

# PumpHandle Presentation

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September 8th 2010  
*Revised*

# PumpHandle Presentation: September 2010

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## Theme:

**Maximum impact on many-faceted challenges in a pluri-polar world through the efforts of numerous actors within organizations that report to a number of stakeholders**

## CHALLENGES FOR TODAY

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### **Enabling societies to be:**

- **Ready for and responsive to Influenza Pandemics**
- **Less likely to experience Food Insecurity**
- **Benefiting from better nutrition in early childhood**

## GETTING THERE:

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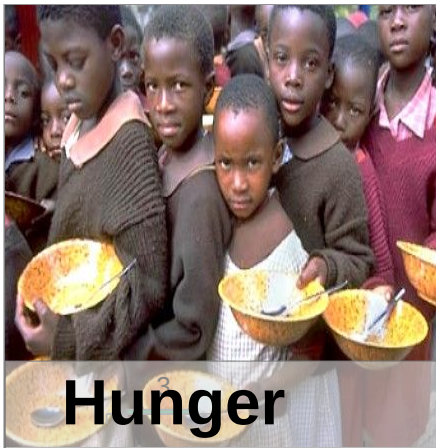
- **Sapience: Wise and informed Judgment**
- **Synergy: Seeking a whole that is better than the Sum of Parts**
- **Solidarité: Consistently committed to Equity**
- **Success: Tracking Progress to Desired (and Defined) Outcomes**

# A jointly committed goal: Eradicate extreme hunger and poverty

## Millenium Development Goal 1 (2015 versus 1990)

### Target 1a: Halve proportion of people with income of <\$1 per day

- Halve proportion of population with income below \$1 (PPP) per day
- Halve poverty gap ratio<sup>1</sup>
- Increase share of poorest quintile in national consumption



### Target 1c: Halve proportion of people who suffer from hunger

- Halve proportion of underweight children <5 years
- Halve proportion of population below minimum level of dietary energy consumption

1. The poverty gap ratio indicates the average shortfall in incomes of people living below the poverty line, i.e. what percentage their actual income is below \$1.25 per day  
Source: UNDP

# With business-as-usual, we will fail to reach MDG one



**Annual reduction by 73m required to meet MDG 1c**

Note: The orange dashed line is a linear extrapolation of the trend in the number of hungry people between 1990 and 2009. The grey dashed line shows the trend in the number of hungry that would be required to reach the Millennium Development Goal of halving the proportion of hungry people  
Source: FAO 2009

# Persisting poverty and hunger can be traced back to four elements of food and nutrition security

## Four elements of food and nutrition security

*e.g. low productivity  
due to lack of  
agricultural know how*

### AVAILABILITY

Small-holder  
Production  
systems and food  
markets

### ACCESS

Physical access  
and purchasing  
power

*inability to obtain  
adequate food due  
to too low income  
and lack of safety  
nets*

*e.g. price increases  
due to food price  
crisis or seasonal  
weather shocks*

Reduced volatility  
over seasons and  
years

### STABILITY

Consumption and  
Utilization of  
adequate  
nutrients

*e.g. insufficient  
dietary knowledge,  
e.g. on importance  
of exclusive  
breastfeeding*

### UTILIZATION

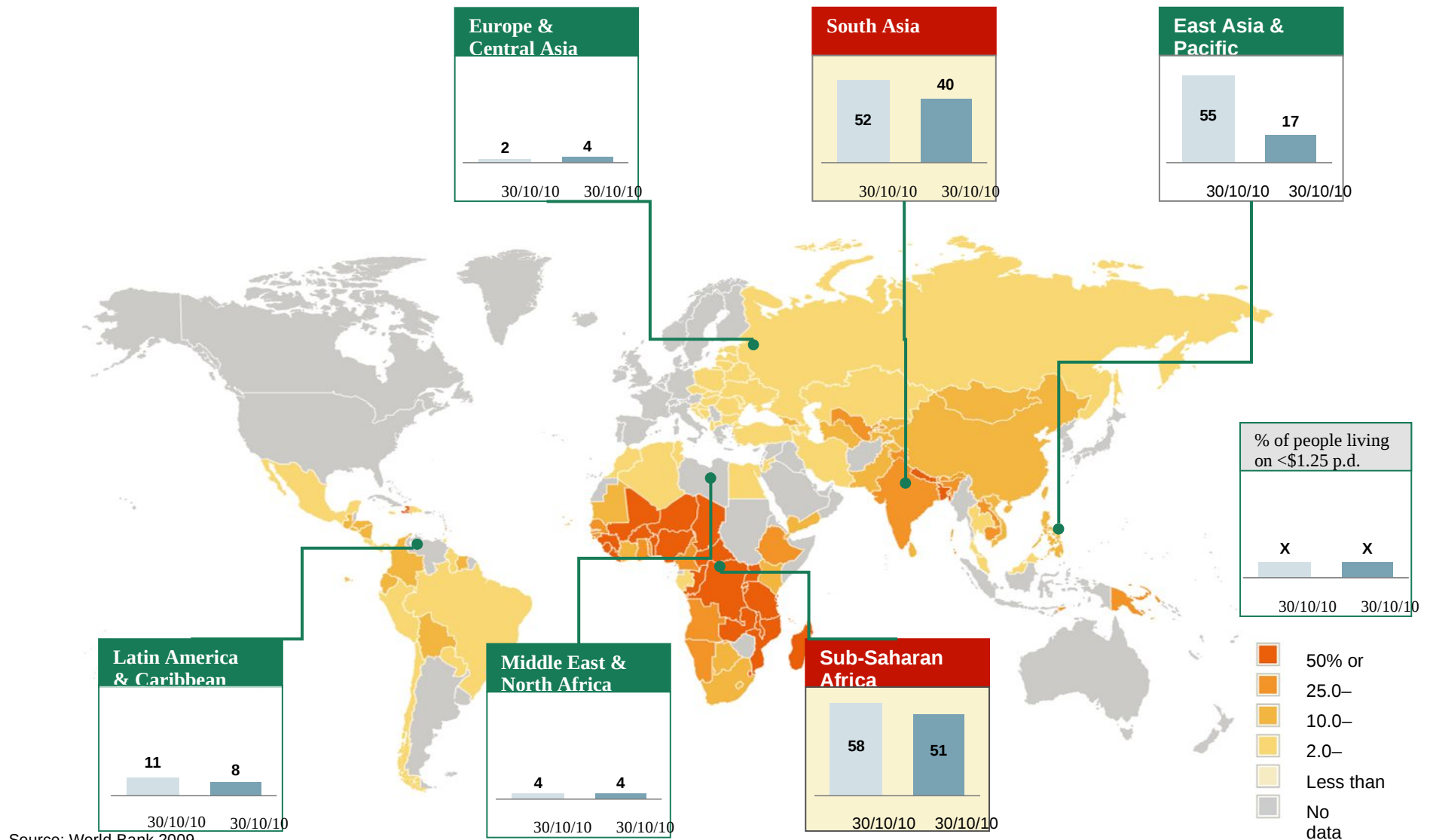


**Food production**



**Nutrient consumption**

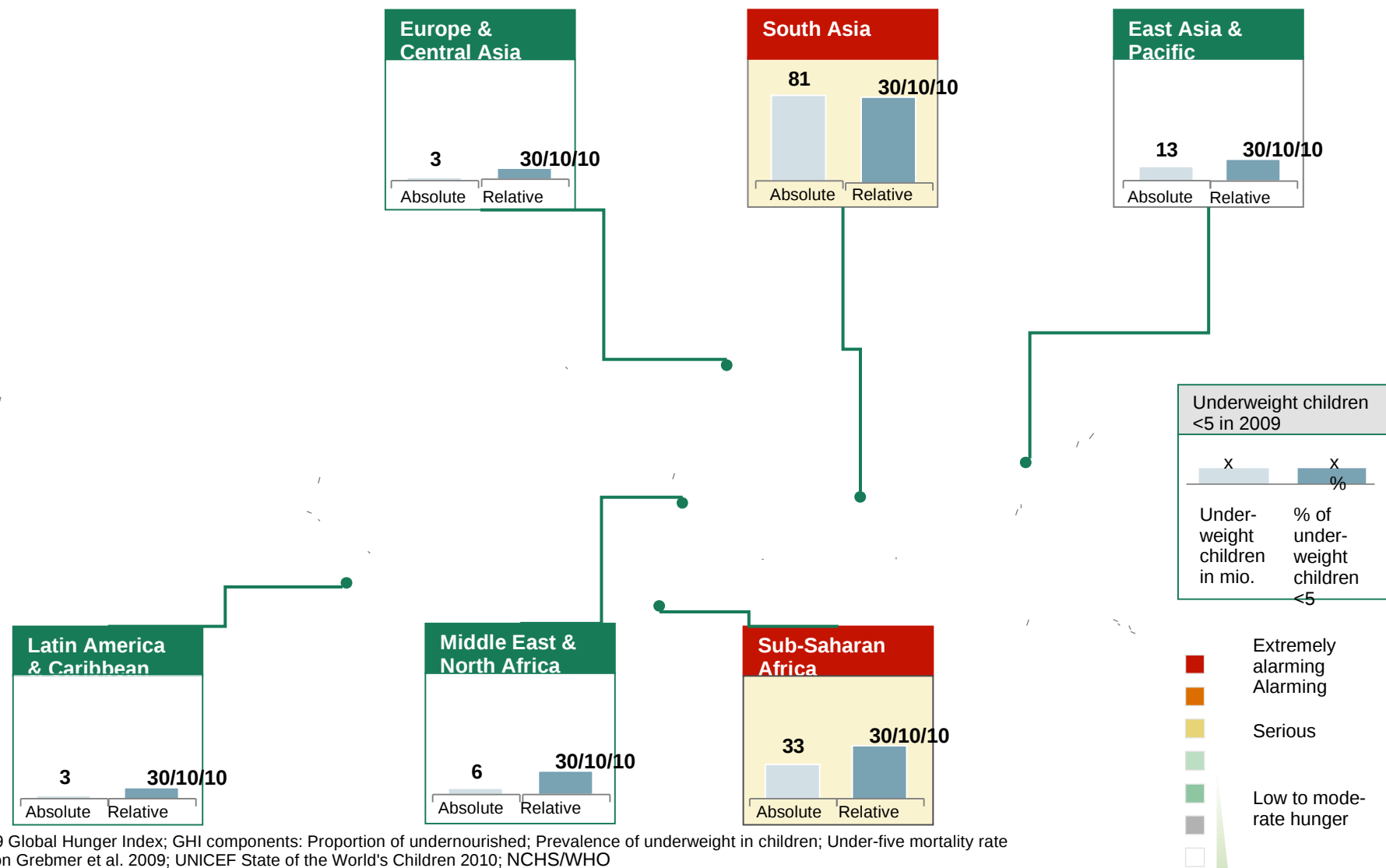
# Poverty: Little progress in Sub-Saharan Africa, greatest numbers in South Asia



Source: World Bank 2009



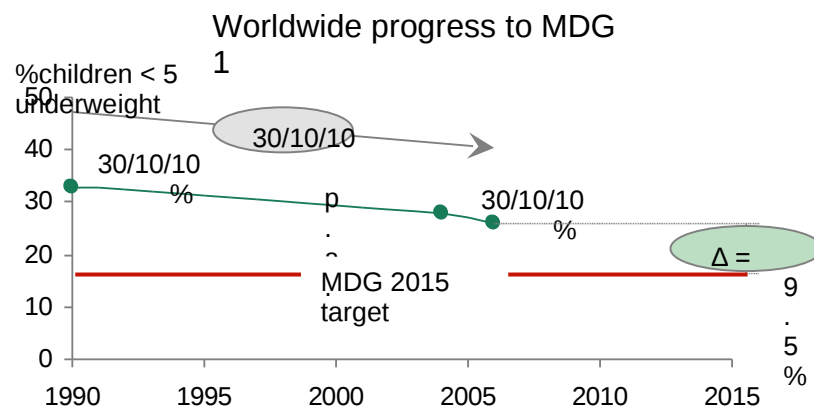
# Hunger: 29 countries have alarming levels of undernutrition



Note: 2009 Global Hunger Index; GHI components: Proportion of undernourished; Prevalence of underweight in children; Under-five mortality rate  
 Source: von Grebmer et al. 2009; UNICEF State of the World's Children 2010; NCHS/WHO

## Vision and History

...calls for coordinated action



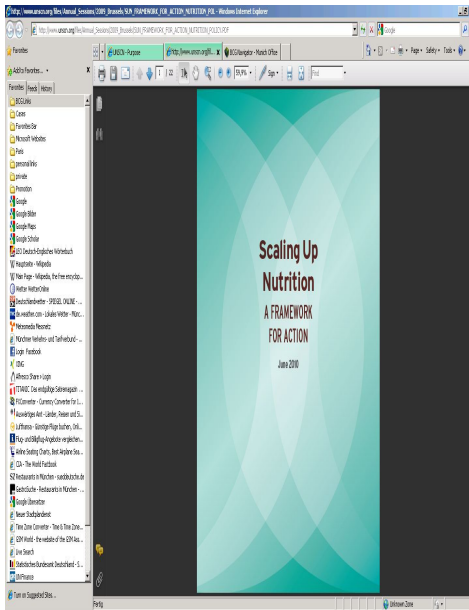
## PumpHandle Presentation

# Why we need to act now,...



...because:

- 1 **FOCUS:** *there is renewed international **focus on human rights** as a basis for economic, social and human development, and on addressing food and nutrition security within that framework*
- 2 **EVIDENCE:** *there is abundant **evidence** on the impact of under-nutrition on infant and young child mortality and its largely irreversible long-term effects on intellectual, physical and social development as well as on health*
- 3 **RECOGNITION:** *there is **widespread recognition** (“a burden of knowledge”) that a series of well-tested and low-cost interventions can protect the nutrition of vulnerable individuals and communities and benefit millions of individuals if incorporated into agriculture, social protection, health and educational programmes*



June 2010

# The SUN initiative aims for real impact

## SUN Impact statement

- Meeting the Millennium Development Goals (MDGs) requires immediate action on nutrition.
- At this time a quarter of all children are undernourished. This increases their chance of death, undermines their potential to learn in school and reduces their capacity to earn a living.
- Proven solutions are available and nations want to act on this knowledge.
- Investments in *Scaling-up Nutrition* will yield immediate returns.
- They will save lives, enable children - and their mothers – to have a better future, contribute to livelihoods, reduce poverty and stimulate the economic growth of nations.

# We know what to do—focus around the critical window of opportunity of the children's first 1000 days of life

Iron-folic acid supplements

Iodized oil capsules where iodized salt is unavailable

Breastfeeding

Complementary feeding

Prevention or treatment for moderate undernutrition

Multiple micronutrient powders

Therapeutic zinc supplements for diarrhea management

Treatment of severe acute undernutrition

Periodic vitamin A supplements

De-worming drugs

Improved hygiene practices including (esp. hand washing)

Iron fortification of staple foods

Salt iodization

Nutrition-Focused development for sustainability:

Social policies, especially education



Mothers



Children  
≤ 6  
month

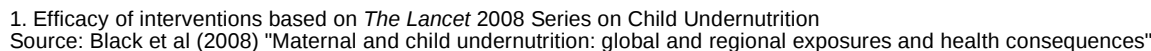


Children  
6 < 24  
months



Older  
children  
and  
Household  
members

## Depending on coverage achieved and efficacy of interventions



# Depending on the assumptions, every \$1 invested yields on average \$15.8 in benefits

Parameter	Worst Case Estimate	Base Case Estimate	Best Case Estimate
Annual cost/child <5, \$1	\$40.5	\$32.4	\$24.3
Value of life year - DALY2	\$1,000	\$2,000	\$3,000
Efficiency3	50%	70%	90%
<b>Overall Benefit-Cost-Ratio4</b>	<b>4.8</b>	<b>15.8</b>	<b>40.0</b>

1. Calculated annual cost of total intervention per child < 5 based on Horton et al (2009), with cost variants +/- 25% 2. Low variant uses GNI of low income/least developed countries, 2005, PPP, rounded; Medium variant uses GNI of 36 countries with greatest burden, weighted by # of children stunted, rounded; high variant uses GNI of low and middle income, rounded 3. Calculations are based on Cost/DALY ratios and Benefit-Cost ratios from Horton et al. (2009). Application of efficiency ratios of 50%, 70%, and 90% assumes that large scale programs have lower efficiency than those from which B:C are derived 4. If all worst or best case assumptions are taken into account; Note: Calculations are based on the 36 high burden countries as outlined in Horton et al. (2009)

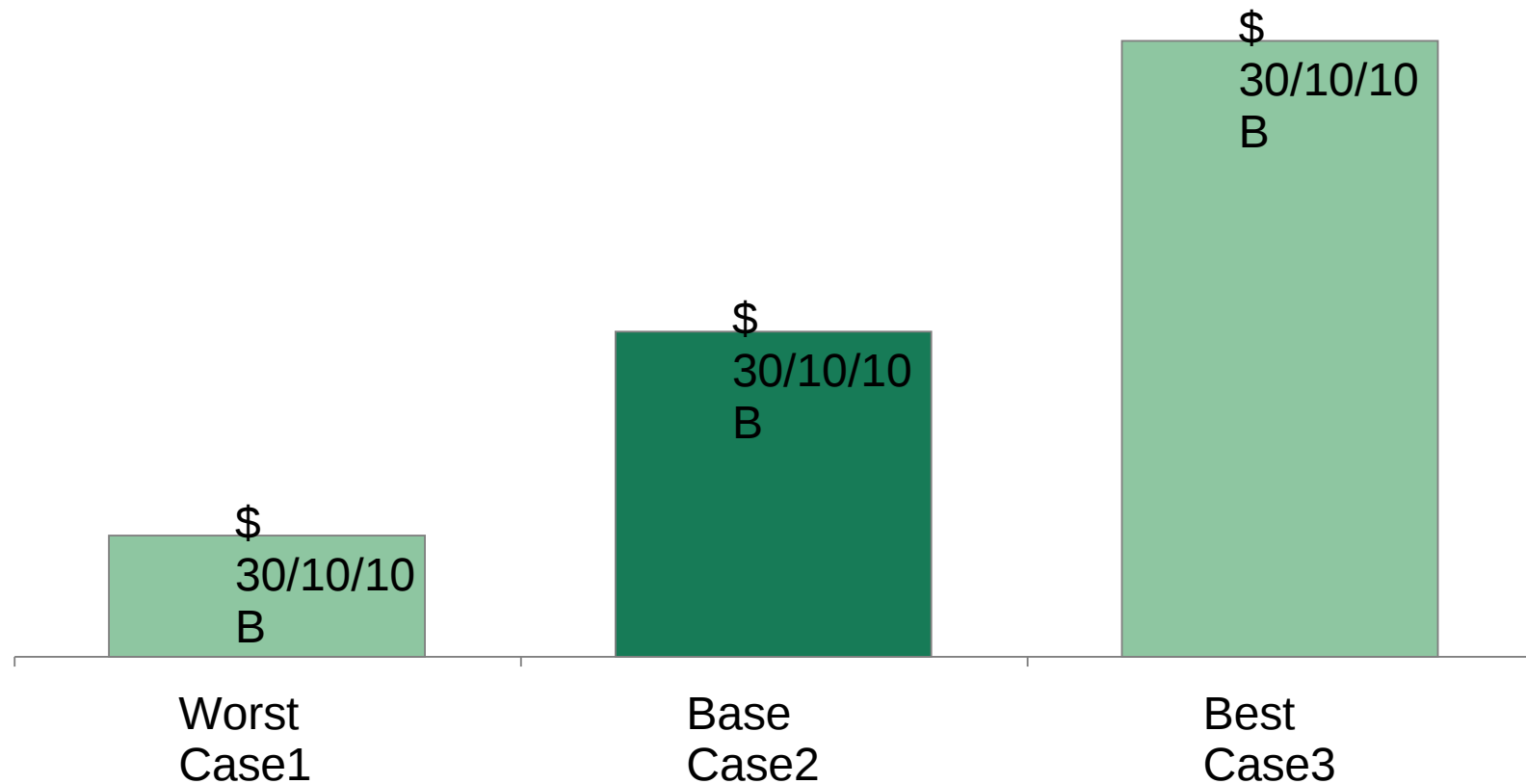
# Implementation of SUN intervention package would yield and estimated \$70B to \$350B annually in benefits

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<b>Overall Benefit-Cost-Ratio4</b>	<b>4.8x</b>	<b>15.8x</b>	<b>40.0x</b>
Total benefits	\$70B	\$187B	\$355B

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 Source: Horton et al. (2009) "Scaling up Nutrition: What will it cost?" Task team estimates

# The World Bank costing exercise includes broader interventions than the Lancet burden/benefits

## Lancet burden areas

## World Bank intervention bundle

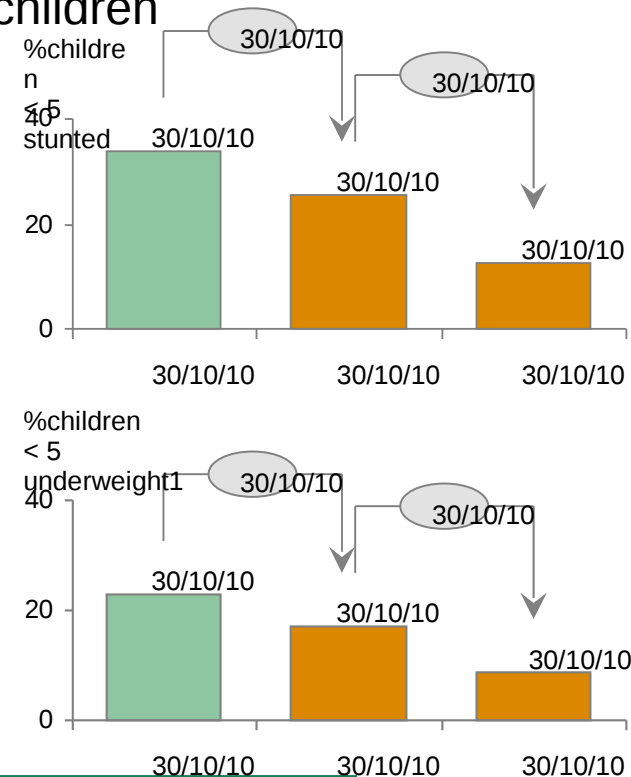
	DALYs in children <5 ('000)	% DALYs in children <5		
Total of stunting, severe wasting, and intrauterine growth restriction- low birthweight	90.962	21,2	Treatment of severe acute undernutrition	
			Prevention or treatment for moderate undernutrition	
			Complementary feeding	
Vitamin A deficiency	22.668	5,3	Periodic vitamin A supplements	
Zinc deficiency	16.342	3,8	Therapeutic zinc supplements for diarrhea management	
Iodine deficiency	4	0,6	Iodized oil capsules where iodized salt is unavailable	
			Salt iodization	
Iron deficiency	2.156	0,5	Iron fortification of staple foods	
Breastfeeding	0	10	Breastfeeding	
			Improved hygiene practices including (esp. hand washing)	No direct DALYs attributed
			De-worming drugs	
			Multiple micronutrient powders	
<i>Sum of single interventions</i>	<i>178.242</i>	<i>41</i>		
Sum adjusted for double-counting	140.500	35		

# Success will be measured by a set of indicators serving the overall target metric of stunted and underweight children

Besides coverage indicators, a small set of impact indicators to monitor progress of scale-up

Indicator	1990	2003-08	2015
1 % of newborn children with low birthweight	-	16	TBD
2 % of children <6 month olds that are exclusively breastfed	33	37	TBD
3 % of children <5 years that are wasted	-	13	TBD
4 % of women in reproductive age with Hb<11 g/dL	-	-	TBD
5 % of children 6-23 months who receive a minimum acceptable diet	-	-	TBD
6 % of population below minimum level of dietary energy consumption	-	-	TBD

... leading to a major reduction of stunted and underweight children

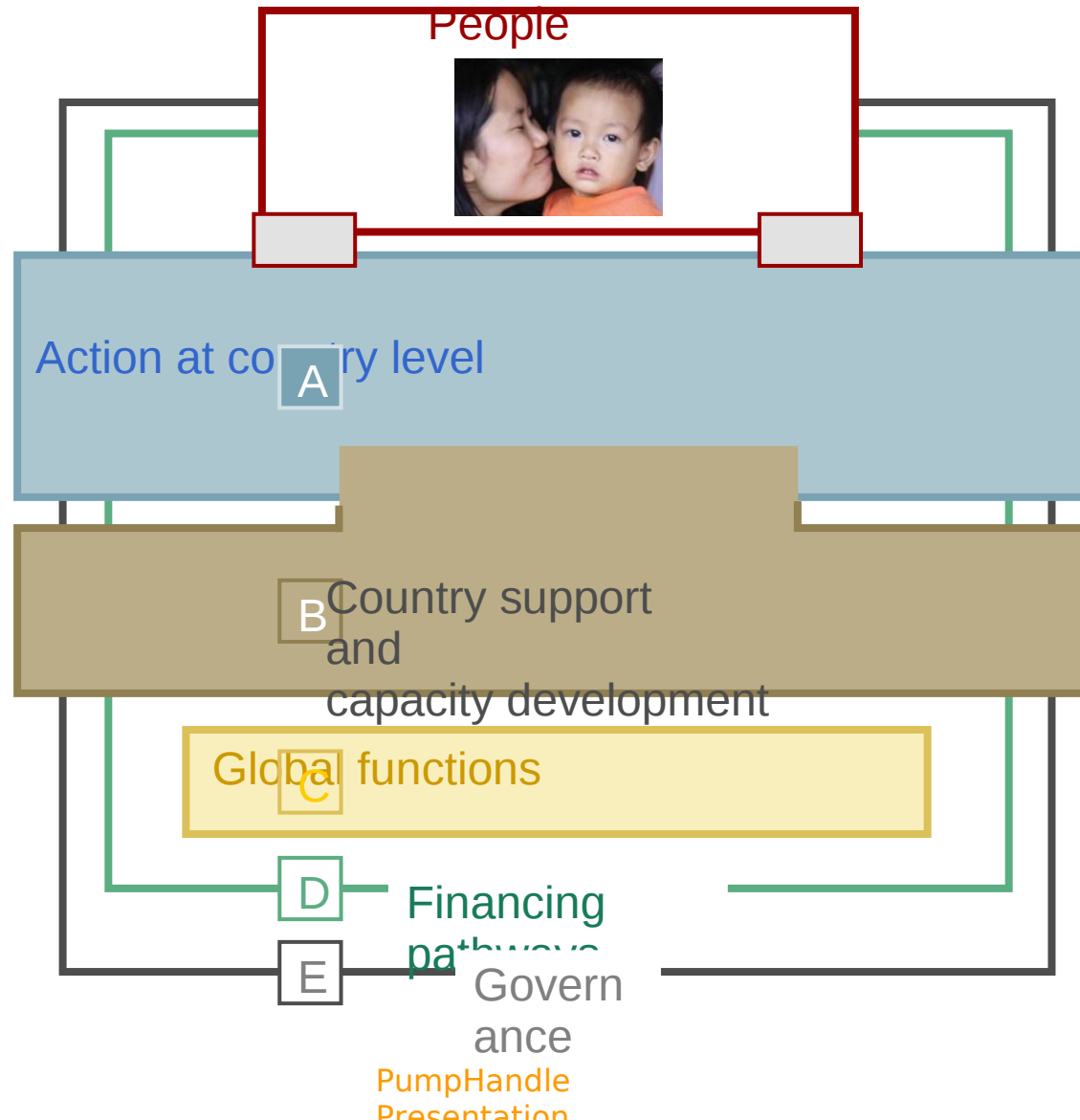


SUN should also advocate for better and more detailed data (e.g. split along income groups)

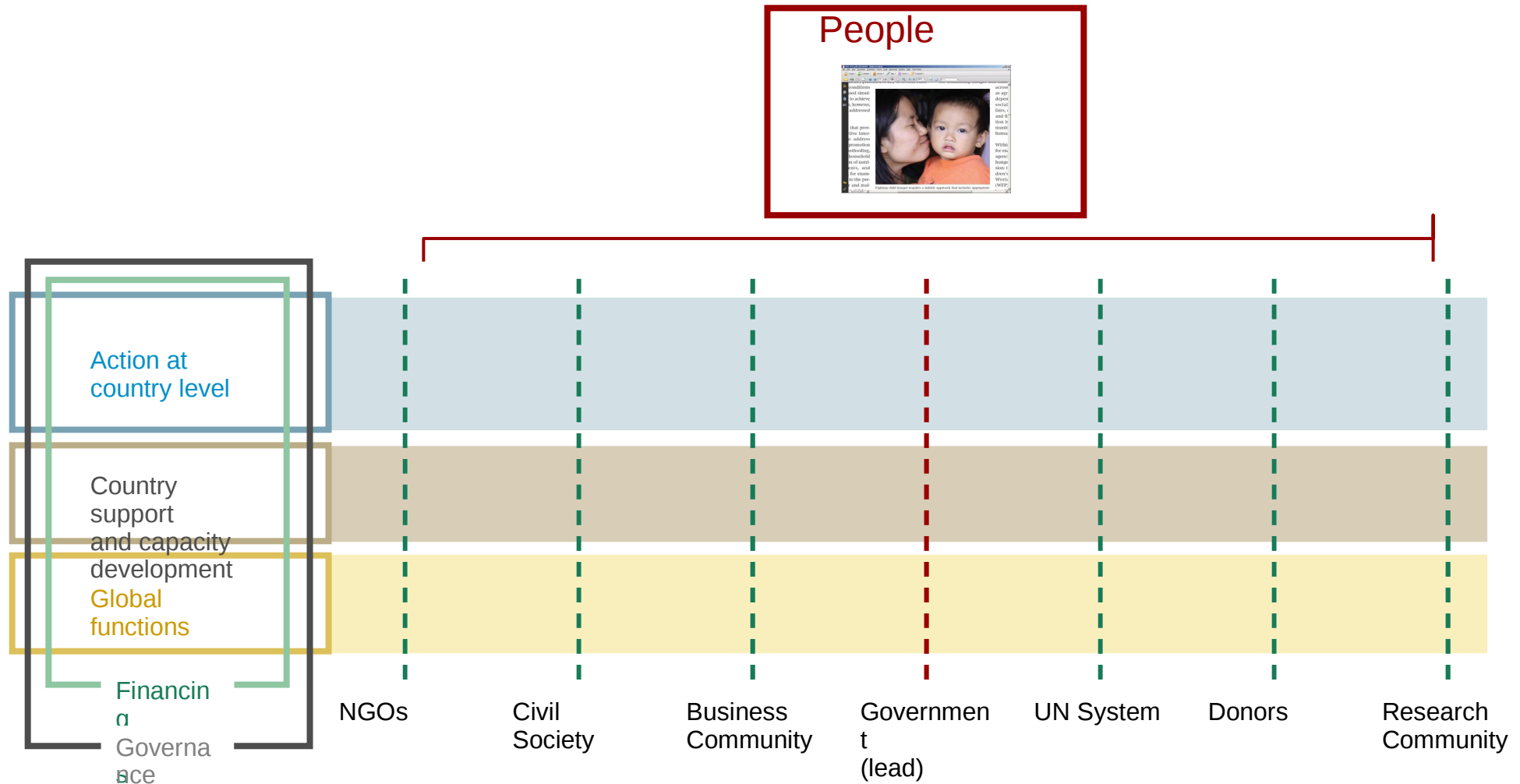
1. Although underweight is not the main metric it will be tracked in parallel to align with the efforts undertaken to reach MDG 1.  
Source: UNICEF The State Of The World's Children 2009 Report; WHO

# People at the center of all considerations

Elements of SUN Road Map focuses on five levels



# Cross-coordination of stakeholder platforms to encourage synergy of purpose and complementarity of action



# A step change requires both joint working and evidence-based actions

## People



Shared vision with joint working

- Encourage mutual respect, confidence and trust
- Minimize potential conflicts of interest
- Generate excitement for a common goal
- Work together towards this goal with a common code of conduct

Joint  
working

Robust  
decisions

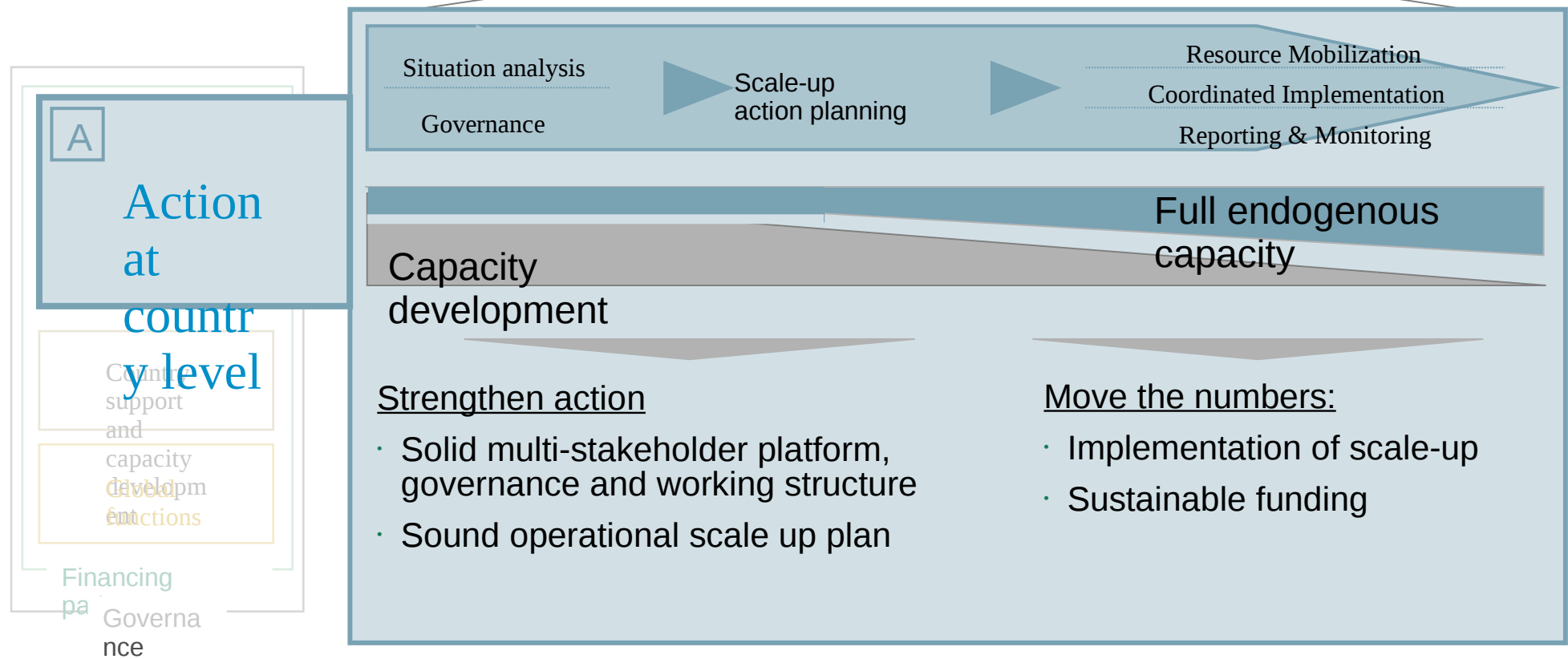
Robust and wise decisions with evidence-based action

- Move the numbers
- Pursue detailed stock-taking and mapping
- Set clear targets
- Mobilize sufficient funds
- Continuously track progress

Within a human rights  
framework

# First element: Country action at the core of SUN

*"...move from concepts and plans to actions and results"*



# Recent examples underline different ways how country led activities achieved first scale-up results

## Brazil



- Policy stability and clear political support for nutrition along more than one decade was key
- Nutrition actions closely linked to other sectors, as social protection, education and health with a dedicated coordinating council (CONSEA) assisting the president
- Most of the reduction could be attributed to increased maternal schooling, increased purchasing power, expansion of healthcare, ~~and~~ ~~prevalence of stunting fell on~~
- ~~Prevalence of stunting fell on~~ approximately 50%, from 13.5% in 1996 to 6.8% in 2006/7

## Ethiopia



- After the severe food crisis the government led huge efforts to set-up nutrition and food security strategies for a long-term development after the acute crisis
- A well organized approach supported by international partners in form of advice and funding led to a massive scale-up of proven interventions
- Community based nutrition programs additionally supported the ongoing efforts
- Vitamins A and de-worming increased from low and heterogeneous coverage to over 80%
- Over 500,000 MAM children and 200,000 women received supplementary feeding 2500

## Senegal



- A clear political vision and long term strategy
- A dedicated structure comprising several ministries, local governments, NGOs and the private sector under the authority of the Prime Minister was established
- Cost-effective interventions were rolled-out throughout the country
- Careful selection of community implementing organizations
- Children being exclusively breast-fed rose from 24% ('00) to 34% ('05)
- Consumption of iodized salt among households more than doubled
- Senegal is on-track to achieve MDG 1

Countries should align activities with other strategies such as poverty reduction, health, education or agriculture



# Recent examples underline different ways how country led activities achieved first scale-up results

## Peru



- An established inter-institutional coordination platform, involving the relevant agencies with mandates or relevant programs to address malnutrition and social organizations
- Clear medium and long term vision
- Social programs were merged to realize best efficiency and costs savings and transferred to regional and local governments
- Local and social organizations has contributed significantly
- Proportion of children between 6 and 36 month with anemia declined from 58% ('05) to 47% ('09)
- Children with low birthweight reduced from 9% ('05) to 7% ('09)

## Cambodia



- National Council for Nutrition (NCN) chaired by Senior Minister and Minister of Planning coordinating all efforts, assisted by dedicated technical committees
- Improved coordination and linkages between health, nutrition and food security
- Longer-term strategies and planning linked to food security and health activities developed
- Infant and under five mortality rates declined by 31% and 33% between 2000 and 2005
- Significant increase of excl. breast-feeding from 11% ('00) to 60% ('05)

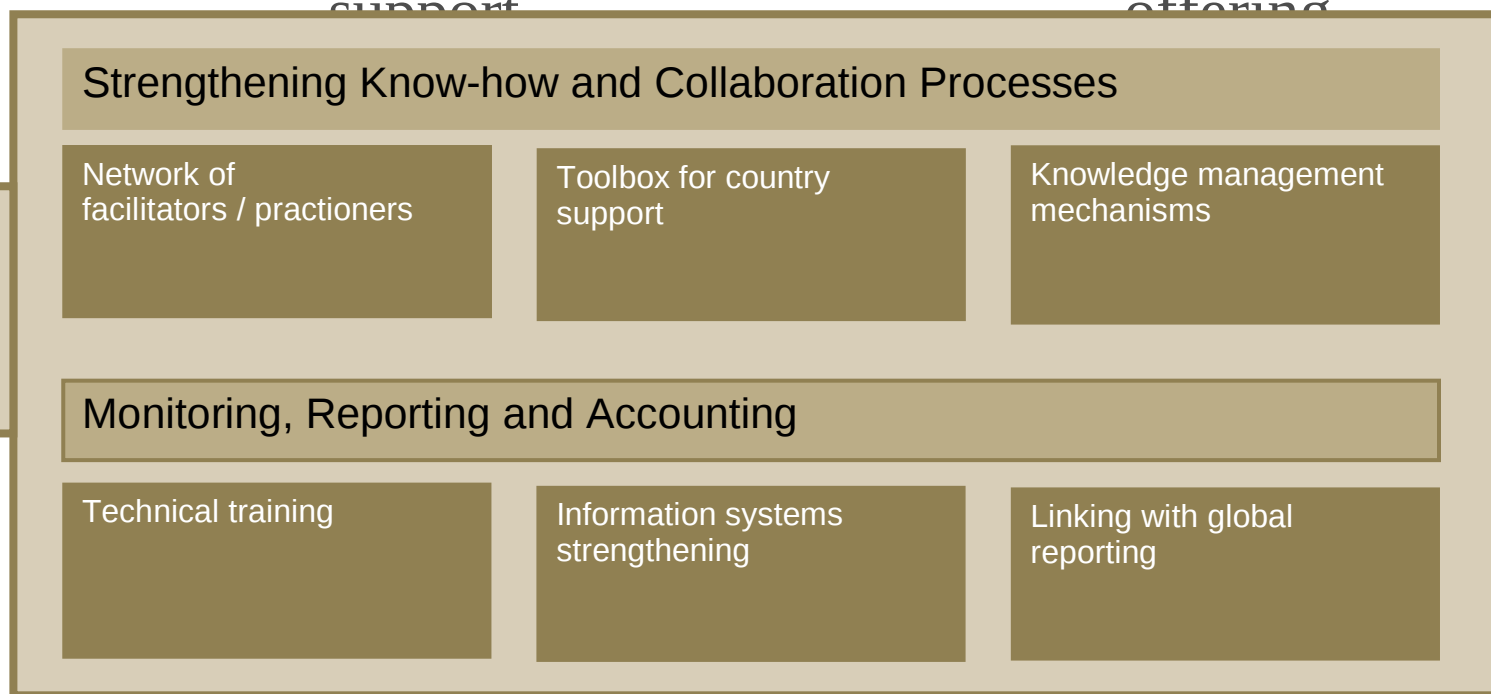
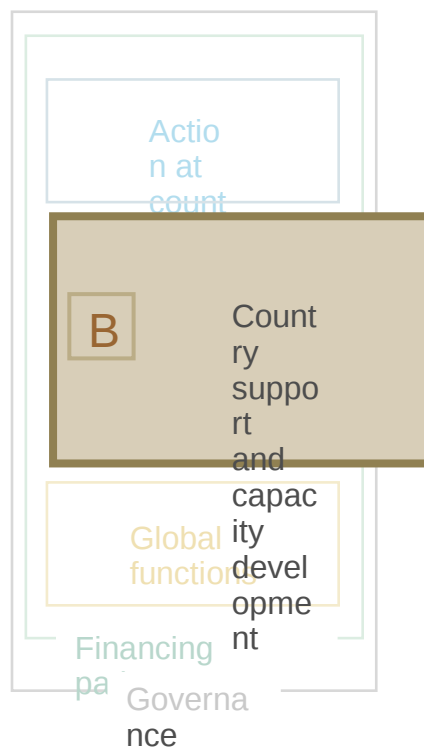
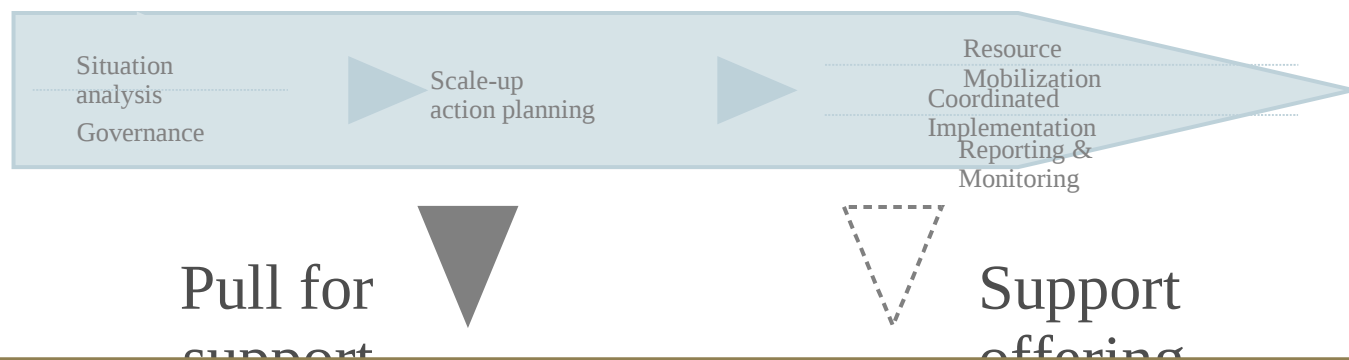
## Mauritania



- Government led leadership and clear working structures including all stakeholders was set-up to better coordinate efforts
- In a structured process transparency of nutrition situation and current interventions was achieved
- Finally a gap analysis to scale-up most important interventions, its costing needs and a detailed operation plan were performed and set-up
- Transparency of intervention gaps and detailed costing exercise helped to raise funds to close the gap

Countries should align activities with other strategies such as poverty reduction, health, education or agriculture

## Second element: Support National Capacities and Action



# Support most effective in countries 'ready to scale-up'

## Severity

Global stunting burden assessment revealed to high priority country clusters:

- 36 countries carry 90% of the stunting burden
- Additional 32 smaller countries have rates of child stunting and/or underweight >20%

Highest potential reach in absolute numbers, highest urgency for individual countries (prevalence)

## Readiness

Mapping country readiness along three dimensions:

- Institutional platforms (working, government led, multi-stakeholder platform)
- Detailed strategies and planning already performed
- Sufficient local capacity in place

Countries with higher readiness stage more likely to implement fast scale-up and show impact results

136 countries burdened with

undernutrition

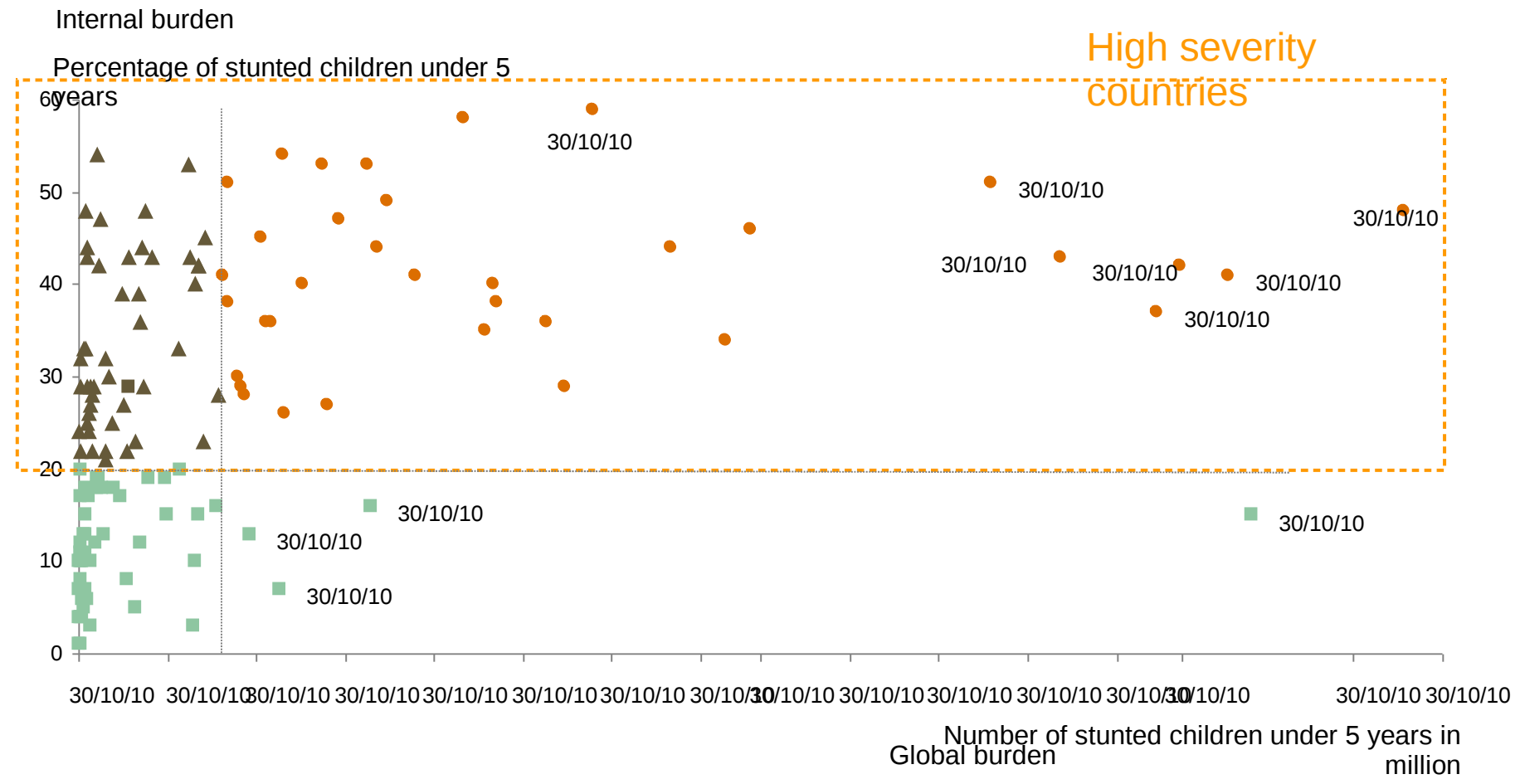
68 countries with high severity of the undernutrition problem

'Ready to scale-up' countries for quick implementation

Prerequisite for country support is the request of national authorities and a demonstrated willingness to act

# Global attention on severity of undernutrition

Percentage of stunted children under 5 years

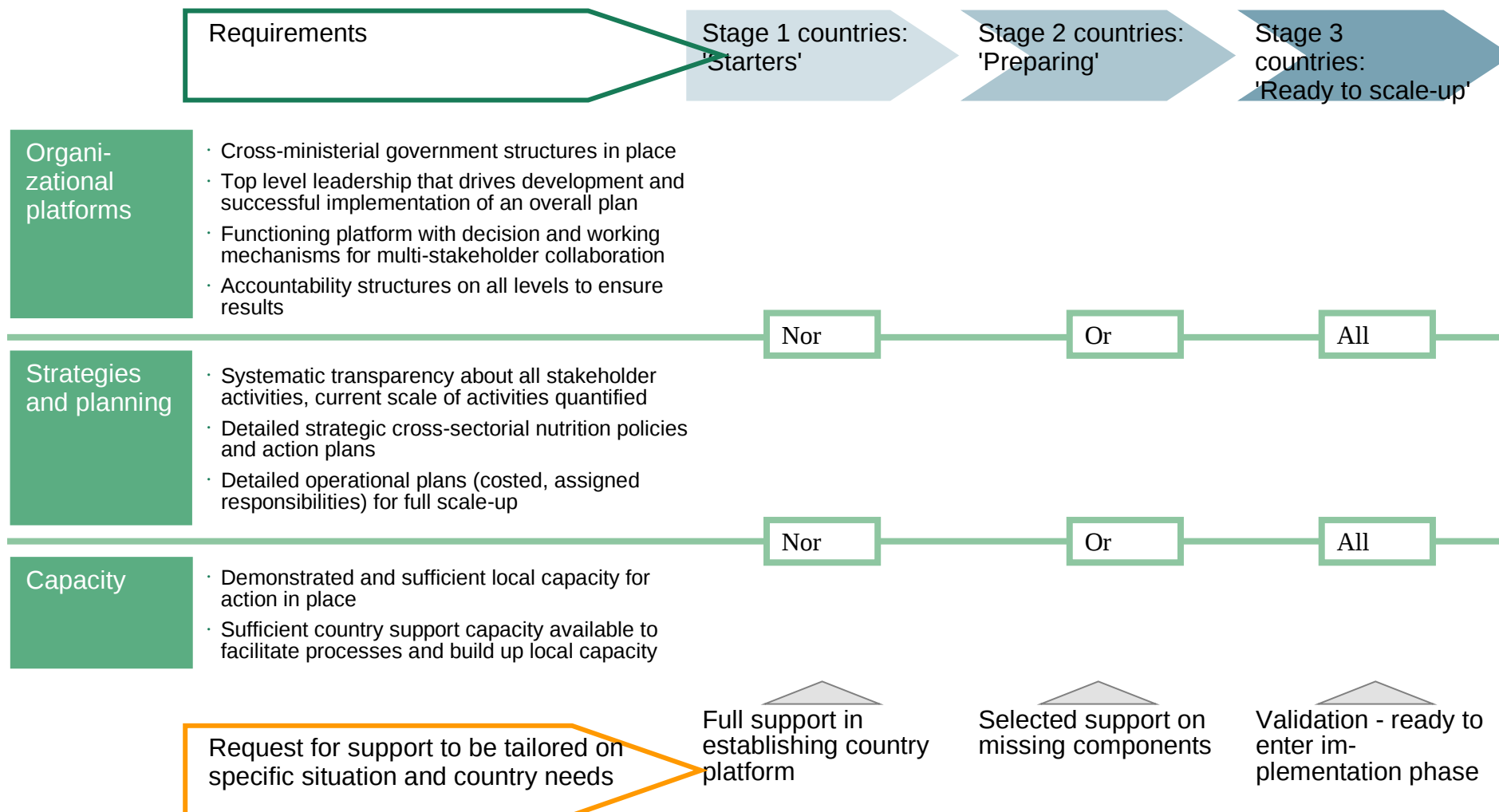


Source: UNICEF The State Of The World's Children 2009 Report; BCG analysis



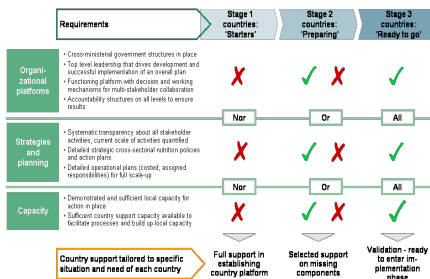
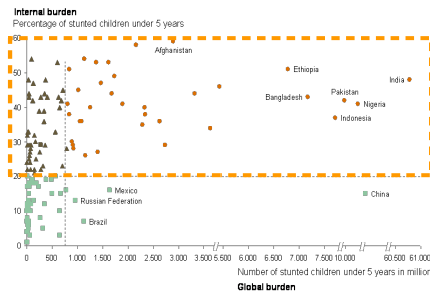
# Country support tailored to level of readiness

## Checklist to assess capacity and commitment for scale-up



# Choices about support for scaling up to be based on a set of guiding principles

## Transparency over scale-up potential and support needs



## Guiding principles for first SUN countries

- 1 Demonstrated willingness to act
  - Countries with a strong request of national authorities

- 2 Potential for fast impact
  - Smaller high burden countries have potential to faster show impact

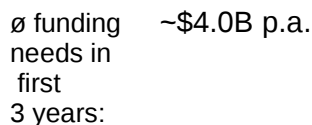
- 3 Contribution to overall burden
  - Covering bigger countries has higher impact on global burden

- 4 Balanced readiness status
  - Countries of different readiness status should be considered ('twin-track' model)

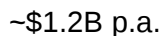
- 5 Long-term development prospects
  - Countries with a track record of good governance and no current

Countries with quick scale-up potential

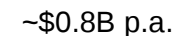
All countries start  
at the same time



Sequenced start in three phases with quick scale-up.



Sequenced start in three phases with slower scale-up



## Pumpkin Patch Presentation

# Third element: Global SUN functions

## SUN Advocacy and Communications

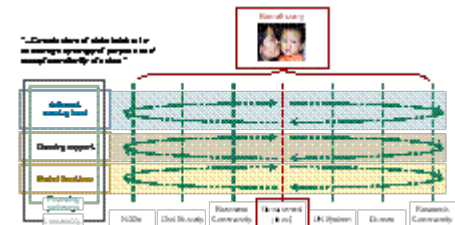
- Physical and virtual network and platforms at all levels (global, regional and country), with one or more specially created coordination hub(s)
- Clear and succinct messaging across a broad range of stakeholders especially at country level
- Standardized monitoring for more effective communication and reporting on global trends, progress and results

## SUN Networks and the 1000 day Movement

- Multi-location and multi-stakeholder SUN movement which links communities, countries, regional and global actors
- A broad social movement catalyzed by a participative process
- Business Alliances for SUN building on the comparative advantage of involved stakeholders and following a common code of conduct

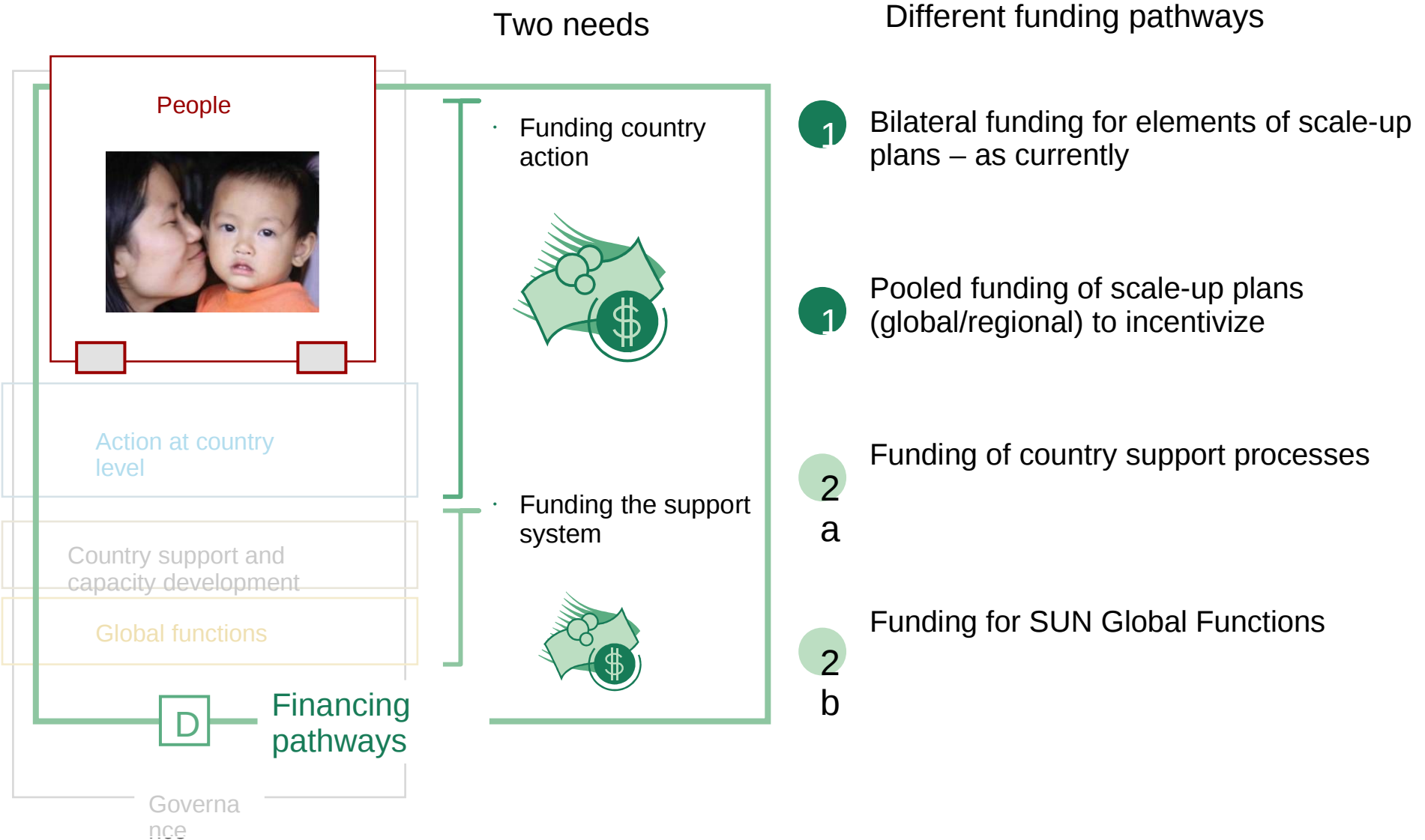
## Knowledge, Standards and Policies for SUN

- Driving coherence of the global public goods agenda (e.g. strong link to the research community)
- Harmonized, coordinated and joint technical support to ensure interventions and considerations are mainstreamed into existing initiatives
- Strong linkage to national and regional communities of practice



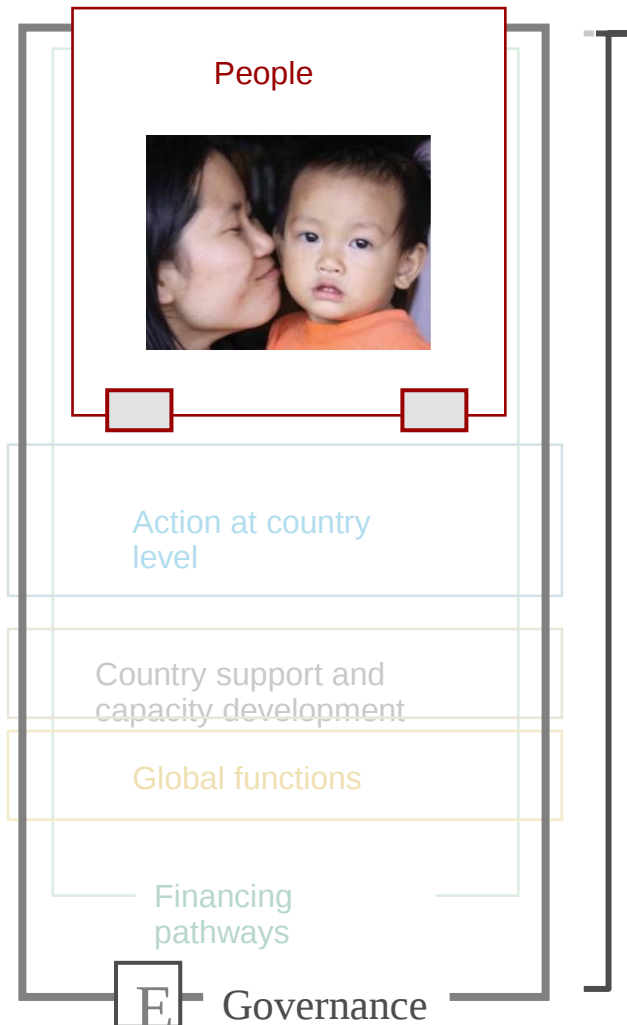


# SUN Financing Pathways



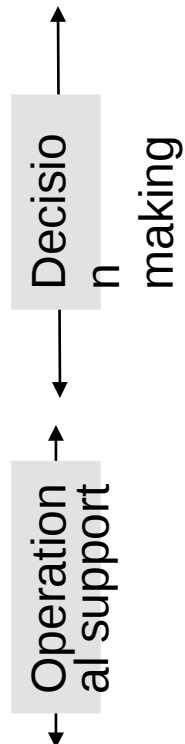
PumpHandle Presentation

# Efficient governance implies leadership, stewardship and organizational arrangements

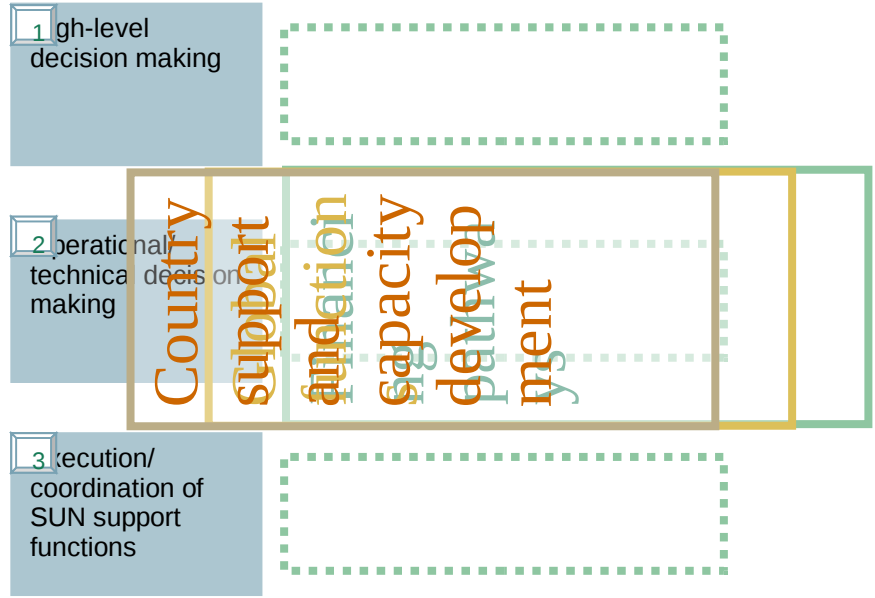


## In country leadership and coordination

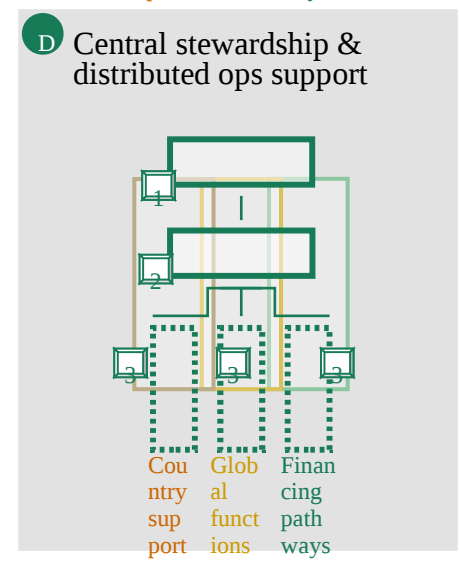
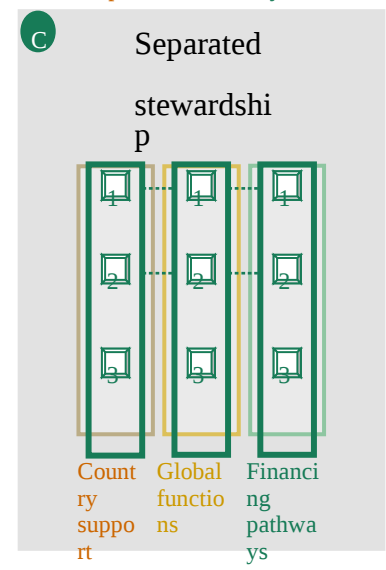
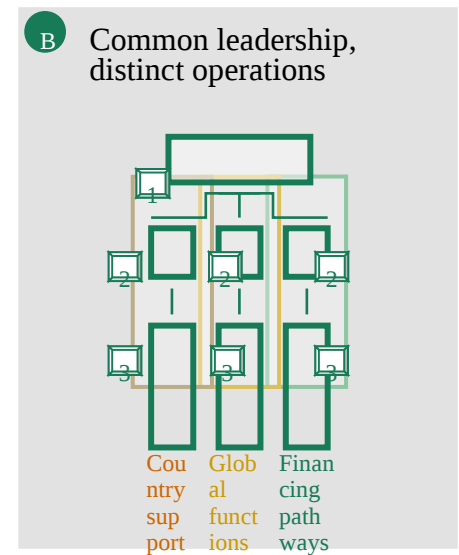
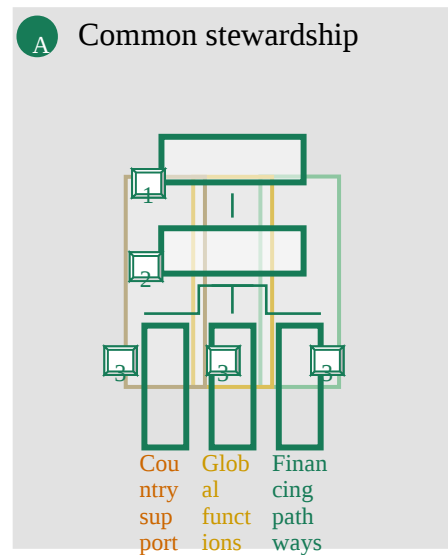
Global leadership and coordination at three levels



# Several basic organizational options are theoretically possible



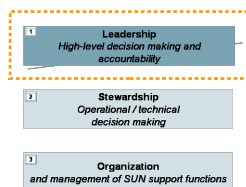
Feasibility and adequacy of options to be evaluated in a



# First ideas for leadership are already discussed

Clear positioning and role need to be further discussed

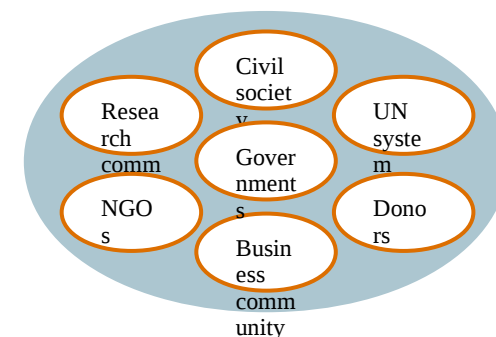
## Global Advocacy Body



## Global Leadership Body



## Global Partners Group



### Purpose/output

- Give prominence to the undernutrition problem and encourage leadership on all levels
- Influence other leaders and key international and regional stakeholders
- Provide strategic leadership through their solid experience

### Members

- Small group of highly dedicated, prominent and influential leaders

### Meeting frequency

- One annual high level meeting

- Provide guidance on policy and strategy
- Approve joint work plans and budget
- Track progress against high level objectives to improve nutrition

- Lean and agile group with 8-12 members

- More regular (quarterly) meetings
- Can also take place as teleconferences

- General assembly of partners
- Space to promote and encourage leadership on all levels
- Coordination and communication platform

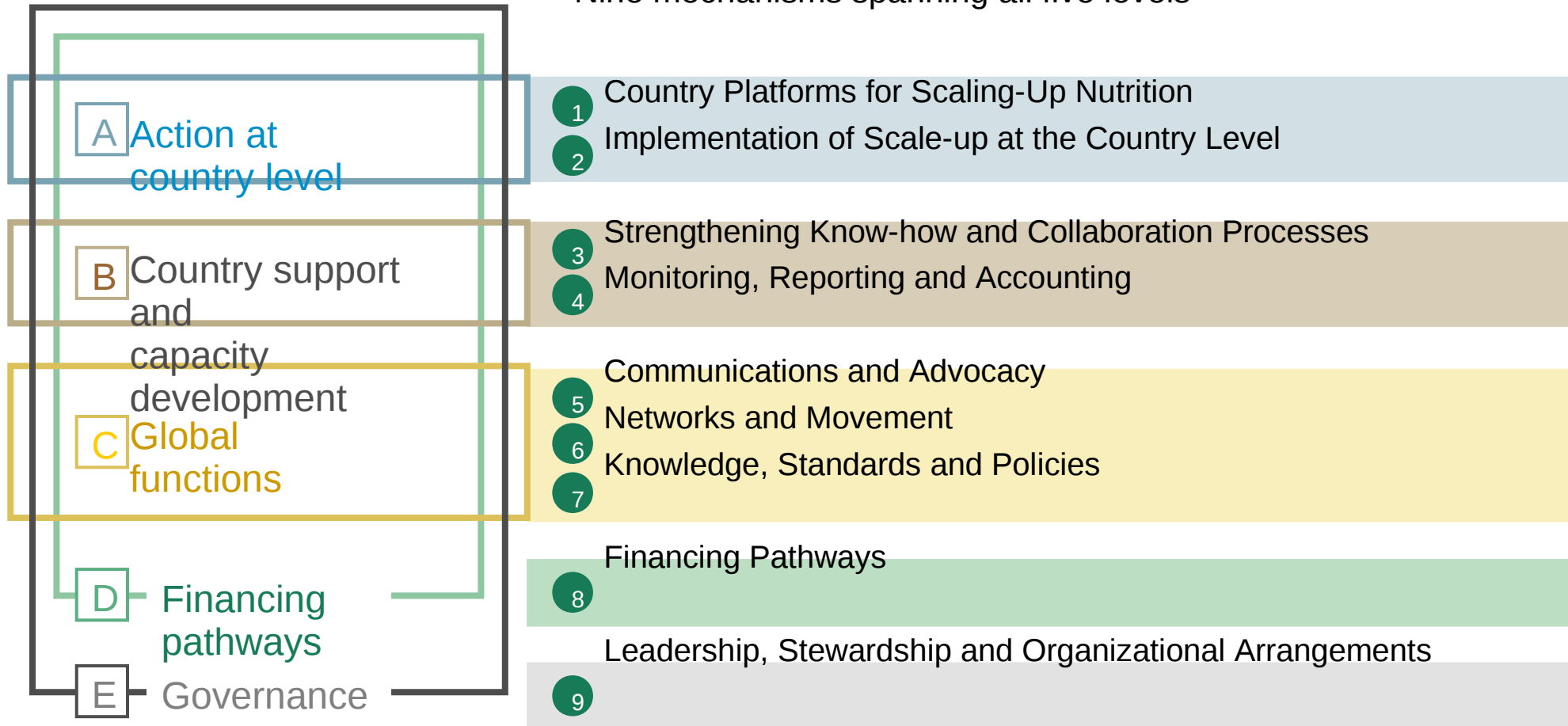
- Forum for all partners from all constituencies

- Annual meeting

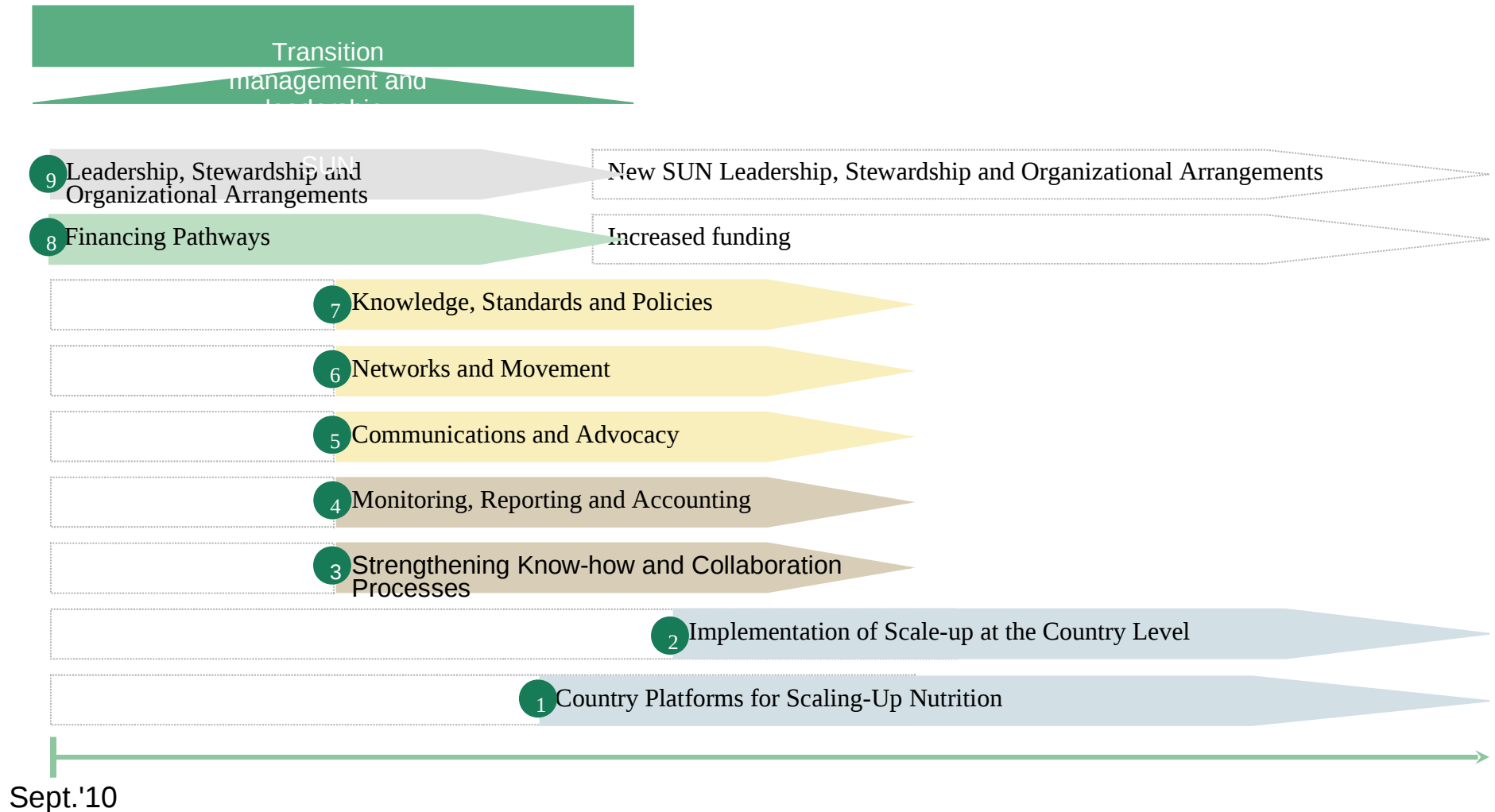


# The way forward: Nine mechanisms need to be developed and implemented

Nine mechanisms spanning all five levels



# Interdependencies of mechanisms need to be taken into account



# Appropriate leadership and management needed to empowered to implement the SUN Road Map

## Needed roles and responsibilities for transition management

## Current status during 60 day preparation period of SUN Road Map

## Transition management to implement SUN

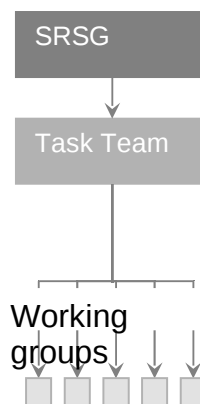
### 1 Leadership High-level decision making

- Ensure buy-in on the highest level
- Decision on pursuing SUN efforts further



### 2 Stewardship Operational decision making

- Oversee Road Map process
- Track and monitor progress
- Prepare final Road Map for decision



- SRSO to chair all efforts, supported by the SCN Executive Secretary
- Task team established and working
- Resources assigned to drive process
- 5 working groups established by the SCN Secretariat and working



### 3 Organization Execution/coordination

- Prepare options for decisions along all mechanisms
- Ensure involvement of stakeholders

### Leadership Group:

- Whom will this group of decision makers include to ensure a sufficiently strong mandate to make key decisions?

### Task Team:

- Current involvement of stakeholders sufficient or any adjustments needed?
- Enough resources and realistic time line assigned?

### Extension of current working groups:

- Which working groups are needed for the next phase?
- How to ensure that adequate results will be delivered in time?

# Work plans have been developed for each mechanism

## Clear Goals and outcomes:

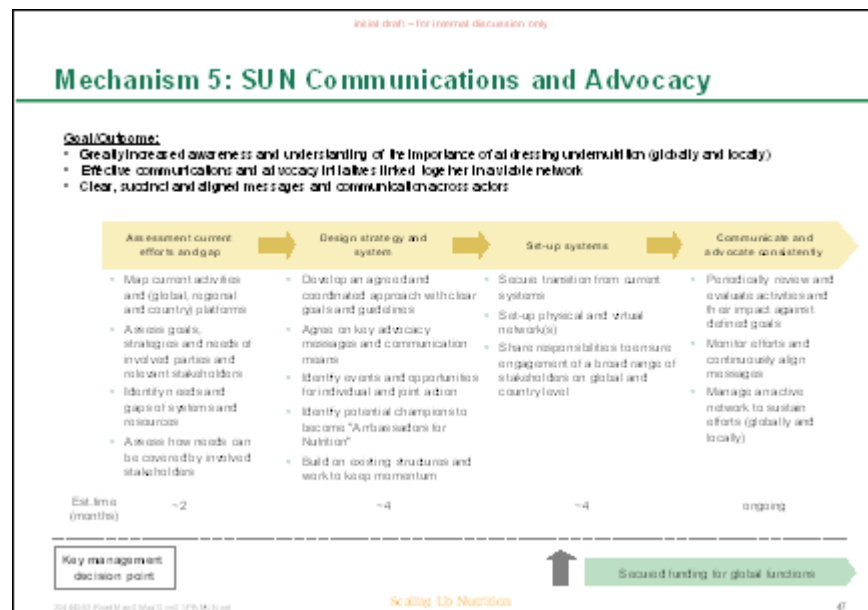
- A clear goal and /or outcomes to be reached with this mechanism

## Process towards achieving the outcomes:

- Work is structured along main phases

## Operations:

- Work load is further detailed



## Estimated timeline:

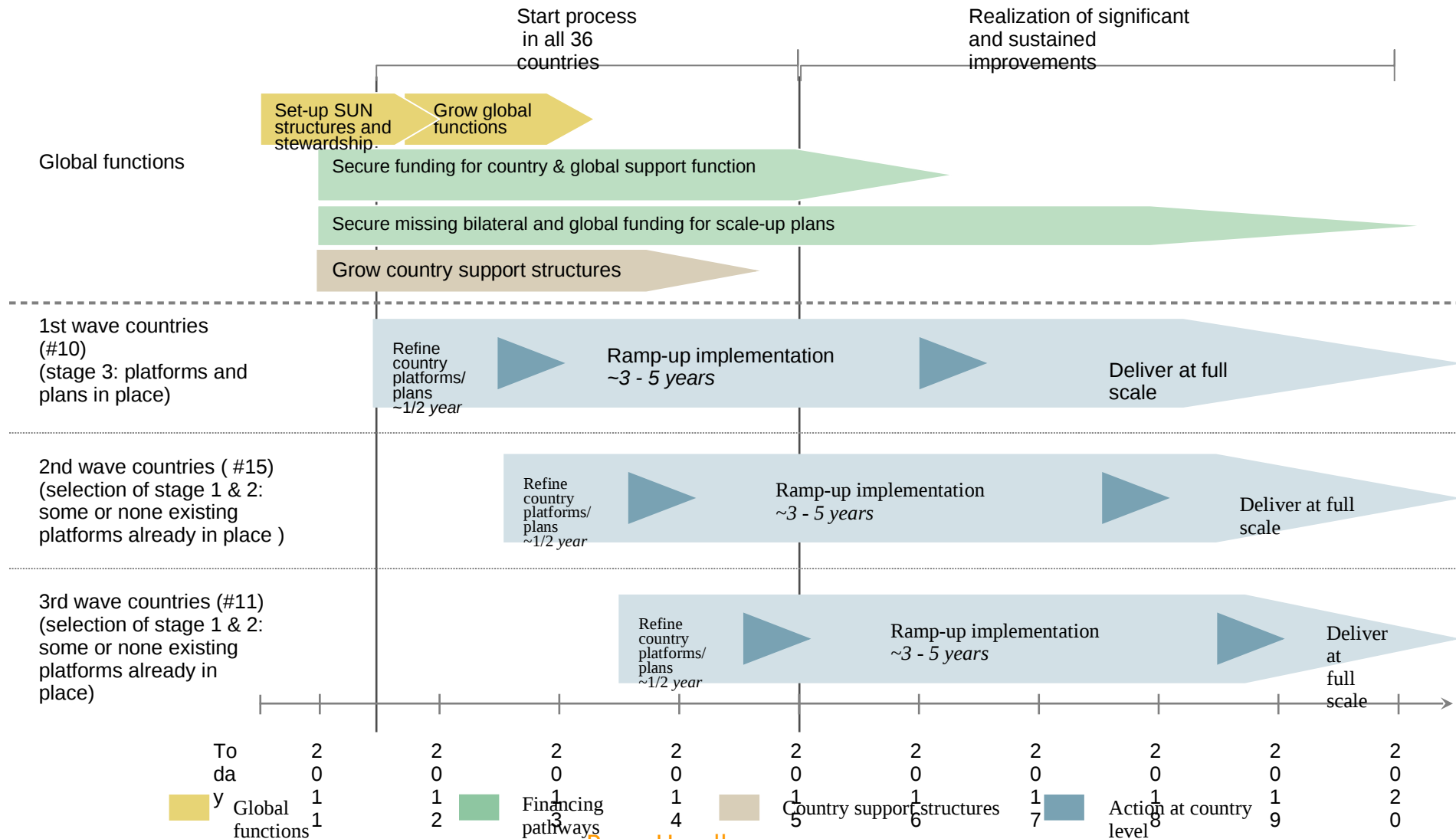
- An indicative time frame is outlined per phase to assure overall coordination of efforts within and across mechanisms

## Key management decision point:

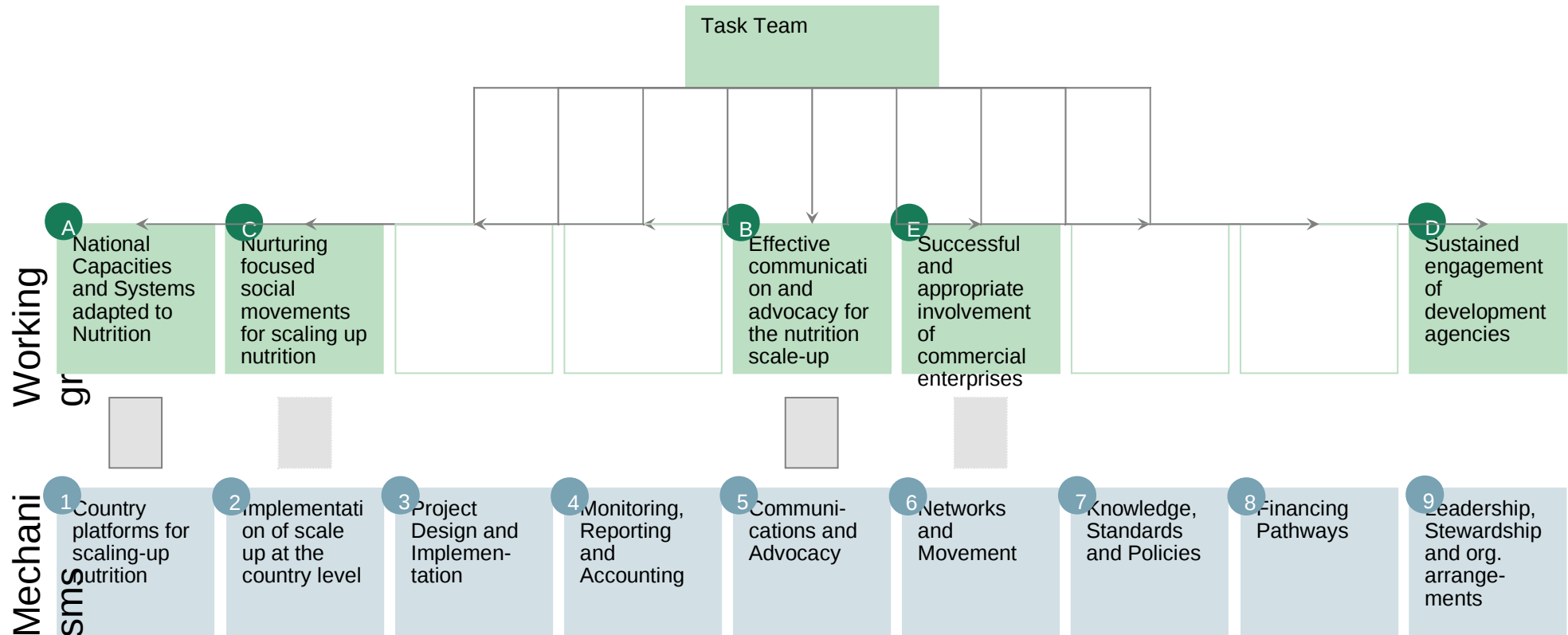
- Additional requirements (e.g. funding) indicated



# Individual workplans need to be aligned with overall goal of scaling up country efforts in order to achieve real impact



# Current working structure needs to be adapted to mirror all relevant SUN mechanisms



How can work towards finalizing the road map ensured along all mechanism?

Full fit between WG and mechanism

Some fit between WG and mechanism