



19 July 2021

Dear Esteemed Members of the Action Review Panel on Child Wasting,

We would like to thank you for joining us at the inaugural meeting of the Panel on May 26th 2021. Your open and honest inputs on the different ways in which we must come together to improve prevention, early detection, and treatment of child wasting were invaluable. Please find the read-out of the meeting attached (Annex A).

The discussions helped identify and further refine some of the strategic priorities and commitments needed to move our agenda forward. In particular, we heard that as a Panel we need to:


1. Re-position child wasting as a condition that can and must be prevented—in both development and humanitarian settings, but that we also need to ensure that we accelerate the scale up of treatment for children with wasting.
2. Expand the Panel to include national governments that are leading efforts to address child wasting.
3. Strengthen transparency and accountability in this space and consider adopting specific mechanisms to track progress against agreed actions.
4. Diversify and leverage new financial mechanisms, including domestic funding, to power the scale up of services for the prevention, early detection, and treatment of child wasting.
5. Drive forward reform and adaptation of existing programmatic approaches to promote coverage, efficiency and sustainability of services.

We have developed a simple framework to help this Panel act on these five areas which puts forward some of the more concrete, practical actions suggested during our meeting (Annex B). Based on feedback and expressions of interest received, we are also proposing members to serve as focal points on some of these actions. Our hope is that all Panel members will be involved (and thus jointly accountable) for achieving at least one of the strategic priorities.


Finally, based on the clear recommendation from the Panel, we are proposing a simple Score Card to track progress in advancing the priorities and actions, including the finalization and implementation of the Global Action Plan on Child Wasting (Annex C). We welcome your thoughts and inputs on the content and use of the Score Card.

We thank you in advance for your time and for your leadership on this issue and look forward to reconvening again in Q4 2021 ahead of the Nutrition for Growth Summit in Japan.

Yours sincerely,



Henrietta H. Fore
Executive Director, UNICEF



Wendy Morton MP
UK Minister for the European Neighbourhood
and the Americas

Annex A. Action Review Panel on Child Wasting, Meeting Readout (May 26th, 2021)

On 26 May 2021, Wendy Morton, Minister for European Neighbourhood and the Americas at the UK Foreign, Commonwealth & Development Office (FCDO) and Henrietta Fore, UNICEF Executive Director, co-chaired the inaugural meeting of the Action Review Panel on Child Wasting.

1. During opening remarks, Minister Morton outlined the continuing case for action on child wasting and rationale for convening the Panel. Wasting remains a notable cause of child death, poor health and impaired growth and development. The numbers of children affected by wasting has not reduced over the past decade – and are set to worsen in the face of C-19. Action to tackle wasting will need to involve a broad range of partners, to focus on prevention as well as treatment and to consider maternal and child nutrition more broadly.
2. The Action Review Panel has been set up to drive forward real change on this important agenda. The Panel is not meant to be a permanent fixture and will convene over the next 3 years to get the world on track to meet global targets to reduce child wasting. To remain action-oriented, priorities agreed by the group will be documented and made public. Future meetings will also include representatives from governments dealing with a high burden of wasting.
3. ED Fore stressed the urgent need to act on wasting now, for a deliberate and coordinated effort across sectors, and to focus on prevention, early detection and treatment of wasting at scale. She outlined three priorities where the Panel can play a pivotal role:
 - a) To collectively **shift our narrative on child wasting, by putting programmatic emphasis on its early prevention, detection and treatment** as central to the global maternal and child nutrition agenda.
 - b) To better **position wasting across broader development plans, policies, strategies and targets**. To make wasting a national priority for countries, including through Global Action Plan (GAP) Country Roadmaps and ensuring commitments are translated into measurable, sustained action. At a global level, to support WHO's work to review, revise and simplify the on wasting, and ensure they reflect the latest evidence of what works.
 - c) To **ensure resources are focused on preventing, detecting and treating child wasting**, shifting away from short-term humanitarian to longer-term development funding, and from donors towards domestic budgets.
4. Participants were then invited to contribute thoughts and ideas to a plenary discussion. These were grouped into two broad overarching topics: (1) Engaging high-burden countries and ensuring political commitment to prevent childhood wasting and to scale up early detection and treatment, and (2) Expanding, diversifying and improving financing for the prevention, early detection and treatment of child wasting.

Session 1: Engaging high-burden countries and ensuring political commitment to prevent childhood wasting and to scale up early detection and treatment

5. Participants raised points relating to the importance of giving more focus to child wasting as part of broader efforts on nutrition, strengthening transparency and accountability, and empowering governments to take the lead.

Elevating wasting as a priority issue

6. Participants agreed that child wasting is a critical issue and that urgent action is required to tackle it. 80% of children are not currently accessing the help they need. **Access to prevention and treatment** must therefore be addressed, and **long-term commitments** covering both prevention and treatment are needed.
7. While the majority of wasting is found outside of **emergency contexts**, the most severe forms of child wasting are often found in emergencies, where rates of malnutrition are often much higher. Domestic resource mobilisation must be increased, particularly in non-emergency settings, but scale up of action in Fragile and Conflict Affected States (FCAS) is also a priority. By 2030, three quarters of the world's extreme poor will be living in FCAS, so measures need to be simple and practical for delivery in those contexts.
8. Participants noted that the narrative must also be broadened beyond its current focus on famine prevention and food security to an integrated maternal and **child nutrition approach**. Maternal nutrition, the **empowerment and education of women** and alignment with efforts to promote **Universal Health Coverage** are also of central importance.
9. **System-level reform** will be important in persuading people to invest. A reform plan is already in place which incorporates a **combined treatment protocol** for children with SAM and MAM that uses one single therapeutic product and leverages the potential of **Community Health Workers (CHWs)**. This approach has shown to be effective for diagnosis and treatment, and less expensive than a facility-based model. Strong evidence is central to changing the narrative and we should continue to demonstrate what works.

Strengthening transparency and accountability

10. The importance of global and national level **accountability mechanisms**, including the adoption of **specific targets**, was raised by several participants. The targets from the GAP on wasting were launched a year ago and should continue to guide action. The clock is ticking on the GAP with four years left. Participants noted that roadmaps will be critical for setting direction, raising profile and aligning donors and UNICEF highlighted that roadmaps are being published as they are finalized, with several of them already in the public domain.

11. Participants highlighted that further targets should also be encouraged through the **Food Systems and N4G summits**, with specific and mandatory (rather than optional) targets suggested, to hold individual countries to account for progress and prevention of unnecessary deaths. Accountability for **last mile delivery** was also raised, to ensure life-saving commodities reach their intended beneficiaries.
12. Independent, public **accountability for the Panel** itself was also emphasised, with a suggestion that a **scorecard** would be a useful mechanism for measuring progress, raising interest and showing that the Panel is serious about resolving the issue. ED Fore welcomed suggestions for what it would be useful to measure.

Engaging and empowering partner governments

13. The importance of **country voice and engagement** was also underscored. Strengthening **political commitment** of national governments would be key to success, and more effort should be made to promote understanding of the **benefits of wasting prevention**, beyond immediate health impacts. Suggestions included financial and broader incentives, more recognition of progress and successes by countries, provision of Technical Assistance (TA), including around demonstrating value for money of prevention and treatment. Further efforts could also be made to promote **local community voice** and engagement to create 'bottom up' demand for action.

Session 2: Expanding, diversifying and improving financing for the prevention, early detection and treatment of child wasting

14. During the second session, participants raised points around the need to diversify funding and leverage new financial mechanisms to scale up prevention, detection and treatment, and the importance of driving reform of programming to improve coverage, efficiency and sustainability.

Diversification and leverage of financing mechanisms

15. **2021 presents a great opportunity to leverage funding** and we need to make the best use of the Year of Action on Nutrition. Currently attention is focused on nutrition and we need to harness this before it moves on, starting with a clear plan of what interventions need to be funded, where and at what cost. Country plans are central to this. Tracking across countries to create competition could be helpful.
16. **ODA alone would not be sufficient** to meet the nutrition objectives, and **domestic resource mobilisation**, as well as harnessing **innovative financing mechanisms** to bring in public, private, and philanthropic financing, would be essential. We should also be looking at existing mechanisms, such as the **Global Financing Facility (GFF)**, plus bilateral programming. For instance, Canada was prepared to consider concessional financing for nutrition.

17. Next year's **IDA20 replenishment** also presents an important opportunity, with the potential to push for wasting as a tier one indicator to track longer term outcomes, to position nutrition as a development priority, and to push for 'human capital' policy commitments from partner governments. On humanitarian response, participants noted that the Bank could continue to have an increased ceiling for early response funding and could revise food security triggers to make them more sensitive to undernutrition.

Improving coverage, efficiency and sustainability

18. Participants discussed the **cost-effectiveness of the simplified model to treat wasting**, which is starting to be borne out by studies. They noted that it is both better for outcomes and more cost effective. Catching children early also reduces the need for serious and more costly clinical intervention.

19. **Integration of maternal and child nutrition into health systems** is also crucial, alongside more community-based approaches. This could require a twin-track approach that includes integration of maternal and child nutrition into health systems' accountabilities while scaling up other nutrition sensitive approaches in primary health care. **Reducing silos across the health sector** is also a priority, and the use of Community Health Workers would help with this, as would leveraging wider investments such as immunisation.

20. Participants were looking at ways to **reduce the costs of commodities** such as RUTF, with investments in alternative formulas, more local delivery and increased competition. **Addressing blockages in the supply chain** for commodities should also be a priority. Encouraging the private sector and promoting local availability were avenues for achieving this.

21. The **COVID-19 response** has demonstrated that when we need to take action, we can move fast and at scale. We should guard against being **overly risk-averse** on wasting. Participants cautioned that in some areas such as treatment, we already know what works, what is cost-effective, and getting on with **implementing existing interventions**, rather than further research, should be prioritised to save lives.

Next Steps

22. Several participants discussed the ways in which their individual organisations are prioritising wasting and nutrition more broadly. USAID has restructured to mainstream nutrition across their programming, BMGF is about to launch their new nutrition strategy and CIFF is launching a \$100m fund focusing on prevention in the 15–20 highest burden countries.

23. Minister Morton thanked participants for their frank engagement and for providing interesting and stimulating ideas. She suggested holding the next meeting of the Panel later in the year, ahead of the N4G summit. She also welcomed suggestions for wider membership of the Panel.
24. UNICEF and FCDO will circulate a note of the meeting, along with a proposed set of actions that the Panel will take, based on the ideas raised. This will be made publicly available to support objectives on transparency and accountability.

Meeting Participants

Co-Chairs	
Minister Wendy Morton	UK Minister for the European Neighbourhood and the Americas (responsible for Nutrition) Foreign, Commonwealth & Development Office (FCDO)
Henrietta Fore	Executive Director, UNICEF
Participants	
Christos Christou	International President, MSF
Chris Elias	President of Global Development, Bill & Melinda Gates Foundation
Jean-Michel Grand	Executive Director, Action Against Hunger
Sir Christopher Hohn	Founder, Children's Investment Fund Foundation (CIFF)
Assistant Deputy Minister Peter McDougall	Assistant Deputy Minister of Global Issues and Development, Government of Canada
Dominic MacSorley	CEO, Concern Worldwide
David Miliband	President and CEO, International Rescue Committee
Andrew Morley	President, World Vision International
William Moore	Executive Director, Eleanor Crook Foundation
Alison Oman	Director of Nutrition, a. i, World Food Programme
Kerry Pelzman	Assistant Administrator of Global Health, US Agency for International Development
Yolande Wright	Global Director Poverty, Climate and Urban, Save the Children

Annex B. Action Review Panel on Child Wasting – Strategic Priorities 2021-2022

Strategic Areas	Priority Actions	Focal Point
Re-position child wasting as a condition that can and must be prevented but that we also need to ensure that we accelerate the scale up of early detection and treatment for children with wasting.	Strengthen global and country-level advocacy efforts to re-position the prevention, early detection and treatment of child wasting as a key health and development priority.	UNICEF, ECF, CIFF
Expand the Panel to include national governments leading efforts to address child wasting.	Invite and engage government representatives from the Philippines, Haiti and Kenya to join the Panel.	UNICEF, FCDO
Strengthen transparency and accountability in this space and consider adopting specific mechanisms to track progress against agreed actions.	Publicly disseminate all finalized GAP Roadmaps and update partners on progress to-date.	UNICEF
	Host inter-agency discussion on GAP Roadmaps to discuss progress to-date and next steps to support their implementation	UNICEF
	Publicly share this list of Action Review Panel priorities, and Scorecard results	FCDO, UNICEF
Diversify and leverage new financial mechanisms to power the scale up of services for the prevention, early detection, and treatment of child wasting	Identify and mobilize new private sector, philanthropies, and institutional donors to expand resource base to drive action on child wasting	CIFF, UNICEF
	Engage World Bank to identify funding opportunities for the prevention, early detection and treatment of child wasting in fragile contexts	FCDO, UNICEF
	Engage World Bank ahead of the 2022 IDA replenishment process to position child wasting as a Tier 1 Indicator	BMGF
Drive forward reform and adaptation of existing programmatic approaches to drive coverage, efficiency and sustainable of services.	Accelerate the scale up of optimized, simplified programmes for the early detection and treatment of child wasting	UNICEF, WHO, IRC
	Accelerate the development, (local) production and market uptake of more cost-effective RUTF formulations	UNICEF, FCDO, BMGF

Annex C. Action Review Panel on Child Wasting – Score Card

The Score Card below is designed to support and track implementation of the Global Action Plan, and to monitor important strategic shifts across policy, financing and programming of child wasting efforts. The reference to specific countries reflects the list of 22 frontrunner GAP countries which currently includes Afghanistan, Bangladesh, Burkina Faso, Burundi, Cambodia, DRC, Ethiopia, Haiti, Indonesia, Kenya, Madagascar, Malawi, Mali, Niger, Nigeria, Pakistan, Papua New Guinea, Philippines, South Sudan, Sudan, Timor Leste and Yemen. UNICEF and the UK Government would be tasked with compiling information for the Score Card, and for sharing results publicly after every Action Review Panel meeting.

Indicator		
1	Have all countries finalized their respective Global Action Plan on Child Wasting Country Roadmap?	Yes/No
1.1	<i>Are all GAP Country Roadmaps publicly available?</i>	Yes/No
2	Have resources been secured to cover at least 50% of the annual financial needs identified in the GAP Country Roadmaps?	Yes/No
3	Are these countries experiencing the minimum average annual rate of reduction necessary to meet the Sustainable Development Goals of <3% by 2030?	Yes/No
4	What proportion of children and women in these countries are benefiting from a core package of essential nutrition actions for the prevention of child wasting?	
	<i>What proportion of women receive at least; a) counselling on maternal nutrition and monitoring healthy weight gain, with balanced protein energy supplements for undernourished women and; b) multiple micronutrient supplements, deworming prophylaxis, and malaria control for the prevention of micronutrient deficiencies and anemia?</i>	% Women
	<i>What proportion of children Under Five receive at least: a) adequate breastfeeding: early initiation within one hour of birth; exclusive breastfeeding 0-5 months; and continued breastfeeding 6-23 months; b) age-appropriate, diverse complementary foods with food-based supplements – including lipid-based nutrient supplements – for undernourished children, and; c) Vitamin A supplements, deworming prophylaxis, and home-based fortification where dietary diversity is limited, and micronutrient deficiencies and anemia are prevalent</i>	% Children U5
5	What is the proportion of children with severe wasting are currently accessing treatment in these countries?	% of children with severe wasting admitted for treatment
6	How many countries have introduced at least one optimization/simplification for the early detection and treatment of child wasting at scale?	# countries
7	What is the proportion of RUTF needs currently met in these countries?	% of RUTF needs met
7.1	<i>What proportion of RUTF was financed through domestic resources?</i>	% of RUTF costs covered by domestic budgets
7.2	<i>Are these countries using new, more cost-effective RUTF formulations?</i>	# countries using new RUTF formulations