

XXII. THE CONTRIBUTIONS OF THE ICPD PROGRAMME OF ACTION TOWARD ACHIEVING THE REDUCTION OF HUNGER

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Although the Programme of Action of the International Conference on Population and Development (ICPD) does not contain as a specific goal to reduce hunger, many of its elements should make a major contribution toward attainment of the Millennium Development Goal on hunger. Several of the Actions called for by the ICPD are essential to the reduction of hunger, especially those related to gender equity, reproductive health care and family planning, education (particularly for girls) and above all the “commitment to promoting an enabling environment to achieve economic growth” (United Nations, 1994 and United Nations, 1999). This paper assesses the relevance of the ICPD Programme of Action for the attainment of the Millennium Development Goal (MDG) concerning the reduction of hunger.

In the Millennium Development Goals, Target 2 of Goal 1 is “to halve between 1990 and 2015, the proportion of people who suffer from hunger”. The most widely used indicator of chronic hunger is the measure used by the Food and Agriculture Organization (FAO) of chronic undernourishment and food insecurity which refers to the number of people who consume too few calories to meet daily energy requirements. FAO estimated that in 1990-1992 the number of chronically hungry in the developing world was 817 million or 20.2 per cent of the population. Asia had the largest number of people who were undernourished, but as a proportion of the population, hunger was most prevalent in sub-Saharan Africa. FAO estimated that in 1995-1997 the number of hungry in developing countries had declined to 780 million. It also estimated that in 1993-1995 the countries in transition had 25 million undernourished persons. The most recent FAO estimate refers to 1999-2001 and indicates that hunger affects 798 million persons in developing countries and 34 million in the countries in transition. The share of the population that was undernourished amounted to 16.9 per cent in developing countries and 8.2 per cent in the countries in transition (FAO, 2003). Although the number of undernourished persons fell only slightly between 1990-1992 and 1999-2001 in developing countries, a significant decline occurred in proportional terms (from 20.2 to 16.9 per cent) mainly because of overall population growth.

1. FAO's goal regarding the reduction of hunger

Prior to the adoption of the Millennium Development Goals, the 1996 World Food Summit hosted by the FAO in Rome had set a goal of reducing the number of hungry by half between 1990 and 2015. Although complementary in their objectives, the MDG goal on hunger and that of the Food Summit are different. One relates to halving the proportion of hungry people while the other aims at reducing the number of hungry persons. Clearly, the goal adopted by the Food Summit is more difficult to achieve, since even if the absolute number of hungry persons remains unchanged, the proportion they represent would decline as overall population continues to grow in developing countries. The FAO has begun to assess progress made toward the achievement of the Food Summit goal in its annual report on *The State of Food Insecurity in the World*. In it, FAO concludes that the 2015 Food Summit goal is almost certainly not going to be met if the “business as usual” scenario that projects a continuation of current trends prevails. According to that scenario, the number of hungry would decline only to about 600 million by 2015 (FAO, 2003).

2. The MDG regarding the reduction of hunger

According to the medium-variant of the *2002 Revision* of the official United Nations projections (United Nations, 2003), the world population would reach 7.2 billion by 2015 so that the projected 600 million hungry persons would represent about 10 per cent of the population and the MDG goal on hunger would be achieved. However, complacency is unwarranted, since FAO has estimated that the number of undernourished actually increased between 1995-1997 and 1999-2001 and, given current trends, the 2015 FAO “business as usual” projection to 2015 seems increasingly optimistic. If the number of hungry were to remain largely unchanged, they would represent about 14 per cent of the population in 2015. With the appropriate policies and both political and financial commitment, the MDG goal on hunger can be reached by 2015. Beyond 2015, the ultimate goal must be to end widespread chronic hunger by 2050, which is a not an unrealistic goal. The most essential element necessary to make long-term progress against poverty and hunger is sustained economic growth that is broadly shared by the poor (Runge and others, 2003).

A. ECONOMIC AND POPULATION GROWTH

As argued in *Ending Hunger in Our Lifetime: Food Security and Globalization* (Runge and others, 2003), economic growth, in which the poor broadly share, is the *sine que non* for the substantial reduction, and ultimate elimination, of widespread chronic hunger. In addition to stressing the importance of economic growth, the key actions for the further implementation of the Programme of Action called on Governments of developing countries and the international community to “ensure that poverty eradication programmes are targeted particularly at females” (para. 18(d), United Nations, 1999) and discussed innovative approaches, such as micro-credit for poor families. Both have been found to play important roles in the reduction of extreme poverty and hunger (Runge and others, 2003).

An entire section of the ICPD Programme of Action appropriately focused on reproductive rights and health, and voluntary family planning. The key actions for its further implementation called for “universal access to a full range of comprehensive reproductive health-care services” (para. 6, United Nations, 1999) and advocated “providing sufficient resources... (for) the widest range of safe, effective, affordable and acceptable family planning and contraceptive methods” (para. 57(a), United Nations, 1999). They also set targets for closing the “gap between contraceptive use and the proportion of individuals expressing a desire to space and limit their families” (para. 58, United Nations, 1999). Slowing population growth, especially in the least developed countries, is critical to reducing hunger.

Birth rates have been dropping dramatically even in countries with very high levels. For example, the average annual population growth rate of 2.1 per cent in Bangladesh for 1980-2002 is projected to decline to 1.5 per cent for 2002-2015 and for Kenya from 2.9 per cent to 1.4 per cent (World Bank, 2004). In many families in the developing world though, the number of births is higher than desired because of lack of access to family planning services and contraceptive methods. Moreover, in many poverty-stricken areas, husbands frequently desire larger families than wives. A section of the ICPD Programme of Action focuses on gender equity and the empowerment of women. The actions called for with respect to the improvement in the status of women could further contribute to slowing population growth in the least developed countries by giving women more sway on the decision regarding the number of children they would have.

1. A comparison of China and sub-Saharan Africa

One can compare those nations that have substantially reduced poverty and hunger over the last decade or two to those that have made little or no progress. The former have had higher rates of economic growth, usually coupled with much lower rates of population growth, than the latter. The poorest countries, in which little or no progress against poverty and hunger has been made, almost universally have had very low rates of economic growth in combination with relatively high population growth.

Between 1980 and 1990, China's gross domestic product (GDP) grew by an average annual rate of 10.3 per cent and during 1990-2002 it grew by 9.7 per cent. China's average annual population growth rate for 1980-2002 was only 1.2 per cent implying that economic growth resulted in very substantial per capita gains (World Bank, 2004). China's agricultural production also grew more rapidly than its population, at 5.9 per cent per year during 1980-1990 and 3.9 per cent during 1990-2002. Largely as a consequence of the robust economic and agricultural growth together with a moderate rate of population increase, the number of chronically hungry people in China declined dramatically from 193 million in 1990-1992 to 145 million in 1999-2001, or from 16.5 per cent to 10.6 per cent as a proportion of the population (FAO, 2003).

In comparison, the average growth of GDP in sub-Saharan Africa was only 1.6 per cent per year during 1980-1990 and 2.6 per cent per year during 1990-2002. With population growing at 2.7 per cent annually during 1980-1990 and 1.9 per cent annually during 1990-2002, per capita GDP actually fell during the first period and increased only slightly during the second (World Bank, 2004). Moreover, agricultural production increased an average of 2.3 per cent annually during 1980-1990, less than the rate of population growth, so that per capita food supply fell. For 1990-2002, agricultural production rose by 2.8 per cent annually, producing a slight increase in per capita food supply (World Bank, 2004). Given these trends, it should not be surprising that the number of undernourished people in sub-Saharan Africa increased from 166 million in 1990-1992 to an estimated 198 million in 1999-2001 and the proportion undernourished changed very little, going from 34.9 per cent to 32.9 per cent (FAO, 2003).

2. Population growth in the poorest countries

Furthermore, most of the least developed countries with the highest rates of poverty and hunger also have some of the highest rates of population growth, which is no coincidence. In Angola, for instance, where average annual population growth was 2.8 per cent during 1980-2002, 48.8 per cent of the population was undernourished in 1999-2001. In the Democratic Republic of the Congo, population growth was 2.8 per cent annually and an estimated 75 per cent of the population suffered from chronic hunger. In Zambia, population growth was 2.6 per cent per year and half the population did not have enough to eat (FAO, 2003 and World Bank, 2004). These countries represent a few extreme examples, but with rapid population growth and the resulting high dependency ratios, there is no surplus to invest. In those circumstances, breaking out of the vicious cycle of poverty and hunger is much more difficult, if not impossible, especially in light of other related factors, such as political instability and a high incidence of infectious disease, including HIV/AIDS. Moreover, although Zambia, for instance, experienced a very respectable 3.6 per cent average annual increase in agricultural output during 1980-1990 and 3.5 per cent during 1990-2002, because its population was growing at 2.6 per cent per year, the increase in per capita food supply was quite modest.

The ICPD Programme of Action called for continued support for declines in infant and child mortality rates by improving health care and nutrition programmes for infants and children, and stressing the importance of breastfeeding unless medically contraindicated. Most of the least developed countries have very high rates of infant and child mortality. For any family, one of life's greatest tragedies is the

loss of a child. Moreover, at high levels of child mortality, families desiring a certain number of children to survive to adulthood, have more children, realizing that some are unlikely to live. With declines in child mortality, families become comfortable having fewer children. In addition, research has shown that higher birth-order children are more likely to suffer from malnutrition in families living in poverty (Senauer and Garcia, 1991). Poor families have limited resources, including parental time, and older siblings are better positioned to get a larger share of the food available than younger ones.

B. EDUCATION AND GENDER EQUITY

The ICPD Programme of Action emphasized that everyone has the right to education and set the goal of universal access to primary education, eliminating the gender gap in education, and ensuring that by 2010 the net primary school enrollment ratio for children of both genders will be at least 90 per cent. These education goals can make a significant contribution to reducing hunger, especially malnutrition among children. In addition, the ICPD goals related to gender equality, equity and empowerment of women call on Governments to ensure the human rights of women and girls, promote and protect the human rights of the girl children and young women, and remove all gender gaps and inequalities pertaining to women's livelihoods and participation of the labour force. Both the education objectives and those related to gender equity and the empowerment of women can contribute significantly to the attainment of the MDG goal on hunger.

1. *Education and child malnutrition*

Child malnutrition, as reflected in substandard heights and weights, are another manifestation of hunger. In a study that has received considerable attention, Smith and Haddad (2000) using data for 63 developing countries analyzed the factors that contributed to a reduction in malnutrition among children during 1970-1995. They found that 43 per cent of the reduction could be related to an improvement in mother's education, 19 per cent to a better health environment, 12 per cent to the enhancement of women's status, and just 26 per cent to an increase in national food availability.

Kassouf and Senauer (1996), using data from a large household survey in Brazil, found that parental education, especially that of the mother, was an important determinant of child nutritional status. Some 25 per cent of preschool children of mothers with less than four years of schooling were stunted, as measured by their height for age. For the children of mothers with at least four but less than eight years of schooling, it was 15 per cent, and the percentage of stunted children fell to 13 per cent for mothers with more than eight but less than eleven years of schooling, and to only 2.8 per cent for mothers with over eleven years of education. Similar improvements were observed in weight for age of children with mothers with more education. Moreover, child nutritional status also improved with the father's level of education, but the results were not as dramatic. Similarly, Senauer and Garcia (1991) using household survey data for the Philippines also found that the preschool children who had mothers and fathers with more education suffered less stunting. These results are consistent with the findings of many other research studies that also found that parental education, especially that of the mother, is a very important determinant of the nutritional status of their children.

2. *Intra-household food distribution and women's status*

In many cultures, the allocation of food within families is quite inequitable, with adult men being generally favoured over women and girls. In an analysis of household survey data for poor villages in the Philippines, Senauer, Garcia and Jacinto (1988) found that the opportunity cost of women's time as measured by their wage rate, and their predicted wage if they were not employed, had a significant effect of the distribution of available food among household members. The primary determinants of a person's

opportunity cost of time (estimated wage) are his or her level of education and job skills and his or her access to employment opportunities. It was found that the potential wage rate of the mother had a significant beneficial impact on the relative caloric allocation to both herself and her children. These results suggest that improvements in education, the status of women, and job opportunities for girls and women, as called for in the ICPD Programme of Action, would have the additional benefit of creating a more equitable distribution of food within families.

C. HIV/AIDS AND HUNGER

Under reproductive health, the ICPD Programme of Action focuses on the need to give high priority to reproductive and sexual health, and sets as an objective that primary health-care and family planning facilities be able to provide for the prevention and management of sexually transmitted diseases, especially HIV/AIDS. The ICDP Programme of Action also stressed the importance of educating men to take responsibility for the transmission of sexual diseases to women, especially HIV/AIDS, since the male condom is the easiest and most effective barrier method to prevent transmission. These initiatives can have a critically important indirect impact on the MDG goal on hunger, especially in sub-Saharan Africa. Since the first diagnosis of AIDS in 1981 some 20 million people have died from the disease and an estimated 38 million are currently infected worldwide (UNAIDS, 2004). The impact of HIV/AIDS in sub-Saharan Africa is catastrophic. With just 10 per cent of the world's population, two-thirds of all those infected with HIV/AIDS are in sub-Saharan Africa. Moreover, the risk of contagion is greater for women and prevalence of the disease is about 10 per cent higher among women than men in sub-Saharan Africa. Women tend to become infected at younger ages than men because of the common age differences between sexual partners.

The impact of HIV/AIDS, especially in sub-Saharan Africa, may completely undercut progress toward the attainment of MDG 1 on poverty and hunger. Life expectancy is falling in some countries where HIV prevalence is particularly high. Moreover, 80 per cent of those dying are between the ages of 20 and 50. They are young and middle-aged adults in their most productive working years and frequently leave behind orphaned children or elderly parents (Runge and others, 2003). A study in South Africa and Zambia found that the income of households, usually already poor, dropped by 66 to 80 per cent when an adult family member reached the stage at which he or she was seriously ill with AIDS (UNAIDS, 2004). According to UNAIDS, Africa may have 28 million orphaned children by 2010 due to AIDS. The impact of the disease may be so overwhelming in sub-Saharan Africa, that any hope of economic growth and development may vanish, with poverty and hunger becoming more widespread and severe.

D. URBANIZATION AND HUNGER

In the past, the vast majority of those suffering from chronic hunger lived in rural areas, many of them gaining a living as semi-subsistence farmers. However, the number of poor and hungry in the cities of the developing world has been increasing rapidly. The proportion of people in developing countries residing in cities has doubled since 1960, to over 40 per cent. (Runge and others, 2003). In the future, food insecurity will increasingly be an urban problem. The ICPD Programme of Action appropriately has a section on devoted to internal migration, population distribution and urban agglomerations in which it calls on Governments to improve the management and delivery of services for the growing urban agglomerations. The adequate availability of food in major cities depends on the development and management of complex food-supply chains and distribution systems. The access of the poor to an adequate diet must be given special consideration.

E. FOOD AND NUTRITION PROGRAMMES AND TRADE

The ICDP Programme of Action advocated measures to strengthen food and nutrition policies and programmes and fair trade relations.

1. *Food and nutrition programmes*

Appropriately designed and well managed nutrition programmes can significantly accelerate the reduction of undernourishment. Thailand provides an excellent example of the dramatic reductions in poverty and hunger that can occur when sustained, broadly-shared economic growth is combined with targeted poverty reduction and nutrition improvement efforts (Runge and others, 2003). The poverty rate in Thailand fell from 32.6 per cent in 1988 to 11.4 per cent in 1996. The incidence of mild malnutrition among preschool children declined from 35 per cent to only 8 per cent from 1982 to 1998, moderate malnutrition from 13 per cent to 1 per cent, and severe malnutrition from 2 per cent to an insignificant level. In addition to solid economic growth, Thailand focused on education and on programmes to increase agricultural production, particularly as a source of export earnings. Thailand also had a well-organized poverty-reduction programme that relied on community involvement. The programme initially focused on the most critical nutrition problems, combining nutrition surveillance, supplemental feeding for young children, primary health care, and the local production of nutritious foods. Thailand has also had a very successful HIV/AIDS education and prevention programme.

2. *Trade*

The key actions for the further implementation of the ICDP Programme of Action briefly mention the importance of fair trade relations, with special attention to the creation and strengthening of food security (United Nations, 1999). Since the ICDP met in 1994, awareness of the importance of trade for development and the impact of trade policy on developing countries has grown. The evidence is that those developing countries that have been most open to trade have experienced more rapid economic growth. Furthermore, those nations with the fastest economic growth have had the greatest reductions in poverty and hunger (Runge and others, 2003). The poorest nations almost invariably have the most closed economies and are the least open to trade.

A critical point is that food security should not be equated with national food self-sufficiency, which implies that domestic production is adequate to satisfy domestic demand. India, for instance, has largely become self-sufficient in food and during some years it has actually been an exporter of food. However, India has more undernourished people than any other single nation. People in India are hungry because they are poor. If food security is defined as sufficient food to lead an active, healthy life, the poor lack food security despite India's programmes on food subsidies and nutrition. The poor's food needs cannot be satisfied through the market because they lack the means to buy the food they need (Runge and others, 2003).

Lastly, it has become widely apparent that developing countries are not competing on a level playing field when it comes to agricultural trade. Due to the extremely generous government subsidies received by commercial farmers in Europe and the United States, and some restrictions on agricultural imports, such as the U.S. quota on sugar imports, agricultural exports from developing countries suffer and their farmers receive very low prices for their production (Runge and others, 2003). A substantial reduction in European and U.S. agricultural subsidies was a major issue for developing countries in the Doha Round of negotiations under the World Trade Organization (WTO). Importantly, developing countries have collaborated better in defending their interests in the current trade negotiations than they had in earlier rounds of trade liberalization.

F. CONCLUSION

The MDG Goals and the ICDP Programme of Action are highly complementary and mutually reinforcing. Because there are only eight broad MDG Goals that can be stated clearly and succinctly, they are a very effective communication vehicle, which will hopefully help galvanize the world community to action. The ICDP Programme of Action provides greater detail and has more elements and objectives than those summarized in the MDGs. The ICDP Programme of Action can be viewed as providing a comprehensive framework constituted by many of the elements necessary for the achievement of the Millennium Development Goals, including the reduction by half of the proportion of the population suffering from hunger.

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