

# Reflections from the Front Lines

## Swimming Upstream with Optimism

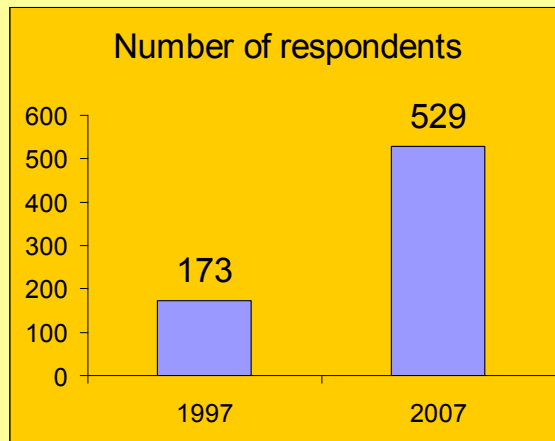
*A survey of the international nutrition community*

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## Respondents



<b>Years of professional work in nutrition</b>	15 years
<b>Years working in developing countries</b>	12.3 years

## Practitioner or Researcher

	<b>N</b>	<b>%</b>
Operational program or policy (OPP)	272	60.6
Research, teaching or training (RTT)	177	39.4

## Momentum Today within the International Nutrition Community

	<b>OPP (%)</b>	<b>RTT (%)</b>	<b>OVERALL (%)</b>
Greater	60.2	60.0	60.8
About the same	27.0	30.6	28.0
Less	12.8	9.4	11.2

*OPP = Operational Program or Policy; RTT= Research, Teaching or Training*

## How Seriously Nutrition Taken Currently by the International Development Community, Compared to 10 Years from Now

	<b>Now (%)</b>	<b>In 10 years (%)</b>
More seriously	55.2	66.2
About the same	32.1	27.3
Less seriously	12.7	6.5

## Recommend a Career in International Nutrition

	In 1997 (%)	Now (%)
Definitely	40.0	58.5
Probably	48.0	31.3
Unlikely	11.0	9.5
Definitely not	1.0	0.7

## Most Important Factors in Advancing Nutrition

	Past 10 years *
Better understanding of the consequences of malnutrition, including its economic significance	69.7
Increased understanding of the relationship of nutrition to communicable disease, including HIV/AIDS	38.7
Better designed and managed nutrition interventions	29.5
Increased understanding of the relationship of nutrition to non-communicable disease	27.5
Better understanding of the causality of malnutrition	27.4
Greater community involvement in design & implementation	26.4
Increased financial resources directed to nutrition	13.5

*\* Numbers represent combined percentages among top 3 priorities (from 11 choices) of the respondents*

## Most Important Factors in Advancing Nutrition

	Past 10 years *	Next 10 years *
Better understanding of the consequences of malnutrition, including its economic significance	69.7	33.3
Increased understanding of the relationship of nutrition to communicable disease, including HIV/AIDS	38.7	15.7
Better designed and managed nutrition interventions	29.5	58.5
Better understanding of the causality of malnutrition	27.4	17.4
Increased understanding of the relationship of nutrition to non- communicable disease	27.5	10.1
Greater community involvement in design & implementation	26.4	46.3
Increased financial resources directed to nutrition	13.5	54.6

*\* Numbers represent combined percentages among top 3 priorities (from 11 choices) of the respondents*

## Primary Disappointments

Top 3 (of 13) options	(%)
Infighting of nutrition community & absence of consensus on priorities	27.1
Inadequate commitment by governments	22.0
Reduced funding	11.9

## Why Malnutrition Rates Have Not Fallen Significantly

	OPP (%)	RTT (%)	OVERALL (%)
Poverty/household food insecurity	49.1	59.6	53.2
Inadequacies in feeding & caring practices	36.8	16.6	28.4
Inadequacies in provision of health services, hygiene & sanitation	14.1	23.8	18.4

*OPP = Operational Program or Policy; RTT= Research, Teaching or Training*

## Population Groups Needing Focus

	OPP (%)	RTT (%)	OVERALL (%)
Under 2's	76.9	52.8	67.4
Pregnant women	27.0	45.4	49.1
Under 5's	35.0	50.4	41.1
Adolescent girls	27.0	30.6	27.8
School age children	10.1	17.5	13.1
Elderly	0.4	3.5	1.5

*\* Numbers represent combined percentages among top 2 choices of the respondents*

*OPP = Operational Program or Policy; RTT= Research, Teaching or Training*

## Relative Attention Needed on Under-nutrition and Over-nutrition

	OPP (%)	RTT (%)	OVERALL (%)
100% attention to under-nutrition	8.4	3.9	6.8
75% attention to under-nutrition, 25% to over-nutrition	65.1	44.4	56.8
50% attention to under-nutrition, 50% to over-nutrition	24.4	46.4	32.9
25% attention to under-nutrition, 75% to over-nutrition	2.1	5.2	3.5

*OPP = Operational Program or Policy; RTT= Research, Teaching or Training*

## Should Nutrition Maintain Its Own Identity and Institutionalization?

	1997 (%)	Now (%)
Agree strongly	25.0	42.9
Agree	29.0	36.3
Disagree	25.0	18.3
Disagree strongly	20.0	2.4

**Nutrition/MCH focus a better means  
of addressing malnutrition than  
multisectoral approaches**

	(%)
Disagree	56.8
Neutral	10.8
Agree	32.4

**Growth Monitoring & Promotion  
Ineffective**

	(%)
Disagree	63.8
Neutral	13.6
Agree	22.6

## Opportunity Costs for Community Therapeutic Care

Will CTC detract from prevention?	(%)
Agree strongly	8.2
Agree	33.7
Neutral	22.4
Disagree	30.0
Disagree strongly	5.8

## External Research and National Priority Needs

Advancing own research agenda rather than primary needs of countries	(%)
Agree strongly	16.5
Agree	48.1
Neutral	25.6
Disagree	8.6
Disagree strongly	1.3

## Contributions to Nutrition by Ministries of Agriculture

Played a major role beyond food production	(%)
Agree	24.1
Neutral	28.3
Disagree	47.5

## Investing in Nutrition

Investment opportunities	(%) *
Maternal and child care	67.0
Nutrition education / Behavioral change communication	62.5
Micronutrients	43.2
Income generation	33.1
Hygiene and sanitation	31.5
Agriculture extension	16.5
HIV and nutrition	15.7
Conditional cash transfers	13.5
Feeding programs	8.7
Other	8.3

\* Numbers represent combined percentages among top 3 choices of the respondents

### Ranking of Organizations - September 1997

UNICEF	3.83
Micronutrient Initiative	3.40
International NGOs	3.24
IFPRI	3.23
PAMM	3.07
ACC/SCN	2.94
World Bank	2.92
Indigenous NGOs	2.92
Bilateral agencies	2.79
Academic institutions (industrialized country)	2.76
Academic institutions (developing country)	2.73
Private foundations	2.63
WHO	2.49
Private consulting organizations	2.37
FAO	2.28

5 = Extremely Well; 1 = Poorly

### Ranking of Organizations - November 2007

UNICEF	3.78
Micronutrient Initiative	3.72
International NGOs	3.62
IFPRI	3.47
World Food Program	3.45
Academic institutions (industrialized country)	3.37
Indigenous NGOs	3.35
ACC/SCN	3.34
WHO	3.23
Bilateral agencies	3.22
Private foundations	3.19
Academic institutions (developing country)	3.06
GAIN	3.05
World Bank	2.99
FAO	2.85
Private consulting organizations	2.67

(5 = Extremely Well; 1 = Poorly)

Ranking of Organizations	1997	Now	Change
UNICEF	3.83	3.78	-0.05
Micronutrient Initiative	3.40	3.72	+0.32
International NGOs	3.24	3.62	+0.38
IFPRI	3.23	3.47	+0.24
World Food Program	-	3.45	
Academic institutions (industrialized country)	2.76	3.37	+0.61
Indigenous NGOs	2.92	3.35	+0.43
ACC/SCN	2.94	3.34	+0.40
WHO	2.49	3.23	+0.74
Bilateral agencies	2.79	3.22	+0.43
Private foundations	2.63	3.19	+0.56
Academic institutions (developing country)	2.73	3.06	+0.33
GAIN	-	3.05	
World Bank	2.92	2.99	+0.07
FAO	2.28	2.85	+0.57
Private consulting organizations	2.37	2.67	+0.30
PAMM	3.07	-	

*5 = Extremely Well; 1 = Poorly*

**The international nutrition community is optimistic about its mission and its future, and is 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.**

**But it believes 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**
- **the generation of adequate resources to properly address malnutrition, and**
- **the improved management and implementation of programs, with particular attention to opportunities for community participation**

