The Costs of Undernutrition

- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.\(^1\)
- 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 economic costs of undernutrition 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.\(^5\)

Where Does Togo Stand?

- 27% of children under the age of five are stunted, 21% are underweight, and 6% are wasted.\(^2\)
- 12% of infants are born with a low birth weight.\(^2\)
- Togo is currently not on track to meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.\(^6\)

As seen in Figure 1, when compared to countries in its region and income group, Togo performs better in terms of overall rates of child stunting. However, within the country, there is likely to be variation across geographies and socio-demographic groups, and vitamin and mineral deficiencies are highly prevalent.

Most of the irreversible damage due to malnutrition happens in gestation and in the first 24 months of life.\(^6\)

Technical Notes

Stunting is low height for age (too short).
Underweight is low weight for age (too small).
Wasting is low weight for height (too thin).
Current stunting, underweight, and wasting estimates are based on comparison of the most recent survey data with the WHO Child Growth Standards, released in 2006.
Low birth weight is a birth weight less than 2500g.
The methodology for calculating nationwide costs of vitamin and mineral deficiencies, and interventions included in the cost of scaling up, can be found at: www.worldbank.org/nutrition/profiles

Key Actions to Address Malnutrition:

Increase nutrition capacity within the Ministries of Health and Agriculture.
Improve infant and young child feeding through effective education and counseling services.
Increase coverage of vitamin A supplementation for young children and iron supplementation for pregnant women.
Achieve universal salt iodization.
Improve dietary diversity through promoting home production of a diversity of foods and market and infrastructure development.

Vitamin and Mineral Deficiencies Cause Hidden Hunger

Although they may not be visible to the naked eye, micronutrient deficiencies affect well-being and are widespread in Togo, as shown in Figure 2.

- Vitamin A: Over one-third (35%) of preschool aged children, and 1 in 5 pregnant women are deficient in vitamin A.\(^6\) Supplementation of young children and dietary diversification can eliminate this deficiency.
- Iron: Over half of preschool aged children (52%) and half of pregnant women are anemic. 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 sub-groups.
- Iodine: Only one-quarter of households consume iodized salt,\(^6\) leaving children in the majority of households unprotected from iodine deficiency disorders.
- Adequate intake of micronutrients, particularly iron, vitamin A, iodine and zinc, from conception to age 24 months is critical for child growth and mental development.

Country Context

HDI ranking: 159\(^{th}\) out of 182 countries\(^1\)
Life expectancy: 63 years\(^2\)
Lifetime risk of maternal death: 1 in 38\(^2\)
Under-five mortality rate: 98 per 1,000 live births\(^2\)
Global ranking of stunting prevalence: 67\(^{th}\) highest out of 136 countries\(^2\)

Annually, Togo loses over US$28 million in GDP to vitamin and mineral deficiencies.\(^3,4\) Scaling up core micronutrient interventions would cost less than US$4 million per year.

(See Technical Notes for more information.)
Solutions to Primary Causes of Undernutrition

TOGO

Poor Infant Feeding Practices
- Less than one-half (47%) of all newborns receive breast milk within one hour of birth.²
- Over half (52%) of infants under six months are not exclusively breastfed.³
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, 30% of infants are not fed appropriately with both breast milk and other foods.²

Solution: Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections. In high HIV settings, follow WHO 2009 HIV and infant feeding revised principles and recommendations.¹²

High Disease Burden
- Undernutrition increases the likelihood of falling sick and the severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia.

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

Limited Access to Nutritious Food
- 37% of households are food insecure, according to a measure of per capita access to calories.⁷ Many more households likely lack access to diverse diets year round.
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Dietary diversity is essential for food security.

Solution: Involve multiple sectors including agriculture, education, social protection, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

World Bank Nutrition-Related Activities in Togo

Projects: The World Bank is currently supporting a number of operations in Togo geared towards improving child health through its Low Income Countries Under Stress (LICUS) Trust Fund. In addition, US$7 million in additional financing is being directed towards the ongoing Community Driven Development project to reduce the severity of food insecurity that has resulted from escalating food prices.

Analytic work: A health strategy note examining areas of child and maternal health was recently completed.

References

Addressing undernutrition is cost effective: Costs of core micronutrient interventions are as low as US$0.05–3.60 per person annually. Returns on investment are as high as 8–30 times the costs.¹¹

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