The Costs of Malnutrition

- 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 Africa Region is anticipated to lose at least a cumulative US$4.0 billion to chronic disease by 2015.5
- 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.6

Where Does Cameroon Stand?

- 36% of children under the age of five are stunted, 16% are underweight, and 7% are wasted.2
- 45% of those aged 15 and above are overweight or obese.7
- 11% of infants are born with a low birth weight.2
- Cameroon will not meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.8

As seen in Figure 1, Cameroon has the same stunting prevalence as Kenya, but 50% higher income per capita. Stunting is not just a problem of poverty; as shown in Figure 2 in Cameroon, even 12 percent of children in the richest quintile are stunted, highlighting that this is not an issue of food access, but of caring practices and disease.16

Most of the irreversible damage due to malnutrition happens during gestation and in the first 24 months of life.9

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 and deworming 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.

FIGURE 1 Cameroon has Similar Rates of Stunting as Many of Its Lower Income Neighbors

![Comparison of stunting rates among lower income neighbors](image-url)

Source: DHS 2004 (figures based on NCHS/WHO reference population).

The Double Burden of Undernutrition and Overweight

While child undernutrition rates in Cameroon have stagnated over the last two decades, the country has seen a recent increase in adult obesity, particularly among those living in urban areas.10 The...
Poor Infant Feeding Practices
• Only 20% of all newborns receive breast milk within one hour of birth.2
• Four out of five infants under six months are not exclusively breastfed.2
• During the important transition period to a mix of breast milk and solid foods between six and nine months of age, more than one-third 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.13

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
• 23% of households are food insecure, according to a measure of per capita access to calories.8 Many more households likely lack access to diverse diets year round, particularly in the North and Extreme North Regions.
• 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

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 Cameroon, as indicated in Figure 3.

• Vitamin A: 39% of preschool aged children and 18% of pregnant women are deficient in vitamin A.11 Supplementation of young children and dietary diversification can eliminate this deficiency.
• Iodine: Half of households in Cameroon do not consume iodized salt,8 leaving children in those households unprotected from iodine deficiency disorders.
• Iron: Current rates of anemia among preschool aged children and pregnant women are 68% and coexistence of undernutrition and overnutrition may lead to particular risks: 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.11

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 rapid urbanization and the adoption of diets high in refined carbohydrates, saturated fats and sugars, combined with a more sedentary lifestyle are commonly cited as the major contributors to the increase in overweight and chronic diseases.10,12

Figure 3

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


World Bank Nutrition-Related Activities in Cameroon
The World Bank is currently supporting the US$25 million Health Sector Support Investment which aims to improve both quality and access to child and maternal health services. Also, a Demographic and Health Survey is ongoing and in 2011 a health status report will be completed.