

**“Food Security and Its Impact on International Development and HIV
Reduction”
Woodrow Wilson Center
October 16, 2006**

My role today is to set the stage, create the context, for the challenges we face in reducing hunger and poverty globally.

The challenges are huge, but solvable with the right policies and the right investments.

I would like to leave you all with one message today: The causes of hunger are predictable, preventable and can be resolved through affordable means.

Let me begin by sharing some numbers:

- There are 852 million undernourished people in the world (total pop 6.6 b)
- The majority -- over 500 million -- are in Asia with India (221 million); China (142 million); Bangladesh (42 million) and Pakistan (29 million) leading the way; 203 million in Sub-Saharan Africa; DRC (35 million); 52 million in Latin America

Over the next 24 hours, these families will confront great adversity, with 25,000, finally succumbing to death. The death certificate may read respiratory infection, diarrhea, malaria, TB or AIDS -- but hunger more often than not, set the stage. (Slide 2, Honduras/El Salvador)

Hunger weakens immune systems, increases vulnerability to disease, and creates a platform for disability. If they don't die, severe malnutrition can lead to loss of motor skills, inability to walk, deafness, blindness, and other disabilities (photo: Honduras, El Salvador)

[Tell Guatemala story, Daysi, 6 years old, couldn't feed herself. Was in a therapeutic feeding center run by nuns. Crippling effects of severe malnutrition.)

70% of the world's hungry live in rural areas. They are generally farmers, dependent on someone else's land, unpredictable rainfall, no or low-yielding seeds, depleted soils, miles from health care clinics or schools, politically powerless and, generally speaking, ignored by government institutions.

They are reliant on 1 or 2 harvests per year, generally a single crop of maize, sorghum, beans or cassava.

When the harvest is good, corn husks are piled outside the hut. When they lose a crop to drought or disease, they revert to “negative coping mechanisms” – that is they sell off one chicken they have; they scavenge for mangos; they share with family or friends; they migrate – they deplete their assets.

Where they live

Of these 852 million undernourished people, some live in Conflict Settings.

They have fled violence and are either living across borders as refugees or displaced internally within their own country. Think Sudan (5m), Colombia (3.7 m), Uganda (2 m) or DRC (1.7 m). [Slide 3, DRC]

Whether refugees or IDPs, they have lost access to land, education, and their home.

They become extremely vulnerable, and almost entirely reliant on assistance from others – whether local communities, NGOs, national governments, international organizations, private citizens or church groups. Some remain as refugees or IDPs for protracted periods of time. In Dadaab refugee camp in Northeast Kenya, Somali refugees have been living there for 15 years – unable to move.

Today, there are 24 million displaced persons and 9 million refugees. The number of IDPs is increasing; the number of refugees decreasing. This means that access to vulnerable IDPs is increasingly complicated by state or rebel actors.

Natural Disasters

Some of the 852 million undernourished people are victims of natural disasters. Whether earthquakes in Pakistan, Tsunamis in southeast Asia, droughts in Kenya – natural disasters are increasing in frequency and the impact – the “shock” of these disasters – knock the extremely poor back into negative coping mechanisms. (Slide 4, Drought in northeast Kenya)

Chronic Poverty

However, the majority of the 852 million undernourished people live outside the spotlight, not in natural disasters or conflict settings, but in a day-to-day, grinding, chronic poverty – never quite getting enough to eat.

The majority live the rural regions of Guatemala, Niger, Burundi, Angola. Places where CNN – and local governments - rarely go.

So, they live in extreme poverty, then you have to add other complicating factors:

-Millions of the hungry poor – particularly in sub-Saharan Africa - have AIDS. Of the 40 million people worldwide affected by HIV/AIDS, WFP is assisting 9 million with food.

-Millions of the hungry poor are pregnant women or young mothers – people who need to be well-nourished to end a cycle of malnutrition. [Slide 5, Guatemala.]

-And, finally, 400 million of the hungry poor are children – their bodies and minds still developing. 121 million of them do not attend school. 11 million are orphaned by AIDS in sub-Saharan Africa, dependent now on grandmothers or sisters for care. During the last decade, the proportion of children who are orphaned as a result of AIDS rose from 3.5% to 32%.

It is these extremely vulnerable populations – these lactating mothers, these children out of school, these orphans, those living with HIV/AIDS - who require the immediate and sustained attention of the state if “development” is to occur.

-A well-nourished mother births a healthy baby.

-A well-nourished child will develop mentally and physically – and change a country.

-A PLWHA will recover quicker and/or live longer with a well-nourished body and proper therapy.

In short, hunger is the greatest public health problem in the world and it underpins – or undermines – a nation’s development.

Emergency Aid Vs Long-Term Development Assistance

In a world like this, community and government leaders face daily crises – daily emergencies.

The response requires balancing – or “triage”-ing – the immediate needs of an undernourished population, with a long-term approach that ultimately leads to development, self-sustenance, and sustainability.

States have to approach this challenge with a dual track approach: (1) providing emergency assistance – food, shelter, health care, education, safety - to targeted populations who are extremely vulnerable – while also (2) creating the conditions for long-term development through investments in rural health care, education and agricultural infrastructure.

The availability of basic health care, education, and rural agricultural infrastructure are the building blocks for national development.

States need to prioritize hunger elimination – as they are doing in Brazil for example – through the right policies, programs, legal frameworks – and, ultimately, provide the budget to support these.

ECHUI

We know we can greatly reduce hunger if we build on existing knowledge, capacity and work being carried out already. Practical measures that address the immediate causes of undernutrition can be easily described. [Slide 6, “Essential Package”]

They are:

- breastfeeding
- micronutrient supplementation
- clean water
- handwashing with soap
- deworming
- and some supplemental food

Breastfeeding for six months after childbirth is effective in improving nutrition and preventing diarrhea – a major cause and contributor to undernutrition.

We can cheaply fortify food with Vitamin A, Iron or Zinc. Micronutrient deficiencies lead to 19 million infants being born with impaired mental capacity and 1 million dying annually.

Bad water leads to 4.4 billion cases of diarrhea and 2.2 million deaths annually. Household water chlorination can reduce bacteria and viruses in the water for an annual cost of \$4 per household.

Regular hand-washing with soap reduces diarrhea, intestinal infection, and respiratory track infection. Once introduced, hand washing sticks with families. Annual cost is \$1 per person/per year.

1/3 of the school age children in the developing world have parasites, like worms. Parasites rob a child of their food, physical fitness, appetite and mental and physical growth. Annual cost: .06 cents per child.

Providing supplementary food, at the right time, for extremely vulnerable groups like pregnant or lactating women reduces the number of low birth-weight babies.

Attracting children to school through school lunch programs, is one of the best long-term investments we can make.

A little bit of education will fundamentally change a child's life forever. Particularly for girls.

A girl who receives just a few years of primary education will have fewer births, is less likely to contract HIV/AIDS– and will, ultimately, have more choices in life. School feeding - attracting children to school with a hot breakfast or lunch - may be the single best investment a country can make on the road to development -- since education underpins all progress.

These interventions are not expensive – and they are not difficult.

This “essential package” can be delivered through community-based organizations, including schools and health care clinics, with the support of national governments, and the international community.

NGOs/IOs [Slide 7, 3 agency heads]

International organizations and NGOs need to ensure that our relief and development efforts are helping build local and national capacity – and that we ourselves are coordinated and working together (photo – agency heads).

Globally, we also need to increase awareness about the pervasiveness of hunger; the public health problem that it is; and that widespread hunger impedes economic development.

Refugees International, Oxfam, the International Rescue Committee, World Vision, CARE, Save the Children, Bread for the World – all do a great job at both service delivery and advocacy. That has to continue.

US Role

The US can continue to play a leading role by increasing it's funding for emergency response and long-term development. Presidential leadership is critical. Bipartisan support is essential.

The International Alliance Against Hunger has an innovative campaign to persuade US presidential candidates to get further engaged in fight global hunger. Bread for the World is advocating an increase in US development assistance. (Everyone should be on Bread for the World's mailing list!)

The Millennium Challenge Account is correctly encouraging good governance, national capacity, and investments in health care and education. 99 countries will be eligible for MCA funds next year, although only 9 compacts have been signed to date. We need to ensure the money gets on the ground faster, and that investments in rural health care and education are prioritized.

The President requested \$4 billion for PEPFAR in 2007 and those funds will be well-utilized. Some of those funds should be used for nutritional interventions.

PEPFAR is committed to treating and caring for 12 million people infected and affected by HIV/AIDS, and preventing 7 million new infections. There is a growing body of literature that indicates nutritional support is a vital part of a comprehensive response to HIV/AIDS. Field work verifies that fact for us every day.

We provide food as part of a comprehensive ART package in 17 countries and we have TB programs in 23 countries.

There is a great story in the book “Mountains Beyond Mountains” about the Harvard doctor Paul Farmer who works with patients in Haiti, many of whom have HIV or TB. “Giving people medicine for TB (or HIV) and not giving them food is like washing your hands and drying them in dirt...”

I couldn't agree more.

USAID's Food for Peace program, PL 480, provides development and emergency food aid, and helped more than 40 countries last year, 10 of which are the most vulnerable, and food insecure in the world. Food for Peace is a critical tool of the US government and should be expanded. Doubled, in fact.

The McGovern-Dole international school feeding program is critically important. Funded at \$100 million last year, it needs to be significantly expanded. School feeding programs are an unqualified success and countries are begging for help in increasing their lunch programs for their poorest children. [Slide 8, school feeding]

Conclusion

We clearly need more schools, more clinics, more teachers, more community health care workers, good governments and good governance, focused national budgets, fewer conflicts and better disaster preparedness - to help improve the lives of those living in extreme poverty. We need the assist from the international community, and the particularly the USG.

But in the end, it's not that complicated. It's not that expensive. And it's solvable.

Thank you

[Last slide]