

THE CRITICAL ROLE OF NUTRITION FOR REACHING THE MILLENNIUM DEVELOPMENT GOALS AND SUCCESS OF THE MILLENNIUM DEVELOPMENT PROJECT

Poverty reduction and increased food production alone will not solve the nutrition problems facing the poor populations in developing countries

Global leaders agreed to halve the proportion of underweight young children from 28% in 1990 to 14% in 2015, as a target for the Millennium Development Goal (MDG) on poverty and hunger (Goal 1). Ten years later the target seems very unlikely to be met, as 27% of young children are still underweight. Of the 126.5 million underweight young children globally, 89.2 million are in Asia, 34.5 million in Africa, and 2.8 million in Latin America and the Caribbean. In Africa child underweight rates continue to rise and a third of the population continue to experience hunger.

Even more suffer from micronutrient deficiencies—“hidden hunger”—than from being underweight or lacking food. Iron deficiency is one of the most common nutrient deficiencies, affecting an estimated two billion people and causing almost a million deaths a year, and impairing the mental development of about half of the developing world's children. Vitamin A deficiency is compromising the immune systems of approximately 40% of the children in developing countries, leading to the deaths of approximately 1 million young children every year. Iodine deficiency affects 15% of the population, causing almost 18 million babies a year to be born mentally impaired. Zinc intakes are also commonly inadequate, affecting a half or more of the population in those developing countries with the highest mortality rates, and correcting this would have a dramatic impact on young child morbidity and mortality.

If special efforts are not made to tackle these global nutrition problems, the achievement of most MDGs will be seriously compromised. Poor nutrition is threatening the achievement of the MDGs in the following ways:

- Poverty reduction (MDG 1) is hampered by reduced physical and mental capacity of adults, largely caused by poor growth and nutrition in childhood that cannot be easily reversed. Reduced cognitive ability associated with stunting and lack of proper infant feeding, measurable in lower scores on IQ tests, leads to reduced productivity and earnings across the course of life. Switching one low birthweight infant to non-low birthweight status yields almost US\$1000 in benefits over a lifetime. With about 20 million low birthweight children born every year in developing countries, the costs of doing nothing adds up to around US\$20 billion a year among those that survive. Anaemic adults are also less productive with estimated losses of up to 2% of GDP in the worst affected countries.
- Poor nutrition also impacts on education (MDG 2): Low birthweight, stunting, anaemia, micronutrient deficiencies and inadequate young child feeding practices are all associated with poor school performance later in the life of the child. Iodine deficiency, iron deficiency and lack of breastfeeding during early childhood impair cognitive development. Current hunger in school reduces attention span and school performance.

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- Improving child undernutrition is best achieved by empowering women and ensuring gender equality (MDG 3) so that they have greater control over assets. Girls with poor nutritional status are less likely to finish school.
- Poor nutrition and infant and young child feeding behaviours interacts strongly with child mortality (MDG 4). Almost half a million young children die each month from normally non life threatening diseases such as diarrhoea and pneumonia, because of inadequate growth in uterus and early childhood together with inadequate feeding practices. Breastfeeding alone could save more than 3000 lives daily.
- Poor nutrition also impacts negatively on maternal health (MDG 5) as childhood stunting increases the risk of obstructed labour later in life, leading to increased maternal mortality. Several micronutrient deficiencies (iron, vitamin A, folate, iodine, calcium) are associated with pregnancy complications. One tenth of maternal mortality in developing countries is attributable to iron deficiency, causing the deaths of more than 60 thousand young women a year in pregnancy and child birth.
- Poor nutrition also impacts on HIV/AIDS and malaria (MDG 6), as it hastens the onset of AIDS among HIV-positive individuals, and reduces malarial survival rates. Undernutrition may also compromise the efficacy and safety of ARV treatment, and weaken the resistance to opportunistic infections.

The UN Millennium Project and the plan to achieve the MDGs do not at present fully recognize the fundamental importance and critical role of good nutrition for a nation's development. There is need to increase the recognition that improved nutrition at critical periods in the life cycle, especially during pregnancy and early childhood, are essential if most of the MDGs are to be achieved. The Report of the Secretary General "In larger freedom: towards development, security and human rights for all" does not distinguish the child undernutrition target for MDG 1, and does not mention malnutrition as being a hindrance for achieving the MDGs. It merely refers to food insecurity and hunger. Poverty reduction and increased food production alone will not solve the nutrition problems facing the poor populations in developing countries.

Now is the time for a concerted effort to increase the likelihood of achieving the MDGs by investing in nutrition programmes. Undernutrition is too costly to be ignored; nutrition should therefore be a vital investment area for development. Both direct and indirect costs represent the price of complacency, by allowing widespread hunger and malnutrition to persist. Both are unacceptably high, not only in absolute terms but in comparison with costs of a third type – the costs of interventions to prevent and eliminate hunger and malnutrition. Food and nutrition programme interventions have consistently been shown to be among the most cost effective. The UN agencies concerned with the implementation of such programmes are increasingly working more closely together, to realize the right to adequate food and to be free from hunger and malnutrition, and help achieve the MDGs. Surely now is the time for more support for such action.