

Testimony of
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Mr. Chairman, members of the committee, thank you for this opportunity to discuss the “End Child Hunger and Undernutrition Initiative,” and the importance of nutrition to children.

It is a special pleasure to appear with my UN colleague, Jim Morris of the World Food Program, who will be ending his tenure next year. He has been a valued partner and friend for several years, and so committed to the work of the World Food Program. He has a record of boundless energy, compassion and creativity.

When I last appeared before a Senate committee, it was in my capacity as the U.S. Secretary of Agriculture. Nutrition programs accounted for some 60 percent of the USDA budget. At UNICEF, I continue to pursue effective, strategic approaches to the health of mothers, babies and children, which was a hallmark of USDA’s WIC, or Women, Infants and Children Program.

Nutrition profoundly affects life at every stage of development, starting before a child is even born. It helps determine how healthy a child will be, how fast she will grow, how easily she will resist diseases, how well she will learn at school and whether her own children will reach their full potential.

It is critical that we understand the vital importance of nutrition and how serious undernutrition is around the world. One underweight and undernourished child is an individual tragedy. But multiplied by tens of millions, undernutrition becomes a global threat to societies and to economies.

“Underweight” is the indicator that is used for undernutrition because it is one of the most visible and easily measured attributes, and because it correlates strongly with disease and premature death. A few months ago, UNICEF released its “Progress for Children” report, revealing where the world stands on the first Millennium Development Goal, which seeks to cut in half by the year 2015 the global proportion of underweight children.

The conclusions of that report, which I would offer for the complete record of this hearing, are disturbing. Undernutrition is a global epidemic. In a time of plenty, it is estimated that more than one-quarter of the world’s children under the age of five are seriously underweight. In developing countries, about 146 million children, or 27 percent, fall into that category. Global rates have fallen only 5

percentage points since 1990. At our current pace, we will not meet the promise of the Millennium Development Goals to cut the rate in half by the year 2015.

It is estimated that persistent undernutrition is a contributing cause in more than 5 million under-5 child deaths every year. But underweight children are just part of the story. While millions of children are eating enough to fend off hunger, many are missing the critical vitamins and minerals they need.

Something as simple as a lack of iodine in diets can lower the average IQ in iodine-deficient children by up to 13 points. Vitamin-A deficiency can make a child significantly more likely to die from a common childhood disease like measles. And every year, iron deficiency means tens of thousands of pregnant women will not live to see their babies born.

According to “Progress for Children,” only two out of seven developing-country regions are making sufficient progress to meet the Millennium Development Goal target. But there are bright spots in every region, and there is particularly good news in China. The country with the highest population on Earth already met the Millennium Development Goal target regarding underweight children more than 10 years ahead of schedule. The proportion of underweight children in China dropped from 19 percent in 1990 to 8 percent in 2002, thanks in part to a strong government commitment to make nutrition a priority.

This dramatic progress shows we can make swift advances in a very short time if we take a comprehensive approach to a child’s needs.

The worst crisis is in South Asia, where almost one in two children under age 5 is underweight, or 46 percent. In India alone, 7.8 million babies are born underweight every year. That equates to the combined population of the state of Virginia and the District of Columbia.

Sub-Saharan Africa as a whole has been largely stagnating, with 28 percent of its children under five years old underweight. In South Africa, 12 percent of the children under five are underweight. In Niger, the rate is 40 per cent; and in Ethiopia, nearly half of all children under five, 47 percent, are underweight.

Millions of young children in sub Saharan Africa live in an almost constant state of emergency, fueled by war, famine and other crises. HIV/AIDS is putting additional strain on communities that are already struggling to find adequate food, and leaving children alone and vulnerable.

Examples from other individual countries show the rate of undernutrition is 48 percent in Nepal and Bangladesh, 47 percent in India, and 46 percent in Yemen and Timor-Leste. In Guatemala, the rate is 23 percent, the highest in Latin America and the Caribbean. In Albania, 14 percent of children under five are underweight, the highest rate in Central and Eastern Europe and the Commonwealth of Independent States.

Compare that to only about 2 percent in the United States.

We cannot blame this global epidemic on food shortages alone. These numbers reflect broken health and education systems in countries, poor governance and corruption, and a widespread failure to provide basic services, such as clean water and sanitation. With 2.6 billion people living without a simple toilet, diarrhea has become one of the world's leading causes of child deaths and malnutrition.

We also know the importance of educating girls, and keeping mothers healthy, especially in the developing world. Millions of women and girls come into pregnancy too young and too often. Far too many are malnourished themselves, and very few spend their teenage years in school. This impairs their ability to bear, raise and care for healthy children. At least 20 million babies are born underweight every year in developing countries, which puts them at a higher risk of an early death.

With so much at stake, we are long overdue for a different approach. We believe the "End Child Hunger and Undernutrition" Initiative will provide focus and resources to address childhood hunger. Food aid alone is not enough. Reversing the current trends requires a holistic approach to what keeps children healthy and developing properly. This includes healthy mothers during pregnancy, breastfeeding, better education, effective disease control, and policies that safeguard food access, even in times of crisis. There must be a special focus on protecting children under age 2. If a child falls behind during this critical development stage, he or she might never catch up.

In addressing the underlying causes of malnutrition, there are simple, practical things we can do that make a critical difference. The global campaign to iodize salt, for example, is bringing iodine to almost 70 percent of all households and protecting 82 million newborns per year against deficiency. The UNICEF-supported Accelerated Child Survival and Development program in West Africa has managed to reduce child deaths by an estimated 20 percent in some areas by delivering a simple, integrated package of nutrients and health care to families in community-based settings.

It is time to believe in, and invest in, the scaling up of programs that yield results for children. We have seen clear signs that point the way forward and evidence that our strategies work. While our goals are ambitious, they are not impossible, and they show a future where children have an equal opportunity to fulfill their unique potential.

Thank you, Mr. Chairman.

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