The Costs of Undernutrition

- 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 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.³

Where Does Angola Stand?

- 29% of children under the age of five are stunted, 16% are underweight, and 8% are wasted.²
- 12% of infants are born with a low birth weight.²
- Angola is on track toward meeting MDG 1c (halving 1990 rates of child underweight by 2015) but malnutrition rates remain high.⁶

As shown in Figure 1, Angola has rates of stunting comparable to many other countries in the Africa region.⁶ Countries with similar per capita incomes, such as Albania and Ecuador, however, exhibit lower rates of child stunting, demonstrating the potential to achieve better nutrition outcomes despite low income.

Vitamin and Mineral Deficiencies Cause Hidden Hunger

Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact well-being and are highly prevalent in Angola, as indicated in Figure 2.
Poor Infant Feeding Practices

- Nearly half of all newborns in Angola (45%) do not receive breast milk within one hour of birth.²
- Only about 1 in 10 infants under six months are exclusively breastfed.²
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, 23% 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.¹¹

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

- Nearly half of households in Angola are food insecure, using 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.

References


World Bank Nutrition Related Activities in Angola

The World Bank is currently supporting the $134 million Second Phase of the Angola Emergency Multi-Sector Recovery Project which aims to increase food security and access to health care and other basic services.

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.¹⁰

Vitamin A: Over two-thirds of preschool aged children and 15% of pregnant women are deficient in vitamin A.⁸ Supplementation of young children and dietary diversification can eliminate this deficiency.

Iron: Current rates of anemia among preschool aged children and pregnant women are 30% and 57%, respectively.⁹ 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.

Iodine: Less than half 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.