

## **MALNUTRITION FACT SHEET**

### **What is malnutrition?**

- Malnutrition, specifically *undernutrition*, is a serious medical condition marked by a deficiency of essential proteins, fats, vitamins and minerals in a diet. It is especially burdensome and dangerous for young, growing children. According to UNICEF, There are currently 195 million children less than 5 years of age affected by malnutrition, with 90% living in sub-Saharan Africa and South Asia. At any moment, at least 20 million children suffer from the deadliest forms of severe acute malnutrition (SAM) and another 175 million are undernourished.
- Malnutrition plays a significant role in mortality because the immune systems of malnourished children are less resistant to common diseases. In fact, malnutrition contributes to one-third of the eight million deaths of children under five years of age every year.
- These are largely invisible children and invisible deaths, occurring in places we normally don't hear about. It happens every year. The community and economic consequences are obvious. This is an ongoing medical emergency that requires urgent action.

### **Malnutrition is different from hunger**

- Malnutrition and hunger are sometimes confused. The principles of good childhood nutrition are well established: exclusive breastfeeding for the first 6 months of life, then the introduction of an age-appropriate complementary diet.
- To maintain healthy growth and development, infants and young children need energy furnished by high-quality protein such as milk, eggs, and fish, essential fats and carbohydrates, as well as vitamins and minerals.

### **The critical window of opportunity**

- Most of the damage caused by malnutrition occurs in children before they reach their second birthday. This is the critical window of opportunity, when the quality of a child's diet has a profound, sustained impact on his or her health, and on physical and mental development.
- Diets that do not provide the right blend of energy including high-quality protein, essential fats, and carbohydrates as well as vitamins and minerals can impair growth and development, increase the risk of death from common childhood illness, or result in life-long health consequences.

### **New Strategies to address lack of access to nutritious foods for young children**

- In malnutrition hotspots in places like south Asia and sub-Saharan Africa, research shows that the cost of purchasing nutritious foods for children aged 6–30 months is prohibitive for most parents, making it virtually impossible to provide adequate nutrition.
- A major constraint has been the lack of cost-effective strategies to deliver the many essential nutrients needed for healthy development in resource-limited areas.
- Recent advances in nutrition science and nutrition programming create opportunities to enhance the effectiveness of malnutrition programs in the world's most vulnerable regions.

## **Tackling Childhood Malnutrition Head-On**

- Tested strategies to address malnutrition are effective and are showing promising results in many countries. Some, including Mexico, Thailand, and Brazil, have reduced early childhood malnutrition through direct nutrition programs that ensure infants and young children from even the poorest families have access to quality foods, such as milk and eggs. Through such programs, substantial progress has been made towards freeing children from the consequences that come with malnutrition at an early age. At the same time there is growing political will in Asian and African countries to replicate successful programs.

## **International food aid**

- The World Bank estimates that \$12 billion a year is needed to scale up effective nutrition programs to meet current needs. Only \$350 million were spent on direct nutrition programs in 2007.
- There is not enough emphasis on the types of foods included in aid deliveries, in other words, the *quality* of food. Most current food aid programs for developing countries rely almost exclusively on fortified cereals made of corn and soy blend (CSB), which may relieve a young child's hunger, but do not provide proper nourishment.
- The US is the world's largest food aid donor. It produces and ships hundreds of thousands of tons of CSB and other fortified blended flours for use in nutrition programs throughout the developing world, even though these foods are recognized as nutritionally substandard for infants and young children. CSB and other flours are not promoted in the US Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) nutrition safety net program in the US, which provides vouchers to low-income young mothers for the purchase of nutritious foods like milk, fruits, eggs, etc... The United States is sending food overseas to children that it would not feed to its own citizens. This double standard needs to end.
- Better nutrient-rich alternatives exist and could be included in food aid distributions. International food aid donors must also support programs that meet the minimal nutritional needs of infants and young children, and work with countries most affected by the crisis to put access quality foods at the center of efforts to tackle childhood malnutrition.

## **MSF nutrition programs**

- In 2009, Doctors Without Borders/Médecins Sans Frontières (MSF) medical teams treated 250,000 children suffering from acute malnutrition in 116 programs in 34 countries, primarily with nutrient dense ready-to-use foods, which, while more expensive than foods currently provided by the food aid system, actually work to prevent and cure severe malnutrition—and can be used on a very large scale. Currently, MSF is operating 120 nutrition programs in 36 countries.