The Costs of Undernutrition

- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.  
- 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.

Where Does Zimbabwe Stand?

- 33% of children under the age of five are stunted, 12% are underweight, and 7% are wasted.
- 11% of infants are born with a low birth weight.
- Zimbabwe is currently not on track to meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.

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

Vitamin and Mineral Deficiencies Cause Hidden Hunger

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

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

Annually, Zimbabwe loses nearly US$24 million in GDP to vitamin and mineral deficiencies. Scaling up core micronutrient interventions would cost less than US$8 million per year. (See Technical Notes for more information)

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.
- 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 impact well-being, and are widespread in Zimbabwe as shown in Figure 2.

- 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.

FIGURE 1 Zimbabwe Has Relatively Lower Overall Stunting Rates than its Neighbors and Income Peers, but Large Inequities Exist

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

Country Context

Life expectancy: 44 years
Lifetime risk of maternal death: 1 in 43
Under-five mortality rate: 96 per 1,000 live births
Global ranking of stunting prevalence: 28th highest out of 136 countries

Technical Notes

Stunting is low height for age.
Underweight is low weight for age.
Wasting is low weight for height.
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
Poor Infant Feeding Practices

- Close to one-third (31%) of all newborns receive breast milk within one hour of birth.\(^1\)
- More than three-quarters of all infants under six months are exclusively breastfed.\(^1\)
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, 1 out 5 infants are not fed appropriately with both breast milk and other foods.\(^1\)

**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.\(^10\)

High Disease Burden

- Undernutrition increases the likelihood of falling sick and 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

- 39% of households are food insecure as defined as per capita access to calories.\(^6\) 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, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

References

3. World Bank. 2009. *World Development Indicators (Database).*

**World Bank Nutrition-Related Activities in Zimbabwe**

The World Bank is engaging with Zimbabwe through its analytic and advisory work. An institutional development plan on Zimbabwe’s Food Security Crisis was recently produced. A more in depth assessment on nutrition has been scheduled to take place in April 2010.

**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.\(^9\)**