

INTRODUCTORY REMARKS

BY

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On behalf of the International Development Research Centre (IDRC), I wish to extend a warm welcome to all of the participants here today. IDRC is pleased, and I know, fortunate, to be able to join with you as concerned scientists in your attempts to find solutions to the problems of malnutrition in Asia. Typically, this malnutrition is comprised of protein-calorie malnutrition, iron deficiency anaemia and vitamin A deficiency. These deficiencies tend to occur or are found most commonly in low-income groups and in those groups with relatively greater nutritional requirements i.e. infants, pre-schoolers and pregnant and lactating women. The first two of these groups are made up of individuals who are especially vulnerable in society as they have little or no choice as to kinds and quantities of the food they consume.

The causes of malnutrition are many, and the relative importance of each can vary by location, income, public policy and other reasons. The causes themselves are many but generally fall into the categories of food availability, incomes and prices of foodstuffs, consumer tastes and attitudes, patterns of food preparation and general health and sanitary conditions.

In the period since the Second World War, public and private institutions world-wide have developed and implemented numerous programs of agricultural and nutrition research, development projects, food transfers and food subsidies, food price policies, food fortification, health and nutrition education, formulated foods and

supplementary feeding. Few such programs are distinctly separate in themselves but contain elements of more than one such activity. I believe that this workshop will deal largely with the subject of supplementary feeding and formulated foods.

In 1979 and again in 1980, two major studies were undertaken to review the effects of supplementary feeding projects. Case studies in Guatemala, India, Colombia, Mexico, Canada and the United States showed that positive results could be demonstrated, but that often these benefits were limited. The results of these studies were also inconclusive as to the cost-effectiveness of such programs for large groups.

What was conclusive however, was the need for further research on this subject; research in the fields of health, nutrition and socio-economics and not necessarily in isolation. In aggregated form, the major research needs proposed were:

- (1) What is the minimum quantity of food that must be distributed, its regularity and over what duration?
- (ii) What are the causes of an effects of food "leakages" i.e. shared and/or substituted for other food in the diet?
- (iii) What are the benefits of supplementary feeding besides growth and birth rate?
- (iv) What are the criteria for developing an effective delivery system?

- (v) Are supplementary feeding programs effective in isolation or should they be linked with other programs?
- (vi) How can the community be involved in program design and implementation?
- (vii) By what criteria should supplementary feeding programs be evaluated?

It is against this background of problems and issues that IDRC has been supporting research in Asia (and elsewhere) in the general area of "supplementary feeding". This is through research projects on improving the quantity and quality of legumes consumed in the traditional diets and in supplementing the diets. The on-going research efforts of Drs. Aree, Pushpamma, Eusebio and Tipvanna, and their staff, are an important step in furthering this research in Asia.

In view of the fact that the IVth Asian Nutrition Congress will be held here in Bangkok immediately after this meeting, IDRC recognizes that the conclusions and recommendations developed here, as a result of your presentations and discussions, will contribute significantly to the Congress.

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