

Notes of IMTF meeting, Ghana December 12 2012 9:00-12:30

A. Jackson presided over the meeting; in attendance Najat Mokhtar, IAEA; Lena Davidsson, KISR; Nicky Dent, CMAM Forum; Tahmeed Ahmed, Bangladesh; Haroon Saloojee, South Africa; Anne-Dominique Israel, Action Contre la Faim; Marko Kerac, MAMI; Beatrice Amadi, Zambia; Paluku Bahwere, Valid International; Kenneth Maleta, Malawi; notes prepared by R. Uauy, Chile, A. Jackson.

The group met to assess and discuss progress of IMTF activities for 2011-2012 and to consider potential future activities and developments in PEM prevention and treatment in collaboration with IAEA and other agencies (UNICEF, WHO). Special consideration was given to the present situation across different regions of the world, activities related to IAEA collaboration; the emergence of activities under the Scaling up Nutrition agenda (SUN), and the new opportunities that this offers.

The group discussed IMTF activities over the past year and considered proposed activities for 2012-2013; the following points were highlighted.

1. The group reinforced the appropriateness of having a focus on the building of systemic capacity. There was emphasis in working on training activities which enable the skills and competence of core nutrition workers, paediatricians and those with special responsibility for the care of children; working jointly with other parties to achieve a national agenda and the context within which this training should take place.
2. The need for inter-sectoral coordination at the national level and potentiating the interactions across agriculture, food, nutrition, health and social protection for common purposes.
3. The coming meetings of the IPA August 2013 in Melbourne Australia and the International Congress of Nutrition of the IUNS in September 2013 in Granada, Spain were discussed. The group agreed on the desirability of having activities in both meetings, which could serve as a follow up to IPA in Johannesburg, the ICN in Thailand meeting and the more recent ANEC/ANS meetings in Africa.

For the ICN in Granada in 2013 the IMTF has two planned activities:

- a workshop on the treatment of severe acute malnutrition, with an emphasis on the new recommendations from WHO NUGAG activity,
- a symposium on scaling up prevention and treatment of malnutrition , where David Nabarro has been invited as a keynote speaker.

Discussions had been held with Emorn Wasantwisut and Anna Lartey (with special responsibility within SUN for capacity building) during the IAEA/IMTF meeting to explore specific opportunities in Ghana and the possibilities for interaction of the IMTF with key SUN roll out activities. The desirability of aligning IMTF national and regional work with SUN capacity building activities was discussed; there was agreement on the desirability of close working relations to achieve common purposes. IMTF members recognized the potential gains from enhancing interactions with the SUN movement and suggested developing a joint research agenda. This might be explored at a coming meeting of the Sackler Institute for Nutrition

Science Center of the NY Academy of Sciences.

4. IMTF members emphasized the need for greater task integration with the WHO NUGAG process to define evidence based practice for the diagnosis and treatment of malnutrition. Other activities related to interactions with the UN system include IMTFs participation with the newly established UNICEF/WHO integration task force, which has built on experience in southern/central Africa and will explore interactions with the health system. WHO/UNICEF also has planned joint activities and defined terms of reference, which include capacity building and where IMTF has played a part. It is intended to house the task force under the CMAM Forum. One particular opportunity that might derive from the better integrated activity and the CMAM forum is the need to gain greater impact for the prevention and treatment of SAM through improved integration with existing health delivery systems such as IMCI. Better integration of the prevention and treatment of SAM/MAM with IMCI, HIV, malaria, diarrhea, and child growth promotion country guidelines was also discussed and seen as highly desirable. Integration of LBW, underweight and stunting prevention with health systems at the national level is intrinsically complex and needs careful consideration about how this might be best achieved.

5. Attributable risk specifically related to wasting and stunting becomes a problem for policy makers in defining priorities. There is the need to integrate stunting and wasting prevention control policies to address malnutrition in all its forms. Report of CMAM meeting in Addis (see website) provides guidance to national governments for integration. Considering present developments the SUN movement is likely the best place for integration to be taken into account.

6. It was noted that there is a specific problem related to the failure to adequately capture the extent to which malnutrition contributes to morbidity and mortality statistics, because of case definition. At present ICD 10 and 11 are being updated, and this offers an opportunity to address this issue. Some discussion has taken place with Mercedes de Onis at WHO and there is the need to structure a concerted, more definitive approach to addressing the problem. Higher visibility, for example through a well supported letter to the Lancet might serve to raise awareness of the problem and generate support for a change. IMCI with a focus on malnutrition may lead to action on this point. We recognize as a common purpose of the IMTF is to address malnutrition in all its forms, this is our strength as a group. Action: MK, RU, AJ to follow up.

7. International Atomic Energy Agency. Dr. Najat Mokhtar had recently taken over responsibility for nutrition at IAEA. Nutrition related activities fall within the Nutrition Sub Program for 2014-15 at the IAEA within the Human Health Division and include:

- tackling malnutrition in all its forms,
- enhancing the capacity to use Nuclear Technology (stable isotopes) to assess breast milk intake, and body composition.

IAEA will continue to work in these fields of common interest with the IMTF. The agency is interested in continuing to work with IMTF at country level. It will define specific ways to support country level activities based on availability of resources.

8. Action Contre la Faim. Anne-Dominique Israel reported that the work of ACF has a focus in Africa, closely linked to scaling up nutrition, providing assistance at country level and in-service training, supporting country level training and actions. There are opportunities which need to be

explored for ACF to work more closely with IMTF, especially operating in support of country level action, shared objectives and complementarity in purpose and activities with IMTF.

9. CMAM Forum technical briefs are intended to help improve understanding around the multi-sectoral nature of acute malnutrition prevention and treatment. It brings together academics, practitioners, collates information that applies to prevention and treatment of acute malnutrition, and aims to translate knowledge to action in the field. CMAM Forum focus is on management and prevention of ACUTE malnutrition not only Severe, and on multisectoral, practice oriented, field level approaches. It serves to create awareness and supports action. IMTF is on the Steering Committee of the CMAM Forum and has given valuable technical input into a recent technical brief on paediatric infection.

10. Valid International (Paluku Bahwere). IMTF has enabled high level discussion regarding SAM, which are not effectively considered in any other fora. The strength of IMTF have been:

- its flexible agenda that responds to needs and can be adapted to consider emerging questions,
- an emphasis on the practical needs for management of SAM,
- its feed into policy considerations, and an emphasis on finding solutions to emerging problems.

An emphasis that is solution oriented and engages with the agencies without being beholden to them is especially valuable. A special role enabled by the group has been the ability to embrace a wide range of opinions and views that have been brought together and accommodated for common purpose when action is needed. Some emphasis needs to be given to a stronger focus on advocacy, especially with the need to mobilize resources to support groups in the field that are relatively weak and where coverage is not extensive.

11. Country perspectives.

a) South Africa (Haroon Saloojee): presented a country level perspective focusing on evidence leading to action. SA a middle-income country where SAM affects mainly socially marginalized groups. There was a discussion about the nature of the evidence that has already been generated from work in SA and should be the basis for national guidelines, and how external groups such as IMTF can provide and support evidence based action.

b) Bangladesh (Tahmeed Ahmed, ICDDRb) has provided strong support for IMTF from its beginning. There has been a focus on child malnutrition, aligned with objectives of IMTF, providing national, regional and international services aligned with IMTF. The association with IMTF has generated mutual benefits which have a unique character not found with other groups. These might be captured as: impartiality, evidence based, promotion of consensus. IMTF with IAEA support has served to galvanize professionals to address SAM; each member brings strengths from national level. IAEA's support to IMTF has served to advance the science base to prevent and treat malnutrition.

c. Zambia (Beatrice Amadi): there has been a focus in addressing PEM at national level, training health professionals to address SAM in both hospital and community settings, and providing technical support to other centres across the region. IMTF is the only group focusing exclusively on SAM;

- agencies in the past have had varying interest in SAM,
- IMTF has galvanized the effort with a balanced cross-sectoral perspective focused on

SAM available through UNICEF or WHO,
- made it possible to present a singular view of integrated care to governments.

d. United Kingdom/Malawi (Marko Kerac). From the perspective of research, IMTF has provided a forum in which appropriate research questions can be raised, thereby helping to identify and define the research needs. It has provided a supportive environment in which to discuss research questions and findings as they apply to field situation. This has facilitated the sharing of experiences and evidence in relation to research findings.

12. In the general discussion it was noted that IMTF as an IUNS task force serves the function of bringing people together, but the activity has no defined or secure source of support. Thus, the potentially transient nature as a Task Force makes it vulnerable.

IMTF is not a membership organization, but a task force linked to both the IUNS and the IPA. In defining a focus for its place and function, it was noted that a primary responsibility for IMTF has been a focus on capacity building to achieve common professional practice, linking the two professional groups it represents: Nutritionists and Pediatricians.

IMTF has in the past facilitated interactions between the groups and also acted as a technical resource to the agencies, especially IAEA, UNICEF and WHO. In this capacity it has helped to clarify respective responsibilities, facilitated discussion of difficult or controversial issues, enabled respective contributions for common purpose. In this sense IMTF helped to identify important issues that critically constrain progress but fall between the responsibilities of different agencies/groups and therefore are not adequately addressed by any one group.

13. A wide ranging discussion on possible future directions identified five specific areas for action.

1. Need to recognize malnutrition in all its forms: there was the danger that the more recent emphasis on stunting might divert attention from consolidating the substantial progress that has been made over the last decade in treating wasting and SAM.
2. Capacity building: within SUN agenda. Develop closer links with UNICEF/WHO/WFP. Enable national level capability and capacity, and strengthen national intersectoral linkages.
3. The need for an ongoing research agenda that better defines body composition, especially in the context of stunting and underweight/overweight. IAEA may choose to lead on this agenda.
4. The need to have a focus on the evidence derived from research on stunting and its programmatic and policy implications.
5. Health systems, how do they work and how can they be strengthened.

In this way IMTF has identified and developed an operational agenda wherein nutrition and pediatric professionals have come together to address malnutrition, capacity building, evidence based practice.

In order for IMTF to work effectively in moving towards meeting its objectives, there is the need to be better structured to meet challenges ahead. It might be considered that as a task force IMTF has discharged its responsibility and might cease to exist. The weight of opinion

supported the idea that IMTF should continue, but should review its structure and function. The special attribute and key strength of IMTF was seen as its neutrality, and hence its ability to provide unbiased technical support and professional opinion. The activities of IMTF might be defined with short, medium and long term perspectives. The ongoing need for a website was considered and it was agreed that currently the website serves a distinct constituency, especially in the developing world. However, if it is to continue, secure ongoing financial support needs to be found.

Ricardo Uauy
Alan Jackson