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protein mixtures] to new mixtures of available foods that are now little used."[114] Sebrell's ideology influenced FAO and Unicef policy markedly. In 1965, the Joint FAO/Unicef Policy Committee optimistically stated, "The conviction of the pioneers in the protein-rich foods programme, who believed edible low-cost protein concentrates could be made in developing countries from oilseeds and fish, is gradually being vindicated."[115]

The growing influence of the PAG could be seen at major nutritional meetings. During Pate's statement at the International Congress on Nutrition in 1963, he implied that calorie malnutrition was a minor problem in the network of health disorders afflicting children in developing countries while protein, vitamins, and minerals were the primary issue.[116] One year later, during a presentation before the PAG in New York, he praised the PAG for its persuasion in bringing several major UN conferences and committees during the previous year to acknowledge the supreme importance of protein malnutrition in the world. Pate concluded that statements made by other bodies about protein's significance indicated "the climate of increasing approval and encouragement that there is for international effort in assisting countries suffering from under-nourishment in pioneering projects to produce more proteins for human consumption."[117]

The PAG emphasis on protein which initially had aimed at aiding weanlings -- that is, children for whom breastfeeding was being phased out -- reflected the growth of interest in pre-school children during the 1960s. Moreover, the PAG also adopted the new language of the economics of malnutrition and incorporated it into its undertakings. Thus, an agency which had begun as a group of scientific elite to advise other agencies increasingly expanded the importance of its concern to build momentum for its cause and to play a greater role in policy-making. At the end of 1964, the PAG Committees on Protein Malnutrition and on Child Nutrition organized their own conference on pre-school child malnutrition, following similar symposia arranged by Unicef, FAO, and WHO. While noting the role of caloric deficiency in pre-school malnutrition, the conference, rather predictably, concentrated its discussion on protein-malnutrition in these children. While it had been well-established that protein-malnutrition in this age group was a major cause of death, this conference

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[114]Ibid., p. 395.

[115]'Report of the Fifth Session of the FAO/Unicef Joint Policy Committee', op. cit., note 36 above, paragraph 54.

[116]Pate, op. cit., note 6 above.

[117]Maurice Pate, 'Statement by Mr. Pate at the P.A.G. Meeting on Monday, 20 July 1964', 1964, New York, Unicef Archives, CF-NYH-09R.H1/C/02.09, 88R025, T-002, 1-2, on p. 2.

strongly commented on how "the maimed survivors [of malnutrition] become adults lacking the vigor and **enterprise** essential for **productive** advancement. Their shortened life span and decreased ability to produce gravely impede the physical, mental and **economic** growth of the population." (emphasis mine)[118] Here again we see the influence of an economic perspective on hunger and malnutrition. The PAG and its related bodies became increasingly concerned with the results of PCM on mental development and other areas sure to capture the attention of fellow scientists and health workers.[119] Not only was hunger and malnutrition "wrong" due to the pain and suffering inflicted on the innocent, but the effects were far-reaching enough to affect "us". Stunted mental development in people in developing countries assured meagre economic growth and delayed the day when their marketplaces would contain abundant consumers for products from industrialized countries. Just as the other agencies had done, the PAG also bleakly commented that in most developing regions, particularly in Africa, the problem of hunger and malnutrition had scarcely been touched.[120]

The PAG continued its call for massive distribution of PCM protective foods and training and retraining of community health workers.[121] Considering most major nutritionists agreed that supplemental food was merely a band-aid measure in the fight against hunger, it is surprising that the principal theme in FAO, WHO, and PAG circles called for them. In part, the new impetus for distributing surplus foods was borne from U.S. production surpluses. As a result, the agencies redefined the intended results of food aid: "Surplus food should...be used primarily for producing more food (and other goods) and only secondarily to feed the hungry."[122] Unicef agreed in principle with this approach though, while supporting protein efforts, it believed that its horizontal approach would in the long-run be more effective. Moreover, other agencies such as WFP and Food For Peace had moved in to take over distribution of milk and high-protein food supplements. Some Unicef administrators saw the extent

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[118]'Pre-school child malnutrition: primary deterrent to human progress', PAG document R.10/Add.77, July 1965, in A. Sachs and P. Cormier (eds), *The PAG Compendium: The Collected Papers Issued by the Protein-Calorie Advisory Group of the United Nations System, 1956-1973*, New York, Worldmark Press, Ltd., E, 1975, E41-49, on p. E41.

[119]Ibid., p. E43.

[120]Ibid., p. E44.

[121]Ibid., p. E49.

[122]S. Chakravarty and P. N. Rosenstein-Rodan, *The Linking of Food Aid with Other Aid*, Rome, FAO, World Food Program Studies no. 3, 1965, p. 1.

of its role in high-protein foods as development and demonstration, not distribution.[123] Ironically, the agency that had started off as working solely on emergencies had emerged in nutrition as one planning and implementing long-term approaches.

The PAG's influence aided in the formation of a joint FAO/WHO expert group to re-examine protein requirements. In spite of the abundance of studies on protein and protein requirements, recommended protein intake levels for young children remained a divisive subject. From a national and global perspective, one could not really know how much more protein should be produced in order to meet (hypothetically) every person's protein requirements.[124] While protein-malnutrition in young children continued to be portrayed as the major nutritional disorder in developing countries, accurate figures of prevalence were a glaring omission from the heady protein research. In 1964, WHO lamented that it had no good data on actual prevalence and that the data it did have only reflected prevalence in hospital or clinic settings.[125] These shortcomings and the evermore complex framework for developing and implementing protein-rich food supplementation programmes weighed heavily on the PAG leadership.

WHO: In Hot Pursuit of Infection

Soon after the publication of 'Interactions of Nutrition and Infection', WHO buzzed with ideas about pursuing this relationship. In 1961, R. C. Burgess, the head of the WHO Nutrition Unit, in a speech titled 'Protein Malnutrition for the WHO Viewpoint', totally overlooked protein-malnutrition and instead remarked that the association between diarrhoea and malnutrition might be the most important area for WHO scientific investigation.[126] Ostensibly, to Burgess the central questions about protein-malnutrition had been answered -- weanlings were the most vulnerable and protein weaning foods were needed -- while other medical issues had been overlooked.

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[123]Cyril Hunnikin, 'Memorandum for the record: improved nutrition for the pre-school child', Bangkok, 18 November 1965, Unicef Archives, CF-NYHQ-05ANS-001.

[124]*Protein Requirements: Report of a Joint FAO/WHO Expert Group*, Geneva, WHO, WHO Technical Report Series no. 301, 1965.

[125]'Review of the Organization's programme in nutrition, 1948-1964: report by the Director-General', op. cit., note 91 above, p. 20.

[126]R. C. Burgess, 'Protein malnutrition from the WHO viewpoint', in *Progress in Meeting Protein Needs of Infants and Preschool Children, Proceedings of an International Conference held in Washington, D.C., 21-24 August 1960*, Washington, D.C., National Academy of Sciences and National Research Council, Publication 843, 1961, pp. 533-35. R. C. Burgess and H. J. L. Burgess, both mentioned in this dissertation, are cousins. In order to avoid confusion, I will use their initials or full names.

In a full evaluation of its nutritional work, from 1948 to 1964, WHO reflected on a number of issues that continued to trouble its nutrition programmes. Firstly, the staff felt that international surveys of malnutrition had inadequately mapped out the problem and serious lacunae in knowledge of prevalence remained. Secondly, the interactions of nutrition and infection continued to raise new questions, and the personnel seemed less eager than ever to acknowledge even conventional wisdom. The report weakly stated that "it is **almost** certain that malnutrition reduces children's resistance to infection" (emphasis mine)[127] and further did not address the issue raised five years earlier by Gordon, Scrimshaw, and Taylor about the influence of infection on malnutrition.[128] The reserved scientific language describing this work sounded much like the jargon during previous decades. In contrast, however, WHO noted that its latest assistance to member countries, usually in the identification of major nutritional deficiencies, had resulted in ministries of health establishing nutrition sections, the creation of national nutrition "teams", laboratories, and additional training. This type of co-operation depicted the shift in nutritional philosophy toward a decentralized national approach rather than a universal paternalistic one.

WHO, which for so long had been seen as a disease eradicator and as an expeditious, efficient, technological machine, noted that the results from its new nutrition programmes would be "slow to appear in contrast to the results obtained in the control of some of the communicable diseases."[129] Furthermore, the Director-General stated that newer programmes would emphasize "gradual control and prevention of malnutrition" rather than speedy treatments.[130] The problem WHO faced in this venture was to convince governments of the need for nutrition planning and develop the necessary resources for programme implementation. Acutely, WHO was feeling the backlash of its own obsession with vertical solutions which had been avidly adopted in developing countries. In contrast to the yaws, malaria, and smallpox campaigns which had all been prefabricated for implementation, nutrition planning

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[127]'Review of the Organization's programme in nutrition, 1948-1964: report by the Director-General', op. cit., note 91 above, p. 5.

[128]Nevin S. Scrimshaw, Carl E. Taylor, and John E. Gordon, 'Interactions of Nutrition and Infection', *The American Journal of the Medical Sciences*, March 1959, 237(3), 367-403. Not surprisingly, many of the studies which immediately succeeded this work concentrated on the interactions between infection and kwashiorkor. See: Nevin S. Scrimshaw, Dorothy Wilson, and Ricardo Bressani, 'Infection and kwashiorkor', *The Journal of Tropical Pediatrics and African Child Health*, September 1960, 6(2), 37-43.

[129]'Review of the Organization's programme in nutrition, 1948-1964: report by the Director-General', op. cit., note 91 above, p. 9

[130]Ibid.

demanded country- and regionally-specific programming that would produce only long-term results. WHO grappled to find tangible accounts of its success in nutrition and could only lamely and confusingly conclude that "The interest taken by WHO in nutrition and activities and programmes in which it has participated have had considerable impact of great practical significance. A realization of this aspect and an appreciation in terms of its potentiality for improvement of nutrition of the people in developing countries will help to put in proper perspective the effort made by WHO."[131] The background of this comment was that WHO, relative to FAO and Unicef, had remained relatively inactive in nutrition during the previous fifteen years. WHO's claim to nutritional impact was its 313 fellowships in nutrition which had heightened national awareness of nutrition problems and the 150 nutrition experts it had employed to investigate malnutrition.[132] WHO's commentary served up the organization's new resolve to alter its tactical approach to hunger-related issues. It stated that WHO expertise rested with its advanced knowledge which could be shared with developing countries "towards working out the solution of **their** problem and training of technical personnel." (emphasis mine)[133]

The subtle shift away from malnutrition being the responsibility of FAO, WHO, and Unicef and toward its being in the domain of the countries themselves, served a number of purposes. First, it lowered expectations for what the organizations could accomplish. Programmes that attempted to impart advice and aid to interested countries were completing their task in the information transfer itself. Success in such ventures was measured by the number of staff trained, number of conferences organized, or number of scholarships granted. Secondly, increased emphasis on governments acknowledged their vital role in solving persistent hunger problems. Overall, the radical change of direction -- away from a centralized, autocratic approach and towards a decentralized, autonomous one -- was tacit acknowledgment that no agency would be able to run a project with tangible and widespread results without governmental leadership and support. Nevertheless, nutrition and infection could make WHO a reservoir for leading nutrition information.

In 1965 WHO convened an expert committee on nutrition and infection which Scrimshaw chaired. The committee suggested that the high mortality rate for children aged one to four might be attributed specifically to the still undefined synergistic

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[131]Ibid., p. 15.

[132]Ibid., pp. 16, 17.

[133]Ibid., p. 18.

relationship between malnutrition and infectious disease.[134] The bulk of data in support of this hypothesis had been drawn from a major WHO-, NIH-, and PAHO-supported INCAP study whose publication would not begin for two years.[135] Since the results of this study were being widely discussed in the cadre of professional nutritionists and investigators, it is worth detailing here. The study, undertaken in the Guatemalan highlands, set out to establish what effect supplemental feeding and integrated health services would have on mortality, with an eye toward the synergism between malnutrition and infection.[136] Dr. Werner Ascoli, a field epidemiologist, organized the study and selected three villages for the experiment. The village of Santa María Cauqué received medical care and preventive and sanitary services directed toward pre-school children; Santa Catarina Barahona received food supplementation for pre-school children, and Santa Cruz Balanyá served as the control.[137] The study resulted in several important observations that would have relevant ramifications for future public health nutrition programmes. Infant mortality showed a significant decline only in the feeding village, apparently due to nutritious foods reaching weaning children. Although the IMR dropped in the treatment village, the drop followed a trend developed before the experiment began and was thus not greater than would have been expected. However, in the same village, mortality among children aged one to four showed a fifty percent greater decrease over the expected decline. Even more prominently, in the feeding village the actual decline in mortality of children aged one to four was three times greater than the seventeen percent expected.[138] The findings thus showed that with an adequate food supply and medical treatment for children, death rates could decline rapidly. The actual numbers

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[134]*Nutrition and Infection: Report of a WHO Expert Committee*, Geneva, WHO, WHO Technical Report Series no. 314, 1965, p. 8.

[135]See: N. S. Scrimshaw, M. A. Guzmán, and J. E. Gordon, 'Nutrition and infection field study in Guatemalan villages, 1959-1964: I. study plan and experimental design', *Archives of Environmental Health*, 1967, 14, pp. 657-63.

[136]For a layman's explanation of nutrition and infection interactions see: Nevin S. Scrimshaw, 'Malnutrition and Infection', *Borden's Review of Nutrition Research*, April-June 1965, 26(2), pp. 17-29.

[137]This study is often referred to as "the three-village study". Werner Ascoli, Miguel A. Guzmán, Nevin S. Scrimshaw, and John E. Gordon, 'Nutrition and infection field study in Guatemalan villages, 1959-1964: IV. deaths of infants and preschool children', *Archives of Environmental Health*, 1968, 16, 439-49, on p. 440. For a highly readable and informative description of this study in historical perspective, see: Nevin S. Scrimshaw and Miguel Guzmán, 'A comparison of supplementary feeding and medical care of preschool children in Guatemala, 1959-1964', in N. S. Scrimshaw (ed), *Community-Based Longitudinal Nutrition and Health Studies*, Boston, International Foundation for Developing Countries, 1995, pp. 1-28.

[138]Ascoli et al., op. cit., note 137 above, p. 448.

of deaths were too small to establish statistical significance, therefore the study did not prove either infectious disease treatment or nutritional supplementation to be the preferred means for decreasing mortality. However, this study and field observations highlighted the incidence of diarrhoeal disease as the primary cause of morbidity and mortality in young children.[139]

The WHO nutrition and infection expert committee latched on to INCAP's results and asserted that diarrhoeal disease infections were directly linked to malnutrition and that the influence of infection on nutritional status therefore had to be explored more deeply.[140] The committee members were intrigued by the field trials which had demonstrated that supplementary feeding programmes alone -- with virtually no other public health measures -- lowered morbidity and mortality in the under-five age group.[141] Given the new experimental work that had been done since the Scrimshaw, Gordon, and Taylor overview, the WHO experts confirmed that PCM generally had a synergistic interaction with infection and that the same held true of most vitamin deficiencies.[142] In spite of the conceivable relevance of these finding to public health programmes, the WHO committee did not mention any possible applications of their collective findings for other agencies, perhaps due to a scarcity of data from human subjects. Their major recommendations were for continued research and greater emphasis on infection and nutrition in medical and public health worker training.[143]

In historiographical context, the INCAP three-village study bore a striking relationship to the ideas first set forth by Thomas McKeown and R. G. Brown in 1955, and later expanded on in McKeown's 1965 landmark publication, *Medicine in Modern Society*. Contemporary, conventional wisdom during the nineteenth and twentieth centuries attributed improvements in health, particularly the tremendous drops in morbidity and mortality rates, to public health measures and medical advances. To the contrary, McKeown asserted that public health and medicine only affected individual outcomes but had no effect on overall rates. While examining morbidity and mortality in Great Britain, McKeown concluded that nutritional improvements had fuelled the

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[139]See: Nevin S. Scrimshaw, Miguel A. Guzmán, Marina Flores, and John E. Gordon, 'Nutrition and Infection Field Study in Guatemalan Villages, 1959-1964: V. Disease incidence among preschool children under natural village conditions, with improved diet and with medical and public health services', *Archives of Environmental Health*, February 1968, 16, pp. 223-34.

[140]*Nutrition and Infection: Report of a WHO Expert Committee*, op. cit., note 134 above, p. 19.

[141]Ibid., p. 10.

[142]Ibid., pp. 12-13.

[143]Ibid., pp. 25-6.

progress in health. In the course of the book, he analysed the possible reasons for declines in mortality in England since 1700 and the resulting population growth. For demographic statistics, he relied mainly on a count of families made in 1086 for the Domesday Book, a survey of the number of hearths by Gregory King in 1695, and the diennial census begun in 1801.[144] One of his most influential though controversial conclusions related to the time period from approximately 1760 to 1851 when England and Wales experienced rapid population growth. Based on his examination of medical techniques of the period, he ruled out therapeutics as having had any impact on the decline in death rate during this time. Further, McKeown believed the drop could not "be attributed wholly to a fortuitous decline in several major infections."[145] Thus, he decided that in spite of the scantiness of evidence, environmental factors such as the improvement in nutritional status, must have been the responsible force. Considering McKeown rarely made reference to contemporary studies of the interactions of nutrition and infection and probably had not followed the three-village study, his conclusions are dazzling.[146] Just as INCAP showed that supplementary feeding programmes appeared to inspire the most significant decline in mortality -- more even than medical treatment and prevention -- McKeown hypothesized that in England's case, much of the historical decline in mortality had been inspired by nutritional improvement.

Improved insights into the nature of nutrition and infection only gradually came to influence FAO and Unicef as WHO presented them to the Joint Committee on Health Policy (JCHP), a policy group consisting of FAO and Unicef personnel.[147] Among the programmatic areas where their effects could be noted was the emphasis of Unicef on nutrition and infection treatment and control. The Unicef Executive Board also began stressing the need for co-operation between food programmes co-ordinated with ministries of agriculture and ministries of health in order to provide for a health component in every project.[148] On a related note, however, Unicef's leadership felt that, overall, the type of advice WHO provided was not sufficiently relevant or of a

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[144]Thomas McKeown, *Medicine in Modern Society: medical planning based on evaluation of medical achievement*, London, George Allen & Unwin LTD., 1965, p. 22. This book contains an elaboration of ideas first presented in: T. McKeown and R. G. Brown, 'Medical evidence related to English population changes in the eighteenth century', *Population Studies*, 9, November 1955, pp. 119-41.

[145]Ibid., p. 58.

[146]Although McKeown was cited by the nutritionists from time to time beginning in the late-1960s, I have not come across a McKeown reference to the nutritionists.

[147]'Health components in nutrition programmes', June 1965, E/ICEF/528, paragraph 152.

[148]Ibid.

high enough quality for action to be taken. In Heyward's words, "Unfortunately, WHO's intellectual strength in the fields of public health, maternal and child health, and nutrition has never approached that of its resources in the fields of the various mass campaigns."[149] The success that WHO and Unicef had experienced through campaigns against malaria and yaws had simply not been realized in relation to its MCH programmes, particularly in relation to nutrition. As a result, mass campaigns continued to dominate budgets. Between 1960 and 1964 19.3% of Unicef's programme allocations or 26.1 million dollars targeted nutrition, 7% or 9.4 million went to education, while 67% or 90 million dollars went to health services and disease control.[150] The principal diseases Unicef aid addressed were malaria, tuberculosis, yaws and leprosy.[151] None of these diseases had been indicted by the INCAP study on nutrition and infection. These diseases and campaigns were undertaken because WHO and Unicef were interested and, perhaps more importantly, because nations were motivated to assist these projects.[152]

FAO, WHO, and Unicef: Conflict Persists

Whereas the heart of conflict between FAO and Unicef during the late-1950s resided in the division of financial responsibility, during the 1960s the quality and control of technical advice became the divisive issue. On the surface, the arrangements between FAO and Unicef and even between Unicef and WHO seemed entirely plausible and pragmatic. FAO and WHO provided technical advice to countries and to the UN's major aid agency, Unicef. Unicef made use of this advice and thereby improved the quality of its programming. As field workers in the 1950s revealed, however, too often the expert advice came from technicians who had no working knowledge of the countries in which the projects were implemented. As a result, too much of the advice fell on deaf, and increasingly resentful ears. The growing rift between the two agencies provides lucid insights into the evolution of developmental ideology. When the UN established these agencies, it was abundantly clear that they were expected to rely on technicians for project ideas and project approval. While Unicef continued through the 1950s to find the broader technical thinking valuable, local staff felt that they had become the most capable experts in the

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[149]Heyward, op. cit., note 98 above, p. 8.

[150]'Unicef's Part in the Development Decade, 1960-1964', op. cit., note 32 above, p. 10.

[151]Ibid., p. 18.

[152]E. J. R. Heyward, interview, 5 May 1995.

field. Thus the critical shift that occurred was a tacit recognition of the superiority of experienced field workers to design and implement projects in health and nutrition programmes. In sum, a growing number of Unicef staff were feeling that they were the ones best suited to inform and modify their programmes, not the technicians at FAO. This triumph of practicality over expertise was not well received by FAO's advocates.

In 1961 the task of smoothing over agency relations from Unicef's angle was left to then Deputy Executive Director Heyward. Heyward found his international staff poised against FAO. In a letter to Heyward from G. Sicault, the Director for Europe and North Africa, Sicault wrote of his fears for Unicef: "The big danger I foresee is one tendency in FAO to keep to themselves all the technical guidance, without any interference from Unicef, and to leave to Unicef the financial burden of all such activities."[153] Thus Sicault feared FAO's monopoly on technical advice: if FAO reserved the right of technical approval over every project or programme, then Unicef was not autonomous. Sicault elucidated his position by writing that he would not object to Unicef being considered a "full partner" in project development with FAO. However, he added that he and others had heard from "different sources" on multiple occasions that joint partnership was not an option and "that it was for FAO to study the problems and then for Unicef to finance the projects."[154] This arrangement was particularly tedious for Sicault since he and his staff often wished to select local experts for technical advice -- a task generally assigned to FAO. Heyward essentially agreed with Sicault and, expressing his personal distaste for FAO's expert practices, stated, "wherever it is proposed to recruit local personnel for expert advice, this will have to be handled by Unicef, though often in some consultation with FAO, for the practical reason that FAO doesn't like it and will never do it."[155] Sicault's and Heyward's perception of events seems historically accurate. The stream of FAO proposals that passed across the desks of Unicef administrators invariably requested supplies and funds but not input or "partnership". In one typical example, an FAO proposal for the design of nutrition education and training textbooks, FAO considered its role as the assumption of full technical responsibility "in assisting governments in

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[153]G. Sicault, letter to E. J. R. Heyward, Paris, 5 October 1961, UN Archives, CF9D 79, A027.
[154]Ibid.
[155]E. J. R. Heyward, letter to Georges Sicault, New York, 12 October 1961, UN Archives, CF9D 79, A027.

the testing and modification of" nutrition manuals.[156] FAO informed Unicef that it would have to hire additional FAO consultants to adapt these manuals to individual country needs and nuances. Furthermore, the role left to Unicef was succinct and presented condescendingly: "Unicef's contribution might include supplies and equipment required in the preparation and testing of the textbooks...local transport and the cost of FAO consultants appointed for the project."[157]

During 1962, FAO and WHO problems with nutrition experts erupted in Africa. Although the precise nature of the trouble is difficult to glean from correspondence, it is clear that WHO and FAO had given advice that was not well received by Unicef staff or by local officials. In a letter to the Unicef desk officer in Nigeria Heyward wrote "Personally, I am skeptical about the view that every country needs a clinical survey about nutrition before any action can be taken. I am sure it is wrong to hold up efforts to improve the local food supply for children whilst wondering whether it wouldn't be better to spend more money on intestinal parasites."[158] Heyward's criticism stemmed from FAO's and WHO's insistence on an action methodology that began with survey data. By 1964, Unicef desired to be accepted by the UN agencies as more than simply an aid organization -- its leaders wanted it to be at the vanguard of the development community. To Heyward and his colleagues, it was clear that being a member of the "development club", as it was referred to, meant having a different technical arrangement. The means for achieving this independence were unclear, and according to Heyward, at the time, "It would be intolerable if Unicef were to proclaim technical policy, even for children, in the functional fields of health, education, nutrition, etc.".[159] In 1964 Unicef apparently overstepped these boundaries when, without consulting a technical agency, it arranged for a clinical test of some new protein foods. That Unicef would undertake such a project without seeking technical approval enraged WHO, which along with the PAG had reserved approval of all protein-rich food developments. Candau, the WHO Director-General, sent a stern and pointed letter on the subject to Pate in which he lay down the following policy: "I have come to the conclusion that in the best interests of the protein rich food programme and also in order effectively to discharge our function

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[156]'Proposals for an FAO/Unicef project for the preparation of textbooks and manuals for use in education and training programs', Rome, FAO, October 1961, Unicef Archives, 88R025, Box T-006, Teply files, p. 13.

[157]Ibid.

[158]E. J. R. Heyward, letter to Stewart Sutton, New York, 15 October 1962, UN Archives, CF9D 79, A023.

[159]Heyward, op. cit., note 98 above, p. 12.

in this respect, the solution to the present problem is for WHO to take over the entire responsibility for the organization, supervision and evaluation of clinical trials of products developed as a result of the internationally assisted protein rich food programmes."[160] Pate apparently did not contest WHO's position though seeds of resentment were germinating.

The Bellagio Declaration

In April 1964 Unicef, with the support of the Rockefeller Foundation, sponsored an international "Round Table Conference on Children and Youth in Development Planning" at Villa Serbelloni in Bellagio, Italy. The organization of the conference was a ground-breaking split from the past for Unicef. Since its inception, Unicef had been an emergency and aid agency which had low-level working relations with governments in developing countries. Pate, Heyward, and others saw a major opportunity for Unicef in mobilizing planners in developing countries to support Unicef's broad objectives for children. Furthermore, they increasingly believed that if childhood health issues did not inform national planning, then no real progress would be made on the health status of children.[161] Herman Stein, a Unicef consultant and planner of the conference, described the culture of the pre-planning, pre-Bellagio era as a disconnected series of actions that were not co-ordinated:

> we would work with the Health Ministry, for example. We would send scales and various medicines and, in the earliest days, powdered milk, and other supplies for maternal and child care clinics. We did nothing about affecting food supply because that belonged to a different ministry. Nutrition, in the sense of the cure of severely malnourished children, belonged to the Health Ministry. Very few children could be treated. The basic problem with nutrition had to do with the food situation which belonged to agriculture, and with broad nutrition education in which the Education Ministry and Community Development could be engaged. Agriculture would be making decisions based on the need for improving their import-export position, when the nutritionists were dealing, in many instances, with the consequences of those very decisions.[162]

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[160]M. G. Candau, 'Memorandum to all regional directors regarding FAO/WHO/Unicef protein rich food programme clinical testing of protein rich foods', 23 April 1965, UN Archives, CF-NYHQ-09.P, DSU: CF/NYHQ/EXD/PRO, folder D0405.

[161]E. J. R. Heyward, interview, 5 May 1995.

[162]Herman Stein, interview conducted by Jonathan Power, 7 and 16 December 1982, Unicef Archives, interview file, p. 4. Stein first joined Unicef in 1962 as a one-year consultant in the newly-

This gauntlet of assorted ministries had the effect of exhausting Unicef efforts since staff time had to be used for implementing specific aspects of a project in the relevant ministry. FAO and WHO generally were able to keep their work to only one or two ministries, thereby avoiding this bureaucratic circuit. In addition to these difficulties, Unicef administrators had grown frustrated with the labels that called it "a supply agency" and "the junior branch of WHO".[163] Unicef had frequently taken on programmes that had been discussed by WHO and FAO staff at the governmental level, and many of these programmes had proven to be impractical.[164]

While FAO, WHO, and Unicef personnel had suggested policies and positions for governments, Bellagio was the first attempt to work pro-actively toward international humanitarian nutritional policies. Stein believed that Pate was key to the conference's existence: "If Maurice Pate had not been willing to put his neck out for the Bellagio Conference, which required quite a bit of courage -- because this was the first time that Unicef was going out on a limb without asking any of the specialized agencies [permission] -- it would not have happened."[165] The approximately thirty attendees of the conference included representatives from the United Nations Economic Commissions, FAO, WHO, International Labour Organization, and a large contingency of planners from developing countries. Notably, only one trained nutritionist attended, Dr. Gopalan, a ubiquitous figure on expert nutrition committees and at nutrition conferences for over a decade. Autret, then the director of FAO's Nutrition Division, and E. M. Ojala, the chief of FAO's Agricultural Development Analysis Branch, attended as did the acting director of public health services for WHO.[166] Overall, the attendance list was weighted toward social and economic planners who held positions in public administration, development planning, and economic affairs. It was their presence which conferred credibility to the conference

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independent country of Tanganyika (Tanzania). From 1964 to 1982, while teaching at Case Western Reserve University, he frequently completed Unicef consultancies and took his sabbaticals at Unicef. Between 1974 and 1983, he served as senior adviser to the Executive Director. Herman Stein, 'International activity 1947-1996, Herman D. Stein', Stein personal collection, December 1995.

[163]Heyward, op. cit., note 98 above, p. 12. The UN Office of Public Information in 1964 was the author of the latter quotation.

[164]Stein, op. cit., note 162 above, p. 1.

[165]Ibid., p. 11.

[166]FAO Nutrition Division's limited involvement in the planning of the conference may have been in part due to Autret's serious bout of tuberculosis which incapacitated him throughout 1963. Nevertheless, Autret looked forward to the meeting and communicated to Pate that he thought it would be "a mile stone [sic] on the long way to eradication of malnutrition in children." Marcel Autret, letter to Pate, 30 September 1963, Autret personal collection.

and its declaration. According to Victor Soler-Sala, then a Unicef programme officer in Santiago, "Bellagio was a very important watershed" because it brought together the planners such as Professor J. Tinbergen, the head of the Economic Institute of the Netherlands, "who legitimized the relationship of planning and children."[167] Moreover, Soler-Sala stated that Bellagio was the first effort to look at children's needs beyond the imperative context of supplies and equipment and that this breakthrough led to recognition that fields besides vertical campaigns had to be pursued rigorously.[168] In this sense, the conference boosted the position of nutrition since it remained a relatively under-funded and under-explored subject area. The event was seen by Unicef staff as an opportunity to move the organization beyond being identified as a direct action agency and toward also being considered a leader in development planning.[169] The flip-side of this development was, in Heyward's words, that Unicef was "getting above itself, and that it cannot give advice on taking account of children in national development, without getting into functional fields where it has no competence."[170]

The Bellagio round-table's principal object was to examine how economic and social policies aimed at development could best meet the needs of children. According to Stein, who also served as a rapporteur at Bellagio, prior to Bellagio Unicef had no substantial connections with planning departments. Further, Stein asserted that the central problem of all ministries was that none was responsible for young children: ministries of education were responsible for school age children, and ministries of health for children under the age of two. This was the foundation for policies that overlooked the needs, in particular, of young children; no one was responsible for them.[171] For Unicef, which was looking toward countries more than ever to fund and create their own development programmes in health, the round-table was a crucial discussion for mapping out Unicef's role in national development plans. While economic development was in part the springboard for discussion, at the heart of the conference was a call for developing nations to formulate national policies for children. The conference organizers requested that these policies include specific objectives related to health and nutrition to be reached within established periods of time. Bellagio demonstrated that the jargon of the Cold War had been unmistakably injected

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[167]Victor Soler-Sala, interview conducted by John Charnow, 19-20 January 1984, Unicef Archives, interview file, p. 5.

[168]Ibid., p. 6.

[169]'Unicef's Part in the Development Decade, 1960-1964', op. cit., note 32 above, p. 29.

[170]Heyward, op. cit., note 98 above, p. 18.

[171]Stein, op. cit., note 162 above, p. 1.

into policies for international development. By achieving material objectives for the young people in every country, the conference sought to "strengthen the transmission of fundamental values such as honesty, democratic attitudes, loyalty to home and country, and a deep sense of international understanding and solidarity."[172] Planning, particularly national planning, was the basis of the declarations which emerged from Bellagio. Since previous plans for nutritional development had generally been requested of UN agencies from low-level ministries, the policy makers at Bellagio wished to elevate the level at which nutritional polices were formulated. Arguably, by having such dialogues on a national level, they would be able to construct more effective policies that would be sustainable and more effective.

The Unicef argument for government planning that accounted for children's needs contrasted with the nature of cumulative nutrition development work. For well over a decade, the UN agencies had consistently followed a scientific formula for programming recommendations. First, nutritionists, economists, and other researchers had identified problems and collected funding for further analysis. Then, agencies had drawn up broad surveys of the prevalence of the problems and, working with technicians, proposed solutions. Lastly, these solutions, or projects furthering their end, were funded by Unicef, ministries of health and other agencies. At Bellagio, this framework was subverted. Apparently having tired of the ambiguous and misleading nature of statistics, the participants proposed that the goals of policy be "expressed in terms of social values rather than in quantitative terms."[173] Contradicting the tentative and hyper-analytical nature of technicians at the UN agencies, the conference declared, "Insufficient quantitative data need not preclude a programme of action. Among the guiding criteria for such action may be the correction of flagrant distortions or inequities, such as in balances in the development of the educational system or unusually high rates of nutrition disorders in certain geographic areas within the country".[174] In essence, the conference participants affirmed that the problems afflicting children were too enormous to wait and study before taking action -- in nutrition especially, it was imperative for nations and communities to mobilize behind programmes, even if the programmes were not firmly based on scientific evidence. In spite of the atmosphere of general agreement with the Bellagio priorities, FAO gave the results of the conference a cool reception. Autret and Ojala reported to FAO that

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[172]*Children and Youth In Development Planning: Conclusions of a round-table conference held at Bellagio, Italy, 1-7 April 1964*, New York, Unicef, 1964, p. 4.

[173]Ibid., p. 5.

[174]Ibid.

"one may wonder whether Unicef resources are on the level of their new ambition."[175] Given the grandiose demands of Bellagio, they believed that further expansion of Unicef's commitments would continue to spread the agency too thin and limit its success. That said, Autret and Ojala suggested that FAO seriously consider co-operating with Unicef on these ideas which were "new in Unicef, not of course in FAO."[176]

To the participants at Bellagio, the central problem was clear: children were hungry, and massive action had to be taken. In their opinion it should not be necessary to ascertain just how many were suffering, their symptoms, and the causes, because the goal of adequate nutrition would inevitably eradicate the central nutritional deficiencies. Nevertheless, the participants did call for "periodic and systematic assessments of the situation of children and youth" in order to evaluate past efforts and improve methodologies.[177] The de-emphasis on data reflected more of a desire for tangible and immediate action than a devaluation of relevant studies. The concern of the planners was that in the past, the type of quantitative data collected had not been relevant to planners.[178] While some nutritionists supported this contention, it was nevertheless widely asserted that past efforts to form and make use of national nutrition committees had been failures, perhaps due to the breadth of the problem and the paucity of funds and preventive information.[179]

While previous conferences had often cited how inherent social inequities resulted in the nutritional problems seen in children, Bellagio was the first to make the correction of these macro issues -- in order to improve food and nutritional status -- the priority. "Fiscal policy, redistribution of income, price policy directed to foods, subsidized family housing" and other methods were encouraged as means of improving the lives of children.[180] The conclusions ultimately said little of malnutrition, except that it, along with infectious disease and poor sanitation, were the primary causes of childhood morbidity and mortality.[181] The conference urged planners to consider these health problems in the formulation of all development policies. Unicef further

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[175]Marcel Autret and E. M. Ojala, 'Report of Unicef round table conference on planning for the needs of children', Rome, April 1964, Autret personal collection, p. 3.

[176]Ibid., p. 4.

[177]*Children and Youth In Development Planning*, op. cit., note 172 above, p. 8.

[178]Ibid., p. 9.

[179]Nevin S. Scrimshaw and Moisés Béhar, 'Causes and prevention of malnutrition', in G. H. Beaton and E. W. McHenry (eds), *Nutrition: A Comprehensive Treatise*, New York, Academic Press, 2, 1964, 385-434, on p. 426.

[180]*Children and Youth In Development Planning*, op. cit., note 172 above, p. 6.

[181]Ibid., p. 10.

looked forward to dovetailing its new country approach with national planning, though this would not soon be realized since few countries had national policies for children.[182] Since every national plan would be different, Unicef's new flexibility, its leaders hoped, would allow the agency to play a dynamic role in development. According to Stein, Bellagio allowed Unicef to cross an "organizational threshold" and become a real player in development. Through accenting Unicef's field experience, Stein believed the conference "highlight[ed] the importance of greater independence for Unicef in relation to the specialized agencies".[183] Pate felt that the conference was a huge success and optimistically wrote J. G. Harrar, then president of the Rockefeller Foundation, that "in the follow-up of these deliberations we are going to see that real action ensues in the field in which we are engaged."[184]

Evaluation: How Are We Doing?

While it was clear that nearly every year every UN agency had a larger budget than the year before, and increased funds were spent on nutritional projects, few experts had any idea how effective projects were. In the sixth report of the Joint FAO/WHO Expert Committee on Nutrition, the committee reiterated the previous meeting's concern that evaluation of WHO and FAO results be carried out. Weakly, the committee "noted that the subject of evaluation had been discussed at a number of regional seminars and meetings and that short-term consultants had been employed to give some guidance on this matter."[185] Further, the committee members stressed the development of evaluation criteria for applied nutrition programmes.[186] Evaluation was coming to the fore in the early-1960s; Heyward noted in 1965 that the Unicef Executive Board, "conforming to a tendency throughout the United Nations in the last few years, has asked for more attention to evaluation, to see what has been really accomplished".[187]

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[182]Heyward, op. cit., note 98 above, p. 17. For an expanded view of the shape of Unicef's nutrition policy after Bellagio see: 'Unicef policy on aid to nutrition programmes', New York, Unicef, Dir/CON/June 1965/WK/3, Unicef Archives, CF-NYHQ-05ANS-005.

[183]Stein, op. cit., note 162 above, p. 2.

[184]Maurice Pate, letter to Dr. J. G. Harrar, 16 April 1964, New York, UN Archives, CF-NYHQ-09.E(64-80), G0013.

[185]*Joint FAO/WHO Expert Committee On Nutrition, Sixth Report*, op. cit., note 42 above, p. 5.

[186]Ibid., p. 65.

[187]Heyward, op. cit., note 98 above, p. 1.

The idea of critical evaluation -- of objectively identifying the benefits of specific projects -- was a concept only rarely brought up in major forums. Often when such evaluations were conducted, the tempestuous results drained any reasonable recommendations of their force. While head of the FAO Nutrition Division, Autret pursued the topic cautiously during the early-1960s. In a paper he distributed to colleagues at the three agencies, he carefully examined the past methods for conveying aid to pre-school children, ostensibly the central objective of nutrition projects since the mid-1950s. Increasing concern for the pre-school child inspired Autret as recent data were revealing that while the IMR in developing countries was often six to eight times as high as the level in developed countries, the mortality rate for pre-school children was often from ten to sixty times higher. Thus, it was feared that while preventive measures taken during the first year of life might decrease the IMR, the net effect of the savings would be diminished as a large number of these infant survivors perished during early childhood.[188]

Autret criticized the numerous committee meetings and conferences during the previous ten years that, while being concerned broadly with malnutrition in young children, did not pay "sufficient attention to the major problem of where, when, and how to reach the young child in the age range from 6-12 months to 4-5 years" and wished to formulate a comprehensive policy toward the problem for FAO.[189] He stated that in addition to the nutrition education programmes that had been popularized, supplementary feeding programmes might return to vogue as governments' consciousness of childhood malnutrition rose. To Autret there were indirect and direct preventive measures that could be taken. The indirect measures involved a general increase in productivity, standard of living, and other socio-economic indicators. The direct measures called for teaching mothers to provide protective foods to their children and "to assure free distribution of them [high-protein foods] by the state or the community if they are not available or cannot be bought."[190] Autret's commentary sounded much like Orr's World Food Plan: only socio-economic

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[188]For example, see: 'Protection of the pre-school child', Manila, WHO, Regional Committee Provisional agenda item 15, 22 June 1964, Unicef Archives, CF-NYHQ-05ANS-001. See also: 'Pre-school child malnutrition: primary deterrent to human progress', op. cit., note 118 above, p. E41. The latter document noted that the IMR in the Philippines in 1962 was 68 while in the U.S. it was 25. On the other hand, the mortality rate for children aged one to four was 45 per thousand in the Philippines whereas it was one per thousand in the U.S.. (p. E46)

[189]Marcel Autret, 'Nutrition of the pre-school child: a consideration of new approaches', 15 July 1963, Unicef Archives, PR-NU-001. This paper expanded on ideas Autret presented at the 6th International Congress of Nutrition in Edinburgh.

[190]Ibid., p. 4.

improvements lead to permanent improvements in nutrition; while you await them, make sure that hungry children eat what they need. In sum, Autret resolved that the women's associations that could be found in many parts of the developing world were the best "mass solution" for reaching mothers and young children. He envisaged using these forums for imparting nutritional knowledge and supplementary foods. In his estimation, "The struggle against under-nutrition and malnutrition among children of pre-school age is insignificant considering what has been undertaken against certain diseases no more lethal and no more prominent."[191]

Autret's paper was, in historical context, an interesting example of how, for some, nutrition developments and project initiatives did not represent a significant fight against childhood hunger and malnutrition. More than fifteen years after Orr's World Food Proposal, FAO's top nutrition administrator was as perplexed and frustrated with the slow rate of progress as Orr had been. For all the technological breakthroughs of the previous decade, Autret stressed massive supplementary feeding using local sources and women's education as the primary means for progress.

Several colleagues' confidential responses to Autret implied that his ideas were contentious and reveal how the only consensus that had been reached by nutritionists was that childhood malnutrition was the major public health concern in developing countries: all other issues were clouded. In a candid response to Autret from Dr. Francois Remy, the FAO nutrition adviser to Unicef, Remy took issue with much of Autret's presentation: "You make an inventory of the services which might play a role in the struggle but...you condemn them conclusively."[192] Remy found Autret's critical analysis "traumatic" and suggested that perhaps Autret's shortcomings were at the root of his examination: "At this point isn't it true that you allow some impatience and bitterness to show through, because you were not able to change the situation as you wanted? You oblige all those who have worked along the same lines to realize that they have failed, except perhaps in the case of a few pilot projects."[193] Remy fumed that while Autret's suggestions were sound and nothing particularly new, they alone could not overcome the prominent obstacle of persuading mothers, governments, and agencies to undertake them. In conclusion Remy asserted that any plan to distribute high-protein foods on a large scale to villages and communities in every country, although simplistic in concept, was unfeasible. It simply did not consider the realities of implementing nutrition programmes in the field. Remy's criticisms were echoed in

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[191]Ibid., p. 12.

[192]Francois Remy, letter to M. Autret, 30 September 1964, New York, Unicef Archives, PR-NU-001.

[193]Ibid.

the correspondence of his WHO colleagues.[194] WHO staff members felt that there were naïve assumptions throughout the article and that "Although it is tempting for all of us to propose quick and relatively simple solutions to the urgent problem of malnutrition in children of pre-school age, experience has not demonstrated that our objectives can be met by increasing the number of beneficiaries of our programmes without giving them assistance on a technically defendable level."[195]

The debacle which followed Autret's paper on one level draws attention to the gaps between major figures in nutrition policy. Remy held a key position in FAO's Nutrition Division and in the making of Unicef nutrition policy since he served as the FAO/Unicef liaison and worked intently with Heyward. His vision of expanding the applied nutrition and other programmes that had been born in the late-1950s did not differ radically from Autret's ideal -- nor from the ideas espoused by WHO and Unicef.[196] Ideologically the incident illuminates the central frustration of nutrition: from optimists and pessimists alike, from administrators like Heyward to Autret, no one felt that anything significant had been accomplished in the fight against hunger and malnutrition in young children. Heyward soberly remarked in 1965: "Nutrition has remained up to the present a difficult field, if one wants to go beyond handing out food surpluses."[197]

Evaluation continued to be only a mercurial influence on projects during the following years. By 1964, Unicef, FAO, and WHO had a total of fifty ANPs in thirty-five countries. WHO and FAO were irked by Unicef's hesitation to evaluate the effectiveness of the programmes -- undoubtedly due in part to its long-held distrust of experts. Early in 1965, Pate died and Henry Labouisse took office. Although Pate had planned to retire during the summer of 1965, his death nevertheless represented a tremendous loss for Unicef. Staff saw Pate as the father of Unicef since it was his vision that had safely ushered Unicef through the traumatic early-1950s and redefined the organization's raison d'être. However, staff agreed that Pate was actually not the

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[194]Chief MCH, letter to Bengoa, 25 June 1964, WHO Archives, box A.0917; Dr. L. Verhoestraete, letter to Autret, 1 July 1964, WHO Archives, box A.0917; Dr. John Burton, letter to Bengoa et al., 25 June 1964, WHO Archives, box A.0917.

[195]Chief MCH, op. cit., note 194 above.

[196]See: 'Protection of the pre-school child', op. cit., note 188 above. The reaction to Autret's paper among Unicef's staff must not have been extreme since the Unicef information officer suggested publishing the paper in *Unicef News*. Bernard Gerin, letter to Autret, 17 October 1963, Autret personal collection.

[197]Heyward, op. cit., note 98 above, p. 5.

administrator of Unicef; he was a fund-raiser and politician.[198] Although Pate had known Labouisse peripherally for years, he was familiar with Labouisse's long record of public service and had hand-picked him as successor months before his death. Among other impressive positions, Labouisse had been the chief of the Marshall Aid mission in France, the head of the UN agency for Palestinian Refugees (UNRWA), a consultant for the World Bank, and the head of the International Cooperation Administration (US AID's predecessor).[199] Thus, when Labouisse became Unicef's Executive Director, he had vast international and development experience. Heyward prepared a lengthy memorandum to brief Labouisse and the first heading related how the Unicef "Board, conforming to a tendency throughout the United Nations in the last few years, has asked for more attention to evaluation, to see what has been really accomplished, and what experience might indicate to be desirable modification of Unicef assistance policies."[200] After Bellagio, the need for evaluation had become more important since, according to Stein, planning required monitoring programmes as they were operating.[201] Just weeks following the conference, Unicef and WHO began high-level discussions on the evaluation of projects they undertook jointly.[202] In this new climate, WHO and FAO also agreed on the need for evaluation, especially of ANPs, and proceeded with a meeting of experts in 1965 to discuss evaluation protocols.[203] At that meeting, the experts agreed that past evaluation had often been performed on an ad hoc basis and that a systematic approach was required.[204] In keeping with developments in evaluation, the Unicef Board scrutinized ANPs and requested that future projects make use of baseline data which could later be used for evaluation.[205]

It may be that the decision-making process at Unicef was the force responsible for tardy implementation of evaluation. Stern pointed out that "in the culture of

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[198]Julia Henderson, interview conducted by John Charnow, 30-31 July 1983, Unicef Archives, interview file, pp. 16-17.

[199]Charnow and Moe, op. cit., note 1 above, pp. 8-11.

[200]Heyward, op. cit., note 98 above, p. 1, see also: p. 20.

[201]Stein, op. cit., note 162 above, p. 9.

[202]D. B. Sinclair (Unicef Deputy Executive Director), letter to P. Dorolle (WHO Deputy Director-General), 24 April 1964, WHO Archives, folder 1, box A.1067.

[203]'Review of the Organization's programme in nutrition, 1948-1964: report by the Director-General', op. cit., note 91 above, p. 27.

[204]*Report of the Joint FAO/WHO Technical Meeting on Methods of Planning and Evaluation in Applied Nutrition Programs,* op. cit., note 30 above, p. 12.

[205]'Recommendations of the fifth session of the FAO/Unicef joint policy committee', New York, 29 April 1965, E/ICEF/512, p. 3.

Unicef, [there was a] reluctance to be overtly critical of anybody, especially in executive ranks. You assume that people are competent, which is generally a safe assumption, and you assume that they want to do what is best for the organization - which is usually also a reasonably safe assumption."[206] Extrapolating Stern's commentary on Unicef operations, evaluation would have been a tool for uncovering embarrassing incompetence and, perhaps more harmfully, illustrating how the best intentions did not necessarily result in the best projects. Thus, the new-found interest in evaluation reflected deeper concerns that applied nutrition was not having the desired effect on development concerns. In retrospect these agencies identified the mid-1960s as the starting point of their concerted efforts to assess technical assistance and programming.[207]

A New Rhetoric

Many new programmes and development tactics began in the 1960s as old agencies adopted new directives and formed new relations. WFP began in 1961, and in 1964 FAO began joint activity with the International Bank for Reconstruction and Development (IBRD) to support agricultural development. Moreover, late in 1965, the United Nations Development Programme (UNDP) was founded, which sought to expand on technical assistance in the field and subsumed ETAP and the United Nations Special Fund.[208] UNDP was a tremendous new source of funds for FAO since it had funds slated for technical assistance. On the programmatic side, the FFHC and Bellagio Conference were emblematic of new streams of enthusiasm and methodology in hunger policy. Martin Sandberg, a Unicef programme officer and representative during the 1960s, believed that for Unicef, the decade represented the golden years. Sandberg warmly recalled that "Unicef began to be respected by the developing countries...as somebody ready and willing to provide material aid,...as a source of support to the country's own desire to develop, and as a partner in thinking through some of the development priorities and problems."[209]

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[206]Stein, op. cit., note 162 above, p. 18.

[207]Jean W. McNaughton, 'A review of FAO's activities in nutrition education and training 1949-1977', paper presented at International Conference on Nutrition Education, Oxford, 31 August-7 September 1977, Unicef Archives, PR-NU-002, p. 5.

[208]Phillips, op. cit., note 91 above, pp. 72-73.

[209]Martin Sandberg, interview conducted by Herman Stein, 8 September 1983, Unicef Archives, interview file, p. 39.

The various tropes of nutritional thought that have been described in this chapter -- from national planning ideology to the relationship between hunger and productivity -- came to form a complex tapestry of policy-making in the mid-1960s. It seemed that one could no longer discuss supplementary feeding programmes without questioning their long-term impact and highlighting the need for preventive medicine. By the same token, one could not speak about general nutritional improvement without stressing national planning and economic productivity. Thus, when FAO and Unicef gathered in 1965 to discuss "Planning for the food and nutritional needs of children", the focus was not on applied nutrition projects, training, and nutrition education as it would have been just five years earlier. Rather, in the new post-Bellagio environment, the policy makers examined the dearth of nutritional objectives in economic and social development plans which, they believed, was "inconsistent with the low level of nutrition which has now been identified as one of the main factors explaining the low productivity in developing countries."[210] One of the agencies' new purposes, then, was to convey what type of information governments needed in order to competently and meaningfully unite nutrition with national development. At times, however, the goal of improved nutrition seemed at odds with national development. In 1965 Heyward remarked that the Unicef Board began to sense that some European governments were scaling back their assistance to Unicef since they believed that social progress was outpacing economic development and that Unicef's work might be exacerbating the population explosion.[211] This new view of the race between development and population had been at the centre of the FFHC, though the population issue on its own had been neglected. In 1965 a Johnson administration task force report in the U.S. echoed these concerns and lamented that hunger was obstructing the U.S. desire for economic development in developing countries. As a result, the U.S. Agency for International Development was asked to "give top priority to the problems of food supply, malmutritin [sic] and population increase in preparing country development plans."[212]

In spite of new programmes and technological progress in the area of high-protein foods, clearly, developmental efforts were not having a profound or even noticeable global effect. The FFHC began and continued without substantive strides being made in the effort to improve food supplies and levels of childhood malnutrition.

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[210]"FAO/Unicef Joint Policy Committee", New York, 31 March-3 April 1965, FAO/Unicef/J.P. 65/1, Unicef Archives, CF-NYHQ-05ANS-002, p. 1.

[211]Heyward, op. cit., note 98 above, p. 21.

[212]Felix Belair, Jr., 'Hunger imperils U.S. AID program', *New York Times*, 1 August 1965, p. 62.

The failure of these efforts to generate the international will to decisively attack hunger and malnutrition led some to adopt increasingly pessimistic rhetoric. Aaron Altschul, the master food technologist who determined how to remove the toxic gossypol from cottonseed, was a significant influence on protein matters who recognized the growing link between protein and politics. In his 1965 book, *Protein: Their Chemistry and Politics*, he noted that many scientists in his field believed that "the only effective solutions to problems of malnutrition are simple ones" since these were the only method of impacting health rapidly.[213] Although Altschul agreed that simple solutions to protein problems could improve nutritional status, he asserted that their chief advantage was that they allowed public health workers, leaders, and scientists time to design lasting and more effective solutions. In his view, "the simple approach is at best only a temporary expedient and does not succeed in coming to grips with the basic problem: that of developing a system of organization and a technology which will allow maximum production of food at the lowest cost".[214] The solutions which had been seen up until then had, in Altschul's opinion, imposed an undue burden on housewives and other family members to use simple solutions to achieve progress. This tactic, which might well have characterized applied nutrition programmes and supplementary feeding projects, was destined to achieve little since "No other field of endeavor has succeeded with simple solutions."[215] According to him, sophistication alone could lead to permanent change and it would have to involve initiatives above the family and village level involving "expenditures for plants and equipment, and other concomitant social and economic changes."[216] Thus Altschul, along with many of his colleagues, turned his back on the "solutions" promoted by development agencies, believing that only high-level structural changes could have a marked effect.

While few outwardly supported an opinion akin to Altschul's, his reasoning provides a useful paradigm for framing the action which WHO, FAO, and Unicef had taken. On a number of levels their funding went toward these "simple solutions" aimed at altering nutrition habits on a family level (which Altschul felt was unlikely to be accomplished through education), training health workers, or developing other simple solutions. However, the early-1960s reflect a new emphasis on operating at a higher governmental level, as seen in the FFHC and at Bellagio. The change emerged

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[213]Aaron M. Altschul, *Proteins: Their Chemistry and Politics*, New York, Basic Books, Inc., 1965, p. 299.
[214]Ibid., p. 300.
[215]Ibid.
[216]Ibid.

partly from deepening fears that current programmes were failing to have the desired effect and that the forces with which they would have to contend were becoming overwhelming. Altschul clinically described this problem: "Given the present trends, it can be expected that the food problem will increase in severity with time under the existing patterns food procurement and distribution."[217] Others too were filled with a good deal of fear when they considered future food problems.

A speech Scrimshaw gave late in 1965 well mirrored this new thinking. In 'The Urgency of World Food Problems' Scrimshaw remarked, "We must face certain hard facts...It is evident that the rapidly worsening world food situation can be permanently improved only by two measures-a more rapid increase in food production in the developing countries and a less rapid increase in population."[218] Development projects, at least of the type sponsored by FAO, Unicef, and WHO were doing something to stem the misery in developing countries, but not much toward altering the larger picture of impending crisis. Scrimshaw, ever more impressed by temporal concerns, gloomily concluded, "For our own future and that of the entire world we must soon begin to succeed, or it will be too late. We have a little more time, but not much more."[219] In Scrimshaw's mind's eye, the storm of misery -- threatening the lives and well-being of millions -- could already be sighted on the horizon. During the next few years it would be his and his colleagues' position to illuminate that storm for the world or at least for international agencies.

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[217]Ibid., p. 190.

[218]Nevin S. Scrimshaw, 'The Urgency of World Food Problems', address to the Annual Meeting of the American Freedom from Hunger Foundation, Washington, D.C., 18 October 1965, Scrimshaw personal collection, p. 3.

[219]Ibid., p. 9.