Global commitments to Nutrition

End all forms of malnutrition, including achieving, by 2025, the internationally agreed nutrition targets.
Global Nutrition Context: 2018

Stunting affected an estimated 22.2 per cent or 150.8 million children under 5 globally in 2017.

In 2017, wasting continued to threaten the lives of an estimated 7.5 per cent or 50.5 million children under 5 globally.

An estimated 5.6 per cent or 38.3 million children under 5 around the world were overweight in 2017.
Why the world needs better nutrition

SCHOOLING: Early nutrition programs can increase school completion by one year

EARNINGS: Early nutrition programs can raise adult wages by 5-50%

POVERTY: Children who escape stunting are 33% more likely to escape poverty as adults

ECONOMY: Reductions in stunting can increase GDP by 4-11% in Asia & Africa

UNICEF Strategic Plan 2018-2021: Five Goal Areas

GOAL AREA 1
Every Child Survives and Thrives

GOAL AREA 2
Every Child Learns

GOAL AREA 3
Every Child is Protected from Violence and Exploitation

GOAL AREA 4
Every Child Lives in a Safe and Clean Environment

GOAL AREA 5
Every Child has an Equitable Chance in Life

ENABLERS: Help deliver the HOWs

HOW: Change strategies

WHO: The most disadvantaged children everywhere

25 RESULTS AREAS
What is new for Nutrition?

**A new narrative:** Aligned closely with SDGs to eliminate stunting and all forms of malnutrition in children, adolescents and women, in all contexts.

**A new ambition:** A renewed commitment to our core agenda on Maternal and Child Nutrition while responding to emerging challenges for school-age children, adolescent boys and girls, and the prevention of overweight.

**A new focus on knowledge:** Knowledge generation as the foundation of our advocacy, programmes, and resource mobilization efforts.
Improved nutrition for children and women

- Early Childhood Nutrition
- Nutrition of School-age Children, Adolescents and Women
- Care for children with severe acute malnutrition

Maternal and Child Nutrition in Humanitarian Crises

Knowledge, Partnerships and Governance for Nutrition
Delivering life-saving treatment and care for children with severe acute malnutrition
More than half of all wasted children in the world live in Southern Asia

Number (millions) of wasted children under 5, by UNICEF region, 2017

Source: UNICEF, WHO, World Bank Group joint malnutrition estimates, 2018 edition. Note: *Eastern Europe and Central Asia region does not include Russian Federation due to missing data; consecutive low population coverage for the 2017 estimate (interpret with caution). There is no estimate available for the Europe and Central Asia region or the Western Europe sub-region. **North America regional average based on United States data only.
While only about half of all children under 5 lives in lower-middle income countries, three-quarters of all wasted children live there.
Conceptual clarity:

Wasting v. acute malnutrition

Severe v. moderate

Mortality risk v total numbers affected

Treatment approaches
Components in care and treatment for children with SAM

1. **Nutritional rehabilitation** with therapeutic foods to rebuild wasted tissues.

2. Treatment of **underlying health problems**.

3. **Counselling** of caregivers on breastfeeding, complementary feeding, stimulation and other care practices.

4. Following recovery, **continue essential nutrition actions** to prevent relapse.

5. Link-up with **preventive initiative**
Increasing policy and normative support to treat children with SAM
Community based treatment of SAM scaled up globally
14.9 million children treated for SAM in 4 years

Great progress made over the last 4 years (2014-2017)

- 2014: 3.2 million
- 2015: 3.6 million
- 2016: 4.1 million
- 2017: 4 million

*Preliminary data
And yet more needs to be done

Globally, only **1 in 5** children with severe acute malnutrition has access to treatment.
UNICEF’s commitments in 2018-2021

Number of countries that provide care for children with SAM as part of an essential package of regular health and nutrition services

**Baseline and targets (Source: SMQs)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>8 countries</td>
</tr>
<tr>
<td>2018</td>
<td>11 countries</td>
</tr>
<tr>
<td>2019</td>
<td>14 countries</td>
</tr>
<tr>
<td>2020</td>
<td>20 countries</td>
</tr>
<tr>
<td>2021</td>
<td>25 countries</td>
</tr>
</tbody>
</table>

51 countries

**Number of girls and boys with SAM who are admitted for treatment**

**Baseline and targets (Source: SMQs)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>3.4 million children</td>
</tr>
<tr>
<td>2018</td>
<td>4.5 million children</td>
</tr>
<tr>
<td>2019</td>
<td>5 million children</td>
</tr>
<tr>
<td>2020</td>
<td>5.5 million children</td>
</tr>
<tr>
<td>2021</td>
<td>6 million children</td>
</tr>
</tbody>
</table>

6 million children
Most Critical Bottlenecks

1. Positioning of SAM on National Agendas
2. Integration in Health Systems
3. Sustainable Financing
4. Community Management of SAM / Limited access & Late identification

And how do we get there from here?
Contributing to global standards

Update of the Joint Statement on treatment of acute malnutrition

Work on the Codex in relation to RUTF

RUTF and the essential medicine list

2018 Nutrition Work Plan - UNICEF for every child, nutrition
Influencing the policy space

STOP stunting
Scaling-up Care for Children with Severe Wasting in South Asia

16-18 May 2017, KATHMANDU, Nepal
AGENDA ITEM NO. VII:

ADOPTION OF THE DRAFT COLOMBO OUTCOME DOCUMENT/DECLARATION/RESOLUTION, ETC.

COLOMBO DECLARATION –

“Calling for accelerated progress on key Regional Health Issues”

Colombo, 29 July 2017
Delivering on regionally based scale up plans

**Treat 2.1 million children per year by 2021 in East Africa**

- 2016: 960,146
- 2017: 1,123,371
- 2018: 1,314,344
- 2019: 1,537,782
- 2020: 1,799,205
- 2021: 2,105,070

**Treat 3.2 million children per year by 2021 in West Africa**

- 2012: 1.2
- 2013: 1.2
- 2014: 1.5
- 2015: 1.7
- 2016: 1.7
- 2017: 1.73
- 2018: 1.71
- 2019: 1.69
- 2020: 1.6
- 2021: 3.6
Leveraging partnerships through an ambitious coalition
Leveraging partnerships through an ambitious coalition

**RECOGNITION OF THE ISSUE THROUGH EVIDENCE**

The scale and impact of wasting on child survival is well-documented, recognised and adequately reflected in national and global health and nutrition estimations.

**POLICY CHANGES TO FOSTER INTEGRATION**

Government and donor nutrition & health policies, programs and practices demonstrate political will to address wasting. Treatment is integrated into health systems strengthening.

**MOBILISATION OF RESOURCES**

Domestic and external financial resources for wasting increase in high burden countries

Nutrition policies of all key bilateral donors support scale-up of essential nutrition action to address acute malnutrition

All key high burden countries have national nutrition policies that promote community-based management of acute malnutrition

Acute malnutrition/wasting is a key factor in child mortality and development

Wasting is not a child health financing priority

Not a political or health priority

Stunting core focus of nutrition interventions

Perceived as a humanitarian issue

Minimal domestic financing

Famine current financial and political priority

Treatment is not integrated into public health systems

Nutrition policies of all key bilateral donors support scale-up of essential nutrition action to address acute malnutrition

All key high burden countries have national nutrition policies that promote community-based management of acute malnutrition
Shaping the research agenda for acute malnutrition

1. Effective **approach** to detect, diagnose and treat acute malnutrition in the community
2. Appropriate **entry and discharge criteria** for treatment of acute malnutrition to ensure optimum outcomes
3. **Reduced dosage** of ready-to-use food for acute malnutrition
4. Effective **treatment of diarrhea** in children with SAM
5. **Rates and causal factors of post-treatment relapse** to acute malnutrition across contexts
6. Identification and management of at-risk **mothers and infants < 6 months of age**
7. Alternative **formulations** for ready to use foods for acute malnutrition
1. Effective **approach** to detect, diagnose and treat acute malnutrition in the community

2. Appropriate **entry and discharge criteria** for treatment of acute malnutrition to ensure optimum outcomes

3. **Reduced dosage** of ready-to-use food for acute malnutrition

7. Alternative **formulations** for ready to use foods for acute malnutrition
Combined Protocol for Acute Malnutrition Study (ComPAS): Stage One Findings

Jeanette Bailey1, Rachel Chase, Marko Kerac2, Andre Briend3, Mark Manary4, Charles Oondo2, Maureen Gallagher5, Anna Kim1
1. International Rescue Committee, New York; 2. London School of Hygiene & Tropical Medicine; 3. University of Tampere/University of Copenhagen; 4. Washington University School of Medicine in St. Louis; 5. Action for Hunger U.S.


OBJECTIVE

To simplify and unify the treatment of severe and moderate acute malnutrition into one protocol in order to improve:

- Coverage
- Cost-effectiveness
- Quality
- Continuity of care

The combined protocol will use mid-upper arm circumference (MUAC) as the sole indicator of energy needs and provide treatment using one product (Ready-to-Use Therapeutic Food (RUTF)) at doses tested to optimize growth and minimize cost at each stage of treatment.
Both OTP and SFP capacity is available and can meet emergency needs. Implement CMAM according to national protocols.

**Triggers**

- Capacity to implement OTP and/or SFP not available to meet emergency targets due to identified impediments to service delivery (one or more of):
  - Lack/delay of financial resources
  - Unanticipated supply issues related to RUTF or RUSF/SC+
  - Technical/logistic capacity of partner or UN agency
  - Difficulty in access endangers personnel/assets (minimal staffing protocol in place)

**Caveats**

- Government and Nutrition Cluster may consider options in exceptional circumstances if agreement is reached on all of the following:
  - Time frame (temporary) with exit strategy in place
  - Targeted priority geographic area
  - Choice, ration, and availability of RUTF, RUSF
  - No other operation is jeopardized (resource/supply sufficient).
  - Acting agency has capacity to manage additional caseload and logistical operations to adequately implement, monitor, and report on expanded nutrition interventions.

Linked to other nutrition interventions (SAM treatment, IYCF, MNPs) as well as health, water/sanitation, and food security interventions.

*Source of figure above: "Moderate Acute Malnutrition: A Decision Tool for Emergencies" (Fig 2, Pg 9)
INVESTING IN NUTRITION
THE FOUNDATION FOR DEVELOPMENT

AN INVESTMENT FRAMEWORK TO REACH THE GLOBAL NUTRITION TARGETS


MEETING THE TARGETS AND MAXIMIZING IMPACT:
ADDITIONAL INVESTMENT NEEDED BY 2025

TARGET - WASTING
Investment: $9.1 billion

91 million children treated for severe acute malnutrition (SAM)
at least 860,000 child lives saved
Continued partnership with USAID Food For Peace

<table>
<thead>
<tr>
<th>Year</th>
<th>Countries</th>
<th>Cartons</th>
<th>MT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>Kenya, Uganda, Sudan, Burundi</td>
<td>69,651 cartons (961 MT)</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>Kenya, Sudan, Burundi, Somalia, Angola, Yemen, Pakistan, Afghanistan, South Sudan</td>
<td>231,108 cartons (3,189 MT) + cash Haiti</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Kenya, Sudan, Burundi, Somalia, Pakistan, Afghanistan, South Sudan, CAR, Chad, DRC, Haiti</td>
<td>293,850 cartons (4,055 MT) + cash Haiti</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>Kenya, Sudan, Burundi, Somalia, Pakistan, Afghanistan, South Sudan, CAR, Chad, DRC, Niger, Mali, Sierra Leone, Guinea, Liberia, Nigeria, Djibouti, Yemen</td>
<td>394,527 cartons (5,444 MT) + cash Niger</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>Kenya, Sudan, Burundi, Somalia, Pakistan, South Sudan, CAR, Chad, DRC, Niger, Mali, Nigeria, Djibouti, Ethiopia, Mozambique, Zimbabwe, Malawi, Cameroon, Mauritania, Myanmar, Burkina Faso</td>
<td>421,600 cartons (5,818 MT) + cash Burkina, Malawi, Niger, Sudan (1/2)</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>Kenya, Sudan, Somalia, South Sudan, Afghanistan, Chad, Niger, Mali, Nigeria, Djibouti, Cameroon, Mauritania, Myanmar, Burkina Faso</td>
<td>&gt;478,648 cartons (6,605 MT) + cash Burkina, Kenya, Niger</td>
<td></td>
</tr>
</tbody>
</table>
Innovative financing for RUTF- Kid Power

The World’s First Wearable-for-Good®

STEP 1
Kids get active with their UNICEF Kid Power Band and earn points.

STEP 2
Points unlock funding from partners, parents and fans.

STEP 3
Funds are used by UNICEF to deliver RUTF

Since 2015: 10,770,960 RUTF Packets Unlocked
73,875 Lives Saved
Innovative financing for RUTF- This Bar Saves lives
Thank you