Economy and Nutrition

Malnutrition perpetuates poverty and slows Uganda’s economic development. It weakens Uganda’s economy through losses in productivity due to poor physical status and poor brain development and through increased health costs associated with treating malnutrition and related diseases. If not addressed, malnutrition could prevent Uganda from reaching the poverty reduction goal articulated in the 2010-2015 National Development Plan (NDP). To advance, Uganda must significantly increase investment in nutrition.

Malnutrition in Uganda persists despite the decline in poverty

Uganda adopted pro-growth policies that helped reduce poverty from 56 percent in 1995 to 31 percent in 2006, a decline of 2 percentage points per year. A decline in poverty would have been expected to reduce malnutrition, given that as household income rises so does total household spending, including spending on food and health care.

However, research shows that reducing poverty only contributes to—but does not necessarily result in—a reduction in malnutrition because people do not necessarily buy high-nutrient foods or change what or how they eat. Further, nutrition is produced by adequate food, health and care (e.g. infant and young child feeding practices, food allocation in the household). One form of malnutrition—stunting, or very low height for age—decreased by only 0.6 percentage points per year between 1995 and 2006. In fact, the actual number of stunted children increased due to population growth (see Figure 1).

While poverty fell between 1995 and 2006, the actual number of stunted children increased from 1.54 million to 2.11 million.

In addition, while the Southwest and East-Central regions have Uganda’s lowest poverty levels and the highest access to food and health facilities, they also have the highest stunting levels. The World Bank estimated in 2000 that Uganda’s economy would have to grow 5 percent per capita every year for 33 years to reduce underweight to half the 2000 levels. The levels of anaemia and vitamin A deficiency have also increased in recent years, despite the decline in poverty.

Malnutrition costs Uganda millions every year

The economic and social costs of malnutrition in Uganda are enormous. Malnutrition, including vitamin and mineral deficiencies, reduces a person’s ability to fight illness, increases the severity of illnesses, drives up health care expenses, and reduces productivity. Indirect costs are incurred when people miss work or school to care for relatives with malnutrition-related illnesses. In addition, the poor...
incur most of these costs, as they are more likely to be malnourished.

Malnutrition will also cause more than 700,000 children to be born with mild to severe mental or physical disabilities by 2015,⁴ which will impair children’s learning ability, school performance, retention rates, and speech and hearing ability. This makes it impossible to fully benefit from Uganda’s investment in universal primary and secondary education and confines many Ugandans to a vicious cycle of malnutrition and poverty.

Malnutrition also weakens Uganda’s workforce. Anaemia reduces productivity by 5 percent for light work and 17 percent for heavy labour.⁴ If Uganda is to achieve its goal of 6 percent growth in the agriculture sector, tackling the anaemia problem must be a high priority.

Stunting, anaemia, iodine deficiency, and low birth weight (less than 2.5 kg) deprive Uganda of US$310 million per year and will reduce its gross domestic product by 4.1 percent. Of critical importance to household and national economies are infant and young child feeding practices given their enormous impact on health, survival and future productivity. If they are not improved, Uganda will miss an important opportunity to save lives, reduce diseases, and maximise educational attainment and economic growth.

Improving nutrition can accelerate economic growth in Uganda

Improving nutrition as per the goals of the draft National Plan of Action on Nutrition 2010-2015 would generate enormous savings:

- Improving breast feeding practices and reducing the low-birth-weight rate will result in fewer cases of diarrhoea and acute respiratory infections, saving more than US$7 million per year.
- Reducing the low-birth-weight rate from 11 percent to 9 percent over 10 years through improved support for women’s nutrition would save US$20 million per year in future costs of treating chronic illnesses resulting from low birth weight.
- Reducing the number of cases of acute malnutrition among children will save US$120 per child in treatment costs.
- Families would also lose fewer days of work due to adult or child illnesses related to malnutrition.

**Figure 2. Potential gains from reducing malnutrition by 2015**

- Reducing anaemia, iodine deficiency, low birth weight, and stunting will improve the physical productivity and cognitive ability of the current and future workforce and will result in estimated total economic gains of US$640 million (net present value) by 2015 (see Figure 2).⁴
Reducing stunting is critical to future productivity. Every 1 percent gain in height leads to a 1.4 percent increase in adult productivity.\(^4\) The effects of stunting are largely irreversible after age 2, but it can be prevented through simple improvements in water, sanitation, hygiene, diet diversity, and infant and young child feeding practices.

Ensuring that all salt used in the country is iodized and that a high percentage of households continue to use iodized salt will help increase the number of school years completed, improve school performance, and in turn help increase lifetime earnings.

### Investing in nutrition makes economic sense for Uganda

Nutrition programmes are not welfare interventions that divert resources that could be better spent on other ways to improve national income. Every dollar invested in improving nutrition today will yield economic benefits worth six times more at present value. With such a high return, it makes economic sense to invest in improving nutrition in Uganda.

Several basic, proven interventions can help reduce malnutrition. Scaling up these interventions require an investment of about US$10 million per year over 10 years to cover the costs of:

- Intensive support for improved infant and young child feeding
- Vitamin A and iron supplementation
- Fortification of two basic foods—oils and milled flour—with vitamins and minerals, and targeted home fortification (e.g., addition of pre-packaged vitamins and minerals)
- Intensive community mobilisation and social and behaviour change communication
- Programmes to improve diet diversification and post-harvest handling to reduce wastage and losses
- Training for health workers and community-level service providers
- Programme monitoring and quality assurance

### Recommendations for investing in nutrition in Uganda

- Nutrition should be included in poverty alleviation initiatives. This could include adding one or two key nutrition-related indicators in the monitoring of poverty-reduction efforts in the NDP.
- The government should establish a budget line specifically for nutrition, especially in the ministries of health and agriculture. This would help hold key public sectors accountable for ensuring that priority activities are carried out and reported.
- Development partners should provide additional funding required to put the NDP’s nutrition efforts into operation and to scale up proven nutrition interventions.
- The Food and Nutrition Secretariat should be established to coordinate and monitor the implementation of the Uganda Food and Nutri-

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<table>
<thead>
<tr>
<th>Condition</th>
<th>Cost</th>
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<tr>
<td>Stunting</td>
<td>US$470M</td>
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<tr>
<td>Iron deficiency anaemia</td>
<td>US$110M</td>
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<tr>
<td>Iodine deficiency disorders</td>
<td>US$20M</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>US$40M</td>
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</tbody>
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\(^4\) The effects of stunting are largely irreversible after age 2.
tion Policy (2003) and the activities of partners and agencies operationalising the policy.

- The private sector should be given incentives to invest in nutrition. Incentives could include tax breaks on fortificants and research in bio-fortification of common staples, nutrient enrichment of staple foods, social marketing of nutritionally superior products and labour- or energy-saving technologies.

Sources
4. Data from the Uganda PROFILES using 2006 UDHS data.

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