



CHILD SURVIVAL ACTION

Call to Action in support of Nutrition for Growth

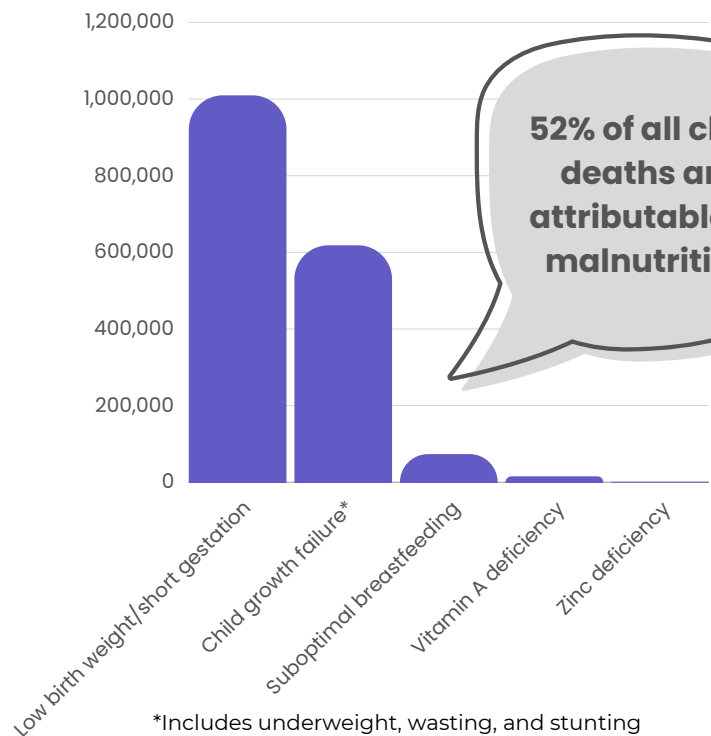
Malnutrition is a major barrier to achievement of the child survival Sustainable Development Goal

27 March 2025

Lack of progress in reducing child malnutrition is one of the greatest barriers to achieving the child survival **Sustainable Development Goal** (SDG 3.2) by 2030. The **60 countries** that are not on track to achieve SDG 3.2 are home to 70% of all malnutrition-related deaths among children under five.(1)

The wide gaps in access to nutrition interventions in these countries are holding back the accelerated reductions in child deaths that are so urgently needed. Governments and global health agencies must find new ways to reach malnourished children, including by fully integrating nutrition and health services in the off-track countries.

Leading causes of malnutrition-related child deaths in the 60 off-track countries



*Includes underweight, wasting, and stunting

Source: Global Burden of Disease, 2021

Child malnutrition is the leading risk factor for child death. In 2021, it contributed to 1.7 million deaths - more than half (52%) of the estimated 3.3 million deaths of children under five across the 60 off-track countries. Five conditions were responsible for the vast majority of these malnutrition-related deaths, including low birth weight and short gestation (59%), child growth failure which includes underweight, wasting, and stunting (36%), and sub-optimal breastfeeding, Vitamin A, and zinc deficiency (5%).⁽¹⁾

Reductions in the numbers of malnourished children have also fallen far short of global nutrition targets. Between 2012 and 2022, the number of stunted children fell by just 9% to 148 million, well below the 50% reduction by 2030 target. And in 2022, there were 45 million wasted children, 6.8% of all children under five, well above the 3% by 2030 target. Only three of the 60 off-track countries have achieved the wasting target (Dominican Republic, Eswatini, and Rwanda).

Slow progress in reducing the numbers of malnourished children

Driving these malnutrition-related child deaths are the large numbers of babies born with low birth weight (<2,500g) and/or prematurely (<37 weeks) and the lack of progress in reducing these numbers. Despite the **global target of a 30% reduction** in the number of low birth weight babies born between 2012 and 2030, the rate has declined by just 8%, from 21.6 million in 2012 to 19.8 million in 2020.⁽²⁾ The reduction in preterm births was even lower, falling from 13.8 million in 2010 to 13.4 million in 2020.⁽³⁾ According to a recent assessment ⁽⁴⁾, none of the 60 off-track countries will achieve the low birth weight goal by 2030 (Table 1).

Coverage of child nutrition services is tragically low

Despite the existence of effective nutrition interventions that can prevent and treat most causes of child malnutrition, their coverage is among the lowest of health interventions. Less than half (48%) of children under six months are exclusively breastfed and just 21% of 6–23 month olds consume a minimum acceptable diet, according to **UNICEF**. Only two of the 60 off-track countries have achieved the 70% exclusive breastfeeding target - Burundi and Rwanda. And one of the most shameful statistics in global health - only **one in three children** with the most life-threatening wasting receive treatment with ready-to-eat therapeutic foods.⁽⁵⁾

Even Vitamin A supplementation – the highest coverage nutrition service – only reaches **59% of children aged 6–59 months**, and mainly because it is often delivered alongside vaccination, which has the highest reach of all child health services. With respect to other micronutrients, there are no official statistics on the percentage of children who eat staple foods (e.g., salt, flour, and edible oils) fortified with micronutrients.

New solutions needed to integrate malnutrition and health services

In the five years remaining to the SDG deadline, new approaches are needed to reach malnourished children, and those at risk of malnutrition, with lifesaving services. Integrating the prevention and diagnosis of child malnutrition with vaccination would reach more than 80% of children in the first year of life in most countries. Older children would also benefit in countries where vaccine catch-up campaigns are common.

The evidence of the cost-effectiveness of integrating nutrition and vaccination is strong and growing, with new trials and programs underway in Nigeria, Ethiopia, and Pakistan – all off-track countries.⁽⁶⁾ The Nigeria **NutriVax** trial is testing the impact of integrating a small-quantity lipid-based nutrient supplement (SQ-LNS) with measles vaccination.

SQ-LNS has been shown to reduce severe wasting by 31%, severe stunting by 17% and iron-deficiency anemia by 64% in children 6–24 months.⁽⁷⁾ In response to the Ethiopian Government's call for the integration of nutrition and immunization services, the Children's Investment Fund Foundation (CIFF), Gavi, and UNICEF are collaborating on a **\$US30 million program** to integrate services usually delivered separately to improve the efficiency of services and lower the cost of reaching the hardest to reach children children. Integrated vaccination and nutrition programs in **Indonesia** and **Pakistan** are reaching millions of children.

We applaud the Nutrition for Growth (N4G) conference for shining a light onto the opportunities of integration by releasing a **Global Compact on Nutrition Integration**. We call on all organizations with a child survival mandate – national, regional, and global – to embrace the compact and commit to concrete actions to ensure that the most lifesaving nutrition prevention, diagnosis, and treatment services reach all of the children who need them. We appeal to the nutrition community to prioritize integration efforts in the 60 off-track countries and specifically in the nutrition areas where progress is lagging most (Table 1).

In an era of shrinking global and national health budgets, integrating nutrition with child health services that are already reaching the majority of children will not only maximize lives saved, but will do so more cost-effectively – making scarce government and donor dollars go further.

The World Bank **Investment Framework for Nutrition 2024** acknowledged that integrating nutrition with other complementary life-saving interventions has the potential to leverage health finances and make significant improvements in boosting the coverage and quality of life-saving interventions.

Other health services reaching a majority of children should also integrate the most lifesaving nutrition services, where appropriate and feasible.

Learn more

Learn more about **Child Survival Action** and the Child Health Task Force.

A literature review and proposed learning agenda on Immunisation Nutrition Integration, Eleanor Crook Foundation and Gavi, the Vaccine Alliance, 2023.

Equity from birth: an integrated approach to immunization and nutrition policy brief, Scaling Up Nutrition and Gavi, the Vaccine Alliance, 2021.

End Notes

1. Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2021 (GBD 2021). Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2024.
2. Okwaraji YB, et al. National, regional, and global estimates of low birthweight in 2020, with trends from 2000: a systematic analysis. *The Lancet*, 2024.
3. Ohuma EO, et al. National, regional, and global estimates of preterm birth in 2020, with trends from 2010: a systematic analysis. *The Lancet*, 2023.
4. Arndt MB, et al. Global, regional, and national progress towards the 2030 global nutrition targets and forecasts to 2050: a systematic analysis for the Global Burden of Disease Study 2021. *The Lancet*, 2024.
5. UNICEF, WHO, The World Bank. Levels and trends in child malnutrition: Joint Child Malnutrition Estimates, 2023.
6. Eleanor Crook Foundation and Gavi, the Vaccine Alliance, A literature review and proposed learning agenda on Immunisation Nutrition Integration, 2023 and Scaling Up Nutrition and Gavi, Equity from birth: an integrated approach to immunization and nutrition policy brief, 2021.
7. Dewey KG et al, Small-quantity lipid-based nutrient supplements for the prevention of child malnutrition and promotion of healthy development: overview of individual participant data meta-analysis and programmatic implications, *The American Journal of Clinical Nutrition*, 2021.

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Legend: Relative distance from 2030 nutrition targets
>100%
50-99%
20-49%
0-19%
Achieved

Table 1: Malnutrition-related child deaths in 59 countries off-track to SDG 3.2: distance from 2030 nutrition targets

Countries	Number malnutrition-related <5 deaths	% <5 deaths	% born low birth weight	% <6 mths exclusively breastfed	% <5 wasted	Number <5 wasted
Nigeria	436,596	56%	11%	29%	10%	3,291,545
Pakistan	224,799	64%	19%	40%	12%	3,778,854
Ethiopia	96,181	54%	12%	61%	10%	1,859,009
DR Congo	66,613	40%	7%	51%	8%	1,366,099
Chad	58,167	63%	9%	3%	15%	510,588
Mali	57,901	57%	17%	36%	10%	380,526
Niger	53,946	54%	16%	21%	11%	488,373
Somalia	53,338	62%	16%	11%	13%	428,357
Tanzania	46,370	47%	11%	58%	4%	424,985
Burkina Faso	40,918	47%	10%	40%	12%	389,178
Uganda	39,420	39%	10%	67%	4%	334,972
Côte d'Ivoire	32,525	51%	13%	21%	6%	277,497
Mozambique	31,452	46%	12%	40%	4%	227,746
Cameroon	28,946	43%	8%	29%	5%	206,023
Madagascar	28,332	58%	14%	52%	0%	415,495
Angola	28,157	43%	10%	43%	5%	291,674
Afghanistan	26,111	45%	16%	52%	7%	439,920
South Sudan	25,936	54%	12%	43%	21%	296,813
Philippines	24,797	52%	11%	40%	7%	744,739
Kenya	23,088	53%	9%	49%	6%	389,172
South Africa	22,865	59%	11%	26%	5%	273,655
Guinea	19,289	45%	11%	23%	8%	179,538

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Yemen	18,950	50%	13%	13%	16%	925,313
Sudan	18,915	45%	11%	56%	12%	871,138
Benin	18,878	48%	12%	42%	8%	170,869
Ghana	18,796	45%	9%	51%	7%	276,901
Myanmar	18,221	43%	9%	42%	6%	260,596
Sierra Leone	15,229	53%	12%	45%	7%	77,647
Zimbabwe	14,369	59%	10%	43%	4%	83,455
Burundi	14,163	48%	10%	80%	5%	115,360
Malawi	14,119	48%	11%	66%	4%	116,383
Zambia	13,177	47%	10%	68%	4%	134,284
Haiti	11,869	49%	16%	37%	6%	77,217
Central African Republic	10,487	51%	12%	42%	8%	75,417
Senegal	10,138	52%	12%	42%	7%	159,241
Papua New Guinea	8,848	50%	13%	65%	12%	149,328
Togo	6,920	50%	11%	54%	6%	76,106
Rwanda	6,664	44%	7%	87%	3%	46,193
Liberia	5,158	47%	13%	54%	4%	33,354
Eritrea	4,747	54%	12%	61%	12%	54,940
Dominican Republic	3,063	57%	12%	8%	2%	21,416
Mauritania	2,702	59%	25%	42%	10%	76,281
Guinea-Bissau	2,247	51%	14%	50%	6%	17,249
Congo	2,218	44%	10%	32%	0%	55,486

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Countries	Number malnutrition-related <5 deaths	% <5 deaths	% born low birth weight	% <6 mths exclusively breastfed	% <5 wasted	Number <5 wasted
Lesotho	1,897	58%	11%	61%	4%	9,894
The Gambia	1,868	56%	16%	53%	7%	25,254
Turkmenistan	1,279	42%	4%	47%	5%	42,818
Botswana	1,252	64%	11%	35%	7%	20,046
Namibia	1,183	62%	12%	44%	6%	25,166
North Korea	1,153	37%	5%	63%	3%	58,275
Timor Leste	766	55%	12%	56%	18%	31,140
Eswatini	639	53%	7%	43%	2%	2,565
Equatorial Guinea	631	36%	9%	22%	3%	7,161
Gabon	620	44%	12%	7%	3%	9,778
Djibouti	543	49%	10%	17%	20%	22,643
Comoros	483	59%	14%	14%	10%	11,706
Fiji	150	43%	9%	59%	5%	4,261
Kiribati	56	52%	11%	55%	4%	676
Dominica	8	46%	10%	32%	3%	106
Sub-total	1,781,171					21,140,691
All malnutrition-related child deaths	2,424,016					45,000,000
%	71%					29%

Source: Arndt MB, et al. Global, regional, and national progress towards the 2030 global nutrition targets and forecasts to 2050: a systematic analysis for the Global Burden of Disease Study 2021. The Lancet, 2024.