

Prevention of Wasting in Children

*We can take strides in preventing wasting **today** in **every** context – including in fragile and conflict-affected settings - by starting from what exists and what is possible in each context and building from there.*

***Every** effective action can make a difference and can be progressively complemented with more interventions and further strengthened as the context and resources allow.*

Recommendations for actions to prevent wasting

- 1. Progressively scale up proven interventions that help prevent wasting today – through national systems where possible, and through alternative delivery mechanisms where systems are broken.*
- 2. Scale up multiyear, shock responsive development funding for multisectoral responses to prevent wasting, alongside humanitarian aid, while helping to remove barriers that makes accessing such funding challenging in fragile and conflict-affected settings.*
- 3. Strengthen national health, food, social protection, and WASH systems to effectively deliver key nutrition services and address the underlying drivers of wasting and other forms of malnutrition in a sustainable manner.*
- 4. Take steps to translate early warning into early action, especially in fragile and conflict-affected settings, by ensuring that front line responders have the necessary resources to scale up prevention programming well in advance of anticipated crises, as well as understanding context-specific causes and evidence.*
- 5. Bridge the data gap for prevention by strengthening the evidence base on the most effective prevention interventions and how to best deliver them to all who need them, including in food insecure and FCAS settings where alternative delivery mechanisms and complementary measures might be needed.*

Why urgent action is needed to prevent child wasting

Child wasting – when children are too thin for their height – is the most life-threatening form of malnutrition. At least 45 million children under five years of age are currently affected by wasting, and the numbers are on the rise. Wasting is entirely preventable. Yet global progress in reducing wasting has stagnated and in many areas reversed. An unprecedented series of global shocks has driven a spike in hunger which has disproportionately impacted children's health and nutrition, especially in communities left exposed to poverty and vulnerable situations. Urgent action is needed to save children's lives and futures and get back on track towards achieving the SDG goal on ending all forms of malnutrition.

Among the approximately 45 million children suffering from wasting, 13.6 million are severely wasted and the remaining children are moderately wasted. Severely wasted children are at highest risk of disease and death – they are 12 times more likely to die from common diseases than a well-nourished child. Moderately wasted children are three times more likely to die than a healthy peer, and at risk of further deterioration into severe wasting. Children who survive are more likely to face impaired growth and development, with life-long consequences.

Wasting is caused by poor diets and illness. However, these causes are in turn the result of a complex web of context-specific underlying determinants of vulnerability and marginalization rooted in prevailing inequities. Therefore, preventing wasting requires a systems approach with coordinated action across food, health, social protection and WASH systems. For example, children are protected from wasting when they are born to healthy, well-nourished and educated mothers who have equitable access to quality, available and affordable antenatal care and primary health care, closest to where they live and work, in their communities or at facility level; when they receive sufficient nutritious foods and the right care, and have access to safe water, sanitation and good hygiene during the first 1,000 days of life, through infancy and into early childhood.

Managing wasting is critical for saving lives and avoiding further deterioration of children's health and nutrition. But waiting until children become wasted puts them at unacceptable levels of risk. Managing wasting without sustainable prevention measures leads to increased and recurrent cases, which is both inefficient and devastating to vulnerable children. Early action to prevent wasting will not only avert a catastrophic loss of life but will also save a generation of children from a future marked by illness, poor school results and poverty. Preventative measures will also help build community and individual resilience to shocks and stressors. Acting early before children are wasted is not only the right thing to do – it is also a better use of resources.

There is growing recognition that we need to do more and do better to address wasting. The [Global Action Plan on Child Wasting](#) (GAP), launched in 2020, provides a framework for action, including context-specific [country roadmaps](#). In 2021, a high-level Action Review Panel on Child Wasting was established to galvanize implementation of the GAP. Higher levels of funding for wasting management in 2022 resulted in a historically unprecedented wasting response, to address increasing needs due to the Global Food Crisis. In 2023, five UN agencies came together to issue a [call to action](#) to accelerate action on child wasting in humanitarian contexts.

Despite these efforts, the situation is dire. Global funding to address wasting remains insufficient and is often delivered in a way that makes sustainable progress challenging. While efforts have been made to increase funding for the management of wasting, funding for prevention remains low. Global financing for wasting is mostly short-term, unpredictable humanitarian funding, and is channeled mainly to management services targeting the most vulnerable children. Indeed, most children who receive services for wasting do so in emergencies, even though wasting also persists in stable contexts. There is a need to increase long-term, predictable financing – including development funding – for targeted prevention efforts, including in fragile settings where such efforts are most urgently needed. Greater

humanitarian need driven by conflict, climate change, and economic shocks has resulted in increasing rates of wasting, especially in fragile and conflict-affected settings (FCAS). This has led to donors prioritizing treatment programs with less investment in prevention approaches. Lack of resources has contributed to an unfortunate tradeoff – saving lives today means that implementers lack the necessary resources to prevent children from becoming wasted. Additionally, many systemic barriers exist for FCAS countries in accessing predictable funding to use for prevention, including development finance.

We need to do more and do better – and we need to start now. The evidence-base on the most effective prevention measures is still developing, partly since the complex underlying causes of wasting makes prevention harder to study, compared to management which can be studied in clinical settings. However, this should not stop us from acting now to stop more children from becoming wasted. We know what children need to be well nourished and we have sufficient evidence and operational experience to know how to scale up the support they need. Action can already be taken today to scale up a package of effective measures that will prevent wasting among children at risk, including in fragile and conflict-affected settings. Wherever possible, these interventions should be delivered through national systems.

To break the cycle of malnutrition, donors and governments in high burden countries should invest in immediate actions that have been proven to keep wasting at bay, as well as strengthening systems for sustainable impact across health, nutrition, water, sanitation, and hygiene (WASH), food security, livelihoods and social protection. When shocks do occur, acting earlier and even ahead of crises is critical to mitigate the worst impacts on children.

Effective interventions to prevent wasting that can be rolled out *immediately*

A package of proven essential interventions, implemented at scale, could significantly reduce child wasting. This should be part of a coordinated, multi-sectoral response in order to sustainably address wasting. Plans to prevent wasting should be context specific and tailored to the unique situation in each country, with governments leading the charge. Supporting governments to anticipate nutrition needs, plan for context-relevant approaches, and deliver quality nutrition services through their own systems is advised to prevent wasting before it happens.

In stable contexts, most key preventative interventions are best rolled out through the national health and social protection systems. In many contexts, many key services are already in place, but the quality and reach need to be strengthened for all children to be protected from malnutrition.

In fragile and conflict-affected settings (FCAS), where the burden of wasting is particularly high, alternative delivery mechanisms are often needed to ensure key services reach those who need it. In FCAS settings, health, WASH and social protection systems are often weak or dysfunctional, due to conflict, climate shocks, weak governance and limited government resources. People also face additional challenges in accessing these key services due to

financial barriers, displacement, and insecurity. People living in FCAS settings often face high levels of food insecurity due to frail and disrupted food systems – nutritious foods might not be available on the market, and even where food is available, people might be unable to afford it due to high levels of poverty. Thus, food and cash assistance can play a vital role in ensuring children are well fed and protected against malnutrition.

Health interventions

Access to adequate health care for women and children pre-pregnancy, during delivery and throughout infancy and early childhood is crucial for preventing wasting. This includes a range of essential nutrition actions that are ideally delivered through the health system. The below interventions in particular, are crucial for preventing child wasting and can be delivered in every setting – through the health system wherever possible, and other community-based approaches where health systems are not functional.

Adolescent health and nutrition: Investing in adolescent nutrition and health can help to break intergenerational cycles of gender inequality, poverty, and malnutrition by preventing malnutrition in adolescent girls themselves as well as their future children. Preventing adolescent pregnancy can reduce malnutrition in adolescent girls and the prevalence of low-birthweight babies. Adolescent girls that become pregnant are at increased risk of life-threatening complications, as well as increased risks of neonatal mortality, low birth weight and lifelong implications for the infant, which may include being underweight as children and later in life.

Supplementation for women and girls of reproductive age: Depending on the context, programs that provide multiple micronutrient supplements (MMS) or iron and folic acid supplements (IFAS) and/or small quantity lipid-based nutrient supplements (SQ-LNS) to pregnant women and adolescent girls can help reduce low birthweight, giving infants a better likelihood of having improved nutrition and health outcomes later in life (including protecting them from wasting).

Counseling and support for early initiation of breastfeeding and complementary feeding: Early initiation of breastfeeding and complementary feeding among mothers helps protect against childhood infections, supports optimal nutrition and growth, and can help prevent wasting. The integration of age-appropriate infant and young child feeding practices in routine maternal and child health care services, or through community-based services can contribute to the prevention of wasting by ensuring that infants are well nourished in their first thousand days, preventing micronutrient deficiencies, stunting and wasting.

Supplementation with small quantity lipid-based nutrient supplements (SQ-LNS) for children 6-24 months can prevent wasting in children at risk. Meta-analysis shows that this type of intervention reduces wasting in children by 14%, severe wasting by 31% and child mortality by 27%. The recommendation is for supplementation with one SQ-LNS per day for at least 6 months during the 6–24-month period.

Food and livelihoods interventions

Large scale food fortification with vital micronutrients: The addition of micronutrients to staple foods and condiments (like rice, wheat, maize, and oils) during processing can help ensure that large cross-sections of the population receive essential nutrients that may otherwise not be available in common diets. This is especially important in fragile and conflict-affected settings where sufficient nutritious food might be unavailable.

Nutrition sensitive social protection programs, especially in the first 1,000 Days: Government-run social safety net programs can reach large segments of vulnerable populations, creating an entry point for delivery of essential nutrients, through vehicles like fortified staple foods and condiments. Supporting governments to introduce and/or strengthen social protection programs that deliver good nutrition can be an essential tool in preventing wasting. Where government systems are not effective, cash and voucher assistance that includes nutrition top-ups tailored for the specific needs of pregnant and breastfeeding women and young children can play a crucial role.

Food and cash assistance in food insecure contexts: Nutritionally adequate household assistance with a ration that provides enough protein, fat, carbohydrates, and micronutrients should be the basis of prevention assistance in food insecure settings – including FCAS - enabling households to have access to food in adequate quantity, quality, and diversity to meet their basic food and nutrient needs.

Enabling environment interventions

Social behavior changes to boost positive feeding and care practices: People-centered social and behavior change can equip households with the right knowledge, skills, and motivation to make nutritious food purchases, use healthier food preparation methods, and ensure equitable intra-household allocation, support good child feeding and care practices and encourage attendance to health and nutrition services.

Water, sanitation, and hygiene (WASH): Access to clean water can reduce child morbidity/mortality and contribute to a reduction in undernutrition.

Strengthening systems for sustainable impact

Preventing wasting through a systems strengthening approach involves integrating efforts across health systems, food systems, and social protection and humanitarian systems. Here's how each system can contribute:

Strengthening national health, food, social protection, and WASH systems is the best way to effectively and sustainably deliver essential services needed to prevent wasting, to address the underlying determinants, and reduce overall vulnerability to wasting and other forms of malnutrition with lasting impact. In more stable contexts, where national systems are functional these systems should be further strengthened to ensure all women and children receive quality care. In FCAS settings, or settings impacted by humanitarian crises, where national systems are

weak or disrupted, efforts could be made to progressively strengthen systems as the context allows.

Health Systems:

Strengthen Prevention Services: Developing the capacities of health personnel and community health workers to protect, promote and support recommended breastfeeding practices from birth. Scale-up infant and young child feeding (IYCF) counselling provided through health-care facilities and community platforms to equip mothers and other caregivers with the knowledge and skills to improve child feeding practices. Improve access to vitamin A supplementation and home-based fortification with micronutrient powders.

Strengthen Screening and Early Detection: Enhance the capacity of health systems to identify and screen individuals at risk of wasting, particularly children under five years of age. Train healthcare providers to use standardized protocols for assessing nutritional status and identifying early signs of wasting.

Build capacity for Treatment and Care: Ensure that health systems have the necessary resources, infrastructure, and trained healthcare providers to deliver quality treatment and care for wasting, including access to therapeutic foods, medicines, and counseling services. Integrate wasting treatment into existing healthcare services, such as primary healthcare and maternal and child health programs.

Enhance Data Collection and Surveillance: Develop robust data collection and surveillance systems to monitor wasting prevalence, trends, and outcomes. This information can inform targeted interventions, resource allocation, and policy development. Strengthen collaboration between health information systems and nutrition programs to ensure data integration.

Food Systems:

Promote Nutrient-Rich Food Production: Transform food systems to prioritize the production of diverse, nutritious foods. Encourage sustainable agriculture practices that enhance the availability and accessibility of nutrient-rich crops, fruits, vegetables, legumes, and animal-source foods. Support small-scale farmers and local food producers to improve production and distribution.

Enhance Food Safety and Quality: Strengthen food safety regulations and enforcement to ensure the availability of safe and nutritious food. Improve hygiene practices along the food supply chain, from production to processing and distribution. Promote proper storage, handling, and processing techniques to minimize contamination and preserve nutritional quality.

Foster Sustainable Food Supply Chains: Develop efficient and inclusive food supply chains that reduce post-harvest losses and enhance food availability. Improve infrastructure and transportation to minimize spoilage and ensure timely delivery of nutritious food to markets and consumers. Support initiatives that link small-scale farmers to markets and promote fair trade practices.

Social Protection Systems:

Implement Targeted Nutrition Interventions: Integrate nutrition-specific interventions, such as cash transfers or vouchers for nutritious food, into social protection programs. Design and implement programs that specifically target vulnerable populations, including pregnant women, breastfeeding mothers, and young children.

Strengthen Safety Nets: Enhance social safety nets to provide a cushion against economic shocks and food insecurity. This may include income support, school feeding programs, and community-based nutrition initiatives. Tailor safety nets to reach populations at risk of wasting, ensuring their access to nutritious food and essential healthcare services.

Promote Behavior Change and Education: Utilize social protection systems to deliver behavior change communication and nutrition education. Provide information on optimal feeding practices, dietary diversity, and hygiene behaviors. Empower individuals and communities to make informed decisions about their nutrition and health.

Monitor and Evaluate Impact: Establish monitoring and evaluation systems to assess the effectiveness and impact of social protection interventions on wasting prevention. Regularly collect and analyze data to understand the reach and outcomes of programs. Use this information to improve program design, targeting, and resource allocation.

Humanitarian systems

Increase investment in anticipatory action: Strengthen early warning early action systems and shift the humanitarian system to act ahead of crises, using data and local knowledge to predict hazards and, crucially, releasing funding early based on pre-agreed triggers. Ensure that these approaches have a particular emphasis on anticipating and responding to the nutrition needs of vulnerable groups, and particularly children, who are impacted differently than adults by a crisis and are more at risk of becoming malnourished.

Integrate nutrition into humanitarian response: Ensure that women are supported to breastfeed within emergencies and that maternal and child nutrition services are prioritized. Uphold the standards and recommendations outlined in the Infant and Young Child Feeding in Emergencies Operational Guidance, including training humanitarian responders on the risks associated with donations of breast-milk formula.