NCCs and GNC partners call on the new child malnutrition prevalence thresholds and implications for the GNC collective

16 January 2019

Global NUTRITION CLUSTER

Agenda

1. Presentation by the TEAM on the new child malnutrition prevalence thresholds 2018
2. Presentation from UNICEF on programmatic implications
3. Q&A and clarifications
4. Implications for the global partners, roll out and advocacy
5. Implications for the countries' HNOs/HRPs

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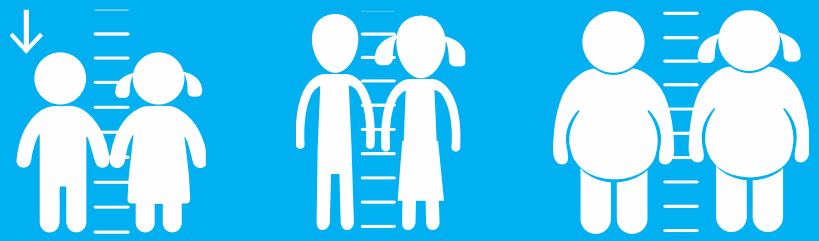
Child Malnutrition Prevalence Thresholds 2018

UNICEF and WHO



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Outline

1. Background
2. Rationale for 2018 revision
3. New ranges
4. Targeting
5. Programmatic Actions
6. Discussion

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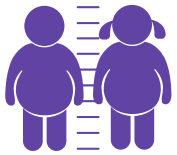
Background

Prevalence ranges to classify levels of undernutrition were developed in the early 1990s.

- STUNTING was descriptive as based on observed quartiles of stunting prevalence from 79 national surveys from 1993 or earlier from LMIC (lowest range <20% labelled as “Low”).

- WASTING based on functional outcomes, derived on the basis of the association between the prevalence of low weight-for-height* and crude mortality rates among U5 children in 42 refugee camps



- OVERWEIGHT: not available

* defined as below 80 % of median weight-for-height using the National Center for Health Statistics reference

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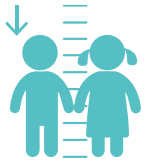
Rationale for 2018 revision

Several developments motivated a reexamination:

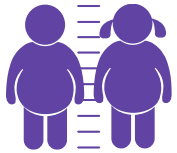
GENERAL: Release of the WHO Child Growth Standards in 2006 increased prevalence of both wasting & stunting.



STUNTING

Current low stunting prevalence – **global**: approaching designation of 'low' (22.2% in 2017) and **country**: 60/134 countries* <20%.

Implications of terminology as "public health significance" was not justified for stunting as not derived based on functional outcomes.



OVERWEIGHT

Global goals (WHA 2025 Nutrition Targets) now exist for overweight and data suggest a rising prevalence.

* The 134 countries are those with a recent estimate in the global database.

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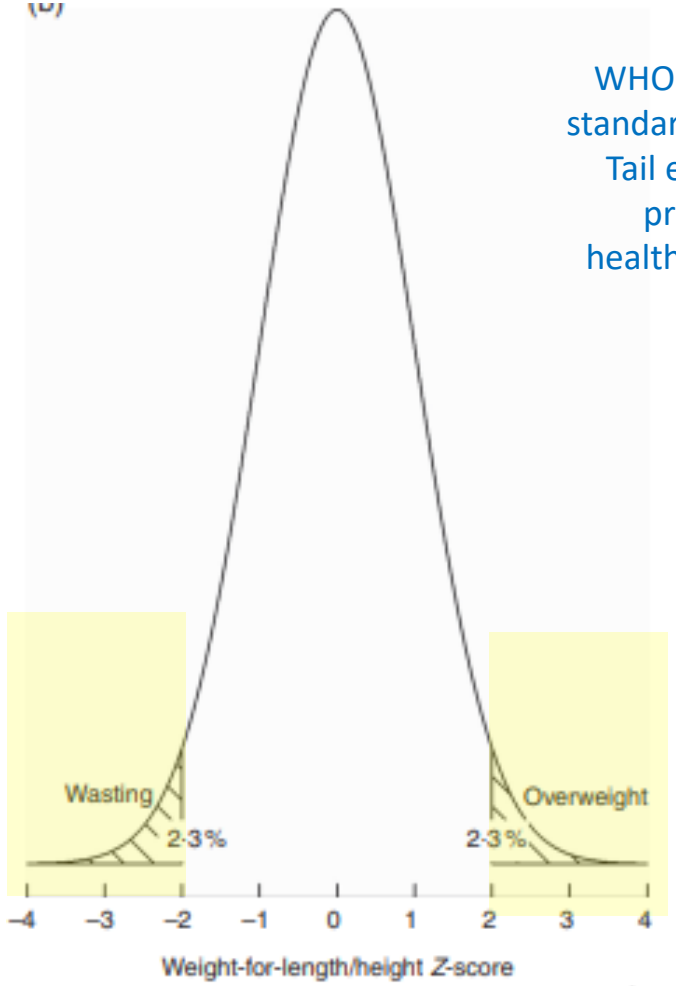
New Ranges: Methods

WHO/UNICEF Technical Expert Advisory Group on Nutrition Monitoring established new ranges by:

- using the same approach for all 3 indicators
- using degrees of "**deviation from normality**" with "normal" defined as prevalence <-2 SD from the WHO child growth standards (i.e. **2.3% are <-2SD or >+2 SD in the standards - rounded to 2.5%**)
- "very low" "normal" category of <2.5% for all indicators
- Stunting – multiply "normal" by 4, 8, and 12 to obtain the 4 additional ranges
- Wasting/overweight - multiply "normal" by 2, 4, and 6 to obtain the 4 additional ranges
- Multiplication factors for **stunting were double** that used for wasting as wasting has higher impact on mortality than stunting



WHO child growth standards for W/H – Tail ends showing prevalence in a healthy population

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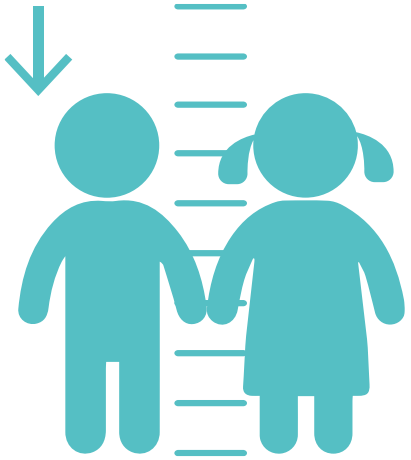
New Ranges: Stunting

Previous Prevalence Thresholds		Revised prevalence Threshold	
Prevalence Threshold (%)	Label	Prevalence Thresholds (%)	Label
N/A	N/A	<2.5	Very Low
< 20	Low	2.5 - <10	Low
20-29	Medium	10 - <20	Medium
30-39	High	20 - <30	High
≥ 40	Very High	≥ 30	Very High



- Descriptive, based on observed quartiles of stunting prevalence from 79 national LMIC surveys (lowest range <20% labelled as “Low”).
- “public health significance” terminology not justified as not based on functional outcomes.
- Labels not aligned with wasting

- Multiplied “normal/very low” prevalence of 2.5% by 4, 8 and 12 to establish ranges; as functional outcomes were preferred, by doubling the X factor used for wasting, considered function somewhat in lower impact of stunting on mortality and concomitant higher X factor.
- Labels aligned with wasting and overweight

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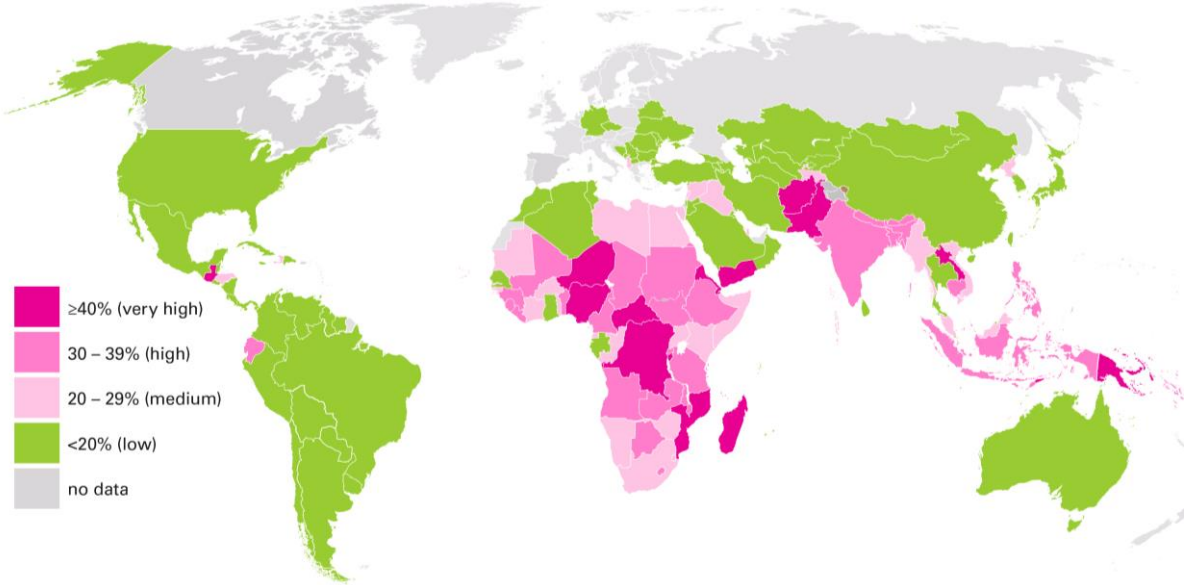
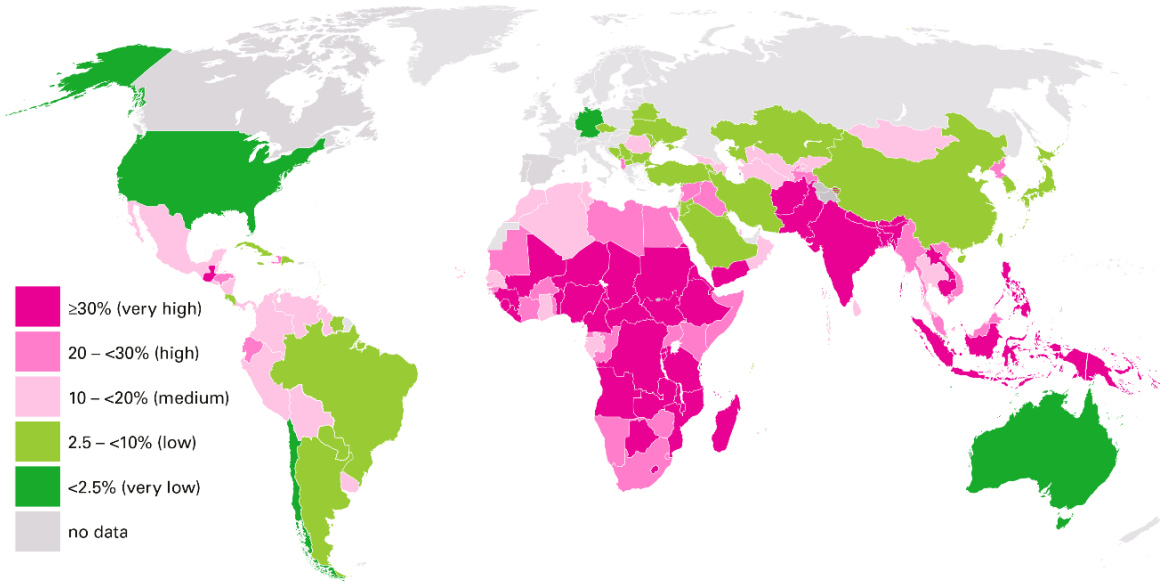
New Ranges: Stunting

Stunting with old (left) and new (right) cut offs

Stunting
Previous prevalence threshold



Stunting
Revised prevalence threshold



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New Ranges: Wasting

Previous Prevalence Thresholds		Revised prevalence Threshold	
Prevalence Threshold (%)	Label	Prevalence Thresholds (%)	Label
N/A	N/A	<2.5	Very Low
< 5	Acceptable	2.5 - <5	Low
5-9.9	Poor	5- <10	Medium
10-14.9	Serious	10- <15	High
≥ 15	Critical	≥ 15	Very High

- based on functional outcomes, association between % low W/H & crude mortality in U5's in 42 refugee camps
- Labels not aligned with stunting
- No overweight ranges to even consider alignment with

- Considered analysis for old ranges still relevant today; so tried to align X factors for the "normal/very low" with old ranges.
- Labels aligned with stunting and overweight
- Ranges established to parallel overweight – to align W/H based indicators

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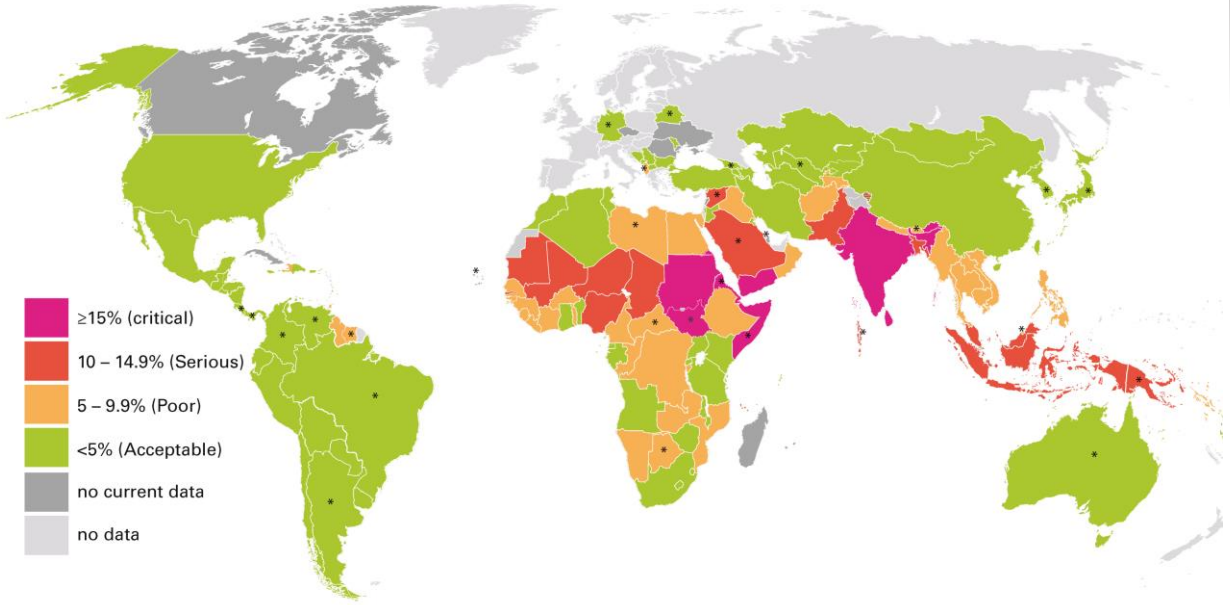
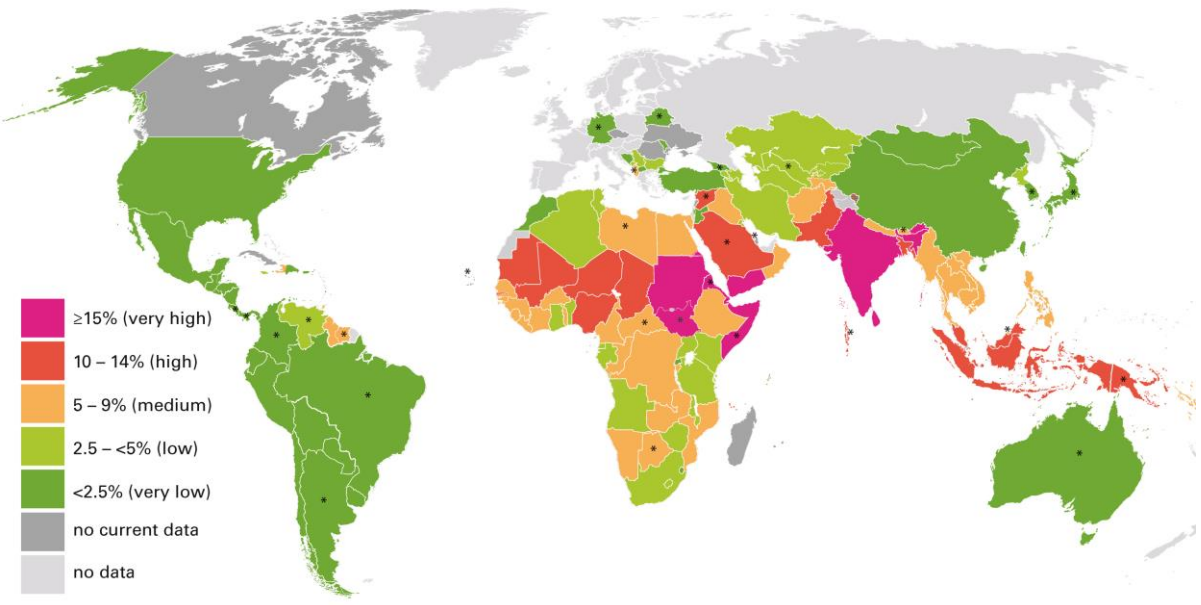
New Ranges: Wasting

Wasting with old (left) and new (right) cut offs

Wasting
Previous prevalence threshold



Wasting
Revised prevalence threshold



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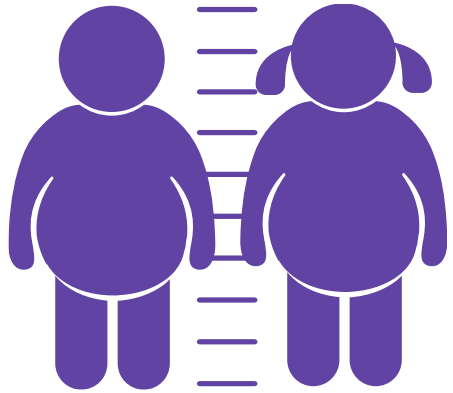
New Ranges: Overweight

Previous Prevalence Thresholds		Revised prevalence Threshold	
		Prevalence Thresholds (%)	Label
		<2.5	Very Low
		2.5 - <5	Low
		5- <10	Medium
		10- <15	High
		≥ 15	Very High



- Not available prior to 2018

- Released in 2018 in keeping with current and future goals and priorities
- Ranges established to parallel wasting – to align W/H indicators

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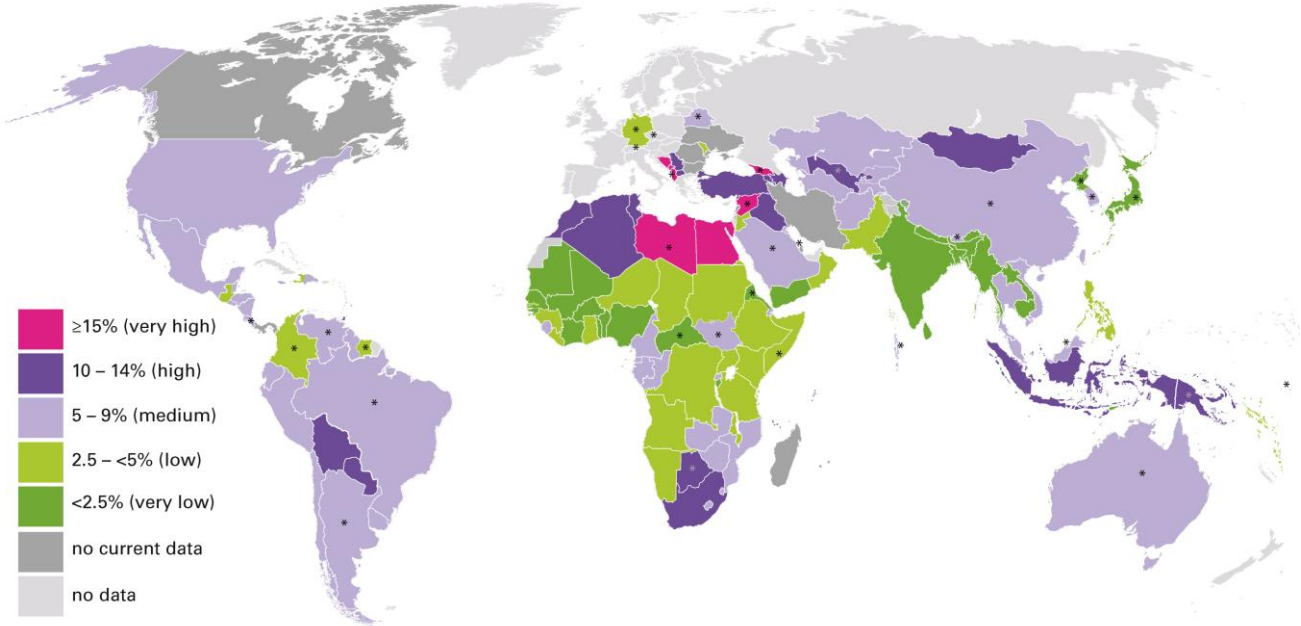
New Ranges: Overweight

Overweight with old (left-N/A) and new (right) cut offs

Overweight
Revised prevalence threshold



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New Ranges: Characteristics and purpose

CHARACTERISTICS:

The new thresholds:

- minimize changes (for wasting) and keep coherence across indicators
- use harmonized terminology which can avoid confusion and promote appropriate interventions

PURPOSE:

- To describe countries according to severity levels (maps & charts)
- To identify priority countries for action by donors and global actors
- To trigger action and target programmes aimed at achieving 'low' or 'very low' levels by governments.

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New Ranges: Use and Applications

CURRENT

- WHO/UNICEF used the new thresholds for official reporting as of 2018, including in the May 2018 joint malnutrition estimates report.
- Applied at national, regional and global level but also relevant at sub-national level.

FUTURE:

- Develop a framework and mechanism to answer questions and provide support for roll out moving forward
- Consider frameworks for use in emergency as well as development contexts

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What are the programmatic implications on the new thresholds?

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Targeting

Implications	Wasting	Stunting
Significant changes in targeting?	Limited	Major – shift (action from 10-< 20%)
Implications on the # of geographical areas targeted?	May remain the same	Increase

Opportunity to include stunting in the geographical targeting, if not already done

Comparison of Stunting Thresholds			
Previous Prevalence Thresholds		Revised prevalence Threshold	
Prevalence Threshold (%)	Label	Prevalence Thresholds (%)	Label
		<2.5	Very Low
		2.5 - >10	Low
< 20	Low	10 - <20	Medium
20-29	Medium	20 - <30	High
30-39	High	≥ 30	Very High
≥ 40	Very High		

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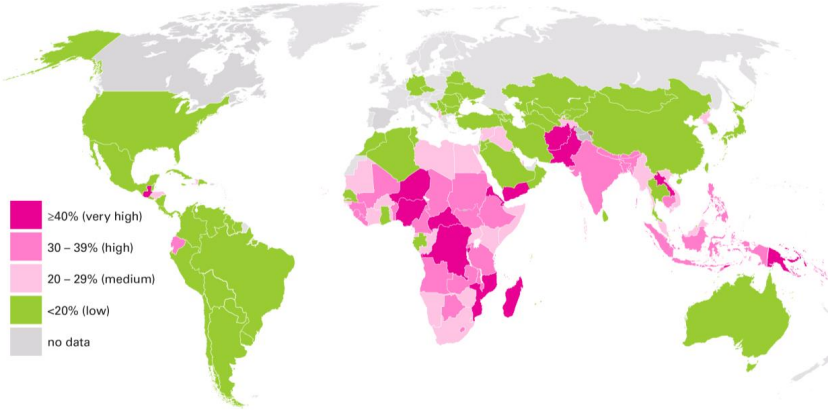
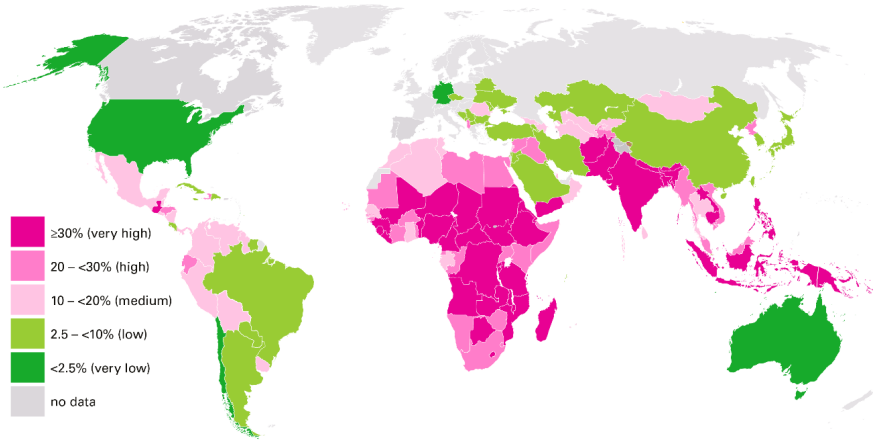
Programmatic Actions

Stunting: **Previous** prevalence threshold



Stunting: **Revised** prevalence threshold



- Holistic view to addressing malnutrition – prevention and treatment in humanitarian settings
- Opportunity to address both stunting and wasting– advocacy and resource allocation
- Opportunity to review programmatic approaches assessing the needs of children with both stunting and wasting

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Discussion

Identifying implications for the use of revised thresholds in emergencies

- Situation analysis- how will this impact our current frameworks for declaring a nutrition emergency?
  - How can and should stunting be brought into classification/declaration of nutrition emergency?
  - What are the Implication of new thresholds on analysis of trends over time in situation analysis?
  - What frameworks or guidance may need to be updated as a result?

- Geographic targeting- how will this impact prioritization of needs?
  - Is there value in having global guidance for **classifying severity of different geographical areas**? What needs to be included in the guidance? In particular in light of evidence on wasting/stunting overlaps and increased mortality?
  - Are there specific issues that we need to follow up with OCHA to ensure prevention of stunting and wasting is considered in humanitarian multi-sector targeting and response?
  - Is there any implication of new thresholds for wasting in relation to debates on whether to use WFH or MUAC in estimating needs?
  - What frameworks or guidance may need to be updated as a result?

- Interventions- how will this impact identifying what we need to do in response?
  - Operational research still needed for packages of prevention and treatment in humanitarian contexts

- And in terms of data generation and tracking global progress?
  - What are the implications for us in terms of generation of data beyond wasting in emergencies?
  - And at global level: what are the implications of new stunting thresholds (resources, advocacy) and progress towards SDG targets (countries in emergencies are OFF- COURSE and INCREASE)

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Thank you