

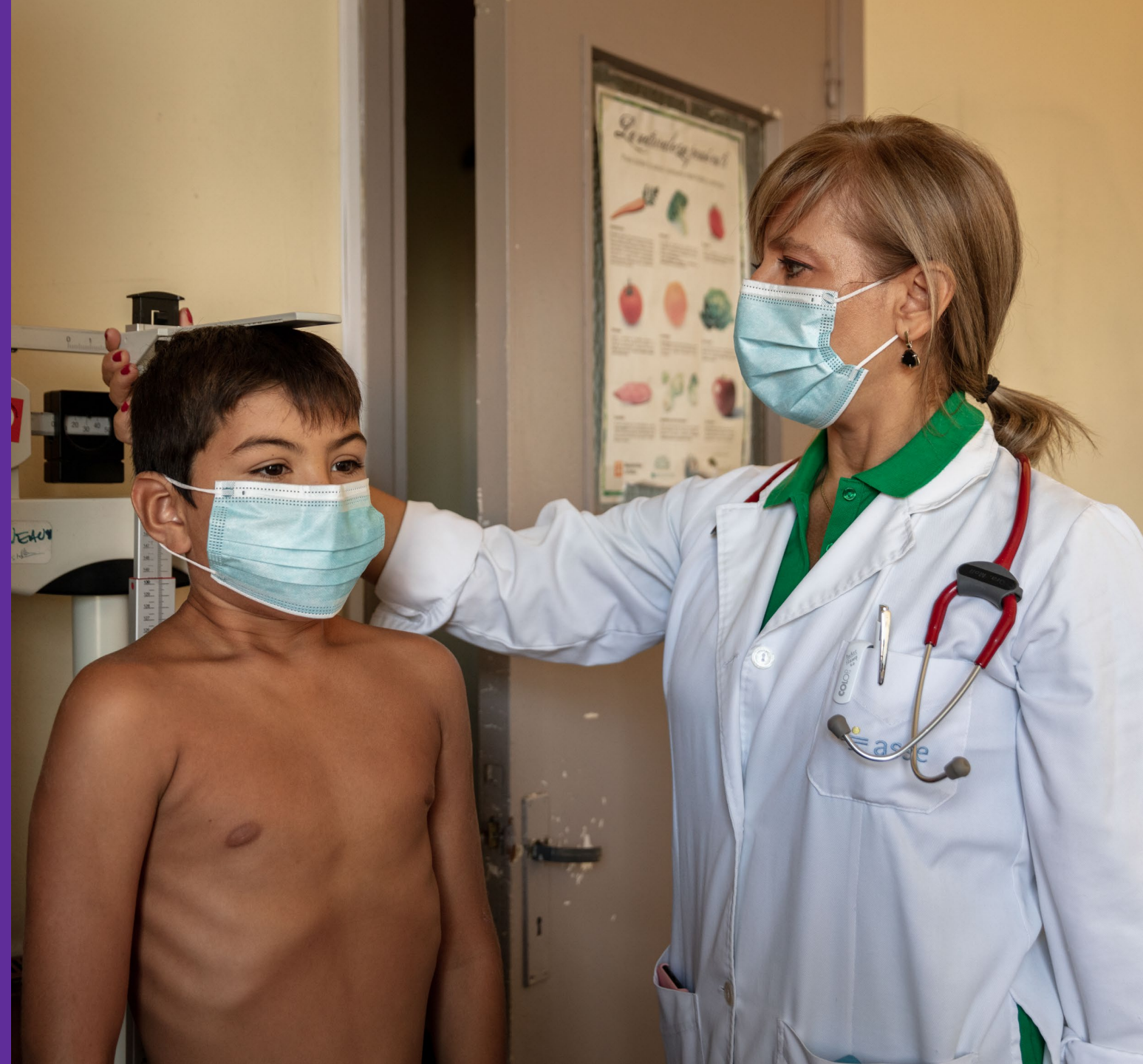


Global and Regional Differences in the Double Burden of Malnutrition Among Children & Adolescents in LMICs

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Director, Nutrition and Food Safety

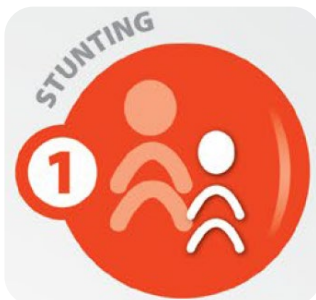
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Multiple forms of malnutrition



Stunting in children < 5 years of age:

Low weight-for-height ($< -2SD$ of the WHO child growth standards)



Overweight in children < 5 years of age :

Weight-for-height $> +2SD$ of the WHO child growth standards



Anaemia in women of reproductive age :

Haemoglobin < 120 g/L (< 110 g/L in pregnant women)



Inadequate breastfeeding:

Not exclusive breastfeeding in children under 6 months of age



Anaemia in women of reproductive age :

Haemoglobin < 120 g/L (< 110 g/L in pregnant women)



Wasting in children < 5 years of age :

Low weight-for-height ($< -2SD$ of the WHO child growth standards)



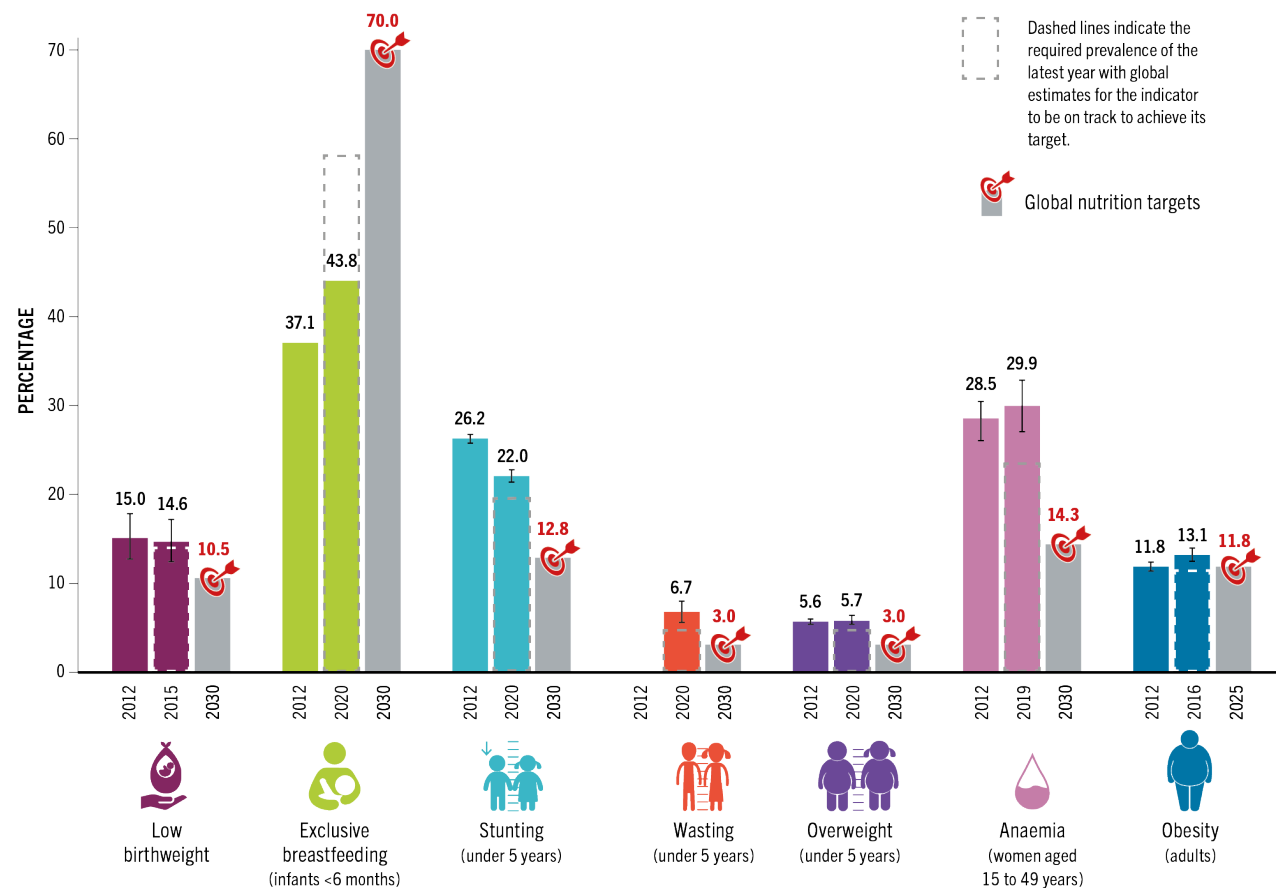
Progress towards targets

Progress has been made towards 2030 global nutrition targets only for exclusive breastfeeding and child stunting

In 2020, 43.8 percent of infants under 6 months were exclusively breastfed – up from 37.1 percent in 2012.

Among children under 5 years of age, an estimated 22 percent were affected by stunting, 6.7 percent by wasting and 5.7 percent by overweight in 2020.

Nearly 30 percent of women aged 15 to 49 years were affected by anaemia in 2019.



FAO, IFAD, UNICEF, WFP and WHO. 2022. *The State of Food Security and Nutrition in the World 2022. Repurposing food and agricultural policies to make healthy diets more affordable.* Rome, FAO

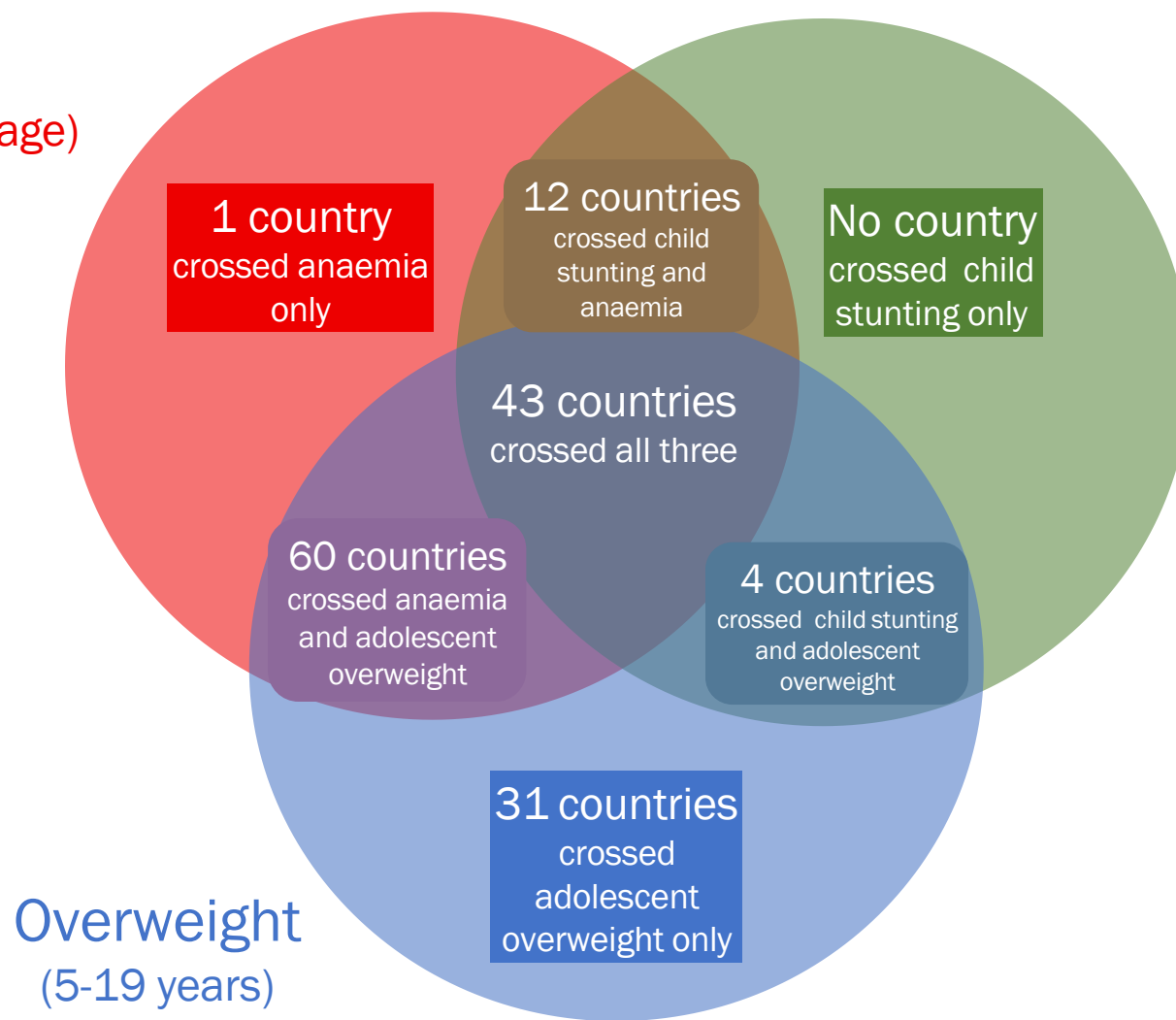


The “new normal”

The coexistence of different forms of malnutrition is the new normal

Anaemia
(Women of reproductive age)

Stunting
(< 5 years)



43 countries
are missing data for at least 1
indicator

No country
was below the threshold for all 3
indicators

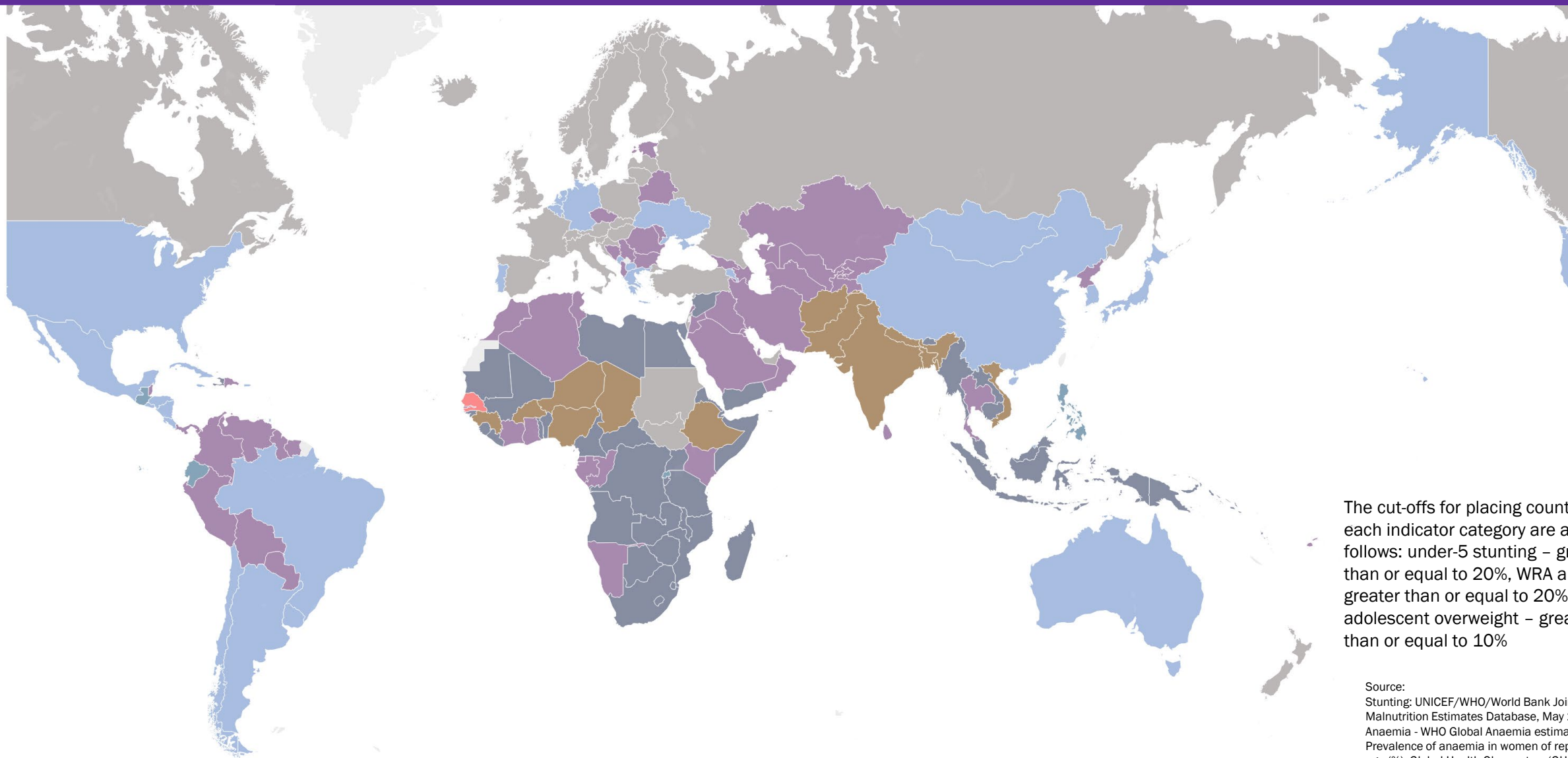
Overweight
(5-19 years)

The cut-offs for placing countries in each indicator category are as follows: under-5 stunting – greater than or equal to 20%, WRA anaemia- greater than or equal to 20% and adolescent overweight – greater than or equal to 10%

Source:
Stunting: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Database, May 2022;
Anaemia - WHO Global Anaemia estimates. Prevalence of anaemia in women of reproductive age (%). Global Health Observatory (GHO) data. Geneva: World Health Organization (<https://www.who.int/data/gho/>);
Overweight: NCD-RisC. Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016. Lancet 2017.(Overweight among children 5 to 19 years, crude estimates)



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© 2022 Mapbox © OpenStreetMap

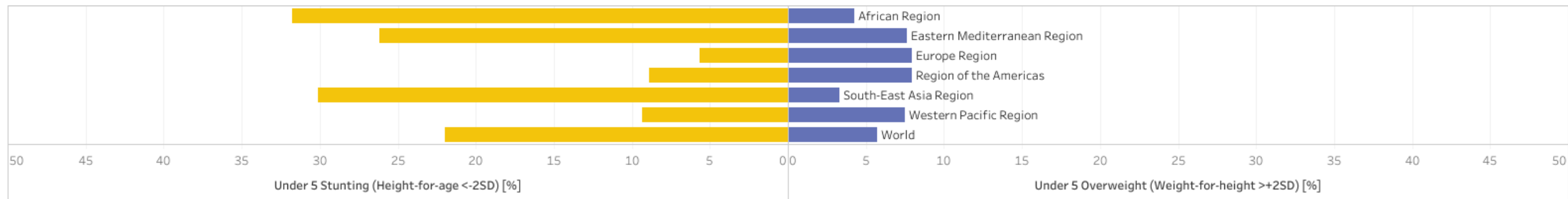
Legend

- Anaemia (WRA) only
- Anaemia (WRA) & Overweight (5-19 years)
- Overweight (5-19 years) only
- Stunting (<5) & Anaemia (WRA)
- Stunting (<5) & Overweight (5-19 years)
- Stunting (<5), Anaemia (WRA) & Overweight (5-19 y..
- Data missing for at least 1 indicator

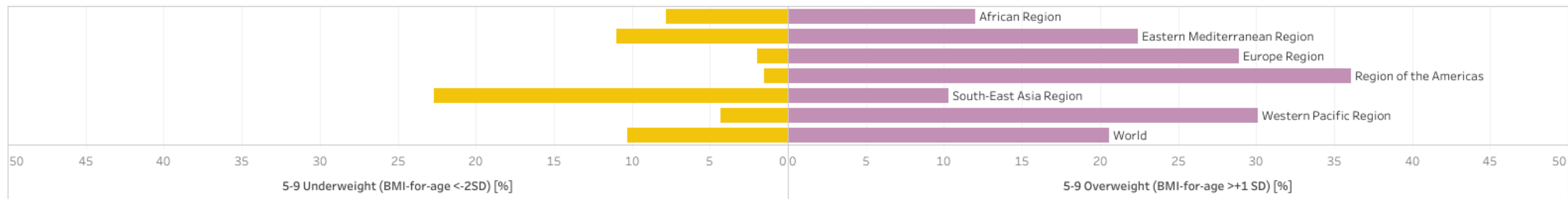


Regional/Global Levels of Malnutrition, Latest

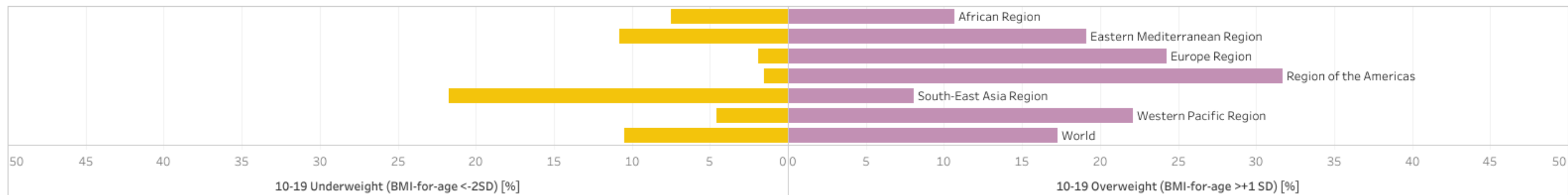
Children under 5, 2020



Adolescents 5-9 years, 2016



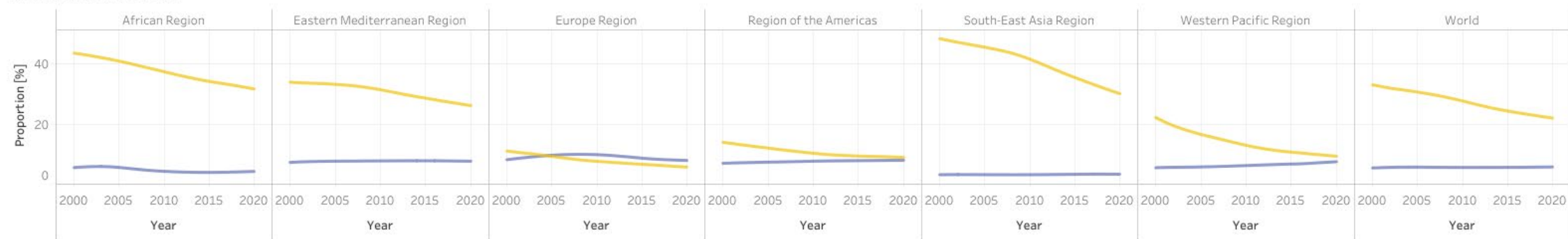
Adolescents 10-19 years, 2016





Regional/Global Trend of Malnutrition, 2000-Latest

Children under 5, 2000-2020

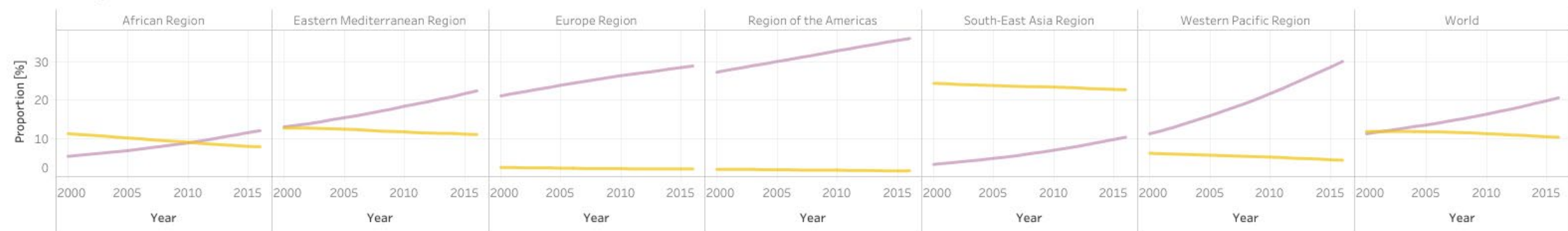


Legend

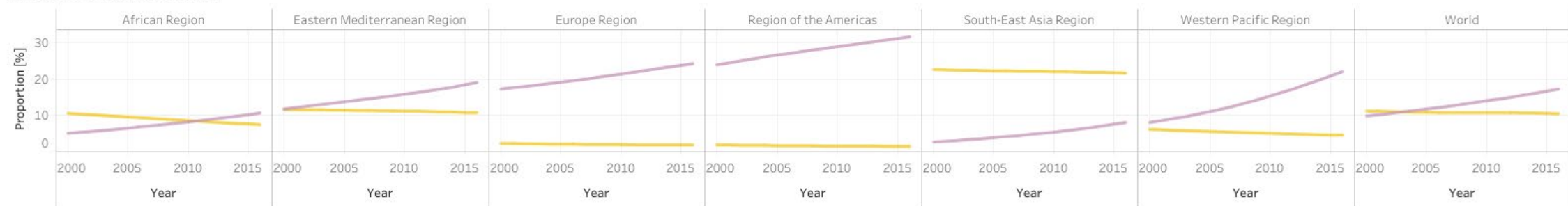
Stunting (Height-for-age <-2SD)

Overweight (Weight-for-height >+2SD)

Adolescent 5-9 years, 2000-2016



Adolescent 10-19 years, 2000-2016



Legend

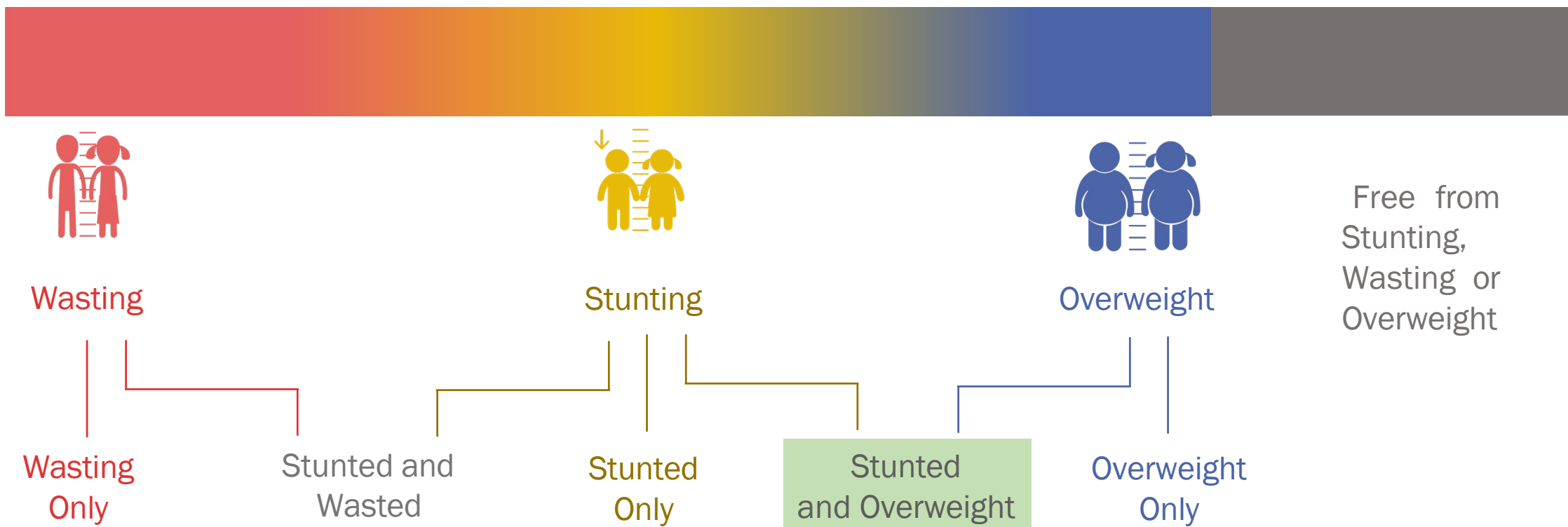
Underweight (BMI-for-age <-2 SD)

Overweight (BMI-for-age >+1SD)

Source: UNICEF, WHO, World Bank Group Joint Child Malnutrition Estimates, 2021 edition. NCD-RisC. Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016. Lancet 2017. (Overweight among children 5 to 19 years, crude estimates)



Overlapping malnutrition (children < 5 years)



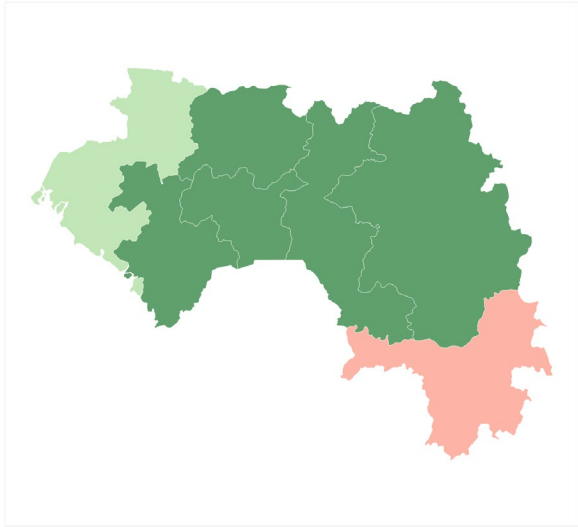


Overlapping malnutrition disparities (children < 5 years)

Proportion of children
that are stunted &
overweight

Guinea

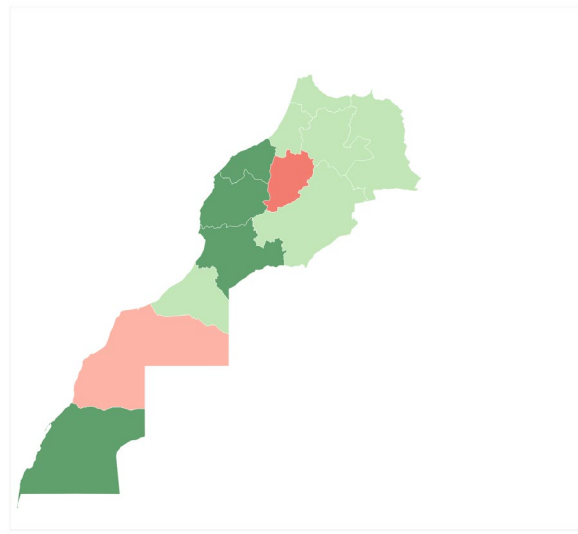
2018 DHS



Source: Enquête Démographique et de Santé en Guinée 2018. Conakry: Guinée, et Rockville, Maryland, USA: ICF

Morocco

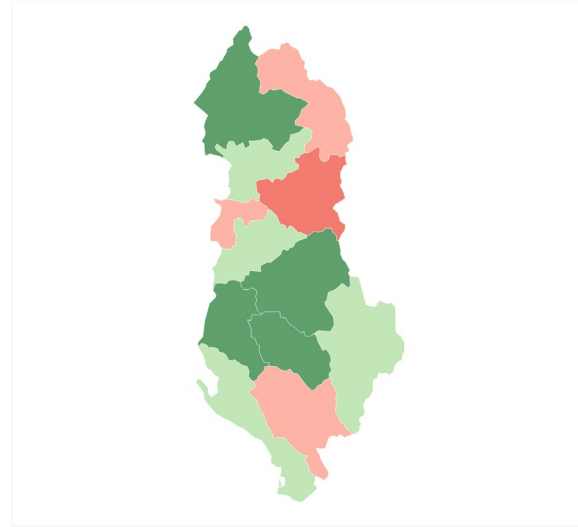
2017-18 PAPFAM



Source: Enquête Nationale sur la Population et la Santé Familiale (ENPSF) - 2017-2018

Albania

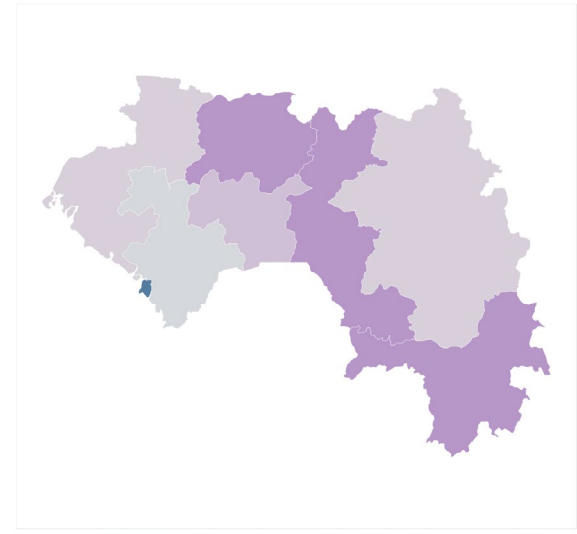
2017-18 DHS



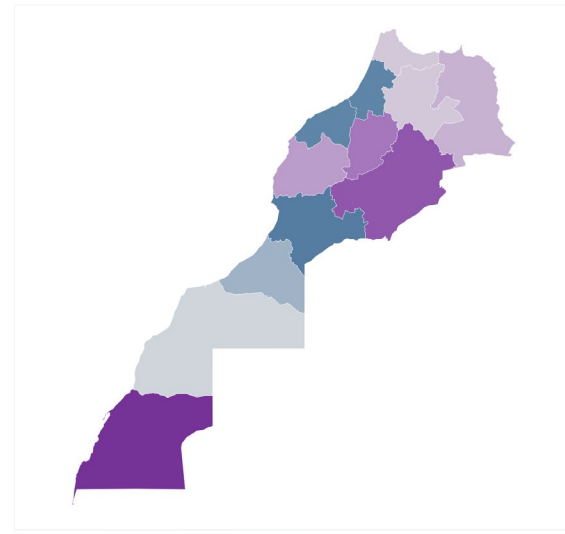
Source: Albania Demographic and Health Survey 2017-18. Tirana: Albania Institute of Statistics, Institute of Public Health, and ICF

- Below 2.5%
- 2.5% to below 5.0%
- 5.0% to below 10.0%
- 10.0% to below 15.0%
- 15.0% to below 20.0%
- 20.0 or greater

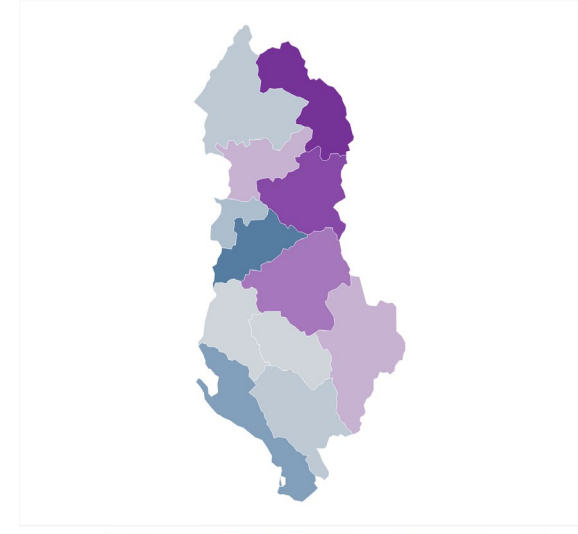
Mean Household
Wealth Score



Mean Hous... -49220 147661



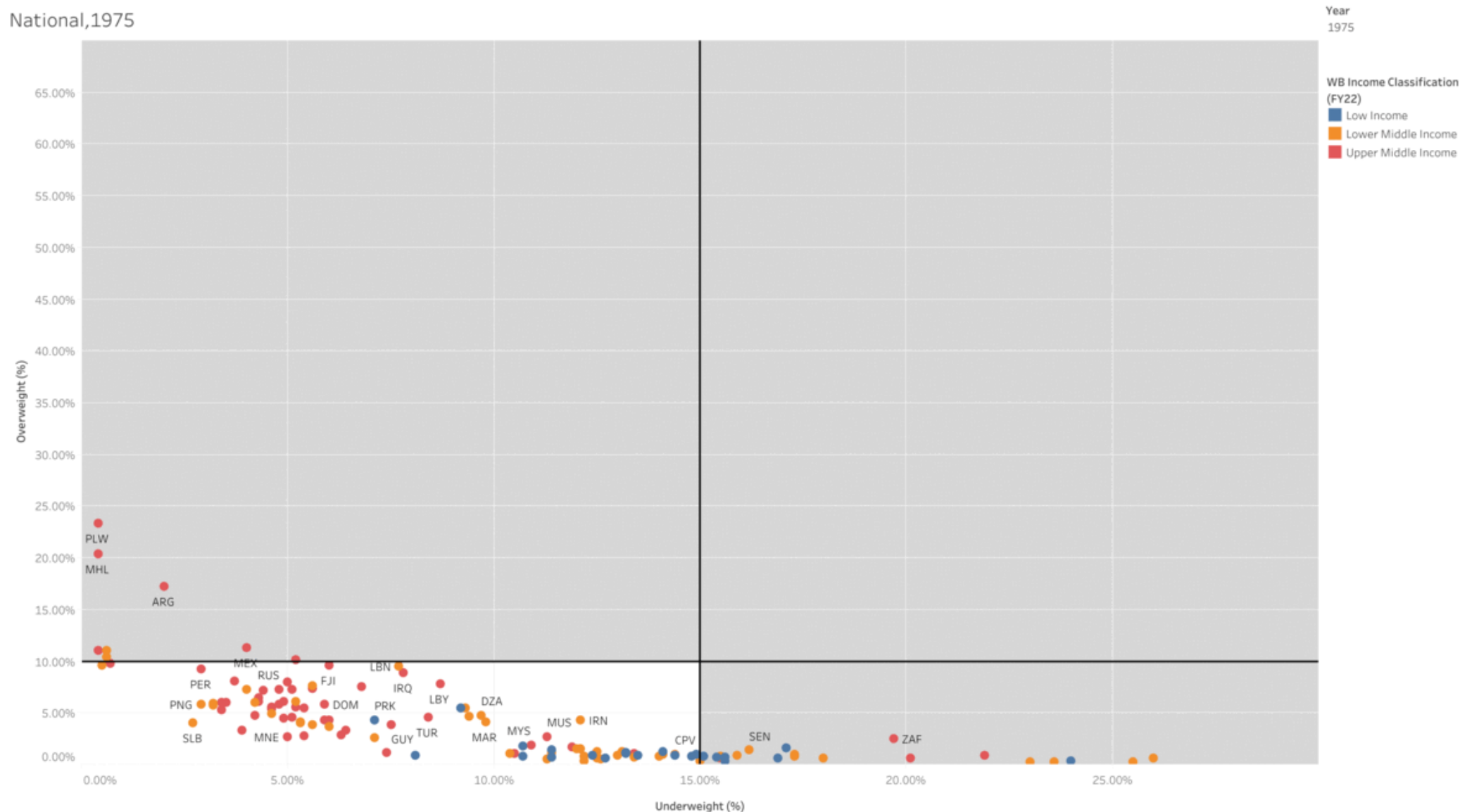
Mean Hous... 26074 36185



Mean Hous... -77098 77098



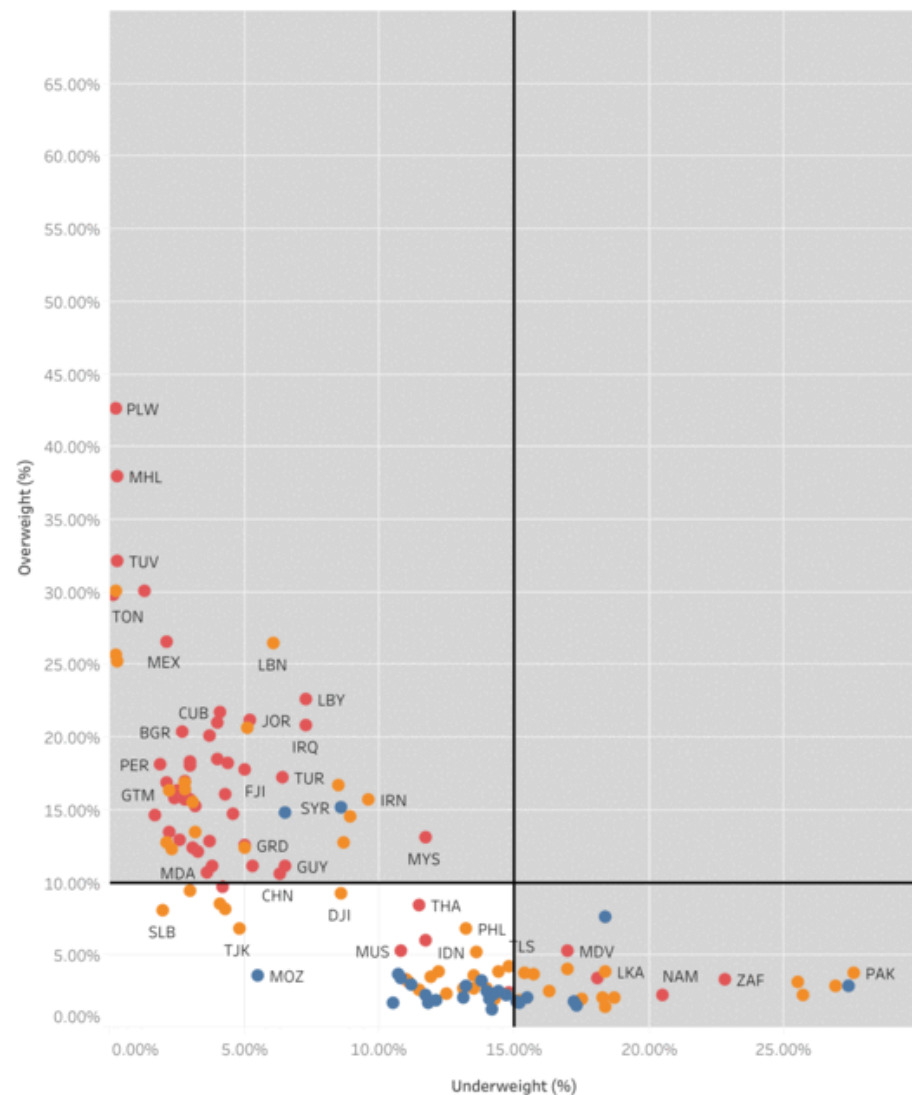
Double burden tendency by income (5-19 years)



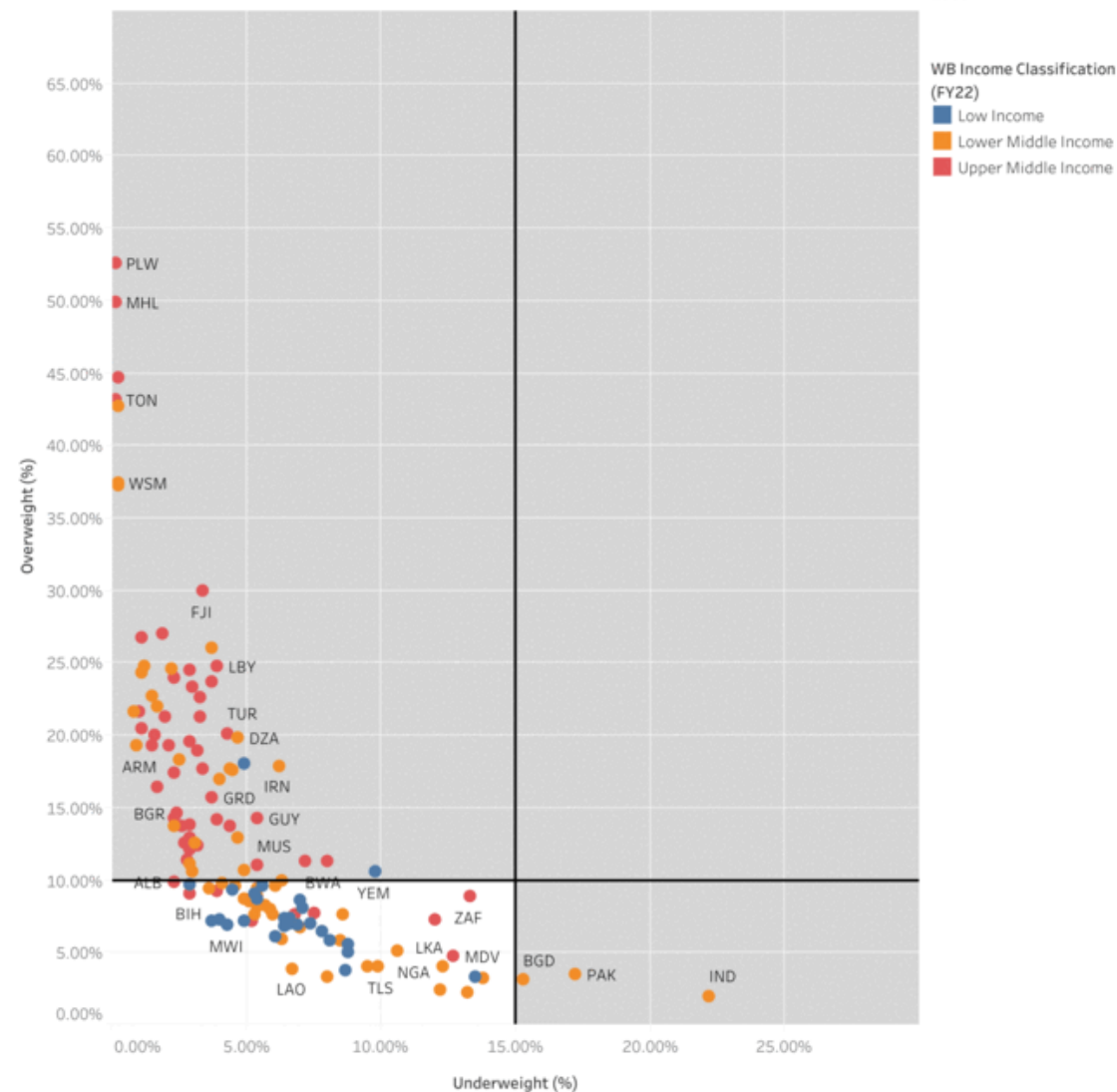


Double burden tendency by sex and income (5-19 years)

Male, 2000



Female, 2000



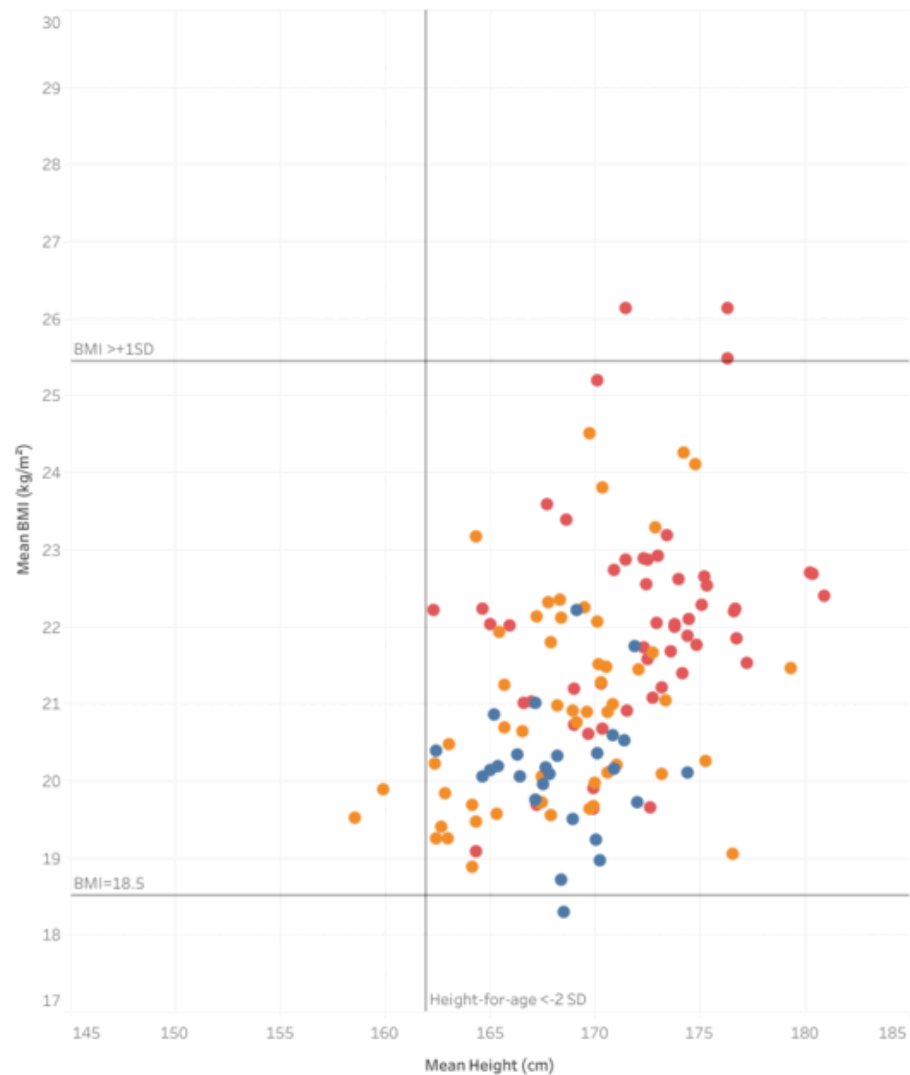
Year
2000

WB Income Classification
(FY22)
Low Income
Lower Middle Income
Upper Middle Income

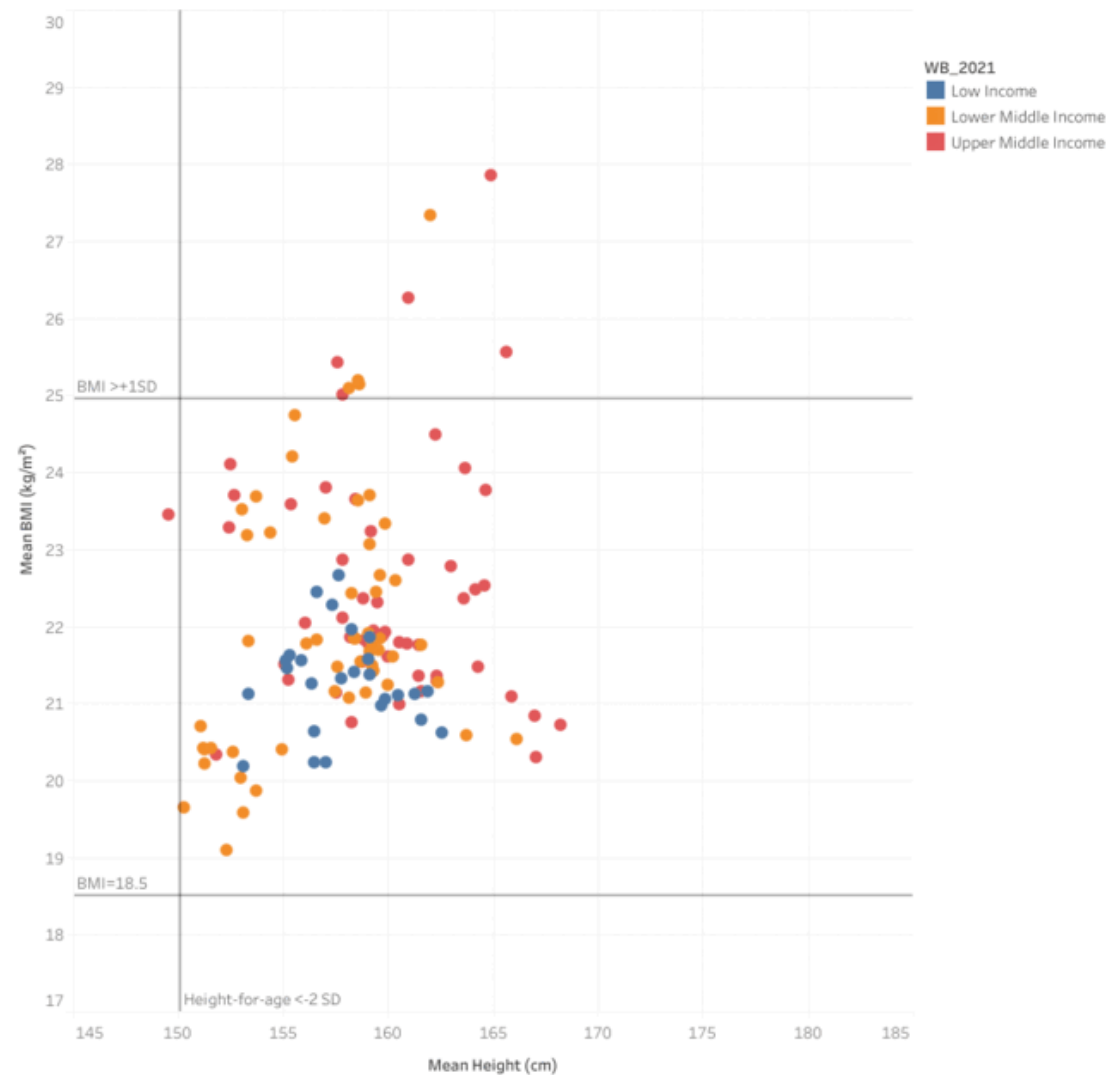


Double Burden tendency – mean BMI vs mean height (NCD-RisC)

Male, 19 years old, 2000



Female, 19 years old, 2000



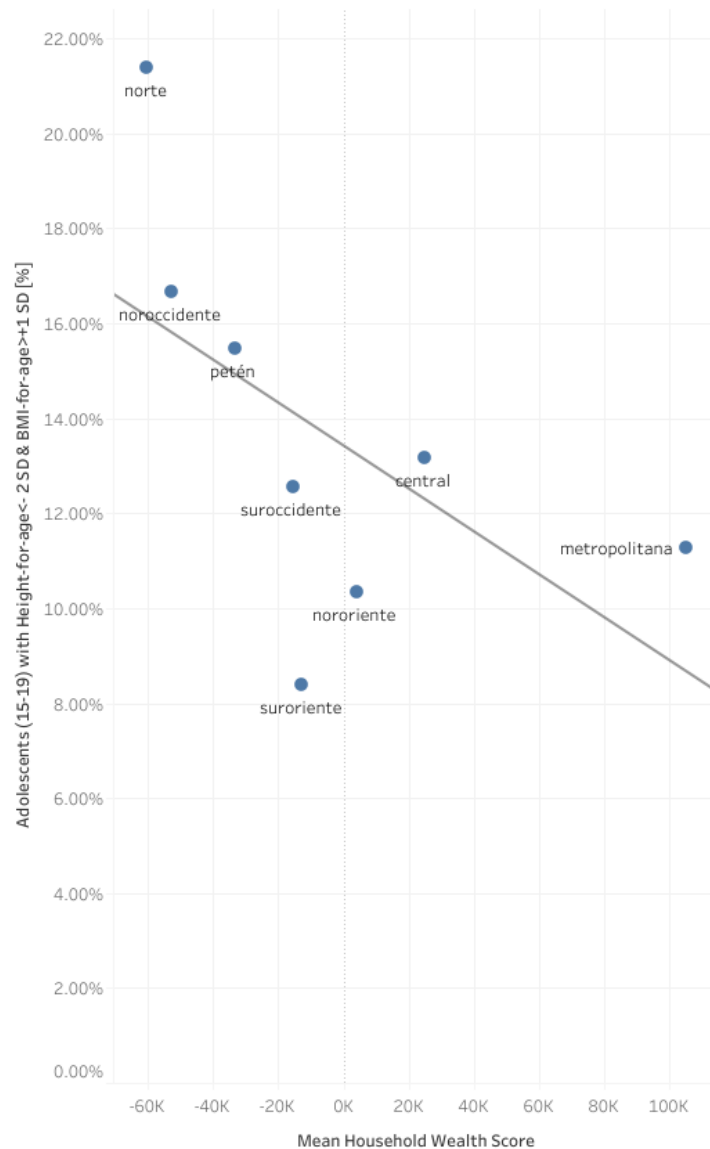
Year
2000

WB_2021
Low Income
Lower Middle Income
Upper Middle Income

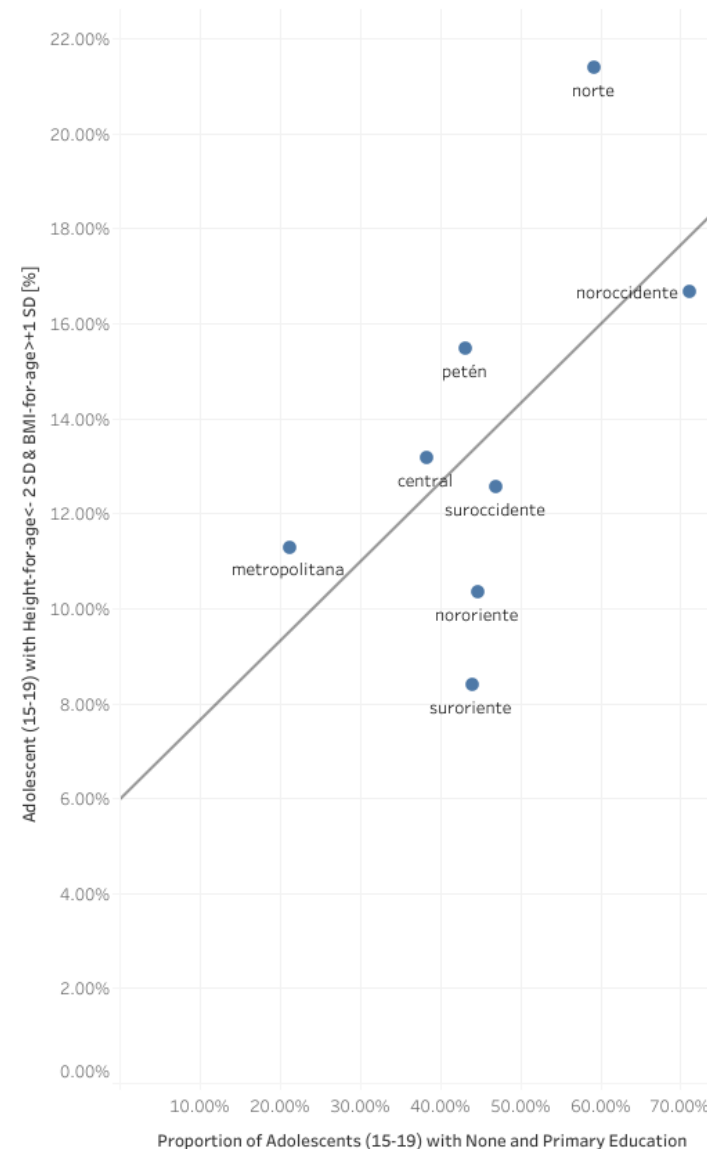


Double Burden overlap % (Example– Guatemala 2014/2015 DHS)

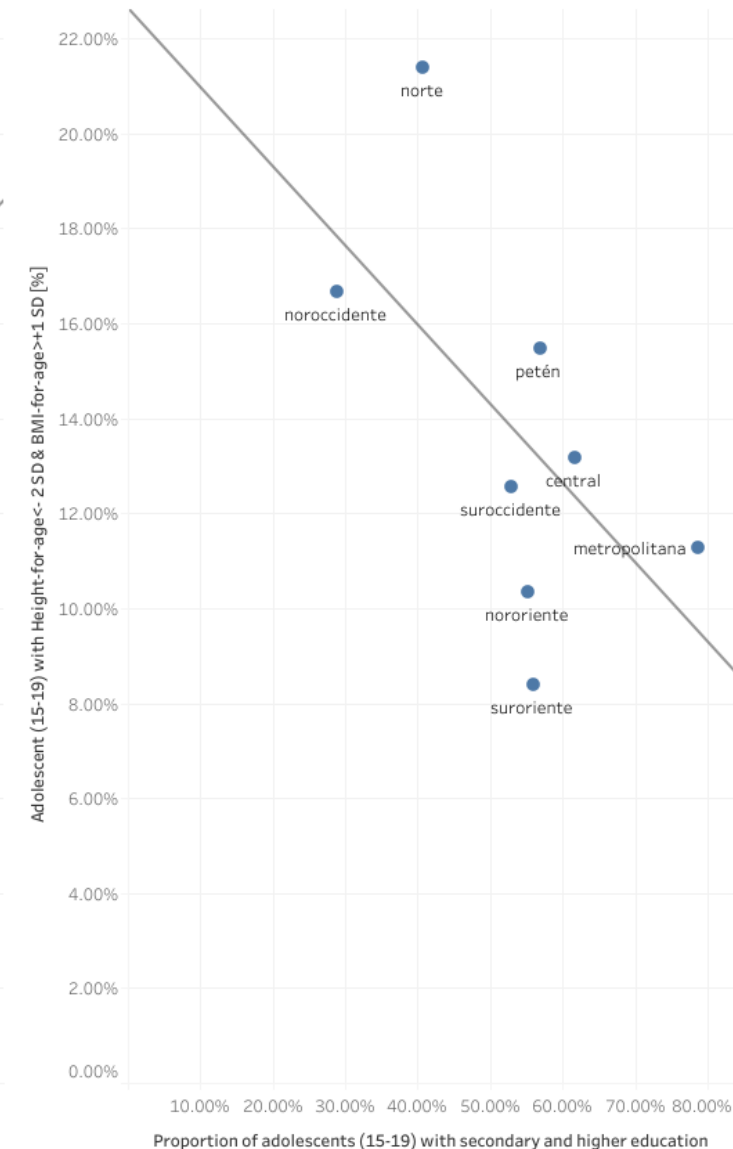
Double Burden vs Mean Household Wealth Score



Double Burden vs None & Primary Education



Double Burden vs Secondary and Higher Education



THE LANCET

The Double Burden of Malnutrition



"Malnutrition is a global challenge that all countries need to address. Despite some progress, the world is not on track to meet globally agreed goals and targets for nutrition."

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10 DOUBLE-DUTY ACTIONS

There are 10 strong opportunities for double-duty actions which could address the double burden of malnutrition more efficiently (see Panel 2 in Hawkes et al. for full list). These are:

-  **1** Scaling up the antenatal care recommendations proposed by the World Health Organization.
-  **2** Comprehensively implementing programmes to protect and promote breastfeeding.
-  **3** Ensuring guidance for introducing foods alongside breast-feeding to make mothers aware of the risks of foods, snacks and beverages high in energy, sugar, fat and salt.
-  **4** Redesigning existing child growth monitoring programmes.
-  **5** Preventing undue harm from energy-dense and micronutrient-fortified foods and ready-to-use supplements.
-  **6** Designing social support and welfare programmes to reduce risks from foods, snacks, and beverages high in energy, sugar, fat, and salt.
-  **7** Redesigning school feeding programmes and devising new nutritional guidelines for food in and around educational institutions to ensure nutritious foods are available instead of foods, snacks, and beverages high in energy, sugar, fat and salt.
-  **8** Extending the number of agricultural development programmes which make nutritious foods available, affordable and appealing.
-  **9** Implementing new large-scale agricultural and food system policies with healthy diets as their primary goal.
-  **10** Delivering public policies to improve food environments to tackle all forms of malnutrition.





Key messages

- Nutrition goals should not be considered in isolation, and strategies and solutions that address them together should be devised
- In LMIC's, undernutrition is declining while overweight is increasing in children and adolescents and patterns vary by sex
- The DBM in children and adolescents, although less visible compared to adults, presents a tendency to increase if actions are not taken to revert it
- The global food system makes less nutritious food cheaper and more accessible to families, affecting children and adolescents
- Effective policies that address the challenges of the DBM across the lifecycle are urgently needed

For more information visit:
www.who.int/teams/nutrition-and-food-safety/overview



Thank you!!

