



unicef 
for every child

No Time to Waste

2024 Update and Call to Urgent Action

Calling to action

Faced with a dramatic increase in the number of children suffering from life-threatening malnutrition as a result of the global food and nutrition crisis, UNICEF launched the [No Time To Waste Acceleration Plan 2022–2023](#), an ambitious endeavor to galvanize support by national governments, financial donors, and humanitarian partners to respond to the needs of nearly 8 million children suffering from severe wasting in the 15 most affected countries.

This comprehensive Acceleration Plan laid out a detailed framework to deploy \$1.2 billion over twelve months (October 2022 to September 2023) to reach 26 million children and women with proven nutrition interventions for the early prevention, detection and treatment of child wasting, including community-based programmes to provide timely therapeutic feeding and treatment for 4.5 million children suffering from severe wasting.

To achieve these goals, UNICEF called on global partners to mobilize the resources that would enable the Acceleration Plan. What followed was a historic financial mobilization by national governments, philanthropic organizations and individual donors in the global north, who rose to this global challenge and mobilized \$933 million in support for the No Time To Waste Acceleration Plan 2022–2023.

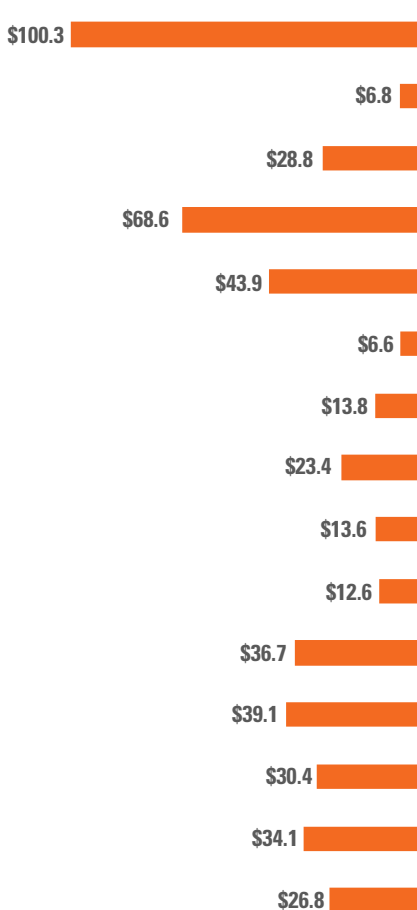
Pledging to Save Lives

Target
\$1.2 billion

\$272.2 million
Remaining to target

\$485 million
Other Contributions

In addition to the global pledges, \$485 million have been received at country level from multiple donors.*



\$927.8 million
Total received

\$100.3 m
Afghanistan

\$30.9 m
Burkina Faso

\$41.0 m
Chad

\$84.6 m
DR Congo

\$69.2 m
Ethiopia

\$10.7 m
Haiti

\$23.7 m
Kenya

\$36.9 m
Madagascar

\$23.2 m
Mali

\$47.2 m
Niger

\$64.2 m
Nigeria

\$58.9 m
Somalia

\$51.4 m
South Sudan

\$86.4 m
Sudan

\$57.6 m
Yemen

\$31.5 m
Other priority countries

\$9.3 m
Child Nutrition Fund

\$59.7 m
Match Instrument

\$5.0 m
Financing Instrument

\$35.9 m
Other costs

\$442 million
Global Contributions

UNICEF received \$442 million in global contributions out of \$577 million pledged by Governments, philanthropies, and individuals, in September 2022.

\$24.0

\$12.2

\$16.0

\$25.3

\$4.1

\$9.9

\$13.5

\$9.5

\$34.6

\$27.6

\$19.8

\$21.1

\$52.3

\$30.8

\$31.5

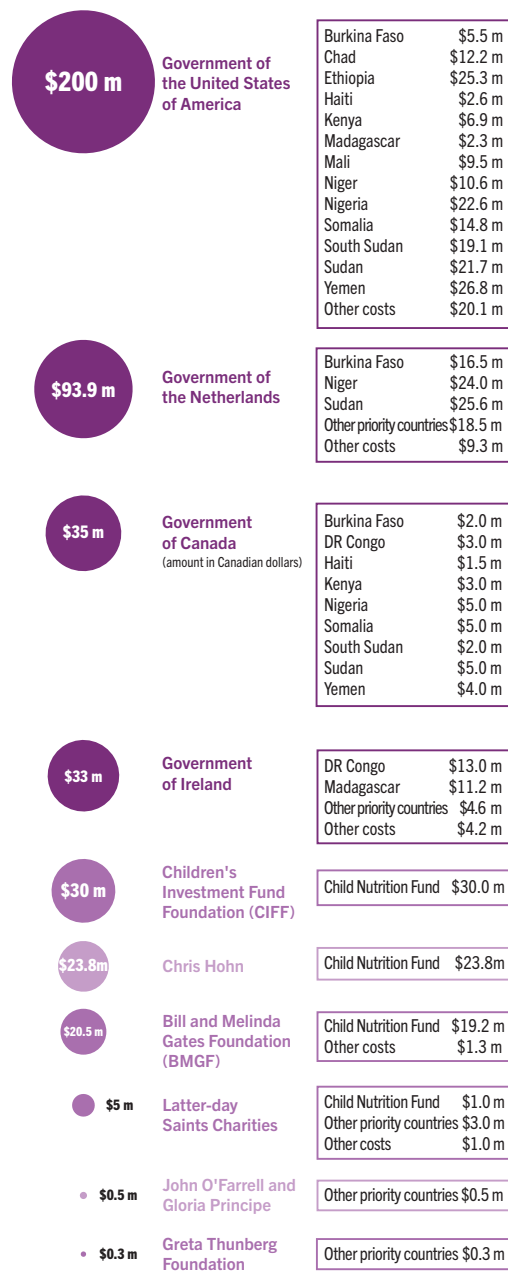
\$9.3

\$59.7

\$5.0

\$35.9

Global contributions were allocated for programmes, services and supplies for the prevention, early detection and treatment of child wasting



Governments ●
Philanthropies/Foundations ●
Individuals ●

*The information on allocations are based on the period from January 2022 until October 2023.

From Pledging to Action

Thanks to this unprecedented response from partners like the governments of the United States, the Netherlands, Canada, and Ireland, together with philanthropic organizations like the Children’s Investment Fund Foundation, the Bill & Melinda Gates Foundation, the Latter-Day Saints Charities and individuals like Sir Chris Hohn, UNICEF and its partners were able to rapidly scale up programmes, services and supplies for the early prevention, detection and treatment of child wasting.

In 2023, UNICEF and its partners achieved the following key results in the 15 worst affected countries:

- **933 million USD were mobilized for the No Time to Waste Acceleration Plan** to reach 26 million children and women in 2022–23. This is **78 per cent** of the 1.2 billion USD we intended to raise.
- **21.5 million children and women were reached with essential nutrition services** for the early prevention, detection and treatment of child wasting. This is **83 per cent** of the 26 million children and women we intended to reach.
- **5.6 million children with severe wasting were reached with treatment services, including RUTF.** This included 46 million screening episodes for the early detection and treatment of children with severe wasting.

An accelerated scale up like this would not have been possible without several critical actions across a range of areas.



Coordination with Governments & Humanitarian Actors

Service delivery was improved through close coordination with national governments and national and sub-national Nutrition Clusters and Sectors.



Increased Partnership with Civil Society

The number of implementing partners increased during this period, with expansions in nine countries, including partnerships and collaborations with national and international NGOs.



Improved Access to Services

The number of service delivery points was increased through mobile health and nutrition teams, extending the reach of early prevention, detection and treatment to new and previously inaccessible areas in contexts like Mali, Niger, Somalia, Sudan and Yemen.



Active Community Engagement

Screening for early detection of severe wasting was expanded through community-based approaches, including mass screening campaigns. Community-based workers led active case-finding and training of family members to screen children and refer them for treatment.



Strengthening National and sub-National Systems

UNICEF provided technical and programmatic support (including training, strengthening coordination capacity, and program monitoring) to Ministries of Health to ensure the delivery of high-quality care for the early prevention, detection and treatment of child wasting.



Reinforcement of National Supply Chain Systems

UNICEF ensured the delivery of essential nutrition supplies, including RUTF, and worked with governments to strengthen national nutrition supply chains to ensure sustained availability of essential nutrition commodities in facility- and community-based programmes.

UNICEF was able to translate global solidarity into results for children with governments and partners by building on its pre-existing presence and support in the 15 worst-affected countries. Its long-standing work to strengthen national and community systems as Sector and Cluster Lead Agency for Maternal and Child Nutrition proved critical to scale-up essential nutrition programmes and services in a short timeframe.

Similarly, UNICEF's global role procuring essential nutrition supplies, including Ready-to-Use Therapeutic Foods (RUTF), and its strong relationship with the manufacturers of these commodities, was instrumental. The decade-long effort to support manufacturing closer to programmes meant that at the time this effort was launched, 80 per cent of RUTF manufacturers were located in the global south, in countries like Burkina Faso, Ethiopia, Haiti, Kenya, Madagascar and Nigeria.

Yet, this effort happened against the backdrop of conflict and an economic downturn that severely affected global supply chains when they were needed most. This meant that initially, RUTF producers faced challenges to translate increased funding into product. To solve this problem, UNICEF piloted new instruments that became a central part of what is today the Supplier Window of the Child Nutrition Fund.

These pre-financing instruments – launched with the support of the Bill & Melinda Gates Foundation, the UNICEF USA Impact Fund, and others – enabled UNICEF to advance payments to suppliers for up to 70 per cent of the value of order, resulting in over \$100 million in advanced payments to expedite RUTF production.

Using UNICEF's Vaccine Independence Initiative (VII) mechanism, pre-financing was also made available to country offices to place RUTF orders prior to the release of funding. Since 2022, \$32.2 million have been provided in pre-financing to purchase RUTF across 12 of the 15 worst affected countries.

2.4 million cartons, nearly 50 per cent of Ready-to-Use Therapeutic Food (RUTF) procured by UNICEF during this period, were made possible by USAID's historic contribution of \$200 million.

A New Level of Coverage

The scale-up of essential nutrition services as part of this initiative has taken the world to a new level of coverage, especially when it comes to life-saving treatment for children with severe wasting living in high under-five mortality settings where treatment can make all the difference between life and death.

By increasing coverage levels in high-mortality settings, UNICEF and its partners were able to support the humanitarian efforts responsible for averting famine in the vulnerable hot spots and IPC Category 4 regions of these countries. This scale-up also played a part in ensuring that none of these countries recorded an increase in under-five mortality rates in 2023.



How many children with severe wasting living in high-mortality settings are we reaching with ready-to-use therapeutic foods (RUTF)?

Treatment with lifesaving RUTF is particularly crucial for young children with severe wasting living in high-mortality settings, where child food poverty is high, infectious diseases are prevalent, and access to essential nutrition, health and social services is limited.¹ In

such settings, children with severe wasting are at much higher risk of death because severe wasting increases the case fatality of common childhood infections such as diarrhea, pneumonia, malaria, and measles, killing children directly, not indirectly.² Therefore, global and national resources for Community Management of Acute Malnutrition (CMAM) services using RUTF should prioritize children with severe wasting living in high-mortality settings.

To estimate the global coverage of CMAM programmes using RUTF in high-mortality countries in 2023 we used the following data: 1) the latest UN child mortality estimates, to identify countries with an under-five mortality rate (U5MR) ≥ 40 , which is the U5MR UNICEF programmes use to define high-mortality settings, based on the distribution of U5MR across countries;³ 2) the latest UN child malnutrition estimates to quantify the prevalent number of children with severe wasting living in high mortality countries;¹ 3) an incidence correction factor of 3.0 as research by UNICEF and partners has shown that the usual incidence correction factor of 2.6 can underestimate the national annual number of incident cases of severe wasting;⁴ and 4) the number of severe wasting incident cases treated with RUTF in 2023.

Using these data, we found that the total number of countries with high U5MR (≥ 40) in 2023 was 47. These 47 countries comprised primarily

countries located in sub-Saharan Africa (n=35 or 75 per cent).⁵ In 2023, the estimated average number of incident cases of severe wasting among children 6–59 months old in these 47 high child mortality countries was 10,116,413.

According to UNICEF NutriDash – UNICEF’s global nutrition monitoring system for maternal and child nutrition programming⁶ – UNICEF-supported therapeutic feeding programmes provided treatment and care with RUTF to 7,411,085 incident cases of severe child wasting in these 47 high child mortality countries in 2023. Specifically: 3,114,287 cases in the West and Central Africa region, 2,180,263 cases in the East and Southern Africa region, 1,329,744 cases in the South Asia region, and 767,120 in the Middle East and Northern Africa region. To achieve this global coverage, UNICEF delivered 98,000 metric tons of RUTF (i.e., 7.1 million cartons and 1.065 billion sachets).⁷

Therefore, the global coverage of CMAM using RUTF for children 6–59 months of age with severe wasting living in high-mortality settings in 2023 was 73.3 per cent. Regionally, the coverage was: 80.3 per cent in sub-Saharan Africa (77.2 per cent in the West and Central Africa region and 85.4 per cent in the Eastern and Southern Africa region); 66.6 per cent in Asia; and 52.4 per cent in the Middle East and Northern Africa region.

In conclusion, in 2023, UNICEF-supported community-based therapeutic feeding and care programmes using RUTF for the treatment of children with severe wasting in high-mortality countries reached almost three-quarters of the children in need.

How many children's lives did we save through treatment of severe wasting in high under-five mortality countries

We used the last available data to estimate how many lives were saved by national programmes for the treatment of severe child wasting in high under-five mortality countries (n=47) in 2023. To estimate the number of lives saved by treatment of severe wasting in children under five years of age in these 47 countries we used published methods to calculate the excess mortality rate of hypothetical untreated cases of severe wasting by subtracting the background under-five mortality from the case fatality rate (CFR) for untreated cases of severe wasting.^{8,9} This rate was multiplied by the number of cases admitted and recovered from treatment to estimate the number of lives saved.

The reported CFRs for untreated wasting of up to 30 per cent collected from 1977–1997¹⁰ could be considered no longer current given that U5MR has decreased by over 50 per cent in high U5MR countries since the year 2000 (from 94.7 in 2000 to 41.1 in 2023 or a 56.6 per cent decline). WHO has reported that CFR among children benefitting from programmes for the treatment of severe wasting is as low as 5 per cent.¹¹ When this rate is adjusted by additional deaths from unconfirmed default and relapse cases it increases to 8 per cent.¹²

We assume conservatively that the CFR for untreated cases is 2–3 times the CFR for treated cases (i.e., 16–24 per cent), and use for our calculations a CFR of 20 per cent, which also corresponds to the CFR calculated for a similar exercise for Ethiopia (19 per cent).⁷ A CFR of 20 per cent also matches statistics in India, a low U5MR populous country that does not use RUTF for the treatment of severe wasting and where 21 per cent of under five deaths have been attributed to post-neonatal child undernutrition.¹³

According to NutriDash – UNICEF's global nutrition monitoring system for maternal and child nutrition programming – UNICEF-supported therapeutic feeding programmes provided treatment and care with RUTF to 7,411,085 incident cases of severe child wasting in these 47 high child mortality countries in 2023. Admissions for the treatment of severe child wasting in these 47 countries represented 80 per cent of the total global admissions, with overall default and recovery rates of 6 per cent and 82 per cent respectively.

We adjusted the overall background under-five mortality in the 47 high U5MR countries for the age range of children 6–59 months (0.9) and converted it to deaths per hundred per year and estimated that in 2023, 1.2 million deaths of children aged 6–59 months were averted by programmes that ensured timely access to CMAM services (ranging from 0.9 to 1.5 million deaths averted for CFR of 15 and 25 respectively).

Programmes for the early treatment of severe child wasting have had a large-scale impact on child survival, averting millions of child deaths in the last decade and confirming that they are one of the most cost-effective child survival interventions.¹⁴ **Continued efforts to strengthen early prevention, detection and treatment of severe wasting are critical to reach SDG targets to reduce child malnutrition and mortality.**



A New Challenge, A New Approach

The nearly \$1 billion raised to support UNICEF's *No Time to Waste* plan allowed us to reach 21.5 million children and women. Yet, the needs for early prevention, detection and treatment of severe wasting remain as necessary as ever. The forces that gave rise to the 2022–2023 global food and nutrition crisis have not disappeared, and in some countries they have gained strength. Conflict continues to ravage a range of contexts across Africa, the Middle East and Europe putting children, women and their communities under increased nutritional stress. The 2023–2024 El Niño, in combination with elevated air temperatures due to the climate crisis, is affecting food production, affordability and consumption in vulnerable regions.

In such a context, the limited progress achieved to-date in mobilizing appropriate levels of funding to support large scale delivery of essential policies, programmes and services to prevent child wasting, means that, in some parts of the world, the numbers of children vulnerable to, or experiencing, severe wasting remain as high as they were in 2022–2023 and in some contexts the numbers are even higher.

The political, economic and environmental contexts have grown increasingly complex. The global governance for financing child wasting needs to change to respond to these emerging complexities and build a sustainable solution for addressing child malnutrition. That is why, in 2023, UNICEF and three partners – the Government of the United Kingdom, the Bill & Melinda Gates Foundation, and the Children's Investment Fund Foundation – launched the Child Nutrition Fund (CNF): a UNICEF-led financing mechanism to improve the way global and domestic resources for the early prevention, detection and treatment of child malnutrition are mobilized and allocated.

The goal of the CNF is to support affected countries to cover a share of the financial needs for the early prevention, detection and treatment of child malnutrition, while emergency funding is deployed in contexts of humanitarian crises where domestic funding cannot be made available in the short-term.

Focusing on prevention is the only sustainable way to reduce the number of children suffering from malnutrition. The CNF is actively working to reprioritize investments aimed at the prevention of malnutrition in children and women. This coordinated and deliberate effort to address the global financing architecture for the early prevention, detection and treatment of child malnutrition – if adequately supported – will bring annual, emergency fundraising efforts to an end. But that will not come soon enough for millions of children in need of support today.

Around the world, UNICEF and its partners are facing dramatic financial shortfalls preventing the continuation of services for children most in need. As of September 2024, UNICEF estimates that over \$165 million are urgently needed to support programmes for the early detection and treatment of children with life-threatening wasting in 12 vulnerable countries. In many contexts, this includes the RUTF needs for children with severe wasting and a proportion of children with moderate wasting at a higher risk of mortality.

Without this funding, UNICEF foresees severe disruptions and RUTF stockouts in several countries, critically in the Sahel Region. **Failure to mobilize the necessary resources could result in as many as 1.8 million children with life-threatening wasting unable to receive timely treatment.**

The limited progress achieved to-date in mobilizing appropriate levels of funding to support large scale delivery of essential policies, programmes and services to prevent child wasting, means that, in some parts of the world, the numbers of children vulnerable to or experiencing severe wasting remain as high as they were in 2022–2023 and in some contexts the numbers are even higher.

In recent weeks, partners like the Government of the United States have once again shown global leadership by announcing a new contribution of \$100 million. These donations will go a long way to support UNICEF’s efforts, but it will not be enough. Not only to meet the remaining deficit, but also in ensuring that manufacturers in the global south can continue to provide the high-quality RUTF that has enabled the unprecedented global scale of treatment in recent years.

Without additional capital to procure from these local manufacturers many of them will be forced to close, which in turn will affect the willingness of national governments in these countries to invest domestic resources in the future. A healthy market of local and regional manufacturers of essential nutrition supplies is crucial to avoid disruptions linked to the global supply chain, to reduce the environmental impact and to boost local job creation and economic growth within the communities affected by malnutrition. Local production can save more lives and improve the growth and development outcomes of children with wasting by enhancing the effectiveness, efficiency and sustainability of nutrition programmes.

As socio-economic inequities, conflict and the climate crisis continue to worsen, the Child Nutrition Fund will continue to mobilize sustainable financing – domestic and global – to achieve two goals: 1) scale up efforts to improve the nutrition situation of young children and their mothers, protecting children from becoming severely wasted in the first place; and 2) scale up CMAM services for children with severe wasting living in high-mortality settings.

“Without additional capital to procure from local manufacturers many of them will be forced to close, which in turn will affect the willingness of national governments in these countries to invest domestic resources in essential therapeutic foods and food supplements for children with wasting in the future. A healthy market of local and regional manufacturers of essential nutrition supplies is crucial to avoid disruptions linked to the global supply chains, to reduce the environmental impact and to boost local job creation and economic growth in communities and countries affected by child malnutrition.”

	RUTF Supply shortfall (cartons, October 2024 – June 2025)	Projected Deficit (in US\$)	Projected Stockout
Mali	71,182	\$ 6,406,380	Stockout started
Nigeria (6 priority states ¹⁵)	674,994	\$ 60,749,460	Stockout started
Chad	185,057	\$ 16,655,130	October 2024
Niger (the)	95,890	\$ 8,630,100	October 2024
Cameroon	54,486	\$ 4,903,740	December 2024
Pakistan	132,583	\$ 11,932,470	March 2025
Sudan (the)	372,000	\$ 33,480,000	March 2025
Madagascar	35,750	\$ 3,217,500	April 2025
Kenya	28,612	\$ 2,575,080	May 2025
South Sudan	140,912	\$ 12,682,080	June 2025
DR of the Congo	37,453	\$ 3,370,770	June 2025
Uganda	10,394	\$ 935,460	June 2025
	1,839,313	\$ 165,538,170	

Endnotes

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- 15 Adamawa, Borno and Yobe, Katsina, Sokoto and Zamfara

for every child,

Whoever she is.

Wherever he lives.

Every child deserves a childhood.

A future.

A fair chance.

That's why UNICEF is there.

For each and every child.

Working day in and day out.

In more than 190 countries and territories.

Reaching the hardest to reach.

The furthest from help.

The most excluded.

It's why we stay to the end.

And never give up.

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