



European
Commission



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European Civil Protection and Humanitarian Aid Operations

Nutrition

What is it?

Undernutrition is a medical condition that mostly affects children under 5 years old. Wasting, stunting, and micronutrient deficiency are the 3 different features of undernutrition. They can occur together in the same person.

Various underlying factors lead to a suboptimal nutritional status. For example, (i) poor access to nutritious food and drinkable water, (ii) lack of basic health and social services, and (iii) poor sanitation conditions. These factors are often structural, linked to poverty, and exacerbated by disasters, conflicts, outbreaks, or forced displacement.

Why is this important?

Every year, undernutrition is reported as a direct or aggravating factor in nearly half of all deaths in children under 5 years old.

Undernourished children are more likely to fall ill because their immune system is weakened and not able to respond to illnesses and infectious diseases. In turn, illnesses, when not treated on time, can become a cause of undernutrition due to reduced appetite, loss of fluids or absorption issues.

Failure to treat undernutrition undermines the effectiveness of efforts to tackle other diseases, e.g., malaria, diarrhoea, and pneumonia. If untreated, undernutrition also causes irreversible impairment of growth and cognitive development, a risk for hundreds of millions more children.

According to the Global Nutrition Report 2021, in 2020, 45.4 million children under the age of 5 suffered from acute malnutrition worldwide, also known as wasting.

Wasting refers to a child who has a weight deficiency resulting from recent rapid weight loss. Children affected by wasting have 9 times higher fatality risk compared to children of similar age.

Stunting refers to a child with impaired growth and development, often due to poor nutrition, repeated infection, and inadequate psychosocial stimulation.

Analysis shows that more than 15 million children under 5 years old globally are both stunted and wasted.

Acute malnutrition remains a major concern in humanitarian emergencies and protracted crises. In fragile countries, wasting escalates due to food shortages, disease outbreaks, and a lack of essential services.

How are we helping?

The EU addresses acute malnutrition through an integrated multi-sectoral approach, which combines (i) the assessment of nutritional status of children, (ii) the treatment of acute malnutrition, and (iii) the prevention of all forms of malnutrition.

Treatment

Severe acute undernutrition results in a high risk of death, but it is preventable and curable. Since the adoption of the Community-based Management of Acute Malnutrition (CMAM) by UNICEF, the World Health Organization and the World Food Programme in 2007, all developing countries have adopted national protocols.

However, their implementation remains suboptimal due to limited resources, recurrent crises in fragile contexts and the complexity of emergencies. These countries need tailored interventions to tackle specific constraints (e.g., access due to insecurity or depletion of medical capacities).

When a crisis hits, the EU and its humanitarian partners intervene. We support the implementation of nutrition programmes when the prevalence of acute undernutrition is above the emergency threshold.

As part of a package of integrated health and nutrition services, EU humanitarian partners are increasingly delivering treatment of acute malnutrition. In high-risk areas, the EU also supports a disaster preparedness approach in strengthening response capacities and shock responsiveness of existing community and health systems.

Funding from the EU allocated to nutrition programming has increased in the past decade, reaching €180 million in 2020. These funds help supply therapeutic products and support the national capacities of NGO partners (i.e., through capacity building and equipment).

Our nutrition experts in regional support offices assist partners in the field to ensure the relevance and quality of the nutrition programming supported by the EU.

Prevention

Through its resilience approach, the EU also aims to apply a nutrition lens to its programming. The aim is to foster a nutrition impact in humanitarian interventions and reinforce the link between humanitarian and development programming.

Collaboration and exchange of expertise ensure the treatment is available beyond humanitarian crises. They also aim at addressing the underlying causes of undernutrition.

Examples of prevention strategies include (i) the provision of access to safe drinking water and sanitation facilities for affected communities, and (ii) free access to healthcare for children and pregnant and lactating mothers.

The humanitarian and development aid services of the EU work closely together to ensure coherence and complementarity in the field of nutrition.

Innovation

The EU supports innovative and simplified approaches aiming at optimising performance, coverage, and cost-efficiency of treatment protocols. During the COVID-19 pandemic, some of these helped to ensure continuation of nutrition services.

Others, such as the family mid-upper arm circumference (MUAC) approach, where parents or caretakers assess the nutrition status of their children hence limiting contact with health workers, contribute to prevention of malnutrition.

New prevention & anticipatory action approaches help to reduce the undernutrition burden and allow children to thrive.

Facts & figures

Globally, in 2020, **45.4 million children under 5** years of age suffer from wasting, with almost **13.6 million** being severely wasted.

1 in 2 children suffer from hidden hunger due to micronutrient deficiencies.

Despite a decline at global level, numbers are increasing in Africa.

In 2020 and 2021, the most critical crises requiring humanitarian nutrition support were Chad, Ethiopia, South Sudan, and Niger.

Pandemics such as COVID-19 further deteriorate the nutrition situation in the short- and longer-term.