

2016



GLOBAL HUNGER INDEX

GETTING TO ZERO HUNGER





Available in English, German,
French, Italian, and Korean

Download from www.ifpri.org
www.welthungerhilfe.de
www.concern.net

Embedded interactive world
hunger map

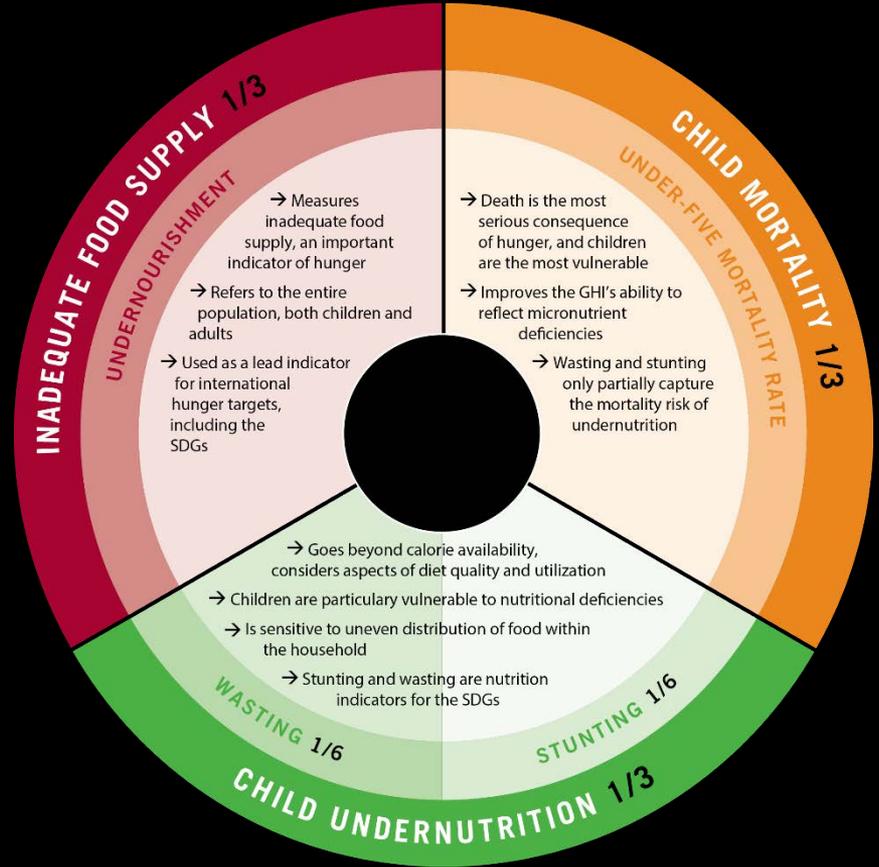
Wikipedia and Google Books

Available as interactive
e-book for Kindle, iPad, and
mobile phone

WHY AN ANNUAL **GLOBAL HUNGER INDEX (GHI)?**

- ▶ Raise awareness of regional and country differences in hunger
- ▶ Show progress over time
- ▶ Highlight successes and failures in hunger reduction
- ▶ Provide incentives to act and improve the international ranking
- ▶ Stimulate debate

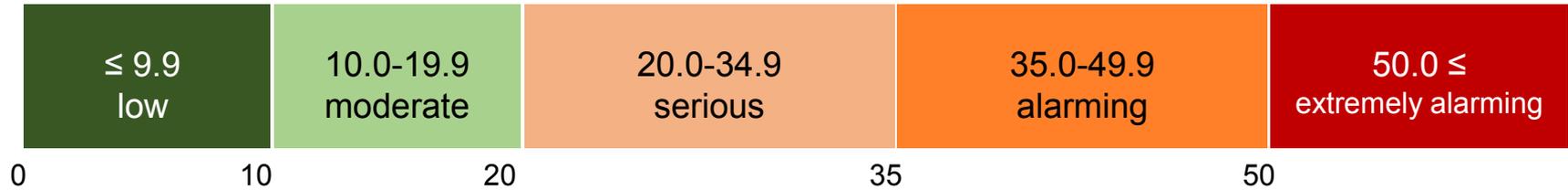
GHI MEASURES
THREE
DIMENSIONS
FOUR
COMPONENTS
OF HUNGER



CALCULATING THE INDEX SCORES

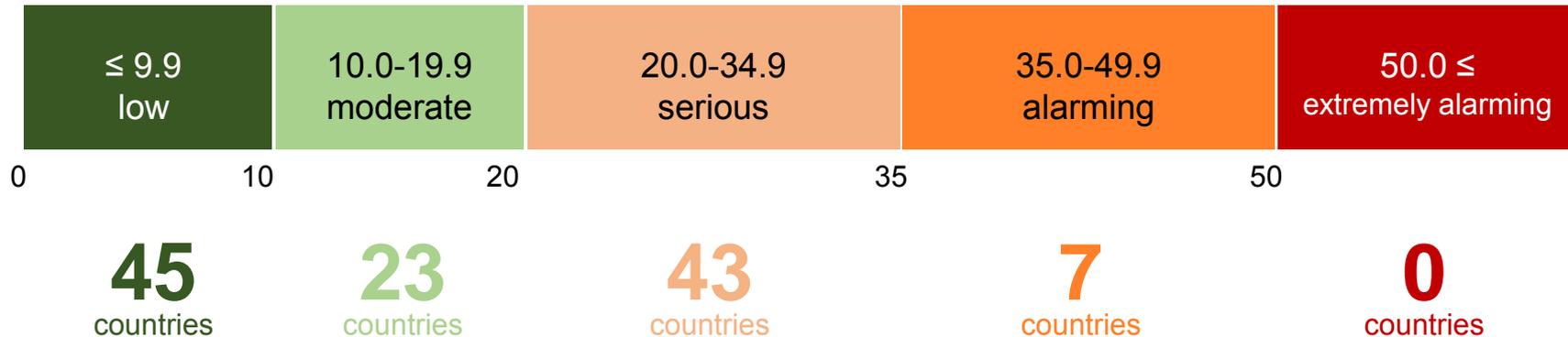
- ▶ **Inadequate food supply:** Percentage of population that is undernourished
- ▶ **Child undernutrition:**
 - ▶ Percentage of children under 5 years old suffering from wasting (low weight for height)
 - ▶ Percentage of children under 5 years old suffering from stunting (low height for age)
- ▶ **Child mortality:** Percentage of children who die before the age of 5
- ▶ The standardized scores for the four indicators are aggregated to calculate the GHI score for each country.
- ▶ An increase in GHI scores = hunger situation is worsening. A decrease = an improvement

GHI SEVERITY SCALE



The minimum score is zero and the maximum score is 100.
In practice neither of these extremes is reached.

NUMBER OF COUNTRIES IN GHI SEVERITY SCALE



IMPROVEMENTS ON A GLOBAL SCALE FROM 2000 TO 2016

The 2016 GHI measures hunger in 118 countries where measuring is most relevant and where data on all four component indicators are available.

- ▶ Global GHI score: from 30.0 in 2000 → 21.3 in 2016 – a reduction by 29%, Improvements through reductions in all four indicators
- ▶ Proportion of undernourished: from 18.5% → 13.1%
- ▶ Prevalence of stunting in children under 5: from 37.8% → 28.1%
- ▶ Prevalence of wasting in children under 5: from 9.9% → 8.4
- ▶ Mortality rate in children under 5: 8.2% → 4.7%



4

KEY
MESSAGES

1

Substantial progress in the fight against hunger has been made, but pace is insufficient to reach Zero Hunger by 2030 (SDG 2).

2

Too many are being left behind. We need to reach the most vulnerable first and get to them faster.

3

Zero Hunger is possible,
but only if we improve
commitments and accountability.



4

Good data are essential so that solutions can be targeted toward the areas and communities facing the greatest challenges.



Scores for Malawi

Malawi's GHI
has improved
4.9 scores
since 2008

- ▶ Overall Score: 26.9 (serious hunger)
- ▶ Proportion of undernourished: 20.7%
- ▶ Prevalence of stunting in children under 5: 42.4%
- ▶ Prevalence of wasting in children under 5: 3.8%
- ▶ Mortality rate in children under 5: 6.4%

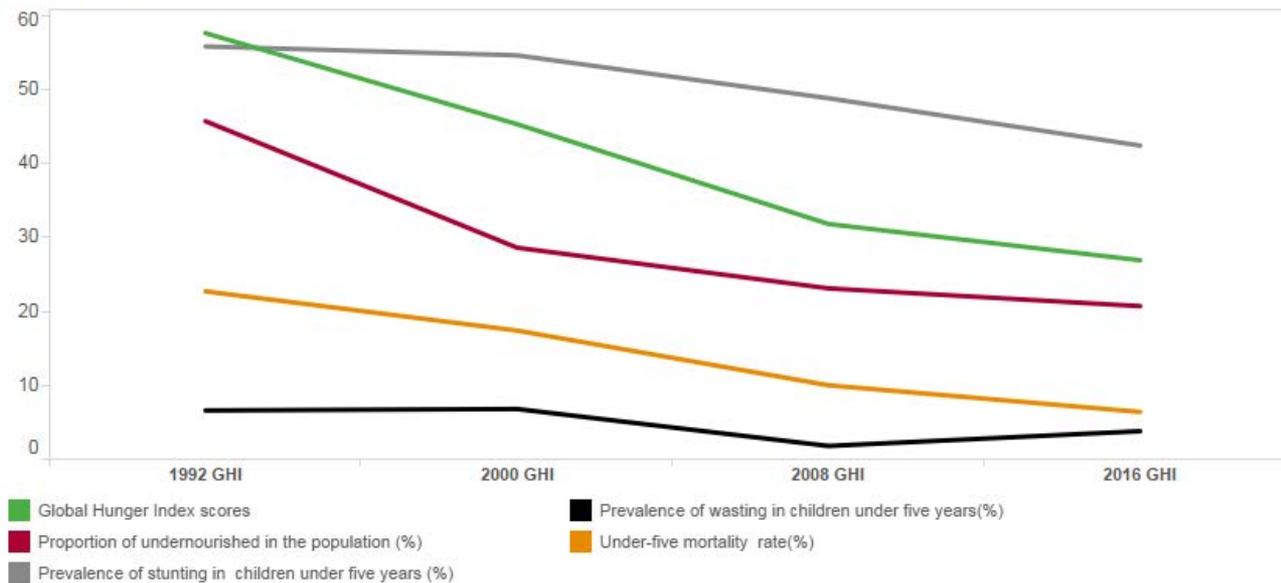
Data Sources for Malawi

- ▶ Proportion of undernourished: FAO Food Security Indicators (Feb 2016)
- ▶ Prevalence of stunting and wasting in children under 5: Malawi MDG endline (2014)
- ▶ Mortality rate in children under 5: United Nations Inter-agency Group for Child Mortality Estimation (2015)

GHI INTERACTIVE TOOL

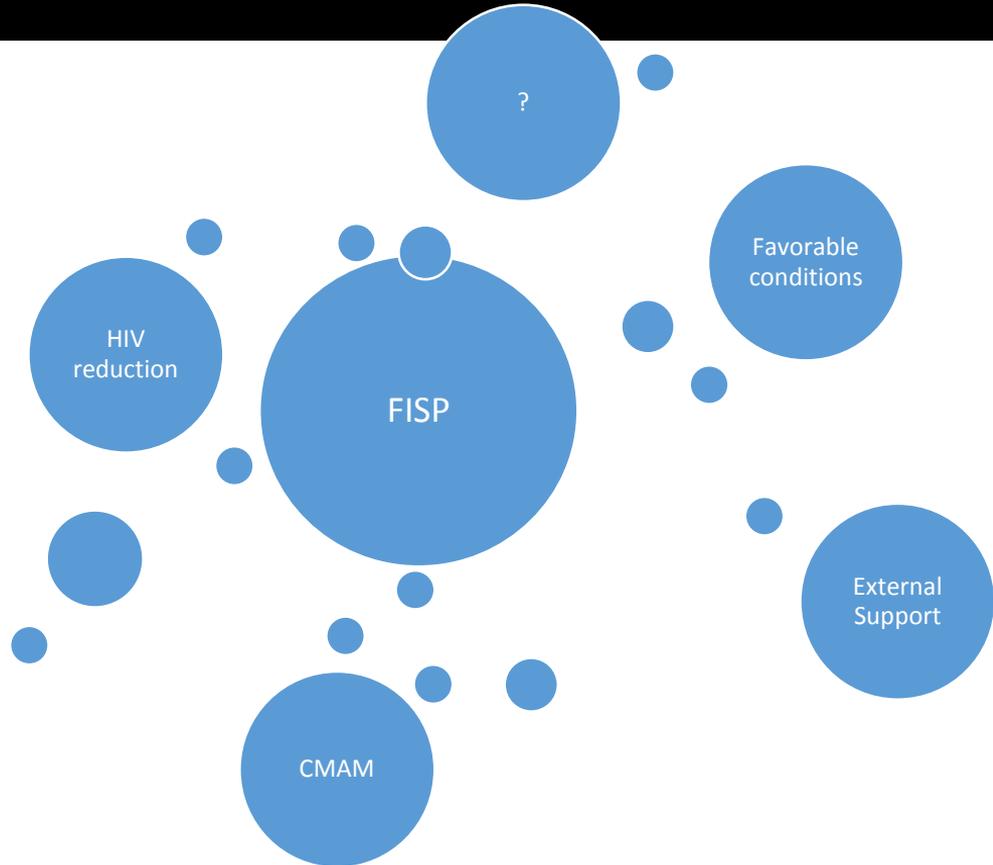
Malawi (2016 GHI Rank: 89 out of 118)

Trend Line



Some thoughts on the Reasons for Improvement

Why is
Malawi doing
better?



Sustaining progress in a time of crisis

- Malawi is facing the greatest humanitarian crisis in a decade
 - El Nino climatic hazards during last year's growing season included droughts, erratic rains, and flooding (after extensive flooding the previous season)
 - An estimated 6.5 million people (35% of the population) will require food aid over the next 6 months
 - SMART nutrition surveys in May estimated that 130,000 under 5's will face severe malnourishment (SAM) and 358,000 under 5's will face moderate malnourishment (MAM), but this has likely deteriorated further

Sustaining progress in a time of crisis

- While we know that the MVAC community is providing emergency support, it is highly likely that hunger and undernutrition will increase due to this crisis.
- What must be done as a community to mitigate the effects of the crisis and expedite Malawi's recovery considering the limitations:
 - Human and institutional capacity limitations in the health system
 - Depleted overused soil and a growing population put pressure on land resources
 - Rain-fed agricultural system with a single growing season and increased climatic variability
 - Thin markets, volatile food prices, extensive government intervention in maize market, and maize-first food preferences
 - Little opportunity for livelihoods outside of agriculture

A Resilient Malawi

- Resilience can be understood as the ability of a person, household, or country to “bounce back” to previous levels of wellbeing after a shock
- As a community, we want to ensure that Malawi bounces back AND resumes progress towards zero-hunger



A Resilient Malawi

- Supporting resilience is complex and multifaceted. It requires, among other things:
 - A strong health system, including nutrition monitoring and prevention
 - A resilient production system, that can support a healthy population in spite of climatic variability, population growth, and limited resources
 - And a healthy food market environment, that facilitates the availability and affordability of diverse foods even in the lean season



Key Bottlenecks and Investment Tradeoffs

- Accomplishing these goals requires clear assessments of the key bottlenecks and tough choices about where to invest (capacity and funding) considering limited resources and great need



Key Bottlenecks and Investment Tradeoffs

- The panel will discuss the issue of sustaining progress in a time of crisis, each from their particular perspective
- Then we will break into groups to have a more detailed discussion on the key bottlenecks and required actions to facilitate
 - Health system strengthening
 - Resilient production systems, and
 - A better food market environment