



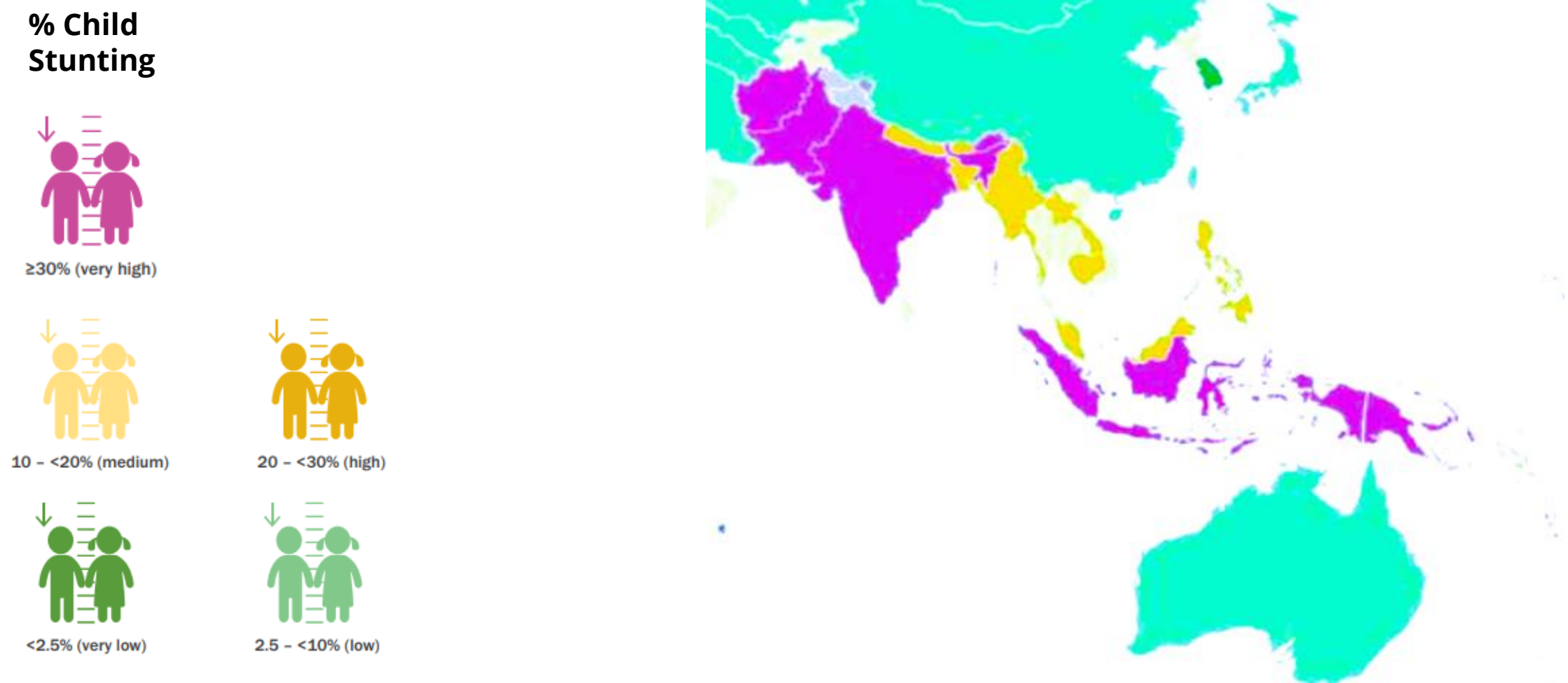
Practical implementation considerations for nutritional interventions and food assistance for people with TB and their household contacts

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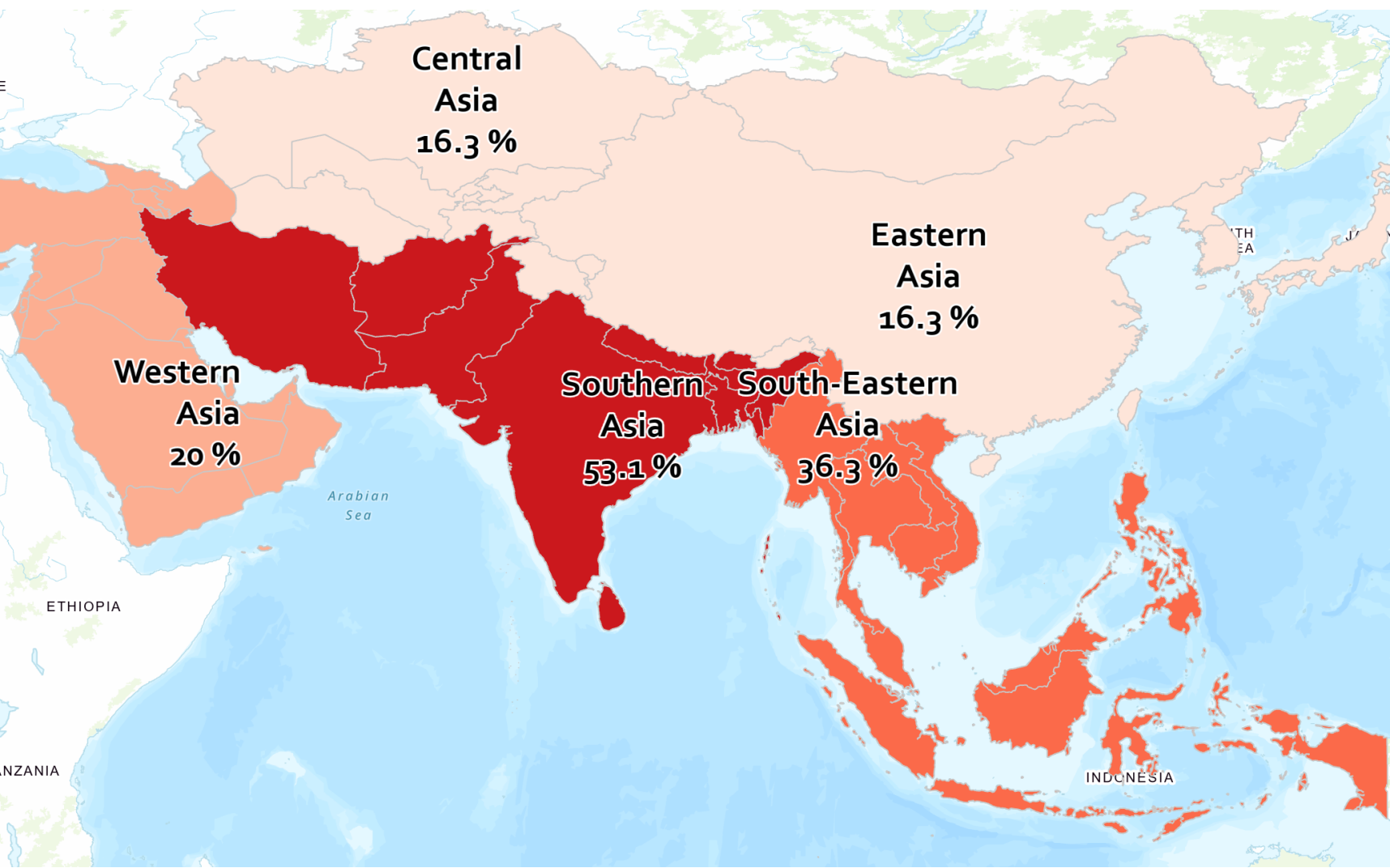
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Nutrition Challenge in Asia & the Pacific



52% of the world's stunted children, 70% of wasted children, 48% of overweight children live in Asia

Access to Healthy, Nutritious Diets as a Key Driver



% population that cannot afford a healthy diet – 2024 SOFI



The region has the highest number of people worldwide unable to afford a healthy diet – **1.6 billion**

77% young children in South Asia not meeting minimum diet diversity – **38% consuming 2 or fewer food groups** daily

Impact on Economic and Human Capital

Malnutrition costs the global economy **USD 3.5 trillion** per year.

In Asia, impact of undernutrition is estimated to range from **4% to 11% of GDP**

Median **17.9 : 1 return on investment per child** from nutrition interventions*

Growth in government investment over past decade – including as a result of global processes such as N4G

Consensus on evidence-based investment priorities: **Direct Nutrition Services; Fortification; Social Protection; Agriculture; Policy** Levers.

**underpins WB Investment Framework*

Malnutrition
in all its forms

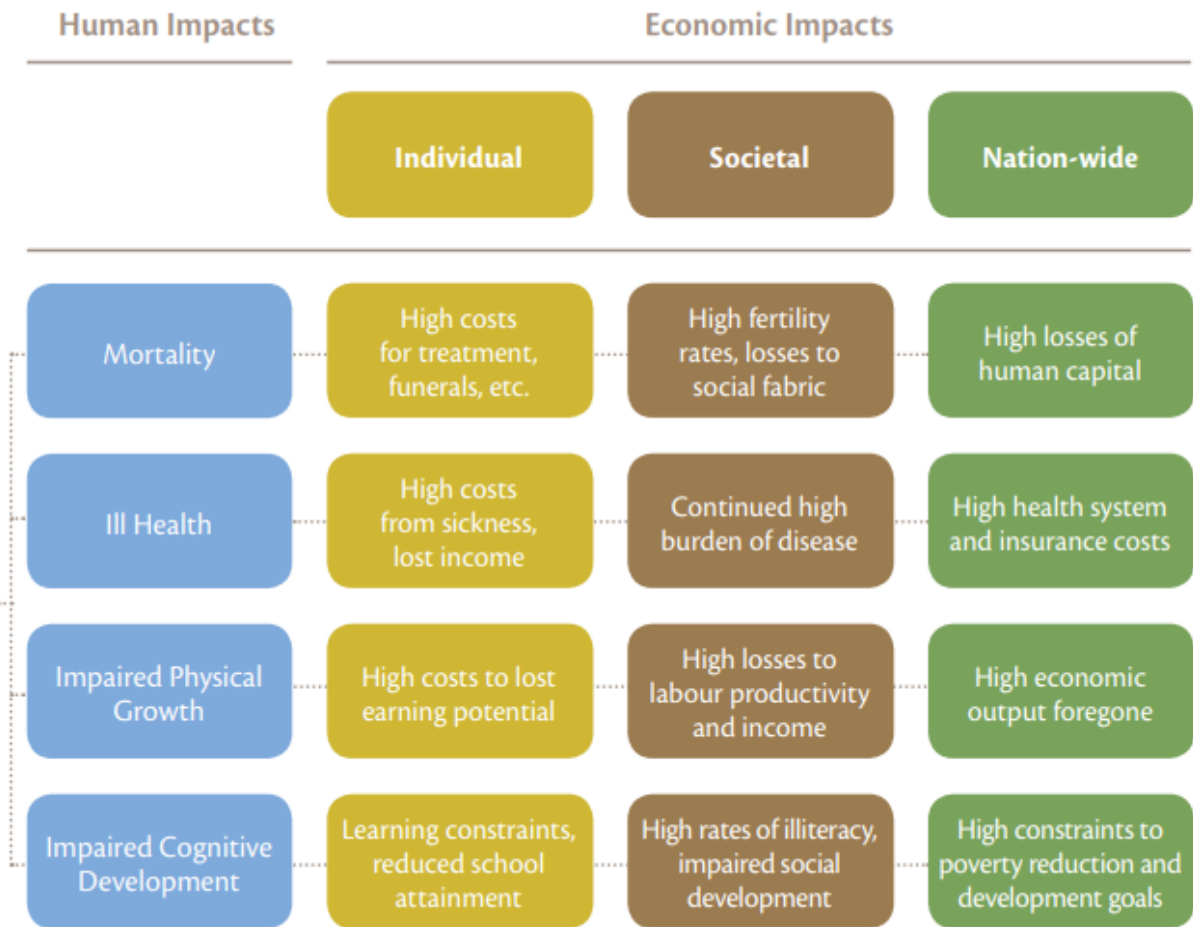


Figure 3. Global Panel Technical Brief 2016

Investing in addressing malnutrition and improving diets yields strong returns. Integrating nutrition in sectoral programmes accelerates impact and maximises value for money

WHY TB and Nutrition

The Urgency of Addressing Nutrition in TB Programs

- ❑ Undernutrition is one of the most significant social determinants for TB in the SEAR
- ❑ More than 357 million people in Asia couldn't afford a healthy diet in 2021.
- ❑ The Southeast Asia Region is faced with 4.8 million people newly developing tuberculosis annually and has the highest burden of TB incidence and mortality among the six WHO Regions.
- ❑ Nearly 48 %8% of people with TB globally are undernourished.
- ❑ Undernutrition is the leading risk factor for TB globally, accounting for ~19% of new TB cases.
- ❑ In the WHO South-East Asia Region, over 500,000 new TB cases in 2022 were directly attributable to undernutrition.
- ❑ Undernutrition increases the risk of TB mortality, delayed recovery, and recurrence after treatment.



Source: 1. Bhargava et al., *BMJ Global Health*, 2023 2. *WHO Global TB Report 2023* 3. *WHO TB Country Profiles*, 2024 4. *The Lancet Global Health*, 2020
5. *FAO, SOFI Report 2022*

Importance of Nutrition Support in TB Programs

- ❑ RATIONS Trial (Lancet, 2023): 40% reduction in TB incidence among household contacts with nutrition support.
- ❑ WHO Guidelines (2023): Nutrition interventions are now a core component of TB strategy.
- ❑ Modeling: Nutrition support can reduce TB mortality by up to 26% in SEAR countries.

Operation Models in Use

- ❑ India: Fortified rice in TB nutrition packages under national programs. (Ni-Kshay Poshan Yojana)
- ❑ Indonesia: Conditional cash transfers linked to tuberculosis treatment and nutrition.
- ❑ Proposed WHO-WFP partnership: “Integrated Approaches to Enhancing TB Management Outcomes and Reducing the TB Burden”
Addressing the bidirectional relationship between TB and nutrition in the South-East Asia Region

Integrated Approaches to Enhancing TB Management Outcomes and Reducing the TB Burden» Addressing the bidirectional relationship between TB and Nutrition in South East Asia

- ❑ Aim: Address TB outcomes and household vulnerabilities together.
- ❑ Combining fortified foods, social protection, and health system support.
- ❑ Demonstrate the practical integration of nutrition into TB care.
- ❑ Combines clinical TB management with food assistance and fortified staples.



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GEOGRAPHICAL FOCUS

Priority Countries for TB and Nutrition Project

 Indonesia  Bangladesh  Nepal

 Timor-Leste  Myanmar

Potential: WFP Direct Food Assistance (12 Countries)

 Afghanistan	 Nepal
 Bangladesh	 Pakistan
 Cambodia	 Philippines
 Kyrgyzstan	 Tajikistan
 Laos	 Sri Lanka
 Myanmar	 Timor-Leste



Practical Considerations for Implementation: What makes it work

- ❑ Embed nutrition screening, counselling, and support into TB services.
- ❑ Leverage social safety nets for food or cash-based assistance.
- ❑ Coordinate local food fortification initiatives with health delivery systems.
- ❑ Multisector collaboration (health, food, social protection, digital systems).
- ❑ Behavior Change Communication strategies promoting fortified food use.
- ❑ Donor coordination and strong national policies.

Key Recommendations

- ❑ Nutrition is central—not peripheral—to TB care.
- ❑ Mainstream food and nutrition into TB policies and budgets.
- ❑ Strengthen local supply chains for fortified staples.
- ❑ Invest in operational evidence and impact documentation.
- ❑ Include household contacts in nutrition and TB prevention strategies.

Thank You

