# Invest more to prevent child deaths

**By Arun Gupta**

Infant and young child malnutrition has profound negative consequences on health, development and survival of children and thus the society. Globally, a whopping 10.9 million children under the age of five die annually and majority of these are in Asia.

Child malnutrition contributes to more deaths than any other health condition globally, accounting for about 6 million of these 10.9 million deaths . Worse yet the survivors are not able to develop to their full potential. In Asian countries, malnutrition among children is highest. In South Asia, 47 per cent of the children under the age of five are underweight even today. (UN Secretary Generals Report on Progress on Millennium Development Goals, 7th September 2004.)

Malnutrition among children occurs almost entirely during first two years of life and is virtually irreversible after that. Obviously, it tremendously impacts the development outcomes, as more than 90 per cent of the brain actually develops during the first two years. Child malnutrition impairs cognitive development, intelligence, strength, energy and productivity of a nation. The negative impact it has on other health programmes makes it more serious. In spite of these costs to the nations, workable solutions to this problem are yet to be found.

The solutions include increased spending on infant and young child nutrition, health and development during the first 24 months, when malnutrition strikes the most and disturbs the very foundation of life and development. Evidence based and proven solutions exist.

What we need to know is where the solution lies. Solutions emerge from a clearer distinction between “hunger” and “malnutrition” and the knowledge that child malnutrition is directly associated with inappropriate feeding practices during first two years. Action requires little shift in thinking, from “food based approaches” to “family level feeding behaviour change approaches”.

Decisions on how much to invest on infant and young child nutrition and development must be taken soonest. Basis of such an action was laid down at Copenhagen in May 2004, when eight of the world’s distinguished economists (three of them Nobel Laureates) gathered to set priorities among a series of proposals for confronting ten global challenges.
The experts were to address the challenges and answer a question: “What would be the best ways of advancing global welfare, and particularly the welfare of the developing countries, supposing that an additional $ 50 billion of resources were at government’s disposal?” The experts examined 30 proposals and then ranked them in descending order of desirability, creating what is now known as the Copenhagen Consensus 2004 . The highest priority was given to HIV/AIDS and policies to attack hunger and malnutrition followed close behind. Additional spending on infant and child nutrition, and reducing the prevalence of low birth-weight were among top 17 projects accepted by the expert group.

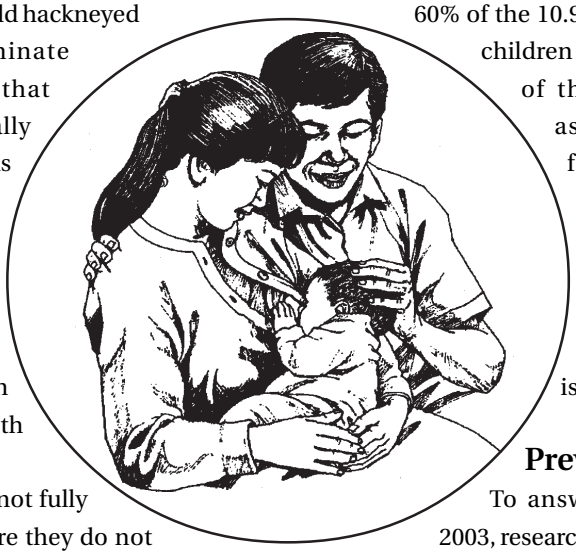
## Of hunger and malnutrition

Hunger and malnutrition are both scandalous and both demand solutions. Malnutrition is often due to lack of care or poor health than due to lack of food. Providing food to hungry people is important, but it’s unlikely to reduce the worst forms of child malnutrition. The main source of confusion is that while lack of food can cause both hunger and malnutrition, malnutrition can be and is often caused by other things as well.

At the Copenhagen Consensus, the expert paper on hunger and malnutrition noted: “However, almost half the cross-country variation in the prevalence of child stunting is not

explained by differences in per-capita income." In Jamaica, for example only 4.4 per cent of the children are stunted, while 25-30 per cent are stunted in Albania, Peru, and the Philippines, which are countries in the same per-capita income bracket.

While there are no easy solutions, in light of the current evidence, we need to take a fresh look at it and find innovative solutions other than the old hackneyed economic formula: "Just eliminate poverty!" The simplistic view that economic growth will automatically eliminate or reduce malnutrition has long been discredited. Rather, the other view that nutrition is critical to economic growth and development including human development is gaining ground. Dealing with food security should in fact include children's rights from birth to 2 years.



When the nature of the problem is not fully understood, we seek solutions where they do not exist. We must understand what is hunger and what is malnutrition. According to Oxford dictionary, hunger is an uneasy sensation, exhausted condition, caused by want of food. But hunger is commonly used as an alternative, even a proxy, for malnutrition and under nutrition.

When the term hunger is used for malnutrition, this sometimes leads to an emphasis on actions that are largely food and agriculture based, as panaceas for control of malnutrition. Yet, malnutrition in young children is frequently not mainly a problem of food availability and access to food. It is often due to the lack of optimal feeding during first two years, particularly lack of exclusive breastfeeding during the first six months and adequate complementary feeding along with continued breastfeeding after six months to two years or beyond.

Frequent childhood illness such as diarrhea and respiratory infections, chronic diseases such as helminth infections, inadequate caring practices, and poor appetite contribute to it significantly. Programmes aimed at food supplies cannot be expected to solve this problem. This is like locking the stable after horses have fled.

According to the Global Strategy for Infant and Young Child Feeding , which has been developed by the WHO and UNICEF and adopted by the World Health Assembly in 2002, child malnutrition is intimately related to inappropriate infant and young child feeding practices and occurs entirely during first two years.

"Malnutrition has been responsible, directly or indirectly, for 60% of the 10.9 million deaths annually among children under five. Well over two-thirds of these deaths, which are often associated with inappropriate feeding practices, occur during the first year of life." Taking India's example, according to one report of Planning Commission of Government of India , prevalence of malnutrition is highest during first 24 months.

## Prevent children's deaths

To answer this question, in February 2003, researchers from several institutions met in Bellaagio, Italy, to define what can be done to save the lives of approximately 6 million children who die annually from preventable causes.

This expert group published its findings and recommendations in *The Lancet a year ago*, which show that at least one proven and practical intervention is available for preventing or treating each main cause of death among children younger than five years.

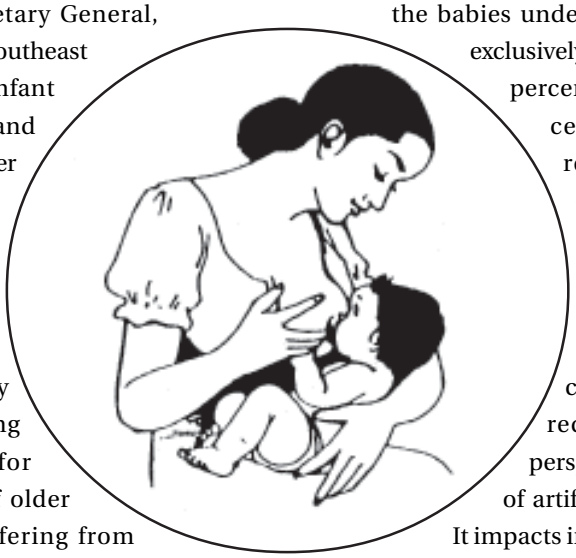
If all these interventions were universally available, then something like 63 per cent of child deaths would be prevented. In other words, the interventions needed to achieve the UN mandated Millennium Development Goal of reducing child mortality by two-thirds by 2015 are available, but that they are not being delivered to the mothers and children who need them.

The group did an exercise to determine how many children could be saved from death if the current coverage levels of interventions were increased to universal coverage. According to this analysis, breastfeeding was identified as the single most effective preventive intervention, which

could prevent 13 per cent -16 per cent of all childhood deaths. Adequate complementary feeding between six months to 24 months could prevent additional 6 per cent of all such deaths.

However, the situation in Asia, particularly in South Asian countries, is alarming. "There is a discouraging lack of progress on child survival and on very poor rates of maternal mortality that prevail in much of the world …."

According to the Report of the Secretary General, under-five mortality rate in South Asia, Southeast Asia and East Asia is 93, 48 and 38, infant mortality rate (IMR) is 67, 36 and 30 and percentage of underweight children under five years of age is 47, 29 and 10 respectively.



## Early solutions

The commonly held assumption is that food insecurity is the sole or even primary cause of malnutrition. School feeding programmes have been going on for decades. These cater to the needs of older children, who in fact have been suffering from malnutrition since they were very young.

India's famous Integrated Child Development Services (ICDS) programme has been sustained for 25 years has been successful in many ways but has not able to made a significant dent in bringing down child malnutrition by just 1 per cent per year. It is because critical elements of care and education are missing in this programme.

The 10th Plan document of the Indian government notes that "Child care and nutrition education of the mother is poor or non-existent." Perhaps because these inputs require skill development of grassroots workers, and are time intensive, you can't just buy them!

It's important to tackle under nutrition in its own way, but it should not be confused with hunger or food insecurity or for micronutrient deficiencies (especially Vitamin A, iodine and iron), which are highly prevalent among mothers, infants and young children with often irreversible consequences. Clearly, direct nutrition interventions before two years of age, including those to improve maternal nutritional status, are therefore essential. Since these are critical to human development, these cannot be ignored.

The first steps among proven cost-effective direct nutrition interventions are efforts to assure that every child receives her god-given right to mother's milk, exclusive breastfeeding for the first six months, adequate and appropriate complementary feeding along with continued breastfeeding after six months to two years or beyond. Only one third of the babies under the age of six months are exclusively breastfed in Asia. Ideally this percentage should be 90-100 per cent to achieve reasonable reduction in prevalence of child malnutrition and mortality.

Ensuring optimal breastfeeding practices also contributes to poverty reduction. Viewed from the perspective of an individual, costs of artificial feeding are substantial. It impacts individual's daily spending on artificial feeding and related diseases, thus perpetuating poverty. Poor mothers who must work are particularly vulnerable and employment conditions often do not allow young infants to accompany mothers.

Worse yet is the public perception that bottle-feeding is modern and better, and it needs to be more aggressively countered. Most communities need to be mobilised to understand the needs of women to succeed. To improve infant and young child feeding, more than enabling conditions are needed. Being vague and non-specific does not help to achieve the kind of behaviour change needed in the communities.

## Political response

Most nutritionists agree that improving infant and young child care and feeding should be at the top of action lists. The action of course requires additional spending. It is here the Asian leaders need to take some positive and forward looking decisions.

You may continue to put money to buy and distribute food, but resources must also be identified to provide skills to frontline health care providers/workers in all nations to counsel families on optimal infant and young child feeding aiming at behaviour change.

It would be interesting to find out how much we spend each year on food and how much on feeding and related behaviour change. If we continue to believe that child malnutrition can be eliminated mainly by attention to agriculture and food availability, it might not happen. Food interventions in schools besides providing meals for students could potentially be a place where pre-school children can receive food, which can be supplied to take home to families. To base nutritional interventions in schools overshadows present evidence based strategies to reduce malnutrition, many of which currently enjoy much professional consensus.

Most importantly school feeding is highly unlikely to address infant feeding and young child malnutrition. Emphasis on food supply is understandable but unfortunately ineffective. Although school feeding may be an effective educational intervention, evidence that it improves the health and nutritional status of school children is weak, and evidence for an impact on child underweight and nutritional status of other family members is non-existent.

The Standing Committee on Nutrition of the United Nations Systems has a Working Group on breastfeeding and complementary feeding, which in its report in SCN News 27 December 2003, has clearly indicated how breastfeeding and complementary feeding can contribute to achieving all Millennium Development Goals (MDGs). What is needed is heightened political attention!

## The way forward

To conclude, actions and interventions that aim at notable reduction in infant and child malnutrition in the first two years of life should receive greater emphasis and more resources. It would be alarming if we fail to attend to such direct and cost saving actions to improve infant well being, health and development. Benefits of such direct interventions during the first two years of life are proven, affordable and sustainable. The costs of further non-action are virtually unaffordable to nation building.

Spending on infant and young child nutrition, especially on improving infant and young child feeding, should be treated as an investment pillar for improved health and development outcomes. Policies and interventions that are not dependant on economic growth must now be applied to achieve the MDGs of reducing mortality and malnutrition among children. The focus on agricultural production, marketing and economic development to lead to trickle down effect on poverty reduction has been long proven a failure in all societies. Children under the age of two can't wait.

Children comprise nearly half of our citizens. They are the ones who will soon vote, work and sustain nations. They deserve a decent start. We deserve a healthy future. It is high time to take a look again at the child malnutrition. The answers are before us. Let us act on them.

While most governments would be busy formulating developing their Poverty Reduction Strategy Papers, it would be imperative to address these issues. The basis for such an action is contained in the strategy: Inappropriate feeding practices and their consequences are major obstacle to sustainable socio-economic development and poverty reduction.

Governments will be unsuccessful in the efforts to accelerate economic development in any significant long-term sense until optimal child growth and development, especially through appropriate feeding practices, are ensured. Lack of resources does not permit effective attention to infant and young child health and development. This is sufficient reason to find assured resources without conflict of interest for infant and the young child.

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