



CONSEQUENCES OF GLOBAL HUNGER INDEX : INDIA AND ITS NEIGHBOURING COUNTRIES

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ABSTRACT

Background: The main focus of Global Hunger Index (GHI) is to evaluate comprehensively and track hunger at global, national as well as regional levels to combat it. In South Asia, the situation of hunger is still serious denoting high prevalence of undernourishment and high child undernutrition along with the insufficient quantity and poor quality of diet, natural disaster, etc. India and its neighbouring countries like Bangladesh, Sri Lanka, Nepal and Pakistan are not the exceptions. **Objectives :** Through this we tried to look into the GHI score and various beneficial programmes adopted by India and neighbouring countries. **Methods:** For this study we have tried to gather the information regarding the various plans and programmes taken by India and neighbouring countries. **Results:** The GHI score showed that the situation of India and Pakistan is serious. The countries like Nepal and Sri Lanka remained in good condition during a sizable period of time, even Bangladesh improved much in recent years. **Conclusion :** To reduce the level of undernutrition, they took initiative to implement various programmes which are discussed here.

KEYWORDS : GHI, India, Bangladesh, Pakistan, Sri Lanka, Nepal,**INTRODUCTION**

The Global Hunger Index (GHI) is a peer-reviewed report, published on an annual basis by Concern Worldwide and Welthungerhilfe. Concern Worldwide is an international humanitarian organization dedicated to tackling poverty and suffering in the world's poorest countries. Welthungerhilfe is a private aid organization in Germany. It was established in 1962, as the German section of the "Freedom from Hunger Campaign". The GHI was first produced in 2006¹. It is published every October. The GHI score is calculated on a 100-point scale reflecting the severity of hunger - 0 is the best score (implies no hunger) and 100 is the worst. Its main objective is to get governments to take greater notice of hunger levels. Hunger is usually understood to refer to the distress associated with lack of food / calories. The Food and Agriculture Organization (FAO) of the United Nation defines food deprivation, or undernourishment, as the consumption of too few calories (fewer than about 1,800 kilocalories) a day-the minimum that most people require to live a healthy and productive life. Undernourishment goes beyond calories and signifies deficiencies in any or all of the following: energy, protein, or essential vitamins and minerals. It is the result of inadequate intake of food items of either in quantity or in quality. Malnutrition refers more broadly to both undernutrition (problems of efficiencies) and overnutrition (problems of unbalanced diets, such as consuming too many calories in relation to requirements with or without low intake of micronutrient-rich foods)¹. In a recent study done by Amin and Guddattu² (2026) on the spatial distribution on GHI in India and revealed the highly disparities among the districts studied and pointed out the lack of education, unavailability of proper sanitation were the cause for differential GHI. Through this we tried to look into the GHI score and various beneficial programmes adopted by India and neighbouring countries.

MATERIALS AND METHODS

Each country's GHI is calculated based on a formula that combines four indicators that together capture the multidimensional nature of hunger. It has 3 dimensions and is composed of 4 indicators³.

1st Dimension : Undernourishment - The share of the population whose caloric intake is insufficient (1/3rd).

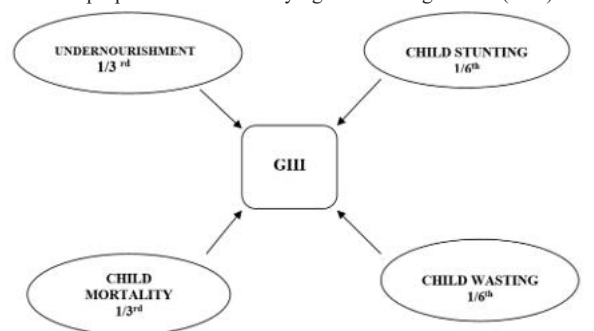
2nd Dimension : Child Stunting - The share of children under the age of five who have low height for their age, reflecting chronic undernutrition (1/6th) and Child Wasting - The share of children under the age of five who have low weight for their height, reflecting acute undernutrition (1/6th).

3rd Dimension : Child Mortality - The share of children who die before their fifth birthday, reflecting in part the fatal mix of inadequate nutrition and unhealthy environments (1/3rd).

Step 1 -Determine values for each of the component indicators:

- PUN:** proportion of the population that is undernourished (in %)

- CWA:** prevalence of wasting in children under five years old (in %)
- CST:** prevalence of stunting in children under five years old (in %)
- CM:** proportion of children dying before the age of five (in %)

**Step 2 - Standardize component indicators:**

- Standardized PUN = $PUN / 80 \times 100$
- Standardized CWA = $CWA / 30 \times 100$
- Standardized CST = $CST / 70 \times 100$
- Standardized CM = $CM / 35 \times 100$

Step 3 - Aggregate component indicators:

$1 / 3 \times \text{Standardized PUN} + 1 / 6 \times \text{Standardized CWA} + 1 / 6 \times \text{Standardized CST} + 1 / 3 \times \text{Standardized CM} = \text{GHI score.}$

Inclusion and exclusion criteria³ :

Inclusion : It is determined based on prevalence of under-nourishment and child mortality data dating back to 2000. Countries with values above the "very low" threshold for one or both of these indicators since 2000 are included in the GHI. Specifically, countries having the prevalence of undernourishment was at or above 5.0 % and / or if the child mortality rate was at or above 1.0% for any year since 2000.

Exclusion : As other two criteria, child stunting and child wasting are not included in the inclusion criteria because their availability varies widely from country to country, with data especially limited for higher income countries. Non - independent territories are not included, nor are countries very small populations (under 500000 inhabitants), owing to limited data availability.

Severity of Global Hunger Index

Table 1 represents the severity of the values of the global hunger index. Equivalent or less to 9.9 is considered low and above 50.0 is considered as extremely serious.

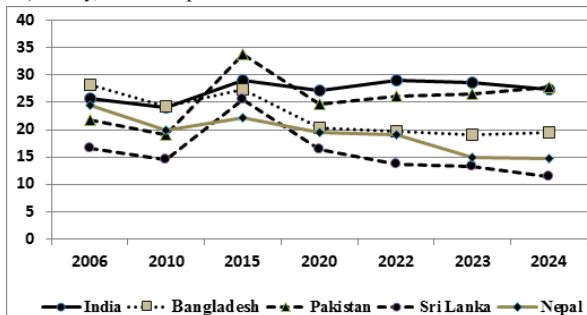
Table 1. Severity scale of Global Hunger Index (GHI) scores³

≤ 9.9	10.0 – 19.9	20.0–34.9	35.0 – 49.9	50.0 ≤
Low	Moderate	Serious	Alarming	Extremely Serious

RESULTS AND DISCUSSIONS**Table 2. Country wise Global Hunger Index⁴**

Country	Year							Severity
	2006 (119)	2010 (84)	2015 (104)	2020 (107)	2022 (121)	2023 (125)	2024 (127)	
India	25.7 (96)	24.1 (67)	29.0 (80)	27.2 (107)	29.1 (107)	28.7 (111)	27.3 (105)	Serious
Bangladesh	28.2 (102)	24.2 (68)	27.3 (73)	20.4 (75)	19.6 (84)	19.0 (81)	19.4 (84)	Moderate
Pakistan	21.7 (88)	19.1 (52)	33.9 (93)	24.6 (88)	26.1 (99)	26.6 (102)	27.9 (109)	Serious
Sri Lanka	16.6 (69)	14.5 (39)	25.5 (69)	16.3 (64)	13.6 (64)	13.3 (60)	11.3 (56)	Moderate
Nepal	24.5 (92)	20.0 (56)	22.2 (58)	19.5 (73)	19.1 (81)	15.0 (69)	14.7 (68)	Moderate

From the Table 2 it is observed that, the trend of GHI scores from 2006¹ to 2024⁴ of India is not satisfactory. It was slightly better in 2010 (67th out of 84 countries) in comparison to 2006 (96th out of 119 countries). After that the Index scores indicate the severity in India is increasing. The latest available data on GHI score in 2024 represents the position of India is 105 out of 127 countries (proportionately it is 82.7th position). If we consider the proportionate position of India, the result will be like these, 80.7th in 2006, 79.8th in 2010⁵, 76.9th in 2015⁶, 100 in 2020⁷, 88.4th in 2022⁸, 88.8th in 2023⁹ and 82.7th in 2024¹⁰. On the other hand other countries of South East Asia surrounding India, show gradual improvement even Bangladesh, except Pakistan. Still Pakistan remains in better position than India in GHI score of 102nd out of 125 countries in 2023. Notable improvement was noticed in case of countries like, Sri Lanka and Nepal, where they ranked 60th and 69th respectively in 2023. This could easily be observed through the Figure 1. In India also we find from NFHS-5⁹ (NFHS-5, 2021) report, 32.1% of children under five years of age in India were underweight. This figure represents an improvement from the previous NFHS-4¹¹ (2015-16) survey, where the prevalence was 35.8%.

**Fig. 1. Comparative representation**

According to GHI 2024⁴ report, Belarus, Bosnia Chile, China are among the top ranked countries (low level of hunger), whereas, Somalia, Yemen, Madagascar, Burundi and South Sudan are at the bottom. A major finding of the index is that undernourishment among the population has increased from 14% in 2015 to 16.6% in 2023 and decreases to 13.7% in 2024. Undernourishment, as defined by the FAO, refers to a persistent or chronic lack of sufficient food consumption, resulting in inadequate energy intake for the body. An analysis of data on undernourishment in India, from the social indicators datasets of the World Bank, found that from 2014 to 2018 there was a decrease in the number of people suffering from undernourishment. However from 2018⁸, there is an increase in malnourished individuals. The GHI attributed the stagnation to various crises, including climate change, conflicts, economic shocks, the Covid-19 pandemic, and the war. These crises have influenced social and economic inequalities and hindered progress in reducing hunger worldwide. In India, undernourishment is the result of multiple factors such as poverty and volatile agricultural productivity. There are distributional issues as well.

Ecology of under nutrition

- Poverty:** Because of low purchasing power, the poor cannot afford to buy the desired amount and desired quality of food for the family.
- Feeding habits:** Lack of awareness of nutritional qualities of food, irrational beliefs about food, inappropriate child rearing and feeding habits all lead to undernutrition in the family.
- Infections:** Infections like malaria and measles or recurrent attacks of diarrhea may precipitate acute malnutrition and aggravate the

existing nutritional deficit.

Socio-cultural factors

a). Inequitable distribution of food: In most of the poor households, women and preschool children especially girls receive less food than the economically active male members.

b). Poor quality of housing, sanitation and water supply: These contribute to ill health and infections thus Contributing to malnutrition.

c). Large families: Rapid succession of pregnancies adversely affects the nutritional status of the mother. In large families per capita availability of food is also less.

To combat the situation in India, several measures have been undertaken since the past 50 years. The world's largest and most integrated early childhood programme, Integrated Child Development Scheme- ICDS¹² is the foremost symbol of India's commitment to her children. It was launched on 2nd October, 1975. The beneficiaries under this scheme are children in the age group of 0-6 years, pregnant women and lactating mothers in terms of supplementary nutrition, immunization for children aged below 6 years and pregnant women and pre-school education for the children aged 3-6 years. Another one is the National Programme of Nutritional Support to Primary Education (known as the Mid-Day-Meal scheme¹³ was launched on 15th August 1995. In October 2007, the scheme included students in upper primary classes of six to eight. The Mid-day Meal Scheme is a school meal programme in India designed to better the nutritional standing of school-age children. It covers all school students studying in Classes 1 to 8 of government schools, government-aided schools, special training centres, including madrasas supported under Samagra Shiksha Abhiyan.

Besides these two important food supplementary programmes, National Food Security Mission was launched in 2007-08 by the Ministry of Agriculture and Farmers' Welfare as a Centrally Sponsored Scheme. The centrally sponsored scheme **Pradhan Mantri Matru Vandana Yojana**¹³ (2017) was launched in 1st January, 2017 and this maternity benefit programme is implemented using the platform of Anganwadi Services scheme of Umbrella ICDS. Rs. 5,000/- is transferred directly to the bank accounts of pregnant women and lactating mothers for availing better facilities for their delivery to compensate for wage loss and is eligible for the first child of the family. **POSHAN abhiyaan**¹⁴ (2017), launched by the Ministry of Women and Child Development in 2018, it targets to reduce stunting, undernutrition, anemia (among young children, women and adolescent girls). It is supported by the Bill and Media Gates Foundation and led by IFPRI (International Food Policy and Research Institute) in India. It is a multi-ministerial convergence mission with the vision to ensure the attainment of malnutrition free India. Although, in a critical review done by a group of members of Indian Council of Medical Research has opined that the indicators used to measure the index is not appropriate one¹⁵.

India's neighbouring countries like **Bangladesh** have made significant progress in reducing poverty and improving life expectancy, per capita food production and literacy rate. Overall Bangladesh is making good progress towards the Millennium Development Goals (MDGs), faster than any other countries in South Asia, especially in regards to the people who suffer from "hunger". According to the Bangladesh Demographic and Health Survey (2004), about 40% under five children were stunted and 12% were wasted¹⁶. With the rigorous development efforts, the country slightly improve the burden of malnutrition, with 28% of children under 5 years being stunted, 22% being underweight, and 9.8% being wasted¹⁷. Since 1995, Nutrition International has been working in Bangladesh to address the burden of malnutrition. As a trusted partner, Nutritional International supports the Government of Bangladesh to deliver various nutrition related programmes¹⁸. With support from the United Kingdom's Foreign, Commonwealth and Development Office, Nutritional International implemented the Technical Assistance for Nutrition (TAN) project from 2016 to 2021. Nutrition International helps to implement the Vitamin A supplementation programme for children aged 6 to 59 months, to reduce anemia and to improve antenatal care for pregnant women. Overall Bangladesh is making good progress towards the

Millennium Development Goals faster than any other countries in South East Asia.

Nepal¹⁹ achieved rapid and sustained progress on reducing child stunting and micronutrient deficiencies in children and women during the MDG era, despite periods of political and economic instability. This supplement examines the drivers of this success and identifies where greater policy and programme action is needed pursue the SDG nutrition targets. Progress has been possible in Nepal because successive governments welcomed ground-breaking research to test interventions to resolve nutrition challenges (e.g. vitamin A supplementation), introduced mandatory legislation to protect child nutrition (e.g. salt iodization), took swift policy and programme action to introduce new evidence-based interventions and invested in primary health care platforms to reach children and women. In particular, Nepal's workforce of community-based FCHVs, coupled with operational research and monitoring, enabled the country to achieve scale in reaching children with vitamin A supplements and pregnant women with IFA supplements. Investments in other sectoral programmes during the MDG era—including education and sanitation, which were associated with the improvements in child linear growth—are also likely to have contributed to the nutrition success. In recent years, the health, education, water and sanitation, social welfare and local government sectors have come together under the leadership of the NPC in a multisector and multistakeholder effort to improve nutrition through the first (2013–2017) and second (2018–2022) MSNP. Combining multiple sectors with multiple stakeholder groups creates the potential to strengthen the key systems that are likely to be most impactful on maternal and child nutrition—health, food, social protection and water and sanitation has been operating in Nepal since 1963, supporting the Government to develop greater food security among vulnerable communities and build resilience to disasters. Country Strategic Plan 2019-23 of Nepal was timely access to adequate food and nutrition, End of Malnutrition and Sustainable Food System. Government efforts towards achieving zero Hunger by 2030 are supported by inclusive and coherent policy frameworks²⁰.

Nutrition Policy of **Sri Lanka** was first developed in 1986. Several revisions have taken place and subsequently incorporated in National Nutrition Policy²¹ (2010). It was updated in 2013 and revised in 2018. Since joining the Scaling Up Nutrition (SUN) Movement in 2012, Sri Lanka has made significant progress in combating malnutrition. The country's dedication to addressing nutrition-related challenges, especially among vulnerable populations such as children and women, has yielded remarkable achievements. The Sri Lankan Government has implemented school milk for many years, but in 2019 introduced UHT milk in around 950 schools in Sri Lanka. Schools have received 100 percent locally produced UHT milk, fully funded by the government of Sri Lanka and implemented by the Ministry of Education²². The scheme's initial goals were to provide locally sourced quality nutrition to schoolchildren and boost milk production, along with recycling goals. According to the World Food Programme, Sri Lanka²³ has levels of acute malnutrition – ranging between 14 and 35 percent in the districts surveyed. A national nutrition survey found that there is a 19.6% prevalence of wasting. Malnutrition is considered to be an obstacle for socio-economic development in the country, which has a growing population of 21 million. WFP supports the national health system in the prevention and management of moderate acute malnutrition. Projects include strengthening national capacities to improve the availability, accessibility, and consumption of fortified foods; strengthening programmatic efforts through research on food security and nutrition; and social behaviour change communication campaigns to improve dietary practices. WFP has been supporting the national school meal programme since 2003. In 2021, the Government joined the WFP-led global school meals coalition, pledging its commitment to provide healthy meals for school children (Sri Lanka, World Food Programme, 2023).

Pakistan²⁴ is currently facing a triple burden of malnutrition with unabated rate of undernutrition, micronutrient deficiencies along with overweight and obesity. An indication of chronic undernutrition, stunting among the children aged below 5 years, Pakistan has the largest population in South Asia. The Pakistan Demographic and Health Survey (PDHS) of 2017-18²⁵ based on anthropometric measurements has reported that 37.8% of the children under the age of 05 years were stunted, 38.2% in boys, and 37.1% in girls. Nutrition International (2016) has been working in Pakistan since 2001 to improve the health of people in need, especially women and children, through better

nutrition. According to recent estimates by the FAO, 37.5 million people in Pakistan are not receiving proper nourishment. The country loses 3% of its GDP (around US\$ 7.6 billion) every year due to a high burden of malnutrition. Nutrition International, in collaboration with Mott MacDonald, is implementing a large-scale food fortification program in 56 districts across Pakistan. Widely consumed wheat flour and edible oils will be fortified with essential micronutrients to reduce deficiencies in iron, folic acid, vitamin A, vitamin B12 and vitamin D, particularly among women and children (Nutrition International). Critically, the diets of Pakistani children require substantially more diversity and, in most cases, lack sufficient calories. A focus on quality of diet is essential to preventing stunting, wasting and other forms of malnutrition. UNICEF²⁶ with its expertise in advocacy, communication for development (C4D), linking mass media with interpersonal communication community based strategies, micronutrient supplementation and fortification, is well placed to assist all levels of government in addressing these issues, in alignment with the government's nutrition plans and Vision 2025, among other key strategy documents. In order to prevent and reverse stunting, UNICEF Pakistan is focusing its support on the 1,000-day nutrition "window," during which children's nutritional deprivations can be reversed.

CONCLUSIONS

The GHI may not be an accurate representation of hunger conditions in India but there is a need to acknowledge that the issue of nutrition requires greater focus in the country. The ultimate objective is to improve the GHI score of India. This is imperative and has direct health implications.

Conflict Of Interest : None

Funding : None

Ethical Statement Is Not Applicable

Acknowledgements : not Applicable

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