



Statement by
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to the

United States Senate
Foreign Relations Committee

Hearing

Ending Child Hunger and Undernutrition Initiative

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Goodmorning Mr. Chairman,
Distinguished Representatives,
Ladies and Gentlemen,

Thank you Mr. Chairman...

Few experiences have changed my life more than holding an acutely malnourished child in my arms, as I did on a recent visit to Kenya. To hold in my arms a one year old girl who weighs little more than an average newborn in the United States unleashes a tide of emotions. One can't help but feel grief for this child's pain; shame that this should be allowed to happen in the 21st century; anger that this child will not be the last to suffer this fate.

In fact, 18,000 children will not make it through today. Their tiny bodies will succumb to months and years of not getting the nutrition they needed to survive. Millions more will have their growth stunted forever, their minds dulled by malnutrition and their futures limited to a life of poverty and ignorance.

The OECD reports that international aid was higher in 2005 than in any year in history. Industrialized countries gave US \$107 billion in foreign aid. Despite last year's record levels, funding for global child health efforts have not increased significantly in the past 10 years and investments in agricultural research have declined.

Challenge

Often we think about these sectors as if they are unconnected. But while resources may flow through different channels, they serve the same people, the same communities and the same children. We must do more

to ensure that our investments in the agriculture, health and education arenas are working together on the same outcomes.

With a depressing regularity, we see the same communities that are hit by drought struggling with poverty, child malnutrition and HIV/AIDS. In pockets – sometimes large, sometimes small - there are children who have been battling hunger their whole lives. Hunger and related diseases cause between 5 and 6 million deaths per year. The damage caused by malnutrition is not just death – it affects just about every stage and aspect of life.

The vast majority of the children who will die today from hunger and related causes won't perish in a high-profile emergency. They'll pass, unnoticed by anyone other than their families and neighbors, in squalid slums or in remote dusty villages.

We are simply not doing enough for these children. In many cases, we are not even reaching them, much less giving them a foothold on the bottom rung of the ladder of development. The evidence is clear: investment in nutrition reduces poverty, increases educational outcomes and boosts productivity throughout the life cycle and across generations.

Response

That's why WFP and UNICEF are working more closely than ever with the widest possible group of partners to fight hunger. Our goal is nothing less than to end child hunger and severe undernutrition within a generation.

For a start, we are working to achieve the hunger target of the first millennium development goal (Target 2). We will focus on supporting country efforts to double the current annual reduction rates of underweight children under five. The causes of child hunger are predictable, preventable and can be addressed through affordable means. Combined with improved research and technology, this once idealistic notion of ending child hunger is now operationally feasible.

Evidence

To be sure, there are **long and short routes** to improving nutrition. Higher incomes and better food security improve nutrition in the long-term. But malnutrition is not simply the result of food insecurity. Many children in food-secure environments are underweight or stunted because of infant feeding and care practices, poor access to health services, or poor sanitation.

We have concrete **historical examples** of what strategies have worked in places like post-war Europe and Japan, and in developing countries like Chile, Thailand and China where hunger among children has been dramatically reduced.

For example, improving the nutrition of pregnant women directly contributes to child health. Good nutritional status also slows the onset of **AIDS** in HIV-positive individuals. It increases malaria survival rates and lowers the risk of diet-related chronic disease.

The **highly concentrated nature** of undernourished children in countries makes it possible to target and support national and community efforts. There are **roughly 400 million hungry children** in

the world today - with an estimated 146 million of them under the age of five. These children live in approximately **100 million households**. In Africa, over half of the underweight children live in just 10 percent of the administrative districts.

We are proposing a **set of urgent actions** to address the needs of children at most immediate risk of death or lifelong disability from hunger:

- First, that we **locate** the most seriously undernourished children and the communities in which they live;
- Second, that we **identify** and support local organizations to reach them with essential interventions; and
- Third, that we **leverage** complementary interventions, such as childhood immunization, education and food security efforts, to the same underserved areas.

A significant part of our effort will be promoting an ‘**essential package**’ of **health and nutrition interventions that can impact the immediate causes of hunger**. It includes the basic health, hygiene and nutrition practices we use daily together with a set of life-saving commodities – micronutrients, household water treatment, hand-washing with soap, parasite control measures and situation-specific household food security interventions.

The **annual household cost** of these lifesaving interventions is roughly USD \$80. In many cases we have seen that even the poorest households are prepared to reallocate their own sparse resources when these key commodities are available for purchase. In other cases, some component of community, national, or international assistance will be required.

Over time the **total cost** – with an increasing share provided by national governments – to assist 100 million families to protect their children from hunger and undernutrition is estimated at roughly \$8 billion dollars per year. Of this amount, it is estimated that approximately \$1 billion dollars of new international resources could be effectively programmed immediately. This investment can change lives – even generations. And the costs of action are but a tiny fraction of what we will shoulder by doing business as usual.

Partnerships section

An effort of this magnitude can only be undertaken by a strong partnership with solid partners.

It will require the continued engagement of the United States Centers for Disease Control and their unique capacities to strengthen the surveillance systems and technical networks required to find and more effectively target and evaluate anti-hunger interventions.

It will require continued leadership from the United States Agency for International Development and the further engagement of its technical contractors, uniquely placed to support the adaptation of technical strategies to scale in a wide range of settings.

This effort will require expanded partnerships and strengthened technical capacities among the larger international NGOs, the community-based support networks, and the families in the most affected areas.

It will require increased leadership and partnership with the private sector, following the stellar examples of those companies that have already joined this effort: contributing their know-how in marketing, logistics and health communications – and their R and D capacities developing new ways to deliver micronutrients, fortify food, and make household water safe to drink.

In the long-term, it will require the success of agriculture and education efforts like the “Education for All Initiative” and the new partnership between the Rockefeller and Gates Foundation to launch a green revolution in Africa and dramatically improve soil fertility and increase the productivity of small farms.

No one organization or sector can do it all. Together we can provide a framework that clearly identifies the opportunities, eliminates some of the obstacles and clears some of the smoke and mirrors of who does what.

I can appreciate this might appear to some to be a daunting task, but no more daunting than the task of polio eradication must have appeared 25 years ago. The partnership that formed then and has grown and succeeded throughout the world has now very nearly reached its goal. It is a living reminder to us of what happens to so-called ‘impossible feats’ when confronted with the steady and focused efforts of committed individuals and institutions.

The choice that societies and communities have before them is whether to act now to end child hunger and undernutrition in this generation, or to wait for improvements in income and education to have an eventual – long-term impact on child growth.

Because children are only children in the short-term, this Initiative is focused on their immediate needs. Growing minds and bodies require daily nourishment, healthy care practices and sanitary living conditions.

We know what needs to be done if we are to meet the millennium development goals and provide the basic necessities not only for a life of dignity and health but also to make an economy work.

Mr. Chairman, distinguished committee members, thank you for the opportunity to address you today on this most important issue.

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