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**“Nearly 4 million people die prematurely in India every year from malnutrition and related problems. That’s more than the number who perished during the entire Bengal famine.”**

—Amartya Sen and Jean Dreze, *Hunger and Public Action*, 1989

**“The portion of the global burden of disease (mortality and morbidity, 1990 figures) in developing countries that would be removed by eliminating malnutrition is estimated as 32 percent. This includes the effects of malnutrition on the most vulnerable groups’ burden of mortality and morbidity from infectious diseases only. This is therefore a conservative figure...”**

—John Mason, Philip Musgrove, and Jean-Pierre Habicht, 2003

**“... investments in micronutrients have higher returns than those from investments in trade liberalization, in malaria, or in water and sanitation.... *No other technology offers as large an opportunity to improve lives at such low cost and in such a short time.*”**

—Copenhagen Consensus, 2004

**“Micronutrient deficiencies alone may cost India US\$2.5 billion annually and the productivity losses (manual work only) from stunting, iodine deficiency, and iron deficiency together are responsible for a total loss of 2.95 percent of GDP.”**

—S. Horton, 1999

**“Noncommunicable diseases account for almost 60 percent of the 56 million deaths annually and 47 percent of the global burden of disease...the burden of mortality, morbidity, and disability attributable to noncommunicable diseases is currently greatest and continuing to grow in the developing countries, where 66 percent of these deaths occur... the most important risks included high blood pressure, high concentrations of cholesterol in the blood, inadequate intake of fruits and vegetables, overweight or obesity, and physical inactivity that are closely related to diet and physical activity.”**

—WHO, 2004

**“By 2002, only East Asia and Pacific and Latin America and the Caribbean had fewer undernourished people than 10 years earlier.”**

—World Bank, 2005a

**“Sub-Saharan Africa is not on track to achieve a single MDG. ... it is off track on the hunger goal—and is the only region where child malnutrition is not declining.... And while malnutrition in the (South Asia) region is dropping sufficiently to achieve the MDG target reduction, *it remains at very high absolute levels*: almost half of children under five are underweight.”**

—World Bank, 2005b

**“A hungry person is an angry and dangerous person. It is in all our interests to take away the cause of this anger.”**

—President Olusegun Obasanjo of Nigeria, *The Guardian*,  
June 23, 2005 (UK)

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# Foreword

Malnutrition remains the world's most serious health problem and the single biggest contributor to child mortality. Nearly one-third of children in the developing world are either underweight or stunted, and more than 30 percent of the developing world's population suffers from micronutrient deficiencies. Unless policies and priorities are changed, the scale of the problem will prevent many countries from achieving the Millennium Development Goals (MDGs)—especially in Sub-Saharan Africa, where malnutrition is increasing, and in South Asia, where malnutrition is widespread and improving only slowly.

There are also new dimensions to the malnutrition problem. The epidemic of obesity and diet-related noncommunicable diseases (NCDs) in developed countries is spreading to the developing world. Many poorer countries are now beginning to suffer from a double burden of undernutrition and obesity. This phenomenon, which some have termed the “nutrition transition,” means that those national health systems now have to cope with the high cost of treating diet-related NCDs at the same time they are fighting undernutrition and the traditional, communicable diseases. Malnutrition is also linked to the growing HIV/AIDS pandemic; malnutrition makes adults more susceptible to the virus, inadequate infant feeding aggravates its transmission from mother to child; and evidence suggests that malnutrition makes antiretroviral drugs less effective.

Two developments, one negative and one positive, have led to this report at this juncture. The first is the growing international awareness that many MDGs will not be reached unless malnutrition is tackled, and that this continued failure of the development community to tackle malnutrition may derail other international efforts in health and in poverty reduction. The second development is the now unequivocal evidence that there are workable solutions to the malnutrition problem and that they are excellent economic investments. The May 2004 Copenhagen Consensus of eminent economists (including several Nobel laureates) concluded that the returns of investing in micronutrient programs are second only to the returns of

fighting HIV/AIDS among a lengthy list of ways to meet the world's development challenges. Other nutrition-related interventions placed within the top dozen proposals.

There is also clear evidence that the major damage caused by malnutrition takes place in the womb and during the first two years of life; that this damage is irreversible; that it causes lower intelligence and reduced physical capacity, which in turn reduce productivity, slow economic growth, and perpetuate poverty; and that malnutrition passes from generation to generation because stunted mothers are more likely to have underweight children. This report sends the message that, to break this cycle, the focus must be on preventing and treating malnutrition among pregnant women and children aged zero to two years. School feeding programs—often sold as nutrition interventions—may help get children into school and keep them there, but such programs do not attack the malnutrition problem at its roots.

This report argues that there are long and short routes to improving nutrition. Higher incomes and better food security improve nutrition over the longer term, but malnutrition is not simply the result of food insecurity: many children in food-secure environments are underweight or stunted because of inappropriate infant feeding and care practices, poor access to health services, or poor sanitation. Much more attention therefore needs to be given to shorter routes to better nutrition—providing health and nutrition education and micronutrient fortification and supplementation. In addition, more attention needs to be directed to gender issues such as pregnant women's care of themselves and their children. Conditional cash transfers, when coupled with improvements in service quality and access, are a good way to get poor people to use nutrition services. This report provides a framework to help countries decide what nutrition actions are appropriate under different circumstances. It also presents epidemiological data in a user-friendly way to help development partners prioritize countries for support, though it emphasizes that country commitment and capacity—as well as need—should determine investment priorities.

Improving nutrition is not just about investing more. Equally important are conducting sound policy analysis, ensuring that nutrition policies are linked to nutrition action, and developing the appropriate capacity and institutional arrangements to manage nutrition programs. Strengthening commitment to tackling malnutrition and forging new partnerships to do so are critical to making progress—partnerships between governments, communities, and nongovernmental organizations; between governments and the development partner community; and between governments and the corporate sector, whose role in fortifying food and in taking responsibility for the nutritional content of snacks and fast food will be central.

Putting an end to extreme malnutrition will lay the foundation for improving the health and well-being of the present generation and lead to benefits for future generations over the 21st century. Nutrition is the true foundation of sustainable poverty reduction, yet it is still neglected. It is time to spread a broader awareness of the worldwide challenges of nutrition—and its links with health and sustainable development—and of the new opportunities for making global progress.

This report is written primarily for the community of international development partners, as well as those in government and civil society concerned with action to improve nutrition. It provides a global framework for action and complements similar analyses undertaken by the World Bank's regional units for Africa and South Asia. It is hoped that the report will reinvigorate dialogue regarding what to do about malnutrition; that it will encourage the development community to reevaluate the priority it gives nutrition; and that it will result in agreement on new ways for stakeholders to work together and in a new global commitment to scaling up proven interventions for tackling malnutrition.

As the Bank gears up to move nutrition higher on the development agenda, this report allows us to underline the importance of investing in nutrition.

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