

# A POST-2015 WORLD FIT FOR CHILDREN

## ISSUE BRIEF: Maternal and Child Nutrition



### Why maternal and child nutrition is a critical component of the Post-2015 Development Agenda

All children have the right to optimal nutrition to survive, grow and develop. Optimal nutrition requires that children have access to: (1) appropriate, affordable, diverse and nutrient-rich food; (2) appropriate maternal and child care practices; and (3) adequate health services and a healthy environment including safe water, sanitation and good hygiene.<sup>1</sup>

The interdependence between these issues cannot be overstated – while addressing malnutrition requires contributions from many sectors, improving child nutrition brings sustainable dividends to other sectors too. Well-nourished children are healthier, more resistant to disease, more attentive and perform better at school. Investment must start early in life to realize these dividends. Improving maternal and child nutrition gives children the best possible start in life, enabling them to reach their full potential.<sup>1</sup>

Globally, 51 million children under 5 years suffer from acute malnutrition,<sup>2</sup> putting them at immediate risk of death.<sup>3</sup> Chronic malnutrition leads to stunting – an irreversible condition that literally stunts the physical and cognitive growth of children, with lifelong consequences that affect everything from school performance to future earnings. In 2013, an estimated 161 million under-five year olds were stunted – approximately 1 in 4 children globally.<sup>2</sup> Stunting is most prevalent amongst the poorest households, and can trap households in a vicious cycle of poverty and undernutrition.<sup>1</sup> Stunted children are also at greater risk of becoming overweight and suffering from non-communicable diseases later in life.<sup>4</sup>

Yet, proven interventions to reduce stunting exist,<sup>5</sup> and are among the most cost-beneficial investments to improve global welfare.<sup>6</sup> These interventions include improving women's nutrition; early and exclusive breastfeeding; timely, safe, appropriate and high-quality complementary food; and appropriate micronutrient interventions. Timing is important – interventions should focus on the critical first 1,000-day window during pregnancy until a child's second birthday to have maximum impact.<sup>3</sup>

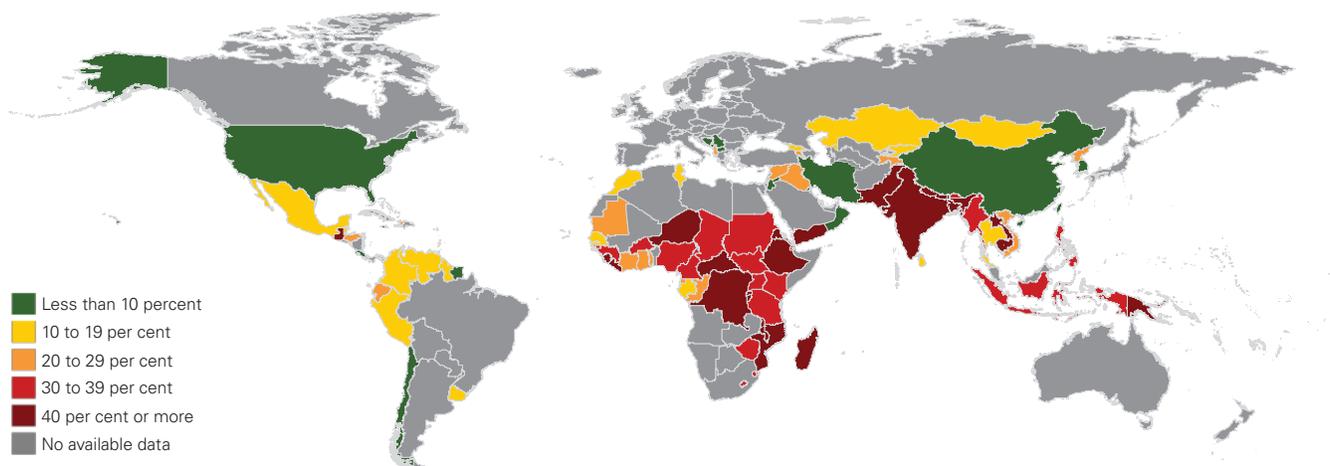
By working together, United Nations organizations, donors, civil society, the private sector and national governments are creating an unprecedented opportunity to equitably address malnutrition through country-led, cross-sectoral actions.<sup>7</sup> Better nourished children will help build more resilient communities and ensure sustainable development for all.

### Recommended targets for 2030 should be derived from the World Health Assembly targets for maternal, infant and child nutrition which are, by 2025

1. 40% reduction in the number of children under-5 who are stunted
2. 50% reduction of anemia in women of reproductive age
3. 30% reduction in low birth weight
4. No increase in children 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%

**Figure 1: Globally one in four children are stunted, with highest prevalence rates occurring in sub-Saharan Africa and South Asia**

**Percentage of children under five who are stunted, 2009-2013**

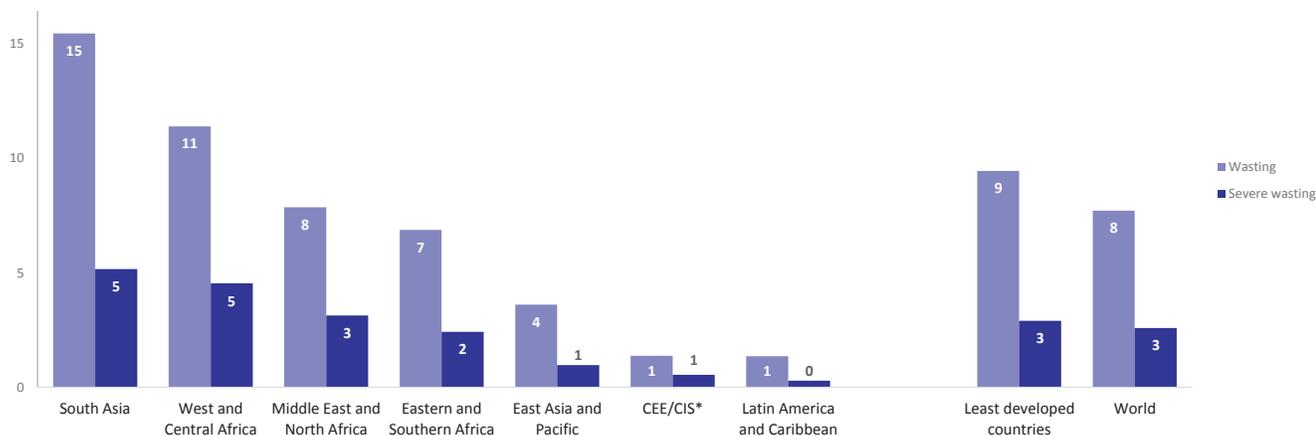


**Note:** This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line between Jammu and Kashmir represents approximately the Line of Control agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

**Source:** UNICEF Global Nutrition Database, 2014, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other national surveys.

**Figure 2: Prevalence of wasting is high in South Asia and sub-Saharan Africa**

**Percentage of children under five who are wasted and severely wasted, by region, in 2013**



\*CEE/CIS: Central and Eastern Europe and the Commonwealth of Independent States

**Source:** United Nations Children's Fund, World Health Organization, The World Bank. UNICEF-WHO-World Bank Joint Child Malnutrition Estimates, 2014.

## For more information

Please see UNICEF's webpage on Children and the Post-2015 Development Agenda: <http://www.unicef.org/post2015/>

<sup>1</sup> United Nations Children's Fund, 'Improving Child Nutrition: The achievable imperative for global progress' UNICEF, 2013.

<sup>2</sup> United Nations Children's Fund, World Health Organization, The World Bank, UNICEF-WHO-World Bank Joint Child Malnutrition Estimates, 2014.

<sup>3</sup> Black, Robert E., Cesar G. Victora, Susan P. Walker, Zulfiqar A. Bhutta, Parul Christian, Mercedes De Onis, Majid Ezzati et al. "Maternal and child undernutrition and overweight in low-income and middle-income countries." *The Lancet* 382, no. 9890 (2013): 427-451.

<sup>4</sup> Adair, Linda S., Caroline HD Fall, Clive Osmond, Aryeh D. Stein, Reynaldo Martorell, Manuel Ramirez-Zea, Harshpal Singh Sachdev et al. "Associations of linear growth and relative weight gain during early life with adult health and human capital in countries of low and middle income: findings from five birth cohort studies." *The Lancet* 382, no. 9891 (2013): 525-534.

<sup>5</sup> Bhutta, Zulfiqar A., Jai K. Das, Arjumand Rizvi, Michelle F. Gaffey, Neff Walker, Susan Horton, Patrick Webb, Anna Lartey, and Robert E. Black. "Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?." *The Lancet* 382, no. 9890 (2013): 452-477.

<sup>6</sup> Copenhagen Consensus (2012) Expert panel findings, Copenhagen Consensus Center, 2012.

<sup>7</sup> State of the SUN Movement Progress Report (September 2013). Scaling Up Nutrition Movement Secretariat. 2013.