

File Sub: CF/EXD/SP/1993-0041  
See also: CF/EXSTMNT/1993-0009

Address by Mr. James P. Grant  
Executive Director of the United Nations Children's Fund (UNICEF)  
to the  
Fifteenth International Congress of Nutrition  
Delivered by Dr. Urban Jonsson  
Senior Advisor, Nutrition

"Halving Child Malnutrition by the Year 2000:  
An Ethical Imperative"

Adelaide, Australia  
26 September 1993



UNICEF Alternate Inventory Label



**Item # CF/RAD/USAA/DB01/2002-01135**

**ExR/Code: CF/EXD/SP/1993-0041**

XVth International Congress of Nutrition Halving Child Ma:  
Date Label Printed 21-Aug-2002

cover + 16 pp + Øb



United Nations Children's Fund Fonds des Nations Unies pour l'enfance Fondo de las Naciones Unidas para la Infancia  
Детский Фонд Организации Объединенных Наций 联合国儿童基金会 منظمة الأمم المتحدة للطفولة

File Sub: CF/EXD/SP/1993-0041

See also: CF/EXSTMNT/1993-0009

Address By Mr. James P. Grant  
Executive Director of the United Nations Children's Fund (UNICEF)  
to the  
XVth International Congress of Nutrition

Adelaide - 26 September

Delivered by Dr. Urban Jonsson  
Senior Adviser, Nutrition

"Halving Child Malnutrition by the Year 2000:  
An Ethical Imperative"

As I said at the International Conference on Nutrition in Rome, almost a year ago, I regard malnutrition as one of the most serious and most embarrassing problems in the world today. Serious because it affects hundreds of millions of people -- and innocent children most severely. Embarrassing because the world has the knowledge and the means to solve the problem of widespread hunger and malnutrition. This Congress is therefore both important and timely.

The major aim of my speech here today is to show that there is progress and that there is hope, and that nutrition scientists are a key to realizing that hope. Progress has been made on the scientific aspects of the nutrition problem, while more progress is required on the ethical and action side. Nutritionists can and should play a crucial role in developing, promoting and implementing both these aspects -- as scientists, practitioners and human beings. An extraordinary "window of opportunity" for making quantum leaps of human progress has opened in the post-Cold War era, and it would be unconscionable to allow that window to slam shut.

Malnutrition in developing countries is decreasing at only one-half per cent per year. Four times this rate will be required to meet the year 2000 goal of reducing malnutrition by half. The problem of micronutrient malnutrition seems to increase after each new survey and new discovery of its functional consequences.

Indeed, the world is facing a great challenge. The scientific community, which made these problems known must take a more active part in meeting this challenge.

FINAL

cover + 16ppt + b

## **The Extent of the Problem**

The clinical manifestations of malnutrition are well known to you. Overall, the percentage of underweight children fell in the 1980s from about 38 per cent in 1980 to 36 per cent in 1990. But thanks to rapid population growth, the total number of underweight pre-school children actually increased from around 164 million to 193 million in that period.

These global figures mask large disparities between regions. In Southeast Asia, many countries are improving rapidly and -- if present trends continue -- will meet the goal set at the 1990 World Summit for Children of halving protein-energy malnutrition (PEM) by the year 2000. The same is true for some countries in South America and the Middle East. South Asia is improving slowly -- too slowly to reach reduce malnutrition by half before decade's end. As a result of its large population and high prevalence of malnutrition, this region accounts for half of the world's underweight children.

Sub-Saharan Africa is another story entirely. It is the only region which has shown a deteriorating trend, although a few African countries show some improvement. The deteriorating nutrition situation there is partly the result of severe famines associated with drought and wars, but can also be attributed to a complex of factors including, in some countries, longstanding, intransigent poverty; authoritarian and inefficient government; the lack of empowerment of women on whom many food-related burdens fall; low commodity prices, and unpayable foreign debt.

## **Marginalization of nutrition**

The problem of undernutrition is compounded by the fact that, historically, the field of nutrition has been somewhat of an orphan, marginalized by governments, universities and agencies. This is partly a result of the fact that nutrition is not clearly definable as a 'sector'. Nutritional status is an outcome of processes in several sectors, such as agriculture, health, education, and social welfare. Then there is the political dimension of the problem: the persistent lack of will to make the far-reaching social and economic changes that would attack poverty, of which malnutrition is both symptom and cause. A third reason is the widespread belief that nutrition is a 'private' problem that should be solved by parents alone. This tradition has contributed to keeping the nutrition problem "in the kitchen". It ignores the social and economic dimensions of the problem and lets politicians and elected leaders "off the hook".

This marginalization of nutrition is seen most graphically in Ministries of Health. Nutrition work is often relegated to small 'nutrition units' with inadequately trained workers, bad offices and small budgets. Following traditional stereotypes and biases that assign responsibility for food to women, these units tend to be staffed mostly by females, who have generally low status within

the institution. At the same time, senior Ministry of Health staff often do not recognize that some of the major activities they undertake are important for nutrition. Diarrhoeal disease control and immunization against measles are typical examples -- failure to establish the appropriate linkages of these programmes with nutrition is to miss vital opportunities, waste resources and reduce programmatic effectiveness.

The traditional lack of a reasonable consensus about the nature of the nutrition problem has been another major constraint. Malnutrition is usually reduced to an agricultural problem (not enough food), or a health problem, an educational problem, a cultural problem, or a population problem. Most often the problem of child malnutrition is viewed as simply a matter of too little food, or lack of protein-rich food. Most training courses and textbooks perpetuate these misconceptions.

The fact is, however, that where the problem of malnutrition is most acute -- the developing countries -- the problem is both one of food and one of nutrition. It is very important to recognize that although these two problems are obviously related, they are not identical. Food is one necessary condition for good nutrition; there are two other necessary conditions -- adequate care and access to health services. Just the fact that PEM is most prevalent in the 6 months to 3 years age group suggests that factors other than household food security contribute to the problem.

There are many hopeful signs that major improvements will be achieved as the new millennium approaches. I would like to describe three kinds of progress that is occurring or can occur with an extra effort from the likes of people in the room: (1) progress in finding international consensus around nutritional goals; (2) progress in the theory and practice of science and ethics; and (3) progress in reconceptualizing the nutrition problem. Further, I would like to suggest ways in which the nutritional science profession can help ensure that progress continues beyond the 1990s.

### **Progress in Reaching International Consensus**

We are now three years into the 1990s, the extraordinary last decade of an extraordinary century. I am confident that, **where children are concerned**, the four years since the last International Congress of Nutrition was held in Seoul will be remembered as a brief, historically unprecedented period in which humankind took stock of the conditions of its children, measured its capacity for improvement and reached a rapid and reasoned consensus on quantifiable goals for change by the year 2000.

This ethical and practical breakthrough is best exemplified by the speed with which the nations of the world ratified the **Convention on the Rights of the Child** after its adoption by the UN General Assembly in November 1989. Instead of the customary lag-time of several years between adoption of a treaty and its entry into force, this "Magna Carta" for children and youth took effect as international law in less than one year, in September 1990. It has now been ratified by 147 countries, more than any other human rights treaty.

Among many other landmark provisions, Article 6 of the Convention commits States to ensure, to the maximum extent possible, the survival and development of all children. Article 24 establishes the child's right to enjoy "the highest attainable standard of health", and spells out the obligation of States to provide primary health care, adequate nutritious diets, and education to ensure that all segments of society have basic knowledge of child health and nutrition, including the advantages of breastfeeding and the importance of hygiene and sanitation.

We also saw this historic ethical shift in the holding and outcome of the **World Summit for Children** on 29-30 September 1990. This first-ever global summit meeting -- whose third anniversary will be commemorated at the UN next week -- agreed on the principle of "first call for children", which essentially means that each society, each community and each family must make provision for meeting all children's basic needs, whether times are good or bad, whether the economy is up or down, even whether there is war or peace. What is more, the world leaders committed themselves and their governments to achieve over 20 specific, measurable health, nutrition and education goals for children and women by the year 2000, and to quickly produce national and sub-national programmes of action to reach these targets. The goals were then reinforced by becoming part and parcel of Agenda 21, the global blueprint for environmental and development action adopted at the Earth Summit held in Rio last year.

The **International Conference on Nutrition**, held in Rome almost a year ago, also strengthened worldwide commitment to take action to prevent and alleviate malnutrition. At that meeting, the world community committed itself to attack all forms of malnutrition by addressing the underlying causes of inadequacies in food, health and care, as well as the root causes of underdevelopment and poverty. The participants reiterated their commitment to the World Summit for Children nutritional targets and added new goals to eliminate famine and starvation.

All of these meetings produced consensus and common plans of action that would have been unthinkable only a few years ago. The new international climate also produced another breakthrough: the military intervention to secure a people's right to food and survival in Somalia. We must not allow the current difficulties

faced by the UN force there to obscure the historic precedent established by the initial purpose of the mission. The international community has made it clear, through the UN Security Council, that it will not stand by and allow an entire people to perish from lack of food. A more quiet breakthrough, but equally significant, has been the averting of massive famine expected as a result of drought in large parts of Southern Africa this year and last, thanks to early warning, preventive measures and international aid. With all the experiences we have gained from past crises, and with the new capacity that has been developed to prevent or ameliorate the impact of drought, floods or other disasters, the day may not be far off when mass starvation and famine can be consigned to the history books.

As first steps toward ensuring that the goals and proclamations of the series of international meetings become more than words, plans and programmes of action are being formulated on the country level by the vast majority of member states of the United Nations. For the first time, the world -- countries, international agencies, religious and professional institutions, as well as many NGOs -- is engaged in medium- to long-term planning for the young. Humankind's first "social contract" between the children and leaders of the world has been established; the principle of putting children first is gaining ground.

Underlying all of this is the understanding that, for the first time, we have the means to extend the basic benefits of modern civilization to all members of society. What was once a utopian dream has become, with the advent of the technological and communications revolutions, a practical prospect for this generation, an imperative in the post-Cold War era.

What this means is that every young child's start in life can and must be afforded the protection routinely given children who are fortunate enough to be born into security and comfort. This goal was endorsed by the heads of state at the World Summit. Achieving it, they reasoned, would be the best way to break the cycle of poverty and underdevelopment that keeps individuals and nations from realizing their full potential. Historical experience -- most recently, the impressive success of the newly industrializing countries of Asia -- confirms the wisdom of policies that promote substantial long-term investment in human development. The World Bank stresses that social investment -- in the basic health, nutrition and education of young children, and in particular, of girls -- produces higher returns for families and societies than virtually any other category of investment.

By such means as immunization, growth monitoring and promotion, the proper management of diarrhoeal diseases and respiratory infections, supplementing vitamin A, iron and iodine, facilitating breastfeeding, well-targeted food subsidies, and low-cost water and sanitation services, it is now possible to broaden

and strengthen basic protection for all children during their most vulnerable years and give them the best possible start in life.

Critical, of course, among the objectives set at the World Summit and the ICN are the goals of reducing by half the number of under-five-year-olds with severe and moderate malnutrition by the year 2000. That promise, though driven by a moral imperative, was grounded in the reality of our current capacity: we are fully capable of preventing the malnutrition affecting some 200 million children in the world today. By controlling malnutrition, we will also be contributing to the achievement of the key World Summit for Children goals of cutting child mortality by one third. Experts estimate that malnutrition is a factor in 30 to 40 per cent of the 13 million child deaths that occur each year. It follows, then, that once malnutrition is cut in half, we will -- each year -- be giving two to three million of those children much of the armor they need to fend off deadly diseases. Additional millions will be spared physical and mental disabilities.

#### **Mid-decade Goals**

In a series of high-level regional meetings of governments over the past year, agreement was reached on a set of mid-decade targets. The idea is that reaching the more straightforward goals by the end of 1995 will greatly facilitate efforts toward achieving the full set of goals by the end of the decade. Universal iodization of salt; virtual elimination of vitamin A deficiency; implementation of the Baby Friendly Hospital Initiative; and 20 percent reduction of PEM are among these 1995 targets. The first in the list, universal salt iodization, will dramatically reduce iodine deficiency disorders (IDD), the world's leading cause of preventable mental retardation and impairment. This alone would have tremendous social, economic and human impact. Just last week China's Prime Minister and State Council launched a national anti-IDD offensive that will soon prevent the yearly loss of some 60 million IQ points and save the nation millions in health care costs. Similar efforts are gearing up in many countries.

#### **Progress in Science and Ethics**

To appreciate why there is cause for optimism in addressing global nutritional problems -- beyond the setting of goals, that is -- we must understand that it is not only upon scientific advances that we will build, but rather on momentum that has been achieved in both science and ethics working in tandem.

Science describes what **can** be done; ethics helps us to know what **ought** to be done. Actions that both can be done and should be done are what I call "do-able". But as Kant said: "should must be preceded by can -- it is otherwise Utopia." The halving of malnutrition by the year 2000 is no longer Utopia, because we know

how it can be done. The new "social contract" I described earlier means that is **should** be done. The challenge now is to keep that promise.

Both science and ethics progress through improvements in theory and practice. These are closely interrelated. The phrase "we find what we look for" summarizes the fact that practice is "blind" without a theory. And a theory is of no use unless it is tested and put into practice. Progress has been made in all these aspects of the nutrition problem. I would like to mention some of the most important developments in scientific and ethical theory and practice in nutrition, keeping in mind that the overall progress is a result of interactions among all aspects.

### **Progress in Scientific Theory and Practice**

New theories and refinements of existing theories important to nutrition have been developed in both the biomedical and the social sciences. In human nutrition, the discovery of several synergisms is very important. We now know that even mild PEM doubles the risk of dying of many diseases; that vitamin A deficiency may increase mortality rates by almost 30%; that diarrhoeal diseases inhibit the absorption of food and drain away nutrients, and so on. The "magic" of exclusive breastfeeding has been discovered -- or rather re-discovered. The terrible effects of micronutrient malnutrition have been understood -- for at least some vitamins and minerals -- and preventive and curative actions developed. Adequate caring practices have been recognized as a necessary condition for nutrition well-being, equal to household food security and access to basic health services and a healthy environment. Knowledge has improved about the crucial first few months of life as a time of vulnerability to malnutrition. All of these are important advances.

Development theory has also progressed. A new, human-centered development paradigm is emerging and being taken seriously. In it, poor people are recognized as key actors, rather than passive beneficiaries of transfers of commodities and services. Investment in human development is recognized to be of crucial importance, and organizational resources are understood to be as important as economic resources in ensuring constructive results. Decentralization, participation and empowerment of people are seen as essential elements of any programme. There is a better understanding today of what governments, on the one hand, and markets, on the other, do best in the development process. It is widely understood, as well, that just as rising levels of GNP do not ensure economic well-being of populations, having enough food in the world is no assurance of nutritional well-being. These theoretical or conceptual advances have enabled more useful theoretical formulations of the nutritional problem to be made, as I will describe in a moment.



But progress in these theoretical areas is not sufficient. The bridge is not built when the blueprints are ready. Knowing what to do does not automatically lead to knowing how to do it. In his Martin Forman Memorial Lecture, two years ago, Alan Berg of the World Bank suggested the development of "nutrition engineers" who would focus on the "how to do" aspects of the nutrition problem. I agree with that idea, but we should remind ourselves that all engineering requires sound scientific theories. This is also why we need a valid new conceptual framework of the causes of malnutrition in society that is multidisciplinary and multifactorial.

### **Progress in Ethical Theory and Practice**

Two major schools of thought have dominated ethics throughout history. One focuses on the outcome or consequences of a particular action; another focuses on the moral aspects of the action itself. Narrow focus on our nutritional goals without discussing the morality of the means to achieve them is an example of the first school of thought, while emphasizing the need to implement children's nutrition rights is an example of the second. These two theories have always been seen as incompatible or even contradictory.

The events I have already described, however, show that this is not necessarily true. The World Summit for Children in a real sense transformed children's needs into valid claims or entitlements, i.e. worthy of sympathy and serious consideration as a social priority. The Convention on the Rights of the Child transformed these valid claims into rights. As I said earlier, the leaders of the world's nations have entered into a kind of "social contract" with the world's children and a mechanism has been agreed upon to monitor the extent to which the contractors would "keep the promise".

The Convention on the Rights of the Child defines children's rights as valid claims to which someone -- the State, the community, the family -- has the duty to respond and for which someone must be accountable. Rights are not necessarily enforceable, but rather broad, general standards which must be given a concrete meaning through specific national and local action. Legislation may be required to enforce certain rights. The ratification of the CRC means that States promise to identify and define responsibilities and accountabilities through such national legislation.

Through an understanding of the ethical dimension, we see how a problem can be known and described scientifically for many decades before it is recognized as a social problem. The sudden take-off of the Green Revolution in Asia in the mid-1960s was not so much a scientific breakthrough -- strains of miracle wheats had been around for fifteen years -- as a political and organizational

one. The same is true of the success of the universal immunization effort in 1990 -- the largest peacetime international collaboration in history. Most of the vaccines had been discovered 15-25 years before; it took the communications revolution and political leaders mobilizing their peoples to make them widely available in the mid-1980s.

Recent scientific and technological advances in nutrition face the same challenge. The use of oral rehydration therapy, the simple iodization of salt, universal access to vitamin A through low-cost capsules or vegetables and the use of amylase-rich foods and the scientific rediscovery of the miracles of mother's milk -- these are all awaiting the required political choices that make them universally accessible and used. The challenge is to present these problems and solutions in such a way that people's perceptions change; such that it becomes increasingly embarrassing not to do something; such that it becomes good politics for leaders to do so and bad politics to resist.

The nutritional goals agreed on by the international community should be promoted as a "moral minimum"; the beginning of global development ethics. Children are the most vulnerable and powerless. Children are therefore also the weakest point in those nations, communities and households which deny children's rights. To fight for children's nutritional rights is not a substitute for struggling for larger structural democratic changes but rather a "Trojan Horse" for such a change. Providing a "bubble" of protection around poor children during their first fragile years will not overcome poverty per se, but it will help break the cycle that perpetuates poverty from generation to generation.

#### **Progress in the Reconceptualization of the Nutrition Problem**

The scientific and ethical progress I have just described has made it clear that biomedical formulations of the nutritional problem, particularly those that do not allow for the importance of empowerment of people, are not sufficient. During the last few years, successful attempts have been made to develop a coherent conceptual framework that accommodates and integrates the biological, social, economic and political aspects of malnutrition. UNICEF promotes such a conceptual framework toward development of a "theory of malnutrition in society."

Access to food is obviously only part of the problem leading to malnutrition. What we seek is **nutritional security** for all, and as I mentioned earlier, nutritional security is made up of three components. First, it requires access to appropriate quantities and types of food for each household. Secondly, it requires access to basic health services and to a healthy environment. Thirdly, care for children and women in their family and community environment is necessary.

This formulation has been informed by and continues to evolve with day-to-day work with communities affected by nutritional problems. UNICEF has a great deal of experience in "how to do" things. The revolutionary new capacity to communicate with and mobilize large numbers of people, together with recent scientific advances, has provided us with a host of new tools. People can now use them together to produce dramatic, even unprecedented, results.

UNICEF's Nutrition Strategy promotes a practical approach to social mobilization for empowerment. This approach recognizes the fact that poor people already use very resource-relevant coping strategies for their survival and development. These strategies consist of circular processes of assessing the situation, analysing the causes and designing and implementing relevant actions, followed by a re-assessment of the new situation, better analysis and actions, etc. Guided by a theory of the causes of malnutrition (conceptual framework) this **Triple A Approach** contributes to the capacity building and empowerment of households and communities. The approach is being used by an increasing number of developing countries with good results.

### **Priority Strategies**

In broad terms, UNICEF promotes two strategies: (1) community participation and empowerment through improved assessment, analysis and capacity to design and implement sustainable actions, and (2) improved national nutrition policies and strategies through policy dialogue, training and the use of improved nutrition information systems, including nutrition surveillance and growth monitoring and promotion (GMP).

UNICEF and WHO have together worked out more detailed strategies for how to achieve the nutritional goals. Considering our new understanding of nutrition as a problem that transcends the biological sciences, our priority strategies will include those that are more traditionally "nutritional" as well as broader advocacy for poverty alleviation, gender equity and environmentally-friendly development.

Among programmes that UNICEF has supported, there are several that have had positive results in reducing protein-energy malnutrition. An experience in successful reduction of PEM in Thailand will be presented later in this meeting and illustrates many lessons. As you will hear, Thailand's experience shows that multisectoral planning to address nutritional problems is necessary but not sufficient to accomplish real change. An interministerial effort involving experts in agriculture, education, community development and health provided a useful national-level policy forum, but it was only when nutrition programmes became part of a community-based effort to attack poverty combined with a primary health care approach that improvements were realized. I encourage you to attend this presentation.

The well-known Tamil Nadu Integrated Nutrition Project in India is another case in which education and inclusion of the communities affected by PEM were considered key elements in all major aspects of the project. More recent work in this region has begun to identify aspects of the growth monitoring process, such as the attitude of the health center workers in counseling mothers and the way in which growth monitoring affects mothers' ability to manage their time, that have been known to field workers as conditions for success or failure but have only recently been studied systematically.

### **Breastfeeding**

Rather than listing further particular examples, let me focus now on one strategy which will contribute in many settings to the achievement of many health and nutrition goals -- the protection, promotion and support of breastfeeding.

Where do learning and participation begin? I would suggest, where it is least expensive and most likely to succeed. Facilitating breastfeeding as a means of meeting standards of nutrition fits both criteria. Exclusive breastfeeding of infants for the first four to six months of life is the single human activity that simultaneously fulfills the three conditions for nutritional security I defined before. As if to consciously illustrate the innate desire to fulfill those conditions, just moments after birth, a newborn is able to grope his or her way with minimal guidance to the mother's breast -- a source of appropriate food, health protection, and nurturing care.

The Innocenti Declaration, which articulates the breastfeeding goal and strategy for the 1990s, has now been adopted as policy by the World Health Assembly and the UNICEF Executive Board. This declaration, developed by your governments in 1990, following technical guidance of experts such as yourselves, continues to guide our two agencies' actions to improve infant and child feeding.

Ensuring that women receive all the support they need to practice this child feeding ideal during the first two years of life requires not only correct information and education, but also protection from misinformation.

The first attempt to protect breastfeeding was the International Code of Marketing of Breastmilk Substitutes adopted by governments in 1981. This was followed by the Innocenti Declaration, the Convention on the Rights of the Child, and the World Summit for Children's breastfeeding goal, as well as WHO and UNICEF's "Baby-Friendly Hospital Initiative" (BFHI). The BFHI seeks to recognize influential hospitals and maternity centers that dispel myths about infant feeding and replace them with appropriate practices, support and information for mothers and health care

workers. Ending the distribution of free and low cost supplies of infant formula to hospitals is essential, and critical to ensuring that baby food marketing practices stop undermining proper infant feeding practices. It is encouraging to note that within two years of the start of the initiative, all but three governments in the developing world have taken action to protect its young by prohibiting the continued distribution of infant formula to maternity wards and hospitals.

Sustained breastfeeding through the second year makes it possible for most poor households to provide their babies with adequate diets by preparing complementary foods from their regular food sources. Expensive, commercially produced, so-called "weaning foods" are not needed.

The promotion of breastfeeding must not be used as an excuse to exclude women from the labour force. The burden should no longer fall on women to choose between breastfeeding and participation in work. The burden is on society to facilitate breastfeeding and indeed child care. As a start, we should examine how every programme we develop or support affects the capacity of mothers to breastfeed or care for their children. Where such a programme or policy makes it impossible for a woman to practice the ideal child feeding pattern, the option should no longer be replacement of breastfeeding with artificial feeding, but the redesign of the programme.

Breastfeeding protection, promotion and support is one of those areas that call for structural changes that governments may not be keen to initiate. It is therefore essential that women, as women, and all scientists such as yourselves, join forces to ensure that this critically important right moves from the realm of Utopia to everyday reality.

As we seek to expand protection past of the age of exclusive breastfeeding, it is logical to look to the nutritional security triad to learn how that shield continues to work into early childhood. It is well known that when infants reach the age of four to six months, they encounter new problems. Around this age, new foods, new drinks, new caretakers, new environments and new pathogens enter their lives. No longer dependent on a single source of food, health, and care -- i.e. the mother -- the young child is suddenly vulnerable to the consequences of inadequate supplies of food, to threats to health, and to the possibility of reduced care, as the mother is faced with often conflicting demands on her time, including child care.

There is a growing realization that significant progress toward reducing malnutrition will require an all-out assault on diarrhoea, which is a major cause -- perhaps even the major cause -- of malnutrition among the developing world's children. Frequent diarrhoeal disease stunts the child's normal growth by reducing the

appetite, inhibiting the absorption of food, burning up calories in fever, and draining away nutrients from the body. Over the past decade, oral rehydration therapy to prevent death from dehydration among young children has been on the increase and is now used by one family in three in the developing world, saving a million lives a year. Now ORT must be extended to all households -- 80% by the end of 1995 -- and the campaign must be broadened to prevent malnutrition by continuing feeding (especially breastfeeding) throughout the bout of diarrhoea, and then by giving the child an extra meal a day for at least a week after the episode is over.

### **The need for "20/20 Vision"**

The achievement of all of the nutritional goals, including the goals related to iron, vitamin A and iodine deficiency, is realistic. The annual additional cost to attain all the health, nutrition, education and water and sanitation goals of the World Summit has been estimated to \$25 billion. The estimate for halving PEM is \$2 billion to \$3 billion. Vitamin A elimination would require an additional \$20 million, elimination of iodine deficiency disorders \$80 million, and reduction of iron-deficiency anaemia about \$25 million. Frankly, these are small sums -- even in these financially-strapped times, they can be raised by restructuring budgets to meet priority human goals.

At UNICEF we say this requires "20/20" vision. We should support the 1991 proposal of the United Nations Development Programme, which had two components: It called on developing countries to devote at least 20 per cent of their budgets to directly meeting the basic human needs of their people -- roughly double current average levels. It also argued that 20 percent of all international development aid should go to meet those same basic needs: primary health care, nutrition, basic education, family planning, and safe water and sanitation. Today, on average, less than 10 per cent of already inadequate levels of official development assistance (ODA) is devoted to that purpose. The "20/20 vision" concept underscores the importance of restructuring both sets of budgets in line with the priorities established at the World Summit for Children, which may require -- on average -- a doubling of existing allocations.

### **The Role of Nutrition Scientists**

The mobilization of these resources will require a united effort of advocacy and sensitization of policy makers and donor agencies -- an effort you who are here today must help lead. As nutrition scientists, I urge you to bear the following in mind:

- \* First, think of the big picture -- do not think only how malnutrition can be improved in one small community, but in the entire country.

\* Second, develop and build allies and partners. Please do not think that you or your institution can do everything. You can be most effective by making others aware of the problems and the practical solutions -- particularly politicians and decision-makers. Let us make malnutrition a political issue to be debated in the public domain, not just in specialist circles. The solution to the problem does not lie only within the health sector -- the problem will not be solved only by nutritionists.

\* Third, it is a scandal in today's world for a student (or teacher) of nutrition to conceive of undernutrition in largely biomedical terms or in a vague way as a combination of poverty and medical factors. We must systematize our thinking on causes of undernutrition, teach students to ask the right questions for formulating and categorizing causes of undernutrition, and distinguish among levels of causation and appropriate levels for solutions. Systematic treatment of this essential part of the nutrition discipline is largely absent from our curricula.

\* Fourth, please do not concentrate on assessment at the cost of action. The nutrition field is bogged down by too much assessment and too little action.

\* Fifth, think of sustainability, but also bear in mind the need to make a difference quickly. If people are to believe us and trust us, they need to see the gap between promises and solutions shortened considerably.

And please remember that you are not in this struggle alone. You are part of a worldwide network, I might even say a movement, that is determined to halve child malnutrition in our lifetime -- in fact, in this decade.

A recent good example of such a movement is the International Council for the Control of Iodine Deficiency Disorders, led by Dr. Basil Hetzel -- who is also the Lieutenant Governor of the State of South Australia. ICCIDD has helped to ensure that the continued existence of iodine deficiency in over 100 countries is now seen to be simply unacceptable. Iodine deficiency is now recognized as a major social and development issue and eliminating iodine deficiency has become good politics. We are now optimistic that iodine deficiency will be eliminated from all countries by the end of this century.

New partners are joining this movement all the time -- recently, UNICEF entered into partnership with KIWANIS (a worldwide service oriented NGO) that is preparing a campaign to raise up to \$60 million for universal salt iodization.

Around what kinds of issues might we as the international nutrition community usefully unite? Let me make a few additional suggestions.

\* There are nutrition scientists in this room today whose work is based in Third World countries, whose understanding of nutritional problems in these countries is well developed and informed by first-hand observation, but whose research and teaching contributions are limited by a gross lack of resources to support their work. There are third-world universities struggling to train new nutrition scientists without the benefit of a minimum of academic journals or the funds and supplies to execute even modest research projects. We as a body are uniquely placed to make partnerships -- true partnerships, not patron-client relationships -- that would address these problems and, at the same time, widen our networks of collaboration. The answer is not only to train third-world scientists in industrialized countries but to build the capacity in third-world universities to take on the training of their own talented young researchers and teachers. For those third-world scientists who are trained in the first world, we should work together to find ways to support them so that their training can be applied in their home countries. Some bilateral donors and foundations have targeted agriculture and medicine with support for this kind of partnership, but nutrition has been largely neglected.

\* As our understanding of the politics, economics, and social aspects of the nutrition problem evolves, we should find our advocacy efforts becoming increasingly focused on the larger context in which nutritional problems occur. Those of us here from rich countries should, persistently and loudly, advocate for foreign assistance programmes and policies from our governments that reflect the multidimensional nature of the nutrition problem. What contribution do we make in trying to address particular nutrition and health problems without also giving support to appropriate, community-based activities to reduce poverty, safeguard the rights of women, and improve the capacity of communities to control their own resources? In addition, in many of our own countries, there is room for continued work in such areas as support for working women who breastfeed and improved child care. In using our influence as citizens as well as scientists, we have much work to do.

### **Keeping the Promise**

In his book, Leviathan, Thomas Hobbes introduced the concept of a contract. He defined, more than 300 years ago, a contract as "the mutual transferring of right". He continued: "...he that is to perform in time to come, being trusted, his performance is called keeping the promise".



The Convention on the Rights of Child, the World Summit for Children, the ICN Declaration, and Agenda 21 are all "contracts", in which the children of the world are promised to have their claims fulfilled. The leaders of the world have been entrusted to keep that promise.

But Hobbes also said that "...covenants without the sword, are but words, and of no strength to secure a man at all." This is why a worldwide people's movement for social progress, for children, for the right to nutrition security, for overcoming the worst aspects of poverty, is required -- to see that the terms of the "contract" are fulfilled, that the promise is kept.

The nutrition community, so strongly represented at this Congress, can contribute to and even lead a global movement for the eradication of malnutrition. Similar movements have changed the world before, including the movements against slavery, for women's rights and for greater environmental sustainability.

Nutrition is improving in the world, but far too slowly. An increasing number of people today know that the nutrition goals **can** be achieved; the world has the knowledge and the resources; and, with your help, an ever increasing number of people will continue to think that the world **should** achieve these goals. An increasing number of people will start to ask **why** governments do not do more. Our efforts for human progress in the 1990s will not only influence what political leaders choose to do, but also which leaders are chosen.

Thank you for the opportunity to share these thoughts with you today and best of luck with your important Congress.