

December 20th, 2019

Dear Secretary-General Guterres,

Today, an estimated 50 million children are wasted¹, which constitutes an astonishing and urgent global public health crisis. The most severely affected of these children are 11 times more likely to die than a healthy child. In addition wasted children are at increased risk of disease and impaired growth. Although a treatment - ready-to-use therapeutic food (RUTF) - has existed for decades, only 1 in 4 wasted children are being reached with this cost-effective treatment². This astonishing public health emergency is exacerbated by a lack of universal healthcare, leaving individuals, families and communities without access to affordable systems that deliver the appropriate prevention, treatment and care.

With most of the tens of millions of wasted children left untreated, this scourge is undermining nearly every one of the United Nations' Sustainable Development Goals. We, the undersigned, are a group of leading technical, research, and programmatic experts in the treatment and prevention of wasting. We have witnessed countless children suffering from the plight of wasting, and the many inefficiencies of a broken system which all too often fails to reach them. It is for these children that we write today to call upon you to take urgent action to address this crisis by comprehensively reforming the UN's approach to the management of wasting. It is within your power to address institutional and operational fragmentation and inefficiencies, and ensure the prioritization of clear, evidence-based guidelines for prevention and treatment, so that every child who needs care receives it. Our recommendation is three-fold:

First, we call on you to designate a single UN agency with overall responsibility and accountability for the provision of a continuum of care for wasting in all settings.

This recommendation is based on significant analysis of the approach that has been employed by the UN system for more than 40 years and which still, today, is failing to reach the majority of wasted children with care³. Wide-ranging institutional challenges within the UN system have previously been identified as compromising the ability to reach wasted children worldwide⁴. Ultimately, because there is no designated lead UN agency on this issue, there is no accountability for inadequate provision of programs. Protracted UN efforts to reform the approach and drive progress at an institutional or operational level have not been transparent, nor have they shown impact. Today, there is an upsurge in advocacy, research, internal UN discussions around the continuum of care, and significant program and operational developments. Now is the time to urgently assess – and reform – the UN approach to wasting through a transparent process involving

¹ 'Acute malnutrition' and 'wasting' are often used interchangeably. We also recognise the consequences of oedematous malnutrition, a severe form of malnutrition, that is not included in the wasting classification and burden/treatment estimates.

² UNICEF (2019). The State of the World's Children 2019. Children, Food and Nutrition: Growing well in a changing world. UNICEF, New York. www.unicef.org/reports/state-of-worlds-children-2019

³ McGrath M and Shoham J, (2019). Editorial perspective on the continuum of care for children with acute malnutrition. Field Exchange issue 60, July 2019. p2. www.enonline.net/fex/60/extendededitorial and www.enonline.net/attachments/3227/FEX-60-Web_12Aug19.pdf

⁴ Shoham J and Dolan C, (2013). The management of acute malnutrition at scale: A review of donor and financing arrangements. ENN. <https://www.enonline.net/enncmamfinancingreport2013>

all relevant stakeholders in the global nutrition community. This reform will require your leadership.

We propose that a single, designated lead agency should bear the critical responsibility of coordinating and aligning the valuable roles and capabilities of sister agencies. In addition to the considerations outlined above, we note that:

- Making such a designation will require appraisal of UN competencies and capacities, as well as ensuring the appropriate resourcing to deliver on this critical mandate. Conferring unique responsibility and accountability for the management of wasting to one, presiding UN agency *does not and should not preclude* operational and normative roles for other UN agencies.
- The designated agency should have long-term consistent presence in countries with a high burden of wasting, work closely with government and largely through the health system to facilitate integration as appropriate, and provide access points for preventive services such as social protection and livelihoods support.
- This UN agency must provide coherent and comprehensive publicly available data on continuum of care provision through a single database.

Second, we call for an urgent review of the systems for the supply of Ready-to Use Foods (RUF) for the treatment of wasting for the development of a plan to ensure consistent and appropriate provision of RUFs so that no child is left behind.

No wasted child should die because of failures in supply pipeline and distribution. Today, however, pipeline disruptions for RUFs are an endemic problem contributing significantly to a lack of continuum of care for wasted children. Different products and supply chains are used that are based on institutional interests rather than needs. Critically, there is a lack of transparency as to when and why supplies fail and accountability for the impact of these failures. Understanding the problem is critical to our collectively finding the solution.

Third, recognizing that WHO has responsibility for providing normative, evidence-based guidance, we call on you to ensure a dynamic process for the development, update and uptake of normative WHO guidance for the prevention and treatment of wasting.

Urgent WHO technical leadership, with the support of the global nutrition community, is needed for rapid/interim and longer-term evidence review, guidance development and uptake strategies and actions on the prevention and treatment of wasting. As a priority, significant gaps in evidence and normative guidance have stifled progress to treat children who are moderately wasted at scale, making continuity of care an even more elusive ambition. Based on evidence review, the formation of a WHO-led research plan is needed, taking account of emerging developments on how at-risk children and infants are identified and managed, including children also stunted and infants under six months of age. To execute these urgent priorities, WHO must be supported to quickly address their recognized capacity shortfalls to deliver on its clear mandate.

Together, these three steps reflect the immediate priorities identified by the global nutrition community related to the management of wasting. Protracted UN efforts to address institutional and operational problems have not yet seen tangible progress. Our view is that conflicted technical positions and institutional territoriality has and will continue to underpin the prevailing stalemate. Without urgent action, we fear that the system will continue to fail to serve children whose lives hang in the balance. Achieving a different outcome will require urgent, executive leadership from you, Mr. Secretary-General, and we are grateful for your attention.

Respectfully yours,

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