

## The lack of progress in reducing anaemia among women: the inconvenient truth

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Most of the 1.62 billion people currently affected by anaemia are women or young children. Since 1995, the global prevalences of anaemia among non-pregnant women, pregnant women and children aged less than 5 years have fallen only slightly: from 33 to 29%, 43 to 38% and 47 to 43%, respectively.<sup>1</sup> Although the corresponding prevalences of severe anaemia have shown more substantial declines over the same period – from 1.8 to 1.1%, 2.0 to 0.9% and 3.7 to 1.5%, respectively – the global prevalence of anaemia only fell by 0.2 to 0.3 percentage points per year between 1993 and 2013.<sup>2</sup> Anaemia in women – especially among non-pregnant women in central, northern and western Africa, central Asia and the Middle East and among pregnant women in southern Africa and southern Asia – is a particularly persistent problem.<sup>1</sup>

The global development challenges addressed by the eight Millennium Development Goals included the reduction of child and maternal mortality. Although the aim of Goal 5A was to reduce the maternal mortality ratio – i.e. the number of maternal deaths per 100 000 live births – by 75% by the end of 2015, this ratio has only fallen by 47% over the past two decades.<sup>3</sup> The results of a recent meta-analysis indicated a strong causal link between maternal iron-deficiency anaemia and adverse birth outcomes.<sup>4</sup> A strong association has been found between moderate to severe anaemia at 28 weeks' gestation and the severity of intra- and postpartum haemorrhage,<sup>5</sup> which cause 23% of maternal deaths.<sup>6</sup> Encouragingly, about 50% of the episodes of anaemia that occur in non-pregnant and pregnant women are amenable to correction by iron supplementation.<sup>4</sup> However, Goal 5A is not likely to be achieved even in the post-2015 era unless anaemia in

women and its underlying causes are addressed more effectively.

In 2012, attendees at the Sixty-fifth World Health Assembly endorsed a comprehensive plan for the improvement of maternal, infant and young child nutrition and set six global nutrition targets to be achieved by 2025. These targets included a 50% reduction in the number of women of reproductive age affected by anaemia with respect to the estimated number for 2011. It is hoped that the setting of the latter target will help to stimulate both the scale-up of existing interventions and new concerted, accelerated and sustained multi-level action that, together, will lead to substantial reductions in the global prevalence of anaemia among women.

In an analysis of national nutrition policies by the World Health Organization,<sup>7</sup> iron supplementation for pregnant or non-pregnant women was found to be the micronutrient supplementation measure that was most often implemented at national scale. Such supplementation can be remarkably successful. In north-western Viet Nam, for example, a comprehensive programme of iron supplementation and deworming among women of reproductive age resulted in a 48% decrease in the prevalence of anaemia among the targeted women within 12 months.<sup>8</sup>

Much information on the prevalence and consequences of anaemia is available. Anaemia reduction is incorporated in the policy frameworks of many countries and the new global anaemia reduction target should inspire the relevant stakeholders to support the scale-up of effective interventions.

Sadly, with fewer than 1000 days now left to reach the target, MDG 5A is unlikely to be achieved on time in every country. We must hope that, between 2011 and 2025, the world has

more success in halving the number of women of reproductive age affected by anaemia and that, in 2025, we do not find ourselves wondering how we failed to achieve yet another goal. ■

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