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Before the High Level task force communicates its first Comprehensive Framework for Action, Médecins Sans Frontières urges careful consideration of the population that is most vulnerable to the dire consequences of malnutrition - children under two. Undernutrition contributes to 10,000 - 15,000 child deaths every day, and to one third of all child deaths before age five.

The first Millennium Development Goal includes a reduction in undernutrition by half between 1990 and 2015. But in many high burden countries, progress has not been made or the situation is actually worsening in terms of the numbers and proportion of underweight children.¹ The current food price crisis risks exacerbating malnutrition pervasive in the Sahel, Horn of Africa and parts of Asia.

Therapeutic treatment programmes directed at children with the highest risk of dying have not yet been scaled-up. According to MSF estimates, only 3% of the 20 million children with severe acute malnutrition each year receive ambulatory or community treatment as recommended by the UN Joint Statement June 2007.

Programmes to prevent and address less severe forms of malnutrition are also inadequate, but for another reason: they don't provide the right foods. Between 6 and 24 months of age, young children need energy-dense, nutrient rich foods to support them during a period of rapid growth and development. This concentration and diversity of nutrients can only be found in animal source foods. These foods are expensive and often not accessible, making children particularly vulnerable to food insecurity.

However, current nutrition programmes targeted at young children in food insecure areas are of limited reach and effectiveness, and international food aid continues to supply enriched flours without animal source foods. The fact that milk was removed from donated enriched flours targeted at young children in the late 1980s solely due to economic reasons indicates a deadly double standard in which nutritional science is ignored.

¹ UNICEF, Progress for Children, A report card on nutrition, number 4, May 2006

In order to assess the needs and costs of effective programmes, UNICEF, WFP and the World Bank must provide estimates both for acute needs today and for longer term needs, especially in malnutrition hotspot countries.

According to a recent analysis by The Lancet, nutrition programming averages less than \$2 a year for children less than two in the 20 high burden countries.² This is a fraction of estimated need for effective large-scale implementation of nutrition programs to assure reversal of undernutrition in these countries. This for an illness and risk factor responsible for 11% of the global burden of disease.³

While a comprehensive approach to address malnutrition and food insecurity in high burden areas requires a multi-sectored approach, international nutrition and food aid programming must urgently do more to support those most in need. Given that the basic requirements of food quality for young children are well established, the fact that millions of children fall into life-threatening stages of malnutrition is an indictment of national and international nutrition and food aid programming.

At a time when lead UN agencies invoke images of emaciated children to argue for greater funds and attention to the food price crisis - the specific nutritional needs of young children must not be forgotten.

MSF therefore urges the Taskforce to:

1. Acknowledge that young children are the most affected by food insecurity and therefore require specific interventions tailored to their needs.
2. Ensure that addressing undernutrition in young children is a central component of the global response to the food price crisis both in the short and long term. The strategy should set minimum nutritional standards for food aid for infants, young children and pregnant and lactating women.
3. Make sure that food appropriate for children under two is added to WFP general food rations.

² Morris SM, Bruce C, Ricardo U, for the Maternal and Child Undernutrition Study Group. Effective international action against undernutrition: why has it proven so difficult and what can be done to accelerate progress? *Lancet* 2008; 371: 608-621.

³ Black RE, Allen LH, Bhutta ZA, Caulfeild LE, de Onis M, Ezzati M, *et al.*, for the Maternal and Child Undernutrition Study Group. Maternal and child undernutrition: global and regional exposures and health consequences. *Lancet* 2008; 371: 243-260

4. Support ministries of health and NGOs to increase the scope of programmes designed to reduce mortality related to malnutrition, including those targeting the most severe.
5. Request that funds are earmarked to meet the special nutritional needs of the most vulnerable in countries with a high burden of malnutrition to ensure access to appropriate food for young children.

With many thanks & best regards,

A handwritten signature in black ink, appearing to read 'Tido von Schoen-Angerer', written in a cursive style.

Tido von Schoen-Angerer, MD
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