

NO VACCINATION
WITHOUT
NUTRITION

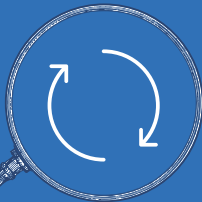
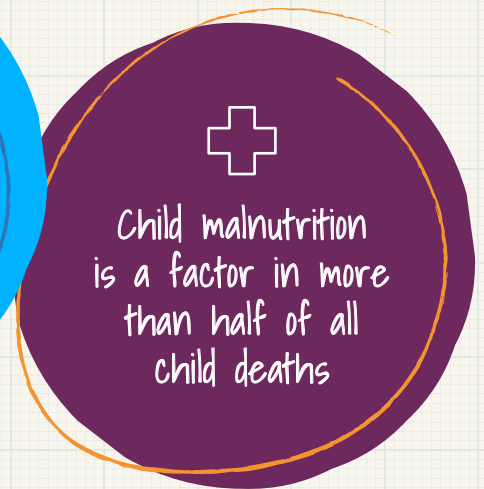
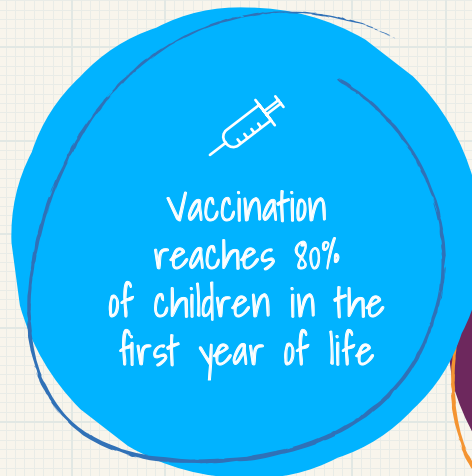
A SMART STRATEGY FOR CHILD SURVIVAL ACTION

Vaccinating children and addressing poor nutrition at the same time can save more children's lives, because fully-vaccinated, well-nourished children are far less likely to die of both vaccine-preventable and non-vaccine-preventable causes.

It also makes vaccine dollars go further, by lowering the cost per child vaccinated as more families bring their children for vaccinations.

This is not a new idea. But it is an idea that isn't getting the attention and investment needed to make it the new reality for children.

In a context of limited resources, more cost-effective approaches to child survival are urgently needed.



With only six years left to achieve the Sustainable Development Goals (SDGs), combining vaccination and nutrition services can break the vicious cycle of child malnutrition and death.

Why combine vaccination and nutrition?

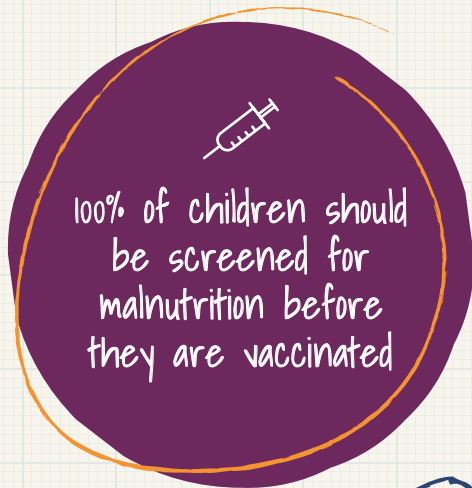
Vaccination and nutrition are mutually reinforcing. Nutrition improves a child's micronutrient and anthropometric status, which in turn boosts a child's response to vaccination and immune response more generally.

Studies show that offering nutrition services at the same time children are vaccinated increases vaccination coverage. Caregivers recognize the value of good nutrition and are more likely to return to complete vaccinations when nutrition services are offered.

This increases the cost-effectiveness of vaccines and the value proposition to donors, at exactly the time that they are being called on to replenish **Gavi, the Vaccine Alliance**. Now is the time for donors to insist on no vaccination without nutrition!

How to begin?

With more children attending vaccination than any other health service but very few malnourished children treated - one in three according to the Global Action Plan on Wasting - nutrition services should be added to routine vaccination and campaign-style vaccinations, where appropriate.



Typically children are brought to a health facility four times in the first year of life at 2, 4, and 6 months to receive their DTP and at 9 months for their first measles vaccine.

What if all babies presenting for vaccination at those times were screened for mid-upper arm circumference (MUAC) and weighed prior to vaccination as part of a new “No Vaccination Without Nutrition” screening policy?

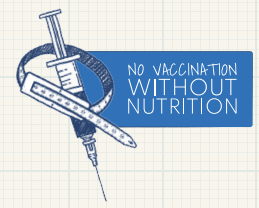
After vaccination, malnourished babies would be referred for nutrition counseling on site. Some would be sent home with breastfeeding advice, nutritional supplements (e.g., Small-Quantity Lipid-Based Nutrient Supplements or SQ-LNS) and/or therapeutic foods (e.g., Ready-to-Use Therapeutic Foods or RUTFs). Very severe cases would be referred for special care at health facilities, as appropriate.

This would enable implementation of the new **WHO Wasting Guidelines** which recommend early identification and rapid care for babies under six months of age at risk of poor growth and development, as well as greater involvement of community health workers and primary care services in the management of non-severe wasting.

Caregivers returning with babies for subsequent vaccine doses would receive further counsel and supplements or foods to improve child nutrition and reduce family poverty. This would also act as an incentive to complete recommended vaccine doses.

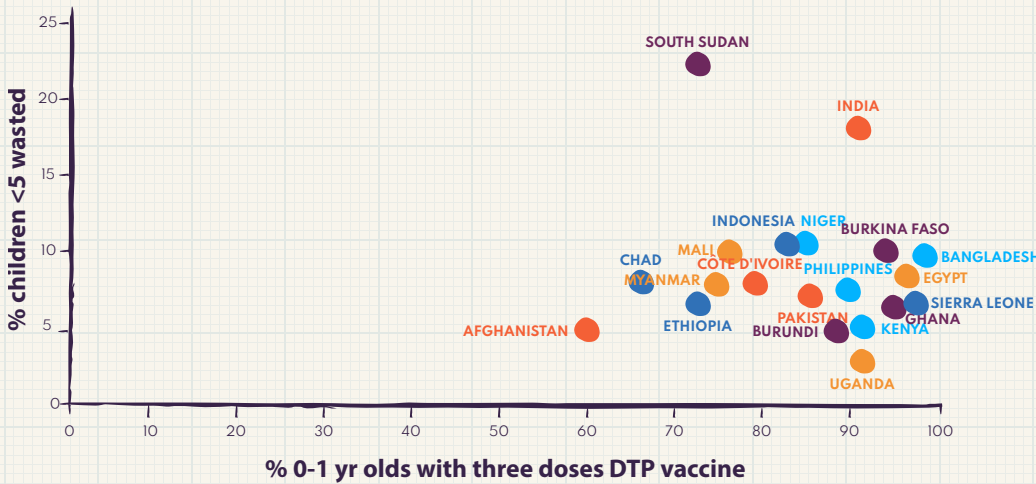
Vaccine and nutrition workers would be trained together and incentivized to ensure 100% of babies are screened for malnutrition at the point of vaccination, counseled, and treated onsite, or referred for treatment, as required.

Vaccines and therapeutic foods and supplements should share supply chains to further reduce costs. Locally produced nutrition products should be sourced where possible, further increasing the cost-effectiveness of the program and maximizing the impact on local and regional economies.



Where to begin?

The 20 countries with high coverage of basic vaccines and high child wasting rates are ideal candidates for integrating vaccine and nutrition services because they are already vaccinating most children. In fact, these high vaccine/high wasting countries are currently vaccinating children who are malnourished, which is a massive missed opportunity.



Sources: UNICEF, WHO, World Bank. Joint Child Malnutrition Estimates, 2023. WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2024

It is not acceptable to vaccinate a malnourished child and do nothing. Chances are the vaccination service is the only health service this child will visit in the first year of life and the only opportunity to intervene and help that child. Vaccination is their life line.

Call to action:

1

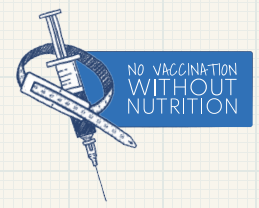
National governments from the 20 high vaccine/high wasting countries must introduce nutrition services to routine vaccination services for children when they receive their DTP vaccine and first dose of measles vaccine in the first year of life. Services should include screening for malnutrition (weighing, MUAC) prior to vaccination, breastfeeding and nutrition counseling and support, supplies of supplements and/or therapeutic foods, and referral for very sick children.

2

Global vaccine agencies and NGOs must change their policies and programs to support integrated delivery of nutrition services at the point of vaccination - routine and campaigns - and make specific commitments to work with the 20 high vaccine/high wasting countries to successfully integrate their childhood vaccination and nutrition services and measure impact before 2030.

3

Global vaccine and nutrition donors must join forces to replenish Gavi and fund other vaccine and nutrition agencies to help the 20 high vaccine/high wasting countries successfully integrate their vaccination and nutrition services, and provide support to independent organizations to evaluate and publish impact on child survival and the cost-effectiveness of combined vaccine/nutrition investments.



20 countries primed for integrating vaccination and nutrition services

Country	# malnutrition-related child deaths	% children <5 wasted	% 0-1 yr olds 3 doses of DTP	% 0-1 yr olds one dose measles
India	99,800	18.7%	91%	93%
Pakistan	40,200	7.1%	86%	84%
Chad	30,200	8.3%	67%	63%
Ethiopia	27,000	6.8%	72%	61%
Niger	26,800	10.9%	85%	80%
Mali	20,600	10.6%	77%	73%
Burkina Faso	20,200	10.6%	94%	94%
Uganda	14,900	3.6%	91%	93%
South Sudan	12,700	22.7%	73%	72%
Indonesia	12,400	10.2%	83%	82%
Côte d'Ivoire	9,600	8.4%	79%	70%
Afghanistan	9,300	5.1%	60%	55%
Kenya	7,600	4.9%	93%	91%
Bangladesh	7,400	9.8%	98%	97%
Burundi	6,300	4.9%	89%	86%
Philippines	6,100	6.8%	89%	81%
Egypt	4,800	9.5%	96%	96%
Ghana	4,700	6.8%	95%	90%
Myanmar	4,700	7.4%	76%	75%
Sierra Leone	6,500	6.3%	91%	90%
TOTAL	371,800			
All countries	875,543			
%	42%			

Sources: Global Burden of Disease, 2021, UNICEF, WHO, World Bank, Joint Child Malnutrition Estimates, 2023



EVERY BREATH COUNTS

Read more about No Vaccination Without Nutrition at www.stoppneumonia.org