

An analysis of nutrition-relevant national policies in South Asia reveals a gap in addressing the Essential Nutrition Actions recommended by World Health Organization

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BACKGROUND

- The World Health Organization (WHO) recommends Essential Nutrition Actions (ENAs) throughout the life course to tackle malnutrition in all its forms
- However, limited evidence exists on the availability of policies to support the implementation of ENAs in South Asia, a region with the highest burden of malnutrition globally

OBJECTIVES AND METHODS

Objectives:

- We conducted a policy analysis to assess the extent to which current policies address ENAs for adolescent girls, women, and children in South Asia.

Methods:

- We reviewed 40 health- and nutrition-relevant national policy and program documents, strategic plans, and guidelines for health workers from Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka.
- Using these documents, we identified policies that address the ENAs. We report the number of recommended ENAs addressed by the policies for each population group.

FRAMEWORK

- We identified the WHO ENAs targeting non-pregnant menstruating adolescent girls (1 ENA), non-pregnant women of reproductive age (2 ENAs), pregnant women (6 ENAs), postpartum women (2 ENAs), and children aged 0-5 years (24 ENAs).

WHO's ENAs by LIFE STAGES

1. Adults

ADOLESCENT

- Intermittent or daily Iron and Folic Acid supplementation

PRE CONCEPTION

- Intermittent or daily Iron and Folic Acid supplementation
- Iodine supplementation

PREGNANT WOMEN

- Nutritional counselling
- Energy and protein dietary supplements
- Daily Iron and Folic Acid supplementation
- Vitamin A supplementation
- Calcium supplementation
- Multiple micronutrient supplements that contain iron

POSTPARTUM WOMEN

- Oral Iron and Folic Acid supplementation
- Counsel women to improve breastfeeding practices

2. Children (0-59 months)

BIRTH

- Optimal timing of umbilical cord clamping

ALL INFANTS

- Support early initiation, establishment and maintenance of BF and immediate skin-to-skin contact
- Create an enabling environment for BF in health facilities
- EBF for the first 6 months of life
- Enable continued breastfeeding

LOW BIRTH WEIGHT (LBW)

- Optimal feeding of LBW and very LBW infants
- Enable kangaroo mother care for LBW infants

<6 MONTHS

- Screening of Severe Acute Malnutrition

<6 M WITH SAM

- Inpatient management of Severe Acute Malnutrition
- Outpatient management of Severe Acute Malnutrition

6-23 M

- Enable feeding of appropriate complementary foods
- Provision of Multiple Micronutrient Powder
- Daily Iron and Folic Acid supplementation
- Iodine supplementation

DURING DIARRHOEA

- Zinc for management of Diarrhoea

6-59 M

- High-dose vitamin A supplementation
- Screening for Severe Acute Malnutrition
- Inpatient management of Severe Acute Malnutrition
- Outpatient management of Severe Acute Malnutrition
- Management of MAM
- Supplementary food for wasted children in health facilities

M. 0 TO 59 M

- Growth monitoring
- Nutrition counselling
- Develop a management plan for overweight

RESULTS

Figure 1. ENAs addressed by policies for adolescent girls, non pregnant women, pregnant women and post partum women in 8 South Asian countries

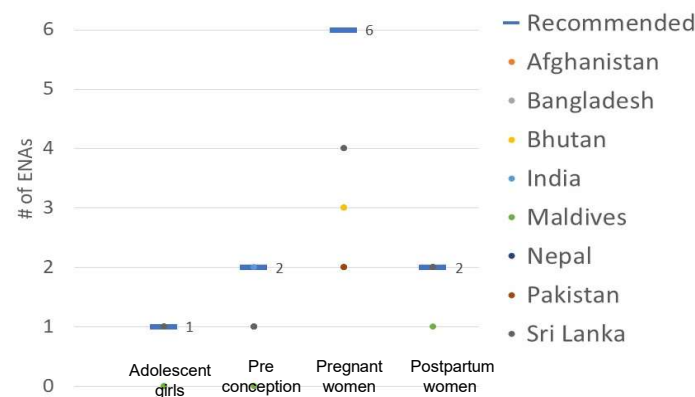
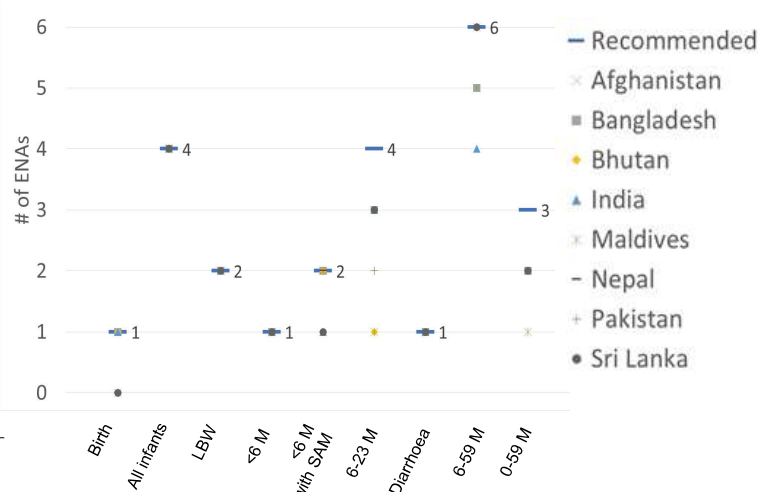


Figure 2. ENAs addressed by policies for children (0-59 m) in 8 South Asian countries



- National nutrition policies exist in all eight countries.
- Six countries have multi-sector nutrition plans or strategy.

Figure 1

- Six of 8 countries have policies that address the ENA for non-pregnant menstruating adolescent girls
- Only two of 8 countries have policies that address both ENAs for non-pregnant women of reproductive age
- For pregnant women, 3 of 8 countries address four of six ENAs, but no countries address all six ENAs
- Seven of 8 countries have policies that address both ENAs for postpartum women.

Figure 2

- Four of 8 countries have policies that address 1 ENA during birth.
- All countries address recommended ENSAs for all infants, LBW infants and infants <6 months
- Six of 8 countries address 2 ENAs for <6 m infant with SAM.
- None of the countries address all 4 ENAs for 6-23 m children
- All countries address 1 ENA for children during episodes of Diarrhoea
- Only 6 of 8 countries address all 6 ENAs for 6-59 m children
- None of the countries address all 3 ENAs for 0-59 m children

CONCLUSIONS

- Our policy analysis identifies substantial gaps in national policies related to the ENAs among South Asian countries and gaps are more pronounced for non-pregnant women of reproductive age and for pregnant women.
- Policy revisions, including updating policies, implementation and financing plans, will be needed to deliver the ENAs at scale and with quality to enable the South Asian region to tackle malnutrition in all its forms.

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Reference

Essential nutrition actions: mainstreaming nutrition through the life-course. Geneva: World Health Organization; 2019