Maternal and child undernutrition: progress hinges on supporting women and more implementation research

Maternal and child undernutrition is a pervasive problem that has grown during the COVID-19 pandemic. Rising food prices combined with disruptions to livelihoods have put millions of people at greater risk of food and nutrition insecurity. These impacts are especially pronounced in low-income and middle-income countries (LMICs), where existing health system infrastructure is weak and access to life-saving interventions has been interrupted by the COVID-19 pandemic.

Women are at the front lines of the COVID-19 crisis, including as health-care workers, food producers and sellers, and caregivers. The pandemic has highlighted both the centrality of women’s contributions and the disproportionate burdens that they carry. The Lancet’s new Series papers on maternal and child undernutrition progress are based on evidence generated before the COVID-19 pandemic and underline the importance of women’s nutrition for their own health and that of the next generation. New evidence laid out by Cesar Victora and colleagues shows that without attention to maternal nutrition, child nutrition outcomes will continue to lag. Rebecca Heidkamp and colleagues summarise a wide range of evidence for nutrition, health, food systems, social protection, and water, sanitation, and hygiene interventions and conclude that lasting improvements will remain elusive without concerted action across the health, social protection, and agriculture sectors.

This Series and previous Lancet Series on maternal and child nutrition in 2013 and undernutrition in 2008 highlight the burden of undernutrition, which remains unacceptably high in LMICs, and the highest impact interventions to address this challenge. As this new Lancet Series makes clear, however, progress on delivering what is known to work is slow. To change the insufficient progress on tackling undernutrition, countries not only need to prioritise what to do, but they also need more pragmatic programmatic guidance on how to scale up nutrition interventions, how much financing is needed, and how best to allocate resources to have maximum impact. High-quality “how to” research must become a priority and be built into the design of large-scale nutrition and social protection programmes, including ascertaining what does not work, is needed to catalyse progress. This call for implementation research for nutrition is not new, but has not been prioritised by donors, researchers, national governments, and high-impact journals.

For nutrition interventions delivered through the health sector, an important question is how to maximise coverage and minimise delivery costs by using existing health-delivery mechanisms. The low coverage of nutrition interventions relative to the reach of existing health services, as shown by Heidkamp and colleagues, suggests that closing this opportunity gap is one way to accelerate progress. In terms of financing, it would be helpful to identify ways to incorporate preventive nutrition interventions in national health insurance schemes and embed nutrition research within primary health-care systems under universal health coverage.

In the COVID-19 pandemic, adaptive social safety nets have been scaled up rapidly in some settings and show what is possible. Given this potential reach, much more evidence, followed by policies and action, is needed on when and how to include nutrition services within social protection programmes, and what the marginal costs and benefits are. In Pakistan, for example, the expansion of the safety net programme Ehsaas in 2020 includes a new

Published Online March 7, 2021 https://doi.org/10.1016/S0140-6736(21)00577-8
See Online/Series https://doi.org/10.1016/S0140-6736(21)00394-9 and https://doi.org/10.1016/S0140-6736(21)00568-7

For 2013 Lancet Series on maternal and child nutrition see https://www.thelancet.com/series/maternal-and-child-nutrition
health and nutrition cash-transfer programme focused on women, along with an implementation learning agenda. One aim of the Ehsaas programme is to protect human capital, especially among girls and women, from the impacts of COVID-19 and intergenerational poverty.\textsuperscript{2,9} Similarly, in Rwanda, a pilot cash-transfer programme targeted to poor women and young children to reduce child stunting, which was initiated in 2018, is being evaluated prospectively by the World Bank and the Government of Rwanda, with early design lessons such as how to identify the poorest women to be incorporated into the COVID-19 response. Such evaluations of large-scale nutrition and cash-transfer programmes should be funded, widely replicated, and published.

Best practices for optimising nutrition outcomes in the agriculture sector and food systems is another area where the evidence base has grown slowly and has not yet translated to impact at scale. Previous Lancet Commissions have highlighted the effects of unhealthy diets and sustainable food systems in the contexts of the syndemics of undernutrition, obesity, and climate change.\textsuperscript{6,7} In the COVID-19 pandemic, reductions in food affordability and consumption of cheaper, unhealthier foods are exacerbating increases in overweight, obesity, and nutrition-related chronic diseases and increasing susceptibility to COVID-19.\textsuperscript{14} Now more than ever, evidence on how to deliver better nutrition outcomes across the food system is needed.

Finally, it is imperative for nutrition programming to tap into service-delivery innovations that could allow delivery of high-quality services at scale. Examples of such innovations include use of drones to deliver blood to save mothers’ lives in remote areas of Rwanda,\textsuperscript{3} digital deployment of cash for COVID-19 relief in Pakistan and Rwanda, and data-driven results-based financing approaches.\textsuperscript{16,17} A research agenda on how to leverage service-delivery innovations to deliver nutrition services is needed.

As the COVID-19 pandemic wreaks havoc on lives and livelihoods in low-income economies, decades of progress in reducing maternal and child undernutrition and progress on Sustainable Development Goal 2 on zero hunger is likely to be rolled back.\textsuperscript{18} Constrained fiscal environments mean that countries will have to deliver more with less. To do so, decision makers need to understand the costs of scaling up nutrition interventions\textsuperscript{19} and improve the efficiency of this spending. As countries come together for the global Nutrition for Growth (N4G) Summit in December, 2021, it is crucial not only to support the important call for more money for nutrition, but also to deliver more nutrition for the money that is available. Progress will hinge on multisectoral efforts to improve nutritional wellbeing and future human capital of women and children and greater investment in implementation research.

MS is Global Lead for Nutrition at the World Bank Group. MAP is Director of Health Nutrition and Population Global Practice at the World Bank Group. SN is Special Assistant to the Prime Minister of Pakistan on Poverty Alleviation and Social Safety. We declare no other competing interests.

*Meera Shekar, Jeanine Condo, Muhammad Ali Pate, Sania Nishtar

mshekar@worldbank.org

Health, Nutrition and Population Global Practice, World Bank Group, Washington, DC 20433, USA (MS, MAP); School of Public Health, University of Rwanda, Kigali, Rwanda (JC); School of Public Health and Tropical Medicine, Tulane University, New Orleans, LA, USA (JC); Government of Pakistan, Islamabad, Pakistan (SN)


