



# Policies to prevent all forms of malnutrition among adolescents

Case studies from Bangladesh and Malawi

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## Background

Adolescence (from ages 10 to 19 years) is a transformative period of growth and development which has long-term implications for the health, well-being, educational attainment and economic productivity of current and future generations.<sup>1,2</sup> Within rapidly transitioning low- and middle-income countries (LMICs), adolescent diets are increasingly shaped by food environments which make nutrient-dense foods insufficiently accessible, and energy-dense, nutrient-poor foods readily available, accessible and appealing.<sup>3,4</sup> Many contexts also fail to provide adolescents with adequate infrastructure, incentives, and levels of safety to promote and sustain healthy engagement in physical activity.<sup>5</sup> The diet and physical activity behaviours adopted during adolescence may persist into adulthood, influencing the risk of developing non-communicable diseases (NCDs) later in life.<sup>6</sup>

While adolescence presents opportunities for improving overall well-being, and therefore accelerating the economic development of societies, this stage in the life course has been woefully neglected in nutrition policies at global and national levels.<sup>5</sup> In these case studies, Emergency Nutrition Network (ENN), in collaboration with the United Nations Children's Fund (UNICEF) Bangladesh and UNICEF Malawi, reviewed the progress made towards prioritising adolescence within national nutrition, health, economic and education policy frameworks in Bangladesh and Malawi, respectively. These two countries were selected based on the substantial progress they have made towards embedding adolescent nutrition into the national policy architecture, which provides examples of how the development and implementation of policies can support the nutrition, health and well-being of adolescents across diverse contexts.

## Methods

These policy case studies were developed as follows:

1

### First step

A policy framework for improved nutrition during adolescence was developed based on a combination of existing resources (**Figure 1**; more detail is provided in the framework below).

2

### Second step

A situation analysis was conducted, involving a review of existing literature and policy documents, and key informant interviews with in-country stakeholders.

3

### Third step

National policies were mapped against the policy framework and gaps were identified (**Tables 2 and 4**).

4

### Fourth step

The extent to which policies are currently being implemented to support adolescent nutrition was explored.

5

### Fifth step

Priority actions were recommended, to address gaps

## Development of the policy framework

Currently, no global policy framework comprehensively captures priority actions to prevent all forms of malnutrition among adolescents, including traditional micronutrient supplementation alongside multi-sector education, food environment, health, and social protection policies which incorporate gender-sensitive approaches.<sup>7</sup> However, the 2021 Lancet series on Adolescent Nutrition made several recommendations to enhance policy towards improved nutrition for adolescents.<sup>5</sup> These case studies drew upon the Lancet's recommended actions to develop a review framework, incorporating aspects from other useful reports and frameworks to support and supplement the action areas (**see Figure 1**). These included the World Health Organization (WHO) Global Accelerated Action for the Health of Adolescents (AA-HA!) report,<sup>8</sup> the 2020 UNICEF conceptual framework on maternal and child nutrition,<sup>9</sup> and the adolescent well-being framework proposed by Ross *et al.*<sup>10</sup> The recommended actions in our combined framework align with the UNICEF strategic framework for nutrition programming during middle childhood and adolescence<sup>11</sup>, and were classified according to the sectors outlined in the nutrition policy framework proposed by Dwyer, J.T.,<sup>12</sup> namely:

- Economic and agricultural policies
- Nutrition policies
- Education policies
- Health policies



**Economic and agricultural policies** play a large role in improving the availability of, access to, and quality of food for adolescents. The 2021 Lancet series on Adolescent Nutrition recommended that nations “implement fiscal/policy levers that promote healthy diets, and restrict the marketing of, reduce access to, and extend taxation of unhealthy foods”.<sup>6</sup> Introducing food taxes and subsidies to promote a healthy diet is a cost-effective and low-cost population-wide intervention that can have a significant impact. South Africa is one of the few examples in Africa of a country that has implemented a 10% tax on sugar-sweetened beverages, doing so in 2018. This has resulted in decreased purchasing and consumption of these beverages.<sup>13</sup> Mexico is another LMIC that is leading the way on fiscal nutrition policies, having brought in legislation mandating front-of-package labelling in 2020.



**Nutrition policies** overlap with economic and agricultural policies to address underlying (nutrition-sensitive) and direct (nutrition-specific) causes of malnutrition. Nutrition policies can focus on ensuring access to healthy diets, opportunities for physical activity and nutrition information, using platforms and/or methods which are appropriate for reaching adolescents, including schools and via social media.



**Education policies** are included in the framework since schools are a vital entry point for reaching adolescents. It is estimated that 80% of adolescents (of lower secondary school age) are in school, though this figure is likely to be lower in some LMICs.<sup>14</sup> Relevant education policies include those that aim to ensure quality school meals, healthy school environments, access to nutrition information as part of the school curriculum, and opportunities for physical activity.



**Health policies** that can contribute to improving adolescent nutrition focus on implementation of clinical guidelines, management of malnutrition, and ensuring good health and well-being of adolescents.



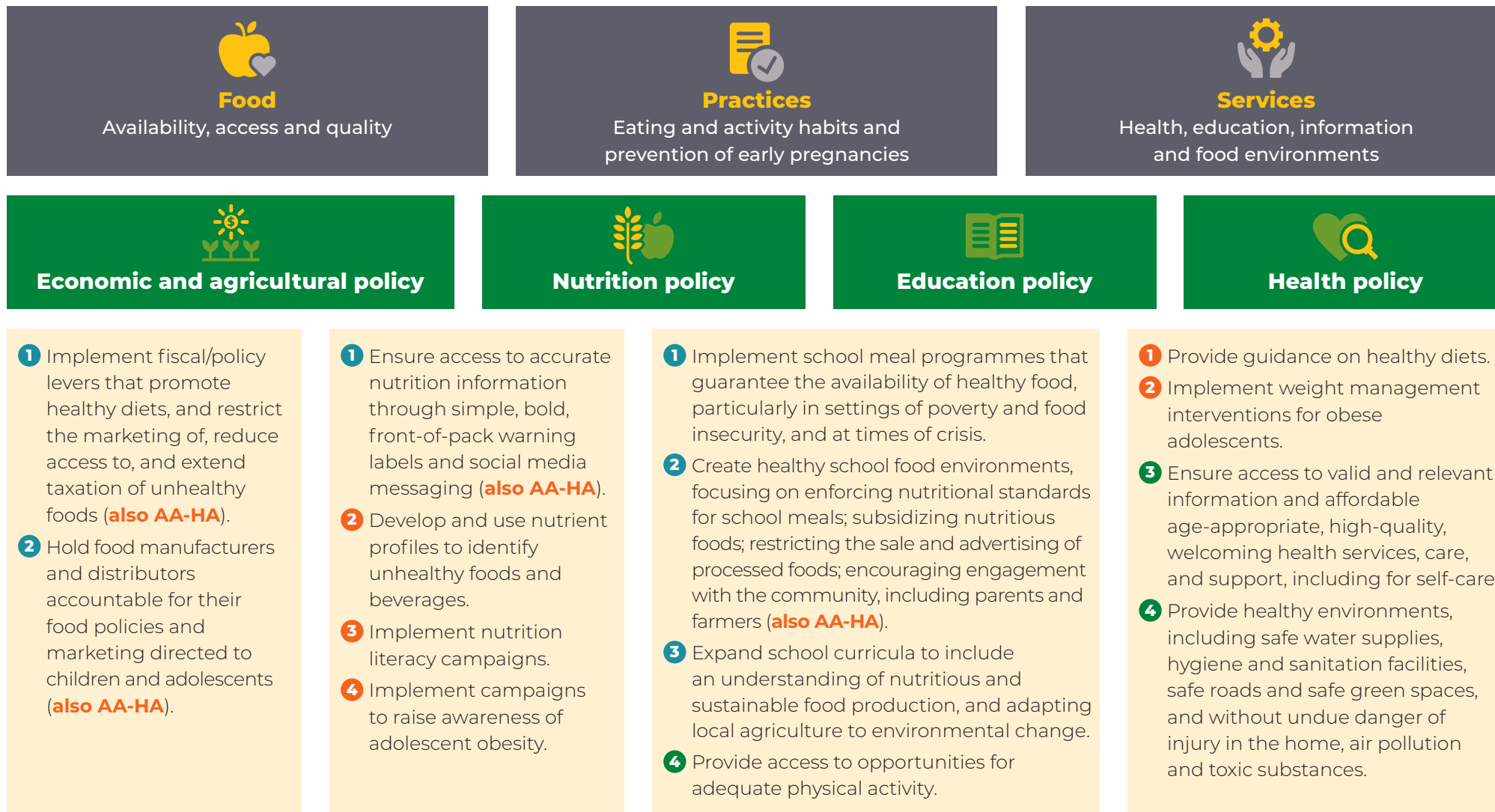
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Figure 1: Policy framework for improved nutrition during adolescence

## Improved nutritional status of adolescents



**Note:** This combined framework draws on recommended actions from the 2021 Lancet Series on adolescent nutrition<sup>5</sup>, the WHO Global Accelerated Action for the Health of Adolescents (AA-HA!) report<sup>8</sup>, and the adolescent well-being framework<sup>10</sup>.



# Bangladesh

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## Context

Approximately one-fifth of the population in Bangladesh are between 10 and 19 years of age. As a result of the nutrition transition in Bangladesh, adolescents are increasingly experiencing a triple burden of malnutrition, including undernutrition, overweight/obesity and micronutrient deficiencies. Stunting prevalence (height-for-age z-score <-2 ) has declined since 2011, but remains high (27%), and prevalence of thinness (body mass index (BMI)-for-age z-score (BAZ) <-2) persists at approximately 12%.<sup>15</sup> On the other hand, prevalence of overweight (BAZ >+1) is increasing, currently affecting 7% of adolescents. The prevalence of thinness is higher in adolescent boys (22%) than girls (17%), especially in rural areas.

Anaemia and micronutrient deficiencies are common in adolescents, including iron, vitamin A, zinc, and iodine deficiencies.<sup>15</sup> Data also indicates that fewer than 60% of households have access to adequately iodised salt. Other deficiencies, such as calcium deficiency, are likely since dietary intakes are below nutrient requirements. Household wealth and socio-economic status in Bangladesh have been associated with higher BAZ and greater probability of adequate energy

and micronutrient intakes in adolescents, as well as adherence to more diverse dietary patterns.<sup>16,17</sup> However, associations with increased consumption of highly processed and energy-dense snack foods, and sugar-sweetened beverages, have also been shown.

Gender inequalities influence food access and insecurity, with girls aged 10-16 years being at least twice as likely to go to sleep hungry and to skip, or to take smaller, meals when compared to boys of the same age.<sup>15</sup> They are also more likely to adhere to less diverse dietary patterns, to limit their food consumption to rice during periods of food insecurity, and to consume inadequate levels of energy and iron.<sup>14,15</sup>

Data from the 2017-18 Bangladesh Demographic and Health Survey showed that more than 80% of women were married before the age of 18 and over 60% gave birth before this age.<sup>18</sup> This places adolescent girls in Bangladesh at substantial risk of disrupted education and affects their future employment, as well as increasing the risks of interpersonal violence, morbidity and mortality, for both themselves and their infants.<sup>18</sup>

Figure 2:

## Bangladesh country profile



## Key policies to support adolescent nutrition

National policies and guidelines to protect and support the nutrition, health and well-being of adolescents in Bangladesh are multifaceted and span several sectors (see Table 1).

While they have evolved over time, policies for children and adolescents in Bangladesh have primarily focused on ensuring basic child/human rights, protection from violence, abuse and child marriage, and access to education, vocational skills and health services (particularly sexual and reproductive health services).

**Table 1: Summary of key policies and guidelines relating to adolescent nutrition, health and well-being in Bangladesh**

Document name	Aim	Target group
<b>2006 Adolescent Reproductive Health Strategy</b>	To ensure that all adolescents have easy access to the information, education and services required to achieve a fulfilling reproductive life in a socially secure and enabling environment.	Adolescents 10-19 years.
<b>2010 National Child Labour Elimination Policy</b>	To make meaningful changes in the lives of children by withdrawing them from all forms of child labour, including hazardous work and the worst forms of child labour.	Children and adolescents below 19 years.
<b>2010 Education Policy</b>	Acknowledges education as fundamental for human capital development and aims to cultivate human values through the delivery of education that is pro-people, easily available, uniform, universal, well-planned, science-oriented and of a high standard, according to the constitutional directives.	Children and adolescents over four years, and adults in formal and non-formal education.
<b>2011 National Health Policy</b>	To ensure the accessibility of primary health care and emergency care for all; to ensure quality health care services for all based on the principle of equity; to extend the coverage of quality health care services; and to increase community demand for health care, considering people's rights and dignity.	All population groups.
<b>2011 National Skills Development Policy</b>	To empower all individuals to access decent employment and to ensure Bangladesh's competitiveness in the global market through improved skills, knowledge and qualifications that are recognised for their quality across the globe. Targets youth, women and other marginalised groups, and specifically addresses working adolescents and adolescents with disabilities.	People with nationally identified specific needs, including youth.
<b>2012 Bangladesh Population Policy</b>	To develop a healthier, happier and wealthier Bangladesh through planned development and control of the nation's population. Includes the objective of raising awareness among adolescents of family planning, reproductive health, reproductive tract infections and HIV/AIDS.	All population groups.
<b>2013 Bangladesh National Children Policy</b>	To build a better future for the children of Bangladesh. Places significant attention on adolescent development, including the development of the girl child. Focuses on making quality services, including health services, available to all children and adolescents in Bangladesh.	Children and adolescents under 18 years.
<b>2015 Nutrition Policy</b>	To improve the nutritional status of the people, especially disadvantaged groups, including mothers, adolescent girls and children; to prevent and control malnutrition; and to accelerate national development through raising the standard of living.	All population groups.
<b>2017-2030 National Adolescent Health Policy</b>	To: (1) address the overall health needs of adolescents through a broad and holistic approach to health; and (2) fill gaps around adolescent health issues which were not comprehensively addressed in other policy documents.	Adolescents 10-19 years.



**Table 1: Summary of key policies and guidelines relating to adolescent nutrition, health and well-being in Bangladesh** continued

Document name	Aim	Target group
<b>2017 National Youth Policy (DRAFT)</b>	Ensure the fulfilment of youth potential and youth empowerment, and to establish these in every sphere of life. Emphasises supporting adolescents in making a smooth transition towards work life.	Youth 18-35 years.
<b>2018 National Plan of Action to End Child Marriage</b>	To end the marriage of girls below the age of 15 years and to reduce the rate of marriage for girls aged 18 years by one-third in 2021, and to eliminate child marriage by 2041.	Girls below 18 years.
<b>2020 National Adolescent Strategy</b>	Outlines the government’s cross-sectoral, whole-of-society approach to empowering adolescents, irrespective of gender, age, class, ethnicity, disability, and sexual identity. It aligns with existing policies (e.g., the National Strategy for Adolescent Health), to support their development and implementation.	Adolescents 10-19 years.

As in many countries, nutrition policies in Bangladesh have historically focused on children under five years of age, and pregnant and lactating women. However, more recently, greater attention has been placed on adolescents, particularly adolescent girls, who are catered for in three key policy documents: the 2015 National Nutrition Policy, the 2017-2030 National Strategy for Adolescent Health, and the 2020 National Adolescent Strategy.

In particular, the **National Strategy for Adolescent Health (2017-2030)** was developed as a more comprehensive approach to addressing malnutrition, alongside other aspects of health and well-being, in adolescents. Through this strategy, the government of Bangladesh recognises the potential of investing in the health and productivity of adolescents for triple dividends in social and economic development, including immediate, longer-term, and intergenerational benefits. The strategy is led by the Ministry of Health and Family Welfare, with guidance from the Directorate General of Family Planning, but recognises the need for effective management and coordination across multi-sector government and non-government partners.

Nutrition is one of four priority thematic areas within the strategy, alongside sexual and reproductive health, violence, and mental health. Social and behavioural change communication and health systems strengthening are included as cross-cutting approaches for effective implementation of the strategy.









## Policy-mapping against the combined framework

An overview of the objectives and strategies to support adolescent nutrition, health and well-being in Bangladesh, mapped against those in the combined framework, is provided in **Table 2**. More detailed mapping of the specific policy objectives and strategies is provided in **Appendix 1**. A narrative summary of policy alignment across the key policy areas in the framework is provided below.



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**Table 2: Mapping of policies, policy gaps and levels of implementation to support adolescent nutrition in Bangladesh**

Key policy area	Recommended actions and policy objectives/ strategies	Policy gaps	Level of implementation
 <b>Economic and agricultural policies</b>	<b>Implement fiscal/policy levers that promote healthy diets, and restrict the marketing of, reduce access to, and extend taxation of unhealthy foods.</b> <b>Bangladesh:</b> Encourage investment in nutrition-sensitive agriculture; ensure regulation of unabated marketing of processed and commercial food items.	Fiscal policies that promote healthy, and restrict unhealthy, foods	
	<b>Hold food manufacturers and distributors accountable for their food policies and marketing directed to children and adolescents.</b>	Marketing regulations are needed to apply accountability measures	
 <b>Nutrition policies</b>	<b>Ensure access to accurate nutrition information through simple, bold, front-of-pack warning labels and social media messaging.</b> <b>Bangladesh:</b> Part of nutrition literacy campaigns (below): raise public awareness of healthy diets and physical activity through media-based communication.	Legislation on front-of-pack labelling; use of social media messaging not specified	 Policies to raise awareness not initiated but are planned, subject to availability of funding
	<b>Develop and use nutrient profiles to identify unhealthy foods and beverages.</b> <b>Bangladesh:</b> Food composition tables for Bangladesh developed in 2012, with supporting policy to ensure updating and maintaining national relevance.	None	
	<b>Implement nutrition literacy campaigns.</b> <b>Bangladesh:</b> Strengthen behaviour change communication at family level, promote use of iodised salt use and calcium supplementation during pregnancy; strengthen nutrition counselling, information and education, and raise public awareness through media-based communication, healthy diets and physical activity; strengthen the capacity of service providers to deliver nutrition counselling and services to all adolescents; promote micronutrient supplementation, consumption of fortified foods and de-worming at health facilities, schools and workplaces.	None	 Nutrition literacy for adolescents currently being implemented through the school-based nutrition intervention package (below) Social and behaviour change communication campaigns are also planned, in partnership with Communication for Development (C4D)
	<b>Implement campaigns to raise awareness of adolescent obesity.</b> <b>Bangladesh:</b> Strengthen preventative activities in educational institutions and communities to avert overweight and obesity.	None	 The prevention of overweight and obesity is included in nutrition education as part of the school-based nutrition intervention package (below) Community-based delivery is currently via small-scale programmes in some districts

**Table 2: Mapping of policies, policy gaps and levels of implementation to support adolescent nutrition in Bangladesh** continued




Key policy area	Recommended actions and policy objectives/ strategies	Policy gaps	Level of implementation
 <p><b>Education policies</b></p>	<p><b>Implement school meal programmes that guarantee the availability of healthy food, particularly in settings of poverty and food insecurity, and at times of crisis.</b></p> <p><b>Bangladesh:</b> Ensure intake of adequate varieties of food for adolescent girls and boys; establish programmes that promote dietary diversification, dietary adequacy, fortified foods and nutrition security through community and school-based interventions; provide and promote micronutrient supplementation, consumption of fortified foods and de-worming at schools and workplaces.</p>	School meal programmes not specified in national policy	 <p>School meal programmes are implemented in primary schools in select areas</p> <p>Micronutrient supplementation and de-worming are included in the school-based nutrition intervention package (below)</p>
	<p><b>Create healthy school food environments.</b></p> <p><b>Bangladesh:</b> School-based package of nutrition interventions for adolescents includes weekly nutrition education, weekly iron and folic acid (IFA) supplementation (WIFAS) for adolescent girls, bi-annual body mass index (BMI) measurements, bi-annual de-worming, physical exercise as part of the school curriculum, and referral when required.</p>	Policies addressing the broader school environment, including nutritional standards for school meals, food subsidies, and restrictions on unhealthy foods	 <p>Implementation of the school-based nutrition intervention package started at secondary schools and colleges in March 2022, with a focus on WIFAS</p>
	<p><b>Expand school curricula to include an understanding of nutritious and sustainable food production, and adapting local agriculture to environmental change.</b></p> <p><b>Bangladesh:</b> Extend and strengthen nutrition education in educational institutions; school-based package of nutrition interventions for adolescent girls and boys includes weekly nutrition education.</p>	None	 <p>Teacher training on the nutrition education curriculum as part of the school-based nutrition intervention package is ongoing</p>
	<p><b>Provide access to opportunities for adequate physical activity.</b></p> <p><b>Bangladesh:</b> Implement interventions in all educational institutions and communities to encourage physical labour and exercise; school-based package of nutrition interventions for adolescent girls and boys includes physical exercise as part of the curriculum.</p>	None	 <p>The physical activity components of the school-based nutrition intervention package are implemented in some schools</p>
 <p><b>Health policies</b></p>	<p><b>Provide guidance on healthy diets.</b></p> <p><b>Bangladesh:</b> Initiate a behaviour change communication programme targeting processed/ less healthy foods; enhance household food security, publicise and promote food-based dietary guidelines and ensure informed food selection and consumer rights.</p>	None	 <p>Guidance on healthy diets forms part of nutrition education within the school-based nutrition intervention package. Teacher training on the nutrition education curriculum is ongoing</p>

**Table 2: Mapping of policies, policy gaps and levels of implementation to support adolescent nutrition in Bangladesh** continued

Key policy area	Recommended actions and policy objectives/ strategies	Policy gaps	Level of implementation
 <b>Health policies</b>	<p><b>Implement weight management interventions for adolescents affected by obesity.</b></p> <p><b>Bangladesh:</b> Implement interventions to reduce overweight and obesity in rural and urban educational institutions, encourage physical labour and exercise.</p>	None	 Bi-annual BMI measurements are to be implemented as part of the school-based nutrition intervention package in 2023
	<p><b>Ensure access to valid and relevant information and affordable age-appropriate, high-quality, welcoming health services, care, and support, including for self-care.</b></p> <p><b>Bangladesh:</b> Build capacity, promote and deliver age- and gender-sensitive sexuality education through academic/training institutions, sexual and reproductive health services, and services to respond to gender-based violence/prevent child marriage; mainstream nutrition/hygiene education/promotion into health and education systems, and those reaching out-of-school adolescents; integrate mental health services into health/education systems/services, enable evidence-based advocacy for the development of a programme to reduce stigma and to optimise mental health among adolescents; provide and promote micronutrient supplementation, consumption of fortified foods and de-worming at health facilities.</p>	None	 Implementation is planned for 2023
	<p><b>Provide healthy environments, including hygiene and sanitation facilities, safe roads and safe green spaces, and without danger of injury, air pollution and toxic substances.</b></p> <p><b>Bangladesh:</b> Improve, encourage and accelerate clean and hygienic food preparation and handwashing practices; encourage food preparation and preservation using local and appropriate technologies; ensure safe drinking water and strengthen sanitation systems to reduce infection risk; evidence-based advocacy for the development of sexual and reproductive health policies and programmes, develop adolescents skills to manage stress and conflict/develop healthy relationships; engage and influence policymakers/stakeholders around the promotion of positive social norms to address age- and gender-based discrimination and violence, and empower adolescents, especially girls.</p>	No mention of green spaces, safe roads and air pollution	 Guidance on clean and hygienic food preparation and adequate water, sanitation and hygiene practices forms part of nutrition education within the school-based nutrition intervention package. Teacher training on the nutrition education curriculum is ongoing

**Note:** Policy objectives and strategies include those targeted to adolescents, as well as those which support improved nutrition at the population level.

Level of implementation is classified as follows:

-  = Not implemented
-  = Partial implementation/in progress
-  = Fully implemented (district or national level)



## Economic and agricultural policy

As in many LMICs, in current Bangladesh policies, there is no mention of taxation to promote healthy diets and reduce access to unhealthy foods. However, the National Nutrition Policy encouragingly includes strategies to increase investment in nutrition-sensitive agriculture and to ensure the regulation of unabated marketing of processed and commercial food items, with a particular focus on children's susceptibility to this. The policy could go further by mentioning the need to hold food manufacturers and distributors accountable for their food policies and marketing directed to children and adolescents.



## Nutrition policy

The implementation of nutrition literacy campaigns, a key pillar of improving adolescent nutrition, is strongly represented in Bangladesh policy. While not adolescent-specific, the National Nutrition Policy aims to do the following: (1) provide nutritional knowledge through counselling at family level; (2) promote the use of iodised salt; (3) promote the use of calcium during pregnancy as a supplement; (4) promote healthy eating practices by popularising the effective consumption of fats, carbohydrates and micronutrients to control malnutrition, overweight and micronutrient deficiencies; (5) strengthen nutrition counselling, information and education, and raise public awareness on maintaining a balanced diet, the nutritional value of food, and physical activity and exercise through intensive communication via all media; and (6) build knowledge about appropriate micronutrient-enriched family foods and promote their increased consumption. Providing information on preventative activities to avert incidence of overweight and obesity in educational institutions and communities is also mentioned. For adolescents specifically, the National Strategy for Adolescent Health aims to strengthen the capacity of service providers to deliver effective nutrition counselling and services to all adolescents and to conduct community-based awareness campaigns on the importance of good nutrition, healthy foods and the consequences of malnutrition, anaemia and obesity for the overall development and growth of adolescents. It also mentions the promotion of micronutrient supplementation (i.e., iron and folic acid (IFA) and multiple micronutrient supplementation (MMS)) for adolescent girls.

With regard to developing and utilising nutrient profiles to identify unhealthy foods and beverages, Bangladesh has the '2012 Food Composition Tables and Database for Bangladesh with Special Reference to Selected Ethnic Foods', which were developed by the Ministry of Food, with support from international organisations. Reliable data on the nutrient composition of foods are critical for agricultural planning, setting food and nutrition targets in food planning and policy, conducting dietary and health assessments, formulating institutional and therapeutic diets, food and nutrition training, plant breeding, nutrition labelling, food regulations, and consumer protection. Prior to 2012, data on nutrient values were obtained from food composition tables prepared for Bangladesh by the Institute of Nutrition and Food Science at the University of Dhaka (1977), or from a later English version created by Helen Keller International in 1988. Most of the nutrient data in these sources were borrowed from neighbouring countries and international sources. The 2012 Bangladesh-specific table is a great improvement on these, comprising a wide range of nutrient data for 481 food items from the most representative food groups that are consumed by the people of Bangladesh. The National Food Policy Plan of Action (2008-2015) and other relevant national policies and plans recognise the need to keep these tables updated and nationally relevant.

There is a lack of policies on ensuring access to accurate nutrition information through simple, bold, front-of-pack warning labels. Additionally, the use of social media messaging is not specifically mentioned as part of nutrition awareness campaigns; however, such messaging may be incorporated when it comes to the implementation of these campaigns.



## Education policy

School meals act as a primary delivery platform for interventions that aim to ensure access to healthy and nutritious meals for many children and adolescents. While the National Nutrition Policy does not specifically mention school meals, it does include the objective of ensuring the intake of adequate varieties of food for adolescent girls and boys to ensure their appropriate growth. The National Strategy for Adolescent Health also includes the objective of establishing programmes that promote dietary diversification, dietary adequacy, and fortified

foods and nutrition security through community and school-based interventions, in which school meals are likely to play a critical role. Policy in Bangladesh also supports the creation of 'healthy school environments' through a national package of school interventions which includes weekly nutrition education, weekly IFA supplementation (WIFAS) for adolescent girls, bi-annual BMI measurements, bi-annual de-worming, physical exercise as part of the school curriculum, and referral to nutrition support when required. The National Nutrition Policy also includes the objective of extending and strengthening nutrition education in educational institutions and implementing interventions in schools in order to reduce the risk of overweight and obesity, such as encouraging physical labour and exercise.

### Health policy

Bangladesh policy covers multiple areas related to nutrition for health. Guidance on healthy diets is provided through a behaviour change communication programme that aims to create awareness of the need to avoid processed food, excess salt, saturated fat and trans-fat. Policy also aims to publicise and promote food-based dietary guidelines and ensure informed food selection and consumer rights.

Access to health-related information, youth-friendly services, and self-care are also relevant to adolescent nutrition. The Bangladesh National Nutrition Policy and National Strategy for Adolescent Health address this largely through promoting the delivery of age- and gender-sensitive sexual and reproductive health services; providing and promoting micronutrient supplementation (i.e., IFA and MMS), the consumption of fortified foods, and de-worming at health facilities; and mainstreaming nutrition and hygiene education into the health and education systems, as well as other systems which reach out-of-school adolescents. Within its objective of strengthening health and social protection systems and services for the most vulnerable adolescents, the National Strategy for Adolescent Health also aims to build the capacity of the health and social protection sector to provide effective and efficient services which respond to age- and gender-based violence, and prevent child marriage – such services are critical to the protection of vulnerable adolescent girls and to supporting their nutrition, health and well-being.

As acknowledged in the strategy document, to achieve this objective and to inform policy and programming decisions there is a need for robust data collection/analysis systems that assess the prevalence of age- and gender-based violence.

Given the rising prevalence of obesity, health policies should include weight management interventions for adolescents affected by obesity. While this is not explicitly mentioned in Bangladesh policy, related points include the aim of implementing overweight/obesity interventions in schools, and the referral of malnourished adolescents as part of bi-annual health checks, which include BMI assessments.

Increased attention has been given to supporting mental health in Bangladesh, culminating in the development of the 2019 National Mental Health Policy. Aligning with this, adolescent mental health is addressed as the fourth thematic area of the National Strategy for Adolescent Health, with a focus on integrating mental health services into primary health care, as well as other health and education systems/services. Specific strategies aim to enable evidence-based advocacy for the development of a comprehensive programme to reduce stigma and optimise mental health among adolescents, as well as to build the capacity of the health system to screen for, and respond to, mental health challenges.

Healthy environments for adolescents are supported through the objectives of ensuring the availability of adequate, diversified and quality, safe food; initiating and expanding a food fortification programme; and motivating people to follow hygiene practices and ensuring safe drinking water and strengthened sanitation systems. There is also a strong policy focus on promoting gender equality and girl's empowerment. Bangladesh policy aims to create employment opportunities for women and encourages delaying pregnancy until at least 20 years of age.

## Summary of policy gaps and priority actions

Key gaps in the policy framework in Bangladesh that are either not, or are not comprehensively, being addressed include the following:



### Economic and agricultural policy

**Policy gap:** Economic policies are limited, particularly fiscal policies that promote healthy diets and limit access to unhealthy foods.

**Action:** Bangladesh would benefit from policies, such as taxation, to promote healthy foods and limit access to unhealthy foods. Implementation should be prioritised towards policies that regulate the marketing of processed and commercial food items, particularly to children and adolescents, and that incorporate measures to hold food manufacturers and distributors accountable for their food policies and marketing

**Policy gap:** There are no objectives or strategies within national policies which aim to ensure that children and adolescents have access to accurate nutrition information through simple, bold, front-of-pack warning labels.

**Action:** Food labelling regulations in Bangladesh should specify the use of front-of-pack warning labels to ensure that adolescents, and the wider population, have access to simple and accurate nutrition information. This should be supported by nutrition literacy campaigns which facilitate their interpretation.



### Education policy

**Policy Gap:** While schools are a primary platform for the delivery of nutrition interventions for adolescents, policies to improve the broader school nutrition environment, including reducing the availability of and access to unhealthy foods and limiting exposure to the pervasive marketing of such items in and around schools, are lacking.

**Action:** School environments in Bangladesh would benefit from policies to prevent the marketing and sale of unhealthy foods in and around schools, as well as policies to subsidise healthy foods in and around schools.

**Policy Gap:** Education policies to ensure the intake of adequate varieties of food and to promote dietary diversification, dietary adequacy and fortified foods are in place, but there are no national policies which specify school feeding programmes as a key implementation platform, despite their implementation in primary schools in some districts.

**Action:** Alongside the implementation of the school-based nutrition intervention package, Bangladesh would benefit from reviewing its existing school feeding programmes and considering the inclusion of national policies for school feeding in primary and secondary schools.



### Nutrition policy

**Policy Gap:** Despite the development of national policies to support improved nutrition during middle childhood and adolescence, targets and indicators to support their implementation are lacking. There is one target related to adolescent girls in the National Nutrition Policy (reduce malnutrition among adolescent girls). However, the policy does not indicate how 'malnutrition' is defined or how it is to be assessed, and what the indicators should be.

**Action:** Include national targets for, and indicators to monitor and evaluate progress on, the implementation of policies that support adolescent nutrition, health and well-being.



### Health policy

**Policy Gap:** Health-related policies for adolescents in Bangladesh are strong, but they lack any mention of ensuring access to green spaces and safe roads, as well as protection from air pollution.

**Action:** Include promoting green spaces, ensuring access to safe roads and protecting adolescents from air pollution in communities and schools in national policies to support adolescent health and to promote safe engagement in physical activity.

## Implementation

As highlighted previously, the development of a policy landscape which supports adolescent nutrition, health and well-being has been commendably prioritised by the government of Bangladesh, particularly through the development of the National Strategy for Adolescent Health. While the outlined policies are at various levels of implementation (see **Table 2**), the government has prioritised the development and implementation of a school-based nutrition intervention package for adolescents at the national level. The unique process of initiating national implementation of the package has been government-led. It has involved situational analysis to examine the nutritional profiles of adolescent girls aged 10-19 years in Bangladesh, and subsequent identification of 10 enabling actions to facilitate investments in adolescent nutrition (see **Appendix 2**) during a policy roundtable. A series of advocacy briefs were then developed and presented to the Ministries of Health and Education to inform the package of adolescent nutrition interventions that are being delivered initially through schools.

As mentioned above, the package of interventions aims to support the nutritional needs of adolescent girls and boys aged 10-19 years by delivering:

- weekly nutrition education
- WIFAS for adolescent girls
- bi-annual BMI measurements
- bi-annual de-worming
- physical exercise as part of the curriculum
- referral as needed

Online training for teachers and other service providers started in October 2020, with the aim of reaching 90,000 teachers by November 2022. Face to face capacity development trainings have also been conducted for approximately 300 health and education managers and service providers. Beginning in March 2022, all secondary schools in Bangladesh have initiated nutrition interventions, starting with WIFAS. A monitoring and evaluation process is also being put in place, including a baseline survey and both manual and digital reporting systems for each school. Implementation has been extended beyond IFA supplementation to other interventions (nutrition education, de-worming) during 2023. This ambitious, nation-wide roll-out has taken place at speed, despite

several challenges, including disruption due to the COVID-19 pandemic. Ongoing challenges include insufficient budget allocations to support implementation, which has led to delays in procuring IFA tablets.

Importantly, community platforms are also included in Bangladesh's strategy to target adolescents and are critical to reaching those adolescents who are not attending school and may be comparatively more vulnerable and in need of nutrition support. It is estimated that school-based interventions have the capacity to reach only 50% of adolescents in Bangladesh. Currently, small-scale nutrition programmes are being implemented via community-based adolescent clubs in some districts; however, the scale-up of these community platforms should be a priority.

There is also a successful youth-led advocacy campaign called "Bhalo Khabo Bhalo Thakbo" ("Eat Well, Live Well"), which seeks to improve the food environment both around schools and beyond, by working together with food producers and policymakers. In a context of a high prevalence of unhealthy snacks available to adolescents, the young people participating in this campaign are taking back control and demanding better access to healthy snacks by pledging to exclusively spend their pocket money on healthy food. Over a million adolescents in Bangladesh have signed the pledge.

Related to this, while policy exists to regulate the marketing of unhealthy foods to children and adolescents, the actual enforcement of this regulation is weak. Research shows that the advertising of unhealthy foods in Bangladesh takes many forms. Television advertising includes direct advertising, sponsorship of programmes, and the incorporation of unhealthy foods into programmes, such as on talk shows and in TV series, where participants/actors are seen consuming unhealthy food<sup>19</sup>. Radio programmes are also regularly sponsored by food/beverage companies. Billboards, signboards and posters advertising unhealthy foods are common throughout the country, and newspapers also advertise unhealthy foods. The effective implementation of the Smoking and Tobacco Products Usage (Control) Act of 2005, which prevents the marketing and sale of tobacco products to children and adolescents aged 18 years and under, has demonstrated how effective marketing regulation can be<sup>20,21</sup>.



## UNICEF's role

UNICEF has been instrumental in supporting the government of Bangladesh to develop its policies to support adolescent nutrition in the country, as well as throughout the development and implementation of the adolescent nutrition intervention package. Together with the World Bank and other international organisations, UNICEF has supported situation analyses and advocacy efforts in Bangladesh, including a cost-effectiveness analysis of six priority interventions and a call to action to support investment and implementation. Further, it has supported, and continues to support, systems strengthening and capacity building for the effective implementation of the adolescent nutrition intervention package, alongside the digitalisation of the monitoring and reporting system, which is being scaled up nationally, beginning in 2023.





# Malawi

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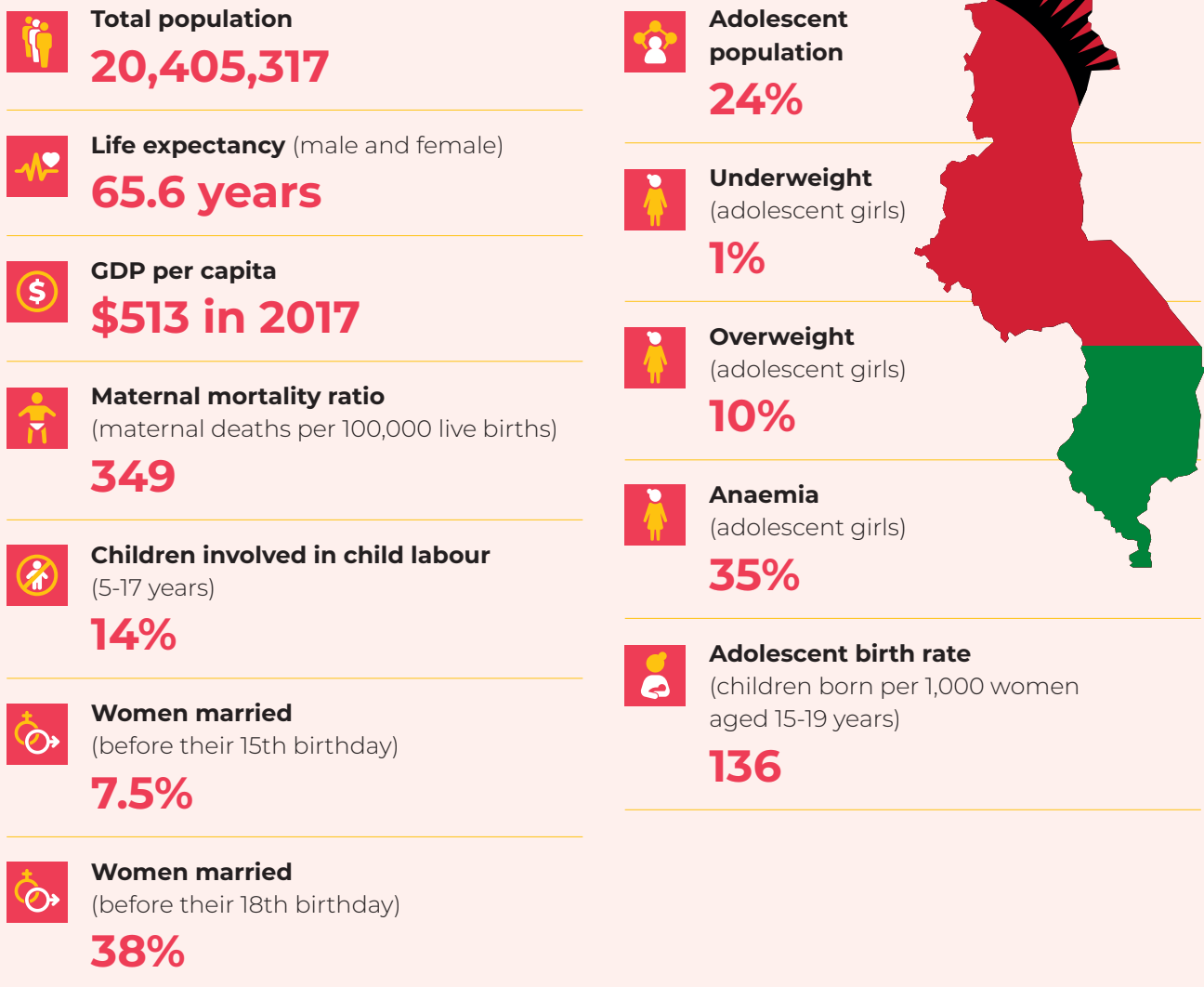
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## Context

According to the Population and Housing Census (2018), around a quarter (24 %) of the population in Malawi are adolescents (aged 10-19 years). While nutritional data on the adolescent age group is scarce, as in most settings, the Demographic and Health Survey collects data on girls aged 15-19 years and estimated that in 2015, 13% were underweight and 7% were overweight (based on adult BMI definitions). When using more age-appropriate z-scores, 1% of adolescent girls were thin (BAZ<-2) and 10% were overweight (BAZ>+1). Anaemia among non-pregnant girls aged 15-19 years was approximately 35%. There is no data on anaemia prevalence in adolescent boys.

Anaemia prevalence in 2015 was 22% for school-aged children (aged six to 14 years) according to the 2015-16 Malawi Micronutrient Survey. Child marriage is common in Malawi, with 15% of Malawian girls already married by the age of 15 years. A high proportion (29%) of adolescent girls aged 15-19 years are also either pregnant or have had a child already, and pregnancy is the leading factor in regard to dropping out of school. There is very little data on the nutritional status of younger adolescents and boys, and on dietary intake for all adolescents.

Figure 3:  
**Malawi** country profile



## Key policies to support adolescent nutrition

In Malawi, like in many other countries, adolescents are a disempowered and neglected population group. They lack social power, have constrained access to resources, and are vulnerable to malnutrition, exploitation and violence. Like in other countries, Malawi has only a limited number of nutrition programmes that focus on adolescent nutrition. However, it is seeking to change that by creating a strong policy environment, and in 2018 the government of Malawi released the Multi-sector Adolescent Nutrition Strategy 2019-2023. This document includes some key targets for 2023 relating to adolescent nutrition. This is a progressive move since many international and national adolescent nutrition guidelines and strategies lack targets. The targets are as follows:

- Reduce the rate of thinness (BMI<18.5) in adolescents by 5%.
- Increase the rate of adolescents accessing IFA supplements by 40%.
- Reduce the rate of anaemia in adolescents by 25%.

- Reduced the rate of overweight in adolescents by 5%.
- Improve adolescents' knowledge on the prevention of overnutrition and nutrition related NCDs.
- Improve multi-sectoral adolescent nutrition coordination and programming.
- Establish effective monitoring, evaluation, research and surveillance systems for adolescent programming.

Besides this pivotal strategy, a number of other policies that are relevant to adolescent nutrition exist, as summarised in **Table 3**. It is important to note that there is a lot of information in the following adolescent-specific Malawi policy documents which is relevant to adolescent nutrition, health, and well-being, but which is not explicitly related to a policy area within our framework and therefore is not discussed in detail below: the Adolescent Girls in Malawi: Introduction and Overview Policy Brief (2016), the Review of Adolescent Family Planning Policies in Malawi: Policy Brief (2017), and the Youth Well-being Policy Review of Malawi (2018).

**Table 3: Summary of key policies and guidelines relating to adolescent nutrition in Malawi**

Document name	Aim	Target group
<b>Policies/strategies</b>		
<b>Malawi National Youth Policy 2013</b>	Ensuring that the design and implementation of youth programmes are in line with the current policy direction of government.	Youth aged 10-35 years.
<b>Malawi National Youth-friendly Health Services Strategy 2015-2020</b>	Giving direction and guidance to the implementation of sexual and reproductive health services for all young people countrywide, so as to achieve the highest possible level of quality integrated services.	Youth aged 10-24 years.
<b>Malawi National Multi-sector Nutrition Policy 2018-2022 and National Multi-sector Nutrition Strategic Plan 2018-2022</b>	Ensuring that evidence-based, high-impact nutrition interventions are developed and implemented at scale.	Children under five years, adolescents, PLW, women and girls aged 15-49 years.
<b>Multi-sector Adolescent Nutrition Strategy 2019-2023</b>	To have well-nourished adolescents who are able to effectively contribute to economic growth and national development.	Adolescents aged 10-19 years.
<b>Agriculture Sector Food and Nutrition Strategy 2020-2024 (abridged version)</b>	To strengthen coordination and collaboration among key agriculture and nutrition stakeholders and to foster efficient use of resources to complement each other's activities.	All population groups.
<b>National Micronutrient Strategy for Malawi (2020-2025)</b>	To contribute to a well-nourished population who are able to effectively promote economic growth and national development, through the prevention, control and management of micronutrient deficiencies.	Children under five and PLW/G, adolescent girls, other vulnerable groups, general population.

**Table 3: Summary of key policies and guidelines relating to adolescent nutrition in Malawi**  
continued

Document name	Aim	Target group
<b>Guidelines</b>		
<b>Eat well to live well: Malawi's guide to the prevention and management of common diet- and lifestyle-related NCDs</b>	To promote healthy eating, physical activity and other healthy lifestyle habits as preventative measures that can help reduce the burden of malnutrition by specifically targeting the risk factors for NCDs. The guide also offers guidance on the management of cardiovascular diseases and diabetes.	General population (prevention) and individuals living with NCDs.
<b>National School Health and Nutrition Policy 2015 (draft)</b>	To combine existing policy fragments into one comprehensive policy – fully owned by MOEST and supported by other relevant ministries – for the area of SHN; to form the basis of a clear definition of the specific mandate and role of the SHN-Directorate within MOEST; to form the basis for strategic action and use of resources to address SHN; and to form the basis for comprehensive monitoring and accountability with respect to SHN.	Population aged two to 18 years, including those beyond 18 years but still enrolled in school.
<b>National Guidelines on Nutrition Care, Support, and Treatment (NCST) for Adolescents and Adults (2017)</b>	To provide the required minimum standards for delivering a comprehensive set of nutrition interventions aimed at preventing and managing undernutrition and overnutrition in adolescents and adults at various service delivery points in health facilities and communities. It also provides direction to service providers on how to link and refer clients between health facility and community health, nutrition, economic strengthening, livelihoods, and food security interventions.	Adolescents and adults.
<b>Multi-sector Nutrition Education and Communication Strategy (NECS) II 2019-2025</b>	To effectively reach and educate all targeted groups on optimal nutrition practices for better nutrition outcomes and to provide a combination of education strategies that enhances the multi-sectoral response by mobilising and building strong movement and commitment.	Children under five years of age, adolescents, women and girls aged 15-49 years, PLW.
<b>Policy briefs</b>		
<b>Adolescent Girls in Malawi: Introduction and Overview Policy Brief (2016)</b>	To provide a situational overview of adolescent girls in Malawi in regard to fertility, teenage pregnancies and early marriages.	Adolescent girls aged 10-19 years.
<b>Review of Adolescent Family Planning Policies in Malawi: Policy Brief (2017)</b>	To gauge how well the policy environment supports family planning use by adolescent women.	Adolescents aged 10-19 years.
<b>Youth Well-being Policy Review of Malawi (2018)</b>	To support the government in assessing the situation of the country's youth using a multi-dimensional approach, and to provide recommendations to address major policy gaps in regard to youth well-being.	Youth aged 15-29 years.

**Abbreviations:** PLW, pregnant and lactating women; PLW/G, pregnant and lactating women and girls; NCDs, non-communicable diseases; MOEST, Ministry of Education, Science, and Technology; SHN, school health and nutrition.












## Policy mapping against our framework

Malawi has a large number of specific policies within the above-described policy and guideline documents relating to the domains in the adolescent nutrition policy framework. A brief overview of these is provided in **Table 4**. The policy matrix in **Appendix 3** provides a full summary of the Malawi policies and guidelines as mapped against our policy framework. The sections below provide a narrative summary of the Malawi policies in relation to our adolescent nutrition policy framework.











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**Table 4: Mapping of policies to support adolescent nutrition in Malawi**

Key policy area	Recommended actions and policy objectives/strategies	Policy gaps	Level of implementation
 <b>Economic and agricultural policies</b>	<p><b>Implement fiscal/policy levers that promote healthy diets, and restrict the marketing of, reduce access to, and extend taxation of, unhealthy foods.</b></p> <p><b>Malawi:</b> Advocacy around tax exemptions and the national budget for fortification and micronutrient powders; nutrition-sensitive value chains with private sector; develop financial plans and resource-mapping for school health and nutrition.</p>	Fiscal policies and marketing restrictions	
	<p><b>Hold food manufacturers and distributors accountable for their food policies and marketing directed to children and adolescents.</b></p> <p><b>Malawi:</b> Promote the use of biofortified crop seeds by smallholder farmers; monitor compliance with food standards of locally produced and imported foods, including national fortification standards; and sensitise traders and the food industry on nutrition-related food standards.</p>	More regulation on marketing needed to hold manufacturers and distributors accountable	
 <b>Nutrition policies</b>	<p><b>Ensure access to accurate nutrition information through simple, bold, front-of-pack warning labels and social media messaging.</b></p> <p><b>Malawi:</b> Conduct social marketing campaigns on fortified foods, supplementation and dietary diversification; and create knowledge platforms for sharing nutrition information.</p>	Legislation on front-of-pack labelling	
	<p><b>Develop and use nutrient profiles to identify unhealthy foods and beverages.</b></p> <p><b>Malawi:</b> Develop a Malawi-specific food composition table.</p>	None	 Released in 2019 with a few foods, working on expansion.
	<p><b>Implement nutrition literacy campaigns.</b></p> <p><b>Malawi:</b> Disseminate recipe books and key food and nutrition messages, including for micronutrient supplementation, adolescent nutrition, the six Malawi food groups, and food hygiene, and to counteract negative food taboos; and conduct cooking demonstrations targeting adolescents. Orient media on accurate information; implement nutrition counselling for adolescents, especially those with HIV; and celebrate 'adolescent nutrition week'.</p>	None	
	<p><b>Implement campaigns to raise awareness of adolescent obesity.</b></p> <p><b>Malawi:</b> Conduct awareness campaigns and train service providers and teachers on the prevention of nutrition related non-communicable diseases, and overweight/obesity among adolescents; and promote programmes that address physical fitness among youth.</p>	None	 Currently limited government resources to implement at national scale
 <b>Education policies</b>	<p><b>Implement school meal programmes that guarantee the availability of healthy food, particularly in settings of poverty and food insecurity, and at times of crisis.</b></p> <p><b>Malawi:</b> Design a National School Meals Programme (considering fortification and food safety standards, existing models of delivery and financing plans). Develop school feeding guidelines; scale-up delivery in secondary schools; and encourage children to attend school during emergencies.</p>	Policy is strong	 Lacking implementation in secondary schools and some primary schools
	<p><b>Create healthy school food environments.</b></p> <p><b>Malawi:</b> : In schools, implement micronutrient supplementation; equip teachers with nutritional assessments skills; train school health nutrition coordinators; and avoid offers of unhealthy drinks and food at or near schools.</p>	None	 Lacking restrictions on unhealthy foods

**Table 4: Mapping of policies to support adolescent nutrition in Malawi** continued

Key policy area	Recommended actions and policy objectives/strategies	Policy gaps	Level of implementation
 <b>Education policies</b>	<b>Expand school curricula to include an understanding of nutritious and sustainable food production, and adapting local agriculture to environmental change.</b> <b>Malawi:</b> Demonstrate crop cultivation and healthy cooking; identify learning and generate materials to be integrated into primary and secondary school curricula, and teacher training curricula; monitor implementation; and include adolescent nutrition in life skills education.	None	 Progress underway to include nutrition in school curricula; resources developed and about to be piloted
	<b>Provide access to opportunities for adequate physical activity.</b> <b>Malawi:</b> Sensitize adolescents and communities on importance of routine physical activities and healthy lifestyle.	Policy language talks of sensitisation but not provision	
 <b>Health policies</b>	<b>Provide guidance on healthy diets.</b> <b>Malawi:</b> Develop dietary guidance with a focus on micronutrient-rich foods, and the prevention and management of nutrition-related non-communicable diseases among adolescents; integrate nutrition at health care delivery points; and promote messages around '10 steps for a healthier you'.	None	 Healthy diet guidance for general population but not adolescent-specific
	<b>Implement weight management interventions for adolescents affected by obesity.</b> <b>Malawi:</b> : Conduct routine screening, interpersonal counselling, medical care, and referral plans for adolescents who are overweight or obese.	None	 Malawi has a youth-friendly hospital initiative but is not currently implementing specific support for overweight or obesity
	<b>Ensure access to valid and relevant information and affordable age-appropriate, high-quality, welcoming health services, care, and support, including for self-care.</b> <b>Malawi:</b> Provide adequate and accessible youth-friendly health services, including mobile outreach; conduct routine nutrition assessment for adolescents; link and refer adolescents to existing health and nutrition services based on their needs (pregnancy, HIV, infection, reproductive health); and ensure adequate supplies.	None	
	<b>Provide healthy environments, including hygiene and sanitation facilities, safe roads and safe green spaces, and without danger of injury, air pollution and toxic substances.</b> <b>Malawi:</b> Conduct awareness campaigns for adolescents on water, sanitation and hygiene practices, food safety, mosquito control, tobacco, alcohol and substance use, and family planning; support de-worming in schools; establish rehabilitation centres for youth drug addicts; and advocate for an increase in the legal age of marriage.	No mention of green spaces and air pollution	 Some initiatives being implemented but not all in all areas

**Note:** Policy objectives and strategies include those targeted to adolescents, as well as those which support improved nutrition at the population level.

Level of implementation is classified as follows:

 = Not implemented

 = Partial implementation/in progress

 = Fully implemented

## Economic policy

For Malawi, tax levers and marketing restrictions are not currently economic policy priorities. Meeting the country's commitment as an African Union member to invest at least 10% of the national budget in agriculture for food production is a macroeconomic priority in order to improve population nutrition, as is the commitment to reduce the illicit outflows of tax, estimated to be over 10% of GDP in the period 1980-2009. While more specific nutrition fiscal policies are not currently in place, there are advocacy plans to try to change this in the future, including through a tax exemption on fortification equipment and premix, the inclusion of micronutrient powders in national budgets, and establishing nutrition-sensitive value chains with the private sector. The "national pathways for food systems transformations in support of the 2023 agenda" also outlines plans to "institute food price stabilization mechanisms to deter price volatility and give relief to the most vulnerable populations" in the next 10 years. The Agriculture Sector, Food and Nutrition Strategy 2020-2024 also plans to sensitise communities in regard to formulating, using and enforcing community-based by-laws on food and nutrition.

The other economic policy from our framework, "hold food manufacturers and distributors accountable for their food policies and marketing directed to children and adolescents", is, again, not currently directly met by Malawi's existing youth and nutrition policies. However, there are some important related pointers in national documents, including the aim to promote the multiplication of nutrient biofortified crop seeds by smallholder farmers, monitor compliance with food standards by industries, monitor the quality and safety of locally produced and imported foods to meet national fortification standards, and conduct awareness campaigns to sensitise traders and the food industry on nutrition-related requirements and standards in respect of food.

## Nutrition policy

Malawi has a number of nutrition policies that fulfil the suggestions in our policy framework. While there are no specific policies on ensuring "simple, bold, front-of-pack warning labels" for foods, the Malawi Bureau of Standards Act regulates the accuracy of information and requirements in relation to labelling on prepacked foods. There are also several relevant policies which cover "access to information", such as through social media messaging, including the

implementation of social marketing campaigns on biofortified foods, micronutrient powders, supplementation, dietary diversification, fortified foods, and fortification logos, especially for hard-to-reach areas, and the promotion of social mobilisation to encourage behaviour change through mass media and other communication channels. Malawi also has some very specific policies with regard to "nutrient profiles" (the classification of foods by their nutritional compositions in relation to preventing disease and promoting health), with recently developed and expanding country-specific food composition tables.

A related recommended policy in the combined framework is to "implement nutrition literacy campaigns". This is very well addressed across multiple policies and guidelines in Malawi, which include the following elements: the dissemination of recipe books using indigenous foods; the development of information, education and communication (IEC) materials for micronutrient supplementation; hosting orientation sessions with media houses on accurate nutrition information; and conducting awareness campaigns on:

- adequate nutrition for all pre-pregnant women
- taboos, customs and harmful practices that hinder the consumption of certain nutritious foods
- consuming a diversified diet that is based on the six Malawi food groups
- optimal nutrition for adolescents
- food hygiene and safety
- the importance of consuming fortified and biofortified foods
- IFA supplementation for adolescents

There are also plans to celebrate "adolescent nutrition week" and to implement and monitor nutrition education and counselling programmes for adolescents, in general and in the context of HIV. Information campaigns specifically targeting adolescents via appropriate platforms are also recommended, such as conducting cooking demonstrations (including on micronutrient-rich dishes), nutrition fairs and open days. These should aim to impart skills on the preparation of nutrient-dense diversified diets and encourage the active participation of young people in the production, processing and utilisation of nutritious foods. We know that adolescence is not only a period of biological importance, but is also a period where life-long eating and cooking habits can be influenced, hence these objectives could have both immediate and long-term benefits.<sup>22</sup>



There are fewer Malawi policies specifically relating to awareness campaigns for adolescent obesity. However, there are several related to NCDs, including a policy on conducting awareness campaigns at all levels on nutrition-related NCDs, including behaviour change and prevention, and a policy promoting programmes that address lifestyle-related diseases and physical fitness among youth. The Multi-sectoral Adolescent Nutrition Strategy 2019-2023 also commits to developing key messages and IEC material on prevention of overweight and obesity among adolescents, and training service providers, teachers, frontline workers and volunteers on prevention and management of overweight and obesity.

Beyond the policy framework, the Malawi Multi-sector Adolescent Nutrition Strategy 2019-2023 has two additional targets that are highly pertinent to adolescent nutrition:

- Integrate adolescent nutrition indicators in routine surveys and routine reporting; conduct a baseline nutrition status survey on adolescents; conduct an impact evaluation on adolescent nutrition programming; conduct regular gap analysis and analysis of emerging issues; conduct operational research on adolescent nutrition; conduct formative research on cultural, social and economic barriers to and facilitators of the achievement of optimal adolescent nutrition.
- Integrate IFA with existing community service delivery platforms targeting out-of-school girls.

### Education policy

Schools are an important entry point for reaching adolescents with nutrition interventions, hence education-related policies are highly relevant to adolescent nutrition. While the United Nations Educational, Scientific and Cultural Organization (UNESCO) estimates that in Malawi in 2015, 30% of upper secondary school-aged adolescents were out of school, it estimates that only 8% of lower secondary school-aged adolescents were out of school and only 6% of primary school-aged children were out of school.<sup>23</sup> This makes schools especially important for targeting adolescents at the younger end of the age bracket (approximately 10-15 years).

A key education-related policy in our framework is to “implement school meal programmes that guarantee the availability of healthy food, particularly in settings of poverty and food insecurity, and at times of crisis”. Malawi policies commit to the following reviewing different models of school meals that are presently implemented;

designing a National School Meals Programme (NSMP) that corresponds to national nutrition and food safety standards, including fortification; entering into agreements with partners on how the NSMP will be implemented and resourced; developing a medium-term financing plan to increase national financing of school meals; developing school feeding guidelines; and encouraging the participation of children in school during emergencies. The Malawi guidelines also mention the need to scale up school meal programmes in secondary schools for better retention, increased enrolment, and improved nutrition, which is a globally neglected area.<sup>24</sup>

Beyond school meals, the combined framework recommends that policy helps to “create healthy school food environments, focusing on enforcing nutritional standards for school meals; subsidising nutritious foods; restricting the sale and advertising of processed foods; encouraging engagement with the community, including parents and farmers”. The Malawi policy landscape currently includes several recommendations for healthy school food environments, including the following:

- micronutrient supplementation guidelines for school-aged children
- equipping teachers with basic nutritional assessment and record-keeping skills
- ensuring that school environments are conducive to habits relating to seeking good nutrition, such as through nutrition open days and cooking demonstrations to promote appropriate food choices
- demonstrating the cultivation of diverse, nutritious and drought-resistant food crops in school gardens
- advocating for the availability of and access to high-quality inputs, from food producers to schools, including biofortified crops

More generally, Malawi policies suggest reviewing school health and nutrition strategies, and including trained health and nutrition coordinators in schools. While there is no mention of subsidising health foods in and around schools, the Malawi School Health and Nutrition Policy 2015 recommends avoiding offers of unhealthy drinks and food at or near schools.

Policies relating to healthy school food environments already touch on a further recommendation from our policy framework to “expand school curricula to include an understanding of nutritious and sustainable food production and adapting local agriculture

in response to environmental change". Malawi also has several other policies which address this point, including integrating relevant learning into primary and secondary school and teacher training curricula, such as policies on providing information on micronutrients, advocating for the revision of life skills education in school curricula to include adolescent nutrition, and monitoring the teaching of nutrition in primary and secondary schools.

The final education-related policy in the combined framework relates to providing access to opportunities for adequate physical activity. Few Malawi policies address this point, other than a recommendation in the Multi-sectoral Adolescent Nutrition Strategy 2019-2023 to "sensitize adolescents and communities on importance of routine physical activities and healthy lifestyle".

## Health policy

The Malawi policy environment includes several recommendations regarding providing guidance on healthy diets, such as developing standard messages on the importance of dietary diversity, developing detailed dietary guidelines on micronutrient-rich foods and the prevention and management of nutrition-related NCDs among adolescents, and developing IEC materials on healthy lifestyles for the prevention of NCDs and on the importance of micronutrients and dietary diversity. To this end, Malawi has also created public-facing messaging on "10 steps for a healthier you" to promote healthy diets and a healthy lifestyle, and to prevent NCDs. There are also policies on conducting nutrition education and counselling for adolescent girls and women at facility and community level, and integrating nutrition at health care delivery points.

Many of Malawi's nutrition and health policies focus on micronutrient deficiencies and dietary diversity, although there is also recognition of the growing prevalence of NCDs. The combined policy framework recommends the implementation of weight monitoring and management interventions for adolescents affected by obesity, since overweight and obesity are an existing and growing public health problem across the world. While rates in Malawi are not as high as in other parts of the world, Malawi does have a high and growing prevalence of obesity within the population, especially among women and adolescent girls. The latest Global Nutrition Report<sup>25</sup> found that Malawi has shown limited progress towards achieving the diet-related NCD targets including no progress towards achieving the target for obesity, with an estimated

11.0% of adult women and 2.7% of adult men living with obesity. Obesity prevalence in children and adolescents aged five to 19 years was 2.8% in girls and 1.1% in boys in 2016 and is predicted to rise. Malawi policy recommends that routine screening and interpersonal counselling sessions for overweight and obesity be conducted among adolescents, and that medical and nutrition care for clients who are overweight or obese be provided, including referral and follow-up plans. Delivery of these services via schools could increase coverage; however, delivery platforms for out-of-school adolescents also need careful consideration.

Malawi has multiple policies that address "access to valid and relevant information and affordable age-appropriate, high-quality, welcoming health services, care, and support, including for self-care". The following is recommended: ensuring a sufficient supply of iron/folate, vitamin A and de-worming tablets at maternal health clinics; ensuring that adolescents are referred for existing health and nutrition services based on their needs (pregnancy, HIV, infection, reproductive health); ensuring adequate and accessible youth-friendly health services are provided to all young people, including equipping outreach teams to deliver these services; and ensuring there is ongoing advocacy for the provision of comprehensive sexuality education, HIV services, and family planning services amongst the youth. Vitality, policies also mention the need to conduct routine nutrition assessments for adolescents, an area that is often neglected, largely due to the lack of clarity around nutritional assessments for this age group.<sup>26</sup>

Malawi policies are also very thorough in regard to addressing the broader health needs of adolescents and "providing healthy environments, including safe water supplies, hygiene and sanitation facilities, safe roads and safe green spaces, without undue danger of injury in the home, air pollution and toxic substances". Policies include reference to the following: safe and supportive environments that offer protection for youth; youth-friendly health services for the prevention and treatment of alcohol-attributable conditions and HIV; de-worming adolescents at schools or through community outreach; sensitising adolescents on hygiene and sanitation, including the use of a safe water supply and mosquito control; mass media campaigns against tobacco, alcohol and substance use; the establishment of rehabilitation centres for youth drug addicts; and advocacy for increasing the legal age of marriage, as well as regulations on, and the enforcement of laws, that protect youth against sexual violence.

## Summary of policy gaps and priority actions

Key gaps in the policy framework that are either not, or are not comprehensively, addressed include the following:



### Economic and agricultural policy

**Policy gap:** There are currently no explicit fiscal policy levers to restrict the marketing of, reduce access to, and extend taxation of unhealthy foods. The new Food and Nutrition Bill, which is currently being enacted through parliament, may well address some of these gaps.

**Action:** Malawi nutrition policy could be strengthened by including these levels, as well as by implementing policies to promote healthy foods, such as those already contained in policy around tax exemption for fortification equipment and micronutrient premix.

**Policy gap:** Although Malawi is committed to holding industry accountable in regard to meeting food safety and fortification standards, since there are currently very limited regulations on marketing of foods to children and adolescents, industry cannot yet be held accountable for this.

**Action:** Current regulations on the marketing of food products should be strengthened by including limitations on marketing unhealthy foods to children and adolescents, including avoiding billboards near schools, and restricting TV adverts during programmes aimed at children and adolescents.



### Nutrition policy

**Policy Gap:** No specific policies in Malawi are evident around ensuring “access to accurate nutrition information through simple, bold, front-of-pack warning labels”.

**Action:** Current regulations on food labelling should be more specific about front-of-pack warning labels, in order to benefit both adolescents and the wider population.



### Education policy

**Policy Gap:** There are already some strong policies in place around healthy school environments, including the regulation of unhealthy food sales near/within schools, however there is no mention of subsidising of healthy foods in and around schools.

**Policy Gap:** There is a current policy around sensitising adolescents on the need for physical activity, but this does not go far enough in regard to providing them with opportunities to do so.

**Action:** A future iteration of the School Health and Nutrition policy could include the requirement for schools to provide opportunities for physical activity.



### Health policy

**Policy Gap:** Malawi’s health-related policies for adolescent nutrition are strong but they lack greater mention of green spaces and protection from air pollution for adolescents.

**Action:** The promotion of green spaces and protection from air pollution in both communities and schools needs to be included in policy, in order to support broader adolescent health, as well as to promote physical activity.

## Implementation

Key initiatives and programmes that are currently being implemented at scale in Malawi to address adolescent malnutrition are the following: the provision of WIFAS in primary schools; the provision of school meals in primary schools; and the provision of youth-friendly health services at many community clinics. National fortification programmes (vitamin A in vegetable oil and iodine in salt) also benefit adolescents. Malawi-specific food composition tables have also been created and are currently being expanded, and some information campaigns have been implemented on healthy diets and lifestyle.

There is ongoing work by the Department of School Health and Nutrition to introduce nutrition education into school curriculums, via the Afikepo programme.<sup>27</sup> The implementation of the Afikepo programme is supported by the United Nations Food and Agriculture Organization and UNICEF, with financial assistance from the European Union and in close coordination with the Malawi Department of Nutrition, HIV and AIDS and the Malawi Department of Agriculture Extension Services. One of the objectives of the programme is “improving average individual minimum dietary diversity scores among women of childbearing age (15-49 years), infant and young children 6-23 months disaggregated by sex) and adolescent girls in targeted districts”. Another relevant activity under the Afikepo programme is the creation of community adolescents “care groups”, which conduct some nutrition activities, such as cooking demonstrations. Some districts also have “district youth officers”, who are linked to agricultural extension workers. So far, a lot of research by the Afikepo programme has gone into developing effective resources for schools, and these will soon be piloted. In the place of including nutrition in national curriculums, which is not done at present, the government has developed a “Health Club” resource book for primary schools, which includes different aspects of nutrition. However, this currently has to be implemented as an extra-curricular activity.



Current policies that focus on other aspects of the school ‘food environment’ are not being implemented as widely, such as a policy to “avoid offers of unhealthy drinks and food at or near schools”. There is also a lack of implementation of campaigns to raise awareness of and tackle obesity among adolescents. Many of these initiatives are proposed under the Multi-sector Adolescent Nutrition Strategy; however, government resources allocated for implementation of the strategy have been too limited.

School meals are currently being widely implemented in Malawi, mostly in primary schools, using a number of different models. These include the centralised distribution of fortified corn soya-blended flour to make nutritious porridge, and home-grown school meals where partnerships with farmers provide the food for meals. Take-home rations are also provided during the ‘hungry season’, conditional on high school attendance. One of the largest implementors, in partnership with the Malawi Government, is the World Food Programme. School meals are considered a key safety net within the Government’s Malawi National Social Support Policy, as well as in the nutrition policies highlighted here. Many of the objectives of the school meals programme in Malawi are related to educational attendance and achievement and gender equality, rather than direct nutrition. While the school meal programme is strong, it could be improved by ensuring greater monitoring of nutrition outcomes and wider implementation in secondary schools. It is also important to note the challenge of reaching out-of-school adolescents.

## UNICEF's role

UNICEF Malawi play a key role in:

### Supporting strategy development

UNICEF provided technical assistance to the formulation of the Multi-sector Adolescent Nutrition Strategy, including costing it and informing the monitoring and evaluation framework. It is also involved in shaping the upcoming Food and Nutrition Bill, in relation to which it has been advocating for a greater focus on healthy school food environments more broadly.

### Knowledge management and evidence generation to inform policy

UNICEF is currently supporting the Malawi Ministry of Health in regard to conducting a landscape analysis of nutrition among adolescents and children aged six to 19 years. This includes summarising existing datasets, assessing food and social-cultural environment influences, including the main sources of information that influence school-age children and adolescents' diets, and identifying priority actions.

### Technical leadership in the implementation of adolescent nutrition programmes

UNICEF is a key partner in implementing the Afikepo programme, which includes the objective of integrating nutrition education into primary school curriculums. It also implements a number of other relevant programmes, including the procurement and distribution of WIFAS in primary schools (which generally goes up to the age of 14 years but can often include older adolescents too) and in the community for adolescent girls, school de-worming programmes, school garden programmes and cooking demonstrations to improve dietary diversity, and nutrition-sensitive agricultural programmes that provide information sessions on food processing and preparation, and homestead gardening, with a focus on iron-rich foods.



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## Appendices

### Appendix 1: Bangladesh adolescent nutrition policy review matrix

**Key:** This appendix provides a detailed mapping of policy objectives and strategies in Bangladesh against the policy framework for improved nutrition during adolescence. The framework draws on recommended actions from the 2021 Lancet Series on Adolescent Nutrition<sup>5</sup> ●, the WHO Global Accelerated Action for the Health of Adolescents (AA-HA!) report<sup>8</sup> ●, and the adolescent well-being framework<sup>10</sup> ●. IFA (iron and folic acid), MMS (multiple micronutrient supplementation).

Key policy areas	2015 National Nutrition Policy		2017-2030 National Strategy for Adolescent Health	
	Policy objectives	Specific strategies	Policy objectives	Specific strategies
● <b>Implement fiscal/policy levers that promote healthy diets, and restrict the marketing of, reduce access to, and extend taxation of unhealthy foods (also AA-HA)</b>	Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers	Ensure the required nutrition at all stages of the life cycle: take steps to ensure the regulation of unabated marketing of processed and commercial food items, given that the food habits of people, especially children, are at stake and are influenced by the advertisement of such foods		
	Strengthen nutrition-sensitive, or indirect, interventions	Encourage investment in nutrition-sensitive agriculture to produce fruits, vegetables, chicken, fish, fish products, milk and meat		
● <b>Hold food manufacturers and distributors accountable for their food policies and marketing directed to children and adolescents (also AA-HA: implement the set of recommendations on the marketing of foods and non-alcoholic beverages to children)</b>				
● <b>Provide guidance on healthy diets</b>	Ensure the availability of adequate, diversified and quality safe food, and promote healthy feeding practices	Initiate a special behaviour change communication programme to create awareness of the need to avoid processed food, excess salt, saturated fat and trans fat		
	Strengthen nutrition-specific, or direct nutrition, interventions	Enhance food security at household level. Publicise and promote food-based dietary guidelines. Ensure informed food selection and consumer rights		

Key policy areas	2015 National Nutrition Policy		2017-2030 National Strategy for Adolescent Health	
Economic and agricultural policies	Policy objectives	Specific strategies	Policy objectives	Specific strategies
<p>● <b>Implement weight management interventions for adolescents affected by obesity</b></p>	Strengthen multi-sectoral programmes and increase coordination among sectors to ensure improved nutrition	Implement interventions in all educational institutions and communities, in both rural and urban areas, to reduce overweight and obesity. Encourage physical labour and exercise		
<p>● <b>Ensure access to valid and relevant information and affordable age-appropriate, high-quality, welcoming health services, care, and support, including for self-care</b></p>	Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers	Ensure the required nutrition at all stages of the life cycle: (1) ensure appropriate and adequate nutrition for all pregnant women and lactating mothers throughout pregnancy, so that healthy children are born with expected birth weight; (2) ensure that mothers are able to exclusively breastfeed their children up to six months of age and are able to continue breastfeeding through age two years, by ensuring a supportive family environment, services and regulatory safety net; (3) following exclusive breastfeeding till age six months to ensure an appropriate nutritional foundation for all newborns and very young children, ensure the start of complementary food after age six months, together with breastfeeding, and ensure continuation of breastfeeding up to age two years	To integrate and strengthen age-appropriate comprehensive sexuality education programmes in all academic and training institutions	Promote age-appropriate comprehensive sexuality education which is on a par with international standards, throughout all academic and training institutions
	Improve the nutritional status of all citizens, including children, adolescent girls, pregnant women and lactating mothers	Ensure the required nutrition at all stages of the life cycle: ensure the easy availability and the best utilisation of family planning methods to prevent early marriage, delay pregnancy, and space births	To improve the sexual and reproductive health status of adolescents by implementing a range of evidence-based and effective interventions	Build capacity for the delivery of age- and gender-sensitive sexual and reproductive health services which includes HIV/sexually transmitted infection prevention, treatment and care
				Mainstream nutrition education and promotion and hygiene education, including hand washing, into the health care system and education system, as well as other systems which reach out-of-school adolescents



Key policy areas	2015 National Nutrition Policy		2017-2030 National Strategy for Adolescent Health	
Economic and agricultural policies	Policy objectives	Specific strategies	Policy objectives	Specific strategies
			To strengthen health and social protection systems to provide services to meet the needs of the most vulnerable adolescents	Build the capacity of the health and social protection sector to respond to age- and gender-based violence and child marriage prevention by providing effective and efficient services
			To strengthen health and social protection systems to provide services to meet the needs of the most vulnerable adolescents	Develop and implement evidence-based programmes to prevent and mitigate the consequences of age- and gender-based violence, including child marriage
				Create a robust system for data collection/analysis on the prevalence of age- and gender-based violence, to be used to inform policy and programming
			To promote mental health and prevent mental ill health by implementing a range of evidence-based interventions and screening for common mental illnesses and suicidal behaviour as per the provisions of primary mental health care	Enable evidence-based advocacy for comprehensive programme development to promote mental health among adolescents and reduce the stigma attached to mental ill health
				Create a robust system for data collection/analysis on mental health issues, including substance use, to inform policy and programming

Key policy areas	2015 National Nutrition Policy		2017-2030 National Strategy for Adolescent Health	
Economic and agricultural policies	Policy objectives	Specific strategies	Policy objectives	Specific strategies
<p>● Provide healthy environments, including safe water supplies, hygiene and sanitation facilities, safe roads and safe green spaces, and without undue danger of injury in the home, air pollution and toxic substances</p>	Ensure the availability of adequate, diversified and quality safe food, and promote healthy feeding practices	Improve, encourage and accelerate clean and hygienic food preparation practices so that safe and quality food consumption is increased and nutrition quality in food is restored. Encourage food preparation and preservation using local and appropriate technologies to ensure the availability of food throughout the year	To create an enabling environment (around sexual and reproductive health) at all levels – national and local – by strengthening legislation, policy development and implementation	Enable evidence-based advocacy for comprehensive policy and programme development, investments and implementation
	Strengthen nutrition-sensitive, or indirect, interventions	To combat different types of infection (diarrhoea, pneumonia, environmental enteropathy) that adversely affect child nutrition, motivate people to follow hygiene practices, especially washing hands with soap. Also, ensure safe drinking water and strengthen the sanitation system to reduce the risk of these infections	To create an enabling environment (around sexual and reproductive health) at all levels – national and local – by strengthening legislation, policy development and implementation	Create a robust system for data collection/analysis on the sexual and reproductive health of adolescents, including unmarried adolescents, to inform policy and programming
			To promote positive social norms which address age- and gender-based discrimination and violence, including child marriage, by engaging and influencing policymakers and key stakeholders	Enable evidence-based advocacy and communication at national and local level to raise awareness on the issue of age- and gender-based discrimination and child marriage, and its consequences
			To empower adolescents, especially adolescent girls, by providing them with life skills to stand up for their rights, including their right to fully and freely consent to marriage	

Key policy areas	2015 National Nutrition Policy		2017-2030 National Strategy for Adolescent Health	
Economic and agricultural policies	Policy objectives	Specific strategies	Policy objectives	Specific strategies
<p>● Provide healthy environments, including safe water supplies, hygiene and sanitation facilities, safe roads and safe green spaces, and without undue danger of injury in the home, air pollution and toxic substances (continued)</p>			To promote mental health and prevent mental ill health by implementing a range of evidence-based interventions and screening for common mental illnesses and suicidal behaviour as per the provisions of primary mental health care	Develop skills among adolescents to deal with stress, manage conflict and develop healthy relationships
			To create an enabling environment for mental health services, including counselling, and to develop the capacity to provide effective services at all levels of facilities	Promote school- and facility-level interventions which include counselling and the management of mental health disorders through linkages with the national mental health programme
<p>● Ensure access to accurate nutrition information through simple, bold, front-of-pack warning labels and social media messaging (also AA-HA)</p>				
<p>● Develop and use nutrient profiles to identify unhealthy foods and beverages</p>				
<p>● Implement nutrition literacy campaigns</p>	Ensure the availability of adequate, diversified and quality safe food, and promote healthy feeding practices	Popularise the effective consumption of fats, carbohydrates and micronutrients to control malnutrition, overweight and micronutrient deficiencies		Strengthen the capacity of service providers to deliver effective nutrition counselling and services to all adolescents, with a special focus on raising awareness on the consequences of child marriage and meeting the nutritional needs of pregnant adolescent girls

Key policy areas	2015 National Nutrition Policy		2017-2030 National Strategy for Adolescent Health	
Economic and agricultural policies	Policy objectives	Specific strategies	Policy objectives	Specific strategies
<p>● <b>Implement nutrition literacy campaigns</b> (continued)</p>	Strengthen nutrition-specific, or direct nutrition, interventions	Engage in behaviour change communication to provide nutritional knowledge through counselling at family level. (Policy document states that this is currently contributing to improving the nutritional status of adolescent girls and women)		Conduct community-based awareness campaigns on the importance of good nutrition, healthy foods and the consequences of malnutrition, anaemia and obesity for the overall development and growth of adolescents
	Strengthen nutrition-specific, or direct nutrition, interventions	Promote the use of iodised salt. (Policy document states that this is currently contributing to improving the nutritional status of adolescent girls and women)		
	Strengthen nutrition-specific, or direct nutrition, interventions	Promote the use of calcium during pregnancy as a supplement. (Policy document states that this is currently contributing to improving the nutritional status of adolescent girls and women)		
	Strengthen nutrition-specific, or direct nutrition, interventions	Change behaviours through strengthened nutrition counselling, information and education. Undertake intensive communication through all media, involving all stakeholders, to raise public awareness on maintaining a balanced diet, the nutritional value of food, and physical activity and exercise		
	Strengthen nutrition-specific, or direct nutrition, interventions	Build knowledge about appropriate micronutrient-enriched family foods and promote increased consumption of these foods		
	Strengthen nutrition-specific, or direct nutrition, interventions	For adolescent mothers: (1) exclusively breastfeed during the first six months after birth; (2) provide complementary food after age six months, appropriately prepared at home, alongside breastfeeding; (3) wash hands with soap before feeding a child		

Key policy areas	2015 National Nutrition Policy		2017-2030 National Strategy for Adolescent Health	
Economic and agricultural policies	Policy objectives	Specific strategies	Policy objectives	Specific strategies
<p>● <b>Implement nutrition literacy campaigns</b> (continued)</p>	Strengthen nutrition-specific, or direct nutrition, interventions	For pregnant adolescents/new mothers: (1) motivate them to take appropriate nutritious food during pregnancy; (2) motivate them to gain adequate weight during pregnancy; (3) motivate them to ensure they take micronutrient supplements, especially iron-folic acid, during the pregnancy and lactation period, as applicable; (4) motivate them to prevent infection and ensure appropriate treatment; (5) motivate them to reduce their physical labour during pregnancy and ensure they have appropriate rest; (6) bring about behavioural changes, including avoiding tobacco products and smoking, during pregnancy; (7) promote the consumption of adequate quantities of nutritious food to prevent malnutrition in lactating mothers and ensure appropriate care to children; (8) motivate them to start breastfeeding within one hour of birth to ensure appropriate care to the newborn, with exclusive breastfeeding up to age six months; (9) encourage the provision of complementary food from age six months three to four times a day, prepared at home (combining at least four food groups), with continuation of breastfeeding up to age two years		
<p>● <b>Implement campaigns to raise awareness of adolescent obesity</b></p>	Strengthen nutrition-specific, or direct nutrition, interventions	Conduct preventative activities in educational institutions and communities to avert incidence of overweight and obesity. (Policy document states that this is currently contributing to improving the nutritional status of adolescent girls and women)	To improve lifestyles and reduce the risk of overweight and obesity among all adolescents	Promote and improve access to sports and physical activity in the community, schools and the workplace
<p><b>Fortification and/or supplementation strategies</b></p>	Ensure the availability of adequate, diversified and quality safe food, and promote healthy feeding practices	Initiate a food fortification programme and expand its use and perimeters (including; e.g., iodine in edible salt, vitamin A in edible oil, and enriched main foods for children, cooked at home with mixed micronutrients)		Provide and promote micronutrient supplementation (i.e., IFA and MMS), consumption of fortified foods and de-worming at health facilities, schools and the workplace
	Strengthen nutrition-specific, or direct nutrition, interventions	Provision of iron, folic acid or multiple micronutrients as supplements, as appropriate		

Key policy areas	2015 National Nutrition Policy		2017-2030 National Strategy for Adolescent Health	
	Policy objectives	Specific strategies	Policy objectives	Specific strategies
● <b>Implement school meal programmes that guarantee the availability of healthy food, particularly in settings of poverty and food insecurity, and at times of crisis</b>	Strengthen nutrition-specific, or direct nutrition, interventions	Ensure the intake of adequate varieties of food for adolescent girls and boys for their appropriate growth, so that they can develop as adults with expected height and weight. (Policy does not specifically mention delivery through school meals)		
● <b>Create healthy school food environments, focusing on enforcing nutritional standards for school meals; subsidising nutritious foods; restricting the sale and advertising of processed foods; and encouraging engagement with the community, including parents and farmers (also AA-HA)</b>				Establish programmes that promote dietary diversification, dietary adequacy, fortified foods and nutrition security through community- and school-based interventions
● <b>Expand school curricula to include an understanding of nutritious and sustainable food production, and adapting local agriculture in response to environmental change</b>	Strengthen nutrition-specific, or direct nutrition, interventions	Extend and strengthen nutrition education in educational institutions		
● <b>Provide access to opportunities for adequate physical activity</b>	Strengthen multi-sectoral programmes and increase coordination among sectors to ensure improved nutrition	Implement interventions in all educational institutions and communities, in both rural and urban areas, to reduce overweight and obesity. Encourage physical labour and exercise		
** <b>Relevant to education policy but doesn't fall under a specific policy area in the framework</b>	Strengthen nutrition-sensitive, or indirect, interventions	Increase the rate of female education and women's empowerment. Create employment opportunities for women and encourage the delay of pregnancy until at least age 20 years		

## Appendix 2. Ten enabling actions to facilitate investments in adolescent nutrition in Bangladesh

1. Current government investments in adolescent nutrition should be scaled up and additional recommended interventions included in the national budget and Eighth Five-Year Plan.
2. Contributions towards implementation can come from funding already available under the costed National Plan of Action on Nutrition (NPAN2) for different ministries.
3. At least one adolescent nutrition indicator should be included in the Eighth Five-Year Plan, to measure progress.
4. Make secondary schools a delivery platform for adolescent nutrition interventions: for example, through nutrition fairs, nutrition promotion through school clubs, school health checks, and initiatives to increase physical activity.
5. De-worming should be packaged within school-based hygiene and sanitation programmes, alongside menstrual hygiene management for girls.
6. Nutritious school meals provided in primary schools can be extended to secondary schools, especially in divisions or districts where performance on nutritional indicators is lagging.
7. Actions to delay the first pregnancy of married adolescents are an urgent priority.
8. A phased implementation of prioritised interventions is possible as more funding is made available:

**Phase 1:** De-worming, IFA (iron and folic acid) or MMS (multiple micronutrient supplementation), nutrition education.

**Phase 2:** De-worming, IFA or MMS, nutrition education, reducing child marriage.

**Phase 3:** De-worming, IFA or MMS, nutrition education, reducing child marriage, school meals.

9. The government should target the delivery of a full set of interventions in areas of the country where performance on nutrition indicators is lagging.
10. Development partners and civil society must work alongside government in supporting the execution of these interventions.

### Appendix 3: Malawi adolescent nutrition policy review matrix

**Key:** This appendix provides a detailed mapping of policy objectives and strategies in Malawi against the policy framework for improved nutrition during adolescence. The framework draws on recommended actions from the 2021 Lancet Series on Adolescent Nutrition<sup>5</sup> ●, the WHO Global Accelerated Action for the Health of Adolescents (AA-HA!) report<sup>8</sup> ●, and the adolescent well-being framework<sup>10</sup> ●. IEC (information, education and communication), IFA (iron and folic acid), NCDs (non-communicable diseases), NSMP (national school meals programme).

Policy Area	National Micronutrient Strategy for Malawi (2020-2025)	Malawi School Health and Nutrition Policy (2015)	Malawi National Youth Friendly Health Service Strategy (2015-2020)	Multi-Sector Nutrition Education and Communication Strategy (2019-2025)	Multi-Sector Adolescent Nutrition Strategy (2019-2023)	Agriculture, Food and Nutrition Strategy (2020-2024)	National Multi-sector Nutrition Policy and Strategic plan (2018-2022)	National Guidelines on Nutrition Care, Support, and Treatment for Adolescents and Adults (2017)	Eat Well to Live Well (2021)	Malawi National Youth Policy (2013)
<b>Economic and agricultural policies</b>										
● <b>Implement fiscal/policy levers that promote healthy diets, and restrict the marketing of, reduce access to, and extend taxation of unhealthy foods</b>	Advocate for tax exemption on fortification equipment and premix	Develop a medium-term financing plan that lays out how the School Health and Nutrition Policy will be increasingly resourced by national actors				Advocate for nutrition-sensitive value chains with the private sector	Conduct annual nutrition financial resource-mapping to identify funding gaps			
	Advocate for inclusion of micronutrient powders in national budgets					Sensitise communities to formulate, use and enforce community-based by-laws on food and nutrition	Develop and disseminate a national strategy for adolescent nutrition			
● <b>Hold food manufacturers and distributors accountable for their food policies and marketing directed to children and adolescents</b>	Gazette revised standards to reinforce mandatory fortification of targeted foods					Promote the multiplication of nutrient biofortified crop seeds by smallholder farmers	Monitor compliance with food standards by industries. Monitor the quality and safety of locally produced and imported foods to meet national fortification standards	Print and disseminate the abridged version of the Food and Nutrition Act to the general public		



Policy Area	National Micronutrient Strategy for Malawi (2020-2025)	Malawi School Health and Nutrition Policy (2015)	Malawi National Youth Friendly Health Service Strategy (2015-2020)	Multi-Sector Nutrition Education and Communication Strategy (2019-2025)	Multi-Sector Adolescent Nutrition Strategy (2019-2023)	Agriculture, Food and Nutrition Strategy (2020-2024)	National Multi-sector Nutrition Policy and Strategic plan (2018-2022)	National Guidelines on Nutrition Care, Support, and Treatment for Adolescents and Adults (2017)	Eat Well to Live Well (2021)	Malawi National Youth Policy (2013)
<b>Economic and agricultural policies</b> (continued)										
<p>● <b>Hold food manufacturers and distributors accountable for their food policies and marketing directed to children and adolescents</b> (continued)</p>	Monitor compliance with food standards by the industry						<p>Conduct awareness campaigns to sensitise traders and food industry on nutrition-related requirements and standards in respect of food</p> <p>Advocate for corporate social responsibility with business networks to promote nutrition, cognitive development and safe lives for children</p>			
<b>Nutrition policies</b>										
<p>● <b>Ensure access to accurate nutrition information through simple, bold, front-of-pack warning labels and social media messaging</b></p>	<p>Conduct social marketing campaigns on biofortified foods, supplementation, dietary diversification, fortified foods, and fortification logos</p>		<p>Increase the role of social marketing organisations and private sector to expand service delivery points to hard-to-reach areas for the provision of information</p>	<p>Create knowledge platforms and interactive communication tools for sharing information at all levels, such as a nutrition website</p>			<p>Conduct socio-marketing of micronutrient powders</p>			
							<p>Promote social mobilisation through mass media and other communication channels</p>			

Policy Area	National Micronutrient Strategy for Malawi (2020-2025)	Malawi School Health and Nutrition Policy (2015)	Malawi National Youth Friendly Health Service Strategy (2015-2020)	Multi-Sector Nutrition Education and Communication Strategy (2019-2025)	Multi-Sector Adolescent Nutrition Strategy (2019-2023)	Agriculture, Food and Nutrition Strategy (2020-2024)	National Multi-sector Nutrition Policy and Strategic plan (2018-2022)	National Guidelines on Nutrition Care, Support, and Treatment for Adolescents and Adults (2017)	Eat Well to Live Well (2021)	Malawi National Youth Policy (2013)
<b>Nutrition policies</b> (continued)										
● <b>Develop and use nutrient profiles to identify unhealthy foods and beverages</b>	Develop a Malawi-specific food composition table						Develop national food composition tables			
● <b>Implement nutrition literacy campaigns</b>	Disseminate indigenous foods recipe books			Conduct awareness campaigns on the importance of adequate nutrition for all pre-pregnant women	Develop, print and disseminate IEC materials (use of billboards, posters, flyers, leaflets) on adolescent nutrition	Promote food hygiene and safety	Conduct awareness campaigns on adolescent nutrition through mass media			Provide nutrition education in general, and in the context of HIV, to youth
	Conduct cooking demonstrations on micronutrients rich dishes			Conduct awareness campaigns on taboos, customs and harmful practices that hinder the consumption of certain nutritious foods.		Develop key food and nutrition messages (including on biofortified foods) in local languages, including to counteract negative food taboos	Implement and monitor nutrition education and counselling programmes for adolescents			Encourage young people to actively participate in the production, processing and utilisation of nutritious foods
	Develop IEC materials for micronutrient supplementation			Conduct community sensitisation and mobilisation on the importance of the consumption of fortified and biofortified foods and IFA supplementation for adolescents	Conduct cooking demonstration, nutrition fairs, and open days specifically targeting adolescents on various platforms to impart skills on the preparation of nutrient-dense diversified diets		Conduct awareness campaigns on the importance of consuming a diversified diet that is based on the six Malawi food groups			

Policy Area	National Micronutrient Strategy for Malawi (2020-2025)	Malawi School Health and Nutrition Policy (2015)	Malawi National Youth Friendly Health Service Strategy (2015-2020)	Multi-Sector Nutrition Education and Communication Strategy (2019-2025)	Multi-Sector Adolescent Nutrition Strategy (2019-2023)	Agriculture, Food and Nutrition Strategy (2020-2024)	National Multi-sector Nutrition Policy and Strategic plan (2018-2022)	National Guidelines on Nutrition Care, Support, and Treatment for Adolescents and Adults (2017)	Eat Well to Live Well (2021)	Malawi National Youth Policy (2013)
<b>Nutrition policies</b> (continued)										
● <b>Implement nutrition literacy campaigns</b> (continued)	Conduct orientation sessions with media houses on micronutrient measures						Conduct awareness campaigns on optimal nutrition for adolescents, including food taboos			
							Celebrate adolescent nutrition week			
● <b>Implement campaigns to raise awareness of adolescent obesity</b>				Conduct awareness campaigns at all levels on nutrition-related NCDs	Develop key messages and IEC materials on the prevention of overweight and obesity among adolescents		Promote awareness campaigns and behaviour change communication on the prevention of nutrition-related NCDs			Promote programmes that address lifestyle-related diseases and physical fitness among youth
					Train service providers, teachers, frontline workers and volunteers on the prevention and management of overweight and obesity					
<b>Educational policies</b>										
● <b>Implement school meal programmes that guarantee the availability of healthy food, particularly in settings of poverty and food insecurity, and at times of crisis</b>		Review different models of school meals that are presently implemented			Scale up school health and nutrition interventions		Develop school feeding guidelines			Encourage school feeding programmes in all primary schools

Policy Area	National Micronutrient Strategy for Malawi (2020-2025)	Malawi School Health and Nutrition Policy (2015)	Malawi National Youth Friendly Health Service Strategy (2015-2020)	Multi-Sector Nutrition Education and Communication Strategy (2019-2025)	Multi-Sector Adolescent Nutrition Strategy (2019-2023)	Agriculture, Food and Nutrition Strategy (2020-2024)	National Multi-sector Nutrition Policy and Strategic plan (2018-2022)	National Guidelines on Nutrition Care, Support, and Treatment for Adolescents and Adults (2017)	Eat Well to Live Well (2021)	Malawi National Youth Policy (2013)
<b>Educational policies</b> (continued)										
<p>● <b>Implement school meal programmes that guarantee the availability of healthy food, particularly in settings of poverty and food insecurity, and at times of crisis</b> (continued)</p>		Design an NSMP that corresponds to national nutrition and food safety standards			Provide fortified school meals		School health and nutrition programmes			
		Enter into agreements with partners on how the NSMP will be implemented and resourced			Scale up school meals programmes in secondary schools for better retention and increased enrolment					
		Develop a medium-term financing plan to increase national financing of school meals								
		Encourage participation of children in school during emergencies								
<p>● <b>Create healthy school food environments, focusing on nutritional standards for school meals; subsidising nutritious foods; restricting the sale and advertising of processed foods; and encouraging engagement with the community, including parents and farmers</b></p>	Review micronutrient supplementation guidelines for school-aged children	Ensure that complementary activities (e.g. micronutrient supplementation) are provided in schools	Clarify the national standards for the provision of health, sanitation and hygiene-related infrastructure at schools		Mainstream biofortified crops in school health and nutrition interventions	Advocate for availability of and access to high-quality inputs for food producers at schools	Establish school gardens for agricultural production to improve nutrition knowledge of learners			
		Ensure that teachers acquire skills for basic nutritional assessments and record-keeping					Train school health nutrition coordinators			

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<b>Educational policies</b> (continued)										
<ul style="list-style-type: none"> <li>● <b>Create healthy school food environments, focusing on nutritional standards for school meals; subsidising nutritious foods; restricting the sale and advertising of processed foods; and encouraging engagement with the community, including parents and farmers</b> (continued)</li> </ul>		Ensure that school environments are conducive to the habit of seeking good nutrition; demonstrate the cultivating of diverse, nutritious and drought-resistant food crops					Conduct nutrition open days and cooking demonstration in schools to promote appropriate food choices			
		Avoid offers of unhealthy drinks and food at or near schools					Review school health and nutrition strategy			
<ul style="list-style-type: none"> <li>● <b>Expand school curricula to include an understanding of nutritious and sustainable food production, and adapting local agriculture to environmental change</b></li> </ul>	Integrate information on micronutrients into school curricula	Identify relevant learning to be integrated into primary and secondary school curricula, and teacher training curricula		Orient teachers and other service providers on nutrition for adolescents	Advocate for the revision of life skills education in school curricula to include adolescent nutrition		Develop teaching and learning materials for nutrition education in primary and secondary schools. Monitor the teaching of nutrition in primary and secondary schools			
					Advocate for fast-tracking nutrition curriculum in primary schools					

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<b>Educational policies</b> (continued)										
● Provide access to opportunities for adequate physical activity					Sensitise adolescents and communities on the importance of routine physical activities and a healthy lifestyle					
<b>Health policies</b>										
● Provide guidance on healthy diets	Develop standard messages on the importance of dietary diversity				Develop and disseminate IEC materials on healthy lifestyles (eating and physical activity) for the prevention of NCDs		Develop and disseminate dietary guidelines	Integrate nutrition at health care delivery points	Promote "10 steps for a healthier you" to promote healthy diets and lifestyles and prevent NCDs	
	Develop detailed dietary guidelines, with an emphasis on micronutrient-rich foods				Develop key messages and tools (recipe book) for nutrition counselling, including prevention and management of nutrition-related NCDs		Conduct nutrition education and counselling for adolescent girls and women at facility and community levels			
					Develop and disseminate dietary guidelines for the prevention and management of nutrition-related NCDs among adolescents		Develop and disseminate IEC materials on the importance of micronutrients and dietary diversity			

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<b>Health policies (continued)</b>										
<p>● <b>Implement weight management interventions for adolescents affected by obesity</b></p>					Conduct routine screening and interpersonal counselling sessions for overweight and obesity among adolescents			Provide medical and nutrition care for clients who are overweight or obese		
								Refer and plan to follow up clients who are overweight or obese		
<p>● <b>Ensure access to valid and relevant information and affordable age-appropriate, high-quality, welcoming health services, care, and support, including for self-care</b></p>	Ensure sufficient supply of iron/ folate tablets at maternal health clinics		Equip mobile outreach teams to deliver youth-friendly health services		Link and refer adolescents to existing health and nutrition services based on their needs (pregnancy, HIV, infection, reproductive health)		Procure and distribute to all facilities IFA, Vitamin A and de-worming tablets for pregnant women and women aged 15-49 years			Advocate for the provision of comprehensive sexuality education, HIV services, and family planning services amongst youth
					Conduct routine nutrition assessment for adolescents		Develop tailor-made services and programmes for optimum adolescent nutrition			Provide adequate and accessible youth-friendly health services among all youth

Policy Area			Link and refer adolescents to existing health and nutrition services based on their needs (pregnancy, HIV, infection, reproductive health)					Provide adequate and accessible youth-friendly health services among all youth	Eat Well to Live Well (2021)	Malawi National Youth Policy (2013)
<b>Health policies (continued)</b>										
<p>● Provide healthy environments, including safe water supplies, hygiene and sanitation facilities, safe roads and safe green spaces, without undue danger of injury in the home, air pollution and toxic substances</p>		Ensure that school environments are child-friendly and conducive to the inclusion of all learners	Create safe and supportive environments that offer protection for youth	Conduct demonstration sessions on water, sanitation and hygiene practices, including food safety	Support de-worming of adolescents at schools or through community outreach	Promote food hygiene and safety in food handling and preparation	Conduct community sensitisation to promote water, sanitation and hygiene, malaria prevention, family planning, and early childhood development for improved nutrition outcomes	Counselling on Critical Nutrition Actions, including water, sanitation and hygiene		Provide accessible information on the effects of tobacco, alcohol and intoxicating drugs to all young people
			Develop capacity of youth-friendly health service providers on the prevention and treatment of alcohol-attributable conditions and HIV		Sensitise adolescents on hygiene and sanitation, including the use of a safe water supply	Promote water, sanitation and hygiene at household level				Establish rehabilitation centres for youth drug addicts
					Sensitise adolescents on insecticide-treated bed nets and mosquito control					Advocate for an increase in the legal age of marriage, regulations on, and the enforcement of, laws that advance youth reproductive health, including sexual violence
					Conduct mass media campaigns against tobacco, alcohol and substance use					



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