NUTRITION AND UNIVERSAL HEALTH COVERAGE

What does it mean for anaemia reduction programmes?

Dr. Ellen G. Piwoz
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Universal health coverage means that all people can use the health services they need, from promotion, prevention, treatment, rehabilitation and palliation.

- **Equity**: Everyone who needs access to health services should get them, not only those who can pay for them.

- **Quality**: The health services people receive should be good enough to maintain or improve their health.

- **Affordability**: The cost of using services should not put people at risk of financial harm.

*WHO, 2018.*
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• Nutrition is foundational to good health for all, throughout the life course.

• Poor diet is the leading risk factor for death worldwide, responsible for more deaths globally—one in every five—than tobacco, high blood pressure, or any other health risk. (Afshin et al, 2019)

• Malnutrition costs the global economy $3.5 trillion annually. (World Bank, 2017)

• Among all health interventions, experts in health economics agree that:
  - Many nutrition interventions are highly cost-effective to prevent disease and mortality
  - Nutrition interventions particularly benefit the poorest, most vulnerable and marginalized groups. (Watkins, 2017)

No country can achieve UHC without investing in essential nutrition actions, and good nutrition for all cannot be achieved without UHC
Anaemia prevention programmes: iron & folic acid supplementation for pregnant women, weekly & and folic acid supplementation for adolescent boys and girls.
SIX BUILDING BLOCKS OF A PEOPLE-CENTERED HEALTH SYSTEM
Inclusion of anaemia goals, targets or indicators in health sector plans

Source: Global Nutrition Policy Report 2. WHO, 2018
ANAEMIA PREVENTION: MEDICINES & TECHNOLOGIES

N=137 countries Source: https://global.essentialmeds.org/dashboard/countries, unpublished analysis
ANAEMIA PREVENTION: SERVICE DELIVERY

Coverage iron supplementation

- Pregnancy:
  - Low income: 30.0
  - Lower middle income: 36.0
  - Upper middle income: 41.0

- Children:
  - Low income: 14.9
  - Lower middle income: 13.4
  - Upper middle income: 17.2

No data for non-pregnant women of reproductive age

ANAEMIA PREVENTION: FINANCING

• Although we have fairly robust estimates of what it will cost to scale anemia prevention interventions (World Bank, 2017), it is not possible to get an accurate picture of spending or financing for anemia prevention from existing public expenditure reviews and national health accounts.

• WHO Global Health Expenditure Data suggest that spending on interventions to prevent vitamin and mineral deficiencies is the lowest in health – but this can’t be tied to services and capacity to provide universal coverage.

• Commitments to improve the way that we account for financing and domestic spending in nutrition and new results-based financing mechanisms -- are priorities being discussed now in the lead up to the 2020 Japan Nutrition for Growth Summit.

• Recent announcements at UNGA on new financing partnerships for nutrition are promising and need to be replicated.
ANAEMIA PREVENTION: REMAINING BUILDING BLOCKS

• Human Resources (data from Global Nutrition Policy report 2):
  • Low density of nutrition professionals: median of 2.3 per 100,000 population. Thus, delivery relies heavily on other health professionals.
  • 80% or more countries reported that health workers receive training in Maternal Infant and Young Child Nutrition
  • Pre-service training dedicated to MIYCN is generally < 20 hours.

• Information Systems
  • Iron supplementation coverage and anemia testing are included in the DHS (with some enhancements in DHS-8)
  • However, tracking progress toward UHC will require high quality information in captured within health management information systems – and used to improve service delivery.
  • UNICEF/WHO are leading an effort to strengthen the quality of nutrition data in administrative data systems – including data on anemia interventions.
What to do?

- Governance & leadership: Ensure anaemia prevention interventions are part of the package of essential health services as part of national health plans and UHC roadmaps, with clear goals, targets, and indicators.
- Nutrition workforce: Ensure that health workers are properly trained on the appropriate delivery of anaemia prevention interventions across the life-course, and that they receive integrated supportive supervision and mentoring.
- Service delivery of cost-effective nutrition package: There are cost effective interventions for anaemia prevention, but it’s necessary to increase their effective coverage of essential nutrition actions through the health system, with a focus on reaching those most left behind.
- Access to essential nutrition actions: Include WIFAs and MMS in the global and national essential medicines lists. Work on improving the supply chain.
- Financing: Allocate domestic resources to integrated anaemia prevention interventions across the life course - especially ANC, children. Improve budgeting and expenditure tracking at subnational level.
- Nutrition information systems: Enhance nutrition information systems to include anaemia intervention coverage and quality indicators. Use data to track progress toward universal coverage.
QUESTIONS