



IMPROVING CHILD SURVIVAL AND WELL-BEING:

Scaling and Decentralizing Wasting Treatment

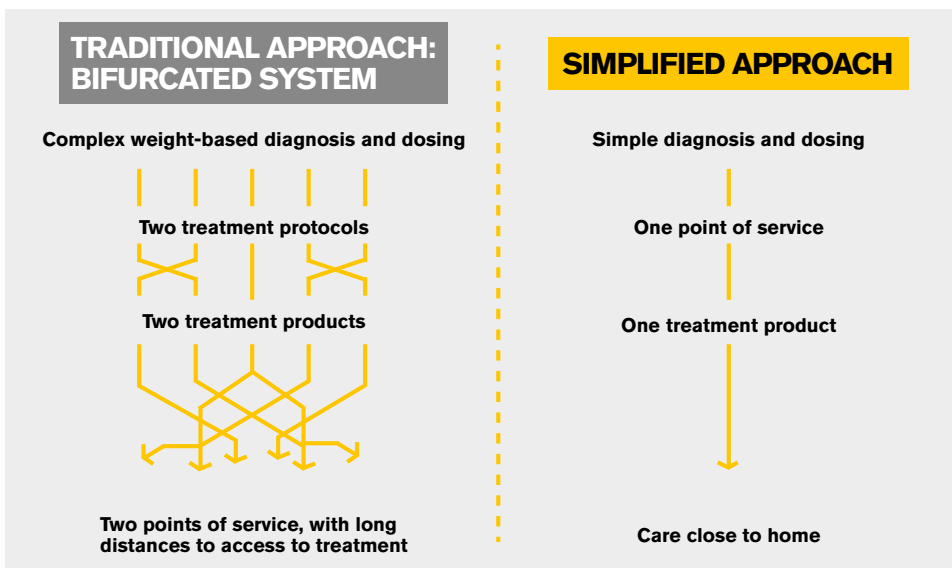
The Global Food Crisis: The world is seeing a hunger crisis of unprecedented proportions. More than 900,000 people across the globe are one step away from famine, caused by the current global food security crisis, climate change, and conflict. The [World Food Programme \(WFP\)](#) warns that the number of people fighting to survive in famine-like conditions is ten times more than five years ago. This is particularly dangerous for children. Last year, an estimated 43,000 people died amid Somalia's longest drought on record; half of them likely were children under 5 years old.

Deadly Impacts of Child Wasting: Globally, [more than 45 million children](#) experience wasting or acute malnutrition (too thin for height), the deadliest form of malnutrition at any given time, increasing their risk of death up to eleven-fold. Cases continue to rise rapidly in near-famine contexts, like Somalia. Urgent action is needed to ensure treatment is available to all children suffering from this condition, as untreated wasting can cause death, [lifelong health, physiological, and sociological impacts](#).

The scope of this crisis is devastating, but a scalable solution exists. Treatment with ready-to-use therapeutic food (RUTF), an easy-to-administer, shelf-stable fortified peanut butter paste has shown to be highly effective for more than 20 years. The overwhelming majority of malnourished children who receive this treatment fully recover within weeks. And yet globally, just [20 percent](#) of children suffering from wasting can access this treatment, leading to [1-2 million deaths annually](#).

The current global system for treating wasting is not working for children and their caregivers, nor ministries of health. It is unnecessarily complex, heavily reliant on distant health centers, underfinanced, siloed, and challenging to scale.

Wasting treatment is delivered through a bifurcated system that treats severe and moderate forms of malnutrition with different products, different supply chains, and different delivery points, supported by UNICEF and WFP respectively. In addition, children are diagnosed and treated according to complex weight-based calculations, primarily through formal health facilities. The current approach is burdensome for caregivers, difficult to coordinate, and challenging to scale. For example, when fuel and food prices are surging and cash-strapped families are making impossible decisions, the need to travel to a health facility can [prove an insurmountable barrier](#). These inefficiencies are exacerbated by a lack of long-term financing and a system of mutual accountability.



The system to deliver treatment is unnecessarily costly and complex. The IRC and its partners have developed a simplified approach that enables scale and facilitates access to treatment in last mile communities.

A Better Way Forward: By simplifying, decentralizing, and financing this treatment system, we can enable scale. The IRC, and its partners, have developed, tested, and piloted a combined approach that is simpler, less expensive, and offers more comprehensive treatment, with the potential to reach more children with lifesaving care. [Evidence](#) demonstrates that a simplified combined protocol using a single product, a simplified dosing schedule, and simplified diagnostic criteria is equally effective and in fact more cost-efficient than the standard, more complex clinical approach. The simplified protocol has been a safe and efficient approach in many humanitarian and development contexts, including during the global COVID-19 pandemic. In fact, the simplified, combined protocol uses [~40% less RUTF](#) to treat a severely wasted children than the standard protocol, maximizing limited resources to avert preventable child deaths. According to our data in Mali, for the same cost you can treat 31% more SAM kids or 66% more MAM kids using a simplified protocol. UNICEF reports that to date, [52 countries](#) have used some form of simplified treatment approaches.

Through years of experiencing implementing wasting treatment programming in humanitarian contexts, the IRC aims to support national governments in implementing new care models that simplify and decentralize wasting treatment, with children and caregivers at the center.

Closing the wasting treatment gap provides a crucial opportunity to reduce child mortality. Most global problems do not have clear solutions, but this one does. With national governments in high-burden contexts in the lead, alongside global strategic leadership, political will, and sustainable financing, we can achieve the reform needed to address this decades-long public health emergency.

Most complex global problems don't have a solution, but this one does. The IRC, in partnership with NGOs, Ministries of Health, and UN agencies, have tested the simplified, combined protocol in different operational settings, treating over 100,000 children across 5 countries. We have consistently found it to be safe, effective and cost-efficient. Our recently published [study of 27,000 children in Mali](#) showing a 96% recovery rate. This pilot also demonstrated that the programmatic cost per child decreased by 25% with the combined protocol, and the simplified protocol used approximately 1/3 less RUTF, lowering the cost of treatment.