

The U.S. Launch of The Lancet's Series on Maternal and Child Undernutrition Wednesday January 16, 2008

Woodrow Wilson International Center for Scholars

<u>Edited Transcript-</u> Kent Hill

According to the World Food Program, 852 million chronically hungry people live in the world today and roughly half of those folks are children. Even though many children eat enough to fend off hunger, some do not get the nutrients they need for growth and development. Women and children commonly make up the most vulnerable segment of societies with high rates of undernutrition.

Improving the health and nutrition of those living in the poorest countries of the world is a focal point of USAID's Global Health and Nutrition Program and key to reducing the crippling health care costs and increasing national productivity. For more than 30 years, USAID has supported programs to prevent malnutrition, stunting and micronutrition deficiencies. USAID spends about \$30 million a year for nutrition programs to include vitamin A, iodine, food fortification, anemia packages, and zinc, oral rehydration therapy, et cetera. We did a lot of the initial research or cooperated with it to produce these interventions, which have such an amazing impact. The U.S. is also the largest food aid donor in the world and the largest single contributor to the World Food Program.

The U.S. procures, ships, stores, and distributes, and monitors and evaluates approximately 2.5 million metric tons of U.S. food aid each year worth over a billion dollars. I might mention that between 40 percent and 50 percent of the Title II non-emergency resources support multiyear community-based maternal and child health and nutrition programs.

I want to also add something here that's not in my notes, but that I know from the research I've done and what I've read. It is critically important to do what some of the other panelists have talked about already. It's not to just address these issues when they've already reached crisis proportions where you actually see it. You really need to deal with these nutrition issues long before it's obvious and start at the very beginning of life, particularly after those first couple years, to address this.

Through the Global Alliance for Improved Nutrition (GAIN), USAID is directly supporting 22 programs in 19 countries around the world that fortify staple foods and condiments like fish sauce in Vietnam and cottonseed oil in Burkina Faso with iron, iodine, vitamin A, and other micronutrients.



Food fortification is extremely important and it's very cost-efficient. Every dollar spent on vitamin A fortification returns about seven dollars in increased wages and decreased disability. A dollar spent on iodized salt returns \$28, iron fortification returns \$84. Hard to believe.

At USAID, our philosophy is that improved health for the world's poorest people is not only a moral imperative but also a pragmatic investment for peace, security, and world-wide economic growth. Health is strategically important to the success of virtually every other aspect of a good and solid development portfolio.

Health status, in fact, is the single greatest indicator of poverty. Good health lies at the base of stable work forces and productive economies. Public-private partnerships unite the skills and the resources of each partner and apply them to development challenges for a sustainable solution and that's why we have particularly embraced this approach in the last several years.

Since 2001, our Public-Private Partnership Initiative of the Global Development Alliance has created about 600 public-private alliances with 1,700 partners. Some of these are in the areas that we're talking about here this morning. Forging a strong alliance of collaborators from among national governments, international agencies, the private sector, and other sectors of civil society is a key component of a global and USAID nutritional program agenda. As we look ahead, USAID will increase its efforts to work with other agencies and host country counterparts on food and nutrition policies, strategy, and program development and implementation.

We do so because coordinated efforts in public health have resulted in marked declines in infant and child mortality, a narrowing of the gap between desired and actual family size, increases in life expectancy that almost match the rates of developed countries, particularly in Asia and Latin America. And I want to add this as well. It's the nature of our business to be aware of where the problems exist, but the reason we know what interventions to do is because of the successes the international community has had over the last few years in figuring out what will help most, and although we celebrate moving forward, we also celebrate the successes and the foundation upon which we work.

Finally, it is my hope, it is our hope at USAID, that this series of papers bringing together the wealth of information on nutrition will help to raise awareness, expand and deepen support for maternal and child nutrition at the donor, policy and program levels in countries that face the most serious nutrition challenges.

Thank you for the invitation to be with you at this occasion.