**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.³

**Where Does Comoros Stand?**
- 44% of children under the age of five are stunted, 8% are wasted, and 25% are underweight.²
- 1 in 4 infants are born with a low birth weight.²
- Comoros is not on track to meet MDG 1c (halving 1990 rates of child underweight by 2015).⁴

As seen in Figure 1, Comoros has high rates of stunting relative to countries in the same region and income group. Countries with lower per capita incomes, such as Haiti and Tajikistan, exhibit reduced rates of child stunting, which demonstrates the ability to achieve better nutrition outcomes despite low income.

**FIGURE 1** Comoros Has Higher Rates of Stunting than its Income Peers

![Figure 1](image1)

**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 during gestation and in the first 24 months of life.⁴**

**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 widespread in Comoros, as indicated in Figure 2.

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

![Figure 2](image2)

**Source:** 1995–2005 data from the WHO Global Database on Child Growth and Malnutrition.

- **Vitamin A:** 22% of preschool aged children, and 15% of pregnant women are deficient in vitamin A.⁶ Supplementation of young children...
Solutions to Primary Causes of Undernutrition

**COMOROS**

**Poor Infant Feeding Practices**
- 3 out of 4 newborns do not receive breast milk within one hour of birth.
- 4 out of 5 infants under six months are not exclusively breastfed.
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, almost two-thirds of infants are not fed appropriately with both breast milk and other foods.

**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**
- Undernutrition increases the likelihood of falling sick and the 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**
- More than half of households in Comoros are food insecure, according to a measure of per capita access to calories. 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, 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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**World Bank Nutrition-Related Activities in Comoros**
The World Bank is not currently supporting any nutrition-related activities in Comoros.

**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.