

Spotlight | Timely action saves lives and money

Following the devastating famine in Somalia in 2011, the international community sought to ensure that there would be no repeat of the failures that led to it. Yet more than a decade on, too often the international community waits for a Famine (IPC/CH Phase 5) classification before mobilizing additional funding.

Decision-makers should not wait for Famine declarations before scaling up assistance

An area classification of Famine (IPC/CH Phase 5) is reached when one in five households face an extreme lack of food, about one in three children suffer from acute malnutrition, and two adults or four children in every 10 000 die each day due to starvation or due to the interaction of malnutrition and disease.

But areas classified in IPC Phase 3 or 4, particularly if for a sustained period, already have higher-than-average levels of excess mortality and morbidity. In 2011, Somalia experienced a devastating famine that killed over a quarter of a million people – half of them children under the age of 5 (FSNAU, May 2013). Some 43 percent of these deaths – primarily children – occurred before IPC Phase 5 criteria were met and many occurred outside the areas classified in IPC Phase 5 (Maxwell *et al.*, 2018).

In Somalia in 2022, an estimated 43 000 excess deaths occurred – half among children under 5 years old – even after a relatively big scale-up in humanitarian response, due to the impacts of the prolonged severe drought in the Horn of Africa as well as global price rises, ongoing insecurity and the aftermath of the COVID-19 pandemic (UNICEF & WHO, March 2023).

The high levels of acute food insecurity already faced by the 143.7 million people in Crisis (IPC/CH Phase 3) and 35 million people in Emergency (IPC/CH Phase 4) in 2022, combined with the high burden of acute malnutrition in most of the food-crisis countries, already contributed to loss of livelihoods and even death. Equally important is the future impact in terms of people's physical and mental development, and that of their offspring, and the human and social capital of communities, even nations.

Urgent food and livelihood assistance is required for populations in IPC/CH Phase 3 and 4

In IPC/CH Phase 3, households are already unable to meet their minimum food needs and either suffer from those food deficits outright or are forced to make the choice to protect food consumption by engaging in coping strategies that will harm their future ability to access food and sustain their livelihoods. For example, they may sell significant productive assets, forgo essential healthcare, or withdraw children from school so that they can eat. As households start to resort to coping mechanisms, the most nutritionally vulnerable – children, and pregnant and breastfeeding women – will start to bear the consequences of food consumption gaps, resulting in high or above-average acute malnutrition levels. It is at this point that action is needed to ensure immediate wellbeing, support households' ability to sustain themselves and protect families from the dilemma of making choices that are likely to lead to worse outcomes in the future.

Over time, sustained pressure from drivers such as conflict, economic shocks and weather extremes, as well as lack of social support or opportunity to recover from shocks, exhausts people's abilities to cope. This, in turn, drives further deterioration in household food security and increases reliance on external assistance to manage growing consumption gaps. Under such circumstances, and without successful recovery and development initiatives, there will be a perpetual need for urgent humanitarian action and a growing risk of deteriorating into Emergency (IPC/CH Phase 4).

In IPC/CH Phase 4, households face large food gaps, which are either reflected in high acute malnutrition levels and excess mortality or mitigated by using emergency coping strategies that severely corrode their wellbeing and livelihoods. For instance, households may turn to eating seeds intended to be used for the next planting season, selling their last breeding animal, or selling their land or house to access food. Assistance is urgently needed in these cases to save households from mortgaging their futures and livelihoods to avoid hunger.

Urgent action is needed for populations experiencing IPC/CH Phase 3 or above

Phase 1 Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households have food consumption gaps with high or above usual acute malnutrition OR accelerated depletion of livelihoods assets OR resort to crisis coping strategies.	Households have large food consumption gaps resulting in very high acute malnutrition and excess mortality OR face extreme loss of livelihood assets OR resort to emergency coping strategies.	Households have an extreme lack of food and/or other basic needs. Starvation, death, destitution and extremely critical acute malnutrition levels are evident.
Action for disaster risk reduction and livelihoods protection			Urgent action required	

Source: IPC.

Early investment and action not only saves lives – it saves money

A 2020 study in Ethiopia found that routine support provided under the Ethiopia Productive Safety Net Programme and humanitarian assistance saved an estimated USD 859 million in one year in reduced aid costs as well as avoided income and livestock losses at the household level. Increased cash/resilience investments would have increased savings to USD 871 million (Cabot Venton *C.*, 2020). A 2012 modelling study in Wajir county in Kenya estimated the total cost of late humanitarian response to be USD 257 million in a high-magnitude drought affecting 367 000 people (Cabot Venton *et al.*, June 2012).

Following the identification of Risk of Famine in Somalia in 2017, USD 1.1 billion of emergency funding was mobilized and in 2022 the projection of Famine in some areas and among some population groups raised USD 980 million. Despite the evidence about the cost-effectiveness of anticipatory investment, in 2016, 2018, 2019, 2020 and 2021, only around half of that amount was allocated, despite 0.4–0.6 million people remaining in IPC Phase 4 each year (GNFC, 2022).

Timely action mitigates intergenerational impacts

A Famine classification or projection attracts political attention and resources, but it also signifies political and humanitarian failure. By this stage, lives and futures have already been lost, livelihoods have collapsed, and social networks disrupted with deleterious impacts on the lives of an unborn generation. The Dutch famine birth cohort study that followed children born during the 1944–45 famine found that children who were born or *in utero* during the famine experienced lifelong challenges including higher mortality and morbidity, and mental health conditions, and that these effects were passed on to the next generations (BMJ, accessed 10 April 2023).

The failure to accelerate progress on addressing the drivers of acute food insecurity and undernutrition is perpetuating a system of reliance on humanitarian aid that was not designed or resourced to respond to cyclical and predictable shocks at such scale (Save the Children International and Oxfam International, May 2022). Indeed, the magnitude of people facing IPC/CH Phase 3 or above is daunting, but it is that very scale that drives urgency. Earlier intervention can reduce food gaps and protect assets and livelihoods at a lower cost than late humanitarian response.