The global situation based on latest analyses

The following section gives an overview of status and recent trends for each of the global indicators.

The graphs below visualize the trends with the corresponding rate or number for 2025 if the target would be achieved. Red bars refer to the population affected, with dark red highlighting the baseline and faded red forecasts. The blue dots, in turn, with upper and lower levels of uncertainty refer to the prevalence estimates, and the 2025 target is marked in green.

Rates of progress are given as annual average rates of reduction (AARR\textsuperscript{2}) or average annual rates of increase (AARI) depending on the target.

Stunting in children 0-5 years of age

Globally the prevalence and numbers of stunted children are decreasing. Stunting refers to children who are too short for their age. Nevertheless, if the current rate of decline continues, and considering projected population dynamics, the 2025 target of about 100 million stunted children worldwide will not be achieved. In other words, extra efforts will be required to reach this goal. Given that the stunting target focuses on numbers affected, countries have an additional pathway to trigger improvements, which is to invest in programmes that slow population growth such as family planning.

Focusing only on interventions to reduce stunting, to achieve this target countries on average would need to reach an AARR of 3.9 per year. A recent analysis has shown that countries are able to reduce stunting at this rate.\textsuperscript{3}

\begin{table}
\centering
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline
\hline
Population & 257 & 224 & 197 & 180 & 167 & 154 & 140 & 100 \\
\hline
Stunting & 39.8 & 35.9 & 32.6 & 29.3 & 26.0 & 24.7 & 23.1 & 21.0 \\
\hline
\end{tabular}
\end{table}


Anaemia in women of reproductive age

Global levels of anaemia in women of reproductive age decreased little over the last 2 decades, from 38% to 29%. Anaemia refers to haemoglobin levels below 12 g/dL for women in reproductive age and 11 g/dL for pregnant women. Because this period saw a growing population of women, the numbers affected, in turn, increased from 503 to 529 million. The drop in numbers between 1990 and 1995 is due to the fact that the improvement happened simultaneously to slow population growth, while the subsequent stagnation of anaemia improvements coincided with faster population growth. The global target of a 50% reduction focuses on prevalence only. Although it is an ambitious target, it was chosen knowing that there are interventions which have shown great impact. Encouraging countries to take action is the objective of this somewhat aspiring target.

Low birth weight

Globally, an estimated 15% of neonates suffer from low birth weight (2012)\(^4\). This prevalence estimate was derived using average country estimates weighted by corresponding population. To achieve a decline of 30% by 2025 will require an AARR of 2.74 to attain an end-line prevalence of 10% (see graph below). While it is presently not possible to undertake global trend analyses for this indicator, the majority of countries with comparable data show that there has been little progress over the last 15 years. This suggests that unless a radical shift in programming occurs to address this early form of

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\(^4\) Note that the baseline for low birth weight of 15% includes an estimate for China; however given methodological concerns related to the estimate for China, the global figure without China is noted as 18% for which the target in 2025 would be 13% requiring an AARR of 2.74.
malnutrition, the target is unlikely to be met. It should be noted that there are approximately 50% of neonates with unknown birth weight in developing countries (excluding China), which is further challenging the ability to generate reliable estimates. Consequently, a team of interested partners including WHO, John’s Hopkins University, London School of Medicine and Tropical Hygiene and UNICEF are leading an in depth review of data and methods to improve low birth weight estimates which may result in a new baseline for the next year.

Overweight in children 0-5 years of age

Global child overweight has been steadily increasing in prevalence and numbers in 1990-2012 and this trend appears to accelerate since 2005\(^5\). Overweight refers to children that are heavy for their height. Therefore it was intentional to set the global target to halt any further increase in prevalence. Countries with low levels of child overweight can contribute towards this target by stabilizing their rates, while other with high rates (>10%) should aim to decrease towards the global baseline level of 7%.

Exclusive breastfeeding for the first six months

At present, an estimated 38% of infants aged 0-5 months are exclusively breastfed globally. This prevalence estimate was derived using average country estimates weighted by corresponding population. To reach the global target of 50% by 2025, the required annual average rate of increase (AARI) is 2.11. A number of countries have surpassed AARIs of 10, while some even have AARIs in excess of 20. On the other end of the spectrum, there are some countries showing a decrease over the last 5-10 years, as indicated by negative AARIs. As many countries have already surpassed the global target for this indicator, and given that rates of progress for this indicator can change suddenly, it is particularly important that all countries, even those that are currently above 50%, maintain the progress achieved and whenever possible strive towards further improvements.
**Wasting in children 0-5 years of age**

The presentation of the wasting target is slightly different because trends for this condition are not meaningful. Wasting refers to children that are too thin for their height. Wasting rates can change rapidly following sudden impacts such as natural or man-made disasters. The presented global estimate thus refers only to 2012 and is based on recent data to limit the potential bias.

The global wasting target is to reach or maintain levels below 5%. Weighted quartiles (by population of under-5 year olds) based on 119 countries with data between 2005 and 2012 show that 9 countries with wasting rates ≥ 15.7% (3rd quartile) total more than 55% of the global estimated number of wasted children (Bangladesh, Chad, Djibouti, India, Niger, Papua New Guinea, South Sudan, Sudan and Timor Leste). Given that wasting rates can change rapidly, the composition of the list countries with very high wasting levels is also extremely variable.

"2012" data are most recent from 2008–2012, with the exception of India which is 2005/06.
Tracking tool

To assist countries in deriving individual targets WHO and partners currently develop an online tracking tool. This tool will enable countries to explore scenarios taking into account different progress rates for the six targets and the time left to 2025. It is meant to complement existing tools related to nutrition intervention, impact and costing.

In summary this target tracking tool will:

- allow countries to develop scenarios for the global targets given their current situation
- explore alternative reduction rates wherever a complete achievement seems unrealistic
- enable visualizing of different scenarios and how much can be done in what time
- allow users to picture target information for the different countries
- provide new data as they become available and encourage contributions to update the database

The tool will be able to produce outputs in form of target and country profiles, maps and charts, and data tables. Examples of output maps from the tool are shown below.

The tool will be maintained by the WHO Department of Nutrition and posted on the department’s website [www.who.int/nutrition](http://www.who.int/nutrition).
Global maps

Geographic patterns of severity for each target indicator show at a glance where interventions are most needed. The following global maps depict these patterns for each of the target indicators using most recent national estimates. For wasting, exclusive breastfeeding and low birth weight data are currently lacking to produce such a map.

Global distribution of numbers of stunted children (in thousands)

Global patterns of percent child overweight (%)
Global patterns of percent child wasting (%)

Maps on patterns of anaemia in women of reproductive age, exclusive breastfeeding and low birth weight are still in development.