The Costs of Malnutrition
- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.²
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country’s productivity and growth.
- The Middle East and North Africa region is anticipated to lose at least a cumulative US$2.3 billion to chronic disease by 2015.³
- The economic costs of undernutrition and overweight include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.⁴

Where Does Iraq Stand?
- 26% children under the age of five are stunted, 6% are underweight, and 6% are wasted.²
- One-half (48%) of those aged 15 and above are overweight or obese.⁵

15% infants are born with a low birth weight.² This is higher than the MNA average (12%) and the lower middle income average (7%) and is closely related to Iraq’s high fertility rate and poor quality of health care.³,⁴

As seen in Figure 1, when overall rates of child stunting are examined, Iraq performs better than countries in its region. However, within the country, there is likely to be variation across geographies and socio-demographic groups.

**FIGURE 1** Iraq has Relatively Lower Overall Stunting Rates than its Neighbors, but Large Inequities Exist

Source: Stunting rates were obtained from the WHO Global Database on Child Growth and Malnutrition (figures based on WHO child growth standards). GNI data were obtained from the World Bank’s World Development Indicators.

Most of the irreversible damage due to malnutrition in Iraq happens during gestation and in the first 24 months of life.⁶

The Double Burden of Undernutrition and Overweight
Iraq will not meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.⁶ In addition, it has seen a recent increase in adult obesity.⁶ Low-birth weight infants and stunted children may be at greater risk of chronic diseases such as diabetes and heart disease than children who start out well-nourished.⁷

This “double burden” is the result of various factors. Progress in improving community infrastructure and development of sound public health systems has been slow, thwarting efforts to reduce undernutrition; while the adoption of Western diets high in refined carbohydrates, saturated fats and sugars, as well as a more sedentary lifestyle (often arising from unemployment and security concerns) are commonly cited as the major contributors to the increase in overweight and chronic diseases.⁸
References
8. Popkin BM. et al. 1996. Stunting is Associated with overweight in children of four nations that are undergoing the Nutrition Transition.

Vitamin and Mineral Deficiencies Cause Hidden Hunger
Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact well-being in Iraq, as indicated in Figure 2.

Figure 2 High Rates of Vitamin A and Iron Deficiency Contribute to Lost Lives and Diminished Productivity

- Vitamin A: 32% of preschool aged children and pregnant women are deficient in vitamin A.9
- Iron: Current rates of anemia among preschool aged children and pregnant women are 78% and 75%, respectively.10 Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.
- Zinc: 19% of the population is at risk for insufficient zinc intake.12 Zinc supplementation during diarrheal episodes can reduce morbidity by more than 40%.13

World Bank Nutrition-Related Activities in Iraq
The World Bank is currently engaging heavily with Iraq through its analytical and advisory work. A poverty study addressing areas of food safety and nutrition was recently completed; as were several non-lending technical assistance knowledge forums on child health, reproductive health, and food security.

Addressing undernutrition is cost effective: Costs of core micronutrient interventions are as low as US$0.05–7.92 per person annually. Returns on investment are as high as 8–30 times the costs.14

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