World Health Organization

Executive Board
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Global strategies or action plans that are scheduled to expire within one year

Comprehensive implementation plan on maternal, infant and young child nutrition

Report by the Director-General

1. The report describes the progress made in carrying out the comprehensive implementation plan on maternal, infant and young child nutrition endorsed by the Health Assembly in resolution WHA65.6 (2012). The implementation plan set out six global targets and five actions within a 13-year time frame (2012–2025), with proposed activities for Member States, the Secretariat and international partners.

2. The time frame of the comprehensive implementation plan on maternal, infant and young child nutrition will expire in 2025. The present report responds to decision WHA73(15) (2020) to allow the Board to consider whether global strategies or action plans that are scheduled to expire have fulfilled their mandates, should be extended or need to be adjusted.

Global nutrition targets

3. Table 1 summarizes progress made towards the global nutrition targets. Although significant progress has been made in reducing stunting and wasting, the targets will not be achieved in 2025. Little or no progress has been made in tackling low birth weight in newborns and anaemia in women aged 15–49 years. The exclusive breastfeeding and overweight targets are likely to be achieved as a global average, albeit with regional disparities.

Table 1. Progress in achieving global nutrition targets

Indicator	2012 baseline	2025 target	Latest estimates (year)	2025 projection	Progress assessment
Global number of children under five who are stunted	177.9 million	<106.7 million (40% reduction)	148.1 million (2022)	138.2 million (21.2%)	Off track
Anaemia in women of reproductive age	28.5%	<14.3% (50% reduction)	29.9% (2019)	31.3%	Off track
Low birth weight	15.0%	<10.5% (30% reduction)	14.7% (2020)	14.4%	Off track
Childhood overweight	5.5%	<5.5% (no increase)	5.6% (2022)	5.6%	On track
Exclusive breastfeeding rates in the first six months	37.1%	>50%	48% (2022)	51.9%	On track
Childhood wasting	7.5%	<5%	6.8% (2022)	6.6%	Off track

Actions

1: Create a supportive environment for the implementation of comprehensive food and nutrition policies

4. The Secretariat has promoted regional strategies and action plans to address multiple forms of malnutrition in all WHO regions. A total of 155 Member States have integrated into their national policies the global nutrition targets, including on stunting (98 Member States), anaemia (92 Member States), low birth weight (91 Member States), overweight (115 Member States), exclusive breastfeeding (97 Member States) and wasting (82 Member States). A total of 167 Member States have reported nutrition coordination mechanisms.

5. The Second International Conference on Nutrition in 2014 endorsed the Rome Declaration on Nutrition and its associated Framework for action. The 2030 Agenda for Sustainable Development incorporated the global nutrition targets, calling for the elimination of “all forms of malnutrition”. In 2016, the United Nations General Assembly adopted a resolution proclaiming the United Nations Decade of Action of Nutrition (2016–2025), to drive policy commitments and intergovernmental collaborations.

6. At the initiative of the Government of the United Kingdom of Great Britain and Northern Ireland, countries hosting the Olympic Games have convened summits (Nutrition for Growth) to establish policy and financial commitments to improve nutrition. Several G7 and G20 resolutions have also included commitments to tackling all forms of malnutrition.

7. The Scaling Up Nutrition Movement, which now comprises 66 countries, addresses all forms of malnutrition in its 2021–2025 strategy. In 2020, the United Nations inter-agency coordination mechanism for nutrition was established.

8. The global nutrition targets have led to the development of specific action plans, including on child wasting, anaemia, obesity and breastfeeding. Global coalitions have formed to scale up action on the targets and promote specific interventions, including on food fortification, iodine intake, micronutrients and healthy diets in children and adolescents**.**

2: Include all required effective health interventions with an impact on nutrition in national nutrition plans

9. The coverage and quality of nutrition actions in primary healthcare settings are limited, lag behind traditional health services and generally focus on undernutrition. Essential nutrition-related health products are not regularly available, affordable, accessible, properly administered through the health system, or included in national essential medicines lists.

10. In response to initiatives to scale up services, 24 countries are reviewing their actions to prevent and manage wasting, and 32 are accelerating their response to obesity.

11. The Secretariat has compiled a list of cost-effective nutrition interventions and supported their implementation through guidelines, service delivery packages**,** the addition of those interventions to the universal health coverage menu, the addition of nutrition products to the WHO Model List of Essential Medicines, and capacity-building, including on monitoring growth and managing wasting. It has also provided support through global conferences, such as the Global Congress on Implementation of the International Code of Marketing of Breast-milk Substitutes in June 2023, and direct technical assistance.

12. Support from international development agencies and other donors, as well as operational support from the United Nations Children's Fund (UNICEF) and international non-State actors, has been critical in helping national authorities to increase the coverage and quality of nutrition services.

3: Stimulate development policies and programmes outside the health sector that recognize and include nutrition

13. The Secretariat has developed guidance on policies to improve the food environment, including fiscal policies, policies on marketing food and beverages to children, public food procurement and service policies and front-of-pack labelling. It has also analysed cost-effectiveness, developed implementation tools and strengthened the regulatory capacities of Member States in these areas.

14. As at March 2024, a total of 146 Member States, accounting for 91% of all global annual births, had adopted legal measures to implement at least some of the provisions of the International Code of Marketing of Breast-milk Substitutes. Of these, 33 countries have measures substantially aligned with the Code.

15. The Committee on World Food Security has adopted voluntary guidelines on food systems and nutrition, including WHO policies to improve the food environment. The United Nations Food Systems Summit in 2021 addressed issues of health, environment, equity, and the livelihoods of food producers. WHO's guidance on policies is also promoted through the Initiative on Climate Action and Nutrition. In November 2024 the G20 established the Global Alliance against Hunger and Poverty, to promote the establishment of nutrition-sensitive social protection programmes.

4: Provide sufficient human and financial resources for the implementation of nutrition interventions

16. Nutrition is a recognized best-buy investment, as malnutrition is associated with reduced economic productivity. Every dollar invested in early nutrition interventions can generate a US$ 23 return on average. The World Bank's Investment Framework for Nutrition 2024 indicates that scaling up a set of evidence-based nutrition interventions to 90% coverage would require an additional US$ 128 billion for the period 2025–2034. WHO has included costing for all recommended nutrition interventions on the universal health coverage menu, and costing for food environment policies in WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030.

17. Currently, there are only 2.3 nutrition professionals per 100 000 population (global median), with large regional disparities. Community health workers have a growing role to play in nutrition, including wasting prevention and management, and investment in those workers has increased. The 2023 call to action by the delegates of the 3rd International Symposium on Community Health Workers provides a framework for investing in community health programmes, as a key path to universal health coverage.

5: Monitor and evaluate the implementation of policies and programmes

18. Target 2.2 of the Sustainable Development Goals includes indicators on wasting, stunting, childhood overweight and anaemia in women. Many countries collect health facility data, complemented by data from other sources, such as community or school surveys.

19. The Secretariat has developed guidance on collecting good quality data to measure nutrition outcomes and programme coverage. The WHO/UNICEF infant and young child feeding indicators manual sets the global standard for monitoring young children's diets. The Technical Expert Advisory Group on Nutrition Monitoring, jointly convened by WHO and UNICEF, has provided guidance on designing nutrition surveillance services and reporting on global nutrition monitoring framework indicators. The Healthy Diets Monitoring Initiative, established in 2023 by the Food and Agriculture Organization of the United Nations (FAO), UNICEF and WHO, has released guidance on monitoring health diets globally.

20. The State of Food Security and Nutrition in the World report provides an annual global overview of food security and nutrition. It is a joint initiative by FAO, the International Fund for Agricultural Development, UNICEF, the World Food Programme and WHO. Biennial malnutrition estimates are jointly published by WHO, UNICEF and the World Bank.

Proposed way forward

Extend global nutrition targets to 2030

21. Several Member States have noted the value of aligning the time frame of the Comprehensive Implementation Plan with the 2030 Agenda for Sustainable Development. Based on current progress and trends, as described in a 2024 WHO discussion paper,[1] it may be prudent to extend the time frame by an additional five years for targets that are off track (stunting, low

[1] 2025–2030 World Health Assembly global maternal, infant and young child nutrition targets and proposal for process indicators. Geneva: World Health Organization; 2024 (accessed 9 December 2024)

birthweight, anaemia and wasting) and to call for accelerated progress – based on the performance of the top quintile of countries with trend data – on targets that are on track or nearly on track for achievement by 2025 (childhood overweight and exclusive breastfeeding).

22. It is therefore proposed to adopt the following set of 2030 targets.

1. Reduce the number of children under five who are stunted by 40%
2. Reduce anaemia in women of reproductive age by 50%
3. Reduce low birth weight in infants by 30%
4. Reduce and maintain childhood overweight to less than 5%
5. Increase the rate of exclusive breastfeeding in the first six months up to at least 60%
6. Reduce and maintain childhood wasting to less than 5%

Set operational targets for 2030

23. To accelerate global action, WHO proposes to adopt operational targets for 2030, with indicators causally linked to each outcome target. Details are provided in the WHO 2024 discussion paper.

Indicator	Rationale	Baseline	2030 target
Percentage of children aged 6 to 23 months with minimum dietary diversity	Young children need to be fed a variety of foods to reduce the risk of micronutrient deficiencies and enhance physical and cognitive development.	34.3%	Increase by 20%
Percentage of pregnant women consuming at least 90 doses of iron-containing supplements	Iron deficiency is the most common cause of anaemia, particularly during pregnancy. WHO recommends that all pregnant women take a daily oral supplement.	36.4%	Increase by 50%
Percentage of women with minimum dietary diversity	Consumption of a diverse range of foods during pregnancy provides essential nutrients necessary for optimal foetal growth and development.	65.8%	Increase by 30%
Percentage of children aged 6 to 23 months consuming sweet beverages	Consumption of sweet beverages is closely linked to excess weight gain.	31.5%	Decrease by 25%
Percentage of newborns being put to the breast in the first hour after birth	Early initiation of breastfeeding improves breastfeeding success and saves lives.	45.8%	Increase by 25%
Percentage of caregivers counselled on infant and young child feeding	Counselling plays a significant role in improving infant and young child feeding practices.	39.3%	Increase by 65%

Extend the comprehensive implementation plan on maternal, infant and young child nutrition to 2030

24. The Secretariat proposes to extend the comprehensive implementation plan to 2030 and suggests focusing efforts in 2025–2030 on the following actions.

Action 1	Extend the United Nations Decade of Action on Nutrition to 2030.
	Make policy and financial commitments at the Nutrition for Growth summit in Paris in March 2025.
Action 2	Integrate nutrition actions into universal health coverage and primary care benefit packages.
	Implement the Global Action Plan on Child Wasting, WHO's comprehensive framework for action on accelerating anaemia reduction, the WHO acceleration plan to support Member States in implementing the recommendations for the prevention and management of obesity over the life course, and the call to action by the Global Breastfeeding Collective.
	Expand guidance on maternal nutrition interventions.
Action 3	Scale up food environment policies to transform food systems and achieve healthy diets.
	Increase the profile of health and nutrition in food system transformation policy processes (United Nations Food System Summit, Conference of the Parties to the United Nations Framework Convention on Climate Change).
Action 4	Increase investment in effective nutrition programmes.
	Strengthen health workforce capacity on nutrition.
Action 5	Strengthen nutrition data collection systems.
	Strengthen monitoring and evaluation of food and nutrition policies and provide regular information to established accountability mechanisms.

Action by the Executive Board

25. The Board is invited to note the report and to consider the following draft decision:

> The Executive Board, having considered the report by the Director-General,[2]
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> Decided:
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> (1) to request the Director-General, in consultation with Member States, to further develop operational targets for consideration by the Seventy-eighth World Health Assembly;
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> (2) to recommend to the Seventy-eighth World Health Assembly the adoption of the following decision:
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> The Seventy-eighth World Health Assembly, having considered the report by the Director-General,

[2] Document EB156/37.

Decided:

(1) to extend the time frame of the comprehensive implementation plan on maternal, infant and young child nutrition to 2030;

(2) to request the Director-General to submit progress reports on the implementation of this decision to the Seventy-ninth World Health Assembly in 2026, the Eighty-first World Health Assembly in 2028 and the Eighty-third World Health Assembly in 2030.
