Malnutrition in Uganda

We've Already Paid Too High a Price

For more information, contact:

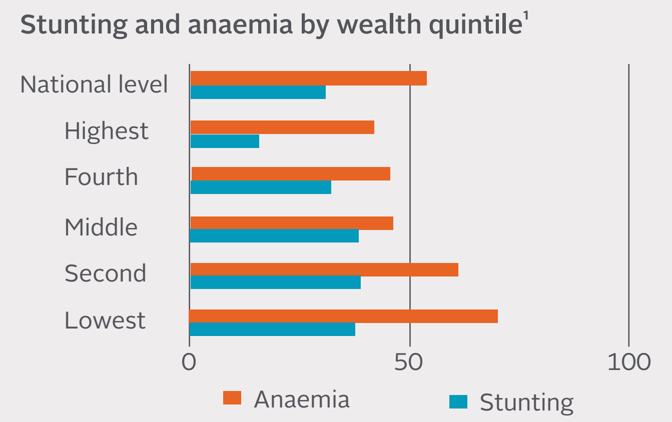
The Permanent Secretary, Office of the Prime Minister, Uganda, ps@opm.go.ug

Economic Development and Nutrition Fact Sheet

December 2017

Despite Uganda's progress in meeting the first Millennium Development Goal of halving poverty by 2015, without improvement in nutrition, Uganda's Vision 2040 goal of a prosperous and modern Uganda society cannot be achieved.

- Uganda adopted pro-growth policies that helped reduce poverty from 56% in 1995 to 25% in 2010, a decline of 2 percentage points a year. It was expected that, as household income increased, malnutrition would decrease.
- However, the 2016 Uganda Demographic and Health Survey indicates that **malnutrition exists in both wealthy and poor households**, suggesting that more income at the household level does not always lead to better diets or health practices.[1]
- Stunting (or low height-for-age) decreased from 33% in 2011 to 29% in 2016 but, even with this progress, **more than 2 million children in Uganda are stunted. This is unacceptable.**[1]
- More than **half of children under 5 and 1 of 3 women remain anaemic**.[1]



Malnutrition has and will continue to slow Uganda's economic development.

- **Malnutrition, including anaemia, stunting, and iodine deficiency disorders, weakens Uganda's economy through losses in productivity** due to poor physical status, less education as a result of impaired cognitive development resulting in lower wages, and through increased health costs associated with treating malnutrition and related diseases.[3,4]
- **Malnutrition reduces a person's ability to fight illness, increases severity of illness, drives up health care costs, and reduces productivity**, confining households to a vicious cycle of poverty.[2,3,4]
- The **effects of stunting are largely irreversible beyond 2 years of age**; 54% of adults in Uganda today suffered from stunting as children, meaning that **more than 8 million people of working age are not able to achieve their potential** as a consequence of childhood malnutrition.[3]
- **Stunting alone will cost Uganda more than 19 trillion Ugandan Shillings (US$7.7 billion) in lost productivity by 2025.** The poor incur most of these costs, as they are more likely to be malnourished.[1,4]

Main data sources include: [1] Uganda Demographic and Health Surveys 2011 and 2016, [2] *Lancet Nutrition Series 2013*, [3] The Cost of Hunger in Uganda Summary Report, [4] *Reducing Malnutrition in Uganda: Estimates to Support Nutrition Advocacy - Uganda PROFILES 2013*, [5] Uganda PROFILES 2010 Nutrition Advocacy Package, and [6] Global Nutrition Report 2015: Actions and Accountability to Advance Nutrition and Sustainable Development. All calculations of US$ to Ugandan Shillings are based on an exchange rate of US$1 = 2504.60 Ugandan Shillings.

Malnutrition is ***preventable and treatable***.

Increasing commitment to and investment in nutrition now, as outlined in the Uganda Nutrition Action Plan, will be crucial for Uganda in the decades to come.

- For every US$1 spent on nutrition, there is a US$16 return in health and economic benefits.[6]
- By investing in proven, effective nutrition interventions implemented at scale, hundreds of thousands of lives will be saved and improved by 2025.[4]
- Progress in nutrition would result in children staying in school longer and performing better in school, resulting in improved economic productivity over the long term.[3,4]
- Investing in nutrition now would lead to economic gains through increased productivity exceeding 4.3 trillion Ugandan Shillings (US$1.7 billion) by 2025.[4]

The Ministry of Finance can support improved nutrition in Uganda by:

- Creating a "vote function" for nutrition that would require all sectors and local governments to establish a budget line specifically for nutrition. This would hold sectors and local governments accountable for ensuring prioritisation of nutrition activities in planning and reporting and make more services available for mothers and children.
- Allocating additional funding for nutrition at all levels, which could make more services available for mothers and children.
- Including nutrition in Uganda's Poverty Alleviation Initiatives.
- Supporting implementation of comprehensive nutrition services throughout the country and adequate institutional structures to scale up nutrition.
- Integrating nutrition indicators in the sector and local government performance templates. This would hold key public sectors and local governments accountable for nutrition services.
- Providing incentives to the private sector to increase investment in nutrition, including but not limited to:
  - Tax breaks for fortification of staples (such as oil with vitamin A and flour with iron)
  - Subsidies for labour-saving technologies

This brief is made possible by the generous support of the American people through the support of the Office of Health, Infectious Diseases and Nutrition, Bureau for Global Health, U.S. Agency for International Development (USAID), and USAID/Uganda, under terms of Cooperative Agreement No. AID-OAA-A-12-00005, through the Food and Nutrition Technical Assistance III Project (FANTA), managed by FHI 360.