



# Nestlé Second Annual Creating Shared Value Forum

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Transcript of:  
Nutrition and Development

0:00:01  
Maria Livanos Cattau:

Ladies and gentlemen, you know it traditionally in meeting parlance. This is called the "graveyard session" - that is, the session that takes place right after lunch. And if I see any yawns, you get a demerit. Is that right?

Next Speaker:

Yes.

0:00:16  
Maria Livanos Cattau:

Exactly. But this panel's not going to let you do that. So I will now introduce them. This is a panel on Nutrition and Development. I hope you're all nutrified as you might wish. Lovely lunch. And we are in, now, to a difficult and not uncontroversial discussion. I'm going to, first of all, introduce the panel, and then we're going to pick up our voting machines and go through that exercise again.

0:00:47

So in alphabetical order: Robert Black, who is Professor and Chair of the Department of International Health at the Johns Hopkins University - raise your hand when you're introduced; Niels Christiansen, who is Vice President of Public Affairs at Nestlé; Lawrence Haddad, who is Director of the Institute of Development Studies at the University of Sussex; Eileen Kennedy, who is Dean and Professor of Nutrition at the Friedman School of Nutrition Science and Policy at Tufts; Venkatesh Mannar, who is President of the Micronutrient Initiative; Irwin Rosenberg, who is Board Chair of the Nevin Scrimshaw International Nutrition Foundation; Noel W. Solomons, who is Executive and Scientific Director of CeSSIAM, Guatemala - nobody can miss you, Noel; and Kraisid Tontisirin, who is Professor Emeritus at the Institute of Nutrition in Thailand, and he is the Former Director of FAO's Nutrition and Consumer Protection Division.

0:01:52

So, ladies and gentlemen, to start us off thinking, we're going to put into our hands these voting instruments, and we're going to look at the following. And for those of you who were not here this morning, it's a very simple mechanism. You're going to choose your three top priorities. They can be in any order. You will punch the button - the numbers on here that correspond to the three on that slide. If you make a mistake, you can press 'C' and correct it, and redo it.

0:02:26

So I will read them out, so you have a moment just to reflect. Where should we concentrate our efforts in nutrition and development? Choose your three top

priorities among: addressing vitamin and mineral deficiencies; combating over-nutrition; education, particularly among women, children and teenage girls; poverty reduction - that is, economic development, including education; decreasing the disease burden, which includes better hygiene, bed nets, vaccines, medical care, midwifery, etc.; and women's empowerment.

0:02:07

So the voting starts now.

Music

0:03:26

It's very sinister, isn't it, that thing? But it gets you concentrated. So here are the results: clearly, education came right up on top here, at 29%, followed closely by poverty reduction. And then I see, around the same area, I suppose, that decreased disease burden; and then combating over-nutrition, interestingly. Addressing vitamin and mineral deficiencies towards the end, along with women's empowerment. I think a lot of that comes because it's sort of like doubling part of the education, particularly among women - one.

0:04:10

But those are the ones, and we in the panel will have that in front of us as we go through. But we're going to begin right away. And first, I'm going to ask Bob right here, if he thinks these are his priorities, and to tell us a little bit while he thinks about whether they're his priorities, which ones he voted for. How large is this problem, under-nutrition, first? Let's get that out of the way.

0:04:38

Robert E. Black:

The problem of under-nutrition, which is what I will address, and I'll let others address the problem of obesity, is quite large. The prevalence of underweight in women is particularly problematic. The problem of underweight and stunting, stunted growth in children, is very serious. It's been estimated that globally, about 10 to 20% of all women are underweight and of stunted height. But also, for children, it's up to 33%, and in some countries, especially in South Asia, quite high rates of under-nutrition. So this is a very big problem.

0:05:44

Maria Livanos Cattau:

*It is* a big problem. Let me ask you, though: You mentioned stunting. What are the consequences of under-nutrition? What do you actually mean by stunting?

- Robert E. Black: Stunting is basically reduction of linear growth from what is the growth potential of an individual. It's the reduction because of poor ...
- Maria Livanos Cattai: And cognitive stunting is part of this, or not?
- 0:06:03  
Robert E. Black: No, the cognitive development is a consequence of it. So stunting we usually mean as short stature - reduced height; so not reaching the genetic potential for growth. But the consequences of stunting or underweight are both the long-term cognitive impairment, reduced earning potential. But also in the short term, there are serious consequences: increased risk of death in childhood if children are stunted or underweight, and that's a very big contributor to the mortality ...
- Maria Livanos Cattai: They're more vulnerable, I assume, to diseases and such?
- 0:06:35  
Robert E. Black: They're more vulnerable to disease; they get more serious disease; they get more fatal disease in childhood.
- Maria Livanos Cattai: And as adults, does it also make a higher impact on chronic disease later?
- 0:06:47  
Robert E. Black: Yes. There's increasing evidence that either foetal or early childhood under-nutrition has long-term effects on chronic disease. It makes the individual more susceptible to develop nutrition-related chronic disease: obesity, diabetes, cardiovascular disease.
- 0:07:07  
Maria Livanos Cattai: Recently, a few days ago in the *International Herald Tribune*, there was a reference to a study published Sunday of the *Lancet* online. And it said the death rates in children younger than five years are dropping in many countries at a surprisingly fast rate. And it mentioned that, on average, in some parts of Latin America, North Africa and the Middle East, the declines are as steep as six percent, and in Africa, even in the poorest areas, they're accelerating. And they say that the improvements could be easily reversed because of the underlying poverty in the country, and that these are due to a lot of the efforts that have been made in the international community.

0:07:57

We like, every now and then, to know exactly what effectiveness our money has produced in things like providing vaccines, AIDS medicines - our aid money - and supplements, better treatment and so forth of diseases. I just want to ask you: That's good, but it certainly isn't fast enough: two percent in general, and six percent in some areas. So what do we need to do to achieve a further dramatic increase?

0:08:25

Robert E. Black:

Well, there are many aspects in relation to nutrition that I think we could do, and I would certainly focus on the nutrition of women, and that's how - the nutrition in pregnancy is very important - so reduction in low birth weight; reduction in under-nutrition in the first two years of life. Pregnancy and the first two years are what we call the critical window, where we could intervene and really have a long-term effect, because after two years, there may be permanent damage.

Maria Livanos Cattai:

Who's going to do that?

0:09:01

Robert E. Black:

Well, I think the families and the mothers have to ...

Maria Livanos Cattai:

No, I mean, who's going to do that, who's going to make that happen?

Robert E. Black:

Who's going to make that happen? Well, obviously the low-income countries, or middle-income countries have the primary responsibility. The donors can contribute, but the countries really have the responsibility.

0:09:18

Maria Livanos Cattai:

And who within the countries is going to make that happen?

Robert E. Black:

Who within the countries? I think everyone. They say it takes a village.

Maria Livanos Cattai:

Eileen, yes?

0:09:29

Eileen Kennedy:

If I could add to Bob's point, I think we have a menu of nutrition interventions which have proven their effectiveness. What I find a little bit distressing is that this is not new news. Let me give you an example that gets close to home with you, Bob, from Johns Hopkins: Arnie Kielmann's work with others back in the '60s, '70s, was very clear that food supplementation of high-risk pregnant women had

enormous benefits. And yet, when you look at the reach of interventions, we're not reaching pregnant women, and I think. Even more importantly, females pre-conception. So this disconnect between what we know and actually getting it done.

0:10:09

Maria Livanos Cattau:

Can I ask you, in this respect, Eileen, if you had to make a global action plan - we love global action plans - for scaling up in this respect, what would it look like, and why isn't this getting where it should be? Is it a problem, as you have often written about, of capacity? What does that mean? What would you do?

0:10:34

Eileen Kennedy:

I would have given you a different answer, probably, four or five years ago. I think what we're seeing now is a renaissance of emphasis on nutrition. And it's interesting you asked about scaling up, because my view is that, collectively as a community, I don't think we've been very successful in going from pilot projects to larger scale, national, regional, whatever. There's been a very serious effort recently in looking at this whole issue of what does it take to scale up nutrition interventions - again, based on what we know today.

0:11:10

And while I'm a firm believer that we benefit from the international body of evidence to identify good practices, best practices, I think it's very clear that it happens at the country or local level. I got that quote from you, huh? [Laughs] And so I think we really need to think about how we develop ownership of these interventions. And interventions can be very specifically targeted or broader-based.

0:11:38

And one is country-owned; I think that's essential. Two, I think we need to revisit the whole issue of capacity building. And I think for a lot of people, when you talk about capacity building at this level, people will nod their heads, "Sure", but I think the metric they think about is training people, and often at the master's and doctoral level. And obviously, as an academic, I don't oppose that.

0:12:05

But the lack of scaling up of nutrition interventions really is related, in my mind, to lack of capacity at the human capital level, institutional level and political level. And to really be successful in scaling up, we need to give serious attention to capacity building. And given this morning's discussion, we also need to think about how we bring a multi-sectoral approach together without ignoring the fact that targeted

interventions work.

0:12:32

Maria Livanos Cattau:

Tell me, Eileen, which one of these was your priority?

Eileen Kennedy:

Well, I voted on education and poverty reduction, but I was in the minority, I guess. I also voted on over-nutrition. And the reason I did that is, again, I think we're behind the curve on this, in that if you look at the worldwide data, we've transitioned from infectious diseases as a major cause of death to non-infectious. And none of the Millennium Development Goals talk about that. Almost before the ink was dried on the goals, we knew that we had a problem with over-nutrition. So, hence, I actually ticked that one, because we know that prevention is going to be so much more cost-effective than therapeutics or cures.

0:13:19

Maria Livanos Cattau:

I think also before the ink was dry, we were moving into a world of chronic, long-term problems, which we touched on very lightly before. But Eileen, just before we leave, we keep talking about capacity building, training, teaching and so on. Are you sure we have enough political knowledge, ability and will to do that at a local level?

0:13:47

Eileen Kennedy:

In 2010? Absolutely not. And if you look at a lot of the research that came out in the 1990s, and you had this list of one to ten variables associated with successful nutrition interventions - and I'm not being facetious - on that list was always the phrase 'political will'. But when I talk about capacity building, it's really looking at, well, how do you build that political will where it doesn't exist. And I think there are various ways of doing that.

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When I went through my training, advocacy was, in some quarters, seen as a naughty word. Scientists, researchers didn't do advocacy. You bet we need to do advocacy, and that includes generating the political will.

0:14:30

Maria Livanos Cattau:

Like in the last session, when we were asking Ruth and Ajay - if you want to get governments to move, who's going to do it, and he kept saying, "Well, you know, we, on the ground, we farmers" and so on. Yes, this is a hard call to make sometimes, getting - in some countries, they just don't listen.

Lawrence, I'm going to turn to you now, and ask you your priorities from this list, if you can see it.

0:14:57

Lawrence Haddad:

Yeah. Thank you, Maria. I picked combating over-nutrition, poverty reduction, and women's empowerment. Do you want to know why?

Maria Livanos Cattai:

I absolutely do, but what I find interesting - did anyone else on this panel choose combating over-nutrition? Yes, very interesting. It's low there, which means it's low with you, because it was high over here. And I do want to know. But most of all, as you answer why, could you give us an idea of what you think are the main drivers of hunger and nutrition? Is it just poverty, or are there other things working here that you would point out?

0:15:38

Lawrence Haddad:

Well, it's a whole range of things at a number of different levels. This group here knows that it's immediate factors like diet and infection; underlying factors like poverty, food insecurity; and then really profound factors - political representation kinds of issues. So it's factors at all three of those levels.

0:15:57

The reason I picked women's empowerment is because that's fundamentally the most political, I think, of the factors you've got there. And I think it's the most potentially transformational one. So politics is very important for me in terms of solutions. Technical solutions are, of course, a big part of the solution. But politics and power is a big part.

Maria Livanos Cattai:

And that was the lowest - that was seven percent.

0:16:21

Lawrence Haddad:

It was the lowest one. It may be conflated with the education one, as you said. The other one I picked was combating over-nutrition, because I like to talk about how we should be confusing ... Well, I picked over-nutrition largely because we're talking about what the private sector can do here. And I feel like the private sector very often -- and it's very easy to say, "the private sector"; I acknowledge that it's a very heterogeneous group - too often focus on what I call "a billion bottoms" - making those billion bottoms quite big and overweight.

Maria Livanos Cattai:

Oh, literally bottoms! Yes.

0:16:59

Lawrence Haddad:

And not enough on the bottom billion, which is the



bottom billion that are hungry. Right? A billion bottoms, and the bottom billion. And why do I think that's important? Because these two things are linked, right? Over-nutrition and under-nutrition. We heard from Bob that they are physiologically linked. But they're also financially and politically linked. More resources get sucked into health systems, meaning there's less for prevention and primary health care. So I think that's something about which the private sector, working together with civil society and governments, can actually do something profound about. I think they can do a lot about under-nutrition, too.

0:17:35

Let me give you my third one. Why did I pick poverty reduction? Because I think it's really difficult to reduce under-nutrition sustainably without some kind of poverty reduction going on, without some kind of economic growth. But I say, "some kind" very carefully, because there are some kinds of economic growth - India, for example ...I've got into a lot of trouble for saying this - India is an economic superpower, but a nutritional weakling. Economic growth in India has been doing that for the last fifteen years; malnutrition has been doing that for the last fifteen years. Look at Vietnam ...

Maria Livanos Cattai:

Why that a disconnect?

0:18:09

Lawrence Haddad:

Well, you look at Vietnam. Vietnam's nutrition rate has diminished hugely over the last 15 years. Really interesting analyses of this last year showing that half of that was due to broad-based economic growth, where there's a more equitable distribution of assets and land and political representation; and the other half is from very strategic, selective investments in the health system.

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And fundamentally, this is all about political leadership and political will, at all levels. And we kind of take that for granted in nutrition, but we have to manufacture it and generate it because nutrition is an institutional orphan. It's everyone's interest, but no one's responsibility to do anything about it.

Maria Livanos Cattai:

A quick intervention, Eileen?

0:18:52

Eileen Kennedy:

It'll be quick, but Lawrence, I agree with your point about over-nutrition. And let me take overweight and obesity as one metric. But I think for a long time

we've been very simplistic in thinking it was some tinkering with energy in, energy out. And at one level it is, but the recent Forsyth Report in the U.K. tackling obesity - very clear message. We have to get beyond simply diet and physical activity, and get to a systems approach to tackle it.

0:19:19

Maria Livanos Cattai:

Right. But I think, from reading your material, you've always felt that there is a dependent linkage between economic growth and reduction. It just depends what kind of economic growth you're talking about.

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Lawrence Haddad:

Yeah. In India, there are a couple states where, actually, economic growth does reduce malnutrition rates quite quickly: Kerala and Tamil Nadu. And it's because there's political representation; it's because the state is responsive; and it's because the type of economic growth is very broad-based. I don't think economic growth guarantees nutrition, but I think it's very hard to do it without some kind of it.

Maria Livanos Cattai:

Necessary, but not sufficient, as they say.

Lawrence Haddad:

Maybe not even necessary, but helpful.

0:20:05

Maria Livanos Cattai:

Venkatesh, I'm going to come to you next because, of course, as President of the Micronutrient Initiative, that's where you are. And I want to ask you what's happening in the world of nutrition on micronutrients? What's going on?

0:20:20

Venkatesh Mannar:

Again, I can give you a very recent update, because, as Eileen said, the situation was quite depressing even a year or two ago, with nutrition really not receiving the attention it deserved. But in recent months, and the recent year or two, we have seen an upsurge in attention to nutrition, and also in the recognition that finally, nutrition is central to much broader issues like child and maternal health development.

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For example, the next G8 meeting in Canada in June has, as its primary initiative, addressing global maternal and child health. And what we as the nutrition community have done is to make sure that nutrition is central to that whole issue. And I think that's finally the way we can succeed in really getting nutrition to work, is not to talk about it as a separate intervention but as an integral part of everything that

any country does, whether it's in childhood or maternal health or education. Nutrition has to be an integral part.

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Unfortunately, many of those discussions ... There's a big seminar on early childhood development. You'll find very little on nutrition there. And that's where we need to be penetrating these fora to make sure that nutrition becomes an integral part of what they were doing. And that's they key to success.

0:21:39

Maria Livanos Cattai:

I'll be asking Niels in a minute how the private sector can help out on that. But before we get to this, can you just tell me: there are controversies sometimes on this. What do you feel? Is there an overreliance on micronutrients as an answer? Or what's the controversy?

0:21:56

Venkatesh Mannar:

Given my own bias and focus on micronutrients, we still believe that, you know, we have micronutrient interventions that work, that address some key deficiencies - as Bob said, huge deficiencies in several parts of the world - and we have proven interventions, extremely low-cost. So, in fact, I rated that, obviously, among my three, along with poverty and women's empowerment.

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The reason why I rated vitamin deficiencies was that this is something that the world can do, and can get off the plate as a problem within the next five years. We have the solutions on hand and we can do it very quickly. So why not get it done, and then move on to address the much broader issues, which anyway on the panel need to be addressed as well?

0:22:43

Maria Livanos Cattai:

Right. Thank you. Niels, I'm going to ask you know, from the business side - what can business do? What can you do to improve, let's say, the nutrition profile of your products?

0:22:58

Niels Christiansen:

First of all, I want to say that I share Eileen's frustration that the ability to scale up intervention programmes that can prevent protein calorie malnutrition has proven to be very difficult. And the discussions that we have at the International Congress of Nutrition that was hosted by our Thai friends this past year could have been held in the 1970s on this issue, because the cost of supplementing large

numbers of people with enough calories and protein - governments simply don't have the money to do that - particularly in those areas where it's needed most - where you have two dollars per year per person to spend. There's no way that you can afford to scale up these programmes.

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And it's one of the reasons that I left the Harvard School of Public Health Nutrition Department and joined Nestlé was because every day Nestlé reaches two billion people; we sell something to two billion people. For instance, micronutrient fortification: we sell 29 billion bouillon cubes in West Africa alone every year, and they're all fortified with iodine, and we're now looking to see how we can put a vitamin pack in that.

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So business can have enormous impact on even reaching the bottom of the pyramid, which, thinking back to C.K. Prahalad, I think we have learned a lesson from him, that this is a great area where we can compete effectively, and where there's a great need.

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So we have an entire business strategy called Popularly Priced Products, where we want to, and we are, producing foods at lower cost, but also with higher nutritional content, particularly iron-fortified milk, vitamin A-fortified milk, and vitamin packs in cereals and other products. So there's a tremendous business opportunity here that we intend and are already exploiting and expanding to, I believe, the benefit of the people who are consuming those products.

0:25:15

Maria Livanos Cattai:

Just to interrupt you a minute ... Lawrence, you wanted to come in?

Lawrence Haddad:

I completely agree with that potential. I'm just wondering whether that potential is being realised, and if it's not, why?

0:25:28

Niels Christiansen:

I can say that we're pushing ahead as quickly as we can in this area. And the growth of these particular product categories, lower-cost fortified milk, lower-cost cereals, lower-cost bouillons and soups, is far greater than the growth of our other product areas. I think it takes one research - we spend about two billion dollars a year on research - to make foods that are both tasty (that people want to buy), and where

you can fortify them without destroying the taste and the consumer attraction. And then it takes a long-term perspective in order to develop this business.

0:26:14

Maria Livanos Cattau:

Can I ask you, and perhaps other members of the panel: can we measure that effect, and why aren't others doing that from the governments concerned? Where's the stumbling block to make that figure that I read out considerably larger? What's the impediment? Is it that governments don't have the money to do it themselves, and you have to rely on parts of the private sector that have two billion dollars to put into research to do this? Or what's next? Anyone? Well, think about it. I'll come to you now, Irwin, and you can start telling me a little bit. First of all, tell me how you voted on this, please.

0:26:54

Venkatesh Mannar:

Well, I have no solution to offer, but this is something where I think there has to be a real understanding and collaboration between government and the private sector. Because I think in most countries, even in emerging markets, sixty or seventy percent of the population can afford to pay for the good nutrition that they need. And so my question is, why can't that sector be primarily serviced by the private sector, obviously within regulatory and other frameworks set by the government, that allows the government to focus on the bottom twenty or thirty percent, who really are in abject poverty and need either subsidised programming or some other form of assistance?

0:27:34

Maria Livanos Cattau:

Venkatesh, let's pick that up afterwards. I want to ask you, Irwin, first of all, what were your priorities?

Irwin H. Rosenberg:

Well, my first priority was related to women, children, teenage girls. I didn't vote for women's empowerment, because I associate it with those. And I think the reason is that I think we are at a time when prioritising our approaches to under-nutrition and to nutritional problems in the world, its time has come. And we need to have the kind of focus that will involve inputs at a number of different levels: at the levels of funding from World Bank; at the levels of UN agencies; at the levels of NGOs; and clearly, at the levels of companies that can contribute to the scaling up.

0:28:47

I endorse strongly the focus which Bob Black described earlier: that if we can focus on the so-called

minus-nine-month to twenty-four-month child - pregnancy and lactation and early child feeding - we will not only have an impact - and I think this has now been well-documented - on problems of stunting and child mortality, but we will also have an impact on later health through the life cycle, and productivity. And the economics of this have now been well developed.

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There is some controversy, and maybe Lawrence would comment on that. But I think the evidence is that investment in that period of child health and development will have an impact on productivity and economics and later health of enormous importance, and that's where I think the focus on women and teenage girls comes in.

0:30:07

Maria Livanos Cattau:

Irwin, you mentioned to me that you think this is a ten- to twelve-billion-dollar a year necessity, at least.

Irwin H. Rosenberg:

Well, the policy brief, which has recently come out of a coalition of the World Bank, UNICEF, WHO, World Food Programme, and also some NGOs and even universities, including the Micronutrient Initiative, which we published last month in the *Food and Nutrition Bulletin*, is about scaling up nutrition and a framework for action, set a number at, I think, 10.3 billion dollars a year. And I think that was directed to the vision that our research and our experience with targeted interventions is now sufficiently compelling so that we can scale up, if you will, those interventions which do work, and which have been shown to prevent stunting, have been shown to prevent child malnutrition and low birth weight.

0:31:46

But that will take a co-ordinated effort across many of these institutions and capabilities. Within that co-ordination, as well as in the continuing work on the science base for this, I think creating shared value in a company such as Nestlé can make some substantial contributions. The communications which are going to be necessary if there is co-ordination, to achieve scaling up within a country, so that those processes which have been shown to work can be applied, is going to need an information base and communication base which I think the concept of creating shared value seems to fit. It seems to be able to offer an important kind of co-ordination.

0:32:51

Maria Livanos Cattau:

This point was brought up, I think, this morning as

well. YouTube is still out there. I keep maintaining that with all the normal kinds of communication we're used to, and all of us here are used to reading, there's nothing still more powerful today than using all of the media to get shared messages out. And when you look at many of the countries in which many of you operate and know, the mobile telephone is a far more powerful instrument than many others.

Let me ask if Lawrence and Bob have anything to add to what you just said.

0:34:25

Lawrence Haddad:

Just very quick, on your point about the new media: I was at a meeting last December. I'm a bit out of touch, but as of last December, we didn't really know what the impact of the financial crisis was on child stunting rates or underweight rates. And that, to me, is astonishing: that we're so weak at sort of measuring in real time what's happening to nutrition rates. And that's why I think some of these new media can really come in and help us map and monitor what's happening to under-nutrition in real time, either through SMSs or from short YouTube clips from out in the field, from world food programme sites and NGO sites and nutritional surveillance sites. I think these technologies have the potential to transform nutritional surveillance and to give us much better ability to act in real time, and to make noise about this in real time.

0:34:20

Maria Livanos Cattau:

And there are many new platforms that are not just ones that we have invented here, so to speak. Think of Ushahidi, which is used for crisis management in cases of natural crises, or even man-made crisis. That was invented in Kenya. And there are many such platforms to amass information and knowledge.

0:34:41

Just before I go on and ask our contrarian, Noel, some questions, I wondered if you had any comment on what was just said.

0:34:51

Robert E. Black:

I think Irv has highlighted, again, this critical window. You know, we have good evidence. We have really quite outstanding evidence in regard to what we need to do, let's say, in maternal nutrition or in early childhood nutrition. Promotion of breast-feeding has been quite successful: even exclusive breast-feeding for up to six months.

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I think the success with that has been, to me,

surprising and pleasing that the practice can be done. And when we've done calculations on how much that would reduce mortality, particularly the exclusive breast-feeding period, we've estimated that ten percent of the child deaths could be prevented by just improving breast-feeding practices.

0:35:38

Maria Livanos Cattau:

And that also has been a message that's gone out through multiple media. Noel, before I come to you, because I want you to tell us what we *haven't* said and what we *should* be concentrating on, Kraisid, I'd like to ask you about the question that we put often and again to ourselves: why some of these programmes don't have a greater impact, don't have a greater immediate take-up. Can community-based programmes fill a gap here?

0:36:10

Kraisid Tontisirin:

Yes. May I just begin with my vote first? I think poverty is a key issue, because malnutrition is a symptom inside of poverty. In order to solve the problem, you have to dig down to the root. And of course, it requires policy with a multi-sectoral approach: provision of basic services - everywhere, down to the local communities; and then using nutrition as a target or goal for intervention; and have mass mobilisation. Believe me, a vertical programme won't work if you will not reach the unreached.

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So, essentially, community-based programmes -- it's a linking with poverty-reduction activity. Private sector can join in. First, you have to provide basic services in health, education, basic sanitation, water supply. And then have mass mobilisation to reach the unreached: maybe block representative; maybe class representation.

0:37:15

Bring all pregnant women to get services. And then using nutrition as an indicated goal. One you mention: take action accordingly. So I just would like to complement that. One, we would like to have targeted intervention; to improve maternal and child health, you have to bring all pregnant women to get services and pre-natal care. They require multivitamin supplements, iron supplementation. They require food products. Agrifood businesses can come in. Produce food for pregnant women. When they have babies, breastfeeding.

0:37:51

Then, babies also require complementary food. Industry can join in and produce quality and safe food



for infants. And then start with growth monitoring and promotion. If growth faltering starts, take action accordingly. So these become community-based programmes.

0:38:12

Maria Livanos Cattai:

Talking about community-based programmes, one of the issues I would have also, if some of our friends and participants from Africa are still here - and parts of Asia - there's sometimes a reluctance, let's say. There are traditional ways of handling things that prevent, perhaps, early intervention and care of pregnant mothers or of early childhood, or a lack of knowledge on it. How do you get over those community obstacles, if you will?

0:38:44

Kraisid Tontisirin:

You see, there are a lot of false food beliefs and practices. In remote areas in Africa and Asia, mothers practise food restriction for fear of having a big baby, and we have difficult labour and delivery. So if you provide adequate antenatal care and safe service delivery, then you can solve with education for mothers and children. And of course it requires also referral systems for high-risk pregnancies.

0:39:15

The same thing for infant and young child feeding: a lot of false food beliefs and practices. Because they just believe on a hearsay process, not based on evidence. And frequently, in rural areas, they are living in poor sanitation conditions with unsafe water for themselves or for feeding the baby. So if you can provide basic services on those issues, things can be better off.

0:39:47

Maria Livanos Cattai:

Thank you very much, Kraisid. Noel, I'm finally coming to you to ask you, what was not said that you want to bring up? I know that one of your concerns is that we're not taking this always as seriously as we should, and I think you have also often said that we shouldn't scale up that which is useless or dangerous. What would that be?

0:40:14

Noel W. Solomons:

In the round table we've had so far, I can't play a role as contrarian. I'm sorry, for all those who came all the way to London to hear me be contrarian. At least in this first round, there's no opportunity. I would give an 'A' to all of the speakers, and actually associate myself with all of their points. Maybe they're afraid to say anything that I might disagree

- with. [Laughter]
- 0:30:34 My voting was for overweight, education, and decreased disease burden, and that's probably somewhere where I'd begin to enter. The only person I might give a low grade to whoever put out the questions we're supposed to deal with, because I think they're oversimplified. That's what I think.
- Maria Livanos Cattai: What would you have liked to have seen?
- 0:40:58  
Noel W. Solomons: We had food security and nutrition, blah blah blah. They aren't the same thing, okay? The way we measure them and talk about them, they're not the same thing. Food security is something that, if you look at the literature, the people who are most insecure by scales are the most overweight, okay? It's more about anxiety and a system of procurement in the household than actual nutrient delivery to the body.
- 0:41:22 There's another issue we have to complicate, which is that diet and nutritional status are not a one-to-one. And what's the intervening factor? Disease burden. Infections. So if you want to improve nutrition as we see a child or a person evaluated, we can't only focus on diet; we have to focus on those things that limit the utilisation of diet, of access to diet. And that's where the food industry - and I think that's what we need to talk about more in the remaining time - how is the food industry uniquely suited to resolve some of the things we've talked about?
- 0:42:04 Now, I'll just talk about two areas where I thought they were. We've had a number of seconds to the notion of the minus-nine to the 24 months. I second that emotion as well. But I understand that the food industry can play very important roles in that period. I don't think we know yet what they can do in the nine months of pregnancy; I think that remains to be explored.
- 0:42:26 What they can do in the first six months of life is support exclusive breastfeeding to the greatest extent possible, and when women cannot, support the women to be able to feed their children. And from six months to 24 months, a new focus has to be on enabling families to have the optimal complementary feeding for the home, be it by commercial, home, or any combination.

- 0:42:52                      The other point that was made - and that's why I was reaching over it; I think I was scared - is that country by country is the perfect focus. Not global. So scaling up, to me, doesn't mean scaling up to the world; it means scaling up in regions where we have a relatively cohesive idea of what will work and how it has worked.
- 0:43:11                      Where I disagree with Bob sometimes is on his faith in meta-analyses, because I look at meta-analyses, and I see a whole series of lines, and I see places where it worked, places where it didn't work, and places where it was bad. And I say to Bob, I don't want to see the result over here that it was sort of good everywhere, because if I lived where it was bad, I don't want it. If I lived where it didn't work, I don't want to waste the money on it; if I lived where it did work, you should've gotten it to me by now.
- 0:43:38                      So I think that we really need to focus in on what works, where it works, and not just the average of what should work, Because that simplifies it for the policymakers, and it also makes it, as a researcher, ethically challenged to do the study again because they say, "Okay, but it works". You can't give the placebo ever again; just put it in practice and go on. And it might be that I live in the place where the circumstances are that it doesn't work, and we need to have that ability to do it again when we're not really sure whether it's useful, harmful, or neutral. Everybody's been saying very good things.
- 0:44:17  
Maria Livanos Cattau:                      Thank you for giving us good marks. Now, we're going to go to some questions. And as you know, at the end we will redo this vote, but this time, after we redo the vote and we see what are the before and after, I will ask you all, in light of what Noel just said, if your priority wasn't on that list of six, what is it? If it's not there, what is it?
- 0:44:49                      So let's go first to the audience. And I ask you to wake up after lunch. [Laughter.] Raise you hand. I can't see you very well; maybe just a little bit of light would be possible? That would be helpful. Right. I see a question over here. Perhaps a microphone over here and one over there? We'll start over here on stage left. Yes?
- 0:45:12  
Next Speaker:                      [Inaudible - no mic] College. I had a question on how

private companies like Nestlé deal with over-nutrition, since, like Mr. Brabeck said earlier, once a company stops growing, it starts dying. So in the end, companies like Nestlé want to sell more Kit Kats, for example, and maybe once people are obese they want to sell them diet cookies or something else. So how can they combine the health issues and the corporate strategy?

Maria Livanos Cattau:

Dying from overeating. Yes, over here.

0:45:44

Elizabeth Zenger, OECD

Yes, hello. I thought it was a very, very nice discussion, which actually suggests for me a mix of frustration, concern, and hope. Hope is that we know what works, and it's relatively low-cost, as we heard. I also voted for number one in terms of priority.

0:46:04

What is it that we need to do at the country level? And I thought it was great that we heard, let's do it at a country level. Let's not create a big new global plan. We have a lot of global initiatives, so let's do it at the country level. And my question is more for the private sector, again, because what can they do really to help us develop this advocacy and help the countries design good, transversal, multi-sectoral strategies, also working with the donors on this issue? Thank you.

0:46:32

Maria Livanos Cattau:

Thank you very much. And we have Ismael right here in the front and a lady at the back there. We'll take those next.

Dr. Ismael Serageldin:

Thank you, Maria. This question is really for Lawrence Haddad and Venkatesh Mannar. What has happened to initiatives like quality protein maize, vitamin A rice, and a lot of other things that were going to actually expand very significantly the basic availability of the nutritional content of the basic foods of the poorest billion - the bottom billion that you talked about? Why weren't these among the issues that were raised? Is something wrong with that or are we still slow in expanding their availability?

Maria Livanos Cattau:

Thank you, Ismael. Yes?

0:47:27

Susan Hancock:

I'm Susan Hancock from C3 Collaborating for Health, which is a small global charity committed to combating chronic disease. So I was really pleased to hear, despite chronic disease and obesity not being very

clear on the questions, that the panel were very clear that this was important. And I wanted to ask a question about the issue of national, which I'm sure is right: whether or not there's a need for a global initiative. Because Eileen mentioned the Millennium Development Goals, and most aid and most international effort has flowed with the Millennium Development Goals.

0:48:06

There is now a UN General Assembly on chronic disease promised. And in a way, is that just a lot of bureaucracy and a lot of noise, or will it make a difference? And is that something where the private sector should have a role, or is this just the United Nations and its agents, supported by civil society, making noise and making some very important points, but would it really make a difference? Thank you.

Maria Livanos Cattau:

Thank you very much. Yes, down here.

0:48:47

Male Q:

When I went to school we talked about nutritional deficiency diseases. I think it's been years since I've heard discussions of under-nutrition or malnutrition termed "nutritional deficiency diseases". It's my perception that big pharma has totally hijacked the global health agenda. Nutrition and under-nutrition don't really get considered as part of the health agenda. Why did we stop talking about nutritional deficiency diseases? Because I think when we did, these problems - which in many cases, make greater negative impact than diseases caused by pathogens across the developing world - slipped off the development agenda? I think it's desperately important to get them back on the agenda and at a much higher level, but I think if we continue to talk about nutritional deficiency diseases, it might help remind people this is part of the health agenda.

0:49:47

Maria Livanos Cattau:

Sometimes, Bob, these things - and I'll ask it all of you - are a matter of pressure that's put on donor governments by populations who may not find micronutrient nutrition deficiency as exciting, as stimulating, as emotionally easy to connect to as other things. So maybe the framing, sometimes, of urgency needs to move into other areas. I agree with your perception, but we're going to ask the panel that.

0:50:27

First of all, is there any other question in this first round? Otherwise, we'll turn... Yes, sorry. One more question and then we'll get you all in to answer these.

0:50:43

Male Q:

My question is, again, on the implementation side. Where are the incentive structures? Nobody mentioned that these have to be, in a way, implemented through more integrated projects. Lawrence, I would have thought you would talk something about these conditional cash transfer programmes - I mean, new ideas to create a new type of demand that comes not through politicians necessarily, but through people who see the need for it. These are long gestation inputs. I sympathise with those who say, "I don't know yet whether this works", but how do we create that?

0:51:24

Maria Livanos Cattau:

Thank you very much. Now, we're going to answer some of these. For those who are watching this as a webcast, I just remind you that they'll ring to me as many relevant and appropriate questions as we have time for. So, please, go right ahead - those of you on the web cast - and send in your questions. And for those that we don't answer on the stage, you will be sent, directly and personally, a response - as long as your email address is correct, of course.

0:51:59

One of the questions that we have from the webcast - from Muhammad Ali Haider from Pakistan - is, are you taking giant steps to cater to the nutrition requirements of rural areas of the developing countries, where it is already very tough to survive in the current economic crisis situation? Just keep that one in mind, as well, when you answer the questions.

0:52:31

Look, the questions are here. We have on over-nutrition several of them dealing with over-nutrition. Has big pharma hijacked the global health agenda? Has nutrition become less urgent because it's somehow focusing much more on the diseases and disasters of different pathogens? Is there a country level? What can businesses do at a country level?

0:53:00

Lawrence and Venkatesh, there were several to you on what have we done - that Ismael brought up - on initiatives to increase and change nutrient content? What's happened to these things? Have they worked? Have we left them? Are they just ongoing? Are they stalled? What's going on?

0:53:19

And the question on the need for global initiatives on chronic diseases - will this make a difference? Is that going to have an impact? What can the private sector

do? Of course, the incentive structure was a direct question to you, Lawrence, but I'm sure that others can look at that as well. So I leave you all, in the time remaining, to bring up back and forth the issues that you would like to bring up. Eileen, why don't you start?

0:53:47

Eileen Kennedy:

If I could start with the issue of where is the global focus on chronic diseases - more specifically overweight and obesity - indeed, there was a very serious focus on that with the World Health Organisation FAO. There was a technical series document, but then emerging from that was a global strategy on diet and physical activity, and I think the ...

0:54:11

Well, I'm going to talk about the positives. I think the leadership, when this emerged, the WHO, was clear, aggressive. But then the leadership changed. It always relied on activities happening at country and sub-national level, and again, that got into resources.

0:54:32

I think a little bit of the challenge - and this is an area that we are researching at the moment - is, we don't have an evidence-based population-wide strategy that has been effective in preventing obesity. And so for a lot of policy officials, the dilemma is if you haven't seen it in action, how do you know what it is? And there are different kinds of paradigms that are being asked for, and I think there we have to be a little bit more creative - obviously, a strong research base - but again, looking at context specific. Do you want me ...? Because I was going to answer Bob's about deficiencies, but ...

0:55:15

Dr. Noel W. Solomons:

I want to answer Bob directly - as directly as I can.

Maria Livanos Cattai:

Right, you want to answer Bob, too.

Eileen Kennedy:

I think it depends on the country you're talking about. In the United States, in the early part of the last century, there's a lot of focus on nutrient discovery, essential vitamins and minerals and nutrient deficiencies, and a collective series of efforts, including income growth, growth in the agricultural sector, fortification policies, targeted programmes. We saw the gaps in nutrient intake between low-income households and other incomes narrowed, and in some cases virtually disappeared. So that I see as a success story in the U.S.

- 0:55:53 But I also think that the focus has moved from one of thinking about nutrition as either deficiencies or food [inaudible] to thinking about health and wellness, which gets much broader than single nutrients or single foods.
- Maria Livanos Cattai: Did you want to add to that, Noel?
- 0:56:08  
Dr. Noel W. Solomons: Well, I wanted to say sort of the same thing that Eileen said. As a physician - and there are four physicians up here - and I think all of us would say that it's a wonderful fact that we no longer talk about kwashiorkor and marasmus and goitre and nutritional blindness, because they have receded. So we don't see under-nutrition as these grotesque, life-threatening syndromes anymore.
- 0:56:34 We see it as, in vitamin A, excess mortality from certain issues. We see it in iodine as a much milder form and to some extent a success story is we've generally conquered iodine deficiency as long as sustainability of iodine comes. The only place where iodine deficiency is a problem now is in Europe, where it's not obligatory - where they have freedom not to have iodine. So part of the reason is, the textbook pictures we saw when we were younger are no longer an easy reality to find in the developing countries.
- 0:57:08  
Maria Livanos Cattai: Others want to come into this? You want to start and then we'll go to Lawrence and Kraisid. Go ahead.
- Next Speaker: I think that Noel's point is correct: that some of the more flagrant presentations of nutritional deficiency diseases - he mentioned kwashiorkor, a calorie protein malnutrition; even nutritional blindness with vitamin A deficiency and so forth - are not as prominent as they were, and some of this has to do with the improvements in diet and also programmes, and even poverty.
- 0:57:58 But these conditions, whether they're called deficiencies or not, still exist in high prevalence. And the kind of stunting and loss of linear growth and small stature, small females who then give birth to small babies, this kind of somewhat more subtle nutritional deficiency, which is combined as I think has been said, with some infectious exposure - this is the face of under-nutrition in the world and with huge impact on health.



- 0:58:52 And I think we need to recognise and emphasise that these are nutritional problems. They can be approached nutritionally. Kraisid mentions the importance of the right kind of complementary feeding along with, and even at later stages of breastfeeding.
- 0:59:18 And that, by the way, is not going to be accomplished - as important as it may be - by fortifying foods with vitamins and minerals. Those foods complementary not only with breast-feeding, but complementary with regard to their protein content - the way in which vegetable proteins that can be derived locally can be used are really at the core of understanding both the prevention and the treatment of under-nutrition and malnutrition.
- 1:00:01 So I do think there's a place for the work that's been done about better protein maize and some of those things, and I think there is room now to return to concerns about the adequacy of protein and the adequacy of calories along with micronutrients in preventing malnutrition.
- 1:00:27  
Maria Livanos Cattai: Thank you. I'll come to your question. I just want to ask Lawrence one thing. Not to forget the incentive question - incentive structures. If you could please look at that a minute. And then Kraisid and Niels, what can business do in this? Go ahead. We'll start with Lawrence and come to you Kraisid.
- Lawrence: So this is my question. This is the question that wasn't on the...?
- Maria Livanos Cattai: Well, I think it was directed directly at you.
- 1:00:48  
Lawrence: No, but this would be the thing on my list that wasn't on the six. My question would be: How to make it inconvenient and difficult for governments to ignore under-nutrition, or malnutrition?
- Maria Livanos Cattai: All right, so you want to look at it from the negative. What would make it difficult for governments to ignore?
- 1:01:04  
Lawrence: Well, let me just tell you how easy it is at the moment for governments to ignore. We went from a billion hungry people - and I don't have the numbers for under-nutrition, but let me use the FO numbers - we

went from a billion hungry people in the '70s to 850 million about six or seven years ago. It took us two or three years to get back to a billion and that was a crisis. So the 850 had been kind of internalised as the norm and okay, and going from 850 million to a billion was the crisis. So that just tells you how easy it is to get these things internalised.

1:01:36

I think the private sector actually has a huge role to play here in making it harder for governments to ignore under-nutrition. But I'm not talking about necessarily the private sector that's involved in the food sector. I like to talk of the four L's around here, right. The four L's: learning, linking, leveraging, and leading. Let me tell you ...

1:02:02

Learning: We need to learn a lot about scaling up in nutrition. I think the private sector can really help us a lot, whether it's Nestlé or other kinds of companies in private sectors. We need to learn a lot about linking - linking to civil society, I think. The new ICT technologies can really help us understand what's going on at the ground level to influence strategy, resource allocation at other levels.

1:02:28

Leveraging: this comes back to the CCT question. A big part of the challenge, I think, for all of us who care about nutrition is how to leverage resources that are not labelled nutrition - how to bring them into our camp. And I think, again, the private sector is really good at leveraging resources that are not labelled by a government as for nutrition. I'm thinking of the 80-20 rule.

1:02:52

And finally, leadership. Nutrition is, as I said, is an orphan sector. There's no Ministry of Nutrition anywhere. Is it agriculture? Is it health? Is it women's empowerment? Is it social protection? What is it? To make it less invisible, because again, symptomatically it's invisible as well ... Stunting is hard to detect. To make it less visible, you need leadership. And I think, again, the private sector can really help in terms of leadership models and thinking about platforms for leadership. This is sponsored by the International Business Leaders Forum. Where's the International and National Nutrition Leaders Forum?

Maria Livanos Cattai:

Thank you very much, Lawrence. Kraisid, and then...

1:03:37

Kraisid Tontisirin:

Yes, I just would like to respond to your comment

about putting disease in nutrition deficiency. I think that's the wrong concept, because nutrition is the link between food and health. The health sector can play some role, but not every role to solve malnutrition. And I believe individuals, and also the community and private sectors, have a key role to play to improve food securities, particularly the food targeted to certain population groups.

1:04:12

And also, some other sectors can also be involved in improving water supplies and sanitation - just basic personal hygiene, feeding, and caring practice. That would also help individuals, and also families and communities. So just forget about putting it in the health sector alone.

Maria Livanos Cattai:

I'm coming to Niels to have some ideas on further business input to this, but go ahead Noel.

1:04:43

Dr. Noel W. Solomons:

We're beating a dead horse and a dead set of syndromes. But I think what happened, Bob, when we changed over from these deficiency diseases, we realised they were the tip of an iceberg. We discovered the iceberg, okay? We're so caught up on goitre, but people with low levels of iodine in urine became interesting. And I know Irv is going to bring this up at the advisory meeting tomorrow, but it turns out, embarrassingly, we of the clinical and the epidemiological sciences do not know how to use the biomarkers of nutritional diagnosis - how to diagnosis iodine, vitamin A, iron, folic acid, and B12 deficiency - as well as we thought we did.

1:05:24

And when policy people challenged us to say, can we really trust those cut-offs that are out there, it turns out they came from the clinical side and we're in a process, financed by the Gates Foundation and led by the NIH Division for Children and Human Development, of reassessing and tightening up a long-ignored aspect of how well can we use biomarkers of nutritional status to find those in the iceberg, because, indeed, the tips of the iceberg have been cut off.

1:05:54

So we do have a challenge and a challenge we didn't think we had, because we were lying on our laurels for too long until someone showed us that the emperor - in this case, biomarkers - is naked.

Maria Livanos Cattai:

Venkatesh, you wanted to add something?

Venkatesh Mannar:

No, I just wanted to go back to the issue of how can

we really address the problem of nutrition effectively at the country level, and all of our recent experience has shown that in countries where you have high level championship at the Prime Minister's level or at the Minister's level, that is the kind of level you need to really make a difference.

1:06:28

And we can cite several countries, starting with Thailand, Mexico, or Brazil, where very high-level leadership has made a huge difference and has shown that you can really eliminate under-nutrition, or substantially reduce it. So that is absolutely key.

1:06:43

And the engagement with the private sector is something that is very weak on nutrition, and for the very reason that there's no Ministry of Nutrition. We counted in India that there are seven different ministries that have something to do with nutrition, but nobody's responsible for it. So that's the kind of thing that happens all across, and we really need to get this raised and have that high-level championship which will draw resources and have a budget line.

1:07:07

Maria Livanos Cattau:

I think this is, directly, Niels, something to ask you. How do you see further involvement and contribution by business - not just Nestlé - but business and particularly perhaps Nestlé to all three parts of what we've been talking about: food security, over-nutrition, under-nutrition? How does business look at this? How does creating a shared value ... ? Where would you start?

1:07:36

Niels Christiansen:

Let me just reply to the question of what can the food industry do in terms of products and its basic business, and we started nearly ten years ago with a new corporate objective and strategy that was - our intention is to become the recognised leader in nutrition, health, and wellness. And that is still our objective.

1:08:10

And I think if you take out the "recognise", we would feel that product-wise we are there, but what that took was to put tools into place of product development - that we have a process called 60-40 plus, where sixty percent of consumers in blind testing have to prefer the taste of our products, because if they don't like the taste, they aren't going to buy it. But the plus is you have to have a superior nutrition profile.

- 1:08:35 So this has had a profound effect across the world on all of our product lines, because our objective is to have a superior nutrition product in every category. We see this being picked up across the industry now, too, and we did this, obviously for competitive advantage, because we believe that there's growing consumer interest in better nutrition products and long-term, a company that turns out better nutrition products will be successful. And so you even see snack food companies wanting to become the nutrition health and wellness companies.
- 1:09:10 Second of all, with education, we just had a conference here yesterday with about forty programmes that we're partners with globally on educating children and teenagers about good nutrition. We now reach about five million children through this programme and we're going to be expanding this to about eighty countries.
- 1:09:34 This is important to us because it's consumer demand of demanding better nutrition products that's going to make us a successful business. Even educating and tying it to our supply chain of the milk districts in India, within each one of these milk villages, we provide one clean water to the school, but now we've started a programme to educate teenage girls on good nutrition before they get married and become pregnant, because that's where we think we have to start, really - before the woman even becomes pregnant. So we strongly believe in the power of education.
- 1:09:13 Now, just going to the question about work with the United Nations, we started our conversation with the head of WHO - at that time Gro Harlem Brundtland - almost ten years ago, and the CEOs of the major food companies were invited, and two CEOs showed up at that time - Peter Brabeck, and the CEO of Unilever, who I think is here today.
- 1:10:38 Today we have a coalition of the ten major food companies, which I'm happy to co-chair, that's working together with WHO, but it's taken until this year to be accepted as a part of their non-communicable disease network. So the comfort of the UN that Amir talked about this morning of working with the private sector, I think we're action-oriented. We're ready to do things and the UN takes much longer to get comfortable with things.
- 1:11:12 We hope we'll be included in this General Assembly on

non-communicable diseases. If they leave the private sector out, that would be very strange. But I believe it's becoming evident that farmers are a private business, the processes are a private business, we're a private business and manufacturers, and the supermarkets are a private business. If you leave out the private sector, you're leaving out the food chain. So I'm optimistic that we're going to be included in the discussions - not just at the WHO, but at the General Assembly.

Maria Livanos Cattai:

You wanted to bring in ...?

1:11:49

Next Speaker:

I wanted to respond, as well, to the question on the Millennium Development Goals. There has been a long history of UN resolutions, and targets, and regional organisations of a sort that have set targets, and these have been ignored. I think, actually, the Millennium Development Goals are not being ignored. I am encouraged to say there is a lot more visibility to them. There is a lot more accountability being demanded in this time with the MDGs. But I guess two points. One is, I certainly would have liked to see nutrition as an MDG itself, not, in a way, buried under poverty. I mean, poverty reduction is very important, but so is nutrition and having just an indicator within the poverty MDG, perhaps, is not adequate.

1:12:39

But I wanted to also add that the discussion and the accountability is still very much a public sector, if you will. And the question about the involvement of the private sector, I don't see very much in relationship to the MDGs specifically. So there have been attempts through - so one effort is the countdown to 2015 of various publications; meetings every two years. The private sector is virtually not represented at those meetings and those kind of events, and I would really hope we could find a way to have the corporate private sector - I don't mean entirely civil society, but the business sector - much better represented at those kinds of ...

1:13:22

Maria Livanos Cattai:

Is it because they're not asked or because they don't show up?

Next Speaker:

I think, actually, they're probably not asked. These are organised more by the UN system and we don't organise them.

Maria Livanos Cattai:

I shouldn't say this, but haven't they learned?

1:13:35

Next Speaker:

Yeah, and I think they're not asked, but maybe they could also initiate and find their own ways to really contribute as a business sector to the MDGs.

Maria Livanos Cattai:

Now, I'm going to have to give the last comment now to Lawrence before we vote, and then I'll come back. We're going to vote again in a minute.

1:13:51

Lawrence:

I'll be very quick. I just wanted to respond to Ismael's question. The orange-fleshed sweet potato work has been quite successful, I think, in terms of uptake of farmers and nutrition impact. The HarvestPlus programme is only now beginning to come out with some initial results, I think. These things, as you know, take ten to fifteen years. But in talking to Howarth Bouis, who heads that up, it sounds promising.

1:14:18

I wanted to quickly come back to Niels' point, because I think absolutely the private sector has to be included in this dialogue on chronic disease. They have to be. And it's really encouraging to hear what Nestlé is doing.

1:14:31

And I come back to something that Werner said in a previous session: We need accountability mechanisms that are driven from citizens from the bottom up. So I was on a panel with another private sector company last week, and they were telling me about all the good things they were doing. And I said to the person, "So how do we know that you actually are doing these things?" And he was actually kind of stunned by the question and he couldn't answer it.

1:14:56

So I think the more bottom-up accountability mechanisms that we have - not just for the private sector, but for governments, and donors, and a whole range of organisations ... maybe even my organisation ... scary thought - we need these bottom-up accountability mechanisms to hold our feet to the fire and to make noise about when action falls short of the rhetoric.

1:15:17

Next Speaker:

Very short: Lawrence, on your example on the orange flesh sweet potato, one of the principle researchers in that was Jan Low, and she doesn't see that simply as a bio fortification. It's a package of interventions, social marketing, education of mothers, apropos to

your point, Noel. After part of your comment and all, if you try to implement it just with the ad part, it would unlikely to be as effective.

1:15:42

Maria Livanos Cattau:

We pick up our voting units and we go back to what may not be the only choices and priorities, which will be the last round here would be here, just very quickly, the adding of priorities, and we ask you to vote. Choose the top three priorities: addressing the vitamin mineral deficiencies, combating over-nutrition, education, poverty reduction, decreasing the disease burden, women's empowerment. Voting starts now.

1:16:31

There it is. Right. Can we have it with the before and after to remind us where we were? So red is before and green is after, and it doesn't look like there's any massive change. People felt pretty much the same. I don't think there's any major comment.

1:16:52

What I would ask the panellists is, what was missing on this? Each of you have thirty seconds, forty seconds, to say what was missing on this that you would have liked to have added. And one of the things that seems to me that came out of this discussion, and this morning's, is the linkage, perhaps, between food security, over-nutrition, and under-nutrition. It's very hard to separate as the world progresses. As some of these things are happening, we're bringing some under-nutrition facets down, are we exposing to other chronic disease problems and so on? So anyone who would like to have a closing word - a closing few seconds, actually - on either what is missing or are these the priorities you like.

1:17:44

Venkatesh Mannar:

Just in terms of what is missing, and as you already said, Maria, it's about shifting from just talking about food security to a conference of food and nutrition security. I think that's a key to address.

Next Speaker:

I think breastfeeding exclusively for six months of life is curiously missing.

1:18:03

Next Speaker:

I was going to add to what Venkatesh said, and actually what he said earlier in the discussion. I think we really ought to be talking about nutrition within the integrated primary health care services that affect the whole population, but here we're focusing a great deal on mothers, women, and children, and I think the integration of services.



1:18:25

So we talk here in this one about disease burden reduction, and that's important in its own right, and probably one of the reasons that your mortality statistics have been improving is some of the things that are on that list - better vaccines, you know ... But I think what we really need now is nutrition within this more complete package of services delivered in a more integrated way.

1:18:49  
Maria Livanos Cattai:

And in light of what was said at the very first session this morning, we seem not to have emphasised so much the collaborative ventures between government and businesses, local communities as you have mentioned, and NGOs on the ground. We stuck more here to, actually, the nutrition facts rather than the processes to get these things done. Does anyone in closing want to say anything either on that or on prioritising? Niels.

1:19:21  
Niels Christiansen:

Well, even though collaboration was not perhaps mentioned, the potential for collaboration, I believe, is much greater than it was ten years ago.

Maria Livanos Cattai:

As long as you're invited to the table, as they say by the inter-governmental ...

Niels Christiansen:

Well, we are invited to the table much more. Paul Bulcke, co-chair of the International Food and Beverage Alliance, just wrote a letter to the head of the WHO, Margaret Chan, thanking her for including us now in the non-communicable disease network. So that's progress. That wouldn't have happened ten years ago. There is more discussion, but we still have a ways to go.

Maria Livanos Cattai:

Bob? Eileen? Anything you'd like to say?

1:20:03  
Eileen Kennedy:

I believe in order to make quantum leaps in dealing with the nutrition issues we're being faced with, we need leadership. And a part of what I talked to you about, Maria, is a phrase, "the nutrition architecture's broken". And I think rather than thinking about a single entity providing that architecture, how do we collectively think about new paradigms that provide that architecture.

Maria Livanos Cattai:

What is broken?

Eileen Kennedy:

The nutrition architecture.

Maria Livanos Cattai:

No, what is broken in it?

1:20:29

Eileen Kennedy:

Well, there's a lack of focus on nutrition, a lack of leadership. And how do we in looking at, again, different structures, how do we rejuvenate that? And I don't think it's the same old structures we've used before, but looking at... And a part of this is the different kinds of collaborations.

1:20:47

Maria Livanos Cattai:

I think if one could make predictions, I know ... What do they say? You could make a prediction fifty years from now, yes, but my immediate crystal ball is closed. But I would say with a lot of the things that are going on and a lot of the efforts in the inter-governmental not to be neglected, and the business world, the under-nutrition equation locally is slowly, slowly ... We're getting some messages across even if it's not particularly emotionally immediate on the minds of many of the donor countries. It's certainly on the minds of those where under-nutrition is an absolute horror.

1:21:30

So the incentives part is also an extremely important part. I personally, which a moderator shouldn't always do, but I would feel that it would be a mistake if we start to separate out under-nutrition from ... I would say in the French words, *mauvaise nutrition* - malnutrition, bad nutrition - that somehow, rather all of us are going to have to re-put that on, that sense of urgency that the two are part and parcel also includes security.

1:22:01

So I want to ask you all, before you leave for our coffee break - here will be refreshments upstairs - we need to return here at five to three, please, five to three o'clock - that is in half an hour from now - when we're going to look at the last and exciting thing, which is on water. Please, before you leave give a big hand to this panel.

Applause

END