

Role of the Public Health Sector

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What Should P.H. Sector Do?

Take off the medical and health sector hat and put on the education, child development, commerce, agriculture ... etc. and PARENTS hat!!!

Questions

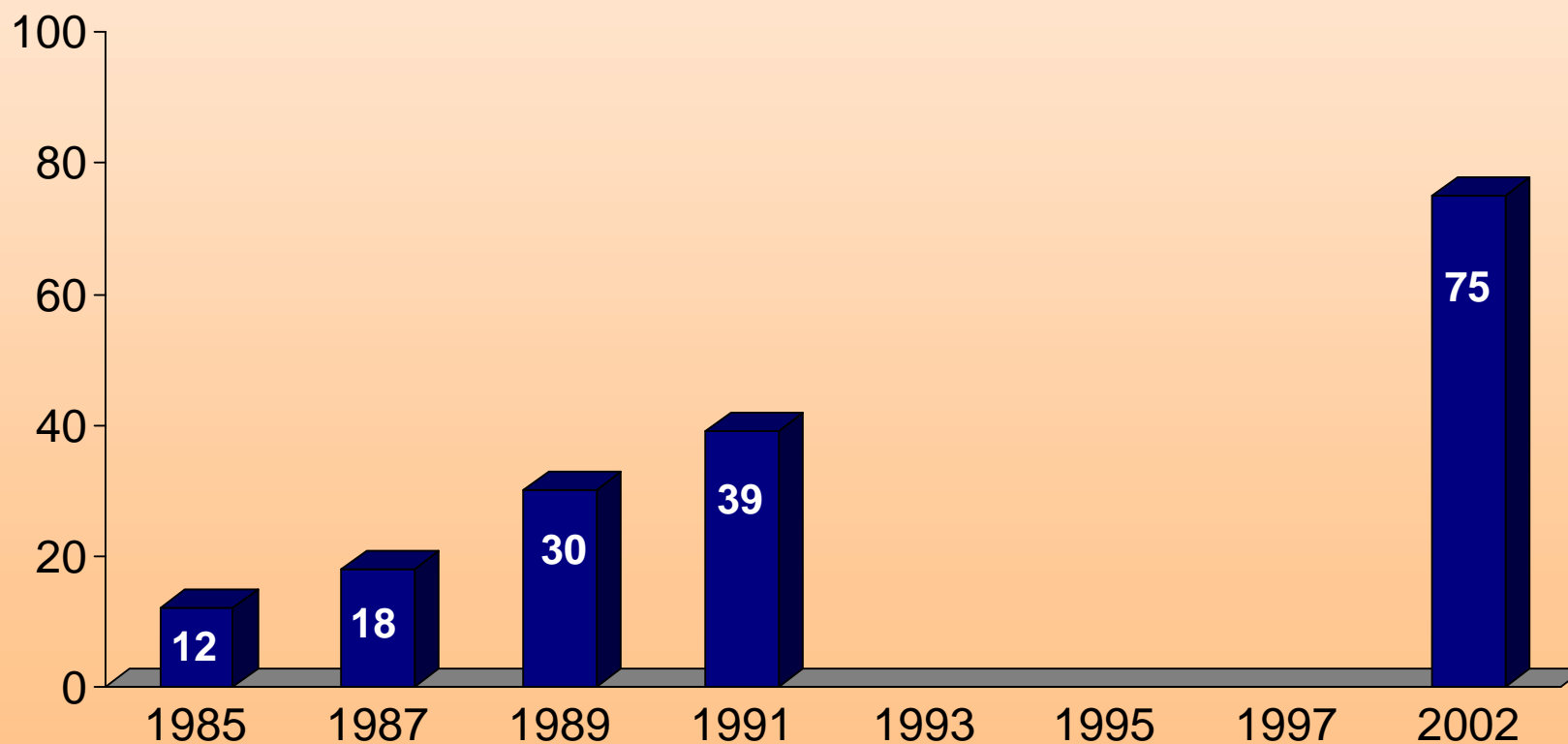
- Should public health sector be the primary **service provider** for prevention of ID (i.e. distributor of supplements, in-home fortificants, FCF)?
- Are logistics network capacity and incentives of public health programs/agencies sufficient to efficiently deliver supplements, in-home fortificants, and FCF and **sustain it indefinitely**?
- Are current micronutrient deficiency prevention programs over medicalized?
- Should consumer primarily bare the cost of the ID and anemia prevention strategy?

Considerations for P.H. Sector

- To partner with private sector, public health sector must be ready to “stick with it for the long haul”
- Why not prevent pediatric ID and anemia **and at the same time** help strengthen large and small businesses in countries?

Numbers of Authorized Cereal Products

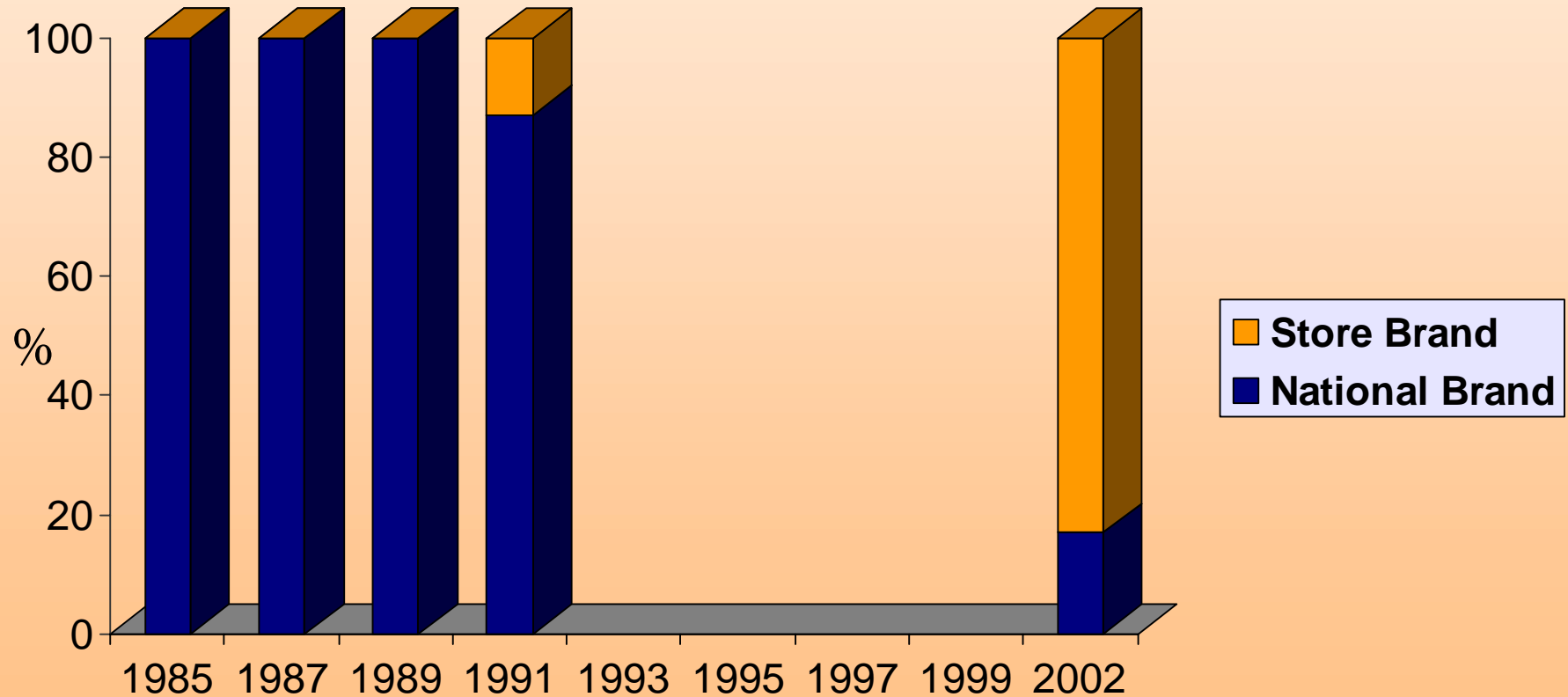
Maine WIC Program: 1985 - 2002



Source: Personal communication from Mr. Ron Bansmer, Director, Maine WIC Program

Percent of Store vs. National Brand Authorized Cereals

Maine WIC Program: 1985 - 2002



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Benefit for the Whole Population

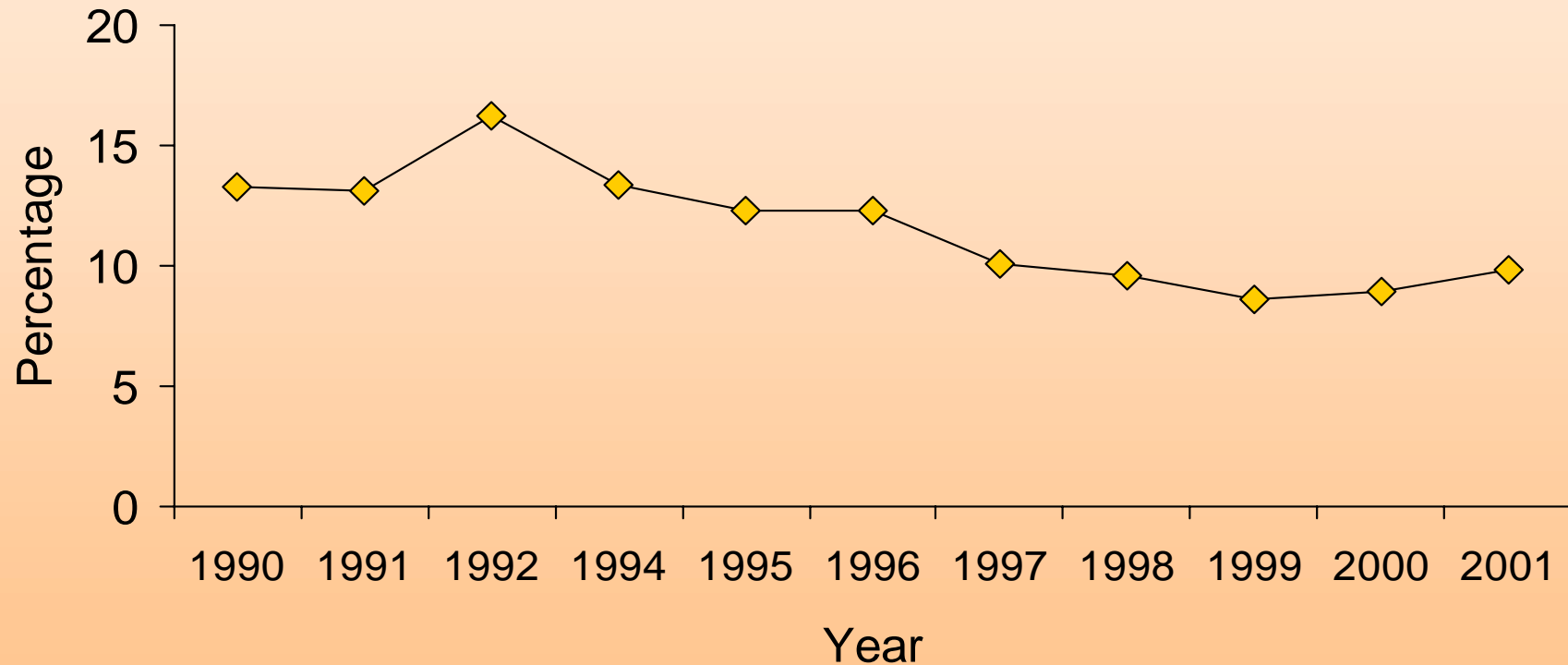
- WIC Program services targeted at the low-income women and children has helped to improve iron status of “all” U.S. women and children because more iron fortified products (at lower price) are available in markets across the country

Untapped Powerful Public Sector Advocates

- **Education sector** – likely most ministries of education and teachers not aware that ID retards learning potential of their students
- **Child development sector** – most child development specialists and advocates not aware of the impact of ID on children's cognitive and social development
- **Finance and commerce sector** – majority are not aware of the national economic consequence of childhood iron deficiency

Trends in prevalence of anemia*

Children <5 years old, Maine WIC Program



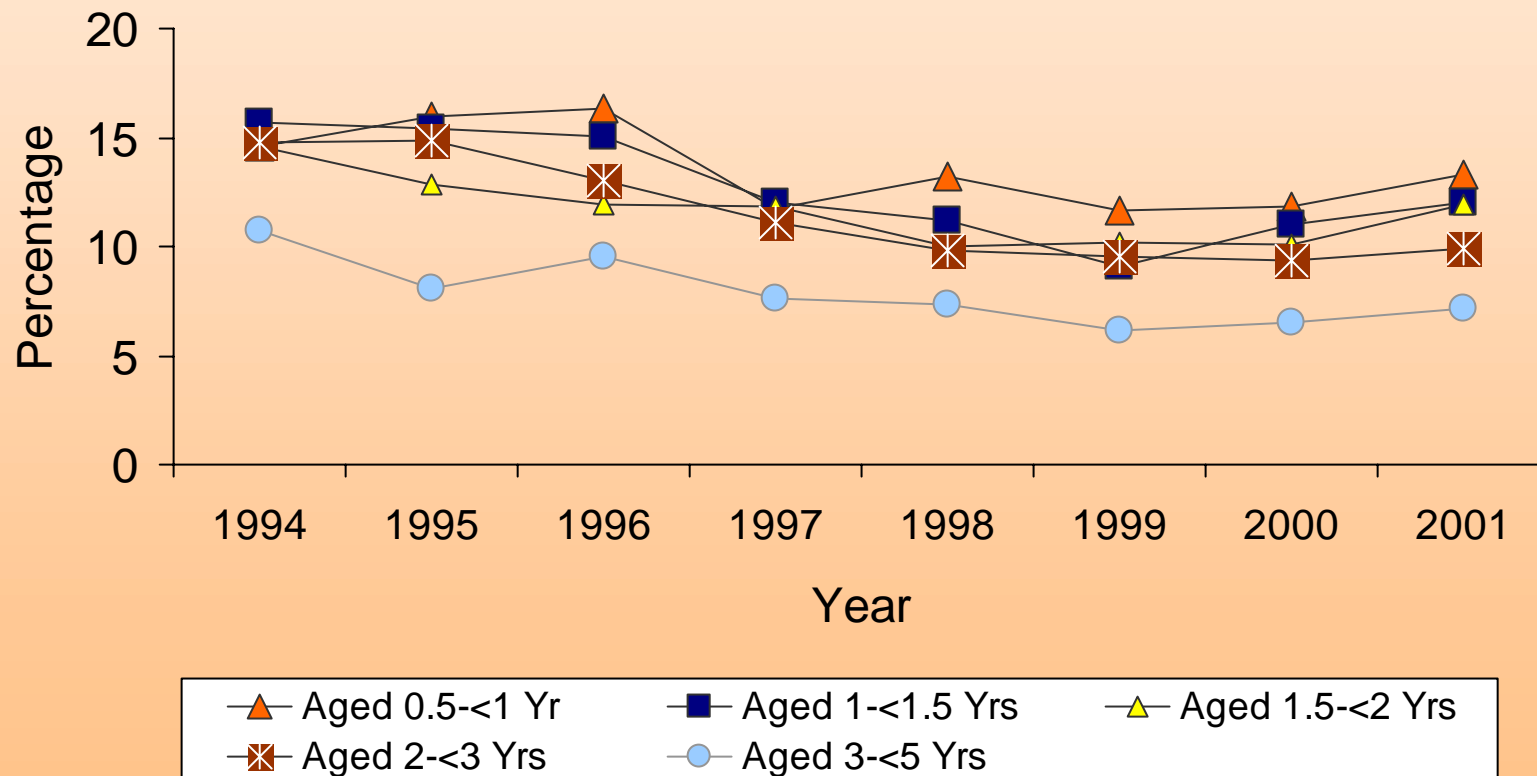
•Hb or Hct < 5th percentile, CDC MMWR vol. 47 (No. RR-3), 1998

Source: CDC Pediatric Nutrition Surveillance System



Trends in prevalence of anemia*

Children <5 years old by age group, Maine WIC Program

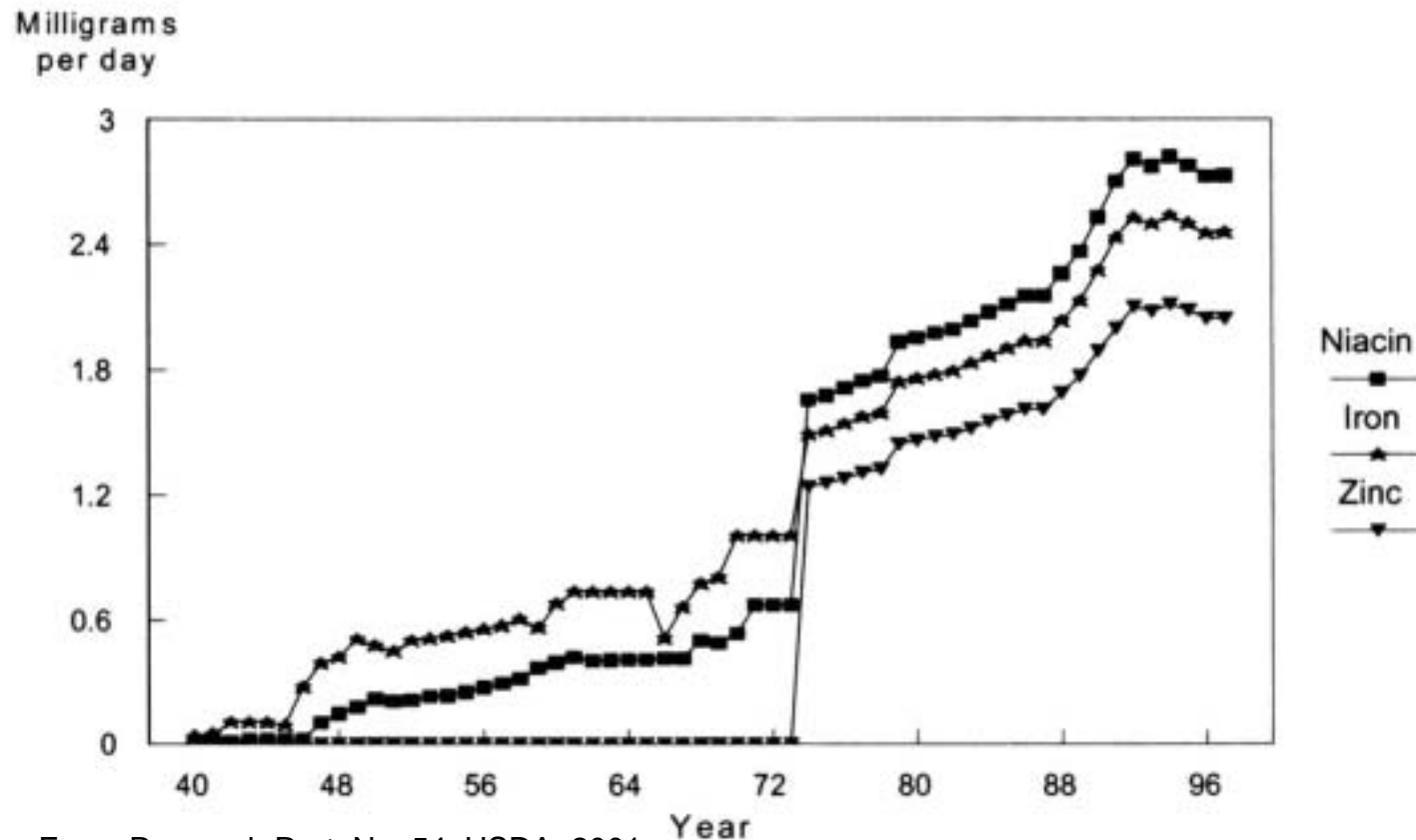


*Hb or Hct < 5th percentile, CDC MMWR vol. 47 (No. RR-3), 1998

Source: CDC Pediatric Nutrition Surveillance System

Influence of the U.S. WIC Program?

Fortification Trends of Ready-to-Eat Cereals for Niacin, Iron, and Zinc, 1940-1997



Source: Home Econ. Research Rprt. No. 54, USDA, 2001

For Consideration

- Why not emphasize the vitamin content of fortified complementary (and other) foods and supplements rather than their iron content?
 - Experience in a number of developing countries shows that more people “know” that vitamins are “good” for health, but few have “heard” of iron.

Considerations for P.H. Sector

- Private sector should be primary distributor of supplements or fortified complementary foods
 - Market sector in every country has established and better logistics and delivery networks to deliver products even in remote areas ... let us make use those networks
 - Profit (even modest one) is strong incentive to deliver good service
 - Non-health sector distribution networks could help counter perception that supplements/in-home fortificants are “**medicines**” and for use by “sick” children (and adults) only
- Consumers should primarily bear the cost of fortified foods and supplements