Persistent Global Acute Malnutrition

A briefing paper on the scope of the problem, its drivers, and strategies for moving forward for policy, practice, and research

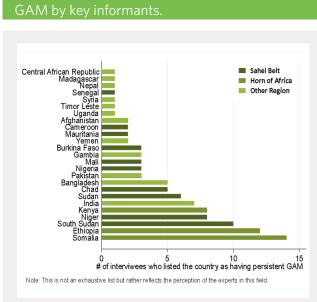## A FEINSTEIN INTERNATIONAL CENTER BRIEF

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The severity of a humanitarian crisis is reflected by the rate of global acute malnutrition (GAM) among children, with a threshold of 15% GAM signifying a humanitarian emergency.[i] Increasingly, emergency levels of GAM persist well after the acute phase of a crisis has ended, despite ongoing assistance and sometimes after other indicators of wellbeing (such as food security, under-five mortality, etc.) have improved. Practitioners and donors refer to this issue as "persistent GAM" (it is also referred to as "chronic wasting" or "chronic undernutrition") and struggle to explain the drivers and identify appropriate programming and policy responses.

This briefing paper is based on a research report that describes the scale and duration of the persistent GAM problem, the perceived causal pathways (or drivers), the methodological challenges in identifying trends and understanding drivers, and the implications for current practice and policies, as well as for future research. The methodology included a series of donor, agency, and expert key informant interviews combined with a literature review. Conclusions and strategies for moving forward are presented below.

Persistent GAM is widespread and is reported in countries across the Sahel, the Horn of Africa, and South Asia.

The expert key informants noted the countries most commonly associated with persistent GAM, with much agreement between them (Figure 1). While some of these countries routinely experience humanitarian emergencies (such as South Sudan and Somalia), others are more stable (such as India and Pakistan). Even in the areas that regularly experience humanitarian crisis, GAM levels may persist beyond the initial conflict or climate shocks. This underscores that emergency levels of GAM may not necessarily be due to emergencies themselves but could be associated with more underlying drivers of persistent GAM.

Figure 1. Places identified as having persistent GAM by key informants.

Note: This is not an exhaustive list but rather reflects the perception of the experts in this field.

The causes or drivers of persistent GAM remain an enigma, even to experts.

Many of our informants emphasized that the causes of persistent GAM are unclear and acknowledged that we are generally unable to properly explain wasting trends. Furthermore, some argued that the dominance of the UNICEF framework that explains the causes of malnutrition[ii] has unintentionally generated a false level of confidence that there is sufficient understanding of the causes of malnutrition and how they operate. In turn, this complacency potentially discourages efforts to test longstanding assumptions about drivers or better understand cross-cutting elements, like gender, livelihoods, and seasonality (Box 1).

Box 1. Cross-cutting themes lacking in the UNICEF framework

Seasonality: The prevalence of GAM varies seasonally and is often worst during the rainy season (due to increased transmission of waterborne disease) or prior to harvest (due to hunger). However, seasonal changes present different challenges at different times to different livelihoods groups. Seasonality may also have a more pronounced effect in populations already burdened by chronically high levels of malnutrition. Understanding seasonal trends and patterns is important for understanding persistent GAM.

Livelihoods: Household capacities, access to resources, and vulnerabilities influence livelihood strategies and the activities of women and men, which in turn impact all three clusters of underlying causes. Livelihood goals also influence household decision-making regarding resource allocation. A study in rural Niger revealed the mismatch of views between external interventions, which focus on saving individual children's lives, and local priorities, aimed at spreading risk and the preservation of long-term livelihoods.[1] A nuanced and evolving understanding of livelihoods is essential in understanding persistent GAM in the context of complex and protracted emergencies.

Gender: Gender cuts across all three clusters of underlying causes of malnutrition related to food, health, and care, and cuts across scales of analysis, from household to basic causes. While many reports may emphasize household-level drivers, such as caring practices, as drivers of malnutrition and hence conclude GAM is a result of cultural practices, this ignores wider issues linked with discrimination, access to resources, employment, and inequalities in ownership. It is often misleading to identify a lack of care as a driver of malnutrition in a protracted crisis without first looking at the determinants of those behaviors.

[1] Hampshire, K., R. Casiday, K. Kilpatrick, and C. Panter-Brick. 2009. The social context of childcare practices and child malnutrition in Niger's recent food crisis. Disasters 33 (1): 132–51.

Emergency nutrition policies have long since recognized the importance of multisectoral interventions to address high levels of GAM. However, a "food-first bias" still persists, especially in famine situations where food insecurity is often assumed to be the main driver of malnutrition, with less attention to the links between public health and acute malnutrition.

However, as a driver of persistent GAM, the role of food insecurity is less clear. Several interviewees noted examples of persistent GAM that appeared not to be linked to household food insecurity, or where the level of food insecurity indicated some cause for concern but was not at a level that would explain the concurrent high levels of GAM. Linked with this observation is the increasing recognition of how disease and environmental enteropathy contribute to malnutrition, which suggests it is time for these factors to be made more explicit in any conceptual framework of drivers of malnutrition and related strategies and policies.

Malnutrition causal pathways are multidimensional and complex, and include many factors that are biological (such as environmental enteropathy), societal (such as livelihoods and gender), and/or temporal (seasonality), which play a role in determining nutrition outcomes yet are not explicit in the available nutrition causal frameworks. This conceptual blind spot could contribute to misrepresenting the potential pathways to persistent GAM. In order to better identify these drivers, a greater emphasis needs to be placed on approaches aimed at identifying drivers and have a consideration of response analysis and uptake built into them.

Multiple methodological challenges hinder tracking trends in persistent GAM and understanding drivers of acute malnutrition.

Part of the difficulty in identifying the problem of persistent GAM and its drivers is the lack of data on wasting and relevant indicators that are comparable across time and populations, thus allowing analysis of trends and associations. A second issue is the limited capacity locally to conduct more in-depth analysis that makes use of all available data. Thirdly, available methods cannot prove causality—they can only propose plausible cause and effect mechanisms or pathways.

While there have been significant advances in applying more participatory and response-oriented methodologies, such as the Link-NCA approach,[iii] that include stakeholder engagement and consensus building around solutions, the issue of response analysis or uptake of findings remains an ongoing challenge for all methodologies.

Current programs seem to have a limited impact on persistent GAM.

Addressing persistent GAM presents particular challenges for operational agencies, in part because of the way the humanitarian system is structured. For example, short-term funding cycles do not include nutrition contextual analysis (NCA) or prioritize prevalence data; the focus is on treatment of severe acute malnutrition rather than on nutrition-

sensitive interventions; and "siloed" humanitarian clusters are rarely integrated.

In addition, humanitarian programming has become increasingly standardized and is often mechanistic in terms of its targeting strategies and timing. While prevalence surveys of malnutrition are common, resources are rarely made available for analytical inquiries into the driving factors of malnutrition.

Even when these studies do happen, they occur once funding and program priorities have been set, and there is little opportunity for change to adapt to the insights of the analysis. Furthermore, most analysis has focused on the individual or household drivers, with prescriptive technical solutions that have led us away from understanding the social construction of malnutrition, and its social, economic, and political determinants.

Strategies moving forward for practitioners, policymakers, and researchers.

Despite the continued questions surrounding persistent GAM, the evidence gathered in this paper offers potential strategies for practitioners and policymakers.

Treatment and prevention is needed at all stages of an emergency. The silo between the treatment and prevention of malnutrition needs to be broken down to allow for more comprehensive and multisectoral approaches. This is as relevant at the onset of a crisis as it is during the transition and handover phases.

Acknowledging and reflecting on the root causes of persistent GAM should occur. The social and political context of persistent GAM and the fact that nutritional vulnerability is frequently a social construction (a result of social characteristics that disadvantage and disempower some groups, communities, households, and household members) mean the challenges will be greater compared with nutrition-specific interventions. Therefore, a stronger base of stakeholder engagement and buy-in will be necessary.

More nutrition-sensitive programs based on partnership, localization, and participatory ways of working are needed. In order to fully engage with the social and political contexts mentioned above, local knowledge and relationships are critical. While international non-governmental organizations (INGOs) are often seen as the default actors during a nutrition emergency because of their technical expertise, without meaningful engagement and leadership by local actors, the driving forces behind persistent GAM may never be fully understood and addressed. INGOs and United Nations (UN) leadership must be matched by facilitation, collaboration, and joint learning; support for local partners and bridging the divide between practitioner, policy maker, and researcher; and bridging the gap between local, national, and international actors.

Support for analysis and multisectoral response planning should be increased. The international community needs to provide the impetus for including malnutrition contextual analysis as part of the program cycle, irrespective of the donor and organization and their confidence in existing assumptions about the drivers of malnutrition. Donors and national governments and others need to promote longer-term investments that promote multisectoral approaches, and combine research, learning, and capacity building (bridging the divides mentioned above).

There needs to be greater emphasis on research and appropriate methods. This effort should specifically focus on: monitoring and publishing trends in persistent GAM in selected locations; exploring the relationship between persistent GAM, mortality, and stunting; and more investment in longitudinal studies and impact evaluations that use mixed methods in order to better understand drivers of GAM.

A culture of learning linked to research uptake and response analysis should be promoted. Researchers, donors, INGOs, etc. need to promote a culture of learning and open reflection about what has not worked as well as what has worked. Frank reflections, opinion pieces, and short field reports should be valued, as well as peer-reviewed papers.

The Nutrition Conceptual Framework should be updated. The framework is a remarkable tool that synthesizes existing knowledge into a relatively simple framework for analysis. We propose that this framework be amended through a process of consultation in order to better reflect some of the growing evidence base and additional areas (history of drivers, temporality (long-term and seasonal trends in drivers and malnutrition), gender, and livelihoods) that need to be considered in any context.

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[i] Integrated Food Security Phase Classification (IPC) Global Partners, 2012, Technical manual version 2.0, Version 2, Evidence and standards for better food security decisions, FAO, Rome.
[ii] The UNICEF "causes of nutrition and death" framework has become the standard model for understanding the drivers of malnutrition, with only slight tweaks since its design in the 90s. UNICEF, 1990, Strategy for improved nutrition of children and women in developing countries, A UNICEF policy review, UNICEF, New York.
[iii] Link-NCA was pioneered by Action Contre la Faim and has now been conducted in more than 30 settings.

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