NO WASTED LIVES
Accelerating action for children with acute malnutrition

By Saul Guerrero, Nancy Aburto, Erin Body, Diane Holland, Guy Holloway, Abigail Perry and Sophie Whitney

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In Field Exchange 53 (November 2016) colleagues from Action Against Hunger, UNICEF, the Children’s Investment Fund Foundation (CIFF), the Department for International Development (DFID), the European Commission and the United States Agency for International Development (USAID) made a collective case to scale up services to manage severe acute malnutrition (SAM) around the world. In that joint op-ed the authors recognised that “to unlock the global and national challenges we will need to bring our different skills, knowledge, geographical reach and diverse networks to bear on this very pressing problem. Only if efforts are coordinated and dialogue sustained on the opportunities and challenges we face, will we maximise the influence and impact we can leverage, and bring others on board to drive change”.

Since then other agencies, including the World Food Programme (WFP), the innocent foundation, the International Rescue Committee (IRC) and ALIMA, have come forward to answer this call and together we have created No Wasted Lives, a coalition to accelerate action for children with acute malnutrition.

The coalition aims to double the number of children receiving treatment for SAM to six million per year by 2020 as a critical step towards achieving universal coverage by 2030. Recognising that focusing on treatment alone will not result in the elimination of malnutrition (Sustainable Development Goal (SDG) target 2.2), the coalition also has a long-term vision of improving prevention options to reduce the number of children becoming acutely malnourished so that treatment caseloads are manageable. Over the next few years, the coalition will work towards achieving a series of outcomes, including:

- The cost of curing a child suffering from SAM reduced to US$100 or less (from the current US$150-250);
- The cost of ready-to-use foods per child cured reduced by 50%;
- New treatment approaches proved capable of reaching over 70% of cases in areas of intervention (from the current 30-40%);
- Five key high-burden countries to adopt reduction and treatment coverage targets;
- Nutrition policies of all key bilateral donors to support scale-up of acute malnutrition programming, including treatment for SAM and prevention;
- All key high-burden countries to have national nutrition policies that promote prevention of and community-based treatment for SAM; and
- New financial pledges to be made that support actions to address acute malnutrition.

To achieve these ambitious aims and outcomes, the coalition will work on three key areas:

Advocacy agenda
The coalition will engage governments and other actors to support them in making the best decisions about prevention of and treatment for SAM. The coalition aims to facilitate the provision of evidence, intelligence and data that governments and other key actors need to make informed decisions. To this end, the coalition is currently developing a multi-year advocacy strategy supported by a US$2.3 million grant from the CIFF.
Technical accelerator
The coalition will invest in cutting-edge ideas and bold hypotheses to drive forward global learning and action on prevention and treatment of acute malnutrition. To guide and support these efforts, the coalition has created an independent Council of Research and Technical Advice on Severe Acute Malnutrition (CORTASAM), which brings together over a dozen of the world’s leading academics, practitioners and policy-makers in this area (see article in this edition of Field Exchange). The coalition has already invested over US$8 million in operational research projects, including pilots on the integration of SAM treatment into the integrated community case management (iCCM) of childhood illnesses (Mal, Pakistan and Kenya); reduced dosage of ready-to-use therapeutic foods (RUTF) (MANGO project in Burkina Faso); simplified protocols for treatment of moderate acute malnutrition (MAM) and SAM (COMPAS project in Kenya and South Sudan, non-inferiority test in Burkina Faso); and setting up the new website The State of Severe Malnutrition (see www.severemalnutrition.org and feature in this edition of Field Exchange). The coalition is also supporting the ongoing prioritisation of research questions on acute malnutrition, using evidence gaps and opportunities for improving coverage as a primary step in the creation of a global research agenda on acute malnutrition (see article for headline findings).

Donor forum
The coalition will convene and host a forum for traditional and non-traditional donors and governments with a view to increasing the overall amount of money available, improving coordination of existing investments, unlocking new health and long-term funding and bringing new donors and businesses to the table. This will include health/development departments of donors with prior history of supporting SAM treatment through their nutrition/humanitarian departments as well as foundations, bilateral and multilateral agencies and individual donors with no history of investing in this area. The forum will help donors align their messaging, approaches and priorities to ensure coherence. By facilitating information exchange, the coalition will encourage better integration of funding for SAM into global and domestic health budgets and will give donors, governments and service providers the best chance of driving down costs and maximising economies of scale.

Over the coming months the coalition will work with UNICEF and its national partners in the development of regional scale-up plans for SAM management services as part of, and to complement, nutrition costed plans currently being developed in many of these countries. The UNICEF-organised multi-stakeholder meetings in East Africa (16-18 May), South Asia (18-20 May) and West Africa (19-21 June) provided the basis for these regional plans by identifying key challenges and opportunities for scaling up services across a range of contexts. The meetings brought together UNICEF country and regional office representatives and ministry of health delegates from virtually all countries in these regions.

No Wasted Lives will continue to build on existing efforts, create and maximise synergies and bring new players on board to accelerate progress and overcome the programmatic, technical, policy and financing challenges to addressing the global burden of acute malnutrition. We have convened a coalition of partners to begin this journey but we cannot do this alone: the success or failure of this initiative will rest on our ability to engage and mobilise governments, civil society, business and other stakeholders to push this ambitious agenda.

If you or your organisation would like to know more and to explore ways to support and collaborate with No Wasted Lives, visit our website (www.nowastedlives.org) or reach out to us on info@nowastedlives.org.
2016. Comprised of leading experts in child health and nutrition across the world and representatives of regions with the highest burden, the Council’s goal is to drive the use of evidence for action in order ultimately to reach more children with effective treatment and prevention programmes. The Council aims to do this in three ways:

1. Set research priorities: Identify research and knowledge gaps to guide global research priorities in the prevention and treatment of acute malnutrition;
2. Drive the use of evidence in programmes: Provide a systematic and transparent review of the emerging evidence, resulting in interim advice on the operational implications and application; and
3. Drive the use of evidence in policies: Coordinate with the World Health Organization (WHO) to ensure critical evidence gaps are filled and result in integration of emerging evidence into normative guidance.

A critical first step for CORTASAM was to identify key research priorities across acute malnutrition. By taking a comprehensive review of the research questions across the sector and then prioritising, we can better support the process of filling critical gaps in the evidence and improve coordination and action to scale up evidence-based prevention and treatment programmes. The research prioritisation exercise recently led by CORTASAM is presented in this edition of Field Exchange. The exercise used a well-established methodology developed by the Child Health and Nutrition Research Initiative (CHNRI), a systematic and transparent approach that has produced a set of research priorities and, we hope, a critical strategic steer and leadership in this area.

Looking ahead, the aim of CORTASAM is to expand on these priority areas and develop clear action plans to progress them between now and 2020. To do this we will need to use reviews of the available evidence, a mapping of ongoing research that will produce new evidence in these areas (already underway; see below) and global and regional consultations to identify the critical gaps that need addressing to drive the use of evidence for action. Our commitment is to continue our work to advocate for and use the research and evidence needed to truly make an impact. But we cannot do this alone. No Wasted Lives and the work of CORTASAM are a platform to guide and coordinate global efforts and we rely on the experts, researchers, and implementers like you to help us achieve this goal.

More information and updates on the work of CORTASAM and No Wasted Lives can be found at www.nowastedlives.org.

An initial mapping of ongoing research across the research areas and priorities is now available on ‘The State of Severe Malnutrition website: see: www.severemalnutrition.org/en/content/ongoing-research

References

PRIORITISING ACUTE MALNUTRITION RESEARCH: preliminary results of a CHNRI survey

By Amy Mayberry and CORTASAM members

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is Head of Evidence at Action Against Hunger, where she supports the technical and research activities of No Wasted Lives, including CORTASAM. She previously worked in the Evidence, Measurement & Evaluation Team at the Children’s Investment Fund Foundation (CIFF).

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These are preliminary findings. The final findings are currently being prepared for publication in a peer-reviewed journal.

Background
As you will have read in the preceding articles in this issue of Field Exchange on No Wasted Lives and the Coalition of Research & Technical Advice on Severe Acute Malnutrition (SAM) (CORTASAM), our ambitions are large. A critical pillar of this effort to accelerate global action is driven by the generation and use of evidence. CORTASAM was founded to help fill gaps in the existing evidence base to support scale-up of effective programmes and drive the use of evidence for action. At the outset, it became evident that a set of research priorities would provide a fundamental platform to guide the work of the Council, as well as other researchers, implementers, policy-makers and donors. Where time, capacity and financial resources are limited, research priorities can focus efforts on the critical areas that will ultimately translate into meaningful action across programmes and policies. However, to be truly useful these research priorities need to reflect the opinions of the experts, the researchers and the implementers, like you, who are working every day to advance this field.

The scope of this exercise focused on research priorities related primarily to treatment across the continuum of acute malnutrition in children under five years of age. Given the state of evidence and other technical groups working on prevention, this exercise only included prevention where it was linked with treatment. The aim was to produce a set of research priorities that are critical to achieve measurable improvements in the quality, effectiveness, scale and sustainability of programmes addressing acute malnutrition in children under five years of age that will ultimately result in scaling up treatment by 2020.

Methods
To achieve this, CORTASAM led an exercise using the Child Health & Nutrition Research Initiative (CHNRI) methodology (Rudan et al, 2008) for setting research priorities. This exercise provides a robust and transparent framework to collect global, regional and country-level stakeholder feedback by scoring a set of research questions against a set of pre-defined criteria.

A long list of research questions was identified by collating published research questions and priorities from across the sector, including those previously identified by the World Health Organization (WHO), other technical interest groups and in a consultation with CORTASAM and additional regional stakeholders. This list of hundreds of questions reflects the breadth and depth of research areas and opportunities to support improvements and scale-up of cost-effective programmes for acute malnutrition, including new and innovative areas that are emerging.

The long list of research questions was grouped into 53 research areas which, while focused, would likely not be answerable by a single research study but could be collectively answered by a group of inter-related research studies.

An online survey was made available from 3 April to 5 May 2017. While CORTASAM members were invited to participate, the survey was also shared with global and regional staff in the No Wasted Lives coalition and with other researchers, implementers, academics and donors working in the sector.

The survey collected basic information on country/region of work, organisation and type of work for all re-
spendents. The bulk of the survey focused on the re-
search prioritisation, where each research area was
scored against each of the following criteria:

• **Impact:** Would the research lead to interventions and solutions that provide the maximum potential impact (e.g. on global burden of acute malnutrition or mortality due to malnutrition) by 2020?

• **Effectiveness:** Would the research lead to interventions and solutions that are effective (e.g. under routine programme conditions) and deliverable (e.g. taking into account the health system infrastructure, human resources, safety)?

• **Answerability:** Is it possible to answer the question (is it feasible to implement within the given context and timeframe (by 2020)? Is it ethical?)

• **Sustainability:** Would the research lead to interventions and solutions that are sustainable (e.g. considering cost and financial affordability, cost-effectiveness, favourable political climate)?

Each of the 53 research areas received four scores (one per criteria) between 0 and 1. These were averaged to produce a single research priority score (RPS) that was used to produce the analyses. A global ranking analysis was done using all responses. In addition, regional analyses for West and Central Africa, East Africa and South Asia were undertaken using only responses from those regions.

**Findings**

A total of 313 unique responses were received; 143 (46%) of these were fully completed. These responses represented 63 different countries and 167 different organisations globally (see Figure 1). Nearly half of respondents (46.7%) identified their work as being primarily operational or programmatic; others reported to be working in academia (15%), government (11%), policy (2.2%), or in another type of work (23%). A full list of countries and organisations represented can be found at https://www.nowastedlives.org

**Table 1 Top five global research questions and their regional prioritisation**

<table>
<thead>
<tr>
<th>Global rank</th>
<th>Research area</th>
<th>West &amp; Central Africa</th>
<th>East Africa</th>
<th>South Asia</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What are the most effective tools to diagnose acute malnutrition in children 6-59 months of age by community members, including community health workers and caretakers?</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>What are effective therapeutic feeding approaches for the management of severe acute malnutrition in children 6-59 months of age with diarrhoea?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>What are effective and safe strategies and protocols to support the scale-up of treatment of acute malnutrition in infants &lt;6 months of age?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>What are the causal factors of relapse after treatment of acute malnutrition in children 6-59 months of age and how can they be minimised?*</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>What is the relationship between the nutrition and health status of mothers and acute malnutrition in their children and how can interventions within the 1,000-day window reduce the risk of acute malnutrition?</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

*This question ranked number 8 in West and Central Africa, 11 in East Africa and 13 in South Asia

**LAUNCH OF THE STATE OF SEVERE MALNUTRITION WEBSITE**

A new website, the State of Severe Malnutrition, has been launched by the No Wasted Lives Initiative (www.nowastedlives.org), providing a comprehensive overview of all qualitative and quantitative resources on acute malnutrition. The website aims to link malnutrition discussions to wider public health and child survival debates, highlight the progress that has been made globally on treatment coverage, and provide a global perspective and country-specific overviews of malnutrition treatment outcomes. It also provides a platform to support coordination and communication across key research areas, amongst researchers and those interested in using emerging evidence for programmes and policies.

The site brings together information from a range of sources, providing the most up-to-date information on acute malnutrition. Sources include UNICEF’s Global SAM Management Up-