Stunting in focus: challenges, successes, and a path forward to 2030

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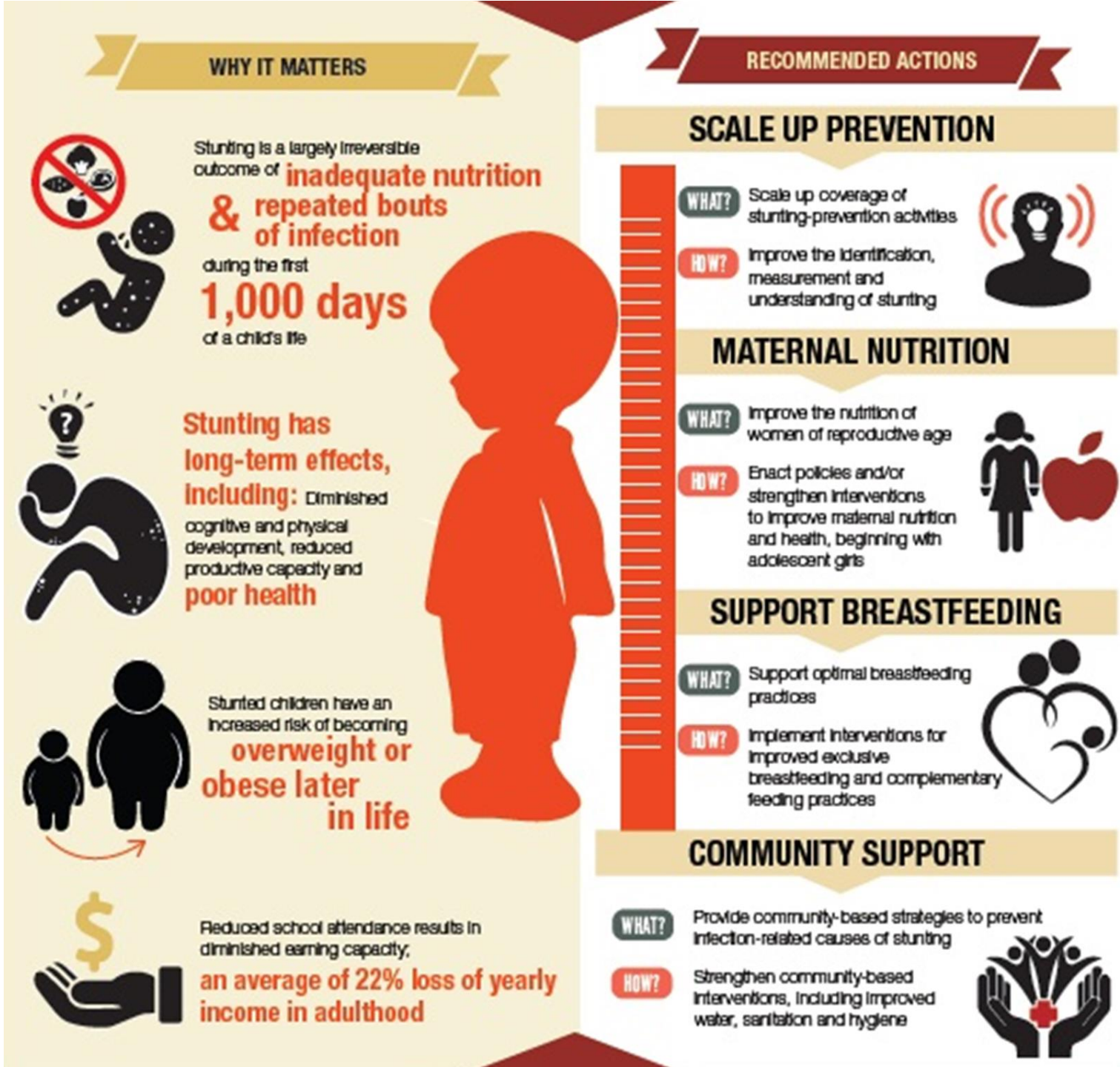

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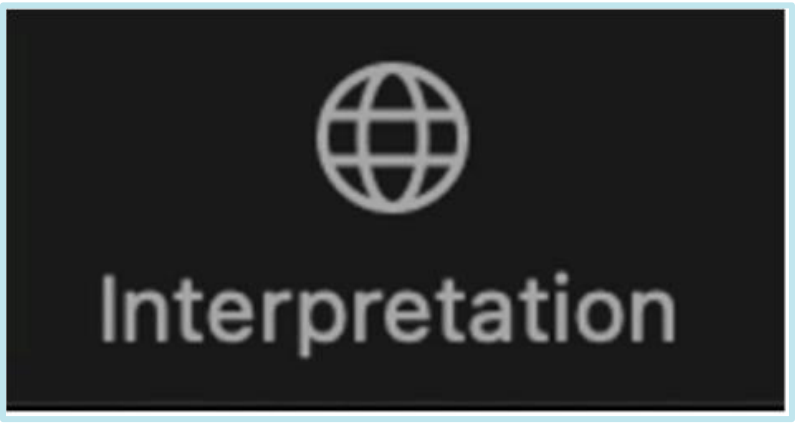

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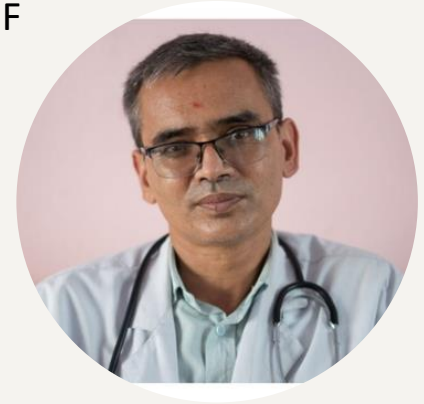

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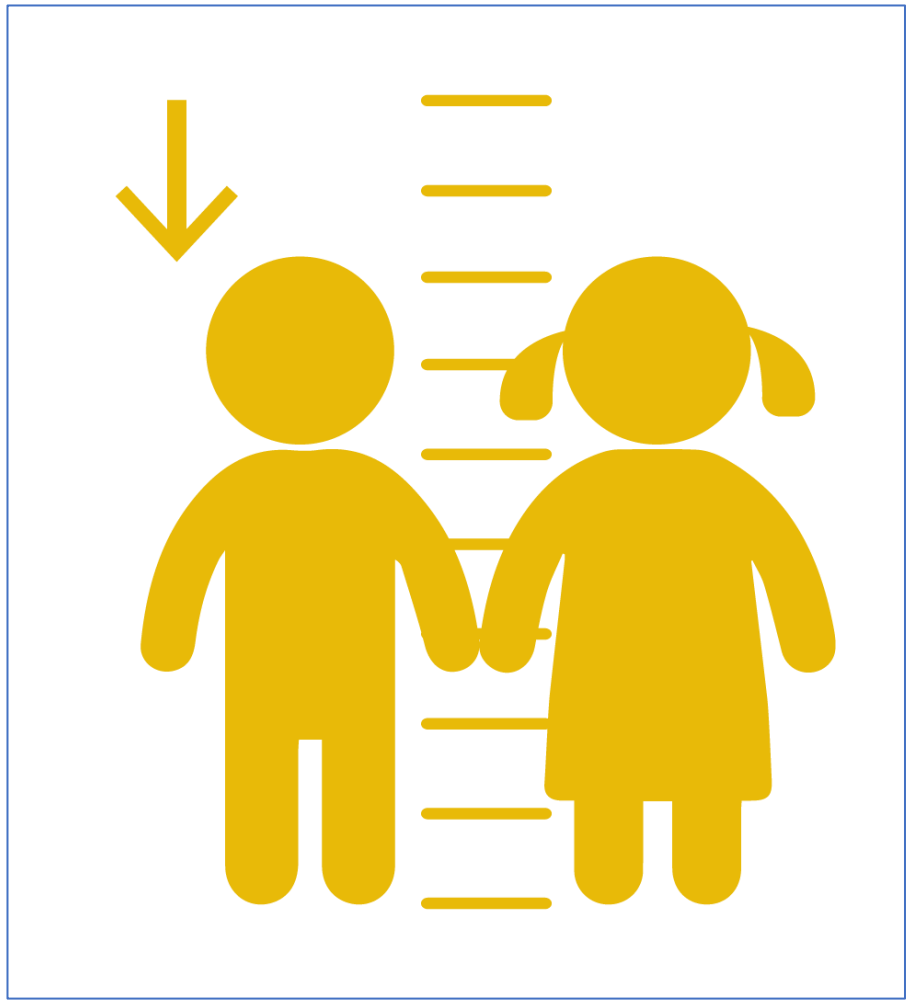
Why Addressing Stunting is a Priority?

Dr Linda Shaker Berbari

Nutrition Specialist

UNICEF, Headquarters

Why Addressing Stunting is a Priority?



Stunting refers to a child who is too short for his or her age. These children can suffer severe irreversible physical and cognitive damage that accompanies stunted growth.

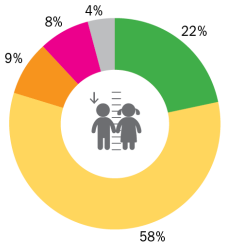
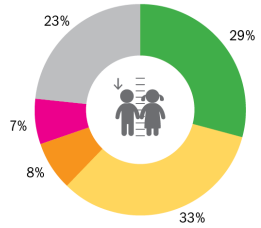
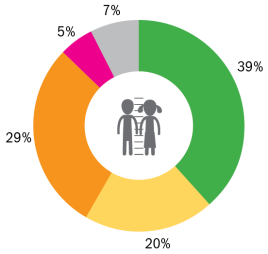
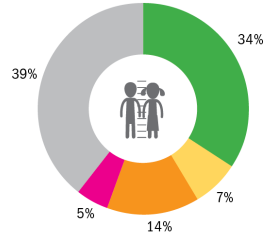
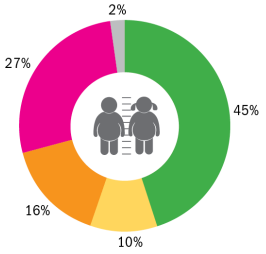
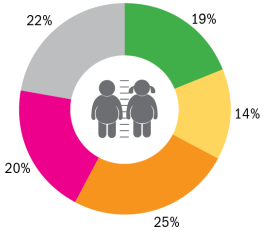
The devastating effects of stunting can last a lifetime and even affect the next generation.

Progress toward the SDGs by % of population and % of countries global

Three quarters of the world's children live in countries that are off-track to achieve the 2030 SDG target on child stunting

- On track
- Off track–some progress
- Off track–no progress
- Off track–worsening
- Assessment not possible

Progress towards the child malnutrition SDG targets by:

	GLOBAL Percentage* of **children**	GLOBAL Percentage* of **countries**
STUNTING		
WASTING		
OVERWEIGHT		

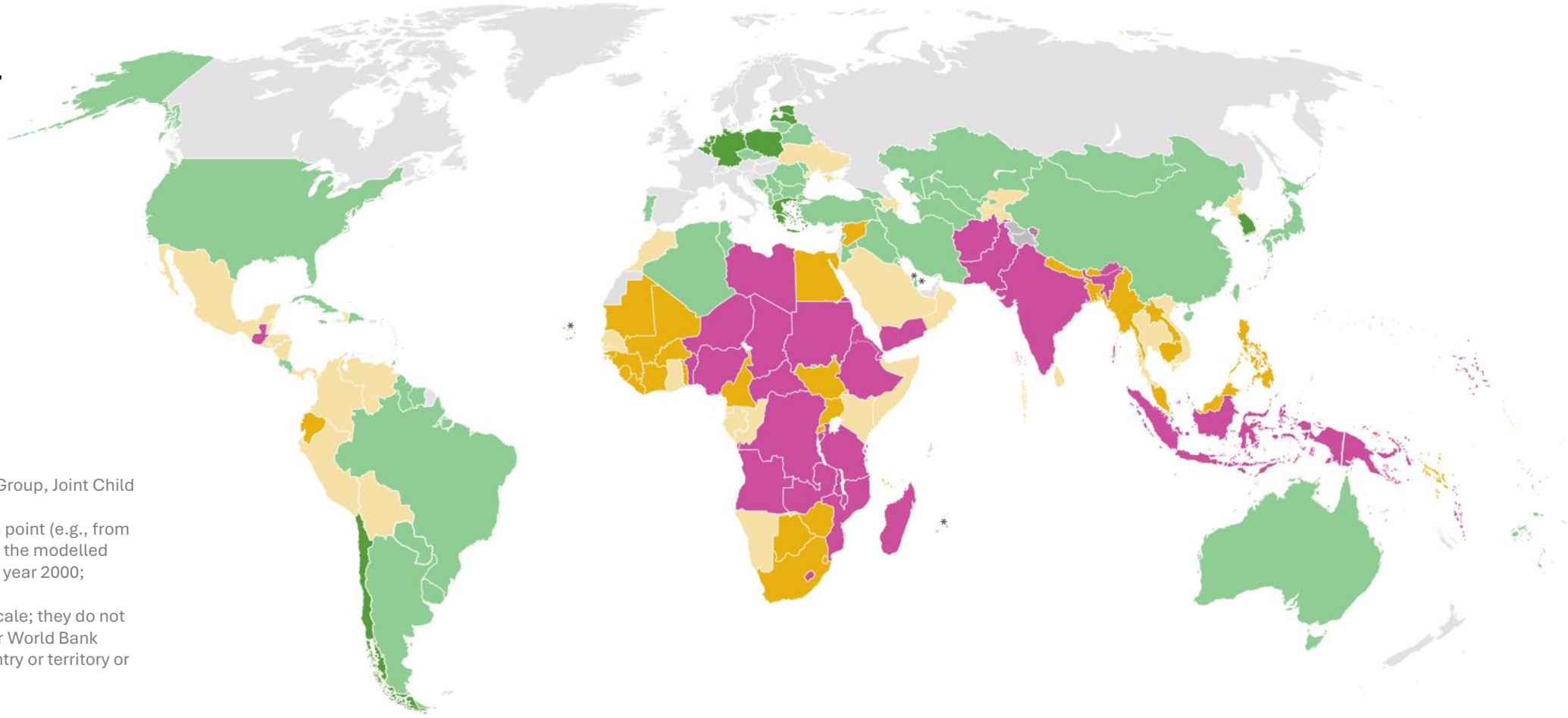
Source: UNICEF, WHO, World Bank Group Joint Malnutrition Estimates, 2023 edition. Note: *Percentages may not add up to 100 per cent due to rounding. See notes on progress assessment categories on slide 31.

STUNTING

Prevalence, by country, 2022

Percentage of children under 5 affected by stunting, by country, 2022

- ≥30% (very high)
- 20 – <30% (high)
- 10 – <20% (medium)
- 2.5 – <10% (low)
- <2.5% (very low)
- Modeled estimate not available



Source: UNICEF, WHO, World Bank Group, Joint Child Malnutrition Estimates, 2023 edition.
Note: * The most recent country data point (e.g., from household surveys) used to generate the modelled stunting estimates is from before the year 2000; interpret with caution.
These maps are stylized and not to scale; they do not reflect a position by UNICEF, WHO or World Bank Group on the legal status of any country or territory or the delimitation of any frontiers.

STUNTING

Prevalence, by country, 2022 and 2012

Percentage of children under 5 affected by stunting, by country, 2022 and 2012

- ≥30% (very high)
- 20 – <30% (high)
- 10 – <20% (medium)
- 2.5 – <10% (low)
- <2.5% (very low)
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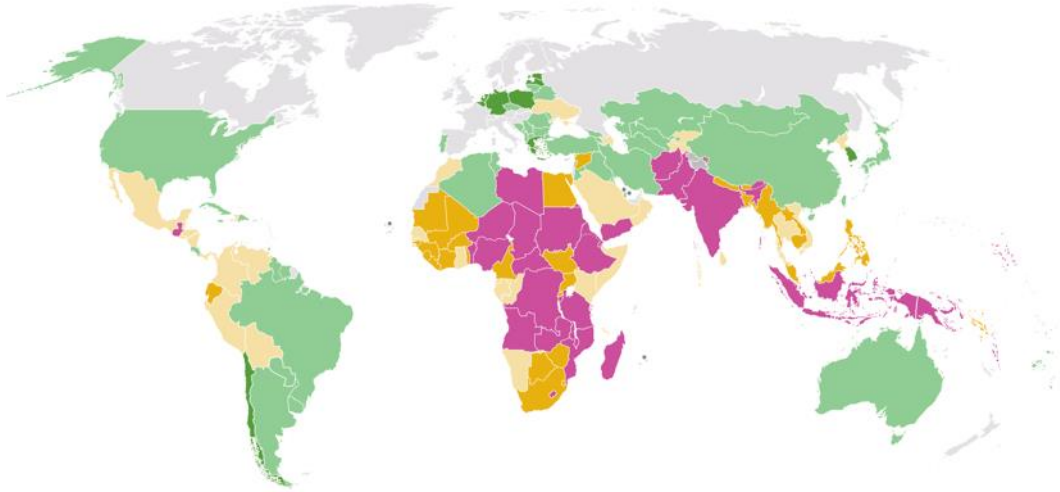
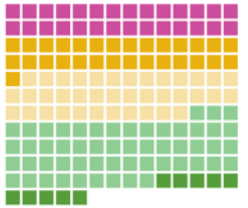
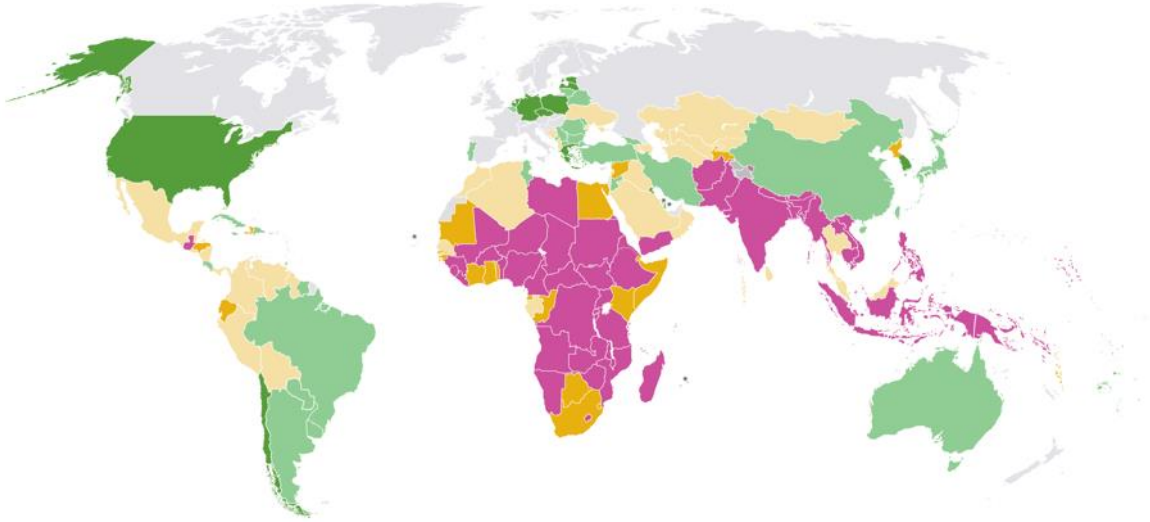
2022

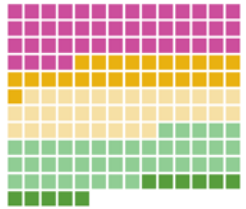




Distribution of stunting prevalence for each country with a modelled estimate presented for 2022

2012





Distribution of stunting prevalence for each country with a modelled estimate presented for 2012

Source: UNICEF, WHO, World Bank Group, Joint Child Malnutrition Estimates, 2023 edition.
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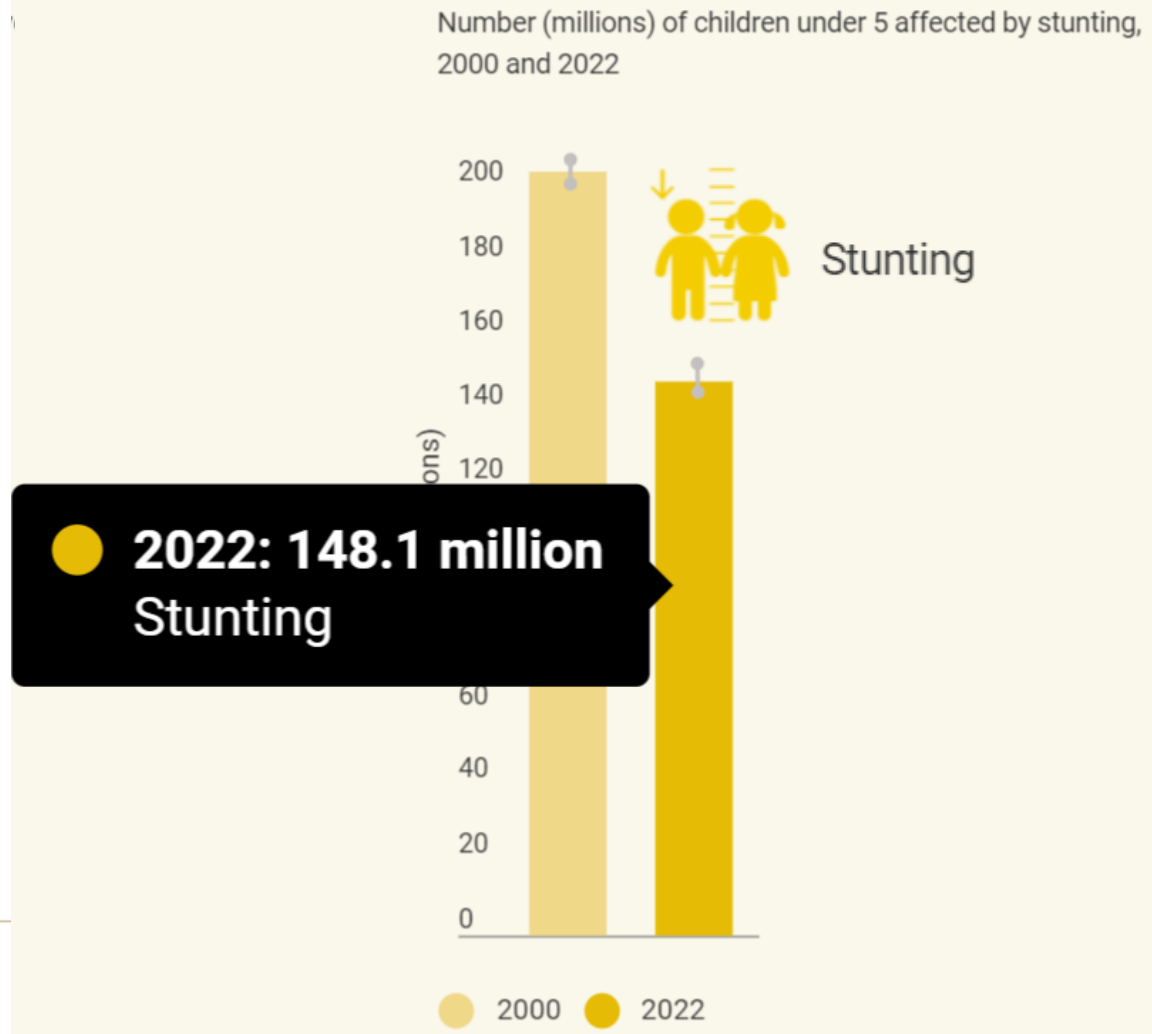
Stunting in numbers



Despite there now being 55 million fewer children with stunting an estimated **22% of children aged 5 years or younger have stunted growth and development** due to malnutrition

Stunting

- A marker of a child's overall health and well-being
- Associated with limits to a child's physical and cognitive potential

2-4X

Stunted children are two to four times more likely to die before age five than their peers

11-point

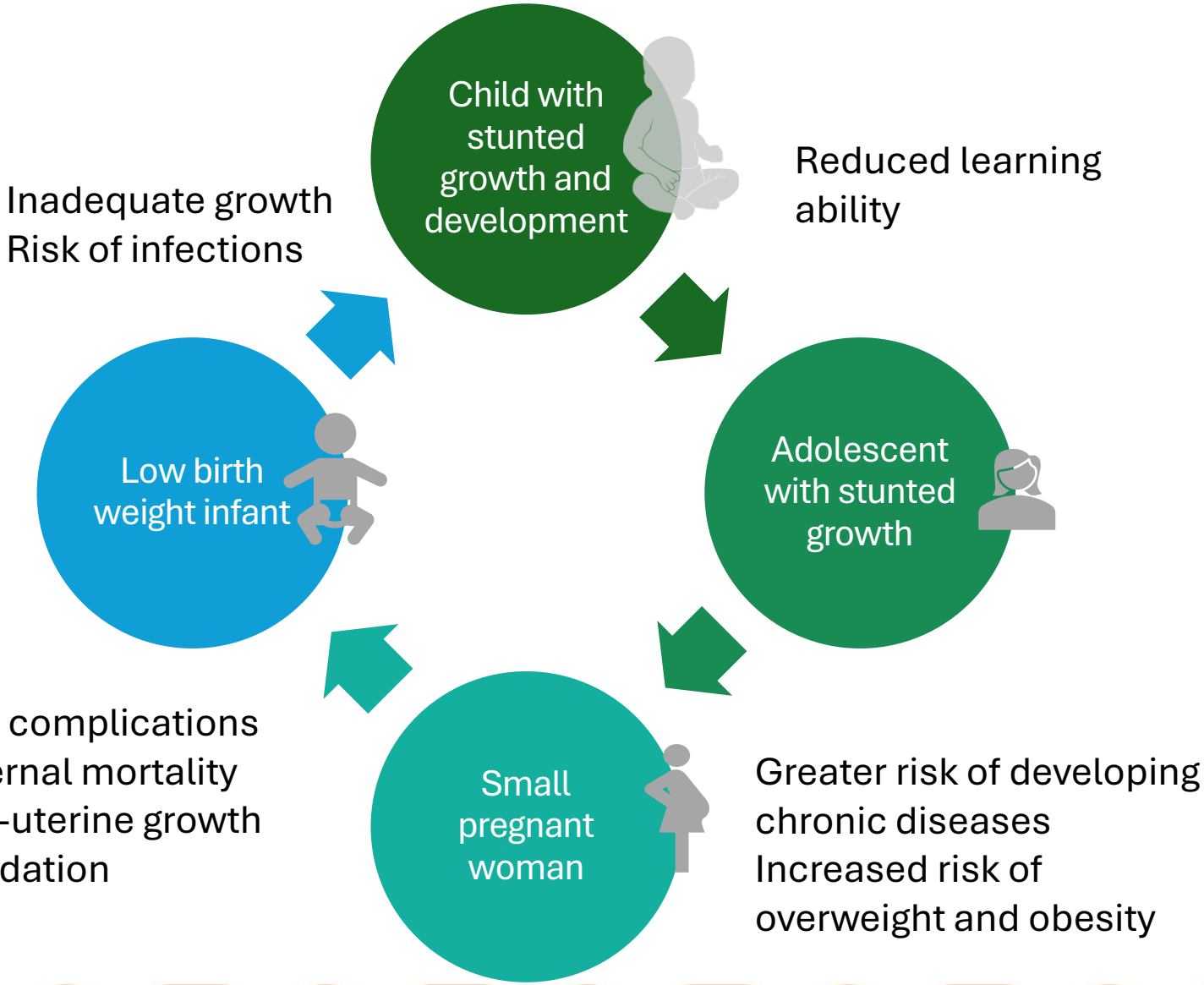
Stunting is associated with delayed cognitive development and up to an 11-point reduction in expected IQ

13%

At the societal level, stunting reflects limitations in a country's ability to compete in the knowledge economy; it correlates with costs of as much as 13 percent of expected GDP annually

Stunting

Inter-generational cycle



The drivers

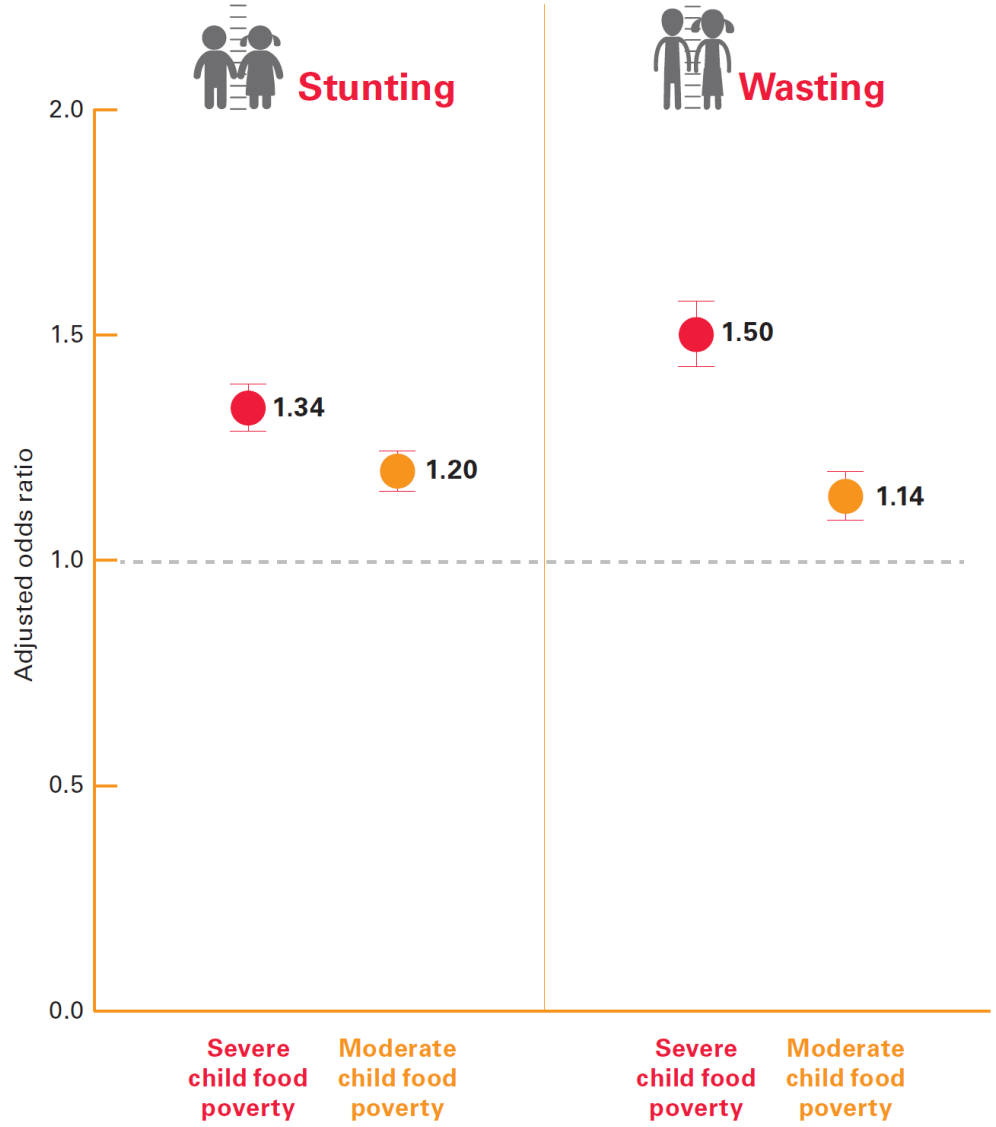

Community/Nation
Society & Culture
Education
Household
Inadequate Care
Inadequate Breastfeeding
Child
Inadequate Complementary Feeding
The Mother
Health & Healthcare
Stunted Growth & Development
Political Economy
The Home
Infection
Poor Quality Foods
Food & Water Safety
Water, Sanitation & Environment
Agriculture & Food Systems

In addition to breastfeeding,

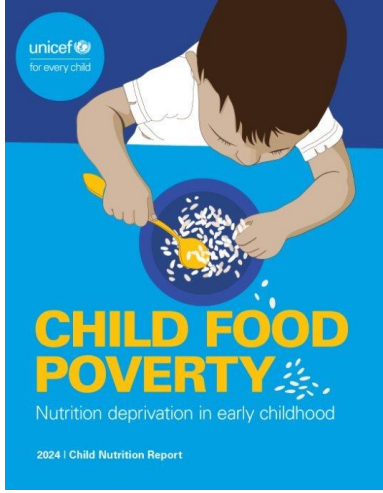
Diverse diets ensure improved survival and linear growth and a lower risk

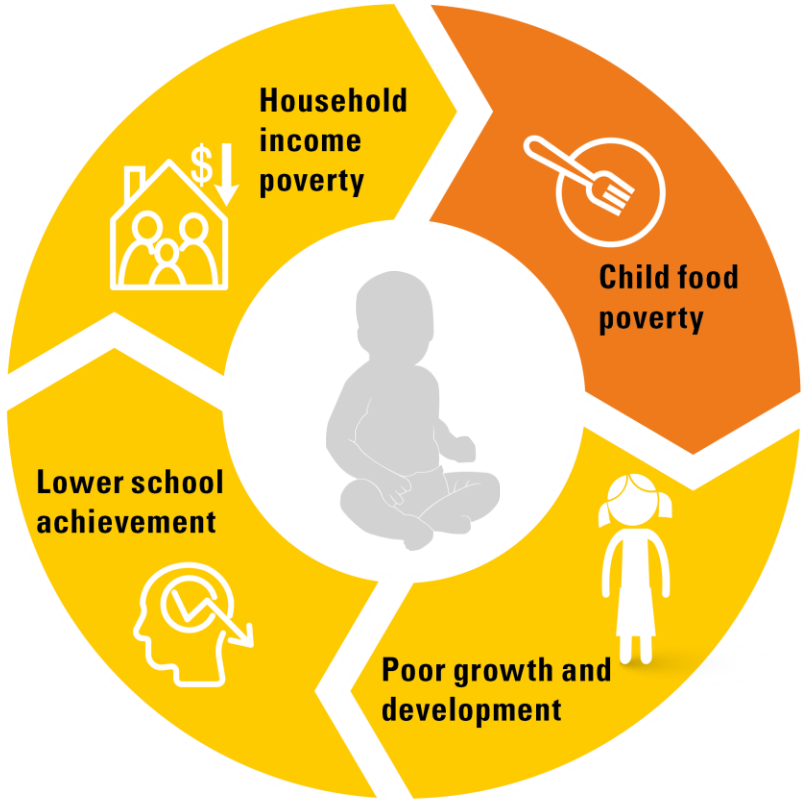
Severe child food poverty increases odds of

- stunting by **34%**
- wasting by **50%**



Adjusted odds ratio of child stunting and wasting by severity of child food poverty in a pooled sample of children from 15 countries
Figure shows adjusted odds ratios and 95 per cent confidence intervals of predictors; odds ratios are adjusted for child age, child sex, perceived size at birth, birth order, maternal age, maternal education, maternal access to antenatal care, household wealth quintile, rural or urban residence, household sanitation and household water source.





The drivers

Cost of inaction

HUMAN DEVELOPMENT PERSPECTIVES

Investment Framework for Nutrition 2024

- Nutrition programs would avert 27 million cases of child stunting
- The scale-up of nutrition interventions is estimated to generate $2.4 trillion in economic benefits.
- For every dollar invested in addressing undernutrition, a return of $23 is expected.
- These economic benefits far outweigh the costs of inaction which run at around $41 trillion over 10 years.

Thank you

Charting the way forward to 2030

Dr Jaden Bendabenda

Technical officer

Department of Nutrition and Food Safety

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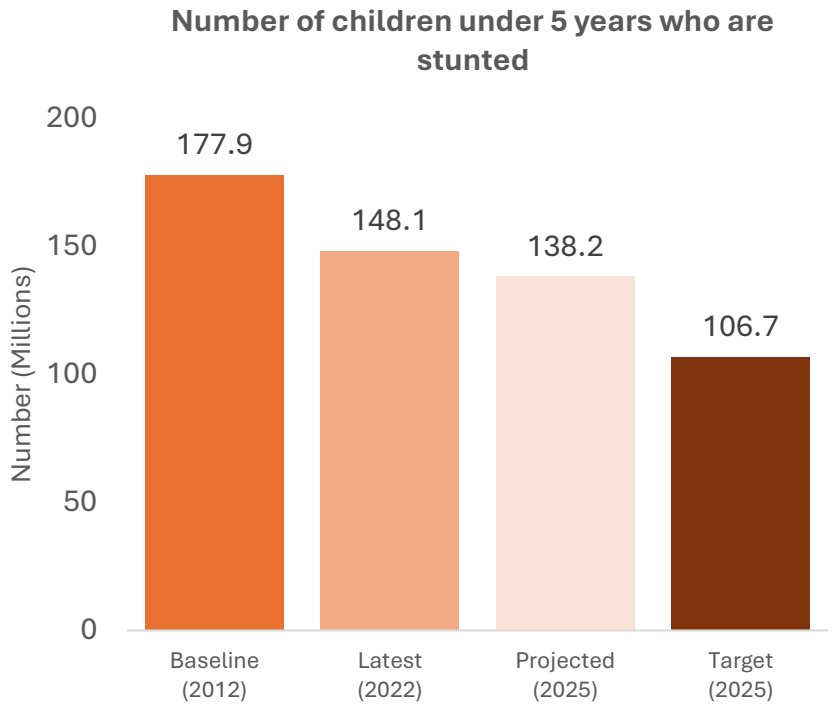
Extending the Global Nutrition Target on stunting to 2030

Current: Achieve 40% reduction in number of stunted children by 2025 (2012 as baseline)

2025

2030

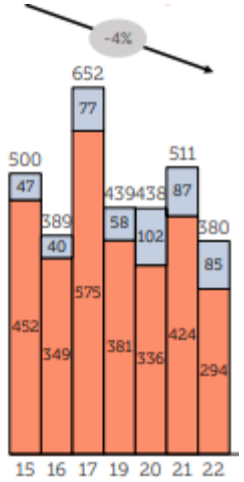
Proposed: Achieve 40% reduction in number of stunted children by 2030 (2012 as baseline)



Why has progress in reducing stunting been insufficient?

Scale up and coverage of interventions

Financing



Andridge et al. 2024

Complex drivers

- Longer term interventions required

Fragmented approach

Priority interventions

Policies, strategies, and investments

- Strengthen policies that promote involvement of all relevant sector (health, WASH, agriculture, education, gender, social protection)

  - Interventions outside health can contribute up to 50% reduction *(Bhutta et al, 2020)*

- Increase domestic financing

- High-level political support

Priority interventions

Health system

- Scale up universal access to primary health care
  - Build capacity of healthcare workers
    - Quality maternal and newborn care and family planning
    - Quality counselling to caregivers on appropriate BF and CF practices
    - IMCI - prevention, early diagnosis and management of childhood infections
    - Provide zinc supplements during and after diarrheal episodes in children
    - Deliver Vitamin A supplements to children aged 6-59 months

Priority interventions

Food and social protection

- Increase accessibility and affordability of healthy and nutritious diets

- Scale up food fortification and supplementation for adolescent girls, women and children

- Scale up provision of food assistance programs, cash transfer, food vouchers, or targeted food distribution for vulnerable families and communities

Priority interventions

WASH

- Scale up safe water supply systems
- Improve availability of latrines and toilets to discourage open defecation and reduce transmission of diarrhoea

Monitoring

Growth monitoring	• Routine child health visits and community nutrition programmes
Data on key behaviours that contribute to poor growth, e.g. diets	• Minimum dietary diversity (MDD) in children is a key marker of healthy diets and should be assessed regularly
Track effective implementation of policies in different sectors	• IYCF counselling, WASH, etc
Periodic data reporting (DHS)	• Need to integrate data on stunting in national monitoring systems • Need for operational targets • Data sharing (nfsdata@who.int)

Proposed operational targets for stunting

- Increase the % of children aged 6 to 23 months consuming **minimum dietary diversity (MDD) by 20%** (from the baseline of 34%)
  - Inadequate food intake is one of the factors associated with stunting
  - Consumption of diverse diet, including meat, poultry, fish, eggs, dairy, fruits and vegetables can help in preventing stunting

- Increase the % of caregivers **counselled on IYCF by 65%** (from the baseline of 39%)
  - IYCF counselling shapes behaviours on BF and CF, which can prevent stunting, wasting, and overweight.

Examples N4G commitments

Context	Example	Main stakeholder
National	By 2028, ensure the promotion, protection and support of breastfeeding from birth – through antenatal care, safe delivery care and postnatal care – aiming for all children to be exclusively breastfed for the first 6 months of life, and for breastfeeding to be continued until 2 years and beyond, as well as ensure that infants who are not breastfed receive timely, appropriate advice and support to meet nutrition needs and minimize risks.	Government
National	By 2026, ensure IYCF counselling is provided by skilled health care practitioners at a minimum of 6 antenatal, perinatal and postpartum contact points.	Government
National, global	By 2027, include and track infant and young child feeding in emergency preparedness plans and response, based on the provisions of the WHA endorsed Operational Guidance on IYCF-E.	Government, partners
National	By 2026, ensure that health workers provide assessment of nutritional status, alongside promotive and preventative interventions, such as healthy diet counselling and hygiene promotion, as part of quality child care and for the integrated management of childhood illnesses.	Government
National,	By 2026, the Ministry of Health has ensured that relevant equipment are included in the national priority lists of health equipment. These equipment include weighing scales and height boards for growth monitoring and identifying stunting.	Government

Thank you

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