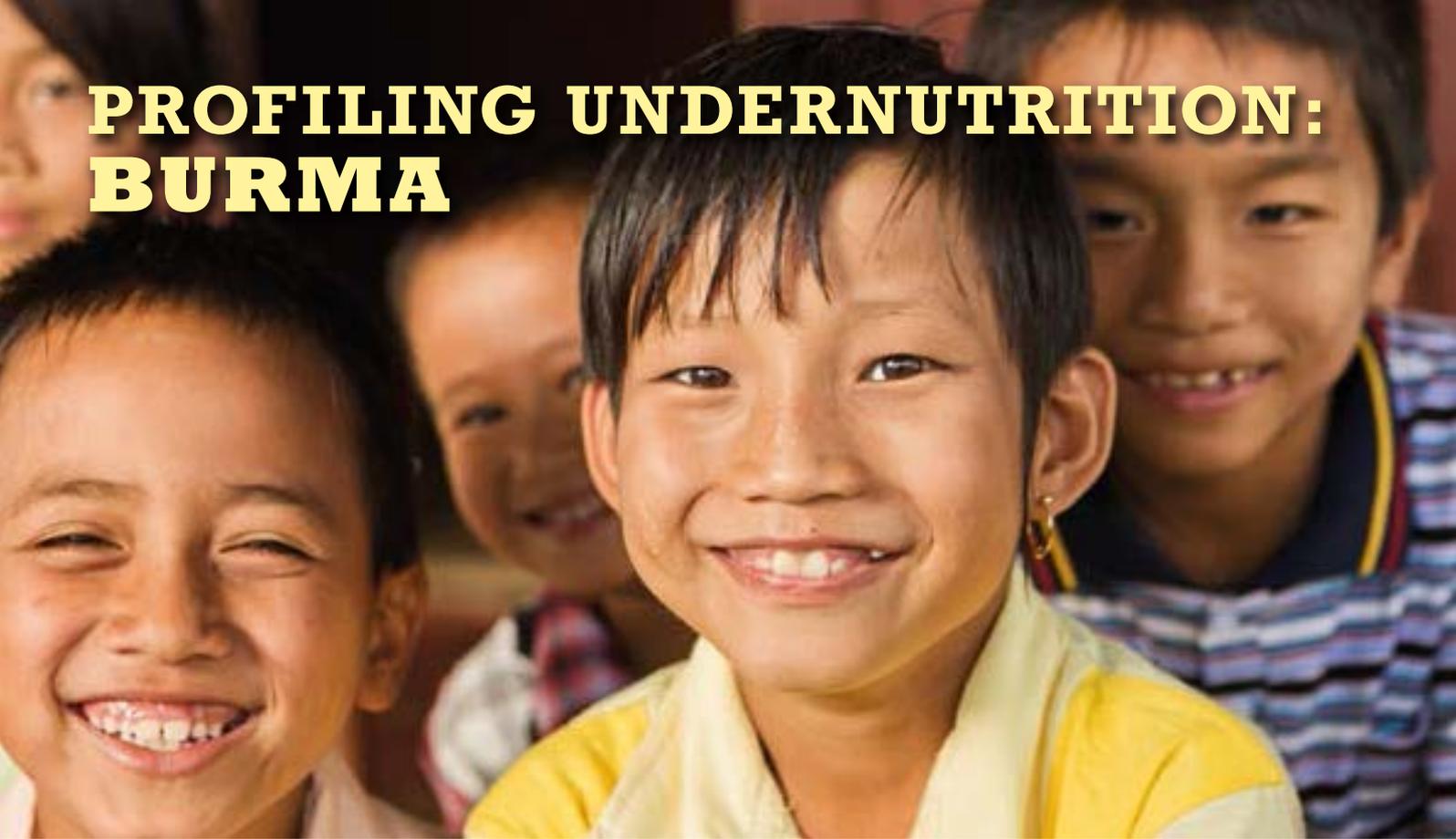


PROFILING UNDERNUTRITION: BURMA



FAST FACTS ON GOOD NUTRITION

▶ In 2013, more than six million children died around the world before their fifth birthday.

▶ **Undernutrition is responsible for an astonishing 45% of these deaths**, representing 3 million deaths each year.



▶ Yet we know how to **end preventable child deaths** and the damage caused by undernutrition.

▶ The first 1,000 days of life – from conception to your second birthday – are the most important for growing a healthy body and brain.

▶ Giving children the right nutrition early in life helps them perform better at school, grow into healthy adults, earn more at work and provide their own children a healthy start to life.

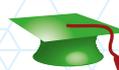
▶ **INVESTING** in improved nutrition during the first critical 1,000 days of life can:



+ **Directly save more than 1 million lives each year;**



+ **Boost a country's GDP by at least 2-3% annually;**



+ **Build self-sufficiency: well-nourished children are more likely to continue their education, have higher IQs, and earn up to 46% more over their lifetimes; and**



+ **Help end hunger and break the cycle of poverty: well-nourished children are 33% more likely to escape poverty as adults.**

▶ Investing in nutrition delivers the biggest bang for our aid buck.

\$1 → \$138

For every dollar spent, up to \$138 worth of benefits are gained in better health and increased productivity.

Despite all this evidence, **ONLY 0.4% OF ALL AID** from donor countries goes to nutrition-related projects, and most donors (including Australia) do not prioritise nutrition.

UNDERNUTRITION IN BURMA



Did you know?

- + In 2012 more than 56,000 children under 5 years of age died in Burma, and rates of undernutrition are high
- + More than one third (35%) of all children in Burma have had their growth permanently stunted by undernutrition
- + Around 8% of children are underweight for their height (or wasted) because they do not have enough food
- + Nutrient deficiencies are very common
- + Significant regional and income inequalities remain
- + Burma is not on track to meet either the hunger or child health Millennium Development Goals

IN 2012 MORE THAN 56,000 CHILDREN UNDER 5 YEARS OF AGE DIED IN BURMA

More than one third (35%) of all children under five in Burma are too short for their age, or stunted

This means they've suffered **long-term insufficient nutrient intake** and frequent infections, stunting their growth. Stunting generally occurs before age two, and effects (including delayed motor development, impaired cognitive function and poor school performance) are largely irreversible. Stunting contributes to almost 15% of child deaths each year.

Around 8% weigh less than they should considering their height (known as wasted)

Wasting is usually the result of significant food shortage, or a serious disease. A child with wasting is nine times more likely to die than a well-nourished child.

Nutrient deficiencies are very common

A lack of vitamin A, iron, zinc, and other nutrients during early childhood puts children at higher risk of experiencing chronic disease, delayed cognitive development, delayed enrolment in school, and reductions in academic achievement and future earnings. In Burma, nutrient deficiencies are very common. **Nearly 1 in 3 children in Burma are vitamin A deficient**, which makes them more susceptible

to diarrhoea, measles and respiratory infections. **Nearly half of Burmese women and children under five are anaemic** (iron deficient), and over half of all infants in Burma are at risk of disrupted brain development due to iron deficiency.

Significant income and regional inequalities exist

Undernutrition is more prevalent in the rural areas, where 70% of the population lives. In several rural states, including Rakhine State, stunting rates exceed 50%. **Income inequality** also plays a massive factor in child deaths, with the poorest suffering from an under five mortality rate over three times that of the wealthiest.

Burma is not on track to meet either the hunger or child health Millennium Development Goals

Burma faces significant challenges in meeting the MDG targets, including very low public spending on health, the lowest level of official development assistance among all of the least developed countries in Asia; severe inequalities in infrastructure, program coverage and transport access; an overemphasis on vertical health programming and not on health system strengthening; a severe lack of health human resources; and a lack of accurate health data.

Population	52.8 Million
Gross National Income (GNI) per person	US\$1,144
Average annual GDP growth rate, 2005 to 2012 inclusive	10.3%
Life Expectancy at birth	66 years
Babies born with low birthweight	9%
Population with access to clean water	86%
Population using sanitation facilities	77%
Stunting in children under 5	35%
Wasting in children under 5	9%
Human Development Index Ranking	150
People living on less than US\$2 per day	43%

WHAT ACTION IS NEEDED?

There are 10 simple nutrition interventions proven to have a significant impact on maternal and child health if provided to everyone. About one fifth of the existing burden of stunting can be completely averted if we use the following approaches:

1. Use iodised salt in food
2. Provide pregnant women with micronutrient supplements including iron and folate
3. Provide pregnant women with calcium supplements
4. Ensure pregnant women have additional nutritional intake especially balanced in protein
5. Provide children with vitamin A supplements
6. Provide children with zinc supplements
7. Promote breastfeeding
8. Provide education for mothers on good food and nutrition practices for children weaning from breast milk to family foods
9. Provide weaning children with food supplements with extra nutrients
10. Improve clinical management of severe undernutrition