



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

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NIPN Webinar – 7 October 2021

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

C. Victora, P Christian, LP Vidaletti, G Gatica-Domínguez, P Menon, R Black

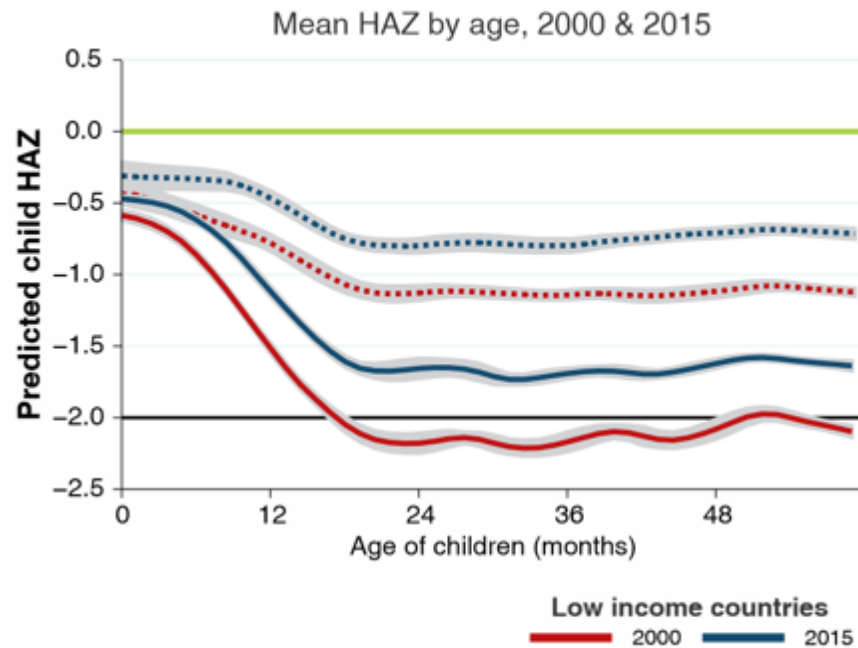
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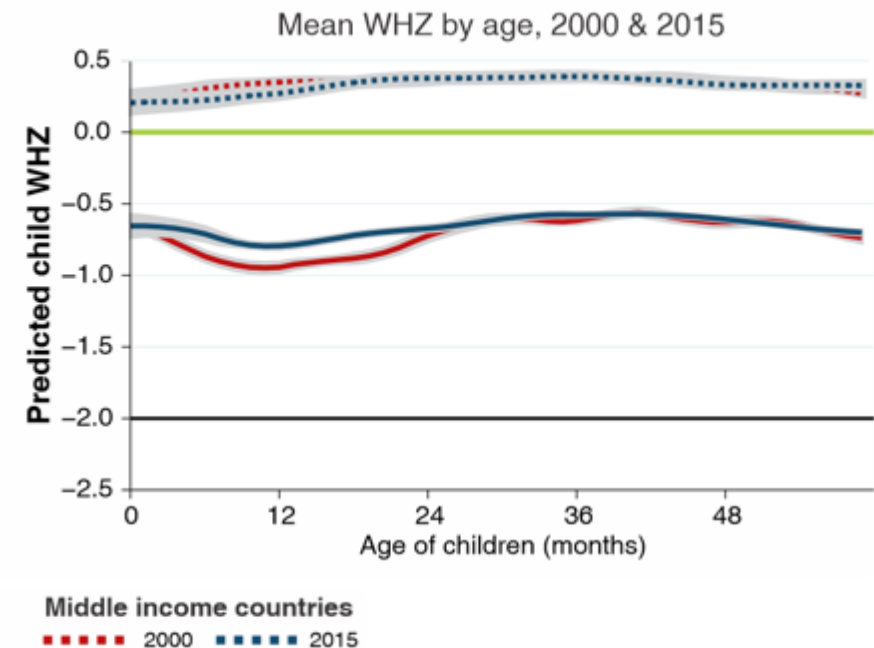
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Linear growth faltering reduced, but little change in terms of weight for height

Linear Growth Faltering



Age Patterns in 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

Geography of low BMI

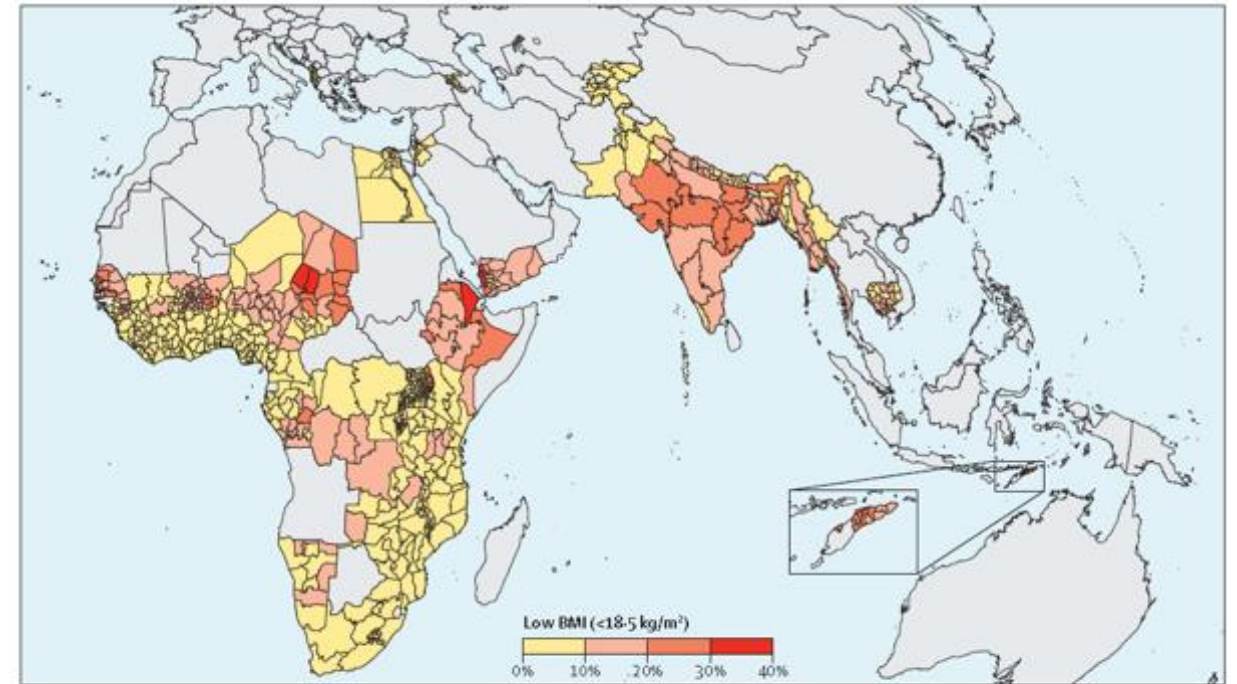
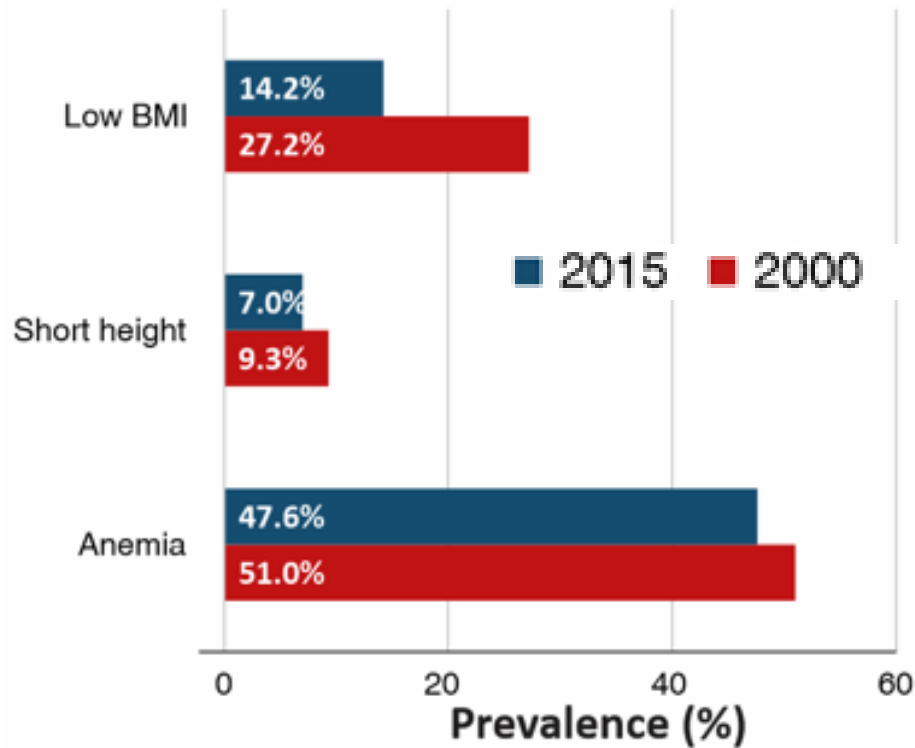


Figure 5: Map of low body-mass index (<math><18.5 \text{ kg/m}^2</math>) prevalence in women aged 15-49 years by subnational regions in African and Asian countries with available data from 2010 or later

Low BMI (<math><18.5 \text{ kg/m}^2</math>) hotspots in countries with data

Micronutrient deficiencies remain largely unabated

Children

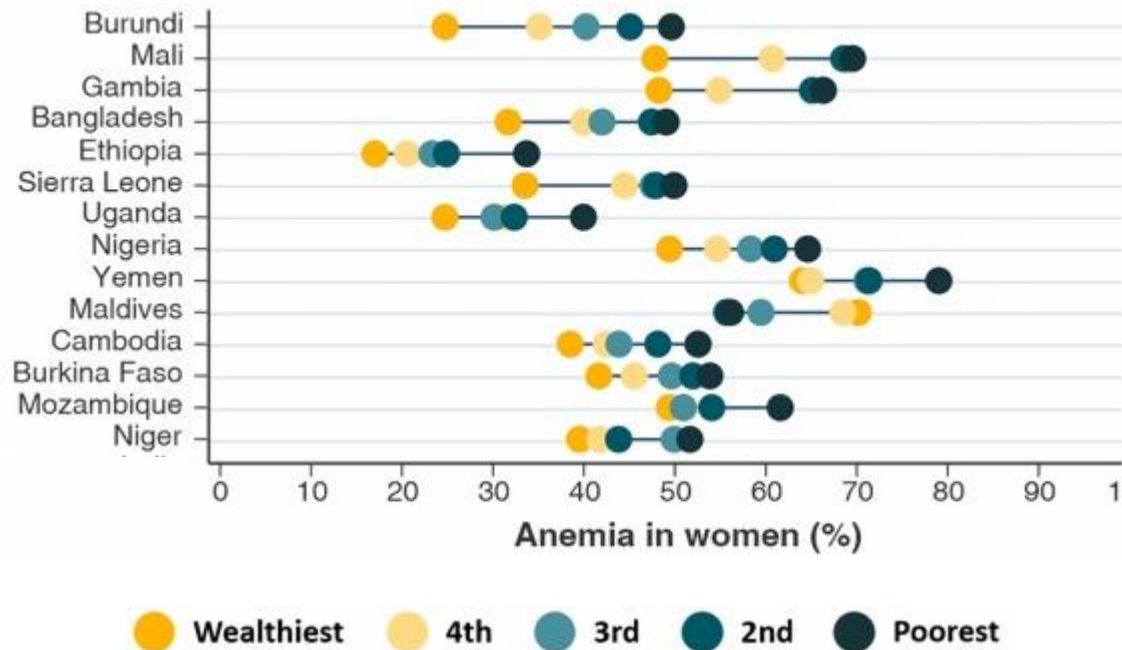
- Vitamin A deficiency has been reduced but still affects almost half of African and South Asian children
- Iodine deficiency has been eliminated in several, but not all countries
- Zinc deficiency is present in over half of African children
- Iron deficiency accounts for a large share of the anemia burden that affects about half of all children in LMICs

Women

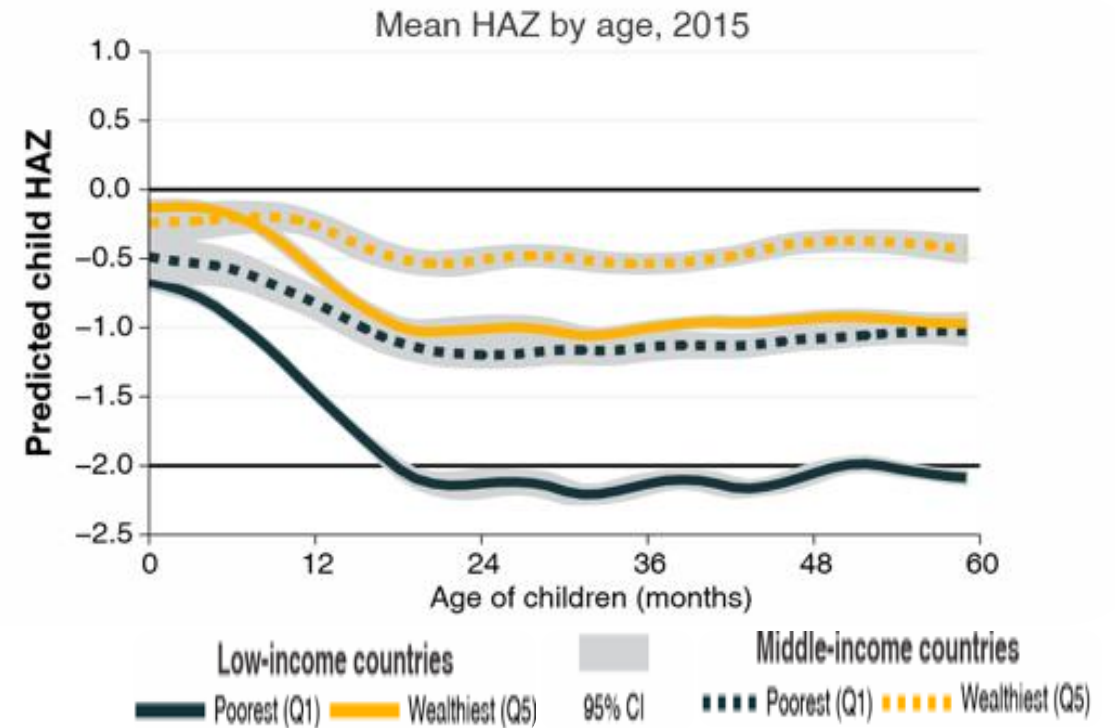
- In Nepal and Bangladesh almost 80% of women had at least two micronutrient deficiencies at the outset of pregnancy
- Literature review shows high prevalence of deficits in vitamins B12 and D, iodine, zinc, folate and iron in several LMIC settings
- Overall, there are scant data on biochemical markers of micronutrient deficiency, particularly in Africa

Within-country socioeconomic inequalities affect nutritional status of children and women

Anemia in Women



Linear Growth Faltering in Children



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**

Paper +1 in *Lancet Child & Adolescent Health*: What works? An update of the evidence for addressing maternal & child undernutrition

Co-authors: E Keats, J Das, R Salam, Z Lassi, A Imdad, R Black, Z Bhutta

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Revisiting the Lancet 10 Direct Nutrition Interventions

2013 RECOMMENDATIONS "Lancet 10"	2021 Recommendations
Periconceptual folic acid supplementation or fortification	Large-scale food fortification for prevention of MN deficiencies
Maternal calcium supplementation	Maternal calcium supplementation in low intake populations
Maternal BEP supplementation	Maternal BEP supplementation in undernourished populations
Maternal MMN or IFA supplementation	Maternal MMN supplementation
Vitamin A supplementation	Vitamin A supplementation in deficient contexts
Promotion of breastfeeding	Breastfeeding promotion and counselling
Complementary feeding education and food provision (food insecure); complementary feeding education (food secure)	Complementary feeding education and food provision (food insecure); complementary feeding education (food secure)
	Preventative SQ-LNS Supplementation
Preventive zinc supplementation	Preventive zinc supplementation <i>as part of multiple micronutrient interventions (e.g. SQ-LNS or MNP)</i>
Management of MAM & treatment of SAM	RUTF for treatment of wasting
Zinc for management of diarrhea (2008)	Therapeutic zinc supplementation for diarrhea

Paper 2: Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: an agenda for action

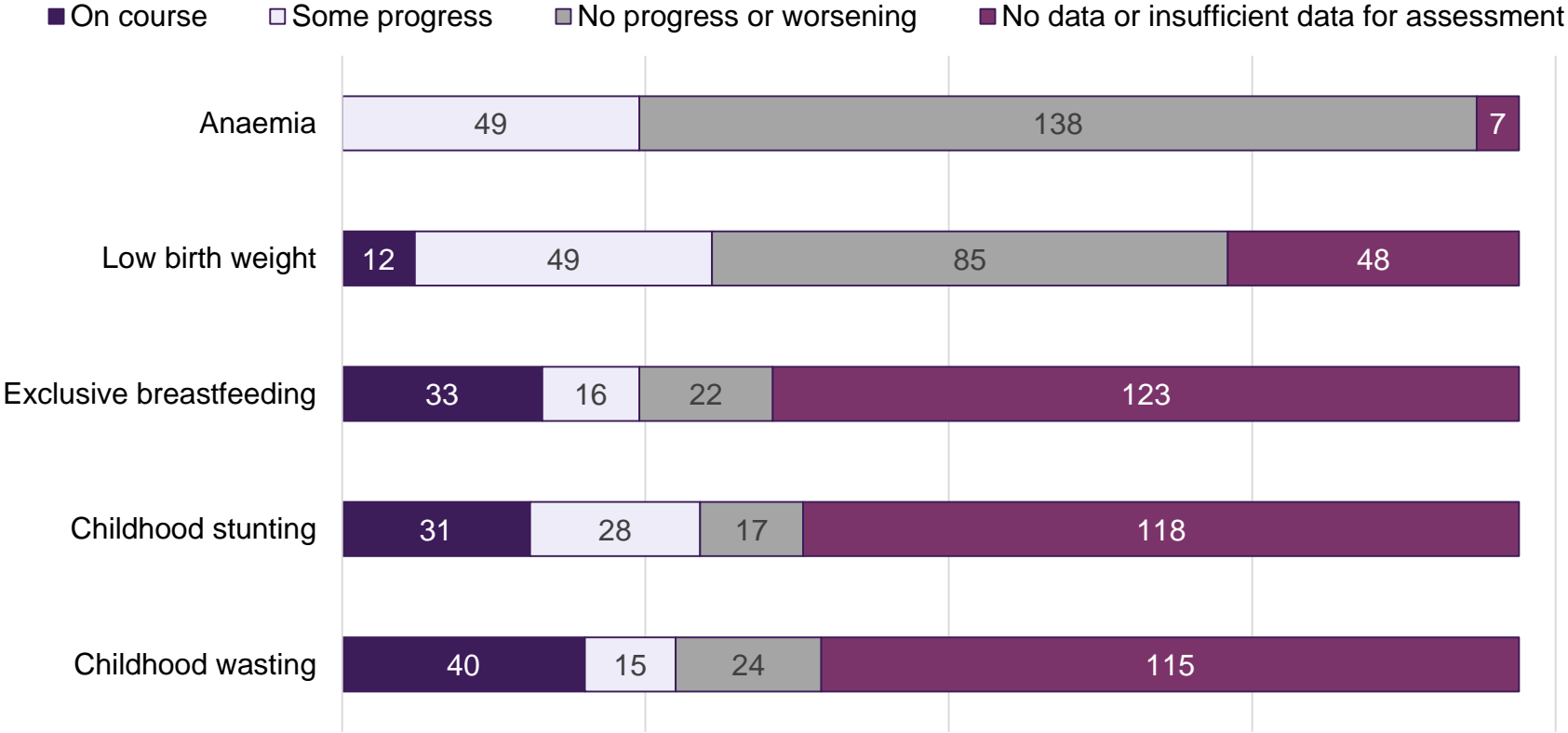
R Heidkamp, E Piwoz, S Gillespie, E Keats, M D'Alimonte, P Menon, J Das,
A Flory, JW Clift, MT Ruel, S Vosti, JK Akuoku, ZA Bhutta

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Maternal child undernutrition: how far do we have to go?

Maternal, infant and young child nutrition targets



Source: Global Nutrition Report 2020

Coverage of direct nutrition interventions showed little improvement over the last decade

IFA Coverage India by district (NFHS-4)

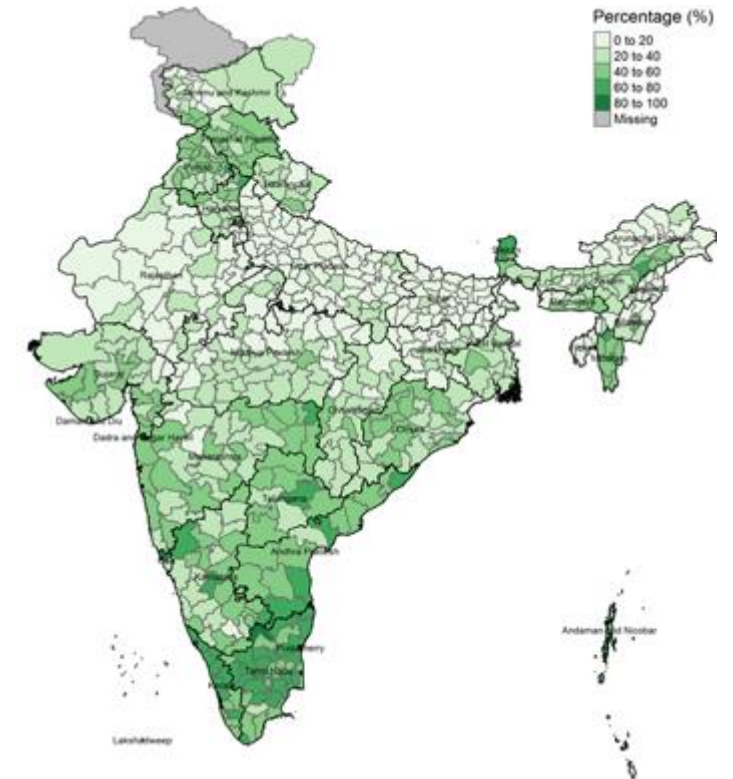
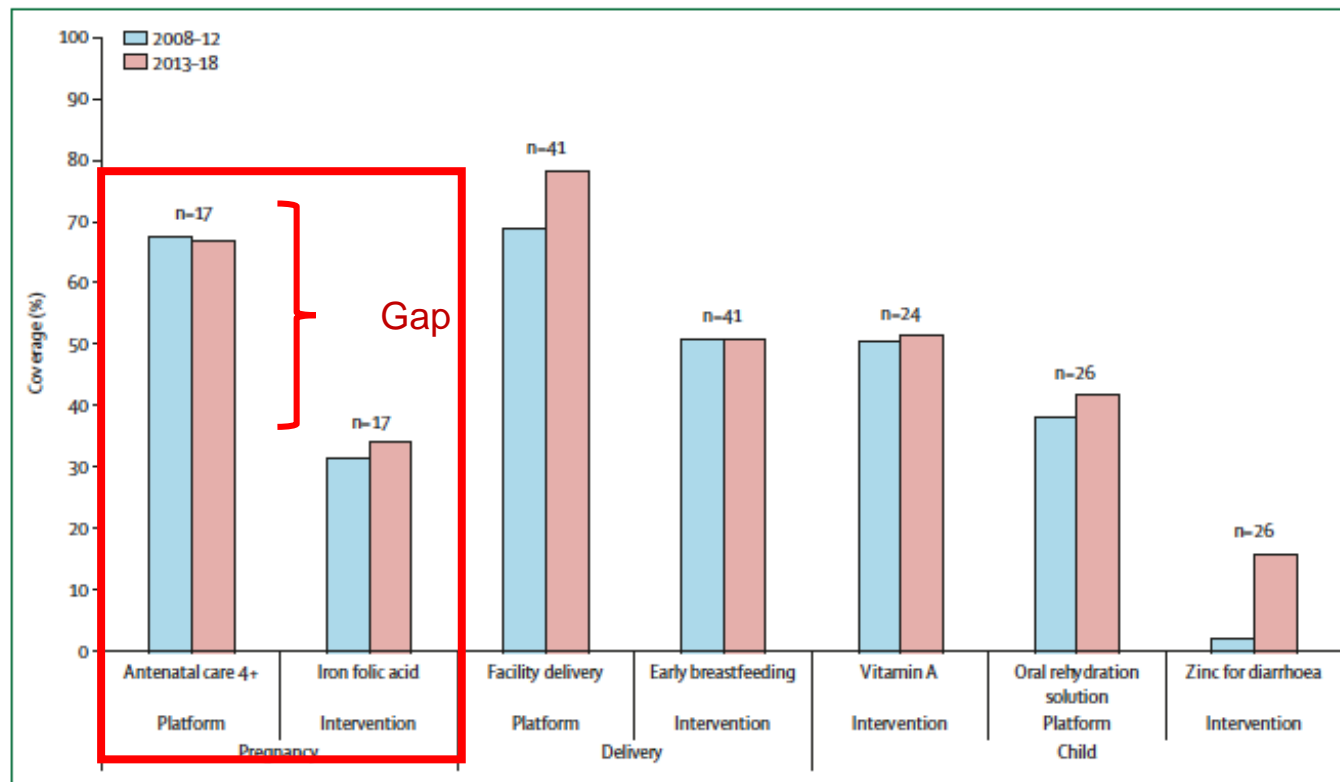


Figure 1: Pooled estimates of coverage for health services and associated nutrition interventions in low-income and middle-income countries with at least one Demographic and Health Survey (DHS) or Multiple Indicator Cluster Survey (MICS) in 2008-12 and 2013-18

Varghese JS, Swaminathan S, Kurpad AV, Thomas T (2019) Demand and supply factors of iron-folic acid supplementation and its association with anaemia in North Indian pregnant women. PLoS ONE 14(1): e0210634. <https://doi.org/10.1371/journal.pone.0210634>

Why are direct nutrition interventions not reaching scale?

Examples

Readiness to scale criteria

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

Meet all criteria Breastfeeding counseling	Meet most criteria MNP for kids
Meet some criteria Calcium during pregnancy	Meet few criteria MAM treatment

Programmatic evidence for actions outside of the health sector has grown

Food Environment



Large-Scale Food Fortification



Agriculture



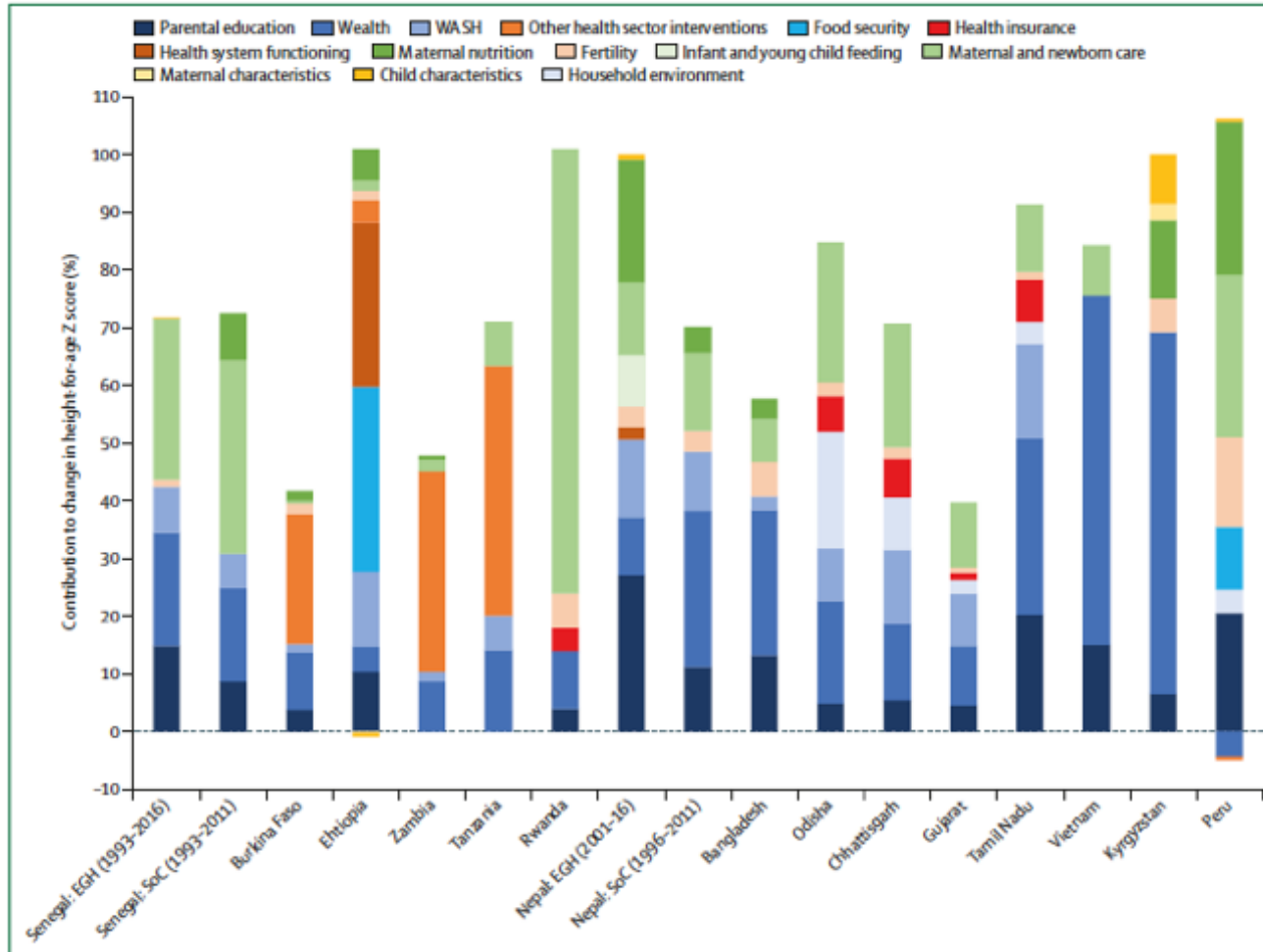
Social protection



Transformative WASH



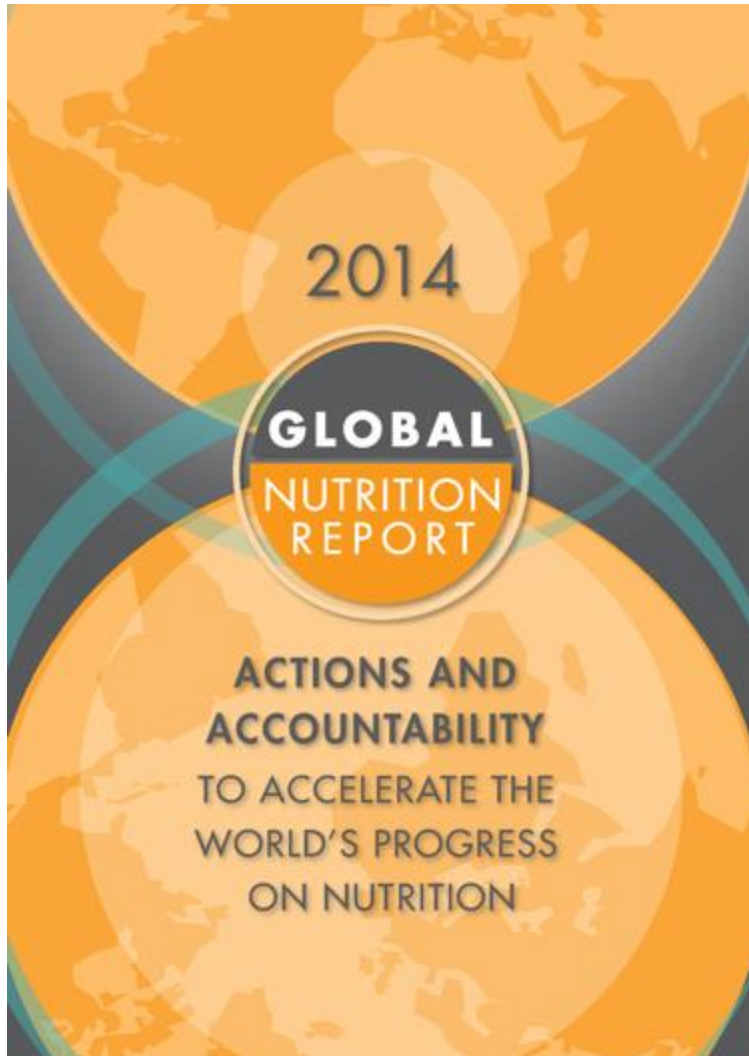
“Real world” evidence for successful multisector approaches from case studies in 11 countries & 4 Indian States



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

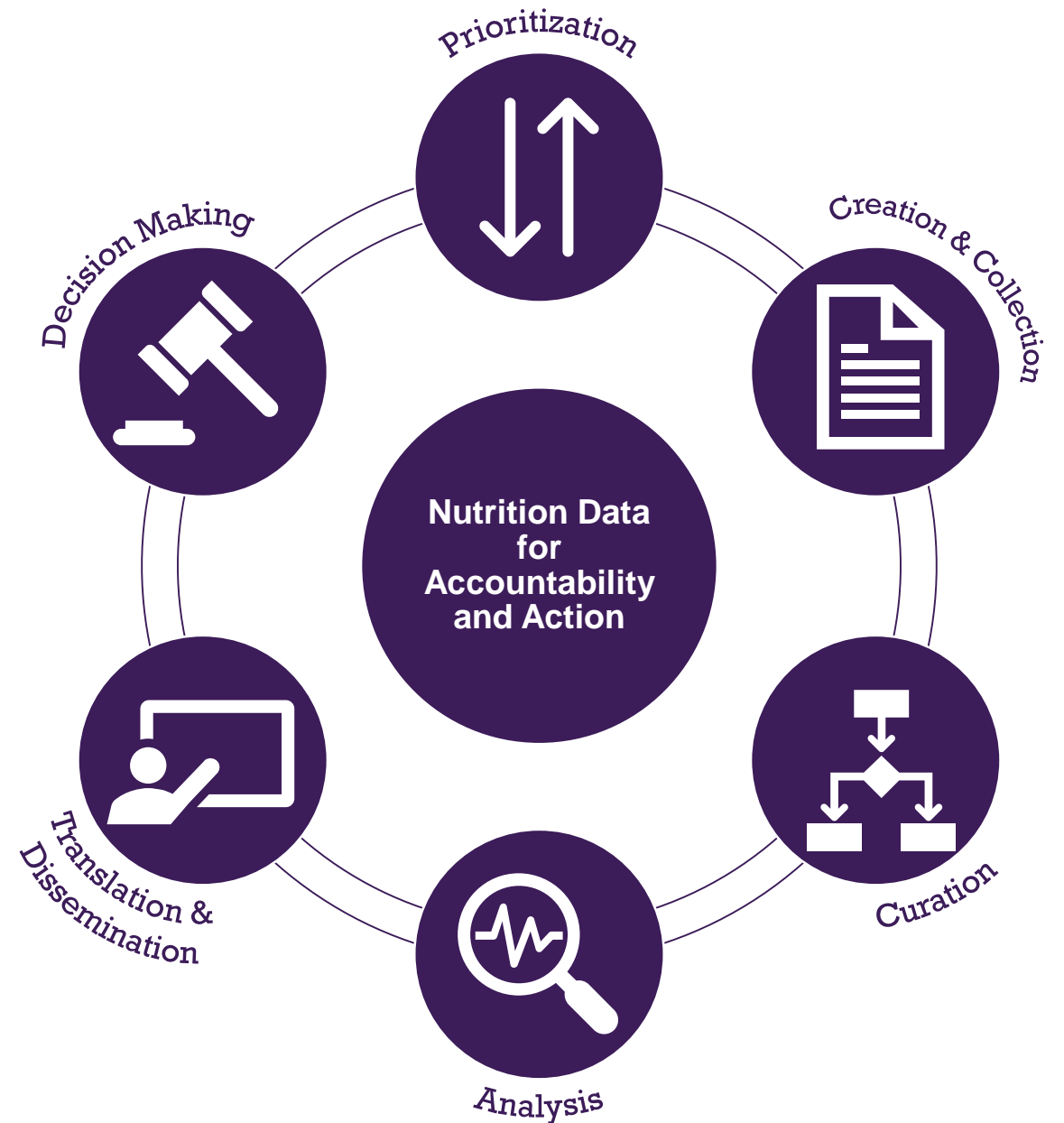
Enabling factors:

- 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

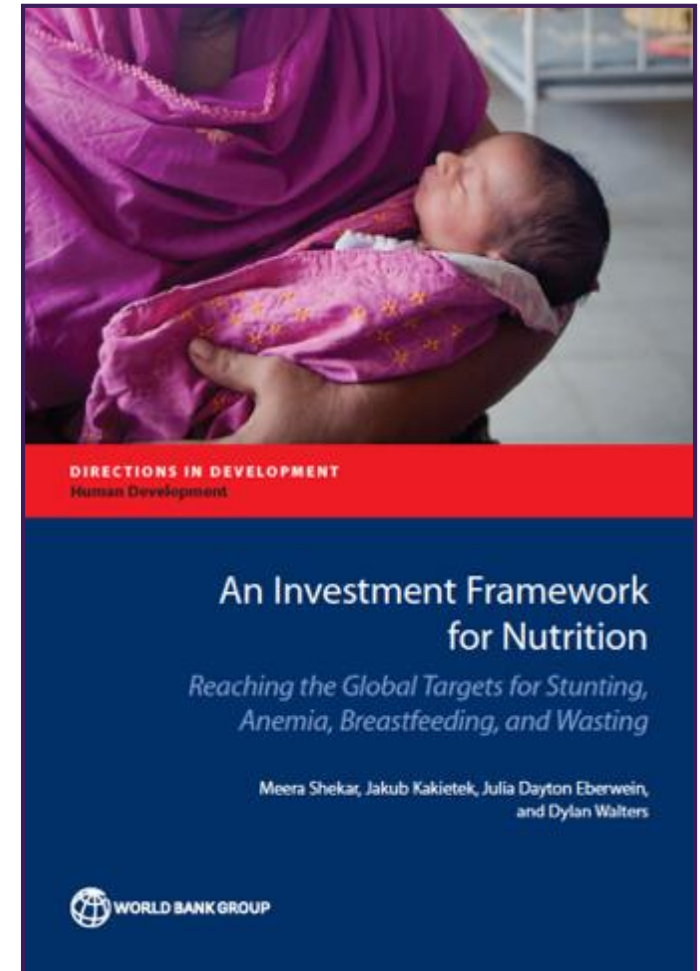


“Nutrition needs a data revolution. Of the many information gaps the ones most needed to be filled are those that constrain priority action and impede accountability.”

Meaningful progress has been made since 2013 in strengthening nutrition data value chains



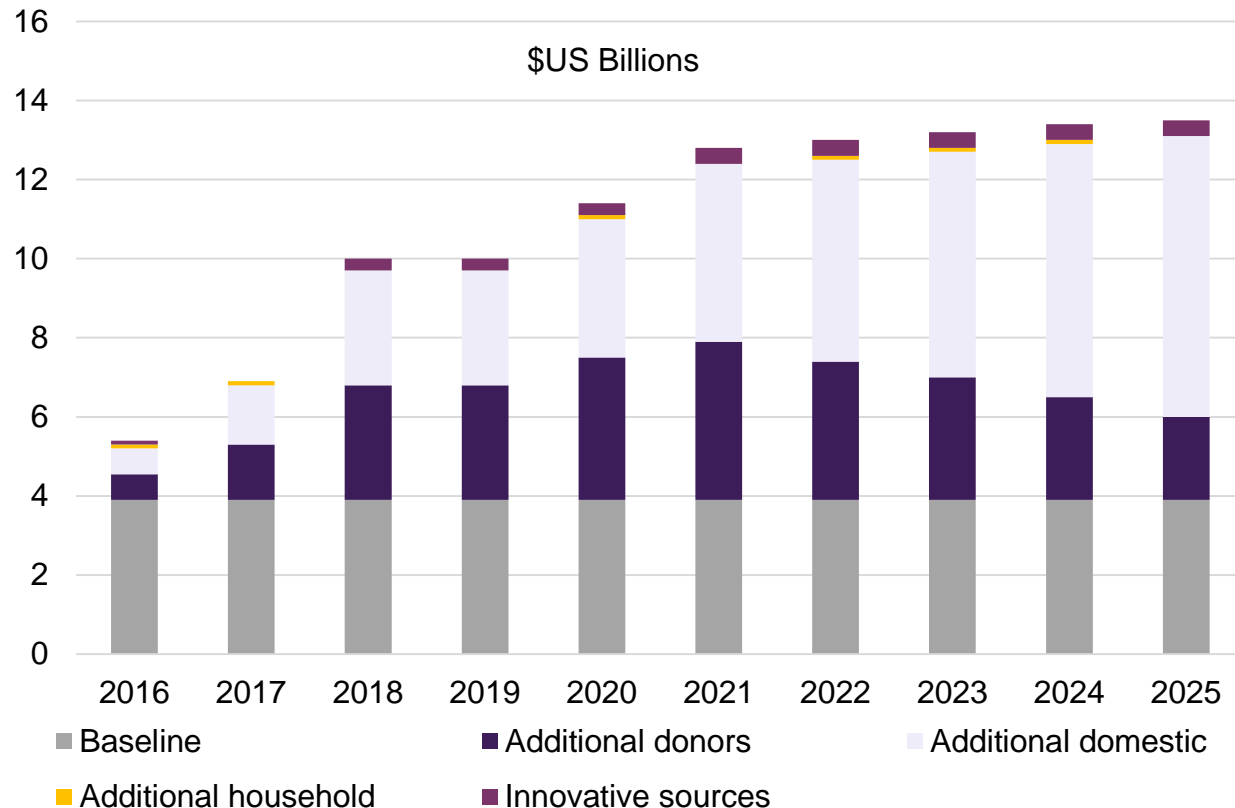
The first comprehensive estimate of the cost of meeting WHA 2025 undernutrition targets was released in 2017



+ \$70 billion over 10 years

Even prior to COVID-19, the world was off track on commitments to nutrition financing

2017 Investment Framework for Nutrition
Annual Financing Need by Source



- 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

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