

South Asia is far from achieving universal coverage of essential health and nutrition interventions: examining coverage, trends and inequities, 2005 to 2018.

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regions is between 0%

We find less variation

between countries as

in Co-coverage

to 30 %.

well.

BACKGROUND

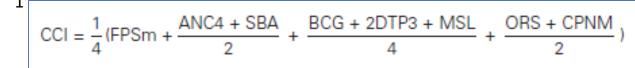
South Asia carries the largest burden of malnutrition globally. Tracking coverage of health and nutrition interventions is a critical step in designing effective nutrition policies and monitoring progress in the region.

OBJECTIVES

This paper examines coverage and trends of 21 health and nutrition interventions for South Asian countries and region. We also report inequities in intervention coverage by wealth, place of residence, women age and women education.

METHODS

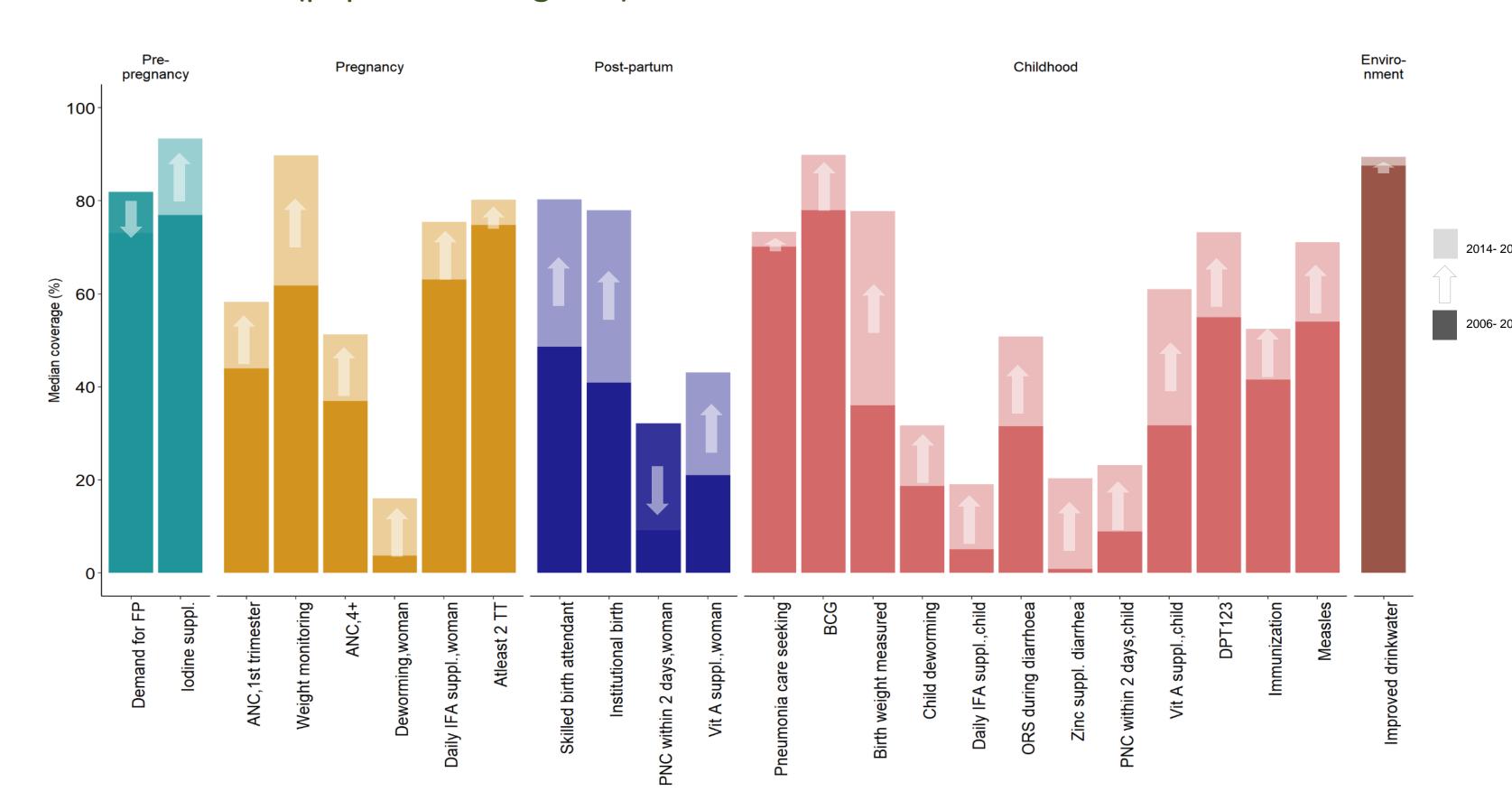
- We use data from Demographic and Health Surveys in Afghanistan (2015), Bangladesh (2011, 2014), India (2006, 2015), Maldives (2009, 2017), Nepal (2011, 2016) and Pakistan (2013, 2018).
- We examined health and nutrition interventions spanning the continuum of care: 2 in the pre-conception period, 6 in pregnancy, 4 in postpartum and 12 in childhood and 1 in household environment.
- We report sample weighted mean coverage for all interventions for each countryround and population weighted median for the South Asian region.
- To examine trends and inequalities we calculate concentration indices in Composite Coverage Index (CCI)¹ and Co-coverage Index².



² Co-coverage Index includes eight essential interventions: ANCS, tetanus toxoid 2+ doses during pregnancy (TT2), SBA, VITA, BCG, DPT3, MSL, and, calculated as the number of interventions each mother/ child pair received

RESULTS

Figure 1: South Asia's median coverage of Interventions between time periods 2006-2013 and 2014-2018 (population weighted)

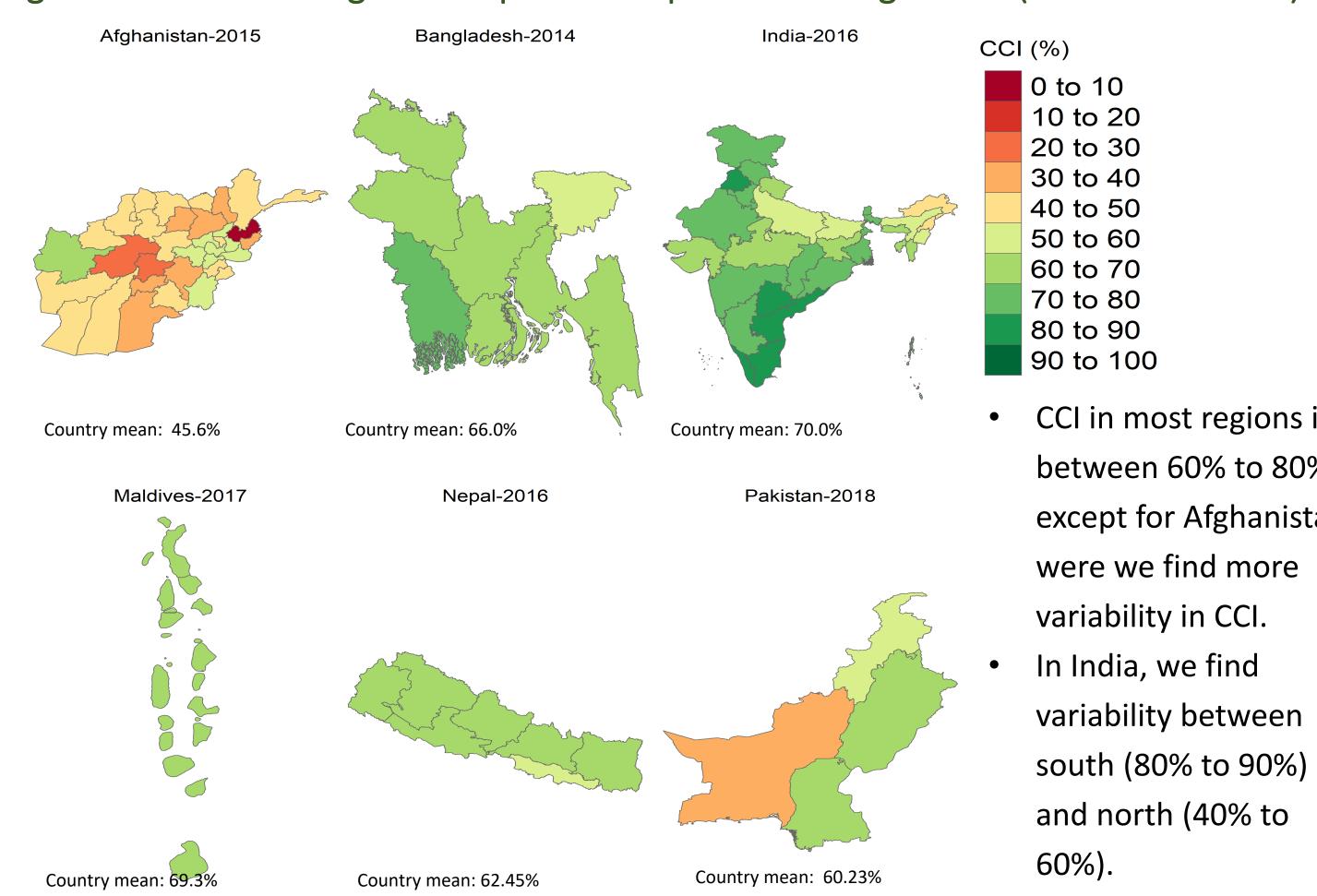


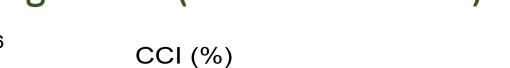
- The median coverage for most health and nutrition interventions has improved for the South Asian region between 2006 and 2018.
- Coverage has decreased over time for two indicators, i.e. Demand for Family Planning using Modern methods and Post-natal care within 2 days for women.

RESULTS

Figure 2: South Asia regional maps for Composite Coverage Index (latest DHS round)

and therefore ranges from 0 to 8.





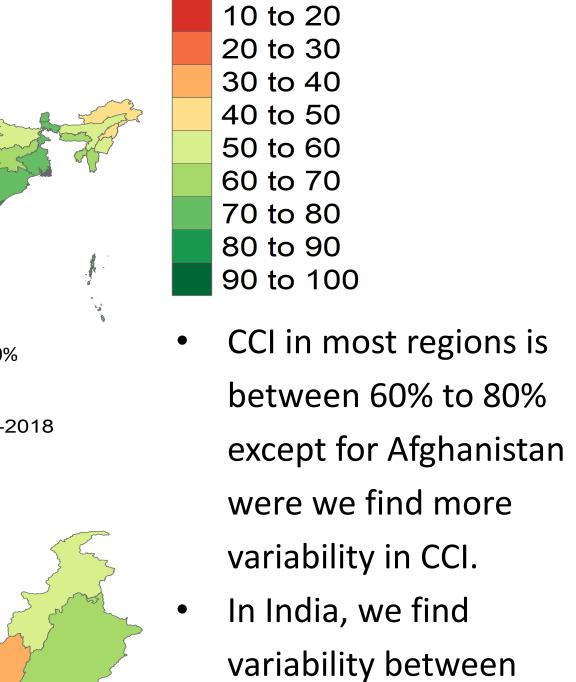


Figure 3: South Asia regional maps for Co-Coverage Index (no. of interventions >=3)

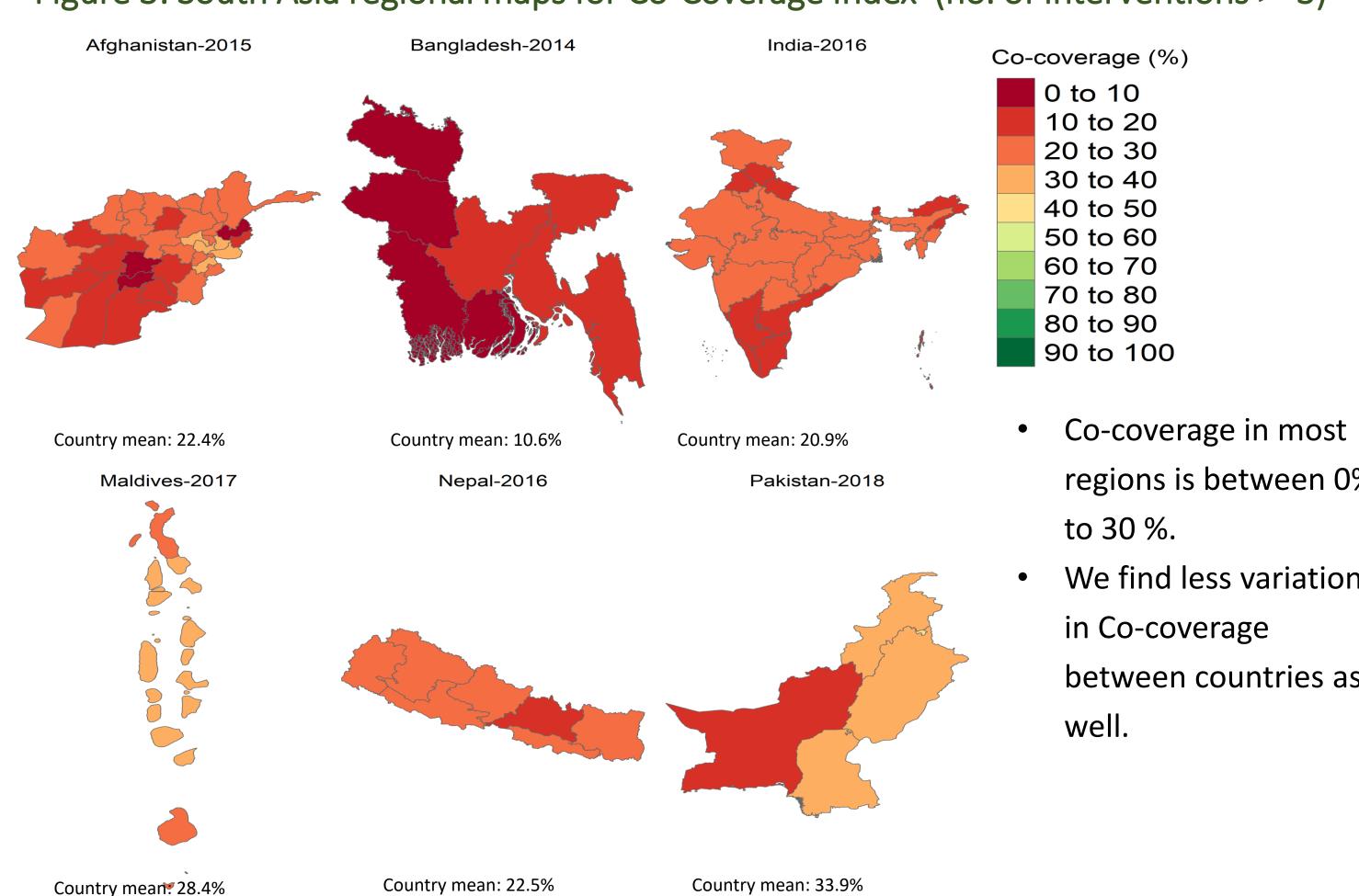


Figure 4: Inequity for Composite Coverage Index (by wealth and place of residence)

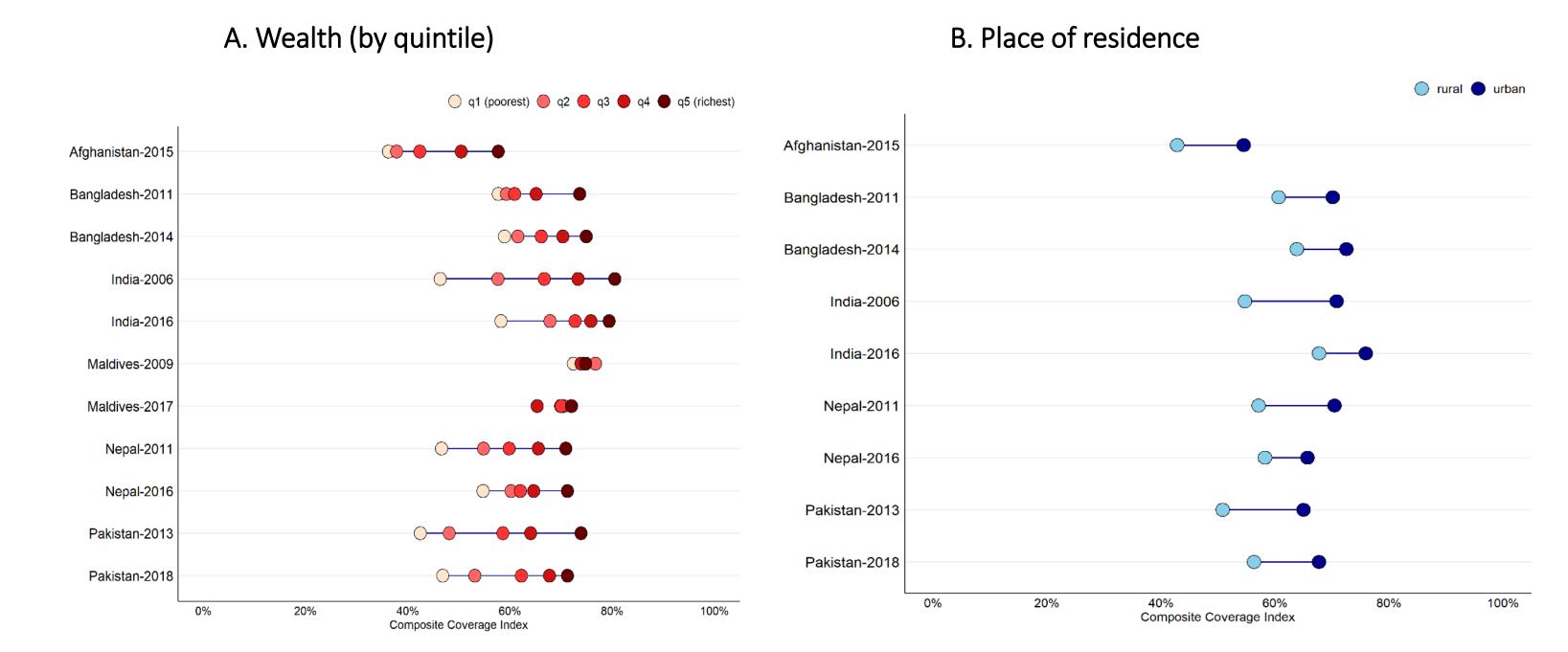
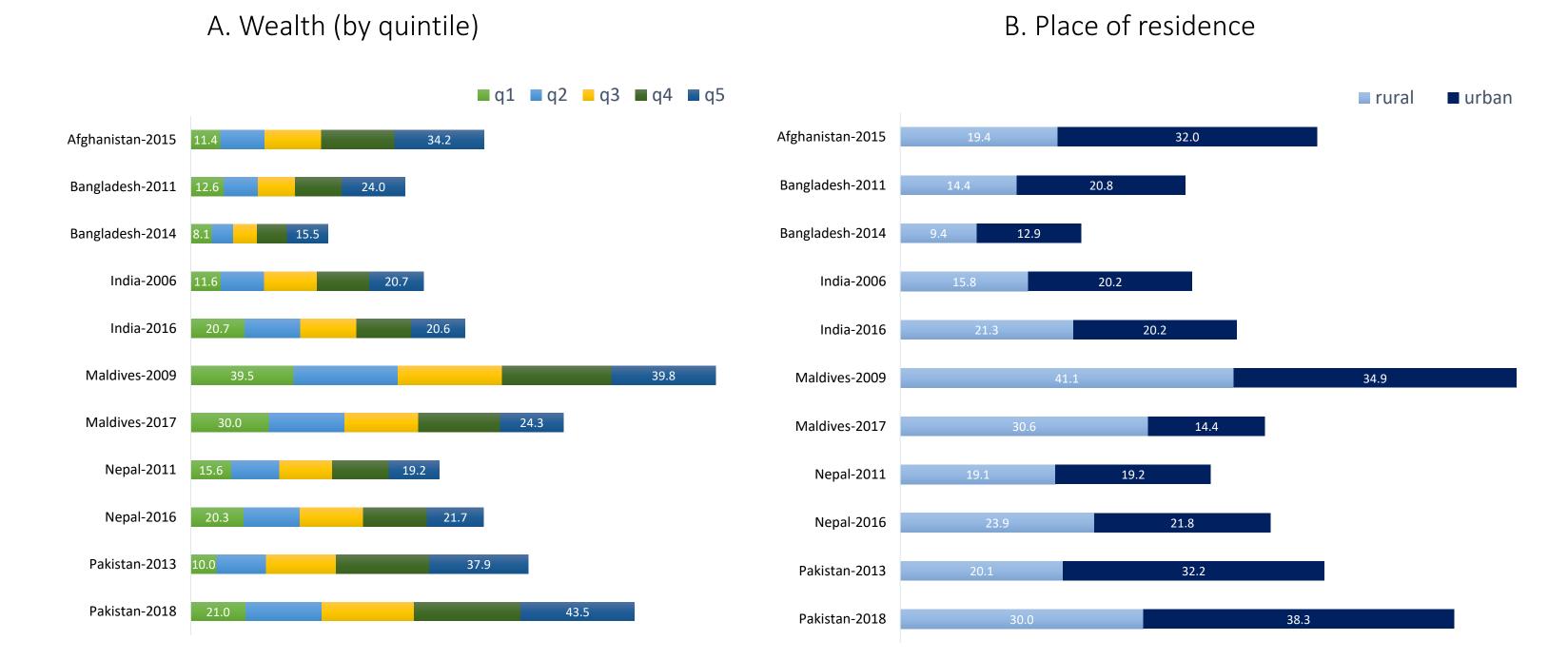


Table 5: Inequity for Co-Coverage Index (by wealth and place of residence)



- For most countries, CCI has improved (40% to 60%) along with reduction in wealth and residence inequity between the two DHS rounds.
- Median for co-coverage index is around 30% for at-least 3 interventions. Wealth inequity seems to have decreased for Bangladesh, India, Nepal and Pakistan.

CONCLUSIONS

- Despite improvements in health and nutrition intervention coverage since 2005, universal coverage is still far from reality for South Asia at the country and regional level.
- Inequities in coverage by wealth and residence have decreased the most in India and Nepal, with less progress in Bangladesh and Pakistan, but are still large for all countries.