

December 17, 2019

Dear Secretary-General Guterres,

In recent years, there has been insufficient progress in reducing the number of children with acute malnutrition.¹ In 2018, 49.5 million children worldwide experienced acute malnutrition and only one in five had access to treatment. As highlighted by your recent communique, if these trends continue, we will not achieve the World Health Assembly target of reducing the proportion of children suffering from acute malnutrition to less than 5% by 2025, or the Sustainable Development Goal target of less than 3% by 2030.²

Evidence is emerging on ways to better provide a continuum of accessible, quality care at scale to prevent and treat acute malnutrition in emergency and development settings. However, one obstacle to progress is the current lack of institutional coordination and alignment across donors, governments, UN agencies and implementers. In particular, the longstanding inefficient approach to prevention and treatment of acute malnutrition by UNICEF, WFP and WHO has led to ineffective programs and policies, inequity in care provision, guidance gaps, and a fundamental lack of clear ownership, transparency, and accountability. Collectively, these agencies manage moderate and severe acute malnutrition in different ways depending on the country and funding level, manage separate supply chains for purchasing and delivering the different commodities required for treatment, use different targeting criteria and data systems, and do not coordinate to support governments or clearly define interventions to prevent acute malnutrition.

As the leading philanthropic donors for research and implementation to address wasting, our technical teams have been following these trends closely. Earlier this year, we gathered for a day-long meeting with all major donors funding the treatment of acute malnutrition to discuss our collective position on this concerning reality. Coming out of that meeting, we call urgently upon you for the following:

- 1) **There must be a continuum of care for the management of acute malnutrition.** Fractured programming continues to lead to inefficiencies at every level, and as a result the vast majority of wasted and at-risk children do not receive the care their lives depend upon. A continuum of care for acute malnutrition requires comprehensive leadership and support to governments at national and global levels, and aligned policies, guidance, financing, programming and information systems to ensure adequate, appropriate and accessible services, with the capacity to surge to meet demand in times of heightened need. Currently, this alignment and capacity is lacking across the majority of contexts and the UN system lacks accountability. As donors, we recognize our own role in this and will be looking at ways to improve financing for acute malnutrition prevention and treatment.
- 2) **There must be single UN agency oversight of treatment of acute malnutrition, embedded in a wider continuum of care to prevent and treat undernutrition in all its forms in all settings.** This does not preclude operational and normative roles for other UN agencies, but does confer a unique authority, responsibility, and accountability for the presiding UN agency. Competencies and capacity should be defined for such a position including:
 - A clear vision and plan for the improved management of acute malnutrition.
 - Proven experience in health system strengthening, proven relationships with Ministries of Health, and a track record in managing commodity supply chains.

¹ Acute malnutrition includes both wasted children and those with oedematous malnutrition.

² <https://www.who.int/nutrition/events/2019-consultation-simplified-treatment-childwasting-26to27march/en/>

Furthermore, we call for:

- An urgent and transparent review of UN agency operational approaches and ways of working together to deliver acute malnutrition services.
- Critical technical leadership by WHO on research, guidance development, and uptake at global, regional, and country levels.
- All to take advantage of opportunities for raising awareness of and securing additional funding pledges towards the management of acute malnutrition at fora such as the Nutrition for Growth Summit in Japan in 2020.

We recommend that responsibility for the coordination and fulfillment of this unified initiative be placed directly upon the Executive Director of the lead UN agency, and that they be required to regularly report to the UN Secretary-General regarding progress.

- 3) **The process to determine leadership and reform relevant UN roles and responsibilities must be more consultative and transparent.** We are encouraged to hear about recent joint-agency efforts to develop a Treatment of Wasting Global Action Plan (GAP). Development and implementation of this plan, however, must be an open, transparent, and consultative process involving governments, donors, implementers, researchers, civil society, and other stakeholders. Moreover, this process should seek to leverage and work with existing platforms such as the Scaling up Nutrition Movement and the No Wasted Lives Coalition in order to ensure the greatest progress is made in the shortest amount of time.

As the chief administrative officer of the UN, we urge you to ensure that our collective donor investments in your agencies are achieving maximum impact through clear ownership and accountability, streamlined coordination, and the application of best practices. Therefore, as philanthropic donors on this issue, we are committed to engaging with you and the head of the identified lead UN agency to advance the reforms that are required to ensure that every at-risk and wasted child receives timely and adequate care. We know that our investments can be delivering more, and we hope to hear back from you by the end of March 2020 with a clear plan for achieving the critical points outlined above.

Sincerely,



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