The impact of high food prices on nutritional status

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Agenda

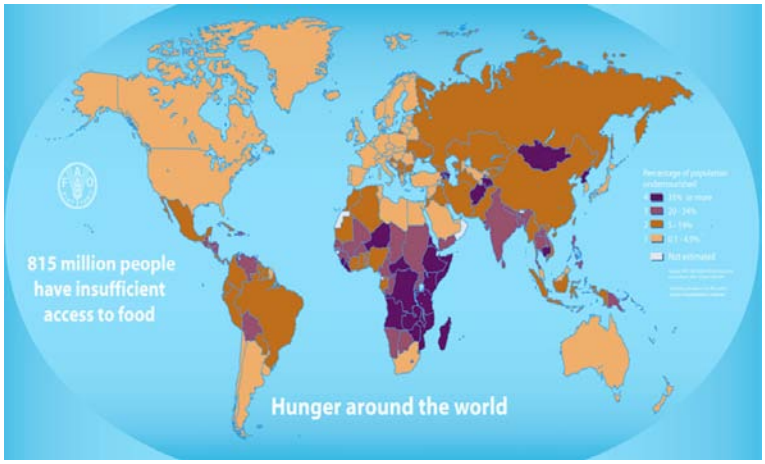
Introduction

Expected impact of increased food prices

Intervention solutions

Conclusions

Geographic distribution of hunger & undernutrition



Introduction

Before crisis

- 850 million hungry
- 157 million children under 5 stunted
- 2 billion suffering from micronutrient malnutrition
- the very poor spend over half to three quarters of available income on food

Since crisis

- 75 -100 million more people pushed into poverty
- many of the very poor having to use all their available income on food
- the urban poor, especially in food importing countries most at risk
- dietary quality declining

The food prices crisis

- What has been happening across the globe, especially since early 2008:
  - increasing food prices
  - rising energy, transport and fertilizer costs
  - bio-fuel development
  - under-investment in agriculture
  - no reduction in agricultural subsidies in rich countries
  - population growth
  - expanding middle class with different consumption patterns
- Substantial reduction in household purchasing power - real income of poor decreased at least 25%
- Coping mechanisms coming into play, including food consumption changes, especially for urban poor

The food prices crisis: coping strategies

- Overall need to maintain food intake and access to other basic needs
- Actual strategies depend on resources available and on setting- but include:
  - taking loans
  - selling assets
  - trying to increase incomes (including risks of unsafe behaviours)
  - taking children out of school (often girls first)
- For the rural poor and farmers
  - purchasing fewer agricultural inputs
  - reduced expenditures on foods bought in market
  - increased use of foods grown or collected
- For urban families with cash incomes
  - reduction of expensive foods and more basic staple foods

Consequences for health and nutrition

- First decreased consumption of nutrient-dense foods:
  - animal source foods (meat, poultry, eggs, fish, milk)
  - fruits and vegetables
- Then reduced expenditure on basic foods
  - sugar, oil, salt
  - staples such as wheat flour products, rice and tubers
- Reduced intake of specific (micro-)nutrients, before energy intake
- Dietary quality deteriorates before dietary quantity

Consequences of reducing dietary quality : micronutrient deficiencies

- Often already prevalent in poor populations and so increase of severity can happen very rapidly
- Greatest negative impact on growing infants and children and pregnant and lactating mothers
- Increased susceptibility to infections
- Infections, and especially diarrhoea, further increase nutrient losses and reduce appetite
- Slowed cognitive development and growth
- Impaired school performance
- Reduced work productivity
- Often permanent changes and intergenerational impacts

Consequences of reducing dietary quantity: reducing dietary energy

- Often already prevalent in poor populations, especially stunting
- Greatest negative impact on growing infants and children and pregnant and lactating mothers
- Increased thinness among adolescents and adults
- Intergenerational impacts such as low birth weight infants
- Increased stunting has long-term impacts of impaired school performance, work productivity and future earning potential
- Increased incidence and severity of infectious diseases
- Infections, and especially diarrhoea, further increase nutrient losses and reduce appetite and impair growth and development

Solutions: response options to micronutrient & energy deficiencies

- Improving diets- where possible with animal-source foods
- Increasing production with increased agricultural inputs
- Increased homestead food production
- Cash transfers
- Provision of fortified foods and supplements
- Expansion of fortification programmes
- Delivery of multiple micronutrient supplements, vitamin A capsules (bi-annually) and iron-folic acid supplements
- Scaling-up of known nutrition interventions at national level at same time (thus addressing nutrition security e.g. REACH)

Solutions: priority responses

• Blanket supplementary feeding	<2y, pregnant & lactating women, the chronically ill
• Targeted supplementary feeding	<5y MAM, vulnerable groups
• Complementary food supplements	<5y, pregnant & lactating women, chronically ill
• Therapeutic feeding (e.g. RUTFs)	SAM
• General food rations	entire population in targeted area with extreme vulnerability
• Cash transfers or vouchers	vulnerable households esp. urban & rural urban
• Distribution of fertilizers and seeds	rural farmers, female-headed HHs with home gardens

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REACH_Cost Model Overview_v10.ppt 11