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### KEY MESSAGES

<table>
<thead>
<tr>
<th>Message</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Good nutrition is a basic need, a human right and is fundamental to health and well-being.</strong></td>
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<td><strong>Universal health coverage cannot be achieved without ensuring everyone has access to quality nutrition services.</strong></td>
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<td><strong>Malnutrition in all its forms increases the risk of disease and death. More than half of deaths in children under 5 years of age, and one in five adult deaths worldwide can be attributed to dietary risk factors.</strong></td>
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<td><strong>The cost of addressing malnutrition and nutrition-related diseases is significant, but losses to the wider economy are even larger, amounting to almost US$ 3.5 trillion annually. Business as usual is no longer an option.</strong></td>
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<td><strong>Many nutrition interventions are highly cost-effective to prevent disease and reduce mortality and should be a central part of all comprehensive health systems.</strong></td>
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<td><strong>Essential nutrition actions benefit the poorest, most vulnerable and marginalized populations and are, therefore, critical to fulfilling the promise of the 17 Sustainable Development Goals, leaving no one behind.</strong></td>
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<td><strong>Primary health care is an important platform to achieve universal health coverage. However, essential nutrition actions are required at multiple levels of health service delivery, including secondary and tertiary care.</strong></td>
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<td><strong>Governments and partners are encouraged to make policy and financial commitments to more fully integrate nutrition interventions into national health systems, as an important component for achieving quality universal health coverage.</strong></td>
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<td><strong>Concrete measures are proposed to integrate nutrition-related actions into national health systems, to improve the coverage and quality of essential nutrition actions.</strong></td>
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<td><strong>Coherent multisectoral action is required to make meaningful progress towards achieving the nutrition- and health-related Sustainable Development Goals, especially to make universal health coverage a reality.</strong></td>
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CALL TO ACTION

2020

a critical year to integrate essential nutrition actions into health systems by leveraging the drive towards universal health coverage

We call on countries and their partners from the public, not-for-profit and private sectors to:

**ENGAGE**
To highlight nutrition in all high-level meetings where political leaders will discuss universal health coverage

**COMMIT**
To make policy and financial commitments in public fora, such as the 2020 Global Nutrition Summit

**ACT**
To implement all concrete measures to integrate nutrition into health systems
Good nutrition is fundamental for achieving the right to health, embodied in article 25 in the Universal Declaration of Human Rights (1). No country can achieve universal health coverage (UHC) without investing in essential nutrition actions, and good nutrition for all cannot be achieved without UHC.

UHC is achieved when all people receive the quality health services they need without suffering financial hardship. Out-of-pocket payments for health services push 100 million people into extreme poverty every year (2). Suboptimal diet is the single largest driver of morbidity and mortality in the world, more than tobacco smoking or high blood pressure (3). Malnutrition in all its forms significantly increases the risk of infectious diseases such as pneumonia, diarrhoea, measles and tuberculosis; noncommunicable diseases such as heart disease, cancer and diabetes; and maternal and neonatal deaths (4). The cost of treating malnutrition and nutrition-related diseases is significant, but losses to the wider economy are even larger, amounting to almost US$ 3.5 trillion annually (5). Thus, integrating essential nutrition actions into health systems is foundational to meeting people’s health needs and achieving UHC.

Building on the 2019 High-Level Meeting on Universal Health Coverage, political leaders around the world will gather at the 2020 Global Nutrition Summit, to discuss new financial and policy commitments for nutrition and UHC. As we are in the middle of the United Nations Decade of Action on Nutrition (2016–2025) (6), this is a historic opportunity to accelerate action on nutrition and transform health systems towards the integration of essential nutrition actions, delivering on the promise of people-centred health systems for UHC. We must seize this opportunity to ensure nutrition is part of the discussion on health policy and financing. The clock is ticking, and the time to deliver on the promises of the 2030 Agenda for Sustainable Development (7) is now.
Malnutrition is a significant problem in every country. Nearly one in three people around the world has at least one form of malnutrition (8). Despite continuous improvements in health outcomes and economic development, rates of malnutrition remain unacceptably high and progress towards reducing its burden is too slow. Part of the reason for this is that nutrition has not been systematically addressed in health systems.

There are three key characteristics of malnutrition:

1. **It can take many forms**, namely undernutrition (including wasting, stunting and micronutrient deficiencies) and overweight, obesity or diet-related noncommunicable diseases (8). This is referred to as “the double burden of malnutrition” (see Fig. 1).

2. **It is ubiquitous**, as malnutrition in all its forms can be found everywhere and often coexist within individuals, households, communities and countries.

3. **It has immediate, lifelong and intergenerational consequences**, jeopardizing the development of people, communities and nations.

A child with severe acute malnutrition is nine times more likely than a well-nourished child to die from common infections such as malaria, pneumonia or diarrhoea (13).

Stunting before the age of 2 years is associated with poorer cognitive and educational outcomes in later childhood and adolescence. It has been estimated that adults who were stunted in childhood earn up to 20% less compared to their non-stunted counterparts (14).

Rates of overweight and obesity worldwide have increased sharply in recent decades. From 1975 to 2016, there was a tenfold increase in overweight and obesity among children and adolescents (10). The prevalence of adult obesity has nearly tripled over the same period, with close to 2 billion adults now overweight or obese, contributing to
Good nutrition is imperative for all. It protects from illness, shortens the recovery time and reduces the risk of death.

4 million deaths per year and the loss of 120 million healthy years of life across the globe \((10, 15, 16)\).

Children who are overweight or obese are at a higher risk of developing type 2 diabetes, high blood pressure, asthma and other respiratory problems, sleep disorders and liver disease later in life \((17)\).

In any of its forms, malnutrition affects the health and well-being, physical and cognitive development, and productivity of people, impacting the overall economic development of countries. Fig. 1 illustrates the double burden of malnutrition worldwide.

**Fig. 1. The double burden of malnutrition**

![Fig. 1. The double burden of malnutrition](image)

Sources: Data for children under 5 years of age for 2018, from reference \((9)\); other data for children aged 5–9 years, adolescents and adults for 2016, figures were calculated based on data in reference \((10)\) and as featured in reference \((11)\); and data on women with anaemia are from reference \((12)\).
Universal health coverage means that all people can use the health services they need – promotion, prevention, treatment, rehabilitation and palliation – services that are of sufficient quality to be effective and do not expose people to financial hardship (18).

UHC embodies three related objectives:

1. **equity** in access to health services – everyone who needs services should get them, not only those who can pay for them;

2. the **quality** of health services should be good enough to improve the health of those receiving services; and

3. people should be **protected against financial risk**, ensuring that the cost of using services does not put them at risk of financial harm.

UHC is the cornerstone to achieving the health-related Sustainable Development Goals, including SDG2 and SDG3 (19). Many national governments view progress towards UHC as a guiding principle for the development of health systems, and human development more broadly.

The concept of universal health coverage is rooted in the belief that the highest attainable standard of physical and mental health is a fundamental human right.
Universal health coverage is essential to ensuring healthy lives and promoting well-being for all at all ages. In 2017, 33% to 49% of the world’s population did not have full coverage of essential health services (20). As countries strengthen their national health systems and roll out their UHC roadmaps, their journeys are marked by a progressive expansion of who is covered, what services are covered and how much of the cost is covered, through progressive reduction towards or elimination of out-of-pocket payments such as user fees. By striving towards these objectives, UHC cultivates healthy societies and economies, and protects individuals and communities from shock during times of crisis.

In 2017, 33% to 49% of the world’s population did not have full coverage of essential health services (20).
Governments have an opportunity to deliver on UHC by making policy and financial commitments to integrate nutrition interventions into national UHC plans. However, each country is different and plans for integrating essential nutrition actions must be tailored to the local context. Factors to consider include (i) the causes of malnutrition in each country; (ii) the appropriate interventions for national and subnational contexts; (iii) who currently has access to health services and who does not; and (iv) the extent of financial hardship incurred through out-of-pocket payments for health services.

As countries make progress towards achieving UHC, all policy-makers will be confronted with the same question: which interventions should be included in the national health system?

This requires careful prioritization across all potential health interventions, maximizing health outcomes within the available budget. Countries are encouraged to prioritize health interventions that are both cost-effective and serve the poorest and most vulnerable groups first, so that no one is left behind.

The current burden of disease attributable to diet and nutrition far exceeds global financial investment in nutrition. While in 2017, 56% of deaths in children under 5 years of age were attributable to child and maternal malnutrition (21), and 22% of all adult deaths were related to dietary risks, the World Bank estimates that less than 2% of government expenditure on health services was on nutrition (5). According to data within the WHO Global Health Expenditure Database, among 28 countries that report expenditure data for all main disease areas within the system of health accounts, only nine countries allocate more than 2% of general government health expenditures to nutrition and only four countries allocate more than 5% (22).

Among all health interventions, experts in health economics agree that:

- Many nutrition interventions are highly cost-effective to prevent disease and mortality (23); and
- Nutrition interventions particularly benefit the poorest, most vulnerable and marginalized groups (4, 21, 23–25).

Primary health care is an important platform for the delivery of UHC. In many settings it is an individual’s first point of contact with a continuous, comprehensive and
coordinated health service. It offers a people-centred approach to health and well-being, that focuses on the needs and preferences of individuals, families and communities (26). The promotion of proper nutrition was established as one of the minimum requirements of primary health care in the 1978 Declaration of Alma-Ata (27), and the 2018 Declaration of Astana has renewed political commitment to primary health care and UHC (28). As every country context and health system are different, operationalizing primary health care for UHC will look different from country to country in terms of financing, services and structure. Importantly, essential nutrition actions must also be delivered beyond services at the level of primary health care, including secondary and tertiary care platforms.

UHC does not mean that all possible nutrition interventions are immediately made available free of charge. Rather, it means that a basic health system including essential nutrition actions will be prioritized (see Fig. 2) and new interventions will be added to the health system as more resources become available. Case studies 1 and 2 provide examples of recent interventions in Pakistan and Viet Nam.

**Fig. 2. Example package of essential nutrition actions throughout the life cycle**

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* From the recent WHO publication on essential nutrition actions (29).
Pakistan is the sixth-largest country in the world, with a population of more than 200 million, and is projected to be the fourth-largest by 2050. The nutritional status of the population is generally poor throughout the country, especially among children under 5 years of age, women aged 15–49 years and older people.

The Government of Pakistan has mandated the provision of free antenatal care services, including iron and folic acid supplementation. These services are available at both government-run health facilities and the community level, where lady health workers, Pakistan’s cadre of salaried community health workers, deliver them.

The country has a decentralized government administration, with programme implementation and spending on health services devolved to the provincial level. In 2013, the Government of Punjab – the largest province in the country – decided to bring four programmes under the same umbrella, to ensure greater coordination and collaboration, thus creating the province’s Integrated Reproductive, Maternal, Neonatal, Child Health and Nutrition programme. Maternal nutrition is one of the 10 components of this programme.

These efforts have brought significant results. Out of Pakistan’s six provinces, Punjab has the highest percentage of women receiving antenatal care from a skilled provider (92% in 2017–2018)\(^{(31)}\). The proportion of deliveries assisted by a skilled birth attendant increased from 53% in 2012–2013 to 71% in 2017–2018, and the proportion of deliveries in facilities also saw a considerable rise (from 49% in 2012–2013 to 69% in 2017–2018)\(^{(31, 32)}\). An integrated Punjab health information system has been developed for effective monitoring and evaluation and is being rolled out.

Little Sun social franchise system – a government programme designed and supported by Alive & Thrive – is ensuring that delivery of infant and young child feeding services is responsive to patients’ needs, by providing standardized services, training to health workers, and monitoring to ensure counselling is uniform. Little Sun builds upon existing, functional health-care infrastructures and decentralizes services to ensure sustainability and access. By supporting Little Sun, the Ministry of Health in Viet Nam, through the National Institute of Nutrition, is strengthening the public health system, building capacity of health providers, improving facilities, developing counselling materials, and implementing high-quality, standardized training, to improve nutrition and health in early childhood.

A 2016 evaluation showed an increase in exclusive breastfeeding in Viet Nam from 19% to 58% in programme areas where Little Sun Franchises were operating \(^{(34)}\).
The road towards UHC is not straightforward. Recognizing that each national context and health system is different, there are concrete measures governments and their partners can take to integrate relevant nutrition actions into the six pillars of national health systems. These are outlined in Fig. 3.

**Fig. 3. Integration of nutrition-related actions into national health systems**

- **Governance & leadership**: Ensure national UHC plans integrate nutrition and are aligned with national multi-sectoral nutrition plans. Integrate nutrition-related actions into health services as part of national health systems and UHC roadmaps.

- **Health workforce**: Ensure health workers are properly trained on the integrated delivery of nutrition interventions across the life-course. Ensure health workers receive integrated supportive supervision and mentoring that builds their capacity to deliver these interventions.

- **Health service delivery**: Increase the effective coverage of essential nutrition actions through the health system, with a focus on reaching those most left behind.

- **Access to medicines and nutrition-related health products**: Ensure essential, quality-assured nutrition-related health products are included in national essential medicines lists. Ensure essential, quality-assured nutrition-related health products are available, affordable, accessible and properly administered through the health system.

- **Financing**: Allocate domestic resources to the national health system. Improve budgeting and expenditure tracking at subnational level.

- **Health information systems**: Ensure national health information systems include indicators to track the coverage and quality of essential nutrition actions. Provide early warning of nutrition emergencies, and develop capacity to use this information for decision-making.
Universal health coverage primarily focuses on the health sector. However, health outcomes are determined by a variety of social, economic, physical and environmental factors. Thus, multisectoral action is needed to make meaningful progress towards health and nutrition outcomes, to achieve the nutrition- and health-related Sustainable Development Goals (7), and especially to achieve UHC.

The United Nations Decade of Action on Nutrition (2016–2025) (6) builds on this to seek commitment for urgent, sustained and coherent nutrition actions under the following six integrative, cross-sectoral thematic areas:

1. sustainable, resilient food systems for healthy diets;
2. aligned health systems providing universal coverage of essential nutrition actions;
3. social protection and nutrition education;
4. trade and investment for improved nutrition;
5. safe and supportive environments for nutrition at all ages; and
6. strengthened nutrition governance and accountability.

While each of these thematic areas informs and frames action, they should not be seen as silos: coherent policies and programmes need to be linked to several areas at the same time.
Nutrition is a core part of health, and universal health coverage cannot be achieved without ensuring everyone has access to high-quality nutrition services.
REFERENCES


This brief provides the reader with information and key messages to transform health systems towards the integration of essential nutrition actions as an important component for achieving quality universal health coverage (UHC). It reinforces the understanding that malnutrition in all its forms threatens the achievement of the Sustainable Development Goals by 2030. Six concrete steps are proposed to integrate nutrition-related interventions into national health systems, which will improve the coverage and quality of essential nutrition actions, leaving no one behind. This brief is intended for stakeholders involved in national health systems, nutrition action and UHC, including decision-makers in government ministries, as well as community leaders, members of civil society organizations and United Nations System agency representatives, among others. It calls on them to engage in global discussions on UHC; make policy and financial commitments for the integration of nutrition interventions into national UHC plans; and to progressively expand the list of available nutrition actions as more resources become available.

For more information, please contact:

Department of Nutrition for Health and Development
World Health Organization
Avenue Appia 20, CH-1211 Geneva 27, Switzerland
Fax: +41 22 791 4156
Email: nutrition@who.int
www.who.int/nutrition