

#### VIRTUAL CONFERENCE

## **Perspectives on Risk**

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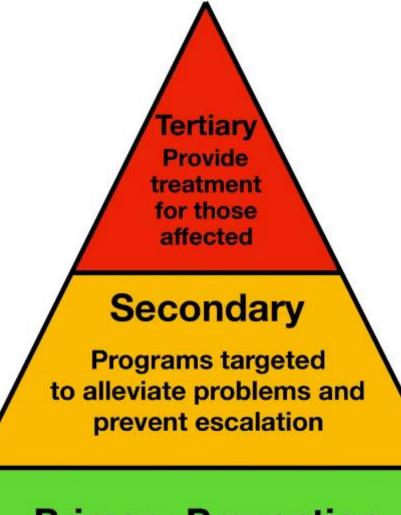


#### Wasting and Stunting Technical Interest Group (WaSt TIG)

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#### Coordinators: Tanya Khara & Natalie Sessions

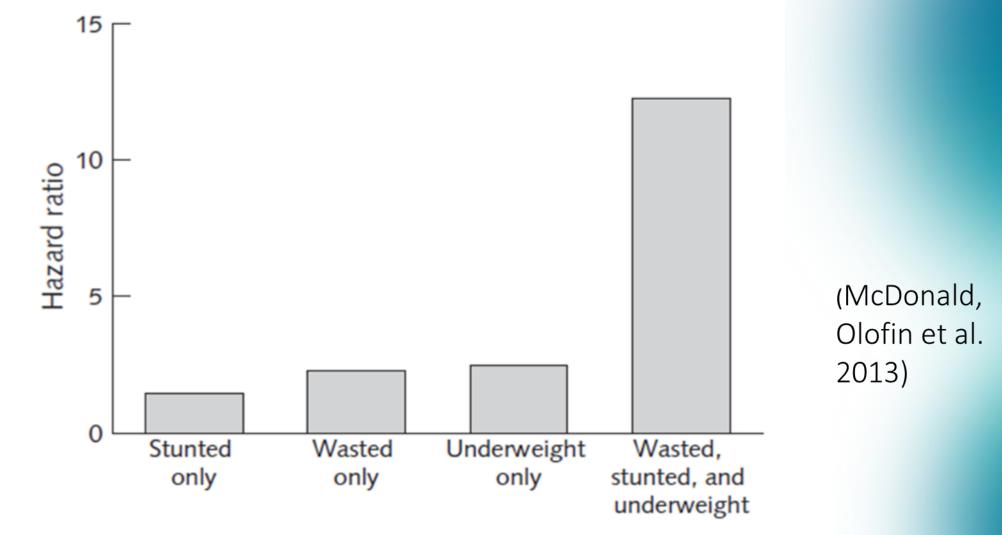
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#### **Primary Prevention**

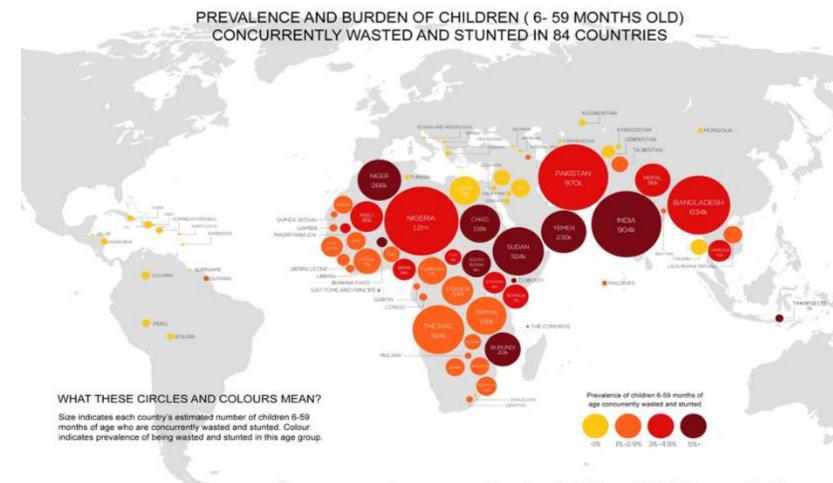
Programs targeted at the entire population to provide and education and support *before* problems occur

### Being wasted and stunted is particularly risky



CMAM No 22-25 March

## Many children affected



- 9 countries >5% children under 5yrs
- GNR global analysis
  16 million children

(Khara, Mwangome, Ngari et al. 2017)

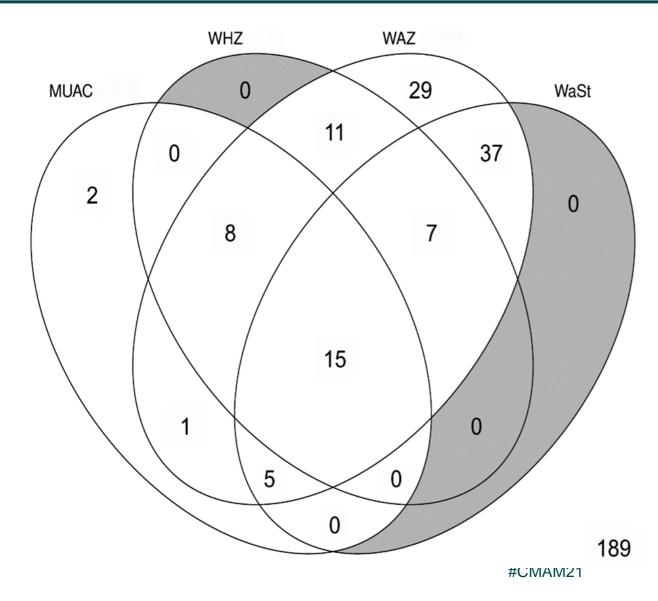
> CMAM B 22-25 March

Design by: Singularity Labs/ Haslam design

Sources: Demographic Health Survey data (DHS) http://dhsprogram.com/data/ and the Multi-indicator Cluster Surveys (MICS) http://mics.unicef.org/surveys accessed January 2016

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#### Cohort data to explore best measures to id risk of dying



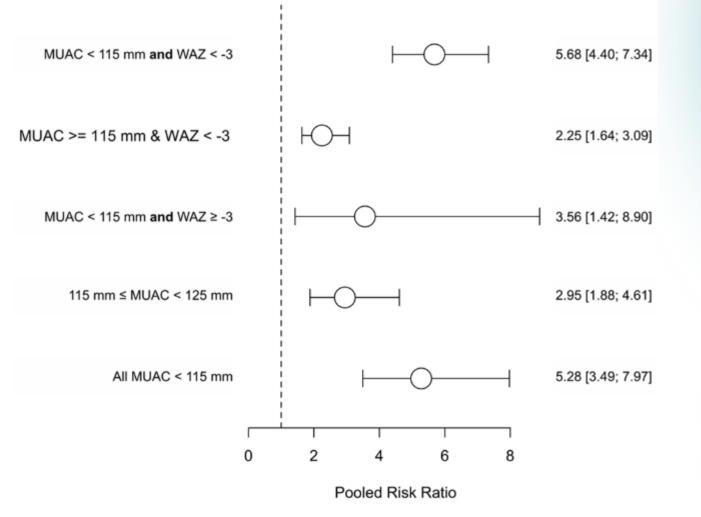
Niakhar (Senegal) 1980

- 5,751 children
- Every 6m for 2yrs
- severely low WAZ and MUAC<115mm identify all deaths associated with WHZ and WaSt

(Myatt, Khara et al. 2018)



### Risk and intensity of treatment





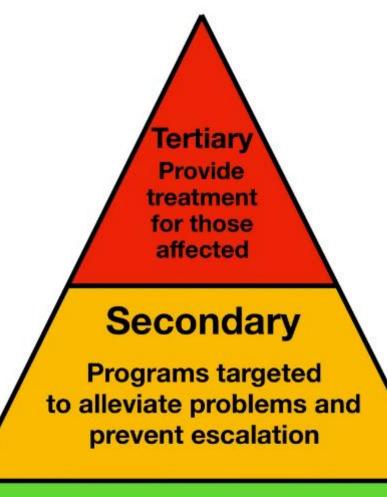
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- To support coverage for the most at-risk children we need to frame our research and programming by levels of risk (not just by SAM MAM) and explore intensity of treatment/approach for different levels of risk.
- This can assist with issues of cost and overburden of health services and capitalise on alternative community-based platforms where less intensive treatment required.
- Opportunity offered by WFA in countries where growth monitoring and promotion is being practiced



# Refocussing our attention on prevention - highlights

- 1. Wasting and stunting share many common drivers;
- 2. A child experiencing a period of wasting is more likely to experience subsequent stunting (x3);
- 3. Treatment doesn't reverse all impacts;
  - A period of wasting even if treated leads to greater likelihood (x3.2) of more periods of wasting (Schoenbuchner et al 2018).
  - Greater relapse with severity of wasting (Stobaugh et al 2017 & 2018)
- 4. Initial months matter;
  - highest incidence in first 3 months of life (South Asia and SSAfrica)
  - Wasting during first 6 months leads to increased likelihood of wasting & stunting during childhood (Mertens et al 2020).



#### **Primary Prevention**

Programs targeted at the entire population to provide and education and support *before* problems occur



To see all the work of the WaSt TIG – including up coming brief on preventing wasting in the context of programming for undernutrition. https://www.ennonline.net/ourwork/reviews/wastingstuntion

Represent a country/district with interesting experiences to share of trying to tackle wasting prevention? Please get in touch

Have data and/or would like to get more involved in the work of the WaSt TIG? Please get in touch.

Interested in collaborating to trial the use of weight-for-age alongside MUAC within CMAM? Please get in touch.

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