

7,8. M...-S...  
9. T... R...  
Investment Committee G... 1999. 10  
A... 11...  
T...

R  
(RR) 95% CI. A.  
R. M. 5.14. D.  
( )

C H  
E R G (CHERG)  
12. A CHERG  
1) ; 2) 3)  
T

• • • •

T  
336 18

Number of



(F, 3A). T 9%  
(RR = 0.91; 95% CI: 0.76, 1.09) 30,31 IFA  
A, CHERG  
GRADE  
A, CHERG 12  
12  
C 21,27,28,30,31,34 . A  
15% (RR = 0.85; 95% CI 0.65, 1.11) F

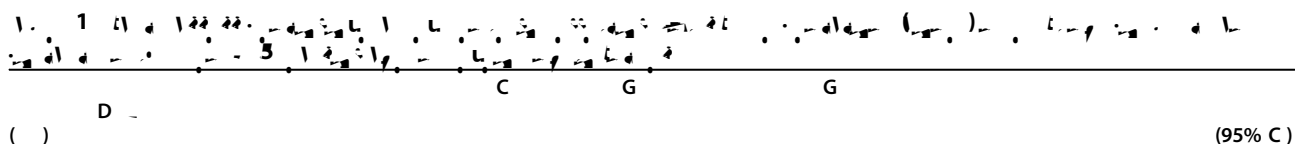
IFA, 30,31 20%  
(RR = 0.80; 95% CI: 0.67, 0.96) (F, 3B). I 21  
10  
A, CHERG  
5  
M  
A, T 27  
T 272  
302 10% (RR = 0.90; 95% CI: 0.77, 1.06).

A *de novo* **Cause-specific morbidity impact estimation**  
 M 14 15-25,28,29,34  
 G 5  
 R 15  
 < 5 15  
 A 29  
 A  
 S  
 IFA  
 T 13% (RR = 0.87; 95% CI: 0.81, 0.94);  
 (F 4). H 19 50  
 CHERG 12

T ( )  
 RCT 7,19,21,28,32,33 T RCT 15,18,22  
 RCT 34  
 T 19%  
 (RR = 0.81; 95%  
 CI: 0.73, 0.90) (F 5).  
 E 9,15,17,26

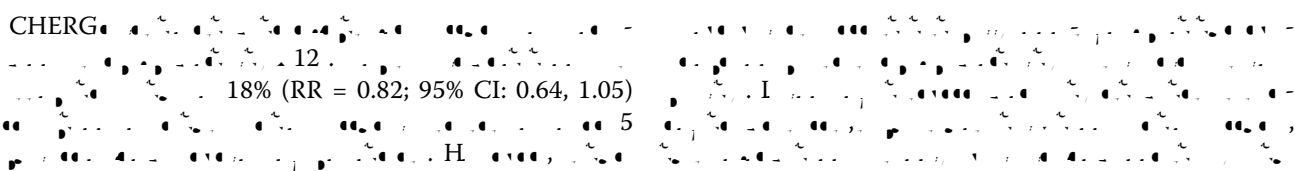
“... I ... 38 ... ( ... ) ... 6% ...





**Outcome: All-cause mortality: Quality of evidence: Low**

7	RCTs	Sequence generation and allocation concealment was unclear in few of the included studies	$I^2 = 50\%$	Yes (all studies were conducted in developing countries)	The median dose of supplementation was 10 mg/day and median duration of supplementation was for 6 months.	0.91 (0.82-1.01)
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50.12.A

CHERG

12

CHERG

13% (RR = 0.87; 95% CI: 0.81, 0.94)

L ST 12

A

15% (RR = 0.85; 95% CI: 0.65, 1.11)

CHERG

A

CHERG

15%

12 D

10%

(RR = 0.90; 95% CI: 0.77, 1.06)

(. . .). I

T

L ST

O

IFA

E

IFA



9. Bates CJ, Evans PH, Dardenne M, Prentice A, Lunn PG, Northrop-Clewes CA, Hoare S, Cole TJ, Horan SJ, Longman SC, et al: A trial of zinc supplementation in young rural Gambian children. *B J N* 1993, 69(1):243-255.
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