LIVE ONLINE | **October 5-8, 2020**

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The Future of Food Assistance for Nutrition: Evidence Summit II

Thursday, October 8th

9:45-11:15 EDT

Plenary V: Food Assistance for Nutrition: What Do We Still Need to Know?

Moderator

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The Future of Food Assistance for Nutrition: Evidence Summit II

Plenary V: Food Assistance for Nutrition: What Do We Still Need to Know?

WFP perspective on gaps in evidence and meeting future research and programming needs

Allison Oman

World Food Programme

Remaining Gaps in the Evidence Base

1. Addressing all forms of malnutrition
2. Leaving no group behind
3. Thinking beyond food supply
4. Digitalizing nutrition interventions

1. Addressing All Forms of Malnutrition

Concurrence of Wasting and Stunting:

- Interventions that address both childhood stunting and wasting given the associated increased risk of death, and provide a comprehensive multisectoral package of services
- Impact of effective wasting prevention interventions on levels of stunting and vice versa and role of micronutrient deficiencies
- Cost-effective interventions to prevent wasting and stunting

Double Burden of Malnutrition:

- Integrated nutrition interventions that take into consideration both under- and over- nutrition given its increased prevalence
- Raise awareness of overweight and obesity prevention in antenatal/postnatal care programmes
- Platforms to be utilized for integrated nutrition action

2. Leaving No Group Behind (1)

School Health and Nutrition for School-aged Children and Adolescents

- Integrated package of interventions through the school platform
- Impact of the food environment around the school on nutrition outcomes and assessment tools to assess the food environment
- Indicators to effectively measure good practices in school platforms
- Effective platforms in reaching adolescents with nutrition specific/sensitive interventions
- Optimization of adolescent's diets and peri-gestational nutrition support for girls
- Use of fortification to improving adolescent girls and women of reproductive age nutrition

2. Leaving No Group Behind (2)

Maternal nutrition and giving infants a healthy start

- Cutting the vicious cycle of malnutrition as early as possible
  - Adequate nutritional support for pregnant women to improve LBW
  - Nutritional support for breastfeeding mothers to impact on breastfeeding practices
  - Linking nutritional support to a multisectoral package of services tackling the underlying causes

Nutrition for special populations – PLW, PLHIV/AIDS, Older Persons, People with Disabilities

- Packages for each group that could be adapted to each context
  - Assessing the nutrition needs and addressing nutrition gaps in older persons and people with disabilities
  - Minimizing the impact of emergencies (e.g. outbreaks) on the nutritional and health status of PLHIV

3. Thinking Beyond Food Supply

Consumer food habits and behaviours

- Improved understanding of what are people eating and why
  - Conduct behavioral barriers analysis to inform targeted strategic SBCC
  - Links with the supply-side/retail to simultaneously improve the food environment
  - Impact/effectiveness of SBCC strategies implemented
- Point-of-sale promotion to influence purchase of nutritious foods
  - Designing promotional strategies that support both consumer and retailer
  - Use behavioral interventions "nudges" to subtly promote healthy food choices

Preparing the child's return to the family cooking pot

- Linking SNF-SBCC for preparing parents/children for life beyond treatment
  - Empower individuals and communities and acknowledge the barriers they face
  - MIYCN for other influencers (e.g. fathers, community leaders, etc.)

4. Digitalizing Nutrition

Digitalizing Nutrition Interventions

- Digital solutions to improve efficiencies and cost-effectiveness of nutrition interventions
  - Standardized and scalable tools for nutrition data routine monitoring
  - Real time data for decision making and improved programming
  - Digital tools for screening and classifying anthropometric deficits
- Digital solutions to support nutrition service delivered in outbreak context
  - Remote training, assessment, monitoring and evaluation of nutrition programmes

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Barriers to Innovation

Steve Collins

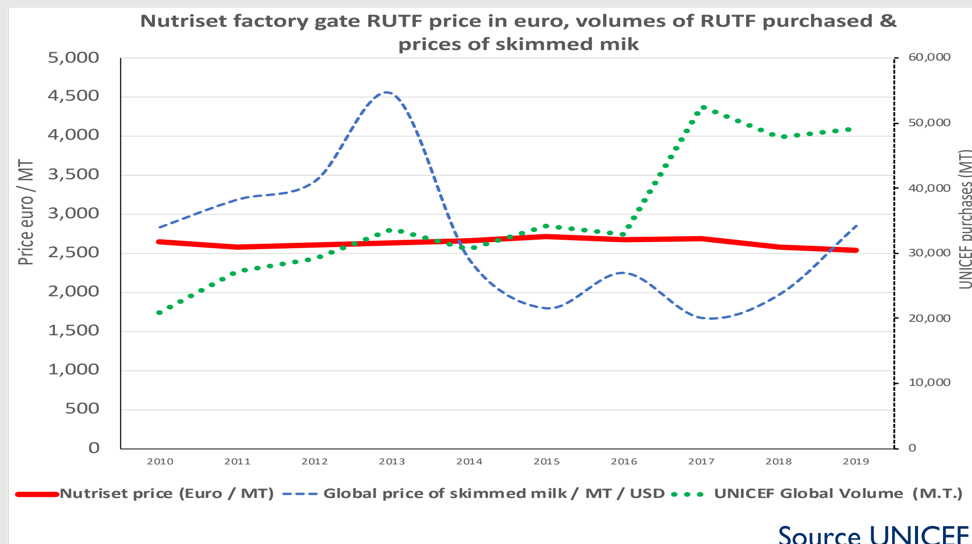
Valid Nutrition

The Rhetoric:

- Head of UN agencies – "the time to act is now" July 2020:
  - *……"As leaders of four UN agencies, we are issuing a call for action to protect children's right to nutrition in the face of the COVID-19 pandemic. This requires a swift response and investments from governments, donors, the private sector, and the UN."*
- GAP March 2020:
  - *……"Now, more than ever, there is an urgent need for a more purposeful, systematic, integrated, transparent and accountable collaboration that leverages the collective strengths of all stakeholders – including governments, UN agencies, civil society and the private sector."*
- UN Report August 2019: Plant-based diets provide "major opportunities" to address climate crisis.
  - *……."Diets are driven by availability and affordability of food, geography and cultural habits. That's why policy must also be part of the solution. We must enact policies that operate across the food system, cutting back waste, influencing food choices and enabling more sustainable land-use practices."*
- SDG Business Commissions 2017:
  - *"The public sector will play a critical part in creating the enabling environment for the implementation of the SDGs, but business needs to do much of the 'heavy lifting.'*
- Global Nutrition Report 2017:
  - *There needs to be a critical step- change in how the world approaches nutrition. It is not just about more money; it is also about breaking down silos and addressing nutrition in a joined-up way.*
- UN Decade of Action on Nutrition 2016:
  - *……."The Nutrition Decade is inclusive, addressing all forms of malnutrition, maximizing participation by all actors and ensuring that the needs of all people are addressed. To this end it harnesses the wealth of competencies and resources of the private sector, including small and medium enterprises, social enterprises, to larger national and multinational companies, while managing conflicts of interest."*
- **The list goes on…………**

The Treatment of SAM

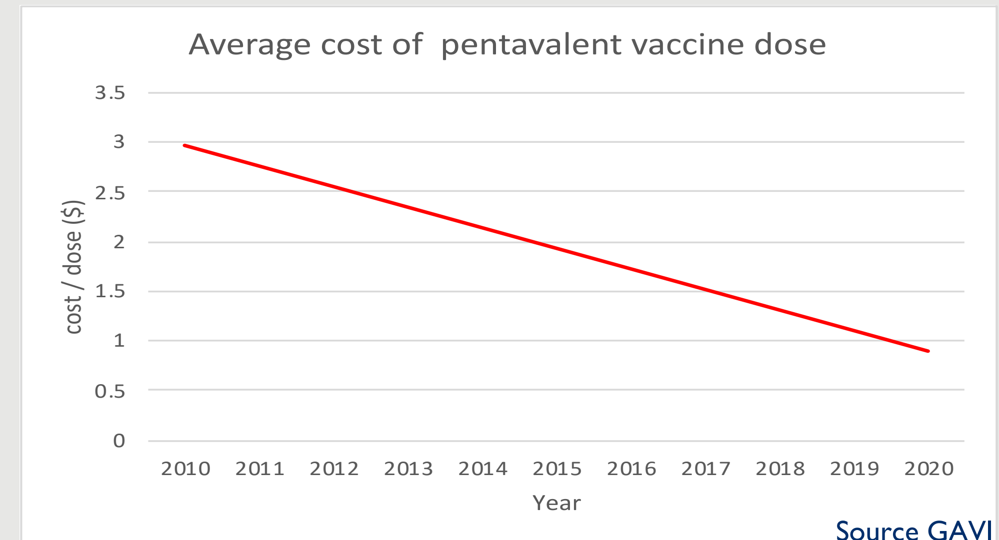
- Medicalised Supply Driven Approach
  - Coverage for < 1% in 2000 to ~10% in 2019
  - Cost major barrier to increasing coverage & RUTF is 50% of total costs
- Supply of RUTF
  - Dysfunctional market
  - No real product choice
  - Original supplier with franchise network retaining ~70% market share
  - Cost of RUTF - virtually unchanged



Source UNICEF

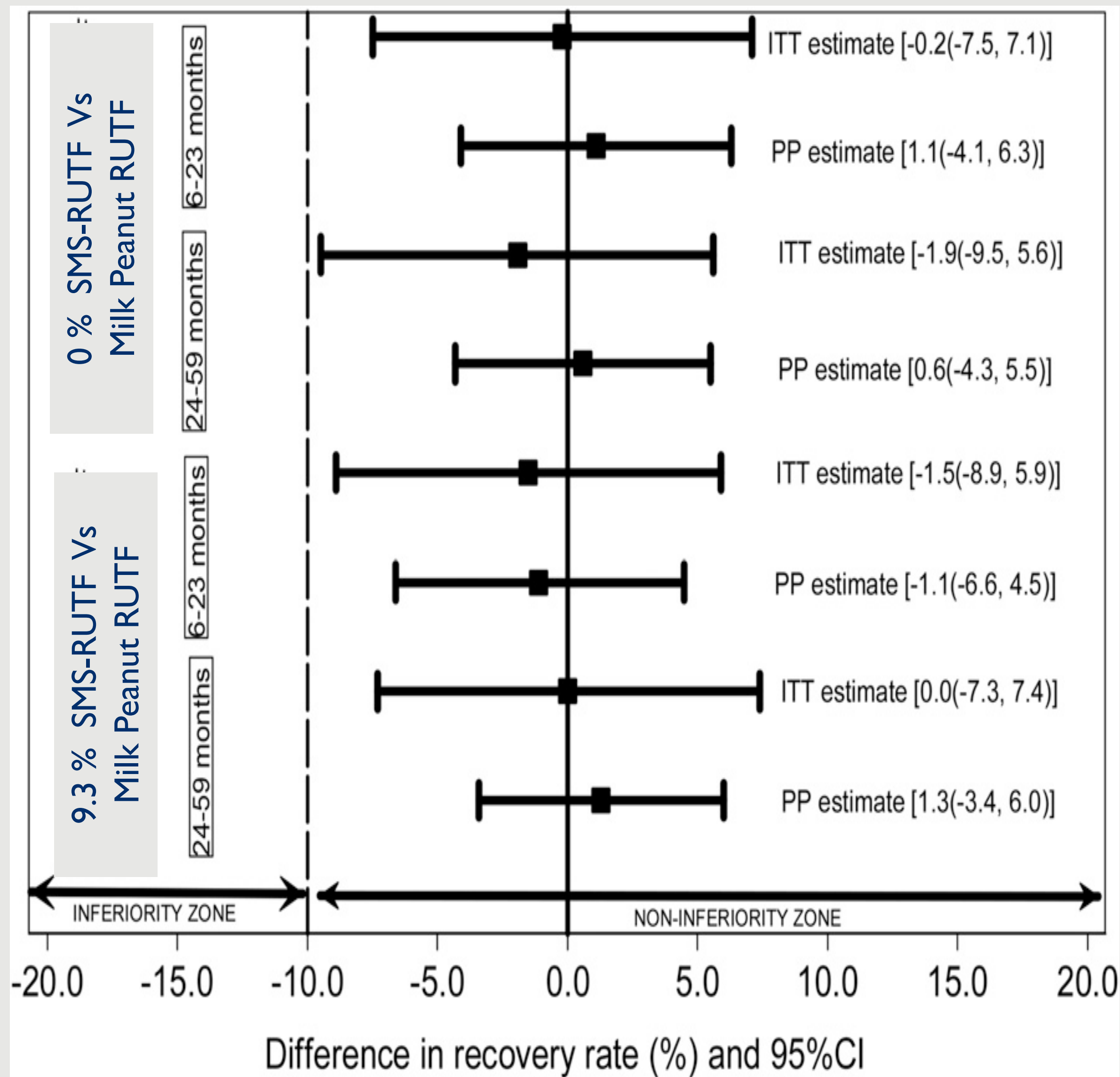
GAVI & Pentavalent Vaccines

- Business Orientated, Demand Driven Approach
  - Coverage from 1% in 2005 – to 81% in 2018
- Supply of Pentavalent
  - Highly competitive market
  - Choice of multiple large competitive suppliers
  - Original manufacturer now left market
  - Cost – reduced by 75%



Source GAVI

Recovery Rates with Amino Acid Enriched SMS-RUTF

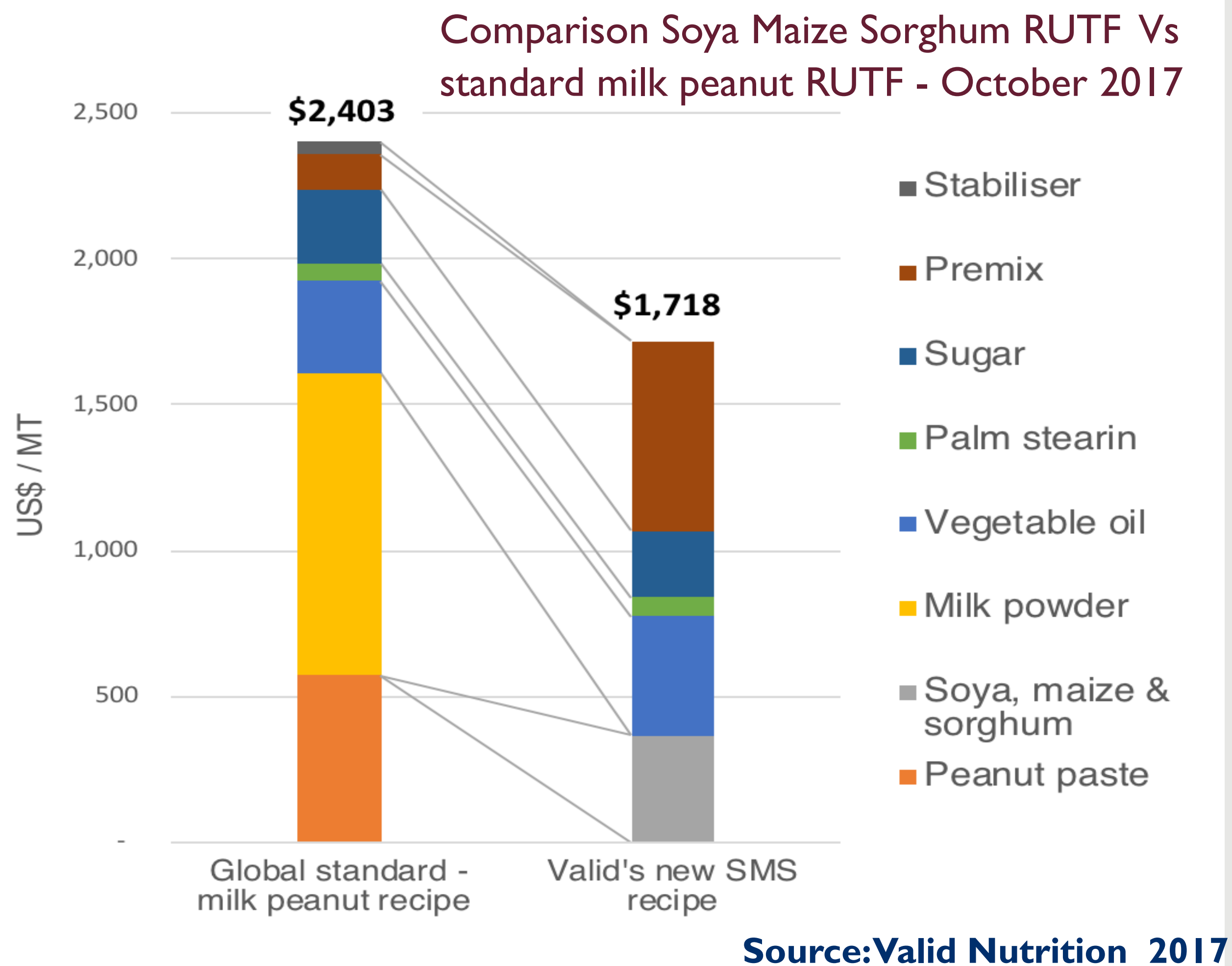


The Barrier

- The background review for the WHO RUTF Guideline Development Group meeting used a meta analysis that pooled dissimilar recipes:
  - 3 out of the 6 studies included were Valid Nutrition studies as part of the 15 year development process of SMS-RUTF
  - 2 of these had been rejected by Valid Nutrition because they did not meet efficacy criteria
- **Pooling data from different recipes, some of which we know don't work, in a meta study, can only come to one conclusion.**

Source: Am J Clin Nutr. 2017 Oct;106(4):1100-1112

Ingredient Cost of Amino Acid Enriched SMS-RUTF



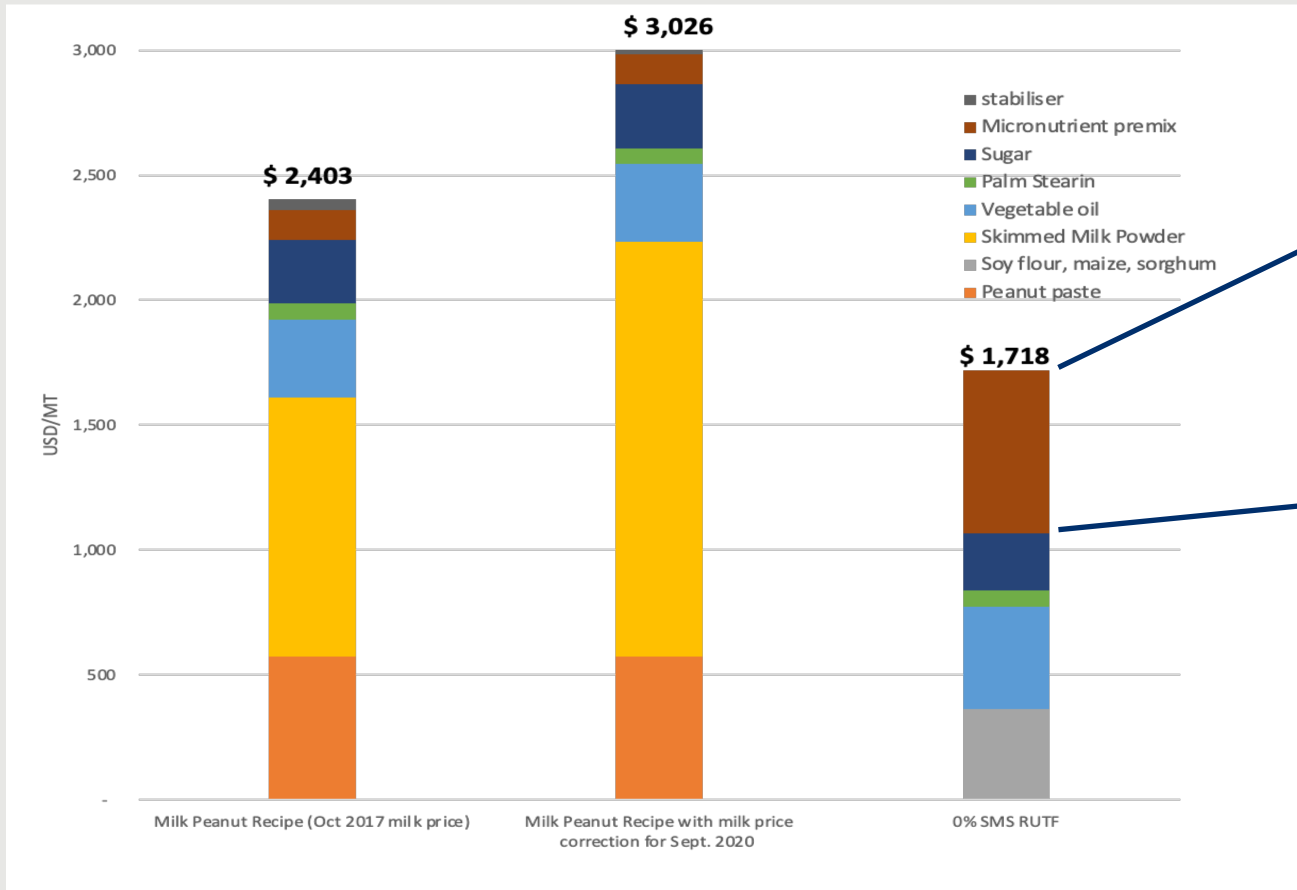
Source: Valid Nutrition 2017

In October 2017 ingredient costs for SMS-RUTF in Malawi were 29% lower than for milk-peanut RUTF

The Barrier

- The WHO RUTF Guideline Development Group did not commission the cost effectiveness background review paper (1/3 of the scope of the review)
  - Relied on UNICEF historical commercial cost data showing decreases in cost < 5%
- UNICEF itself admits this data is not a cost effectiveness analysis
  - In the absence of a cost effectiveness analysis the UNICEF data is being taken as precisely that
  - UNICEF's data is primarily historic prices from country of manufacture - does not cover true cost of supply to programmatic

Ingredient Cost of Amino Acid Enriched SMS-RUTF



Economies of scale in the commercial production of the amino acid mix will further decrease these costs in the future

Since October 2017 global milk prices have increased by >60%.

Based on October 2020 global skimmed milk prices, ingredient costs for SMS-RUTF in Malawi are now > 40% lower.

(Source https://www.globaldairytrade.info/en/product-results/skim-milk-powder/

Treatment of Body Iron Stores & Anaemia by the Amino Acid Enriched SMS-RUTF

Body Iron Store (BIS) Levels	Study arm	*n*	Admission BIS mean (SD)	n	Discharge BIS mean (SD)	Difference Δ (95%CI)	p-value[1]
All patients	0%_SMS-RUTF	115	1.9 (4.3)	64	3.9 (2.7)	2.0 (1.0;3.1)	<0.001
	9.3%_SMS-RUTF	92	2.0 (4.1)	46	3.1 (3.3)	1.1 (-0.2;2.4)	0.093
	25%_PM-RUTF	136	2.0 (4.3)	84	2.0 (3.4)	0.0 (-1.0;1.1)	0.962
	p-value[2]		0.972		**0.001**	**0.011**	
Anaemic	0%_SMS-RUTF	58	9.1 (1.3)	38	12.1 (1.1)	2.9 (2.4;3.4)	<0.001
	9.3%_SMS-RUTF	59	9.1 (1.4)	40	11.4 (1.5)	2.3 (1.8;2.9)	<0.001
	25%_PM-RUTF	72	9.0 (1.4)	45	11.2 (1.2)	2.2 (1.7;2.7)	<0.001
	p-value[2]		0.863		0.007		

The three arm trial clearly showed that the restoration of body iron stores and treatment of anaemia were superior in the milk free product and inversely related to milk content not iron content.

Iron deficiency is present in the majority of cases of SAM.

Source: BMC Public Health. 2019 Jun 24;19(1):806.

The Barrier

- The WHO RUTF Guideline Development Group meeting approached the rate of weight gain as a primary outcome indicator
  - the rate of weight gain is slightly lower in the SMS-RUTF equivalent to an 8% increase in length of stay.
- The rate of weight gain is a proxy outcome indicator affected by many other factors and has always been a secondary SPHERE indicator.

What do we still need to know (do)?

Re RUTF:

- Reconvene the RUTF Guideline Development Group
  - With a broader array of informed and objective experts
  - Commission the cost effectiveness review, as originally prescribed
- Do this quickly and not wait another 3 years

More Broadly:

- We need to look at ourselves, our sector and our processes to understand the barriers to innovation and progress that we have erected
  - Examine whether they are in the best interests of **our clients, the malnourished of the world**. Our role is to best meet their needs – not our own.
  - We need to hold international bodies to account for their processes and their decisions.
- We need to realize that the "Nutrition Community" cannot address this problem alone and our role should be to facilitate the engagement of those with the capability to address this at real scale.

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Q&A Discussion

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Question & Answer Discussion Leader

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