

Global Food Insecurity and Price Increase Update #3 May 30, 2008

THE IMPACT OF GLOBAL FOOD INSECURITY ON HEALTH AND NUTRITION

The vast majority of the 1 billion people who live on less than \$1 a day go to bed hungry. In developing countries, one of every four children under the age of five is underweight, which is the most important indicator of hunger. Reducing the number of children who suffer from malnutrition is a key component of the first Millennium Development Goal (MDG1) to eradicate extreme poverty and hunger. The current food crisis severely threatens progress in the fight against hunger and thus the achievement of MDG1.

Conditions of malnutrition, including micronutrient deficiencies, are directly responsible for 3.5 million to 5.5 million deaths in children under five each year. Malnutrition can be caused by dietary inadequacy, infections, and sociocultural factors. Dietary inadequacy includes both quantity and quality of foods consumed.

Food security strategies should address access to food, utilization of food, quality of foods, and availability of food in order to successfully combat malnutrition. Such strategies should aim to achieve the consumption of adequate quantities of safe and good quality foods that together make up a healthy diet. This includes increasing consumption of staples, promoting diversification of diets, and ensuring adequate intake of micronutrients.

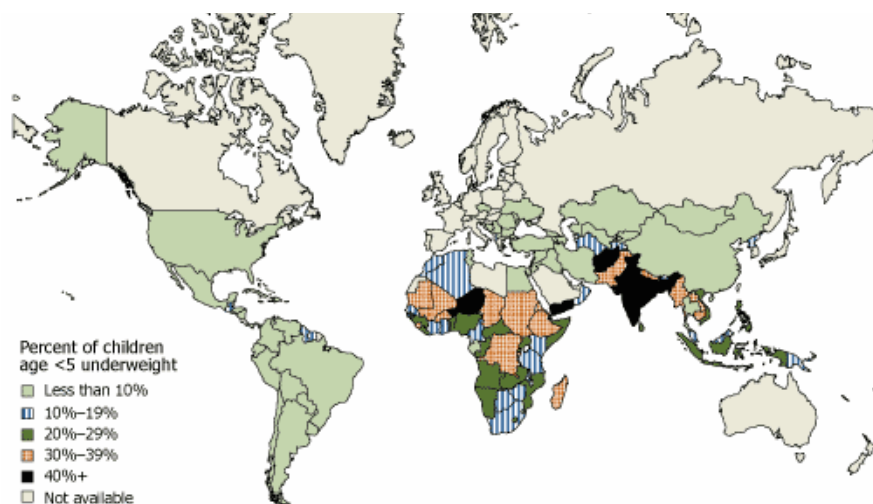
The current food crisis will likely lead to an increase in the number of families that are unable to consume sufficient quality or quantity of foods. Analyses of recent food crises indicate that in the coming months, one can expect an increase in the number of deaths due to malnutrition. In Ethiopia alone, the U.N. Children's Fund (UNICEF) estimates that 120,000 children have less than one month to live, and that 6 million are at risk for severe acute malnutrition as a result of the current crisis. Given current trends, in the next year, 4 million to 6 million children will die from malnutrition. As the vicious cycle of malnutrition continues, the longer term consequences will be even greater.

CURRENT NUTRITIONAL STATUS OF POPULATIONS THROUGHOUT THE WORLD

Every year, malnutrition is responsible for 3.5 to 5.5 million of a total of 9.7 million child deaths.

Approximately 178 million children—or nearly one-third of the world's children—suffered from chronic

PERCENT OF UNDERWEIGHT CHILDREN UNDER THE AGE OF FIVE



Source: Population Reference Bureau

malnutrition prior to the recent food crisis. Malnutrition causes premature death, increased morbidity, and IQ reductions that persist through adulthood. Malnutrition in the first two years of life leads to shorter adult height, diminished educational achievements, reduced adult income, and poorer outcomes for future offspring. As shown in the map at left, the majority of children who are underweight under the age of five live in sub-Saharan Africa or south Asia.

Prior to the current food crisis, 55 million children—or 10 percent of the world’s children—suffered from acute malnutrition. Approximately 20 million of these children are wasted, which is the physical sign of severe acute malnutrition. Wasting causes premature death and increased morbidity. Children who are severely wasted have a 5 to 20 times higher risk of death. With appropriate treatment of severe acute malnutrition, however, the case fatality rate drops to less than 5 percent.

USAID PROGRAMS TO BOLSTER HEALTH AND NUTRITION IN ETHIOPIA

In Ethiopia, 12 million children under the age of five are affected by severe acute malnutrition, and approximately 50 percent are chronically malnourished. USAID supports the government of Ethiopia in two key areas: the incorporation of seven Essential Nutrition Actions (ENA), including infant feeding practices, into the public health system, and the scale-up of Community Management of Acute Malnutrition (CMAM).

CMAM involves active case management of severe acute malnutrition in the community and provision of treatment for those without medical complications with ready-to-use therapeutic foods such as PlumpyNut or other nutrient-dense foods at home. In Ethiopia, CMAM programs have treated more than 100,000 children since 2003; of the children treated, more than 78 percent were cured. USAID, in partnership with UNICEF and the U.N. World Health Organization (WHO), documented lessons learned from Ethiopia, Malawi, and Niger, and convened a workshop to build capacity of Ministry of Health (MOH) health managers to design, develop, implement, and monitor CMAM programs into existing health structures.

The ENA framework prioritizes seven interventions to fight malnutrition: appropriate complementary feeding, exclusive breastfeeding, feeding of sick children, women’s nutrition, vitamin A supplements, anemia reduction, and consumption of iodized salt. One of the major causes of malnutrition in Ethiopia is inappropriate child feeding practices, including the practice of not exclusively breastfeeding children below six months of age. The ENA framework improves nutrition by intervening at the most critical period, targeting vulnerable groups, prioritizing actions, and offering clear guidance on messages and points of delivery. USAID supported the Government of Ethiopia in developing an infant and young child nutrition policy, and USAID programs trained 3,500 health workers on ENA. As a result, key infant feeding practices like early initiation of breastfeeding and exclusive breastfeeding have improved dramatically.

USAID PROGRAMS TO BOLSTER HEALTH AND NUTRITION IN UGANDA

USAID’s comprehensive approach to improving nutrition in Uganda includes strengthening Child Days Plus, supporting measles immunization campaigns, fortifying staple foods with multiple micronutrients, and scaling up maternal anemia packages. USAID also supports community-based growth promotion programs and promotes good infant and young child feeding practices.

Child Days Plus provides a platform for several interventions that affect nutritional status, including vitamin A supplementation, de-worming, and measles immunizations. USAID supports the strengthening of this delivery system by training community medicine distributors to administer vitamin A supplements, developing planning and budgeting tools to ensure adequate supplies, and collaborating with the MOH on data collection and supervision. In 2007, 2.6 million children under 5—or 76 percent of children in this age group—received vitamin A supplements, and 8.6 million children from 1 to 14 years old—or 84 percent of children in this age group—received deworming tablets.

Food fortification can make an important contribution to the reduction of micronutrient malnutrition when the existing food supplies and limited access fail to provide adequate levels of certain nutrients in the diet. USAID’s comprehensive program in Uganda to combat micronutrient deficiencies includes oil, wheat, and maize flour fortification. Over 90 percent of the oil available in retail stores is now fortified with vitamin A.