

SESSION I: INTERNATIONAL PERSPECTIVES

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Global Alliance for Improved Nutrition

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Food and nutrition security for any individual is a basic human right, and an essential foundation for human survival and development. Food and nutrition security relates to having sufficient food in terms of quantity and quality, containing the essential nutrients that preserve, protect and sustain a healthy and productive life. Many people in Africa are unable to acquire and effectively utilize, at all times, the food they need for this healthy and productive life.

Reflecting back on the recently declared Millennium Development Goals, which have been described as being people-centered, time-bound and measurable, Africa is challenged to respond quickly to these global efforts, commitments and opportunities in order to ensure adequate food and nutrition security for its people.

The Food and Agriculture Organization estimates that over 800 million people worldwide were malnourished between 2000 and 2002. 95% of these are in developing countries. South Asia, Sub-Sahara in Africa have a disproportionate share of the world's hungry. As of March 2005 this year, the number of countries facing serious food shortage throughout the world stood at 36, and 23 of these coming from Africa.

In the 1990s nutrition data from most countries in Africa showed high levels of malnutrition that was steadily deteriorating. The U.N. Standing Committee on Nutrition had predicted that malnutrition would reduce by 50% at the end of the last Millennium. Only the South American region, if you look at this presented figure, attained this goal, while Asia attained a 20% reduction in malnutrition. But Africa saw an increase in the level of malnutrition. In fact, the Sub-Saharan Africa region had an increase of between 10 to 20%.

These maps indicate the magnitude of the problem. We've been seeing them since yesterday. They indicate that Africa is widely affected by food and nutrition insecurity, which translates into nutritional deficiencies that impact negatively on the lives of the people. And these show low energy supply and micronutrient deficiencies.

We must also remember that diet-related chronic diseases, particularly obesity, diabetes and cardiovascular diseases, have started to emerge in Africa. Malnutrition, as we've heard before, contributes to more than half of the deaths in Africa from childhood diseases and hastens the progression of infections among people living with HIV-AIDS.

This makes malnutrition an underlying cause and major contributor to the increasing infant and child mortality rates in Africa. This unfortunate situation could be attributed to eroded capacities at all levels, which may be as a result of declining social sector performance but also due to increasing poverty, HIV-AIDS, and recurrent emergencies and internal conflicts, as well as weather changes.

All these factors have affected availability and access to food to many people in Africa. Nevertheless, people may still be malnourished despite access to sufficient quantities of food, because of poor food quality and safety, and lack of key nutrients in the diet.

The slide you see here shows the composition of a typical African diet with an example from Central Africa. Although generalizations are rarely helpful in describing a subject as complex as diets which depend on many economic, ecological, social and culture factors, they tend to be location and community specific.

The bulk of energy, as you can see, is derived from cereals and other starchy staples, which are often highly processed and bulky and therefore deprived of the original essential micronutrients. The typical diet is deficient in foods rich in these essential micronutrients.

Using another example of South Africa for intake of iron and vitamin A, we see that intake of the poorest children is about 30% or less, thus indicating that they're not able to make their daily micronutrient intake from the existing household diet.

Two billion people suffer from key micronutrient deficiencies worldwide, as we've heard before. And these are iodine deficiency, which is the most common cause of preventable mental retardation and brain damage; Vitamin A deficiency compromising the immune system and a major cause of blindness; iron deficiency impairing mental development and contributing to death in pregnant women; folic deficiency responsible for certain birth defects; zinc deficiency affecting growth and development; and of course many more micronutrient deficiencies.

Vitamin A deficiency affects 40 to 60% of the children under five in developing countries and causing a million preventable deaths each year. Using Mali as an example, I'm using a computer model known as Profiles for Projections. It is estimated that 170,000 child deaths will be attributable to vitamin A deficiency between the years 1999 to 2007. This means that one in every five children in Mali will die each year as a result of vitamin A deficiency.

Iron deficiency anemia is a risk factor for death during childbirth for many women. For example, the Kenya Profiles Team estimated that 48,000 women will die of anemia-related reasons between 2000 and 2010 if the government and the people of that country do not manage to significantly reduce the prevalence of iron deficiency anemia that was prevailing in that country in 2000.

Iron deficiency contributes to low birth rate, and children are at greater risk of severe infections and death.

Ladies and gentlemen, what I'm saying here is that many children will either not be there to see the future, or they will not have a mother to share the future with.

Iron deficiency also has invisible effects. Children may be less intelligent, scoring up to ten points lower on standard tests, their school performance is below their potential, and their future productivity is diminished. These effects are long lasting and potentially irreversible.

Micronutrient deficiencies compromise adult productivity as well, as we have heard before. Studies have shown that 1% decrease in iron status is associated with 1% decrease in productivity. If the current rates of malnutrition are not reduced, Ghana, for example, is doomed to lose a total of over \$550 million worth of net productivity from iron deficiency anemia, iodine deficiency and stunting. Almost the same amount would be lost in Mali.

These are immense losses in productivity that these countries cannot afford if they are to sustainably reduce poverty. Then I ask myself – How can future Africans compete in the international market or take opportunity of the economic reforms if they are not optimally productive because of malnutrition?

We also know that good nutrition is essential for good mental development and school performance in children. Iodine, for example, is necessary for normal development of a baby's brain during pregnancy. Pregnant women living in iodine-deficiency regions are more likely to give birth to mentally retarded children. Studies have actually shown that children living in such environments have an average of IQs of 13 points lower than children born in areas with no iodine deficiency.

A small country like Uganda, my country, estimates that 65,000 of all babies born in Uganda in the next ten years will be cretins, that is to say, needing intensive care; and another 194,000 babies will be severely mentally retarded, and more will suffer a mild-to-moderate intellectual disability. Intellectual disability resulting from iodine deficiency during pregnancy will reduce considerably children's learning ability, school performance, retention rates, and speech and hearing ability. And these effects are permanent.

The high rates of iodine deficiency in most African countries will make it impossible for us to derive the expected benefits from the investments being made in basic education and the contribution of most of our children to our future economy.

Going to folic acid, folic acid can prevent birth defects. 200,000 children are born each year worldwide with severe neural tube defects, such as spina bifida. Spina bifida is a neural tube defect, caused by the failure of the fetus' spine to close properly during the first month of pregnancy. For example, in 2002 Uganda reported a 2% per 1,000 birth with spinabifida, and four out of five of these children developing hydrocephaly.

Ladies and gentlemen, the levels and trends of malnutrition we are seeing in Africa are depressing and unfortunate. Depressing because the effects on health and survival, educability, economic productivity and disability are huge and many times irreversible, –BUT preventable. Although effective, inexpensive and proven approaches to reducing the prevalence of vitamin and mineral deficiency are widely available, they have not been used to full effectiveness.

We must appreciate that food and nutrition security are reflective of many factors occurring at different levels, as I've said before. Among these are poverty, unequal distribution of resources, violation of human rights, disease, among the many. Persistent high levels of malnutrition in

Africa reflect a failure of multiple factors. Integrated approaches and efforts must be employed to accelerate support to address food and nutrition security in Africa.

This model shows that, to be able to achieve improvement in food and nutrition security in Africa, several factors have to be taken in consideration. You have to look at household dynamics of food security, care and protection of the vulnerable, availability and access to healthcare, and safe, clean environment. You cannot forget political will, availability of resources and all those essential to catalyze all these efforts.

Africa has many opportunities to address the problem. There are good lessons and examples of success stories, such as universal salt iodisation that has now reached nearly 75% of its people. These efforts are commendable.

We look at the new technologies to improve quality of food and diet. Renewed global commitments to address the problem – this is where we talk about partnerships – and growing support for capacity building. Given these possible gains, it is clear that food and nutrition security is a key input in poverty reduction and an essential ingredient in attaining development and reducing poverty. Africa can realize her Development Goals if, and only if, we accelerate our efforts to reduce the malnutrition in this continent. Each of us has a responsibility and a moral obligation to achieve global, regional and national commitments.

The future of Africa is not about statistics and not about numbers. It is about the people - people not able to achieve a human right, the right to food with essential nutrients to protect their lives. Almost over one third of the children, and 50% of the women are affected with micronutrient deficiencies. The situation is unacceptable but not impossible to address. It has persisted for a very long time with the same high rates, causing damage to people's lives.

Where is our contribution towards preventing damage that can result from poor diets? We are all challenged here.

The technology of all kinds to improve diet quality with essential nutrients through fortification, including biofortification, is available and affordable for Africa.

Let us ACT now to save the lives of the affected people in Africa.