

**Some thoughts:**

**HOW CAN THE BARRIERS TO THE  
EFFECTIVE PREVENTION AND CONTROL  
OF ANEMIA BE OVERCOME?`**

*The following has been adapted in major part from a presentation prepared by Dr. Glen Maberly based on meetings and discussions in 1999 that focused on the broader area of overcoming barriers to micronutrient malnutrition. The quotes by David Haxton have been changed slightly (with his permission) to focus on anemia)*

*G. Gleason July 2002*

My personal contribution would be to suggest that action to tackle worldwide anemia be made of the highest priority. We have been seeing progress, indeed remarkable progress in salt iodation and Vitamin A supplementation, with all the benefits they bring.

I believe we can and should plan for an equally successful push on action to dramatically reduce anemia which affect even more people.

**Richard Jolly** (*1999*,  
then chairman of the  
SCN)

Even the term anemia does not conjure up a very serious problem, or an understanding of the benefits of elimination.

These should be presented as programs to save mother's and children's lives, making populations smart, vigorous and productive.

It seems this issue of micronutrient malnutrition has been strongly donor-driven and there is a need to regenerate local, political support and commitment.

Clearly, many of the solutions go beyond the health and public sectors and need to be understood and embraced by those producing supplements and food in the private sector.

The channels of communication among the stakeholders need to be opened and utilized in order to bring interventions to populations on a wide scale.

The consumers in all the affected locations do not yet recognize the value of the addition of micronutrients as supplements, or in food. Appreciation of the true nature of the problem is low and, hence, demand for these products is weak.

A major obstacle to progress is ignorance on the parts of government, civic authorities, private entities almost equally of the magnitude of the problem of anemia prevention and control nationally.

There is an ignorance of the magnitude of the national consequences of anemia; of the collective impact of the physical, cognitive and social consequences of anemia to a country's economic productivity and of the available, technically feasible and economically sustainable methods to address it.

*David P. Haxton*

In good part, the challenge to alleviate this ignorance is the responsibility of those who know the magnitude, are aware of the economics of improved nutrition, and of the instruments to address the anemia problem. By this I mean the UN Agencies, the NGO agencies involved, scientific and professional groups.

We simply have not successfully penetrated to national community leaders, public or private, with messages and information that would stimulate the necessary decision taking.

*David P. Haxton*

## *Barriers in Asia*

The problem is not in available data or techniques, but primarily in political will.

*Alfred Sommer*

*A new documented global commitment.*

The global target set and agreed by the 2002 UN Special Session for 30% reduction of anemia in all populations by 2010 provides an new and powerful political “hook” for effective advocacy with Government and donors.

*Gary Gleason*

## *More than one nutrient at a time*

Too much effort **AND RESOURCES** dedicated to solving **SINGLE** nutrient deficiencies.

Iron deficiency will almost always be accompanied by vitamin A, zinc, riboflavin, vitamin B-12 deficiencies, etc.. where it is caused by low consumption of animal products or parasites

*Lindsay H. Allen*

*More than one nutrient at a time (2)*

The need now is to move to fortification/  
supplementation with multiple micronutrients, especially  
targeting pregnant/lactating women and infants and  
children. To provide only single nutrients is UNETHICAL.

The technology is AVAILABLE and the cost is  
LOW.

*Lindsay H. Allen*

## *Iron deficiency/Iron Overload*

I would like to make one point about the iron overload issue. I do not for a moment believe that the theoretical risk of iron overload is a reason to withhold iron from people living in developing countries.

*Sean Lynch*

*Unilever: barriers for fortification, from a private enterprise point of view (1)*

There is no doubt that Unilever recognizes the problem of micronutrient malnutrition and want to do something positive to address this problem.

However, in the light of the fact that fortification has cost implications for the business and the reality of businesses being profit driven, careful planning is required before companies can invest in fortification.

*Megan Cobcroft*

## *Unilever: barriers for fortification, from a private enterprise point of view (2)*

Unilever has identified 3 general barriers from a private enterprise point of view. Private food companies such as Unilever need the assurance that:

1. fortified products do sell and are supported by opinion leaders and governments.
2. the fortification vehicle chosen will reach the target consumer.
3. fortified products are effective in addressing micronutrient malnutrition.

*Megan Cobcroft*

*Subject:*

*The communication of fortified products is a key issue (3)*

It is relatively easy to communicate to those who have a high level of education and are interested in health and nutrition. It is more of a challenge to produce messages that reach AND are meaningful to people battling with day to day survival for whom health may simply mean a full stomach. Other issues to tackle in communication include illiteracy, credibility etc.

**Megan Cobcroft**

*Subject:*

*Legislation related to communication of fortified products (4) :*

Legislation: there is a need for nutrition claims or messages that can be legally and ethically used to effectively communicate the benefits of a product. This is an area that the pharmaceutical industry has to deal with extensively but the food industry has not. Unilever wants to ensure that they do not give misinformation or that their information is not misunderstood.

**Megan Cobcroft**

## *Barriers for food fortification (1)*

- **Political:** Lack of political will, lack of recognition of the problem for political reasons and political instability that leads to start all over many times
- **Lack of large surveys** on micronutrient status in certain countries
- **Misconception on the costs of fortification**
- **Difficulty to quantitatively assess the benefits of nutrition intervention**
- **Health authorities not willing to accept other countries experience, thus starting programs from scratch.**

## *Barriers for food fortification (2)*

- Different agencies working in the field without any global coordination.
- "Tunnel Vision Nutrition" (Paul Lachance's concept), not approaching the problem from a multinutrient - multifood approach. Many times not considering the influence of certain micronutrients in the status of others (e.g. iron vs. vitamin A, riboflavin, vitamin C, etc.)

*Hector Cori*

## *Subject:*

### *Barriers to Progress*

Lack of *mainstreaming*. Micronutrient programs are dealt with as entities unto themselves and are not mainstream issues either in health, nutrition or economic development.

Parts of the problem come from:

- earmarking on the part of donors
- impatience to get something done (which results in setting up new structures),
- our own failure to think through how micronutrient programs fit into others' frameworks.

Judith McGuire (1999)

*Subject:*

*Barriers to Progress*

Another barrier to effective action is the excessive focus on small scale interventions with low coverage rather than on major policy change and national scale, whole-owned (by the clients) programs.

Judith McGuire (1999)

*Subject:*

*Barriers to Progress*

Bickering, competition, unproductive pseudo-academic arguments -- the nutrition community's incredible ability to fail to communicate a clear message (usually in the name of scientific rigor). This results in doubts about the most basic interventions and excessive money spent on research programs.

Judith McGuire (1999)

*Subject:*

*Barriers to Progress*

Fear of the private sector. It's a codependency situation. We need them and they need us -- but we don't trust them (and I suspect they think we're incredibly inefficient and silly).

We have to figure out a way to put in place the necessary rules of engagement, checks and balances, and codes of conduct so that we can let them do their thing.

Judith McGuire (1999)

## *Strengthening alliances to address Anemia through multiple interventions*

- Trade issues
- Communication, media and advocacy, marketing strategies
- Social mobilization and education
- Promoting enabling environment for policy and regulations.
- Use of seals of approval for products reaching certain standards
- Industry and governments awards
- Exchange of technical information and strategies
- Implementing national programs
- Well-documented monitoring and evaluation
- Sharing and replicating success