



No More Deaths from Wasting: Changing How the World Fights Acute Child Malnutrition

A GLOBAL PROBLEM DESPITE A PROVEN SOLUTION

Two million children under five years old die every year from acute malnutrition, otherwise known as wasting. Wasting is responsible for 1 in 5 deaths in children under the age of five worldwide and increases the risk of childhood mortality **12-fold among kids under five**, making it one of the top threats to child wellness and survival globally. Acute malnutrition is also a warning sign of famine and contributes to two of the three key indicators used for famine declarations.¹

But deaths due to wasting are preventable. **A proven solution**, involving a shelf-stable, fortified peanut paste known as Ready-to-Use Therapeutic Food (RUTF), exists that helps 92% of acutely malnourished children recover. The tragedy is that 4 in 5 children still do not have access to this lifesaving remedy.

Addressing acute child malnutrition has long been a part of humanitarian and development programming and has resulted in some **short-term gains**. The problem is that the current treatment and delivery system is unnecessarily complex and bifurcated, with two U.N. agencies delivering two products to treat severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) separately. Not only is this system inefficient, it does not include the input and participation of affected communities, does not foster the swift adoption of new approaches based on the latest evidence and lacks clear accountability for scaling treatment.

¹ Mortality rates, acute malnutrition prevalence and food consumption are the three key measurement indicators for increased Integrated Phase Classification levels and famine declarations.

Pictured above: Dr. Sila Monthe, an IRC health manager in Kenya, measures one-year-old Vanessa with MUAC tape. Vanessa has been receiving treatment at an IRC nutrition center in the Kakuma Refugee Camp.



WHAT IS WASTING?

Wasting is a form of malnutrition that indicates low weight-for-height and typically occurs when a person has not had adequate quality or quantity of food, or if they have frequent or prolonged illness.

Severe acute malnutrition (SAM) is identified by severe wasting, and refers to having extremely low weight-for-height. SAM is associated with higher risks of complications, including organ failure, infection and death.

Moderate acute malnutrition (MAM) is a less severe form of wasting, though it still increases a child's risk of death up to three times compared to a well-nourished child. MAM can be managed through supplemental feeding and nutrient-rich foods, though if left untreated can turn into SAM.

As the global food security picture heading into 2024 looks especially ominous, with nine² countries at **risk of famine** by the end of 2023, preventing famine-like conditions and increased child mortality from acute malnutrition must be a top priority for global leaders. Given the potential that foreign assistance budgets will face tight constraints in 2024, particularly in traditional donor states such as the United States, Germany and the United Kingdom, it will be critical to find ways to stretch resources to implement cost-effective health programs that work. There is a need for new solutions and ideas to bring in traditional and new donors to the table to save the lives of the most vulnerable—children under five years old—as global food insecurity and malnutrition risks increase.

A NEW WAY FORWARD

The International Rescue Committee (IRC) estimates that less than \$2 billion USD in annual resources—equivalent to **0.02% of global health spending**—can close the wasting treatment gap in the 15 countries³ most affected by food and nutrition crises and will provide the chance to save the lives of nearly two million children.⁴ This approach would 1) improve efficiency by promoting simplified, streamlined approaches to diagnosis and treatment, 2) utilize a delivery model that focuses on bringing treatment to children, and 3) develop a global donor approach that prioritizes delivering resources through a centralized fund mechanism, which drives accountability and transparency for scaling wasting treatment by directly funding a series of priority country national nutrition plans in affected nations. Donors should consider models that create deeper equity in decision making, incorporating local voices and partners at the center of the funding delivery models. Clear goals and targets should be established through national nutrition plans and measured with regularity—adopting the newest evidence while increasing coordination and working with actors who have access to communities with children in need.

² Afghanistan, Burkina Faso, Haiti, Mali, Nigeria, Somalia, South Sudan, Sudan, Yemen. Source: [FAO and WFP](#).

³ Afghanistan, Burkina Faso, Chad, Democratic Republic of Congo, Ethiopia, Haiti, Kenya, Madagascar, Mali, Niger, Nigeria, Somalia, South Sudan, Sudan, Yemen. Source: [UNICEF](#).

⁴ [The 2023 Global Report on Food Crises](#) estimates that in the 13 BHA-UNICEF priority countries, there are approximately 26.5 million wasted children (6.5M SAM, 20M with MAM). Estimates based on the per-child costs above suggest that the cost to treat 80% of these children is roughly \$1.3-1.4 billion, depending on what percentage of children treated have SAM vs MAM.

Streamline the Approach to Treatment

A foundational element of tackling child wasting is adopting a simplified, combined approach to treatment. **Evidence** from the IRC shows that the simplified, combined protocol is a treatment approach that increases the cost efficiency and scalability of malnutrition treatment. RUTF expenses are often the most significant single cost of malnutrition treatment, but a simplified protocol uses **39% less** RUTF to treat children with SAM than the standard protocol, saving critical resources and costing up to 20% less per severely malnourished child treated. In the face of pending foreign assistance budget restrictions from donor governments, implementing the most cost-effective option, which also has the ability to reach more children and does not sacrifice quality of care, is crucial.



GAINING EFFICIENCIES THROUGH THE SIMPLIFIED, COMBINED PROTOCOL

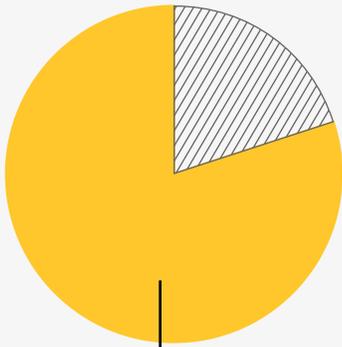
Using the simplified, combined protocol is one treatment approach that notably increases the efficiency of malnutrition treatment in two key ways. First, the simplified protocol reduces the dosage of RUTF for some children with SAM. Following the standard protocol, the current weight-based dosage for SAM children can result in children receiving up to five sachets of RUTF per day. The simplified protocol effectively recovers SAM children with a consistent dosage of two sachets per day.

Second, treating MAM and SAM cases together instead of separately can lead to efficiencies where more children benefit, while the fixed costs of establishing treatment facilities or deploying community health workers remains the same. According to **new research in Mali**, for the same resources, 31% more children with severe acute malnutrition (SAM) or 66% more kids suffering from moderate acute malnutrition (MAM) can be treated using a simplified protocol. This approach enables scale by maximizing limited resources to avert preventable child deaths.

Bring Treatment Directly to Children

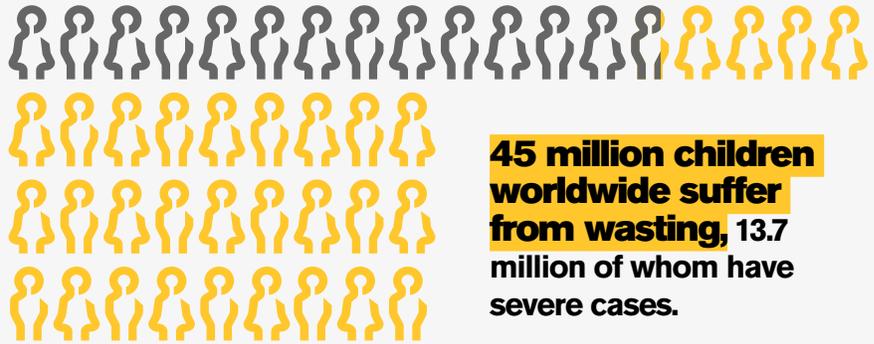
A humanitarian intervention is only valuable if all people in need can safely access it when they need it. But historically, 80% of malnourished children in conflict-affected settings cannot access proven, highly effective lifesaving treatment. This is in part because the traditional model asks families to bring acutely malnourished children to the closest medical center, a responsibility that often falls on the child's mother. This can often require traveling miles on foot through dangerous territory, making treatment more difficult and out of reach when critical care is needed.

MALNUTRITION BY THE NUMBERS



80% of acutely malnourished children cannot access treatment.

1 in 5 deaths in children under 5 **X X X X X** are attributed to severe wasting (UNICEF), though numerous studies have shown that more than 90% of children with wasting can recover with treatment.



45 million children worldwide suffer from wasting, 13.7 million of whom have severe cases.

In order to overcome this challenge, malnutrition treatment for children should center the role of community health workers in treatment and diagnosis. The IRC trains community health workers and parents to use a color-coded tape that measures a child's mid-upper arm circumference (MUAC) to screen them for malnutrition, and subsequently provide the appropriate dosage of RUTF. This approach is critical in times of emergency when a quick and efficient response is especially needed.



People are equipped and given knowledge to disseminate at the community level. Early detection with family MUAC means malnutrition is caught and treated at MAM."

– Abdullahi, IRC community health volunteer supervisor in Dadaab refugee complex

Create Accountability and Transparency Through National Nutrition Plans

Unlike the current global approach to malnutrition, which employs a one-size-fits-all approach, closing the wasting treatment gap requires a more focused, context-oriented strategy to address all the different barriers to treatment. This should be done through a series of national nutrition plans jointly developed by the international donor community and governments of affected countries. One successful model for establishing such national plans can be found in PEPFAR—the President's Emergency Plan for AIDS Relief—which similarly used national strategic plans to identify needs, allocate resources and coordinate operations in a more streamlined and equitable manner.

These national nutrition plans should outline current incidence rates of child malnutrition by taking a baseline of current coverage levels, target percentage increases in treatment coverage based on available country-level resources, establish clear partner coverage areas and access constraints, promote the most impactful interventions to achieve scale, identify treatment and prevention gaps, improve supply chain transparency and establish strategies for scaling wasting treatment. Funding for child malnutrition treatment should go directly into these newly developed national nutrition plans and could be allocated within a novel fund to delivery partners according to the joint strategies.

A critical underlying element of these plans is outlining accountability and monitoring mechanisms throughout the operational period. The national nutrition plans should develop clear systems for tracking progress and identifying gaps. Information on treatment progress should be made publicly available to the nutrition partner community, donors and affected nation leadership, creating a mechanism for democratized accountability that is missing from the current system.

Build a Global Coalition Against Wasting

Successfully ending deaths from wasting cannot be achieved by any single actor. Instead a wide-ranging coalition that brings in international donors, U.N. agencies, local governments, NGO and civil society delivery partners, and community representatives must work hand in hand. Religious organizations, private sector leaders, philanthropic foundations and women-led organizations in affected communities are key components to building a truly global, influential coalition. Given the number of countries in sub-Saharan Africa that are heavily affected by child malnutrition, a special focus must be placed on partnering with African experts and African institutions to drive solutions on an issue that has proven to be solvable, and to create an opportunity to strengthen the capacity of, and global partnerships with, key ministries of health.

SEIZING THE OPPORTUNITY

The international community has an opportunity to make deaths from wasting a crisis of the past. But the current global approach isn't working, and far too many children are suffering the consequences. Making the situation right doesn't just require more resources, it requires a fundamental rethinking of how the world comes together to fight acute malnutrition among children. It calls for a new approach centered around affected communities, accountability and transparency in treatment implementation, backed by a global coalition of diverse stakeholders. We have the tools, the question is whether we are brave enough to use them.