



Dear Administrator Samantha Power,

We write with sincere gratitude for your leadership on the momentous mobilization of \$577 million to address child wasting. Your strong public stance that wasting treatment is the best opportunity to save lives in a food crisis is a vital call to action for the global community and provides opportunity to make a marked difference in child survival and well-being. The United States' unprecedented investment has the potential to generate a transformational impact during and beyond the current crisis.

The scope of this crisis is devastating, as only 20% of the children who require life-saving treatment currently receive it, leading to the deaths of 1 million children annually. However clear solutions exist to help address this problem. Your leadership can galvanize the political will we urgently need to ensure that we reach the remaining 80% of children with the simple treatment they need.

The current bifurcated delivery of treatment, in which UNICEF and WFP deliver two products across different supply chains and at different delivery points, is complicated, inefficient, and difficult to scale. These inefficiencies are exacerbated by a lack of long-term financing, a system for mutual accountability, and structured collaboration.

As implementers and partners of wasting treatment programs, we know there is a better way. Evidence, drawn from cohort studies, clinical trials, and operational data across humanitarian and development contexts demonstrates that simplified approaches to treatment are equally effective and more cost-efficient than the standard, more complex clinical approach. These simplified approaches, including the use of a single product (RUTF) delivered through simplified diagnosis and dosing criteria to treat all wasted children (from severe to moderate) more efficiently, are ready to scale in this crisis. Their potential to maximize the impact of the recent US investment into wasting is significant. The evidence is clear: scaling up the use of simplified approaches will enable more children to recover from wasting during this present crisis and beyond.

A strong interest in adopting simplified approaches to wasting treatment is evident at country level. UNICEF reports that, to date, 52 countries have piloted some form of simplified treatment approaches. However, the current, duplicative treatment structure poses barriers to widespread adoption and scaling. As implementers and partners, our aim is to support national governments in implementing new care models that simplify and decentralize wasting treatment, with children and caregivers at the center.

In line with your commitment to localize decision-making and power, we ask you to champion governments with high burdens of wasting to set their own path forward. Ensuring the maximum flexibility for national programs to select and implement evidence-backed simplified approaches to treatment is critical to enable scale. Strengthening systems of mutual accountability for monitoring finance and progress towards wasting targets promotes timely, effective action. **We see five steps that the US can take to ensure your extraordinary investment in wasting has a transformational impact.** We request USAID to:

First, in partnership with UNICEF, WFP, and priority countries, issue a joint statement to all countries receiving USAID funding emphasizing that evidence-backed simplifications to wasting treatment are safe and effective options that support scale. These approaches, including the use of RUTF to treat all forms of wasting, delivered through simplified diagnosis and dosing, with treatment of uncomplicated wasting delivered by community health workers, can be selected, adopted, adapted, and sequenced in a context responsive way by each government.

Second, in partnership with UNICEF and WFP, support national health systems in adopting the simplified approaches best fit for each context. The US should encourage the UN system to become flexible and responsive to nationally-led plans. USAID and UN partners together should consult countries on their preference for a one-product (RUTF) or two product (RUTF and RUSF) pipeline. When a country opts to treat all children with RUTF, USAID should hold the UN accountable for designing a phased plan to ensure the responsible transition to a cohesive RUTF supply chain.

Third, ensure the scaling and strengthening of the global RUTF pipeline to meet each government's wasting action plans. In support of this effort, convene a small group of public and private sector supply chain experts to ensure reliability and transparency of the RUTF pipeline at scale. USAID should explore opportunities for efficiency and local economic development through local and regional production of RUTF.

Fourth, urge other donors to build upon the momentous \$577 million pledged during UNGA 2022 and utilize a pooled financing mechanism, such as the Child Nutrition Fund, for multi-year financing of wasting treatment and prevention, drawing from diverse sources including philanthropy, private sector, and multilateral development actors to support nationally-led efforts to treat wasting. A portion of this financing should be allocated directly to Ministries of Health and implementing partners, to promote cost-effectiveness and country-level decision making.

Fifth, the achievement of global progress through nationally-led plans requires all actors to commit to a system of mutual accountability. USAID should urge UNICEF to publicly track how many children with wasting have been treated with this funding next year. Further, USAID should request that an accountability mechanism for progress for child wasting be convened by the end of this year to bring key stakeholders together to review progress and ensure continued momentum towards implementing the Global Action Plan on Wasting.

Administrator Power, you have already inspired collective global action to address the child wasting crisis. We see these recommendations as an opportunity to ensure today's efforts will reach beyond the current global food crisis to ensure that in future years, every child with wasting can access life-saving treatment.

Just as US leadership changed the trajectory of the global HIV epidemic with PEPFAR, your leadership has the potential to reform the wasting treatment system and ensure no child dies needlessly of a curable illness. Current treatment coverage for children with wasting is unacceptable, but with your leadership we can seize this opportunity to make a lasting difference in the lives of children worldwide. Thank you for your continued leadership.

With gratitude,



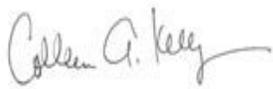
Blythe Thomas,
Initiative Director, 1,000
Days



Charles Owubah,
CEO, Action Against Hunger
USA



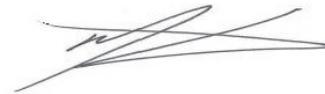
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Nutrition



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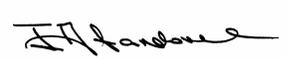
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