

# National Nutrition Summit

## Day 2: Session 1: Global Evidence on Stunting Reduction



# Recap: Stunting has long term negative impacts on the individual and society.



Stunted children are 2- 4 times likely to die before age five as their peers are.



Stunting is associated with cognitive development and up to an 11-point reduction in expected adult IQ.



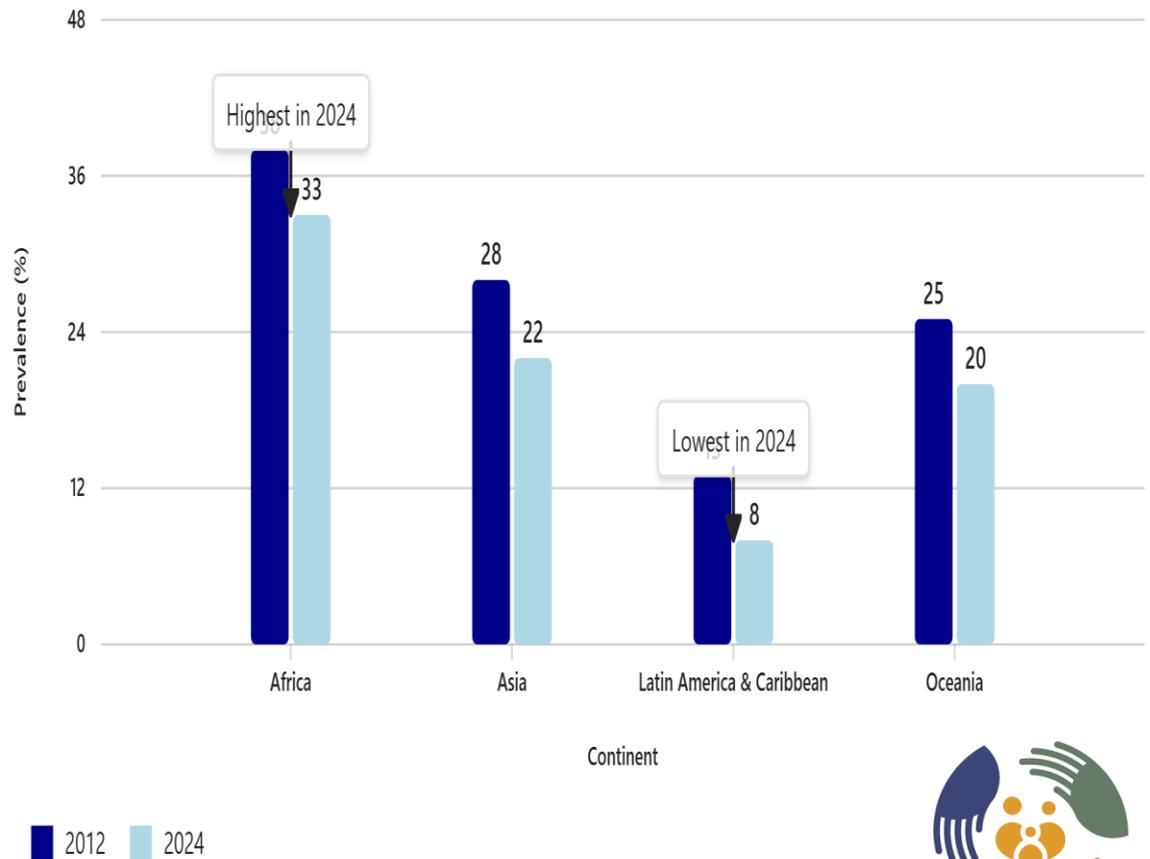
At the societal level, stunting reflects limitations country's ability to compete in the knowledge economy.



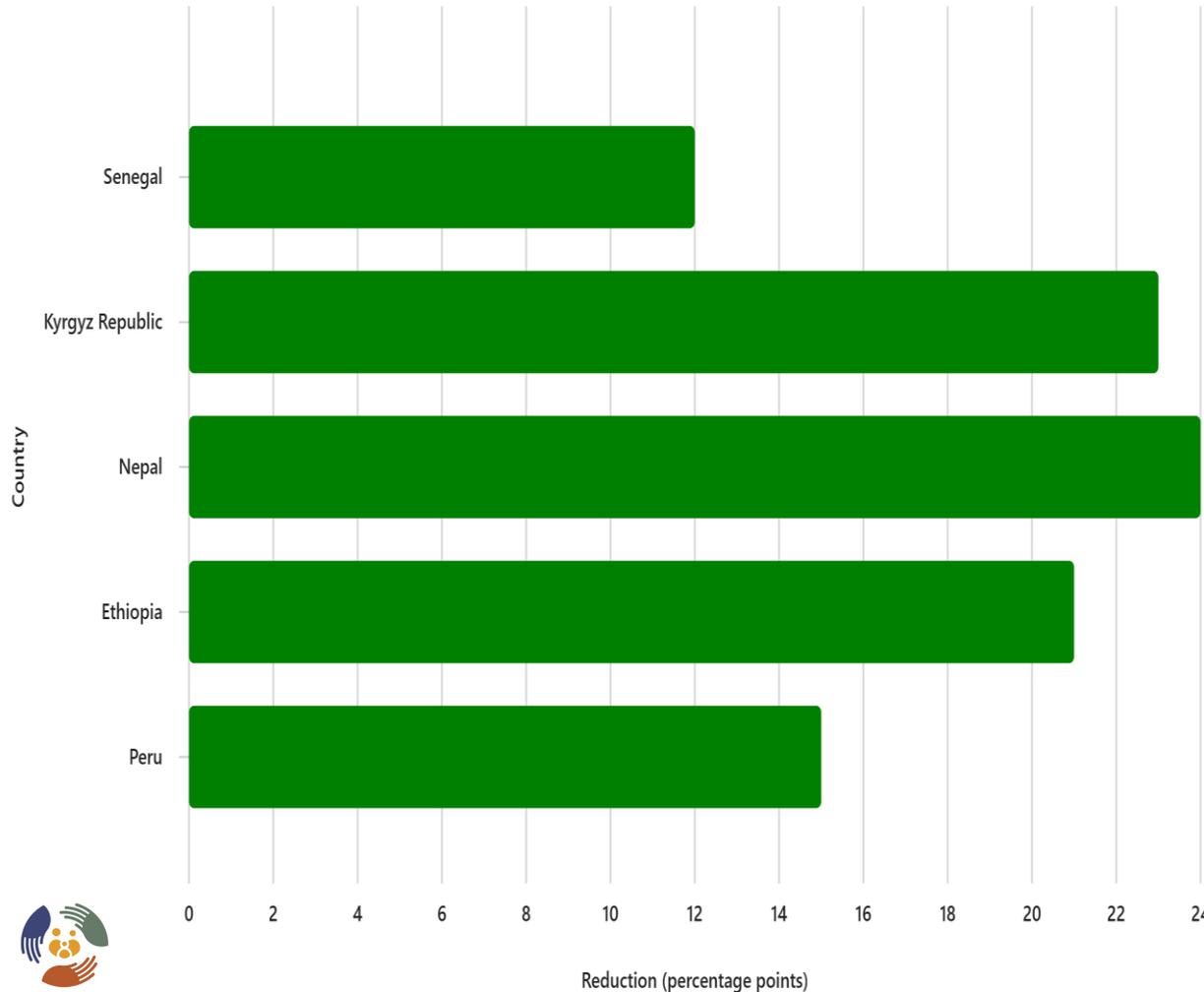
Stunting can cause reductions of up to 11% of expected annual GDP.

# Globally: Stunting prevalence declined from 26.4% (2012) to 23.2% (2024) but off WHA target for 2025.

- Africa: 38% → 33% : highest burden)
- Asia: 28% → 22%: significant progress)
- Latin America & Caribbean: 13% → 8%: lowest prevalence

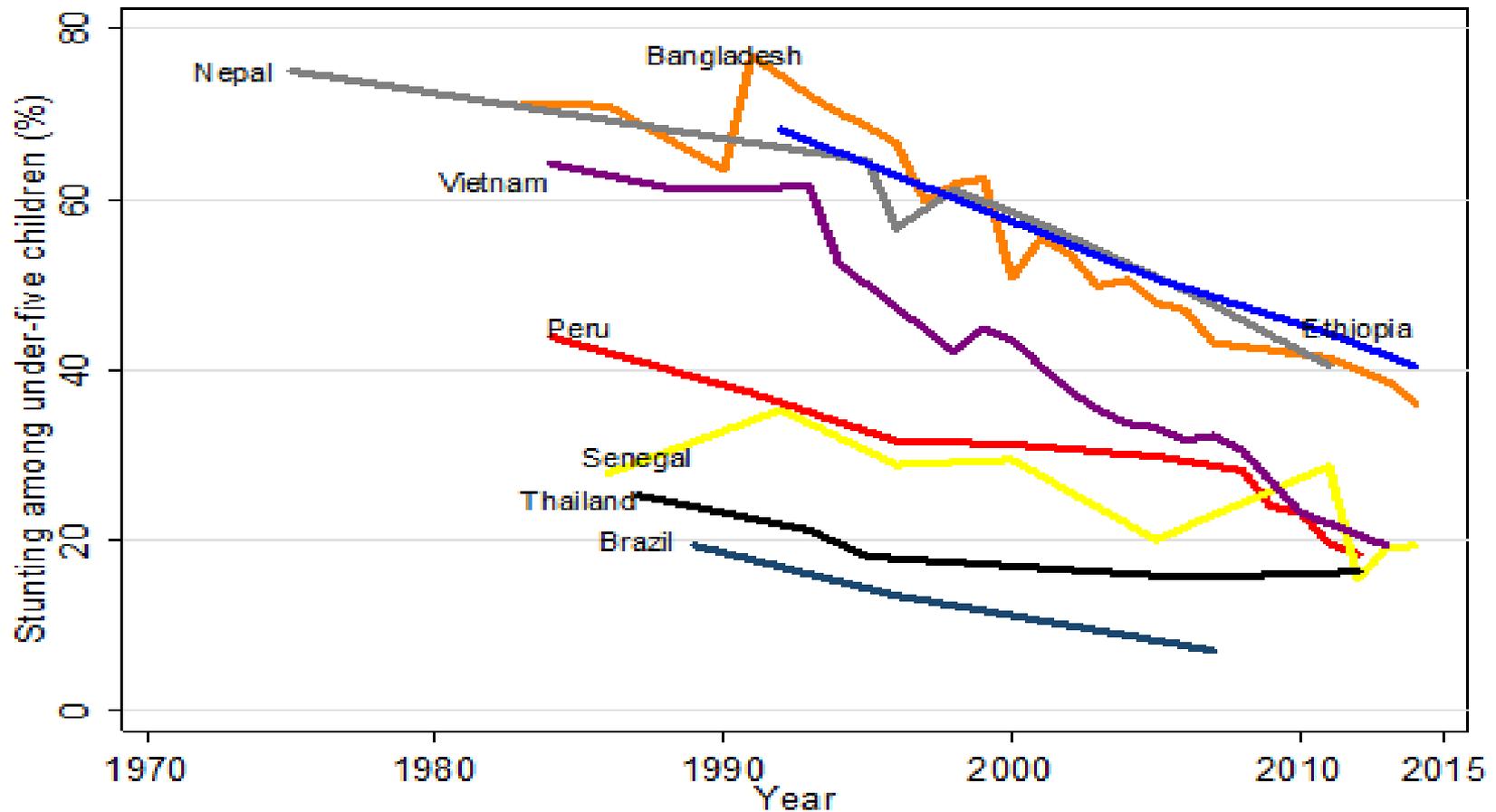


# According to Exemplars in Global Health: Five countries stand out for significant progress.



- Peru: 28% → 13% (fastest reducer)
- Nepal: 57% → 33% (24-point reduction)
- Kyrgyz Republic: 36% → 13% (23-point reduction)

# Global Evidence: Countries around the world have demonstrated good progress in reducing stunting in the last decades.



Sources: World Development Indicators

# Brazil: Stunting among children aged under 5 years dropped from 37 % in 1974 to 7 % in 2007 driven by.



- Improvements in the purchasing power of families. (minimum wage & cash-transfer)
- A rise in the rates of female education;
- Improvements and expansion of maternal and child health services.
- Expansion of water and sanitation systems;
- Improvements in the quality and quantity of food produced by small family farms.
- Strong political leadership, effective decentralization, active civil

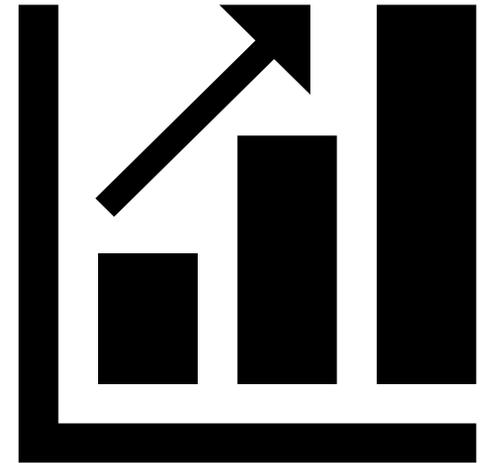
# PERU: Stunting among children under 5 years dropped from 22.9% in 2005 to 17.9% in 2010.



- In Peru, CRECER (“grow”) – the National Strategy against Child Malnutrition – had an initial target of 9% reduction in stunting between 2005 and 2011.
- Under the Prime Minister’s leadership, a multisectoral systems strategy was implemented at national, regional and district levels..
- JUNTOS (“together”) program, was implemented as a conditional cash-transfer programme with the aim of improving resources at the household level, educational opportunities and the utilization of health and nutrition services.
- Improvements in poor rural areas were larger than the national average, thanks to targeting through JUNTOS.
- The dramatic improvements in Peru between 2005 and 2010 highlight the positive effect of a policy reform that integrated nutrition into social-protection strategies.

# India: Maharashtra state reduced stunting rates in children under 2 years, from 44% in 2005 to 22.8% in 2012.

- Success is based on a whole-of-government approach launched in 2005: the Rajmata Jijau Mother–Child Health and Nutrition Mission with objectives.
- Advocate for the importance of the first 1000 days, to provide policy advice to the government on evidence-based interventions, and to act as a platform to foster convergence among different departments towards reducing stunting.
- The mission built sustainability by **promoting community-led and community-managed programmes**.
- It also **promoted behaviour change** through the use of technology and media, printed educational material and word of mouth.
- Moreover, the Mission encouraged additional **data collection to measure progress and reveal gaps**.



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## Section 2



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**GLOBAL EVIDENCE:  
PROVEN ACTIONS TO DRIVE PROGRESS IN  
REDUCING STUNTING.**

# Evidence Based actions to drive progress in reducing stunting.

1. **Improve the identification, measurement and understanding of stunting and scale up coverage of stunting-prevention activities.**
  - Develop national stunting targets in line with WHA targets.
  - Regular surveys to assess the burden of stunting, in order to effectively plan, design and monitor programs.
  - Incorporate **growth monitoring** into routine child health services, to provide critical, realtime information for target setting and progress monitoring.
  - Integrate nutrition in **health-promotion strategies** and strengthen service-delivery capacity for prevention of stunting supported by **social protection programs** where feasible.
  - Promote a holistic view of malnutrition and ensure services for undernutrition are implemented in a more cohesive fashion.



# Evidence Based actions to drive progress in reducing stunting.

## 2. Enact policies and/or strengthen interventions to improve maternal nutrition and health, beginning with adolescent girls.

Implement programmes that deliver **weekly iron and folate supplementation**, as well as the **prevention and treatment of infections and nutrient supplementation during pregnancy**.

Enact labour policies, including maternity protection, in support of exclusive and continued breastfeeding.

Apply regulatory instruments such as the **Code of Marketing of Breast-milk Substitutes** and food safety regulations in compliance with the Codex Alimentarius, to protect infant and young child nutrition.

# Evidence Based actions to drive progress in reducing stunting.

## 3. Implement interventions for improved exclusive breastfeeding and complementary feeding practices.

Protect and promote **exclusive breastfeeding in the first six months** to provide “secure” nutrition and protect infants from gastrointestinal infections.

Promote consumption of **healthy, diversified diets, including high-quality, nutrient-rich foods in the complementary feeding period (6–23 months)**.

Improve **micronutrient intake through food fortification, including of complementary foods, and use of supplements** when and where needed.

Foster safe food-storage and handling practices, to avoid infections from microbial contamination and mycotoxins.



# Evidence Based actions to drive progress in reducing stunting.

## 4. Promote universal access to water and sanitation services and hygiene.

- Strengthen **community-based interventions, including improved water, sanitation and hygiene (WASH).**
- Key to protect children from diarrhoeal diseases and malaria, intestinal worms and environmental causes of subclinical infection.
- Examination of its independent contribution to stunting declines over the ~10 year period studied shows meaningful contributions of WASH improvements to stunting reduction.



# Evidence Based Key Enablers: Exemplars of Health



- **Political will with financial commitments:**
  - Leadership that prioritizes nutrition-relevant investments and sets clear, specific targets tends to secure the financial commitments and cross-sector buy-in to excel.
- **Scaling up evidence-based, data driven interventions:**
  - Where robust data systems exist, the design and delivery of interventions are more likely. between investment and impact to drive financing at scale..
- **Efficient service delivery mechanisms targeted towards the vulnerable.**
  - Governments that work to identify the most vulnerable populations and meet their specific needs increase their odds of making equitable and overall progress.



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