



THE WORLD BANK

DIRECTIONS IN DEVELOPMENT

Repositioning Nutrition as Central to Development

A Strategy for Large-Scale Action



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A Strategy for Large-Scale Action



THE WORLD BANK

© 2006 The International Bank for Reconstruction and Development/The World Bank
1818 H Street, NW
Washington, DC 20433 USA

Telephone 202-473-1000
Internet www.worldbank.org
E-mail feedback@worldbank.org

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First printing

1 2 3 4 09 08 07 06

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Cover design by Fletcher Design
Cover photos by World Bank

ISBN-10: 0-8213-6399-9
ISBN-13: 978-0-8213-6399-7
eISBN-10: 0-8213-6400-6
eISBN-13: 978-0-8213-6400-0
DOI: 10.1596-978-0-8213-6399-7

Library of Congress Cataloging-in-Publication Data has been applied for.

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Maps

1.1 Global prevalence of underweight among children under age five
1.2 Global prevalence of stunting among children under age five
1.3 Global prevalence of vitamin A deficiency and supplementation coverage rates
1.4 Global prevalence of iodine deficiency disorders and iodized salt coverage rates

“Nearly 4 million people die prematurely in India every year from malnutrition and related problems. That’s more than the number who perished during the entire Bengal famine.”

—Amartya Sen and Jean Dreze, *Hunger and Public Action*, 1989

“The portion of the global burden of disease (mortality and morbidity, 1990 figures) in developing countries that would be removed by eliminating malnutrition is estimated as 32 percent. This includes the effects of malnutrition on the most vulnerable groups’ burden of mortality and morbidity from infectious diseases only. This is therefore a conservative figure...”

—John Mason, Philip Musgrove, and Jean-Pierre Habicht, 2003

“... investments in micronutrients have higher returns than those from investments in trade liberalization, in malaria, or in water and sanitation.... *No other technology offers as large an opportunity to improve lives at such low cost and in such a short time.*”

—Copenhagen Consensus, 2004

“Micronutrient deficiencies alone may cost India US\$2.5 billion annually and the productivity losses (manual work only) from stunting, iodine deficiency, and iron deficiency together are responsible for a total loss of 2.95 percent of GDP.”

—S. Horton, 1999

“Noncommunicable diseases account for almost 60 percent of the 56 million deaths annually and 47 percent of the global burden of disease...the burden of mortality, morbidity, and disability attributable to noncommunicable diseases is currently greatest and continuing to grow in the developing countries, where 66 percent of these deaths occur... the most important risks included high blood pressure, high concentrations of cholesterol in the blood, inadequate intake of fruits and vegetables, overweight or obesity, and physical inactivity that are closely related to diet and physical activity.”

—WHO, 2004

“By 2002, only East Asia and Pacific and Latin America and the Caribbean had fewer undernourished people than 10 years earlier.”

—World Bank, 2005a

“Sub-Saharan Africa is not on track to achieve a single MDG. ... it is off track on the hunger goal—and is the only region where child malnutrition is not declining.... And while malnutrition in the (South Asia) region is dropping sufficiently to achieve the MDG target reduction, *it remains at very high absolute levels*: almost half of children under five are underweight.”

—World Bank, 2005b

“A hungry person is an angry and dangerous person. It is in all our interests to take away the cause of this anger.”

—President Olusegun Obasanjo of Nigeria, *The Guardian*,
June 23, 2005 (UK)

Persistent malnutrition contributes not only to widespread failure to meet the first Millennium Development Goal—to halve poverty and hunger—but also to meet other goals related to maternal and child health, HIV/AIDS, education, and gender equity. Underweight prevalence among children is the key indicator for measuring progress on nonincome poverty, and malnutrition remains the world’s most serious health problem—as well as the single largest contributor to child mortality. Nearly one-third of children in the developing world are underweight or stunted, and more than 30 percent of the developing world’s population suffers from micronutrient deficiencies. Moreover, new malnutrition problems are emerging: the epidemic of obesity and diet-related noncommunicable diseases is spreading to the developing world, and malnutrition is linked to the HIV/AIDS pandemic.

Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action makes the case that development partners and developing countries must increase investment in nutrition programs. This case is based on evidence that the scale of the problem is very large and that nutrition interventions are essential for speeding poverty reduction, have high benefit-cost ratios, and can improve nutrition much faster than reliance on economic growth alone. Moreover, improved nutrition can drive economic growth. The report proposes to the international development community and national governments a global strategy for accelerated action in nutrition.

