



NUTRITION at a GLANCE

IRAQ

The Costs of Malnutrition

- Over one-third of child deaths are due to under-nutrition, 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 Middle East and North Africa region is anticipated to lose at least a cumulative US\$2.3 billion to chronic disease by 2015.³
- 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.⁴

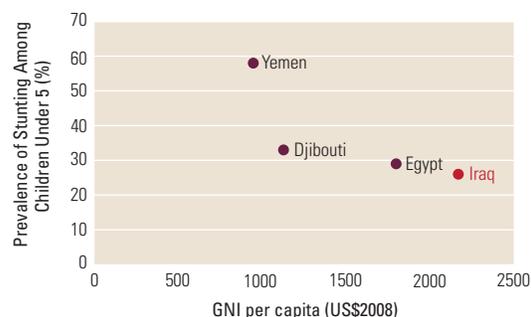
Where Does Iraq Stand?

- 26% children under the age of five are stunted, 6% are underweight, and 6% are wasted.²
- One-half (48%) of those aged 15 and above are overweight or obese.⁵

15% infants are born with a low birth weight.² This is higher than the MNA average (12%) and the lower middle income average (7%) and is closely related to Iraq's high fertility rate and poor quality of health care.^{3,4}

As seen in **Figure 1**, when overall rates of child stunting are examined, Iraq performs better than countries in its region. However, within the country, there is likely to be variation across geographies and socio-demographic groups.

FIGURE 1 Iraq has Relatively Lower Overall Stunting Rates than its Neighbors, but Large Inequities Exist



Source: Stunting rates were obtained from the 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.

Scaling up core micronutrient nutrition interventions in Iraq would cost less than US\$30 million per year.

(See Technical Notes for more information.)

Key Actions to Address Malnutrition:	Approximate Return on Investment(%): ¹¹
Improve infant and young child feeding through effective education and counseling services.	1400
Achieve universal salt iodization.	3000
Fortify staple foods with iron.	800
Ensure an adequate supply of zinc supplements for the treatment of diarrhea.	1370
Examine food policies and the country regulatory system as they relate to overweight and obesity.	Not currently estimable

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

The Double Burden of Undernutrition and Overweight

Iraq will not meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.⁶ In addition, it has seen a recent increase in adult obesity.⁶ 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 the adoption of Western diets high in refined carbohydrates, saturated fats and sugars, as well as a more sedentary lifestyle (often arising from unemployment and security concerns) are commonly cited as the major contributors to the increase in overweight and chronic diseases.⁸

Country Context

Lifetime risk of maternal death:
1 in 72²

Under-five mortality rate:
44 per 1,000 live births²

Global ranking of stunting prevalence: 70th highest out of 136 countries²

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.

Overweight is a body mass index (kg/m²) of ≥ 25 ; **obesity** is a BMI of ≥ 30 .

The methodology for calculating the cost of scaling up core micronutrient nutrition interventions can be found at: www.worldbank.org/nutrition/profiles

Poor Infant Feeding Practices

- 31% of all newborns receive breast milk within one hour of birth.²
- Only 1 in 4 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, one-half 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.

High Disease Burden

- Undernourished children have an increased risk of falling sick and greater 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.
- The PDS ration currently provides an estimated average of 85% of caloric needs, with an equivalent market value of ID 11,110 per person per month. This is the largest safety net in Iraq today.

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. Also, ensure that the PDS ration provides not only calories, but good nutrition as well.

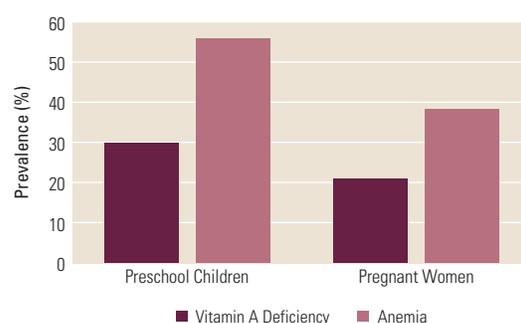
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Vitamin and Mineral Deficiencies Cause Hidden Hunger

Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact well-being in Iraq, as indicated in **Figure 2**.

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



Source: 1995-2005 data from the WHO Global Database on Child Growth and Malnutrition

- **Vitamin A:** 32% of preschool aged children and pregnant women are deficient in vitamin A.⁹
- **Iron:** Current rates of anemia among preschool aged children and pregnant women are 78% and 75%, 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.

- **Zinc:** 19% of the population is at risk for insufficient zinc intake.¹² Zinc supplementation during diarrheal episodes can reduce morbidity by more than 40%.¹³

World Bank Nutrition-Related Activities in Iraq

The World Bank is currently engaging heavily with Iraq through its analytical and advisory work. A poverty study addressing areas of food safety and nutrition was recently completed; as were several non-lending technical assistance knowledge forums on child health, reproductive health, and food security.

Addressing undernutrition is cost effective: Costs of core micronutrient interventions are as low as US\$0.05-7.92 per person annually. Returns on investment are as high as 8-30 times the costs.¹⁴

