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VIRTUAL CONFERENCE

CASE STUDY 4

SOUTH ASIA

Scaling Up Management of Wasting in South Asia: A Case Study

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1.

Context

Context

Case study brief on UNICEF regional overview of child wasting in South Asia[1]

South Asia is the epicentre of the global wasting crisis. Prevalence of child wasting (14.8%) and severe wasting (4.5%) are double those of sub-Saharan Africa, the region with the second highest prevalence. Almost all wasted children in the region live in five countries: India, Pakistan, Bangladesh, Afghanistan and Nepal. The national wasting prevalence exceeds 15% in Pakistan, India and Sri Lanka, exceeds 10% in Nepal, and hovers just below 10% in Afghanistan, Bangladesh and the Maldives. In terms of absolute numbers, this equates to just under 27 million children with wasting in this region; a staggering number.

Table 1: Estimated number of children currently wasted (WHZ <-2) in UNICEF South Asia countries based on prevalence

Country	Data Source	Prevalence (%)	Population <5 years*	Estimated number of children currently wasted
India	CNNS 2016-18	17.3	116,172,500	20,097,840
Pakistan	NNS 2018	17.7	27,290,920	4,830,490
Bangladesh	MICS 2019	9.8	14,516,610	1,422,630
Nepal	MICS 2019	12	2,769,160	332,300
Afghanistan	AHS 2018	5.1	5,601,440	285,670
Sri Lanka	DHS 2016	14.8	1,712,610	253,470
Bhutan	NNS 2015	4.3	66,960	2,880
Maldives	DHS 2016-7	9.1	32,510	2,960

*Population <5 years based on UNICEF/WHO/World Bank joint child malnutrition estimates from data.unicef.org/resources/dataset/malnutrition-data/

The burden of wasting in South Asia is failing to provoke the scale and quality of response needed from national governments and the international community. Currently less than 5% of severely wasted children in South Asia access treatment, despite the fact that a high prevalence of child wasting and poor access to treatment have far-reaching consequences for child survival, growth and development in the region. A high prevalence of wasting is also likely to contribute to the high stunting prevalence (33.2%) observed in South Asia, which is higher than in any other region.

1 Modified based on the Field Exchange field article that was included in issue 63 – a special edition on child wasting in South Asia. The original article was authored by Harriet Torlesse and Minh Tram Le.

Data suggest that child wasting in South Asia may have unique characteristics. There are high levels of wasting in early life, where the highest incidence of wasting in South Asia occurs in the first three months of life. This is likely linked to the high prevalence of low birth weight (27%), as well as high rates of thinness (body mass index <18.5 kg/m2) and short stature (height <145 cm) in women, which suggest a strong link between maternal and early-life malnutrition in South Asia. Data also show that a high proportion (7%) of children in South Asia experience persistent wasting in the first two years of life and also concurrent wasting and stunting. In terms of treatment, studies suggest that severely wasted children in South Asia may be slower to respond to treatment compared to children in Africa.

Since early 2020, the COVID-19 pandemic has upended lives across South Asia. Loss of income, combined with disruptions in the production, transportation and sale of affordable foods, have severely impacted the ability of vulnerable households to feed their families. Social protection systems are unable to meet the growing needs, which are likely to persist long after the removal of lockdown measures. Overwhelmed health systems have struggled to continue providing essential services to treat severe wasting and to reassure families about their use. By June 2020, most countries were reversing the initial downward trend in admissions for severe wasting treatment but nutrition services are still not back to prior capacity. Thousands of children have become wasted due to the indirect impacts of the pandemic and have missed out on treatment when needed. Global estimates released in July 2020 suggest that in the absence of timely action, an additional 6.7 million children will become wasted, with South Asia being most affected.

2.

Enablers and barriers to child wasting in South Asia

Nutrition is high on the political agenda in South Asia but wasting has received limited attention. Most countries are implementing multi-sector national nutrition plans to meet global nutrition targets, but wasting has received limited attention in these plans. This may be due to a focus on stunting reduction in countries that are members of the Scaling Up Nutrition (SUN) movement (Afghanistan, Bangladesh, Nepal, Pakistan, Sri Lanka and selected states in India) and the siloing of efforts to address stunting and wasting.

Coverage of wasting treatment services remain low. Only three South Asian countries (Afghanistan, Nepal and Pakistan) have national policies and guidelines for the treatment of medically uncomplicated severe wasting at community-level. However in in Pakistan and Nepal, coverage of services (those with severe wasting receiving treatment) is currently less than 5%. Also opportunities to identify severely wasted children are currently being missed due to a reliance on weight-for-height for screening as opposed to mid-upper arm circumference (MUAC). To address these barriers, more integrated approaches for community-based treatment of severe wasting are needed.

Neither Bangladesh nor India have fully adopted World Health Organization (WHO) recommendations on community-based management of wasting, which in particular affects the use of RUTF in treatment of severe wasting. A number of concerns have been raised by public officials and academics in Bangladesh and India around the suitability of RUTF, stating concerns that the use of RUTF will displace breastfeeding, and also the sustainability of RUTF given its high cost. However, some states in India are implementing community-based management of severe wasting using nutritional products financed by the government and, in some cases, philanthropic foundations. However, whether the alternative nutritional products achieve the same impact with regards to rehabilitation of severe wasting requires further research.

Continuity of care for the early identification of nutritional vulnerability once infants are discharged into the community is lacking. For infants less than six months of age, countries across the region have integrated the care of low birth weight (LBW) infants into neonatal services at health facilities. However, while guidelines for inpatient care of severely wasted infants under six months of age exist, no country has national programmes to manage nutritionally at-risk infants and their mothers at community level, although options are being explored in India, Afghanistan and Bangladesh.

The needs far exceed available financial resources and there has been heavy reliance on humanitarian funding for the procurement of ready-to-use therapeutic food (RUTF). Severe wasting treatment programmes in Afghanistan, Nepal and Bangladesh began as humanitarian responses and are at various stages of integration into routine health services. In most cases, countries have relied on humanitarian funding for the procurement of RUTF for the treatment of severe wasting in the community with limited support from government. Historically, South Asia has attracted comparatively lower levels of donor support and non-governmental organisational (NGO) presence to address wasting than sub-Saharan Africa and the Middle East.

3.

Moving forward

Moving forward: Reimagining care for wasted children in South Asia

The response to wasting in South Asia is misaligned with the magnitude of the problem. In particular, national programmes for the community management of severe wasting are lacking including in Bangladesh, India and Sri Lanka. In countries such as Afghanistan, Nepal and Pakistan where programmes do exist, limited sustainable financial resources are a key barrier to scale. While a greater emphasis is being placed on wasting prevention, the incidence and prevalence of wasting remains high in early life due to poor maternal nutrition and insufficient care for nutritionally vulnerable infants. At the same time, South Asia offers capacity and opportunities to drive innovative approaches to wasting treatment which would help to inform policy and programming in this and other regions. This should be capitalised on in order for progress to be made on reducing the prevalence of wasting.

Government leadership and ownership of the treatment of child wasting is critical to progress. Given that most wasted children live in a development context, those focused on development contexts should pay proportionate attention to South Asia, supporting governments through technical assistance and funding. Also as countries in South Asia continue to grapple with the COVID-19 pandemic, and the threats of further lockdown measures and economic hardship continue, it is essential that governments and their partners take the necessary action to minimise the impact on the nutritional status of the most vulnerable. United Nations Children's Fund (UNICEF), the Food and Agriculture Organization (FAO), the World Food Programme (WFP) and the World Health Organisation (WHO) issued a global Call to Action to protect children's rights to nutrition in the face of COVID-19[2] in July 2020. Putting this Call to Action into place in South Asia will require substantial investment from governments (and donors, the private sector, the United Nations, INGOs and others in the international community) at a time of economic downturn. The leadership of governments to focus resources on actions most likely to mitigate the impact of the pandemic on children's nutrition are needed at country-level, such as re-activating and scaling up services for the early detection and treatment of child wasting.

2 https://www.thelancet.com/article/S0140-6736(20)31648-2/fulltext; date accessed 3rd March, 2021.

Evidence is needed to objectively inform policies and programmes for severe wasting in South Asia. Concerns around the suitability and cost of RUTF and the presence of strong health service platforms for the delivery of wasting treatment in many South Asia countries, and differences in the epidemiology and aetiology of wasting, make it a unique setting. Continuity of care between pregnancy and childhood, as well as between early detection of severe wasting and treatment, must be examined to reduce the numbers of wasted children and to prevent relapse. Finally, efforts must be made to build the evidence base for the epidemiology of child wasting in South Asia and effective models of care. In particular, research on the implementation of alternative models and innovative approaches to the care of wasted children is needed. Evidence is required to objectively inform policies and programmes for severe wasting in this region and to inform global normative guidance, which is largely based on evidence from sub-Saharan Africa. In order to address some of the research gaps, the UNICEF Regional Office for South Asia (ROSA) has formed a Technical Advisory Group (TAG)[3] of regional and global experts to examine existing evidence from South Asia. Evidence generated should continue to be discussed in open forums to drive policy and programme decisions.

To reduce the number of wasted children requiring treatment, preventive actions should be at the centre of national efforts. In South Asia, this would involve prioritising the nutritional and health care of women before and during pregnancy, strengthening care for LBW infants and their mothers at facility and community levels, improving breastfeeding and complementary feeding practices in the first two years of life and identifying and referring children who become wasted. This requires coordination between health and other sectors, as well as an improved understanding of how to deliver wasting prevention programmes.

The regional conference convened by the South Asia Association for Regional Cooperation (SAARC) and UNICEF on "Stop Stunting – No Time to Waste" in 2017 covered many of these issues. The conference concluded with a Call to Action to guide policy and programming action to reduce child wasting which was endorsed by the SAARC Ministers of Health later that year. This Call to Action remains relevant and will likely be reflected as countries move forward under the Framework for Action of the United Nations Global Action Plan on Wasting ("GAP Framework").

3 https://www.ennonline.net/fex/63/technicaladvisorygroupwasting

As countries continue to grapple with the COVID-19 pandemic and its effects, business cannot continue as usual for South Asia's severely wasted children. There is a critical need to reframe and recharge the response to wasting in the region with a focus on context-specific drivers, barriers and bottlenecks, in order to ensure the sufficient mobilisation of resources, nutrition capacity is in place, nutrition supplies are delivered and attention of governments on nutrition is secured in light of the COVID-19 pandemic. This crisis may be the catalyst that forces national governments and development partners to rethink wasting treatment in South Asia. Identification of the most impactful actions to reach the region's most vulnerable children will be central to securing both domestic and external financial resources. In addition, greater visibility of child wasting in South Asia will help national and international actors to resolve the challenges that currently limit progress.