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### **International Malnutrition Task Force of the International Union of Nutritional Sciences**

The International Union of Nutritional Sciences (IUNS) launched the Malnutrition Task Force at the IUNS Congress in Durban in September 2005. The initiative is supported by the International Pediatric Association (IPA), WHO, UNICEF<sup>1</sup>.

Malnutrition (underweight) contributes to approximately 60% of all child deaths. Despite the obvious impact of malnutrition on global health it does not capture the attention of policy-makers and lacks appropriate resources.

The WHO has developed guidelines for the treatment of severe malnutrition and a training course for doctors and nurses in which 10 steps are identified for routine case management, which can be effectively applied in resource-poor settings. When properly implemented these guidelines are associated with reductions in case fatality (for example, from 22 to 7% in India<sup>2</sup>; 17 to 4% in Bangladesh<sup>3,4</sup>; 34 to 16% in Brazil<sup>5</sup>; 55 to 16% in Malawi<sup>6</sup>; further improvements are likely in Brazil and Malawi with fuller implementation).

There is thus clear evidence of benefit (health and cost savings). This experience needs to be shared and implemented as widely as possible. Serious life-threatening malnutrition evolves over time. The condition can be prevented and larger numbers can be treated effectively at an earlier stage of the disease process through active case-finding and community-based therapeutic care<sup>7</sup>. The two approaches of treatment, facility-based care and community-based care, are complementary. It is only if these relatively low-cost, evidence-based approaches are rolled out as standard better practice will it be possible to make a substantial impact, thereby making a contribution to the Millennium Development Goal of reducing child mortality by two-thirds.

#### **Aim of the Task Force**

With the aim of substantially reducing child malnutrition and case fatality, the Malnutrition Task Force has two immediate aims. Firstly, to ensure that an integrated system of prevention and treatment of malnutrition is actively supported as a fundamental aspect of care, and becomes an integral part of all training programmes for all

health workers, including doctors, nurses and public health nutritionists. Secondly, to work towards capacity building and the strengthening of health systems for early identification and treatment at home.

In the first instance the activities of the Task Force will focus on how best to build capacity and to develop advocacy.

- For building capacity:
  - Establish three regional networks (South and South-east Asia, sub-Saharan Africa, Latin America) to coordinate expertise and develop capacity building partnerships;
  - Provide appropriate training and protocols for best practice;
  - Encourage operational research to monitor and improve health workers' performance and to provide evidence of effect;
  - Scale up activities.
- For advocacy:
  - Raise the profile of malnutrition among makers of health policy and donor agencies;
  - Dissemination of experience.

Therefore, for both there will be an urgent and immediate need to effectively mobilise resources to support expansion of programmes.

#### **Programme of activities**

IUNS has established a management structure that consists of a Board of Governors, chaired by the IUNS President, Professor Ricardo Uauy, and with representation from IPA, WHO, UNICEF. A Steering Committee convened by Ann Ashworth and Alan Jackson has regional representation and experts in both facility-based and community-based therapeutic care. An advisory panel of those with special expertise and experience is being drawn together, to best utilise the wide knowledge and skills of a range of health professionals in working towards the common purpose. Formal partnerships are being created with representatives of specific professional groups to create a framework within which the relevant policy decisions and objectives might be effectively realised.

In the past nutrition has been criticised for being fragmented and failing to act with clear purpose. Malnutrition remains a substantial scourge, for which we know the causes and their interaction, from the immediate personal factors up to the broader considerations in society. There is a challenge to every health professional in dealing with this problem effectively. Severely malnourished individuals deserve the straightforward approaches to life-saving care which have been clearly demonstrated. Those at immediate risk are entitled to be cared for at an early stage to ensure they do not slip imperceptibly to become a more difficult problem for treatment. Household

food security (Millennium Development Goal 1) as an integral aspect of human rights and access to clean water and basic sanitation (Millennium Development Goal 7) play a fundamental role in preventing the genesis of the problem in the first place.

Public health nutrition faces a real challenge at the heart of its professional responsibilities, to take a leadership role in working with others to prevent and manage this obvious but ignored problem. The IUNS Malnutrition Task Force seeks to provide a forum and vehicle through which those who care can work together to achieve real progress in order to ensure that, over the next period, the Millennium Development Goals are given the serious consideration they deserve.

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