



Addressing low birth weight: challenges and a way forward to 2030



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PARIS 2025

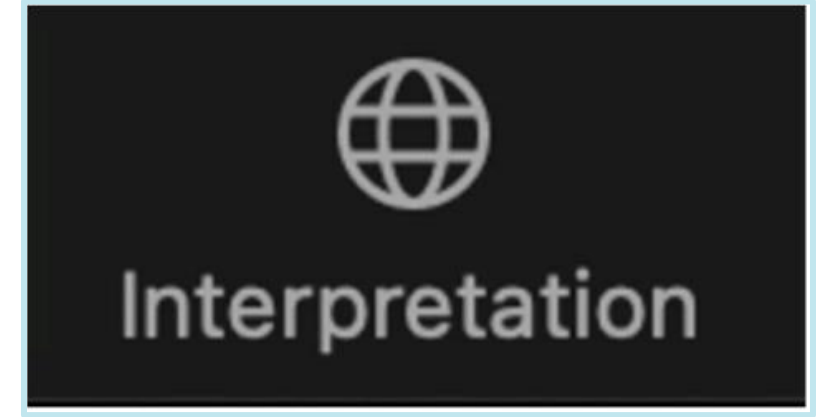
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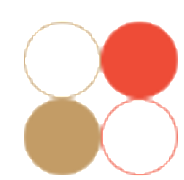
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Why LBW Matters and Key Global Insights

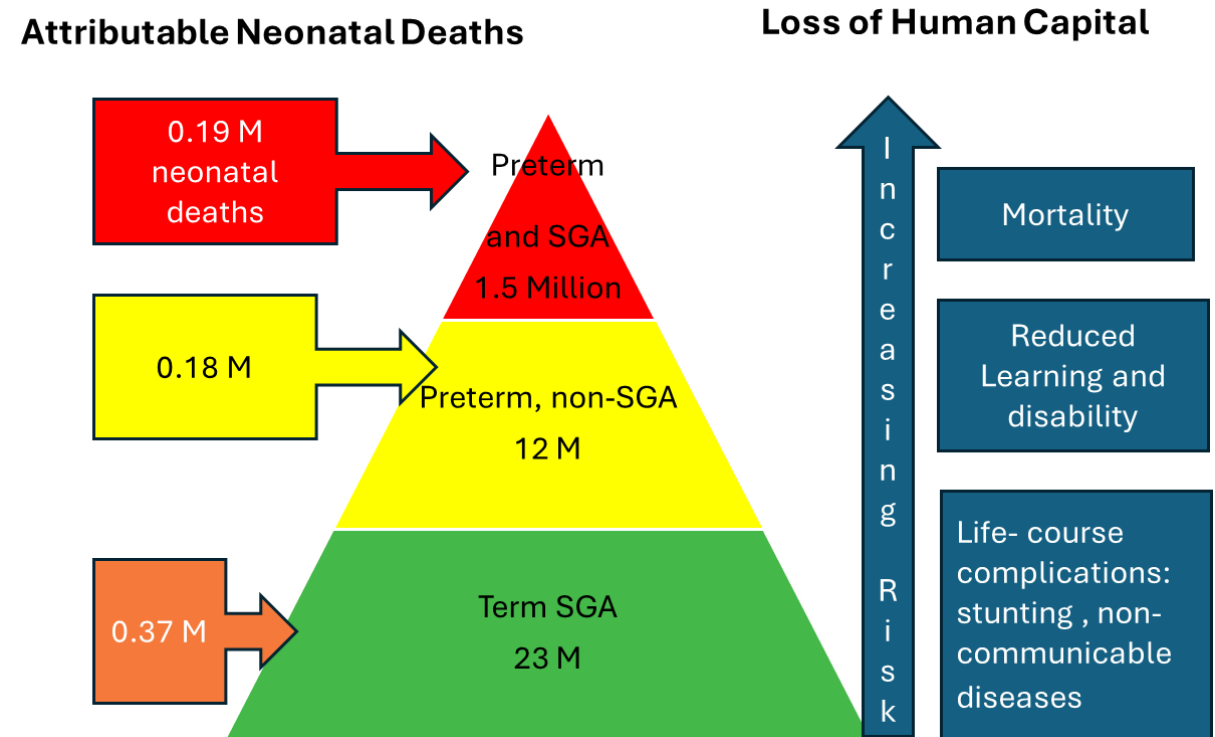




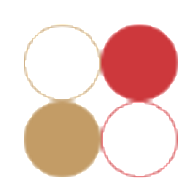
Low Birth Weight (LBW)

- Weight at birth less than 2500g (5.5 lb)
- LBW types: preterm and Small for gestational age (SGA): preterm and SGA or term and SGA
- 99.5% of LBW newborns are preterm, preterm and SGA, and term and SGA

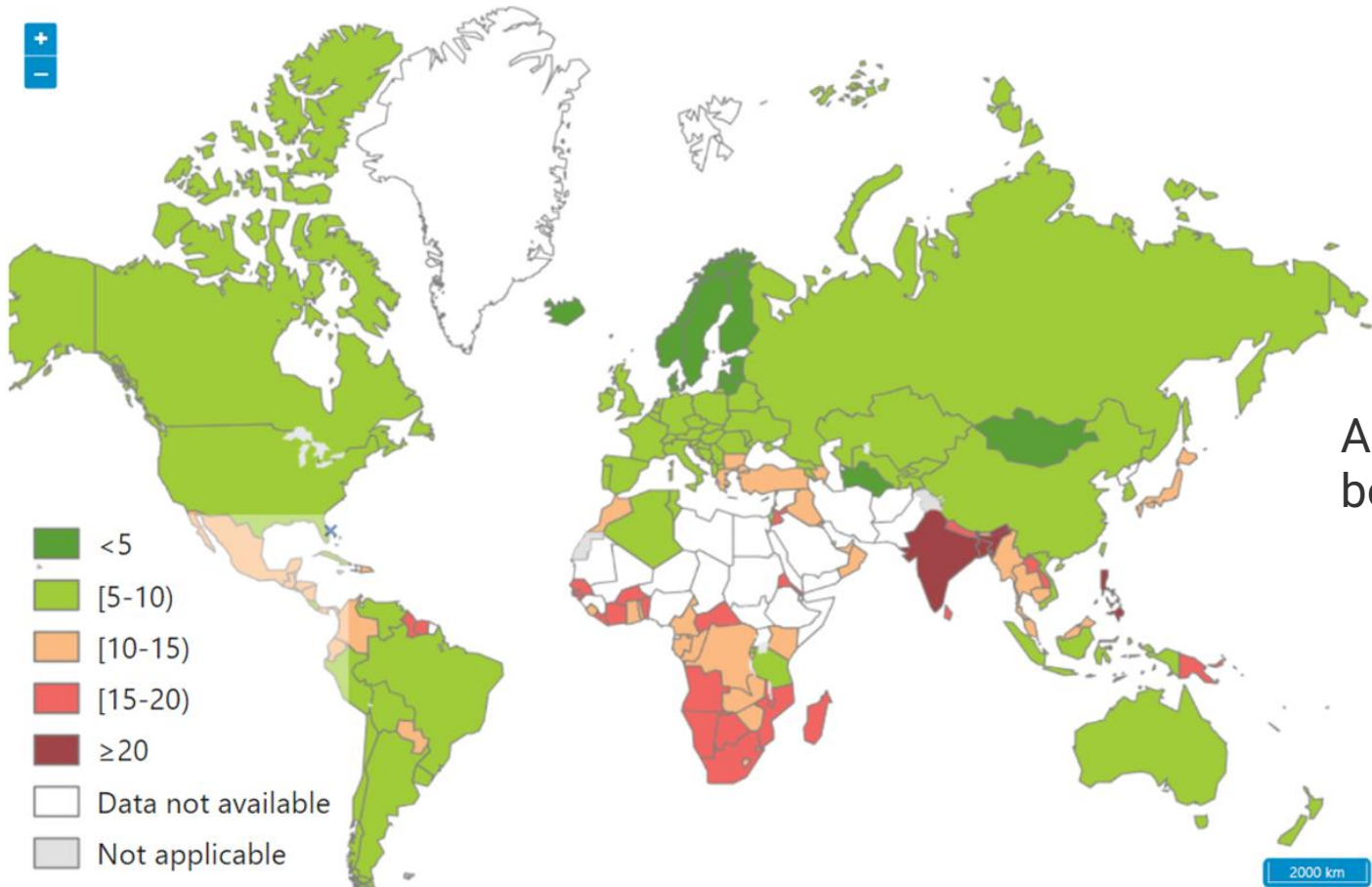
Population-level implications of the burden of LBW types and neonatal mortality



(Source: Lancet Series on small, vulnerable newborns, 2023.



Prevalence of LBW



An estimated 14.7 per cent of all babies born globally in 2020 were LBW

Source: WHO low birthweight estimates, 2024, 2020 data



Why LBW Matters?

Huge Global Health Burden

- Around 15% of all births worldwide are LBW
- Around 20 million births annually

Significant Short- and Long-term Impact

- Mortality
- Growth and nutrition
- Developmental loss
- childhood illnesses
- Non-communicable diseases
- human and social capital
- Intergenerational

Modifiable Risk Factors

- Amenable to evidence-based preventive and treatment interventions

Huge Cost of Inaction

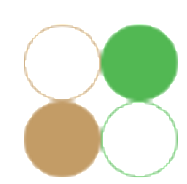
US \$344 billion
(0.3% of total global income)

478,000 million deaths

Achieving the WHA LBW target result in US \$ 64 billion in annual economic gains

Contributes to advancing progress of other SDGs

- SDG 3: Good Health and Well-being
- SDG 4: Quality Education
- SDG 10: Reduced Inequalities



Risk Factors for LBW

Maternal Conditions

- Malnutrition: short height, low BMI, anemia
- Infections: malaria, HIV, UTIs
- Health conditions: hypertension, gestational diabetes

Maternal Characteristics

- Very young or very old age
- Extreme parity
- Short pregnancy interval
- Twin pregnancy

Environmental Exposures

- Air pollution
- Smoking, alcohol
- Physical workload
- Intimate partner violence

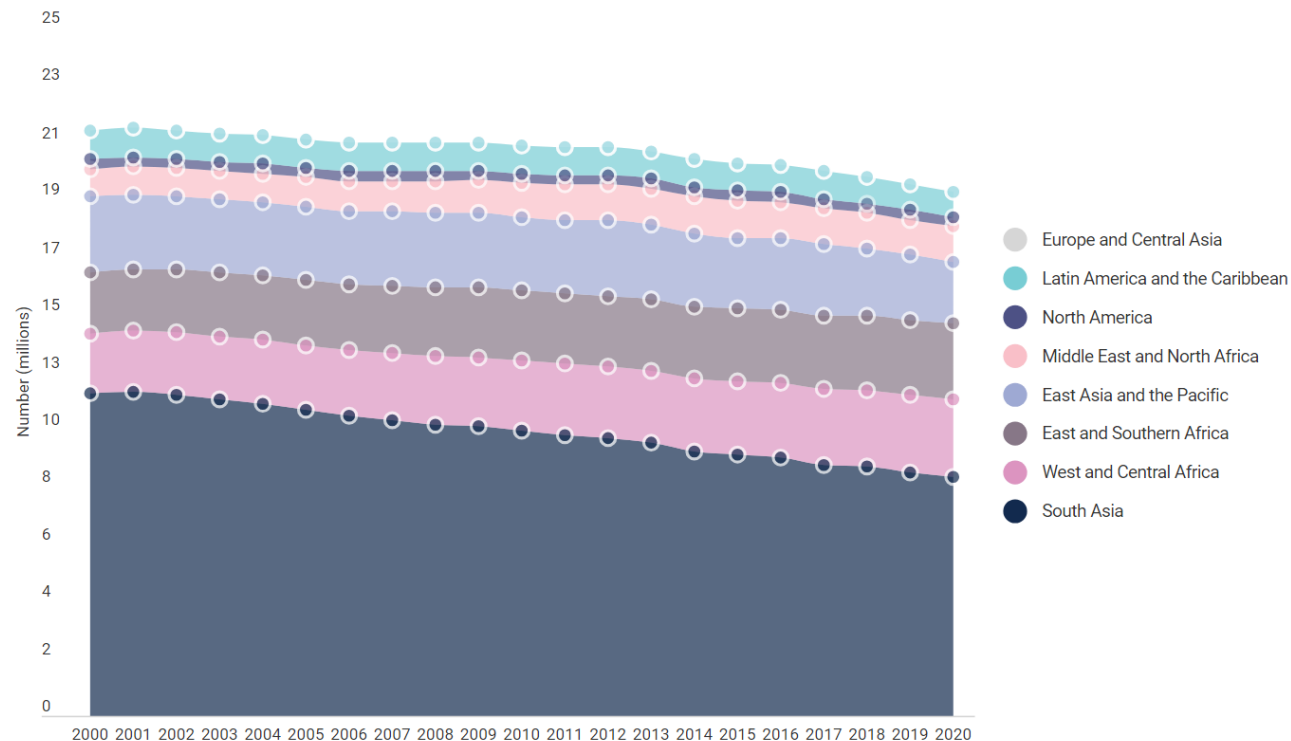
Community and Societal Factors

- Poverty, conflicts
- Poor healthcare
- Gender inequality
- WASH and food insecurity
- Social norms, climate change



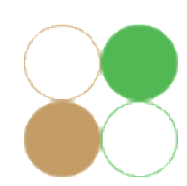
Where Are We Today?

- Progress on reducing LBW prevalence has been slow or lacking in all regions
 - From 2000-2020 the annual number of babies born with LBW dropped by 2.3 million globally
- Significant disparities across regions
 - **Stagnant or non-existent progress:** West and Central Africa, East and Southern Africa, the Middle East and North Africa, and North America
 - **Slight decrease:** East Asia and the Pacific, Latin America and the Caribbean, and Europe and Central Asia
 - South Asia is that **achieved substantial reduction:** decreased by 3.1 million



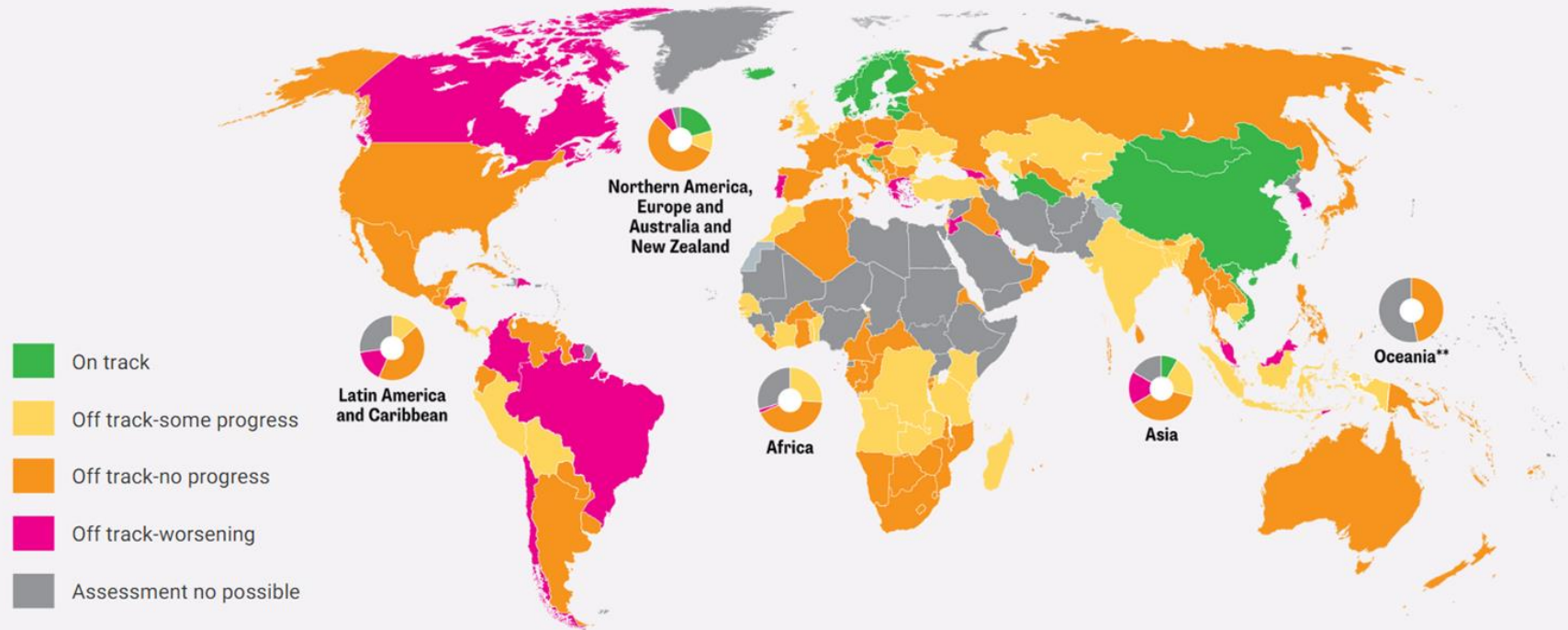
Number (millions) of low birthweight newborns, by UNICEF region, 2000–2020

Source: UNICEF-WHO Low birthweight estimates, 2023.



Where Are We Today?

More than 90 per cent of countries* are off track to meet the 2030 low birthweight target



Source: UNICEF-WHO low birthweight estimates, 2023 edition



Ms Rimu Byadya

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Charting the way forward to 2030

Accelerating low birth weight reduction: a path forward to 2030

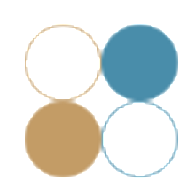


Photo credit: UNICEF

Rimu Byadya

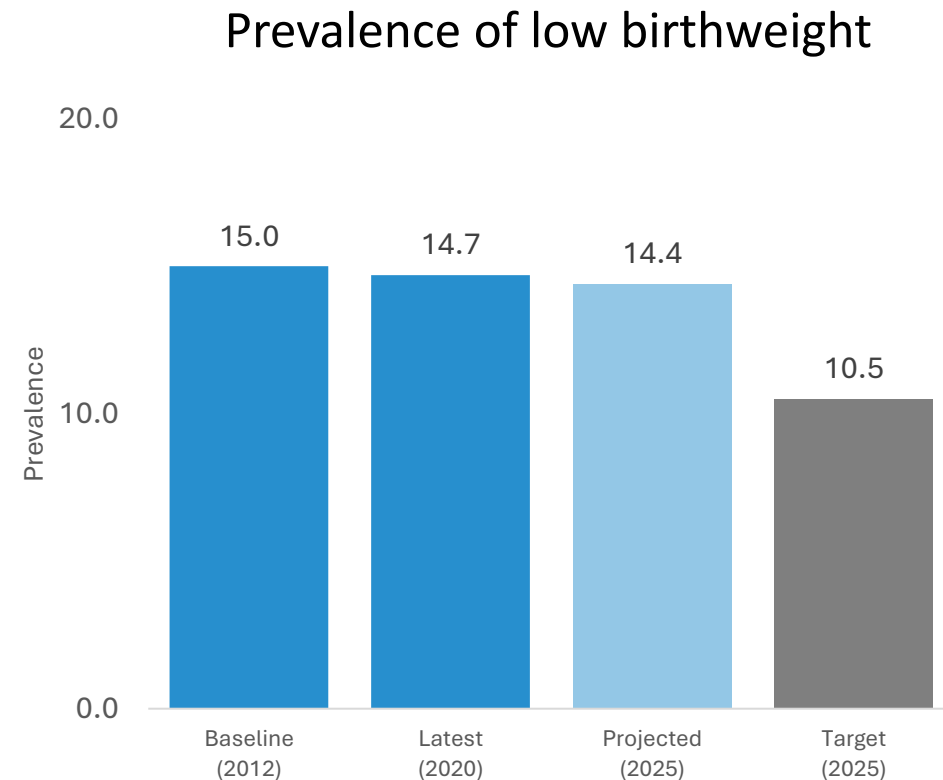
20 November 2024





Extending the Global Nutrition Target on low birth weight to 2030

- *Current:* 30% reduction in the prevalence of low birth weight by 2025 (2012 as baseline)
- *Proposed:* 30% reduction in the prevalence of low birth weight by **2030** (2012 as baseline)





Why has progress in reducing low birth weight been insufficient?

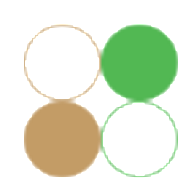
Multiple causes and risk factors for low birth weight

Lack of **multisectoral approaches**

Poor **quality and access** to antenatal care services

Data gaps in birth weight data

Too little **investment on maternal nutrition**



Priority interventions for low birth weight reduction

Provide Food assistance and nutritional support services

- Utilize social safety net programs to provide **food assistance and nutritional support services** to food-insecure adolescent girls and women

Provide family planning services

- Provide **family planning** services (counselling, contraceptive use) to promote birth spacing and the prevention of early pregnancy

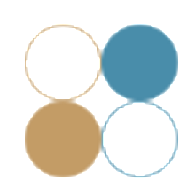
Guarantee universal access to a minimum of eight quality antenatal care contacts

- Screen for **nutritional deficiencies, weight gain and relevant infections and treat** as needed
- Provide **early ultrasound screenings**
- Counsel on **healthy diets and physical activity**
- Provide **iron containing supplements**
- Provide **balanced energy and protein dietary supplements** in undernourished populations and **calcium supplements** where dietary calcium intake is low

Prevent and treat infections

- Ensure access to **clean and adequate water, sanitation and hygiene**
- Provide **insecticide-treated bednets and malaria prophylaxis** in areas with endemic malaria

Ensure that all newborns are weighed at birth



Monitoring low birth weight & proposed operational targets

Low birth weight prevalence

- Improve the accuracy and recording of birth weight
- Encourage sharing of data with WHO for use in monitoring and updating global estimates (nfsdata@who.int)

Proposed operational targets

- Increase the % of women with **minimum dietary diversity** by 30% (from the baseline of 66%)
- Increase the % of PW consuming at least 90 doses of **iron-containing supplements** by 50% (from the baseline of 34%)



Commitments for Nutrition for Growth 2025

Illustrative examples

Context	Example
National	By 2027, work within the health sector to improve the delivery of nutrition, reproductive health, and infectious disease interventions to improve the health of pregnant women and reduce LBW
National	By 2027, improve access and quality of antenatal care, ensuring at least 8 contacts
National	By 2026, increase collaboration within and across the health and social protection sectors to enhance social safety net programs providing food assistance and nutritional support services to food-insecure adolescent girls and women
National	By 2026, invest in and provide national leadership for strengthening maternal nutrition programmes
National, global	Ensure accurate monitoring of birth weights and report on the prevalence of low birth weight, percent of women with minimum dietary diversity and percent of pregnant women consuming at least 90 iron containing tablets, within the next 2-3 years.

Thank you





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