Micronutrient Deficiencies in India

Past, Present and Way Forward to meet the SDG Targets

NFI – NAMS GOPALAN CENTENARY SYMPOSIUM: November 27 2018

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Micronutrients

Their deficiency has the more eloquent term: "Hidden Hunger"

Cobalt Iron Vitamin A Vitamin D Riboflavin lodine **Thiamin** Vitamin B₆ Vitamin E Magnesium Manganese Zinc Selenium Vitamin B₁₂ **Folate** Niacin **Phosphorus** Vitamin K Vitamin C Cobalamin Chromium

The Burden of Hidden Hunger in India

About 26% Of India's population - 268 million – are considered foodinsecure, consuming less than 80% of minimum energy requirements.

58.5% children anemic ³

57% of the preschool children have subclinical Vitamin A deficiency.⁴

200,000 babies are born every year with Neural Tube defects (NTDs) due to folic acid deficiency.⁵

India ranks 103 out
of 119 countries
on basis of three
indicators -prevalence of
wasting &
stunting in
children < 5 years,
under 5 child
mortality rate,
and proportion of
undernourished in
the population.¹

2.4% of GDP: Economic Losses as a result of Hidden Hunger

62% of the population is at risk of Vitamin A Deficiency ²

lodine deficiency is endemic in all parts of the country.

Incidence of NTDs in the Indian varies between **0.5-8/1000** births.⁶

¹ The Global Hunger Index, 2018

² FAO, 2013

³ NFHS-4 (National Family and Health Survey 2015-16) Fact Sheet

⁴ India's undernourished children: A call for reform and action, The World Bank 2006

⁵VP Kotech, Micronutrient Malnutrition in India: Let Us Say "No" to it Now, Indian J Community Med. 2008

Progress has been made in addressing Hidden Hunger

Earlier success with Beri Beri, Pellagra, Scurvy

Universal Salt Iodization: 93.1% households consume iodized salt (NFHS 4). Incidence of Cretinism is negligible.

Incidence of Keratomalacia has drastically come down. 60.2% children 9-59% months consumed Vitamin A in the last 6 months (NFHS 4)

Consumption of IFA by Pregnant Women has increased: 15.2% in NFHS 3 to 30.2% in NFHS 4

However, improvements have been slow. We are in danger of missing SDG2 if present trends continue

Complex, Interacting Drivers of Hidden Hunger

Social, Economic and Agricultural Drivers

AGRICULTURE

Food pricing of energy dense vs micronutrient rich food

DIET DIVERSITY LIMITED

INEQUITABLE GENDER ACCESS



Monthly per capita consumption expenditure (in Rs)

	Fractile 12 urban (top 5%)	Fractile 1 rural (bottom 5%)	Fractile 6 urban (40-50th percentile)	Fractile 6 rural (40-50th percentile)
Food	2859.12	315.84	948.34	659.1
Fresh fruits	244.3	3.99	46.67	21.61
Vegetables	197.38	52.32	113.09	88.49
Milk products	420.8	17.64	159.55	90.94
Pulses	76.5	22.11 51.13 102.96 166.11		38.14
Cereals	224.51			148.46
Eggs, fish, meat	200.76	13.87	83.7	54.83
Edible oil	102.55	26.45	67.41	50.91
Spices	92.77	24.23	61.72	44.77
Beverages	180.53	0.53 8.88 4		24.71

Source: NSSO

The Diet Paradox

We are world's largest producers of MILK and

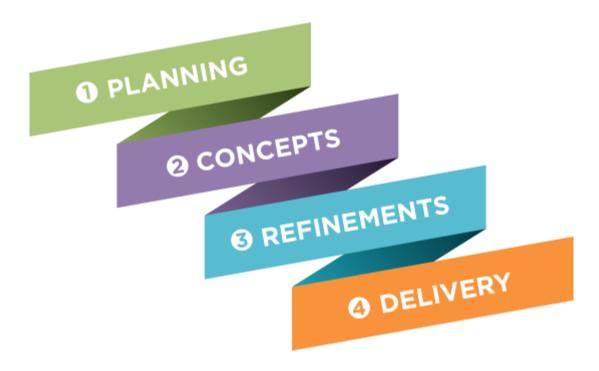
VEGETABLES & FRUITS.

Consumption, however, is limited



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PROPOSED SOLUTIONS



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BROAD BASED STRATEGIES

FOCUS ON AGRICULTURE AND DIET

Sustained Increased in Crop Yields and Production

Soil Productivity; Climate Change

Balance between macro- and micro-nutrient needs

Reduction in Supply Chain Losses

Processing needed, especially to reduce micronutrient losses

Increased Diet Diversity

Increase in consumption of dairy products, pulses, meat



TARGETED INTERVENTIONS

	Supply Chain Stage	Estimated Cost (pppa)
Bio Fortification	Crop Production Level	USD 1.6 million (National Total for Rice)
Food Fortification	Food Processing Level	USD 0.05 for Iodization USD 0.12 for others
Supplementation	Household Level	USD 1 – 1.2

Ritchie and Reay, 2017

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Suitability for population wide / demographic specific deficiencies

	Dietary diversification	Increased meat and dairy (or relevant substitute)	Reduction supply chain losses	Food processing fortification	Biofortification	Dietary supplementation
Iron	х	х		X	x	х
Calcium	X	x	X	x		x
Zinc	х			x	X	х
Vitamin A	X		×	x	x	x
Vitamin B ₆		x		×		x
Vitamin B ₁₂		x		x		x
Folate	x		×	x		x
lodine				×		
Lysine		x		X		x

The suitability of addressing population-wide and demographic-specific micronutrient deficiencies by food-based and targeted interventions.

Additional discussion on the relative merits and demands of food-based and targeted interventions can be found in the Supplementary Discussion.

FORTIFICATION

NEAR TO LONG TERM STRATEGIES

BIO FORTIFICATION

Success with Golden Rice, Iron Pearl Millet, Zinc Wheat Widespread Use is still at least a decade away

FORTIFICATION

Techniques available for DFS, Milk and Oil Fortification, Rice and Wheat Fortification We have the FFRC working on these issues

Increasing fortification across India; huge possibilities in PDS, MDM, ICDS

Research and Close Monitoring Needed

SUPPLEMENTATION

A NEAR TERM STRATEGY, NECESSARY BECAUSE OF WIDESPREAD DEFICIENCIES

CONTINUED NEED TO TARGET PREGNANT AND LACTATING WOMEN & CHILDREN

MORE EFFICIENT SUPPLY AND DISTRIBUTION CHANNELS NEEDED

IMMEDIATE NEED TO EDUCATE THE PEOPLE

A Project Tiger Moment?!

Project Tiger led to protection resurgence of other fauna, and forests as well

Anemia Mukt Bharat can work in similar ways:

- The emphasis on behavior change, including diets
- Fortification as an intervention

Let us seize this moment!



Three excellent opportunities to address Hidden Hunger

POSHAN ABHIYAN

A number of initiatives are being implemented, including Jan Andolan; and convergence
Plans to decrease Anemia prevalence by 3% per year

DAY - NRLM

A potential platform of Women; they also work on gender issues 5.5 Crores reached thus far; target is 10 Crores

The Focus on **Aspirational Districts**Collectors responsible; focus on outcomes





2030 is not far away....

There is adequate data for us to work upon

The **Solutions** are known

The **Technology** is there

The Will is also showing

We have **young professionals** willing to work on such challenges

Let us go in with **simple messaging** to change the scenario





The best way to predict the future is to create it.

- Peter Drucker