Public Health Nutrition Policies

Why in News?

Recently , World Health Assembly released Global Nutrition Targets (GNTs) for 2025.

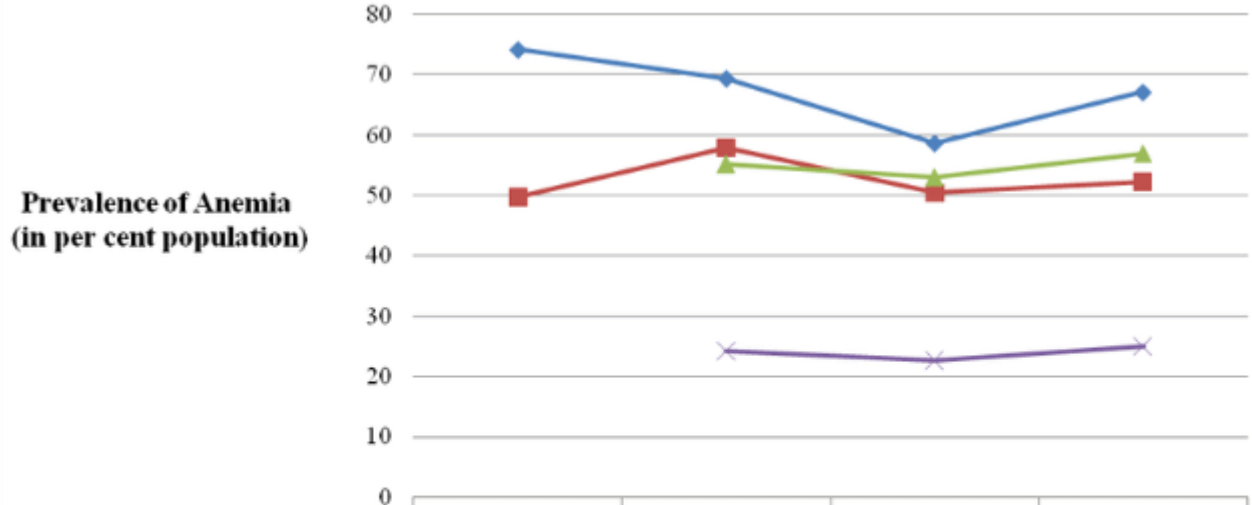
What are Global Nutrition Targets?

- **Global Nutrition Targets (GNT)** – They were set by the World Health Assembly as key national indicators of the effect of public health policies in alleviating maternal and child malnutrition.

- **Global progress in nutrition** - In general, there appeared to be slow and insufficient progress across countries with little progress in undernutrition, but an increase in overweight.
- **Global projection** - By 2030, it was projected that only a few countries would meet the targets for stunting, and none would meet low birthweight, anaemia, and

childhood overweight.

- **Obesity** - Overweight had increased in children in almost all countries but was less than the prevailing undernutrition.
- **Aneamia in India** - The prevalence of anaemia has remained static in India for the last two decades.



	NFHS 2 (1998-99)	NFHS 3 (2005-06)	NFHS 4 (2015-16)	NFHS 5 (2019-21)
Children (6-59 months)	74.2	69.4	58.6	67.1
Pregnant women (15-49 yr)	49.7	57.9	50.4	52.2
Women (15-49 years)		55.3	53.1	57.0
Men (15-49 yr)		24.2	22.7	25.0

Why is there a slow progress in nutritional health?

- **Poor programme implementation** – Ground level implementation of nutrition programs are either inadequate and do not reach bottom strata.
- **Inadequate survey** - With no national surveys, we do not know the cause of anaemia in India.
- **Incorrect policies** – Cause of anaemia is presumed to be iron deficiency, resulting in policies to improve dietary iron intake through fortification and supplementation.
- But recent large-scale surveys reveal that iron deficiency accounts for only a third of anaemia, while unknown causes account for another significant third.
- **Early onset of deficiency** - Stunting actively occurs within the first two years of life and increases from about 7-8% at birth to near 40% at two years of age.

  On average, children reach half their adult height in two years. If already stunted at two, it is difficult to un-stunt children by overfeeding in the hope of faster growth.

- **Inadequate energy intake** - Average fat intake of poor children in India is only 7 grams per day, versus the requirement of 30-40 grams per day.

  Energy intake is the driver of growth in the first two years and the most energy-dense food is oil.

- **Differences in measurement** - Venous blood-based anaemia prevalence (as recommended by WHO) was roughly half the capillary blood-based prevalence.
- **Singular approach** - Same cut-off criteria for anaemia might not fit all populations.
- **Metabolic risks** - It occurs in about no less than 50% of Indian children aged 5-19 years, even in those stunted and underweight.

What can be done to improve nutritional health?

- Focus on double duty actions to simultaneously address the under- and over-nutrition burden.
- Diversifying diets effectively rather than focusing on select nutrient deficiencies.
- Accurate metrics are crucial for successful public health interventions.
- Prevention in the first two years is most important, even though the global nutrition target refers to stunting in under-5 children.
- Make burden of childhood overnutrition an important policy target to address overweight.

Reference

The Hindu | Public health nutrition policies