

## WHO Guidelines for the Prevention and Treatment of Wasting 2021

The following list contains the questions agreed on and prioritised by the Guideline Development Group (GDG) for the systematic literature reviews to feed into the guideline development process. There will be both quantitative and qualitative systematic reviews.

### Quantitative systematic review questions

1. A) In infants <6 months, what are the criteria that best inform the decision to initiate treatment in an outpatient/community setting for growth failure/faltering?
1. B) In infants <6 months, what are the criteria that best inform the decision for referral to treatment in an inpatient setting for growth failure/faltering?
1. C) In infants <6 months admitted for inpatient treatment of growth failure/faltering, what are the criteria that best inform the decision for transfer to outpatient/community treatment?
1. D) In infants <6 months receiving outpatient/community treatment for growth failure/faltering, what are the criteria that best inform the decision for discharge from outpatient/community treatment?
  
2. A) In infants and children >6 months, what are the criteria that best inform the decision to initiate treatment in an outpatient/community setting for wasting and/or oedema?
2. B) In infants and children >6 months with wasting and/or oedema, what are the criteria that best inform the decision for referral to treatment in an inpatient setting for wasting and/or oedema?
2. C) In infants and children >6 months admitted for inpatient treatment of wasting and/or oedema, what are the criteria that best inform the decision for transfer to outpatient/community treatment?
2. D) In infants and children >6 months receiving outpatient/community treatment for wasting and/or oedema, what are the criteria that best inform the decision for discharge from outpatient/community treatment?
  
3. In mothers/caregivers of infants <6 months with growth failure/faltering who are experiencing difficulties with breastmilk intake, which interventions to manage difficulties with breastfeeding/lactation can improve breastfeeding practices and increase breastmilk intake?
  
4. A) In infants <6 months with growth failure/faltering, which criteria best determine if and when an infant should be given a supplemental milk (in addition to breastmilk if the infant is breastfed)?
4. B) In infants <6 months with growth failure/faltering meeting the above criteria, what is the most effective supplemental milk (donor human milk, human milk from wet nurse, commercial infant formula, F-75, F-100, or diluted F-100) and for how long should these be given?

5. In infants <6 months with growth failure/faltering, should an antibiotic be routinely given (as per the 2013 guidelines for severe wasting and oedema)?
6. In mothers/caregivers of infants <6 months with growth failure/faltering, do maternal nutritional supplementation and/or counselling and/or maternal-directed mental health interventions improve infant outcomes?
7. In infants and children >6 months with moderate wasting across settings and contexts, which children require specially formulated foods; also what is the effectiveness of specially formulated foods (including RUSF, RUTF, CSB++, MDCF) vs non-specially formulated food interventions vs other approaches?
8. In infants and children >6 months with moderate wasting, what is the appropriate dietary treatment in terms of optimal type, quantity, and duration?
9. In infants and children >6 months with severe wasting or oedema, what is the optimal quantity and duration of RUTF?
10. In infants and children with growth failure/faltering or severe wasting or oedema who are not tolerating F-75 or F-100, what is the effectiveness of hydrolyzed or lactose-free formulas during inpatient care?
11. A) In infants and children with moderate or severe wasting or oedema, how can dehydration be identified?
11. B) In infants and children with moderate or severe wasting or oedema and dehydration but who are not shocked, what is the effectiveness of standard WHO low-osmolarity ORS compared with ReSoMal during inpatient care?
11. C) In infants and children with moderate or severe wasting or oedema with signs of severe dehydration or shock, what is the best fluid management strategy during inpatient care?
12. A) Which infants and children with growth failure/faltering, moderate or severe wasting, or oedema require post-discharge interventions?
12. B) In infants and children with growth failure/faltering, moderate or severe wasting, or oedema meeting the above criteria, which post-discharge interventions are effective?
13. In infants and children with wasting without co-morbidities<sup>1</sup>, what is the effectiveness of the identification and treatment of wasting by community health workers (in community settings)?
14. In communities with infants and children up to five years old at risk of wasting, what community characteristics increase or mitigate risk of wasting for individual children?
15. In communities with infants and children up to five years at risk of wasting, what is the effectiveness of community prevention interventions for prevention of wasting?

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<sup>1</sup> Specifically medical complications needing inpatient admission

16. In communities with infants and children up to five years at risk of wasting, what is the effectiveness of population-based interventions compared to targeted interventions for primary and secondary prevention of wasting?

## **Qualitative evidence synthesis and resource use questions**

### **1. Values and preferences**

What are the values parents/caregivers of a child affected by wasting assign to the defined health outcomes? Is there important uncertainty about or variability in how much parents/caregivers of a child affected by wasting value these outcomes?

### **2. Equity, acceptability, and feasibility: Treatment decisions (where to treat)**

What would the impact of the treatment decisions be on health equity? How acceptable are the treatment decisions to key stakeholders (i.e. parents/caregivers, health workers, government and policy makers)? How feasible are the treatment decisions to implement?

### **3. Equity, acceptability, and feasibility: Clinical and nutritional interventions**

What would the impact of the clinical and nutritional interventions be on health equity? How acceptable are the clinical and nutritional interventions to key stakeholders (i.e. parents/caregivers, health workers, government and policymakers)? How feasible are the clinical and nutritional interventions to implement?

### **4. Equity, acceptability, and feasibility: Community and population interventions**

What would the impact of the community and population interventions be on health equity? How acceptable are the community and population interventions to key stakeholders (i.e. parents/caregivers, health workers, government and policy makers)? How feasible are the community and population nutritional interventions to implement?

### **5. Resource use and cost-effectiveness: Treatment decisions (where to treat)**

How large are the resource requirements related to treatment decisions (costs)? What is the certainty of this evidence of resource requirements (costs)? Does the cost-effectiveness favour the intervention or the comparison?

### **6. Resource use and cost-effectiveness: Clinical and nutritional interventions**

How large are the resource requirements related to clinical and nutrition interventions (costs)? What is the certainty of this evidence of resource requirements (costs)? Does the cost-effectiveness favour the intervention or the comparison?

### **7. Resource use and cost-effectiveness: Community and population interventions**

How large are the resource requirements related to community and population interventions (costs)? What is the certainty of this evidence of resource requirements (costs)? Does the cost-effectiveness favour the intervention or the comparison?