



The Nairobi Summit on
ICPD25



Sexual & Reproductive Health and Nutrition

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Achieving universal access to sexual and reproductive health and reproductive rights of women and young people will transform our future

Access to sexual and reproductive health and reproductive rights



Reduces
poverty



Saves
lives



Enables
gender equality



Stimulates
economic growth



Supports
sustainable
development



UNFPA is committed to achieving three transformative results by 2030:

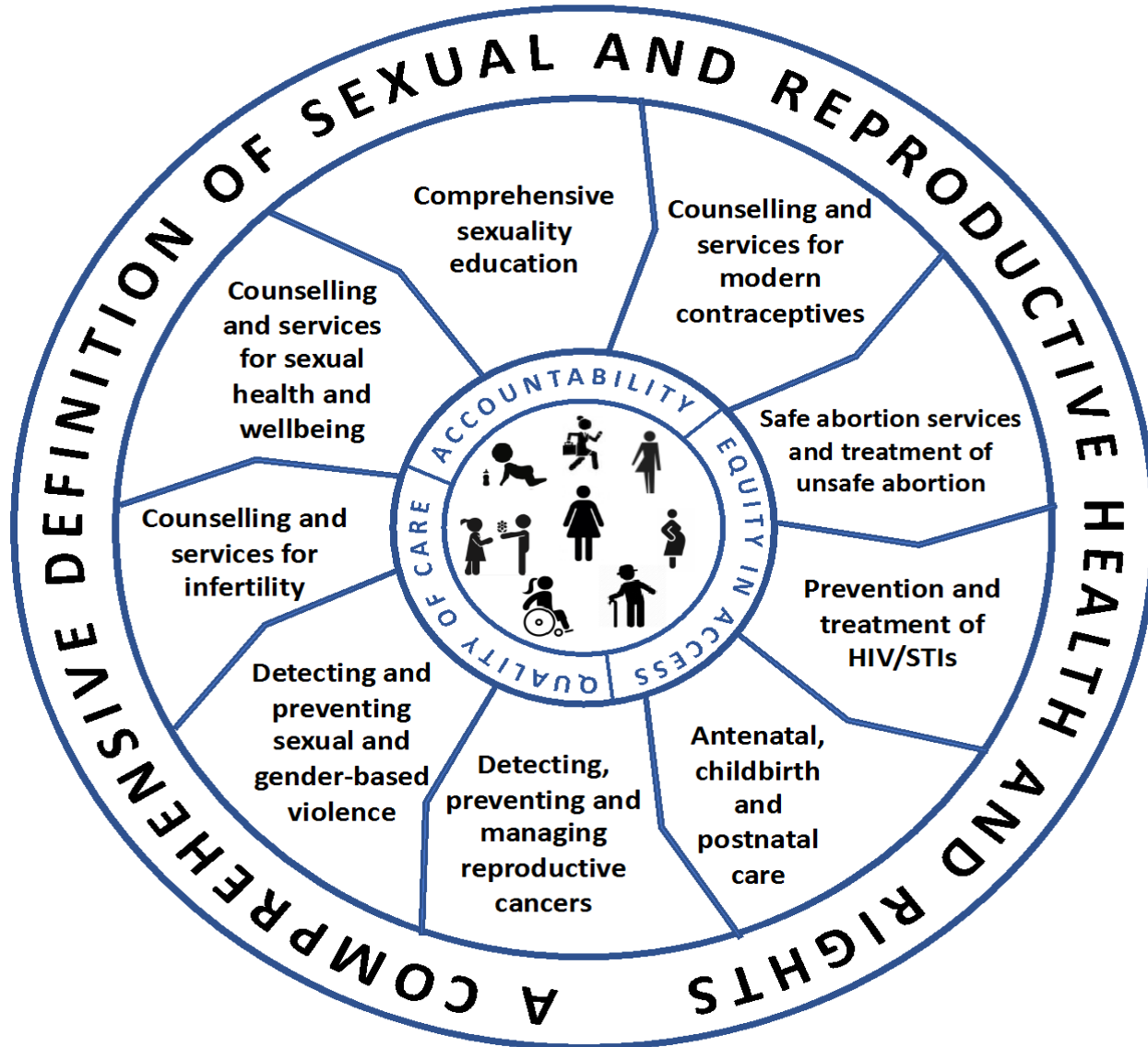
- Zero preventable maternal deaths
- Zero unmet need for family planning
- Zero gender-based violence and harmful practices

Adolescents are critical to achieving all three results

Key Concepts - ICPD

- **International Conference on Population and Development (ICPD - 1994)** adopted a Programme of Action recognizing that individual human rights and dignity, including the equal rights of women and girls and universal access to sexual and reproductive health and rights, are a necessary precondition for sustainable development
- **Agreed definition of reproductive health:** *a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.*
- **ICPD25 Summit in Nairobi** (12-14 November 2019): universal access to sexual and reproductive health is central to much of the SDG agenda – ending poverty, security good health and well-being, realizing gender equality and achieving sustainable communities, among many other goals.

Key Concepts – comprehensive life course approach to SRHR



- Nutrition is more closely related to some aspects of sexual and reproductive health
- This presentation will focus on the importance of good nutrition in two stages of the life course:
 - Maternal and Newborn health
 - Adolescent health

Global nutrition targets

Global nutrition targets 2025



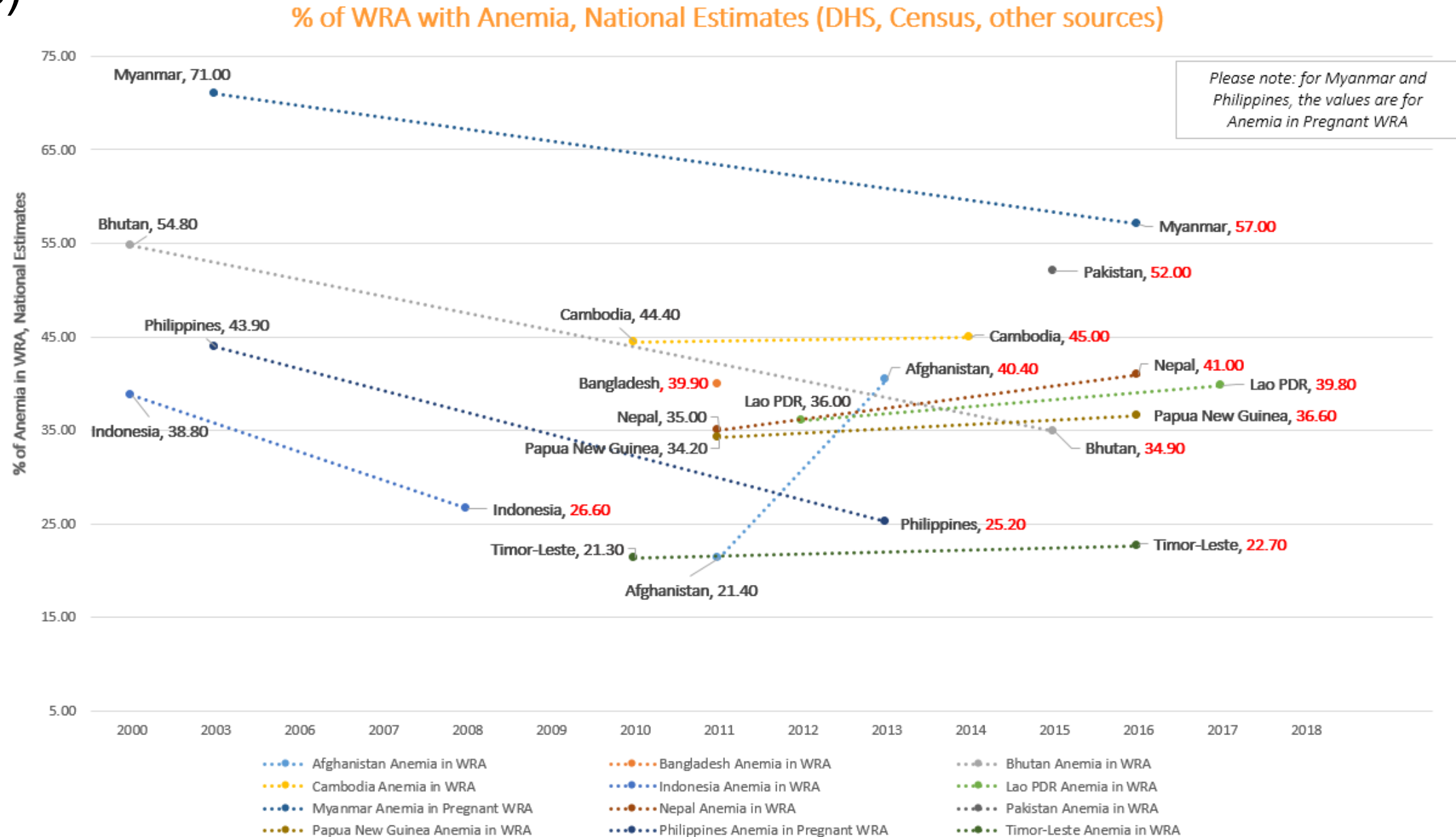
Global noncommunicable disease targets for 2025 (diet-related)



➤ **WHO Global nutrition targets 2025, established and endorsed by the World Health Assembly in 2012**

➤ **Progress related to maternal anaemia, overweight, diabetes and obesity among adults is lagging behind**

Anemia in women of reproductive age in Asia Pacific Region (12 countries)

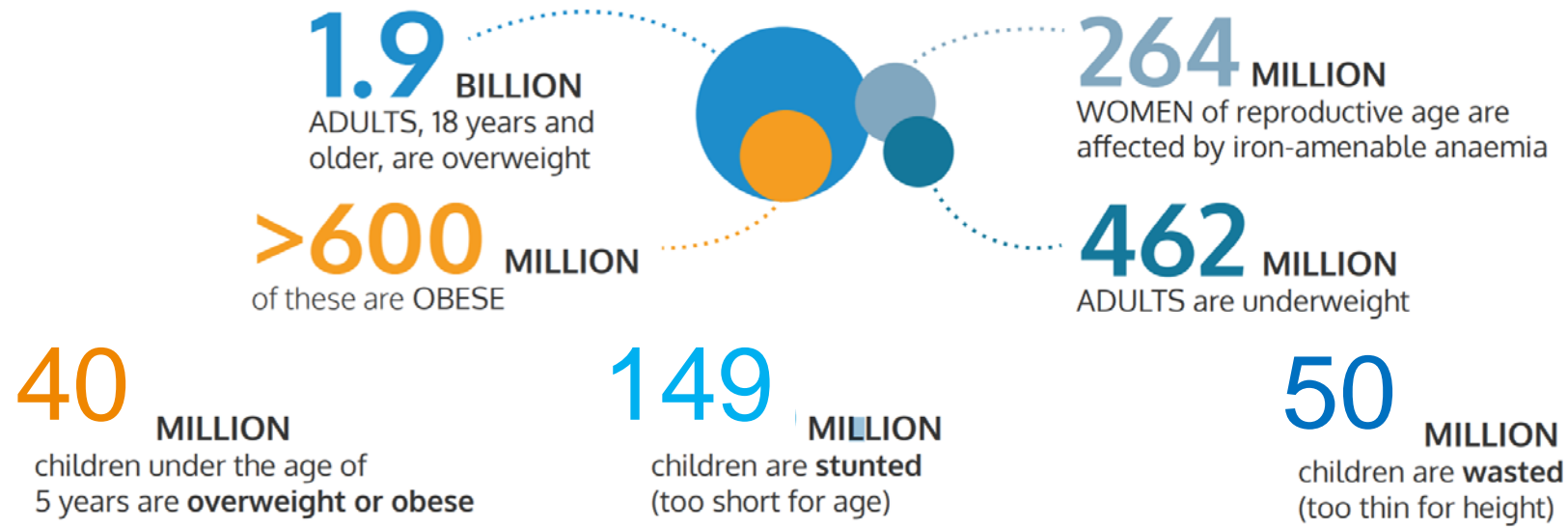


Anemia in women of reproductive age in Asia Pacific Region

- **Anemia amongst WRA is decreasing in only 4 out of 12 countries**, and only 1 country (e.g. Myanmar) is currently on track to achieve their national target (8 countries have no target)
- **Anemia amongst WRA is a severe public health problem in 5 countries** and a moderate public health problem in 6 countries (anemia amongst WRA is a mild public health problem in only 1 country (e.g. Philippines))
- **Non-iron deficiency related anemia appears to be a problem in Cambodia** and may potentially be a problem in other nearby countries



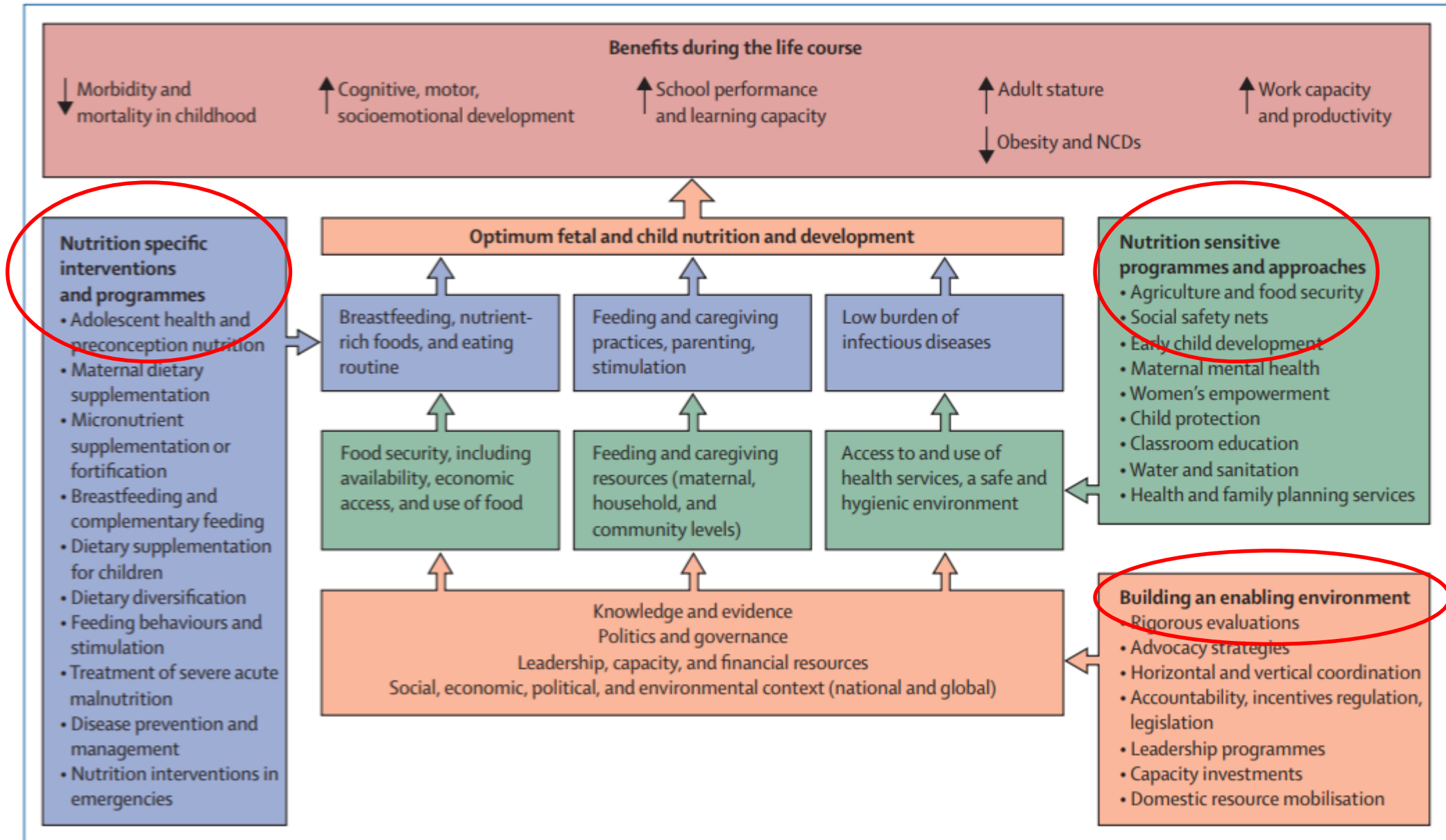
Nutrition and Maternal and Newborn Health – summary of evidence



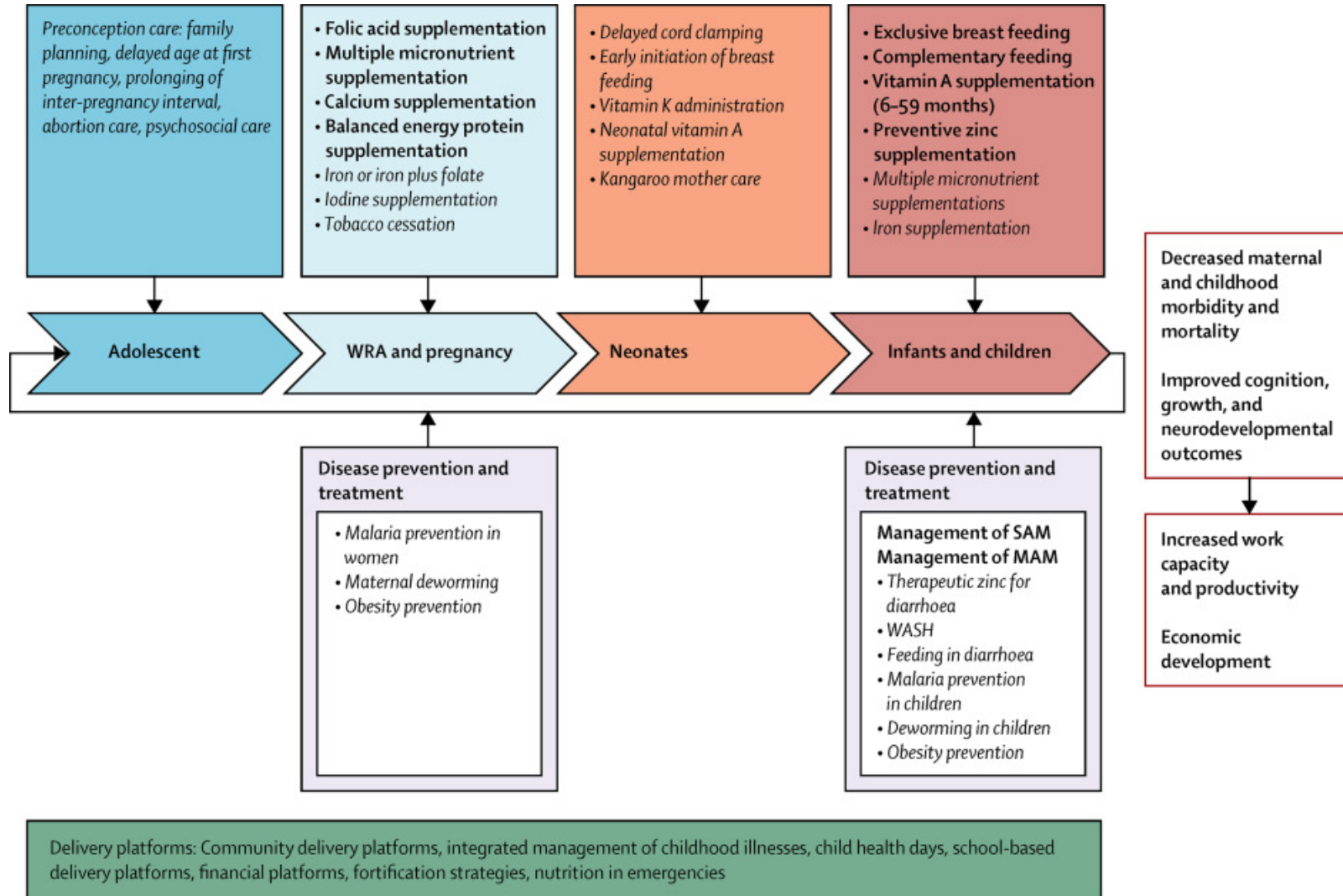
Source: WHO, UNICEF, 2019

- Iron and calcium deficiencies contribute substantially to maternal deaths
- Maternal iron deficiency is associated with babies with low weight (<2500 g) at birth
- Maternal overweight and obesity are associated with maternal morbidity, preterm birth, and increased infant mortality
- Fetal growth restriction is associated with maternal short stature and underweight and causes about 12% of neonatal deaths and increases the incidence of obstructed labour leading also to maternal deaths.
- Increasing exclusive breastfeeding to near-universal levels could save more than 800 000 lives/year

Nutrition and Maternal and Newborn Health – framework for action



Effect and cost of scaling-up ten nutrition-specific interventions across the lifecycle to address undernutrition and micronutrient deficiencies



Bold=Interventions modelled
Italics=Other interventions reviewed

Lancet Series on Maternal and Child Nutrition (2013)

If these ten nutrition-specific interventions (in bold) were scaled-up from existing pop. coverage to 90%:

- An estimated 900,000 lives could be saved in 34 high nutrition-burden countries
- Prevalence of stunting could be reduced by 20% and that of severe wasting by 60%
- Cost of scaling-up this package: USD 9.6 billion

Adolescent pregnancy, undernutrition and growth – summary of evidence

- **Approximately 16 million girls aged 15 to 19 years and 2.5 million girls under 16 years give birth each year in developing regions:***
 - ⇒ 90% of these births occur within marriage. One in five girls globally is married before the age of 18.*
- **The prevalence of anaemia among adolescents has decreased since 1990 but in multi-burden countries the prevalence of anaemia remains high:**
 - ⇒ 40% of adolescent females in these countries are considered anaemic.**
- **In many of these countries, chronic undernutrition may substantially delay physical maturation and extend the adolescent growth period, often overlapping with the age of first pregnancy:*****
 - ⇒ This implies limited nutrient availability relative to both adolescent maternal requirements and fetal requirements.
 - ⇒ Adolescent pregnancy also has a negative impact on the linear growth of the young mothers.

Overnutrition among adolescents

- **Overweight and obesity impacts negatively on many outcomes for lifelong health, including sexual and reproductive health:**
 - ⇒ Excess weight and abdominal fat are risk factors for menstrual abnormalities, ovulatory dysfunction, altered endometrial function, miscarriage, and pregnancy and perinatal complications .
- **Since 1990, there has been a 120 percent increase in the prevalence of adolescents who are overweight or obese:***
 - ⇒ The increase in overweight and obesity happened globally but was particularly prominent among adolescent girls living in countries with a high burden of communicable, maternal, and nutritional conditions.

Critical nutrition interventions among adolescents in relation to reproductive health

➤ **Nutrition-specific interventions:**

- **Iron or iron and folic acid (IFA) supplementation**, and improving dietary intake through dietary diversification or fortification.
- **Balanced energy and protein (BEP) supplementation**

➤ **Nutrition-sensitive interventions:**

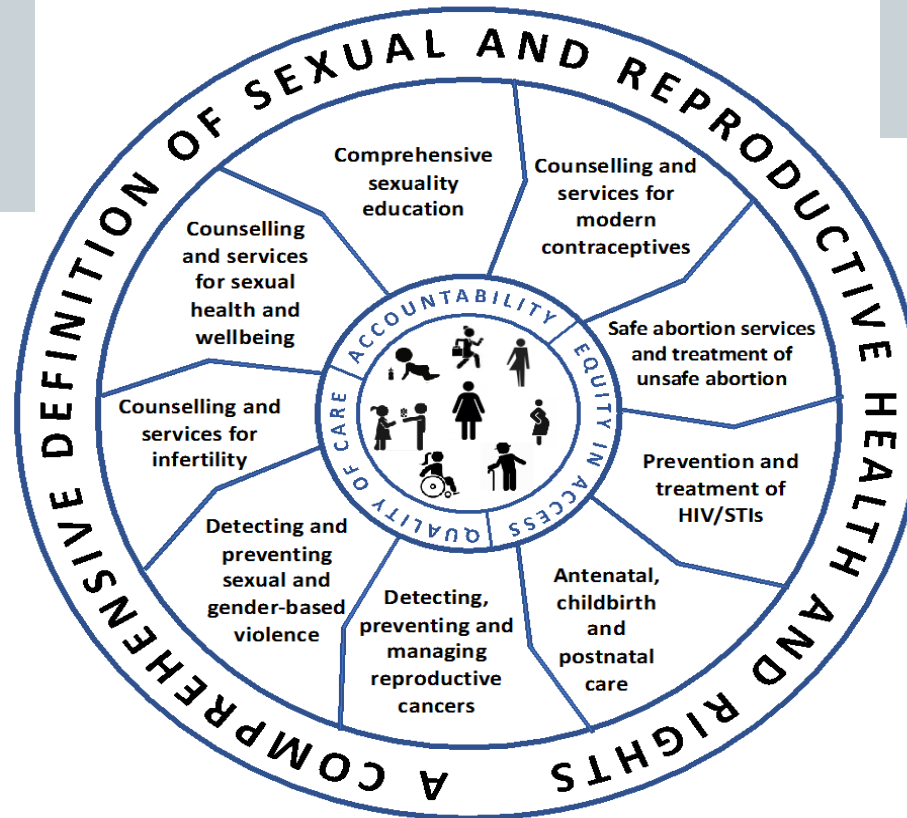
- **Comprehensive Sexuality Education in and out of school** to encourage lifelong healthy behaviors
- **Delaying age at marriage** through education and empowerment interventions
- **Delaying age at first pregnancy** through the provision of quality SRH services including contraceptive services and safe abortion

UNFPA's programmes: nutrition-specific and sensitive interventions

Through **adolescent CSE and SRH services**, youth community centres and peer outreach programmes, young people are supported in making healthier life choices that reduce their exposure to NCD risk factors.

Delaying age at marriage and first pregnancy

Preconception care among women of reproductive age who have impaired **glucose tolerance or diabetes**, including patient education and intensive glucose management.



Decrease the prevalence of anemia amongst women of reproductive age.
This includes understanding and addressing amenable causes of anemia and establishing and monitoring targets

**Iron, Folic acid, micronutrients, calcium supplementations
Vit A, preventive zinc supplementations**

Balanced energy and protein (BEP) supplementation

Promote and support **exclusive breastfeeding** for the first six months of life



THANK YOU

UNFPA's programmes in humanitarian settings (Arab State region)

Jordan:

- **prevention of Anaemia among targeted population (women and girls in child bearing age):** ANC, PNC (iron supplementation is provided for 3 months postpartum per WHO guideline), Health education sessions and individual counselling about maternal nutrition pre conception, during pregnancy, natal and post -natal period
- **Early initiation of breastfeeding and exclusive breastfeeding for 6 months**
- In 2017 ,UNFPA funded a new initiative (**the Women Friendly Health services Initiative – 15 health centers**) in collaboration with the National Women Health Care Center, **to improve health services provided to women all over the kingdom**, particularly access to reproductive health services including ANC, PNC, deliveries, FP, vaccination, medical care for rape survivors , post-abortion care, **nutrition counselling and anemia screening** , psychosocial services , screening for Breast and cervical cancer, prevention/ management of STI's and Post- Menopause (beyond 50+)

Yemen:

- UNFPA included ferrous Sulphat to the maternal life saving medicine and donated to MOPHP, Secondly UNFPA supported refresher training of community midwives on identification, counselling and referral of malnutrition pregnant women.