

United Nations System Standing Committee on Nutrition (SCN)
Information Meeting on
THE CRITICAL ROLE OF NUTRITION FOR REACHING
THE MILLENNIUM DEVELOPMENT GOALS

7th June 2005 (10 am – 12 noon), ECOSOC Chamber, UN, New York

Summary of conclusions and recommendations

1. There was general agreement that income poverty reduction and increased food production alone will not solve the nutrition problems of the poor in developing countries. Furthermore if special efforts are not made to tackle these global nutrition problems, the achievement of most Millennium Development Goals (MDGs) will be seriously compromised. Both panellists and participants gave broad support to the findings and recommendations contained in the background paper prepared for the meeting, and underlined the need for urgent action at scale. [The programme and the papers given by the speakers are attached as an annex to this document.](#)

2. All agree that the statistics on nutritional status of women and children are incredible, if for no other reason than because of their magnitude. About one half of all pregnant women are anaemic, and more than 60,000 women die in pregnancy each year due to severe anaemia, which is 10% of all maternal mortality. Twenty million babies are born with low birthweight each year, 16.5% of the total, and 18 million babies are born with mental impairments due to iodine deficiency. Almost 6 million young children, about a half of those that die each year, die from diseases that are not normally lethal, such as diarrhoea and respiratory infections, because of their being underweight. Of those who survive, a quarter is left as underweight, a total of 126 million preschool children. The MDG1 target of reducing the proportion of young children that are underweight by half will not be met unless a special effort is made.

3. Hunger and malnutrition reduction dimensions of poverty reduction programmes should be given greater priority than is currently the case, both at the national levels as well as internationally. It was noted that much of contemporary thinking on development does not seem to adequately recognize the crucial role and impact of nutrition for the MDGs beyond the issues of food insecurity and hunger. Despite our knowledge of the extent to which poor nutrition plagues the developing world, improvements in human nutrition receive short shrift in many important documents and otherwise well-meaning public interventions. Nutrition is a cross cutting issue, that underpins nearly everything, but often falls through the cracks of discussions organized by sector and MDG. This Millennium Project documentation also has limitations in this regard, but as this is all still "work in progress" hopefully these aspects can be rectified. Nutrition should be a priority investment focus for development, not least because food and nutrition programme interventions have consistently been shown to be among the most cost effective.

4. Concern was expressed that insufficient attention is being given to the non-income poverty indicators of MDG1. It is frequently stated that the poverty reduction goal or MDG1 will be met, but this is based only on the income poverty indicator, or those living on less than a dollar a day. While it is true that income poverty targets of MDG1 will be met, the non-income poverty targets of MDG1 will not. Money-metric measures of poverty offer a one-dimensional perspective which is more likely to understate the inter-connections

among the different dimensions of human welfare, poverty and the Millennium Development Goals. The value of the hunger indicator which is based solely on the adequacy of energy intake is also limited because it does not capture the dimensions of nutrient deficiencies or hidden hunger, which affects a far greater proportion of people. The child underweight indicator is perhaps the most critically important of the non-income poverty targets because of its linkages to the many other MDGs. In this regard the child underweight target is a step nearer to the capabilities approach to defining poverty that many advocate.

5. In order to tackle child undernutrition problems, several areas of focus for action are considered essential. The first is that food shortages are often not the main cause of a child being underweight: diseases such as malaria and gastrointestinal parasites often cause increased losses of nutrients that limit growth, so both have to be dealt with together as appropriate. Second is to focus on the first two years of life, because too old is too late. If children do not get the proper nutrients before birth and in the first three years of life, they never recover the growth that is lost. This means a focus on improved maternal nutrition, on exclusive breastfeeding, and improved complementary feeding, in a continuum of care from pregnancy through infancy. Improving complementary feeding practices alone could reduce child undernutrition by up to 20% at one year of age (MDG1), and reduce up to 13% of undernutrition-related child deaths (MDG4). Improved breastfeeding practices could also save more than 3000 lives daily. The final focus is on partnerships. To meet these challenges the creation of partnerships, between UN agencies, as well as between governments and civil society are all essential.

6. It was agreed that continued and increased efforts should be made to improve maternal nutritional status as a way to improve both women's health and early childhood survival growth and development. Improved maternal nutrition will not only contribute to improved maternal health (MDG 5) and attaining the target for maternal mortality reduction, it is also important for the targets on reducing child undernutrition (MDG 1) child survival (MDG 4) and achieving universal primary education (MDG 2). Giving an emphasis to improved women's nutrition will also contribute to improving gender equality and advancing women's empowerment (MDG 3).

7. It was noted that food and nutrition programmes can make a great contribution to achieving MDG2 on primary education. The provision of food and nutrition interventions in schools has many positive effects on school attendance and performance. Children that have eaten recently are better able to concentrate on their lessons, be it in a developing or developed country setting. The provision of school meals and/or micronutrient supplements together with periodic deworming contributes to reducing anaemia and improving school performance and reduces drop outs, especially among girls. From the practical experience gained by Brazil for example, the provision of food in schools is best achieved through local farmers so that the local market for food is stimulated, increasing local incomes, and reducing poverty. School feeding and enrolment-linked take home food rations also contribute to increasing enrolment rates, and again especially for girls. In areas with high levels of HIV/AIDS the provision of take home food rations has proven an important strategy not only for keeping orphaned children in schools, but also of providing food to the rest of the affected household.

8. It was also agreed that the negative consequences of undernutrition in early childhood were far greater than just poor school performance. Low birthweight, inadequate young child feeding practices, stunting and micronutrient deficiencies are all associated with reduced school attendance and performance later in life. Every year of missed schooling during childhood cuts deeply into lifetime earnings. Stunted and anaemic adults are less productive and earn lower wages in manual labour. Productivity losses due to undernutrition are conservatively estimated to be 3% of developing countries Gross Domestic Product.

9. The need to demonstrate the effectiveness of programmes was agreed, and for this the need to monitor appropriate indicators, and to demonstrate the achievement of high coverage of the target population with the various interventions. Issues of targeting were also discussed: in order to be effective there is a need to balance the focus of such interventions being only on the poorest of the poor, with this being so restrictive that little or no impact will be seen in the population at large. Programmes for the poor often tend to be poor programmes. Programme interventions are often easier to manage when they are universal and targeting is done geographically. The greatest challenge in this regard then becomes the organization of these various interventions into a package that is suited to local conditions.

10. Hunger and malnutrition should be high political priority and made the concern of all segments of society, not just of government departments. The challenge of doing this is exemplified by the case of Brazil, where the National Food and Nutrition Security Council is composed of two thirds civil society representatives and one third of Government representatives. The Council is responsible for overseeing the fulfilment of agreements concerning the Food and Nutrition Security Policy established between state and society. It thus constitutes a Council with overarching intersectoral status when compared to the Ministries which execute and implement the policies related to food and nutrition security.

11. It was further agreed that while goals such as the MDGs are a valuable means of establishing targets and measuring progress, we must not lose sight of the fact that rights, including those to a decent standard of living, are obligations that states must implement. Our MDG commitments, therefore, must be understood as not just about producing progress and development, but about implementing rights. A coherent approach by governments, UN agencies and donors is required to realize the right to adequate food and the right to be free from hunger and malnutrition, enshrined in the Universal Declaration of Human Rights and the human rights covenants. A concerted effort is needed to achieve the MDGs, and as was made clear at the information meeting, one effective way is investment in food and nutrition programmes.