

SCN News, Number 02

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ADMINISTRATIVE COMMITTEE ON COORDINATION – SUBCOMMITTEE ON NUTRITION

Number 2

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SCN NEWS

A periodic review of developments in international nutrition compiled from information available to the ACC/SCN

SCN News is issued twice yearly by the Secretariat of the UN ACC Sub-Committee on Nutrition. Contributions for future issues would be welcome which should be sent to the Secretary. A description of the ACC/SCN is given on the back cover.

Your help would be appreciated in launching the SCN News. We would appreciate your views on content of future issues, and items on sections you feel are particularly useful. We would welcome letters to the Editor for possible publication in future issues. This issue is being distributed with UNU Food & Nutrition Bulletin, and through other channels. If you do not receive UNU Food & Nutrition Bulletin, would like additional copies of SCN News, or would like to suggest other names to be added, please write to the Secretary, ACC/SCN.

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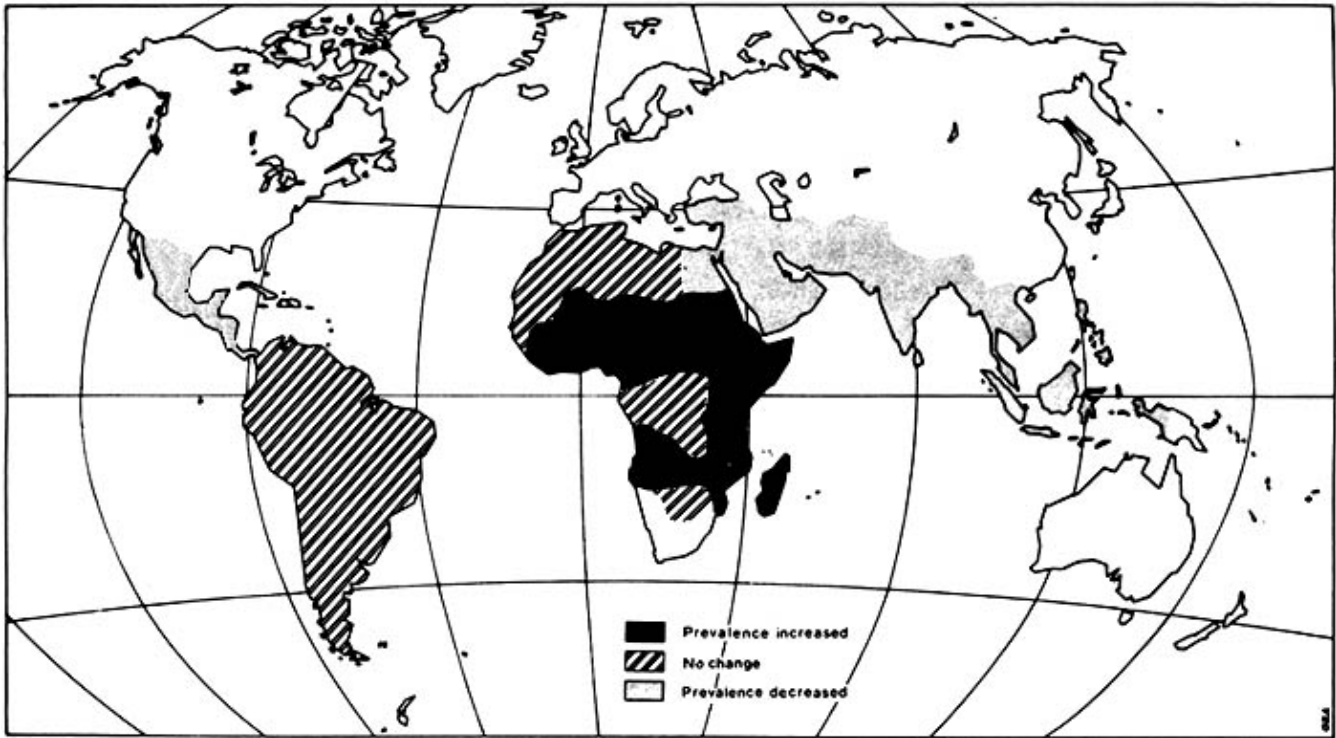
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First Report on the World Nutrition Situation

The first United Nations inter-agency report on the World Nutrition Situation was issued in December 1987, by the ACC/SCN. Trends in the numbers of underfed and malnourished people in developing countries are described, starting in the sixties and highlighting changes in the last five years, using indicators of population, food availability, child nutrition and mortality rates. Here are some of the main points.

In the 1970's there were improvements globally in nutrition. But since the early 80's, widespread economic recession and drought in Africa have reversed this trend. Contrasting trends in the different regions are shown in the map.

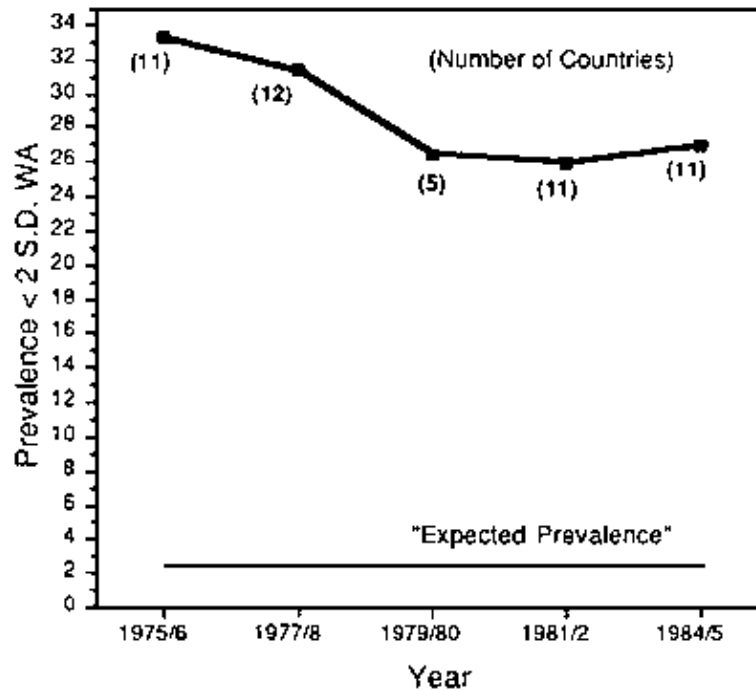


Changes in Prevalence of Underweight Children by Groups of Countries from 1980 to 1984.

Food production per head has been falling in Africa since the early 70's, and the nutrition situation worsened dramatically with economic stress and droughts in the 1980's. Numbers of people underfed, children with clinical malnutrition, and infants dying, are increasing at an accelerating rate. Recent data from clinics in five African countries confirm seasonal malnutrition as widespread – even in years of good rainfall – and pinpoint the deterioration with drought and economic stress. Around 20 million children are chronically malnourished, and nearly 4 million die annually – equivalent to the total child population of a large European country dying each year.

In Latin America, a similar if less pronounced change has occurred, with a reversal of previously improving trends in the 1980's. This must be related to economic recession and the debt crisis. Some 1 million children die each year. In Latin America, recent hardship is shown by the rapid rise in the numbers of hours of labour needed for a household head just to feed his family rising to as much as 170 hours per month in some countries in 1983/4, for example.

Asia shows a more optimistic picture. Nutrition levels have risen steadily from the 1970's onward. Malnutrition remains higher here than elsewhere, but the percentage of children malnourished is falling, even though numbers still increase with rapid population growth. In one of the more encouraging findings, it appears that total numbers of children dying in South Asia may have peaked around 1980: never again need so many under-fives die as the nearly 6 million in 1980.



Global Prevalence of Low Weight-for-Age (WA) in Preschool Children, 1975-1985. Adjusting for Country Group

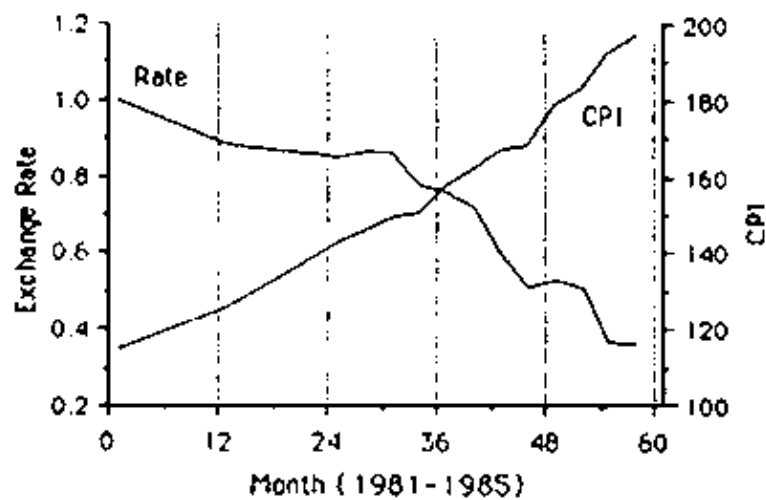
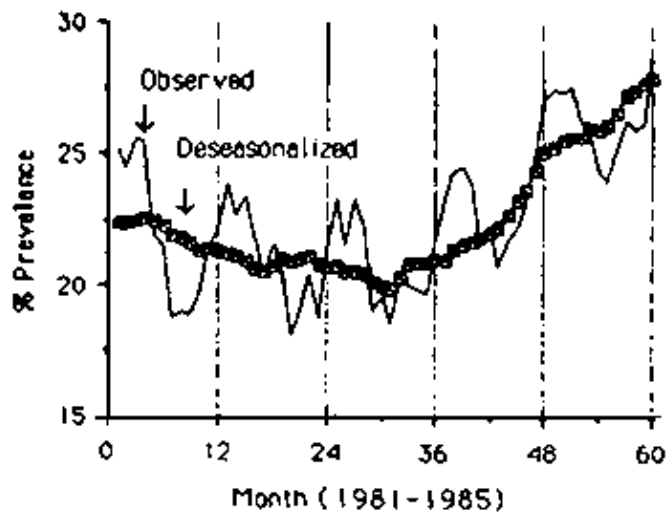
Deficiencies in vitamins and minerals are also shown to be very widespread, and availabilities are probably falling in Africa. Vitamin A deficiency is the largest single cause of the 40 million people estimated to be blind in the world. Even moderate vitamin A deficiency, it is now thought, contributes to child death and susceptibility to disease. Anaemia from iron deficiency affects nearly half the women of reproductive age in developing countries, and may have far-reaching effects on psychological function, and on cognitive development in children. Iodine deficiency – also very widespread, affecting at least 190 million people – causes mental retardation, in its most severe form leading to cretinism: there are at least 3 million cretins in the world. All these deficiencies are readily and cheaply preventable using existing technology, and UN-wide ten-year programmes to tackle vitamin A and iodine deficiencies have been launched.

The report highlights the fact that hunger and malnutrition remain probably the most widespread causes of human suffering in the world today. We now know more about the numbers affected, and the trends, from consistent information from several sources. Some of the results are optimistic – in Asia for example; but others provide a serious warning, especially for Africa, that the situation shows long-term deterioration, of which recurrent famines are only the most visible sign. Many more people are in severe and chronic need. [Source: First Report on the World Nutrition Situation, ACC/SCN November 1987]

Economic Adjustment and Nutrition

As a result of economic recession and the debt crisis, since the early 1980's a large number of countries have undertaken major shifts in economic policy. Often these 'adjustments' were precipitated by balance-of-payments crises, and used large loans from the IMF. They usually meant substantial reductions in public spending, and price alterations. The poor, especially in the poorest countries, were particularly vulnerable to loss of income and access to public services – to the extent that there were increasing fears that their nutrition levels were being seriously affected. Some scattered evidence showed that economic shifts coincided with nutritional deterioration – for example in Lesotho as shown here – and indeed the necessity for knowing more about recent nutritional trends gave impetus to setting up an inter-agency programme in food and nutritional surveillance.

A symposium on "Economic Recession, Adjustment Policies and Nutrition" was held at the SCN annual session in Tokyo in April 1986. This marked a start of new efforts to draw attention to the effects of adjustment policies on the nutrition of the poor, and to argue for their protection in times of economic stress. The SCN issued a statement that was put out by the ACC, as follows.



Lesotho: Malnutrition in clinics (top) and economic indicators.

What is "Structural Adjustment"?

Development efforts in many low income countries have been hampered since the early 1980's by economic recession and, more recently, by a sharp downturn in commodity prices and a decline in capital flows. The IMF and the World Bank have advised many developing countries to remedy their severe balance-of-payments problems by adopting economic structural adjustment programmes. These programmes consist of measures to restrain fiscal deficits and monetary expansion, reduce government spending and revenues, fix more realistic currency exchange rates and introduce incentives. According to the World Bank, adjustment programmes benefit the poor by eliminating policy-induced distortions which limit the mobility of resources, suppress agricultural prices and subsidize capital. However, while adjustment operations "clearly benefit the poor" over the long term, there may be transitional costs: small scale farmers may be affected by increases in prices, while landless agricultural labourers and urban workers may have to pay more for food. Children from poor households may also be compromised by reduced government funding for health and education. Most of these social costs are transitional, the World Bank says, incurred as aggregate demand is brought in line with aggregate supply and as some workers become temporarily unemployed.

"Arising from a symposium held at its twelfth session at the United Nations University in Tokyo (7-8 April 1986), the ACC Sub-Committee on Nutrition draws the following to the attention of the ACC:

- (a) The economic recession has had a detrimental impact on nutrition. Certain adjustment policies, particularly those aimed at redressing balance-of-payments problems, have often aggravated the situation as an undesirable side-effect. This outcome is not inevitable if appropriate measures are taken, as has been shown in several cases.
- (b) Reductions in public expenditure on health, education and other basic services, and some alterations in price structures, coupled with unemployment and falling incomes, have compounded the negative effects on nutrition. The poor have been the most affected. Stable

or even improving trends in malnutrition and child mortality rates are being reversed. This adverse situation affects a country's human capital and long-term economic development.

(c) The ACC Sub-Committee on Nutrition requests ACC to recommend that nutrition objectives for the poor form an explicit part of adjustment policies and programmes of Governments and member organizations, including special compensatory measures where appropriate, with a view to providing an adequate level of nutrition for vulnerable groups. Some countries and organizations of the United Nations system have recently given prominence to these approaches." [Source: Report of ACC/SCN 12th Session]

IMF Speech

Concern for the social effects of adjustment mounted during 1986 and 1987. In an important speech at the U.N. in Geneva in July 1986, M. de Larosiere, Managing Director of the IMF, emphasized the importance of safeguarding human needs in times of adjustment. His speech has been widely circulated, and is worth quoting at some length:

"Programmes of adjustment cannot be effective unless they command the support of governments and of public opinion. Yet this support will be progressively harder to maintain the longer adjustment continues without some pay-off in terms of growth and while human conditions are deteriorating. Likewise, it is hard to visualize how a viable external position can be achieved if large segments of the work force lack the vocational skills – or even worse, the basic nutritional and health standards – to produce goods that are competitive in world markets. Human capital is after all the most important factor of production in developing and industrial countries alike.

"But the fact that adjustment need not conflict with growth and protection of basic human needs does not mean either that the latter automatically result from the former. No. The extent to which adjustment is compatible with growth and with an improvement in living standards depends in large part on what form that adjustment takes. Adjustment that takes the form of increases in exports, savings, investments and economic efficiency will clearly be more supportive of growth than that which relies on cuts in investment and in imports. Similarly, adjustment that pays attention to the health, nutritional and educational requirements of the most vulnerable groups is going to protect the human condition better than adjustment that ignores them.

"This means, in turn, that the authorities will have to be concerned not only with if they close the fiscal deficit but also with how they do so. For example, safeguarding human needs may imply that employment in overstuffed and loss-making public enterprises or defense spending be reduced in preference to cutting an accelerated immunization and health care programme for children. Similarly, safeguarding human needs may imply that credit flows be managed so that small-scale producers are not crowded out by large enterprises and the public sector.

"The forms of adjustment that are most conducive to growth and to protection of human needs will not emerge by accident. They have to be encouraged by an appropriate set of incentives and policies. They will also require political courage."

M. de Larosiere,
Managing Director of the I.M.F.
ECOSOC, July 4, 1986

Adjustment With a Human Face

UNICEF has been pushing for greater attention to the 'people-oppressing' features of adjustment policy for some years. Recently, the first volume of a major study was published, edited by senior UNICEF staff. The book, subtitled 'Protecting the Vulnerable and Promoting Growth' (see review in the Publications section), gives considerable detail of policy options, overall and in different sectors. UNICEF's alternative strategy combines the basic elements of adjustment with equal concern for promoting growth and protecting the vulnerable. The six main policy components of "adjustment with a human face" are more expansionary economic policies, aimed at sustaining levels of output and requiring larger amounts of medium-term external finance; policies that influence the allocation of income and resources ("meso" policies) within a given macro

policy package – to reinforce the expansionary approach and secure priority use of resources to fulfill the needs of the vulnerable; restructuring within the productive sector to strengthen employment and income-generating activities, focussing especially on small farmers and informal producers; policies to improve the equity and efficiency of the social sector by improving the targeting of interventions and their cost effectiveness: compensatory programmes to protect basic health and nutrition of low-income people before resumed economic growth enables them to meet their own needs; and monitoring of the human situation, especially living standards, health and nutrition.

Meanwhile, the World Bank, which has provided structural adjustment loans to developing countries since the early 1980's, has been developing new approaches for protecting the poor during the adjustment phase. The Bank saw a need to address the social costs of adjustment as part of its adjustment loans and other operations, particularly by improving the effectiveness and poverty orientation of social spending in health and education. In fiscal 1986, about one third of World Bank loans went to programmes for agriculture, health, primary education, urban development and nutrition. In African countries implementing adjustment measures, 45 percent of lending was directed to such programmes, compared to an average of 28 percent for the whole region. Another World Bank priority is to develop effective and targeted compensatory programmes for nutrition and employment in coordination with other agencies and NGO's. Following a joint consultation on "food aid for structural adjustment" in December 1986. Bank and WFP staff began identifying countries undergoing adjustment where increased collaboration might prove particularly fruitful. The Bank is also co-operating with other agencies such as ILO in employment schemes for displaced workers and with NGO's on poverty relief programmes. The case for special attention to nutritional objectives in adjustment loans has been articulated within the World Bank – and we reproduce an extract from a position paper on this topic below.

Ministerial Session

In May 1987, ILO, UNICEF and WFC met in Rome for a consultation on the impact of economic recession on nutritional levels. In a report to WFC's 13th Ministerial Session in Beijing in June, 1987, the consultation reported "a growing convergence of views" on adjustment. "There is broadly based agreement that low income countries will be able to successfully undertake adjustments only if the trends of declining or negative capital flows are reversed." They called for special attention to the needs of the poor and hungry, especially during the adjustment process. The Ministerial Session, attended by representatives from 34 countries, found that the issues surrounding structural adjustment were "complex". However, protection of food and nutrition needs should be a key element in the objectives of adjustment.

Suggested Profile for Nutrition Sectoral Adjustment Loans

[Extracts from Briefing Note from World Bank (February, 1987)]

"Why are sectoral adjustment loans needed in the area of nutrition?"

–Through effects on household income and purchasing power, economic adjustment can have a nutritionally negative impact on those poor people already living on the margin. Loans specifically addressed to nutrition can offer a way to carry out tightly targeted, compensatory programmes to cushion the shock on the poor.

–In many countries current expenditures that impinge on nutrition, particularly consumer food price subsidies, are both sizeable and inefficient. Adjustment loans in the area of nutrition can offer a reform instrument to decrease costs of such expenditures while increasing their nutrition impact.

–Reforms and investments in such other areas as education, worker productivity, health and family planning will be limited in their success if a basic threshold of nutrition is not ensured. These adjustment loans can offer a way to buttress objectives of other Bank lending operations.

"Such loans should be set up to increase the cost-effectiveness of government expenditures related to nutrition. A common area of reform would be consumer food price subsidies. Other examples are feeding programs for workers in industry and for school children of all ages. Assistance in taking advantage of opportunities for food aid should be provided. As it becomes increasingly clear that food aid is not merely a temporary phenomenon in some countries, the need arises to take better advantage of (and use more effectively) this important additive but non-fungible resource. Many countries are limited by absorptive capacity.

“Developing national institutional abilities to address nutrition concerns is also of crucial importance. Many nations lack the capability to deliver nutrition services effectively. Numerous programmes, run by both government and non-governmental organizations, often overlap or, worse, sometimes run counter to each other. Also needed is the capability for monitoring the nutrition status of vulnerable groups. This would aid both in institution building for nutrition and in Bank evaluation of adjustment operations and their social impact...

“In order to develop adjustment loans, an understanding of current programmes in the country, at both the governmental and non-governmental levels, and the institutional framework for these programmes is necessary. An understanding of how a particular adjustment package might affect food consumption and nutrition: an appropriate analytical framework, information on nutrition status, food consumption or household expenditure of at-risk families, and data on price and income elasticities. Estimations of the effects of the intended adjustment on nutrition and also as a means to measure it as adjustment unfolds.

“The loans would need to include targeted compensatory measures to offset negative effects. Strategies should be developed to build institutional capacity in nutrition and food planning and delivery and how to take better advantage of food aid.”

News in Brief

Tomorrow's Catastrophe. “Debt and drought, dissidents and disease are devastating sub-Saharan Africa. Thirty years after the high expectation that greeted Ghana's independence, marking the assertion of a nationalism that swept through Africa, the continent is impoverished. It owes foreign creditors some \$200 billion, and the repayment levels are crippling. The consequences of poor rains and harvest failures are exacerbated by civil conflicts in Ethiopia, Sudan, Chad, Mozambique, Angola. At least one million Africans are expected to die of AIDS within the next decade. There is no single answer to the growing crisis, but unless there is a sustained and coordinated effort by the West to provide greater help to African governments now trying to help themselves according to prescriptions laid down by the World Bank and the IMF, today's crisis will become tomorrow's catastrophe.” [Source: The Financial Times, London, December, 1987]

Independent Commission on Health Research for Development. The Independent Commission on Health Research for Development, a newly-established independent international group, met for the first time in Frankfurt, West Germany, November 4–6, 1987, and holds its second meeting in Harare, Zimbabwe, January 26–29, 1988.

The objective of the Commission is to improve health in the developing world by enlarging research activities and speeding up the application of research results. Supported by a budget of \$1.5 million, contributed by a dozen national and international funding agencies, the Commission is expected to accomplish four specific purposes over its two-year life:

- to produce an independent, expert analysis of the strengths, weaknesses and gaps in current research on health problems in developing countries;
- to promote action to strengthen existing activities and fill key gaps identified by the Commission;
- to strengthen professional and institutional capacities for health research in developing countries; and
- to consider working methods and possible sponsorship for a continuing assessment of research on health problems in the developing world.

Further information can be obtained from the Commission Secretariat, International Health, Harvard School of Public Health, 665 Huntington Avenue, Boston, Massachusetts. [Source: Public Announcement, November 1987]

Rank Prizes in Nutrition. Three Rank Prizes in Nutrition are to be awarded on the 14th March, 1988, in London. The prizes for nutrition are:

H.F. DeLuca, D.R. Fraser, D.E.M. Lawson – for their work on the metabolism of vitamin D.

J. Cravioto – for his pioneering work on the mental development of malnourished children.

P.R. Jennings, T.T. Chang, L. Yuan – for their contribution to the development of highly productive rice varieties which transformed the food position in Asia.

Consultancy Group on Dietary Energy Meets. Thirty scientists from 15 countries met in Guatemala City in August 1987 for the first meeting of the International Dietary Energy Consultancy Group (IDECG). Focus of the meeting was on chronic energy deficiency and its effects on behavioural development, stature, work capacity and productivity. Papers were also presented on the socio-economic consequences of and responses to food deprivation, seasonality in energy metabolism, the effects of energy supplementation, research on metabolic adaptation to low energy intake, and maternal energy requirements. This information was supplemented by reports on studies carried out in Colombia, Egypt, Ethiopia, Gambia, Guatemala, India, Indonesia, Mexico and the Philippines. Participants later prepared reports on available knowledge, policy implications and research topics. State of the art papers and working group reports will be published. The IDECG was founded at a meeting convened by UNU and the International Union of Nutritional Scientists in Geneva in September 1986. The Nestle Foundation was appointed to serve as the group's secretariat. Additional information on IDECG can be obtained from B. Schurch, Secretary General of IDECG, c/o The Nestle Foundation, P.O. Box 581, 1001 Lausanne, Switzerland.

Conference on Nutrition in Times of Disaster. A conference on Nutrition in Times of Disaster is planned for mid-1988 under the co-sponsorship of the SCN and the International Nutrition Planners Forum (INPF). The objective of the Conference is to achieve consensus on the most desirable actions to pursue in dealing with the nutritional aspects of disaster management. The conference will focus on man-made disasters, such as wars and forced relocations, and "slow on-set" disasters caused by factors such as drought and crop failure. Experts from several institutions concerned with disaster preparedness are contributing conference papers on these issues: indicators for assessment and monitoring; requirements for food rations and programme planning; preparation for early response; acute natural disasters. The conference is expected to produce a clear set of recommendations which could be incorporated into the guidelines or handbooks of UN agencies and NGO's.

Nutritional Surveillance in Latin America. PAHO sponsored an International Course on Food and Nutrition Surveillance (CIVAN) in Santiago from October 19 to December 15, 1987. The course, which brought together nutrition professionals from throughout Latin America and the Caribbean, aimed to broaden participants' knowledge of nutritional surveillance, especially in the use of information for planning, monitoring and evaluation. The course director was Dr. Sergio Valiente at the University of Chile, Santiago. Meanwhile, UNU organized with a Venezuelan NGO, CAVENDAS, an expert meeting in Caracas from November 23-25 to discuss desirable consumption levels for micro- and macronutrients and to define criteria needed to translate current knowledge into public information. PAHO also reports that "Agricultural food planning on the basis of nutritional needs" was the central theme of the Eighth Brazilian Symposium on Food and Nutrition held in June 1987.

Growth of Hunger and Malnutrition "accelerated in the 1980s". A WFC report states that economic difficulties in debt-ridden developing countries have exacerbated problems of hunger and poverty during the 1980's. The report, presented at the Council's 13th Ministerial Session in Beijing in June 1987, said updated FAO data showed that the total number of hungry people in the world grew by 40 million between 1980 and 1985, compared to an increase of 15 million in the previous decade. By the mid-1980's, the number of hungry exceeded 500 million, (using a definition of hunger equivalent to 1.4 times basal metabolic rate).

The report stated that in the first half of the 1980's, the growth of hunger had accelerated in all regions except the Far East. Africa's hungry population had increased most rapidly, while the Near East's declining hunger trend had been reversed. While the prevalence of hunger had fallen in all developing regions except Africa, actual numbers of hungry had increased along with population growth. "Worsening economic conditions have significantly reduced the developing countries' capacity both to invest in national food production and to import basic foods," WFC said. "Available data suggest dramatic increases in the number of unemployed over the past decade-and-a-half. In many regions growing unemployment has gone hand in hand with falling real wages, further reducing the survival and livelihood prospects for millions of people." [Source: The Global State of Hunger and Malnutrition and the Impact of Economic Adjustment on Food and Hunger Problems, World Food Council, June 1987. Document Number: WFC/1987/2, 8 April 1987]

Salt with Iron. India's National Institute of Nutrition, Hyderabad, had developed a successful process for the fortification of edible salt with iron, the Institute's publication Nutrition News reported in January 1987. "The absorption of iron added to salt when consumed along with a cereal based meal was found to be satisfactory",

the article said. When consumed over a period of 12 to 18 months, iron–fortified salt had been shown to reduce significantly the prevalence of anaemia in children.

Food Incentive. Attendance at mobile clinics in northern Nicaragua was higher in villages where food incentives had been offered than in control villages, an article in *The Lancet* of June 7, 1986 stated. When food had been offered later in control villages, attendance rose by 60 percent, to full attendance. The authors suggested non–emergency food aid could be offered as incentives to increase the use of basic health services in developing countries.

Programme News

Global Strategy to Prevent and Control Iodine Deficiency Disorders

Iodine deficiency is generally associated with its most visible manifestation, goitre, an enlargement of the thyroid once regarded as a problem with few implications for general health. Recent field investigations have revealed, however, a broad spectrum of “iodine deficiency disorders” (or IDD) – mental and physiological effects which include stillbirths, congenital abnormalities and increased infant deaths. Concerned over estimates that some 800 million people in developing countries are at risk from these disorders, the ACC decided in October 1985 to accept the SCN proposal that priority attention should be given to prevention and control measures. In response, UN agencies, governments and NGO’s have been asked to join and support a new ten–year programme aimed at eliminating cretinism and reducing goitre rates in vulnerable populations to below 10 percent before the turn of the century.

The programme, drawn up by WHO at SCN’s request, was endorsed by the Sub–Committee at its annual session in March 1987. In presenting the programme’s global strategy, WHO said iodine deficiency disorders were found mainly in areas where people consumed foods grown locally in soil depleted of its natural iodine content. IDD are most common in mountainous areas: the entire Andean chain is a major endemic region. More than 80 percent of the estimated 190 million people affected by goitre and cretinism are believed to live in Asia, with at least 40 million in Southeast Asia suffering mental and physical impairment. The disorder is also pronounced in at least 13 African countries. WHO said the spectrum of disorders ranged from abortion, stillbirth, increased infant and perinatal mortality, neurological cretinism to goitre and impaired mental functioning in adolescents and adults. However, undisputed evidence showed that IDD could be successfully and inexpensively prevented and controlled. Because the greatest risk from iodine deficiency was during brain development, the highest priority targets for preventive action were women of reproductive age, infants and school–age children.

Prevention and Control

Iodine supplementation has been shown to prevent goitre. The main approaches are the use of iodized salt and oil, fortification of foods, water and condiments, and distribution of iodine tablets. A single oral dose of iodized oil, for example, can correct severe iodine deficiency for three to five years, while an injection costing between \$0.25 and \$0.45 is believed to provide even longer protection. Salt iodization is less costly and carries less danger of toxicity than mass dose programmes, but also depends on efficient local level administration and, often, strong public education campaigns. In India, prevalence of goitre among those consuming fortified salt declined from 38 percent to 15 percent within five years, and fell to 3 percent after a decade. Researchers in Bolivia found that an iodized oil programme markedly reduced goitre after only two years and improved intellectual performance. In Central Java, Indonesia, large–scale injection campaigns are credited with having eliminated cretinism in new–born children.

The proposed ten–year programme will attempt to apply already extensive knowledge of IDD prevention through national prevention and control programmes supported technically and financially by the UN system and government and non–governmental bilateral agencies. While it will emphasize public health aspects of prevention, including the integration of national efforts into existing health system infrastructures, the programme will seek the active participation of such people as salt producers and traders, food processors and water distribution authorities. The programme’s two main categories of activity are, first, situation assessment, motivation of authorities, development of action plans, training of personnel, public education, and development of educational materials; and, second, the provision of supplies (e.g. iodinated oil and potassium iodate), equipment and funding. WHO estimates the first group of activities to cost about \$ 11

million a year during the first four years of the programme; the cost of salt iodization programmes and, on a smaller scale, iodine injections covering 800 million people is tentatively put at \$42 million a year.



Iodine-deficiency: the woman on the left is adult.

Programme Implementation

The SCN has formed an IDD Working Group with the task of monitoring the prevalence and severity of the deficiency, helping to mobilize international funding, and facilitating the launch of control programmes and monitoring their progress. The Working Group, which will report annually to the SCN, is linked to the International Council for the Control of Iodine Deficiency Disorders (ICCIDD), set up at a meeting in Kathmandu in March 1986. The council is composed of international experts, with representation from UNICEF, WHO and the World Bank, and is funded by UNICEF and Australia. In March 1987, the ICCIDD, UNICEF and WHO sponsored in Yaounde a Regional Seminar on Control of IDD in Africa attended by representatives from several African countries. After examining evidence that less was known about the extent of IDD in Africa than in any other major region, participants decided to set up a Task Force on IDD to be divided into three sub-regional groups.

Scurvy in Refugee Camps

UNHCR says new means are needed to combat outbreaks of scurvy among tens of thousands of refugees in camps in the Horn of Africa. Scurvy has been reported in certain refugee camps in Somalia and Sudan for the past four years, with statistics collected by the UNHCR-supported Refugee Health Unit showing prevalences as high as 44 percent of the sampled camp population.

“The cause is obvious: a lack of vitamin C in the diet,” UNHCR reports. “Refugees have been dependent on a food donation ration (primarily cereals), and fresh vegetables are not accessible in remote areas where camps are often located. In addition, many refugees were previously nomadic and their vitamin C needs were met by camel’s milk. Now they have few animals and little grazing land near camps.” A rapid transition from animal-based sources of the vitamin to vegetables is called for but does not occur easily.

Vitamin C, Kitchen Gardens

As an immediate intervention, UNHCR organized the mass distribution of vitamin C tablets. It has also purchased small amounts of fruit for the refugees, although procurement and timely delivery have not always

been easy. "The possibility for donors to fortify either wheat flour or dried skim milk with ascorbic acid is under investigation," UNHCR says. "A fortified cereal blend has already been tested, but the survival rate of vitamin C after cooking appears to be approximately 10 percent of the original content."

Kitchen gardens are being encouraged. However, while 30 grams of sprouted pulses per refugee daily would provide sufficient amounts of vitamin C to prevent scurvy, this change in dietary habit would take time, UNHCR believes. Meanwhile, the refugees continue to face a serious and widespread nutritional problem demanding immediate intervention.

Priorities in Nutrition Research

The SCN is working to build a consensus among UN agencies and bilateral donors on priority areas for future nutrition research. As a first step, the Sub-Committee is circulating to member agencies for comment a report containing a proposed framework for identifying research priorities along with suggested research topics in major areas of concern. Once the report has been finalized, the SCN hopes to foster research on priority topics by bringing together scientists, funders and potential users of research findings.

The report, drafted by an ad hoc working group which met in Washington DC in December 1986, focussed on research priorities relevant to the improvement of national policies and programmes affecting nutrition status in developing countries. The framework proposed by the working group accommodates, therefore, not only conventional biological research on the efficacy of nutrition measures but also operational research on the effectiveness of different solutions and the efficiency of implementation. The working group then applied the draft framework to the most pressing problems – micronutrient deficiencies and proteinenergy malnutrition (PEM) – to produce a series of suggested priority research topics.

New Strategies

Following a review of the report by the Advisory Group on Nutrition, the SCN decided at its annual session in Washington DC in February 1987 that a second phase should consider needs for research into emerging problems that might be foreseen in the next few decades. These include nutritional imbalance leading to obesity, strokes, arteriosclerosis and certain cancers. The SCN will commission background papers to help identify new strategies of intervention and pinpoint those suitable for further research.

This work on establishing research priorities was encouraged by representatives of the U.K. Government (ODA) during a meeting with SCN representatives in London in May 1987. ODA has expressed interest in facilitating one or more meetings, involving policymakers, research institute directors and funders, to discuss the report.

Unesco Nutrition Projects in Three Regions

UNESCO has launched or is preparing for implementation—education and social communications projects designed to improve nutrition among poor communities in the Caribbean, East Africa and Southeast Asia.

CIDA/Canada and France are financing a UNESCO social communications nutrition project in five francophone West African countries. The projects – in Burkina Faso, Cote d'Ivoire, Niger, Senegal and Togo – will use communications media to promote nutrition education addressing the priority nutrition problems of women and young children. A similar project is being launched with PAHO for anglophone Caribbean countries.

A four-day policy level round table was held in Barbados in November 1987 to discuss priorities. Meanwhile, UNESCO's International Programme for the Development of Communications has launched in the ASEAN countries a nutrition education project aimed at mobilizing community-based women's organizations for nutrition improvement activities. A training workshop was held for selected women's leaders in Manila in September 1987 to impart knowledge and skills needed to design and implement small-scale information, education and communication (IEC) nutrition projects in rural areas. As a follow-up to this training, five rural IEC projects will be carried out in the ASEAN countries.

Home Economics

Another UNESCO project, for human resources development including nutrition, in Eastern Africa is receiving funding from the Federal Republic of Germany. The project, based at Kenyatta University, Nairobi, aims to promote and strengthen the university's Home Economics Department and to expand, improve and regionalize training for community-level workers in Ethiopia, Somalia, Tanzania and Uganda. Finally, Norway has agreed to fund a major UNESCO nutrition education project which will help the government of Guyana develop a domestic market for locally-grown foods and encouraging their consumption by low-income women and children. The new project will undertake market research studies to identify suitable strategies for local food production, distribution and promotion.

FAO Nutrition Country Profiles

The Food Policy and Nutrition Division of FAO receives frequent requests for information on the food and nutrition situation of different countries. In 1985 the decision was made to undertake the preparation and routine updating of nutrition country profiles for all developing countries. The profiles will be updated regularly to ensure the availability of recent information.

The profiles provide a valuable tool for national, sectoral and project level planning and for identifying nutritionally disadvantaged areas within countries. Where possible, the profiles highlight major development issues and problems such as demographic changes, access to services, literacy levels, land productivity and agro-ecological zones.

In 1986, approaches were made to national and subregional institutes, covering a total of 88 countries. So far, 49 responses have been received. In addition, all institutions who have responded have agreed to continue to supply new information as it becomes available. For further information, please contact Ms. Suraiya Ismail, ESN, Room C246, FAO, Rome, Italy.

Publications

Nutrition solutions "need not await economic development"

Malnutrition: what can be done? Lessons from World Bank experience, by Alan Berg (John Hopkins University Press, 1987) 120 pp.

Action to eradicate the underlying causes of poverty are important in dealing with the problem of malnutrition. However, as Alan Berg argues in **Malnutrition: What can be done?**, although nutrition problems are closely linked to a country's level of economic development "nutrition improvements need not await that development". World Bank experience suggests that efficacious and affordable measures for dealing with nutritional deficiencies are at hand. Evidence is provided by analysis of four major Bank-supported projects in Brazil, Colombia, India and Indonesia and 57 nutrition actions in other projects. For example, the Tamil Nadu Integrated Nutrition Project in India used a combination of "sensitive but practical" growth monitoring, highly selective supplementary feeding of nutritionally at-risk mothers and children, a comprehensive communications programme and rigorous management, to reduce malnutrition by an estimated 50 percent in 9,000 villages between 1980 and 1987. The author estimates that the project delivered about twice the benefit for half the cost of comparable programmes in Tamil Nadu. "This finding... suggests," Berg writes, "that a well-managed and targeted programme is able to reduce serious and severe malnutrition more than a less-focussed programme, and at a significantly lower cost".

Malnutrition: what can be done? cites similar World Bank experiences to challenge widely held assumptions about nutrition interventions. Large food programmes, the study found, can be targeted in ways that push costs to much lower levels than earlier programmes. There is also evidence from a large-scale Indonesian project that nutrition education alone can do much to improve nutritional status – women's lack of schooling need not be an insurmountable obstacle. Other World Bank research has shown that vitamin and mineral deficiencies may be caused by a rapid shift from traditional, locally produced grains to polished rice and refined wheat, and that the price low-income families pay for food can be substantially reduced by increasing the efficiency of the food marketing system.

Prevention of Vitamin A Deficiency

Delivery of Oral Doses of Vitamin A to Prevent Vitamin A Deficiency and Nutritional Blindness – A State of the Art Review. Keith P. West Jr. and Alfred Sommer, with Discussion by G. Arroyave, E.M. DeMaeyer, R.P. Devadas, S.J. Eastman, K. Vijayaraghavan and V. Reddy; and an Introduction by J.B. Mason with S.J. Eastman and M. Lotfi. (ACC/SCN, Rome.)

This review, the second in the ACC/SCN's State-of-the-Art Series, is available free of charge from the SCN Secretariat. It reviews the case for vitamin A prevention programmes, focussing on distribution of vitamin A capsules as usually the first intervention for rapid effect. Fortification and dietary modification are introduced in the discussions.

UNITED NATIONS

ADMINISTRATIVE COMMITTEE ON COORDINATION – SUB-COMMITTEE ON NUTRITION (ACC/SCN)

The ACC/SCN is the focal point for harmonizing the policies and activities in nutrition of the United Nations system. The Administrative Committee on Coordination (ACC), which is comprised of the heads of the UN agencies, recommended the establishment of the Sub-Committee on Nutrition in 1977, following the World Food Conference (with particular reference to Resolution V on food and nutrition). This was approved by the Economic and Social Council of the UN (ECOSOC). The role of the SCN is to serve as a coordinating mechanism, for exchange of information and technical guidance, and to act dynamically to help the UN respond to nutritional problems.

The UN members of the SCN are: FAO, IAEA, IBRD, IFAD, ILO, UN, UNDP, UNEP, UNESCO, UNFPA, UNHCR, UNICEF, UNRISD, UNU, WFC, WFP and WHO. From the outset, representatives of bilateral donor agencies have participated actively in SCN activities. The SCN is assisted by the Advisory Group on Nutrition (AGN), with six to eight experienced individuals drawn from relevant disciplines and with wide geographical representation. The Secretariat is hosted by FAO in Rome.

The SCN undertakes a range of activities to meet its mandate. Annual meetings have representation from the concerned UN agencies, from some 10 to 20 donor agencies, the AGN, as well as invitees on specific topics; these meetings begin with symposia on topics of current importance for policy. The SCN brings certain such matters to the attention of the ACC. The SCN sponsors working groups on inter-sectoral and sector-specific topics. Ten-year programmes to address two major deficiencies, vitamin A and iodine, have been launched.

The SCN compiles and disseminates information on nutrition, reflecting the shared views of the agencies concerned. A regular Report on the World Nutrition Situation is being issued. State-of-the-Art papers are produced to summarize current knowledge on selected topics. Research priorities for solving nutrition problems are proposed in consultation with agencies and researchers in the field. As decided by the Sub-Committee, initiatives are taken to promote coordinated activities – inter-agency programmes, meetings, publications – aimed at reducing malnutrition, primarily in developing countries.

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