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A road map toward achieving nutrition for all

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We need to do a better job providing food security for Bangladeshi children

As we approach the target date of 2015, Bangladesh can be proud of its progress toward the UN's eight Millennium Development Goals (MDGs). Some goals, such as gender parity in primary and secondary education, have been met ahead of schedule, while others, such as poverty reduction and maternal health, are on track.

We've seen tremendous improvements in conditions for expecting mothers, for instance, from 574 maternal deaths per 100,000 live births in 1990 to 194 in 2011 according to the Bangladesh Maternal Mortality Survey, 2010. Bangladesh is also among 16 countries recognised by the UN for being on track to achieve the child mortality reduction target.

Though progress has been slow, we have also seen positive signs in dealing with the country's environmental challenges.

Where we have faltered in is the area of nutrition. Unfortunately, Bangladesh, according to the International Food Policy Research Institute, is still one of the 36 highest burden countries when it comes to malnutrition, with 36 million people either malnourished or chronically underfed.

Alarmingly, about 7.3 million children are stunted, and an unacceptable 53,000 children die each year from preventable complications resulting from chronic malnutrition according to an ICDDRDB survey.

This is an urgent call to action. We must work together to solve a problem that has many aspects. To start, there is the problem of food security. To feed a population growing by about 2m per year, Bangladesh will require about 27m tonnes of rice by the year 2020, while the total area available for rice production will shrink to 10 million hectares. The Bangladesh Rice Knowledge Bank stated in 2011 that average rice yields need to increase from the present 2.74 to 3.74 tonnes per hectare.

We have seen impressive gains in productivity in the past. Indeed, Bangladesh has come a long way since the 1974 famine, which devastated our country. We have tripled our annual rice production thanks to scientific breakthroughs in agricultural research and sustained outreach to farmers that educated them on adopting diverse crop production.

Our efforts through homestead food production programs have succeeded in providing the Bangladeshi people with foods rich in essential vitamins and minerals.

We can, and must, continue to move forward in this area.

But access to food is just one part of the problem. Another is behavioural. By introducing better infant and young child feeding practices, we can save the lives of millions of children. This includes early initiation of breastfeeding within an hour after birth, exclusive breastfeeding for the first six months of life, and breastfeeding combined with appropriate complementary feeding thereafter. Research has shown these practices to have dramatic effects in saving the lives of infants, reducing vulnerability to infections (especially pneumonia and diarrhoea), and preventing stunting (K. Dewey et al, Lancet, 2008).

Proper breastfeeding is one of the best ways to combat micronutrient deficiencies, considered the “hidden hunger,” which lead to poor growth, impaired intellect, and susceptibility to infections.

But we need to start even earlier in the life cycle, during pregnancy. By providing a new mother with the nutrition her body needs during pregnancy, we protect her baby from most birth and post-birth complications. The consequences of under-nutrition are particularly severe and often irreversible during the critical 1,000 days between the start of a woman’s pregnancy and the child’s second birthday. If we continue giving a child the proper nutrition s/he needs during this 1,000 day window, it can have a lasting impact on the ability to grow, learn, and rise out of poverty.

Intervening in the 1,000-day window can shape a society’s long-term health, stability and prosperity. It has shown to positively affect children’s ability to learn, thus increasing their earning potential, while having a lasting impact by increasing a nation’s GDP by 2-3 percent annually says Save the Children. With such evidence, our mandate to act has never been clearer.

Having identified some of the many facets of the problems of malnutrition, what are the best and most cost-effective solutions available?

The first solution is education. We have to strengthen our formal and non-formal education programmes so that they adequately promote the production and consumption of healthy and adequate meals.

We can teach the next generation about the ill effects of malnutrition and how to prevent them by including such topics in our school curriculum. For when children are in school, we can strengthen school feeding programmes in vulnerable areas.

We have to educate and encourage communities on proper nutrition for women especially during pregnancy, with diverse calorie rich foods so the mother can remain healthy through pregnancy and deliver a healthy baby. We also cannot ignore the effect of misleading advertisement of food products and must actively work to curb that practice.

We must also address the malnutrition problem through proper livelihood training. We can increase the quality of food at the home hearth by training our women to operate fisheries, manage livestock, and engage in poultry rearing and home gardening, for both commercial purposes and household use.

We must target these solutions effectively. By lifting the most nutritionally vulnerable populations, such as adolescent girls, pregnant women, and children under 24 months, we can leave a lasting impact on the future of our nation. To prevent nutrition shocks, we should set up a safety net for the nutritionally vulnerable, with special emphasis on disaster response.

We also need to consider wider social challenges, such as early marriage and early pregnancy.

We must also turn to the coastal regions of Bangladesh, which faces new challenges in drinking water accessibility as salt water contaminates drinking water sources.

Evidence suggests a concurrent rise in hypertension prevalence and a resulting increase of eclampsia among pregnant women, which have an eventual impact on a child's health and nutrition.

Finally, we must act globally, for this is not just a matter for Bangladesh alone. That is why I have joined the Scaling Up Nutrition (SUN) movement, which seeks to improve maternal and child nutrition and achieve zero hunger worldwide. Founded on the principle that all people have a right to food and nutrition, the SUN movement unites governments, civil society, the United Nations, development partners, businesses and researchers to use their collective effort to improve nutrition. I strongly endorse SUN's 1,000-day approach.

Let us take stock and be proud of the progress we've made, especially in Bangladesh – but push on.

The problem of malnutrition is an issue of human rights and social justice. By pursuing the action plan outlined above, I believe we can meet the goal of basic nutrition for all.

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