



Regional Conference

Nourishing South Asia

Reducing Anaemia in Adolescent Girls and Women in South Asia

9-11 July 2025 | Colombo, Sri Lanka

Call to action and recommendations



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Summary

Anaemia in adolescent girls and women continues to be a pervasive public health problem in South Asia, affecting nearly half of all adolescent girls and women aged 15–49 years in the region. Without concerted action, 18 million more adolescent girls and women in this age group could become anaemic by 2030, adding to the current burden of 259 million.

Anaemia stifles potential, productivity and entire economies, costing the South Asia region US\$32.5 billion each year. Yet, the return on investment is undeniable: every US\$1 invested in maternal anaemia interventions yields an economic return of US\$9.50.

To galvanize regional momentum to accelerate national efforts to reduce the burden of anaemia due to nutritional and non-nutritional causes in adolescent girls and women, the UNICEF Regional Office for South Asia and South Asian Association for Regional Cooperation (SAARC) organized a regional conference, **Nourishing South Asia | Reducing anaemia in adolescent girls and women in South Asia**, between 9–11 July 2025 in Colombo, Sri Lanka.

The conference brought together 140 invited delegates working on adolescent and maternal anaemia, including senior government policy decision-makers, national experts, representatives of research and implementation organizations and development partners.

Several technical collaborators joined hands to support the conference, including the World Health Organization (WHO) Regional Office for South-East Asia and Headquarters; International Food Policy Research Institute; Centre for Global Child Health, Hospital for Sick Children; Cornell Joan Klein Jacobs Center for Precision Nutrition and Health and Center for Point of Care Technologies for Nutrition, Infection, and Cancer (PORTENT), Cornell University; The Aga Khan University South Central Asia, East Africa and United Kingdom; Society for Implementation Science in Nutrition, Micronutrient Forum; Oxford Population Health, University of Oxford; Nutrition International; Program for Appropriate Technology in Health; and Global Alliance for Improved Nutrition.

During the three-day conference, delegates discussed the drivers of anaemia, status of policies and programmes and system readiness in the region. The delegates shared global, regional and country experiences and perspectives on approaches, better practices, lessons learned and innovations to accelerate the prevention, diagnosis and management of anaemia among the most vulnerable population groups in South Asia. An anaemia digital innovation challenge anchored by the Cornell Joan Klein Jacobs Center for Precision Nutrition and Health, Cornell University, showcased promising digital innovations to improve anaemia diagnostics and last mile service delivery.

The Regional Conference highlighted the need for an agreed common comprehensive multisector regional strategy for anaemia prevention, diagnosis and management in South Asia with contextual adaptation across countries as needed. The conference delegates agreed on a regional eight-point call to action and recommendations for policy and programmes, clinicians, research and academia. The country delegations also prioritized country actions that needed to be taken to accelerate anaemia reduction among girls and women in accordance with the WHO 2023 comprehensive framework for action to accelerate anaemia reduction.

The conference also identified priorities for research and proposed a way forward to rally scientific leadership and foster engagement of country and regional academic and research institutions working on anaemia to support governments in their acceleration efforts. Importantly, leadership of SAARC specialized bodies, such as the South Asian University (SAU) and SAARC Development Fund, was identified as a key anchor that can be mobilized to foster such engagements, coordination and collaboration and unlock financing opportunities.

Key messages

- **Without urgent action, 18 million more women and girls in South Asia will be anaemic by 2030.** With development budget cuts by major donors severely disrupting ongoing programmes, governments must step up or risk losing decades of progress made for girls and women.
- **Anaemia is a hidden crisis, impacting the future of one in two adolescent girls and women in South Asia.** The number of anaemia cases in South Asia has stagnated for the past two decades, severely limiting learning, earning and opportunities for a staggering 259 million women and girls.
- **Anaemia holds back dreams and economies.** Anaemia stifles work productivity and entire economies, costing the South Asia region US\$32.5 billion each year. Ending anaemia is a smart health policy that also benefits the country's economy. The return on investment is undeniable: every US\$1 invested in maternal anaemia interventions yields an economic return of US\$9.50.
- **Policies exist, but systems are struggling to optimally deliver services.** The systems need strengthening so that services are ready, resourced and responsive to the real needs of girls and women, particularly those in the poorest and most marginalized areas, and are backed by comprehensive data to inform programme design and effectiveness.
- **Unmasking positive outliers shows that change is possible:** While regional and national averages may paint a grim picture, there are positive subnational outliers across all countries that demonstrate that progress is possible through

multisector interventions. Documenting and diffusing the learning and supporting adaptation of lessons within and across countries will be key in driving positive change in the region.

- **We need a reinvigorated approach as only iron supplementation will not fix anaemia.** Iron supplementation helps, but it is only half the story. We need broader and smarter scaled responses from multiple systems that can directly address causes due to micronutrient deficiencies, inflammation, infection, obstetric and gynaecological disorders and inherited blood disorders as well as eliminate discriminatory gender and social norms that undermine women's and girls' access to optimal diets, services and practices.

Call to action

- **Review and update national plans, strategies, policies and programmes** to reduce anaemia, based on an **understanding of the specific causes and social determinants of anaemia** in the country context and priority population groups.
- **Include missing proven interventions**, especially for adolescent girls and women of reproductive age, which are appropriate in the country context in policies, legislation and programmes.
- **Improve system readiness to deliver evidence-based interventions throughout the life course within existing multisector delivery platforms**, while ensuring adequacy in key system components – financing, supply logistics, human resources and monitoring – for universal coverage of programmes.
- **Strengthen survey and routine programme data systems** to capture anaemia prevalence, nutritional and non-nutritional determinants of anaemia and coverage of interventions to reduce anaemia. Prioritize the integration of missing indicators into existing data systems and dashboards to drive coordinated and data-informed actions.
- **Build a learning and research agenda to better inform what works best and how while exploring implementation pathways, behavioural drivers and impacts of anaemia interventions** to guide scale up efforts.
- **Demonstrate at-scale implementable national and subnational last mile delivery models that deliver** diagnostics and evidence-based interventions. Undertaking regular system readiness reviews at the subnational level will be key to driving continuous learning and improvements in delivery.
- **Harness the power of innovators, start-ups and entrepreneurs** to innovate new solutions and scale up existing innovations to accelerate the diagnosis, prevention and management of anaemia in South Asia.

- **Consolidate national priority actions into one regional framework** for action, setting out a common regional vision, strategic priorities and coordinated action across regional mechanisms.

Recommendations

For policy and programmes

- Elevate strategic positioning of national response efforts for accelerating anaemia reduction in girls and women, underpinned by a life course, cross-disciplinary and rights-based lens.
- Organize national response efforts guided by the five action areas in the WHO 2023 comprehensive framework for action to accelerate anaemia reduction and utilize existing tools to inform and strengthen programme design.
- Maximize, strengthen and streamline use of programme data to inform the extent of comprehensiveness and quality of policies and programmes to reach the unreached and most vulnerable.
- Strengthen programme design and delivery based on knowledge and insights of bottlenecks and barriers to implementation across all delivery platforms and an understanding of the underlying social determinants, especially female poverty, education and empowerment and access to water and sanitation.
- Integrate fortified foods in school meals, safety nets and social protection systems to scale impact in addressing micronutrient deficiencies contributing to anaemia.
- Mainstream point of care diagnostics into national anaemia screening protocols and test, treat and track protocols at primary health care and community levels.
- Leverage existing SAARC regional bodies/funding mechanisms (South Asian University, SAARC Development Fund, SAARC regional centres), regional coordination mechanisms as well as existing centres of excellence/collaborating centres set up by global institutions and WHO to support implementation of prioritized country actions, based on their strength, needs, leverage and comparative advantage at country levels.

For clinicians

- Strengthen diagnostics and screening of anaemia in clinical practice: Screen mild anaemia for the underlying cause prior to iron and folic acid (IFA) treatment. Investigate other causes such as chronic diseases, infections, deficiencies of vitamins A and B12 and folate. Support routine data collection and surveillance of biomarkers of anaemia causes, including haemoglobin variants and haemoglobinopathies as part of routine assessments.

- Ensure compliance and adherence to national anaemia treatment protocols in clinical practices, including in private settings, to improve effective coverage of interventions.
- Strengthen counselling on each contact to help adolescent girls, women and their family members make decisions and take action to improve their nutritional status. This would entail but is not limited to counselling on diet quality, iron-rich foods and fortified products, family planning options as well as screening and treatment options.
- Leverage professional associations to improve quality of care for prevention, diagnosis and management of anaemia. Encourage sharing of experiences, lessons learned and better practices through professional association learning platforms. Update guidelines issued by professional associations to reflect new evidence and harmonize with global and national policy recommendations. Promote continuing medical education and certification to improve and standardize quality of care.

For research and academia

- Strengthen networking, coordination and collaboration among academia and academic institutions within and across countries and regions through South Asian University (SAU) to bridge anaemia research and capacity gaps.
- Advance the development and validation of affordable, accessible diagnostic tools for iron and vitamin B12 deficiencies, aligning them with reference standards and implementing them across SAARC countries.
- Explore setting up a SAARC – SAU Regional Collaborating Centre for Precision Nutrition and Health for training, including in Cochrane methods, nutrition research, leadership and technical innovations in partnership with the Cornell Joan Klein Jacobs Center for Precision Nutrition and Health and other global academic institutions.
- Establish a Regional Anaemia Point of Care Diagnostic Unit within the SAARC – SAU Regional Collaborating Centre for Precision Nutrition and Health for population-based biomarker surveillance and training with support from the Cornell Joan Klein Jacobs Center for Precision Nutrition and Health, Cornell University.
- Prioritize and undertake research on anaemia etiology, including nutritional and non-nutritional causes (e.g., infection, environment, social determinants, climate).
- Prioritize and undertake effectiveness studies of interventions for anaemia and nutrition in women's health across the life course, including implementation of research to strengthen intervention delivery and impact and cost assessments for holistic intervention packages.
- Use existing anaemia evidence gap maps to guide development of contextualized and targeted research agenda to support acceleration efforts to reduce anaemia.

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