GCNF Fortification Breakout Workshop Session

Optimizing Resilience in times of COVID-19; the importance of micronutrients and food fortification to strengthen immunity for school children

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The COVID-19 pandemic deepens the malnutrition crisis

Lockdown situations disrupted :

- Food supply
- Household incomes
- Access to critical services for health, nutrition & education
- Social Safety net programs delivery
- Calories and micronutrients intake

Pandemic will increase the risk of all forms of malnutrition:

- Rise in Stunting and Wasting
- Significant increase in Low Birth Weight
- Micronutrient deficiencies will increase and affect mainly women and children
- Poor nutrition in First 1000 days is likely to lead to a COVID generation of children



Global Monitoring of School Meals During COVID-19 School Closures

World Food Programme: https://cdn.wfp.org/2020/school-feeding-map/



UK doctors demand free meals for kids as COVID fuels hunger

The Pandemic Tears a Hole in a Vital Child Nutrition Safety Net

COVID-19 forces cuts to school meal programs across Canada

Micronutrients support in health & immunity



- Micronutrients play a role in many functions including immunity
- Food fortification can improve dietary quality, fill population nutrient gaps, and deliver health benefits to the population at large



Staple Food Fortification is a powerful practice to address micronutrient deficiencies across the population

Food fortification which adds essential vitamins and minerals to commonly consumed foods such as **maize/wheat flour, sugar, edible oil, rice and salt**, is one of the most cost-effective, proven







interventions that is readily available to address vitamin and mineral 48% industrially milled deficiencies.

ndustrially milled 30% industrially milled e flour is fortified wheat flour is fortified 1% industrially milled rice is fortified



Why school meal programs?

Every day, millions of children around the world go to school on an empty stomach – hunger affects their concentration and ability to learn. There are also millions of children – particularly girls – who simply do not go school because their families need them to help in the fields or perform domestic duties. In conflict-affected countries, where children are twice as likely to be out of school than their peers in stable countries – 2.5-times more likely in the case of girls.



Pathways and entry points for nutrition-sensitive school-feeding

School feeding system, policy, financing, institutional capacity, coordination, community involvement



Opportunities for school meal programs

- School meals provide safety nets, incentivize school enrolment, and regular attendance
- School meals programs ideally offer a complete package:
 - Nutrition education
 - Nutrient dense food provision
 - School-based health and nutrition services such as deworming
- Nutritious school meals can offer benefits to schoolchildren, e.g.
 - Improved micronutrient status
 - Support physical and cognitive function
- School meals provide an opportunity
 - for different actors to join forces
 - for countries to contribute to their nutrition goals





Fortified foods as part of school menu's

- Of the countries surveyed in the Global Survey of School Meal Programs, 87% of school meal programs cite the goal of improving students' nutrition among their objectives.
- 68% Of programs serve fortified foods on the school menu; common fortified food items include oil, salt, grains/cereals (including rice), and corn-soy blend or biscuits. The most common micronutrients added include iron, iodine, vitamin A, zinc, and folic acid, among others

| | | % of programs that include Special training for | | | | | | | | | |
|-----------------|--------------------------------------|--|---------------------------|-----------------|----------------------------------|--------------------------------|---------------------------|--------------------|--|--|--|
| | | Objective to meet nutritional goals | Nutritionists involved | Fortified foods | cooks / caterers in nutrition | Objective to reduce obesity | Micronutrient supplements | Biofortified foods | | | |
| Region | Sub-Saharan Africa | 88 | 65 | 67 | 58 | 9 | 27 | 15 | | | |
| | South Asia, East Asia & Pacific | 83 | 64 | 73 | 81 | 23 | 25 | 19 | | | |
| | Middle East & North Africa | 100 | 71 | 50 | 50 | 43 | 33 | 0 | | | |
| | Latin America & Caribbean | 78 | 100 | 89 | 86 | 44 | 0 | 0 | | | |
| | North America, Europe & Central Asia | 89 | 71 | 56 | 78 | 56 | 0 | 0 | | | |
| Income group | Low income | 90 | 60 | 68 | 62 | 6 | 25 | 15 | | | |
| | Lower middle income | 85 | 71 | 69 | 67 | 21 | 34 | 6 | | | |
| | Upper middle income | 76 | 75 | 74 | 73 | 29 | 7 | 28 | | | |
| | High income | 94 | 85 | 53 | 86 | 76 | 0 | 0 | | | |
| All | | 87 | 69 | 68 | 67 | 23 | 22 | 12 | | | |



Rice fortification: adding back the micronutrients







Fortified rice in schoolchildren

| Author | Country | Age | Group | Fortificants | Reduced anemia | Iron status improvement | Anemia parameters | Iron status parameters | Nutrition status parameters | Health outcomes |
|--|----------------------------------|---------|--------------------------|---|-------------------|----------------------------|----------------------|--|--|---|
| Angeles-Agdeppa 2018 | Philippines ^{2a} | 6—8 y | Schoolchildren | 2 groups: FePP and FeSO4 | | | ↑ Hb | | | |
| Angeles-Agdeppa 2008 | Philippines ^{2b} | 6–9 y | Schoolchildren | Iron | \checkmark | _ | ↑ Hb ↓ Anemia | — Ferritin | | |
| Moretti 2006 | India ⁸ | 6—13 y | Schoolchildren | Iron | _ | _ | — Hb — Anemia | — Iron status parameters | | |
| Radhika 2011 | India ⁹ | 5—11 y | Schoolchildren | Iron | _ | | — Hb — Anemia | ↑ Ferritin ↓ Iron deficiency | | |
| Zimmermann 2006 | India ¹⁰ | 5—9 у | Schoolchildren | Iron | _ | \checkmark | — Hb — Anemia | ↑ Transferrin receptor — Serum ferritin ↓ iron deficiency | | |
| Pinkaew 2013 | Thailand ¹¹ | 4–12 y | Schoolchildren | Zinc, Iron, and Vitamin A | _ | | ↑ Hb | — Ferritin ↓ iron deficiency | ↑ Serum zinc | |
| Pinkaew 2014 | Thailand ¹² | 8—12 y | Schoolchildren | Zinc, Iron, and Vitamin A | _ | \checkmark | | | ↑ Serum vitamin A | |
| Thankachan 2012 | India ¹³ | 6—12 y | Schoolchildren | Iron (two doses) | _ | | — Hb | — Iron status parameters | ↑ Vitamin B12 ↓ Homocysteine | ↑ Physical — Cognitive performance |
| Perignon 2016 Florentino 2018 Kuong 2019 De Gier 2016 | Cambodia ^{14,18, 24,26} | 6–16 y | N=2440 Schoolchildren | vitamin A, thiamin, vitamin B6, B12, folic acid, niacin, iron and zinc | | \checkmark | ↑ Hb ↓ Anemia | ↑ Ferritin ↑ Transferrin receptor | ↑ Folate status ↑ Zinc status ↓ Zinc deficiency ↓ Folate deficiency | ↑ Parasite infection ↑ Cognitive performance |
| Huo 2013 | China ²⁵ | 11-16 y | N=320 Schoolchildren | b-carotene, thiamin, riboflavin, vitamin B3, folic acid, iron and zinc fortified rice iron fortified soy sauce and VA fortified cooking oil | | \checkmark | ↑ Hb ↓ Anemia | ↑ Ferritin ↓ Iron deficiency | ↑ Zinc ↑ Vitamin A ↑ Vitamin B1 ↑ Vitamin B2 | |
| Parker 2016 | Burundi ¹⁵ | ~ 9 y | N=1071 Schoolchildren | Iron, zinc, thiamine, folic acid | _ | | — Hb | | | |
| Hussain 2014 | India ⁴ | 5-8-y | N=222 Schoolchildren | iron, β-carotene, vitamin A, iron + vitamin A and iron + β-carotene | | | ↑ Hb ↓ Anemia | ↑ Ferritin ↓ Iron deficiency | ↑ Retinol | |

Impact and potential of fortification to increase the micronutrient resiliency of school meals

Summary of evidence for fortified rice in school children

Improved nutrition status

- Reduced anemia and iron-deficiency anemia
- Improved zinc and iron status
- Improved vitamin A, B1, B2, B12, and folate status

Other health benefits

- Improved physical performance
- Improved cognition (block design test)



Food fortification interventions targeting school children: Africa

Micronutrient Powders





Rice fortification

WFP Senegal:

School feeding pilot;
 Fortified rice

Madagascar MOH:

- High level of traction for rice fortification

Private sector Nigeria:

- RTE meals with fortified rice





Happy birthday!

October New works

May

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Grade ? Time Table

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