



PROGRESS FOR CHILDREN

A REPORT CARD ON NUTRITION

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CHILD NUTRITION

Eradicating extreme poverty and hunger, reducing child mortality and achieving all the Millennium Development Goals (MDGs) related to health and education are largely dependent on progress in nutrition. If undernutrition is not successfully addressed, it will be difficult to reach the other MDGs.

Every year, it is estimated that undernutrition contributes to the deaths of about 5.6 million children under the age of five. One out of every four children under five – or 146 million children in the developing world – is underweight for his or her age, and at increased risk of an early death.

When nutrition falls short, damage is done to individuals and to society. When pregnant women are not adequately nourished, their babies are born at low weights, putting their survival at risk. When girls are undernourished, their future ability to bear healthy children is threatened. Undernutrition and micronutrient deficiencies can lead to developmental delays throughout childhood and adolescence, making individuals less productive as adults.

This report card – the fourth in a UNICEF series that monitors progress for children towards the MDGs – measures the world's performance on nutrition, taking the prevalence of underweight among children under five as its primary indicator. The global community promised to cut the proportion of underweight children by half between 1990 and 2015, but we are still not on track to reach that target.

We can make swift advances in a short time. The world has seen great progress with proven strategies, such as the promotion of breastfeeding, vitamin A supplementation and the global campaign to iodize salt, all of which are critical interventions.

NUTRITION AND THE MDGs

This report card shows clearly that the world must alter its priorities in order to reach the MDG target of reducing child undernutrition by half. But it shows just as clearly that reducing undernutrition is attainable if the lessons of the past 15 years are applied. The goal could not be more important: a world in which children live free from poverty and hunger.



Ann M. Veneman
Executive Director, UNICEF



In the developing world, 146 million children under five are underweight – and more than half of them live in South Asia. South Asia has by far the largest prevalence of underweight in children under five in the developing world, proportionally and in numbers.

Indicator: Percentage of children under five who are underweight (moderate and severe).

Source: UNICEF analysis based on latest available estimates of underweight prevalence in 110 developing countries (1996–2005).

NUTRITION: THE FOUNDATION OF SURVIVAL AND DEVELOPMENT

Improving nutrition, particularly in the early years, is crucial towards meeting the Millennium Development Goals (MDGs).

Undernutrition, particularly in children, is a vice locked around humanity, preventing individuals and even whole societies from achieving their full potential. Children who are undernourished have lowered resistance to infection and are more likely to die from such common childhood ailments as diarrhoeal diseases and respiratory infections. Those who survive may be locked into a vicious cycle of recurring sickness and faltering growth, often with irreversible damage to their cognitive and social development.

For current and succeeding generations, good nutrition is the cornerstone for survival, health and development. Well-nourished women face fewer risks during pregnancy and childbirth, and their children set off on a firmer developmental path, both physically and mentally. Well-nourished children perform better in school, grow into

healthier adults and are able to give their own children a better start in life.

Good nutrition has strong economic implications too. When populations are well nourished, higher individual productivity, lower health care costs and greater economic output will ensue.

MDG 1 is to eradicate extreme poverty and hunger, affirming the fundamental interrelation between the two – hunger is often both a consequence and a cause of poverty. In all regions of the world, in the absence of determined public policies, people who live on low incomes tend to have worse diets than those who are better off. And people who lack adequate nutrition have to struggle harder to avoid or extricate themselves from poverty than healthier, well-nourished people.

Tackling the global nutrition problem is essential to attaining any of the other MDGs. Undernutrition is an underlying cause of an estimated 53 per cent of all under-five deaths¹, which means that MDG 4 and its associated target – reduce by two thirds the mortality rate of children under five – cannot possibly be achieved without action to improve the nutrition of young children and mothers.

The other health-related goals – MDG 5 on maternal health and MDG 6 on combating key diseases – are also intimately linked to nutrition, given that an undernourished body is in every way more vulnerable. Undernutrition affects children’s school attendance and performance and reflects biases in access to food and health services, areas in which women play a key role for their families – thus the goals on education (MDG 2) and gender equality (MDG 3) are unlikely to be achieved if the problem of undernutrition is not addressed.

What is undernutrition?

This report card primarily uses the term **undernutrition**, defined as the outcome of insufficient food intake (hunger) and repeated infectious diseases. Undernutrition includes being underweight for one’s age, too short for one’s age (stunted), dangerously thin (wasted), and deficient in vitamins and minerals (micronutrient malnutrition).

When individuals are undernourished, they can no longer maintain natural bodily capacities, such as growth, resisting infections and recovering from disease, learning and physical work, and pregnancy and lactation in women. Poor feeding of infants and young children, especially the lack of optimal breastfeeding and responsive complementary feeding, along with such illnesses as diarrhoea, pneumonia, malaria and HIV/AIDS, often exacerbated by helminths, are major causes of undernutrition.²

The second target of MDG 1 is to reduce the proportion of people who suffer from hunger by half between 1990 and 2015. The indicator by which progress is measured – and the focus of this report card – is the prevalence of underweight in children under five, specifically, the percentage of children aged 0–59 months who fall below minus two standard deviations from the median weight for age of the standard reference population.

Estimates for underweight prevalence are based on the most recent data available to UNICEF for years between 1996 and 2005 from 110 countries, covering 98 per cent of the developing world’s under-five population. Trend analysis is based on a subset of 73 countries with available trend data for 1990–2004, covering 86 per cent of children in developing countries.

How many children are underweight?

In the developing world, one out of every four children under five years old – 27 per cent – is underweight, around 146 million children, based on the most recent estimates. Of these children, nearly three quarters live in 10 countries.

Of the 146 million children under five who are underweight in the developing world, 106 million – 73 per cent – live in just 10 countries.

India, 57 million

Bangladesh, 8 million

Pakistan, 8 million

China, 7 million

Nigeria, 6 million

Ethiopia, 6 million

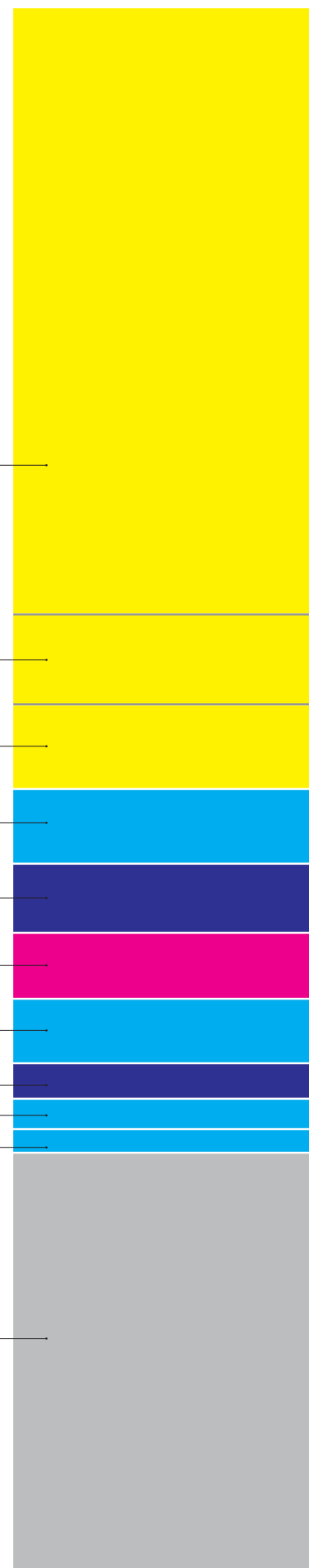
Indonesia, 6 million

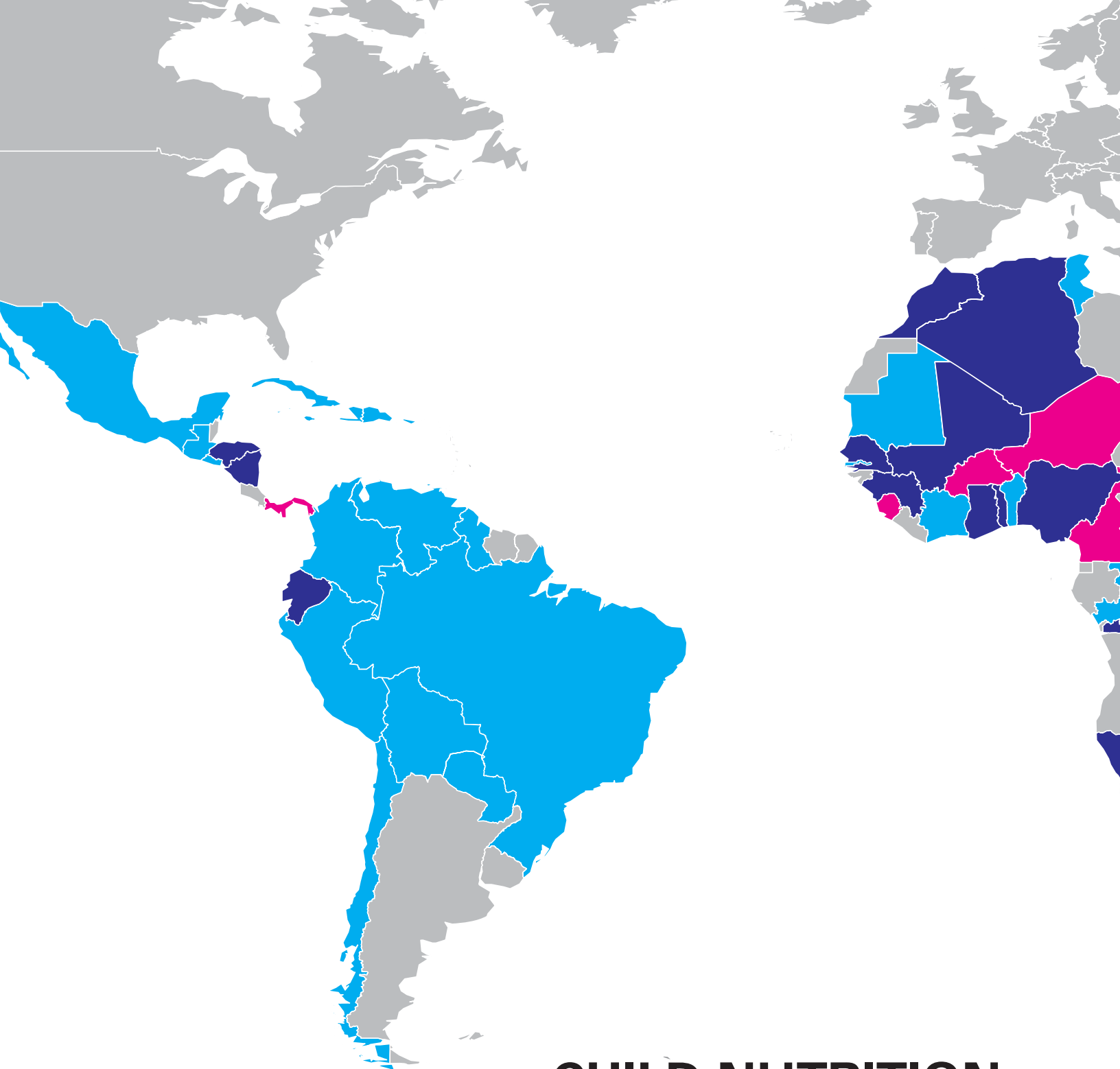
Democratic Republic of the Congo, 3 million

Philippines, 3 million

Viet Nam, 2 million

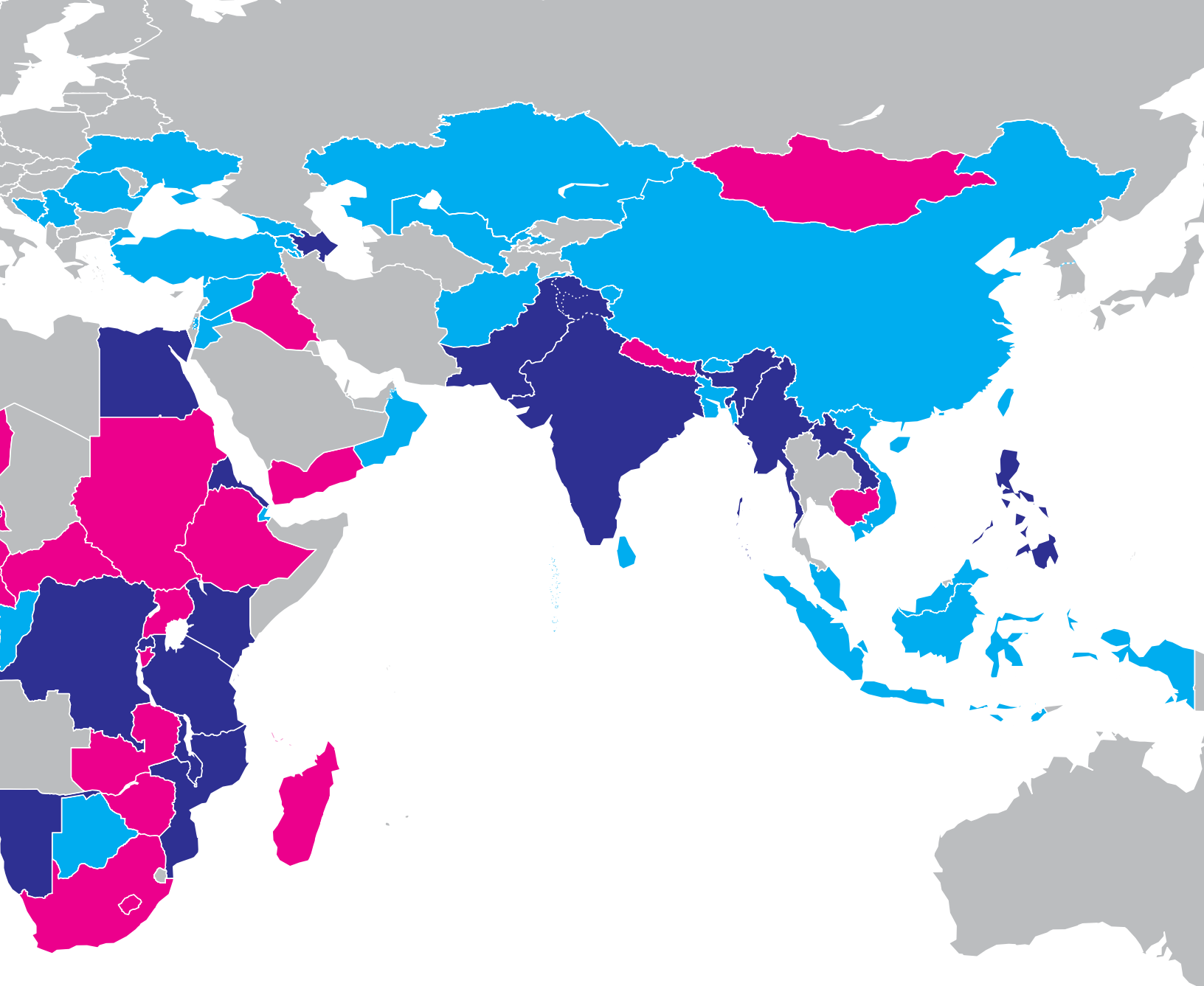
Other developing countries, 40 million





CHILD NUTRITION

Unless progress is accelerated, the MDG target will not be met. Underweight prevalence among children under five is the indicator used to measure progress towards the MDG target: reduce by half the proportion of people who suffer from hunger. Progress is calculated by comparing the average annual rate of reduction (AARR) based on available trend data for around the period of 1990–2004 with the AARR needed to achieve a 50 per cent reduction over a 25-year period (1990–2015). The rate of change required to achieve the goal is a constant of 2.8 per cent per year for all countries.



MDG 1: Eradicate extreme poverty and hunger

Target: Reduce by half the proportion of people who suffer from hunger between 1990 and 2015

Indicator: Percentage of children under five who are underweight (moderate and severe)

Countries and territories are classified according to the following thresholds:

- **On track to reach the MDG target:** AARR is 2.6 per cent or more or latest available estimate of underweight prevalence (from 1999 or later) is 5 per cent or less, - regardless of AARR.
- **Making progress, but insufficient:** AARR is between 0.6 per cent and 2.5 per cent, inclusive.
- **No change or getting worse:** AARR is 0.5 per cent or less.
- **Insufficient data:** No trend data available.

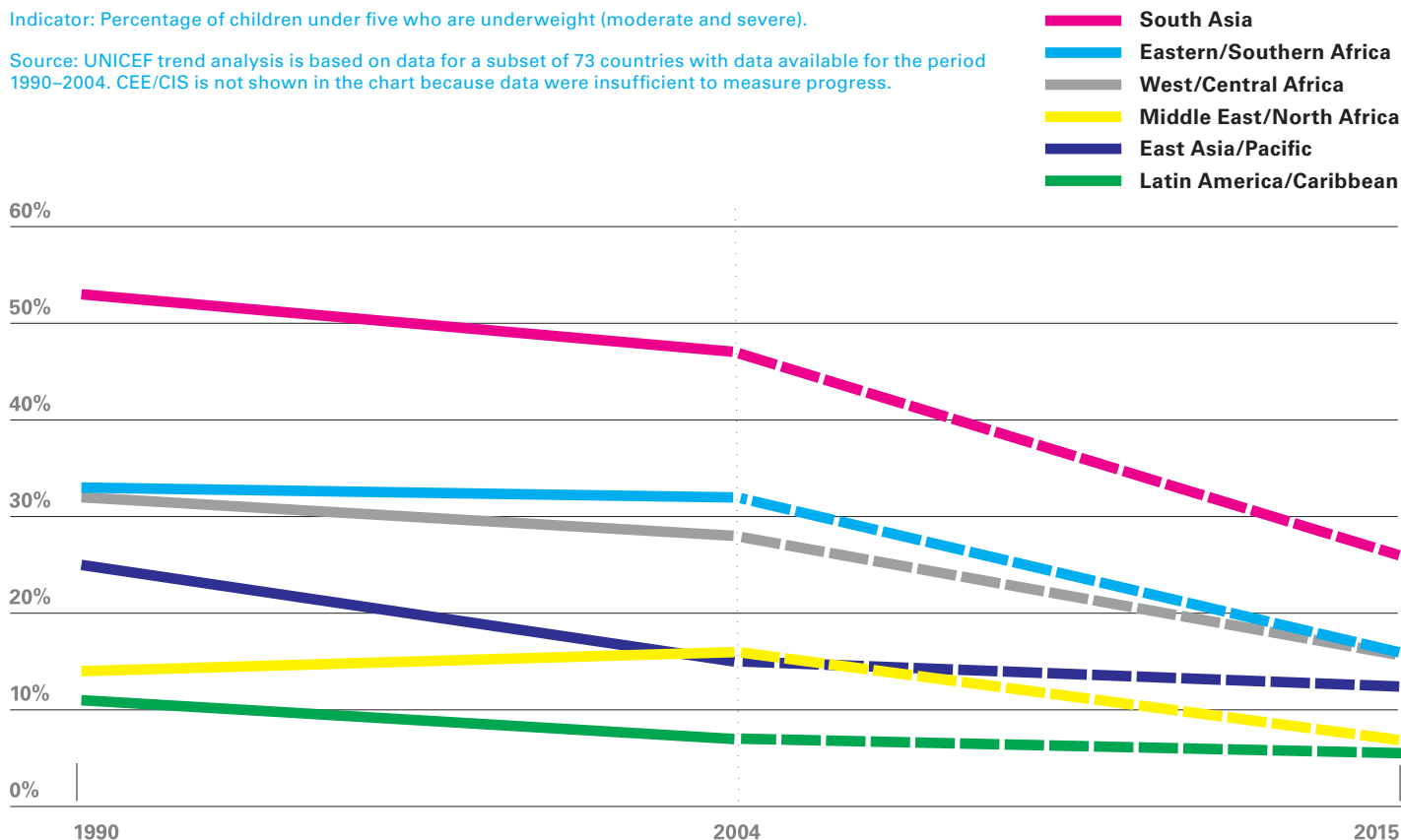
This map is stylized and is not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

Progress towards reaching the MDG target needs to accelerate. The prevalence of underweight in children under five has decreased since 1990 in the developing world, but the rate of reduction needs to accelerate if undernutrition is to be reduced by half by 2015. The solid lines show the regional proportions of underweight children in 1990 and 2004. The dotted lines show progress that will need to be made in order to reach the target.

Indicator: Percentage of children under five who are underweight (moderate and severe).

Source: UNICEF trend analysis is based on data for a subset of 73 countries with data available for the period 1990–2004. CEE/CIS is not shown in the chart because data were insufficient to measure progress.



South Asia has by far the highest levels of underweight, affecting 46 per cent of all under-five children in the region. In sub-Saharan Africa, 28 per cent of children are underweight; the lowest prevalences are in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS, with 5 per cent) and Latin America/Caribbean (7 per cent).

Similar patterns are seen in the prevalence of stunting – where children’s height is low for their age, a telling

underweight, the CEE/CIS and Latin America/Caribbean regions show the lowest prevalences of stunting, 14 per cent and 16 per cent, respectively, and wasting, at 3 per cent and 2 per cent.

Some progress has been made, and the proportion of underweight children in developing countries declined from 33 per cent to 28 per cent between 1990 and 2004.³ During this time, the sharpest decline occurred in the East Asia/Pacific region, where prevalence decreased from 25

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_6284

