

SAVING  
LIVES  
CHANGING  
LIVES



## Acute Malnutrition Time for a Fresh Approach

Acute malnutrition is an enormous burden on the world, putting 51 million children a year at risk of death, illness and an uncertain future where they may never reach their full potential. While treatment of acute malnutrition is effective for those who can access it, treatment alone is not enough to make a significant impact on the global issue.

This is why the World Food Programme (WFP) is calling for a transformation in the international community's approach to ending acute malnutrition, with an increased focus on prevention in all contexts, more effective treatment, and better linking of prevention and treatment efforts.

### WHY PREVENTION?

Progress in reducing acute malnutrition over the last 30 years has not been fast enough to meet the World Health Assembly target to reduce wasting (an indicator of acute malnutrition) to under 5 percent by 2025. Treatment works—90 percent of children treated are cured—but today, less than 20 percent of acutely malnourished children can access it[1]. To sustainably reduce the global burden of malnutrition, there needs to be a greater focus on prevention.

Preventing malnutrition means less human suffering and fewer people needing treatment, alleviating the strain on often-fragile healthcare and community systems. Stopping malnutrition before it occurs gives children the chance to reach their full potential.

The World Food Programme is calling for a transformation in the global community's approach to ending acute malnutrition, with an increased focus on prevention.

This requires all stakeholders to think and act differently, with a commitment to tackle the direct and underlying causes of acute malnutrition and generate better data and evidence.

## OUR VISION

WFP's vision is to prevent as many cases of acute malnutrition as possible while improving treatment. There are three pillars to our vision.

- ⇒ **Put prevention first.**
- ⇒ **Improve treatment** through innovation. More effective treatment will reduce illness and death.
- ⇒ **Link prevention and treatment.** Cohesive action to help children recover from malnutrition while addressing the underlying causes will lead to short and long-term impact.

This is a major shift that will require all stakeholders to think and act differently, with a commitment to tackle the direct and indirect underlying causes of acute malnutrition, invest in innovation, and generate better data and evidence.

WFP wants to work with partners to ensure that prevention and treatment of acute malnutrition become an integral part of national health and development policies and strategies, including emergency preparedness and response plans. To prevent acute malnutrition, people need food security, access to adequate diets, good health and optimal caring practices.

## Acute Malnutrition

- Acute malnutrition is when **inadequate nutrition results in rapid weight loss** or a failure to gain weight. Wasting, when children are too thin for their height, is an indicator of acute malnutrition. Other indicators include low mid-upper arm circumference (MUAC) and oedema.
- **51 million children** under the age of 5 – 7.5% globally – suffer from wasting. If children with low MUAC or oedema were also considered, the estimated burden of acute malnutrition would be even greater.
- Acutely malnourished children are up to **nine times more likely to die** from common childhood infections or illnesses than their well-nourished peers.



## OUR APPROACH

Turning our commitment into action, WFP will work with partners to:

- ⇒ **Reduce the artificial divide between moderate and severe acute malnutrition** (MAM and SAM) and align treatment for the two conditions.
- ⇒ **Make acute malnutrition a political and public health priority**, working with No Wasted Lives, national governments, donors and other partners and coalitions.
- ⇒ **Fill evidence gaps and improve data systems** regarding the direct and underlying causes of acute malnutrition in different contexts, and improve platforms to share this knowledge more effectively.
- ⇒ **Continue support for treatment** with medical, nutritional and other complementary interventions, and integrate prevention activities into treatment programmes.
- ⇒ **Better coordinate efforts** between UN agencies, governments, NGOs and donors, and enhance multisectoral coordination across sectors such as education, agriculture, environment, and water and sanitation, to tackle the direct and indirect underlying causes of acute malnutrition.

### References

[1] UNICEF (2014) Nutridash Global Report 2014

Photo page 1: WFP/Saikat Mojumder

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