

Global Nutrition Targets 2025

Policy Brief Series



BACKGROUND

Recognizing that accelerated global action is needed to address the pervasive and corrosive problem of the double burden of malnutrition, in 2012 the World Health Assembly Resolution 65.6 endorsed a *Comprehensive implementation plan on maternal, infant and young child nutrition (1)*, which specified a set of six global nutrition targets (2) that by 2025 aim to:

- 1 achieve a 40% reduction in the number of children under-5 who are stunted;
- 2 achieve a 50% reduction of anaemia in women of reproductive age;
- 3 achieve a 30% reduction in low birth weight;
- 4 ensure that there is no increase in childhood overweight;
- 5 increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%;
- 6 reduce and maintain childhood wasting to less than 5%.

Currently, the world is off track to meet all six of the World Health Assembly global nutrition targets. At current trends, the number of stunted children aged under 5 years is projected to be 128 million in 2025, against a target of 100 million. The current prevalence of anaemia in women of reproductive age is 29.4%, against the 2025 target of 14.7%. The rates of low birth weight remain relatively unchanged, and, if the 2025 target of a 30% reduction is to be achieved, then accelerated progress is required.

In many parts of the world, the rate of children aged under 5 years who are overweight continues to increase. Less than 40% of infants worldwide are exclusively breastfed for the first 6 months of life and rates are

increasing very slowly and have stagnated in some countries. If current rates of progress are maintained, we will fall short of the 50% global target for exclusive breastfeeding by 2025. The current rates of wasting of 7.8% will require a near 40% reduction, in order to achieve the target of 5% by 2025.

SCOPE AND PURPOSE OF THE BRIEFS

Countries are facing complex overlays of connected malnutrition burdens that need concentrated action at the policy, health-system and community levels. As part of its efforts, the World Health Organization (WHO) has developed a series of six policy briefs, linked to each of the global targets, to guide national and local policy-makers on what actions should be taken at scale, in order to achieve the targets.

Recognizing that the six targets are interlinked, many evidence-based, effective interventions can help make progress toward multiple targets. The purpose of these briefs is to consolidate the evidence around which interventions and areas of investment need to be scaled up, and to guide decision-makers on what actions need to be taken in order to achieve real progress toward improving maternal, infant and young child nutrition.

KEY POLICY ACTIONS AND IMPLEMENTATION GUIDANCE

Actions to be taken to scale up effective priority interventions should include both nutrition-specific and nutrition-sensitive investments at the policy, health-system and community levels, and through an intersectoral approach for achieving the targets.

Foundational policy actions that should be implemented to achieve all six World Health Assembly global nutrition targets are listed next.

- Set targets at the country level, including the desired average annual reduction rate and country-level baselines.
- Assess the resources available to:
 - › achieve progress towards the targets;
 - › create a plan to mobilize the necessary resources;
 - › channel resources to where they are needed;
 - › provide sufficient human and financial resources for the implementation of interventions.
- Ensure development policies and programmes include nutrition, by integrating nutrition outcomes across multiple sectors, such as health, food systems, water, sanitation and hygiene, and delivery platforms, for improved nutrition across the population.
- Create partnerships between state and non-state actors for financial commitment and a supportive environment for the implementation of comprehensive policies for nutrition-specific and nutrition-sensitive actions.
- Develop a comprehensive policy framework and implement at scale for the promotion of equitable access to the recommended interventions.
- Develop and implement suitable monitoring and evaluation mechanisms and develop/strengthen surveillance systems for the collection of information on selected input, output/outcome and impact indicators.

To assist countries in setting national targets to achieve the global goals – and chart their progress toward them – WHO’s Department of Nutrition for Health and Development and partners have developed a web-based tracking tool. The tool allows policy-makers, programme staff and other users to explore different scenarios associated with the rates of progress required to meet the six targets by 2025.

While the actions outlined above are the primary responsibility of the formal governance structures responsible for nutrition, it is important to recognize that donors and informal institutional networks (national, subnational and community based) play critical roles in shaping policies, implementing programmes and engaging communities.

LOOKING BEYOND 2025

Since their adoption at the 65th World Health Assembly, the global nutrition targets have helped focus the global community on priority areas to improve the nutritional status of mothers, infants and young children. To reduce malnutrition in all its forms, these efforts must continue beyond 2025. Currently, the six global nutrition targets are being discussed in negotiations around the post-2015 development agenda. If adopted in that framework, with 2030 as a time horizon, we expect further improvements in nutrition.

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REFERENCES

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2. World Health Organization. Global targets 2025. To improve maternal, infant and young child nutrition (www.who.int/nutrition/topics/nutrition_globaltargets2025/en/, accessed 6 October 2014).

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