United Nations Food Systems Summit

Action Track 1: Ensure Access to Safe and Nutritious Food for All

Potential Game Changing and Systemic Solutions:

A Second Compilation

Submitted to the UN Food Systems Summit Secretariat, 10 May 2021

13. 'Reset' wasting prevention and treatment to catalyse action and accountability

The solution: This solution aims to coalesce and clearly communicate the dialogue around what is required to reduce global wasting incidence and prevalence. A child may be born wasted or become wasted due to inadequate dietary intake and/or infection. Wasting is associated with a significantly elevated risk of mortality yet is one of the most ignored nutrition problems globally. With 45.4 million children under five years of age currently suffering from wasting (WBG 2021), a number that has only minimally declined over the past decade, the time has come for a 'reset'.

It is hoped that discussions initiated at the FSS will lead to the announcement of a 'reset' of childhood wasting prevention and treatment at the Nutrition for Growth (N4G) Summit in December, to catalyse global action and accountability in the 2022-2030 period. Underpinning this reset will be a manifesto and action plan, developed through a high-level roundtable meeting. A maximum of 30 people, comprised of high-level representatives from government, UN, academia, and NGOs will liaise with working groups (see below) to establish consensus-driven solutions that are realistic actions that national governments can take in order to significantly reduce wasting by 2030. This solution will enable wasting to be elevated from technical domains to higher political levels, and from a medicalised problem to a food systems concern.

Source of the solution: The inspiration for this solution evolved from an informal civil society alliance. This alliance has had input from UN agencies, members of the No Wasted Lives coalition, members of the Global Nutrition Cluster Technical Alliance, members and observers of the WHO guideline development group on the prevention and treatment of wasting in infants and children, global and regional wasting advocacy groups, and the AT1 Leadership Team. This group of stakeholders is united by the understanding that wasting is the 'tip of the iceberg' of global hunger and that it is increasingly urgent to reset the dial on action on, and accountability for, wasting prevention and treatment.

Problem addressed within food systems: The estimated 45.4 million wasted children under five years of age is likely an underestimate, given that new cases occur throughout the year; when all new cases are accounted for, the number of wasted children triples (Isanaka et al, 2016). High levels of wasting are seen in both fragile and stable contexts, with the burden most keenly felt in African and South Asian countries (WBG 2021). Most countries are not on course to meet SDG nutrition targets (GNR, 2020). Further challenges lie ahead, including anticipated increases in wasting and other forms of undernutrition due to the effects of climate change (WFP, 2018) and the COVID-19 pandemic (Roberton et al, 2020). The need for radically improved prevention and treatment efforts at scale is critical, as emphasised by the UN Global Action Plan on Child Wasting (UNICEF et al, 2020). The bedrock for effective nutrition programming is a conducive financial and policy environment, driven by strong political will and established within food systems that operate to prevent undernutrition.

How this solution will address that problem: The solution involves a reset of thinking, funding, and practice, discussed at the FSS and followed by the launch of a manifesto for combating wasting at the

N4G Summit, in order to reach SDG 2 (Zero Hunger) by 2030. To realise this vision, a set of actions will need to be put in motion simultaneously as the basis for a new global commitment to ending wasting. Numerous blockages are preventing wasting prevention and treatment from scaling up to the required levels, despite the various groups, initiatives, and agencies trying to generate momentum. More of the same is not going to be enough; course corrections need to be identified through re-examination of what has been successful (identifying exemplars) and what obstacles remain.

The six domains through which actions will be articulated are:

1. **Prevention:** How food systems can be better oriented to the prevention of wasting through diverse, equitable, sustainable diets that increase resilience to wasting; how prevention of wasting in women and children can be best advocated for and how approaches to tackling wasting can build on and be harmonised with the substantial global efforts on stunting prevention. Best practices from country exemplars (e.g. Pakistan, Malawi) will be summarised and disseminated, and lessons incorporated from important initiatives such as 'No Time to Waste' and the Emergency Nutrition Network (ENN).
2. **Financing**: How scaled-up wasting prevention and treatment can be sustainably financed through the identification of realistic costs, financial targets, and commitments. This will build on initiatives led by Results for Development (R4D), the Global Nutrition Cluster (GNC), and the Scaling Up Nutrition (SUN) movement.
3. **Advocacy:** Improving cross-sectoral coordination and advocacy efforts for wasting and tools to support this. This will draw on work spearheaded by the International Rescue Committee (IRC) and the SUN movement.
4. **Technical programming:** Considerations about what is required to scale up wasting treatment, harnessing the momentum from the UN Global Action Plan on Child Wasting (GAP), outputs of a recent international conference on wasting scale-up, ENN's report on scale-up of severe wasting management within the health system, the SUN Movement Community of Practice 2 (social mobilisation, advocacy, and communication for scaling up nutrition), and GNC recommendations.
5. **Policies and guidelines**: Ensuring evidence is acquired and translated into guidelines in a timely, transparent, and accessible manner, including clear implementation guidance. This requires active contribution to the WHO guideline development group on wasting prevention and treatment and a focus on how the UN GAP will be taken up and effectively implemented.
6. **Products**: How costs for products used to treat wasting (ready-to-use therapeutic foods; RUTF, ready-to-use supplementary foods; RUSFs) can be reduced, how their regulation can be streamlined, how local production of RUTF and RUSF can be encouraged, and how supply chains made more reliable. This builds on a scoping study led by ENN and a project by R4D on increasing access to RUTF.

Solution's alignment to the 'game changing and systemic solution' criteria: The solutions to wasting must be embedded in AT1 (hunger), AT2 (safe nutritious foods for all consumers), and AT5 (resilience). All action plans arising from the WGs will be carefully reviewed by government, academic, and practitioner representatives to ensure that targets and actions are realistic, sustainable, and have the ability to be delivered at scale. Translating what is known in technical circles into actionable political steps is the key driver of this solution.

Existing evidence: Cost-benefit analyses looking at the critical impact of improved management of wasting have highlighted the vital importance of focusing on this solution, such as the *Lancet* 2013 Maternal and Child Nutrition Series (Bhutta et al. 2013), the World Bank estimates on 'Scaling Up Nutrition: What Will it Cost?' (Horton et al. 2010), and Save the Children's report on the cost-efficiency and cost-effectiveness of the management of wasting in children (Save the Children et al. 2020). Wasting and stunting co-exist and are causally related (Wells et al. 2019), hence strategies to reduce

child wasting will also improve stunting. Low birthweight infants are more likely to be born wasted and/or stunted (Mwangome M, et al, 2019). There is a wealth of literature on the grave economic costs associated with childhood stunting and the resulting rationale for investing in improved nutrition (e.g., McGovern et al. 2017; Hoddinott et al. 2013).

Current/likely political support: There is considerable international interest and investment in reducing wasting as well as strong support from national governments, especially from countries with high burdens of wasting. This is exemplified by the UN agencies launching a Framework for Action for the UN Global Action Plan on Child Wasting ('GAP Framework') in 2020. The launch aimed to galvanise a coalition of partners to work closely with national governments with the ultimate goal of reducing the global burden of child wasting. Currently 23 GAP frontrunner countries across the regions of Africa, the Middle East, and Asia and Pacific have committed to implement the 'GAP Operational Roadmaps,' which are more detailed action plans to achieving the overall GAP Framework.

Contexts for which this is well suited: Countries experiencing a high burden of undernutrition; highly relevant also for many fragile and conflict-affected states.

Annex 2: Supporting information for the wasting reset solution (Solution 13)

The main thematic areas for change (i.e., working group areas), the current situation they face, and the vision to achieve by 2030

	Current situation	**Vision for 2030**
Prevention	Prevention not prioritised with focus on treatment. Food systems contributing to inequity and high wasting burden each year. Poor links with stunting reduction efforts. Little investment and attention in maternal nutrition and health	Clear guidance on how to prevent wasting across the life cycle and with actions across the food system. Scale-up of programming for prevention of wasting, especially for small and nutritionally at-risk infants and children. Food systems working to increase resilience to wasting for vulnerable women and children. Identification and scale up of 'double duty' approaches for preventing undernutrition (actions that will target both risks of under- and over-nutrition, such as breastfeeding)
Financing	Short-term humanitarian funding for nutrition; identified needs woefully underfunded. Lack of guidance on standardised approaches to assess cost effectiveness	Financial commitments for sufficient scale up of prevention and treatment of wasting Flexibility to ensure seasonal surges are resourced and financed
Advocacy	Multiple initiatives & groups Lack of leadership Lack of coordination Focus on scale up of treatment only Lack of inter-sectoral convergence	Coordinated action and leadership to focus attention on the prevention of wasting; world wasting day or week each year where wasting stakeholders (across sectors) are held to account Wasting indicator developed that all sectors need to measure/report against, and sufficient resources to measure it Cross-sectoral coordination and advocacy efforts for wasting
Treatment scaleup	Poor coverage of treatment for wasting for the most 'at risk' Innovation is slow and piecemeal. Capacity constraints at country level to implement programming Focus on anthropometric deficit and recovery as the outcome (rather than functional outcomes like death, disease, development)	Reset of mindset to focus on outcomes (mortality, morbidity, growth, development) International steering group functioning that has oversight of wasting policy, research and developments (wasting hub) Coordinated aligned research agenda that speaks to evidence gaps and implementation guidance needs UNICEF to include wasting indicators (incidence, not just prevalence) as core annual indicators.
Policies and guidelines	Lack of evidence for 'what works' in different contexts to reduce wasting. Slow guideline revision process and insufficient support to guidance uptake at country level Lack of implementation guidance GAP on Child Wasting not going far enough WHO guidelines remain siloed along moderate and severe wasting (rather than spectrum of risk)	De-medicalisation of treatment for the vast majority of children who are lower risk, achieved by task shifting treatment to community health workers in primary health care Broader horizons on types of evidence captured beyond systematic reviews (e.g., country exemplar case studies, process evaluations accompany intervention trials) Dynamic production of implementation guidance connected to but not limited by WHO processes Investment in guideline uptake at country level
Products	High cost, limited competition, stifled innovation, mostly international producers Suspicion of private sector vested interests Inadequate consideration of demand creation	De-medicalisation of products Lower cost Wide variety of products Enhanced private sector engagement with multiple producers Innovation encouraged and facilitated Local production