

This evidence brief presents recent evidence and research in global health. The topic of this edition is Nutrition, which addresses all matters related to both over- and undernutrition globally. While nutrition is specifically addressed in only one of the 17 SDGs (number 2: Zero Hunger)¹, ensuring an adequate nutrition is recognized as a cross-cutting issue that affects, as well as is influenced by, most of the SDGs².

At the current rate of progress, global nutrition targets will not be achieved by 2025 in most countries. However, the global commitment to achieve change has never been greater. This newsletter showcases five recent publications. You may further explore and understand the complex problem of malnutrition through [this free open-access educational resource provided through the London School of Hygiene and Tropical Medicine](#).

[Global inequalities in the double burden of malnutrition and associations with globalisation](#)³

Acknowledging the coexistence of both overnutrition and undernutrition, i.e. the double burden of malnutrition (DBM) is key to ending malnutrition in all its forms. Also important is understanding how the DBM varies across countries and socioeconomic groups. This **comprehensive study** explores global inequalities in the DBM across 55 low-income and middle-income countries (LMICS). The authors found that the DBM is unequally distributed across different levels of wealth in the target countries. For example, the DBM is more likely to be higher among families in higher wealth quintiles in LMICs with low GNI⁴. In contrast, families in lower wealth quintiles in LMICs with high GNI are more likely to be facing the DBM. While the risk of DBM increases with the level of economic globalisation⁵, impacts are mostly felt among the less economically advantaged families of countries of lower GNI.

GLOBAL FACTS AND DEFINITIONS^{6,7}

FACTS

- 21 million new-borns (14.6% of all live births) have a low weight at birth.
- One in five children under the age of 5 are stunted (149 million), 45 million (6.7%) are wasted, and 39 million (5.7%) are overweight.
- 2.2 billion adults are overweight or obese (40.8% of women and 40.4% of men).
- 571 million (29.9%) girls and women of reproductive age (15–49 years) are anaemic.
- Over a third of low-income and middle-income countries face the coexistence of both overnutrition and undernutrition.

DEFINITIONS

Stunted: low height-for-age, the result of chronic or recurrent undernutrition.

Wasted: low weight-for-height, often indicates recent and severe weight loss, but can also persist for a longer time.

Overnutrition: overconsumption of food, overweight and obesity, and diet-related non-communicable disease.

Undernutrition: energy and micronutrient deficiencies, such as stunting, wasting, and anaemia.

Malnutrition: either overnutrition or undernutrition.

Double burden of malnutrition (DBM): a situation where overnutrition and undernutrition coexist within the same individual, household, or population.

Nutrition sensitive agriculture (NSA): an inter-sectoral, multi-level food-based system approach intended to maximise agriculture's contribution to improved food security and nutrition. It is expected to "narrow the gap between the food that is available/accessible and the food that people need to uphold a health promoting and balanced diet".

Nutrition-sensitive actions: refer to initiatives in other sectors that tackle underlying causes of malnutrition.

Nutrition-specific actions: address the immediate causes of malnutrition, such as inadequate dietary intake.

1 UN General Assembly. Transforming our world: the 2030 Agenda for Sustainable Development. UN General Assembly; 2015 Oct. Report No.: A/RES/70/1.

2 United Nations System Standing Committee on Nutrition (2017) By 2030, end all forms of malnutrition and leave no one behind.

3 Global inequalities in the double burden of malnutrition and associations with globalisation: a multilevel analysis of Demographic and Health Surveys from 55 low-income and middle-income countries, 1992–2018, Open AccessPublished:February 08, 2022.

4 Gross National Income.

5 The degree of openness in trade flows, international finance and investment.

6 Global Nutrition Report, Chapter 1.

7 Seferidi P, Hone T, Duran AC, Bernabe-Ortiz A, Millett C. Global inequalities in the double burden of malnutrition and associations with globalisation: a multilevel analysis of Demographic and Health Surveys from 55 low-income and middle-income countries, 1992–2018. Lancet Glob Health. 2022 Apr;10(4):e482–90.

Based on these new insights, the authors call for policy actions that simultaneously address both over- and undernutrition, especially in LMICS who face greater challenges in this regard.

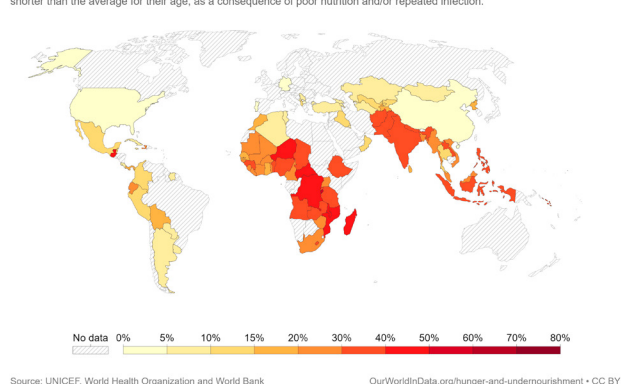
[Series from the Lancet journals: Adolescent Nutrition](#)⁸

Adolescents have been largely overlooked compared to other age groups in global nutritional policy frameworks. Two papers part of the Lancet Series titled **Adolescent Nutrition** bring this topic to the centre of attention. One of the papers – [Nutrition in adolescent growth and development](#) – highlights how malnutrition in childhood and early adolescence affects the timing and form of puberty that in turn impacts linear growth, body composition, and maturation of other physiological systems such as muscular and skeletal growth. But the importance of nutrition during adolescence also includes dimensions such as the brain's ability to learn and adapt which are highly sensitive to poor nutrition during adolescence. Improving adolescent nutrition is thus likely to be key in determining the wellbeing of this generation and the next, especially in settings challenged by broad-scale undernutrition.

The other Lancet Series paper – [Strategies and interventions for healthy adolescent growth, nutrition, and development](#) – identifies several areas for effective intervention, such as the educational sector. Schools can play a critical role in combating malnutrition by e.g. providing meals and micronutrient supplements, deworming children and women of reproductive age, and limiting exposure to fast food outlets. In conclusion, Dougal Hargreaves and colleagues emphasise the need for adolescent nutrition to be addressed together with adolescents, and through policies and actions that span across several sectors, including education, health, food systems, social protection, and digital media.

Share of children that are stunted, 2020

The share of children younger than five years old that are defined as stunted. Stunting is when a child is significantly shorter than the average for their age, as a consequence of poor nutrition and/or repeated infection.



⁸ Series from the Lancet journals; Adolescent nutrition, Published: November 29, 2021.

The Global Nutrition Report: Mainstreaming nutrition within universal health coverage

[In chapter three of the 2021 Global Nutrition Report](#),

nutrition in the context of health systems is given special attention. Poor diets are among the main health and societal challenges of today, leading to disability and death, growing inequalities, overwhelming healthcare costs and environmental impacts. To address these challenges, the report suggests a framework for equitable mainstreaming of nutrition within universal health coverage (UHC) based on six important building blocks (see Figure 1).

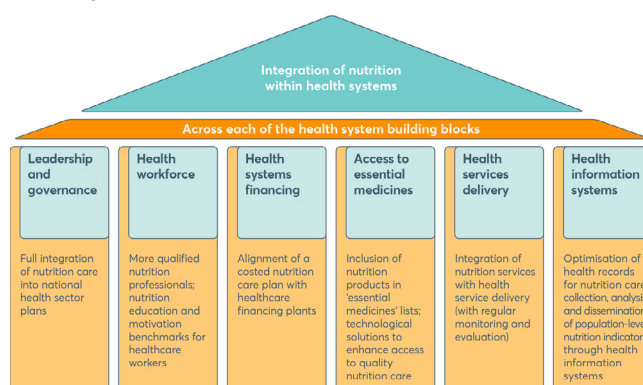


Figure 1. Framework for equitable integration of nutrition within health systems.

Source: [Global Nutrition Report 2021](#).

Complementary to mainstreaming efforts, the report also highlights the importance of conducting regular monitoring and evaluation of nutrition services within health systems to address inequities in delivery, coverage and access.

[How can we realise the full potential of health systems for nutrition?](#)⁹

This question is addressed in a recent paper by Professor Rebecca A Heidkamp and colleagues. They point out that health systems today are the primary vehicle for nutrition interventions in many LMICs. But they also highlight a considerable gap in delivery, where global efforts to scale up effective nutrition interventions and achieve UHC have failed to reach their full potential. As a first step to accelerating progress, the authors call for nutrition interventions to be scaled up among those who are already reached by health services (e.g. women and children in antenatal care, normal and emergency delivery services, and early postnatal care). They also highlight the importance of using countries that seem to be on track to achieving UHC for specific health services and nutrition interventions as role models for other countries. Lastly, current data gaps on the coverage of nutrition interventions, in LMICs especially, need to be addressed in order to enable the type of monitoring needed to achieve UHC.

⁹ [How can we realise the full potential of health systems for nutrition?](#) February 04, 2020.