



STOP No Time to Waste
stunting

Scaling-up Care for Children
with Severe Wasting
in South Asia



16-18 May 2017, KATHMANDU, Nepal

**10 key messages
for a
Call to Action**

1: Wasting must be addressed with greater urgency across all countries in South Asia.

- Wasting, particularly severe wasting, has serious consequences for a child's survival, growth and cognitive development.
- In 2016, South Asia has the highest number of wasted (>27 million) and severely wasted (8 million*) children in the world.
- Majority of South Asian countries are not on track to meet the SDG target to maintain the prevalence of wasting below 5% by 2025.
- Less than 5% of severely wasted children were estimated to receive treatment in South Asia 2015. Severe wasting is classified as a **disease** and require urgent treatment.
- SAARC Regional Action Framework on Nutrition recognizes the need of all countries in South Asia to invest in sustainable nutrition actions to prevent and treat severe wasting in children.

*2016 figure to be confirmed²

2: Wasting and stunting reduction should be addressed as two interconnected priorities in all contexts.

- Wasting interrupts child growth and development, and so the care of wasted children can contribute to stunting reduction efforts.
- Wasting and stunting have common drivers and common preventative actions in early life. However, nutritional support for severely wasted children is fundamentally different to nutrition interventions to address stunting.
- Both stunting and wasting should be addressed in all contexts, whether development or humanitarian.
- Programmes to address wasting and stunting should be responsive to the specific needs of stable and crisis contexts.

3: Programmes should deliver essential nutrition actions to prevent wasting and stunting, and to treat severe wasting when preventive actions fail.

- Prevention is a priority because it averts the long-term consequences of wasting and lowers the number of children requiring treatment.
- But, for many children, preventive services are not reaching and/or succeeding in protecting them from severe wasting.
- When children become severely wasted, they need urgent access to care and treatment.

4: Health system actors have a primary role in delivering actions to prevent wasting and stunting, together with other sectors.

- Evidence on the drivers of wasting and stunting in South Asia indicate that essential nutrition actions are needed at scale to:
 - Improve adolescent and women's nutrition, including pregnant women
 - Improve breastfeeding and the quality of foods for children in the first two years of life
 - Improve household sanitation and hygiene practices.
 - Improve women's access to education
 - Address household poverty
- Multisector approach involving intensified integrated actions by health, sanitation and hygiene, and social protection sectors is required.

5: Community-based platforms are needed to identify and refer wasted children as early as possible.

- Many wasted children are not identified or referred to a health facility for treatment - severe wasting is easier to treat if it is caught early.
- Civil society, community-based workers and volunteers can play a role to play in raising awareness, and identifying and referring children with wasting.
- Where possible, existing community platforms, workers and volunteers should be used to screen and refer wasted children.
- Screening of children for wasting should also be integrated into health services at facility level (e.g. IMCI, EPI, Growth Monitoring).

6: Community-based care and treatment of wasting is needed to maximize the number of children successfully treated.

- Most children with severe wasting can be treated at home with appropriate therapeutic foods and counselling.
- Community-based care is highly beneficial because it is less costly to families and the health system, and allows more children to be successfully treated.
- Continuum of care between treatment and preventive services is essential to protect children from further episodes of wasting when they complete treatment.
- Community-based programmes for the care and treatment of wasting should scale-up with priority focus where the need is greatest.

7: Inpatient care is essential for severely wasted children with medical complications.

- Inpatient care is only essential for wasted children with **life-threatening** medical complications (~10% of all severely wasted children)
- Once medical complications are stabilized, severely wasted children should be referred to community-based services to continue care and treatment.

8: Therapeutic foods should conform with WHO specifications and can be produced in most countries.

- Countries with high numbers of severely wasted children can consider the production of therapeutic foods to improve accessibility, availability and affordability.
- Research on the acceptability, efficacy and effectiveness of local therapeutic foods is encouraged, however it should not delay the introduction and scale-up of community-based programmes to care and treat severe wasting.
- Therapeutic foods can be included in essential medicine/drug lists or in medical goods list

9: Policies and guidelines on the care and treatment of severe wasting should align with latest WHO guidelines.

- While most countries have policies and guidelines on the care and treatment of severe wasting, some do not fully reflect WHO 2013 guidelines.
- The design of policies and guidelines should be evidence-based and aligned with WHO 2013 guidelines.
- Normative guidelines are based on evidence, which provides an opportunity for countries to generate evidence where changes to the guidelines may be indicated.

10: Quality programme data are essential to track progress and inform scale-up of programmes.

In the context of country reporting on national and SDG commitments to reduce wasting and stunting, countries should:

- Set targets to scale-up programmes for the care and treatment of severe wasting and Global Acute Malnutrition.
- Collect frequent data on the coverage, quality and equity of services to track progress, identify programme constraints, and inform the scale-up of programmes.
- Implementation research can help to understand barriers and pathways to delivering services at scale.

Thank you

