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Global Food Price Volatility: HKI's Response and Renewed Urgency to Act

Background: *Helen Keller International (HKI) first issued this position paper in June 2008 at a time when global food price volatility, and subsequent social unrest, resulted in an increased number of people suffering from hunger and increased household food insecurity. Price volatility is devastating for poor people and market instability can adversely affect rural farm livelihoods. In 2011, global food price volatility is once again undermining food security and the dire situation for poor households is exacerbated by the global financial crisis, which has led to a decline in foreign development aid.*

Wealthy economies must put in place both short- and long-term measures to address food price volatility. HKI supports efforts to diversify and boost yields of small-scale producers, to reduce the work burden on women, and to improve household nutrition. Sustainable agriculture practices, which decrease dependence on oil-based agriculture through increased local, diversified food production, provide a viable pathway forward to improve household food security, rural livelihoods and resilience of national food production to climate and market perturbations. HKI believes it is imperative that nutrition interventions be scaled up urgently to respond to the ongoing food insecurity.

Price volatility in 2008 resulted in 100 million additional people joining the ranks of those who are chronically hungry. Now there are nearly one billion undernourished people worldwide (FAO 2010). Children under the age of five and pregnant and lactating women are at highest risk for the grave consequences of vitamin and mineral deficiencies -- hidden hunger. Typically, poor households respond to higher food prices by purchasing more staple foods and fewer fruits, vegetables and animal-source foods. Staple foods tend to be poorer sources of the vitamins and minerals that are essential for optimal health. Deficiencies in vitamin A, iron, zinc and folic acid cause increased mortality and undermine human development, well-being, and economic productivity. Food price volatility will further slow progress toward eradicating extreme hunger and poverty, and reducing child mortality.

UNICEF (2011) cites weather shocks, exchange rate fluctuations – particularly the weakening of the US dollar-- and financial investment and speculation in commodities as drivers of the current global food price volatility. As climate change intensifies and weather patterns become more unpredictable with more extreme temperature and precipitation events, food insecurity will be exacerbated in most regions of the developing world. Some have cited increased food demand as a factor, but the total global consumption of food grains increased only marginally (2%) over the past year, while for some crops, consumption has actually decreased (Ghosh, 2011). (Note that a large increase has occurred in the global price of maize due to USA subsidies for biofuels; this has led to price increases in maize substitutes for livestock feed).

There are other structural factors as well, *inter alia* trade regimes, corporate concentration, lack of rural infrastructure. A fix for all of these ills, at least in part, lies in strengthening local communities' agricultural resilience through crop diversification, better natural resource management, and improved rural and regional market infrastructure. It is imperative that there be a renewed global strategy to increase and diversify local production for climate and market resilient food security.

HKI's Response: Many global groups have noted that the response must include immediate actions, such as comprehensive social protection programs and food and nutrition support. The response must also include longer term initiatives to improve the terms of trade and to boost local, diverse production, especially of nutrient-dense food crops.

Many of HKI's programs seek to improve food security and nutritional status among vulnerable families. These approaches can be contextualized for inclusion in the basket of strategies supported by governments and development agencies to reduce the negative nutritional consequences of the current global financial and food price crises.

Preventing malnutrition through Essential Nutrition Actions: HKI promotes **Essential Nutrition Actions** (ENA), using **Behavior Change Communications** (BCC) to focus on the critical 1,000 day window between conception and the first two years of life. ENA is comprised of interventions with proven impact in reducing maternal and child mortality and illness: the promotion of optimal breastfeeding and complementary feeding, the nutritional care of the sick child, maternal nutrition, the prevention of vitamin A deficiency, anemia, and iodine deficiency disorders, as well as appropriate nutritional practices in the context of HIV/AIDS. *The Lancet* (2006) estimated if 90% of mothers practiced optimal breastfeeding the deaths of children less than five years of age would decline by 13 percent. Though not well-publicized, the vast majority of women can successfully breastfeed their infants even when they themselves are malnourished. For children under two, breast milk remains a critical 'food security commodity' during times of food deficits. The BCC approach enhances the skills of health workers and community volunteers to facilitate the adoption by mothers and other child caretakers of improved practices. The ENA framework also mobilizes national partner networks to promote harmonized, action-oriented messages within the health system and through improved links with the educational and agricultural sectors.

Promoting household food production (HFP) to improve food security and nutrition: HKI promotes household production of nutrient-rich foods: fruits, vegetables, poultry and small livestock. Farmers (primarily women) are provided with start-up inputs such as improved seeds and animal breeds, and are trained in environmentally sustainable agricultural practices and ENA. Household assets, particularly those of women, may increase through the marketing of surplus production. HFP is adaptable to new contexts, and capable of large-scale replication making it an ideal component of an overall strategy to enhance the food and nutrition security of vulnerable households. In 2009 HKI Bangladesh was selected by the International Food Policy Research Institute (IFPRI) for their report, "Millions Fed: Proven Successes in Agricultural Development." The HFP model has been implemented in Bangladesh, Cambodia, Nepal and the Philippines, and currently is being adapted for use in Indonesia, Burkina Faso and Tanzania.

HKI collaborates on research initiatives to enhance agricultural production and the nutrient content of staple crops. We work with the International Potato Center (CIP) and HarvestPlus (a joint initiative of IFPRI and the International Center for Tropical Agriculture - CIAT) as they seek to identify strains of orange-fleshed sweetpotatoes (OFSP) with high pro-vitamin A content, palatability and pest resistance; HKI's role is to promote farmer adoption and consumption, especially by young children. We are

currently engaged with OFSP promotion in Burkina Faso, Mozambique and Tanzania and will be expanding to Nigeria. HKI has teamed with the International Crops Research Institute for the Semi-Arid Tropics (ICRISAT) to evaluate bioavailability and absorption of millet and sorghum varieties with high iron and zinc content and is working with AVRDC (The World Vegetable Center) to improve production and consumption of nutrient-rich vegetables in Bangladesh and in Tanzania.

Reaching the “Hard to Reach” with Vitamin A supplements: Since the 1970s, one of HKI’s signature programs has been vitamin A supplementation (VAS), which is also a component of ENA. In populations with vitamin A deficiency (VAD), twice-yearly VAS of children 6-59 months can reduce under-five mortality by over twenty percent. Globally, VAS programs have made huge progress, but universal coverage has not yet been attained in any country. In the Asia-Pacific region, VAS had reached over 80% national coverage in most countries, but recent decreases in donor funding and the decentralization of health services have led to declining and inequitable coverage. Those children who are not receiving VAS likely represent the subset most vulnerable to morbidity and mortality. With decreased dietary intake of vitamin A as food prices increase, reaching the “hard-to-reach” has become a global priority. Support from the Canadian International Development Agency (CIDA) is helping to accelerate our work on achieving universal coverage in Africa. Although USAID remains a supporter of VAS in some Asian-Pacific countries, governments are expected to take over funding which may result in decreasing coverage in some countries due to lack of resources for promotional activities. The hardest to reach areas with inadequate health systems still need additional outside resources in all countries to ensure universal coverage.

Supporting industrial food fortification: Fortification of key food staples is one of the most cost-effective strategies for sustainably controlling deficiencies in vitamin A, iron, folic acid, zinc and other micronutrients. As poor populations decrease their consumption of high-cost foods rich in vitamins and minerals (fruits, vegetables, eggs, poultry, meat and fish) it becomes more important to accelerate the fortification of basic staples with micronutrients. HKI works with governments to establish appropriate policies and regulations, advocates and works with private sector millers and cooking oil producers to promote fortification of the product, and develops communications strategies to generate consumer demand for the products.

HKI has worked on large-scale fortification in West Africa for over 10 years. Multiple donors, including USAID, the Michael & Susan Dell Foundation and the Global Alliance for Improved Nutrition, have supported both cooking oil and wheat flour fortification in the *Union Economique et Monétaire Ouest Africaine* (UEMOA: Benin, Burkina Faso, Côte d’Ivoire, Guinea-Bissau, Mali, Niger, Senegal and Togo) where currently over 50 million consumers are being reached with fortified oil and flour. We also have initiatives in Cameroon and Mauritania, and are launching efforts in Mozambique and Tanzania.

Addressing malnutrition: HKI has expertise in enhancing national and local capacity for the **community-based management of acute malnutrition (CMAM)** in collaboration with health personnel and community volunteers in a number of African countries. By working with family members, CMAM allows some malnourished children to be effectively treated at home. Local health clinics or trained community groups distribute enriched supplementary food to parents of children diagnosed with moderate acute malnutrition. These parents learn how to prepare a nutritious porridge, the importance of giving an adequate number of meals each day, and continued breastfeeding, which are important preventative actions and part of the ENA framework. Families with severely malnourished children are given ready-to-use therapeutic foods that are high in energy and protein. The small proportion of children with severe acute malnutrition and medical complications must be treated first in a hospital setting until they stabilize enough to be rehabilitated at home. The **CMAM** approach trains workers in communities to screen

children for acute malnutrition, and to know when to refer them for treatment. HKI also collaborates with partners such as Catholic Relief Services and Save the Children in the **targeted distribution of food aid** for vulnerable groups facing acute food deficits. This assistance is linked with strategies to improve nutrition practices (especially infant and young child feeding), increase local agricultural production, make markets and post-harvest practices more accessible to poor households, and sustainably use natural resources.

The treatment of **deficiencies in vitamin A and other essential minerals** (iodine, iron and zinc) is often forgotten, but no less urgent. During the Asian Tsunami in 2005, HKI and partners distributed 28 million *Sprinkles*[®] sachets, a micronutrient powder comprising essential vitamins and minerals, to children 6-59 months in Indonesia. These efforts helped to inform the 2007 joint statement of WHO, WFP and UNICEF on the prevention and control of vitamin and mineral deficiencies in populations affected by an emergency. HKI has supported program effectiveness studies and tested mechanisms for scaling up micronutrient powder delivery in collaboration with the governments of Indonesia, India and Cambodia and is currently working to test models in the Philippines, Nepal and East Timor. Funding from CIDA is supporting the testing of delivery models for nutrient supplements in a number of African countries.

HKI works to integrate WHO/UNICEF guidelines for the management of acute diarrhea with **zinc supplementation and oral rehydration salts** into national health protocols, and to train health staff in this effective treatment for sick and malnourished children. In sub-Saharan Africa, CIDA is providing support to HKI to identify effective delivery channels using existing community-based platforms.

Nutritional surveillance for timely warning, planning and advocacy: HKI believes that **national nutritional surveillance systems (NNSS) are important** for collecting and robustly monitoring data on relevant indicators. NNSS can provide timely warning of crises, monitor their progression and the impact of nutrition interventions, and guide policy and program design. A food security and nutrition surveillance system in Bangladesh is being implemented in partnership with the Bangladesh Rural Advancement Committee. A NNSS was implemented in Indonesia during the late 1990s, but it is no longer active. HKI has provided technical assistance to introduce a simplified surveillance system in the West African country of Guinea.

HKI's mission: Our mission is to save the sight and lives of the most vulnerable and disadvantaged. We combat the causes and consequences of blindness and malnutrition by establishing programs based on evidence and research in vision, health and nutrition. We believe the only sustainable development model is one that enhances the technical and operational capacity of individuals, local government and NGO partners, and that embeds sustainable intervention delivery within government and community structures. HKI is recognized internationally as a leader in combating malnutrition through multiple intervention platforms, and has a long history of developing innovative and integrated strategies. We welcome partners from around the world to assist in adapting existing programs and developing new approaches for combating hunger, poverty and malnutrition.