

CMAM 2021

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VIRTUAL CONFERENCE

SCALE PAPER

MANAGEMENT OF MODERATE WASTING

Preparing for scale

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

Management of Moderate Wasting: summary of key points for going to scale

CONCEPT

The management of moderately wasted children in order to improve health and prevent deterioration to severe wasting.

CURRENT SCALE

In 2020, WFP supported the treatment of 6 million moderately wasted children. While it is likely that additional moderately wasted children benefited from support outside of WFP-supported services, no accurate estimates are available.

PRACTICAL CONSIDERATIONS

The integration of moderate wasting into policies and strategies needs to be context specific.

Normative guidance on moderate wasting management is needed, including a larger toolbox of contextualized options.

Integration of moderate wasting and/or adoption of simplified nutrition protocols which include moderate wasting need a thorough consideration of SNF supply chain and workforce implications.

When possible, integrate moderate wasting into national budgeting processes and/or consider alternative funding.

CRITICAL NEXT STEPS

Strengthen early detection and referral for wasting.

Aim for universal wasting treatment and care coverage.

Look to the new WHO guidelines for adapting health system policies and tools for inclusion of moderate wasting.

Intensify preventive programming.

Develop financial modeling costs to support planning and advocacy.

Innovate and research alternative approaches for the management of moderate wasting.

Explore opportunities for multi-year and/or alternative funding sources.

Strengthen advocacy on the impact of addressing moderate wasting.

This document is a summary of group work conducted during the CMAM 2021 conference in March 2021. The conference did not provide adequate time for lengthy discussions of these important topics, and therefore this document represents a starting point to refine discussions on bringing key adaptations and approaches to wasting management to scale. This document reflects a summary of different viewpoints and is not intended to be an exhaustive overview. Concern is immensely grateful to all practitioners who took the time and interest to contribute to this document which could serve as a reference for the Global Nutrition Cluster Technical Alliance Global Thematic Work Group (GTGW) on Wasting.

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Fatum, 9 months, (here with her brother Abou) was wasted and received treatment at her local health post. Amhara, Ethiopia.

Photography: Concern Worldwide

Brief Description

The issues surrounding moderate wasting are persistent and complex. Current approaches to managing moderate wasting are challenging to scale due to a number of barriers, such as a lack of capacity in health and social protection systems. The infrastructure, supply chain, health worker capacity and finances required for implementing moderate wasting treatment services at scale, considering current common practices, are more than most health systems are able to accommodate. Implementation within health facilities is particularly challenging in fragile, crisis-affected contexts which often have a high burden of wasting. Moderately wasted children are vulnerable and have a right to care and from a public health perspective the treatment of children earlier on the wasting spectrum can prevent a deterioration to severe wasting which implies better outcomes and likely lower treatment costs. However more commitment, innovation, advocacy and financing is necessary before we can reach all of these children.

Practical considerations for scaling up the management of moderate wasting services

The majority of children with moderate wasting are not being reached with critical services. The sheer volume of moderately wasted children means that implementation for traditional wasting services solely through the health system is unlikely to be practical, particularly where capacities are weak and service coverage is low. Meeting the need will require making wasting treatment services available, accessible and affordable to vulnerable and remote populations living beyond the coverage of the facility based health system. Diversifying and innovating contextualized treatment options and entry points is critical to reach all the vulnerable children. This point cuts across the various aspects discussed below and is also echoed in the critical next steps.

There are several practical considerations necessary when discussing the scaling up of moderate wasting services:

- › **Policies.** National policies should seek to ensure a continuum of care for wasting treatment and one that is user-friendly. This could be achieved by integrating it within primary health care policies, and where possible ensuring coverage through routine services. In addition, services for moderate wasting should be aligned with support across other sectors and integrated within development programming and addressed in multisectoral policies. However, the exact approach to manage moderate wasting will need to be context specific and dependent on a variety of factors, such as overall burden and caseload distribution, current health system capacity to ensure adequate coverage, community resources, local market functionality with availability of affordable and age-appropriate nutritious foods, and the existence of food security and social protection schemes.

Practical considerations for scaling up the management of moderate wasting services

- › **Guidance and tools.** There is a clear need for normative guidance which addresses the continuum of care (ie. for both severe and moderate wasting) with linkages to prevention services. Currently, WHO is leading the revision of wasting guidelines with partners and the updated manuals will include support for moderate wasting. Practitioners require a bigger toolbox with more guidance, tools, and programming options. Considering the financial constraints on currently approved moderate wasting supplies (RUSF, Supercereal), it could be useful to provide guidance, prioritize which contexts and for whom these supplies are essential.
- › **Supply chain.** There are several practical considerations for scaling up the supply chain in order to bring wasting treatment to scale, particularly in fragile contexts. In general, the cost of the supplies needed for wasting treatment services can be overwhelming for some governments. Many of these contexts have access constraints which make delivery difficult, particularly when the existing MoH supply system is weak. Specialized Nutritious Foods (SNFs) are often purchased abroad and require long lead times. When local production does exist it often requires substantial investment to meet global safety standards, and can still require the importation of raw materials. There is need to continue research and development of food-based alternatives, or better preventative

programming to improve cost-effectiveness of services for moderate wasting. Explore and/ or strengthen capacity of local/indigenous production of products or more competitive international production and to diversify suppliers to improve cost-effective, sustainable access. Also, explore new SNF distribution/ delivery models to improve efficiency of 'last mile delivery¹.' Simplified nutrition protocols which advocate for one product to be used for the management of both severe and moderate wasting will also have a significant impact on the RUTF product supply chain. While it can streamline the supply system it will also be resource intensive and put pressure on global supply. Implementation of these protocols is not being done at scale currently and they are not necessarily appropriate for every context (for more information on the Simplified Nutrition Protocols, please see the Preparing for Scale brief on these protocols from the CMAM 2021 conference).

1 "Last mile delivery" refers

Practical considerations for scaling up the management of moderate wasting services

- › **Workforce.** Some countries have managed to integrate moderate wasting into the work of health facility staff. However, in fragile contexts where these staff can have capacity constraints, the adequate management of high caseloads can be challenging. Innovative approaches including easy-to-use tools and streamlined processes have potential to help reduce some of the burden. In some contexts, there may be need for moderate wasting to be managed at community level. Existing community platforms should be leveraged in order to bring wasting services closer to the communities. Sustainable and adequate compensation schemes as well as community worker capacity (training, workload, reporting, stock management, etc) should be considered in order to ensure effective service provision.
- › **Capacity strengthening and quality assurance.** Development of normative guidance from WHO on moderate wasting treatment is required to systematically improve the capacity strengthening process at country level. As performance indicators for moderate wasting are not systematically included in national health information systems, parallel reporting systems have been necessary particularly in humanitarian settings. However, there are increasing examples of integration of moderate wasting into national HMIS as well as use of digital tools in fragile contexts to strengthen monitoring of wasting treatment.
- › **Finance.** Financing for moderate wasting tends to be unpredictable and often only available during emergencies or in some chronically food insecure environments. The management of moderate wasting is not often included in national budgets which makes it reliant on humanitarian funding and constrains reliability and sustainability of any approach. Ideally, resources for wasting should be integrated into government budgets yearly at the planning stage. However, if we consider the potential need to have a contextualized approach to wasting, that budget may not necessarily always come from the health sector. There are opportunities to explore innovative financing mechanisms such as social enterprise or public/private partnerships.

Promising practices

There has been a number of promising practices for the management of moderate wasting. Several countries, including but not limited to South Sudan, Burkina Faso and Somalia have implemented the co-location of services for moderate and severe wasting in target areas. Many countries, including several in West Africa are now producing protocols which cover the continuum of care for wasting treatment, addressing both severe and moderate. In Yemen, the Nutrition Cluster is working closely with the MoH to have a gradual and phased approach for transitioning moderate wasting services from NGOs to Ministry of Health. GOAL has been working in Sudan, Niger, Zimbabwe, Malawi and Uganda to implement a community-based SBCC approach for the management of moderate malnutrition, which has shown positive results for both children and PLWs². Some countries have shown promising practices for improving data collection. In Burkina Faso the government has been working with UN partners to integrate both severe and moderate wasting indicators into the HMIS. In South Sudan innovative wasting programme data collection system using digital technologies are being piloted. In north and east Cameroon (where there was insecurity, low

wasting treatment coverage, weak health system) stakeholders supported an expanded community-based prevention programme which delivers multiple services including nutrition support for moderate wasting. The programme targets children under 2 years and has seen significant improvements in case coverage, cost-effectiveness and demonstrates high recovery rates.

2 GOAL has developed the Nutrition Impact and Positive Practice (NIPP) approach since 2013. The NIPP has demonstrated a cure rate of 89% for both moderately wasting children under 5 and pregnant and lactating women.

Critical next steps

There are several critical next steps that can support the scaling up of services for the management of moderate wasting:

- › **Strengthen early detection and referral of wasting** (i.e. screening by health and community agents, family MUAC; integrate screening in health, social protection and other community-based prevention programmes) in order to capture children as early as possible in the progression of wasting.
- › **Aim for universal wasting treatment and care coverage** across the moderate-severe continuum. While efforts to strengthen health systems are ongoing in many fragile settings, not all are able to adequately incorporate moderate wasting treatment due to the burden it places on the system. Consider developing a set of pre-conditions or the use of a capacity assessment tool (or similar) to help governments ascertain if they have sufficient capacity and resources to treat/ support the expected moderate wasting caseload at health facilities and achieve the required coverage targets for their catchment areas. Where the system seems unlikely to have the desired capacity, consider alternative approaches. An example of a pre-condition is the possibility of securing a consistent pipeline for specialized nutritious foods, when these products are deemed appropriate to address the underlying drivers of moderate wasting within the context. If this it to be unlikely, it may do more harm than good to seek integration for wasting. Inconsistent service delivery reduces confidence and often utilization of the system.
- › **Look to the new WHO guidance for services being implemented through the health system and adapt health systems policies and tools** to accommodate best practice advice.
- › **Intensify preventative programming** by promoting innovation and strengthening linkages to other sectors to ensure the overall wasting caseload is reduced. Reducing the need for wasting services is critical as it will help to make the treatment of all children more attainable.
- › **Develop financial modeling of costs** to scaling up of different approaches to the management of moderate wasting; and financial modeling on the cost of treating moderate wasting versus waiting to treat severe wasting and/or versus preventing wasting (business case development) in order to feed into malnutrition prevention and moderate wasting treatment advocacy opportunities.

Critical next steps

- › **Innovate and research alternative approaches to the management of moderate wasting** (non-health system and/or food-based approaches), especially for contexts where the health system is unable to absorb or reach the moderate wasting caseload, in order to increase the options available in our tool box for how to handle moderate wasting in diverse and complex environments. Part of this process could also include research to trial innovative approaches that bring wasting services closer to communities and ensure ‘last mile delivery’ in hard to reach settings; and further explore in which circumstances and through what modalities moderate wasting can be managed through local diets/SBC). Refining our understanding of risk within the wasting spectrum could also help improve care. Further research on identifying cases of moderate wasting at high risk for deteriorating to severe could improve intervention options.
- › **Explore opportunities for multi-year funding and/or alternative funding opportunities** (ie. public/private partnership, social models, etc) in order to increase options for improving coverage of moderate wasting programming. Also consider sustainable models to incentivise/ motivate community agents.
- › **Use financial modeling to strengthen advocacy on the impact that addressing moderate wasting in the short and long terms has** on improving the health of children, reducing lives lost and improving the productivity of a country.

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