

Wasting Reset

Wasting prevention, early detection and treatment to catalyse action and accountability



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Solutions from the prevention of wasting working group

August 2021

A woman with dark skin and her hair pulled back is holding a young child. The child is wearing a pink and white striped shirt. The woman is wearing a black top with a colorful beaded necklace. The background is softly blurred, suggesting an outdoor setting.

Key messages



Prevention of child wasting, alongside other forms of malnutrition, should be delivered at scale across all contexts. Three in four children that are wasted live in development settings.

In summary, this brief recommends the following, with the first two actions considered top priorities:



Improve situation and causal analysis, which will lead to programmes that are designed and implemented to respond to the context-specific determinants and drivers of wasting.



Prioritise and scale up packages of targeted evidence-based preventative interventions, grounded in a systemic, gender-sensitive and comprehensive life-cycle approach. Intervention packages must be designed and targeted with individual, community and population-level vulnerability to nutritional risk in mind to address the context-specific basic and underlying causes of wasting through policy and systems strengthening.



Fill knowledge gaps linked to the scalability and sustainability of actions for the prevention of wasting with implementation research that documents and learns from nations that have reduced wasting and kept it low, re-thinks approaches to evaluation, strengthens nutrition data and information systems and improves our understanding of nutritional risk and the costs/cost-effectiveness of delivering services that have an impact on wasting.

Background

Several countries are off-track to meet the 2030 Sustainable Development Goal target of keeping the global prevalence of child wasting below 3% by 2030.

Treating wasting is insufficient to reach these goals because treatment does not address the factors leading to children becoming wasted, and one episode of wasting (even if treated) can leave a child more vulnerable to future episodes.

There is consensus that a multiple-systems approach to the prevention of wasting is critical. Such an approach aims to activate the five systems – agri-food, health, water and sanitation, education, and social protection – with the greatest potential to deliver safe and nutritious diets, essential nutrition services and positive nutrition practices for children, adolescents and women – all of which are needed to prevent children becoming wasted.

A common principle of the United Nations joint Global Action Plan (GAP) on Child Wasting¹ and of UNICEF's

recently released 'No Time to Waste'² is to "Re-position prevention at the centre of the collective efforts to reduce the number of children suffering from wasting and increase the efficiency of these collective efforts."

Three of the four key outcomes of the GAP framework contribute to the prevention of child wasting: Outcome 1: Reduced incidence of low birth weight; Outcome 2: Improved child health; and Outcome 3: Improved infant and young child feeding. These priorities build on evidence that 30% of wasting and 20% of stunting occurs during pregnancy, and that wasting in early life leads to an increased risk of wasting in later life.

We also know that wasting and stunting are inextricably linked, through both common causes and shared causal pathways, and that episodes of wasting slow linear growth and therefore increase the risk of stunting. We also now have a better understanding of the importance of season for undernutrition, with large variations in nutritional status linked to the month or season of birth.

“ Re-position prevention at the centre of the collective efforts to reduce the number of children suffering from wasting and increase the efficiency of these collective efforts. ”

United Nations joint Global Action Plan (GAP) on Child Wasting

¹ In June 2019, the UN Secretary General commissioned UN agencies working on nutrition (the Food and Agriculture Organization (FAO), United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), World Food Programme (WFP) and World Health Organization (WHO)) to prepare the first-ever GAP on Child Wasting. The plan aimed to respond to the slow progress towards achieving the Sustainable Development Goal on reducing childhood wasting, and to respond to growing calls for a more coordinated and streamlined UN approach to addressing this challenge. See: [About - What is the GAP? \(childwasting.org\)](#)

² See: [No Time to Waste | UNICEF](#)

Progress and achievements

We know a lot about what to do. The 1,000 days from conception to the second year of life offer a unique window of opportunity to prevent child wasting, if the following are ensured: adequate maternal nutrition during pregnancy and lactation; early initiation and exclusive breastfeeding during the first six months of life; age-appropriate complementary foods and feeding practices with continued breastfeeding until two years of age; and access to and use of essential nutrition and health services through primary health care. This package of essential evidence-based interventions has been updated by Keats et al.³ in the *Lancet* and includes those that have a strong evidence base for the prevention of wasting, such as small-quantity lipid-based nutrient supplements (SQ LNS) for children and multiple micronutrient supplementation in pregnancy.

There is currently considerable momentum in global policy and guidance for prioritising the prevention of wasting. The recent UN GAP Framework, UNICEF–WFP Partnership Framework, and UNICEF’s ‘No Time to Waste’ publication all emphasise systemic and life-cycle

approaches for the prevention of wasting, linked with services for its early detection and treatment. The prevention of wasting has also recently been included within WHO guidance development plans on child wasting, and in other agency guidance.⁴

Great progress has been made at the national level, with many countries completing national multi-sector strategic plans for the reduction of all forms of malnutrition, and investment plans with costed nutrition plans of action. There are also many country-level examples of good practice for the prevention of wasting (highlighted below).

Data on nutrition/wasting at country level is improving through surveys, assessments and service-based data and/or the integration of nutrition indicators into national surveillance systems (including district health information systems, early warning mechanisms for food security; etc.). However, progress is still needed to fill data gaps, including for disaggregated data on specific vulnerable/marginalised groups, for monitoring progress and to guide decision-making.

“ Great progress has been made at the national level, with many countries completing national multi-sector strategic plans ”

³ Keats E et al. (2021). Effective interventions to address maternal and child malnutrition: an update of the evidence. *The Lancet Child & Adolescent Health*. Vol 5 pp 367-384.

⁴ For example: UNHCR and Save the Children (2018). *Infant and Young Child Feeding in Refugee Situations. A Multi-Sectoral Framework for Action*.

Challenges and change needed

Inadequate situation analysis to map out the determinants and drivers of child wasting, which would allow for evidence-based design/prioritisation of intervention packages. Changes that are needed include the following:

- **Improve situational and causal analysis tools and research methods that enable a shift in conceptual thinking that identifies the underlying and basic drivers of wasting, as well as the immediate causes, specific to particular contexts, to allow detailed gap analysis and prioritisation of actions.**

Country example

Analysing basic drivers of wasting in the Sahel

An adapted conceptual framework for analysing and addressing acute malnutrition in Africa's drylands highlights three new interlinked basic drivers: environment and seasonality (acknowledging recent research that reveals seasonal peaks in acute malnutrition), systems and formal and informal institutions, and livelihoods systems.⁵



© WFP/Evelyn Fey/Community garden, Burkina Faso

⁵ Young, H. *et al.* (2021). Improving the way we address acute malnutrition in Africa's drylands. *FEX* 65, May.

Insufficient attention to preventative interventions in both development and emergency contexts because of the prioritisation given to the treatment of wasting in emergency contexts and the prevention of stunting in development contexts. This impacts resource (including human resource) allocation and the prioritisation of wasting prevention actions at country level, and means that the opportunity to impact the incidence of wasting and associated risks is missed across all settings. Changes that are needed include the following:

- **A paradigm shift that prioritises and scales up tailored packages of well-targeted, evidence-based preventative interventions in all contexts where wasting targets need to be met, that are grounded in a systemic, gender-sensitive and comprehensive life-cycle approach. Intervention packages must be designed and targeted with individual, community and population-level vulnerability to nutritional risk in mind,⁶ as well as the need to better address the basic and underlying causes of wasting through policy and systems strengthening.**

Country example

Prioritising wasting through food systems transformation in Cambodia

High wasting prevalence in Cambodia, despite recent economic growth, has been recognised by the Government of Cambodia, which has recently endorsed a GAP Operational Roadmap for child wasting and has included prevention and healthy diets in an impressive series of 27 food systems national dialogues, which have brought together over 1,700 participants from all walks of life.⁷



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⁶ Groups that are vulnerable to nutritional risk include (but are not limited to): mothers and their infants under six months, children under five years (particularly those between the ages of 6 and 23 months), adolescent girls, and marginalised groups (such as refugees, indigenous people and ethnic minorities). These will change according to country and context.

⁷ See: [Global Action Plan on Child Wasting](#) for the published Roadmap.

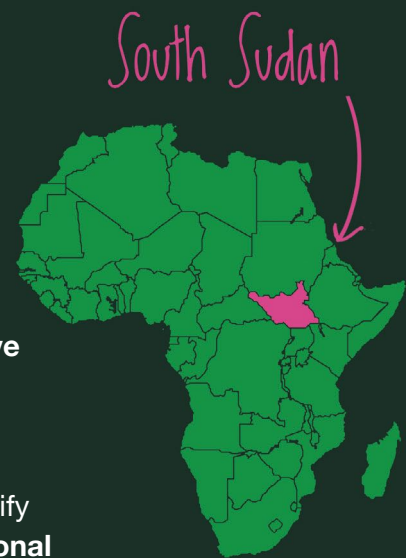
The **current separation in policy, guidance and resourcing for wasting and stunting** limits the sustained recovery of the wasted child (by creating a disconnect between their treatment and ongoing rehabilitation), and ignores the possibility of identifying double-duty actions for the prevention of further episodes of wasting alongside stunting prevention efforts. Changes that are needed include the following:

- **A shift in policy directives and funding support towards simultaneously tackling all forms of malnutrition considering that the basic and underlying causes are interlinked.**

Country example

Linking social protection with livelihoods and improved diets and nutrition in South Sudan

To respond to the protracted food security and nutrition crisis in South Sudan, the government, with support from several partners, has promoted the use of **nutrition-sensitive vouchers** to increase the production and consumption of nutritious foods and to ensure access to vulnerable groups. Beneficiary households can purchase milk, fish, meat and vegetables as part of the voucher scheme, in order to diversify their diets. The newly endorsed **South Sudan GAP Operational Roadmap for child wasting** considers how selected nutritious food value chains can both improve the livelihoods of small-scale producers as well as the dietary intake of vulnerable consumers.



© WFP/Lara Atanasijevic/Food voucher programme, South Sudan/2019

Knowledge gaps linked to the scalability and sustainability of actions for the prevention of wasting at country level. Changes that are needed include the following:

- **Improve implementation research and experiential learning to fill knowledge and evidence gaps, including via the documentation of wasting exemplars.**

Actions

How will change happen

Change needed	Specific actions required	By whom?
Improve situation and causal analysis to map out the determinants and drivers of child wasting		
<p>Improve situational and causal analysis tools and research methods that enable a shift in conceptual thinking that identifies the underlying and basic drivers of wasting, as well as the immediate causes, specific to particular contexts, to allow detailed gap analysis and prioritisation of actions.</p>	<ul style="list-style-type: none"> Develop and operationalise pragmatic tools for causal pathway analysis, systems-level analysis and gap analyses of known preventative measures. These should be feasible to implement in all settings, and should define context and gender-specific risks for undernutrition across vulnerable groups, as well as actions to address them, and should enable a good understanding of the key determinants that contribute to wasting, as well as an improved understanding of how the enabling environment for nutrition (including local capacities and governance) impact nutrition outcomes. Analyse the impact of COVID-19 on increases in the prevalence of wasting and the disruption of service infrastructure and systems, in order to address new emerging systems gaps, in the context of the pandemic. Account for progress against this priority using the target detailed in UNICEF's 'No Time to Waste': "By 2025 evidenced based intervention packages to address context specific/ seasonal determinants and drivers of child wasting are defined in at least 25 priority countries". 	<p>Academia, donors, UN, NGOs and government partners</p>
Prioritise and scale up preventative interventions across both development and emergency contexts		
<p>A paradigm shift that prioritises and scales up tailored packages of well-targeted, evidence-based preventative interventions in all contexts where wasting targets need to be met, that are grounded in a systemic, gender-sensitive and comprehensive life-cycle approach. Intervention packages must be designed and targeted with individual, community and population-level vulnerability to nutritional risk in mind, as well as the need to better address the basic and underlying causes of wasting through policy and systems strengthening.</p>	<ul style="list-style-type: none"> Support to, and the provision of funding for, governments to implement and scale up interventions, including behaviour change, under GAP Outcomes 1, 2 and 3 in food, health, social protection and WASH, and as detailed in country Operational Roadmaps, is a priority.⁸ This requires the development of costed action plans that address gender, scale, sustainability, multi-sector coordination and the capacity development of systems, including crucial skills development for human resources. Recognise the particular challenges of guaranteeing access to high-quality foods/adequate diets for mothers and their young children in food-insecure contexts that routinely record >15% wasting and/or >40% stunting. Support direct supplementation with whole foods or specialised nutritious food (SNFs), such as SQ LNS, that fill nutrient gaps and prevent wasting in these contexts.⁹ Improve financing commitments by all parties that prioritise addressing bottlenecks to the expansion of coverage, quality, and the delivery of proven interventions outlined in the <i>Lancet Series 2021</i> and in GAP Operational Roadmaps. <ul style="list-style-type: none"> Incentivise global financing mechanisms to play a more active role in domestic resource allocation for wasting prevention (see actions on this and others in the financing brief). Account for progress against this priority using the target detailed in UNICEF's No Time to Waste: "By 2025 at least 30 million children benefit from a package of essential nutrition actions for the prevention of child wasting and related child mortality in at least 25 priority countries". 	<p>Donors, UN, NGOs, governments</p>

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⁸ Critical interventions covered by all Roadmaps address:

- good health and a healthy environment for women and young children
- improved nutrition for mothers and their infants
- improved diets of young children, particularly of those in the 6–23 months age group

⁹ Keats E *et al.* (2021). Effective interventions to address maternal and child malnutrition: an update of the evidence. *The Lancet Child & Adolescent Health*. Vol 5 pp 367-384.

Change needed	Specific actions required	By whom?
<p>A shift in policy directives and funding support towards simultaneously tackling all forms of malnutrition.</p>	<ul style="list-style-type: none"> Embrace joint ‘double-duty’ actions to prevent malnutrition through more integrated policy and programming. This has the potential to leverage shared opportunities and improve the cost-effectiveness of established programmes and policies that aim to reduce undernutrition. 	<p>UN, governments, donors</p>
<p>Fill knowledge and evidence gaps linked to the prevention of wasting</p>		
<p>Improve implementation research and experiential learning to fill knowledge and evidence gaps.</p>	<ul style="list-style-type: none"> Learn from nations that have reduced wasting and kept it low. A series similar to the exemplar series recently published for stunting¹⁰ is now urgently needed for wasting that examines the contribution of resource allocations to wasting reduction, programmatic approaches, coverage of programmes and the role of different sectors, including how they interact and influence the nutrition of women and children within agri-food, health and education systems. Re-think approaches to evaluating interventions and methods for assessing impact on outcomes along the pathway to better nutrition – particularly where there are evidence gaps for programmes that are not well suited to measurement through a randomised control trial design, such as those related to packages of systems strengthening support, changes in livelihoods, food security or gender and the workload of women. This needs to be accompanied by rigorous and transparent monitoring and evaluation of trends over time and effective dissemination of learning. Continue to evaluate what works to improve nutrition across sectoral platforms, and seek to better understand the marginal costs of delivering services that improve nutrition and the marginal benefits expected by doing so, some of which can go beyond nutrition . Accelerate global efforts to develop and disseminate guidance on nutrition data and information systems to countries. This should include solutions to better understand the burden of wasting across both development and humanitarian contexts by collecting data that measures the incidence (as well as prevalence) of wasting and related mortality. Improve definitions of nutritional risk and recovery that go beyond anthropometry and that help to identify children in need of support before they become wasted and stunted. Critical to this will be the identification and communication of clear actions and pathways of care for infants and young children who are identified as experiencing growth failure. 	<p>Donors, governments to support research agenda, researchers</p>

¹⁰ Bhutta, Z.A., Akseer, N., Keats, E.C., Vaivada, T., Baker, S., Horton, S.E., Katz, J. *et al.* (2020). How countries can reduce child stunting at scale: lessons from exemplar countries. *Am.J.Clin.Nutr.*, 14(112(Supplement_2)), 894S–904S.

Annex 1

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Sources used but not cited directly in the text:

1. Notes from Working Group members.
2. Background/summary information for prevention WG (including points from GAP and GAP Roadmaps, No Time to Waste, No Wasted Lives).
3. Summary mapping from UNICEF, Saul Guerrero, 9 July – prevention section.
4. ENN (2021) Best practice in preventing child wasting within the wider context of undernutrition. ENN Brief.
5. Heidkamp R et al. (2021). Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: an agenda for action. Lancet. Vol 397 pp.1400-1418.

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The brief draws on the professional experience of individual working group members who engaged in a personal capacity in order to represent the nutrition sector as a whole, and does not reflect the position of any single institution. Where complete consensus on points was not achieved within the group, the majority view was used.

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