Global Forum 2015, 24-27 August 2015, Manila

Session on
Food and nutrition policy challenges in an urbanizing world

Simon Wieser, wiso@zhaw.ch
Institute of Health Economics, Zurich University of Applied Sciences, Switzerland
Research in the field of nutrition and public health has been partially financed by Nestlé and DSM
No conflict of interest declared
Prevalence of iron deficiency anemia in 6-59-month-old children in rural and urban India by socio-economic strata

Overall prevalence of anemia is higher in rural areas but prevalence is particularly high in urban poor and prevalence is high even in wealthy urban households.

Size of bubbles corresponds to relative size of the population of the sub-group.

Source: Plessow et al. 2015, PLOS ONE (forthcoming)
Does the intervention work? And if yes, is it worth it?

- Governments and international organizations spend large amounts of money for interventions aiming to reduce malnutrition and improve public health.

- However, it is often not clear if these interventions work and if they are worth the money spent.
Does the intervention work?
Factors influencing the effectiveness of an iron supplementation / fortification intervention:

1. **Clinical effectiveness**
   What is the effect of iron fortified food on hemoglobin levels, morbidity, mortality, cognitive development of children?

2. **Effectiveness of delivery mode**
   Stability of iron and other micronutrients? Does the intervention reach the group targeted? Losses due to corruption and mismanagement?

3. **Compliance of households**
   Is the fortified food consumed by the targeted children/women? Are the iron supplements consumed?

4. **Substitution of other foods**
   Are the households buying less or other foods than before the intervention? This might leave overall nutrient intake unchanged.
Is the intervention worth it?
Are the limited financial resources well spent or should we better spend them on other interventions?

Did we choose the interventions with the most favourable cost-benefit ratios?

- Are we targeting the groups most in need and with the highest potential gains? For example young children, women in childbearing age, lower socio-economic groups.
- The cheapest intervention doesn’t necessarily have the most favourable cost-benefit ratio.