



NUTRITION at a GLANCE

ZIMBABWE

The Costs of Undernutrition

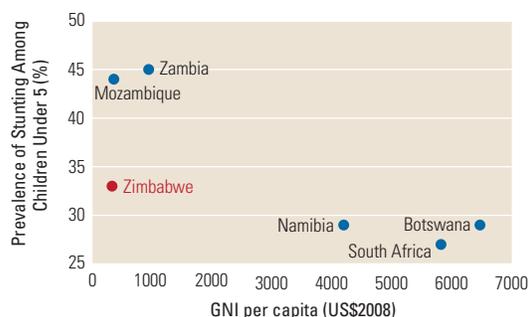
- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.¹
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country's productivity and growth.
- The economic costs 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.⁴

Where Does Zimbabwe Stand?

- 33% of children under the age of five are stunted, 12% are underweight, and 7% are wasted.¹
- 11% of infants are born with a low birth weight.¹
- Zimbabwe is currently not on track to meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.⁵

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.

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



Source: Stunting rates were obtained from WHO Global Database on Child Growth and Malnutrition (figures based on WHO child growth standards). GNI data were obtained from the World Bank's World Development Indicators.

Most of the irreversible damage due to malnutrition happens during gestation and in the first 24 months of life.⁵

Annually, Zimbabwe loses nearly US\$24 million in GDP to vitamin and mineral deficiencies.^{2,3} 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.

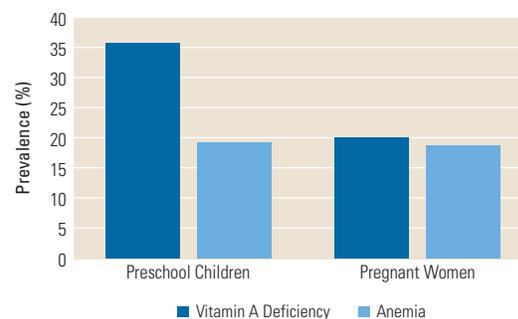
Achieve universal salt iodization.

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**.

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



Source: WHO Global Prevalence of Vitamin A Deficiency in Populations at Risk 1995–2005; WHO Worldwide Prevalence of Anemia 1993–2005.

- 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

Life expectancy: 44 years¹

Lifetime risk of maternal death: 1 in 43¹

Under-five mortality rate: 96 per 1,000 live births¹

Global ranking of stunting prevalence: 28th highest out of 136 countries¹

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 of 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

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4. Horton S and Ross J. 2003. *The Economics of Iron Deficiency*. Food Policy 28:517-5.
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7. WHO. 2009. *Global Prevalence of Vitamin A Deficiency in Populations at Risk 1995–2005*. WHO Global Database on Vitamin A Deficiency.
8. WHO. 2008. *Worldwide Prevalence of Anemia 1993–2005: WHO Global Database on Anemia*.
9. Horton S. et al. 2009. *Scaling Up Nutrition: What will it Cost?*
10. WHO. 2009. *HIV and infant feeding: Revised principles and recommendations – Rapid advice*.

- **Vitamin A:** Over one-third of preschool aged children, and 1 in 5 pregnant women are deficient in vitamin A.⁷ Supplementation of young children and dietary diversification can eliminate this deficiency.
- **Iron:** Current rates of anemia among preschool aged children and pregnant women are 19% for both groups.⁸ 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:** An estimated 91% of households consume iodized salt.¹ Consumption of iodized salt is a major factor in controlling iodine deficiency, which can cause IQ loss in infants and young children. Progress toward universal salt iodization should be continued.

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

