Sharing key findings from *The Lancet* Series on Maternal and Child Undernutrition Progress 2021

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Paper 1: Revisiting maternal and child undernutrition in low- and middle-income countries: variable progress towards an unfinished agenda

C. Victoria, P Christian, LP Vidaletti, G Gatica-Dominguez, P Menon, R Black
Linear growth faltering reduced, but little change in terms of weight for height

New results from the *ki* Child Growth Consortium of birth cohorts from poor communities:

- Peak incidence of stunting and wasting occurs in the first few months of life
- Children who are both stunted and wasted in the first 6 months show 4.8 times higher mortality
Women’s nutrition: progress in terms of low BMI, but not for height or anemia

Undernutrition Prevalence

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2015</th>
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<tbody>
<tr>
<td>Low BMI (BMI &lt; 18.5 kg/m²)</td>
<td>27.2%</td>
<td>14.2%</td>
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<tr>
<td>Short height</td>
<td>9.3%</td>
<td>7.0%</td>
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<tr>
<td>Anemia</td>
<td>51.0%</td>
<td>47.6%</td>
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</tbody>
</table>

Geography of low BMI

Low BMI (<18.5 kg/m²) hotspots in countries with data

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*The Lancet Series on Maternal and Child Undernutrition Progress*
Micronutrient deficiencies remain largely unabated

<table>
<thead>
<tr>
<th>Children</th>
<th>Women</th>
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<tbody>
<tr>
<td>• Vitamin A deficiency has been reduced but still affects almost half of African and South Asian children</td>
<td>• In Nepal and Bangladesh almost 80% of women had at least two micronutrient deficiencies at the outset of pregnancy</td>
</tr>
<tr>
<td>• Iodine deficiency has been eliminated in several, but not all countries</td>
<td>• Literature review shows high prevalence of deficits in vitamins B12 and D, iodine, zinc, folate and iron in several LMIC settings</td>
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<tr>
<td>• Zinc deficiency is present in over half of African children</td>
<td>• Overall, there are scant data on biochemical markers of micronutrient deficiency, particularly in Africa</td>
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<tr>
<td>• Iron deficiency accounts for a large share of the anemia burden that affects about half of all children in LMICs</td>
<td></td>
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</table>
Within-country socioeconomic inequalities affect nutritional status of children and women

Anemia in Women

Linear Growth Faltering in Children

The Lancet Series on Maternal and Child Undernutrition Progress
Data availability has improved, but major gaps remain

- Availability of anthropometric data for children has increased due to expansion in national surveys such as DHS and MICS
- Less information is available on women’s nutritional status than for children
- Data on birthweight and gestational weight gain remains unacceptably limited
- The most pressing data gap refers to biochemical assessments of micronutrient status of women and children, particularly in Africa
- Regular and timely data collection is essential for monitoring progress and focusing interventions at national level and for vulnerable subgroups of the population
Key messages

- Limited and uneven progress
  - Partial success in reducing stunting in children and low BMI in women
  - Persisting burden of wasting in children, especially in South Asia
  - High prevalence of micronutrient deficiency in women and children
- Social Inequality is a major driver
  - Need to have an anti-poverty focus
- Data gaps must be addressed
  - Biochemical markers of micronutrient deficiency
- Need for continued emphasis on the first 1,000 days
  - Peak incidence of stunting and wasting in the first 6 months of life
- Expect some reversal in progress with COVID-19

Co-authors: E Keats, J Das, R Salam, Z Lassi, A Imdad, R Black, Z Bhutta
<table>
<thead>
<tr>
<th>2013 RECOMMENDATIONS ”Lancet 10”</th>
<th>2021 Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periconceptual folic acid supplementation or fortification</td>
<td>Large-scale food fortification for prevention of MN deficiencies</td>
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<tr>
<td>Maternal calcium supplementation</td>
<td>Maternal calcium supplementation in low intake populations</td>
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<tr>
<td>Maternal BEP supplementation</td>
<td>Maternal BEP supplementation in undernourished populations</td>
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<tr>
<td>Maternal MMN or IFA supplementation</td>
<td>Maternal MMN supplementation</td>
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<tr>
<td>Vitamin A supplementation</td>
<td>Vitamin A supplementation in deficient contexts</td>
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<tr>
<td>Promotion of breastfeeding</td>
<td>Breastfeeding promotion and counselling</td>
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<tr>
<td>Complementary feeding education and food provision (food insecure); complementary feeding education (food secure)</td>
<td>Complementary feeding education and food provision (food insecure); complementary feeding education (food secure)</td>
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<tr>
<td>Preventive zinc supplementation</td>
<td>Preventive zinc supplementation as part of multiple micronutrient interventions (e.g. SQ-LNS or MNP)</td>
</tr>
<tr>
<td>Management of MAM &amp; treatment of SAM</td>
<td>RUTF for treatment of wasting</td>
</tr>
<tr>
<td>Zinc for management of diarrhea (2008)</td>
<td>Therapeutic zinc supplementation for diarrhea</td>
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</table>
Paper 2: Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: an agenda for action

R Heidkamp, E Piwoz, S Gillespie, E Keats, M D’Alimonte, P Menon, J Das, A Flory, JW Clift, MT Ruel, S Vosti, JK Akuoku, ZA Bhutta
Maternal child undernutrition: how far do we have to go?

Maternal, infant and young child nutrition targets

- **Anaemia**: 49 On course, 138 No progress or worsening, 7 No data or insufficient data for assessment
- **Low birth weight**: 12 On course, 49 Some progress, 85 No progress or worsening, 48 No data or insufficient data for assessment
- **Exclusive breastfeeding**: 33 On course, 22 Some progress, 16 No progress or worsening, 123 No data or insufficient data for assessment
- **Childhood stunting**: 31 On course, 17 Some progress, 28 No progress or worsening, 118 No data or insufficient data for assessment
- **Childhood wasting**: 40 On course, 24 Some progress, 15 No progress or worsening, 115 No data or insufficient data for assessment

Source: Global Nutrition Report 2020
Coverage of direct nutrition interventions showed little improvement over the last decade


IFAS Coverage India by district (NFHS-4)
Why are direct nutrition interventions not reaching scale?

### Readiness to scale criteria

- ✓ Evidence
- ✓ Global guidance
- ✓ Delivery platform
- ✓ Product and supply system
- ✓ Cost to deliver known
- ✓ Data for monitoring available

<table>
<thead>
<tr>
<th>Meet all criteria</th>
<th>Meet most criteria</th>
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<tbody>
<tr>
<td>Breastfeeding counseling</td>
<td>MNP for kids</td>
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</table>

<table>
<thead>
<tr>
<th>Meet some criteria</th>
<th>Meet few criteria</th>
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<tr>
<td>Calcium during pregnancy</td>
<td>MAM treatment</td>
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</table>
Programmatic evidence for actions outside of the health sector has grown

- Food Environment
- Large-Scale Food Fortification
- Agriculture
- Social protection
- Transformative WASH
“Real world” evidence for successful multisector approaches from case studies in 11 countries & 4 Indian States

In many case studies, indirect actions targeting underlying determinants including poverty alleviation, WASH, and parental education accounted for ~50% of the observed reduction in stunting.

Enabling factors:

- High-level political and donor commitment
- Advocacy for mainstreaming nutrition across sectors
- Investments in granular data for monitoring and decision-making
- Attention to cross-sectoral and vertical (national to community) coherence in planning and action
“Nutrition needs a data revolution. Of the many information gaps the ones most needed to be filled are those that constrain priority action and impede accountability.”
Meaningful progress has been made since 2013 in strengthening nutrition data value chains.
The first comprehensive estimate of the cost of meeting WHA 2025 undernutrition targets was released in 2017.

+ $70 billion over 10 years
Even prior to COVID-19, the world was off track on commitments to nutrition financing

- Financing data from 2015-2017 show
  - Domestic financing declined in many countries
  - Donor spending increased on health sector nutrition interventions
  - Donor aid shortfall of $0.1B (2017)
- COVID-19 has increased needs by $1.2 billion per year
Nutrition for Growth 2021 is an opportunity to demonstrate commitment to addressing the unfinished undernutrition agenda

High-level themes of the Call to Action for N4G 2021

1. Accelerate government & donor financial commitments to undernutrition

2. Countries must increase coverage, improve quality and address inequities for direct interventions in first 1000 days

3. Identify and address the immediate and underlying determinants of undernutrition

4. Foster and sustain an enabling political and regulatory environment for nutrition action

5. Invest in monitoring & learning systems at national & subnational levels
Thank You