Indicator Proposal Summary – Anaemia in women of reproductive age

Full name of the Indicator:

Prevalence of anaemia in women aged 15-49 years, by pregnancy status (%)

Custodian Agency(ies):

World Health Organization (WHO)

Goal and target addressed:

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

Target 2.2: By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

What type of proposal (replacement, refinement, adjustment and addition), for replacement, refinement and adjustment, please list the original indicator and its number: **Addition**

1. Background and rationale for the indicator proposal

In May 2012 the 65th World Health Assembly (WHA) endorsed a *Comprehensive implementation plan on maternal, infant and young child nutrition* that included six global targets for 2025, among those, reducing anaemia in women of reproductive age by 50%. Global targets were established to identify priority areas, inspire ambition at country level and develop accountability frameworks. **Only three of the six** nutrition target indicators are currently in the SDG indicators list - childhood stunting, wasting and overweight (indicators 2.2.1 and 2.2.2) – and is insufficient to reflect capture the **SDG goal to end all forms of nutrition**.

The six targets endorsed by the WHA were selected based on their epidemiological and public health relevance; the availability of evidence-based effective and feasible public health interventions; the coherence and alignment with targets expressed in relevant policy frameworks, such as the *Global strategy for infant and young child feeding* and the UN Secretary General's *Global strategy for women's, children's and adolescents' health;* the existence of surveillance systems or other data collection instruments that would allow to set a baseline and monitor changes over time; and the country capacity to monitor indicators for the proposed targets. The evidence that targets could be achieved in all countries, regardless of income level, was also considered for the choice of the targets.[1] It has also been confusing to the global community why the global nutrition targets and SDG target indicators on nutrition do not completely overlap and the 2020 SDG review is the opportunity to align them. There is only 1 target (target 2.2) and two indicators that cover nutrition within the SDGs, yet other sectors have entire goals dedicated to them. Addition of indicators under target 2.2 would help governments to focus on the multitude of actions needed to eliminate all forms of malnutrition, which the target calls for.

The current WHA and SDG indicators have a 2025 target and UNICEF and WHO have also analyzed what the 2030 targets should be for these indicators by extending the same principles to align them

[1] Proposed global targets for maternal, infant and young child nutrition. WHO discussion paper. 6th February 2012. Available at: http://www.who.int/nutrition/events/2012_proposed_globaltargets_backgroundpaper.pdf (Accessed December 6, 2017).

with the SDG 2030 timeline and the proposal was noted by member states at the World Health Assembly Executive Board in January 2018.[2]

Anaemia is highly prevalent globally, disproportionately affecting children and women of reproductive age. It negatively affects cognitive and motor development and work capacity, and among pregnant women iron deficiency anaemia is associated with adverse reproductive outcomes, including preterm delivery, low-birth-weight infants, and decreased iron stores for the baby, which may lead to impaired development. Iron deficiency is considered the most common cause of anaemia, but there are other nutritional and non-nutritional causes. Blood haemoglobin concentrations are affected by many factors, including altitude (metres above sea level), smoking, trimester of pregnancy, age and sex. Anaemia can be assessed by measuring blood haemoglobin, and when used in combination with other indicators of iron status, blood haemoglobin provides information about the severity of iron deficiency. The anaemia prevalence for the population is used to classify the public health significance of the problem and to monitor the effectiveness of programmes aiming to reduce anaemia and to strengthen relevant systems and platforms.

2. Information on how and when the methodology has become an international standard and who is the governing body that approves it

For anaemia in women of reproductive age, the WHO Departments of Nutrition for Health and Development (NHD) and Information, Evidence and Research (IER) have worked together for the past several years on the generation of country, regional and global estimates for non-pregnant women, pregnant women and their aggregate of women of reproductive age. The last round of estimates was completed in 2017 for the years 1995-2016 and these figures are what currently appear in the WHO Global Health Observatory (GHO):

Pregnant women: http://apps.who.int/gho/data/node.imr.ANEMIAPW?lang=en

Non-pregnant women: http://apps.who.int/gho/data/node.imr.ANEMIANPW?lang=en

Women of reproductive age: http://apps.who.int/gho/data/node.imr.PREVANEMIA?lang=en

These estimates were produced using the same methodology that was reported for the 2011 estimates and can be found in the following two publications:

- http://apps.who.int/iris/bitstream/handle/10665/177094/9789241564960_eng.pdf;jsessionid=9EC71168E8558FF278658C3EE7CE7A6F?sequence=1
- Stevens G et al. Lancet Glob Health. 2013 Jul; 1(1): e16–e25. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4547326/

A formal consultation process was carried out by WHO with country's NSO/MoH before the final estimates were released.

3. Data sources and data availability

The preferable source of data is population-based surveys, followed by data from surveillance systems. In some cases, anonymized individual-level data are obtained from multi-country surveys, including demographic and health surveys, multiple indicator cluster surveys, reproductive health surveys and malaria indicator surveys. However, the Micronutrients Database of the WHO Vitamin and Mineral Information System (VMNIS) compiles and summarizes data on the micronutrient status of populations from various other sources, including data collected from the scientific literature and

[2] WHO/UNICEF Discussion paper. The extension of the 2025 Maternal, Infant and Young Child nutrition targets to 2030. Available at https://www.who.int/nutrition/global-target-2025/discussion-paper-extension-targets-2030.pdf.

through collaborators, including WHO regional and country offices, United Nations organizations, ministries of health, research and academic institutions, and nongovernmental organizations.

Prevalence of anaemia and/or mean haemoglobin in women of reproductive age were obtained from 303 population-representative data sources from 116 countries worldwide. Data collected from 1990 to 2016 were used.

4. Confirmation/explanation of joint submission with other partner/co-custodian agencies (if applicable)

The submission would be joint by UNICEF and WHO. WHO and UNICEF share the secretariat for the WHO-UNICEF Technical Advisory Expert Group on Nutrition Monitoring and collaborate closely in the standardization of nutrition indicators, guidelines and data collection and analysis for many nutrition indicators.

5. Conclusion

The 2025 target is to reduce anaemia prevalence in women of reproductive age by 50%. With an estimated baseline prevalence of 30.3% in 2012,[3] the target would be to achieve a prevalence of 15.2% in 2025. Given the challenges observed for countries to reach this target by 2025, the target for 2030 proposed by WHO and UNICEF is to maintain the target, that is, to reach the prevalence of anaemia in women of reproductive age by 2030 to levels that are at least 50% lower than those observed in 2012. This translates into a 3.8% average annual rate of reduction between 2012 and 2030.[2]

The estimates of anaemia in women of reproductive age are used for tracking progress towards the global nutrition target in the *Comprehensive implementation plan on maternal, infant and young child nutrition*, as well on *the Global strategy for women's, children's and adolescents' health* (as noted in GHO) (see https://www.who.int/nutrition/global-target-2025/en/ and http://apps.who.int/iris/bitstream/handle/10665/259904/9789241513609-eng.pdf;jsessionid=4F4165EBA8F217E2F555AE98E977981D?sequence=1 pages 18-20).

These estimates are also provided and reported in the *Global Nutrition Report* (http://globalnutritionreport.org/) and the *State of Food Security and Nutrition in the World* (SOFI) reports (http://www.fao.org/state-of-food-security-nutrition/en/). Its addition to the SDGs will raise its profile and encourage countries to address this public health issue and improve peoples' wellbeing.

[3] Global Health Observatory, 2017. Available at http://apps.who.int/gho/data/node.main.ANAEMIAWOMEN?lang=en.