Malnutrition and infectious diseases together cause millions of preventable child deaths every year and contribute to a vicious cycle of poor health, stunted growth, poverty and exclusion. These preventable deaths are symptoms of the inequitable distribution of power and resources in our societies, which continue to push communities to a state of multiple deprivations that can be transmitted from one generation to another.

The COVID-19 pandemic has created more systematic constraints on access to essential services, exacerbating existing equity gaps and disproportionally affecting the most vulnerable countries and populations.1 Disadvantaged communities have been badly affected by the crisis, particularly those who live in areas where exclusion is reinforced, such as in remote rural, urban, humanitarian or fragile settings. This is likely to roll back the significant progress made by countries over the last decade in dealing with malnutrition and preventable diseases.2

Half of all deaths from vaccine-preventable diseases in Gavi-supported countries occur among “zero-dose” children – those who have not received any routine vaccines – although they account for only 13% of children. Given the high coverage of immunisation vis-à-vis other essential health services, we know that these children are also deprived of nutrition interventions, as well as other basic services. Zero-dose children and missed communities are facing intensified constraints on accessing healthy diets and essential nutrition interventions.

At the same time, a wealth of evidence stresses that immunisation and nutrition interventions complement each other, and thus integrating the two could lead to better health outcomes, maximise efficiency gains and reach more people. Stronger integration is also a critical step for building more responsive primary health care (PHC) systems. Ultimately, efforts to reach zero-dose children and their communities with routine immunisation and key nutrition services have the potential to break the cycle of malnutrition and preventable diseases.

To have maximum impact, the integration of immunisation and nutrition needs to go deeper than bundling service delivery. Real integration means sharing a broad range of objectives and functions across delivery platforms and community-led solutions. Each interaction people have with the health system is an opportunity to tailor services to their specific needs. This approach requires strong frameworks for integrated essential services; coherence across different levels of government; the involvement of communities and local influencers; as well as a set of financial and non-financial incentives to enhance the integration of nutrition and immunisation at sub-national and community levels.

With fewer than ten years left to achieve the Sustainable Development Goals (SDGs), and given the serious disruptions caused by the COVID-19 pandemic, this is the time to invest better and smarter, as countries gradually find ways to restore, maintain and strengthen immunisation, nutrition and other essential services.

To achieve this aim, dedicated advocacy campaigns by civil society, grassroots organisations and partners will be instrumental to building and maintaining the necessary political and social commitments to finance and strengthen these services.

National governments should seek innovative, evidence-based solutions to combine immunisation, nutrition interventions and other essential health services, including through sharing infrastructure and value chains. The international health community also has a responsibility to support countries in the development of equity-enhancing strategies to strengthen PHC systems and achieve universal health coverage. If we are to live up to the SDG principle of “leaving no one behind”, we must start by identifying and reaching disadvantaged and excluded groups with the most essential interventions.

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