CMAM 2021
22-25 March
VIRTUAL CONFERENCE

Scale-up of severe wasting management within health systems

A synthesis of stakeholder perspectives on current progress

Brenda Akwanyi and Emily Mates

Setting the Scene

- 20 years of sustained advocacy and enhanced health sector investments in nutrition.
- Treatment for children <5 years with severe wasting. Scale up is slow, but happening: doubled over the last year and a 10-fold increase over the last 10 years.
  - 2019 - 11 million
  - 2018 - 5.2 million
  - 2009 - 1.1 million
- Over 70 countries and more than 18,500 health facilities providing severe wasting treatment within their national health systems, (No Wasted Lives).

Setting the Scene cont'd

- But – this still represents low coverage (approx 22%) of identified need
- And, the prevalence of wasting has only slightly reduced
  - From 7.4% in 2015 to 6.9% in 2019
- For infants under six months of age, wasting treatment coverage is likely to be much lower

Background for this review

→ Prevention and treatment of all forms of malnutrition are critical.

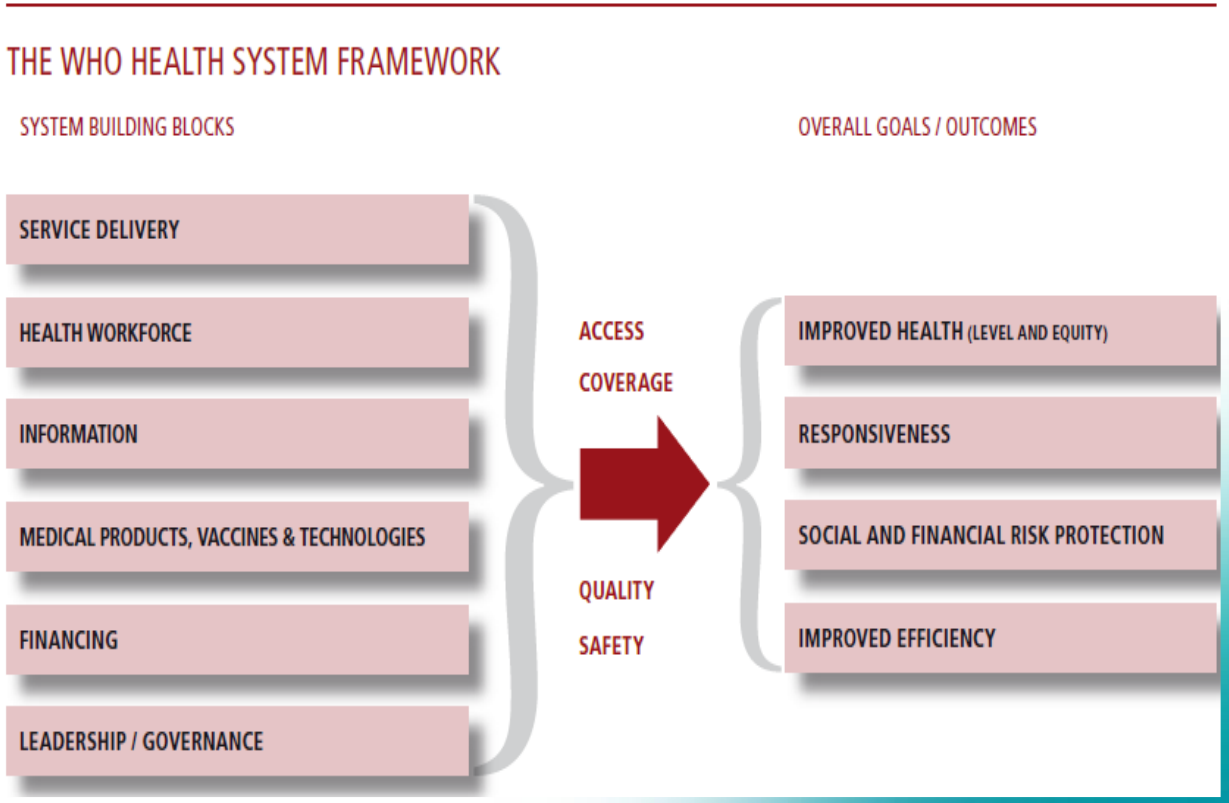
→ Severe wasting is part of the 11-nutrition specific minimum package of nutrition services in the health system.

→ Multiple documentation on the barriers preventing the effective integration and scale-up of severe wasting management e.g., Govt/UNICEF/ NGOs Severe wasting deep dive presentations and reports, ENN reports and FEX articles, etc

→ Building on previous work; Ready-to-use Therapeutic Food (RUTF) Scoping Study. ENN, June 2020.

Methodology

- → September 2020 and February 2021.
- → **Non-systematic literature review-** online search articles on child wasting and scaling up severe wasting treatment within health systems, relevant reports and grey literature.
- → Structured interviewed based on the WHO Health systems building blocks.
- → 25 in-depth **key informant interviews.**
- → Key informants from National and regional government institutions, NGOs, UN agencies and academia.



Key characteristics of a fully integrated system (Salam, Das & Bhutta, 2019)

Building block	*Characteristics of full integration*
Governance	Complete governance of the nutrition-specific interventions is under the primary programme
Financing	All the financial requirements are met through the primary programme
Information systems	Data collection for the nutrition-specific interventions is through existing primary programme mechanisms
Health workforce	The existing staff of the primary programme perform the entire duties of the nutrition-specific interventions
Supplies and technology	Existing distribution channels are used for the delivery of the nutrition-specific interventions
Service delivery	All the nutrition-specific interventions are delivered through the primary programme channel

Leadership/Governance

Topic	Key enablers	Key barriers
Positioning of severe wasting within national agendas	• **MCH department ownership and accountability** for integration of severe wasting services. • **Maximising momentum for Universal Health Coverage (UHC)** by ensuring that severe wasting treatment is considered within the UHC agenda.	Severe wasting being perceived and funded as a **separate nutrition issue** rather than an important child health issue
Realistic and sustained planning	**Consistent messaging** from donors, advocacy partners and technical specialists on what is required for scale-up and its importance within national agendas	**Insufficient emphasis on the importance of achieving scale** by some donors, agencies and advocacy groups

Financing

Topic	Key enablers	Key barriers
Accurate forecasting	**Involvement of health specialists** in national costing exercises and budget forecasts for severe wasting treatment at scale.	**Insufficient planning of realistic costs** for severe wasting treatment at scale within national budgets
Long-term funding	**Increased opportunities to receive multi-year funding** to support severe wasting integration into health systems.	**Over-reliance on emergency funding** for severe wasting treatment.
Innovative funding mechanisms	**Expanding** Global Financing Facility **partnerships** and other innovative regional multilateral development finance initiatives **Exploring pooled procurement** services at the regional level to reduce costs of essential supplies for severe wasting treatment	**Parallel systems of funding** acquisition and management that do not result in government ownership and capacity development

Supplies

Topic	Key enablers	Key barriers
Formulation of RUTF	**New formulations** that use alternative protein sources and locally available ingredients **can reduce costs**	**Lack of clarity on acceptable protein sources** for RUTF
Production of RUTF	Local production of RUTF: • increases **availability** of supply, • decreases **transport** costs, and • decreases delays and costs of **customs** clearance	Local production of RUTF: • requires **importation** of certain ingredients • high costs related to necessary **quality control** (e.g., heat-treatment processes)
Regulation of RUTF	**Codex regulation** of RUTF will improve confidence in, and quality of, local RUTF when reference standards are met	Some concerns about **transparency and communication, frequency of review** of Codex guidelines for RUTF

Supplies cont'd

Topic	Key enablers	Key barriers
Cost of RUTF	**Early identification** of children and **reduced dosage** protocols can potentially decrease the amount of RUTF required	**High cost of RUTF can inhibit coverage,** especially where investment is not made in the early detection of cases.
Supply of RUTF	**Inclusion of RUTF in essential medicine lists (EMLs)** can facilitate a more secure national supply chain **Better forecasting of demand** can improve supply chain logistics	The inclusion of RUTF in EMLs potentially **increase administrative burdens** in some countries **Poor planning, financial constraints and misuse** of RUTF can lead to breaks in the supply chain. **Restrictions** due to the COVID-19 pandemic have also **interrupted supply chains**

Health workforce

Topic	Key enablers	Key barriers
Integrating nutrition within health systems at the workforce level	Taking a dual approach of; a) Training health staff and ensuring accountability for severe wasting outcomes b) Training nutrition staff in the principles of health system strengthening	**Siloed teams/ accountability** within health.
Ongoing training	**Strong collaboration between academic and H&N institutions** to provide up-to-date, evidence-based nutrition training for; pre-service, in-service and as part of continuing professional development.	**Late/absence** of timely updating of preservice and in service **training** with latest evidence.
	Investment and use of **digital learning platforms** to improve accessibility of training for frontline workers especially in remote and/or insecure areas.	**Lack of financing and technical knowledge** in the set-up, training and maintenance of digital learning platforms that incl. severe wasting management training
Community health workers (CHWs)	**Active government budgeting** of CHW networks and securing required finances	CHW **undervalued**, **lack of adequate remuneration** and limited supportive simplified work protocols and schedules
	Functioning and extensive referral systems to facilitate early detection and rapid treatment of cases of severe wasting	**Poor referral systems** to support CHW roles in the community detection of cases

Service delivery

Topic	Key enablers	Key barriers
Understanding barriers to programme coverage	Commit to **understanding context-specific bottlenecks** around limited programme coverage	Limited attention on **context-specific barriers and boosters** to programme coverage
Community health platforms and community outreach	**Maximise opportunities** for severe wasting services **in the integrated community health outreach,** using existing multiple health facility and community outreach entry points (e.g., C-IMCI).	**Limited investments** in routine community integrated outreach services that include severe wasting community services.
	Health teams within health enabled to drive the scale-up of successful innovation for severe wasting programme adaptations	**Insufficient advocacy and involvement of key health departments** (planning, community health, M&E,) in adoption and scale-up of programme adaptations
	Functioning and extensive referral systems to facilitate early detection and rapid treatment	**Insufficient provision** of health facilities and/or weak referral mechanisms
Anticipating caseload throughout the year	**Better use of nutrition surveillance and facility data** to anticipate seasonal fluctuations in severe wasting incidence	**Inadequate planning** to meet the fluctuating caseload of severe wasting throughout the year

Information Systems

Topic	Key enablers	Key barriers
Reporting nutrition indicators	**Use of existing health information systems,** including e-health platforms, to better integrate nutrition indicators at scale	**Parallel severe wasting reporting systems** that are not integrated into government routine health information systems.
Using data to prompt action	**Embedding technical expertise within the health information system** for tracking progress of severe wasting data and better planning of programmes	**Lack of technical expertise to interpret data** on severe wasting and translate it into implementation action by MCHN teams.
	Use of existing health information systems and e-health platforms, to better integrate nutrition information needs at scale.	**e-nutrition innovations piloted in silos and not taken to scale** within the e-health system

Thank you

For more information, please see the report on our website

https://www.ennonline.net/scaleupseverewastinghealthsystem

CMAM 2021
22-25 March
VIRTUAL CONFERENCE

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