

# INTRODUCING NUTRITION INTO UNIVERSAL HEALTH CARE

Primary healthcare is essential to the achievement of universal health coverage and leads to a range of health and economic benefits.<sup>1</sup> As such, it is the principal means by which nutrition care should be streamlined and delivered at the community level while ensuring optimal coverage and delivery of high-quality services. Still, nutrition services should be introduced at multiple levels of healthcare delivery, including secondary and tertiary care. Lack of access to primary healthcare with appropriately integrated nutrition actions can mean that quality nutrition services do not reach everyone. It is often the most vulnerable and disadvantaged people who have least access to services. When nutrition services are delivered through other mechanisms, there is a risk that they are not of consistently high quality or optimal coverage, and that they are not systematically monitored and evaluated.

To integrate nutrition into primary healthcare tailored to different contexts and needs, a range of governance and operational levers are required. These include policy frameworks, equitable allocation of resources, engagement with community stakeholders and the private sector, appropriate health workforce, and physical infrastructure.<sup>2</sup> The nature of primary healthcare services available – and hence the extent and type of nutrition interventions that can and should be integrated – varies from country to country, according to context-specific needs, government structure, coordination and financing. For example, primary healthcare systems in fragile states are tailored to deal with increased levels of stunting, wasting, and micronutrient deficiencies, while also facing multiple other societal challenges such as restricted population access, systems disruption, supply breaks and high staff turnover. Crucially, primary healthcare systems need to be sensitive and responsive to differential population needs and social determinants, such as those influenced by location, age, gender, wealth, ethnicity, migration status, and disability in order to target and tailor interventions according to need. Strikingly, worldwide, only 4.4 million of the 16.6 million children under five years of age with severe acute malnutrition currently have access to treatment, highlighting the urgent need to address this unacceptable burden.<sup>3</sup>

The vision of WHO and UNICEF for universal coverage of primary healthcare in the 21st century is:

**“a people-centred approach to health that aims to equitably maximise the level and distribution of health and well-being by focusing on people’s needs and preferences (both as individuals and communities) as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as possible to people’s everyday environment.”**

*United Nations, 2019. Political declaration of the high-level meeting on universal health coverage, ‘Universal health coverage: moving together to build a healthier world’.*

<sup>1</sup> World Health Organization, 2018. Technical Series on Primary Health Care. Building the economic case for primary health care: a scoping review.

<sup>2</sup> World Health Organization and the United Nations Children’s Fund (UNICEF), 2018. A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals. Geneva: WHO.

<sup>3</sup> UNICEF, 2019. The state of the world’s children 2019. Children, food and nutrition: growing well in a changing world. New York: UNICEF; The state of acute malnutrition. Available at: <https://acutemalnutrition.org/en> (accessed February 2020).

The major global impacts of food insecurity and undernutrition have long been recognised, leading to a traditional focus on actions concentrated on undernutrition. Failing to recognise and target the staggering diet-related NCD burdens – that can coexist with undernutrition – through our health systems, will aggravate nutrition inequalities and the malnutrition burdens. The essential nutrition actions put forward by WHO highlight a minimum set of nutrition interventions across the life course that should be universally available, aimed primarily at undernutrition.<sup>4</sup> Key essential nutrition actions relevant to primary healthcare include micronutrient (e.g., iron, vitamin A, iodine) supplementation, treatment of acute malnutrition, and promoting and supporting adequate infant and young child feeding. Yet, of the 30 essential nutrition actions proposed, only one focuses on overall diet and diet-related NCDs by means of creating a broader environment that promotes healthy diet habits (mainly focused on fruits and vegetables, total fats, saturated fats and trans fats) that has extensions to primary healthcare provision. Interventions targeting other areas of the health sector (e.g., infectious disease control and reproductive health) also have the potential to collectively improve nutritional status.

In recent years, several other key dietary targets and strategies have been identified to tackle universally undernutrition and diet-related noncommunicable diseases (NCDs) that could be considered for integration into universal health coverage. Examples include medical prescriptions for free or discounted healthy foods, integration of standardised clinical assessments of diet quality and food insecurity into electronic health records, and medically tailored meals for high-risk, food-insecure patients with complex chronic conditions. It is essential for health systems to expand their services to target diets and diet-related NCDs and to address malnutrition rigorously and comprehensively.

Mainstreaming nutrition within universal health coverage will require a joint effort by governments and key stakeholders to build functional and resilient health systems, supported by strengthened governance and coordination. Delivery of high-quality and effective healthcare services, and nutrition care, depends on available health workforce, supplies and financing, and is vital to achieving universal health coverage. We used the WHO's health systems framework, encompassing six building blocks, to assess how nutrition could be comprehensively integrated into health systems. To ensure equitable, effective and sustained access to high-quality nutrition care, it is necessary to consider how each of these six essential components – or building blocks – of a health system could mainstream nutrition within health systems. The six components are: leadership and governance, health workforce, financing, access to essential medicines, service delivery, and information systems (Figure 1). The following sections consider how nutrition can be integrated and mainstreamed within each of these components, highlighting key challenges and opportunities, and with a focus on equity.

In recent years, several other key dietary targets and strategies have been identified to tackle universally undernutrition and diet-related NCDs that could be considered for integration into universal health coverage.<sup>5</sup> Examples include medical prescriptions for free or discounted healthy foods,<sup>6</sup> integration of standardised clinical assessments of diet quality and food insecurity into electronic health records,<sup>7</sup> and medically tailored meals for high-risk, food-insecure patients with complex chronic conditions.<sup>8</sup> It is essential for health systems to expand their services to target diets and diet-related NCDs, to address malnutrition rigorously and comprehensively.

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4 World Health Organization, 2019. Essential nutrition actions: Mainstreaming nutrition through the life-course. Geneva: WHO.

5 Lee Y., Mozaffarian D., Sy S. et al., 2019. Cost-effectiveness of financial incentives for improving diet and health through Medicare and Medicaid: a microsimulation study. *PLoS Medicine*,16:3, e1002761; Mozaffarian D., Angell S.Y., Lang T. et al., 2018. Role of government policy in nutrition-barriers to and opportunities for healthier eating. *BMJ* 361, k2426; Micha R., Penhalvo J.L., Cudhea F. et al., 2017. Association between dietary factors and mortality from heart disease, stroke, and type 2 diabetes in the United States. *JAMA*, 317:9, pp. 912–24; Huang Y., Pomeranz J., Wilde P. et al., 2018. Adoption and design of emerging dietary policies to improve cardiometabolic health in the US. *Current Atherosclerosis Reports*, 20:5, p. 25; Mozaffarian D., Liu J., Sy S. et al., 2018. Cost-effectiveness of financial incentives and disincentives for improving food purchases and health through the US Supplemental Nutrition Assistance Program (SNAP): a microsimulation study. *PLoS Medicine*,15:10, e1002661; Astrup A., Bertram H.C., Bonjour J.P. et al., 2019. WHO draft guidelines on dietary saturated and trans fatty acids: time for a new approach? *BMJ*, 366, l4137; Mozaffarian D., Mande J. and Micha R., 2019. Food is medicine – the promise and challenges of integrating food and nutrition into health care. *JAMA Internal Medicine*, 179:6, pp. 793–95.

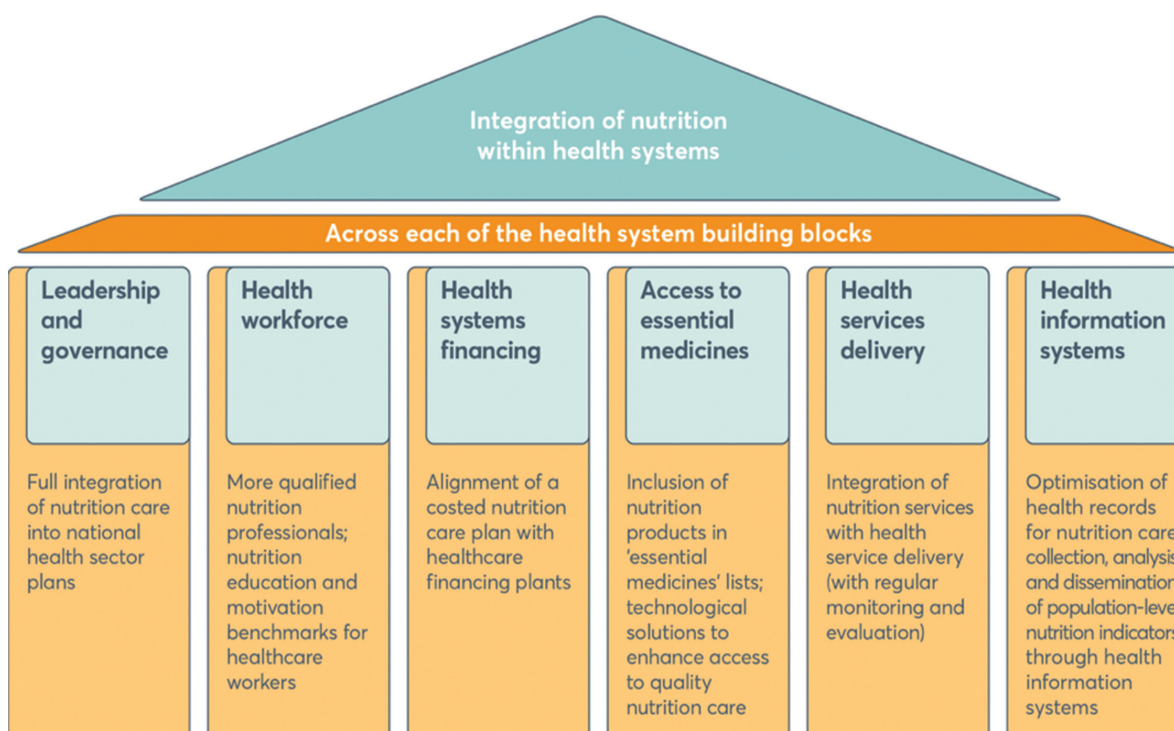
6 Lee Y., Mozaffarian D., Sy S. et al., 2019. Cost-effectiveness of financial incentives for improving diet and health through Medicare and Medicaid: a microsimulation study. *PLoS Medicine*,16:3, e1002761

7 Mozaffarian D., Mande J. and Micha R., 2019. Food is medicine – the promise and challenges of integrating food and nutrition into health care. *JAMA Internal Medicine*, 179: 6, pp. 793–95; Mozaffarian D., Mande J. and Micha R., 2019. Food is medicine: how US policy is shifting toward nutrition for better health. *The Conversation*, available at: <https://theconversation.com/food-is-medicine-how-us-policy-is-shifting-toward-nutrition-for-better-health-107650>

8 Ibid.

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



Source: Adapted from WHO, 2007<sup>11</sup>

Note: Nutrition care covers all services that would comprehensively prevent and treat malnutrition in all its forms.

Sources:

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Full report: [https://globalnutritionreport.org/documents/566/2020\\_Global\\_Nutrition\\_Report\\_2hrssKo.pdf](https://globalnutritionreport.org/documents/566/2020_Global_Nutrition_Report_2hrssKo.pdf)

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<sup>9</sup> World Health Organization, 2007. Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. Geneva: WHO

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.