Maternal & Child Nutrition

IN THE 75 COUNTDOWN COUNTRIES



Countdown to 2015 tracks coverage levels for health interventions proven to reduce maternal, newborn and child mortality, together with data on equity of coverage, health financing, policy and health systems, and other determinants of coverage. It calls on governments and development partners to be accountable, identifies knowledge gaps, and proposes new actions to improve the health of women and children. The Countdown to 2015 country profile, published annually for each of the 75 countries that account for over 95% of all maternal and child deaths, enables countries to track their progress and identify key areas where more progress is needed.

Better maternal and child nutrition is a crucial building block for reducing mortality and improving health, and is a critical priority for sustainable development. Countdown therefore includes key nutrition indicators in its country profiles, and considers them in its global analyses and country case studies. Countdown was a partner in the development of the first Global Nutrition Report, launched in November 2014 at the 2nd International Conference on Nutrition (ICN2) in Rome. The Global Nutrition Report highlights progress, identifies gaps, and proposes ways to fill them in order to build commitment, action, and accountability for faster reductions in malnutrition.

See more Countdown reports and country profiles at:

www.countdown2015mnch.org

Read the Global Nutrition Report at: www.globalnutritionreport.org

For the most up-to-date coverage data, access

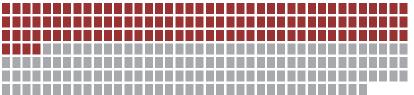
data.unicef.org

NEARLY HALF OF ALL CHILD DEATHS ARE ATTRIBUTABLE TO UNDERNUTRITION.

Maternal and child undernutrition contributes to over 3 million child deaths each year, as well as to the birth of millions of low birth weight babies. About 60% of newborn mortality is associated with low birth weight.

SOURCE

Black, Victora et al, Lancet 2013; 382: 427-451



3.1 MILLION

out of 6.9 million total 2011 deaths under age 5 are attributable to undernutrition.

32.4 MILLION low birth weight babies out of 120.5 million total births in low & middle income countries

THE FIRST 1,000 DAYS ARE CRITICAL.

NTELLECTUA IMPAIRMENT

CHILD UNDERNUTRITION IS VERY HIGH IN MANY **COUNTDOWN COUNTRIES.**

A large proportion of children in many Countdown countries experience severe forms of undernutrition—stunting and wasting-which increases their risk of death or poor health

SOURCE

Countdown analysis of DHS, MICS, other national surveys





19 OF 61 COUNTRIES WITH DATA HAVE PREVALENCE OVER 10%





20 OF 62 COUNTRIES WITH DATA HAVE PREVALENCE OVER 40%

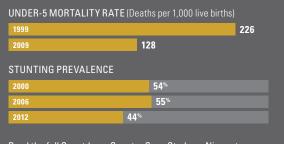


REDUCE WASTING PREVALENCE TO LESS THAN



NIGER

A Countdown Country Case Study published in 2012 examined the dramatic decline in child mortality achieved by Niger in the past decade. It showed that even the world's poorest countries can achieve rapid and significant reductions in child deaths. By introducing policy changes and targeting investment on nutrition programming-from 2005 to 2010, the Government built 39 inpatient and 671 outpatient centres for management of severe malnutrition—Niger significantly reduced wasting and stunting, even in the face of a national food security crisis. Together, reductions in wasting and stunting accounted for 19% of all child deaths that were prevented in Niger, and Vitamin A supplementation accounted for another 9%.



Read the full Countdown Country Case Study on Niger at: http://dx.doi.org/10.1016/S0140-6736(12)61376-2

POOR NUTRITION IS ROOTED IN POVERTY AND INEQUALITY.

On average across the Countdown countries, the poorest children are more than twice as likely to be stunted as children in wealthy families.

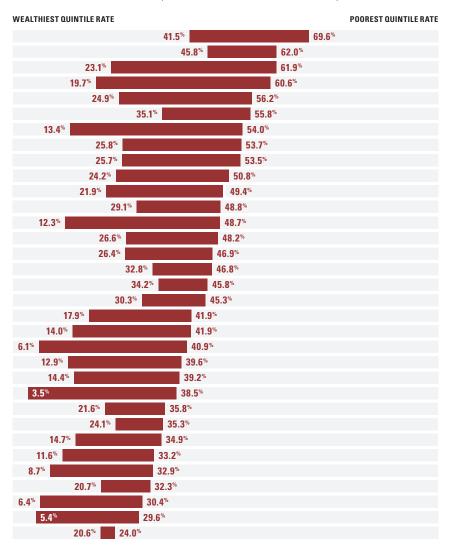
In every Countdown country with recent data, at least 1 in 5 poor children is stunted; in 10 countries more than half of the poorest children are stunted.

SOURCE

Countdown equity analysis

WEALTH GAP IN STUNTING PREVALENCE IN CHILDREN UNDER AGE 5 (All Countdown Countries with data after 2010)





PROMOTING OPTIMAL BREASTFEEDING PRACTICES IS CRUCIAL.

Early initiation of breastfeeding, exclusive breastfeeding in the first 6 months, and continued breastfeeding with appropriate complementary foods through 2 years and beyond are critical to good infant and child nutrition, health, and survival.

SOURCES

Mexico: Encuesta Nacional de la Dinámica Demográfica 2009; Chad: MICS (prelim) 2010; Burundi, Cambodia, Malawi, Rwanda: DHS 2010; Medians: Countdown analysis

BREASTFEEDING RATES ARE LOW IN MANY COUNTDOWN COUNTRIES.

Supportive policies can help drive increased coverage.

RANGE OF RATES OF EARLY BREASTFEEDING (Within 1 hour of giving birth)

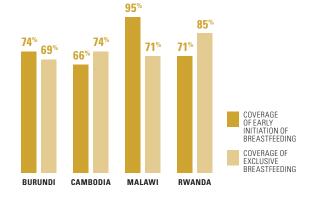


RANGE OF RATES OF EXCLUSIVE BREASTFEEDING (Infants under 6 months exclusively breastfed)



REAL PROGRESS IS POSSIBLE.

Some countries are achieving high breastfeeding coverage.



GREATER EFFORT IS URGENTLY NEEDED.

Ensuring good nutrition from adolescence through pregnancy and for every baby and young child is an urgent priority for sustainable development.

Countries must take comprehensive, multi-sectoral action to reduce undernutrition:

- Support implementation at scale of comprehensive breastfeeding and therapeutic feeding programmes, and micronutrient supplementation where needed.
- Ensure adequate nutrition for women and adolescent girls before, during, and after pregnancy.
- Develop and implement policies to support breastfeeding: only 26 of 57 Countdown countries with data have made the International Code of Breastmilk Substitutes national policy.
- Invest in expanding girls' access to education.
- Improve water and sanitation to reduce exposure to diarrhoeal diseases.
- Reduce extreme poverty, and address social and economic inequities through cash transfer and other programs.
- Foster accountability by ensuring frequent data collection and reporting on key nutrition indicators using internationally standardized methods.