

## Guiding principles for scaling-up wasting programming using USAID supplemental funds during the 2022–2023 global food and nutrition crisis

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A combination of factors, including the COVID-19 pandemic, climate change and conflict, have led to a rapid deterioration in the nutritional and health status of children and women in multiple locations around the world. To respond to these challenges and support country-led efforts to accelerate the scale up of services for the early detection and treatment of child wasting and associated morbidities in severely food and nutrition insecure areas, UNICEF, USAID and WFP have an unprecedented obligation of increased funding to urgently expand wasting treatment coverage. Against this unprecedented need, we call for:

1. All efforts to be made for scaling up services for the early detection and treatment of child wasting in countries experiencing significant increases in child wasting and an associated increase in risk of excess mortality. In supporting these efforts, we are committed to:
  - a. Supporting the implementation of existing national nutrition guidelines and protocols for emergency response at scale. National authorities and nutrition coordination platforms in many of the worst affected countries have already developed context-specific arrangements to scale up services and these should be respected and supported during the response to this crisis.
  - b. Ensuring maximum access to the best possible products to treat child wasting. Ready-to-Use Therapeutic Food (RUTF), therapeutic milks (F75 and F100) are the currently most effective products to treat children with complicated and uncomplicated forms of severe wasting and their production and procurement should be prioritized to prevent excess mortality. Ready-to-Use Supplementary Foods (RUSFs) and/or other specialized nutritious foods (e.g., SuperCereal/SuperCerealPlus) should be procured for the supplementation of children with moderate wasting. To prevent more children and women from becoming severely wasted, the vital medications and medical supplies needed to treat the morbidities associated with wasting must also be prioritized and safeguarded.
    - Prioritizing the use of Ready-to-Use Therapeutic Foods (RUTFs) for the treatment of severe wasting. If/when the availability of RUTF at national or subnational level is sufficient to meet the needs of these children and services for the supplementation and treatment of moderate wasting are unavailable, national partners should consider the expansion of therapeutic treatment services to include the most vulnerable children suffering from moderate wasting. Expanded criteria should be based on national guidelines and protocols (*see Point A*) and agreed for a set period of time. There are a variety of examples of how admission and discharge criteria may be adapted, one example could be:
      - Admission: all children 6–59 months, with WHZ <-3 SD; and/or MUAC <120mm; and/or bilateral oedema, and with context specific risk factors.<sup>1</sup>
      - Discharge: WHZ > -2 and/or MUAC >125mm and/or no bilateral oedema.
  - c. Promoting transparent and inclusive consultations on any longer-term shifts concerning national protocols for the early detection and treatment of child wasting, respecting global and national-level policy making processes and ensuring national governments continue to drive these processes. UNICEF, WFP and USAID are in agreement on this interim approach to facilitate immediate planning decisions and commit to revisiting time bound adaptations by November 30, 2022.
2. All efforts must be made to provide additional support for families and households of wasted children. These efforts should include: provision of essential health and nutrition services; infant and young child feeding support, including support to breastfeeding; family protection rations; specific micronutrient supplements, including home-based fortificants; and social protection measures – including food assistance, vouchers, and cash – to protect children and women from repeated episodes of wasting. These efforts must also include the provision of treatment for wasting amongst adolescent girls and pregnant/breastfeeding women.
3. UNICEF, WFP, WHO, and the GNC will support national governments and national nutrition cluster coordinators in the design and implementation of the above interventions. This will focus on developing consensus for the adoption of the above measures by national authorities and partners and their implementation and support transparent planning of operational responses to ensure that resources can be used to best effect to reach populations most at risk.

<sup>1</sup> Following an assessment of the context specific risk factors additional criteria could be included dependent on the distribution of cases such as, concurrent disease (e.g., contexts with HIV and malaria prevalence, chronic disease, etc.), age limited (<2's), household social environment (single-headed households, orphans, etc.), high risk locations.