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Meeting The Nutrition Challenges of the Third Millennium : Global Perspectives for Nutrition

Barbara A. Underwood, Ph.D.

President, International Union of Nutritional Sciences

Context

The world's population is expected to grow from just under six billion in 1997 to over eight billion in 2025 and most of this growth will occur in developing countries. This is alarming because already some regions of Sub-Saharan Africa and S. Asia show continued growth in population size and stagnation in nutritional improvement, indeed, even an increase in total number of malnourished under 5 years children.

Population growth places increased demands on the already challenged adequacy of the world food supply. The Sub-committee on Nutrition of the United Nations estimates that world-wide food grain needs to maintain consumption levels and meet emergency needs will double over the next decade. The available global food-aid deliveries, however, have declined while nutritional emergencies have risen shifting emphasis to meeting emergency needs at the expense of development projects. This shift reduces household food security for many in reaching their nutritional requirements.

Urbanization, occurring rapidly in less developed countries, is disrupting family structures and straining the already limited public resources available to migrating populations. Removed from land for growing food, the urban migration without growth in work available with adequate pay shows national development progress and increases poverty and dependency. Poverty reduction strategies are vital if global health and nutritional status are to improve in the next century.

In addition, the world is experiencing a dem-

ographic transition. Life expectancy is increasing while infant mortality is on the decline. The result is an aging of the world's population. This changing demographic profile reduces the dependency ratio and adds new dimensions to global nutrition challenges. Thus, rural to urban migration, AIDS-related deaths of young adults, as well as decreasing family size place increased burden on society for care of elderly and on nutrition scientists to better assess the needs of the aged and programs for assuring that those needs are met.

Natural disasters and famines, for the most part, are not major problem as in the past due to improvements in emergency response to crisis, as well as in ration planning, distribution and monitoring. However, man-made emergencies are on the rise. Civil disruption and political instability dislocates people and their ability to produce food. This problem has plagued Africa in recent days and rendered masses of people inaccessible to humanitarian assistance. Mortality rates have soared in makeshift camps due to security and political events interfering with delivery of aid.

The 21st century challenge for the nutrition community is to eliminate deficiency disease while preventing diet-related chronic degenerative diseases and obesity, and to do this within the context of increasing limited resource commitments to development.

Deficiency Diseases

In the past, the nutrition community have looked for specific clinical deficiency signs to judge the public

health significance of a nutritional problem. We have not fully appreciated the effects of sub-clinical undernutrition. Recent evidence verifies, however, that over 56% of childhood deaths in developing countries are associated with malnutrition and that this contribution is not restricted only to the limited numbers who are severely malnourished. Rather it extends to the larger numbers moderate or mildly malnourished.

Although there is firm evidence on a global scale for a decline in florid kwashiorkor and marasmus, low birth weight reflecting maternal malnutrition-very significant in S. Asia-shows only slight improvement. Growth Stunting reflecting inadequate early infant and young child feeding is still prominent. Whereas the nutrition community must continue to emphasize the importance of breast-feeding promotion, increased emphasis is needed on appropriate complementary feeding.

Significant advances are being made in overcoming micronutrient malnutrition. Indeed, remarkable progress in reducing iodine deficiency disorders(IDD) has occurred resulting from the campaign for universal salt iodization(USI). A decline in clinical vitamin A deficiency(VAD) is also documented but subclinical deficiency is still highly prevalent. Progress is slow in reduction of iron deficiency(ID) and iron deficiency anemia(IDA). Yet iron deficiency affects more women and children than any other nutritional problem in spite of potential low cost programs for its prevention. Other micronutrient deficits loom on the horizon, particularly zinc, but information is limited as to the dimensions of the problem.

Diet-related Non-communicable Diseases

Coronary heart disease, cancer and obesity are significant challenges in the developed world. The demographic transition that is occurring in the developing world makes these diet-related non-communicable

diseases a growing concern there too. While the challenge to developed societies is to reorient poor dietary habits and life styles to more healthful ones, the challenge to the developing world is to attain a balanced menu that maintains culturally acceptable eating habits and life styles favorable to health.

Opportunities in the 21st Century

Successes achieved when global commitments and resources are mobilized and focused on well-developed and targeted national programs will require partnerships with private sectors-social marketing for social good-and community empowerment to favor sustainability. Nutrition programs need to be embedded into national development plans, i.e., a holistic approach to prevention of both under and over nutrition. Global strategies for the 21st century should consider at least :

1) Importance of female education, social status and work load as contributing factors to nutritional problem :

2) Importance of increased emphasis on appropriate complementary feeding of young children while continuing to promote and protect breast-feeding and to foster better care-giving environments :

3) Principles of community participation, including appropriate monitoring system, and empowerment that enables people to make wise decisions that will improve their health, and to assure that those improvements are sustained :

4) Improved care for the elderly and opportunities for productive and healthful living conditions :

5) Promotion of life-styles that favor lower fat and salt consumption, increased fish, vegetable and fruit consumption and galanced physical activity :

6) Alliances with the private sector to market health promoting foods for the public's good.