

75% of acutely malnourished children do not receive the treatment they need resulting in preventable deaths. A simpler, community-centered system could reach millions more.

AN AVOIDABLE CATASTROPHE

52 million children worldwide suffer from acute malnutrition, drastically increasing their risk of death and long-term health and development issues.

The severity of this crisis is avoidable and an indictment of global leadership. For more than 25 years, we've had a highly-effective and easy to administer treatment — a nutrient-rich fortified peanut butter paste.

Today, just 25% of children with acute malnutrition receive this lifesaving care and progress to expand coverage remains stagnant.

What is acute malnutrition?

Acute malnutrition occurs when a child's weight is too low for their height. In its severest form, it causes the deaths of almost 2 million children a year.

It's caused by a myriad of factors including a combination of inadequate diets and diseases such as diarrhea, malaria, and pneumonia.

THE CURRENT SYSTEM IS FRAGMENTED AND UNDER-RESOURCED

The result is a burdensome and inefficient system that leaves millions of children behind.

- ▶ Diagnosis is calculated by healthcare professionals using a weight-for-height score, requiring a high-level of literacy and numeracy that is often inaccessible in remote and conflict-affected communities.
- ▶ Limited resources have resulted in a bifurcated system that treats severe and moderate acute malnutrition separately using different treatment products, protocols, and programs.
- ▶ Treatment is often provided only in health facilities, forcing families to travel long distances to access treatment and regular follow-ups.

A NEW SYSTEM THAT IS EVIDENCE-BASED, SIMPLER, AND SCALABLE

With proper resources and support, this streamlined and efficient system can save millions more lives.

- ▶ Caregiver diagnosis of children, using a simplified Middle-Upper-Arm-Circumference (MUAC) tape, designed to assess the severity of acute malnutrition status without the need for literacy or numeracy skills.
- ▶ A simplified combined protocol that uses a single diagnostic criteria and a single therapeutic product to treat moderate and severe acute malnutrition.
- ▶ Community health worker (CHW) delivery of treatment powered by a simple toolkit, which allows CHWs to deliver treatment to children in their homes, instead of requiring travel to health facilities.



THE EVIDENCE

The IRC and its partners have tested simplified approaches across sub-Saharan Africa with great success.

KEY FINDINGS

- 1 96% of children treated with simplified approaches in Kenya, Mali, and Somalia fully recovered according to initial 2021 reports.
- 2 The simplified combined protocol has proven equally effective and more cost-effective than the current treatment system.
- 3 Community health workers can effectively deliver a simplified combined protocol. These results show promise for bringing malnutrition treatment closer to remote communities.
- 4 No significant difference found in odds of relapse between the standard and simplified combined protocols.



THE FINANCIAL GAP

The IRC estimates an annual funding gap of **\$1 billion** to scale treatment coverage

Inadequate resources require that children with the most severe instances of malnutrition be prioritized. The result is children whose condition is diagnosed as moderate often have to wait until their condition deteriorates to receive treatment.

With sufficient funding to treat both severe and moderate acute malnutrition, we can aim to reduce the number of children whose condition reaches a severe diagnosis.

**We have the evidence,
the tools, and the power.**

With increased funding and a simplified treatment system, we could dramatically increase the number of children being treated and the number of lives saved.



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