

Malnutrition in Asia



Promoting Child
Nutrition in Asia

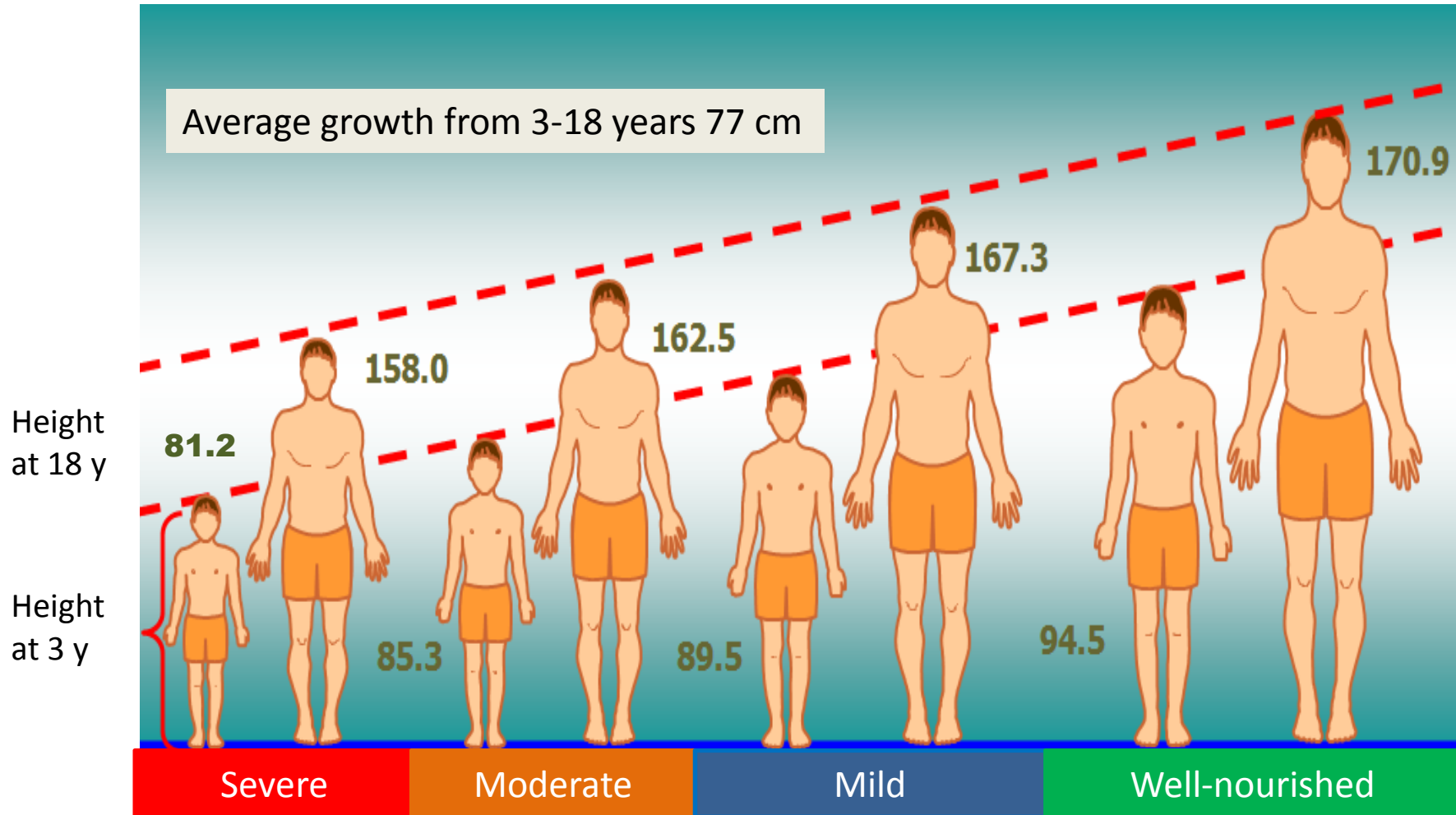
Vientiane

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Regional Office*



Stunted 3 Year Old – Stunted Adult

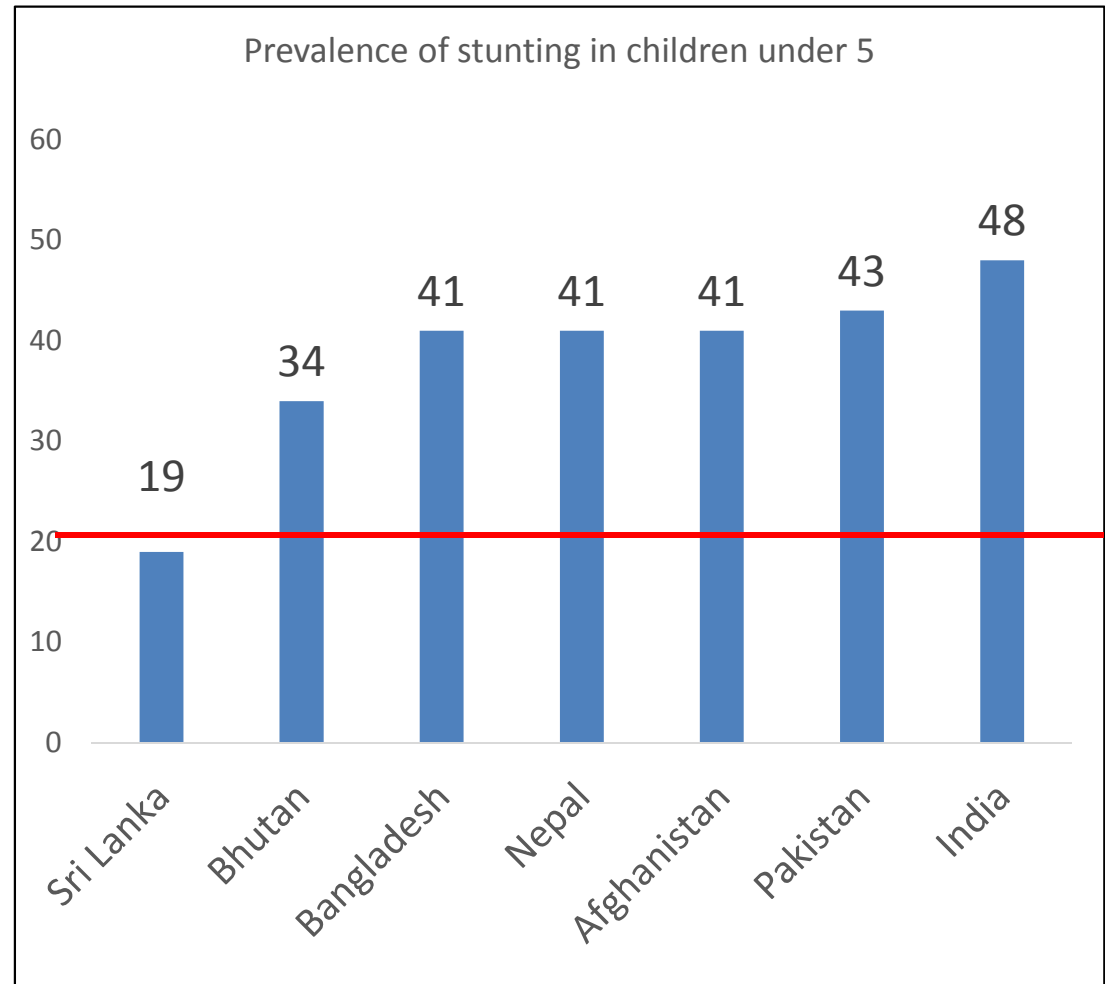


(Guatemala, INCAP Oriente Study)

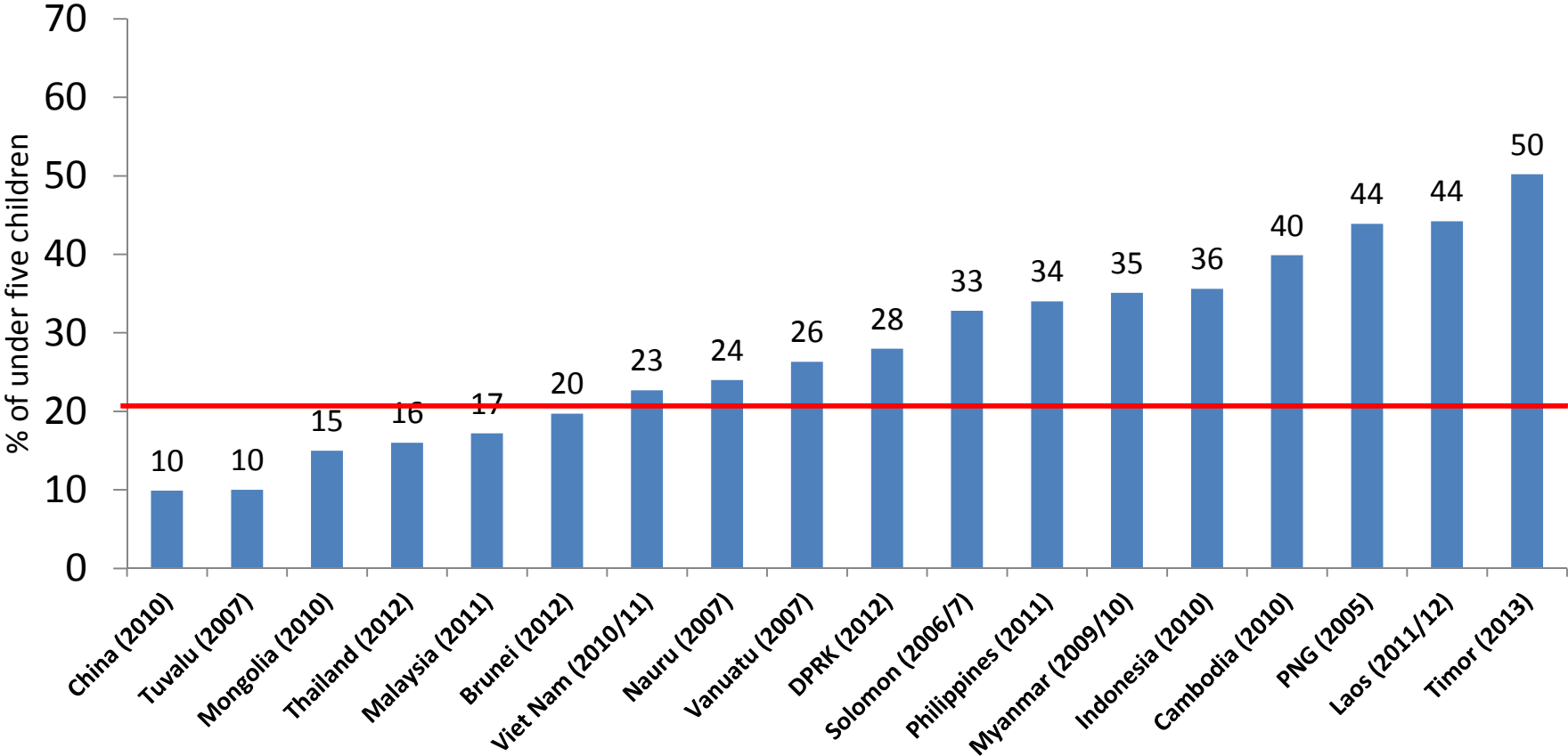
Global picture of malnutrition

- **Over 162 million children under 5 are stunted** (too short for their age)
- **51 million children are wasted, 17 million severely wasted** – (too thin) - and require special treatment; they are at high risk of death
- At the same time, **44 million children** are overweight and at risk of chronic illness such as diabetes
- **2 billion** people are deficient in key vitamins & minerals.

Very high rates of stunting in South Asia



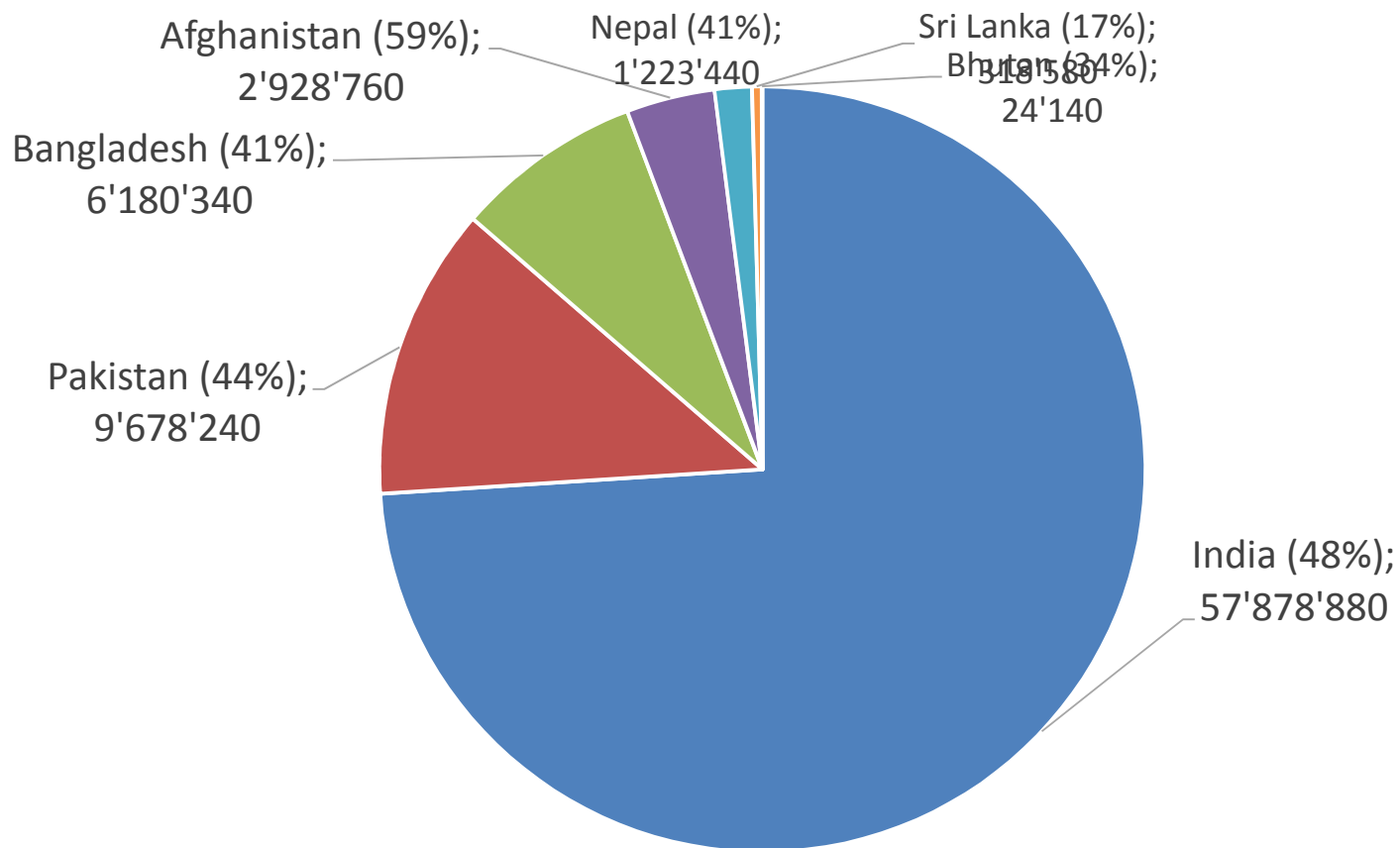
Stunting prevalence still of “public health significance” (>20%) in **12** East Asia-Pacific countries



Ref: UNICEF database reflecting national surveys in the year shown such as DHS, MICS, national nutrition surveys or living standards surveys.
WHO categories of public health significance: WHO. Physical status: the use & interpretation of anthropometry. Report of a WHO Expert Committee. Technical Report Series No 854. Geneva, WHO 1995

How many stunted children are there in Asia?

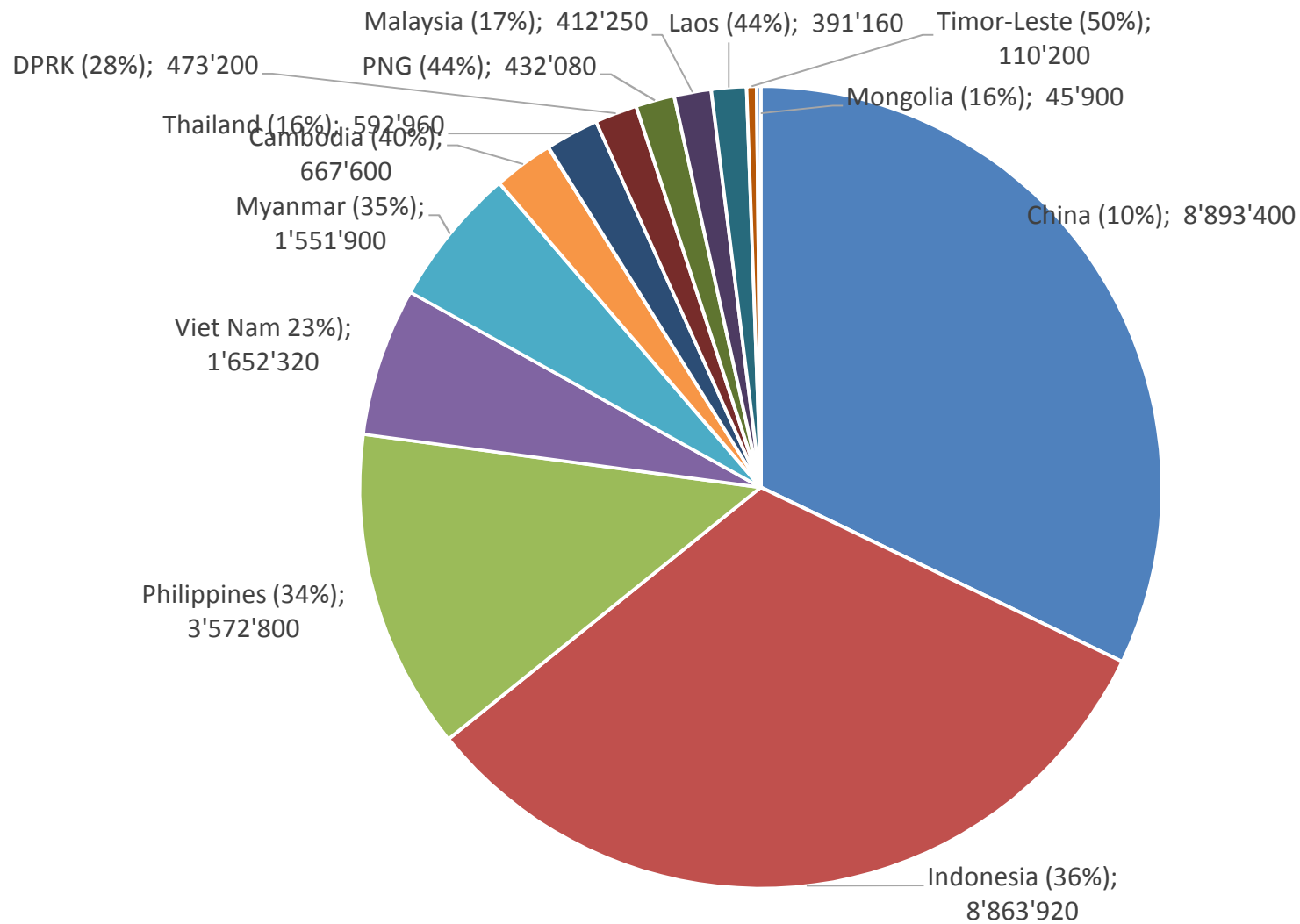
106 million, two-thirds of developing world total of 162 million



78 million stunted children in South Asia

Source: UNICEF 2014, State of the World's Children (brackets refer to the prevalence of stunting)

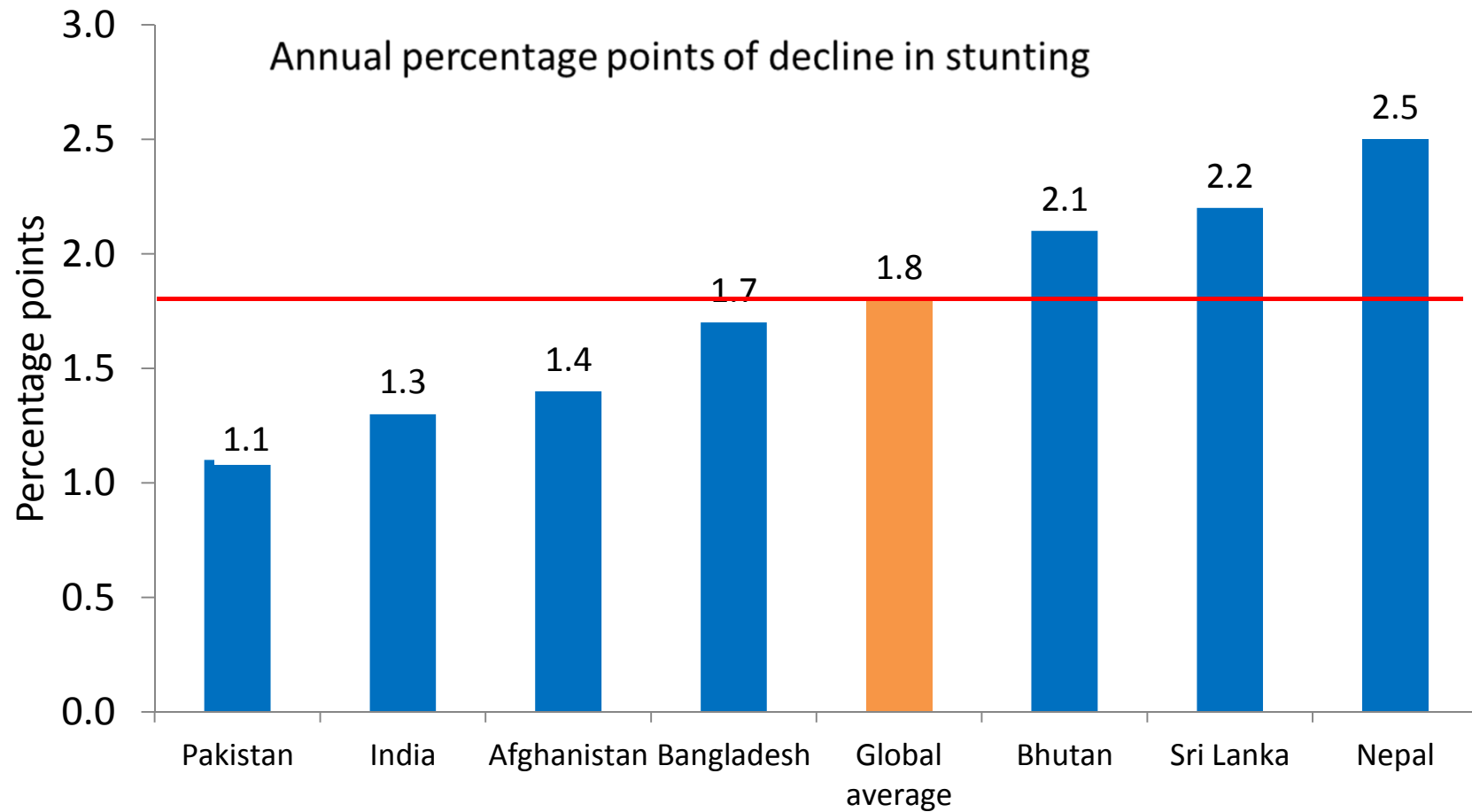
How many stunted children are there in Asia?



28 million stunted children in East Asia-Pacific

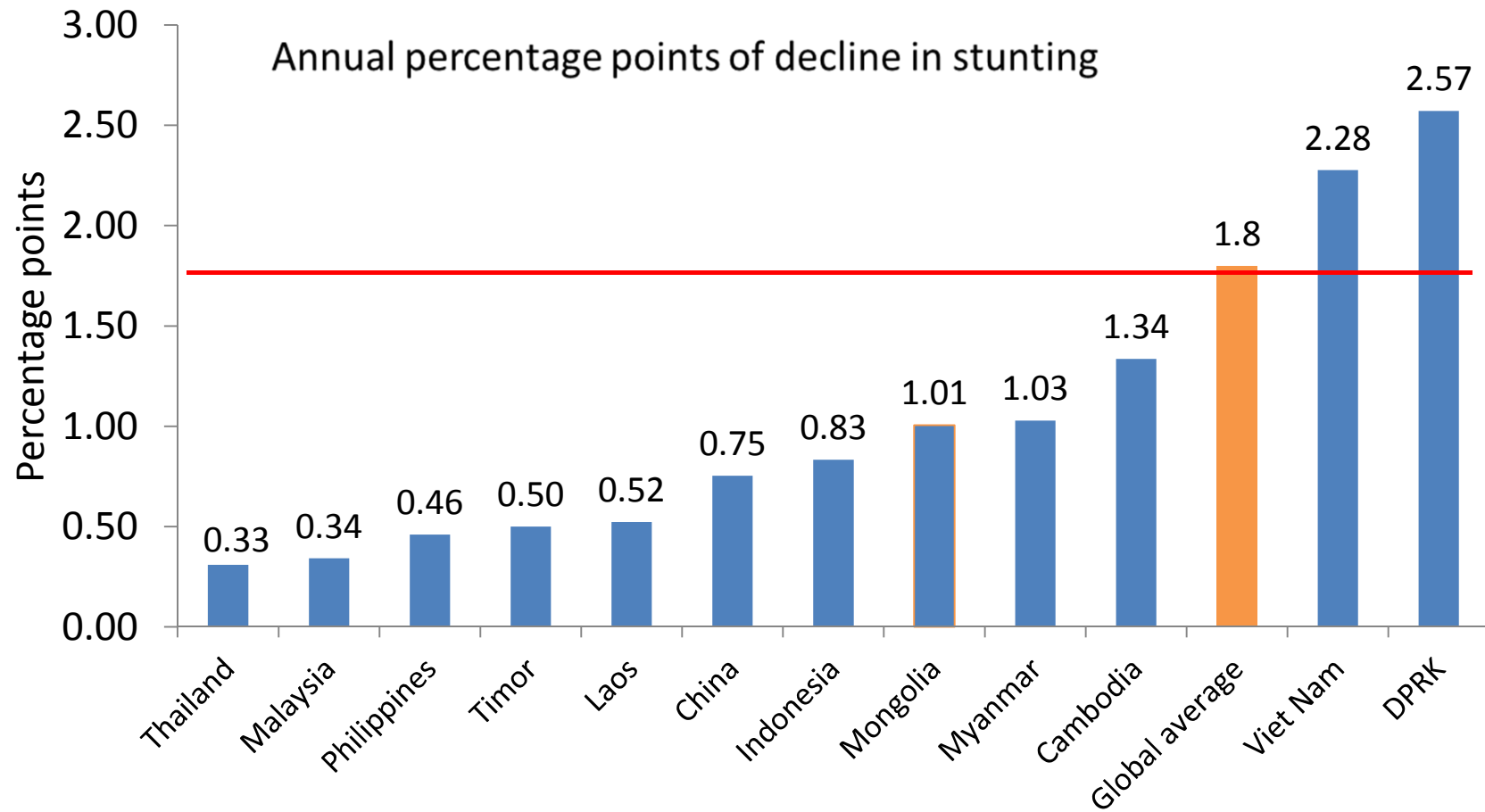
Source: UNICEF 2014, State of the World's Children (brackets refer to the prevalence of stunting)

How fast are countries reducing stunting? South Asia



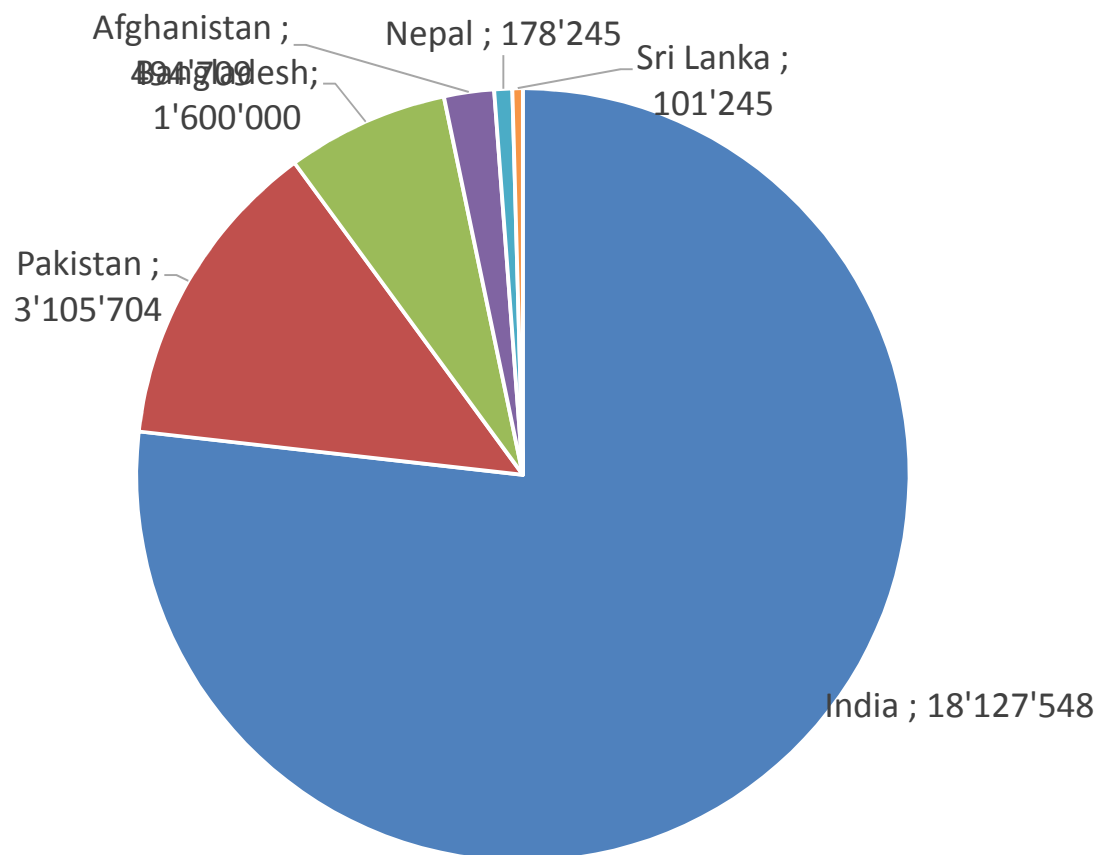
3.9 % annual reduction required to achieve the global target of 40% fewer stunted children

How fast are countries reducing stunting? East Asia



How many children are expected to suffer from severe wasting each year?

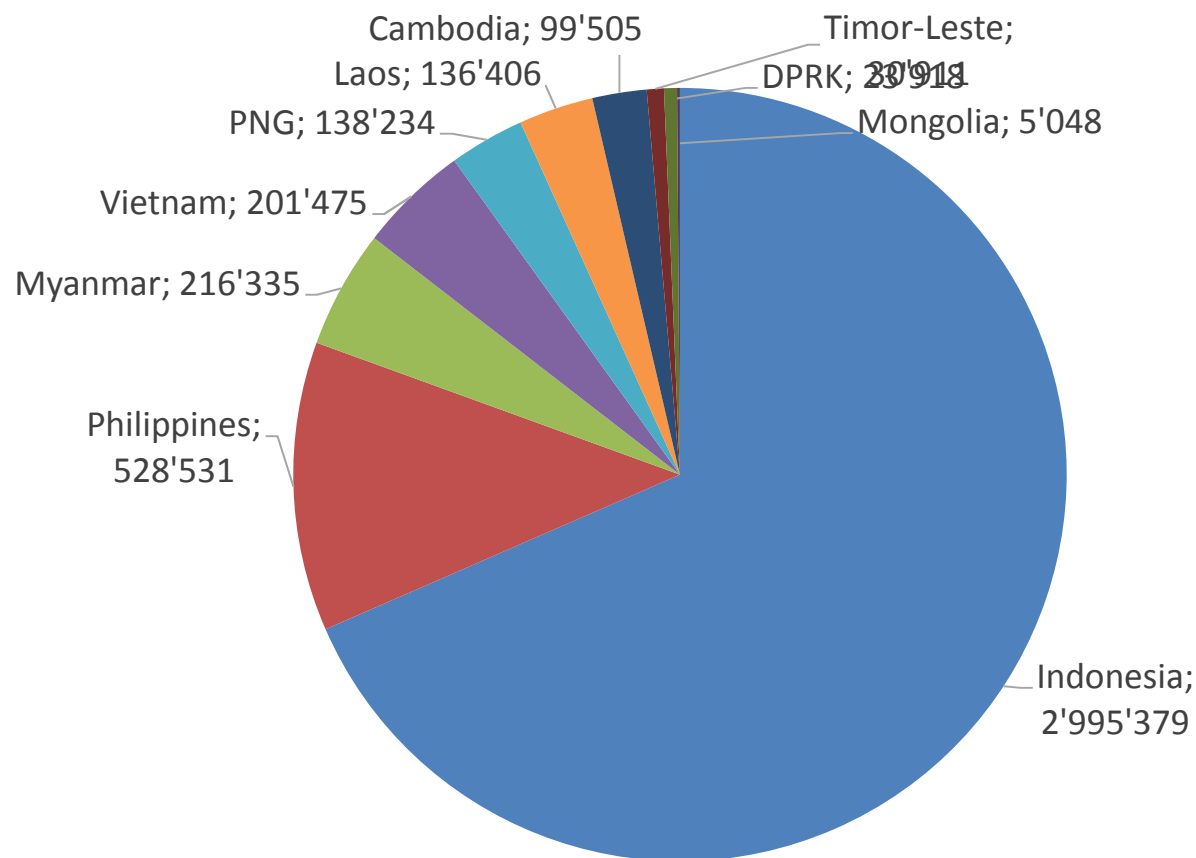
Almost 24 million in 6 countries in South Asia



*Coverage of treatment was 1.4% in 2013 (340,000 children):
huge gap!*

How many children are expected to suffer from severe wasting each year?

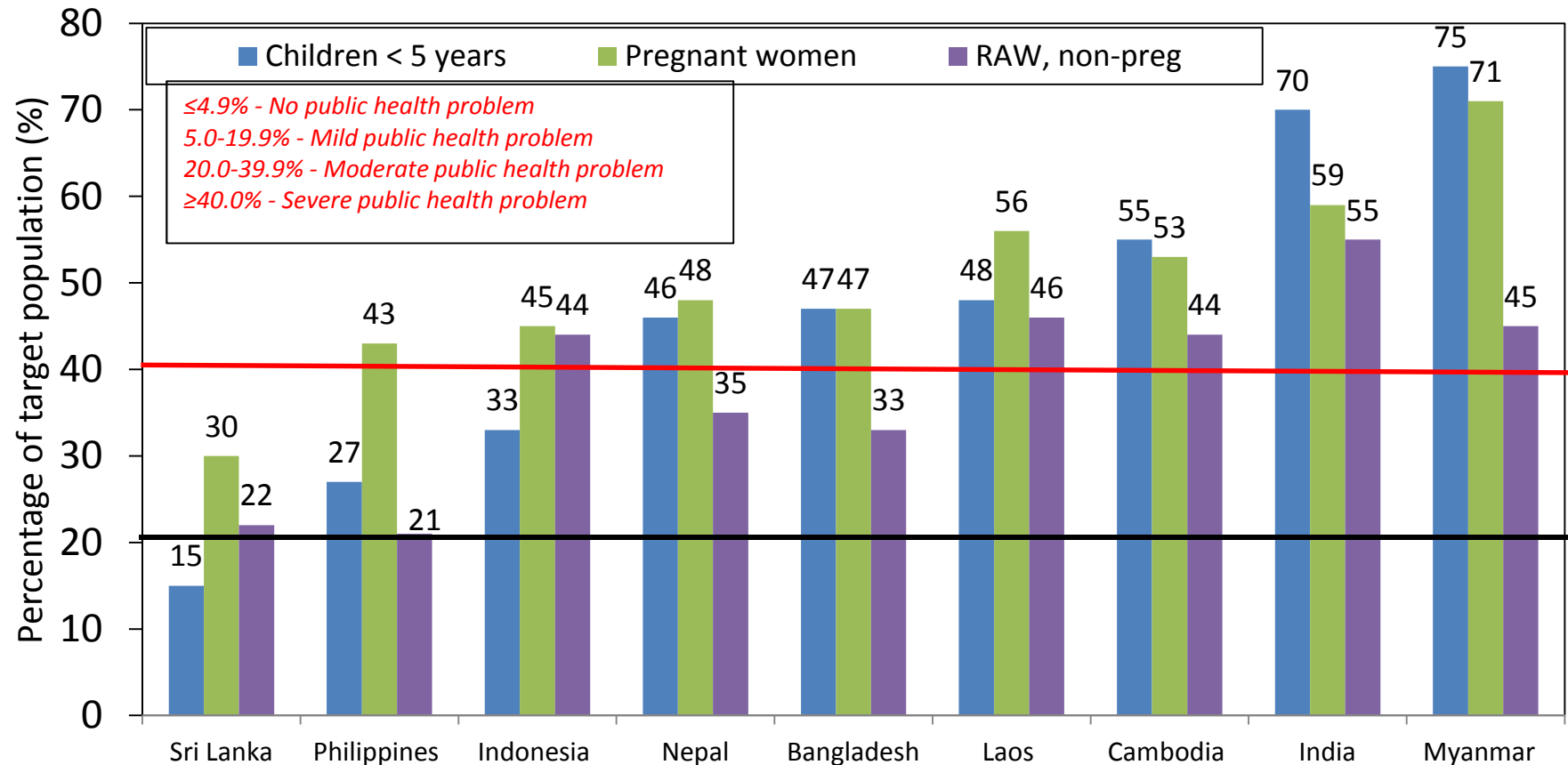
4.3 million annual cases in the 10 countries with treatment programmes in East Asia



*Reported coverage of treatment only ~ 0.8% in 2013
(33,000 children) in the 10 countries*

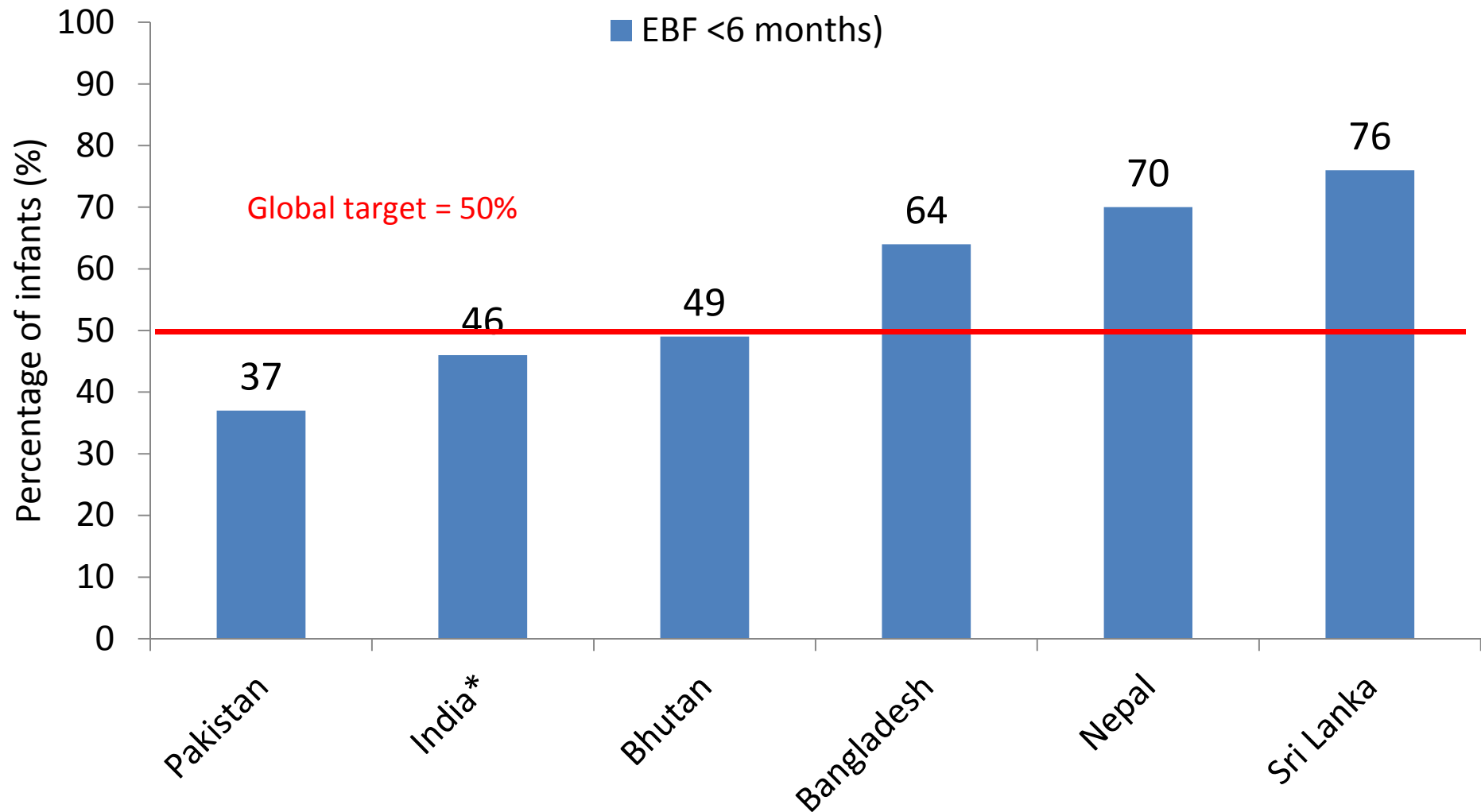
Anemia in selected Asian countries

(sorted by children <5)



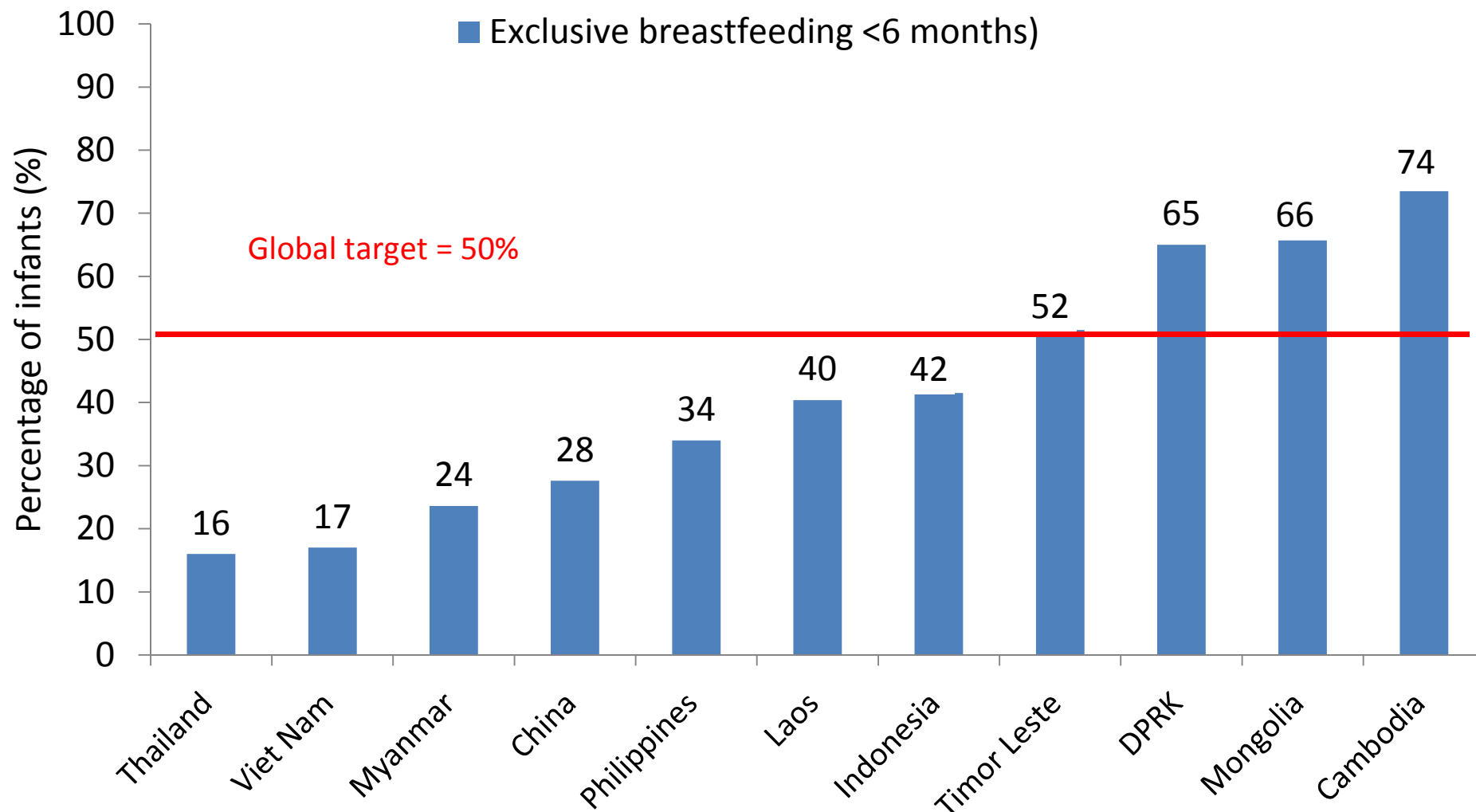
- Anemia has multiple causes, not limited to inadequate iron and other micronutrient intake.
- Other causes of anemia include worm infestation, malaria, other infections and genetic blood disorders.

Breastfeeding practices in South Asia



Ref: UNICEF database. Source of data is national surveys such as DHS, MICS, national nutrition surveys. Date of survey is shown; if different surveys for the two indicators, first date is for early initiation and second is for EBF.

Breastfeeding practices in East Asia: only 4 countries have met global target

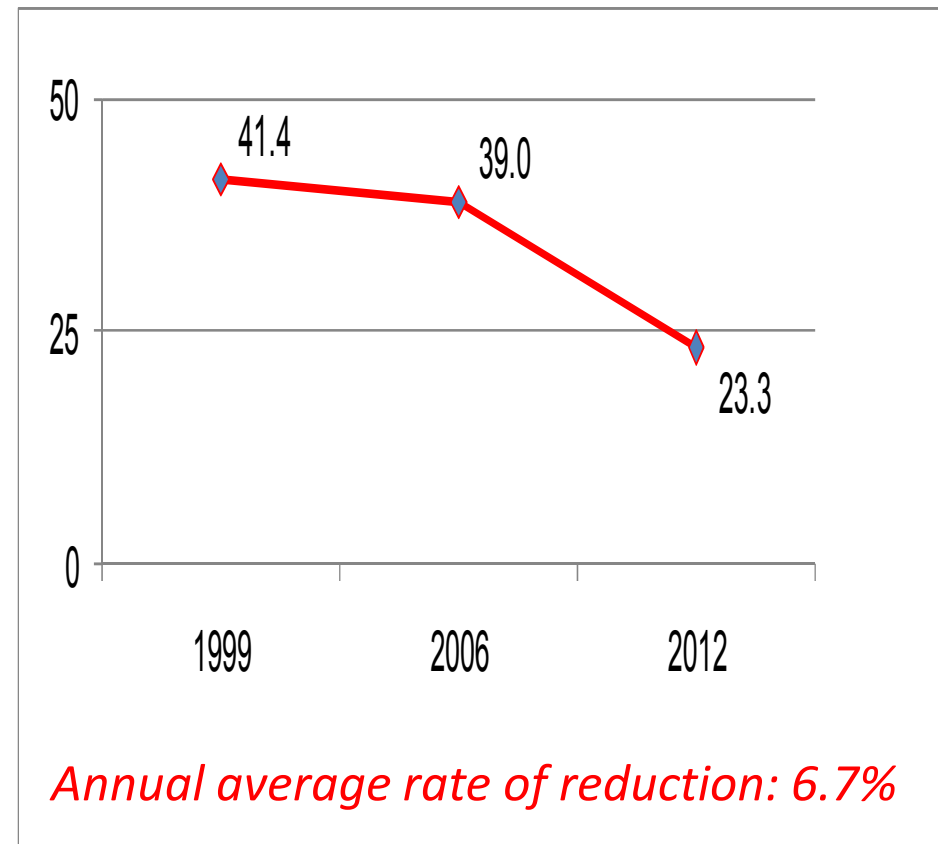


Ref: UNICEF database. Source of data is national surveys such as DHS, MICS, national nutrition surveys. Date of survey is shown; if different surveys for the two indicators, first date is for early initiation and second is for EBF.

Success story: Stunting reduction in Maharashtra State, India

Success factors:

- Improvement in infant and young child feeding, care for women before and during pregnancy, & access to health and sanitation, focus on most deprived
- High level political commitment
- Continuity of leadership: 10 years
- Multi-sectoral response
- Addressing child malnutrition cannot be the agenda of one department-It should have political buy in, through citizens' alliance with MPs from all parties, business leaders, media, NGOs, activists and development partners.



Maharashtra: Findings from the stakeholder analysis

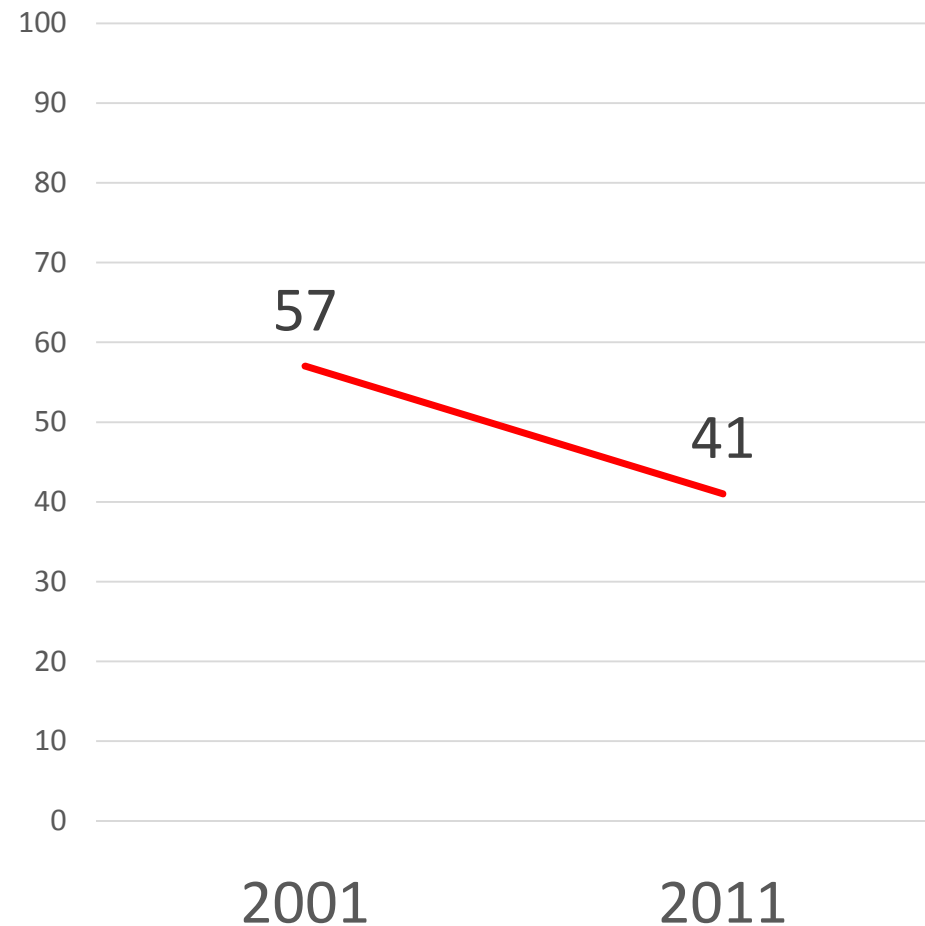
Perceptions about why stunting has declined

- Strong economic growth
- Improved social, nutrition and health programming (especially the NRHM—ANC, skilled birth attendant, early initiation of breastfeeding)
- State's Nutrition Mission seen as a key way of making nutrition visible
- Increased state budget allocations to nutrition
- Strong media and civil society
- Strong focus on frontline worker strengthening in nutrition and health
- Introduction of community management of severe acute malnutrition in Village Child Development Centres
- Yet to be resolved: poor access to sanitation and improved water, tribal inequalities, urban poverty

Success story: Stunting reduction in Nepal

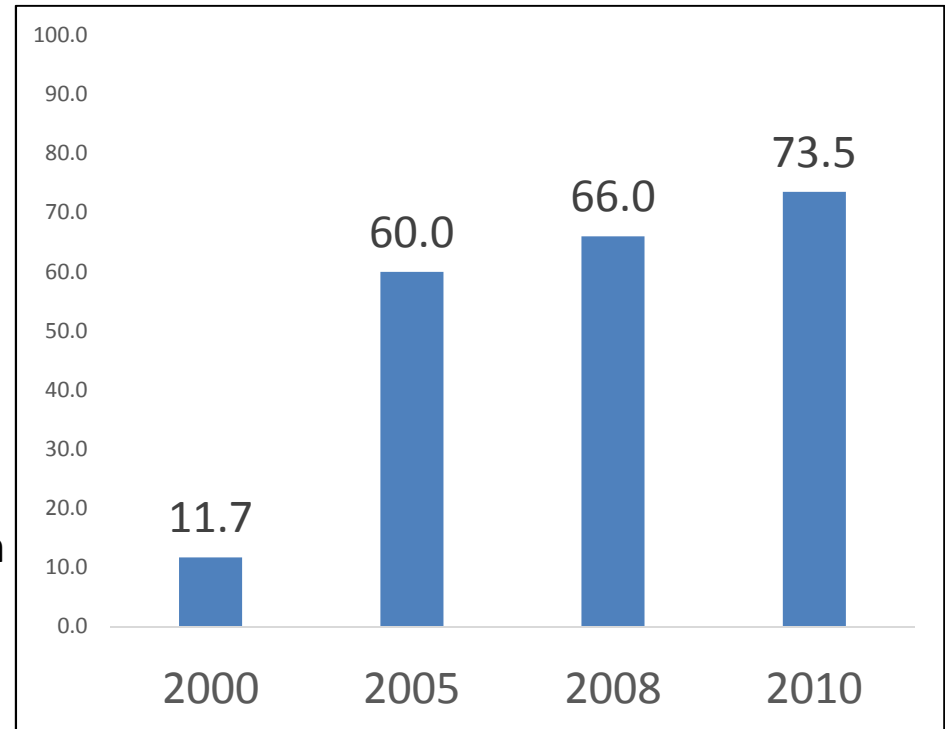
Combining health and nutrition interventions at facilities and in communities:

- Delivery of interventions through community-based programming facilitated by the nation's cadre of female community health volunteers (FCHVs) located throughout the country.
- Improved coverage of safe motherhood programmes, iron-folic acid supplementation to all pregnant women and breastfeeding mothers, deworming, maternal care and child survival interventions.



Success story: Breastfeeding in Cambodia

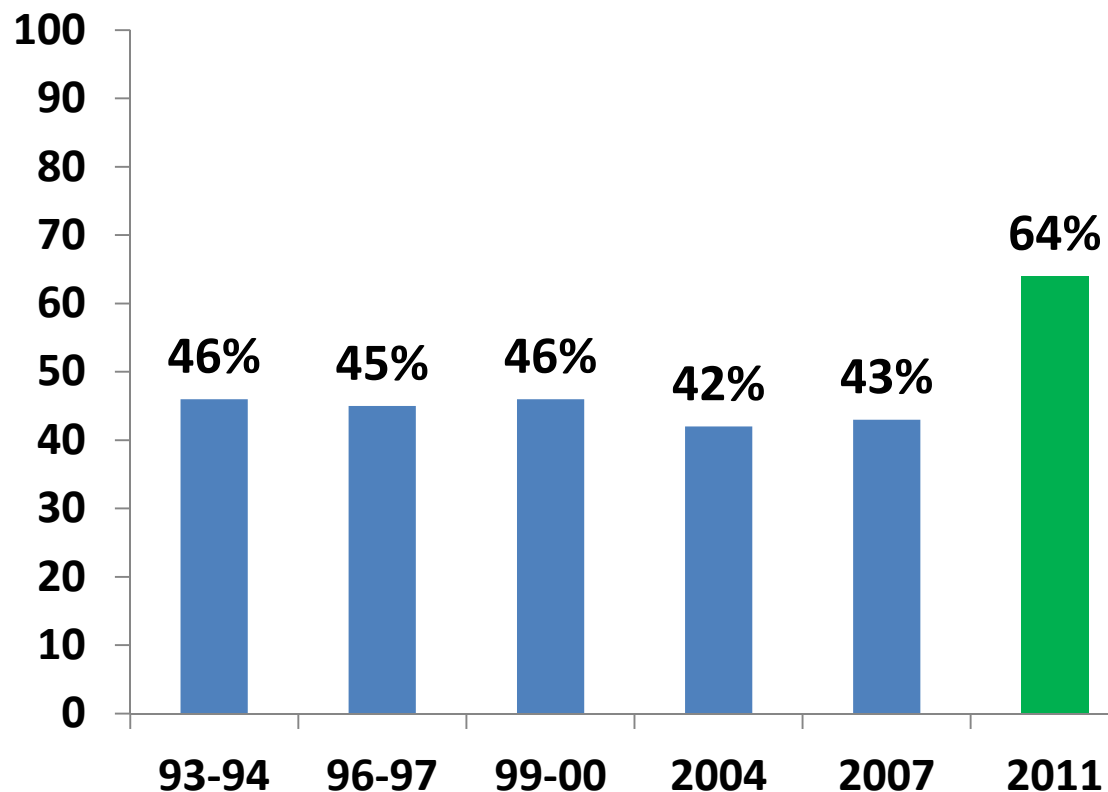
- 2000** Annual breastfeeding event – now one month each year
- 2004** Baby-friendly community initiative – now covers over 2,500 villages in 12 provinces
- 2004** Broadcast of TV & radio spots focusing on early initiation & exclusivity; continuing promotion
- 2005** Sub-decree banning promotion of formula for children < 2 years



Bangladesh: change in breastfeeding is evident when efforts intensified

Modalities for intensification

- Household level
 - Home visits to support mothers
- Community level
 - Groups, forums
 - Dialogue
- National level
 - Coordination
 - Mass media
 - Advocacy
 - Partnerships



Exclusive breastfeeding rate

Source: BDHS 2011

Key messages

- Prevalence of stunting remains unacceptably high despite economic and development progress
- Largest burden of stunting and wasting is in Asia
- Stunting reduction is possible to accelerate in a relatively short time
- And success is possible in improving breastfeeding rates.
- Strong political commitment is essential to scaling up effective programmes



THANK YOU!

