

# Policy input paper for the Reducing Inequalities Workstream

**Title** The Inclusion of acute food insecurity in the inequalities work stream to reach the furthest behind.

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## : Background of our submission

Mothers First have been deeply immersed in the development of the Inequalities Report, contributing to the [scoping document](#) and the [VO Draft](#). Both submissions unsuccessfully advocated for the addition of acute, which is extreme food insecurity and its associated nutritional outcomes in the final Inequalities Report.

Our [1 page summary report](#) prepared for the new Chair of the CFS in November concisely taps the central aspects of our concerns presents 3 overarching recommendations for consideration.

## : Policy recommendation

The inclusion of acute food insecurity in the inequalities work stream.

## : Rational

Acute food insecurity represents the severest form of food insecurity and malnutrition. As such it directly aligns to the CFS mandate to reach the “most affected by food insecurity and malnutrition”

Acute food insecurity now affects **340 million people across 78 countries** or almost half the people experiencing hunger. This represents a staggering increase of 280 million people since our commitment to leave no one behind in 2015.

In 2023 the Humanitarian Affairs Coordinator said the unprecedented increase in acute food insecurity is “the largest food crisis in modern history, and famine is knocking on many doors”..

## : Blind spot

The expertise and narrative within the CFS has traditionally centred around chronic hunger with its strong ties to the SOFI Report. This has created a blind spot within the CFS framework of achieving its vision to reach the most food insecure and malnourished people in our world.

The inclusion of acute food security will require us to harness the specific expertise on acute food insecurity from all stakeholders including from countries, Rome Based Agencies, the HLPE as well as the mechanisms within the CFS.

The knowledge gap within the CFS on the difference between acute and chronic food insecurity is a significant concern. It may be the single biggest impediment to the CFS achieving its mandate of reaching the most food insecure and malnourished.

Recognising this knowledge gap **Appendix 1** will seek to help bridge this gap and create platform of understanding to inform future discussion. .

## Appendix 1 Bridging the knowledge gap

### : Acute and chronic food insecurity explained.

The difference between acute and chronic food insecurity would appear to be both largely misunderstood and unrecognised within the CFS Framework. Most probably it is because the SOFI report while focusing on chronic hunger uses the terms moderate to severe food insecurity.

In simple terms moderate and severe food insecurity is a term derived from the methodology of the Food Insecurity Experience Scale (FIES) developed by FAO. The framework measures chronic hunger to the classification of moderate to severe food insecurity.

**Acute hunger** on the other hand has five phases: Integrated Food Security Phase Classification (IPC) and Cadre Harmonisé (CH) analyses. **Phase 2 (stressed)** is comparable to **severe food insecurity** using the (FIES) methodology.

The 3 remaining phases are seen below are how the international community define acute food insecurity. .

Phase 2 Stressed
Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.
Action required for disaster risk reduction and to protect livelihoods

Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/Famine
Households either have food consumption gaps that are reflected by high or above-usual acute malnutrition; or are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine Classification, area needs to have extreme critical levels of acute malnutrition and mortality.)
<b>Urgent action required to</b>		
Protect livelihoods and reduce food consumption gaps	Save lives and livelihoods	Revert/prevent widespread death and total collapse of livelihoods

[This interactive webpage](#) developed by FAO clearly demonstrates the difference between acute and chronic food insecurity.

[The Global Report on food Crisis](#) is the reference document on global, regional and country-level acute food insecurity. It is a collaborative effort among 16 partners including the World Food Program and FAO. The report aims to “**inform humanitarian and development action** by providing the global and national food security community **with independent and consensus-based evidence and analysis**”.

### : Geographic location of acute hunger.

It is important to point out that while the highest prevalence of acute food insecurity occurs in fragile settings, pockets of acute food insecurity manifesting in mothers and children who are severely malnourished are widespread across low and middle income countries. That is to say that the primary determinant of extreme poverty is acute food insecurity.

### : Food Security and Nutrition outcomes.

Ultimately the nutritional outcomes for the furthest behind is a sad tale that rarely gets narrated. Each year 3 million children die of acute food insecurity and malnutrition. Over 250 million women are severely underweight resulting in over 270,00 women dying in childbirth every year and 21 million babies are born malnourished with a low birth weight.

### **: Narrative of understanding of Acute Food Insecurity within MyPOW**

The absence of acute food insecurity within the final Inequalities report highlights the internal bottleneck the CFS has in fulfilling its own mandate of reaching the most food insecure and malnourished people.

This is because the CFS guiding principles of engagement primarily limits itself to the SOFI Report which focuses itself on chronic hunger as to the SDG indicators it reports on.

The implications of our findings are both far reaching and profound because it means that the most food-insecure women, children and men, who are most malnourished are excluded from the CFS process.

The principle of equity dictates to us to direct our most ardent attention where marginalisation is the greatest. Our concerns question the ability of the CFS and the work plan of MYPoW to fulfil its mandate and are relevant to all work streams underway. Our [1 page summary report](#) prepared for the new Chair of the CFS in November concisely tapers our concerns and presents 3 overarching recommendations for consideration.

### **: Why the inequalities report excluded acute food insecurity and implications for the CFS**

The reason the inequalities report only deals with chronic hunger is because the CFS is largely confined/governed within the framing structure of the SOFI report. The mandate of the SOFI Report primarily limits itself to chronic hunger as to the SDG indicators it reports on.

The consequences of this siloed approach goes far beyond a single HLPE report, but asks serious questions as to the ability of the CFS to relise its stated vision and mandate to give “attention to the people most affected by food insecurity and malnutrition”

**The HLPE** as the science policy interface is a very well organised participatory platform. Its knowledge base hovers within the bandwidth of chronic food insecurity. . This can be seen from the secretariat to the committee and the writing teams. This means that the most effected by food insecurity and malnutrition are not part of the knowledge framework of the CFS.

The recommendations of Inequalities Report for example are exemplary as an ideal world theory to achieve food security. **In practice however** fragile countries and low income countries do not have the fiscal and often the technical capacity even to ensure a minimum acceptable diet to over 340 million of its people across 78 countries. Equally Humanitarian Response Plans which are the social protection programs of the extreme poor are underfunded by up to 70% by the global north.

These two interrelated issues are the single biggest impediments to implementing the Framework for Action for Food Security and Nutrition in Protracted Crises (FFA) and the right to food for the furthest behind in the food system.

“The world is facing the largest food crisis in modern history, and famine is knocking on many doors,” the words of Martin Griffiths, the Humanitarian Affairs Coordinator at the United Nations last year.

We regard it as a significant lost opportunity that in the midst of such a food crisis the CFS as the foremost inclusive international and intergovernmental platform remains institutionally siloed even within the institutions within its framework.

## **: The humanitarian Development Divide explained within the CFS Framework of MyPOW**

The humanitarian Development Divide has been long talked about and well understood particularly in the humanitarian community. A key objective of the World Humanitarian Summit in 2015 was to bridge the divide. The exclusion of acute food insecurity within the CFS is most probably a vestatude of this.

## **: Implications for the inequalities working group and the CFS**

In order for the inequalities work stream to fulfil its mandate to focus on the most affected by hunger and malnutrition the humanitarian developed divide will need to be successfully navigated.

This will require opening the doors of the CFS to the furthest behind. As such the policy convergence process will need to overlay recommendations with a strong feasibility mechanism paying particular attention to the applicability and relevance of policy recommendation to those affected by acute hunger.

These doors and required communication pathways are already ajar with the dual mandate of FAO and WFP within the SOFI Report, the Food Crisis Report and their function on the advisory committee.

## **: Conclusion and policy recommendations.**

This short submission has sought to develop a narrative that is recognisable, understandable and actionable to directly reach the most food insecure and malnourished people. Only in doing so will the CFS framework align with its own vision and mandate to reach the most food insecure and malnourished people in our world.

The very principle of equity and human rights means we must go to where the needs are greatest and act accordingly. Similarly we must go beyond the progressive realisation of the right to food to the right to food for those who are most food insecure. We greatly encourage the work stream and stakeholders deliberations to consider more broadly our recommendations as set out in our 1 page overview on considered ways forward.

## **Overarching policy recommendations**

**1** We call for the incorporation of acute food insecurity within the policy framework of the upcoming open-ended working group on inequalities.

**2** The development of a cohesive dialogue merging the expert knowledge holders of the SOFI report and the Global Report on Food crisis.

**3** In accordance with the [CFS Reform document](#) we urge the inclusion of structured nutrition-related expertise on acute hunger to inform the plenary at CFS 52.