**High-level parliamentary roundtable on tackling the rise of childhood stunting in Africa, 3rd July 2019**

**Presentation Claire Heffernan (LIDC)**

* 150 million stunted children worldwide
* Significant health and cognitive impacts
* Differences in brain size between stunted and non-stunted children
* Stunting impacts decision-making skills of children
* 58 million stunted children under the age of 5 in Africa
* UN – stunting is one of the barriers to human development
* MDGs 50% reduction in prevalence of underweight children by 2015 – this wasn’t accomplished in Africa
* WHO – Global nutrition target – decrease of stunted children by 40% by 2025
* SDG 2.2. Ending malnutrition – but we are not on track for this target
* Different children react to different drivers
* When do children fall from good growth into slow or no growth
* Whole child approach – different time periods during pregnancy, after birth
* Ameliorate and potentially reverse the impacts of stunting
* When do we intervene – when is the best time to do this
* Interdisciplinarity is needed to solve global problems like this

**Presentation Paul Haggarty (University of Aberdeen)**

* Typology of stunting – complexity is the key problem – all these different drivers that affect stunting
* Understanding the complexity and causality
* Typology of stunting – integration of all the influencers
* Stunting presents as extreme heterogeneity in children
* It is not only physical stunting but also the mental state
* Once stunting occurs – something has changed in the biology
* Move already stunted children more towards normal development
* The paradigm is universal
* Promise of the new typology to predict stunting
* Ameliorate or reverse stunting
* Use biological type to predict how children will respond to different types of stunting
* Avoid stunting – understanding causal pathways
* Looking into developing a chip
* Building capacity within countries

**Rose Ndolo (World Vision)**

* Excited by the work on this hub
* Raise awareness among different people on the issue of stunting and whole child
* Growing knowledge, why stunting is a big problem
* African union commission – quite a lot of interest in nutrition, scaling up nutrition
* Raise the issue with parliamentarians in the countries
* Engage with different groups especially policy groups in Africa
* Multi-stakeholder approach and partnerships with government
* Bringing in the UN
* NGOs play a key role to disseminate and to scale up
* Research uptake – right from the beginning of the project
* How to bring different sectors of government together? Health, Education, Water, Agriculture, Social Services – need to come together to really fight stunting
* Communities – citizens are empowered to demand the things that are good for them, understanding stunting which is not always easy; parents need to demand actions and solutions

**Question from Nadeem Hasan (DFID)**

Everything is framed around stunting, but there is a gap in the research on impact of these interventions on wasted children

Does the hub measure the endpoint of wasting in the project?

**Comments and Question from Lord David Chidgey (Co-Chair APPG for Africa)**

* Stunting is a huge problem in India
* Malawi – selling crops for income and diet for children is only maize
* Boys were fed well, girls weren’t
* Northern part of India – organisational support from local government was remarkable; they identified stunting in children and put them high protein diets, took whole families with the children out of their surrounding
* Social factors and social behaviour and economic pressures have a huge impact on what parents want to do

Question: How important are the social and economic pressures on communities?

**Answers from**

**Paul Haggarty (University of Aberdeen)**

* Key component of the hub is a comparison of three different countries
* Heterogeneity of exposures in different countries
* Interventions are very promising especially the egg intervention in India
* Stunting and wasting – we are particularly focussed on stunting because of the SDGs
* Observational cohorts – within these cohorts will also be wasting, but not the primary focus

**Claire Heffernan (LIDC)**

* Obesity is also a factor that we can’t ignore – behavioural scientists on board
* Commercial companies are very good to convince people to eat unhealthy
* We need to enable children to eat healthier diets

**Rose Ndolo (World Vision)**

Highly processed not nutritious food that is flooding the African market

**Question from Georgina Awoonor-Gordon (Chance for Childhood)**

Invisibility of stunting – at what level are you looking at disabilities? Stunting is often accepted as part of disabilities, but not seen as a unique different factor

**Comment from Pia MacRae (Crown agents)**

Understanding the complexity and context specific solutions

**Answers from**

**Claire Heffernan**

* Understanding the cascade of child stunting
* NGOs could have a chip to identify what child has which problems – this is a transformational game changer
* Disruptive research – we need answers, we want to collectively drive into solution space, even though that is risky and complicated
* Disabilities – figures are staggering, looking at best practice for education, support for children

**Lynn Ang (UCL IOE)**

* Teachers are in the frontline in the educational programmes, looking at early learning environments at school and at home, engagement with parents and teachers
* Empower teachers –know how to support children and how are stunted children identified within the class

**Comment from Alejandro Guarin (International Institute for Environment and Development)**

* Call for a whole systems approach to embed household and market level
* Additional leverage if you look at the market level, not just household level
* Fantastic opportunity to bring together communities and different researchers
* WE are not talking enough

**Lord Ewan Cameron (Chair APPG for Agriculture and Development)**

* Ruanda – incredible fertile but 30% of stunting
* Habit – after breast milk they feed maize milk
* Stunting is reversible? Is that correct?

**Answers from**

**Paul Haggarty (University of Aberdeen)**

* It depends when you pick stunting up
* Still possible to recover, more mental and cognitive development that is solvable rather than the physical development

**Claire Heffernan (LIDC)**

Food systems – animal source food, identifying safe foods that can be given at large scale

**Question from Pauline Latham (Vice Chair APPG Africa)**

* What is the situation in the UK compared to African countries
* Why is it better here? Is it access to better nutrition?
* Comparison of post-war diet to diets now?

**Answers from**

**Paul Haggarty (University of Aberdeen)**

* 1921 and 1936 cohort studies from the UK
* Looking at mothers’ and fathers’ diets
* Stunting is very low in the UK – biggest problem with ethnic priorities
* Action point: Looking at the UK statistics and linking up with UK groups

**Joanne Webster (RVC)**

* Parasites and pathogens
* Most of the interventions are happening at the age of school children
* But is the school age too late to intervene?
* Focus on pre-school children in the hub

**Question from Pauline Latham (Vice Chair APPG Africa)**

* What does a joint approach mean and how can it be operationalize?
* How do you get the research out to NGOs?

**Answers from**

**Paul Haggarty (University of Aberdeen)**

* Whole child – looking at all the influencers, complexity
* We can’t say anything now, but we are hoping to create a decision-support-tool that will be multi-dimensional – use the information and plug it into
* Summit on child stunting with NGOs
* October – international advisory board meeting in Geneva at WHO (with WHO’s Head of Nutrition) and we are going to invite as many important NGOs as we can

**Comment from Ivan Kent (Global Panel)**

* Joint up approach – multi-sectorial approach across Africa
* Opportunities to build capacities within ministries, this also needs leadership and leaders
* Raise the profile of nutrition
* Interdisciplinary working across ministries (like trade, infrastructure)
* DFID – ideas of how to bring research findings into policy making

**Comment from Nadeem Hasan (DFID)**

* Huge amount of work being done in nutrition at the policy level
* Nutrition landscape has changed, coherent structure, bringing governments, civil society and companies and funders together
* National plans and actions – nutrition there is a large gap in terms of what we want to do
* How context specific are these issues?
* Research can bridge gap – informing discussions and what works in practice, moving beyond nutrition research
* Convening NGOs around that
* Sustainable shifts happen through governments
* Parliamentarians mobilising governments and holding them accountable

**Questions from Pauline Latham (Vice Chair APPG Africa)**

* What about practical outcomes? How to ensure this will have practical implications?
* What can we do to further raise awareness in the UK and African countries?

**Answers from**

**Claire Heffernan (LIDC)**

* We are here to leverage your power to raising this issue in the UK and around the world
* Engage all the stakeholders
* We are keeping you informed

**Comment from Pauline Latham (Vice Chair APPG Africa)**

* International Select Committee could do a short report on this, we put pressure on the government   
  🡪 Pauline is bringing this forward
* DFID is key to this
* Action points: IPU / CPS – these do have a lot of visitors from developing countries – worth contacting both chairs of parliamentarians and ask if they had a programme over the next two years where they bring health people over

**Comment from Nicola Lowe (UCLan)**

* Capacity building as an important part – capacity building in partner countries and also in the UK
* Young researchers to engage with that

**Answers from**

**Paul Haggarty (University of Aberdeen)**

* Great number of junior researchers that are involved in the project, but we could do more
* Mainly focus on the LMICs – genomics is done in country
* Capacity building within UK

**Claire Heffernan (LIDC)**

* Interdisciplinary piece often gets missed at this – researchers find this difficult
* LIDC is a membership institution from students to our core members – issues and trainings around interdisciplinarity
* 3rd week of July – training for partners

**Presentation Rachel Mason and David Price on public engagement (Science made simple)**

* Why we believe public engagement is an important part
* Engaging with the public so they relax, so they want to participate and continue to participate
* Engaging through fun and cohesive activities – confidence to learn more
* Breaking down barriers between researchers and the public
* Home environment – sanitation and food preparation
* Glitter a way of showing how parasites, bacteria pass very quickly
* Addressing knowledge and capacity to make informed decisions – give people more capacity to make more informed decisions
* There is inaccuracy – finding ways to involve people in the methods
* Mobile app and face to face involvement
* Breaking down barriers