The case for a Global South-centred model in global health

This is a summary of the following paper: *Rasheed MA (2023) The case for a Global South centred model in global health. BMJ, 383, 2256.* **https://pubmed.ncbi.nlm.nih.gov/37844937/**

There has been substantial emphasis on the need to decolonise global health in recent years, with an aim to confront and dismantle historic and systemic power imbalances and achieve more equitable and inclusive solutions. In this article, Muneera Rasheed, a researcher in early childhood development from Pakistan, discusses why current approaches to decolonisation may be counterproductive. She makes the case for a new model that centres the Global South as primary actor and leader.

To date, efforts spearheaded by those in the Global North to decolonise global health have focused on granting access to decision makers and ensuring equity in research authorship and funding within existing systems. While their intentions are well meaning, these approaches position the health community in the Global South as collaborators, rather than as independent actors with the right to shape their own systems. Instead, centring the Global South in the primary role would ensure that their voices and perspectives shape actions better suited to their own contexts.

Muneera recognises that achieving a Global South-centred model in global health will require a shift in mindset and a commitment to partnerships that align with a vision for change. This change should be value based and strive for more equitable health outcomes, rather than perpetuating a charity-based model that positions the Global South as a site for data collection in exchange for funding. Muneera calls for colleagues in the Global North to recognise the work being done in Pakistan, and beyond, as critical to decolonisation and to learn from it. She also calls on her colleagues in the Global South to take back their power, to learn from each other, and to realise this model for change.

School-age children and adolescent nutrition status in South Asia: A scoping review

This is a summary of the following paper: *Choedon T, Brennan E, Joe W et al (2023) Nutritional status of school-age children 5–19 years in South Asia: A scoping review. Maternal & Child Nutrition, e13607.* **https://doi.org/10.1111/mcn.13607**

Limited data on malnutrition in South Asian school-age children hampers effective nutrition policies, programmes, and research. A scoping review of 295 studies (January 2016 to November 2022) synthesises evidence on undernutrition, overweight/obesity, and micronutrient deficiencies. Of these, 54% were from India, 12% from Pakistan, 12% from Bangladesh, 11% from Nepal, and 7% from Sri Lanka.

The evidence highlights a triple burden of malnutrition among South Asian children and adolescents with widespread but varied rates. This underscores the need for targeted policies in the region. Identified interventions like education, fortification, supplementation, and school feeding programmes show potential, but more research is needed for effective strategies that address the rising burden of overnutrition. Greater standardisation of anthropometric indicators and more regular monitoring is needed, with further research required to inform the scalability and sustainability of small-scale interventions.

The study's strengths include a comprehensive literature search. Limitations include the absence of qualitative analysis and potential data gaps (especially in Bhutan, the Maldives, and Afghanistan). A lack of micronutrient deficiency data, irregular national nutrition surveys, and insufficient large-scale intervention studies was present.

Stunting

Prevalence varied from 3.7% (Sri Lanka) to 71.7% (Pakistan) across 64 studies. Factors influencing stunting included household wealth, social affiliations, maternal education, adolescent nutrition awareness, paternal occupation, rural residence, safe drinking water access, and physical inactivity. Overall, 4 stunting interventions were identified, with 3 Indian studies showing mixed impacts and a Nepali school garden programme showing no impact on stunting but positively influencing nutrition knowledge and practices.

Wasting

Prevalence ranged from 3.0% to 48.0% across Bangladesh, India, Pakistan, and Sri Lanka across 9 studies. Sex differences in wasting prevalence were noted, with a higher prevalence among girls in 6 studies.

Underweight and thinness

Across all studies, the prevalence of thinness ranged from 1.9% (Pakistan) to 88.8% (India), while the prevalence of underweight ranged from 9.5% (Bangladesh) to 84.4% (India). However, studies used different cut-offs and indicators, making comparing contexts difficult. Family size, household income, parents' education, socioeconomic factors, low dietary diversity, water sanitation and hygiene practices, physical inactivity, and a history of illness were reported as predictors of thinness. Interventions in India and Nepal, including a school meals programme and multi-component interventions, showed mixed impacts on thinness.

Overweight and obesity

Among South Asian girls aged 15–19, overweight prevalence ranged from 2.9% (Nepal) to 21.0% (Pakistan), with obesity from 0.4% (Nepal) to 5.2% (Sri Lanka). Rural areas generally show lower rates and girls were more likely to have a higher body mass index. Socioeconomic factors, dietary habits, and physical activity influence prevalence. School-based interventions in India had varied impacts.

Micronutrient deficiencies

Prevalence varies for anaemia (31.3%–60.0%), iron deficiency (7.1%–30.0%), iodine deficiency (6.3%–31.8%) and vitamin D deficiency (8.4%–93.0%). Overall, 18 interventions targeted micronutrient deficiencies, with positive impacts reported in some studies.

Dietary patterns and quality

Low dietary diversity, cereal-based diets, and inadequate fruit and vegetable consumption are prevalent. Socioeconomic status influences diet quality. Fast food and soft drink consumption was common, and adolescent hunger was reported in 4 studies. An intervention in Nepal showed positive changes in dietary habits.

Adolescents eating lunch at their school. Nepal