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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Written statement* submitted by Human Rights Advocates Inc., a non-governmental organization in special consultative status

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[9 February 2013]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

Child malnutrition: A crisis without borders

Introduction

This statement 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 human right. Since then, multiple international human rights instruments, including the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Universal Declaration on the Eradication of Hunger and Malnutrition, and the Convention on the Rights of the Child (CRC), have reiterated the obligation of States Parties to combat malnutrition through the provision of nutrient-rich food. However, despite this commitment, progress in reducing the incidence of malnutrition, as recognized in General Assembly Resolution 19/7, has been insufficient. As a consequence, the world’s most vulnerable children continue to suffer disproportionately from disease, stunted development, and high rates of child mortality.

The Spectrum of malnutrition: Overnutrition and undernutrition

Malnutrition is the underlying cause of approximately 2.6 million child deaths per year, making it the single largest contributor to child mortality. According to several international agencies, including the United Nations Children’s Fund (UNICEF), the World Bank, and the World Health Organization (WHO), malnutrition takes on a variety of forms which exist under one of two general categories: “undernutrition” or “overnutrition.” Although positioned at opposite ends of the malnutrition spectrum, States are increasingly forced to cope with the dangerous consequences of both, including decreased productivity, increased health care costs, and the perpetuation of poverty. The World Bank, *Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action* (2006).

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. Accounting for more than one-third of all child deaths worldwide, undernutrition manifests itself as acute malnutrition, chronic malnutrition, micronutrient deficiency, or a combination thereof. While acute malnutrition often results in wasting (extreme thinness), chronic malnutrition is typically accompanied by stunting (being too short for one’s age). Both types of malnutrition have equally devastating effects, including impaired physical and cognitive development and increased susceptibility to infectious diseases. In 2011, WHO statistics revealed that 266 million children under five were either wasted or stunted. Today, several countries have wasting rates that exceed 15% of the child population, including Timor-Leste (25%), India (20%), and Bangladesh (17%), while the prevalence of stunting is highest in Afghanistan (59%), Burundi (58%), and Yemen (58%). UNICEF, *The State of the World’s Children 2012: Children in an Urban World* (2012).

Acute and chronic malnutrition often co-exist with micronutrient deficiency. 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. Micronutrient deficiencies are especially damaging to children, accounting for 10% of all child deaths, and a multitude of serious health problems. For example, iodine deficiency, which represents a major problem in Lao PDR, is the principal cause of preventable brain damage and mental retardation in children under five. Moreover, vitamin A deficiency, which is

estimated to affect 43 million children in sub-Saharan Africa and 100 million children worldwide, greatly increases a child's risk of dying from preventable diseases such as diarrhea, measles, and respiratory infections. Lastly, iron deficiency is particularly concerning because it perpetuates the cycle of malnutrition, which can occur when an anemic woman gives birth to an anemic baby, who is then more likely to either develop future cognitive and physical impairments, or die during childbirth. Save the Children, *A Life Free From Hunger* (2012).

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. With changing patterns in consumption resulting from market globalization and industrialization, several countries are experiencing a “nutrition transition” associated with an increase in over nutrition and non-communicable diseases such as heart disease, diabetes, and hypertension. Although over nutrition primarily affects adults, children—who are increasingly exposed to high-sugar, high-fat, micronutrient-poor foods—are not immune. According to the World Bank, childhood overweight currently affects 155 million school-age children, 40 million of whom are obese. Moreover, while originally considered a problem only in affluent countries like the United States, Canada, and the United Kingdom, childhood over nutrition has begun to permeate throughout low-income countries where the prevalence of under nutrition remains high. Thus, countries like Guinea and Malawi, which suffer from both child overweight (10%) and stunting (50%), are forced to cope with the mounting costs of each, otherwise known as the “double-burden” of malnutrition. UNICEF, *Tracking Progress on Child and Maternal Nutrition* (2009).

To address both overnutrition and undernutrition it is essential that food be labeled with accurate nutritional information.

Challenges to nutrition: The impact of poverty, conflict, and natural disasters

Poverty, which is characterized by low income and family status, as well as inadequate access to water, food, housing, sanitation, and health care, is the primary underlying cause of child malnutrition. 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. 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. Moreover, without adequate social protections, impoverished families are less able to absorb economic shocks. This is best illustrated by the outcome of the initial food crisis in 2008, which resulted in the malnourishment of at least 4.3 million children living in low- and middle-income countries.

Much like poverty, conflict and political instability are also major challenges to ensuring nutritional security, particularly for children. According to the UN 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 place pressure on food supplies. Often, children are first to feel the effects. In fact, studies following the Burundian civil war, which displaced approximately 50% of the population, have shown that children in areas affected by violence are more likely to be stunted as a result of burnt or stolen crops. Save the Children, *A Life Free From Hunger* (2012). This is particularly true in the war-torn country of the Democratic Republic of the Congo, where nearly half of the child population is chronically malnourished and one in ten suffers from acute malnutrition. Moreover, conflict can also devastate public institutions aimed at

preventing child malnutrition. Indeed, during the Ivorian civil war in 2002, the breakdown of public health care in Côte d'Ivoire resulted in fewer immunizations, vitamin supplementations, and exclusive breastfeeding.

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. 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. For example, in 2011, famine conditions caused by poor rainfall and near-total crop failure struck the Horn Africa, resulting in the malnourishment of 900,000 children across Kenya, Somalia, and Ethiopia. Similarly, the earthquake that devastated Haiti in 2010 worsened the country's existing prevalence of child malnutrition (which was about 40%) by impeding access to nutritious food, health services, caring practices, and adequate sanitation. As a result, an estimated two million earthquake-affected children were placed at greater nutritional risk. Lucy Basset, *Nutrition Security in Haiti: Pre- and Post-Earthquake Conditions and the Way Forward* (2010).

Recommendations for action

Based on the above, Human Rights Advocates urges States to take appropriate measures to eliminate 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.
 - 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 over nutrition and the associated health care costs attributable to non-communicable diseases.
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