Thank you, Madame chair, Catherine Bertini, and good morning, Director-General, my colleagues, Kul Gautam, Jean-Louis Sabib, colleagues from the nutrition community, from the many UN agencies and the bilateral organizations, as well as from member states, civil society and NGO communities that have been so crucial to implementing the field work necessary to turn nutrition guidelines and policy into action to improve and save lives.

I am very pleased to be here to address you today because, as you have just heard from our Director-General, WHO considers nutrition a core component of our work, and its importance is growing steadily on both our agenda and, increasingly, on the global humanitarian agenda.

And as Assistant Director-General overseeing both the nutrition area of work and that of preventing chronic diseases, I and my colleagues are on the front lines of the health impacts of the double burden of malnutrition.

Traditionally, and rightly so, the nutrition community has focused its attention on the health, development and socio-economic problems resulting from undernutrition.

The WHO report 2002 has indicated that undernutrition, together with micronutrient deficiencies, are the leading risk factor for disease and death. Together they account for over half the disease burden in low income countries.

The toll in lives and suffering has been enormous, and there is still a tremendous amount of work to be done on this front.

However, we are now facing an important second front: the growing threat of overnutrition and its health, development and socio-economic repercussions.

The same WHO World report of 2002 also took note of the substantial disease burden attributable to risks related to overweight and the overconsumption of certain foods and
food components. In fact, this was one a number of early recognitions of the double burden of malnutrition.

We have come to think of this as a developed world problem - overweight, obesity - we see it daily in headlines, on TV. But at WHO we are seeing a different - perhaps less visible but very alarming - picture emerging.

With rapid globalization, these so-called ‘western lifestyle’ problems of overnutrition are emerging with tremendous speed in almost every corner of the world.

And the biggest concern we have is that we are not reacting quickly enough NOW, when the resultant health problems can be prevented.

Let me take a few moments to survey the landscape of the double-burden. For many of you this will be familiar territory, but perhaps with a new perspective.

(Slide 3: the burden of undernutrition)

Evidence of the burden of undernutrition is clear to any one in the humanitarian field.

Severe malnutrition kills 10.8 million children under five each year. In emergencies, from food security to earthquakes, malnutrition is a leading cause of death and disease in all age groups.

30 million low-birth-weight babies are born annually, and the legions of undernourished children and the impact on their growth and development of a lack of micronutrients are further proof of the staggering burden of undernutrition.

(Slide 4: the burden of undernutrition - pie chart)

Not so obvious, perhaps, is the less visible role nutrition plays in health and development.

Recently I appeared before UNICEF’s Executive Board, and at that time I said that we concurred with their assessment that the epidemiological evidence points to a small set of primary causes of child mortality - pneumonia, diarrhoea, low birth weight and others - as the main killers of children under five years.

However, it was important to note that undernutrition is the underlying cause of every one out of two such deaths.

I would like to take a moment, at this point, to thank the World Bank for their important report on malnutrition issued recently which has put this important issue of early life nutrition on the agenda. I know we will be hearing shortly from Jean-Louis Sarbib from the Bank, which I look forward to.

Clearly from this evidence, then, the MDGs will never be met without significant acceleration in addressing undernutrition as one of the primary causes of newborn and child mortality.
Furthermore, there are critical interactions between child survival, undernutrition and most of the other MDGs. Those related to maternal health, education and gender equality have clear nutritional components at their very core.

The importance of nutrition in HIV/AIDS is now firmly acknowledged, and in fact just last week we convened a meeting with African country representatives, a number of UN agencies and the Global Fund for HIV/AIDS, TB and Malaria to develop guidelines for funding of programmes to ensure adequate nutrition for those with HIV/AIDS - an important contribution towards Goal 6 of the MDGs.

But without our focused and collaborative effort in improving child health and eliminating hunger and malnutrition, many of the MDGs will be very difficult to achieve.

(Slide 5: But this is just one side...)

As urgent and enormous as the challenge of undernutrition is, however, it's not the only challenge ahead.

We MUST turn to address the other face of malnutrition which threatens millions of lives as well.

(Slide 6: the burden of overnutrition: pie chart)

The numbers are stark and compelling: of the 58 million deaths globally last year, 35 million people died of chronic diseases such as heart disease, stroke, cancer and diabetes.

Our recently released report, *Preventing Chronic Diseases: a vital investment* acknowledged that the first battle to be won is to overcome the generally-held preconceptions about these diseases: who gets them, where they strike.

Contrary to popular perception, 80 percent of those deaths are in low and middle income countries. They strike all ages, and both genders.

And the numbers are predicted to keep rising: 388 million people will die from chronic diseases from 2005 to 2015 if no action is taken to stem the tide. Just a 2% decrease annually, however, could bring that cumulative death toll down by 36 million.

(Slide 7: the burden of overnutrition- Mallory)

I don't need to explain to this audience the connection between overnutrition and many of these chronic diseases. However, take note that 1 billion people are now overweight globally, and that number rising quickly and dramatically everywhere: India and China are of particular concern with their fast-growing and quickly transforming economies and societies. In fact, obesity is now mainly a problem of the poor everywhere. In fact, in more and more households, under and overnutrition live side-by-side.

In fact, we are seeing many individuals, families and communities around the world making the rapid transition from undernutrition to POOR nutrition: the changing nature of globalized food supply, easier access to processed foods high in fats and sugars, coupled with more sedentary lifestyles is a lethal mix which leads quickly to overnutrition.
In fact, Mallory, pictured here, is 5 years old and his story illustrates this point well. Mallory lives in Tanzania in a poor rural area. His mother, while a fruit and vegetable seller by day, isn't able to afford them for her own son. Mallory's diet consists essentially of porridge and animal fat, and he has nowhere much to play outdoors. Mallory has been diagnosed as obese by his local community health centre.

(Slide 8: risk factors for CDs)

So for Mallory and millions upon millions of others globally, their health will likely be determined by their nutritional status - the nutritional risk factors for chronic diseases are well known.

Less widely known is the theory which is growing in strength that there is also a connection between undernutrition in the foetal development stage and in young children, and the risk of chronic diseases in adulthood.

And here is where the two components of malnutrition converge, and it becomes evident that they are connected: acting on undernutrition in the critical foetal and early childhood years could prevent chronic diseases later in life.

(Slide 9: WHO's plan of action: the Global Agenda)

But what then of WHO's response to this double burden? We are, in fact, working across the entire continuum of nutrition problems simultaneously and synergistically - addressing malnutrition with a 10 step rapid action plan, with the global Strategy on Infant and Young Child Feeding at the core, and with the Global Strategy on Diet, Physical Activity and Health focussing more specifically on the chronic disease threat.

(Slide 10: 10 step rapid action plan - fostering national..)

First to the 10 step rapid action plan: At WHO our primary function is to support our Member States with policy recommendations, guidelines, best evidence and best practices. This, then is the first component of the plan: to foster national nutrition policies and plans.

In practical terms, for example, this means, WHO and its partner agencies have provided capacity-building support to 26 countries in Africa, South-East Asia and Western Pacific Regions, in addition to Nutrition Action Plans in 44 European countries.

(Slide 11: 10 step: Achieving MDG 2)

Crucially important is to address the MDGs, in particular target 2 of halving the number of people suffering from hunger.

WHO, working with other agencies and stakeholders, promotes the use of the Global Strategy on Infant and Young Child Feeding, as well as optimum foetal growth, the correct management of severe under nutrition when preventive measures failed to make then grow properly, micronutrient intake for young children and food fortification.
There has been progress: WHO has worked with its partners, notably UNICEF, to translate breastfeeding and complementary feeding guidelines to local action, notably in Africa. We are working to revitalize the popular Baby-Friendly Hospital initiative, and we have an ongoing programme in 44 countries for training on the management of severe under-nutrition.

But much more must be done by all partners to advance this agenda.

(Slide 12: 10 step: Promoting healthy diets...)

And to address overnutrition, we are working to gather the evidence base of what works - particularly as it applies to childhood obesity.

As we saw with Mallory, and we are seeing every day around us, childhood obesity is growing exponentially. We know there are more than 20 million children under 5 overweight. While we have tools to assess overweight and obesity in children, there is no global standard. We need standardized measurements, along the lines of the new child growth standards that we will be releasing next month, that can be applied universally and used for assessment, evaluation and policy-making.

In the meantime, however, we cannot wait to take action. One of the key environments and forums for addressing the problem of childhood obesity is obviously the school.

I am pleased to learn that the major agencies are discussing with us a joint project that addresses both over and undernutrition in the school setting. our joint aim is to make schools more nutrition and physical activity-friendly and we look forward to this broader approach.

(Slide 13: 10 step: HIV/AIDS)

As I mentioned already, we have been moving forward very quickly on the issue of nutrition and HIV/AIDS. Both the HIV/AIDS and nutrition communities are rapidly mobilizing to incorporate nutrition into treatment and care programmes at the country level.

It is only just under a year ago that WHO convened an experts consultation on nutrition and HIV/AIDS in Durban, South Africa. that gathering of technical experts on HIV/AIDS and nutrition was broadened to include representatives of the most affected countries in Africa, along with implementing NGOs and other international organizations.

This innovative approach bore fruitful results, as research and practical application met face to face to work out what is needed, what is possible, and what still needs to be developed on nutrition for people with HIV/AIDS.

(Slide 14: DPAS guiding principles)

In addition to the 10 step rapid action plan, we are also very active in implementing the Global Strategy on Diet, Physical Activity and Health. As you can see here, our guiding principles are guiding our action as well.
We have developed the global Infobase to address the issue of stronger evidence. Additionally, our STEPS programme and the Global School Health Surveys actively collect risk factor data by country.

We have been actively working with member states, many of whom have now developed or are developing their own diet and physical activity strategies based on our model. Spain, Belgium, Nepal, Poland, are some examples.

Additionally we are developing a set of tools to help member states with implementation. These include guidelines on physical activity for developing countries, best practice models for preventing and controlling chronic diseases, and a framework on fruit and vegetables - another example of a policy that addresses the whole spectrum of malnutrition.

(Slide 15: DPAS multisectoral action)

One of the key principles of the Global Strategy is the need to involve a wide range of stakeholders, and there has been much productive action on that front. For example two weeks ago we held the third in a series of meetings with the food and beverage and retail sector, which has focused particularly on the issue of childhood obesity.

Similar consultative meetings have taken place with major nongovernmental and civil society stakeholders as well.

We have also convened a meeting to discuss the evidence and need for better guidance on the marketing of food and drink to children.

Further, we have also developed guidelines for member states on how to interact effectively with the private sector in order to achieve improved public health.

(Slide 16: going forward)

Going forward, WHO has some important initiatives and milestones coming up.

I have already mentioned the Global Fund session on HIV/AIDS and nutrition, which will continue to move swiftly forward.

We are preparing for the long anticipated release of the growth standards charts next month. April 27 will mark the end of nearly 15 years work by a dedicated team at WHO, working with other UN agencies such as UN University.

But that date will mark just the start of an important new phase in nutrition evidence-gathering and policy development. These standards will serve this community as a foundation from which to evaluate, to assess effectiveness, and to advocate for improved infant and young child feeding and care.
In short, they will help us advocate for how children should grow. And also for what parents, communities and governments should do to assure children grow to their full potential, fulfilling their right to grow.

And then in May, the Global Strategy reports back to the World Health Assembly two years after its instigation about its progress. We are pleased with what we have to report, but there remains much work ahead.

(Slide 17: working together)

As I come to the close, I hope that you have been able to pick up on a theme which runs throughout my presentation: the need to work together if this double burden of malnutrition is to be stemmed and the tide turned.

WHO has its role to play in the process. But even in the examples I've mentioned today such the Global Fund and HIV/AIDS, the World Bank's important report which has advanced the global agenda, working with UNICEF on child mortality, it is evident that only by each playing our role and at the same time working together will the critical mass needed be reached.

The global community is less interested in our individual agendas than it is by hearing what we, together, recommend be done to reach the MDG goals and to halt the global epidemic of chronic diseases.

Equally, as I have learned through our experiences with the Global Strategy, we will have to engage stakeholders outside the nutrition community and outside of the Intergovernmental community in order to advance this agenda.

(Slide 18: Double burden: one Agenda. One voice)

The SCN is an important forum and vehicle for advancing the global agenda of malnutrition. The Strategic Framework and Action Plan you will consider this week is the foundation from which to build.

WHO is fully engaged on this issue, is prepared to work together in a coordinated fashion to advance this agenda, and to speak with one voice.

I wish you well with your deliberations and exchanges this week - millions of lives depend on your important work.

Thank you.