

Selecting appropriate delivery mechanisms for zinc interventions



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Why Zinc Programs?

- Evidence justifies moving forward with zinc interventions
- Key target groups:
 - IYC
 - Pre-pregnant women
 - Pregnant women
- Focus should be on using existing delivery platforms



Which Interventions for which Target Groups?

Types of interventions	Target Groups
	IYC
EBF & BF	XX
Traditional CF + ASF	XX
CF Zn-fortified	XX
PoU fortification	XX
Zn supplements	XX

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	IYC	♀ Pregnant
EBF & BF	XX	
Traditional CF + ASF	XX	
CF Zn-fortified	XX	
PoU fortification	XX	XX
Zn supplements	XX	XX

Which Interventions for which Target Groups?

Types of interventions	Target Groups		
	IYC	♀ Pregnant	♀ Reprod. Age
EBF & BF	XX		
Traditional CF + ASF	XX		
CF Zn-fortified	XX		
PoU fortification	XX	XX	
Zn supplements	XX	XX	
Mass fortification & biofortification	X	X	XX
Agriculture (with ASF) & diet diversification	X	X	XX

What would be Good Delivery Platforms for Zn Interventions?

- Programs that involve ***frequent, reliable, high-quality*** contacts between program staff and target groups
- Programs that achieve high coverage

IYC: Potential Delivery Mechanisms for Preventive Zn Interventions

Delivery Platforms	Opportunities	Constraints/questions
Child health days	<ul style="list-style-type: none"> -Well established -Good coverage 	<ul style="list-style-type: none"> -Infrequent (2x/y) -Logistics? 6-11 mo? -Contact time for educ?
Growth monitoring & promotion	<ul style="list-style-type: none"> -Frequent contacts -Time for counseling -Monitoring use 	<ul style="list-style-type: none"> -Functional? -Logistics? -Low coverage
Community-directed distribution programs	<ul style="list-style-type: none"> -Well established -Part of hlth system -Time for counseling 	<ul style="list-style-type: none"> -Coverage -Frequency of contact -Overload of staff
Social marketing	<ul style="list-style-type: none"> -Good experience for variety of products 	<ul style="list-style-type: none"> -REACH poor, remote, right age? Dosing messages?
Routine health services	<ul style="list-style-type: none"> -Better for 0-12 mo -Build on hlth system supply chain 	<ul style="list-style-type: none"> -Coverage? -Counseling opportunity?

IYC: Potential Delivery Mechanisms for Preventive Zn Interventions

Delivery Platforms	Opportunities	Constraints/questions
Food assisted MCHN	<ul style="list-style-type: none"> -Regular contact -Targets poor -Includes BCC -Can handle products 	<ul style="list-style-type: none"> -Coverage? -Reach of different age groups depends on targeting mechanism
Ag. programs with strong BCC	<ul style="list-style-type: none"> -Target women -↑ food availability & access, income -Regular contact -Nutrition education 	<ul style="list-style-type: none"> -Low coverage -Often weak BCC
Conditional Cash Transfer programs	<ul style="list-style-type: none"> -Same as above + -Large scale -Well targeted 	<ul style="list-style-type: none"> - Operates through health system, so dependent on quality of health services (BCC? Contact time? Overload ?)

IYC: Potential Delivery Mechanisms for Preventive Zn Interventions

Delivery Platform	Intervention Type	
	PoU fortificants (or supplements)	Fortified CF
Child health days	X (frequency?)	
GMP	X	
Community-directed distribution programs	XX	
Social marketing	XX	XX
Routine health services	X	
Food assisted MCHN	XX	XX
Ag. Programs + BCC	Potential	
Conditional cash transfer programs	XX	XX

Pregnant women: Iron + Folic Acid Supplementation

- Need transition to IFA + Zn (or MM); Nepal study suggests long-term impact on child height
- Policy for pregnant women almost universal, but implementation weak globally
- Demonstrated success in increasing coverage and compliance:
 - Improved health service performance
 - Community-directed distribution



Pregnant ♀: Potential Delivery Platforms for Preventive Zn Interventions

Delivery Platform	Intervention Type	
	Supplements (Iron/folic acid/Zn)	PoU fortification (?)
Antenatal care services	XX	XX
Food aid MCHN	XX	XX
Agriculture interventions + BCC	Potential	Potential
Conditional Cash Transfer programs	XX	XX

Mass Fortification (Biofortification)

Appropriate for non pregnant ♀, school-age children

- Acceleration of industrial-scale flour fortification: opportunity to seize for Zn:
 - Cost of adding Zn=negligeable
 - Increases intake of Zn
 - Increases absorbed Zn
 - No adverse effects
- Research needs remain:
 - Effectiveness for different groups
 - Other vehicles (e.g. condiments)



Agriculture and Diet Diversification Approaches

Promising for non pregnant ♀, school-age children

- Homestead food production *with ASF*
- Target women; empower women
- Need stronger BCC
- Consider strengthening links to health services



Other Non Traditional Delivery Platforms for Nutrition Interventions (incl. Zn)

- Conditional cash transfer programs
- Microcredit-with-education programs
- Food-for-work
- Community day care centers
- School feeding programs (Zn-fortified flour or other fortified products)

Conclusions

- We need to improve Zn nutrition/prevent Zn deficiency, especially among vulnerable groups
- We have effective interventions
- We have a number of potential delivery systems for different target groups and interventions; need to test them
- What are we waiting for?