

A close-up photograph of a woman with dark hair and a red and yellow patterned headscarf, holding a young child. The woman is looking slightly to the right with a gentle expression. The child, wearing a red tank top, is looking directly at the camera with a curious expression. The background is a blurred, textured wall.

Global Updates on Care for Children with Acute Malnutrition

Diane Holland, Senior Nutrition Advisor, UNICEF
Global Nutrition Cluster Meeting | Amman, 22 October, 2018

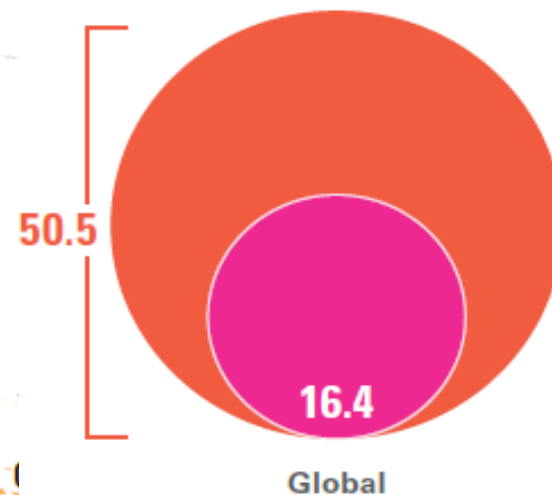
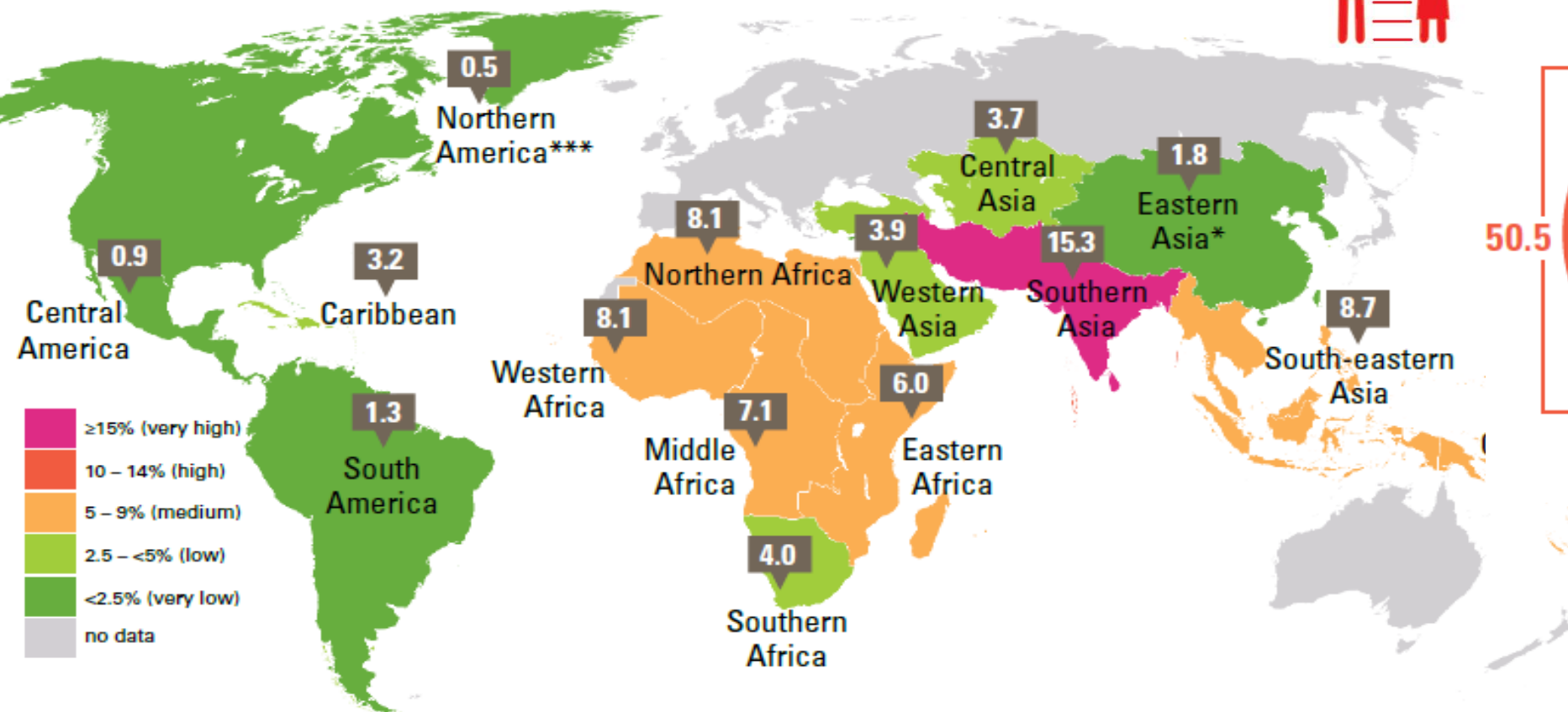
The scale of our common challenge

Wasting in Southern Asia constitutes a critical public health emergency

Percentage of wasted children under 5, by United Nations sub-region, 2017



50.5 million wasted
of which
16.4 million are
severely wasted



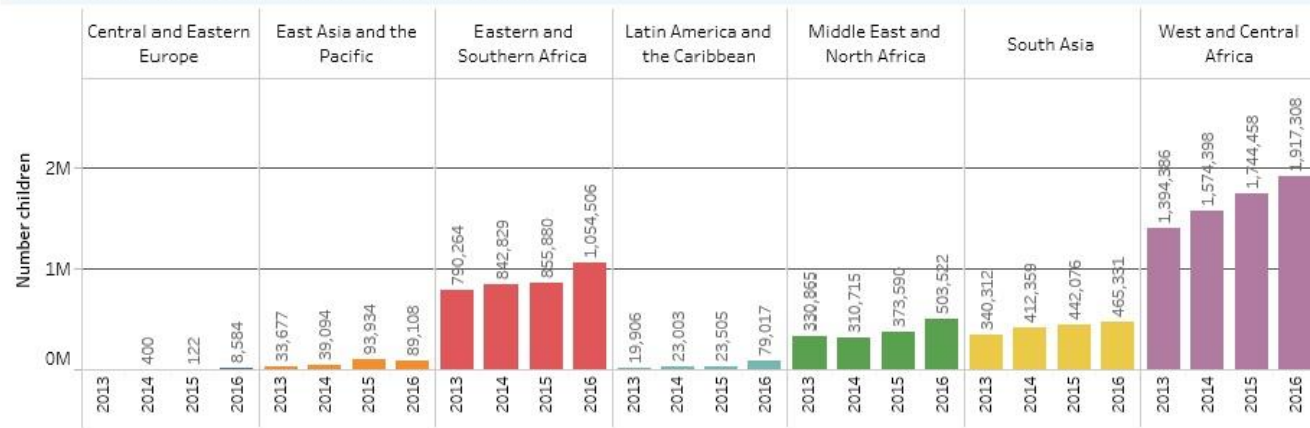
12.1 Million in ASIA
4 Million in AFRICA

Source: UNICEF, WHO, World Bank Group joint malnutrition estimates, 2018 edition. Note: *Eastern Asia excluding Japan; **Oceania excluding Australia and New Zealand. ***Northern America sub-regional average based on United States data. There is no estimate available for the sub-regions of Europe or Australia and New Zealand. These maps are stylized and not to scale and do not reflect a position by UNICEF, WHO or World Bank Group on the legal status of any country or territory or the delimitation of any frontiers.

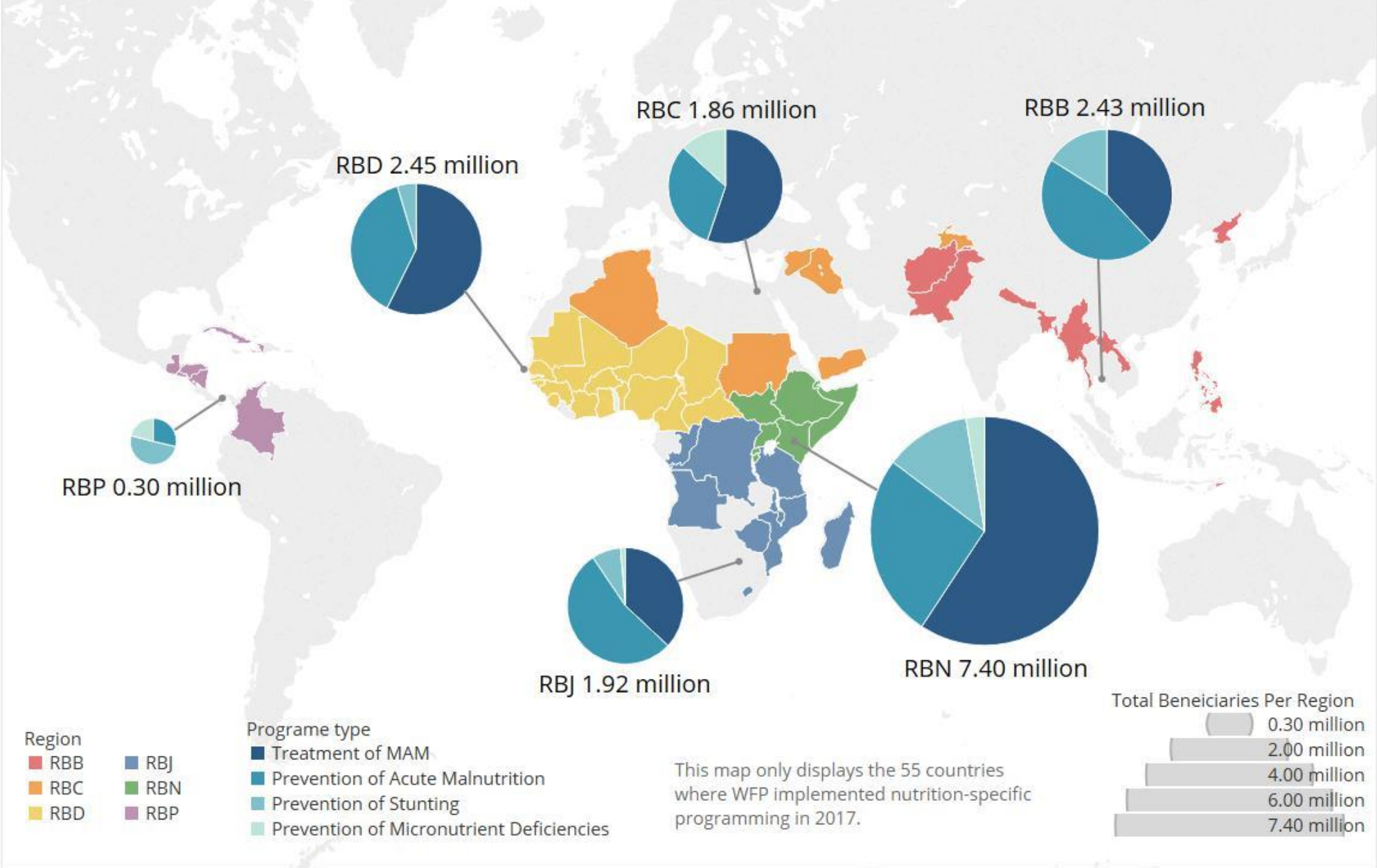
Nutridash data: children accessing treatment for SAM



Trends in admissions to SAM treatment by region



WFP Nutrition- individuals reached by region



Prevention and treatment actions are critical in all contexts



Stunting

Out of the 155 million children stunted, **36%** (54 Million) reside in HAC countries.

Wasting

Out of the 52 million wasted children, **24%** (12.7 Million) reside in HAC countries



Exclusive Breastfeeding

The average exclusive breastfeeding rate in the HAC countries is **43%**



Minimum Acceptable Diet

An average of **26%** of the children below 2 years in these countries are consuming the minimal acceptable diet.

Anaemia

The average prevalence of anaemia in women of reproductive age is **38%**

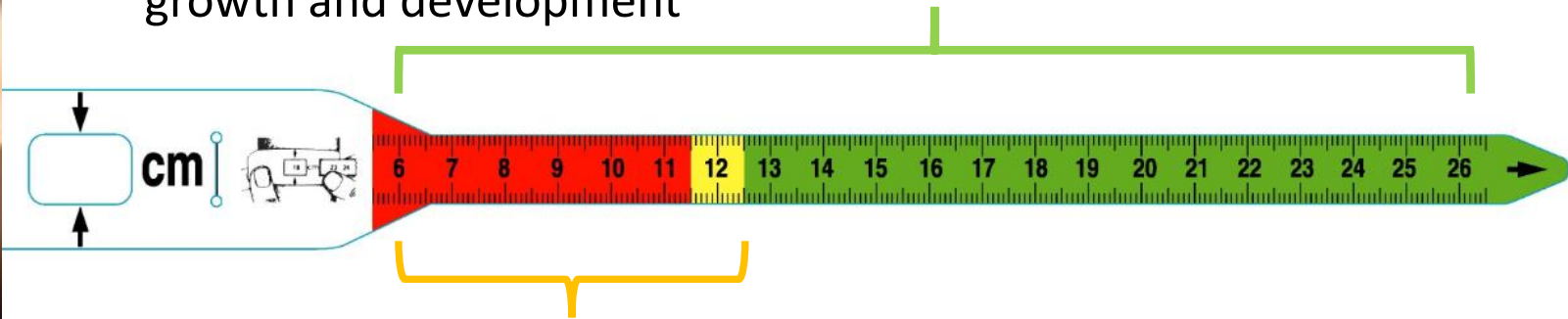


A redefined continuum of nutrition care for children



Continuum of care for all children

- Prevention, treatment when needed, and continued healthy growth and development



Continuum of treatment for children with acute malnutrition

- Referrals between treatment for SAM and treatment of MAM

Practical policy advocacy document, outlining updated normative guidance, encouraging further research and innovation and underlining UN commitments to supporting governments in moving the agenda forward.

An updated joint statement on care for children with acute malnutrition



Highlights:

- Explicit inclusion of MAM in addition to SAM
- Expansion of definition of “continuum of care”
- Reaffirming that acute malnutrition is a major public health priority, and key to include in both development and humanitarian programming
- Importance of early identification at community level and admission for treatment and care
- For each diagnosis: outlining appropriate dietary support, counselling, complementary interventions and treatment to address illness
- Flagging core research gaps and promising areas of innovation
- Note: update of nutrient composition outlined in 2007 was beyond the scope of this update

New implementation note to accompany 2017 guideline



Guideline

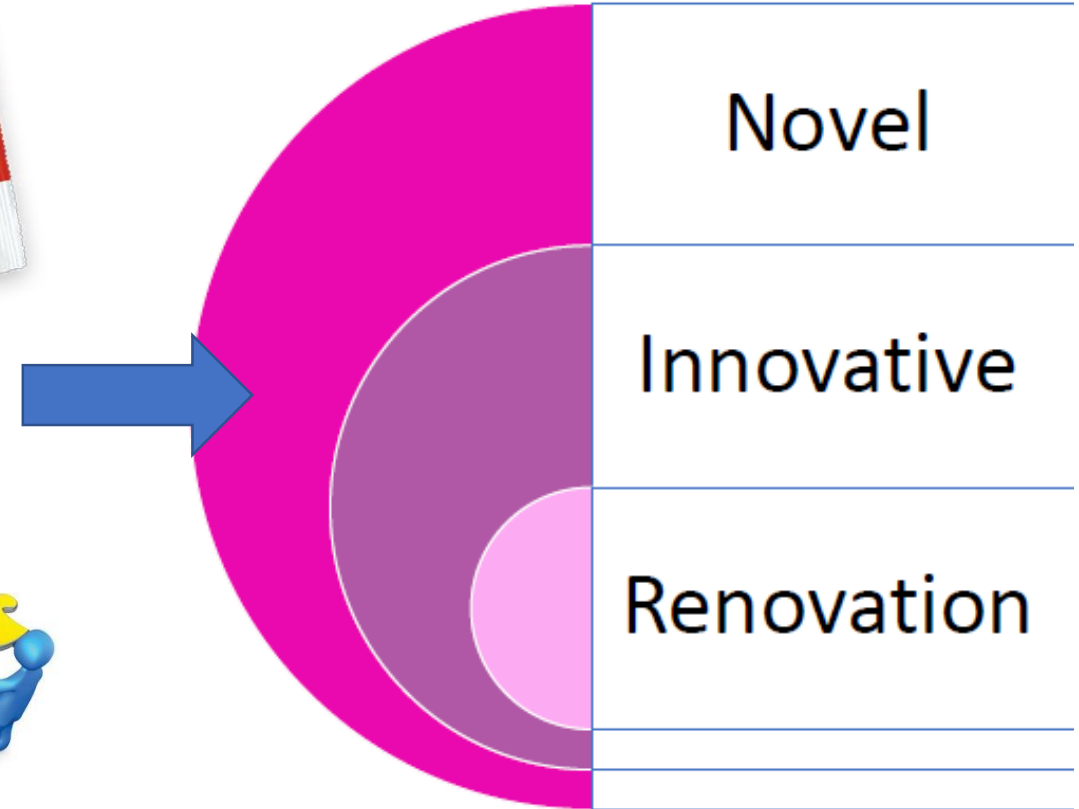
Assessing and managing **children** at primary health-care facilities to prevent overweight and **obesity** in the context of the double burden of **malnutrition**

Updates for the Integrated Management of Childhood Illness (IMCI)



- January 2018 joint partner letter to WHO asking for clarification
- March 2018 WFP WHO meeting to review guideline recommendation
- May 2018 UNICEF WFP WHO joint note for guideline implementation:
 - Treatment of MAM includes medical interventions – when necessary- and counselling, dietary support and other interventions as indicated
 - Nutrient-dense foods are needed to meet extra needs for nutritional and functional recovery
 - Nutrient –dense foods ideally from locally available nutritious foods
 - In some contexts, there is a role for “supplementary foods”- which are defined as foods that have been formulated to support recovery from MAM, according to the WHO technical note on MAM

Improvements in therapeutic products



Clarification of modifications being explored beyond normative guidelines

**Interim guidance for
CMAM
programming
in exceptional
circumstances
=
Expanded
(admission) criteria
=
Simplified protocol**

Combined Protocol for Acute Malnutrition Study (ComPAS): *Stage One Findings*

Jeanette Bailey¹, Rachel Chase, Marko Kerac², Andre Briend³, Mark Manary⁴, Charles Opondo², Maureen Gallagher³,
Anna Kim¹
¹ International Rescue Committee, New York; ² London School of Hygiene & Tropical Medicine; ³ University of Tampere/ University of Copenhagen; ⁴ Washington University School of Medicine in St. Louis; ⁵ Action for Hunger U.S.

Bailey J, Chase R, Kerac M, Briend A, Manary M, Opondo C, Gallagher M, Kim A. Combined protocol for SAM/MAM treatment: the ComPAS study. Field Exchange, Issue 53, 2016, ENN.

OBJECTIVE

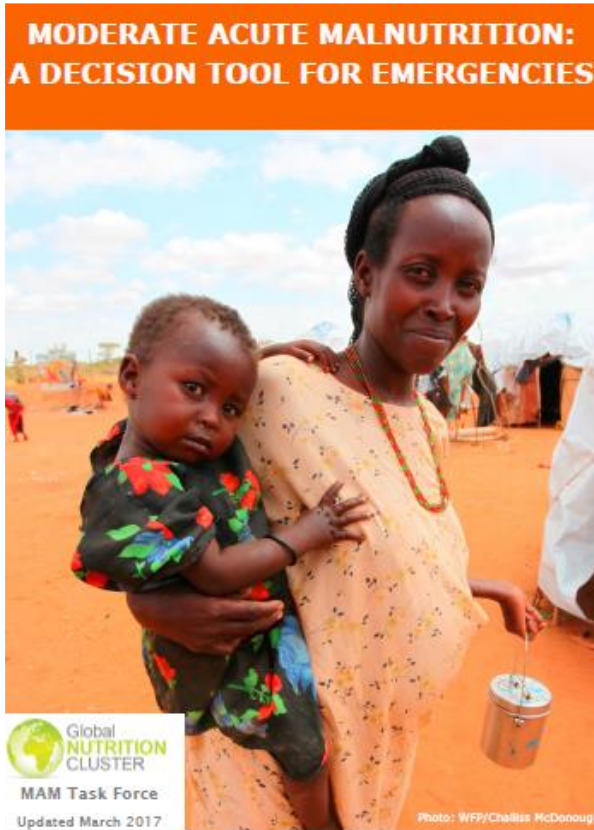
To **simplify** and **unify** the treatment of severe and moderate acute malnutrition into one protocol in order to improve:



The combined protocol will use **mid-upper arm circumference (MUAC)** as the sole indicator of energy needs and provide treatment using **one product** (Ready-to-Use Therapeutic Food (RUTF)) at doses tested to optimize growth and minimize cost at each stage of treatment.



Combined protocol



CMAM in exceptional circumstances

MODERATE ACUTE MALNUTRITION: A DECISION TOOL FOR EMERGENCIES



Uncomplicated SAM and MAM RUTF to treat MAM, RUSF to treat SAM

a) OTP, no TSFP, b) TSFP, no OTP, c) no OTP or TSFP

Admission Criteria	MUAC <125mm and/or Bilateral Oedema (+/++) Clinically uncomplicated
Treatment Frequency	MUAC < 115 MM and/or Oedema MUAC 115 to <125 mm
Dosage for SAM	MUAC <115mm and/or oedema: RUSF 2 sachets /day MUAC 115 to <125mm: RUSF 1 sachet / day
Dosage for MAM	MUAC <115mm and/or oedema: RUTF 2 sachets /day MUAC 115 to <125mm: RUTF 1 sachet / day
Cured	MUAC > 125mm for 2 consecutive measurements and no oedema Minimum stay of 3 weeks, clinically well

If no in-patient care, daily visits for children with +++ oedema or medical complications,
infants <6 months and infants > 6 months and < 4kg)

Combined Protocol


Combined Protocol for Acute Malnutrition Study (ComPAS): *Stage One Findings*


Jeanette Bailey¹, Rachel Chase, Marko Kerac², Andre Briend³, Mark Manary⁴, Charles Opondo², Maureen Gallagher⁵,
AMON-KOOL Rescue Committee, New York; 2. London School of Hygiene & Tropical Medicine; 3. University of Tampere/ University of Copenhagen; 4. Washington University School of Medicine in St. Louis; 5. Action for Hunger U.S.


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OBJECTIVE

To simplify and unify the treatment of severe and moderate acute malnutrition into one protocol in order to improve:


COVERAGE


COST-EFFECTIVENESS


QUALITY



The combined protocol will use mid-upper arm circumference as an indicator of energy needs and provide treatment using one product (Therapeutic Food (RUTF)) at doses tested to optimize growth at each stage of treatment.



Admission Criteria	MUAC <125mm and/or Bilateral Oedema (+/++) Clinically uncomplicated
Treatment Frequency	MUAC < 115 MM and/or Oedema MUAC 115 to <125 mm
Treatment Transition criteria	2 consecutive MUAC measurement at or above 115 mm No Oedema
Dosage	MUAC <115mm and/or oedema: RUTF 2 sachets /day MUAC 115 to <125mm: RUTF 1 sachet / day
Cured	MUAC > 125mm for 2 consecutive measurements and no oedema

Uncomplicated SAM and MAM

One product only

Working simultaneously to bring about change

EVIDENCE

Novel	<ul style="list-style-type: none">• Added amino acid to meet protein requirements;• increased micronutrients
Innovative	<ul style="list-style-type: none">• egg• Insect• fish
Renovation	<ul style="list-style-type: none">• legumes• cereals

NORMS

Defining the level of evidence needed for specific types of changes in nutrition products: efficacy, effectiveness, acceptability

PARTNERSHIP & ROLES




Combined Protocol for Acute Malnutrition Study (ComPAS): Stage One Findings


Jeanette Bailey¹, Rachel Chase², Marko Kerac², Andre Briend³, Mark Manary⁴, Charles Opondo⁵, Maureen Gallagher⁵,  Resilience Committee, New York; 2. London School of Hygiene & Tropical Medicine; 3. University of Tampere/ University of Copenhagen; 4. Washington University School of Medicine in St. Louis; 5. Action for Hunger US.


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OBJECTIVE

To simplify and unify the treatment of severe and moderate acute malnutrition into one protocol in order to improve:


COVERAGE


COST-EFFECTIVENESS


QUALITY


CONTINUITY OF CARE

The combined protocol will use mid-upper arm circumference (MUAC) as the sole indicator of energy needs and provide treatment using one product (Ready-to-Use Therapeutic Food (RUTF)) at doses tested to optimize growth and minimize cost at each stage of treatment.



Collaborating to improve prevention and treatment of acute malnutrition

01

MAKE ADDRESSING ACUTE MALNUTRITION A POLITICAL AND PUBLIC HEALTH PRIORITY

Articulate a clear case for action based on demonstrable and quantifiable potential for impact. Fill gaps in data and evidence needed to define the problem and describe viable solutions and support national governments, donors and other key stakeholders to act.

02

DISCOVER & DISSEMINATE EFFECTIVE WAYS TO PREVENT & TREAT ACUTE MALNUTRITION

Invest in and accelerate the roll-out of the best approaches to preventing and treating acute malnutrition, and help ensure new ideas get put into practice quickly.

03

MOBILISE MORE MONEY & MAXIMISE EFFECTIVENESS OF CURRENT SPENDING

Invest in and test new ways of reducing the cost of prevention and treatment, to make existing resources go further. Use this information to support and encourage national governments and donors to increase investment and target existing funds strategically.

In order to realise this overarching goal, the Coalition will pursue the following outcomes by 2020

DOUBLE THE PROPORTION OF CHILDREN ANNUALLY RECEIVING TREATMENT FOR SEVERE ACUTE MALNUTRITION BY 2020

The cost of curing a child suffering from acute malnutrition is reduced to

\$100 or less

i.e. by at least 20%

The cost of Ready to Use Food per child cured is reduced by

50%

New treatment approaches prove capable of reaching over

70%

of cases in areas of intervention

5

key high burden countries adopt reduction & treatment coverage targets



Collaborating to improve prevention and treatment of acute malnutrition

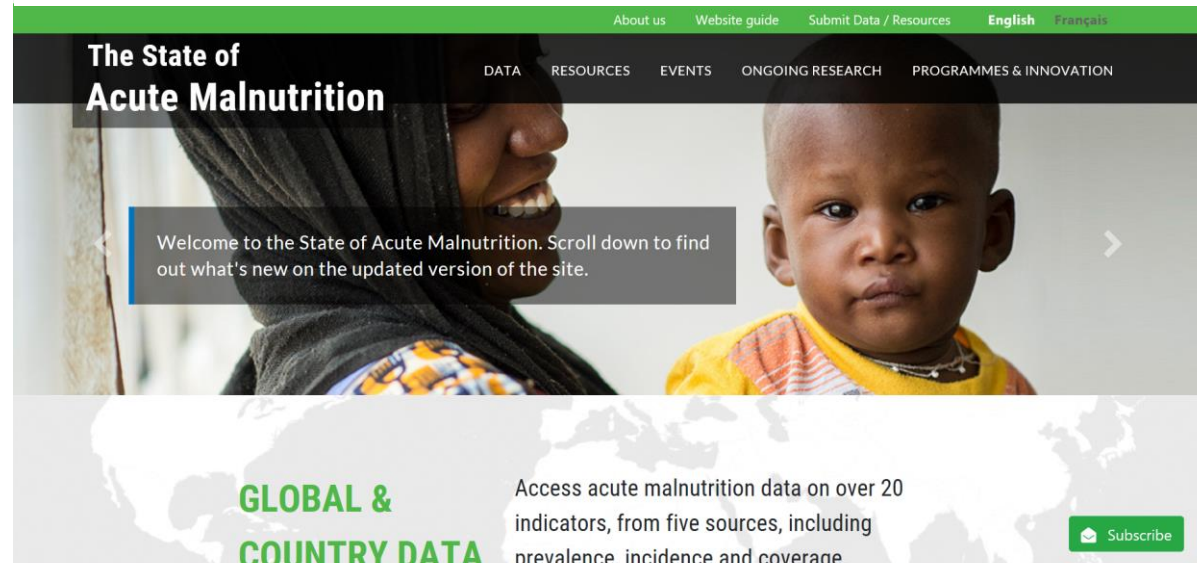
A RESEARCH AGENDA FOR ACUTE MALNUTRITION

A STATEMENT FROM THE COUNCIL OF
RESEARCH & TECHNICAL ADVICE ON ACUTE
MALNUTRITION (CORTASAM)



A new agenda to guide research
and funding priorities

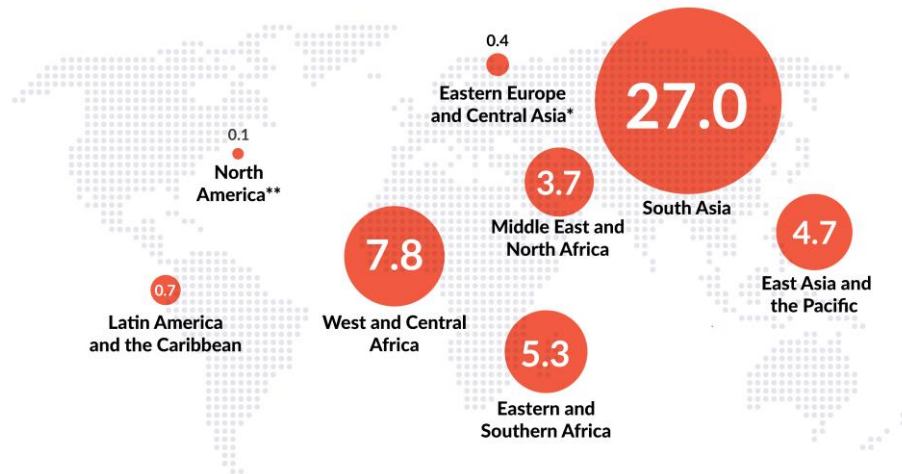
<https://www.acutemalnutrition.org/en>



- UNICEF's 'global SAM management update tool (NUTRIDASH)' data;
- ACF's Coverage Database (the former Coverage Monitoring Network);
- The former CMAM Forum;
- WHO-UNICEF- The World Bank Joint Child Malnutrition Estimates;
- WHO Mortality Database;
- WHO Malaria Database;
- UNAIDS HIV Database;
- The Center for disease control (CDC) databases.
- The website also links with WHO's Global Database on the Implementation of Nutrition Actions (GINA) and ENN's publications (Field Exchange and Nutrition Exchange).

Collaborating to improve prevention and treatment of acute malnutrition

More than half of the world's wasted children live in South Asia



One day experts' meeting in November with CORTASAM



Regionally-based
No Wasted Lives teams



Communication and
advocacy opportunities
with roll out of Joint
Statement, as well as
Response planning for
2019

Collaborating to improve treatment and prevention of acute malnutrition

