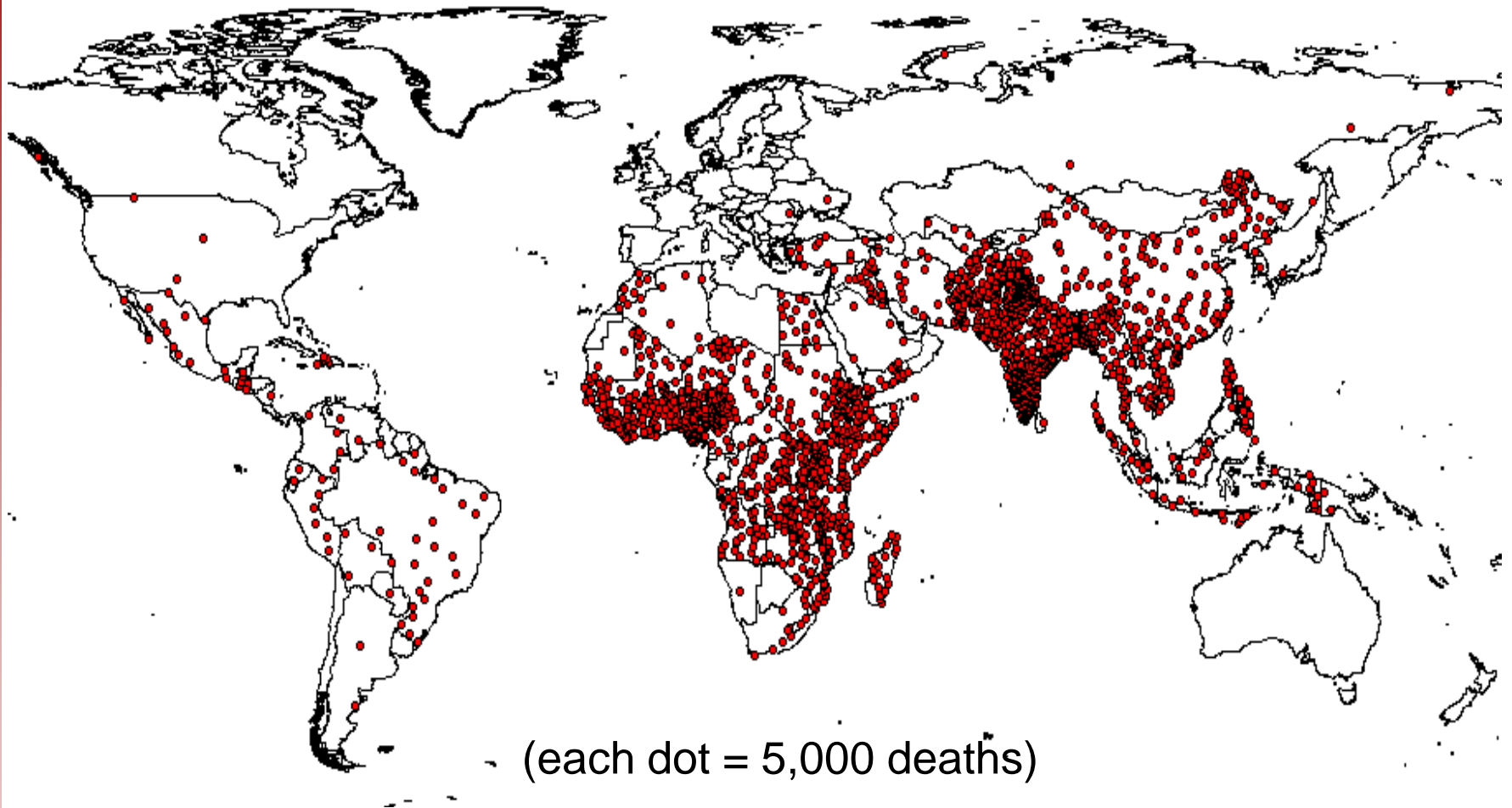


Pneumonia Roundtable

New York – April 30th, 2013

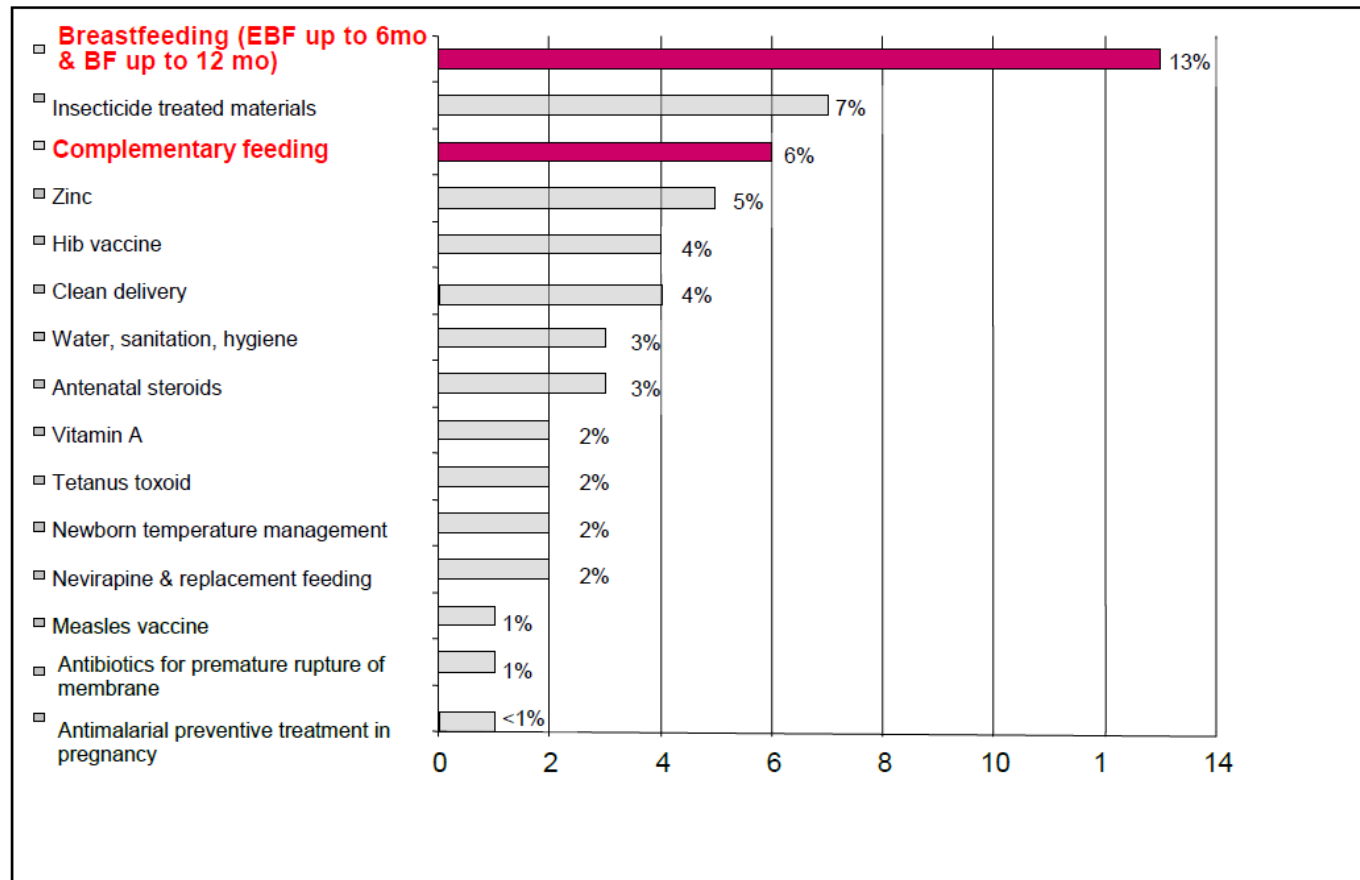


GLOBAL DISTRIBUTION OF CHILD DEATHS



Solutions

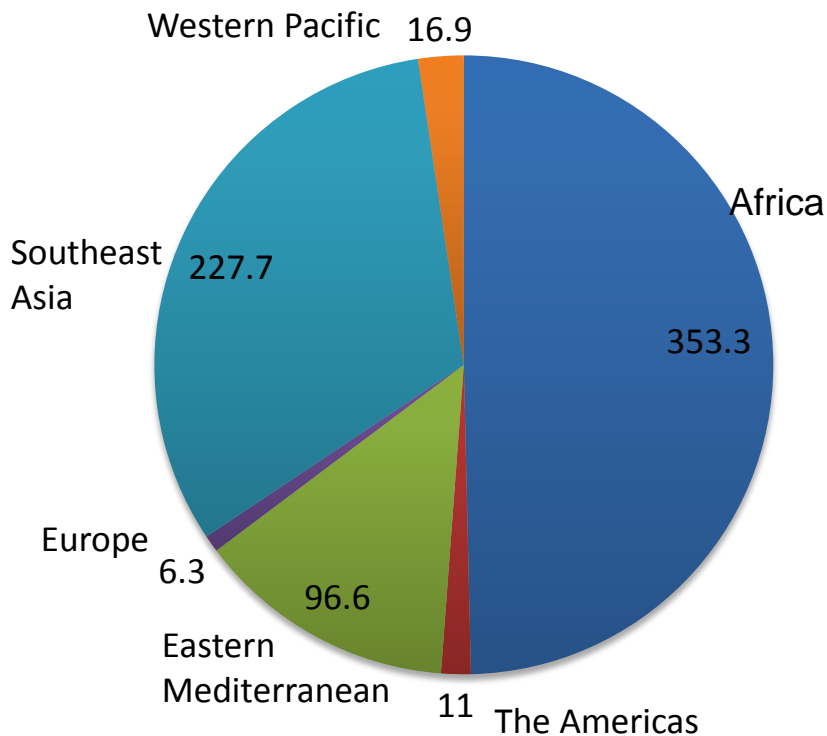
Figure 1: Per cent of child deaths that could be prevented with 99% coverage of preventive interventions



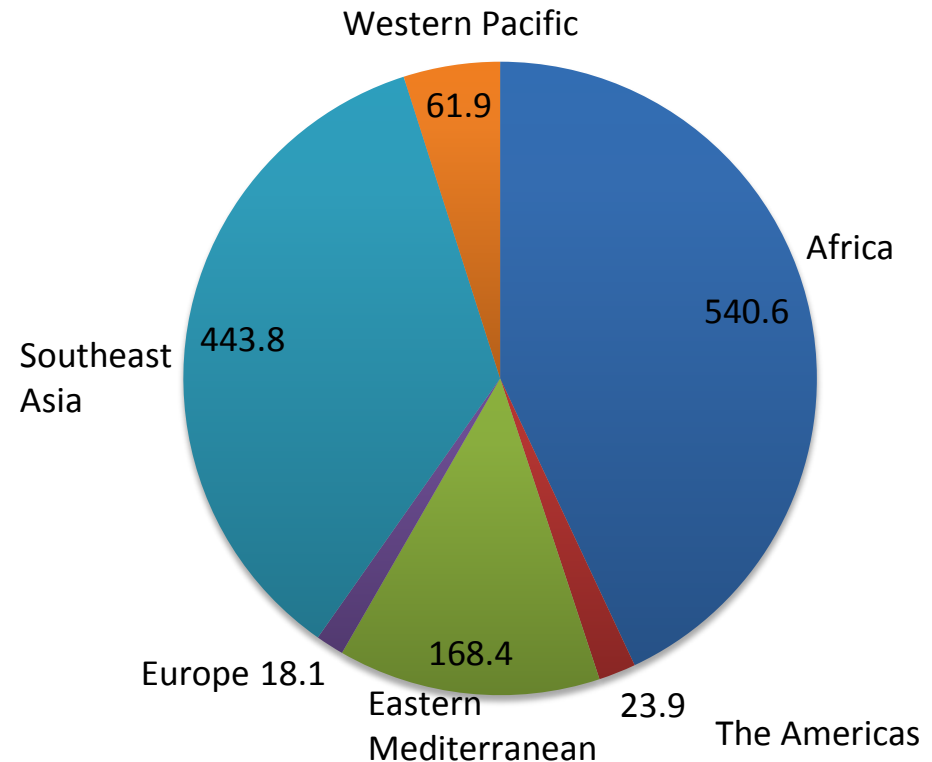
Source: Lancet Child Survival Series 2003 [2]

Regional burden of diarrhoea and pneumonia mortality among children aged 0-4 years in 2011

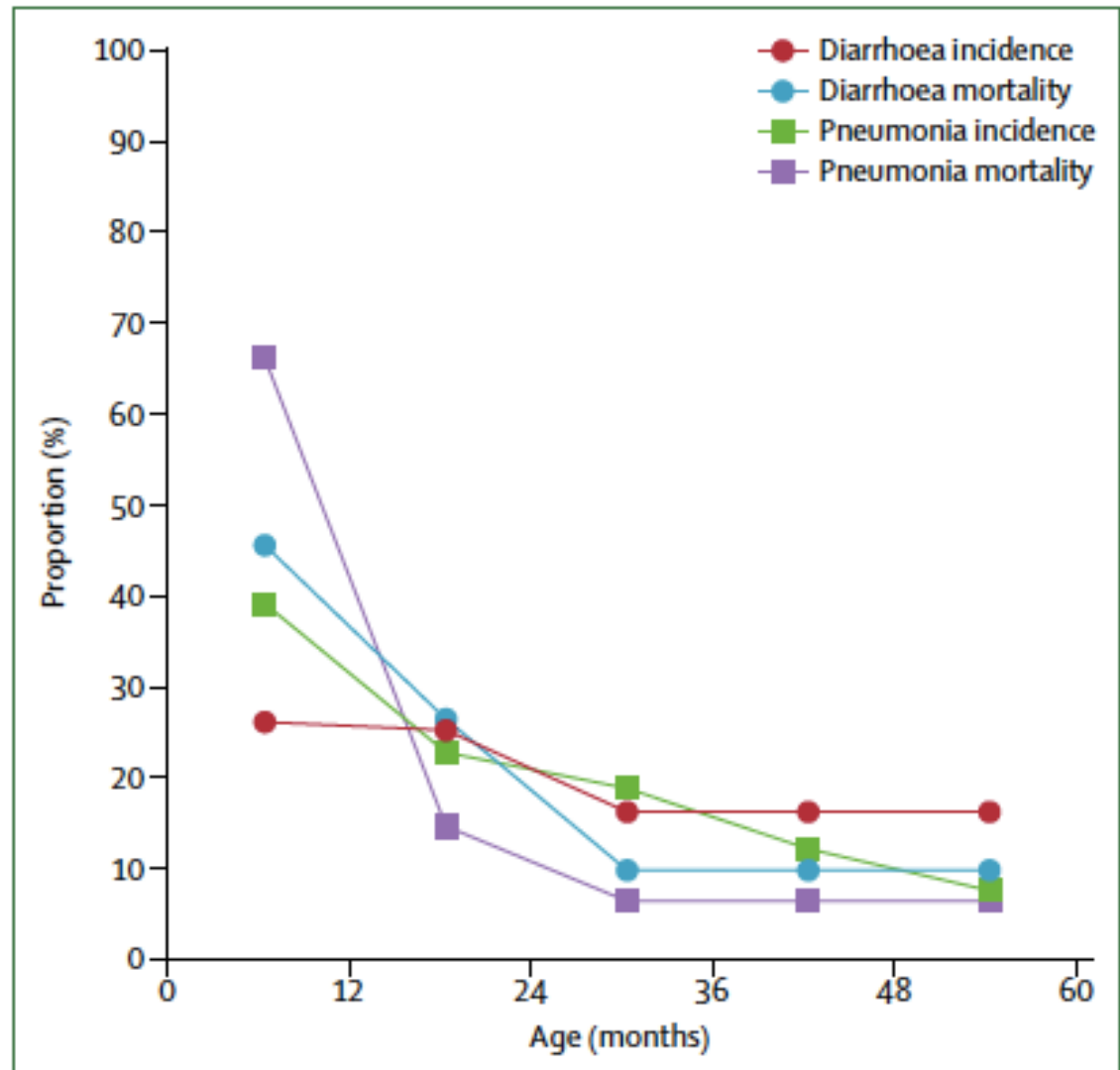
Diarrhoea 711,800 deaths



Pneumonia 1,256,800 deaths

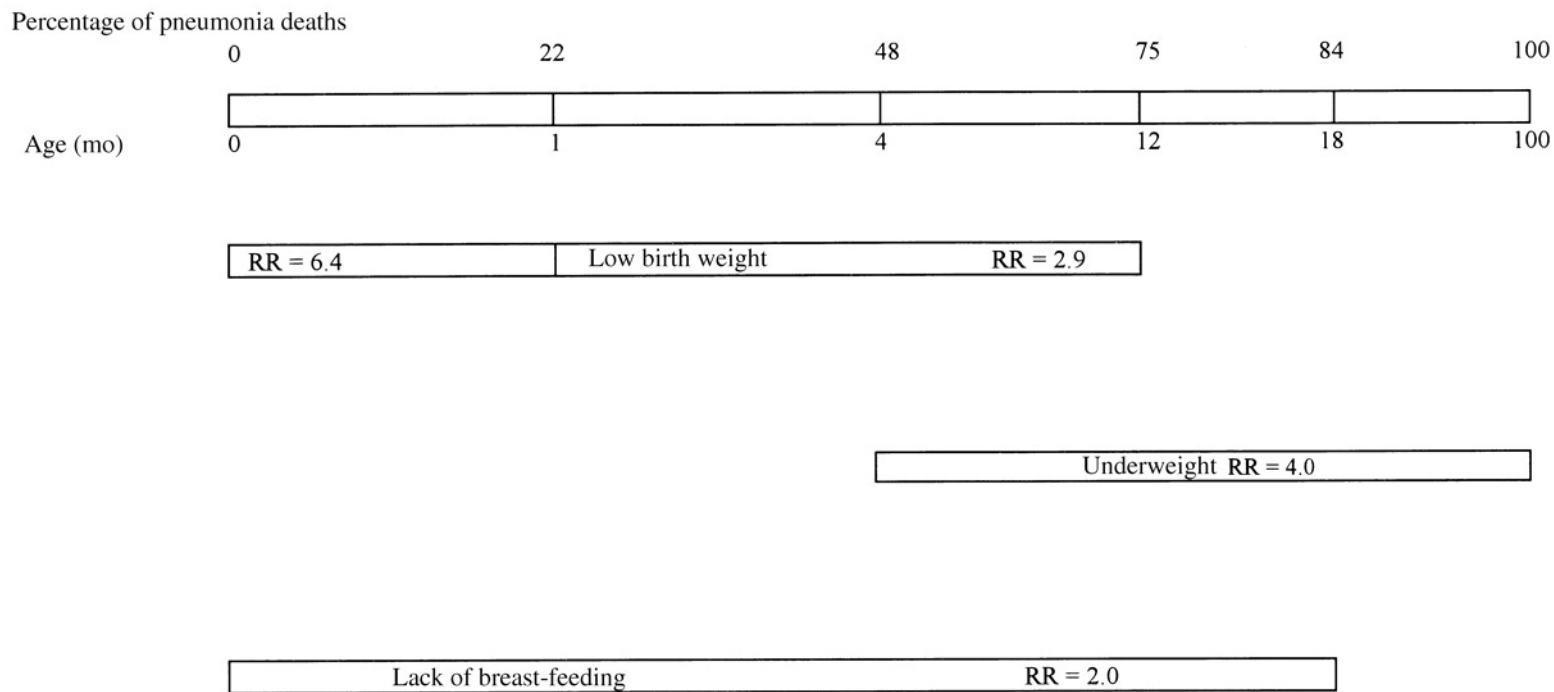


Distribution of cases of, and deaths from diarrhoea and pneumonia in children age 0-4 yrs

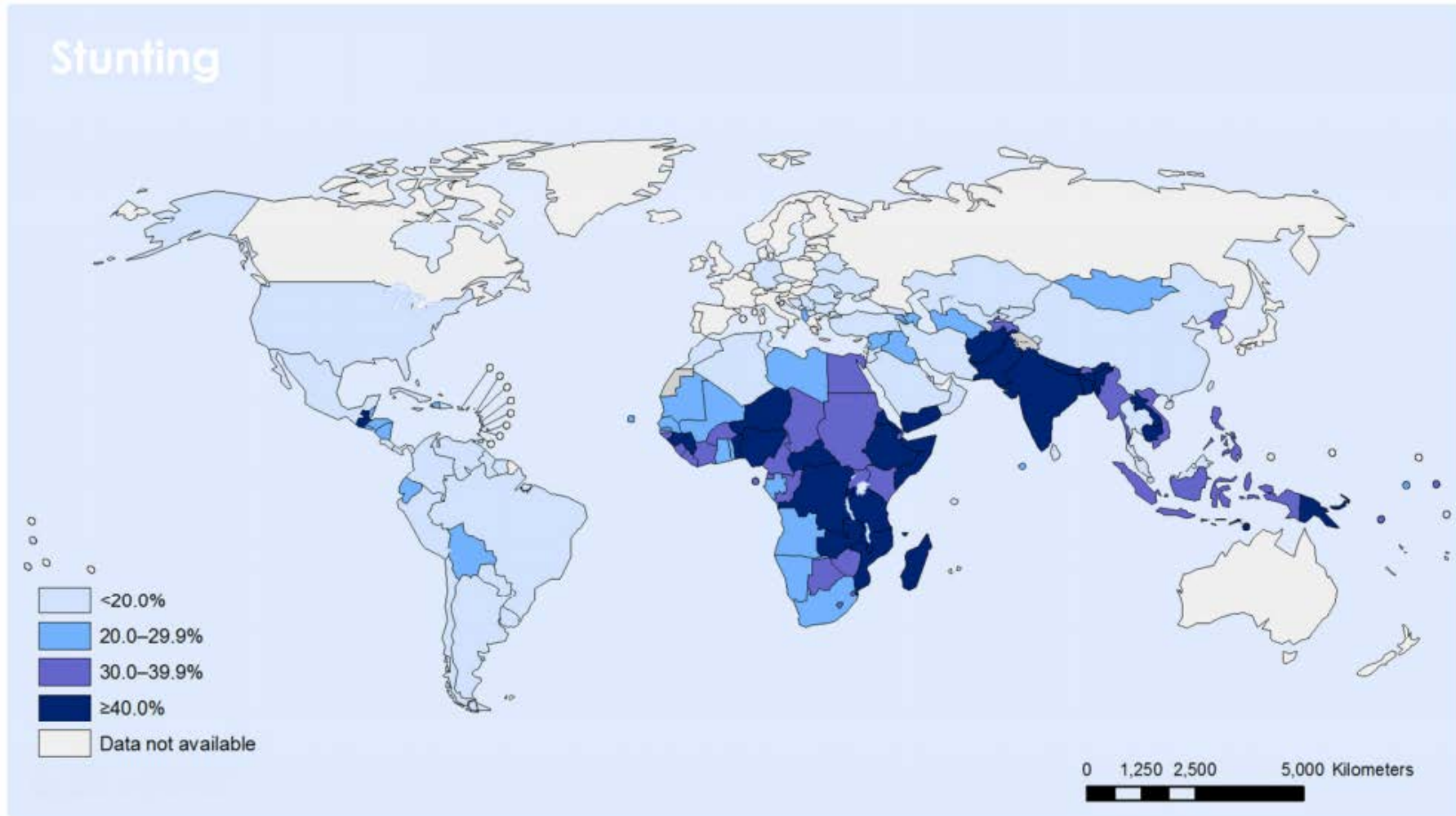




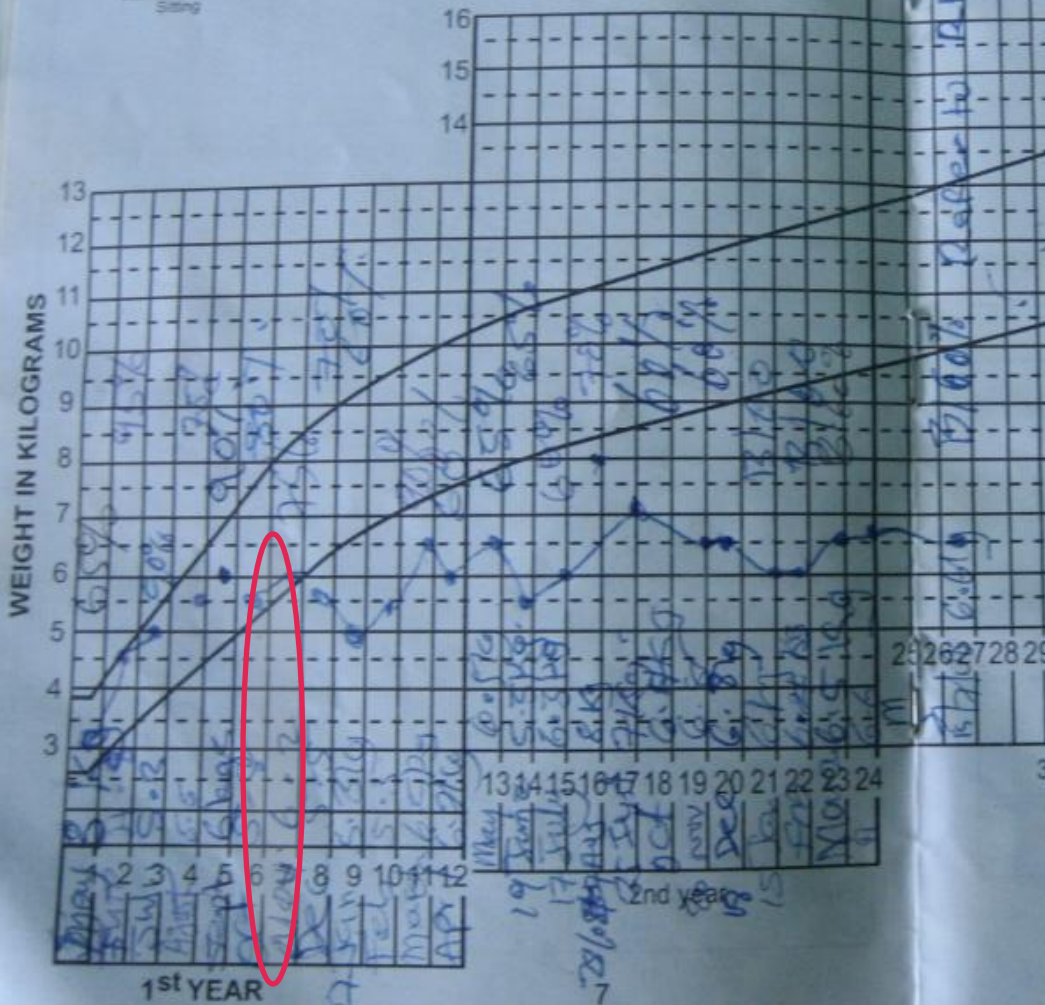
Relations between nutritional risk factors for pneumonia



World Map of Prevalence of Stunting in Children < 5 Years



GROWTH CHART



child growing well find out refer to hospital

AGE IN MONTHS

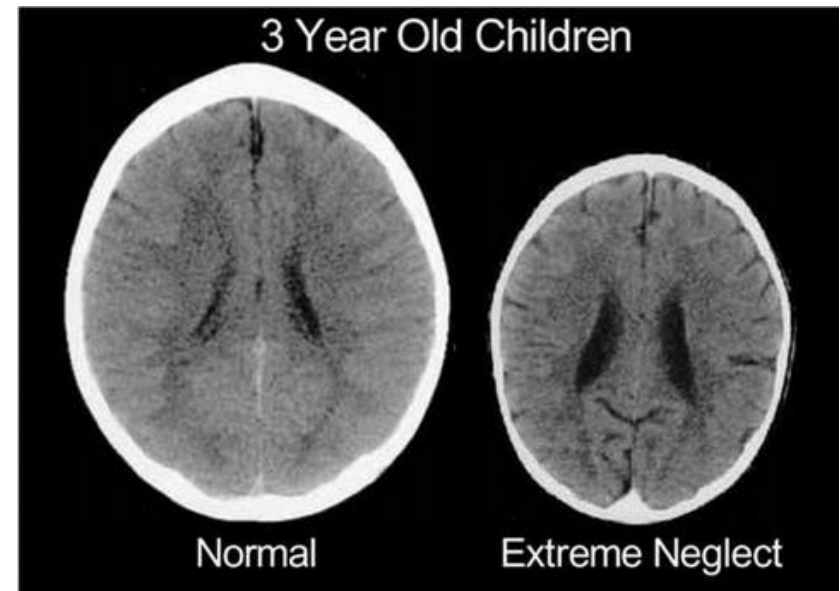
Damage suffered in early life leads to permanent impairment

Undernourished children are more likely to become short adults and to give birth to smaller babies

Evidence links stunting to cognitive development, school performance and educational achievement

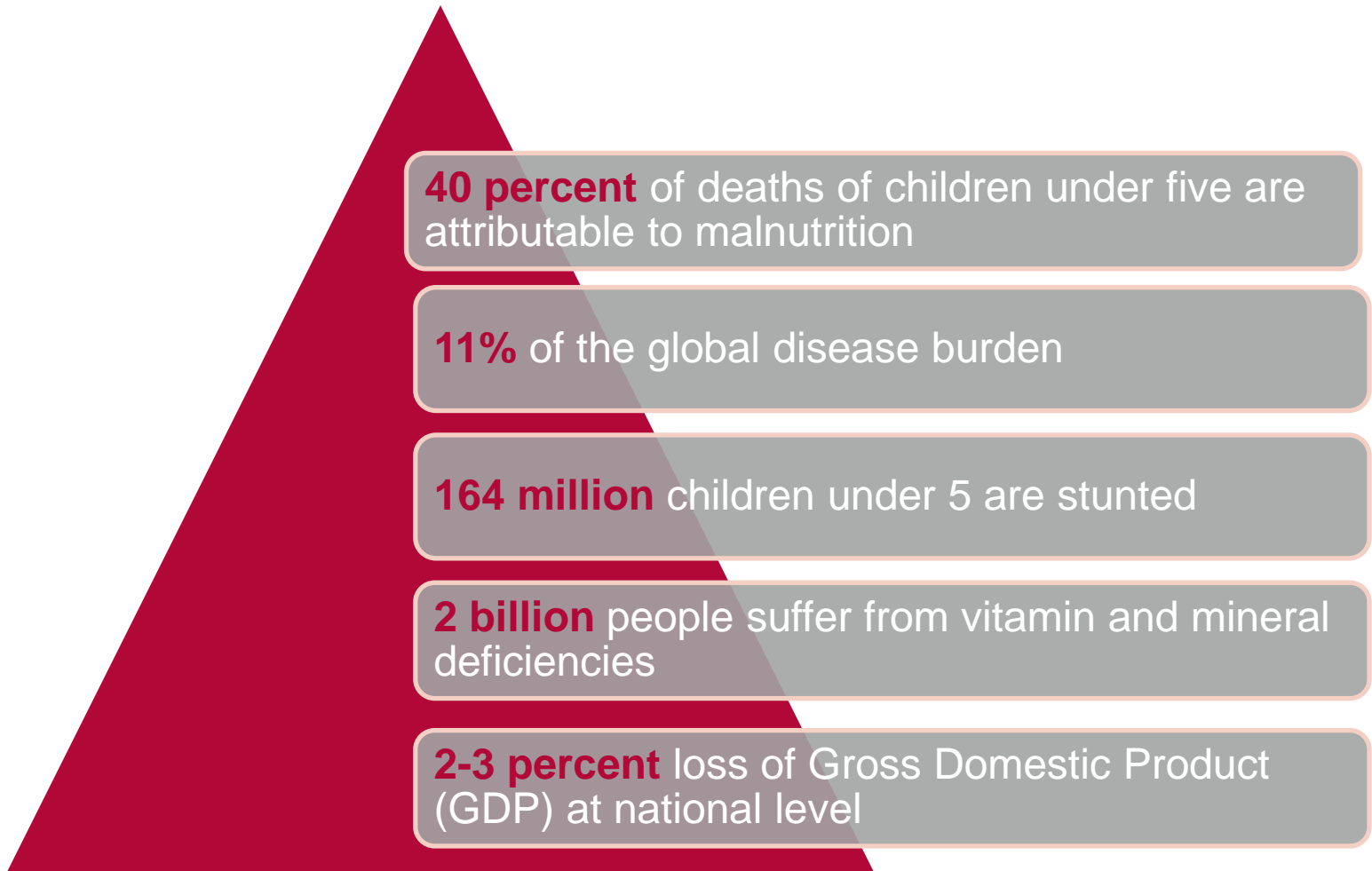
Poor fetal growth or stunting in the first 2 years of life leads to reduced economic productivity in adulthood

Child's height for age is best predictor of human capital





The Global Nutrition Challenge



Experts agree

The Copenhagen Consensus 2008 and 2012 Expert Panel of world renowned economists identified the smartest ways to allocate money to respond to ten of the world's biggest challenges.

They agreed that fighting malnutrition should be the top priority for policy-makers & philanthropists.



“One of the most compelling investments is to get nutrients to the world’s undernourished. The benefits from doing so – in terms of increased health, schooling, and productivity – are tremendous,”

**-Nobel laureate economist
Vernon Smith**

The causes of malnutrition are interconnected

Insufficient access
to affordable,
nutritious

FOOD

throughout the year



Lack of good

CARE

for mothers & children
& support for mothers
on appropriate child
feeding practices



Inadequate access
to

HEALTH

sanitation & clean
water services



Political &
Cultural
Environment

ROOTED IN

Poverty

Disempowerment
of women

Nutrition-sensitive strategies increase the impact of specific actions for nutrition



Specific Actions for Nutrition

Feeding Practices & Behaviors:

Encouraging exclusive breastfeeding up to 6 months of age and continued breastfeeding together with appropriate and nutritious food up to 2 years of age and beyond

Fortification of foods: Enabling access to nutrients through incorporating them into foods

Micronutrient supplementation: Direct provision of extra nutrients

Treatment of acute malnutrition: Enabling persons with moderate and severe malnutrition to access effective treatment



Nutrition-Sensitive Strategies

Agriculture: Making nutritious food more accessible to everyone, and supporting small farms as a source of income for women and families

Clean Water & Sanitation: Improving access to reduce infection and disease

Education & Employment: Making sure children have the nutrition needed to learn and earn a decent income as adults

Health Care: Access to services that enable women & children to be healthy

Support for Resilience: Establishing a stronger, healthier population and sustained prosperity to better endure emergencies and conflicts

Chronic malnutrition – or stunting - has multiple causes:

- Inadequate IYCN
 - Early initiation of BF
 - Exclusive BF to 6mos
 - Continued BF to 24 mos and beyond
 - Timely introduction of nutritious complementary foods
- Repeated infections
- Low Birth Weight
- IUGR

That is why it requires
People and Programmes
to work together
to put nutrition into all
development efforts, and develop
sustainable **solutions that
work.**



From Isolated Impact to Collective Impact



“Complex nature of most social problems belies the idea that any single program or organisation, however well managed and funded, can single-handedly create lasting large-scale change.”

- Hanleybrown et al. 2011 Stanford Social Innovation Review



Planning for collective impact

5 Conditions of Collective Impact

- Common Agenda
 - Shared vision for change that includes common vision of the problem and joint approach to solving it (technical consensus, normative guidance)
- Shared measurement
 - Collecting data and measuring results consistently across all participants ensures mutual accountability and that efforts remain aligned
- Mutually reinforcing activities
 - Differentiated activities are coordinated through a plan of action
- Continuous communication
 - Build trust, assure mutual objectives
- Backbone support
 - Partnership management

34 countries: 11 progressing well

ASIA

BANGLADESH

INDONESIA

KYRGYZSTAN

LAO PDR

NEPAL

SRI LANKA

YEMEN

LATIN AMERICA

EL SALVADOR

GUATEMALA

HAITI

PERU

In 11 SUN Countries (indicated in **RED**) the rate of chronic malnutrition (or stunting) in children under 5 years is reducing at more than 2% per year

AFRICA

BENIN

BURKINA FASO

BURUNDI

CAMEROON

ETHIOPIA

GAMBIA

GHANA

KENYA

MADAGASCAR

MALAWI

MALI

MAURITANIA

MOZAMBIQUE

NAMIBIA

NIGER

NIGERIA

RWANDA

SENEGAL

SIERRA LEONE

TANZANIA

UGANDA


ZAMBIA

ZIMBABWE

GAIN Programs

A group of young schoolgirls in blue uniforms are running happily on a dirt path. They are wearing blue shirts and dark skirts. In the background, there is a fence and laundry hanging on a line. The scene is outdoors and appears to be in a rural or semi-rural area.

600 million
eating better

A close-up photograph of two young Black children, likely of South African descent, wearing school uniforms. The child on the left is smiling broadly, showing their teeth. The child on the right is looking directly at the camera with a slight smile. They are both wearing dark green or black school jackets over white collared shirts. The background is slightly blurred, suggesting an outdoor setting.

30 percent
reduction in neural tube
defects in South Africa

14 percent
reduction in
micronutrient
deficiencies in
young children
in Kenya





1/3

reduction in anemia
in China

Lessons Emerging



- Consumer choices and behaviour are governed by health, cost and convenience considerations. This can only be harnessed by providing accurate information
- Need to invest in both a top-down and bottom-up approaches
- Heavy investment in national stakeholder engagement is required
- Strong local technical and research capacity enhances design, buy-in and sustainability of political will
- Clear normative guidance is important
- Get standards right and harmonize regionally
- Invest in QA capacity and regulatory enforcement
- Industry is willing to invest but policy signals must be clear
- Generating scales of economy are essential for meeting the needs of BoP through market-based channels
Harmonising national standards to allow for cross border trade
- The role of the private sector can go far beyond contract manufacturer
- Granting is not a good way to motivate the private sector

Planning for collective impact:

Perspectives driving data collection and building the evidence base

- Systems approach: How to reflect complexity of the system and design interventions that harness that complexity?
- Consumer access/demand vs institutional supply/delivery
- Integration vs attribution
- Spectrum of investment vs funding
- Broaden evidence base to include prevention
- Build evidence base for food system response to malnutrition
- Define roles of stakeholders by opportunity and not incorporation



Thank you