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**CHILD MALNUTRITION:  
A CRISIS WITHOUT BORDERS**

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## I. Introduction

This report addresses the global health crisis of child malnutrition, focusing specifically on the devastating effects of malnutrition in its various forms, and the underlying causes responsible for the unacceptably large number of children struggling to survive in the absence of food and nutritional security. In 1948, the Universal Declaration of Human Rights established “adequate food” as a basic fundamental right.<sup>1</sup> Since then, multiple international human rights instruments, including the International Covenant on Economic, Social and Cultural Rights (ICESCR),<sup>2</sup> the Universal Declaration on the Eradication of Hunger and Malnutrition,<sup>3</sup> and the Convention on the Rights of the Child (CRC),<sup>4</sup> have reiterated the obligation of State Parties to combat malnutrition through the provision of nutrient-rich foods. However, despite this commitment, progress in reducing the incidence of malnutrition, as recognized in General Assembly Resolution 19/7,<sup>5</sup> has been insufficient. As a consequence, children of vulnerable communities worldwide continue to suffer disproportionately from preventable diseases, stunted physical and cognitive development, and high rates of child mortality.<sup>6</sup>

## II. The Spectrum of Malnutrition: Overnutrition and Undernutrition

Malnutrition is the underlying cause of approximately 2.6 million child deaths per year,<sup>7</sup> making it the single largest contributor to child mortality.<sup>8</sup> According to several international

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<sup>1</sup> Universal Declaration of Human Rights, G.A. res. 217A (III), U.N. Doc. A/810 at 71 (1948).

<sup>2</sup> International Covenant on Economic, Social and Cultural Rights, G.A. res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 49, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 3, *entered into force* Jan. 3, 1976.

<sup>3</sup> Universal Declaration on the Eradication of Hunger and Malnutrition, adopted by the World Food Conference, Rome, U.N. Doc. E/CONF. 65/20, at 1 (1974).

<sup>4</sup> Convention on the Rights of the Child, G.A. res. 44/25, annex, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49 (1989), *entered into force* Sept. 2, 1990.

<sup>5</sup> G.A. Res. 19/7, U.N. Doc. A/HRC/RES/19/7 (Mar. 22, 2012).

<sup>6</sup> Save the Children Fund, *A Life Free From Hunger: Tackling Child Malnutrition*, at 1 (2012), *available at* [savethechildren.org](http://savethechildren.org).

<sup>7</sup> *Id.* at 1.

<sup>8</sup> The World Bank, *Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action*, at ix (2006), *available at* [www.worldbank.org](http://www.worldbank.org).

agencies, including the World Health Organization (WHO), malnutrition takes on a variety of different forms which exist under one of two general categories: “undernutrition” and “overnutrition.”<sup>9</sup> Although positioned at opposite ends of the malnutrition spectrum, States are increasingly forced to cope with the dangerous consequences of both, including decreased economic productivity, increased health care costs, and the perpetuation of abject poverty.<sup>10</sup>

## A. Undernutrition

Undernutrition, defined as the outcome of insufficient food intake, is at the most familiar end of the malnutrition spectrum, affecting 12.5% of the global population.<sup>11</sup> Accounting for more than one-third of all child deaths worldwide, undernutrition can manifest as either acute malnutrition, chronic malnutrition, micronutrient deficiency, or a combination thereof.<sup>12</sup> While acute malnutrition often results in visible wasting (being too thin for one’s height), chronic malnutrition is typically accompanied by stunting (being too short for one’s age).<sup>13</sup> More often than not, both acute and chronic malnutrition coexist with micronutrient deficiencies, which further weaken a child’s resistance to infection and places them at greater risk of dying from preventable childhood ailments such as diarrhea, measles, and pneumonia.<sup>14</sup>

### 1. Acute Malnutrition

Today, an estimated 55 million children worldwide suffer from acute malnutrition,<sup>15</sup> a

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<sup>9</sup> World Health Organization, Nutrition: Challenges (2013), *available at* <http://www.who.int/nutrition/challenges/en/index.html>.

<sup>10</sup> Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action, *supra* note 8, at ix.

<sup>11</sup> Food and Agriculture Organization of the United Nations, The State of Food Insecurity in the World 2012: Economic Growth is Necessary but Not Sufficient to Accelerate Reduction of Hunger and Malnutrition, Rome 2012, 8.

<sup>12</sup> A Life Free From Hunger: Tackling Child Malnutrition, *supra* note 6, at 2-4.

<sup>13</sup> United Nations Children’s Fund, Progress for Children: A Report Card on Nutrition, New York 2006, 6, *available at* [http://www.unicef.org/progressforchildren/2006n4/files/PFC4\\_EN\\_8X11.pdf](http://www.unicef.org/progressforchildren/2006n4/files/PFC4_EN_8X11.pdf).

<sup>14</sup> *Id.* at 2-3.

<sup>15</sup> International Federation of Red Cross and Red Crescent Societies, World Disaster Report 2011: Focus on Hunger and Malnutrition, 37 (2011), *available at* <http://www.ifrc.org/PageFiles/89755/Photos/307000-WDR-2011-FINAL-email-1.pdf>.

condition that results from poor food intake and/or recurrent bouts of disease.<sup>16</sup> Present almost exclusively in children,<sup>17</sup> acute malnutrition is commonly diagnosed as either moderate or severe, and is often indicated by the presence of wasting, whereby the human body begins to digest muscle and tissue to meet dietary needs for protein, energy, and minerals.<sup>18</sup> Consequently, children suffering from wasting face a significantly increased risk of death when compared to properly nourished children.<sup>19</sup> In fact, according to Action Against Hunger | ACF International, a wasted child with a weakened immune system is nine times more likely to die than a child who is well-nourished.<sup>20</sup> Unacceptably, ten countries currently share 60% of the world's global wasting burden,<sup>21</sup> while several more have national wasting rates that exceed 15% of the child population, including Timor-Leste (25%), India (20%), Bangladesh (17%), and Sudan (16%).<sup>22</sup>

## 2. Chronic Malnutrition

In addition to acute malnutrition, undernourished children also face the prospect of being chronically malnourished, which can result in irreversible harm to both a child's cognitive and physical development.<sup>23</sup> Affecting an estimated 170 million children across the globe, chronic malnutrition reflects the devastating effects of a poor diet (*i.e.*, having too few calories, or too

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<sup>16</sup> *Id.* at 38.

<sup>17</sup> Action Against Hunger and ACF International, *Hunger Matters: Recurring Crises*, 6 (2012) *available at* [http://www.actionagainsthunger.org.uk/fileadmin/contribution/0\\_accueil/pdf/Hunger%20Matters%20-%20low%20res%20PDF.pdf](http://www.actionagainsthunger.org.uk/fileadmin/contribution/0_accueil/pdf/Hunger%20Matters%20-%20low%20res%20PDF.pdf).

<sup>18</sup> A Life Free From Hunger: Tackling Child Malnutrition, *supra* note 6, at 2.

<sup>19</sup> United Nations Children's Fund, *Tracking Progress on Child and Maternal Nutrition: A Survival and Development Priority*, New York 2009, 20 *available at* [http://www.unicef.org/publications/files/Tracking\\_Progress\\_on\\_Child\\_and\\_Maternal\\_Nutrition\\_EN\\_110309.pdf](http://www.unicef.org/publications/files/Tracking_Progress_on_Child_and_Maternal_Nutrition_EN_110309.pdf).

<sup>20</sup> Action Against Hunger | ACF International, *Taking Action: Nutrition for Survival, Growth & Development*, World Health Organization, 11 (2010), *available at* [http://www.who.int/pmnch/topics/child/acf\\_whitepaper.pdf](http://www.who.int/pmnch/topics/child/acf_whitepaper.pdf).

<sup>21</sup> *Tracking Progress on Child and Maternal Nutrition: A Survival and Development Priority*, *supra* note 19, at 20 [The ten countries that account for 60% of the global wasting burden include: India, Nigeria, Pakistan, Bangladesh, Indonesia, Ethiopia, Democratic Republic of Congo, Sudan, Egypt, and the Philippines].

<sup>22</sup> *Id.* at 20.

<sup>23</sup> A Life Free From Hunger: Tackling Child Malnutrition, *supra* note 6, at 8.

little nutritious food, or both) over a prolonged period of time.<sup>24</sup> Chronic malnutrition is most commonly characterized by stunting, which occurs when the body adapts to long-term undernutrition by allocating scant nutrients to organs and vital bodily functions rather than to growth in height.<sup>25</sup> As a result, stunted children are significantly shorter than well-nourished children despite having the same growth potential before age five.<sup>26</sup> For example, in Niger, where the prevalence of stunting is 54.8%, the average height of a two-and-a-half-year-old girl is 82.2 centimeters – 8.5 centimeters shorter than a non-stunted girl of the same age.<sup>27</sup>

Apart from the visible effects of growth retardation, stunted children are also more likely to suffer from impaired cognitive development, which negatively impacts both their educational and economic outcomes.<sup>28</sup> Indeed, a report issued by the United Nations Children's Fund (UNICEF) in 2009 reveals that stunted children typically enroll in school later, complete fewer grade levels, and perform less well in school when compared to non-stunted children.<sup>29</sup> Such underperformance is further confirmed by studies finding that stunting at age two is associated with a 16% increase in the risk of failing one or more grades, and a reduction in schooling of almost one year.<sup>30</sup> Given that poor educational outcomes directly correlate to reduced productivity and income-earning capacity in adulthood,<sup>31</sup> countries with alarmingly high prevalences of stunting such as Afghanistan (59%), Burundi (58%), Yemen (58%), and India

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<sup>24</sup> *Id.* at 2.

<sup>25</sup> *Id.* at 2.

<sup>26</sup> *Id.* at 2.

<sup>27</sup> *Id.* at 2.

<sup>28</sup> Tracking Progress on Child and Maternal Nutrition: A Survival and Development Priority, *supra* note 19, at 20.

<sup>29</sup> *Id.* at 20.

<sup>30</sup> A Life Free From Hunger: Tackling Child Malnutrition, *supra* note 6, at 8.

<sup>31</sup> Tracking Progress on Child and Maternal Nutrition: A Survival and Development Priority, *supra* note 19, at 14.

(48%)<sup>32</sup> should be particularly concerned. For in India alone, decreased productivity due to foregone employment opportunities has resulted in an estimated \$2.3 billion loss every year.<sup>33</sup>

### 3. Micronutrient Deficiency

Both acute and chronic malnutrition commonly coexist with micronutrient deficiencies, which can have a tremendous impact on a child's growth, development, and survival.<sup>34</sup> Frequently referred to as "hidden hunger," micronutrient deficiency occurs when the body is deficient in essential vitamins and minerals such as vitamin A, iron, and iodine.<sup>35</sup> Although largely invisible and impossible to detect without a clinical examination,<sup>36</sup> micronutrient deficiency accounts for 10% of all child deaths, and a multitude of serious health complications.<sup>37</sup> For example, iodine deficiency disorder (IDD), which represents a major problem in Somalia, Sudan, and Guinea-Bissau,<sup>38</sup> is the principal cause of preventable brain damage and mental retardation in children under the age of five.<sup>39</sup> This is painfully true in Afghanistan where IDD in newborns has been proven to reduce IQ by 10 to 15 points.<sup>40</sup> Moreover, vitamin A deficiency (VAD), which is estimated to affect 43 million children in sub-Saharan Africa alone,<sup>41</sup> increases not only the likelihood that a child will suffer from permanent

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<sup>32</sup> United Nations Children's Fund, *State of the World's Children 2012: Children in an Urban World*, New York 2012, 92-95, *available at* [http://www.unicef.org/sowc/files/SOWC\\_2012-Main\\_Report\\_EN\\_21Dec2011.pdf](http://www.unicef.org/sowc/files/SOWC_2012-Main_Report_EN_21Dec2011.pdf).

<sup>33</sup> *A Life Free From Hunger: Tackling Child Malnutrition*, *supra* note 6, at 8.

<sup>34</sup> *World Disasters Report 2011: Focus on Hunger and Malnutrition*, *supra* note 15, at 43.

<sup>35</sup> *Id.* at 42.

<sup>36</sup> *Id.* at 42.

<sup>37</sup> *A Life Free From Hunger: Tackling Child Malnutrition*, *supra* note 6, at 4.

<sup>38</sup> United Nations Children's Fund, *Sustainable Elimination of Iodine Deficiency: Progress Since the 1990 World Summit for Children*, New York 2008, 17, *available at* [http://www.childinfo.org/files/idd\\_sustainable\\_elimination.pdf](http://www.childinfo.org/files/idd_sustainable_elimination.pdf).

<sup>39</sup> United Nations Children's Fund, *Micronutrients – Iodine, Iron and Vitamin A (2003)*, *available at* [http://www.unicef.org/nutrition/index\\_iodine.html](http://www.unicef.org/nutrition/index_iodine.html).

<sup>40</sup> *World Disasters Report 2011: Focus on Hunger and Malnutrition*, *supra* note 15, at 43.

<sup>41</sup> *Progress for Children: A Report Card on Nutrition*, *supra* note 13, at 10.

blindness, but also the likelihood of death by infection.<sup>42</sup> This is clearly illustrated in Nigeria, where VAD accounts for 82,000 child deaths per year, and 25% of diarrhea mortality.<sup>43</sup>

Micronutrient deficiencies are especially concerning because they perpetuate the cycle of malnutrition from mother to child.<sup>44</sup> This is certainly the case with iron-deficiency anemia, which places anemic mothers (approximately 56 million women)<sup>45</sup> at a greater risk of delivering an anemic baby who may die during childbirth or otherwise suffer from intrauterine growth retardation, low-birth weight, or premature delivery.<sup>46</sup> For those children who manage to survive, the likelihood of suffering from impaired motor development, cognitive performance, language development, and scholastic achievement is markedly increased.<sup>47</sup> Moreover, inadequate feeding practices from mother to child, specifically the failure to exclusively breastfeed for the first six months of life, further perpetuate the cycle of malnutrition.<sup>48</sup> It is during this critical phase that breastfeeding provides children with the essential nutrients for optimal development.<sup>49</sup> However, despite the fact that virtually all mothers, including those who are malnourished,<sup>50</sup> are capable of breastfeeding, rates of exclusive breastfeeding remain relatively low in West and Central Africa.<sup>51</sup> In Niger, Côte d'Ivoire, Chad, and Djibouti, less

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<sup>42</sup> World Disasters Report 2011: Focus on Hunger and Malnutrition, *supra* note 15, at 43.

<sup>43</sup> Federal Ministry of Health, *Saving Newborn Lives in Nigeria: Newborn Health in the Context of the Integrated Maternal, Newborn, and Child Health Strategy*. 2nd ed., Abuja: Ministry of Health, Save the Children, Jhpiego 2011, 53.

<sup>44</sup> *A Life Free From Hunger: Tackling Child Malnutrition*, *supra* note 6, at 4.

<sup>45</sup> *Id.* at 4.

<sup>46</sup> The Population, Health and Nutrition Information Project, *Anemia Prevention and Control: What Works*, 16 (2003), *available at* [http://siteresources.worldbank.org/NUTRITION/Resources/281846-1090335399908/Anemia\\_Part1.pdf](http://siteresources.worldbank.org/NUTRITION/Resources/281846-1090335399908/Anemia_Part1.pdf).

<sup>47</sup> *Saving Newborn Lives in Nigeria: Newborn Health in the Context of the Integrated Maternal, Newborn, and Child Health Strategy*, *supra* note 43 at 53.

<sup>48</sup> *A Life Free From Hunger: Tackling Child Malnutrition*, *supra* note 6, at 19.

<sup>49</sup> *Id.* at 19.

<sup>50</sup> United Nations Children's Fund, *Breastfeeding and Malnutrition in Mothers*, *available at* <http://www.unicef.org/nutrition/training/5.2.1/9.html>.

<sup>51</sup> *Tracking Progress on Child and Maternal Nutrition: A Survival and Development Priority*, *supra* note 19, at 24-24.

than 5% of all infants receive the nutritional benefits of exclusive breastfeeding.<sup>52</sup>

One of the most cost-effective and sustainable ways to combat micronutrient deficiencies in young mothers and children has been through the process food fortification, whereby vitamins and minerals are added to food in order to enhance a particular micronutrient.<sup>53</sup> While food fortification exists in various forms for different types of nutrition interventions, home fortification using multiple micronutrient powders (MMPs) is the most effective way to combat micronutrient deficiency in children aged 6 to 24 months, and children in remote communities.<sup>54</sup> Originally branded as *Sprinkles* in 1997,<sup>55</sup> MMPs come in small sachets and are designed to be sprinkled directly onto foods prepared at home.<sup>56</sup> MMPs have not only been linked to an increase in school attendance (as a result of less absences from illness), but have also proven to reduce iron deficiency by 51% and anemia by 31% in children under the age of two.<sup>57</sup> This is further confirmed by a 2007 study in Haiti, which found that adding *Sprinkles* to a child's diet reduced the presence of anemia from 54% to 24% after only two months.<sup>58</sup>

## B. Overnutrition

At the opposite end of the malnutrition spectrum is overnutrition, which is observed as either overweight, obesity, or an excess of added sugar and saturated fats in the diet.<sup>59</sup> With changing patterns in consumption resulting from market globalization and industrialization, several countries have, or are currently experiencing, a “nutritional transition” associated with an increase in overnutrition and non-communicable diseases such as diabetes, heart disease, and

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<sup>52</sup> *Id.* at 25 [Prevalence of exclusive breastfeeding currently stand at 1% in Djibouti, 2% in Chad, 4% in Côte d'Ivoire, and 4% in Niger].

<sup>53</sup> A Life Free From Hunger: Tackling Child Malnutrition, *supra* note 6, at 26.

<sup>54</sup> *Id.* at 26.

<sup>55</sup> World Disaster Report 2011: Focus on Hunger and Malnutrition, *supra* note 15, at 54.

<sup>56</sup> A Life Free From Hunger: Tackling Child Malnutrition, *supra* note 6, at 31.

<sup>57</sup> *Id.* at 31.

<sup>58</sup> World Disaster Report 2011: Focus on Hunger and Malnutrition, *supra* note 15, at 54.

<sup>59</sup> Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action, *supra* note 8, at 49.



hypertension.<sup>60</sup> Although overnutrition primarily affects adults, children – who are increasingly exposed to high-sugar, high-fat, micronutrient-poor foods through corporate marketing – are not immune.<sup>61</sup> According to the World Bank, childhood overweight currently affects 155 million school-age children, 40 of whom are obese.<sup>62</sup> In high-income countries like the United States, Canada, and the United Kingdom, where sugar and fats dominate caloric intake,<sup>63</sup> childhood overweight and obesity affect close to one-third of children aged five to seventeen.<sup>64</sup>

### 1. The “Double-Burden” of Malnutrition

Although childhood overnutrition was initially considered a problem only in affluent countries, an increasing number of low- and middle-income countries have also begun to experience heightened rates of childhood overweight and obesity.<sup>65</sup> For example, in China, where rapid urbanization has resulted in increased household income, less demand for physical activity, and the rise of Western-style fast food restaurants in urban centers, the prevalence of childhood obesity currently stands 10% and is projected to grow by 8% per year.<sup>66</sup> Growing rates of childhood overnutrition are particularly devastating to countries like Guinea and Malawi, where the prevalence of undernutrition (particularly stunting) remains high.<sup>67</sup> Forced to bear the “double burden” of malnutrition, these countries struggle to cope with the mounting costs of both

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<sup>60</sup> World Health Organization, Knowledge Summary: Women’s and Children’s Health, 2 (2012), *available at* [http://www.who.int/pmnch/topics/part\\_publications/KS18\\_Standalone\\_low.pdf](http://www.who.int/pmnch/topics/part_publications/KS18_Standalone_low.pdf).

<sup>61</sup> Mickey Chopra, Sarah Galbraith, & Ian Darnton-Hill, A Global Response to a Global Problem: The Epidemic of Overnutrition, *Bulletin of the World Health Organization*, 953 (2002), *available at* [http://www.who.int/bulletin/archives/80\(12\)952.pdf](http://www.who.int/bulletin/archives/80(12)952.pdf).

<sup>62</sup> Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action, *supra* note 8, at 49.

<sup>63</sup> A Global Response to a Global Problem: The Epidemic of Overnutrition, *supra* note 61, at 953.

<sup>64</sup> Organization for Economic Cooperation and Development, Obesity Update 2012, 7 (2012), *available at* <http://www.oecd.org/health/49716427.pdf>.

<sup>65</sup> World Health Organization, Obesity and Overweight: Fact Sheet N. 311, Geneva: World Health Organization, 2012, *available at* <http://www.who.int/mediacentre/factsheets/fs311/en/index.html>.

<sup>66</sup> Fuzhi Cheng, The Nutrition Transition and Obesity in China, Case Study #3-9 of the Program “Food Policy for Developing Countries: The Role of Government in the Global Food System,” Cornell University, Ithaca: 2007, 4-5.

<sup>67</sup> Tracking Progress on Child and Maternal Nutrition: A Survival and Development Priority, *supra* note 19, at 20.

chronic and infectious diseases.<sup>68</sup> This poses a serious challenge for a majority of developing countries that spend significantly less on annual health care costs per person compared to industrialized countries.<sup>69</sup> Indeed, while the average industrialized country spends \$4,000 per person on health care costs, China and India spend only \$31 and \$17, respectively.<sup>70</sup>

## 2. Government Strategies for Combating Overnutrition

In recent years, an increasing number of countries have employed a variety of strategies for combating overnutrition among children.<sup>71</sup> One of these has been the implementation of national intervention programs geared toward healthier eating habits and increased physical activity.<sup>72</sup> This is best illustrated in Singapore, where the government successfully launched the Trim and Fit Scheme, which reduced childhood obesity rates by 33% to 50% through changes in school catering and physical education.<sup>73</sup> Moreover, several countries within the Organization for Economic Cooperation and Development (OECD) have made similar efforts to reduce the prevalence of overnutrition by introducing taxes on unhealthy foods and beverages.<sup>74</sup> For instance, in 2011, Denmark introduced a tax on foods containing more than 2.3% saturated fats, while France initiated a tax on soft drinks with added sugars and artificial sweeteners.<sup>75</sup> Less controversial, and perhaps more effective, is the push for government regulation of food labeling.<sup>76</sup> In Finland, for example, the government has attempted to create a “nutritionally

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<sup>68</sup> Gary Gardner and Brian Halweil, *Overfed and Underfed: The Global Epidemic of Malnutrition*, World Watch Institute, Washington, D.C.: 2000, 42, *available at* <http://www.worldwatch.org/system/files/EWP150.pdf>.

<sup>69</sup> *Id.* at 42.

<sup>70</sup> *Id.* at 42.

<sup>71</sup> *Id.* at 50.

<sup>72</sup> *Id.* at 50.

<sup>73</sup> *Id.* at 50.

<sup>74</sup> Organization for Economic Cooperation and Development, *supra* note 64, at 4.

<sup>75</sup> *Id.* at 4.

<sup>76</sup> *Overfed and Underfed: The Global Epidemic of Malnutrition*, *supra* note 68, at 53.

literate public” by requiring that food products bear warning labels such as “heavily salted.”<sup>77</sup>

### III. Challenges to Malnutrition: The Impact of Poverty, Conflict, and Natural Disasters

There are several challenges facing children in the quest for food and nutritional security; among these are abject poverty,<sup>78</sup> conflict and political instability,<sup>79</sup> and devastation caused by natural disasters.<sup>80</sup> Although these challenges are seemingly different, each one – if left unaddressed – has the power to prevent a child from receiving the proper nutrition he or she needs to reach an optimal level of development. Thus, in order to prevent and reduce child malnutrition on a global scale, each challenge must be addressed as part of a comprehensive approach geared toward eradicating all forms of malnutrition in a variety of different contexts.

#### A. Poverty

Poverty, which is characterized by low income and family status, as well as inadequate access to water, food, housing, sanitation, and health care,<sup>81</sup> is the primary underlying cause of child malnutrition.<sup>82</sup> Indeed, according to Save the Children’s “A Life Free From Hunger,” impoverished children disproportionately suffer from malnutrition not for lack of food production, but because their families have limited purchasing power.<sup>83</sup> For example, families in developing countries typically spend between 50% and 80% of their income on food, while studies have shown that a number of families in Bangladesh, Ethiopia, and Kenya could not afford to purchase nutrient-rich foods even if they allotted 100% of their income to food.<sup>84</sup>

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<sup>77</sup> *Id.* at 53.

<sup>78</sup> A Life Free From Hunger: Tackling Child Malnutrition, *supra* note 6, at 39.

<sup>79</sup> United Nations System Standing Committee on Nutrition, 6<sup>th</sup> Report on the World Nutrition Situation, Progress in Nutrition, Geneva: 2012, 77, *available at* [http://www.unscn.org/files/Publications/RWNS6/report/SCN\\_report.pdf](http://www.unscn.org/files/Publications/RWNS6/report/SCN_report.pdf).

<sup>80</sup> Save the Children Fund, In the Face of Disaster: Children and Climate Change, London: 2008, 5, *available at* [http://www.eird.org/publicaciones/Climate\\_Change\\_and\\_children\\_Report\\_PDF.pdf](http://www.eird.org/publicaciones/Climate_Change_and_children_Report_PDF.pdf).

<sup>81</sup> State of the World’s Children 2012: Children in an Urban World, *supra* note 32, at 19.

<sup>82</sup> A Life Free From Hunger: Tackling Child Malnutrition, *supra* note 6, at 39.

<sup>83</sup> *Id.* at 39.

<sup>84</sup> *Id.* at 39.

Moreover, without adequate social protections, such as temporary food aid and flexible cash transfers, impoverished families are less able to absorb economic shocks to the market.<sup>85</sup> This is best illustrated by the outcome of the global food crisis in 2010, which dramatically raised the global price of wheat thereby placing an additional 400,000 children at risk of malnutrition.<sup>86</sup>

In industrialized countries, poverty and diminished household purchasing power also wield great influence over nutritional outcomes.<sup>87</sup> Despite the prevalence of government-sponsored campaigns to reduce overweight and obesity in countries like France and the United States, low-income families are often unable to buy nutrient-rich foods.<sup>88</sup> For example, in Ireland, where food prices are higher than the European norm, 15% of the population cannot afford to purchase the foods necessary for a nutritious diet.<sup>89</sup> As a result, households with low-income are inclined to consume nutrient-poor foods, otherwise known as “junk foods,” which are high in fat, salt, and sugar, and ten times cheaper than produce.<sup>90</sup> In fact, a 2009 study revealed that when shopping for a family of four, the cost of fruits and vegetables was approximately 45 (euro) cents for every 100 calories, compared to 17 cents for snacks, and 4 cents for oils.<sup>91</sup>

## B. Conflict and Political Instability

Much like poverty, conflict and political instability are also major challenges to ensuring nutritional security, particularly for children.<sup>92</sup> According to the United Nations Standing Committee on Nutrition, conflict and political upheaval not only disrupt agricultural production and national support systems, but also create large numbers of internally displaced persons who

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<sup>85</sup> *Id.* at 39.

<sup>86</sup> *Id.* at 40.

<sup>87</sup> World Disasters Report 2011: Focus on Hunger and Malnutrition, *supra* note 15, at 58.

<sup>88</sup> *Id.* at 58.

<sup>89</sup> *Id.* at 58.

<sup>90</sup> *Id.* at 58-59.

<sup>91</sup> *Id.* at 59.

<sup>92</sup> 6<sup>th</sup> Report on the World Nutrition Situation, Progress in Nutrition, *supra* note 79, at 77.

place added pressure on food supplies.<sup>93</sup> Often, children are first to feel the effects of conflict and its impact food insecurity. In fact, a number of studies conducted following the Burundian civil war – which displaced 50% of the population – have shown that children in areas affected by violence are more likely to be stunted as a result of attacks on farming crops.<sup>94</sup> This is also true in the Democratic Republic of the Congo, where persistent conflict and displacement have left 52% of children chronically malnourished and 10% acutely malnourished.<sup>95</sup> Moreover, as demonstrated by the Ivorian civil war in 2002, conflict can also devastate public institutions, resulting in fewer immunizations, vitamin supplements, and optimal child feeding practices.<sup>96</sup>

Additionally, political instability and ongoing conflict also reduce the ability of humanitarian agencies to carry out their programs, particularly food aid.<sup>97</sup> This is clearly illustrated in Somalia, where ongoing conflict over natural resources has forced several food aid providers, including CARE International and the World Food Programme, to shut down their operations in the south-central part of the country.<sup>98</sup> Moreover, with the onset of extreme drought in 2011, an additional 2.4 million people in Somalia are currently in need of food assistance, some of whom are in areas that cannot be reached due to security threats.<sup>99</sup> Similarly, conflict in Afghanistan also prevented aid agencies from responding to the high rates of mortality caused by an outbreak of scurvy in 2002.<sup>100</sup> Indeed, as a result of reduced humanitarian access into the country, a significant portion of the Afghan population was deprived of key sources of

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<sup>93</sup> *Id.* at 77.

<sup>94</sup> A Life Free From Hunger: Tackling Child Malnutrition, *supra* note 6, at 17.

<sup>95</sup> Maurizio Murru and Enrico Pavignani, Providing Health Care in Severely-Disruptive Environments: A Multi-Country Study, Democratic Republic of Congo: The Chronically-Ill Heart of Africa, 16-17 (2012).

<sup>96</sup> A Life Free From Hunger: Tackling Child Malnutrition, *supra* note 6, at 17.

<sup>97</sup> World Disasters Report 2011: Focus on Hunger and Malnutrition, *supra* note 15, at 128.

<sup>98</sup> *Id.* at 128.

<sup>99</sup> *Id.* at 128.

<sup>100</sup> World Disasters Report 2011: Focus on Hunger and Malnutrition, *supra* note 15, at 125.

vitamin C, including fresh produce and animal products, for an extensive period of time.<sup>101</sup>

### C. Natural Disasters

In addition to conflict and political instability, natural disasters and extreme weather conditions resulting from climate change also pose a challenge to ensuring that children receive adequate, nutritious food.<sup>102</sup> With increased risks of flooding, prolonged droughts, earthquakes, storms, and crop failures, vulnerable populations have already begun to experience food shortages and extended periods of hunger.<sup>103</sup> For example, in 2011, famine conditions caused by poor rainfall and near-total crop failure struck the Horn of Africa, resulting in the malnourishment of 900,000 children across Kenya, Somalia, and Ethiopia.<sup>104</sup> Similarly, the earthquake that devastated Haiti in 2010 worsened the country's existing prevalence of child malnutrition (which was 40% pre-earthquake) by impeding access to nutritious food, health services, child caring practices, and adequate sanitation.<sup>105</sup> As a result, an estimated two million earthquake-affected children were placed at greater nutritional risk.<sup>106</sup>

During times of emergency and crisis, the most critical tool for combating child malnutrition is food aid, which is typically distributed to entire populations in the aftermath of a large-scale natural disaster.<sup>107</sup> As the world's leading provider of international food aid, the United States spends billions of dollars each year shipping food to vulnerable populations in an

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<sup>101</sup> *Id.* at 125.

<sup>102</sup> Save the Children Fund, *In the Face of Disaster: Children and Climate Change*, London: 2008, 5, *available at* [http://www.eird.org/publicaciones/Climate\\_Change\\_and\\_children\\_Report\\_PDF.pdf](http://www.eird.org/publicaciones/Climate_Change_and_children_Report_PDF.pdf).

<sup>103</sup> *Id.* at 3.

<sup>104</sup> United States Fund for UNICEF, *One Year After Famine Declaration: Countless Lives Saved but Situation for Children Still Grave in the Horn of Africa* (2013), *available at* <http://www.unicefusa.org/news/releases/one-year-after-famine.html>.

<sup>105</sup> Lucy Bassett, *Nutrition Security in Haiti: Pre- and Post Earthquake Conditions and the Way Forward*, World Bank, En Breve, No. 157, 2-3 (2010), *available at* [http://siteresources.worldbank.org/INTLAC/Resources/257803-1269390034020/EnBreve\\_157\\_English\\_Web.pdf](http://siteresources.worldbank.org/INTLAC/Resources/257803-1269390034020/EnBreve_157_English_Web.pdf).

<sup>106</sup> *Id.* at 3.

<sup>107</sup> Scott Bleggi, *Improving Food Aid to Improve Maternal and Child Nutrition*, Briefing Paper No. 15, *Bread for the World Institute*, 1, 3 (2012), *available at* <http://www.bread.org/institute/papers/briefing-paper-15.pdf>.

effort to reduce hunger and increase food security.<sup>108</sup> However, while the types of food aid provided by the United States address a recipient's caloric needs, they fail to ensure that nutritional needs, particularly those of children and lactating women, are met.<sup>109</sup> For example, the United States sends an estimated 130,000 metric tons of fortified corn-soy blend flour annually to nutritional programs in sub-Saharan Africa, which is then used as porridge to feed malnourished infants.<sup>110</sup> Unfortunately, the United States has continued to distribute these flours despite their failure to meet the nutritional standards outlined by the World Food Programme.<sup>111</sup> In this case, failure to improve the quality of food aid could have devastating effects during prolonged food shortages when women and children rely on food aid for more than one year.<sup>112</sup>

#### IV. Recommendations for Action

Given the concerns raised in this report, Human Rights Advocates urges the United Nations Human Rights Council to recognize the need to address all forms of child malnutrition through the provision of adequate, nutritious food and proper food labeling in future resolutions addressing the right to food, and/or child health.

In addition to the aforementioned, Human Rights Advocates urges States to take appropriate measures to eradicate child malnutrition by researching and implementing programs aimed at achieving the following:

- Increasing food fortification, particularly market-driven fortification and home and community fortification, which are proven to target specific micronutrient deficiencies in children under the age of two.

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<sup>108</sup> *Id.* at 3-4.

<sup>109</sup> *Id.* at 2.

<sup>110</sup> Doctors Without Borders, *Childhood Malnutrition: What Happens Now?*, 2 (2011), *available at* <http://www.doctorswithoutborders.org/publications/reports/2011/childmlntrtn.whathappensnow.pdf>.

<sup>111</sup> *Id.* at 2-3.

<sup>112</sup> Improving Food Aid to Improve Maternal and Child Nutrition, *supra* note 107, at 5.

- Promoting maternal nutrition and exclusive breastfeeding for the first six months after childbirth through individual and group counseling, with the goal of reinforcing best nutritional practices that decrease the risk of child illness and mortality.
- Providing social protection schemes designed to improve nutrition such as flexible cash transfers or temporary food aid, which are readily accessible to young children, pregnant women, adolescent girls, and breastfeeding mothers.
- Ensuring that all contributions from food aid donors are nutritionally adequate and are properly labeled with accurate nutritional information written in the language of the recipient country.
- Reducing the marketing of unhealthy foods and ensuring the labeling of all commercial foods to children through the use of government sanctions, with the specific goal of eradicating overnutrition among children and the associated health care costs attributable to non-communicable diseases.