

Philippine Integrated Management of Severe Acute Malnutrition (PIMAM)

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DOH RO VII

Outline

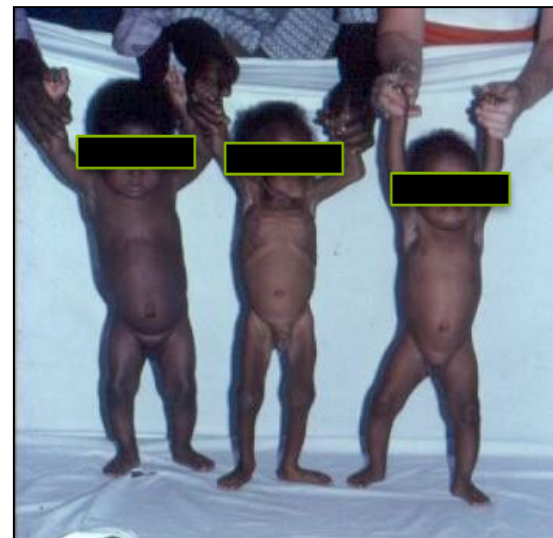
At the end of the session, we will discuss

1. Situation of under 5 year old child wasting.
2. Evidence for community based treatment of SAM.
3. Evidence for integrated management of acute malnutrition.
4. Roles and Responsibilities as PIMAM Managers



Three Stories on Severe Acute Malnutrition

Three Stories



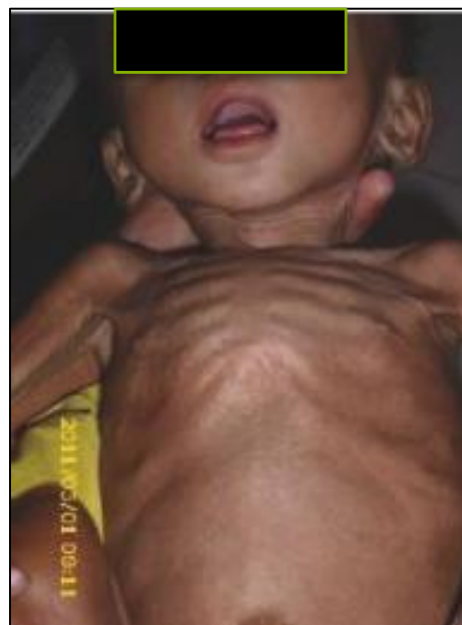
Three Stories

4th National Conference of Nutrition Action Officers
 15-16 November 2016
 Cebu City



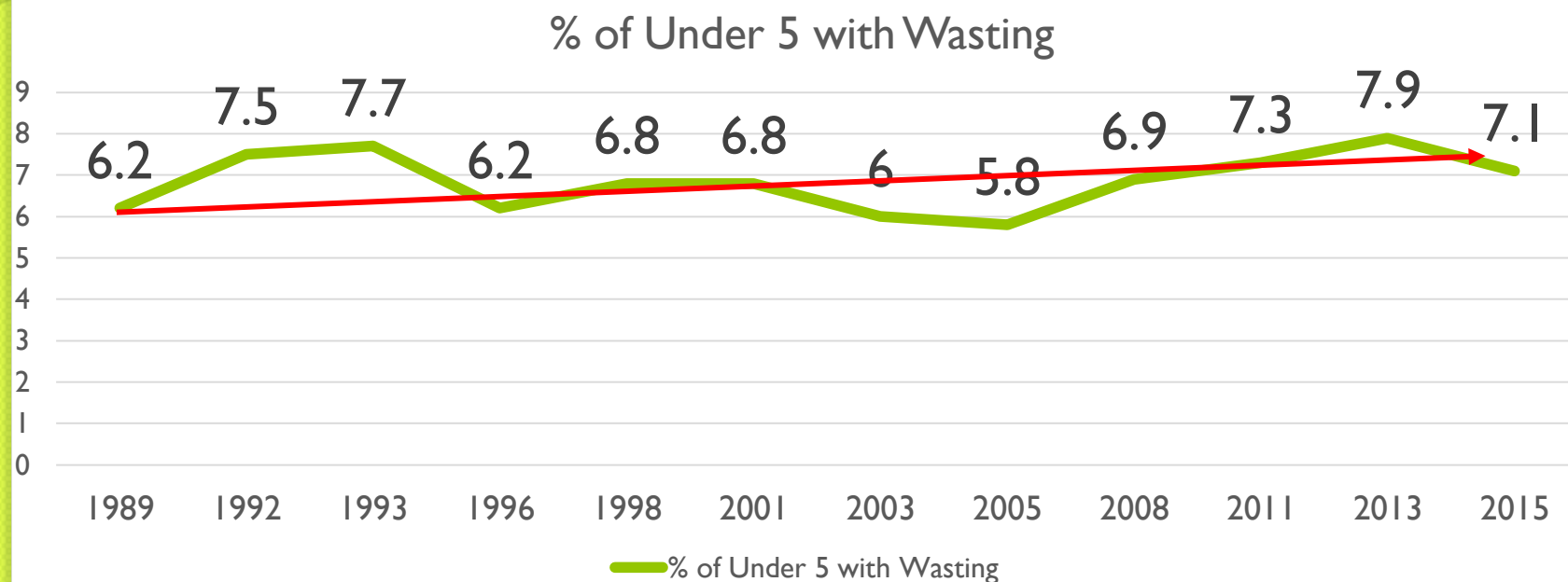
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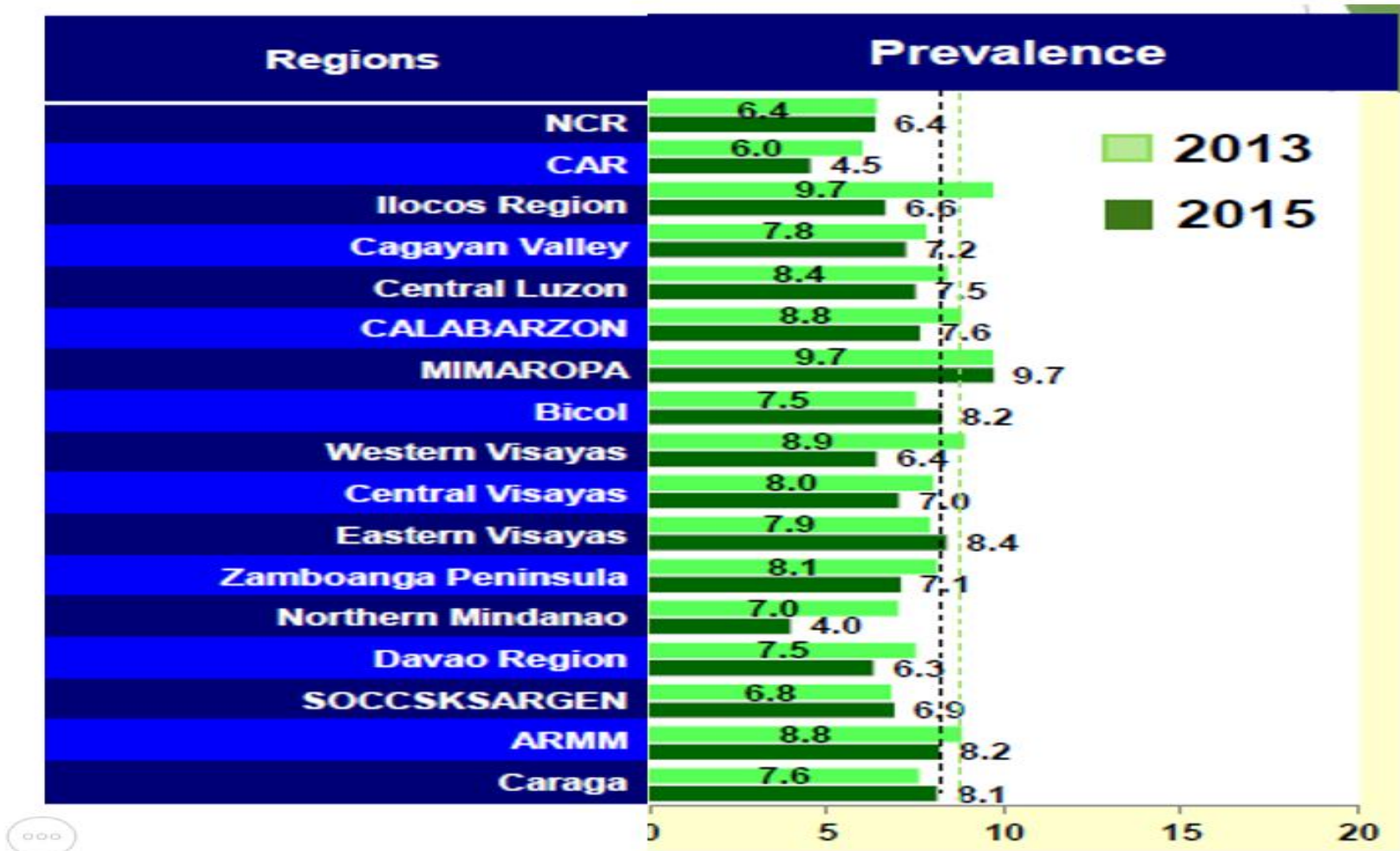


The Philippines and wasting in childhood

FNRI DOST, National Nutrition Survey, 2015

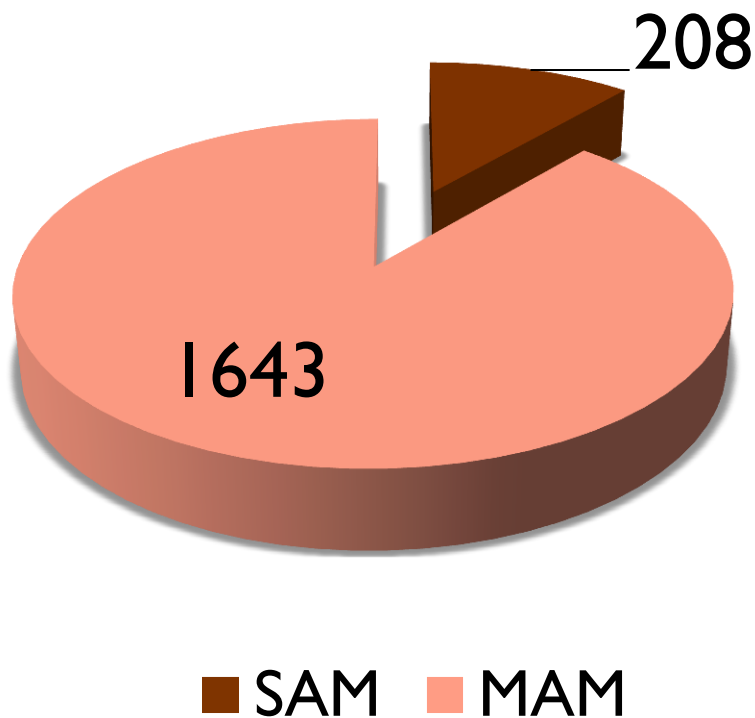


Severe Acute Malnutrition is a **Critical Health Priority** for LGUs

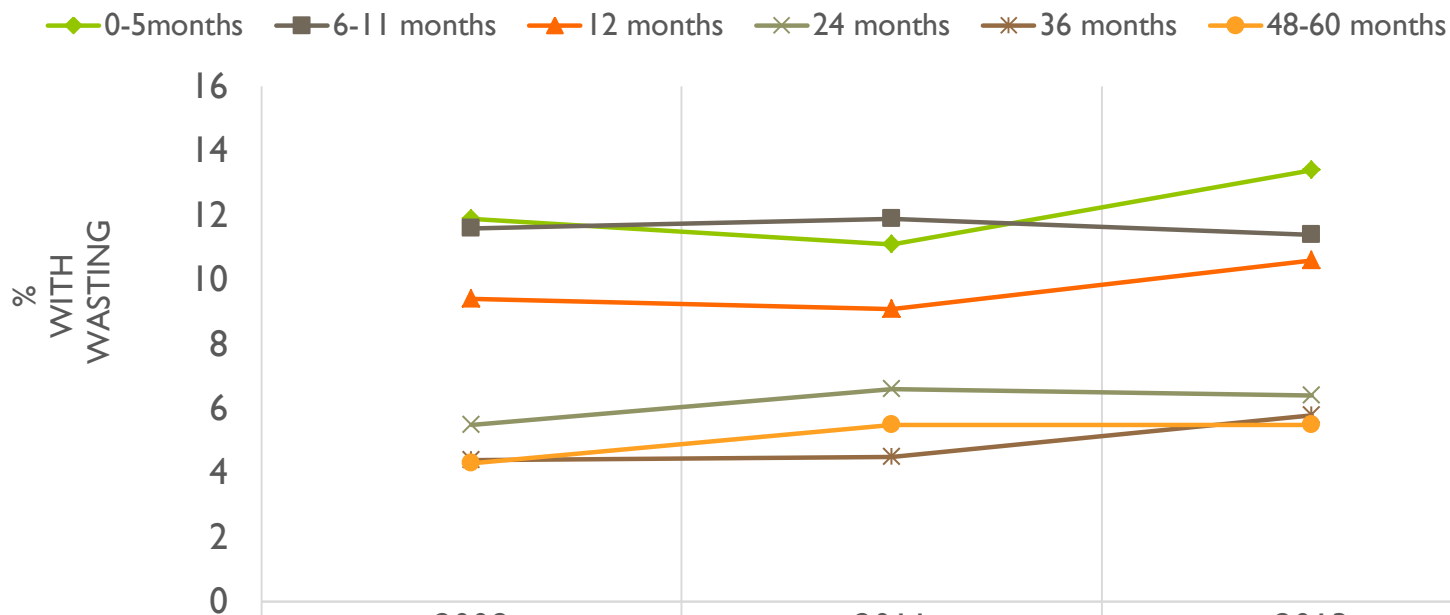


FNRI DOST, National Nutrition Survey, 2013, 2015

It gets worse in emergencies



63,231 children (under 5 years of age in Regions VI, VII, & VIII were screened)
 1,851 were acutely malnourished



	2008	2011	2013
0-5months	11.9	11.1	13.4
6-11 months	11.6	11.9	11.4
12 months	9.4	9.1	10.6
24 months	5.5	6.6	6.4
36 months	4.4	4.5	5.8
48-60 months	4.3	5.5	5.5

Among Filipino children, those 12 months old and younger are most affected

The First 1000 Days!



- UNICEF: Improving Child Nutrition: The achievable imperative for global progress (New York, 2013)
- Global targets to improve maternal, infant and young child nutrition - Policy Brief, 1,000 Days Partnership, n.d., thousanddays.org/wp-content/uploads/2012/05/WHO-Targets-Policy-Brief.pdf [accessed 10 May 2015]



Community – Based Management of Acute Malnutrition (CMAM)

Why do we need to treat SAM?

- **Children with SAM are 9 times more likely to die than those who are well nourished.**

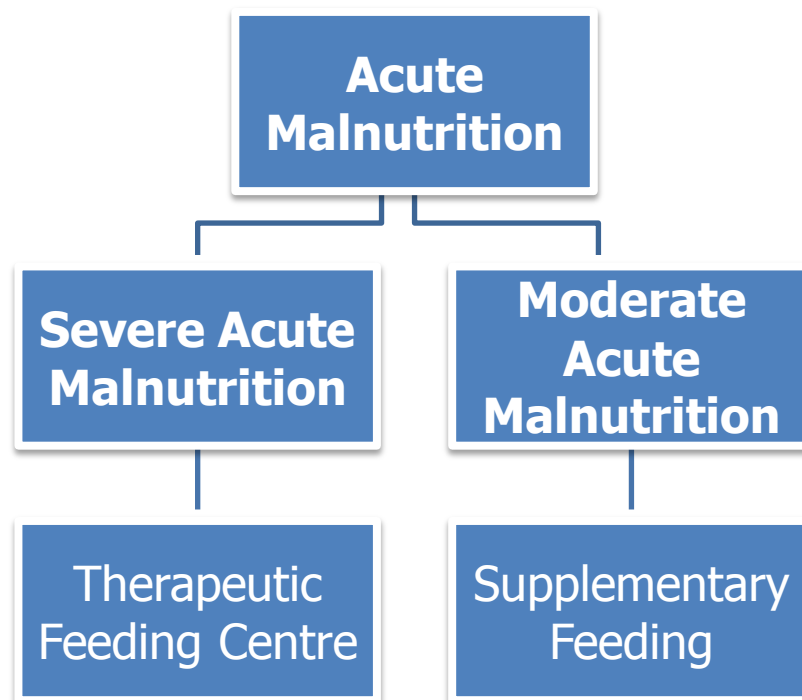
(RE Black et al. Maternal and Child Undernutrition. Paper I. Global and regional exposures and health consequences. The Lancet 2008)

- **Recognized and treated early, it can be reversed with proper food, nutrition and care.**



We had the WHO protocol for ITC

WHO Classification for the Treatment of Malnutrition



The evidence looked good for ITC using the WHO protocol

With the use of the WHO facility based protocol for children over 6 months to 59 months, the **risk of death was reduced by 55%** compared to conventional treatment.

Referring to mortality -- “From 9 pooled studies, summary risk ratio of 0.45 (95% CI 0.32-0.62) when compared with conventional treatment”

Bhutta, ZA et al (2006) The Lancet. Maternal and child undernutrition Series 3.

But how have we fared against malnutrition using in-hospital care?

Case fatality rates in developing countries is 20-30%

DESPITE

WHO management protocols capable of achieving case-fatality rates of 1–5% in specialized units

Malnutrition treatment primarily hospital based

Several factors affect success:

- Lack of skilled and motivated personnel
- Lack of appropriate and adequate resources
- Co-existing medical conditions
- Late presentation at hospital
- High risk of cross-infection
- High rate of defaulters



The move towards the community

- ✓ Started in the 1970's to 80's
- ✓ Generally, short hospital stays AND
- ✓ Locus of treatment to communities →
 - simple nutrition rehabilitation centers,
 - existing primary health-care clinics,
 - or the homes of those affected



However...

Review of 27 such programs from the 1980s and 1990s:

Six (22%) of the 27 achieved:

- ✓ case-fatality rates of less than 5%,
- ✓ average weight gains of more than 5 g/kg/day, and
- ✓ relapse or readmission rates of less than 10%

Conclusions:

- home treatment was rarely successful
- early discharge of severely malnourished patients from inpatient treatment units was usually hazardous

Ashworth, A. Community-based rehabilitation of severely malnourished children: a review of successful programmes. London School of Hygiene and Tropical Medicine, London; 2001

Ready To Use Therapeutic Food (RUTF)

- a suitable high-energy, nutrient-dense food enriched vitamins
- **Induces weight gain in emergency settings**
(recommended by WHO, UNICEF, and the UN World Food Program)
- Among 23, 511* unselected SAM children:
 - ✓ Overall case-fatality rate: 4.1%,
 - ✓ Recovery rate: 79.4%
 - ✓ Default: 11.0%.

Ashworth, A. Community-based rehabilitation of severely malnourished children: a review of successful programmes. London School of Hygiene and Tropical Medicine, London; 2001

What is the evidence that integrated management works?

95% vs 78% ($p < 0.001$)

Rates of weight gain = 5.2 g/kg/day vs 3.1 g/kg/day

AND

Recovery to 100% weight for height among children

*175 kcal/kg/day

On use of take-home ration RUTF* (vs *WFP corn soya blend*) given after early discharge from phase I care in a facility following the WHO ITC protocol:

Manary MJ, Ndkeha MJ, Ashorn P, Maleta K, Briend A. Home based therapy for severe malnutrition with ready-to-use food. Arch Dis Child 2004; 89: 557-61.

So because of RUTF,

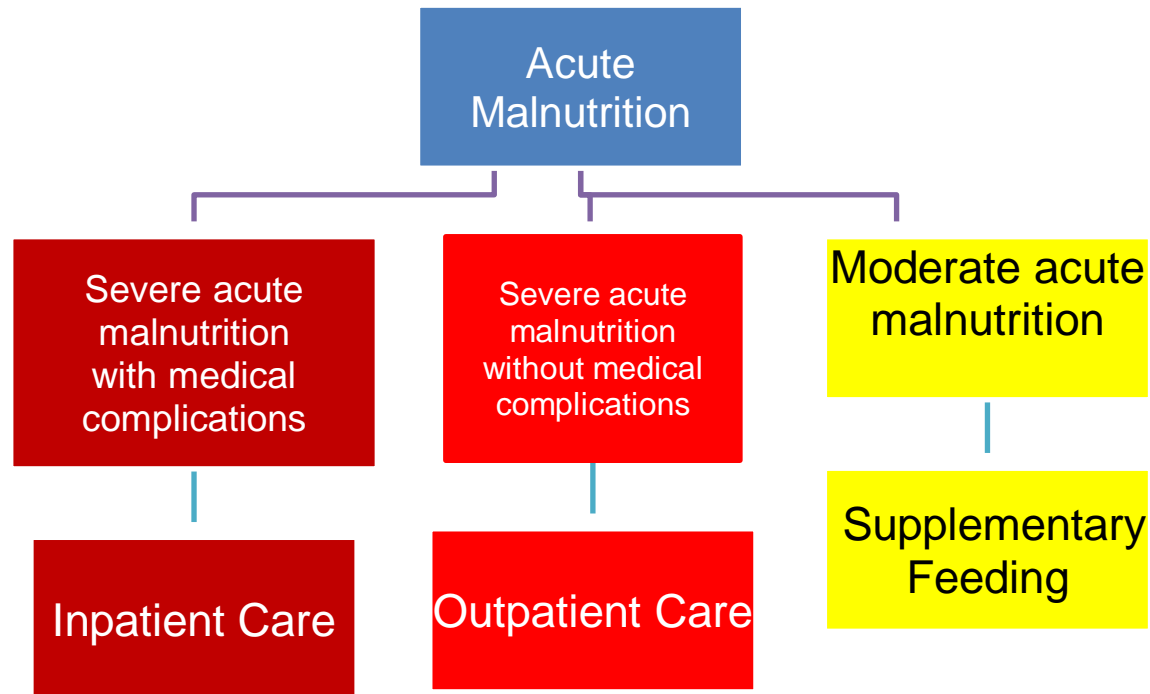
- Shortened duration of inpatient treatment from an average of 30 days to only 5–10 days
- Reduced the resources needed to treat SAM, which improves cost-effectiveness



Collins S, et al (2006) Management of Severe Acute Malnutrition. The Lancet

The Integrated Management of Malnutrition

Classification for the Community-Based Treatment of Acute Malnutrition



From CMAM to PIMAM

What it is:

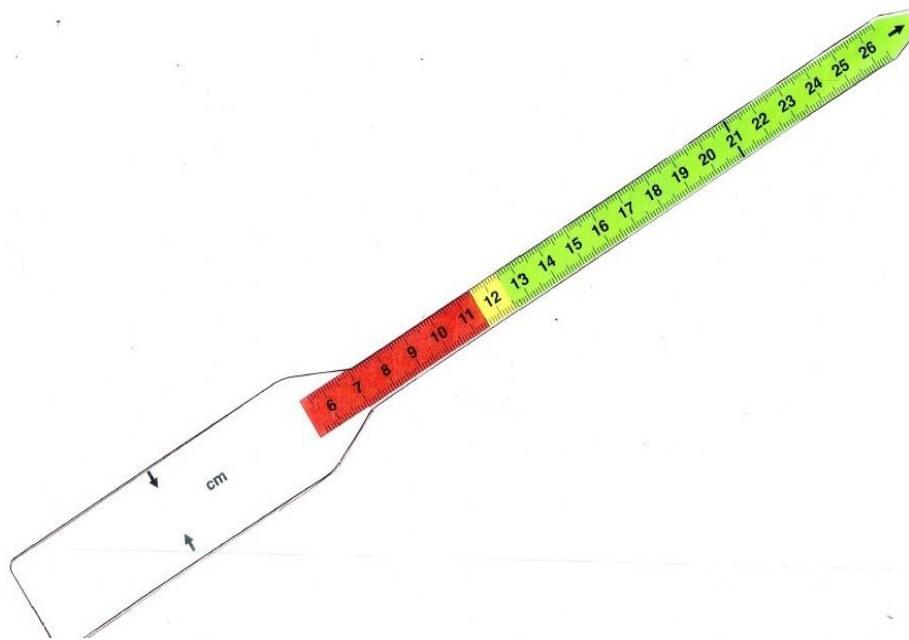
- Philippine Integrated Management of Acute Malnutrition
- Includes SAM management as part of routine health and nutrition services at all levels
- Updated and evidence-based treatment
- Involves and relies on a strong community component

CMAM in the Philippines




- Began in emergency context in 2009
- Guidelines first drafted in 2011, only finalized in 2015
- SAM should be implemented not just during emergencies but also in “normal” times
- SAM is an emergency!



The MUAC tape: Screening and Identification



Medications: Therapeutic Food

Ready-to-Use Therapeutic Food	Therapeutic Milk (F75, F100)	
For SAM without complications	For SAM with complications	
		

Components of PIMAM

1. Management of **SAM without complications** → Outpatient Therapeutic Care (**OTC**)
2. Management of **SAM with complications** → Inpatient Therapeutic Care (**ITC**)
3. Management of **MAM** → Supplementary Feeding Program (**SFP**)
4. Community Outreach → Community Mobilization

Edema Check



Anthropometry



MUAC, Weight,
Height/Length,
WFH Zscore

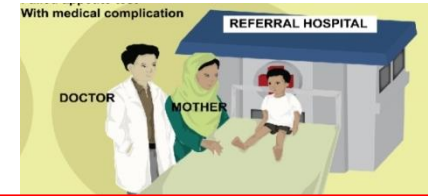
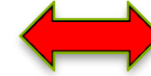


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Outpatient Therapeutic Care (OTC)



Inpatient Therapeutic Care (ITC)



Good Appetite,
+1,+2 edema; No
Complications

Poor Appetite; +3
edema; With
Complications



SAM



Appetite Test and
Medical
Assessment

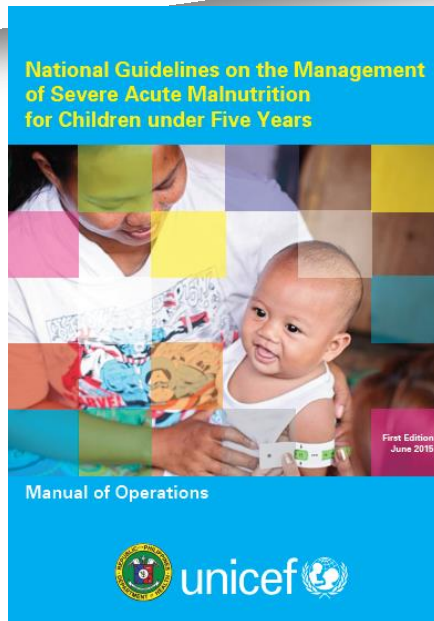
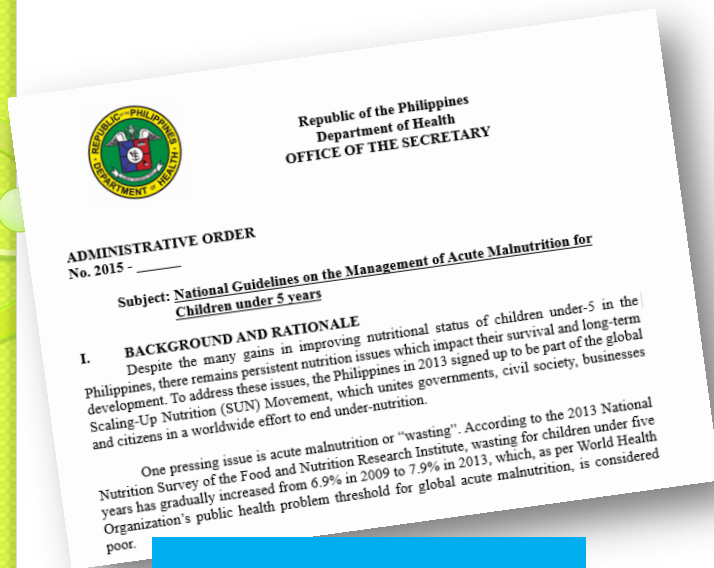
MAM

Supplementary Feeding Program (SFP)

Normal

Counselling

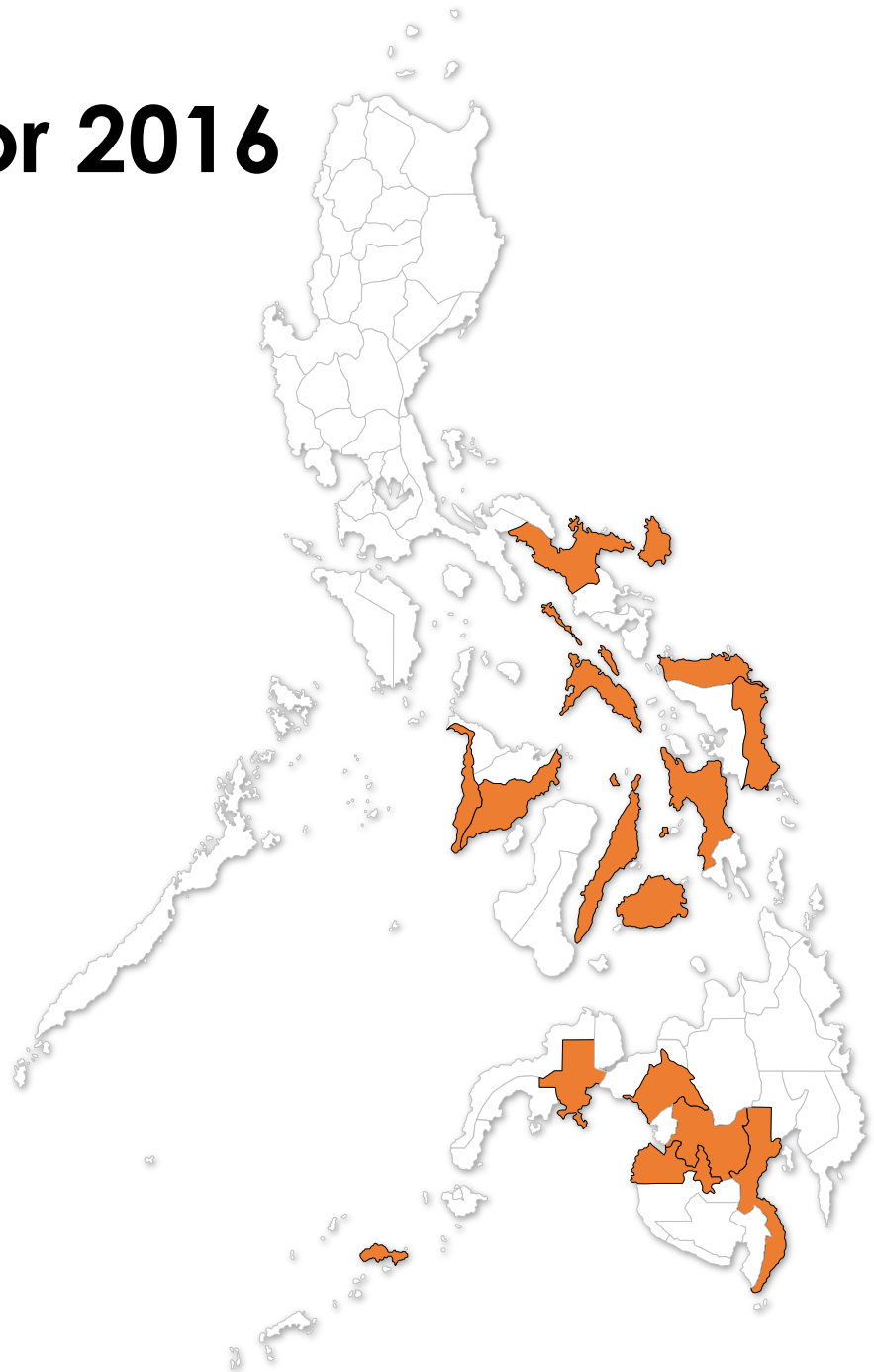
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1. National Guidelines on the Management of Acute Malnutrition for Children under 5 years
2. Administrative Order 2015-0055: SAM is now part of DOH regular program
3. Budget Allocation: DOH Central will cover CMAM supplies and support training rollout
4. Standardization of Training Modules

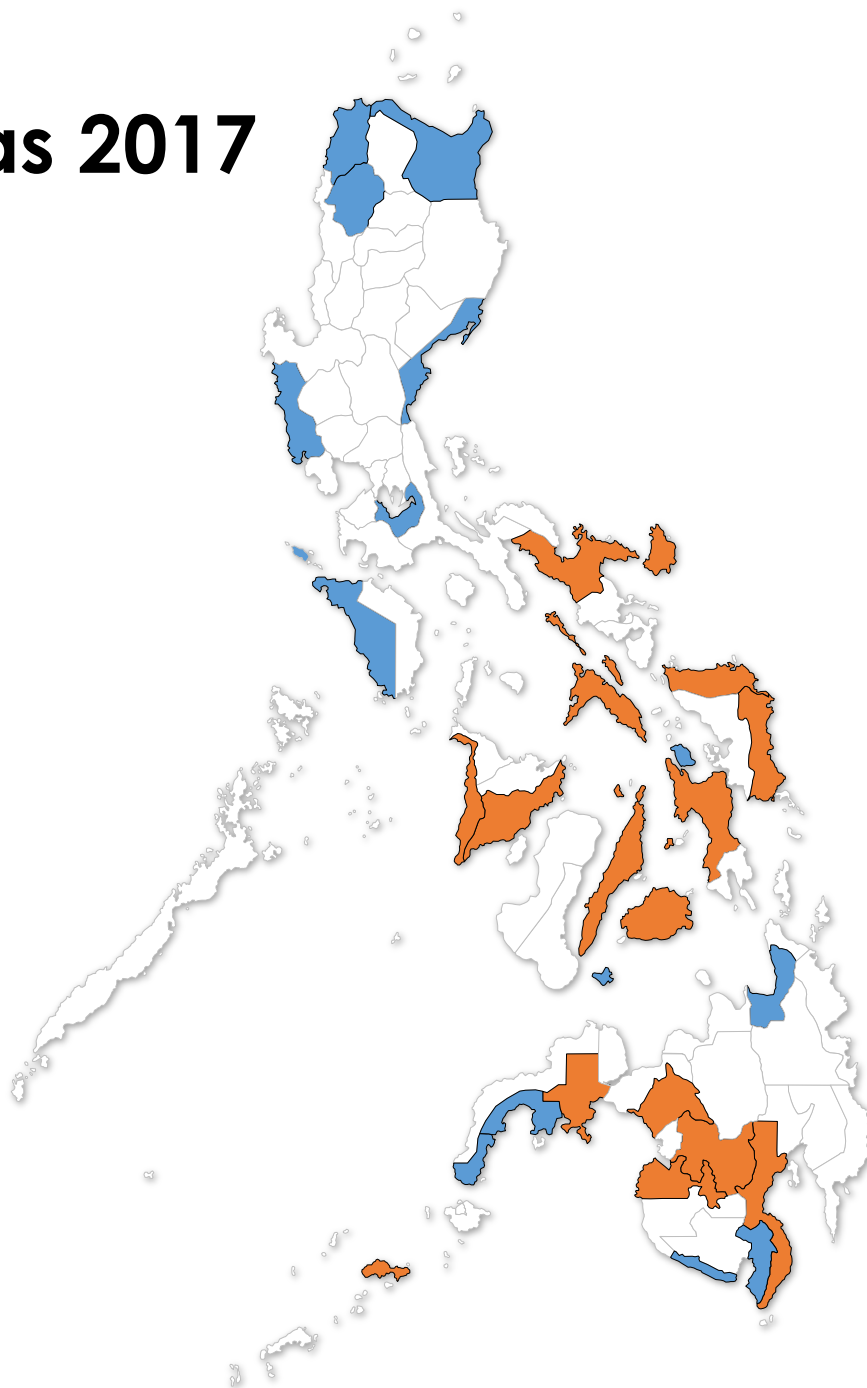
16 Priority Areas for 2016

Phase 1	
Region V	Camarines Sur
	Catanduanes
	Masbate
Region VI	Antique
	Iloilo
Region VII	Bohol
	Cebu
Region VIII	Eastern Samar
	Leyte
	Northern Samar
	Zamboanga del Sur
Region IX	Davao del Sur
Region IX	North Cotabato
Region XII	North Cotabato
ARMM	Lanao del Sur
	Maguindanao
	Sulu



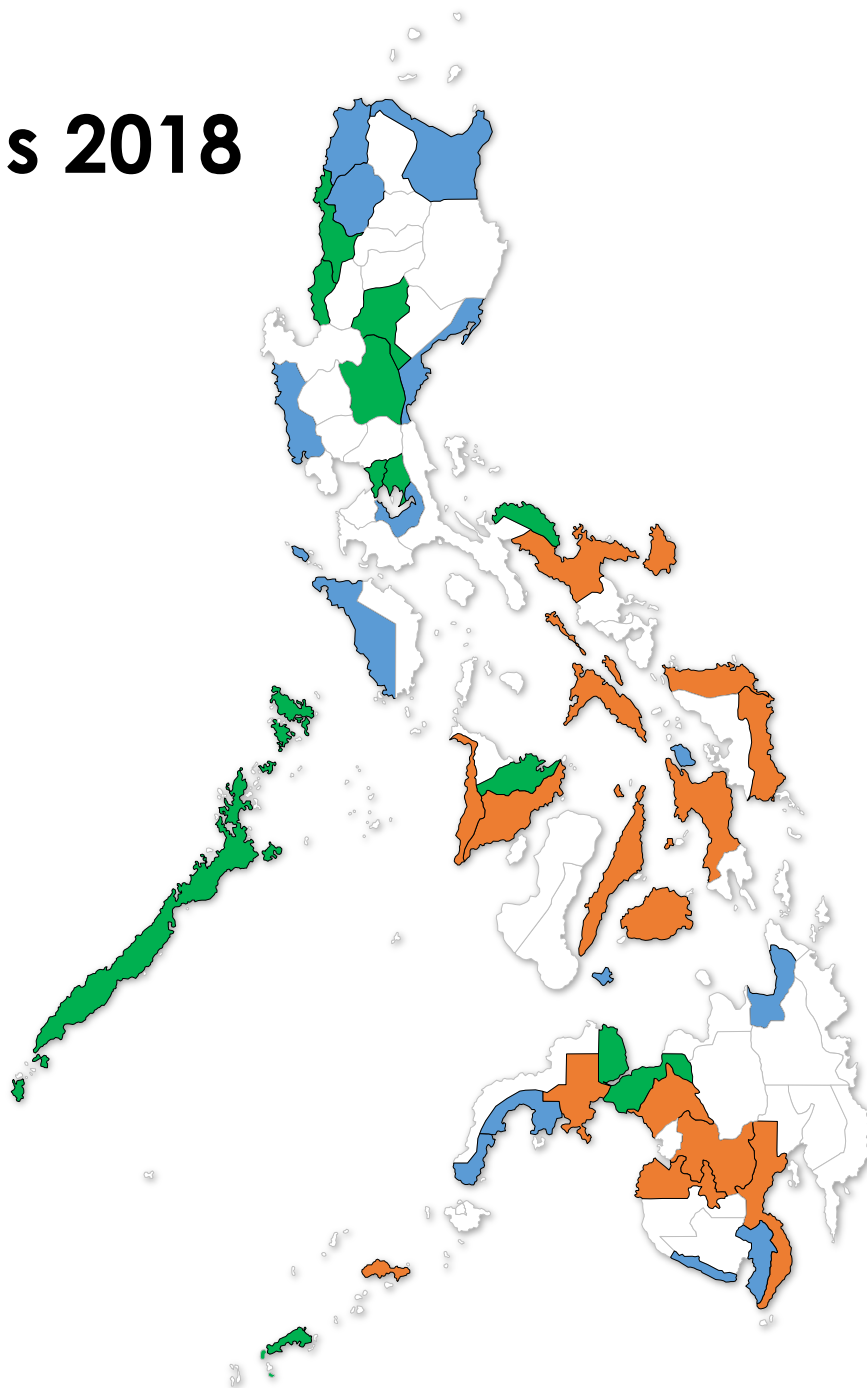
12 Add'l Priority Areas 2017

Phase 2	
Region I	Ilocos Norte
Region II	Cagayan
Region III	Aurora
Region III	Zambales
Region IVA	Laguna
Region IVB	Occidental Mindoro
Region VII	Siquijor
Region VIII	Biliran
Region IX	Zamboanga Sibugay
Region XII	Saranggani
CARAGA	Agusan del Norte
CAR	Abra



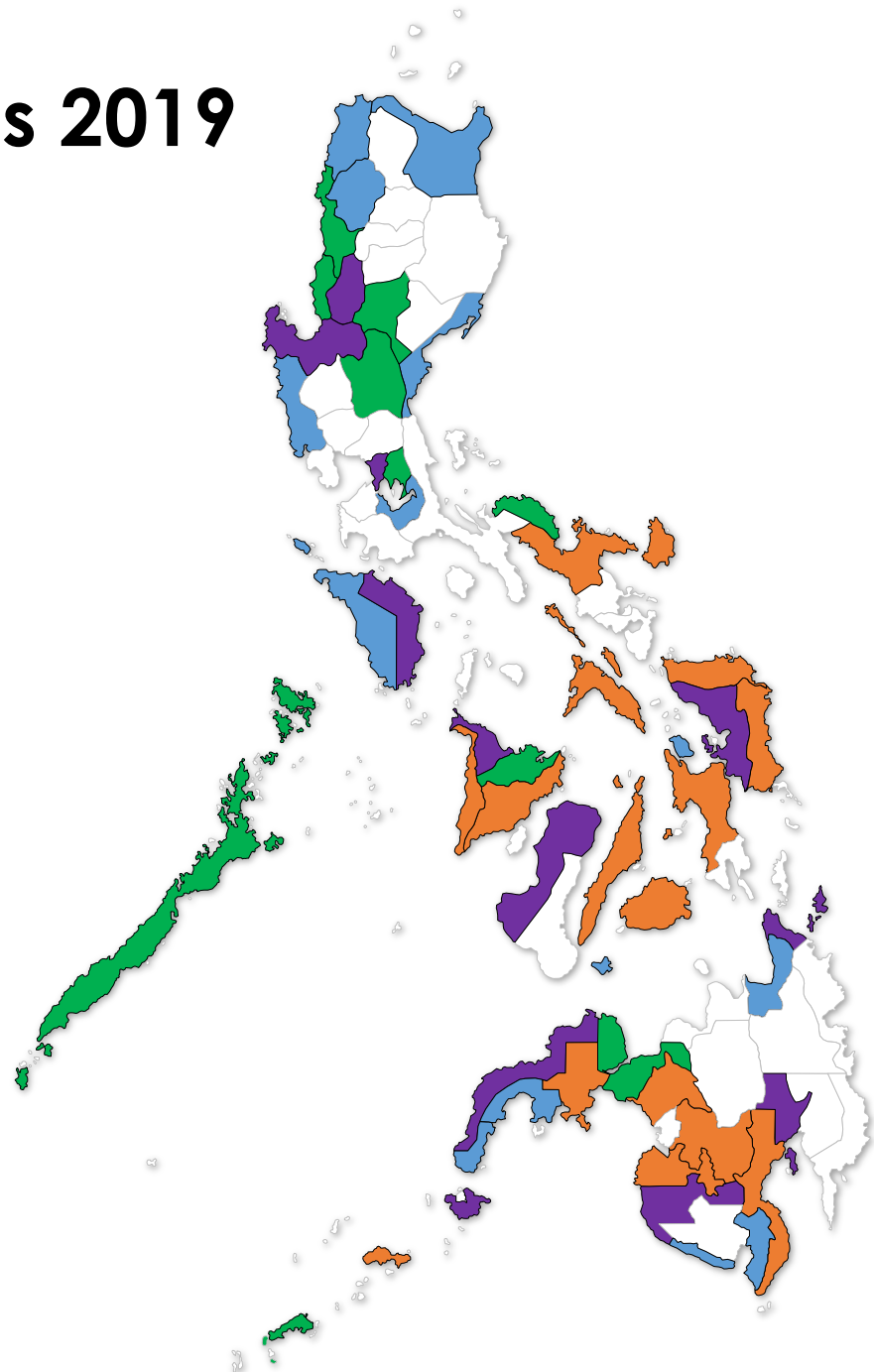
12 Add'l Priority Areas 2018

Phase 3	
Region I	Ilocos Sur
Region I	La Union
Region II	Nueva Vizcaya
Region III	Nueva Ecija
Region IVA	Rizal
Region IVB	Palawan
Region V	Camarines Norte
Region VI	Capiz
Region X	Lanao del Norte
Region X	Misamis Occidental
ARMM	Tawi-Tawi
NCR	NCR District 4



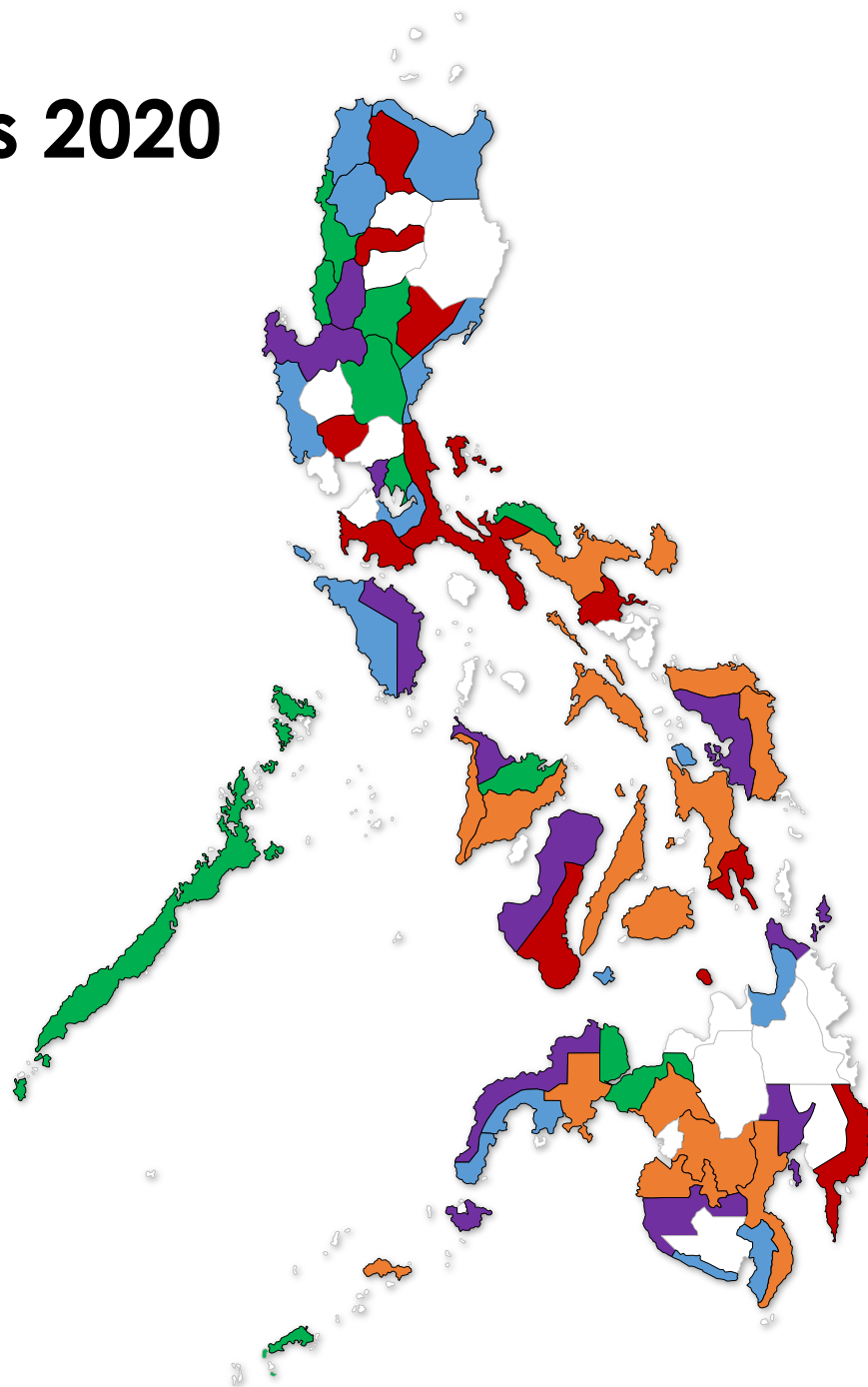
12 Add'l Priority Areas 2019

Phase 4	
Region I	Pangasinan
Region IVB	Oriental Mindoro
Region VI	Aklan
Negros	Negros Occidental
Region VIII	Western Samar
Region IX	Zamboanga del Norte
Region XI	Davao del Norte
Region XII	Sultan Kudarat
CARAGA	Surigao del Norte
ARMM	Basilan
CAR	Benguet
NCR	NCR District 2



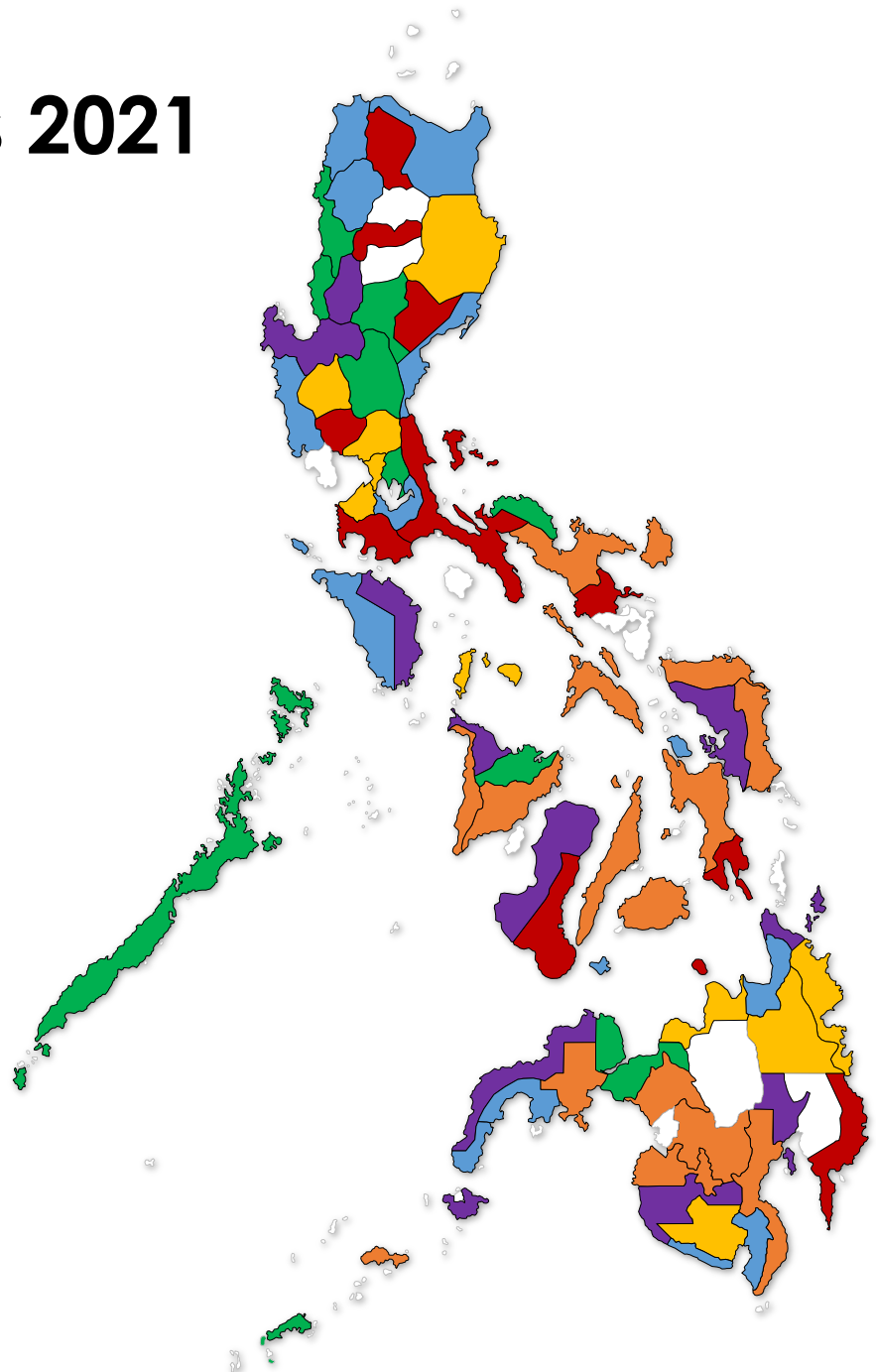
11 Add'l Priority Areas 2020

Phase 5	
Region II	Quirino
Region III	Pampanga
Region IVA	Batangas
Region IVA	Quezon
Region V	Albay
Negros	Negros Oriental
Region VIII	Southern Leyte
Region X	Camiguin
Region XI	Davao Oriental
CAR	Apayao
CAR	Mountain Province



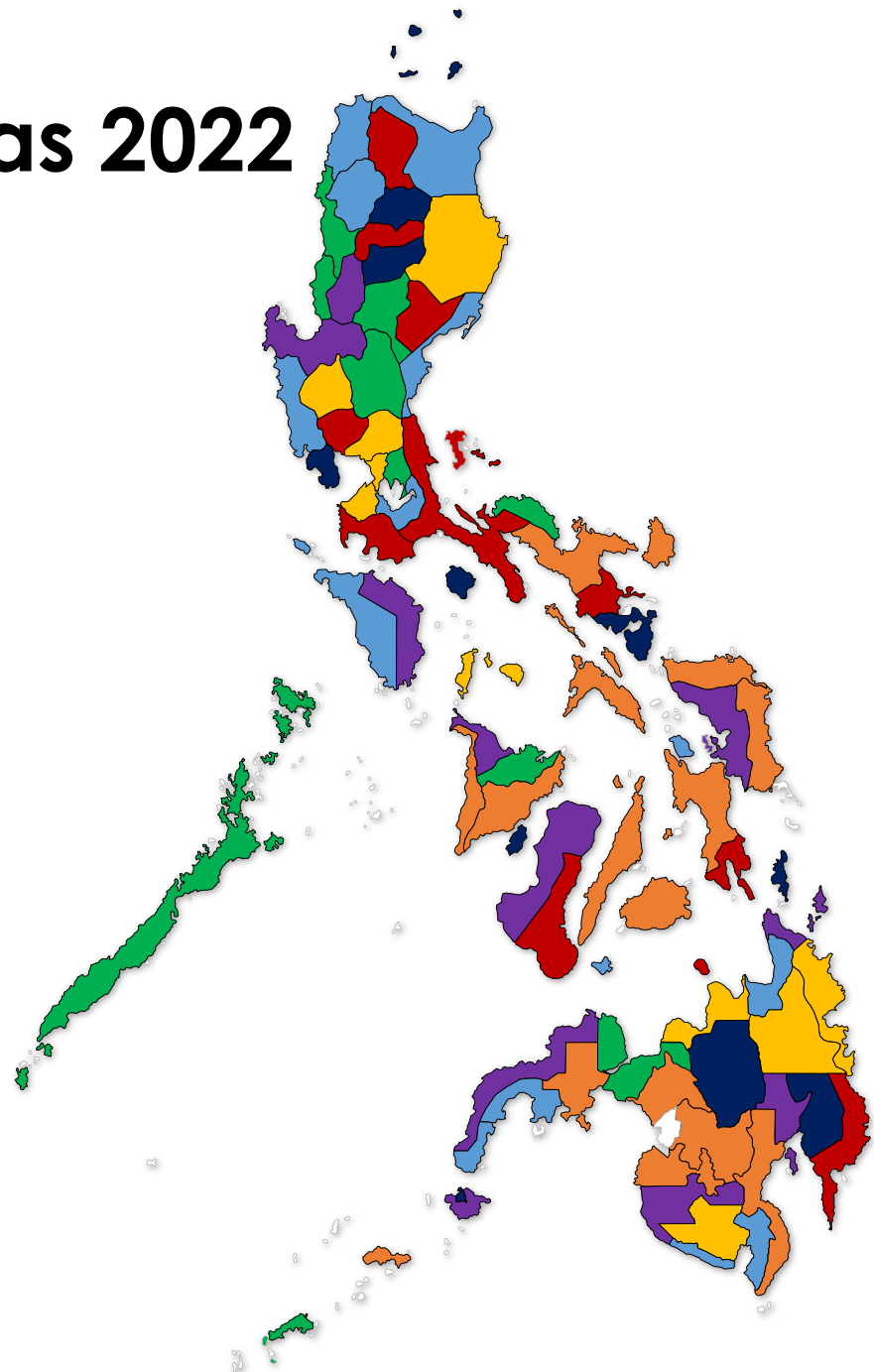
11 Add'l Priority Areas 2021

Phase 6	
Region II	Isabela
Region III	Bulacan
Region III	Tarlac
Region IVA	Cavite
Region IVB	Romblon
Region X	Misamis Oriental
Region XII	South Cotabato
CARAGA	Surigao del Sur
CARAGA	Agusan del Sur
NCR	NCR District 3
NCR	NCR District 1



11 Add'l Priority Areas 2022

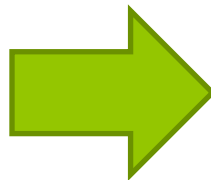
Phase 7	
Region II	Batanes*
Region III	Bataan
Region IVB	Marinduque
Region V	Sorsogon
Region VI	Guimaras
Region IX	Isabela City*
Region X	Bukidnon
Region XI	Compostela Valley
CAR	Ifugao
CAR	Kalinga
CAR	Dinagat Islands*



Is it possible to solve SAM?



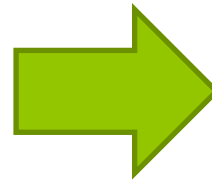
Is it possible to solve SAM?



Is it possible to solve SAM?



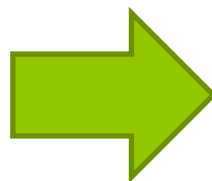
Is it possible to solve SAM?



Is it possible to solve SAM?



Is it possible to solve SAM?



Is it possible to solve SAM?



Is it possible to solve SAM?



= ?

Are you ready to learn and do your role?



Our Goal is **ZERO** **SAM**

Recommendations for Action

- Integrate SAM Management in Local Health Systems
- As you organize and implement your PIMAM program to ensure that children with SAM are treated and do not leave the program, seek to ensure that
 1. Your PIMAM adheres to the guidelines in AO 2015-0055
 2. Your PIMAM is integrated into other health programs in your LGU

This is what our Filipino babies look like



This is what our Filipino babies look like

Payat?

Sakitin?

Pandak?

Our kids
can really
NOT be.



This is what our Filipino babies SHOULD look like



Are you ready to learn and do your role?



**Our
Goal is
ZERO
SAM**

Conclusion

- ✓ A significant number of Filipino children under 5 year olds are wasted.
- ✓ The threat of wasting grows worse during times of emergencies.
- ✓ The integrated management of SAM from community to facility will save lives.

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