

Commentary

The Treatment of Severe Wasting in Bangladesh: Challenges and Opportunities

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Wasting—a silent killer of children

Wasting is a life-threatening form of acute malnutrition resulting from poor nutrient intake and/or disease and is responsible for about 45% of death among children under five. Globally, around 50 million children under five are affected by wasting (UNICEF, WHO & World Bank, 2020), requiring urgent treatment to survive. In addition to the already existing burden, the impact of the COVID-19 pandemic, an additional 3.9 million children under the age of five in South Asia could suffer from wasting (Headey et al., 2020).

Bangladesh has progressively done well in the past ten years to reduce the prevalence of acute malnutrition. The progress can be attributed to sustained political commitment and a combination of nutrition-sensitive and nutrition-specific interventions. However, despite the progress, the wasting prevalence is still high, at 8% (UNICEF, WHO & World Bank, 2020). The situation is expected to deteriorate because of the impact of the current COVID-19 pandemic, which has exacerbated all known underlying and immediate drivers of malnutrition. A recent projection on the effect of COVID-19 on the malnutrition situation in Bangladesh (Bangladesh National Nutrition Council [BNNC], 2020) has demonstrated that wasting (acute malnutrition) will deteriorate from the current level of 8% to 14% in 2020 or even at 16%. It means that all achievements gained so far in nutritional status among under-five children could be eroded and slide back. Even if the wasting level reaches 14%, 1,314,667 children will suffer from severe wasting and more likely die from malnutrition-related complications if they remain untreated.

How should we respond and manage the burden of severe wasting?

The government of Bangladesh has taken several preventative and mitigative measures to tackle the

burden of malnutrition. However, once a child is severely malnourished, they require urgent treatment. Traditionally, children under five with Severe Acute Malnutrition (SAM) were treated until full recovery in centre-based inpatient care. Treatment in the inpatient facilities had several limitations, including long-recovery periods, risk of cross-infections, and high opportunity cost for the affected families. Inpatient treatment is also resource-intensive and ultimately leads to poor coverage. To address these challenges, Concern Worldwide, with Valid International's partnership, designed the Community based Therapeutic Care approach (CTC) in 2000. The model attempts to bring services closer to the community and provide effective therapeutic care to most acutely malnourished people as outpatients. This approach uses the principles of community mobilisation to engage the affected population. It helps to identify severely malnourished children before developing complications associated with SAM and thus ensures that few cases are referred for inpatient management. CTC, now known as Community Based Management of Acute Malnutrition (CMAM), was endorsed by the United Nations agencies in 2007 and is considered as the standard of care for managing acute malnutrition in both emergency and in the development context. Currently, over 70 countries provide wasting treatment through the CMAM approach within their national health system (No Wasted Lives, 2019; UNICEF, WHO & World Bank, 2020).

Treatment of wasting in Bangladesh

Bangladesh has endorsed the approach of community-based management of acute malnutrition, as reflected in several strategy and policy briefs and guidelines. However, the current strategy on the community-based management of acute malnutrition in Bangladesh (Institute of Public Health Nutrition [IPHN], 2017) states that the children should receive “Nutritional

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Principles of CMAM (FANTA, 2018)

Maximum access and coverage

Bring treatment close to where people live and make it less costly to access by having many decentralised sites and regular (weekly or biweekly) outpatient services.

Timeliness

Start treatment before the onset of life-threatening illnesses.

Appropriate Care

Provide the right treatment to children in need.

Care for as long as it is needed: Reduce barriers to access and prevent relapse.

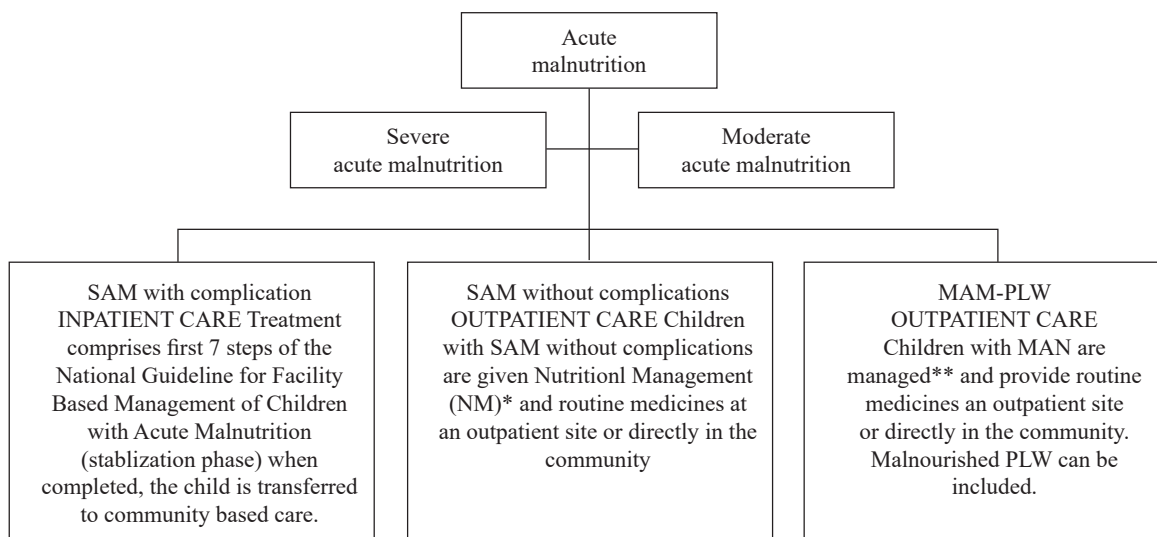
Management or NM at the outpatient site if they do not have complications”. Nutritional management provides the children with a product equivalent to F100 (therapeutic milk products designed to treat acute malnutrition), distributed through an outreach centre and taken at home. In CMAM, such products are termed Ready-to-use-Therapeutic Food (RUTF), designed to provide malnourished children with the vital nutrients needed to recover. RUTF allows mothers to feed their children at home, thus decentralising the therapeutic feeding centre/inpatient care model. In Bangladesh, one of the caveats of the national CMAM strategy is that it does not recommend any specific ‘nutritional management’ products that the community health workers can use to manage cases at the household level.

The strategy also states that “until NM is not available, children with SAM without complications should be referred to the nearest inpatient care facility (e.g. UHC, District hospital) and treated according to National Guideline for facility-based management with severe acute malnutrition” (IPHN, 2017, p. 31). Since we still do not have an approved Nutritional Management product or RUTF, the current practice is to refer all children suffering from severe malnutrition to a facility for inpatient management. The uptake of nutrition services in Bangladesh is already low.

Moreover, due to the primary and secondary impact of COVID-19, the health system is at risk of overloading and its capacity to provide nutrition services. The number of children receiving SAM treatment from Community Clinics (CCs) reduced from 15,971 in February to 9,772 in April; about a 39% drop (BNNC, 2020). It means that most children will go untreated if we fail to come to a solution and find an appropriate ‘nutritional management’ product that will allow us to treat malnourished children in the community and thereby save lives.

Opportunities of CMAM in Bangladesh and way forward

CMAM intervention was successfully integrated into the health system in many countries, even where the health system is fragile due to on going conflicts and emergencies. Fortunately, Bangladesh has a robust primary healthcare system. The government has also committed to expanding and investing in community-



Source: IPHN, 2017

based nutrition services, especially in community-based management of acute malnutrition (Nutrition for Growth [N4G], 2021), thus creating an enabling environment for integrating CMAM to reach the grass-root level beneficiaries. The only challenge is the availability of an endorsed nutritional management or RUTF product to treat children in the community. Several local RUTF formulas have been tested in Bangladesh with some success. With continuous research to improve the products, there is a high chance that Bangladesh will be able to develop its local RUTF product within a few years. However, currently, there is no government-led

roadmap to support the production and use one of the locally made products to scale up Community based treatment. Acknowledging that the treatment of children with severe wasting cannot wait, the government needs to explore ways to support the development and production of local RUTF for successful integration. Therefore, while we are awaiting a full-scale production of a local ready-to-use therapeutic food (RUTF), there is an urgent need to develop an alternative approach to ensure effective management of acute malnutrition through a decentralised system that ensures timely detection referral and follow up.

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