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23rd Annual Martin J. Forman Lecture

International Food Policy Research Institute

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Thank you Shenggen, thank you everyone. When IFPRI invited me to give this lecture I was very humbled. When I did a bit more research on the people who have preceded me in giving this lecture I went from feeling humbled to feeling outright trepidation. But I must confess, even though I had heard of Dr. Forman, I did not know much detail about his nutrition leadership. The more I learned, the more I realized how indebted we are to him, and how much of an impact he had on the programs I have spent much of my life implementing. Two things stand out particularly for me – and I will mention the first now – his role in developing the evidence base for vitamin A's impact on child survival. I checked with one of the pioneers of vitamin A research and he affirmed that not only was Dr. Forman's role instrumental, but that: (and I will quote here) “... if it were not for Marty Forman, there would NEVER have been any vitamin A work.” I also learned that not only was he brilliant technically, but that he was also a very smooth political operator. When then Secretary of State Henry Kissinger was preparing to address the World Food Conference in Rome in 1974 Dr. Forman was called upon to provide some talking points. One of these was a US commitment to “eradicate vitamin A deficiency globally” – and Secretary Kissinger made a public declaration. Dr. Forman understood that political commitment was good, but that it needed to be turned into cash, and used this public statement to convince the USAID Administrator to finance work in vitamin A. Today vitamin A programs are central to saving children's lives – and vitamin A supplementation is one intervention that the nutrition community can boast has truly been scaled up. The latest global report indicates that 72% of children are getting supplemented every six months in countries with vitamin A deficiency, and that the most vulnerable countries are doing even better – with 82% coverage every six months. The Forman family present here

today should take great pride that his leadership and tenacity mean that many millions of children are alive today, who would have died before their 5th birthday.

Unfortunately, looking back, the period that Dr. Forman was leading USAID's nutrition efforts corresponds to a relative golden age that fell into senescence over the last several decades. While there have been some successes, such as vitamin A supplementation, many of us on the front lines have felt like voices in the wilderness, with the breakthroughs being few and far between.

As many of you know, there were several shocks in 2008 that jolted the world into action again – notably the global food price crisis, the Copenhagen Consensus, and *The Lancet* series on maternal and child undernutrition. Others have spoken at this lecture of the progress of the Scaling Up Nutrition movement that was spawned by these shocks. 2013 has been a pivotal year with landmark events such as the publication of the second *Lancet* series on undernutrition, the Nutrition for Growth Summit in London in June and the Scaling Up Nutrition Global Gathering earlier this week at the United Nations that brought together the 41 countries that have formally committed themselves to Scaling Up Nutrition and global leaders. I am optimistic that after decades of hiatus, the global community and high burden countries are stepping up to the challenge of malnutrition in a way that Dr. Forman's legacy deserves.

In addition to the technical analysis *The Lancet* authors provided in 2008, there was a political analysis – that the international nutrition system was broken. My analysis is that we often spent more energy fighting among ourselves than in fighting malnutrition. In 2013 *The Lancet* concluded that there had been major progress, and I think, as demonstrated this week in New York, that is undeniable. However, I fear that we may have over-corrected and become too well behaved. Let me remind you of the numbers that come out of *The Lancet*: 3.1 million children die each year because of undernutrition – 45% of all child deaths; maternal malnutrition contributes to maternal and neonatal mortality; children who survive malnutrition have irreversibly compromised mental and physical development. Surely these numbers illustrate one of the great moral failings of our times. In another part of my life I am quite involved in HIV and AIDS work – and I think we need to learn from that community. When HIV

exploded on the landscape it created a groundswell of activism. This outrage was channeled into funding and action – funding and action that have turned the tide on the HIV pandemic. I think the nutrition community needs to translate these horrific numbers into the constructive outrage that will mobilize the scale of action on the ground that will truly position us to win the fight against malnutrition. As I was rereading my notes for this lecture, I thought maybe I should tone down the outrage comments. But then on Wednesday night I read an article in *The New York Times* on the epidemic of obesity among dogs in the US, and the entire industry of diet foods for dogs and personal coaches to get them to slim down. A world that can combat obesity in dogs can surely be outraged that 3.1 million children die each year because of undernutrition.

And I now want to turn to share with you my perspective of what is working on the ground, and what needs to happen on the ground in order to translate this global commitment into action. I will start by sharing a tale of a field trip I made in Niger in 2011 with a journalist. One of our stops was a government run health center that had services for treatment of severe acute malnutrition. We met one child, Alou Muhammad who was severely emaciated and had almost lost his left eye from keratomalacia – the most visible outcome of vitamin A deficiency. This is a pretty grim situation, but Alou's story illustrates both what we have done well in nutrition and where we are failing.

Over the years I have become an optimist, and so I will start with the positive. It is important to note that Alou came from across the border in Nigeria. The nurse at the health center who had been working for many years said that this was the first sign of clinical vitamin A deficiency that she had seen in years – and she spoke of how successful the supplementation program was. Indeed Niger started mass distribution of vitamin A capsules in 1997 connected with national immunization days and in 1999 became the first country in sub-Saharan Africa to achieve high coverage of vitamin A twice a year. That success has helped catalyze a wave of child health days throughout Africa.

Secondly, Niger has hugely ramped up its capacity to treat malnourished children. Alou's mom said that the reason she crossed the border was that she had heard the clinic on the other side could treat her child. In 2012 over

300,000 children in Niger were treated for severe acute malnutrition – all through government health services – a massive increase in capacity.

Although we did not see it during this trip, Niger's one cooking oil producer fortifies with vitamin A and Niger made fortification of cooking oil and flour mandatory in 2012 as part of a regional initiative of the 15 member Economic Community of West African States.

There has been huge transformation on the political level. Speaking about food insecurity and malnutrition in Niger used to be a political taboo, but the new, democratically elected government has launched a presidential initiative to tackle food insecurity and malnutrition called Nigeriens nourish Nigeriens, and became an early adherent to the Scaling Up Nutrition movement – on February 14, 2011.

Unfortunately, on many other fronts, despite some noble efforts, we have failed to deliver at a meaningful scale. Because even though there is a moral imperative to identify and treat children like Alou who become severely malnourished, there is an even greater imperative to make sure no child ever suffers that condition. Areas where I feel we have particularly failed are in protection and promotion of breastfeeding, complementary feeding and women's nutrition. In Niger there have been some targeted efforts that have shown impressive gains in timely initiative of breastfeeding and exclusive breastfeeding through 6 months – but nationally exclusive breastfeeding is only 11%. For mother's nutrition, something as basic and long-standing as iron-folic acid supplementation is reaching less than 10% of women – and Niger is no outlier on that. In the area of complementary feeding, I think we, as nutritionists, have too often been guilty of ignoring economic realities. One study in an agriculturally rich region of Niger shows that 64% of families cannot afford a nutritionally adequate diet for their young children. In addition to behavior change communication programs we need to take seriously the need of getting mothers the additional resources they need – cash, food or product, or all three – to apply their knowledge.

Scaling up nutrition-specific interventions can do a lot for Alou and his mother, and the millions like them. However, it is clear that they cannot do it all. If families do not have access to safe drinking water, to sanitation, to nutritiously

adequate food, then we are still failing them. We need to be far more purposeful in truly leveraging other sectors to deliver on nutrition.

I have focused in on Niger, and while progress across sub-Saharan Africa has been uneven, Niger is not an outlier. There are many countries making major strides across the continent. As an illustration of the increasing political commitment over two-thirds of the countries that have joined the Scaling Up Nutrition movement - 28 of the 41 – are from Africa.

Analyzing the successes as well as where we have not delivered, I see six major constraints going forward that we need to address in order to realize the promise of the Scaling Up Nutrition movement.

Firstly we need to invest seriously and purposefully in the on-the-ground capacity to delivery. For me capacity could be summarized by having the right people, with the right training, in the right places, with the right supporting environment to do the right things. I think that capacity building has been the orphan intervention in the nutrition agenda, with at best piecemeal efforts and at worst none at all. I was heartened by discussions at the Scaling Up Nutrition Global Gathering in New York earlier this week that capacity emerged far more explicitly as an area we need to address more seriously. One of the most encouraging examples was Tanzania's commitment to deploy a nutritionist in every one of its 160 health districts.

Secondly we need to see this surge of political commitment translated into resources. The Nutrition for Growth Summit in London earlier this year is a great first step, but the resource gaps remain daunting. This links to the sort of nutrition leadership capacity we need to nurture – technically sound but also politically savvy. Again I was inspired by learning more about Dr. Forman who had that magical combination of technical brilliance, vision and political astuteness to make things happen.

Thirdly, we need much more concerted attention on what I call the science of “how”. To me the most unacceptable aspect of the global tragedy of undernutrition is that we know so much of what needs to be done, but, with the few exceptions I have noted, have not disciplined ourselves to understand how to deliver these interventions at the scale that will truly change the face of nutrition. We need to change the incentive structures for researchers so that

figuring out how to make things work is as publishable and meritorious as more basic research. We can do more to purposefully forge relationships between research institutions and implementers to unleash the potential of proven interventions.

I have already mentioned my fourth point, we clearly need to do more to leverage other sectors. I think that we all recognize that this is where we have the greatest knowledge deficit on the “what” side. If I look at the agricultural sector, I feel that they are now calling our bluff, our advocacy has worked, and then a Minister of Agriculture says, “great, so what do I do and how much should I budget?” – we do not have a lot of answers. As much as I love orange-fleshed sweetpotatoes, and have dedicated a lot of energy in promoting orange-fleshed sweetpotatoes, I can only say orange-fleshed sweetpotatoes to a Minister of Agriculture so many times before appearing foolish. I heard last week at the International Union of Nutritional Sciences that there have now been more reviews of the literature on the links between agriculture and nutrition than there have been original studies. I applaud the body of work that is now being undertaken, much of it led by the CGIAR system, to make agriculture more nutrition sensitive. Perhaps we need to impose a moratorium on more reviews until we have harvested these new studies. Again, I was somewhat sobered by my research on Dr. Forman – I came across a publication where he was one of the editors, entitled “International Agricultural Research and Human Nutrition” – published in 1984. Where I find it sobering, and humbling, is that some of us working on the links between agriculture and nutrition think we have discovered something new. To me it underscores the urgency of delivering on the knowledge agenda in this area, so we can try to catch up for a couple of lost decades.

I also want to stress that while we do not know everything about what needs to be done to make other sectors do more for nutrition, we do know some things. But those things we do know are not being deployed effectively and at scale. That goes back to my second point, that we need to be as focused on figuring out how to deliver as what to deliver. I have focused on the agricultural sector, but I think there are similar opportunities and challenges in other key sectors.

The fifth constraint I want to highlight is in the area of measurement. In the nutrition field we are constantly lamenting how difficult it is to measure very

basic indicators that are needed to guide programs and policy and permit course correction. I think this is more of a lack of prioritization of nutrition, versus truly insurmountable obstacles. I will take the liberty of comparing to the HIV field again. In HIV we now routinely measure with home test kits things we didn't even know existed 20 years ago. If we are going to be serious about nutrition we need to be serious about measuring it, and ensure that countries and their partners have timely, quality, actionable data.

The last challenge I want to underscore is maintaining the commitment. Politicians, be they in Abuja, Delhi or Washington, can have very short memories and eager to move on to the next issue. We are taking on some pretty systemic failures to deliver, and even though there can be some quick wins, we all need to be committed to this agenda for the long term. I will come again to vitamin A programs, because I think they are a good illustration of both the unacceptably long pathway to turn scientific evidence into action, and the necessity of sustained engagement to make things happen. For this accounting I will start the clock of the research agenda on vitamin A at the mid-1970s, note the surge of community trials showing mortality impact in the 1980s and the meta-analyses of the early 1990s. No country achieved high-level, twice-yearly coverage in Africa until 1999, and it did not become common practice until the mid-2000s. So, one could say from research to full scale in Africa it took almost three decades. Without the tenacity and vision of USAID under Dr. Forman's leadership, and then the sustained commitment of the Canadian government for over a decade and a half, we would not have made this progress. The lessons I draw from this history are that we need to get much better at translating new evidence into programs, and sustain the commitment if we are truly going to unleash the potential of improved nutrition to save lives and ensure brilliant futures for the next generation.

Coming from the Scaling Up Nutrition Global Gathering earlier this week, I am excited and optimistic. I am also fearful. We are in the wave of the greatest enthusiasm for nutrition I have seen in my professional life. Now we all need to step up to the plate to empower countries to deliver.

I usually close my presentations with a quote from Helen Keller. However, today I wanted to share with you one of my favorite quotes from Nelson Mandela. Referring to the Millennium Development Goals he queried: "Will our

generation's legacy be more than a series of broken promises." The promise embodied by the Scaling Up Nutrition movement is huge. A fitting legacy to Dr. Forman is that we seize this momentum and deliver on these promises. The lives and wellbeing of so many of the women and children we serve depend on it. We cannot be the generation who breaks these promises.

Thank you.