

Seasonal hunger devastating and under-recognized

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Most of the world's acute hunger and undernutrition occurs not in conflicts and natural disasters but in the annual "hunger season," according to an article published this week in open access journal *PLoS Medicine*. The hunger season is the time of year when the previous year's harvest stocks have dwindled, food prices are high, and jobs are scarce, and is often under recognized.

Bapu Vaitla (Tufts University, Massachusetts, USA), Stephen Devereux (Institute of Development Studies, Brighton, UK), and Samuel Hauenstein Swan (Action Against Hunger UK) describe how currently nearly seven out of every ten hungry people in the world, or about six hundred million, are either members of small farm households or landless rural laborers. Many of these six hundred million people live in areas where water or temperature constraints allow only one crop harvest per year, say the authors. Their poverty is driven by seasonal cycles, worsening especially in the preharvest months. During this "hunger season" period, household food stocks from the last harvest begin to run out; while low production levels, inadequate storage facilities, and accumulated debt all combine to force families to sell or consume their agricultural production well before the new harvest.

The authors emphasize that proven interventions to alleviate seasonal hunger are known, but they often operate on a small scale and in isolation. Community-based interventions to treat acute undernutrition and promote growth of preschool children are examples of successful interventions that should be scaled up, they argue. "Global scale-up of a

basic "minimum essential" intervention package against seasonal hunger would cost around 0.1% of global GDP and save millions of lives, while protecting millions more from severe illness," they argue. Addressing seasonal hunger is a necessary step in meeting the Millennium Development Goals.

More information: Vaitla B, Devereux S, Swan SH (2009) Seasonal Hunger: A Neglected Problem with Proven Solutions. PLoS Med 6(6): e1000101. doi:10.1371/journal.pmed.1000101
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