

# THE HOW!

## Focusing on operations in global nutrition

The 18<sup>th</sup> Annual Martin J. Forman Memorial Lecture

"Controversies in Reducing Undernutrition:  
A debate on *The Lancet* series on Maternal and Child Undernutrition"

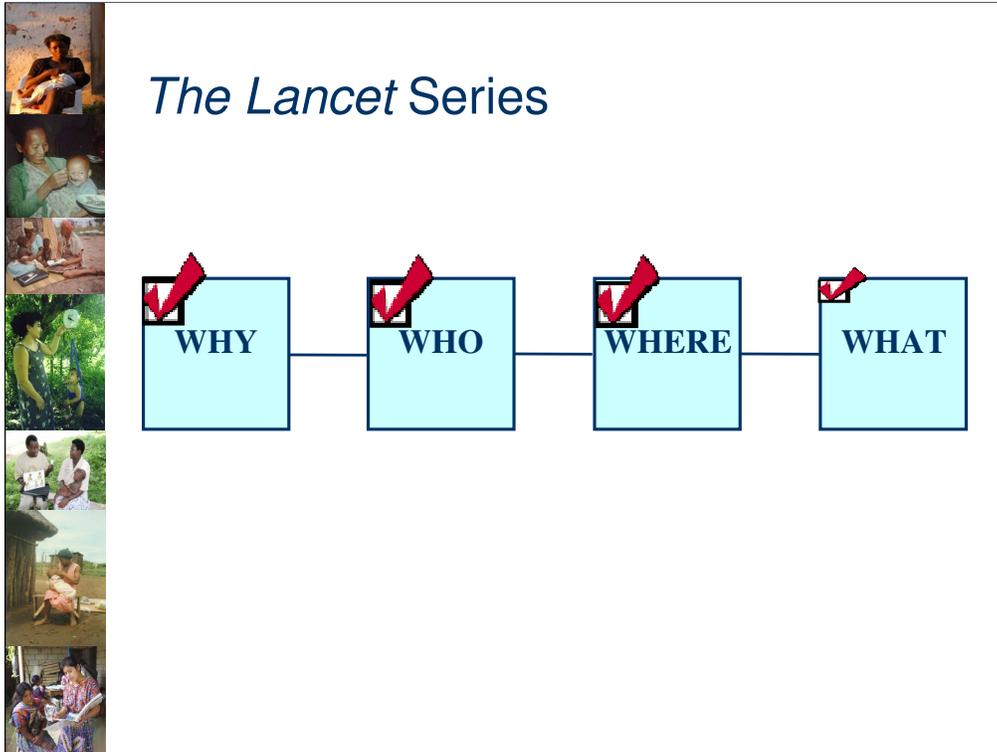


*Marcia Griffiths*  
*The Manoff Group*

It is difficult to reconcile that it has been almost 20 years since Dr. Martin Forman was working his magic from within USAID. He was such a strong advocate for nutrition.

For this discussion today, I have been asked to speak for the community of nutrition practitioners. I am pleased and honored to do so. It is a big task to represent the thoughts and feelings of even just the nutrition workers I know: from the community agents, to program supervisors, to my colleagues working at the national level.

Keeping in mind this community of nutrition practitioners and Martin Forman's great energy and desire to make the case for nutrition and improve programs, I would like to examine *The Lancet* series, and whether its analysis will make nutrition more competitive in the development arena and help us improve our operations and outcomes.

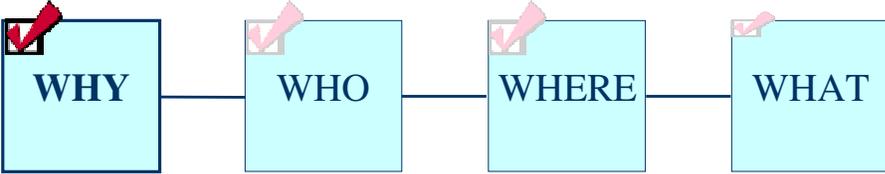


First, does *The Lancet* series help make the case for investments in nutrition: Are the key questions on development planners' minds—why, who, where, what, and how—answered?



## *The Lancet Series*

- Makes a strong case for centrality of nutrition in development



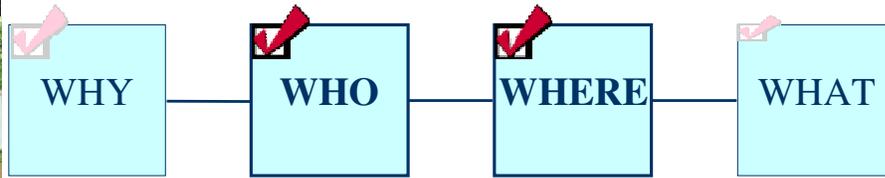
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The WHY: *The Lancet* series does an excellent job of advocating and supporting the centrality of adequate nutrition for human development and nation-building, reiterating the important point that early nutritional deprivation is irreversible.



## The Lancet Series

- Focus on critical regions and countries
- Emphasis on woman during pregnancy and child age 0–2

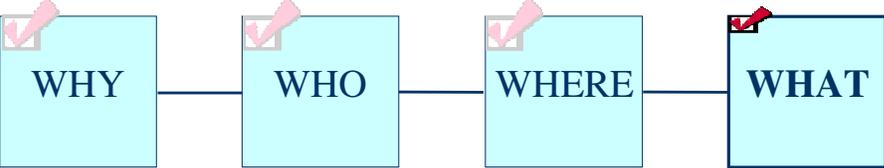


WHO is affected and WHERE they reside: Again *The Lancet* series is able to pinpoint the areas of the world and countries that are particularly critical for action, as well as reiterate the central message that programs should focus efforts on the woman during pregnancy and the child in the first two years of life—the window of opportunity for nutrition action.



## The Lancet Series

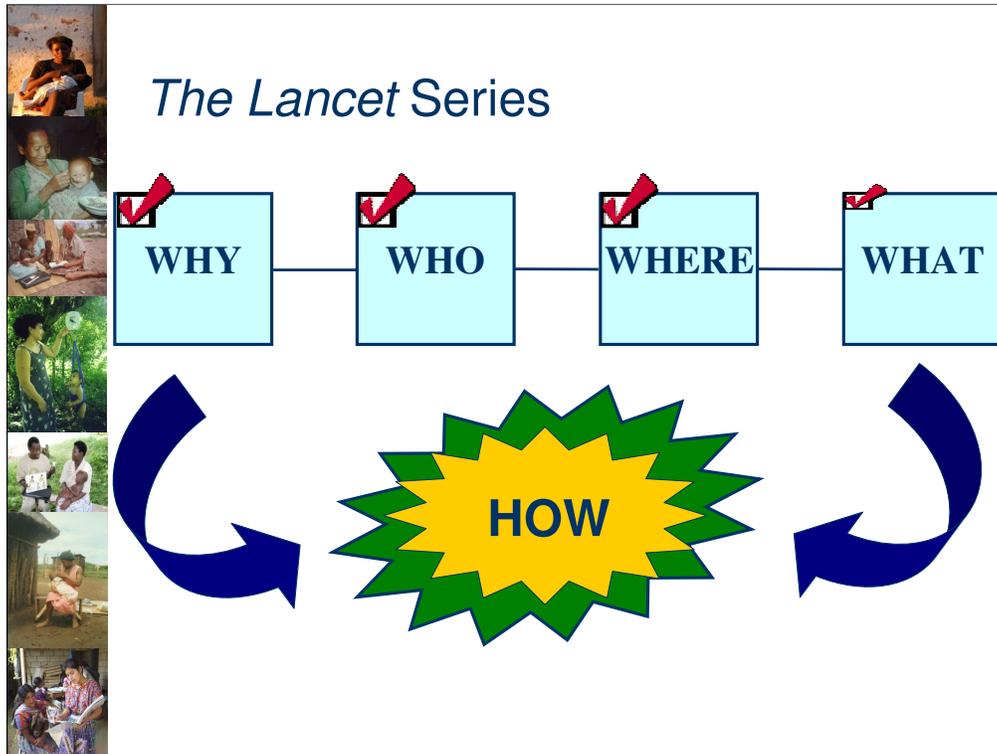
- Provides a list of interventions deemed “effective”
- Selection of interventions should be reviewed



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WHAT to do—the “interventions”: The majority of actions recommended in this paper are supported well, and the analysis provided will assist programmers in fine-tuning their work. However, there are other recommended actions that either by their inclusion in or exclusion from the paper create potentially serious repercussions for national programs. For example:

- 1) Iron supplementation for young children was excluded because it does not directly contribute to mortality reduction. This causes confusion, as many recent programs have shown that improving iron status benefits cognitive development.
- 2) Community therapeutic feeding was included as an intervention for widespread use. However, this was done without rigorous effectiveness studies or consideration of the costs, and could lead many countries to make poor program choices.

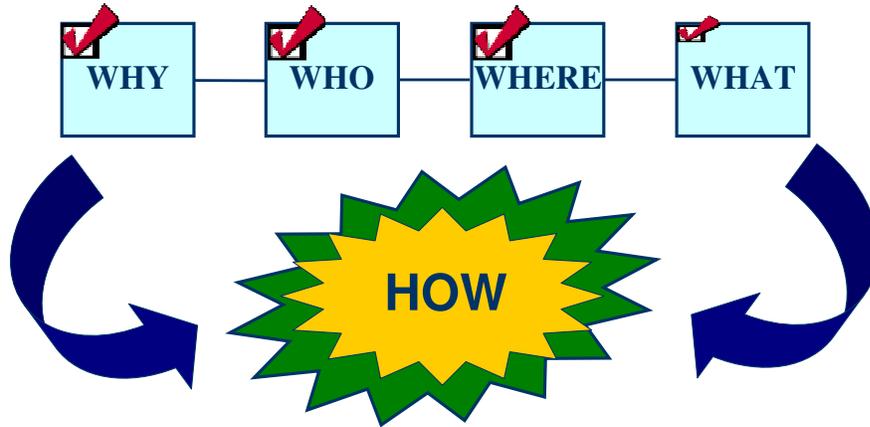


So, yes, the series covers WHAT to do. However, it is only through answering the final question—HOW: How to implement nutrition actions efficiently and effectively at scale—that the ultimate recommendations for countries should be drawn. These recommendations would undoubtedly be different from the interventions included in the paper because they would consider the program context.



## The Lancet Series

- Omits information and insights into what is known about nutrition operations



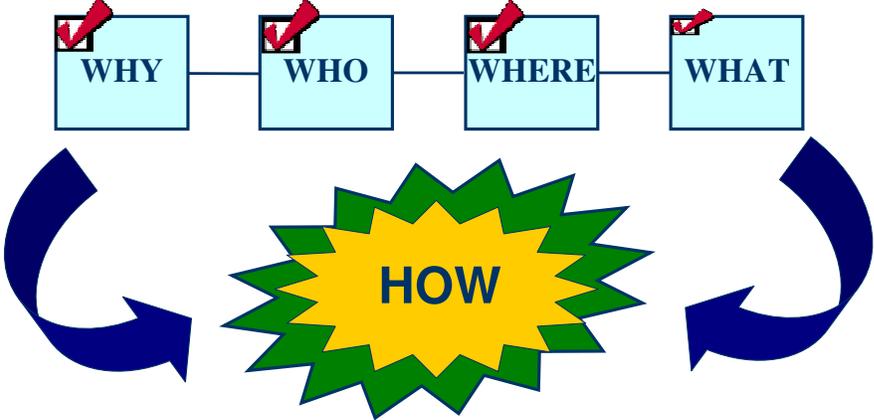
So, HOW to do nutrition: The series contains virtually nothing about *how* to get nutrition done. The analysis jumps from the effectiveness of individual interventions in controlled environments to national plans, leaving out what we know about how to implement effectively in the real world.

It is crucial to define and then overlay proper implementation for all interventions, such as how to supply and deliver vitamin A capsules twice a year and what it takes to get iron folate supplements to pregnant women. And probably most important, how to package the interventions for more cost-efficient delivery and better sustainability.



## The Lancet Series

- Does not recognize that quality of implementation determines effectiveness



Take breastfeeding: *The Lancet* says the effective intervention to promote breastfeeding is individual and group counseling. It does not mention policy change in a hospital or enforcement of the WHO Code, and it dismisses mass media programs as having little or no effect. But, since effectiveness is determined by how the intervention is carried out, a mass media campaign that compellingly addresses the underlying resistances to breastfeeding—such as one in Brazil, opening the minds of young urban women even to consider breastfeeding—is effective. A mass media campaign repeating what women already know is not.

The same logic applies to *The Lancet's* recommended intervention: individual and group counseling. If implemented well it works; if not implemented well, it can be ineffective. If we don't spell out what it takes to achieve effective counseling and to overcome the difficulties we have experienced with its implementation at scale, we will have a great deal of ineffective action under the guise of doing the right thing.



## The omission of the



- Leaves the nutrition sector disabled in competing for attention and resources
- Continues to divide the community by not recognizing achievements outside a controlled research environment
- Leads to some inadequate and misguided recommendations

So, operations matter—they cannot be separated from measures of effectiveness. I see three important consequences of *The Lancet* series' failure to tap into the rich body of evidence on the HOW:

- 1) It leaves the nutrition sector disabled in competing for attention and resources. It leaves us open for the question one participant at the DC series launch asked: “What does all of this mean for the Minister of Health or the Minister of Finance of a country? How does one do nutrition—what are the investments?”
- 2) It divides our community, leaving a large segment—the practitioners—without a voice in priority-setting, and it highlights a strong resistance to moving forward boldly with operations. In his 1991 Martin Forman Lecture, Alan Berg called this lack of attention to operations “nutrition malpractice.”
- 3) It means that some recommendations are inadequate or misguided in what they say or imply about key approaches and may have damaging consequences for programs and the women and children they serve. For example:



The omission of the



- Gives the mistaken impression that monitoring and promotion of adequate child growth is wrong

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*The Lancet* series lists growth monitoring (GM) as an intervention “not to do.” That recommendation is wrong on two counts: First, GM is not in itself an intervention—GM accompanied by an action is an intervention. Second, the effectiveness of the intervention (GM plus action) depends on the quality of its implementation. By listing GM as something not to do, programs around the world that successfully use GM to guide appropriate action are now being questioned.



## The omission of the



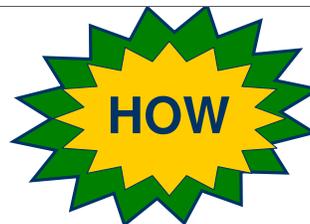
- Gives the mistaken impression that monitoring and promotion of adequate child growth is wrong
- **Ignores the importance of demand creation and behavior change communication for all aspects of nutrition**

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While it was refreshing to see the importance of behavior change communication for complementary feeding recognized as an effective intervention, the list of interventions leaves the impression that only breastfeeding and complementary feeding require an investment in behavior change. Program experience shows repeatedly investment in behavior change is important for every program, particularly to generate demand for nutrition and sustainability.



## The omission of the



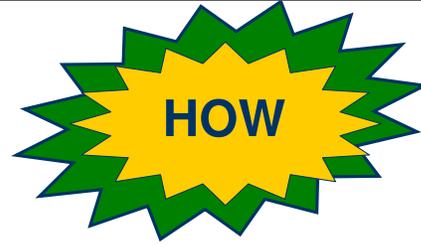
- Gives the mistaken impression that monitoring and promotion of adequate child growth is wrong
- Ignores the importance of demand creation and behavior change communication for all aspects of nutrition
- **Neglects the importance of developing and maintaining a community base for nutrition**

### **The series does not recognize the importance of developing and maintaining a community base for nutrition.**

Having a sales force that can deliver nutrition interventions—the right ones, to the right person, at the right time—is crucial. To do this in nutrition, we need a base in the community. Building and maintaining the base or the constituency is probably the single most important investment we can make. Interventions don't work automatically; there is a great deal of creativity that goes into successful program implementation, and this community base is at its heart. Whether we collaborate with other public or private sector programs to do this or appeal to civil society directly, developing a constituency for nutrition is crucial. Again, we have a lot of experience to draw upon.



To address the



- **Complete an authoritative review of nutrition operations**

So, where does *The Lancet* series leave us?

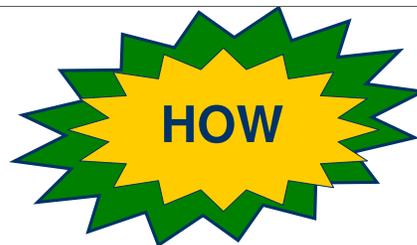
The bad news is it still leaves us on uneven footing, but the good news is that we have the experience to solidify our footing. We need a bold move to operations, returning to one of Marty's strategies to broaden the community of nutrition practice.

Here are some ideas for next steps:

First, we have to complete an authoritative review of the evidence on the "how" to fill the gap in *The Lancet* series. This review must give planners and programmers access to what is known about effective operations so they can prioritize, package, and implement nutrition actions in a cost-effective program.



To address the

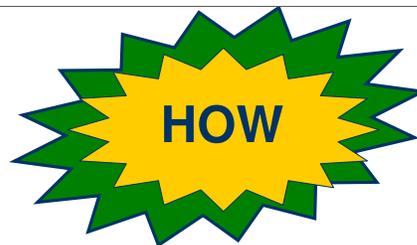


- Complete an authoritative review of nutrition operations
- **Develop and support a work program to fill gaps that emerge from the review of operations**

Second, practitioners should develop a work program that addresses the gaps that emerge from the review of evidence on operations. This will require investments in country work and in the diverse group of people required to try new ideas and processes that will allow for at-scale, sustained implementation with public health impact. To repeat: advances will not be made without country programs.



To address the



- Complete an authoritative review of nutrition operations
- Develop and support a work program to fill gaps that emerge from the review of operations
- **Create and support a virtual hub for the advancement of nutrition operations that includes a capacity building and mentoring network**

Third, investors are needed to create and support a virtual hub for the advancement of nutrition operations. This hub would employ the latest systems in knowledge management and would provide a network for capacity building and mentoring to help expand the community of practice at the national and sub-national levels.

I look forward to a true commitment to operations and a revitalized nutrition community, in keeping with Marty Forman's vision.