

## BACKGROUND DOCUMENT

### The social and economic consequences of malnutrition in ACP countries

#### Introduction

Adequate nutrition is a key factor to live an active and healthy life. In spite of its importance as a determinant of health and development, malnutrition is still a neglected area and too little has been done to address its causes and serious social and economic implications. However, recently there has been growing interest in nutrition with stronger political involvement at national and international level leading to significant financial pledges and policy commitments. It is now crucial to turn this momentum into results by ensuring the delivery of pledges and accelerating progress on addressing the challenge of undernutrition.

Malnutrition is defined as not having enough energy or nutrients to live a physically active life that allows for optimal health. It encompasses both overnutrition and undernutrition and has direct negative consequences in terms of disease and disability, brain development, educational attainment and income potential for individuals and communities. **The World Health Organisation considers that poor nutrition is the single most important threat to the world's health.**<sup>1</sup>

The immediate causes of malnutrition are due to inadequate food intake (in terms of quantity or quality) and diseases. However, malnutrition is influenced by a host of underlying factors related to poverty, including food insecurity, poor water, sanitation and health services, which find their roots in factors that can vary from conflict to climate change; from scarce natural resources to high and volatile food prices; from poor governance to demographic growth.<sup>2</sup>

**Overall undernutrition represents the single largest killer of under-five children, being responsible for 3.1 million child deaths each year (45% of total under 5 years' deaths).**<sup>3</sup> In 2013, 52 million children under age 5 (10% of the global population) were wasted, meaning that, due to acute malnourishment, they had low weight for their height. Other 165 million children in the world, a quarter of the world's under-5 population, were too short for their age, or stunted, which can impact the child's physical and mental development.

While undernutrition is a major problem in sub-Saharan Africa, the excess intake of calories or overnutrition (obesity) seriously affects many individuals in the Caribbean and Pacific regions. Chronic non-communicable diseases, many related to poor nutrition, now account for 57% of deaths in the Caribbean<sup>4</sup>. A worrying trend shows that overall, many ACP countries

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<sup>1</sup> Turning the tide of malnutrition, Responding to the challenge of the 21<sup>st</sup> century, World Health Organisation, available at: <http://www.who.int/mip2001/files/2232/NHDbrochure.pdf>.

<sup>2</sup> Maternal and child undernutrition: global and regional exposures and health consequences, Robert E Black et al., The Lancet, Maternal and Child Undernutrition Series, 2008.

<sup>3</sup> The Lancet's Series on Maternal and Child Undernutrition, Executive Summary, available at: <http://www.thelancet.com/series/maternal-and-child-nutrition>

<sup>4</sup> Improving nutrition in ACP countries- CTA policy brief – July 2011.

suffer from the double burden of malnutrition in which undernutrition and obesity are found within the same community or even the same household.<sup>5</sup>

Failing to address malnutrition will continue to produce a significant loss of both human and economic potential for ACP countries. As its causes and consequences are multisectoral, the fight against malnutrition requires an integrated response to scale up nutrition-specific interventions and develop nutrition sensitive policies that are proven to be effective in order to address the social and economic burden of malnutrition.

### **Social consequences of malnutrition**

The worst damages of malnutrition happen during pregnancy and early childhood – from conception to two years, i.e. the first 1000 days. Undernourished children have weaker immune systems and are thus more susceptible to infections and illnesses. Long-term insufficient nutrient intake and frequent infections can cause stunting, whose effects in terms of delayed motor and cognitive development are largely irreversible. Extreme food shortages, common childhood diseases such as diarrhoea and pneumonia, or both can lead to acute malnutrition or wasting, which can quickly lead to death if left untreated<sup>6</sup>.

The nutritional status of newborns and infants is directly linked with the health and nutritional status of the mother before, during and after pregnancy. It is estimated, for example, that half of all child stunting occurs in utero.<sup>7</sup> In general, malnourished women and girls of reproductive age have higher chances of giving birth to smaller babies (weight and height), continuing the cycle of malnutrition into future generations.

The consequences of stunting on education are also dramatic. Various studies show that child stunting is likely to impact brain development and impair motor skills. According to UNICEF, stunting in early life is linked to 0.7 grade loss in schooling, a 7-month delay in starting school and between 22 and 45 percent reduction in lifetime earning.<sup>8</sup> Stunted children become less educated adults, thus making malnutrition a long-term and intergenerational problem.

Effective interventions to combat undernutrition are well known, but they need to be scaled up and integrated in both development and humanitarian policies if they are to have a significant impact in the nutritional status of individuals and communities in developing countries. **Nutrition-specific interventions, which directly impact an individual's nutritional status** include the promotion of practices to improve nutrition (e.g. increased rates of exclusive breastfeeding from 0-6 months and timely introduction of adequate complementary foods after 6 months), the reduction of micronutrient deficiencies (e.g. vitamin A supplements), and the prevention and community management of severe acute malnutrition. In addition, **nutrition sensitive interventions** are essential to address the underlying causes of malnutrition, which are embedded in the household and community level context. These range from improving food security to enhancing the status of women; from

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<sup>5</sup> Global Strategy on Diet, Physical Activity and Health- WHO

<sup>6</sup> Progress for children: A world fit for children, Statistical Review, UNICEF

<sup>7</sup> 6th Report on the World Nutrition Situation, United Nations Standing Committee on Nutrition (SCN), 2010.

<sup>8</sup> Improving Nutrition Security in Africa, An EU-UNICEF Joint Action, available at: [http://www.unicef.org/eu/files/EU-UNICEF\\_Africa.pdf](http://www.unicef.org/eu/files/EU-UNICEF_Africa.pdf)

ensuring access to water, sanitation and health services to improved education; from improving childcare practices to reinforcing social protection.

### **Economic consequences of malnutrition**

Malnutrition also slows economic growth and perpetuates poverty.<sup>9</sup> Mortality and morbidity associated with malnutrition represent a direct loss in human capital and productivity for the economy. At a microeconomic level, it is calculated that 1 percent loss in adult height as a result of childhood stunting equals to a 1.4 percent loss in productivity of the individual.<sup>10</sup>

Other indirect losses for the country's economy are caused by poor cognitive function and reduced school attainment that originate in early childhood undernutrition. In fact, the education gap and consequent lower skill-level of workforce substantially delays the development of countries affected by malnutrition. Undernutrition in early childhood also makes an individual more prone to non-communicable diseases later in life, including diabetes and heart disease, significantly increasing health costs in resource constrained health systems.

**In total, the economic cost of malnutrition is estimated to range from 2 to 3 percent of Gross Domestic Product<sup>11</sup>, to as much as 16 percent in most affected countries<sup>12</sup>.** The effects of malnutrition are long-term and trap generations of individuals and communities in the vicious circle of poverty.

Improving nutrition is therefore essential to eradicate poverty and accelerate the economic growth of low- and middle-income countries. There is much evidence that improved nutrition not only drives stronger economic growth, but is tremendous value for money. Indeed, it is estimated that each dollar spent on nutrition delivers between USD 8 and USD 138 of benefits (approximately EUR 6 for EUR 100 of benefits). Another recent study showed that preventing one child from being born with a low birthweight is worth USD 580.23 (about EUR 426).<sup>13</sup> According to the Copenhagen Consensus, ensuring good nutrition is the single most important, cost-effective means of advancing human well-being and advancing on the Millennium Development Goals<sup>14</sup>.

### **Recommendations**

ACP countries should:

- **Develop a specific and fully funded budget line for nutrition in the annual national budget**
- **Increase public sector budget for nutrition-specific interventions and health systems strengthening** – including human resources – needed to deliver those

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<sup>9</sup> Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action, The World Bank, 2006.

<sup>10</sup> Ibidem.

<sup>11</sup> Ibidem.

<sup>12</sup> The Cost of Hunger in Ethiopia – The social and economic impact of child undernutrition in Ethiopia, 2013

<sup>13</sup> Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action, The World Bank, 2006.

<sup>14</sup> Copenhagen Consensus, Hunger and Malnutrition, Challenge Paper, 2008.

interventions, with special attention to nutritional needs of vulnerable groups and marginalised communities.

- **Integrate the fight against malnutrition in all related policy areas** by explicitly linking country's nutrition targets, interventions and indicators within health, education, agriculture, water and sanitation, women and youth, social protection and other relevant policies.
- **Establish a national inter-ministerial coordination mechanism** to oversee the nutritional status of the population and coordinate the definition and implementation of nutrition-sensitive interventions in a plurality of sectors.
- **Integrate nutrition-specific interventions within primary health programmes** in order to address nutrition-related diseases and health problems, especially among children and mothers.
- **Prioritise nutrition when negotiating with external donors such as the World Bank and the European Union.**

The European Union should:

- **Make the fight against malnutrition a political and financial priority of the European development policy** and mobilise resources needed for scaling up the implementation of nutrition interventions and for the achievement of international commitments on this issue.
- **Mainstream the fight against malnutrition in all EU external policies** (development, humanitarian, environment and climate change, human rights, etc.) and ensure that nutrition-sensitive interventions are prioritised in these sectors.
- **Fulfil its commitment to support partner countries in reducing the number of children under five who are stunted by at least 7 million by 2025** (10% of the World Health Assembly stunting reduction target – 70 million) based on the European Commission Communication “Enhancing Maternal and Children Nutrition in external assistance: an EU policy framework”.
- Wasting and stunting being two forms of childhood malnutrition that generally coexist within the same populations, the EC should **define a specific target for EU contribution on wasting reduction and combine wasting and stunting reduction strategies** in order to maximise its global impact.
- **Invest in and provide technical assistance to build human resources for health** that can provide good quality integrated healthcare in developing countries, especially for newborns, children, and mothers. This includes community health workers who are trained in diagnosing and treating different forms of malnutrition and promoting health and nutrition education through community mobilisation.

The European Union and ACP countries should jointly:

- **Advocate for the inclusion of a strong and ambitious nutrition goal within the post-2015 agenda and ensure integration of nutrition objectives within the selected health goal.**
- **Develop an accountability framework based on World Health Assembly targets with an annual reporting in front of the ACP EU JPA.**
- **Promote nutrition in international fora** such as the ACP-EU JPA, G8/20, African Union-EU Summit, etc.