



SCN NEWS

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United Nations
System

Standing
Committee on
Nutrition

Working Together

In this issue:

34th SCN Session Symposium
Papers
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Brazil, Bolivia and Senegal
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Lancet series
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To end child hunger and undernutrition



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Secretary's Round-up

They say that change is a good thing, and I hope you can see that this SCN News brings many changes. Thanks to a new SCN visual, developed by the SCN Task Force on Communication Advocacy and Partnership Building for the 34th Session, the look of the SCN News has changed. The online version of SCN News is also now much more interactive and suitable for online reading. Kaia Engesveen, the new SCN News Editor, has introduced many of these changes and we hope that you like them.

This issue of the SCN News features the papers presented at the 34th Annual Session, held in Rome, in late February hosted jointly by FAO, IFAD and WFP. The theme of the Session was "Working Together to achieve freedom from Child Hunger and Undernutrition". About 400 participants from the three constituent groups of the SCN - bilateral partners, UN agencies and civil society organizations - participated during a very busy Session, and reached agreement on a series of recommendations: One, while welcoming the goals of Ending Child Hunger and Undernutrition Initiative (ECHUI) proposed by UNICEF and WFP, recommended that it be a broad based partnership with close links to the SCN. Two, to establish a working group on initiating engagement with the private sector. Three, reinforced the importance of the three task forces on advocacy and communications, integrated approaches, and monitoring and evaluation and mandated them to proceed with accelerated work plans. The [full report from the 34th Session](#) is available on the SCN website.

The "Working Together" theme of the 34th Session is of continued relevance as the UN System as a whole looks at how to increase the cohesiveness of its operations. The Outcome Document adopted by global leaders at the 2005 World Summit in New York called for much stronger system-wide coherence across the various development-related agencies, funds and programmes of the United Nations. In response to this call, the Secretary-General announced the formation of a High-Level Panel to explore how the United Nations system could work more coherently and effectively across the world in the areas of development, humanitarian assistance, and the environment. The High-level Panel on System Wide Coherence produced a report entitled [Delivering as One](#) which includes a series of recommendations aimed at overcoming the problem of fragmentation of the UN. Many of these recommendations are of relevance to the work of the SCN, and especially on its attempts to build increased inter-agency coherence at the country level as proposed in the [SCN Action Plan](#).

The 35th SCN Annual Session will be held in Hanoi in the first week of March 2008. As a pioneer of the new One UN Country Plan, Vietnam provides a very appropriate location for the SCN Annual Session, the focus of which will be on how to accelerate the reduction of maternal and child undernutrition. The delivery of a continuum of care from conception through to two years of age will form a large part of our discussions, and working together to achieve this is no small part of the challenge that faces us. And as Anna Taylor points out in the Spotlight interview, this is not an easy task. Findings of the recent study commissioned by Save the Children UK, show how the UK and European Union give little priority through their development assistance to nutrition and/or coordination of efforts related to reducing chronic malnutrition

There have also been some changes of personnel among our various constituencies. We welcome Josette Sheeran who has taken over as WFP Executive Director, replacing Jim Morris. Ms Sheeran was previously Under Secretary of State for Economic, Energy and Agricultural Affairs at the U.S. State Department and a member of the UN High-Level Panel on System-Wide Coherence. We also welcome Werner Schultink who has been made Chief of Nutrition at UNICEF. Dr Schultink was previously Chief of Child Development and Nutrition in the UNICEF India Country Office. We also note with regret the passing away of two stalwarts of nutrition: [Patrice Jeliffe was a founder member of WABA and a pioneer in the field of breastfeeding](#); [François Delange was a pioneer at the International Council for the Control of Iodine Deficiency Disorders](#), which had its roots in the SCN working groups. Our condolences go to their friends and families.

Roger Shrimpton

Spotlight

Anna Taylor, Head of UK Save the Children's Hunger Reduction Team



Anna Taylor is Head of the Hunger Reduction Team of Save the Children UK. After finishing her degree in nutrition in 1994 she worked in Bangladesh, Uganda, Tanzania, DPRK and has worked for Save the Children, UNICEF, Children's Aid Direct and the UK Government. She has primarily worked on emergency nutrition and infant and young child nutrition and has

had a focus on policy and research work. She has been with Save the Children UK since 2000 working for 5 years as the HQ nutrition adviser and now leading a team of 9 food security and nutrition experts. The Hunger Reduction Team at Save the Children UK supports Save the Children UK's work in all contexts – ranging from acute humanitarian through to long term development. Reducing undernutrition is one of four organizational priorities and the Hunger reduction team has a core focus on tackling the economic and social causes of undernutrition. The development of cash-based social protection systems is a cornerstone of their strategy to reduce undernutrition.



In 2000, world leaders promised to halve the number of chronically malnourished children by 2015. However, since making that pledge, rates have decreased by only 2% and the number of malnourished children is predicted to rise in 32 countries, including Yemen, Ethiopia and Sudan. If current trends continue, 3.7 million more children in Africa will suffer from malnutrition in 2015 than today.

[Everybody's business, nobody's responsibility](#) from April 2007 summarizes the findings of a study by the Institute of Development Studies (IDS), entitled [Greater DFID and EC Leadership on Chronic Malnutrition: Opportunities and Constraints](#) and commissioned by Save the Children UK. It analyses the strategies

and financial investments made by DFID and EC to tackling chronic malnutrition. It finds that even though DFID and EC are among the biggest investors in indirect nutrition actions, these investments amount to less than 1p per day for every malnourished child, for DFID and 1.7pence, for the EC. Furthermore, the lack of strategies and champions in place in either agency to tackle undernutrition casts doubt on the effectiveness of these investments. The report recommends steps which could be taken by each agency to dramatically increase their contribution to the achievement of MDG1.



The current issue of the SCN News focuses on Working Together. What is your perspective on the SCN and the international nutrition scenario in this context?

As I see it we have two reasons why working together should be easy for the international nutrition community. First, we are a relatively small group (compared to say health or education), and second we have a coordinating structure, namely the SCN to facilitate our working together. But these potential advantages also shed light on why we are not very good at working together. With respect to the first, I think the nutrition community has sought to draw arbitrary boundaries between itself and others working in areas which are crucial for our goal of bringing down rates of undernutrition. People working in health, poverty reduction or food security are not regarded as a crucial part of the nutrition community and as a result nutrition has become very narrowly defined and reduced to actions which are trying to address micronutrient deficiencies or tackle infant and young child feeding practices. If we are serious about bringing down rates of chronic malnutrition, the nutrition community must be much broader and galvanize much greater support across sectors. With respect to the second, the SCN has been poorly resourced and has therefore struggled to make a reality of its mandate to get all its constituencies working well together. Coordination is costly and has to be prioritized by all constituencies if it is to work – this is well illustrated in humanitarian emergencies where coordination has fortunately been given greater prominence in recent years, for example through initiatives such as the Infant Feeding in Emergencies Core Group described later in this issue. Currently there is far too much competing for space between UN agencies who work on nutrition, there is very little coordination between European NGOs working on chronic malnutrition, and as indicated below, the donors who are making the biggest investments in indirect nutrition actions, are disconnected from the international nutrition community.

UK Save the Children recently commissioned IDS to study donor commitment to investing in nutrition. What does this report recommend in terms of Working Together to progress nutrition?

The research found that the UK's Department for International Development (DFID) and the European Commission (EC) make substantial investments in indirect nutrition interventions (including investments in health systems, agricultural productivity, governance, water and sanitation, education and gender empowerment) but that there is little in place to ensure this investment really does bring down rates of malnutrition. More needs to be done to work across sectors and across institutions, specifically:

- DFID and EC should use the underweight indicator to report progress against the Millennium Development Goals. Currently DFID only includes the dollar a day indicator in its reporting framework and the EC's national strategies rarely include nutrition
- Programme audits should be conducted to gauge to what extent indirect investments are effective in reducing malnutrition, to provide a baseline for each donor agency but also to ensure steps are taken to maximize the impact of indirect investments
- EC and DFID should develop stronger partnerships with existing institutions – such as the SCN and the new Ending Child Hunger and Undernutrition Initiative, but also seek to develop a strong group of European donors who work together to bring about a dramatic reduction in malnutrition
- Appointing nutrition champions within both institutions in order to connect people who are contributing to reductions in malnutrition and to provide strategic direction and momentum for the institution's efforts.

What measures do you think are necessary for getting nutrition on to the agenda and make it a priority? What should be done by whom? What are the roles of the three SCN constituencies?

We need to do a much better job at making nutrition political. Because much of what we do in nutrition now seems to be focused on trying to change the behaviour of individuals, we have overlooked the structural reasons why undernutrition persists, and thereby ducked out of the wider political debates. There are a number of political entry points which I believe all three SCN constituencies should be considering:

- The rising prominence of social protection as a strategy for poverty reduction. With proven impacts on stunting these represent a real opportunity to get nutrition on national and international agenda
- Climate change: the increased severity and frequency of shocks and its impact on families' ability to secure a decent livelihood and protect themselves from future shocks mean that chronic and acute malnutrition are likely to increase.
- The rise of bio fuels – projected to have dramatic impacts on food prices with knock-on effects on the ability of the poor to feed themselves. Filling the tank of a 25 gallon SUV with pure ethanol requires over 200kg of corn which could provide enough Kcals to feed one person for a whole year.
- HIV/AIDS – funding commitments for HIV have increased dramatically in recent years and there is increased recognition that HIV strategies need to meet the needs holistically of orphans and vulnerable children - protecting the poorest children (often those affected by HIV/AIDS) from malnutrition should be central to this agenda.
- Governance - IDS recommended linking tackling malnutrition to improvements in governance given that this is now a top priority of many bilaterals.
- ECHUI – the Ending Child Hunger and Undernutrition Initiative represents an opportunity to galvanize much wider political support for tackling undernutrition – its success will depend on the initiative's ability to generate funding for comprehensive national nutrition strategies which are based on evidence of what works.

Features

This SCN News features papers based on presentations made at the Symposium at the 34th SCN Session at FAO, Rome 26 February 2007. The Symposium focused on what we know in theory and what are best practices for creating increased system cohesiveness at all levels in order to accelerate progress towards ending child hunger and undernutrition. [Presentations](#) and [Session Report](#) are available from the SCN website.

[SCN Chair and Executive Director of UNICEF, Ann M Veneman](#), in her *opening speech*, emphasizes nutrition as key for reaching the Millennium Development Goals. Integrated approaches and broad partnerships are needed to address the underlying determinants of nutrition including education, disease control and household food security. Ending child malnutrition requires healthy pregnancies, as well as effective interventions such as breastfeeding, complementary feeding and therapeutic foods.

[Alexander Muller, Assistant Director General, Agriculture and Consumer Protection Department at FAO](#), explains FAO's mission and mandate in his paper *Sustainable Livelihoods for Food Security and Good Nutrition: the Role of Food and Agriculture Sector*, how it is put into practice and how FAO works within the SCN. The way forward to end child hunger and undernutrition is to focus on food, health and care at household level. With 70% of undernourished people living in rural areas, ensuring sustainable livelihoods through agriculture should be a key priority.

[Kevin Cleaver, Assistant President of IFAD](#), further discusses *Nutrition, Food Security and Agriculture*, reiterating links between hunger, malnutrition and poverty. The majority of those who suffer from hunger are the very poorest of rural populations, i.e. the target group of IFAD's agriculture and rural development programmes. Eliminating malnutrition requires complex solutions where a number of agencies working together in complementarity and as One UN.

[Sheila Sisulu, Deputy Executive Director of WFP](#), reflects on the *Actions Needed to Make Freedom from Child Hunger a Reality* and how the WFP Board has foreseen collaboration between SCN and ECHUI. Clearly, urgent and coordinated efforts are needed to eliminate child hunger and undernutrition. The collective academic credentials and operational expertise of the SCN constituencies will be key to mobilize and sustain political, financial and other resources.

[Emile Frison, the Director General of Bioversity International](#), discusses the role of Bioversity International in finding sustainable solutions to achieve freedom from child hunger and undernutrition through interventions that ensure both availability and diversity in household food supply and diets. Mobilizing and optimizing agricultural diversity in traditional food systems will also improve nutrient balance and hence contribute to reduce all forms of malnutrition.

[Poul Engberg-Pedersen, Director-General, Norwegian Agency for Development Cooperation](#), in his paper entitled *Achieving Freedom from Child Hunger and Undernutrition: What the Bilateral Partners Can Contribute*, discusses implementation models, e.g. mainstreaming versus targeted services, and how they can be optimized to address nutrition realities. He further reflects on methods of collaboration under existing goals, targets and aid strategies.

[David Sanders, University of Western Cape in South Africa](#), discusses in his paper entitled *Research, Training and Advocacy to Address Child Hunger and Undernutrition: A Civil Society Perspective*, the role of macro-economic factors and health systems in the nutrition crisis in poor countries and communities, especially Sub-Saharan Africa. Civil society responses to child malnutrition are particularly research, training and capacity development and advocacy, exemplified by the work of organizations such as FIAN, IBFAN and the People's Health Movement.

[Roger Shrimpton, the Secretary of the SCN](#), reflects on various kinds of *Private Sector Contributions To Ending Child Hunger and Undernutrition*, ranging from food production and provision of funds, expertise and networks, to facilitation of sustainable approaches including partnerships with local level actors. Public Private Partnerships are best guided by Codes of conduct such as the UN Global Compact, the International Code of Marketing of Breast-milk Substitute or the SCN Private Sector Engagement Guidelines.

[Marie McGrath, Director, Emergency Nutrition Network](#), describes, in her paper entitled *Achieving Freedom from Child Hunger and Undernutrition: Working Together in Emergencies*, experiences of the interagency Infant Feeding in Emergencies (IFE) Core Group. She reflects on success elements such as commitment to the issue, consistency and institutional memory among members, as well as challenges such as lack of funding and authority.

[The 12th Abraham Horwitz Lecturer, Charlotte Dufour, FAO Afghanistan](#), in her paper *Building National Nutrition Coordination from the Field Up: Lessons learnt from the Afghan Reconstruction*, reflects on how to make national nutrition coordination work. She emphasizes building nutrition programmes and institutions on the basis of people's needs; linking households and communities to district, provincial and national planning; finding cost-effective coordination mechanisms; and securing strong political commitment amongst all stakeholders.

34th SCN Annual Session Symposium

Opening speech of the SCN Chair Ann M Veneman, Executive Director of [UNICEF](#)



Nutrition is
a foundation
on which
human progress
is built

Nutrition is key
to reaching the
Millennium
Development
Goals

Children need a
good nutritional
start in life to
ensure healthy
growth and
development

It is not just under-
nutrition, which is a
public health concern
today. Increasing
numbers of children
around the world are
suffering from
obesity

The SCN Chair opened the 34th SCN Session by welcoming participants and saying how pleased she was to see the outstanding turnout of so many participants at the meeting which focused on such a very important topic. She acknowledged the hard work of the members of the Standing Committee on Nutrition and the Secretariat in organizing the meeting. She especially thanked the SCN Vice-Chair, Denise Coitinho ([WHO](#)) for outstanding service of responsibility, and Roger Shrimpton for his continued leadership of the SCN Secretariat. She further extended her thanks to the Food and Agriculture Organization ([FAO](#)), the International Fund for Agricultural Development ([IFAD](#)) and the World Food Programme ([WFP](#)) for jointly hosting the 34th SCN Session.

The Chair recalled that the last time she was at FAO was in 2002 for the World Food Summit: *five years later*. The goal of that meeting was to accelerate efforts to achieve the Millennium Development target of reducing by half the proportion of people who suffer from hunger by the year 2015. Since then some progress has been made, but the gains remain inadequate. Widespread hunger and malnutrition continues to exact an enormous cost in terms of human suffering and lost potential. Nutrition is a foundation on which human progress is built.

With less than eight years left under the deadline of the [Millennium Development Goals](#) efforts to achieve them must be accelerated. We must embrace our collective work – with vision, with energy and with urgency - to help save the lives of the more than 10 million children under age five who die every year of largely preventable causes such as disease and malnutrition and to help ensure that over 20 million infants are no longer born underweight every year. Improving women's nutrition also helps decrease health risks, including those due to anaemia. Nutrition is key to reaching the Millennium Development Goals.

Without food and nutrition children are especially vulnerable to contracting life-threatening diseases, including water and insect borne diseases. They are at greater risk of dropping out of school and living a life of poverty. It is a vicious cycle where girls born underweight are more likely to have stunted growth, and in turn give birth to underweight babies who are more receptive to disease. Cost effective intervention strategies are critical and timing is key. Children need a good nutritional start in life to ensure healthy growth and development and to avoid long-term damage.

As we all know, it is not just undernutrition, which is a public health concern today. Increasing numbers of children around the world are suffering from obesity. Obesity also increases health risks, including the incidence of cardiovascular disease, hypertension and diabetes. India for example, which has experienced steady economic growth, has seen increased levels of obesity in younger children. At the same time it is estimated that 47% of India's children under five are underweight. As the situation in India illustrates, improvements in income alone sometimes are not enough to reduce undernutrition rates.

Reversing child undernutrition requires an integrated approach to child nutrition and child health. This includes healthy mothers during pregnancy, better education, effective disease control and household food security. By addressing the underlying causes of malnutrition there are simple practical things that we can do to make an enormous difference. The global campaign to iodize salt for example has helped to bring iodine to nearly 70% of the households around the world. This is helping protect 82 million newborns against iodine deficiency every year. Community-based approaches have helped reduce child mortality by an estimated 20% in parts of West Africa by delivering a simple integrated package of nutrients and health care to families. This includes immunization, vitamin A supplements, deworming pills, insecticide treated bed nets, and encouraging mothers to exclusively breastfeed their babies during the first six months of life. An estimated 1.3 million additional children's lives could be saved every year if exclusive breastfeeding rates were raised above 90% levels. It is also estimated that initiation of exclusive breastfeeding in the first hour of life reduces the rate of neonatal mortality by nearly four times. Another 600,000 lives could be saved with appropriate complementary feeding. It is time to believe in and invest in the scaling-up of these programmes and approaches that truly yield results for children.

Ann M Veneman told the SCN participants about [her recent visit to Ethiopia where she helped open a factory which is producing a ready-to-use-therapeutic-food called Plumpy'nut](#). It is highly fortified and it helps save the lives of undernourished children. In countries such as Ethiopia, Malawi and Niger recovery rates for severely undernourished children have been as high as 90-95% by using Plumpy'nut as a therapeutic intervention. She had brought with her some samples of the product that have just come out of the new plant in Ethiopia and encouraged the participants to take a look at it. When you look at ready-to-use-therapeutic-foods (RUTFs)* there are multiple purposes for which they can be used, including helping AIDS patients who need adequate nutrition to absorb life-prolonging antiretroviral treatment.

Achieving results requires a united plan of action linking governments, the development community and the private sector. Good and reliable data is needed for accountability and to scale-up the coverage of integrated approaches appropriate to a local setting. We need data to rigorously measure effectiveness and to better target investments. The SCN with its partners can contribute to a sustentative evidence base. Broad partnerships among UN agencies, governments and the representatives of academia and civil society are helping to develop the Global Framework for Action and the Action Plan for the Ending Child Hunger and Undernutrition Initiative. This work is important and requires immediate, innovative and results-driven responses. One underweight and undernourished child is an individual tragedy. But multiplied by tens of millions, undernutrition becomes a global threat to societies, to economies and to generations to come.

The SCN Chair Ann M Veneman ended her speech by emphasizing that the participants were gathered at the SCN Session because they share a common commitment to help wipe out hunger and improve nutrition. Success will be counted in lives saved and lives made better.

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Success will be counted in lives saved and lives made better.

Sustainable Livelihoods for Food Security and Good Nutrition: the Role of Food and Agriculture

Alexander Müller, Assistant Director-General, Natural Resources Management and Environment Department, [FAO](#)

I am very pleased to have this opportunity to contribute to the SCN Symposium: *Working Together to Achieve Freedom from Child Hunger and Undernutrition*. The thrust of this paper is to emphasize the importance of food security and sustainable livelihoods in our common fight against child hunger and undernutrition, with a special focus on the work and role of the Food and Agriculture Organization of the United Nations (FAO).

FAO's mandate and mission

If you look over to the wall on the right-hand side as you first walk into the FAO Headquarters building, you will see a marble plaque inscribed with the preamble of the [FAO Constitution](#) (FAO, 1945) that proclaims the basic mission and mandate of the Organization. It should be particularly interesting for you to note that the primary purpose of FAO is to "...raise levels of nutrition and standards of living...". We are also mandated to improving agricultural productivity, to better the lives of rural populations and to contribute the growth of the world economy, all as part of our overall goal of "ensuring humanity's freedom from hunger." Our job is to help ensure that all people have regular access to an adequate amount and variety of good quality and safe foods, and that they have the knowledge and opportunity to lead active, healthy lives.

So, how do we do this? What does FAO do to help ensure humanity's freedom from hunger? Primarily, our work involves four areas. Firstly, we serve as a *knowledge network* with the aim of putting information within reach of all types of users. We use the expertise of our staff - agronomists, foresters, fisheries and livestock specialists, nutritionists, social scientists, economists, statisticians and other professionals - to collect, analyse and disseminate data that informs policy-making and aids development.

Secondly, we *share policy expertise and advice*. FAO supports its Members in devising policies, supporting planning, drafting effective legislation and creating national strategies and programmes to achieve rural development and alleviate hunger and malnutrition.

Thirdly, FAO *provides a meeting place for nations*. As a neutral forum, FAO offers a setting where rich and poor nations, and governments and non-governmental organizations, can come together to build understanding and reach agreement on issues of common concern relating to agriculture, including fisheries and forestry, and rural development, and to the production, processing, trade, marketing and consumption of food and other agriculture products.

Finally, FAO *brings knowledge and expertise to the field*. It mobilizes and manages millions of dollars from various sources for field programmes and projects and provides the technical know-how necessary to make sure the projects achieve their goals. In crisis situations, FAO works side-by-side with the World Food Programme and other humanitarian agencies to protect rural livelihoods and help people rebuild their lives.

Putting it into practice

Working from that background let me continue with a quotation from the Final Declaration of the 1992 International Conference on Nutrition, sponsored jointly by FAO and WHO: "*Hunger and malnutrition are unacceptable in a world that has both the knowledge and resources to end this human catastrophe*" ([World Declaration on Nutrition](#), para.1). That same Declaration also stated "*We recognize that access to nutritionally adequate and safe food is a right of each individual*" (ibid.) which was – and still is - a very profound and far reaching statement. So, where have these bold statements led?

In part, they led to firm commitments, arising from both the [1996 World Food Summit](#) (WFS) and the [2000 Millennium Summit](#), to reduce poverty and hunger by half by 2015. It is also worth noting that Commitment Two of the [WFS Plan of Action](#) (FAO, 1996) gives particularly strong support to efforts to

improve food security and nutrition by stating:

We will implement policies aimed at eradicating poverty and inequality and improving physical and economic access by all, at all times, to sufficient, nutritionally adequate and safe food and its effective utilization (Commitment 2)

And what has been the impact of these commitments? What is the situation some ten years after the WFS? The answer depends on where you look and what you compare. In one sense we can take considerable pride in the fact that we live in a world of plenty and that never in history have so many people been so well fed. Some 5.5 billion people around the world regularly eat enough to meet their basic energy needs – and some 200-300 million regularly eat more than enough!

There is, however, also a dark side to this: even in this world of plenty, over 1.3 billion people are still forced to live on less than \$1.00 a day, and some 854 million people never get enough to eat to meet their basic energy needs. This number goes up by untold millions more when those people affected by seasonal or other forms of transient food insecurity are included, and it reaches a truly staggering number of over 2 billion, when those afflicted by micronutrient deficiencies are added to the equation. It all adds up to a human cost that no nation can afford – and none should have to bear. It also points to the need to greatly accelerate our efforts to fight poverty, hunger and malnutrition, if the promises made and the goals agreed upon at the WFS and the Millennium Summit are to be realized.

Still, as noted, the situation is not all bleak and progress is being made. Looking at the changes in the proportion of people undernourished (Figure 1) – which is the Millennium Development Goal (MDG) target – gives a somewhat hopeful picture in that hunger is being reduced in many regions, even if at a slow pace.

However, the picture is much different when viewed from the perspective of the actual numbers of hungry people (Figure 2) – the WFS goal. While great strides have been made in reducing the absolute number of undernourished in some countries, particularly China, due to their increased economic development, this is tempered by the lack of progress and even setbacks seen in other parts of the world, including most of Africa.

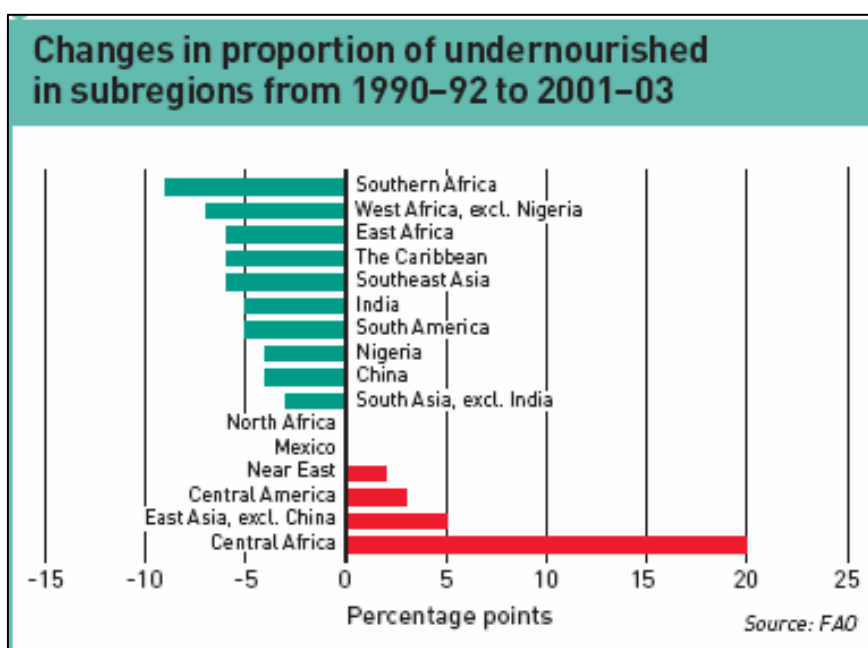


Figure 1: Changes in proportion of undernourished in sub-regions from 1990-92 to 2001-03 (FAO 2006a)

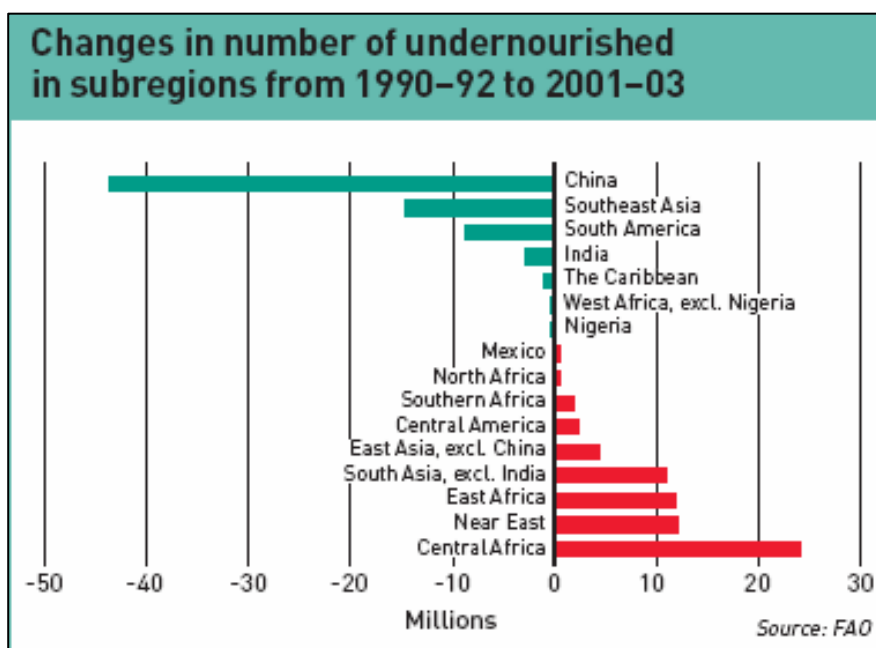


Figure 2: Changes in number of undernourished in sub-regions from 1990-92 to 2001-03 (FAO 2006a)

Ending child hunger and undernutrition

Emerging from this fundamental tragedy of widespread and persistent poverty and hunger is the appalling situation of extensive child hunger and undernutrition – which was the focus of the Symposium at the 34th SCN Session. Some six million children die each year from malnutrition and approximately one-third of all children in developing countries are stunted and/or underweight. Add to this the even more extensive problems of micronutrient deficiencies among children and the situation becomes even more grave.

Clearly, the world's commitment to fighting hunger has been weak and ineffectual, and one of the most catastrophic results of this indifference has been the intolerable burden that children have had to bear. It is imperative that we now move forward as quickly as possible to ensure each child their birthright of an adequate amount and variety of food. Unfortunately, one of the greatest obstacles in our path is that we still cannot agree on a common approach to ending child hunger and malnutrition, or even on how best we should do so together as an international community. Let me offer a way forward.

The first step is simply to recognize that child growth and development are social and economic problems, not just medical and health sector problems. Our goal should be to create the conditions in which women and children can thrive. We must then set and direct policies and programmes across a number of sectors to address the problems that: 1) constrain the ability of people to acquire and utilize the food they need; 2) prevent them from living and working in safe, sanitary conditions; and 3) impair their receiving the care and social services to which they are entitled.

Focusing on households

Fundamental to this is a basic commitment to strengthening the capacity of families and households to provide the food and care children need. By now, we should all agree that child growth and development depend on good nutrition which, in turn, are dependent upon:

- Household Food Security;
- Adequate Family Care and Feeding Practices;
- Environmental Sanitation and Access to Health Services.

What is frustrating, however, especially for an Organization committed to food security, is that while giving nodding assent to this conceptual framework, many nutritionists and the agencies for which they work, fail to actually apply it. FAO gladly adds its voice – as we have from the days of the ICN – to the chorus that proclaims that secure access to food at the household level is an essential, but not sufficient, condition to assure good child nutrition. What we would like to hear in reply is an equally vocal chorus proclaiming that unless the problems of household food insecurity are addressed, there can be no sustainable progress made in improving child nutrition.

One of the basic messages of this paper is that while the goal may be to reduce child hunger and undernutrition, child-centred interventions alone will not allow us to reach it. The reality is that most children do not exist in isolation, and the key, therefore, to reducing child hunger is to reduce family hunger. From the policy and programme side, this means that strong and consistent efforts are needed to help households secure their livelihoods and become viable social and economic units dedicated to and capable of meeting the needs of all their members, especially the children.

The case for agriculture

Let me add another important statistic to this situation: over 70% of all undernourished people live in rural areas and depend directly on agriculture - crops, livestock, fish, forests - for their food and livelihoods. This is where the battle against hunger and malnutrition must primarily be fought, and sustainable livelihoods are the main weapons. Needless to say, the agriculture sector has an essential role to play in this and must be fully involved.

Just how important FAO believes this involvement should be can be seen in the 2006 report State of Food Insecurity in the World, [SOFI 2006](#) - *Strengthening efforts to eradicate*

hunger (FAO 2006a). I would like to refer you to this highly informative publication, but now will highlight only three important conclusion it draws:

1. Poverty and hunger are highly interrelated and improvements in one leads to improvements in the other. As such, there is no need to wait for poverty to be reduced before working to improve hunger and malnutrition;
2. Agriculture is central to the fight against poverty and hunger - among most poor populations throughout the world, agriculture underpins both family incomes and community wealth; and
3. Rapid progress in achieving universal food and nutrition security can best be realized through use of a twin-track approach that combines targeted pro-poor agriculture and economic development efforts with the provision of nutritional safety nets for those who cannot care for and feed themselves.

The overall lesson from these conclusions is the second basic message of this paper: agriculture growth and hunger reduction are inextricably linked. It sounds straightforward to those of us in agriculture, but it seems to be widely discounted almost everywhere else. Let me quote from the 2006 World Food Day information note:

Many studies have shown how agricultural growth reduces poverty and hunger, even more than urban or industrial growth. For example, the only group of countries to reduce hunger during the 1990s was the group in which the agriculture sector grew.... Looking back at the figures for the last 30 years, it can be shown that those countries that have invested and continue to invest most in agriculture – both public and private – now experience the lowest levels of undernourishment. (FAO 2006b)

This is a powerful argument for increasing investment in agriculture, yet amazingly, foreign aid for agriculture over recent years has fallen dramatically from over \$9 billion a year to less than \$5 billion. This must change. However, it is not foreign aid or even public sector investment that will truly change the situation. The real driver will be private sector investment, and we need to do all we can to accelerate such investment, including through appropriate public sector support and encouragement.

The way forward

Having looked at the extent of some of the nutritional problems around the world, explored some of the underlying issues and stressed the need for multisectoral action if real and sustainable progress is to be made in ending child hunger and malnutrition, the question now is how we should move forward.

One of the first orders of business is to develop a culture of and capacity for joint action among our Agencies, but this will be no simple task considering the different mandates, structures and procedures in place. The SCN can help foster this capacity and I will say more about this later, and the emergence of the “UN: *Delivering as One*” initiative will certainly drive the collaboration process, as well. However, one of the most fruitful contributions to this “culture and capacity building” process will be the growth of a common vision of the causes of child hunger and malnutrition and of ways to overcome them. Importantly, there must also be willingness among all concerned to seek convergence among the various national, sectoral and local-level policies and programmes that have an impact on child nutrition and health. This means, among other things, finding a balance between investments in agriculture and other productive enterprises with those in health, education and other social sectors.

From our side, we can suggest several broad agriculture and development-oriented policy guidelines should help orient a common policy agenda for reducing family and child hunger. These could include:

- Invest in agriculture
- Focus on the poor and on creating sustainable livelihoods and food security at the household level
- Enhance productivity of smallholder producers and processors all along the food and value chains
- Promote participatory development and the elimination of gender and social discrimination
- Ensure year-round adequacy and safety of local food supplies
- Stimulate private-sector investment
- Protect the environment
- Make trade work for the poor

What FAO would like to see emerge is a comprehensive “people-centred” approach to agricultural, social and economic development that focuses on improving food and nutrition security, as needed, and aims to ensure that the welfare of children is promoted as a matter of priority. To this end, there is a growing opportunity to apply a Rights-Based approach to development planning, and FAO is particularly pleased to note the progress being made in various fora promoting the Right to Food. The adoption of the [Voluntary Guidelines to support the progressive realization of the right to adequate food in the context of national food security](#) provides a framework that we can all use to help direct resources to meeting the food and nutrition needs of the most vulnerable

FAO and the SCN

We all acknowledge that better cooperation within the UN family and among all our partners is required if we are to have a chance to put an end to hunger and malnutrition, especially among children. The SCN has an important role to play in this and, particularly in helping to harmonize various programmes and approaches of its members. FAO is committed to working through the SCN and will continue to be active in both the Steering Committee and in the Working Groups. FAO also has high expectations for the newly formed Task Forces, and it is our hope that these task forces will serve as effective fora for promoting interagency thinking and action at both global and national levels.

The activities of several Units within FAO and of various ongoing initiatives can be channelled to support the work of these Task Forces. For example, FAO will contribute to the *Task Force on Communication, Advocacy and Partnerships* through:

- The International Alliance against Hunger, which aims to generate political will and coordinate practical action to fight hunger and poverty through partnerships at all levels;
- The Communication for Development initiative, which “*Gives people a voice rather than a message;*” and
- The Knowledge Management initiative, a wide-ranging programme designed to generate and share knowledge through the World Agricultural Information Centre ([WAICENT](#)), the Knowledge Forum ([www.fao.org/KnowledgeForum/](#)), and other structured and informal exchanges via discussion groups and question and answer sessions, including “[Ask FAO.](#)”

FAO will also contribute to the *Assessment, Monitoring and Evaluation Task Force* and will work to provide the reliable and timely food security and nutrition information necessary for addressing hunger and malnutrition effectively. In particular, FAO will continue to strengthen food security and vulnerability analysis under FIVIMS at global and country levels.

Finally, FAO will support the work of the *Task Force on Development of Integrated Approaches* at country level. This is very much in line with FAO’s current reform and its decentralization efforts, and in support of strong national-led programmes and initiatives aimed at improving food security and nutrition. Task Forces linkages with the FAO/WFP-led Country Theme Groups will be essential.

Let me add that FAO attaches great importance to country-level work, and welcomes any opportunity that promotes more effective country-level, interagency collaboration aimed at improving nutrition and achieving the MDG and WFS targets of halving hunger by 2015. This being the case, I would like to bring your attention to the work going on in numerous developing countries through the *National Programmes for Food Security (NPFS)*, which are the primary vehicles through which FAO coordinates its direct support to Member Countries. An NPFS is a strategic, nationally-owned and largely government-funded agricultural and economic development programme, aimed at improving the year-round availability of and access, by the poor, to nutritionally adequate and safe food. The operational focus of these programmes is on low-cost, large-scale service delivery to the poor, and they provide a national platform for bringing sectors and stakeholders together around the MDGs. If these Programmes are to achieve the maximum impact possible on nutrition, effective collaboration with a number of other sectors and Agencies is essential, and FAO looks forward to exploring how such cooperation can be realized in each country.

Conclusion

To sum up, FAO strongly believes that working together is the only way that the Members of the SCN can make the types of contributions necessary to help the poor achieve the food and nutrition security to which they have a right. The Way Forward starts with a commitment to establish: Common objectives; Common targets, and Complementary Approaches and Actions.

Interestingly, there is now before us a major opportunity to build on this commitment to work together in our common cause of ending child hunger. This comes in the form of the UNICEF/WFP-launched Ending Child Hunger and Undernutrition Initiative (ECHUI), and FAO welcomes this as a timely and promising initiative. There is still much to be done to bring all of the elements of the programme together; but FAO is eager to participate actively in it, and ready to explore how best we can do so.

Finally, I would like to return to the quotation from the ICN Declaration on Nutrition that I mentioned earlier:

Hunger and malnutrition are unacceptable in a world that has both the knowledge and resources to end this human catastrophe. (Para 1.)

We take this very seriously, and I would like to challenge everyone to also take it seriously. We must refuse to accept what is unacceptable. We must stop tolerating the intolerable. If we work together, we can put an end to the catastrophe of child hunger and undernutrition. Together, we can make a difference.

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ANNOUNCEMENT: Theme of World Food Day 16 October 2007 will be the “Right to Food”

On the eve of the commemoration of 60 years since the United Nations proclaimed the Universal Declaration of Human Rights, some rights, like the Right to Food, are overshadowed by those that have received more political and public support, yet severe food insecurity affects at least one-seventh of the world’s human population.

On 16 October 2007, FAO will celebrate World Food Day with the theme The Right to Food. The Right to Food is the right of every person to have regular access to sufficient, nutritionally adequate and culturally acceptable food for an active, healthy life. It is the right to feed oneself in dignity, rather than the right to be fed. With more than 850 million people still deprived of enough food, the Right to Food is not just economically, morally and politically imperative - it is also a legal obligation.

Since 1996, following the World Food Summit, FAO has been working with governments and communities worldwide to gain recognition for this basic human right. World Food Day activities involving over 150 countries to promote the Right to Food theme, include the 27th World Food Day ceremony at FAO headquarters on 16 October, a Run-for-Food race on 21 October in Rome, a special ceremony at the UN in New York on 18 October, a TeleConference in Washington D.C. and national-level activities including a gala in Spain and musical and sports events in various countries.

Source: FAO Right to Food Unit, News. Read more on www.fao.org/righttofood

Nutrition, Food Security and Agriculture - an IFAD view

Kevin Cleaver, Assistant President, International Fund for Agricultural Development ([IFAD](#))

Global food and nutrition problems

Although the mission of IFAD is to reduce rural poverty rather than malnutrition, this does not mean that the two are not connected. IFAD recognizes that malnutrition contributes to poverty. This includes the entire spectrum of malnutrition, from hunger to overweight, including their diverse causes (Table 1). While there are 126 million underweight children worldwide, rates are decreasing in all regions except Africa. Therefore, IFAD and many other donors are focusing their attention and resources to this geographic area. Overall, the progress in addressing the hunger problem has been slow over the last decade, except in China.

South Asia currently has a large proportion of the world's hungry. As the total numbers of malnourished people are decreasing in Asia however, an increasingly larger percentage of the world's hungry will be found in Sub-Saharan Africa. People affected by hunger are mainly living in rural areas, in all parts of the world. They are usually pastoralists, fishermen or farmers producing their own food, often on low potential land, or they are the landless working on other's land. Ironically, many of those who are hungry are living in rural areas depending on agriculture and are actually producing food (Figure 1).

Twenty years ago it was thought that hunger is caused by stagnation in agricultural production in the world as a whole, and in developing countries in particular. Actually, world production of cereal and other foodstuffs has grown, as has average caloric intake per person. The problem is therefore not insufficient production but rather unequal distribution of food. Inequality in food availability can be geographic, as for Africa, or within individual households, as often is the case for child undernutrition.

Malnutrition and poverty

Hunger and malnutrition are closely linked with poverty, in a "malnutrition-poverty trap" where cause and effect are difficult to disentangle. It is well known that malnutrition leads to reductions in life time earnings of more than 10% per affected individual and at the national level to GDP (Gross Domestic Product) losses of 2-3%. Stunting in early years is associated with inadequate growth – 4.6 cm of lost height in adolescence – and sub-optimal educational achievements in terms of a 0.7 grade loss of schooling and 7 months delay in starting school (Alderman et al. 2003). Sub-optimal education achievement in turn contributes to a reduction in life-time earnings, and hence to poverty. As malnutrition leads to poverty, poverty also leads to hunger and malnutrition because poor people have less to spend on food. In summary, the hungry are mostly the poor, they are largely living in rural areas, largely depending on agriculture, and increasingly they are African.

Type	Causes	People affected
Hunger	Deficiency of calories and protein	0.9 billion
Underweight children	Inadequate intake of food and frequent disease	126 million
Micronutrient deficiency	Deficiency of vitamins and minerals	More than 2 billion
Overweight to chronic disease	Unhealthy diets; lifestyle	Increasing also among the poor

Table 1: Global food and nutrition problems. Adopted from IFPRI (2005)

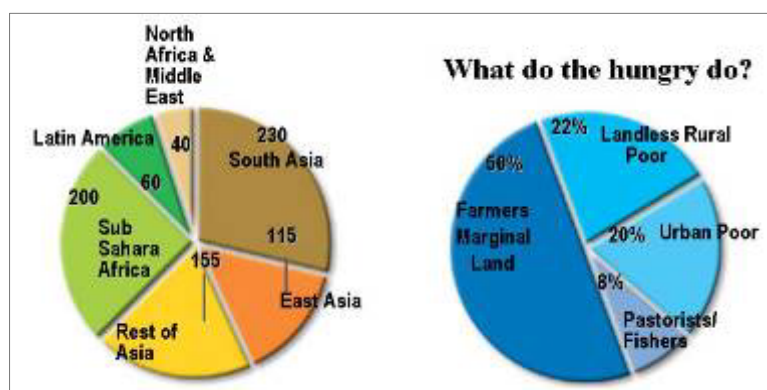


Figure 1: Location and occupation of the hungry. Adapted from United Nations Millennium Project (2005)

The role of the UN agencies

The well-known UNICEF analytical framework is helpful in pointing out the connections between the various UN agencies in dealing with malnutrition and hunger. IFAD and FAO work largely on food access, WHO works on health issues, and UNICEF works largely in care and health. The complementarity suggests that there is much to be gained by

working much more closely together as One UN. This requires that we overcome the challenges embedded in the complexity of the causes of malnutrition. It also requires flexibility among the agencies in meeting our mandates and using our synergies to fight the causes of malnutrition at all levels, in cooperation among ourselves and with governments.

Actions needed

In order to meet the MDG 1 target of halving hunger by 2015, the actions needed also include education and agricultural extension with a focus on assisting women's groups. Other interventions which are usually not part of the discussions in SCN, are the expansion of rural roads, irrigation, clean water and agricultural research (Figure 2). Again, this suggests the solution of eliminating malnutrition is complex, has multiple ingredients, and will involve many different agencies and institutions.

IFAD contributes to agriculture and rural development and will contribute to the achievement of MDG1 by assisting the rural poor at micro-level in affected areas and in their communities. Among this group, the clients of IFAD are above all women and indigenous people and their children. Women are often the poorest and are increasingly left in rural areas by husbands and male family members who migrate to cities or abroad for work.

IFAD has granted and lent about US\$ 7 billion for hundreds of agriculture and rural development programmes in developing countries. Project size varies from US\$ 200,000 grants to US\$ 50 million loans. The main interventions concern agricultural development in the form of community-designed and -managed rural development as well as financing nutrition interventions. Whereas agricultural development certainly is not the only solution to assure food security, it entails no disadvantages. Other interventions such as food aid are often the best way to save lives in emergency situations, but care is needed to ensure that it does not act as a disincentive to invest in agriculture in development settings. Similarly, school feeding programmes can provide an easy and fast route to children with nutrition problems, but this should not divert attention from reaching pregnant mothers and children in the first two years of life, which may have a bigger impact on nutrition.

From agriculture and increased food production follow the creation of business and work opportunities. Hunger and malnutrition can be considerably reduced as incomes increase, including wage income from factory or service work. Investing in agriculture for poverty reduction is often even more effective than investing in industry and services, because most of the poor live and work in agricultural areas.

IFAD is committed to One UN and to working together with FAO and WFP in joint programmes to reduce hunger, to reduce poverty and to reduce child malnutrition. IFAD's strength and contribution is in its ability to introduce nutrition interventions at the micro-level among the poorest of the poor, through its projects. We fully support the initiative and theme of the 34th SCN Session.

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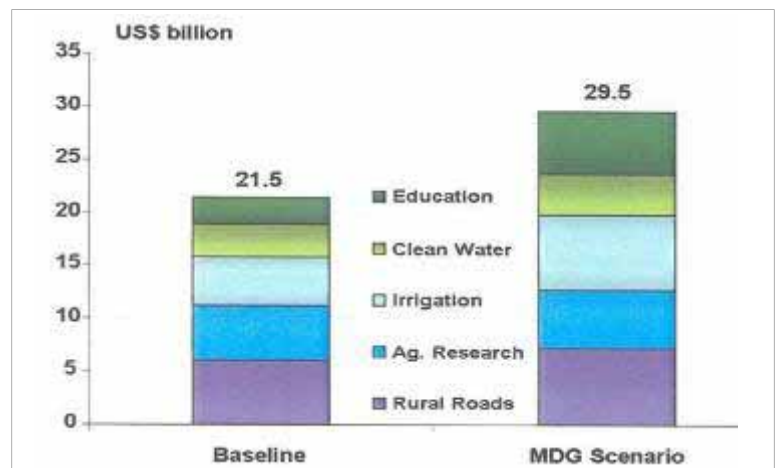


Figure 2: Solutions to halving hunger. Annual investments needed to reach MDG1. Adopted from IFPRI (2005)

Actions Needed to Make Freedom from Child Hunger a Reality

Sheila Sisulu, Deputy Executive Director, World Food Programme ([WFP](#))

Introductory remarks

WFP welcomes the Symposium theme of the 34th SCN Session of *Working Together to Achieve Freedom from Child Hunger and Undernutrition*. We all know that the consequences of child hunger and undernutrition are extreme for individuals, for families and for the communities and nations concerned. The death toll from hunger and undernutrition far exceeds that caused by even the most dramatic natural disasters.

The causes and costs of child hunger and undernutrition are immense. The World Bank (2006) says that improving nutrition is as much an issue of economics as one of welfare, social protection and human rights. Failing to address child hunger and undernutrition – according to SCN's own estimates - adds up to \$20-30 billion per year. Failing to address undernutrition compromises progress on all of the Millennium Development Goals.

WFP fully supports SCN's vision that it is possible to end child hunger and undernutrition within a generation. But this is not possible if we continue to do business as usual. The combined efforts of the global community have failed to make adequate progress to date in tackling hunger and undernutrition. Effective strategies to combat child hunger *do* exist.

The causes of child hunger are predictable, preventable and can be addressed through affordable means. Combined with improved research and technology, ending child hunger is no longer just a utopian dream. It is operationally feasible. Unfortunately the wealth of knowledge that members of the SCN, academic and development community possess does not always translate into effective action. Too often, our efforts are fragmented. Interventions that work need to be applied together, at the same time, in the places where they can do the most good. An urgent and coordinated effort is needed.

The previous Executive Director of WFP, Jim Morris, has been a passionate advocate for the fight against child hunger for the past five years. WFP's commitment to acting more effectively to address the needs of some 400 million hungry children - including 149 million underweight children under the age of five - has not diminished with his retirement in April.

WFP and UNICEF are working more closely than ever, and with the widest possible group of partners, to launch such an urgent and coordinated effort. The "Ending Child Hunger and Undernutrition Initiative" (ECHUI) has adopted the vision of the SCN as its goal – it seeks to end child hunger and undernutrition within a generation (SCN 2006). We will focus on supporting country efforts to double the rate at which underweight among children under five is reduced.

Concrete actions to end child hunger

ECHUI aims to scale up and apply known solutions to hunger and undernutrition, by bringing cohesion to the various initiatives and efforts in nutrition, children, education and health.

We need to align UN efforts to tackle child hunger, enabling the UN to play a more consistent role in strengthening national government responses to hunger. ECHUI will promote simple, cost-effective and proven interventions:

- micronutrient supplements
- household water treatment
- hand-washing with soap
- parasite controls (particularly deworming)
- household food security interventions
- education on health, hygiene and nutrition.

We are proposing a set of urgent actions to address the needs of children at most immediate risk of death or lifelong disability from hunger.

- First, we need to locate the communities in which the most seriously undernourished children live;
- Second, we should identify and support local organizations to reach undernourished children with essential interventions; and
- Third, we must ensure that complementary interventions, such as immunization, education and food security efforts are available to the same underserved areas.

We want the SCN and all of the affiliated organizations to be involved. In February, the WFP Executive Board foresaw several concrete activities in which collaboration with the SCN should be sought:

- Collecting evidence of the impact that nutritional interventions currently or potentially have on achievement of the other MDGs;
- Alignment of ECHUI with existing initiatives;
- Assessing the impact of ECHUI's strategy;
- Modelling the impact of ECHUI's essential package;
- Updating the global monitoring report Progress for Children;
- Engaging with *The Lancet* on publications and research;
- A technical launch of ECHUI.

More than 18 months of work have gone into designing this global strategy. Many SCN participants have contributed to its development, their thoughts on how we can best work together to achieve our common goal have been highly valuable.

I am convinced that together, we can make this the last generation to know widespread child undernutrition. Increased awareness of hunger and understanding of solutions – by the public, by decision-makers - is the fundamental prerequisite for mobilizing and sustaining the political, financial and other resources needed to end child hunger. The collective weight of the SCN membership's academic credentials and operational expertise lends tremendous strength to our message. WFP looks forward to working together.

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Agricultural Biodiversity and Traditional Foods: Important Strategies for Achieving Freedom from Hunger and Malnutrition

Emile Frison, Director General, [Bioversity International](#)

Introduction

The theme of the 34th Session of the Standing Committee on Nutrition (SCN) was Working Together. The thrust of discussions during the four days meeting was on how to work together to achieve “freedom from child hunger and undernutrition”. Children are constituent parts of households and communities and so are affected to a significant extent by factors that influence food security, nutrition and health of households and communities. A host of other socio-economic factors do impact on the nutrition and health of children, however to sustainably ensure freedom from child hunger and undernutrition, assuring food and nutrition security among households and in communities is an absolute necessity.

The problem

Globally, significant progress has been made in hunger reduction with the proportion of hungry people in developing countries dropping from 25% in 1970 to 16% in 1995 (Rosengrant et al 2001). In spite of this success, the number of chronically underfed people remains unacceptably high at over 840 million, a significant proportion of whom are children. Reports also indicate that there has been significant reduction in the numbers of malnourished children under-5 years – from 203.8 millions in 1970 to 166.3 millions in 1997. However a closer look at this global picture reveals disturbingly high rates of micronutrient deficiencies. Rosengrant et al (2001) reported that micronutrient deficiencies affects over 2 billion individuals worldwide, and the worst affected are women and young children. Health statistics from WHO (1998) show that over 50 million children in Sub-Saharan Africa alone are affected by vitamin A deficiency particularly Xerophthalmia with a 60% fatality rate.

In recent years, and co-existing with micronutrient deficiencies, is what used to be described as diseases of affluence – obesity, diabetes, cardiovascular diseases and cancers. Childhood obesity is on the increase and there are reports of increasing rates of diabetes linked to the nutrition transition (Maletnlema 2002, Swinburn 2004). Like micronutrient deficiencies, obesity is a result of an imbalance in nutrients intake and so efforts need to be directed towards achieving complete freedom from all forms of child hunger and malnutrition. The steady increase in the prevalence rates of these diseases has been linked to increasing intakes of diets that are rich in energy but poor in micronutrients and health protecting and promoting phytochemicals provided by such dietary components as legumes, pulses, fruits and vegetables (Frison et al. 2006). Urbanization has been linked to the observed reduced access to traditional and indigenous foods in many communities, and the replacement of these foods with energy dense “convenience” foods (Delgado and Rearden 1987). Also contributing to this is the declining diversity in traditional food systems when these are being replaced by mono-cropping agriculture. Available data thus seem to point to the fact that agriculture as practiced today can reasonably feed populations, but what is missing is diversity in the agricultural production – a diversity that provides the required “sustenance” to an increasing world population.

The solution

The efficacy of single or multiple nutrient supplementation and food fortification is well established, and so governments and development agencies may have disproportionately leaned towards these nutrition intervention strategies in response to the increasing incidences of micronutrient deficiencies and diet related chronic diseases. Urbanization has led to reduced access to traditional and indigenous foodstuffs among poor communities in rural and urban areas. This has negatively affected household dietary patterns with fast growing trends in the consumption of high energy low nutrient foods. Increasing epidemiological and research evidence (Onyango et al 1998, Kant et al 2000, Kennedy et al 2003)) point to the positive nutrition and health benefits of dietary diversity among all age groups. It is therefore imperative that programmes put in place to achieve freedom from child hunger and undernutrition/malnutrition

ensure not only availability but also diversity in household food supply and diets. This can be achieved through concerted efforts aimed at successfully mobilizing and optimizing the agricultural diversity in traditional food systems.

Maintaining the agricultural biodiversity of the traditional food systems ensures diverse farming systems that are robust, sustainable and resilient. These systems will also provide access to a wide range of nutritious foods in the resource poor households and communities where nutrition intervention programmes often are targeted. Agricultural biodiversity helps to increase food availability in these communities and improves household food choices thus ensuring dietary diversity, better nutrition and health. Its provisions and effects transcend generations, are culturally appropriate in both rural and urban contexts, and can significantly contribute to the sustainability and cost effectiveness of other food and nutrition intervention programmes.

Role of Bioversity International

Bioversity International has set itself the strategic goal of promoting the mobilization of agricultural biodiversity for improved nutrition and livelihoods in rural and urban communities in developing countries. Through partnerships with agencies, organizations and research institutes at national, regional and international level, Bioversity's collaborative operations target three broad areas with focus on:

- Neglected and underutilized traditional crops and varieties
- Improving cultivation techniques, crop diversification, increasing market outlets, increased availability and consumption by households
- Educating and promoting awareness among communities of the nutritional benefits of these food crops, as well as improving their image in rural and urban contexts.

There is still a lot of research required in areas such as evidence base linking agricultural biodiversity with improved nutrition and health; opening markets for products of agricultural biodiversity and studying the effects on the livelihoods of resource poor producer-households; as well as consolidating, and building on existing indigenous knowledge to improve crop selection and production. Nevertheless the organization's key objective remains the same – that of revitalizing the traditional food systems and mobilizing the biodiversity they contain in order to meet the nutrition and livelihood needs of resource poor communities in developing countries. We at Bioversity believe that this is essential and imperative to ensure the achievement of 2015 targets of the Millennium Development Goals:

- halving hunger
- halving poverty
- reducing mortality rates among children under 5 by two thirds
- reducing maternal mortality rates by three quarters

These goals can be achieved in a sustainable way, not through ad hoc food and nutrition interventions or targeted supplementation and food fortification alone, but through a systematic mobilization of local agricultural biodiversity to meet the food, nutrition and livelihood needs of communities, each household within communities and each child within the households.

Working Together

The biodiversity initiative for food and nutrition needs to be cross-cutting. There is an absolute need for a multi-sectoral, multi-disciplinary approach in national policies and programme implementation. Concerted efforts are thus needed across board to make better use of the yet to be maximized food resources. Bioversity is ready to assist wherever and whenever needed.

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ANNOUNCEMENT: Joint Statement on Community-Based Management of Severe Acute Malnutrition

An innovative approach is showing progress in addressing severe acute malnutrition, which affects an estimated 20 million children under the age of five worldwide who are up to 20 times more likely to die than well-nourished children. The approach combines community-based care for severely malnourished children with traditional hospital-based treatment.

A [Joint Statement on Community-Based Management of Severe Acute Malnutrition](#) issued by the World Health Organization (WHO), the World Food Programme (WFP), the United Nations Standing Committee on Nutrition (SCN) and UNICEF highlights new evidence that about three-quarters of children with severe acute malnutrition – those who have a good appetite and no medical complications – can be treated at home with highly fortified, ready-to-use therapeutic foods (RUTFs). These are palatable, soft and crushable nutrient- and energy-rich foods that can be eaten by children over the age of six months without adding water, thereby reducing the risk of bacterial infection. RUTFs provide the nutrients required to treat a severely mal-nourished child at home, without refrigeration, and even where hygiene conditions are not perfect. The technology to produce RUTFs is relatively simple and could be used in all countries with high levels of severe acute malnutrition. The joint statement stresses the importance of measures including optimal infant and young child feeding, ensuring access to quality foods, improved water and sanitation systems and hygienic practices, and strengthening and improving access to health services.

The traditional response to severe acute malnutrition has been to refer children to a hospital or specialized in-patient treatment unit, to be fed special milk-based diets. Though this treatment is effective, families may not have easy access to health facilities that could provide such care in the poorest countries where the majority of children with severe acute malnutrition live. In-patient treatment may not be an option for parents who simply cannot leave their homes for several weeks. In addition, severely malnourished children are vulnerable to infections as a result of weak immunity and could be at risk in crowded hospital wards.

The three Heads of Agencies of WHO, WFP and UNICEF stated in a press release on 7 June 2007:

"The 20 million children under five in the world today who are suffering from severe acute malnutrition urgently need treatment. This integrated approach should provide a new impetus," said Dr Margaret Chan, WHO Director-General. *"It is urgent that this approach, along with preventive action, be added to the list of cost-effective interventions being used to improve nutrition and reduce child mortality."*

Emphasizing the importance of the three UN agencies partnering in this endeavour, Josette Sheeran, WFP Executive Director, said: *"With this new approach, we have the right product composition to save millions of young lives – this is an example of the new technology and capacity which bring us closer to achieving the first Millennium Development Goal."*

"Ready-to-use therapeutic foods have proven very effective in addressing severe acute malnutrition in children," said UNICEF Executive Director and Chair of the SCN, Ann M. Veneman. *"Malnutrition plays a part in some 53 per cent of the deaths of children under five years old, so these interventions are an important tool in reducing child mortality."*



Achieving Freedom from Child Hunger and Undernutrition: What the Bilateral Partners Can Contribute

Poul Engberg-Pedersen, Director-General, Norwegian Agency for Development Cooperation ([Norad](#))

Nutrition and development

Nutrition is key for achieving the Millennium Development Goals. This has been reflected in SCN publications (SCN 2004a, 2004b, 2006) and has been confirmed by the many speakers at the Symposium on Monday 26 February 2007. While it is encouraging that SCN participants are so broadly agreeing on the importance of nutrition in development and have done so for three decades, we need to ask ourselves and reflect on why we have not been more successful in eliminating hunger and malnutrition. Even in countries such as China where food production has increased substantially, malnutrition is still far from being vanquished. And why is better nutrition not seen by everyone as a precondition for achieving the MDGs?

Challenges to achieving freedom from hunger and malnutrition range from lack of knowledge and resources, to structural causes and weak implementation. I will focus on the implementation aspect, discussing the role of bilateral partners in closing the gap in implementation.

Nutrition realities

The SCN Session gathers together programme managers and nutrition experts with a vision of a world free from hunger and malnutrition, where there are no longer impediments to human development. Strong commitment alone however, is not enough. In developing strategies to realize the vision we need to be realistic with regard to what is and what is not possible to achieve.

Nutrition must be seen in relation to existing local history, culture, power, resources and topography. Take for example the two countries of Ethiopia and Bangladesh. In both countries malnutrition is rife, yet the underlying causes and corresponding coping mechanisms are very different. In Ethiopia, food, conflict and politics are often intertwined. The local geography and topography certainly do not make it easier to address nutrition issues as many communities are inaccessible and agricultural conditions are harsh. Additional challenges range from poor hygiene practices, to gender issues and recurring natural disasters. Yet there is an amazing coping capacity that defies our understanding. In Bangladesh, the main challenge is the high population density and the subsequent shortage of space and natural resources. Furthermore, gender, religion and power issues prevail in society and natural disasters like flooding are frequent. The local coping strategy involves home gardening and small scale livestock production with crops, trees, animals and even fish ponds inside closed household (*baris*). While this obviously has huge nutrition potential, at the same time it represents a health hazard. These two country examples demonstrate how nutrition problems are very local specific and the need for programme planners to understand what the real issues are at the community level in helping to find solutions.

Implementation models

Two broadly defined approaches to development exist in the UN System today: the so-called 'cohesive UN System' and the 'targeted services'. The cohesive UN system focuses on advocacy, awareness and resource mobilization in and through the international nutrition system. The challenge is to have a functional system, without spending too much effort on making the system work at the expense of achieving results on the ground. One example is the '[right to food](#)' approach, which is fully supported by Norway, where an effective operationalization clearly requires country specific solutions. This is described in the [Voluntary Guidelines to Support the Progressive Realization of the Right to Adequate Food in the Context of National Food Security](#) agreed by FAO member states (FAO 2004). Another example concerns 'mainstreaming nutrition' in all emergency and development activities. However, those of us who have been involved in any attempt of mainstreaming, for example in gender equality programmes, know that mainstreaming is probably the most

difficult approach you can take in any field.

The 'targeted services' approach includes programmes such as the Ending Child Hunger and Undernutrition Initiative (ECHUI) and the UNICEF immunization programmes in the 1980s. Delivering targeted services is clearly advantageous in terms of producing measurable results, but for sustainability special attention must be given to ensure local ownership. While Norway is supportive of the goals of ECHUI and recognizes the need for a package of targeted services which aims to reach 100 million families, there is also a need to continue efforts to raise incomes and education levels.

The two approaches need to be regarded as complementary to each other. This is reflected in the title of the recent report by the [UN High-level Panel on UN System-wide Coherence](#) "*Delivering as One*", where 'delivering' reflects the targeted services and 'One' (UN) reflects the cohesive UN system (UN 2006).

Development effectiveness of cooperation

The methods of collaboration in the international nutrition system are centered around global goals and targets such as the MDGs with an emphasis on national ownership through [Poverty Reduction Strategies](#). The MDGs however, are not action plans and do not indicate which programmes and partners to prioritize.

For the past two decades at least, development cooperation has moved upstream from projects to policies, budgets and programmes. This has enhanced ownership, effectiveness, harmonization and sustainability. At the same time it means that we have pulled ourselves away from the intricacies of nutrition at community and household level, which may differ greatly from one situation to another as was demonstrated by the examples of Ethiopia and Bangladesh.

Country ownership is critical to food and nutrition programmes. National policy frameworks and coordination mechanisms however, are not always connected to the reality at household level. As nutrition and development practitioners we are responsible to ensure that such connections are made and that our work indeed does make a difference for the people and families.

With the [Paris Declaration on Aid Effectiveness](#) (2005), many bilateral partners are constrained by concentration on three sectors in each country. Nutrition unfortunately, is almost never one of the priorities because it is a crosscutting issue and because it is not high enough on the political agenda. Nutrition together with agriculture, food production and food distribution have lost out in the attention and resources of bilateral and multilateral development cooperation.

Bilaterals' role in closing the gap between nutrition reality and implementation models

Bilateral partners can contribute to repositioning nutrition into the development agenda and the various implementation models at global as well as national level. For Norway in particular, nutrition strategies can be integrated into development efforts for MDG4 on child survival, which is identified as a key priority area by the Norwegian Prime Minister.

Global engagement involves sharing experiences while working on issues of malnutrition, gender inequality and health and nutrition education. This requires involving both development and nutrition expertise. The Norwegian Agency for Development Cooperation for example, works closely with health and nutrition experts in line ministries and other institutions. Furthermore, we need to involve ourselves in global normative and regulatory efforts where we can contribute to setting the scope for global regulation. Recent examples include efforts to establish regulation on marketing of unhealthy food and on intellectual property. Importantly, bilateral partners need to promote best practices of effective collaboration. This does not mean working together all the way to the field, but rather agreeing on goals and strategies while creating space for division of labor and diversified implementation. Increasingly, there is a need to engage with the 'new donors' in the private sector. While we can learn much from their vertical, results-oriented approach, we also have an important role to play in supplementing private initiatives by strengthening systems that support these kinds of results, including engaging with local private sector and rural farmers.

At the country level, few bilateral partners have a comparative advantage of delivering services on the ground. It is often better to support international partners such as UN agencies, civil society actors and the private sector, who in turn can deliver targeted services in collaboration with local authorities and public and private actors. Bilateral donors need to ensure a good division of labour at country level, so that at least one or two are active in nutrition research, policy and operations in each low income country. This should go hand in hand with supporting capacity development drawing on nutrition expertise in the region as well as in the home country. Finally, bilaterals can engage in policy dialogue, thereby encouraging analysis and stimulate debate about the role of nutrition in history, culture and politics. Transparent politicization of nutrition problems may sometimes be more effective than creating yet another 'policy framework and coordination mechanism' to solve them.

Conclusion

In conclusion, we need to be realistic in terms of acknowledging the reality of each situation that we work in. Analysis is key to identify strengths and weakness in local conditions and coping mechanisms, as exemplified in the diverse nutrition challenges of Ethiopia and Bangladesh respectively. Clearly, sustainable improvement must build upon existing strengths. All of us in the international nutrition system may have to look beyond what we are doing, to what the people themselves are doing, and then ask whether we are doing the right thing all the way back up. This means starting from the results up.

We also need to be realistic about the strengths and limitations of both the 'cohesive mainstreaming' and 'targeted services' approaches currently prevailing in the UN System. In order to succeed in reducing hunger and undernutrition, the two approaches should complement and supplement each other. So far, each of them on their own has fallen short on food production and distribution, and also on nutrition.

In terms of working together, specialized partners like some UN agencies and civil society organizations have strengths over bilaterals because of their multisectoral, yet targeted mandates that fit well with the composite nature of nutrition problems and solutions. Bilaterals must provide resources, experience, expertise and political pressure for the right to food. We need to ensure that existing and additional resources are well spent and reach the intended beneficiaries. This is not a question of political will but rather a responsibility that each one of us has to take on. We cannot wait for political will – we need to generate it.

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Research, Training and Advocacy to Address Child Hunger and Undernutrition: A Civil Society Perspective

David Sanders, [University of the Western Cape, South Africa](#)

Introduction

Many recent authoritative documents, including the Commission on Macroeconomics and Health (WHO 2001), have emphasized the widening health gap between rich and poor countries and the rapidly increasing and intolerable burden of ill-health affecting the world's poor, especially in Sub-Saharan Africa (SSA) (Sanders et al. 2005).

The best available data indicate that while substantial progress has been made towards achieving the MDG targets in some regions, in others the situation is grim. An assessment prepared for the first WHO High-Level Forum on the Health Millennium Development Goals in January 2004 concluded that: "Even if economic growth accelerates ... the developing world will wake up on the morning of January 1, 2016 some way from the health targets – Sub-Saharan Africa a long way" (Wagstaff et al. 2003). In SSA, key health indicators are at much worse levels than those in any other of the world's developing regions - with the exception of malnutrition in children under five in South Asia, but there, unlike SSA, the situation is improving (SCN 2004). Indeed, if present trends in childhood stunting rates in SSA are projected to 2015, they will be at twice the level of the MDG goal (WHO 2003). These inter-country inequalities are mirrored by increasing inequalities in health experience *within* countries, both North and South, with under-5 mortality rates (U5MR) being 2-3 times higher in the lowest socio-economic quintiles as in the highest (Jones et al. 2003).

The well-known UNICEF Conceptual Framework for malnutrition outlines the key causal factors that operate at different levels - individual, family and community, national and global (UNICEF 1993). This brief article, which focuses on SSA, suggests that civil society in its contribution towards ending child hunger and malnutrition must increasingly emphasize and positively influence the growing impact of national and global factors on nutrition and health in poor countries. In responding to these challenges it will be essential to address the root causes of growing poverty and inequality as well as the problem of declining health systems.

The health and nutrition crisis in poor countries and communities

The role of macro-economic factors

Widespread extreme poverty is the root cause of poor health and nutrition, especially in Africa where 46% of its population lives on less than \$1 per day (World Bank 2006) While the number of people living in poverty in SSA increased from 289 million to 514 million between 1981 and 2001, world GDP increased by \$18,691 billion. Africa's situation is due to several interrelated factors – mainly economic stagnation with the related debt crisis. The International Monetary Fund (IMF) and World Bank support for countries with crippling debt has been contingent upon governments adopting painful Structural Adjustment Programs (SAPS), entailing strict ceilings on government spending in the social sectors, limits on public sector recruitment and trade liberalization. SAPS have further integrated countries into the global economy and resulted in significant macro-economic policy changes and public sector restructuring with negative effects on education, health and social services for the poor. A recent review notes: 'The majority of studies in Africa, whether theoretical or empirical, are negative towards structural adjustment and its effects on health outcomes' (Breman and Shelton 2001).

More recently, Poverty Reduction Strategy Paper processes (PRSPs) have been introduced that may include "trade-related conditions that are more stringent, in terms of requiring more, or faster, or deeper liberalization, than WTO provisions to which the respective country has agreed" (Brock and McGee 2004). Such liberalization of trade (and financial markets) has accelerated during the past decade-and-a-half and is clearly impacting negatively on the living standards and diets of the poor in some countries. For example, textiles and clothing industries in Zambia (Jeter 2002), the poultry sector in Ghana (Atarah 2005), and corn cultivation in Mexico have been decimated by the lowering of trade barriers with

resultant social dislocations. In Mexico, 700,000 agricultural jobs were lost with rural poverty rates rising to more than 70% and infant mortality rates among the poor increasing (Henriques and Patel 2004). While poor countries have been induced to lower trade barriers, industrialized countries continue to apply much higher tariffs (tariff peaks) to such exports as chocolate (30.6%) while the EU tariff on raw cocoa from Ghana is just 0.5%. Thus, developing countries account for 90% of cocoa bean production but only four percent of the value of global chocolate production (IMF 2002). These double standards exemplify 'unfair trade' rather than 'free trade'.

Trade is increasingly important in influencing nutrition, in both poor and rich countries. The globalisation of the food supply chain influences food consumption patterns by altering food availability, accessibility, price and desirability (Kennedy et al. 2004). Food imports have increased dramatically with globalisation, almost doubling from (real) US\$ 224 billion in 1972 to US\$ 438 billion in 1998, with much greater increases in the trade of processed agricultural products than primary agricultural products (FAO 2004a). For example, market liberalization in India in the mid-1990s, and similarly in China, led to a rapid increase in imports of low-priced palm and soybean oils (Hawkes 2006) and decreased use of traditional peanut, rapeseed and cottonseed oils. Trade reforms can also affect diet by easing entry of transnational food companies (TFCs) and supermarkets resulting in changes in food availability, accessibility, price and, through marketing, desirability (Lang 1999, Chopra 2002, Popkin 2006). Increased dependence on store-bought foods supplied by TFCs; and increased food choices, especially of processed foods, has occurred.

The fundamental influence of such globalized political processes is illustrated by the difficulties in implementing WHO's Global Strategy on Diet, Physical Activity and Health. This initiative was limited to a 'sanitary education focused strategy' partly because of opposition from the powerful food and beverages industry – with strong support from US representatives at WHO (Cannon 2004).

Other aspects of globalization also influence countries' abilities to implement healthy public policies. These include unregulated financial flows ('hot money'), corporate and individual tax evasion, and dwindling development assistance. In addition, national institutions in many developing countries are frequently weak, leaving governments open to corruption; and conflict has affected several African countries with devastating consequences for health (Hanlon 2004).

The HIV/AIDS emergency has also aggravated SSA's nutrition and health crisis, with on average one in every 14 adults infected with HIV – a much higher rate than in any other part of the world. Although itself a major health problem, HIV/AIDS is also a potent determinant of greater impoverishment, undernutrition and ill-health.

The role of health systems

Health systems in poor countries, especially Africa, have been considerably weakened over the past almost two decades. This is starkly illustrated by global vaccination coverage. After increasing dramatically in the 1980s, this has stagnated at approximately 75% globally, and in Africa at a miserable level of 50% coverage (World Bank 2006).

The main factors responsible for the collapse of health systems in Africa are declining budgets, shortages of health personnel, and fragmentation due to health sector reform and new funding mechanisms. SAPS, discussed above, included "reform" of the public sector with resultant reduced public expenditure in health regardless of local contexts (Gilson and Mills 1995). Health sector reform has affected public health services through three key strategies: the quest for efficiency through "rationalisation" of staff and essential services (in the form of a "core package"); increased privatisation; and decentralisation. Here we focus mainly on the first of these.

Cost-effectiveness analysis is increasingly employed to define these 'packages'. For example, hygiene promotion has been promoted over improved water supply and sanitation as a much more cost effective means of reducing diarrhoea (World Bank 1993, WHO 2001). However, the many other indirect effects of improved water and sanitation on health and nutrition are excluded as

benefits, being methodologically difficult to compute. This approach narrows the scope of public health to a set of technical interventions, ignoring the determinants of ill-health, thus undermining comprehensive approaches. Health interventions other than those specified in the essential ‘package’ are increasingly funded “out-of pocket” and provided by the private sector, commercialising health care. For example, by the late 1990s only 9% of health care transactions studied in Tanzania were found to be provided free of charge (Mackintosh and Tibandebage 2002).

The past ten years has seen an exponential growth of global initiatives focussed on specific diseases. The largest of these – the Global Fund to fight AIDS, malaria and tuberculosis (GFATM) and the Global Alliance on Vaccines and Immunisation (GAVI) – have massive budgets and are major sources of health financing in the poorest countries, and there are also many smaller initiatives. Many global initiatives fund technical interventions such as new drugs and vaccines. GAVI supports not just existing vaccines but also the provision of new ones (eg rotavirus and *pneumococcus*) despite coverage levels of the “old” vaccines stagnating (World Bank 2006). In future countries themselves will be expected to pay for these inputs, threatening daunting expenditure. Global initiatives may bring specific benefits, but they are also fragmenting and undermining country-led approaches and increasing opportunity costs for already overstretched Ministries of Health.

Critical shortages of health personnel are also undermining health systems especially in poor countries. Yet active recruitment of health professionals by rich countries continues unabated, resulting in countries with the highest burden of disease having the lowest health worker density. Global trade agreements such as GATS (Global Agreement on Trade in Services) and revised immigration policies facilitate mobility of health professionals and developed countries gain much from this migration. The United Nations Conference on Trade and Development (UNCTAD) recently estimated that the US saves US\$184,000 in training costs for each professional aged 25 to 35 years. These savings amount to ‘reverse aid’, increasing the gap between rich and poor countries (Meeus 2003, Padarath 2003).

Suggested responses from civil society

The above challenges require interventions that ameliorate the underlying national and global social and environmental determinants of nutrition and health, ensure greater equity in access to sustainable health systems and assist in the rebuilding of public health capacity in poor countries. The role that the civil society constituency of the SCN can play will vary with different contexts, but will consist of a combination of research, training and advocacy actions – since these are the main areas of activity of the academics, researchers and NGOs who make up this constituency. The author recognizes the tremendous contributions that local level actors can make to directly improve nutrition through genuine community involvement with implementation of nutrition activities (Gillespie et al. 1996). The challenges of capacity building for community level action are discussed later.

Research

In responding to the above, research must give priority to:

- underlying determinants of health and nutrition between and within countries;
- health systems research, with a focus on implementation, to determine the factors that influence the success of interventions delivered under normal programme conditions and to measure their impact, and
- case studies of successful comprehensive, community-based approaches to health and nutrition

Health research of the three types described above still accounts for only a small fraction of global health research. Below, examples are given of the first two of these research priorities, illustrating also the importance of using research to influence policy through linking it to advocacy.

Health systems research (HSR): In public health and public nutrition research, the focus is predominantly on descriptive and analytic epidemiological research (“what”, “why”, “where” and “who”) with less activity in efficacy research (testing interventions in a controlled situation) and hardly any in implementation research, particularly in low income settings – the “how” of translating current

research knowledge into practice within health and social systems (de Zoysa et al. 1998, Chopra and Sanders 2000). Such research needs to have a stronger focus on the operational aspects of health systems. HSR can bridge the implementation gap through testing and evaluating activities and systems, while simultaneously enhancing the capacity of health staff to evaluate and improve their performance. An illustrative example of HSR in nutrition is given below. See Box 1.

Research on underlying determinants of health and nutrition: Research into underlying determinants should identify risks not only in local and national contexts, but also in a global one (Labonte and Spiegel 2003); linking local phenomena to globalization processes that influence local possibilities. The national level is also important. National governments negotiate or agree to the rules of globalization (e.g. trade agreements and conditions for debt relief or development assistance) and also decide resource allocations that can dramatically affect equity in access to services and to underlying health determinants at local levels (Bijlmakers et al. 1998, Bassett et al. 2000). See Box 2.

Box 1

Participatory health systems research meets primary health care needs: rural hospitals, household food security and malnutrition

Research and service development activities to improve the management of severe childhood malnutrition in rural hospitals have been continuing in the impoverished former Transkei “homeland” in South Africa since 1998. The research has involved detailed situational assessments and analyses by paediatric ward staff, together with an outside research team, of the processes and outcomes in children admitted with a diagnosis of severe malnutrition. This participatory research revealed unacceptably high fatality rates and serious deviations from the WHO management protocol as a result of knowledge and skills deficits, inadequate resources and staff, and poor supervision and support from managers. Responses included additional resources (drugs, micronutrients, testing equipment, ingredients for special feeds, extra night staff) and sustained training and supportive supervision, together with ongoing monitoring that is now a routine activity. This process has been successful in reducing case-fatality rates by, on average, 33% across 11 district hospitals.

Follow-up research of the children who were successfully rehabilitated showed that they returned to food insecure homes and, although all households qualified for a government welfare provision to poor families (the Child Support Grant—CSG), none was receiving it, despite strenuous efforts on the part of most caregivers. Their testimony and these research findings were used in an advocacy campaign comprising formal submissions to government, newspaper articles prompting questions in parliament, and a prime-time television documentary. The latter prompted immediate intervention by the Minister of Social Development. This, and continuing advocacy efforts in collaboration with an alliance of child welfare nongovernmental organizations, has resulted in a sharp and sustained increase in CSG distribution and greater attention to household food insecurity as a causal factor in malnutrition, although much work remains to be done. This research illustrates the powerful potential of implementation research in improving quality of care, as well as in providing evidence for advocacy. (Puoane et al. 2001, Ashworth et al. 2004)

Box 2

The group of eight (G8)’s “fatal indifference” — global health research on underlying determinants.

Repeated commitments have been made by G8 countries (Canada, France, Germany, Italy, Japan, Russia, UK and USA) to global health and development at their summits in 1999, 2000 and 2001. Labonte et al. (2004) analyzed the commitments by classifying “promises kept” ($n=10$) or “promises broken” ($n=17$), their adequacy in tackling the problems they addressed and their relationship to G8 neoliberal prescriptions for economic growth.

Some examples include:

Promises kept:

- The Global Fund to Fight AIDS, Tuberculosis and Malaria was established (“primed” with initial contributions of US\$ 1.3 billion).
- Agreement was reached (in August 2003) on flexibility in TRIPS (the World Trade Organization’s Agreement on Trade-Related Intellectual Property Rights) to ensure access to essential medicines (although considerable uncertainty still surrounds implementation).

Promises broken:

- Work towards the International Development Goals (now renamed as the Millennium Development Goals) through enhanced development assistance was compromised by the failure of the G8 to deliver on promised increases in their ODA; subsequent increases were inadequate to meet the need.
- “Strong” national health systems are not being supported (G8 development assistance for health actually declined during the study period, i.e. 1999–2001).

Advocacy

Below three examples of advocacy action in the areas of nutrition and health are given. The first is an exemplary campaign that has been sustained over almost 30 years and has focused on the imperative of protecting and promoting optimal infant and young child feeding. The second illustrates how human rights law has been combined with advocacy actions to realize the right to food – which is increasingly under threat. The last describes briefly the development of a large global network that organizes and campaigns around the right to health and challenges the institutions and governments responsible to meet their obligations.

Baby food action: In addition to advocacy action based on the above research the area of infant and young child feeding demonstrates the powerful role of evidence-based advocacy in public health, while also revealing the obstacles encountered when commercial interests feel their profits are under threat. Breastfeeding is estimated to save 6 million lives every year and could prevent 13% of all under-5 deaths or 1.3 million in the worst affected 42 countries. Appropriate complementary feeding could prevent a further 6% of under-5 deaths (Jones et al 2003). Despite the benefits of breastfeeding, rates have declined in many countries with the commercial promotion of breastmilk substitutes. Civil society organizations (CSOs) have played a crucial role since the 1970s in researching and publicizing the aggressive baby food marketing tactics that undermine breastfeeding. See Box 3.

The right to food: [FIAN International](#) is a human rights organization that focuses on the promotion and protection of the Human Right to Adequate Food (RtF), through direct intervention with violation cases, capacity strengthening of local civil society and influencing policy. See Box 4.

Box 3

IBFAN action in Brazil and the Philippines

A boycott of Nestlé led to Senate hearings in the US and a WHO/UNICEF meeting in 1979 that began to draft the International Code of Marketing of Breastmilk Substitutes, adopted by the World Health Assembly in 1981. At that time six civil society groups formed the International Baby Food Action Network ([IBFAN](#)) which today constitutes over 200 groups in over 100 countries. IBFAN groups monitor the implementation of the Code and subsequent Resolutions. IBFAN's International Code Documentation Centre in Penang, Malaysia, has trained many policy makers on courses supported by WHO and UNICEF in both monitoring and legal issues.

Today over 70 countries have implemented the Code to some degree. Where these are independently monitored and enforced, violations are stopped. Brazil is a strong example as breastfeeding rates have been increasing year-on-year. IBFAN and its partners in the wider World Alliance for Breastfeeding Action ([WABA](#)) have advocated a broad strategy of measures to protect and promote breastfeeding, resulting in inter-governmental agreements, such as the Innocenti Declaration and the Global Strategy for Infant and Young Child Feeding. IBFAN also defends the Code and Resolutions at the Codex Alimentarius Commission, where the industry lobby dominates meetings. The Nestlé boycott continues today as a result of continuing contraventions. At both national and international level, the public health measures advocated by CSOs are opposed by commercial interests if they threaten on sales. Brazil's exemplary legislation developed over nearly two decades required revisions when monitoring evidence revealed loopholes. But legislation is always under threat and an industry lobby in Brazil earlier this year had the health warnings required on whole milk labels weakened.

In the Philippines, formula has been promoted with the claim it contains “Brain Building Blocks” and advertisements suggesting formula-fed infants will become more intelligent and even, in one advertising campaign, concert violinists. The reality is starker. According to WHO 16,000 infants die in the Philippines every year because they are not breastfed. When the Ministry of Health recently strengthened its regulations, it was taken to court by the baby food industry. The regulations were suspended after the US Chamber of Commerce wrote to President Arroyo of the Philippines calling on her to intervene. There the IBFAN group and a broad coalition of CSOs have mobilized thousands of Filipino mothers and stimulated international solidarity action which has exposed industry's attempt to reverse the regulations. The Supreme Court is presently considering the matter. The same story is played out, country after country. This model of international advocacy through the UN system is a powerful one but must be coupled with monitoring and research to provide evidence for action and, crucially, perseverance and continued vigilance to defend gains. Sources: Richter 2002, [IBFAN 2004a](#), [IBFAN 2004b](#), [Allain 2005](#).

The Peoples Health Movement: The [People's Health Movement](#) (PHM) is a network of health activists established in 2000, initially to revitalize the principles of the [Alma-Ata Declaration on Health for All and primary health care](#) (International Conference on Primary Health Care, 1978). PHM now has a presence in around 80 countries, and has become actively engaged with WHO as both critic and supporter. PHM's activities include a campaign to strengthen the right to health and facilitating the process of generating *Global Health Watch*, an alternative report on global health (Lee 2007).

Training and Capacity Development

With the move towards decentralised health systems, many health and nutrition workers, particularly at district level and below, now require, in addition to clinical skills, substantial public health skills in planning, advocacy, programme design, programme implementation and monitoring and evaluation, all of which are fundamental to the successful implementation of programmes. Since such skills are often in short supply, this poses a considerable challenge to training institutions and organizations. Failure to respond to this challenge of reorientation, training and support, contributes to a lack of capacity to implement policies and plans at local level "Human resources are often the greatest threat to the success of reforms" as a lack of development and training lead to low levels of staff morale, low productivity, high turnover and a drain of human resources into the private sector and other countries (Martinez and Martineau 1998).

Successful nutrition programmes have invariably been found to have high levels of community participation (Shrimpton 1995). The greatest challenge is linking community-based programmes with service delivery mechanisms; thus forging partnerships for improved maternal and child nutrition (Tontisirin and Gillespie

Box 4

FoodFirst Information and Action Network (FIAN)

Over the last 20 years FIAN has supported the struggle of social groups and communities who have had their right to food (RtF) violated. FIAN has intervened in more than 400 cases, in 60 countries. In this process FIAN has worked closely with the victims of violations themselves or with CSOs and social movements closely related to them. Cases are only taken up when victim groups contact FIAN – directly or through partner organizations - requesting support (Windfuhr 2007).

Most of the above cases are related to hunger and malnutrition of peasants, smallholder farmers, indigenous peoples, and rural workers. Most are related to land grabbing by local large farmers, and many to displacement from traditional land by "development projects", usually controlled by large corporate interests, with the support of national governments and international finance institutions. More recently cases of urban hunger and malnutrition and malfunction of public food programmes have been documented.

FIAN's case work has influenced different dimensions of peoples' struggle against hunger and malnutrition. Firstly, it has strengthened the capacity of local civil society and social movements to struggle for their rights at the national level, in face of local and national governments, and to be protected from actions of local or international economic interests that undermine people's ability to feed themselves. More recently it has strengthened the capacity of civil society to negotiate adequate public policies that promote the RtF. Secondly, it has participated in standard setting for the RtF at the intergovernmental level. In 1997, FIAN, with other organizations, drafted an International Code of Conduct on the RtF, endorsed by 800 civil society organization and social movements (FIAN 1997). This code formed the basis for General Comment 12, of the UN Committee on Economic, Social and Cultural Rights in 1999, which clarifies governments' obligations in relation to the International Covenant on ESCR (CESCR 1999).

Finally, the World Food Summit follow-up, influenced by civil society pressure, coordinated by FIAN, led to the elaboration and approval of the Guidelines on the promotion of the Right to Food by the State members of FAO, in 2004 (FAO 2004b).

FIAN sees the Guidelines as a potent tool to hold Governments accountable to their obligation to respect, protect, promote and provide the RtF. To support that struggle, FIAN continues to document violations and lobby governments. FIAN is presently developing tools to support civil society in introducing the RtF into national and international policies, including capacity building and monitoring tools that can be used to pressure governments to adopt coherent policies at local and national level and provide reports to the international monitoring bodies (FIAN 2007a-c).

1999). However, creating the capacity required to facilitate and arrange community extension (WHO/BASICS/UNICEF 1999), is a serious challenge for district level health service managers in the context of SSA today.

Conclusion

Capacity development, however, involves not only training to improve knowledge and skills; it also requires that those concerned accept responsibility, have the authority and have access to and control over resources necessary to perform the tasks. Thus, capacity development in the areas of public health and nutrition entails a number of linked actions, including, but not limited to, (more appropriate) training in research and programme development, as well as in policy-related research and advocacy – particularly regarding the basic causes of poor nutrition. These are the challenges that civil society must rise to if the unconscionable gap between knowledge and its implementation and the unacceptable situation of child hunger and undernutrition are to be successfully tackled.

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ANNOUNCEMENT: Revival of the newsletter New & Noteworthy in Nutrition

New & Noteworthy in Nutrition has a distinguished history. Alan Berg began New and Noteworthy in 1980 as a newsletter for World Bank staff. Over time, the newsletter was circulated not only within the Bank but also to a broader group of "Friends of Nutrition."

New & Noteworthy aimed at assisting those working in health and development to keep abreast in the easiest possible way of emerging knowledge on nutrition science, policies, and programs. New & Noteworthy was written in a uniquely witty and provocative style that acquired a devoted following. Alan Berg continued to produce New and Noteworthy until 2000, when the International Food Policy Research Institute (IFPRI) took responsibility for its publication.

The Population Reference Bureau ([PRB](#)) has agreed to continue producing New & Noteworthy. Richard Skolnik, the Director of International Programs at PRB and a longstanding friend of nutrition will be the editor of the newsletter. He will include "classic topics" found in earlier versions such as undernutrition, nutrition policies and programs, food security, and news about the work in nutrition of selected organizations. In addition, New & Noteworthy will include topics of growing interest and concern such as obesity, nutrition and HIV, and biotechnology.

New & Noteworthy will be available initially on the PRB website (www.prb.org), first issue to be published 27 July, and delivered via a number of listservs. Over time, PRB will explore interest in making New and Noteworthy a more interactive forum for discussion of nutrition issues. If you are interested in receiving New & Noteworthy by email, please send name, affiliation and email to Richard Skolnik at rskolnik@prb.org

Please feel free to assist in developing the content of the newsletter by bringing to Richard's attention any policy developments, programs that provide important lessons, and publications that should be of special interest.

Private Sector Contributions To Ending Child Hunger and Undernutrition

Roger Shrimpton, Secretary of the [SCN](#)

Introduction

The need for greater private sector engagement in efforts to achieve a world free from hunger and malnutrition is well recognized (SCN 2006a). The private sector here concerns all those “for profit” enterprises, whether: large or small; local, national or global; formal or informal. The [Commission on Nutrition Challenges of the 21st Century](#) clearly identified the critical need for co-operation between food industry, science, the regulators and legislators at all levels and initiate continuous dialogue between the various sectors to implement schemes that will help to eliminate undernutrition as well as limit the development of age and diet related chronic diseases (James et al 2000). The Commission proposed that a multisectoral partnership needs to be built to work closely on specific issues relating to technology development, food processing and marketing, free market approaches with minimum price support mechanisms, standards, quality assurance, product certification, social communication and demand creation, monitoring and evaluation. Guidelines on these issues should then gain acceptance and be implemented at the country level. The purpose of my paper is to explore not just “what” the private sector can contribute and “why” private sector engagement is so important, but also “how” this engagement should be conducted. In the context of our overall theme of understanding how best to “work together”, the “how” dimensions are particularly important.

Why the private sector is important

Within the private sector, the agro-food industry has an increasingly important influence and role to play in making the modern world free from hunger and malnutrition. The increase in the world population from one to six billion in the last two centuries was largely made possible by the industrialization of the food chain, from farming methods through to food processing, packaging and storage technologies. One of the consequences of the industrialization of the food chain has been the reduction in the number of plant and animal species that form the basis of our diets. Today over 80% of the population rely on just four staple crops, which the food industry turns into a myriad of processed foods. In the USA alone there are upward of 17,000 new food products registered each year. With 60% of the 8 billion population projected for 2030 likely to be living in urban areas, the agro-food industry will continue to grow and remain an important motor of economic growth in most countries. The challenge is to harness this sectors potential to contribute to achieving a world free from hunger and malnutrition, in addition to its primary mission of making profits for its shareholders.

The importance of the private sector wealth has grown by leaps and bounds since the industrial revolution began two centuries ago. The world is richer today than ever before with the world’s average per capita income increasing nine fold in this period when population increased just six fold (Sachs 2005). The average increase in income has been even greater in today’s rich countries, increasing twenty five fold in the US and fifteen fold in Europe. In consequence today we have far greater disparities in the incomes of nations than ever before. The gap is twenty fold between Africa and the USA, the strongest world economy. Before the industrial revolution the biggest gap was just fourfold between the UK, the wealthiest nation, and Africa. The disparities are even bigger in terms of accrued wealth than they are for income (Davies et al 2006). The richest 1% of the worlds adults, 37 million people with assets of at least half a million dollars, own 40% of global assets. The combined assets of the 125 richest people in the world exceed the combined gross domestic product of the 50 least developed countries.

In today’s “Davos World” the power and influence of private sector wealth gets stronger as that of the nation state diminishes. Indeed almost half of the world’s 100 largest economies are those of transnational corporations. At the same time the powers of any state are becoming more diffuse with the emergence of the Brazilian, Indian and Chinese economies, and of increasingly powerful energy rich states in Russia, Saudi Arabia, and Iran. Advances in mass communication and travel together with greater individual and corporate wealth, make the world increasingly difficult place for states to govern, or even for a small group of the more powerful states to try to control events.

What the private sector can contribute

There are three dimensions of private sector contributions to achieving a world free from hunger and malnutrition that I would like to explore. One important area is to help ensure the provision of more nutritious foods. A second area is the contribution of new private sector sources of funding, skills, experiences, resources and networks to ongoing collaborative efforts to resolve hunger and malnutrition. A third area is private sector contributions to help guarantee new more sustainable approaches for delivering nutrition services and food products, especially given the limited capacity of many state governments in the least developed countries. It is not just the food related private sector actors that are needed to enlist their support in efforts to achieve a world free from hunger and malnutrition. Unless a far broader set of private sector actors become engaged in such efforts, especially for these second and third areas of private sector contribution, the likelihood of success is greatly limited.

The potential for increased private sector collaboration in the provision of more nutritious basic foods is obviously enormous, and is the area where the food and beverage industries are the best placed to contribute. More nutritious foods can be achieved through fortification of processed foods, as well as the development of special foods including micronutrient supplements. Since the early nineties micronutrient supplementation has been successfully used for tackling vitamin A deficiency, with high coverage of massive dose capsules being achieved twice a year in a great majority of developing countries saving millions of child lives. Efforts to promote the consumption of micronutrient supplements in the combat of iron deficiency anaemia have been less successful and remain a challenge (Shrimpton and Schultink 2002). Fortification is perhaps the most propitious area for private sector engagement (Allen et al. 2006). Micronutrient deficiencies such as rickets, scurvy, goitre and pellagra were common even in the western industrialized countries until forty years ago, when food fortification measures were instituted (West and Hautvast 1997). Iodine deficiency disorders affected a large majority of the people in developing countries until salt iodization efforts were put in place during the nineties, and the household coverage of iodized salt went from 10% to 70% during the nineties (UNICEF 2004). Much still remains to be done to sustain the advances of salt iodization across the world and to expand food fortification efforts to include other foods than salt and other micronutrients besides iodine.

The potential for using market based approaches for promoting widespread coverage of a range of nutritious food products, especially for mothers during pregnancy and very young children, i.e. the more vulnerable members of society, deserves renewed attention (SCN 2003). While attempts to commercially market fortified complementary foods in the 70s met with nearly universal failure, since then numerous lessons have been learned about social marketing techniques, which have resulted in the successful commercialization of a wide range of products that address important public health problems (Favin and Griffiths 1992). An increasing array of food products exist today in addition to fortified complementary foods, such as micronutrient spreads that can be consumed directly or used as a condiment, micronutrient powders in sachets that can be sprinkled on the regular complementary feeding diet, and FOODlets that can be crushed into complementary foods or taken directly as a supplement (Allen and Shrimpton 2005). Their commercial sale coupled with a comprehensive social marketing campaign needs to be promoted in order to increase coverage and ensure sustainability of such approaches.

The recent boom in international philanthropy is changing the international aid landscape, with private charitable foundations becoming as important as bilateral sources of funds for development. For example the [Bill & Melinda Gates Foundation](#) with an endowment of \$33.4 billion, committed \$1.56 billion in 2006 alone to various public health problems, and is about to launch a nutrition strategy that will begin to direct resources towards maternal and child hunger and undernutrition (The Bill and Melinda Gates Foundation 2007). The Global Fund, a private public partnership created to fund a dramatic turnaround in the fight against AIDS, tuberculosis and malaria, has committed \$7.6 billion in 136 countries in the last five years (The Global Fund to Fight Aids, Tuberculosis and Malaria 2007). The major areas of partnership through which the private sector supports the work of the Global Fund are in marketing campaigns and cash contributions, pro bono

services and product contributions, in governance of the Global Fund, and through in-country co-investments and operational contributions. The Global Alliance for Improved Nutrition ([GAIN](#)) is another private public partnership whose mission is to reduce malnutrition through the use of food fortification and other strategies aimed at improving the health and nutrition of populations at risk (GAIN 1997). GAIN is steadily expanding private sector investments in food fortification capabilities across the globe, and raised US\$60 million in core funding in 2005. So far GAIN has awarded 23 grants worth \$38 million to establish 15 national food fortification programs, projected to reach 450 million people over three years, 293 million of whom are at risk of vitamin and mineral deficiencies. These investments have generated a commitment to invest US\$353 million in country fortification programs by the private sector. The [Rockefeller Foundation](#) together with the Bill and Melinda Gates Foundation, have established the Alliance for a Green Revolution in Africa ([AGRA](#)) which will begin with a \$150 million grant for efforts to improve seeds through conventional breeding to increase their yields and make them suitable for Africa's unpredictable rainfall patterns (AGRA 2007). There are other private sector resources that have yet to be attracted to trying to solve the global hunger and malnutrition problems. Members of the Clinton Global Initiative ([CGI](#)) made more than 500 commitments over the past two years, totalling nearly \$10 billion and benefiting the work of more than 1,000 organizations, but very little of this was nutrition related (CGI 2007). How to effectively engage more of this whole new set of private wealth sources of funding and skills to tackle the problems of hunger and malnutrition is the challenge facing us.

Perhaps the most important area where increased private sector contributions are needed, is at the country level. Given the limited capacity of many state governments, new and more sustainable approaches are needed to help ensure at scale coverage of food and nutrition products and interventions, especially among the most vulnerable members of society. A first priority in those least developed countries where more than 60% of the population earns less than a dollar a day is to promote and support the development of livelihoods in rural areas, promoting labour intensive small scale farming aimed at producing food for local consumption (UNCTAD 2002). In this way local markets are stimulated and rural people more likely to create some private wealth and less likely to need state support for tackling their hunger and malnutrition problems. This in turn means that people can avail themselves of the best that the markets can provide in terms of nutritious fortified food products.

Another priority then becomes ensuring the availability of a range of more nutritious foods, including fortified complementary foods and micronutrient supplements, and promoting their consumption. Small commercial outlets can be used to sell and promote the use of fortified complementary food products (Porter and Shafritz 1999). The marketing of fortified products can also be integrated into microcredit programs - whereby village women produce and sell special fortified foods as a cottage industry, supported by the loan from the microcredit program. If the microcredit program includes education on health and nutrition it is even more effective, as the education can provide information about the appropriate use of the fortified products. Similarly if free micronutrient supplements for the treatment of anaemia are to be provided by the health service to all pregnant and lactating women, it is better to reach out to these mothers through traditional birth attendants (TBA) for example, than to rely on the mothers coming to receive them at the health service (SCN 1991). Far higher coverage, and much better adherence is achieved if the TBA delivers them to the mother than if the mother collects them herself. The TBA usually receives some sort of compensation or in-kind retribution for the services she provides, making this a win-win private public partnership.

How private sector contributes

Besides the many opportunities that engagement with the private sector brings, there are also many potential risks (SCN 2004). The risks include: 1) greater corporate influence over public policy making processes of governmental and intergovernmental institutions, at the expense of the public good; 2) the opportunity costs of distraction from or less interest in activities which are not of interest to the private sector, but which may be important for nutrition goals; 3) regarding private sector engagements as ends in themselves, thereby undermining strategic direction, 4) loss of legitimacy with key

constituencies and funders due to perceived co-optation by commercial interests; 5) funding driven shifts in priorities at both international and national level, with fragmentation of public health/nutrition policies and programming. For these reason several types of codes of conduct have been developed to help regulate private public partnerships, and ensure that they serve the public good not just private sector interests.

Perhaps the greatest amount of regulatory effort has been devoted to transnational corporations (TNCs). A resource guide on regulating corporations (Abrahams 2004), which focuses on working activities of TNCs that affect social, environmental and human rights, classified these into four categories: corporate self regulation; multilateral regulation; civil regulation and multistakeholder initiatives; national laws that have cross-border implications for TNCs. The [UN Global Compact](#) is the main platform for engagement with the private sector by the UN. The Global Compact seeks to advance ten universal principles in the areas of human rights, workplace conditions, the environment and anticorruption through learning, dialogue and partnership activities on the ground. The Global Compact is a network and at its core are the Global Compact Office and six UN agencies: Office of the High Commissioner for Human Rights ([OHCHR](#)); United Nations Environment Programme ([UNEP](#)); International Labour Organization ([ILO](#)); United Nations Development Programme ([UNDP](#)); United Nations Industrial Development Organization ([UNIDO](#)); United Nations Office on Drugs and Crime ([UNODC](#)). Participating businesses pledge to implement the universal principles in their strategy and day to day operations and often seek partnerships with UN organization or others to advance the UN goals, including the MDGs. The Global Compact has developed a considerable inventory of practical tools and resources and guidance for engaging with the private sector in private public partnerships, including a screening tool for checking the credentials of potential business partners.

The Global Compact has been criticized because the codes of conduct are voluntary, allowing TNCs to showcase good examples but not their bad practices, i.e. all carrot and no stick. The Global Compact Activities also tend to have a global rather than a country level focus, which allows the TNCs to cherry pick one or two good examples of engagement, and use them to promote their image, without necessarily promoting such good practices across the board. There seems to be a growing recognition that voluntary codes of conduct are less effective than mandatory codes of conduct for ensuring that bad practices are adequately regulated and controlled (Utting 2005). Experience with the [International Code of Marketing of Breast-milk Substitutes](#) (WHO 1981) suggests that codes are likely to be broken whether they are put into national legislation or not, and that without enforcement and adequate information such regulation is not effective (Aguayo et al 2003). The scope for developing a third party "ethical" certification system for the food industry is one that still has to be explored. Such an endeavour would seek to provide a "seal of approval" by an independent board that could review companies' activities and certify compliance with a given set of ethical criteria.

The SCN itself has also contributed material for consideration with regard to private sector regulation. The SCN has developed a set of [SCN Private Sector Engagement Policy](#) (SCN 2006b), which although specific for the SCN, are still of relevance to other public bodies at both international and national level. The Working Groups on Nutrition, Ethics and Human Rights/Nutrition Throughout the Life Cycle (2006) have issued a [statement](#) on the human right of children and adolescents to adequate food and to be free from obesity and related diseases: the responsibilities of food and beverage corporations and related media and marketing industries. The SCN will now establish a new Working Group, that will further develop mechanisms for providing guidance on private sector engagement for those actors active in food and nutrition programmes at the national level.

In conclusion I think it is clear that the private sector has an enormous role to play in achieving a world free from hunger and malnutrition, in particular by increasing coverage of a range of nutritious foods and micronutrient supplements, targeted at the most vulnerable. This increased engagement with the private sector should be through a much broader engagement than with the food and drinks industry, with a much greater buy in than currently exist. But even with increased resources, it is still critically important to understand the "HOW" to engage with private sector. Fortunately many guidelines and codes of conduct exist that can help to regulate and guide these interactions.

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Working Together in Emergencies: Infant and Young Child Feeding in Emergencies

Marie McGrath, Director, Emergency Nutrition Network ([ENN](#))

The context

Supporting appropriate infant feeding practice has been repeatedly identified as a critical target area necessary to globally reduce infant and young child mortality (Jones et al 2003). Well over two thirds of deaths in under fives associated with malnutrition occur during the first year of life, and are often linked with inappropriate feeding practices (WHO/UNICEF 2003). Lack of breastfeeding – in particular, lack of exclusive breastfeeding for the first six months of life – contributes to increased infant and childhood morbidity and mortality, compounded by inappropriate complementary feeding practices. Feeding infants and children in exceptionally difficult circumstances, e.g. those who are malnourished, low birth weight infants and those in areas of high HIV/AIDS prevalence, makes achieving global targets even more of a challenge. Complex emergencies, often characterised by displacement, food insecurity and conflict, further compromise the care and feeding of infants and young children. Interrupted breastfeeding, inappropriate complementary feeding and uncontrolled distribution of infant formula, all heighten the risk of malnutrition, illness and mortality, especially in the face of disrupted and/or poor water and sanitation conditions that typify acute emergency situations,

IFE Core Group

Given the challenge of supporting infant feeding in emergencies, the knowledge and skills of those working in aid operations is crucial, from a policy level to those working one-to-one with mothers and children. The need for capacity building in infant feeding in emergencies (IFE) was identified at an International Meeting on Infant Feeding in Emergency Situations in 1998, out of which grew a collaborative interagency effort concerned with bringing this about, what has become known as the IFE Core Group. This group of United Nations agencies and non-governmental organizations (NGOs) have been committed to developing training materials and policy guidance on infant feeding in emergencies. The [IFE Core Group](#) currently comprises the United Nations High Commission on Refugees ([UNHCR](#)), the World Food Programme ([WFP](#)), the World Health Organization ([WHO](#)), the United Nations Children's Fund ([UNICEF](#)), the Emergency Nutrition Network ([ENN](#)), the International Baby Food Action Network-Geneva Infant Feeding Association ([IBFAN-GIFA](#)), Fondation Terre des hommes ([Fondation Tdh](#)), and [CARE](#), co-ordinated by the ENN. The associate members Save the Children UK ([SC UK](#)) and the International Federation of Red Cross and Red Crescent Societies ([IFRC](#)) have been involved on specific field issues and their field experiences have particularly informed the work of the IFE Core Group. Members of the Core Group are also members the IFE Thematic Group of the SCN Working Group on Nutrition in Emergencies and the annual SCN meeting has been used as the key forum for sharing information and progress with the international nutrition sector.

The mandate

The work of the IFE Core Group is by no means a standalone initiative. It lies firmly within the scope of Article 24 of the [Convention on the Rights of the Child](#) (CRC) (1989) and the [WHO/UNICEF Global Strategy for Infant and Young Child Feeding](#) (2003). Article 24 recognizes the right of the child to the highest attainable standard of health. To achieve this, "appropriate measures" are called for "to diminish infant and child mortality" and "to ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, and the advantages of breastfeeding." (CRC Art. 24(a) and (e)) It states that international co-operation is necessary to realize this right, particularly relating to the needs of developing countries. The Global Strategy, endorsed by the World Health Assembly in 2002 (WHA 2002), reflects a concerted effort to revitalise world attention on the impact of feeding practices on the very survival of infants and young children. A guide for action, it describes essential interventions to protect, promote and support appropriate infant and young child feeding and assigns specific responsibilities for governments, international organizations and other concerned

parties. The Strategy refers specifically to infant and young child feeding in emergencies and calls for feeding support for infants and young children in exceptionally difficult circumstances and the development of the knowledge and skills base of health workers working with carers and children in such situations (paras. 23, 31 and 34). The [International Code of Marketing of Breastmilk Substitutes](#) and subsequent relevant World Health Assembly (WHA) resolutions ([collectively known as the Code](#)) (WHO 1981) are embedded in the Ops Guidance.

Challenges to field implementation

The context of emergencies is critical to implementation. While the message may seem simple – breast is best, much depends on the perceptions and understanding of breastfeeding in the emergency setting, existing policies and their implementation by key actors, coupled with the levels of knowledge and practical skills among those actors. Recent emergencies have covered many contexts and consequently feeding practices – from the Democratic Republic of Congo (DRC) and Venezuela where breastfeeding is considered the norm, to Hurricane Katrina in the US, where breastfeeding is considered the last resort (see quote), to contexts where a considerable proportion of mothers may have never breastfed, such as Lebanon.

*Still weak from the birth,
she was forced to breastfeed
her 21-month-old child.
"I had to, I couldn't give
him anything else."*

*Mark Coultan,
The Age, New Orleans,
September 6, 2005*

We also have many players in an emergency response that can influence infant and young child feeding and outcomes. Some of them are obvious, like health and nutrition staff directly involved with mothers and babies on the ground, and some of them less so, like the military, whose humanitarian related operations, often in the very early days of an emergency response, can have a significant bearing on infant feeding in emergencies.

Added dimension of IFE Core Group

The last five to six years has seen great policy and guidance development to support infant and young child feeding, including on HIV and infant feeding and complementary feeding. We need the frameworks and global strategies to guide our thinking, but the 'devil is in the detail', and it is elucidating this practical detail for emergencies that the IFE Core Group is really all about. Central to this is the realisation that IFE has to be addressed at all levels to make a difference. The Core Group addresses policy development and implementation as well as capacity building in programme management and in practical knowledge and skills that ultimately translate into implementation of interventions that support appropriate infant feeding practices. Support of breastfeeding is the cornerstone of the work of the IFE Core Group. However we are equally concerned with the protection and support of both breastfed and non-breastfed infants and young children as well as with complementary feeding in emergencies.

How the IFE Core Group works

Each of the member agencies is committed to technically and financially supporting the work of the IFE Core Group. Initially informally coordinated, since 2004 the ENN took on a more formal coordination role. The work of the Core Group actually reflects a much wider network of collaborators who have contributed over the years. This has ranged from technical contributors who have written chapters to field teams that have reviewed content or contributed case material to use. Until 2007, the group has survived on a shoestring and insecure budget, relying on contributions of members. Currently the majority of the activities of the IFE Core Group for 2007 is funded by the UNICEF-led [Inter-Agency Standing Committee \(IASC\) Nutrition Cluster Working Group](#), with continued support from IFE Core Group members and the Office of US Foreign Disaster Assistance ([USAID/OFDA](#)) support to ENN.

The IFE Core Group's work in policy guidance is embodied in the Infant and Young Child Feeding in Emergencies – Operational Guidance for Emergency Relief Staff and Policy-Makers ([Ops Guidance](#)) (IFE Core Group 2007), and in capacity building in the form of two training

modules (Box 1). These materials are considered 'working documents', so that we can quickly reflect policy developments and learn from field experiences in implementation. The Operational Guidance on Infant and Young Child Feeding in Emergencies (Ops Guidance) was first produced by the Interagency Working Group on Infant and Young Child Feeding in Emergencies in 2001 (Version 1.0). A second version was produced in May 2006 (Version 2.0) by the IFE Core Group, closely followed by the third recent update (Version 2.1, February 2007) to reflect experiences in implementation during the Lebanon crisis and the recent WHO consensus statement on infant feeding and HIV/AIDS (WHO, 2006). Shared at the SCN Session in Rome, 2007, the current Version 2.1 (February 2007) also includes a clarification that was agreed in the SCN Session - with key input from the Micronutrient Group - on the use of micronutrients in malarious contexts (Ops Guidance 5.1.2) - another good example of the working together that has typified this interagency effort.

The content of the materials are both evidence and experience based, drawing on existing best practice and published evidence where it exists, and on extensive field experiences and a broad base of expert opinion where it does not. In some instances we have worked to fill identified gaps. For example, engaging with agencies responding to the Iraq crisis in 2003 led to a new section being developed in Module 2 on managing artificial feeding in emergencies. Collating experiences of field workers on infant feeding (McGrath 2003) identified an urgent need to specifically address malnutrition in infants under six months, and is reflected in an additional part developed in Module 2. Field experiences showing widespread violations of the Code in FYR Macedonia and more recently in Lebanon and Indonesia (Corbett and Maclaine 2006), has led us to build upon the Code in the Ops Guidance to develop a 'best practice' for handling breastmilk substitutes in emergencies to protect both breastfed and non-breastfed infants.

However the IFE Core Group is about more than just developing materials. Through this very basic mechanism described above, we have influenced policy. For example the UNHCR (2006) policy on handling milk products in refugee settings was updated in close collaboration with the IFE Core Group and draws heavily on the Ops Guidance. Our concern not just with development of materials but also how they are implemented, has added another dimension to our working together. We have intervened in instances where we have become suspicious of commercial ventures around IFE and we have got involved to voice our concerns and raise the warning flag to others. One example was proposed research at Bath University in the UK involving infant formula in Sri Lanka, another recent example concerned a commercial venture in the UK

Box 1

Key Materials developed by the IFE Core Group

The aim of the **Operational Guidance on Infant and Young Child Feeding in Emergencies (Ops Guidance)** is to provide concise, practical (but non technical) guidance on how to ensure appropriate infant and young child feeding in emergencies. A number of elements are also applicable in non-emergency settings. It is intended for emergency relief staff and programme managers of all agencies working in emergency programmes, including national governments, UN agencies, national and international NGOs, and donors. It applies in emergency situations in all countries, and extends to non-emergency situations, particularly in the interest of emergency preparedness. It focuses especially on infants and young children under two years of age and their caregivers, recognising their particular vulnerability in emergencies

Infant Feeding in Emergencies Module was produced in March 2001, in collaboration between WFP, UNICEF, The LINKAGES project, IBFAN and ENN with many other contributors. It is geared to preparing emergency relief staff to safeguard maternal and child health in emergencies by ensuring appropriate infant feeding. Since its launch at the SCN Session in Nairobi 2001, over 1,000 copies have been distributed to agencies and institutions.

Infant Feeding in Emergencies Module 2 for health and nutrition workers, was produced in December 2004, and reflects a further three years of collaborative work between ENN, IBFAN, Fondation Tdh, UNICEF, UNHCR, WHO, and WFP, with external technical support and contributions. It aims to provide those directly involved with infants and carers with the basic knowledge and skills to support safe and appropriate infant feeding support. The module has been produced as a 'living' document, to be updated periodically in line with emerging evidence and field experiences.

Other relevant resources, including a guide for the media on IFE have been developed by the IFE Core Group and are available at <http://www.ennonline.net> or from the ENN.

to market disposable teats in emergencies. We have promoted the Ops Guidance and training materials in real time emergencies – for example in Pakistan and in Indonesia, and in doing so engaged directly with field teams grappling with the reality of implementing the guidance. And we have informed research agendas that have practical implications for field operations. For example, we are collaborating with the University of Southampton, UK to develop a weighing scale suitable for 0-5 years in field settings.

A new level of working together

Despite our efforts to promote the Ops Guidance and training materials, we had increasing concerns that the developments in policy guidance and improved awareness of IFE we had seen over the years were still not been reflected on the ground in emergencies. This led us to call an international strategy meeting on IFE that was held in Oxford in November last year. Funded by UNICEF, IBFAN-GIFA and CARE USA, it was attended by 58 delegates with a good cross-section of NGO, UN, trainers, academics, and regional staff from Lebanon, Mexico, Kenya, Indonesia and India. The aim of the meeting was to identify key constraints to supporting and protecting appropriate infant feeding practices in emergencies and to come up with strategy directions and practical steps to address them. We produced practical action points, assigning agency responsibilities and time frames. But most significantly, this meeting marked a turning point and a move to a whole new level of working together. ENN joined the UNICEF-led Nutrition Cluster on behalf of the IFE Core Group, to represent IFE in cluster work. The cluster approach aims to improve the predictability, timeliness, and effectiveness of humanitarian response, at both an international and regional level – an aim shared by the IFE Core Group on IFE. This development means we are bringing the IFE Core Group collaborative effort and work to the cluster effort. Through cluster funding we are now making progress on key action points that were recommended by the Oxford meeting. There are many, but they include:

- Translation of the Ops Guidance, now available in English, French, Spanish Portuguese, and Arabic. Translation into Russian, Chinese and Japanese is well underway, and KiSwahili and Bahasa Indonesia is being planned.
- Review of materials available on complementary feeding, assessing the need for a third training module on complementary feeding in emergencies.
- Work to integrate breastfeeding support into both community and hospital based approaches to managing severe malnutrition.
- A pilot one day essential orientation and training on IFE is scheduled for London in July 2007.
- A regional orientation workshop on IFE, scheduled for Indonesia in November 2007.

We are also broadening our horizons, and looking at how we can work more closely with others to improve the early emergency response to support IFE. Two examples are reproductive health and establishing IFE content in military training on humanitarian operations.

Elements of successfully working together

So what can we learn about working together from the Core Group experience? This collaboration is a great example that money isn't everything. We have survived on a shoestring budget and have achieved a lot over the last eight years or so. The key elements of our successfully working together and our survival as a group are: the staying power of the individuals and agencies involved fuelled by the strong belief in the need to address this issue; a consistency and institutional memory amongst members - many of the agencies and individuals that were involved in the beginning, are still involved now; and perhaps the greatest strength of all, this group has been a powerful combination of political and strategic thinking combined with technical expertise and good contact with the field.

Of course there is room for improvement. While we have just about managed with little funding, you have to ask, how much more we could have done in half the time, with funds behind us, and could we have had a much greater impact on emergency operations as a result? It seems to us that funding also lends a credibility that would make initiatives like ours more acceptable and carry greater weight, than when they are largely

sustained by concerted effort and goodwill. If we said this work was carried out by the multi-million dollar funded IFE Core Group, would there be greater notice taken than our more humble effort?

There are many committed individuals within agencies and organizations that face real difficulties in institutionalising this work, and we need to assess and address the barriers to mainstreaming and integrating IFE.

Last but not least, we are keen to engage with donors on IFE. Whether as donor governments or as funding agencies, they are a key influence on the nature of the emergency response to support infants and young child feeding. Their actions and funding decisions need to be guided by best policy and they can help us realise best practice. While attendance was poor at the Oxford strategy meeting, we have made some good progress. Through the work of Core Group members, Swiss Agency for Development and Cooperation ([SDC](#)) updated standards on the use of dairy products in the context of food aid reflects and refers to the Ops Guidance. Since the Oxford meeting the UK Department for International Development ([DFID](#)) and most recently [USAID](#) have signed up to support the Ops Guidance, and a position on the Ops Guidance and the Code is now reflected in DFIDs updated funding guidelines.

Work with us

At the Oxford strategy meeting in 2006, support from the SCN Session in 2007 was recommended as a key pursuit to help increase the profile and encourage implementation of the Ops Guidance. At the Session in Rome in February 2007, we secured the support of the [SCN Working Group on Nutrition in Emergencies](#), and the bilateral and civil society groups. The support of the UN agencies groups was not secured due to sensitivity around procedural issues and what 'support' entailed, rather than any difficulties with the content – a point emphasized by the SCN Secretary in plenary who made specific reference to the backing of the UN agencies “demonstrated by the support from numerous individual Session participants from all constituencies throughout the discussion” (SCN 2007, para. 92). The discussions around the Ops Guidance in the SCN sessions and in the various working groups and constituencies meetings meant we achieved much more profile and participant engagement than we had ever envisaged, that can only benefit this collaborative work.

We have long recognised that agency ownership of the Ops Guidance is a key step towards field implementation and so have called, and continue to call upon individual agencies and organizations to also sign up in support (Box 2). We define support where the Ops Guidance is in line with your own organizational policies and/or is in line with the thinking within your organization and is a position you would like to work towards.

We extend an invite to anyone who would like to engage with us on IFE, as individuals, as organizations, or as groups. We would like to particularly highlight complementary feeding in emergencies as an area we are keen to develop, and to engage with regional staff in the orientation meeting scheduled for Indonesia in 2007.

We have worked successfully at an international level and really want, and need, to replicate this working together at a regional level to make a difference to infant and young child feeding in emergencies. To help achieve this, we call upon the IASC cluster initiative, of which we are now part, to grab the opportunity to harness the power of bringing people together.

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Box 2
Key contacts

You can register agency support for the Operational Guidance and view the current list of supporters online or by contacting ENN (below). Visiting the ENN website, you can also download the tri-annual publication, Field Exchange, or select to receive it in print for free (worldwide distribution). You can also access other materials and resources on emergency nutrition and food security, and there is now a facility to network with others with shared interests/in your region.

Contact: Emergency Nutrition Network, 32, Leopold Street, Oxford, OX4 1TW, UK.

Tel: +44 (0) 1865 324996/249745, fax: +44 (0)1865 324997, email: ife@enonline.net web: www.enonline.net

See also ENN call for material to IFE library under Programme News on [page 67](#) in this issue

ANNOUNCEMENT: Regional consultation on nutrition and HIV/AIDS

WHO in close collaboration with NIH and other UN partners as UNICEF, FAO, UNAIDS, UNHCR, WFP, SCN are planning a regional consultation on nutrition and HIV/AIDS in Bangkok 9 to 11 October, 2007. Three participants from the 11 South East Asia Region (SEAR) countries will be invited.

This joint NHD/HIV/AIDS regional consultation is being proposed as a direct response to resolution EB117.R2 (WHA59.11) in 2006 whereby the Member States requested the Director-General to strengthen technical guidance to Member States for incorporating HIV/AIDS issues in national nutrition policies and programmes; and to support the development and dissemination of science-based recommendations guidelines and tools on nutritional care and support for people living with HIV/AIDS.

The regional consultation in SEARO will bring, policy and decision-makers, programme managers with HIV and nutrition researchers and scientists. Participants will review the latest scientific evidence on issues related to nutrition and HIV/AIDS and jointly agree on how to translate the science into action-oriented plan of work.

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The [Abraham Horwitz Lecture](#), established by Sir Richard Jolly (SCN Chair from 1996-2000) in 1996, was introduced in March 1997 at the 24th SCN Session, in recognition of Dr Abraham Horwitz' outstanding contribution to nutrition, and his exemplary leadership as Chairman. The aim of this Lecture series is to continue Dr Horwitz' heartfelt, highly valued and extremely generous tradition of mentoring young talent and their ideas for nutrition programmes. Each year a young guest lecturer who possesses the knowledge and commitment to prepare an exceptional paper is invited to make a presentation to the SCN Session. The lecturer is selected through an essay competition launched each year around August. The call for papers for the 12th Abraham Horwitz lecture will soon be posted at www.unsystem.org/scn

11th Dr Abraham Horwitz lecture

Building National Nutrition Coordination from the Field Up: Lessons Learnt From the Afghan Reconstruction

Charlotte Dufour, [FAO Afghanistan](#)

Introduction

The general theme of the 11th Horwitz lecture was *National Food and Nutrition Coordination Councils: Do they work?* Drawing lessons learnt from the evolution in nutrition interventions and coordination mechanisms in Afghanistan over the past ten years, the present paper argues that the key to successful coordination lies in building a shared understanding of people's needs, and in integrating nutrition activities at household, community, provincial and national levels.

Why Afghanistan?

The Afghanistan context is a fascinating one to learn from for several reasons. First, institutions are being rebuilt from scratch in a situation that is described by Professor Naderi¹ as "post-devastation and partially in conflict". There is therefore an opportunity to rebuild institutions using the most updated approaches to nutrition, integrating lessons learnt elsewhere. Secondly, the international community is heavily investing in capacity-strengthening of national institutions. The nutrition field was very privileged in receiving support from very competent professionals and institutions, including NGOs, UN agencies and academic institutions such as Tufts and Cornell Universities. Lessons learnt in recent years can now be capitalized upon. Third, Afghanistan is undergoing a transition from relief to development, but is regularly exposed to recurrent crises (droughts, floods, earthquakes), such that lessons are being learnt on nutrition coordination both in emergencies and development, as well as the grey zones in between.

The nutrition situation in Afghanistan

Afghanistan is a very diverse country, in agro-ecological, cultural, ethnic and historical terms, thus leading to diverse nutritional situations (Grunewald 2002). But overall, malnutrition problems are related to entrenched and chronic poverty, compounded by regular crises, including war, displacement, drought and other natural disasters (earthquakes, floods, locust attacks). These manifest themselves in high rates of child mortality (about 26% of children die before the age of five); high rates of chronic malnutrition (around 50% of children under five have a height-for-age below -2 Z-scores); relatively low rates of acute malnutrition (6-10% of children under five have a weight-for-height below -2 Z-scores); and high rates of Micronutrient Deficiency Diseases, in particular iodine deficiency (over 70% of children 7-11 years old and of women of reproductive age are iodine-deficient) and iron deficiency (70% of children and 48% of non-pregnant women are iron-deficient) (MOPH et al. 2005). Diet diversity is so poor that in certain areas, scurvy epidemics occur in drought years (Gatchell, 2003).

1. Economic Advisor to the President and Co-Chair of the Joint Coordination and Monitoring Board, which oversees the implementation of the Afghanistan Compact.

Underlying causes of malnutrition include poor diet diversity, improper feeding practices, poor hygiene and low access to health services. These causes are compounded by the destruction of the country's economic, social, natural and physical capital, low education levels, the poor condition of women, and limited access to productive resources. An integrated approach, addressing both immediate and short-term needs as well as long-term nutritional problems, is therefore required.

Coordination: Why, for whom, how?

While the challenge for nutrition coordination lies in finding ways of making it work (the 'how'), it is worthwhile to revisit two fundamental questions.

The first is "why is nutrition coordination important?". In fact, coordination may be inherent to nutrition itself. Nutrition professionals and other development experts often slip into considering nutrition as a sector, but is it not rather a core development objective that brings together different sectors?

The second question is "for whom do we coordinate?". Is it for implementing agencies and governments, to ease program implementation? Is it for donors, to demonstrate that funds are used effectively? Or is it for the people on the ground: to use scarce resources effectively, to better respond to their needs and improve the quality of the service we provide them? This paper argues that successful coordination requires nutrition professionals to put populations' needs at the very centre of their work.

When it comes to the question of 'how', there are many ways of coordinating, from information sharing to joint planning and implementation (Figure 1). The choice of mechanism will depend on stakeholders' objectives, and on other contextual factors that shape opportunities. Furthermore, coordination may be personal / informal, as well as institutional / formal. While coordination may need to be institutionalised, to ensure its sustainability and legitimacy, "there can be no good coordination if there are no good personal relations"².

Building national nutrition coordination in a transition from relief to development

Over the past 6 years, Afghanistan has been undergoing a transition from relief interventions, during the Taliban era and initial post-Taliban years, to development, notably with the current work on the [Afghan National Development Strategy](#). This transition has been a complex process driven both by population needs and institutional agendas. Figure 2 describes changes in the types of nutrition interventions implemented, the establishment of nutrition coordination mechanisms, and the varying importance given to nutrition on the political agenda, since 1996.

Main achievements in nutrition since 2002

During the transition, the main achievements in the nutrition field have been the following:

- Projects have increasingly been built around people's needs, notably by adopting a public nutrition approach, promoted by Tufts University and UNICEF through the Ministry of Public Health ([MOPH](#)) (MOPH & Tufts, 2003, Borrel, 2004)

During the Taliban era, malnutrition needs were chronic and required long-term solutions, but the funds and institutions were not in place to implement these. Until the transition to development approaches was possible, assistance tended to be 'supply-driven'. This was unfortunately very much the case in 2002, when a large amount of funds were allocated to interventions that were not necessarily relevant or effective, such as Supplementary Feeding Centres (Groupe URD, 2002).

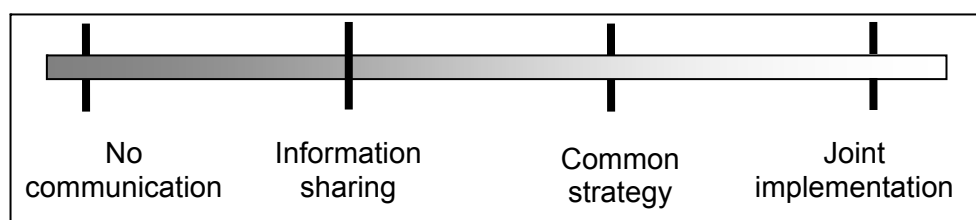


Figure 1: The range of coordination mechanisms

2. Intervention by a UN head of agency in the Afghanistan UN country team retreat, February 2007.

But as agencies' understanding of nutrition priorities and the ways to address them grew, more relevant and sustainable interventions were implemented. For example, the Universal Salt Iodisation programme was implemented by the Ministry of Public Health, with UNICEF support, as soon as early 2002, using emergency funds. Close collaboration between private and public stakeholders involved in all stages of salt production, distribution and marketing, enabled Afghanistan to be self-sufficient in iodised salt.

- Government capacity on public nutrition has been built early on, notably with the establishment of the Public Nutrition Department in MOPH, with support from UNICEF and Tufts University (Borrel, 2004). An important step, in 2003, was the elaboration by this department of the Public Nutrition Strategy, covering all nutrition-related activities, across ministries (MOPH & Tufts, 2003).
- Finally, coordination was very active, especially from 2002 to 2004, when a nutrition task force and working groups were established, with support from MOPH, UNICEF, Tufts, WFP, and FAO, to implement the Public Nutrition Strategy (Groupe URD, 2003).

Nutrition falls off the political agenda

However, after 2 to 3 years during which nutrition had a high profile, attention and support to nutrition decreased, and some working groups stopped. Consequently, nutrition 'fell through the cracks' of the Afghan National Development Strategy: there is no benchmark on nutrition in the Afghanistan Compact, which summarizes the country's main development goals, providing yet another example of the difficulty of institutionalising nutrition and of its "homelessness" (Levinson, 2003). MOPH and the Ministry of Agriculture, Irrigation and Livestock ([MAIL](#)), together with FAO and UNICEF, are now aiming to address this gap by

1996-2001: Taliban	2002: Establishment of Interim Government	2003-2004: Presidential elections; Establish't of gov't	2005 - 2006: Parliamentary elections; London Conf & ANDS	2007: ANDS
Emergency Transition Development (with regular crises)				
Food aid SFC/TFC in Kabul, Herat & IDP camps Small-scale agricultural projects	Large increase in food aid (drought, IDPs, returnees) and SFCs Some TFCs Food security interventions	<i>Integrated Public Nutrition approach</i> - Universal Salt Iodization (USI) - Integration of TFCs in provincial hospitals; - Infant Young Child Feeding (IYCF); - Supplementation in Basic Package of Health Services - Community-based food security interventions - Flour fortification; - Nutrition education integrated in various programs <i>Punctual relief interventions: targeted food aid</i>		
"No" government agencies; Few NGOs; UN in Islamabad	Arrival of NGOs, UN & donors Public Nutrition Department in MOPH	MOPH Public Nutrition Strategy 2003-2006 Capacity-strengthening of MOPH PND; some in MoAg and MRRD	Capacity-building cont'd, but end of Tufts support Nutrition not in ANDS:	National Action Plan for Nutrition?
Coordination easy	Active coordination: Nutrition Task Force; 6 working groups	Some working groups stop; coordination less active		????

Figure 2: Nutrition interventions and coordination 1996-2006. Adapted from Dufour and Borrel (2007). Acronyms used: SFC/TFC: Supplementary or Therapeutic Feeding Centers; IDP: Internally Displaced Person; NGO: Non-Governmental Organization; PND: Public Nutrition Department; MRRD: Ministry of Rehabilitation and Rural Development; MoAg: Ministry of Agriculture; ANDS: Afghan National Development Strategy.

updating the Public Nutrition Strategy, and making it an *inter-ministerial* National Action Plan for Nutrition, involving the Ministry of Rehabilitation and Rural Development ([MRRD](#)), the Ministry of Women's Affairs ([MOWA](#)), the Ministry of Education ([MOE](#)), the Ministry of Religious Affairs, as well as WHO and WFP. But this is only the beginning of an exercise that will require much lobbying at all levels of government.³

Why has nutrition coordination become weaker? Why has it fallen off the agenda? Several factors may explain this.

Evolving donor priorities and commitments

The main challenge is that donor and government priorities have shifted, with the transition from relief to development (see Table 1).

Food security could be an objective in both types of situation, and nutrition play its role as the “conscience of agriculture” (Levinson, 1995). Unfortunately, this is sometimes deterred by the fact that different stakeholders (in particular donors) understand food security in different ways. For example, some donors interested in promoting market-based approaches shy away from food security because they associate it with self-sufficiency. But if given the 1996 World Food Summit definition of food security as “physical and economic access, by all people, at all times, to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life” they do not see it as incompatible with free-market economics and are therefore more interested to promote it.⁴

Finally, another concern in Afghanistan is that agencies are compelled to work with short-term funding, whereas strengthening capacity to adopt integrated strategies for tackling malnutrition requires medium to long-term support.

Evolving government structures

The other set of factors that can explain the low attention given to nutrition relates to government capacity and reform:

- After nearly 30 years of devastation, capacity is very low at all levels, especially at provincial and district levels.
- Capacity is uneven across and within ministries, and this is compounded by inter-ministerial competition for resources.
- Staff turnover, both of international and national staff, disrupts progress. Out of the four Afghans trained by Tufts in MOPH, two have left for various reasons. Low government salaries are a major constraint.
- The position of the Public Nutrition Department within the Government adds to structural constraints: having it within one ministry reduces the department's legitimacy to influence other ministries.

The current reality is therefore that coordination often relies on key individuals, often internationals whose efforts are difficult to sustain by national teams with limited resources.

	Emergencies	Development
Key outcome	Survival and nutritional status	Economic growth
Type of aid	Project support through grants	Budgetary support through grants and loans
Target groups and areas	The most vulnerable and poorest	Entrepreneurs and productive or politically important areas

Table 1: Shifting priorities in emergencies and development

3. Since the Horwitz lecture was presented in February 2007, lobbying efforts have yielded results: in May 2007, the ANDS secretariat has recognized the need to reinforce nutrition components of the ANDS.

4. Personal communication, from Emily Levitt, Cornell University.

The costs of coordination

Another constraining factor involves the costs of coordination. These include time costs: when is field work done, if staff are in meetings all the time? Also, attempts to coordinate work plans often results in delays in action. Other costs include simple logistic inputs, which are often lacking in government departments, such as tea & sweets (it is culturally shameful not to provide these when hosting a meeting); internet access and sufficient phone credit to contact partners; cars and fuel to attend meetings (Levitt, 2007). Coordination is considered essential and requested by donors, but funding is seldom allocated specifically for it.

Lack of or sub-optimal use of nutrition information

Finally, low attention to nutrition also results from the lack, or sub-optimal use, of nutrition information for:

- **Advocacy:** information on malnutrition is available but not used effectively to raise awareness amongst donors and policy makers (ibid.).
- **Planning:** national-level statistics are available through the National Rural Vulnerability Assessment and National Micronutrient survey, but these cannot provide an understanding of the causality of malnutrition at the community and household level.
- **Lesson learning:** there are no mechanisms in place to capitalize on lessons learnt, except for occasional publications or research projects.

Evolutions in nutrition over recent years have demonstrated that national nutrition coordination is very fragile. The question is therefore: what can be done to strengthen it?

Building national coordination by mainstreaming nutrition in household, provincial and central level action: some tools and examples

'Horizontal and vertical coordination'⁵

One answer may lie in approaching coordination not only as a horizontal exercise, building bridges across sectors, but also as a vertical process, whereby information from the field is fed-back to the provincial and central level to inform policy and planning, and central and where provincial levels provide policy frameworks

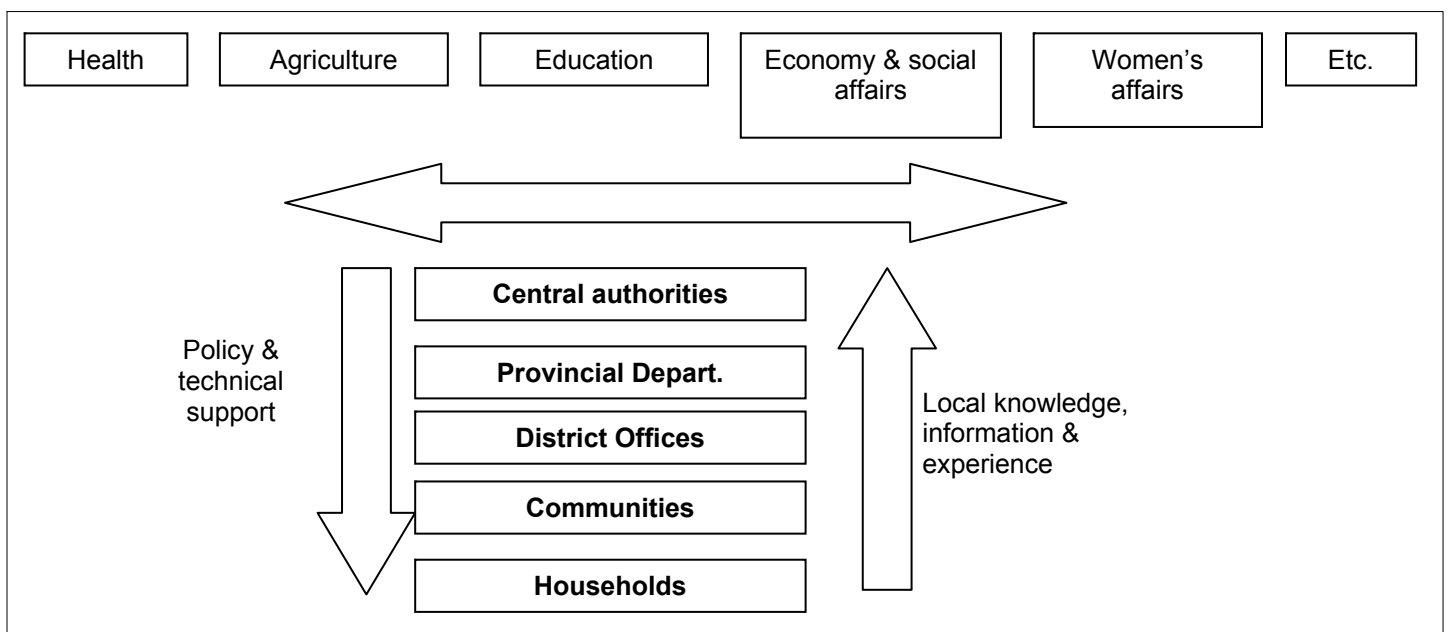


Figure 3: The key to success: two dimensional coordination

5. Note that the terms horizontal and vertical are used differently than in the nutrition brief by Shrimpton (2002).

and technical support for project implementation at community and household levels (see figure 3).

Integrating nutrition in community level action: a field example

The way nutrition can be mainstreamed in community-level and provincial level work, is illustrated by collaboration between the Food and Agriculture Organization (FAO) and the Aga Khan Foundation ([AKF](#)) in Bamyan Province.

AKF is running an integrated micro-area development project, bringing together health, education, agriculture and community development activities in one area. The project manager, Andrew Billingsley, approached the FAO nutrition team to see how nutrition could be used to integrate the different sectors.

FAO started by running a 'training *cum* planning' workshop (Egal, *in progress*) during which AKF staff from all sectors built malnutrition problem and solutions trees for 3 different vulnerable groups in the areas where they work. This exercise built ownership of nutrition amongst AKF teams, because as they were doing it, teams demonstrated that they are already working on nutrition; participants demonstrated *themselves* the linkages between their sectors and the need to work together to improve families' well-being. Andrew Billingsley commented, at the end of the workshop: "Nutrition has managed to do in 2 days what I have been trying to do in 2 years."

Workshop participants then identified nutrition education as means of strengthening the nutrition impact of their existing activities. FAO therefore provided training and materials on basic nutrition education, using booklets and posters prepared by MOPH and the Ministry of Agriculture (with support from Tufts University), to integrate nutrition education in the Community Health Worker programme, in literacy classes, child-to-child learning activities. Later, community members organized a play, where the main nutrition messages were acted out.

As a result of these activities, communities' interest in nutrition increased and they designed, with support from AKF, an integrated nutrition programme, including: nutrition education through CHWs and child-to-child learning; greenhouses to increase vegetable availability; a livestock group providing sheep for women to increase milk availability; the digging of wells to provide safe water.

Initial results of this experience are that nutrition has been 'demystified'; NGO staff and families' motivation and confidence to address malnutrition is enhanced; the integration of sectors is supported; and the effectiveness / impact of existing resources on families' health is potentially increased.

Similar partnerships with other NGOs and communities throughout Bamyan province have built ownership and commitment to nutrition issues amongst communities, NGOs and government departments. Nutrition activities are thus promoted at the provincial level by various stakeholders. A similar strategy has been adopted in other provinces of Afghanistan and should be scaled up in the future. Project teams hope that the combination of these community and provincial level activities, with the national planning undertaken with several ministries at central level, will strengthen nutrition coordination and program implementation throughout the country.

Conclusion: Lessons learnt for improving nutrition coordination

The lessons learnt about working together for nutrition in Afghanistan point to the importance of mainstreaming nutrition in development and emergency work.

People's needs as the foundation for a common nutrition strategy

A first lesson is that the choice of coordination mechanism must be focused on improving the response to people's needs. This is the only way to overcome barriers due to institutional agendas. A shared understanding of the population's nutritional needs is a pre-requisite for coordination that goes beyond information sharing.

People's need provide a foundation for building a common framework of nutritional problems and solutions. This exercise is most relevant at the community level, but can also be used for provincial and national

planning. In Afghanistan, relevant ministries and UN agencies are building a common nutrition strategy with common objectives and monitoring and evaluation indicators. Individual ministries and partner agencies will have the responsibility and flexibility to implement the part of the strategy they subscribe to.

Finding the balance between costs and benefits

There is probably no perfect nutrition coordination mechanism, but a range of ways of working together, from which we can select the one that works best in a given context. It is important, in doing so, to be realistic and bear in mind the costs. This entails, on the one hand, clarifying the objectives of coordination and stakeholders' expectations and establishing priorities; and, on the other, estimating, allocating, and advocating for resources required for coordination.

In Afghanistan, these considerations have led stakeholders to opt for the common strategy described above, rather than joint implementation, which was deemed unrealistic and too costly in time and management.

Common capacity-building frameworks

A common nutrition strategy can be supported by a joint capacity-building framework, promoting shared concepts and approaches amongst professionals from different sectors.

In 2005, Tufts University engaged in the design of a capacity-building framework, whereby all government staff needing nutrition training were identified. Job descriptions were reviewed, nutrition training needs determined, and on that basis, a series of modules to be developed were identified. Unfortunately, funding has not yet been mobilized to carry this forward.

Capacity-building and training should also take place at community and household levels, through a common nutrition education strategy, for example. Several materials are being jointly published by the Ministries of Public Health and of Agriculture for this purpose.

The importance of donor and government commitment

Strengthening coordination and mainstreaming nutrition requires donor and government commitment to:

- Integrate pro-poor strategies in economic development
- Provide sustained and long-term funding for capacity-development for nutrition
- Support civil service reform
- Support coordination

Using information more effectively

Building political commitment and ownership of nutrition across sectors lies in the hands of nutrition professionals, who can:

- Raise awareness on malnutrition problems and their cost at all levels of decision-making
- Strengthen information collection and planning at household and community levels, for example using more malnutrition problem and solution trees
- Make national planning flexible, to allow space for regional variations in nutrition priorities and projects
- Introduce simple indicators of nutritional impact to be integrated in relevant development projects
- Document processes and disseminate lessons learnt to strengthen institutional memory

More field visits

But most importantly, when policy makers and program managers start feeling lost and overwhelmed by the challenges of nutrition coordination, they can spend more time in the field. It's the only way to ensure people are at the heart of our work, and the best anti-dote against coordination overload.

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Strengthening the message: ECHUI at the 34th Annual Session

Reported by Micheal Hutak, Communication Specialist, ECHUI, [WFP](#)

The 34th Session of the SCN at FAO Headquarters in Rome this past February was an important milestone in the evolution of the Ending Child Hunger and Undernutrition Initiative (ECHUI). The Initiative's key strategic document, the draft *Global Framework for Action (GFA)*, was made available to all SCN participants ahead of the meeting, as part of the invitation to SCN members to comment on and improve its ideas and help determine its future directions. The session got underway under the theme "Working Together": a notion crucial not just to the success of the Initiative, but arguably to the sustainability and long-term effectiveness of development efforts for children.

ECHUI and the SCN

As the session proceeded with ECHUI in the spotlight, the SCN encouraged the core focus and aspirations of this effort: to put the still-pervasive phenomena of child hunger and undernutrition at the center of policy debate and to establish a broad-based partnership effort for mobilising attention and catalysing action on the causes, extent and impact of child hunger and undernutrition and the strategies and solutions available to address it – particularly at country, local and family levels. The Initiative was considered in the business meetings of the SCN's three constituencies - bilaterals, UN agencies and civil society organizations. In these discussions, the enthusiasm for redoubling our collective efforts to tackle child hunger and undernutrition helped to confirm the timeliness of ECHUI, and a consensus that with renewed focus, commitment and goodwill - and using the evidence and good practices available - we can all "work together" to eliminate these scourges which contribute to the preventable deaths of more than five million under fives every year.

Leading up to the SCN Annual Session, several of the SCN's Working Groups considered the evolving GFA and provided valuable, detailed comments which have since been reflected in the document. These include: greater specificity and clarity regarding the country-led nature of the actions that the Initiative will seek to promote; the need to tailor available solutions to country circumstances and local evidence of the causes of the problems affecting children; further specification of the available and tested approaches, including in areas such as homestead food production, complementary feeding and maternal care and nutrition; and the strengthening of the application of a human rights-based approach in the strategies and aims of ECHUI. It is envisaged that the Global Framework will continue to be refined over the coming months through continued interactions with partners and as a result of the findings and recommendations of the forthcoming *Lancet* series on nutrition.

As initiating agencies, WFP and UNICEF were greatly encouraged by the SCN's comments that "broadly welcomes the ECHUI and not only agrees on the goals of ECHUI but also the need for such an initiative to strengthen the response across the world to the problem of child hunger and undernutrition." The SCN's generous offer to "further strengthen, to contribute to and to collaborate to help take efforts forward for ending child hunger and undernutrition" is one that should be eagerly taken up by the ECHUI Partners Group, scheduled to hold its inaugural meeting in October this year.

ECHUI in brief

To recap briefly, the strategic approach of the Initiative is to mobilise evidence of the problem and the available solutions to advocate for and catalyse the stepping-up and integration of existing efforts – particularly those at country level - in order to accelerate progress and increase coherence and effectiveness. It is believed that ECHUI can add significant value to what is already in place:

- by promoting greater cohesion among initiatives – ranging from those for child survival, maternal and newborn health, for micronutrients and against hunger;
- by helping to raise awareness and communicating that good nutrition is a major development outcome in itself - as well as a cornerstone for sustained, broad-based development and poverty reduction;
- by focussing on data and measurable results for children;
- by promoting attention to and analysis of the multiple and varying causes of poor nutrition, growth and hunger in different settings;

- by supporting national policies for integrated health and nutrition and the mainstreaming of nutrition-focused interventions in sector programmes and local delivery systems; and
- by helping countries to recognise, pursue and capture the synergies between nutrition and child survival, learning and future productivity.

Since the SCN's Annual Session, efforts have also been made to further develop and specify incremental targets for achieving the key objective of reducing the percentage of underweight children under five years by half in developing countries, between 1990 and 2015, corresponding to MDG-1 Target 2 Indicator 4. Building on existing work, targets are also being refined, in collaboration with the SCN, for key country interventions and solutions that are likely to contribute to accelerated progress towards this "headline" target, in areas such as exclusive breastfeeding, vitamin A supplementation, community therapeutic feeding, the promotion of handwashing and household water treatment, the use of iodised salt and household sanitation.

What will ECHUI do?

What kinds of activities do we envisage undertaking to work towards these targets? *While the evolution of ECHUI will be kept flexible, and highly responsive to the suggestions of partners, including governments, and the contributions they would like to make, some examples of key activities would include:*

- **Field consultations, workshops and networking** to support the mobilisation of national and regional partners and the formation or expansion of country alliances, - including the public sector and civil society - in high priority countries and regions (particularly in Sub-Saharan Africa and parts of Asia). These activities will work primarily through and with the UN Country Teams and their close national and international partners, to promote greater awareness of local data and international evidence on the problems of child hunger and undernutrition; and will provide follow-up support to the analysis of these problems and the formulation of action plans as part of national policies, Poverty Reduction Strategies and sector-based programmes.
- **Communications and advocacy** to support the production and dissemination of data, evidence and advocacy documents to promote the already-available information and best practice for tackling child hunger and undernutrition with Governments, UN agencies and the UN Country Teams, NGOs, bilaterals and other key partners; the adoption of new strategies in online communications such as blogging and wikis; and networking to develop broad-based global "communities of practice" in support of better nutritional outcomes for children and families.
- **Catalytic support to country programme pilots and scaling up of nutrition-related activities:** in selective cases, where required by national, sub-national or NGO partners, small-scale catalytic funding may be provided, primarily through UN Country Teams and existing UN Development Assistance Frameworks, or mobilised with other partners, for the testing/piloting of efforts to scale up or expand the coverage of ECHUI-related interventions to address hunger and undernutrition among the most vulnerable children and families, as well as their documentation and dissemination of results.
- **Monitoring, reporting and documentation:** this will support the monitoring and documentation of the various partnership activities at different levels and across regions to address child hunger and undernutrition; and the analysis of how the ECHUI partnerships can operate more effectively to reach its goals.

Several other developments since the SCN session have helped to build momentum. In June the Executive Board of UNICEF resolved to support the Initiative and confirmed UNICEF's role in the evolving partnership and as a co-funder of the Initiative's joint secretariat, actions which mirror those taken by the WFP Executive Board in February. At the global level, we are working with a wide range of partners to prepare the launch of the ECHUI Partners Group in October, with the High Commissioner for Refugees, Mr. Antonio Guterres, presiding as inaugural chair. This event will seek to build on the momentum expected from the release of the *Lancet* series on maternal and child nutrition.

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Working Groups

WORKING GROUP ON BREASTFEDING AND COMPLEMENTARY FEEDING

Chair: David Clark ([UNICEF](#)), Co-Chairs: Isatou Jallow ([WFP](#)) and Kay Dewey ([University of California, Davis](#))

Highlights from discussions 25 and 28 February

Constanza Vallenias reported from the [WHO HIV and Infant Feeding Technical Consultation](#) October 2006, which recommends exclusive breastfeeding for 6 months and continued breastfeeding for 2 years when the mother is HIV negative or HIV status is unknown. For HIV positive mothers, best option depends on individual circumstances (health services, counselling and support). Exclusive breastfeeding is preferred unless replacement feeding is AFASS (acceptable, feasible, affordable, sustainable and safe). Concerns were raised about practical implementation of AFASS. Judy Canahuati told that the SCN WG on Nutrition in Emergencies is working on a module on HIV and complementary feeding.

Kay Dewey and Randa Saadeh reported on rollout of the [Growth Standards](#) in countries and into existing programmes. [Training](#) of trainers will take place in Egypt, Bolivia, South Africa, Indonesia, Nicaragua and Malaysia. Weight/age, weight/height, height/age and BMI/age curves are available from WHO; growth velocity standards and fetal growth standards are coming. Using the Standards will alter the rates of stunting, under- and overweight in [DHS](#) (Demographic and Health Survey)/ [MICS](#) (Multiple Indicator Cluster Survey).

Randa Saadeh explained that WHO is **revitalizing BFHI** (WHA59.21), updating training and other materials and is extending it to communities, primary health care, obstetrics and neonatal care. Despite 20,000 hospitals having been accredited [WHO/UNICEF BFHI](#), exclusive breastfeeding rate is at only 38%.

The **World Breastfeeding Initiative (WBTI)** tracks implementation of the Global Strategy on IYCF in State of World's Breastfeeding and country report cards. Arun Gupta reported on meetings in Bangladesh, Nepal and Afghanistan 2004-6.

Arun Gupta talked about the **World Breastfeeding Week 2007 (WBW)**. The theme 'The 1st Hour - Save ONE million babies!' is based on extrapolations of a study by Edmonds et al. among 10,000 infants in Ghana (see *Pediatrics* 2006 116:380-86) which estimated that 867,000 lives could be saved if 99% of infants initiated breastfeeding on day 1 of life, whereas 1,117,000 could be if 99% of initiation was within the first hour. Lida Lhotska reported on the celebrations of the **WBW 2006** and the **25th Anniversary of the Code**.

Rae Galloway reported on the new **Infant and young child nutrition project (IYCN)** [funded by USAID](#). It is a 5 years \$46 million project focusing on cost effective interventions and public-private partnerships to develop high quality complementary food. Partners include Path, Care, Manoff and others.

Kay Dewey presented results of an forthcoming systematic literature review of **efficacy and effectiveness of complementary feeding interventions** and their impact on child growth, micronutrient status, morbidity and child development found limited effect on growth, improvements in weight was related to energy, whereas length to other factors such as plasma fatty acid profile.

Charlotte Dufour reported how infant and child feeding practices were enhanced in Afghanistan using Trials of Improved Practices (**TIPS**) negotiating with mothers to bring about small changes that they realistically can make.

Two **new indicators of complementary feeding** on quality (food diversity) and feeding frequency are being explored through inclusion in DHS and MICS.

The Working Group seeks to **improve communication** among its members through list serves to be set up by the SCN. In the meantime, those interested to join the [WABA](#) list serve on HIV and infant feeding can email [Ted Greiner](mailto:tgreiner@path-dc.org) at tgreiner@path-dc.org

Topics discussed

HIV and infant feeding
WHO Growth Standards
Revitalization of BFHI
WBTI
Complementary Feeding
Programme efficacy and effectiveness
TIPS methodology
Need for new indicators
Updates on
25th Anniversary of the Code
World Breastfeeding Week 2006
World Breastfeeding Week 2007
USAID IYCN project

Recommendations to SCN (extract)

1. SCN private sector engagement should address maternity protection and complementary feeding.
2. Invite [ILO](#) to SCN
3. SCN Working Group on Engagement with the Private Sector should address maternity protection and complementary feeding
4. Encourage country level collaboration, e.g. through development of web-based repository for detailed information on interventions
5. Advocate for indicator of early breastfeeding initiation (within 1h)

Planned activities (extract)

1. Plan and seek funds for Forum on Infant and Young Child Nutrition
2. Have UNICEF Executive Board endorse the 2005 Innocenti Declaration on IYCF
3. Have WHO clarify BFHI criteria for exclusive breastfeeding at discharge
4. Contact Partnership on Maternal, Newborn and Child Health for support for WBW 2008

For more details, please see [Working Group report](#) and [presentations at the SCN Session](#)

WORKING GROUP ON NUTRITION, ETHICS AND HUMAN RIGHTS

Chair: Margret Vidar ([FAO](#)), Co-Chairs: Federica Donati ([OHCHR](#)), Marlis Lindecke ([GTZ](#)), Flavio Valente ([FIAN](#)), Rapporteur: Marc Cohen ([IFPRI](#))

Topics discussed

Mainstreaming human rights in SCN
 Updates from four Task Forces
 Indigenous People
 International Dimensions
 Corporate Food Sector
 Capacity Development
 Rights-based nutrition programmes
 ECHUI

Recommendations to SCN (extract)

1. Support the [Joint Statement](#)*
2. Forward the Joint Statement to the [UN Special Representative on Business and Human Rights](#) and to the [UN Special Rapporteur on the Right to Food](#), and encourage in-depth consideration in their reports
3. Incorporate principles of Joint Statement into the ToR of Private Sector Engagement working group
4. Focus 6th Report on the World Nutrition Situation on measuring the progressive realization of the right to adequate food.

Planned activities

(extract from [2007- 2008 Work Plan](#))

1. Continue the four Task Forces' work
2. New task force on technical definition of the Fundamental Right to be Free from Hunger, in consultation with inter alia [CESCR](#) (UN Committee on Economic, Social and Cultural Rights)
3. Consult with CESCR with a view to the Committee's adoption of a General Comment
4. Assist on developing the 6th Report on the World Nutrition Situation
5. Assist on revising ECHUI along the lines recommended
6. Develop Working Group webpage and member list serve

For more details, please see [report](#), [presentations and background documents](#)

Highlights from discussions 25 and 27 February

In order to facilitate **mainstreaming of human rights into the work of SCN** (see [SCN Strategic Framework](#)), sessions were held jointly with the Household Food Security Working Group on avian influenza and indigenous peoples and with the Nutrition of School-Aged Children Working Group on rights-based school feeding.

In order to facilitate the interpretation and promotion of the [Voluntary Guidelines](#) (VGs), four Task Forces (TFs) were established in 2006:

- TF on **Indigenous People and the Right to Adequate Food** works on human rights aspects of indigenous people's food systems and policy implications (VGs 8, 10, 13).
- TF on the **International Dimensions of the Right to Food** organizes a book project with the forthcoming 'Global Obligations for the Right to Food' arguing that as the global food system and human rights know no borders, there are global dimensions of the right to food. The book suggests a global strategy to address hunger to be presented at the 35th SCN Session (VG 19, Part III).
- TF on the **Human Rights Responsibilities of the Corporate Food Sector** focuses on marketing to children, awareness raising, social mobilization, follow-up on the [Joint Statement](#), and support national initiatives. It arranged for a presentation at the SCN Session by Philip James on issues associated with marketing to children (VGs 6, 10, Part III)
- TF on **Capacity Development for Human Rights in Nutrition** focuses on the need for and approaches to cross-disciplinary capacity-building through networking in and out of SCN, raising SCN profile in key human rights bodies. It involves in a limited number of interrelated and "doable" activities promoting strengthened human resources able to analyse, promote, and monitor food and nutrition as human rights (VGs 10, 11, 14, 17, Part III)

Examples of **rights-based nutrition programmes** were given:

- Ellen Muehlhoff and Maarten Immink presented the **FAO project** Enhancing the Effectiveness of School Feeding/Nutrition Programmes through Rights-based Approaches.
- Albaneide Peixinho, National School Feeding Program Coordinator in **Brazil**, reported how human rights are integrated into the Brazilian program.
- Minister of Health of **Bolivia**, Dr. Nila Heredia, gave a presentation on the [Desnutrición Cero](#) which incorporates a rights-based approach to nutrition

The Working Group discussed its role in the SCN, particularly the question of whether it might serve as a catalyst and a vehicle for keeping track of, generating, transmitting, and diffusing ideas from SCN and its members, particularly in the areas of capacity building, technical cooperation, and advocacy.

The Working Group agreed that the **ECHUI Global Framework should be anchored in a system of rights and corresponding obligations** established by international law. This would help promote sustainability, empowering the people themselves - especially marginalised and vulnerable, and hold the duty-bearers accountable.

* SCN Working Groups on Nutrition, Ethics and Human Rights and on Nutrition Throughout the Life Cycle. *Human Right of Children and Adolescents to Adequate Food and to be Free from Obesity and Related Diseases: The Responsibilities of Food and Beverage Corporations and Related Media and Marketing Industries.* [Joint Statement](#) made at the 33rd SCN Session, Geneva, 2006.

WORKING GROUP ON NUTRITION AND HIV/AIDS

Chair: Andrew Tomkins ([Institute of Child Health](#)), Co-Chairs: Stuart Gillespie ([IFPRI](#)), Randa Saadeh ([WHO](#)) and Bruce Cogill ([UNICEF](#))

Highlights from discussions 25 and 27 February

Andrew Tomkins summarized **achievements over the past year**: greater insight on effects of nutritional interventions on HIV disease progression and recovery from severe malnutrition; Blantyre meeting on severe malnutrition and HIV; increased recognition of nutrition within HIV at global and national level including key agencies such as [WHO](#), [PEPFAR \(President's Emergency Plan for AIDS Relief\) Fund](#) and [Clinton Foundation](#); and, roles of industry in financing projects and developing therapeutic foods (RUTF). Incorporation of nutrition into HIV policies and programmes may increase collaboration between HIV specialists (infectious disease clinicians) and nutritionists and could foster the establishment of a Nutrition Support Unit within National and Local HIV/AIDS committees.

Randa Saadeh gave an **update from the UN** highlighting capacity building, policies and programmes, guidelines and resource mobilisation. Examples include the [Durban Consultation](#) and [Participants' Statement](#), the [Global Strategy for Infant and Young Child Feeding](#), the new [HIV/infant feeding framework for priority actions](#), and the [WHO/GFATM Framework](#) for integrating food and nutrition activities and interventions into HIV policies, programmes and funding proposals. In addition there is the recent HIV and [Infant feeding - Consensus Statement October 2006](#) involving an even wider framework of collaboration.

[Humanitarian reform](#) concerns improved response through enhancing capacity, leadership, accountability and predictability in 9 "gap" sectors. Bruce Cogill described [the Inter-Agency Steering Committee \(IASC\) Nutrition Cluster](#) which looks at coordination, capacity building, tool development, assessments, eligibility criteria, response and supply. The Nutrition Cluster will enable new ways of working at country level through greater collaboration efforts. It will be rolled out in Democratic Republic of Congo (DRC), Liberia, Uganda and Somalia.

Stuart Gillespie ([IFPRI/RENEWAL](#)) presented an analytical framework with **scientific and operational links between HIV/AIDS, Nutrition and Livelihood/Food Security** which can aid the development of evidence based policies and programmes. Among the key questions still to be resolved are: How should nutritional support be linked, where needed, to ARV therapy? How can food supplements given with ARV be sustained, and should they be sustained beyond the initial phases of treatment? How should interventions be established when the HIV-positive individual lives within a community of other individuals who may also be affected but not themselves living with the virus? What role do food supplements play in AIDS-sensitive social protection schemes by government?

Pamela Fergusson described cohort studies in Malawi of **mortality, nutritional recovery and immune status in relation to HIV status among children with severe acute malnutrition (SAM)**. The place where death occurred most often (paediatric wards) was similar for HIV infected and uninfected children, implying the particular need to improve nutritional management of severely malnourished children in the wards. Optimal timing and dose regime of ARV was discussed.

Paluku Bawhere described impressive results of **RUTF in the management of SAM** in general, and the good results among HIV infected individuals. A study of SAM children gave almost 100% recovery to 85% weight/height in the HIV-negative group, and nearly 50% recovery in the infected group. A cohort of SAM HIV positive adults given 3 months nutritional support (500g/day of local RUTF (Chickpea-Sesame recipe) providing 2,600 kcal/day and 70g protein/day) showed very satisfactory rates of weight gain and high rates of recovery from being bed-ridden to be able to walk or work. RUTF production has been linked to income generation in the communities.

Topics discussed

Achievements in the past year
UN achievements
Humanitarian reform
IASC Nutrition Cluster
HIV, nutrition and food security
The need for ARV and for RUTF
HIV, SAM, mortality and ARV
HIV, SAM and RUTF

Some abbreviations:

Human Immunodeficiency Virus (HIV)
Sever Acute Malnutrition (SAM)
AntiRetroViral (ARV)
ARV Treatment (ART)
Ready-to-Use Therapeutic Food (RUTF)

Recommendations to SCN (extract)

1. Assess impact of nutritional supplements among HIV infected patients receiving ARVs, and those not eligible
2. Integrate more effectively Nutrition Services into HIV Services and vice versa
3. Ensure that RUTF is made more widely available and that commercial promotion is not inhibited by restrictive, potent related, practices

Planned activities (extract)

1. Mid-year meeting to discuss the impact of RUTF in HIV/AIDS.
2. Continue updating the [Nutrition and HIV/AIDS webpage](#)
3. Meeting on [Management of Severe Acute Malnutrition](#) with focus on HIV was held 20 March at the [Centre for International Health and Development](#), Institute of Child Health London

For more details, please see [Working Group report](#) and [presentations at the SCN Session](#), as well as the Working Group's [Nutrition and HIV/AIDS webpage](#)

WORKING GROUP ON CAPACITY DEVELOPMENT IN FOOD AND NUTRITION

Chair: Patrick Stover ([UNU](#)), Co-Chairs: David Sanders ([Univ. of the Western Cape, SA](#)), Emorn Wasantwisut ([Mahidol University, Thailand](#))

Topics discussed

Regional Task Forces of UNU:

Asia: CASNA

Middle East/North Africa: MENANA

Southern Africa: SANCADI

Central and Eastern Europe: CDNCEE

Other UNU-FNP projects:

- African Graduate Students' Network (AGSNet)

- African Nutrition Leadership Programme (ANLP)

- Applied Nutrition Programme in Kenya

Recommendations to SCN (extract)

1. Make statement that acknowledges how erosion of universities' capacity impacts on public health nutrition. Causes of the 'brain drain' are internal (HIV/AIDS, low salaries, inadequate research infrastructure, teaching loads, limited advancement opportunities, little governmental support, constraints to invest in education by PRSPs) and external (poaching by northern universities, UN, NGOs, Global Public Private Initiatives, governmental agencies and the northern health sector). Attempts to dissuade or discourage such activities have not been successful. Capacity development by UNU and other organizations have had limited impact. New approaches could be university partnerships among northern and southern universities.
2. The Working Group endorses the recommendation of the UNU Council that the Food and Nutrition Programme focuses its future activities on universities.
3. The Working Group proposes more effort be expended to achieve a seamless integration of SCN capacity development activities and encourages the SCN Task Force on Integrated Approaches to consult with this working group on issues related to capacity development.

Highlights from discussions 25 and 28 February

The report summarizes past, present and future activities of Task Forces of the [United Nations University Food and Nutrition Programme \(UNU-FNP\)](#), the African Graduate Students' Network (AGSNet) and the African Nutrition Leadership Programme (ANLP). The global network of task forces was established as part of the UNU-FNP's capacity development within each region. AGSNet and ANLP were established to enhance nutrition-related capacity building, education and networking in Africa.

Emorn Wasantwisut gave an update on the [Asian Capacity Building Initiative: Capacity Strengthening In Nutrition-Asia \(CASNA\)](#), which 10-years plan emphasizes 'institutional' capacity building to address the priority nutrition problems in Asia. Recent activities include the training course on 'Capacity Building in Food Safety in Nutritional Outreach' in April 2006 at CFTRI, Mysore, India; the participation of two CASNA Institutions in the pilot Workshop and Consultation "National Food and Nutrition Research: Effective Agendas and Improving Institutional and Staff Capacities" in February 2007.

Azza Gohar gave an update on the [Middle East and North African Nutrition Association \(MENANA\)](#) which is part of the global initiative by UNU-FNP and the International Union of Nutritional Sciences ([IUNS](#)) for Development of Human and Institutional Capacity Nutrition. Planned activities concerns food fortification, monitoring of food and nutrition in the region, developing a regional website and database, developing a nutrition curriculum, and capacity building.

Alice Mwangi discussed **Capacity Building for Better Nutrition in Africa** and the Applied Nutrition Programme in Nairobi, Kenya which aims to produce high quality multidisciplinary trained nutritionists through degree programs.

Joyce Chanetsa and David Sanders described the **Southern Africa Nutrition Capacity Development Initiative (SANCADI)** functions as a "learning co-operative" comprised of institutions in the region which provide a mechanism for mutual transfer of expertise and capacity. A coordinator has just been appointed. Future work will focus on capacity building in Botswana, Zambia, Mozambique, Malawi and South Africa, as well as Namibia and Swaziland.

Mirjana Pavlovic reported of the inauguration meeting of the [Network for Capacity Development in Nutrition Central and Eastern Europe \(NCDNCEE\)](#), the newest network facilitated by SCN and the UNU-FNP. A meeting was held in February 2006 organized in cooperation with the support of the FAO SEUR and was attended by participants from 10 countries. The priority activities for 2007-2008 are the 4th Network meeting planned for autumn 2007 in Belgrade and the 2nd edition of Food Composition Data Course in 2008.

The [African Nutrition Leadership Programme \(ANLP\)](#) focuses on development of personal leadership through team building, communication and leadership, grant writing, social responsibility and the ANLP declaration. Upcoming events include a West African PLAN 1-5 May 2007 in Quarzazate in Morocco as satellite to FANUS, and a regular ANLP in March 2008.

Joseph Mensah-Homiah described the [African Graduate Student Network \(AGSNet\)](#) which aims to develop leadership skills and interests in nutrition in Africa. Currently the Network is involved in providing access to journals, creating an e-group or discussion board, information sharing on fellowships and job opportunities, as well as sharing of experiences from programmatic activities that may not be found in journals. The next meeting of AGSNet will be held in Morocco in May 2007 in connection with the FANUS meeting.

WORKING GROUP ON HOUSEHOLD FOOD SECURITY

Chair: Florence Egal ([FAO](#)), Co-Chair: Shakuntala Thilsted ([DANIDA](#))

Highlights from discussions 28 February

Marie-Claude Dop presented [new tools](#) for **measuring household access to food and dietary diversity**, and discussed strengths and limitations and the need for standardization. She encouraged the incorporation of these tools in surveys and programmes on nutrition and mortality.

Harriet Kuhnlein's presentation on **indigenous peoples' right to food**, based on 12 case studies emphasized academic and community partnerships in developing research for benefit of indigenous peoples. She discussed food diversity and dietary changes, environment, intellectual property rights, trade, complementary foods, nutrition transition. A video on the Maasai was shown.

Florence Egal and Luca Servo presented the draft [FSNL \(Food Security, Nutrition and Livelihoods\) Online Network](#) which will document successful case studies and function as an online platform, especially for local practitioners at field level in countries with connectivity problems. Strategic and effective network facilitation is needed, including a part time manager pending funds.

Sarah Laughton joined the Chairs for the discussions of **ECHUI**. Issues raised were the needs for: stronger focus on household food security than supplements, cash transfers and social safety nets; country level analysis to select interventions; contextualizing ECHUI in terms of human rights and the right to food; inclusion of tools to identify local problems, local solutions and partnerships at country level; strong links to the World Food Summit and to more partners such as DFID and World Bank.

Topics discussed

Bridging food security and nutrition

Indicators

- Access to food

- Dietary diversity

Indigenous peoples & food diversity

Online initiative

ECHUI through a HFS lens

The Working Group announced in the SCN plenary their wish for a third Co-Chair, with affiliation to the NGO/CS constituency of the SCN, and preferably working with household food security at the field level. Please contact Working Group Chairs.

For more details, please see [Working Group report](#) and [presentations at the SCN Session](#)

WORKING GROUP ON NUTRITION THROUGHOUT THE LIFECYCLE

Chair: Ricardo Uauy ([IUNS](#)), Co-Chairs: Chizuru Nishida ([WHO](#)) and Ana Beatriz Vasconcellos ([Brazil](#))

The Working Group held a special review and planning session with objective to examine the original objectives of the Working Group set out in 2003, review progress to date analyzing strengths and weaknesses, and examine opportunities for Working Group activities and define future priorities. The following high priorities were identified: 1. Women's nutrition and health in the lifecycle and how SCN members support it, 2. Nutrition of elderly in developing and transitional countries and prepare the international nutrition community in addressing the problem. 3. How to implement the lifecycle approach in practice and how to integrate it into present policies and programmes to enhance effectiveness. 4. Monitor progress and present evaluations of the issues covered in the previous four to see products of Working Group session.

Ana Beatriz Vasconcellos (Brazil) was appointed as Working Group Co-Chair, representing the bilateral partners.

Please see [slides](#) and [report](#) of this closed meeting for more details.

OTHER SCN WORKING GROUPS

Find more information from the Working Group meetings at the 34th Session, including presentations, issues up for discussion and final reports at their respective webpages on the SCN website:

[WORKING GROUP ON NUTRITION OF SCHOOL-AGE CHILDREN](#)

Chair: Francisco Espejo ([WFP](#)), Co-Chairs: Lesley Drake ([Partnership for Child Development](#)), Karin Lapping ([Save the Children US](#))

[WORKING GROUP ON NUTRITION IN EMERGENCIES](#)

Chair: Caroline Wilkinson ([ACF France](#)), Co-Chairs: Zita Weise Prinzo ([WHO](#)), Caroline Ablu ([USAID](#)), Anne Callanan ([WFP](#))

[WORKING GROUP ON MICRONUTRIENTS](#)

Chair: Martin Bloem ([WFP](#)), Co-Chairs: Jacques Berger ([IRD, France](#)), Gary Gleason ([INF](#))

Lancet Series on Maternal and Child Undernutrition, Update April 2007

In mid-2006, the *SCN News* alerted readers to plans for publication of a series of papers in *The Lancet* on maternal and child undernutrition (#32, p. 67). Here we give you an update on progress in series development, focusing on efforts to engage the global nutrition, health and food communities and interacting and emerging plans for disseminating the series findings.

Broad engagement of the global nutrition and health communities and interaction with the global food community

The process for development of the series has included many different opportunities for individuals to contribute, including the following:

Contributing to individual series papers

Each paper reflects contributions from many individuals not included in the formal writing teams, including provision of data, specific analyses, and consultation on issues and policies. These inputs will be acknowledged in the series papers. Other avenues for contribution to individual papers include serving as an “internal” technical reviewer for the writing teams in advance of the formal peer review by *The Lancet*.

Contributing to the series as a whole

The writing teams have and will continue to encourage broad participation in the series using a variety of mechanisms. These include:

- A consultative meeting held in Baltimore, Maryland in March 2006 to provide a forum for broad discussion of the objectives and scope of the series and plans for carrying out the evidence reviews.
- Presentations about the series at SCN meetings in March 2006 and February 2007.
- Meetings supported by UNICEF at their Innocenti Centre in Florence, Italy in September 2006, and by The Rockefeller Foundation at their Centre in Bellagio, Italy in November 2006.
- Individual and small-group interviews on specific series topics, including reviews of preliminary tables and findings.
- A “Call for Papers” published in *The Lancet* and distributed at the 2007 meeting of the SCN, inviting researchers to submit manuscripts on related topics for review by *The Lancet* and possible publication in the same journal issues as the series.

Proactive coordination with other nutrition-related events and initiatives

- The “Ending Child Hunger and Undernutrition Initiative” of UNICEF and the World Food Programme
- The “Hunger and Health” Report under development by the World Food Programme
- Nutrition partners through presentation at meetings and individual discussions

Dissemination and advocacy based on series findings

Planning has begun for dissemination and advocacy of the new findings produced by the series. Launches will be held at both international and national levels. *The Lancet* will take lead responsibility for a launch in London launch, and GMMB (a communications and advocacy firm) is being supported by The Bill and Melinda Gates Foundation for a launch in the United States, focusing on Washington DC. Representatives of GMMB and Gates have participated in all major series-wide activities to date, and are providing guidance to the writing teams about communications and advocacy issues. In addition, and partly in response to a recommendation from participants in the Bellagio meeting, the Gates Foundation is spearheading a multi-organization effort to plan and support effective launches in a set of countries with high undernutrition burden and the potential to accelerate actions to address undernutrition in the short-term.

If you have questions or information to share with the series authors, please contact the series coordinator, Professor Robert Black, at rblack@jhsph.edu

Working Together in Countries

Working together in Brazil

The National Food and Nutrition Policy ([Política Nacional de Alimentação e Nutrição, PNAN](#)) is a part of the National Health Policy and also fits into the context of Food and Nutritional Security. One main directive is the Food and Nutrition Surveillance System ([Sistema de Vigilância Alimentar e Nutricional, SISVAN](#)), which is part of the primary health information system. Its objectives are early detection of risk situations and prescription of actions in order to prevent health problems. Another PNAN directive is the promotion of healthy dietary practices and lifestyles which addresses the nutrition transition and the double burden of malnutrition. It affirms the importance of adopting measures to implement national food guides that stimulate traditional regional foods and regulate food marketing (mainly to children).

SISVAN and the Bolsa Família Program: The [Bolsa Família Program](#) is the Federal Government's conditional cash transfer program for poor and extremely poor families. The Ministry of Health is responsible for overseeing the health conditionalities among families with children (growth and development monitoring through SISVAN and immunizations) and pregnant women. The second semester of 2006 indicated an increase of municipalities monitoring families: 4,764 (85.6%) Brazilian municipalities monitored 3,450,252 (36%) beneficiary families. Almost all monitored families (99.9%) and children (99.4%) fulfilled their health conditionalities. SISVAN registered the nutritional status of 3.7 million individuals (1,501,537 children, 1,446,348 adult women, 766,562 adolescents and 9,769 pregnant women). The national overall results show that 2.1% of the beneficiary children were very low weight-for-age and 6.7% were low weight-for-age. SISVAN also revealed a high prevalence of overweight (45.7%) among adult beneficiary women.

The impact of the Bolsa Família Program: The Ministry of Health has conducted impact evaluation of cash transfer programs by comparing beneficiary and non-beneficiary families in Brazil's Northeast region. Among the most important results of the first rounds (2002-2003, referent to the Bolsa-Alimentacao Program), positive impacts were observed on food expenditures, on the quality of diets and on weight-for-age indicators. In 2005, a new round of this series of studies was carried out, in order to evaluate the impact of the health component of the Bolsa Familia Program (to which Bolsa-Alimentacao was incorporated). Once again it was observed that beneficiary families spend more of their money on food and present more diversified diets than non-beneficiary families. Regarding nutritional impact, children up to 7 years old who belonged to the program for a longer time tended to present greater height-for-age recovery than other children. On the other hand, the large increase in overweight and obesity prevalence among adult women of both beneficiary and non-beneficiary families is alarming and witnesses about the double burden of malnutrition in low income households. It was also noted that cash transfers assure some protection against food insecurity to beneficiary families. This series of studies confirm the relevance of these interventions and reinforce the importance of health and nutritional education and of food and nutritional surveillance of the population.

Public Health and Regulation of Food Marketing in Brazil: In response to the double burden of malnutrition, the Ministry of Health's National Health Surveillance Agency has published a Public Consultation about the proposal of Technical Regulation on food offer, marketing, publicity, information and other practices, directed to the spreading or promotion of foods with high contents of sugar, saturated fat and sodium and nutrient-poor beverages in all media. The dialogue with food companies and media and marketing agencies should be intensified in order to gradually reduce the demand and eliminate the promotion of food items and beverages that contribute to diets conducive to poor health in children and adolescents. The Ministry of Health believes that governmental interventions, which help people to control habits that risk their own health, cannot be understood as restrictions to individual freedom of choice.

Contact: CGPAN

General-Coordination of the Food and Nutrition Policy

SEPN 511 Bloco C Biiar IV- 4º Andar.

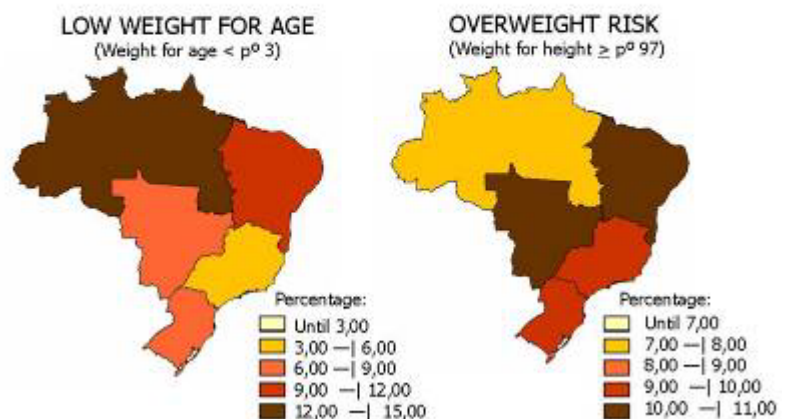
Brasília DF, Brasil. 70750-543.

Phone: 55 61 3448-8040.

E-mail: cgpan@saude.gov.br

www.saude.gov.br/alimentacao

NUTRITIONAL STATUS OF PBF BENEFICIARIES Regional distribution among children <7 years old



What is happening where you are?
Do you want to report about the nutrition programmes and projects in your country?
Please send a summary of maximum 400 words to scn@who.int

Working together through the Food and Nutrition Council to combat malnutrition in Bolivia



The prevalence of chronic malnutrition in Bolivia is the highest in South America and has not changed for more than twenty years. Around three out of ten children under five years of age suffer from stunting and the related consequences, which affect not only themselves but also the development of the country as a whole. The Bolivian government gives high priority to the eradication of malnutrition and promotes multisectoral approaches to address the problem.

Malnutrition in Bolivia affects mainly children living in rural mountainous area which have the municipalities with the highest index of vulnerability to food insecurity and insufficient health, education, water and sanitation services. The complexity of the problems shows the need for comprehensive approaches.

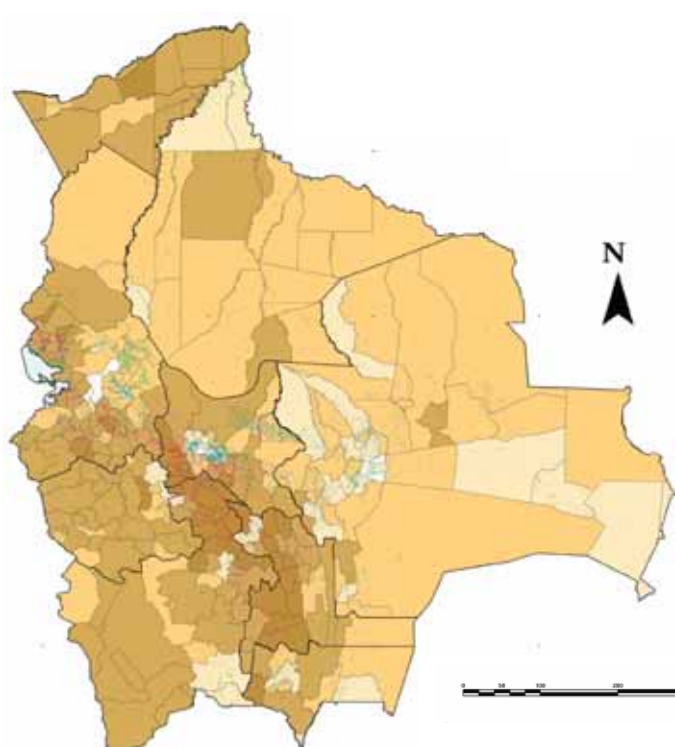
The Food and Nutrition Council (Consejo Nacional de Alimentación y Nutrición) was revived in April 2006 and administratively placed under the President of the Republic. A permanent technical committee was also instituted, giving the Council the sustainability which it lacked in its previous life. The Council also includes social organizations which have national representation.

The activities of the Council are embedded in the National Development Plan which gives a framework of food security and sovereignty. The Council's first task and main purpose is the eradication of malnutrition, prioritizing 52 municipalities with high vulnerability to food insecurity, mainly located in Potosí, Chuquisaca and Cochabamba.

Combating malnutrition in the most vulnerable communities means to ensure basic needs to food, water, housing, energy and health and education services to families. As an example the Ministry of Health is widening the public insurance for all citizens up to 21 years of age and is developing specific programs for children under five years of age and pregnant women, the ministry of education is managing successfully the literacy program in the same municipalities.

Members of the Council's technical committee are promoting participatory development of multisectoral plans where national, departmental, municipal levels and social organizations have duties and responsibilities.

Success factors are strong political will, people oriented interventions, continuous participation of social organizations and good coordination between sectors. This creates real opportunities for commitment and participation in order to work together to achieve eradication of malnutrition.



¿Dónde se localizan las Organizaciones Comunitarias más vulnerables a la inseguridad alimentaria?

Departamento	PORCENTAJE DE ORGANIZACIONES COMUNITARIAS POR GRADO DE VULNERABILIDAD					Grupos de mayor vulnerabilidad (4 + 5)
	1 (Más Bajo)	2	3	4	5 (Más Alto)	
Potosí	0.38	2.42	18.03	41.78	37.40	79.17
Chuquisaca	0.64	4.54	16.41	40.72	37.69	78.41
Oruro	0.51	5.78	39.46	49.66	4.59	94.25
Cochabamba	0.87	16.64	31.79	33.99	17.20	51.19
La Paz	0.46	8.31	41.06	45.87	4.30	50.17
Parícuti	0.80	7.04	45.23	39.29	8.54	47.74
Tarija	1.41	12.83	44.79	35.15	6.33	41.48
Beré	0.67	16.59	56.13	26.55	6.05	32.61
Santa Cruz	1.39	27.92	52.76	17.38	6.55	17.93
Bolivia	0.70	11.23	35.08	37.74	15.25	32.99

GRADO DE VULNERABILIDAD POR ORGANIZACIÓN COMUNITARIA

- 1 (Menor vulnerabilidad, 102 organizaciones comunitarias)
- 2 (1,640 organizaciones comunitarias)
- 3 (5,122 organizaciones comunitarias)
- 4 (5,511 organizaciones comunitarias)
- 5 (Mayor vulnerabilidad, 2,227 organizaciones comunitarias)

GRADO DE VULNERABILIDAD MUNICIPAL

- 1 (Menor vulnerabilidad, 5 municipios)
- 2 (43 municipios)
- 3 (100 municipios)
- 4 (126 municipios)
- 5 (Mayor vulnerabilidad, 40 municipios)

REFERENCIAS

- Límite departamental
- Lago Titicaca

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Senegal Nutrition Enhancement Program: making headway towards achieving the MDG targets



In Senegal, malnutrition is recognized as a major obstacle to social and economic development. Thus, the government has taken on the challenge of working for better nutritional status of vulnerable groups in an effort to achieving the Millennium Development Goals (MDGs). This has already given results in the fight against malnutrition, as the Demographic and Health Surveys of 1992 and 2005 show a reduction in the prevalence of underweight in children under five from 20% to 17% (see figure) and stunting from 22% to 16%.

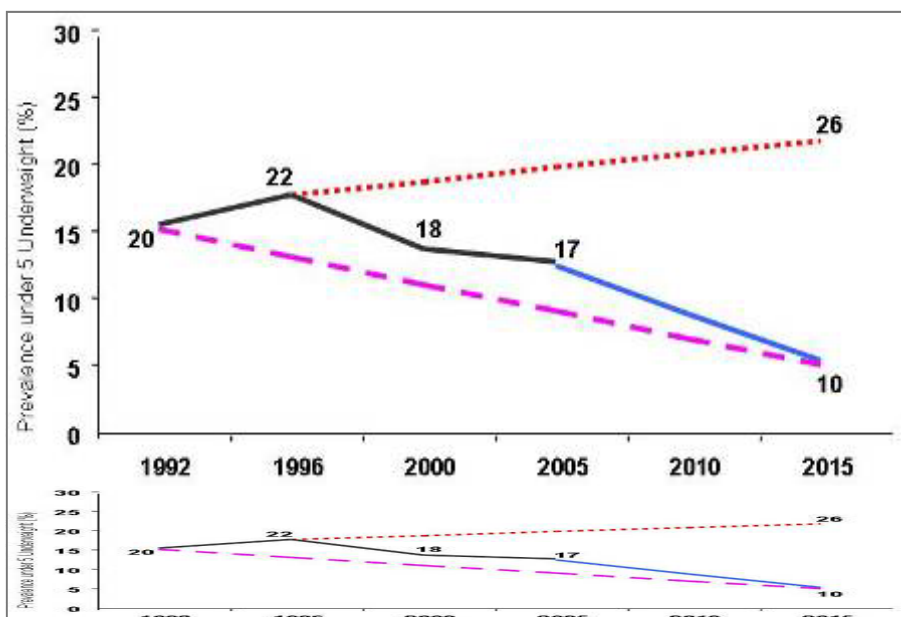
An operational reference framework for all the stakeholders: To achieve these outcomes, the Government of Senegal developed a nutrition policy letter which effectively served as a reference framework for all actors engaged in the fight against malnutrition. The policy letter had strong links with the Poverty Reduction Strategy Paper and the MDGs and with the establishment by decree in 2001 of the [Cellule de Lutte contre la Malnutrition](#) (CLM, National Committee for the Fight against Malnutrition). This committee, headed by the Prime Minister, is made up of representatives of all the key sectors that influence nutrition and health. It aims at reducing malnutrition and strengthening child health through multisectoral actions.

Broad consultation and social mobilization as a success factor: What's more, in 2002, the government launched the Nutrition Enhancement Program (NEP). This program will run up to 2015 which is the year that MDG targets should have been reached. The NEP goals are to improve the nutritional status of populations, in particular the growth of children under the age of two residing in poor urban and rural areas, and to strengthen the organizational capacity of the country's institutions to implement, monitor and evaluate the national policy on nutrition. NEP is funded by the government with support of donors such as the World Bank, UNICEF, WFP, Micronutrient Initiative and German cooperation ([KfW](#)). Implementation is based on a wide consultation and mobilization of all the stakeholders, including line ministries, local governments, the civil society and development partners which are engaged in child survival actions. Another feature of the NEP is the "learning by doing" approach brought about through sub-projects contracted out to NGOs that were selected through a transparent process on the basis of their implementing capacities of community nutrition projects.



NEP Phase 1: During the first phase, NGOs developed various innovative social mobilization strategies such as: grand-mothers' groups, pregnant women's support groups, religious group based interventions and positive deviance approaches. The program covers 15% of children under five living in the country and has shown impressive results: underweight rate was reduced by 62% in two years, exclusive breastfeeding rate increased from 30% to 58%, and children sleeping under bed net increased from 28% to 59%. The first phase of NEP was rated highly satisfactory by the World Bank.

However, to attain the MDG targets by 2015, major efforts are still required to meet the challenge of reducing national levels of underweight all the way to 10%. For that purpose, the Government of



Senegal and the development partners have renewed their commitment to better work together during the two remaining phases of NEP in order to fulfil the vision of CLM of Senegal as "a country where each and every person has a satisfactory nutritional status and adopts behaviours, which contribute to his/her well-being and to the development of the community".

From 1992 to 2005, malnutrition prevalence has decreased from 20% to 17%, the country is on track but the decrease rate is not sufficient to reach MDGs in 2015.

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Results of the SCN News Survey 2007

As you know, the SCN Secretariat has been conducting a small survey in order to explore alternative printing and distribution policies for the SCN News. The response was overwhelming compared to previous SCN News surveys. By April, we had almost 400 replies, and we are still receiving forms by Internet, by email and by ordinary mail.

Respondent profile and general comments: Two thirds (66%) of respondents were from countries in Africa, Asia, Middle East and Latin America, whereas 28% were from Europe, North America, Australia, New Zealand and Japan. Very many gave thanks for having received SCN News throughout these years, especially readers in areas where there are few library services and where Internet is not easily accessible. Some described how the SCN News has been crucial in their work and how they have widely shared it among colleagues and students.

Interest: A majority of respondents (69%) reported to usually read the SCN News in full, which indicates the satisfaction and interest of most subscribers. Although more respondents in developing countries reported to do so (78%), the rate in developed countries was not far behind (50%).

On line reading: A third of total respondents (35%) were willing and able to read the SCN News online. In developed regions, a majority were willing to do so (61%) whereas in developing countries potential online readers only constituted 22%. This is likely due to poor access to Internet, printers and even electricity, as explained by 29% of respondents from these countries, which has been a concern expressed by numerous respondents from both developing and developed areas. Some were worried about the reduced impact an online journal can have as readers will read less. In particular, we had many suggestions to how SCN News needs to change format for easier reading on the screen.

Pay: Only a fifth (20%) of respondents were willing to pay for the SCN News. The share of respondents in developed countries willing to pay for subscription (28%) was just below the rate of those preferring to receive a hard copy (30%) and in fact not very much higher than readers willing to pay in developing countries (17%). Some respondents replied that they would "gladly" pay for the SCN News and pay a higher fee so they could sponsor readers in developing countries. This is in sharp contrast to the reality often faced in developing regions, where readers describe the difficulty of getting hard currency, where there are no opportunities for bank exchange or transfer, and where sending money out of the country is completely unreliable.

Follow-up action from the SCN Secretariat: As a majority of respondents from developed regions would be ready to read SCN News online, we are very pleased to present to our readership a new format which we hope is better for reading on screen. With extensive use of hyperlinks, we hope that SCN News will further contribute to connect the international community of nutrition practice and that many readers will want to visit the websites of organizations associated with the SCN.

The Secretariat wishes to reassure all who are concerned about changes in distribution policies that we will plan to continue sending hard copies, especially to developing regions, funds permitting.

... SCN News is very useful for programme managers like us in developing countries to base, formulate and implement our strategies. (Sri Lanka)

... Reading SCN News twice yearly keeps me abreast of developments in the world of nutrition. (Nigeria)

... I would also like to receive SCN News on-line to see if sometimes it is possible to read when electricity is regular even though I have no functional printer. (Burkina Faso)

... raising even 1 US dollar in Zimbabwe today will be impossible otherwise I would willingly pay. I use SCN News extensively for teaching nutrition to undergraduate medical students and nurses as well as the dozens of community nutrition education and self help nutrition programs throughout the country, as unpaid volunteer for the past 23 years. (Zimbabwe)

... I wish to acknowledge your support towards my career as a Food Technologist in the making. I am indeed grateful for all the publications you have been sending to me, may you continue to progress and please, never relent in doing this you are really building lives and futures through your publications. (Nigeria)

Not yet completed the survey? Please take 2 minutes to do so [here](#) at the SCN website, Or send your answers to the questions below by email scn@who.int, by fax: +41-227988891 or by mail to SCN c/o WHO, 20 Avenue Appia, CH 1211 Geneva 27, Switzerland.

1. Is the SCN News sent to your correct address? Yes - No (if no, please fill in form underneath)

2. Do you read the full issue or only selected parts? I usually read the full issue - I usually only read selected parts

3. Would you be willing to read the SCN on-line (on screen/print out)?

Yes - No, I do not have access to Internet and/or printer - No, I prefer to receive the printed journal mailed to me

4. Would you be willing to pay for having the SCN News mailed to you? Yes, if not exceeding ... USD per issue - No

Programme News

Nutrition-Friendly Schools Initiative (NFSI) - Collaboration with Partners

NFSI

Investing in the health and nutrition of school-age children, Investing in the future of the world

Nutrition-related health problems in children are increasingly significant causes of disability and premature death worldwide. While underweight, stunting and micronutrient deficiencies continue to affect many people in developing countries, problems of overweight and obesity are emerging as significant public health problems among adults, and increasingly in children, in economically developed and developing countries alike.

Based on the principle that effectively addressing the increasing global public health problem of the double-burden of nutrition-related ill-health requires common policy options, the Nutrition-Friendly Schools Initiative (NFSI) was originally developed as follow-up to the WHO Expert Meeting on Childhood Obesity in Kobe in 2005, but was since then further developed to incorporate measures for addressing undernutrition among children. The NFSI framework was formulated in partnership with various UN agencies (FAO, UNESCO, UNICEF, WFP, WHO and World Bank), NGOs (EDC) and experts from concerned fields.

The main aim of the NFSI is to provide a framework for designing integrated school-based intervention programmes which address the double-burden of nutrition-related ill-health, building on and inter-connecting on-going school-based programmes being implemented by various partner agencies. These include the FRESH Initiative, Essential Package (UNICEF/WFP), Child-Friendly Schools (UNICEF), Health Promoting Schools (WHO), School Food and Nutrition Education programmes (FAO) to mention just a few.

The universality of the school setting for gaining access to children makes it highly relevant to global efforts to address all forms of malnutrition. Schools offer many opportunities to promote healthy dietary and physical activity patterns for children that contribute to their learning and academic performance. The NFSI framework has five core components: (1) developing of a written school nutrition policy; (2) raising awareness and building the capacity of school staff; (3) developing of nutrition, health and physical activity education; (4) creating a supportive school environment and (5) providing school health and nutrition services.

NFSI applies the concept and principles of the Baby-Friendly Hospital Initiative (BFHI). Schools will be assessed systematically based on the framework developed and after meeting the 25 clearly defined criteria, schools will be accredited as a Nutrition-Friendly School. All Nutrition-Friendly Schools will then be re-evaluated at regular intervals for the quality assurance.

Email: NFSI@who.int, Address: NFSI/NHD, WHO, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland, Fax: +41.22.791.4156

Open Training Platform

UNESCO

UNESCO invites SCN News readers to use and join the [Open Training Platform](#). This collaborative training resources sharing space, already fed by UN and development stakeholders training and capacity-building resources worldwide, is a central access point and repository that covers key development areas, in particular health, nutrition and food security. It is available for the nutrition and food security community of project managers, researchers, specialists, decision makers, trainers and learners to access and share learning materials.

SCN members are invited to participate and use the Open Training Platform:

1. Participating: We invite you to share training materials that your institution has developed for the local or specialized communities you are working with. It will maximize their use and impact while advertising your effort in this area.
2. Using: Despite internet access limits in certain areas, we hope that you will find training resources you need on this platform, which the rest of the community has already put at your disposal.

When using the Open Training Platform, please remember to verify the copyright status of the resource, also for translated material. If you do not find the matching resources on the platform, you may contact us and the OTP Team will help you look for it. This will enable us to better adapt the resources available to local training needs in the domain of health, nutrition and food security. We also invite you to comment on the resources and share your opinion. Your help in promoting the Open Training Platform in your network would be significant, increasing its use by practitioners, local communities, ever continuously improving the content thereby improving its value and quality. Ready-to-use web banners are available [here](#).

www.opentrainingplatform.com

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WHO Update on the WHO Child Growth Standards

The second set of the [WHO Child Growth Standards](#) (i.e. head circumference, mid-upper-arm circumference, triceps skinfold and subscapular skinfold) was released on 30 April 2007, together with application tools including clinical charts, field tables and macros for the analysis of nutritional surveys, and the Technical Report describing their development. Similarly, the new [WHO Global Database on Child Growth and Malnutrition](#), converted and adapted to include the new standards and new indicators (e.g. BMI), was launched in January 2007. As part of the conversion process WHO reanalyzed over 140 national nutritional surveys and recalculated global and regional estimates of child undernutrition to feed into the Lancet Series on Maternal and Child Undernutrition. At present WHO has initiated the construction of the growth velocity standards.

A big effort was put into providing technical support to the many countries adopting the new standards. The technical assistance focused on designing new child health cards, adapting the new standards to country needs as required, conducting data analyses and coaching local staff on the use of the software and macros. To date a large number of countries have either implemented or officially adopted the new standards and many others are in the process of doing so. In the Latin American region the response to the new standards has been overwhelming. Brazil and Chile have already implemented the new standards nationwide and most other countries in the region have officially decided on their adoption and are at various stages of implementation (e.g. Argentina, Bahamas, Barbados, Bolivia, Colombia, Costa Rica, Dominica, Ecuador, El Salvador, Granada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Republica Dominicana, Uruguay). In Asia and the Middle East, countries such as Bahrain, Bangladesh, Bhutan, Cambodia, Fiji, India, Indonesia, Jordan, Laos, Malaysia, Maldives, Mongolia, Morocco, Oman, Palestine, Sri Lanka, Vietnam, and Yemen are also at different stages of implementing the standards. In Europe and North America, despite most countries having national standards, there has also been a lot of interest in the WHO standards and a number of countries are undertaking formal reviews to decide on their use. WHO has also intensified the work of creating a network of trainers by conducting several Training of Trainers regional workshops for the [Training Course on Child Growth Assessment](#).

Generally, the WHO Child Growth Standards have been very well received worldwide and at country level have prompted some significant changes towards best practices. For example, a number of countries are incorporating the measurement of height into their growth monitoring programs to allow the proper assessment of obesity and stunting at the individual level. Countries are also taking the opportunity provided by the change of standards to standardize the guidelines for assessing child growth within and across countries (e.g. separate growth charts for boys and girls, use of z-scores as reporting system), and to revitalize programs aimed at improving and promoting child growth.

Growth Standards: www.who.int/childgrowth/en *Global Database:* www.who.int/nutgrowthdb

WHO Global InfoBase

The [WHO Global InfoBase](#) is a data warehouse that provides information on chronic disease and their risk factors for all WHO Member countries. It contains information on oral health, tobacco and alcohol consumption, diabetes, nutrition (overweight/obesity and fruit/vegetable intake), physical activity, blood pressure, cholesterol levels, body mass index, visual impairment and stroke from more than 7,000 sources from around the world. The InfoBase provides three basic services: data entry, data verification, and data analysis. The first step for the InfoBase is to collate existing information that is currently available from a variety of sources (government, non-government, published, unpublished, electronic etc...) The second step is quality assurance. Protocols have been established to ensure that all data are entered correctly and completely. Contact with original authors is made where clarification regarding collection of data or consistency of numbers is needed. The third step is analysis and interpretation of data to aid health policy decision making.

The InfoBase promotes transparency, accessibility, and traceability of health information. Transparency refers to the ability to easily access and work with data that are held within the InfoBase. Accessibility refers to the ability of all interested parties to easily contribute to, access and act on the information within the InfoBase. Traceability refers to the availability of an audit trail for all data entered into the InfoBase. The audit trail provides a resource with which a user can trace each data point within the system to its original source and also know the methods used to collect the data at the country level. Without an audit trail it would be impossible to know where a particular dataset came from or how it was collected and therefore to use the data for further analysis.

Regional InfoBases: InfoBase data is a product of open collaboration with our counterparts in all six WHO regional offices. Continuous feedback from WHO regional offices and countries is key to collecting such a wide range of information. Supporting Regional InfoBases ensures that we have the most up-to-date information on country-level

chronic disease risk factors available.

The InfoBase Modular Design: The InfoBase has a modular design which allows it to collect a range of different data on chronic diseases, their risk factors and all the associated metadata while maintaining the basic InfoBase principles of transparency, accessibility, and traceability. The current modules contain country collected data on: oral health, visual impairment, cancer, tobacco use, high alcohol consumers, diabetes, nutrition, physical inactivity, blood pressure, cholesterol levels, body mass index, stroke and policies to support the implementation of the Global strategy of Diet, Physical Activity and Health (DPAS). All modules adhere to the same principles of data quality with a minimum set of both qualitative and quantitative factors captured for each data point.

Access the InfoBase: www.who.int/infobase Contact: email: strongk@who.int or tel: +4122 7912497

Framework for integrating food&nutrition into HIV policies, programmes and funding proposals

WHO

WHO has developed a "Framework for developing and integrating food and nutrition activities and interventions into HIV policies, programmes, and funding proposals" which is a direct response to resolution [WHA59.11](#) on Nutrition and HIV/AIDS adopted at the World Health Assembly in 2006, which requested WHO to establish guidelines for including appropriate food and nutrition interventions in funding proposals. This activity is also part of WHO's objective to improve the nutritional status of people living with HIV/AIDS and ensuring that nutritional care is an integral part of the national HIV/AIDS response.

This Framework is a planning guide for countries for conceptualizing and planning for integration of food and nutrition activities within HIV/AIDS policies and prevention, treatment, care and support, and mitigation programmes. The primary audiences for this work are programme managers and policy makers that would like to incorporate nutrition within HIV/AIDS funding proposals and national scale-up plans. The framework provides guidance that will facilitate national level discussions about HIV/AIDS and food and nutrition security, using an evidence-based public health approach. It is presented in two parts. In the first part, key considerations for general planning of food and nutrition support within HIV/AIDS programmes are outlined in six steps:

1. Assessing the situation
2. Defining objectives for food and nutrition support
3. Deciding on specific interventions to meet these objectives
4. Identifying activities that will support implementation & partners
5. Estimating resource requirements
6. Monitoring and evaluation

The second section of the framework provides concrete guidance on incorporating food and nutrition activities and support into proposals to the Global Fund for AIDS, Tuberculosis, and Malaria. This is given to illustrate how such information can be used and help countries to translate their general information into the Global Fund's specific proposal format. It has been successfully used in Round 6 by three countries and is being used for Round 7 by 5 more countries in the African Region. www.who.int

WHO gets mandate for action on marketing to children

IASO

WHO is to develop a set of recommendations on the marketing of foods and non-alcoholic beverages to children after receiving a mandate for action from Member States at the 60th World Health Assembly in May.

The revised resolution on *the Prevention and Control of Noncommunicable Diseases: Implementation of the Global Strategy* ([WHA60.23](#)), emerged after Norway tabled an amendment calling for WHO to establish an international code, in line with proposals contained in the report of the WHO Expert Forum on marketing to children held in Oslo in May last year as well as the decision of 48 health ministers who adopted the [WHO European Charter on Counteracting Obesity](#) in Istanbul in November.

With support for its amendment from a wide cross section of Member States - including many in the African Region - Norway accepted a revised text which removed the term 'international code'. Instead the WHO mandate requires it to promote initiatives to *"increase availability of healthy food, and promoting healthy diets and healthy eating habits, and to promote responsible marketing including the development of a set of recommendations on marketing of foods and non-alcoholic beverages to children, in order to reduce the impact of foods high in saturated fats, trans-fatty acids, free sugars, or salt, in dialogue with all relevant stakeholders, including private-sector parties, while ensuring avoidance of potential conflict of interest."*

The resolution also calls on WHO to strongly promote dialogue between Member States with a view to implementation of concrete actions to prevent obesity and diabetes mellitus within the framework of resolution [WHA53.17](#) on prevention and control of noncommunicable diseases and the Global Strategy on Diet, Physical Activity and Health.

WHO will now prepare a five year action plan for the implementation of the global strategy for the prevention of non-communicable diseases which will be presented via the next Executive Board to the 61st World Health Assembly for approval. WHO is then required to report every two years.

Support for a strong resolution including action on marketing of food and beverages to children was expressed by a number of NGOs, including IASO which submitted a statement endorsing the Norwegian initiative and encouraging rapid action to address the WHO target to reverse the trend in obesity by 2015.

The full resolution can be downloaded from: http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R23-en.pdf

Reported by: Neville Rigby, Director of Policy and Public Affairs,

International Association for the Study of Obesity (IASO) www.iaso.org

Global Alliance for the Prevention of Obesity and related Chronic Diseases www.preventionalliance.net

IFPRI Micronutrient Sprinkles reduce anaemia in young Haitian children

In Haiti, more than one-half of rural children under the age of 2 are anaemic (Hb < 100 g/L). Previous research showed that iron-fortified donated food commodities (wheat-soy blend (WSB) or corn-soy blend) could not provide sufficient iron to meet the needs of infants participating in a food-assisted maternal and child health and nutrition (FA-MCHN) programme, even when combined with locally available foods rich in heme iron such as meat or organ meats.¹ Micronutrient Sprinkles have been shown to reduce anaemia in efficacy trials conducted in a variety of contexts. Little is known however about their effectiveness when delivered under programmatic conditions. Our study assessed the effectiveness and feasibility of providing micronutrient Sprinkles (containing 12.5 mg iron and other key micronutrients) in reducing anaemia among children 9–24 months of age enrolled in a World Vision FA-MCHN program in rural Haiti.^{2, 3}

Ten food distribution points (FDP) where children received take-home rations of fortified wheat-soy blend (WSB) were randomly allocated into two groups: 1) Sprinkles-WSB (S-WSB) (n=254 children), receiving 30 sachets of Sprinkles monthly for 2 months; 2) WSB only (WSB) (n=161 children), not receiving Sprinkles. Mothers were taught about the benefits and use of Sprinkles at group education sessions. Anaemia decreased by more than half between baseline and the end of the 2-months intervention (from 54% to 24%) in the group receiving Sprinkles, whereas it increased from 39% to 43% in the WSB only group. At a second follow-up 5 months later, anaemia was further reduced to 14% in the Sprinkles group, and 92% of the children who were non-anaemic at the end of the intervention remained so without further Sprinkles consumption. Sprinkles were packaged and distributed as planned. Mothers understood how to use the Sprinkles and acceptability and compliance were high. Inclusion of Sprinkles in the program entailed a modest, but acceptable increase in workload for staff. Existing program capacity for distributing WSB and for implementing a BCC programme aided the integration of the Sprinkles intervention.

There are three major programmatic implications from this research: 1) In poor settings like rural Haiti, iron-fortified cereal blends like WSB fail to prevent anaemia in young children, and thus additional measures are needed. 2) Micronutrient Sprinkles are effective in reducing anaemia among children 9 to 24 months of age in FA-MCHN programs.⁴ 3) Combining Sprinkles with the distribution of take home food rations in MCHN programs is highly feasible and effective.

Conclusion: In situations where diets are known to be low in iron and other important micronutrients, where malaria prevalence is not excessively high, and where screening for anaemia is logistically and financially difficult, blanket use of Sprinkles for two months along with fortified food aid commodities is clearly indicated for infants 9 and 24 months of age and may also be recommended for infants 6–8 months of age.

1. Ruel MT, Menon P, Loechl C, Pelto G (2004) Donated fortified cereal blends improve the nutrient density of traditional complementary foods in Haiti, but iron and zinc gaps remain for infants. *Food Nutr Bull* 25(4):361-76.

2. The research was a collaborative effort between IFPRI and Cornell University, with support from the Micronutrient Initiative, USAID through the Food and Nutrition Technical Assistance (FANTA) Project of the Academy for Educational Development, World Vision-Haiti, and the Government of Germany.

3. Results from both the effectiveness and the feasibility study were presented by Purmina Menon at the Micronutrient Forum in Istanbul, 16–18 April 2007. Results from the effectiveness study were published in Menon P, Ruel MT, Loechl CU, Arimond M, Habicht JP, Pelto G, Michaud L (2007) Micronutrient Sprinkles Reduce Anemia among 9- to 24-Mo-Old Children When Delivered through an Integrated Health and Nutrition Program in Rural Haiti. *J. Nutr.* 137:1023-1030.

4. Research is needed on the safety of iron-containing products, including Sprinkles, among infants younger than 6 months.

New project to assess nutritional value of fruit varieties **Bioversity**

Scientists know next to nothing about the nutritional and health qualities of specific varieties of food crops. Ethiopian farmers call some sorghum varieties *wetet begunche* (milk in my mouth). Researchers found that they contain 50% more lysine than others. Nepali women say that a rice called Bayarni is particularly good when they are pregnant or lactating. It contains high levels of iron. But few food composition tables reflect these differences, and fewer policy-makers are even aware of nutritional differences among varieties. A new project, possibly the first of its kind, aims to start systematically to plug that gap.

[Bioversity International](#), the Centre de Recherche Public Gabriel Lippmann ([CRPGL](#)) and the N.I. Vavilov Research Institute of Plant Industry ([VIR](#)) will work together to evaluate the nutritional properties of selected samples from VIR's genebank. Financed by the Government of Luxembourg, the project focuses on small fruits (*Ribes*, *Rubus*, *Lonicera*, *Sorbus*, *Vitis*), as well as potato (*Solanum tuberosum*). Although they are small in size, these crops deliver a huge payload in terms of health.

Berries are packed with antioxidants that are believed to play a significant role in preventing a wide variety of diseases. The project will measure polyphenols, found in grapes and other dark berries, and the carotenoids lycopene and lutein. Other bioactive properties in berries that may have anti-glycemic functions will also be analysed. These may contribute to the fight against the dramatic increase in diabetes in both developed and developing countries and particularly in transition economies. The CRPGL in Luxembourg will measure the nutrients and will work with the VIR to ensure that those varieties identified as most valuable are safely conserved for future use. Some of the high altitude Andean potatoes are also noted for their protective properties and health functions. How these bioactive properties are expressed and retained by people who consume them is an important new area of research on crop and dietary diversity.

The impact of the project will depend on making sure the results reach a wide audience. Unless the public and policy-makers appreciate the health and nutrition value of these crops it will be much harder to get the support needed for their ongoing conservation and further research. So an essential part of the project is to ensure that research results on the health and nutritional properties of agricultural biodiversity reach policy-makers in the Russian Federation and in the European Union. By establishing links between the research community and policy makers, the project hopes to identify and build support for policies that can harness agricultural biodiversity in Europe to create new economic opportunities for producers and deliver health and nutrition benefits to consumers.

www.bioversityinternational.org

ENN Request for IFE materials **ENN**

Infant and young child feeding in emergencies (IFE) is now firmly on the nutrition agenda. An international strategy meeting on IFE was held in the UK in November 2006 by the Emergency Nutrition Network ([ENN](#)). During this meeting ENN, as the coordinator of the IFE Core Group, was invited to join the UNICEF-led Interagency Standing Committee (IASC) Nutrition Cluster to ensure that IFE matters are integrated into all aspects of nutrition. Subsequently, the work of the IFE Core Group was highlighted at the Symposium of the recent UN Standing Committee on Nutrition meeting in Rome, as an example of UN agencies and NGOs working together in the emergencies sector. (See paper by Marie McGrath on [page 40](#) in this issue). The IFE Core Group, funded largely by the IASC Nutrition Cluster, is undertaking a range of essential IFE activities determined at the November meeting. One of these is to identify IFE related material that we all suspect is 'out there', but needs to be brought together in one place,

To this end, we are requesting that agencies and individuals send us all their IFE related materials (from headquarter, regional headquarters and the field), in any language and from any region. The aim is not to critique the work but to promote sharing of materials and avoid duplication of efforts. This material may be produced internally by your organization, by other agencies or by individuals. Examples include: policies and guidelines; training materials; briefing papers, fact sheets, leaflets and handouts such as IEC materials and 'home-made' material; case studies; photos, video or camera clips of good and bad practices; tools, e.g. assessment tools; raw data, surveys, evaluations and programme reports; as well as any additional infant feeding material, information or ideas. These materials will be collated and with contributors permission, included in an online resources library hosted on the ENN website (online from June 2007). We are particularly interested in materials on complementary feeding (in general) and management of malnutrition in infants <6 months to feed into other reviews by the IFE Core Group. Even if numbers are small or you are unsure of data quality, still share these with us - all information is valuable to build up a picture of what is happening in IFE.

Please send material AS SOON AS POSSIBLE to help get the library up and running.

Contact: Ali Maclaine alimaclaine@btinternet.com or Marie McGrath marie@enonline.net. Web: www.enonline.net

Address: Emergency Nutrition Network, 32 Leopold Street, Oxford, OX4 1PX, UK.

Tel: +44 (0) 1865 324996 / 249745

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IAEA**Nobel Peace Prize Schools for Nutrition**

The Norwegian Nobel Committee awarded the 2005 Nobel Peace Prize to the [IAEA](#) and Director General ElBaradei in equal shares "for their efforts to prevent nuclear energy from being used for military purposes and to ensure that nuclear energy for peaceful purposes is used in the safest possible way". The IAEA Board of Governors subsequently decided that IAEA's share of the prestigious prize would be used to create a special fund for fellowships and training to improve cancer management and childhood nutrition in the developing world. This fund is known as the "[IAEA Nobel Cancer and Nutrition Fund](#)"

In nutrition, the focus of the Fund is on capacity building in the use of nuclear techniques to develop and evaluate interventions to contribute to improved nutrition and health for children. Alongside fellowship awards, targeted to young professionals, especially women from developing countries, three regional events – "IAEA Nobel Peace Prize Fund Schools for Nutrition" – were implemented during 2006-7. The aims of the "IAEA Nobel Peace Prize Fund School for Nutrition" were to raise awareness of IAEA's activities in human nutrition and to disseminate information about the usefulness of stable isotope techniques in the development and monitoring of nutrition programmes to combat malnutrition, in particular in infants and children.

Each "Nutrition School" was organized as a 5-day event under a specific theme, relevant to the region. The programme included lecturers on stable isotope techniques as well as presentations on experience with stable isotope techniques in nutrition in each region. A significant amount of time was allocated to discussions, including group discussions to identify priority areas for future cooperation with IAEA. International and regional experts were invited as keynote speakers and lecturers.

Latin America: The first "IAEA Nobel Peace Prize Fund School for Nutrition" was organized under the theme "Combating the double burden of malnutrition", October 16-20, 2006, in collaboration with the Government of Guatemala through Instituto de Nutricion de Centro America y Panama (INCAP), Guatemala City, Guatemala.

Africa: The second "Nutrition School" was organized under the theme "Integrating nutrition into the management of HIV/AIDS", December 4-8, 2006, in collaboration with the Government of Uganda through the Ministry of Health.

Asia and the Pacific: The last "Nutrition School" was organized under the theme "Focus on interventions to combat undernutrition during early life", April 22-26, 2007, in collaboration with the Government of Bangladesh through the Bangladesh Atomic Energy Commission (BAEC) and with the International Centre for Health and Population Research (ICDDR, B).

The "IAEA Nobel Peace Prize Fund Schools for Nutrition" provided excellent opportunities to raise awareness of IAEA's activities in human nutrition and to disseminate information about the usefulness of stable isotope techniques in the development and monitoring of nutrition programmes to combat malnutrition. The participation of representatives from most IAEA Member States in each region clearly indicates the enthusiastic response to this initiative.

Iodine Network**MOU between Sudan and WFP, UNICEF & MI**

A Memorandum of Understanding was signed between the Ministry of Health of Sudan, Ministry of Industry of Sudan and the United Nations World Food Programme (WFP), the United Nations Children's Fund (UNICEF) and the Micronutrient Initiative (MI) on March 13, 2007. The aim of the MOU is to advance the achievement of Universal Salt Iodization (USI) for the control and reduction of iodine deficiency diseases (IDD) in Sudan.

With a population of almost 37 million, of which over 5 million are children under 5 years of age, Sudan's prevalence of iodine deficiency is well documented. Iodine is an essential micronutrient which is needed for proper brain development of the foetus and young children. Iodine deficiency is the primary cause of preventable mental retardation and brain damage, as well as contributing to an increased risk of infant mortality, miscarriage and stillbirth. Iodizing salt is the globally recognized strategy to combat IDD. While Sudan produces some 175,000 metric tons (MT) of salt per annum, only 3,000 MT of salt produced annually is iodized; in effect, only 1% of households consume iodized salt.

The general objectives of the MOU are to increase household consumption of iodized salt to more than 90% by the end of 2008 and to increase production and distribution of iodized salt from 3,000 metric tons to 165,000 metric tons a year. To achieve these objectives, the Sudanese Ministries of Health and of Industry will be working with WFP, UNICEF and MI to focus on the areas of capacity building for production of iodized salt, including technical and monitoring support; procurement support for equipment and potassium iodate; developing and enforcing a strategic plan for social mobilization and marketing towards demand creation and awareness of IDD and its remedy USI; as well as conducting surveys and assessments to enable national monitoring of IDD.

WFP, UNICEF and MI are all members of the Network for Sustained Elimination of Iodine Deficiency (Iodine Network) - an alliance of organizations that share a common vision of a world in which every child is born protected from iodine deficiency and resulting brain damage. Read more at www.iodinenetwork.net

New strategy for health, nutrition and population **World Bank**

The World Bank's Board of Executive Directors endorsed a new strategy for health, nutrition, and population on 30 April 2007. The new strategy, [Healthy Development: The World Bank Strategy for Health, Nutrition, and Population Results](#), will help developing countries strengthen their health systems and improve synergies with priority-disease programs to improve the health and well-being of millions of the world's poorest people. Through strengthening health systems, the strategy aims to boost economic growth, reduce poverty caused by catastrophic illness, and provide the structural "glue" that combines multiple health-related programs within client countries.

It updates the Bank's contribution to improving health outcomes at the global, regional, and national levels, including the 2015 Millennium Development Goals. The new strategy is timely as development assistance for health has more than doubled in the past five years, with new multilateral organizations and foundations increasing their prominence in the international arena. The strategy outlines an approach that consists of sharpening focus on results on the ground; concentrating the Bank's contributions on its comparative advantages (particularly in health system strengthening, health financing and economics); supporting government leadership and international community programs to achieve these results; and evaluating its engagement with global partners, working towards a collaborative division of labour.

From [HNPFLASH Issue No. 60, May, 2007](#).

Micronutrient Forum **MI**

The first Micronutrient Forum was held in Istanbul, Turkey on 16–18 April 2007. The Micronutrient Forum was established in 2006, merging the International Vitamin A Consultative Group (IVACG) and the International Nutritional Anemia Consultative Group (INACG), with an expanded mandate to address all micronutrient deficiencies of public health significance. For the first time a single meeting addressed several micronutrients—vitamin A, iron, zinc, iodine and folate—summarizing the available evidence and evaluating specific programmatic approaches to controlling deficiencies of these micronutrients.

The theme of the meeting was "Consequences and Control of Micronutrient Deficiencies: Science, Policy, and Programs—Defining the Issues." Dr. Alfred Sommer, Chair of the Micronutrient Forum Steering Committee, said that the meeting was designed to allow scientists and policy makers to take stock of the current scientific evidence and determine if "tipping points" had been reached for various questions. Reaching such a tipping point would mean that public health policy should be developed based on the evidence to guide programs in the field. An example of a potential tipping point that was highlighted at the meeting is newborn dosing with high dose vitamin A in Asia.

The meeting also highlighted successful national level micronutrient programs that are achieving impact, such as the presentation by Dora Akunyili, National Agency for Food and Drug Administration and Control in Nigeria, on Nigeria's successful salt iodization program that has maintained >97% household level consumption of iodized salt since 1998, resulting in a significant decline in the total goitre rate and improvements in urinary iodine concentration.

Necdet Unuvar, Undersecretary for Health in Turkey, opened the meeting on behalf of the Minister of Health of Turkey. Turkey has been very successful in reducing iron, zinc and iodine deficiencies through fortification and supplementation. Unuvar re-committed his government to achieving the objective of reducing micronutrient malnutrition in the next few years. In her closing address, Meera Shekar, World Bank, congratulated the Forum participants for bringing all the micronutrients under one roof, making it more feasible to develop well-coordinated and effective programs. Shekar focused attention on micronutrient interventions for which evidence of impact is strong enough to warrant investment of limited resources. These data are so strong that failure to take action is an ethical dilemma. She urged a redoubling of efforts to attain universal salt iodization and vitamin A supplementation to children under 5 years of age, including newborns in South Asia. Iron and folic acid supplementation for pregnant women is essential, but additional work is needed to sort out appropriate approaches to reducing iron deficiency in children in malarious regions. Zinc is a cost effective treatment for diarrhea, but the data for the preventive use of zinc is unclear.

Food fortification is making good progress in developing countries and the recently released FAO/WHO Guidelines on food fortification with micronutrients will serve national policymakers well. She urged the development of program platforms that would combine the most effective approaches for maternal and child health. Such program platforms will aid the nutrition community in selling its messages by delivering clear, coherent, agreed upon policies with known cost-benefit ratios.

The Micronutrient Forum was co-hosted by the Micronutrient Forum Program Committee and the Local Organizing Committee of the Ministry of Health of Turkey. The Micronutrient Forum Program Committee and the Micronutrient Forum Secretariat planned and organized by the meeting with support from A2Z, the U.S. Agency for International Development (USAID) Micronutrient and Child Blindness Project, with funds from USAID. Other major financial contributions were made by the Ministry of Health of Turkey, Bill & Melinda Gates Foundation, SIGHT AND LIFE, UNICEF, and Unilever Food and Health Research Institute. Other sponsors

included Danone, GAIN, Kraft, BASF, The Coca-Cola Company, H.J. Heinz Company, Mars, Inc., The Micronutrient Initiative, Monsanto Company, and The Procter & Gamble Company.

A2Z is managed by the Academy for Educational Development (AED) through a cooperative agreement with the Health, Infectious Disease and Nutrition Office of the Bureau of Global Health, USAID. The ILSI Research Foundation serves as the Micronutrient Forum Secretariat. The proceedings of the first Micronutrient Forum will be published in the SIGHT AND LIFE Magazine. www.micronutrientforum.org

FANUS First Meeting of FANUS in Ouarzazate, Morocco

The first FANUS Scientific Meeting took place in Ouarzazate between the 7th and 9th of May, 2007. It was organized by the Federation of African Nutrition Societies (FANUS) in conjunction with Moroccan Nutrition Societies. The theme of this meeting, "NUTRITION IN AFRICA: BREAKING THE DOWNWARD TREND" represents a major defining moment in the history of the struggle against malnutrition in Africa. This maiden meeting brought together the Nutrition Societies of African countries with renewed aspirations and efforts towards addressing the nagging nutrition problems in Africa. It was attended by about 300 delegates from 30 African countries and other continents. There were presentations by eminent international scholars within and outside Africa, such as "The development of adult health and disease" by David Barker, and "Young child malnutrition: From global protein crisis to the violation of children's rights" by Urban Jonsson. Many other key guests honoured the invitation to participate in the meeting including Ricardo Uauay, Noel Solomons, Asbjørn Eide, Wenche Barth Eide, Eric Jecquier, Claus Leitzmann and several others too numerous to mention here.

We gratefully acknowledge the host of partners without whom this conference would not have been possible. The financial and material supports of international bodies have assisted in creating opportunities for young nutritionists in Africa to participate at this meeting. For one week before the FANUS meeting, the African Nutrition Leadership Program (ANLP) was held for young nutritionists from French speaking African countries. In addition, about 40 members of the African Graduate Student Network (AGSNet) received funding to attend their second general meeting at Quarzazate on the 6th of May. The AGSNet and ANLP were established to enhance nutrition-related capacity building, education and networking in Africa.

At the end of the FANUS meeting, the **Quarzazate Declaration** was constituted. The following paragraph is an excerpt which encapsulates the spirit and intent of the Declaration:

...We acknowledge and declare that the reduction of poverty, hunger and malnutrition in Africa is the key for reaching all the other MDGs. As African nutritionists and nutrition practitioners we know that a future without poverty, hunger and mal-nutrition in Africa would need a concerted efforts of all and sundry. We accept this responsibility and are committed to taking ownership for capacity building. We will provide the leadership to ensure that scientific, evidence based principles, policies and practices are implemented for the alleviation and prevention of poverty, hunger and malnutrition. As African nutritionists and nutrition practitioners, we will work together to strengthen collaborations between countries to achieve these goals.

www.africanutrition.org/fanus2007

FAO E-learning: Nutritional Status Assessment and Analysis

"Nutritional Status Assessment and Analysis" - a [new e-learning course](#) and set of resources for trainers - has been released by the EC-FAO Food Security Programme. This course covers the basic concepts of malnutrition, describes how nutritional status is assessed, and identifies the most commonly used nutrition indicators and criteria for selecting indicators in specific contexts and situations. The course is composed of three lessons, which cover the basic concepts of malnutrition, describe how nutritional status is assessed, and identify the most commonly used nutrition indicators as well as criteria for selecting indicators in specific situations. It also provides an overview of the strengths and weaknesses of the main sources of nutritional status information and promotes an integrated analysis of the nutrition situation through an understanding of the underlying causes of malnutrition. Each lesson is delivered in an interactive self-paced dynamic learning environment, which uses illustrated step-by-step instructions and exercises. Job aids, methodological guidelines and case studies that demonstrate real life applications of the concepts and procedures being taught are included with the lessons. The course also has resources for trainers, including trainers' and learners' notes, slide presentations, exercises and supplementary materials. The [course](#) and [resources for trainers](#) is available free of charge on-line, or on [CD-Rom](#)

Email: information-for-action@fao.org / Web: www.foodsecinfoaction.org/dl

Update on IYCN: First annual work plan **PATH**

Since our report in [SCN News 33](#), on IYCF, **PATH**'s new \$46 million Cooperative Agreement with the United States Agency for International Development, the project has changed its name to Infant and Young Child Nutrition (IYCN).

IYCN's first annual work plan features two USAID intermediate results:

- Support Global Technical Leadership in Infant and Young Child Nutrition
- Strengthen and Expand Implementation of Infant and Young Child Nutrition Programs

and a cross-cutting agenda that includes country outreach for IYCN, knowledge building and information dissemination, and project start-up, management, and reporting.

IYCN is conducting an exciting set of global technical leadership activities: providing acknowledged input in global infant and young child nutrition documents; contributing to international efforts to expand the BFI, particularly at the community level; assisting WHO to roll-out new growth standards; providing technical support for implementation of the new IYCF indicators; developing a maternal nutrition strategy for the project; working with the Global Alliance for Improved Nutrition (GAIN) to develop and market fortified complementary foods and products; and assisting in implementing country models of integrated infant and young child nutrition assessment, counselling, and support for HIV/AIDS patients and their families.

IYCN has identified a number of focus countries for its efforts to strengthen and expand implementation of infant and young child nutrition programs. Based on a number of criteria: a demonstrated infant and young child nutrition problem; USAID prioritization as a Child Survival focus country, PEPFAR ([President's Emergency Plan for AIDS Relief](#)) country, Food and Nutrition target country, fragile state, etc.; USAID mission prioritization of maternal health and child survival with a nutrition emphasis; commitment of national government to nutrition, with an emphasis on IYCF; existence of an enabling environment: likelihood that IYCN TA will achieve sustainable results; and the presence of one or more IYCN partners, the following countries are IYCN focus countries: Africa: Côte d'Ivoire, Democratic Republic of Congo (DRC), Ethiopia, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Nigeria, Rwanda, South Africa, Sudan, Swaziland, Tanzania, Uganda and Zambia; Asia/Near East: Afghanistan, Bangladesh, Cambodia and India; Latin America and the Caribbean: Haiti, Peru, and one additional country, perhaps El Salvador.

For more information on IYCN activities, please contact Jean Shaikh, IYCN Project Director, at jshaikh@path.org

African Nutrition Leadership Programme (ANLP) **ANLP**

The sixth of a series of ANLP seminars will be held in South Africa from 11-21 March 2008 under the Directorship of Johann Jerling (North-West University, South Africa) and Kombi Mbhenyane (University of Venda, South Africa). The aim of this programme is to assist the development of future leaders in the field of human nutrition in Africa. Emphasis will be given on understanding the qualities and skills of leaders, team building, communication and nutrition information in a broader context, and to understanding the role of nutrition science in the world around us. The programme is designed for individuals who have experience in various fields of nutrition. Preference will be given to final year PhD students, postdoctoral fellows and candidates with comparable working experience in the broader human nutrition sciences, studying or working in Africa. We are actively seeking applicants under the age of 40 years. The maximum number of participants is 25.

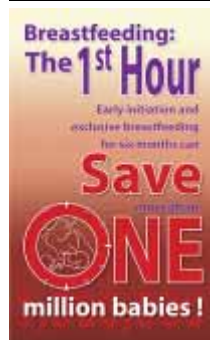
Course fee: 1200€. This fee includes tuition fee, course materials, full board and lodging at the ANLP venue in the North West Province of South Africa and travel from the airport and back. Other personal costs such as insurance, drinks and phone calls are not included.

Grants: The ANLP organization tries to provide a limited number of partial course fee grants to participants. During the annual meetings of the UN Standing Committee on Nutrition (SCN) several UN-organizations and bilateral donors have been informed about this programme. Therefore, potential candidates who are in the need of sponsorship are advised to approach these organizations as soon as possible to ensure their participation. Applicants from the following countries are required to apply for a NFP fellowship after being accepted for the ANLP (see ANLP website for more information): Ivory Coast, Kenya, Benin, Mali, Mozambique, Namibia, Burkina Faso, Cape Verde, Nigeria, Rwanda, Senegal, Egypt, South Africa, Eritrea, Ethiopia, Tanzania, Ghana, Uganda, Guinea-Bissau, Zambia, Zimbabwe. These applicants can also apply for a course fee grant from the ANLP organization. Those interested in applying for a course grant from the ANLP organization should send a complete grant application form after being accepted for the ANLP. Preference for course fee grants will be given to those applicants who can demonstrate that they have searched for other sources of funding as well.

www.africannutritionleadership.org

Deadline for ANLP applications: 1 August 2007. Results of the selection panel will be made known 15 August 2007.

[back to contents](#) **SCN NEWS # 34**

WABA**World Breastfeeding Week 2007 1-7 August**

Breastfeeding: The 1st Hour
Early initiation and
exclusive breastfeeding
for six months can
Save more than
ONE million babies!

[WBW 2007 Action Folder](#)* explains the
background for the theme:

The Remarkable First Hour of Life

When healthy infants are placed skin-to-skin on their mother's abdomen and chest immediately after birth, they exhibit remarkable capabilities. They are alert. They can crawl, stimulated by mother's gentle touch, across her abdomen, reaching her breast. They begin to touch and massage the breast. This first gentle touch of a baby's hand or head at the breast stimulates release of maternal oxytocin, thus beginning both the flow of milk and enhancing the feelings of love for the baby. Then the baby smells, mouths and licks the mother's nipple. Finally, he or she attaches to the breast and feeds. This sequence of events is important for the survival of human young.

Although many authors describe these normal infant behaviours, we are just now discovering the importance of providing the opportunity for a mother and baby to have the experience. For the first time, researchers have assessed the effect of the timing of the first breastfeed on newborn mortality – showing that mortality may be less if infants start to breastfeed in the first hour.

Optimal breastfeeding

The WHO/UNICEF *Global Strategy for Infant and Young Child Feeding* recommends that children breastfeed exclusively for the first 6 months of life, and then continue breastfeeding with adequate complementary food up to 2 years or beyond. Normal initiation of breastfeeding in the first minutes to first hours of life begins with skin-to-skin contact, and helps mothers and infants to achieve optimal breastfeeding. This is required in the BFHI, specifically in Step 4 of the WHO/UNICEF *10 Steps to Successful Breastfeeding*.

Breastfeeding Rights

The *Convention on the Rights of the Child* recognises that every child has the inherent right to life and aims to ensure their survival and development. Breastfeeding within the first hour after delivery helps to ensure child survival. Women have a right to this knowledge and to receive the support that they need to initiate breastfeeding accordingly.

* Cited from WABA (World Alliance for Breastfeeding Action)
World Breastfeeding Week 2007 Action Folder, 16 May 2007

Read more about **action ideas** for hospitals and maternity facilities, for health workers, for family and community members and for policy makers in the Action Folder.

Download material from www.worldbreastfeedingweek.org

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Speaker's Corner

The human right to adequate food in poor countries: What are the duties of the rich countries?

Claudio Schuftan, [People's Health Movement](#), Vietnam

There are things the global community must do (not just could do) if it is to meet its correlative duties towards the human right to adequate food. One of these things is being *consistent* across the globe in their promotion and defence of this right. Although there is nothing in human rights law that speaks about a requirement for consistency, this is an area where I feel rich countries need to be held accountable in a more uncompromising way.

It is here proposed that the duty of all states is triggered when any given nation state cannot meet its human rights obligations. If one such state is so weak that, regardless of its intentions, it is not capable of ending food insecurity and of realizing the right to adequate food of its people, then it cannot be charged with a violation. This is where the duty of the global community should come in to assure the realization of that right (Kent, 2006).

What I here denounce are patterns of *human rights inconsistencies* of rich countries in two domains, a) rich countries' governments justifying action on country A on the basis of human rights while not taking action on country B, in spite of similar conditions, and b) governments of rich countries using high rhetoric on how the right to adequate food is important while not respecting it through its policies in the international financial, international aid and international trade fronts. Consistency should be demanded from rich as much as from poor countries. The focus here is to ascertain the duties of the global community, in particular the rich countries, to assist those countries that cannot uphold the right to food by themselves.

For some countries that have ratified the [International Covenant on Economic, Social and Cultural Rights](#) (ICESCR), domestically, the right to adequate food has the force of law and can be invoked in the courts with some countries also having enshrined it in their constitutions. Despite the justiciability of this right, most governments of rich countries do not really provide for the enjoyment of the right to food by their own people and higher levels of fulfilment of the right to food are simply a result of economies going well and citizens having the means to feed themselves.

The human right to adequate food does not permit a State Party to perpetrate violations of this right in the territory of another State (Human Rights Committee, 1997). International human rights instruments place clear duties on states to refrain from actions that could interfere directly or indirectly with the enjoyment of human rights in other countries, as much as in their own (NGO Human Rights Caucus, 2005). Governments are therefore obliged to assure that the right to food is respected in projects they finance in poor countries. Several of the international human rights instruments also make it clear that richer or technically advanced states have the duty to help other states to uphold human rights other than in their own countries, i.e., governments have the duty to assist each other in implementing rights wherever possible. These states are called to use the political and/or legal means within their reach to prevent violations of rights in other countries.

To come back to the main point, it is here contended that rich countries actually fall into *patterns of inconsistency* when they act in the international arena, by being selective in the countries they come to assist or by not putting their money where their mouth. Using certain human rights principles in some countries and not in others, is frequently based on politically motivated judgments of rich countries (and not infrequently in relation of poor countries having "good or bad governance"). In both cases, these inconsistencies result in rich countries violating human rights they claim to uphold. Human rights and politics can thus hardly be separated. The global community actually has a duty to apply human rights principles always and everywhere --not sometimes-and-somewhere-yes and sometimes-and-somewhere-no. The inconsistent use of human rights standards cannot be defended by rich countries saying "the situations are different in different countries". A human rights violation is a violation no matter where.

Because the human right to adequate food of poor persons is still being violated in many places, what has been long overdue is to still *work out the exact content of the global duties of the global community in general, and rich countries in particular*. The task ahead is to work out the nature and the depth of those duties and hopefully have them accepted as obligations. This, because rich countries literally stand-by as violations of the human right to adequate food are being committed, some of them through the use of their own development funds.

We are asking the rich countries to strengthen the coherence of their human rights stands across sectors and across oceans. Simply put, if human rights are to be meaningful, they must be seen as

universal. Attempts have been made to have donor countries live up to their responsibilities as duty-bearers. FAO's Voluntary Guidelines of November 2004 (FAO, 2005) are one such attempt. But these Guidelines are mostly about 'may and should do' and only a bit about 'shall do'. The fact that the Guidelines are voluntary is, in itself, an example of the pattern of inconsistency (mostly) of the rich countries here denounced. These countries literally fought to keep the language timid and non-committal (with perhaps the notable exception of Norway, Switzerland, the UK, and Germany). There are many different ways in which the obligations associated with the human right to adequate food can be fulfilled. But the Voluntary Guidelines mostly acknowledge soft obligations. The role of the global community is thus, in many aspects, relegated to a very general call to assist poor countries. The Guidelines are thus a rather weak interpretation of the right to adequate food and is in contrast with the sharper language of General Comment 12 (UNCESCR, 1999).

"Pattern of inconsistencies", as used here, reflects the use of 'double standards' in the human rights domain. The latter term is not used here though, because it has other pejorative connotations in the international discourse. The *patterns of inconsistency* I here denounce can be defined as *human rights-violating actions taken or supported (financially or otherwise) by individuals, organizations or governments that, in most other contexts, do respect, protect and fulfil human rights*. So inconsistencies always relate to having previously identified one or more violations. Inconsistencies (a form of hypocrisy, if one wants --one that also amounts to an evasion of responsibility) can be assessed by looking at and contrasting a) the human rights standards being upheld by rich countries in one poor country, but not in another in their overseas development aid, and b) the other way here encouraged is to assess inconsistencies mostly in the actual aid and trade of rich countries and contrasting it with their public pronouncements on human rights.

In practice, this means that the global community, in general, and the rich countries in particular, have to move beyond merely proclaiming grand principles of human rights; they have to act accordingly thus bridging the wide chasm between their public pronouncements and their hard-nosed stand on official development assistance (ODA). We now need to establish processes that will make these proclamations a monitored reality globally.

The application of human rights standards, in our case by rich countries in international development cooperation, thus needs to be constantly scrutinized, exposed and brought to the daylight. There is nothing really new in this. Denouncing their inconsistent behaviour in the domain of the human right to adequate food (be it by commission or by omission) is *additional* to our obligation to be alert to all violations of this right. The added value of this is that it allows us to point a finger at the use of such double standards by rich (donor) countries -and this has an important tactical 'name-and-shame' denunciatory value. Legally, if policies violating the human right to adequate food are applied in international development cooperation - more so if denoting inconsistent human rights behaviour - the donor country is clearly not abiding by human rights law.

To sum up, we need to identify the important things rich countries must do if they are to abide by their duties with regard to the human right to adequate food, i.e., applying the global obligations that are codified in ICESCR. We have to critique the patterns of inconsistency applied by rich countries in their participation in multilateral agencies' affairs, as well as in their bilateral aid relations. In both cases, their pronouncements tell us they are fulfilling the human right to adequate food. But do they really?

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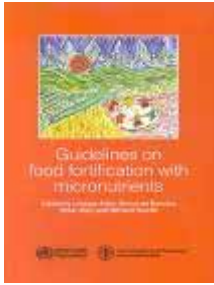
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UNCESCR (1999) [General Comment 12 on the Right to Adequate Food](#), UN Doc. ECOSOC E/C.12/1999/5. UN Committee on Economic, Social and Cultural Rights:Geneva.

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Read more essays on food, hunger, nutrition, primary health care and development by Claudio Schuftan and join his Health and Human Rights Readers for regular email updates at www.humaninfo.org/aviva (go to no. 69)

Guidelines on food fortification with micronutrients



WHO/FAO ([online](#))

Drawing on several recent high quality publications and programme experience on the subject, information on food fortification has been crucially analysed and then translated into scientifically sound guidelines for application in the field. The main purpose of these guidelines is to assist countries in the design and implementation of appropriate food fortification

programmes. They are intended to be a resource for governments and agencies that are currently implementing or considering food fortification, and a source of information for scientists, technologists and the food industry. The guidelines are written from a nutrition and public health perspective, to provide practical guidelines on how food fortification should be implemented, monitored and evaluated. They are primarily intended for nutrition-related public health programme managers, but should also be useful to all those working to control micronutrient malnutrition, including the food industry.

Right to Food Virtual Library



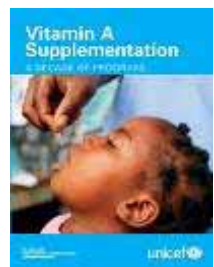
FAO ([online](#))

The Right to Food Virtual Library is a unique repository of information on the Human Right to Adequate Food and Freedom from Hunger. It provides catalogued documentation to assist the implementation of the Right to Food at national level.

The aim of the Right to Food Virtual Library is to collect, maintain and provide a relevant, up-to-date, and outstanding collection of documents to fulfil the information needs of policy makers, practitioners, general public, civil society, NGOs, UN country teams, media and the academia, working toward the realization of the Right to Food.

www.fao.org/righttofood

Vitamin A Supplementation: A decade of progress



UNICEF ([online](#), E/F)

Vitamin A deficiency affects some 127 million preschool children globally, putting them at increased risk of sickness and death. But supplementation is cost-effective and has proven potential to reduce the yearly number of preventable child deaths. This report tracks the progress of supplementation programming

following 10 years of global advocacy. It is a 'scorecard' for countries and the international community on progress in scaling up one of the most effective child survival interventions available - a prerequisite for achieving MDG 4.

www.unicef.org/publications

IFAD Annual Report 2006

([online](#), E/F/S/A)

More publications from the International Fund for Agricultural Development are available from www.ifad.org/pub



Publications

Improving nutrition programmes

An assessment tool for action



FAO ([online](#))

This training manual has been developed with the purpose of enhancing the capacity of the members of assessment teams to conduct nutrition programme assessments, founded on a common understanding of concepts which underpin effective and sustainable community-based nutrition

programmes. The skills developed through training and the experience gained from undertaking assessments will facilitate good implementation of programmes and projects to improve nutrition. Besides nutrition planners, other people with planning and programmatic responsibility who are concerned about poverty alleviation and overall development can, and should, take part in a programme's assessment. A thorough examination and analysis of the data thus obtained can then be followed by the elaboration of an action plan for improving the impact and the sustainability of community-based nutrition programmes.

Feeding minds, fighting hunger

Initiatives among school children in India



Bhattacharjee L, Menza V and Nand BK
FAO Asia / Pacific ([online](#))

This report describes the outcome of the field implementation of the Feeding Minds, Fighting Hunger initiative by five project teams in the eastern, western and south-central regions of India. Materials were incorporated into classroom teaching and other activities by school teachers who underwent participatory training.

Significant changes in children's knowledge and perceptions of hunger, nutrition and food security were observed, demonstrating the feasibility of the approach.

Human rights-based programming.

What it is. How to do it.



UNFPA ([online](#))

This two-in-one handbook can help you turn the concept of a 'human rights-based approach' into reality on the ground. It breaks down human rights-based approach into its various components, and provides a checklist for development practitioners to use in implementing and evaluating their programmes.

www.unfpa.org/publications

WFP Annual Report 2006

([online](#), E/F/S/A/G)

More publications from the World Food Programme are available from www.wfp.org/policies



The State of the World's Breastfeeding Report Cards 2006

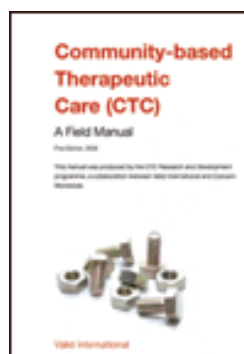


WBTI/IBFAN ([online](#))

The report cards provides region and country assessments of the implementation status of the Global Strategy on Infant and Young Child Feeding. A web-based toolkit helps in scoring, colour-rating, grading and ranking of each country, based on 15 concerning practices, policies and programmes. Report cards are available for South Asia region and the eight countries of Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. www.worldbreastfeedingtrends.org

Community-based Therapeutic Care (CTC): A Field Manual

Valid International/Concern Worldwide/FANTA/ Development Cooperation Ireland ([online](#))



Provides program managers, practitioners, and technical specialists addressing severe acute malnutrition with the essential design, implementation and evaluation protocols for implementing the CTC approach. As the CTC model is evolving, this first edition does not provide a step-by-step workbook for implementers, but rather offers a solid foundation to build CTC programs at local and national levels.



Infant and young child feeding counselling: an integrated course

WHO/UNICEF ([online](#))

Includes director's guide, trainer's guide, slides, participants' manual, training aids and guidelines for follow-up after training.

Food and Nutrition Bulletin Supplement

Vitamin and mineral deficiencies technical situation analysis: a report for the Ten Year Strategy for the Reduction of Vitamin and Mineral Deficiencies

Sanghvi T, Van Ameringen M, Baker J, and Fiedler J (eds) 2007, Vol. 28, No. 1, GAIN supplement

[http online ://www.unu.edu/unupress/food/Unupress.htm](http://www.unu.edu/unupress/food/Unupress.htm)

Baby-friendly hospital initiative

WHO/UNICEF ([online](#))



The revised BFHI package includes five Sections: 1: Background and Implementation, 2: Strengthening and sustaining the Baby-friendly Hospital Initiative, 3: Breast-feeding Promotion and Support in a Baby-friendly Hospital, a 20-hour course for maternity staff, 4: Hospital Self-Appraisal and Monitoring, and 5: External Assessment and Reassessment.

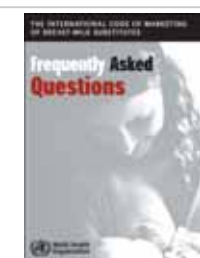
Famine in North Korea: Markets, Aid, and Reform

Haggard S, Noland M



This book by Haggard and Noland provides a very comprehensive account of the famine that occurred in North Korea in the mid-90s. In many ways it's findings match those of the recent Nutrition Information in Crisis System Report ([NICS Report](#)) on the situation in North Korea, and lends support to the notion that the international humanitarian aid effort carried out by WFP and UNICEF

was one of the most successful operations of its kind in modern history. Surveys carried out under UN auspices suggest that a dramatic reduction in child undernutrition occurred between 1995 and 2002 and that the specific health care from UNICEF as well as the WFP assistance of foods targeted to pregnant and lactating mothers and their infants age 6-24 months did get through to the intended recipients.



The international code of marketing of breast-milk substitutes Frequently asked questions

WHO ([online](#))



Planning guide for national implementation of the global strategy for infant and young child feeding

WHO ([Working draft online](#))



Adolescent Nutrition: a review of the situation in selected South-East Asian countries

WHO South-East Asia ([online](#))

The World is Still Waiting:

Broken G8 promises are costing millions of lives

[Oxfam Briefing Papers \(online\)](#)



As the 2007 German G8 summit approaches, the demands of the millions of anti-poverty campaigners worldwide are clear. G8 leaders must increase and improve aid to provide health, education, water and sanitation for all. They must cancel more debt and deliver trade justice. They must take urgent action to bring peace to the world's most troubled countries and to halt the devastating impact of climate change. Where action has been taken by G8 countries, lives are being saved. Yet despite some areas of real progress, in the past two years overall progress has fallen far short of promises. The cost of this inaction is millions of lives lost due to poverty. G8 countries must meet their promises to the world. www.oxfam.org.uk

Micronutrient Malnutrition, Obesity, and Chronic Disease in Countries Undergoing the Nutrition Transition: Potential Links and Program/Policy Implications. IFPRI FCND Discussion Paper 213, November 2006 ([online](#))

Eckhardt CL

The nutrition transition occurring in many developing countries may invite the misconception that diets are moving entirely away from undernutrition toward problems of excess. But despite the sufficiency of energy in these countries, diet quality is poor and micronutrient deficiencies often remain. In this context, micronutrient deficiencies may actually contribute to the development and severity of diet-related chronic diseases. This paper discusses the potential long-term effects of micronutrient malnutrition in early childhood on obesity and related disease outcomes. The links between early micronutrient malnutrition, stunting, and subsequent short adult stature are reviewed. Recent literature linking micronutrient malnutrition in adults to increased risk and severity of chronic disease is reviewed. Lastly, program and policy implications are discussed. The review shows that, in children, micronutrient malnutrition is a cause of stunting and may be accompanied by metabolic adaptations that increase the risk of later obesity and related disease. In adults, deficiencies in key micronutrients may promote oxidative stress, folate deficiency may increase risk for heart disease, and zinc deficiency may be exacerbated in the presence of diabetes while also affecting glucose transport. Low fruit and vegetable consumption – an important source of essential micronutrients - may additionally increase the risk of cardiovascular disease (CVD) and cancer through a variety of mechanisms. These findings illuminate the importance of supporting programs and policies that address the spectrum of malnutrition, including micronutrient malnutrition and emerging obesity together. www.ifpri.org

Toward Food and Nutrition Security in Africa

IFPRI (E/F, [online](#))



Several major initiatives in the past few years have brought renewed attention and commitment to economic development and food and nutrition security in Africa. The recent economic recovery and the new commitment to change among African leaders and development partners indicate for the first time after decades that Africa is poised to achieve real progress toward food and nutrition security. Sustaining and accelerating growth to reach the poverty reduction and nutrition Millennium Development Goals will require clear strategies to guide future policy and investment decisions. Furthermore, these goals seek to only halve the number of poor and malnourished in the next 10 years, something a number of African countries will fail to do. Progress toward food and nutrition security in Africa, therefore, calls for more than growth and requires a greater focus on human welfare improvement supported by adequate investments in health and nutrition safety nets to protect vulnerable segments of the population. www.ifpri.org

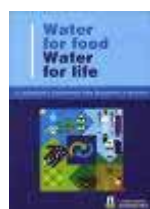
Newsletter — "Action Against Worms"

WHO Partners for Parasite Control (E/F, [online](#))

WHO PPC publishes the newsletter 3-4 issues times per year.



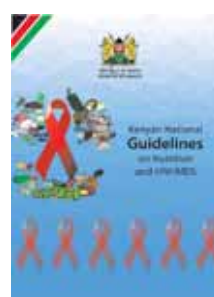
Each issue focuses on a specific subject including: deworming of young children; sustaining programmes and improving drug access; programmes that can be integrated; deworming through schools; how to set up a deworming programme; experiences from countries; Partners for Parasite Control; and, summary of the current situation with data on prevalence, transmission cycles, health effects and the new control strategy. www.who.int/wormcontrol



Water for Food, Water for Life A comprehensive assessment of water management in agriculture

D Molden (ed)
shop.earthscan.co.uk

Kenyan National Guidelines on Nutrition and HIV/AIDS 2006



National AIDS and STI Control Programme (NASCO), Kenya Ministry of Health / FANTA ([online](#))

The national guidelines support the 2005-2010 Kenyan National HIV/AIDS Strategic Plan, in which the Government of Kenya has identified nutrition as a key component of the national response to the HIV/AIDS epidemic. The national guidelines establish a consistent set of

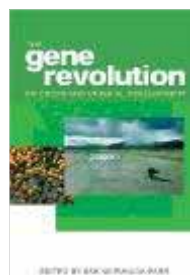
nutrition recommendations for people living with HIV/AIDS (PLWHA) and describe actions that service providers need to take to provide nutritional care. Topics covered include nutrient needs of PLWHA, critical nutrition actions for PLWHA, nutritional care for those taking ARVs and other drugs, nutritional management of symptoms, food security, and nutritional care for children and pregnant and lactating women living with HIV/AIDS. www.fantaproject.org

See also:

Rwanda: [Rwanda National Guidelines and Protocol on Nutritional Care and Support of People Living with HIV/AIDS, Counseling Cards on HIV and Nutrition, Wall Chart: Nutrition and Counseling of PLWHA and ART Clients](#)

Zambia: [Flipchart: Eating and Living Well with HIV/AIDS, Wall Chart: Good Nutrition and Keeping Healthy with HIV/AIDS, Wall Chart: Nutrition and Living Positively with HIV/AIDS](#)

The Gene Revolution GM Crops and unequal development



Fukuda-Parr S (ed.)

Part I: National Development Priorities and the Role of Institutions • Part II: GM Crops for Development: The Experience of Argentina, Brazil, China, India and South Africa • Part III: Comparing and Analysing Developing Country Experiences

shop.earthscan.co.uk

Series: Claiming Citizenship: Rights Participation and Accountability

Series Editor: Gaventa J

Around the world, a growing crisis of legitimacy characterizes the relationship between citizens and the institutions that affect their lives. In both North and South, citizens speak of mounting disillusionment with government, based on concerns about corruption, lack responsiveness to the needs of the poor and the absence of a sense of connection with elected representatives and bureaucrats. Conventional forms of expertise and representation are being questioned. The rights and responsibilities of corporations and other global actors are being challenged, as global inequalities persist and deepen. In response, this series argues, increased attention must be paid to re-examining contemporary understandings of rights and citizenship in different contexts, and their implications for related issues of participation and accountability. Challenging liberal understandings in which citizenship is understood as a set of rights and responsibilities bestowed by the state, the series looks at how citizenship is claimed and rights are realized through the agency and actions of people themselves.

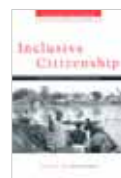
Growing out of the work of an international network of researchers and practitioners from both the South and North, the volumes in this series explore a variety of themes, including locally rooted struggles for more inclusive forms of citizenship, the links between citizenship, science and globalization, the politics and dynamics of participation in new democratic arenas, and the relationships between claiming rights and ensuring accountability. Drawing from concrete case studies which focus on how people understand their citizenship and claim their rights, the volumes contribute new, empirically grounded perspectives to current debates related to deepening democracy, realizing rights-based development, and making institutions more responsive to the needs and voices of poor people. <http://www.drc-citizenship.org/> www.crcpress.co.uk



[Spaces For Change?](#)
The Politics of Citizen Participation in New Democratic Arenas
A Cornwall (ed)



[Rights, Resources and the Politics of Accountability](#)
P Newell, J Wheeler



[Inclusive Citizenship](#)
Meanings and Expressions
N Kabeer (ed)



[Science and Citizens](#)
Globalization and the Challenge of Engagement
M Leach, I Scoones and B Wynne (eds)

Food and Human Rights in DevelopmentVolume II: *Evolving Issues and Emerging Applications*

Eide WB, Kracht U (eds)

The emphasis of Volume II is on implementation issues. It begins with a series of reviews of how different academic disciplines which influence the agenda for development have embraced or rejected human rights dimensions in their scholarly discourse and practical advice to governments. This is followed by concrete examples of how some states have started to

apply a human rights based approach to food and nutrition policies and action, recognising the potential of such an approach as much as the many challenges still ahead. The cases reveal that one major obstacle is the lack of awareness, knowledge and capacity at all levels for applying human rights in national and local development. The need for appropriate education and capacity strengthening is therefore a central message. Overall, the experience presented suggests that human rights in development have reached a stage-of-noreturn, with the climate for the adoption and application of right to adequate food principles and obligations slowly but steadily improving.

The Global Food Economy:**The Battle for the Future of Farming**

Weis A

Weis examines the human and ecological costs behind what we eat, how the system came to be, and how it is being locked in by the WTO which compels liberalization, largely sanctions the polarizing agrosubsidies of the developed world and principally secures the rights of transnational corporations. In response, Weis ultimately sets out to find theoretical grounds and

strategic objectives for building more socially just, ecologically rational and humane food economies. www.earthscan.co.uk

The Voluntary Guidelines on the Right to Food as a Human Rights Based Monitoring ToolFIAN International ([online](#))

The Right to Food Guidelines as a Human Rights Based Monitoring Tool" is one in a series of manuals on the human right to food. The purpose of these publications is to invite civil society organisations to make use of the progress made for food as a human right in the decade after the World Food Summit 1996 – and to equip civil

society and other actors with some tools to hold governments accountable.

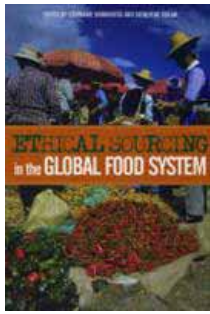
[More publications from FIAN](#) are available from www.fian.org

Healthy Food, Farms & FamiliesBread for the World Institute's ([online](#))**16th annual report on the state of world hunger**

Hunger 2007 focuses on the upcoming farm bill before the U.S. Congress. Many elements of this legislation affect hungry people in the United States and the developing world. Key nutrition programs, rural development initiatives, commodity payments, conservation programs and agricultural trade issues are all shaped by the farm bill. Hunger 2007 brings these strands

together into a single narrative, presenting a case for reform that can substantially reduce hunger. Farming has always been—and will always be—an enterprise rife with risk. There needs to be effective risk management strategies. Our argument is that the traditional way is outdated and there are better alternatives to help farmers. Reforms can help both farmers and hungry people. Since 1990, Bread for the World Institute has produced an annual report on the state of world hunger. Hunger 2007 is an important report coming out at an important time as reauthorization of the farm bill is quickly approaching. www.bread.org

Ethical Sourcing in the Global Food System



Barrientos S, Dolan C

Ethical sourcing, both through fair trade and ethical trade, is increasingly entering the mainstream of food retailing. Large supermarkets have come under pressure to improve the returns to small producers and conditions of employment within their supply chains. But how effective is ethical sourcing? Can it genuinely address the problems facing workers and producers in the global food system? Is it a new form

of northern protectionism or can southern initiatives be developed to create a more sustainable approach to ethical sourcing? How can the rights and participation of workers and small producers be enhanced, given the power and dominance of large supermarkets within the global food chain? What role can civil society and multistakeholder initiatives play in ensuring the effectiveness of ethical sourcing? This book brings together a range of academics and practitioners working on issues of ethical sourcing in the global food system. It critically explores the opportunities and challenges in the ethical sourcing of food by combining analysis and case studies that examine a range of approaches. It explores whether ethical sourcing is a cosmetic northern initiative, or can genuinely help to improve the conditions of small producers and workers in the current global food system. www.earthscan.co.uk

Dimensions of Food, Sixth Edition

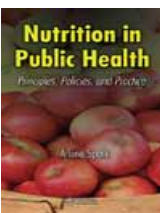
Vaclavi VA, Pimentel MH, Devine MM



The first part of the book explores the economic, nutritional, palatability, sanitation, chemical, and processing aspects of food. The demonstrations and exercises in the second part of the book provide basic understanding of the functional and structural properties of various food groups, including

starches, fruits and vegetables, eggs, dairy, meat, poultry, and fish. The third part features microwave cookery, focusing on effective procedures for foods such as heating and defrosting, while the fourth part discusses creative meal planning and preparation. The book also includes extensive appendices covering timely topics such as current legislation governing food supply, recent dietary guidelines, meat and egg safe cooking regulations, cooking terms, cuisine terminology, as well as a buying guide and a spice and herb chart.

Nutrition in Public Health: Principles, Policies, and Practice

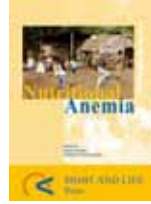


Spark A

This book provides an overview of the field and focuses on the role of the Federal Government in determining nutrition policy and practice. Beginning with a review of the definition and principles of public health, the book examines trends in the US population and nutritional

epidemiology. It considers programs to help reduce disparities in the prevalence of diet-related chronic diseases among various populations, as well as a detailed chapter on obesity with discussions on global impact and cost, pediatric obesity, and the impact of socioeconomic status and ethnicity. Focusing on nutrition issues in the urban setting, Nutrition in Public Health: Principles, Policies, and Practice provides an integrated view of nutrition needs and the policies and political mechanisms that affect the delivery of quality food and nutrition services.

Nutritional Anemia



Kraemer K, MZimmermann MB (eds)

([online](#))

Provides an account of discussions at a workshop in Barcelona in September 2006 with scientists from leading academic institutions and global organizations, including WHO, UNICEF, FAO, World Bank, World Food Programme, International Nutrition Foundation and The Micronutrient Initiative to develop solutions in the fight against nutritional anemia. Includes an update on the magnitude of the anemia problem, its economic and functional consequences, basic scientific information on iron metabolism, the role of infections, detailed programmatic approaches and an overview of the safety and technical aspects of interventions. Anemia is not simply iron deficiency. By building bridges between science and technology, service providers and political as well as financial decision makers, it can be effectively reduced. www.sightandlife.org

Whole Grains and Health



Marquart L, Jacobs Jr DR, McIntosh GH, Poutanen K, Reicks M (eds)

This book presents a science-based discussion of whole grains and their expanding role in health and disease. An international collection of authors presents current perspectives on grains, the many opportunities for further research into whole grains and the remarkable growth potential for product development. Coverage includes

discussions on the health benefits of a diet rich in whole grains, the functional components of whole grains and the regulatory nuances of labeling grain products. A unique feature is a section devoted to communicating with consumers. Barriers exist which affect consumer acceptance and use of whole-grain foods.

www.blackwellpublishing.com

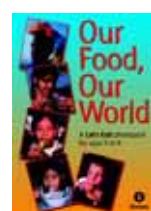
Impact Measurement and Accountability in Emergencies: The Good Enough Guide ([online](#))



Emergency Capacity Building Project (ECB)

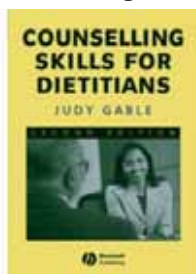
This pocket guide offers a set of basic guidelines on how to be accountable to local people and measure programme impact in emergency situations. Its 'good enough' approach emphasises simple and practical solutions and encourages the user to choose tools that are safe, quick, and easy to implement. It presents methods for putting impact measurement and accountability into practice throughout the life of a project. It is aimed at humanitarian practitioners, project officers and managers with some experience in the field, and draws on the work of field staff, NGOs, and inter-agency initiatives, including Sphere, ALNAP, HAP International, and People In Aid.

Our Food, Our World: (Let's Eat! Photopack for Ages 5 to 9)



Oxfam

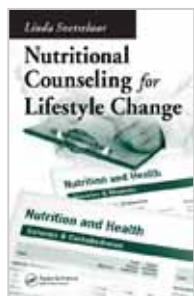
Photocards and a comprehensive teachers' booklet containing: differentiated reading material; curriculum links; activities investigating key themes, including food preferences and habits around the world, how food gets to our table, food as a common need for everyone, healthy food, and much more. publications.oxfam.org.uk

Counselling Skills for Dietitians. Second Edition

Gable J

Dietitians need to use advanced communication skills as well as technical expertise in order to assess clients' needs, identify their problems and help them to manage their diet and lifestyle. The ability to develop a helping relationship is fundamental to achieving a mutually satisfactory dietetic interview. Counselling skills,

defined as advanced communication skills used intentionally in a helping relationship, are therefore essential for good dietetic practice at all levels of the profession. This book demonstrates how a practitioner can develop a counselling approach and employ appropriate counselling skills to overcome the communication difficulties encountered by dietitians and those engaged in helping clients change their eating behaviour.

Nutritional Counseling for Lifestyle Change

Snetselaar L

Offers techniques proven in long term clinical trials; Utilizes unique tailoring strategies for customized treatment for individual patients; Sites specific examples of strategies for intervention and re-education for each patient age group; Provides long term tools for patient self-management such as stress reduction and support networks.

Manual of Dietetic Practice Fourth Edition

Thomas B, Bishop J (eds)

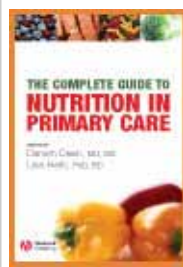
The standard work for all those involved in the field of clinical nutrition and dietetics which has been equipping health care professionals with the essential foundations on which to build expertise and specialist skill since it was first published in 1988. The fourth edition responds to the changing demand for multidisciplinary, patient-

centred, evidence-based practice and has been expanded to include dedicated chapters covering adult nutrition, freelance dietetics, complementary and alternative therapies. Compiled from the knowledge of both individual experts and the British Dietetic Association's Specialist Groups, this truly is the essential guide to the principles of dietetics across its whole range.

Simplified Diet Manual. Tenth Edition

Maher A

Used by hospitals and long-term care facilities to assist in planning nutritious, appealing, and cost-effective meals that are modified to meet the dietary requirements of individuals with special health needs. While reflecting the dynamic nature of the field of nutrition, the Tenth Edition of the *Simplified Diet Manual* retains its basic purpose: providing easy-to-understand, fundamental nutrition guidelines for normal and therapeutic diets. The concise, user-friendly format of this useful resource helps dietitians and foodservice managers succeed in their vital role in maintaining nutritional health and well-being of clients in long-term care facilities, hospitals, and outpatient service centers.

The Complete Guide to Nutrition in Primary Care

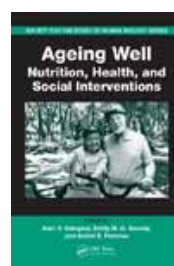
Deen D, Hark L (eds)

This book answers questions on nutrition as preventive medicine, nutrition through the life-cycle, improving health by changing diet and lifestyle behaviors, vitamins, minerals, dietary supplements, and the alternative, successful changes to the environment. It contains everything the primary care clinician needs to counsel patients on diet and lifestyle issues.

Obesity: Dietary and Developmental Influences

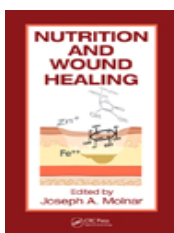
Woodward-Lopez G, Davis Ritchie L, Gerstein DE, Crawford PB

This book provides a synopsis of the latest research on obesity, investigating all major lines of evidence, and clarifies common misconceptions, while helping to prioritize those targets for behavior change that are likely to have a favorable impact on obesity. With evidence-based recommendations, the book presents valuable information for nutritionists, public health professionals, health care providers, community organizations, researchers, and policy makers.

Ageing Well: Nutrition, Health, and Social Interventions

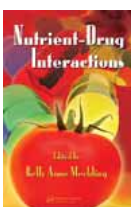
Dangour AI, Grundy EMD, Fletcher A

This book provides information on current public health research and the impact on public policy; focuses on biological issues in ageing such as diet, exercise, and cognitive health; discusses the nutritional vulnerability and value of nutrition interventions in older people; examines social issues and policy relevance, including the role of social inequalities in health; explores the importance of good quality housing and social support for older people; and, analyzes economic concerns of ageing including cost-effective interventions, health-care and pension provision, and estimates the minimum cost of healthy living for the 65+ population.

Nutrition and Wound Healing

Molna JA

Covers all nutrients and their relation to wound healing, in deficiency and excess; considers specific challenges to healing, such as altered metabolism and chronic disease; Includes an overview and introduction for the novice so that prior knowledge is not required to grasp the benefits of this material; gives recommendations on administration and dose requirements and suggestions to avoid nutrient excess; discusses pharmacologic manipulation in wound healing as well as future directions of research; and suggests future directions of research to guide young investigators in the field

Nutrient-Drug Interactions

Meckling KA

Volume 7 in the Series: Nutrition and Disease Prevention. This book explores how what is consumed affects response, whether on a population or individual level, to the pharmacologic agents that are the mainstay of chronic disease treatment/prevention around the world.

Bulletin Board

Miscellaneous:

Acting locally in food security, nutrition and livelihoods

Online group designed for professionals working on food security, nutrition and livelihoods at local level. The group allows members to discuss issues of common interest, share lessons learnt and information about projects and interventions.

www.dgroups.org/groups/fao/FSNL

See description on [page 57](#)

On 16 October 2007, **FAO** will celebrate **World Food Day** with the theme **The Right to Food**
See Announcement [page 12](#)

New website: www.ibfanasia.org
International Baby Food Action Network (Asia), previously IBFAN Asia Pacific.

A2Z resources

The USAID Micronutrient and Child Blindness Project is addressing deficiencies in vitamin A, iodine, iron, and zinc, as well as administering the USAID Child Blindness and Eye Health Grants Fund. Join the [A2Z mailing list](#) to receive periodic updates.

www.a2zproject.org

New & Noteworthy in Nutrition

Please contact Richard Skolnik rskolnik@prb.org for subscription

See announcement [page 31](#)

WHO/WFP/SCN/UNICEF
Joint Statement on Community-Based Management of Severe Acute Malnutrition
See announcement [page 19](#)

Meetings, conferences:

Society for Nutrition Education 40th Annual Conference

28 July - 1 August 2007, Hyatt Regency Chicago, Chicago, IL

The 40th Annual Conference will provide attendees with strategies and tools in the ever changing world of nutrition and health. SNE's goal is to highlight leading-edge research, programs and policies in the areas of nutrition, food safety and health across the life cycle. SNE invites food and nutrition education professionals and students from all arenas to contribute to and participate in the Conference. www.sne.org

South East Asia Region Consultation on Nutrition and HIV/AIDS

9 to 11 October 2007, Bangkok.
Organized by **WHO** in collaboration with NIH, UNICEF, FAO, UNAIDS, UNHCR, WFP and SCN

See announcement [page 42](#)

Training and scholarships:

Nutrition In Emergencies

10-14th September 2007, London, UK

A week long **course** in Nutrition in Emergencies now being run by the Centre for Public Health Nutrition, University of Westminster in collaboration with NutritionWorks. This intensive training introduces current best practice within this rapidly evolving sector. The aim is to give an overview of nutrition in humanitarian emergencies. Topics studied will include a general review of the different types of malnutrition, their direct and underlying causes, how malnutrition is measured, and common nutritional interventions. Trainers and facilitators are all experienced in the humanitarian sector.

Web: www.wmin.ac.uk

Email: cav-admissions@wmin.ac.uk

The 25th Leeds Course in Clinical Nutrition

4-7 September 2007

St James's University Hospital, Leeds
Mini-Symposium on

'The Next 25 years of Nutrition'

www.clinical-nutrition.co.uk

Alpro Foundation Awards

for Master students writing theses about the impact of vegetable nutrition on human health, the environment or the economy. The award is available to students from Belgium, Germany, Italy, The Netherlands and United Kingdom. Deadline for submission of declaration of intent: 15 June 2008. Contact: info@alprofoundation.org

www.alprofoundation.org

14th European Nutrition Leadership Programme Seminar

2-10 April 2008, Luxembourg

Application form [here](#)

Deadline 30 November 2007

www.enlp.eu.com

Food and Nutrition Security Training Programme

31 March - 13 June 2008, Wageningen International, The Netherlands

A limited number of fellowships are available for the complete training programme from the Netherlands Fellowship Programme (NFP).

Web: www.cdic.wur.nl/UK/courses

Tel: +31 317 495 495

Fax: +31 317 495 395

Email: training.wi@wur.nl

Subscribe to "Wageningen International E-news. Capacity Development & Institutional Change" (4 issues per year) at www.cdic.wur.nl/UK/E-newsletters

Global Dimensions of Nutrition 2008

A postgraduate course series offered annually by the **University of Oslo** and **Akershus University College**.

A total of three successive six weeks/ 10 ECTS modules conducted in English include: 1. The World Nutrition Situation - Data and Issues (Jan-Feb); 2. Nutrition, Globalisation and Governance (Mar-Apr); and, 3. Nutrition and Human Rights (May-Jun).

Each can be taken separately but as there are important links between them a set of two of the modules is recommended.

Contact: Alieu S.K. Cham,
a.s.cham@medisin.uio.no

Announced at the SCN website:

Culina Mutata: The Changing Kitchen An International Conference on Food and Nutrition in Honour of the Prominent Scientist Carl von Linnaeus

September 3-5, 2007 Uppsala, Sweden
www-conference.slu.se/culinamutata

10th Asian Congress of Nutrition Diet, Nutrition and Optimal Health: From Food Supply to Nutrigenomics

9 - 13 September 2007, Taipei, Taiwan
2007acn@gmail.com
www.2007acn.org.tw

Int. Immunonutrition Workshop

3-5 October 2007, Valencia
www.immunonutritionworkshop.com

Women Deliver: A Global Conference

18-20 October 2007, London, UK
www.womendeliver.org

7th Int. Food Data Conference - Food Composition and Biodiversity

22-24 October 2007, São Paulo, Brazil
Pre-conference workshop, 21 October 2007 www.fcf.usp.br/7ifdc

Read more [Announcements](#) at the SCN website

SAVE THE DATE:
SCN 35th Annual Session
first week of March 2008
Hanoi, Vietnam

UNITED NATIONS SYSTEM

**STANDING COMMITTEE
ON NUTRITION**

The Administrative Committee on Coordination (ACC), which was comprised of the heads of the UN Agencies, recommended the establishment of the Sub-Committee on Nutrition in 1976, following the World Food Conference and with particular reference to Resolution V on food and nutrition. This was approved by the Economic and Social Council of the UN (ECOSOC) by resolution in July 1977. Following the reform of the ACC in 2001, the ACC/SCN was renamed the United Nations System Standing Committee on Nutrition or simply “the SCN”. The SCN reports to the Chief Executives Board of the UN, the successor of the ACC. The UN members of the SCN are ECA, FAO, IAEA, IFAD, ILO, UN, UNAIDS, UNDP, UNEP, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNRISD, UNU, WFP, WHO and the World Bank. IFPRI and the ADB are also members. From the outset, representatives of bilateral donor agencies have participated actively in SCN activities as do nongovernmental organizations (NGOs). The SCN Secretariat is hosted by WHO in Geneva.

The *mandate of the SCN* is to serve as the UN focal point for promoting harmonized nutrition policies and strategies throughout the UN system, and to strengthen collaboration with other partners for accelerated and more effective action against malnutrition. The *aim of the SCN* is to raise awareness of and concern for nutrition problems at global, regional and national levels; to refine the direction, increase the scale and strengthen the coherence and impact of actions against malnutrition worldwide; and to promote cooperation among UN agencies and partner organizations. The SCN’s annual meetings have representation from UN agencies, donor agencies and NGOs; these meetings begin with symposia on subjects of current importance for policy. The SCN brings such matters to the attention of the UN Secretary General and convenes working groups on specialized areas of nutrition. Initiatives are taken to promote coordinated activities—interagency programmes, meetings, publications—aimed at reducing malnutrition, reflecting the shared views of the agencies concerned. Regular reports on the world nutrition situation are issued. *Nutrition Policy Papers* are produced to summarize current knowledge on selected topics. *SCN News* is published twice a year, and the *NICS* (formerly *RNIS*) is published quarterly. As decided by the SCN, initiatives are taken to promote coordinated activities—interagency programmes, meetings, publications aimed at reducing malnutrition, primarily in developing countries.

ANN VENEMAN
CHAIR

ROGER SHRIMPTON
SECRETARY

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