

**Consultants' Meeting on
Severe acute malnutrition in sub-Saharan Africa
IAEA Headquarters. Vienna, March 19-20, 2012**

Day 1 (copies of the slide presentations are available for download at www.imtf.org).

The meeting, hosted by IAEA, included participants from WHO, IPA, IUNS and IMTF-linked centres from Asia (ICDDR,B), Africa (University Teaching Hospital, Lusaka), and Latin America (INTA). The group met to review progress over the past year in advancing the IMTF priority agenda and to identify new opportunities to advance the work in training and research in collaboration with the sponsoring institutions.

After the welcome by Dr Christine Slater (IAEA), Prof Alan Jackson summarized the progress made by IMTF over the past two years, indicating the opportunities brought by interactions with IUNS and IPA, and reporting on the successful full-day pre-congress workshop held in Johannesburg as part of the 2010 International Congress of Pediatrics. The workshop attracted around 800 paediatricians, nutritionists and other health workers, many from Africa, and there was a felt-need and commitment to address malnutrition. The IPA approved a Resolution that all paediatricians and related health professionals should be competent in the identification and treatment of malnutrition, reinforcing the need for training and proficiency in this core competence. It was suggested that IMTF eLearning modules could be pre-service course requirements to be taken on-line as for IMCI in some medical schools, and that IPA and professional bodies in nutrition and nursing could help to formalize this.

Additionally Prof Jackson reported activities in relation to the meetings of ANEC (Kenya 2010) and FANUS (Nigeria 2011), and that nutritionists and epidemiologists from Africa were greatly motivated by the discussion of how to build the necessary leadership to address SAM in Africa and other developing countries affected by malnutrition. More effort is needed at the national level to bring groups together.

Ms Zita Weise Prinzo (WHO Nutrition) summarized the present process put in place by the Organization in developing evidence-based technical guidelines to support country-level decision making and implementation of priority actions. This process is guided by a Nutrition Guidance Expert Advisory Group (NUGAG). She presented the summary of the report of the last meeting (1-3 February 2012) which included a list of identified research priorities on the management of children with SAM. These fall into 7 categories:

1. Admission and discharge criteria for children 6-59 months suffering from SAM
2. Therapeutic feeding approaches for children with SAM
3. Use of antibiotics in the management of children with SAM
4. Management of HIV-infected children with SAM
5. Identification and management of infants < 6 months of age with SAM
6. Management of children with SAM who have oedema
7. Fluid management of children with SAM

(A more detailed account of these research priorities will be placed when available on the IMTF website).

Dr Ilka Esquivel (UNICEF) was unable to attend, but her presentation was received electronically showing the Fund's achievements, challenges and strategic priorities in advancing the prevention and treatment of severe malnutrition. In 2010, 55 countries provided community-based management of SAM, and progress has been achieved in at least half to integrate it with other primary health activities.

Prof Michael Krawinkel (member of the IPA steering committee) reported on IPA's vision and values, and expected competencies at completion of paediatric training. He indicated that the IPA Nutrition Group was interested in having a pre-congress workshop and a session at the International Congress of Pediatrics in Melbourne, Australia, August 24-29th 2013; considering the geographic proximity this opportunity could centre on the South Asian and South East Asian regions. The need to better define the transition from therapeutic foods to an improved family diet is presently an area of interest of the IPA. Paediatricians should continue to play an important role in the prevention and treatment of SAM, and the need for team work and training that includes all health professionals, and not only physicians, was stressed. Given their shared interests, it was agreed that IPA and CAPGAN (Commonwealth Association of Paediatric Gastroenterology and Nutrition) should work together to address prevention/treatment of SAM. An IPA-CAPGAN national workshop and/or symposium (e.g. on stunting in India) was proposed. The German Government has been approached for funds for IPA-IMTF training courses for paediatricians in Africa (Nigeria), Asia (Thailand) and Latin America (Brazil).

Dr Beatrice Amadi (Africa) presented the work being carried out in Zambia in relation to SAM and HIV, and other infections, and the challenges faced by under-resourced hospitals. Stunting prevalence among young children remains high (45%) in Zambia but under-five mortality is falling. Cryptosporidiosis is prevalent in persistent diarrhoea and malnutrition and is a risk factor for mortality. Zambia has >6 years' experience of community management of SAM. The need to integrate the work of nutritionists with that of paediatricians and other health workers was stressed and that ideally this interaction should be fostered in the training stages of these professionals. The complementarity of the various professionals was stressed - they should work in synergy towards achieving common objectives.

Dr Tahmeed Ahmed (Asia) presented the research efforts of ICDDR,B in addressing SAM both in hospital and in the community. Stunting prevalence is high, but falling; underlying problems include low birth weight, food insecurity, and environmental enteropathy. The Centre is playing a key role in the development of therapeutic foods made from local ingredients. SAM has continued to decline in Bangladesh despite the food price crisis - this can be explained in part by the successful integration of prevention and treatment of SAM in the country, and the commitment of the Government in the fight against malnutrition within the context of expansion of health services. ICDDR,B has played a key role in this process by providing guidance to Government on health, sanitation, agriculture, rural development, social investment, population policies and reproductive rights. It was proposed that the progress made by the country should be highlighted as an example to follow; the need to continue advancing the social agenda was stressed. The Centre is playing a major role in training groups from all regions of Asia in the fight against SAM. Dr Ahmed as President of CAPGAN will include SAM-related training and reporting activities in the Congress of the FISPGAN to be held in Taipei later this year.

In Pakistan, 18m after the devastating floods, the prevalence of acute malnutrition is high (20%). In India, a consensus statement was issued at a national workshop in New Delhi (2010) on the management of SAM. The statement says that it is ethically imperative to take action for the 8 million children in India with SAM; that 85% can be managed in the community; that treatment should not interfere with holistic efforts to prevent child undernutrition; that experience from Bihar and Madhya Pradesh shows that management of SAM with RUTF can be delivered at scale; and that locally-made RUTFs in West Bengal and Gujarat show similar weight gains to imported products. Concerns were expressed at the workshop regarding possible erosion of breastfeeding by RUTFs and about the commercial exploitation of undernutrition.

Prof Ricardo Uauy (Latin America) highlighted the significant reductions in SAM in the Andean region (Peru, Ecuador and Bolivia) where, under the motto of Malnutrition Zero, governments have targeted health, agricultural and economic policies (conditional cash transfers) to address malnutrition in all its forms. SAM has been incorporated in the list of services provided by mandatory health insurance schemes funded by the state.

In Bolivia, Dr Ana Maria Aguilar (IMTF focal point) has led the Malnutrition Zero programme responsible for a decline in SAM prevalence and an improvement in nutritional status of young children. The Central American region under new leadership at INCAP is presently expanding coverage of SAM treatment and prevention. The UN Economic Commission for Latin America has developed a framework to assess the cost of childhood malnutrition in the region, considering not only the concurrent costs in terms of health and education but also the prospective costs of lost productivity throughout the life course. This second component accounts for >80% of the total costs of malnutrition. For most countries in Central America and in the Andean region the cost of malnutrition to local economies ranges from 4-11% of GDP. Prof Uauy called for a coalition of professional bodies to put pressure on political systems to deliver results.

The President Elect of IUNS, Dr Anna Lartey, set out the roles and structures of IUNS and the Scaling-Up Nutrition (SUN) movement, and reaffirmed the commitment of the Union in support of the IMTF and indicated that the IUNS will work with national societies to advance SAM prevention and treatment. This will encompass capacity development activities at the country level, advocacy at all levels, and the display of SAM prevention and treatment at national, regional and international meetings. The next ICN to be held in Granada, Spain, 15-20th September, 2013 offers a unique opportunity to display efforts and report progress in the fight against SAM in Africa, Asia and Latin America. The IUNS is also in a position to form private/public partnerships to foster collaboration focused on SAM eradication. Dr Lartey affirmed that the IUNS capacity-building and leadership training activities can be a force to advance the cause of SUN, and that the IMTF has a unique opportunity to lead this process in conjunction with IUNS and IPA.

Day 2:

Prof Jackson stated that a key aspect of IMTF's achievements over recent years has been facilitating WHO and UNICEF in the integration of inpatient and community-management of SAM. Although integrated management has been working effectively in humanitarian emergencies where external resources are readily available, it has been more difficult to achieve successful integration in development contexts. Examples of conditions necessary for success are political will, functioning health systems, and the enabling of front line staff.

Going to scale (and hence achieving effective progress) will require education to change attitudes and behaviours, and clearer procedures on how to come together at the national level and who will lead the process, which may vary in different settings depending on the selective advantages they may offer in a given country. The need to address SAM should consider not only the therapeutic phase but also food and nutrition security issues affecting communities. This requires action to improve the nutritional quality of the available food supply and agricultural interventions to improve access to micronutrients and flesh foods to support the needs for growth especially of young children.

The present linkages of IMTF to IUNS and IPA were reviewed and both organizations reaffirmed their interest in supporting IMTF by conducting joint activities especially addressing the need for collaboration between medical and other health professionals who care for children. The group discussed how to invigorate the interaction and suggested that IPA and IUNS should synergize their activities so that they could work together effectively at the national level. A Memorandum of Understanding was suggested.

Several areas for further work by IMTF were identified including:-

1. Raising the profile of the problem of SAM and the role IMTF plays in addressing this issue in an integrated manner.
2. The need for more visibility of IMTF at national level and international meetings. IMTF-related publications and activities should display prominently the IMTF identity in the affiliation section.

3. Developing position papers to be published in high impact journals or media on current and emerging topics. Examples include: Determinants and consequences of stunting; Interactions between SAM and stunting that affect child survival and long-term outcomes; How to prevent and reverse stunting; Critical ages for interventions to prevent stunting; Social and environmental determinants of SAM; How to mobilize communities and political will to address SAM. The need to engage local leaders/champions working in this field was noted.

The benefits of a more formal IMTF constitution/governance were raised, and for annual or biennial plans.

Schedule of meetings: IAEA Technical Meetings on SAM in sub-Saharan Africa and Asia were discussed:

Sub-Saharan Africa - Ghana: This joint IAEA Technical Meeting/IMTF meeting is planned for Accra, on December 10-11th 2012. This will be followed by a separate meeting on 12-14th December to discuss an IAEA Coordinated Research Project. Suggested main topics:-

1. Case studies to capture experience in various countries especially of what works in relation to SAM treatment, prevention, and efforts to build capacity.
2. Recent developments in SAM treatment emanating from NUGAG
3. NUGAG process/Dissemination of recommendations
4. IAEA research to support improved treatment/prevention of malnutrition
5. Recent developments in CMAM
6. Humanitarian emergencies
7. Integration of SAM treatment within the health system
8. Integration of malnutrition prevention and treatment with other sectors

Asia – Bangladesh (or Cambodia/Thailand/Malaysia): This joint IAEA-IMTF meeting is planned for the first quarter of 2013. The meeting would be a platform for capacity building. Stunting could be a priority topic.

Forthcoming congresses were also discussed:

IPA Melbourne, August 2013: The ambition is to have a full-day workshop (half presentations and half interactions) and a session in the main programme. Topics might include NUGAG recommendations and implications for paediatric practice; medicalisation and commercialisation of RUTF; integrated management of SAM; SUN and involvement of paediatricians in national activities.

ICN Granada, September 2013: The ambition is to have a pre-congress meeting and an IMTF session within the Congress. Topics could include NUGAG/treatment recommendations; SAM management challenges in hospital and community; locally produced RUTFs; capacity-building efforts in SAM.

Prepared by Rapporteurs

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