

# Proposed Nutrition Goals, Targets & Indicators for the Post-2015 Development Agenda

Though the world has halved the proportion of people who live in extreme poverty and has made substantial progress on other goals, ending hunger and malnutrition is an unfinished agenda. Malnutrition remains both the result of poverty and a cause of poverty. Today, the world is facing multiple burdens of malnutrition with populations suffering from stunting, micronutrient deficiencies, overweight/obesity, and diet-related non-communicable diseases (NCDs). Importantly, malnutrition in all its forms is predominantly concentrated among the poorest and most vulnerable in society, and has a particularly detrimental impact on women and children. Undernutrition is the single biggest cause of under-5 mortality, underlying nearly half of all child deaths; and overweight and obesity are rising rapidly, especially in lower- and middle-income countries.

Globally, 162 million children under 5 years of age are stunted. In addition, 52 million children suffer from wasting. According to the World Health Organization (WHO), globally 42 percent of pregnant women suffer from anemia, which is a risk factor for maternal deaths. Global rates of low birth weight, sub-optimal breastfeeding, and maternal anemia have remained relatively stagnant. Worldwide, obesity has nearly doubled since 1980. A staggering two billion people are overweight and obese, and at least 2.8 million people die every year from these conditions. Forty-four percent of the diabetes burden, 23 percent of the heart disease burden, and up to 41 percent of certain cancer burdens are attributable to overweight and obesity. Type 2 diabetes and gestational diabetes mellitus are estimated to affect up to 15 percent of pregnant women worldwide, and pose significant life-threatening consequences to the health of the mother and the child in the short and long term. Meanwhile, the number of overweight children under 5 has doubled since 1990, reaching 43 million in 2013; rates of childhood overweight are expected to nearly double again by 2025.

Therefore, improving maternal and child nutrition should be a key priority in the global framework that will follow the Millennium Development Goals (MDGs). Good nutrition is not just an outcome of development, but also a driver of development and economic growth. It is a powerful equalizer. Addressing malnutrition will save lives, reduce inequalities, and build strong and resilient individuals, families, communities, and populations. Good nutrition is particularly important to the growth and development of infants and young children during the critical 1,000 days between a woman's pregnancy and her child's second birthday. In addition to scaling up nutrition-specific interventions, combatting malnutrition will also require strengthening national-level capacity; introducing a multi-sectoral approach to ensure nutrition-sensitive programming is included in a wide range of sectors, including health, agriculture, water, sanitation and hygiene, social protection, education, and women's empowerment; and forging concrete action and systems linkages on many fronts.

## Prioritizing Nutrition in the Post-2015 Framework

As the negotiations on the post-2015 agenda move to the intergovernmental level and become more technical, the nutrition community – represented by the Road to Rio Global Nutrition Advocacy Working Group – has developed a set of recommendations on goals, targets, and indicators. These recommendations build on existing global targets on maternal and child nutrition agreed upon at the World Health Assembly (WHA) in 2012. The new post-2015 goals should aim to end hunger and reduce malnutrition in all its forms (stunting, wasting, micronutrient deficiency, and obesity). Our recommendation includes three core elements:

- **Include a standalone food and nutrition security goal:** The post-2015 framework should include a standalone food and nutrition security\* goal that aims for food and nutrition security for all, with targets to reduce stunting to below 5 percent, end childhood deaths from wasting and reduce wasting rates further below the 2025 target, reduce childhood overweight, ensure all households – and especially children aged 6-23 months and women of reproductive age – have access to nutritious diets, and increase year round availability of affordable, nutritious food groups adequate to meet food-based dietary recommendations.
- **Ensure nutrition-related targets and indicators within other goals:** Reducing stunting and wasting requires a multi-sectoral response targeted at the poorest and most vulnerable. Nutrition-related targets and indicators should be incorporated into other potential goals – including goals related to children's health and mortality; women's health and mortality; gender equality and women's empowerment; water, sanitation and hygiene; education; and governance.
- **Specify threshold goals and targets:** There are enough country examples to suggest that with political will, the right mix of policies, and adequate resources, it is feasible to make dramatic improvements in maternal and child nutrition, end stunting and wasting, and increase rates of exclusive breastfeeding. The post-2015 framework is an opportunity to raise the level of ambition. Building on the WHA maternal and child nutrition targets, the post-2015 framework should prioritize the following outcomes:

\* Food and nutrition security occurs when "all people at all times have physical, social and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life." *FAQ, Coming to Terms with Terminology Rome, 2012.*

- Reducing stunting and wasting to below 5 percent;
- Increasing exclusive breastfeeding for a child's first 6 months up to at least 60 percent;
- Reducing low birth weight to below 10 percent;
- Reducing anemia for children under 5 and women of reproductive age to below 10 percent; and
- Reducing rates of childhood overweight.

## Developing Specific Nutrition-Related Goals, Targets, and Indicators

The following section details the options available for goals, objectives, targets, and indicators that would improve the maternal and child nutrition outcomes in the post-2015 sustainable development framework. For each of those proposed, 2030 is the presumed target date.

### Standalone Food and Nutrition Security Goal: Ensure Household Food and Nutrition Security for All

- Reduce stunting to less than 5%;
- End childhood deaths from wasting and reduce wasting further below the WHA 2025 target of less than 5%;
- Reduce childhood overweight/obesity;
- Reduce maternal underweight to less than 5%;
- One hundred percent access to a nutritious, diverse and healthy diet;
- Increase year-round access to adequate, affordable, nutritious food, including availability and affordability of diverse, nutritious food groups (including legumes and nuts, fruits and vegetables, animal-source foods) adequate to meet food-based dietary recommendations;
- Breastfeeding:
  - Increase the rate of exclusive breastfeeding in the first 6 months up to at least 60%;
  - Increase the rate of continuation of breastfeeding between 6 months and 2 years;
  - Ensure maternity care supportive of breastfeeding initiation; and
- Zero loss or waste of food.

#### Child health/mortality

- All children 6-23 months have access to an adequate nutritious diet as measured by children's minimum adequate diet;
- Reduce low birth weight to below 10%;
- Reduce childhood overweight/obesity;
- Reduce anaemia to below 10% in children under 5;
- Universal coverage for treatment of severe acute malnutrition; and
- Universal access to adequate, affordable and quality health services.

#### Women's health/mortality

- Increase access to adequate nutritious diets, as measured by a dietary diversity indicator, to all adolescent girls and women of reproductive age;
- Reduce anemia in women of reproductive age to below 10%;
- Increase women's access to adequate, affordable and quality health services across the continuum of care and throughout the lifecycle; and
- Ensure that women are supported in optimal breastfeeding through women's nutrition, education, breastfeeding support, maternity leave, and empowerment.

#### Gender equality and women's empowerment

- Ensure that all women of reproductive age have access to adequate nutritious diets as measured by a "dietary-diversity indicator";
- Increase in percentage of women who have equal access and control over income and other productive assets (i.e. land, agricultural inputs, and agricultural services); and
- Reduce the proportion or number of women who have a child before the age of 18.

#### Water, sanitation and hygiene

- Provide universal access to safe drinking water, sanitation, and hygiene for households, schools, and health facilities;
- Reduce the incidence of diarrhea caused by water-borne diseases, poor sanitation, and poor hygiene practices; and
- Reduce to zero open defecation.

#### Education

- Equal access to education for girls;
- Incorporate nutrition education into early childhood, primary and secondary school curricula; and
- Incorporate essential nutrition actions and accompanying behavior change skills into pre-service and in-service curricula of health professionals and other relevant community workers to build skills in optimal nutritional care of infants, young children, adolescent girls and women. Include relevant nutrition education elements in workforce training for other sectors such as agriculture, community development, water and sanitation.

#### Governance

- Increase the regular and systematic collection of data related to the nutritional status of preschool children, including under age 5 and age 2, pregnant and lactating women and adolescent girls, disaggregated by age and race/ethnicity and at relevant sub-national levels useful for planners; and
- Move towards the standardization of nutrition data terminology and statistics so as to allow global improvements in understanding.

This brief was produced by the *Road to Rio Global Nutrition Advocacy Working Group* in consultation with the Scaling Up Nutrition Civil Society Network and National Alliances and the NCD Alliance, as well as technical experts from the Bill & Melinda Gates Foundation, Food and Agriculture Organization, International Food Policy Research Institute, WHO, the World Bank, World Cancer Research Fund International, the Institute for Development Studies, and others. The group has also developed a Call to Action document, which contains additional details relating to key messages and proposed core elements for nutrition in the post-2015 agenda.

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