The need to consider Wasting and Stunting together

Talking Points for a Donor Audience

Drawing from the work of the Wasting and Stunting Technical Interest Group (WaSt TIG)

September 2024

These talking points, developed by ENN, aim to support donors and partners to conceive, design and fund wasting and stunting initiatives jointly and for policies and programmes to align, capitalising on the relationship between the two conditions to more appropriately support national structures and achieve better impacts. These points apply to all contexts where the burden of malnutrition is high, they are not specific to fragile contexts or protracted emergencies. These points focus on two manifestations of malnutrition/undernutrition as they have been the subject of the WaSt TIG's work. However, we recognise that there is likely a broader need and value to evidencing and bringing together the conception, design and funding of initiatives to prevent risk of all forms of malnutrition in vulnerable groups across the lifecycle.

Credit: Kate Holt

Why do we need to do things differently?

The burden of malnutrition remains high and intractable in many contexts, with well-known consequences for the survival, health and development of children, households and communities that pass from generation to generation intractably undermining the human capital of nations. This is occurring despite increased attention, initiatives and funding particularly focussed on wasting. Given that resources are increasingly scarce, those resources targeted towards malnutrition must be used optimally to reduce the burden of all forms of malnutrition and their negative effects.

- The current burden of global malnutrition is dire.
  - In 2022, it was estimated that 45 million children worldwide were wasted at any point in time, with 16.6 million severely wasted (the most life-threatening form). These figures are known to be a significant underestimation as children move in and out of periods of wasting, over time and this *incidence* is not captured in most statistics.
  - At the same time, a staggering 148.1 million children under five are stunted[1].
  - The true numbers of children affected by malnutrition, taking into account both wasting and stunting, are not represented by these figures however, the latest estimates of this are that 1 in 3 children is suffering from either wasting and/or stunting globally[2].
- Unprecedented global shocks have driven up hunger, disproportionally impacting children's health and nutrition, particularly in vulnerable and poor communities[3]. This is leading to more children, their families, and communities being affected by malnutrition and a consequent stagnation of global progress to reduce levels of child wasting and stunting in recent years.
- Financing is increasingly constrained given the polycrises (conflict, climate change, cost of living, failing food systems and hunger) leading to increasing needs and competing priorities. Specialised products used in treatment and in prevention initiatives have proven to be effective but challenging to incorporate into national budgets.
- Global initiatives, support and momentum to tackle wasting and stunting remain siloed. Initiatives such as the Global Action Plan on Child Wasting and the Child Nutrition Fund remain largely siloed from programmes and initiatives focussed more on achieving progress on stunting. These silos jar with the more integrated way that domestic structures and financing in the countries they are there to support are structured.

Bridging silos and tailoring clinical and public health approaches to the evidence

The above factors underline the need for international actors, donors and national governments to challenge established silos which are not serving better impact on malnutrition. The below evidence points towards the need to better focus scarce resources effectively, prioritising high intensity/resource intensive and more clinical/individual focussed approaches for those children at most risk of dying whilst preventing the majority of children from reaching that stage with broader public health approaches.

The evidence

- Child wasting and stunting share common risk factors. In fact, one extensive review of available literature found no risk factor for becoming wasted that was not associated with being stunted[4]. This highlights the opportunity that a number of interventions in a particular context (those supporting maternal nutrition and preventing low birth weight for example) could impact both forms of undernutrition if a combined approach is taken to conception, design and targeting of programmes and services. This does not mean that designing a programme to prevent stunting will necessarily also prevent wasting unless the drivers of each have been fully examined in that context and are fully overlapping.

- A large proportion of children are born wasted or stunted (20-30% of both conditions occur in utero) and this sets those infants up for further wasting and stunting during childhood[4]. Therefore, focussing only on children will have limited impact on reducing childhood wasting and stunting in populations. Support for the health and nutrition of adolescent girls and women is an essential component of any approach.

- When a child experiences wasting or stunting, (even if, in the case of wasting, this is treated) they are left more vulnerable to subsequent wasting and stunting and all the associated health and developmental issues that accompany that. Research has found that wasted children are much more likely to subsequently develop stunting than non-wasted children, and also to experience wasting again[4]. This indicates that siloed interventions are missing opportunities for impact, and that assumptions that treatment reverses all the impacts of wasting are inaccurate.

- Children who are both wasted and stunted[5] at the same time (concurrently wasted and stunted), are at particularly high risk of dying (up to 12 times higher than a healthy child), even if they are only moderately wasted or stunted. This is equal to the mortality risk of severe wasting. 8% of children under five years, around 16 million children globally, are concurrently wasted and stunted.

- Work to date indicates that comparing a child's weight to their age (weight-for-age Z score) and taking their mid-upper-arm circumference (MUAC)[6] is the most effective way to identify children at highest risk of mortality, including these concurrently wasted and stunted children. The same results have been found for infants under 6 months[7] suggesting that common criteria for identifying those at most risk and requiring treatment are possible.

- Analyses shows that concurrently wasted and stunted children who are at particularly high risk of dying, do respond to treatment by gaining weight in a similar way to wasted children, albeit more slowly[8]. By addressing the wasting part of their condition with treatment we can therefore bring them out of this high-risk category.

What can we do differently?

- Wasting and stunting (and consequently also underweight as it is a combination of these) to be considered jointly in nutrition policies, programmes, and financing models spanning clinical and public health interventions, including considerations for children who experience concurrence in all contexts. This requires sitting specific interventions within a broader approach and support for good child growth and health.

- Public health prevention strategies in all contexts to target both wasting and stunting and their overlapping drivers, including those acting before birth. Interventions should seek to improve adolescent girl's and women's health and nutrition, pregnant women's nutritional status as well as that of mothers of at-risk infants.

- Design and targeting of treatment approaches according to risk. In particular children experiencing concurrent wasting and stunting to be considered as a high-risk group in individualised clinical approaches/treatment. This can be achieved through inclusion of weight-for-age measurements in wasting treatment programmes with severely low weight-for-age children targeted for care alongside research to understand the level and intensity of treatment they require.

1 UNICEF/WHO/The World Bank: Joint child malnutrition estimates (JME). (2023). https://www.who.int/teams/nutrition-and-food-safety/monitoring-nutritional-status-and-food-safety-and-events/joint-child-malnutrition-estimates

2 Global Nutrition Report. (2016). http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/130354/filename/130565.pdf%20figure%202.5

3 Standing Together for Nutrition (ST4N). (2022). Global Food Crisis Policy Brief. November 2022: https://www.standingtogetherfornutrition.org/st4n-gfc-policy-brief

4 Thurstans, S., Sessions, N., Dolan, C., et al. (2021). The relationship between wasting and stunting in young children: A systematic review. Maternal & Child Nutrition, 18:e13246. https://doi.org/10.1111/mcn.13246

5 Khara, T., Mwangome, M., Ngari, M., et al. (2018). Children concurrently wasted and stunted: A meta-analysis of prevalence data of children 6–59 months from 84 countries. Matern & Child Nutrition 14,e. 12516. https://doi.org/10.1111/mcn.12516

6 Khara, T., Myatt, M., Sadler, K., et al. (2023). Anthropometric criteria for best-identifying children at high risk of mortality: A pooled analysis of twelve cohorts. *Public Health Nutrition, 26* (4), 803-819. doi: 1017/S136898002300023X

7 Hoehn C., Lelijveld N., Mwangome M., et al. (2021). Anthropometric Criteria for Identifying Infants Under 6 Months of Age at Risk of Morbidity and Mortality: A Systematic Review. *Clinical Medicine Insights: Pediatrics*. 2021;15. doi:10.1177/11795565211049904

8 Odei Obeng-Amoako, G.A., Stobaugh, H., Wrottesley, S.V., et al. (2023). How do children with severe underweight and wasting respond to treatment? A pooled secondary data analysis to inform future intervention studies. Maternal & Child Nutrition, 19, e13434. https://doi.org/10.1111/mcn.13434

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