Severe Wasting in South Asia

An Imperative for Action

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South Asia’s burden
Largest share of world’s stunted and wasted children live in S.Asia

- **Stunted**: 63 million (40%)
- **Wasted**: 25 million (51%)
- **Severely wasted**: 8 million (47%)

Stunted

Wasted

Severely wasted

UNICEF/WHO/WB Joint Malnutrition Estimates for all countries except Bhutan (NSS, 2015), India (NFHS-4 2015-6) and Nepal (NDHS, 2016)
Progress towards global nutrition targets is too slow

SDG Target 2.2: End all forms of malnutrition, including internationally agreed targets on stunting and wasting

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<tr>
<th>By 2025</th>
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<td><strong>Stunting:</strong></td>
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<td>Reduce # children by 40%</td>
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<td>Maintain &lt;5%</td>
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- **On course**
- **Off course**
- **Off course some progress**

Stop Stunting | No Time to Waste - Scaling up Care for Children with Severe Wasting in South Asia

Regional conference – May 16th - 18th 2017, Kathmandu, Nepal
Many S. Asian children experience multiple nutrition deprivations

2/5 wasted children in South Asia are also stunted

Unpublished analysis using national survey datasets
From Afghanistan, Bangladesh, India, Maldives, Nepal, and Pakistan
Children who experience wasting may suffer poor growth

Efforts to prevent and treat severe wasting can contribute to efforts to reduce stunting

Khara et al, 2014
Wasting & stunting affect children’s prospects to survive & thrive

Increase risk of death from infectious diseases such as diarrhea, pneumonia and measles

Olofin, McDonald et al. 2013
Wasting & stunting affect children’s prospects to survive & thrive

**Cognitive delays** impacting on learning at school.

**Lower work productivity and earnings:**
20% lower wages for adults who were stunted

**Impact on national income:** 11% GNP lost every year due to poor nutrition in Asia and Africa

*Geney et al, 1992. Archives of Disease in Childhood*
Stunting and wasting develop in early life

Bangladesh DHS, 2014
Stunting and wasting share common causes

Poor nutrition of adolescent girls and women before and during pregnancy

• 50% of South Asian girls are underweight, anaemic or both

• One in six women are too thin (Bangladesh & Nepal)

• 28% of all births are low birth weight
Stunting and wasting share common causes

**Poor diets of children under two years**

<25% of children 6-23 months in five countries are fed a minimally adequate diet

75% of sick children are given less food during and after illness
Stunting and wasting share common causes

Poor sanitation practices in households and communities

• Growing evidence suggests a link between household sanitation practices and both child wasting and stunting

• 610 million people defecate in the open in South Asia
Prevention first
Prevention of stunting and wasting is the first priority

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<tr>
<th>Pre-pregnancy</th>
<th>Pregnancy</th>
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<th>6</th>
<th>12</th>
<th>18</th>
<th>24</th>
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<tbody>
<tr>
<td>Micronutrient supplements</td>
<td>Early and exclusive breastfeeding</td>
<td>Complementary feeding from six months</td>
<td>Early stimulation and care</td>
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<td>Nutritious diet in pregnancy</td>
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<td>Continued breastfeeding</td>
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<td>Fortified foods</td>
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<td>Nutritious frequent feeding during/after illness</td>
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<td>Iron and vitamin A supplements and deworming</td>
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- Hygiene, sanitation, clean water and immunization to prevent infection
- Health care services to treat disease

- Agriculture and food security: making nutritious foods more accessible to everyone.
- Family planning: reduce fertility and space births
- Social protection: reduce financial barriers to nutritious diets and health care.
when prevention efforts fail
<table>
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- Preventative nutrition interventions
- Prevention and treatment of childhood illnesses
- Other sector actions

**Early detection of severe wasting**

**Care and treatment of severely wasted children**
Care and treatment of severe wasting

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.
Very few children in South Asia receive care for severe wasting

Huge unmet need in treatment services for severe wasting – why?

- Severely wasted children not identified
- Health care facilities with services to treat severe wasting are too far from families
- Inpatient care places high burden on families
Reaching every child with services to treat severe wasting

Early detection of severe wasting

>90%
No medical complications and appetite and 6-59 months

<10%
Medical complications or poor appetite or <6 months

Outpatient care at community level

Stabilization of medical complications

Inpatient care at facility level
>50 countries deliver services to treat severely wasted children at community level, including 3 in South Asia
Summary

- South Asia is home to the largest share of the world’s stunted and wasted children – immense consequences for children’s ability to survive, grow and develop.

- First priority is to prevent wasting and stunting through large scale programmes that deliver essential nutrition actions.

- When prevention fails and children become severely wasted, they need urgent access to care and treatment.

- Less than 5% of severely wasted children in South Asia receive treatment.

- Most severely wasted children can be treated through community-based care and treatment provided they are identified early.
thank you