



**Wasting treatment and  
prevention in Ethiopia**

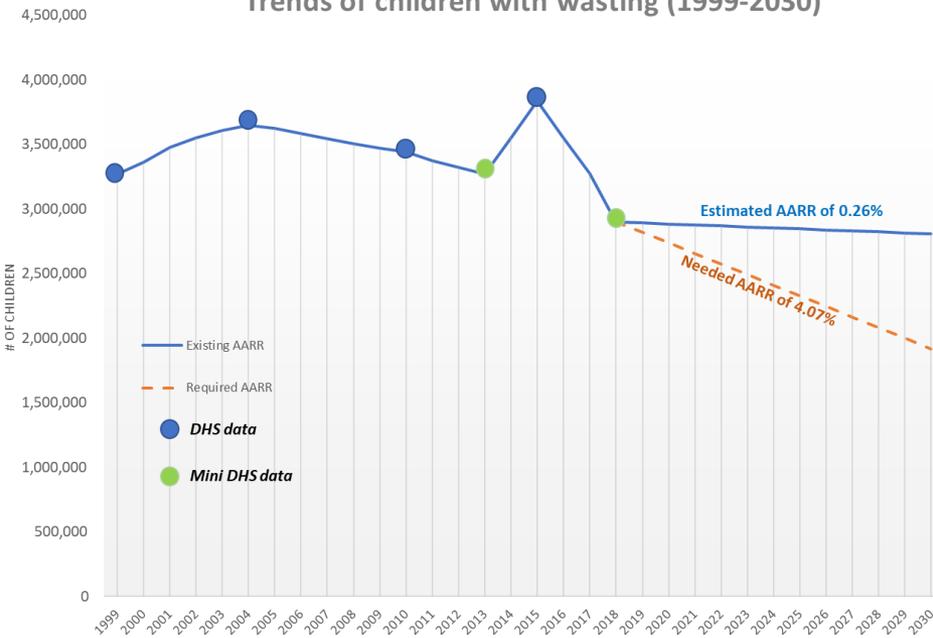
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December 8<sup>th</sup>, 2021

National Nutrition Conference 2021

# Where are we going and how much does it cost?

Trends of children with wasting (1999-2030)



1 The impact of wasting on the national economy of Ethiopia is estimated to be 157.8–230.2 million United States dollars (USD), annually.

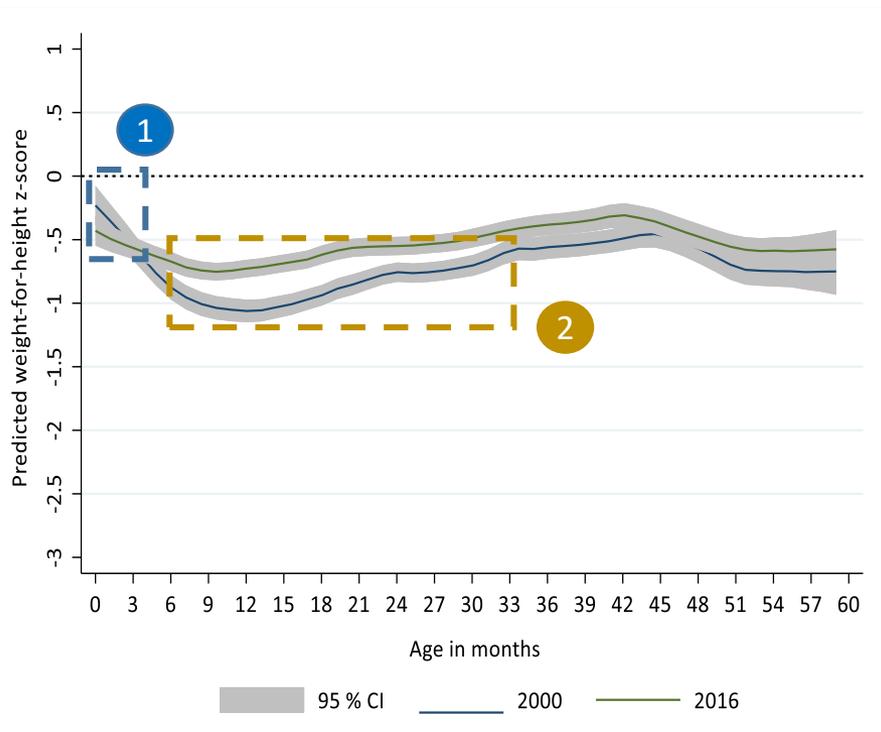
2 The greatest contributor to the economic burden (43.5–63.5% of the burden depending on the discount rate) is the cost of supplies and human resources to treat wasting.



***This will avert the wasting in 7.9 million cases and prevent additional economic costs of up to 803.7 million USD over the next decade.***

# What are the drivers of Wasting changes?

## Early actions better



- 1 The peak incidence of ponderal growth faltering was from birth to 6 months



*Importance of nutrition interventions during pregnancy and early life for the prevention of acute malnutrition*

- 2 An improvement is observed between 6-36 months between 2000 and 2016

Figure- Mean weight-for-height z-scores by child age (months).  
The dashed horizontal line at 0 represent the median of the WHO child growth standards.

Ref: Girma M, et al. Blind to prevent wasting: More than 40% of the contributing factors to the change in wasting are unexplained using data from the Ethiopia Demographic and Health Survey – submitted to MCN journal

# What are the drivers of Wasting changes? Are we blind?

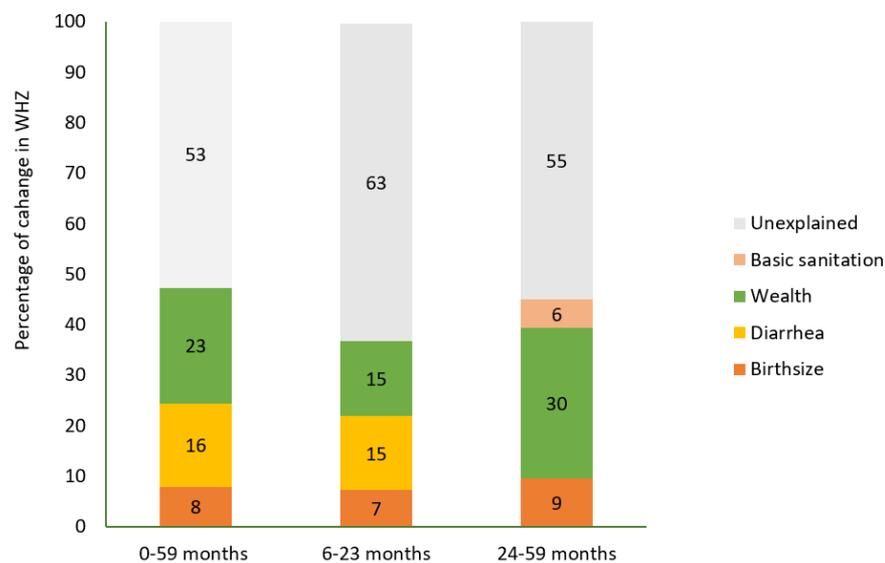


Figure . Estimated contribution of risk factors to change in WHZ between (2000-2016)

- 1 Perceived low size at birth and recent diarrhea were the main drivers of change in ponderal growth.
- 2 More than 40% of the improvement in ponderal growth faltering was unexplained highlighting data gaps to understand context-specific risk factors



***The etiology of wasting is rather complex as multiple context-specific risk factors are at play, and these factors are poorly understood***

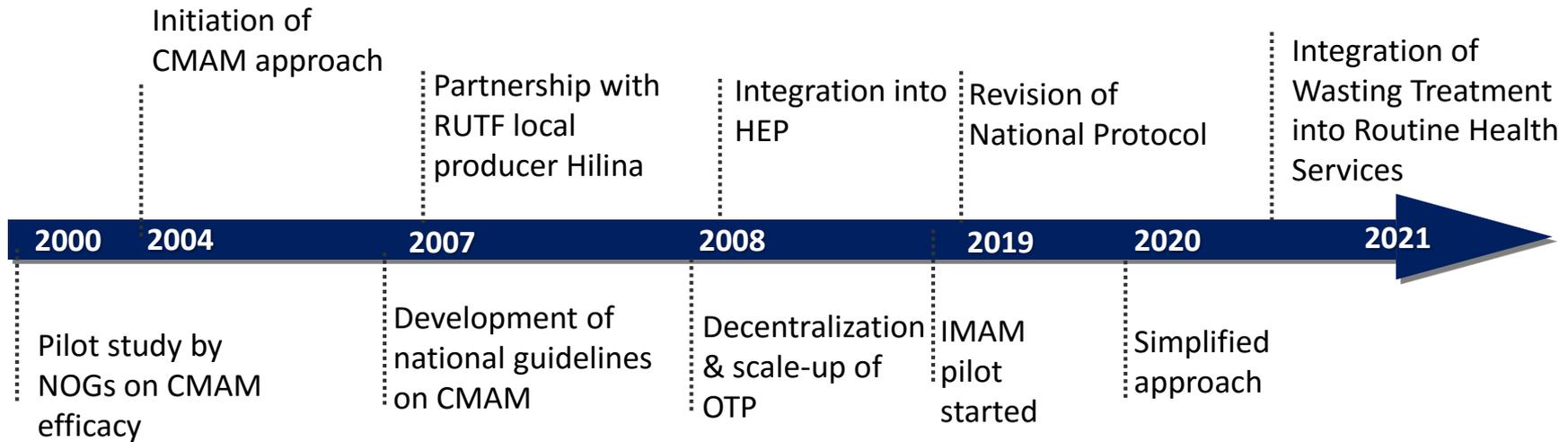
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# Two decades of CMAM implementation



## RESPONSE & PROGRESS



**20,000 health facilities (95% of PHCs) provide SAM treatment services nationwide with 2,196 SCs**

# What Ethiopia has done so far?

## Achievements

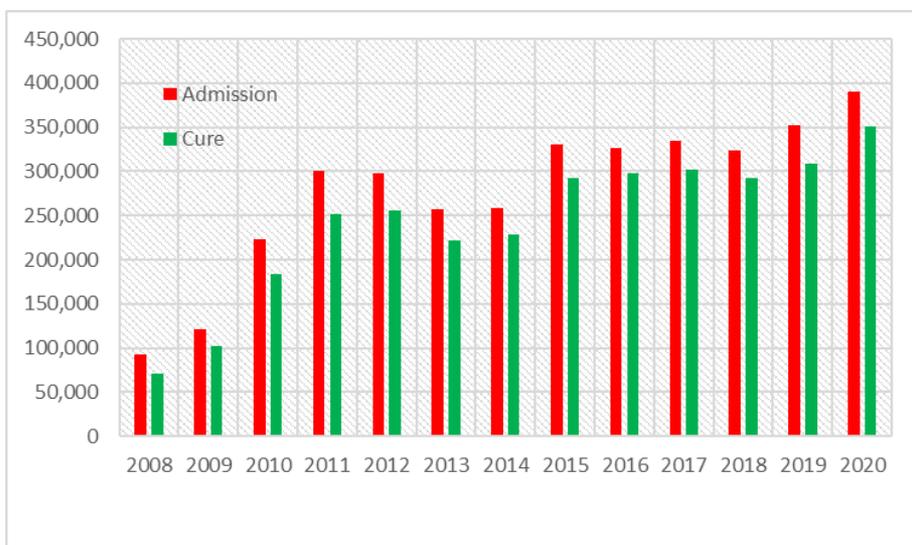
- 1-** The community management of acute malnutrition implemented in more than 18,000 service delivery points scattered across the expansive country (16,700 OTP and 2,000 SC)
- 2-** Decentralized quality assurance team (CMAM/IYCF monitors) recruited and deployed through third party human resource firms
- 3-** Early Warning System through standardized surveys supported

**Vs**

## Challenges

- 1-** Management of moderate acute malnutrition not included in health system
- 2-** Supply management still using parallel system and no funding from GoE
- 3-** Inadequate focus on preventative nutrition services and poor data quality from FMOH

# What have we prevented through CMAM program?



- 1 Over the past 13 years between 2008 and 2020, 3.6 million children under 5 years were admitted to the Ethiopian CMAM programme.
- 2 Death rate in CMAM programmes has decreased by 6-fold between 2008 and 2020 from 1.23% to 0.22%.



***During 13 years of implementation, the Ethiopian CMAM programme averted the death of > 400 thousand children under five.***

# Reduce the cost of treatment

**Can we continue to increase the number of children being treated through “find and treat” initiatives with current cost.....**

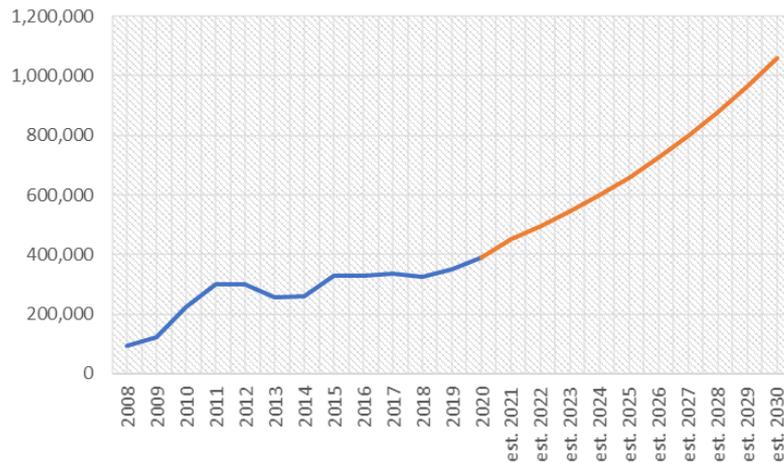


Figure . Number of SAM children admitted and estimation over the coming year with 10% increase



**We will reach 1 million SAM children by 2030 and therefore 1 Billion USD needed**

## Research priorities



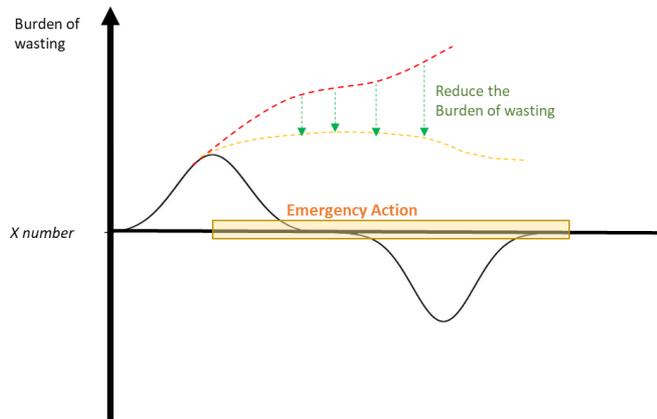
- 1 Low dosage for SAM treatment
- 2 Family MUAC for early detection of growth faltering
- 3 RUTF new formulation to ensure use of mainly local raw material including egg powder



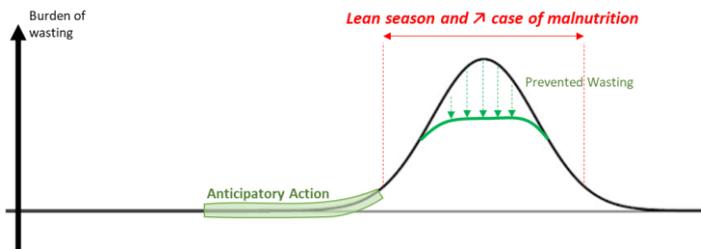
**UNICEF is working with different universities (jijiga, AAU) and NGOs like AAH**

# Initiatives to start the new prevention agenda

Emergency



Anticipatory



1

Provision of SQ-LNS, MMS, and egg powder to prevent wasting as anticipatory actions before lean season and response to conflict-driven emergency.....



*.....but we need to assess how to give it to targeted population: i) Blanket, ii) children with  $WAZ < -2z$ score but not wasted, iii) mother with  $MUAC < 23cm$*

**Therefore, research is needed:**

- 1 Finalization of target group and model of delivery
- 2 Cost effectiveness to prevent wasting

# The Global Action Plan to treat and prevent wasting

**Achieving the ambitious nutrition target to prevent wasting and improving the health and nutrition status of children requires the partnership and collaboration amongst stakeholders.**

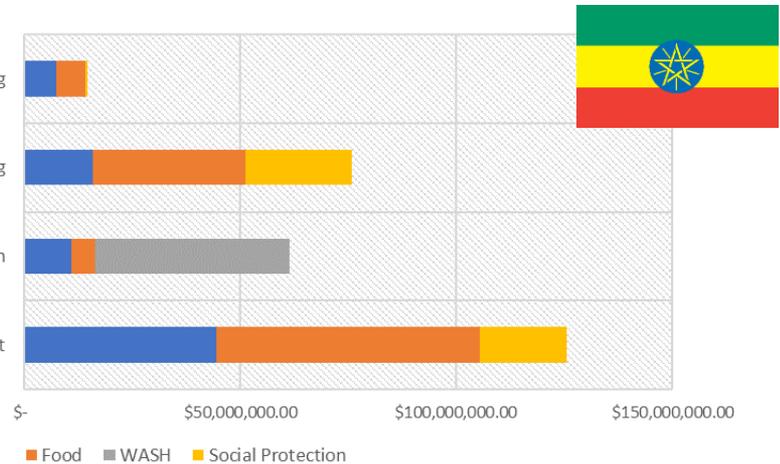


Outcome 4: Improved treatment of children with wasting

Outcome 3: Improved Infant and Young Child Feeding

Outcome 2: Improved Child Health

Outcome 1: Reduced incidence of Low Birth Weight



**.....A total budget for 5 years towards 277.5 million USD (does not include treatment cost)**



Thank You