Addressing severe wasting in children

Understanding and responding

Victor M. Aguayo and Diane Holland
UNICEF-NYHQ.

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Sustainable Development Goals (SDGs) for 2030

1. No Poverty
2. No Hunger
3. Good Health
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Innovation and Infrastructure
10. Reduced Inequalities
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Protect the Planet
14. Life Below Water
15. Life on Land
16. Peace and Justice
17. Partnerships for the Goals
2.2. By 2030, end all forms of malnutrition, including achieving the internationally agreed targets on stunting, wasting and overweight in children under 5 years of age.
LEVELS AND TRENDS IN CHILD MALNUTRITION

UNICEF / WHO / World Bank Group
Joint Child Malnutrition Estimates
Key findings of the 2017 edition

155 million
Stunting affected an estimated 22.9 per cent or 154.8 million children under 5 globally in 2016.

41 million
An estimated 6.0 per cent or 40.6 million children under age 5 around the world were overweight in 2016.

52 million
In 2016, wasting continued to threaten the lives of an estimated 7.7 per cent or nearly 51.7 million children under 5 globally.
More than half of all wasted children globally live in South Asia

Number (millions) of wasted children under 5, by UN sub-region

- Southern Asia: 27.6 million
- Latin America and Caribbean: 0.7 million
- Africa: 14.0 million
- Central Asia: 0.3 million
- Western Asia: 1.1 million
- Eastern Africa: 4.2 million
- Southern Africa: 5.2 million
- Southeastern Asia: 5.2 million
- Northern America***: 0.1 million

Note: *Eastern Asia excluding Japan; ** Oceania excluding Australia and New Zealand, ***Northern America regional average based on United States data. 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.
Percentage of wasted children under 5 by region, 2016


*Data are the most recent available estimate between 2010 and 2016; exceptions where older data (pre 2010) are shown are denoted with an asterisk(*).
What are the main predictors of child wasting in South Asia?
Predictors of child wasting in South Asia

- **Data analyzed**
  - Children 0-59 mo
  - Sample: \( n=69,067 \)

- **Nutrition**
  - Children wasted: 16%
  - Children stunted: 40%
## Predictors of child wasting in South Asia


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<thead>
<tr>
<th>Women’s nutrition</th>
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<tr>
<td></td>
<td>Mother’s BMI &lt; 18.5 kg/m²</td>
<td>59%</td>
<td>1.59 (1.49, 1.69)</td>
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<td>Birth weight &lt; 2,500 g</td>
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<td>1.21 (1.12, 1.30)</td>
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<td></td>
<td>Poorest wealth quintile</td>
<td>50%</td>
<td>1.50 (1.29, 1.74)</td>
<td>India</td>
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What are the main predictors of child stunting in South Asia?
Predictors of child stunting in South Asia

- **Data analyzed**
  - 4 Countries: Bangladesh 2011, India 2006, Nepal 2011, and Pakistan 2013
  - Children 0-59 mo
  - Sample: \(n=32,244\)

- **Nutrition**
  - Children stunted: 49%
  - Children severely stunted: 25%
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<td>Deprivation</td>
<td>No maternal education</td>
<td>92%</td>
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<tr>
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<td>Poorest wealth quintile</td>
<td>63%</td>
<td>1.63 (1.40-1.90)</td>
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<tr>
<td></td>
<td>Poor sanitation</td>
<td>12%</td>
<td>1.12 (1.02 - 1.22)</td>
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Addressing Wasting and Stunting: A double duty

- In South Asia, wasting and stunting share four main drivers:
  - Poor maternal nutrition
  - Poor child diets and feeding
  - Poor maternal education
  - Household poverty

- Interventions to address these drivers are double duty interventions:
  - They are likely to have a positive impact on BOTH wasting and stunting

- Therefore:
  - Efforts to prevent wasting need to be linked to efforts to prevent stunting...
  - ... while routine programmes ensure the early detection and treatment of children with severe wasting.
Thank you
Treatment of severe wasting is a programme, not just a product

Early detection of severe wasting

No medical complications and appetite and 6-59 months

Outpatient care at community level

Stabilization of medical complications

Medical complications or poor appetite or <6 months

Inpatient care
Core principles...with a diversity of models

- Full assessment
- Medical Management
- Dietary Management
- Emotional and physical stimulation
- Counselling and promotion of positive practices
- Monitoring and follow-up of treatment
- Preparation for discharge
- Follow up after end of treatment

Decentralized identification and treatment by community workers as part of ongoing multisectoral community interventions

Inpatient care in hospital by doctors and nurses
There have been 4 distinct phases in the development of treatment for SAM:

01
FOCUSED ON DEVELOPING OUR UNDERSTANDING OF THE PATHOPHYSIOLOGY.
1950s - 1980s

02
THE SECOND STAGE SAW THE DEVELOPMENT OF APPROPRIATE HOSPITAL-BASED TREATMENT MODELS.
EARLY 1990s

03
THE THIRD PHASE CENTERED ON IMPROVING THE TREATMENT MODEL TO ENABLE TREATMENT OUTSIDE OF HOSPITALS.
MID 1990s - MID 2000s

04
FOCUS ON FURTHER REFINING THE MODEL.
MID 2000s - CURRENT DAY

The development of the approach to treating SAM spans from the 1950s to present day.
Increasing policy and normative support to treat severe wasting
Massive scale up of community based care for severe wasting...
Admissions were scaling up...but are slowing down...

Globally, only 1 in 5 children with severe acute malnutrition have access to treatment.
The gap between children in need and those treated is unacceptably wide, particularly in South Asia.
Reflections on scaling up treatment for severe wasting

From humanitarian to routine services

- Policies and guidelines
- Funds for programming
- Inclusion in HMIS
An increasingly diverse supplier base

<table>
<thead>
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<th>Location</th>
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<td>14</td>
<td>19</td>
<td>22</td>
<td>19</td>
<td>17</td>
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Ongoing improvements to quality and safety

Composition outlined in 2007 joint statement

Ongoing exploration of interest and capacity to produce with local recipes

In discussion as part of Codex
Continued evolution of normative and operational standards

Update of the 2007 Joint Statement on CMAM

Updated treatment guide

WHO Nutrition Guidance Expert Advisory Group 2017

Collaboration to accelerate access to SAM treatment and prevention
Integration into health systems as routine services

Integration of ECD and WASH in treatment

Incidence research & State of Severe Malnutrition Platform
In summary

• Approaches to treatment of severe wasting have evolved over time.

• Scaling up outpatient care has greatly increased access to services, but more needs to be done.

• Policies and guidelines are critical, alongside system strengthening.

• Product improvement continues- and dialogue is essential.