results

good news on nutrition

briefing 1: women and girls

Strategic investments in providing prenatal vitamins and minerals and in breastfeeding support are vital. When combined with proper regulation, these interventions can significantly improve nutrition for marginalised women and children. The UK should increase spending on nutrition and prioritise these cost-effective interventions, and encourage other actors to do the same. The UK should also support the comprehensive regulation of micronutrient supplements and breastmilk substitutes. Successful programmes in Ethiopia and Sierra Leone demonstrate the impacts of these investments and the need for a rights-based regulatory framework.

Introduction

Global data on nutrition makes for grim reading. Humanity is way off track in regard to achieving Sustainable Development Goal 2 (including the target to end all forms of malnutrition)[1] and the World Health Assembly global nutrition targets (including the six maternal, infant and young child nutrition targets).[2] Previous research by Results UK has analysed the disproportionate impact of malnutrition on women and girls.[3]

However, not only is progress on nutrition possible, it is actually happening in some countries. This is the first in a series of briefings that highlight positive change in key aspects of nutrition.

This briefing focuses on pregnant women and girls, as well as women and girls with children up to 2 years old. In particular, it explains the importance of providing prenatal multiple micronutrient supplementation (MMS) and breastfeeding support – two highly impactful and cost-effective interventions for reducing childhood mortality and morbidity due to malnutrition[4] – and demonstrates real-life stories of success.

The scale of the challenge is considerable. For example, an estimated 37% of pregnant women and girls are affected by anaemia across the world.[5] Similarly, it is estimated that 148.1 million children under 5 are stunted (too short for their age) and 45 million children under 5 are wasted (too thin for their height).[6]

Yet, as the following examples of providing prenatal MMS in Ethiopia and breastfeeding support in Sierra Leone demonstrate, it is possible to rise to these challenges in ways that strengthen health systems. The UK should increase spending on nutrition and prioritise these cost-effective interventions when investing in nutrition, and encourage other donors and Global South governments to do the same. The UK should also support Global South countries to comprehensively regulate micronutrient supplements and breastmilk substitutes.

Prenatal multiple micronutrient supplementation

Why prenatal MMS is important

In the Global South, deficiencies of micronutrients such as folate, iodine, iron, vitamin A and zinc are especially common during pregnancy, due to increased nutrient requirements on the part of the mother. Such deficiencies negatively impact the health of the mother, foetus and newborn baby. Prenatal multiple micronutrient supplementation (MMS) consists of a single daily tablet containing 15 vitamins and minerals that can contribute to addressing micronutrient deficiencies.

Like the more limited iron and folic acid supplementation (IFAS), MMS complements, but certainly does not replace, individualised care and treatment for pregnant women and girls. However, prenatal MMS provides additional health benefits for newborns compared to IFAS,[7] and even halves the likelihood of children developing non-communicable diseases later in life.[8] Research indicates that transitioning from IFAS to MMS during pregnancy is cost effective.[9] Indeed, it is estimated that scaling up prenatal MMS coverage to 90% in the Global South would result in US$18.1 billion in additional lifetime wages.[10]

In 2021, the World Health Organization added a specific formulation of prenatal MMS (known as UNIMMAP) to its Model List of Essential Medicines. Earlier this year, UNICEF launched its Improving Maternal Nutrition Acceleration Plan, designed to prevent anaemia and malnutrition in pregnant women and girls. The delivery of MMS is part of the essential package of services delivered under the Plan via antenatal care.

Good news on prenatal MMS: Ethiopia

In Ethiopia, transitioning from IFAS to MMS during pregnancy would, in a 10-year period, prevent 19,677 child deaths and generate economic benefits that are 171 times greater than the costs.[11] As part of the Healthy Mums Healthy Babies consortium, UNICEF Ethiopia is supporting the Government of Ethiopia to introduce the use of MMS (replacing IFAS) among pregnant women and girls attending antenatal services in 21 of the country's *woredas* (districts) across five regions.

The programme aims to reach 400,000 pregnant women and girls by the end of 2025.[12] Its primary objective is to demonstrate how prenatal MMS of assured quality can be desirable and available in Ethiopia. The programme focuses on social marketing and social behaviour change in relation to maternal nutrition (including MMS), as well as promoting local production of MMS in the country. It is hoped that the programme will inform the equitable and sustainable scale-up of MMS as part of antenatal care.

Importantly, the introduction of prenatal MMS in Ethiopia presents opportunities to: generate demand for, and to improve the quality of, antenatal services; to improve the integration and delivery of maternal nutrition (particularly nutrition counselling) and other health services; and strengthen the health system as a whole. Training health workers is key to realising these opportunities, and such training is part of the programme.

Ensuring national government ownership and leadership, and developing a national coordination mechanism for strategic direction and effective oversight, have been essential for success. Prenatal MMS has been included in relevant policies and guidelines, and measures to ensure the successful procurement (via importation at this stage), certification and distribution of MMS have been adopted.

It has been important to learn from other countries' experiences of designing, implementing, evaluating and learning from similar programmes. Indeed, the programme in Ethiopia has benefited from strong national and international academic partnerships, including investments in a platform to collect national micronutrient data and the development of a nutrition information system. This and other research should inform future nutrition policy and programme decision-making.

Birtukan, who is 8 months pregnant, says: "The health workers told me to take only one pill per day at night after a meal... In my previous five pregnancies, I was facing several health issues, such as anaemia, gastric problem, dizziness and loss of appetite. But since I start taking MMS; I feel energetic, healthy, and feel my skin is glowing."[13]

Prenatal MMS challenges in Ethiopia and beyond

One of the major challenges in regard to scaling up prenatal MMS in Ethiopia, and in the Global South more broadly, is ensuring the delivery of comprehensive antenatal services. A lack of coverage and inefficient systems, including insufficient health workers trained to provide advice on nutritious diets and MMS, limit the potential of antenatal care. While the introduction of MMS in Ethiopia (and elsewhere) is an opportunity to strengthen health systems, wider and sustained action is critical for system strengthening.

Another challenge relates to increasing demand, uptake and compliance in relation to prenatal MMS. Teenagers are particularly at risk of not benefiting from maternal nutrition services, including MMS.[14] Therefore there is a need to promote and tailor such services to those who become pregnant as teenagers. Yet there is also a need to raise awareness of MMS and good nutrition among teenagers before they become pregnant. These efforts can address a lack of knowledge about disease during pregnancy and the fear of side effects from MMS.

The supply of prenatal MMS has been problematic due to challenges sourcing stock from around the world. There is increasing interest in local production of MMS in Ethiopia and other Global South countries. This can minimise delays (including lack of availability and regulatory issues associated with importation), expand local technical capacity, generate local employment and reduce supplements' carbon footprint. It may also mean that the end product is cheaper.[15]

However, strategies to support the local production of prenatal MMS must ensure that the end product can reach all pregnant women and girls, including the most marginalised. From a human rights perspective, any analysis of the 'affordability' of a good or service must take into account what people must sacrifice to obtain it. Therefore government action to involve non-state actors in the MMS sector should prioritise social enterprises and other non-profit entities, and robust regulation is necessary to ensure fair pricing

and quality. Moreover, free public distribution of MMS will continue to be critical to ensure equity.

Finally, prenatal MMS is not a replacement for a healthy diet. Food insecurity,[16] along with unhealthy eating and drinking habits,[17] remain prevalent in Ethiopia (and elsewhere in the Global South). Women and girls, particularly those in the poorest regions, are most vulnerable to malnutrition. Thus there is a need to ensure that initiatives to tackle food insecurity and improve nutrition have women and girls at their centre and are well-coordinated

Breastfeeding support

Why breastfeeding support is important

Breastfeeding is a hugely effective way of ensuring child survival and health. Not only is breastmilk safe, nutritious and sustainable, it contains antibodies which help protect babies from infections and diseases, and breastfed children perform better on intelligence tests.[18] Women who breastfeed also have a reduced risk of cancer and other diseases.

The UN recommends that babies are exclusively breastfed for the first 6 months of their lives. From the ages of 6 months to 2 years (or more), breastmilk can provide part of young children's nutritional needs. The global targets for exclusive breastfeeding rates are 50% by 2025 and 70% by 2030. Over the past decade, the prevalence of exclusive breastfeeding for babies has risen to 48%, though progress is highly uneven.[19]

Achieving near-universal levels of breastfeeding for babies and young children worldwide could save 595,379 children from dying as a result of diarrhoea and pneumonia, as well as prevent 98,243 cancer- and type II diabetes-related deaths among mothers, every year.[20] Furthermore, insufficient breastfeeding costs the global economy US$341.3 billion annually.[21]

Good news on breastfeeding support: Sierra Leone

Sierra Leone is one of only six Global South countries projected to achieve 70% of exclusive breastfeeding prevalence for babies under 6 months old by 2030.[22] Supported by official donors, including the UK, it has adopted many approaches to reach this position.

Exclusive breastfeeding messages are communicated via radio, awareness drives and mother-to-mother support groups (the number of the latter rose from 3000 in 2014 to over 14,000 in 2020).[23] It is particularly important to address misconceptions on the part of experienced mothers, e.g. that it is necessary to give babies under 6 months old water, so that they can accurately advise young mothers. It is also very important to educate fathers about the health and financial benefits of breastfeeding, and dispel myths, e.g. having sexual intercourse with a woman who is breastfeeding can make a child become ill.

Training hospital staff, and setting up processes to cascade these trainings, has enabled maternity facilities in Sierra Leone to become more trusted centres of breastfeeding. Ensuring that health workers within hospitals have the required knowledge and skills to pass on sound information and guidance has in turn empowered mothers. Trainings are centred on the UN Baby-Friendly Hospital Initiative's proven '10 steps for successful breastfeeding', and are geared towards developing action plans from community to national levels.

More recently, the country's Stronger with Breastmilk Only campaign has targeted religious leaders. Capacity-building programmes (incorporating perspectives from the Quran and Bible) have made religious leaders influential advocates for exclusive breastfeeding. Fatma, a mother who benefited from learning about breastfeeding at her local mosque, says: "People ask me which kinds of food will make their children grow well… I always tell them to practice exclusive breastfeeding for at least six months, as it is the secret behind my baby's health… It also gives me a chance to hold my baby close, cuddle her, and make eye contact."[24]

In 2021, in line with the International Code of Marketing of Breast-milk Substitutes, the Parliament of Sierra Leone passed a law to regulate the marketing of breastmilk substitutes. As the aggressive marketing and promotion of breastmilk substitutes in the country has been a significant factor in the early introduction of additional foods for babies,[25] this represented a landmark moment. It is hoped that the new law will drive further progress by changing the practices of distributors of breastmilk substitutes and of health workers.

Sierra Leone's success in supporting breastfeeding should be seen in the context of its Free Healthcare Initiative (FHCI). Launched in 2010 with the support of the UK, the FHCI provides free healthcare for children under 5 and for pregnant and breastfeeding women. In particular, under the FHCI, maternal health promoters have been recruited by the government to support women during pregnancy, labour and delivery, and also to advise mothers regarding breastfeeding and other health issues post-birth. This highlights the importance of a health systems approach to breastfeeding support.

Breastfeeding support challenges in Sierra Leone and beyond

Although there has been substantial progress in breastfeeding support in Sierra Leone, there is still much to do. Many of the challenges that the country faces are also faced by other countries in the region and wider Global South.

In addition to the misconceptions and myths mentioned above, the perception that babies are having 'frequent' or 'bad' stools can lead parents and others to believe that breastmilk is harmful. Similarly, the (normally incorrect) perception that mothers are not producing enough milk is not uncommon. Further investing in awareness raising and skills development – for mothers, fathers, support groups, community leaders and health workers – is key to addressing these challenges. Moreover, considerably more skilled health workers need to be trained, recruited and retained as part of wider efforts to strengthen the health system.[26]

Teenagers and women bearing their first child (primiparas) are more likely to not exclusively breastfeed.[27] Thus teenagers and primiparas should be particularly targeted in

breastfeeding support activities. This includes addressing the stigmatisation faced by some unmarried teenagers who become pregnant. However, breastfeeding support activities should not exclude other women.

Last year, Sierra Leone passed a law guaranteeing women 14 weeks of paid maternity leave, though smaller businesses are exempt and self-employed women are not covered.[28] However, the lack of workplace support (including adequate time and appropriate places to express and store breastmilk) for optimal breastfeeding practices is a major challenge, especially for women working in the farming sector. This challenge necessitates a vigorous response on the part of the national government.

It is vital that Sierra Leone fully implements its law regulating the marketing of breastmilk substitutes. Of course, women who are unable to breastfeed must be supported. Yet the breastmilk substitutes industry has long used 'underhand marketing strategies, designed to prey on parents' fears and concerns at a vulnerable time, to turn the feeding of young children into a multibillion-dollar business'.[29] Critically engaging with the breastmilk substitutes industry can be helpful, but it cannot be relied on to voluntarily adopt measures necessary to realise human rights.

Recommendations

The UK should increase spending on nutrition and prioritise prenatal MMS and breastfeeding support, and encourage other donors and Global South governments to do the same.

The UK should support Global South countries to comprehensively regulate micronutrient supplements and breastmilk substitutes.

Endnotes

1 UNDESA, 2023, 'Goal 2: Progress and Info', https://sdgs.un.org/goals/goal2#progress_and_info.

2 Global Nutrition Report, 2022, 2022 Global Nutrition Report, https://globalnutritionreport.org/reports/2022-global-nutrition-report/.

3 Results UK, 2021, Malnutrition is sexist, https://results.org.uk/publication/malnutrition-sexist-determinants-nutrition-women-and-girls.

4 K Lorenzen, 2020, 'The power 4', https://eleanorcrookfoundation.org/resources/power-4/.

5 WHO, 2023, 'Anaemia', https://www.who.int/news-room/fact-sheets/detail/anaemia.

6 UNICEF, WHO & World Bank, 2023, Joint child malnutrition estimates, https://iris.who.int/bitstream/handle/10665/368038/9789240073791-eng.pdf?sequence=1.

7 E C Keats et al, 2019, 'Multiple micronutrient supplementation for women during pregnancy', Cochrane Database Syst Rev, 2019.

8 Nutrition International, 2021, 'New research reveals how a mother's nutrition during pregnancy impacts the health of her child through adulthood', https://tinyurl.com/2n6yzztz.

9 B Kashi et al, 2019, 'Multiple micronutrient supplements are more cost-effective than iron and folic acid: Modeling results from 3 high-burden Asian countries', J Nutr, 149.

10 K Kraemer et al (eds), 2023, Focusing on Multiple Micronutrient Supplements in Pregnancy, https://cms.sightandlife.org/wp-content/uploads/2023/05/202305-MMS-2-sightandlife.pdf.

11 Nutrition International, 2019, 'Cost-effectiveness of transitioning from iron and folic acid to multiple micronutrient supplementation for pregnancy', https://tinyurl.com/mr2u6kfe.

12 K Kraemer et al (eds), 2023, op. cit.

13 Quoted in: T Tesfaye, 2023, 'Multiple micronutrient supplements, boosts the health of pregnant women and their babies!' https://www.unicef.org/ethiopia/stories/multiple-micronutrient-supplements-boosts-health-pregnant-women-and-their-babies.

14 C S Christiansen et al, 2013, 'Preventing early pregnancy and pregnancy-related mortality and morbidity in adolescents in developing countries: The place of interventions in the prepregnancy period', J Pregnancy, 2013.

15 UNICEF, 2022, Multiple micronutrient supplementation, https://www.unicef.org/media/123271/file

16 UN News, 2024, 'UN food agency ramps up deliveries amid worsening food security in Ethiopia', https://news.un.org/en/story/2024/02/1146252.

17 T H Bekele, 2023, 'Dietary recommendations for Ethiopians on the basis of priority diet-related diseases and causes of death in Ethiopia: An umbrella review', Adv Nutr, 14.

18 C G Victora, 2016, 'Breastfeeding in the 21st century: Epidemiology, mechanisms, and lifelong effect', The Lancet, 387.

19 UNICEF & WHO, 2023, Global breastfeeding scorecard 2023, https://www.unicef.org/media/150586/file/Global%20breastfeeding%20scorecard%202023.pdf.

20 D D Walters et al, 2019, 'The cost of not breastfeeding: Global results from a new tool', Health Policy Plan, 34.

21 Ibid.

22 D A Amugsi, 2021, 'Breastfeeding trends show most developing countries may miss global nutrition targets', https://theconversation.com/breastfeeding-trends-show-most-developing-countries-may-miss-global-nutrition-targets-166853.

23 A Leach, 2014, 'Nutrition: In Sierra Leone breast is best', https://www.theguardian.com/global-development-professionals-network/2014/jun/16/nutrition-sierra-leone-breastfeeding; A Kidd, 2020, 'Caring for a community's children', https://www.unicef.org/sierraleone/stories/caring-communitys-children.

24 Quoted in: H Mason, 2023, 'Religious leaders empower families to create healthier futures through exclusive breastfeeding', https://www.unicef.org/sierraleone/stories/religious-leaders-empower-families-create-healthier-futures-through-exclusive-breastfeeding.

25 SUN, 2021, 'Sierra Leone passes ground-breaking law to protect breastfeeding', https://scalingupnutrition.org/news/sierra-leone-passes-ground-breaking-law-protect-breastfeeding.

26 P Pieterse & F Saracini, 2023, 'Unsalaried health workers in Sierra Leone: A scoping review of the literature to establish their impact on healthcare delivery', International Journal for Equity in Health, 22.

27 S N Poole & S M Gephart, 2014, 'State of the science for practice to promote breastfeeding success among young mothers', Newborn and Infant Nursing Reviews, 14.

28 C Roy-Macaulay, 2023, 'Sierra Leone president signs women's rights bill into law', https://apnews.com/article/politics-gender-julius-maada-bio-sierra-leone-education-7670f6bd4156080b6b17e141c2449c6a.

29 Editorial, 2023, 'Unveiling the predatory tactics of the formula milk industry', The Lancet, 401.

Author Sunit Bagree for Results UK.
For more information please contact
sunit.bagree@results.org.uk

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www.results.org.uk

join@results.org.uk

+44 (0)20 3930 9658

**Unit 1.41, Citibase, Millbank Tower, 21-24 Millbank
London, SW1P 4QP, United Kingdom**

results.uk

@resultsuk