

Summary of Advocacy Research and Key Approaches to Advocacy for Iron Deficiency

This is a summary of the research and key aspects of the advocacy strategy for iron deficiency developed by The Manoff Group, commissioned by the Micronutrient Initiative.

The Problem of Iron Deficiency - Iron deficiency and iron deficiency anemia affect more than 3.5 billion people around the world¹, resulting in physical and cognitive impairment at all stages of life. Iron deficiency occurs in people of all nationalities and at all socio-economic levels. Women, because of monthly menstrual losses and pregnancy, and children, because they are growing rapidly, suffer the most from iron deficiency, but men and adolescent boys are also affected. Prevalence data currently shows these percentages of the population in the developing world suffering: 44% of women (56% of pregnant women), 53% of school-age children, 42% of preschool-age children, and 33% of men².

While iron deficiency is the most prevalent nutritional deficiency in the world it is also the micronutrient problem that has had the least amount of program work implemented, success achieved, and enthusiasm directed at solutions. Unlike vitamin A deficiency and iodine deficiency which have easily noticeable symptoms, the warning symptoms of iron deficiency are harder to discern despite their devastating impact.

For a problem that begins so benignly, the eventual consequences of iron deficiency and iron deficiency anemia are serious:

- increased risk of hemorrhage and maternal death during childbirth.
- increased risk of fetal mortality and low birth-weight.
- hampered cognitive and physical development during childhood..
- impaired immunity making resistance to and recovery from disease more difficult.
- decreased physical and mental ability affecting work capacity, wage-earning ability, and the ability to take care of one's family.

Advocacy Planning - Over the years, under a variety of auspices, groups of key partners such as The Micronutrient Initiative (MI), The World Bank, UNICEF, The U.S. Agency for International Development (USAID) have come together to consider ways to support and focus on the problem of iron deficiency. During these meetings it became increasingly evident that a global plan for advocacy was necessary to focus a serious, sustained effort of the global community on the problem. The Manoff Group was contracted by The Micronutrient Initiative to develop this global advocacy plan starting with a definition of the intended audiences and a research activity to better understand their perceptions, attitudes, knowledge, and ideas about iron deficiency and iron programs.

¹ 1998 Report of the Director General of the World Health Organization

² Fourth Report on the World Nutrition Situation, *Sub-Committee on Nutrition, United Nations*, January 2000, p. 24.

A schedule was developed of in-depth interviews with individuals influential in sectors affected by or able to affect iron deficiency. These sectors included public health, nutrition, early childhood development, maternal and women's health, labor/employers, and the food and pharmaceutical industries. The importance of opinions from those outside the fields of health and nutrition became increasingly evident during the interview phase. Thus, during the research activity the interviewers sought more opinions from the non-health, non-nutrition sectors, which contributed significantly to the development of the strategy. Interviews were conducted around the world with high-level decision-makers, policy-makers, and program managers in each of these sectors. The interviews collected opinions on: general perceptions and opinions of iron and iron programming; barriers preventing iron from being a priority on agendas of policy-makers and donors; opinions on the future focus of research and programming; success stories in iron programming and in advocacy for other health efforts; recommendations on how to make iron deficiency important to those in an interviewee's field of expertise.

Major Findings of the Interviews - 108 interviews were completed for this work. These consisted of 57 persons based in the United States, 51 based outside the United States, 18 of who were based in developing countries. These people were categorized by area of expertise, by sector, and their position of influence in an organization. Every effort was made to obtain information from all sectors and a variety of leadership positions. The following are the key points

- **Iron program advocacy at present lacks the essential components necessary for success. Iron needs:**
 - An effective, international coordinating group to provide a network for the exchange of information, technical assistance for programs, and access to resources.
 - Committed leadership by an organization.
 - An effective spokesperson(s) who can generate interest.

- **The magnitude of the problem is known, generally, but not the consequences. People first see iron deficiency as a medical problem. It needs to be redefined and treated more as a public health problem and less as a clinical one.**
 - The focus on iron needs to be shifted from the medical community's "curative" approach and treatment for iron deficiency to a population-based "preventive" approach.
 - Refocusing on the preventive approach combined with disseminating information about the cost-effectiveness of iron programs will make it easier for policy-makers to support.

- **There is an overwhelming perception that solving the problem is complex and with few successes. Interviewees expressed the need for:**
 - Realization that iron deficiency cannot be solved by a "magic bullet" approach.
 - "Options" for addressing iron deficiency need packaging by situation. The package needs to be in simple language and made available to organizations and governments.
 - Publicity and information is needed about iron deficiency, the extent, consequences, and success stories of programs.

- **Explain iron programming in terms of how it will advance agendas related to poverty, development, and hunger.**
 - The nutrition sector often looks at iron deficiency by defining “nutrition” itself as the main goal. Using indicators of success from other sectors in advocacy for iron may be more successful. Position iron as a means to reach other human development goals.
 - Iron programming needs to be examined in terms of its effects on a country’s overall development and poverty reduction. Highlight the benefits of improved school performance, reduced maternal mortality, and improved workforce performance. These improvements result in progress for a country.
 - Recognize that institutions focused on mortality reduction alone will be less interested in iron than institutions/programs with a human welfare and development mandate.

- **International and national leaders need to be targeted with tailored advocacy on iron programming. In addition, advocacy for iron programming needs to target appropriate sectoral audiences showing them that achieving iron program goals will lead to better accomplishment of their mandates, such as improved learning and development of school children. This will generate more interest in and action for iron programming.**
 - Donors and health workers complain of a deluge of one issue ‘causes’. To be effective, advocacy on iron deficiency needs to be incorporated into a variety of existing efforts where it will have a positive impact. A simultaneous, long-term sustainable effort in several sectors is needed to successfully decrease iron deficiency.
 - In the past, vertical programs have not succeeded for iron because different situations, contexts, and audiences have different iron needs. Iron programming needs to be culturally sensitive and flexible to reflect those needs. Advocacy and program options can be grouped by sectors that require similar work. Sector-specific work will help reduce the complexity of iron programming.
 - Iron deficiency is unique in that it affects so many aspects of life (child development, general health and immunity, work productivity) and, as such, it requires a “life cycle” approach. It can be appropriately positioned within various programs (early child development, school health, maternal health, and food fortification) and programs will be more effective if work is done concurrently within the suitable sectors.

Advocacy Approaches for Iron Deficiency

Sector work - The interviews showed the need to focus efforts on integrating iron into the work of different sectors, not mounting only a centralized, single focus advocacy effort as had been done for other micronutrients. Sectors that could logically accommodate iron programming and benefit most from this incorporation include: **early child development**, where adequate iron status is essential for the success of efforts to improve the physical and mental development of the child; **education and school health programs**, especially those that combine supplementation, deworming, and malaria interventions; **women’s and maternal health**, in light

of both the “life cycle” approach to health programs and the importance of the health of women and girls in general; **labor and industry**, for which evidence shows improved worker health and productivity when iron deficiency is treated.

By working with and through the sectors, addressing iron deficiency will become part of sector programs, meeting the goal of decreasing iron deficiency around the world while helping the sectors to achieve their individual goals (improved child health and development, maternal health, and productivity/livelihood). Policy-makers and decision-makers need to be shown that by dividing work into sectors, programs to treat iron deficiency become less complicated and more achievable.

Global Advocacy - However, concurrently, work needs to be done at the global policy-maker/decision-maker level to change attitudes and increase knowledge about iron programming. A comprehensive workplan was outlined with an eye toward conveying these universal messages:

- Iron deficiency is holding back human health and development at great cost to society.
- Iron deficiency affects people of both sexes and all nationalities and economic groups.
- Iron deficiency inhibits the mental and physical growth and development of infants and children, and therefore all investments in education and child health.
- Work capacity, mental concentration, earning capacity, and the ability to care for and generate livelihood for one’s family are reduced considerably by iron deficiency.³
- Today it is possible to treat and prevent iron deficiency using a variety of cost-effective methods.
- Preventing maternal anemia could lead to decreases of 40% of maternal perinatal deaths.⁴
- Prevention and treatment of iron deficiency brings better quality of life to individuals and communities and helps to break the cycle of poverty.

The Manoff Group and MI are currently developing advocacy materials for a global audience of policy makers and a sector audience of Early Child Development specialists. These materials are based on the above research and will help reach an audience of people that can take action to support and establish more activities addressing iron deficiency.

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³ S. Gillespie, Major Issues in the Control of Iron Deficiency, The Micronutrient Initiative, 1998, p.18.

⁴ D. Foote, G. Offutt, Technical Report on Anemia, CARE, (1997), p.9.