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Regional Ministerial Consultation on
Maternal and Child Nutrition in Asian Countries

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Excellencies,
Distinguished guests,
Ladies and Gentlemen,

It is an honour to be here with so many people devoted to the health and nutrition of Asia’s women and children. Much of the world looks to Asia with envy of the dramatic progress that has been made on malnutrition and poverty in recent decades. The speed with which Asian economies have grown, and the sheer number of people lifted free of the shackles of hunger is simply breathtaking. In the last decade alone, some 230 million people in Asia are estimated to have risen above the poverty line, thanks in large part to advances in agricultural and industrial productivity.

Looking at the broad gains, it would be relatively easy to assume then, that nutrition in Asia is under control. In fact, for the first time in history, a few of the countries in the region are grappling with a different kind of malnutrition – obesity. A look beyond the bottom line, however, reveals quite a different story. Several countries on the continent – DPR Korea, Afghanistan, Timor Leste for example – still face tremendous undernutrition problems. And even within countries where the average is reasonably high, large swaths of society – women and children in particular -- suffer from crippling malnutrition.

All of which confirms something that WFP has long believed – poverty eradication and hunger do not necessarily move at the same speed. Increasing incomes does not automatically mean everyone is better nourished.
South Asia is a good example. The sub-continent has made enormous strides on poverty reduction, which are projected to continue. It is expected to meet the Millennium Development Goal of halving the portion of its population which is malnourished by 2015. But even then, population growth and widening inequality are likely to ensure that four out of 10 of the world’s undernourished people will still be found in South Asia.

At the root of much of this conundrum is the question of gender, and South Asia is the classic example of the price being exacted on the regions girls and women. For many of you, this will be a familiar chant, but it is worth repeating the life cycle of hunger and poverty that locks hundreds of millions of people – and their children, and their children’s children – in destitution.

An adolescent girl gives birth in a small and dusty rural village somewhere in South Asia. She is probably painfully thin, dangerously anaemic and possibly lacking iodine. As a resident of South Asia, she is more likely than women anywhere else in the world to die during pregnancy or childbirth. Two out of three women have no qualified medical help during childbirth. The baby inherits her mother’s malnutrition, and is born weighing less than two and a half kilograms, making her four times more likely to die in her first week of life than a bigger baby. If her mother was seriously deficient in iodine, she may be born retarded.

As she grows, the child faces still more hurdles. Her mother will probably breastfeed her, but not exclusively. She too is likely to suffer from iron deficiency anaemia, stifling her cognitive development. Like her mother,
she may lack Vitamin A, compromising her vision. She is 50 percent more likely to die before her fifth birthday than if she had been a boy.

If she does pass that milestone, her prospects increase slightly. There is a 1 in 2 chance that her growth will have already been stunted by the time she reaches school age. And while she is more likely to go to school than if she had been born 10 years earlier, she will probably drop out two years earlier than her male classmates. An insidious new threat to her survival has emerged—HIV. As the prevalence of the virus grows, it adds another risk to the already long list of diseases which prey on poorly nourished bodies—malaria, tuberculosis, measles, diarrhoea. . . .

Progress on human development in South Asia has slowed. Our little girl’s mother may have had exponentially better chances than her grandmother, but the breakneck speed of improved living conditions, education, health and social services is beginning to plateau. Although the picture in South Asia is particularly sharp, the story I have recounted could be replayed in any number of poor villages across Asia and the Pacific.

Now I know that it is rarely wise to compare countries or continents. But in preparing for this meeting I came across a few sobering facts. These don’t come from the World Food Programme, but from sources such as the World Bank, UNICEF, UNDP, UNAIDS the Centre for Disease Control and The Lancet.

Notwithstanding its impressive economic growth, South Asia holds a number of unenviable ‘firsts’. It is home to half of all the world’s undernourished children. It has the highest percentage of babies born
underweight, and infant mortality in the region is higher than the average rate for all developing countries. Forty-four percent of children are stunted by the time they are five. By comparison, in sub-Saharan Africa the number is 38 percent. The percentage of underweight women in South Asia is four times higher than that in sub-Saharan Africa. Child deaths linked to a lack of micronutrients are far, far greater.

But you are the experts on micronutrients, and know far better than I what debilitating effects they have not just on survival, but on quality of life, productivity and health burdens.

India is second only to my country -- South Africa – in the number of its citizens living with HIV. There are twice as many orphans in Asia as there are in sub-Saharan Africa, even though they represent a much smaller percentage of the child population. And much like other developing countries, a tiny fraction of children who are HIV positive are receiving anti-retroviral treatment.

Allow me to focus a little on HIV for a moment. The epidemic has many faces, and its Asian face is naturally different to the one we see in Africa. But there are some similarities that Asian governments would do well heed before the situation spirals out of control. The nutritional needs of people with HIV, and taking antiretroviral treatment are still not 100 percent clear. The jury is still out on exactly which micronutrients – and in what quantity – are essential for keeping HIV at bay. But there are a few basic facts we are sure of.

One. The poor are the worst-affected and least able to cope with HIV. When traditional breadwinners fall sick, their families face an added
obstacle to growing enough food or earning enough to feed the whole family. That burden – as well as caring for the ill – almost always falls on women. Organizations working in home-based care in countries such as Cambodia estimate that households with a HIV-positive member spend more than 50 percent of their incomes on food alone. And the organizations tell us that they could spend all of their donations on food, such is the need. But they also need to help with medical, transport and funeral costs.

Two. To compensate for the loss of labour and income, children are frequently pulled out of school. One of the most fascinating discoveries we have made in Africa was that the longer girls stayed in school, the less likely they were to contract HIV. So it is in all of our interests to keep girls in the classroom.

Three. Children whose parents have already succumbed to AIDS are even more likely to be malnourished, drop out of school and subject to abuse. Giving them food to take home to their carers – usually extended families – can be an incentive to keeping them fed and enrolled in school.

Finally, while anti-retroviral treatment is gaining momentum around the globe, we face a basic research and implementation dilemma. We have established that HIV increases the likelihood of malnutrition. We know that no patient responds as well to medication when they are malnourished. So we need to ensure that if we’re investing big money in getting AIDS treatments out, we add a few cents extra to ensure the people who receive them also get enough to eat.

I am here today to pose you three quite simple questions.
First - what level of malnutrition are we prepared to accept in Asia? Second - how many of our children are we prepared to lose because they simply didn’t get the food, vitamins and minerals they needed? Third – what price are we willing to pay in lost income and development?

I will tell you now, my response is ZERO to all three questions.

Utopia, you say? Even in the richest countries malnutrition and child mortality exists, you exclaim? Yes, but it is just as abhorrent there, if not more so. Particularly since the ways, means and know-how have existed for decades. It’s not rocket science – but for some reason the number of satellites is multiplying much faster than the number of children’s’ lives saved.

Malnutrition is unacceptable in a world full of food. It is equally unacceptable in a continent which led the massive ‘green revolution’ of the 1960s, ensuring that for the first time in history enough food was produced to feed every man, woman and child on the planet.

How many children are we willing to sacrifice? Every year more than 4.5 million children under five die in Asia. If we to put them all in the same place, they would form a city almost as big as Lahore or Ho Chi Minh City. Most of those deaths are linked to undernutrition. What kind of relief operation would we mount if the entire populations of cities like Lahore or Ho Chi Minh City were being threatened? What kind of resources would we mobilize to save them? Which high-level officials would we appoint to coordinate the response? How many television cameras would rush to the area?
For the fiscal-minded, there are good reasons to invest in the health and nutrition of our children. Malnutrition keeps people poor in three main ways: poorly nourished people get sick easier, creating a huge drain on health care systems; malnutrition impairs learning, holding back the workforce’s skill and education levels; finally, weak and sickly workers are less productive. The World Bank estimates that productivity losses to individuals are as high as ten percent of lifetime earnings. And GDP lost to malnutrition is estimated to be as high as three percent.

The cost of solving malnutrition, however, is low compared to the returns. In 2004 some of the world’s best economists gathered in Copenhagen to agree upon the most cost-effective ways to invest in development. Addressing micronutrient deficiencies was judged second only to combating HIV in terms of the return on investment. It beat fair trade, malaria, clean water and sanitation.

The good news is that child hunger can be conquered, and all children can be given an opportunity to go to school. Like any apparently insurmountable problem, it needs to be broken down into manageable parts. Roughly 180 million hungry children are already receiving international assistance, or they live in China, India or Brazil, where the governments have the resources required – and have made concrete commitments – to address child hunger. We estimate that there are a little over 100 million children and pregnant women at risk of delivering malnourished babies, who still require help.

The cost of helping them is not prohibitive. Studies conducted by the World Food Programme have shown that for roughly US $5 billion a year, we can feed the children not currently being reached by their
governments or international assistance. This would include a comprehensive package of health and nutrition for pregnant women and children aged under five, plus school feeding for those aged 5 to 15.

While US $5 billion may seem like a big sum, it’s made up of some very manageable parts. For just US $34 per child per year, we can not only give children a meal in school – with all of the vitamins and minerals they need for healthy growth. We can also make sure that they get regular health checks and de-worming treatment. For US $60 we can give young children – aged under five – special supplementary food, complete with extra micronutrients, vaccinations, de-worming and basic health checks. For the same price, pregnant women and nursing mothers who are at risk of giving birth to babies weighing less than 2.5 kg can receive extra food. These rations would be fortified with iodine, vitamin A and iron – those micronutrients most often missing from poor women’s diets – which can cause maternal illness and birth defects. Nutrition education is also included in the package for women, to ensure that they know what foods they and their children need to lead healthy, productive lives.

We hope that the developing countries where the programme would run might provide the food needed to meet their own children and women’s needs – at a global value of a bit less than US $2 billion. More than that, we need all countries to put policies that combat malnutrition – including micronutrient deficiencies – at the heart of the poverty reduction strategies. Nutrition doesn’t just affect health. It affects education, trade, labor and agriculture. It cannot be the sole province of ministries of health.
And we urgently need to fortify appropriate foods to eliminate micronutrient deficiencies. Why is only half of the population of South Asia consuming iodized salt and vitamin A supplements? Why can’t we double that? Why aren’t more affordable, culturally appropriate fortified foods available for young children, adolescents and mothers? Lord knows there’s an enormous potential demand for them.

The remaining US $3 billion would need to come from international sources. That’s a big request, especially when all of us are aware that this is not exactly the brightest moment for economies in major donor countries – the US, Europe and Japan.

Generosity, however, is not lacking. In the tsunami, in Niger, and most recently in New Orleans, people’s generosity is overwhelming once they see the magnitude of the need. The American Red Cross reported receiving more than $20 million less than 48 hours after Hurricane Katrina hit. There is a philanthropist in everyone.

Allow me to let you in on a secret. For most of the world, who are not trained nutritionists, it’s hard to imagine ‘nutrition’ without ‘food’. The nutritionists at the World Food Programme have told me there’s a long-standing debate on the role of food in fighting malnutrition. I have to admit I thought it sounded a counter-intuitive at first. I now understand the distinction, but I think we need to keep ‘food’ in nutrition, and vice versa.

The World Food Programme reaches 5 million mothers and young children across Asia. We are reducing iron-deficiency among mothers in Nepal. We are encouraging pregnant women and children under five to
attend health centres in Timor Leste. We are involving women and children in nutrition training and pre-school education in Bangladesh. Significantly, we are fostering the development of locally-produced foods that are fortified with the micronutrients so essential to women and children’s healthy growth. These factories are sprouting like mushrooms, from DPR Korea, to India to Bangladesh. And while WFP starts as their major customer, in many cases, local governments and even families soon find the product very attractive.

A fascinating World Bank paper, titled Economic Growth through Improved Nutrition, states that the problem is not so much how to address malnutrition, but how to scale up what already works. Bangladesh and Vietnam are held up as models to be learned from. Allow me to make a suggestion. The World Food Programme already reaches nearly 7 million Asian children in schools with its school feeding programme. Around the globe, we’ve found that schools offer us a platform not just for reaching school-age children, but their mothers, younger siblings and entire communities. Not only can we offer them a nutritious lunch or snack, we can deliver de-worming treatment, nutritional education, HIV prevention and awareness, and information about other health, social and welfare services that are currently out of the reach of many of the poorest women. Here is an infrastructure which exists, which is eminently ‘scalable’ and an organization which has 40 years experience using it to deliver food and nutrition interventions. I sincerely hope that this consultation is an opportunity for all of us to plan ways that we can harness your tremendous knowledge, experience and our willingness to collaborate to put an end to undernutrition in Asia once and for all.
Wouldn’t it be a wonderful thing if we could stand at the next World Summit and say that Asia was on track not just to halving hunger, but to eliminating it altogether?

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