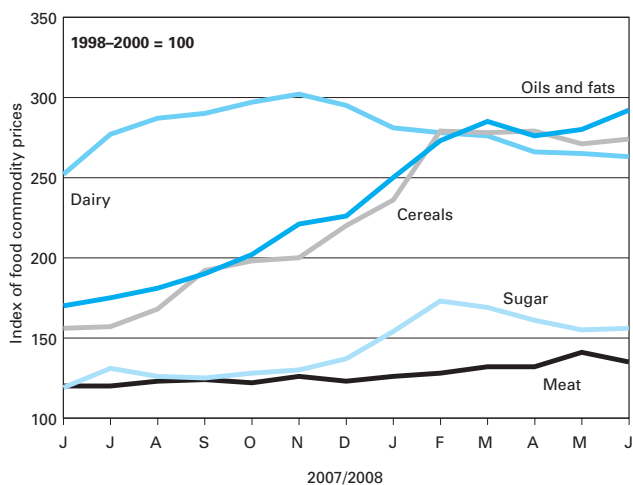


The global food crisis and its potential impact on maternal and newborn health

The recent, precipitous rise in global prices that began in 2006 and continued in 2007–2008 has illustrated the vulnerability of millions to hunger and undernutrition, particularly those in countries where food security is still a major concern. The sharp increases involved such basic foodstuffs as vegetable oils, grains, dairy products and rice. Although fluctuations in the prices of commodities are common, what distinguished the situation in 2008 was that the hike in world prices affects not just a selected few products but nearly all major food and feed commodities.

Figure 1.8
Food prices have risen sharply across the board*



* The food commodity price indices displayed above are the weighted averages of price indices from a basket of basic goods under each commodity group. The weights are the average export trade shares for 1998–2000. For examples, the Oils and Fats Price Index consists of the price indices of 11 different oils (including animal and fish oils) weighted with average export trade shares of each oil product for 1998–2000. For a fuller explanation of the composition of each food commodity group index, see Source.

Source: Food and Agriculture Organization of the United Nations, Food Price Indices, <<http://www.fao.org/worldfoodsituation/FoodPricesIndex/en>>, accessed 1 August 2008.

By June 2008, the Food and Agriculture Organization of the United Nations (FAO) had identified 22 developing countries as being particularly vulnerable to the food crisis. Its assessment was based on a combination of three risk factors:

- An underweight prevalence rate of 30 per cent or more in the population.
- A high degree of dependence on imports of food staples such as rice, wheat and maize.
- A high degree of dependence on imported petroleum products.

Comoros, Eritrea, Haiti, Liberia and Niger are among the countries that demonstrate worrisome levels of all three of these identified risk factors. It comes as little surprise that most of these nations are among the least developed and lowest-income countries. Even within these countries,

however, it is the poorest sections of society – who spend the largest proportion of their disposable income on food – that are likely to be hardest hit by the food crisis.

Addressing the special nutritional needs of mothers and newborns

During an emergency such as a food crisis, pregnant and lactating mothers, together with infants, are among those considered most at risk of undernutrition, owing to their higher nutritional requirements. For example, pregnant women require almost 285 additional calories per day, and lactating women require an additional 500 calories per day. Their micronutrient needs are also higher, and they require adequate intake of iron, folate, vitamin A and iodine to ensure the health of both mother and infant.

In the face of the food crisis, FAO has urged a rapid supply response to restore a better balance between food supply and demand, especially in the countries worst affected. In addition, while food aid is being supplied to countries, policies must be applied to offset patterns of food distribution between family members that may result in pregnant and lactating women consuming less than their minimum requirements. Where food aid is being provided to those most at risk of shortages and undernutrition, additional food for pregnant women should be supplied, usually as a take-home ration, either through the general ration distribution or through supplementary feeding programmes. Pregnant and lactating women may also require other complementary, nutrition-related interventions, including food fortification, micronutrient supplementation, additional safe drinking water, malaria management during pregnancy, prophylaxis for management of internal parasites, and nutrition education counselling.

Communication and advocacy campaigns concerning food aid should highlight the special nutritional needs of pregnant and lactating women and include messages to families and communities explaining why these women are being provided extra food. The information should stress the importance of exclusive breastfeeding for the first six months of a child's life, with complementary feeding for older infants. For HIV-positive mothers, breastfeeding practices may differ, since the virus can be transmitted through breast milk, depending on the availability and safety of replacement feeding.

Information and early warning continue to have a crucial role in ensuring that timely and appropriate action can be taken to avoid suffering. FAO's Global Information and Early Warning System is demonstrating its capacity to alert the world to emerging food shortages. More needs to be done, however, to create strong response mechanisms to food crises and to develop national and international policies that prioritize and safeguard food and nutrition security – and take into account the special nutritional needs of women and young children.

See References, page 107.