Nutrition is top priority: Copenhagen Consensus

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Benefit:cost</th>
<th>Cost:effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Micronutrient suppls</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin A capsules &lt;2</td>
<td>100:1</td>
<td>$10/DALY</td>
</tr>
<tr>
<td>Therapeutic zinc, infants</td>
<td>14:1</td>
<td>$73/DALY</td>
</tr>
<tr>
<td>2. Micronutrient fortification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salt iodization</td>
<td>30:1</td>
<td></td>
</tr>
<tr>
<td>Iron fortification (staples)</td>
<td>8:1</td>
<td></td>
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<tr>
<td>3. Biofortification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant breeding (iron, zinc, A)</td>
<td>18:1</td>
<td>$55/DALY</td>
</tr>
<tr>
<td>4. Deworming preschoolers</td>
<td>6:1</td>
<td></td>
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<tr>
<td>5. Behavior change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community nutrition programs</td>
<td>13:1</td>
<td>$80/DALY</td>
</tr>
<tr>
<td>Community treatment SAM</td>
<td>25:1</td>
<td>$40/DALY</td>
</tr>
</tbody>
</table>

Assumes 1 DALY worth $1000
Nutrition interventions are effective

- 2008 survey of “What works?” (Bhutta et al)
  - Focuses on 36 countries accounting for 90% of stunting worldwide
  - 14 interventions for all 36 countries
  - 9 interventions for specific, situational contexts
  - 3 groups: maternal/birth; newborns; infants & children

THE LANCET
36 priority & 32 small countries
- Focus on 13 interventions primarily for children (subset of Lancet interventions)

- 36 Lancet countries; add 6% to include 32 smaller countries
Behavior Change
- Breastfeeding
- Complementary feeding
- Handwashing

Micronutrients & Deworming
- Micronutrients for children: Vitamin A, therapeutic Zinc, multiple micronutrient powders, plus deworming
- Supplements for pregnant women: Iron-folic acid, iodized oil capsules (if needed)
- Fortification for general population: Salt iodization, iron fortification of staple foods

Complementary & Therapeutic Feeding
- Treatment of severe acute malnutrition
- Prevention/treatment of moderate malnutrition
Costing methodology used

- **Program experience approach**
  - Unit costs taken from field experience

- **Ingredients approach**
  - Unit costs from comprehensive source using median of field experience
Regional cost multipliers used
Population currently covered, and additional coverage needed

<table>
<thead>
<tr>
<th>Intervention (target population)</th>
<th>% of relevant target population</th>
<th>Target Population Coverage (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community nutrition programs for behavior change</td>
<td>346</td>
<td>10%</td>
</tr>
<tr>
<td>Vitamin A supplements (6-59 months)</td>
<td>103</td>
<td>10%</td>
</tr>
<tr>
<td>Therapeutic zinc supplements (6-59 months)</td>
<td>319</td>
<td>20%</td>
</tr>
<tr>
<td>Micronutrient powders (6-23 months)</td>
<td>226</td>
<td>30%</td>
</tr>
<tr>
<td>Deworming (12-59 months)</td>
<td>40</td>
<td>40%</td>
</tr>
<tr>
<td>Iron-folic acid (pregnant women)</td>
<td>2844</td>
<td>50%</td>
</tr>
<tr>
<td>Iron fortification of staples (all)</td>
<td>1210</td>
<td>60%</td>
</tr>
<tr>
<td>Salt iodization (all)</td>
<td>1634</td>
<td>70%</td>
</tr>
<tr>
<td>Complementary food (6-23 months)</td>
<td>72</td>
<td>80%</td>
</tr>
<tr>
<td>Severe acute malnutrition (6-59 months)</td>
<td>14</td>
<td>100%</td>
</tr>
</tbody>
</table>

- Remains uncovered
- Additional
- Current
Calculating the total cost

Cost of delivering each of the 13 interventions
Regional multipliers
Intended population in 36 target countries

Total cost of intervention
Total annual cost - $11.8 billion

- Behavior change: 2894
- Micronutrients etc.: 1200
- complementary food: 2560
- Treat SAM: 1536
- Capacity building, M&E: 3643

Total annual cost: $11.8 billion
Scaling-up in two steps

Step 1: With an investment of US$5.5 billion
- Behavior change programs
- Micronutrients
- Deworming
- Capacity development for program delivery
- Monitoring and evaluation

US$2.9 billion
US$1.5 billion
US$1 billion
US$0.1 billion

US$3.6 billion
US$2.6 billion
US$0.1 billion

Step 2: With an investment of an additional US$6.3 billion
- Complementary feeding to prevent and treat moderate malnutrition
- Treatment of severe acute malnutrition
- Monitoring and evaluation
- Operations research and technical support for program delivery

$11.8 bn total
- $1.5 bn from households
$10.3 bn financing gap
How can scale-up be funded?

* Private sector includes households and corporations
Benefits

- These investments can achieve one-third of the goal of MDG 1 (via 20% ↓ stunting, 50% ↓ SAM)
- These investments can achieve about 20% of the progress needed for MDG 4 (via 1.1 million ↓ child deaths)
- Increase GDP via ↑ productivity, cognition