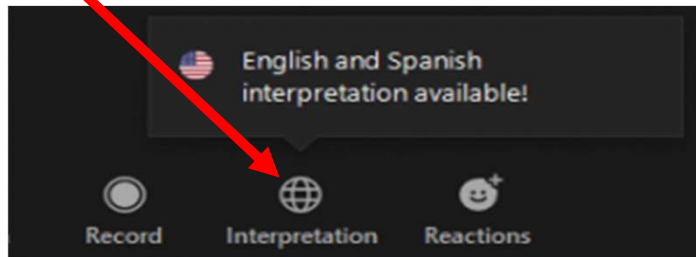


Scaling Up Early Detection and Treatment of Severe Wasting Programming for Children: lessons learned and opportunities for the next decade

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Scaling Up Early Detection and Treatment of Severe Wasting Programming for Children: Lessons Learned and Opportunities for the Next Decade

2 July 2024
8:00-9:30am EST



Webinar Working Group

K0



Supporting Donors

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Note: This webinar is made possible by the generous support of all of our donors, however, the contents are the responsibility of the GNC and the individual presenters and do not necessarily reflect the views of these donors.

Slide 3

K0 Logos to be updated based on the working group members

Sanja Segvic, 2023-02-10T17:46:06.530

K1 GNC Technical Alliance donors

Sanja Segvic, 2023-02-10T17:48:01.710



Objectives:

In this webinar, we will amplify learning and provide evidence-based recommendations to address barriers in scaling up coverage, quality, and access to programming for the early detection and treatment of severe wasting in children. We will specifically highlight country-level progress and the key drivers of change over the last decade, focusing on experiences from Burkina Faso and the Philippines.



Webinar Agenda

- Introduction
- Presentation
- Q&A
- Panel Discussion
- Closing



Today's Facilitators and Presenters



Alexandra Rutishauser-Perera
Head of Nutrition
Action Against Hunger, UK



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Nutrition Specialist | Cluster Lead
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Senior Technical Advisor
Action Against Hunger



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Facilitator
3*

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Nutrition Specialist
UNICEF Burkina Faso

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Presenter
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Luz Tagunicar
Supervising Health Program Officer
Department of Health, Philippines



Grace Funnell
Nutrition Specialist
UNICEF HQ

*Photo for
Presenter
4*

Name
Title
Organisation



Scaling up coverage, quality and sustainability of early detection and treatment of severe wasting programming for children

Progress and lessons learned from 2013 to 2023



A critical time to take stock



- Continued developments in addressing severe wasting in children
- Unmet needs
- Threats including climate change, after-effects of COVID-19, conflicts, and food crises
- Convergence of opportunities to accelerate progress

2013

2023

The analysis

Global and regional action to address enablers and barriers to country level early detection and treatment of severe wasting in children (2013 to July 2023)



- Elements of scaling that drove coverage, quality and access to programming



- Barriers and enablers to scaling



- Considerations to meet 2030 Sustainable Development Goals



Methods

Thematic retrospective analysis

- Peer-reviewed and grey literature
- Publicly available data
- Key informant interviews

Scale

- Horizontal scale
- Vertical scale

Coverage

- Geographic coverage
- Treatment coverage

Quality

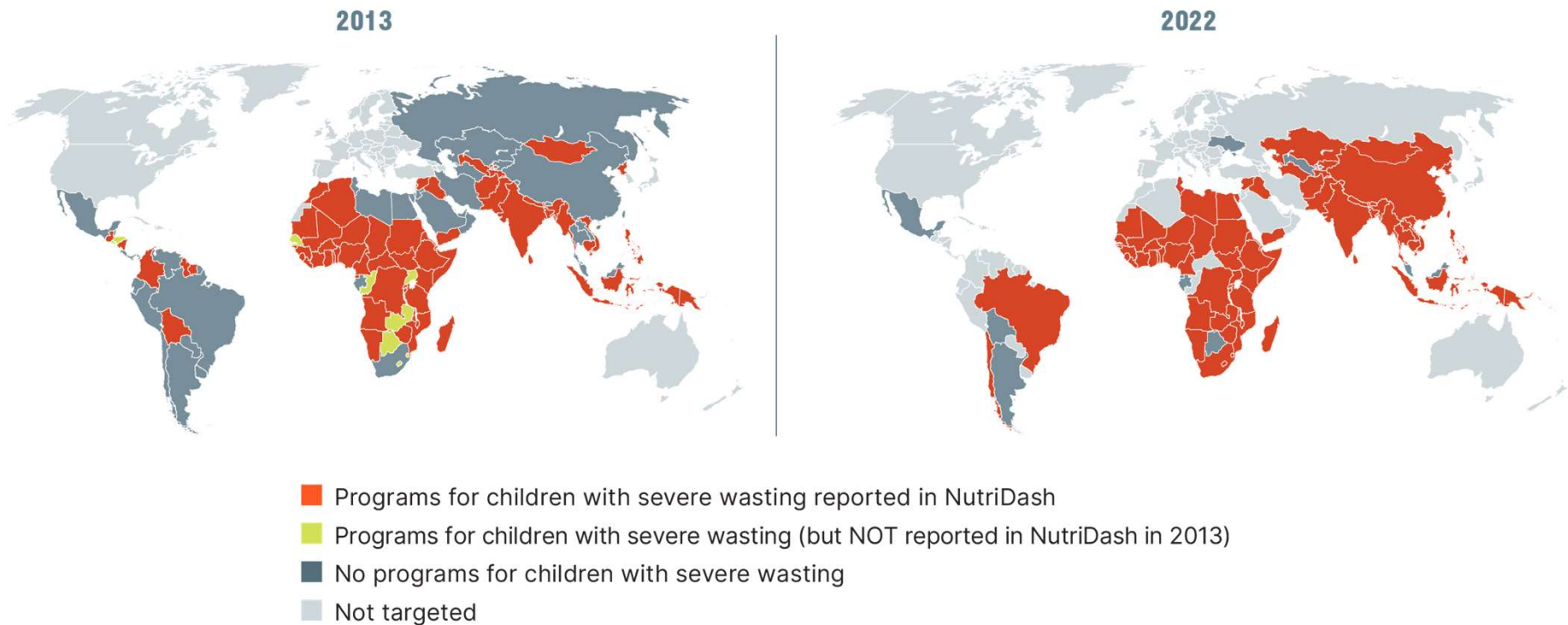
Access



Photo Credit: © UNICEF/UN0338560/Babajanyan

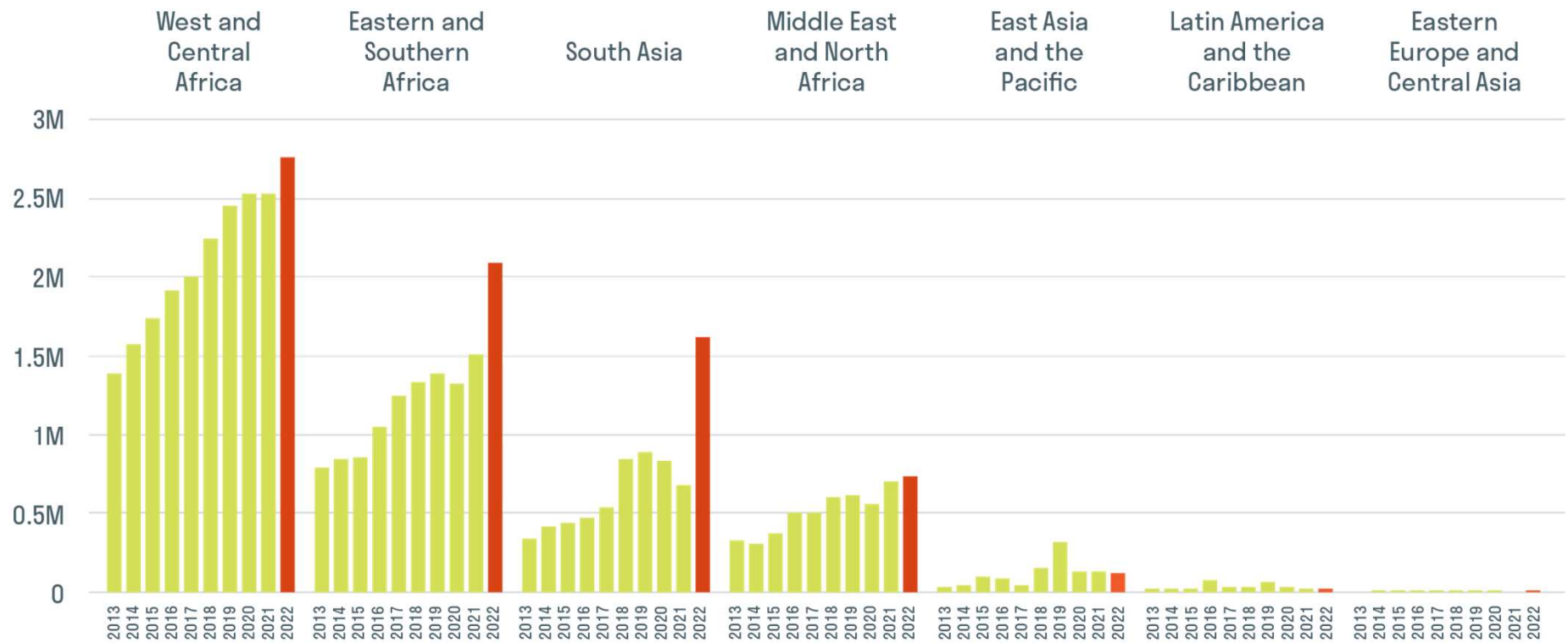
More countries provided program components for severe wasting in children

Global overview of countries with program components for severe wasting treatment at country level 2012/2013 and 2022/2023



More children with severe wasting accessed treatment

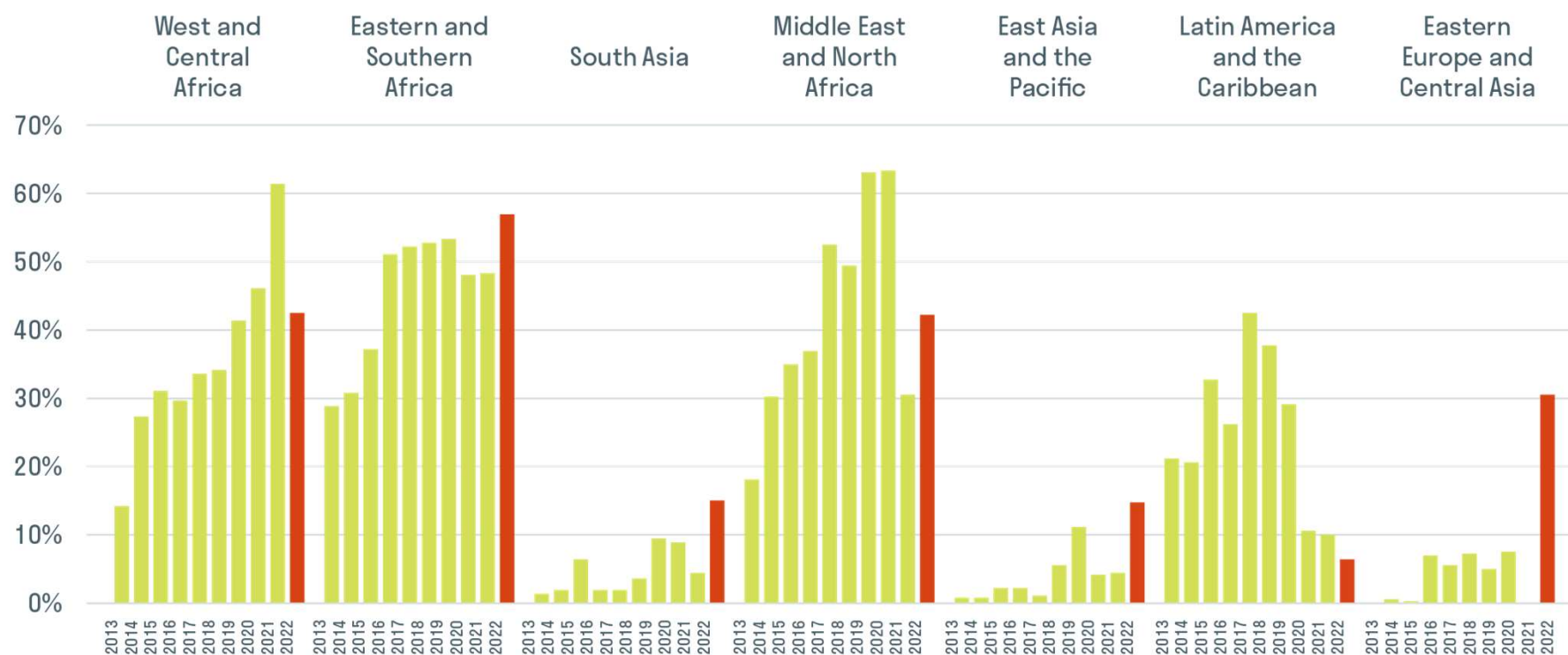
Number of children admitted for wasting, by region, 2013–2022



Source: UNICEF NutriDash

More children who needed treatment for severe wasting accessed services

Percent of children reached with treatment for severe wasting versus those in need, by region, 2013–2022



Source: UNICEF NutriDash

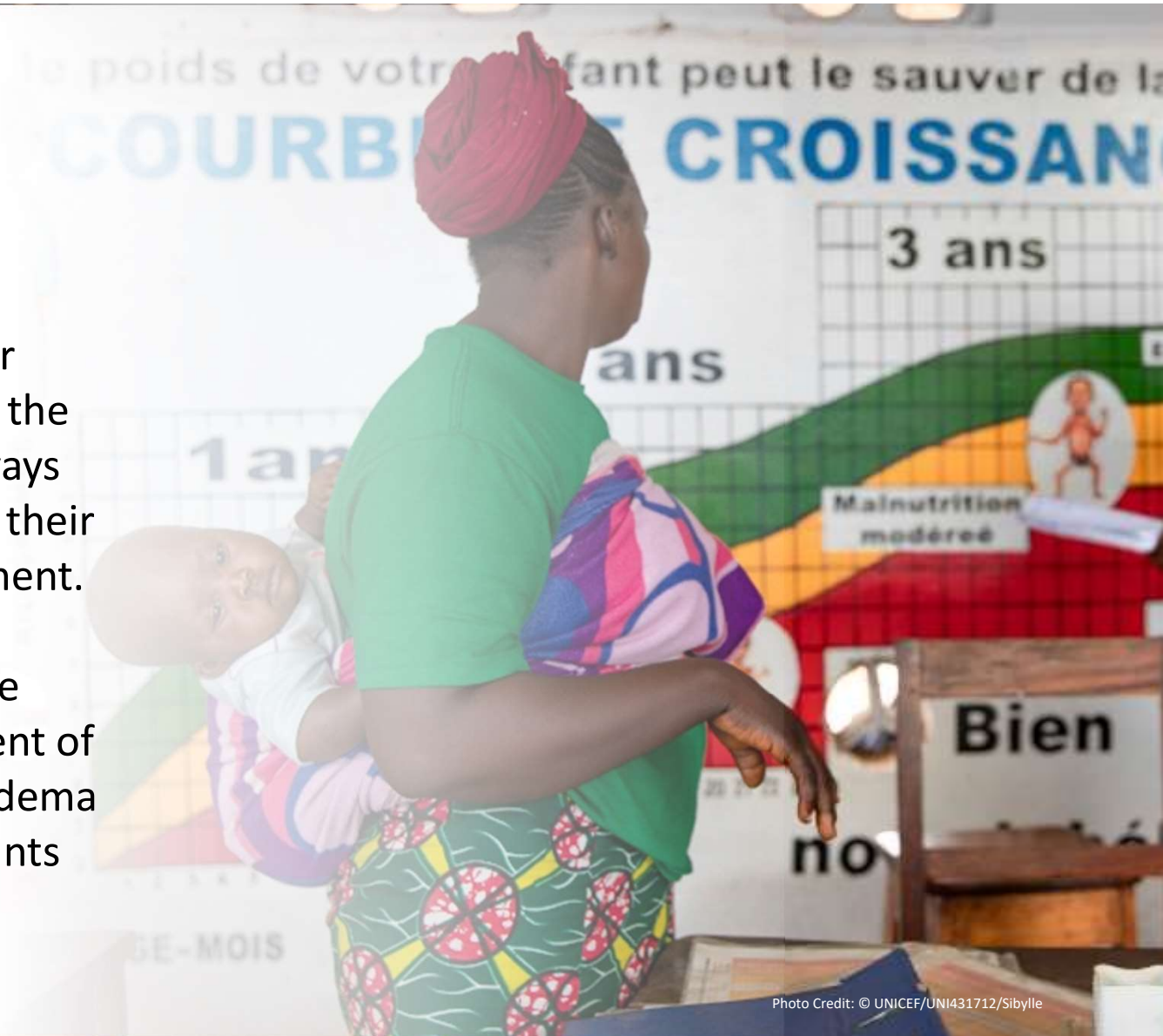
Leadership and governance

- ❖ Global commitments for nutrition and children with severe wasting
- ❖ Delineation of UN agency roles and identification of a lead agency for child wasting
- ❖ Sustained policy advocacy



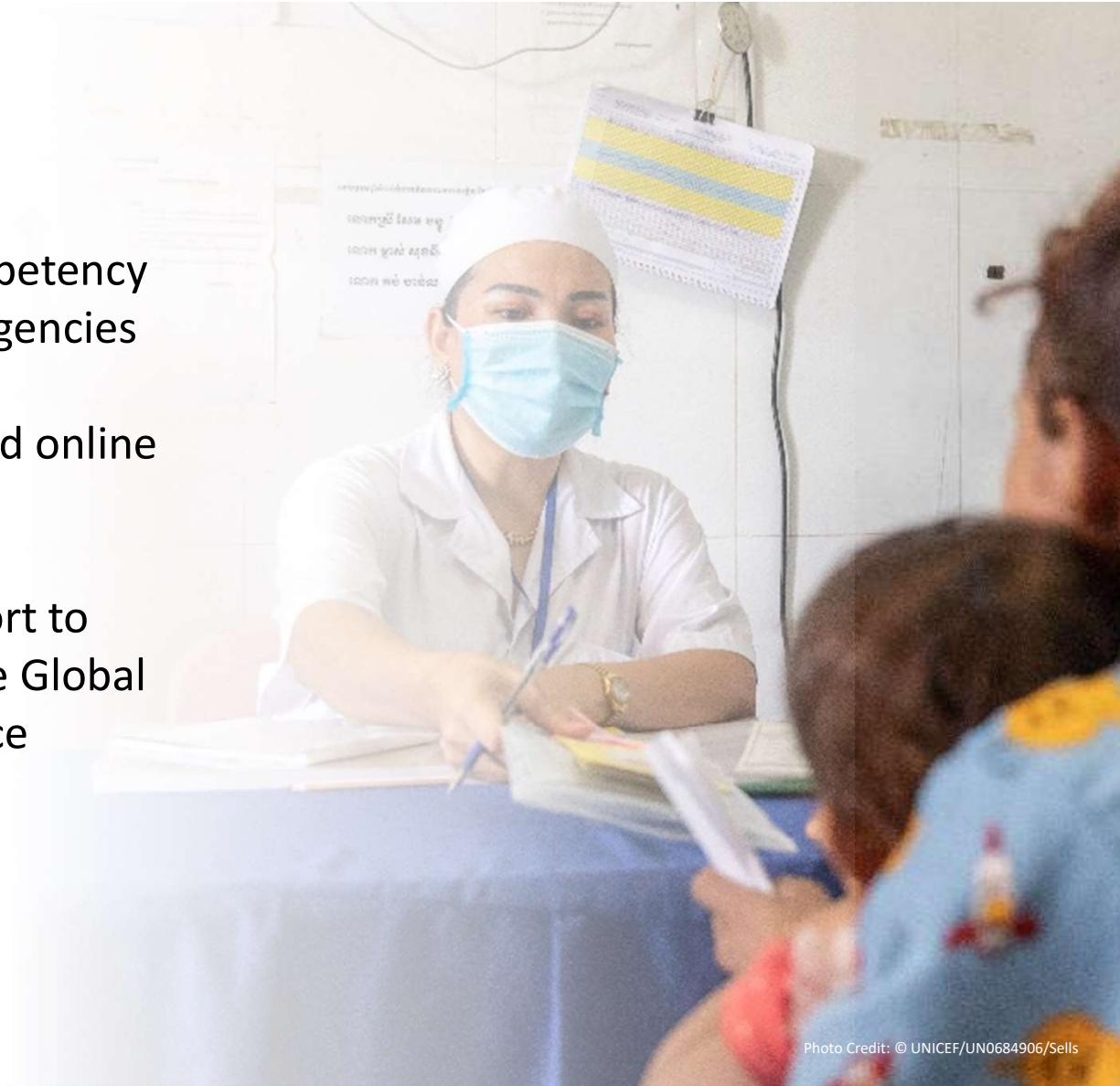
Service delivery

- ❖ More is known about the condition of wasting; links between wasting and other forms of malnutrition; and the ecosystem of causal pathways between the wasted child, their mother and their environment.
- ❖ 2023 WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years



Health workforce

- ❖ Development and update of competency frameworks for nutrition in emergencies
- ❖ Expansion of training curricula and online training materials
- ❖ More predictable technical support to national stakeholders through the Global Nutrition Cluster Technical Alliance



Information Systems

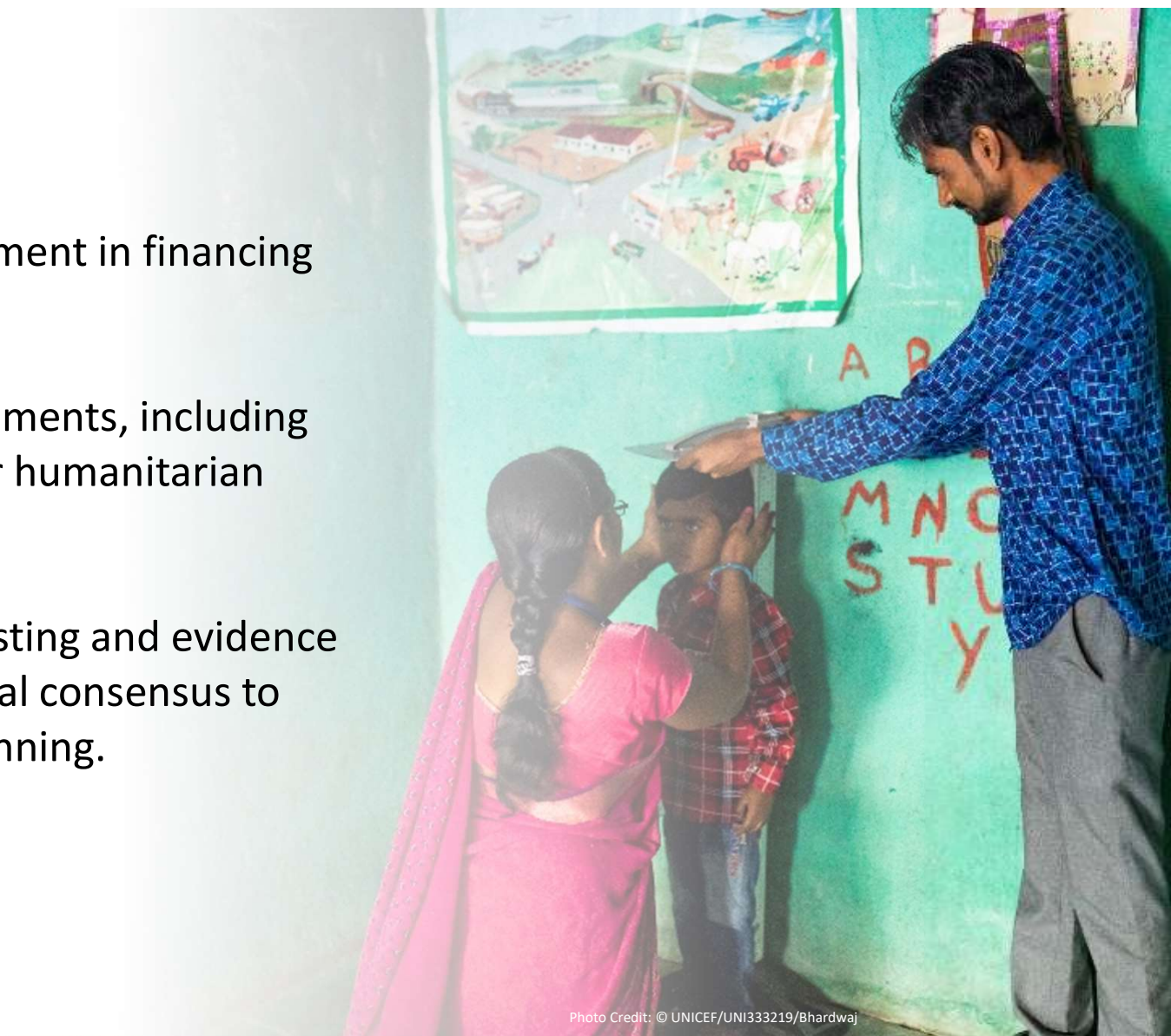
- ❖ Overall increase in methods for collection, analysis and use of wasting data
- ❖ **Situation assessment:** data collection, translation of data into numbers affected, forecasting number of individuals affected and incorporating vulnerability into situation assessment
- ❖ **Monitoring:** tools for wasting program monitoring in national systems
- ❖ **Support to evidence-based decision making:** digital tools, accountability frameworks, dashboards and data visualization



Photo Credit: © UNICEF/UNI125794/Getachew

Financing

- ❖ Greater government engagement in financing programs for child wasting
- ❖ Expansion of financing instruments, including match funding and multiyear humanitarian funding
- ❖ Expansion in methods for costing and evidence for costing, with limited global consensus to inform national scale up planning.



Materials and supplies

- ❖ Improvements in supplies and materials
- ❖ Strengthened quality assurance ecosystem
- ❖ Expansion of tools for supply chain management



Photo Credit: © UNICEF/UN0837394/Dejongh

Enablers and barriers

Enablers

- Intentionality
- Access to technical support for national action
- Research agendas
- Management and senior leadership support
- Data savviness
- Adequate human resources
- Guidance and tools for implementation
- Financing
- Supply chain strengthening

Barriers

- Limited use of scaling sciences
- Political economy of taking on wasting without prevention
- Health system fragility
- Competing narratives in nutrition
- Limitations in supporting in-service and pre-service training
- Knowledge management inefficiencies
- Unclear uptake of global guidance
- Financing limitations

Phases of development in the management of severe wasting in children

01

Focus on developing our understanding of the pathophysiology.



1950s–1980s

02

Focus on developing appropriate hospital-based treatment models.



Early 1990s

03

Focus on improving the treatment model to enable treatment outside of hospitals.



Early 1990s

04

Focus on further refining the model.



Mid 2000s–2022

05

Focus on whole-child, systems approach to prevention, early detection and treatment of child wasting.



2023 onwards

Source: Adapted from Action Against Hunger under the No Wasted Lives Initiative. (2014). A history of severe acute malnutrition treatment.

Our recommendations: opportunities not to miss



To continue to reposition routine early detection and treatment of severe wasting in a **human rights and whole-child approach** through policy, advocacy, research, programs and financing.



To make efforts for **multisectoral prevention of wasting** clear, measurable, accountable and coordinated with efforts to improve detection and treatment of severe wasting.



To review and update **metrics of success**, including targets, monitoring and accountability frameworks, for scaling up programming for the detection and treatment of severe wasting in children through a process of alignment with national government priorities.

Our recommendations: opportunities not to miss



To **leverage the opportunity** of the WHO Wasting Guidelines and the UN Global Action Plan for Wasting roll out alongside the momentum of Universal Health Coverage to convene, review and address gaps in governance, priorities, approach, and resourcing over time with national actors.



To continue to scope, define and deliver on concrete ways to **optimize health and nutrition engagement** around integrating routine detection and treatment of child wasting within health systems at national level.

Our recommendations: opportunities not to miss



To make the conversation around detection and treatment of wasting in children easier to engage in through **strengthening the knowledge management ecosystem**, investing in retrospective and prospective learning, and committing to simplicity and clarity in communication.



To continue to scope, define and strengthen collaboration with the **private sector** within frameworks that support child health and nutrition.