NUTRITION *at a* GLANCE

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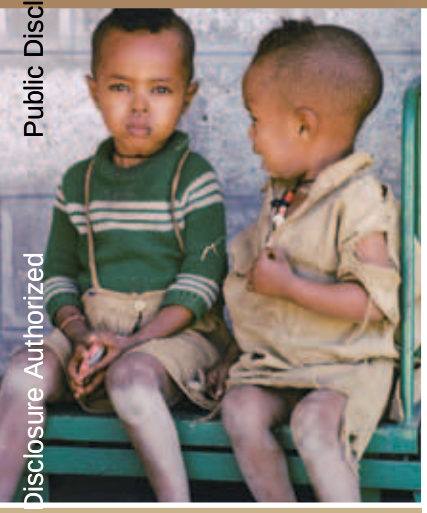
ERITREA



Country Context

HDI ranking: 165th out of 182 countries[1]

Life expectancy: 60 years[2]

Lifetime risk of maternal death: 1 in 44[2]

Under-five mortality rate: 58 per 1,000 live births[2]

Global ranking of stunting prevalence: 19th-highest out of 136 countries[2]

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*

The Costs of Undernutrition

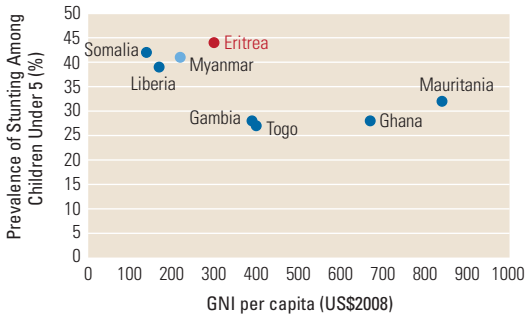
- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.[2]
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country's productivity and growth.
- The economic 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.[5]

Where Does Eritrea Stand?

- 44% of children under the age of five are stunted, 35% are underweight, and 15% are wasted.[2]
- 14% of infants are born with a low birth weight.[2]
- At its current rate of progress in tackling undernutrition indicators, Eritrea will not meet MDG 1c (halving 1990 rates of child underweight by 2015).[6]

As seen in **Figure 1,** Eritrea has high stunting rates relative to countries in the same region and income group. Countries with similar per capita incomes exhibit reduced rates of child stunting, which demonstrate the ability to achieve better nutrition outcomes despite low income.

FIGURE 1 Eritrea has Higher Rates of Stunting than some of its Income Peers



Source: Stunting rates were obtained from WHO Global Database on Child Growth and Malnutrition. GNI data were obtained from the World Bank's World Development Indicators.

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

Annually, Eritrea loses over US$18 million in GDP to vitamin and mineral deficiencies.[3,4] Scaling up core micronutrient interventions would cost just over US$1 million per year.

(See Technical Notes for more information)

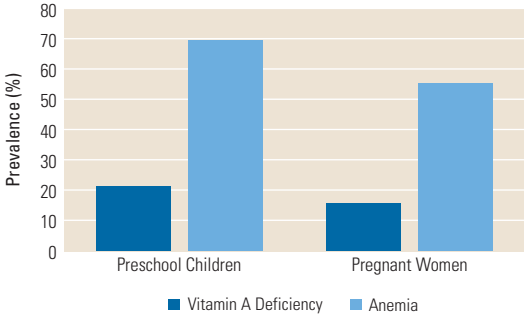
Key Actions to Address Malnutrition:

- 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 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.

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 prevalent in Eritrea, 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.

- **Iron:** Anemia is found in about 70% of preschool aged children and 55% of pregnant women, respectively.[9] Approximately half of all anemia is due to dietary iron deficiency. Iron-folic acid

Solutions to Primary Causes of Undernutrition

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Poor Infant Feeding Practices

- 48% of 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, over half (57%) 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.[11]

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

- An alarming two-thirds (66%) of households are food insecure.[7]
- 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.
- Lack of consistently-accessible diverse diets contributes to high levels of micronutrient deficiencies and lost human capital.

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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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.

- **Vitamin A:** 21% of preschool aged children and 16% of pregnant women are deficient in vitamin A.[8] Supplementation of young children and dietary diversification can eliminate this deficiency.
- **Iodine:** Nearly one-third of households do not consume iodized salt,[6] leaving infants and 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.[10]

World Bank nutrition activities in Africa can be found at: http://go.worldbank.org/R2KBERG1X0