Highlights from Day 1

Session 1: Setting the Scene
Session 2: Prevention of MAM
Session 3: MAMI
The global crisis of MAM
- 34 million children with MAM
- 55% of them are found in 9 countries
- wasting contributes to 12.6% of children U5
- wasting and stunting closely related and often co-exist
- point prevalence estimates not as useful as estimates of incidence, but latter unfeasible at present.

Review of evidence of what works in managing MAM
- we need a paradigm shift in how we understand wasting
- and we need evidence-based actions
- but that evidence is currently patchy /flawed/ inconclusive
- next 2 years will be exciting as new evidence emerges
- we do know that food supplements work in treatment of SAM and MAM and that lipid RUFs produce better results in weight gain and recovery than fortified blended foods
- don't know much about progression of MAM to SAM
- this meeting is important in helping us move forward: we need to focus on the QUALITY of evidence to inform policies; and we need to get better at capturing lessons from programmes.
Maternal malnutrition and MAM

- very little data on adolescent girls and young mothers
- maternal malnutrition accounts for 20% of poor pregnancy outcomes
- whilst older women are getting fatter, younger women are getting skinnier.
- plus deficient in micronutrients (prevalence anaemia in women of reproductive age hasn’t changed much over last 2 decades)
- stunting leads to SGA; 27 percent of all births in LMICs are SGA
- SGA carries risk of stunting and increased risk of death by 5 years.
- Risk of death much higher in infants SGA + preterm
- Need more evidence on how to address maternal (adolescent) malnutrition, with a stronger focus on the determinants
- Ultimately, need to see fewer births by girls aged below 18 years
UN Agencies’ responses to MAM
- WFP, FAO, WHO and UNICEF all have roles in relation to MAM
- endeavour to work together to ensure complementarity and coherent programming
- need to overcome false division between SAM and MAM
- UNICEF and WFP working on harmonising products and using same RUF for both SAM and MAM

Government experiences of MAM management
- heard from Tanzania re successful scale-up of CMAM
- heard from Bangladesh re scale-up of MAM treatment and reduced prevalence of MAM
- heard about Guatemala approach as part of National food and nutrition security programme
- need strong government leadership and coordination
- need to see shift in including MAM programmes in national budgets.....
Wasting and stunting – similarities and differences

- Starvation → uses up fat stores → survival
- Malnutrition + stress (e.g., infection) → lose muscle mass
- Highest risk of mortality is in young AND wasted AND stunted children
- Identifiable using MUAC
- Wasted children grow poorly in height, but wasting is not main cause of stunting
- No clear rationale for having different programmes for wasting and stunting – except in children with adequate fat stores. But operationally, this may be difficult to distinguish and thus risk obesity in stunted children.
Programming options for MAM prevention

• Aim of interventions: survival, growth and development (similar outcomes to prevention of undernutrition – first 1000 days)
• Specific attention for prevention where incidence is high or risk of increase is high (lean season and emergency situation)
• Global Nutrition Cluster’s MAM Task Force, mapped MAM-related interventions. BSFP in 44 countries (2012), delivered through different mechanisms.
• WFP helped develop a decision-tool on how to respond to MAM in emergencies
  – Blanket supplementary
  – Cash / vouchers
  – Increasing attention on other legitimate interventions that could prevent MAM
• Integrate interventions with existing systems - health and food systems in communities
Review of approaches to prevent MAM

- Supplementary feeding is a recommended practice for the prevention and treatment of MAM, despite limited/conflicting evidence.
- The review showed that prevention of MAM has involved numerous interventions - from food-based, to health-based, to environmental conditions and situation of women and care giving environment.
- Both nutrition specific and nutrition sensitive approaches have been used.
- Need combination of short-term and long-term interventions.
- Is increasing evidence of the importance of environmental enteropathy (rather than diarrhoea) as key cause of stunting.
- Women and mental health really important in care/feeding of children and risk of MAM.
Assessing impact of blanket interventions on MAM
- Rebecca spoke of *Randomistas versus big numberists*!
- Need to reduce the divide
- Pragmatic trials, implemented under real life conditions, to determine scaleable interventions.
- For programming: Do what’s plausible, fit to context (tackle the main causes that can be addressed given infrastructure, capacity etc), assess implementation, coverage and outcome.

The role of cash transfers
- Bridget shared Niger research: €38 /month, provided to the very poor & poor (approx. 70% of population)
- Debate!!
  - Cash programmes are expensive – scaleable?
  - Cash to build human capital versus cash to bridge difficult (lean) periods
  - Cash may be important component of more general response to MAM
- Remaining questions:
  - Can delivering cash transfers earlier prevent more children from wasting?
  - Can cash transfers improve nutrition outcomes?
  - Can cash transfers have better longer term impacts on food security and nutrition compared to food-based interventions?
MAMI – moderate acute malnutrition in infants
(Marko + co need your vote – name change? )

- ~ 4.7m infants with MAM
- MAMII: symptom of failed relationships (within the sector; within the family/home; within the array of nutrition actors)
- anthropometry does not give us a complete picture
- Need better assessment tools to identify high-risk infants in first 6 months
- Key risk factor is whether MAMI has other (medical) complications
- MUAC much better than WFL at predicting mortality
- Low MUAC in infants $\Rightarrow$ 8 to 12 fold increased risk of death by age 5 years.
- Bangladesh: using peer counsellors to support mothers breastfeed ....
  How to scale up?
- Exclusive breastfeeding helped address MAM, including some LBW
- LBW / SGA / preterm are very distinct conditions; need to be specific

- Want a global network to collaborate on research – design it together to make sure it answers key policy questions.