Address

By
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at

Symposium on Nutrition in Developmental Transition

India International Centre, New Delhi
30 November-1 December 2005

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REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA REGION

Dr Gopalan;

Distinguished colleagues and guests;

Ladies and gentlemen;

First of all, I would like to thank Dr Gopalan and other organizers for inviting me to address this distinguished gathering.

The theme of the symposium, "Nutrition in Developmental Transition", is timely indeed. It is time to revisit nutrition with the view to ensuring innovative approaches in nutrition programmes with the ultimate aim of improving health for all within the framework of current developmental transition.

Ladies and gentlemen,

The process of development has been with us, and will continue to be with us, for as long as human beings exist. Within this context, let me touch on a few issues of contemporary concern.

Countries in the South-East Asia Region are among the most populous in the world.

Nutritional Problems

Emerging from centuries of development during the mid-twentieth century, most countries faced two major nutritional problems. One was the threat of famine, with the resultant acute starvation; the other was chronic macro and micronutrient deficiencies.

In order to combat these problems, countries adopted multi-sectoral, and multi-pronged strategies. They invested in programmes that also aimed at improving the economic status of their citizens. They pursued interventions for the prevention, detection and management of nutrition and health problems.

Within two decades, the spectre of famine and starvation almost disappeared; and severe forms of undernutrition significantly decreased. However, the reduction in mild and moderate undernutrition, and micronutrient deficiencies was very slow and suboptimal.

All countries in South-East Asia are currently undergoing rapid developmental transition in nutrition. This transition is taking place along with substantial changes in socio-economic, demographic, nutrition and health dimensions of the population. While rapid improvement in per capita income and reduction in poverty are welcome, the concurrent steep increase in overnutrition-associated health hazards is a matter of concern.

Countries, therefore, have to gear up to combat the dual issues of malnutrition and disease burden, by taking into account the priority concerns and the current challenges.

Food and Nutrition

Colleagues, food and nutrition are the most important basic requirements of life. These contribute, to a largest extent, to our growth and development; physically and mentally. They cater to the maintenance of good health and to the longevity of our life.

With proper food and nutrition, human beings will not get old too early, or get sick easily. Food and nutrition help ensure health and well-being that enable us to lead a socially and economically productive life.

To effectively harness these advantages from food and nutrition, we need knowledge. This knowledge generally comes from research in food and nutrition. In this context, we must thank the institutions that pursue such research. These institutions certainly include Nutrition Foundation of India.

The institutions have helped accumulate the research outcomes to form a body of knowledge. This body of knowledge help us in formulating policies and strategies that ensure the availability of appropriate food, and proper consumption of food for good health.

When we look forward to better health and a longer life span through better food, better diet and better nutrition, we need more knowledge. These institutions will have to continue pursuing research in food and nutrition with the view to producing the relevant knowledge.

I am sure there is still a long way to go in improving our health and longevity through improvement in food and nutrition. We need life with social and economic productivity; not to depend on others unnecessarily. And this life comes mainly from availability of appropriate food and proper consumption of food.

If we need more knowledge for better food, better diet and better nutrition, what type of knowledge do we need? Different people will have different answers to this question. Let me leave this issue to the experts to help think further.

Another important concern today is the gap between knowledge and practice. While yearning for more knowledge, we must accept that, we actually know a lot about food, diet and nutrition. But, this knowledge does not help the general population far enough, especially the poor and underprivileged.

Knowledge on food, diet and nutrition continue to benefit mostly the upper layer of the population. Nutrition education today is still beyond the reach of the poor to understand, to follow and to practise. Compounding this are the barriers due to socio-economic factors and traditional beliefs. Food consumption is a way of life. To a large extent, it is determined by such factors and beliefs. This is particularly among the poor and underprivileged groups of population. Therefore, closing the gap between knowledge and practice in food, diet and nutrition is challenging indeed.

If we are really serious about health for all people, through food and nutrition this gap must be narrowed or even closed. I would, therefore, like to invite concerned institutions to pursue studies that can contribute effectively to the narrowing or closing of such a gap.

It may be a waste of time to go around telling lay people how many calories from this or that type of food should be taken per day. Or how many grams of this or that type of meat should be eaten per day. These are too technical and too academic for the lay people.

Let us ask ourselves, how many in this room count calories or weigh our food when we eat? It is time for us to re-think about the most appropriate tools to impart knowledge to lay people in the most efficient and effective manner. This needs careful studies, certainly. Not only studies in basic or medical sciences, but also, in sociology and social anthropology.

Dietary intake and nutritional status

Now, let me touch on another important issue, dietary intake and nutritional status. It is a matter of concern that, over the last three decades, there has not been much change in dietary intake; except among the affluent segments of the population. Energy intake in the low income groups is obviously inadequate. This is despite the fact that subsidized food grains are provided to the poor. Diets consumed by these people are monotonous, and do not contain sufficient pulses and vegetables. As a result, a mild and moderate degree of undernutrition and micronutrient deficiencies are widespread, even today.

The high rate of undernutrition begins in utero, and gets aggravated in infancy due to poor feeding practices. Then, it is perpetuated in childhood due to poor distribution of food in the family, and poor access to health care. Low intake of vegetables and fruits, poor bioavailability of iron, and lack of universal use of iodized salt are responsible for micronutrient deficiencies. The deficiencies that are still continuing as major public health problems, in spite of tremendous efforts to reduce or eradicate them.

There is an urgent need to improve access to a variety of food, in order to achieve dietary diversification, for sustainable improvement in micronutrient intake. Better coverage under the national anaemia and vitamin A programmes, and universal access to iodized salt, are some of the interventions that could help the countries to achieve rapid reduction in micronutrient deficiencies.

Research institutions need to help with more concrete evidence to ensure the effectiveness of these interventions, through providing relevant evidence for improving planning and implementation.

Undernutriton-overnutrition linkages

Not less important is the issue relating to undernutrition-overnutrition linkages. There is growing evidence that undernutrition in early life may predispose to overnutrition and noncommunicable diseases in the later part of life.

This predisposition could be genetic or environmental; it could manifest itself at birth, in childhood, during adolescence and in adulthood. Therefore, prevention of intrauterine growth retardation through antenatal care; early detection and correction of undernutrition during childhood can go a long way, not only in reducing low birth weight and undernutrition, but also in contributing to a reduction in noncommunicable diseases in adult life.

One major lesson learnt from the research studies on undernutrition - overnutrition linkages is, it is never too early to start practicing a healthy lifestyle and dietary habits.

While countries of South-East Asia are yet to overcome poverty, undernutrition and communicable diseases, they are increasingly facing problems related to the rising incidence of overnutrition with associated noncommunicable diseases.

Over the last three decades there has not been any significant change in energy intake of the population, except in the affluent families, especially in urban areas. But, at the same time, there has been a progressive reduction in physical activity in all segments of the population.

Energy Use

Reduction in energy use, with a change in dietary intake, results in energy imbalance. This appears to be the major factor responsible for the rising prevalence of overnutrition in South-East Asia. It is very important now to urgently tackle the problem of over nutrition through ensuring proper food, nutrition and physical activity.

Role of nutrition in the prevention and control of communicable diseases

Before concluding, let me mention briefly a few more areas in food and nutrition that need particular attention. This includes the role of food and nutrition in the prevention and control of communicable diseases.

We are now realizing that food and nutrition can contribute significantly in the prevention and control of tuberculosis and HIV/AIDS. There is no need to mention about the prevention and control of other communicable diseases. Even though this role of food and nutrition is widely recognized, we need to pursue studies to provide more in-depth evidence in this important area.

Now, with regard to micronutrient deficiencies, we have come a long way in their control and prevention. We have achieved the target for elimination of iodine deficiency disorders in some countries of the Region. And many other targets as well.

Currently, however, we are facing the issue of maintaining the gains from these achievements. This is another formidable challenge in the area of food and nutrition.

We need more evidence for effective policy and strategy formulation. The policy and strategy that can ensure sustainability of the gains achieved through the development in food and nutrition, including micronutrient deficiencies.

When food and nutrition problems are tackled; these should also be tackled within the environmental and ecological context. This point may be kept in mind when food and nutrition programmes are developed and implemented.

I have placed my talk in a rather different perspective; touching on some of the issues, which, in my view, are also important to the future development to ensure good food and good nutrition for good health for all.

Finally, let me congratulate the Nutrition Foundation of India in organizing this important symposium. I hope that during the course of your discussions of the ongoing demographic, social, economic, nutritional and health transition, you will be able to suggest ways to combat more effectively the dual nutrition, and health burden. The ways that can lead ultimately to good food, good diet, good nutrition and good health for the entire population, regardless of their socio-economic status.

I wish the symposium all success, and wish all participants fruitful deliberations.