Pneumonia Roundtable
New York – April 30th, 2013
GLOBAL DISTRIBUTION OF CHILD DEATHS

(each dot = 5,000 deaths)

Source: Black et al., Lancet 2005
Figure 1: Per cent of child deaths that could be prevented with 99% coverage of preventive interventions

- Breastfeeding (EBF up to 6 mo & BF up to 12 mo): 13%
- Insecticide treated materials: 7%
- Complementary feeding: 6%
- Zinc: 5%
- Hib vaccine: 4%
- Clean delivery: 4%
- Water, sanitation, hygiene: 3%
- Antenatal steroids: 3%
- Vitamin A: 2%
- Tetanus toxoid: 2%
- Newborn temperature management: 2%
- Nevirapine & replacement feeding: 2%
- Measles vaccine: 1%
- Antibiotics for premature rupture of membrane: 1%
- Antimalarial preventive treatment in pregnancy: <1%

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

Diarrhoea:
711,800 deaths

Pneumonia:
1,256,800 deaths

Lancet 2013
Distribution of cases of, and deaths from diarrhoea and pneumonia in children age 0-4 yrs

Lancet 2013
Relations between nutritional risk factors for pneumonia

©1999 by American Society for Nutrition
World Map of Prevalence of Stunting in Children < 5 Years

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

- 2 billion people suffer from vitamin and mineral deficiencies
- 2-3 percent loss of Gross Domestic Product (GDP) at national level
- 164 million children under 5 are stunted
- 40 percent of deaths of children under five are attributable to malnutrition
- 11% of the global disease burden
- 2 billion people suffer from vitamin and mineral deficiencies
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

**ROOTED IN** Poverty of women

**Political & Cultural Environment**
# 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.”

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

<table>
<thead>
<tr>
<th>ASIA</th>
<th></th>
<th>AFRICA</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>BANGLADESH</td>
<td></td>
<td>MADAGASCAR</td>
<td>RWANDA</td>
</tr>
<tr>
<td>INDONESIA</td>
<td></td>
<td>MALAWI</td>
<td>SENEGAL</td>
</tr>
<tr>
<td>KYRGYZSTAN</td>
<td></td>
<td>MALI</td>
<td>SIERRA LEONE</td>
</tr>
<tr>
<td>LAO PDR</td>
<td></td>
<td>MAURITANIA</td>
<td>TANZANIA</td>
</tr>
<tr>
<td>NEPAL</td>
<td></td>
<td>MOZAMBIQUE</td>
<td>UGANDA</td>
</tr>
<tr>
<td>SRI LANKA</td>
<td></td>
<td>NAMIBIA</td>
<td>ZAMBIA</td>
</tr>
<tr>
<td>YEMEN</td>
<td></td>
<td>NIGER</td>
<td>ZIMBABWE</td>
</tr>
</tbody>
</table>

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.
GAIN Programs

600 million eating better
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