NUTRITION *at a* GLANCE

COMOROS

Country Context

HDI ranking: 139th out of 182 countries[1]

Life expectancy at birth: 65 years[2]

Lifetime risk of maternal death: 1 in 52[2]

Under-five mortality rate: 105 per 1,000 live births[2]

Global ranking of stunting prevalence: 19th highest out of 136 countries[2]

Technical Notes

Stunting is low height for age (too short).

Underweight is low weight for age (too small).

Wasting is low weight for height (too thin).

Current stunting and wasting estimates are based on comparison of the most recent survey data with the WHO Child Growth Standards, released in 2006. Underweight prevalence is based on the previously-used NCHS/WHO reference population.

Low birth weight is a birth weight less than 2500g.

The methodology for calculating nationwide costs of vitamin and mineral deficiencies, and interventions included in the cost of scaling up, can be found at: *www.worldbank.org/nutrition/profiles*

The Costs of Undernutrition

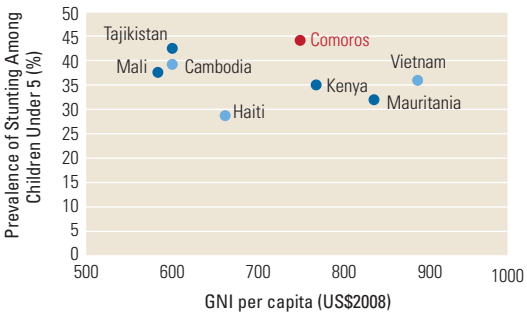
- Over one-third of child deaths are due to undernutrition, mostly from increased severity of disease.[2]
- Children who are undernourished between conception and age two are at high risk for impaired cognitive development, which adversely affects the country's productivity and growth.
- The economic costs of undernutrition include direct costs such as the increased burden on the health care system, and indirect costs of lost productivity.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.[3]

Where Does Comoros Stand?

- 44% of children under the age of five are stunted, 8% are wasted, and 25% are underweight.[2]
- 1 in 4 infants are born with a low birth weight.[2]
- Comoros is not on track to meet MDG 1c (halving 1990 rates of child underweight by 2015).[4]

As seen in **Figure 1**, Comoros has high rates of stunting relative to countries in the same region and income group. Countries with lower per capita incomes, such as Haiti and Tajikistan, exhibit reduced rates of child stunting, which demonstrates the ability to achieve better nutrition outcomes despite low income.

FIGURE 1 Comoros Has Higher Rates of Stunting than its Income Peers



Source: Stunting rates were obtained from WHO Global Database on Child Growth and Malnutrition. GNI data were obtained from the World Bank's World Development Indicators.

Most of the irreversible damage due to malnutrition happens during gestation and in the first 24 months of life.[4]

Scaling up core micronutrient nutrition interventions in Comoros would cost less than US$ 400,000 per year.

(See Technical Notes for more information)

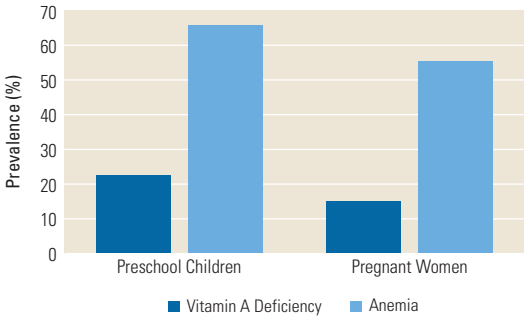
Key Actions to Address Malnutrition:

- Increase nutrition capacity within the Ministries of Health and Agriculture.
- Improve infant and young child feeding through effective education and counseling services.
- Implement multiple solutions to tackle anemia including multiple micronutrient sachets for young children and iron supplementation for pregnant women.
- Achieve universal salt iodization.
- Improve dietary diversity through promoting home production of a diversity of foods and market and infrastructure development.

Vitamin and Mineral Deficiencies Cause Hidden Hunger

Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact well-being and are widespread in Comoros, as indicated in **Figure 2**.

FIGURE 2 High Rates of Vitamin A and Iron Deficiency Contribute to Lost Lives and Diminished Productivity



Source: 1995–2005 data from the WHO Global Database on Child Growth and Malnutrition.

- **Vitamin A**: 22% of preschool aged children, and 15% of pregnant women are deficient in vitamin A.[6] Supplementation of young children

Solutions to Primary Causes of Undernutrition

COMOROS

Poor Infant Feeding Practices

- 3 out of 4 newborns do not receive breast milk within one hour of birth.[2]
- 4 out of 5 infants under six months are not exclusively breastfed.[2]
- During the important transition period to a mix of breast milk and solid foods between six and nine months of age, almost two-thirds of infants are not fed appropriately with both breast milk and other foods.[2]

Solution: Support women and their families to practice optimal breastfeeding and ensure timely and adequate complementary feeding. Breast milk fulfills all nutritional needs of infants up to six months of age, boosts their immunity, and reduces exposure to infections.

High Disease Burden

- Undernutrition increases the likelihood of falling sick and the severity of disease.
- Undernourished children who fall sick are much more likely to die from illness than well-nourished children.
- Parasitic infestation diverts nutrients from the body and can cause blood loss and anemia.

Solution: Prevent and treat childhood infection and other disease. Hand-washing, deworming, zinc supplements during and after diarrhea, and continued feeding during illness are important.

Limited Access to Nutritious Food

- More than half of households in Comoros are food insecure, according to a measure of per capita access to calories.[5] Many more households likely lack access to diverse diets year round.
- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- Dietary diversity is essential for food security.

Solution: Involve multiple sectors including agriculture, education, social protection, transport, gender, the food industry, health and other sectors, to ensure that diverse, nutritious diets are available and accessible to all household members.

References

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and dietary diversification can eliminate this deficiency.

- **Iron**: Current rates of anemia among preschool aged children and pregnant women are 65% and 55%, respectively.[7] Iron-folic acid supplementation of pregnant women, deworming, and the provision of multiple micronutrient supplements to infants and young children are effective strategies to improve the iron status of these vulnerable subgroups.
- **Zinc**: Nearly one-half of the population is at risk for insufficient zinc intake.[8] Zinc supplementation during diarrheal episodes can reduce morbidity from diarrhea by more than 40%.[9]
- **Iodine**: 82% of households consume iodized salt.[2] Comoros should continue progress toward universal salt iodization.
- Adequate intake of micronutrients, particularly iron, vitamin A, iodine and zinc, from conception to age 24 months is critical for child growth and mental development.

World Bank Nutrition-Related Activities in Comoros

The World Bank is not currently supporting any nutrition-related activities in Comoros.

Addressing undernutrition is cost effective: Costs of core micronutrient interventions are as low as US $0.05–3.60 per person annually. Returns on investment are as high as 8–30 times the costs.[10]

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