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## Chapter VIII

### Nutrition and Primary Health Care

I had 3 physicians working with me who were already there when I got there [to head WHO's Nutrition Unit in Geneva]. I considered only one of them partially competent and the other two very incompetent and I couldn't change them. That was it, there were four of us...you know the story of when a Martian came to earth and he was taken on a tour of the UN agencies and when this Martian saw this beautiful [WHO] building in Geneva and asked "What is that?" and [his guide responded] "Well [that's where] they take care of the health of all the people in the world." "Oh my gosh," [replied the Martian] "it should be a very great organization...how many people are working there?" "Well," [said the guide] "about 50%."

Moisés Béhar, chief of WHO Nutrition Unit 1975-1983<sup>1</sup>

#### Nutrition Returns

As the world food crisis concerns began to fade in the mid-1970s, attention returned to the nature of nutrition programming in the UN agencies. With protein troubles a distant memory and dreams of successful nutrition programmes deflated, administrators and nutrition enthusiasts began to re-evaluate the role of nutrition in policy as well as in comprehensive health status. As nutrition seemed to be only one of the keys to achieving good health, policy makers considered what role it could actually play in relation to other programmes. Further, having seen how specific nutrition interests -- supplementary feeding, kwashiorkor, nutrition planning, and protein crises -- could dominate nutrition discussion, FAO, WHO, and Unicef with other agencies searched for a formula that would place nutrition in a position corresponding to its rightful place in development. In three decades, nutrition had evolved from being a, if not the, key priority for newborn UN agencies, to being one of many instruments available for promoting development and health.

From 1968 to 1974, tectonic shifts of grand proportions at the PAG, within the UN, and in global food supplies induced a critical evaluation of protein as well as of the cornerstones of nutrition policy. The murky results of these processes highlighted the troubling paradox of nutrition: on one hand, it was easily agreed that nutrition was

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<sup>1</sup>Moisés Béhar, interview, 29 December 1995. Béhar took up the director's position left by Scrimshaw at INCAP in 1961 and remained there until joining WHO in 1975.

of great importance in development, while on the other hand, few had widely accepted ideas regarding what to do about it. In the minds of many policy makers, the nutritionists had been unable to guide or create successful projects. Although expanded knowledge of the complexities of good nutrition status was coming to light, among top administrators there was a pervasive feeling that the past results of nutrition programmes and nutritionists' guidance had not fulfilled expectations. On the protein issue, policy makers felt utterly misled. After decades of hearing from scientific sources that protein malnutrition was the most important nutrition problem, the true nutritional problem appeared to be more firmly related to food quantity than quality. Even Waterlow, formerly a proponent of the protein gap, announced in 1975 that the nutrition problem which persisted was a food or energy gap.<sup>2</sup> Word from the field about the exacerbation of nutrition problems due to commercialization, urbanization and the population explosion further obfuscated possible methods of action.<sup>3</sup> Furthermore, in the trail of the 1974 World Food Conference, the establishment of the World Food Council (WFC) and other agencies' interest in nutrition, it was difficult to determine what should be done about nutrition and who should be doing it. Dr. M. R. Sacks, chief of inter-organizational co-ordination for WHO, acutely felt the need for direction and coherence at his agency, as did his peers at FAO and Unicef. Sacks commented to WHO colleagues: "we obviously have an extremely complex problem of how to rationalize our efforts, both at headquarters and country levels, and at the same time meet the various requests for co-ordination emanating from various sources."<sup>4</sup> Among the forces propelling improved nutritional policies was the World Food Conference which had requested that FAO, WHO, and Unicef unite to produce an "internationally coordinated programme in applied nutritional research" and to expand and rectify nutrition intervention programmes,

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<sup>2</sup>J. C. Waterlow and P. R. Payne, 'The protein gap', *Nature*, 13 November 1975, 258, 113-17, on p. 117. Today, Waterlow regrets having published this article and states that he felt some pressure to publish the piece with Payne in order to relax professional troubles between them. The article, according to him, was based on the erroneous 1973 requirements which he had fiercely defended against the PAG's criticism. Waterlow believes that the pendulum has swung too far toward energy and insists that food quality (i.e. protein content) has been neglected to the detriment of international nutrition. J. C. Waterlow, interview, 7 June 1995.

<sup>3</sup>See for example: *Nutrition and Fertility Interrelationships*, Washington, D.C., National Academy of Sciences, 1975.

<sup>4</sup>M. R. Sacks, Chief CWO, memorandum to Director COR re. institutional arrangements relating to nutrition arising from ACC discussions, 16 December 1975, WHO Archives, box A.1162, folder 2. This letter was sent through Béhar and Dr. Zahra, another unit head, and received their approval. It may therefore be considered a composite image of attitudes at WHO.

particularly ANPs.<sup>5</sup> It was widely believed that many past enterprises had failed in part because cost-benefit and cost-effectiveness analyses had been overlooked.<sup>6</sup>

Policy makers believed that they could plan for nutritional impact only by adjusting structures such as the PAG in order to manoeuvre their interests through the webs of bureaucracy and propound a unified nutritional approach. The core certainty about nutrition was that without improved co-ordination among the UN agencies, nutritional progress would remain beyond the grasp of UN programmes. Between 1975 and 1978, FAO, WHO, and Unicef explored and implemented structural changes to insure more fluid and effective nutrition policies in the future. From a policy perspective, a major influence originated with the fall of the PAG, which provided a new space in which to conceive of nutritional action. Furthermore, an image began to emerge in the scientific community and among development personnel of the necessities that could be provided for childhood health. Within a broad framework of health, nutrition came to have a centrally important niche, especially in terms of burgeoning interest in primary health care.

### **The Decline of Nutrition at FAO and WHO**

Within FAO and WHO, the nutrition divisions' influence was vanishing in the mid-1970s due to practical and political shortcomings. In the realm of programmatic applications, much disappointment sprouted from the inadequacies of past initiatives. Nutrition education and training at FAO, for example, had split staff into two camps which senior food policy and nutrition officer Jean McNaughton described in the following terms:

On the one hand there is a group which appears to believe that since malnutrition still exists nutrition education and training have achieved nothing and should be abandoned, on the other, many people support nutrition education activities uncritically in the belief that it is enough to teach people what to eat in order to improve nutrition. Both groups ignore the complex network of factors that influence food patterns and food consumption.<sup>7</sup>

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<sup>5</sup>Interagency meeting on applied nutrition research', Rome, 16-17 October 1975, WHO Archives, box A.1162, folder 2, pp. 1-2.

<sup>6</sup>Ibid., p. 6.

<sup>7</sup>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.

As was the case with any of these nutritional issues, however, there were always at least two perspectives on every problem. WHO's Nutrition Unit also acknowledged the failures of nutrition education in the past but insisted that since such education had not even been attempted in most areas, especially not in the context of primary health care programmes, the technique should not be condemned.<sup>8</sup>

At FAO the problems with nutrition ran deeper than mere differences in ideology. Ganzin, the director of the Food Policy and Nutrition Division until June 1977, complained to Boerma that although organizational charts showed how nutrition was related to all the other divisions, "it is obvious that they [the connections] do not exist in reality."<sup>9</sup> As FAO was more generally examining global food requirements, its expertise in country, state, local, and individual nutritional requirements was evaporating.<sup>10</sup> Ganzin hoped that his division could fill these gaps with expertise and assist nutrition planning and food supplies on a country-by-country basis. He was furious about the negligible role given nutrition and asked that an official decision be made about whether the Food Policy and Nutrition Division would achieve an important position in FAO strategies or whether it would continue "as before (by itself), having a marginal role in FAO."<sup>11</sup> For the FAO Conference, the key to eliminating hunger and malnutrition during the coming decade was more dependent on the countries' taking responsibility for their nutritional problems than interventions engineered by FAO.<sup>12</sup> Although it agreed that nutrition should remain a principal focus, it was up to the Director-General to be attentive to the funds required.<sup>13</sup> In contrast to past FAO Directors-General who provided the Nutrition Division with greater latitude in its work, Boerma was unenthusiastic and did not readily support new undertakings. FAO could provide assistance in shaping political will for responsible nutrition policies in national plans, but could otherwise not have significant impact. The negative sentiment for nutrition at FAO reflected the agency-wide view of nutrition in public health which was best summarized by Waterlow and Philip

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<sup>8</sup>Report of the consultation on nutrition education through health care systems', Geneva, 28 November-2 December 1977, WHO NUT/78.3, Bengoa personal collection.

<sup>9</sup>M. Ganzin, letter to A. H. Boerma, 5 May 1975, FAO Archives, registry files, NU 1/8, 1/9.

<sup>10</sup>In 1978, 10,000 Burmese refugees died as a result of the poor implementation of FAO nutrition advice related to caloric requirements. The horrifying story highlights how important appropriate nutritional expertise and co-ordinated, standard nutritional requirements can be in relief operations. See: Cato Aall, 'Disastrous international relief failure: a report on Burmese refugees in Bangladesh from May to December 1978', *Disasters*, 1979, 3(4), pp. 429-34.

<sup>11</sup>Ganzin, op. cit., note 9 above.

<sup>12</sup>*Report of the Conference of FAO, Eighteenth Session, Rome, 8-27 November 1975*, Rome, FAO, 1975, p. 37.

<sup>13</sup>*Ibid.*, pp. 37-8.

Payne, a professor of nutrition at the London School of Hygiene and Tropical Medicine. They asserted that the myth of the protein gap had had major consequences for the image of nutritional research. In *Nature* they wrote that out of the protein fiasco had arisen "the attitude that research on these nutritional problems is academic, irrelevant and a waste of time; that we know how to prevent malnutrition and therefore what matters is to use this knowledge."<sup>14</sup> This comment no doubt summed up the feelings of some of the administrators at WHO, FAO, and Unicef. Although Payne and Waterlow counselled that nutrition intervention should not await the perfection of nutrition research, they well understood the damage done to nutritionists' reputations. While uncomfortably digesting the events of the protein gap they concluded: "perhaps the story of the protein gap shows the arrogance of supposing that we know the answers, and illustrates the need for a continuing critical examination of the premises on which action is based."<sup>15</sup>

As far as nutritional influence at WHO was concerned, WHO's Nutrition Unit chief, Moisés Béhar, often found himself commiserating with his FAO counterpart.<sup>16</sup> Béhar took the position of chief in 1975 after leaving his post as head of INCAP. What he found upon arrival in Geneva was that since nutrition had received such a low priority, he would not be able to accomplish much of note from his new pulpit. In fact, if the fall of the status of nutritionists was still a work-in-progress at the other agencies, at WHO it was essentially a fait accompli. At Béhar's first meeting with Halfdan Mahler, WHO's Director-General, Mahler was purportedly very sarcastic about the work of nutritionists and their optimism.<sup>17</sup> Béhar became so frustrated with the weakness of his position that after two years at WHO, he submitted his resignation. Upon receiving the letter of resignation, Mahler persuaded Béhar to remain as chief of the Unit. The circumstances surrounding that decision highlight both the low support given nutrition as well as the difficulties of pursuing any issue in a direct manner within the bureaucracy. Béhar recounted:

[Mahler] called me back and he asked me 'why do you want to leave?' I told him 'Look, I cannot put in writing all the reasons why I want to leave because I'm going to say things that I know important people aren't going to like.' 'Well,' replied Mahler, 'would you please put them in your handwriting, so as not to have them go through your

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<sup>14</sup>Waterlow and Payne, *op. cit.*, note 2 above, p. 117.

<sup>15</sup>*Ibid.*

<sup>16</sup>Moisés Béhar, interview, 29 December 1995.

<sup>17</sup>*Ibid.* This was by no means a singular observation. Several nutritionists interviewed recounted Mahler's perpetual negativity regarding nutrition.

secretary...and bring it to me personally?' I put it in writing and he promised that he would correct most of those things. In the end...they [Mahler and a co-director] confessed, no one point that I complained about could be corrected because of the structure...they couldn't fire eight people who had been there so many years because they couldn't afford to do it economically...there were always reasons why things couldn't be done.<sup>18</sup>

Even co-ordinated nutrition programmes were viewed negatively. FAO organized an inter-agency meeting in Rome in June 1976 to discuss joint action in countries for nutrition planning support. FAO was anxious to identify priority countries though Unicef and WHO did not have the same enthusiasm for this brand new initiative.<sup>19</sup> WHO regional staff told Béhar that they viewed such co-ordination doubtfully since the countries themselves still had to request the assistance (which few were readily doing) and budgetary constraints and a lack of technical expertise precluded progress. Furthermore, FAO concentrated its planning personnel in Rome and served countries from there while WHO and Unicef were moving from the regional to country level. These bureaucratic differences created major obstacles to constructive co-operation and co-ordination.<sup>20</sup> Thus it seemed to many staff people that FAO, and the UN agencies more generally, were putting the horse behind the cart by attempting to initiate new projects that had not the financial, political, or technical support required. Nutrition enthusiasm was at a new, distinct low. Whereas in the past optimism for the potential progress from nutrition policies managed to ride out negativism about specific programmes, there were now deeply tempered expectations about nutrition's role. On the political front, nutrition was simply losing its firepower, and this played a major part in the PAG's declining status.

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<sup>18</sup>In the interest of continuity, this comment has been slightly rearranged. Eventually, Mahler's bitterness for nutritionists overwhelmed Béhar. In 1982, he resigned from his post, permanently. Ibid.

<sup>19</sup>Report of interagency working session on country action and priorities in relation to nutrition planning support (NPS), Rome, 6-7 June 1976', Rome, FAO, 1976, Unicef Archives, CFNYHQ-05ANS-002.

<sup>20</sup>R. Cook (Regional WHO Nutrition and Maternal Child Health adviser), letter to Béhar, 17 August 1976, Unicef Archives, CFNYHQ-05ANS-002.

## The PAG: Modified or Dissolved?

While the PAG gasped for air during the mid-1970s, top administrators at WHO, FAO, Unicef, and the World Bank were declaring the group a terminal case. During the 23rd session of the PAG, there was consensus among the sponsoring agencies and the PAG members that the PAG performance during the past few years, especially since its terms of reference had been altered, had been unsatisfactory and that its current guidelines were overwhelmingly confusing.<sup>21</sup> In an effort to continue the PAG, it was recommended at the meeting that the PAG should, nevertheless, immediately present itself to the WFC as the advisory group to UN agencies on nutrition.<sup>22</sup> As a result, the PAG chairman, Cravioto, wrote the heads of WHO, FAO, Unicef, the UN, and the World Bank in June 1975 requesting a recommendation for the WFC which would state that the "PAG be regarded as the Nutrition Committee to the council or serving as the Advisory Body to such a Committee" (emphasis mine).<sup>23</sup> The accompanying rhetoric called for increased powers for the PAG and implied that the group would be a key player in the WFC's recent scheme for the eradication of hunger and malnutrition within a decade.<sup>24</sup>

In the previous years, the PAG had managed to extract reluctant promises of support for its expansion from the UN General Assembly and from the PAG sponsors. The PAG's heady attitudes and calls for a drastically expanded scope disturbed the agency heads.<sup>25</sup> Scrimshaw believed that Berg was largely responsible for this irritation because he had pushed for the increase in economists and planners on the PAG. According to Scrimshaw, Berg had grown impatient with the "theoreticians talking to themselves" and desired people from the "real world" who could produce more tangible results.<sup>26</sup> In so doing, however, the PAG lost its unique technical

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<sup>21</sup>M. Béhar, letter to Mahler regarding PAG, 17 June 1975, WHO Archives, box A.1162, folder 1. See also: Asok Mitra (new member of the PAG), letter to Cravioto, 2 June 1975, FAO Archives, I. PAG members 1/4.

<sup>22</sup>Béhar, *op. cit.*, note 21 above.

<sup>23</sup>J. Cravioto, letter to Mahler, Boerma, Labouisse, Waldheim, McNamara, 11 June 1975, FAO Archives, I. PAG membership 1/4.

<sup>24</sup>*Ibid.*

<sup>25</sup>Not everyone opposed the PAG's moves. At WHO, a few division directors believed that an expanded PAG could help nutritional problems, WHO's position among the agencies, and inter-agency co-ordination. As events will show, however, it was the opinions of the top administrators that really mattered. A. Zahra, letter to H. Mahler regarding PAG, 18 June 1975, WHO Archives, box A1162, folder 1. The World Bank, the PAG's most recent sponsor, was as reluctant to endorse Cravioto's request as were the other agency heads. Michael L. Hoffman, letter to Cravioto, 4 August 1975, FAO Archives, I. PAG membership 1/4.

<sup>26</sup>Nevin S. Scrimshaw, interview, 26 July 1995.

qualifications and took on the types of people FAO already had on staff. The results, Scrimshaw thought, were devastating for the nutritionists: "For Joy [a prominent nutrition planner] and the economists, they wanted to focus on the problems, and if the problem was poverty and purchasing power, why then you didn't need all the sophisticated nutritional research or even sophisticated technical knowledge, you needed to get on with solving the problem."<sup>27</sup> Scrimshaw believed that "this gave a further impetus to FAO's dislike of the PAG and desire to see it terminated. It was a major factor in the termination."<sup>28</sup>

Although the agencies agreed that some inter-agency structure was required to co-ordinate nutrition activities, the only option for a continuation of the PAG appeared to be a reformulation and modification of responsibilities. The intra-agency correspondence on this topic illuminates the depth of concern the UN agencies had about the future course of nutrition. In a letter to Mahler, Béhar articulated the deep troubles this issue had raised. He wrote:

May I indicate to you our concern at the confusion existing in the international field of nutrition. Many agencies within and outside the U.N. system are now very interested in this field and in developing programmes, but without mutual agreement on the basic principles of how to cooperate with countries or in what is necessary. Our position is a very difficult one because other agencies with larger resources but less technical capability are carrying out activities which may not be those most needed, and are not leading to development of self reliance of the countries. Our concern at this situation is not, of course on our account, but because countries are not obtaining the best help, and the present efforts may once more discredit international work in this field instead of taking advantage of the present concern and interest in the field of nutrition problems in order to institute more rational action. (emphasis mine)<sup>29</sup>

Evidently, the increase in the World Bank's nutrition interest accompanied with the enthusiasm generated by the World Food Conference had presented tremendous new opportunities for nutritional progress. Given the past foibles of the PAG, however, it seemed that the most expedient manner of shedding the incompetent image some held of nutritionism was to decommission the PAG. On the letter cited above, handwritten

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<sup>27</sup>Ibid.

<sup>28</sup>Ibid.

<sup>29</sup>Béhar, op. cit., note 21 above..

remarks by Mahler and other WHO division directors indicated that WHO was preparing itself to pull out from PAG sponsorship.<sup>30</sup>

At an informal meeting in July 1975 the agencies expressed their alarm that the PAG was trying to shapeshift and become less of an advisory group and more of an independent agency. Further, with the multiplicity of its disciplines, administrators widely agreed the PAG had become ineffective and "could no longer make any major contribution."<sup>31</sup> Mahler believed that the group had become useless and suggested that it be disbanded. The other agency representatives agreed. It was at this meeting that discussion began about a possible successor to the PAG, which could be a functional committee of the UN Advisory Committee on Coordination (ACC). The ACC was responsible for overall co-ordination of UN work and sought to eliminate duplication and overlap of programme and policy activities. The ACC was meant to be a harmonizing force in the puzzling world of UN bureaucracy and in this capacity the UN had deferred nutritional arrangements to it. The landmark context of this discussion was the revolutionary way in which the agencies envisaged future working arrangements with nutritionists. Specifically, the administrators looked forward to a group that would consist of "senior officers" who would aim to develop common nutritional approaches for the agencies. Most importantly, experts would enter into the equation only on an ad hoc basis to solve a particular problem and offer necessary advice to the group.<sup>32</sup> The change implied would be nothing less than monumental and was sure to upset the nutrition experts.<sup>33</sup> For the first time in the history of the agencies, the role of nutrition experts in the hierarchy was being delegated a position well below the administrators. Although the PAG had been acknowledged as only an advisory group, its spheres of influence had been immense and often times PAG views had become policy since its expertise had gone unchallenged. If the agencies took experts out of the month-to-month struggles with nutritional issues and instead decided to call on them only when they were needed, the prestige of nutritional expertise would fall considerably.

In October 1975, inspired by the recent kerfuffle with the PAG and the World Food Conference resolution V calling for improved inter-agency co-operation in five

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<sup>30</sup>Ibid.

<sup>31</sup>M. R. Sacks, 'Note for the record', summary of meeting on 3 July 1975, WHO Archives, box A.1162, folder 1. Mahler from WHO, Boerma from FAO, Moe from Unicef, and Hoffman from the Bank were present at this discussion.

<sup>32</sup>Ibid.

<sup>33</sup>In unrelated correspondence months earlier, Béhar commented to Ganzin on the need to be able to provide ongoing technical support rather than periodic "groups of experts". M. Béhar, letter to M. Ganzin, 28 February 1975, FAO Archives, registry files, NU 1/8, 1/9.

main nutritional areas, an ACC preparatory committee met to discuss institutional nutrition plans.<sup>34</sup> The first item of business was to determine why, "despite overwhelming moral imperatives" for activities to eliminate hunger and malnutrition, national governments and the UN had not yet produced a reasonable strategy for achieving these ends.<sup>35</sup> Three key excuses were provided. First, the committee noted that only during the previous few years had it been acknowledged that protein had been hyper-emphasized to the detriment of the "real" problem, food supply.<sup>36</sup> Apparently, if not for the considerable emphasis on protein, much headway would have been made. Secondly, and perhaps most importantly, efforts had been stymied by the sheer complexity of the solutions required. Since the primary cause of malnutrition was poverty, the permanent panacea could only be the raising of income levels. The major initiatives taken had been in the area of increasing the food supply without much consideration for the distribution of the food among social strata.<sup>37</sup> Thus, progress had not been realized. Lastly, governments had failed to set national nutrition targets on their national agenda.<sup>38</sup> Despite the push for planning with consideration of nutrition needs, nutrition had been side-stepped. The elusive solution could only be addressed, according to the committee, "through an integrated, interdisciplinary inter-agency approach" which, it wryly commented, would necessarily involve "all the difficulties of organization and management that it entailed."<sup>39</sup> The immediate goal had to be the establishment of a common approach within the UN agencies as well as with national and local governments.<sup>40</sup> The role of the PAG in these efforts was highly questionable. The committee members agreed that the PAG "might continue to exist with more limited terms of reference" or could be expanded to include all branches of nutritional expertise.<sup>41</sup> The lack of interest in either of these avenues suggested that the elimination of the PAG would be the most favourable option. Ganzin, the FAO

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<sup>34</sup>The WFC was also considering the main elements of an overall nutritional programme for the UN agencies that would include the five areas recommended by the World Food Conference. Those areas were: feeding programmes, world-wide nutrition deficiency control programme, a nutrition surveillance system, national food and nutrition policy assistance programme, and an applied nutrition research programme. John Hannah (Executive Director of World Food Council), letter to Labouisse, 24 July 1975, WHO Archives, box A.1162, folder 1.

<sup>35</sup>'Institutional arrangements relating to nutrition', 13 October 1975, Unicef Archives, CF-NYHQ-05ANS-002, p. 1.

<sup>36</sup>*Ibid.*

<sup>37</sup>*Ibid.*

<sup>38</sup>*Ibid.*

<sup>39</sup>*Ibid.*, p. 2.

<sup>40</sup>*Ibid.*

<sup>41</sup>*Ibid.*, p. 3.

head of nutrition, was apparently not held in the highest regard by WHO administrators since they did not even wish to raise these institutional issues with him. Sacks and others at WHO felt that such discussion on ACC issues might be "counter-productive" in part because of "various pulls and stresses within FAO, and personality difficulties".<sup>42</sup>

Throughout 1976, it became increasingly clear to the PAG secretariat, members, and chairman, that there would not be enthusiastic support for the group's perpetuation. In the spring, the ACC presented a report to the UN Economic and Social Council regarding future institutional arrangements for nutrition. This ACC report had been requested at the World Food Conference of 1974 and was tacitly recognized as the final word on the PAG. The recommendations reflected an optimistic tone regarding the nature of future projects, and the knowledge then in hand. According to the ACC, the World Food Conference had "crystallized the thinking about nutrition specialists and administrators, and provided an over-all framework for action in priority areas...to promote a durable solution to the nutrition problem."<sup>43</sup> The key to this solution was governmental nutrition and food policies designed in partnership with UN agencies.<sup>44</sup> The report recommended the formation of a sub-committee on nutrition which would "harmonize assistance" through strong agency representation and consultations with member governments. The sub-committee was envisaged as the place where the agencies would present their tactics on nutritional issues in order to foster "compatible decisions".<sup>45</sup> As far as the PAG was concerned, the ACC suggested that a "nutrition advisory panel" would succeed the PAG and provide advice, when requested, to the sub-committee on nutrition.<sup>46</sup> The recommendations were worded with surgical precision and virtually regarded the disassembly of the PAG as a foregone conclusion.

Cravioto and others at the PAG were furious over the ACC comments. Cravioto wrote the heads of the PAG sponsoring agencies that the recommendations were "ill-considered and potentially harmful to the cause of eradicating hunger and malnutrition in the world".<sup>47</sup> The recommendations, he believed, provided the illusion

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<sup>42</sup>Sacks, *op. cit.*, note 4 above.

<sup>43</sup>'Food problems, institutional arrangements relating to nutrition: statement of the Administrative Committee on Co-ordination', 28 April 1976, E/5805, paragraph 11.

<sup>44</sup>*Ibid.*

<sup>45</sup>*Ibid.*, paragraph 32.

<sup>46</sup>*Ibid.*, paragraph 38.

<sup>47</sup>Joaquín Cravioto, letter to PAG Sponsoring agency heads regarding institutional arrangements relating to nutrition, statement of the ACC, 7 June 1976, FAO Archives, I. organizational PAG membership 1/4.

that great progress could rapidly be made to banish malnutrition and was in fact being made.<sup>48</sup> Since the PAG had not been consulted, Cravioto was livid and asserted that the new arrangements represented a "backward step".<sup>49</sup> Since the PAG had hardly been consulted for anything since Scrimshaw's tenure as chairman, this purposeful oversight on the ACC's part could barely have been surprising.

In spite of his anger over the behind-the-scenes dismantling of the PAG, the development that truly angered Cravioto was the new manner in which nutrition experts were slated to interact with the UN agencies. At a time when a multi-disciplinary approach to nutrition was being embraced, the ACC appeared to seek specialized and fragmented nutritional activity. Cravioto worried that the nutrition advisory panel for the sub-committee on nutrition would not be "consistent with serious efforts to solve complex and rapidly changing problems."<sup>50</sup> For the first time, the UN agencies were effectively producing a framework that reflected their estimation of nutritional expertise. Cravioto and his colleagues perceived the change and felt that even if the PAG had to cease activities, another inter-disciplinary group of experts should be available to advise the UN agencies.<sup>51</sup> Thus, whereas the PAG could communicate directly with agency heads, under the new arrangements nutritionists would be several steps removed from the programmes and policies they wished to sway.

In September 1976 at the PAG intersecretariat meeting, Cravioto announced his resignation, which he deemed appropriate given the new stage the PAG was then entering. According to the restrained minutes from the meeting, Cravioto expressed his "dissatisfaction" with the turn of events during the previous year and in part blamed the sponsoring agencies for not requesting advice from the group.<sup>52</sup> In return, FAO and WHO representatives mentioned they had been dissatisfied themselves with the PAG for several years but were, nevertheless, willing to fund it through 1977 in an attempt to resolve their problems.<sup>53</sup>

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<sup>48</sup>Ibid.

<sup>49</sup>Ibid.

<sup>50</sup>Ibid.

<sup>51</sup>Ibid. See also: Asok Mitra, 'Draft statement on E/5805 from the PAG', May 1976, FAO Archives, organizational PAG membership 1/4.

<sup>52</sup>'PAG intersecretariat meeting, New York, 28 and 30 September 1976, confidential draft minutes', 18 October 1976, FAO Archives, NU 13/3 - 13/4.

<sup>53</sup>Ibid. This meeting was fairly procedural in nature. The more open (and undoubtedly severe) meeting of the bilateral agencies on 1 October was conducted in closed session with no record made.

## Emergence of the ACC/SCN

If a single year might be identified as containing the major alterations to UN institutional arrangements for nutrition, it was 1977.<sup>54</sup> In April 1977, the ACC provided the UN Economic and Social Council with a supplement to its early recommendation on nutrition co-ordination. This document stated unequivocally that the PAG would cease functioning at the end of 1977 and that an Advisory Group on Nutrition (AGN), consisting of five or six members, would serve as its replacement.<sup>55</sup> The AGN was expected to: respond to requests for advice from the Sub-Committee on Nutrition (SCN), bring important issues to the SCN's attention, help carry out the SCN's programme of work, and maintain contacts in the scientific community outside the UN agencies.<sup>56</sup> The SCN would direct requests at individuals or small groups within the AGN as required; the whole AGN was not expected to flesh out every request. If needed, outside consultants would be enlisted to respond to specific problems outside the scope of the AGN's competence. Many scientists, among them Waterlow, had expressed the contention that the AGN experts should be full members of the SCN in order to maintain their clout.<sup>57</sup> There would, however, be no question about who was holding the reins in this new arrangement: the SCN would set up AGN meetings, appoint members, and service their meetings.<sup>58</sup> The AGN was to be, in essence, a "problem-solving group", with the capability of independently bringing certain matters to the attention of the SCN.<sup>59</sup> The SCN was accountable to the ACC and was expected to gather twice per year and "to keep under review the over-all direction, scale, coherence and impact of the United Nations System response to the

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<sup>54</sup>At Unicef, Teply was sufficiently inspired by the churn of changes that he made a note of them in September 1977. He optimistically believed that the invigorated efforts at co-ordination would result in Unicef spending a good deal more of its \$150 million income on nutrition. L. J. Teply, 'Nutrition in the UN system', 16 September 1977, Unicef Archives, CF-NYHQ-05ANS-002.

<sup>55</sup>'Institutional arrangements relating to nutrition, supplementary statement by the Administrative Committee on Co-ordination', 26 April 1977, E/5968, in *PAG Bulletin*, September-December 1977, VIII(3-4), 17-20, on p. 17. This, the final issue of the *PAG Bulletin*, provides copies of a number of the key documents involved in the demise of the PAG and birth of the SCN and AGN.

<sup>56</sup>The SCN was officially known as the Sub-Committee on Nutrition of the ACC (ACC/SCN). For simplicity's sake, I refer to it only as the SCN. 'Report on the new institutional arrangements in the UN system for nutrition, Second Session of the Ad hoc Committee on Food and Nutrition Policies, Rome, 6-10 March 1978', January 1978, Scrimshaw personal collection, Document ESN: FNP/78/7, p. 3.

<sup>57</sup>J. C. Waterlow, interview, 22 June 1995.

<sup>58</sup>'Institutional arrangements relating to nutrition', op. cit., note 55 above, p. 19.

<sup>59</sup>'Unicef Information Bulletin', July 1978, Unicef Archives, CF-NYHQ-05ANS-002, p. 3.

nutritional problems of the world.<sup>60</sup> The creators of the SCN intended that it should be the "point of convergence" for attempts to co-ordinate nutrition initiatives, especially those relating to resolution V of the World Food Conference.<sup>61</sup> A dozen UN agencies attended the first meetings late in 1977.<sup>62</sup> As had been the case with the PAG, sponsoring agencies with serious interest in nutritional concerns would fund the SCN and AGN. The initial budget was set at the level of the last PAG budget: \$300,000.<sup>63</sup> The UN Economic and Social Council approved these measures in August 1977 and the SCN had its first meeting in September. FAO in Rome was appointed the seat of the SCN and mid-way through 1978, the SCN secretariat began its functions.<sup>64</sup>

The first SCN meeting consisted mainly of top administrators from the agencies. Heyward, the first chairman of the SCN, came away from the meeting and its follow-up with the sense that "harmonisation" of approach was an immense field which was better discussed by the SCN than by some outside expert group.<sup>65</sup> He and

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<sup>60</sup>Report on the new institutional arrangements', op. cit., note 56 above, p. 1.

<sup>61</sup>The World Food Council was one co-ordinating apparatus that had sprung from decisions at the World Food Conference and which might ostensibly have taken a broad role in nutrition. It was the only inter-ministerial body in the UN system to take up nutrition issues. However, it was a food council and most of its members were ministers of agriculture and were not informed on nutritional subjects. After its third session in 1977 in Manila, WHO's representative and regional adviser on nutrition, H. J. L. Burgess, noted that "The WFC seems to be still feeling around for its role...and has not yet determined how to carry out its coordinating role." H. J. L. Burgess, 'Report on attendance at the third ministerial session of the World Food Council, Manila, 20-24 June 1977', 11 July 1977, WHO Archives, box A.1162, folders 2 and 3, p. 3. Burgess caustically remarked that when the Nigerian delegate asked what WFC was doing that other agencies, such as FAO, could not do, a substantive response was not provided. (p. 3) The issues raised at the session had been dealt with at other conferences and, according to Burgess, the recommendations which emerged concerned "semantics rather than substance." (p. 3) These observations highlight the flaws which characterized co-ordination efforts within the UN and show that the WFC was not close to addressing nutritional policy co-ordination. The UN agencies had presupposed that the WFC would not play the central role on nutrition co-ordination. For a description of how the WFC envisaged its role in food and nutrition see: 'Policies and programmes to improve nutrition', report by the executive director at the World Food Council third session in Manila, Philippines, 20-24 June 1977, document number WFC/41, 25 March 1977, LSHTM Archives, World Food Council box, paragraphs 85-87.

<sup>62</sup>Report on the new institutional arrangements', op. cit., note 56 above, pp. 1-2. 14 agencies, a sign of the rebirth of nutritional interest in the UN, attended the third session. The agencies were: UN Department of Economic and Social Affairs, UN Office for Inter-agency Affairs and Co-ordination, UN Educational, Scientific and Cultural Organization, WHO, World Bank, Unicef, FAO, UNDP, WFP, UN University, UN Environment Programme, WFC, International Labour Organization, IFAD. 'Unicef Information Bulletin', op. cit., note 59 above, p. 1.

<sup>63</sup>Institutional arrangements relating to nutrition', op. cit., note 55 above, p. 19.

<sup>64</sup>Institutional arrangements relating to nutrition, a chronology of events and main documents', 26 April 1977, E/5968, in *PAG Bulletin*, September-December 1977, VIII(3-4), pp. 2-3.

<sup>65</sup>E. J. R. Heyward, letter to G. O. Kermodc (Acting director of Food and Policy Division at FAO), 18 November 1977, FAO Archives, LL-011.

his colleagues were exceedingly weary of the advice of experts, especially at the initial stages of a new sub-committee. Heyward had a birds'-eye perspective on the motives for its establishment. When considering the changes that the formation of the SCN would represent, Heyward believed that

the fundamental thing was to reverse this relationship [between experts and policy makers]...instead of the agencies sitting around listening to these scientists it was the agency people responsible for nutrition in their various agencies who were the main committee; the SCN and the scientists were in an advisory group on nutrition which was sitting with the agencies, but it was the agency people in the top position rather than in a listening position.<sup>66</sup>

Berg from the World Bank had considerable influence over the set-up of the SCN and, with Heyward and others, ensured that bilateral agencies such as the U.S. Agency for International Development and its counterparts in Europe would have representation (though they could not be full-fledged members). At least initially, the SCN breathed new life into inter-agency nutrition conversation as personnel had the opportunity to speak about nutrition rather than the usual "turf and procedures".<sup>67</sup> Whereas Heyward had felt that most agencies had ignored the analyses and recommendations of the PAG, he found that the SCN was regarded much more highly from the start, no doubt due in part to the position of big policy makers like himself.<sup>68</sup>

Within a year of its establishment, the SCN assumed a very practical outlook on nutrition progress and problems. The members in 1978 noted that there were massive problems in the positions so far taken regarding nutrition in developing countries. They remarked that the endeavours of the UN system required "marked improvement" especially since its role had "largely been one of exhortation" of member countries. At meeting after meeting the UN agencies called on member governments to adopt food and nutrition priorities in their national development plans, commit to major improvements, and display their political resolve to take action. At the same time, in the view of the SCN members, the UN itself had failed to prioritize nutrition in a like manner.<sup>69</sup> Thus, the SCN's primary role was simply to boost the

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<sup>66</sup>E. J. R. Heyward, interview, 14 September 1995.

<sup>67</sup>Ibid. Some continuity between the PAG and AGN was maintained. Sol Chafkin, the last chairman of the PAG served as the first chairman of the AGN. Alan Berg, interview, 12 June 1996.

<sup>68</sup>Ibid.

<sup>69</sup>'Harmonized policies of United Nations agencies for collaborating with developing countries in improving the state of nutrition', proposed draft report from ACC to ECOSOC (ECOSOC Res 2107(LX111)), 12 October 1978, FAO Archives, LL-011, p. 2.

position of nutrition across the UN agencies, not to be a field programmer.<sup>70</sup> In the words of Leslie Burgess, the SCN's first secretary, the technical agencies "wished the SCN to be practically invisible. Anything seen in the countries would be FAO, WHO, or another agency, not SCN."<sup>71</sup>

The first two years of the SCN were spent mainly on administrative concerns and on broadly defining the nutritional priorities of the UN agencies. In 1978 the SCN reported that there was then "substantial agreement among the agencies about approach and policy in support of national actions in the field" and provided the WFC with a document about actions that governments could take to improve nutrition.<sup>72</sup> The matters pursued by the committee included nutritional surveillance, the global food and nutrition situation, nutrition programmes and planning.<sup>73</sup> Further, the SCN was attempting to highlight the major constraints on faster progress in nutrition particularly in the following areas: information for policy makers, the utility of nutrition targets, support from the agencies, the lack of qualified personnel, and the lack of community participation.<sup>74</sup> By the end of 1978, it was hoped that the SCN would begin providing the agencies with advice which would inform and direct their nutrition policies.<sup>75</sup>

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<sup>70</sup>At FAO, where nutrition expenditures were worryingly low, the establishment of the ACC/SCN inspired the FAO Conference to adopt a pro-nutrition stance. See: *Report of the Nineteenth Conference of FAO, 12 November - 1 December 1977*, Rome, FAO, paragraphs 114, 116, 204.

<sup>71</sup>Leslie Burgess, interview, 29 May 1996.

<sup>72</sup>Actions of the ACC sub-committee on nutrition and its advisory group on nutrition, annex 1', in 'Harmonized policies of United Nations agencies for collaborating with developing countries in improving the state of nutrition', proposed draft report from ACC to ECOSOC (ECOSOC Res 2107(LX111)), 12 October 1978, FAO Archives, LL-011, p. 1. Also: 'Unicef Information Bulletin', op. cit., note 59 above, p. 3.

<sup>73</sup>'Unicef Information Bulletin', op. cit., note 59 above, p. 3.

<sup>74</sup>'Actions of the ACC sub-committee', op. cit., note 72 above, p. 2.

<sup>75</sup>'Report of the Unicef Executive Board', May 1978, E/ICEF/655, paragraph 145. It was not before 1979 that the SCN began to take on more visible responsibilities and have a more prominent voice in the agencies. 'Progress achieved in the field of nutrition under the new institutional arrangements: report of ACC', 10 April 1979, E/1979/43. Béhar never felt that the SCN had tangible influence on nutrition at WHO. In his words, "We may have been in agreement or in disagreement [with SCN policy], but it had no significant influence, even if we could do what they were recommending it didn't matter for us, because it was not really a group that had any authority or influence on the programming and the planning of the work of the organization." Moisés Béhar, interview, 29 December 1995.

## Nutrition, Infection, and Primary Health Care

With the passing of the protein crisis and widespread acknowledgement that adequate food intake, not protein, was the most serious global nutrition problem, nutrition and infection resurfaced as a promising area for health intervention. In a statement emblematic of the search for incorporating nutrition into horizontal national programmes, Dr. Michael Latham of Cornell University asserted that the key problem in contemporary nutrition programmes was that they were engaged independently of communicable disease control projects. Given the established synergism between nutrition and infection, Latham claimed that "It would be much more efficient and effective if the twin problems [nutrition and disease] were attacked together."<sup>76</sup> He further argued that medically-trained personnel in the field could provide health services in family planning, nutrition programmes, and maternal and child health care which together would have a marked effect on infant mortality rates and malnutrition.<sup>77</sup>

At least in one major trial, the Narangwal Nutrition Study, Latham's hypothesis did not find scientific support. Between 1968 and 1973, Johns Hopkins University conducted investigations of the interactions of malnutrition and infection in ten villages in North India. This intervention study built on lessons learned from INCAP's similar studies during the previous decade and produced conclusions important for future health and nutrition programmes. The investigators, including Scrimshaw's long-time collaborator, Carl Taylor, had hoped that they would be able to show that combined nutrition and medical care programmes could improve health synergistically, much in the same way malnutrition and infection had been shown to harm health. As INCAP had done in Guatemala, the group provided four groups of villages the following services: 1)no intervention (control), 2)medical treatment of infections and other childhood illnesses, 3)nutrition services including anthropometric surveillance, food supplementation, and nutrition education, and 4)nutrition services and medical treatment.<sup>78</sup> The study found that both medical treatment and nutrition services significantly lowered mortality. The most cost-effective nutrition intervention appeared to be prenatal nutritional supplementation while for post-weaning children,

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<sup>76</sup>Michael C. Latham, 'Nutrition and infection in national development', *Science*, 9 May 1975, 188(4188), 561-65 on p. 561.

<sup>77</sup>*Ibid.*, pp. 564-65.

<sup>78</sup>Arnfried A. Kielmann, Carl E. Taylor, Robert L. Parker, 'The Narangwal nutrition study: a summary review', *The American Journal of Clinical Nutrition*, November 1978, 31, 2040-2052, on p. 2042.

services which included nutrition education, growth monitoring, and nutrition supplementation were best suited to lowering mortality and improving nutritional status.<sup>79</sup> From the medical perspective, the most cost-effective programme for lowering mortality was morbidity surveillance and early treatment of illness. This medical intervention was more effective in reducing infant mortality than the nutritional approach.<sup>80</sup> Contrary to expectations, the results did not indicate that the combined programmes generated a greater effect than if the components had been implemented alone. Nevertheless, a financial analysis of the programmes revealed that there was little added cost required to develop and implement a combined medical-nutritional programme versus a traditional, independent project. In an effort to make research more practical, financial realism had definitively entered the scope of scientific examination. The minor cost incurred to reap the rewards of both services was ultimately the major justification the investigators provided for embarking on these programmes.<sup>81</sup> In other words, nutritional work might as well be conducted alongside medical programmes since the added cost was relatively small.

For practical applications, the results of the Narangwal study importantly showed that nutrition programmes had a greater effect on growth than medical care, but a lesser effect on mortality than medical care directed at infection control.<sup>82</sup> From these data and other studies, a scientifically-based foundation for medical programmes that included nutrition was developing. Perhaps the most influential study similarly designed along these lines was Leonardo Mata's meticulous child health investigation in the Guatemalan village of Santa María Cauqué. Unlike the Narangwal investigation, Mata's was an observational epidemiological study which sought to further clarify the relationship between malnutrition and infection. For nine years, beginning in 1963, Mata, then the chief of the INCAP Division of Environmental Biology, painstakingly collected extensive health data about the children of this highland Guatemalan village. Santa María de Cauqué had earlier been the treatment village in the three-village study by INCAP during the 1950s.<sup>83</sup> Mata had carefully

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<sup>79</sup>Ibid., pp. 2051-52.

<sup>80</sup>Ibid., p. 2052.

<sup>81</sup>Ibid., p. 2051. For a fascinating and provocative historical exploration of this study and others, see: Ann G. Carmichael, 'Infection, hidden hunger, and history', in Robert I. Rotberg and Theodore K. Rabb (eds), *Hunger and History: The impact of changing food production and consumption patterns on society*, Cambridge, Cambridge University Press, 1985, pp. 51-66.

<sup>82</sup>Ibid.

<sup>83</sup>See Chapter IV of this dissertation and Nevin S. Scrimshaw, Moisés Béhar, Miguel A. Guzmán, and John E. Gordon, 'Nutrition and infection field study in Guatemalan Villages, 1959-1964: IX. An

examined that field work, and after training at Harvard School of Public Health and digesting the data collected on nutrition and infection by Scrimshaw, Gordon, and Taylor, he embarked on an innovative field study of his own.<sup>84</sup> According to Mata, his research was designed with every intention of generating practical health and nutrition programmes. In his words, the motivation for the project

was the conviction that a thorough understanding of the nature, causation, and magnitude of disease processes would provide the scientific foundation for the design, implementation, and evaluation of immediate and long-term action programs directed toward a specific attack on identified problems. Development planners would thus have information which they could use to convince and convert local and foreign intellectuals and political leaders to the desirability and advantage of action in accordance with observed facts.<sup>85</sup>

From foetal development through the pre-school years, Mata observed the impact of maternal practices, weaning, and the environment on childhood health. By examining the minutiae of childhood health, he determined that gastrointestinal infection was the major culprit for damaged intestinal mucosa and related malabsorption.<sup>86</sup> Since the children were not especially malnourished from the start, Mata concluded that infection played a major part in the development of malnutrition.<sup>87</sup> Thus he deduced that rational medical programmes -- such as treatment of infection and immunization -- would reduce mortality from PCM, diarrhoeal dehydration, and infectious diseases such as measles and tetanus.

Mata's analysis did not end here, however, and he presented a perspective wrought with all the complexities that further complicated the picture policy makers had of the measures which could be taken to improve childhood health. Mata importantly noted, for example, that while medical measures could highlight the need for prevention, "the overall effect of such programs in terms of reducing frequency of disease is limited."<sup>88</sup> Furthermore, and here he must have frustrated vertical health

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evaluation of medical, social, and public health benefits, with suggestions for future field study', *Archives of Environmental Health*, January 1969, 18, pp. 51-62.

<sup>84</sup>While his data were widely published and presented, his book on the subject presents the most compelling and eloquent view of the study. Leonardo J. Mata, *The Children of Santa Maria Cauqué: A Prospective Field Study of Health and Growth*, Cambridge, Massachusetts and London, The MIT Press, 1978, p. 4.

<sup>85</sup>*Ibid.*, p. 3.

<sup>86</sup>*Ibid.*, p. 322.

<sup>87</sup>*Ibid.*, pp. 322-23.

<sup>88</sup>*Ibid.*, p. 325.

care promoters, he grimly stated that "Unaccompanied by community development, they [medical measures] contribute to survival of children who often are poorly conditioned to function optimally and yet are a factor in demographic growth and perhaps a burden to society."<sup>89</sup> While Mata painted a discouraging canvas of childhood health and its relation to nutrition, he did manage to compile a list of actions which he believed would result in significant, lasting health improvements. Among his recommendations were:

- increase in volume of household water to reduce attack of diarrhoeal disease
- increase in number of household beds to reduce attack of respiratory disease
- immunization against measles, whooping cough, tuberculosis, and tetanus
- health services for treatment of acute infectious disease
- agrarian reform
- education in weaning practices and nutrition
- family planning
- improvement of wages<sup>90</sup>

Most of these measures figured prominently into the evolving view of primary health care concerns and highlight the ever-shrinking role seen for strictly nutritional interventions as means for improving nutrition.<sup>91</sup>

Mata's view, which favoured the role of infection in the onset of malnutrition, was not accepted across the board. Béhar, who was running INCAP at the time of Mata's study, presented the other perspective. To him, Mata was playing the role of the "infectologist" while most of the other staff members at INCAP were more the "nutritionists". Béhar stated that Mata "was always saying 'the important things are the microbes', and we were always saying 'no, the important things are the defenses of the organism'".<sup>92</sup> Although Mata came away from the study on Santa María de Cauqué with a viewpoint which decidedly emphasized the role of infectious disease,

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<sup>89</sup>Ibid.

<sup>90</sup>Ibid., modified slightly from list on p. 329.

<sup>91</sup>Highlighting the supreme and enduring importance of Mata's study, Scrimshaw wrote in 1995 that "It provides the most detailed information of the ecology of infectious disease in a community ever obtained and stands as a model of intensive longitudinal health-related research." Nevin S. Scrimshaw, 'Introduction', in Nevin S. Scrimshaw (ed), *Community-Based Longitudinal Nutrition and Health Studies: Classical Examples from Guatemala, Haiti and Mexico*, Boston, International Foundation for Developing Countries, 1995, p. iv.

<sup>92</sup>Moisés Béhar, interview, 29 December 1995.

his peers, while not necessarily contradicting him, were unable to lend full support. Béhar summed up the indecision of the nutritionists: "actually the whole field work [three- and four-village studies and Santa María Cauqué], it attempted to define the role of these two factors, which in a way was very useful, but it proved that you cannot identify a single factor in isolation without seeing its interaction with the others. They don't act independently".<sup>93</sup>

For nutritionists and policy makers, the complexity of the interactions between nutrition and infection made prioritization in health schemes a daunting prospect. Béhar had spent over three decades at the crossroads of scientific investigations and practical applications, yet his conception of action was hardly concrete: "when it comes to prevention, well, the simplest approach is to vaccinate children, but when it comes to common diarrhoeas there is no vaccine, when it comes to common respiratory infection there is no vaccine, and then we have the question, what do we do first?"<sup>94</sup> The answer to Béhar's question was sought by all, though clearly, in the end, the final judgment would be in the hands of the UN administrators.

Although these studies and others are widely cited in the technical literature, it is difficult to gauge how great a role they played in shaping nutrition policies.<sup>95</sup> However, the policies being developed by WHO and Unicef at the time suggest that regardless of the effect of these studies on specifically nutrition interventions, they did generally emphasize the positive role of disease control and primary health care services. After decades of hearing from nutritionists that hunger and malnutrition were the greatest problems facing people in the developing countries, these studies suggested that disease, and its prevention, might be the best means of attack. Certainly no one argued with the premise that, in ideal circumstances, projects should encompass both nutrition and medicine. In the practice of policy, however, it was unclear just where emphasis would be placed.

### **Flow Diagrams and Nutrition Planning**

Since W.W.II, the UN agencies had consistently applied one type of nutritional planning or another to their attempts at nutritional improvement. The base logic in

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<sup>93</sup>Ibid.

<sup>94</sup>Ibid.

<sup>95</sup>The historical and continuing scientific import of these studies and a few others, however, has recently been illustrated in: Nevin S. Scrimshaw (ed), *Community-Based Longitudinal Nutrition and Health Studies: Classical Examples from Guatemala, Haiti and Mexico*, Boston, International Foundation for Developing Countries, 1995.

support of nutrition planning called for surveys to identify dietary deficiencies followed by appropriate programmes to correct them.<sup>96</sup> During the late-1960s, newer planning techniques, often academic in form, were being designed to approach a variety of problems. Several development economists and nutritionists began theorizing that such a tact could well be utilized to address hunger concerns. Berg in 1973 quipped that these "Systems practitioners tend to produce flow charts reflecting the relationships of everything to everything, the result being something more akin to a Jackson Pollock canvas than to a useful planning chart."<sup>97</sup> In a sign of the times, the last meeting of the Joint FAO/WHO Expert Committee on Nutrition late in 1974 dealt solely with the role of food and nutrition strategies in national development and placed these "systems practitioners" on a pedestal.<sup>98</sup> This was the first instance when the committee tackled a non-technical issue, a profound reflection on the way in which nutrition had visibly bounced out of the scientific realm, and into the political forums. McLaren later asserted that this committee's focus had "pander[ed] to the obsessive concern with policy making and planning evident in nutrition as in other circles in recent years."<sup>99</sup> At the meeting, the old guard was on hand in the form of Teply, Gopalan, Bengoa, Demaeyer and others, and was joined by the then influential planners Leonard Joy and Philip Payne. Joy was an economist from Sussex, and Payne was a nutritionist from the LSHTM. The two had first met in 1971 and subsequently began designing theoretical models for implementing multi-sectoral governmental nutrition planning. According to Payne, FAO and WHO showed exceptional interest in their ideas since there had been

a degree of disenchantment in the earlier ideas of nutrition interventions which were very much based on vertical types of programmes.

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<sup>96</sup>Common sensically, any time one was considering a community's nutritional needs and methods for improvement, one was engaged in "nutritional planning". Based on this premise, Quinn has traced nutrition planning in Malawi back to the mid-1930s. Although this frames the majority of nutritional work in a planning context, it was not until the late-1960s that the contemporary structures associated with planning -- theoretical models, flow charts, and other diagrammatic representations -- and the term itself were commonly used. See: Victoria J. Quinn, *Nutrition and National Development: An evaluation of nutrition planning in Malawi from 1936 to 1990*, Den Haag, CIP-Data Koninkluke Bibliotheek, 1994, pp. 134-40.

<sup>97</sup>Alan Berg, *The Nutrition Factor: Its Role in National Development*, Washington, D.C., The Brookings Institution, 1973, p. 238. These criticisms aside, Berg asserted that in other disciplines successful and rational planning tactics were being used which should be fashioned for nutritional concerns. In the short-run, his desires would not be met. (p. 200)

<sup>98</sup>This was not to be the last meeting of the Committee for all time since it was reconstituted in 1990. *Directory of FAO Statutory Bodies and Panels of Experts*, Rome, FAO, 1994, p. 78.

<sup>99</sup>D. S. McLaren, 'Nutrition planning day dreams at the United Nations', *The American Journal of Clinical Nutrition*, August 1978, 31, 1295-99, on p. 1295.

Agencies had been looking around for magic bullets for a while, putting lysine in flour, and there was great interest in trying to devise ways of improving welfare generally and hence food consumption and nutrition. They wanted to get away from supplementation and toward consumption.<sup>100</sup>

Joy and Payne were not alone in their pursuance of multi-sectoral nutrition planning, but they were extremely prominent in FAO and WHO. A critique published a few years later provided a succinct description of their approach:

Nutrition planning covers anything and everything that is thought to impinge upon nutritional status...[it] analyses the entire 'nutrition system' and seeks to intervene, as appropriate, at any point where improvement can be postulated as important to the nutritional well-being of clearly specified vulnerable groups...The basic question asked is, how can we best remedy an observed nutritional deficiency in a particular setting? In search of an answer, one's professional gaze spans virtually the entire range of public policies, resources, and constraints that might apply.<sup>101</sup>

The committee listened carefully to Payne's and Joy's advice and ultimately presented three elements of food and nutrition strategies deemed essential to nutritional progress.<sup>102</sup> The first, and allegedly most important, involved boosting rural production of foods in such a way that more equal income distribution was promoted. Concerns had recently heightened that improvements in GNP alone would not account for improvements in socio-economic status for the poor. On the contrary, GNP growth could be accompanied with exacerbated poverty and malnutrition among the poor.<sup>103</sup> Secondly, the type of foods produced and their distribution should be in

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<sup>100</sup>P. R. Payne, interview, 5 June 1996.

<sup>101</sup>John Osgood Field, 'The soft underbelly of applied knowledge: conceptual and operational problems in nutrition planning', *Food Policy*, August 1977, 2(3), pp. 228-39.

<sup>102</sup>Among the papers presented by them at the meeting were: P. R. Payne and J. L. Joy, 'A note on the logic and terminology of planning'; P. R. Payne, 'Assessment of needs and priorities: approaches to the setting of goals and targets'; and J. L. Joy, 'Design and modification of sectoral projects and programmes in relation to achieving the targets' in 'Joint FAO/WHO Committee of Experts on Nutrition, Ninth Session', 1974, ESN: FAO/WHO/NU/WP9, items V.3(B) and (D) of the provisional agenda, LSHTM Archives, Payne papers, FAO/WHO expert committee box.

<sup>103</sup>For the nutritionists, this development was particularly troubling. For decades they had consistently stated that the only cure for hunger and malnutrition was development. It was becoming clear that this development had to be focused on the poor lest hunger and malnutrition persist. For a broader explanation of this current see: Shlomo Reutlinger and Marcelo Selowsky, *Malnutrition and Poverty, Magnitude and Policy Options*, Baltimore and London, The Johns Hopkins University Press for The World Bank, 1976.

line with improving the nutritional status of the lowest income groups. Lastly, and here the tone shifts, "nutrition-related health activities" along with traditional nutrition intervention projects were to be emphasized.<sup>104</sup> Although food production and maldistribution remained the top concerns, these health activities, which resembled Unicef's basic services approach, were integral to the new formula.<sup>105</sup> The hallmark of the plans was a "food and nutrition planning unit" which was to be in a central governmental position and could co-ordinate and monitor food and nutritional activities and progress. This unit would hypothetically advise the various government ministries on areas where they could improve their nutrition impact and would then mark their progress in doing so.<sup>106</sup> The technical expertise of the unit would vary, as would its actual location in the governmental structure. Generally, however, the experts envisaged the nutrition unit as a governmental agency within the ministry of planning. The unit would have planners, economists, statisticians, marketing experts and others to provide the broad range of expertise required.<sup>107</sup> The expert committee even provided a diagram illustrating the hypothesized position of the unit in the governmental framework.<sup>108</sup>

While WHO and Unicef were eagerly investigating the possibilities for basic services, FAO continued to see its future nutritional role burning brightly in food and nutrition planning. A year after the expert committee meeting, in 1975, FAO published a pamphlet on food and nutrition planning written by Joy and Payne which consolidated the recommendations of the expert committee and fully mapped out their complex notions.<sup>109</sup> That same year, the Food Policy and Nutrition Division requested nearly one million dollars to expand its capacity for building national nutrition policies through so-called "nutrition planning schemes".<sup>110</sup> According to the division, countries had not made substantive progress against nutrition problems because they did not have necessary means to solve them and because the assistance given was not

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<sup>104</sup>*Food and Nutrition Strategies in National Development, Ninth report of the Joint FAO/WHO Expert Committee on Nutrition, Rome, 11-20 December 1974, Rome and Geneva, FAO and WHO, FAO nutrition meetings report series no. 56, WHO technical report series no. 584, 1976, pp. 18-19.*

<sup>105</sup>*Ibid.*, pp. 35-41.

<sup>106</sup>*Ibid.*, pp. 45-8.

<sup>107</sup>*Ibid.*, p. 46. Greaves expanded on these notions in a chapter of McLaren's important book, *Nutrition in the Community*. J. P. Greaves, 'Role of government in nutrition', in D. S. McLaren (ed), *Nutrition in the Community*, Chichester, John Wiley & Sons, 1976, pp. 269-80.

<sup>108</sup>*Food and Nutrition Strategies in National Development*, *op. cit.*, note 104 above, p. 48.

<sup>109</sup>Leonard Joy and Philip Payne, *Food and Nutrition Planning*, Rome, FAO, Nutrition Consultants Reports Series no. 35, ESN: CRS/75/35, 1975.

<sup>110</sup>'Intersectoral food and nutrition planning', at the First session of the ad hoc committee on food and nutrition policies, Rome, 5-6 June 1975, FAO Archives, registry files NU 1/8, 1/9, p. 6.

adapted to local conditions. FAO believed that it could help prepare better action plans aligned with the countries' individual needs and abilities.<sup>111</sup> Between 1976 and 1980, Payne had the opportunity to work on a couple nutrition planning schemes in Sri Lanka and Ecuador. He felt that "in both instances it became apparent that countries at that level of development simply were not able to mobilize their resources, the human resources, for the kinds of analyses of problems and programme management that that approach demanded."<sup>112</sup> Evidently, Joy's and Payne's conception of nutrition planning was on a downhill trail to oblivion.

In line with WHO's and Unicef's new focus on basic services to improve nutritional status, FAO argued that nutrition might be improved most effectively by non-nutritional interventions carried out in the following sectors: "food production, marketing, and consumption".<sup>113</sup> FAO proposed producing nutrition planning schemes that would involve participation in planning processes on governmental levels and which would leave a more powerful mark than simply submitting a proposal.<sup>114</sup> Within the UN, FAO was seen as the lead agency for designing food and nutrition planning strategies. The World Food Conference had originally made this designation and the WFC continued to reinforce it.<sup>115</sup> Slowly but surely, the UN agency view of food and nutrition planning was evolving. Whereas originally, food and nutrition planning involved experts telling governments what they should or should not be doing about nutrition, the new thinking called for informing governments about nutrition and bridging the gulf between medical-agricultural perspectives and planners' points of view.<sup>116</sup>

The very concept of nutrition planning drew venomous attacks from the man well-established by the 1970s as the nutrition critic, D. S. McLaren. McLaren believed that since the World Food Conference, grand plans for food and nutrition planning had emerged which were "shibboleths of holism that, lamentably, have gone unchallenged."<sup>117</sup> To McLaren, the nutrition planners were making far too many assumptions about food and nutrition programmes that were leading them to "coining

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<sup>111</sup>Ibid., p. 3.

<sup>112</sup>P. R. Payne, interview, 5 June 1996.

<sup>113</sup>'Intersectoral food and nutrition planning', op. cit., note 110 above, p. 3.

<sup>114</sup>Ibid., pp. 3-4.

<sup>115</sup>'Policies and programmes to improve nutrition', op. cit., note 61 above, paragraphs 70-74.

<sup>116</sup>For a vivid and remarkable discussion of the new interactions between nutritionists, agriculturists, and planners, see: *Working Papers: Problems in Government Planning of Nutrition Policy, A conference held at the Rockefeller Foundation, 16 December 1974*, New York, The Rockefeller Foundation, 1976.

<sup>117</sup>D. S. McLaren, 'Nutrition planning: the poverty of holism', *Nature*, 30 June 1977, 267, p. 742.

vague neotechnologisms and drawing maze-like flow (or are they ebb?) diagrams."<sup>118</sup> At the core of the matter, McLaren believed that a holistic approach to nutritional policy and programmes was unrealistic since more flexible and focused affairs in nutrition would be more successful.<sup>119</sup> Although many vertical initiatives in the past had provided unimpressive results, there was, apparently, room for more practice ingrained in rock-solid scientific theory. McLaren wished to see a "return to the drawing board, not for more flow diagrams and verbal acrobatics, but for realistic piecemeal measures and sensible planning."<sup>120</sup>

While it is difficult to detect how pervasive McLaren's thinking was in the international community, his perspective was certainly not unique and was destined to become more popular.<sup>121</sup> In spite of the pomp of declarations to eradicate hunger through food and nutrition planning, there was a lurking sense outside of FAO that a more structured and focused effort would prove more effective than trying to get governments to embark on broad multi-sectoral plans for nutritional improvement.<sup>122</sup> Primary health care was one area of concentration that held the promise for making a positive difference. Significantly, in India, massive feeding programmes were increasingly tied to basic services on a national scale by 1977. The plans -- which involved the application of basic medical and nutritional knowledge on the village level -- were emblematic of the shift away from grand solutions and toward reasonable progress. Highlighting this new approach and its spreading application, Greaves of Unicef quoted President Julius Nyerere of Tanzania as having said, "Some countries try to reach the moon: we try to reach the village."<sup>123</sup>

By the late-1970s, the fad of theoretical food and nutrition planning had peaked and nutritional proponents were pursuing nutritional programmes that would

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<sup>118</sup>Ibid.

<sup>119</sup>Nutrition planners were not alone in their sunny outlook for banishing hunger. Numerous food technologists and scientists believed that, in spite of the economic and political obstacles, most hunger and malnutrition would be defeated by technological advances during the next few decades. For an article on one such optimistic report, see: Colin Norman, 'To get more than enough', *Nature*, 30 June 1977, 267, pp. 743-44.

<sup>120</sup>McLaren, op. cit., note 99 above, p. 1299.

<sup>121</sup>For a number of interesting pieces which reflect the evolution in thought about nutrition policy, see: Beverly Winikoff (ed), *Nutrition and National Policy*, Cambridge, Massachusetts and London, England, The MIT Press, 1978.

<sup>122</sup>FAO continued to place increasing emphasis on food and nutrition planning. At the 1977 FAO Conference, the representatives agreed to a new strategy that would redirect FAO's nutrition work to a tight focus on food and nutrition planning. See: *Report of the Conference of FAO, 17th Session, Rome 10-29 November 1977*, Rome, FAO, 1977, paragraphs 265-275.

<sup>123</sup>J. P. Greaves, 'Feeding programmes at village level', *The Indian Journal of Nutrition and Dietetics*, 1977, 14, 325-33, on p. 333.

have clear and tangible effects rapidly.<sup>124</sup> Discussion of hunger was toned down from the rhetoric of eradication of hunger and malnutrition to the more realistic objectives McLaren had advocated.

### Nutritional Direction

Throughout the 1950s and 1960s, nutritionists had been praised by FAO, WHO, and Unicef administrators for their abilities to solve nutritional problems and to be leading personae in the battle against hunger. The rhetoric of the mid- and late-1970s depicted a striking change in attitudes. The diminished character of nutritionists and backlash from past foibles had been influencing the status of nutrition in agency divisions and board rooms since the early part of the decade.<sup>125</sup> It was agency opinion, however, that while the dearth of credible nutrition interventions was one major impediment to nutrition progress, the central cause was the lack of national nutrition policies or of political wherewithal to implement them.<sup>126</sup>

At FAO, where planning had been raised to primary importance in nutrition undertakings, Ganzin requested a consultant to clarify the role of nutritionists in these projects. In the course of answering the question "Why involve nutritionists in the planning process?", the consultant provided Ganzin with a list of needs that entailed the services of a nutritionist.<sup>127</sup> Thus, the new nutritionist who was expected to work with agriculturists, planners, and politicians did not have the presumed greatness of

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<sup>124</sup>Quinn, in her dissertation, provided a magnificent historical overview of nutrition planning and its practice in Malawi. The UK FFHC, a branch of FAO, spent considerable time and funds during the late-1960s and early-1970s to implement a multi-sectoral nutrition planning scheme in Malawi. Quinn reported that these efforts resulted in nothing more than a couple new, empty buildings. Victoria J. Quinn, op. cit., note 96 above, pp. 134-210. For the definitive criticism of multi-sectoral nutrition planning, see: John Osgood Field, 'Multisectoral nutrition planning: a post-mortem', *Food Policy*, February 1987, 12(1), pp. 15-28. Payne readily admitted that the concept of theoretical, multi-sectoral, nutrition planning had been a serious failure. "Paradoxically," Payne noted, "it turns out that any country capable of freely launching an inter-ministerial activity probably doesn't need to do it." P. R. Payne, interview, 5 June 1996.

<sup>125</sup>For a passionate indictment of the international system of aid and the lack of generosity on the part of governments, see: Arthur Simon, *Bread for the World*, New York, Paulist Press and Grand Rapids, WM. B. Eerdmans Publishing Co., 1975. Simon asserts that development aid in terms of assistance per person living in developing countries declined by 30% between 1963 and 1973. (p. 112) These figures may go some way to explain why UN agencies had such trouble locating real nutrition success stories.

<sup>126</sup>See, for example: 'Report of the Unicef Executive Board', May 1975, E/ICEF/639, paragraph 118.

<sup>127</sup>D. Calloway, letter to M. Ganzin entitled 'The role of nutritionists in food and nutrition planning', 16 May 1975, FAO registry files, NU 1/8, 1/9.

past decades. On the contrary, nutritionists would have to justify their role, albeit ironically, in planning for nutritional needs.<sup>128</sup>

Within Unicef's own bureaucracy, major changes were at work which would alter and redirect nearly all future nutrition efforts. At the May 1974 Executive Board meeting, the Board vocalized a new vision of how basic services, including medical care and nutrition, were meshed together. The Board importantly noted that health services were "the principal means of carrying out curative measures and providing nutrition education and supplementary feeding, and they were also the sources of other protective measures which bore an indirect relationship to nutrition."<sup>129</sup> The basic services approach stressed the need for communities to take responsibility for the planning and management of the services which would benefit children. Since in the Board's estimation a child suffering from gastrointestinal infection was also bound to become malnourished unless treated for the infection, health services had to be expanded.<sup>130</sup> In a complete change of tone which reflected the heart of findings on the interactions of nutrition and infection, the Board recommended promoting the following actions through health services in the interest of nutritional status improvement: "surveillance; treatment of severe and moderate forms of malnutrition; control of infectious diseases; nutrition education; and co-operation with other local agencies."<sup>131</sup> Evidently, the links between infection and malnutrition had achieved a strong enough scientific footing to inspire corresponding policies. From 1975 onward, the basic services approach was being presented as an integral strategy in Unicef's policies.<sup>132</sup> Greaves recalled that when the basic services approach arrived from the New York Unicef headquarters,

we wondered [in India] what the hell does this mean? It was community development, it was looking at basic health needs with a focus on communities, and what sort of support you need to give to communities...it was a great deal of extra discussion; it became rather

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<sup>128</sup>Quinn argued that there were two extremes of nutrition planners, those "who view malnutrition as a technical problem which can be solved by technological solutions" and those "who view malnutrition as a societal problem which can only be solved by an attack at the structural roots of poverty." Victoria J. Quinn, *op. cit.*, note 96 above, p. 25. Joy and Payne seem to have fallen somewhere in between and felt that proper planning itself -- with its various responses to malnutrition -- could solve the problem. They did not advocate solutions which were specifically structural or technological in nature. Further, I believe few nutritionists or planners truly would have held up technological solutions as capable of ending malnutrition altogether.

<sup>129</sup>'Report of the Unicef Executive Board', May 1974, E/ICEF/633, paragraph 32.

<sup>130</sup>*Ibid.*, paragraph 32.

<sup>131</sup>*Ibid.*, paragraph 78.

<sup>132</sup>'Report of the Unicef Executive Board', May-June 1979, E/ICEF/661, paragraph 150.

an empty slogan with a chapter on water, on education; it was never really acted through in the way that those who started it off hoped it would. Somehow it never really made it.<sup>133</sup>

The final results of Professor Jean Mayer's study for Unicef similarly reflected the changing nature of nutrition in the agencies. Mayer and his colleagues had concluded that "nutrition should become a prime activity of Unicef--to a much greater extent than has been true in the past few years", and recommended that Unicef take action in the following areas: child nutrition advocacy, food and nutrition policy, primary health service support, local nutrition education, and nutrition emergency tactics.<sup>134</sup> The massive five-volume presentation, however, did not inspire any enlightening realizations and had few related ramifications. Rather, it summarized the general currents and clichés that had long been discussed by expert committees and policy makers. "No amount of attention devoted to food and nutrition policy", the study noted, "can make up for the lack of a population policy."<sup>135</sup> Nevertheless, the central tenet of the study was that "nutrition policy is absolutely fundamental to development and without a nutrition policy most development planning will prove to be vain."<sup>136</sup> Notably, Mayer and his team commented on the use of primary health care service as a means for ameliorating nutritional status. The Board took special note of this relationship, thereby setting precedence for interest in the primary health care and nutrition.<sup>137</sup>

Although Mayer's study was overtly greeted positively, the reception seemed to subvert the study's purpose by suggesting that Unicef was doing enough on nutrition and had apropos areas of concentration.<sup>138</sup> Labouisse used Mayer's statistics to counter-criticize the Board's ongoing concerns over the low level of nutrition spending.<sup>139</sup> He noted that nutrition spending levels had usually come under fire based on the levels devoted to long-term nutrition projects which, between 1971 and 1974,

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<sup>133</sup>J. P. Greaves, interview, 16 February 1996.

<sup>134</sup>Jean Mayer, *Priorities in child nutrition in developing countries*, I, E/ICEF/L.1328, 28 March 1975, pp. vi-ix.

<sup>135</sup>*Ibid.*, p. 8.

<sup>136</sup>*Ibid.*, p. 9.

<sup>137</sup>'Report of the Unicef Executive Board', op. cit., note 126 above, paragraph 64.

<sup>138</sup>Labouisse gave the report a generally positive but unenthusiastic response. 'Priorities in child nutrition in developing countries', recommendations of the Executive Director, 31 March 1975, E/ICEF/L.1329.

<sup>139</sup>*Ibid.*, p. 17.

used between 7% and 13% of programme aid.<sup>140</sup> If the estimated nutrition portion of other projects were included, the figures would rise by roughly 3 to 5%.<sup>141</sup> These figures alone would have preserved the Board's critique. However, Labouisse noted that if the value of food aid and transport were included, then the total percentage of programme aid would rise to between 23 and 37% during this time period.<sup>142</sup> In a symbolic shift of the way in which one considered nutritional problems and their solutions, Labouisse further noted that extracting the percentage devoted to nutrition from other projects was an artificial process since most Unicef projects, such as clean drinking water and maternal and child health services, necessarily improved childhood nutrition.<sup>143</sup> Artificial or not, the Board continued to assert during the following years that nutrition did not receive the financial commitments it deserved.<sup>144</sup>

The implications of Labouisse's commentary had the potential to alter traditional, outdated conceptions of nutritional interventions. His views, which reflected growing sentiment in the public health arena, had been formulated on a growing foundation of field experience and scientific research. Unicef, FAO, and WHO had over two decades of experience in applied nutrition, supplementary feeding, and other areas which, though poorly evaluated in general, provided a reasonable notion of what could be accomplished in these areas. Additionally, they had reports from other projects such as water and sanitation which had ostensibly been implemented for "health" but were invariably improving nutrition as well. Connecting and supporting field observations of how horizontal programmes might accomplish the most for nutritional status, was a growing body of research on nutrition and infection.<sup>145</sup>

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<sup>140</sup>Ibid., p. 15. According to these figures, 70% of the long-term project assistance funded personnel training and applied nutrition projects. 18% targeted weaning food production, and the remaining 12% went for goitre control and vitamin A capsules. (p. 16)

<sup>141</sup>Ibid., p. 15.

<sup>142</sup>Ibid., pp. 15, 17.

<sup>143</sup>Ibid., p. 17.

<sup>144</sup>In the Unicef Board reports, the call for greater nutrition funding was a mantra from the 1950s through the 1970s. See: 'Report of the Unicef Executive Board', op. cit., note 129 above, paragraph 37; 'Report of the Unicef Executive Board', op. cit., note 126 above, paragraph 68; 'Report of the Unicef Executive Board', May-June 1977, E/ICEF/651, paragraph 116. These excerpts can also be found in: 'Executive Board policy decisions, a compilation of excerpts from reports of the Board, 1974-1977', 11 May 1978, E/ICEF/L.1309/Add.1, pp. 32, 35, 36.

<sup>145</sup>For a wide overview of many of the breakthroughs that had been made in nutrition and infection, including many developments not ostensibly relevant to practical nutrition programmes, see the two following pieces: C. E. Taylor, A. A. Kielmann, and C. DeSweemer, 'Nutrition and infection', in Miloslav Recheigl, jr. (ed), *Nutrition and the World Food Problem*, Basel, S. Karger, 1979, pp. 218-243 and Gerald T. Keusch, 'Nutrition as a determinant of host response to infection and the metabolic

The WHO Nutrition Unit was at the vanguard of designing nutrition activities that were co-ordinated with a "package" of services in maternal and child health, health education, and family planning.<sup>146</sup> WHO and Unicef were together advancing the idea of "basic services" which could be provided on a local level with community health workers to improve nutrition and general health. Through immunization, growth monitoring, oral rehydration therapy, health education, distribution of nutrition supplements, family planning, and other basic measures, the agencies believed projects could have tangible impact.<sup>147</sup> In 1975, WHO's World Health Assembly adopted a resolution calling for increased attention to primary health care services in developing countries.<sup>148</sup> For the administrators at the agencies, primary health care services and basic services were necessary components of national efforts to improve nutritional status. According to Dr. Ken Bailey, who was the WHO regional nutrition officer in Brazzaville, Congo during most of the decade, an important component of WHO's mandate was the strengthening of the nutrition component of primary health care. Bailey found that during the mid- and late-1970s these endeavours were "à la mode" especially in terms of actions to be taken on the village level.<sup>149</sup>

Béhar, then at the helm of WHO's Nutrition Unit, had long been interested in methods for bringing nutrition interventions to the village, and he hoped to further these enterprises. He persevered and tried to orient WHO around the actions that could be taken in villages which would have substantive nutritional impact. Due to his involvement in INCAP studies, he was preoccupied with the concept of primary health care and solutions that could be pursued through the health sector. Additionally, he wished to improve interest in weaning foods, especially in areas where the local food source, cassava for example, could not sustain adequate growth. Béhar wished to ascertain how adult food could be prepared differently to meet the needs of the child. Much to his disappointment, the financial backing to support this work could not be obtained.<sup>150</sup>

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sequellae of infectious diseases', in L. Weinstein and B. N. Fields (eds), *Seminars in Infectious Disease*, II, New York, Stratton Intercontinental Medical Book Corp., 1979, pp. 265-303.

<sup>146</sup>Joint WHO/Unicef strategy in nutrition activities through local health services', 25 March 1975, E/ICEF/Misc.243. The document enclosed in this Unicef publication is 'A guideline for nutrition activities through local health services for joint WHO/Unicef strategy', Geneva, WHO Nutrition Unit, September 1974, NUT/74.3.

<sup>147</sup>Ibid.

<sup>148</sup>Promotion of national health services relating to primary health care', 29 May 1975, Geneva, Twenty-eighth World Health Assembly, WHA28.88, LSHTM Archives, WHO reports box.

<sup>149</sup>Ken Bailey, interview, 1 April 1996 and 'summary curriculum vitae', Bailey personal collection, 1996.

<sup>150</sup>Moisés Béhar, interview, 29 December 1995.

Closely linked to the primary health care approach were Unicef's basic services. Heyward, Labouisse, and other top Unicef administrators hoped that the basic services approach would be supported by the WFC and other UN bodies.<sup>151</sup> They felt that the areas identified by the World Food Conference as requiring action were overly vertical and, according to Heyward, lacked adequate mechanisms in countries for implementation.<sup>152</sup> Furthermore, weary of coming under the jurisdiction of yet another UN body, Heyward told the WFC that rather than feeling obligated to obtain "approval" for action plans, it would be more useful to elicit the Council's support.<sup>153</sup> In a summary of where Unicef was going with its basic services, Teply made the following statement which was representative of general opinion:

Unicef sees a major need for promotion of action at the country level. Rather than a number of 'vertical' programmes there should be a unifying concept for action and an adequate mechanism or instrumentality at the local level in countries. These concerns could be answered by greater attention and action at the country level through the rapid enlargement and improvement of basic services for vulnerable groups in the interrelated fields of food and nutrition, clean water, primary health care, practical education, and the advancement of women.<sup>154</sup>

Unicef foresaw these services being implemented in rural, and increasingly, urban, settings.<sup>155</sup> Whereas ANP had been viewed as a programme simply for rural areas, basic services were widely viewed as being applicable everywhere. Unicef was making the same move from the country to the cities that millions of people in developing countries were making.

While primary health care and nutrition planning continued to soak up much of nutrition's limelight, the decline of breastfeeding (and related rise in infant mortality) was receiving monumental media publicity and sharpening attention from the UN agencies. Increasing the force of its rhetoric, in 1975 the Unicef Executive Board suggested that breastfeeding receive critical attention and that consideration be given

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<sup>151</sup>E. J. R. Heyward (acting Unicef Executive Director), letter to John Hannah (WFC Executive Director), 21 August 1975, WHO Archives, box A.1162, folder 1.

<sup>152</sup>Ibid.

<sup>153</sup>Ibid.

<sup>154</sup>L. J. Teply, letter to D. Walton (director of FAO Office for Inter-Agency Affairs), 18 September 1975, Unicef Archives, CF-NYHQ-05ANS-001, p. 4.

<sup>155</sup>See, for example: Mary Racelis Hollnsteiner, 'Basic services for children of the urban poor in developing countries', 3 April 1978, E/ICEF/L.1371. For the Unicef Executive Director's response see E/ICEF/L.1372.

to "the control of advertising of infant and weaning foods, for which it might be useful to prepare model legislation".<sup>156</sup> By 1977, the Board found the breastfeeding situation to be "alarming" and called for Unicef to play a greater role in action.<sup>157</sup> Since early in the decade, journalists and the media had been giving increasing attention to the food industries' corrupt promotional tactics, especially the role of Nestlé and other multi-national companies which often sought to convince mothers that their breastmilk was inferior to a formula. It was not until the late-1970s, however, that judicial courts, protesters, and the UN agencies began to take substantive action against infant-food manufacturers operating in developed and developing countries.<sup>158</sup>

Since the World Food Conference, drastically improved global food production had eased the tone of imminent disaster and provided a foundation for less emotional consideration of food and nutrition problems.<sup>159</sup> Teply was impressed that the fourth session of the WFC in 1978 produced a radically different nutrition declaration from the first such meeting. Rather than calling for the eradication of hunger within a decade, the eradication of vitamin A deficiency and endemic goitre was heralded.<sup>160</sup> At the fifth proceedings of the Western Hemisphere Nutrition Congress, appropriately titled *Nutrition in Transition*, Scrimshaw rehashed the 1973 protein recommendations debacle and concluded that "To the extent that the pendulum swung too far in emphasizing protein in the 1960s, and too far in emphasizing calories in the 1970s, it must come to a more appropriate intermediate position for the 1980s and beyond."<sup>161</sup>

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<sup>156</sup>In past years breastfeeding had warranted some attention and resulted in calls for greater publication of informational materials, but not for political action. Such action grew tremendously during the late-1970s. 'Report of the Unicef Executive Board', op. cit., note 126 above, paragraph 66.

<sup>157</sup>'Report of the Unicef Executive Board', May-June 1977, E/ICEF/651, paragraph 120.

<sup>158</sup>The breastfeeding formula scandal has attracted several volumes and articles already and is not easily summarized. For one of the best accounts, see: Gabrielle Palmer, *The Politics of Breastfeeding*, London, Sydney, and Wellington, Pandora Press, 2nd edition, 1993.

<sup>159</sup>For an excellent presentation of the changes that had occurred in the perceptions of the world food problem, see: Radha Sinha (ed), *The World Food Problem: Consensus and Conflict*, Oxford, New York, and Toronto, Pergamon Press, 1978.

<sup>160</sup>L. J. Teply, 'Notes on 4th session of the World Food Council, Mexico City, 12-15 June, 1978', 2 August 1978, Unicef Archives, 88R025, box T-006, Teply files. Perhaps a sign of the times, the agenda discussion on nutrition did not come up until many of the ministers who had wished to discuss it had left.

<sup>161</sup>Nevin S. Scrimshaw, '1977 W. O. Atwater Memorial Lecture; through a glass darkly: discerning the practical implications of human dietary protein-energy interrelationships', in Philip L. White and Nancy Selvey (eds), *Nutrition in Transition, Proceedings of Western Hemisphere Nutrition Congress V*, Monroe, Wisconsin, American Medical Association, 1978, 14-28, on p. 27. See also: Nevin S. Scrimshaw, 'Through a glass darkly: discerning the practical implications of human dietary protein-energy interrelationships', *Nutrition Reviews*, December 1977, 35(12), pp. 321-337. The late-1970s appeared to have provided proper temporal distance to evaluate critically the nutritional attempts of the past. For an interesting and detailed account of one highly unsuccessful protein endeavour, fish

In the then common spirit of practical hopes in relation to nutrition work, Labouisse told participants at the 11th International Congress on Nutrition, "We have to recognize that, on the subject of nutrition, there is still a certain lack of understanding regarding the problem and its solutions. There is even, in some cases, a lack of interest, a lack of commitment. Routine habits are difficult to change - and this can be true at various levels of government and in the concerned communities themselves."<sup>162</sup> As far as the responsibilities of the UN agencies were concerned, Labouisse pragmatically remarked that it seemed the agencies were "sometimes expected to accomplish what only governments can have the political power and responsibility to do." He believed that the UN system could play its role by giving "important support in the formulation of policy, in technical advice, and by participating in the costs of launching new services."<sup>163</sup> Labouisse indicated that the development of local health services was vital to improving nutritional status and would soon be discussed at a major conference in Alma-Ata, USSR.<sup>164</sup>

### Alma-Ata

In September 1978 Unicef and WHO convened an international conference on primary health care in Alma-Ata, the capital of the Kazakh Soviet Socialist Republic.<sup>165</sup> The conference sought to formulate a clear definition of primary health care and to promote its implementation in all countries.<sup>166</sup> Alma-Ata was by no means the beginning of primary health care, but rather, it was the culmination of years of research and field work that had identified primary health care as an integral part of health improvement. Primary health care was widely viewed as a critical key to achieving WHO's recent commitment of "Health for All by the year 2000".<sup>167</sup> During

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protein concentrate, see: Ernst R. Pariscr, Christopher J. Corkery, Mitchel B. Wallerstein, Norman L. Brown, *Fish Protein Concentrate: Panacea for Protein Malnutrition?*, Cambridge, Massachusetts and London, The MIT Press, 1978.

<sup>162</sup>Henry R. Labouisse, 'Address of Mr. Henry R. Labouisse, Executive Director of Unicef, at the inaugural ceremony of the 11th International Congress on Nutrition, Rio de Janeiro, Brazil 27 August 1978', August 1978, E/ICEF/Misc.303, p. 2.

<sup>163</sup>*Ibid.*, p. 7.

<sup>164</sup>*Ibid.*, p. 5.

<sup>165</sup>For a summary of the details which led to the conference, as well as an interesting discussion of horizontal and vertical public health solutions in historical perspective, see: Kenneth S. Warren, 'Health for all by the year 2000?', in *1990 Britannica Book of the Year*, Chicago, Encyclopaedia Britannica, Inc., 1990, pp. 21-30.

<sup>166</sup>'Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978', September 1978, WHO Archives, box A.1401, folder 9, p. 2.

<sup>167</sup>*Ibid.*, p. 5.

a decade of international UN conferences, the planners of Alma-Ata wished to make their conference exceptionally productive, in part by planning its follow-up before the proceedings began. Pre-conference emphasis was placed on the lack of international attention the primary health care approach had received.<sup>168</sup> Alma-Ata was an enormous conference with delegations from 134 governments and 67 UN agencies, organizations, specialized agencies, and non-governmental groups.<sup>169</sup> Given the broad interest in health of the conference, and the pervasiveness of hunger and malnutrition as leading causes of poor health in the developing countries, Alma-Ata provides an event in which one can evaluate what importance nutrition had attained and the way in which the nutritional understanding had evolved.

Nutrition in name did not figure deeply into the conference's conception of primary health care which it defined as, "essential care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain".<sup>170</sup> The Conference recognized that health was inextricably tied to social and economic development and therefore had to be undertaken along with "measures such as those for the improvement of nutrition, particularly of children and mothers".<sup>171</sup> The status accorded nutrition overall in the framework of primary health care remained unclear in the documentation. Béhar, then the head of WHO's Nutrition Unit, asserted that while he was serving on the preparatory committees, he was generally hopeful about the prospects for nutrition being incorporated into primary health care. In his opinion, "the importance of nutrition as a component of health was clearly recognized by everybody".<sup>172</sup>

Was nutrition to be an integral aspect of primary health care undertakings? Or was it simply mentioned out of deference to nutritionism, a field long considered one of the most important components in plans to improve human health? The Alma-Ata Declaration itself does not shed much light on this issue since the word nutrition appeared only once in the text.<sup>173</sup> According to the Declaration, primary health care

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<sup>168</sup>Newton R. Bowles, memorandum to all field staff and regional directors of Unicef, 25 August 1978, WHO Archives, box A.1401, folder 9, p. 4.

<sup>169</sup>'Report of the International Conference', *op. cit.*, note 166 above, p. 3.

<sup>170</sup>*Ibid.*, p. 5.

<sup>171</sup>*Ibid.*

<sup>172</sup>Moisés Béhar, interview, 29 December 1995. Years later, Béhar felt that whatever nutrition components were included were destroyed by Unicef and its vertical programmes.

<sup>173</sup>Contemporary accounts of the Alma-Ata Conference generally do not highlight the nutritional component. For example, see: Milton I. Rocmer, 'Internationalism in medicine and public health', in

itself should include measures for the "promotion of food supply and proper nutrition." (emphasis mine)<sup>174</sup> The inclusion of food in the equation was a last minute intervention that irked Béhar and his nutritionist colleagues intent on keeping the focus on nutrition's role.<sup>175</sup> Thus, nutrition was seen as an important part of primary health care initiatives, along with the other tactics recommended which included immunization against infectious disease, family planning, and provision of clean water and adequate sanitation.<sup>176</sup> As a result of this apparent de-emphasis, some nutritionists such as Waterlow never saw Alma-Ata as nutritionally very important.<sup>177</sup> The Declaration for him and many colleagues was about vaccinations and basic medical services but certainly not specifically about coping with hunger and malnutrition. At the time of the conference Leslie Burgess had been a nutrition adviser for WHO for over a decade. Although he also did not feel that nutrition was the highlight, he did view "primary health care as the vehicle which would deliver better nutritional care."<sup>178</sup> At once, then, nutrition had nothing and everything to do with the Alma-Ata conference.

While nutrition per se was not a major part of the Declaration or of the conference, underpinning the desire for primary health care was the widely-accepted notion that nutrition would thereby be improved. When viewed in this light, Alma-Ata was a revolutionary breakthrough. For Scrimshaw, for example, the Declaration represented the culmination of decades of nutritional progress. To him, the placement of nutrition second in the list of components of primary health care, well ahead of curative medicine and drugs which were in the last positions, symbolized the triumph of nutrition.<sup>179</sup> Yet this explanation alone does not justify blatant excitement for nutrition's role at the conference. The genuine import of nutrition can best be seen in the increasingly elaborated relationship between malnutrition and infection and in the holistic view of nutrition which many nutritionists and agencies were adopting.

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Dorothy Porter (ed), *The History of Public Health and the Modern State*, Amsterdam and Atlanta, GA, Editions Rodopi B. V., 1994, 403-23, on pp. 416, 418-19.

<sup>174</sup>'Report of the International Conference', op. cit., note 166 above, p. 10. This statement fell under point VII, number 3. of the Declaration. The Declaration is reproduced in its entirety at the end of this chapter.

<sup>175</sup>Moisés Béhar, interview, 29 December 1995.

<sup>176</sup>'Report of the International Conference', op. cit., note 166 above, p. 10.

<sup>177</sup>J. C. Waterlow, interview, 7 June 1995.

<sup>178</sup>Leslie Burgess, interview, 29 May 1996. Gopalan, among others, agreed with this perspective. C. Gopalan, personal correspondence, 2 May 1996.

<sup>179</sup>Scrimshaw brought this up in interview and in speeches. Nevin S. Scrimshaw, 'Keynote address for the meeting of the pediatric research society, Kansas City', 29 April 1989, Scrimshaw personal collection, pp. 12-13 and Nevin S. Scrimshaw, interview, 26 July 1995.

Carl Taylor, who had conducted the original review of nutrition and infection with Scrimshaw and Gordon in 1959, and also headed up the Narangwal Nutrition Study, was a key architect of the planning and execution of Alma-Ata. Taylor was fully cognizant of all major research relating to nutrition and infection, including Mata's work in Guatemala. As a result of his vast knowledge of the topic, he was in an important position to promote nutrition by promoting infectious disease control and other tactics that had been shown to have a profound effect on nutritional status. Taylor was one of two outside consultants hired to work on the background documentation for the conference. According to him, the central concern of the conference organizers was to "develop a new paradigm in approach rather than getting caught up in the continuing battles between sectors and people who were concerned about protecting their own turf...we made the deliberate decision not to force the inclusiveness issue but rather to concentrate on the issues we were trying to promote."<sup>180</sup> Taylor explained that although nutrition was not "explicitly stated when it came to writing the declaration" since that was written for politicians, "certainly nutrition was in the background technical documents."<sup>181</sup> He believed that the conference did attract new interest for nutrition, especially among the participants. Taylor's actions at Alma-Ata were emblematic of the impressive growth which had occurred in the nutritional realm scientifically, and its complementary results in policy.

In the months leading up to Alma-Ata, Unicef's Board reflected on its changing conception of nutrition issues. In May 1978, the Board stated:

For some time Unicef has taken the view that a broadly based solution to child nutrition problems requires concerted efforts not only to increase food supplies and improve distribution and consumption habits, but also to ensure safe and adequate water supplies, immunization, sanitation programmes and maternal and child health services, and education in health, personal hygiene and child care...Primary health care and other basic services opened up new possibilities for incorporating a variety of such activities in community programmes with considerable popular participation.<sup>182</sup>

As far as Unicef was concerned, community-based primary health care services were a component of Unicef's overall strategy of providing basic services, and nutrition interventions fit neatly into the rubric of primary health care. This interpretation

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<sup>180</sup>Carl Taylor, interview, 26 June 1996.

<sup>181</sup>Ibid.

<sup>182</sup>'Report of the Unicef Executive Board', op. cit., note 75 above, paragraph 142.

meshes with Greaves' perspective on Unicef policy which indicated that primary health care was "a manifestation of the basic services approach" and built on the support that had been mustered for basic services.<sup>183</sup> Thus, nutrition was not competing with primary health care for attention -- though frequently the Unicef Board's comments implied this -- since there was no distinction made between providing supplementary foods to kids in need and providing clean water to the community. Any primary health care-oriented action was bound in one way or another to have a positive influence on nutritional status. Since Unicef and WHO, and FAO for that matter, were all interested in improving nutritional status, it made no difference if the instrument for improved nutrition was not an overtly nutritional measure.

For the FAO, WHO, Unicef triumvirate, Alma-Ata was a point of convergence as well as divergence. As primary health care became the new doorway for health and nutritional improvement, FAO's role became obscured as these were areas that rested outside its scope of expertise. Although FAO had always been expected to help improve the world's nutrition status, its principal tools for doing so were always expected to rest soundly in food and agriculture. For WHO and Unicef, on the other hand, Alma-Ata was symbolic of a meeting point that resulted from a remarkable example of ideological co-evolution.<sup>184</sup> Although Unicef's technical expertise had improved, it was basically a non-technical agency whereas WHO was fundamentally technical. Nevertheless, both agencies more or less independently arrived at the same conclusions about the role of health in development. According to Dr. Robert Mande, a member of Unicef's Executive Board, Alma-Ata was "spoken of almost as a pilgrimage where the light dawned" since Unicef's and WHO's concerns merged on primary health care.<sup>185</sup>

### **Hunger and Malnutrition: A Look at 1978**

After all the policy haggling, declarations, clinical studies, and endless evaluations, what was the face of nutrition problems in 1978? According to widely accepted figures at the time, more than 500 million people then suffered from malnutrition. Of the fifteen million estimated childhood deaths every year, it was

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<sup>183</sup>J. P. Greaves, interview, 16 February 1996.

<sup>184</sup>Robert Mande, interview conducted by Newton Bowles, 17 May 1983, Unicef Archives, interview file, pp. 13-15. This interview mentioned these concepts and led to my broader explication of them.

<sup>185</sup>*Ibid.*, pp. 14-15.

believed that hunger and malnutrition had played a causative role in half of them.<sup>186</sup> The efforts in primary health care at Alma-Ata were specifically designed with an eye to diminishing (if not eliminating) these overwhelming figures. In spite of the incorporation of nutritional thought into the Alma-Ata Declaration, the loss of interest in nutrition issues and failure to incorporate nutrition into the major divisions of the technical agencies resulted, at least in the short-term, in a weak nutrition legacy. At Unicef, however, enthusiasm for nutrition was not utterly quelled, and, buoyed by Heyward, the spirit of optimism for nutritional involvement in health programmes endured.

The recommendations which emerged from Alma-Ata were based on very simple measures grounded in decades of complex nutrition and health research. While it may have appeared elementary that all people should have access to clean water to avoid illness, it required a scientific leap to conclude that provision of clean water on its own could contribute to a decline in malnutrition. Thus, most of the recommendations at Alma-Ata could, in one way or another, be tied to nutritional improvement. More than reflecting a new-found concern in nutritional issues, this further illuminated the links between nutrition and nearly all factors related to health.

Many nutritionists were, at the heart, scientists and sought answers to scientific quandaries. The attempt to improve nutritional status was far too complex to lend itself to any one solution. In this vein Waterlow often found himself at odds with Cicely Williams when she insisted that the best way to improve the nutrition of young children was to ensure they received plenty of tender loving care. She had little patience for scientific programmes designed to uncover the intricacies of hunger and malnutrition. While Waterlow agreed with her basic point, he could not support her aversion to nutrition research. In his mind, paying six staff people a scarce amount of funds over many years to elucidate nutritional issues was a mere drop in the bucket in a world overrun by hunger and malnutrition. For Williams, however, it was money that could be better spent implementing practical actions that were easily derived from observations.<sup>187</sup>

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<sup>186</sup>These figures can be found throughout WHO, FAO, and Unicef publications. In the interest of reflecting their agency-wide interest, I here cite a report from the SCN. 'Progress achieved in the field of nutrition under the new institutional arrangements', *op. cit.*, note 75 above, paragraph 4. For an insightful look at a number of nutritional issues caught up in the averted, but ongoing, world food crisis, see: Mary Alice Caliendo, *Nutrition and the World Food Crisis*, New York, Macmillan Publishing Co., Inc., and London, Collier Macmillan Publishers, 1979.

<sup>187</sup>J. C. Waterlow, interview, 22 June 1995. For a synopsis of many of Williams' fiercest beliefs, see: Cicely Williams, 'On that fiasco', *Lancet*, 5 April 1975, pp. 793-4.

In 1978, it seemed that for the time being, a formulation of Williams' general attitude had won. Although funding for nutrition institutes continued, the status of the nutritionist expert and heed given his warnings had dropped notably. For the first time, policy makers felt comfortable taking the reins of policy and guiding it with the help of nutritionists, only when such help was required. Moreover, attitudes toward nutrition problems seemed to have taken on a realistic tint which reflected the complexities of the issues faced. Malnutrition and hunger, it was agreed, could not simply be attacked through nutrition education, food supplementation, and growth monitoring. As primary health care suggested, dozens of different types of initiatives were necessary to comprehensively improve health and nutritional status. Although there was high enthusiasm for a more horizontal approach to nutritional problems, there was by no means consensus. Due to the broad nature of nutrition and problems associated with it, a factionalization of nutrition forces could be assured, if not in the near future, then certainly in the long-term.

## **Declaration of Alma-Ata**

The international Conference on Primary Health Care, meeting in Alma-Ata this twelfth day of September in the year Nineteen hundred and seventy-eight, expressing the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world, hereby makes the following Declaration:

### **I**

The Conference strongly reaffirms that health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

### **II**

The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.

### **III**

Economic and social development, based on a New International Economic Order, is of basic importance to the fullest attainment of health for all and to the reduction of the gap between the health status of the developing and developed countries. The promotion and protection of the health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace.

### **IV**

The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

### **V**

Government have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. Primary health care is the key to attaining this target as part of development in the spirit of social justice.

## VI

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

## VII

### Primary health care:

1. reflects and evolves from the economic conditions and socio-cultural and political characteristics of the country and its communities and is based on the application of the relevant results of social, biomedical and health services research and public health experience;
2. addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly;
3. includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition, an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs;
4. involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors;
5. requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate;
6. should be sustained by integrated, functional and mutually-supportive referral systems, leading to the progressive improvement of comprehensive health care for all, and giving priority to those most in need;

7. relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed, suitably trained socially and technically to work as a health team and to respond to the expressed health needs of the community.

## VIII

All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources to use available external resources rationally.

## IX

All countries should cooperate in a spirit of partnership and service to ensure primary health care for all people since the attainment of health by people in any one country directly concerns and benefits every other country. In this context the joint WHO/Unicef report on primary health care constitutes a solid basis for the further development and operation of primary health care throughout the world.

From 'Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978', September 1978, WHO Archives, box A.1401, folder 9, pp. 15-16.