

**“Lessons Learned from the Field”
Successful PPPs Resulting in Improved Nutritional Health**

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Presented by

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Types of Public-Private Partnerships in Nutrition

- **Philanthropic:** charitable financial donation that enhances partner brand image
- **Transactional:** Co-branded sponsorships, gifts-in-kind, cause marketing, contractual services
- **Transformational:** joint, multi-institutional research initiatives, large-scale national or global food-fortification programs, large-scale humanitarian relief and emergency nutrition programs, healthy lifestyle programs to prevent obesity

Excerpted from Balancing the benefits and risks of public-private partnerships to address the global double burden of malnutrition
Article in Public Health Nutrition · March 2012, Vivica I Kraak 1, Paige B Harrigan 2, Mark Lawrence 3, Paul J Harrison 4, Michaela A Jackson 5 and Boyd Swinburn 6, 1WHO Collaborating Centre for Obesity Prevention, and Deakin Population Health Strategic Research Centre, School of Health and Social Development, Deakin University, 221 Burwood Highway, Burwood, Victoria 3125, Australia: 2Nutrition, Health and Food Security, Save the Children, Washington, DC, USA: 3Public Health Nutrition, WHO Collaborating Centre for Obesity Prevention, Deakin Population Health Strategic Research Centre, School of Exercise and Nutrition Sciences, Deakin University, Burwood, Victoria, Australia: 4Deakin Graduate School of Business, Deakin University, Burwood, Victoria, Australia: 5Population Health Strategic Research Centre, School of Health and Social Development, Deakin University, Burwood, Victoria, Australia: 6WHO Collaborating Centre for Obesity Prevention, Deakin Population Health Strategic Research Centre, Deakin University, Burwood, Victoria, Australia

What are Public Private Partnerships? Non-Contractual

- Representatives from the public and private sectors coalesce around a set of shared goals (eg expressed through a Memorandum of Understanding)
- Partners contribute time, money, expertise, or other resources to the partnership
- Partners share decision-making and management responsibilities
- There is no legally binding contract between partners and the partnership can be dissolved at any time.

What are Public Private Partnerships?

Contractual

- Formal contract between public and private sector entities.
- They are characterized by:
 - An objective of advancing a public goal
 - A long term partnership arrangement
 - A bundling of activities; and
 - A blurring of lines between financier and implementer and concomitant with this, a shifting of risk from the public to the private sector.
- Contractual PPPs are increasingly found in infrastructure, including the provision of water and sanitation

“We find that there are few independent, rigorous assessments of the impact of commercial-sector engagement in nutrition.

Considerable caution is thus warranted when assessing PPPs in nutrition.”

Ying Yang Bao: Nutrition Sachet in China

- Anemia and stunting prevalent among infants in low-resource areas
- Food security and food safety also concerns
- Development of nutrition powder: a full-fat soy powder mixed with multiple micronutrient powders (*Ying Yang Bao*, YYB)
- YYB effectiveness testing showed reduced prevalence of anemia; improved child weight and length
- Nutritionists used experience to develop national norms and national standards

Ying Yang Bao: Improving Complementary Feeding for China's Children: Children, Food Security, and Nutrition: China Case Study, MDG Achievement Fund

IFPRI Discussion Paper 01487, December 2015, Public Private Partnerships and the Reduction of Undernutrition in Developing Countries, John Hoddinott, Stuart Gillespie, Sivan Yosef. Poverty, Health and Nutrition Division.

Public-private partnership to market and distribute YYB during 8 months

- The Chinese Center for Disease Control (China CDC) handled overall project management and project formulation
- The Capital Institute of Pediatrics (CIP): conducted baseline and endline surveys, plus Behavior Change Communication for health workers and the public
- QingDao Biomate Foodstuff Company (Biomate): produced and distributed product as *Yu er Bao*, ‘Nurture your child sachet’ through its sales chain. Conducted marketing activities with with advocacy and social marketing support from local health care providers in the maternal and child health care system. Maternal and child health care centers focused on education and publicity about the use of YYB in order to increase its coverage and compliance.
- Funder: Global Alliance for Improved Nutrition (GAIN).

Ying Yang Bao Nutrition Sachet

Results

Buying YBB was associated with 87% less chance of anemia

Biomate concerned about consumer uptake due to additional cost, but has grown its fortified foods offerings to market in urban areas. Products include cooking oil fortified with Vitamin A and fortified flour

Creation of national standard for fortified complementary food supplements by the Chinese Ministry of Health

Ying Yang Bao Nutrition Sachet

Lessons Learned

China's three-tiered health system (county, town, and village) facilitated greater communication for health worker education regarding YYB as well as follow-up and monitoring

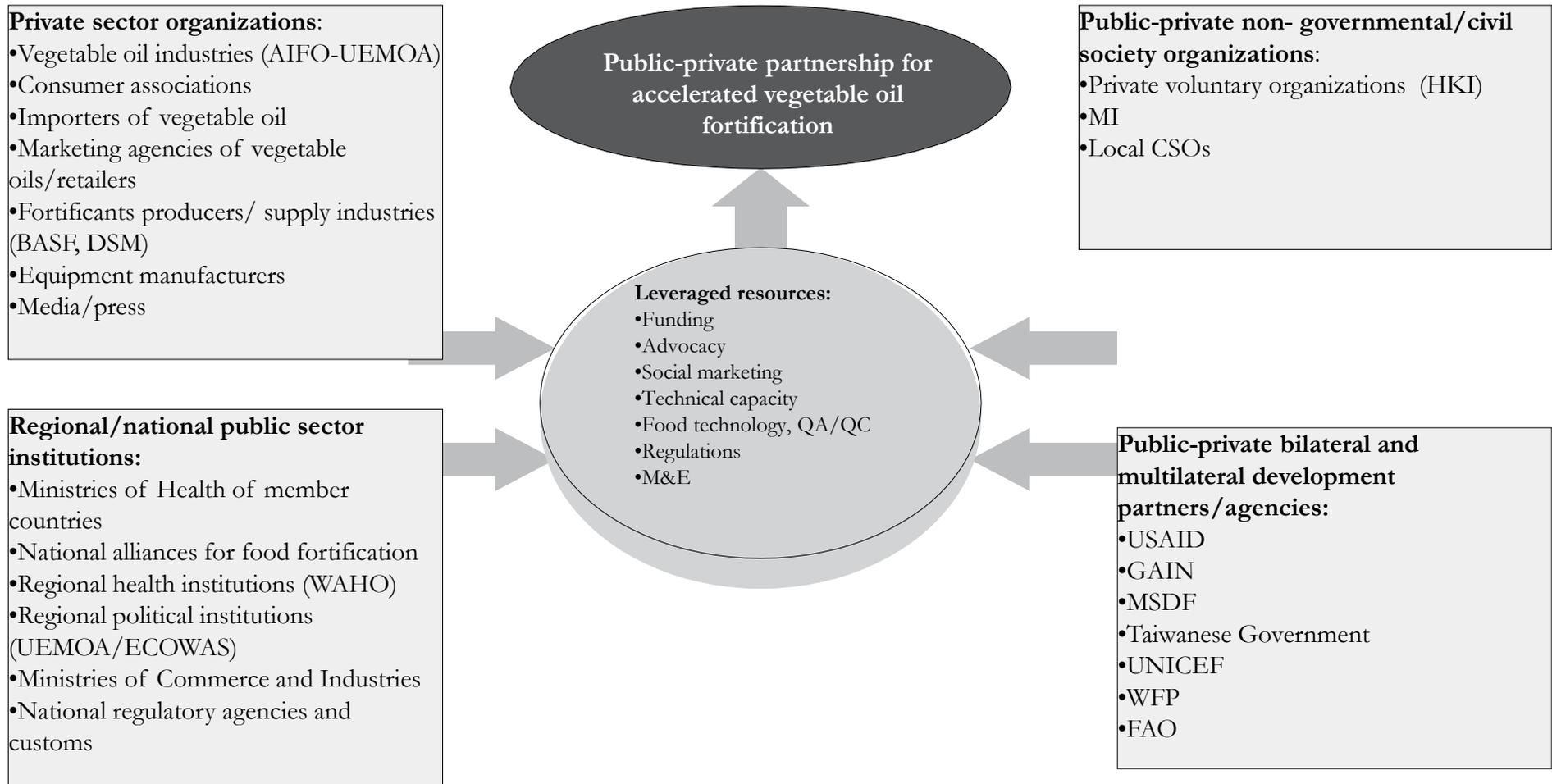
Government policies, food standards, and funding support are critical to YYB's success

Behavior change communications included public communication (TV, radio, newspaper, Internet, PSA, public venues) on adequate child feeding, complementary feeding and child nutrition were integral for the early phases of the campaign

Public-Private Partnership to Fortify Cooking Oil in West Africa to Control Vitamin A Deficiency

- Multi-country, multi-partner initiative brought together by Helen Keller International (HKI)
- Operated at the level of West African Monetary Union (UEMOA) member states and regional level
- Other partners: West African Health Organization (WAHO), The Cooking Oil Industry AIFO-UEMOA (AIFO), multiple Ministries (Health, Commerce/Trade, Industry)
- Funding led by USAID; other funding partners: Michael & Susan Dell Foundation, Government of Taiwan (China), GAIN, and the Micronutrient Initiative

Public-Private Partnership to Fortify Cooking Oil in West Africa to Control Vitamin A Deficiency



Public-Private Partnership to Fortify Cooking Oil in West Africa to Control Vitamin A Deficiency

Lessons learned:

- Importance of a common goal for all stakeholders
- Develop value proposition for each stakeholder
- Ongoing coordination among all stakeholders
- Advance stakeholder education and relationship-building
- Public sector engagement: overall approach and tradeoffs
- Public sector must provide supportive policy/regulatory environment: standards, quality, surveillance, reporting
- Don't forget the role of consumers to make successful. What are their diet preferences? What are the costs to adopt? How to sensitize to create demand and sustainability?
- Turnover at all levels of government officials requires on-the-ground knowledge and presence to sustain
- National vegetable oil production unstable in some countries; regional strategy overcomes this

GAIN and the USCIB Foundation

Consultation with Wilton Park USA:

No more missed opportunities: advancing public-private partnerships to achieve the global nutrition goals

Monday 2 – Tuesday 3 October 2017

Lawrence Haddad: where are the public-private partnerships in nutrition?

Developed ten recommendations for advancing public-private engagement to accelerate achievement of the global nutrition.

Report launched June 2018

<https://www.gainhealth.org/wp-content/uploads/2018/06/GAIN-USCIB-No-more-missed-opportunities.pdf>

1. Given the importance of greater government-business dialogue on nutrition in the context of the Sustainable Development Goals, GAIN and USCIB should co-host a second dialogue in 2018 to further advance the issues raised in the first dialogue.
2. In the second dialogue, efforts should be made to engage more governments at national, state, and city levels in the countries with the largest populations of people at greatest risk of malnutrition.
3. These should include, but not be limited to, governments in Bangladesh, Brazil, China, India, Indonesia, Mexico, Nigeria, Pakistan, Russia, and the United States.
4. In the second dialogue, efforts should be made to engage more multinational, national, and subnational companies with market share in the countries with the largest populations of people at greatest risk of malnutrition. These should include, but not be limited to, companies reaching a large proportion of the most malnourished populations in Bangladesh, Brazil, China, India, Indonesia, Mexico, Nigeria, Pakistan, Russia, and the United States.

5. Building on existing efforts (e.g., Tufts University's Global Dietary Database, the UN's GIFT Database, Euromonitor food consumption data), one area worth further exploration is public-private partnerships to develop a comprehensive, accessible global database of diets with the aim of more closely aligning future government and business policies, strategies, and investments with nutrition goals.
6. All nutrition stakeholders should make a greater effort to engage with leading food technology innovators and start-ups to identify and harness new technologies to accelerate achievement of the nutrition goals.
7. An assessment of the relative cost-effectiveness of public policies that incentivize – positively and negatively – companies toward behaviors that advance nutrition in low-, middle-, and high-income settings should be undertaken to inform the development of the next generation of government and business nutrition policies and programs.

8. Existing multi-sectoral partnerships and platforms with a stake in nutrition should actively connect governments with businesses to shift food and beverage markets toward improved nutrition as mandated by the Sustainable Development Goals. Using clear principles of engagement, governments and businesses should each feel empowered to reach out to existing multi-sectoral platforms and propose partnerships rather than wait for the platforms to approach them. Governments and businesses are encouraged to make use of the draft Guiding Principles of Engagement to Improve Nutrition to inform their own engagement strategies, to identify and seize opportunities, and to identify and mitigate adverse risks to nutrition status.

9. Governments and businesses should make sure that the principles of engagement they use are publicly available and widely shared. Adherence to the principles should be monitored and their value added should be assessed in the context of achievement of the Sustainable Development Goals.

10. Governments and businesses should begin negotiations to develop large-scale, high-impact public-private engagements and alliances to fight seemingly intractable malnutrition issues such as female anemia, child overweight, low birth weight, and child wasting.

A decorative graphic consisting of several overlapping, curved shapes in shades of orange and red, resembling stylized leaves or petals, positioned above the main text.

CHANGING THE COURSE OF CHRONIC DISEASE... One Community at a Time

Arogya in Sanskrit means good health. More literally to live a life without disease.

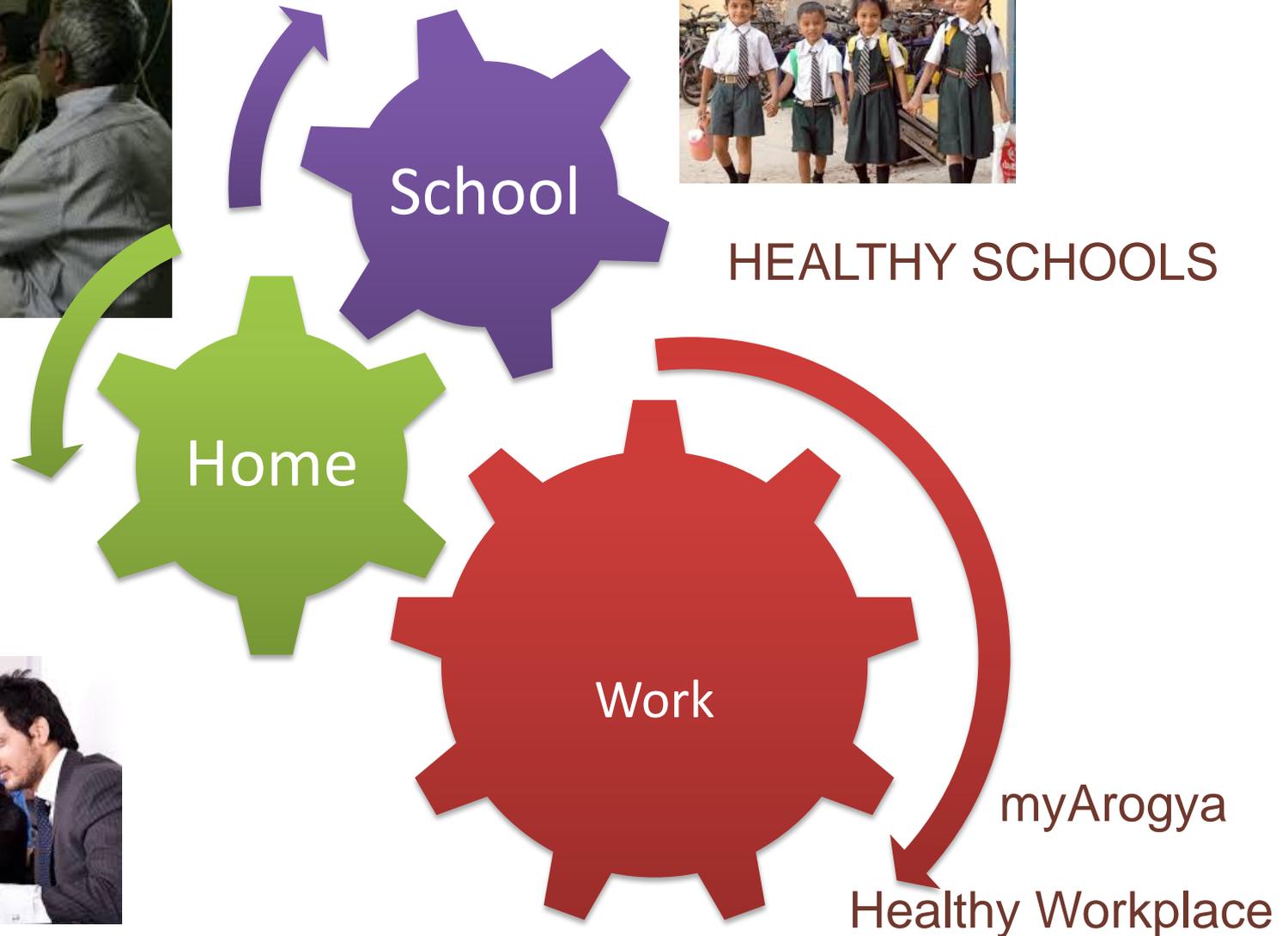
Chronic non-communicable diseases called NCDs, include heart diseases, cancer, diabetes and chronic lung diseases

OUR DOORSTEP HEALTH MODEL in INDIA

TAKING PREVENTION TO WHERE PEOPLE LIVE, LEARN & WORK

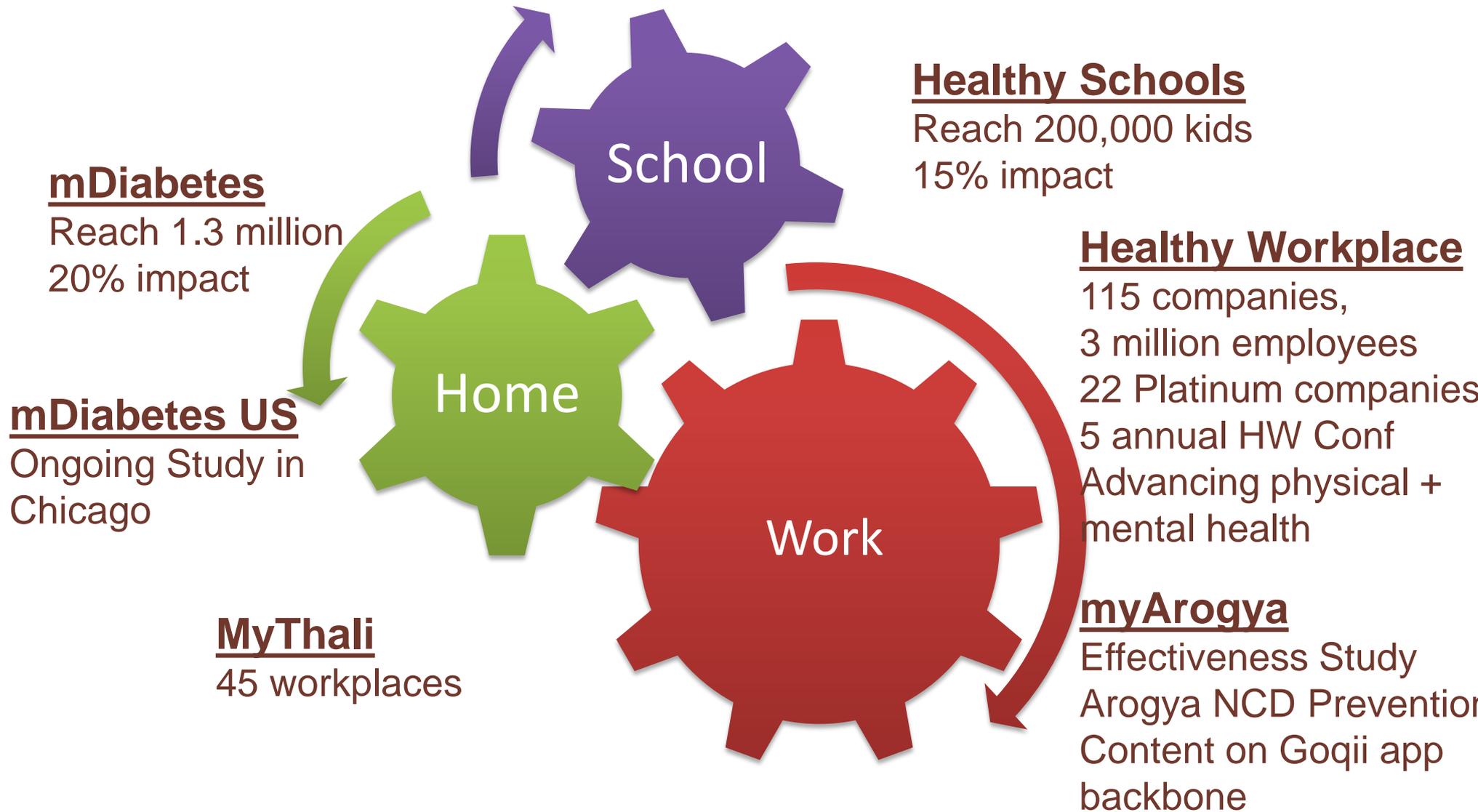


mDiabetes
MyThali



We have programs for different life stages to reinforce the message

WE HAVE REACHED 4 million, IMPACTED 400,000



Evidence Based Advocacy – 10,000 women’s Study (UN Side events). Salt Summit.

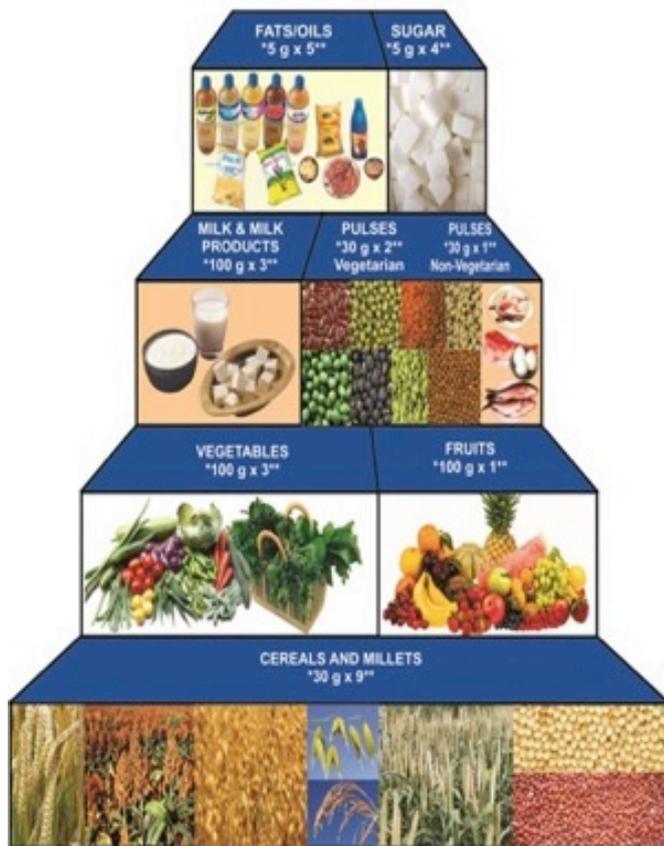
WE LEARNED FROM MYPLATE



- MyPlate (US Department of Agriculture), evolved from Food Pyramid and MyPyramid
- Designed in 2010 to get people to think about the food they eat.
- Easy to understand, consumer friendly
- A symbol, does not attempt to provide all the information, but serves as a familiar reminder, prompting people to go online to gather more robust information about the food they eat. The website url goes along with the MyPlate symbol so people can easily learn more.
- It is built around **food groups** and provides information on the **proportions** of the food people should eat. This way there is just one **universal** MyPlate that guides all Americans. Because it shows proportions, it works for all people and all ages - whether they are men or women or children or sedentary or active.
- Next steps – cover quantities, ethnic differences

NATIONAL INSTITUTE OF NUTRITION (INDIA) GUIDELINES ARE COMPLEX

BALANCED DIET FOR ADULT WOMAN (SEDENTARY)



* Portion Size. ** No. of Portions

Extra Portions:

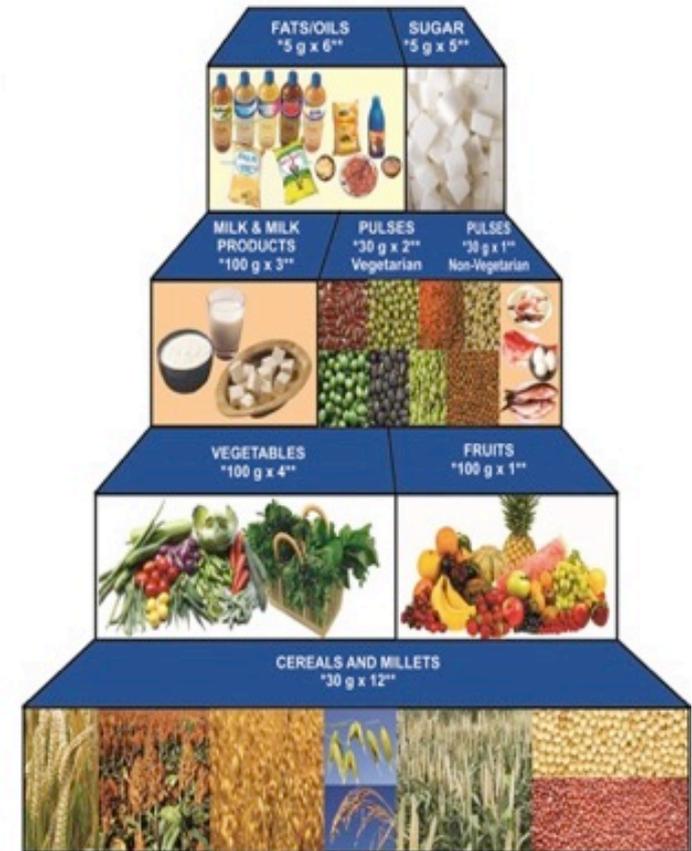
Pregnant women : Fat/Oil-2, Milk-2, Fruit-1, Green Leafy Vegetables-1/2.

Lactating women : Cereals-1, Pulses-2, Fat/Oil-2, Milk-2, Fruit-1, Green Leafy Vegetables-1/2

Between 6-12 months of lactation, diet intake should be gradually brought back to normal.

Elderly women : Fruit-1, reduce cereals and millets-2.

BALANCED DIET FOR ADULT MAN (SEDENTARY)



* Portion Size. ** No. of Portions

Elderly man: Reduce 3 portions of cereals and millets and add an extra serving of fruit

MyThali – EMPOWERING WOMEN

mythali

Woman (Sedentary)



Based on the National Institute of Nutrition's (NIN) guidelines | www.ninindia.org



Fruit:

Eat 1 fruit everyday
as a snack



Oil & Ghee:

Max. 3 teaspoons oil
& 1 of ghee per day



Sugar:

Max. 4 teaspoons
per day



Salt:

Max. 1 teaspoon
per day



Water:

7-8 glasses/day
1 glass = 250 ml



1 cup = 200 ml volume

MyThali helps you understand what to eat at each meal and in what quantity.
To learn more, visit www.aogyaworld.org/mythali

OUR PLANS TO PROMOTE HEALTHY EATING

Link to Govt of India efforts eg FSSAI's Eat Right movement and their nationwide cycle relay launched World Food Day 2018 –

<https://fssai.gov.in/swasthbharatyatra/bannerpage>

- **MyThali Urban India**

- Workplaces

- talks, flyers, email campaign. Bundle with Wellness Programs of Insurance Companies

- Consumers (especially women)

- Social Media campaign. Engage with Chefs / Food Bloggers

- Urban slums

- Work with frontline health workers & NGO partners to promote healthy eating
 - Seek Funding from CSR funds of private sector companies

- **MyThali Rural India**

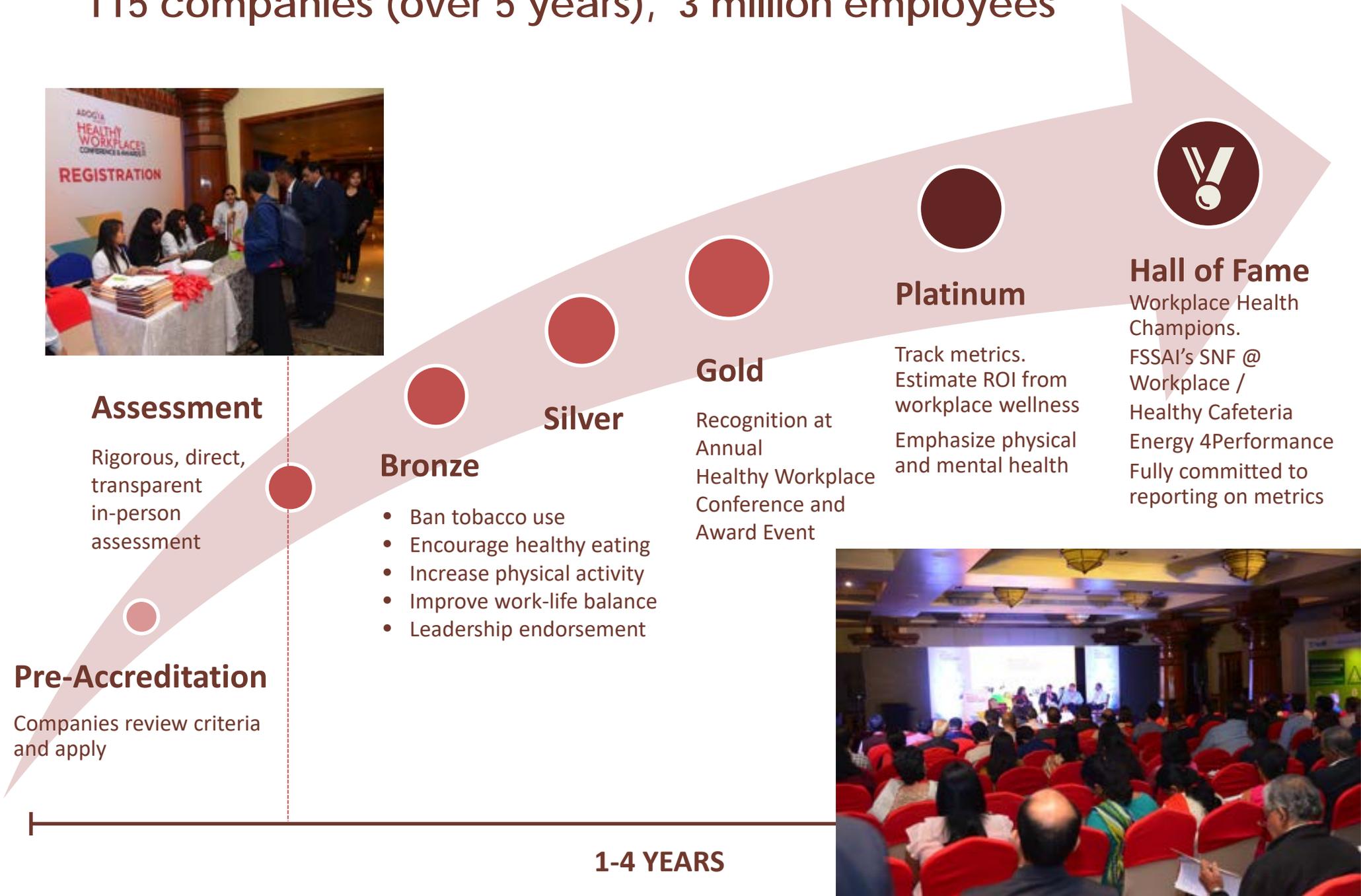
- Adolescent girls – through schools and NGOs
 - Distribute physical MyThali plates

- **Workplaces**

- Ensure company Cafeterias are certified as healthy.

OUR HEALTHY WORKPLACE PROGRAM

115 companies (over 5 years), 3 million employees



Pre-Accreditation

Companies review criteria and apply

Assessment

Rigorous, direct, transparent in-person assessment

Bronze

- Ban tobacco use
- Encourage healthy eating
- Increase physical activity
- Improve work-life balance
- Leadership endorsement

Silver

Gold

Recognition at Annual Healthy Workplace Conference and Award Event

Platinum

Track metrics. Estimate ROI from workplace wellness
Emphasize physical and mental health



Hall of Fame

Workplace Health Champions.
FSSAI's SNF @ Workplace / Healthy Cafeteria
Energy 4Performance
Fully committed to reporting on metrics



1-4 YEARS

Lessons Learned from African Comprehensive HIV/AIDS Partnership (ACHAP)

PPP established in 2000 to support the Botswana government's goal of significantly reducing the incidence and prevalence of HIV/AIDS in the country.

The ACHAP partners: Botswana government, Merck & Co., the Merck Company Foundation, and the Bill & Melinda Gates Foundation

Partners agreed upon specific purpose: transform Botswana's response to the HIV/AIDS epidemic across the spectrum of HIV prevention, care, and treatment.

- Support from the beginning by national leadership
- Structure Board or other management judiciously
- Integrate into national strategies
- Identify common objectives
- Define the roles and responsibilities of each partner
- Establish clear communication processes and metrics for impact
- Work closely with relevant national and local partners
- Hold regular high-level meetings involving government to address/solve challenges
- Develop an international advisory group to provide provided advice and investments
- Transfer from emergency response to sustainability

<http://nationalacademies.org/hmd/Activities/Global/PublicPrivatePartnershipsForum/2017-OCT-27/Proceedings-in-Brief.aspx>

Thank you!

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