

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



A close-up photograph of a young child with dark hair, laughing heartily with their mouth wide open. They are wearing a red ribbed sweater over a blue and white checkered shirt. The background is a solid blue.

NUTRITION, FOR EVERY CHILD

UNICEF Nutrition
Strategy 2020–
2030



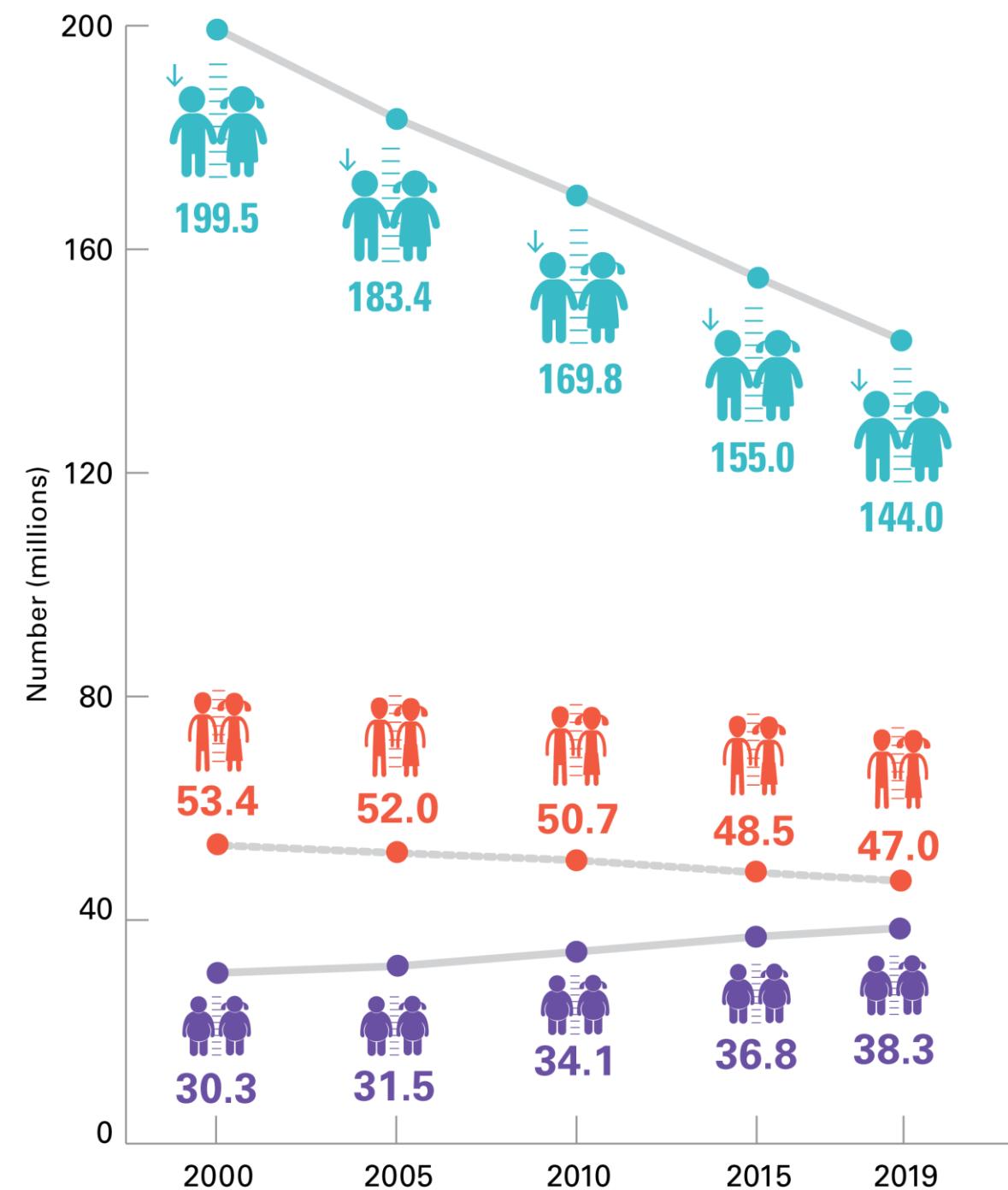
The UNICEF logo, featuring the word "unicef" in a lowercase sans-serif font next to a stylized globe icon composed of a network of lines.

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

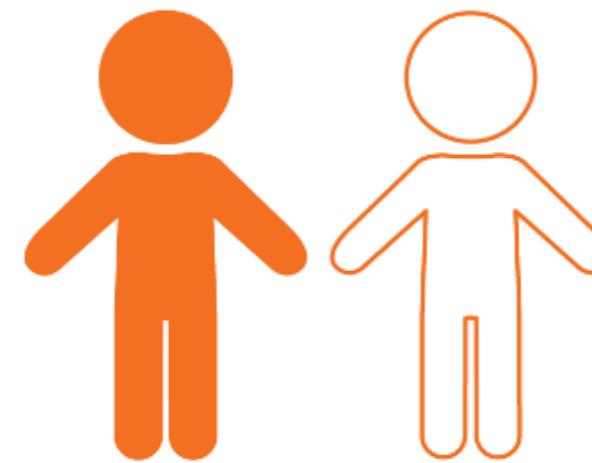
80 million more children exclusively
breastfed today than in 2000

Child Malnutrition Today

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



**At least
1 in 2 children
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



OBJECTIVE 1

To prevent undernutrition, micronutrient deficiencies and overweight in **early childhood** (first 5 years of life).

OBJECTIVE 2

To prevent undernutrition, micronutrient deficiencies and overweight in **middle childhood and adolescence** (5–18 years of age).

OBJECTIVE 3

To prevent undernutrition, micronutrient deficiencies and overweight in **women**—and prevent **low birthweight** in newborns.

OBJECTIVE 4

To ensure the **early detection and treatment** of wasting and other forms of life-threatening malnutrition in early childhood.

Prevention

Treatment

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

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

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.
Multivitamin and mineral tablets	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



A photograph showing a woman in a green headwrap holding a baby. A health worker in a white uniform with a Uganda flag patch on the sleeve is examining the baby. The background shows a wall with a red and yellow patterned cloth.

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

6,000,000

5,401,869

5,000,000

4,000,000

3,000,000

2,665,679

2,000,000

1,000,000

2011

2012

2013

2014

2015

2016

2017

2018

2019

2020

6 million

Get the life-saving
treatment they need

unicef 
for every child

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

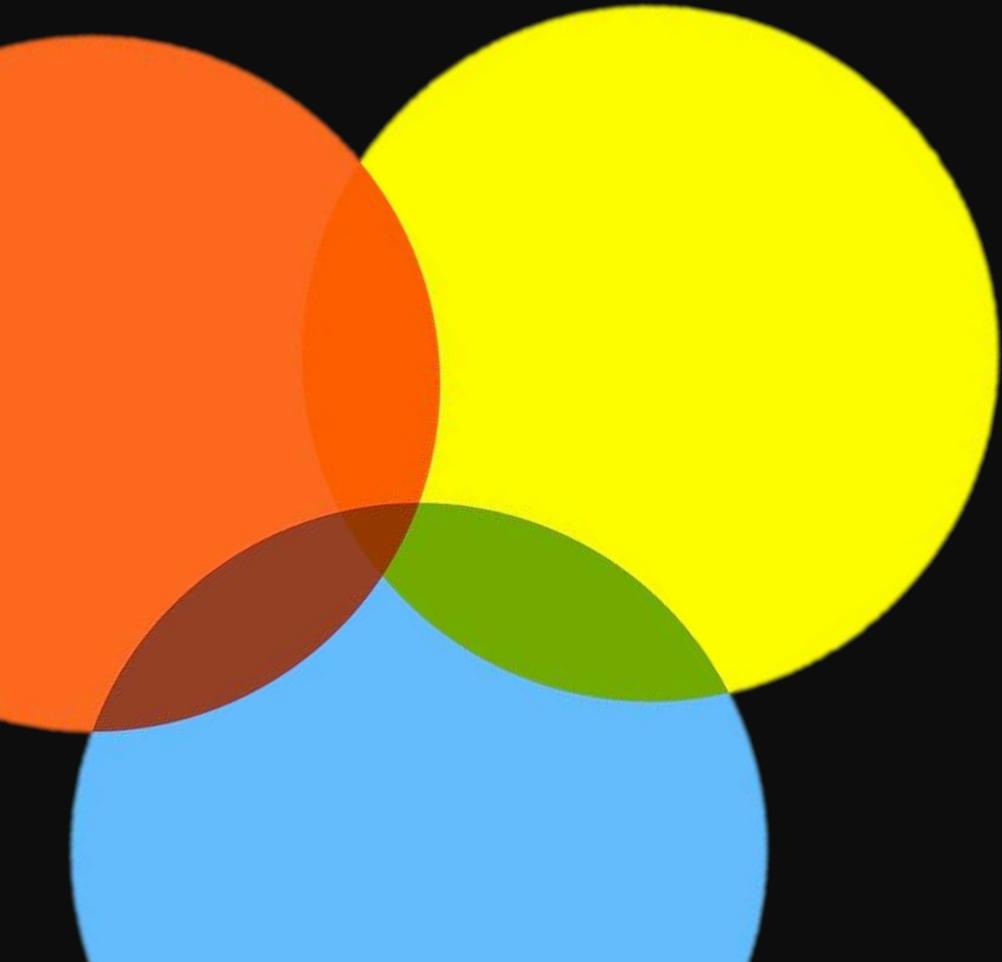
2 MORE DECENTRALIZATION

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



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2 MORE DECENTRALIZATION

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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