NUTRITION at a GLANCE

TANZANIA

Photo: Anna Herforth.

Country Context

HDI ranking: 151st out of 182 countries
Life expectancy: 66 years
Lifetime risk of maternal death: 1 in 24
Under-five mortality rate: 116 per 1,000 live births
Global ranking of stunting prevalence: 16th-highest out of 136 countries

Technical Notes

Stunting is low height for age.
Underweight is low weight for age.
Wasting is low weight for height.

Current stunting, underweight, and wasting estimates are based on comparison of the most recent survey data with the WHO Child Growth Standards, released in 2006. They are not directly comparable to the trend data shown in Figure 1, which are calculated according to 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.
- 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.
- Every year deficiencies in iron, vitamin A and folic acid alone cost Tanzania over US$ 518 million, around 2.65 % of the country’s GDP.
- Childhood anemia alone is associated with a 2.5% drop in adult wages.

Where Does Tanzania Stand?

- 44% of children under the age of five are stunted, 17% are underweight, and 4% are wasted.
- 1 in 10 infants are born with a low birth weight.
- Tanzania has achieved high rates of vitamin A supplementation: 93% of children 6–59 months of age receive the recommended two doses of vitamin A approximately six month apart.

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

As shown in Figure 1, although the overall prevalence of stunting and underweight has been decreasing over the past two decades Tanzania will not meet MDG 1c (halving 1990 rates of child underweight by 2015) with business as usual.

FIGURE 1 Tanzania’s Progress Toward MDG 1 is Insufficient

Scaling up core micronutrient interventions would cost Tanzania less than US$26 million 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.
- Take actions to reduce anemia through increased deworming of young children, and iron-folic acid supplementation for pregnant women.
- Improve dietary diversity through promoting home production of a diversity of foods, and market and infrastructure development.
- Achieve universal salt iodization, and enrichment of oil and staple foods with key micronutrients.

FIGURE 2 Tanzania has Comparable Rates of Stunting to its Neighbors but Higher Rates than its Income Peers

As seen in Figure 2, Tanzania has higher rates of stunting than most of its income peers in the region.

Mineral Deficiencies Cause Hidden Hunger

Although they may not be visible to the naked eye, vitamin and mineral deficiencies impact wellbeing and are prevalent in Tanzania, as indicated in Figure 3.

- 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.
Solutions to Primary Causes of Undernutrition

Poor Infant Feeding Practices

- 59% of 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, more than one-half 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. In high HIV settings, follow WHO 2009 HIV and infant feeding revised principles and recommendations.6

High Disease Burden

- 15% of deaths of children under 5 are due to pneumonia, and 12% are due to diarrhea.5
- Undernutrition increases the likelihood of falling sick and 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

- Achieving food security means ensuring quality and continuity of food access, in addition to quantity, for all household members.
- 71% of energy comes from staple foods.3 High rates of hidden hunger in Tanzania result from low dietary diversity.
- In addition to improved access to diverse diets, food fortification can help address micronutrient deficiencies.

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

References


FIGURE 4 High Rates of Vitamin A and Iron Deficiency Contribute to Lost Lives and Diminished Productivity

- Vitamin A: 24% of preschool aged children and 15% of pregnant women are deficient in vitamin A.9 Supplementation of young children and dietary diversification can eliminate this deficiency.
- Iron: Current rates of anemia among preschool aged children and pregnant women are 72% and 58%, respectively.4 Iron-folic acid supplementation of pregnant women, deworming, provision of multiple micronutrient supplements to infants and young children, and fortification of staple foods are effective strategies to improve the iron status of these vulnerable subgroups.
- Iodine: Less than one-half of households consume iodized salt, leaving over 1 million infants remain unprotected from iodine deficiency disorders.5

World Bank Nutrition-Related Activities in Tanzania

Projects: Through additional financing to the health sector, a Japan Social Development Fund project and the Scaling-Up Nutrition initiative, The World Bank is committed to support the acceleration of food fortification in Tanzania, following an economic and sector work report on nutrition in 2008. A recent report has estimated that $1 invested in food fortification in Tanzania can result in an economic return of US$8.22 or an increase in GDP of 0.58%.1 In addition, almost 6,800 deaths per year would be averted.3 The World Bank approved US$40 million in additional financing for the second phase of Tanzania’s Health Sector Development Project. Of this, US$2 million has specifically been directed towards developing and implementing a national food fortification program, including sustainable approaches to food fortification in rural areas.

Analytic Work: Several health-related reports and policy notes have been produced in the past years including a detailed nutrition study in 200711 and the national food fortification action plan in 2010.3

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