

Financing the Management of Acute Malnutrition at Scale

Scaling up Nutrition: Senior Level Meeting
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ENN

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Acute Malnutrition is a Global public health problem



60 million
children
with acute
malnutrition

Nicky Dent, Kenya



UNICEF, 2008

CMAM is a cost-effective, scalable response



- 70+ countries are scaling up CMAM
 - though not necessarily in high case-load countries
- *Only 10%* of global SAM is being treated via CMAM

CMAM is cost-effective but expensive

- **CMAM works** – strong body of evidence on its cost effectiveness in different contexts
- **Treatment of SAM is expensive: \$70-200 per child**

RUTF is over 50%
of total cost and
local production
hasn't reduced cost



JUST MADE

CMAM financing is ad hoc



ACF, Kenya

- CMAM is financed mostly by humanitarian aid
- Funding is short term and unpredictable

- Funding is rarely **through** government
- Little **by** government



Kenya

- 2011 cost of CMAM \$6.4 M .
- UNICEF 54%, WFP 30%, GoK 16%

Ethiopia

- RUTF \$21.5 million per year, to treat around 300,000 SAM cases



- Responsibility for acute malnutrition is 'divided' across 3 UN agencies
- Programmes lack coherence





- No clear vision for financing

Moving forward

1. Acute malnutrition - a development concern



MoH, Niger



3. Country level costing and financing vision
4. Multi-year Funding (MYF) and mixed funding for chronic contexts



5. Funding via governments (matched, pooled)
6. UN agency roles - process for establishing responsibilities
7. Donor coordination: technical and funding