## Rising food insecurity in Europe

People queueing for food aid is an image reminiscent of the Great Depression in the 1930s, but one that has come to characterise many European nations in the grip of austerity today. In 2013-14, the UK's Trussell Trust, a national network of food banks, provided emergency food aid to more than 900 000 adults and children, a 163% increase from the previous year.1 Greek, Spanish, and French charities have also reported marked rises in the number of people seeking emergency food support.2 Alongside clinical evidence of rising nutritional deficiencies, 2,3 these reports suggest that a problem is emerging, but to what extent is food insecurity rising across Europe?

We have searched the EuroStat database for the prevalence of households that are unable to afford meat (or a vegetarian equivalent) every second day—an amount generally recommended in European dietary guidelines. This is a common measure of household food insecurity, which is defined as uncertain and insufficient food availability and access arising from resource constraints.<sup>4</sup>

Between 2005 and 2010, the proportion of people reporting an

inability to afford meat or equivalent decreased by about 0.5% points each year (figure). In 2010, this trend reversed, rising from 8.7% in 2009, to 10.9% in 2012, and remaining elevated thereafter. Since 2010, the prevalence of food insecurity was about 2.71% points (95% CI 0.56–4.85%) greater than would have been expected on the basis of previous trends (appendix) and corresponds to an excess of about 13.5 million people (95% CI 2.8 million–24.2 million) living with food insecurity.

What is driving food insecurity is a crucial question. The recent recession in Europe led to unemployment, debt, and housing arrears—all of which could make food less affordable for households. Yet not all countries facing such hardship had these problems. For example, both Ireland and Portugal were strongly affected by the financial crisis, yet between 2009 and 2012, food insecurity rose by 1.8% points in Ireland but actually dropped in Portugal, according to EuroStat data.

Rising food insecurity is an urgent health problem. It is strongly associated not just with malnutrition, but with sustained deterioration of mental health, inability to manage chronic disease, and worse child health.<sup>5-7</sup> While wealth is becoming increasingly concentrated among the richest 1% of the population and

trillions of Euros have been spent on bailing out European banks, surely there is enough to secure adequate access to food for all?

We declare no competing interests.

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See Online for appendix

For the EuroStat database see http://ec.europa.eu/eurostat/ data/database

# Immediate lessons from the Nepal earthquake



A 7.8 magnitude earthquake struck Nepal at 11:56 am local time on Saturday, April 25. The epicentre was 77 km northwest of Kathmandu. Besides the hardest hit central Nepal, the adjoining areas of India, Tibet, and Bangladesh were affected and avalanches triggered on Mount Everest. 1 Kathmandu's centuries old temples suffered extensive damage. Poorly constructed buildings collapsed and many villages in remote mountains were destroyed causing casualties and leaving a large population homeless. A week later, more than 7400 people had died and more than 14000 were injured.

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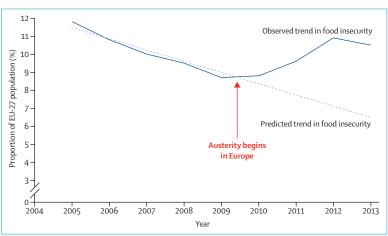


Figure: Food insecurity in Europe

Dotted line indicates predicted trend in food insecurity in EU-27 population. Solid line indicates observed trend in food insecurity in EU-27 population. Data are from EuroStat database as of March 1, 2015.

With Kathmandu airport and major roadways still usable, neighbouring countries reacted quickly by sending rescue teams. However, most of the rescue operations as well as media attention were limited to the capital city—neighbouring communities were deprived of water, food, tents, and medical supplies, and in remote villages, people were waiting for relief, and many still are.

Geologists had warned of an impending mega-earthquake in Kathmandu as the country straddles the converging Indo-Eurasian plates. <sup>1,2</sup> An action plan for risk management was prepared (by the National Society for Earthquake Technology, Nepal and GeoHazards International, USA) in 1999. <sup>3</sup> Why was so little done to limit the damage and why did the immediate relief work fail?

One should refrain from complacency from blaming poverty and the difficult terrain. Rather, it was a failure of the Nepalese Government and international donor agencies to prioritise disaster preparedness in the national-development agenda. Unfortunately, the country's politics in search of a best-fitting governance system and constitution undermined the safety of its citizens. Local council elections were not held in 18 years. Had there been an elected body, the emergency assistance would certainly have been much more effective; people would have had elected parliamentarians to go and ask for help. Unlike people in cities, people living in remote villages are far detached from any governance units. Thus, poor communities were once again forced to rely on their own wits and resources.

Uncoordinated relief and reconstruction work could be a repetition of mistakes made in Haiti. Transparency and accountability in relief distribution and participation of local groups and communities should be ensured for a reconstruction that is both resilient and sustainable. Strict enforcement of building codes should not be undermined by any political deadlocks.

The lessons of the Nepal earthquake, learnt at a high cost, should prompt immediate measures in other earthquake-prone cities such as Islamabad, Tehran, Istanbul, and Lima. The post-2015 development agenda must include strategies to prepare communities and nations to tackle natural disasters.

I declare no competing interests.

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### Sex and relationship education should be statutory

As members of Sexpression:UK, a network of student projects based at UK universities dedicated to providing comprehensive sex and relationship education (SRE) in schools, we are deeply concerned by the inadequacy of SRE teaching throughout the UK education system.

It is extremely worrying that 4 out of 10 schoolgirls aged 14–17 years report having experienced sexual coercion.¹ Schools should be required to provide age-appropriate teaching on the meaning of consent and how to recognise abusive relationships. If not, we are failing in our duty to safeguard all young people. At a time when young people are increasingly able to access explicit pornography, it is more important than ever that teachers be given sufficient training

to confidently tackle the issues raised by pornography in such a way as to promote gender equality, emotional maturity, and resilience.

Inadequate SRE leaves young people vulnerable to sexually transmitted infections, pregnancy, stigma, and unwanted sexual activity. This particularly pertains to lesbian, gay, bisexual, and transgender (LGBT) pupils, the vast majority of whom never receive SRE teaching that acknowledges the validity of same-sex relationships.2 Without education, HIV incidence among young men who have sex with men is likely to continue to rise,3 and LGBT youth will be inequitably precluded from understanding and maintaining their sexual health. This is a clear contravention of the UN Convention on the Rights of the Child, which states that children have the right to get information that is important to their health and wellbeing.

Currently there is no requirement for schools to teach SRE beyond the basic biology of reproduction. The last UK Government has conspicuously failed to address this issue, disregarding explicit recommendations from the 2015 House of Commons inquiry *Life lessons: PSHE and SRE in schools.*We urge the new Government to act swiftly on these recommendations and give SRE the statutory status it deserves.

Government guidance on SRE has not been updated since 2000; amendments to the Children and Families Bill<sup>5</sup> and Caroline Lucas' private member's bill<sup>6</sup> were both dismissed in 2014. If the government will not accept the clear ethical and moral case for compulsory SRE, at a minimum it should consider the long-term cost benefits to the NHS and social services.<sup>4</sup>

Young people have the right to make informed decisions concerning their sexual wellbeing. If SRE were made compulsory, it would receive the funding, professional training, and dedicated lesson time it merits.

For more on the UN Convention on the Rights of the Child see http://www.unicef.org/crc/files/ Rights\_overview.pdf

For more on **Sexpression:UK** see http://sexpression.org.uk/