Technical Meeting on

Severe acute and moderate malnutrition in South-East Asia
(jointly with the International Malnutrition Task Force)

Bangkok, Thailand
27-29 May 2013
TM-44822

Rationale and objective of the meeting

The number of children under the age of five suffering from severe acute malnutrition (SAM) in developing countries is estimated to be 15-20 million. Addressing SAM is crucial given its high morbidity and mortality leading to 1-2 million child deaths worldwide each year. Children with SAM are at considerably higher risk of dying compared to well-nourished children, either as a direct cause of SAM or as an indirect cause as SAM dramatically increases case fatality rates in children suffering from common illnesses such as diarrhoea and pneumonia.

The vast majority of children suffering from SAM reside in Africa and Asia, with South-East Asia being one of the regions with the highest burden. South-East Asia has made substantial progress in treatment of SAM although both prevention and implementation of high quality care remain a challenge. There is also still an unacceptably high prevalence rate, implying that SAM has to be recognized early and addressed broadly, not only as a health problem but also as a general social problem. The prevalence varies across and within the countries of South-East Asia. Bangladesh is highly affected with an estimated half a million SAM cases, and severe acute malnutrition is one of the country’s main targets for urgent intervention. Thailand has had considerable success and can share its important experience and expertise about how to develop and monitor nutrition programmes, reform ineffective programmes and address other challenges. Such interventions of proven effectiveness should rapidly be implemented at scale in other countries.

The underlying causes of high rates of SAM in South-East Asia extend from the household level up to national and international levels. Many of these causes still remain unresolved, for example strengthening of weak health systems, tackling food insecurity etc. Although guidelines issued by the WHO for treating SAM significantly reduce case fatality rates and can successfully be implemented in health facility and community settings across the region, training of health professionals both to recognise and prevent the problem early, and to implement the guidelines for treatment effectively is still to be brought to many areas. Effective implementation can be achieved when the available staff are trained and supported to follow the guidelines and make the best use of limited resources.

Community-based management of acute malnutrition (CMAM) has been widely recognized and adopted as the most appropriate model of care due to its promising performance. The United Nations firmly supports its integration with other community based health and nutrition programmes in areas with a high burden of SAM. This outpatient treatment model is suitable for children with SAM and no medical complication and aims for a good recovery at home, rather than in crowded and often under-resourced health facilities. Despite the adoption of this approach in many settings, there are issues around community access and sensitization to CMAM programmes,
including distance to treatment sites and sustainability. Decentralizing the treatment of SAM into routine health services raises additional challenges, such as ensuring that sufficient capacity exists, and that community awareness and coverage are adequate to ensure programme quality. Thus, treatment of SAM occupies a unique position encompassing clinical medicine and public health through facility-based management, community-based management, prevention of SAM and improvement of health infrastructure in areas with high burden.

Research is still needed in many aspects of SAM treatment. It is crucial to determine the feasibility and long-term efficacy and effectiveness of facility-based and community-based interventions in the field. Developing new, indigenous and inexpensive therapeutic food for SAM management is important and relevant.

There are gaps in knowledge regarding treatment of infants less than 6 months, since their body composition and physiological and metabolic differences imply a need for a more careful treatment approach than for older children. Studies are necessary in order to develop evidence-based guidelines and improved practice.

Further research is also needed in relation to treatment of SAM children living with HIV/AIDS. As yet, there is a shortage of published studies of the effectiveness of antiretroviral therapy in severely malnourished children who are HIV positive and information is needed on the pharmacodynamics of different drugs and the efficacy of different regimens.

Severe acute malnutrition also has long-term implications, since adequate and high quality nutrition is essential in early childhood in order to ensure healthy growth, proper organ formation and function, a strong immune system, and neurological and cognitive development. Economic growth and human development require well-nourished children who can learn new skills, think critically and eventually contribute to their communities. Some studies show that many of the children suffering from SAM have long-term difficulties developing into productive individuals.

Changes in body structure and body composition in children with SAM bear a possible risk for non-communicable chronic diseases in adulthood as an altered body composition can lead to metabolic changes in blood lipids and blood sugar, cardiovascular risks, body structure and function. Body composition assessment, using stable isotope techniques offers a possibility to examine long-term consequences of severe acute malnutrition on adult health. Long-term studies are expected to examine these implications.
Objectives of the meeting are to:

1- Discuss current recommendations for treatment of SAM and recent initiatives, and share successful experiences,
2- Share experiences, lessons learned from case studies on SAM in Asia and other parts of the world,
3- Discuss the research agenda including the role of stable isotope methods to contribute key information to improve the management of SAM
4- Discuss capacity building issues related to the prevention of SAM and improving its management, and explore how to join efforts to scale-up capacity building in the region

Expected outcomes

The meeting report and assigned papers will highlight the discussions and key recommendations for policy makers to improve the management of SAM in developing countries and particularly in South East Asia

Target audience

- Public health professionals
- Stakeholders
- UN agencies (including FAO, WFP,...) and international NGOs(Save Children, ACF, MSF,WV,...)
- Pediatricians
- Training and research staff in medical and nursing schools, and in departments of nutrition and dietetics