



European Commission



NUTRITION QUICK TIPS SERIES

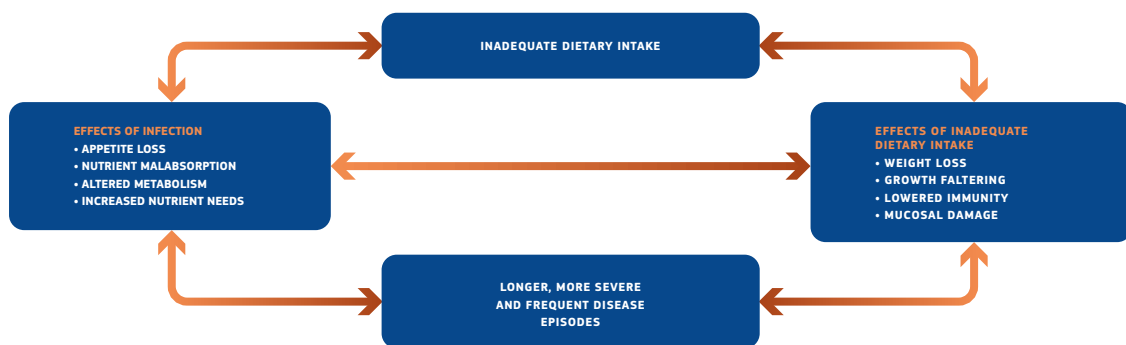


HEALTH AND NUTRITION

Supporting the scaling up, improved quality and effective delivery through the health sector of both high-impact nutrition-specific interventions and nutrition-sensitive interventions¹ can contribute to sustainable improvements in maternal, adolescent girls' and child health and nutrition. This is essential to the achievement of SDG 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture) as well as SDG 3 (Ensure healthy lives and promote well-being for all at all ages) by 2030 and to the achievement of the World Health Assembly targets on nutrition² and universal health coverage (UHC)³.

Integration of nutrition within health services could be defined as 'the extent of adoption of nutrition interventions (e.g. promotion of Infant and Young Child Feeding, micronutrient supplementation, treatment of acute malnutrition) into critical health system functions.'⁴ However, there is no specific successful 'model' for the integration of nutrition into health systems, as this is dependent on contexts, priorities, types of interventions required and the stage of UHC achieved.

Figure 1: The vicious infection-malnutrition cycle⁵



1 Nutrition-specific interventions refer to interventions that address the immediate determinants of foetal and child nutrition and development. These can include promotion of adequate food and nutrient intake; feeding, caregiving and parenting practice; and prevention of infectious diseases. Examples are breastfeeding promotion, disease management and treatment of acute malnutrition in emergencies. Nutrition-sensitive interventions influence the underlying determinants of nutrition. For example, water, sanitation and hygiene; agriculture; social protection education; and women's empowerment.

2 <https://www.who.int/publications/i/item/WHO-NMH-NHD-14.2>

3 Strengthening Integration of Nutrition within Health Sector Programmes. An Evidence-based Planning Resource (European Commission). Bush and Keylock, NutritionWorks 2018.

4 ENN 2019, Nutrition and Health Integration: A Rapid Review of Published and Grey Literature.

5 Bush and Keylock 2018. Ibid.

A reciprocal and mutually reinforcing relationship exists between adequate nutrition and good health. Conversely, as shown in Figure 1, a poor diet and nutritional status lead to a deterioration in health which in turn impacts on nutritional status, resulting in a vicious cycle of infection and malnutrition. Diet has been identified as a top risk factor in the global burden of disease⁶.

Forty-five percent of infant and child deaths are associated with undernutrition, and maternal malnutrition is linked to 800 000 neonatal deaths per year⁷. Many low- and middle-income countries (LMICs) are now facing a 'double burden' of malnutrition: as well as dealing with problems related to infectious diseases and undernutrition, they are also experiencing a rapid rise in unhealthy diets, obesity and overweight as well as diet-related non-communicable diseases (NCDs), particularly in urban setting⁸. The COVID-19 pandemic and associated disruptions to essential health and nutrition services have exacerbated this situation.

The World Health Organisation (WHO) acknowledges that 'coherent multi-sectoral action is required to make meaningful progress towards achieving the nutrition and health related SDGs, especially to make universal health coverage a reality' and states that 'no country can achieve Universal Health Coverage (UHC) without investing in essential nutrition'⁹. The Global Nutrition Report 2020 highlights how a current narrow medical focus of primary healthcare (PHC) on treatment ignores important causes of disease, including diet and lifestyle.

Poor diets and all forms of malnutrition are leading health challenges, resulting in increased disability and death, growing inequalities, high healthcare costs and environmental implications, compelling governments to act and recognise the scale of malnutrition burdens. Integrating nutrition actions into health systems to promote healthy diets potentially prevents and addresses undernutrition as well as diet-related chronic diseases and is highly cost-effective, leading to subsequent health gains¹⁰.

Health systems represent a key channel for the delivery of nutrition-specific interventions as part of ongoing, regular healthcare. However, reliance on weak health systems can overload health staff and a lack of capacity in nutrition can result in poor quality services and outcomes¹¹. Although there is general agreement on the required package of nutrition interventions (see below), knowledge and guidance on integration of nutrition in health systems is limited, with scarce data and information available about integrated programmes. There is also a lack of global agreement on definitions, frameworks and minimum standards for integrating nutrition-specific interventions into health service delivery. The package of nutrition interventions to be integrated depends on the state of the health system, national plans and priorities relating

to nutrition, available resources, revenue generation, as well as context-specific causes of malnutrition. Considerations of equity, quality and protection of service-users against financial risk should also be taken into account.

A number of key reference documents describe packages of nutrition-specific interventions to be integrated within health systems¹². They differ in overall content, but all typically include the following 10 interventions:

Optimal maternal nutrition during pregnancy

- Maternal multiple micronutrient supplements to all;
- Calcium supplementation to mothers at risk of low intake;
- Maternal balanced energy protein supplements as needed;
- Universal salt iodisation.

Infant and young child feeding (IYCF)

- Promotion of early, exclusive breastfeeding for 6 months, continued breastfeeding until 24 months;
- Appropriate complementary feeding education in food-secure populations and additional complementary food supplements in food-insecure populations.

Micronutrient supplementation in children at risk

- Vitamin A supplementation between 6 and 59 months of age;
- Preventive zinc supplementation at ages 12-59 months.

Management of acute malnutrition

- Supplementary feeding for moderate acute malnutrition;
- Management of severe acute malnutrition.

Of these interventions, those commonly integrated within health systems include vitamin A and iron folate supplementation. Some other interventions are most often implemented in parallel, in particular treatment of acute malnutrition and IYCF counselling (including promotion of exclusive breastfeeding). Finally, interventions not listed above include treatment of malaria in pregnancy, deworming, research, capacity development, policy development and monitoring and evaluation in support of these interventions. Common platforms for integrating these nutrition-related interventions include integrated management of childhood illnesses (IMCI), integrated community case management (iCCM), ante/post-natal care, treatment of moderate and severe acute malnutrition, immunisation, child health days, information,

6 Global Burden of Disease 2017: Health Effects of Dietary Risks in 195 countries. Harvard University 2019. <https://repository.gheli.harvard.edu/repository/12971/>

7 ENN 2019. Ibid.

8 WHO Obesity and Overweight Fact Sheet 2021.

9 WHO 2019. Nutrition in Universal Health Coverage.

10 Global Nutrition Report 2020. Chapter 3: Mainstreaming nutrition within universal health coverage.

11 MQSUN+ 2020. Nutrition within the health system – Moving Towards Universal Health Coverage.

12 These include: WHO Essential Nutrition Actions Through the Life Course; CRS Purpose Code 12240; World Bank Global Investment Framework for Nutrition; Lancet Series 2013 + 2021 on Child and Maternal Undernutrition (see comment above).

education and communication (IEC) and the Baby Friendly Hospital Initiative (BFHI), although some nutritionally vulnerable groups are not served through these platforms, e.g. adolescent girls and older people. The above-mentioned activities form only a small part of nutrition-related interventions, which can be carried out in several

sectors including health, food systems, WASH, education, social protection, early childhood development and the business/private sector (referred to as nutrition-sensitive interventions). It is critical that actions to integrate nutrition and health are underpinned by collaboration with actors and interventions of other sector systems.

EU commitments on universal health care and nutrition

Through international partnerships, the EU is 'committed to help achieve the WHO's goal of reaching 1 billion more people benefiting from UHC by 2023'¹³. Strong emphasis is placed on national ownership in terms of 'supporting our partner countries in identifying qualitative and necessary health services, enhancing access to these

services, and taking the necessary measures to ensure that seeking quality healthcare does not result in further impoverishment'. The EU also has a long-standing commitment to ensuring a multi-sectoral, rights-based and locally adapted approach to tackling undernutrition as well as ending malnutrition in all its forms.

Strategies



Integrating nutrition through the health systems building blocks

Salam et al (2019)¹⁴ and the Global Nutrition Report 2020¹⁵ propose guidance on the mainstreaming of nutrition interventions into the six **health systems building blocks**, summarised below:

- **Building block 1 – governance:** evidence-based nutrition interventions are integrated into national health policies and strategies.
- **Building block 2 – finance:** nutrition interventions are costed and funds are allocated through domestic healthcare financing.
- **Building block 3 – health workforce:** health facilities and community health workers (CHWs) have the capacity to provide nutrition services through increasing the number of qualified nutrition professionals and providing nutrition education for healthcare workers.

- **Building block 4 – access to health commodities and supply chain management:** existing infrastructure and commodity supply chains are used for nutrition interventions; nutrition products are included in 'essential medicines' lists.
- **Building block 5 – health service delivery:** existing facility and community health workers offer quality nutrition services, with regular monitoring and evaluation.
- **Building block 6 – health information systems:** health records are optimised for the collection and analysis of population nutrition indicators and information on nutrition status and coverage of nutrition services is integrated into and disseminated by national health information systems.

Following the framework proposed above, the EU can provide policy and programme support for improved nutrition across the health systems building blocks, through the following actions/strategies:



Leadership and governance

- Support/promote the inclusion of healthy diets and nutrition in health policies and plans and fostering a holistic preventative approach in addition to treatment.
- Support the development of relevant national guidelines, regulation and legislation relating to nutrition.
- Support the establishment of and participation in nutrition working groups (e.g. national nutrition council/technical committee), with an emphasis on working collaboratively and across sectors to ensure that the health sector works with other nutrition-related sectors.
- Support partners (NGOs) to work/integrate/develop capacity with government, not bypass it – promote ownership.
- Include management of wasting in an essential package of health services.
- Engage civil society and local governments in implementation of and advocacy for nutrition services.

13 https://ec.europa.eu/international-partnerships/topics/universal-health-coverage_en

14 Salam, Das and Bhutta. Integrating nutrition into health systems: what the evidence advocates. *Maternal and Child Nutrition* 2019;15(S1):e12738

15 GNR 2020. Framework for equitable integration of nutrition within health systems (Figure 3.1).



Finance

- Align health financing arrangements with nutrition objectives¹⁶.
- Provide incentives for countries to use health system strengthening grants to improve integration of nutrition alongside other essential services including immunisation¹⁷.
- Include a costed and well-defined set of nutrition services in the UHC benefits package.
- Support government management of finance for nutrition, e.g. through budget support, pooled/matched funding.
- Increase domestic nutrition investment through innovative fiscal policies and strategic advocacy on saving future healthcare costs through improved nutrition¹⁸.
- Support tracking and monitoring of and accountability for nutrition-related financing, including measures to deploy existing nutrition resources more effectively, efficiently and equitably.
- Support increased coordination/coherence between nutrition and health financing.



Health workforce

- Support both pre- and in-service capacity development strategies for a range of health workforce staff, based on a sound assessment/understanding of nutrition needs and priorities.
- Support health staff to take on nutrition-related responsibilities and include nutrition representatives in health strategy and planning discussions.
- Identify/promote opportunities to strengthen capacity and develop closer collaboration across sectors at the community level, delivering on a common nutrition agenda through agriculture, health, WASH and social services and education (school meals, deworming, nutrition counselling for pregnant women and addressing food taboos, etc).
- Develop emergency response plans to ensure adequate workforce coverage during emergencies.



Access to essential medicines/supply chain management

- Support quality assurance and storage of nutrition-related supplies.
- Promote/support sustainable and coordinated supply/delivery of nutrition-related supplies.
- Support integration of health and nutrition-related supply chains and commodities within health systems.
- Support capacity development to improve country ability to estimate supply chains.
- Support to food systems in assisting nutrition-related supply chains¹⁹.
- Minimise the environmental footprint by ensuring adequate waste management and reduction in CO2 emissions.

16 Subandoro A.W. et al. World Bank 2020. Positioning Nutrition Within UHC: optimizing health financing levers.

17 GAVI/SUN, 2021. Equity from birth. An Integrated Approach to Immunisation and Nutrition – Policy Brief. https://scalingupnutrition.org/wp-content/uploads/2021/10/Gavi_Policy-Brief-Gavi-SUN_En.pdf

18 Ibid.

19 Refer also to Nutrition-sensitive food production and Nutrition-sensitive value chains Quick Tips.



Health services delivery

- Support strategies to increase the range and coverage of nutrition interventions delivered through health facilities (e.g. through mainstreaming in ante- and post-natal care).
- Identify mechanisms to improve the integrated delivery of health, nutrition and other sector services – e.g. vitamin A supplementation, deworming, nutrition screening and counselling/behaviour change communication, etc.
- Explore opportunities to jointly roll out nutrition interventions and immunisation services²⁰.
- Link IYCF and nutrition counselling to ante- and post-natal visits and include caregiver education on wasting, risks and prevention.
- Integrate community-based management of acute malnutrition (CMAM) (including prevention strategies) as part of IMCI/iCCM package.
- Leverage services such as sexual and reproductive health to improve nutritional status of women, adolescent girls and newborns (e.g. through promotion of birth-spacing to allow replenishment of maternal nutrient stores and sufficient time to care for each infant; prevention of pregnancy during adolescence when nutrient requirements are high for both mother and child, preventing maternal malnutrition and babies born with low birthweight).
- Link routine growth monitoring to strategies to address growth faltering.



Health information systems

- Support the inclusion of/define mechanisms to include nutrition indicators/monitoring data within routine health data systems which provide information around health/nutrition linkages, type/extent of malnutrition, location, determinants.
- Support systems which feed nutrition monitoring results back to decision-makers to inform actions, priority groups (e.g. NIPN model²¹) in a timely manner.
- Provide support to improve nutrition data quality and disaggregation, e.g. by gender, age, population group, etc.



Further information

- Bush and Keylock, NutritionWorks 2018. Strengthening Integration of Nutrition within Health Sector Programmes. An Evidence-based Planning Resource (European Commission).
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- Perez-Escamilla R. and C. Engmann. Integrating nutrition services into health care systems platforms: Where are we and where do we go from here. Maternal and Child Nutrition, 2018. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7198949/>
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²⁰ GAVI/SUN, 2021. Ibid.

²¹ The [National Information Platform for Nutrition](#) (NIPN) initiative was launched in 2015 with the aim to support partner countries that are part of the global Scaling Up Nutrition (SUN) movement to deliver evidence-based programmes and interventions to improve human nutrition in their progress towards SDG 2. The main objective of the NIPN initiative is to strengthen countries' analysis of nutrition information and data to better inform policies and programmes for improving nutrition through a country-led and a country-owned approach.

Relevant EU-funded actions that represent case studies for health and nutrition

- Sectoral Health Budget Support Programme in Burkina Faso (PAPS II)
- Food and Nutrition Security (FNS) Sector Reform Contract – EUROSAN Local Development (DeL) in Honduras
- [Strengthening National Nutrition Information Systems](#) (EC-NIS) in five countries (Côte d'Ivoire, Ethiopia, the Lao People's Democratic Republic, Uganda and Zambia).

The projects without a link can be studied further in the annex of the [6th Progress Report on the Action Plan on Nutrition](#) or [Projects that Work for Improved Nutrition](#).

The new OECD-DAC policy marker on nutrition was approved by the OECD DAC for ODA reporting in 2019 with the support of the Commission and Member States. According to this marker, 'a project should be identified as nutrition related when it is intended to address the immediate or underlying determinants of malnutrition'. An OECD-DAC Nutrition Policy Marker Handbook is available.

The EU is a global leader in promoting gender equality as a key political objective of its external action and common foreign policy, aimed at accelerating progress towards the SDGs. By 2025, 85% of new EU actions should contribute to achieving the objective of gender equality and women's empowerment, with more actions including it as a main objective. Please refer to [Quick Tips: Nutrition, gender equality and women's empowerment](#).

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