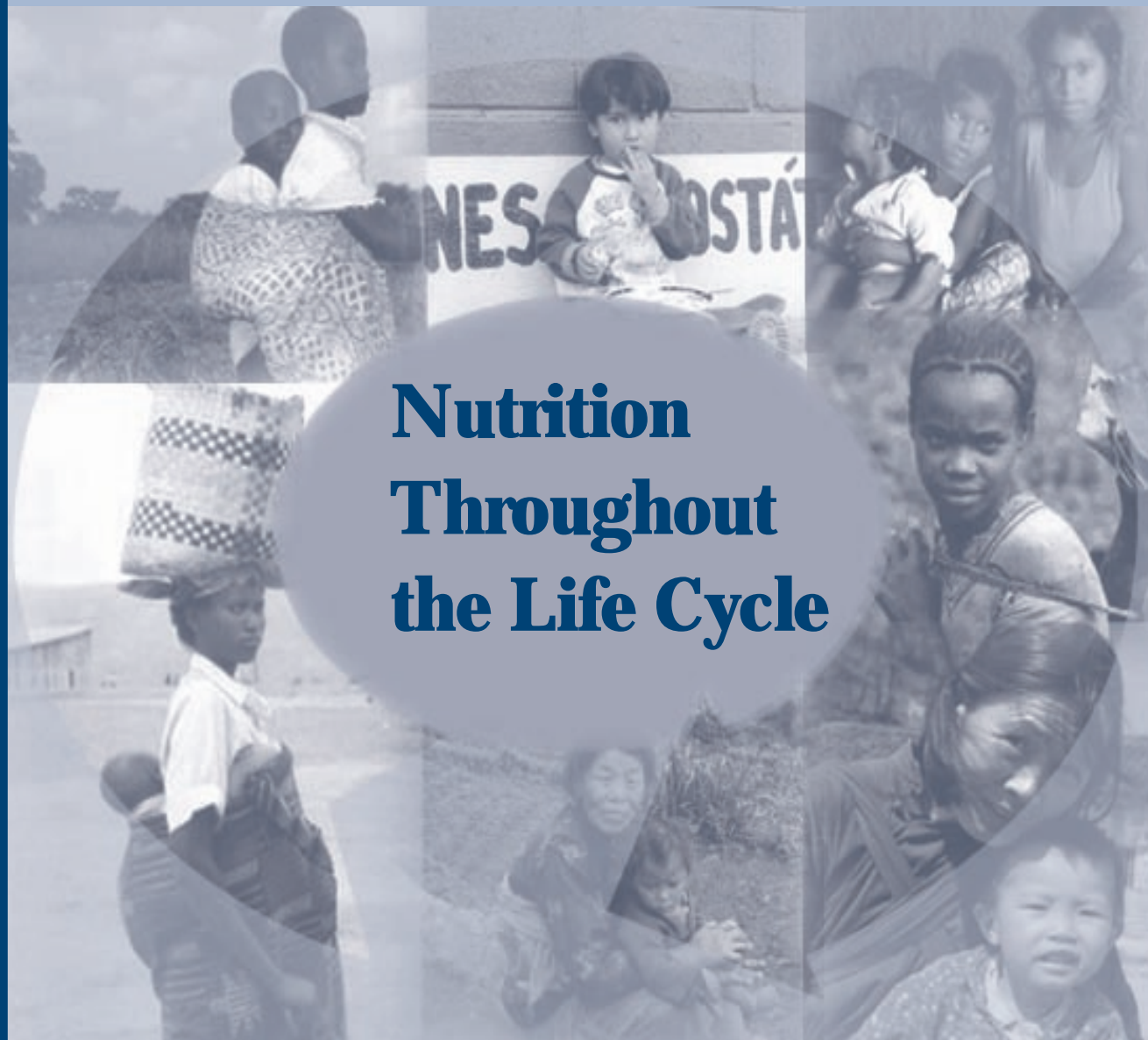


H I G H L I G H T S

4th Report on The World Nutrition Situation

January 2000



Nutrition Throughout the Life Cycle

United Nations
Administrative Committee on Coordination
Sub-Committee on Nutrition (ACC/SCN)

in collaboration with
International Food Policy Research Institute

Investing in maternal and childhood nutrition will have both short- and long-term benefits of huge economic and social significance, including reduced health care costs throughout the life cycle, increased educability and intellectual capacity, and increased adult productivity. No economic analysis can fully capture the benefits of such sustained mental, physical, and social development.

— From Chapter 1, “Nutrition Throughout the Life Cycle”



Foetal Undernutrition

1. Some 30 million infants are born each year in developing countries with impaired growth due to poor nutrition during foetal life. Population-wide interventions aimed at preventing foetal growth retardation are urgently needed in many countries.
2. Low birthweight at term, often used as a proxy indicator for intrauterine growth retardation, is especially common and serious in South Central Asia, where

21% of newborns are affected. Low birthweight at term is also common in Middle and Western Africa, where 15% and 11% of infants are born undernourished. Data are not sufficient to prepare estimates for other parts of Africa. Levels of low birthweight at term in Central and South America and South-East Asia are much nearer those of industrialized countries, around 6%.

3. Estimates of foetal undernutrition suffer from important qualitative and quantitative constraints owing to limitations with the available data. In some regions only a small portion of infants are born in a health care facility where birthweight can be measured.
4. Foetal undernutrition is linked to chronic disease in adulthood. An investment in preventing foetal undernutrition is a highly effective investment because it not only improves maternal and infant nutrition, but may also slow down or prevent the onset of chronic disease in later life.



Stunting

5. In 2000 it is estimated that 182 million preschool children, or 33% of children under five in developing countries, are stunted (< -2 SD height-for-age) or chronically undernourished, a drop from 47% in 1980. By 2005 it is estimated that global prevalence will be further reduced to about 29%. Even so, prevalences and numbers will be extremely high.

6. The highest levels of stunting are estimated for Eastern Africa, where on average 48% of preschool children are affected in 2000, up from 47% ten years ago. This trend is further amplified by the high population growth rates in this region; hence, the number of stunted children continues to increase each year.
7. Stunting is widespread in South Central Asia, which accounts for about half of the global problem. The trend in this region is towards improvement, but the pace of progress is too slow to meet global goals by the target date of 2015. The estimated prevalence for this region as a whole in 2000 is 44%, decreasing at a rate of 0.85 percentage points per year.



Underweight

8. Underweight, due to chronic undernutrition or wasting or both, affects fewer children globally than stunting. However, underweight is still very wide-

spread. In 2000 it is estimated that 27% of preschool children in developing countries are underweight (< -2 SD weight-for-age). Both the prevalence and number of underweight children have declined steadily since 1980.

9. South Central Asia is the worst-affected region, with some 44% of children underweight. This translates into almost 79 million children. Prevalence and numbers continue to decline, although progress is slow.

10. Both Western and Eastern Africa have lower prevalences (37% and 36% respectively) than South Central Asia, but the situation is deteriorating. Countries of Eastern Africa are experiencing a rise in underweight of 0.55 percentage points per year, or a full 5 percentage point increase between 1990 and 2000. In Sub-Saharan Africa, 8.2 million more children are underweight now than in 1990.

11. The World Summit for Children (1990) set a global goal of halving severe and moderate undernutrition

among children under five by 2000. Only South America has achieved this goal. In this region the overall rate has decreased from 8% in 1990 to 3% in 2000. Progress has been steady and significant in South Central Asia, but the rate of progress is all too slow.

School-Age Children

12. Height censuses conducted in Latin America show that stunting is common in school-age children in this region. In 4 of 11 countries surveyed, more than one-third of children in school are



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stunted. In Peru and Guatemala prevalences are 48% and 51% respectively. These rates are similar to those found in other countries in other regions. Information on the growth of school-age children that is generated in a consistent manner across countries and over time is difficult to find.

Adolescents, Adults, and Older People

13. Information on the nutritional status of adolescents is scarce. Growth references for this age group are inadequate. Among adults, both under- and overnutrition are present in many countries in the developing world. While underweight is especially common among women in South Central Asia, both underweight and overweight are seen in African women. In the Caribbean and Latin America, overweight affects up to one in four women in all countries surveyed, except for Haiti. Very little work has been carried out on the nutritional status of older people in developing countries.



Micronutrient Deficiencies

14. Iron nutrition needs much greater attention. Iron deficiency and its anaemia affect more than 3.5 billion people in the developing world, well over two persons out of every three. Iron deficiency impairs the cognitive development of

children, causes productivity and educational losses, and increases morbidity and maternal mortality. While accurate prevalence estimates are difficult to obtain and periodically revised, all public health and nutrition experts agree that iron deficiency is a huge problem.

15. Great progress has been made in recent years towards the elimination of iodine deficiency, the most common cause of preventable mental impairment worldwide. The main thrust has been establishing and sustaining national salt iodization schemes. Effective partnerships have been forged between United Nations agencies, national and international non-governmental organizations, and the salt industry. Globally, 68% of households in countries with iodine deficiency disorders (IDD) now consume iodized salt. The global goal of virtually eliminating IDD is within reach.

16. Although severe vitamin A deficiency (which causes blindness) is declining, subclinical deficiency still affects up to 250 million preschool children. Many more school-age children, pregnant women, and others are affected. Subclinical vitamin A deficiency contributes significantly to raised morbidity and mortality in at-risk populations. Effective, low-cost approaches to the control of vitamin A deficiency are available and are being applied in many countries.



Breastfeeding

17. Breastfeeding rates are very high in developing countries, exceeding 95% in more than half of the countries surveyed. Breastfeeding initiation is universal in Sub-Saharan Africa, although exclusive breastfeeding is not widely practiced. Trends in median duration of breastfeeding showed positive changes between 1975 and 1996 despite demographic trends that might have had a negative influence. The role of international and national efforts through,

for example, the International Code of Marketing of Breastmilk Substitutes and the Baby Friendly Hospital Initiative are particularly impressive in this regard.

Nutrition and Human Development

18. Recent research reaffirms the crucial contribution of good nutrition to human development. Good foetal and infant nutrition strongly promotes cognitive achievement and early school enrollment and slows down or prevents the onset of chronic diseases in later life. Community-based nutrition initiatives may also lead to a more general empowerment of communities.

19. A number of worldwide trends—such as the increasing globalization of trade, information, and financial resources; rapid urbanization; and the rapid spread of HIV/AIDS—raise important questions for the nutrition community. How can food safety standards be maintained to protect the consumer and yet maximize food trade between countries? How can urban malnutrition be addressed without damaging efforts to eliminate rural malnutrition? What are the implications of HIV/AIDS for nutrition programs? How can the new information and communications technologies be used to help reduce malnutrition?



Human Rights

20. The emergence of human development as a guiding principle for overall development reflects a growing dissatisfaction with an exclusive reliance on economic growth as a means to improved human welfare. The focus on human capabilities has opened the door for the human rights-based approach to development. The challenge now is to operationalize the principles of human rights in nutrition programming.

Refugees and Displaced People

21. At the end of 1998 there were an estimated 12 million refugees worldwide, the majority of whom were in Africa and Asia. A further 20 million people were internally displaced. Thirteen different countries each had more than half a million displaced people. Between 1997 and 1999 there have been relatively large decreases in the numbers of refugees in

Africa and Europe, due to repatriation programmes.

22. The two largest-scale displacements in 1999 were in Angola and the Balkan region. The level of wasting in the besieged cities of Angola reached 20%, whereas prevalences in the Balkans did not increase significantly. The most important explanation for this difference was the huge imbalance in assistance given.

23. Relatively high levels of stunting and new outbreaks of micronutrient deficiencies continue to be found even in some of the longer-established and better-funded refugee operations.

**United Nations
Administrative
Committee on
Coordination/
Sub-Committee
on Nutrition
(ACC/SCN)**

The mandate of the ACC/SCN is to serve as the UN focal point for harmonizing nutrition policies and strategies throughout the UN system, and to strengthen collaboration with partners for accelerated and more effective action against malnutrition. The UN members of the SCN are the ADB, FAO, IAEA, IFAD, ILO, UN, UNAIDS, UNDP, UNEP, UNESCO, UNFPA, UNHCHR, UNHCR, UNICEF, UNRISD, UNU, WFP, WHO and the World Bank. The Secretariat is hosted by WHO in Geneva.

**International
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The mission of the International Food Policy Research Institute is to identify and analyze strategies and policies for meeting food needs of the developing world on a sustainable basis, with particular emphasis on low-income countries and on the poorer groups in those countries.

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