The Case for Preventing Malnutrition Through Improved Infant Feeding and Management of Childhood Illness

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**The epidemiological argument**

Other prevalent diseases account for more deaths than SAM

- While SAM is responsible for 7% of all deaths, other preventable and treatable diseases account for far more deaths: together malaria, malnutrition, and diarrhea account for around 56% of all deaths.

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**The economic argument**

How much does it cost to treat SAM in Malawi?

- According to the WHO Malawi National Health Accounts, $50 per child is the total cost of treatment. However, this does not include the cost of treatment with this 800,000 children per year.

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**The ethical argument**

SAM has a HIGH-case fatality rate

- The high mortality rate associated with SAM is a result of the untreated diarrheal and respiratory infections that are more common in malnourished children.

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**References**


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**Do preventive nutrition interventions exist?**

National community-based programs, establishing a low rate of malnutrition in the community, have been successful. Three programs have been identified in this regard:

- A community-based approach to improving breastfeeding and infant feeding practices in Malawi.
- A community-based approach to improving child health and nutrition practices in Uganda.
- A community-based approach to improving child health and nutrition practices in Nicaragua.

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**Conclusions**

When SAM prevalence is low, introduction of universal SAM treatment is not rational in epidemiological, cost, or ethical terms. Instead, cost-effective interventions that focus on the critical period of rapid growth and development may be more appropriate.

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