

# INTEGRATED ANEMIA PREVENTION AND CONTROL

## NATIONAL ANEMIA WORKING GROUP MEETING

February 4, 2016



# OUTLINE

**What is anemia and why is it a problem?**

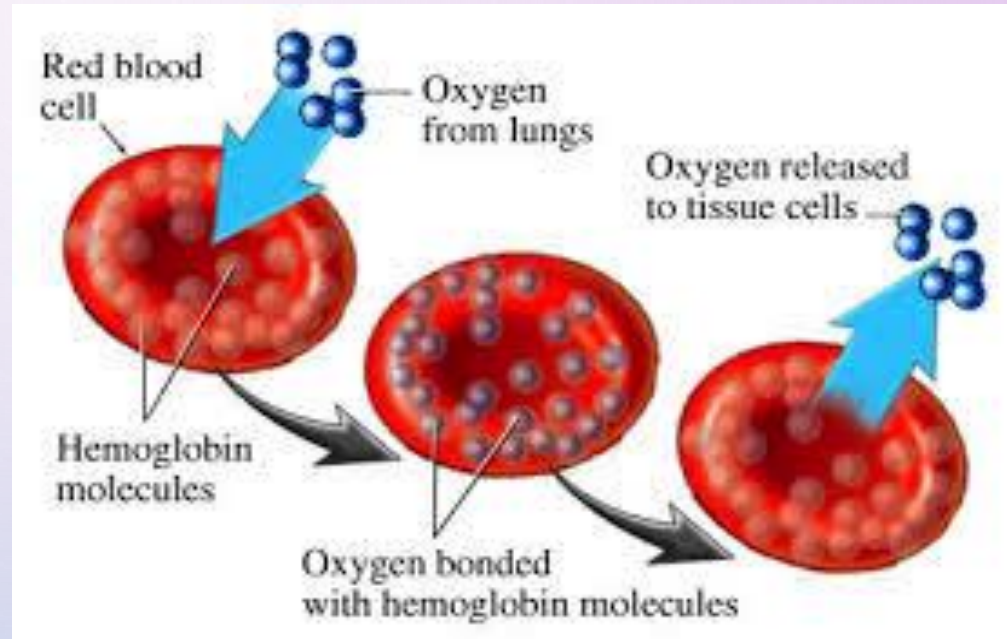
**What are the causes of anemia?**

**What are effective interventions to address these causes?**

**What is the anemia situation in Sierra Leone?**

# WHAT IS ANEMIA?

- Red blood cells transport oxygen from the lungs to cells
- RBCs contain a protein called hemoglobin that carries the oxygen
- Anemia - Greek word *anaimía* “want of blood”



# CONSEQUENCES OF ANEMIA

- ↑ risk of disease & disability
- ↓ economic productivity, and cost to society



- ↓ birth weight,
- ↑ preterm delivery
- ↑ maternal mortality

- ↓ Quality of life for adolescent
- ↓ academic performance



- ↓ development of domains – physical, cognitive & socio-emotional
- ↑ child mortality

WHO 2001 Black 2013 Christian 2009  
Kassebaum, 2014 Stoltzfus 2003

# CAUSES OF ANEMIA

Deficient intake:  
iron, vit. A, zinc,  
folate, vit. B<sup>12</sup>



Malaria: Destruction  
and impaired  
production RBC



Helminths: Internal  
bleeding (loss of iron)



Inflammation

- Hepcidin
- Redistribution of iron and Vit. A



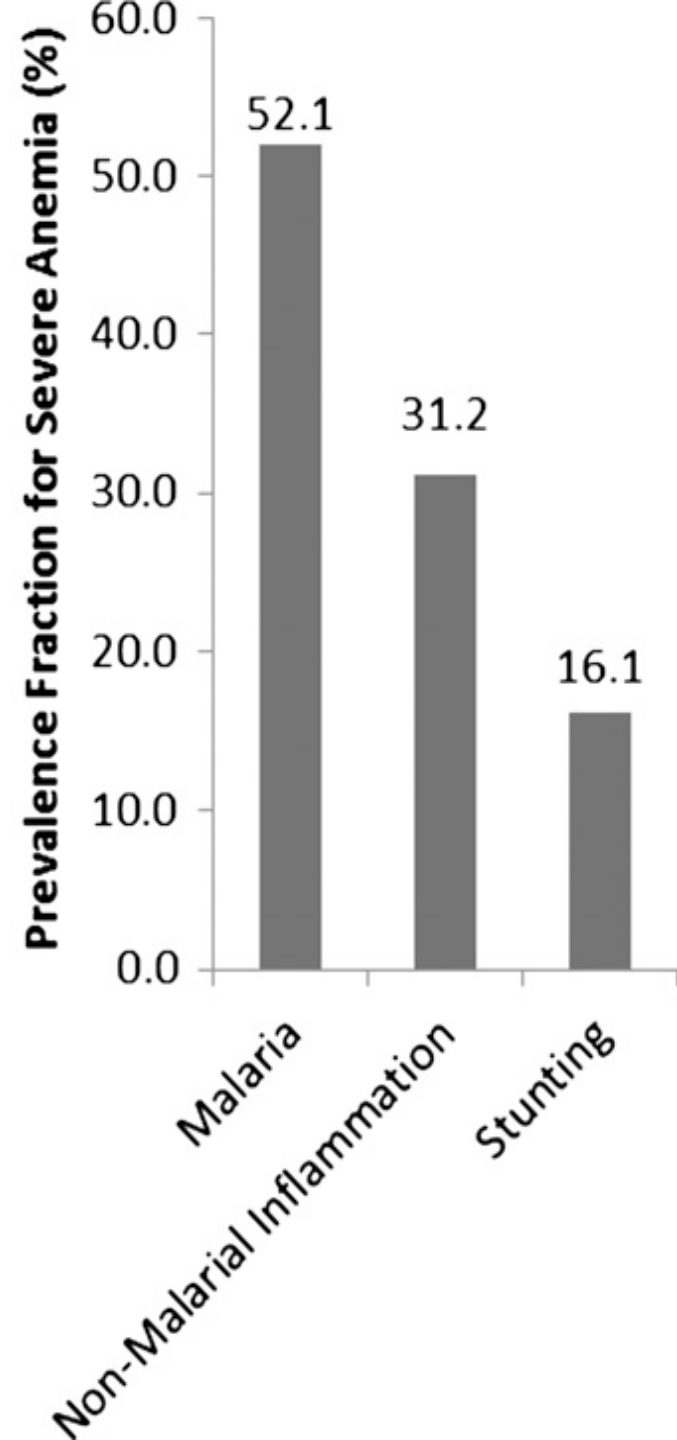
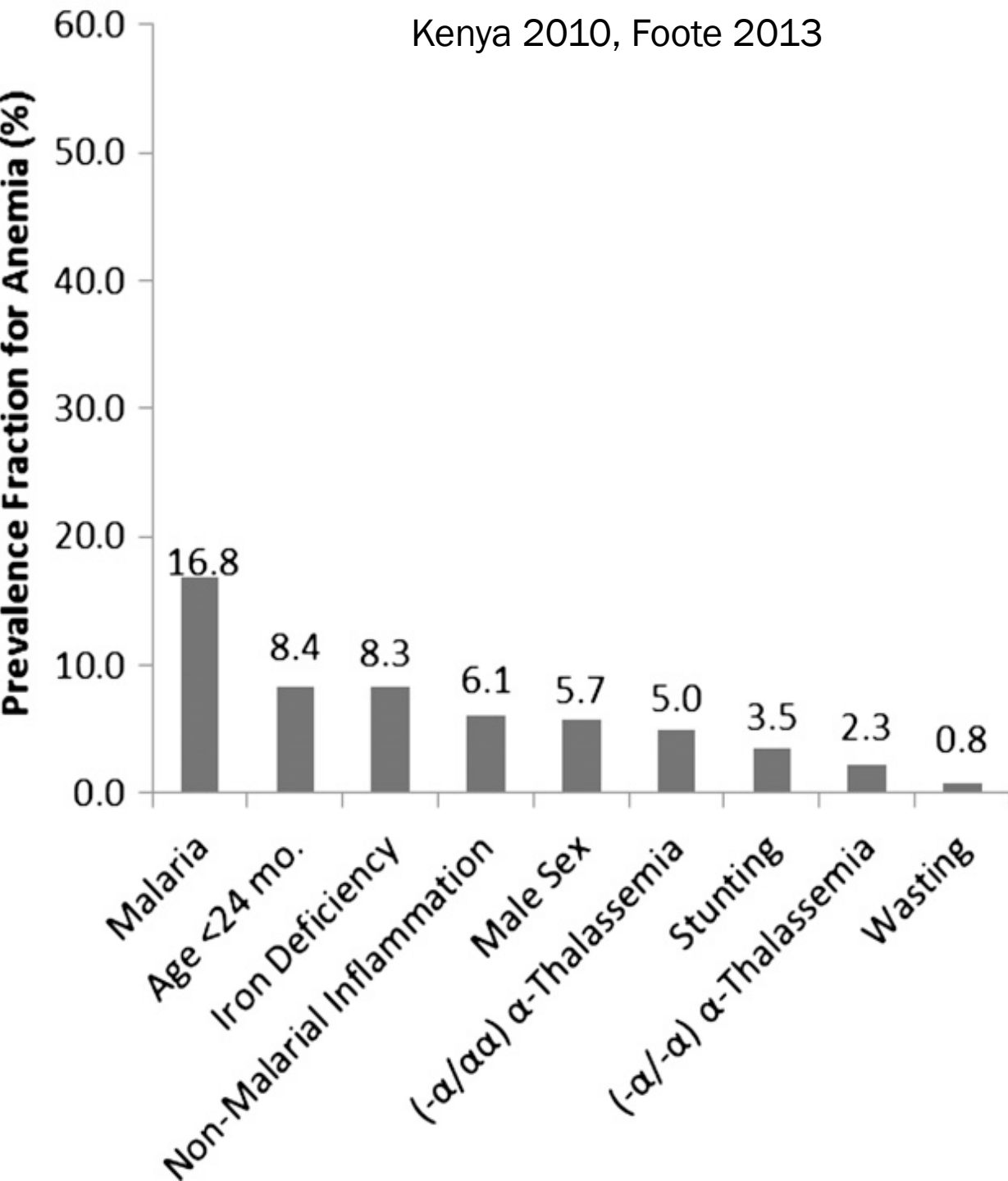
Thalassemias, HbAS,  
HbSS, Hb-E, G6PD:  
↑ Destruction & ↓  
RBC production & ↓  
lifespan



# GENETIC DISORDERS AND ANEMIA

<b>CAMBODIA-women (n=420)</b>	
Genetic hemoglobin disorder	54%
Anemia	30%
With genetic disorder	45%
Without genetic disorder	11%
Low iron stores	2%

Kenya 2010, Foote 2013



# Interventions for Anemia – strong evidence

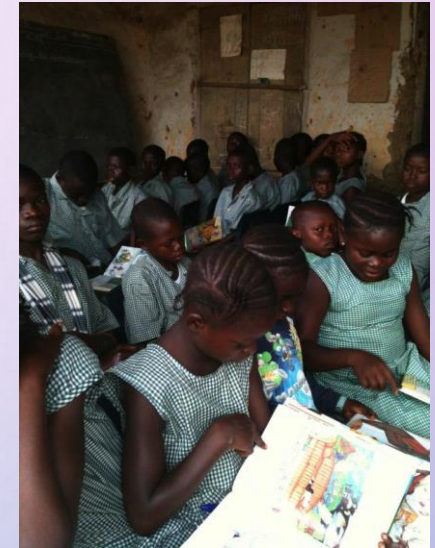
- SUPPLEMENTATION
- FORTIFICATION
- DEWORMING
- MALARIA – IPTP, LLIN,  
INDOOR RESIDUAL SPRAYING; PROMPT DIAGNOSIS AND TREATMENT



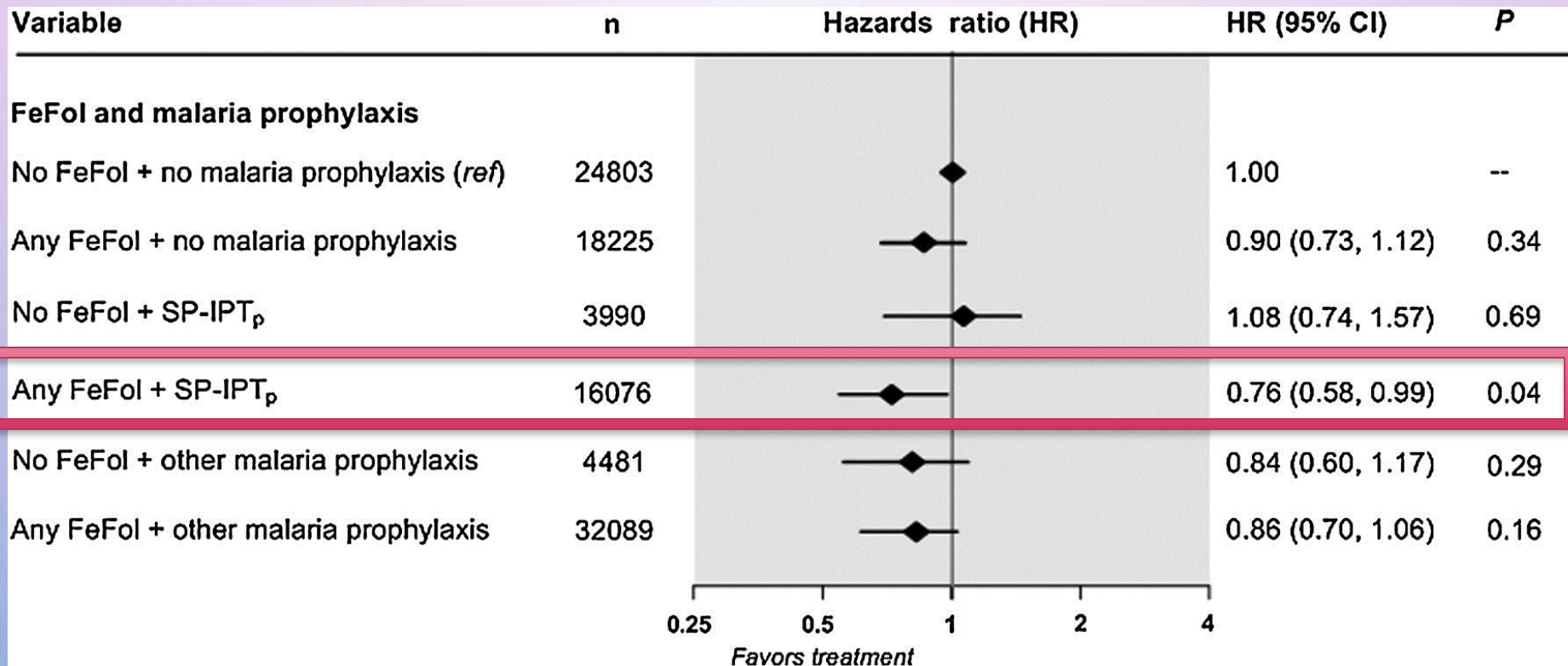


# Interventions for Anemia – indirect evidence

- **WATER, SANITATION & HYGIENE**
- **DIETARY INTERVENTIONS**
- **INFANT & YOUNG CHILD FEEDING**
- **FAMILY PLANNING**
- **FEMALE EDUCATION**



# INTEGRATION: COMBINED EFFECT OF IFA AND IPTP ON NEONATAL MORTALITY



Christiana R Titaley et al. Am J Clin Nutr 2010;92:235-243

# WHA – ANEMIA TARGETS

- **REDUCE ANEMIA GLOBALLY BY 50% AMONG WOMEN OR PRODUCTIVE AGE BY 2025**
  - **REQUIRES A 15% REDUCTION**
  - **1995 – 2011 (4% REDUCTION WRA, 5 % REDUCTION PREGNANT WOMEN)**

WHO/NMH/NHD/14.4

Global Nutrition Targets 2025

**Anaemia Policy Brief**



**ANEMIA IS WHERE  
COUNTRIES ARE FINDING  
IT MOST DIFFICULT TO  
MAKE PROGRESS**

**ONLY 5 OUT OF 185  
COUNTRIES WITH ANEMIA  
DATA ARE  
ON COURSE  
TO REDUCE ANEMIA.**

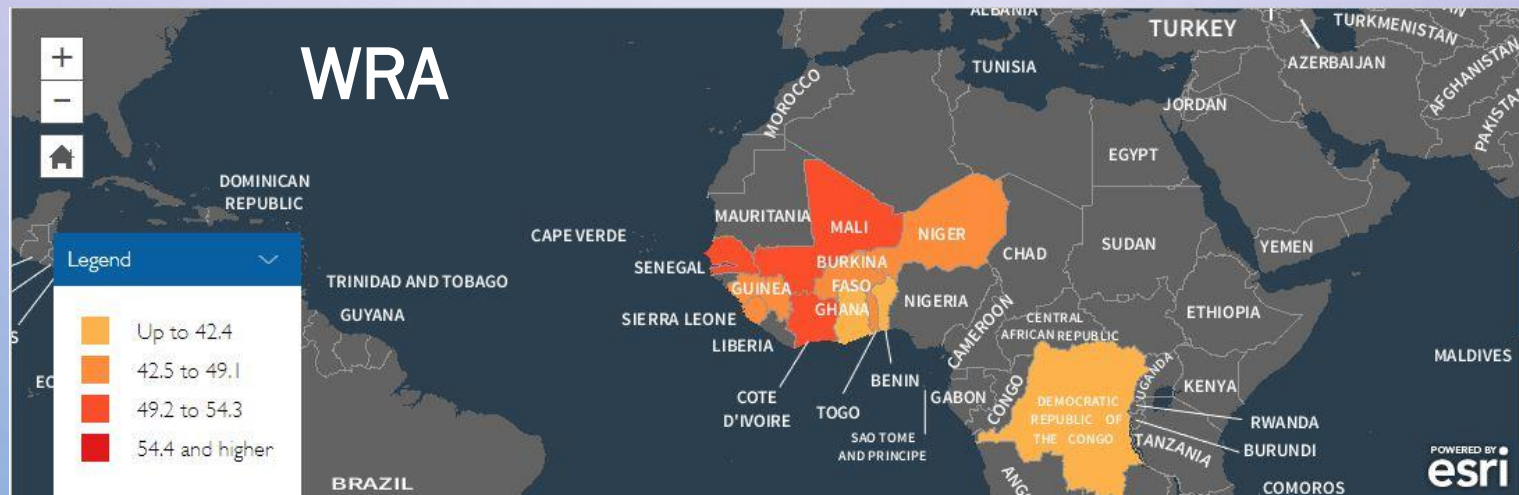
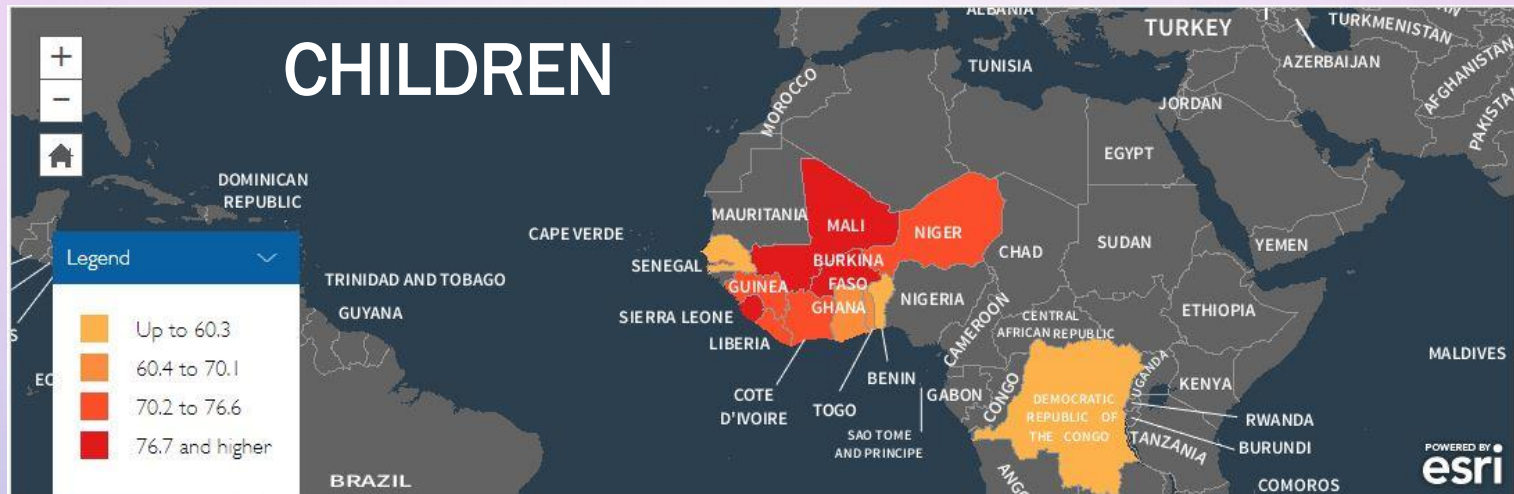


# KEY LESSONS LEARNED FROM UGANDA

- **INCREASE DISTRICT INVOLVEMENT**
- **STREAMLINE WITH OTHER COORDINATING BODIES**
- **INCREASED INTEGRATION ACROSS INTERVENTIONS**

*“we need move away from these conference rooms to the field where the people are”*

# ANEMIA IN WEST AFRICA

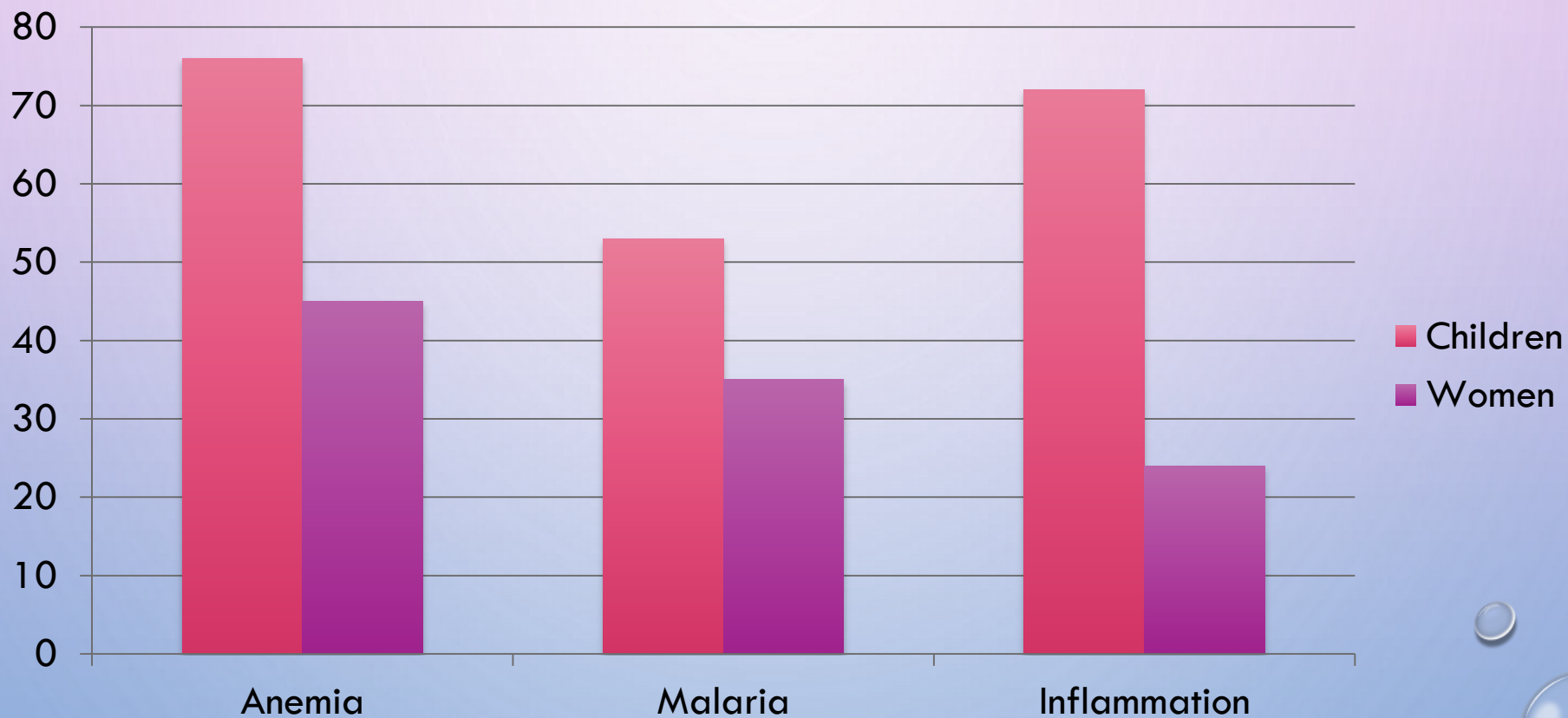


Data compiled using DHS STATcompiler at  
<http://www.statcompiler.com/>



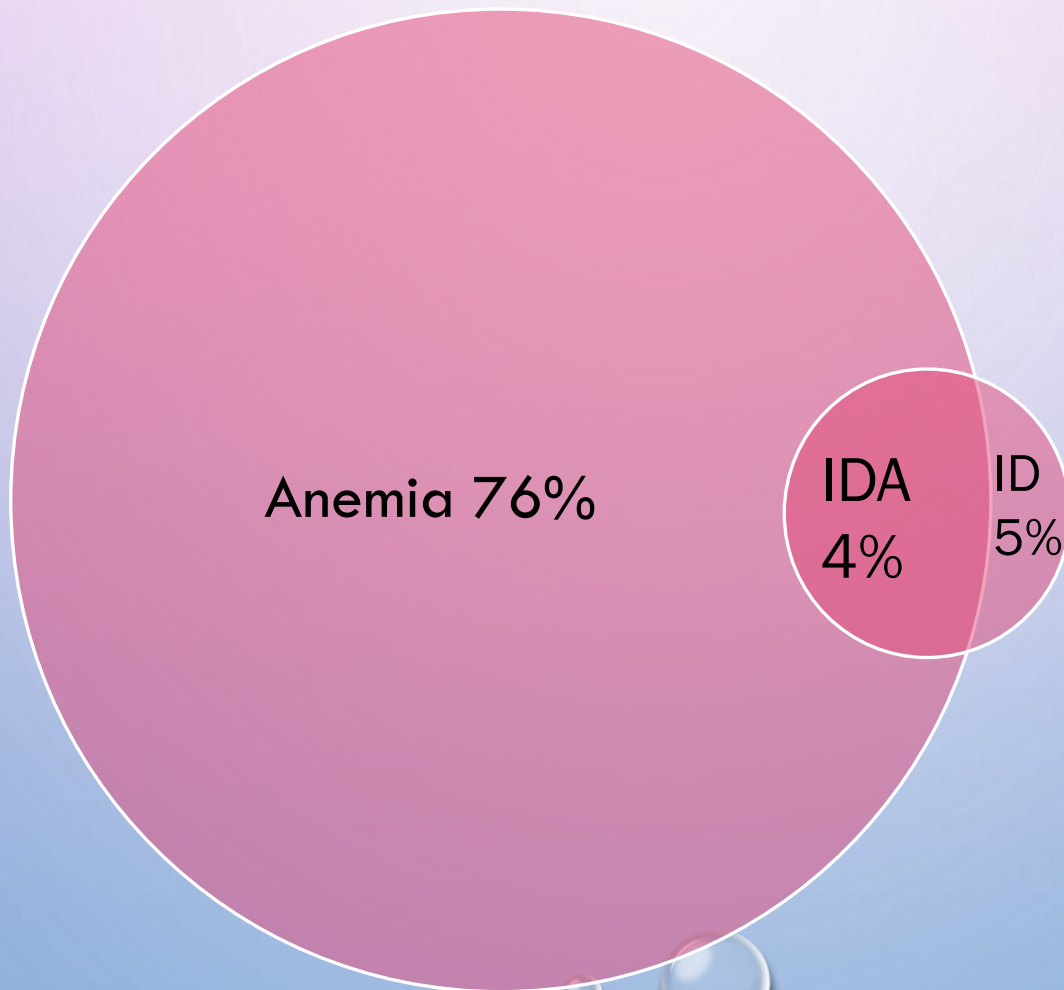
*Ministry of Health and Sanitation (Sierra Leone), UNICEF, Helen Keller International, and WHO. 2013 Sierra Leone Micronutrient Survey. Freetown, Sierra Leone; 2015.*

# PREVALENCE OF ANEMIA AND KEY RISK FACTORS IN SIERRA LEONE, NATIONALLY





# PREVALENCE OF ANEMIA, ID AND IDA IN SIERRA LEONE CHILDREN, NATIONALLY



SLMS 2013

# CONTEXT SPECIFIC CAUSES OF ANEMIA SHOULD DRIVE INTERVENTIONS

## Causes

○ Malaria related-  
Anemia



Micronutrient  
deficiencies,  
stunting



Tropical enteropathy,  
nutrient malabsorption  
diarrhea



Blood loss



## Interventions

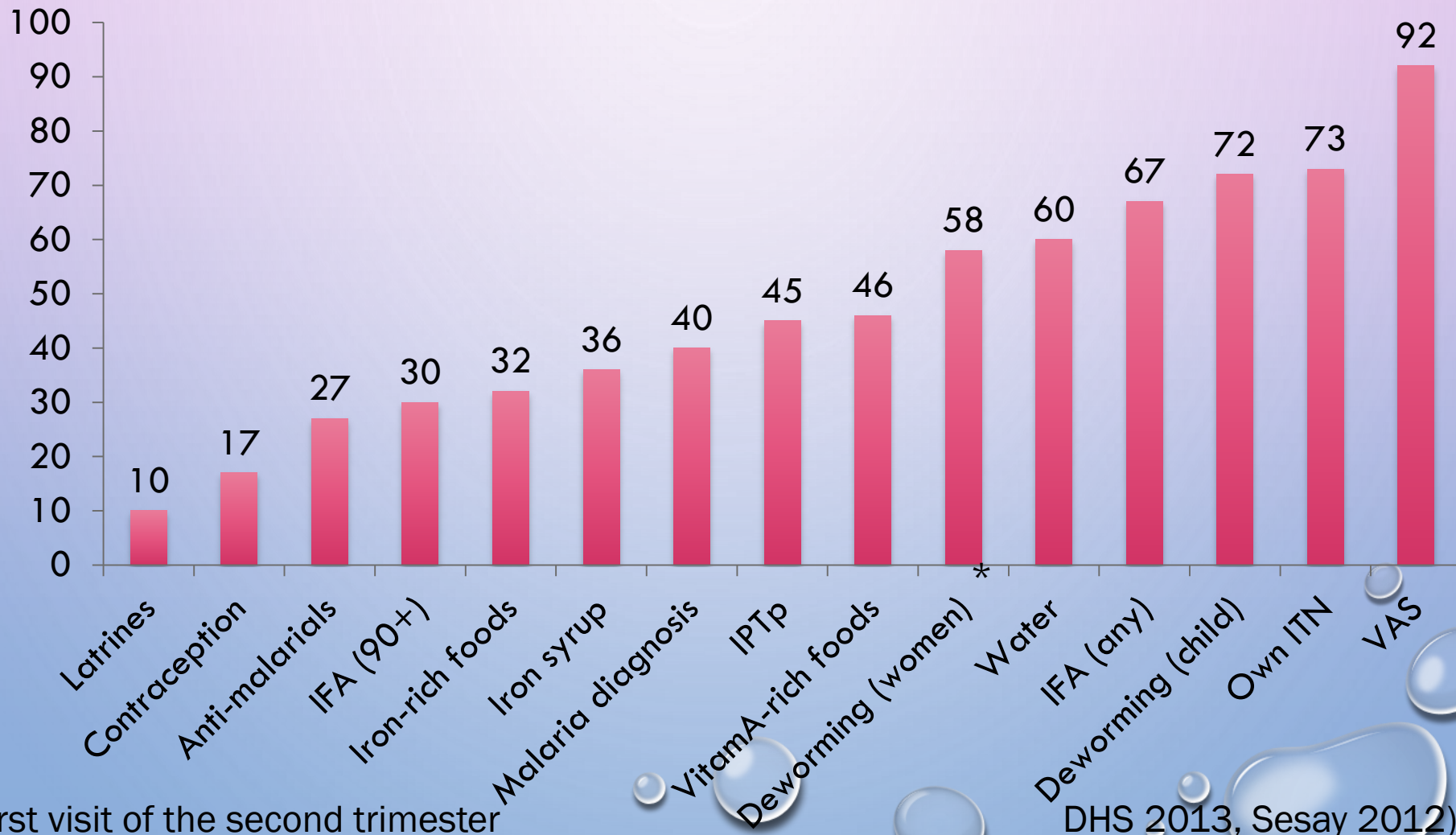
**MALARIA PREVENTION  
& TREATMENT**

**NUTRITION  
PROGRAMS**

**WATER  
TREATMENT &  
HYGIENE**

**DEWORMING**

# COVERAGE ANEMIA-RELATED INTERVENTIONS IN SIERRA LEONE, NATIONALLY



\*first visit of the second trimester

DHS 2013, Sesay 2012)

# WHO RECOMMENDATIONS FOR MNP

**WHERE?**

**ANEMIA >20%**

**WHO?**

**CHILDREN 6-23 MO**

**WHY?**

**REDUCE IRON DEFICIENCY AND ANEMIA**



Guideline:

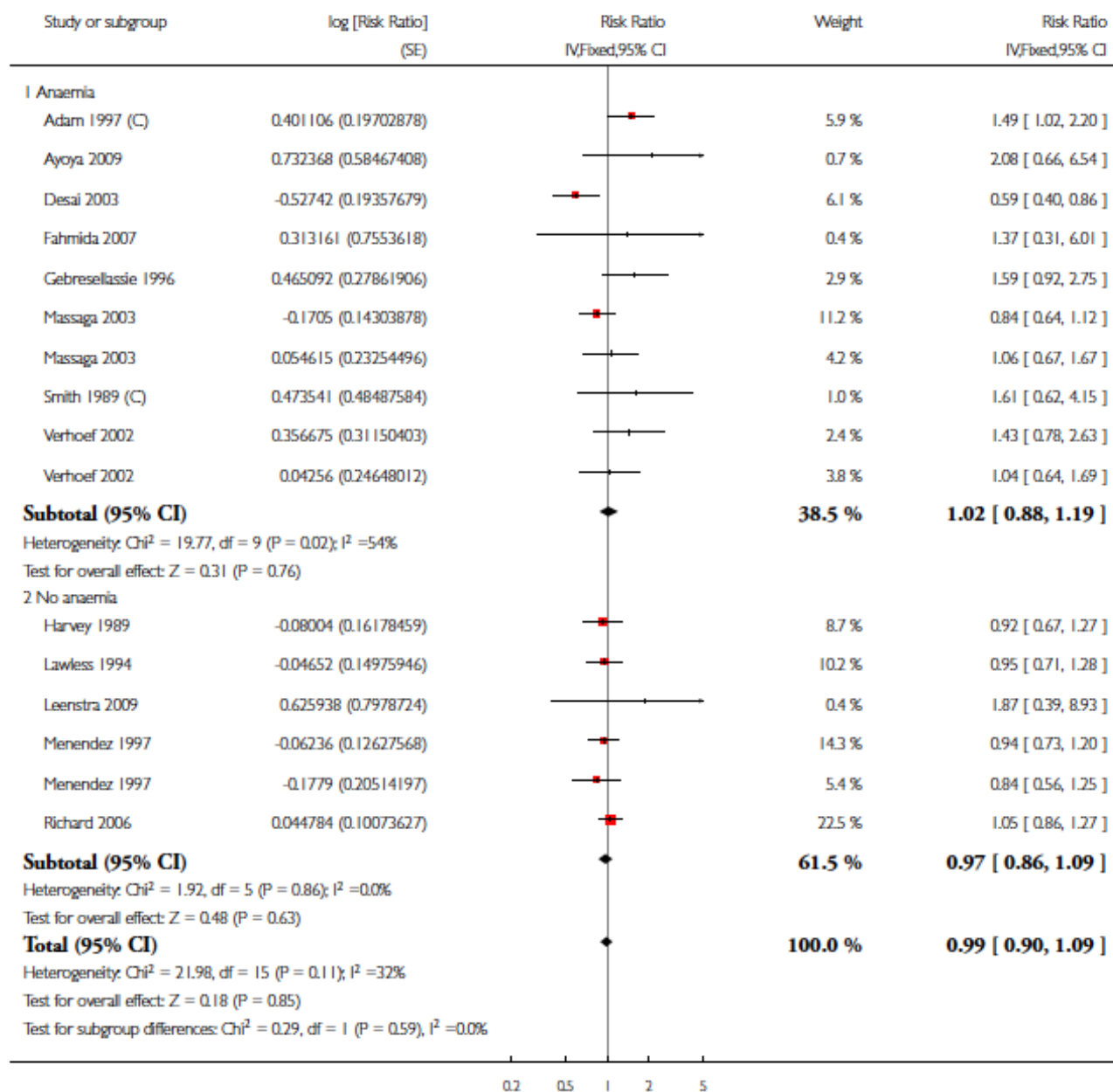
**Use of multiple  
micronutrient powders for  
home fortification of foods  
consumed by infants and  
children 6–23 months of age**

De-Regil et al. 2011

Review: Oral iron supplements for children in malaria-endemic areas

Comparison: 1 Iron versus placebo or no treatment

Outcome: 1 Clinical malaria (by anaemia at baseline)



# MNP SAFETY CONSIDERATIONS

## Safety of iron: Pemba trial

Context matters

<b>Tanzania</b>	<b>Ghana</b>
Trial halted because of increased hospitalizations and death in the groups supplemented with iron and zinc	No increased risk of malaria with bednet distribution and prompt diagnosis and treatment of a malaria
<b>Kenya</b>	<b>Cote d'Ivoire</b>
Increased pathogenic gut microbiota profile	Increased pathogenic gut microbiota profile
<b>South Africa</b>	<b>Pakistan</b>
No difference in gut microbiota profile	Increase risk for diarrhea

Sazawal S et al. 2006, Zlotkin et al. 2013, Jaegg et al. 2014; Dostal et al. 2014; Zimmermann et al. 2010, Soofi et al. 2013

# CAUSES OF ANEMIA – FUTURE DIRECTIONS

**HIGH IRON GROUND WATER**

**→.51 (MASONFONYIA) TO 1.2 (GBANGIENE)**

**GENETICS**

**→UNDERWAY**



**THANK YOU**



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