



PACIFIC HEALTH SUMMIT
LONDON 2010

Calls for Collaboration *from Summit Participants*

Opportunities for Immediate Engagement in Maternal and Newborn Health

In inviting our participants to present these Calls for Collaboration, we seek to highlight specific, tangible efforts to create new bonds between motivated players in global health.

This collection of “Calls” offers readily actionable opportunities for cross-sectoral collaboration with new partners through existing infrastructure and project mechanisms, without seeking financial support.

Our aim is to provide immediate entry points for new partnerships in the maternal and newborn health field—at the 2010 Summit and beyond.

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Introduction

In an online survey distributed during the spring of 2010 to invited participants of the 2010 Pacific Health Summit, one of the questions asked was:

What Do You Hope Will Result from the Summit?

Answers revolved around several broad hopes:

- A clearer picture of key opportunities for partnerships;
- Greater collaboration across MNH communities;
- Commitment that goes beyond pledges;
- Creative thinking and adoption of new solutions; and
- Networking with like-minded organizations and individuals.

This collection of Calls for Collaboration represents one of the ways the Secretariat responded to the hopes and vision for what could be accomplished together at the Summit and beyond. It contains many of the Calls for Collaboration distributed at the 2010 Summit and it is our hope that they will continue to inspire dialogue and foster new partnerships beyond those gathered at the 2010 Summit.

- *Pacific Health Summit Secretariat*

Call for businesses to provide expertise and bridge gaps between the private sector and civil society through the strategic placement of staff members for six-month “expert internships” in World Vision country offices in the developing world.

FROM | World Vision International

CONTACT | Stefan Germann, Director, Research & Partnerships, Global Health Team, stefan_germann@wvi.org

OVERVIEW | We are seeking interested business sector partners to collaborate in strategic areas on our Child Health Now campaign¹ and child health-focused program implementation. The goals of integrating staff from the business sector into our teams include:

- We will undoubtedly benefit enormously from the fresh perspective and strategic expertise of industry representatives “on loan.”
- We will develop a new appreciation for participating companies’ core competencies.
- Our multinational organization and its partners, as well as staff seconded from companies, will all have unique opportunities to build new relationships with civil society and help bridge sector gaps in innovative ways.

TARGET PARTICIPANTS | Companies with expertise in market research, ICT, mHealth, and supply chain management, who would be willing to lend one to three staff members to World Vision for six-month projects.

NATURE OF COLLABORATION | As part of corporate staff capacity-building, linked with corporate social responsibility, we seek to collaborate with business partners in the strategic deployment of partnering company staff members for six months into World Vision teams working in the areas outlined below. World Vision would cover office and travel costs during these secondments, but we hope that business partners would cover salaries.

- ***Market Research and Evaluation Expertise for Global Campaign.*** We seek two to three staff members with Market Research & Evaluation expertise, who would work with local campaign staff to co-develop an assessment framework for efforts in six selected countries (Bolivia, Brazil, Armenia, Indonesia, India, and Kenya). The end product would be the development of metrics for measuring successes and continued challenges.
- ***ICT and Mobile Health.*** We seek staff to help us adapt online learning for training and capacity-building using Web platforms that target community health workers, in collaboration with WHO. Specifically, we are collaborating with NetHope² and mHealth Alliance to bring to scale a mobile health platform to support community health workers. We seek one staff member with extensive experience in the evaluation of mobile health ICT systems solutions for deployment in challenging operational contexts. This individual would spend six months on a World Vision team helping to develop internal evaluations and expertise.
- ***Lifesaving Supply Chains.*** We seek to partner with businesses with logistics and supply chain expertise in resource-constrained settings to apply this expertise to help strengthen district health systems in collaboration with World Vision and local ministries of health.

¹ See <http://www.childhealthnow.org>.

² NetHope is a collaboration of 30 of the world's leading international humanitarian organizations working together to solve common problems in the developing world through corporate technology partnerships.

***Call for* researchers, regulators, and policymakers to help develop mechanisms for registration and delivery of a novel, intermittent, preventive treatment for malaria in pregnant women in sub-Saharan Africa efficiently and affordably.**

FROM | Pfizer Emerging Markets Business Unit

CONTACT | Pol Vandenbroucke, Vice President, Development, Emerging Markets, pol.vandenbroucke@pfizer.com

OVERVIEW | Pfizer is working with Medicines for Malaria Venture and the London School of Hygiene & Tropical Medicine to develop a novel, intermittent, preventive treatment for pregnant women (IPTp) to improve pregnancy outcomes for women in sub-Saharan Africa. Our focus is on malaria, which is a common cause of preventable maternal and neonatal morbidity and mortality.¹ The treatment features a fixed-dose combination of azithromycin and chloroquine (AZCQ) for IPTp.² While IPTp has been adopted by 33 sub-Saharan countries, its acceptance remains quite limited and it is an unprecedented regulatory indication.

Pfizer seeks to collaborate with additional partners to ensure that in two-years' time, when Phase III clinical trials are completed, the mechanisms for efficient regulatory review are in place and that the treatment is available and accessible to those who need it most.³

TARGET PARTICIPANTS | Researchers and policymakers in the fields of malaria and reproductive health, as well as regulatory agencies from sub-Saharan Africa, global health funding agencies (including H8 organizations), and civil society.

NATURE OF COLLABORATION | We invite interested partners to share their time and expertise to help develop proposals for mechanisms for:

- Expedited, thorough, and simultaneous review and approval of a regulatory dossier for a product that is developed exclusively for countries in sub-Saharan Africa.
- Ensuring uninterrupted product distribution to antenatal clinics in sub-Saharan Africa.
- Ensuring access of IPTp treatments (like AZCQ) to women at affordable prices, through mechanisms somewhat similar to the AMFm (Affordable Medicines Facility for malaria) mechanism for ACT antimalarials.
- Improving acceptability of IPTp regimen by healthcare professionals and pregnant women in sub-Saharan Africa.

¹ According to WHO, approximately 120 million pregnancies are at risk of malaria each year, and about 36 million of them are in sub-Saharan Africa.

² While WHO recommends sulfadoxine-pyrimethamine (SP) for IPTp, emergence of resistance has become a cause of concern. Finding alternatives to SP is an urgent priority and there are few drugs in the pipeline.

³ An independent data-monitoring committee of malaria experts is overseeing the trials.

Call for partners from all sectors to share their expertise with the Maternal and Newborn mHealth Initiative to help design, deploy, and test mobile information systems in support of MNH.

FROM | mHealth Alliance, The Partnership for Maternal, Newborn & Child Health, PATH, White Ribbon Alliance, BRAC, GSM Association, The Johns Hopkins School of Nursing and Bloomberg School of Public Health, and Family Care International

CONTACT | David Aylward, Executive Director, mHealth Alliance, daylward@unfoundation.org

OVERVIEW | Modern information and communications technologies (ICT), especially wireless, can help transform health outcomes. A continuum of maternal and newborn care enabled by mobile ICT is critical to our achievement of MDGs 4 & 5 and will be an excellent model for health systems strengthening for all diseases. The partners listed above have formed a new effort, the Maternal and Newborn mHealth Initiative, which features a multi-pronged, global campaign of intensive consultations, solution development, and testing, among other goals, to use ICT to:

- Ensure that the known and agreed high-priority MNH interventions are in fact carried out.
- Link providers with each other and to the data they need at each step in the care continuum.
- Provide health system administrators with accurate census and other data as well as management tools, and thus accountability.

TARGET PARTICIPANTS | MNH practitioners and academics, government leaders, NGOs, and the business sector.

NATURE OF COLLABORATION | The Initiative has five mutually supporting components, each with a global working group with which interested organizations can engage:

- ***Applying ICT to Priority Needs.*** In physical and virtual meetings over the next six months, this group will answer the question: How can ICT, especially mobile, help meet the existing requirements of the MNH community?
- ***Design and Build System Strengthening Solutions.*** This group will design the Initiative's first reference models of ICT and the content and policies to go with them.¹ These will be integrated, end-to-end systems along the continuum of care, designed to scale.
- ***Measurement and Evaluation.*** This group will design and seek consensus on the new M&E approaches that will be needed and possible.
- ***Trial Deployments of System Strengthening Solutions.*** Partners will survey current MNH ICT-supported projects, and then contribute technology, content, and/or time and expertise to undertake trial deployments of the new solutions and test them.
- ***Communications.*** This group will build and manage the MNH Forum in the HUB—HealthUnBound virtual community—in part to create global exposure and interactivity of the above four activities.

Drawing on the successful experience of other global health initiatives, the leadership of the Initiative will also develop principles and guidelines for public-private partnerships in this field.

¹ Participants can contribute in one or more of four areas: information-sharing technology, content, diagnostic devices, and capacity-building.

Call for partners to collaborate with an existing NGO-commercial company partnership to manufacture and distribute two appropriate, durable medical devices that directly impact MNH in low-resource settings.

FROM | Powerfree Education and Technology (PET) and Freeplay Energy¹

CONTACT |

John Wyatt, The University College London, john.wyatt@uclh.org

Joy Lawn, joylawn@yahoo.co.uk

OVERVIEW | Most hospitals, especially in developing countries, have a “graveyard” of medical technology *not used* because it is too complex, or *not working* because of lack of maintenance or replacement parts. To save lives and be effective, technology must be targeted at the right health challenges, affordable, available where the needs are greatest, and fit for purpose. Over the last five years, two appropriate technology medical devices have been developed, each with a menu of power options:

- **Doppler Fetal Heart Rate Monitors** help identify babies in distress, addressing a need for reducing intrapartum stillbirths and neonatal deaths from labor complications. The device won the INDEX global design award in 2009², and while manufacturing has commenced, distribution requires wider partnerships, especially to reach low- and middle-income countries.
- **Pulse Oximeters** (SPO2) identify low oxygen levels in the blood and have become standard care for preterm/ill newborns, children with pneumonia, women having a C-section, or anyone administered an anaesthetic. Without this technology, sick babies who need oxygen may not be identified, or babies may be given too much oxygen, which can cause permanent damage. WHO has identified an immediate need for approximately 100,000 SPO2 monitors;³ the monitors could be manufactured at about 75 percent lower cost with further development of the electronics.

TARGET PARTICIPANTS | Partners with expertise in distribution and R&D for medical devices in low-income settings, including medical equipment manufacturers, distributors, and humanitarian/philanthropic foundations.

NATURE OF COLLABORATION | With the goal of developing, manufacturing, and distributing fit-for-purpose and essential life-saving medical technologies to impact maternal, newborn, and child survival in high-burden countries, we seek new collaborators to join our partnership and work with us on:

- **Refinement** of the current versions of the fetal heart rate monitor and pulse oximeter devices to be suitable for manufacture in large quantities and at lower cost.
- **Distribution** to ensure these new devices reach the settings where they are needed most at affordable cost.
- **Linked Distribution of Distance Learning Materials** to improve quality of care when using the devices.

¹ PET, a non-profit, is based in South Africa. Freeplay Energy is a commercial company.

² One of the key innovations noted by the INDEX prize was the variety of power options available: wind-up, foot pump, and solar panel, or by AC mains electricity if possible. This is especially crucial in sub-Saharan Africa and South Asia, given unreliable electrical power, dust, humidity, and other challenges.

³ This need was identified through WHO’s “Safe Surgery Saves Lives” initiative.

Call for business partners engaged in MNH to highlight their work and organizations in two online communities to grow networks, avoid duplication, and link efforts.

FROM | Maternal Health Task Force at EngenderHealth and Save the Children

CONTACTS |

Ann Blanc, Director, Maternal Health Taskforce, ablanc@engenderhealth.org
Masse Bateman, Director, Saving Newborn Lives Program, Save the Children
mbateman@savechildren.org

OVERVIEW | Thanks to the efforts of numerous individuals and organizations, MNH has risen to the top of the global health agenda in 2010. Now more than ever, it is critical for organizations to link efforts and capacity so that the MNH community can see who is doing what, where, and how we can help one another. Two online communities and information sources exist to do just this, and in 2010 the communities seek to incorporate the work and perspective of the business sector.

TARGET PARTICIPANTS | Businesses working to improve MNH through the production of goods and services, research, knowledge-sharing mechanisms, or training.

NATURE OF COLLABORATION | Below please find numerous opportunities to link to different groups and highlight your organization. None of these opportunities carries any fee or cost. The goal is simply to welcome new partners to these ongoing dialogues that are accelerating progress in MNH.

- ***Connect with Colleagues and Highlight Your Organization's Work through Healthy Newborn Network (HNN)***,¹ a global online community of newborn health researchers, policymakers, program managers, practitioners, advocates, or company representatives—whose work benefits newborn health. The network provides an entry point for those who wish to interact with professionals around the world to comment on and rate resources available. Additionally, it allows organizations to create their own Partner Page to highlight their own programs and resources in newborn health.
- ***Link to Some 40 Organizations Working in Maternal Health through the Maternal Health Taskforce (MHTF) Partner Channel and Map***:
 - Create an organization page on the MHTF's Partner Channel,² which highlights the important work that leading organizations are doing in maternal health and is a forum for institutional knowledge-sharing across sectors.
 - Map your maternal health project or organization on the MHTF map to make your organization and its work highly visible to a wide network of partners.

¹ See <http://www.healthynewbornnetwork.org>.

² See

http://maternalhealthtaskforce.org/index.php?option=com_user&view=about_partner_channel&Itemid=66.

Call for industry partners to contribute to, shape, and mentor innovative technologies to improve maternal and infant health through the Grand Challenges Explorations initiative.

FROM | Bill & Melinda Gates Foundation

CONTACTS |

Andrew Serazin, Program Officer, Global Health Program, Andrew.Serazin@gatesfoundation.org

Ling Wong, Program Officer, Global Health Program, Ling.Wong@gatesfoundation.org

OVERVIEW | In addition to the wide range of solutions that already exist to address MNH, new tools and technologies for early identification and prevention of dangerous conditions, plus strategies to more rapidly diagnose and treat mothers and babies, are needed to achieve maximum health impact. New solutions are especially needed at the periphery of the health system—in homes, communities, and primary clinics—where more than half the world’s births occur.

With this focus on the design, testing, manufacture, and launch of new technologies for “the frontline” we seek collaborations with private sector partners through our Grand Challenges Explorations initiative.¹

Over the past three years, the Gates Foundation’s Grand Challenges Explorations has engaged thousands of scientists and engineers in over 130 countries on a wide variety of topics, including vaccines, medical devices, contraceptive technologies, and diagnostics. To date, over 250 innovative ideas have been supported by seed-stage grants of \$100,000—with many awards going to both small and large companies. These initial projects are eligible to compete for a second phase of funding of up to \$1 million within the program.

TARGET PARTICIPANTS | We are seeking:

- Companies with experience in managing and harnessing R&D innovation.
- Companies with expertise in product lifecycle management and launch in new markets and consumer segments.

NATURE OF COLLABORATION | There are many ways for interested companies to collaborate:

- ***Join the Partnership Working Group or Grand Challenges Expert Review Committee*** for New Technologies to Improve the Health of Mothers and Newborns.
- ***Apply for Seed-Stage Funding for Your Own Idea*** through the Grand Challenges Explorations. The next round of applications begins September 2010.

¹ See <http://www.grandchallenges.org/explorations>.

Call for data on successful, cost-effective MNCH interventions delivered by frontline community health workers (case studies, project reports, and outcomes data) to be made available through a free, open website.

FROM | RESULTS International

CONTACT | Aaron Oxley, Executive Director, RESULTS UK, aaron.oxley@results.org.uk

OVERVIEW | RESULTS International, an international advocacy organization, is seeking partners to work with us to identify the best examples of successful, cost-effective MNCH interventions delivered by frontline community health workers, in rural or urban slum settings, to address the leading causes of illness and disease among the bottom quintile in developing countries. Every bit of evidence counts.

The goal is to map initiatives with a demonstrated impact in improving the health of women and children in low-income settings, including research projects and pilot studies that are underway. The collated information will be brought together on an open and freely-accessible website, enabling policymakers and potential funders to identify the most successful and high-impact interventions that can be replicated or brought to scale to accelerate progress on maternal, newborn, and child survival. Information can also be used by advocacy groups to understand and leverage greater investment in proven interventions.

TARGET PARTICIPANTS | Research institutions, NGOs, UN agencies, donor agencies, governmental health agencies from countries with the highest maternal, newborn, and child mortality rates, consultancy firms, and any private sector organizations (for example, pharmaceutical companies) that have data demonstrating the success or challenges of community health interventions relating to maternal, newborn, and child survival.

NATURE OF COLLABORATION | In all examples, we are interested in *quantitative data related to impact and costs*:

- ***Case Studies and Project Reports*** on the deployment of trained, equipped, frontline community health workers. For example, in Ethiopia trained frontline health workers are crucial in bringing care out of the clinic and into rural villages and to fight against acute respiratory infections, malaria, and diarrhea, which are the leading causes of child death. We are seeking similar small- or large-scale examples.
- ***Mechanisms for Real-Time Monitoring of Coverage and Impact of Interventions***. For instance, the Catalytic Initiative¹ includes data reporting so that cost-effectiveness can be measured and mid-course corrections applied. Are there other examples?
- ***Data on Poverty-Targeted Interventions***: Are there examples of programming that identify the very poor and tailor frontline worker-focused interventions to reach these populations?

We are also looking for partners with technical website expertise to help build and organize the data into an open, free website.

¹ See <http://www.jhsph.edu/dept/ih/IIP/projects/catalyticinitiative.html>.

Call for industry partners to share their expertise on implementing innovations at scale, in collaboration with the Implementation Support Network, which supports the effective scale-up and delivery of maternal and newborn interventions and builds capacity of local practitioners in the field.

FROM | Averting Maternal Death and Disability (AMDD), Mailman School of Public Health, Columbia University

CONTACT | Lynn Freedman, Director, AMDD, lpf1@columbia.edu

OVERVIEW | The global health community has identified and reached consensus on the most effective interventions to significantly decrease maternal and newborn deaths, and these interventions are generally well-reflected in national policies. However, the translation of national strategies into sustainable actions at regional and district levels remains inadequate. AMDD is working with UNICEF and UNFPA to develop an Implementation Support Network (ISN) that will partner with and support ministries of health to implement maternal and newborn health (MNH) interventions at scale. One goal of this ISN is to develop an implementation resource toolkit for select countries in sub-Saharan Africa and South Asia. The toolkit would support, for example, capacity-building of local practitioners and institutions within the ISN and include an approach to implementation that is flexible and adaptable for a variety of settings.

The engagement of the business sector would help the ISN and the Ministries of Health it supports to move innovation more quickly and efficiently across systems. We are asking companies to help us develop practical, on-the-ground delivery approaches to implementation of MNH interventions.

TARGET PARTICIPANTS | Companies and organizations with expertise in rolling out services and products in resource-constrained settings and complex situations, with particular experience in developing new mechanisms for the implementation of products and services.

NATURE OF COLLABORATION | We invite interested partners to share their time and expertise on change-management practices, new product and services rollout processes, and related staff development, through three to five consultations over six months to help the ISN provide creative solutions to ministries of health. In particular, we seek partners to work with us to:

- ***Identify Necessary Steps for Ministries of Health*** in selected countries to move to national scale on delivery of core maternal health interventions (steps that address transport and human resource constraints, for example).
- ***Develop In-Country and Intervention-Specific Tools*** for strengthening the core competencies related to basic management practices that are necessary to execute the above steps.
- ***Identify and Prioritize New Approaches to the Use of Technology*** to support implementation for the above steps.
- ***Recommend Strategies to Facilitate Collaboration*** and knowledge sharing amongst practitioners at the district level to accelerate successful implementation practices.

The end product of this collaboration will be an implementation toolkit that is flexible and adaptable for a variety of settings.

Call for business partners to leverage their core competencies in support of MNH awareness and advocacy campaigns.

FROM | White Ribbon Alliance and Maternal Mortality Campaign

CONTACT | Jo Cox, Director, Maternal Mortality Campaign, jo.cox@mmcampaign.com

OVERVIEW | The White Ribbon Alliance and Maternal Mortality Campaign promote access to quality health care for women worldwide, working with organizations and individuals from a variety of sectors to use our collective voices and influence to stop women and girls from dying needlessly in pregnancy and childbirth. Our supporters span the globe, linking all levels of society with one guiding principle: *play your part*.

We ask businesses to join us by using your expertise, resources, and skills locally, nationally, and globally to help us take a message of safe motherhood and child survival to those with the power to save lives.

We are proud of the many business partnerships that have already amplified campaigning awareness-raising and advocacy efforts. Examples of past successful collaborations include:

- *Elle* magazine launched a photo shoot with Naomi Campbell to highlight International Women's Day.
- *Guardian Media Group* and *Vodafone* both hosted dinners with influential women to bring attention to maternal health.
- May 1, 2010 marked the start of *The Huffington Post's* "Countdown to Mother's Day," featuring op-eds by maternal health champions.
- *Myspace* promoted the White Ribbon Alliance's Million Mums campaign on Mother's Day in 2008, with a sign-up facility, logo, and link on their "Causes" page. This significantly increased campaign sign-ups.
- *The Times* provided space for a one-page advertisement designed by *MC Saatchi* and promoted by *Freud Communications* and *Zenith Optimedia* for the G8 in 2009.

TARGET PARTICIPANTS | Media sector and private companies

NATURE OF COLLABORATION | We ask businesses to look at the two ways they can make a real difference for maternal, newborn, and child health and could work with us in partnership:

- ***Awareness-Raising***. Engage in joint activities with the White Ribbon Alliance, for example, by supporting the launch of our Birth Atlas Project¹, which maps the state of maternal health across the world.
- ***Advocacy Support***. Provide advertising space in the form of print, television, and online media for key events, including the UN MDG Review Summit in September 2010.

¹ The Birth Atlas Project was created with support from Immpact, University of Southampton, The Partnership for Maternal, Newborn, and Child Health, and the Norwegian Government.

Call for partners to help prioritize and address distribution and innovation needs for pharmaceutical formulations and devices in order to reduce newborn deaths from infections.

FROM | Saving Newborn Lives Program, Save the Children

CONTACTS |

Massee Bateman, Director, mbateman@savechildren.org

Joy Lawn, Director, Global Evidence and Policy, joylawn@yahoo.co.uk

OVERVIEW | Timely treatment with antibiotics would save the majority of newborn deaths due to serious infections (sepsis, meningitis, and pneumonia). Currently, in the 68 highest burden countries fewer than one in four babies with serious infections are estimated to receive treatment. Successful treatment requires the right antibiotics at the right time and place, the right dosage, and in some cases, the right device. Ongoing programs exist within large potential markets (e.g., Ethiopia, Nigeria, Tanzania, Pakistan, India, Bangladesh, and Indonesia).

The WHO's Essential Medicines for Children initiative is making progress in building private-public partnerships to advance solutions¹, but the priority areas are not comprehensive, and the tracer medicines miss essential neonatal drugs.² Further innovation is required to overcome specific constraints for treating newborns, specifically gaps in devices, drug formulation, and availability. Gentamicin, the most commonly used antibiotic for treating neonatal sepsis, is often available only in adult dose vials, increasing the risk of overdosing newborns, associated with kidney and hearing damage. Injections to small babies require specific devices, such as 1 ml syringes and small bore needles, which are often unavailable. Studies of the use of needle-free technology (Uniject®) and other innovations show potential to reach more babies at this critical time.

TARGET PARTICIPANTS | Private sector pharmaceutical and medical supply companies, and distributors or organizations with capacity in supply chain management.

NATURE OF COLLABORATION | WHO and the Saving Newborn Lives Program at Save the Children are undertaking trials of simplified antibiotic regimes to evaluate treatment by community and other frontline workers in several countries. We are looking for partners to work with us in the following ways:

- **Pharmaceutical Companies and Distributors** to work with Save the Children and national partners over the next three years to conduct assessments and prioritize and address gaps for specific formulations, forecasting, distribution, and reach for relevant antibiotics necessary for treating neonatal infections in Ethiopia, Tanzania, Nigeria, Pakistan, India, and Indonesia (or subset of these).
- **Medical Device Companies** to partner with us, bringing R&D expertise to advance and evaluate innovations of diagnostics, drugs, and devices to treat newborn infections in less developed countries.

¹ For background on the WHO and UNICEF Essential Medicines for Children initiative, see WHO Resolution WHA60.20 (May 23, 2007), http://apps.who.int/gb/ebwha/pdf_files/WHA60/A60_R20-en.pdf.

² Jane Robertson, Gilles Forte, Jean-Marie Trapsida, and Suzanne Hill, "What essential medicines for children are on the shelf?" in WHO Bulletin 2009; 87: 231–237, <http://www.scielosp.org/pdf/bwho/v87n3/18.pdf>.

Call for support to expand the introduction of fortified rice through the integration of Ultra Rice in food distribution and feeding programs and by conducting market research and field trials to address existing knowledge gaps in rice fortification.

FROM | PATH

CONTACT | Catharine Taylor, Global Program Leader, Maternal and Child Health and Nutrition, ctaylor@path.org

OVERVIEW | An estimated 2 billion people around the world suffer from iron deficiency, arguably the most easily preventable global nutrition problem of our time. To address iron and other micronutrient deficiencies, PATH developed Ultra Rice^{®1}—a cost-effective, customizable micronutrient delivery system that packs vitamins and minerals into rice grains made from rice flour with pasta-making extrusion equipment. PATH transfers the Ultra Rice technology free of charge to manufacturers in developing countries, and these local producers manufacture the Ultra Rice grains. Due to the heterogeneity of both rice markets and introduction pathways for fortified rice around the world, diverse partnerships are required to make a tangible impact and scale up fortification.

TARGET PARTICIPANTS | NGOs, governments, market research firms, universities, and research groups. Food distributors, manufactures, and retailers in developing countries.

NATURE OF COLLABORATION | PATH invites implementation partners to join in the effort to commercialize and introduce fortified rice worldwide. We are looking for partners that can engage in the activities outlined below at their own cost, with PATH providing technical assistance, linkages to other key partners, and in-kind support.

- **Conduct Market Research** to better understand rice supply chains and develop production and marketing strategies for fortified rice. PATH has conducted research in limited markets, but is looking for additional research partners for other major rice consuming regions (primarily Southeast Asia, West Africa, and Central and South America). Results from this data would be made widely available to stakeholders in the field and disseminated through the Rice Fortification Resource Group.²
- **Conduct Field Trials** to further the evidence base by demonstrating the operational feasibility and biological impact of rice fortification through various distribution channels and programmatic settings. Groups with funding to do this research (large-scale effectiveness studies or efficacy studies in understudied demographic groups) would provide key contributions to the evidence base for fortified rice.
- **Integrate Fortified Rice** into feeding programs or poverty-focused distribution channels. Potential platforms for introduction include food aid distribution programs, NGO or government feeding programs, or commercial channels that reach the poor. Programs that are looking to increase the nutritional quality of their meals could procure Ultra Rice from PATH's manufacturing partners and add it their rice-based meals.

¹ Ultra Rice resembles milled rice in size, shape, and color and is blended into traditional rice, typically at a 1:100 ratio. Ultra Rice has been proven efficacious, shelf-stable, and acceptable to consumers in a wide range of geographies and demographic groups.

² The Rice Fortification Research Group, a network of public and private entities, was recently established to advance the rice fortification field by sharing knowledge and best practices with country implementers worldwide.

Connecting science, industry, and policy for a healthier world