

The imperatives for reducing hunger

Approximately 852 million people worldwide cannot obtain enough food to live healthy and productive lives (FAO 2004). Hunger has many impacts. It is reflected in high rates of disease and mortality, limited neurological development, and low productivity among current and future generations. It is also a major constraint to a country's ability to develop economically, socially, and politically. Women and children living in developing countries are most vulnerable to the broad and devastating effects of hunger. Hunger, poverty, and disease are interlinked, with each contributing to the presence and persistence of the other two (WHO 1997).

Recognizing the enormity of the problem, world leaders committed themselves to the Goal of reducing hunger by half by 2015. Achieving this Goal is possible. But it will require an integrated, multisectoral approach—and an unprecedented commitment of political action and resources from both developing and developed countries. The solutions to fight hunger must be holistic—incorporating the recommendations in this report in combination with those of the other task forces addressing poverty, economic development, education, gender equality, health and HIV/AIDS, environment, water and sanitation, slum dwellers, trade, and technology. This chapter defines the problem, highlights the underlying determinants, outlines its multiple costs, and restates the moral foundation for eradicating hunger.

Defining hunger

Any discussion of how to halve hunger in the world immediately runs into problems of definition. “Hunger” is a popular word that resonates strongly with all people, even those who have experienced it only briefly. In its common usage it describes the subjective feeling of discomfort that follows a period without eating. The term undernourishment defines insufficient food intake

**Both food
insecurity and
nutritional
insecurity
must be
overcome**

to continuously meet dietary energy requirements (FAO 2003). The term food insecurity relates to the condition that exists when people do not have physical and economic access to sufficient, safe, nutritious, and culturally acceptable food to meet their dietary needs and lead an active and healthy life (FAO 1996).

Within the definition of food insecurity is a distinction between chronic and acute food insecurity. Chronic food insecurity occurs when people are unable to access sufficient, safe, and nutritious food over long periods, such that it becomes their normal condition. Acute food insecurity exists when the lack of access to adequate food is more short-term, usually caused by shocks such as drought or war.

Hunger and food insecurity are often used interchangeably, since both focus on the availability of food. But it is human nutrition that determines whether a person thrives, falls ill, or dies. Nutrition deals with the way the body absorbs and uses food. Malnutrition leads to health problems, growth retardation, poor cognitive development, and in the worst cases death. It may result from deficiencies, excesses, or imbalances in energy, protein, and other nutrients (FAO 2003). It is also caused by numerous factors ranging from the inadequate care received by a newborn baby, through the lack of essential micronutrients (vitamins and minerals) in the food consumed, to the diseases and conditions that prevent the body from properly absorbing and using nutrients (FAO 2003). In this report, we use the word hunger to encompass both food and nutritional insecurity.

The definitions are important. Both food insecurity and nutritional insecurity must be overcome—and both require equal attention in fighting hunger. But the actions to combat them may be different, if often complementary. Just as the causes of food insecurity are complex (including lack of production, market failures, the inability to afford food), so too are the causes of malnutrition (nutrient and micronutrient deficiencies, diseases, lack of hygiene). Unless decisionmakers understand the web of interconnected issues that underlies the Goal of halving hunger, there is a risk that their responses will be partial and inadequate. This report therefore seeks to disentangle the parts of hunger, as a prelude to identifying the most urgent and highest priority responses.

Determinants of hunger

Poverty, war, natural disasters, disease epidemics, political and economic shocks—all affect not only the basic determinants of hunger (physical, technological, economic, political, social, and cultural), but also the underlying determinants (household food security, care, and health environment). Several analyses show that conditions at the household level (the underlying determinants of malnutrition) are extremely important (Haddad, Webb, and Slack 1997; Webb 1998; Smith and Haddad 2000). The results also show that individuals who are malnourished have been failed by many different sectors: agri-

**Parents’
education,
especially
mothers’ level
of education,
has
significant
impacts
on child
malnutrition**

culture, health, education, social welfare, finance, and employment. To address hunger effectively requires understanding the many causes of malnutrition at the household, community, and regional levels. It also requires a multisectoral approach to develop solutions and design and implement policies specifically targeted at vulnerable populations.

Poverty

Previous research suggests that, across countries, extreme poverty accounts for close to half the variability in overall malnutrition rates. Smith and Haddad (2002), in a cross-country study of the causes of malnutrition, found that, during 1970–95, per capita income in developing countries increased significantly, from \$1,011 to \$2,121. This large increase was found to have facilitated an estimated 7.4 percent reduction in child malnutrition. In a study of 42 developing countries, the UN Standing Committee on Nutrition (UN ACC/SCN 1994) found a statistically significant relationship between GDP per capita growth and changes in underweight prevalence, with a 1 percent annual increase in the growth rate of GDP per capita leading to a 0.24 percent decrease in underweight prevalence. A similar study of 18 Latin American countries by the Economic Commission for Latin America and the Caribbean in 2001 found that, in 34 percent of the cases analyzed, the percentage of people living on less than \$1 a day was correlated with the percentage of the population underweight. In effect, 49 percent of the cross-country variability in the malnutrition rate (low weight-for-age) and 57 percent of the cross-country variability in moderate to serious chronic malnutrition (low height-for-age) could be attributed to differences in the percentage of people living in extreme poverty (ECLAC 2004).

Education

Data suggest that the level of parents’ education, especially mothers’ level of education, has significant impacts on child malnutrition. If the mother attended primary school, the child is less likely to be underweight. The correlation is even stronger if the mother also received secondary education. Smith and Haddad (2000) found that women’s education is associated with almost 43 percent of the reduction in child malnutrition in developing countries from 1970 to 1995 (table 1.1). This contribution is the combined result of the strong

Table 1.1
Factors contributing
to reductions in
child malnutrition
Percent

Source: Smith and Haddad
2000.

Factor	Contribution to reduction in child malnutrition, from 1970 to 1995
Women’s education	43
Per capita food availability	26
Health environment improvements	19
Women’s status relative to men’s	12

Improved food availability has made a great contribution to reducing malnutrition

effect of education and a fairly large increase in its supply over the period. In a similar study, the United Nations Administrative Committee on Coordination/Sub-Committee on Nutrition (UN ACN/SCN 1993) found, especially in South Asia, that female enrollment in secondary school, and government expenditures on social services (health, education, and social security), are negatively and significantly associated with underweight prevalence.

The reduction in child malnutrition due to women's education may be due in part to the fact that education and skills training better equip women to participate in activities that can improve their overall economic and social status within the household and the community. Research also shows that educating girls can delay their marriage age, reduce their future family size, increase their earning power, and improve the nutritional status of their future children. Moreover, agricultural productivity increases dramatically when women receive the same inputs as men, including education (Smith and Haddad 2000).

Food production and access

Improved food availability has made a great contribution to reducing malnutrition. Smith and Haddad (2000) found that per capita food availability contributed about 26 percent of the reduction of child malnutrition between 1970 and 1995. The contribution was substantial in the late 1970s and early 1980s. Food production in developing countries tripled over the past 30 years. The number of rural poor fell by half. The proportion of malnourished people declined from 30 percent to 18 percent. And the real prices of the main cereal crops fell by 76 percent. But the impact of an increase in food availability on malnutrition depends on the present level of availability and access to food. Where food is scarce, an increase in availability will have a strong impact. Where food is more plentiful, the effect of an increase in availability will be smaller (Smith and Haddad 2000).

Data show an inverse relationship between food shortages and underweight children: there are more underweight children in cereal-surplus countries than in cereal-deficit ones. On reflection this is not surprising. Asian countries such as India produce enough food to feed themselves, yet both the number and rate of underweight children are extremely high. Increased supplies did not translate into comparable increases in food consumption by the poor due to the lack of purchasing power, policy failures, and the growing use of cereals and other staples for animal feed to serve wealthier consumers (Scherr 2003).

Most of Latin America and Asia produce or import enough food to feed their populations. Under these circumstances, productivity growth in agriculture is not the most effective measure for reducing malnutrition. Instead, the key is to ensure that improvements in productivity are shared across a broad spectrum of resource-poor farming households. This requires equitable access to productive assets, especially land, and to improved technologies. It is also

Inadequate sanitation, poor health facilities, and unsafe water sources contribute significantly to malnutrition

essential that markets function well enough to ensure that improvements in productivity result in lower consumer prices. The urban poor in these areas need to gain economic access to food.

In Africa, however, soil nutrient depletion and unreliable water supply are extreme. Depleted soils cannot provide sufficient mineral nutrients (nitrogen, phosphorus) for crops to grow. This translates into low food productivity and supply. Therefore, for most African countries, the initial entry point to increasing food production and access may revolve around investments in soil health and water management to improve agricultural productivity.

Sanitation, health facilities, and water

Inadequate sanitation, poor health facilities, and unsafe water sources contribute significantly to malnutrition by increasing the burden of illness for both children and adults. More than 1 billion people, one-sixth of the world's population, lack access to safe drinking water (FAO 2001a). Households dependent on well or surface water for drinking are more likely to have increased prevalence of underweight children because the water is more likely to be contaminated. And children living in households with no toilets are more likely to be underweight.

Improvements in health, sanitation, water, and other basic services contributed to 20 percent of the reduction in child malnutrition from 1970 to 1995 (Smith and Haddad 2000). Of the nearly 12 million children under age five who died in 1995, about 70 percent were affected by one or more of just five conditions: malaria, measles, acute respiratory infections, undernutrition, and diarrhea. And the death rate from disease among undernourished children is much higher than among those better nourished (FAO 2001a).

Socioeconomic and political access and inequalities

The literature on malnutrition has drawn attention to various socioeconomic factors and the functioning of markets in determining access to food. It is believed that the biggest challenge throughout the developing world is to reduce the differences in access to food across geographical areas and social strata. If the poor find it difficult to produce or purchase enough food, the lack of functioning markets makes it doubly difficult. Access to food is also limited by inefficient markets that are unable to supply sufficient quantities of seasonal food in response to demand throughout the year. These market failures exacerbate fluctuations in the price of food and affordability of food for the poor (Benson 2004).

Sociopolitical conditions affect malnutrition through inequality and exclusionary practices that disempower groups such as women, children (particularly girls), and ethnic minorities in many countries. Social exclusion results in deprivation not just in food but in a wide range of basic services, including education and health (box 1.1).

Box 1.1
Inequality
and hunger in
Guatemala

Source: Gallardo 2001.

Guatemala has one of the highest rates of undernourishment and underweight children in Latin America. The high level of inequality found within the country is directly related to food insecurity. Conditions affecting Guatemala include:

- Of Guatemala's population, 20 percent is rich and 80 percent is poor.
- Less than 3 percent of the population owns 65 percent of the land.
- The indigenous population accounts for about 60 percent of the total.
- The rural population represents 60 percent of the total.
- The agricultural sector accounts for 25 percent of GDP.
- International commodity price fluctuations and the shift in commodities produced have mainly affected poor peasants employed as day laborers.
- Mechanized techniques used in sugarcane harvesting have reduced the need for workers.
- Nearly all the land redistributed under land tenure reform has been returned to its former owners, the large landholders.
- Small-scale farmers tend to grow crops that deplete the natural resource base with few resources to fertilize the land.
- The diet of the rural population lacks variety and micronutrients, and consists mainly of staple grains.
- Women in the high plateau regions expend 700 calories each day, or a third of their total calorie intake, fetching water and performing other household chores.

These and other factors have led to a vicious circle of poverty, deforestation, land degradation, and malnutrition. Rural families have had to develop coping strategies, which in many cases have allowed them to overcome food insecurity. But environmental, economic, and other forces are undermining these strategies, particularly in areas susceptible to drought, floods, and, recently, armed conflict.

At the intrahousehold level, data from South Asia demonstrate that when there is discrimination in food intake between boys and girls, it is largely in favor of boys (Haddad and others 1995). The inequalities in food intake for infants in South Asia reflect cultural values and the different wages commanded by male and female adults in the labor market (figure 1.1).

This type of gender-specific exclusion from food consumption does not occur as frequently in Sub-Saharan Africa, in part because women are household heads in a larger proportion of households. But different forms of social and political exclusion in the region can have similarly negative impacts on food security and nutritional status.

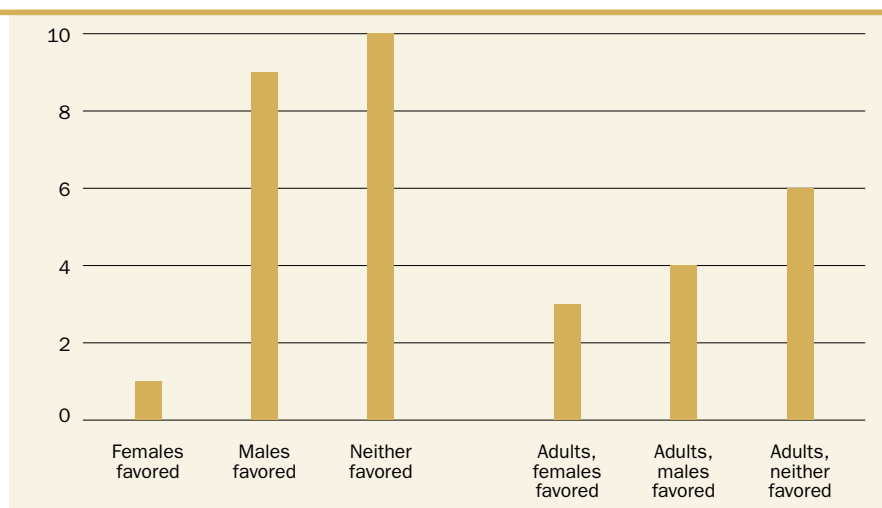
HIV/AIDS

It is now well established that there are important two-way interactions between malnutrition and the spread of HIV/AIDS. Good nutrition is seen as an essential complement to the use of antiretroviral drugs to slow the progression of HIV into full-blown AIDS (Kadiyala and Gillespie 2003). Undernourished people infected with HIV/AIDS develop the full symptoms of the disease more

Figure 1.1
Men in South Asian households often get more food

Studies finding gender bias in intrahousehold food allocation

Source: Haddad and others 1995.



quickly than people who are well fed. People suffering from the disease need good nutrition to fight it off. Yet one of the earliest effects of AIDS is reduced consumption of food in affected households.

HIV/AIDS infection severely limits the capacity of people to work, with long-lasting damage to rural societies. When the infection is passed from mother to child, it can leave a new generation weak and without parental care. When children are orphaned, the normal flow of practical farming knowledge from one generation to another is inhibited. The labor available for agriculture and other means of earning a living is dramatically reduced, leading to a decline in production. Women, who often assume the major burden of care for the sick and perform agricultural and other tasks, are severely affected and disadvantaged. Women who have lost their husbands due to AIDS may be unable to inherit land and other assets.

HIV/AIDS has an especially devastating effect on smallholder agriculture, which remains the engine of economic development for the poor in many developing countries. The main impacts of HIV/AIDS morbidity and mortality on agriculture include reducing crop diversity and the area cropped, abandoning labor-intensive activities, and selling livestock (Drimie 2003; Haslwimmer and Chupin 1994). Other less direct factors also affect agricultural performance. For example, pastoralists in Namibia spend up to 25 percent of their time in mourning and attending funerals (Engh, Stouklal, and du Guerny 2000). The support services to agriculture also suffer. A study in Zambia found that 67 percent of extension workers interviewed had lost at least one coworker to AIDS over a three-year period (Alleyne, Kapungwe, and Kamona 2001).

HIV/AIDS interacts with famines in a catastrophic fashion. Whereas societies have usually recovered from famines, the “new-variant” AIDS-affected famines in recent years will be much more difficult to recover from (de Waal and Whiteside 2003). In the past, mortality from famines tended to be highest among the elderly, the very young, the sick, and the weak. AIDS-related

**The impact
of conflict
on food
insecurity is
well known**

famines increasingly affect young adults and more able-bodied members of society.

This trend is increasingly placing a heavy burden of care on those left behind—the children and the elderly. The full impact of such social disasters is still to be felt, but some societies are already showing signs of collapse and inability to cope. AIDS-related famines have already been observed in Africa, particularly Southern Africa. They are now spreading rapidly in parts of South and Southeast Asia and threatening other developing regions as well.

Instability and conflict

The impact of conflict on food insecurity is well known. In 1998 some 35 million people were displaced in low and middle-income countries, many of them due to conflict and natural disasters. Studies have sought to quantify the effects on food production in conflict zones in Africa, where farm output is the principal source of livelihood for the majority of poor and food-insecure people (Messer and others 1998; FAO 2000; Messer and others 2001).

Several analysts have shown a strong association between conflict and factors closely related to food insecurity, such as high infant mortality (Esty and others 1998) and intergroup competition over land and water (Homer-Dixon 1999). Conflict is also a very important determinant of child malnutrition. A mix of extreme poverty, inequality, and declining per capita incomes was frequently associated with civil wars in the 1990s and early 2000s, particularly when combined with heavy reliance on a narrow range of primary product exports (Collier and others 2003). Nafziger and Auvinen (2000) pointed to a similar blend of variables, along with slow growth of food production, high military spending, and a tradition of military conflict. But these studies do not specify the precise pathways for food insecurity or the other factors to combine and lead to conflict.

Other analysts contend that conflict is not an inevitable outcome of environmental scarcities and food insecurity (Messer and others 2001). They see competition between ethnic groups for political and economic power as the main explanation for violence, especially in Africa (Paarlberg 2000; Marshall and Gurr 2003). Over the past 20 years, civil conflict has created food emergencies in Angola, Burundi, Republic of Congo, the Democratic Republic of Congo, Côte d'Ivoire, Guinea, Liberia, Sierra Leone, Sudan, and Uganda (box 1.2). Although the countries affected by food emergencies may change from year to year, there has been little progress in reducing the incidence of such emergencies across the African continent (Benson 2004).

The key trigger conditions that predispose societies toward conflict may be natural, such as a prolonged drought. They may be economic, such as a change in the price of the principal food (rice in Indonesia) or cash crop (coffee in Rwanda) that deprives the rebelling population of its perceived just standard of living. Or they may be political, such as social inequalities, violations of

Hunger and poverty can cause conflict—and vice-versa

human rights, and the denial of access to land or welfare programs, as in Central America. Frequently the food insecurity caused by conflict is heightened by economic crises, HIV/AIDS, or other disasters. The result is that even more people go hungry.

The second link between hunger and instability relates to “horizontal inequalities” (Stewart 2002). Large relative differences in nutrition and lack of access to economic, political, and social resources among groups differentiated along ethnic, cultural, or religious lines reduces social cohesion (Stewart 2002). Conflict becomes almost inevitable when leaders mobilize these groups for their own pursuit of power—often by constructing or enhancing group identity—and when triggers such as aid flows or political realignments accentuate group grievances. Initial studies of this hypothesis in Angola and Rwanda suggest it has some validity, at least in the countries studied (Cramer 2003). Thus, hunger and poverty can cause conflict—and vice-versa.

If we can alleviate hunger by tackling its underlying causes, we are likely to make the world and developing nations safer and more secure. Additional humanitarian resources are necessary for dealing with the consequences of both conflict and natural disasters, and the transition from conflict back to development requires huge investments in food and nutritional support.

Natural disasters and climate variability

Other major sources of vulnerability for hungry people are natural disasters and climate variability. The poor and food-insecure countries that largely depend on rainfed farming are the most vulnerable to variability in climate.

A paper commissioned by the task force (Hansen and others 2004) provides the following perspective. Climate variability affects food-insecure households in economies with a high dependence on agriculture. In southern India the coefficient of variation for net farm income over 10 years was 127

Box 1.2 **Food in times of crisis in Sierra Leone**

Source: Lefort 2001.

War-torn Sierra Leone has witnessed the use of food as a weapon to terrorize and suppress its people. The civil war waged by the Revolutionary United Front during the 1990s influenced people’s access to food in the following ways:

- In 1998 the Revolutionary United Front commando units attacked isolated and unprotected rural areas. Among the common atrocities conducted were burning houses and mutilating villagers. The loss of one or two hands meant that the villager could no longer provide food for his or her family.
- Food supply was closely linked with the diamond industry. Food was a necessity for diamond miners, who either bought it from families at very low prices or else stole it from families or the stocks of humanitarian organizations.
- The Revolutionary United Front used food distribution as a means of encouraging people to remain in or return to the towns under control.
- The government used food distribution as a political tool—to show people it was still in control.

Agricultural productivity in Africa and Latin America could fall by as much as 30 percent in this century through climate change

percent, primarily due to climate variability. The amount of food a household is able to purchase is affected by large price fluctuations during droughts or floods. Locust outbreaks and migratory patterns also depend on climate variability, as do many other pests and diseases. A flood can cut off access to markets by damaging transport infrastructure, inundating markets, and washing away homes and crops. A drought can lead to crop losses, food price increases, reduced agricultural labor, lost revenue from secondary processing and transport of agricultural commodities, and lost energy when the water in hydroelectric dams becomes low. Technologies are available for climate prediction to assist the poor in managing their vulnerabilities to risk, based on improved knowledge of climatic risks and local predictions at seasonal time scales (Hansen and others 2004).

Additionally, the Third Assessment Report of the Intergovernmental Panel on Climate Change stated for the first time that the scientific evidence of human-induced climate change is unequivocal—and that the latest predictions are much worse than previous ones (Houghton and others 2001). The last 100 years have been the warmest on record, and the warming in the last 50 years has a clear human signature. Rainfall patterns are changing. El Niño events are increasing in frequency and intensity. Arctic ice is thinning, and tropical mountain ice is retreating.

The potential consequences of these changes are dire. Agricultural productivity in Africa and Latin America could fall by as much as 30 percent in this century. Severe droughts will occur in Southern Africa and Southeast Asia. Wetter climates and more floods are predicted for parts of East Africa and Latin America. And more smoke and haze are predicted for Southeast Asia and Central America. Higher worldwide food prices are likely to result, affecting the landless and the urban poor.

The social and economic costs of hunger

The images of hunger that fill TV screens and newspapers tend to show the devastating effects on children of acute malnutrition caused by such extreme shocks as famines and war. As critical as it is to respond to those crises, we must bear in mind that acute malnutrition affects roughly 1 in 10 of the hungry worldwide, depending on the year. Generally, most of the hungry suffer from chronic malnutrition. It is estimated that chronic malnutrition—ranging from severe, through moderate, to mild—is linked to 54 percent of child deaths worldwide, while acute malnutrition on its own accounts for roughly 10 percent (Pelletier and others 1995; UN SCN 2004). Most child deaths linked to malnutrition are thus associated with its less visually dramatic manifestations (figure 1.2).

Malnutrition and hunger are the number one risk factor for illness worldwide (WHO 2003b). For both children and adults, malnutrition reduces the body's natural defenses against most diseases. It is thus a critical factor predisposing people to infection and disease progression. Inadequate food consump-

Figure 1.2

Malnutrition is a leading cause of child deaths

Share of child deaths due to infectious diseases associated with malnutrition (%)

a. Data are for northeast Brazil.

Source: Adapted from Pelletier and others 1995.

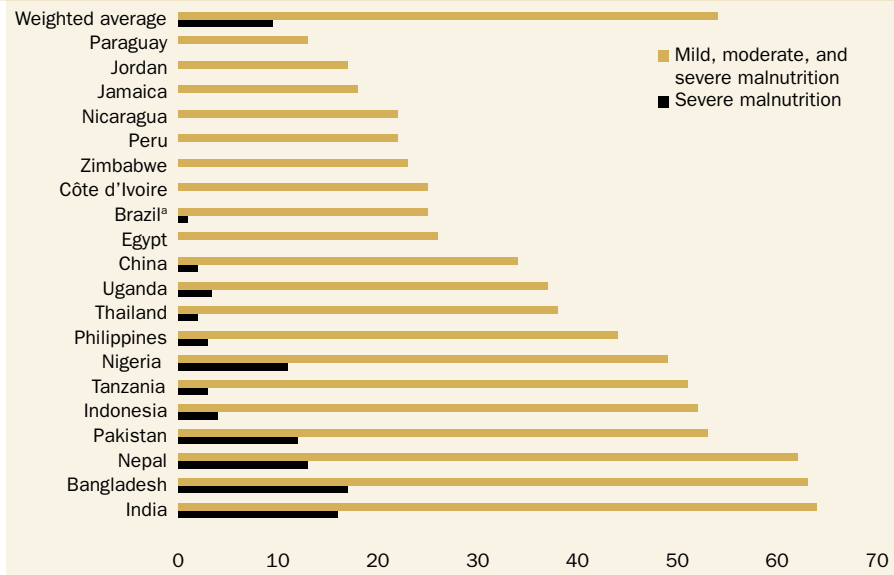
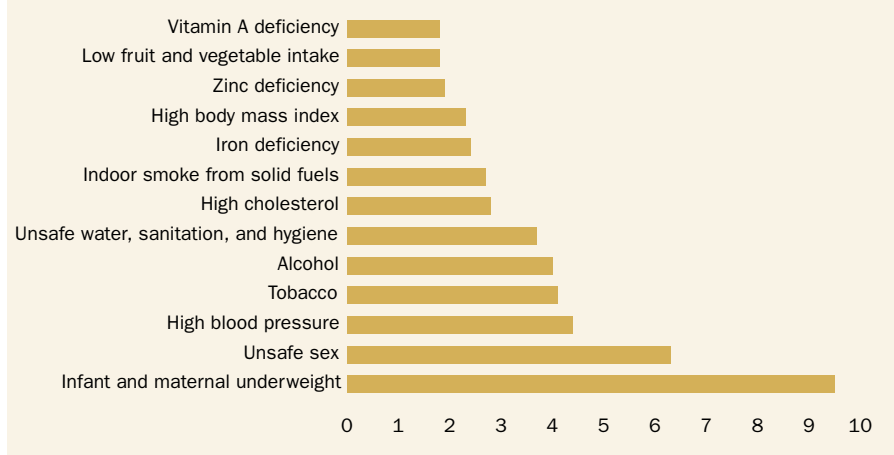


Figure 1.3

Poor nutrition is one of the leading risk factors contributing to the global burden of disease

Share of world disability adjusted life years (%)

Source: Ezzati and others 2002.



tion and malnutrition account for 7 of the 13 leading risk factors associated with the global burden of disease (WHO 2003b). Nutrition thus provides a broad platform for launching efforts to reduce infection and chronic disease throughout the world (figure 1.3).

Undernourishment in childhood is also associated with poor cognitive development in children (Grantham-McGregor, Fernald, and Sethuraman 1999a,b). Indeed, poor cognitive development begins before birth with malnourished pregnant women (Hack 1998). It is also associated with reduced breastfeeding (Grantham-McGregor, Fernald, and Sethuraman 1999a). And it has been shown that reduced cognitive development, especially in the first two years of life, results in lower productivity and lifetime earnings potential (FAO 2003).

Hunger carries both direct and indirect economic costs. Its negative impact is dramatic in forgone GDP per capita. For labor productivity alone, the annual

losses are at least 6–10 percent (figure 1.4). Gains in productivity of this magnitude would be headline news in any country—but they would be especially good news in developing countries seeking to compete in the global economy. Iron deficiency alone accounts for between 2 percent and 7 percent of forgone GDP in the 10 developing countries with good estimates (figure 1.5).

The impacts of hunger on an individual’s labor productivity are determined early in life. Malnourished infants tend to enter primary school later and to drop out earlier. When in school, they tend to be less able to learn than better nourished children. These disadvantages in early childhood typically persist, significantly diminishing the individual’s earnings throughout her or his working life. Productivity in nonmarket activities—such as care for infants, children, and other dependents—and in other household activities is also reduced. Moreover, the multiplier effect of strong and healthy human capital on the productivity of other assets—such as financial, social, natural, and physical capital—will be forgone.

Figure 1.4
Malnutrition reduces labor productivity and national output in low-income Asian countries

Productivity losses associated with malnutrition (%)

Source: Horton 1999.

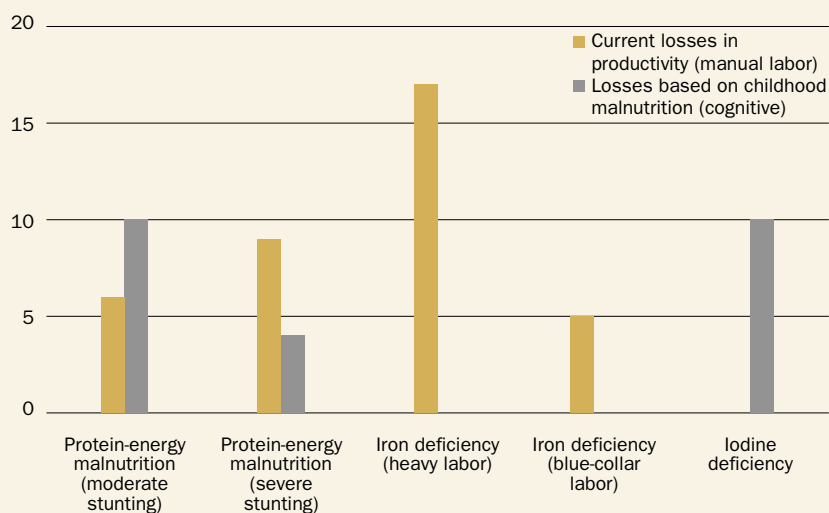
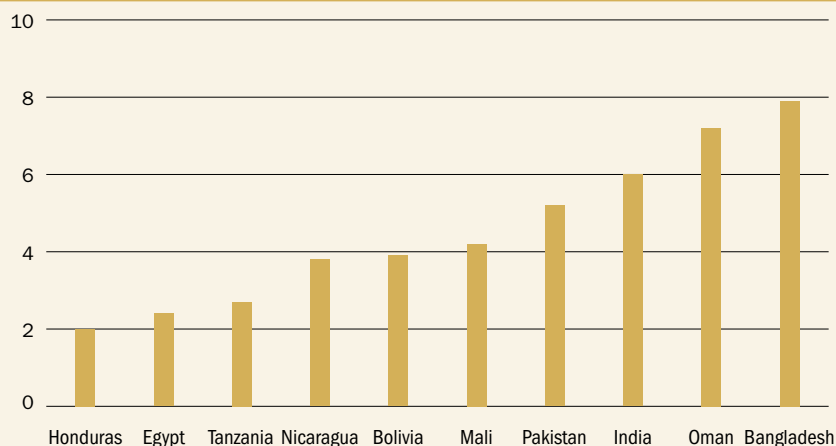


Figure 1.5
Iron deficiency anemia alone can reduce national output by 2–8 percent

Forgone GDP (%)

Source: Horton and Ross 2003.



The Copenhagen Consensus, a project of the Danish Institute of Environmental Assessment, identified investment in supplying micronutrients as the second most cost-effective of all the potential development interventions included in its study, behind only a successful effort to tackle HIV/AIDS (Copenhagen Consensus 2004). Addressing child malnutrition also came in the top 10 “winners” in cost-benefit ratios. In the first “challenge paper” to emerge from the work of the Copenhagen Consensus, the preliminary results show that the economic benefits of reducing hunger consistently outweigh the costs (table 1.2).

The Copenhagen Consensus conclusions are based only on cost-benefit calculations. These costs and benefits were estimated from a number of sources, with several assumptions about baseline nutritional status or the effectiveness of interventions. However, the findings broadly support other studies on the costs and benefits of fighting hunger.

To the extent that hunger affects the lives and productivity of individuals, they are bound also to affect the economic growth performance of nations, especially those with a high incidence of chronic undernourishment. In a study for the FAO, Arcand (2001) demonstrated that, if developing countries had raised nutritional standards to adequate levels in the last half of the twentieth century, they would have improved human welfare and raised the rate of economic growth. These findings reinforce the conclusion that significant economic benefits are to be gained from measures that lead to the elimination of hunger. They suggest that it may be possible, especially in low-income coun-

Table 1.2
Benefit-cost ratios
for interventions
to reduce hunger

Source: Behrman, Alderman, and Hoddinott 2004.

Interventions and targeted populations	Benefit-cost ratio
Reducing low birthweight where there is a high risk (particularly in South Asia)	
Treatment for women with asymptomatic bacterial infections	0.6–4.9
Treatment for women assumed to have sexually transmitted diseases	1.3–10.7
Drugs for women with poor obstetric history	4.1–35.2
Improving infant and child nutrition in populations with a high prevalence of malnutrition	
Breastfeeding promotion in hospitals in which the norm has been the promotion of infant formula	4.8–7.4
Integrated child care programs	9.4–16.2
Intensive preschool program with considerable nutrition for poor families	1.4–2.9
Reducing micronutrient deficiencies in populations in which they are prevalent	
Iodine (women of child-bearing age)	15.0–250.0
Vitamin A (children under six)	4.3–43.0
Iron (whole population)	176.0–200.0
Iron (pregnant women)	6.1–14.0
Investment in technology to develop agriculture	
Dissemination of new cultivars with higher yield potentials	8.8–14.7
Dissemination of iron- and zinc-dense rice and wheat varieties	11.6–19.0
Dissemination of vitamin A–dense rice	8.5–14.0

**Economic
growth is
not enough
to eliminate
hunger**

tries, to induce increases in GDP growth rates by giving priority to investments reducing hunger.

While economic growth is usually necessary for sustained reductions in hunger, it is not enough to eliminate hunger. Some developing countries, such as India, have achieved high economic growth rates without commensurate reductions in the incidence of hunger. Others have cut hunger even when their growth has been sluggish, such as Cuba. A study by Anand and Ravallion (1993)—cited by Smith and Haddad (2000)—concluded that average income matters, but only insofar as it reduces poverty and finances key social services.

Moral and legal foundations for eradicating hunger

For all the reasons just described, extreme hunger elicits a strong response from people. The specter of famine throughout history, such as the European famines of 1815 and 1846, drove many Western humanitarian campaigns, and formed part of the rationale for increasing development assistance in the 1950s and 1960s. The famines in Ethiopia and other African countries in the 1980s led to massive public awareness campaigns, such as the charity concerts by well known musicians, to mobilize support in donor countries for hunger reduction efforts. But the historical persistence of hunger has also led to its acceptance as an inevitable part of the human condition. As a result, it has not received the absolute moral condemnation that might be expected of an issue that evokes such strong feelings.

A milestone was the recognition of the universal right to adequate food adopted by the 1996 World Food Summit. Article 11 of the 1948 Universal Declaration of Human Rights states that “Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food. . . .” Nearly 20 years later, the International Covenant on Economic, Social, and Cultural Rights (United Nations Economic and Social Council 1966) developed these concepts more fully, stressing in article 25 “the right of everyone to . . . adequate food” and specifying “the fundamental right of everyone to be free from hunger.” Delegates to the 1996 World Food Summit asserted “the right of everyone to have access to safe and nutritious food, consistent with the right to adequate food and the fundamental right of everyone to be free from hunger.” They further pledged to cut in half the number of the world’s hungry people. This pledge became the basis for the Millennium Development Goal for reducing hunger, formally adopted by the world’s leaders at the Millennium Summit in 2000.

The 1996 World Food Summit requested that both the concept of this right—and the steps to realize it—be better clarified. Under the coordination of the UN High Commissioner for Human Rights, the request was met through the joint efforts of human rights and development experts, including food and nutrition policy analysts, international organizations, and representatives of interested governments and civil society. The process culminated

The historical persistence of hunger has also led to its acceptance as inevitable

in General Comment 12 on the right to food (CESCR 1999), which for the first time offers a comprehensive and authoritative interpretation of the human right to adequate food, as laid down in general terms in Article 25 of the United Nations Declaration on Human Rights and in Article 11 of the Covenant on Economic, Social, and Cultural Rights and in more nutritional terms in Articles 24 and 27 of the Convention on the Rights of the Child.

The Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women entered into force in December 2000. Article 12 of the Convention provides that “State Parties shall ensure for women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.” The ratification of the Optional Protocol gives competence to the Committee on the Elimination of Discrimination against Women to receive and consider complaints from individuals or groups within its jurisdiction. The rule of law and the enforceability of the right to food are necessary for this right to be meaningful, and the Optional Protocol is clearly an important milestone in that direction.

Having legal recourse at national and international levels is a prerequisite for making the right to food meaningful—letting people seek a remedy and accountability when this right is violated. As such, state parties to the Committee on Economic, Social, and Cultural Rights are obliged to respect, protect, and fulfill, the right to food. While not yet widespread, these provisions are beginning to gain traction in some countries (box 1.3).

The International Covenant on Economic, Social, and Cultural Rights recognizes the importance of international trade regimes, and requires countries to recognize the right to food when entering into trade agreements with other countries or international organizations. There is now sufficient international legislation on food as a human right—combined with growing awareness and emerging precedent—to support a human rights approach to hunger reduction

Box 1.3

The right to food in India

Source: People’s Union for Civil Liberties 2001.

On April 16, 2001, the People’s Union for Civil Liberties in India submitted a “writ petition” to the Supreme Court of India asking three questions:

- Does the right to life mean that people who are starving and too poor to buy food can get free access to government stockpiles?
- Does the right to life under Article 21 of the Constitution of India include the right to food?
- Does not the right to food, which has been upheld by the Supreme Court, imply that the state has a duty to provide food, especially in situations of drought, to people who are drought-affected and are not in a position to purchase food?

The court ruled in favor of the People’s Union. While the battle continues in the courts as the states contest their obligations and their ability to meet them, the issue is guaranteed to pressure state governments to place a higher priority on combating hunger.

Box 1.4
Eleven steps in
applying a human
rights approach to
hunger reduction

Source: Adapted from
Ziegler 2002.

1. Identify groups vulnerable to food insecurity and review national legislation to determine how much these groups are protected.
2. Analyze the steps the government has taken to comply with its obligations.
3. Assess political action for access to food—and to productive resources, since they are a prerequisite to the long-term enjoyment of the right to food by the rural poor.
4. Assess the political marginalization of vulnerable groups and ensure that there is no discrimination on the grounds of ethnicity, gender, religion, or any other criterion.
5. Examine national action plans to determine whether they comply with General Comment 12 of the UN's Committee on Economic, Social, and Cultural Rights.
6. Consult the Voluntary Guidelines to Support the Progressive Realization of the Right to Adequate Food in the Context of National Food Security
7. Determine whether the right to food has been made justifiable and, if not, take steps to secure this.
8. Empower judicial institutions to enforce the right to food on the government but also on private parties, including transnational corporations.
9. Lobby to strengthen international rules and enforcement mechanisms for transnational corporations to ensure that they do not violate the right to food.
10. Lobby to review and reform international trade rules to ensure their compatibility with the right to food.
11. Put pressure on financial bodies and developmental agencies, such as the International Monetary Fund and the World Bank, to ensure that they adopt a rights-based approach to their policies and programs.

policies and strategies (box 1.4). An additional instrument has recently been developed, intended to help states in pursuing a human rights–based policy: a set of voluntary guidelines to support the progressive realization of the right to adequate food in the context of national food security (FAO 2004a).

What is clear is that there are strong moral grounds for eradicating hunger, grounds sufficient for accelerating action worldwide. But eradicating hunger also can be a high-yielding economic investment. So, from both a moral and an economic perspective, there are forceful arguments for increasing the investment funds for reducing hunger. It can also be argued from a tactical perspective that reducing hunger must be a critical element of any poverty reduction strategy, recognizing that little progress in poverty reduction is likely to be possible as long as large numbers of people suffer from hunger and malnutrition. Indeed, success in reducing hunger will open the door to reducing poverty and contribute to achieving other Millennium Development Goals, especially those for health, education, gender equality, and the sustainable use of natural resources.