

We can end malnutrition

For decades, we were making steady progress on global hunger and malnutrition. But the effects of the COVID-19 pandemic, interruptions to routine health services, and economic shocks worsened by climate change and conflict are threatening that progress.

Researchers estimate that when annual national income declines by 10 percent, moderate and severe child malnutrition increase by 14-17 percent. This reinforces what we already know: poverty amplifies the risk of—and risks from—malnutrition. If we want to end child malnutrition, we need to increase resources **and** create structural changes that will prevent children from getting malnourished in the first place.

Poverty and malnutrition are part of a vicious cycle. Smart investments can break that cycle and have lasting effects for individuals, their families, and their communities for decades to come. There are several highly effective, low-cost nutrition interventions that are proven to save lives that we could scale up today. But we need more funding and political will to make it possible.

Nutrition is a fundamental building block of health that must be accessible to everyone

We know how to prevent and treat malnutrition: access to a high-quality diet that provides enough energy (calories) and the micronutrients (vitamins and minerals) needed to stay healthy.

The problem of global malnutrition goes far beyond lack of food. We already produce enough food to feed everyone in the world—and then some. But we need to make sure that people have physical and economic access to the right types of food and micronutrients at the right time.

We all need proper nutrition to thrive. But at certain times in life we have unique nutritional needs. People of childbearing age* and young children require specific micronutrients to stay healthy and to grow. According to the World Health Organization (WHO):

- Adolescent girls are particularly vulnerable to anemia, a form of malnutrition caused by a lack of iron. Peak iron needs occur between the ages of 12-15 and girls often eat last and least in their households. Anemia also makes pregnancy more dangerous. Complications during pregnancy and childbirth are the leading cause of death for 15–19-year-old girls globally.

* We recognize and respect that pregnant, birthing, postpartum, and parenting people have a range of gender identities, and do not always identify as “women” or “mothers.” In recognition of the diversity of identities, this brief gives preference to gender-neutral terms such as “people,” “pregnant people,” and “birthing persons.” In references to studies or reports, we use the typically gendered language of the authors.

- Access to [prenatal vitamins](#) can ensure people who are pregnant have folic acid, iron, calcium, and other vitamins and minerals needed for a healthy pregnancy.
- Young children have high micronutrient needs because they are developing faster than at any other time in life.

When children do not receive the proper micronutrients and calories needed to fuel their growing brains and bodies, it can lead to lifelong disability and death.

- **Stunting is when children don't grow well over time.** It's often identified by height – when children are too short for their age – and is the result of chronic and prolonged malnutrition. Stunting and poverty go hand in hand. [When children are properly nourished](#) they go on to be healthier, attend school for longer, and be more economically successful as adults than their peers who were stunted. This helps break the cycle of poverty and malnutrition for their own children.
- **Wasting is when a child is too thin for their height.** Wasting is often a sign of acute malnutrition from recent and severe weight loss, usually from a combination of a low-quality diet and illness. Children who are wasted have a [much higher risk of death](#) than well-nourished children.

Stunting and wasting have different social and biological causes, but both are signs that we are failing the world's children. In order to end malnutrition in all its forms, we need to address both chronic and acute malnutrition.

The power to end malnutrition is in our hands

After years of study, researchers have identified four nutrition interventions that are high-impact, cost-effective, and ready to scale up today to reach more people in need.

Sometimes called [the Power 4](#), these interventions are affordable and would significantly reduce global malnutrition.

- **Supply all pregnant people with prenatal vitamins**
A full dose of prenatal vitamins increases the chances that a baby will be born at a healthy weight and survive to their second birthday. Despite the proven benefits, the majority of pregnant people do not have access to these critical supplements.
- **Support families to reach their breastfeeding goals**
Babies get the strongest start in life when they drink nothing but breastmilk until they are 6 months old. Breastmilk is the perfect food for newborns and the best way to protect them from malnutrition and disease. But only 41 percent of babies globally are exclusively fed breastmilk. Many parents and caregivers want to feed their babies breast milk but do not have access to the support and information they need to be successful.

- **Refocus on large-scale Vitamin A supplementation**

Two high doses of Vitamin A per year is one of the most cost-effective ways to protect children from blindness, diarrhea, and other deadly illnesses. After years of progress, Vitamin A coverage across the world has started to drop at an alarming rate. And [according to UNICEF](#), children that have the greatest need for vitamin A supplementation—those who live in countries with the highest rates of child mortality—had the largest drop in coverage (nearly 50 percent) from 2019 to 2020.

- **Expand coverage of specialized foods to treat wasting**

Millions of children every year require wasting treatment, and ordinary food alone is not enough to bring them back to health. Ready-to-Use Therapeutic Food (RUTF) is a simple medical food paste made of peanuts, powdered milk, and micronutrients that can bring wasted children back from the brink of death in weeks. But less than 25 percent of children with wasting have access to this lifesaving product.

Malnutrition cuts children's lives short

We have made great progress in reducing child mortality in the past 20 years. But more than five million children still died in 2021, mostly in low-income and middle-income countries (LMICs). Nearly half of those deaths were [related to undernutrition](#)—that's 2.5 million lives cut short every year.

When children are undernourished, they are at [greater risk of dying](#) from other illnesses, like pneumonia, measles, and/or severe diarrhea. They also tend to have more frequent and severe infections with slower recoveries than well-nourished children.

Where a child is born is still a strong indicator of whether they will live to celebrate their fifth birthday. [Less than half](#) of children under five live in lower-middle income countries, but 75 percent of all children with wasting live there.

It is unacceptable that millions of children die each year when we have the knowledge and tools to treat them...and to prevent malnutrition in the first place. Many global health challenges require years of research, development, and testing to find solutions. But we already have the information and tools to end malnutrition. Now, we need the political will to act.

Oppression and inequality fuel malnutrition

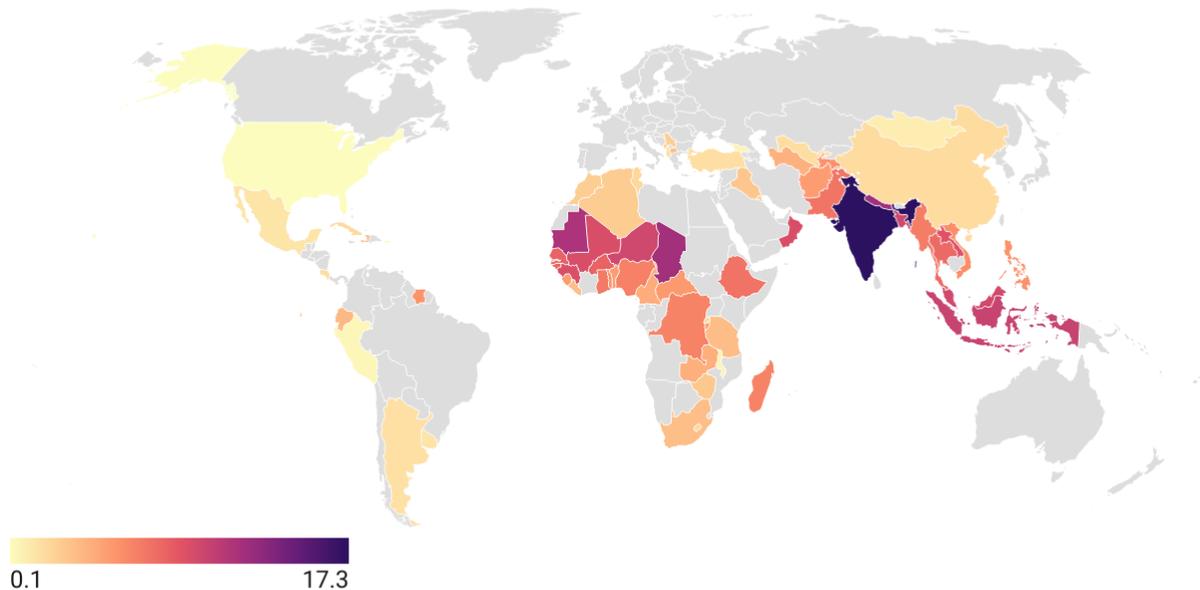
All children deserve a strong start in life. Most children who are malnourished today live in Asia and Africa, but malnutrition is not unique to those places. By examining the political and economic dimensions of malnutrition—in addition to the health and biological dimensions—the picture becomes clearer. In the 19th and 20th century, Western empires colonized almost every country in the world, causing widespread illness, poverty, and social and cultural collapse. The effects of these brutal regimes are still playing out today.

Under colonialism, communities suffered population loss due to famine, war, and disease. In addition, European colonizers imposed their laws, religion, and customs [across Africa](#) and [South Asia](#) and undermined local and Indigenous knowledge. Across Africa during the 20th century, pressures on food systems and an emphasis on cash crops led to [shortened period of breastfeeding](#) and an insufficient variety of nutritious foods for young children to eat when weaning from breastmilk. These and other factors compounded to make young children more prone to malnutrition.

Today, impoverished countries and countries that were colonized continue to face the largest burden and worst effects of malnutrition.

Most children who are wasted live in sub-Saharan Africa and South Asia.

Percentage of children under 5 affected by wasting, by country 2020.



Country data are the most recent available survey estimates between 2010 and 2020. Physical distancing due to the COVID-19 pandemic limited the collection of household survey data on child weight and height.

Source: UNICEF, World Bank Group, Joint Child Malnutrition Estimates, 2021 Edition. • Created with Datawrapper

Global hunger and malnutrition are on the rise

The world is at a very precarious and dangerous place when it comes to nutrition. The combined effects of COVID-19, climate change, and conflict have put millions at greater risk of malnutrition and death. Right now, [44 million people are on the brink of famine](#)—and an additional 232 million are one step behind. Children becoming severely wasted is a [major cause of mortality](#) in famines.

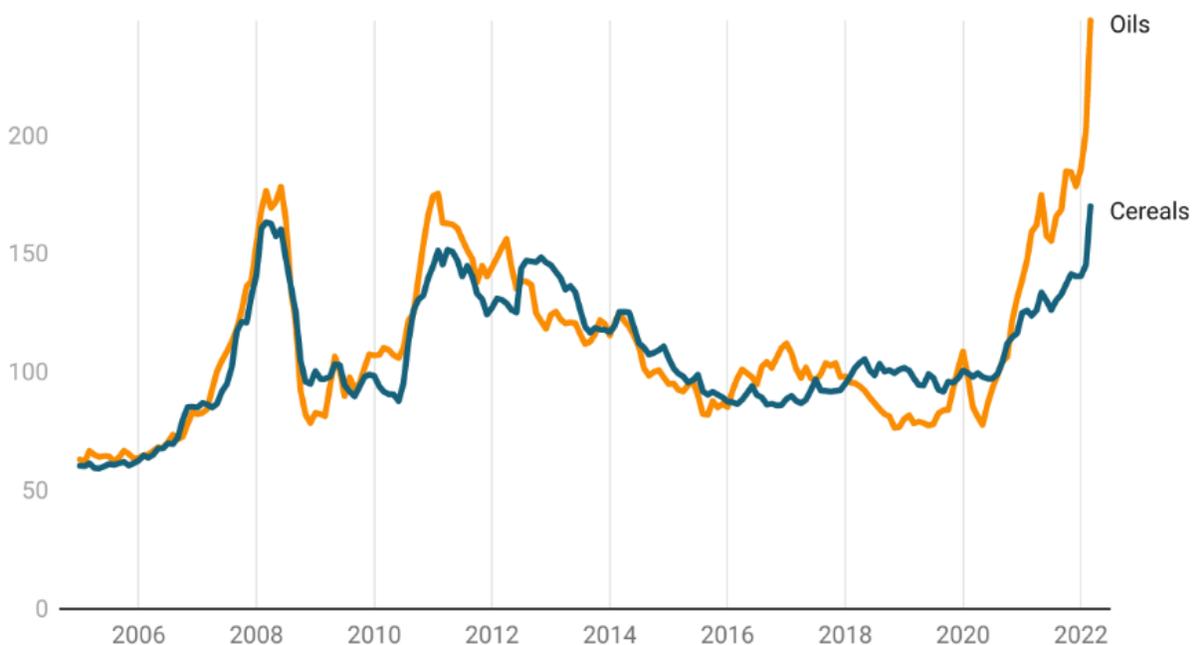
COVID-19 related supply chain disruptions already pushed up food prices—now, the war in Ukraine is making the situation even more dire. [According to the United Nations \(UN\)](#), food prices and vegetable oils are at their highest levels in modern record. Impoverished households are more sensitive to price shocks, which can increase nutrition insecurity. On average, a U.S. household spends about 10 percent of their monthly budget on food. In some low-income countries food can take up as much as 70 percent.

When prices increase consumers usually reduce consumption. But this isn't possible for food. At best, households can switch to cheaper food, but this is often of lower quality. Low-income countries—and the most impoverished families within them—will be [hit hardest](#) by surging food prices.

Vegetable oils are a critical component of RUTF, and non-profit RUTF factories are reporting their costs for ingredients have increased more than 20 percent since the start of the war in Ukraine. This means they need to charge a higher price to buyers like UNICEF and the World Food Program (WFP) in order to keep their doors open. WFP is has reported their costs are up [50 percent](#) since 2019, meaning it takes a lot more money just to reach the same number of people, let alone meet the growing need.

Prices for cereals and oils are at an all time high.

United Nations Food and Agriculture Organization commodity price indices for cereals and vegetable oils, 2005-2022.



Source: United Nations Food and Agriculture Organization • Created with Datawrapper

Malnutrition is created and worsened by policy choices. We can end it with policy solutions.

In order to create a world where all children have the strongest possible start in life we need to address the current global emergencies of COVID-19, climate change, and conflict. As well as make smart investments that address the structural causes of malnutrition that persist from the colonial era.

USAID has recently renewed its commitment to shifting power to local leaders and local decision making. In order to be equitable, inclusive, and sustainable, USAID responses to nutrition challenges need to be built upon the priorities, knowledge, lived experiences, aspirations, and expertise of the people who live them every day. This commitment is a promising step forward.

There is bipartisan legislation in Congress right now that, if passed, will bring greater strategic vision, coordination, effectiveness, and accountability to the U.S. government's existing global nutrition efforts. The Global Malnutrition Prevention and Treatment Act ([S.2956/H.R.4693](#)) would ensure that we are maximizing U.S. investments and directing nutrition funding to the programs, like the Power 4, that are the most effective. The Global Malnutrition Prevention and Treatment Act [passed with overwhelming support](#) in the House of Representatives. **Now, we need make sure that it passes in the Senate and becomes law.**

Additional Emergency Supplemental needs:

To meet the emergency need in the world we are also pushing for an emergency supplemental with no less than \$5 billion for global nutrition and food security and \$5 billion for COVID-19 vaccination. Meanwhile, in the regular Fiscal Year 2023 appropriations process we are calling on Congress to double annual USAID nutrition funding, from \$150 million to \$300 million.

The need in the world right now is huge, but so is our opportunity. If we step up, we can recover progress on malnutrition and save millions of lives. If we step back, we will collectively fail millions of the world's most vulnerable children and their families.

The pieces are in place—but we need to use our voices to get policymakers to act.