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 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 over-weight 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 Equatorial Guinea Stand?

- 43% of children under the age of five are stunted, 16% are underweight, and 9% are wasted.2
- 47% of those aged 15 and above are overweight or obese.5
- 13% of infants are born with a low birth weight.2

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

Equatorial Guinea is a far wealthier country than most in Sub-Saharan Africa, yet it still has extremely high rates of child malnutrition. As seen in Figure 1, Equatorial Guinea has higher rates of stunting than many countries in the same region with much lower per capita income. That countries with lower per capita incomes exhibit reduced rates of child stunting shows that malnutrition is not a function of income alone.

The Double Burden of Undernutrition and Overweight

While high rates of child undernutrition persist, Equatorial Guinea has seen a recent increase in adult obesity. The coexistence of undernutrition and overweight 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.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 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.8
**Poor Infant Feeding Practices**

- Three out of four 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, it is critical that all infants are 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.

**High Disease Burden**

- Undernourished children have an increased 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**

- 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.
- High levels of micronutrient deficiencies coexisting with obesity indicate that diet quality is not optimal.

**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.

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**References**


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**Figure 2**

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

- Vitamin A: 14% of preschool aged children and 17% of pregnant women are deficient in vitamin A.⁹ Supplementation of young children and dietary diversification can eliminate this deficiency.
- Iron: Current rates of anemia among preschool aged children and pregnant women are 41% and 42%, 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.
- Iodine: Two thirds of households do not consume iodized salt,⁴ leaving children in those 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.

**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

**World Bank Nutrition-Related Activities in Equatorial Guinea**

The World Bank is not currently supporting any nutrition-related activities in Equatorial Guinea.