Community-based Management of Acute Malnutrition

20 YEARS

CMAM 2021

22-25 March

VIRTUAL CONFERENCE

CONFERENCE REPORT

CONCERN worldwide

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

20 years on...

CMAM
Community-based Management of Acute Malnutrition

has saved the lives of Millions of Children

NUTRITION FOR GROWTH
YEAR OF ACTION

GLOBAL ACTION PLAN ON CHILD WASTING

UNITED NATIONS FOOD SYSTEMS SUMMIT 2021

CONFLICT

COVID-19

CLIMATE CHANGE

Not a linear story

adaptation

Engage
EMPOWER COMMUNITIES
Gender Aspect
Invest in People
Build LOCAL capacity

Mothers and their communities at the centre

Mothers as main caregivers

We need better...
MACRO-TARGETING
MICRO-TARGETING
SPACIAL TARGETING

Quantum Leaps in Scaling Up

CMAM

SCALING UP

LUCKILY THIS ISN'T ROCKET SCIENCE

Integrate CMAM into Health SYSTEMS

Reduce co$t

simplified APPROACH

Family MUAC

Increase Coverage

[while Maintaining Quality]

PREVENTION of MALNUTRITION
GAME CHANGER
UNDERLYING CAUSES

50% of the cost of the programme

How do we REDUCE COST?

RUTF
Ready to use Therapeutic Food for children >6 months with SAM

We must ENGAGE PRIVATE SECTOR
↳ COMPETITION

LOCALLY GROWN INGREDIENTS

Share the WHY?

2 ZERO HUNGER
We need POLITICAL LEADERSHIP & MOMENTUM

We know the WHAT

Let's focus on the HOW

Beyond Lip Service

We need URGENCY!

STUDIES, PILOTS & PROJECTS

What are the Bottlenecks & Barriers?

WARNING: FRAGILE CONTEXTS

The BARRIERS have become more ENTRENCHED

Investment in NUTRITION is an Investment in the FUTURE

hazelhurley.com

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CMAM 2021
22-25 March

What Must Be Done Can Be Done

Foreword by Colm Brophy, TD, Minister of State for Overseas Development and Diaspora

In many ways, modern Ireland has been shaped by a catastrophic famine 180 years ago, which saw half the population die or emigrate and started a process of population decline lasting over a century. The social and political forces unleashed by this terrible human tragedy continue to influence life on our island to this day.

This awareness of the long tail, intergenerational effects of famine underpins my Government's commitment to addressing malnutrition and, ultimately, ending hunger. It informs our evolving food policies at home, where we are taking a food systems approach. Importantly, too, Ireland strives to use its influence in our international engagements and through the thoughtful use of our Irish Aid funding to encourage greater collective action to reduce hunger and improve nutrition.

Global mobilisation now will save hundreds of thousands of children from dying needlessly over the next two years. It will ensure wasting, stunting and anaemia does not damage the life prospects of millions of others.

The good news is we have the knowledge and the knowhow. The introduction of CMAM 25 years ago changed nutrition interventions forever. I am proud that Irish Aid supported Concern Worldwide in developing CMAM, helping make millions of lives better through innovation, collaboration and advocacy for what was the a new way of treating malnutrition.

In reflecting on the journey since CMAM was introduced, and thinking about all those at risk today from hunger, I am determined to keep nutrition centre-stage in Ireland's global advocacy and want others to join us in doing so. Against the backdrop of a terrible pandemic and the increasingly evident effects of climate change, it is essential that resources needed to meet the needs of a growing number of people facing hunger and malnutrition are secured.

I see the success of CMAM 2021 conference as a critical link in a chain of events this year which hopefully will unlock the necessary collective action, commitments and resources to allow an ambitious upscaling of resources.

These events include the Food Systems Summit in September; COP26 in November; and the Nutrition for Growth Summit in December. We must ensure that these critical moments contribute to building momentum in this Year of Action on Nutrition.

Ireland will play its part – we have no choice, as very simply an investment in nutrition is an investment in the future, part of our responsibility to help attain our global goal, expressed in the SDGs, to end hunger and malnutrition for good. Everyone has a part to play. Let's all step up.

Colm Brophy, TD
Minister of State for Overseas Development and Diaspora

Foreword by Dominic MacSorley Chief Executive, Concern Worldwide

Just over 20 years ago, a simple series of innovations revolutionised how severely malnourished children were treated. From the initial pilot funded by Irish Aid in northern Ethiopia, CMAM went on to be adopted globally by UNICEF, WHO, NGOs and national governments.

This year is a critical opportunity to reflect and refocus on CMAM, on what we have learned over 20 years of working alongside families and communities to support better nutrition around the world.

CMAM has become one of the most transformational developments in the history of treating wasting; increasing access, coverage and acceptability of community based care. It has been a game changer that has saved the lives of millions of children. A success for the 20% of children we reach in need of treatment and yet a failure for the millions of children we don't reach.

At the time of writing, there are many millions on the precipice of famine, or already experiencing famine because of conflict, while the worsening effects of the climate crisis have resulted in a decade of intensified flooding, prolonged droughts and larger scale catastrophic weather events, all of which has led to decimated crops, livelihoods and increased hunger.

Against this extremely daunting backdrop, the conference provided a critical opportunity to focus on the practical, on what we can change. This included open and robust discussion on the operational barriers to scaling up nutrition treatment, debates on inputs as well as coverage strategies and technical protocols, along with wider discussion of how financial barriers are preventing the achievement of sustainable change in many contexts. These vibrant discussions have provided us with a wealth of knowledge as we plan for two critical events this year- the UN Food Systems Summit and the Nutrition for Growth Summit.

We must ensure that these Summits deliver, and that this year is remembered as the real Nutrition Year of Action. We have to remind ourselves of all that we know, that achieving Zero Hunger by 2030 is entirely possible, made possible because of critical developments such as CMAM, and the progress that has been achieved since then. However, this progress, this knowledge, and the resources that we know exist, mean that not achieving Zero Hunger by 2030 is also inexcusable.

The clock is ticking.

Dominic MacSorley
Chief Executive, Concern Worldwide

Thank you

Concern Worldwide thanks Irish Aid, our valued donor and partner, for the financial support that made the conference possible, and for the technical advice and guidance as a member of the Steering Group.

We would like to thank each of the Steering group members for their time, commitment, advice and energy that was required to make the conference a success. (See Annexe 1)

We thank all the speakers, and session contributors (see Annexe 3) for sharing their expertise and experience and extend our appreciation to every participant for joining each day of the conference, for engaging actively in the debates and working groups of the conference, and for your commitment to your work in treating and ending malnutrition.

A special word of thanks to the staff of Concern Worldwide across country programmes, for their efforts to ensure full and inclusive representations of colleagues and partners and for their tireless work and commitment to ending hunger.

Chawda Zakariaou nurses her only surviving twin child, 8-month-old Ousseina, at the Health Centre for Mother and Children in Tahoua, which is supported by Concern. Her other child – Ousseina's twin brother - died over a week ago. Little Ousseina has been in the clinic for seven days and is about to be discharged. She was admitted with severe acute malnutrition and was dehydrated, anaemic and ill with malaria. She has received medication and fortified food.

"When I came to the hospital with Ousseina, she was so sick. But now you can see that she is getting better. She is breastfeeding again. It makes me smile. I couldn't do that before, because she was very ill. I'm very happy to see her recovering."

Photography: Darren Vaughan/ Concern Worldwide


SUSTAINABLE DEVELOPMENT GOALS
1 NO POVERTY
2 ZERO HUNGER
3 GOOD HEALTH AND WELL-BEING
4 QUALITY EDUCATION
5 GENDER EQUALITY
6 CLEAN WATER AND SANITATION
7 AFFORDABLE AND CLEAN ENERGY
8 DECENT WORK AND ECONOMIC GROWTH
9 INDUSTRY, INNOVATION AND INFRASTRUCTURE
10 REDUCED INEQUALITIES
11 SUSTAINABLE CITIES AND COMMUNITIES
12 RESPONSIBLE CONSUMPTION AND PRODUCTION
13 CLIMATE ACTION
14 LIFE BELOW WATER
15 LIFE ON LAND
16 PEACE, JUSTICE AND STRONG INSTITUTIONS
17 PARTNERSHIPS FOR THE GOALS

After decades of steady decline, the number of people who suffer from hunger – as measured by the prevalence of undernourishment – began to slowly increase again in 2015. Current estimates show that nearly 690 million people are hungry, or 8.9 percent of the world population – up by 10 million people in one year and by nearly 60 million in five years.

The world is not on track to achieve Zero Hunger by 2030. If recent trends continue, the number of people affected by hunger would surpass 840 million by 2030.

According to the World Food Programme, 135 million suffer from acute hunger largely due to man-made conflicts, climate change and economic downturns. The COVID-19 pandemic could now double that number, putting an additional 130 million people at risk of suffering acute hunger by the end of 2020.

With more than a quarter of a billion people potentially at the brink of starvation, swift action needs to be taken to provide food and humanitarian relief to the most at-risk regions.

At the same time, a profound change of the global food and agriculture system is needed if we are to nourish the more than 690 million people who are hungry today – and the additional 2 billion people the world will have by 2050. Increasing agricultural productivity and sustainable food production are crucial to help alleviate the perils of hunger.

690 million

People are hungry

Introduction

Background

Since its piloting in 2000/2001, practitioners and policy makers have been continuously adapting the Community-based Management of Acute Malnutrition (CMAM) approach to local contexts, health systems and community structures in an effort to reach the millions of children in need of wasting[1] treatment services.

While there have been steady gains in the coverage of these critical services, it is currently estimated that roughly 80% of wasted children are not accessing the treatment they need.[2] A number of structural and resource-related barriers to reaching scale persist. Unfortunately, the number of children accessing wasting services is directly proportional to the amount of financial resources made available each year. Because the amount of funding earmarked for wasting each year is normally based on the number of children treated the previous year, the potential to increase coverage and impact is severely curtailed. More advanced financial modelling that can estimate potential caseloads, cost and impact under different scenarios of coverage is critical to mobilizing resources and political action to break the current 'ceiling' on coverage.

The 2020 Global Action Plan (GAP) on Child Wasting sets out a framework to better prevent and treat child wasting in order to attain Sustainable Development Goal 2 of reducing the proportion of wasting children from 7.3% to less than 5% by 2025 and less than 3% by 2030 (see Box 1). As part of the GAP process, WHO has committed to review evidence and produce new guidelines for the prevention and treatment of wasting by the end of 2021 (see Box 2). UNICEF and WFP have agreed a Partnership Framework to on Addressing Wasting and Children Globally to better articulate their complementary roles and improve efficiencies.

80%

80% of wasted children are not accessing the treatment they need

1 There has been a recent shift towards use of the term "wasting" rather than acute malnutrition to emphasise its importance outside of "acute" emergencies. Wasting is also easier to visualize and therefore more likely to move people to action. CMAM, however, treats both children who are wasting and/or who have nutritional oedema.

2 UNICEF (2020). Global Action Plan on Childhood Wasting.

BOX 1

GLOBAL ACTION PLAN ON CHILD WASTING.

In 2020, WHO, in close collaboration with FAO, UNHCR, UNICEF, and WFP, developed the Global Action Plan on Child Wasting (GAP) which sets out a framework for action to accelerate progress against four critical outcomes necessary to prevent and manage child wasting. The GAP outcomes include:

1. Reduced incidence of low birth weight
2. Improved child health
3. Improved infant and young child feeding
4. Improved treatment of children with wasting

Under each outcome, a set of priority actions are outlined to better ensure achievement of the Sustainable Development targets on wasting.

UNICEF is supporting the governments of high-burden countries to develop their own Operational Roadmaps that include a set of costed, context-specific actions and commitments to prevent and manage wasting. More information on the GAP and the Operational Roadmaps for 22 'frontrunner' countries can be found at www.childwasting.org

The unprecedented crisis brought about by the COVID-19 pandemic has disrupted access to essential child health and nutrition services in the short term. The medium to longer term effects of the pandemic on livelihoods, markets and food and health systems are likely to increase the burden of malnutrition.[3] At the same time, the COVID-19 pandemic accelerated uptake of a number of adaptations to CMAM, including what are now referred to as Simplified Approaches (see Box 3), which had only been piloted on a limited scale prior to the pandemic.

This year - the 20th anniversary of CMAM and the official Nutrition Year of Action - present an important moment to reflect on what we have learned and to inform practical strategies and guidance to take services for child wasting to scale where they are most needed and where they are often the most difficult to deliver – in fragile contexts.

3 Headey D., Heidkamp R., Osendarp S., Ruel M., Scott N., Black R., et al. (2020). Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality. The Lancet, 396 (10250): 519-521. DOI:https://doi.org/10.1016/S0140-6736(20)31647-0

BOX 2

WHO GUIDELINES REVIEW 2021

As part of the GAP process, WHO has committed to review the science and examine programmatic experience to produce a comprehensive guideline on the prevention and treatment of wasting by the end of 2021 to cover:

- Identification, diagnosis, and management of growth failure in infants aged less than 6 months
- Identification, diagnosis and management of moderate and severe wasting in children 6 months or older at community, outpatient and hospital level
- Prevention of wasting

The most recent WHO guidelines on wasting date to 2013 and are in the form of updates to WHO's 1999 guideline on the management of severe wasting. A Guideline Development Group of experts was convened in December 2020 to provide technical support to the WHO in this process. At the time of this report, the review process was well underway, progressing from scoping reviews to systematic reviews of evidence against a set of prioritised research questions, which include assessing aspects of some of the Simplified Approaches. As such, the ability to influence the specific content of the guidelines is limited, except via the GDG. However, there are opportunities to influence the next stages of the process when more operational guides derived from the main guidelines will be developed, including, hopefully, elaboration of protocol simplifications that have shown to be effective and practical.

Objective and expected outcomes

The main objective of the CMAM 2021 conference was:

To provide a forum for health and nutrition practitioners to exchange evidence and experiences in scaling up treatment services for wasting (and nutritional oedema) in fragile contexts and translate that into practical actions and advocacy.

The conference sought to bring together a broad range of practitioners and decision makers to reflect on recent developments in the management of wasting in order to inform global debate and support governments develop practical strategies to address their respective wasting burdens. The conference also hoped to shape the initial debate around wasting ahead of important initiatives taking place in 2021, such as the Food Systems Summit and the Nutrition for Growth (N4G) Conference.

The conference aimed to identify and agree:

- **Key barriers and enablers to the scale-up of wasting treatment in high burden contexts**
- **Practical considerations for scaling up new adaptations for the treatment of wasting – including simplified approaches**
- **Priority actions to address barriers to scale up**
- **Advocacy priorities and upcoming opportunities to support scale-up**

BOX 3

MAIN ADAPTATIONS AND APPROACHES TO CMAM EXPLORED IN THE CONFERENCE

Simplified approaches

1. Family MUAC
2. CHW-led treatment of wasting
3. Combined/ simplified nutrition protocols
   - MUAC and/or nutritional oedema only admissions
   - Expanded admission criteria (MUAC <125mm)
   - Modified/optimized RUTF dosage
   - Use of one product for nutritional management (RUTF)

Other adaptations to improve delivery of wasting services

4. Management of small and nutritionally at-risk infants under 6 months and their mothers (MAMI)
5. CMAM Surge

Cross cutting themes

6. Integration of severe wasting services into health systems
7. Management of moderate wasting services

Conference Process

The virtual conference was organized into four days – from March 22 to 25 2021 - with approximately three hours of content per day. A Steering Committee with key stakeholders was convened by Concern to help guide development of the conference (see Annex 1). Each day of the conference set out a different focus to deepen participant understanding of key barriers and enablers to wasting services from multiple stakeholder perspectives, as well as the ideal approaches to address them. The agenda included presentations on the conference platform's "main stage" and/or via parallel sessions, and each day concluded with a panel discussion comprised of key decisions makers, such as ministry of health representatives. The four days were structured as follows (see Annex 2 for the full agenda):

- **Day 1: Where are we now & what still needs to be done?** (Monday March 22). The first day sought to set the scene, providing an overview of the evolution of CMAM to date, where we are in now from a global and country perspective, and what still needs to be done to address wasting at scale.
- **Day 2: Overview of adaptations/approaches - are they ready to scale?** (Tuesday March 23). The second day of the conference explored specific adaptations and approaches to wasting treatment that are intended to improve quality, coverage, and cost-efficiency. It focused on seven adaptations and approaches listed in Box 3.
- **Day 3: Barriers and enablers to scale up – government perspectives** (Wednesday March 24). The third day of the conference explored key barriers and enablers to scaling up wasting services. The Emergency Nutrition Network (ENN) presented findings from their report on the Scale up of severe wasting management within the health system. This was followed by presentations from seven government representatives on their experience scaling up wasting services based on the case studies produced for the conference, covering: the Democratic Republic of Congo, Ethiopia, Kenya, Niger, Pakistan, Somalia, South Sudan, and an eighth presented by UNICEF on the South Asia Region as a whole.
- **Day 4: Critical issues for wasting management/ conference summary/ supporting the Nutrition Year of Action** (Thursday March 25). The fourth and final day of the conference covered multiple topics. Other critical issues for the management of wasting – those beyond the seven core adaptations and approaches explored on Day 2 - were presented and discussed. In parallel, the five working groups met to consolidate their conclusions on a selection of the seven adaptations (see below). A brief summary of the main conference outcomes was presented, followed by a high-level panel entitled 'looking ahead to the Nutrition Year of Action'.

Case Studies

A series of country case studies were developed prior to the conference that explored barriers, enablers, and the way forward to scaling up of wasting services in a variety of fragile contexts. The case studies provided critical context for the discussions, panels, and working groups. They were all developed by, or in partnership with, the relevant Ministries of Health (MoH), supported by ENN and/or Concern Worldwide.[4] The case studies are available in both French and English on Concern's website https://www.concern.net/cmam2021 Government representatives presented their case studies on the third day of the conference, and where possible they participated in panel discussions and working groups.

Working Groups

Five working groups were constituted to explore in more detail five of the seven CMAM adaptations discussed in Day 2 and to identify key considerations and priority actions for their scale up. The Working Group themes were as follows:

- Family MUAC
- CHWs treating wasting in the community
- Simplified/ combined nutrition protocols
- Moderate wasting
- Integration of wasting services into the health system

The three simplified approaches were prioritised as working group themes due to the current momentum and debate around their scale up and their potential impact on scaling up access to wasting services in fragile contexts. The crosscutting themes of management of moderate wasting and the integration of wasting services into health systems were prioritised for working groups because they are critical to determining how we scale up wasting services, including all the other adaptations/ approaches. A working group was not assembled for MAMI because the approach is in the early phases of scale up and is being supported by the MAMI Global Network. No working group was formed for CMAM Surge because it was touched on in the integration into health systems working group and because scale up issues are being discussed in the Global CMAM Surge Technical Working Group (for more information see Concern's CMAM Surge website).

4 ENN supported the process for development of the D.R. Congo, Kenya, Pakistan and South Asia region case studies. Concern Worldwide supported the development of the Ethiopia, Niger, Somalia and South Sudan case studies

Adior Deng (32 months) with her eight year old sister Deng. John Piol the nutrition officer is examing Adior. Adior is severely wasted. Her sister brought her to pick up her plumpynut today. There are six other children in the family. Her mother collects firewood and buys flour in the market to make food. They eat just once a day in the evening. Gok Machar Primary Health Care Centre, Gok Machar, Aweil North, Republic of South Sudan. Photography: Jennifer O'Gorman/Concern Worldwide

Working groups of up to 15 participants were assembled via targeted invitations to government representatives and technical experts pre-conference and a request for additional volunteers on Day 1. Each working group received a matrix with a set of core questions to answer. The matrix was accessible to all group members for their input in an online (Miro) whiteboard throughout the conference and was then used by members on Day 4 to consolidate their inputs. After the conference, the completed matrices were used to compose six Preparing for Scale briefs on the five themes plus CMAM Surge[5]. The Preparing for Scale briefs can be accessed on Concern's website (insert link here) and shared with the relevant communities of practice at global level[6], as well as coordination structures at regional or country level to support planning for scale up of the different adaptations and approaches.

5 While CMAM Surge was not discussed in detail during the working groups, members of the integration group were invited to contribute to the online whiteboards. A Preparing for Scale brief on CMAM Surge has been drafted by Concern and is being reviewed by the Global CMAM Surge Technical Working Group.

6 Simplified Nutriiton Protocols, CHW-led wasting treatment and Family MUAC Preparing to Scale briefs are intended to be used by the global Simplified Approaches Working Group; the Moderate Wasting brief by the Wasting Thematic Working Group (GNC-TA); and the CMAM Surge brief by the CMAM Surge Global Technical Working Group.

The evolution of CMAM: Where are we now?

CMAM evolved from the original Community Therapeutic Care (CTC) approach. The approach has sought to decentralize services for wasting in order to increase access, coverage and acceptability.

CTC was first introduced to de-medicalize the management of wasting and ensure services were offered at the community level. However, the push to integrate CMAM services into health systems has in some instances prioritised health facilities at the expense of integration into community health systems, which are often under-resourced. As a result, CMAM has evolved into more of a facility-based approach than originally envisioned with a much weaker community mobilization component. To avoid overburdening health systems, services for the management of moderate wasting were often dropped during the integration process and are therefore not always offered in tandem to severe wasting programming.

Coverage of wasted children is staggeringly low, with only 20% accessing treatment. It is important, nonetheless, to recognize how far the management of wasting has come in the 20 years since CMAM (CTC) was first introduced. According to UNICEF, twice as many children received treatment for severe wasting in 2019 compared to 2011 (see Figure 1), and CMAM has also been included in the national policies and strategies of approximately 70 countries. However, coverage remains drastically below the 2019 target of reaching more than 14 million severely wasted children with treatment, and policies on paper are often not realised in practice.

7 Information provided by the Ministry of Health, Republic of South Sudan

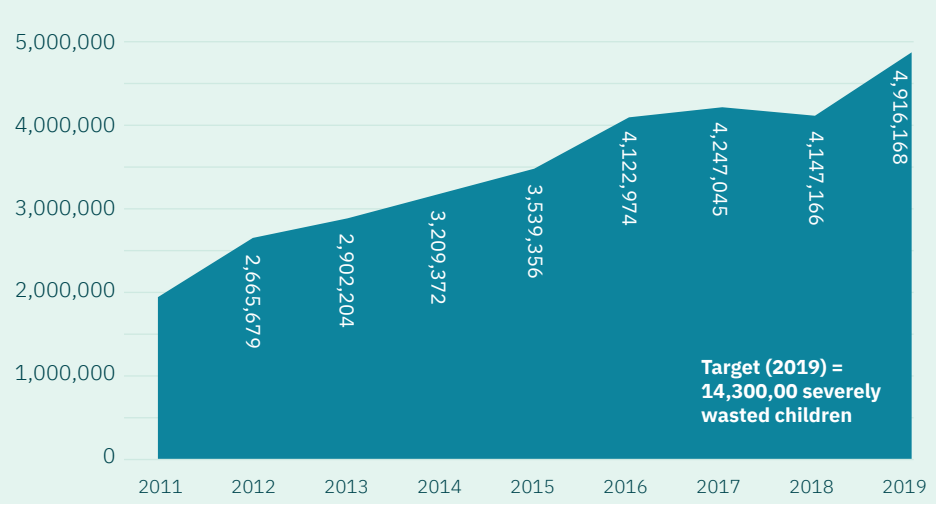


Figure 1. Increase in global coverage of severe wasting services, 2011 to 2019 (UNICEF, 2020)

Progress on reducing the overall burden of wasting through prevention and treatment also remains insufficient. The seven country case studies show persistent levels of wasting over the last ten years, with the exception of Ethiopia, where it appears some progress has been achieved. In spite of this, the number of wasted children treated has increased during the same period in most countries, in part due to a decentralization of treatment, which is a core principle of CMAM. In South Sudan, outpatient sites for the management of severe wasting have increased from 350 in 2014 to 1,191 in 2020.[7] The expansion of services for severe wasting has been the most dramatic in Ethiopia – increasing from less than 2000 sites in early 2009 to close to 19,000 sites by the end of 2017. This significant shift is due to strong political commitment and leadership of the Federal Ministry of Health, which simplified the CMAM protocol in 2008 and changed relevant government policies to allow community health workers to deliver severe wasting services from local health posts. The clear message from the country case studies is that governments and supporting partners in fragile contexts must be prepared for fluctuations in wasting prevalence and caseloads and ensure sufficient resources to scale up services when they are required.

CMAM beneficiaries, Ethiopia. Abou, the brother, play with the baby Fatum, 9 months. Fatum was malnourished child but after received treatment from CMAM program, she gain average weight like other babies. Photography: Concern Worldwide

Why are we not reaching the majority of malnourished children?

Several key issues stand in the way of achieving acceptable service coverage and quality and need urgent and clear solutions. Those identified in the conference sessions include:

- **The high cost of producing and delivering RUTF.** In many cases, the cost of specialized nutritious foods (SNF) such as RUTF comprise the bulk of programme costs. The global supply of RUTF is constrained by production capacity and, occasionally, material shortages. The current standard formula for RUTF requires milk derivatives and peanuts as key ingredients, making it difficult to produce locally and cost-effectively while meeting global quality standards.

- **Overburdened health systems and insufficient investment in community health services.** In many fragile contexts, the health system is under-resourced. Facility and community health staff are often overstretched. Yet, integration of wasting services into primary care points is critical for scale and sustainability. Populations in many fragile contexts suffer from poor access to facility-based services. This is due to a variety of factors, including the geographical positioning of facilities, lack of confidence in service continuity, inadequate staffing, limited screening and referral, limited knowledge of the signs of malnutrition and poor care seeking practices. Most families face significant opportunity costs accessing services (e.g. competing livelihood or household priorities). Community care points are therefore critical to improving coverage, but lack of investment in community health systems or a lack of authority of community workers to treat wasting prevents further expansion.

- **Complicated and often changing treatment protocols.** Integration of wasting services into both facility and community-based health systems requires simple and sometimes flexible protocols that can be adapted to different contexts. While CMAM championed the simplification of the original inpatient protocols, some national wasting treatment protocols remain complex or are subject to regular changes. Complicated protocols that are not adapted to health workers with a low level of literacy are likely to lead to confusion and error.

- **Lack of sustainable and sufficient financing, particularly for RUTF.** Sustainable and sufficient financing is a fundamental barrier to achieving scale for the management of wasting, as the numbers of children accessing treatment is directly proportional to the amount of financial resources made available. A lack of sufficiency and innovation in both global and domestic financing have meant that investment on wasting falls short of need.

- **Inefficiencies caused by the classification of wasting.** The artificial divide between severe and moderate wasting not only masks the dynamic nature of the condition but also creates inefficiencies in wasting management and supply chain logistics. Investing only in severe wasting leaves a large number of children uncovered and essentially waiting to deteriorate in order to access services. Yet many health systems in fragile contexts may be unable to currently absorb the total wasting caseload.

- **Addressing moderate wasting.** While certain aspects of the conference focused on severe wasting, the sheer burden and limited options for the management of moderate wasting was consistently raised. There is also an inherent tension between the general agreement of conference participants that wasting should be seen as a continuum from severe to moderate and the simultaneous recognition that many health systems in fragile contexts are simply unable to accommodate the caseload of moderate wasting in addition to severe wasting. While implementation of the combined/ simplified nutrition protocols can support a reduction in the time a health worker needs to treat a wasted child, it may add stress to fragile health systems that are not prepared for the potential tenfold increase in cases requiring when admission criteria is expanded to include moderately wasted children. More evidence, caseload modelling and guidance will likely be required before governments can commit to implementing the combined/ simplified nutrition protocols.

Mother Munira (28) with her 18 month old daughter Malika being seen by a Banadir Hospital Doctor. Malika became malnourished from acute diarrhoea. Somalia.

Photography: Gavin Douglas/ Concern Worldwide

Key questions raised during the conference

The conference platform provided an opportunity for participants to pose questions to presenters. In many sessions, time was too short to answer all the critical questions and a catalogue of unanswered questions. Some Questions deemed 'answerable' were sent to presenters for feedback post-conference; others will be uploaded onto en-net. Below is a summary of the main questions that were repeatedly posed during the conference. These naturally overlap with the reasons (outlined above) that we are not reaching all malnourished children.

- **RUTF.**
  Many questions were asked pertaining to RUTF costs, supply chain management, and product alternatives. Questions focused on the necessity of increasing local production to reduce costs and improve access while grappling with strict quality and nutrition control standards imposed by the WHO. The need to develop alternative recipes for RUTF and to improve options for moderate malnutrition, including based on local foods, were also raised.
- **Admissions based only on MUAC and/or nutritional oedema.**
  The cessation of weight-for-height admissions during the Covid-19 pandemic has raised concerns that a segment of wasted children is being excluded from treatment. Participants wondered how this challenge could be overcome, especially in remote settings, and the long-term implications of a limited admission protocol.
- **Relapse cases.**
  The definition and tracking of relapse was the focus of several questions. These mainly pertained to what the actual proportion of relapse cases was, how to efficiently deal with relapse, and what impact the combined/simplified nutrition protocols could have on relapse.
- **Food Systems Summit.**
  The upcoming Food Systems Summit was raised during several panel discussions with participants wondering what place scaling up wasting services and wasting prevention will play in the discussions.

- **Balancing improved early detection with service availability.**
  Scale up of the Family MUAC approach will ideally lead to increases in early detection and care-seeking for wasting services. However, gains made in early detection and referral via Family MUAC can only be sustainable if services are consistently available and predictable. Participants raised questions on how to promote Family MUAC and promote early detection when RUTF delivery was sporadic and services unpredictable and/ or where there were no consistent services for moderate wasting.
- **Community-based service delivery.**
  Many questions were raised on how to improve coverage of wasting services via community health services when CHWs are often not formally recognised, not adequately compensated, and bear heavy workloads. Policies that restrict what CHWs can do (e.g. administer drugs) was also raised as a significant barrier to expanding treatment coverage.
- **Prioritization of moderate wasting.**
  Several participants questioned the rational of prioritizing moderate wasting in government-based service delivery when the coverage of severe wasting is so poor. Conversely, other participants claimed the divide between moderate and severe wasting was artificial, and wondered how the division of responsibility between UNICEF and WFP would play out in a context of using one product to treat both severe and moderate wasting.
- **Sustainable financing.**
  There were several questions pertaining to sustainable financing. Participants requested more examples of innovations in domestic financing, information on how to bridge the divide between emergency and development funding streams, and how to build sustainable financing models.

TSFP assistant, Santosh Kumar, checks a patient for malnutirtion at the CMAM Site BHU, Samaro Road, Union Council Samaro Road, Taluka, Umerkot Pakistan Photo: Khaula Jamil/Concern Worldwide

Conclusion

This year, 2021, marks an important moment in the global fight against wasting – a fight that to date has failed to reach 80% of children in need of wasting treatment. In the midst of a pandemic exacerbating vulnerability whilst disrupting nutrition service delivery, it is critical to combine, strengthen and increase efforts in all areas – in short, to do better.

While the COVID-19 pandemic has resulted in more than a year of profound loss, it has also catalysed a rapid interest in and uptake of nutrition protocol adaptations and approaches that support streamlined, simplified and decentralized service provision. It has further highlighted that adaptation of wasting treatment approaches is critical to access to coverage and that a one-size-fits all approach to wasting service delivery limits impact, particularly in fragile contexts that have unique and often changing vulnerabilities.

The CMAM 2021 conference provided a vital platform to discuss barriers and enablers to accessing wasting services and if and how current approaches have and can be further adapted to meet the staggering unmet need. It demonstrate a huge appetite to discuss and debate these issues and to do things differently going forward. The wide and significant participation in the conference shows the critical need for this type of forum. Providing a punctual and participative platform for engaging country, regional and global level voices of practitioners and policy makers will ensure that a broader range of perspectives are reflected in the technical and advocacy agenda for wasting.

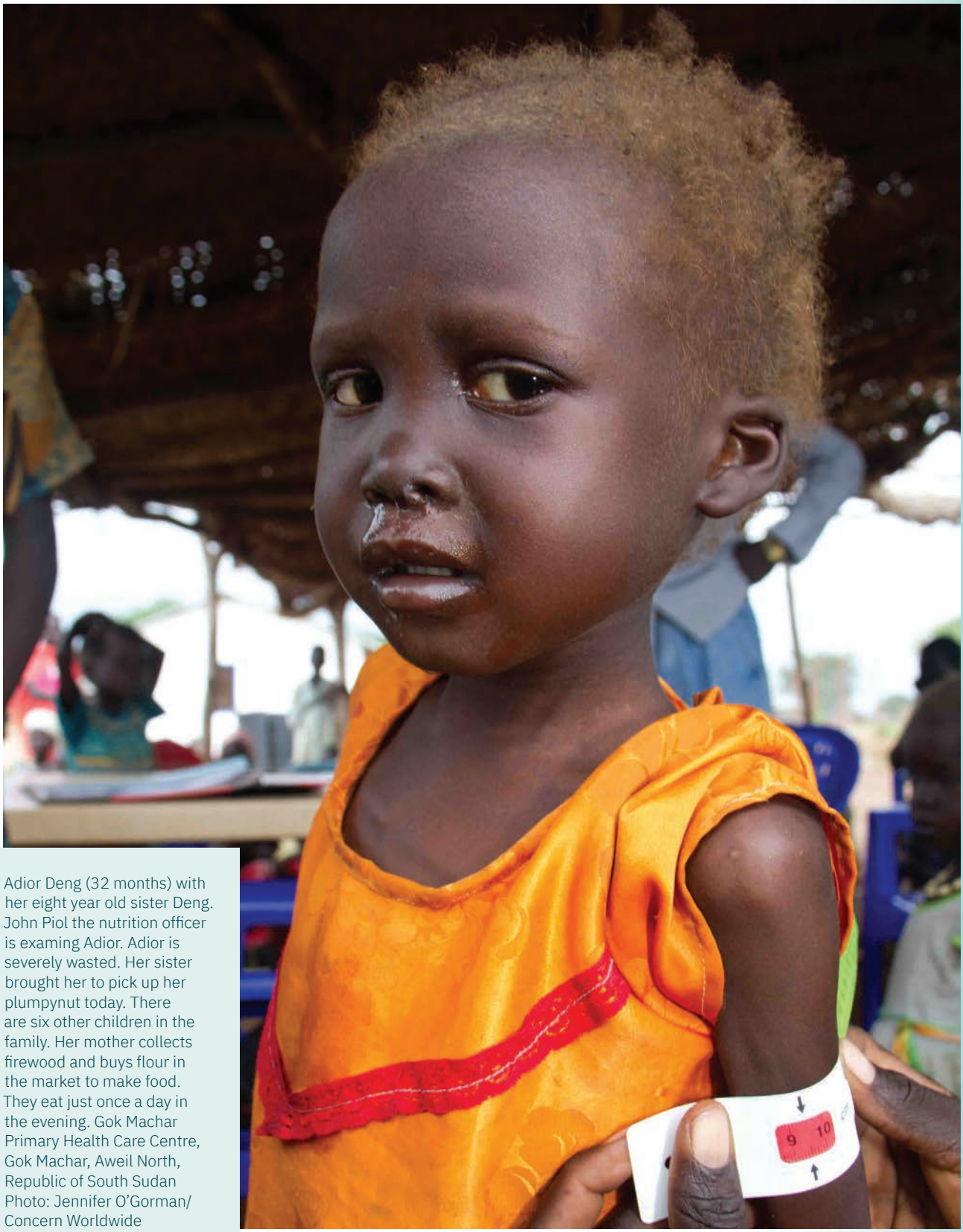
Conference participants agreed that that we must all, individually, and collectively do better. We must amplify our collective advocacy efforts and seek to build resilient health, nutrition, and food systems. This year has been declared the Nutrition Year of Action, culminating in the UN Food Systems Summit and the Nutrition for Growth Summit 2021 (see Box 4 for a variety of important events in 2021). With less than a decade left to achieve the Sustainable Development Goals, there is no time to lose. The questions have been asked and the challenges and solutions debated and explored in countless spaces with many stakeholders. The CMAM conference has reinforced and further crystallised the scale of need, the urgency of response and the political will required to finance the action. For a more detailed outline of how we can strengthen our advocacy on wasting see Annex 2.

BOX 4

2021 - NUTRITION YEAR OF ACTION

Nutrition for Growth (N4G), the global pledging momentum to catalyze action on malnutrition, has declared 2021 as the Nutrition Year of Action. Beyond the processes of N4G, 2021 is a year of tremendous action on nutrition – from both a technical and advocacy perspective. Major wasting events in 2021 include:

- A new **UNICEF & WFP partnership framework** focused on prevention, integration, and early detection/treatment
- The **CMAM 2021 conference** hosted by Concern Worldwide and Irish Aid, providing a global forum to exchange evidence and experience in scaling up wasting services in fragile contexts
- Ongoing development of the **GAP Country Operational Roadmaps** supported by UNICEF
- The UN's **Food Systems Summit** which is focused on generating solutions for transforming the world's food systems.
- The **Nutrition for Growth Summit** in Tokyo is designed to encourage a variety of stakeholders to make data-driven, financial, policy, programmatic or impact commitments to supporting the global nutrition agenda.



Adior Deng (32 months) with her eight year old sister Deng. John Piol the nutrition officer is examing Adior. Adior is severely wasted. Her sister brought her to pick up her plumpynut today. There are six other children in the family. Her mother collects firewood and buys flour in the market to make food. They eat just once a day in the evening. Gok Machar Primary Health Care Centre, Gok Machar, Aweil North, Republic of South Sudan
Photo: Jennifer O'Gorman/ Concern Worldwide

Key recommendations

Financing

1. **Increase long term funding for services to treat wasting preferably via health funding streams,** rather than short-term emergency nutrition funding

   1a. Leverage the Global Financing Facility for treatment of wasting and prevention of undernutrition, including supply of RUTF.
   1b. Advocate for wasting treatment to be explicitly included in plans for Universal Health Care provision at global, regional and country level.

2. **Improve the accuracy of cost estimates for wasting treatment at local, country, regional and global level under different coverage and service scenarios, particularly using the simplified approaches**

   2a. Build capacity at country level to accurately estimate treatment costs and integrate into health budgeting and planning mechanisms. This may require context-specific guidance on costing severe wasting treatment service components.
   2b. Undertake more in-depth financial modelling to better estimate the effect of simplified approaches on costs and the number of children with wasting who will be detected and require treatment services.

Ready-to-Use Therapeutic Foods (RUTF)

3. **Reduce the cost of producing and delivering RUTF and strengthen supply chains including the 'last mile' delivery to health facilities and community health workers treating wasting**

   3a. Generate more evidence on alternative RUTF formulations, but first agree with relevant stakeholders what additional effectiveness data needed and the level of evidence that is 'good enough'
   3b. Advocate for and support cost-efficient localised production of RUTF – the Food Systems Summit may be an opportunity to highlight the potential advantages and what is needed
   3c. Unlock global competition to encourage greater investments by the private sector and incentivise cost-efficiencies
   3d. Develop practical action plans to implement the 20 interventions to improve efficiency of supply chain management as outlined in the UNICEF and WFP Partnership Agreement to Address Child Wasting.

Community health systems and community health workers

4. **Advocate for, develop, and fund clear strategies to support community health systems, particularly community health workers**, who are at the heart of scaling up wasting treatment and prevention.

   4a. Recognise, support and remunerate community health workers in line with the WHO's strategy and guideline

   4b. Embed evidence-based, costed community health and nutrition activities within national (and sub-national) health and nutrition plans.

Further integration of severe wasting into health systems

5. **Integrate severe wasting services into health systems in all fragile contexts and use the CMAM Surge approach** to predict when caseloads will peak and promote timely delivery of tailored support when capacity is overwhelmed.

   5.a. Analyse the specific health system services and support functions across six health system building blocks to identify core aspects of wasting management that must be integrated and where and when modifications to national health policies, guidelines and training packages are needed. For more specific recommendations by each building block see the ENN report.

   5.b. Support capacity-building plans and share examples of governments in fragile contexts taking on more responsibility for the procurement and distribution of specialized nutrition products for wasting – particularly in relation to commitments made via the Country Road Maps on Wasting.

Management of moderate wasting

6. **Innovate and research alternative approaches to the management of moderate wasting, including use of enhanced local foods and/or counselling,** particularly for settings where supply of specialised nutritious foods is not reliable.

Simplified approaches – general

7. **Develop country specific tools and guidance for Family MUAC, CHWs treating wasting and Combined/ Simplified Nutrition Protocols where the government supports piloting or scale up but guidance is lacking.** These should be based on existing global and neighbouring country guidelines (see for example www.acutemalnutrition.org and www.simplifiedapproaches.org).
8. **Continue to advocate for inclusion of simplified approaches in the WHO's systematic review of evidence and resulting recommendations and operational guidance** within the WHO Guidelines on the Prevention and Treatment of Wasting, expected to be finalised by the end 2021.
9. **Support the inclusion of informed discussions on the simplified approaches during national and regional-level health and nutrition coordination and planning fora to identify where policy and protocol changes may be needed** including as part of the National Road Maps for Wasting.
10. **Continue to fund and support operational studies on the simplified approaches,** focusing on critical issues related to capacity and workload of health workers, cost, supply chain management, quality of care and coverage.

For specific recommendations on each of the five adaptations/ approaches explored in the Working Groups, please see the separate Preparing for Scale briefs.

Rebekah Nyaluak Bang, Concern Community Health Worker visits Nyariemi Gony and her 8 month old son, Parnath Catkek, at their home in Pugnido 1 refugee camp, Gambella, Ethiopia. Parnath spent time in the Concern stabilization centre and is currently being treated for Severe Acute Malnutrition (SAM), as part of the CMAM program. Photo: Kieran McConville / Concern Worldwide

Annexes

ANNEXE 1

Steering Committee Members

The Steering Committee for the CMAM 2021 conference comprised the following members.

Name	Position	Organization
Mary McCarthy	Development Specialist	Irish Aid
Emily Mates	Technical Director	Emergency Nutrition Network
Polly Walker	Associate Director – Technical Development	Action Against Hunger
Marie-Sophie Whitney	Nutrition Expert	ECHO
Grace Funnel	Nutrition Specialist	UNICEF
Connell Foley (Chair)	Director of Strategy & Learning	Concern Worldwide
Réiseal Ní Chéilleachair	Head of International Advocacy	Concern Worldwide
Kate Golden	Senior Nutrition Advisor	Concern Worldwide
Reka Sztopa	Regional Director	Concern Worldwide
Olive Towey	Senior Advocacy Adviser	Concern Worldwide
Jessica Worsdale	Events Manager	Concern Worldwide
Erin McCloskey	Independent Consultant	Concern Worldwide
Sinead NicAodh	Conference Coordinator	Concern Worldwide

ANNEXE 2

Wasting Advocacy

Leaving no child behind: Securing the political commitment to increase coverage

CMAM 2021 was an opportunity to measure progress, examine the existing gaps, the reasons for these gaps and how more success is possible. More success means reaching more children and responding to the need for more technical work, research and investment.

CMAM 21 reiterated the moral and political imperative to prevent and treat wasting in children and to end hunger.

The problem defined

Coverage and reach is insufficient. We are failing 80% of children who need treatment as they are not getting it. Without a rapid and extensive, coverage cannot increase

CMAM as **a solvable problem in the middle of complex systems**. a business case which gives no excuse for failing to act now. The major barrier is finance and therefore political priority and visibility.

The conference showed that the ambition to increase coverage exists but must be matched with the political will, commitment and funding to meet Sustainable Development Goal 2.

To achieve the level of scale up required, there must be a quantum change. The fundamental barrier is sustainable finance[8]. Therefore, the problem is political and not technical.

CMAM is a technical solution that now requires greater political will to deliver.

8 Although the key barrier is sustainable finance this actually received less serious attention at the conference than other more technical or operational barriers. This obviously reflects the participation in the conference, but also shows the shift needed in the people that Concern is engaging with and the nature of the message.

It is time to shift from innovation and experimentation to making CMAM a normal provision of services[9] involving government at every level right through to community action. However, the level of scaling up that is needed cannot be achieved without this change of gear and focus.

To achieve this, we need a sectoral shift from the impossible to the achievable. Sectoral communications need to shift from the language of technical challenge to greater emphasis on what has been achieved and how these positive examples can be replicated and sustained as part of normal health service provision. CMAM 21 discussions and presentations showed that this is not only possible but happening.

Nutrition and CMAM advocacy needs to expand from operational development to political engagement at national and international level – providing the data, evidence and communications that make sense to non-nutrition audiences and focusing on the big picture. Advocates must move from focussing on the seemingly insurmountable challenges to presenting the evidence of impact, the success of CMAM approaches and the solid business case of CMAM – treatment works, more children need treatment and coverage can be increased with more funding across health and nutrition systems.

Demystifying CMAM: Clarity of terminology & consistency of numbers

Conference participants expressed frustration at the different estimates of coverage being used across the sector. Building on and delivering a solid business case requires clarity and consistency on the numbers. People will need to know the size of the gap and where the problems are: how many children need access to CMAM, how many have been assessed and treated and how many need to be reached. – to know the scale of the problem, measure progress and consistently commit funding.

Political mobilisation needs different sorts of data – not only prevalence. It will need to present the actual numbers of children affected and where they live – as granular as possible, in line with the priority to reach the furthest behind first.

9 There are of course big variations in political estimation of what normal provision of services should look like. So, the exact modulation of this message for each audience needs careful phrasing to maximise buy in.

The words used to describe malnutrition need to resonate with public and political audiences, but currently the language is difficult to understand. From a political and public point of view, the differences between MAM and SAM, wasting and stunting are confusing and counter-intuitive. The language reflects the overwhelmingly technical discourse which has allowed the term 'moderate' to be used for a condition which is acute and with a high risk of death.

Keep things simple: Since CMAM is now an accepted term in the professional community, the sector should make efforts to brand any refinements as CMAM – rather than variations on the theme. Most politicians, journalists and sympathetic members of the public don't have the time or inclination to work out whether CMAM, MAMI, CMAM surge, Family MUAC are essentially the same thing or competing priorities.

Gender is at the heart of CMAM. The CMAM approach involves a strong element of women's agency and opportunities therefore exist for the CMAM message to get beyond the nutrition and health communities and to the many people and institutions for whom empowerment of women and girls is the top priority.

An additional communications tool is that this is a universal issue. The role of parents and carers in monitoring the progress of their children is the same, whether it involves MUAC in Somalia or growth charts in Ireland. These are rich narratives for communications, making a strong case for increased investment and political commitment.

Invest in political economy

The barriers and enablers sessions of CMAM 2021 raised some important issues, but from an advocacy perspective they stopped short of political economy analysis to identify more clearly the interests of all the stakeholders who need to deliver on scaling up.

Traditional academic political economy work will identify systemic obstacles, such as which ministries have which responsibilities. More work is needed to compliment political economy analysis, building up ground knowledge about personalities and capacity. CSOs can add real value by stakeholder analysis that identifies the people who need to be mobilised.

Financing, costings, and value for money

A central part of any business case to increase funding for nutrition is costing. The unit cost per child is a powerful communications tool as well as the costs of full coverage per country.

Work to scale up CMAM should focus on endorsing a set of accepted costings which can be used in advocacy. The financial ask has to be clear, timebound, monitorable and benchmarked against commitments, performance to date and the costs (human and economic) of inaction.

Avoiding siloed advocacy

Success lies in moving beyond siloes that divide 'chronic' and 'acute' malnutrition. This means that targets, data and programmes are focused around either wasting('humanitarian') OR stunting('development'). Cross-sector and non-sector information tools are needed to provide clear and accessible summaries of the relationship between stunting and wasting which also make a powerful political case for an integrated approach to scaling up financing and responses.

Progress on wasting is the ultimate test

The conference was clear that the roots of acute malnutrition lie in poverty, economic deprivation and social exclusion exacerbated by conflict, climate and now Covid. There is wide understanding that it is not just hunger - in the sense of insufficient calories – that is the cause, but lack of access to food that is safe and nutritious – the language of SDG2 – along with exposure to infection and ill-health, often as a consequence on insanitary conditions.

Action can and must be taken now to detect, prevent and treat wasting. The efforts of the Food System Summit, the Nutrition for Growth conference and wider political efforts to avert and prevent famine must focus on the structural causes of chronic poverty and humanitarian crisis.

However, making greater progress on wasting is the ultimate test of progress on hunger. If the number of wasted children is not coming down, then efforts on hunger and food systems are not succeeding.

Getting to Zero Hunger: Reaching the furthest behind.

Current global nutrition targets are to reduce and maintain childhood wasting to less than 5%[10] which can be calculated at approximately 33.9 million malnourished children under five.[11] This is an unacceptable figure. An unacceptable level of loss. The right to food means the target should be zero.

The Food Systems Summit must deliver a real gamechanger on wasting, firmly set within the commitment to zero hunger and the commitment to leave noone, no child behind.

10 GNR 2020 page 35.

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ANNEXE 3

Conference agenda

Final Conference Programme

DAY 1 - MONDAY, 22 MARCH 2021

Where are we now & what still needs to be done?

Time (GMT)	Session	Speaker	Platform	Facilitator
12:00-12:30	**Welcome & opening**	› Video – Min. Colm Brophy › Video – CMAM@20 › Dominic MacSorley › Ella McSweeney	Main stage	Ella McSweeney
12:30-12:45	**Setting the scene: The evolution of CMAM**	› Steve Collins, Valid International	Main stage	Ella McSweeney
12:45-13:30	**Where we are now?** • Global perspective (UNICEF) • Country perspective (NGO) • Country perspective (government)	› Saul Guerrero, UNICEF HQ › Amina Abdulla, Concern Kenya › Ferew Lemma, FMoH Ethiopia	Main stage	Ella McSweeney
13:30-13:40	**BREAK**			
13:40-14:10	**Where we are now?** • Wasting treatment in health systems • Adaptations to CMAM – an overview	› Zita Weise Prinzo, WHO › Grace Funnell, UNICEF HQ	Main stage	Ella McSweeney
14:10-15:00	**Where are we now & what still needs to be done?** *Panel discussion*	› Speakers Day 1	Main stage	Abi Perry, FCDO

DAY 2 - TUESDAY, 23 MARCH 2021

Overview of adaptations: are they ready to scale?

Time (GMT)	Session	Speaker	Platform	Facilitator
12:00-12:10	**Welcome & opening**	› Ella McSweeney	Main stage	Ella McSweeney
12:10-13:05	**Adaptations for detection & treatment of wasting** • Family MUAC • Community health workers treating wasting in the community • Combined/ simplified nutrition protocol *Three parallel breakout sessions – choose 1*	› Diane Moyer, Concern Worldwide › Heather Stobaugh, Action Against Hunger › James Njiru, Save the Children › Pilar Charle Cuellar, Action Against Hunger › Jeanette Bailey, IRC › Dr. Alitanou Rodrigue, Alliance for International Medical Action (ALIMA)	Breakout sessions	• Amanda Yourchuck • Bethany Marron • Alexandra Rutishauser-Perera
13:05 – 13:15	**BREAK**			
13:15-14:10	**Continuum of care for wasting** • Management of small and nutritionally at-risk infants under six months and their mothers (MAMI) • Linking to services for moderate wasting **Integrated and responsive nutrition services** • Integrating wasting treatment into health systems • CMAM Surge *Two parallel breakout sessions - choose 1*	› Eleanor Rogers, Emergency Nutrition Network (ENN) › Nicolas Joannic, World Food Programme › Mary D'Alimonte, R4D › Weldon Ngetich/ Lucy Lafferty, Concern	Breakout sessions	• Andi Kendle • Elise Lesieur
14:10-14:15	**BREAK**			
14:15-15:00	**Are adaptations ready to go to scale?** *Panel discussion*	› Veronica Kirogo, Kenya MoH › Dr. Khawaja Masuood Ahmed, Pakistan MoH › Khamisa Ayoub, South Sudan MoH › Tewolde Daniel, UNICEF › Nicolas Joannic, World Food Programme	Main stage	Sophie Woodhead, UNICEF

DAY 3 - WEDNESDAY, 24 MARCH 2021

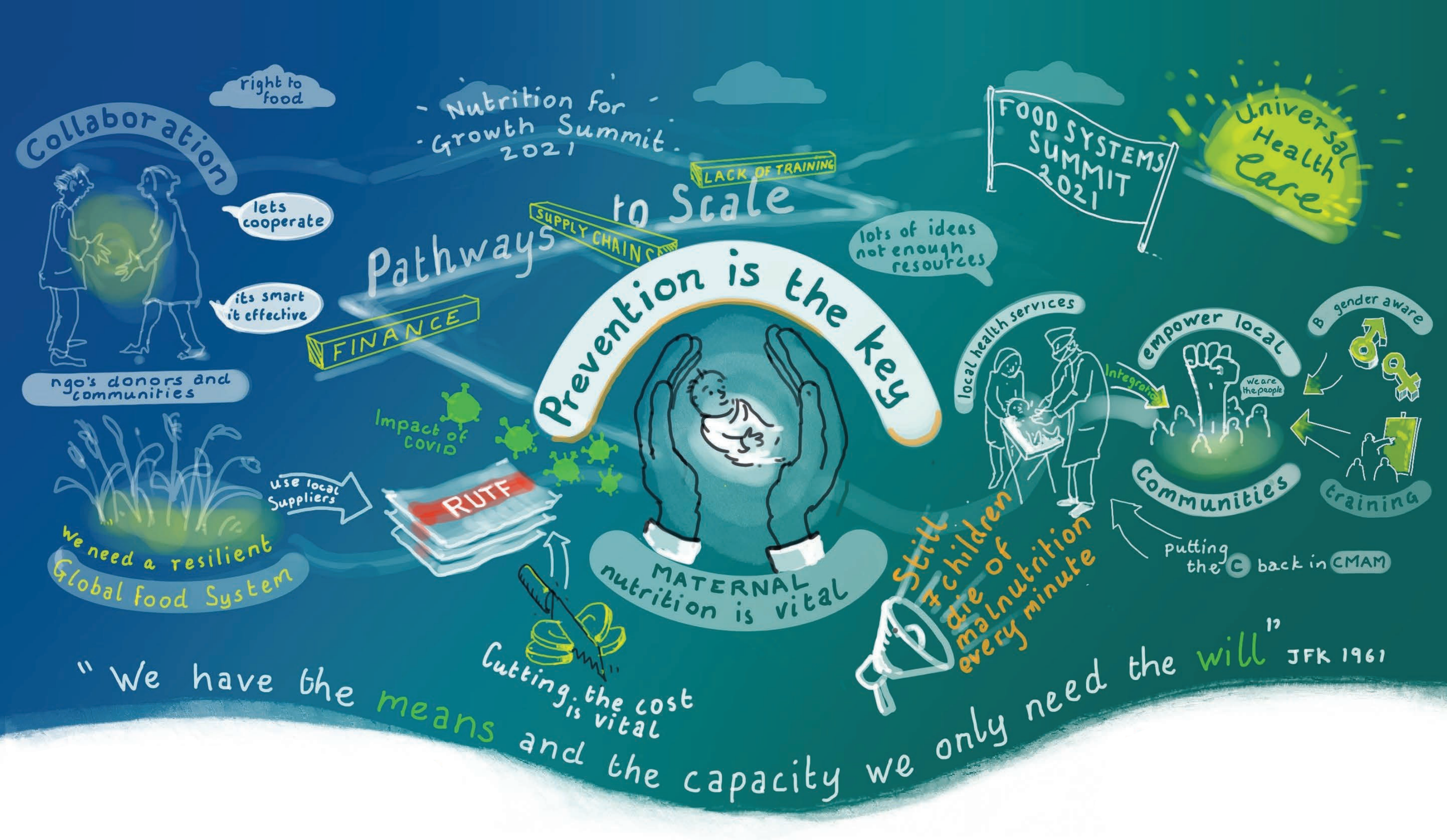
Barriers and enablers to scale up: government perspectives

Time (GMT)	Session	Speaker	Platform	Facilitator
12:00-12:10	**Welcome & opening**	› Ella McSweeney	Main stage	Ella McSweeney
12:10-12:40	**Barriers & enablers to scaling up wasting treatment**	› Emily Mates/ Brenda Akwanyi, ENN	Main stage	Ella McSweeney
12:40-12:50	**BREAK**			
12:50-13:45	**Country experience: taking wasting treatment to scale** • DR Congo & Niger ministries of health • Kenya & Ethiopia ministries of health • Somalia & South Sudan ministries of health • South Asia & Pakistan ministries of health *Four parallel breakout sessions - choose 1*	› Dr. Atte Sanoussi, Niger MoH › Touissant Tusuku, DR Congo MoH › Frezer Abebe, Ethiopia MoH › Immaculate Mutua, Kenya MOH › Farhan Mohamed, MoH Somalia & › Bishar Hussein, Concern › Khamisa Ayoub, MoH SSD › Dr. Khawaja Masuood Ahmed, MoH Pakistan › Minh Tram Le, UNICEF	Breakout sessions	• Diane Moyer • Peter Hailey • Sajia Mehjabeen • Jai Das
13:45-14:00	**BREAK**			
14:00-15:00	**What investments and further adaptations are needed for scale up?** *Panel discussion*	› Frezer Abebe, Ethiopia MoH › Touissant Tusuku, DR Congo, MoH › Dr. Nassirou Ousmane, Niger, MoH › Farhan Mohamed, Somalia MoH › Minh Tram Le, UNICEF South Asia	Main stage	Connell Foley

DAY 4 - THURSDAY, 25 MARCH 2021

Other critical issues for wasting management, conference summary, and next steps

Time (GMT)	Session	Speaker	Platform	Facilitator
12:00-12:10	**Welcome & opening**	› Ella McSweeney	Main stage	Ella McSweeney
12:10 – 12:50	**Barriers & enablers to scaling up wasting treatment**	Emily Mates/ Brenda Akwanyi, ENN	Main stage	Ella McSweeney
12:40-12:50		**BREAK**		
12:50-13:45	**Other critical issues for the management of wasting** • WASH and wasting treatment • Health systems strengthening • Understanding risk: wasting, stunting, wt-for-age • Nurturing care • Mobile apps to improve detection of wasting • Mobile apps to improve management of wasting • RUTF – local production & alternative recipes • Gender and wasting treatment *Four parallel breakout sessions - choose 1*	› Franck Flachenberg, Concern & Adelaide Challier Action Against Hunger › Sarah Brousse, Action Against Hunger › Tanya Khara, ENN › Colleen Emary, World Vision › Joint: Welthunger Hilfe, Action Against Hunger, International Medical Corps › Joint: World Vision, Save the Children, Terre des hommes › Mary Doyle, Valid International › Adele Fox & Bernadette Crawford, Concern	Breakout sessions	None
12:10-13:10	**Expert working groups on adaptations from Day 2** *Four closed synthesis sessions, parallel to above*	Final members to be confirmed	Working group sessions	Various
13:10-13:30		**BREAK**		
13:20-13:50	**Summary of key conference outcomes**	› Kate Golden	Main stage	Connell Foley
13:50-14:50	**Looking ahead: supporting the Nutrition Year of Action** *Panel discussion*	› Ruairí de Búrca, Irish Aid › Vijay Rangarajan, FCDO › Gerda Verburg, SUN Movement › Victor Aguayo, UNICEF HQ › Sophie Whitney, ECHO	Main stage	Antonia Potter Prentice
14:50-15:00	**Close and thank you**	› Dominic MacSorley	Main stage	



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CMAM 2021
22-25 March

CMAM 2021

22-25 March

VIRTUAL CONFERENCE

On the front cover: Rahana Chaibou with her daughter Apsatou (9 months) at a Concern supported health centre. Photo: Apsatou Bagaya / Concern Worldwide / Niger.

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For conference-related queries, contact cmam21@concern.net

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