**STUNTING | THE GOAL**

By 2025, reduce by 40% the number of children aged under 5 years who are stunted.

**WHY IT MATTERS**

Stunting is a largely irreversible outcome of inadequate nutrition & repeated bouts of infection during the first 1,000 days of a child’s life.

Stunting has long-term effects, including: Diminished cognitive and physical development, reduced productive capacity and poor health.

Stunted children have an increased risk of becoming overweight or obese later in life.

Reduced school attendance results in diminished earning capacity; an average of 22% loss of yearly income in adulthood.

**SCOPE OF THE PROBLEM**

Globally, approximately 162 million children under the age of 5 years are stunted.

Sub-Saharan Africa and South Asia are home to three quarters of the world’s stunted children.

- **Sub-Saharan Africa**: 40% of children under 5 are stunted.
- **South Asia**: 39% of children under 5 are stunted.

**RECOMMENDED ACTIONS**

**SCALE UP PREVENTION**

- **WHAT?** Scale up coverage of stunting-prevention activities.
- **HOW?** Improve the identification, measurement and understanding of stunting.

**MATERNAL NUTRITION**

- **WHAT?** Improve the nutrition of women of reproductive age.
- **HOW?** Enact policies and/or strengthen interventions to improve maternal nutrition and health, beginning with adolescent girls.

**SUPPORT BREASTFEEDING**

- **WHAT?** Support optimal breastfeeding practices.
- **HOW?** Implement interventions for improved exclusive breastfeeding and complementary feeding practices.

**COMMUNITY SUPPORT**

- **WHAT?** Provide community-based strategies to prevent infection-related causes of stunting.
- **HOW?** Strengthen community-based interventions, including improved water, sanitation and hygiene.

**GLOBAL TARGETS**

**1000 DAYS**