

# Updated guidelines on the prevention and treatment of wasting

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# Prioritized questions – infants < 6mths

1. What are the criteria for initiating treatment, transfer between inpatient and outpatient care and discharge from care?
2. Interventions to manage problems with breastfeeding/lactation to improve breastfeeding practices and increase breastmilk intake
3. A) What criteria best determine if, and when, an infant should be given a supplemental milk formula?  
  
B) In infants with growth faltering/failure meeting the above criteria, what is the most effective supplemental milk formula (commercial infant formula, F-75, or diluted F-100) and for how long should these feeds be given?

# Prioritized questions – infants <6mths

4. Should antibiotics be routinely given?
5. Do maternal nutritional supplementation and/or counselling and/or maternal-directed mental health interventions improve infant outcomes?

# Prioritized questions – moderate and severe wasting in children >6mths

6. What are the criteria for initiating treatment, transfer between inpatient and outpatient care and discharge from care?
7. In children with moderate wasting, what is the appropriate dietary treatment (type, dose, and duration)
8. Which children with moderate wasting require specially formulated foods and what is the effectiveness of SPFs vs non-specially formulated food interventions

# Prioritized questions – moderate and severe wasting in children >6mths

9. A) How can dehydration be identified?

B) What is the effectiveness of standard WHO low-osmolarity ORS compared with ReSoMal during inpatient care?

10. What is the best fluid management strategy during inpatient care?

# Prioritized questions – severe wasting in children >6mths

11. What is the optimal dose and duration of RUTF to achieve anthropometric and functional recovery?
12. What is the effectiveness of hydrolyzed formulas during inpatient care?

# Prioritized questions – post-discharge interventions, modalities of care

13. A) Which infants and children with wasting require post-discharge interventions?  
  
B) What post-discharge interventions are effective in preventing mortality, relapse, non-response, or readmission?
  
14. What is the effectiveness of having community health workers identify and treat wasting in community settings?

# Prioritized questions - prevention

15. What is the effectiveness of population or community screening programs or methods, with or without additional interventions and/or incentives, in prevention and early identification of wasting?
16. What is the effectiveness of population-based interventions for prevention of wasting with or without targeted nutrition interventions?



# Wasting guideline – risk stratification

1. What population or community characteristics increase or mitigate risk of mortality and other negative outcomes for individual children?
2. What indicators best predict mortality risk?
3. What constitutes recovery?

# Wasting guideline – additional GRADE questions

- Values and preferences
- Resources and cost
- gender and equity
- Acceptability
- Feasibility

# Implementation guidance questions (examples)

1. In vulnerable populations where wasting is prevalent, how to promote and support appropriate breastfeeding and complementary feeding, and nutritious home foods?
2. How can key commodities (RUFs, F-75, F-100) for treating wasting be integrated into national supply chain systems effectively and efficiently?
3. How can enabling environments be best developed to implement and sustain effective delivery of care at scale?
4. A) What are the most effective approaches to improve competency of health care providers in treating wasting?  
  
B) What innovative methods are available or can be developed to deliver in-service training at scale?

# Implementation guidance questions (examples)

5. In public health systems in LMICs:
  - A) Are WHO guidelines for SAM implemented in community- and facility-based care
  - B) What are the supervision, mentoring, governance, and information-gathering systems to monitor quality of care?
6.
  - A) How community-based nutrition interventions can be integrated into PHC while ensuring quality of care
  - B) How existing programs (e.g. GM) can better detect and support children at risk of wasting?
  - C) How to increase coverage in a sustainable manner
7. Possible approaches to deliver psychosocial stimulation interventions

# Wasting guideline – next steps

- Commission systematic reviews
- Risk stratification analyses
- Develop implementation guidance

# Components of simplified approaches

Simplification	What it entails
Family MUAC	Building the capacity of family members to detect wasting at home using MUAC bands
Treatment by CHW	Empowering Community Health Workers to treat uncomplicated child wasting in the community
Reduced Visits	Reducing the number of visits to health facilities during treatment (e.g. from once per week/fortnight to once per month)
Reduced Dosage	Tapering the amount of RUTF used over the course of treatment of child wasting.
Simplified Dosage	Adoption of a single product for all children with wasting in need of therapeutic treatment and standardized dosage (e.g. 2 RUTF/day for severe, 1/day for moderate)
Expanded Criteria	Adoption of higher thresholds in therapeutic programmes (e.g. MUAC <120mm)

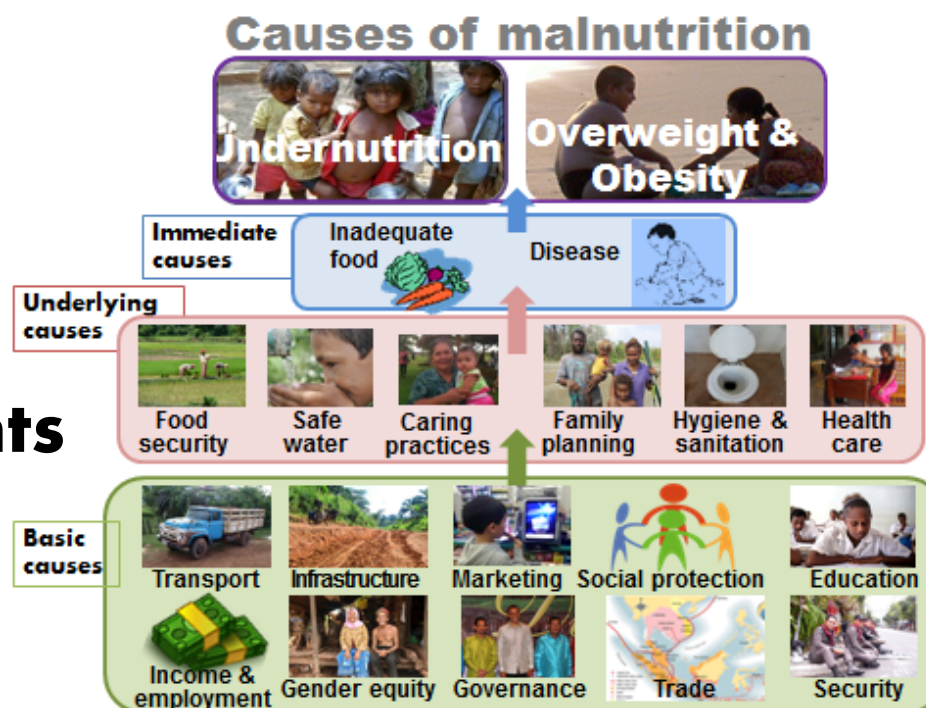
# How components of simplified approaches are addressed in the guidelines

Simplification	WHO guideline question
Expanded Criteria	PICO question 6 Risk stratification
Reduced Dosage	PICO questions 7, 8, 11
Simplified Dosage	PICO questions 7, 8, 11
Treatment by CHW	PICO question 14
Family MUAC	PICO question 15
Reduced Visits	Implementation guidance

# **Integrating management of wasting in health systems**



# Social Determinants of Health



**UHC**

**Governance and policies**

**Health workforce**

**Health financing**

**Resources and infrastructure**

**Health information**

**Service delivery  
(individual and population-level services)**

Wasting affects families in poverty  
**address the “underlying causes”**

- Health care
- IYCF
- Availability / affordability / access to food
- Ensure safe, sustainable water and sanitation for everyone

# Integrating management of wasting in health systems

- Universal Health Coverage - critical opportunity to increase coverage of interventions for prevention and management of wasting
- Focus on the social determinants of health to prevent and manage wasting
- Part of package of care in the antenatal and postnatal care, IMCI, ICCM