



**SUSTAINABLE FOOD
SECURITY
FOR ALL BY 2020**

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SUMMARY NOTE

Panel Discussion: A World in Flux: Changing Population Profiles and Needs
Panelist: Lawrence Haddad, Director of the Food Consumption and Nutrition Division, International Food Policy Research Institute
Title: Burying Nutrition Myths and Activating Choices for Our Children's Development

I have a confession to make. I used to think that Bonn was a city built solely by government for government. This is in fact a myth. The written history of Bonn begins more than 2000 years ago with the building of a Roman bridge near the Celtic settlement of Bonna.

Myths are seductive. But they crowd out facts. And when the facts make a compelling case for action, they must be buried. In the next 10 minutes I will try to bury 6 myths that have made us complacent about malnutrition and stifle our collective appetite for action — action to eliminate malnutrition as a fate awaiting future generations.

Grand words. But is achieving such a goal by 2020 truly possible? I hope to convince you that we are closer than you may think.

First, let me remind you that malnutrition is not solely due to a lack of food. If, for some monstrous reason, one wanted to make an infant malnourished, depriving it of food would certainly be effective. But the effects of depriving the infant of care from its mother, clean water, good sanitary facilities, and effective health care would be equally malignant. Food, care, and health—this, then, is the holy trinity of good nutrition.

Unfortunately the world is adept at creating malnourished infants. Globally we estimate about 150–160 million of them. The good news is that their numbers are decreasing steadily. The bad news is that this may be Myth 1. What about the global estimates that say the numbers are going down? Well, they may be right. But we cannot be so sure. For a large number of countries there are no decent data and we have to rely on guesswork. Looking only at countries for which there are good trend data, a decidedly less rosy picture emerges. Malnutrition is going down in only 31 out of the 58 developing countries that have good data over time. The remaining 27 countries are witness to growing numbers of wasted and stunted children. Overall, for these 58 countries, the number of malnourished children has dropped from 137 million in the 1980s to 131 million in the 1990s. At that rate, goals for halving the number of malnourished children will only be accomplished by 2094 (Haddad 2001).

So, at best, the numbers are not going down fast enough. They are even increasing in a large number of countries, particularly in urban areas. So what? If one needs to answer that question at all, the most obvious response is surely that the humanitarian costs are obscene and unnecessary. Moreover, the rights of a billion family members to tend to their infants' most basic needs are being violated day after day.

But good nutrition is about more than this. Without it, other good things cannot happen. It is the bedrock upon which the present generation secures a future for itself and for the next generation. Myth 2, then, is the claim that "nutrition has little to do with my work in eradicating poverty and advancing economic growth".

In response, let me highlight recent estimates that suggest that the economic costs of undernutrition may exceed 3.5 percent of GDP, year in year out (Horton 1999). Is this loss a big deal? After 10 years in the absence of malnutrition, GDP would be 41 percent higher than it would have been. After 20 years it would double. Over the 1990s these GDP losses are comparable to the losses sustained by some Asian economies due to the financial crisis of a few years ago.

What is the relevance of nutrition for the other topics in this session? On population, babies that are better nourished in the womb are more likely to survive birth and beyond, reducing one strong incentive for parents to want larger families. On the explosion of diet-related diseases in middle age, it is now established that underweight babies will grow into adults more prone to diabetes, coronary heart disease, and some forms of cancer (Popkin, Horton, and Kim 2001). On HIV/AIDS, there is research to show that malnutrition hastens the progress of the virus once infection has occurred and possibly inhibits transmission from mother to baby (Piwoz and Preble 2000). On the links with education, malnourished children enter school later and are less able to learn once they get there. Education initiatives such as those proposed for Africa at the Genoa summit will likely squander millions of dollars if good nutrition is not seen as the first step on the road to a secure livelihood (ACC/SCN 2000).

So, we want better nutrition and for many reasons. But surely income growth--fuelled in the poorest countries by agricultural productivity gains (Hazell and Haddad 2001) — will take care of things on its own? This is Myth 3. Income growth is crucial, but not enough on its own. Simulations based on survey data on what income growth does to child malnutrition (Alderman et. al. 2001). Of the 10 countries in the sample, only in Morocco will robust growth of 5 percent per year for the next 20 years halve malnutrition. Such growth rates are fading gleams in the eyes of those worried about a global recession.

Even if rapid income growth rates were possible, the nutrition status of the majority of today's babies will be untouched by it. If so, why don't parents in developing countries care enough to invest more in their babies' nutrition? This is Myth 4. Of course they care, but such an investment is a tall order for people earning less than the cost of a bottle of water at this conference. They are already spending 70 percent or so of their money on food. Why can't they borrow for their children's nutrition? Can you imagine the pitch to a lender? "Could you lend me enough money to purchase a decent diet, child care, and water, sanitation and health care for my babies for the next 5 years? In 20–30 years they'll earn more than they would without these things and be able to pay off the debt. Oh, and by the way, I have no collateral." This is a classic market failure and a strong justification for public sector investment (Gillespie and Haddad 2001).

So public-sector involvement is needed, but if the nutrition experts knew what to do, we wouldn't be in this situation. This is Myth 5. We know what to do to end malnutrition. Of course, there are some important gaps in knowledge — programs for adolescent girls for example — and some technological options that we need to explore, such as conventional and transgenic breeding for micronutrient-dense cereals. And of course the context matters—good governance, the high status of women, control of HIV/AIDS and an absence of conflict are of obvious importance. But we have an extensive menu of cost-effective nutrition interventions to order from. It includes community-led programs to strengthen parents' behaviors about the feeding, caring and health of their infants, and programs to monitor child growth, distribute micronutrient capsules, fortify foods such as salt and dry

milk; improve access to clean water; and improve the baby-friendliness of health clinics and hospitals (Allen and Gillespie 2001).

Crucially, the missing items on the menu are financial resources and the capacity to spend them wisely. Capacity is not simply about what people know. It is also about whether they have incentives to use their knowledge and to add to it. If salaries are low, accountability mechanisms absent, and little priority is given to problem solving, capacity to spend effectively will be weak. The nutrition community has neglected capacity in this broadest sense. We need to spend more effort on assessing capacity, understanding when it is the key constraint to action, and developing it in ways that further community goals.

Inadequate resources, however, are a large part of the reason why malnutrition persists. But isn't it incredibly expensive to eradicate Third World malnutrition? This is Myth 6. Estimates suggest that it would cost 1 to 6 percent of current public expenditure on health to get every malnourished child into a community nutrition program (Gillespie and Haddad 2001). Are these numbers large or small? There are certainly difficulties in achieving these increases. But there are also opportunities to do so. What can the more fortunate countries do? If they would only choose to focus ODA more on the least developed countries this would be good for nutrition (OECD 2000). Developing countries have opportunities too. For example, public health expenditures are often skewed away from the poor (World Bank 2000).

Nor does the nutrition community get off the hook. We must recognize and exploit resource opportunities within the new financial arrangements. For example, we should be thinking hard about how to build nutrition concerns into the poverty reduction strategy processes currently being prepared by over 20 of the poorest countries.

How, then, to generate increased pressure for nutrition-sensitive resource allocation? I believe we need to do two things: get deeper into the hothouse of policymaking but also get further away from it.

Getting in deeper means finding out why policymakers are not asked "Are the children growing?" as opposed to "Is the economy growing?" Why do some countries decide to spend 1 percent of their GNP on development assistance and some one tenth of that? Why do some provinces decide to spend 20 times more on their malnourished children than others do? The research community has been too timid in addressing such questions. It will not be easy or comfortable but I believe such efforts will help to hold decisionmakers accountable for their choices and will lead to improved aid and budget choices.

At the same time getting further away from the hothouse means that we need to engage the public more directly. Systematically interacting with the general public on our work might surprise us. We hear about research that finds that Americans think they spend 15 times more on foreign aid than they actually do and that those who want to spend less on foreign aid are far more vocal than the majority who want to spend more. We need more work like this to bridge the reality gap between the public, the media, and the policymakers.

I imagine that most of us were surprised by the activism from Seattle to Genoa. But the street violence has become the story, giving politicians an easy ride and the media an easy story. We need to dump the violence and retain the energy, sustaining it and channeling it with solid empirical evidence — evidence that explodes myths and liberates action.

Evidence that tells us that malnutrition is not decreasing as fast as we think it is; that good nutrition underpins development; that income growth alone will not deal with malnutrition quickly enough; that private markets fail parents who want to invest in their kids' nutrition; that we do know how to eliminate malnutrition; that the resources to deal a severe blow to malnutrition are relatively

small; and that there are plenty of opportunities to find these resources. To get the resources we need to become more activist-with the policymakers and with the public — all the while backed by rigorous research findings.

A billion seconds ago, there were one billion fewer malnourished infants on the planet. Think about it, one malnourished infant per second.

We need to do much better in the next billion seconds.

And we can if we choose to.

References

- ACC/SCN (United Nations Administrative Committee on Coordination/Sub-Committee on Nutrition). 2000. *Fourth Report on the World Nutrition Situation*. Geneva: ACC/SCN in collaboration with IFPRI.
- Alderman, H., S. Appleton, L. Haddad, L. Song, and Y. Yohannes. 2001. Reducing Child Malnutrition: How Far Does Income Growth Take Us? International Food Policy Research Institute and the World Bank, Washington, D.C., Draft.
- Allen L. H. and S. R. Gillespie. 2001. Options for Interventions to Improve Human Nutrition: A Review of Efficacy and Effectiveness. Forthcoming ACC/SCN State of the Art Paper, ACC/SCN, Geneva.
- Gillespie, S. and L. Haddad. 2001. Attacking the Double Burden of Malnutrition in Asia and the Pacific. Forthcoming, Asian Development Bank in partnership with Sage Press.
- Hazell, P. and L. Haddad. 2001. *Agricultural Research and Poverty Reduction*. 2020 Discussion Paper 34. Washington D.C.: IFPRI.
- Horton, S. 1999. Opportunities for Investments in Nutrition in Low-Income Asia. *Asian Development Review*.
- OECD. 2000. Development Cooperation Report 1999. *DAC Journal* 1 (1). Paris: Organization for Economic Cooperation and Development.
- Piwoz, E., and E. Preble. 2000. HIV/AIDS and Nutrition: A Review of the Literature and Recommendations for Nutritional Care and Support in Sub-Saharan Africa. SARA Project, USAID, Washington, D.C.
- Popkin, B. M., S. Horton, and S. Kim. 2001. The Nutrition Transition and Diet-Related Chronic Diseases in Asia: Implications for Prevention. Food Consumption and Nutrition Division Paper 105. Washington D.C.: IFPRI.
- World Bank. 2000. *World Development Report 2000–2001: Attacking Poverty*. Washington, D.C.

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