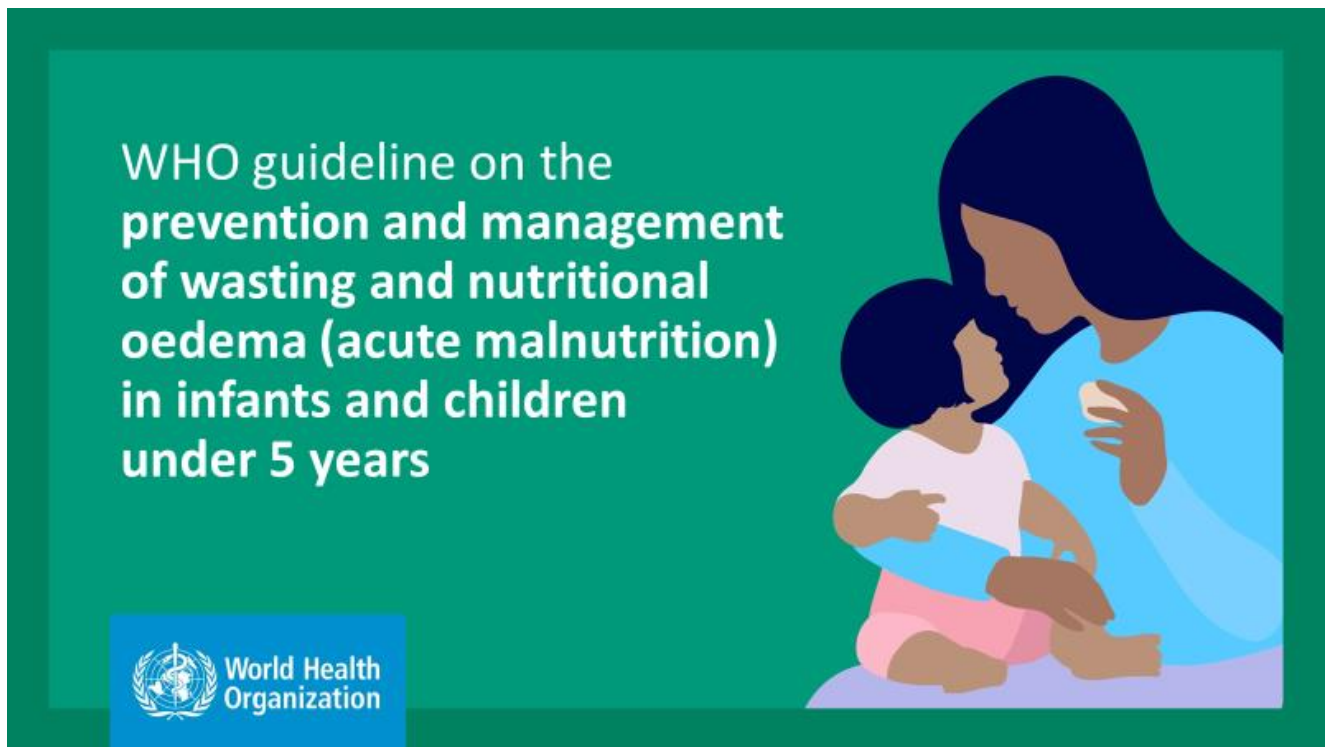


REGIONAL WORKSHOP FOR THE OPERATIONALIZATION OF THE NEW WHO GUIDELINES ON THE PREVENTION AND MANAGEMENT OF WASTING AND NUTRITIONAL OEDEMA (ACUTE MALNUTRITION) IN INFANTS AND CHILDREN UNDER 5 YEARS

Workshop report



6-8th November 2023



TABLE OF CONTENTS

Contents

1. EXECUTIVE SUMMARY	3
2. BACKGROUND	3
3. OBJECTIVES	Error! Bookmark not defined.
4. EXPECTED OUTCOME	Error! Bookmark not defined.
5. METHODOLOGY	Error! Bookmark not defined.
6. PARTICIPATION	Error! Bookmark not defined.
7. BRIEF SUMMARY OF DISCUSSIONS	6
DAY 1: Unpacking the 2023 Guidelines on the prevention and management of wasting and nutritional oedema in children under 5 years	6
DAY 2: Strengthening systems for effective service delivery	10
DAY 3: Operationalizing and updating the national guidelines.....	14
8. CONCLUDING DISCUSSION POINTS and RECOMMENDATIONS	21
9. ANNEXES	23
Annex 1: Participant List	23
Annex 2: Agenda	26
Annex 3: Key Questions and Answers	30

1. EXECUTIVE SUMMARY

In 2020, the Global Action Plan (GAP) for wasting, a joint initiative by all UN agencies, recommended a holistic approach to addressing child wasting and achieving sustainable development goals through scaling up prevention and treatment services. Under this framework, in June 2023, the World Health Organization (WHO) released updated recommendations for managing and preventing wasting and nutritional oedema in children under five years of age. To accelerate the adoption of the recommendations, the WHO African Region for Africa and UNICEF Eastern and Southern Africa Regional Office (ESARO) organized a workshop as part of an ongoing collaboration with other GAP partners (WFP, UNHCR and FAO) to disseminate and build the capacity of countries to rollout the revised guidance.

The overall aim of the workshop was to build the countries' capacity to operationalize the revised WHO 2023 guidance within the health system. The specific objectives were to 1) review and discuss key recommendations in the WHO 2023 guideline and implications of these recommendations on current programming; 2) share lessons and experiences on how to support countries to adapt the WHO 2023 guideline to specific contexts, including emergencies; 3) discuss other considerations including information management, linkages with other national systems and sectors, financing, and other vital elements for scaling up the prevention and management of child wasting across the region; 4) strengthen collaboration and coordination among various stakeholders to ensure a comprehensive and integrated approaches in supporting countries in addressing acute malnutrition and 5) develop country-specific roadmaps and action plans for the adaptation of the WHO 2023 guideline.

Prior to the meeting, WHO AFRO, in collaboration with UNICEF, WFP, UNHCR and FAO, hosted several public virtual webinars as a first step to disseminating the recommendations. The current meeting was facilitated by WHO, UNICEF, WFP headquarters and regional offices and attended by 97 participants from 11 countries (countries attended the workshop, specifically Namibia, Malawi, Zambia, Zimbabwe, South Sudan, Ethiopia, Nigeria, Sudan, Kenya, Somalia, and Mozambique). The participants included Ministry of Health (MoH) representatives and UN GAP partners from each respective country (**Annex 1**).

During the 3-day workshop (**Annex 2**), the WHO HQ, AFRO, WFP, and UNICEF teams provided technical support to participants to review and discuss the recommendations and approaches for operationalization. Day one gave a deep dive into the revised recommendations by each focus area (at-risk infants under six months; infants and children 6-59 months of age with severe acute malnutrition and infants and children 6-59 months of age with moderate acute malnutrition). Discussions on post-exit interventions and recommendations for preventing child wasting were also discussed. Participants worked as countries to deliberate the opportunities, challenges, and needs for operationalization. The team of facilitators also addressed vital questions from these discussions (**Annex 3**). At the end of the workshop, each country developed a road map to aid the specific country's operationalization, detailing the processes to be followed, including the required support.

The workshop was funded by USAID-BHA, Irish Aid, and ECHO. The workshop report was prepared and jointly produced by UNICEF ESARO and WHO AFRO.

For more information, please contact Christiane Rudert- UNICEF ESARO at crudert@unicef.org and OUEDRAOGO NIKIEMA, Laetitia -WHO AFRO at louedraogo@who.int.

2. BACKGROUND

Despite the world being on the cusp of reaching the 2025 target for the Sustainable Development Goal (SDG) to reduce child wasting to less than 5% and less than 3% by 2025 and 2030 respectively, the proportion of children suffering from wasting remains unacceptably high. Current data from the joint UNICEF-WHO-World Bank malnutrition estimates show that an estimated 12.2 million children with wasting live in Africa, of which 2.9 million are suffering from severe wasting, reflecting a considerable health burden. Wasting, especially the severe form, presents the highest risk of child mortality and morbidity. Even when receiving medical care, case fatality rates from those who are severely wasted are high. Moreover, many severely wasted children die at home without treatment.

Nearly 20 years ago, the United Nations adopted community-based management of acute malnutrition as the recommended approach to scale up treatment coverage. However, 2 out of 3 children needing treatment services still do not receive them. A significant drawback to addressing wasting among children has been the primary focus of providing treatment. Yet, it is known that there are multiple underlying causes with variation by season, region and even context. In 2020, the Global Action Plan (GAP) for wasting, a joint initiative by all UN agencies, recommended a holistic approach to address child wasting to attain the SDGs through scaling up prevention and treatment services. Focused on four critical outcomes, the goal is to accelerate key actions needed to address the immediate causes of wasting while simultaneously coordinating across multiple systems to address the underlying causes.

Following the last update to the WHO recommendations in 2013, in July 2023 WHO published a revised guideline on the prevention and management of children with wasting and nutritional oedema. The updated guideline provides recommendations for the management of infants less than six months of age at risk of poor growth and development, infants and children 6-59 months with wasting and/or nutritional oedema, and post-exit interventions after recovery from wasting and/or nutritional oedema. The guideline also provides recommendations on the prevention of wasting and nutritional oedema.

Following the publication of the recommendations, the AFRO NUT team, in collaboration with the GAP partners, organized a series of webinars to disseminate the new recommendations at regional and country levels. To further support countries in the implementation, in collaboration with UNICEF, WFP and UNHCR, the AFRO nutrition team convened two regional capacity-building workshops for priority countries in the Horn of Africa and the Sahel.

The workshop was held in Nairobi for 11 countries (Ethiopia, Kenya, Malawi, Namibia, Nigeria, South Sudan, Zambia, Zimbabwe, Somalia, Sudan and Madagascar). Using a mixture of presentations, group work and experience sharing, countries deliberated on context-specific approaches to operationalizing the revised WHO 2023 guidelines on preventing and managing infants and young children with wasting and/or nutrition oedema within communities and healthcare systems.

3. PURPOSE AND OBJECTIVES OF THE MEETING

The purpose of the workshop was to allow participants to deep dive into the updated WHO 2023 recommendations to understand what the changes will mean for wasting programming at country level, including the adaptation of country-level guidelines and protocols to align with the new recommendations and accelerate progress on achieving global targets. Specific objectives were to:

- Help participants understand the key recommendations, principles, and evidence behind the new guidelines.
- Discuss strategies for adapting the WHO guidelines to specific national contexts, considering factors such as health system capacities and available resources.
- Discuss how the guidelines can be applied in emergencies, such as during humanitarian crises or natural disasters.
- Facilitate the exchange of experiences, best practices, and lessons learned among participants to promote continuous improvement in the prevention and management of acute malnutrition.
- Discuss other considerations, including information management, linkage with other sectors, financing, and further that may be vital to scaling up management and preventing wasting across the region.
- Foster collaboration and coordination among various stakeholders, including government, GAP partners, and non-governmental organizations, to ensure a comprehensive and integrated approach in supporting countries in addressing acute malnutrition.
- Collaboratively develop country action plans to effectively implement the WHO 2023 guidelines at the national level, including allocation of responsibilities, timelines, and resource requirements.

4. PARTICIPANTS

The in-person workshop was organized jointly by WHO AFRO in collaboration with UNICEF ESARO and other GAP partners, WFP and UNHCR. The meeting was facilitated by UNICEF and WHO staff from HQ, AFRO, and ESARO, with co-facilitation from WFP. The workshop was moderated by consultant, Jane Badham.

Participants were drawn from:

- UNICEF, WHO, WFP and UNHCR Regional and HQ teams.
- UNICEF, WHO, WFP and UNHCR country office teams from Eastern Southern and West Africa Region.
- Government/Ministry of Health counterparts from participating countries
- Nutrition partners supporting wasting prevention and treatment in the participating countries in the region.

From each country, the training targeted three government participants from the Ministry of Health (focal points for the prevention and management of infants and young children with wasting and nutritional oedema and child health, and technical government expert in the subject matter), as well as one participant from the WHO country office (the focal point for nutrition and food safety or maternal and child health), and staff from UNICEF and WFP country offices, and staff from key technical NGOs.

5. BRIEF SUMMARY OF DISCUSSIONS

DAY 1: Unpacking the 2023 Guidelines on the prevention and management of wasting and nutritional oedema in children under 5 years

Session 1: Opening Remarks – presenter: Grace Gichohi, Ministry of Health Kenya, Division of Nutrition and Dietetics; Dr Gondi J. O, Director of Ministry of Health Kenya, Dr. Abdourahmane Diallo, WHO Representative Kenya; Christiane Rudert, UNICEF ESA Regional Nutrition Advisor

The Director of the Ministry of Health Kenya, Dr Gondi J. O and the Head of the Division of Nutrition and Dietetics, Grace Gichohi, welcomed participants from 11 countries and the UN agencies (UNICEF, WHO, WFP, UNHCR-regional and HQ teams) to the workshop. Dr. Gundiyo explained that economic losses due to malnutrition in early childhood are significant, and severe acute malnutrition (SAM) remains a major public health challenge in countries on the African continent. He also noted the considerable variation in the prevalence of wasting in the East African region, ranging from 1.1 % in Rwanda to 22.7 % in South Sudan. Emphasis was placed on the multi-system approach with a strong focus on preventing malnutrition and early detection and effective treatment.

As a co-host, the Representative of WHO Kenya, Dr. Abdourahmane Diallo, emphasized the need to implement sustainable solutions focusing on the immediate nutritional needs and the underlying causes of malnutrition. Dr. Diallo highlighted that the updated WHO guidance considers the essential guiding principles: the child health approach, the mother-infant pair, and collaboration across multiple systems. These principles were key to achieving universal health coverage, and the opportunity to use a comprehensive approach along the life course was crucial to scale up treatment and supplementation services to address all forms of malnutrition.

The UNICEF Regional Nutrition Advisor, Christiane Rudert, also provided remarks emphasizing that the long-awaited updated guidance included preventing moderate acute malnutrition (MAM) for the first time. It was noted that the workshop would allow each country office to develop its work plan and update contextualized protocols aligned with the updated guideline, highlighting the importance of preventing malnutrition and children’s rights to receive treatment. She appreciated WHO, WFP and UNICEF members for their collaboration in preparing the webinars, the workshop, and the support provided by partners, including the USAID’s Bureau for Humanitarian Assistance (BHA), Irish Aid and the European Commission (ECHO).

Session 2: Participants' Expectations

Participants, seated by country, discussed what they would like to learn most from the 3-day workshop. Feedback was as follows:

Country	Participant expectations
Zambia	<ul style="list-style-type: none"> Learn lessons from other countries on how they operationalized the existing guidelines and the early stages of the new guidelines.
Kenya	<ul style="list-style-type: none"> Appreciate the recommendations in the prevention package of the guideline
Namibia	<ul style="list-style-type: none"> Be equipped with strategies to implement the new guidelines effectively Gain knowledge/insight on the recommendations to update existing national guidelines, dissemination and capacity building countrywide, and to strengthen advocacy and government support
Malawi	<ul style="list-style-type: none"> Gain a clear understanding of the key recommendations on how to apply them to the local context and impact on the existing programme Appreciate the support available for technical and financial support the programme to the country offices
Ethiopia	<ul style="list-style-type: none"> Learn how to operationalize the prevention aspect, especially the timeline in the roadmap for the rollout Understand appropriate financial and technical support from global and regional community
Sudan	<ul style="list-style-type: none"> Understand practical child-centered approaches for the prevention and continuum of care
Mozambique	<ul style="list-style-type: none"> Develop a clear plan with defined sequenced actions to support contextualization and protocol adaptation to the context of Mozambique
Zimbabwe	<ul style="list-style-type: none"> Discover how to embed the multi-system approach for the prevention of malnutrition in the primary health care for a fully integrated approach to MAM and what technical support is available
Somalia	<ul style="list-style-type: none"> Find out how to operationalize the new components of the updated guideline in the humanitarian context in Somalia and how to integrate nutrition into health systems
South Sudan	<ul style="list-style-type: none"> Better understand how to operationalize the new guidelines in emergency and conflict-based settings with a special focus on what the prevention package entails
Nigeria	<ul style="list-style-type: none"> Better understand how to operationalize the new guidelines in emergency and conflict-based settings with a special focus on what the prevention package entails
HQ and Regional	<ul style="list-style-type: none"> Learn how the MoH will work with other ministries to implement the prevention components Understand how countries will adjust their national protocols - knowing they are on a set schedule, whether they will delay the revision or release interim guidelines Determine the level of readiness of countries to implement new guidelines, and where the challenges are likely to be

Session 3: Meeting Objectives and Expected Outputs – Marjorie Volege, UNICEF ESARO Nutrition Specialist

The key objectives and expected outputs of the workshop were presented as the following:

- Understand the key recommendations and guiding principles on the prevention and management of wasting and nutritional oedema
- Discuss strategies for adapting the WHO guidelines to specific national contexts
- Discuss how the guidelines can be applied in emergency context
- Discuss other considerations such as monitoring information management
- Develop country-specific action plan and roadmap on updating national guidelines and policies

Session 4: Global Acute Malnutrition Landscape – Grainne Moloney, UNICEF Headquarters Senior Nutrition Advisor

The presentation provided a comprehensive overview of the Joint Child Malnutrition Estimates (JME) 2023 edition, shedding light on the global scenario. As of 2022, a concerning 22.3% of children under five, totalling 148.1 million, suffer from stunting, while 5.6% (37 million) are affected by being overweight and 6.8% (45 million) are affected by wasting. Although significant progress has been achieved from 1990 to 2020 in reducing global child stunting by 45%, the latest JME revealed that merely one-third of all countries were on track to meet the global goal of halving the number of child stunting by 2030.

The presentation emphasized key regional disparities, noting South Asia as the area with the highest population of children affected by wasting and East Asia and the Pacific having the highest population of children living with overweight and obesity. Noteworthy progress and targeted investment in addressing stunting were identified in low-income and lower-middle-income countries. Statistics reveal that children under the age of two bear the biggest burden of wasting, often facing multiple deprivations, necessitating a holistic approach to support households. Additionally, India, Sudan, and Yemen were highlighted as countries with a national wasting prevalence exceeding 15%. However, it was noted that the national-level prevalence figures do not consider intercountry disparities, which should be considered in national planning.

Key achievements reported on NutriDash (a global UNICEF reporting tool) highlighted those 182 million children under five benefited from the early detection and treatment of severe wasting, of which 114 million (63%) were in humanitarian settings. Progress on the GAP was also discussed, emphasizing concerted efforts to reduce wasting prevalence. Four critical outcomes were identified: reducing low birth weight, improving infant and young child feeding (IYCF), enhancing child health, and advancing early detection and treatment of child wasting. The presentation stressed a multi-system approach, integrating food, health, social protection, and WASH systems to tackle child wasting effectively. It was also pointed out that, more often, the wrong denominator (number of children with wasting) had been used to calculate treatment coverage for SAM, significantly underestimating progress.

Session 5: Regional trends of acute malnutrition – Christiane Rudert, UNICEF ESA Regional Nutrition Advisor

In the Eastern and Southern African Region (ESAR), notable progress has been made to reduce malnutrition. Despite this progress, a triple burden of malnutrition persists. The number of child malnutrition cases has increased since 1990, attributed to significant population growth in the region. A concerning statistic reveals that over 60% of the 4 million children under five in need of treatment for severe wasting are in the greater Horn of Africa. The region's scale of the challenge was underscored with a total of 3,879,146 SAM burden and 2,108,253 admissions in 2022, showing a coverage of 54.3%. Efforts to manage acute malnutrition were highlighted, noting that 41,380 out of 55,451 health facilities offer treatment for SAM and show a commendable programme performance of 92.4% cure rate.

Session 6: Overview of the WHO guideline development process – Dr Jaden Bendabenda, WHO Headquarters Technical Officer

The WHO guidelines were developed by the Guideline Development Group (GDG), which consisted of 25 members. The GDG prioritized sixteen questions, and the evidence from the systematic reviews was assessed following the GRADE (Grading of Recommendations, Assessment, Development, and Evaluations) framework to develop and present summaries of evidence. The process concluded with 21 recommendations (14 new and seven updated) and 12 good practice statements. The new guideline highlighted that it has broadened the scope to include recommendations for infants under six months and expanded the target population to children at risk of poor growth and development. Additionally, the terminology used in the “severe acute malnutrition” guideline has been changed to “wasting and/or nutritional oedema”. However, the UNICEF-WHO operational guidance would use severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), which are commonly understood. It was explained that “Strong recommendations” are recommendations that the GDG is confident that the desirable consequences of implementing the recommendation outweigh the undesirable consequences, whereas “Conditional recommendations” are those of which the WHO GDG is less certain with the desirable outcomes.

Additionally, Dr. Bendabenda gave a brief overview of MagicApp, a dynamic platform where digitally structured guidelines and evidence summaries are published, which expedites updating specific areas of recommendations.

Session 6: Summary of key revisions/updates/new recommendations for each section in the updated WHO guideline – Dr. Hana Bekele, WHO MCAT and Dr Jaden Bendabenda, WHO Headquarters Technical Officer

Dr's. Bekele and Bendabenda from WHO presented the new and updated recommendations and good practice statement for each module below:

- A. Infants less than 6m of age at risk of poor growth and development
- B. Infants and children 6-59m with severe wasting and/or nutritional oedema

- C. Infants and children 6-59m with moderate wasting and/or nutritional oedema
- D. Post-exit interventions after recovery from wasting and/or nutritional oedema
- E. Prevention of wasting and nutritional oedema

After the presentation for each module, country teams were requested to go through the recommendations and remarks sections in the MagicApp, select recommendations based on the country context and consider the key guideline principles to fill in their worksheets.

DAY 2: Strengthening systems for effective service delivery

Session 1: UNICEF and WFP's Strategic Approach to address Wasting in Children and Women in humanitarian contexts – Anu Narayan, UNICEF Headquarters Senior Nutrition Advisor, and Britta Schumacher, WFP Headquarters Chief of Nutrition Operations

Presenters from UNICEF and WFP demonstrated strategic shifts in programming for wasting, outlining how to operationalize the guidelines in various humanitarian contexts: acute food insecurity situations (IPC 5,4,3 or equivalent), contexts with a global acute malnutrition (GAM) prevalence exceeding 10%, and considering aggravating factors such as displacement, conflict, or disease outbreaks. Through discussions in meetings, attention was put on shifting from sole treatment to an approach that emphasizes prevention, with UNICEF concentrating on the treatment of children with wasting at higher risk of mortality (SAM and MAM at higher risk), while WFP focuses on supplementation of children with MAM through the promotion of local nutrient-dense foods or the use of specially formulated foods (SFFs) such as Ready-to-use supplementary food (RUSF) or fortified blended foods (FBF) in specific contexts.

The integrated package of services to address wasting in children and pregnant and breastfeeding women comprised food assistance, prevention, supplementation, and treatment options. Food assistance includes food or cash transfers to households, depending on the local market functionality. The prevention package provides top-ups targeting children under two years and pregnant and breastfeeding women and girls, and supplementation includes diverse interventions to enhance nutrition density with SFF or local food in addition to using multiple micronutrient powders (MNPs). The treatment of SAM will be led by UNICEF using community and health platforms.

Fifteen frontrunner countries have been identified for implementation, with a timeline extending up to 2026: Haiti, Kenya, Madagascar, Nigeria, South Sudan (2024), Burkina Faso, Chad, DRC, Mali, Niger, Ethiopia, Sudan (2025), Afghanistan, Somalia, Yemen (2026). Global areas of WFP-UNICEF collaboration encompass 1) Joint support to countries during transition, 2) nutrition information, 3) Programme monitoring, evidence generation and learning (for the use of home/local foods; risks/success with transition; the role of CHWs in treatment of wasting), 4) Supply chain strengthening (forecasting, readiness, and responsiveness, last-mile delivery), and 5) Advocacy and resource mobilization.

Session 2: Country panel discussion from three front-runner countries

Three countries (South Sudan, Nigeria and Kenya) shared their immediate plans and experience as front-runner countries, as follows:

- **South Sudan: Moving forward with the WFP-UNICEF strategy for humanitarian context**

In South Sudan, 80 counties were divided into three categories based on the level of the IPC (Integrated Acute Food Insecurity Phase Classification). Among them, 38 counties facing high food insecurity continued all routine nutrition activities and were not selected for the pilot, considering the operational challenges. The WFP-UNICEF strategic approach is set to be piloted in 22 selected counties for two years, starting from March 2024, to gain valuable learning from a moderately challenging context, aiming to later scale up in other counties.

- **Nigeria: Programmatic shifts envisaged in implementing the new WHO recommendations**

In Nigeria, the coverage of SAM stands at 56%, with a notable effort involving both government allocation of resources and support from partners. The presence of three local manufacturers of Ready-to-Use Therapeutic Foods (RUTF) was acknowledged, and plans were articulated to establish more producers of nutritional products. Challenges were identified, particularly the need for more linkage between nutrition data and the national data platform. A comprehensive way forward included the review of guidelines to identify areas of updates with an emphasis on preventive measures. The country aims to strengthen messaging to communities, especially women, by providing incentives for early detection. Efforts were also directed towards integrating nutrition data into the national platform, strengthening government resource mobilization to reduce dependency on partners, reviewing approaches for supplementing MAM in line with WHO recommendations and defining 'high-risk' MAM in the Nigerian context. Additionally, there was a focus on including nutrition commodities in the national logistics management system to ensure government ownership.

- **Kenya: Enabling factors for implementing the new guidelines**

The Kenya team highlighted several enabling factors that showed the country's readiness for effective implementation of the new guidelines. The National Nutrition Advisory Committee plays a critical role in overseeing all programming decisions, including resource mobilization and priority setting. Kenya benefits from a well-established national policy, the Kenya Nutrition Action Plan, which prominently features the management of acute malnutrition as a key result area. Collaborative efforts between UN partners, implementing partners, and the government underscore the comprehensive approach to guideline implementation. There are clear plans to update the national guidelines and training packages according to the new WHO guidelines, starting with a workshop scheduled for December. The Common Assessment Framework and the Health Management Information Systems (HMIS) inform nutrition programming effectively. The existence of an integrated supply chain system further enhances tracking the availability of all commodities in one system.

Session 3: UNICEF Briefing Note on Simplified approaches in the context of the updated guidelines – Grainne Moloney, UNICEF Headquarters Senior Nutrition Advisor

The presentation focused on demystifying questions surrounding the way forward with simplified approaches, as explained in the briefing note released in June 2023. It was emphasized that all children receive the same quality of care, and this “simplification” is modifications adapting to the context. The session highlighted that the new WHO Guideline would be continuously updated on MagicApp as new evidence emerges, and countries were encouraged to continue generating evidence following WHO research standards. The guideline emphasizes the need for interventions to be feasible and as low-cost as possible without compromising children’s health.

Although not prioritized in the WHO revised guidance, several simplified approaches were outlined, including the use of MUAC for admission and reduced frequency of follow-up visits. MUAC/oedema was mentioned to be used for programme admissions, but weight and clinical assessments must be used for dosage and monitoring of progression. Under the revised WHO guidance, a recommendation was made to allow the use of a single nutritional product for the treatment of SAM and supplementation for MAM, with the latter required to follow a national prioritization within a set of given criteria (see example in table 1 below). While Family Mid-Upper Arm Circumference (MUAC) was not prioritized in the guideline, it was clarified that countries were not restricted in using this approach.

Table 1: Example of scenarios to estimate MAM case load for supplementation with RUTF using defined criteria

High risk criteria	% of Total MAM	Additional caseload
Age <24 months	58%	175,212
MUAC 115-119mm	17%	50,934
WAZ <-3	44%	131,409
MUAC AND Age	12%	37,182
WAZ + MUAC + Age	6%	19,355

Session 4: Integrating SAM/MAM into the health system: An Introduction into Health System Strengthening – Betty Lanyero, WHO MCAT

The presentation underscored the significance of nutrition within the universal health coverage framework and the need to ensure that all essential nutrition actions are integrated into the health system. The guiding principles emphasize a child health and mother-infant pair approach and link multisectoral actions with other systems, such as food systems. It was noted that the child health approach ensures a child's health, growth, and development are at the center of guideline implementation. It recognizes that universal health coverage cannot be achieved without ensuring everyone has access to high-quality nutrition services. The overarching goal is to achieve health security for everyone, advocating against vertical programs to promote sustainability and efficiency at the national and sub-national levels.

Session 5: Supply chain in the context of the updated guidelines: Inclusion of RUTF in Essential Medicines List, country level status and opportunities for advocacy - Grainne Moloney, UNICEF Headquarters Senior Nutrition Advisor and Ben Allen, UNICEF Headquarters Nutrition Specialist

Significant achievements have been made regarding establishing a Codex Alimentarius Guideline for RUTF in 2022 and including RUTF in the 23rd WHO Model List of Essential Medicines (EML). Codex is a food standards body jointly chaired by FAO and WHO, which serves as an international regulatory framework which can be adopted into national governments' regulatory systems. With the official inclusion of RUTF, all products that follow these standards are safe, efficacious, and of a high standard. It was emphasized that all RUTF products must adhere to safety standards. Additionally, it was noted that the guideline does not specify that RUTF must contain milk, broadening its applicability to reduced-cost products. While this development will likely increase demand for RUTF, it was noted that not all MAM children need SFFs, and that the WHO guideline prioritizes children at high-risk MAM. According to the supply outlook, a 30% increase in RUTF is anticipated. WFP and UNICEF are working together on coordinated messaging to suppliers, improved demand forecasting, quality assurance, and funding. The following steps involve supporting countries in incorporating RUTF into their EMLs, as currently, 25 out of 74 countries have RUTF on their national EML. Additionally, there is a need to explore ways to increase domestic financing to prevent and manage waste and advocate for therapeutic milk's inclusion in EML.

Session 6: Nutrition Information System – Alina Michalska, UNICEF ESARO Nutrition Specialist

Alina Michalska presented that the first-ever global recommendations on nutrition indicators for routine data collection are nearly finalized. This new module is designed to be compatible with the District Health Information System (DHIS), and the indicators have been updated in alignment with the new WHO guidelines. It introduces proposed indicators for infants under six months at risk of poor growth and development. However, these are still in development and require piloting once evidence is collected. Indicators for SAM will involve both outpatient enrollment and inpatient admission. The upcoming release of a new nutrition module in DHIS 2 will include three elements: guidance documents with standard routine indicators, digital configuration packages, and training materials. Alina Michalska also highlighted the ongoing work on the guidance to monitor the wasting cascade, expected by the end of 2025. The guide provides a comprehensive framework for analyzing indicators, tools, and guidance to calculate indicators along the wasting cascade, and examples of data-informed planning, benchmarking, and program review processes.

Session 7: Group work

Countries teams reviewed the status of integrating SAM/MAM management within the health system, challenges in integration, and implication of the guidelines on each of the seven pillars:

1. Leadership and governance
2. Service Delivery
3. Health work force
4. Medicines and supplies
5. Health information management
6. Financing
7. Community

Each country team shared two priority actions from one of the pillars and one lessons-learned, challenges, or best practices from one of the pillars. Each country's feedback is summarized below.

DAY 3: Operationalizing and updating the national guidelines

Session 1: Systemwide Approaches to Prevention in Humanitarian Settings - WFP James King'ori

The presentation emphasized prioritizing high-risk MAM children to receive specialized formulated foods (SFF) and nutrition counselling. It was underscored that not all MAM children necessarily require SFF, suggesting a classification of children with high-risk MAM, MAM children in high-risk content, and other MAM children. Additionally, concerns were raised about infant and young child feeding (IYCF) complementary feeding indicators declining in ESAR countries, specifically Malawi, Mozambique, Tanzania, and Zambia. The status of IYCF practices is an excellent indication to guide the scale-up of prevention interventions to prevent malnutrition.

The presentation prompted a group work where countries were encouraged to brainstorm the following:

- a) Ongoing or planned approaches and activities that contribute to wasting prevention outside the health system
- b) What is needed at country level to bring prevention reach to scale across systems

The following ideas were shared by the 11 participating countries:

Approaches/Activities	Needs to Scale Up
National safety net programme (cash programme)	Commitment from leadership and domestic funding
Agriculture market development	Strong MAE system of programme implementation
Multisectoral community-based model for the prevention of child malnutrition	Scale up urban nutrition programming
Promotion of production and consumption of nutritious foods (e.g., livestock, fisheries and crops)	Operationalize the food system implementation plan
Improved access to safe, clean water	Strengthen the SUN movement
Mapping of indigenous foods	Increase investment in agriculture and WASH

Approaches/Activities	Needs to Scale Up
Early childhood screening	Scale up nutrition-sensitive social protection
Supplementation of adolescent girls with iron	Community engagement
Food fortification of oil and flour	Operationalize the multisectoral plan
Development of context-specific recipes	Strong accountability framework at all levels, national and subnational
Integration of nutrition in the school curriculum and production of milk matters	Advocacy of integrated system
Increasing enrollment in schools and income generation activities for women	Strengthen coordination around food system for food security and nutrition
Early Childhood Development	Engagement with private sector
Nutrition-resilience programming using a Care Group Approach	Develop local commodities for prevention
Engage the private sector – Scale up SUN Business network	Scale up nutrition programming for further reach (nationwide)
School feeding programme	Develop the national nutrition policy
Undertaking ethnographic study to understand child feeding practices	Diversification of diets including different staple foods
Scale up nurturing care framework	Develop laws and legislations to support nutrition within the country
Home grown school feeding	Geographical and programming convergence
Set up food based dietary guidelines	Evidence generation for simplified approaches to optimize strategies
Front of pack labelling	Commitment from the government in terms of the strategies
Climate resilient water system and ground water mapping	Engagement of media structure in terms of dietary diversity
Prevention of early pregnancy and marriage	Scale up SBCC on Nutrition at all levels
Scale up of open defecation free programme	Food fortification
	Scale up IMCI coverage
	Setting up nutrition indicators across all government sectors
	Women empowerment for decision making

Session 2: Regional outlook on the Status of Updating National Guideline: An Overview of Survey Findings – and lessons from past revisions of National guidelines **Christiane Rudert, UNICEF ESA Regional Nutrition Advisor and Dr Jaden Bendabenda, WHO Headquarters Technical Officer**

Christiane Rudert provided an overview of the survey responses from 11 participating countries, including UN agencies (UNICEF, WHO, WFP), IMC and Ministry of Health. All countries reported having national guidelines or protocols for preventing and managing acute malnutrition except Zambia, which is under development. Nine countries have initiated discussions on revising their guidelines, indicating a solid readiness for revision. However, most countries need more specific funding for these revisions, except Malawi and South Sudan, which have engaged with donors like Irish Aid, BHA, and FCDO. Innovative approaches to reduce costs, such as digital online dissemination tools, were suggested. Key requests from countries included funding for rollout and global-level advocacy for donor funding, capacity building for health workers, and technical support for disseminating UNICEF-WFP partnerships. Expectations to the

regional office included technical support for guideline revision, evidence generation, roadmap development, financial resources, joint advocacy, and resource mobilization.

In terms of the status of RUTF inclusion in National Essential Medicine Lists (EML), RUTF has been included in four countries (Nigeria, Malawi, Kenya, and South Sudan), while six countries (all except for Sudan) reported they are ready to push forward the discussions. Moreover, Ethiopia and Sudan have initiated discussions to include RUSF in EML.

Dr Bendabenda provided a summary of lessons learnt from revision on national guidelines from a review conducted from 7 countries (Burkina Faso, Colombia, Nigeria, Pakistan, Philippines, Uganda, and Yemen) through 20 qualitative in-depth key information interviews targeting informants from MOH, UN agencies, NGOs, academia, and independent consultants. Some of the key lessons learnt included the importance of ownership and leadership from the government as an essential ingredient, presence of a framework/roadmap at the onset to guide the revision process, the need for a committed and dedicated working group to oversee the guideline revision process to completion, availability of a dedicated personnel (consultant) to coordinate the guideline development/revision process from start to finish and sufficient time and funding allocated to complete the guideline review process satisfactorily.

Following the presentation, Grainne emphasized that country offices should actively work on resource mobilization as their mandate rather than relying on grants shared by headquarters and regional offices. It was noted that the headquarters intends to support only countries that do not have access to significant funding (e.g., BHA).

Dr. Bendabenda clarified WHO's perception of including RUSF in national EMLs. In the WHO EML, a new category has been established for Therapeutic Foods, which is strictly for products meant for nutritional treatment of SAM (i.e., RUTF, F75 and F100). Therefore, RUSF does not fall under this category and cannot be on WHO EML. It was presented that essential medicines are defined as products that satisfy a population's priority healthcare needs based on rigorous criteria. WHO noted that countries are encouraged to use the WHO EML as a model for developing national EMLs while they can adapt it to their country's context.

Session 3: Action Planning

Each country presented one short-term (within six months) and one long-term (6 months to 1 year) priority action to complete the revision and dissemination of the national guidelines.

Country	Short term	Long term
Ethiopia	Develop the roadmap and establish the National Guideline Core Team	Draft the Prevention and Management of Wasting and Nutritional Oedema national guideline within 6-18 months
Kenya	Update the draft roadmap for the adoption process; Provide feedback to stakeholders through technical working groups and national coordination committees	Conduct training for health workforce to deliver the new guidelines; Review data collection and reporting tools
Malawi	Develop the roadmap to guide the review and adaptation of the national CMAM guideline	Review the updated guideline before implementation
Mozambique	Meet with the highest level for ownership and government commitment	Become part of the GAP countries
Namibia	Establish and strengthen the national technical working group with technical advisory from UN partners	Update the national guideline according to the updated WHO standards
Nigeria	Have a team of consultants on board to support the revision of the existing national guidelines in line with the new WHO recommendations within the next 3 months	Commit to develop the addendum on the new WHO recommendations for the pilot in selected states
Somalia	Create a taskforce and develop the roadmap for the revision of the existing guideline	Draft revised IMAM guideline including hiring external consultant within 6 months
South Sudan	Sensitize and provide feedback to key stakeholders and coordination mechanism on the new WHO guidelines and planned next steps	Focus on service delivery to pilot and update the guidelines in 22 counties within the next 12-18 months from 2024-2025
Sudan	Establish a national technical working group with clear terms of references for the revision and updates of the guidelines	Conduct consultative forums for the review, finalization and validation of the guidelines and the training package
Zambia	Have a consensus meeting with all stakeholders to agree on the IMAM national development policy roadmap within 1 month	Disseminate the finalized national IMAM guideline to the health workforce within 9 months
Zimbabwe	Activate IMAM taskforce for the sensitization, feedback and development of the roadmap and framework.	Review and adapt IMAM guidelines using the new WHO recommendations

Each country group shared two priority actions from one of the pillars and one lessons-learned/challenges/best practices from one of the pillars.

Country	Priority Actions	Challenges/Lessons learned
Kenya	Financing - Continue advocacy to the national government, including the Nutrition Match Fund - Develop costing and financing tool	
South Sudan	Service delivery - Increase number of facilities delivering integrated nutrition and health services - Integrate health and nutrition activities at the private health care level	
Mozambique	Leadership and Governance - Advocate and finalize the costed roadmap currently being developed for wasting to adopt and operationalize the new WHO guideline - Facilitation team to support technical assistance and evidence generation for the operationalization of the guideline using a stepwise, process-based approach	Health workforce - High turnover of health workers is a challenge - Need to review all health worker training curriculum to make sure recommendations are properly included
Sudan	Leadership and Governance - Integrate the updated WHO guideline into national policy and guidelines and disseminate it to subnational level - Develop a clear costed roadmap and engage investment from the government	Service Delivery - Integrated nutrition into social protection and food systems to improve diet diversification for the 1,000 days target group
Somalia	Service Delivery - Integrate nutrition services into the public health system - Improve the quality of care and treatment for SAM and MAM during drought and shocks	Service Delivery - Contributed to cost-effectiveness by operating OTP and MAM service at same facilities
Namibia	Leadership and Governance - Improve cross-sectoral collaboration and bring private sectors on board - Integrate nutrition services into HIV programme and ANC - Review and adapt national guidelines related to maternal and child health	Leadership and Governance - Different stakeholders have different aspects they want to address which is the challenge to agree on timeline/roadmap
Ethiopia	Leadership and Governance - Advocate for commitment and investment to extend services for the prevention of malnutrition - Develop an action plan to endorse the new WHO guideline	Health Service Delivery - Management of acute malnutrition in 20,000 health facilities
Zimbabwe	Service Delivery - Utilize Care Groups for the management of acute malnutrition with a child-centered approach	Service Delivery - Best practices on establishing center of excellence for care

	- Conduct capacity building through training and on the job, training including information management	of malnutrition – reduced child mortality by 45%
Malawi	Leadership and Governance - Strengthen integration of nutrition into national coordination system at national and district level - Adapt the national CMAM guideline to the updated WHO recommendation and make sure it is aligned with the national policies	Service Delivery - Lessons-learned on integration of CMAM into iCCM improves coverage in hard-to-reach areas
Nigeria	Leadership and governance - Review and updated the existing Integrated management of acute malnutrition (IMAM) - Strengthen existing coordination mechanism at all levels (national and states)	Health workforce - Updating of in-service curriculum for pre-service training for nurses and CHWs needed
Zambia	Supplies and commodities - Lobby for inclusion of therapeutic milks in the Essential Medicine List to reduce the error in recipe utilization - Explore opportunities of local production of RUTF and SFF to increase coverage of children	Financing - Government’s commitment to IMAM is key to increased coverage of children enabling all districts to access RUTF, compared to only partner-dependent support

Below is the list of areas of support that each country team requested to the headquarters and regional office:

Country	Support request
Ethiopia	Technical assistance on: <ul style="list-style-type: none"> - preventive approaches, criteria, and reporting tools - Support on evidence generation and utilization of evidence on preventive approaches - Operational research on nutrient-dense food production - Quality assurance on the roll out from field testing up to the standardization and MAE tools on the management and prevention of child wasting
Kenya	- Recruit consultant to support guideline adoption and integration beyond the health system on the child-centered approach
Malawi	- Support on sensitization of taskforce to conduct deep dive on the recommendations at the country level - Development of case and advocacy brief on nutrition financing - Quantification and forecasting of supplies for the management of high-risk MAM - Hiring of consultant to help the review and adaption of the new guidelines
Mozambique	- In-country mission of WHO technical officer to present and support consensus around recommendations to be adopted within the country - Recruitment of specialized team of experts to support the updating, training and roll out of the protocol - Continued support for the development of food-based recipes for low-risk MAM - Strengthen MAE systems - Advocacy for stable pipeline of therapeutic nutrition supplies for SAM and high-risk MAM

Country	Support request
	<ul style="list-style-type: none"> - Advocacy for multisectoral funding for wasting prevention and management of low-risk MAM
Namibia	<ul style="list-style-type: none"> - Drafting of guidelines - Review and update current guideline as per WHO standards - WHO Consultant for 3 months to review the established guideline - Validation meeting
Nigeria	<ul style="list-style-type: none"> - Need resources to engage a team of 6 consultants (2 from WHO and UNICEF HQ and 4 in-country experts) - Duration of engagement 3 months from February 2023 (not continuous) <p>Expected deliverables:</p> <ul style="list-style-type: none"> - Desk review - Facilitate process including stakeholders for sensitization and addendum development meetings
Somalia	<ul style="list-style-type: none"> - Review of developed roadmap and TOR of the consultant, which country plans to hire - Development of monitoring tools for the pilot test of the new guideline - Peer review of draft guideline, specifically for the simplified approaches and protocol for infants less than 6 months
South Sudan	<ul style="list-style-type: none"> - Establish a learning and information sharing platform to facilitate exchange of lessons learned from front runner countries - Support to contract an institution that will lead the pilot, including the development of operational guidelines and learning products - In-country missions from HQ and regional teams during roadmap development
Sudan	<ul style="list-style-type: none"> - Technical support for the recruitment of a consultant for 6 months (3months to support update of the guidelines and 3 months to develop the training manual and carry out ToT training) - Exchange visit to one of the top runner countries (lessons learned) - Funding requirement for coordination and review meetings; recruitment of consultant; carry out the TOR and case studies; evidence generation context specific
Zambia	<ul style="list-style-type: none"> - Adaptation meeting (WHO 2 weeks, UNICEF 1week, WHO 1 week) - Review of training packages (WHO) - Peer review guideline (WHO, UNICEF, WFP)
Zimbabwe	<ul style="list-style-type: none"> - National IMAM coordinator placed at MoH for 12 months - UNICEF, WHO HQ and regional support for advocacy and high-level engagement - Procurement of anthropometric equipment

Christiane Rudert summarized country teams' requests by themes that required support from HQ/Regional teams. Requests by each country can be found in Annex 2 of this report.

Theme	Support request
Roadmap and adaptation process	Drafting of the roadmap; Sensitization of taskforce, desk review, addendum development meetings, hiring of consultant, UNICEF and WHO in-country mission to support consensus and recommendations
Peer review of guidelines	Peer review and institution for the review of guidelines; Integration of guidelines beyond the health system for the prevention component with a child-centered approach
Capacity building	Development and review of capacity building strategies, updated training packages, manuals, and tools for the health workforce
Long-term support	IMAM coordinator and clinical nutrition manager placed within Ministry of Health
Local production	Support in local production of RUTF and SFF
Food-based approaches for prevention of malnutrition	Operational research on nutrient-dense foods, Development of food-based recipes for low-risk MAM Expert on preventive approaches, criteria, and reporting tools
Evidence generation	Support on evidence generation and utilization of evidence on preventive approaches
Quality assurance	Quality assurance on the roll out from field testing up to the standardization and MAE tools on the management and prevention of child wasting
Develop learning platform	Learning platform to exchange lessons learned from front-runner countries Exchange visits between the front-runner countries
MAE system	Strengthening of monitoring and information system for the piloting of the high-risk MAM Development of monitoring tools for the pilot test of the new guideline
Advocacy	Advocacy for stable pipeline of supplies for SAM and high-risk MAM Advocacy for high-level engagement Advocacy for Multisectoral funding for wasting prevention and low-risk MAM management
Quantification and supply forecasting	Quantification and supply forecasting for high-risk MAM (criteria, approaches)
Measurement tools	Procurement of anthropometric equipment

6. CONCLUDING DISCUSSION POINTS and RECOMMENDATIONS

Dr. Hana Bekele emphasized the need to consider the child health approach as a key guiding principle of this guideline during local adaptation. When adapting the recommendations and good practice statements in their national protocols, governments were encouraged to consider several contextual factors, such as integration into existing platforms for child health services, financing, feasibility, scale-up, equity, etc. Countries were also advised to adopt and adapt the priority recommendations to other relevant national strategies, policies and plans. Implementation of the recommendations, however, could be done in phases. If required, adoption and adaptation needs to consider consultation beyond the nutrition

departments and teams, e.g., maternal and child health, mental health, including Pediatric associations, and other relevant sectors beyond health. She also emphasized that this should be time-bound if the standard protocols are adapted for humanitarian contexts.

On the aspects of prevention, it was emphasized that nutrient-dense foods are one of the interventions to address all forms of malnutrition. Food-based dietary guidelines developed based on nutrient intake goals for the population are one of the best ways to define healthy diets across the life cycle. In situations where national food-based dietary guidelines are unavailable, there is a need to promote the development of local recipes for children under five based on their nutrient intake goals.

Consideration should be made to ensure the priority recommendations are integrated into health systems' building blocks to equitably promote sustainability, efficiency, and effectiveness at national and subnational levels. Universal health coverage needs to be a key goal in mind.

Prevention interventions through the health system may not necessarily be new but must follow a life course approach and be scaled up, including at the community level. Community-level prevention interventions need to tap into the opportunities of linkage across the food, social protection systems, water, hygiene, and sanitation, among others. The inclusion of prevention in this guideline should also be an opportunity to advocate for resource mobilization towards preventing wasting.

7. ANNEXES

Annex 1: Participant List

	Country Office/RO/HQ	Organization Agency/MOH	Name	Title
1	Ethiopia	UNICEF	Rashid Abdulai	Nutrition manager
2	Ethiopia	UNICEF	Abdi Fekdid Mursel	Nutrition Officer
3	Ethiopia	UNICEF	Mikiale Abraha	Nutrition Officer
4	Ethiopia	MOH	Shibru Kelbessa Yadeta	Acute Malnutrition Prevention and Management Desk lead
5	Ethiopia	MOH	Mezgebu Seyoum Gobena	Acute Malnutrition Prevention and Management Expert
6	Ethiopia	MOH	Hiwot Darsene Dimdi	Nutrition Coordination Office Lead Executive officer
7	Ethiopia	WHO	SHIRKA Wegen Shiferaw	Department of Nutrition and Food Safety,
8	Ethiopia	WFP	Pauline Akabwai	Nutrition officer
9	HQ	UNICEF HQ	Benjamin Allen	Nutrition Specialist
10	HQ	UNICEF HQ	Anuradha Narayan	Senior Advisor- Nutrition
11	HQ	UNICEF HQ	Grainne Moloney	Senior Advisor- Nutrition
12	HQ	UNICEF HQ	Megan Gayford	Nutrition Specialist Nutrition and Child Development
13	HQ	UNICEF HQ	Victoria Mwenda	Program Specialist-Nutrition
14	HQ	WFP HQ	Britta Schumacher	Chief, Nutrition Operations
15	HQ	WFP HQ	Gwenaelle Garnier	Nutrition in Emergencies team lead
16	HQ	WHO HQ	BENDABENDA Jaden	Department of Nutrition and Food Safety,
17	HQ	WHO HQ	WEISE PRINZO Zita C.	Department of Nutrition and Food Safety,
18	Kenya	UNICEF	Ismael Teta	Chief Nutrition
19	Kenya	UNICEF	Francis Wambua	Nutrition Specialist
20	Kenya	UNICEF	Lucy Maina	Nutrition Specialist
21	Kenya	MOH	Alex Mutua	Program manager - Division of Neonatal and Child Health
22	Kenya	MOH	Grace Gichohi	Program manager - Division of Nutrition and Dietetics
23	Kenya	MOH	Julia Rotich	Program manager - Division of Nutrition and Dietetics
24	Kenya	WHO	LANYERO Betty	Department of Nutrition and Food Safety,
25	Kenya	WFP	Robert Ackatia-Armah	Head of Programme Technical Support Unit
26	Kenya	WFP	Lynette Dinga	Head of Nutrition
27	Kenya	WFP	Jackline Gatimu	Nutrition officer
28	Kenya	UNICEF	Jothan Wasswa	Nutrition Specialist
29	Kenya	UNICEF	Olivia Ogutu	Nutrition Specialist
30	Kenya	UNICEF	Phyllis Oyugi	Nutrition Specialist
31	Madagascar	UNICEF	Perrine cook	Nutrition specialist
32	Malawi	UNICEF	Stanley Vitumbiko Mwase	Nutrition Specialist
33	Malawi	WHO	KAMBALE Susan	Department of Nutrition and Food Safety,
34	Malawi	MOH	Eliza Chinula	Ministry of Health
35	Mozambique	MOH	Karen Mahomed	Nutritionist MISAU
36	Mozambique	WFP	Edna Possolo	Head of nutrition and HIV unit
37	Mozambique	UNICEF	Fancen Henriques Balde	Nutrition specialist
38	Mozambique	UNICEF	Sonia Khan	Nutrition Specialist
39	Namibia	MOH	Dr Mekelaye Nghaamwa	Pediatrician

40	Namibia	MOH	Ms Meke Shikwambi MoHSS	Senior Health program office
41	Namibia	MOH	Sarafia Uusiku MoHSS	Senior Health program office
42	Nigeria	UNICEF	Olayinka Chinyere Chuku	Nutrition Specialist
43	Nigeria	UNICEF	Karanveer Singh	Nutrition Manager
44	Nigeria	UNICEF	Oluniyi Oyedokun	Nutrition Specialist
45	Nigeria	MOH	Ladidi Bako-Aiyegbusi	Director of Nutrition, FMOH
46	Nigeria	MOH	Yvonne Yinfaowei	IMAM Focal point
47	Nigeria	WHO	WAKAWA Yakubu Pindar	Department of Nutrition and Food Safety,
48	Nigeria	WFP	Darline Raphael	Head of Nutrition
49	Nigeria	UNICEF	John Mukisa	Nutrition Manager
50	Nigeria	WFP	Dorothy Nabiwemba-Bushara	Nutrition officer
51	Regional	WHO AFRO	Florence Turyashemererwa	Department of Nutrition and Food Safety,
52	Regional	WHO AFRO	Bekele Hana	Department of Nutrition and Food Safety,
53	Regional	UNICEF ESARO	Christiane Rudert	Regional Advisor-Nutrition
54	Regional	UNICEF ESARO	Marjorie Volege	Nutrition Specialist
55	Regional	UNICEF ESARO	Joseph Macharia	Consultant Nutrition in Emergencies
56	Regional	UNICEF ESARO	Adamu Yerima	Consultant Nutrition Information Systems in Emergencies
57	Regional	UNICEF ESARO	Jasinta Hyachits	Nutrition Specialist
58	Regional	UNICEF ESARO	Alina Michalska	Nutrition Specialist
59	Regional	UNICEF ESARO	Mercy Ndegwa	Program Associate-Nutrition
60	Regional	WFP RBN	Laura Courbis	Nutrition Specialist
61	Regional	WFP RBN	Roselie Asis	Programme Policy Officer Nutrition
62	Regional	WFP RBJ	James Kingori	Regional Advisor-Nutrition
63	Regional	WFP RBJ	Ireene Makura	Nutritionist
64	Regional	UNHCR Regional	Amina Mohamed	Nutrition and food security Regional bureau
65	Somalia	UNICEF	Chandrakala Jaiswal	Nutrition Manager
66	Somalia	UNICEF	Simon Karanja	Nutrition cluster Coordinator
67	Somalia	MOH	Farhan Mohamed Mohamud	Head of Nutrition
68	Somalia	MOH	Fardawsa Osman	Head of Nutrition Somaliland
69	Somalia	MOH	Mako Abdi Mohamed	IMAM Officer MOH_PL
70	Somalia	NGO (IMC)	Naomi Mwikali Ndung'u	Nutrition manager IMC
71	Somalia	WFP	Nicolienne Oudwater	Head of Nutrition
72	Somalia	WFP/Nut Cluster	Abdirahman Muse	Nutrition Officer
73	Somalia	UNICEF	Abdikadir Dahir	Nutrition Specialist
74	South Sudan	UNICEF	Hanifa Namusoke	Nutrition Manager
75	South Sudan	UNICEF	Bosco Ojok Cirakol	Nutrition Officer
76	South Sudan	MOH	Khamisa Ayoub	Director of the Nutrition Department
77	South Sudan	MOH	James Lual Garang	Nutrition officer
78	South Sudan	WHO	Lucy Meseka	Nutrition Officer Emergency, Preparedness and Response
79	South Sudan	WFP	Aachal Chand	Head of Human Capital Development
80	South Sudan	FAO	Nicholas Kerandi	Head of Food Security and Nutrition
81	Sudan	UNICEF	Sarah Sami Yousif	Nutrition specialist
82	Sudan	MOH	Dr. Nuha Abdelfattah Abbas	Nutrition Director

83	Sudan	MOH	Dr.Qusay Mohamed Osman	Nutrition Advisor
84	Sudan	MOH	Prof. Ali Mohamed Alhag Arabi	Nutrition Advisor
85	Sudan	WFP	Arthur Pagiwa	Head of Nutrition
86	Sudan	UNHCR	Miata Johnson	Public health officer Sudan
87	Sudan	UNICEF	Tewoldeberhan Daniel	Chief Nutrition
88	Zambia	UNICEF	Ruth Siyadi	Nutrition Specialist
89	Zambia	MOH	Florence Kangwa Mtawale	Principal Nutritionist - Lusaka Province
90	Zambia	MOH	Suzanne Mwanza	Clinical Care Specialist - Eastern Province
91	Zambia	WHO	Chipo Mwela	Nutrition Professional Officer
92	Zambia	WFP	Phililo Nambeya	Nutrition Policy Officer
93	Zimbabwe	UNICEF	Kudzai Mukudoka	Nutrition Specialist
94	Zimbabwe	MOH	Handrea Njovo	Deputy Director, Nutrition
95	Zimbabwe	Paediatric Asso	Dr Svitlana Austin	Paediatric Association Zimbabwe
96	BHA	Donor	Dina Aburmishan	Nutrition Advisor
97	ECHO	Donor	MBOYA Suzanne Maureen	Nutrition Advisor
98	Facilitator	Facilitator	Jane Badham	Nutrition Advisor
99	South Africa	UNHCR-RBSA	Yuchen Ji	Nutritionist
100	Zimbabwe	MOHCC	Gadzayi Michelle	
101	Ethiopia	WHO	Agnes Charles Kihamia	
102	Zimbabwe	WHO	Trevor Kanyowa	
103	Zimbabwe	MOHCC	Shingirai Mikiri	

**OPERATIONALIZATION OF THE UPDATED WHO GUIDELINES ON THE
PREVENTION AND MANAGEMENT OF WASTING AND NUTRITIONAL
OEDEMA (ACUTE MALNUTRITION)
HOLIDAY INN, NAIROBI 6-8 NOVEMBER 2023**

AGENDA

Day 1		Theme: Unpacking the 2023 Guidelines on the prevention and management of wasting and nutritional oedema	Facilitator
08.00 08.30	30	Arrival and registration	Mercy Ndegwa, UNICEF ESARO
08.30 08.40	10	Security briefing	Hillary Odero, security, UNICEF KCO
08.40 08.50	10	Host country welcome	Grace Gichohi, MOH, Kenya
08.50 09.00	10	Welcome and opening remarks	- Diallo Abdourahmane-WHO Rep-Kenya - Christiane UNICEF ESARO
09.00 09.05	05	Housekeeping and administrative announcement	Jane Badham
09.05 09.50	45	Introduction of Resource Persons and Participants;	Jane Badham
09.50 10.00	10	Participants expectations	Jane Badham
10.00 10.10	10	Workshop objectives and expected outputs	Marjorie, UNICEF ESARO
10.10 10.40	30	TEA BREAK	
10.40 11.00	20	Global acute malnutrition landscape - Global landscape of acute malnutrition (wasting) - highlight on the GAP process	Grainne Moloney- Senior Nutrition Advisor-UNICEF
11.00 11.10	10	Regional outlook of wasting	Christiane Rudert- Regional Advisor, UNICEF-ESAR
11.10 11.20	10	Overview of the 2023 WHO Wasting Guideline development process	Jaden Bendabenda, WHO HQ
11.20 11.45	25	Summary of key revisions/updates/new recommendations for each section and demonstration in Magic app: a) Management of infants <6 months at risk of poor growth and development	Hannah Bekele, WHO HQ/ Jaden Bendabenda, WHO HQ
11.45 12.20	30	Group work 1: Prioritization of the recommendations in line with country specific context	ALL
12.20 12.40	15	Summary of key revisions/updates/new recommendations for each section: b) Management of infants and children 6-59 months with severe wasting/nutritional oedema.	Jaden Bendabenda, WHO HQ
12.40 01.15	30	Group work 2: Prioritization of the recommendations for their contexts	ALL
01.15	60	LUNCH BREAK	

02.15			
02.15 02.40	20	Summary of key revisions/updates/new recommendations for each section: c) Management of infants and children 6-59 months with moderate wasting	Jaden Bendabenda WHO HQ
02.40 03.15	30	Group work 3: Prioritization of the recommendations for their contexts (20 minutes)	ALL
03.15 03.30	10	Summary of key revisions/updates/new recommendations for each section: Cross cutting recommendations d) CHWs e) Post-exit interventions after recovery from wasting/nutritional oedema	Jaden Bendabenda WHO HQ
03.15 03.35	20	Group work 4: Prioritization of the recommendations for their contexts (20 minutes)	ALL
03.35 03.55	20	f) Prevention of malnutrition- What's new and how to apply updates in the guidelines/protocols	Jaden Bendabenda, WHO HQ
03.55 04.15	20	Prevention beyond the health system-Systemwide approaches to prevention	James King'ori-WFP RBJ
04.15 04.45	30	TEA BREAK	
04.45 05.00	10	Daily Evaluation and wrap up	Jane Badham

Day 2		Theme: strengthening systems for effective service delivery	Facilitator
08.00 08.30	30	Arrival and Registration	
08.30 08.37	7	Welcome and questions from Day 1	Jane Badham
08.37 08.45	8	Recap of Day 1	Jane Badham
08.45 09.00	15	UNICEF and WFP's Strategic Approach to address Wasting in Children and Women in humanitarian contexts	Anu/Britta
09.00 09.25	25	Country Panel Discussions	Jane Badham
09.25 09.45	20	Q&A	ALL
09.45 10.05	20	UNICEF WHO Operational Briefing note on Simplified approaches in the context of the updated guidelines	Grainne Moloney- Senior Nutrition Advisor UNICEF HQ
10.05 10.20	15	Q&A	ALL
10.20 10.50	20	TEA BREAK	
10.50 11.00	10	Integrating SAM/MAM into the health system- An intro into Health System Strengthening	Betty Lanyero, Nutritionist WHO MCAT

11.00 11.20	20	Developments in essential nutrition supplies for treatment of child wasting	Grainne Moloney- UNICEF HQ Ben Allen UNICEF HQ
11.20 11.40	20	Nutrition Information System -Implication of the updated guidance and opportunities to enhance NiS	Alina Michalska, Nutrition Specialist, UNICEF ESARO
11.40 12.05	25	Q&A	ALL
12.05 12.50	45	Groupwork 5 (Part 1) Review of the status of integrating SAM/MAM management within the health system, challenges in integration, and implication of the guidelines on HSS pillar	ALL
12.50 01.50	60	LUNCH BREAK	
01.50 02.40	50	Groupwork 5 (Part 2) Review of the status of integrating SAM/MAM management within the health system, challenges in integration, and implication of the guidelines on HSS pillar	ALL
02.40 04.20	10 0	PLENARY Feedback from Groupwork	Jane Badham
04.20 04.50	30	TEA BREAK	
04.50 04.50	10	Daily Evaluation and Wrap up of the day	Jane Badham

Day 3		Theme: Operationalizing and updating the national guidelines	Facilitator
08.00 08.30	30	Arrival and Registration	ALL
08.30 08.35	5	Welcome	Jane Badham
08.35 08.45	10	Recap of Day 2	Jane Badham
08.45 09.25	40	Review of program consideration for prevention beyond the health system	James King'ori WFP RBJ Roselie ASIS WFP RBN
09.25 09.40	10	Regional outlook -Overview of survey findings on status of updating National Guidelines and lessons from past experiences	Christiane Rudert UNICEF ESAR Jaden Bendabenda, WHO HQ
09.40 10.10	20	TEA BREAK	
10.10 11.10	60	Groupwork 6 Updating of National Guidelines, Protocols and strategies for the prevention, early detection and treatment of wasting	ALL
11.10 12.30	80	Groupwork 7 (part 1) Action Planning	ALL
12.30 01.30	60	LUNCH BREAK	
01.30 02.30	60	Groupwork 7 (part 2) Action Planning	ALL
02.30	45	PLENARY	ALL

03.15		Feedback from groupwork	
03.15 03.30	15	Groupwork: Support required from regional offices and head quarters	ALL
03.30 04.00	30	TEA BREAK	
04.00 04.15	25	Recap/Summary of support requests from County teams to HQ/Regional teams	Christiane Rudert UNICEF ESAR Jaden Bendabenda, WHO HQ
04.45 04.55	10	Workshop closing remarks	Christiane Rudert, UNICEF ESAR Hana Bekele WHO AFRO
04.55 05.00	5	Final wrap up and closing	Jane Badham

Annex 3: Key Questions and Answers

Q1. How will the new terminologies on high-risk MAM going to be aligned with SPHERE standards?

- There will be discussion on how the terminology updates will affect the SPHERE standards

Q2. Where are we at in terms of adopting alternative RUTF formulations as we have a strong drive globally to reduce the cost of RUTF supplies?

- There are countries such as Cambodia and Yemen which have conducted or planned the piloting the use of alternative formulations including ingredients such as rice and chickpeas. However, none of these have been fully adopted. Considering the recent inclusion of RUTF in the Codex, new formulations to be adopted is anticipated to take 3 to 5 years.

Q3. What is the justification of the criteria for high-risk MAM criteria?

- Justification of the high-risk MAM is presented in the remarks in Magic App

Q4. Can we customize the labelling for RUTF packets?

- Language adaptation is possible, but countries need to follow the CODEX standard labelling

Q5. How can we receive support on caseload calculation?

- The tool will be included in the wasting cascade guidance that is under development, aiming to release in 2025

Q6: Weight-for-height (WHZ) is used as a gold standard in nutrition surveys to alert emergencies. Is there possibility of using MUAC to trigger emergencies in the future?

- It should be clarified that WHZ is used at population level and use MUAC only for screening individual level

Q7: What were the shortfalls of the studies that were not accepted as evidence in the guideline?

- A: Some of the reasons include research questions were not a comparison, not following the WHO research standard, and limited information on whether the approach is effective in regular development settings