



USAID
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USAID Position Paper on Child Wasting

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Introduction

The [U. S. Agency for International Development \(USAID\) Multi-Sectoral Nutrition Strategy 2014–2025](#) seeks to improve nutrition to save lives, build resilience, increase economic productivity, and advance global development. The Strategy’s multi-sectoral approach addresses both direct and underlying causes of malnutrition and links humanitarian assistance with development programming to help build resilience to shocks in communities vulnerable to malnutrition. USAID’s approach to child wasting is guided by this Strategy, which prioritizes optimal nutrition outcomes for women and children in low- and middle-income countries.¹

In support of the renewed global attention to child wasting in recent years, including the development of the [Global Action Plan on Child Wasting](#), USAID and the U.S. government have demonstrated their commitment to addressing child wasting globally:

- During the 2021 Nutrition for Growth Summit, USAID’s Administrator Samantha Power [announced](#) that the United States intends to invest up to \$11 billion over three years to combat global malnutrition. USAID also made a programmatic commitment to strengthen approaches to the prevention and management of wasting, particularly in non-emergency contexts.
- The [U.S. Government Global Nutrition Coordination Plan 2021-2026](#) (GNCP) has elevated the prevention and management of child wasting as one of its six priority areas. USAID and the Centers for Disease Control and Prevention co-chair an ad hoc working group on wasting under the Coordination Plan to facilitate information exchange in relation to wasting programming across the U.S. government.
- The [U.S. Government Global Food Security Strategy 2022-2026](#) includes a new focus on contributing to reducing child wasting and expands the Feed the Future research agenda to assess how our work contributes to wasting prevention.
- In response to a growing need to effectively reach the unprecedented numbers of children experiencing acute malnutrition, in July 2022, [USAID announced](#) an additional \$200 million award to UNICEF to scale up access to wasting treatment in the 13 countries most severely impacted by pandemic effects, climate shocks, and the food price crisis. These funds were provided in addition to supplemental funds allocated to both the World Food Programme (WFP) and UNICEF to meet increased caseloads in countries facing severe food insecurity. Ultimately, these funds were matched by an additional \$370 million in resourcing from a broad range of funders before and during the UN General Assembly event: “The Child Malnutrition Crisis: Pledging to Save Lives” co-hosted by USAID and UNICEF.
- In 2021, USAID established an internal Wasting Technical Working Group across three USAID Bureaus to identify opportunities at global and country levels to support wasting programming more strategically with an aim to scale up USAID support, particularly in non-emergency settings where wasting has received less attention.

In line with these commitments, the objective of this USAID Position Paper on Child Wasting is to summarize USAID’s approach to wasting programming and highlight areas for increased future investment.

¹ The World Health Organization defines *wasting* as a condition in which a child is too thin for his or her height as the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.

Global Engagement and Advancing the Evidence Base on Child Wasting

USAID participates in global policy dialogue, development of guidance, and evidence generation in three main ways: coordination with other donors and stakeholders, participation in formal guideline development processes and informal technical interagency working groups, and investment in both qualitative and quantitative research.

USAID continues to engage regularly with bilateral and multilateral donors, philanthropic organizations, and civil society groups with an aim to 1) encourage increased donor commitments to prevent and treat wasting and 2) identify collaborative opportunities to improve wasting programming and strategic support to partners. USAID is a member of the Taskforce under the Action Review Panel on Child Wasting, which is hosted by UNICEF and the United Kingdom Foreign, Commonwealth & Development Office. The Taskforce seeks to strengthen global and country-level advocacy efforts to re-position the prevention, early detection, and management of child wasting as a key health and development priority. USAID's Bureau for Humanitarian Assistance also convenes an operational donor wasting information exchange to harmonize bilateral donors on our understanding of which wasting funding and approaches are best for humanitarian contexts.

USAID expects partners to adhere to normative guidance for the prevention and management of wasting and participates in relevant global guideline processes. USAID participated as an observer in the World Health Organization (WHO) development process for the 2023 guidelines on the prevention and management of wasting and nutritional edema in children under five (forthcoming), which began in 2021. USAID is also an observer in the WHO and UNICEF-led Technical Advisory Group on Wasting, which is responsible for developing operational guidance for the WHO wasting guidelines and identifying future research priorities following the release of findings from their systematic reviews.

USAID participates in five global wasting-related working groups:

1. The [Wasting Global Thematic Working Group](#) of the Global Nutrition Cluster Technical Alliance, hosted by the Emergency Nutrition Network (ENN) and UNICEF
2. The Wasting-Stunting Technical Interest Group (WaSt TIG), hosted by the ENN
3. The Simplified Approaches Working Group, co-chaired by the International Rescue Committee and UNICEF, which in 2022 produced this [decision tool](#) related to applying simplified approaches in exceptional circumstances
4. The management of small and nutritionally at-risk infants under six months and their mothers (MAMI) Global Network
5. The Nutrition and Child Health subgroup of the global Child Health Task Force, which aims to strengthen equitable and comprehensive nutrition programs through primary care with a focus on Essential Nutrition Actions, including care for children with severe acute malnutrition.

USAID's support for the prevention and management of wasting spans several decades. In the late 1990s, the Positive Deviance/Hearth (PD/Hearth) model of community nutrition rehabilitation centers was supported in programs globally. Through his intensive approach, community health workers conducted nutrition education with mothers of moderately malnourished children. Local foods, recipes, and care practices were identified with the help of "positive deviant" mothers who resided in resource-limited communities but had well-nourished children. Evidence indicates that while some children benefited from this treatment-focused approach, PD/Hearth did not reduce malnutrition at the population level.

In the early 2000s, USAID supported technical assistance for the implementation and evaluation of community-based management of acute malnutrition (CMAM) programs, which aimed to strengthen the community management of children with acute malnutrition without medical complications. Starting in 2001, USAID provided funding to test the CMAM model in different contexts. This support was primarily provided through three iterations of the Food and Nutrition Assistance ([FANTA](#)) project, which supported the development of technical research, including research on standardized mid-upper arm circumference (MUAC) cutoffs for pregnant women and adults, as well as research to test the safety of using MUAC as a discharge criterion for children admitted to CMAM programs. MUAC, in addition to weight-for-height z-score, is included as an option for admission and discharge for wasting treatment in most national guidelines.

Implemented from 2014-19, USAID's [Maternal and Child Survival Program](#) worked to combine preventative and curative aspects of nutrition programming with integrated community case management (iCCM), which focuses on the management of diarrhea, pneumonia, and malaria by community health workers. The program also worked on addressing feeding of small and sick newborns within the Baby-Friendly Hospital Initiative platform. USAID's current [MOMENTUM](#) suite of programs is building upon these experiences to strengthen the integration of nutrition programming in child health platforms.

More recently, USAID funded key operational research, some of which included phases of Alima's [OptiMA trial](#), the International Rescue Committee's [ComPAS study](#), and Action Against Hunger's [Community Health Worker trial](#). This research led to a revision of approaches to scaling up wasting treatment to reach as many children in need as possible. Globally, USAID supports three ongoing studies related to improved methods to prevent and treat wasting: The UN Food and Agricultural Organization (FAO)'s [Livestock for Health study in Kenya](#); Action Contra el Hambre's Traitement Intégré de la Sous-Nutrition Aiguë study in Senegal; and Action Against Hunger's [relapse study in Mali, Somalia, and South Sudan](#).

USAID has supported qualitative research, desk reviews, and analyses through various projects. This includes the MOMENTUM Country and Global Leadership project, which [examined](#) policy and programmatic issues that should be considered when scaling up or integrating CMAM as part of iCCM, and [USAID Advancing Nutrition](#), which conducted an analysis of the use of local foods to treat moderate wasting and examined blanket supplementary feeding programs to prevent wasting. These initiatives help inform best practices that can be scaled up in various contexts.

Implementation of Wasting Prevention and Management Interventions

USAID's global investments in nutrition programming are made through three Bureaus primarily: Global Health (GH), Humanitarian Assistance (BHA), and Resilience and Food Security (RFS). These areas are represented by individual Bureaus at USAID/Washington and individual offices at USAID's country and regional Missions, which coordinate to promote a comprehensive, multi-sectoral approach to improving nutrition. GH efforts aim to strengthen health systems to deliver nutrition services and to promote and protect optimal maternal nutrition and feeding practices for infants and young children. BHA investments provide needs-based emergency nutrition response programs to protect lives and support critical health, nutrition, and social protection service delivery in communities most vulnerable to humanitarian crises. RFS investments strive to increase and safeguard the availability, affordability, and access to safe and nutritious foods.

USAID continues to be at the forefront of the humanitarian community's effort to reduce and treat acute malnutrition during emergencies, while retaining a strong focus on prevention of under-nutrition in women and children living in food insecure areas. (USAID Multi-Sectoral Nutrition Strategy, p.7)

Prevention of Wasting

Prevention is at the forefront of reducing the causes of malnutrition and its impact on child mortality, morbidity, and longer-term adverse outcomes. As outlined in the Multi-Sectoral Nutrition Strategy, USAID nutrition programming focuses on implementation of high-impact actions across health; agriculture; water, sanitation, and hygiene; and humanitarian assistance programs. Evidence-based emphasis is placed on maternal nutrition, optimal breastfeeding, complementary feeding, dietary diversity (including interventions to complement the nutritional value of diets), and appropriate hygiene actions. In addition, targeted economic strengthening and livelihood interventions aim to build resilience to shocks, improve food security, and prevent spikes in malnutrition.

Although the current USAID Multi-Sectoral Nutrition Strategy mentions reduction of child stunting as a high-level goal, efforts continue to better understand the relationship between stunting and wasting. USAID funds the work of the Emergency Nutrition Network's [Wasting and Stunting Technical Interest Group](#), which examines this relationship to better understand common risk factors and support policy and programs that can simultaneously address both forms of undernutrition. Concurrently wasted and stunted children have a higher mortality risk than children with a single form of undernutrition.

Health Systems

Wasting prevention approaches through the health system center on interventions that improve maternal and child health outcomes more broadly. USAID investments prioritize health interventions that strive to do the following:

- *Improve maternal nutrition.* Women's nutritional status before and during pregnancy has a profound effect on fetal growth and development. A growing body of evidence links poor maternal nutrition and low birthweight to child wasting.
- *Increase optimal breastfeeding and infant and young child feeding practices* as a critical pathway to prevent wasting and reduce illness.
- *Strengthen nutritional care of sick children*, including training, mentoring, and quality improvement activities, to prevent the challenging cycle of malnutrition and illness.
- *Improve access to health services and strengthen nutrition services as part of primary health care*, including growth monitoring, nutrition counseling, and treatment of the illness and infection that often underlie wasting.
- *Improve access to safe water, sanitation, and hygiene* to prevent diarrhea and illnesses that can lead to or exacerbate wasting.

Effective social and behavior change approaches and rigorous monitoring, evaluation, and learning—including the use of innovative and context-specific approaches—are cross-cutting priorities that support all of the actions listed.

Food Systems

Wasting prevention interventions implemented through the food system focus on increasing the production and consumption of safe, diverse, and nutritious foods year-round, especially for women and children. These include efforts that do the following:

- *Deliver essential vitamins and minerals* through large-scale food fortification.
- *Improve the affordability and accessibility* of safe, nutritious foods for women and children across the food system.

- *Increase women’s dietary diversity* through access to safe and nutritious foods, particularly during pregnancy and lactation.
- *Facilitate improved capacity for commercial food processing* to increase the supply of nutritious foods year-round.
- *Promote women’s empowered decision-making* in households and communities and engage men and other community leaders in supporting family nutrition.
- *Strengthen local capacity for good agricultural and food safety practices* and regulatory and management systems to improve food safety and food quality.
- *Promote effective natural resources management* and environmental stewardship to safeguard the diversity of wild caught and gathered foods available to children and women of reproductive age.

Humanitarian Response

Wasting prevention activities in humanitarian settings are linked to and supported by other sectoral interventions including health services; food assistance; and water, sanitation, and hygiene services. Prevention approaches aim to stabilize the nutrition situation in a disaster-affected population and prevent excess mortality. Priorities include the following actions:

- *Protect exclusive breastfeeding* by discouraging and monitoring the unsolicited donation of breastmilk substitutes and providing lactation support and comprehensive breastfeeding counseling through various models.
- *Meet the nutrient needs of nutritionally vulnerable groups* by providing specialized nutritious foods (SNFs), cash, or voucher assistance for a limited duration to help reduce the risk of wasting. Targeting nutritionally vulnerable groups with additional nutrients can only be done in conjunction with general food assistance.
- *Support food security at the household level* through the provision of general food assistance, whether through cash, voucher support, or in-kind food, to ensure that vulnerable households—including their most nutritionally vulnerable members—can access adequate food supplies.
- *Ensure delivery of primary healthcare services*, including immunizations and the treatment of preventable illnesses.
- *Ensure access to safe water, sanitation services, healthy and secure environments, and hygiene materials* to mitigate the risk of infectious diseases.

Management of Wasting

USAID has supported comprehensive wasting treatment since the early 2000s. USAID facilitated the policy dialogue that led to the endorsement of the 2007 [UNICEF/UNSCN/WFP/WHO Joint Statement](#), which indicated CMAM as the new standard of care for child wasting and has been widely adopted in more than 60 countries. Implemented through or closely aligned with health systems, CMAM is an effective approach that uses community health workers/volunteers to screen and refer children for appropriate outpatient or inpatient wasting treatment.²

² Black, R. E., C. G. Victora, S. P. Walker, Z. A. Bhutta, Z. A., P. Christian, M. De Onis, M. Ezzati, et al. 2013. “Maternal and Child Undernutrition and Overweight in Low-income and Middle-income Countries.” *The Lancet* 382:9890, 427–51.

BHA supports CMAM programs in more than 30 countries through jointly operated Ministry of Health (MOH)/UNICEF, WFP, and MOH/nongovernmental organization (NGO)-run programs. Efforts include funding for health staff, community outreach work, equipment, and therapeutic feeding supplies, including Ready-to-Use Therapeutic Food (RUTF), therapeutic milks, and essential medicines, as well as associated transport and delivery costs. Beginning in 2016, BHA funded modifications to the standard of care, according to a host government’s willingness and circumstances related to the humanitarian crisis. During the COVID-19 pandemic, USAID supported the rollout of simplified approaches, including the family MUAC approach, which allowed for children to continue being referred for treatment despite pandemic restrictions. USAID remains committed to supporting emergency nutrition partners to reach children with wasting in the most effective and safest way possible.

GH investments in wasting treatment focus on capacity strengthening of health systems to detect and treat wasting, support for the development of national policies and protocols on wasting management, technical resource development at global and country levels, and strengthening nutrition surveillance systems. Other efforts include integrating wasting prevention and management into primary healthcare platforms; generating evidence on effective approaches; and piloting context-specific, community-based approaches toward wasting management.

Given the limited nature of GH nutrition funding globally (see table 1), USAID uses this funding to support improved access to and management of nutrition commodities, including RUTF, through health systems strengthening, rather than for the direct procurement of commodities. Efforts include advocacy and support to governments to improve nutrition financing (including for nutrition commodities) through national budgets.

Table 1. USAID Nutrition-Specific Funding (Global)

	FY 2020	FY 2021	FY 2022
GH Nutrition	\$150 million	\$150 million	\$155 million
BHA	\$260 million	\$520 million	\$1 billion

Support to SNFs, Including Ready-to-Use Supplementary Food

USAID supports the production, procurement, and delivery of SNFs in five ways:

1. Technical assistance on food safety and technology related to the production of SNFs
2. Support to the development and enforcement of regulatory guidelines and practices to ensure that suppliers adhere to best manufacturing standards
3. Procurement of in-kind SNFs using Title II resources from American producers
4. Funding to partners to procure SNFs directly from a variety of countries
5. Funding for the delivery of SNFs from production to recipient.

Ready-to-Use Foods (RUFs), including RUTF, Ready-to-Use Supplementary Food (RUSF), and other Lipid-based Nutrient Supplements (LNS) are produced by several suppliers in more than 20 countries.³ In addition to two U.S.-based suppliers, international suppliers include Ethiopia, India, Kenya, Niger, Nigeria, and Pakistan.

³ UNICEF. 2021. “Ready-to-use Therapeutic Food: Market Outlook.” UNICEF Supply Division. <https://www.unicef.org/supply/reports/ready-use-therapeutic-food-rutf-market-outlook>

USAID works closely with suppliers to ensure that they have access to SNF specifications and are able to routinely discuss manufacturing processes, changes to formulations, and packaging and storage considerations. USAID supported the development of a Codex Alimentarius guideline for RUTF, which was adopted by the Codex Alimentarius Commission in 2022. These guidelines facilitate increased safety of manufacturing and encourage innovative formulations of RUTF tailored to different settings. On an annual basis, USAID supports treatment to approximately 20 percent of children who are severely wasted.

The Way Forward

With the passing of the [Global Malnutrition Prevention and Treatment Act](#) in October 2022, the U.S. government has elevated its commitment to reduce malnutrition globally and seeks to 1) continue to support the treatment of 25 percent or more of wasted children in fragile and conflict settings, 2) increase support for the integration of wasting treatment into health systems in high-burden countries, 3) work across bureaus and agencies to find the best approaches to prevent wasting, and 4) create new and innovative financing mechanisms to increase access to SNFs. In addition to the ongoing priority interventions summarized in the previous section, some additional areas for USAID investment and focus over the next few years include the following:

- **Strengthen nutrition as part of primary health care (PHC).** Through integrated child health and nutrition programming at the community and facility levels, USAID will continue to support nutrition priority countries to strengthen basic nutrition services and quality of care within PHC platforms.⁴ This may include the following:
 - Test and demonstrate models that can be scaled up to accelerate prevention and reduction of wasting within health systems.
 - Support context-specific scale-up of simplified protocols, including family MUAC, for the management of wasting.
 - Examine modalities for supporting community health workers and other informal cadres to deliver key health and nutrition interventions at the household level—in both humanitarian and development settings.
 - Ensure that wasting is systematically included in the integrated management of childhood illnesses and reinforce wasting as a child health issue.
 - Explore how to scale up iCCM to address wasting in all contexts.
 - Focus on integrated approaches to reach the children most vulnerable to malnutrition, including those born preterm or with low birth weight, those with wasting, zero-dose or under-immunized children, those with disabilities or feeding difficulties, and/or those not accessing health services.⁵
- **Build a better understanding of the specific pathways through which food systems—**in particular, year-round access to safe, diverse, and nutritious foods—can most effectively and efficiently prevent child wasting.
 - Include the linkages among natural resources management practices, biodiversity, wild caught and gathered foods, dietary diversity, and the prevention of child wasting.
- **Improve access to RUTF for treatment and SNFs for prevention through the following actions:**

4 USAID. “Nutrition Priority Countries.” <https://www.usaid.gov/nutrition/countries>.

5 Gavi, The Vaccine Alliance. “The Zero-Dose Child: Explained.” <https://www.gavi.org/vaccineswork/zero-dose-child-explained>.

- Strengthen the capacity for local production.
- Support the development of new formulations of prevention SNFs to address cultural preferences, climate risks, and cost.
- Strengthen last-mile delivery structures to ensure that SNFs get where they are needed when they are needed.
- **Support the development of sustainable financing strategies for health systems and the procurement of SNFs:**
 - Include health systems strengthening and support of community health worker networks.
 - Include incentives to support host governments to fund and manage SNF pipelines.
- **Conduct joint cross-sectoral and cross-bureau analyses and/or implementation research in two or three nutrition priority countries** to help inform country-level decision-making on wasting programming.

USAID will continue to invest in research, learning, and dissemination to better understand and address the burden of child wasting globally. USAID remains committed to reducing mortality in humanitarian settings by supporting comprehensive wasting prevention and management and seeks to expand its role in supporting the routine integration of wasting prevention and management in development settings.