

# Report of the Standing Committee on Nutrition at its Thirtieth Session

*Hosted by the M S Swaminathan Research Foundation (MSSRF) at the Indian Institute of Technology Madras  
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## A. Introduction

1. Catherine Bertini welcomed participants to the 30<sup>th</sup> Session of the SCN, hosted by Professor M S Swaminathan and the M S Swaminathan Research Foundation. Ms. Bertini said that this year marked the first time in the SCN's 26 year history that the annual session was hosted by a civil society organization. Ms. Bertini thanked Professor Swaminathan and his staff at the M S Swaminathan Research Foundation, as well as the staff of the Indian Institute of Technology for their collaboration. Ms. Bertini also thanked Professor Swaminathan for his leadership in nutrition in Asia and globally, especially since taking on the role of SCN Distinguished Nutrition Advocate. Ms. Bertini then introduced Bishop Dom Mauro Morelli, of Brazil, who has agreed to join Professor Swaminathan as SCN Distinguished Nutrition Advocate. She explained that Bishop Dom Mauro is an outstanding leader in raising awareness of the right to food, and problems of malnutrition, poverty and food insecurity and social inequality.

2. In addressing the SCN plenary for the first time since taking the chairship on August 1, 2002 for a two-year period, Ms. Bertini noted that the mandate of the SCN is to raise awareness of nutrition problems and to mobilize commitment to solve them, at global, regional and national levels. This is a large task that no one agency or group can possibly do alone. UN agencies, bilateral partners and NGOs and civil society come together in the SCN to bring their unique perspectives and their rich experiences, and to work towards a common goal.

3. In opening the consultation on the Malnutrition-Free Tamil Nadu Strategy organized by the MS Swaminathan Research Foundation, Ms. Bertini reminded the 30<sup>th</sup> Session that as we consider the nutrition situation of Tamil Nadu, and local responses to malnutrition, we need to consider the context in which we work in other regions, as nutrition professionals and advocates. There is a crisis now in Southern Africa. Nearly 13m people in Southern Africa face extreme food shortages. Zimbabwe, Malawi and Zambia are particularly affected. In many places, this is the second or third consecutive year of food shortages

and ability to cope has been almost exhausted. High-risk survival strategies are used: these include theft, eating potentially poisonous wild foods, taking children, especially girls, out of school and into prostitution. At the same time, peace in Angola has revealed a largely invisible (until now) humanitarian crisis in the zones previously controlled by UNITA. The causes of the food and nutrition crisis are complex and vary from country to country. They reflect a mixture of poverty, vulnerability, draught, poor governance and economic collapse.

4. Ms. Bertini noted that donor countries need to fund a major emergency operations immediately for southern Africa. She also said that in the long run the food and nutrition crisis will recur unless the right to food and nutrition for all people is elevated to the top of the agenda of international institutions and governments in southern Africa and elsewhere, and policies changed. While the food and nutrition crisis in southern Africa may get the headlines and the attention of the international press, there is another, hidden crisis, that is less discussed outside the circles of technical specialists. This is the crisis of hidden hunger, or chronic undernutrition, especially amongst women and children, in many countries in the developing world. Mid last year, the WHO's annual world health report offered new insights into the top ten risks, globally and regionally, in terms of the burden of disease they cause. The ten leading risk factors globally include underweight, high blood pressure, alcohol consumption, iron deficiency and high cholesterol and obesity. The report shows that a relatively small number of risks cause a huge number of premature deaths and account for a very large share of the global burden of disease.

## **B. Symposium on Mainstreaming Nutrition to Improve Development Outcomes**

5. The Symposium was chaired by Ms Bertini. Professor M S Swaminathan (M S Swaminathan Research Foundation) gave the opening remarks, this was followed by a keynote address by Dr. Speciosa Wandira Kazibwe (Vice President of Uganda) on *Overcoming obstacles to moving a nutrition agenda forward in governments in the developing world*. Two papers were presented: *Engaging development, a framework paper based on the 5<sup>th</sup> Report* (Lawrence Haddad, IFPRI and Member of the SCN 5<sup>th</sup> Report Task Force), and *Public/private partnerships for improved nutrition: how do we make them work for the public good?* (Venkatesh Mannar, Micronutrient Initiative, with a response from Judith Richter, Independent Researcher and Author). David Sanders, University of the Western Cape, South Africa, moderated a panel discussion on *Sustaining impact on a large scale: what are the lessons?*. Members of the panel were Prema Ramachandran, Advisor to the Planning

Commission, India; Arabella Duffield, SCF, UK; Nguyen Cong Khan, National Institute of Nutrition, Vietnam and Mallikharjuna Rao, Andhra Pradesh Foods, India. The Symposium concluded with the Seventh Dr. Abraham Horwitz Lecture given by Purnima Menon, Cornell University, entitled *Bringing nutrition into the political and technical mainstream, the role of effective communication*.

6. Papers presented at the Symposium will be published in the July 2003 issue of SCN News.

## **C. Working Group meetings, summary reports**

7. Of the current nine working groups, seven held full meetings during the 30<sup>th</sup> Session, one held an informal meeting, and another outlined its future plans to plenary. Full reports are available on SCN website:

[http://www.unsystem.org/scn/Publications/AnnualMeeting/working\\_groups.htm](http://www.unsystem.org/scn/Publications/AnnualMeeting/working_groups.htm)) or from the Secretariat by EMail: [scn@who.int](mailto:scn@who.int)

### **C.1 WORKING GROUP ON NUTRITION THROUGHOUT THE LIFECYCLE—Co-Chaired by Ted Greiner (Sida) and Ricardo Uauy (UNU)**

8. Ted Greiner (Sida) opened the meeting with a reminder of the purpose of this new working group and a request that participants give thought to whether any modifications are needed in the way in which this working group could best achieve its purposes. In particular, what are the specific needs for harmonization? How can we work from a human rights and equity perspective? Ricardo Uauy (UNU) provided background on the implications and challenges of a lifecycle or life course approach to nutrition. Deaths in early life have been reduced significantly over the past century, however, there is less improvement in adult death rates. A large range of conditions causing death and disability can be prevented through diet and physical activity. Kathy Kurz and Kavita Sethuraman (ICRW) described the new Initiative on Gender and Nutrition initiated with seed funds from the World Bank. Plans include participatory project development in West Africa and South Asia. Chizuru Nishida (WHO) presented UN perspectives on diet and nutrition in the prevention of adult chronic disease. She presented the methodology for developing the newly-released WHO/FAO report on diet, nutrition and chronic disease prevention. The process for this science-based report included examining the evidence, categorizing the strength of the science and defining population nutrient intake goals to achieve optimal health. Roger Shrimpton (Institute of Child Health, UK) reviewed the UNICEF low birthweight initiative implemented in 15 projects in several countries and reported on the status of five controlled studies of micronutrient interventions

to reduce low birthweight. He emphasized the importance of shifting the distribution of birthweight for whole populations. Sultana Khanum (WHO) reviewed the WHO global data base on low birthweight. WHO is planning a consultation on low birthweight later this year.

The working group decided that these issues should be given high priority in the coming year:

- ❑ low birthweight/intrauterine growth retardation and associated gender issues
- ❑ the critical role of women in achieving lifecycle/course optimal nutrition and health
- ❑ the epidemic of nutrition-related chronic disease in developing and transitional countries
- ❑ nutrition of the elderly in developing and transitional countries
- ❑ define how to implement the lifecycle approach in practice
- ❑ integrate all stages of the lifecycle/course approach in the household family unit

#### C.2 WORKING GROUP ON NUTRITION IN EMERGENCIES—*Chaired by Marjatta Tolvanen (UNICEF)*

9. This working group reviewed achievements over the past year in six focus areas. Lida Lhotska (IBFAN) reported that a training module for relief staff on infant feeding in emergencies is now ready for distribution; an evaluation is planned. A second module for health workers is nearly ready. To finalize this module there is a need to resolve confusion concerning different protocols for treatment of severe malnutrition in infants under six months. Regarding training initiatives for capacity development, Annalies Borrel (CDC) reported that an inventory of training courses has been compiled and disseminated. Working group members are currently involved in three training initiatives: Tufts/WFP training in food and nutrition in emergencies, Tufts/Columbia/CDC training of UNICEF health and nutrition officers (called "Training for improved practice"), and Sphere Project health and nutrition training. Marjatta Tolvanen (UNICEF) reported on Standardized Monitoring and Assessment of Relief and Transitions, or SMART ([www.smartindicators.org](http://www.smartindicators.org)). The objective is to improve the monitoring, reporting and evaluation of humanitarian assistance to ensure reliable data needed for making policy, funding and programme decisions. A workshop is planned for July to make a standard recommendation for assessing population stress. CIDA is supporting the development of a basic SMART manual on methodologies (mainly crude mortality rate and nutritional status) that will be piloted in Angola. Anna Taylor (SCF/UK) reported on the Sphere project. An evaluation of the use of the first version and

revision process is underway. The final document will be available in October. Saskia van der Kam (MSF/Holland) said that [www.nutritionnet.net](http://www.nutritionnet.net) has provided an active working environment for nutritionists and there is strong participation from Africa. The coming year will see an increased involvement of experts in specialized areas who can assist with technical nutrition issues that arise in field work. Regarding adult malnutrition, there is a need to continue the work on assessment of adult malnutrition, especially in relation to the HIV/AIDS epidemic. The working group is currently trying to identify a new focal point to provide leadership in this area.

10. The working group then discussed home-based treatment of severe malnutrition, as an alternative to therapeutic feeding centers. Steve Collins (Valid International), presented an update on the community therapeutic centers (CTC) programme, Joseph-Matthew Mfutso-Bengo (U of Malawi) on social and ethical issues related to CTCs, Anna Taylor (Save the Children/UK) on experiences with CTCs in North Sudan, and Carlos Navarro-Colorado (Action Contre la Faim) on implementation of a clinical trial in Sierra Leone. The concept of home-based treatment involves moving away from centralized therapeutic feeding centers, to home-based care, home visitation, use of ready-to-use therapeutic foods which can be made locally, systematically overcoming coverage and defaulter problems and empowering mothers and communities. A technical workshop to harmonize protocols is planned for October 2003.

#### C.3 WORKING GROUP ON NUTRITION AND HIV/AIDS—*Chaired by Andrew Tomkins (Institute of Child Health, UK) and (not present in Chennai) Jos Perriens (WHO)*

11. This working group is rather young and is still establishing its priorities for action. While the HIV epidemic is well recognized in most African countries there has been a disturbing pattern of delay in recognition of the scale of the problem in other regions. There are serious concerns that "denial" is occurring in several Asian countries. The scale of the problem globally is increasingly documented, mostly using sentinel site surveillance. This data, available on various websites through the [www.unsystem.org](http://www.unsystem.org). Members of the working group have communicated by email and a briefing document has been prepared which outlines the key elements and challenges which face the working group as it seeks to produce guidelines to prevent and manage the infection and mitigate the impact of the infection on individuals, families and children. During the Chennai meeting some of these elements were discussed and specific recommendations made for new work. This included the need to establish new knowledge to enable the development of an evidence base, the need to ensure that existing/recent knowledge is more widely disseminated, the need to insert specific

nutritional interventions into health, agriculture, educational, economic and social policies and the need to monitor and support the efficient application of policies and programmes.

12. Work priorities for the coming year

- A small meeting is planned for May 2003 in Geneva to identify new knowledge which could be used for policy development, identify knowledge gaps and how new, essential knowledge can be obtained. This will be facilitated by commissioning review papers on knowledge and how it has been applied. This will form the basis for a larger meeting in which reviews will be commissioned about how knowledge can be most effectively used to develop cost effective nutritional interventions
- The working group will collaborate as widely as possible with other related working groups and in particular will interact with the UNU African Nutrition Leadership Development Programme which has taken nutrition and HIV/AIDS as one of its key activities.

C.4 WORKING GROUP ON MICRONUTRIENTS—*Co-Chaired by Bruno de Benoist (WHO), Werner Schultink (UNICEF) and (not present in Chennai) Frances Davidson (USAID)*

13. Bruno de Benoist (WHO) presented the latest IDD situation from data available in the WHO global databank. Forty-four countries have carried out IDD surveys since 1993, out of which 93 were national surveys and 51 at subnational level. Only 5% of the world's population has not been surveyed for IDD. The regions most affected by IDD are Eastern Mediterranean (19.9%), Africa (10.7%) and Europe (10.2%). In most countries where IDD is a public health problem, the problem is mild. It is moderate in 14 countries and severe in 13 countries. Currently 19 countries claim that the universal salt iodization goal has been reached, with more than 90% of households having access to iodized salt. Still, 46 countries have insufficient iodization coverage.

14. Gary Gleason (IDPAS Project Director) presented a report on global activities related to iron nutrition in the context of the IDPAS project supported by the International Nutrition Foundation and the UNU. The report includes information from international and bilateral agencies and their supported projects, national and subnational projects and researchers. It is available on [www.micronutrient.org](http://www.micronutrient.org) in the IDPAS iron world pages. Werner Schultink (UNICEF) presented the results of a meta-analysis of multiple micronutrient supplementation trials supported by UNICEF in four countries. Results showed that the group receiving one RDA had an increase in Hb, ferritin, retinol, zinc and homocysteine. Prakash Kotecha (Medical College Vadodara, Gujarat) presented an evaluation of an

anaemia control project for 65,000 adolescent girls in Valodara district in India, where the anaemia prevalence rate in this age group is about 75%. A weekly dose of 60 mg iron and 500 mcg folate was distributed through health clinics; coverage was 95%. Results showed a 23% reduction in anaemia prevalence; while severe anaemia was reduced by 66%. The project is being expanded to Tamil Nadu and Andhra Pradesh. Rolf Carriere (GAIN) introduced the new Global Alliance for Improved Nutrition, funded by the Gates Foundation. He presented the rationale for fortification in the context of micronutrient malnutrition and described the structure of GAIN. GAIN has already received 16 proposals for fortification programmes, these will be reviewed and submitted to the GAIN board in March. The next request for proposals will be issued in June 2003 ([www.gainhealth.org](http://www.gainhealth.org)).

C.5 WORKING GROUP ON NUTRITION, ETHICS AND HUMAN RIGHTS—*Chaired by Urban Jonsson (UNICEF)*

15. The meeting dealt with case study presentations on human rights and ethical issues in the field of nutrition as well as strategic policy and programme business. The working group discussed the Indian experience with the implementation of the right to adequate food, largely from a legal and juridical perspective, focusing on actions and decisions by institutions like the National Human Rights Commission and the Supreme Court. The cases challenge certain provisions in the Famine Relief Code of 1910, still in force today, and their conformity with human rights principles and question the constitutionality of situations where millions of people are at the brink of starvation in the face of surplus stocks. These challenges have led to decisions that require changes in state relief administration and hold senior officials accountable for effective food programme administration. The group also reviewed ethical issues arising from large scale nutrition programmes, based on case studies presented by John Seaman (Save the Children/UK). UN agencies are increasingly embracing a human rights perspective in their work, with the focus of attention shifting from conceptualization and the building of understanding of human rights towards operationalization in programming. A major development has been the establishment of an Intergovernmental Working Group, with the participation of stake holders, to develop voluntary guidelines for the implementation of the right to adequate food. A task force of the working group prepared an SCN position statement on the nutritional aspects of the future guidelines. Important lessons for the guidelines process can be learned from a series of national seminars that consider what a rights-based approach to food and nutrition security would entail.

16. The working group will focus on these activities in the coming several years:



- active participation in the Intergovernmental Working Group process for development voluntary guidelines for the realization of the right to adequate food over the next two years, including participation in sessions and related national seminars, follow-up to the SCN statement now being submitted to the Intergovernmental Working group
- sharing of experience with human rights based approaches to programming
- monitoring and evaluation: further work on rights-based benchmarks and indicators to monitor the realization of nutrition-related human rights; this will include a meeting prior to next years working group session
- human rights in emergencies: further work on the application of human rights to nutrition programming in emergency situations
- cross-cutting all areas is the need for human rights training: the working group will promote the sharing of programming guidelines, training materials among agencies, the participation of agencies in each other's training activities and involve the academic community.

C.6 WORKING GROUP ON CAPACITY DEVELOPMENT IN FOOD AND NUTRITION—*Co-Chaired by Cutberto Garza (UNU), David Sanders (South Africa) and Hans Schoeneberger (Germany)*

17. The activities of this working group aim at enhancing regionally-driven capacity development initiatives. Three regions (Asia, Africa and Latin America) have written ten-year plans, which are at different stages of implementation. A quarterly newsletter keeps members of the working group informed on progress in the regions. The Asian Task Force evolved over the last year into a solid initiative called CASNA, Capacity Strengthening for Asia. CASNA provides direction in the development of human resources capable of addressing priority research and programs in food and nutrition in Asia, the generation of regional databases and assessment of the knowledge base related to priority research and programmes, optimising institutional expertise, and promoting and supporting the networking of institutions. The double burden of malnutrition, food safety empowerment of women for food based approaches are focus areas of CASNA. To ensure that CASNA meets the needs of Asian institutions, a survey is being conducted to identify human capacity needs in the region. The Latin American Task Force advanced several projects during the last several years including: the Latin American Network Programme on Copper and Health, isotopes for evaluation of nutrition intervention programmes, the LATINUT electronic forum and the Nutrition Policy Forum. The African

region is organized in three task forces: southern Africa, Greater Horn of Africa, West/Central Africa. Progress was reported in four main areas: integration of HIV/AIDS topics in nutrition training, nutrition advocacy, African Nutrition Leadership, and food composition database for Africa. The working group plans to form similar task forces for the Middle East and Eastern Europe.

18. The working group identified these main conclusions and recommendations for SCN action:

- future activities have to take into account that capacity development comprises more than training of professionals and research, and needs to be at all levels of policy and practice
  - besides the need for well trained nutritionists, there is an even greater need for well trained programme managers and nutrition advocates; knowledge on community development processes is essential as well
  - professionals should be enabled to integrate nutrition into key programmes of other sectors such as health, agriculture, education and others
  - more emphasis is needed on career development for the nutrition workforce
  - at times donor initiatives fragment collaboration activities; large funds can attract individual institutions out of networks, to avoid this it is essential to engage donors proactively
  - especially in Africa, collapsing public systems, the consequent human resource crisis, limited job opportunities and the exodus of personnel undermine capacity development initiatives
  - peer-to-peer capacity building, using skilled people from one country to develop capacity in another, i.e., south-to-south cooperation, should be more supported.
19. Over the coming year the working group will concentrate its efforts on the following initiatives:
- support to the regional task forces, with special emphasis on Africa. A joint effort with UNU will be undertaken, the implementation process of the existing ten-year plans revised, information on existing capacities in Africa updated, strengths and weaknesses analysed, feasible solutions to existing problems will be identified.
  - enhance opportunities for collaboration with the HIV and nutrition/emergencies working groups. Both working groups can contribute research findings, concepts and approaches to the capacity development initiatives. These initiatives can also improve human resource capacities for HIV/AIDS and nutrition/emergencies programming.

C.7 WORKING GROUP ON NUTRITION OF SCHOOL-AGE CHILDREN—*Chaired by Arlene Mitchell (WFP) and (not present in Chennai) Joy del Rosso (Save the Children)*

20. Celia Maier (U of London) presented an update on nutrition of school-age children based on a review published by the SCN Secretariat in the December 2002 issue of SCN News. *School-age children: their health and nutrition* was initiated and completed in the previous chairship of this working group, under Don Bundy, and the document was funded and supported by the World Bank. This extensive report is fully downloadable from the SCN website

(<http://www.unsystem.org/scn/Publications/SCNNews/scnnews25.pdf>). The main health and nutrition issues for school-age children are: persistent problems of stunting and underweight, multiple micronutrient deficiencies, overweight and obesity in countries undergoing the nutrition transition, malaria and water and sanitation-related diseases, helminth infections and anaemia and HIV. These problems are being addressed through food-for-education programmes (replacing many old school feeding programmes), the partnership for parasite control, roll back malaria initiative, the interagency team initiative for HIV and the Fresh framework for school-based health interventions. The issue of reaching children out of school was raised. Children in school can take an active role in extending school-based services to non-enrolled children.

21. The working group then reviewed a number of alliances for action in school health and nutrition. Arlene Mitchell (WFP) summarized the accomplishments of WFP in school feeding for the last 40 years and described the renewed campaign in 2000. In 2001, 15m children were reached in WFP's school feeding programmes in 57 countries. By last year, WFP was active in ten more countries. WFP has undertaken a comprehensive baseline survey of school health activities worldwide, these data appear in a global database. An overview of the school feeding programme in the Gambia was presented by Isatou Nyang Mamadi (Government of the Gambia); the success of school feeding in the Gambia can serve as a model for other national programmes in the region. Flora Sibanda-Mulder (now with WFP) presented UNICEF's priorities and strategies arising in the medium-term strategic plan; girls' education is given attention in this strategy. UNICEF and WFP are working in partnership to deliver a minimum package of health and nutrition interventions within the "education for all" objective. The working group then discussed a series of issues touching on sustainability of school-based initiatives: the role of school feeding in the health and nutrition of school aged children, the role of school gardens and community involvement, capacity building,

exit strategies and the role of the private sector in long term implementation, HIV as it affects school age children. These particular concerns were noted: the need for cost analysis, local purchase for school feeding programmes, non-payment of teachers salaries, girls' security, and scaling up.

C.8 WORKING GROUP ON BREASTFEEDING AND COMPLEMENTARY FEEDING—*Co-Chaired by Miriam Labbok (UNICEF), Randa Saadeh (WHO) and Reina Buijs (The Netherlands)*

22. An informal meeting was held in Chennai to review achievements of the past year and to provide updates and discussion on current issues. A WHO consultation on complementary feeding was held in February 2003; it underlined the forward momentum towards implementation of the Global Strategy for Infant and Young Child Feeding, which has been endorsed by both the World Health Assembly and the UNICEF Executive Board. WHO has initiated planning processes to implement the strategy, and UNICEF, in partnership with the Dutch, is launching an action plan in support of the strategy and related HIV and infant feeding issues. A working session is planned for April at UNICEF to review the findings of the last decade to inform programming steps spelled out in the strategy. Comments from bilaterals and NGOs highlighted the role of all partners in implementing the strategy; several speakers asked for clarification that all promotional materials from WHO/UNICEF use language from the strategy to avoid misunderstandings whenever controversies arise. There is a need for a mechanism of accountability and specific timelines for governments and organizations, strategies to help each other gain access to resources and more information on what issues attract funds. The issue of reduced resources was raised. Suggested approaches to raise resources include: tapping the resources of other sectors, such as HIV, renaming efforts to attract new attention, using new indicators that emphasize the benefits of breastfeeding, using documented success such as increases in breastfeeding and survival to build the case for investing in infant feeding.

23. The working group also discussed some common misperceptions about breastfeeding, for example the misunderstanding that infants need water, that breastfeeding is already universal, and that all that needs to be done is to demonstrate the economic contribution of breastfeeding and it will "take care of itself". A framework for action on HIV and infant feeding being drawn up by four UN agencies (WHO, UNICEF, UNAIDS and UNFPA) is nearly final. This addresses the special needs of HIV endemic countries. Miriam Labbok (UNICEF) reported on the UNICEF/WABA Golden Bow initiative, which serves to aid advocacy for breastfeeding, complementary feeding and related maternal nutrition.

24. Five task forces were designated to guide activities of the working group over the coming year: supporting exclusive breastfeeding, promoting the Code (David Clark, UNICEF), continued breastfeeding and complementary feeding, HIV and infant feeding (Cota Vallenias, WHO, Arjan de Wagt, UNICEF, and Jay Ross, AED) and multisectoral growth and interaction with other working groups (Rosanna Agble, MOH/Ghana and Vicky Quinn, AED).

C.9 WORKING GROUP ON HOUSEHOLD FOOD SECURITY—*Co-Chaired by Kraisid Tontisirin (FAO), Lawrence Haddad (IFPRI) and Shakuntala Thilsted (Denmark)*

25. Whilst this working group did not meet in Chennai, a brief update was given to plenary. The past year has been one of transition for the working group on household food security. In the summer of 2002, the chairing of the group evolved to a three-person team. The new team sought to build on structures previously established, primarily the Virtual Task Force email network. The co-chairs consulted with the virtual task force and reached consensus on the overall objective of the working group: to identify ways of enhancing the nutrition impact of household food security interventions. The co-chairs moderated a lengthy email process of identifying one topic that supports this overall objective, but which results in concrete outputs that are useful for SCN members and dovetails with workplans. A number of candidate topics were tabled, including: Is there evidence that community-driven household food security programming is more effective in improving nutrition outcomes? Is there evidence that food-based household food security interventions are more effective in improving nutrition outcomes? What are the constraints to scaling-up of successful community-driven interventions? What are the new ways in which food aid needs to be programmed? What is the capacity of governments to address food insecurity? The key criteria for evaluating the candidate topics included: ability of the work to complement and catalyse the work programmes of the members, especially FAO, IFAD and WFP; relevance of the work for programming, ability to influence a wider global audience, feasibility of the undertaking given resource constraints, links with other working groups. The working group moved towards a consensus that the focus should be on improving the impact of food security programming with a strong emphasis on what works in practice. There was also agreement on the need to share experiences with each other via a workshop in 2003, and the need to share experiences with the wider community via an accessible non-technical document based on the workshop. The workshop will survey a diversity of interventions (broad rather than narrow), and select different types of interventions to explore. The results of the workshop will be reported to the SCN 31<sup>st</sup> Session.

**D. Report from the Bilateral Partners**—*Arne Oshaug (Norway), Chair; Ted Greiner (Sweden) and Liv Elin Torheim (Norway), Rapporteurs*

26. The bilaterals agreed that Arne Oshaug will continue as the chair of the bilateral group and as bilateral representative on the SCN Steering Committee; further, Ted Greiner and Shakuntala Thilsted (Denmark) will continue as co-chairs and as alternate representatives on the SC. The bilateral group expressed their appreciation that Catherine Bertini is now the SCN Chair. Ms. Bertini's recent appointment as Under Secretary-General for Management presents both opportunities and challenges. The SCN has never had a chair in such a high position in the UN before; with this follows high expectations regarding visibility and priority for nutrition within the UN. The bilaterals also thanked the MS Swaminathan Research Foundation for hosting the 30<sup>th</sup> Session and commended Foundation staff and SCN Secretariat staff for an interesting symposium. The bilaterals welcomed Bishop Dom Mauro Morelli of Brazil as SCN Distinguished Nutrition Advocate. The SCN will draw from his wisdom and vast experience in fighting hunger, malnutrition and poverty.

27. *The Bilateral Partner Group*—In Chennai the bilateral group had a good mix of participants from Asia, Africa, North America and Europe, including increased representation from low-income countries, i.e., seven of the 20 participants. However, the number is still too small and participation infrequent. An effort will be made to expand the number of countries represented in the bilateral group. One or more nutrition representatives from as many governments as possible will be identified, informed about the SCN and the role they might play, and invited to participate.

28. *Revision of the Strategic Plan*—The bilateral group welcomes the continued transformations involved in the creation of a "new" SCN. Times of change are times of opportunity—this is the moment to make the SCN even stronger than it already is. The bilaterals are pleased that the SCN Chair initiated a process, during the 30<sup>th</sup> Session, aimed at revising the SCN Strategic Plan. There are several reasons for this revision, especially in light of the upcoming evaluation, in particular:

- Partnership—implications of the partnership structure of the SCN are not reflected in the current strategic plan;
- MDGs—increased importance of the MDGs, and corresponding projects, task forces and other activities, provides a focus for much of the nutrition-relevant global and national action; this is being considered by the working groups
- Rights-based approaches and governance—particularly important is SCN input to the

Intergovernmental Working Group on Voluntary Guidelines for the Right to Adequate Food, which meets for the first time in late March 2003, with the mandate of finalizing the Voluntary Guidelines in two years.

- Rapidly developing new "partnerships", such as sector wide approaches and global funds, with increasing involvement of the private sector in the work of bilaterals, UN agencies and international finance institutions. This poses both challenges and opportunities.
- New powerful public-private partnerships are entering the health and nutrition field. The SCN must decide how it can relate to these partnerships constructively while preserving its dedication to the public interest.
- Dynamic developments in civil society worldwide, including the proposed development of a People's Global Nutrition Forum, discussed during the 30<sup>th</sup> Session.

29. *Bilateral membership in the SCN Steering Committee*—Through membership in the Steering Committee, the bilaterals feel much more involved and up-to-date in SCN management and processes than earlier. In the name of transparency and openness, the minutes of the Steering Committee are shared electronically with the bilateral partners. In this way all can follow the discussions and the "inner life" of the SCN and thereby gain more identity, interest and commitment to the organization. This approach is inclusive and conducive to consensus building.

30. *Finances of the SCN*—The bilaterals expressed their concern regarding the financing of the SCN Secretariat. The financial problems are a considerable challenge for the UN agencies, the SCN Chair and for all involved in the work of the SCN. The bilaterals already support the SCN indirectly through their contributions to the UN agencies. The SCN should maintain Secretariat resources for an optimal level of activity and publishing, with core resources coming from the UN agencies. Bilaterals provide human resource inputs and financial support for projects, publications, and attendance by some delegates from low-income countries in response to proposals and requests, and occasionally host the annual meetings.

31. *Communications, information and networking*—The bilaterals, by definition, report back to their governments and take this opportunity to reinforce the role of nutrition. The UN agencies and the Secretariat are asked to inform the bilaterals when nutrition-relevant issues are expected to arise in important UN events, such as annual membership meetings and agency board meetings, sessions of the UN General Assembly and ECOSOC, international financial institutions, special committees, summits and

conferences, so that government representatives attending these meetings can be briefed.

17. *Capacity building*—Throughout the 30<sup>th</sup> Session, a recurrent theme has been capacity building, which goes beyond training. Indeed technical, managerial and advocacy skills are needed at all intervention levels and across various sectors. Special efforts being made in various regions to build capacity are welcome. In addition, the SCN is encouraged to look for opportunities to mainstream capacity development in existing programmes.

32. *Millennium Development Goals*—The MDGs correctly place the most marginalized at the center of all development efforts. Since malnutrition disproportionately affects marginalized groups and results in completely preventable disabilities, it follows that nutrition is essential for the realization of many of the MDGs. The SCN is unique in that it represents interagency coordination, is centrally positioned to bring the long collective experience in the field of nutrition into the MDG task forces and processes. These questions need answers as we move forward: how does the SCN interact with the task forces? How does the SCN share information regarding the ongoing MDG process? Finally, how does the work of the MDG task forces relate to other processes such as the World Food Summit action plan, PRSPs and others?

33. *Intergovernmental working group on voluntary guidelines on the right to adequate food*—The bilaterals agree that the SCN should contribute in writing to this working group. A written submission should focus on: the importance of progressively achieving the human right to adequate food for all, including household food security, dietary diversity, food consumption and other elements important for nutritional well-being.

34. *Nutrition and governance*—National and international governance problems are often among the causes of failure of food and nutrition programmes. For example, even in democracies severe undernutrition can persist in proximity to massive food surpluses. Governance issues should therefore be considered more fully by the SCN.

35. *SCN Working Groups*—The bilaterals agree that the working groups are central to the work of the SCN. They provide an arena for discussing technical and scientific issues, linking these with policy and programming, and raising implications for evaluation. Many working groups function well because of good planning, focus, realistic programmes and good chairing. However, several do not meet performance expectations, these tend to provide mini conferences, filled with lectures, giving no room for discussion. Adequate discussion time is essential, especially when important issues of policy consideration are taken up. The bilateral group requests the SCN Secretariat to remind the working group chairs of their duties to



develop realistic programmes and make time available to discuss recommendations for SCN action and priority work for the upcoming year.

36. *Nutrition Advocacy Papers*—The bilaterals are encouraged by feedback received on the set of advocacy briefs entitled *Nutrition: A Foundation for Development*. The briefs are being used in a variety of ways, including advocacy for nutrition at high political levels, in formulating nutrition plans of action, for justifying nutrition budgets in development agencies and for teaching at universities. The first print run has been fully disseminated, a Spanish translation is now available, and a PowerPoint presentation, as well as a second English print run, are being prepared. Readership and usage will be surveyed and additional content added as new information becomes available, making this a "living document".

**E. Report from the Non Governmental Organizations, Civil Society Organizations**—*Flavio Valente (National Rapporteur on the Human Right to Food, Brazilian Forum on Food and Nutritional Security, Brazil), David Sanders (University of the Western Cape, South Africa), and Susan Siew (World Alliance for Breastfeeding Action, Malaysia)*

37. Over 60 representatives of Civil Society Organizations and networks, NGOs and PVOs attended. The majority participated for the first time. There was a frank and open debate and exchange of ideas. Initially, David Sanders and Flavio Valente (representatives on the SCN Steering Committee) presented a brief report on activities since the last meeting in Berlin, highlighting the active role of the NGO/CSO representatives in all Steering Committee activities. The group was also informed about the organization and structure of the SCN and the evolving role of the civil society constituency.

38. *MDGs*—The group discussed how to strengthen the nutrition content of the MDGs and forwarded comments to the SCN task force working on this with the SCN Chair. Some participants felt that the MDGs are totally inadequate because they are constrained within the framework of economic globalization, not questioning any of its harmful effects. The group agreed that:

- economic developing is insufficient to guarantee the eradication of poverty and malnutrition
- hunger is poorly defined in the MDGs
- the impact of nutrition and learning capacity and of anaemia in women should be emphasized; also, there is a need to stress the relationship amongst infant mortality, nutrition and infection

- the enormous role of nutrition in chronic disease needs to be highlighted, including the social and economic impact of food related chronic diseases
- the marginalized populations should be more emphasized in the MDGs
- the need to invest in nutrition needs to be given more prominence.

The group suggested that CSOs/NGOs should use the MDGs as tools for mobilization at the national and regional levels; build constituency to promote political will and to monitor government actions; and provide technical support to governments in achieving MDGs.

39. *Fifth Report on the World Nutrition Situation*—Jay Ross (AED) informed about the work done on this report, complementing Lawrence Haddad's presentation in plenary on March 4. The working title of the report is *Mainstreaming Nutrition: Opportunities to improve Development Outcomes*. The group suggested that the SCN Secretariat assess the possibility of merging the 5<sup>th</sup> Report with a major report on micronutrient malnutrition being prepared by the Micronutrient Initiative in collaboration with UNICEF.

40. *Human Right to Food*—FIAN presented the proposal of a coalition of CSO/NGOs to be forwarded to the Inter-governmental Working Group involved in elaborating voluntary guidelines on the implementation of the human right to food. The group stressed the importance of strong civil society participation in the process and networking on the issues. CSO/NGOs involved in the SCN were encouraged to endorse the initiative and ensure that nutrition is explicitly incorporated in the Guidelines. More information is available from Michael Windfuhr ([windfuhr@fian.org](mailto:windfuhr@fian.org))

41. *Cancun Conference*—ICCO and WEMOS, both based in the Netherlands, invited CSO/NGOs in the SCN to participate in the joint advocacy initiative in food and nutritional security and the human right to food aimed at the WTO Ministerial Conference in Cancun. Interested countries were encouraged to hold national seminars prior to the international seminar which will take place in the Netherlands in June in preparation for the Cancun conference to be held in September 2003. Further information is available from Hans Hejjs, [hans.hejjs@icco.nl](mailto:hans.hejjs@icco.nl).

42. *Alliance for People's Action in Nutrition*—An initiative to launch the Alliance was presented. APAN is a public interest non-profit civil society network to promote advocacy for nutrition with the UN agencies, intergovernmental organizations and national governments. The initiative is open to CSO/NGOs other than those already involved in the founding of APAN. The initial goals of APAN are: a) to consolidate the Alliance network, b) to strengthen linkages with existing food and nutrition-related movements, c) to

integrate nutrition in the multilateral, bilateral and national agendas, and d) to launch pilot community initiatives aimed at reducing child malnutrition-related deaths. Participants greeted the proposal as a strong tool for CSO/NGO mobilization in nutrition at the global level. More information is available from Flavio Valente (flaviovalente@uol.com.br)

43. *Suggestions and recommendations for the functioning of the SCN*—the SCN should clearly identify industry and industry-supported technical foundations and NGOs present at SCN discussions. The legitimacy of industry and industry-supported foundations at SCN policy and scientific discussions should be debated. A clear distinction should be made between interactions of the SCN with business-interest actors and interactions with public interest non profit CSO/NGOs.

- Two types of CSO/NGO meetings should be considered and held in parallel during the SCN annual sessions: for regular members of working groups, and for newcomers. Newcomers could be provided with a primer on SCN work and functioning, stimulating newcomers to join a working group.
- A civil society public forum should be carried out to publicize the SCN and its mandate with local CSO/NGOs.
- Regarding SCN working groups: each working group should have a CSO chair, and greater effort needs to be exerted to encourage CSO/NGO involvement in working groups. There should be a linkage of the civil society working group co-chairs with CSO representation on the SCN Steering Committee. The need for early preparation of the working group agendas needs to be re-emphasized and CSO/NGOs included in these preparations. There should be more aggressive follow-up and monitoring of the implementation of SCN and working group recommendations; also, working group activities throughout the year need to be strengthened.
- Concerning the SCN annual sessions: the sessions should be dedicated to the discussion of ways to strengthen the SCN as a coordinating mechanism for UN activities to avoid it being another technical conference of the "show and tell" variety.

44. *Steering Committee*—The CSO/NGO group elected Susan Siew (WABA/Malaysia) as new representative on the SCN Steering Committee, replacing Professor Ruth Oniang'o (Kenyatta University, Kenya).

## F. Report from the UN Agencies

45. Ms. Bertini reviewed the main points arising from meetings of the UN agencies during the 30<sup>th</sup> session.

- One of the prominent tasks of the SCN is to enhance synergies between UN agencies, bilateral partners and NGOs working in the field of nutrition. The stronger incorporation of the MDGs into the work of the agencies offers opportunities for increased collaboration.
- Concerning the budget, the proposed no-growth core budget of \$860,000 for the 04/05 biennium was not approved. UN agencies find it increasingly difficult to fund the SCN Secretariat, and contributions are at a historical low. Nutrition programme budgets in all agencies are under pressure and several have been cut quite substantially. There was some discussion about cutting some core activities, or possibly moving activities to the programme side of the budget. This would need further consideration. The Secretariat was asked to present to the Steering Committee at its April meeting a revised expenditure plan. The revised budget would provide for an evaluation of SCN effectiveness (\$40,000). The programme budget was not discussed.
- Patrick Webb (WFP) presented a review of SCN strengths and performance, as well as areas for needed improvement, based on interviews conducted in Chennai. The SCN is viewed as functioning much better now than five to ten years ago, its publications are worldclass, it is generally effective at policy harmonization. However, there is too much "show and tell" during annual sessions, and the working groups are informative but do not always achieve enhanced collaboration. There is a lack of transparency in the way decisions are made in the SCN. It was decided that a small group consisting possibly of UNU, IFPRI, one bilateral and one NGO will do some analysis leading to a new strategic plan for the SCN. Their report will not be a decision document, rather it will be a piece of analysis and forward thinking. This work would provide substance for a possible meeting with executive heads on the margins of the Chief Executives Board in November; as well as an SCN retreat sometime in the fall.
- More effort is needed to increase the knowledge of the SCN's work at senior policy levels. There is a clear role for the Chair in doing this.

## G. Special report to plenary: Strategies to eliminate anaemia in children less than two years of age—A critical challenge of the current decade

*Nevin Scrimshaw (UNU) and Betsy Lozoff (U of Michigan)*

46. Based on a request from the 29<sup>th</sup> SCN Session, an international technical working group was formed to explore current information on the impact of iron deficiency in children less than 2 years of age and to

recommend strategies to eliminate it in children of this age group by 2008. It was organized by the Iron Deficiency Project Advisory Service (IDPAS) of the International Foundation and supported by the Micronutrient Initiative of Canada, the US Centers for Disease Control and Prevention, WHO, and UNICEF. After extensive reviews of the scientific and technical literature and available but still-unpublished research findings, a meeting of 39 specialists was convened in Ottawa on September 16-19, 2002 to discuss them and recommend corrective actions.

47. The key evidence, conclusions and recommendations of this meeting were presented during the 30<sup>th</sup> Session by Nevin Scrimshaw, who chaired the Ottawa meeting, and Betsy Lozoff, who presented the definitive data on the effects on cognition. They noted that the 2002 World Health Report concludes that iron deficiency anaemia is the most prevalent nutritional deficiency in the world today. It is one of the ten greatest contributors to the disease burden in developing countries and among the five greatest in the poorest countries.

48. The working group emphasized the near universality of iron deficiency in children six months to two years of age in developing countries and presented DHS national survey data since 1996 from over 31,000 children at all ages between 4-24 months in 15 countries. In every country the majority of children were anaemic at 60 months of age. Dr. Lozoff presented previous and recent data showing that iron deficiency at this age has lasting consequences for both motor and cognitive development. These lead to subsequent poorer educational performance and impaired social development. New non-invasive electrophysiological studies from Chile provide quantitative evidence of slower cranial nerve conduction in infants with iron deficiency anaemia.

49. Exclusive breastfeeding until six months of age provides about half of the iron required and the balance comes from iron stores at birth. A serious problem arises at this age because mothers in developing countries do not have access to fortified complementary foods and those commonly available and affordable do not supply sufficient iron to the rapidly growing infant and young child. Even when the complementary diet includes meat, the amount required, 100-170 g, exceeds the stomach capacity of the breastfed infant. For children of low birthweight the iron stores are less and WHO guidelines call for iron supplementation to begin at two months of age. There is also evidence of an association between the iron status of the mother and the adequacy of iron stores at birth.

50. The working group was concerned that, for children under two years of age, the iron supplementation guidelines of the International Nutritional Anaemia Advisory Group (INACG), as

endorsed by both WHO and UNICEF, are not being actively promoted or implemented in international and national infant feeding programmes. They are often omitted entirely from guidelines on infant feeding and young child feeding and early childhood care.

51. In view of these findings the technical working group appealed to the SCN to recommend that all UN agencies, bilateral donors, national agencies, NGOs and private sector firms concerned with infant feeding strongly and explicitly promote the implementation of the INACG/UNICEF/WHO international guidelines on iron supplementation of children 6-24 months. Project should also be developed to introduce alternative forms of safe, low-cost multi-micronutrient supplements for infants and young children and "in-home fortificants" of complementary foods. Wider accessibility of lower-cost fortified complementary cereals for those who can afford them should be encouraged. These strategies for providing young children with adequate iron should take place in the context of efforts that promote continued breastfeeding and nutritionally well-balanced complementary diets.

**H. Nutrition and the Millennium Goals—Report from a task force on integrating nutrition into the MDGs** *Task force members: David Sanders (South Africa) Reina Buijs (The Netherlands), Urban Jonsson (UNICEF), and Cutberto Garza (UNU)*

52. During the 30<sup>th</sup> Session the chairs and co-chairs of the SCN's nine working groups met to discuss how the working groups can concretely link up with the various MDG processes already underway. A task force was formed to draft an SCN position statement on nutrition and the MDGs. This statement would set out the role that nutrition improvement plays in achieving the MDGs, it would cover nutrition interventions, as well as enabling environmental factors.

53. The statement will be built around the following parameters. At the core of each of the MDGs is the enhancement of individual capabilities and abilities and, hence, those of communities. Nutrition is a necessary enabling input and outcome without which individuals and communities cannot exploit other inputs related to social development goals implicit in the MDGs. Conversely, human and social development are necessary for sustained improvement in nutrition. UNDP, the World Bank and some governments use nutrition indicators to monitor development progress. MDGs represent consensus on what should be achieved. The challenge is to define the enabling requirements for this to happen. Nutrition and the nutrition community have unrivalled experience from decades of programme development in a variety of settings and involve economic and social sectors and communities.

54. A major focus of UN reform is that all UN activities should be undertaken within a human rights perspective. This is particularly important for issues related to nutrition. Key UN agencies have already adopted a human rights approach in nutrition policy development and programming and to achieving the MDGs. This will require significant capacity development among UN staff particularly in those countries with the greatest development needs. Human rights imply obligations and duties of state and non-state parties. Non-state parties include NGOs, CBOs and the private sector. Clear approaches to assure accountability need to be developed for UN agencies, governments and NGOs and in particular for the private sector in meeting their obligations. A monitoring system needs to be established to monitor compliance. In many cases duties are not met because of lack of individual, institutional and organizational capacity. Development programming therefore must aim at building the necessary capacities among both state and non-state partners. This will require the mobilization of the necessary resources and good cooperation within the UN and between the UN and its partners. The SCN is uniquely positioned to contribute to such coordination and capacity building because it represents a broad group of key partners and it has a long collective experience in the field of nutrition.

55. The MDGs correctly put the most marginalized at the center of development efforts. Since malnutrition disproportionately affects marginalized groups and engenders completely preventable disabilities, it follows that nutrition is central to the realization of many of the MDGs. Indeed, adequate nutrition is a necessary condition to achieve several of the MDGs, as follows:

*Goal 1—Eradicate extreme poverty and hunger*

SCN Response: There is substantial and strong evidence that malnutrition, which increases the risk of disease and decreases the ability to respond, impairs physical and intellectual potential and hence economic productivity. Target 1a, halving the proportion of people whose income is less than \$1 a day, is not attainable without significant and rapid improvement in nutritional status and thus human capital. Target 1b, halving the proportion of people who suffer from hunger, clearly implies that all forms of malnutrition, both macro and micronutrient, are progressively eliminated. Household food security improvement, particularly in HIV/AIDS-affected families and communities is crucial.

*Goal 2—Achieve universal primary education*

SCN Response: School attendance and learning capacity both improve with improved nutrition of the preschool and school-age child; particularly also children affected by HIV/AIDS. Breastfeeding and adequate complementary feeding are prerequisites for readiness

to learn and significantly contribute to cognitive development. Optimal iodine nutrition increases intellectual capacity even in regions where iodine deficiency is mild.

*Goal 3—Promote gender equality and empower women*

SCN Response: Improving nutrition, including reducing anaemia, amongst adolescent girls and pregnant and lactating women is a prerequisite to improve women's physical and mental capacity and their ability to participate as equal citizens. The necessary capacity development for nutrition empowers women and enhances their participation in society.

*Goal 4—Reduce child mortality*

SCN Response: Infant mortality could be readily reduced by 15% with improved breastfeeding alone; 60% of young child deaths is associated with malnutrition, which is caused by inadequate complementary foods and feeding together with poor breastfeeding practices. Reduction by two-thirds of under-five mortality necessarily requires the rapid improvement of young child feeding practices as well as macro and micronutrient nutrition of infants and children.

*Goal 5—Improve maternal health*

SCN Response: Undernutrition and anaemia of girls and women contribute significantly to maternal morbidity and mortality and to low birthweight infants. Significant improvement in macro and micronutrient status of girls, adolescents and women is urgently needed. Increased attention is also needed to support mothers' nutritional and social needs. Breastfeeding also contributes to reduced iron losses and to the duration of birth intervals, reducing maternal risks due to closely-spaced pregnancies.

*Goal 6—Combat HIV/AIDS, malaria and other diseases*

SCN Response: Malnutrition may enhance susceptibility to HIV infection, accelerates the progression from HIV to AIDS and greatly increases AIDS mortality. Moreover malnutrition decreases the likelihood of successful compliance with treatment, which increases the likelihood of drug resistance. Nutrition improvement and support are key to reducing the impact of the epidemic; nutrition also increases effectiveness and safety of ARVs. Exclusive breastfeeding in an otherwise untested population could be associated with a reduction in mother-to-child transmission of up to 15-20%. Malnutrition has long been recognized as a major factor in both TB incidence and morbidity. A major effort to improve nutrition must accompany the DOTs strategy. Low birthweight is associated with chronic diseases such as diabetes, high blood pressure and cardiovascular disease, while lack of breastfeeding is associated with these diseases as well as with cancers. An adequate diet and good nutrition

throughout the lifecycle plays a crucial role in prevention of these chronic diseases.

*Goal 7—Ensure environmental sustainability*

SCN Response: Environmental sustainability requires active community demand and involvement and the involvement of many sectors. Community-based nutrition programmes contribute to awareness of the need for water and a clean environment and also build community capacity and involve sectors crucial to environmental improvement. Breastfeeding is associated with decreased milk industry waste,

pharmaceutical waste, plastics and metal container waste, and excess use of firewood and fossil fuels.

**I. Closure of the Session, Date and Venue of the 31<sup>st</sup> Session**

The 31<sup>st</sup> Session will take place March 22-26, 2004 in New York City, hosted by the United Nations. The theme of the one-day symposium will be *Nutrition and the MDGs*.



**ANNEX 1**

**LIST OF PARTICIPANTS**

*Chair:* Catherine Bertini, United Nations Under-Secretary-General for Management

*Technical Secretary:* Sonya Rabeneck

*Hosted by:* Professor M S Swaminathan, M S Swaminathan Research Foundation

*Special Guests:* H.E. Dr Speciosa Wandira Kazibwe, Vice President of Uganda

Bishop Dom Mauro Morelli, Brazil

H E Ramamohan Rao, Governor of Tamil Nadu

*7<sup>th</sup> Dr Abraham Horwitz Lecturer:* Purnima Menon, Cornell University

**UNITED NATIONS AGENCIES**

Food and Agriculture Organization of the United Nations

International Atomic Energy Agency

International Fund for Agricultural Development

Joint United Nations Programme on HIV/AIDS

United Nations Children's Fund

—*EAPRO, Thailand*

—*ESARO, Nairobi*

—*Kabul, Afghanistan*

—*India*

—*Viet Nam*

United Nations Development Programme

United Nations Population Fund

Office of the United Nations High Commissioner for Refugees

United Nations University

World Bank

World Food Programme

—*New Delhi*

—*South Africa*

World Health Organization

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Seán Kennedy

Noerine Kaleeba

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Nita Dalmiya

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Marjatta Tolvanen

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Karen Codling

Urban Jonsson

Olivia Yambi

Edith Cheung

Satish Kumar

Piyali Mustaphi

Rajalakshmi Nair

Tim Schaffter

Werner Schultink

Srilatha Venkatalakshmi

Ellen Girerd-Barclay

Anuradha Rajivan

Francois Farah

Venkatesh Srinivasan

Zahra Mirghani

Cutberto Garza

Nevin Scrimshaw

Fré Pepping

Irwin Rosenberg

Ricardo Uauy

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Milla McLachlan

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Rolf Carriere

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Reina Buijs  
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Stella Omojokun  
Arne Oshaug  
Liv Elin Torheim  
Ted Greiner  
Britta Ogle  
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Sharon Harvey  
Thomas Marchione  
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Bruce Cogill  
Julia Tagwireyi

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India

Japan  
Netherlands

Nigeria  
Norway

Sweden

South Africa  
United Kingdom  
United States of America

—Food and Nutrition Technical Assistance Project  
Zimbabwe

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INTERGOVERNMENTAL ORGANIZATIONS (INGOs)**

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Action Contre la Faim (ACF)

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Carlos Navarro-Colorado  
Mija Tesse Ververs  
Juan Siancas  
Denis von der Weid  
Joseph Kinattukara  
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AIPE, Bolivia  
Antenna Technologies  
—Antenna Trust, Madurai

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Emergency Nutrition Network

Food First Information and Action Network (FIAN)	Dharmalingam Gurusamy Sabine Pabst Vidya Bhushan Rawat R Swaminathan Victor Aguayo Lida Lhotska Arun Gupta Hans Heijs David Haxton Madhu Karmarkar Denish Moorthy Chandrakant Pandav Kathleen Kurz Kavita Sethuraman Gary Gleason V Prakash Mark Wahlqvist Osman Galal Philip James Jay Ross Nomajoni Ntombela Saskia van der Kam Jane Knight Marthi Venkatesh Mannar Dominic Schofield Thomas Schaetzel Rajiv Tandon Laura Phleps Jonathan Gorstein Josef Decosas Arabella Duffield John Seaman Anna Taylor Aslam Zulfiquer Baig Anuradha Harinarayan Steve Collins Joseph-Matthew MfutsoBengo Susan Siew Wenche Barth Eide Uwe Kracht Geoffrey Cannon Christopher Baskeran Bradley Thompson
Helen Keller Internationa—Mali International Baby Food Action Network (IBFAN) — <i>Asia Pacific</i> Interchurch Organization for Development Cooperation (ICCO) International Council for the Control of Iodine Deficiency Disorders (ICCIDD)	
International Center for Research on Women (ICRW)	
International Nutrition Foundation International Union of Food Science and Technology (IUFoST) International Union of Nutritional Sciences	
LINKAGES/Academy for Educational Development — <i>Africa Regional PMTCT Programme, Zambia</i> Médecins sans Frontières, Holland MERLIN Micronutrient Initiative  — <i>Asia</i> MOST India Oxfam GB PATH PLAN—West Africa Regional Office, Ghana Save the Children (UK)  — <i>Bangladesh Programme</i> Save the Children (US) Valid International	
World Alliance for Breastfeeding Action (WABA) World Alliance for Nutrition and Human Rights (WANHR)	
World Health Policy Forum World Vision India	
<b>ACADEMIA AND CIVIL SOCIETY</b> Bangladesh—BRAC Brazil—PROVIDA Canada—International Plant Genetic Resources Institute (IPGRI) Cameroon—COASAD/COSADER Denmark—Compact A/S Denmark—University of Copenhagen France—Groupe URD France—International Special Dietary Foods Industries (ISDI) Germany—Independent Researcher and Author Germany—University of Giessen India—All India Institute of Medical Sciences, New Delhi  India—All India Institute of Hygiene and Public Health	S M Ziauddin Hyder Raquel Bittar de Oliveira Timothy Johns Christine Andela Carl Bjarne Mikkelsen Henrik Friis Charlotte Dufour Andrée Bronner Judith Richter Friederike Bellin-Sesay Kapil Umesh Vani Sethi Indira Chakravarty

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India—Dhan Foundation	K P Bharathi
India—Deepam Educational Society for Health	Saraswathi Sankaran
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India—SPMVV	Anitha Layam

India—Sundar Chemicals	Malavika Vinodkumar
India—S.V. University	Mohammed Ubaidullah
India—Swallows in India	Saranya Reddy
India—Tamil Nadu Voluntary Health Association	A John Aruldas
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India—Thiruvalluvar University	Susheela Thirmaran
India—Tuberculosis Research Centre	Soumya Swaminathan
India—UAS	K Sheela
India—VANI	Anil Singh
India—	K Anbalagan
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	Dr Chandrasekhar
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	Sophie Ochola
Kenya—DANIDA/CBNP	Albert Webale
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	Isaac Akinyele
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