

Community nutrition programmes, globalization and sustainable development

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On an international scale, the last seventy-five years have been a period of deep social, economic and political transformation for the developing countries. They have been especially influenced by the international phenomenon of globalization, the benefits of which have been unequally distributed among countries. In this context, the strategies used to improve the general nutritional health of the population of developing countries include broad approaches integrating nutritional interventions in a context of sustainable community development, while valuing the existing relations between fields as diverse as agriculture, education, sociology, economy, health, environment, hygiene and nutrition. The community nutrition programmes are emblematic of these initiatives. Nevertheless, in spite of the increasing evidence of the potential possibilities offered by these programmes to improve the nutritional status and contribute to the development and the self-sufficiency of the community, their success is relatively limited, due to the inappropriate planning, implementation and evaluation of the programmes. In the present article, I attempt to emphasize the importance of community participation of the population of developing countries in the community nutrition programmes within the context of globalization. This process is not only an ethical imperative, but a pragmatic one. It is a crucial step in the process of liberation, democratization and equality that will lead to true sustainable development.

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On an international scale, the last seventy-five years have been a period of deep social, economic, and political transformation for the developing countries¹. They have been especially influenced by the international phenomenon of globalization. Furthermore, there is no consensus on the pathways or on the mechanisms by which globalization affects the health and nutritional status of populations.

Some of the changes resulting from this process could be considered positive (Dollar, 2002). Nevertheless, the benefits of globalization have been unequally distributed (Schuftan, 2003) and poverty is always one of the more prevalent and serious social and health problems of the developing countries. Although the proportion of people living under the threshold of poverty has diminished, the demographic growth in the developing countries is such that the number of poor people is presently increasing (Agence canadienne pour le développement internationale, 2001; Food and Agriculture Organization, 2003).

In this context, strategies to improve the general nutritional health of the populations of the developing countries have evolved throughout the last decades. The first Community Nutrition Programmes developed intervention mechanisms that could easily promote an excess of energy consumption,

a positive energetic balance and, paradoxically, an increase in the prevalence of obesity in some sectors of the population. These strategies have given way to broader approaches integrating nutritional interventions in a context of sustainable community development, while considering essential the existing relations between fields as diverse as agriculture, education, economy, health, environment, hygiene and nutrition (Ndure *et al.* 1999).

The present paper has three key themes. First, I attempt to analyse the influence of globalization on the health and nutritional status of the populations of the developing countries. Second, I give a brief introduction on the basic characteristics and some of the adverse effects of the Community Nutrition Programmes in developing countries. Third, based on the example of the principles proposed by the Ottawa Charter for Health Promotion (World Health Organization, 1986), I conclude by emphasizing the importance of establishing solid and lasting links between health, nutrition and well-being of populations through community participation strategies of sustainable development in an increasingly global context.

Globalization, nutrition and health in developing countries

Human populations have experienced an enormous improvement in health status, beginning at the turn of the last century. Some of these changes are related to advances in our knowledge of the causes and effects of diseases, progress in hygiene and nutrition, the development of vaccines and medicines, life-style alterations, and the increasing involvement of the

¹Attempting to consider developing countries as a whole is probably inappropriate. In the absence of an optimal classification of countries, I will adopt the one used by the World Bank, based on national income per capita. In particular, I will refer to 'middle income' countries, which in 2001 had a median gross national product per capita between \$US 745 and \$US 9206 (World Bank, 2003).

economic sector in health matters (Bobadilla *et al.* 1993). All this results in a new degree of complexity in the health field.

Globalization is one of the greatest challenges to which people and public and nutrition health professionals are currently confronted (Yach & Bettcher, 1998*a,b*; McMichael & Beaglehole, 2000). Although there is an increasing number of publications related to the influence of globalization on health (Kickbusch & de Leeuw, 1999; Dollar, 2002; Woodward *et al.* 2002), there is no clear consensus on the ways or the mechanisms by which the phenomenon of globalization influences the health and the nutritional status of the populations of developing countries, or on the appropriate political answers to solve the problems derived from such change. At any rate, this increase of exchanges, not only financial but also human and cultural, has a series of effects (until now unknown) on the nutritional health of the populations and raises new ethical and health questions (Kickbusch & de Leeuw, 1999).

On the one hand, globalization can contribute to the improvement of the nutritional status of the population: fostering a better exchange of information, knowledge, technology and health resources. Indeed, some developing countries nowadays enjoy a better quality of life than they did half a century ago (Agence canadienne pour le développement internationale, 2001). Thus, globalization has certainly helped improve the prospects with regard to the nutritional health of several millions of people worldwide. Some countries that have long been impoverished can now offer their citizens a standard of life that they could not have offered only thirty years ago (Agence canadienne pour le développement internationale, 2001; Dollar, 2002).

Nevertheless, unless the relevant measures are taken, globalization can also cater to the exclusive benefit of the most prosperous countries, leading to the propagation of new health risks (not only through contagious diseases, but also in behaviours dangerous for health, such as smoking or fast food consumption, among others), and widening the gap between the countries equipped with better technologies and qualified human resources and those less advanced, the developing countries. Finally, globalization can also breed new forms of social, cultural and geographic inequality (Haut Conseil de la Coopération Internationale, 2002).

The increase of inequalities in the field of nutritional health, the deterioration of the health status of the populations of developing countries, especially in regard to the AIDS pandemic, and the phenomena of social injustice, nutritional changes and food hazards, stress the need for both a broad international solidarity effort and a change of the current political strategies related to health and nutrition (Haut Conseil de la Coopération Internationale, 2002). Some governments address the nutritional problem of their populations through the development of structures and programmes designed to deal with poverty and create means of subsistence in a context of solid macroeconomic policies. Community nutrition programmes rate among the most emblematic examples of these initiatives.

Community nutrition programmes and their effects

A community nutrition programme has been defined as a group of activities linked to applied nutrition within the context of public health, whose main goal is to tailor individual and population food patterns according to updated scientific

knowledge, in a certain region, with the ultimate aim of health promotion (Aranceta, 2003). These activities are aimed at the resolution of the nutritional problems of a community relying on the total participation of their members in a flexible, though systematic and conscious, way. The community nutrition programmes are developed in both rural and urban settings (Ndure *et al.* 1999) and, over the last decades, have evolved towards programmes with quite a broad ecological and participative approach at different levels: individual, family, community, society, cultural, economic and political.

Sectors such as agriculture, education, economy, health, physical environment, hygiene and nutrition are considered to conceive multisectorial strategies of intervention (Ndure *et al.* 1999). The active participation of the community in this type of programme increases the sense of responsibility and self-sufficiency, which are essential components for a sustainable socioeconomic development in underprivileged regions, where a lack of public funds and a precarious access to basic services are increasingly higher.

Nevertheless, in spite of the increasing evidence of the potential possibilities offered by the community nutrition programmes to improve the nutritional status and to contribute to the development and self-sufficiency of the community, their success is relatively limited, mainly due to their inappropriate planning, implementation and evaluation. We could say that these programmes are only conceived through local initiatives as pilot projects developed in a geographically limited zone or within a small community. Lacking the appropriate follow-up and adequate evaluation, as well as the necessary resources and political will, these local community nutrition programmes do not have the necessary conditions to be exported and implemented on a greater scale (Ndure *et al.* 1999).

In the same way, a large proportion of nutritional programmes are still aimed at the prevention of malnutrition, instead of favouring the principles of health promotion, essentially developing an interventionist approach that can easily lead to an excess of energy consumption, a positive energetic balance and, paradoxically, to an increased presence of obesity in some sectors of the population. Today, the combined objectives of promoting a suitable growth for children and preventing obesity are not recognized as essential elements in most nutritional programmes.

In some circumstances, the indiscriminate distribution of food aimed at preventing malnutrition, ignoring the necessity to prevent obesity, can be more detrimental than beneficial (Uauy & Kain, 2002). With regard to child chronic malnutrition, the reality emerging from the developing countries suggests that distributing food supplements to the whole group of children and not only to those suffering from malnutrition or nutritional deficiencies results in a significant proportion of overweight and obese children (Uauy *et al.* 2001). Therefore, this leads to the coexistence of malnutrition and obesity in the same household (Garret & Ruel, 2003).

A good example of the above can be found in Chile, a country considered as a paradigm of success for 'complementary food programmes'. In fact, there is a clear link between the incidence of these massive and expensive interventions and a decrease in the rates of malnutrition in all age groups. However, this link has disappeared in the course of the last decade, while the positive correlation with the increase of obesity has increased considerably (Uauy & Kain, 2002).

Given the circumstances, the nutritional planning of health systems can be an essential tool for the effective mobilization of resources focusing on the satisfaction of the needs related to nutritional health. In this way, our ability to identify the present changes in the status of people's nutritional health and to act coherently requires, in the first place, a clear understanding of the determining factors of these changes and, second, the development of innovating patterns of nutritional health promotion. The above example can be used as a model to show the potential impact that complementary feeding programmes can have on the nutritional health of the populations in developing countries. Therefore, developing community nutrition programmes adjusted to the specific needs of the communities through an approach based on sustainable development is absolutely crucial.

Community nutrition programmes, globalization and sustainable development

The First International Conference on Health Promotion was held in 1986. In the main document of this conference (the Ottawa Charter for Health Promotion), the participants defined health as 'a resource for everyday life, not only as the objective of living' and health promotion as the 'process of enabling people to increase control over, and to improve, their health' (World Health Organization, 1986). The document emphasizes strategies such as mutual aid and public policies supporting the promotion of public health and the importance of community development tenets. Many studies on community development strategies (Kelly, 1999) highlight the importance of community participation (Fournier & Potvin, 1995) in health promotion. This requires the effective and concrete participation of the community in setting priorities, in the decision-making processes, as well as in the development and implementation of planning strategies aimed at improving public health. Central to this process is giving the power to the communities which should be considered capable of taking responsibility for their actions and control of their lives. Community participation is therefore a key element of the sustainable development strategies of which it is both a step and the main goal of the process (Fournier & Potvin, 1995).

The concept of sustainable development appeared for the first time in the Brundtland report in 1987. Sustainable development, as defined by the World Commission on Environment and Development (the Brundtland Commission), is 'the capacity to meet the needs of the present without compromising the ability of future generations to meet their own needs. Sustainable Development must balance the needs of society, the economy, and the environment' (Brundtland, 1987). Now, more than ever, political leaders admit that nutritional health represents a key element of sustainable development and that it is not only important for the well-being of individuals, families and communities, but that it also constitutes a powerful catalyst of social and economic development. This role is explained by the fact that the links between the social, environmental and economic dimensions of sustainable development are, with the impact of globalization, strong and numerous. Indeed, the economic dimensions are related to the environmental ones, which are linked to the social ones, which are in turn related to the economic dimensions.

The challenge faced by the community nutrition programmes in the context of globalization is so vast and overwhelming that it requires the involvement and commitment of diverse sectors, such as non-governmental organizations, the private sector, international funding agencies, as well as some UN organizations such as the FAO, UNICEF and the WHO. A good collaboration and coordination between governmental entities are extremely important, mainly the ministries of Agriculture and Health, but also the ministries in charge of education, community development and finances (Latham, 2001).

A greater recognition of the social and health implications of sustainable development by the leaders and the people responsible for the elaboration of health policies, both at national and international levels, has been reached to a large extent because of the serious threats posed by some diseases affecting the population of developing countries (Brundtland, 2002). Developing countries have hardly benefited from the major therapeutic advances discovered and developed in the industrialized countries during the last decades. Biomedical progress and biotechnological innovation of the industrialized countries have only given ways until now to new forms of social health inequalities and intensify the existing ones (Haut Conseil de la Coopération Internationale, 2002).

Reducing these inequalities by considering their social determinants and improving accessibility to health-care systems require a considerable political will from all the actors involved in international aid. This should come not only from international organizations, but also from the governments of both beneficiary and donor countries. Sustainable development should be restructured and reconsidered in a global way, with a central focus on health and nutrition issues.

The means and mechanisms of this international solidarity are still to be developed. The challenge of policies in health and nutrition geared towards sustainable development involves a shift from a pure and supposedly humanitarian technical approach to a really interdependent and political approach, based on human rights (Haut Conseil de la Coopération Internationale, 2002). Several of these initiatives already exist at the international level.

One of the goals of the UN's Millennium Summit (United Nations, 2000) is to cut extreme poverty by half in all the regions of the world before 2015. The Development Objectives of the Millennium – the worldwide goals that the leaders of the world highlighted – involve an ambitious agenda to reduce the causes and manifestations of poverty. These objectives include reducing extreme poverty and hunger by half, achieving access to universal elementary education and gender equality, reducing mortality of children under 5 years of age by two-thirds and maternal mortality by three-quarters, stopping the spread of AIDS and malaria, and guaranteeing the sustainability of environmental protection measures. They also include the promotion of a worldwide development agency whose goals will be geared towards assistance, trade and the alleviation of the debt burden.

Another relevant initiative is the last *World Food Summit: Five Years Later* (Food and Agriculture Organization, 2002) that reaffirms the pledge to reduce hunger, and also grants special importance to the active and public participation of governments in solving the nutritional problems of developing countries.

The nutritional status of some population groups from developing countries could be significantly improved by the implementation of community nutrition programmes aimed at global development, if some essential elements were considered and introduced from the very inception of the programmes (Latham, 2001).

Of all elements involving sustainable development, the development of individual capacities has proven to be a particularly elusive goal. Actions related to the promotion of those capacities have focused on individual and institutional development. Although this type of development is a necessary condition in the course of community progress, it is not enough if we want to reach an improvement in the social conditions of all the members of the community. It is therefore essential to consider the social, cultural, political and economic dimensions of the problems of health and nutrition if we want to facilitate the transition process towards sustainable development of the population in developing countries.

Conclusion

'Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.' Margaret Mead

The right to adequate nutrition is indivisibly linked to other human rights. Its main objective is to achieve nutritional well-being that, in turn, is dependent on parallel achievements in the fields of health and education. The global food reserve should cover the nutritional needs of the whole population of the planet, both in qualitative and quantitative terms (Robinson, 1999). The materialization of the right to adequate food is inseparable from social justice, requiring the adoption of appropriate economic, environmental and social policies, both at the national and international level, and geared towards the satisfaction of the basic needs of the population and the eradication of poverty.

The battle against poverty, disease and malnutrition requires the active participation of the community in order to achieve empowerment, independence and partnership. Therefore, the economic, political and social emancipation of the population in developing countries is essential, instead of the classical 'recipe' offered by industrialized countries based on operational effectiveness, administrative responsibility and accountability. In fact, welfare nations have initiated a complicated bureaucratic process of grants and donations in order to fight against the pervasive and increasing process of impoverishment of developing countries, partly imputable to globalization (Shuftan, 2003). However, what is really necessary is the reinstatement of advantages and autonomies at local levels. To make that happen, people living under the threshold of poverty have to fight for themselves!

These global strategies can either incorporate elements of nutrition to sustainable development programmes, or integrate a community development approach within community nutrition programmes (Latham, 2001). Emphasizing community participation in the conception and implementation of health, nutrition and development initiatives that affect them is not only an ethical imperative, but it is also a pragmatic imperative. It is a crucial step in the process of liberation, democratization

and fairness that are the key elements to a true sustainable development. Perhaps the greater challenge of our time is learning how to use globalization as a generator of a fairer and more sustainable development.

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