Scaling up coverage, quality and sustainability of early detection and treatment of severe wasting programming for children

Progress and lessons learned from 2013 to 2023

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Setting the stage

Severe wasting is a preventable condition that critically impacts a child's ability to survive and thrive. Evidence-based normative approaches to treat severe wasting have been defined for when prevention efforts fail. The challenge is how to provide timely and quality services for early detection and treatment of severe wasting to the most at-risk children.

Management of severe wasting includes early detection, therapeutic feeding, and care. Models for the management of severe wasting (the "what") and the ways in which care is delivered (the "how") have improved since the 1990s thanks to concerted efforts across government, UN, civil society, academia and donor communities. The 2007 endorsement of the community-based management of acute malnutrition (CMAM) enabled a significantly larger number of severely wasted children without medical complications to be treated at home, within their communities, by their families.

In 2023, 13.7 million children were reported to be affected by severe wasting. Globally in 2022, 7.3 million children under 5 reached with life-saving treatment for wasting. These figures represented the highest annual increase (35 per cent increase from 2021) and the highest number of children treated for severe wasting since large-scale treatment began in 2007. Yet access remains out of reach for too many children. We now need to maintain and even increase our efforts through rapid scale up and sustained funding.Climate change, after-effects of COVID-19, continued conflicts, and food crises threaten to undo progress in reducing malnutrition, to strain existing severe wasting programs, and to further undermine efforts to prevent child wasting.

Analytic framework

Methods: The analysis drew from UNICEF's Nutri-Dash data and publicly available data on nutrition programming. A thematic retrospective analysis was undertaken of the data, review of peer-reviewed and non-peer reviewed literature, and 32 key informant interviews. The WHO Health System Framework was used to structure findings. Efforts were made to address methodological limitations.

Coverage was defined in relation to the Tanahashi model of health service coverage (e.g. availability, accessibility, acceptability, contact, and effectiveness).[1]

- **Treatment coverage** referred to the "proportion of identified cases that receive treatment."[2]
- **Geographic coverage** referred to the "proportion of health facilities providing treatment programming, or, proportion of subnational administrative units, e.g., districts providing treatment as a share of all units)."[3]

Scale referred to "deliberate efforts to increase the impact of successfully tested health innovations so as to benefit more people and to foster policy and program development on a lasting basis."[4]

- **Horizontal scale** referred to operational expansion of interventions and efforts to improve access, demand and quality of care for detection and treatment of severe wasting programming.
- **Vertical scale** referred to institutionalization and mainstreaming of severe wasting detection and treatment programming within national institutions and structures.

Access and **Quality** were defined in relation to Sphere Standards.

There is a convergence of opportunities that could accelerate progress, if harnessed. In July 2023, The WHO released an updated guideline on the management of wasting and/or* nutritional oedema with the full guidelines including prevention to be released before the end of 2023. This will be the first WHO guideline to include prevention of wasting and management of all forms of wasting (both moderate and severe) including in infants under 6 month of age. The collaboration between the United Nations nutrition agencies was clarified and strengthened by the 2020 UN Global Action Plan for Wasting, the 2020 UNICEF WFP Partnership Framework, and the UNICEF and WFP's Strategic Approach for Early Actions to Address Wasting in Children and Women in 15 Priority Countries (2024–2026). Programming adaptations during COVID-19 and used to address food crises in 2022-2023 offer valuable learning opportunities. There are diverse perspectives on what needs to shift in order to accelerate progress, for example whether it is a question of strategy or implementation.[5] There is also a diversity of country level scale up experience in the adaptation of normative approaches to a range of operational contexts where needs, capacities and priorities differ. This is an opportune time to learn from global and regional efforts to support national programs for children with severe wasting before further expanding early detection and treatment services.

The last global stocktake took place in 2013. Action Against Hunger (AAH) and the Coverage Monitoring Network (CMN) organized an event to identify access barriers and to set an agenda to increase scale, coverage, quality and access to early detection and treatment for children with severe wasting. National, regional and global actors have undertaken many initiatives in the areas of policy, programming, research and advocacy since then.

This analysis consolidates what is known about global and regional action to address enablers and barriers to country level scaling of coverage, quality and access to programming for the early detection and treatment of severe wasting in children between 2013 to July 2023. The analysis draws from country level experience that has been synthesized across context or regions and acknowledges that much more can be learned from deeper analytical dives on a country-by-country basis. Identification of missed opportunities in the last ten years is intended to empower stakeholders to seize opportunities not to miss in collaborating on country level expansion of access to timely, accessible, sustainable and effective treatment and care in the years ahead.

We examined the latest data and evidence to answer three questions:

1. What elements of scaling have driven coverage, quality and access to programming for the early detection and treatment of severe wasting in children between 2013 and 2023?
2. What barriers and enablers in taking coverage, quality and access to programming for the early detection and treatment of severe wasting in children to scale between 2013 to 2023 were identified?
3. What might we want to take into consideration in planning action to increase coverage, quality and access to early detection and treatment programming for severe wasting for children in the coming years to meet the 2030 Sustainable Development Goals?

* The term "severe wasting" will be used for this report.

Findings: progress over the last decade

The overarching aim of scaling up programming for the management of severe wasting in children is to provide quality programming in a timely manner so that children in need of treatment can access care and resume their path of growth and development. While Ready-to-Use Therapeutic Foods (RUTF) is recommended by WHO for dietary management of children 6-59 months with severe wasting, other dietary options are not precluded. Global monitoring tends to reflect programs that use therapeutic supplies, such as RUTF and therapeutic milks.

The number countries providing these programs (either nationally or subnationally) increased from 75 to 85 countries between 2013 and 2023 according to UNICEF's NutriDash data (Figure 1).[6] Even though most affected children do not live in humanitarian contexts, programming for detection and treatment of severe wasting in children remained primarily in fragile and conflict-affected states.

There was also an increase in countries offering more than one component of CMAM programming. By 2021, 64% of countries reported presence of all 4 CMAM components (e.g., inpatient treatment of severe wasting with complications, outpatient treatment of severe wasting without complications, treatment of moderate wasting, and community level screening and referral).

The total number of children admitted for treatment increased significantly, from 2.9 million children in 2013 to 7.9 million children in 2022. Most admissions were reported from both West and Central Africa as well as Eastern and Southern Africa, with minimal admissions reported from East Asia and the Pacific, Latin America and the Caribbean, and Eastern Europe and Central Asia (Figure 2). The difference in admissions between regions reflects the variability in prioritization of international resources, diversity in factors underlying severe wasting and models of care, and the political economy around severe wasting in children in different contexts.

FIGURE 1

Global overview of countries with program components for severe wasting treatment at country level 2012/2013 and 2022/2023

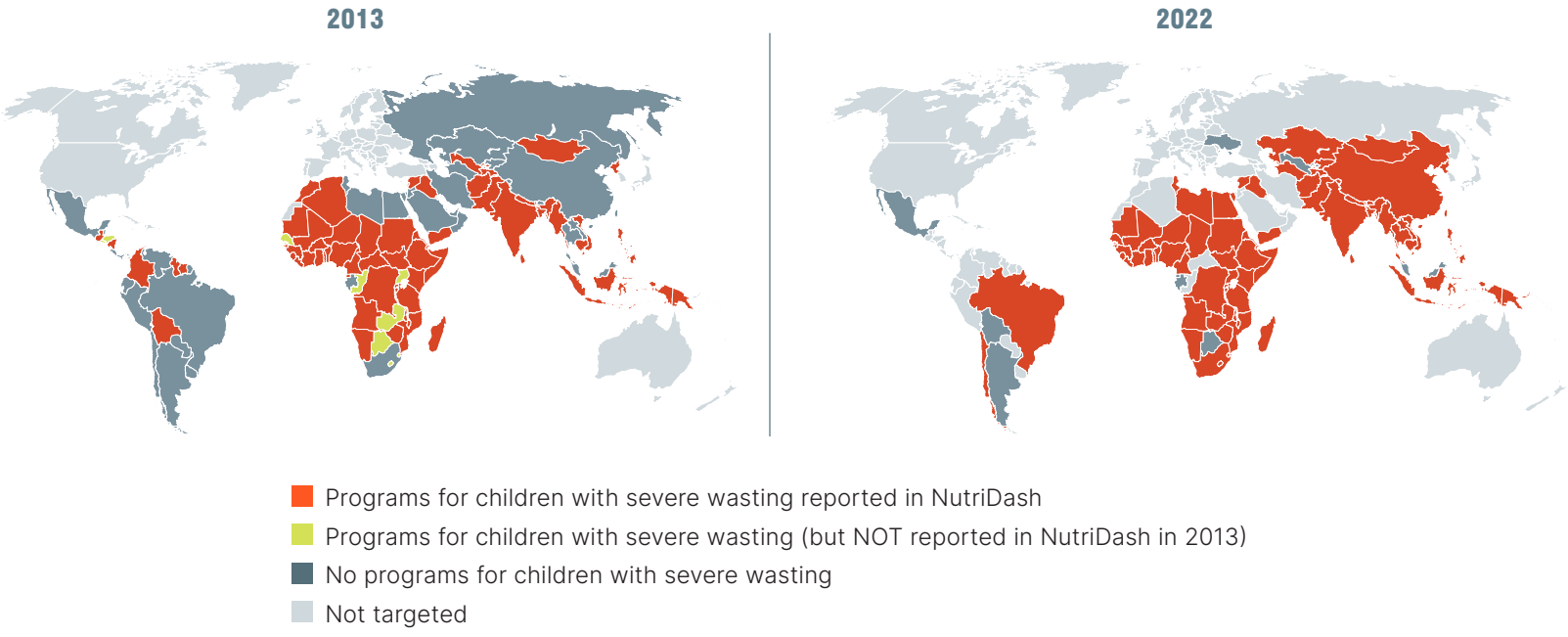
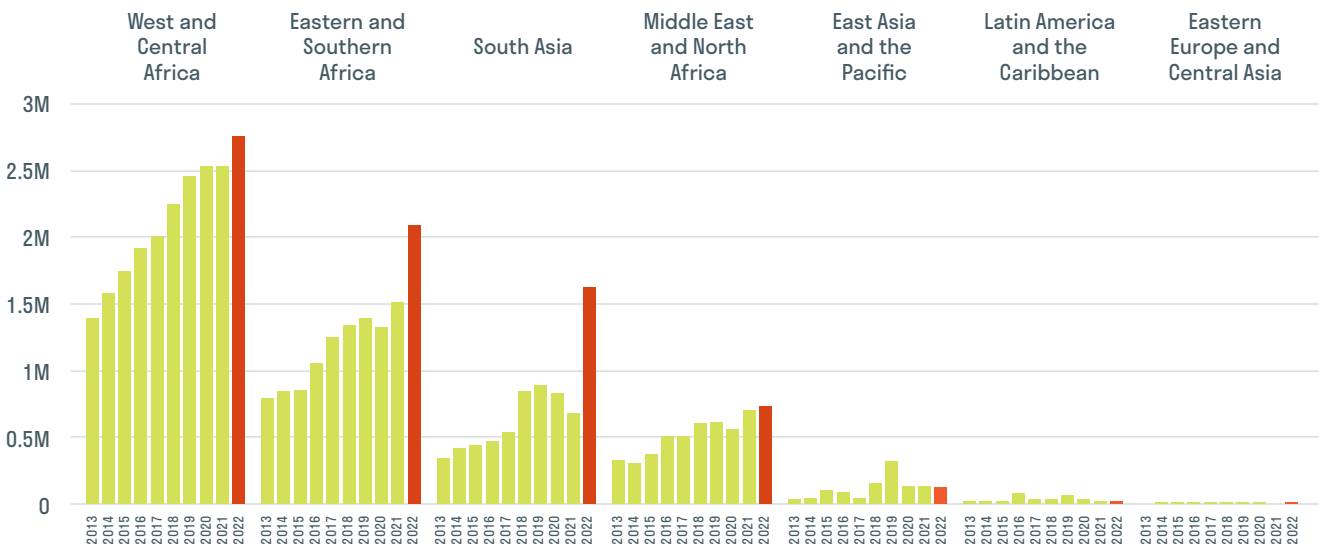


FIGURE 2

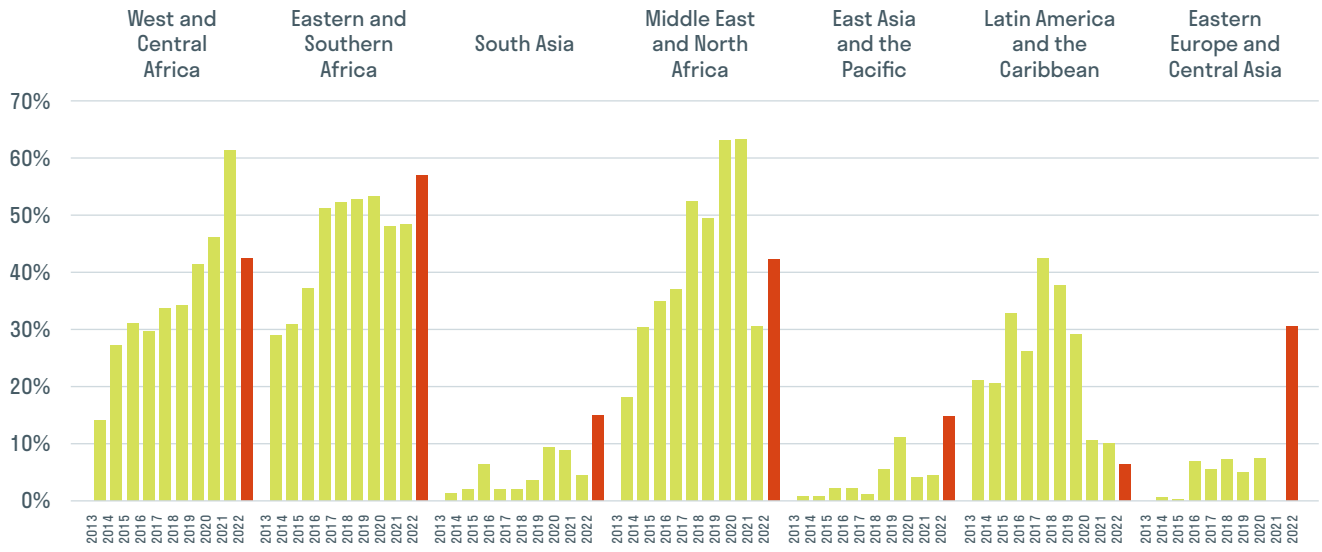
Number of children admitted for wasting, by region, 2013–2022



Source: UNICEF NutriDash

FIGURE 3

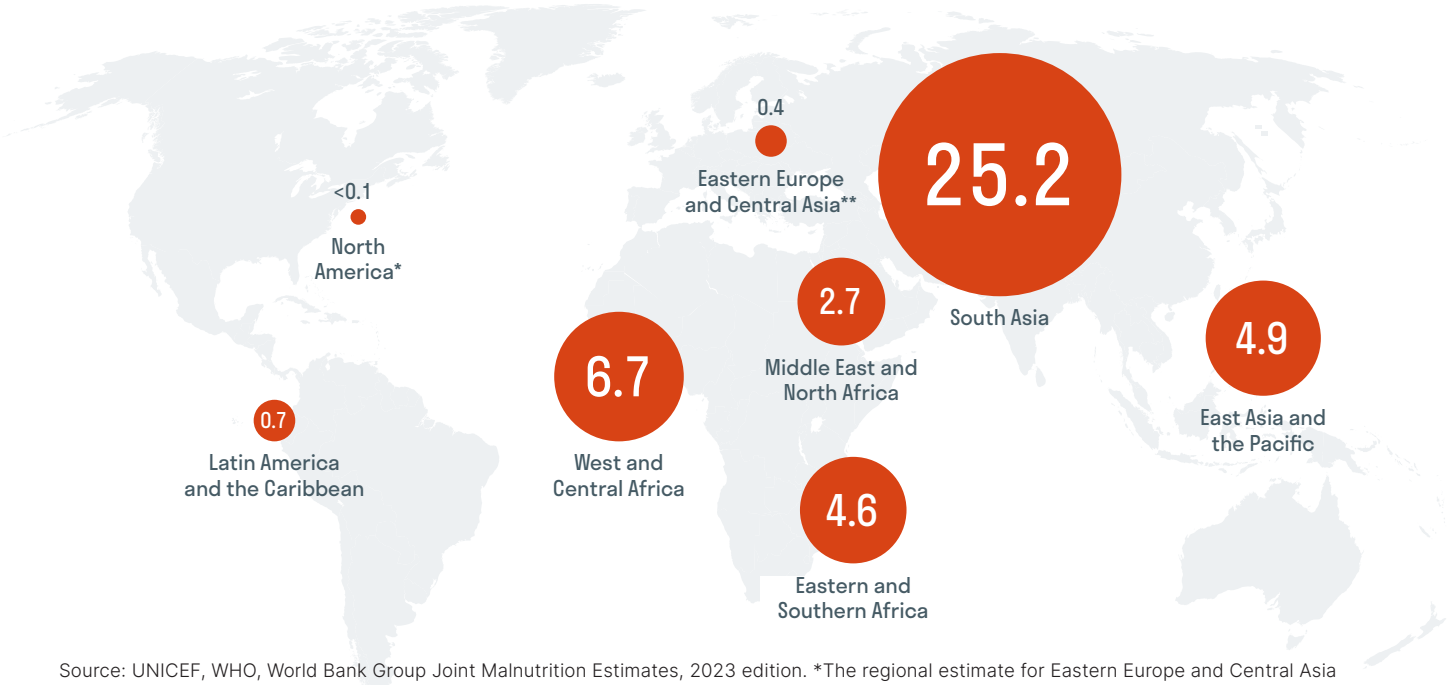
Percent of children reached with treatment for severe wasting versus those in need, by region, 2013-2022



Source: UNICEF NutriDash

FIGURE 4

Number (millions) of children under 5 affected by wasting, by UNICEF region, 2022



Source: UNICEF, WHO, World Bank Group Joint Malnutrition Estimates, 2023 edition. *The regional estimate for Eastern Europe and Central Asia excludes Russian Federation due to lack of data for that country. There is no estimate available for Western Europe due to insufficient population coverage. **The North America regional estiamte is based on data from only the United States. Aggregates may not add up due to rounding and/or lack of estimates for some regions.

Total admissions need to be viewed in relation to the total estimated needs, also known as treatment coverage. Overall, treatment coverage increased significantly between 2013 and 2022 (Figure 3). Some variation can be attributed to changing estimates of need and availability of financial resources, particularly in recent years due to COVID-19 and food crises.

Treatment coverage in South Asia, East Asia and Pacific and Eastern Europe and Central Asia remain markedly lower than treatment coverage reported from the Middle East and North Africa, Eastern and Southern Africa, West and Central Africa, and Latin America and the Caribbean. South Asia is also the region where more than 50 per cent of wasted children live (Figure 4), so small percentage increase in severe wasting treatment coverage represents a much larger impact in terms of the number of children who can access treatment.

Progress has been made, which set the stage for the global scale up target set by the 2020 UN Global Action Plan for Wasting to increase coverage of treatment programming for children with wasting by 50 percent by 2025. Some opportunities were missed. Frameworks for scaling from within nutrition[7] and beyond[8,9,10] and communities of practice for scaling sciences were not systematically utilized, and cross-country consolidation of learning on country-level scaling was limited. No global analysis of country-level progress

Global targets for admissions for treatment of severe wasting in children appeared to reflect specific agency targets and collective targets set annually through Humanitarian Response Planning. No indicators for access were identified beyond whether programming was physically available (geographic coverage) and whether people who needed the programming

were admitted for treatment (treatment coverage). Program quality was described by performance statistics defined by the Sphere Standards even though the applicability of Sphere Standards outside of humanitarian contexts has not been explored. Sphere standards were limited in reflecting aspects of care such as supportive services during therapeutic feeding, follow up support after discharge, or even the proportion of children identified with severe wasting and referred for treatment who subsequently access treatment. Available coverage survey data revealed that community engagement continued to play a critical role in service uptake. At the same time, persistent barriers in community awareness of malnutrition and of programming, opportunity costs for seeking care and poor delivery of service signal a critical unfinished agenda.

The knowledge management ecosystem around action for children with severe wasting was rich yet fragmented, potentially underpowering the analysis. Internal agency learning was not necessarily translated into public goods. Some materials also became inaccessible due to changes in content management systems and project funded online platforms.[11] The volume of learning by different stakeholders, reflected by the hundreds of case studies, peer-reviewed articles, and agency specific pieces on elements of scaling in different countries, suggests that much more is to be learned and that more regular synthesis and communication of lesson learned across contexts is warranted.

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Findings: progress across WHO Building Blocks

Leadership and governance

Leadership and governance included policy frameworks, governance systems, accountability mechanisms, coalitions and partnerships including at local and community levels, political will, regulations, respective roles of stakeholders, system planning, geographic targeting, and advocacy.

Summary The global enabling environment for children with wasting was strengthened through a variety of global commitments, articulation of agency roles, and sustained policy advocacy. The World Health Assembly 2025 nutrition targets, the Sustainable Development Goals, the UN Decade of Action for Nutrition (2016-2025) and Nutrition for Growth commitments helped reinvigorate action for nutrition. In 2020, UN agencies[16] clarified their roles in relation to child wasting and articulated global ambition for treatment coverage through the UN Global Action Plan for Wasting. The identification of a lead agency for child wasting resolved a persistent bottleneck reported by partners in delivering treatment to children with wasting. In 2020, UNICEF and WFP launched a Partnership Framework for more systematic and purposeful work on the prevention, detection and treatment of wasting in children with national governments and other stakeholders.[17] In 2021, an Action Review Panel for Wasting was established by UNICEF and UK FCDO to promote sustainable scaling up of programming for managing wasting through 2025, encouraging donor, civil society, UN, and business communities, as part of an enhanced commitment to coordination.

Regional events, including those in East Asia and the Pacific (2015 and 2019), Eastern and Southern Africa (2017), Western and Central Africa, and South Asia (2017) brought together UN, NGO and government focal points and regional networks to take stock of care for children with severe wasting and to raise the profile of the issue at regional and national levels. The calls for action through regional events and advocacy campaigns to address barriers to scale, coverage, quality and access were fairly consistent over the last ten years which may be due in part to the advocacy nature of the regional events rather than an indication of a lack of global progress.

The development of country roadmaps under the UN Global Action Plan provided an opportunity to further raise child wasting on national agendas. At the same time, opportunities to optimize nationally driven (bottom-up) and globally driven (top-down) remain. Suboptimal collaboration between nutrition and health sectors, low positioning of child wasting on national agendas, and lack of comparable metrics to assess national ownership across countries were noted. Barriers to nationally driven action included unclear platforms for engagement across development and humanitarian spheres and between technical sectors, limited influencing skills of technical staff, limited political support from management, and limited methods to engage at scale with communities at subnational level. Barriers to globally driven action included different prioritization approaches between agencies and limited systematic knowledge capture on country level uptake of global and regional tools and approaches.

Service delivery

Service delivery included standards of care (normative guidelines, local adaptation), service delivery across tertiary to community levels, community outreach and engagement, environmental impact (e.g., waste management), mechanisms to improve access and demand for programming, screening and referrals between programming and sectors.

Summary The "what" and "how" of early detection and treatment of severe wasting in children evolved over the last ten years. More is known about the condition of wasting; the links between wasting and other forms of malnutrition; and the ecosystem of causal pathways between the wasted child, their mother, and their environment. Learning events and the establishment of technical interest and working groups helped mobilize action to address gaps in research and implementation guidance. Evidence for simplified approaches to detection and treatment in community health programs was further developed.

The 2023 WHO wasting guideline update[18] affirmed the importance of health integration, the mother-infant dyad, and early detection of poor growth with a focus on under six months. The guideline also clarified that not all moderately wasted children needed treatment with specially formulated foods (such as Ready-to-Use Therapeutic Foods (RUTF)), and that community health workers could treat wasted children at community level with adequate training and supervision. Some recommendations will change the way that simplified approaches were originally formulated while providing a more holistic approach overall.[19] The WHO wasting guideline has been released with via the "MagiApp[20]" format to improve accessibility, and will be accompanied by a process to more regularly update guidelines in relation to evidence. Frequency of guideline updates will need to be weighed against the level of effort to adapt national guidelines (including training materials and re-training teams) and the significance of the new evidence.[21]

The fragility of health systems remained a critical barrier to scale up of programming for management of severe wasting in children. Technical and operational collaboration between national actors and UN and NGOs supported the scale up, for example through UN agencies and NGOs capacity accompaniment to government services in areas where national supervisory and technical support systems were insufficient. Collaboration between health and nutrition for health system strengthening, engagement with the private health sector, and further development of community health worker systems represent critical enablers in moving ahead. The roll out of the 2023 WHO updated guidelines on wasting present an opportunity to accelerate the dialogue on prevention and treatment of child wasting in the health sector and beyond.

Health workforce

Health workforce included the planning, management, training and supervision of health workers delivering programming for management of wasting in children.

Summary Global and regional contributions to improving the health workforce technical capacity to deliver programming for children with severe wasting included the 2013 development[22] and 2021 update[23] of competency frameworks for nutrition in emergencies sector, development of online training curricula for nutrition in emergencies, and installation of more predictable technical support to national stakeholders through the Global Nutrition Cluster Technical Alliance.

A range of interventions to address motivation challenges because of irregular or inadequate payment were identified at country level, with varying levels of sustainability. The critical role of community health workers and their contribution in inaccessible areas and as the backbone of service continuity was highlighted during COVID-19.[24] Some progress was made in bringing community health workers from volunteer roles into the paid workforce. Global momentum continues to be fostered through knowledge exchange, including the Integrated Community Case Management working group of the Child Health Task Force[25] however more action is needed. Limited information was identified on progress at country level in terms of development of national competencies for severe wasting detection and treatment, integration into job descriptions and pre-service training, and strengthened supervisory systems. Available country examples suggested that some progress has been made, and that more could be done to better target, plan, deliver and support training at decentralized levels, and to strengthen national

systems in health workforce management including consistent remuneration. Close collaboration with health system strengthening teams and a revamp of training approaches to address adult learning and digital communication platforms were flagged for exploration.

Information Systems

Information Systems included production, analysis, dissemination and use of data including methodologies and resources for data collection, processing and presentation, HMIS systems; data savviness; logistic management information systems; and mechanisms to bring people together to use data for decision-making.

Summary There was an overall increase in the diversity of methods for collection, analysis and use of wasting data following the 2014 Global Nutrition Report's call for greater investments in data for accountability. For many reasons, including cost, ethics and pragmatism, collection and use of nutrition data must be weighed against the net gain the analysis can provide.

Improvements in methods for situation assessment included those related to data collection, to translation of data into numbers affected, to forecasting number of individuals affected and to incorporating vulnerability into situation assessment. Some progress was made in shifting to future-focused and vulnerability-based analysis in contrast to situation assessment based on lagging indicators and data with large time lags between collection and analysis reports.

Improvements were made in tools for wasting program monitoring in national systems in particular the introduction of wasting data in the District Health Information Software (DHIS2). Some progress was made to strengthen evidence-based decision making in terms of expansion of digital tools, increased access to data, and expansion of accountability frameworks at global level. Dashboards and data visualizations were increasingly used at global and national levels to track progress in emergency response (which often included programs for severe wasting in children) and global supply chain monitoring for RUTF. Data-savviness and limited empowerment of staff, gaps in accountability between data generation and use, and limited engagement of relevant stakeholders in translating analysis into recommendations remain critical challenges.

Financing

Financing included public financing analysis, sources and type of funds, mechanisms to manage and track funds, funding availability in relation to funding requirements, sustainability of funding, cost-effectiveness data, costing models for service delivery and adaptation.

Summary Available data indicates that more national governments have been engaged in financing programs for detection, treatment and care for children with severe wasting over the last ten years. Sustainable and sufficient financing at the level of agencies and national governments for detection and treatment of severe wasting has significantly increased though remains a persistent barrier to scale over the last ten years. The launch of matching funds, including the Child Nutrition Fund, has helped incentivize domestic investments in programming for children with severe wasting, including purchase of RUTF. At the same time, the unprecedented influx of funds in 2022 to support scale up of programs for severe wasting in children in the face of food crises provided clear evidence that scale up in a short timeframe is possible.

Collaboration between national and international actors may not have been optimized due to insufficient coordination of data across financing streams, donor preferences for channeling funds indirectly to governments, and limited human resources in number and financing expertise to engage in sectoral and cross-sectoral financing discussions. An expansion in financing instruments, for example multi-year humanitarian grants, was noted but the impact on the financing ecosystem or organizations to scale programming was unclear.

There was an expansion in methods for costing and evidence for costing, but limited consensus to inform national scale-up planning, compounded by limited financing expertise. The roll out of the UN Global Action Plan for Wasting included a fiscal space analysis with severe wasting as a standalone effort or integrated into national nutrition plans in several frontrunner countries, and may shed some light on how to more systematically engaged on financing in relation to scale up.

Global and regional efforts to reduce costs per child for therapeutic feeding and care have centered on reducing costs of supplies. Reduction in cost per treatment will be limited without accompanying progress on defining contextually relevant packages for prevention of wasting in children. Evidence from the last ten years suggests that efforts should focus on intervention packages to prevent all forms of malnutrition across contexts (humanitarian and development), sectors (health and nutrition at a minimum), and income levels rather than on preventing one form of malnutrition in a vacuum. More work will be needed to capture financing for treatment of severe wasting in children with more integrated programming approaches.

Materials and Supplies

Materials and Supplies included availability, access and utilization of supplies (routine medications, equipment, therapeutic nutrition supplies); quality assurance of supplies, warehousing, transport and prepositioning; last-mile distribution; and decentralized capacity to manage supplies (linked to information systems).

Summary A range of materials and supplies are needed to treat children with severe wasting. Most material and supply improvements of the last ten years related to RUTF. Progress included improvements to supplies and materials themselves, to the supply quality assurance ecosystem, and to tools for supply chain management to the last mile. Improvements to the regulatory and standards environment included the introduction voluntary quality standards for RUTF in 2014, of the Codex Standard for RUTF in 2022 and inclusion of RUTF on the WHO Essential Medicines List in 2023. The process of including RUTF on the WHO EML and introduction of the Codex standard for RUTF highlighted the complexity of influencing normative regulations and lack of clarity on the pathway to efficiently update normative standards. Update of the regulatory environment was a critical enabler to future work to bring RUTF with contextually relevant ingredients to use at scale. The processes also highlighted the perceived and real contention between nutrition stakeholders in relation to the private sector.

Global supply chain data shows that the purchase of RUTF[26] and therapeutic milk[27] increased between 2013 and 2022, in line with the expansion of programs for treating severe wasting in children. The intensification of demand because of the 2022 crisis highlighted areas where the supplier base, and mechanisms to engage with it, could be optimized. Prefinancing instruments helped suppliers make production commitments in response to increased demand and the absence of firm financial commitments for purchase. This learning further shaped the Child Nutrition Fund[28] with its supplier financing window. UNICEF introduced the first global RUTF Market Dashboard which addressed information asymmetry between UNICEF, partners and other stakeholders. The question remains as to what the optimized supplier base to deliver sustainably on quality care for children with severe wasting in decade ahead.

Supply chain management tools and systems for supply forecasting as well as methods to assess supply chain function continued to evolve. Some progress was made in engaging national supply chains yet more work is needed. Data on stockouts of nutrition materials and supplies remains limited and challenging to track and therefore address.

Our analysis: drivers of change

Enablers included:

- **Intentionality** expressed through sustained advocacy and action over time at country level. This included incremental commitments and political will at regional and national levels supported by governments, donors and partners; regional and global convening on care for children with severe wasting; and establishment of country level structures such as CMAM working groups to coordinate advocacy and to address technical and operational shortfalls.
- **More predictable access to technical support for national action** supported by the i) shift in parallel NGO action outside of national structures to aligned support for national priorities, ii) clarity on leadership and coordination between UN agencies, and iii) introduction of platforms such as the Global Nutrition Cluster Technical Alliance for more predictable technical support.
- **Coordination and resourcing of research agendas** to address gaps in understanding the condition of wasting, driving factors, detection methods and treatment options.
- **Management and senior leadership support** in agencies committed to make progress in the detection and treatment of wasting in children. This included engagement with decentralized health system and community management teams in service planning and quality improvement.
- **Data savviness** of programmers, policy makers and practitioners to make best use of available data for decision making. This also included making methodological trade-offs to maximize speed, quality, depth and precision of data relevant to context.
- **Adequate human resources** in terms of number, distribution and skill set (e.g. technical, financing, scaling, administrative) to support coordination, policy advocacy, planning and implementation.
- **Implementation guidance, standard operating procedures and job aids** that supported clarification of roles, responsibilities and task implementation.
- **Expansion of financing instruments and funding flows** and collaboration between donors and stakeholders to support adaptations to evolving needs.
- **Strengthened coordination and engagement between UN, NGOs and private sector for supply,** quality and affordability of nutrition supplies and materials.

Barriers included:

- **Limited use of scale up strategies and scaling sciences at country level** to inform country level scale up actions compounded by inadequate systems to track vertical and horizontal scale within and outside of fragile and conflict affected states.
- **Political economy** for governments taking on programming for detection and treatment of severe wasting in children in the absence of clarity reducing the burden of severe wasting over time. The multisectoral nature of prevention and treatment, and different priorities between sectors, contributed to political economy challenges.
- **Health system fragility and a need for further optimization between health and nutrition sectors,** including service planning (geographic prioritization, human resources management and supervision), strengthening of community health platforms.
- **Competing narratives in the field of nutrition can hinder engagement with non-nutrition sectors.** Furthermore, without brokered conversations between different perspectives, it can be challenging to reach common ground for example how to optimize diets and specially formulated foods in treatment and the return to family foods after treatment.
- **Limited experience and guidance on how to enhance national pre-service training and how to optimize in-service training** investments for early detection and treatment of severe wasting in children.
- **Knowledge management inefficiencies** in terms of inaccessibility of materials (due to changes in online platforms, multiplicity of website and communities of practice without clarity on how they relate to each other potentially leading to inefficiencies, reduced detail in external agency documents vis a vis internal versions) and limited synthesis of available documents (e.g individual country donor investments, country level experiences). There are numerous conversations, platforms and terminology sets which may create missed opportunities.
- **Lack of tracking uptake and application of global and regional guidance** to inform knowledge exchange. This includes the expansion in methods for costing and evidence for costing and limited consensus to inform national scale-up planning, compounded by limited financing expertise.
- **Persistent limitations in funding resilient systems** due to the divide between humanitarian and developing funding, even in countries with chronic humanitarian contexts.

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Our recommendations: opportunities not to miss

Tremendous progress has been made over the last ten years. The increase in scale resulted from collective efforts across national governments, NGOs, UN agencies, civil society and donors. The expansion of evidence and approaches to improve program coverage and quality were supported by increased financing for child wasting arising from joint advocacy and donor engagement. Incremental integration into national systems was reflected through the expansion of policies, human and supply resources for child wasting. Information system developments strengthened the foundation to systematically adopt and track national and global targets for child wasting. Global and regional milestones chipped away at many country level barriers to scale. The progress of the last decade also equips us to reinvigorate and reenvision the road ahead and to seize the opportunities presented by new WHO guidelines for child wasting, the UN GAP, program learning in the context of COVID-19 and concerted scale up in 2022, alongside further opportunities for collaboration because of policy, program, advocacy and research in nutrition and beyond.

As we look ahead, we are entering a new chapter for care for children with wasting that is marked by repositioning their care in a whole child, systems approach to prevent, detect and treat wasting. Bold action that builds from the previous decades is needed, and possible. Some opportunities not to miss include:

To continue to reposition routine early detection and treatment of severe wasting in a human rights and whole-child approach through policy, advocacy, research, programs and financing. Research has shown the linkages between the condition of severe wasting, driving factors, other forms of malnutrition and a more nuanced understanding of mortality risk. The conceptual separation of wasting and stunting and the focus on the individual that drove strategic and operational silos in the past is no longer justified. A wasted child is an indicator of broader vulnerability of the individual, their family and their community. Treatment-only approaches are not aligned with a child-rights based approach. Treatment-only approaches are also not sustainable without reduction of risks and reduction in the prevalence of wasting through prevention efforts. Progress has been made in embedding policies, strategies and actions for children with severe wasting in national agendas, but more progress is needed to accelerate impact by embedding these actions across sectors and within multisector poverty reduction strategies.

To make efforts for multisectoral prevention of wasting clear, measurable, accountable and coordinated with efforts to improve detection and treatment of severe wasting. The UN Global Action Plan for Wasting presented a prioritized set of prevention activities. Forthcoming WHO guidelines on the prevention of wasting are hoped to further clarify evidence-based wasting prevention interventions. The potential expansion of product-based prevention activities risks duplicative engagement with governments, confusion on treatment and prevention messaging with communities, competition with suppliers and further strains on weak supply chains. The expansion of prevention through diets and other sectoral work, which is comparatively harder to generate evidence for than product-based prevention, risks being undermined without further investments in research. A focus on evidence-based interventions alone also risks undermining a child-rights approach to basic water and hygiene, food, social protection. Coordination between stakeholders scaling prevention and stakeholders scaling treatment agendas is needed to create an enabling environment for increased national ownership.

To review and update metrics of success, including targets, monitoring and accountability frameworks, for scaling up programming for the detection and treatment of severe wasting in children through a process of alignment with national government priorities. A clear message from the last ten years is the need to start with the end in mind. The recent shift from identifying wasting in a child to a predictive, vulnerability and risk-based assessment approach aligns with calls to shift the aim of scaling from numbers reached to impact and equity of impact.[12] There is an opportunity to review country and global monitoring frameworks as the UN Global Action Plan for Wasting is rolled out and to continue to invest in data systems and data-savviness over time. Global systems for data collection and reporting can be reviewed and strengthened, informed by technical experts as well as forthcoming experience with the Global Nutrition Report's Nutrition Accountability Framework. Indicator options can be further defined to better capture vertical and horizontal scaling across contexts and by identifiers of vulnerabilities, such as refugee or IDP status or disability. Sphere Standards should be updated in the next Sphere Standards revision, and their use outside of humanitarian contexts should be clarified. Scaling success may also not be linear. Experience has shown shifts in coverage and quality may occur as programs are brought into national routine systems which needs to be taken into account in the development of further data systems for child wasting.

To leverage the opportunity of the WHO Wasting Guidelines and the UN Global Action Plan for Wasting roll out alongside the momentum of Universal Health Coverage to convene, review and address gaps in governance, priorities, approach, and resourcing over time with national actors. Global health and nutrition policy initiatives have the potential to leverage game-changing action at regional and country levels when

FIGURE 5

Phases of development in the management of severe wasting in children

01	02	03	04	05
Focus on developing our understanding of the patho-physiology	Focus on developing appropriate hospital-based treatment models.	Focus on improving the treatment model to enable treatment outside of hospitals.	Focus on further refining the model.	Focus on whole-child, systems approach to prevention, early detection and treatment of child wasting.
1950s–1980s	**Early 1990s**	**Early 1990s**	**Mid 2000s–2022**	**2023 onwards**

Source: Adapted from Action Against Hunger under the No Wasted Lives Initiative. (2014). *A history of severe acute malnutrition treatment.*

aligned with national priorities. Preventing and treating child wasting can improve with new UN agency roles. However changes in systems, structures, and ways of working are needed within agencies and at the country level to build trust and engagement in new ways of working. The roll out of these health and nutrition policy priorities provides the opportunity to systematically address gaps experienced to date in scaling conversations by including expertise in: financing (economics, public financing, financial scenario development), scaling sciences, health system strengthening, and supply chain strengthening, embedded with a lens of political economy analysis. Scale up efforts may be amplified if linked to clearer commitments to capture learning on scaling efforts, focused on implementation research, and linked to an "as real time as possible" knowledge exchange system.

To continue to scope, define and deliver on concrete ways to optimize health and nutrition engagement around integrating routine detection and treatment of child wasting within health systems at national level. The challenge of recalibrating health and nutrition engagement at global, regional and national levels is acknowledged. Identification and resolution of structural barriers to collaboration requires contextualized and intentional action.[13] Dynamics of control rather than coordination and convergence can undermine delivery of both health and nutrition interventions. Opportunities to rebalance health and nutrition collaboration may be found through scoping comparative advantages, identifying platforms for engagement, and reviewing accountability across service platforms. Sizable and productive shifts in collaboration are possible, as evidenced by the UN agencies clarification on a lead agency role for wasting. Any adaptation in collaboration is likely to require reorganization of internal agency structures or adaptation of coordination mechanisms. There are also a range of working groups that might be part of the solution to powering up health and nutrition engagement, for example The Child Survival Action Plan and current discussions on how best to monitor community health systems. The role of community health workers, health workforce planning and training, and support for decentralized planning and supervision are critical and common priority areas for both health and nutrition stakeholders.

To make the conversation around detection and treatment of wasting easier to engage in though strengthening the knowledge management ecosystem, investing in retrospective and prospective learning, and committing to simplicity and clarity in communication. The analysis identified an overabundance of information along with a lack of access to materials and limited systems for systematic syntheses and communication. Vulnerabilities included changes in online platforms (in terms of opening and closing of platforms, shifts in content on platforms, or updates that make existing urls in documents invalid), losses in institutional memory (from lack of consolidation close to the action, changes in internal agency content management systems, and circulation of learning pieces that are then lost if there is no home), lack of synthesis of learning by stakeholders in large-scale projects, and a lack of synthesis across sectors at country level on progress which undermines national ownership. Opportunities to strengthen the knowledge management ecosystem include clarifying a global platform to help stakeholders navigate developments in child wasting, with an emphasis on linkages with the Global South. Other opportunities include commitment to clear and consistent terminology for wasting that translates effectively across languages accompanied by greater engagement with scaling sciences expertise, greater use of social sciences to understand barriers and bottlenecks, and greater investment in implementation research.[14,15] There is also a wealth of untapped learning in relation to how service adaptation in the context

of COVID-19, in the rapid scale-up in 2022-2023, and in further roll out of the UN Global Action Plan can strengthen collective understanding on how to sustainably expand scale and access to programming for the management of child wasting across contexts.

To scope, define and strengthen collaboration with the private sector within frameworks that support child health and nutrition. Private sector involvement has mainly been with manufacturers to improve nutrition products' accessibility, quality, affordability, and environmental impact. There may be value in scoping the optimal supplier base to deliver sustainable and safe supplies for detection and treatment of child wasting in the years to come and how to sequence supportive actions at country, regional and global levels. Relevant concerns exist in relation to principled engagement with the food and beverage sector and would benefit from further exploration. The private sector however represents so much more, including the private health sector ecosystem of insurance providers, service providers and digital technology providers. Emerging opportunities for private sector include parametric insurance in relation to building resilient systems to address child wasting in emergency preparedness and response. Clarity on where and how engagement with the private sector can contribute to scale, coverage, access and quality of programming is warranted.

Endnotes

Note: The Delivery System for Scale project was implemented from 2022-2023 by the International Rescue Committee, Action Against Hunger and Save the Children, with the support of UNICEF. The project provided technical and operational support to UNICEF country offices in high-burden countries, aiming to accelerate efforts to bring child wasting treatment to scale.

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