Wasting Reset

Wasting prevention, early detection and treatment to catalyse action and accountability

6 | Policies and guidelines

Solutions from the policies and guidelines working group

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Key messages

UN agencies must provide timely, evidence-based and adaptable guidance on how to implement wasting guidelines, including prevention services, without traditional siloes, focusing on better integration with health system structures, and with strong community health worker systems at their centre.

National governments, with support from UN agencies, need to develop mechanisms to take up dynamic global guidance in a timely manner and adapt it for their own health systems and other systems (such as water, sanitation and hygiene (WASH), social protection and food), through consultation with a broad range of stakeholders, including national-level civil society, health providers and academia, and through collaboration with all key sectors. An evaluation of uptake and contextual adaptations of guidance will aid learning and accountability.

Background

There has been considerable and ongoing progress in ensuring that wasting guidelines and policies are fit-for-purpose, and in supporting efforts to scale up coverage of wasting prevention and treatment. At national level, recent initiatives include the creation of Operational Roadmaps[1] in select frontrunner countries for the scale-up of wasting prevention and treatment, building on the United Nations joint Global Action Plan (GAP) on Child Wasting framework.[2] Internationally, there is an ongoing process to update the WHO guidelines for the management of wasting in children. The upcoming revised guidelines will include several new areas, with sections providing guidance on:

- prevention of wasting
- severe wasting – the identification of risk and treatment
- moderate wasting – the identification of risk and treatment
- growth faltering/growth failure in infants under six months of age
- modalities of care – the involvement of community health workers (CHWs) in the treatment of wasting

In parallel to the updating of the WHO wasting guidelines, there is the ongoing development of 'implementation guidance', which will include policy briefs, job aids, manuals and an updated training course on the management of wasting. This 'implementation guidance' will accompany the more formal 'wasting guidelines'; both are expected to be published by WHO in 2022.[3]

Recent and ongoing updates to policies and guidelines relating to ready-to-use therapeutic food (RUTF) have also taken place. Relevant initiatives include a planned consultation on guidance for evidence generation and RUTF reformulations, including improving access, which follows on from a recently published (2021) guideline on the dairy protein content of RUTF.[4] The Codex guideline on recommended iron and fatty acid values in RUTF is also currently being finalised.

Lastly, a new digital platform is currently being developed by WHO for health workers in emergencies (called 'Em-Care'), which will enable easier access to WHO guidance on child and newborn health in primary care, including treatment of severe wasting in children. It will also soon be expanded to cover other care levels and health conditions.

Despite this important progress, challenges still remain and further actions can be taken to ensure the scale-up of wasting prevention and treatment to all women and children in need.

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[1] **https://www.childwasting.org/**

[2] In June 2019, the UN Secretary General commissioned UN agencies working on nutrition (the Food and Agriculture Organization (FAO), United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), World Food Programme (WFP) and World Health Organization (WHO)) to prepare the first-ever GAP on Child Wasting. The plan aimed to respond to the slow progress towards achieving the Sustainable Development Goal on reducing childhood wasting, and to respond to growing calls for a more coordinated and streamlined UN approach to addressing this challenge. See: About - **What is the GAP? (childwasting.org)** **www.who.int/publications/m/item/global-action-plan-on-child-wasting-a-framework-for-action**

[3] Terminology: Implementation *guidance* accompanies the normative *guidelines*. The guidance describes the context-specific approaches partners can use to put the guidelines into practice; i.e., it focuses on the 'how'.

[4] WHO (2021) WHO guideline on the dairy protein content in ready-to-use therapeutic foods for treatment of uncomplicated severe acute malnutrition. **https://www.who.int/publications/i/item/9789240022270**

What is needed

1. Prioritise the development of **implementation guidance.** This guidance must be adaptable to different contexts and should focus on achieving wider coverage of early detection and treatment services. It needs to be responsive to government and practitioner needs, emerging evidence, and should include an evaluation process.

2. National governments, with adequate support, need to **implement timely uptake and contextualisation of the guidelines and implementation guidance** into national policy.

3. Ensure new guidelines and updates have a **health systems strengthening** focus, with sustainable extension services, including a **community-based health worker system**. They should leverage existing systems and ensure weaknesses are identified and addressed so that coverage is not compromised, and they must include comprehensive training and a framework for the competencies required across the workforce.

4. Adopt a **multi-sector and life-cycle approach** in implementation guidance. Linkages with key maternal and child health policies and programmes should be explicitly mentioned, as well as linkages with other sectors (such as WASH, food security and social protection) where appropriate. This is especially relevant for wasting prevention guidance, which should facilitate locally-owned and locally-driven, context-specific evidence reviews to inform approaches to prevention.

5. Avoid unhelpful **siloes/dichotomies** in new guidelines and updates. Focus on the wellbeing of the mother–child dyad and/or incorporate a family approach, beyond the individual child.

6. Maintain a focus on **evidence generation** to feed into guidelines and policy design, with adequate and ongoing funds for this process. Ensure that the implementation guidance process is dynamic and identifies the best structure for national policy-makers to incorporate more regular updates into their own national implementation guidance.


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Actions
How will change happen

Change needed	Specific actions required	Level of implementation	By whom?	Means of measurement and accountability
1 **Implementation guidance** is needed, alongside global guidelines	There is a need for implementation guidance – to accompany the normative guidelines – that is evidence-based and adaptable to different contexts, with a focus on achieving optimal coverage of high-quality services. The guidance should also include nutrition programme monitoring.	Global	WHO and UNICEF, and the Global Nutrition Cluster Technical Assistance (GNC-TA) to fill gaps	Global Nutrition Report (GNR) is an independent and comprehensive global accountability framework for nutrition that can measure progress and hold UN agencies and national governments accountable.
	Develop a mechanism to incorporate adaptive learning into the global implementation guidance, including a process for evaluating guideline implementation, to understand what works and to inform future contextual adaptations.	Global	WHO and UNICEF, and GNC-TA to fill gaps	GNC-TA or GNR could implement the evaluation process.
2 National governments, with adequate **support, need to implement timely uptake and contextualisation of the guidelines and implementation guidance** into national policy	Build dissemination plans and national-level consultations into the WHO guidelines/guidance update process, including ample notification and public updates of the timelines for updates so that national-level policy-makers can start to prepare in anticipation. Funding should be budgeted for this support process.	Global	WHO and UNICEF	Provide an evaluation tool for ministries of health to self-assess national policy/ guidance/plan status. Create a global-level scorecard to monitor national adoption progress (cross-over with the advocacy working group).
	Stakeholders, including donors, NGOs, academia and malnutrition product manufacturers, should be kept informed of WHO guidance/ guideline development processes, and encouraged to feed up from, and down to, national-level teams to aid preparedness for national-level updates. National governments should ensure space for civil society and academia, and collaboration with other sectors, in their own development and/or revision of national nutrition policies and guidance.	Global and national	UN agencies, donors, NGOs, academia, private sector, ministries of finance and those responsible for social protection, national academics, national professional associations (e.g. paediatricians), and national civil society organisations	WHO and UNICEF could utilise a map (created by GNC-TA) to guide where these stakeholders can support this process in a timely manner, across countries.
	Develop guidance[5] and positive examples (drawn from the recommended guideline evaluations in Action 1 above) of timely guidelines uptake, how often national guidelines are reviewed, and how they can be contextualised, in order to further support national uptake.	Global	UN agencies and supporting mechanisms, such as GNC-TA	

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[5] Similar to AGREE II: an international tool to assess the quality and reporting of practice guidelines, **www.agreetrust.org/agree-ii/**

Change needed	Specific actions required	Level of implementation	By whom?	Means of measurement and accountability
3 New guidelines and updates should ensure **health systems strengthening** is a significant focus, particularly for **community-based workers**	From GAP: integrate Essential Nutrition Actions (ENA) into the package of health services as part of national health plans and universal health coverage roadmaps, through national-level consultations, including: • a review of gaps/weaknesses in necessary health system areas • coordinated health system strengthening planning and financing • negotiating firm ministry of health commitments to achieve full ENA delivery within a stated time period.	Global and national	UN agencies at global and national level, liaising with national governments and ministries of health (specifically MCH&N experts from national government, rather than just nutrition specialists)	Integration could be part of the guidelines evaluation process, undertaken by UN or GNC-TA or GNR.
	From GAP: the new wasting guidelines and implementation guidance should encourage leveraging of and integration with existing platforms at facility level (integrated management of childhood illnesses) and community level (including integrated community case management), and should include wasting screening in all relevant health systems entry points.[6]	Global	WHO and UNICEF	
	Put community-based workers at the centre of implementation, ensuring a minimum level of nutrition-related competencies, adequate training, appropriate remuneration, and recognition of their roles and responsibilities, within a structured support system. Domestic training should be directly responsive to identified gaps in competencies, and the workforce should be professionally certified.	Global	WHO and UNICEF	Create a framework of the comprehensive competencies required to deliver each aspect of wasting interventions by the community health system, and across the workforce cadres implicated. Competency achievement and workforce sufficiency should be monitored benchmarks for progress.
	The system of community-based workers must include a framework that allows for monitoring and audit of nutrition service coverage by district health authorities on a continual basis.	Global and national	WHO and UNICEF, and national ministries of health	

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[6] Such as the inclusion of family MUAC training in growth monitoring and promotion services.

Change needed	Specific actions required	Level of implementation	By whom?	Means of measurement and accountability
4 Adopt a **multi-sector and life-cycle approach**[7] in guidelines and guidance, for the prevention and treatment of child wasting	Guidance on wasting prevention strategies[8] cannot be as prescriptive as treatment but should include a life-cycle approach, with considerations such as family and the broader context at the centre. Global guidance should strengthen local capacities to recognise and address systemic and context-specific drivers of wasting by facilitating stakeholder reviews of relevant evidence and strategies. This will also ensure locally-owned and locally-driven, context-specific approaches to prevention.	Global	WHO and UNICEF	
	Ensure key maternal and child health experts (including mental health) at the international and the national level are involved in guidelines and guidance development. Other sectors (such as WASH, food security and social protection) should also be consulted where possible.	Global and national	WHO, UNICEF and national ministries of health	The degree of diversity of the stakeholders consulted could be part of the guidelines evaluation process, undertaken by UN or GNC-TA or GNR.
	In the guidance development, be explicit about how linkages to maternal and child health policies and programmes, food security, social protection etc., are being incorporated.	Global and national	WHO, UNICEF and national ministries of health	
5 New guidelines and guidance should **avoid unhelpful siloes/ dichotomies**	Where possible, new guidance and guidelines should avoid unhelpful siloes – both practically and administratively – between: a. humanitarian and development settings b. severe and moderate wasting – move to risk stratification c. wasting and stunting d. health and nutrition Focus on the wellbeing of the mother–child dyad and/or incorporate a family approach, beyond the individual child.	Global	WHO and UNICEF	
6 A dynamic mechanism is needed to promote the **generation of new evidence** that can be fed into guidelines and policy for the prevention and treatment of child wasting	From the GAP: WHO, with the support of other UN agencies, will coordinate and oversee the generation of new evidence to address gaps in guidelines and accelerate the process of updating global normative guidance and country-level guidance for the prevention and treatment of child wasting.	Global	WHO and other UN agencies	
	Ensure that sufficient ongoing funds are prioritised for continuous evidence generation and the guideline/guidance revision process, beyond the current process.	Global	UN agencies, donors	

[7] Such as the life stages referenced in the WHO Nurturing Care Framework.

[8] Examples include those recommended by the recent Lancet series update (Heidkamp et al. 2021), including: global guidelines for the provision of small-quantity lipid-based nutrient supplementation to children aged 6–23 months, and coherent polices across sectors regarding food systems regulation to address undernutrition, such as fortification of staple foods and restricting inappropriate marketing. There is also compelling evidence that vulnerable adolescent girls and women are essential to wasting prevention and should therefore be adequately captured in guidance.

Annex 1

Members of the Working Group

#	Name	Organisation
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The brief draws on the professional experience of individual members who engaged in a personal capacity in order to represent the nutrition sector as a whole, and does not reflect the position of any single institution. Where complete consensus on points was not achieved within the group, the majority view was used.

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