

"Hunger and Health not only surveys current knowledge about the link between poor nutrition and health, but also details the mechanisms by which hunger saps health and destroys the promise of decent, long and meaningful lives."

Paul Farmer MD, Harvard Medical School and Partners in Health



WFP/Franklyn Gregory

Hunger Facts

- 2 billion people suffer from hidden hunger or micronutrient deficiencies affecting them even when they consume adequate calories and protein.
- 90 percent of the world's hungry live with chronic hunger – a nagging hunger that does not go away.
- 178 million children under 5 are stunted or short in stature.
- 143 million children under 5 are underweight in developing countries of which 121 million live in low-income food-deficit countries.
- 53 percent of childhood deaths have undernutrition as a synergistic cause.
- Only 2.1 million people escape hunger each year, far short of the MDG 1 target.
- 57 percent of malaria deaths are attributable to undernutrition.
- One third of the 40 million people living with HIV are also infected with TB.
- 80 percent of chronic diseases occur in low-income and middle-income countries.

For concrete actions to address hunger, see:

World Hunger Series 2007: Hunger and Health



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World Hunger Series 2007

Hunger and Health

"We have the knowledge and resources to end hunger and improve health – these actions make economic sense."

However we must not act only for economic reasons – ending hunger is a moral imperative."



United Nations
World Food Programme

A United Nations World Food Programme publication, Rome

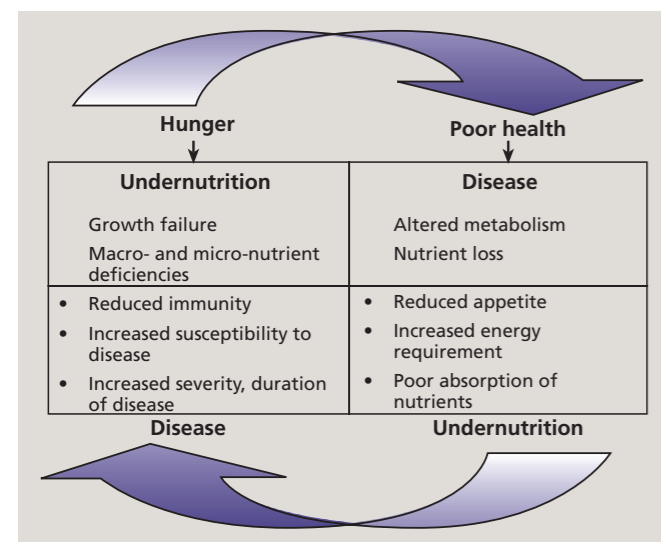
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A close relationship

The World Hunger Series 2007 explores the multiple relationships between hunger and poor health and how they affect the growth of individuals – physiologically and psychologically – and constrain the development of nations both socially and economically.

Hunger and poor health are strongly related to political and economic choices, which in turn reflect the priorities attached to budget allocations, quality of social services and community values.



People who suffer from hunger in any of its forms are not the decision-makers, nor are they necessarily well represented by them. Just as hunger and health are closely related, so the relationship between undernutrition and disease is bidirectional and mutually reinforcing. Undernutrition leads to a state of poor health that puts the individual at risk of infectious and chronic disease.

Hungry people are far less effective in fighting disease than well-fed people. An undernourished child tends to suffer more days of sickness than a well-nourished child as undernutrition contributes directly to disease by depressing the immune system and allowing pathogens to colonize, further depleting the body of essential nutrients.

Infections, no matter how mild, adversely affect nutritional status. Acute and chronic infections can impact nutritional status, triggering different reactions, including reduced appetite. Even when nutrients are absorbed, they may still be lost as a result of the infection.

Solutions are known and cost-effective

Resources have disproportionately been directed toward managing infectious diseases rather than preventing hunger and undernutrition. It is imperative that national

frameworks and programmes are designed to consider the relationship between hunger and poor health.

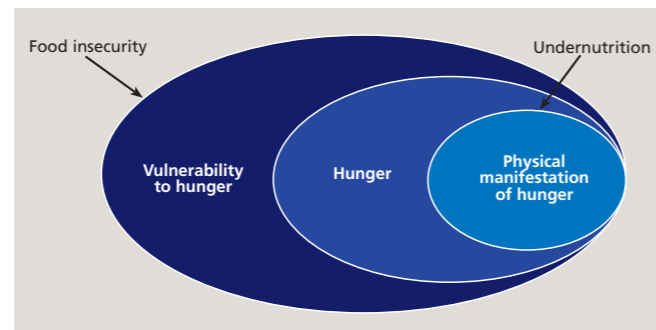
Only by prioritizing the hungry – and especially women and children at all stages of the life cycle – and by supporting principles of inclusion, equality, ease of access and transparency, can the hungry benefit from the technological innovations that are transforming the world.

Reducing hunger increases productivity by improving work capacity, learning and cognitive development, and health by reducing the impact of disease and premature mortality.

Hunger and poor health directly affect human and social capital formation and economic growth. These effects are long-lasting and inter-generational, impeding the achievement of other global social goals.

For the first time in history, the world can direct enormous resources to overcoming hunger and poor health. There is growing recognition that the cost of inaction is high, both in economic and moral terms – and that the cost of action is modest by comparison.

The World Hunger Series 2007 sets out a package of proven, practical and cost-effective essential solutions to address the interrelated causes of hunger and poor health.



With an emphasis on impact throughout the life cycle, these essential solutions aim to prevent hunger and improve the health of hungry people and contribute to achieving the MDGs. They specifically aim to expand programmes aligned with two broad “windows of opportunity” – critical times in an individual’s life: early life, focusing on mothers, infants and young children, and adolescence, which includes school-age children.

The proposed essential solutions emphasize addressing common underlying factors, combining effectively the resources and tools at hand (including food and non-food resources), and scaling up what works.

If programmes are built around the linkages between hunger and health, they will better address interrelated problems in a more holistic way.



A. Booher/UNDP

They also highlight that general improvements in dietary intake, through improved access to quality food, in particular for young children, are likely to have a large impact on reducing the burden of disease.

Broadening commitment

Despite the various cost-effective solutions for combating hunger and improving health, efforts are still insufficient. There is a real risk that the MDGs, themselves relatively modest, may not be met. The World Hunger Series challenges leaders to build on past successes, combining current knowledge with a will to undertake practical and effective solutions to end hunger.

Reasons to prioritize hunger-health solutions:

- The cost of hunger and poor health is high.
- Solutions are affordable, cost-effective and sustainable.
- There is consensus on the human right to adequate food, nutrition and health for all.
- Well-fed and healthy populations contribute to economic growth more effectively.

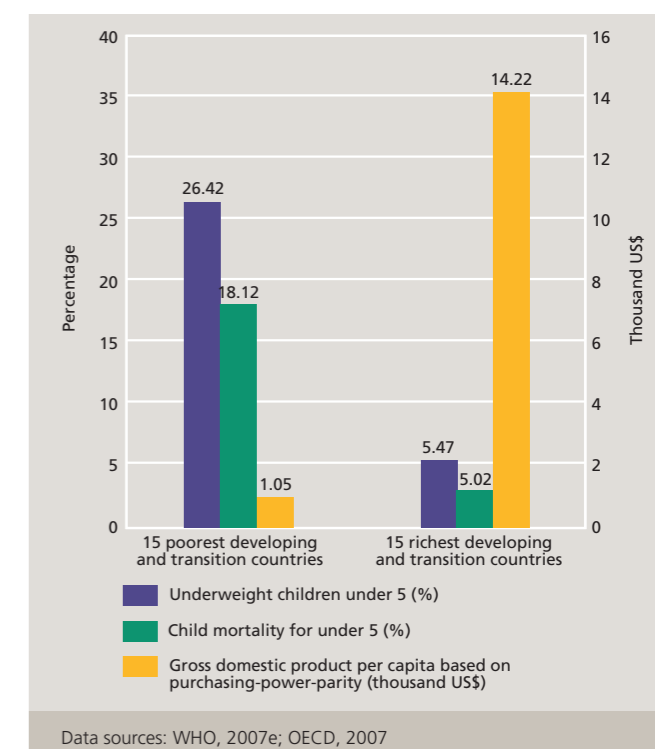
The elimination of hunger cannot be relegated as a subsidiary goal of other commitments. In view of the tremendous human, economic and social costs of hunger, its elimination must be a development priority and an integral part of health goals.

The resources needed are not only financial: they include leadership, management and system support to make social services effective. It is important to measure results and know which projects to resource:

- There is increasing evidence that nutrition and food support accompanying treatment for tuberculosis (TB), human immunodeficiency virus (HIV) and other infectious diseases increases adherence and improves outcomes, particularly for the poor. This support should become an integral part of treatment programmes. Research should be accelerated to improve the effectiveness of food and nutrition support aligned with treatment.

- The pervasive problem of micronutrient deficiencies shows that calories alone are not sufficient for good health. There is a need for increased awareness and understanding with regard to the value of micronutrients throughout the life cycle.
- Food fortification occurs in a number of countries, but more needs to be done. Multiple-micronutrient fortification of commonly consumed products and/or supplements may be a cost-effective strategy to address multiple deficiencies among school-age children, adolescents, refugees and the internally displaced people. Also, more consideration should be given to fortifying food in the household.

GDP, child mortality and underweight in developing and transition countries



Making the right decisions

Urgent action is needed if hunger is to be eradicated in the coming decades. Government commitment to surpassing the MDGs, eradicating hunger and providing access to quality healthcare for hungry and marginalized people is the only option. The burden of hunger and poor health and its effect on national development can be only part of the rationale for acting. Action must address the human suffering caused by hunger and poor health and remove the divide between those who have access to sufficient quality food and healthcare, and those who miss these most essential ingredients for equitable human well-being.

We need to mobilize our collective will to make the right choices. The cost of inaction is high – economically, politically and, most importantly, morally.