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Editorial

The unmet global nutrition targets and the solutions needed

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Maternal, infant, and young child malnutrition has remained a most critical area for health and development, with the first 1000 days being vital and having long-term health implications (Likhar and Patil, 2022). The triple burden of malnutrition, micronutrient deficiencies, and obesity continues to worsen in low- and middle-income countries. Constant efforts to integrate solutions, particularly for young children, are required to combat them, as well as anemia and low birth weight.

Despite progress over recent decades, the 2025 Global Nutrition Targets remain a challenge. To step up efforts to tackle malnutrition, WHO Member States endorsed a decision at the 78th World Health Assembly to extend the 2025 Global Targets to 2030, conforming to the Sustainable Development Goals target date. This extension gives countries a chance to boost investments and expedite initiatives to meet these goals.

Four Global WHO Targets focus on stunting, wasting, low birth weight and anemia. The aim is to reduce the number of stunted children under five years of age by 40%, reduce wasting to less than 5% in children under five years of age, reduce anemia in women of reproductive age by 50% and reduce low birth weight by 30% all compared to the 2012 baseline (WHO and UNICEF,2025). The other 2 targets, childhood overweight and exclusive breastfeeding which are almost achieved in 2025, have been revised to meet more desirable results. Overweight among children under five should be reduced to below 5% and exclusive breastfeeding in the first six months of life should increase to 60% by 2030. Since the current WHO indicator actually does not measure the achievement of six months of exclusive breastfeeding, a better way to raise the level of ambition would be to change the indicator or add a new one (Greiner, 2014).

Meanwhile, a global increase in stunting since 2020 (UNICEF et al. 2025) is especially concerning in Africa. This has coincided with the COVID-19 pandemic, with armed conflicts (known drivers of malnutrition), and with food price inflation. Lockdowns disrupted food supply chains, creating shortages and food insecurity. A hike in food prices is usually also associated with a rise in wasting (FAO et al. 2025).

Nobody should be going hungry in the twenty-first century. As Brazil has shown (De Mattos, and Bagolin 2017), governments can have a significant impact on it. Effective methods are largely known, and where there is uncertainty, pilot tests of different approaches across different settings should be conducted (Kent 2015; Vaidyananthan and Shrimpton 2017; Ncube-Murakwani et al. 2020; Shrimpton 2020). While food-based, community-based approaches work well for adults, for infants and young children, strategies must focus on protecting, supporting, normalizing, and promoting breastfeeding and safe complementary feeding. These goals require an integrated set of policy measures, including national implementation of the Baby Friendly Hospital Initiative; and implementing and monitoring a strong Code of Marketing of Breast-Milk Substitutes, including penalties for violations. Sadly, the recent World Health Summit in Berlin was a missed opportunity to promote such an agenda.

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CONFLICT OF INTEREST

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