



The Case for a New IDA Tier 1 Indicator on Treatment Coverage for Acute Malnutrition

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Written by Kate Goertzen with
support from Jeanette Bailey,
Liza Kane-Hartnett, Heather
Teixeira, Mesfin Teklu Tessema,
and Casie Tesfai.

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Executive Summary

Background

Every three years, IDA Shareholders (Deputies and Borrower Representatives)¹ come together to agree to the strategic priorities for the next 3-year IDA round. This time, for IDA20, given the wide-ranging and deep impacts of COVID-19 on national governments and their IDA budgets, the process has been accelerated by a year.² Throughout 2021, IDA representatives have been working to formulate a new Results Management System (RMS) framework in order to best measure and track the efficacy of IDA itself (Tier 3), the outputs of IDA investments specifically (Tier 2), and ultimately the global anti-poverty metrics resulting from all country programming regardless of financing or implementer (Tier 1). While it became clear early in its course that national governments would require significant long-term financial partnership in order to

battle and recover from the pandemic, stalled progress in other critical areas has also made it clear that sustained targeted investments in other key, poverty fighting areas will be needed to avoid significant setbacks. Meanwhile, economic shocks due to the pandemic have led to a volatile situation around food supply and equity in access to health care, alongside wider malnutrition challenges, including at high rates in countries utilizing IDA funds.³ Partially in response, a new Human Capital special theme is included in IDA20, the most recent round of IDA financing, which will span July 2022 to June 2025, three of the Bank's fiscal years.⁴

Wasting, also known as acute malnutrition, is one of those areas requiring sustained investments, due to global need before and continued through the pandemic. Investments in wasting prevention and



IRC's health and nutrition programming in Al-Dhale'e



Sima team to survey cases of malnutrition while conducting examinations for the malnourished child Sarra

treatment have increased slowly over time in recent years, but are still far short of what is needed to meet globally-agreed targets for overall reduction of wasting.⁵ While international compacts are important for setting policy commitments to end wasting globally, tracking progress on the right metrics is vital. Simply tracking overall wasting reduction, while extremely important, provides less specific, targeted information than additionally tracking treatment coverage for children suffering from wasting. Both are needed to improve the effectiveness and equity of existing systems and to aid in program expansion at the very local level.

The Ask

Results Management System (RMS) indicators are meant to harmonize with the Sustainable Development Goals, any targets agreed to by the WHO (in this case their global nutrition targets), the World Bank Group's Corporate Strategy, and any other applicable global frameworks. The evaluation of existing RMS indicators,

and development of new ones as needed, is a routine part of the IDA Replenishment process. For IDA17, a stunting indicator was added to Tier 1 following a significant push from the nutrition advocacy community. This paper will illustrate the case for adding a Tier 1 indicator on wasting—specifically wasting treatment rates among children under 5—and provide sample text and a data source for the indicator.

The Details

Existing RMS Tier 1 indicators include data points on health, equity, social inclusion, and environmental factors at the population level, for women and for children, among broader long-term development outcomes.⁶ Rather than tracking prevalence of wasting among children under 5 years of age in the RMS, we propose looking closer at treatment rates. The proposed indicator text and structure later in this brief follows the conventions of the existing RMS. In line with the new RMS taxonomy presented in June 2021, we

propose this Tier 1 indicator be classified under the Human Capital special theme, in the Inclusion section. In addition, it is positive that many Tier 1 indicators will now be disaggregated for conflict affected and non-conflict affected countries. This is especially important given the vast economic impacts of COVID-19 and how wasting has always served as a canary in the coal mine indicator for possible famine.⁷

Recommendations

At the final IDA20 Replenishment and pledging meeting slated for December 2021, IDA Deputies and Borrower Representatives will look more closely at the revised RMS structure and indicators, following initial dialogue in June and October.⁸

IDA Deputies and Borrower Representatives are urged to consider adopting a new indicator focused on wasting treatment reach to harmonize with and support existing international frameworks, extend them to national and local levels, and ultimately track equitable progress on wasting to achieve improved health outcomes for all children. World Bank representatives are urged to support evidence-based dialogue around the possible new indicator within the meetings and speak to the possible impact of long-term tracking of wasting treatment coverage on evidence-based investments through IDA.

As teams prepare for the December 2021 meeting, it is vital that they hear from civil society advocates, so that the resulting finalized RMS system and indicators do as robust a job as possible in painting a clear picture of what progress is still needed to meet globally agreed targets, align with Bank strategic priorities, and most importantly, reach communities and families in alignment with national plans via community-led programming tailored to meet local needs.

The Impact

In short, this new indicator would:

- **Assist national health ministries in measuring equitable progress to the goals contained in existing global nutrition frameworks and to devolve their planning effectively and target resources to local levels where the most work is needed.**
- **Impact what measurement indicators will be selected for national and global agreements made in the future, and overall impact what is seen as “success” in program design.**
- **Provide one method of quality control for whether the most critical programming is successfully reaching those at the margins.**
- **Support a renewed global focus on innovative, community-led treatment modalities for both MAM and SAM so that more children suffering from wasting are engaged and maintained in treatment.**
- **Ultimately improve health outcomes for children worldwide.**

Why Wasting?

Acute malnutrition, also known as wasting, occurs when children experience shortages of food over a concentrated period of time, and differs in this way from chronic malnutrition (stunting) which is the result of a longer period of undernourishment. Wasting is characterized by an overly slim appearance that may expose the child's bone structure (in short, "thin for height"), and contributes to overall weakening of their health and resilience to health shocks.⁹ Severe acute malnutrition requires urgent treatment because a child suffering from SAM is hugely vulnerable to infection and other health crises, as they are left without the physical strength to fight off otherwise routine health challenges. In fact, children with SAM are 11 times more likely to die than children who are at a healthy weight.¹⁰ Wasting is particularly pronounced in conflict settings given shortages of food and interruptions in health care access are extremely common in these settings. But wasting exists in far more than just conflict settings, often in the same communities and economies that also see great abundance, including in high numbers in Asia, where about two-thirds of overall wasting cases occur.

Globally, almost 7% of children under 5 (more than 45 million children) suffer from wasting, with more than 13 million of those children severely wasted. These figures do not yet account for the impacts of COVID-19, which may be as much as 15% higher for 2020.¹¹ Meanwhile, we know that an estimated two-thirds of all severely wasted children never receive any treatment and 30-70% of children who recover from acute malnutrition relapse, many because of gaps in their care.¹²

The COVID-19 pandemic has brought with it massive economic uncertainty, regional and national conflict, health system challenges most communities and

countries were not prepared for, and has deeply exacerbated existing inequities. All of these impacts continue to be levied the most heavily on the poorest and most vulnerable, including children, who have fallen through already stretched social safety nets during the pandemic. Estimates from IRC indicate the economic downturn alone from COVID-19 will increase the number of hungry people globally by 35 million by 2021.¹³ We must quickly gather tools to better track these impacts and direct national and international attention to wasting in order to truly go to battle with it, in particular when governments are aiming to utilize the highest impact programming to stretch health care dollars.

Recent progress on policy development on wasting also demands more nuanced tracking globally. Actions of Member States at the 2012 World Health Assembly led to ratification of six global nutrition targets, including one for wasting.¹⁴ The WHO's policy brief on the wasting target names treatment coverage as a priority.¹⁵ Later, the SDGs also included reduction of wasting in its critical global framework, naming wasting reduction among its key indicators.¹⁶ Finally, the Global Action Plan on Child Wasting, released last year, gives greater detail than the globally-agreed compacts on how to reach named targets, ranging from strengthening health systems to enable early detection of wasting, to community-level outreach to improve existing prevention and treatment strategies and to reach those most at risk.

The Global Action Plan also names treatment coverage for wasting as among the largest persisting challenges in effectively countering the preventable condition.



CMAM nutrition support at IRC's health clinic

A new Tier 1 RMS indicator on wasting treatment coverage would strengthen data accountability across these frameworks, even where treatment coverage is not explicitly named as a priority within the existing targets. As contexts change years or decades following the initial establishment of various goals, our measurements must also adapt, especially with an eye on equity in the face of prolonged predicted pandemic recovery.

Why the World Bank and the RMS?

IDA, the World Bank's fund which provides low-interest loans and grants to the poorest countries,¹⁹ measures its progress through its

Wasting in Humanitarian Contexts

One out of every four children suffering from wasting lives in conflict or fragile settings,¹⁷ which may contribute both to development of wasting and to difficulty in treatment continuity for identified cases, possibly causing relapse. In addition, in fragile states where wasting rates may be astronomically high, often very few domestic resources are allocated to treatment (where wasting treatment programs are formalized at all), and national governments may have very little accountability on the issue. Further, increasing treatment coverage in all settings is important to reach the most vulnerable children and families, strengthen their resilience to shocks, and contribute overall to equity in access to care. These criteria further support the streamlining of simple, effective treatment for wasting at the community level in addition to at health facilities, and harmonizing treatment tactics for moderate acute malnutrition (MAM) and SAM.¹⁸

Results Management System (RMS) including 84 indicators to date with a wide range of international development and sustainability impacts, which are updated as a part of each IDA Replenishment process. These indicators are regarded as high quality, reliable, and important by global development audiences and national governments. In short, it matters what gets tracked, and it matters that it's the World Bank tracking the data.

Worldwide, national governments have had to make difficult choices over the last two years about how to allocate spending in a rapidly changing health system environment in order to battle the pandemic in their



Binta Hassan and her young son Ali at the IRC stabilisation centre for severely acutely malnourished (SAM) children in Maiduguri

own contexts. IDA funds originally meant for other health system programming have had to be diverted to anti-COVID-19 programming. In many scenarios, this means that malnutrition and anti-hunger programs have slowed, stalled, or even reversed in their outcomes, for the time being.²⁰

Measuring treatment for SAM more closely, now, in this IDA round will provide another vital tracking opportunity for health system improvement, equity in access to health care, and early warnings of famine in struggling economies and in crisis settings.

This paper makes the case for a Tier 1 indicator in the World Bank's Results Management System (RMS) focused on the treatment of wasting among children. Adding this indicator within the Inclusion section of the Bank's Human Capital special theme in the RMS would enable the World Bank, national governments, and global allies to track one of the most pivotal bellwethers for social equity, inclusion, and access to the health care system, along with prediction of shortages and famine at the national level. The indicator would also harmonize and be mutually supportive of several existing internationally agreed frameworks (see box). The goal is not only better tracking wasting for the purpose of ultimately increasing treatment coverage through innovative programming, but also changing how we talk about wasting as a global international development community, how it shows up in World

International Targets on Wasting

Several existing globally-agreed frameworks include indicators for wasting reduction. Any new Tier 1 RMS indicator must harmonize with these metrics.

- **The World Health Assembly targets, approved in 2012, set a goal of reducing wasting to <5% by 2025, and <3% by 2030.²¹**
- **Sustainable Development Goal 2.2: "By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons."²²**
- **The Global Action Plan on Child Wasting provides a framework to meet the SDG on wasting.**

Bank dialogues about programming in countries, and how we fund and support community-led, evidence-based approaches in order to reduce child deaths from this wholly preventable condition.

Understanding the World Bank's Results Management System (RMS)

The World Bank's Results Management System (RMS) is a complex, structured, multi-tiered and interlinked system meant to look closely at several levels of measurements, ranging from the system itself, to direct impacts of IDA, to global trackers that extend far beyond Bank investments. Indicators are meant to harmonize with the Sustainable Development Goals, any targets agreed to by the WHO (in this case their global nutrition targets), the World Bank Group's Corporate Strategy, and any other applicable global frameworks. The evaluation of existing RMS indicators, and development of new ones as needed,

is a routine part of the IDA Replenishment process. This year as usual, a lengthy summary was shared in time for discussion at the June 2021 Second IDA20 Replenishment Meeting, held virtually.²³ The document summarizes how existing indicators will be reorganized under the special themes for IDA20 in order to better show the linkages between the two, and among the three tiers of measurement. Discussion on this paper, including community feedback, will wrap up at the December 2021 final IDA Replenishment meeting to be hosted by the Japanese government.

Where Things Stand: Details on the Current RMS Proposal

The June 2021 paper regarding the RMS provides a window into an indicator development process that is already well underway. While malnutrition is mentioned a few times in the RMS discussion paper, “acute malnutrition” and “wasting” are not, despite one newly proposed indicator on undernourishment among the general population. That indicator would be a positive addition, but would have a different focus in its essence than a treatment coverage measurement for wasting. Nutrition is mentioned in the co-chairs paper as a critical element of ensuring Human Capital, the new special theme for IDA20, but neither “wasting” nor “acute malnutrition” are cited in the paper specific to the Human Capital special theme.³ This leaves ample space for a more intentional focus in the final replenishment report and final indicators list on wasting, given the close linkages between acute malnutrition and society-wide inclusion

metrics, including early warnings for famine. The paper on the Human Capital special theme, in reference to the wide-ranging impacts of COVID-19, notes the importance of “building resilient health systems with integrated and people-centered primary health care systems with capacity for responding to diseases outbreaks including pandemic preparedness.” While the intention here is likely primarily around infrastructure for primary health care delivery, building capacity to prevent and treat wasting effectively is part of the toolbox to get us the final kilometer to the community level, given what we know about the effectiveness of community approaches to treat both moderate and severe acute malnutrition.²⁴ Preventing setbacks in food security and nutrition in the face of a long recovery curve from the COVID-19 pandemic must include a focus on wasting—and ensuring treatment is reaching those in need equitably—to ensure resiliency against future shocks remains at the center of global preparedness efforts.

Countries receiving IDA grant funds must report on the RMS indicators regularly (most Tier 1 indicators are updated annually), leading to increased importance at the country level. However, their true importance is greater. Indicators in the RMS become globally recognized measurements critical for best measuring poverty reduction using the framing that the IDA Deputies decide is most prudent. This means the indicators have buy-in at the highest levels and can then be easily extended to other critical, life-saving policy and measurement frameworks. In this way, adding a Tier 1 IDA indicator focused on treatment coverage for wasting would mean giving it greater prominence within global development overall, including importantly at the country level where program planning takes place.

What Should an Indicator on Wasting Look Like?

Many global frameworks that include wasting measure prevalence of moderate and/or severe acute malnutrition at a population level. While this is valuable, it also lacks specificity and nuance in terms of tracking equitable progress. This paper proposes a focus, instead, on treatment coverage among children under 5 experiencing severe wasting (SAM).

Overall, data coverage for wasting is uneven. The best data currently available for treatment coverage for SAM comes from UNICEF and Nutridash, including: admissions for SAM treatment (number); admissions in children under 6 months for SAM treatment (number); children with SAM cured (number and %); children with SAM defaulted (number and %); children with SAM died (number and %); children with SAM non-respondent (number and %); and children with SAM discharged (number and %).¹⁸ These data may have a several year availability lag based on local data collection. Additional context comes in the form of data available regarding health provider training on SAM, the existence of relevant programmes at the community and outpatient levels, and funding slated for SAM treatment programs and supplies.

While current data availability supports inclusion of this indicator for SAM, huge additional progress would come with widespread data availability for the number of children under 5 engaged in treatment for acute malnutrition of any severity.

Long term, it is critical that the global community support development of more robust data for global acute malnutrition treatment. As such, we propose a preferred indicator, covering both SAM and MAM, as well as an individual SAM indicator, for which we currently have the necessary data.

We propose the following taxonomy for an acute malnutrition treatment coverage indicator.

Proposed New Indicator	Section & Tier	Data Source
Proportion of children 6-59 months with acute malnutrition (< -2SD) admitted for treatment	Human Capital Indicators Tier 1	New country-level data required
OR		
Proportion of children 6-59 months with severe acute malnutrition admitted for treatment	Human Capital Indicators Tier 1	UNICEF Nutridash, annually or as available <small>Utilizes data on the number of children admitted for SAM treatment, and the estimated number of children nationally experiencing SAM, 6-59 months</small>

The SAM indicator phrasing and formulation is supported by the Scaling Up Nutrition (SUN) Movement's Monitoring, Evaluation, Accountability, and Learning (MEAL) measurement system, which is meant to measure the impact of the SUN Movement. They note that "The SAM burden calculation is typically calculated using the formula: population 6-59 months X severe wasting prevalence X 2.6]. This standard calculation was used by 37 out of 45 SUN countries, with eight countries using country-specific estimations."^{25,26} A new Tier 1 indicator with this structure would be familiar to the 45 SUN countries, a list that overlaps heavily with IDA-eligible countries.

Why Must We Act Now?



Children visit the IRC's mobile health clinic in Al-Dhale'e due to suffering from malnutrition

At its most basic, the urgency around institutionalizing this new indicator stems from the persisting wasting crisis that has worsened during the course of the pandemic, and is expected to continue to threaten tens of millions of young lives globally at any time.

In addition, at the global level, a new RMS indicator on global treatment coverage for severe acute malnutrition would assist with data collection for key global compacts; for example, it would add critical nuance to the WHA targets and the SDGs and frameworks, and aid in tracking meaningful progress against the Global Action Plan on Child Wasting. To date, twenty-two countries have developed operational roadmaps on wasting as a follow-up to the release of the Global Action Plan on Child Wasting. Better data, such as this new indicator, would assist national health ministries in measuring equitable progress to the goals contained within and to devolve their planning effectively and target resources to local levels where the most work is needed. Tracking the target would also encourage a renewed focus on innovative, community-led treatment modalities for both MAM and

SAM so that more children suffering from wasting are engaged and maintained in treatment regimens.

This proposed change is also about leadership. New indicators used on the global stage and endorsed by the World Bank change the language we use regarding global development programming, impact what measurement indicators will be selected for national and global agreements made in the future, and overall impact what is seen as “success” in program design. This is why it is so important that globally we track treatment for wasting in addition to prevalence.

Finally, as countries continue to weather the pandemic and then eventually begin to face its aftermath, social safety nets will continue to be the hardest to come by for the most vulnerable due to stretched health care systems, difficult individual family circumstances, and economic conditions. Placing a greater global and local focus on treating wasted kids would provide one method of quality control for whether the most critical programming is successfully reaching those at the margins.

Endnotes

- ¹ IDA Deputies are high level representatives from governments that donate to IDA, while Borrower Representatives are high level representatives from countries eligible for IDA grants and low interest loans. That list of countries can be found at: <https://ida.worldbank.org/en/about/borrowing-countries> More on how IDA works can be found at: <https://ida.worldbank.org/en/about/how-does-ida-work>
- ² World Bank Group, 2021. IDA20 Replenishment. Available at: <https://ida.worldbank.org/en/replenishments/ida20-replenishment>
- ³ World Bank Group, 2021. IDA20 Special Theme: Human Capital. Available at: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/431801625067824892/ida20-special-theme-human-capital>
- ⁴ Press Release. World Bank Launches Early IDA20 Replenishment to Help Poorest Countries Recover from the COVID-19 Crisis. Available at: <https://www.worldbank.org/en/news/press-release/2021/04/15/ida20-replenishment-launched>
- ⁵ FAO, UNHCR, UNICEF, WFP and WHO, 2020. Global Action Plan on Child Wasting. A Framework for action to accelerate progress in preventing and managing child wasting and the achievement of the Sustainable Development Goals. Available at: <https://www.childwasting.org/about> Treatment estimates for SAM are from UNICEF and WFP.
- ⁶ The existing RMS, for IDA19, can be found at: <https://ida.worldbank.org/en/rms>
- ⁷ United Nations Office for the Coordination of Humanitarian Affairs, 2021. Global Humanitarian Overview 2021. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/GHO2021_EN.pdf
- ⁸ World Bank Group, 2021. Roadmap for the Advanced IDA20 Replenishment. Available at: <https://documents1.worldbank.org/curated/en/981781623102591817/pdf/Roadmap-for-the-Advanced-IDA20-Replenishment.pdf>
- ⁹ UNICEF. NutriDash: Facts and Figures – Nutrition Programme Data for the SDGs (2015-2030).
- ¹⁰ UNICEF. Too little or too much: the state of the world's children report on nutrition. www.unicef.org/mena/too-little-or-too-much
- ¹¹ UNICEF/WHO/World Bank Group, 2021. Joint Child Malnutrition Estimates: Key Findings of the 2021 edition. Available at: <https://data.unicef.org/resources/jme-report-2021/>
- ¹² Stobaugh, HC, et al, 2019. Relapse after severe acute malnutrition: A systematic literature review and secondary data analysis. *Maternal and Child Nutrition* 15(2):e12702. Available at: <https://pubmed.ncbi.nlm.nih.gov/30246929/>
- ¹³ IRC, 2021. Ending the hunger crisis: Response, recovery and resilience. Available at: <https://www.rescue.org/sites/default/files/document/5903/endingthehungercrisis.pdf>
- ¹⁴ Resolution WHA65.6. Comprehensive implementation plan on maternal, infant and young child nutrition. In: Sixty-fifth World Health Assembly Geneva, 21–26 May 2012. Resolutions and decisions, annexes. Geneva: World Health Organization; 2012:12–13.
- ¹⁵ WHO, 2014. WHA Global Nutrition Targets 2025: Wasting Policy Brief. Available at: https://www.who.int/nutrition/topics/globaltargets_wasting_policybrief.pdf
- ¹⁶ United Nations General Assembly, 2015. Resolution adopted by the General Assembly on 25 September 2015. 70/1. Transforming our world: the 2030 Agenda for Sustainable Development.
- ¹⁷ UNICEF, 2021. No Time to Waste: Improving diets, services and practices for the prevention, early detection and treatment of wasting in early childhood. Available at: <https://www.unicef.org/documents/no-time-waste>
- ¹⁸ The State of Acute Malnutrition, Website Guide: The Data. Available at: <https://acutemalnutrition.org/en/website-guide-data>
- ¹⁹ More information about IDA is available at: <https://ida.worldbank.org/>
- ²⁰ World Bank Group, 2021. The IDA20 Results Measurement System. Available at: <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/498181625066308834/the-ida20-results-measurement-system>
- ²¹ More information available at <https://apps.who.int/nutrition/global-target-2025/en/> and regarding the extension to 2030 at <https://apps.who.int/nutrition/global-target-2025/discussion-paper-extension-targets-2030.pdf?ua=1>
- ²² More on SDG goal 2 can be found at: <https://sdgs.un.org/goals/goal2>
- ²³ The landing page for IDA20 Replenishment documents can be found at: <https://ida.worldbank.org/replenishments/ida20-replenishment>
- ²⁴ For more on community-based approaches for treatment of wasting see: IRC, 2021. The State of Acute Malnutrition.
- ²⁵ Scaling Up Nutrition, 2019. Monitoring, Evaluation, Accountability, and Learning (MEAL) system. Document B: Lists of Indicators and Data Sources. Available at: <https://scalingupnutrition.org/wp-content/uploads/2019/05/MEAL-Results-Framework-and-Indicator-Lists-EN-Apr2019.pdf>
- ²⁶ A newer paper suggests replacing the standard incidence factor to 3.6. Isanaka S, et al, 2021. Improving estimates of the burden of severe wasting: analysis of secondary prevalence and incidence data from 352 sites. *BMJ Global Health* 6:e004342. Available at: <https://gh.bmj.com/content/6/3/e004342>

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122 East 42nd Street
New York, NY 10168-1289
USA

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