

# **THE GLOBAL CHALLENGES IN FOOD, NUTRITION AND HEALTH**

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In the previous two decades, there were commitments at the global level to combat malnutrition: the World Food Conference-1974, the World Summit for Children-1991, the International Conference on Nutrition-1992 and the Millennium Development Goals-committed to substantially improve nutrition problems by the year 2015. These goals are viewed as integral to national development and improving quality of life. At present, more than a billion of the world population lives under extreme poverty conditions while close to 780 millions of developing countries is food insecure. Prevalence of childhood malnutrition remains to be high in Africa and South Asia, contributing to increased morbidity and mortality as well as poor growth and development. Deficiencies of micronutrients such as iodine, iron, zinc and vitamin A affect 35-40% of the world population, especially mothers and children, contributing further to compromised growth and development; immune functions; cognition; and work productivity.

On the other hand, developing countries in transition, are facing rapid increases in the prevalence of obesity as well as diet-related chronic diseases. Evidence is accumulating that obesity coexists in the same countries with widespread problem of maternal and child undernutrition, particularly where stunting rate is high. The situation is called 'double burden of malnutrition'. Recent data in dietary composition in developing countries indicated an increasing trend for the contribution of fat and sugar to total calories. Dietary supply of fat in particular, rises markedly in all regions with a rapid and largest increase in the share of fats in China. Furthermore, foods containing high saturated fat, high salt and high sugar become increasingly more accessible and inexpensive to the low income populations, all of which contribute to obesity and diet-related chronic diseases. In response to these challenges, the 57th World Health Assembly in May 2004, endorsed the World Health Organization (WHO) Global Strategy on Diet, Physical Activity and Health. One of the supporting mechanisms to such strategy has to do with the establishment of WHO-linked Global Alliance of five principal non-governmental organizations-the World Heart Federation (WHF), International Diabetes Federation (IDF), International Pediatric Association (IPA), International Association for the Study of Obesity (IASO) and International Union of Nutritional Sciences (IUNS). The Global Alliance aims to coordinate global action program to support the implementation of the WHO Global Strategy. Ten key countries aligned with WHO priorities have been chosen to develop best-practice models with an emphasis on the prevention of childhood obesity as an essential first step towards preventing chronic diseases. The strategy should involve key stakeholder groups and be adapted to suit varying circumstances and socio-cultural settings of developing countries. The scenario of current world health and nutrition situation should serve as a basis for policy on food production and supply, trade liberalization on food safety and quality as well as international regulations on unhealthy food items. In addition, the aim of food production for domestic consumption must reach beyond food security to ensure nutrition adequacy for individual household members.

## SUGGESTED READINGS

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4. SCN. 2005. Fifth Report on the World Nutrition Situation. Nutrition for Improved Development Outcomes. United Nations Standing Committee on Nutrition, Geneva.
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