Incentivize
Country governments should spend more on wasting treatment integrated within primary health care. For example, country governments can participate in the Child Nutrition Fund – which includes an innovative matching instrument, where a major aim is to mobilize more domestic financing for nutrition services and commodities including ready-to-use therapeutic food (RUTF), by offering financial incentives.

Sustain
Donors should increase sustainable financing that aims to strengthen systems and integrate wasting within primary health care. In addition to the immediate need for humanitarian support in many contexts, financing wasting treatment sustainably will require more predictable and longer-term development assistance that helps to strengthen systems, in tandem with emergency response mechanisms when necessary.

Diversify
All partners should come together to diversify the donor pool and strengthen coordination to ensure funding cliffs left by any one donor do not hamper financing or the delivery of services, as well as identify potential cliffs early so they can be prevented. The Child Nutrition Fund aims to address this by ensuring a more strategic wasting financing landscape.

The following are recommendations to mitigate the risks characteristic of the current wasting financing landscape:
1 | **Donor funding for wasting has increased** from a very low base but this increase is not enough to meet the rising needs and it is at risk of decline due to economic slowdown.

2 | Several traits of the wasting financing landscape **put funding at risk**, including low and slow domestic contributions, reliance on humanitarian aid and a small pool of donors.

3 | **Meaningful progress** on wasting cannot be achieved without **accelerated effort to mobilize sustainable nutrition** financing from both domestic and donor sources.

Climate-driven drought, conflict and rising food prices continue to drive up catastrophic levels of malnutrition in children worldwide. It is time for the world to come together to tackle child wasting, one of the top threats to child survival. The historic US $200 million commitment made by the United States Government is a great start, but not enough on its own. The need is growing, and costs are rising: wasting burden is projected to increase significantly, and the cost of treatment is estimated to increase by up to 16 per cent in 2022. An additional US $408 million is needed for the early detection and treatment of children in need in the 15 countries most severely affected by the global food and nutrition crisis, as outlined in the UNICEF Acceleration Plan 2022-2023. Yet, 14 out of these 15 hotspot countries currently do not receive enough funding to provide children in need with services based on a cost of US $90 per child (Figure 1).

**Figure 1:** Donor disbursements to wasting treatment per severely wasted child under five years of age, 2020 (USD)

![Figure 1: Donor disbursements to wasting treatment per severely wasted child under five years of age, 2020 (USD)](image-url)

**NOTE:** Data Source Results for Development 2022.
Low and slow domestic contributions:
In 2019, low-income countries (LICs) spent just US $0.31 per capita on nutrition within health and low-middle-income countries (LMICs) spent US$0.58 per capita on nutrition. This, on average, represents less than 1 per cent of total health expenditure. Also, recent trends show many countries moving in the wrong direction and the projected decrease in domestic health budgets overall due to economic slowdown will not help. As shown in Figure 2, LICs on average have shown increased domestic nutrition spending per capita since 2015, however trends are not moving fast enough to keep up with the need. Among LMICs, on average, domestic nutrition spending per capita has decreased since 2017 by 11 per cent. This is concerning, especially for countries who are expected to transition away from development assistance.

Figure 2: Average domestic expenditures on nutritional deficiencies per capita within the health sector, 2015-2019 (USD)

Overall funding is at major risk of downturn due to the global economic slowdown.

While aid to wasting treatment did increase between 2015-2020, from US $258 million to US $570 million, several traits of the wasting financing landscape put funding—and services—at risk.

NOTE: Data on domestic spending accessed from the System of Health Accounts (SHA) of the Global Health Expenditure Database. Currently, 54 countries report general government expenditure on nutritional deficiencies.
Reliance on humanitarian funding:
Countries rely on humanitarian funding to support wasting programmes, even in areas where wasting is endemic. An overreliance on this source of funding is problematic to service delivery because it is often shorter-term and less predictable than development funding, meaning there could be gaps in funding and challenges with forecasting and planning. As shown in Figure 3, wasting aid disbursed as humanitarian funding increased significantly (28 per cent) between 2015-2020, whereas aid disbursed as development assistance has been relatively flat since 2017.

Figure 3: Donor disbursements to aid for wasting treatment by development and humanitarian assistance, 2015-2020 (USD millions)

NOTE: Humanitarian assistance is defined by DAC Sector Codes 720-740. Development assistance includes all other sector codes. Dollars are in 2015 constant. For DA: Three-year trend shows plateau in most recent years. Data Source Results for Development 2022.

1 Results for Development (2022). Tracking aid for the WHA nutrition targets: Progress toward the global nutrition goals between 2015-2020: Washington, DC: Results for Development.

Reliance on a small set of donors:

Consistently, there are three top donors that drive wasting aid—the United Kingdom, the United States, and the European Union. While smaller funders are strategically important, the financing landscape is highly dependent on the top three donors consistently contributing over 50 per cent of wasting aid each year (Figure 4). If policy shifts away from nutrition and wasting in any of these top donors, it could be challenging for programme continuity and reach. For example, the UK has been the largest donor to wasting since 2016. However, preliminary OECD data for the UK shows a decline in total Official Development Assistance (ODA) by 21 per cent from 2020-2021, leaving wasting aid at major risk. If UK aid to wasting treatment in 2021 declined at the same rate, that would mean a drop of $32 million.

Figure 4: Trends in aid for wasting treatment from three top donors, 2015-2020 (per cent of total wasting aid)

Data Source: Results for Development 2022.
Meaningful progress on wasting cannot be achieved without sustainable nutrition financing from both domestic and donor sources.
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