

CMAM 2021

22-25 March

VIRTUAL CONFERENCE

Need for Speed

Five steps to accelerate the
scale up of community-based
treatment of child wasting

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CONCERN
worldwide

 **Irish Aid**
An Roinn Gnóthaí Eachtracha agus Trádála
Department of Foreign Affairs and Trade

**One day every child
with wasting that
needs treatment will
be able to get it.**

**But we need to be
honest about what it
will take to make that
possible**

To make a quantum leap, we need to achieve 'escape velocity'



**We need to do 5 things
to accelerate the scale
up of community-based
treatment of child
wasting**

An aerial photograph of a steep, moss-covered mountain slope. A narrow, winding asphalt road with white dashed lines curves down the hillside. The road features several sharp turns, including a prominent hairpin turn. In the background, a deep valley is visible, with a river or stream winding through its center. The surrounding landscape is lush green with moss and small plants. A tree with bright orange flowers is visible on the right side of the frame.

1. We need to stay positive

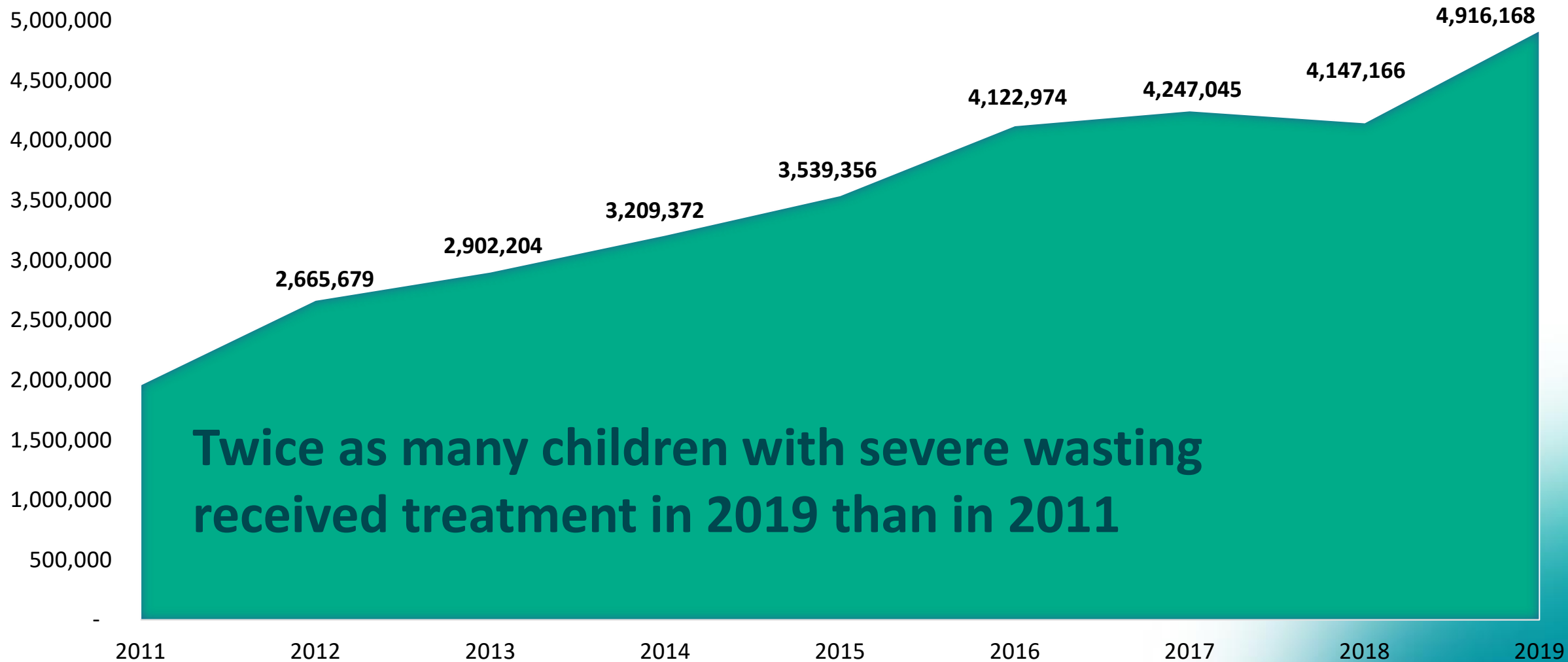


In 2008, the price of a carton of RUTF was \$57.

Today, that same carton costs \$41.



Community-based management of child wasting is reflected in the national policies of over 70 countries across the planet.





2. We need supply to match demand

Today the number of children accessing treatment for wasting is directly proportional to the amount of financial resources being made available annually

**We need to rethink how we pay
for treatment of child wasting.**

**We need to maximize
domestic, health,
development and private
financing like never
before.**



**And yes, we need more
cost-effective RUTF
alternatives taken to
market**




3. We need to go the extra mile

**CMAM was a promise of
scale, of access and
coverage.**

**A promise to make treatment
truly universal.**

We need to integrate treatment across health systems, but in particular, across community health platforms.

A close-up photograph of a woman with dark skin and a bindi on her forehead, holding a young child. The child is looking towards the camera. A person's hands are visible in the foreground, using a white and green tape measure to measure the child's upper arm. The tape measure has markings for 11, 12, and 15 cm. The background is a simple room with a blue wall.

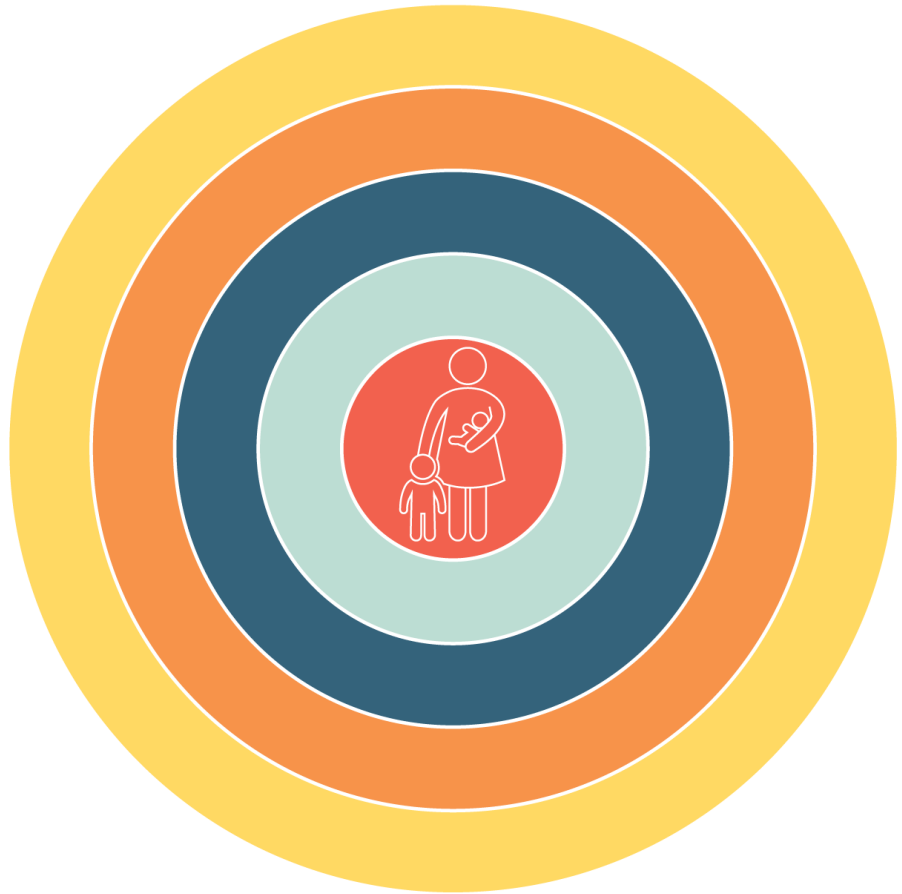
**And to do that we
need to simplify
what treatment
means in practice.**



4. We need to stem the flow

In the context of limited resources, universal coverage can only be achieved if the number of children in need of treatment is reduced.

Conceptually, we know what it takes to protect children from wasting



- **Essential nutrition, health, water and sanitation services.**
- **Adequate maternal nutrition and a healthy birth weight**
- **Nutritious and safe diets and positive feeding and care practices**
- **Early detection and treatment of wasted children at risk**

From this...



Vulnerable mother-child dyad



**Maternal- and child-centred
nutrition actions for the
prevention of child wasting**



5. We need political momentum

The Global Action Plan (GAP) on Child Wasting isn't perfect

But it is the first-ever global framework to drive global political action on wasting.

Improving maternal nutrition

Improving access to primary health care, water, sanitation and hygiene services

Improving breastfeeding practices and children's diets in the first years of life

Strengthening health systems and integrating treatment into routine primary health services

GAP Frontrunner Countries

Afghanistan	Indonesia	South Sudan
Bangladesh	Madagascar	Sudan
Burkina Faso	Malawi	Timor Leste
Burundi	Mali	Yemen
Cambodia	Niger	
DRC	Nigeria	
Ethiopia	Pakistan	
Haiti	Papua New Guinea	
Kenya	Philippines	
India		

**Accelerating the
scale up of treatment
of child wasting is
not rocket science**



But it does require
that we acknowledge
and defy the natural
forces that threaten
to keep us grounded



Thank you

For more information, please visit www.childwasting.org

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