CONTINUING CARE DURING COVID-19

Adopting Life-Saving Approaches to Treat Acute Malnutrition

The risk of increasing rates of acute malnutrition during the COVID-19 pandemic demonstrates the urgent need to adapt, and expand access to, acute malnutrition diagnosis and treatment services in humanitarian and fragile contexts.

SUMMARY

KEY FINDINGS AND RECOMMENDATIONS

- Increased rates of acute malnutrition are an inevitable consequence of COVID-19 and the measures taken to slow its spread – especially in fragile and conflict affected settings where rates of acute malnutrition are already substantially higher than in stable settings.
- In the face of government-mandated shutdowns, millions of people have lost their income, agriculture harvests and sales have been disrupted, food prices have increased, and aid programs focused on nutrition have been disrupted.
- Acute malnutrition among children is highly treatable, but the current health facility-based model for treating it may not be safe or practical within the COVID-19 context. IRC is therefore recommending malnutrition treatment programs are adapted including simplifying diagnosis and treatment processes; bringing services to the community; introducing low- or no-touch approaches; and ensuring in-patient care is safe.
- Urgent action is needed to avoid preventable deaths. UN agencies should endorse the adoption of simplified approaches for the early detection and treatment of acute malnutrition as part of COVID-19 response plans and programs; donors should scale-up flexible funding for nutrition; and governments should adapt national malnutrition treatment programs and lift restrictions on the movements of humanitarian personnel, supplies and food.

This policy brief is a part of a series of papers by the International Rescue Committee that are putting a spotlight on the realities of COVID-19 in humanitarian settings. The series explores the secondary impacts of the virus on people in fragile and conflict-affected contexts, and how the international community and national governments can best meet evolving needs.

COVID-19 is a health emergency, posing a tremendous risk to vulnerable children living in humanitarian and fragile countries. With food insecurity on the rise and loss of income related to government shutdowns, access to nutritious diets is declining. Compounded by overstretched health systems and a diversion of resources from essential health and nutrition services to respond to other aspects of the crisis, rates of acute malnutrition – also known as wasting – will inevitably increase.

Recognizing this new reality, **nutrition programs must be adapted and adequately funded to ensure acute malnutrition can be safely and effectively detected and treated throughout the arc of this crisis.**

The International Rescue Committee has been at the helm of acute malnutrition treatment reform leading ground-breaking research that demonstrates it is feasible to simplify the way acute malnutrition is diagnosed and treated, enabling care to be delivered at home and in communities.

As the global community responds to the COVID-19 pandemic, these simple, life-saving approaches for treating acute malnutrition are more critical than ever.

ACUTE MALNUTRITION IN THE TIME OF COVID-19

Today, nearly 50 million children worldwide suffer from acute malnutrition – a life-threatening condition that occurs when a child doesn't have access to sufficient nutrients for growth, leading to dangerously low weight or muscle loss. Acute malnutrition can have life-long implications on a child's physical and cognitive development, lead to a range of health problems, and can even be fatal. Tragically, undernutrition is the underlying cause of up to 50% of all deaths in children under five and severe acute malnutrition increases a child's risk of death up to ten-fold. Rates of acute malnutrition are significantly higher in fragile and conflict affected settings like South Sudan and Yemen to Somalia and Nigeria. Nineteen of the 24 countries experiencing acute malnutrition rates above 10% are classified as fragile and conflict affected states.

Dangerous conditions exacerbated by the pandemic

Even before the pandemic, 135 million people – nearly 60% of whom lived in places with conflict and instability – faced acute food shortages in 2019. Now, in the face of government-mandated shutdowns to stop the spread of COVID-19, millions of people have lost their income, agriculture harvests and sales have been disrupted and food prices have increased. In Uganda, for example, prices for most key foods increased by 15% from mid-March to early-May. Aid programs focused on nutrition have also been disrupted – School feeding programs have been halted for 310 million children globally impacting more than 1.75 million children in Kenya and 513,000 in South Sudan. At the same time, antenatal care, micronutrient supplementation, and prevention and treatment of childhood diarrhea and acute malnutrition have been de-prioritized. In South Sudan, the IRC has already seen a decrease in children utilizing acute malnutrition services by 32% from January 2020 to April 2020 due in part of the suspension of mass screening and restrictions on movement.

Together, these factors will have a devastating impact. The World Food Programme estimates an additional 130 million people could go hungry in 2020, meaning 265 million people – double that of 2019 – could be pushed to the brink of starvation by year end.

Making matters worse, a sustainable, healthy diet is crucial for a strong immune system; maintaining such a diet is more challenging in the COVID-19 context yet all the more essential for protecting people from the virus.

Although children have generally been less affected by COVID-19, **many in the nutrition community are deeply concerned about the impact the virus may have on children with acute malnutrition** – children whose immune

systems are compromised, putting them at greater risk of contracting life-threatening infections like COVID-19. We know, for example, that malnourished children have increased risk of death from other respiratory conditions and that the presence of severe acute malnutrition can increase mortality from pneumonia 15-fold.

There is cause for alarm. And there is an urgent need for action.

ENSURING ACUTE MALNUTRITION TREATMENT PROGRAMS CONTINUE DURING COVID-19

Acute malnutrition is highly treatable, but the current health facility-based model for treating it may not be safe or practical within the COVID-19 context – particularly in places encouraging social distancing and enforcing mobility restrictions.

Tapping into evidence and learnings from previous research and operational studies, **the IRC's programmatic recommendations for treating acute malnutrition during the COVID-19 pandemic are centered on simplifying the diagnosis and treatment processes.** These adaptations promote physical distancing among vulnerable groups, make it possible to reduce the need for facility-based care, minimize or eliminate direct physical contact between children and health workers, and increase access to continuous services in communities.

THE CURRENT APPROACH FOR TREATING ACUTE MALNUTRITION

Location
With limited exception, treatment for acute malnutrition is only available at health facilities meaning children and caregivers often travel far distances to access care.

Availability of facility-based services
In many places, nutrition services are limited to select days of the week resulting in crowded health facilities.

Diagnosis
Includes four body measurements (weight, height, mid-upper arm circumference, and oedema) all of which require physical contact.

Treatment
Depending on a child's body measurements they are given different treatment products, at different dosages, requiring varying levels of follow-up visits to different health centers.

This system is complicated and too often inaccessible. The result: nearly 80% of children with acute malnutrition fail to access the life-saving care they need, and 30%-70% of children who are treated and recover relapse due to lack of access to continuous care.

RECOMMENDED, SIMPLIFIED APPROACH

Location
Scale up of community-based management of acute malnutrition through community health workers (CHWs).

Availability of facility-based services
Increase the number of days when outpatient care is provided to limit overcrowding at health facilities and implement necessary infection, prevention and control measures.

Diagnosis
Simplify to no-touch, low-touch diagnosis; reduce to two body measurements including checking for fluid retention (oedema) and assessing a child's mid-upper arm circumference; and introduce Family MUAC to reduce physical contact between children and health workers.

Treatment
All children diagnosed with acute malnutrition given the same therapeutic food (RUTF) – with either two or one packets a day depending on the severity of their condition.

The IRC and partners have conducted research and operational studies demonstrating the feasibility of these approaches – all of which can increase access to services while minimizing the risk of COVID-19 transmission.

Simplifying diagnosis and treatment

During the COVID-19 pandemic, the IRC – in coordination with UNICEF and the global nutrition community – is advising governments and civil society to adopt a simplified protocol for diagnosing and treating acute malnutrition.

Under this simplified approach, diagnosis is reduced to two body measurements: checking for fluid retention (oedema) and using a simple, color-coded arm band to assess a child's mid-upper arm circumference.

Treatment is also simplified by giving all diagnosed children the same treatment product – ready-to-use-therapeutic food (RUTF) – with either two or one packets a day depending on the severity of their condition. This approach is simpler to implement and relies on fewer treatment products to deliver the same health gains, therefore reducing the frequency of follow-up visits required for a child to recover.

Alongside partners, the IRC has already conducted research and operational studies (including the recently published ComPAS trial) demonstrating the effectiveness of this simplified approach for treating acute malnutrition.

Modified MUAC tape for assessing a child's mid-upper arm circumference.

SIMPLIFYING THE TREATMENT PROTOCOL IN SOUTH SUDAN

Since the first case of COVID-19 was confirmed in South Sudan in early April 2020, a simplified protocol has been implemented including diagnosis by mid-upper arm circumference and simplified treatment dosages. Children with severe acute malnutrition receive two sachets of RUTF at outpatient treatment sites whereas children with moderate acute malnutrition receive one sachet of ready-to-use-supplementary food (RUSF) per day at a different location. As part of COVID-19 adaptations, the number of days when treatment can be accessed has been increased from two days to five days a week to prevent overcrowding. However, a lack of community-based services combined with restrictions on people's movement is making it increasingly difficult to gain access to treatment. The IRC will soon present evidence on the feasibility of community health worker (CHW) delivery of acute malnutrition treatment in communities to be considered for future iterations of the national response plan.

Bringing care to the community

In places where health services are disrupted and restrictions to mobility have interrupted continuity of care, the IRC encourages governments to allow, and support, the scale up of community-based management of acute malnutrition through CHWs. This requires increasing community stock of therapeutic foods, diagnosis/screening tools, and personal protective equipment (PPE) for CHWs when possible.[1] In some cases, the IRC also encourages mobile health teams deploy to communities to work alongside CHWs to help reduce the frequency of follow-up visits to facilities.

The IRC and partners have already tested the possibility of having CHWs deliver malnutrition treatment in communities further from health facilities – an approach which builds on existing programs where CHWs are saving lives in hard-to-reach areas across humanitarian settings by diagnosing and treating common childhood illnesses including pneumonia, diarrhea and malaria. As part of this, the IRC adapted commonly used tools for diagnosing and treating malnutrition so that even low-literate health workers could safely provide care. In a study the IRC led in South Sudan, 75% of children with acute malnutrition treated by community health workers made a full recovery demonstrating that this approach can be safe and effective.

[1] While stock outs exist, PPE should be prioritized for frontline health workers.

Making care low-touch or no-touch

For community-based management of acute malnutrition to be possible during this pandemic, low touch or no-touch diagnosis and treatment should be implemented to reduce transmission of the virus while ensuring continuous access to care.

This means CHWs train caregivers to effectively assess their own child's nutrition status using the simplified diagnosis process and criteria with the mid-upper arm circumference (MUAC) tape. Known as family MUAC, this approach reduces the need for physical contact between CHWs or health providers and patients; helps to increase early detection of acute malnutrition and referral to health centers more quickly when needed; minimizes need for visiting health centers, including hospitalizations due to complications; and empowers families to manage their children's health.

For children diagnosed with acute malnutrition, CHWs can then provide caregivers with the adequate supply of RUTF and information on proper follow-up. If the child's assessment does not signal acute malnutrition, the CHW can offer guidance for regular at-home assessments and for quickly seeking care if their child's health deteriorates.

CASES OF SUCCESS
BRINGING IT ALL TOGETHER IN MALI

Mali declared its first case of COVID-19 in mid-March 2020 in the capital – Bamako – and it wasn't until a month later that cases were confirmed in districts where the IRC works. Expanding on pre-existing programming, the IRC is now supporting the Ministry of Health (MoH) to utilize all three simplified approaches in Nara – a rural commune located in Southwest Mali. Within the COVID-19 context, a few additional adaptations have been made including:

1. increasing the number of days when out-patient care is provided to limit overcrowding at health facilities;
2. limiting the number of follow-up visits required by prepositioning additional supplies in communities; and
3. implementing no-touch protocols for CHWs and health workers.

The work in Nara demonstrates the feasibility of utilizing these simplified approaches and adaptations to safely and effectively treat acute malnutrition throughout the pandemic. As evidence is collected in Nara, the IRC hopes to further coordinate with the MoH to see other districts apply similar adaptations.

Ensuring safety for in-patient care

Unfortunately, some children with acute malnutrition develop other infections and require in-patient care. During the pandemic, **the IRC recommends health centers apply additional infection, prevention and control (IPC) measures to protect these children, their caregivers, and providers.** This includes use of personal protective equipment (PPE); implementing IPC standards including hygiene and disinfection, including for mid-upper arm circumference tape; identifying and setting up isolation areas for children with "normal" complications and/or those with COVID-19 symptoms; setting up triage areas to ensure any wasted child or caregiver with COVID-19 symptoms is immediately identified and isolated to prevent further spread of the virus.

BARRIERS TO ADOPTION OF SIMPLIFIED APPROACHES

While these simplified approaches could help to dramatically expand access to acute malnutrition treatment throughout the pandemic, few countries have adopted them within COVID-19 response plans. Barriers include lack of flexible funding needed to adapt programs; disrupted supply chains making it difficult to preposition therapeutic foods in communities; inconsistent global guidance despite the growing body of evidence demonstrating the effectiveness of these approaches; and concerns with introducing new approaches.

These logistical, financial, and policy constraints make it more difficult for organizations to accelerate the use of these innovative approaches that could help to mitigate some of the challenges and concerns associated with COVID-19, while also helping to save lives.

URGENT ACTION IS NEEDED

There are still many unknowns surrounding the COVID-19 pandemic but the concerns around increasing food insecurity, hunger and rates of acute malnutrition are clear and compelling.

While every country is facing a unique set of challenges in responding to the crisis, one thing is apparent across many humanitarian and fragile contexts – a *business as usual* approach to treating acute malnutrition will not yield the desired results and may even lead to more preventable deaths.

Fortunately, solutions exist. Although the evidence has yet to be captured in many national policies and protocols, the approaches are tested; they are safe; and they are effective at treating malnourished children to full recovery.

Now more than ever we need to see these approaches adequately funded, endorsed by UN agencies, and adopted into national COVID-19 response and adaptation plans.

The IRC urges the following recommendations be considered.

UN AGENCIES SHOULD:

- **Endorse the adoption of simplified approaches** for the early detection and treatment of acute malnutrition as part of COVID-19 response plans and programs, and work with governments and frontline responders to scale-up the approaches.
- Work swiftly with governments to **pre-position essential commodities for the prevention and treatment of child malnutrition** (e.g. ready to use therapeutic foods) at national, community and health facility levels.
- **Classify malnourished children as a 'vulnerable group' for COVID-19** to accelerate investments in malnutrition treatment programs across COVID-19 response plans.
- **Accelerate progress toward operationalizing the Global Action Plan on Wasting** to ensure continuity of care during and after the pandemic.
- **Advance the acute malnutrition treatment research agenda** by investing in operational research and utilizing evidence generated from COVID-19 adaptations when updating treatment protocols and guidelines.

DONORS SHOULD:

- **Scale up flexible funding for nutrition** including increasing financing for acute malnutrition treatment programs in humanitarian response funds.
- **Commit 35% of overall of nutrition funding to address acute malnutrition** as part of bold commitments made for the Nutrition for Growth Summit.

NATIONAL GOVERNMENTS SHOULD:

- **Swiftly adapt acute malnutrition treatment programs** to include the use of no-touch, low-touch, simplified diagnostic and treatment protocols delivered at the community level by community health workers.
- **Integrate acute malnutrition treatment** into no/low-touch iCCM protocols with pre-positioning of ready to use foods outside of health facilities.
- **Lift restrictions on the movement** of humanitarian personnel, supplies, essential medicines, and food.