



UNICEF CHILD ALERT | May 2022

## Severe wasting

An overlooked child survival emergency

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# Contents

<b>Key messages</b>	<b>1</b>
<b>Foreword</b>	<b>3</b>
<b>The global scope and impact of child wasting</b>	<b>4</b>
<i>Box 1: Ready-to-use therapeutic food (RUTF): the gold standard for wasting treatment</i>	8
<i>Box 2: The Mid-Upper Arm Circumference (MUAC) tape: a life-saving do-it-yourself early detection tool</i>	9
<b>Timely and feasible investments would dramatically reduce child deaths, yet aid for wasting remains woefully low</b>	<b>10</b>
<b>Conflict and climate shocks are increasing severe wasting, where the risk of child mortality is already highest</b>	<b>12</b>
<b>A call for action to address child wasting</b>	<b>17</b>



# Key Messages

- Globally, 1 in 5 deaths among children under the age of 5 is attributed to severe wasting – also known as severe acute malnutrition – making it one of the top threats to child survival, robbing the lives of more than 1 million children each year.
- Ready-to-Use Therapeutic Food (RUTF) can save children with severe wasting. The total cost to treat a child with RUTF is about US\$100. UNICEF is the largest provider of RUTF globally and the provider of first resort of RUTF for children affected by humanitarian crises.
- UNICEF indicates that the average price of life-saving RUTF is projected to increase by up to 16 per cent over the next six months, which may reduce access to RUTF and put more children's lives at risk. More immediate and flexible funding is essential to ensure a continuous pipeline of RUTF supplies to save children's lives.
- Wasting cases are increasing in areas affected by conflict and climate shocks and the ongoing economic fallout from the COVID-19 pandemic, precisely where the risk of child mortality is already highest. Some countries have seen a 40 per cent or more increase in child wasting since 2016.
- Reaching virtually every child in need can be achieved with just US\$300 million in additional funding – 0.1 per cent of total overseas development assistance (ODA) spent in a year.

## CALL FOR ACTION

### UNICEF is calling for:

**Donors to fully fund the Global Action Plan** to scale up the early prevention and treatment of child wasting on a massive scale, provide multi-year funding that will enable continuous prevention and treatment services for children with wasting through humanitarian and development funding, ensure that budget allocations to address global hunger crisis also include specific allocations for RUTF and other interventions to meet the immediate need of the most vulnerable children.

**Governments to integrate programmes for the early prevention and treatment of child wasting** as a central priority in national primary health and nutrition care systems and services while protecting investments in child nutrition from budget cuts.

**All stakeholders to prioritize early prevention and treatment of child wasting** as an essential child survival intervention and prioritize resources for children under age 2 where they will save the most lives as these young children are the most vulnerable to life-threatening wasting.

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Afghanistan, 2019

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## Foreword

It is hard to put into words what it means for a child to be 'severely wasted'. But when you meet a child who is suffering from this most lethal form of acute malnutrition, as I have, you understand – and you never forget.

Young children who have gone without food rapidly drop a lot of bodyweight, often exacerbated by bouts of infectious diarrhoea, until they become so thin and frail, they look skeletal. It is a distressing sight. Even more distressing is the knowledge that it is excruciatingly painful for the child whose body is battling the condition.

Without lifesaving treatment, it is a battle that many lose.

Most people have never heard of severe wasting, also known as 'severe acute malnutrition'. But it is one of the leading underlying causes of preventable deaths in young children. Conflicts, and climate crises that destroy access to healthy diets, are causing that number to rise. But even in fairly stable countries, child wasting has been on the rise by more than 40 per cent. For example, in Uganda, child wasting has increased 61 per cent since 2016.

When a baby or child is this underweight and weak, they cannot eat normally. That means traditional food aid – like bags of wheat or soya – cannot save them. They need life-saving, ready-to-use therapeutic food (RUTF), a high-calorie nut paste given as a medical treatment that can literally mean the difference between life and death for these children.

RUTF is a simple, effective, affordable solution. Yet, this year, around 10 million children who desperately need it are not receiving it. Meanwhile, financing for nutrition is declining sharply, largely due to the ongoing economic shock of COVID-19.

Now, with the impact of war in Ukraine on global food security even more children are at risk of wasting. That is why UNICEF is sounding the alarm and issuing this Global Child Alert. The international community must act to avert a child malnutrition catastrophe.

The Russian Federation and Ukraine are among the world's top agricultural producers and exporters. Supply lines are blocked. The UN's food agency suggests that a prolonged reduction of food exports could raise the global number of undernourished people by 8 to 13 million people in 2022 and 2023.

Food, fuel, and fertilizer shortages, combined with inflationary pressures, are causing prices to soar. And even RUTF therapy isn't immune. The price of this miracle treatment is projected to rise by 16 per cent over the next six months. Unless funding is increased, aid agencies will be unable to treat hundreds of thousands of children.

We have the knowledge and the tools to reach these children. This report explains how a relatively small additional investment in treatment for severe wasting could lead to an exponential reduction in child deaths from all causes. What we need is political will – and urgent action.

Already this year, many severely malnourished children have lost their fight for life. We can't bring them back. And we can't end global hunger and malnutrition overnight. But we can stop children dying from severe wasting right now. With strategic investment in proven, affordable ways to prevent and treat severe acute malnutrition we can save lives now – and work towards a world where no child wastes away and dies.

**UNICEF Executive Director Catherine Russell**



## The global scope and impact of child wasting

### What is severe wasting?

**Six-month old Anei was sick, exceedingly frail, and weighed just 5.5 kilograms (normally a baby of his age would weigh around 8 kilograms). His mother, Nyaweer, was terrified that he wouldn't survive: "I was so worried my heart was weeping."**

South Sudan, 2022

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Anei was suffering from severe wasting.

Globally, 1 in 5 deaths among children under age 5 is attributed to severe wasting, making it one of the top threats to child survival. Yet, unlike famine or starvation, relatively few people have heard of it.

Wasting, defined as low weight-for-height, is the most visible and lethal type of malnutrition. It affects over 45 million children under age 5.

Severe wasting, also known as severe acute malnutrition, is its most deadly form. It is caused by a lack of nutritious food and repeated bouts of diseases such as diarrhoea, measles and malaria, which compromise a child's immunity.



Severe wasting turns common childhood illnesses into killer diseases. Children who are severely wasted succumb to those diseases because their bodies provide virtually no protection against the bacteria, virus or fungi that infect them. They die because their digestive systems can no longer absorb nutrients. A severely wasted child is reduced to the most basic bodily functions. It takes all their energy just to keep breathing.

A severely wasted child is up to 11 times more likely than a well-nourished child to die of common childhood illnesses such as pneumonia, the single largest infectious cause of death in children worldwide. Severe wasting was the primary factor

in 367,000 deaths, or more than half (55 per cent) of pneumonia deaths in 2019.

Countries across a variety of regions have seen a rise in wasting levels since 2016. In some countries in relative stability such as Uganda child wasting has risen by 61 per cent, and by 19 per cent in Nepal since 2019. There is no single reason for this alarming rise. But cases are rapidly increasing in areas affected by conflict and climate shocks, precisely where the risk of child mortality is already highest. Armed conflict is cutting off the provision of a range of services and forcing people on the move. Climate change and natural disasters are affecting food availability and accessibility along with access to clean water. Economic shocks, including

**Table 1:**

## Countries with the highest number of children under 5 years of age affected by severe wasting

RANK	COUNTRY*	NUMBER OF CHILDREN AFFECTED BY SEVERE WASTING AMONG CHILDREN UNDER 5 YEARS OF AGE**
1	INDIA	5,772,472
2	INDONESIA	812,564
3	PAKISTAN	678,925
4	NIGERIA	482,590
5	BANGLADESH	327,859
6	DEMOCRATIC REPUBLIC OF THE CONGO	323,191
7	ETHIOPIA	187,396
8	PHILIPPINES	114,092
9	NIGER	113,634
10	SOUTH AFRICA	97,294

**Source:** The UNICEF/WHO/World Bank Group Joint Malnutrition Estimates (JME)

\*These lists were derived using a subset of 84 countries that have an estimate of severe wasting between 2017 and 2021 in the UNICEF/WHO/World Bank Joint Malnutrition Estimates Survey database, as of the May 2022 update. Therefore, there may be countries with higher values than those shown here, but without recent surveys in the database to assess the situation.

\*\*The numbers affected list was derived using the latest estimate of severe wasting prevalence available for each of the 84 countries, multiplying by the population of children under 5 years of age in 2021 in each respective country, and ranking the resulting number affected with severe wasting from highest to lowest, presenting the top 10. Currently, these estimates are only available for the number of children with severe wasting at a given point in time. Methods are not currently available to develop comparable country-level estimates that account for children who are affected by and need treatment for severe wasting over an entire year.

the ongoing fallout from the COVID-19 pandemic, is affecting the purchasing power of families and the diets of children. The number of severely wasted children in need of treatment remains as nearly as high as it was in 2015, even though treatment is available, effective and affordable.

## Severe wasting is preventable and treatable

In 2020, about 5 million children were treated with cost-effective, ready-to-use therapeutic food (RUTF) that is proven to save lives, but nearly 10 million children who needed the treatment went without.

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**Anei was lucky. His mother Nyaweer brought him to a UNICEF-supported clinic where he was identified as severely wasted. Anei couldn't immediately absorb ready-to-use therapeutic food (RUTF), so he was fed with therapeutic milk for three days, and later discharged home with supplies of RUTF. Nyaweer is delighted. "Since he's improved, he's started playing and is so much better than before. He now breastfeeds and takes milk. He's healthy again!"**

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But more needs to be done. The COVID-19 pandemic and armed conflicts including war in Ukraine are driving up the price of RUTF, projected to increase by up to 16 per cent over the next six months. This estimate is likely to be higher when accounting for delivery and transportation costs which are also increasing. Without additional support, the repercussions of this terrible war could mean even fewer children around the world will receive the treatment they need. Flexible funding is essential to ensure a continuous pipeline of RUTF supplies to save children's lives.

If we fail to significantly reduce the number of affected children, severe wasting will continue to limit the extent to which we can reduce child deaths from all causes. Conversely, expanding access to treatment and prevention would lead to an exponential global decrease in child deaths from all causes. Providing treatment to 90 per cent of all the children with severe wasting would result in almost half a million lives saved every year, according to a 2013 study published in the *Lancet*.

## Severe wasting is largely invisible

Globally, at least 13.6 million children under the age of 5 suffer from severe wasting. About a quarter of them live in emergency contexts that generate news headlines, often with images of excruciatingly emaciated children. But severe wasting is most concentrated among the youngest children in the most underserved areas, both rural and urban, far from the news cameras.

Nine out of 10 of those who receive treatment are caught in emergencies, even though three-quarters of children suffering from severe wasting live in non-emergency contexts. This is primarily because the children in complex emergencies face the highest risk of death – especially displaced, destitute children who are exposed to disease.

Many countries do not include RUTF in their essential medicines and commodities lists – unlike vaccines – and so do not routinely procure it. And, treatment for severe wasting is often poorly integrated into routine services. This leaves the vast majority of severely wasted children who live in non-emergency contexts without access to RUTF treatment.

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Niger, 2021

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**BOX 1:****Ready-to-use therapeutic food (RUTF):  
the gold standard for wasting treatment**

Madagascar, 2021

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RUTF is the gold standard for effectively treating severely wasted children in complex emergency settings. In 2020, it enabled humanitarian agencies to reach 5 million children worldwide in over 70 locations.

Developed in the 1990s, RUTF is a paste made using peanuts, sugar, oil, and milk powder, packaged in individual sachets. It is given to the infant or child directly from the sachet. It can be consumed without adding water, eliminating the risk of contamination. Its long shelf life allows severely wasted children who do not have additional complications such as measles or malaria, to be treated at home instead of a lengthy and potentially unaffordable hospitalization. The cost to treat a child with RUTF is about US\$100 and requires around 10-15 kilos of RUTF over a six to eight-week period.

UNICEF is the global leader in RUTF procurement, purchasing and distributing an estimated 75-80 per cent of global supply. We work with governments to scale up the availability of treatment; integrate treatment within routine primary health and nutrition-care services; and improve capacity to forecast and monitor

nutrition supplies. UNICEF also works with countries to diversify and improve the availability of RUTF.

Today, RUTF is manufactured in a growing number of high-quality production facilities across the globe including Kenya, Haiti, Burkina Faso, Ethiopia, Nigeria, India and Pakistan. These manufacturers strengthen national economies, making RUTF more affordable and sustainable, while bringing life-saving treatment closer to the children who need it.

However, the price of RUTF is increasing, putting more children at risk of losing access to treatment. In contrast to steady price reductions over the past few years, UNICEF projects that the average price per carton of RUTF will increase by up to 16 per cent over the next six months. Prices of packaging and raw materials as well as transportation and delivery costs have increased significantly during the pandemic, particularly since the start of the crisis in Ukraine. In the face of market volatility, manufacturers require firm demand to inform current production. Flexible funding will allow UNICEF to work with suppliers to ensure a continued pipeline of RUTF to save children's lives.

**BOX 2:****The Mid-Upper Arm Circumference (MUAC) tape:  
a life-saving do-it-yourself early detection tool**

The MUAC tape, a color-coded measuring band, has made it possible for community health and nutrition workers, and increasingly for mothers and caregivers, to quickly detect malnutrition simply by measuring a child's mid-upper arm. If the tape measure falls in the red zone, the child is severely wasted and requires immediate treatment. Yellow indicates moderate wasting, while green shows that the child is not wasted.

This is crucial because the vast majority of children at risk of severe wasting live in low- and middle-income countries with fragile or struggling health systems, which are not equipped to routinely detect the condition early enough to prevent children from becoming extremely sick, requiring hospitalization, or dying. Plus, COVID-19 has made it more challenging to conduct screenings and provide the frequent check-ups children at risk require.

There is a growing body of evidence that the MUAC tape is helping improve awareness of malnutrition among mothers and is enabling earlier detection of severe wasting among children. The MUAC tape has also helped expand treatment at the community level for children who are suffering from severe wasting but do not have additional medical complications.

UNICEF trains community health and nutrition workers, health volunteers and caregivers to detect malnutrition as early as possible by using the MUAC tape and by checking for the presence of oedema, or swelling, in the feet. As pandemic-related service disruptions continue to limit screening and treatment capacities, including in countries affected by food security and nutrition crises, UNICEF is scaling up its Family-MUAC approach aimed at detecting severe wasting cases early enough to prevent severe sickness and death.

**Somalia, 2022**

© UNICEF/UN0339436/Frank Dejongh





## Timely and feasible investments would dramatically reduce child deaths, yet aid for wasting remains woefully low

In many middle- and low-income countries, financing for the treatment of severe wasting is heavily reliant on donors' Official Development Assistance (ODA). Yet aid spending on wasting remains unacceptably low. In 2019, donor spending on wasting amounted to just 2.8 per cent of the total health sector ODA, and just 0.2 per cent of total ODA – a minuscule investment. And, with the economic shock of the COVID-19 pandemic, donor investments in nutrition were predicted to decline sharply, and under a pessimistic scenario will not fully recover to pre-pandemic levels until 2028.

The current aid landscape for wasting is unsustainable. Most funding for wasting comes from just a few donors, making wasting aid susceptible to shifting political priorities. Between 2015 and 2019, 88 per cent of aid for wasting treatment came from just 10 donors. The UK has provided roughly one-quarter of all financing for wasting. But due to the reduction in the UK Aid budget in 2021 from 0.7 per cent to 0.5 per cent of Gross National Income, the future of the UK's contribution to wasting is now uncertain.

Financing for wasting is also increasingly provided as humanitarian aid, and in 2019, over half of the financing for wasting (US\$ 276 million) came through humanitarian channels. Humanitarian funding is generally shorter-term and less predictable – and less focused on strengthening national systems (just 12 per cent of donor disbursements are channelled to public institutions). For countries in crisis, this makes the scale and reach of life-saving treatment largely proportional to the availability of humanitarian financing, while countries that suffer a more endemic burden are being left behind.

In addition, economic slowdown and the health financing needs in response to COVID-19 needs are hurting domestic nutrition spending in low- and middle-income countries. The Global Nutrition Report suggests that domestic resources for nutrition may not recover until 2030.

**Table 2:****As a proportion of total ODA and total health ODA,  
spending on wasting has remained consistently low**

	AID TO WASTING	HEALTH SECTOR ODA (SECTOR CODE 120-123)	WASTING AS % OF HEALTH ODA	TOTAL ODA	WASTING AS % OF TOTAL ODA
<b>2015</b>	\$ 257.74	\$ 14,795.50	1.7%	\$ 251,769.26	0.10%
<b>2016</b>	\$ 263.30	\$ 15,664.66	1.7%	\$ 260,176.82	0.10%
<b>2017</b>	\$ 347.46	\$ 17,804.90	2.0%	\$ 265,144.73	0.13%
<b>2019</b>	\$ 506.74	\$ 18,175.09	2.8%	\$ 270,032.03	0.19%

**Source:** Calculation by Results for Development. Wasting finance estimates are from Results for Development (2021). Tracking aid for the WHA nutrition targets: Progress toward the global nutrition goals between 2015-2019. Washington, DC: Results for Development. Total ODA and health ODA are from the OECD Creditor Reporting System dataset, downloaded on March 31 and April 14, 2022 using the USD Disbursement Deflated variable. Health sector ODA consists of OECD CRS sector codes 120-123.

Existing resources could be targeted toward saving more lives. Children with severe wasting are twice as likely to die than children with more moderate forms of wasting, and the burden of mortality falls hardest among children under age 2. However, resources for treatment are spread equally among children with both moderate and more severe forms, and children between 6 months and 5 years old are targeted equally for treatment. Resources should be prioritized to the children at highest risk – severely wasted children under age 2.

A relatively small additional investment – by donors, governments and other financial instruments – would dramatically reduce child death rates. And it would bring irrevocable socio-economic benefits to children who need help desperately.

In 2019, UN Secretary-General António Guterres launched a Global Action Plan to accelerate progress on the 2025 Sustainable Development Goal (SDG) targets for wasting. UNICEF estimates that US\$725 million per year is needed to deliver the core package of interventions needed to treat severe wasting in 22 Global Action Plan countries. Today, more than half of

that amount is regularly available every year. Reaching virtually every child in need can be achieved with just US\$300 million in additional funding – just 0.1 per cent of total ODA spent in a year.

The value of treating severe wasting is beyond life-saving. It also helps prevent the lasting damage that severe wasting can wreak on children's physical and mental development. Scaling up treatment services to 90 per cent coverage would generate \$4 of economic return per dollar invested – resulting in at least US\$25 billion in additional economic productivity over the course of these children's lifetimes.



## Conflict and climate shocks are increasing severe wasting where the risk of child mortality is already highest

In 2021, UNICEF projected that the number of children with severe wasting could increase by 20 per cent by 2022 due to the impact of COVID-19 on poverty, food security and disrupted access to essential nutrition services for children. While comprehensive, global data are still unavailable – primarily because COVID-19 has made it difficult to generate sufficient evidence – there is clear evidence from regions and countries slammed by conflict and climate shocks, that the number of children suffering from severe wasting may have risen dramatically in some settings in the last two years.

### The Horn of Africa

**Three consecutive failed rains have left 29.1 million people in Ethiopia, Kenya and Somalia in need of urgent humanitarian assistance in 2022, including at least 1.7 million severely wasted children on the brink of death who require life-saving support. If the rains fail again, this number could rise to over 2 million.**

Somalia is by far the worst affected. At least 330,000 children will need life-saving treatment for severe wasting in 2022 – far exceeding the 190,000 who required treatment during the country's 2011 famine. An estimated 1.4 million children will suffer from wasting – nearly 45 per cent of all children below age 5, and over three times more than in 2011. Ninety per cent of the country is in drought. Water points have dried up, unprotected water sources are contaminated, and diseases, including diarrhoea and measles, are intensifying. Nearly 700,000 people have been forced to leave their homes in search of water,

food, and humanitarian assistance since November 2021, joining another 2.7 million people who were already displaced.

This is Somalia's third drought in a decade. The first drought, in 2011, killed an estimated 260,000 people, half of them children. The worst effects of the second, in 2017, were mitigated because early warning systems kicked in, donors channeled aid quickly, government institutions were more solid, and there were more operational organizations on the ground. Somalia's diaspora also injected massive contributions in cash support to families and civil society organizations supporting the most vulnerable.

Somalia's cruel lesson is that excess mortality among severely wasted children does not happen gradually. Mortality shoots up suddenly, when malnutrition combines with disease outbreaks – as is happening right now. The humanitarian community has a tiny and shrinking window to prevent mass excess deaths among children across the Horn of Africa.

UNICEF and partners are supporting an integrated response encompassing nutrition, safe water, sanitation and hygiene, disease prevention, and food security. In April 2022, UNICEF revised its emergency appeal from US\$119 million to nearly US\$250 million to respond to the growing needs across the region. Only 20 per cent is funded. With a worsening climate forecast, and the prospect of a fourth failed rainy season looming, funding requirements are likely to increase.

## West and Central Africa

Nutrition surveys conducted in 2021 across West and Central Africa point to a serious and deteriorating nutrition context, particularly in countries in the Sahel, while acute funding shortfalls for RUTF supplies could place the lives of 900,000 children under age 5 at risk in 2022.

An estimated 1.4 million children will suffer from severe wasting in Burkina Faso, Chad, Mali, Mauritania, Niger and Senegal in 2022, an increase of 12 per cent over 2021, and 26 per cent higher than 2018. The extent of food insecurity is unprecedented, with almost 11.3 million people expected to require

urgent food assistance during the upcoming June-September lean season – an increase of 92 per cent compared to the 2015-2020 average.

A sharp increase in armed attacks on communities and public infrastructure, continues to drive mass populations movements and disrupt access to essential health and nutrition services, aggravating an already precarious nutrition context.

UNICEF requires US\$86 million for its programmes to treat severe wasting in the Sahel countries in 2022. As of end-April, only US\$44 million has been received.

Chad, 2022

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## South Asia

In South Asia, the longstanding ‘epicentre’ of severe wasting, roughly 1 in 22 children is severely wasted. The absolute numbers and prevalence are massive, with at least 7.7 million children affected, three times as many as sub-Saharan Africa. The *Lancet* estimates that the majority of children who have become wasted and severely wasted due to COVID-19 economic losses are in South Asia.

The situation in South Asia highlights most clearly how severe wasting is passed on from one generation to the next. Almost 1 in 2 girls in the region are married before the age of 18, and 1 in 5 give birth before they turn 18. The region is also home to high rates of underweight and anaemia among adolescent girls and pregnant or breastfeeding women.

These malnourished adolescents and women are almost always at the bottom rungs of society, living in teeming urban slums or remote mountain villages, in households where they often lack the power and resources to properly nourish themselves. They give birth to infants at high risk of becoming severely wasted. The clearest indicator of this intergenerational transmission is the huge concentration of severe wasting among children below 6 months old: globally, the prevalence of wasting at birth is highest in South Asia.

Breaking this stubborn cycle requires a sharp focus on nutrition from the beginning of a mother’s pregnancy to the child’s second birthday – those unique 1,000 days when the foundations for health, growth, and development across the lifespan are established. Children at high risk of wasting should receive targeted support, including breastfeeding and diverse complementary foods. Preventing early marriage and keeping girls in school are also two proven strategies for breaking the intergenerational cycle of poor nutrition and poverty.

## Afghanistan

A record 1.1 million children are projected to need life-saving treatment for severe wasting this year, nearly double the number in 2018, and 1 in 4 pregnant and lactating women will suffer from wasting in 2022. Afghanistan’s Nutrition Information System has recorded significantly higher admissions for in-patient treatment of severely wasted children in the first two months of 2022 compared to 2021 and 2020. Multiple disease outbreaks are ongoing putting the most vulnerable children at increased risk of severe wasting.

The country is undergoing a multitude of crises: its worst drought in almost three decades; critical systems that have long relied on external support – particularly health and nutrition – on the brink of collapse due to international sanctions and the suspension of funding following the Taliban takeover in August 2021; and an economy in freefall with up to 97 per cent of Afghan families potentially living below the poverty line by mid-2022 and a record close to 23 million people – over half the population – estimated to be facing acute food insecurity.

Afghanistan has long had the world’s worst chronic malnutrition indicators – a legacy of four decades of conflict, recurrent natural disasters, poverty, and disease outbreaks including, most recently, COVID-19. Nearly 4 in 10 children are stunted and nearly 4 in 10 pregnant and lactating women are anemic, which can lead to giving birth to small and malnourished babies, advancing an intergenerational cycle of wasting, poverty and inequity.

At \$2 billion, UNICEF has launched its largest ever single-country appeal for Afghanistan to reach more than 15 million people, including 8 million children, with humanitarian assistance in 2022. As of end-March, the funding gap for the Afghanistan Humanitarian Action for Children appeal stands at US\$75.2 million.





South Sudan, 2022

© UNICEF/UN0594137/Naftalin

## South Sudan

**Malnutrition is at record levels, as families have lost crops, and in many cases livestock, to disease and flooding. At least 87,000 people are facing catastrophic levels of acute food insecurity. Severe wasting rates have skyrocketed and South Sudan now has one of the world's highest proportions of severely wasted children – 1 in 6 under age 5.**

Consecutive years of severe rainfall, interspersed with localized drought, have led to the worst flooding in decades, submerging entire villages and towns across the country. Subnational violence continues to drive displacement, with 2 million people forced from their homes. Just over a third of households have access to an improved water source, and less than one in five have access to sanitation facilities. Around 75 per cent of child deaths are due to preventable diseases such as malaria, pneumonia and diarrhoea.

South Sudan is roughly the size of France but has just 200 kilometres of paved roads, most of which are unpassable during the rainy season, leaving huge swathes of the country cut off for up to six months. Consistently delivering life-saving support to severely wasted children entails massive dry season prepositioning to make sure that sites across the country have the required critical supplies, including RUTF. In 2021, not a single stockout situation was reported.

In 2021, UNICEF and partners treated more than 240,000 severely wasted children – 80 per cent of all children in need. Together with partners, we are also reaching record numbers of families with prevention support.

Over 300,000 children are projected to require life-saving treatment in 2022, but funding for UNICEF nutrition programmes in South Sudan dropped by 30 per cent between 2020 and 2022. As of end-March 2022, just US\$27 million (50 per cent) of UNICEF's US\$50 million funding requirement for nutrition programme had been met.

## Southern Madagascar

Consecutive years of the most severe drought in decades, coupled with the socio-economic impact of COVID-19, have decimated livelihoods in southern Madagascar, the poorest region of one the world's poorest countries. Making matters worse, Madagascar was battered by deadly storms and flooding that destroyed crops and displaced tens of thousands in early 2022.

Conditions in Madagascar are almost always conducive for a nutrition crisis. Nearly half the children are chronically malnourished, nearly 3 in 5 households have no access to safe drinking water, and nearly half live without sanitation facilities. Diarrhoea, acute respiratory infections, measles and malaria are widespread.

2021 showed what can be done when the humanitarian community acts quickly on real-time data. In mid-2021, the Integrated Phase Classification early warning platform issued an alert on the risk of famine in one

district of southern Madagascar. Nearly 1.5 million people were experiencing high levels of acute food insecurity and 500,000 were at risk of wasting.

A significant scale-up of humanitarian assistance helped stave off a catastrophic situation. UNICEF provided life-saving treatment to over 60,000 severely wasted children – four times the number reached in 2020. Over 800,000 were reached with safe water, sanitation and hygiene support. Mobile health and nutrition teams delivered more than 96,000 consultations. And 5,000 of the most vulnerable households, including over 22,000 children, were provided with humanitarian cash transfers to help meet their most urgent needs. By December 2021, the risk of famine had been averted.

In 2022, an estimated half a million children under age 5 will suffer from wasting, including 110,000 who will be severely wasted. UNICEF is requesting US\$40 million to reach 2.5 million people, including 1.2 million children, with life-saving assistance. As of 31 March, UNICEF Madagascar had received US\$8.5 million, or 21 per cent of its 2022 appeal.

### Madagascar, 2022

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# A call for action to address child wasting

## FROM **DONORS AND GOVERNMENTS:**

- Fully fund the Global Action Plan to massively scale up treatment. UNICEF estimates that US\$725 million per year is needed to deliver the core package of interventions needed to treat severe wasting in 22 Global Action Plan countries. Today, more than half of that amount is regularly available every year, so reaching virtually every child in need can be achieved with just US\$300 million in additional funding.
- Ensure that aid budget allocations address global hunger crisis also include specific allocations for RTUF and other interventions to address the immediate needs of the most vulnerable children suffering from severe acute malnutrition.
- Cover treatment for child wasting under humanitarian and long-term development funding schemes so that children outside of humanitarian crises can benefit from treatment programmes.
- Turn commitments to prevent the risk of famine into real actions now. This includes investing in longer-term, preventative, multipronged approaches that go beyond food aid and prioritize children as the most severely affected by these crises.

## FROM **GOVERNMENTS:**

- Integrate treatment programmes as a central priority in national health and nutrition systems and services in the same way as routine child survival programmes for malaria and pneumonia. This would entail:
  - Integrating detection and treatment into primary health and nutrition care
  - Simplifying treatment protocols
  - including RUTF in the essential medicines / commodities list to ensure routine procurement by governments
  - Scaling up community-based early detection and treatment on a massive scale
- Protect nutrition from budget cuts.

## OF **ALL STAKEHOLDERS:**

- Prioritize treatment of child wasting as an essential child survival intervention, critical to bringing child death rates down as malaria, pneumonia and diarrhoea prevention and treatment efforts
- Prioritize resources where they will save the most lives – severely wasted children under age 2.



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for every child

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May 2022