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). 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.\(^4\)
- 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.\(^5\)
- 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, Zambian children will lose 40.5 million equivalent school years of learning from stunting alone.\(^3\)
- 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.\(^3\)

Prevalence of malnutrition in Zambia\(^1\)

<table>
<thead>
<tr>
<th>Malnutrition Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight (48–59 months)</td>
<td>3%</td>
</tr>
<tr>
<td>Stunting (24–35 months)</td>
<td>51%</td>
</tr>
<tr>
<td>Stunting (0–59 months)</td>
<td>40%</td>
</tr>
<tr>
<td>Underweight</td>
<td>15%</td>
</tr>
<tr>
<td>Wasting</td>
<td>6%</td>
</tr>
<tr>
<td>Anaemia (6–59 months)</td>
<td>60%</td>
</tr>
<tr>
<td>Anaemia (women)</td>
<td>47%</td>
</tr>
<tr>
<td>Vitamin A deficiency (US)</td>
<td>26%</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>9%</td>
</tr>
</tbody>
</table>

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.
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.
  - Greater public awareness about malnutrition and its consequences is needed to increase the demand for quality nutrition services. Greater accountability around nutrition in Zambia is essential.

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 the media do to improve nutrition?

The media decides what is news and what should be reported. Reporting on the nutrition situation in Zambia is important and the media can play a key role.

- Because nutrition is an issue of personal interest to readers and viewers, reporting accurately and adequately on nutrition can expand readership and viewership to reach new audiences.
- The media can raise public awareness about the importance of nutrition in Zambia. Every family looks to their children as their future, and all parents want their child to have the best start in life. Report what nutrition services are available, why families should access them, and how.
- The media plays an important role as a voice for the public. In this role, it can hold government and non-government institutions accountable for improving the nutrition situation of Zambia and promoting good nutrition governance.
- Make nutrition a priority by including it in your editorial policy, and give journalists opportunities to improve their capacity to report on nutrition issues.

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