



# *Food Aid*



# *for Health & Development*

*Collaboration Between the World Health Organization and the World Food Programme*



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## Message from the Director General, World Health Organization

The World Health Organization's (WHO) commitment to improving the health of the world's nations and peoples is well known. We work closely with other organizations concerned with health, and are called on to provide consultation and advice to other United Nations agencies that share our commitment to health and development.

In 1962, when the World Food Programme was created as a separate organization, WHO eagerly responded to their request for a liaison office by establishing the Food Aid Programmes Unit (FAP). Funded almost exclusively by the World Food Programme, FAP exists as the means through which WHO – both headquarters and the regional offices – provides technical support to WFP.

Joint WHO-WFP identification of projects, combined follow-up and regular missions have proved instrumental to the success of these projects and to the sustained improvement of health and nutrition of beneficiaries. The guidance provided through the WHO Food Aid Programmes Unit on technical and policy matters brings the health perspective to WFP programmes and, through its food aid programmes, better enables it to assist countries to make the most of scarce resources and thus contribute to their populations' health, security and well-being. The Food Aid Programmes Unit has been involved in assisting in many activities in support of the provision of health and food interventions.

There is a vast area of collaboration potential between WFP and its health advisor, FAP – a collaboration that involves other agencies such as UNICEF, the World Bank and nongovernmental organizations. Working together will require further definition of the framework in which food aid-supported projects operate and the establishment of horizontal links for coordination and joint action.

This booklet presents the contribution of FAP to the provision of food aid. Through its technical assistance and in close coordination with the World Food Programme, FAP illustrates WHO's role in responding to concrete needs of Member States and in fulfilling our mandate to reduce morbidity and mortality worldwide.



Dr Hiroshi Nakajima  
Director General  
World Health Organization, Geneva

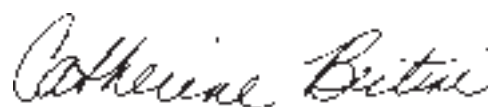


## Message from the Executive Director, World Food Programme

**A**s the food aid arm of the United Nations, the World Food Programme (WFP) has provided food to hungry people for the past 35 years. The central and enduring role of food aid as an essential ingredient in international development assistance is recognized throughout the world. Through WFP's activities, basic human needs are met for those who are hungry and poor. WFP supplies food in support of projects for economic and social development and provides relief to save lives in times of emergency.

There is a long-standing close collaboration between the World Health Organization (WHO) and the World Food Programme in the provision of food aid to the world's neediest populations. The Food Aid Programmes Unit (FAP) makes an important contribution to the work of the World Food Programme. Through its coordination of technical expertise, FAP is able to make maximal use of WHO's institutional and technical resources at the central, regional and country levels.

We are proud to continue our collaboration with WHO. Together, we look forward to the 21st century with determination to progress towards our mutual vision: access by all people at all times to the food needed for a healthy life. Together we are committed to ending the inheritance of hunger for the millions of people in future generations so they do not suffer lives of hunger and malnutrition from birth to death.



Mrs. Catherine Bertini  
Executive Director  
World Food Programme, Rome





*Food Aid*

*for Health  
&  
Development*

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the World Health Organization  
and the World Food Programme*

*I*



# Hunger in a World

We are in the closing years of the 20th century, completing one of the most remarkable periods in the history of humankind. Advances in science and medicine have brought untold opportunities to influence health. We live in a time when knowledge is increasing exponentially and new technologies are changing – even transforming – the approaches to health. A time when the phenomenon of globalization is connecting us as individuals, as communities, and as societies through the food we eat, the media we are exposed to and the diseases we face.

Yet millions of people are bypassed by this world of change. There continue to be enormous differences in the risk of death, disease, disability and exposure to health hazards between social groups and even among entire populations. For too many people worldwide, chronic hunger, malnutrition and ill-health persist in spite of significant achievements in agricultural productivity and economic growth.

In a world of plenty, these conditions continue to strike the poor and vulnerable, causing untold suffering for millions of men, women and children. For countries this translates into social and economic costs that no nation can afford. For the world this translates into a burden of enormous proportions. In today's world of interconnected societies and economies the burden of hunger, malnutrition and ill-health must be shared by all countries.

Concerted international action is crucial to help the hungry. The World Food Programme (WFP) and the World Health Organization (WHO) are part of the international effort to eradicate hunger and malnutrition by eliminating their direct and underlying causes. The World Food Programme provides food aid to meet the needs of vulnerable segments of society at the most critical times of their lives. The Food Aid Programmes Unit (FAP) of the World Health Organization works closely with WFP to incorporate health in the design of food aid programmes.

Over 30 years of collaboration between WFP and WHO shows that much can be done. These organizations have dedicated their knowledge and resources towards helping people through difficult times and, in the process, enriching lives and building better futures.

## of Plenty



## The dimensions of malnutrition

Today, malnutrition affects one-fifth of the world's population despite the fact that the world has enough food to provide every individual with the food they need to lead a healthy and productive life. Adequate food at the international, national or even regional level does not rule out food shortages at the household level. The coexistence of hunger and malnutrition with the capacity to end them both continues to be one of the great paradoxes of our time.

### *Malnutrition*

People suffer from chronic hunger when they do not get enough food over the long term, a situation exacerbated and perpetuated by poverty. The combination of inadequate food, ill-health and certain traditional practices may result in malnutrition. The most vulnerable in a household are most deeply affected: primarily women and children.

Every country has its vulnerable and hungry populations. People can be hungry and malnourished when their food supplies are disrupted by natural disasters or civil strife. Others are more vulnerable at critical times of their lives, especially during childhood. The chronically poor – those with low and precarious incomes, few skills and resources, and unable to speak on their own behalf – live in abject poverty where hunger and malnutrition are a daily fact of life.

### The dimensions of malnutrition

- One billion people worldwide are affected by one or more nutritional deficiencies.
- 800 million people are chronically undernourished.
- More than 40% of women in the developing world are underweight and/or anaemic.
- One-third of the world's children are affected by delayed growth and development.
- 40,000 children die each day from malnutrition and disease.
- In 40 countries, 500,000 children are blinded every year and 14 million have eye damage due to vitamin A deficiency.
- One billion people worldwide risk iodine deficiency.
- Hundreds of millions of people suffer from diseases caused by contaminated food and water.



## Malnutrition: Who is at risk?

- *The poor.* In urban areas, inadequate diets and overcrowded, unsanitary living conditions contribute to infection and malnutrition among people who have limited income and opportunities. In rural areas, malnutrition is a constant threat, particularly among the landless. Periodic starvation is common when food is in short supply and prices rise. In drought-prone areas people live under a continuous threat of hunger and malnutrition.
- *Women and children* are at particular risk. In many societies girls may be underprivileged from birth. They may be fed poorer diets and have fewer opportunities than boys. Early marriage and closely-spaced pregnancies further undermine their health. Malnourished women give birth to low birth weight infants, who are more likely to die. Those children who do survive remain vulnerable as a result of poor care from malnourished mothers and a lack of access to food at home.
- *Refugees and displaced persons* often have to rely on external assistance for food. The displacement associated with conflict or disasters can result in acute hunger as well as longer-term malnutrition. Communicable diseases, particularly the epidemic diarrhoeal diseases, are often caused by contaminated food and water and are major killers in temporary settlements.
- *People with AIDS and other debilitating diseases* may be less able to grow or obtain food. They may have difficulty working to pay for food, or in providing for their children.



# The cycle of malnutrition

## *Food security*

*Food security* refers to access by all people at all times to the food needed for a productive and healthy life. It is always compromised to some degree wherever there are very poor or seriously disadvantaged people. All least-developed and many middle-income countries have people who suffer extremes of hunger. The International Conference on Nutrition in 1992, the Universal Declaration of Human Rights in 1993, and the World Food Summit in 1996 recognized the right to an adequate standard of living that includes food.

The attainment of food security for all households is a fundamental objective of development policy. Many governments have committed to undertake programmes for ensuring food security for their citizens. This requires solving short-term hunger and reducing the risks of future hunger to support long-term development efforts. The primary responsibility for achieving food security rests with individual governments, but the international community has an important role to play.

Long-term efforts to achieve food security include measures to improve the availability of food and to stabilize prices. Increasing employment, incomes and food production are also important, as are social measures – particularly those to combat discrimination against girls – to guarantee access to food and to productive resources such as land. However, to address the immediate problem, targeted short-term food assistance programmes are essential. Both the International Conference on Nutrition and the World Food Summit acknowledged the important role these programmes play in providing relief from hunger and contributing to food security.

## *Household food insecurity*

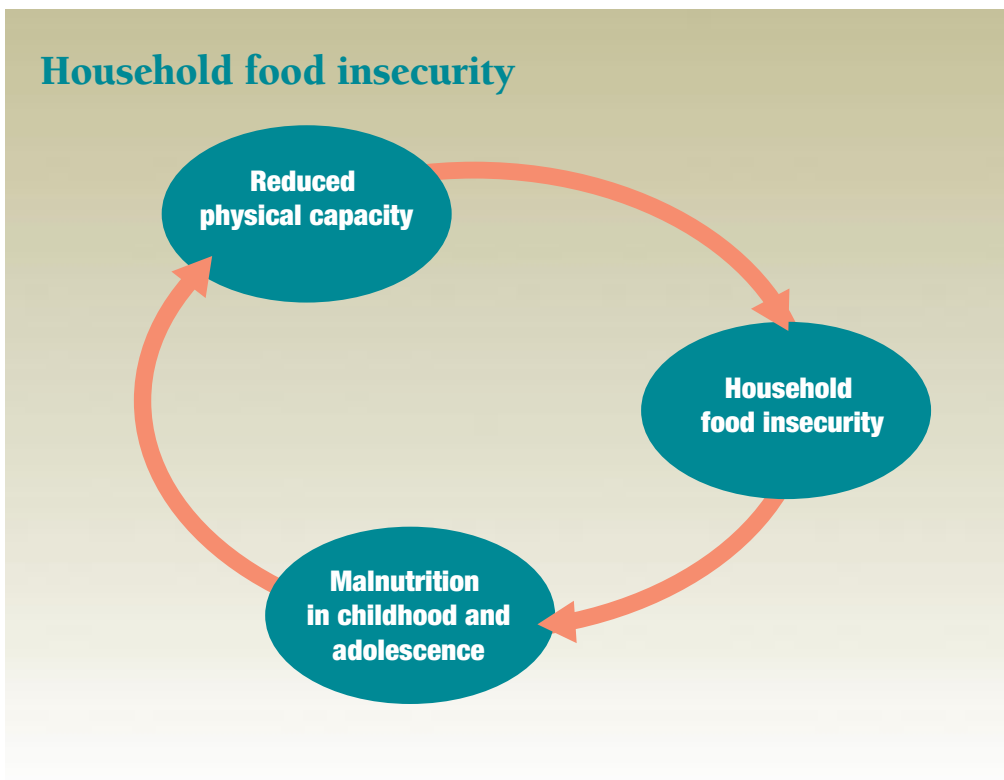
Poor households in many parts of the world can spend as much as 80 percent of their income on food, leaving little for housing, health or education. The households at greatest risk are large with many young children. Their lives revolve around a continuous struggle for food. These families live under a continuous threat of seasonal food shortages or price increases, making food hard to obtain. Children who survive severe malnutrition in their early years are more likely to become disadvantaged adults and are more likely to face the double burden of poverty and poor health.

In their efforts to maintain food security, families may become indebted or may overexploit and degrade the land in an effort to grow enough food. Over time these families lose their capacity to cope with even a transitory reduction in access to food. This can deteriorate into chronic food insecurity where, unable to buy or produce enough food on their marginal land, their diet remains inadequate. Eventually they may be forced to migrate in search of relief supplies.

### ***Poverty and malnutrition***

Over one billion people in developing countries live in extreme poverty and do not have enough food to meet their basic needs. Poverty is increasing not only in low-income countries, but also among the underprivileged in the industrialized world. Poor people have to live on too little and the wrong kind of food. In addition, the poor often lack other crucial elements – health care, safe water and sanitation – that are necessary to health and well-being.

The malnutrition caused by poverty, disease and the low status of women in many countries requires specific mention. It is self-perpetuating, part of a continuous cycle of low income, ill-health, malnutrition and lack of opportunity. It not only affects individual women, but it also affects the health and nutrition of the next generation. Childbearing, overwork and discriminatory eating habits (better food in greater quantities for males) perpetuate the problem of malnutrition, which is further aggravated by repeated childbearing.



## *Food assistance helps*

Food assistance programmes are one of many approaches governments are using to address the urgent needs of millions of people. Food assistance programmes meet immediate needs and support development efforts by improving food security, or access by all people at all times to the food needed for a healthy life.



## The nutrition and health link

Health, food security and nutritional well-being are intrinsically linked. The Declaration of Alma Ata on Primary Health Care in 1978 identified the “promotion of food supply and proper nutrition” as one of the eight essential elements of primary health care. However, food aid as part of international development and assistance programmes existed long before Alma Ata.

Nutrition, health and education make essential and vital contributions to the opportunities people have throughout their lives to contribute to the development of their families and communities. Their lack prevents many people from enjoying full and healthy lives. Both food- and health- interventions are needed to change the hunger cycle into a positive cycle of household food security, productivity and better nutritional status.

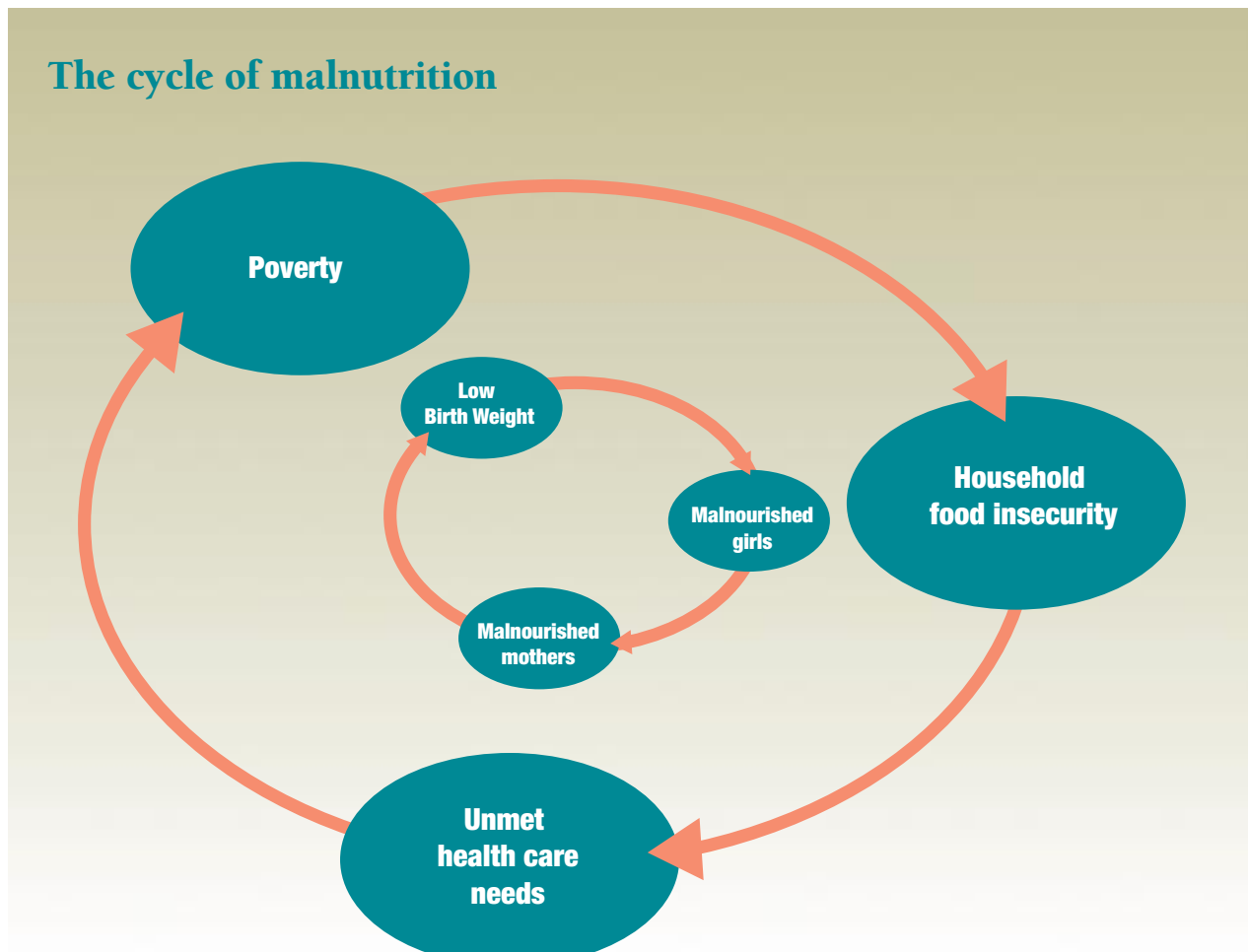
While food is the most important element of good nutritional status, by itself it is not enough. Good health is essential for a person to benefit nutritionally from the food consumed, which must be safe and of good quality and quantity. Likewise, poor nutrition substantially affects health. Nutritional status plays a particularly important role in maternal and child health and in the intellectual and physical development of children. Poor nutritional status has negative long-term consequences for entire population groups, in that they will likely be less productive throughout their lives and continue to face the constraints of poverty for generations.

The vicious cycle of poverty, malnutrition and poor health inevitably traps the most physiologically vulnerable and socioeconomically deprived. Intervening in any one of these areas of the cycle – poverty, food or health – can have an impact on the others and can make an important difference in people’s lives. Reducing poverty is likely to improve health and nutrition, enhanced food security benefits health, and good health boosts productivity.

## *The cycle of malnutrition*

The cycle of malnutrition starts before birth and continues throughout life if unchecked. In many deprived populations, the nutrition and health of children during their infancy and childhood is neglected. This is especially devastating for girls. Chronically malnourished girls are likely to remain malnourished during adolescence. When they become pregnant, they are more likely to have problems with their pregnancies and to give birth to low birth weight babies.

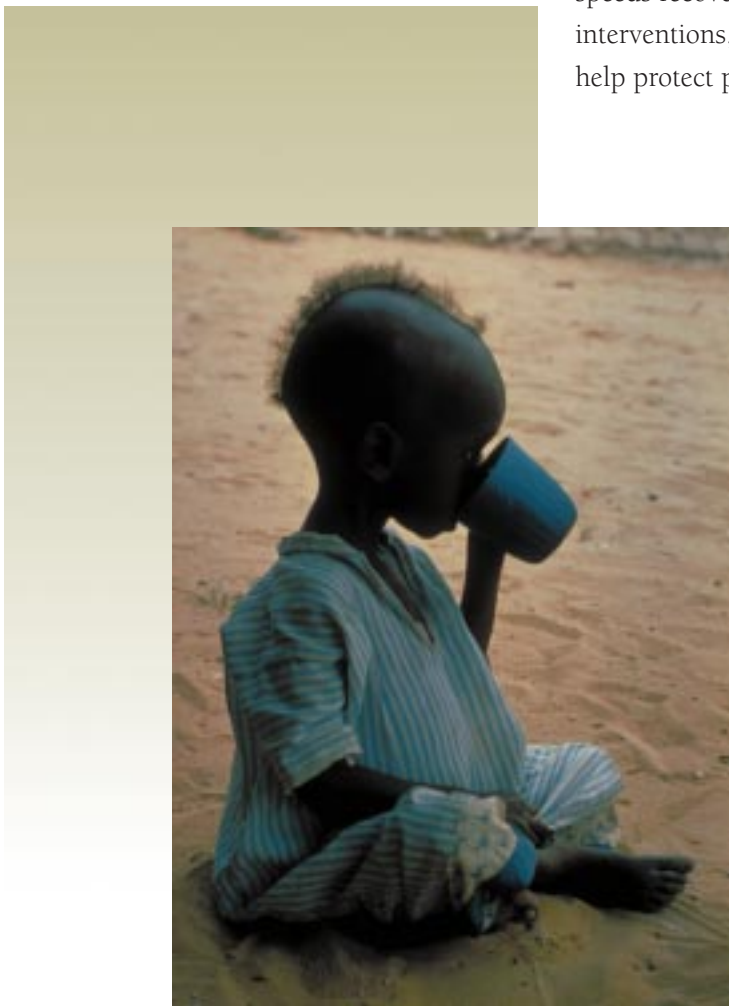
Under persistent conditions of low food intake, severe or even moderate protein-energy malnutrition in children under five can continue in school-age children and into adulthood. Low body weight reduces the work capacity of both adolescents and adults. In economies where income depends on physical labour, low work output results in low family income, leading to household food insecurity and perpetuating the cycle of malnutrition.



## ***Malnutrition and infectious diseases***

The “malnutrition-infection” complex is the most widespread public health problem in the world. The combination of malnutrition and infection severely affect the health and productivity of poor people. Infections undermine the nutritional well-being of individuals and malnutrition increases the risk of infection and the impact of disease. Malnutrition reduces the body’s ability to resist invasion by pathogens and the capacity of its immune system to combat infections. Some infections, such as dysentery, lead to a direct and major depletion of protein and micronutrients. Many other diseases cause loss of appetite and vomiting which make it difficult to eat and digest food. The resulting downward spiral in nutrition further weakens the immune system and reduces the body’s ability to fight infection.

Effective primary health care can interrupt the negative cycle of malnutrition and infection. Basic health interventions, particularly immunizations, can protect those at risk of infectious diseases. Good hygiene can prevent contact with pathogens and lower the risk of disease spread. A safe and nutritious diet helps maintain the immune system and speeds recovery when disease strikes. Specific nutritional interventions, such as supplementation with vitamin A, can help protect people against complications of infection.



## *Nutrition and health together make a difference*

The contributions people make to their families and communities that help in economic growth and development are collectively known as health development. Household food security, social traditions and family practices, and basic health care are the basis for health development. Poor or vulnerable families may at times need outside assistance in any one of these areas. Food and health interventions together can overcome food insufficiencies and support people in building better lives.



## II



# Helping

## Food Aid and the World Food Programme

Since 1962, the World Food Programme, the food aid organization of the United Nations, has helped millions of people to receive the food they need for healthy, productive lives. Food aid is essential in situations where high prices or a general shortage of food leaves poor people hungry, or where nutrition supplement is needed. Food can be provided directly to poor households. It particularly helps women, who shoulder much of the responsibility for providing for their families. Food aid addresses the immediate problem of hunger, while enabling poor families to work their way out of poverty, and can save the lives of those who are driven from their homes and livelihoods by civil strife or natural disasters.

### *Saving lives*

In today's troubled world, food aid is sometimes a matter of life and death. The first goal of humanitarian relief is to save lives. WFP's role is to ensure that refugees and others who have had to flee their homes receive enough food on time. Many victims of emergencies depend entirely on the food they receive from the World Food Programme. Food aid may also be used as a supplement to the inadequate amount of food people can obtain on their own. In each case, WFP rations are designed to provide the average daily energy and protein requirements of affected populations.

# the Hungry



## *Building better lives*

For many poor households, the need to provide for the next meal is so pressing that the smallest investment of time or energy in tomorrow is practically impossible. Women who spend hours each day in the search for food, water and firewood are unlikely to attend a prenatal clinic, for example, or attend the demonstration of an agricultural technology. Hungry people cannot take advantage of opportunities, such as training, clinics, education or credit. This becomes a stumbling block to a better life.



## Providing Food Aid

WFP uses food aid to break this cycle. Food aid can be an effective incentive to encourage regular participation in health activities such as antenatal care, immunization, and health and nutrition education. It has also been used to encourage participation in activities to improve community infrastructure, through food-for-work programmes. Food aid can help families keep their children in school, a long-term positive step for families in alleviating social and economic disadvantages. The support provided by food aid can help families to make the transition from one type of occupation to another as they strive to improve their living conditions and income.

### *Education*

Education, especially the education of girls, is one of the best investments in the future that a society can make. But for very poor families, who depend on the work of all family members, there is a real cost to school attendance. School feeding programmes supported with food aid can give a family the incentive and the help it needs to give the children at least a few years of education. WFP ensures that its support for education pays particular attention to the needs of girls, who otherwise would be far more likely than their brothers to miss this opportunity.

### **What can Food Assistance do?**

It has long been a premise that food assistance can intercept the transmission of hunger from one generation to the next.

- Food assistance addresses the immediate problem of hunger among vulnerable groups of people, particularly women and children.
- Targeted food assistance represents an income, a security that permits women the time to pursue important activities other than finding food, including child care. By freeing them of one of their most immediate concerns, food assistance lets hungry people take advantage of opportunities available for improving their lives.
- Food rations often reach women better than other kinds of development resources due to their ability to attract the most needy members of a community.

## *Building assets*

In other cases, food aid supports household food security for a limited time while family members improve their land, plant fruit trees, learn new skills or take advantage of a variety of development activities that will lead to a better life and sustainable food security. Food aid is an investment for the long term, as well as a crucial element in the fight against today's hunger.

Food-for-work programmes offer short-term employment to the poor. These programmes help the poorest to meet their immediate food need and to benefit from the assets they help to create. Poor communities, small scale farmers with inadequate

resources, landless agricultural labourers, women farmers or workers who must sustain households can all benefit from improvements such as feeder roads, water supply and sanitation, dams and irrigation systems.



## ***Bringing new knowledge to traditional practices***

Outside formal settings, education for nutrition and health can have a significant impact when combined with food aid. In many families, malnutrition among children is more likely to result from ignorance about hygiene and the dietary needs of children than from a shortage of food. For example, exclusive breastfeeding ranks high among measures that protect against infection in early life and minimize the risk of diarrhoea and respiratory infection, common causes of death in children. Educating mothers in the importance of breastfeeding, in hygiene and the integration of food rations into broad-based nutrition, health and even literacy programmes can have a profound impact on the health of their families.

## ***Women are the key***

Historically women's health and nutrition have been linked to social, political, economic or traditional processes that often denied them the resources to maintain good health and nutrition. When women suffer, the health of their families and communities suffers as well.

In the past decade the number of women living in poverty has increased disproportionately to the number of men. One fourth of all households worldwide are headed by women and many others are dependent on female income even where men are present. Female-headed households are very often among the poorest because of wage discrimination, occupational segregation patterns in the labour market and other barriers.

Women have different and unequal access to and the use of basic health resources, including primary health services for the prevention of childhood diseases, malnutrition, anaemia, diarrhoeal diseases, communicable diseases and tuberculosis, among others. Women have different and unequal opportunities for protection, promotion and maintenance of their health. In many countries the lack of emergency obstetric services is of particular concern. Health policies and programmes often perpetrate gender stereotypes and fail to consider socioeconomic disparities and other differences among women, and may not fully take into account the lack of autonomy of women regarding their health. Women's health is also affected by a gender bias in the health system and by the provision of inadequate and inappropriate medical services.

BEIJING DECLARATION AND PLATFORM FOR ACTION,  
UN FOURTH WORLD CONFERENCE ON WOMEN, BEIJING, 1995.

Women bear a disproportionate burden, managing households under conditions of scarcity. Poverty is particularly acute for women living in rural households. Women in old age have a high risk of falling into poverty, and there is often discrimination against girls in access to food.

The conditions of women in poverty are further exacerbated the lack of a gender perspective in economic analysis and planning. Policy-makers must recognize that trends such as migration result in additional burdens on women, especially those who provide for dependants. Alleviating this situation requires programmes such as those supported by WFP to promote income generation among disadvantaged women and access to necessary health and nutrition services.

The fact that women are a key to change underlies WFP's concentration of efforts and priority allocation of resources on them; for the benefit of the community, the household and children. WHO is committed to collaborate with WFP in this respect as part of WHO's action to promote equitable growth and the welfare of vulnerable groups.





# *III*



# Health

## Health for All

The Constitution of the World Health Organization calls “the enjoyment of the highest attainable standard of health...one of the fundamental rights of every human being.” The right to health is the right of everyone to a standard of living adequate for health and well-being.

Health cannot be separated from education and from progress on other economic and social fronts. Without healthy people, the world’s potential can never be realized.

For the past 50 years WHO has pursued as its overriding goal the achievement of better health for all people, in the sense not simply of survival, but of enhanced quality of life.

Food aid has proved to be a valuable asset in breaking the persistent cycle of hunger, poverty and ill-health. To be effective, food aid must be linked not only to major causes but also to contributing factors of malnutrition such as disease control, environmental health and the promotion of good health and nutrition habits. WHO, as the directing and coordinating authority on international health work has a mandate to contribute to the effectiveness of food aid in response to emergencies and relief, as well as in support of national programmes to improve social and economic conditions.

## & Food Aid



## The World Health Organization Food Aid Programmes Unit

The Food Aid Programmes Unit of WHO, the WFP liaison office to WHO, was established in 1962, the same year the World Food programme was established. From the outset it was recognized that in order to be effective, food aid projects required a sound basis in both health and nutrition. FAP, through its access to all the resources of the World Health Organization, provides that health advice to the World Food Programme.

The cooperative programme between WHO and WFP was established to enhance the potential of WFP food aid programmes through consideration of their health implications. The technical expertise of FAP in the area of health and its ability to draw on the vast expertise of WHO staff is an important resource for the implementation of



food aid programmes. FAP is able to assist with the preparation and evaluation of WFP-assisted projects through participation in interagency field work and review of proposed projects. The work is carried out by a small unit of specialized staff in WHO's Division of Food Safety and Food Aid, who draw on the experience and professional support of other colleagues within WHO.

Projects for development, either infrastructure or human resources development, may have either a direct or indirect health link. Infrastructure and other development projects aim to improve access to health services through rehabilitation and construction of health centres, water supply and sanitation. Human resources development projects work to improve health care coverage of food-insecure vulnerable groups through maternal-child, school health and other national programmes for endemic health problems, such as HIV/AIDS and tuberculosis. The role of FAP is to ensure that the health implications of food aid projects are identified and incorporated by advising on the design and evaluation of WFP-assisted projects.

Projects where the connections to health are not as obvious include a wide range of productive and rural development projects, such as the upgrading or expansion of physical infrastructure. In these projects the health and environmental effects may be indirect or may develop over the long-term, but must still be considered.

## Helping the hungry

The World Food Programme and the WHO Food Aid Programmes Unit are collaborating in designing and monitoring projects that support:

- health and education;
- building health-related infrastructure;
- and
- labour-intensive public works programmes to improve water supply and sanitation, increase agricultural production and generate income.

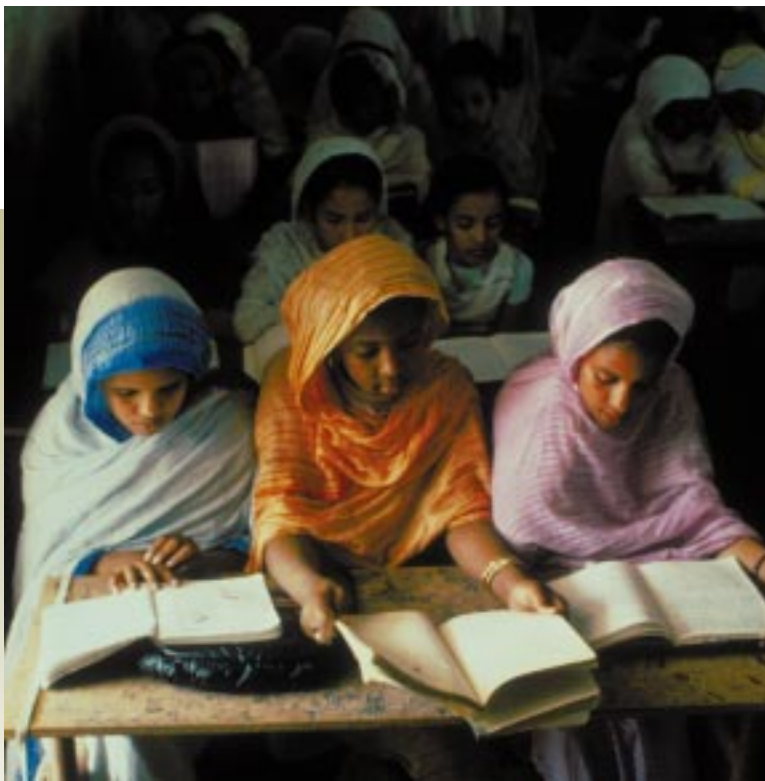
## WHO and food aid

The Food Aid Programmes Unit provides technical support to WFP through two interactive mechanisms: standard-setting and country-specific guidance. Standard-setting involves the development of policies, strategies and operational guidelines. In addition, FAP analyses operational research and makes recommendations for programme development. FAP's review of experience can provide valuable insight into food aid programmes and their impact, helping to identify constraints and new strategies.

FAP works closely with WHO programmes, regional offices and country offices, as well as others concerned with country programmes. FAP also participates in field visits in order to advise on the design and evaluation of WFP-assisted programmes.

The link between development, food and health underpins FAP's support of WFP-assisted projects. Incorporating health considerations into project design enhances their health benefits and helps to prevent inadvertent negative health effects. Collaboration between WHO and WFP thus goes beyond human resources development projects implemented through the health sector, or those with an obvious nutritional or health dimension, to include social infrastructure projects. These boost health and nutrition by

the creation of assets and income-generating opportunities for the most disadvantaged members of society.



# Helping people grow and develop

## *Health and well-being*

Human resources development projects can take many forms, reaching people through health, education and social welfare programmes. Originally conceived as specific nutritional interventions, projects have developed into broader mother-child health, family health and social programmes. These programmes provide services to people who would not otherwise receive them by stimulating attendance at health or social centres. FAP assists in developing the framework through which these projects can best help the vulnerable.

## *Maternal and child health*

Protecting and promoting the health and nutrition of vulnerable women and children requires close cooperation between both agencies so that real needs are addressed. Meeting needs for food, nutrition and health care can be done through a variety of incentives and services. For example, where walking distances are long, travel and other costs prohibitive and workloads are high, supplementary feeding programmes give women the support they need to use health services for themselves and their children more regularly.

### **Food aid for mothers and children**

WHO and WFP work together on projects to improve health and nutrition in

- antenatal and postnatal care;
- infant and maternal health and nutrition, with emphasis on breastfeeding, weaning practices, nutritional supplements such as iron, vitamin A or iodine;
- prevention, control and treatment of diseases, particularly infections; and
- provision of immunizations, nutrition education, rehydration and other interventions.

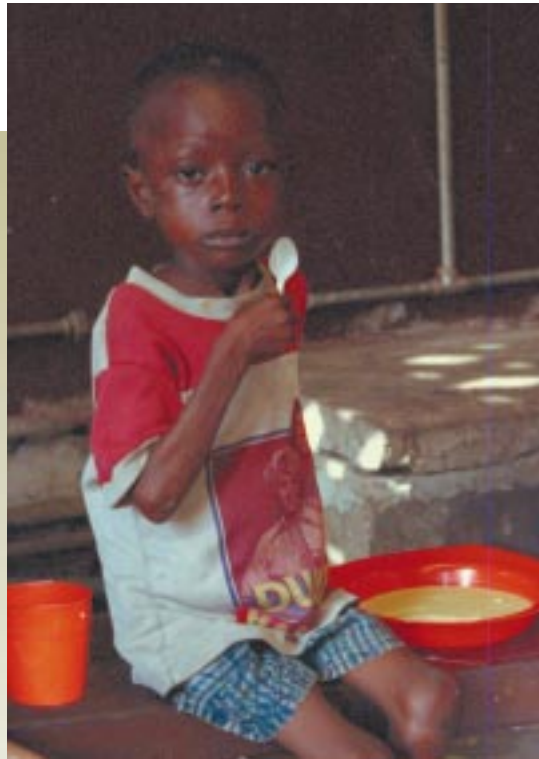
## ***Pregnant women and nursing mothers***

Chronically malnourished women who gain little weight during pregnancy are at high risk of delivering low birth weight babies. Effective prenatal care can improve women's health and increase their chances of giving birth to healthy babies. Together health care and nutrition make a difference to mothers. Providing extra food to pregnant women can substantially reduce the future health care needs of their infants. Providing food to nursing mothers to support them during the period of exclusive breastfeeding encourages them to use preventive health services for themselves and their infants.

## ***Preschool children***

Nutrition during early childhood has effects on growth that persist into adulthood. Providing nutritional supplements to children under three years enhances their growth from the preschool period through adolescence. Girls especially benefit. Supplements provided during their first three years are far-reaching, affecting their reproductive

potential and hence the health and survival of the next generation. Children who receive supplementary feeding are more able to resist disease. When they become ill, disease episodes are shorter and less severe. Food supplements at child health clinics encourage regular attendance, enabling children to receive immunizations, health and growth monitoring.



# Assistance to People with Debilitating Diseases

## *People with tuberculosis*

With 8 million active cases and 3 million deaths annually, tuberculosis is a leading cause of illness and death in the world. There is a significant association between tuberculosis, poverty and malnutrition, where the nutritional deficit increases with the extent of the disease. Noncompliance with medical treatment is a major problem in tuberculosis control, contributing to its transmission and to the development of multi-drug resistance. WFP encourages adherence to low cost, short-course medication through provision of incentives in the form of food; FAP has assisted in the development of guidelines for WFP assistance to tuberculosis control programmes.

## *Communities and households affected by AIDS*

WFP confronted the challenge of AIDS by providing food aid for social and humanitarian protection as well as for investment in human development. WFP/WHO collaboration in this area started early and is leading to the establishment of a common framework for prevention and care programmes. Food aid is provided to communities with high prevalence of AIDS and where this infection constitutes a threat to household food security.

The effects of HIV infection and AIDS go far beyond the individual and can result in severe income losses for individuals, families and their communities. Orphans, their guardians or foster parents often need food. The provision of food aid can offer communities much needed support and help to reduce the socioeconomic impact of the pandemic on society. It is crucial in the support of programmes for AIDS prevention among women, the acquisition of income-generating skills, training of health counsellors and upgrading of facilities, including day care centres and sanitation facilities. Food aid provided through HIV/AIDS home-based programmes is linked to curative and preventive care and to health and nutrition education.

## Assistance to Children

### *Primary school children*

Supporting education is a shared goal of WFP and WHO. Illiteracy is a major barrier to improving health status and quality of life. Without the availability to read, access to basic knowledge of health as well as future opportunities are beyond reach. Since girls continue to be underrepresented in classrooms, female illiteracy remains a serious constraint to alleviating poverty and improving health and nutritional conditions. WHO has attached the greatest importance to educational programmes and to close collaboration with WFP in this area. WFP targets food aid to schools in poor, food-deficient urban and rural areas, characterized by low enrolment, attendance and poor scholastic performance – all linked to high rates of malnutrition and chronic, preventable diseases.

FAP regularly reviews school feeding projects, suggesting ways in which opportunities to improve health such as number, size and timing of school meals and snacks and non-food requirements such as well-digging, provision of school medical services (such as deworming programmes) and evaluation of the school health environment might be incorporated into project design and implementation.



## ***Street children***

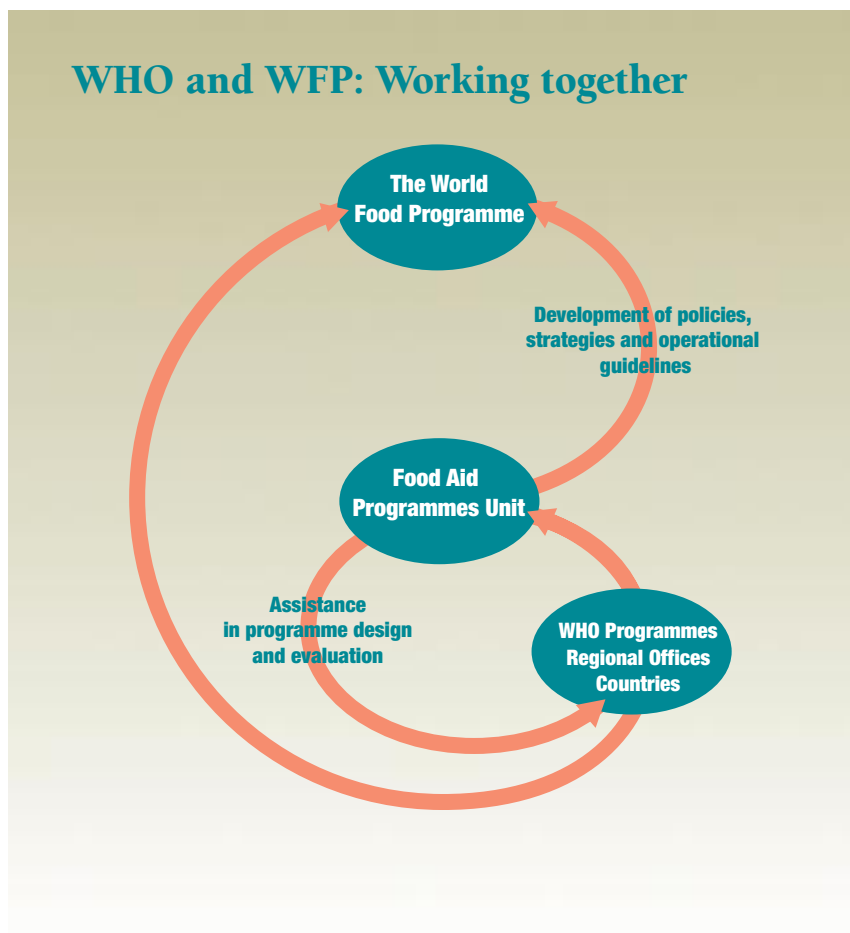
Widespread poverty, industrialization and urbanization continue to add to the numbers of children living on the streets without family support. Undernourished and vulnerable to all kinds of hazards, street children are at high risk of malnutrition, tuberculosis, sexually-transmitted diseases including HIV, parasite and worm infections and skin diseases. Collaboration with nongovernmental organizations, who are providing social services and promoting children's health and nutrition offers WFP and WHO a wide area for joint action in assisting societies to meet the ever-increasing challenge of helping the homeless.

## **Promoting development**

Development interventions, whether those of WFP or others, require careful evaluation during project planning and implementation, as they can adversely affect the health of those they are intended to benefit. When this happens, positive effects may be offset and new problems created where solutions may prove difficult and costly. FAP assists in evaluation of projects with possible health implications.

## ***Agricultural and rural development projects***

The vast majority of agricultural and rural development projects involve land development and improvement, land settlement, construction of dams and irrigation networks, and forestry or fishery development. With few exceptions these projects require close analysis and follow up of the social, health and nutritional implications.



# IV



# Working Together

## WHO and WFP Collaboration

**M**alnutrition kills more children in the world than any infectious disease, war or natural disaster. Development is clearly limited when one out of five children dies before completing one year of life, when a high proportion of children suffer from delayed growth due to malnutrition, when a lifetime is shortened by disease or when a significant proportion of the adult population is hungry and malnourished.

WHO and WFP are working together to alleviate the scourges of hunger, poverty and ill-health. Their partnership acknowledges the key contribution of both health and food in alleviating the problem of malnutrition.

WHO and WFP share a vision for the future that is people-centred and gender conscious, seeking to shape a world where people may be the producers of their own welfare as they contribute to that of others. A vision that has no room for complacency in the face of the misery of people who suffer in a world that has the means and the ability to help them. There is no easy way to improve the quality of life for the poorest. Whether it be individuals who require food, compassion and care, or societies that require human rights or clean water, our future will depend on how we mobilize our technology, our knowledge and our social intelligence to meet the dual challenge of ensuring nutrition and health for the world's vulnerable.

*for Health  
&  
Development*







## **Photos**

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