



20 years of health and social justice

Integrating Health, Nutrition, and Food Security: Making the Case *The Institute for Health and Social Justice, Partners In Health*

October 11-12, 2007
Cambridge, Massachusetts

Conference Statement

We have set the bar too low... **We can and should strive to do better:**

- **24,000 children die everyday from preventable disease, 60% of whom have underlying malnutrition**
- **13,000 people die every day from HIV and TB—two major diseases that are inextricably linked to poverty, food insecurity and malnutrition**
- **Structural determinants of poverty underpin malnutrition, health and food insecurity and must be addressed simultaneously with programs to solve these problems**
- **A massive policy reform effort and new funding are needed to combat this problem**

The triad of food insecurity, malnutrition, and disease is responsible for the majority of deaths from endemic diseases in poor countries and has profound political and structural underpinnings. Despite 50 years of programs in public health, agricultural development and nutrition, pervasive food insecurity is the major health problem of the poor resulting in worsening destitution, malnutrition and coping strategies associated with high risk for HIV. The communities affected must be involved in designing, implementing and evaluating programs to address the triad.

This conference, titled *Integrating Health, Nutrition, and Food Security: Making the Case*, was called to bring together groups working on health, food systems, agricultural development and nutritional programs. Of particular importance is exploring and sharing the linkages between such programs, with the goal of developing a set of concrete recommendations for interventions and policies that can break the cycle of food insecurity, malnutrition and ill health.

There are three specific areas in which food, nutrition and health are linked and which were highlighted at the conference. In each of these areas, it is critical that expertise is united to design, implement and advocate for meaningful and rapid change in the interface between food, nutrition and health.

I. Children under two years of age present a window of vulnerability for both growth and cognitive development.

1. Normal Children:
 - a. New WHO growth curves released in 2006 set a much higher standard for normal growth. These should be widely adopted regardless of the fact that they will identify many more children with malnutrition.
 - b. Breastfeeding:
 - i. Under most circumstances, children should be exclusively breast fed for 6 months; breastfeeding should be continued until 24 months.

- ii. Nutrition should be optimized for lactating women, as healthy mothers can best provide nutrition as well as the needed environment for children to grow and develop.
 - iii. Complementary foods must be available after 6 months to support growth and more effort is needed to define and make accessible appropriate, high-quality complementary food.
 - c. A preventive model is better than waiting until children are moderately underweight or fall clinically ill
- 2. Malnourished children:
 - a. The joint statement from the UN Standing Committee on Nutrition, UNICEF, WHO, and WFP recommends the use of ready-to-use therapeutic food (RUTF) for severe malnutrition provided at the community level. This should be implemented rapidly, and new funding streams are needed to achieve this goal.
 - b. In areas with a high prevalence of malnutrition, at-risk children younger than 36 months would benefit from supplemental nutrition including RUTF and other complementary foods.
 - i. Current food aid and nutritional supplementation can and should do a lot better to meet nutritional requirements of growing and developing children. To achieve this requires more attention to food quality, ensured quantities, complementary supplementation, clean water, and other interventions critical to good nutrition and health outcomes.
 - ii. New products, sources, and efforts to bring production to scale are needed

II. Malnutrition and lack of food security are both causes and consequences of major pandemic diseases—HIV and TB. Low BMI is an independent risk factor for death among HIV-positive persons. Food insecurity increases HIV risk in many populations. Malnutrition is a risk for HIV progression, as well as the development of active TB. Access to adequate and nutritious food helps people both adhere to and better tolerate treatment regimens.

1. Food should be considered an integral part of the treatment package for poor people with HIV and TB.
2. As programs are implemented to provide nutritional support for patients with HIV and TB, operational research should be done to demonstrate the impact of such programs and optimize the food package.
3. Local production is favored for the food package but appropriate supplements (wherever their origin) should be added as needed for optimal benefit for affected patients. Supplements may be added through agricultural programs, via fortification of food stuffs, or via supplementation directly
4. Agricultural programs that improve local food security and aid in development can help both the nutritional status of patients and mitigate the risk of disease acquisition and progression
5. Income generating activities, especially targeting women, impact food security directly
6. Cash transfers are better for supporting markets, where they are functioning well

III. Needed micronutrient supplementation, terms of Fe, I, Zn and Vitamin A, is already well documented, yet it is not being implemented in either food assistance or in agricultural planning.

1. Supplementation should be given until food support and/or agricultural production can deliver critical nutrients in sufficient quantity and quality. This may involve pills, syrups or sprinkle-type products.
2. Animal protein is critical to nutrition and is very effective at the delivery of micronutrients; programs to address this need can be integrated into health programs successfully and involve small farmers.
3. Supporting local agriculture:
 - a. Support of local agriculture is critical to diversity and nutritional outcomes; agricultural science can and should help develop these programs.
 - b. Successful interventions with small farmers and farmer field schools can ameliorate the need for food distribution and greatly enhance income generation.
 - c. Innovative micro-horticultural and agricultural programs should be part of the solution.

The conference, organized by the Institute of Health and Social Justice of Partners In Health in collaboration with the Friedman School of Nutrition Science and Policy of Tufts University and the Francois Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health, was held October 11 and 12, 2007 at the American Academy of Sciences in Cambridge, Massachusetts. For more information on the conference agenda, presentations and proceedings, please visit www.pih.org.

Signatories to Conference Statement:

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