

## Reflections on the UN Global Action Plan (GAP) on Child Wasting: How can the GAP on Child Wasting address gaps in continuity of care?

Technical brief. June 2020.



SOUAMI DAS, 2016, INDIA

### Introduction

An estimated 47 million children under five years old are currently wasted worldwide, of whom 14 million are severely wasted<sup>i</sup>. This is an underestimate, since it is based purely on prevalence data and does not take account of incidence cases<sup>ii</sup>. The burden of wasting is greatest in fragile and conflict-affected states<sup>iii</sup>. Each year, it is estimated that 12.6% of under-five child deaths are attributed to wasting<sup>iv</sup>. The risk of mortality is greatest for the most severe cases of wasting<sup>v</sup>, those experiencing concurrent wasting and stunting<sup>vi</sup>, and for low birth weight infants<sup>vii</sup>. Treatment protocols have evolved, based on the degree of wasting (measured using anthropometry) and presence/absence of medical complications<sup>viii</sup>.

Over the past two decades, efforts to reduce wasting have predominantly focused on community-based approaches to treatment in order to reach children early and at scale. In 2019, an estimated 11 million children accessed treatment for wasting<sup>ix</sup>, but access varies greatly by context. Addressing wasting at a global scale

remains a huge challenge and coverage of treatment remains low. While coverage has increased<sup>x</sup>, current global estimates indicate only around 23% of severely wasted children in 2019 had access to treatment<sup>xi</sup>.

### Field Exchange 60 priority actions

The 60th edition of *Field Exchange*<sup>xii</sup> focused on the continuity of care (CoC) for treatment of children with wasting to provide a snapshot of programme experiences and research. A CoC for treatment provides every child with appropriate and timely care to enable full recovery, regardless where they present along the spectrum of wasting. This requires comprehensive and aligned policies, guidance, financing and programming to ensure adequate, appropriate and accessible services, with capacity to surge to meet demand in crisis. Overall, *Field Exchange 60* found poor CoC for treatment of children with wasting and many reasons for this (see box 1). Reflecting on the collated evidence, the *Field Exchange 60* editorial presented three priority areas for action<sup>xiii</sup>, as follows:

1. One United Nations (UN) agency should be designated with overall authority, responsibility and accountability for provision of wasting treatment in all settings. This does not preclude operational and normative roles for other UN agencies.
2. The need for a dedicated body of coordinated research to inform timely normative World Health Organization (WHO) guidance on the treatment and care of wasted infants and children.
3. An urgent review of the extent and nature of ready-to-use food (RUF)<sup>xiv</sup> supply challenges to inform how these can best be addressed.

### Global action plan on child wasting

*Field Exchange 60* coincided with efforts by governments, donors, UN agencies and the broader nutrition community to explore new ways of working and forms of programme design, recognising that significant change was needed in order to improve coverage of wasting treatment. The priority areas for action informed a brief presented to a donor roundtable meeting convened by Emergency Nutrition Network (ENN) and the Eleanor Crook Foundation in July 2019, a letter to the UN Secretary General in October 2019 from philanthropic donors invested in wasting treatment, and a letter to the UN

Secretary General in December 2019 with 45 signatories from civil society. All called for urgent measures to address the three priority areas for action and a comprehensive reform of the UN's approach to the management of wasting. In March 2020, five UN agencies (the United Nations Children's fund (UNICEF), the World Food Programme (WFP), WHO, the United Nations High Commissioner for Refugees (UNHCR), and the Food and Agriculture Organization (FAO) collectively published the *Global action plan on child wasting: a framework for action to accelerate progress in preventing and managing child wasting and the achievement of the Sustainable Development Goals* (SDGs) (see box 2). Building on the framework, a multi-year, multi-country and multi-stakeholder *Roadmap for Action* will be developed to facilitate implementation, led by UNICEF. The framework and the accompanying roadmap will become the GAP on child wasting.

In continued support of this collective effort, in May 2020 the *Field Exchange* Editors appraised the GAP framework in terms of the *Field Exchange 60* priority areas of action to identify progress, clarifications and outstanding actions to inform the development of the Roadmap for Action and any further actions needed to produce the final GAP on child wasting.

## Box 1: Field Exchange 60: Editorial reflections on continuity of care for wasting treatment

Significant factors identified that contribute to poor CoC for wasting treatment include: *UN institutional arrangements on wasting treatment*. Current UN divisions of labour and roles along the wasting spectrum mean that three UN agencies (and sometimes four, in refugee contexts) assume responsibility for different parts of wasting treatment. No single UN agency has oversight to plan for and ensure adequacy and continuity of services, and to be accountable for the provision of these services.

*Global attention to the management of severe wasting has not been matched for children who are moderately wasted*. This is reflected in a lack of global coverage targets, no comprehensive data on children reached and limited programme models for how to care for these children. This has been exacerbated by a *weak evidence base and absence of WHO guidance for management of moderate wasting*.

Poor CoC for treatment of all wasted children and lower prioritisation of the moderately wasted caseload was substantiated by findings of an *ENN mapping exercise of UN-led severe and moderate wasting treatment programmes in East and West Africa*<sup>xv, xvi</sup>. Contributing factors included different agency-specific targeting

approaches, poor information and referral mechanisms between agency-led services, and weak CoC for severely wasted children with medical complications. *Data on children accessing wasting treatment was not aligned between UN agencies, making it impossible to know how many wasted children access a continuum of care and are successfully treated*. The mapping also noted significant *supply-chain challenges for RUF and capacity challenges within health systems* to integrate all wasted children into treatment programmes.

Importantly, *Field Exchange 60* also identified *areas of innovation and action* to address gaps in CoC for treatment, including good examples of UN agency collaboration, alternative programme approaches to reach more wasted children, and considerable emerging research on new approaches to simplify case identification and management of wasted children in communities and health facilities.

*Marie McGrath and Jeremy Shoham (2019). Editorial perspective on the continuum of care for children with acute malnutrition. Field Exchange issue 60, July 2019. p2. [www.ennonline.net/fex/60/extendededitorial](http://www.ennonline.net/fex/60/extendededitorial)*

## Box 2: Global Action Plan (GAP) on child wasting

The *GAP on child wasting* is a statement of UN agencies' commitment to global action to accelerate progress in preventing and managing child wasting and the achievement of the SDGs.

The *GAP on child wasting: a framework for action* (March 2020) aims to provide a common focus to guide individual and collective action to accelerate progress towards the SDGs on child wasting. A multi-year, multi-country and multi-stakeholder *Roadmap for Action* will be developed in 2020-2021 to facilitate implementation, led by UNICEF. The *Roadmap for Action* will enable UN agencies to support countries to develop concrete commitments, targets and actions to reach the global SDG targets.

The *GAP Framework* and *Roadmap* together will become the *GAP on child wasting*.

The *GAP on child wasting* has a life-cycle approach that focuses on mothers, infants and children. It includes both prevention and treatment of wasting. It identifies four critical outcomes: reduced incidence of low birth weight; improved child health; improved infant and young child feeding; and improved treatment of children with wasting, and identifies 43 essential actions to address these.

The *GAP on child wasting* aims to increase coverage of wasting treatment by 50% by 2025.

[www.childwasting.org](http://www.childwasting.org)

### Does the GAP Framework address the Field Exchange 60 priority actions?

The *Field Exchange 60* editorial identified 38 gap areas which informed the three priority areas for action. We examined whether, and the degree to which, the GAP framework addresses each of these areas. Framed within the *Field Exchange 60* priority areas for action we identified the following:

#### FEX Action 1:

*One UN agency should be designated with overall authority, responsibility and accountability for provision of wasting continuity of care in all settings. This does not preclude operational and normative roles for other UN agencies. This 'umbrella' UN agency must provide coherent and comprehensive data on CoC provision. Urgent clarification is needed on UN agency operational and normative mandates and ways of working together. Inter-UN initiatives to address wasting, such as the GAP on child wasting, should be subject to external multi-stakeholder and expert peer review.*

- The GAP framework reflects considerable development in identifying **one UN agency responsible** for wasting management, stating that, "UNICEF will be the lead, coordinating agency at a global, regional and national level for the operationalization of efforts to prevent and treat child wasting in all contexts".
- No details are provided on the execution of UNICEF's **authority and accountability** or the leadership role vis-à-vis its four sister UN agencies. While UNICEF is named as the overall lead coordinating agency, the GAP framework also states: "the UN Agencies will lead and coordinate their efforts", which implies that consensus among all five agencies is necessary.

- The GAP framework commits to an **accountability mechanism**, but does not provide details on the function, modality and scope.
- The GAP framework outlines broad agency roles along **existing mandates** and makes no provision for a review of existing mandates. The processes and means of working together to plan and deliver prevention and treatment services are not specified.
- The GAP framework implies that UNICEF has UN operational responsibility **for complicated case management** of wasted children; WHO's stated responsibility is for evidence and guidance only (see below). This would mean a shift in the operational responsibility that WHO currently bears for in-patient care in some settings.



SAVE THE CHILDREN, 2016, BANGLADESH



- The GAP framework notes the need for actions to strengthen national health information systems to regularly monitor and report wasting and wasting-related data. However, mechanisms to improve **data continuity and availability** across the UN agencies are not outlined.
- The GAP framework development involved some **external consultation** at regional and international levels. However, the consultation timeline, stakeholder profile and process were neither transparent nor predictable.

### FEX Action 2:

*The development of a dedicated body of coordinated research to generate normative WHO guidance for the treatment and care of at-risk infants and children to steer governments and programmers. This should culminate in normative guidance for the treatment and care of at-risk children that can be contextualised by governments and agencies and that includes cost and cost-effectiveness. In the meantime, interim rapid guidance is needed.*

- The GAP framework clearly identifies **WHO as the lead agency** at global, regional and national level to coordinate and oversee the generation of **new evidence** to address gaps.
- **WHO** is identified as having responsibility to develop **normative guidance and tools** to support governments on the prevention and treatment of wasting (by the end of 2021) and on the updating of national guidelines (by end of 2023). Details on **guideline scope** and the **process for their development** are not specified.

- The GAP framework notes that WHO will consult with national governments, academics, donors and other stakeholders to inform regular updates for the global community on emerging evidence. The GAP framework states that the **research agenda** will be further detailed in consultation with key stakeholders at global, regional and country levels. Research priorities and specific research questions are included in the GAP framework; however, they offer only partial reflections on current research gaps and their source is not specified.

### FEX Action 3:

*An urgent review of the extent and nature of nutrition supply issues is needed so that these can be collectively addressed.*

- The GAP framework notes the need for **key nutrition products** to be routinely available and managed as part of national health systems.
- It encourages countries to include ready-to-use therapeutic foods (RUTFs) in **Essential Medicine Lists** and notes the need to **streamline supply-chain systems** for the delivery of nutrition products. Actions needed and details on how to streamline systems are not provided.
- Problems with the current **UN supply-chain management** are not recognised and no plan is specified to review this.
- It is unclear whether UNICEF's overall **responsibility** (or any authority and accountability) extends to RUF **supply-chain integrity**. Which UN agency is responsible for **supply-chain management** of key nutrition products is not specified.

### Continuing progress together

The GAP framework shows progress and a positive direction of travel. It reflects five UN agencies committed to working together. It has begun to address several critical gaps identified in *Field Exchange 60* that compromise CoC for treatment of wasted children, such as the designation of UNICEF as the lead coordinating agency and clear WHO leadership to coordinate, deliver and support evidence generation and timely guidance development. Greater alignment between prevention and treatment of wasting to support a more comprehensive continuum of care features prominently. The development of the *GAP Roadmap* now provides an important opportunity to elaborate details and clarity on the delivery of the framework's ambitions. Based on our review, we have identified some outstanding areas for clarification and action. Some may require consultation beyond what will be undertaken in a country-centric roadmap development process. Areas for actions to help address these 'gaps in the GAP' are as follows:

1. Establishment of an **accountability** mechanism, both for UNICEF as the overall coordinating agency and for the other UN agencies, that includes non-UN/ independent stakeholders.
2. Clarification of the leadership role of UNICEF and exactly what **authority** is vested in UNICEF to coordinate other agencies.
3. Commitment to, and clarification of, lead UN agency responsibility for **harmonised, comprehensive data** across services for all wasted children in order to ensure visibility of and accountability for what proportion of children undergoing treatment for wasting have access to CoC.
4. A **detailed plan with timeline for WHO guideline development**, including the exact scope of guidance that will be produced; process for interim/short-term statements/guidance; and a mechanism for development and delivery of a coordinated research agenda. An analysis of what additional WHO capacity will be needed for this role and how it will be resourced is critical.
5. Clarification on whether UNICEF is responsible for **implementation of services related to the management of complicated wasting** and whether WHO has any role in this regard.
6. An independent **review of RUF supply-chain management** performance across contexts that can inform recommendations for future UN agency supply-chain system and agency roles and responsibilities remains necessary and urgent.

### Further considerations

The GAP framework does not address the question of what each UN agency should do differently; **system reform** may well be needed to deliver CoC at scale more efficiently and comprehensively. We recognise that the future division of roles and responsibilities between UN agencies to deliver on the GAP will be informed by the roadmap development process. It is difficult to predict whether this will prompt a review and, if necessary, revision of existing **UN mandates** and ways of working. Any such review will require elaboration and documentation of the current mandate development process across all five UN agencies.

The stated GAP framework principle to promote **government leadership and ownership** is welcome and is reflected in UNICEF's plans to lead a roadmap process through regional and country-level, multi-stakeholder consultation. It is important to note, however, that the *GAP framework*, while speaking of government leadership and ownership, does not provide for any government authority over UN ways of working or respective operational responsibilities at country level. As part of country and regional consultation, it will be critical to



UNICEF, ALIYAH AHMAD, 2018

examine how wasting management is, and should be, reflected in **national costed plans** and that context-specific **financing arrangements** are set out. In protracted fragile contexts this will necessitate a shift from short-term humanitarian to longer-term development funding, as well as governments taking increased ownership of financing over time. A **country-led roadmap process** should also enable prioritisation by context and could help inform a global prioritisation of the 43 actions currently identified in the GAP framework.

The GAP on child wasting does not address all forms of malnutrition, which we increasingly understand to be interconnected. With increasing evidence that **all manifestations of undernutrition are interrelated** and impact infants and young children, we need to continue to shift from focusing on distinct severe and moderate anthropometric deficits towards considering ways to identify and mitigate multi-faceted *risks* for both individuals and communities. It is therefore important to reflect on whether a further GAP on all forms of malnutrition will be needed in the months and years ahead, and how developments in our understanding of malnutrition will need to be matched by an evolving institutional architecture that works to prevent **all forms of malnutrition** and is able to support the provision of treatment where prevention fails.

## Final words

The development of the GAP on wasting is an unprecedented multi-UN agency-owned action on wasting prevention and treatment. A clearly outlined **transparent process and timeline for the development of the roadmap and finalisation of the GAP on child wasting** is essential to maximise multi-stakeholder engagement, including government, civil society, funders, the private sector, and regional and country programmers to leverage constructive, collective support to this initiative. We hope that this review is a useful contribution to this effort.

CINI, 2018, WEST BENGAL



## Engage with us

For further information, contact: [marie@enonline.net](mailto:marie@enonline.net)

Read *Field Exchange* online and find out how you can share your experiences at [www.enonline.net/fex](http://www.enonline.net/fex)

## References

- <sup>i</sup> United Nations Children's Fund, World Health Organization, World Bank Group. (2020). Levels and Trends in Child Malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates. Key findings of the 2020 edition. [www.who.int/publications-detail/jme-2020-edition](http://www.who.int/publications-detail/jme-2020-edition)
- <sup>ii</sup> Isanaka S, O'Neal Boundy E, Grais R F, Myatt M, Briend A, (2016) Improving Estimates of Numbers of Children with Severe Acute Malnutrition Using Cohort and Survey Data, *American Journal of Epidemiology*, Volume 184, Issue 12, 15 December 2016, Pages 861–869, <https://doi.org/10.1093/aje/kww129>;
- <sup>iii</sup> Global Nutrition Report. (2020). Action on equity to end malnutrition. Bristol, UK: Development Initiatives. <https://globalnutritionreport.org/reports/2020-global-nutrition-report>
- <sup>iv</sup> Black RE, Victora CG, Walker SP, et al. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries [published correction appears in *Lancet*. 2013 Aug 3;382(9890):396]. *Lancet*. 2013;382(9890):427-451. doi:10.1016/S0140-6736(13)60937-X]
- <sup>v</sup> Olofin I, McDonald CM, Ezzati M, Flaxman S, Black RE, et al. (2013) Associations of Suboptimal Growth with All-Cause and Cause-Specific Mortality in Children under Five Years: A Pooled Analysis of Ten Prospective Studies. *PLOS ONE* 8(5): e64636. <https://doi.org/10.1371/journal.pone.0064636>
- <sup>vi</sup> Schoenbuchner, S. M., Dolan, C., Mwangome, M., Hall, A., Richard, S. A., Wells, J. C., Khara, T., Sonko, B., Prentice, A. M., & Moore, S. E. (2019). The relationship between wasting and stunting: a retrospective cohort analysis of longitudinal data in Gambian children from 1976 to 2016. *The American journal of clinical nutrition*, 110(2), 498–507. <https://doi.org/10.1093/ajcn/nqy326>
- <sup>vii</sup> Mwangome M, Ngari M, Bwahere P, Kabore P, McGrath M, Kerac M, et al. (2019) Anthropometry at birth and at age of routine vaccination to predict mortality in the first year of life: A birth cohort study in Burkina Faso. *PLoS ONE* 14(3): e0213523. <https://doi.org/10.1371/journal.pone.0213523>
- <sup>viii</sup> Wasting treatment has been designed for delivery by programmes that distinguish between 'moderate' and 'severe' wasting using anthropometric cut offs to determine eligibility for a particular service. Medically complicated cases are managed in inpatient care. Moderate wasting is defined as low weight-for-height (<-2 z-scores) or mid upper arm circumference (<125mm) while severe wasting is defined as low weight-for-height (<-3 z-scores) or mid upper arm circumference (<115mm).
- <sup>ix</sup> Estimate based on UNICEF reported admissions of children with severe wasting and other forms of acute malnutrition into therapeutic treatment in 2019 (4.9 million children) and WFP Annual performance report, 2019 (to be published).
- <sup>x</sup> UNICEF Nutridash data demonstrates a four-fold increase in the number of children treated between 2009 and 2017 (from 1.1 to 4.4 million treated annually). Available from <https://acutemalnutrition.org/>
- <sup>xi</sup> Coverage will vary considerably by country and region.
- <sup>xii</sup> Produced three times per year by ENN; [www.enonline.net/fex](http://www.enonline.net/fex)
- <sup>xiii</sup> Marie McGrath and Jeremy Shoham (2019). Editorial perspective on the continuum of care for children with acute malnutrition. *Field Exchange* issue 60, July 2019. p2. [www.enonline.net/fex/60/extendededitorial](http://www.enonline.net/fex/60/extendededitorial)
- <sup>xiv</sup> RUF is a broader category that includes RUTF in addition to other products used in the management of wasting.
- <sup>xv</sup> ENN (2019). A mapping exercise and online survey to investigate continuum of care for acute malnutrition in West and Central Africa. [www.enonline.net/resources/mappingexercisewestcentralafrica](http://www.enonline.net/resources/mappingexercisewestcentralafrica)
- <sup>xvi</sup> ENN (2019). A mapping exercise and online survey to investigate continuity of care in acute malnutrition treatment in East Africa. [www.enonline.net/resources/mappingexerciseeastafrica](http://www.enonline.net/resources/mappingexerciseeastafrica)

This brief was written by Jeremy Shoham, Marie McGrath, Natalie Sessions, ENN. [www.enonline.net](http://www.enonline.net).  
The development of this brief was funded by the Eleanor Crook Foundation.

ENN

2nd Floor, Marlborough House, 69 High Street, Kidlington, Oxfordshire, OX5 2DN

Tel: +44 (0)1865 372340 | [office@enonline.net](mailto:office@enonline.net) | [www.enonline.net](http://www.enonline.net)

