

THE BROOKINGS INSTITUTION
GLOBAL FOOD ASSISTANCE AND
THE FIGHT AGAINST CHILDHOOD MALNUTRITION

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PROCEEDINGS

MS. WOLFENSOHN: Good afternoon and welcome everyone. On behalf of the Wolfensohn Development Center and Medecins Sans Frontieres, we're delighted you can be here.

Although I usually only represent the holistic early child development, I think we all know that there can be no holistic early child development without nutrition at its base. And without good nutrition, nothing else can help a child succeed through life. For many years we have watched children throughout the world suffer from malnutrition, and we have people in this audience who have devoted their lives to solving that crisis. And in many ways it's tragic that in the year 2010 we are still talking about issues that have confronted us for decades and issues that could have been solved long ago. But hopefully the work that's being done now will make it possible so that within the next decade or 20 years or four decades, finally the one crisis that we really can address, which is childhood malnutrition, can be solved.

You all know that millions of children around the world are not receiving the proper nutrition in their early years of life and that it stunts them both physically and mentally for life. Even if they survive and live, they cannot have the life they might have had with the proper nutrition. There are many small success stories but with all the work all of you have done and all of us have done we have not been able to conquer this battle.

Today we will hear from a panel of experts who are immersed in this crisis. They come from a variety of institutions and address the global crisis in different ways. USAID, World Bank, Doctors without Borders, and Helen Keller International, they will illuminate for us some of the critical challenges they currently face and they will highlight some of the success stories. Hopefully out of these new ideas can arise what will help solve -- help the global development community better address and better solve the challenges. On behalf of Wolfensohn Center and on behalf of Brookings and Doctors without Borders, I thank you for joining us and look forward to this interesting panel and discussion. Thank you very much.

Raj.

MR. DESAI: Well, thank you very much, Ms. Wolfensohn for that --

MS. WOLFENSOHN: Actually, do you want to introduce people?

MR. DESAI: I will do that. I'm going -- I want to thank everyone as well for coming and what I'm going to do now is introduce the speakers who will then give their presentations from our seats.

So to my left is Bruce Cogill, who is the division chief for the U.S. Agency for International Development in the Office of Human -- sorry, the Office of Health Infectious Diseases and Nutrition of the Bureau for Global Health. He received his master's and PhD in international nutrition and agricultural economics from Cornell University. He began his

career with a degree in food technology from his native country of Australia. He has over 30 years experience in international food security and nutrition with field experience in Africa, Asia, and South Pacific through his previous positions with UNICEF, IFCRI, the Global Alliance for Improved Nutrition, Oxford University, and AED. He has directed several USAID-funded cooperative agreements, including A to Z, FANTA, IMPACT, and the Food Needs Assessment Project. He has published and presented widely on various aspects of food security, information systems, food aid, HIV, and the management of severe acute malnutrition. He was one of the authors of the widely quoted 2008 Lancet Series on maternal and child under-nutrition. He was until recently with the Global Alliance for Improved Nutrition in Geneva, and prior to that he was the global nutrition cluster coordinator dealing with emergency nutrition preparedness and response at UNICEF.

To Bruce's left is Meera Shekar, who is lead health and nutrition specialist in the Human Development Network in the World Bank. She is leading the repositioning of the nutrition agenda within the World Bank and with its donor partners. She has a PhD in international nutrition, epidemiology, and population studies from Cornell University. Another Cornell graduate. And a Master's and a Bachelor's degree in nutrition from Delhi University in India. She has lived and work across the globe and has extensive programming experience in nutrition and public health in countries ranging from India, Bangladesh, Ethiopia, Tanzania, Vietnam, Bolivia, Guatemala, Uzbekistan, Sri Lanka, and the Philippines. Before joining the

World Bank she led UNICEF's health nutrition, water, and sanitation teams in Tanzania and the Philippines. In Ethiopia, she led UNICEF's nutrition program. Among others, she has also consulted extensively with the Johns Hopkins University Population Communications Services in India.

To my right is Susan Shepherd, who is a pediatrician and has worked full time for Doctors without Borders for the past four years and currently coordinates MSF's work in nutrition. Dr. Shepherd's interest in childhood malnutrition has grown out of her time in the field. She began volunteering with MSF in 2003 in a pediatric ward in Uganda, then in 2005 worked at a nutrition program in Chad during a measles epidemic. In the aftermath of the 2005 nutritional crisis in Niger, she worked in that country for almost two years as a field doctor and then as a medical coordinator. She's appeared on CBS's 60 Minutes while in Niger advocating MSF's new approach to treat and prevent malnutrition. In addition to working for MSF, Dr. Shepherd spent her time in the Children's Hospital in Accra, Ghana, as a Yale Johnson and Johnson physician-scholar in international health. She received her bachelor in arts degree -- Bachelor of Science degree from -- in biology from Lawrence University in Wisconsin and her M.D. from the Universite Libre de Bruxelles in Belgium. She completed her residency in pediatrics at the University of Chicago. Prior to joining MSF full-time, she worked as a general pediatrician in Butte, Montana.

To her right is Victoria Quinn, who is senior vice president of Programs at Helen Keller International. Dr. Quinn has oversight for all HKI

programs. She has more than 25 years of experience in Africa, Asia, and Latin America, designing and managing complex and large-scale nutrition and maternal-child health country programs and regional interventions. She's a respected international expert on nutrition policy and advocacy, infant and young child feeding practices, micronutrients, and women's nutrition practices. She spent 16 years living and working in Ghana, Kenya, Malawi, including working at UNICEF as a regional coordinator of a multicountry nutrition policy, as well as numerous consultations with the World Bank, UNICEF, the FAO, and the government of the Netherlands. In 1998, Dr. Quinn joined the Academy for Educational Development as a senior technical manager of Country Programs for the Linkages Project. In this role she has championed a pragmatic approach to prevent malnutrition in children and women, the essential nutrition actions, which uses behavior change strategies to improve infant and young child feeding, women's nutrition, and micronutrient practices. In 2001, she was appointed director of the AED Center for Nutrition. She joined HKI in September 2006 and will be based in Washington while traveling to New York City on a monthly basis.

So after all of that, please join me in welcoming all of our guests.

(Applause.)

And now we will, in that order, we'll have the presentations. So we can begin with Dr. Cogill and move on to Dr. Shekar, Susan Shepherd, and Victoria Quinn. Please.

DR. COGILL: Thank you, Raj. Thank you very much for inviting me here today. I'm very new to USAID so I'm going to be drawing upon what I've learned in the couple of months that I've been there but also look around the room and see many people here that have the experience in nutrition. And so some of the things I'll be saying will be familiar to you, and I want to highlight a little bit of some of the newer developments that are occurring with the U.S. government in support -- not only with food assistance with the operative word being food, but looking at food and nutrition approaches and the way we can approach what I think is something we can all agree upon, that is it's about getting the right food to the right people at the right time. And that has resonance not only in the context of under-nutrition but also over-nutrition, as well.

So while the focus of this discussion here primarily is about the burden of global under-nutrition, I think that the principles that we can agree upon and the approaches we take have applicability beyond that group or those populations. And in defining under-nutrition in terms of dietary quality, dietary diversity, I think that the approaches we have to that issue, that problem, are many. And while the focus of this discussion is around food assistance, and certainly the U.S. government has a longstanding experience in food assistance, we have now opportunities available to us not only in terms of the foods, the commodities to choose among, we have approaches, we have mechanisms, we have programmatic approaches as well that open up new partnerships, new alliances, and opportunities.

I think many of you will be familiar with the recent round of meetings in New York that really were the launch of the 1,000 Day Challenge. The 1,000 Days being from conception of pregnancy to 24 months. Against that was the Scaling Up Nutrition framework and roadmap. These global initiatives that are really reflective of the momentum around nutrition of which dietary quality is at its core.

The thing from the U.S. government that I want to highlight for you with that effort to address dietary quality are several resource streams, several mechanisms for doing that. You may have heard about the Global Health Initiative and the Feed the Future Initiative. Both of those are U.S. government agency-wide initiatives of which USAID is committed to addressing in terms of reducing under-nutrition by 30 percent as an objective. This will be carried out in a series of priority countries, many of which are both the focus for Feed the Future and the Global Health Initiative.

What unifies those initiatives being agricultural, food security, and health is nutrition, not only in terms of an outcome variable but also many of the actions that are being planned and will be funded as we look forward. Food aid or food assistance, is part of that but not within that same mechanism. As most of you know, food aid is funded through the Farm Bill, which is an appropriation that's annual but a legislation that's negotiated every five years. In the last 50 years of the Farm Bill, and particularly the Title 2 program, both emergency and nonemergency programs, we've seen an evolution not only of the types of commodities that are used but also the

sorts of programs that are being funded with a greater emphasis on targeting younger children, a greater emphasis on better program design, and better monitoring and evaluation. These programs are implemented by NGO partners and by the World Food Program, and they will be the first to agree that there's a long way to go still. But with a commodity or a set of commodities and resources generated from the monetization of those commodities, that we have increasing flexibility in what we can do in material and child health programs, education, agriculture, and economic growth-types of things.

That's different than the emergency programs that are on the radar screens of all of us that occur on a highly regular basis that call for both Title 2 food aid or food assistance, but also special procurements and special purchases of food for rapid response. And we saw that most recently in Haiti and ongoing in other countries now where the U.S. government allows the purchase of foods that are not necessarily manufactured in the United States and that provide some flexibility for rapid food responses. But the unifying principle on that is the right food and the right time for the right people.

Doing that is somewhat challenging because many of these restrictions imposed by the Farm Bill, the legislation that governs this, these requirements need to be met. They're monitored carefully by the various government agencies so that it places restrictions on how these commodities and resources are used. However, there have been some

advances, including in the last Farm Bill, a local procurement, a certain amount of money available for purchasing food locally, a provision for doing more systematic investigation of what represents quality in the food aid. Tufts University is carrying out a review of the moment -- a food aid quality review of what would be the steps needed to improve their food basket.

In addition, this bill is on work done in the past by groups like Save the Children that have also documented clear gaps or opportunities that we need to work upon to be able to improve the food aid basket. But even with the best products, we are also seeing a lot of exciting developments among the NGO, the academic community, and the international donors. Some of the new generation of products, the nutrient-dense paste, like ready-to-use therapeutic foods, the lipid nutrient supplements, the micronutrient powders -- these are all tools that we have or products we have that will improve the overall food basket available, not only in the context of emergencies but in also regular preventative programs. And it's those preventative programs that are at the core of any sustainable solution to the global burden of under-nutrition.

And I want to also mention in the context of these reviews is that these steps which are small but important technical steps against a political environment of which food aid operates. And so the choices are often constrained by the domestic environment here, but the partnerships that the U.S. government has with the World Food Program and with other donors embodied in certain things like the Scaling Up Nutrition framework is

an opportunity to be able to bring in greater and more stakeholders. And that's where the private sector has a role to play. And the U.S. Department of Agriculture, working with USAID in the development of specifications for a new range of ready-to-use products.

So these kinds of steps are important, significant to elevate nutrition beyond an argument or discussion about a particular food or commodity because the challenge is less about the choice of commodities, although that is important; it's reaching those who are most affected. And that's where the Feed the Future, the Global Health Initiative, among others that are trying to improve the strengthening of health systems and ensuring that we're targeting the right people with the right kinds of commodities at the right time.

So in that broad sweep of government programs, government initiatives, I think the Secretary of State Hillary Clinton and Raja Arshad, the administrator of USAID, when they spoke to the importance of nutrition they were quite clear that they are committed to doing something about the global burden and that we'll do that with all the resources we have at our hands. And those resources are backed up by declarations and commitments like the Aquila commitment by the president to invest in food security and hunger and that we're seeing the beginnings of that with approximately \$1 billion of money that the U.S. government has provided. But that's not to say that the U.S. government is doing it alone. It sees that as a partnership among donors and the countries themselves. And that's the accountability that is

required on the part of our partners to ensure that these resources are spent appropriately.

And I'll just end on a plea to all of you in terms of as the agenda for food security emerges with Feed the Future, that we don't lose sight that investments in economic growth, investments in agricultural product, and rural income are not at the expense of health and nutrition. And that's something that has been a lesson well learned and embraced by the World Bank and others for over 30 years. And that now is even more important than ever to ensure that nutrition is not simply an objective that we all can agree to but then conveniently forget in terms of the dynamics of doing agricultural or economic growth programs.

So I'll stop there and hand it over to my colleagues who are also active in this area. And I want to also thank MSF for its role in being an advocate for improving dietary quality in not only the food aid sphere but also in general nutrition and health programming.

DR. SHEKAR: Thank you. Thank you, Raj. Can you hear me? Is the mic on? Thank you very much. I'm delighted to be here. Thank you for the invitation to MSF and others of the Wolfensohn and Brookings Institution.

This is an issue that many of us in the room have been working with, fighting for, many, many years. And I think today what we have happening in global nutrition is a really remarkable -- really a remarkable moment in the history of nutrition. I think for the first time in

many, many, many decades -- not years, many decades, we really have partners aligned around a common agenda. And so many of the things that Bruce has just said, I really agree with those completely. I think from the Bank's perspective we are exactly on the same page as well.

And thank you, Elaine, for laying out the reasons why nutrition is so important. So I won't go through all of those. But instead if you allow me, I will speak to the issue of -- around three issues. One -- three issues that helped us to bring nutrition to the attention and the interest of the senior management in the Bank. And President Zoellick from the World Bank is now fully, fully committed and a very strong supporter of the nutrition agenda. In fact, we get more messages from him asking us questions than we send forward. So it's a wonderful situation to be in. And as somebody said, be careful what you ask for.

So in the bank, as we work on any agenda, whether it's nutrition or something else, there are three questions that come to us from senior management, and those are the three questions that I'm going to try and speak to. The first question that comes is what is the evidence base? And does this fit within the Bank's mandate? Are you talking about welfare issues? Are you talking about investment issues? Are you talking about something that will deliver results or are you talking about something that is more amorphous and we should all be standing behind? And I think the answers to those questions lie in the way I posed those questions right there.

So within the Bank we started a few years ago around repositioning nutrition. Nutrition, not just as a welfare issue. Nutrition, not just as a rights issue. And when I say just, it means it is those issues but also nutrition as a driver of economic growth. How can nutrition be an investment case instead of just a welfare case? I think that was the challenge that was thrown to us. And I think many of you may have seen the full version of this report on repositioning nutrition strategy for large scale action but repositioning it as something that is central to the global development agenda, not just for health, not just for nutrition outcomes, per se.

So that's where we started out. Then, I'm sure many of you saw the Lancet Nutrition Series, which really helped to lay down a very clear evidence base, particularly focusing primarily on the health sector. What are the interventions that work? And focusing mostly on efficacy. Which interventions are efficacious? I think the Lancet didn't go far enough in terms of saying which interventions are effective and can be scaled up. So that is work that still needs to be done and is still in the process of being done. In addition to the Lancet, after the Lancet there have been many others who came together, including some of the really wonderful work done by MSF and others who added to that evidence base and said we need to look at some of these interventions as well. I won't go through any of those but just to lay the big picture over there.

So that was question number one. And I'll go back to that

question. Let me list the other two questions as well and then I'll -- no, let me finish that question and I'll come to the other question. I'll confuse everybody, including myself otherwise.

So the next question has been how do we scale up? We all want to scale up. We know what the efficacy is. We don't quite know how to make these things effective at a large scale. And there's a whole body of evidence and work around delivery sciences. How do we improve our mechanisms to deliver programs at large scale? That is starting to happen.

And then the third discussion that has been started around the same agenda on the evidence base is yes, the Lancet laid out the health relevant interventions but there are interventions through other sectors as well for which we need a stronger evidence base and for which we need to start asking exactly the same questions that were asked around the health agenda. There's a huge body of evidence and momentum around social safety nets, for example. The Bank itself has invested several billion dollars in the last year alone in social safety nets. How can we make these social safety nets more nutrition friendly? I think those questions are still being asked and answered.

Agriculture. Huge investments in agriculture or commitments for agriculture and food security over the last year or two following from the G8 and the G20 discussions. Very little questions have been asked around how do we make those agriculture investments nutrition friendly again. Lots of questions to be answered there. Similarly, water and sanitation, gender,

early childhood development. But perhaps underlying all of these are -- is the dialogue around poverty and governance. How do we ensure that the dialogue around poverty and governance leads to nutrition? And this links to the earlier comment I made about making nutrition something that is an investment case, something that is a driver of economic growth. Hence, a solution to poverty, not just a result of poverty. So it's a different way of laying things out.

This second piece of work around how to engage the other sectors, what is the evidence base over there, I don't think we have a bottom line at the moment on those issues. But at the Bank, in partnership with several others, including our poverty reduction economic management team and our agriculture teams, we are starting some analytic work on that. So watch the space for that. And we will call on all of you to help us pull that together. That will be the next repositioning, volume two.

The second question that we are always asked -- after all, we are the World Bank -- is okay, you're asking us to invest in these things. What will it cost? And so we started working on something that I think many of you may have seen. This document on scaling up nutrition, what will it cost? The interesting thing was that when we started this work, lots of people said to us, you know, there was a lot of interesting lobbying where everybody wanted their favorite intervention to be costed. And it was a very interesting process and it was challenging to keep it in such a way that we focus again on the evidence. We want to cost only the interventions where

there is evidence, and we also want to cost the interventions where we have some delivery mechanisms. We don't want to be coming up with big numbers that scare people but -- which we won't be able to implement. So we really had to do a serious balancing act.

Again, the limitation of this is that its focus is primarily on costing the health sector interventions. And are you going to ask me why we didn't cost the agriculture sector or the social protection sector? Well, we didn't know what to cost. So are we committed to also working through social protection and agriculture and early childhood development and so on and so forth? Absolutely. Completely committed. But as soon as we have the evidence -- as soon as we know exactly what to cost over there, volume two shall follow on that as well.

The bottom line -- I won't go through the details on this. You can find copies on the web on worldbank.org/health and look under the nutrition listing. And there are a few copies floating around here as well. But the bottom line was we need about \$11 to \$12 billion dollars for scaling up these interventions in the 36 highest burden countries. If you add another 32 smaller countries which carry, you know, a smaller population but high prevalence rates, you would add about six percent to those costs. So these are ballpark estimates. Of that, some of the costs, particularly for food -- complimentary foods -- can be borne by the better off communities and families in countries. So we don't necessarily want to cost that from public resources. Those should be costed from private resources. So the bottom

line is about \$10.3 billion from public resources. I'll stop at that one.

The next question that we are asked and continue to be asked is are the other partners onboard or is this just a bank only initiative? And of course, at that time we had started a series of dialogues with many people on this podium but many, many, many in this room as well. And it was very, very interesting to figure out that, Bruce, you referred to the 1,000 days in a child's life that are critical for investing in nutrition. We call it that special physiological window of opportunity. So if you invest in that time period you really have prevented this child from irreparable damage, not only in health and physiological terms but in terms of building human capital in these countries for driving economic growth.

So we figured in the dialogue that this message was now being accepted and adopted by many partners, but we also recognize in the discussions that we had not just a physiological window of opportunity but we also had a political window of opportunity right there. Partners were starting to align around this common agenda. Everybody was starting to feel that nutrition had been left behind in the whole dialogue around the millennium development goals. And President Zoellick even talked about the forgotten MDG, nutrition being the forgotten MDG. And that got a lot of currency and many partners have come around since then. All of this led to something that many of you have contributed to which is the SUN framework, the Scaling up Nutrition: Framework for Action. And, you know, I won't spend any time saying what is between the covers of this document

because that's all good signs, good evidence, and we're all very proud of that, but I think what we as the global nutrition community are really proud of, more than what's between the covers, is this one here. For the first time we have 100-plus partners aligned around a common agenda who put their logos on this and said this is really important. We should be investing in nutrition and these are the general principles around which we should be investing. I think that is momentous in the history of nutrition.

And this could not have been possible if each and every partner had not played a very constructive and positive role in making this happen. And that includes in particular the countries at the country level. In every dialogue that we had with the countries, they came back to us -- and when I say "us," I mean the larger global development community. They came back saying, yes, this is really important; help us put it on the agenda. So the fact that the countries were not just receptive but willing to be in the driver's seat, that was really important.

And then the CSO community, who have been really fueling this movement, have been absolutely critical as well. And I won't name any of them but everybody is here in this room and far beyond this room as well that have driven this agenda. The bilateral agencies, all of who had really pretty much dropped nutrition -- even the serious supporters in the past had started to drop nutrition from the aid policies -- came back and said, hey, maybe there is something to it. And again, you'll see a series of bilateral partners who added their weight to this, starting from DIFD to France, to

Denmark, to US, to the U.K. Yeah, many, many bilateral partners.

Similarly with the U.N. agencies, the foundations who have been relatively new players on the scene came back very strongly. This was really important. The private sector has been very supportive as well looking for a space to contribute constructively. And interesting, academia and research were also extremely supportive of this whole thing. And again, you'll see in that list over there.

So this is the SUN, and I like to say that the sun is rising. A lot of it is rising from the east. Japan, an unusual partner in all of this who has been talking primarily on food security is now starting to talk about nutrition. And since they have been the host for the G8 and they have been really very, very quiet but very helpful partners in moving this agenda along. Many other partners as well.

So in the political moment we've had a series of meetings, some hosted at the World Bank. One in November, a very high level meeting. Another meeting at the Spring Meetings last April which -- actually, that meeting was co-hosted by Canada as the host of the G8. U.S., Japan, and the Bank. So the other message that's coming across is that this is all about multilateralism. This is not about any one or two or three agencies or partners. It's all about us moving together and the 1,000 Days event in New York was the most recent political event.

In the next few weeks and months it is really going to be important to see how this goes. Where this goes. Yes, I'm just wrapping up.

As we work on this scale up, I think everybody is committed that what happens at the country level is really the key to success. And what happens at the country level can only be successful if countries have capacities. So how do we collectively work to build country capacities so that all of us who signed the Paris Declaration and the Accra Declaration on aid effectiveness can actually stand behind what we signed and committed to. I think that's really important.

UNICEF asked me to talk about what we are doing, what we the Bank are doing to ensure steps towards adequate financing. I think that is something that the larger global development community is doing to ensure that this agenda is now financed. And I believe that many of the things I've laid out are -- speak to that issue. It's a question of all the donors now coming together saying, okay, here are some resources to take some of these things forward. But it's also about using existing commitments -- the GHI, the Food for the Future, the Rapid Social Response for Social Protection, all of those. And the GAFSP, the Global Agriculture Food Security Program that is housed at the Bank, making sure that all of those make space for nutrition.

So let me stop over there. Thank you very much.

(Applause.)

DR. SHEPHERD: Thank you. So I guess I'll take it away. My mic is on?

Thank you everybody for coming today and thank you in

particular Sara for organizing this with us. This is -- it's been nice to see over the past few years an organization whose major focus has been emergency response and treating malnutrition in a crisis situation come together with an organization that's looking at the middle and longer term. And I certainly have learned a lot myself and the reflection in our programming over the past few years.

I'm just going to take a few minutes and try to give you a perspective from the field. This is what we do best. Talk about -- directly about, you know, what we're doing and what we're seeing in terms of nutrition programming. The MSF has treated malnutrition for its entirety -- for the entirety of its existence for the last 40 years. But the type of nutrition programming that we have conducted basically can be divided into three broad eras. And there was the first era where we were doing what we would call low coverage, low quality programming where people had to come into hospitals and we were mixing together dried skim milk and oil and sugar and trying to do what we could with very modest results. And then nutrition science evolved and we had better foods and better therapeutic milks, but we had to deliver them in the hospital setting so we had much better quality programs but we still had very low coverage and we couldn't reach people on the scale that they needed to be reached.

And then finally came these new foods. Basically what it was is a safe way to deliver milk on the scale that was actually required to reach the number of children who were suffering from acute malnutrition in all of its

various forms. And the arrival of these new foods, primarily in these peanut-based milk spreads but also sometimes in biscuit form showed really the importance of milk and the importance of quality of diet for these kids. And so all of that is a way of saying that, you know, food quality -- so the quality of the properties of a given food are absolutely essential to young children's health and well being. And that's why we as a medical organization I think are an important voice to remind people that first of all, you know, what children eat in their first few years of life has a major, major impact, not only on how well they survive and resist common illnesses and then how well they thrive into the future. I mean, we're investing in their human capital.

And so that's how we as an emergency response organization have become involved not only in what we would consider, you know, typical crises, you know, mass population displacements or natural disasters, but also in these areas of the world where malnutrition is -- it behaves like an epidemic. And every -- it's just a predictable epidemic. And in many countries where we know, we just can plan for it. And we -- every single year we scale up and this year in Niger is just an example of a particularly difficult year following on an unusually difficult year. And what that means for Niger is that, for example, in 2005 I think there were maybe a total of about 100,000 children treated for severe acute malnutrition in the context of what was called by all a nutrition crisis and a food price crisis. And this year there are going to be about 300,000 children treated.

So, on the one hand you can say that there's progress made

because we've been able to build the capacity to respond to that level of need, but on the other hand is this really a success to be treating so, you know, hundreds of thousands of severely malnourished children. Isn't there -- aren't there better ways of getting to them earlier and protecting them better? And this is not only just an issue of protecting them from the effects of acute malnutrition but also recognizing that they are -- children who are nutritionally advantaged are -- anti-malarials work better. Antibiotics work better. They're less likely to, you know, develop diarrhea. Everybody knows that children get six or seven colds in the course of the year, and normally we should expect for them to be sick for a week and get better. But for nutritionally disadvantaged children, of course, these common colds turn into pneumonia and turn into dead children. So this is really -- it's an issue of survival.

So this has been, you know, a long road for us because remarkably it's been -- it's been quite a controversial thing to say that young children need, you know, need milk is the shorthand way that we say it. But basically what we need is young children need quality foods that are adapted to their needs in their diets. And this is, you know, it's why I come to see weaning foods or baby foods as the equivalent of an essential medicine for young children. And trying to convince those who are either building or financing nutrition programs that the quality of foods that they make available to those programs is absolutely key.

This has

been the focus of our work for the last few years. We've finally started to accumulate some evidence, some data from our programs that show that if you do actually provide children with quality balanced foods, even just for a short period during the hunger gap of the year when they're most likely to lose weight and fall sick, but you can decrease what we call the incidence of severe weight loss, of severe malnutrition by up to 60 percent. And we're also starting to see the more that we watch these kids through time that if you -- the thing that seems to be crucial is the amount of -- the duration of supplementation, this critical window that Meera was referring to. The 6- to 24-month age group. It seems that if you supplement them for the majority of that time you can actually protect kids better. And it's maybe more the duration of supplementation than the actual amount of quality food that you're giving them that is key.

So I'd just like to conclude by telling you about how this work in the last few years is finally starting to catch on and what I hope will be a small success story that hopefully will have much larger implications into the future. So this year, like I said, Niger is once again in the midst of a particularly difficult year, and so the World Food Program has had to develop a rather large -- what we call a targeted supplementary feeding program for 675,000 children between 6 and 24 months of age in Niger. That's about 60 percent of the under two population in the country. And they set out to, you know, supplement these children with the food that's typically been used in supplemental feeding programs for the last 30, 40 years. This

corn-soy blended flour. But they recognize that there are better alternatives and that this fortified blended flour is a substandard food and certainly not something that you would find on the market in Europe or in North America.

And so they've begun to order in -- they've begun to order in some of these milk-based peanut butter spreads. And the first two rounds of distribution were conducted with corn-soy flour. And, of course, we at MSF said not in our district. And so we took the 100,000 kids that we're caring for and supplemented them with the peanut milk-based spread. And then by September, the World Food Program also had mandated to cover another 140,000 children with these milk-based supplemental foods. So we've got about 60 percent of the kids now receiving a much better quality food.

The reason that the World Food Program is able to do this is because they have, you know, they've had access to funding that they can control. And what we need to do is work within this current food aid system or procurement system so that big donors, like the U.S. government, can actually participate in and support these kinds of initiatives instead of standing in the way. And maybe looking at the ways that we can use money more wisely. The U.S. government has sent \$100 million to Niger this year, and 80 million of those dollars are through the Food for Peace Program. And 40 million or so of those dollars are for foods, most of which are these fortified blended flours.

What if the U.S. -- what if the World Food Program could receive from the U.S. government cash or better foods, one or the other, so

that we could actually start giving kids, you know, foods that they need and foods that meet their needs as opposed to just the foods that the U.S. government has always given or just is because they're institutionalized.

The -- and so I'll just end on saying that I hope that, you know, Niger is a country that is challenged in many, many different ways, but there are lots of interesting things going on there. And, of course, we are very focused on the medical and food supplementation aspects of protecting children there. There are other organizations, like Save the Children or Concern International that are working on cash transfer programs and other ways of building safety nets, and I think that we have a lot to learn from them there.

But I would hope that what's going on in Niger this year will serve to open people's minds and eyes to the possibilities of ways of reaching kids with better foods and protecting families through difficult moments of the year, much in the way that 2005 really put the treatment of severe acute malnutrition on the map as something that should be included in all standard health packages.

Thank you.

(Applause.)

MS. QUINN: It's always great to be the last one to present because you can see who has covered what and you can adjust your test. And you can also fill in some gaps. But I think there's been a very logical flow in the way the presentation has gone today.

Helen Keller International. We're an international NGO committed to saving the sight and lives of the most vulnerable and disadvantaged. We work in 22 countries in Africa and Asia. Many of these are hybrid and malnutrition countries. And today I'm going to actually address specifically the latter half of today's topic -- how recent developments and initiatives can be expanded to effectively tackled the ongoing crisis of child malnutrition.

HKI is not typically involved in the procurement or distribution of food assistance, but we do work in the area of malnourished children in terms of moderate and severe malnourished children with CMAN programs, community management of acute malnutrition, the use of ready-to-use therapeutic foods. But really our approach and I think it complements very nicely what Susan has just described, is to try to look also very heavily at the prevention side. So we marry the prevention and the treatment, and you could call this our modus -- or M.O. Our modus operandi. But even more so, we're really getting very much focused on reducing the many, many, many missed opportunities that currently exist now in these countries to provide nutrition services to the children and the mothers most in need, especially during this 1,000 Day opportunity from conception to two years.

So my focus of my remarks today is basically agreeing to especially -- Meera did a very nice review of we know what needs to be done. My focus, feet on the ground, is how do we do that in these countries? How do we roll out high quality, not mediocre nutrition services?

High quality nutrition service at high enough coverage to those most in need?

First of all, just to agree that this -- before I got into -- drill down into the details, this is a remarkable point in time. It's a golden day for nutrition. We cannot squander it. We cannot waste it. We have to do the right thing, not just here in Washington or Rome or New York or wherever, but in these countries where many of us have colleagues working with our colleagues from the government.

Second, just to emphasize again, we know what the what is. The SUN framework, the Scaling Up Nutrition framework based on the Lancet Child Under-nutrition -- Maternal and Child Under-nutrition Series is pretty much the same as the U.S. supported REACH initiative, which is pretty much the same as the USAID supported essential nutrition action framework, which is pretty much the same as what it will cost World Bank document. We're all talking about the same thing. It might differ a bit here and there but it's basically the actions that have been proven -- efficacious actions that have been shown to work. And these actions spanning from breast feeding, complementary feeding, the nutritional care of the sick, malnourished child combating Vitamin A deficiency, combating anemia through malaria and deworming programs as well, not just nutrition programs. Combating iodine deficiency disorders and also improving the nutrition of women.

These are the basket of interventions we have to deliver to

those most in need. And if some of us recall what the Child Survival Series of the Lancet said, we have to deliver these interventions near to universal coverage in some of the poorest countries of the world. This is no small task.

I'm trying -- this is a reality check in terms of what our challenge is ahead of us.

So apart from ensuring that mothers have adopted optimal breastfeeding practices, 90 percent of the mothers in the country have adopted optimal breastfeeding practices. Every child in the country should be receiving Vitamin A capsules from the age of six months twice a year. Every malnourished child should have the opportunity to have access to the care and the ready-to-use therapeutic foods. We're setting the bar very high. This is the only way we will achieve a public health impact, and that's what we're after.

So in terms of -- we know the "what." So I want to talk about the "how." And by this I mean on the ground how do we operationalize? How do we just merely manage the delivery of these -- this integrative package? And who is the we? Certainly at the center of the we are the government colleagues with whom we work, but also multilateral, bilateral, international NGOs, local NGOs, private sector, university groups, religious groups. Anybody who has a role to play needs to be brought onboard.

In terms of the "how," we now pretend we get in an airplane and we go to a country. The "how" basically can be divided into two pieces -

- the policy environment and the program environment. The policy environment, I think some of my previous speakers have actually touched on that. And just how overwhelmingly important it is that we get our policies correct for positive nutrition outcomes. Not just nutrition policies, but health policies, agricultural policies, macroeconomic policies -- anything that will affect the income of households and their access to quality food or their access to health care will have either positive or negative nutritional outcomes.

I'm a nutritionist so I can criticize my own fellow nutritionist, but often we forget about that. We're so focused on the, you know, on the breastfeeding, the complementary feeding. Those are important, too, but somebody has to be looking after that big picture. And I'm not going to say anything more on that today but that is so critical for the long term.

I want to look at the nuts and the bolts of the program environment. And I'm basing my observations and some rules of thumbs based on some -- what I've seen some successful programming, USAID-funded programs in Madagascar and Ethiopia, which did show some effectiveness in delivering these sorts of integrated packages of the Lancet validated actions at high scale.

And I'm going to summarize from my position what I think are really the critical factors. The first is recognizing the role of the government. Strengthening the government so they're not subject to the whims and the flavor of the day of the donor community. And this is something that we've

suffered from for years and years. We have to build a capacity within the government.

We have to -- the second point -- build to the extent possible on what already exists. There's a lot out there that can be improved. It's not to say we shouldn't have more investment in nutrition. Certainly, we need more investment and I think there's a large bank document that actually quantifies that. But there's a lot more we can squeeze out of the programs that are already out there. We need to refocus and refine. We need to retool. We need to improve their quality.

Third point, nutrition actions in the past pre-Lancet were a bit fuzzy. No one really knew what to do and we were all running in a million different directions. We now have a sense from the literature that it's very important to have very specific life cycle based support. What support at what stage in time to what individual? So you have the critical antenatal period, the delivery period, the first six months and thereafter. So very specifically, what specific support delivered to what individual at what point in time?

Fourth point. We use multiple program opportunities. We're opportunistic. And this relates to building on what already exists. And we're opportunistic in looking at programs that reach women and children in those periods of their life where they need that support. We need to become subversive. We need to infiltrate other programs, not just stick to our nutrition programs and growth monitoring and promotion or whatever. We

need to get out there into the other health programs and infiltrate safe motherhood programs, neonatal programs, HIV-AIDS programs. This is not to say there isn't nutrition in these programs right now but across the board, no, there is not. We need to infiltrate tuberculosis programs, neglected tropical disease programs. And make sure that there are some -- we don't want to overrun them or overburden them, but there are key contact points they have with the target group we're after. Remember, we want universal coverage. So we can use these programs to get that support out.

Outside the health sector, huge opportunities we've not tapped into. Agricultural programs, especially now Feed the Future and many other initiatives, especially those programs that target women. Income generation programs. Community development programs. Water and sanitation programs. We need to infiltrate these programs with sensible nutrition support that's relevant.

So basically, the bottom line is radically, radically reduced the huge missed opportunities that we have now in the health sector and outside the health sector. HKI did some research a few years ago on three countries in Africa. And I'm going to quote a few statistics. During antenatal contacts in Niger and Burkina, only 38 percent and 14 percent of women observed received any counseling on eat more food. Huge missed opportunity of existing programs now. Imagine if we reduced that -- the missed opportunity and we're providing the adequate nutrition support. In Niger, while all kids were weighed, only 64 percent of kids at the well baby

clinic had any counseling on nutrition infant feeding practices.

So how do we reach scale? Universal scale? Because we can't afford to have these missed opportunities anymore, we really need partners, partners, partners, and more partners. The 100 logos Meera showed, those are the logos at this level. At the country level there are 100,000 more partners available. We need to rally people around, not in a way that it's chaotic. We need to focus attention on what key actions need to be done. We need to agree on those actions so we're all singing the same nutrition song to the same tune, getting people around the table, getting people to trust each other. The NGO community has a huge amount to play in this regard, along with multilateral and bilaterally private sector and all those other partners I mentioned at the beginning.

In Ethiopia, more than 60 partners were sitting around the table on this successful project. In Madagascar, over 50 partners were sitting around the table. We did a survey in the Sahel, over 70 partners exist in Niger who can be tapped into to streamline and infiltrate with this nutrition support. Burkina, over 30 partners were identified.

So moving along, the sixth point, Meera also mentioned capacity building. Capacity building from two dimensions — in-service capacity building. So if people are delivering the right message to the right person at the right point in time and know the counseling and negotiation skills, those are important as well. But we need to invest in pre-service training of the health service providers of tomorrow. It's not a sexy thing to

invest in, but it's a fundamentally important thing. And we've lost time already. We need to be investing now in the health service providers and the community workers so they know what to do when they're graduated.

My last point is quality assurance. We don't want to be doing a half-baked job. We need to be delivering critical life nutrition support to these women and to these infants and their young children. We owe them this much. So that means a lot more in terms of program management and supervision and thinking about what we're doing before we're doing it. And I think there's a lot of room for improvement in that regard.

So I'm going to end before somebody holds up a sign and says my time is up, but I think you will have gathered my messages. Feet on the ground. What happens at the country level. It's all about the how and the challenges. And then we flip it because we work for Helen Keller International. What are the opportunities we have to really reach scale -- universal scale? Maximizing our current programs, both inside and outside health for nutrition returns. Missing the existing -- reducing the existing missed opportunities. But more than anything, the partnerships to harmonize what we're doing and literally going shoulder to shoulder in harmony at the country level to make a difference. Thank you.

(Applause.)

MR. DESAI: Thank you to all the presenters. Before we open up for questions from the audience I wanted to take an opportunity of the different representation of stakeholders that is up here, which is we have the

multilaterals, the bilateral, and international NGOs that are working on the frontline to ask all of you the following question, which is that one of the principles of aid effectiveness from the Paris Declaration and from elsewhere is obviously to reduce fragmentation or to improve donor coordination. Now, of course, that is heavily focused on official donors, but obviously in this work in global nutrition programs, private -- the nonprofit international NGO sectors strongly represented.

So my question is what is needed from your -- the groups that you represent or other stakeholders, individually or as a whole, to ensure that this effort to expand the scale and scope of global nutritional programs, particularly those that are targeted at children and mothers, are ultimately sustainable, successful, and so on?

MS. QUINN: Well, I'll jump right in with both feet. This is--you could ask a lot of different questions, and I think what I'd like to ask of Meera and of Bruce because Meera is representing a multilateral Bretton Woods institution and Bruce, definitely a bilateral, is from your perspective how can we get from your institutions the agriculture group and the health group to communicate more effectively at all levels down the system, from the headquarters right down to the missions in the countries, in terms of not letting nutrition fall through the crack because that's something I think a number of us, and possibly yourselves, are concerned about. So I'd love to hear your thoughts on that.

MS. SHEKAR: Okay, me first. I think, Raj and Vicki, you put your

finger on the key issue over here--taking this agenda forward. Let me first address a question that Raj, you brought up and then address Vicki's question.

Taking this agenda forward, we could all continue to do business as we did it 10, 15 years ago, each doing our own thing, but I think the lessons we've learned from aid effectiveness, Paris and Accra, is that if we harmonize the results are much better, the transactions costs at the country level are much better.

I lived and worked in Tanzania for many years. It was amazing that the ministry of health composed of essentially six strong professionals at the senior level were managing--hold your breath--2,400 donor projects. How can they do that? How can even Superman or Superwoman really do that?

I think harmonization, making sure that we take these things together, collectively, is really the only way to make aid more effective and get more results for what we invest at the country level, and this whole SUN initiative is really focusing on that. That's why it was so important to have the 100 partners signed onto the same song sheet, so that we would then start to move in that direction.

As Victoria said, then the important thing is this is okay at the international level, but what happens at the country level is critical as well. And there again several people have said, you know, let's build on what exists at the country level. Let's not fly in consultants from high-flying

consulting agencies to go into the countries and tell them what to do.

That's not Paris or Accra.

Countries already have some mechanisms. Let's strengthen those mechanisms. Let's strengthen their capacities to build. As you know I feel--to lead.

I feel very passionately about this, and I could go on for hours together just on that particular issue.

In terms of, Victoria, your question of agriculture and health, how do we really make those two initiatives, investments work towards nutrition improvements, I think that's probably one of the hardest questions that the development community, not just the nutrition community, but the larger development community needs to address. The bilaterals who are investing in these things, who are on the steering committees in these initiatives, need to make their voices heard on that. Countries are certainly making their voices heard more and more, but they need to be empowered more and more to be able to make their voices heard.

There should be no safety nets program that doesn't look at it, look at the design of those programs without a nutrition lens. There should not be an agricultural program that actually does sometimes harm to nutrition outcomes. I think making sure that we all collectively try and design these programs a little more intelligently and a little bit more carefully, I think that's the only way.

Today, the real focus in the donor community is on results. We will

get those results if we design these programs more carefully and put results right up front and draw a results chain. We will then get to those.

Thank you.

MR. DESAI: Do you want to add something to this issue of coordination?

DR. SHEPHERD: Well, I'm a relative newcomer to this whole system. And truthfully, when I look at it, I say what it is that we can learn from the past that would allow us to avoid repeating the mistakes?

I mean truthfully anything that we've said today is not news. You know, quality of diets, et cetera. The whole problem is how you actually make it happen, the implementation science that you mentioned. And so what do you--I mean can you point to concrete examples of things that have gone terribly wrong or terribly right in the past that we could use as examples for the next 10 years?

MR. DESAI: Bruce?

MR. COGILL: There are several questions here. I think just in terms of your question, and also Victoria's, that the language that's used by the Secretary of State when she spoke in New York at the launch of the 1,000 Days Initiative and the Scaling Up Nutrition is important because it speaks to accountabilities on the part of government officials. Those words, which were carefully crafted and vetted throughout the State Department and USAID, were such that I think we've been given the challenge, as indeed they have stated it, as nutrition as a clear important

call for us. And it's up to all of us to ensure that there are systems in place to be able to make those words meaningful.

And we have the declarations. We have the Akila pledges on funds. So that's a chance now to actually move beyond that.

I think the challenge, as always with these things, is the agendas that we're seeing. This--the agendas, many have multiple parts of the U.S. government. For example, our apparatus has not just one spokesperson; there are many. There are obviously international agendas, and, as many of you have mentioned, what the countries are doing. I saw examples where the First Ladies of Sub-Saharan Africa have come together and called for action around nutrition. Grassa Michele, as a member of the leaders group, is also committed to nutrition and gender parity, gender equity. So these are the kinds of people and the kinds of statements that are compelling, that bring in a constituency beyond what donors are saying or any particular government.

And when Victoria asked the question about agriculture and nutrition, the really compelling element of Feed the Future and Global Health Initiative is that both have a clear objective of reducing under-nutrition by 30 percent. That measurement, that outcome and the steps needed to achieve that are the way to hold us accountable for those results, and of course resources need to flow to be able to achieve that.

And just one last point, this discussion is around food assistance in the context of malnutrition. It used to be talked about in terms of the

context of food aid. That transition, which has been more widespread at the World Food Programme, from food aid to food assistance has been a slow, but important, step towards recognizing it's not about transferring commodities; it's about addressing problems of food insecurity and hunger.

I think that's those words, those measurements, those problems' descriptions, which many of you have contributed to, are really what can be something that as technicians we can help improve, contribute to, but also to hold the political processes accountable for achieving results which they are now embracing.

MR. DESAI: Thank you. I wanted to call on--before we open it, I would like to call on Joan Lombardi who is with the Department of Health and Human Services, who has actually been charged with some interagency coordination on these efforts within the administration. Perhaps you can comment on how those efforts are proceeding.

MS. LOMBARDI: Well, thank you very much. I'm really honored to be here, to be here listening and learning. My work is primarily focused on interagency work across early childhood domestically, but I think there are some lessons that we've learned about this interagency work on behalf of young children that really have been reflected in many of the comments today:

First of all, that the needs of children, particularly young children are comprehensive. So you've got to be intentional in your efforts to bring the

agencies together. I don't think it happens naturally. So some form of intentionality, some requirements that people have to coordinate across departments, across ministries, we've learned that to be an essential element.

Secondly, you can't underscore the importance of starting early. Many of you talked about a life course approach, but we also know that that window of opportunity, particularly around this issue, in the early years is critical. So making sure that we focus on that particular window I think has been underscored here.

And finally, and probably the most important I think, is this notion of building on other opportunities. I thought your examples were quite telling of all the ways that you can integrate this issue. And I find that also domestically, that if you're really concerned about child development you've got to look at every opportunity to make that point, and there are many that we often miss if we're not intentional about it.

So I really am appreciative to be here to listen and learn.

MR. DESAI: All right, the floor is open. I should point out that we are being recorded. So please take the microphone, state your name, your affiliation and to who on this panel, individually or collectively, you're addressing your question.

So back over here, yes, you. Can you give the lady up front, and then we'll move back? Thank you.

QUESTIONER: A quick look around suggests that I am certifiably

the oldest person in the room. I've been around a long time.

We've talked about policy, programs, on the ground. Can I take it down a notch and talk about a couple of related issues?

Bruce, you may remember this. We did a synthesis of income-generating projects and three levels of hypotheses:

If you participated in an income-generating project, does this mean more income? Basically, yes, to simplify.

Does that lead to a higher caloric adequacy at the household level? Yes, at the general level.

Does that lead to improved nutritional status for the nutritionally vulnerable members of the household? No, no, not often.

Why? Because who gets that additional caloric adequacy? The men, the elders, the kid with the longest arm. Okay.

Similarly, I recently spent a few months in Sierra Leone for UNICEF, and they wanted me to do this national qualitative study on nutrition of mothers and children, so that they could design better messages. It didn't take long for me to persuade them that messages were only the beginning.

Why, way back in the family planning part of my career, did we discover that knowledge doesn't necessarily lead to appropriate attitudes nor do both of those combined necessarily lead to appropriate practice?

What are the barriers that keep us from doing what we know is why don't I eat my green vegetables? Because I'm a lousy cook.

Why am I a lousy cook? Because my mother was English. I'll blame it on her. (Laughter.)

But seriously, why? I'm a mother. I know I'm supposed to give the colostrum to my baby. Why don't I? Not just because nutrition is very strong, but because my mother-in-law won't let me, or my husband won't let me, and so on and so forth--naming these barriers to what happens to all these good intentions all along the line, that knowledge, attitude and practice is not an inevitable passageway.

So, all of you, my name is Eveline Moore and I'm an independent consultant.

MR. DESAI: Thank you. To a few rows behind, there was a lady with a question. We'll collect a few and then--

QUESTIONER: I'm Jessica Holsen. I'm with Save the Children.

And my comment is directed to Dr. Shepherd, and I'm wondering if when you're looking at these children in the hunger gap countries--and it's easy to target the six months and up with the RUTF--if there's been any exploration of using those same products to supplement moms of the zero to six-month group, so that you're indirectly getting at boosting their nutrition as well.

MR. DESAI: The gentleman a few rows in front I think had a question, yes.

QUESTIONER: My name is Phil Thomas. I'm with the U.S. Government Accountability Office.

We did a major review in 2007 on U.S. food aid programs and concluded that there are serious food aid quality questions that need to be addressed in the U.S. government, under Food for Progress, Title 2 food aid as well, and there have been two studies generated as a result of that. So we're into the third year. One was SUSTAIN; the other is Tufts. There essentially has been no reform in quality or nutritional issues in U.S. food aid.

And this speaks to the issue of political will. You know the current administration appears to be committed to this. There are funding resources. But is the Congress committed to this? And can it be sustained, or are we just seeing a mirage that will rapidly dissipate as we face the fiscal realities of the budget crisis? That includes the U.S. budget crisis and the OECD countries.

MR. DESAI: Shall we take one more question? Then we'll turn back to the panel.

QUESTIONER: Yes. I'm Rolf Klemm with Johns Hopkins University.

While I tend to agree somewhat with we think we know what need to do, if one begins to look, for example, at complementary feeding and the ENAs, and if you look at the Lancet article, at best under trial conditions, at best one is able to improve growth by about a quarter of a standard deviation. Most kids at 2 years of age are around -2 standard deviations. So one of the concerns I have is I don't think we fully know

how to completely promote healthy growth, and that is getting kids to grow at a median of a healthy standard.

And I think there still is more that we need to learn. I think there's a whole area of tropical enteropathies and its impact on gut function and absorption, which we may not know.

And I think while it's simple to do things universal--and I come from a public health background--and universal sort of approaches work well, I think in nutrition one of the reasons we do things universally, it's because it costs a lot. We don't assess very well. Particularly with respect to micronutrients, we don't have very good assessment methodologies. They're costly. They're invasive.

And I think investment needs to be made in these kinds of advances if we are really going to be able to more effectively assess and determine, for example, when universal interventions don't need to be universal but in fact need to be regional or targeted because not all children are deficient in a particular micronutrient, in fact in some cases. We've seen in the case, for example, with iron in a malaria-endemic area, that it poses some potential adverse risks.

MR. DESAI: Do you want to start?

DR. SHEPHERD: Yes, I would. I'll start, Rolf, with your comment and then, Jessica, go to yours, and then maybe I'll hand over.

To your point, I certainly would agree that while the principles of quality of diet may be universal, exactly how you deliver the right food to

the right person may be variable.

What I would make a case for is, instead of looking at foods as a composition of nutrients, looking at diets and trying to do recognize that we are trying to provide complete foods and that the balance of nutrients in a food is essential and that we are not going to--that nutrition programs are far more than just one micronutrient after another. And I think that's absolutely key.

One of the things that ready-to-use foods in their various forms have shown us, it's giving everything that we know to be in a good food and being humble about it, understanding that of course the ideal is people eating whole food, varied diets. But in this crowded world I think that it's unlikely that we're going to be able to deliver whole food diets to seven billion people. So we do have to be willing to try to make the right kinds of foods.

Jessica, to your point about intervening earlier, obviously, yes. I mean this goes to the life cycle interventions which the importance of, at a very minimum, iron and again a range of nutrients for pregnant women. I do know a study out of Burkina Faso that has looked at fortified food supplements to women who are underweight and having a positive impact on the birth weight and the birth length of their children.

I certainly take your point that the zero to six-month age group is a bit of a black box for us right now because we certainly advocate and promote breastfeeding, and all of the interventions for children who are

failing to grow in that first six months tend to focus on how to improve breastfeeding, but we don't know a lot about how malnourished women, or how the breast milk of malnourished women is actually affected and what sorts of things we need to do to make sure that breastfeeding is providing kids everything they need.

And of course you probably could make the case in regions where malnutrition is so prevalent that there is actually an argument for starting to supplement women or children earlier, rather than waiting until they get to be six months of age, at least in terms of nutrients like iron and zinc.

So the MSF has--initially when we got into this, we were focused very much on the food itself. But in fact what we're trying to do is take the principles of complete nutrition as best as we understand it, balanced nutrition, and deliver it in appropriate amounts at the right time, without being hammering on one single kind of food, but just the principles that are embodied in these foods.

MR. COGILL: The question has, I think, some excellent points raised about the political realities around which food aid exists, and it's not by chance that the situation that Susan has described in Niger, that we're programming foods in an environment where it's not always the best option.

Fortunately, even though these reviews--you mentioned the General Accounting Office review--plus this one ongoing with Tufts, the recommendations there will be yet another arrow in our quiver, just as the

public discussion around effectiveness of food aid goes on. The research from groups like Michigan State University have clearly shown the disincentive effects of food aid in a non-emergency situation. So it's not about even evidence in that case; it's the political reality of food aid programming or food aid resources in the United States.

But that hasn't stopped the Congress as well as groups like the PEPFAR funding, the child survival funding, to support research, support policy changes in other agencies, the better programming of those resources such as Title 2 Maternal and Child Health programs. The World Food Programme, which has more of its resources increasingly coming as cash, is working with USAID on improving the commodity mix and the programming options in emergency and non-emergency situations.

So it's slow, and, as you identified the fiscal challenges facing this country and elsewhere, it remains to be seen how much these technical tweaks can actually change things, but there has been change over the last 10 or so years. It's slow.

I think absolutely in terms of the point you raise about the fact that we don't always know completely what works. A lot of the choices we have, they're not clear in terms of priorities among those choices. So there is still an ongoing, although not as much as we would like, an ongoing research, implementation research and delivery science agenda that is getting increasing attention. Whether it's PEPFAR or the Global Health Initiative or Feed the Future, they all chances for investments in

those.

And finally, Emily, your point about, as I mentioned earlier on, investments in other things in simply the income, economic growth, is something that's a message and lesson that we need to continually revisit. And prevention of malnutrition is also about behavior change, and with the Global Health Initiative we're putting that, those elements in there, so that the guidance that goes out to the countries where these programs are negotiated will reflect that. It's just there's a lot of people seeking different elements within this broader initiative that are competing for some of these scarce resources, which is money but also people's time.

MS. QUINN: Yes, Bruce actually covered a couple of the points I wanted to make. But just to reiterate, I think the idea of investing more in the delivery science, to deliver what, the how, and this is--I hope that there is increasing investment in this direction because there's a very good paper by Jeff Larra which really shows that overwhelming investment goes into discovery science, by maybe 100 magnitude. I have a very poor short-term memory now, so I can't give you the exact figures, but with very, very little investment in the past in delivery science, and that's really critical to learn about effectiveness.

I wanted to come back also to something that Rolf mentioned, which is something that's not discussed enough, and that's the really difficult problem we have for complementary feeding at the age of six months, when everything just goes wrong somehow with child nutrition, and the

complexity of that complementary feeding behavior, let alone the right sort of foods to give the child, but the way in which those foods are given and the hygiene and all those other dimensions that go in there. Until we actually get that right, it's going to be, I think, very hard to see the growth returns that we're really looking for.

And just to end on the note, I think Emily brought it up, which was food plus health plus care equals good nutrition. It's not food alone or not health alone or not care alone, but having those three together, in one form or another within a programming context, will maximize the opportunity for impact. Without them, the opportunity for impact is really much more fragile.

MR. DESAI: Meera, you have something to add?

MS. SHEKAR: Yes, just two very quick points. First on the knowledge issue that was raised earlier, I think everybody agrees with the comment that you made. But do we use that rationale to say we should not be educating people about tobacco? No. We say the knowledge is necessary but not sufficient, not always sufficient. And clearly, who do we get the knowledge to is very important as well, as you said. So clearly, I think the communication world has moved in that direction.

But I also want to address the issue that Rolf raised around we know what to do. I don't think anybody in the world is saying we know everything we need to know and we should just move ahead. I think what we are saying is a much more nuanced message: We know enough to

move ahead. We know enough to scale up.

As we focus on, as many of the donors today are starting to focus on, results-based financing, it means that future development dollars are going to be based on results. If they're based on results, they have to be based on better and better evidence, and that work needs to continue, but also on good monitoring and evaluation, so that we know whether we got the result based on what we invested. Thanks.

MR. DESAI: Round two. Please raise your hand.

QUESTIONER: Hi. I'm Ashley Aukison. I'm with PATH, the IYCN project.

And it's a little bit related to Emily's question. I'm very happy to hear a lot of different people focusing on what happens on the countries, engaging stakeholders in the countries, because I think that part of the reason why nutrition efforts have not stunting over the last 40 years is because of addressing power inequities, and that gets a little bit at what Emily is talking about. If you don't address power inequities within communities, people can't access the services or they can't act on the things they know they need to be doing.

So my question would be how can NGOs effectively engage stakeholders at different levels in the countries, in governments or private sector or in-country NGOs, to help address some of those power inequities?

And I think along similar lines it's easier to feed seven billion people

if people in developed countries reexamine their diets too. So it's all about power and having a discussion around power as well. Thank you.

QUESTIONER: David Shanklin with Job Fund International.

I guess what I want to--I appreciate Meera's optimism that you just expressed. On the other hand, I support what I was hearing from our Johns Hopkins colleague and Victoria, that things really seem to unravel quite quickly at six to twelve months, and into the second and even third year, and we're still trying to understand that. So I want to say that I think as a community, I think we're still working at a level of magical thinking in some ways.

I just worked on a USAID Feed the Future RFA, and I'll just say that the conversations in our team between agricultural folks and nutritionists and health, about how we invest in I'm going to say relatively expensive inputs for agriculture. I mean when you start talking about irrigation, capacity building of tens of thousands, if not hundreds of thousands, of people, and then you're looking for epidemiological outcomes in women and small children who do not necessarily benefit immediately or directly from that same activity, there's a disconnect. There's a logical disconnect, and when you're on a proposal team you end up fighting over those resources, and fighting over the theory and the practice of how you try to do that.

So I'm afraid we're at that stage right now where everyone is at the table, but we're not really quite speaking to each other.

QUESTIONER: Yes, so that one of the challenges I felt we faced at the World Bank was that the education to the families, to the communities and even to the people in government was just inadequate. So one example, when we went to Vietnam and I met with the woman who was in charge of nutrition, she had like a 50-year program. Now we'll hit 5 percent this year, 10 percent in 5 years.

I said, you're going to lose three generations for something in a country like Vietnam, where they basically could have had enough food, but they did not have the knowledge. Not only the communities didn't have the knowledge, but the people in charge didn't have the knowledge, and that.

So as much as the nutrition is a challenge, there's somewhere, and it was rather shocking to me that education knowledge that could help a lot of people get adequate nutrition if they had the know-how of what was needed, and that's true in developed and developing world.

MR. DESAI: We'll take one more, back there in the middle.

QUESTIONER: My name is John Scicchitano. I'm the USAID Program Manager for FEWS NET, which, some of you may be aware of, plays a role in defining food security crises and needs.

My question, I want to go back to the Sahel and to Niger and ask a question of is there--how can we better define crises and their appeals?

It seems to me that we've done a very poor job of defining needs, and this of course informs USAID and other donor responses. In the case

of Niger, it seems that in 2005, and perhaps again in 2010, the crisis was defined as a famine, not by FEWS NET but in general the community, or a food security crisis that actually resulted in, according to WFP's appeal, the feeding of approximately 8 million people, most of which were adults, as opposed to honing in on the crises that involves children under 5 and their needs.

So how can we do a better job, so that we don't waste these precious resources in feeding people perhaps that aren't at risk of death or consequences and can hone in on the children under 5 that are at greatest need? It's a case that arose in the Sahel, but perhaps is much more common than that.

MR. DESAI: Why don't we start from this side of the panel this time?

MS. SHEKAR: Thank you. I'll answer several questions in one example.

Let me give you an example from India, data from India, and help me understand what's happened there. If you look at underweight rates for India in the lowest income quartile, the poorest 20 percent of children in India, roughly 65 percent of these children are underweight, shocking numbers.

Help me answer this other question. Look at the top 20 percent of Indian children. That includes myself. Twenty-five percent are underweight. Sixty-four percent are anemic. Is this about just having

access to money and resources and food alone, or is there a knowledge issue over here, and who gets the knowledge and how it's used?

Is there an equity issue here that we need to address? Absolutely.

So I don't want to push that any further. I think my example gives you the answers that we're looking for.

In terms of my optimism, I'm the eternal optimist. If you work in development, I think you have to be an optimist. (Laughter.) Otherwise, we can't take this forward.

I think we are again continuing to say--I want to nuance the message again very clear--we know enough to move ahead on many issues. We're talking about scaling up what we know.

And let's work together, as you said, where we don't know enough. We need to develop the evidence base. Agriculture and health, working on the nexus of those, you're absolutely right. We do not know enough about that.

Like I said at the beginning, we at the World Bank, along with several other partners, are starting a new what we call at the bank analytic work on exactly that. What are the intersections of agriculture and health, where's the evidence and what are the three things that can be done-- because in the Bank we've sold it to our regional teams, that the agricultural team or the water team should be doing something about nutrition. Well, they come back to us and tell us, okay, what are the three things you would want to do?

And we want to be able to base it on evidence and costs and all of those things, and we don't have the answers yet.

So, absolutely with you. Thank you.

MS. QUINN: I believe there was a question asked, what can CSOs do in terms of power equity in countries? I was wondering why the World Bank or USAID wasn't also included in asking that question.

I'm not so sure how well versed I would be to answer that, but I could certainly say within HKI's own program agenda and the work that we do with homestead food production, where we actually do bring together the agriculture and the nutrition behavior change, that has a very strong gender element in that program, and that is one element of power in terms of gender inequity. It's not always an easy issue to address effectively, especially in certain countries. In other countries, it's not as great an issue.

But related to that question and related, I think, to Ms. Wolfensohn's questions regarding education at all levels, there's a lot to be said for the power of the voice of the NGO community for advocacy. There are ways to, one voice alone or gee, we have 70 voices in Niger or in these other countries together can help advocate for certain issue.

But certainly if you look at education at different levels, it's almost like behavior change at each level, and different tools would be needed, depending on what the message it. Maybe the minister of finance, you want to convince him that lost productivity due to anemia and stunting,

due to malnutrition. So that would be a different way of packaging the information versus sitting with the mother-in-law of a mother with a malnourished child in a hut somewhere. So certainly there's a behavior change at all levels, but it's very hard to speak in specifics, but broadly speaking.

MR. COGILL: If I can give an example, just recently one of the directors in the office where I work referred to the child survival data recently which show that half the deaths are attributable to girls' education, and he said we should be looking at girls' education. Now I sit in a health bureau, and nutrition is where it exists. We've heard enough about other sectors and opportunities in going after this, which we definitely do, the Feed the Future being an example of that. But for us to go after girls' education in a nutrition program is not really speaking to our strengths in terms of the types of activities and programs we do.

And the reality is an educated girl turning up at a lousy health center, where services are not there or poorly designed, is not going to benefit her very much in the short term.

And we don't have three generations available to us which education was in our, in the U.S. and the West, was able to be able to be able to effect the change in behaviors.

So we have to be highly targeted, and that's the 1,000-day window. That's not saying adolescent girls aren't an important of changing behaviors, but it's about prioritization. The model has been PEPFAR

which was under various administrations, but under President Bush it was highly focused as a result-driven agenda, very much about going after treatment, with some prevention and care. That's been the model that we've seen a success to focus multiple agencies, multiple sectors on a series of specific objectives.

So issues around equity and what that represents, addressing inequity, certainly is understood. Is it in our manageable interest as nutritionists? And if you're looking at food aid, you can certainly make sure that food aid minimizes inequities in the way it's distributed, to whom it's targeted. But in and of itself, it's not going to address a lot of structural things that go on in situations that exist.

So my point simply is that we work from a technical point of view in a political environment where there are opportunities afforded by a focus around hunger and nutrition. We certainly go after those with the best tools. But the question on how you determine the problem, that's certainly where we need help, and we need to do more work on. That's partly research. That's partly operational research as well.

But all those things are part of what we have in the nutrition agenda, which is a policy, a knowledge management and capacity-building focus. So those three foci I are key in the way we move forward with the resources we have available to us, not just within USAID, but among the universities, the NGOs and the private sector.

DR. SHEPHERD: All right. Boy, there were a couple of points that I

wanted to make for both, starting with Ashley.

As we build more farther reaching and more effective nutrition programs, these work essentially through women in villages and communities. I certainly see them as a way we are--I mean basically what was the CMAM, the Community-based Management of Acute Malnutrition revolution, in a sense is empowering women to care for their children at home, and they are, and the mothers do this.

I mean they come. They come once a week. They come once every two weeks. Their child is checked, and they receive a food ration. They go home, and they're the ones that supervise the nutritional recovery of their child.

This is being now expanded to other forms of nutritional programming or earlier forms of nutrition programming, and again it follows that it's delivered through women in villages, going around once a month, screening kids, giving out coupons, sending them to a central delivery point. So I think that we need to--we're so focused on women, that we also have to remember that we've got to talk to the dads and to the village chiefs, et cetera, at the same time, so that we don't completely shoot ourselves in the foot and we maintain some sort of balance there.

So I think that we are--that by improving, trying to directly address children's health and growth, that you are in essence empowering their mothers.

To John and David, boy, I could not agree more--I mean the point

that you raised is key because from the perspective of nutrition programmer I would say there is no greater disconnect than between the food security people who are going to tell you that this region is flashing red and it's basically because they're generally based on weather patterns and production. But nobody ever takes into account that grain production only very indirectly translates into the right kinds of foods in the mouths of pregnant women and kids, which is why there is--I agree, you'll be waiting a long time for irrigation and fertilizer to translate into less stunting.

And so what has to happen is organizations like FEWS NET I think need to take an example from Burkina Faso where the annual whatever they call it, food and security assessment, actually incorporates nutrition screening into its assessment, so that we're starting to, right on the ground, cross the data of production and rainfall with nutrition indicators.

I mean this year in Niger was once again a perfect example where everybody was using the production data and saying well, we've got to put all, we've got to put the food here and there. And then somebody did a nutrition survey, and said oh, my God, the area that we thought was better off actually has more malnourished children, and we had to reorganize everything. That's how you get last minute, emergency, chaotic programming, and the food arriving. Yeah, all of these foods arriving three months too late.

MR. DESAI: Thank you very much.

I want to thank our guests: Meera, Bruce, Susan, Victoria. Thanks

to the organizers at the Brookings Institution, at the Wolfensohn Center.

Thanks to Elaine Wolfensohn, Joan Lombardi.

Thanks to all of you for coming. Thanks to our organizers, Sara and Reem and Doctors Without Borders. Thank you very much. (Applause.)

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