

# UNICEF Nutrition Strategy 2020-2030

## Agenda

### **1. UNICEF, for Every Child: Nutrition Strategy 2020-2030 (10')**

Nita Dalmiya, Senior Nutrition Adviser

### **2. UNICEF's approach to Maternal Nutrition (10')**

Nita Dalmiya, Senior Nutrition Adviser

### **3. UNICEF's approach to Treatment of Child Wasting and Emergency Programming (10')**

Saul Guerrero, Senior Nutrition Adviser







# NUTRITION, FOR EVERY CHILD

UNICEF Nutrition  
Strategy 2020–  
2030

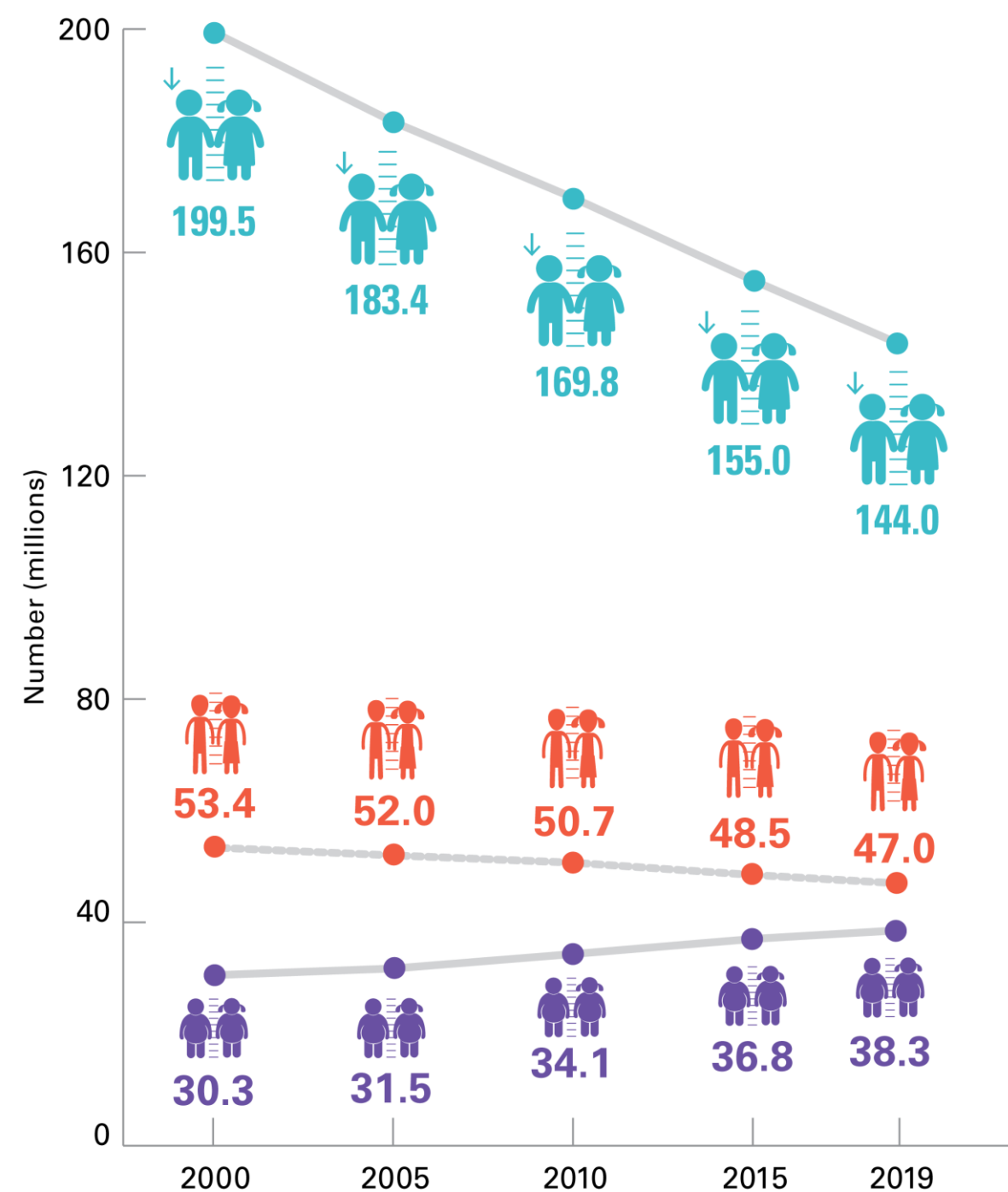
unicef   
for every child



# Child Malnutrition Today

**Historic progress** has been made for child nutrition:

Number (millions) of malnourished under 5, 2000–2019



## Stunting prevalence

Declined by **one third** since 2000



## Stunting numbers

**55 million** fewer stunted children than in 2000



## Breastfeeding

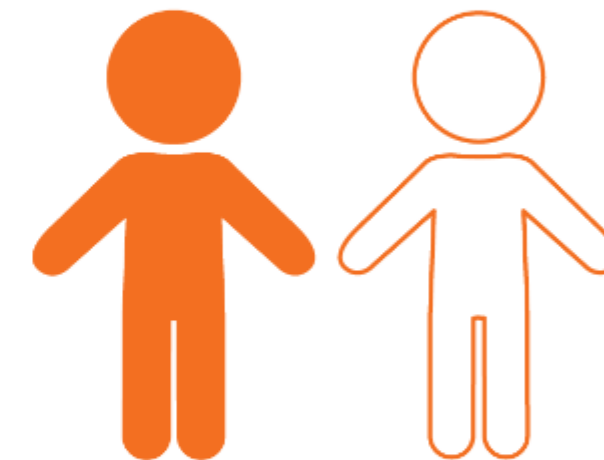
**80 million** more children exclusively breastfed today than in 2000

# Child Malnutrition Today

At least  
**1 in 3 children**  
is not growing well  
because of malnutrition



At least  
**1 in 2 children**  
suffers from deficiencies  
in essential micronutrients



At least  
**2 in 3 children**  
are not fed the minimum diet  
they need to grow healthy.



# Goal 2020-2030

## UNICEF's Goal

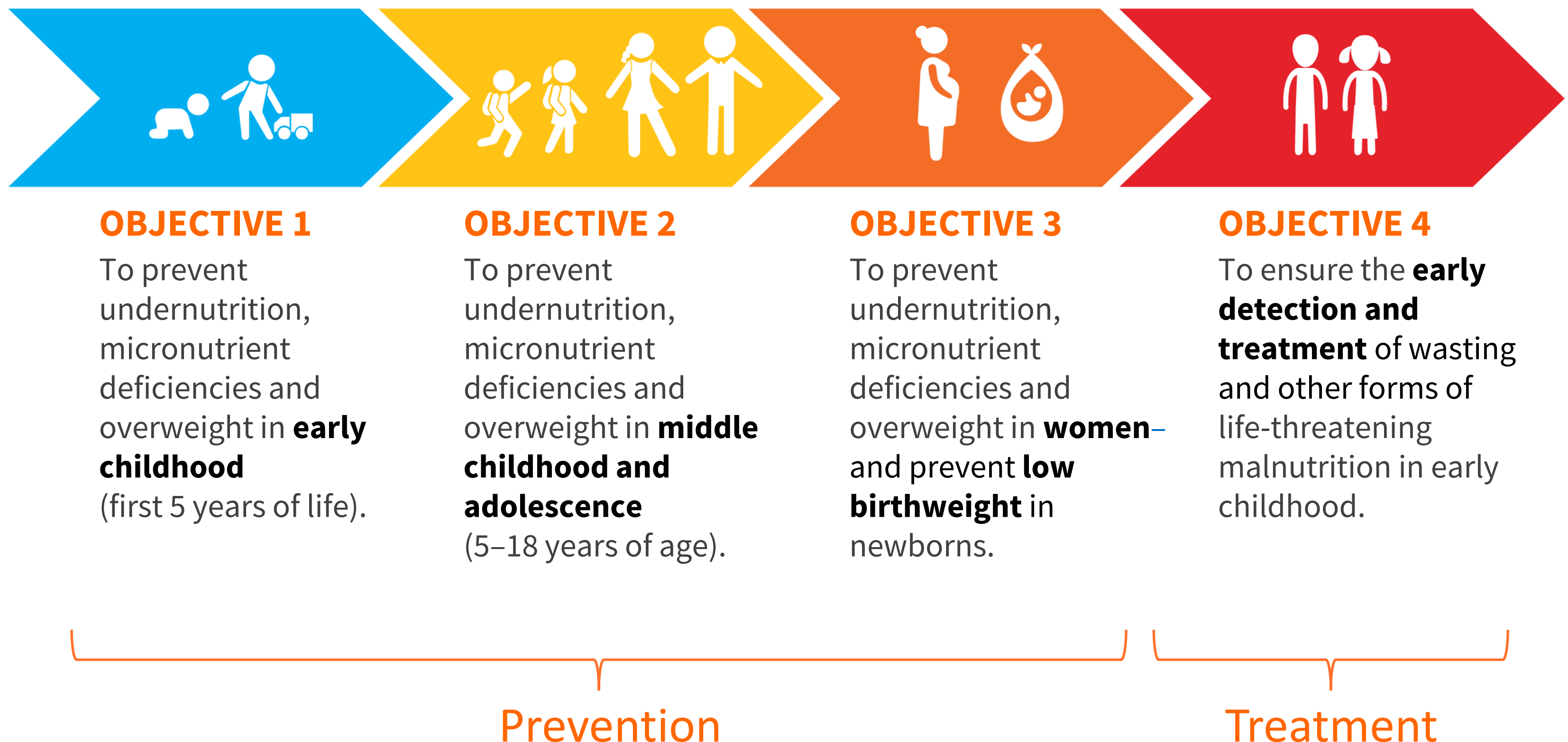
To protect and promote **diets, services** and **practices** that support optimal nutrition, growth and development for all children, adolescents and women

Supports the goal of the **2030 Agenda for Sustainable Development** to ensure children's access to nutritious diets and to end child malnutrition in all its forms.



# Objectives 2020-2030

Universal premise of UNICEF Nutrition Programmes:  
**Prevention** comes first, in all contexts. If prevention fails, **treatment** is a must



# Programming approaches



## Situation Analysis

Identifying scope and scale of UNICEF's support to national policies and programmes.



## Policy, strategy and legislation

Developing national frameworks that foster an enabling environment for good nutrition.



## Advocacy

Influencing decision makers, stakeholders and relevant audiences.



## Capacity development

Strengthening the capacity of individuals, organizations and societies.



## Community engagement

Empowering and mobilizing communities to collectively participate in decision making.



## Programme design and scale-up

Developing theories of change and detailed scale-up implementation plans.



## Supply provision

Making essential nutrition supplies available, accessible and affordable, in all contexts.



## Mobilizing financing for nutrition

Increasing domestic government financing, donor assistance, and innovative mechanisms.



## Data, monitoring and learning






Generating, analyzing, using and sharing the latest data, information and knowledge.



## Working with partners

Investing in strategic partnerships, UN agencies, private sector, civil society organizations, etc.

# Our results depend on quality and affordable nutrition supplies

	<b>1. Early childhood nutrition</b> Prevention of malnutrition in children under five years of age.	<ul style="list-style-type: none"><li>• Micronutrient supplements/syrups powders (Vitamin A, iron, micronutrient powders)</li><li>• Specialized foods (Sq-LNS)</li><li>• Infant formula (ready to use, powdered)</li></ul>
	<b>2. Nutrition in middle childhood and adolescence</b> Prevention of malnutrition in children aged between 5 and 19 years old.	<ul style="list-style-type: none"><li>• Weekly iron and folic acid supplements</li></ul>
	<b>3. Maternal nutrition</b> Prevention of malnutrition in women during pregnancy and breastfeeding, and prevention of low birthweight.	<ul style="list-style-type: none"><li>• Micronutrient supplements (Iron/folic acid, Multiple Micronutrients, Calcium)</li><li>• Deworming tablets</li><li>• Balanced Energy and Protein supplements</li></ul>
	<b>4. Care for children with wasting</b> Early detection and treatment of child wasting in early childhood.	
	<b>5. Maternal and child nutrition in humanitarian action</b> Nutrition programming in emergencies guided by UNICEF's CCC and CLA role.	<ul style="list-style-type: none"><li>• Therapeutic milk (F-75, F-100)</li><li>• Ready to Use Therapeutic Food (RUF)</li></ul>



# Maternal Nutrition in UNICEF's Nutrition Strategy 2020-2030

- Prevention of malnutrition in women before and during pregnancy and while breastfeeding
- Central to breaking intergenerational cycle of malnutrition
- A pre-requisite for achieving global goals and targets





# Maternal nutrition programming

## Five programmatic priorities

01

### **EVIDENCE BASED INTERVENTIONS**

Supported by global recommendations

02

### **THE LIFE COURSE**

Before and during pregnancy, and while breastfeeding

03

### **AT-RISK MOTHERS**

Special measures to provide nutrition care for at-risk adolescents and women

04

### **A SYSTEMS APPROACH**

Capacity of different delivery systems for nutrition results

05

### **INNOVATIONS FOR MATERNAL NUTRITION**

Innovation in product development, delivery and measurement



# Quality and affordable maternal nutrition commodities through Supply Division

Nutrition commodities	Description
Iron 30 mg and folic acid 400 mcg tablets	Iron 30 mg (as ferrous fumarate or ferrous gluconate) and folic acid 400 mcg tablets. Available in a 100-count blister pack.
Iron 60 mg and folic acid 400 mcg tablets	Iron 60 mg and folic acid 400 mcg film coated tablets. Available in 100-count and 30-count blister packs and a 100-count bottle.
Iron 60 mg tablets	Iron 60 mg (as ferrous fumarate, gluconate or sulphate) tablets. Available in a 100-count bottle.
Folic acid 400 mcg tablets	Folic acid 400 mcg tablets. Available in 100-count pack.
<b>Multivitamin and mineral tablets</b>	Pregnancy and lactation vitamins and minerals supplement. Based on the United Nations International Multiple Micronutrient Antenatal Preparation (UNIMMAP) formula. Available in a 100-count bottle and 30-count blister pack.
Calcium 300 mg tablets	Calcium 300 mg tablets. Available in a 100-count blister pack.
Mebendazole 500 mg chewable tablets	Mebendazole 500 mg tablets. Available in a 100-count bottle.
Albendazole 400 mg chewable tablets	Albendazole 400 mg chewable tablets. Available in a 100-count bottle.
Supplementary spread for pregnant and lactating women	Supplementary spread for pregnant and breastfeeding women. Lipid-based nutrition supplement, 92 g sachet. Available in a 150-count carton.
Mid-upper arm circumference (MUAC) tape, adult, without colour code	MUAC measuring tape. Pack of 50 tapes with instructions for use.

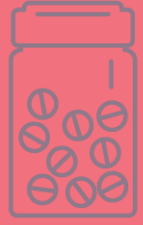


# Multiple Micronutrient Supplements to improve diets, prevent anaemia and low birthweight

- **Mix of 15 micronutrients** to meet nutritional needs of pregnant and lactating women
- **Low cost and cost effective.** US\$ 0.01-0.02/tablet. High return on investment
- **High impact.** Reduces risk of low birth weight (12-13%) above IFA. As effective as IFA in reducing anaemia
- **Larger benefits** among **anaemic** and **underweight women** (19% reduction)
- **Social equalizer.** Offers the same standard of care to all women







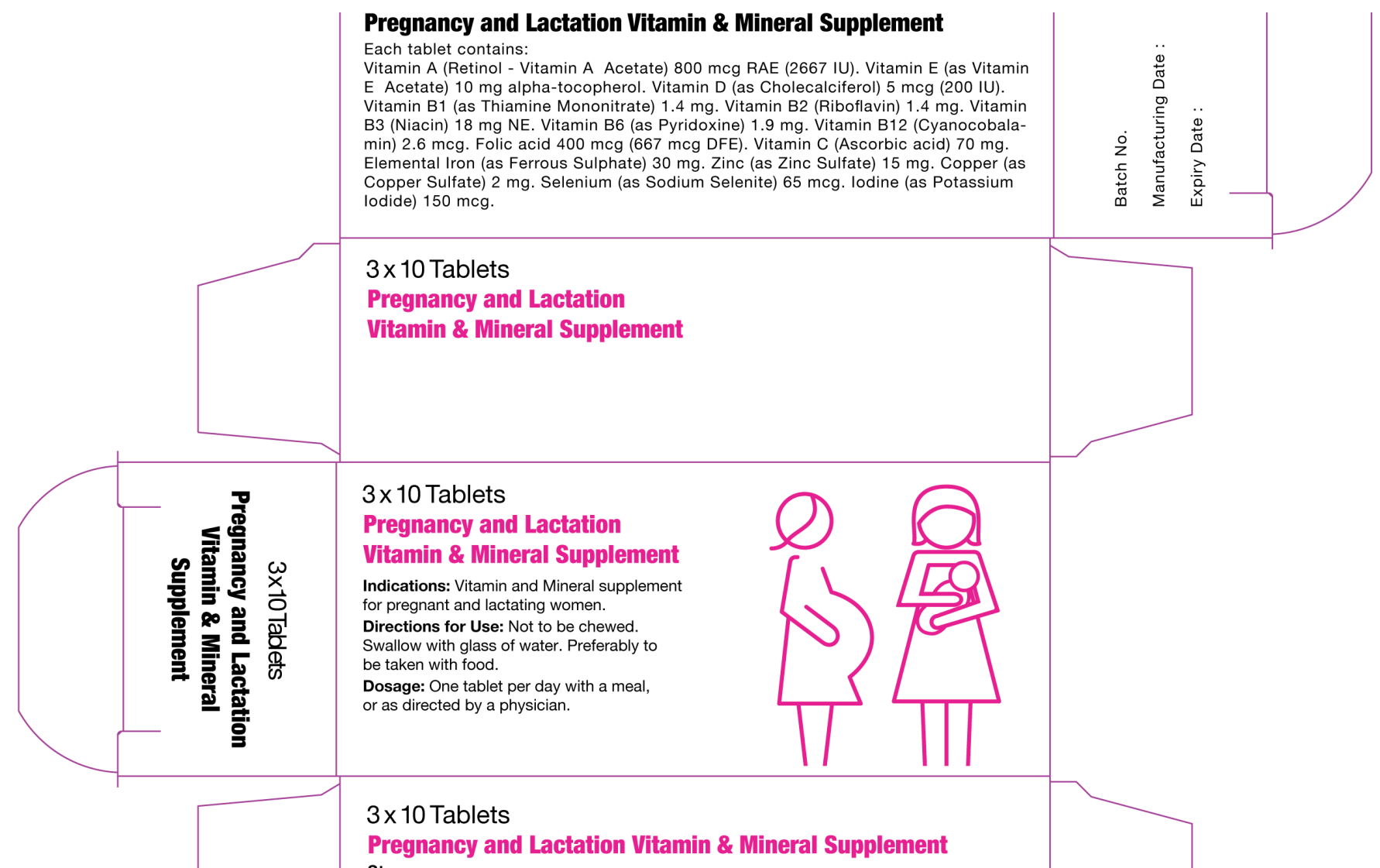
# Creating global and country-level demand for MMS scale-up

- Create a favorable policy environment for MMS
- Technical support to update policies, strategies, and guidelines
- Advocate for increased program and supply resources
- Coordinate with partners to alignment for MMS scale up
- Strengthen MMS integration into antenatal care and expand delivery platforms
- Replicate experiences across countries



# Expanding access to quality, affordable MMS supplies

- Undertake annual MMS forecasting
- Expand global supplier base and feasibility of local production
- Improve quality control of MMS (stability, packaging and labelling)
- Include MMS on national medicine formularies and financing for MMS
- Strengthen national supply chains to prevent stock outs





# Future actions

- Ramp up advocacy to create MMS demand and provide technical support to countries
- Understand future MMS demand to shape global, regional and country markets
- Review technical specifications and regulatory aspects of MMS





Thank you!



# Treatment of Child Wasting and Emergency Programming

Saul Guerrero Oteyza  
Senior Adviser, Nutrition

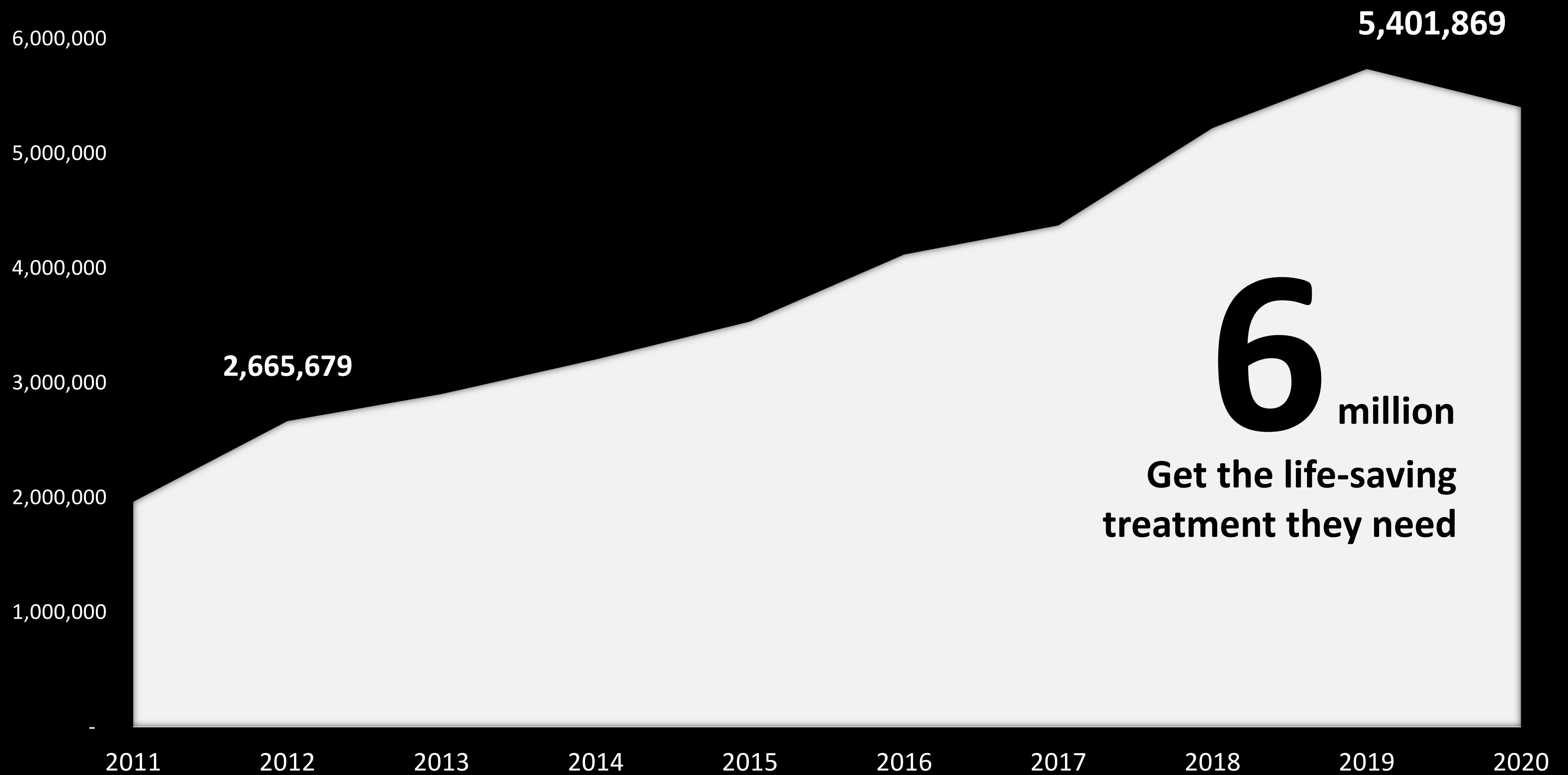




# Treatment of Child Wasting and Emergency Programming

**This is an established area of work for UNICEF, but one that is evolving.**

**There are four important programmatic trends that we expect to accelerate in 2022 and beyond**



**6** million  
Get the life-saving  
treatment they need

1

## MORE CHILDREN

Commitment to scale-up treatment to at least 9 million children by 2025



**We need to make treatment truly equitable, and make it available to hard-to-reach communities currently left behind**

**There is strong evidence that most of the children in need of treatment can be treated in their homes, without ever setting foot in a health facility**



1

## MORE CHILDREN

Commitment to scale-up treatment to at least 9 million children by 2025

2

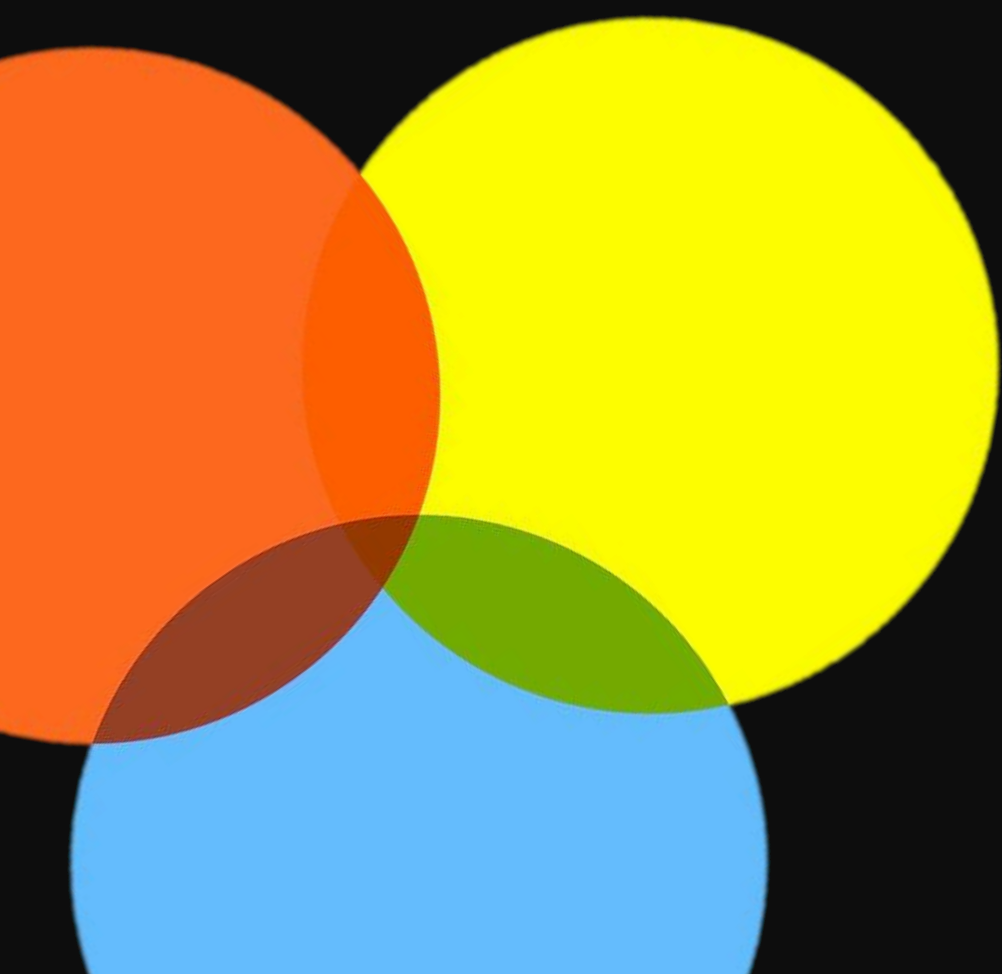
## MORE DECENTRALIZATION

More treatment being delivered by Community Health Workers (CHWs)

**The trend towards more integrated, simpler treatment approaches  
has only accelerated during COVID-19**

**An increasing number of national governments are  
adopting/changing guidelines that see wasting treated as a single  
condition, regardless of the severity**

**Further consolidation of treatment services and associated products  
is expected**



1

## **MORE CHILDREN**

**Commitment to scale-up treatment to at least 9 million children by 2025**

2

## **MORE DECENTRALIZATION**

**More treatment being delivered by Community Health Workers (CHWs)**

3

## **MORE COHERENCE**

**More focus on simplified treatment of wasted children at higher risk of dying.**



**Our emergency response has traditionally focused on treating child wasting and addressing the manifestations of these crises**

**But we are committed to strengthening our preventative work, not just for children U5, but across the 1,000 day window**



1

## **MORE CHILDREN**

**Commitment to scale-up treatment to at least 9 million children by 2025**

2

## **MORE DECENTRALIZATION**

**More treatment being delivered by Community Health Workers (CHWs)**

3

## **MORE COHERENCE**

**More focus on simplified treatment of wasted children at higher risk of dying.**

4

## **MORE HOLISTIC EMERGENCY RESPONSES**

**More preventative programming and more emphasis on nutrition needs across the life-cycle**