Malnutrition in the OIC Member Countries: A trap for Poverty

Standing Committee for Economic and Commercial Cooperation of the Organization of Islamic Cooperation (COMCEC)

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Presentation: Part 1
Outline

- Objectives and Methodology
- Conceptual framework and indicators
- Malnutrition as a poverty trap
  - Costs of malnutrition
  - Intergenerational transmission of malnutrition
- Global policy framework against malnutrition
  - Historical overview
  - Best practices
  - Regional policies
- Malnutrition in OIC countries
Methodology
Scope

- Current status
- Causes
- Consequences
- Policies and programming

Malnutrition in the OIC
Four strands of enquiry

- Conceptual discussions around the relationships between malnutrition and poverty and between maternal and child malnutrition
- Review of regional policies
- Secondary data analysis of nutrition data and indicators of economic development
- In-depth case studies: Senegal, Bangladesh, Indonesia, Tajikistan and Egypt
Main data sources

- World Development Indicators [World Bank]
- Household surveys (DHS, IFLS)
Challenges

- Limited coverage of the data
  - Some countries are not well covered by the JME dataset, especially in early years
    - Also true for poverty
  - Some forms of malnutrition are not well measured
    - E.g. micro nutrients deficiencies
    - Consistency of measurement across countries and time?

- To cover malnutrition in all its forms

- To cover the breadth of OIC experiences
Conceptual Framework and Indicators
Malnutrition

- When the body lacks the nutrients, vitamins, minerals and other nutrients it needs to maintain healthy tissues and organ function

- Protein-energy malnutrition:
  - When the diet lacks energy and protein because of a deficit in all major macronutrients (e.g. carbohydrates, fat, proteins)
  - When severe, can lead to marasmus and kwashiorkor

- Micro-nutrient deficiencies:
  - Result of lack of vitamin and mineral nutrients
  - Can be hidden
  - Can lead to anaemia, scurvy, pellagra etc

- Under-nutrition: lack of nutrients intake
- Over-nutrition: excess of nutrients intake
UNICEF Conceptual Framework

Immediate causes operating at the individual level

Underlying causes influencing households and communities

Basic causes around the structure and processes of societies

- Maternal and child undernutrition
  - Inadequate dietary intake
  - Disease
  - Unhealthy household environment and lack of health services

- Household food insecurity
- Inadequate care

- Income poverty: employment, self-employment, dwelling, assets, remittances, pensions, transfers etc

- Lack of capital: financial, human, physical, social and natural

- Social, economic, and political context

Underlying causes:

- Poverty and inequality
- Human rights violations
- Conflict and displacement

Basic causes:

- Structural and institutional causes
- Historical and cultural factors
- Economic and social structures
- Globalization and localization
Child Malnutrition Indicators: Undernutrition

- Wasting: “children too thin for their height”
  - Acute malnutrition
  - Factor of mortality
  - Subject of humanitarian attention

- Stunting: “children too short for their age”
  - Chronic malnutrition
  - Linked to cognitive and non-cognitive development
Child Malnutrition Indicators: Undernutrition

- Micronutrient deficiencies: deficiencies in key nutrients
- “Hidden hunger”: deficiencies in nutrients that do not manifest itself in child anthropometry
- Chronic malnutrition
- Data not widely available
- Focus on iron deficiency (which can cause anaemia) and vitamin A deficiency (growth retardation and infection)
Child Malnutrition Indicators: Overnutrition

- Obesity and overweight
  - In adults, based on body mass index
  - In children, based on weight for length
- Associated with Non Communicable Disease (NCDs)
- Leads to heightened mortality and morbidity
- Tends to be a problem in urban, richer environments

- Double burden of malnutrition: combination of over- and undernutrition
  - E.g. children who are overweight and stunted
Malnutrition as a trap for poverty
Costs of malnutrition

- Mortality
- Disease
  - Cost of treatment
  - Loss of work/school days
- Hampered cognitive and non-cognitive development
  - Lower school performance
  - Lower productivity
  - Lower income
- Costs are compounded by intergenerational transmission of malnutrition
Intergenerational transmission of malnutrition

- Maternal deficiencies in micronutrients are passed on to the child.
- Maternal body size and nutrition status are strongly associated with size and nutrition status of the child.
  - Children born with low weight are 8 times more likely to die than children with normal weight.
  - Mothers with short stature give birth to small children, who become short adults and will give birth to small children.
  - Poor fetal growth or stunting in the first 2 years of life (1,000 days) leads to irreversible damage on cognitive and non-cognitive development.
  - Links between early childhood development and school, health, and earning outcomes at adult age.
Intergenerational transmission of malnutrition II

- Babies who are born small are less likely to be lean adults
- Maternal overweight and obesity can cause significant birth complications, including risk of infant death, and pregnancy-related disorders
- Maternal overweight can increase risk of child overweight
- Poor nutrition in early childhood can be associated with overweight later in life
Global Policy Framework
MDGs and malnutrition: A useful but incomplete framework

- MDG 1C: Halve proportion of people who suffer from hunger by 2015
  - Prevalence of underweight children < 5
  - Proportion of population below minimum level of dietary energy consumption
- Since 1990, drop by almost half of undernourishment rate

- Mostly focused on hunger; not enough focus on nutrition
- No roadmap to achieve the targets
- Focus on undernourishment too narrow
- Synergies between nutrition and other sectors under-exploited
SDGs and malnutrition: Some improvements...

- Goal 2: “End hunger, achieve food security and improved nutrition, and promote sustainable agriculture”
- Commitment to end malnutrition in all its forms.
- More indicators than in MDGs:
  - Wasting
  - Stunting
  - Focus on children below 5; adolescent girls, pregnant and lactating women; and older persons
SDGs and malnutrition: …But still some negatives

- Only one SDG related to hunger and nutrition
- No reference to malnutrition in other SDGs
  - Nutrition-sensitivity is absent from the SDG framework, so narrow focus on food security
  - Yet, health, sanitation, and water are very important determinants of malnutrition

- Important World Health Assembly targets have been forgotten:
  - Anaemia
  - Low-birth weight babies
  - Overweight
  - exclusive breastfeeding
Multisectorality and the Fight Against Malnutrition

- Multisectoral planning
  - Collaboration of several sectors is required
  - Multiple stakeholders need to work together
  - Nutrition-sensitive policies are key

- Scale-Up Nutrition (SUN) Movement
  - Good model to encourage multisectorality
  - 26 OIC countries
  - Country-level engagement with Civil Society, Academia and Private Sector
  - Common Results Framework (CRF)
Regional Frameworks

- The report lists and describes various regional policies and frameworks
- Policies tend to be comprehensive and relevant
- Cover a lot of OIC Member Countries
- Regional policies useful to deal with global causes of malnutrition and spur cooperation
- But Regional Accountability Frameworks are often weak and non-binding
- Policies and frameworks overlap (especially in West Africa)
- Funding is often not on par with targets
Malnutrition in OIC countries
Malnutrition rates are high in OIC

Malnutrition prevalence among children under five (SESRIC, 2009-2013)

[Bar chart showing malnutrition prevalence among children under five for OIC and Non-OIC, with categories: Stunting, Wasting, Anaemia, Overweight.]
Risk Factors of Malnutrition in OIC and non-OIC countries

- Overall, risk factors are more prevalent in OIC countries than elsewhere in the world
- Significant gaps in terms of food security, health, sanitation, water and nutritional best practices
- Consistent with previous analysis by SESRIC on health in OIC countries
- OIC countries especially exposed to climate change
Trends in Wasting

![Graph showing trends in wasting]

- Percent of population:
  - OIC
  - non-OIC

- Years:
  - 1990/94
  - 1995/99
  - 2000/04
  - 2005/09
  - 2010/16
Trends in Stunting
Trends in Anaemia
Trends in Overweight
Wasting and Poverty

![Graph showing the relationship between wasting and poverty headcount for various countries. The graph includes a shaded area for 95% confidence interval and a red line for fitted values.](image-url)
Stunting and Poverty
Anaemia and Poverty
Malnutrition and Poverty: Implications

- Economic growth is not enough for eradicating malnutrition
- Our results suggest that stunting rate would still be 21% in an average OIC country without poverty
- Weak relationship between wasting and poverty suggests the presence of structural obstacles to improved nutrition, especially IYCF
- Overweight is both a feature of underdevelopment and prosperity in OIC countries