

Working Together for Our Future: What Zambia's Cooperating Partners Can Do to Improve Nutrition

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Today in Zambia, four out of 10 children are malnourished. Despite continued investment by the Government of Zambia and donors, malnutrition remains a serious problem.

Malnutrition in Zambia can take many forms, including chronic malnutrition (stunting or low height for age), underweight (low weight for age), acute malnutrition (wasting or low weight for height), anaemia, vitamin A deficiency, iodine deficiency, and low birth weight (< 2.5 kg).¹ The immediate causes of malnutrition in Zambia are repeated infections, poor health, and inadequate dietary intake, but underlying causes include food insecurity, high fertility rates, high rates of adolescent pregnancies, gender inequality, poverty, and lack of safe water, hygiene, and sanitation.

Why does this matter?

- Malnutrition is the underlying cause of up to 45 percent of child deaths in Zambia.^{2,3}
- Malnourished children are more likely to have repeated illnesses and infections.² By 2026, if Zambia does not invest in efforts to improve nutrition, more than 156,000 infants and children will die.³
- Malnutrition leads to reduced immunity, impairing an individual's ability to fight and recover from illness. This is particularly important in Zambia, where 13 percent of adults (15 percent of women and 11 percent of men) are HIV positive.¹
- Malnutrition in childhood impairs physical growth and cognitive development, decreasing IQ points and undermining human potential. Because of this, malnourished children become adults who earn less than their well-nourished and better-educated peers.^{2,3,4}
- Malnourished children perform worse in school and are more likely to repeat grades and drop out of school than well-nourished children.^{4,5} By 2026, if there is no change in stunting, children will lose 40.5 million equivalent school years of learning from stunting alone.³

Addressing high levels of malnutrition and preventing and treating HIV will help reduce child mortality significantly in Zambia and improve the health, wellbeing, and economic productivity of citizens.

Most Zambian women give birth by 24 years of age, when the risks of HIV and transmission from mother to child are high. Without antiretroviral therapy (ART), 50 percent of HIV-positive children die by their second birthday. Zambia has low coverage of paediatric ART, reaching only 33 percent of at-risk children.⁶ **Nutrition services are a gateway to HIV prevention, care, and treatment. They can help identify malnourished people, who are more vulnerable to HIV.** Referrals of malnourished people for HIV testing, care, and treatment can promote early ART, and nutrition counselling can encourage treatment adherence and retention.

- Malnutrition is hurting Zambia's economic progress. If there is no improvement in nutrition, economic productivity losses will exceed 180.768 billion Zambian kwacha (ZMW), or US\$18.315 billion, by 2026.³

What are the challenges in Zambia?

- Inadequate nutrition services in communities across the country
- Inadequate health systems and skilled staff for nutrition service delivery
- Inadequate focus on the lifecycle approach, particularly on delaying pregnancies past adolescence
- Inadequate investment in nutrition
- Inadequate coordination of nutrition activities within and across ministries at national, sub-national, and district levels

Sources: ¹ Zambia Demographic and Health Survey 2013-14; ² Lancet Nutrition Series 2013; ³ Reducing Malnutrition in Zambia: Estimates to Support Nutrition Advocacy—Zambia Nutrition PROFILES 2017; ⁴ Grantham-McGregor S et al. 1999. 'Effects of Health and Nutrition on Cognitive and Behavioural Development in Children in the First Three Years of Life'. *Food and Nutrition Bulletin* 20(1): 53–75; and Grantham-McGregor S et al. 2007. 'Developmental Potential in the First 5 Years for Children in Developing Countries'. *Lancet* 369(9555): 60–70; ⁵ Mendez MA and LS Adair. 1999. 'Severity and Timing of Stunting in the First Two Years of Life Affect Performance on Cognitive Tests in Late Childhood'. *Journal of Nutrition* 8(29): 1555–62; ⁶ Joint United Nations Programme on HIV/AIDS (UNAIDS). 2015. *Global AIDS Response Progress Reporting 2015*; and ⁷ International Food Policy Research Institute (IFPRI). 2015. *Global Nutrition Report 2015: Actions and Accountability to Advance Nutrition and Sustainable Development*.

- Inadequate enforcement/implementation of legislation and policies to improve nutrition
- Inadequate tracking of expenditures for nutrition services and interventions
- Limited public awareness of malnutrition, which affects the demand for quality nutrition services in communities
- Limited involvement of the private sector in nutrition efforts
- Inadequate diversification of food production
- Inadequate enforcement and compliance with food standards

But malnutrition is preventable and treatable. The children of Zambia can be free of malnutrition if we act now.

- Investing in expanding comprehensive, quality nutrition services to communities across the country would:^{2,3,4,5}
 - Reduce child deaths by reducing stunting and wasting.
 - Prevent permanent brain damage in children and increase children's IQ by reducing iodine deficiency.
 - Help children stay in school longer and perform better in school, resulting in higher wages in the future. If stunting is reduced, children 2 years of age in 2026, will gain an average of 2.7 equivalent school years of learning.
 - Increase physical capacity and reduce sick days in adulthood, leading to economic productivity gains of 67.792 billion ZMW (US\$ 6.869 billion) by 2026, related to a reduction in stunting alone.
 - Reduce the risk of overweight and obesity in children and adults

For a country like Zambia, nutrition is a smart investment: For every US\$1 spent on nutrition, there is a US\$16 return in health and economic benefits.⁷

What can cooperating partners do to improve nutrition?

- **Coordinate efforts among all cooperating partners working in nutrition.**
- **Advocate for and assist the government in:**
 - Focusing nutrition-specific interventions on:
 - Improving adolescent nutrition
 - Improving maternal nutrition during pregnancy and the post-partum period
 - Improving nutrition of children under 2
 - Improving treatment and prevention of severe and moderate acute malnutrition among children under 5
 - Focusing nutrition-sensitive interventions on:
 - Improving access to and use of safe water, sanitation, and hygiene
 - Expanding family planning services to adolescent girls
 - Delaying marriage and pregnancy past adolescence
 - Encouraging girls and boys to finish secondary education
 - Supporting:
 - Multisectoral coordination across ministries
 - Capacity strengthening to ensure skilled staff are available for service delivery
 - Health system strengthening to ensure nutrition is effectively integrated
 - Resource allocation at all levels for nutrition services
 - Development and implementation of a strong supervision and monitoring system
 - Community-based organisations to create demand for nutrition services
 - Ensuring food security through:
 - Food supplementation for pregnant and lactating women and children under 2 in the poorest households
 - Micronutrient supplementation
 - Promotion of homestead gardening
 - Promotion of diverse food products
 - Promotion of agricultural businesses at the community level



GOVERNMENT OF ZAMBIA

