

**Statement by UNICEF Deputy Executive Director, Justin Forsyth**

**To the Senate Foreign Relations Subcommittee on Multilateral International Development,  
Multilateral Institutional Economic, Energy and Environmental Policy**

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**“The Four Famines”: Root Causes and a Multilateral Action Plan**

**Introduction**

Children are paying a disproportionate toll as famine looms across Somalia, South Sudan, north-east Nigeria and Yemen. Nearly 1.4 million children face imminent risk of death, and more than five million children face malnourishment this year.

As we work to keep children alive, we must not forget that if children are subjected to malnutrition at a very young age, the long term impact on stunting brain development can be devastating. Stunting hampers not only the future ability of a child to learn and earn, but also has an impact on the social and economic progress of the countries in which they live. It cuts school performance, translating into a reduction in adult income by 22 per cent on average. It also leads to increased risk of health problems in adult life. As we work to save lives, this is also a struggle for the long term future of millions of children – a generation – and indeed the future of their countries.

The joint international effort to support national and local authorities and communities respond to this crisis is making a difference. Together we are saving lives. Humanitarian actors including UNICEF, other parts of the United Nations and non-governmental organisations are reaching at least 10 million people each month in the four countries with life-saving assistance. More concretely, in the first half of 2017 UNICEF treated more than 300,000 children suffering severe acute malnutrition. Along with our partners we have vaccinated 6.4 million children against measles. Over four million of those reached were in north-east Nigeria where we doubled our initial target due to increased access. More than 2.3 million people in the four countries have been provided with safe water.

But the threat of famine has not passed. Unless we sustain and further scale up our collective efforts, there is the risk that many more millions of children will die of hunger or be permanently stunted. And the longer these crises go on, the greater the risk of new emergencies within these emergencies – like the cholera outbreak in Yemen.

We must re-double our efforts to deliver at scale, to find ways to address the obstacles that so far are preventing us reaching some of the most vulnerable children and communities, avert new emergencies and help put millions of families on a path to sustainable recovery. And much more needs to be done to address the root causes of these crises, bringing an end to protracted conflicts and human rights violations and linking our emergency humanitarian response to effective development support which addresses the underlying vulnerabilities of communities.

**The scale of the crisis for children**

Conflict, drought, displacement and disease are combining to threaten children and families across the four countries, as well as the sub-regions of the Horn of Africa and the Lake Chad Basin.

In South Sudan, more than 1.1 million children are estimated to be facing acute malnourishment, with almost 276,000 severely malnourished at imminent risk of death. In Nigeria, some 450,000 children are estimated to face severe acute malnutrition in the conflict-affected states of Adamawa, Borno and Yobe. In Somalia, the projected number of children who are or will be acutely malnourished is 1.4 million – including 275,000 who have or will suffer from severe acute malnutrition. And in Yemen, about 1.8 million children are threatened with acute malnutrition, 385,000 of them with severe acute malnutrition.

Malnutrition is compounded by the increasing threat of water borne diseases. Cholera has become a deadly factor in each of the four countries, and our response to this threat is increasingly critical to saving many thousands of children's lives.

The cholera outbreak in Yemen has spread rapidly since April. Children under the age of 15 account for 41 per cent of the more than 300,000 reported cases of suspected cholera/acute watery diarrhoea, and more than a quarter of the more than 1,700 deaths have been children.

The health crisis in Yemen is a result of two years of heavy conflict – collapsing health, water and sanitation systems have cut off 14.5 million people from regular access to clean water and sanitation, increasing the ability of diseases to spread. There are no longer any doctors present in 49 of the country's 333 districts, health workers in Yemen have not been paid for months, and there are only two functioning laboratories in the country.

In Somalia, prolonged drought has led to the largest outbreak of cholera in the last five years, with more than 53,000 cases of suspected cholera – close to half of them children under five – and 795 deaths. South Sudan is experiencing a protracted, widespread cholera outbreak, with nearly 7,000 cases reported this year, the highest since 2014.

Investing in safe water, sanitation and better hygiene practices is a critical step to saving children and families threatened by famine.

Forced displacement is a factor which compounds all the other drivers of this crisis. Whether fleeing the threat of fighting and attacks or in desperate search of food and water in drought-stricken areas, families who are forced to leave their homes also lose access to essential services like health clinics and water sources as well as livelihoods. Uprooted children and families are much more vulnerable, both to famine and disease as well as human rights abuses. Children on the move are at greater risk, especially when they are unaccompanied or separated from families. In contexts of conflict and displacements, women and girls face greater risk of sexual and gender based violence, and boys are increasingly vulnerable to forced recruitment into armed groups and other forms of violence.

### **Applying the lessons of the 2011 Somalia and East Africa famine**

In 2011, Somalia faced a devastating famine that led to the tragic loss of more than 260,000 lives - around half children under five years old - we learned three vital lessons about what needs to be done better to save children's lives.

1. We need to act early for children and to scale. Children cannot wait, even if famine is not declared or is averted in some areas. We know from the Somalia that by the time famine was declared in 2011, untold numbers of children had already died. Around half of all child deaths occurred before the declaration of famine, before funding started to pour in.

2. We learned that the threat of famine is more than a food and nutrition crisis. Water, sanitation and health services are critical to saving lives. In 2011, diarrhoea and measles were the major killers, especially among children on the move or in displacement camps. Waterborne diseases like cholera threaten children's lives on a massive scale.

Severe acute malnutrition and diarrheal disease run in a vicious cycle, each making the other more severe and more likely to occur. Diarrhoea deprives the child of the nutrition necessary for growth and as a result is a major cause of malnutrition, while malnourished children are more likely to fall ill from diarrhoea due to their weaker immune systems. If a child is malnourished, it is much harder to diagnose and treat her for cholera: her risk of death is much higher. Our food and nutrition response needs to be fully integrated if we are to be effective in saving lives and helping communities build resilience and a path to sustainable recovery.

And protecting children in the midst of the turmoil of these crises from abuse and exploitation is critical, especially those made more vulnerable by displacement.

3. We learned that in order to address the recurrent threat of famine, more must be done to address the root causes. The deadly combination of drought, malnutrition and conflict pushes people passed their capacity to cope. And droughts recur. Protracted conflict in 2011 had left large parts of the Somalia population vulnerable, lacking basic social services and infrastructure which could help them cope. Humanitarian access in the conflict context was a significant obstacle. And when the famine passed, continuing conflict posed critical challenges to establishing governance and services to communities. These are bitter lessons which we know, but in 2017 communities and the humanitarian response is facing the same and even greater challenges across four conflict-affected countries simultaneously.

More needs to be done to bring an end to these protracted conflicts and to create the conditions for recovery and development. Political will and longer term investment from development actors are critical to find durable solutions and build resilience of the affected communities. Our efforts and investments must strengthen the long-term resilience of communities, making them better prepared prepared and able to withstand the shocks of any future crises.

### **Response in 2017**

In responding to the 2017 crises we have applied many of the lessons of the 2011 famine, and despite the enormous challenges in each of these conflict-affected countries we are achieving results and saving many thousands of lives. But there are challenges.

On the upside, the humanitarian system responded early to the threat of famine. In each country, UNICEF and humanitarian partners were already on the ground delivering before the full-scale threat of famine developed. Our situational awareness was good. We had developed innovative programmes to address humanitarian needs in extraordinarily challenging conflict-affected conditions. And the whole humanitarian system was in a good position to shift gear when the United Nations Secretary-General issued an urgent call to action in February this year.

But despite our preparedness, however, our ability to respond at scale in all areas has been mixed, in large part to funding gaps. Overall, and despite the fast and generous initial response of donors, the humanitarian response to this famine crisis is funded at approximately only 40 per cent, with a gap of around \$3.82 billion for 2017.

Humanitarian organizations have made definite progress in running integrated humanitarian responses to famine-like conditions – delivering together health services, food and nutrition, water, sanitation and hygiene. And even in harsh and often dangerous conditions, our teams on the ground continually find innovative ways to reach people in need.

In South Sudan, UNICEF with partners has established a Rapid Response Mechanism which enables it to move fast with humanitarian assistance when conflict affected areas become accessible, even for only brief windows of time. These fast missions deliver integrated assistance including WASH, health, nutrition, education and child protection. In 2017, UNICEF and WFP have conducted 26 rapid response missions to hard-to-reach communities in South Sudan, reaching more than 530,000 people, including over 100,000 children under five years old. A similar Rapid Response Mechanism is functioning in Yemen and one is being established in north-east Nigeria.

In Somalia, UNICEF with partners have treated nearly 99,000 children with severe acute malnutrition, more than double the number of admissions in the same period in 2016. This has been possible through the scale up in treatment services with UNICEF supporting over 750 nutrition facilities.

In north-east Nigeria, UNICEF and our partners are increasingly using mobile services to reach people displaced by the conflict, with an integrated approach to deliver nutrition including treatment for severe acute malnutrition, promotion of infant and child feeding, provision of micronutrient supplements and primary healthcare. This mobile approach is also especially important to allow us to reach newly accessible communities. To prevent cholera, with partners we are chlorinating and monitoring 680 water points in Borno State to bring safe drinking water for more than 300,000 displaced people living in camps or host communities.

In Yemen, WHO and UNICEF with support from the World Bank and other donors have rapidly scaled up response to try to bring the cholera outbreak under control. Together we are supporting 626 diarrhoea treatment centres and oral rehydration therapy centres in the worst affected districts across the country, and we plan to scale this up to a total of 1,156 centres. We have trained 16,000 community mobilisers, who are going house-to-house to give families information about how to protect themselves by cleaning and storing drinking water safely, good hygiene and hand washing, keeping food safe and how to handle a sick family member. We know from our response to the terrible Ebola crisis of 2014-16 how critical this kind of mass community outreach is to bringing such health crises under control.

In each country, UNICEF and our international and national partners are showing that when we have resources and access we are able to save lives even in the most challenging situations.

One of the greatest challenges confronting our humanitarian response is conflict and being able to access areas where fighting is underway. Unimpeded access to all people in need continues to be one of the greatest challenges confronting our humanitarian response. Parties to conflicts routinely deny access for life-saving humanitarian assistance, against all precepts of international humanitarian law. Our teams on the ground face this every day, in each of these countries. We know from our experience so far in 2017, that even in the harshest and most dire conditions when we get safe access to civilians we can save lives. In these conflict-affected countries, humanitarian workers are often blocked from reaching many hundreds of thousands of desperate people. Equally, the closure of Sana'a airport and the threat of attacks on Hudaydah port in Yemen for delivery of urgent humanitarian supplies are costing lives and causing preventable suffering. Humanitarian workers themselves have been targeted and killed – exacerbating the denial of assistance to civilians.

Just as the situation of humanitarian access is an area where insufficient progress has been made, our overall ability to address the root causes of these crises has so far proven limited.

### **Addressing the root causes of these crises**

Conflict, extreme climate events like drought, environmental degradation, climate change, loss of livelihoods and poverty all underpin these looming famines and crises. Unless we address these causes we will continue to get recurrent crises.

Civilians caught up in conflict need the United Nations Security Council and influential international actors to do more to require parties to these conflicts to meet their obligations under international norms and laws. Better protection for civilians caught up in conflicts and unimpeded access for every person in need, wherever they are, would rapidly reduce human suffering. A renewed diplomatic push is needed to end these protracted conflicts. The diplomatic efforts of the United States are needed more than ever.

This also means that countries, regions and the international community need to do more to prepare for and build resilience against environmental and climate-related crisis such as recurring drought.

For example, in Somalia in 2011 we saw a deadly combination of drought, conflict affecting humanitarian access to communities in need, and lack of governance over a long period resulting in lack of basic essential services like health, water and sanitation. Somalia remains vulnerable to the effects of climate change, including rising temperatures and the frequency and severity of extreme weather events such as drought. What makes Somalia even more vulnerable is its dependence on agriculture for livelihoods and food. People's livelihoods are being destroyed by the erratic climate conditions, which destroy critical infrastructure and alter local ecosystems. During the 2011 famine, the largest number of deaths were among those forced to leave their homes in search of food and water.

Addressing the root causes behind these complex crises requires the international community to better integrate its humanitarian, development, human rights, peace and security approaches. Each aspect of our support must reinforce the other and the ultimate goal of supporting people and countries to return to a path of sustainable peace and development.

### **US assistance**

We thank the United States for its leadership and generosity for life-saving humanitarian assistance to the world's most vulnerable children.

The United States has played a leading role in support, providing not only cash, but also in-kind food and nutrition assistance to maintain the life-saving pipelines in the four famine areas. The additional \$990 million in funding provided by Congress in May for humanitarian relief was an example of American leadership to help those in need and something for Americans to be proud of.

UNICEF has collaborated with a host of US based agencies such as USAID OFDA, the Centers for Disease Control & Prevention (CDC), Food for Peace, and the State Department's Refugee Bureau to address the needs in countries affected by famine. The US resources, expertise and diplomatic efforts are saving lives and setting an example for the world to follow.

### **What more needs to be done?**

If we return to our lessons from the 2011 famine crisis, and apply our experience of the past six months, our priorities in the coming months are clear.

1. We must keep scaling up our humanitarian assistance so that we are able to reach the most vulnerable people and so that we prevent and control new emergencies such as the cholera outbreak in Yemen. This means more funding and sources of finance to close the gap from the current level of approximately 40 per cent.
2. We ask that the United States also use its diplomatic strength to convince parties to conflicts and those with influence over them to respect international humanitarian law, to protect children and respect their rights, and to allow UNICEF and our partners safe and unimpeded access to deliver life-saving assistance to every child who needs it, whoever controls the area they are in.
3. And it is crucial that the United States continue to do all it can to lead a concerted effort to find solutions which lead to the end of each of these protracted conflicts which lie behind this catastrophe. Bringing about an end to the suffering requires not only humanitarian and resilience interventions, but political solutions, as well as sustained leadership and investment to help build sustained peace and stability, restore basic services, protect rights and rebuild lives.
4. The link from humanitarian response to recovery and development phases presents the international system with a critical opportunity to implement a more integrated and effective approach. UNICEF, as an agency that is on the ground before, during and after these crises is committed to helping lead this new way of working.
5. Very practically, the outbreak of cholera and malnutrition in Yemen are compounded by the collapse of the public systems, in particular the water, sanitation and health sectors. Frontline health personnel and sanitation workers have not been paid for more than 10 months. As much as we invest in supplies and infrastructure, we need to find a concrete solution to this issue and advocate with the parties and key stakeholders to prioritize the payment of salaries.
6. As we advocate for full unimpeded humanitarian access to every person in need, there are specific challenges which the international community could help solve now. For example, UNICEF and our partners face challenges obtaining visas to deploy to Yemen. This creates a major bottleneck to scaling up our response. We need support in targeted advocacy and outreach to authorities to lift such restrictive visa requirements.

The stakes for children across these four countries and their sub-regions could not be higher. Nearly 1.4 million children are at imminent risk of death, and many more millions of children are at risk unless we turn these crises around and build sustainable recovery. The longer we wait to address these children's needs, the more we jeopardize their future. Children and families facing the gravest threats count on the leadership and generosity of the people of the United States to stand with them, to help them survive this crisis and go on to build a brighter future for themselves and their countries.

Thank you.