CLOSING THE GAP:
TOWARDS A 2030 WASTING TARGET

A POLICY BRIEFING BY
GENERATION NUTRITION
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Generation Nutrition is a global campaign, calling on governments and the international community to take urgent action to prioritise the fight against acute malnutrition, and save the lives of millions of children under the age of five. We believe that, with strong political will, our goal of a world free of child deaths from acute malnutrition can be achieved within a generation.

FOR MORE INFORMATION ON THE CAMPAIGN AND A FULL LIST OF PARTNERS, VISIT OUR WEBSITE: www.generation-nutrition.org

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The Post-2015 Development Agenda process has seen all governments make a commitment to “free humanity from poverty and hunger as a matter of urgency.” One key test of that commitment will be the level of ambition that UN Member States agree on ending undernutrition and, in particular, its most life-threatening form: Acute malnutrition (also known as wasting). It is critical that world leaders sign up to new and ambitious nutrition targets up to 2030, including one on wasting in under-fives.

The targets on wasting and stunting proposed in the Outcome Document of the Open Working Group on the Sustainable Development Goals (SDGs) are to be welcomed but are insufficient insofar as they only run to 2025. New wasting and stunting targets to 2030 would help ensure there was adequate political attention to the issue across the whole 15-year period of the SDGs: Millions more children could potentially be reached between 2026 and 2030.

In this briefing, we argue that the target for wasting should be to reduce the number of children under-five affected by acute malnutrition by at least half by 2030. Such a target would build on the internationally-agreed 2025 World Health Assembly (WHA) wasting target, with a similar level of ambition for the additional five years of the Post-2015 development framework. This should be the absolute minimum that Member States agree to.

Generation Nutrition sets out below four recommendations to Post-2015 negotiators and world leaders. If adopted, they would ensure acute malnutrition was properly integrated in the Post-2015 development framework as part of a wider and cross-sectoral nutrition agenda that contributes to eradicating poverty.

**EXECUTIVE SUMMARY**

**AS PART OF THE NEGOTIATIONS ON THE POST-2015 DEVELOPMENT AGENDA, WE CALL ON GOVERNMENTS TO:**

- Include nutrition at goal level in the agreement with specific 2030 targets on wasting and stunting in under-fives.
- Agree on a new wasting target that builds on the 2025 WHA target and aims to reduce by at least half the number of children under-5 globally who are acutely malnourished. (This equates to a reduction in the global prevalence of wasting to below 4%.)
- Include a specific indicator on coverage for the treatment of severe acute malnutrition under a post-2015 health target on ending preventable child deaths.
- Adopt targets and indicators in other key sectors that will help in the fight against undernutrition. (E.g. health; food security; agriculture; water and sanitation; and gender equality.)
Undernutrition is the single biggest contributor to under-five mortality. It is a factor in nearly half – or 3.1 million – of all child deaths each year. Acute malnutrition - the most life-threatening form of undernutrition - directly causes the deaths of 1 million children each year.

Nutrition is both a maker and marker of development. Reducing undernutrition will not only save lives, but also reduce inequalities and ultimately contribute to eradicating poverty and building a fairer and safer world for all. The recognition of this has meant that, after many years of neglect, nutrition is now rising up the political agenda, both nationally and internationally.

Nutrition did not feature strongly enough in the Millennium Development Goals (MDGs). This has meant that the recent commitments made by states in this area have largely been developed outside this policy framework. Persistently high levels of hunger and undernutrition in many countries mean that these issues remain part of the “unfinished agenda” of the MDGs.

Furthermore, governments and international actors are increasingly recognising that good nutrition is a precursor for the achievement of a wide range of development issues. A recent report of the World Bank on this topic stated that one reason for the slow gains in some of the MDGs had been the chronic lack of investment in nutrition.

This briefing sets out the case for a new and ambitious target on acute malnutrition (also known as wasting) in the Sustainable Development Goals (SDGs). Having such a target will be a key measure of the willingness of governments to properly embed action on undernutrition within this key global agreement.

Acute malnutrition, or wasting, is one of the three main forms of undernutrition. The others are chronic malnutrition, or stunting, and micronutrient deficiencies.

A child is acutely malnourished when his or her weight drops to such a low level that they are at risk of dying. The immediate causes of the condition are a lack of adequate food and/or illness.

Acute malnutrition is directly responsible for over one million under-five deaths every year. 52 million children under five – 1 in 12 in this age group - suffer from acute malnutrition. Children who survive acute malnutrition may face an increased risk of stunted growth and have a greater chance of developing a range of diseases and disorders in later life. The impact of undernutrition in childhood on a person’s education and employment prospects is also well-documented.

90% of cases of acute malnutrition in under-fives occur in South and Southeast Asia and sub-Saharan Africa. Undernutrition disproportionately impacts the poorest families and communities in these countries. Despite the fact that the majority of acutely malnourished children live in relatively stable countries, such as India, Kenya and Indonesia, to date acute malnutrition has been largely tackled through a humanitarian response lens.

This has hampered efforts to treat and prevent acute malnutrition in non-emergency contexts. Generation Nutrition believes that acute malnutrition must be viewed as an “everyday emergency” which needs addressing in both humanitarian and development settings.
Nutrition and hunger have featured prominently in all the main reports and global consultations to date on the post-2015 development framework. This includes the 2013 High Level Consultation on Hunger, Food Security and Nutrition in the Post-2015 Development Framework; the 2013 High Level Panel on the Post-2015 Development Agenda, whose report proposed specific targets on stunting, wasting and anaemia under a goal on food security and nutrition; and the proposals on nutrition from the Open Working Group on the SDGs (presented in Box 2 below). Finally, the idea that “no person should be hungry or malnourished” has been consistently ranked by people as a top-six issue in the UN My World surveys.

While the proposed target of the Open Working Group - to “by 2030 end all forms of malnutrition” – is a bold and inspiring statement, more needs to be done to ensure that all areas proposed under Target 2.2 are precise and measurable and carry a sufficient level of ambition.

The suggested targets for wasting and stunting - to achieve the 2025 World Health Assembly (WHA) targets - are insufficient insofar as they only run to 2025. For wasting, the WHA target is to reduce and maintain under-five wasting to less than 5% globally by 2025. If this target alone were to be adopted as part of the SDGs, there would effectively be a five-year “implementation gap” (2026-2030) during which no action was expected of states on wasting. This would lack coherence and clearly be unacceptable given the level of need: Even if the 2025 targets are met, well over 30 million children will still be acutely malnourished and child deaths from this deadly condition will still be counted in the hundreds of thousands. The same concern regarding a possible implementation gap exists for stunting.

The WHA targets - important though they are - should be seen as a staging post for more ambitious 2030 SDG targets, following the principle of “no one left behind”. What is more, making sure that nutrition actions are aligned with other 2030 deadlines in the agreement will help to join up action across goal areas and bolster progress to achieve other SDGs, such as the ambition to end preventable child deaths.

The moral, political, and social imperative to make bold commitments on nutrition is resounding. An ambitious target on acute malnutrition in the SDGs would send a clear signal about the importance of the issue and give a major boost to plans and actions occurring at the national level as part of the SDGs implementation process. A durable end to undernutrition, including the suffering and deaths caused by its most acute form, could, for the first time in history, become a reality.

**BOX 2**

The Outcome Document of the Open Working Group on the SDGs (published in July 2014) proposes a goal to “end hunger, achieve food security and improved nutrition, and promote sustainable agriculture” (Goal 2). This includes two targets that directly relate to nutrition:

**TARGET 2.1**

*By 2030 end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round.*

**TARGET 2.2**

*By 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.*
WHAT MIGHT A 2030 WASTING TARGET LOOK LIKE?

As mentioned above, the 2012 World Health Assembly (WHA) target on wasting calls on countries to “reduce and maintain childhood wasting to less than 5% by 2025” (from a baseline global prevalence of 8% in 2011).13

Graph 1 (right), which takes into account population growth, shows that to achieve the 2025 wasting target governments will need to step up a gear and reduce global wasting prevalence by 0.22% annually, from a current reduction rate of less than 0.1%. This means scaling up proven direct nutrition interventions and mainstreaming nutrition in all key development sectors.

If efforts to achieve the agreed WHA 2025 target are then sustained beyond 2025 it would be possible to reduce global wasting rates in under-fives to below 4% by 2030 (as shown in Graph 2).

In Graph 3, we extend this analysis to the number of children affected. Our calculations show that the ‘below 4%’ prevalence scenario for 2030 is equivalent to reducing by more than half the number of children under-five suffering from acute malnutrition: From 52 million children in 2011 to 24 million in 2030. This reduction would mean 7 million fewer children acutely malnourished compared to 2025.

A target that indicates a percentage reduction in the number of children affected (rather than a percentage showing prevalence) is in our view a better measure because it is easier for non-specialists to understand and arguably more transparent.

As the graphs show, our proposed target is consistent with and builds upon existing global commitments on nutrition. And it would help to close the implementation gap described earlier.
The number of children under five who stand to benefit if the 2025 target and our new, proposed 2030 target are met.

- **2011**: 52 million acutely malnourished children
- **2025**: 24 million acutely malnourished children, reaching 7 million more children than the 2025 WHA target
- **2030**: 24 million acutely malnourished children

2011: 52 million
2025: 24 million
2030: 24 million

7 million more children reached than 2025 WHA target.
Generation Nutrition believes that reducing wasting in under-fives by at least half by 2030 is the absolute minimum that states should agree to in the course of the negotiations. Anything less would be unacceptable. Today, there are proven and cost-effective interventions to both treat and prevent acute malnutrition. But these now need to be scaled up.

To at least halve, by the year 2030, the number of the world’s young children suffering from acute malnutrition would mark a significant shift from current trends and would set the world on track to end child deaths from acute malnutrition within a generation.

There are two circumstances in which states should consider adopting a target that is even more ambitious than a reduction by more than 50%. These are:

1. If, over the course of the year, it becomes apparent that progress on acute malnutrition at the national level is occurring more quickly than anticipated.

2. If the agreement overall has a very high level of ambition across all the causes of undernutrition, including on poverty and inequality, as well as the necessary resources and enabling political environment for achieving these gains.

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**DATA ON ACUTE MALNUTRITION FOR THE POST-2015 DEAL**

The prevalence of underweight indicator used in the MDGs has proved to be too blunt a tool for capturing the complexities and the multiple dimensions of undernutrition in under-fives. The consensus view now is that prevalence of wasting (measured by low weight for height and/or low mid-upper arm circumference (MUAC)) and prevalence of stunting (low height for age) are superior measures to underweight (low weight-for-age). They are more precise because they measure two of the three different types of undernutrition affecting children under five, the third being micronutrient deficiencies. Although all three share similar causes and can even co-exist in the same child, each type also has causes specific to it and so the responses required sometimes differ. Data on underweight simply doesn’t provide that level of precision.

Both wasting and stunting can be easily measured when data on height, weight, age and MUAC are collected. They can also be disaggregated by population groups according to location (e.g. rural or urban), age and gender, thus helping to reflect inter-group inequality and institutionalised barriers. By focussing on the individual as the unit of measure, they can also show differences within the same household.

There are still many gaps in the data used to monitor progress on nutrition. More needs to be done in the coming years to address this. Improving the gathering of data on the prevalence of wasting and stunting (amongst other types of nutrition data) should be part of that process. Having reliable data on nutrition will help to support informed decision-making. Moreover, it will empower people with information on progress by their governments towards agreed targets in the SDGs and relevant national strategies.
Tackling acute malnutrition successfully requires a multi-sectoral response, spanning a range of sectors, including health, food security, agriculture, water and sanitation, and gender equality.

Action to properly address acute malnutrition (and other forms of undernutrition) in the Post-2015 agreement must not be limited therefore to the proposed Goal 2 on hunger, food security, nutrition and sustainable agriculture, and Target 2.2 therein. Policy-makers should also build it into the responses planned across a wide range of nutrition-related sectors.

AN INDICATOR ON ACCESS TO TREATMENT
Despite the high mortality associated with acute malnutrition, just 1 in 10 children who suffer from severe acute malnutrition currently have access to the treatment they urgently need. Scaling up treatment for the condition - via the Community-based Management of Acute Malnutrition (CMAM) - should be prioritised by states and be made a key part of ‘child survival’ strategies in countries with the highest burdens of undernutrition.

Generation Nutrition therefore calls for a specific indicator on coverage for the treatment of severe acute malnutrition to be included under the proposed SDG health target on ending the preventable deaths of newborns and children under five by 2030.

SUPPORTING ACTION IN OTHER KEY SECTORS
Governments should ensure the proposed SDGs on health, water and sanitation, and gender equality, amongst others, are robust and include, where appropriate, targets and indicators relevant to progress on undernutrition. Furthermore, nutrition-related indicators should also be considered for other parts of Goal 2, for instance the proposed targets on hunger and agriculture.

Examples of nutrition-related targets which featured in the Outcome Document of the Open Working Group and lie outside Goal 2 include:

- To end preventable deaths of newborns and children under five (Target 3.2 in the Open Working Group proposals);
- To achieve universal health coverage (3.8);
- To eliminate child, early and forced marriage (part of 5.3);
- To achieve universal and equitable access to safe and affordable drinking water (6.1);
- To achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation (6.2).

And some examples of possible nutrition-related indicators (in addition to those already proposed elsewhere in this paper) would be:

- Improved dietary diversity, i.e. an increase in the number of different food groups consumed over a given period (2.1);
- Increased production of local crops with a high nutritional value (under Goal 2);
- A reduction in the incidence of diarrhoea (3.3);
- A reduction in the percentage of women giving birth before the age of 18 (5.3).
As the authors of The Lancet article cited in the introduction point out, the “neglect [of undernutrition] can be quickly turned around”. One of the ways of doing this is for governments to ensure nutrition features strongly in the Post-2015 development framework – both as a goal in its own right (with associated targets) and also by mainstreaming it in other goal areas.

A lot is at stake here: Since 1990 there has not been a significant decline globally in levels of acute malnutrition and the condition continues to blight the lives of tens of millions of children and families around the world. A key measure of the success of the forthcoming Post-2015 agreement will therefore be the strength of the commitment made on acute malnutrition.

Generation Nutrition outlines four specific recommendations on the issue. We call on governments and Post-2015 negotiators to take these up as they embark on the full intergovernmental negotiations on the Post-2015 Development Agenda:

1. Include nutrition at goal level in the Post-2015 development agenda with specific 2030 targets on addressing wasting and stunting in under-fives.

To reduce undernutrition as a whole the SDGs must include an explicit goal on nutrition with specific targets on wasting and stunting in under-fives. For wasting, this would help ensure that efforts to combat the condition were integrated into countries’ long-term health and development plans and no longer only dealt with through a humanitarian response lens.

2. Agree on a new wasting target that builds on the 2025 WHA target, and aims to reduce the number of children under-five globally who are acutely malnourished by at least half by 2030. (This equates to a reduction in the global prevalence of wasting to below 4%)

The Open Working Group proposals only refer to the WHA target, which ends in 2025. If adopted, this would create an “implementation gap” for 2026-30, during which time no action would be expected of countries on wasting. A commitment to reduce the number of acutely-malnourished children by at least half by 2030 is the logical extension of the WHA target and should be the absolute minimum level of ambition for the Post-2015 development framework.

A target that indicates a percentage reduction in the number of children affected (rather than a percentage showing prevalence) is in our view a better measure because it is easier for non-specialists to understand and arguably more transparent.

A more ambitious target should be considered if new evidence emerges over the next year which shows that wasting rates globally are falling faster than anticipated, or if the overall level of ambition of the deal turns out to be very high.

3. Include a specific indicator on coverage for the treatment of severe acute malnutrition under a Post-2015 health target on ending preventable child deaths.

Deaths from acute malnutrition remain unacceptably high in large part due to low access to treatment for severe acute malnutrition. Treatment for the condition needs to be scaled up and properly embedded in countries’ health and ‘child survival’ agendas. One way to encourage this would be for states to agree to include an indicator on the coverage of treatment for severe acute malnutrition under the proposed Post-2015 health target on ending preventable child deaths.

4. Adopt targets and indicators in other key sectors that will help in the fight against undernutrition.

Health; food security and agriculture; water, sanitation and hygiene; and gender equality are among the sectors most relevant for nutrition. The goals agreed for these areas, as well as the other parts of Goal 2, should include ambitious, nutrition-related targets and indicators.
Calculations in the current paper have been developed taking into account population growth prospects to 2030. All estimations are linear and an assumption is made that no changes in the external environment – other than population growth – affect global rates.

To request a copy of our projections data please write to: Elena Gonzalez, e.gonzalez@actionagainsthunger.org.uk


3 Joint Statement on Community-based Management of Severe Acute Malnutrition, WHO, WFP, UN Standing Committee on Nutrition, UNICEF, 2007. This figure is the best estimate available of annual under-five deaths due to SAM because it also factors in incidence.

4 Improving Nutrition Through Multisectoral Approaches, World Bank, 2013

5 WHO progress report on 2012 WHA nutrition targets. December 2013


7 UNICEF-WHO-The World Bank, Joint Child Malnutrition Estimates: Levels and Trends in Child Malnutrition, UNICEF, WHO, World Bank, 2012; statistical table. Figures are for 2011. http://www.who.int/nutgrowthdb/statistical_tables.pdf. It should be noted that this is a ‘prevalence’-based estimation that only takes into account children with acute malnutrition at a specific point in time, when a survey is carried out. If ‘incidence’ is also factored in to take into account the number of new cases of acute malnutrition occurring over a period of a year the number of cases rises significantly to over 80 million suffering from acute malnutrition in 2011.

8 These include heart disease, anxiety and psychological disorders.


12 http://www.who.int/nutgrowthdb/me_wasting_prev.pdf.
