Introduction

Adequate nutrition is essential in early childhood to ensure healthy growth, proper organ formation and function, a strong immune system, and neurological and cognitive development. Economic growth and human development require well-nourished populations who can learn new skills, think critically and contribute to their communities. Child malnutrition impacts cognitive function and contributes to poverty through impeding individuals’ ability to lead productive lives. In addition, it is estimated that more than one-third of under-five deaths are attributable to undernutrition (Liu et al., 2012; Black et al., 2008).

Nutrition has increasingly been recognized as a basic pillar for social and economic development. The reduction of infant and young child malnutrition is essential to the achievement of the Millennium Development Goals (MDGs)—particularly those related to the eradication of extreme poverty and hunger (MDG 1) and child survival (MDG 4). Given the effect of early childhood nutrition on health and cognitive development, improving nutrition also impacts MDGs related to universal primary education, promotion of gender equality and empowerment of women, improvements of maternal health and combating HIV/AIDS.

Three years remain to achieve the MDGs. Nutrition is at the top of the global development agenda and political commitments to scale up programmes aimed at reducing the scourge of child malnutrition have been made. The Scale Up Nutrition (SUN) movement, launched in 2010, calls for intensive efforts to improve global nutrition in the period leading up to 2015. The movement has brought together government authorities from countries with a high burden of malnutrition, and a global coalition of partners committed to working together to mobilize resources, provide technical support, perform high-level advocacy and develop innovative partnerships.

More recently, during the 2012 World Health Assembly (WHA), a 13-year comprehensive implementation plan (2012-2025) to address maternal, infant and child nutrition was endorsed. The aim of the plan is to alleviate the double burden of malnutrition in children, starting from the earliest ages. The plan includes six global nutrition targets: child stunting, wasting, and overweight; anaemia in women of reproductive age; low birth weight; and exclusive breastfeeding.

In May 2012, the UN Secretary General, declared the Zero Hunger Challenge (ZHC), which initiated powerful, high-level advocacy for a major advance in global efforts on food and nutrition security. The ZHC aims to encourage different stakeholders — governments, regional organizations, farmers, business, civil society, donors, foundations and the research community — to join the Secretary General to promote effective policies, increased investments and provide sustained development that support hunger reduction.

At the close of the 2012 Olympic Games, the United Kingdom’s Prime Minister hosted a summit on global child malnutrition, the Global Hunger Event, that brought together leaders from the developing world, the private sector and international development agencies to chart a new course of action aimed at slashing the number of stunted children by 25 million before the 2016 Olympic Games in Brazil.

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1 See [http://www.scalingupnutrition.org/](http://www.scalingupnutrition.org/).


Essential to the accountability of these global movements is monitoring progress towards agreed upon international targets.

Generating accurate estimates of child malnutrition is difficult. Trustworthy estimates require reliable data collected using recognized international standards and best practices, employing standardized data collection systems that enable comparison between countries and over time, and applying sound state-of-the-art statistical methods to derive global and regional population estimates. UNICEF and WHO initiated a process in 2011 to respond to the challenge of providing accurate estimates by harmonizing the data and statistical methods used to derive child malnutrition estimates.

The process involves a joint annual review of available data to produce a single child malnutrition dataset to which a unique, peer-reviewed, multi-level model is applied in order to produce estimates for various agencies’ regional and income groupings. The World Bank joined the effort after the annual review meeting in 2012. One of the most important outcomes to emerge from this partnership is the unification of estimated prevalence and numbers estimates of stunting, underweight, wasting and overweight for Global and All developing countries4 averages.

This publication presents the results of the harmonization effort and reports, for the first time, joint UNICEF-WHO-World Bank prevalence and number estimates of child malnutrition for 2011 and trends since 1990. Estimates for the four anthropometric indicators are presented by United Nations, Millennium Development Goal, UNICEF, WHO regional and The World Bank income group classifications.

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4 Per classification provided by the United Nations Statistical Division, http://unstats.un.org/unsd/methods/m49/m49regin.htm

Measuring recumbent length in a child below 2 years of age in Chad.