



# Administrative Committee on Coordination

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## High-Level Committee on Programmes (HLCP)

### Report of the Subcommittee on Nutrition

**World Food Programme, Nairobi, Kenya, 2-6 April 2001**

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## I. Introduction

1. Dr. Namanga Ngongi, Subcommittee on Nutrition (SCN) Chair, welcomed participants to the meeting, hosted by the World Food Programme (WFP), Nairobi. He also welcomed representatives of bilateral agencies, non-governmental organizations and colleagues working in government departments and agencies and academia. He noted the very large turnout for this meeting. Registration has surpassed that of all previous years. Dr. Ngongi emphasized that SCN is a collective body aimed at promoting cooperation among United Nations agencies and partner organizations in support of national efforts to end malnutrition in this generation. Nutrition trends are encouraging in some parts of the world and worrying in others. New issues emerge continually. There are successful large-scale programmes, such as national iodization schemes in many countries, the Baby-friendly Hospital Initiative, and distribution of vitamin A capsules through national immunization days. These programmes have important and measurable impacts. However, there is much more to do.

2. Dr. Ngongi then called upon the SCN plenary body to observe a moment of silence for Dr. Abraham Horwitz who had died on 10 July 2000. Dr. Horwitz served as Chair of SCN from 1986 to 1995.

## II. *Fifth Report on the World Nutrition Situation*

3. The SCN had before it the draft outline for the *Fifth Report on the World Nutrition Situation*. In introducing the draft outline the Technical Secretary noted that the *Fifth Report* will be part of a series of publications on nutrition trends in the developing world, begun in the late 80s. The SCN secretariat published the *First Report on the World Nutrition Situation*<sup>1</sup> in November 1987, followed by the *Second Report*<sup>2</sup> in two volumes in October 1992 and March 1993. A main feature of these reports was the presentation of regional and global trends in pre-school underweight. As more national survey data became available in the mid-1990s, several updates were published to add to this collection. The *Third Report*,<sup>3</sup> published in 1998, featured for the first time a full chapter on trends in stunting, that is to say, low height for age.

4. The *Fourth Report*<sup>4</sup> was based on the theme "Nutrition throughout the life cycle" and covered available indicators of nutritional status from foetal life to the elderly. This report, produced in collaboration with the International Food Policy Research Institute (IFPRI) and launched during the twenty-seventh session in Washington, D.C., included trends in breastfeeding and complementary feeding, as well as a full chapter on nutrition and human development. The report was well received; printed copies have been distributed worldwide. The full report is available on the SCN web site and statistics available to the secretariat indicate that the frequency of downloads reached up to 800 full copies per month during 2000.

5. The secretariat requested reactions and guidance from the SCN plenary on questions concerning both the content and style of presentation of the *Fifth Report*. What audience do we really need to reach? How should the content differ from previous publications in this series? Should we use less technical language that might make the *Fifth Report* more accessible to a readership outside the nutrition community? There was a general feeling that the report should provide an update of key nutrition indicators, as in the past. However, the report must go beyond this to highlight the key connections between nutrition and emerging issues in other sectors. The tracking of resource flows to nutrition, equity issues, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), building capacity for nutrition and the role of physical activity in emergent nutrition-related non-communicable diseases were all mentioned. Several speakers highlighted the importance of adding value to the large body of work ongoing this year in relation to the major conferences, and avoiding "an omnibus".

## III. Kenya Coalition for Action in Nutrition (KCAN)

6. The SCN welcomed Professor Ruth Oniang'o, Professor of Food Science and Nutrition at Jomo Kenyatta University of Agriculture and Technology and founding member of the Kenya Coalition for Action in Nutrition (KCAN); Dr. Teresa Muthui, HIV/AIDS Coordinator for the Ministry of Agriculture and Interim Chair of KCAN; Ms. Margaret Lukoye, Education Officer in the Ministry of Education; and Ms. Debbie Gachuhi, KCAN member. The presenters

explained how, under the Greater Horn of Africa Initiative and the LINKAGES Project, both supported by the Government of the United States of America, nutrition advocacy has been revitalized in the United Republic of Tanzania, Uganda and Kenya. Nutrition is being placed as a key development issue that deserves greater allocation of resources. In the United Republic of Tanzania, this work is carried out by a national consultative group; and in Uganda, by a similar nutrition core group.

7. KCAN (read “Kenya CAN”) is a non-political, multidisciplinary coalition of individuals, organizations and agencies dedicated to promoting good nutrition for all Kenyans through advocacy, networking and resource mobilization. KCAN uses Profiles, an interactive computer model for policy analysis and advocacy, to sensitize key decision makers on the importance of nutrition in national development. KCAN’s work is set against a backdrop of widespread poverty (60 per cent of Kenyans live below the poverty line), an escalating HIV/AIDS pandemic and a stagnant economy.

#### **IV. Symposium on nutrition and HIV/AIDS**

8. The symposium was opened by Dr. Sam Onger, Minister of Public Health of Kenya. Dr. Onger noted that the prevalence of HIV infection in Kenya is 14 per cent, while some population subgroups have much higher rates of infection. There was one case of AIDS in Kenya in 1984, while now there are about 2.2 million cases. He spoke about the impacts of the HIV/AIDS epidemic in Kenya. There are 1 million AIDS orphans requiring care. This poses an enormous challenge for families and communities. About 50 per cent of hospital beds in Kenya are occupied by AIDS patients, draining the health budget of the country. The cost of full treatment for all those infected would amount to about 12 million Kenya shillings (K Sh) yearly, while the annual total budget of the Kenyan Ministry of Health, encompassing all preventive and curative services, is about K Sh 9 million. Dr. Onger reviewed the interrelationships between nutrition and HIV/AIDS. In Kenya, as elsewhere, AIDS patients have high energy needs, reduced food intake and nutrient malabsorption. Weight loss and wasting are common in people living with AIDS, as are opportunistic infections. Tuberculosis is on the rise in

Kenya because of the HIV/AIDS problem. Dr. Onger was optimistic about the role of nutrition in mitigating the worst effects of the HIV/AIDS epidemic, especially in light of the very high cost of anti-retrovirals.

9. The keynote address was given by Dr. Peter Piot, Executive Director of the Joint United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (UNAIDS). Dr. Piot reminded the audience that, in Africa in particular, AIDS had emerged against a backdrop of many other problems — poverty, conflict, inadequate infrastructure. Its effects have been to make those problems and their consequences far worse, by eating away at social capital. In some countries in Africa, one in three adults is living with HIV/AIDS. The HIV epidemic is increasingly driven by many of those factors that also drive malnutrition — in particular poverty and inequity. Nutrition and HIV operate in tandem, at the level of both the individual and the society. For individuals, nutrition deficits probably make people with HIV more susceptible to disease and infections of all sorts. Malnutrition is one of the major clinical manifestations resulting from HIV infection, both in children and in adults. Dr. Piot urged the nutrition community to assist in applying proved strategies on a scale commensurate with the epidemic, and to reinforce within the HIV world key messages on nutrition as a core part of any essential care package.

10. Other speakers at the symposium were Mrs. Sophia Mukasa Monico, Director of The AIDS Support Organization in Uganda; Professor Oliver Saasa, former Director of the Institute of Economic and Social Research at the University of Zambia; and Dr. Stuart Gillespie of IFPRI. The afternoon session was opened by Dr. Phetsile Dlamini, Minister of Health and Social Welfare, Swaziland. Dr. Dlamini said that a recent sentinel survey of women attending antenatal clinics in Swaziland showed that the rate of infection had climbed from 31 per cent in 1998 to 34.6 per cent in year 2000. Life expectancy is falling. Dr. Dlamini argued that pharmaceuticals, in the absence of good nutrition, cannot achieve major advances against HIV/AIDS. She also reviewed a range of programme interventions in place in Swaziland. These include development of a nutrition book for people living with AIDS, a nutrition helpline, a quarterly nutrition newsletter circulated to parliamentarians and the public, community support to production of

micronutrient-rich foods, and measures to protect optimal breastfeeding.

11. This was followed by a panel discussion on the implications of the HIV/AIDS epidemic for nutrition programmes. Panel members were Dr. Elizabeth Marum of the Centres for Disease Control and Prevention, Kenya; Dr. Ruth Nduati of the Department of Paediatrics, Kenyatta National Hospital, Kenya; and Dr. Phillip Mwalari of the National AIDS Control Council, Kenya.

12. The Dr. Abraham Horwitz Memorial Lecture was given by Ms. Lucy Thairu, a graduate student from Kenya studying international nutrition at Cornell University. Her topic was "Infant feeding options for mothers with HIV: using women's insights to guide policies". In introducing this year's lecturer, the SCN Chair noted that Ms. Thairu had been selected from among candidates who submitted proposals to an annual competition for consideration by the SCN secretariat. This lectureship was inaugurated by Dr. Richard Jolly at the twenty-fourth session in Kathmandu in 1997 to foster the mentoring of young talent in the field of international nutrition, in keeping with Dr. Abraham Horwitz' lifelong efforts.

13. In his wrap-up, Dr. Badara Samb (UNAIDS) noted that, although the HIV epidemic was over 20 years old, this symposium provided a first occasion for the Executive Director of UNAIDS to address the nutrition community. The approach to both problems, HIV/AIDS and malnutrition, is multisectoral, and community action is essential to address both. The two communities can take action now by using existing networks, logistics capability and opportunities in programmes. For example, HIV/AIDS awareness in the workplace can be raised, and workplace care programmes for people living with AIDS can incorporate nutrition. Breaking the vicious cycle between food insecurity and HIV will require building on local responses, creativity and innovation. There are also areas that need more analysis and peer review. There are many guidelines and actions at country level; these need to be systematically reviewed. The United Nations system has not adopted any nutrition guidelines for people living with HIV/AIDS, except for breastfeeding and mother-to-child transmission; but here too we need less rhetoric and more concrete action. Dr. Samb concluded by reminding the audience that the Administrative Committee on Coordination (ACC)/SCN Working Group on Nutrition and

HIV/AIDS needs to move ahead on these priorities, beginning with delivering a statement on nutrition at the Organization of African Unity (OAU) Summit in Abuja in mid-April, as well as the special session of the General Assembly on HIV/AIDS in June.

14. Dr. Robert Mwadime, Regional Centre for Quality of Health Care, Uganda, presented a work plan for eastern, central and southern African countries to improve access to nutritional care for people living with AIDS. These decisions were taken during the twenty-eighth session at an informal meeting to share materials on nutritional care:

- Food composition tables for the region are very old and need to be updated. Also, nutrient composition of traditional foods should be incorporated. The Food and Agriculture Organization of the United Nations (FAO) agreed to do this in time for the International Union of Nutritional Sciences (IUNS) Congress in August 2001;
- Countries are asking for assistance on how to develop guidelines for the nutritional care of people living with AIDS. FAO, the World Health Organization (WHO) and the Food and Nutrition Technical Assistance Project (FANTA) will work together to develop manuals to train country teams;
- Assistance is also needed on how to adapt existing guidelines from other countries. The United Nations Children's Fund (UNICEF) and the Regional Centre for Quality of Health Care will work together on this.

15. Mr. Mats Karlsson, Vice-President for External Relations, the World Bank, emphasized the extreme importance of nutrition and food security to eradicate poverty. He commended SCN for its innovation and commitment towards fostering dialogue among United Nations agencies, bilaterals and civil society. He noted the very strong African presence at the twenty-eighth session. He stated that the World Bank was committed to the United Nations Millennium Declaration (see General Assembly resolution 55/2), which makes it possible for all partners to work within a common framework, in particular towards a set of poverty goals. The international development targets are central to the Bank's work. Mr. Karlsson said that Bank involvement in HIV/AIDS programming for Africa had been "fast-tracked" following Mr. Wolfensohn's visit with

22 heads of African States. He urged SCN to take up the challenge set out by Dr. Piot to work with the HIV/AIDS community in moving the nutrition agenda forward for Africa.

## V. Working Group reports

### A. Nutrition of school-age children (Chair: Don Bundy, World Bank; Rapporteurs: Joy del Rosso, Save the Children, USA; Lesley Drake, Partnership for Child Development)

16. An extraordinary meeting of the Working Group on Nutrition of School-age Children was held during the twenty-eighth session for two reasons. Firstly, there is an enhanced focus on school feeding and food-for-education as a result of recent new initiatives. Secondly, there is increasing United Nations activity on school health and nutrition as a result of the launch of Focusing Resources on Effective School Health (FRESH) Partnership at the World Education Forum in Dakar, Senegal. Country programmes using the FRESH framework and supported by all four original partners are now being rolled out in at least 11 countries in Africa. The Working Group reported follow-up to recommendations of last year in four areas: preparation of a technical review of the health and nutritional status of school-age children globally, compilation of good practices for school-based health and nutrition services, increased access to knowledge in the area of school nutrition and health via the Internet, and harmonization of partner agencies' approaches to nutrition in the education sector, with special regard to the place of food in the FRESH framework.

17. The Working Group recommended that:

- WFP should coordinate an expert technical group to address outstanding challenges in creating effective school nutrition and health programmes. The expert group should comprise representatives from the appropriate agencies, participating countries, non-governmental organizations and technical institutions. Challenges to be addressed should include the economic and social benefits of school feeding, methods to identify high-risk groups for feeding, exit strategies for food aid-assisted school feeding, community-based approaches, and monitoring and evaluation;

- WFP and the World Bank should work together, and with other partners, at country level in Africa where there are opportunities to explore the joint roles of WFP and Bank projects for mothers and infants (integrated management of childhood illness (IMCI) and reproductive health), children under age 5 (early childhood development projects) and school-age children (FRESH and school feeding projects);
- There should be greater emphasis on nutrition strategies that improve education, health and nutritional outcomes. WFP, the World Bank, WHO and the Canadian International Development Agency (CIDA) should explore how FRESH school-based services, especially deworming, can be synergistically linked with school feeding. These workshops will include participation from the education and health sectors.

### B. Capacity development in food and nutrition (formerly capacity strengthening in food and nutrition) (Co-Chairs: Cutberto Garza, United Nations University (UNU) and Barbara Underwood, IUNS; Rapporteur: Fre Pepping, UNU)

18. Progress over the one-year existence of this Working Group was reviewed. Based on recommendations made last year, focus was placed on capacity development efforts in Africa. Africa faces many challenges with 47.3 million pre-school children stunted. More than 50 per cent of pre-school deaths are related to malnutrition. The nutrition situation in many parts of Africa is deteriorating owing to economic downturn, HIV/AIDS, reduced public sector spending and limited capacity to plan and implement effective programmes. Workshops were held in southern, eastern and western-central Africa over the past year. UNU and IUNS were facilitators. The workshops addressed the development of learning cooperatives, mechanisms for effective intra- and interregional cooperation, and training needs. Action plans were prepared through intensive consultation, and were driven by African professionals. The goals of these action plans are to inspire African leadership in nutrition to meet the challenges of combating malnutrition in a sustainable

manner, drive national-level nutrition agendas, and mobilize support for the subregional action plans and cooperation of stakeholders.

19. The Working Group recommended that:

- Implementation of the subregional action plans should continue. Other efforts that are consistent with the overall vision of the African Capacity Development Initiative, such as the Information Technology project, the West African Health Organization Initiative and the UNICEF/IFPRI proposed project, can be integrated into these action plans;
- SCN member organizations should use this Working Group as a means to combine efforts and maximize potential impact;
- The new Dr. Abraham Horwitz Fellowship Programme, initially proposed for Latin America, should be expanded to other regions after evaluation of the response generated and the funding available.

**C. Micronutrients (Co-Chairs:  
Ian Darnton-Hill, Helen Keller  
International (HKI); Bruno de Benoist,  
WHO, and Werner Schultink,  
UNICEF; Rapporteurs:  
Arjan de Wagt, UNICEF,  
Shawn Baker, HKI)**

20. This Working Group reviewed progress in four areas: iodine deficiency disorders (IDD), iron deficiency anaemia, vitamin A deficiency, and multiple micronutrient deficiencies. There has been major progress in controlling IDD, predominantly through iodization of salt. The main challenges for the future include providing special support to countries affected by IDD but that have no control programme in place, and ensuring sustainability of salt iodization. These two issues can be addressed through mobilizing the international community, developing partnerships of various stakeholders including the salt producers, reinforcing the capacity of labs at all levels, and undertaking independent assessments of progress made by countries.

21. Regarding iron, the Working Group noted that there had been a number of important activities in the

area of control of anaemia and iron deficiency over the past year. However, iron is still the “orphan” among the three main micronutrients. The need to ensure a strong goal for reduction of anaemia in the outcome document of the United Nations General Assembly special session on Children (19-21 September 2001) was discussed. A small group met after the Working Group meeting and formulated new wording to be conveyed to Dr. Kul Gautum, Deputy Executive Director, UNICEF (see para. 46).

22. Advances and evolution in thinking in the vitamin A area were reviewed by the Working Group. There is growing consensus on adopting a new terminology, vitamin A deficiency disorders (VADD), to replace both “clinical deficiency” and “subclinical deficiency”. The rationale for this change will be published by the International Vitamin A Consultative Group later this year. Estimates of people with VADD are not yet available. The new terminology implies a new approach to deriving estimates, especially for women and adolescents. On the programme side, much progress has been made towards controlling vitamin A deficiency via national immunization days and child health weeks. However, the need to pursue a package of approaches including supplementation, food fortification and dietary diversification was emphasized.

23. Food fortification was discussed and presentations made by the Micronutrient Initiative and FAO. It was noted that food fortification should be part of a broad development strategy, that is to say, part of an overall health and nutrition strategy that includes dietary improvement, supplementation and public-health measures. However, some participants expressed concern about an emerging global alliance for fortification. There may be value in taking a cautious approach because of issues related to market protection and liberalization of food trade. Some felt that too little attention was paid to food composition databases and that knowledge of indigenous foods was quite poor. Several noted that fortification efforts also needed to emphasize technologies for small-scale fortification to target those who lacked access to centrally processed foods.

24. The following areas were identified by the Working Group as requiring priority attention in the coming year:

- The Working Group should continue to support a series of, by now, well-publicized recommendations developed over recent years and aimed at sustainable IDD elimination. These include increased support to small-scale salt producers and waiving excise duties on potassium iodate;
- Integrated programme packages should be developed to address all causes of anaemia, including iron deficiency;
- As national immunization days are phased out, there is a need to develop other strategies to maintain high coverage levels of vitamin A supplementation;
- Efforts to document the extent of VADD in adolescent girls and women need to be accelerated, and programmes developed to address the needs of these two groups;
- Community-based approaches integrating multiple interventions and various target groups should be developed and supported;
- At its next meeting the Working Group should focus on integrated approaches, including food-based approaches, rather than interventions involving single micronutrients.

**D. Nutrition, ethics and human rights  
(Chair: Urban Jonsson, UNICEF;  
Rapporteurs: Wenche Barth Eide,  
World Alliance for Nutrition and  
Human Rights (WANAHR);  
Arne Oshaug, Norway)**

25. This Working Group convened its seventh meeting during the twenty-eighth session. The Chair recalled that human rights thinking had been new to the nutrition community in the early 1990s. Over the years, this Working Group has been effective in promoting a human rights approach to food and nutrition programming. Follow-up to recommendations made last year was discussed. This included background work on the preparation of a manual on the interpretation and use of General Comment No. 12 (1999) on the right to adequate food, adopted by the Committee on Economic, Social and Cultural Rights at its twentieth session on 11 May 1999,<sup>5</sup> and a new focus on benchmarks and indicators for food and nutrition

rights programming and monitoring. Three international meetings have been held over the past year where the content and use of General Comment No. 12 were discussed, e-groups have been established for the exchange of views and knowledge, and several countries have announced interest in organizing national seminars on the General Comment. A task force meeting was held, prior to the twenty-eighth session, to review a draft paper on benchmarks and indicators. The task force felt that the draft paper would serve as a good basis for future work in this area.

26. The Working Group recommended that:

- Work on benchmarks and indicators for monitoring the realization of the rights to food, health and care to prevent hunger and promote good nutrition, should be intensified. The draft paper should be revised and discussed again next year. This revision can be accomplished via e-groups, an inter-sessional meeting at the time of the World Food Summit Five Years Later in November 2001, and specialist consultancies as needed;
- SCN member agencies should engage actively in work on benchmarks and indicators, notably FAO, UNICEF, WHO, WFP, the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Bank and others. In addition, interested bilaterals and non-governmental organizations should join in this work and be open to financially supporting inter-sessional activities as needed. SCN has a unique opportunity to combine the experience and expertise of member agencies in an integrated response to the continuing call from the human rights bodies of the United Nations, for indicators to improve national and international monitoring of economic, social and cultural rights in countries that are States parties to the international human rights conventions;
- The Working Group should review the status of other rights-related work of relevance to nutrition within the agencies. This review will help to place the work of single agencies in the wider context of United Nations reform as regards the revitalization of human rights as a fundamental principle of all work of the United Nations system.



**E. Breastfeeding and complementary feeding (Co-Chairs: Miriam Labbok, United States Agency for International Development (USAID); Randa Saadeh, WHO; Rapporteurs: David Clark, UNICEF; Ted Greiner, Swedish International Development Cooperation Agency (Sida))**

27. The agenda of this Working Group was designed to include reporting on agency and other activities in follow-up to issues identified last year, exchange of information on scientific, programme and policy advances, and provision of advice to SCN on these matters, as well as identification of critical issues for further discussion as part of a one- to two-year work plan. WHO provided a progress report on the Global Strategy on Infant and Young Child Feeding, and FAO presented a paper on infant and young child feeding emphasizing child feeding and household food security. UNICEF provided an update on the International Code of Marketing of Breast-milk Substitutes and implications of the Convention on the Rights of the Child.<sup>6</sup> It was noted that progress on the implementation of the Convention is fundamental to infant and young child health and nutrition. WHO presented the results of a systematic review of published literature related to the optimal duration of exclusive breastfeeding. This work concluded that there was a scientific rationale for policy recommending exclusive breastfeeding “for six months”. Work undertaken by Wellstart underlined that infants might not be physically ready for foods other than breast milk prior to six to seven months. A study on breastfeeding in four countries in Africa showed that there had been a reduction in support for breastfeeding as a result of fears and misinterpretation of the UNAIDS/WHO/UNICEF guidance related to HIV and breastfeeding.

28. The Working Group recommended that:

- WHO should report back next year on progress towards the Global Strategy on Infant and Young Child Feeding, highlighting changes created through the planned open process and including input from bilaterals and interested United Nations and other agencies;
- Implementation of the Code (especially new efforts in training and capacity in Code

awareness), the Baby-friendly Hospital Initiative (BFHI), the International Labour Organization (ILO) Convention concerning Maternity Protection<sup>7</sup> and aspects of the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding<sup>8</sup> should continue to be a focus of the reporting of the Working Group;

- The SCN Chair should write to the Director-General of WHO congratulating her on the process that had led to improved recommendations on the duration of exclusive breastfeeding. The letter should also stress the importance of the Innocenti wording on the duration of breastfeeding “for at least two years”;
- SCN should call upon all United Nations agencies to actively promote exclusive breastfeeding in all populations, and to report on the balance of attention given to this as compared with attention given to prevention of HIV transmission through breastfeeding;
- Preliminary data on morbidity and mortality outcomes among exclusively breastfed, mixed-fed and artificially fed infants and their mothers in the United Nations-sponsored pilot projects for the prevention of mother-to-child transmission of HIV that provide infant formulas should be presented as soon as possible. If outcomes among artificially fed infants are not better than among breastfed infants, this information should be disseminated and the feeding intervention should not be continued as part of the projects;
- Breastfeeding and breast milk should be taken into account in all work on household food security and in assessing women’s economic contribution;
- Complementary foods and feeding, related indicators, and training needs should be dealt with in depth by the Working Group next year, with a focus on both appropriate and adequate food and feeding behaviours;
- SCN should request that all United Nations agencies report on support for, and progress in, community activities, programmes and advocacy for optimal breastfeeding behaviours. This would include appropriate nutritional, social and workplace support for all women of childbearing age, and pregnant and lactating women;

- Early in the process of preparations for the twenty-ninth session, the secretariat should remind working groups to interact with each other to ensure that issues of mutual concern are considered in all relevant meetings. The SCN secretariat should also expedite the exchange of information among SCN members on meetings and strategy development on issues that might impact on breastfeeding.

**F. Nutrition in emergencies (Chair: Anna Taylor, Save the Children Fund, United Kingdom; Vice-Chair: Sultana Khanum, WHO; Rapporteurs: Frances Mason, Action Against Hunger; Annalies Borrel, United States)**

29. Adult malnutrition was first discussed by this Working Group in April 1999 and taken up last year in more depth. Subsequently, a supplement of the Refugee Nutrition Information System report was published summarizing knowledge on the assessment of adult and adolescent malnutrition in emergencies. This led to a one-day special meeting on adult malnutrition held during the twenty-eighth session of SCN, the aim of which was to reach a common understanding of the recommendations on the assessment of malnutrition in adults and to identify practical steps to improve practice. Interim recommendations for operational agencies cover the following issues:

- When to consider assessment of adult malnutrition;
- Prerequisites of surveying adults and the importance of a contextual analysis prior to carrying out an adult anthropometric survey;
- Adapting standard survey methods to the needs of the adult populations;
- Use of the Cormic-adjusted body mass index (BMI) and mid-upper arm circumference (MUAC) and data collection on functional outcomes;
- The use of cut-off points;
- Admission and discharge criteria for selective feeding programmes for adults;
- Research needs.

30. The Working Group also reported back to SCN on priority issues identified last year. A document entitled “Infant and young child feeding in emergencies” has been prepared, filling a need for practical guidance that can be used by both policy makers and relief staff. The publication has been supported so far by 12 non-governmental organizations and 2 United Nations agencies; additional support is sought. Training modules for infant feeding in emergencies have also been prepared. The purpose of these modules is to prepare emergency relief staff to support appropriate infant feeding and to describe the process of applying operational guidance. Again, this work is the result of collaboration among a number of non-governmental organizations and several United Nations agencies. The Working Group had expressed serious concerns last year about the WHO pricing policy regarding a manual entitled *Management of Severe Malnutrition*. The manual is now available for downloading from the WHO web site. The need to prioritize gaps in knowledge, skills and practice in emergency nutrition across agencies has led to the design of a tool (a matrix) to be applied by each agency involved in relief work. This process will help to identify areas in which new work needs to be initiated.

31. The Working Group will take on this new work in the coming year:

- Following a proposal to implement therapeutic feeding through a community-based programme, interested individuals should contact the Working Group to collaborate in this initiative;
- A task force has been created to spearhead a proposal to prepare a technical review of the scientific basis and origins of current field practice, entitled “The meaning and measurement of acute malnutrition in emergencies”. The proposal will be reviewed for breadth, scope and content by the Working Group. The Working Group requested that potential authors contact the Chair;
- To consolidate and share training tools and ensure that these are accessible by non-technical, management and technical staff alike, a comprehensive strategy for training initiatives in emergency nutrition will be formulated.

**G. Household food security (Chair: Kraisid Tontisirin, FAO; Rapporteurs: Ken Simler, IFPRI; Shakuntala Thilsted, Denmark, and Brian Thompson, FAO)**

32. Dr. Tontisirin outlined the objectives of this meeting which were to take stock of what had been accomplished in the area of household food security since the last meeting, and to build consensus around a work plan to implement community approaches for achieving household food security and reducing malnutrition. The decline in the number of food-insecure worldwide has been only 8 million per year (m/yr), while the target is 20 m/yr. The challenge is to find new strategies to accelerate the pace of improvement. FAO places emphasis on community-based approaches (a concept paper adapted from the Consultative Committee on Programme and Operational Questions (CCPOQ)-endorsed document on household food security is available from FAO) that provide a viable and practical means to rapidly reduce malnutrition. These approaches involve mobilizing communities to take advantage of existing services. Factors contributing to malnutrition in Kenya were discussed. One problem is the decline in consumption of traditional foods. Support for women's groups in small-scale food processing, to increase consumption as well as income, needs to be expanded.

33. The Working Group recommended that:

- Partners interested in working within the broad framework of community-based strategies for household food security should be identified. Further, a Task Force should be created to guide work on this approach;
- A plan of action to incorporate community-based approaches into the United Nations Development Assistance Framework (UNDAF), the Common Country Assessment (CCA), and the ACC Task Force on Rural Development and Food Security should be drawn up;
- Countries, partnerships and alliances for assisting in the implementation of community approaches should be identified. A consensus meeting on community-based nutrition programmes should be considered for later this year, and possibly an ACC/SCN symposium on this topic in the future;

- Operational research on best practices at community level should be encouraged. A stronger case should be made for increasing investments in this approach to encourage the mobilization of resources;
- The use of food aid for improving household food security should be explored.

**H. Prevention of foetal and infant malnutrition (Chair: Jelka Zupan, WHO; Rapporteurs: Anna Ferro-Luzzi, Italy, and Kathy Kurz, International Center for Research on Women (ICRW))**

34. Dr. Zupan presented information on the new WHO global estimates of low birth weight (LBW), noting that data-collection methods are improving. Sources are mostly surveys and hospital data. LBW is still prevalent in developing countries; the highest rates are seen in Asia. The new estimates show a slight improvement in the prevalence of LBW in some regions, although this could be because of better data. UNICEF supports LBW reduction programmes in 11 countries, offering an integrated package that includes provision of multi-micronutrient supplements. Core indicators are weight gain in pregnancy, birth weight, iron status and compliance. Informed consent is part of the protocol. Results will be available in around three years. A targeted programme aimed at reducing LBW among refugees in the United Republic of Tanzania was presented. Interventions addressed malaria and anaemia and the quality of antenatal care; food rations were distributed. LBW was reduced from 33 to 14 per cent in six months. The WHO antenatal care trial was presented. This trial (carried out in Argentina, Cuba, Thailand and Saudi Arabia) shows that a decrease in the number of antenatal visits does not adversely affect pregnancy outcomes. Working Group participants queried whether these results would pertain to regions with high rates of LBW. The merits of the life-cycle approach to LBW were discussed in the context of work funded by the March of Dimes in the United States. The World Bank described a new initiative aimed at creating a global learning network. New evidence for the foetal origins of disease arising from a recent meeting in India was discussed.

## VI. Parallel working meeting of the United Nations agencies

35. This meeting was chaired by Namanga Ngongi and Milla McLachlan. Approximately 40 people attended from 14 United Nations agencies, including the Economic Commission for Africa (ECA) and the Office for the Coordination of Humanitarian Affairs of the United Nations Secretariat for the first time. The SCN Chair briefed the United Nations agencies on the status of ACC reform and how it might affect the work of SCN. ACC, this week in Nairobi, endorsed the report of the High-Level Committee on Programmes which met in Vienna in February. The special tripartite nature of SCN was recognized, as well as SCN's work in raising awareness of nutrition and harmonizing nutrition policy and approaches across the United Nations system and partners. While ACC has decided to move away from the concept of permanent subsidiary machinery, it also recognized the need for continued inter-agency coordination in many of the areas where it is currently undertaken. In order to allow sufficient time for a review of the subsidiary machinery, ACC decided that the current year would be treated as a transitional period. During this time, the Committees would be invited to engage in a reflection on their role and function and provide their views on the matter to the High-Level Committee on Programmes to enable the latter to complete the review process requested by ACC. If necessary, this period could be adjusted to accommodate meeting schedules. In the future, SCN may still wish to bring matters to the attention of ACC by exception, and to use various advocacy and communication channels as appropriate. Our Strategic Plan will continue to guide our work. A suggested new name for SCN is the "United Nations Forum on Nutrition".

36. **United Nations General Assembly special session on children.** Although nutrition did not figure strongly in earlier drafts of the outcome document (not a technical but a political document), the nutrition content had been significantly strengthened as a result of the Preparatory Committee meeting in February. FAO pointed out however that there had been no reference to food and agriculture in the document, adding that a world fit for children was one where every child had access to safe and nutritious food. The current March 12 draft has gone to countries for review and will be discussed in mid-June in New York. It was decided that SCN should prepare a collective comment

on the nutrition content, and convey this to Dr. Gautam along with improved wording for paragraph 30 on micronutrient deficiencies. There was a feeling, though, that too much emphasis had been placed on nutrition actions in the post-natal period, rather than on reducing maternal and foetal malnutrition and low birth weight. This point could be included in the letter. Regarding the United Nations special session of the General Assembly on HIV/AIDS, 25-27 June 2001, SCN will convey a message to this event, based on the outcomes of the Symposium on Nutrition and HIV/AIDS.

37. **Implementation of the Strategic Plan.** The United Nations agencies undertook to report on their efforts to implement the SCN Strategic Plan, against the three main strategic actions: promotion of harmonized policies and programmes for greater impact, review of the United Nations system response to malnutrition, and advocacy and mobilization. Several themes emerged. Most agencies need to take more time to internalize the Strategic Plan and generate interest, buy-in and support from their colleagues. The nutrition community needs to be more involved in the CCA processes. There are also opportunities to incorporate nutrition into the UNDAF process, poverty reduction strategy processes and the work of the ACC Network on Rural Development. UNDAF is not used efficiently for nutrition. Sector-wide approaches (SWAPS) tend to marginalize nutrition when health is discussed, hence there is uncertainty as to what SWAPS can deliver for nutrition.

38. **Budget and financing.** A comprehensive document covering the budget and financing of the Secretariat for 2000-2001 and 2002-2003 was presented by the Technical Secretary. SCN had approved a core budget of \$861,000 for 2000/2001 at the twenty-sixth session in Geneva in 1999. Projected expenditures (as of 14 March 2001) to the end of this biennium total \$780,000, against income of \$714,400. The deficit is partly due to UNDP's having suspended its contributions totally for this biennium. The SCN Chair will write to agencies to request increased contributions for this calendar year. For the next biennium, the proposed core budget is set at \$860,000. Increases in the contributions from some agencies are proposed; these include UNHCR, the United Nations Population Fund (UNFPA), the International Fund for Agricultural Development (IFAD), FAO, WFP and IFPRI. The programme budget, which covers costs of

the secretariat's publications programme, is implemented subject to funds raised by the secretariat. For 2002-2003, these costs are estimated to total up to \$920,000. The United Nations agencies approved unanimously the core and programme budget, as presented, for the period 2002-2003.

**39. The *Fifth Report on the World Nutrition Situation*.** The United Nations agencies stressed the importance of knowing the audience. Good information is available from the secretariat's mailing lists as to current outreach, but how are the reports used? Are we doing all that we can to maximize usage by communities outside the nutrition community? Ideally, the report should speak to several audiences: the nutrition field, the policy makers and the public at large. It may be difficult to reach all three with the same document, so different presentations should be considered. The *Fifth Report* must go beyond providing an update of regional and global trends. Key messages must be "front and centre" to move the nutrition agenda forward.

40. On other matters, the secretariat reported that Professor M. S. Swaminathan had agreed to serve as a Distinguished Nutrition Advocate. Additional names of possible Distinguished Nutrition Advocates for Africa are sought. The secretariat reported that the German Federal Ministry for Economic Cooperation and Development had offered to host the twenty-ninth session in Germany, in March 2002. This was greeted with enthusiasm.

## VII. Parallel working meeting of bilateral partners

41. This meeting was chaired by Arne Oshaug of Norway. The ACC/SCN bilateral parallel working session convened as scheduled during the week, including an additional evening meeting. The bilateral group is expanding: representatives from ministries in the Gambia, Kenya, Mali and South Africa took part. This reflects earlier discussions on the definition of what constitutes a "bilateral". In the spirit of the African Nutrition Capacity Development Initiative it was decided to shift from bilateral donors to bilateral partners. The bilateral partners emphasized that the secretariat should invite both developed countries and developing Governments to attend annual sessions through their normal communications channels,

including *SCN News* and the web site. The following reflects the discussions and recommendations of the bilateral partners to the SCN:

- Within the multilateral system, there are many important upcoming meetings of relevance to nutrition. This year, there are two United Nations General Assembly special sessions, one on HIV/AIDS in June, and another on children in September. In November, FAO will host the World Food Summit Five Years Later conference. In order to ensure that nutrition is adequately reflected in the documents of these and similar meetings, it is important to give input early in the process. To assist in this, rapid communication among SCN working groups, bilateral partners and non-governmental organization and United Nations leadership is essential;
- Nutrition issues are not often included in communications from the Secretary-General and Directors-General of the various United Nations agencies. This is a signal that nutrition is not a prioritized area, despite the goals and objectives stated in the documents of the World Summit for Children, the International Conference on Nutrition, the World Food Summit, and the Millennium Summit of the United Nations as well as the international development targets to be reached by 2015. Opportunities to influence national policy considerations in many countries are consequently missed. The SCN Chair should work proactively to bring nutrition-relevant issues to the attention of top management in the United Nations system. To ensure consistency of message, and mutual support, the chairs of the bilateral partners and the non-governmental organizations/civil society cluster of SCN should be involved in this work;
- The SCN Chair should also raise the issue of nutrition expertise in the United Nations agencies. There is a need to develop and maintain sufficient and strong staffing in nutrition and food security, especially breastfeeding, young child feeding and maternal nutrition. Since this is suggested in order to properly reflect and address the implementation of policies and programmes, these positions should be supported from each agency's core funding resources;

- Nutrition is not adequately reflected in WHO's global health initiatives, such as Stop Tuberculosis, Roll Back Malaria, immunization and the Massive Effort Against Diseases that Cause or Perpetuate Poverty. Nor is nutrition mentioned by the Director-General of WHO when this work is presented publicly. This sends a negative message about the importance of nutrition to these initiatives, a concern widely shared within the international nutrition community. The SCN Chair should bring this concern to the attention of the Director-General of WHO in writing;
- The bilateral partners follow ACC reform with keen interest. SCN is a unique forum, a stimulus for technical exchange and coordination within the United Nations family. The bilateral partners hope for and welcome a strengthened new SCN, as a result of ACC reform. The SCN Chair should communicate three main points to the United Nations leadership. Firstly, the bilateral partners highly appreciate the work of SCN, in particular its role and accomplishments towards coordination of actions and information-sharing. Secondly, bilateral donor countries were present initially in SCN annual sessions as observers — this relationship has matured and gradually developed into a tripartite relationship of great value. Thirdly, the new SCN should continue formally under the auspices of the United Nations. United Nations agencies should continue to support its coordination role;
- This year's Symposium on Nutrition and HIV/AIDS was timely; it showed the seriousness of the HIV/AIDS situation, and the essential role of food and nutrition in mitigating negative impacts. Presentations from professionals of Kenya, Uganda and Zambia illustrated a keen interest in building bridges between the nutrition and HIV/AIDS communities, while the Minister of Health and Social Welfare of Swaziland spoke of the need for political support at the highest levels in society. Non-governmental organizations, such as The AIDS Support Organization (TASO) in Uganda, and young professionals like this year's Dr. Abraham Horwitz Memorial Lecturer, show that there is a promising basis for local initiatives to tackle problems and possibly reverse the trend, when political and financial support are available;
- The bilateral partners welcome the African Nutrition Capacity Development Initiative. Capacity development is key to the development of African nations. SCN is encouraged to continue providing a forum for the presentation and discussion of this and other similar initiatives;
- *Reports on the World Nutrition Situation* are valued highly. Read by a wide audience, they constitute important documents used for advocacy, in policy discussion and in higher nutrition training. These reports are free of charge to readers in developing countries. This is especially important where access to scientific and other important nutrition-relevant information is problematic and costly. There is a need to revisit the frequency, content and format. Publication every four years may be adequate. Also, the reports could introduce a thematic angle along with the usual comprehensive technical coverage, with statistics on trends and indicators in an annex rather than the main text. Country or regional updates could also be considered. Issues related to food availability and diet have more or less disappeared from these reports, and need to be better covered in the future;
- There are several encouraging features of the secretariat's budget and financing. There is a proposed increase in contributions from several United Nations agencies to the core budget proposed for 2002-2003. Specifically increases are sought from UNHCR, UNFPA, IFAD, FAO, WFP and IFPRI. UNDP will be approached to re-establish its funding to SCN. If these materialize, the secretariat will be on a stronger footing. The bilateral partners anticipate that the new SCN will have renewed financial strength and commitment from the United Nations member organizations;
- Over the past year, the bilateral partners have undertaken to prepare 12 nutrition advocacy papers of about 4 pages each, now in the final stages of peer review. The final publication will be ready one year from now, in a format readily useful for policy advocacy. This will be a contribution free of charge to SCN.

- The bilateral partners welcome Germany's offer to host the twenty-ninth session in Germany, and agreed with the selection of symposium topic: "Nutrition in the context of crisis and conflict". A second candidate topic was discussed, and received some support, namely, food and dietary challenges as a consequence of globalization.

### **VIII. Parallel working meeting of non-governmental organizations/civil society**

42. This meeting was chaired by Ian Darnton-Hill (Helen Keller International); Co-Chairs were Professor Ruth Oniang'o (Jomo Kenyatta University) and Dr. Barbara Underwood (International Union of Nutritional Sciences). About 100 representatives of non-governmental organizations/civil society attended, many for the first time. Two thirds of those attending this parallel meeting were from international non-governmental organizations and academic institutions. The remaining participants were from national government ministries, agencies involved in emergency/relief work and advocacy organizations. The private sector was not represented. Much of the initial discussion centred on how this diversity can best be reflected.

43. Regarding representation on SCN's Steering Committee, three Co-Chairs have rotated in the one position on the Steering Committee allocated for the non-governmental organizations/civil society. This is an attempt to represent the diversity of the agencies and organizations in this cluster. This has proved effective over the past couple of years and should be continued. Ian Darnton-Hill indicated he could no longer serve as Co-Chair. Barbara Underwood, by popular acclaim, will serve another year in her individual capacity for purposes of continuity, as will Ruth Oniang'o. A maximum term of three years for Co-Chairs was suggested. Dr. Flavio Valente, of the Global Forum on Sustainable Food and Nutritional Security, and based in Brazil, was subsequently confirmed as the third representative.

44. Recommendations fell into three categories:

- Regarding roles within SCN, the non-governmental organizations/civil society should have equal and full partnership within SCN. On the organization of meetings, there should be a second parallel meeting during the week of the

annual session. Working groups should work throughout the year. SCN should be more proactive in seeking out civil society involvement; in particular the views of the non-governmental organizations/civil society should be taken into account when determining new topics for working groups, so that emerging field priorities are addressed. SCN should continue to hold annual sessions in countries where adequate nutrition is a problem, but where visitors' visas are not a problem;

- On representation, there should be two permanent seats on the Steering Committee for non-governmental organizations/civil society. National non-donor Governments should have separate representation. Local or national non-governmental organizations should be better represented, perhaps via existing consortia or umbrella groups. To ensure representation of all types of non-governmental organizations, as well as regional representation, a pyramid approach (subregion to region to SCN Steering Committee) to information-sharing could be tried. Regular feedback on monthly Steering Committee conference calls should be provided. The secretariat should send a letter of commendation to the representatives' home agency expressing SCN's gratitude for time spent and contributions made;
- Regarding communications, there should be an openness to, and awareness of, each other's strengths and potential, on the part of the United Nations agencies and of civil society. The non-governmental organization/civil society should do more networking around the themes of the working groups. This could be done via NGONUT (the non-governmental organization nutrition association) as a chatroom or clearing house, or Partners and Food in Emergency and Development Aid (PFEDA) based at the University of Lille. Non-governmental organization/civil society contacts and working group contacts should be published regularly in the *SCN News*. SCN should be proactive in publicizing SCN annual sessions and explaining that the symposia and working group meetings are open to the entire professional nutrition community.

## **IX. Informal report from the “non-Steering Committee” United Nations agencies**

45. Those United Nations agencies that were not members of the SCN Steering Committee met during the week to exchange views and share information. This group asked that one full day be given to the United Nations-only segment of the twenty-ninth session and that sufficient time be allocated for presentation and discussion of agencies' activities. They also requested that minutes of the Steering Committee teleconference calls be circulated routinely to all United Nations member agencies throughout the year.

## **X. Summary of decisions taken during the final plenary**

46. In the coming year, SCN will assess different organizational and reporting structures, taking into account decisions of ACC and the High-Level Committee on Programmes. SCN will adopt a new structure at its twenty-ninth session, just prior to the spring session of ACC.

47. The *Fifth Report on the World Nutrition Situation* will identify elements in the development process that serve as both obstacles and opportunities to improved nutrition outcomes. The report may take the form of several strong analytical pieces, backed up by illustrative panels and boxes. The report will also include, as annexes, updates on trends in nutrition indicators. Over the coming year, background papers (up to four) will be prepared, to serve as the basis for a workshop just prior to the twenty-ninth session. The Report will be launched at the thirtieth session and will provide the theme for the symposium that year. A task force will be constituted by the Steering Committee. Volunteers will be asked to identify in writing what they can bring to the process.

48. A statement on nutrition and HIV/AIDS (annex II) was approved for wide dissemination. The statement will be transmitted officially to Dr. Peter Piot (UNAIDS) in time for the HIV/AIDS Summit in Abuja, 23-25 April 2001. It will also be disseminated via the United Nations General Assembly special session on HIV/AIDS, put onto the SCN web site and published in *SCN News*.

49. SCN decided to provide to Dr. Kul Gautam (UNICEF) with new wording for paragraph 30 of the draft outcome document for the United Nations General Assembly special session on children. The wording, which was agreed upon during a teleconference call on 11 April is as follows: “Through public/private collaboration, ensure progress towards substantial reduction in anaemia, including iron deficiency, in women and children, and the elimination of vitamin A deficiency disorders, by 2010; and achieve sustained elimination of iodine deficiency disorders by 2005.”

50. SCN accepted with warm appreciation an invitation from the German Federal Ministry for Economic Cooperation and Development to hold the twenty-ninth session in Berlin, Germany, 11-15 March 2002.

## **XI. Closure of the twenty-eighth session**

51. Dr. Ngongi thanked the WFP/Nairobi office for hosting the twenty-eighth session, and all involved in logistics and organization of all meetings held during the session, for their capable work. He thanked participants for their commitment to SCN and reflected on the success of the session. This year's session had been much more than good presentations: there was true participation and dialogue among all who attended. SCN fosters communication among nutritionists. More importantly, SCN packages nutrition messages for national actions. Indeed advocacy is one of SCN's main roles. Nutrition is not only a public-health issue: it is a development issue. Nutrition is a powerful tool against HIV/AIDS, just as malnutrition is a powerful ally of the devastating effects of HIV/AIDS. Various indignations were underscored during the twenty-eighth session. Chief among these is that hunger prevents people from seeking essential services. SCN should work towards removing old structures that serve as obstacles to people's exercising their basic human rights. There is also hope that the battle is winnable. Nutrition can help people live more decently with HIV/AIDS. The nutrition community can work with the HIV/AIDS community to ensure that nutritional care is accessible to all those who need it.



*Notes*

<sup>1</sup> Geneva, 1987.

<sup>2</sup> Geneva, 1992 and 1993.

<sup>3</sup> Geneva, 1998.

<sup>4</sup> Available at  
<<http://acc.unsystem.org/scn/Publications/4RWNS/4rwns.pdf>> Accessed on 1 June 2001.

<sup>5</sup> E/2000/22-E/C.12/1999/11, annex V.

<sup>6</sup> General Assembly resolution 44/25, annex.

<sup>7</sup> ILO, *International Labour Conventions and Recommendations, 1952-1976*, vol. II (Geneva, International Labour Office, 1996), Convention No. 103 (Revised 1952).

<sup>8</sup> Available at <<http://www.waba.org.br/inno.htm>>  
Accessed on 5 June 2001.

## Annex I

### List of participants

*Chair:* Namanga Ngongi

*Technical Secretary:* Sonya Rabeneck

***Symposium speakers:*** Phetsile K. Dlamini, Minister for Health and Social Welfare, Swaziland  
Sam Onger, Minister for Public Health, Kenya  
Peter Piot, Executive Director, UNAIDS  
Stuart Gillespie, International Food Policy Research Institute, Washington, D.C.  
Phillip Mwalari, National AIDS Control Council, Kenya  
Elizabeth Marum, Centres for Disease Control and Prevention, Kenya  
Sophia Mukasa Monico, Director, The AIDS Support Organisation, Uganda  
Ruth Nduati, Department of Paediatrics, Kenyatta National Hospital, Kenya  
Oliver Saasa, Former Director, Institute of Economic and Social Research, Zambia

***Abraham Horwitz Lecturer:*** Lucy Thairu, Cornell University

#### ***United Nations agencies***

Economic Commission for Africa

Claire Mulanga

Food and Agriculture Organization of the United Nations

Maren Lieberum  
Brian Thompson  
Kraisid Tontisirin  
David Wilcock

*Regional Office for Africa, Ghana*

Cheikh Ndiaye

*Kenya*

Noreen Prendiville Hertz  
Alison Maccoll  
Sicily Matu  
Emily Mwadime  
Kristien Vliegen

*Zambia*

Elizabeth Phiri Chola

*Zimbabwe*

Georges Codjia

International Atomic Energy Agency

Venkatesh Iyengar

International Fund for Agricultural Development

Sean Kennedy

Joint United Nations Programme on HIV/AIDS	Peter Piot Badara Samb
Office for the Coordination of Humanitarian Affairs of the United Nations Secretariat	Umuro Hassan Fernando Larrauri Daoud Tari
United Nations Children's Fund	David Clark Archana Dwivedi Werner Schultink Marjatta Tolvanen
<i>Eastern and Southern Africa Region Office, Nairobi</i>	Arjan de Wagt Urban Jonsson Assumpta Muriithi Mahesh Patel Benter Shako Moses Sichone Olivia Yambi
<i>Eritrea</i>	Festo Kavishe Yemane Kidane
<i>Ghana</i>	Ernestina Agyepong
<i>Nepal</i>	Ellen Girerd-Barclay
<i>Somalia</i>	Mehret Gebreyesus
<i>South Africa</i>	Joan Matji
<i>United Republic of Tanzania</i>	Bertha Mlay Meera Shekar
<i>Zambia</i>	Milika Zimba
United Nations Development Programme	Warren Naamara
United Nations Educational, Scientific and Cultural Organization	P. Vitta
<i>Kenya</i>	Linda Ethangatta Ditte Dahl Lisbjerg Jane Muita Maniza Zaman
<i>Somalia</i>	Yumiko Tokanaga
United Nations Environment Programme	Hiremagalur Gopalan
United Nations Population Fund	Ibrahim Sambuli
Office of the United Nations High Commissioner for Refugees	Zahra Mirghani
<i>Ethiopia</i>	Anne Bush

<i>Nairobi</i>	Babu Swai
<i>United Republic of Tanzania</i>	Fathia Abdalla
United Nations Industrial Development Organization	Octavio Manzza-Neto
United Nations University	Abraham Besrat Cutberto Garza Fre Pepping Ricardo Uauy Hans J. A. van Ginkel
World Bank	Lynn Brown Don Bundy Leslie Elder Mats Karlsson Chris Lovelace Milla McLachlan Richard Seifman Debrework Zewdie
<i>Kenya</i>	Albertus Voetberg
World Food Programme	Rita Bhatia Robin Jackson Eri Kudo Arlene Mitchell Namanga Ngongi
<i>Nairobi Regional Office</i>	Abdoulaye Balde David Fletcher Arthur Holdbrook Elizabeth Nabutola
<i>Bangladesh</i>	Katrin von der Mosel
<i>Cameroon</i>	Rachel-Claire Okani
<i>Ethiopia</i>	Purnima Kashyap
<i>India</i>	Minnie Mathew
<i>Rwanda</i>	Makena Walker
<i>South Sudan</i>	Josepha Mambo Rose Opiyo
<i>United Republic of Tanzania</i>	Evelyn Mkanda
<i>Uganda</i>	Francesca Erdelmann Odette Kwelli Joviah Musangji
<i>Zambia</i>	Techeste Zergaber

World Health Organization

Graeme Clugston  
Bruno de Benoist  
Mercedes de Onis  
Randa Saadeh  
Constanza Vallenias  
Jelka Zupan

*Regional Office for Africa*

Andre Ouedraogo

*Regional Office for South-East Asia*

Sultana Khanum

International Food Policy Research Institute

Suresh Babu  
Stuart Gillespie  
Lawrence Haddad  
Bonnie McClafferty  
Ken Simler

***Bilateral partners***

Canada

Barbara Macdonald

Denmark

Shakuntala Thilsted

Gambia

Isatou Semega-Janneh

Germany

Elke Deffner  
Rainer Gross  
Hans Schoeneberger

Israel

Dorit Nitzan Kaluski

Italy

Anna Ferro-Luzzi

Japan

Ritsuko Aikawa  
Toru Rikimaru

Kenya

Margaret O. Lukoye

Mali

Modibo Mamadou Diarra

Netherlands

Elly Leemhuis-de Regt  
Marti van Liere

Norway

Gerd Holmboe-Ottesen  
Arne Oshaug  
Arnhild Haga Rimestad

Sweden

Ted Greiner  
Britta Ogle  
Anna Winkvist

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Bernard Paul Sikhakhane

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Ireland

*Department for International Development  
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Marilyn McDonagh

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Bruce Cogill  
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Miriam Labbok  
Tom Marchione  
Loretta Shaw

*Famine Early Warning System Network  
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Nick Maunder

*FEWS/NET, Kenya*

Janet Adhiambo Omoro

*USAID, Kenya*

Maria Mulla  
Leslie Perry

*USAID, Kigali*

Heather Goldman

*USAID, Nigeria*

Liane Adams

***Non-governmental organizations (NGOs) and intergovernmental organizations  
(INGOs)***

Academy for Educational Development

Dorcas Lwanga  
Ellen Piwoz

*The Gambia*

Kinday Samba Ndure

*Kenya*

Debbie Gachuhi

Action contre la faim

Carlos Navarro-Colorado  
Paul Rees-Thomas  
Caroline Wilkinson

Action Against Hunger — United Kingdom

Frances Mason

CARE

*East Africa*

Dan Maxwell

*South Africa*

Micheline Ntiru

*Zimbabwe*

Diane Lindsey

CARITAS Italiana

Ambra Longatti

Catholic Relief Services, Kenya

Debra Brosnihan  
Yvonne Forsen  
Kari Noel Egge

Concern Worldwide

Mary Corbett  
Kate Sadler

<i>Kenya</i>	Tamsin Walters
Emergency Nutrition Network	Fiona O'Reilly
GOAL Organization	Jane Blackhurst Melanie Threadgold
Helen Keller International	Ian Darnton-Hill Shawn Baker
<i>Asia-Pacific Regional Office</i>	Regina Moench Pfanner
International Baby Food Action Network (IBFAN)	Pauline Kisanga Olinda Daniel Mugabe
International Center for Research on Women	Hilary Sims Feldstein Charlotte Johnson-Welch Kathleen Kurz
International Council for the Control of Iodine Deficiency Disorders	Judith Mutamba
International Famine Centre	Mike FitzGibbon
International Federation of Red Cross and Red Crescent Societies, Nairobi	Theresia Lyshoj-Landiech
International Life Sciences Institute	Penelope Nestel
International Nutrition Foundation	
International Union of Nutritional Sciences	Osman Galal Barbara Underwood Mark Wahlqvist
LINKAGES Project	Mary Lung'aho Jay Ross
March of Dimes Birth Defects Organization	Richard Deckelbaum Marion Greenup
Médecins Sans Frontières, Holland	Saskia van der Kam
<i>Belgium</i>	Christine Jamet
Medical Emergency Relief International (MERLIN)	Linda Doull
Micronutrient Initiative	Jenny Cervinkas
Oxfam UK	Elham Monsef
Save the Children	
<i>Bangladesh</i>	Hussain Moazzem
<i>Uganda</i>	Hussein Mursal

<i>United Kingdom</i>	Arabella Duffield Harry Jeene Anna Taylor
<i>United States of America</i>	Joy Del Rosso
Terre des Hommes	Olivier Fenichiu Rebecca Norton
The International Rescue Committee	Mary Yetter
<i>France</i>	Marc and Elodie
<i>Kenya</i>	Lucyann Wahome
Valid International	Steve Collins
Wellstart International	Audrey Naylor
World Alliance for Breastfeeding Action	Sarah Amin Elisabet Helsing Susan Siew
World Alliance for Nutrition and Human Rights	Wenche Barth Eide George Kent Uwe Kracht
World Vision, Canada	Carolyn MacDonald
<i>Sudan</i>	Molly Mwangi
<i>Academia and civil society</i>	
Africa Nutrition Database Initiative (ANDI)	Dario Berardi
Centres for Disease Control and Prevention	Ibrahim Parvanta Peter Salama Arnold Timmer Bradley Woodruff
Côte d'Ivoire — National Programme of Nutrition	Adou Agbo Pierre
Ethiopia — Ministry of Health	Solomon Emyu
Ethiopia — Addis Ababa University	Fikru Tesfaye
Ethiopia — Christian Children's Fund (CCF)	Tadesse Kassaye
Ghana — Ministry of Health	Rosanna Agble E. F. Amoaful
Ghana — Federal Department of Agriculture	O. Edache
Ghana — Council for Scientific and Industrial Research (CSIR) — Crops Research Institute	John Otoo
Ghana — CSIR — Food Research Institute	Wisdom Plahar



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Kenyan Minister for Public Health	Sam Onger
Kenya — Ministry of Agriculture	Teresa Muthui
Kenya — Ministry of Education	Consolata K. Kiara M. Ndanyi
Kenya — Action Aid, University of Nairobi	Wambui Gatigwa
Kenya Agricultural Research Centre	Jackson Kabira
Kenya — American Red Cross	Amanda High
Kenya — AMKENI	Al Henn
Kenya — African Medical and Relief Foundation (AMREF)	Robina Biteyi Susan Mwangi
Kenya — Applied Nutrition Programme	Abiud Omwega
Kenya — East African Women Leaders in Agriculture and Environment (AWLAE)	Julia Gitobu
Kenya Bureau of Standards	Carol K. Tom
Kenya — Cactus Villa Health Clinic	Marie Nzungize
Kenya — Centre for African Family Studies	Wanjiru Gichuhi Christine McWest
Kenya — Centers for Disease Control and Prevention	Elizabeth Marum
Kenya — Center for Indigenous Knowledge — Structural Adjustment Programme (SAP)	Monica Opole
Kenya — Child Nutrition Project	Constance Gewa
Kenya — Christian Children's Fund	Oliver Kantai Lucy Murage Rowa Esther Wamai
Kenya — Community-based Nutrition Programme/Danish International Development Agency (DANIDA)	Merete Lyngs Grace Maina Albert Webale
Kenya — Dalton Africa Fund	Elizabeth Hackett Kegode
Kenya — District Community Development Office (DCDO)	Daniel Ayieko
Kenya — Egerton University	Elizabeth Mbuthia Stellamaris Muthoka Prisca J. Tuitoek
Kenya Freedom From Hunger Council (KFFHC)	Francis Khadudu Were
Kenya — German Agro Action	Friedrich Julianne

Kenya — Heifer Project International	Alex Kirui
Kenya — HelpAge International	Dolline Busoho
Kenya — International Committee of the Red Cross (ICRC)	John Letai Jane Macaskill
Kenya — International Potato Centre (CIP)	Peter Ewell
Kenya — International Plant Genetic Resources Institute — Sub-Saharan Africa (IPGRI-SSA)	Catherine Gaudette
Kenya — IQRA FM	Mariam Adam
Kenya — Jomo Kenyatta University	Richard K'Okul Elizabeth Kuria Anselimo O. Makokha Ruth Oniang'o Margaret Wagah
Kenya — Kenya Agricultural Research Institute (KARI)	Mary N. Wabule
Kenya — K CAN	George Kahuthia Olive C. W. Mbuthia
Kenya — Kenya Medical Research Institute (KEMRI)	David L. Mwaniki
Kenya — Kenyatta National Hospital	Lina Njoroge
Kenya — Kenya Industrial Research and Development Institute (KIRDI)	T. J. Oguta
Kenya — Land O'Lakes, Inc.	Janice Kemoli Michael Kibinge
Kenya — Maoni Network	Daniel Lago
Kenya — Medical Nutrition Therapy Centre	Mary Mugambi
Kenya Medical Research Institute	Washington Ochieng
Kenya — Moi University	Assumpta Nhombalu Rosebella Onyango
Kenya — National Aids Control Council	P. N. Mwalali
Kenya — National Aids Control Programme	Zebina Msai Msumi
Kenya — Nairobi City Council	Bridget Muthoni Beth K. Mwiwa Joyce Nyambura Nuthu Caroline A. Omufira Mary Wakahiu

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Kenyan National AIDS Control Council	Phillip Mwalari Zebina Msumi
Kenya — National Council of Churches (NCC)	Eustace Thambu
Kenya — Peace and Reconciliation Africa	Lidavalia Alfred Albert Checema Abdulaziz Wadati
Kenya prevention of mother-to-child transmission (PMCT) Project	Ruth Nduati
Kenya — Rural Outreach Programme	Joseph Mutuku
Kenya — Second Coffee Input Programme (SCIP)	James B. Malema Alice Ombima
Kenya — Social Science and Medicine Africa Network (SOMA-Net)	Anne Muthoni Pertet
Kenya — St. Monica Self-Help Group	Sarah Waweru
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Norwegian Institute of Human Rights	Asbjorn Eide
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Seychelles — Ministry of Health	Vivienne Bacharie
South Africa — Medical University of Southern Africa	Pauline Kuzwayo
South Africa — University of the Western Cape	David Sanders
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Sweden — Uppsala University	Leif Hambræus
United Republic of Tanzania — Commonwealth Secretariat	Mofota G. Shomari
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Uganda — CCF	David Serukka
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Uganda — Makere University	Hanifa Bachou Joyce Kikafunda Christine Magala-Nyago
Uganda — National Agricultural Research Association (NARO)	John R. W. Aluma
Uganda — Regional Centre for Quality of Health Care	Robert Mwadime
Uganda — The AIDS Support Organisation (TASO)	Sophia Mukasa Monico
Uganda	Kristin Duncombe
United Kingdom — Institute of Child Health	Rory McBurney Andrew Seal
United Kingdom — Institute of Development Studies	Paul Howe
United Kingdom — London School of Hygiene and Tropical Medicine	Rosemary Ayah
United Kingdom — Loughborough University	Nick Norgan
United Kingdom — Partnership for Child Development, Imperial College School of Medicine	Lesley Drake
United Kingdom	Annalies Borrel Ann Burgess Kate Goddow
United States of America — Cornell University	Michael Latham Senewa Montet Lucy Thairu
United States of America — Feinstein International Famine Centre	Helen Young
United States of America — ICH	Lairo Rutto
United States of America — National Institute of Health/National Institute of Child Health and Human Development (NICHD)	Daniel Raiten
Zambia — Central Board of Health	Agness Mugala Aongola

Zambia Institute of Economic and Social Research (INESOR)	Oliver Saasa
Zambia — Lusaka National Food and Nutrition Commission	Priscilla Likwasi
Zambia — Nutrition Association and ECSA Region Steering Committee on Nutrition Training	Drinah Banda Nyirenda
Zimbabwe — Beltsville Human Nutrition Research Center, United States Department of Agriculture and University of Zimbabwe	Ellen Harris
Zimbabwe — Interim Secretariat, Food and Nutrition Council, Ministry of Finance and Economic Development	Julia Tagwireyi
Zimbabwe — Southern Africa Development Community (SADC) Food Security Training Programme	Clipa C. Sylvano
Zimbabwe — University of Zimbabwe — Institute of Food and Nutrition and Family Sciences	Marlou Bijlsma Lucie C. Malaba
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## Annex II

### Statement issued by ACC/SCN at its twenty-eighth session, 6 April 2001, Nairobi, Kenya, on nutrition and HIV/AIDS

We, ACC/SCN, recognize the devastating impact that the HIV/AIDS epidemic is having on development, particularly in Africa. We further recognize that the epidemic is increasingly driven by factors that also create malnutrition — in particular poverty, conflict and inequality.

HIV/AIDS and malnutrition often operate in tandem. Poor nutrition increases the risk and progression of disease. In turn, disease exacerbates malnutrition.

HIV/AIDS can be both a cause and a consequence of food insecurity. HIV/AIDS leads to reduced agricultural production, reduced income, and increased medical expenses, thus causing reduced capacity to respond to the crisis. Food insecurity may lead to increased high-risk behaviours, for example, labour migration or engaging in transactional sex which increases the likelihood of infection.

Food and nutrition play an important role in prevention, care and mitigation activities in HIV/AIDS-impacted communities.

We, ACC/SCN, recognize that:

(a) The HIV/AIDS epidemic is not just a health issue but is reversing hard-won development gains;

(b) A community-driven multisectoral approach must be supported to address food and nutritional needs of all vulnerable populations;

(c) Access to food is one of the main problems of HIV-impacted communities;

(d) Nutrition and food security is a logical entry point for assisting affected communities;

(e) Over time, AIDS prolongs and deepens poverty, strips all assets and depletes human and social capital;

(f) HIV/AIDS attacks the most productive segments of the population, leaving behind children and the elderly;

(g) Stigma undermines social capital and limits health-seeking behaviour, including prevention of mother-to-child transmission;

(h) Women who are key actors in household food security and caregiving are particularly vulnerable to the effects of disease and its impacts;

(i) HIV/AIDS impacts agriculture through labour shortage, knowledge loss and a loss of formal and informal institutional support and capacity;

(j) Breastfeeding remains of fundamental importance to child survival and development, while there is evidence of limited transmission of HIV through breastfeeding;

(k) Nutrition is a core component of the essential HIV/AIDS care package promoted by UNAIDS.

We, ACC/SCN, commit ourselves to collaborating with the international community and heads of State in particular in this effort by:

(a) Integrating food security and nutrition considerations into HIV/AIDS programming;

(b) Concurrently addressing the HIV/AIDS crisis in our food and nutrition work, using existing nutrition networks and programmes;

(c) Identifying and implementing optimal approaches to food-assisted activities as part of larger care and mitigation programmes, as well as food production and processing activities;

(d) Taking steps to reduce stigma and protect human rights of people affected by HIV/AIDS, including the right to food;

(e) Elaborating and fully implementing nutrition care and counselling as part of the essential HIV/AIDS care package;

(f) Operationalizing pragmatically the UNAIDS/UNICEF/WHO policy statement on HIV and infant feeding while protecting, promoting and supporting optimal infant feeding for child survival among all women.