



INTERNATIONAL ASSOCIATION FOR THE  
STUDY OF HUMAN  
GROWTH AND CLINICAL AUXOLOGY (ISGA)  
SOCIADAD ARGENTINA DE PEDIATRÍA  
(SAP)



## XIV CONGRESO INTERNACIONAL DE AUXOLOGIA

"Por un crecimiento saludable en un mundo mejor"

Round Table: What to do in  
our countries in the first 1000 days

Conceptual and programmatic challenges in the  
approach to early conditions in children in Latin  
America and the Caribbean

Prof. Dr. Pablo Duran  
Regional Advisor in Perinatal Health  
CLAP/SMR – OPS/OMS



Organización  
Panamericana  
de la Salud

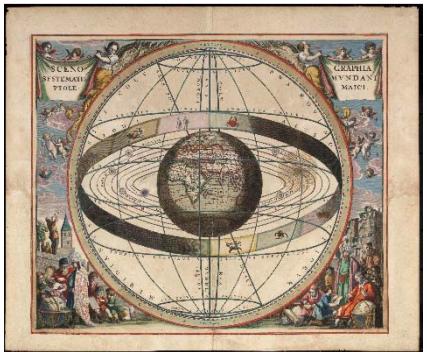


Organización  
Mundial de la Salud



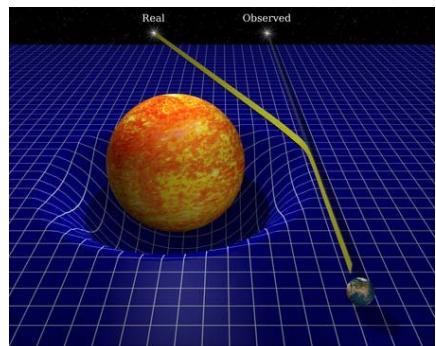
Centro Latinoamericano de Perinatología  
Salud de la Mujer y Reproductiva - CLAP/SMR

# Why modeling?

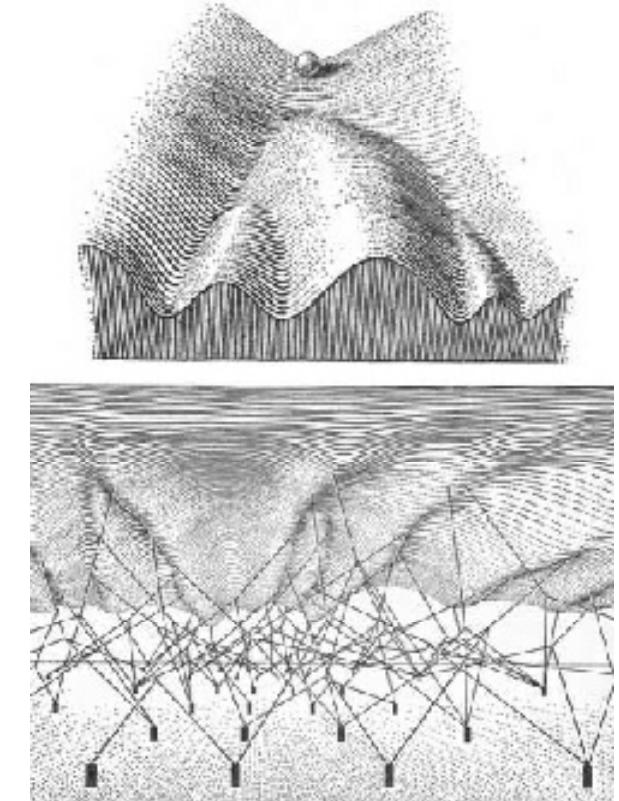


**Represent a portion of the world, a law or a theory, with the purpose of**

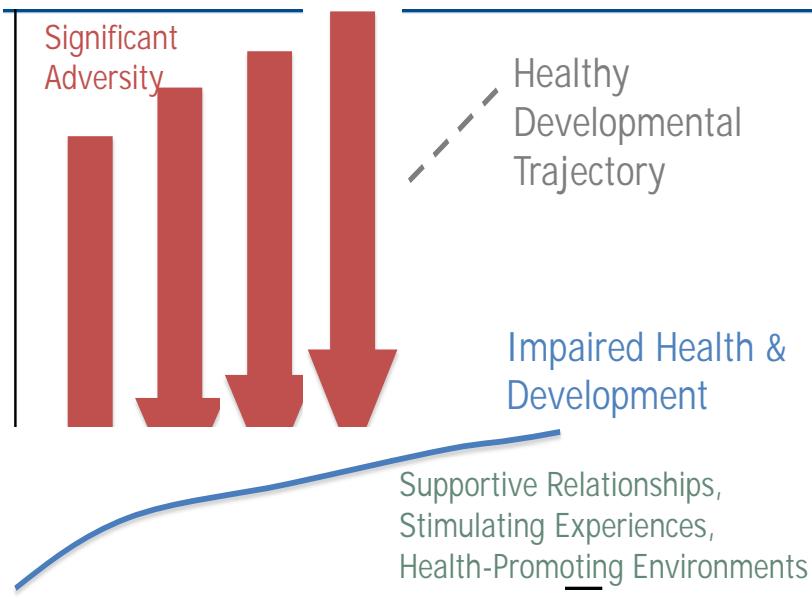
- Describe: how the world is
- Predict: how it can be
- Prescribe: how it should be



**Normative  
Programmatic**



**Implications**



1000 days

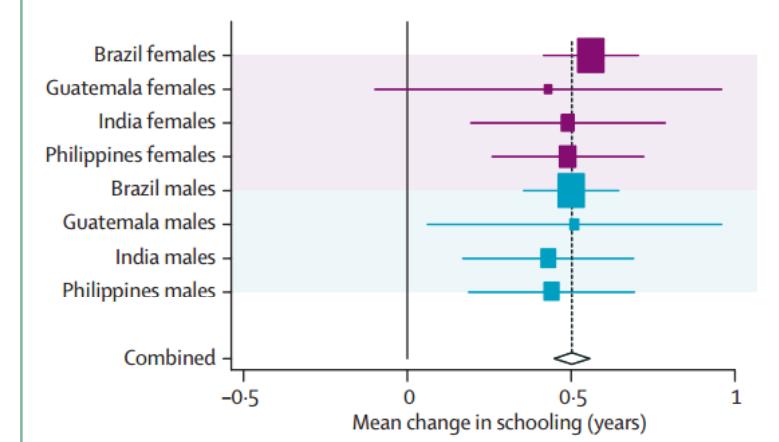
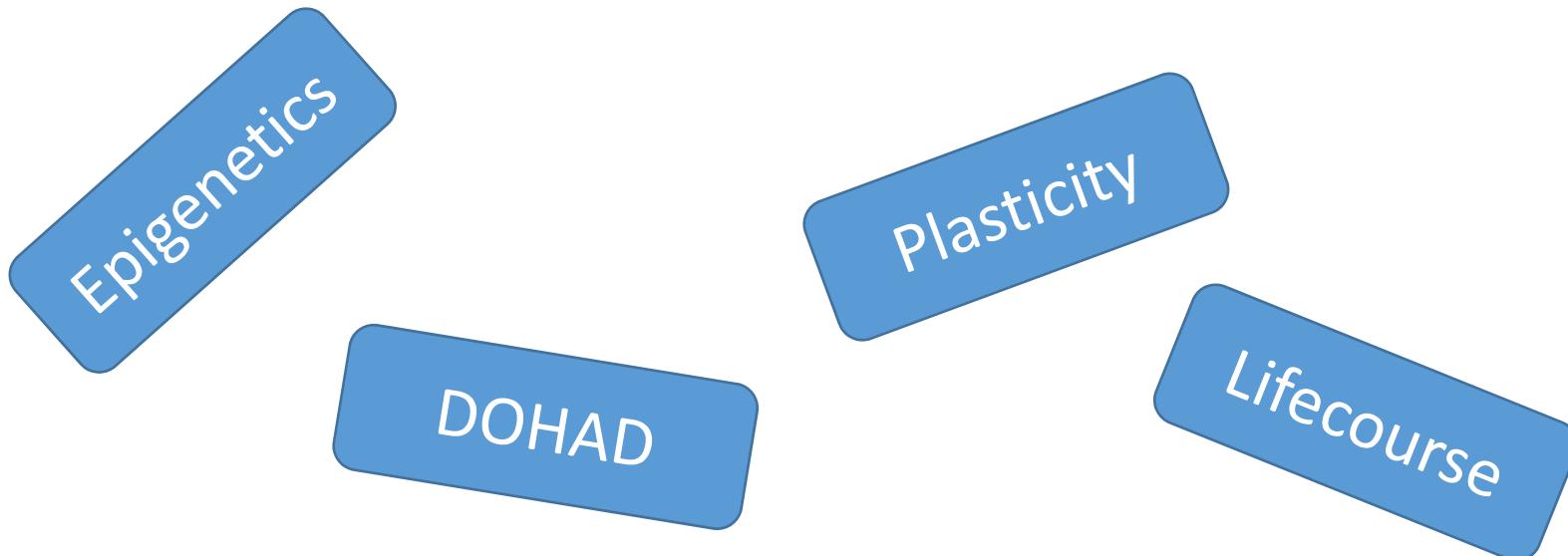
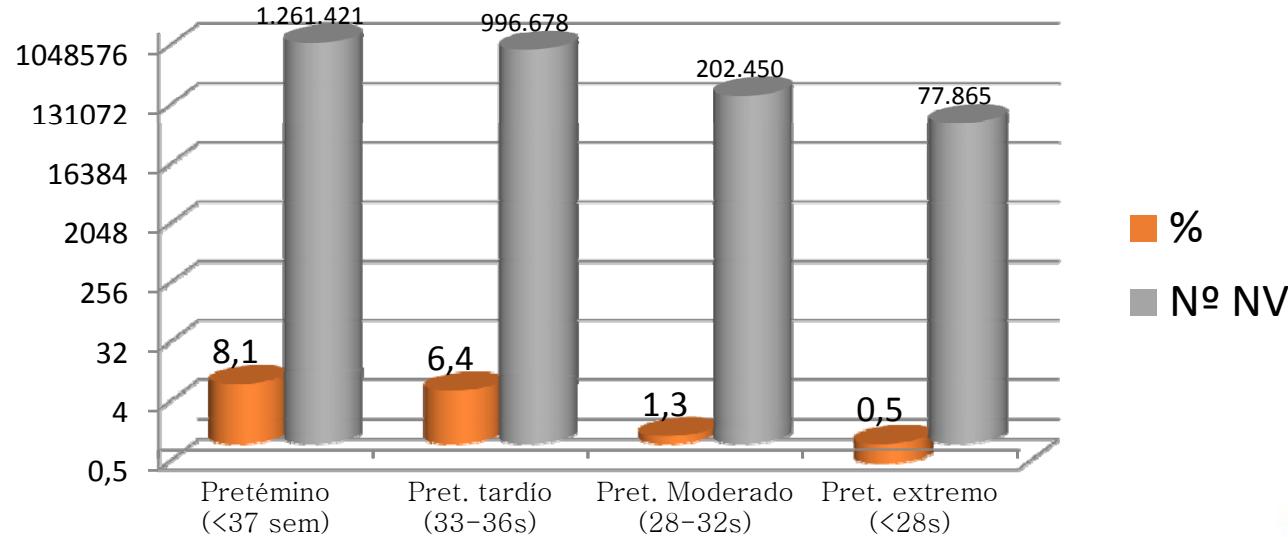


Figure 3: Forest plot for effect of height-for-age at 2 years on attained schooling  
Mean change per unit change in height-for-age Z score at 2 years.

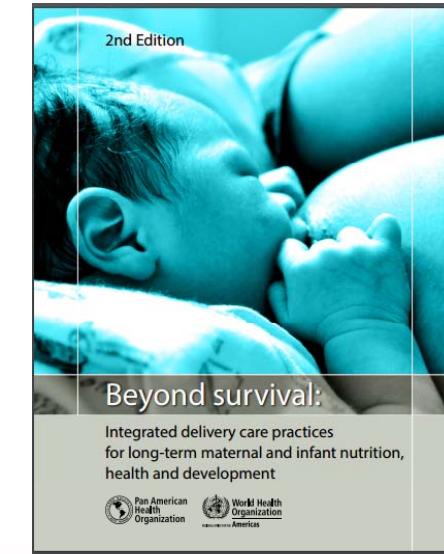
Turning points



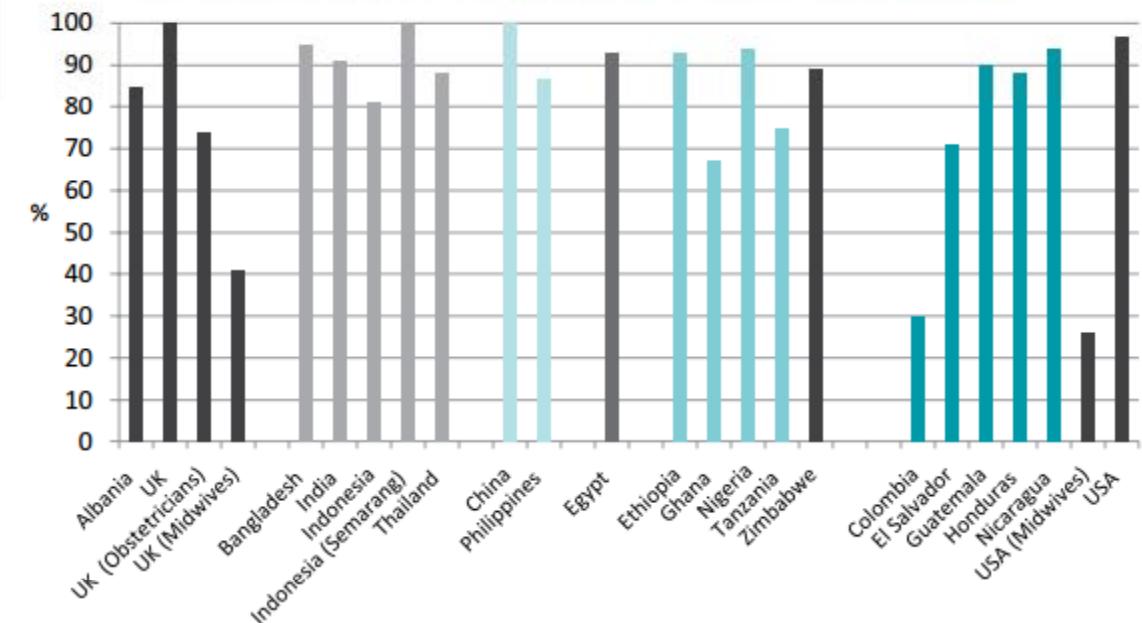


## Preterm birth in LAC – CLAP 2013

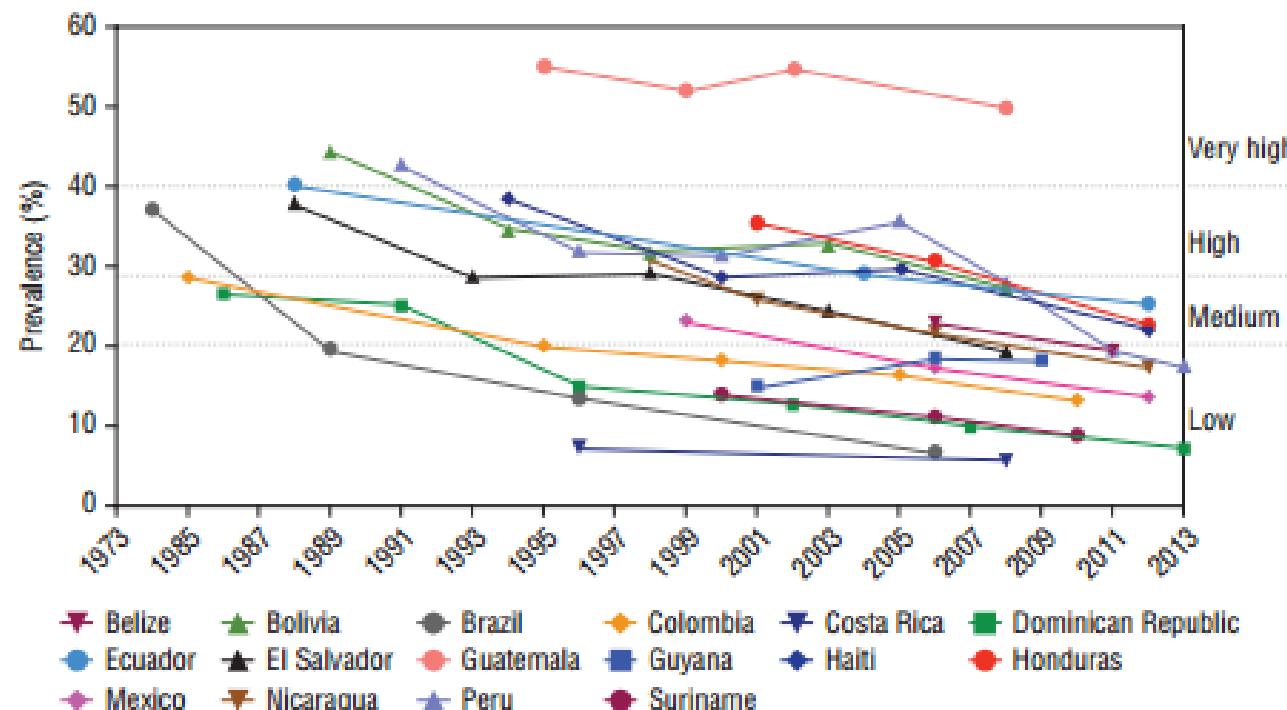
■ %  
■ Nº NV



**Figure 7. Percentage of deliveries from individual surveys in which early cord clamping\* is observed or self-reported**



**FIGURE 1 Trends in the prevalence of stunting in children under 5 years old in countries with available, nationally representative data,<sup>a</sup> Latin America and the Caribbean, 1974–2014**



Source: Prepared by the authors based on information from the surveys listed in Supplementary Material Table 1.

<sup>a</sup> Z-score height for age (HAZ) < -2 standard deviation.

Original research

## Nutrition situation in Latin America and the Caribbean: current scenario, past trends, and data gaps

Luis Galicia,<sup>1</sup> Rubén Grajeda,<sup>1</sup> and Daniel López de Romaña<sup>2</sup>



*The American Journal of  
CLINICAL NUTRITION*

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Ann J Clin Nutr. 2008 Nov; 90(5): 1372–1379.  
Published online 2008 Sep 30. doi: [10.3945/ajcn.2008.27524](https://doi.org/10.3945/ajcn.2008.27524)

Nutritional supplementation in girls influences the growth of their children: prospective study in Guatemala<sup>1,2,3,4</sup>  
Jere R Behrman,<sup>1</sup> Maria C Calderon,<sup>1</sup> Samuel H Preston,<sup>1</sup> John Hoddinott,<sup>1</sup> Reynaldo Martorell,<sup>1</sup> and Anyeh D Stein,<sup>2</sup>

Published in final edited form as:  
*Lat Am Econ Rev.* 2014 December ; 23(1): 4-. doi:10.1007/s40503-014-0004-4.

What determines adult cognitive skills? Influences of pre-school, school, and post-school experiences in Guatemala

PMCID: PMC276211

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**Maternal and child undernutrition: consequences for adult health and human capital**

Cesar G Victora,<sup>a,\*</sup> Linda Adair,<sup>e</sup> Caroline Fall,<sup>b</sup> Pedro C Hallal,<sup>a</sup> Reynaldo Martorell,<sup>d</sup> Linda Richter,<sup>f</sup> Harshpal Singh Sachdev,<sup>c</sup> and for the Maternal and Child Undernutrition Study Group<sup>†</sup>

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Volume 371, No. 9610, p411–416, 2 February 2008

Effect of a nutrition intervention during early childhood on economic productivity in Guatemalan adults  
John Hoddinott, DPhil, John A Maluccio, PhD, Jere R Behrman, PhD, Rafael Flores, DrPH, Dr Reynaldo Martorell, PhD<sup>‡</sup>

# What have we learned about implementation?





- Parte del **Sistema de Protección Social**
- Ministerio de Desarrollo Social,
- **Acompañar, proteger y apoyar integralmente**, a todos los niños, niñas y sus familias.
- **Acceso expedito** a los servicios y prestaciones que atienden sus necesidades y apoyan su desarrollo en cada etapa de su crecimiento.
- Condiciones adecuadas en un entorno **amigable, inclusivo y acogedor**.
- Equidad; **desde el inicio de sus vidas**; desarrollar al máximo las **capacidades y potencialidades** con las que nace.



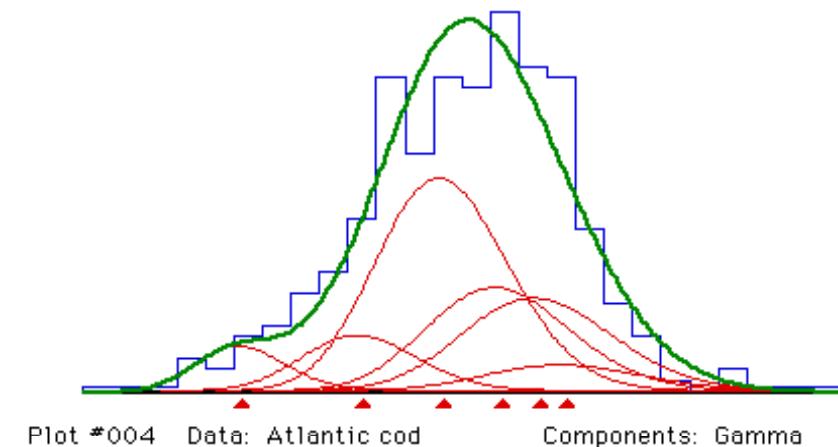
- Política pública de **cobertura nacional**, que apunta a consolidar un sistema de protección integral a la primera infancia.
- **Acciones universales y focalizadas**
- Mujeres **embarazadas y niños y niñas menores de 4 años**, desde una perspectiva de derechos, género y generaciones.
- Espacio de **articulación y fortalecimiento institucional**.
- Acciones socioeducativas
- **Disminuir la incidencia de los factores de riesgo socio-sanitarios que condicionan el crecimiento y desarrollo**
- **Diseño, monitoreo y evaluación** de las políticas de protección integral
- Contribuir al mejor funcionamiento de las instituciones, redes y dispositivos territoriales,



- **Transformar** la manera sectorizada
- Reúne políticas, programas, proyectos, acciones y servicios dirigidos a la primera infancia,
- entre cero y cinco años de edad
- De Cero a Siempre priorizará la población en Pobreza Extrema.
- **Coordinación** interinstitucional
- Aprobada como **Ley de la República** el 2 de agosto de 2016.
- Demandará una **mayor preparación de cada uno de los actores** involucrados haciendo inaplazable el establecimiento de **compromisos locales y regionales**, así como en la **adecuación de las instituciones** para cumplir los parámetros de atención integral

# Similar approaches

- Based on National policies
- Explicit rights perspective
- From prenatal to 4/5 years old
- Interinstitutional articulation
- Universal and targeted interventions
- Comprehensive approaches (specific interventions communication + promotion + care + institutional strengthening + networks + M&E)

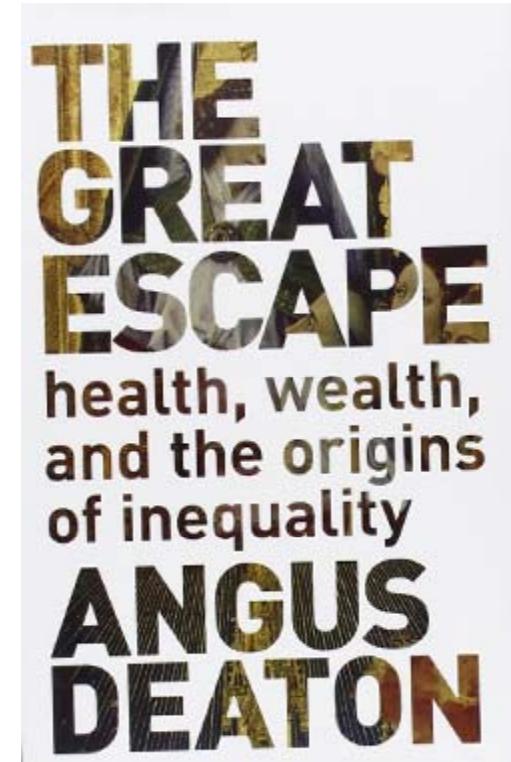


# Common Challenges

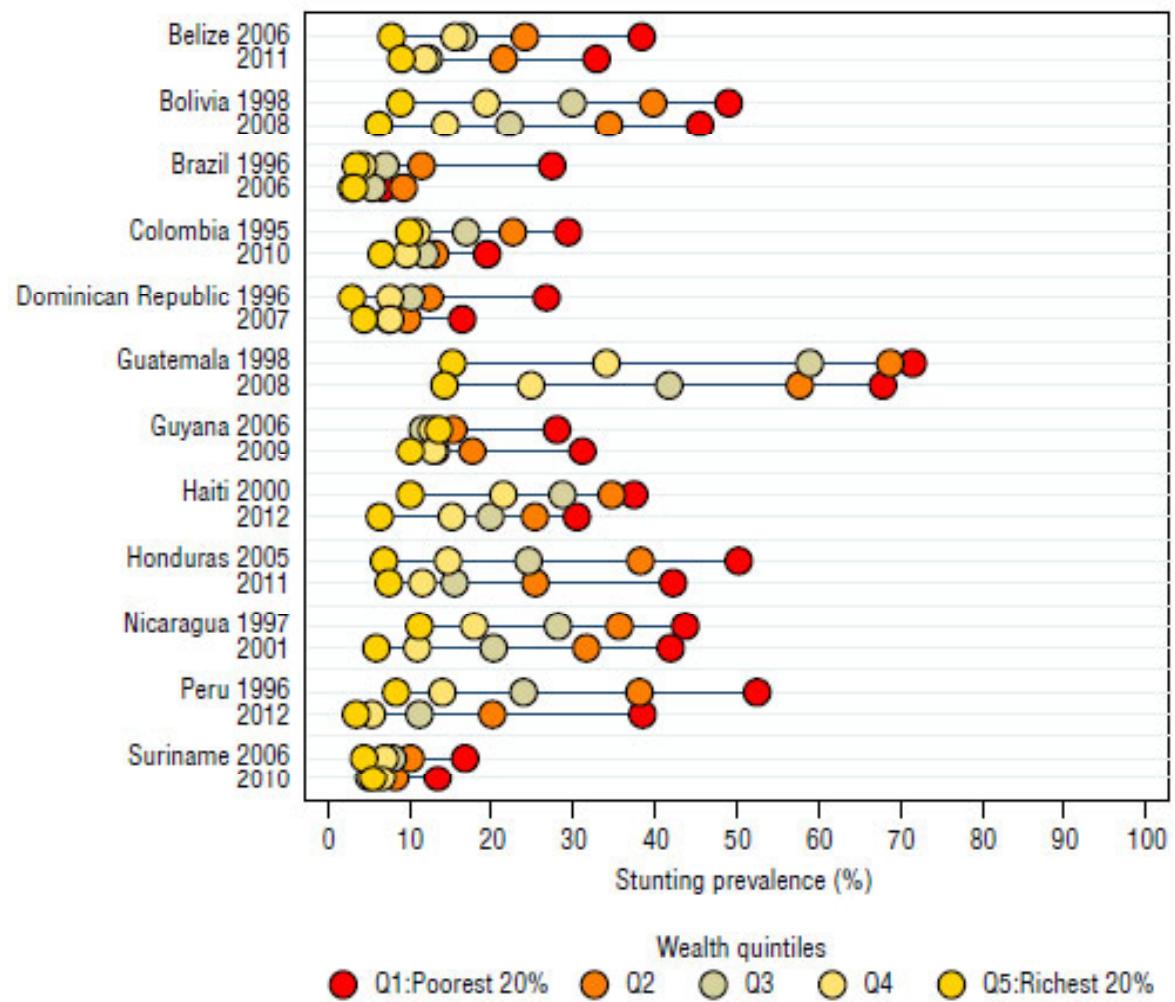
1. Inequity and more inequity
2. Lack of key and updated data with equity lens
3. Time and actors
4. Institutional structure and fragmented  
interventions
5. Silent period

# Inequity and more inequity

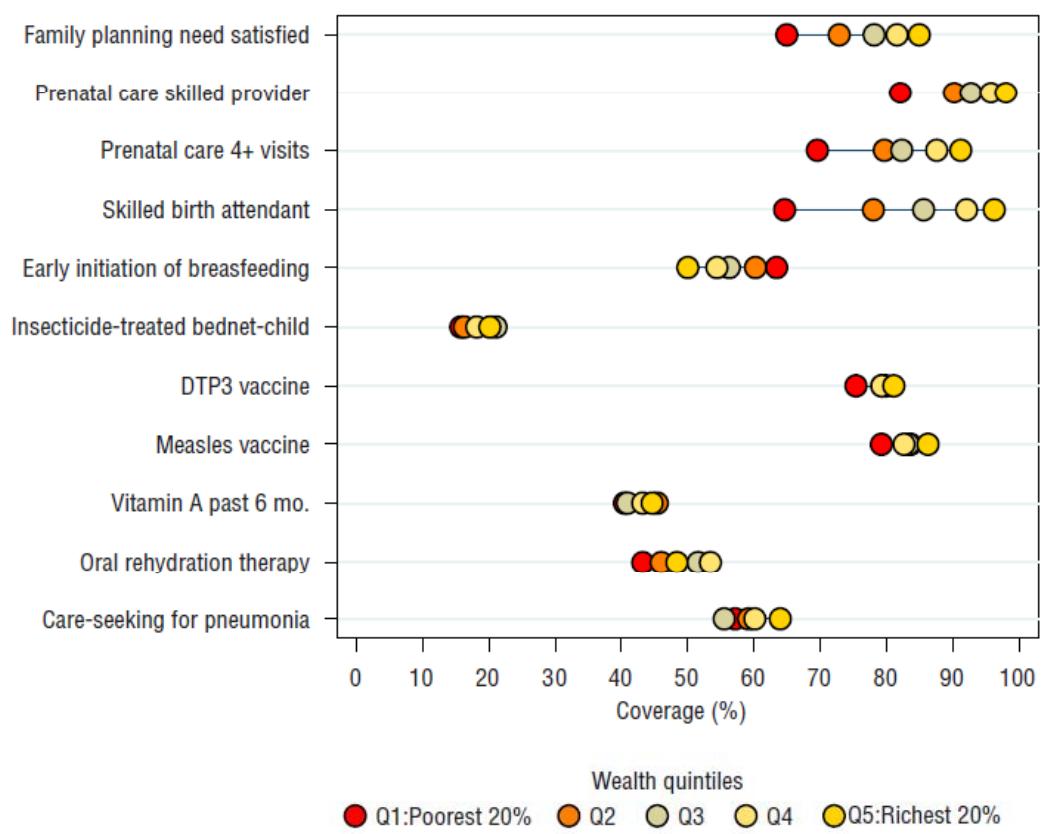
- “La desigualdad es, frecuentemente, una consecuencia del progreso...Las desigualdades, a su vez, afectan el progreso”
- “El progreso en salud crea brechas en salud exactamente igual que el progreso material crea brechas en los estándares de vida”



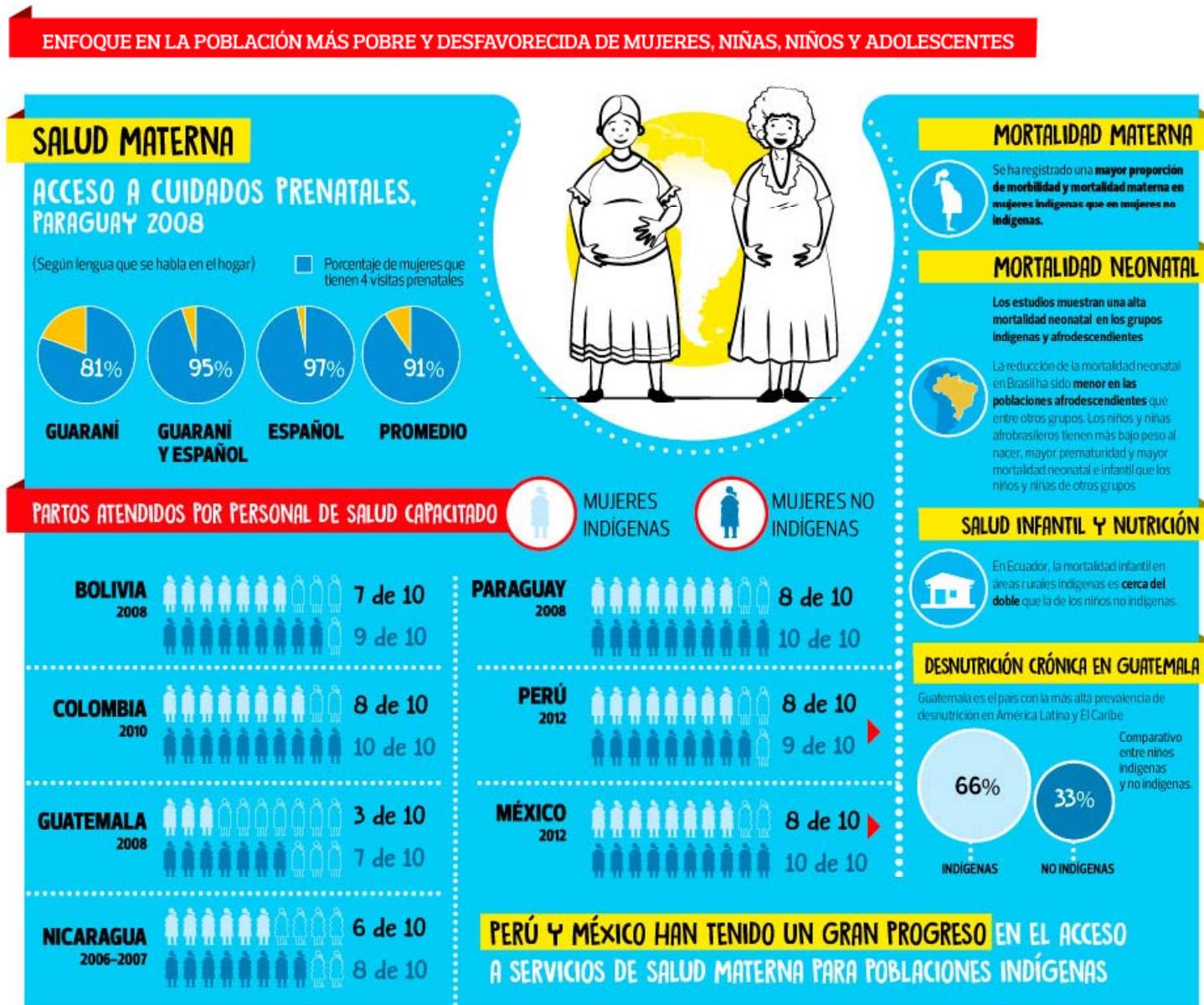
**FIGURE 5. National stunting prevalence in children under 5 years of age and stratified according to wealth quintiles in 12 countries in Latin America and the Caribbean, by year**



**FIGURE 1. Mean coverage levels of various reproductive, maternal, neonatal, and child health interventions according to wealth quintiles in recent surveys of 11 countries in Latin America and the Caribbean, 2001–2012**



## 2. Lack of key and updated data with equity lens



## DESNUTRICIÓN CRÓNICA EN GUATEMALA

Guatemala es el país con la más alta prevalencia de desnutrición en América Latina y El Caribe.



## PREVALENCIA DE DESNUTRICIÓN

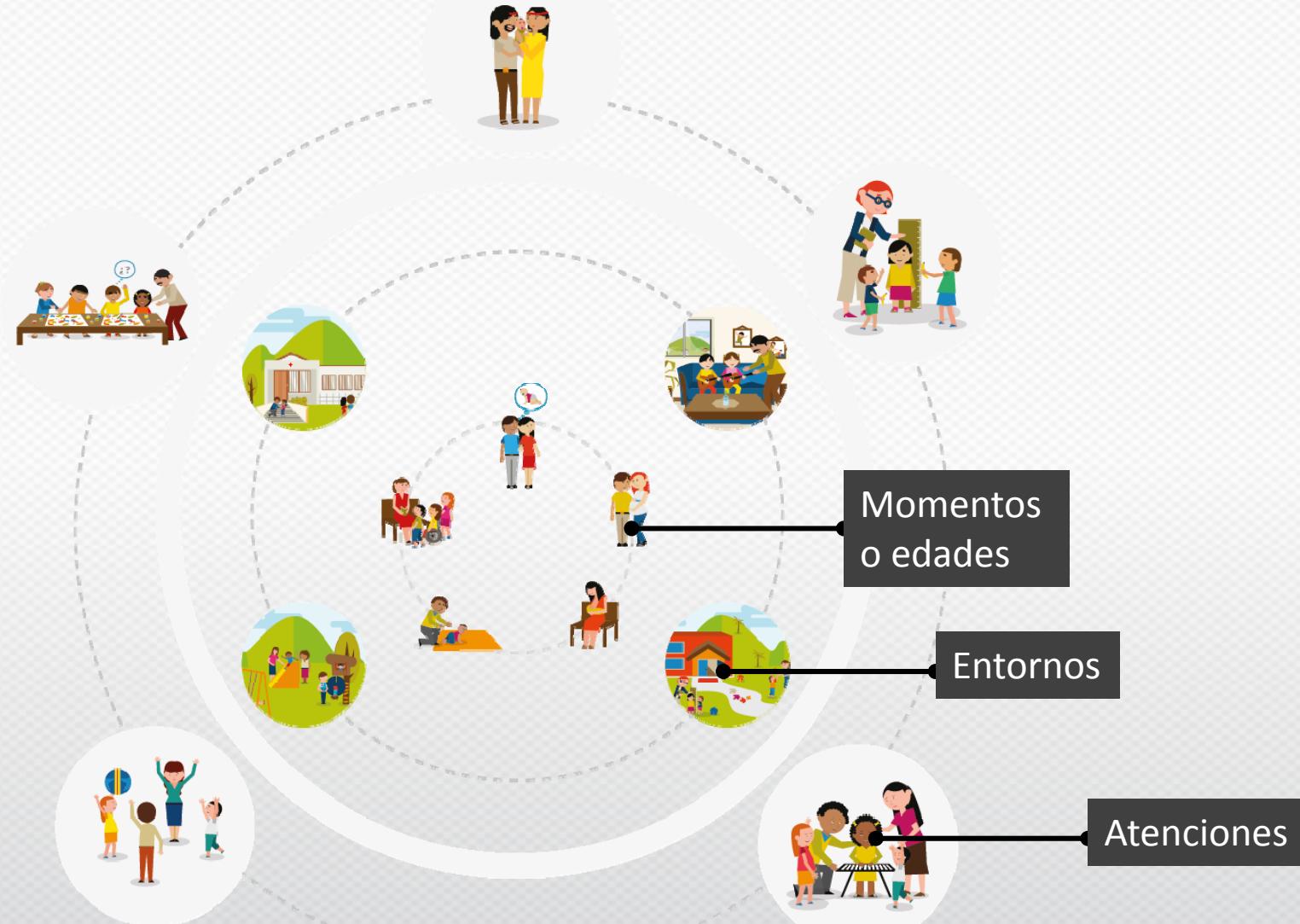


RELACIÓN ENTRE LA CANTIDAD DE NIÑOS DESNUTRIDOS MÁS POBRES Y MÁS RICOS

### 3. Time and actors

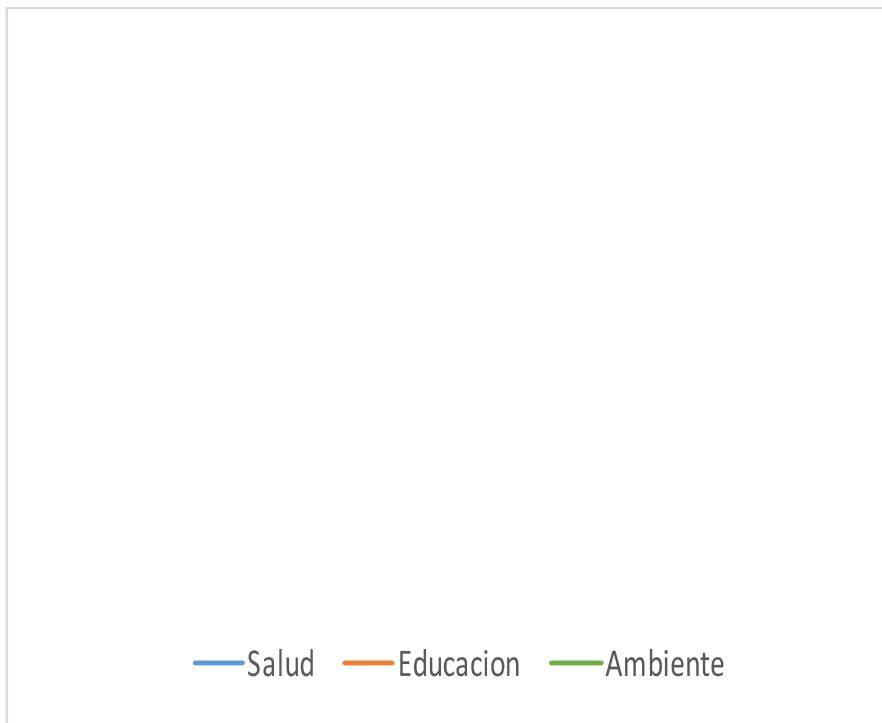
### Atenciones

Acciones intencionadas y efectivas que materializan los estructurantes de la atención integral,

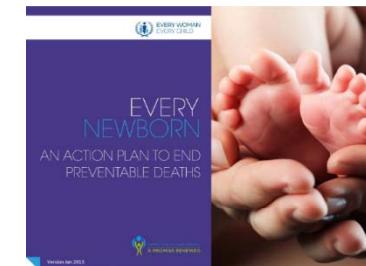
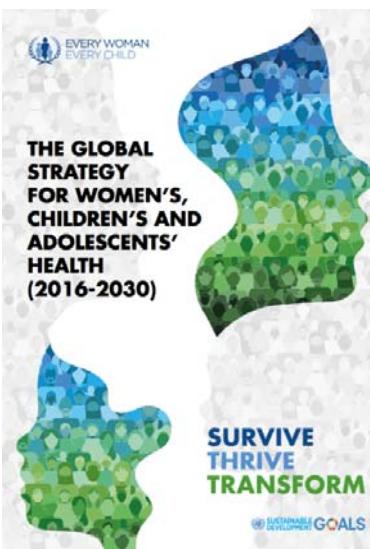


## 4. Institutional structure and fragmented interventions

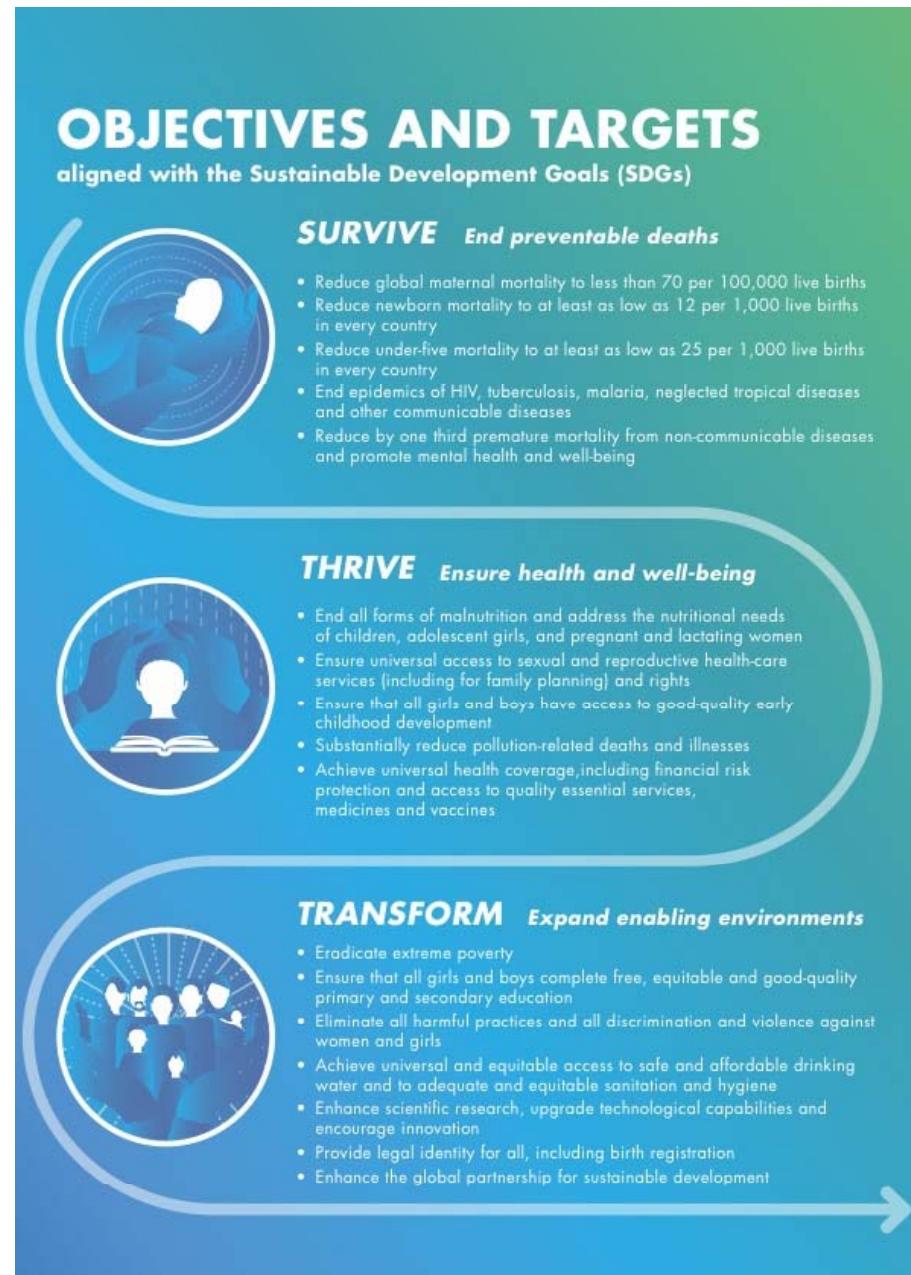
What is the role of environment?



# Guidelines and challenges post 2015



## THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)





## THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030)



# OBJECTIVES AND TARGETS

aligned with the Sustainable Development Goals (SDGs)

## SURVIVE End preventable deaths

- Reduce global maternal mortality to less than 70 per 100,000 live births
- Reduce newborn mortality to at least as low as 12 per 1,000 live births in every country
- Reduce under-five mortality to at least as low as 25 per 1,000 live births in every country
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases
- Reduce by one third premature mortality from non-communicable diseases and promote mental health and well-being

# ACTION AREAS

**Country leadership**  
Reinforce leadership

**Financing for health**  
Mobilize resources;

**Health system resilience**  
Provide good-quality care in all settings; prepare for emergencies; ensure universal health coverage.

# Final remarks

- Need for moving from evidence to implementation
- **Interdisciplinary/Paradigm dialog**
- Comprehensive interventions
- Intersectorial approach
- Strengthening evidence based on an equity lens
- **Results/Impact evaluation**

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**Abstraction and idealization in scientific models – challenges for implementation**

# Thank you!



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