of the quiet but real importance placed by participants in the Civil Society group, not only on nutrition, but on the needs of the constituency to engage with the UN and bilateral constituencies.

79. The UN system in particular was considered to exert an irreplaceable normative and leadership role. The extent of interaction between the constituencies achieved by the SCN process must be relatively unique and this itself ought more to be respected as an expression of the value of the SCN.

80. Nevertheless, the Group was dismayed and disappointed over the continuing failure of the SCN to achieve participation in its processes by democratic grass roots groups and social movements from the South and by the continuing imposition of limitations due to nearly exclusive use of one language.

81. While the Group saw little merit in the recommendations that had so far been presented to them from the Boston Review, they did agree that a broader type of review of the SCN was needed and expressed their willingness to participate. However, no such review was required for one recommendation they would like to make concerning the way in which the SCN was currently organized. They had discussed this with no one outside their constituency, though it had been agreed to during the 35th Session by the NGO/CSO participants of the 35th Session in plenary.

82. Most past SCN Chairs have been respected former high level UN employees; all but one served in a voluntary capacity. The current experiment in choosing a Chair from among active heads of UN member agencies has not proven satisfactory. The Group respected the extraordinary effort the current Chair had made in adding the burden of SCN Chairmanship to her already impossible work load, but believed that the SCN requires a Chair who has more time to give, participating like past ones have done in all plenary sessions of the annual meetings and in most if not all of the Steering Committee meetings.

83. Furthermore, the authority that a current head of a UN agency has – and must have – is not consonant with the needs and the spirit of such a large, complex harmonizing body as the SCN.

84. The Group thus expressed their gratitude to the current Chair for her efforts on behalf of the entire SCN community, and respectfully recommend that, when appropriate, the SCN find another way of choosing a Chair.

Statement by the NGO/Civil Society Constituency: World nutrition is under threat

85. Concerned by the dramatic lack of leadership from governments and UN agencies to address the mortality and loss of productivity attributable to malnutrition in all its forms, ranging from starvation to obesity, is many times higher than that caused by HIV/AIDS, the civil society participants in the 35th UN Standing Committee on Nutrition Annual Meeting in Hanoi made the statement "World nutrition is under threat":

- The mortality and loss of productivity attributable to malnutrition in all its forms, ranging from starvation to obesity, is many times higher than that caused by HIV/AIDS. The civil society participants in the 35th UN Standing Committee on Nutrition Annual Meeting in Hanoi are concerned by the dramatic lack of leadership from governments and UN agencies to address these problems. Past efforts to raise awareness have gone unheeded. No effective leadership, global plan, or global fund have emerged, unlike the case for AIDS.
- New threats to nutrition are emerging. Climate change alone poses virtually certain disruptions in food production and other risks that are completely unplanned for.
- US and EU policies establishing ambitious goals and quotas for the progressive replacement of fossil fuels with agro-fuels (in part based on an incorrect assumption that this will reduce climate change) are placing huge burdens on world food production. As always, the resulting unprecedented higher prices for food are impacting most on the world's poorest food consumers. There is also growing evidence that these quotas are leading to a desperate increased demand for agricultural land in some countries, in turn associated with significant increases in land prices, land grabbing, forceful and violent evictions, soil degradation, deforestation, and bonded labour.
- Ironically, at the same time, new windows of opportunity for addressing nutrition problems have been opening:
 1. The now-accepted human-rights based framework applied to nutrition unequivocally calls for work with both rights holders and duty bearers in a joint effort to solve the world's serious nutrition problems with an emphasis on the social determinants of malnutrition. The effort calls for empowering communities to claim their internationally sanctioned rights.
 2. In a recent series of widely publicized articles, the Lancet, a leading medical journal, has put the medical establishment on notice regarding the disastrous extent of malnutrition and its consequences and outlined measures to realign health policies to reach the Millennium Development Goals related to ending hunger and to reducing maternal and child mortality.
 3. Several UN and NGO agencies have begun to report exciting, indeed revolutionary outcomes from using ready to use therapeutic foods to treat severe acute malnutrition at community level. Research is currently beginning to examine whether, in certain settings, the use of such foods might sustainably guide more effective approaches to the much larger-scale problems of less severe forms of malnutrition without reducing attention to other critical approaches.
- The single most effective way to bring down high infant mortality rates, six months of exclusive breastfeeding, will be achieved only when the world finds ways to support the nutritional status of adolescent girls, and of pregnant and lactating women, as well as alleviating their high work burdens.
- High quality, nutrient-dense foods of many kinds are needed as part of balanced diets composed of local foods, often fortified where nutrients are known to be lacking, if we are to successfully prevent malnutrition in all its forms. A particular challenge is the age group 6 – 24 months and beyond, where, in addition to breastfeeding, complementary feeding often must be improved; community-based approaches have proven particularly valuable in this context.
- But to achieve sustainable nutrition for all, a broader range of social, environmental, political and economic changes will be needed, particularly attending to the crucial roles of national and household food security, care of infants and children, and the strengthening of health care systems. The rights to universal access to basic health and education services, access to safe water and sanitation, healthy household environments, empowerment of women, and cash transfers to disadvantaged groups are among them.

G. UN Agencies Report

86. The UN agencies met twice during the Session with some 30-40 participants from 10 agencies. The first meeting on 4 March was chaired by Alan Court representing Ms Veneman. The meeting on 6 March was chaired by Werner Schultink the SCN Vice-Chair. The Secretariat members were the rapporteurs.

Recommendations coming from the 35th SCN Session

87. There were lengthy discussions around the main agenda items of the Hanoi declaration and the SCN review. There was no discussion of the private sector engagement working group. The discussions of the recommendations of the meeting (ex Hanoi declaration) were largely the same as those that had already been expressed by the agencies in the Steering Committee meeting. As many such comments had also been received by the Secretariat from the Working Group Chairs it was agreed that further comments would be made on the next version of the recommendations to be shared by the Secretariat soon after the end of the Session.

Review of the SCN

88. Discussion of purpose of SCN revealed great differences in perception among the UN agency staff present. The perceived importance and role of the SCN ranged from information sharing/diffusion on the "how" of nutrition for the purpose of putting science into practice through to a better understand the "what" of nutrition with SCN as a "conflict resolving" body. For some the SCN is a "policy harmonization" forum, but for others it is "coalition for action". In the SCN discussions this spectrum of science into policy and then policy into practice is often mixed up however. Some felt that the Working Groups were more about better defining the "what" whereas the Task Forces were about developing the "how". In this regard there is a need to better clarify the audience of SCN: is it the policy makers or is it the practitioners? We know that nutrition is important for achieving the MDGs but how do we convince the policy makers? On the other hand do we have sufficient common understanding among practitioners on what the essential elements are and how to put it all into practice? The need to listen to and involve the Working Group Chairs in review of the SCN role and function was also remembered. The need for the UN only group to look at itself in the context of the One UN initiative was also emphasized. As no agency has nutrition staff in every country and there are too many parallel food and nutrition initiatives that arrive at country level in an uncoordinated way, how can the SCN help ensure system wide coherence. Also how can the UN only group help to move nutrition agenda forward at country level through influencing broader development actors using high level opportunities like G8 or Davos. The issue of funding was also discussed with mention of several possible ways to solve it, but it was agreed that these issues were secondary to deciding on the role and purpose.

89. The main conclusions coming from the UN only discussions were:

- That SCN is an important forum that needs to be strengthened. The interaction among the three constituencies is a positive aspect that needs to be preserved.
- The main areas of concern of the SCN is with the link between science/policy and practice, and especially on better understanding of the "how to" questions related to implementation, much more than on the "what" issues related to better understanding the science. Unfortunately these different realms of science, policy and programme practice are often mixed up, and the function of the Working Groups should be revisited in this regard.
- The interaction between sectors such as health, food security, human rights and emergency was felt to be one of the major strengths of the SCN, as well as the interactions between the constituencies and agencies.
- There was no objection to include a broader coalition of actors, such as including foundations or expanding civil society representation, but there was no agreement on how this should be done. Especially, small NGOs and field-oriented representation needs to be strengthened and there might be a need to subdivide the civil society group to better engage their participation.
- The UN group felt that the UN provided strength to the SCN.
 - The UN flag gives authority to what is done, as a normative and independent body.
 - The hosting of the SCN secretariat by a UN agency gives credibility to the SCN, and is also a good way to advocate nutrition within the agency.

- With regard to the management of the SCN there was general agreement that:
 - A change from one chair to a broader executive committee would be advantageous, as had been already discussed during the Tivoli retreat some years ago. It was also recommended to look at different existing management systems, such as the IASC or the malaria coalition.
 - A formal reporting at a higher level was felt to be crucial.
 - Finally, it was felt by the majority of UN staff present that sessions should continue being held annually. There was some agreement that these annual meetings might be better if they were regional, and the global meeting was less frequent.
90. The group as a whole agreed that there was a need for a face to face meeting of the Steering Committee soon after the Session, where these issues could be discussed by all three constituencies in order to reach agreement on what the future role and modus operandus of the SCN should be.

H. Reports from the Regional Sessions for Asia, Africa and Latin America

91. Regional Sessions were held Thursday 6 March and the summary recommendations reported back to the plenary later in the afternoon on the same day. The Regional Sessions had been asked to: 1) Discuss the follow-up actions on the recommendations from the regional meetings at the 34th SCN Session; 2) In line with the focus of the 35th Session on accelerating the reduction of maternal and child undernutrition, to highlight the issues of particular importance in the region that have bearing on accelerating the reduction of maternal and child undernutrition, and to comment on how the recommendations emerging from the Lancet Nutrition Series will be useful in the region, including advocacy opportunities and policy recommendations.

Asia

92. The Regional Session for Asia was chaired by Biplab Nandi (FAO Asia-Pacific) and facilitated by Zaman Talukder (HKI Cambodia) and Tommaso Cavalli-Sforza (WHO Regional Office for the Western Pacific). Thirty-nine participants from eleven countries in the region had discussed issues considered to be of particular importance in Asia, including strengthened coordination among UN agencies and country coordination at sectoral level which strongly voiced in the group; the need to address all eight MDGs, particularly MDGs 1, 4 and 5 that directly relate to nutrition as well as MDG2 as education and nutrition are very much linked; the need to incorporate nutrition consideration into all national development policies and effective implementation of National Plan of Actions for Nutrition developed after the ICN in 1992; due importance should be given to complementary feeding along with breastfeeding in order to improve maternal and child undernutrition; the life cycle approach needs appropriate attention throughout all nutrition programmes; efforts to improve nutrition in the region should give importance to traditional foods and be seen in context of recent concerns of environmental issues; regional cooperation should be strengthened for human resource development with emphasis on South-South collaboration; emphasis should be given to both food safety and quality which are equally important for good nutrition; food trade in the context of recent increase in food price globally and the effects on household food security in the region need to be better understood; and finally, the accountability of all key players involved at the national level must be reinforced as this was thought to be inadequate especially in light of frequent changes in agendas and staffing.

93. In light of these issues, the group presented a set of comments and recommendations to the Lancet Nutrition Series. The group appreciated the importance of the LNS and proposed that the SCN should be empowered to disseminate the recommendations at appropriate levels. Concern had been raised that the LNS recommendations and evidence based examples were not broad based enough, for example the education sector as well as trade policies were not addressed. The recommendations were very technical and perhaps therefore not adequate user friendly for policy makers at the national level. The recommendations from the Series could be viewed as options in the country context, and would certainly be helpful in terms on methodological issues. It would be important to optimize local and traditional food. SCN should consider organizing a full session on the recommendations involving nutrition, agriculture and health sectors, with a view to making the Lancet Series more policy and advocacy friendly. The group proposed that similar articles should be published in the journals of agriculture and other sectors so it reaches beyond the health profession which constitute the majority of the Lancet readers.

Africa

94. The Regional Session for Africa was chaired by *Ismael Thiam* (WAHO/ECOWAS) with *Julia Tagwireyi* (SIRDC) acting as co-chair and *Agnes Aongola* (Ministry of Health of Zambia) acting as rapporteur. In relation to the follow up of the recommendations of the 34th SCN Session, the group had realized that the operationalization of the Africa regional nutrition strategy had not been significant due to inadequate leadership, inadequate capacity within African Union and WHO Afro, inadequate financial resources and human capacities at country level. A focal person to undertake follow up actions in the region had not been identified. To accelerate the operationalization of the regional nutrition strategies in Africa, the region with most deterioration in undernutrition, there is a need for UN agencies such as WHO, UNICEF, FAO and others to strengthen their technical and financial support to African countries; to establish nutrition leadership at African Union HQ to facilitate the implementation of the Africa Regional Nutrition Strategy, and for African Governments to show full commitment to ensure the Right to Food and Nutrition for its citizens.

95. On the acceleration of the reduction of maternal and child undernutrition in the region, the group had recognized that Africa is unique, in terms of the basic causes of malnutrition, including issues of human capacity development and economic, physical and organizational capacities. Integration of food and nutrition in other sectors was also considered critical and would have to be addressed in addition to the issues identified by the Lancet series. The group recommended that governments should use the Lancet Series recommendations for reprogramming the implementation of interventions addressing maternal and child malnutrition. However, the implementation of the recommendations of the Lancet Series should take into account countries' priorities and realities. The Lancet Series could be used as an important advocacy tool to mobilized support for maternal and child malnutrition, including capacity development of nutrition stakeholders to ensure adequate program implementation. Finally, it was considered necessary to encourage integrated approached in food and nutrition policies and programming.

96. The group had looked at further opportunities to enhance regional cooperation, and had identified the 11th ECOWAS Nutrition Forum on "Food and Nutrition Security" to take place in Freetown, Sierra Leone in September 2008. A regional agenda was being set up in a collaborative effort with the SCN. Another opportunity identified was the ANEC Conference to take place in Cairo 13-16 October 2008.

Latin America

97. The Regional Session for Latin America was chaired by *Dr. Ricardo Uauy* (IUNS) with *Dr. Meliton Acre* (Vice-Minister of Health of Peru) and *Dr Edmundo Alvarez* (SESAN Guatemala) acting as rapporteurs to the SCN plenary. Seventeen participants representing five countries in the region had discussed the recommendations coming out of the regional meeting for Latin America at the 34th SCN Session and the programmatic implications of the Lancet Nutrition Series in the region.

98. The group had recognized that the Latin American region presents particular conditions in terms of the double burden of disease with stunting and micronutrients deficiencies coupled with increasing prevalence of obesity and chronic diseases related to nutrition; that the region presents a particular socioeconomic reality different from other regions, with economic growth and high levels of inequity; that there exists high-level political commitment by governments and demand by civil society to address and accelerate the reduction of malnutrition and poverty, with a multisectoral approach, linking regional, national and local levels of intervention; and, that regional UN Agencies are committed to effectively coordinate their cooperation.

99. The group recommended the establishing the mechanisms for the creation of a regional SCN for Latin America that: a) Includes the participation of representatives of the three bodies of the SCN; the UN System, bilateral agencies and civil society. b) Shares and exchanges information, experiences and best practices to address nutrition problems in an articulated and coordinated manner, respecting national realities and using South-South cooperation to achieve this. c) Includes in the agenda emerging issues such as bioenergy and food prices and their implications for hunger, malnutrition and poverty. d) Shares best practices and lessons learned regarding the implementation of programs at the municipal level. e) Promotes capacity building of governments to design, implement and evaluate comprehensive programs, using evidence-based public policies. f) Promotes real harmonization and coordination of the UN System, cooperating agencies and NGOs to respond to national and regional priorities to reduce malnutrition. g) Develops a regional research agenda to influence policies and programs that influence food and nutrition problems and that strengthens capacity for program implementation. h) Works to reorient school feeding programs for an educational and school attendance motivation instead of an

exclusive nutrition approach. i) Takes advantage of regional food and nutrition forums in the region related to have meetings of the Latin American Chapter of the SCN. j) The PAHO/WHO Peru Country Office initiates the organization of the SCN Latin American Chapter.

I. Plenary Session Discussion

100. The plenary discussions on Thursday 1 March were chaired by the Vice-Chair Werner Schultink UNICEF. These discussions are summarized as follows:

Statement coming out of the Session

101. The SCN Secretary Roger Shrimpton informed that a statement coming out of the Session, which had been indicated as a possible Hanoi declaration in the session agenda, would only be finalized after the Session with inputs by all participants. He explained the process that had taken place, where the possibility of having such a tangible outcome of the 35th SCN Session had been discussed with the SCN Chair and in the Steering Committee and agreement reached on the format which should be a set of recommendations rather than a declaration. In order to not pre-empt the discussions throughout the various meetings, the recommendations should be redrafted with inputs from all constituencies, as had been described on Tuesday, see para.17. He proposed to receive further comments to the draft that had been shared with all participants through the Working Groups and in the Constituencies within the two following weeks. The Secretariat would revise the recommendations, which would be finalized through the Steering Committee. Through this participatory approach it was hoped that the final statement would be one that all SCN participants would agree to and support.

Frequency of SCN Sessions

102. Much concern was raised about the frequency of SCN Sessions and whether they should be annual or not. Some argued that the costs of arranging the SCN Sessions were too high, not only for the SCN or the session host, but also for participants especially members of the civil society and participants from the South, as well as for all participants in terms of time spent to an increasing number of conferences and meetings especially for those at the executive level, many of whom had left before the end of the week. They argued that with the IUNS, the Micronutrient Forum and other global meetings to take place in 2008, the SCN may not need to have a Session and should look for alternative ways to interact.

103. Others argued that the SCN is very different in scope from the mentioned meetings and the Session could therefore not be substituted by a satellite meeting to any of those which are either too narrowly focused or too academic. The SCN Sessions were considered to be particularly important for field staff, for participants from the South, and for NGO/Civil Society, for whom the Session represent the only nutrition conference that they attend each year. Especially the Working Group sessions were thought to be invaluable in terms of getting an update on recent programmatic development in a wide range of thematic areas within a week's duration. Many participants in the NGO/Civil Society group pay their own attendance, which demonstrate the importance that they give to the SCN Sessions. Regarding participation from developing countries, it was pointed out that almost half of the participants in the Bilateral Partners group this year had been from countries in the South.

104. It was noted that it would be important to have a meeting next year, especially with the discussions on the review of the purpose of the SCN and with the planned launch of the 6th Report on the World Nutrition Situation.

105. The 35th SCN Session had seen a huge interest, and there were strong opinion that SCN is important and should be strengthened

Comments to the Lancet Nutrition Series

106. There was broad agreement that the Lancet Nutrition Series is incredibly important and a positive force to re-emphasize the importance of nutrition among decision-makers.

107. Several participants from all constituencies called for the SCN to make comments to the Lancet Series, with a view to develop evidence based practical programme training. The Bilateral Partners also proposed a follow-up series that would be broader than the biological and medical approach and focus on

socio-political, legal and cultural aspects in its analysis and emphasize more on community-based approaches. The form and purpose of such comments would have to be clarified.

108. As it was considered impossible to get the richness of the Working Groups' comments into a short letter or statement, it was agreed that Working Groups should send their comments to the SCN Secretariat by 1 May for publishing in the SCN News.

Working Group on Private Sector Engagement

109. A set of Terms of Reference has been agreed in the Steering Committee, and Chairs from the three constituencies were now being sought.

J. Closure of the Session

110. Dr Khan, on behalf of the host institution the National Institute for Nutrition of Viet Nam (NIN) and the local organizing committee and the Minister of Health of Viet Nam, thanked all SCN participants for making the 35th SCN Session successful through their hard and effective work throughout the week. He reaffirmed that Viet Nam and NIN was honoured and pleased to host the SCN meeting and grateful for the opportunity to strengthen focus on maternal and child undernutrition in Viet Nam. He acknowledged the main donors that had made it possible to arrange the Session, including UNICEF, GAIN, SC-US, IRD and ADB; the line ministries and institutions that had worked with NIN to realize the SCN meeting; as well as the many national and foreign volunteers who had worked with the Local Organizing Committee.

111. The SCN Secretary Roger Shrimpton thanked the Local Organizing Committee for their wonderful efforts, in particular Dr Khan, Dr Hop, Phuong Huynh and Bui Da of the NIN. He also thanked the organizers based in Geneva, including Claudine Prudhon, Margarita Blanco-Frisa, Karine Lagoutte and Kaia Engesveen of the SCN Secretariat.

112. The SCN Vice Chair Werner Schultink closed the Session, once again thanking National Institute for Nutrition for their smooth organization. The SCN was proud to be associated with the NIN and Viet Nam which is on track to reach the hunger target of MDG1 and which has developed a plan of action for stunting reduction. He also thanked the SCN Secretariat for their support. A special thanks was given to all the participants, many of whom had paid out of their own pockets to travel to Hanoi.

SCN 35TH SESSION
LIST OF PARTICIPANTS

Chair: Ann M. Veneman, Executive Director, UNICEF, *Secretary:* Roger Shrimpton

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