Methodology for monitoring progress towards the global nutrition targets for 2025

Technical report

by the

WHO-UNICEF Technical Expert Advisory Group on

Nutrition Monitoring (TEAM)

June 2017

World Health Organization

unicef

WHO/NMH/NHD/17.9

Acknowledgement

WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM)

Members:

Rafael Flores-Ayala (Chair)
Mary Arimond (Co-Chair)
Trevor Croft
Luz Maria De-Regil
Rebecca Heidkamp
Eline Korenromp
Patrick Webb
Purnima Menon
Faith Thuita
Abul Kalam Azad

Secretariat (WHO):

Francesco Branca
Mercedes de Onis
Kuntal Saha
Elaine Borghi
Monika Blössner
Larry Grummer-Strawn

Secretariat (UNICEF):

Tom Slaymaker (until February 2017)
Chika Hayashi (from February 2017)
Julia Krasevec

Contents

Introduction

In 2012 the World Health Assembly, in resolution WHA65.6, endorsed a *Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition*, which specified six global nutrition targets for 2025:

> ➢ achieve a 40% reduction in the number of children under five who are stunted; [1]
> ➢ achieve a 50% reduction of anaemia in women of reproductive age;
> ➢ achieve a 30% reduction in low birth weight;
> ➢ ensure that there is no increase in childhood overweight;
> ➢ increase exclusive breastfeeding (EBF) rates in the first 6 months up to at least 50%;
> ➢ reduce and maintain childhood wasting to less than 5%.

In 2015, the United Nations General Assembly agreed on the Sustainable Development Goals (SDGs) as part of the post-2015 development agenda. The second of the seventeen proposed SDGs is "End hunger, achieve food security and improve nutrition." This goal promotes sustainable agriculture and includes the target to end all forms of malnutrition by 2030, embracing WHO targets on stunting, wasting and overweight in children under five years of age, and addressing the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.

Awareness of the importance of nutrition is increasing; its key role for sustainable development is acknowledged by governments and stakeholders around the world. To monitor progress on commitments and identify opportunities for action, common rules to classify countries based on their progress towards commitments are needed.

For the six nutrition targets, there has been discussion on how to best capture country progress towards targets, while encouraging further progress and acknowledging efforts.

There is growing agreement that comparable and equitable global monitoring across countries has a distinct purpose to countries monitoring achievement of national targets. Global monitoring sustains dialogue between countries as it provides a common yardstick to help understand two complementary concepts – the magnitude of the problem and progress achieved over time in resolving it.

Global goals and targets do not always easily translate into country-specific ones. Nevertheless, their monitoring can help inform tracking progress toward achieving national targets. Global and country target monitoring share the same challenges regarding the availability of timely, high-quality data, which is a problem in many countries. For example, relatively few high-income countries have national data on exclusive breastfeeding (EBF) or stunting. Even when data seem plentiful, monitoring efforts can be hampered by inconsistent indicator definitions.

---

[1] Note the target for stunting is the only one that is based on numbers affected; target and progress assessment thus take into consideration both the change in prevalence and a country's population growth.

Even though, for most of the target indicators, it is unrealistic to expect changes in outcome and impact within a year or two, let alone data reflecting change, there is a high demand for reporting on progress. Indeed, reporting on progress in achieving targets started soon after their endorsement, well before 2012 baseline data were available in many countries. Using global databases from WHO and UNICEF, country classifications were presented in the Global Nutrition Report (GNR) 2014-2016 publications.[2,3,4] The GNR classification rules have changed over the years.

The present report examines the approach used for monitoring progress towards targets and discusses the technical complexities experienced in assessing progress in individual countries in a consistent and comparable fashion.

WHO and UNICEF collaborate in global monitoring and reporting on nutrition indicators. In 2015, they established a joint WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM). TEAM advises on improving nutrition monitoring at all levels by sharing experiences and developing harmonized standards, tools and approaches.

In February 2016, the joint TEAM secretariat presented unresolved issues concerning the tracking rules to the TEAM. The group proposed further analyses to support recommended rules, which led to a new background document being presented during the September 2016 meeting. This report summarizes the main issues, the evolution in tracking, and final recommendations. Recommendations will evolve based on experience and common agreement that will ensure comparability over time and the best use of available data.

Development of the monitoring rules to assess country progress towards the global nutrition targets

In May 2014, WHO proposed a simple approach for monitoring four of the six targets (stunting, wasting, overweight and anaemia), based on their global target definitions to present to the World Health Assembly and to be used for the first GNR. In the same year, the GNR included these rules with some modifications and including rules for exclusive breastfeeding.[2]
The rules in the next two GNR editions evolved taking into account understanding about the on- or off-course classification of countries with respect to progress towards the global targets. A new methodology was proposed for exclusive breastfeeding with recommended country targets. Table 1 summarizes the various versions of these rules.

---

[2] International Food Policy Research Institute. Global Nutrition Report 2014: Actions and Accountability to Accelerate the World's Progress on Nutrition. Washington, DC: 2014.

[3] International Food Policy Research Institute. *Global Nutrition Report 2015: Actions and Accountability to Advance Nutrition and Sustainable Development*. Washington, DC: 2015.

[4] International Food Policy Research Institute. Global Nutrition Report 2016: From Promise to Impact: Ending Malnutrition by 2030. Washington, DC: 2016.

Table 1: Overview of evolution for the monitoring rules to assess country progress towards the global nutrition targets

Indicator	WHO proposal and GNR 2014 (p.20)	GNR 2015 (p. 12-13) and GNR 2016 (p. 117)
Stunting	**On course** Current AARR[a]>= required AARR[b]	**On course: Good progress** Current stunting rate $\leqslant$ 5% and current AARR[a] $\geqslant$ 0 (the stunting rate is 5% or below and declining further), or current AARR[a] $\geqslant$ country-specific AARR required to meet global goal, irrespective of prevalence (rate of decrease is faster than or equal to rate needed to meet global goal); **On course: At risk of off course** Current stunting rate $\leqslant$ 5% and current AARR < 0 (stunting rate is 5% or below, but increasing)
	Off course Current AARR[a]< required AARR[b]	**Off course: Some progress** Current stunting rate > 5% and current AARR > 0, but < country-specific AARR required to meet global goal (the stunting rate is above 5% and declining, but not fast enough to meet global target) **Off course: No progress** Current stunting rate > 5% and current AARR $\leqslant$ 0 (the stunting rate is above 5% and stationary or getting worse)
Anaemia	**On course** Current AARR[c]>= required AARR[b];	**On course** Current AARR[c] >= 5.2
	Off course Current AARR[c]< required AARR[b];	**Off course** Current AARR[c] < 5.2
Low birth weight	Not available	Not available
Overweight	**On course** No increase in prevalence compared with country baseline and <7%[d]	**On course: Good progress** Current overweight rate < 7% and current AARR[a] $\geqslant$ 0 (overweight rate is below the 7% threshold and decreasing); **On course: At risk** Current overweight rate < 7% and current AARR[a] < 0 (overweight rate is below the 7% threshold but increasing)
	Off course	**Off course: Some progress** Current overweight rate $\geqslant$ 7% and current AARR[a] > 0 (overweight rate is above the 7% threshold but

Indicator	WHO proposal and GNR 2014 (p.20)	GNR 2015 (p. 12-13) and GNR 2016 (p. 117)
	Increase in prevalence compared with country baseline or ≥7%[d]	decreasing); **Off course: No progress** Current overweight rate ≥ 7% and current AARR[a] ≤ 0 (overweight rate is at or above the 7% threshold and increasing)
Exclusive breastfeeding	Not available	**On course** Current AAPPI[e] ≥ target AAPPI[f] **Off course: Some progress** Current AAPPI between 25% and 100% of target AAPPI[f]I; **Off course: No progress** Current AAPPI (positive or negative) is < 25% target AAPPI[f], and there is no decrease in exclusive breastfeeding rates of 10 percentage points or more; **Off course: Reversal** A greater than 10-percentage-point decrease in exclusive breastfeeding rates has taken place over any recent time period at any exclusive breastfeeding level;
Wasting	**On course** Wasting < 5%; **Off course** Wasting >= 5%;	**On course** Current wasting prevalence < 5% **Off course** Wasting rate ≥ 5%

[a] Current average annual rate of reduction (AARR calculated based on a log-linear regression using either the historical available data between 1999 and 2012 whenever there are no data beyond the baseline, or using the latest available estimate and the baseline (two points only – exponential growth formula) when latest estimate year is post-baseline.

[b] Required AARR for the country refers to the required rate of progress to the equivalent to the global target definition;

[c] Current AARR for anaemia is presently calculated based on the model-based estimates using two points only