

## Hunger

## FRA REDAKTØREN

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There will be no gala banquet to celebrate the 2020 Nobel Peace Prize in December. It will not be the most important meal that some people will have to skip this year.



Photo: Einar Nilsen

At our end of the world's dining table we are struggling with an obesity epidemic. Around the table, however, there are many who are being served too little. The places they occupy are affected by war and conflict, climate change, and recently also the health-related and economic consequences of a pandemic.

The 2020 Nobel Peace Prize was awarded to the World Food Programme. This is the world's largest humanitarian organisation, and it is engaged in food and emergency aid as well as long-term projects to achieve a better distribution of the world's food resources (1). The organisation received the prize for its contribution to establishing the preconditions for peace in conflict-ridden regions, for spearheading the work to prevent the use of famine as a weapon of war and conflict, and for its efforts to ensure adequate food supplies during the ongoing pandemic (2). Two-thirds of its activities are undertaken in countries in the grip of conflict. The World Food Programme is also engaged in long-term programmes, especially aimed at improving food security for children, and for helping establish self-help groups and sustainable conditions for the world's 460 million smallholder farmers.

The objective is to achieve the second of the United Nations' 17 sustainability goals: to end hunger by 2030 (3). There is still a long way to go, and the trend is pointing in the wrong direction. From the early 2000s until 2014, malnutrition rates fell worldwide, but since then, this trend has been reversed. In 2019, approximately 690 million people were starving, equal to nearly 9% of the world's population (3), and one in every ten experienced food insecurity (3). Forty-seven million children were malnourished.

This year will be worse: the coronavirus crisis has caused a sudden economic downturn,

lockdowns and protectionism, and thereby reduced the access to food. At the same time, the emergency situation devours resources that otherwise would have been devoted to long-term projects linked to nutrition, health and education. Preliminary estimates indicate that another six to seven million children will become malnourished as a direct consequence of the pandemic (4).

The conditions are most dire in regions affected by war: in Yemen, which the UN has described as the world's largest humanitarian crisis, the civil war is now in its fifth year. Hospitals and water supply facilities have been bombed (5). The population has already endured cholera and measles epidemics. It is therefore hardly surprising that a new virus is not seen as such a large threat: 'I'm more worried about the food prices than about COVID-19,' a father of eight told the Norwegian Refugee Council last summer (6). Yemen imports 80–90 % of its food supplies, and by then the prices had already increased by 35 %.

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Even relatively brief periods of food shortage can have major health consequences, especially for unborn children and infants. We know this from previous, sudden famines: the blockade of the western regions of the Netherlands in the autumn of 1944 caused an immediate and dramatic drop in food supplies, which was reversed almost as quickly when peace came in May the following year. Rations were cut to 400–800 kilocalories per day. This well-documented and temporary fall in calorie intake, combined with (all things considered) well-functioning health services and ensuing normality, provided the basis for 'The Dutch Famine Study' (7). The study was able to follow persons who were at different stages of foetal development during the blockade. The results show that malnutrition at the foetal stage increases the risk of a range of diseases, especially obesity, diabetes and heart disease, but apparently also serious mental disorders (7). The first years of an infant's life are also critical. Poor nutrition in this period can affect cognitive development and thereby also later educational opportunities and what is collectively known as *human capital* (8). This is yet another reason why interventions to help famine victims during the COVID-19 pandemic should target women of fertile age and children (9).

The World Food Programme is entirely funded by donations. This year, the organisation seeks to help 138 million people – 41 million more than in 2019. For this, it needs USD 4.9 billion in addition to its existing funding (10). This may be money well spent. The executive director of the World Food Programme, David Beasley, said this summer that food could be the best vaccine against chaos. It is even more self-evident that food is the best vaccine against the long-term consequences of an acute food crisis.

## REFERENCES:

- 1. United Nations. World Food Programme. https://www.wfp.org/overview Accessed 25.10.2010.
- 2. The Nobel Prize. Nobels Fredspris for 2020. https://www.nobelprize.org/prizes/peace/2020/161316-press-release-norwegian/ Accessed 9.11.2020.
- 3. In Brief to The State of Food Security and Nutrition in the World 2020. Transforming food systems for affordable healthy diets. Rome: FAO, IFAD, UNICEF, WFP, WHO, 2020. Accessed 9.11.2020.
- 4. Headey D, Heidkamp R, Osendarp S et al. Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality. Lancet 2020; 396: 519–21. [PubMed][CrossRef]
- 5. Mohareb AM, Ivers LC. Disease and famine as weapons of war in Yemen. N Engl J Med 2019; 380: 109–11. [PubMed][CrossRef]
- 6. Norwegian Refugee Council. Yemen: Hunger crisis accelerating under Covid-19. https://www.nrc.no/news/2020/july/yemen-hunger-crisis-accelerating-under-covid-19/ Accessed 24.10.2020.

- 7. Roseboom TJ. Epidemiological evidence for the developmental origins of health and disease: effects of prenatal undernutrition in humans. J Endocrinol 2019; 242: T135–44. [PubMed][CrossRef]
- 8. Martorell R. Improved nutrition in the first 1000 days and adult human capital and health. Am J Hum Biol 2017; 29: e22952. [PubMed][CrossRef]
- 9. Fore HH, Dongyu Q. Beasley DM et al. Child malnutrition and COVID-19: the time to act is now. Lancet 2020; 396: 517–8. [PubMed][CrossRef]
- 10. Kuehn BM. Pandemic accelerates the threat of global hunger. JAMA 2020; 324: 1489. [PubMed]

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