

## Global Nutrition Cluster Partners' Call

### New child malnutrition prevalence thresholds and the implications for the GNC collective

#### Summary of Key Points

**Date:** Wednesday, 16 January, 2019  
**Time:** 15:00 – 16:00 Geneva time  
**Venue:** via Skype for Business and phone links.  
**Chair:** Anna Ziolkovska, GNC Deputy Coordinator  
**Participants:** 52 participants, including global level partners, regional and country-based partners and nutrition cluster/sector coordinators.

#### Agenda:

1. Opening remarks – GNC
2. Presentation on the development of the thresholds and summary of recommendations – TEAM
3. Presentation on programmatic implications – UNICEF
4. Questions and answers/clarifications – All
5. Implications for global partners, roll-out, advocacy and impact on HNO/HRP development- key remaining questions and linking to action – All

#### 1. Opening remarks

- Deputy GNC Coordinator thanked participants for joining the call and for the keen interest in the topic. The agenda was accepted without changes. Participants preferred to remain with an hour-long call, rather than 1.5 hours.

#### 2. Presentation on the development of the thresholds and summary of recommendations (*see attached presentation*)

- Prevalence ranges were developed in early 1990s in a number of different ways. Stunting was descriptive, based on observed quartiles of stunting for a number of different countries. Wasting prevalence was based on functional outcomes (association between WHZ and CMR). For overweight there were no prevalence ranges.
- The release of 2006 WHO growth standards increased the prevalence of both stunting and wasting. However, any public health significance for stunting was not justified as it was not based on functional outcomes.
- The lack of thresholds for overweight was also problematic given the need to meet WHA 2025 targets
- The WHO/UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM) therefore used degrees of “deviation from normality” to establish new ranges. The same method was used for all three indicators
- These new ranges result in more frequent instances of “high” or “very high” stunting levels. Stunting  $\geq 30\%$  is now considered very high (as opposed to  $\geq 40\%$  previously). The stunting threshold terminology was also aligned with the wasting threshold terminology.
- For wasting there are no changes in the percentage ranges, however the terminology now aligns with stunting. There have also been suggestions to define prevalence thresholds for SAM, particularly for emergency settings.
- For overweight the ranges were established to parallel those for wasting, in order to align with WHZ-based indicators
- The purpose of these new thresholds is to describe countries according to severity levels and identify priority countries. They should help to trigger action and target programmes in order to achieve “low” levels by governments.
- WHO and UNICEF used the new thresholds for official reporting in 2018 (Joint Malnutrition Estimates Report)

#### 3. Presentation on programmatic implications (*see attached presentation*)

- The implications in terms of targeting are limited for wasting but major for stunting (action is required from 10-<20%). This will likely increase the number of geographical areas targeted.
- Concurrent stunting and wasting increases mortality. It therefore makes sense to have programmes that target both stunting and wasting. The development of the new ranges supports a holistic approach to addressing malnutrition

(review programmatic approaches assessing the needs of both stunted and wasted children through prevention and treatment).

- There are four main buckets related to how these new thresholds could impact NiE responses: (i) situation analysis and the declaration of a nutrition emergency; (ii) geographic targeting and the prioritisation of needs; (iii) identifying what types of interventions are needed in a response; (iv) implications in terms of data generation and tracking global progress.
- Guidance/frameworks may need to be updated regarding how a nutrition emergency is declared and how different geographical areas are prioritised, particularly those with high wasting/stunting overlap (and therefore potential increased mortality risk).
- Based on these new ranges, there are implications (in terms of resources and advocacy) for the countries that are off-course in their progress towards SDG targets.
- The work on the development of new thresholds is also aligned with ENN's work on stunting-wasting

#### 4. Questions and answers/clarifications

- Why were there no thresholds developed for underweight? Mainly because they were developed to be aligned with global reports and discussions (e.g. Joint Malnutrition Estimates)
- How does the work currently conducted by UNICEF on incidence tie into this discussion? The data for the incidence study has been analysed and a number of different country-specific incidence factors proposed. The Global Technical Mechanism and the Incidence Taskforce will develop draft guidance on this in the first quarter of 2019. A GNC call for all partners will be organised once more guidance is available.
- Does the analysis for the thresholds include infants < 6 months? Yes
- Is it possible to visualise concurrence of wasting and stunting in different contexts? (i.e. where high wasting and stunting coincide?) Yes, we can visualise wasting and stunting in different ways. For example, in a specific country or sub-national area, where wasting prevalence and stunting prevalence are high/low. Another way to look at it is stunting/wasting concurrence at the individual level. UNICEF recently released a [global database on this](#).

#### 5. Implications for global partners, roll-out, advocacy and impact on HNO/HRP development

- CDC: suggest coordinating with SMART Initiative so that the needs for new data are reflected in the new SMART tools (should not be an issue because stunting data is already collected). Could consider including new analyses in ENA software and automatic generation of results (cross-tabulation, prevalence of stunting in wasted/not wasted...etc). However, the question remains, do these new thresholds mean we should consider stunting as emergency indicator?
- GNC-CT: discussions are underway with IPC to see if there are any implications for their work, however given the thresholds have not changed for wasting, it is unlikely that this will affect IPC acute malnutrition analysis. But the discussion remains about how we can better align between countries and what should be the indicators we consider in an emergency.
- UNICEF: very much welcome the support of SMART and CDC through the GTM and commit to getting clear asks about what data is needed. Whether stunting is an emergency indicator is a key question. To achieve World Health Assembly targets, stunting is a critical issue. Concurrent stunting-wasting mortality rate is well known. Should we then include this as a priority for targeting?
- GNC-CT: need to reach out to nutrition cluster coordinators to see how we need to guide them in geographical prioritisation or targeting based on these new thresholds. Globally we need to start using these new thresholds and raise awareness with other organisations and externally. At global level we are already using these new thresholds for global reports and estimates.
- Yemen Nutrition Cluster: It's important that we have suggestions on the types of interventions/strategies that should be implemented for each threshold, as this was in the previous threshold guidance.
- UNICEF: we will follow this up with the GNC. We are interested in understanding what would be most useful for countries to adapt and contextualise. However, we may need to take a phased approach because it touches on a number of different conversations.
- ENN: there will probably be implications for the Global Nutrition Report, given this relates to tracking global progress.
- GNC: Yes, there is currently coordination and use of the new thresholds for the Global Food Security Crisis Report and it is expected that same will apply for the Global Nutrition report.

- UNICEF Sudan: Is there an official publication on these new thresholds?
- UNICEF PD NY: For the time being the official publication remains the [PRJ article](#), however UNICEF has prepared a draft summary document and is open to also developing a communique to support dissemination efforts at country level and with governments. There are also a number of meetings coming up where the information could be disseminated more widely (e.g. WHA side meeting on nutrition). A TEAM (WHO/UNICEF) brief to member states might need to be developed, and can also be shared with the GNC once developed for advocacy purposes.

### Action points

Organise partner call on incidence study results and associated guidance	GNC-CT and GTM	Once guidance is available
Develop clear asks for SMART/CDC support, in order to include new threshold considerations in ENA analyses and outputs	UNICEF, GNC-CT and ACF Canada	Coming month
Organise consultation with nutrition cluster coordinators on the implications of new thresholds for targeting, prioritisation and standardisation	GNC-CT and GTM	Coming month
Share WHO/UNICEF TEAM briefing on the new thresholds with GNC-CT for dissemination	UNICEF/WHO	Coming week