

# MUAC-only protocols: drawbacks on SAM and MAM targeting and programmatic aspects

Analysis of anthropometric data from population-representative  
nutritional SMART surveys

CDC/ACF – France/AAH – Canada

# What do we mean by...

## SAM and MAM targeting:

- SAM: WHZ<-3 AND/OR MUAC<115mm AND/OR oedema
- MAM: <-3 WHZ <-2 AND/OR 115mm <MUAC<125mm

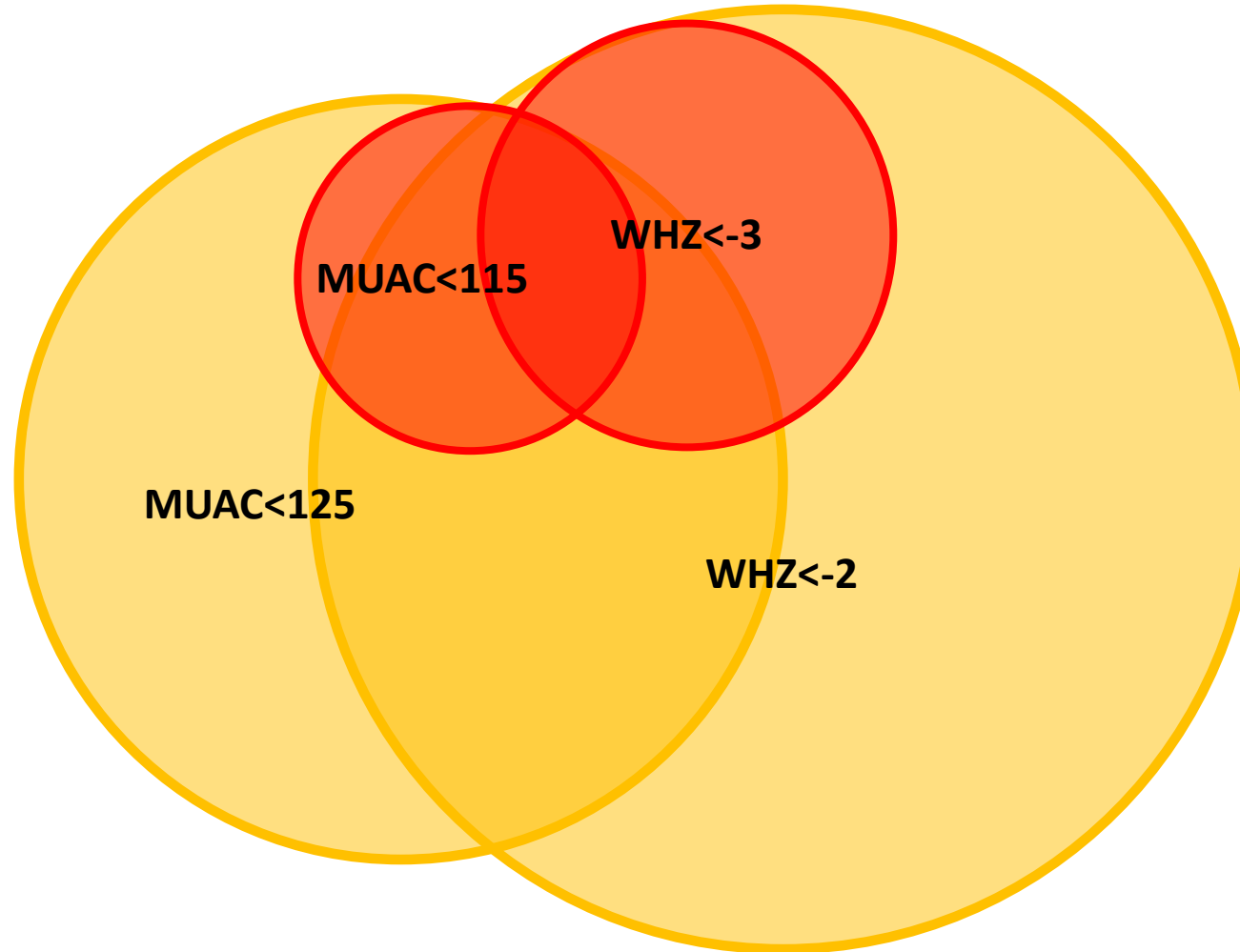
## MUAC-only approaches

- MUAC measurement or oedema as sole criteria for detection, admission and discharge
- Expanded MUAC criteria of screening & admission and triage of cases based on MUAC cut-off of <125mm and with different dosage of RUTF

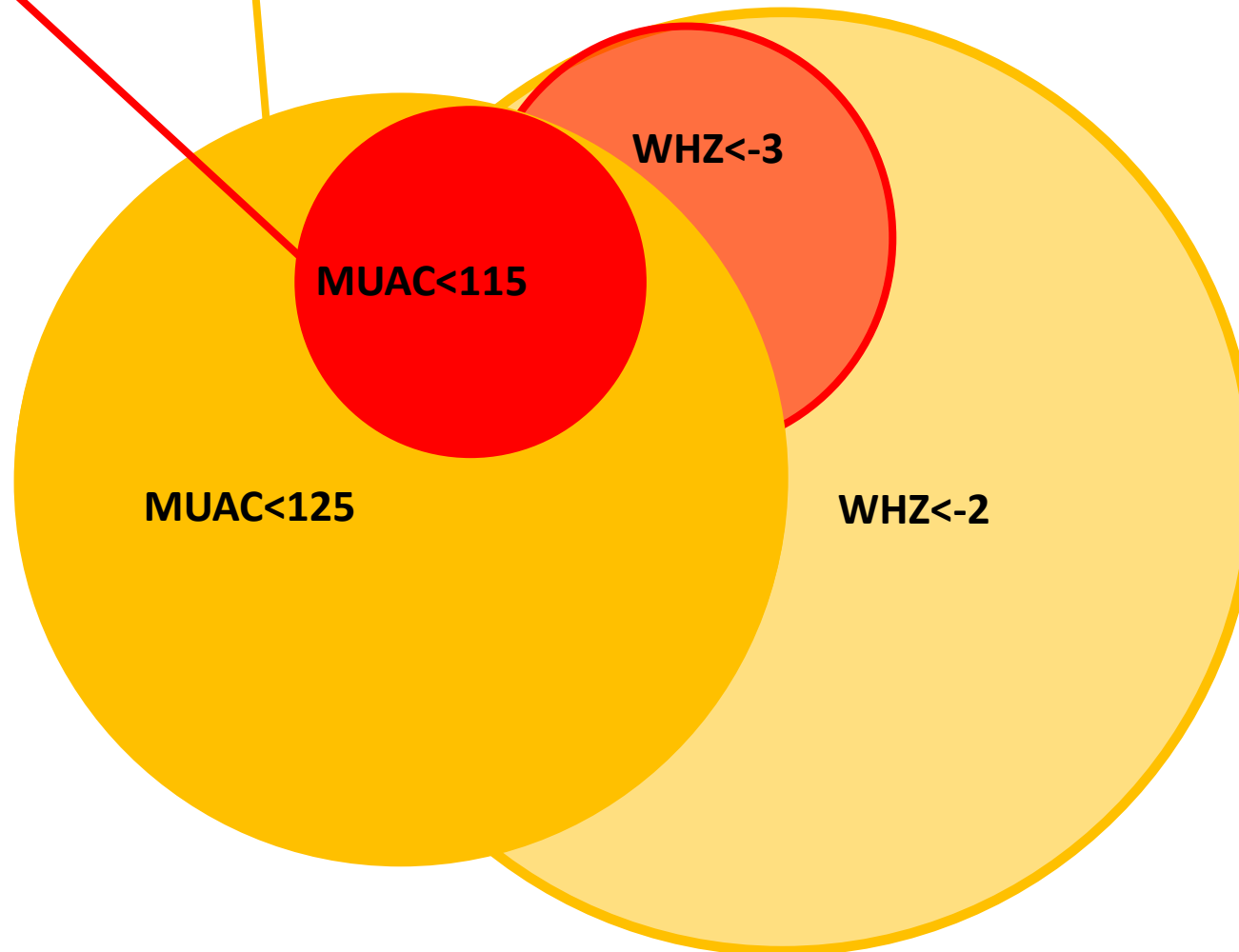
# TERMINOLOGY

1. **Excluded** : not detected and not admitted for treatment
2. **Undertreated** : SAM children treated will be treated as MAM
3. **Ignored risk** : SAM children with both low MUAC and low WHZ detected and treated but their specific need/risks will be ignored
4. **Correctly treated** : detected and treated according to standard WHO recommendations

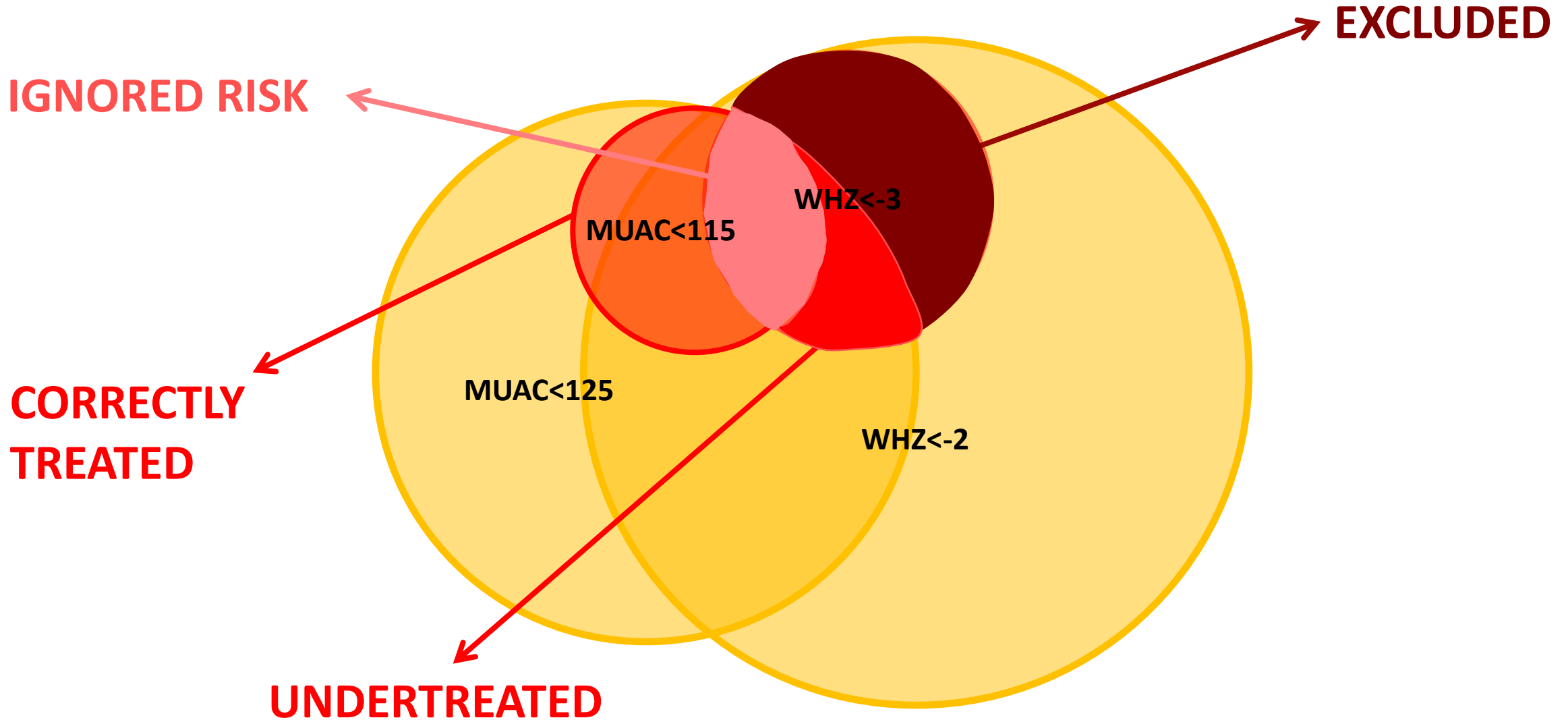
We retrieved **SAM** and **MAM** (UN definition) from 550 surveys in 22 countries



# **SAM** and **MAM** targeted by MUAC-only approaches

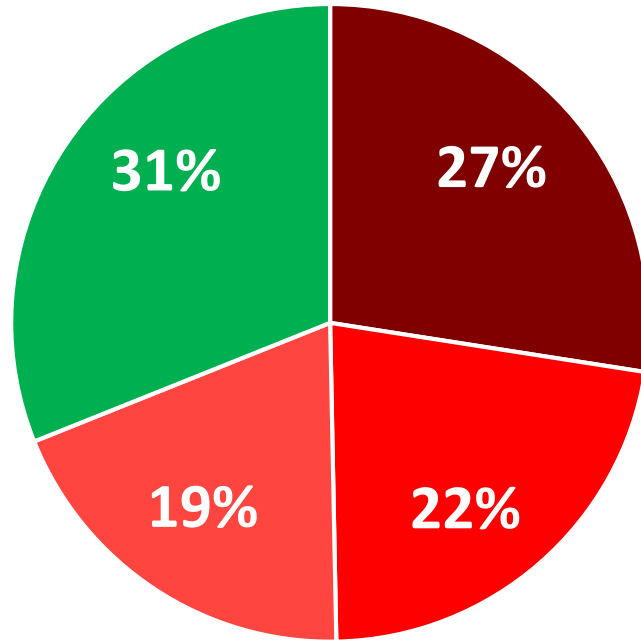


# MESSAGE 1: DRAWBACK ON **SAM** TARGETING (1/2)



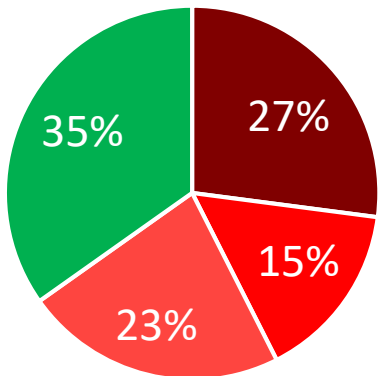
# MESSAGE 1: DRAWBACK ON SAM TARGETING (2/2)

- Excluded
- Undertreated
- Ignored risk
- Correctly targeted

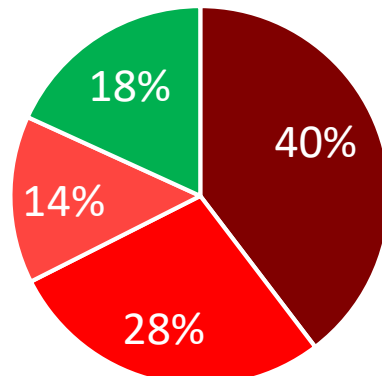


**50% of the SAM caseload excluded or undertreated**

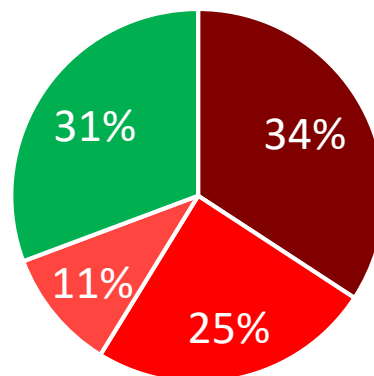
Nigeria



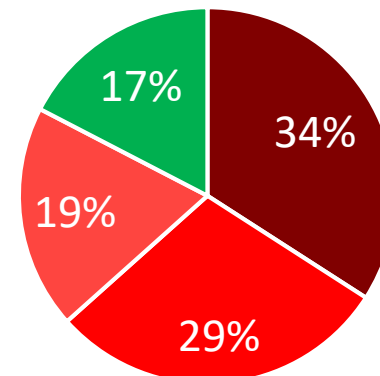
South Sudan



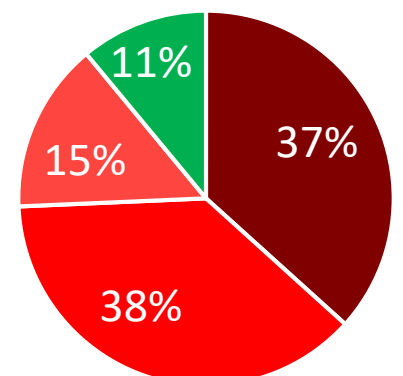
Somalia



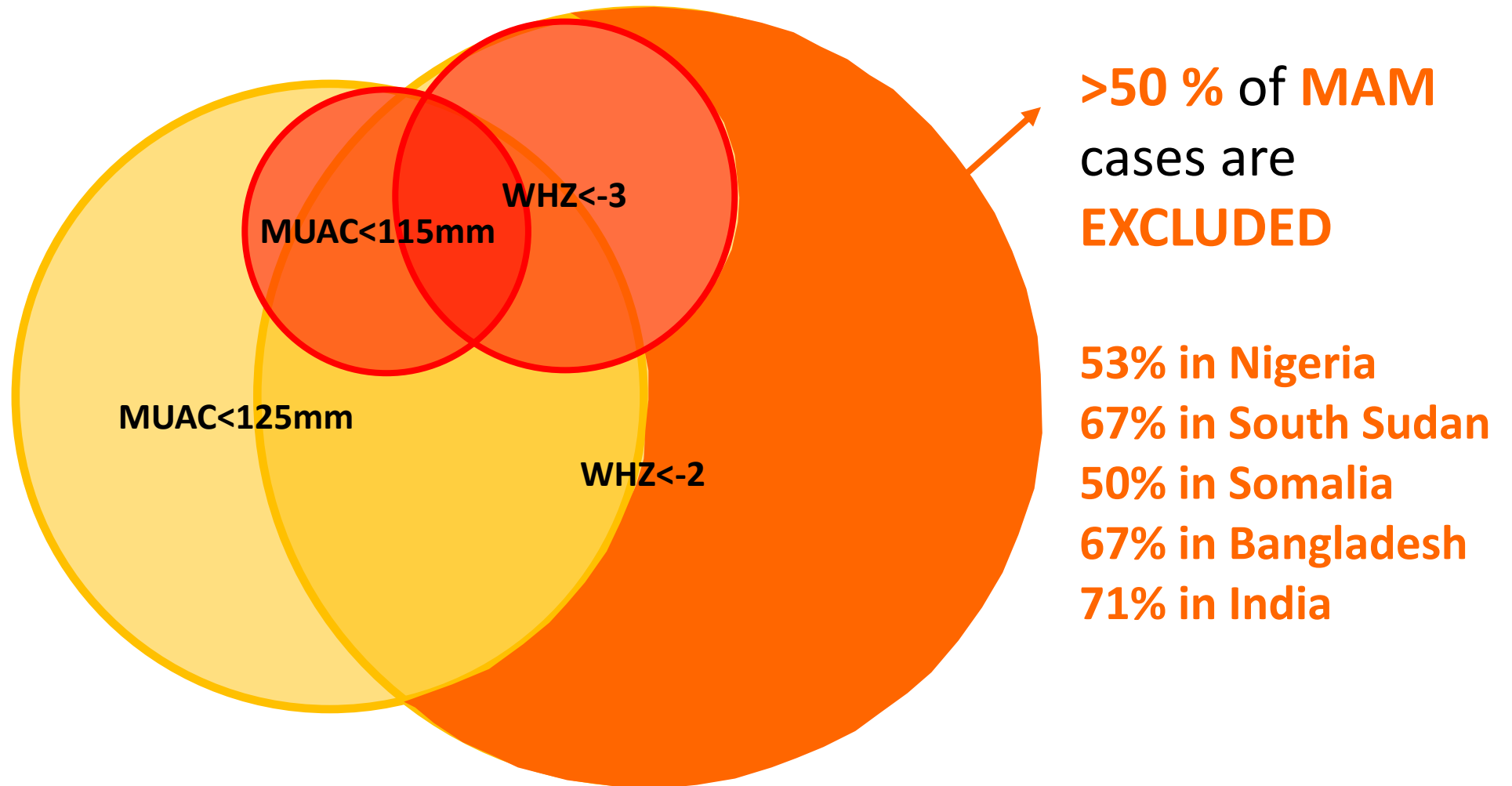
Bangladesh



India



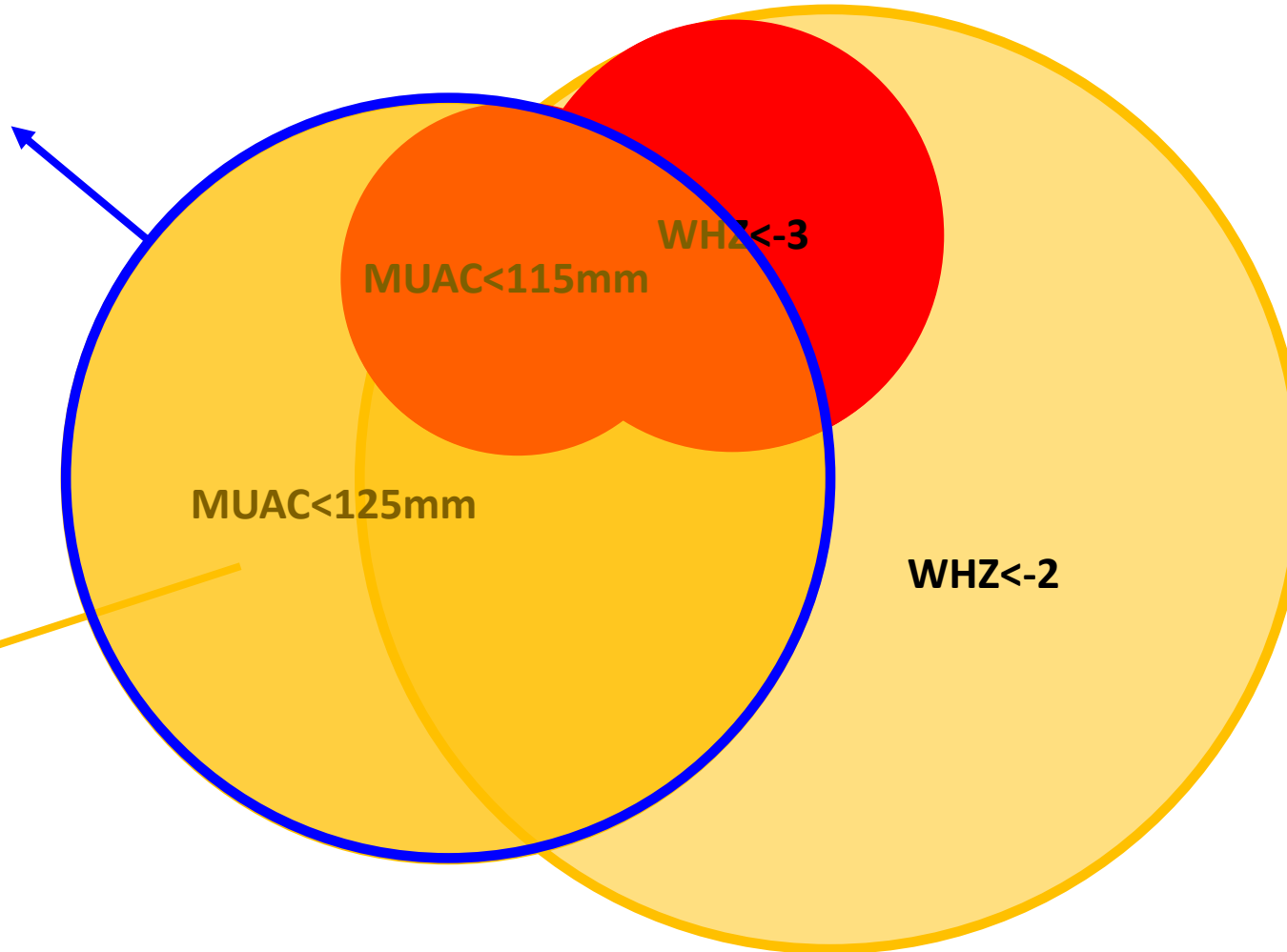
## MESSAGE 2: DRAWBACK ON **MAM** TARGETING





# MESSAGE 3: DRAWBACK ON PROGRAMMATIC ASPECTS

2.4 times more  
children



70% of target  
are MAM

# **CONCLUSIONS**

**Our findings indicate large restriction of SAM and MAM target that will not receive treatment as per WHO recos under MUAC-only and expanded MUAC protocols.**

**Our findings suggest that programs target increase while programmatic costs are likely to be directed towards the less severely affected children.**

# DO WE EXPLORE ALL POSSIBLE SOLUTIONS?

- Using digitalization: Photo & 3D imaging diagnosis
- Targeting beyond anthropometry only: Anthropometry + recent history (morbidity, weight loss, IYCF practices), Bio-markers
- Targeting integrated in existing service packages: Health delivery platforms: IMCI (AleDia), reproductive health, neonatal care; Revisiting Growth monitoring and promotion?
- Linking with other sectors activities: Maximizing targeting at each contact point (WASH, food aid, cash etc. together with health) ex. WASH'NUTRITION
- Comprehensive piloting to adapt acute malnutrition targeting and treatment to what current health services can bear and deliver upon: Pilots in West Africa

THANKS