PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

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PANEL DISCUSSION ON THE PAN AMERICAN ALLIANCE FOR NUTRITION AND DEVELOPMENT FOR THE ACHIEVEMENT OF THE MILLENNIUM DEVELOPMENT GOALS

Background

1. Malnutrition and overall health result from the interaction of multiple factors, some of which are related to characteristics of the individual, while many others are directly related to the socioeconomic conditions in which we live. Consequently, it is necessary to develop and implement multisectoral and interprogrammatic activities that not only concern themselves with individual factors, but also deal with contextual ones. To this end, the Regional Directors of the United Nations created the Pan American Alliance for Nutrition and Development for the Achievement of the Millennium Development Goals. The initiative seeks to pool and coordinate international cooperation efforts and resources to propose, implement, monitor, and evaluate integrated, coordinated, and sustainable programs and interventions that address the many different causes of malnutrition, within a human rights framework and a gender approach. On the basis of scientific evidence, lessons learned, and the countries' experiences, this Alliance will help to accelerate the achievement of the Millennium Development Goals and will bolster the work of other Regional partnerships and initiatives.

2. The Alliance will approach nutrition from a multisectoral standpoint, integrating activities to address the conditions of the physical and social environments, food security, education, access to information, maternal and child health, access to health services and family planning, working conditions, household income, and the exercise of human rights and fundamental freedoms.

3. This health determinants-based approach requires that all United Nations agencies pursue a coordinated and complementary technical cooperation, all State sectors

participate and commit themselves to the effort and all actors with a stake in the development and the well-being of the population become involved.

4. The current international situation is marked by an unprecedented financial and economic crisis that spreads from the global economic power centers to the impoverished developing countries on the periphery. In this situation, health and nutrition can be viewed as a first warning sign, signaling the need to engage in joint activities on the part of the community of United Nations agencies, in coordination with countries and governments, to serve as a powerful dam to hold back these threats and, insofar as possible, preserve the foundations that will revive development and guarantee its continuity. In this regard, the Alliance, with its specific focus on contextual and structural problems, represents an invaluable resource that merits institutional strengthening. Its measures should be urgently implemented with a preventive and proactive vision that extends beyond a traditional approach that considers only the proximal determinants of the nutrition and health issue.

5. The purpose of this panel is to summarize conceptual and operational underpinnings of the Alliance for the Region's ministers of health, the academic community, political leaders, and donors. The panel also will discuss the role that the Alliance can play in the current situation to minimize or mitigate its impact on health in general and on nutrition in the most vulnerable groups.

Objectives

- To promote a multisectoral, interprogrammatic approach and integrated interventions based on the conceptual model of health determinants.
- To reaffirm the commitment of the agencies of the United Nations system to work together to maximize their impact and to make interventions designed to address the malnutrition problem in the countries more sustainable.
- To urge the Member States of the Pan American Health Organization to adopt this approach as a political and strategic line of action to accelerate achievement of the Millennium Development Goals.
- To identify opportunities, strategic partners, and funding sources to implement the strategies and programs conceived and designed from the Alliance's perspective.

Expected Results

- Give greater priority to nutrition and development issues in the political agenda of the Member States of the Organization.
- Share and promote the concept of integrated interventions based on a health-determinants approach as a strategic element for improving the nutritional status of the peoples of the Region.
- Persuade the Member States of the need to forge partnerships, such as the Alliance, to help countries more effectively deal with the consequences of the financial crisis and current economic situation, which imminently threaten their development aspirations.
- Promote and encourage a culture that fosters the evaluation and monitoring of interventions.

Panel Discussion Methodology

- Panel moderator to welcome and introduce the panel (5 minutes).
- Special guest speaker to give a 15-minute presentation entitled, “Nutrition and Development: One Country’s Experience in the Region of the Americas.”
- Director of PAHO to give a 10-minute presentation entitled “The Pan American Alliance for Nutrition and Development for the Achievement of the Millennium Development Goals: Conceptual Underpinnings.”
- Special guest speaker to give a 10-minute presentation entitled “The Pan American Alliance for Nutrition and Development: Value of the Interagency Approach.”
- Member of the academic community to give a 15-minute presentation entitled “Contextual Factors and Social Determinants of Health and Malnutrition.”
- Thirty minutes for comments by the panel of experts seated in “Row Zero”.
- Thirty minutes for plenary discussion.
- Five minutes for the closure of the Panel Discussion.

Panel Structure

	Items and Speakers	
Item	**Content of the Presentation**	**Suggested Speakers**
Introduction of the panel (5 minutes)	• Welcome and introduction of the panel	Sara Ferrer Olivella UNDP/Spain MDG Achievement Fund
Nutrition and Development: One Country's Experience in the Region of the Americas (15 minutes)	• The Peruvian experience with the Initiative of fight against malnutrition	Oscar Ugarte Ubilluz, Minister of Health of Peru
Presentation of the Pan American Alliance for Nutrition and Development: Conceptual Underpinnings (part 1) (10 minutes)	• Conceptual underpinnings • The determinants approach • Integrated interventions	Mirta Roses, Director, Pan American Health Organization
Presentation of the Pan American Alliance for Nutrition and Development: Value of the Interagency Approach (part 2) (10 minutes)	• The significance of the interagency approach • The Alliance and its value in times of crisis	Pedro Medrano, Regional Director for Latin America and the Caribbean, World Food Program
Contextual factors and social determinants of health and malnutrition (15 minutes)	• Social determinants of health and nutrition	Ricardo Uauy, President of the International Union of Nutritional Sciences

(Row Zero) (3 to 5 minutes each)
Betty McCollum Representative, U.S. House of Representatives and Member of the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Joy Phumaphi Vice President, Human Development Network, World Bank Carmen María Gallardo Hernández Vice President, UN Economic and Social Council David Oot Associate Vice President, Department of Health and Nutrition, International Program Leadership Division Save the Children
Plenary (30 minutes)
Closure (5 minutes) Sara Ferrer Olivella UNDP/Spain MDG Achievement Fund

Participants and Guests

- Ministers of health and other representatives of the Member States
- United States federal government officials (representatives of the State Department and the U.S. Congress) and District of Columbia government officials
- Directors of technical cooperation agencies
- Directors of banks and donor agencies
- Accredited Diplomatic Corps in Washington, D.C.
- Ambassadors to the OAS
- Members of the Washington, D.C. academic community
- Charitable organizations
- Religious groups

Annex

EXECUTIVE SUMMARY

PAN AMERICAN ALLIANCE FOR NUTRITION AND DEVELOPMENT FOR THE ACHIEVEMENT OF THE MILLENNIUM DEVELOPMENT GOALS

Introduction

1. Malnutrition, especially chronic malnutrition and anemia, is a serious public health problem in Latin America and the Caribbean, reflecting the poverty and lack of equity in income and access to basic services that millions endure in our Region. Poverty and inequity also contribute to the coexistence of specific or multiple micronutrients deficiencies such as vitamin A, iodine, zinc, folic acid, and vitamin B-12.

2. Nearly 9 million children under 5 suffer from chronic malnutrition *(1)*; in addition, 22.3 million preschool-age children, 33 million women of reproductive age, and some 3.6 million pregnant women suffer from anemia *(2)*. These disorders are not distributed evenly among or within countries, but especially affect rural populations and indigenous peoples due to the inequities that characterize our Region. Overweight and obesity are growing problems in the Region, where, as part of the epidemiological transition, they coexist with chronic malnutrition and poverty. However, targeting actions to chronic malnutrition and its determinants will make a major contribution to reducing the prevalence of obesity and the risk of chronic diseases in adulthood. Malnutrition, overweight, and obesity are in many cases increasingly visible manifestations of a common underlying cause: poverty and inequity.

3. The prevalence of low height-for-age in Latin America ranges from 3% (Chile) to 54% (Guatemala) *(3)*. The prevalence rates for this same indicator are 20%, 22%, and 20% among non-indigenous children under 5 in Bolivia, Ecuador, and Peru, respectively; and 40%, 50%, and 45% among indigenous children in those same countries (*4)*. In Peru, the Demographic and Health Surveys (DHS) from 1992 to 2006 show that the prevalence rates of low height-for-age in rural areas double those in urban areas *(5)*.

4. The prevalence of anemia in children under 5 ranges from 14% to 64%, with a Regional average of 39.5%. Among women of reproductive age and pregnant women, the prevalence of anemia ranges from 20% to 64%, with a Regional average of 23.5% and 31.1%, respectively *(6)*. In the developing countries, iron deficiency is considered the main cause of anemia.

5. Chronic malnutrition is closely linked with poverty *(7)*. Data from nine countries in the Region show that 33% of children under 5 in households in the lowest income quintile suffer from chronic malnutrition, compared to only 4.6% in the highest income quintile *(8)*. The educational level of mothers "explains" some 40% of child malnutrition; only 32.5% of women aged 15 to 49 in the lowest income quintile complete the fifth grade *(8-9)*.

6. In addition to poverty, limited access to a healthy environment, adequate housing, safe water, basic sanitation, and timely, good-quality health services are also observed. Studies based on Demographic and Health Survey (DHS) data show that combined interventions in the areas of nutrition, safe drinking water supply, basic sanitation, and the use of clean fuels can reduce mortality in children under 5 by 14% *(10)*. In several Caribbean countries, HIV/AIDS is closely linked with poverty and inequity and is often a cause of malnutrition.

Background

7. At the United Nations Regional Directors Meeting, held at PAHO Headquarters on 24-25 July 2008, the creation of the "Pan American Alliance for Nutrition and Development" was approved. The purpose of the Alliance is to propose and implement comprehensive, intersectoral, and coordinated programs that are sustainable over time, and that are carried out within the framework of human rights and through gender-sensitive and intercultural approaches, to accelerate progress in the achievement the Millennium Development Goals.

8. The initiative for the creation of the Alliance acknowledges that malnutrition and overall health result from the interaction of many factors, some of them associated with individual issues, but many others directly linked to the socioeconomic conditions in which we live *(11-12)*. The latter category is generically known as "social determinants *(13)*." Traditional approaches to malnutrition have targeted individual factors through food and vertical health programs, while downplaying or ignoring the importance of social determinants, which include food security, the conditions of the physical and social environments, education, access to information, maternal and child health, access to health services, family planning, the exercise of human rights and fundamental freedoms, household income, and working conditions. Efforts to correct these reductionist approaches will require simultaneous, coordinated, complementary technical cooperation from all United Nations agencies and other stakeholders committed to the development and well-being of the population.

9. The Alliance is an interagency initiative that will facilitate the pooling and coordination of international cooperation efforts and resources to promote, agree on, carry out, monitor, and evaluate effective evidence-based, interprogrammatic,

multisectoral interventions designed to tackle the multicausal problem of malnutrition. The Alliance will offer opportunities for planning that draws on lessons learned and on the countries' experiences. The Alliance does not pretend to compete with—much less eliminate, replace, or ignore—other initiatives. Rather, it seeks to build on and strengthen such initiatives by creating an enabling framework to integrate and consolidate efforts and complementary conceptual and strategic values.

10. Given the current international situation, characterized by an unprecedented economic and financial crisis, health and nutritional status can be seriously affected. Therefore, joint action by the United Nations community to support the countries and governments can make a significant contribution to preserving, insofar as possible, the foundations of development. Accordingly, the creation of the Alliance, with its explicit focus on contextual and structural problems, will prove an invaluable resource for moving beyond the traditional approach that targets only the immediate determinants.

Conceptual Underpinnings

11. Low height-for-age is the result of many factors (e.g., improper child care and child-rearing practices, inadequate health care, lack of access to safe water and basic sanitation, repeated bouts of infection throughout the life course, and low levels of education, added to other problems such as food insecurity), which occur simultaneously over extended periods *(14)*. It also is a reliable, easy-to-measure indicator, whose monitoring is standard practice in the health services and the education sector. For these reasons, it is considered a proxy indicator for a population's living conditions and useful for evaluating poverty-reduction policies and programs over the long term.

12. Poverty and vulnerability maps overlap with the malnutrition map, especially the chronic malnutrition map. In the targeting of scenarios—which is the approach adopted by the Alliance, as opposed to the targeting of individuals—low height-for-age is an optimal tracer of the history of vulnerabilities in a retrospective horizon of several years. The reduction of chronic malnutrition is a sensitive, though nonspecific, indicator of changes in the configuration of its determinants.

13. Interventions to prevent nutritional problems, especially chronic malnutrition, are effective for a wide range of events and conditions that occur in pregnancy, the first two years of life, and throughout life, as they impact health and human development (through the well-known association between nutrition, health, and development) and have transgenerational effects *(15-16)*. Although this quality is not exclusive to nutrition, low-height-for-age has the broadest and most visible horizontal intersection with health and development and their determinants than any other condition or indicator.

14. Moreover, no other condition is as attractive a political symbol for advocacy and for enlisting the involvement of those responsible for designing and implementing public policy.

15. Finally, successfully tackling malnutrition will require the support of all the agencies. In this regard, the Alliance is especially well-positioned to crystallize into specific action the spirit of reform in the United Nations organizations.

16. A constellation of known factors operate as social determinants of health, including socioeconomic context, poverty and inequality, social exclusion, socioeconomic status, income, public policies, education, housing quality, transportation, the physical and social environments, and social and community support networks. Clearly, these factors are found at different hierarchical levels *(17)*. Their influence is not cumulative: some behave as underlying causes while others intermediate, and some modify the effects of others in a causal network whose mechanisms are not well known and are still being debated.

17. If a child receives stimulation, an adequate diet, and does not get sick, she or he will likely attain his biological and genetic growth and development potential. Whether or not these three conditions are satisfied will, in turn, depend on a dense complex of other conditions that together shape the social determinants of nutrition and health. While providing a child with adequate food and health care are critical, these actions alone are not the most efficient, since they do not address the mechanisms that generate food insecurity and greater vulnerability to disease. This fact, which is true for the individual, is even more so at the population level. The main objective of the Alliance is to reduce malnutrition through a determinants-based approach. However, given the common causality spectrum, actions and interventions to address the determinants of chronic malnutrition will have a positive impact in terms of the reduction of overweight and obesity, and given the known causative relationship between early nutrition and the health of adults, will help reduce the prevalence of chronic diseases

18. Consequently, if it is recognized that health and nutrition are determined by social factors, the object of the interventions must be not only at the individual level, but also at the physical and social environment that produces and reproduces the individual's health. It is essential to reach beyond interventions that merely target the individual, regardless of the evidence of their success, and consider programs that include these interventions but also incorporate their mutual synergies.

19. In view of the foregoing arguments, the conceptual underpinnings of the Alliance are:

(a) Formulating approaches that give special priority to modifying the determinants beyond simply mitigating their effects, and concentrating activities not only on individuals, but on highly vulnerable geodemographic areas, including border areas and vulnerable populations throughout the life course.

(b) Replacing the unisectoral approach with a multisectoral one that addresses social determinants and inequalities.

(c) Setting up an appropriate institutional framework to coordinate joint activities at the local, national, transnational, and Regional levels.

(d) Identifying evidence-based, integrated, and sustainable interventions from the various spheres of activity, with a view to formulating, monitoring, and evaluating them in a uniform and unfragmented manner.

(e) Identifying situations and geodemographic opportunities for implementing such interventions.

Policy and strategy elements

20. Structural interventions are public health interventions that affect the population's health by modifying the structural context in which health is produced and reproduced *(18)*. The physical and social environments are hierarchical in structure: the home, family, and work group or collective represent an individual's immediate environment, or "microsystem;" the intermediate physical and social environments, or "ecosystem," include the school, community, and health services; and an individual's most distant environment, or "macrosystem," includes the political and economic system, culture, and society. Structural interventions that target beyond the individual should aim at one or more levels of the physical and social environments (ecosystem) and should be based on a type of theoretical model and practical circumstances that apply to each context or scenario.

21. In public health, structural interventions differ from programming interventions in that they attribute the cause of health problems to contextual factors that influence vulnerability, individual risks, and other determinants of disease and risk profiles, not simply to the characteristics of individuals. People-based approaches assume that the relationship between the person and society includes a wide margin of individual autonomy that allows every person to freely choose among his or her options, while the structural approach assumes that individual actions are limited by external constraints *(18)*.

22. It is almost impossible to conceive of pure or radical structural interventions. In practice, structural interventions entail incorporating specific environmental conditions (e.g., political, cultural, geographical, economic, social) into the creation of integrated modular interventions (IMI), derived from the synergies of classical, evidence-based interventions that include those specific structural or contextual conditions.

23. The Pan American Alliance for Nutrition and Development aspires to become a useful interagency framework for providing technical cooperation to identify, implement, and evaluate integrated interventions that can be adapted to the specific conditions of preselected situations, based on vulnerability criteria or some of its proxies. The nutritional situation will be one of the key variables of the response—but not the only one—to identify and evaluate interventions. In this regard, the purpose of the Alliance is to promote a culture of evaluation, with a view to identifying the most effective and efficient strategies.

24. The Alliance is an interagency framework of joint integrated action, designed to advance in the achievement of the Millennium Development Goals, especially those closely linked to nutrition (Goals 1, 4, 5, and 7). Moreover, the Alliance is characterized by its innovative approach (based on social determinants), strategy (intersectoral), and targeting criteria (vulnerable geodemographic areas).

25. In accordance with its essence and the purposes outlined in the preceding paragraph, the Alliance will substantially contribute to:

- Better, more effective interagency coordination.
- Greater integration of mandates and work plans.
- Identification of effective, integrated, multisectoral interventions that address the social determinants and multiple causes of malnutrition and health and, thus, promote development.
- Strengthen and invigorate the strategic frameworks, programs, and initiatives under way.
- Mobilize resources and optimize their efficient use.
- Promote a culture of evaluating interventions.
- Generate evidence-based information and contribute to greater visibility and expanded use of existing platforms in the areas of nutrition, health, and development, as well as their determinants.
- Establish a common language, strategy, and voice to expand interventions within the public policy-making sphere through, on the one hand, the exercise of a defense of the active causes, and on the other, helping to steer country programs

toward a multisectoral approach based on social determinants with broad community participation ("scaling-up/scaling down").

- Establish mechanisms to minimize and mitigate, insofar as is possible, the effects of the global financial and economic crisis on an area as sensitive as nutrition, that will have a short-, medium-, and long-term impact on health and are crucial for ensuring the continuity of development.

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