



MALNUTRITION: the most effective interventions must be prioritised

Malnutrition is a medical and humanitarian emergency that accounts for 11 percent of the global burden of disease, contributing to the death of between 3.5 million and 5 million children aged under-five each year, and leading to long-term poor health, disability and poor educational and development outcomes.¹ Worldwide, 178 million² children are underweight, and 20 million³ suffer from the most deadly form of severe acute malnutrition each year.

A global policy **“Scaling up nutrition: a framework for action”** has been developed under the auspices of the World Bank, with inputs from a number of key stakeholders, researchers, donors and recipient countries, UN Agencies, international non-governmental organisations, and economists.⁴ MSF is encouraged that a key component foresees the scaling up of direct interventions, in particular feeding for malnourished children.

There is now broad consensus on a public health package of effective key interventions, in addition to the promotion of breastfeeding, to treat undernutrition and protect children from acute malnutrition. The importance of addressing nutrition during the ‘window of opportunity’ in a child’s life (up to 24 months) is also recognised in order to avoid irreversible damage. Equally, the crucial role played by “inadequate food intake” as a major cause of undernutrition is highlighted. The development of strategies fully owned by recipient countries, and the need to provide predictable financial support are acknowledged as essential.

The “framework for action” is an opportunity for countries and donors to kick start the scale up of nutrition programmes. It provides the basis for the preparation of a comprehensive plan to be developed by WHO and Member States, to facilitate the design of national nutrition strategies in the health sector and to ensure nutrition outcomes are included in the interventions planned by other relevant sectors (food security, education, etc.).

At the World Health Assembly, a Resolution will be before Member States. Part of the draft text discussed at the Executive Board⁵ (Draft Resolution EB126.R5) is a request to the WHO Director-General to develop a comprehensive implementation plan on infant

¹ Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences, Black RE, Allen LH, Bhutta ZA, Caulfield LE, de OM, Ezzati M, Mathers C, Rivera J & Maternal and Child Undernutrition Study Group, Lancet 371, 243-260, 2008

² The Lancet, Black and al., 2008

³ ‘Community-based management of severe acute malnutrition’, joint statement World Health Organization, WFP, UNICEF, SCN, May 2007

⁴ <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/Peer-Reviewed-Publications/ScalingUpNutrition.pdf>

⁵ http://apps.who.int/gb/ebwha/pdf_files/EB126/B126_R5-en.pdf

and young child nutrition for discussion at the 64th World Health Assembly (May 2011) and a final delivery at the 65th World Health Assembly (May 2012).

The development of such a plan would be synergistic with the World Bank-led framework and would raise the profile of WHO as a key partner in addressing malnutrition and accompanying child mortality and morbidity.

As Member States finalise the Resolution on an implementation plan, the following elements should be kept in mind:

- The package of interventions to address malnutrition should emphasise the need to focus on those specific actions and strategies that have shown success in reducing undernutrition, specifically for high-burden and high-prevalence countries. Such strategies typically **prioritise access to treatment and early interventions to protect children from acute malnutrition** – these must form the backbone of any response to malnutrition.
- The Framework for Action does not highlight such interventions as priority. There is thus a risk that only the less ambitious low-cost interventions, such as distribution of micronutrients like vitamin A or education within the package of interventions be selected and promoted in isolation by donors, for economic reasons. MSF believes that evidence-based interventions to address acute medical needs should not give in to narrow economic criteria that do not consider the greatest health outcomes. This is particularly important in high-burden countries where effective, albeit more costly interventions are most needed and have the most potential to save lives.
- Access to treatment for severe acute malnutrition in the form of therapeutic feeding must form a key part of the health package to address malnutrition.
- The provision of supplementary or complementary foods in high-burden countries is also crucial. Malnutrition results from a difficult or insufficient access to food, as such the impact of programmes focusing solely on education but with no food deliveries is limited. Provision of micronutrients alone in food insecure contexts is also insufficient.
- The role of the private sector needs to be framed to ensure the respect of the code of marketing on breast milk substitutes, to ensure that conflicts of interest are avoided, specifically as regards the food industry and other private actors, including their position in any future governance mechanisms established as an outcome of work on the Implementation Plan. In addition, measures must be taken to ensure that intellectual property on products does not hamper access to treatments.

In light of the upcoming World Health Assembly Resolution and the development of the Implementation Plan, Médecins Sans Frontières therefore urges:

- Based on the Framework for Action, Member States to agree to conduct consultations on the development of national implementation plans on Infant and Young Child Nutrition containing the most effective interventions and strategies to reduce malnutrition, prioritising treatment and early interventions to protect children from acute malnutrition;

- Member States to ensure effective interventions and strategies to reduce malnutrition focusing on treatment and early interventions to protect children from acute malnutrition are included and prioritised in the Implementation Plan as it is developed in the coming months;

- High-burden countries commit to reduce childhood malnutrition, building and implementing interventions strategies through country-led processes;

- Donor countries to commit to reducing childhood malnutrition as a priority intervention, by supporting the building and implementation of such strategies, recognising the need for sustainable donor resources to meet the needs, and through the provision of technical support;
- Member States to commit to reporting progress on national undernutrition plan development and funding allocation to the 64th and 65th World Health Assembly.