GLOBAL NUTRITION TARGETS
TRACKING TOOL

Version 3.0

GUIDE

GLOBAL TARGETS 2025
To improve maternal, infant and young child nutrition

SUSTAINABLE DEVELOPMENT GOALS

World Health Organization

unicef

European Commission

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Note to the Reader

The Global Nutrition Targets Tracking Tool version 3.0 is accompanied by a *Guide* and an abbreviated *Quick Guide*, both which serve as 'how to' reference manuals to effectively use the Tracking Tool.

TABLE OF CONTENTS

LIST OF ABBREVIATIONS

AARI	Average Annual Rate of Increase
AARR	Average Annual Rate of Reduction
BMGF	Bill and Melinda Gates Foundation
EBF	Exclusive breastfeeding
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GPW	General Programme of Work
ISO	International Organization for Standardization
JME	Joint Malnutrition Estimates
LBW	Low birthweight
M&E	Monitoring and Evaluation
MIYCN	Maternal, Infant and Young Child Nutrition
SD	Standard Deviation
SDG	Sustainable Development Goal
SOFI	State of Food Security and Nutrition in the World
SUN	Scaling Up Nutrition
TEAM	Technical Expert Advisory Group on Nutrition Monitoring
UN	United Nations
UNICEF	United Nations Children's Fund
UNSD	United Nations Statistics Division
UN-SUB	UN sub-regions
WASH	Water, sanitation, and hygiene
WB	World Bank
WHA	World Health Assembly
WHO	World Health Organization
WPP	World Population Prospects

DATA SOURCES

Anaemia - WHO Global Anaemia Estimates
https://www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children

Exclusive breastfeeding - UNICEF Global databases - Infant and Young Child Feeding
https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/

Low birthweight – UNICEF-WHO Joint Low Birthweight Estimates
https://www.who.int/teams/nutrition-and-food-safety/monitoring-nutritional-status-and-food-safety-and-events/joint-low-birthweight-estimates

Stunting, childhood overweight, **childhood wasting**- UNICEF-WHO-World Bank-Joint child malnutrition estimates (JME)[1]
https://www.who.int/teams/nutrition-and-food-safety/monitoring-nutritional-status-and-food-safety-and-events/joint-child-malnutrition-estimates

[1] United Nations Children's Fund (UNICEF), World Health Organization (WHO), International Bank for Reconstruction and Development/The World Bank. Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates: Key findings of the 2023 edition. New York: UNICEF and WHO; 2023.

GLOSSARY[2]

Anaemia: Haemoglobin levels below 12 g/dL for non-pregnant women in reproductive age and below 11 g/dL for pregnant women.

Average Annual Rate of Increase (AARI): Average relative percent increase per year in prevalence or rate; a positive sign indicates increase or upward trend; a negative sign indicates decrease, or downward trend (*exclusive breastfeeding*).

Average Annual Rate of Reduction (AARR): Average relative percent decrease per year in prevalence or rate; a positive sign indicates reduction or downward trend; a negative sign indicates increase, or upward trend (*stunting, anaemia, low birthweight, childhood overweight, childhood wasting*).

Baseline number affected: Number of children under-5/women of reproductive age/infants who have the indicator condition/practice at baseline year.

Baseline number of births: Number of children born in baseline year.

Baseline population: Population estimate of children under-5/women of reproductive age/infants at baseline year.

Baseline prevalence: Prevalence level (%) of children under-5/women of reproductive age/infants with the indicator condition/practice at baseline year.

Baseline rate (for exclusive breastfeeding indicator): Baseline prevalence (%) of infants <6 months of age who are exclusively breastfed.

Baseline year: The year when monitoring of indicators begin. The baseline reference year for the global targets is 2012. *Exclusive breastfeeding under 6 months* and *childhood wasting* are based on primary data (survey-based estimates) and have the following rules for selection of the baseline year: (1) If the country has data from 2005-2012, then select the latest data point in this year range; (2) If the country only has data from 2013 onwards, then select the earliest data point in this year range. For *stunting*, childhood *overweight*, *low birthweight*, and *anaemia in women of reproductive age* (model-based estimates), baseline year will always be 2012.

Childhood overweight: The weight-for-length or height z-score for a child under five years of age that is more than 2 SDs above the median compared to the WHO child growth standards.[3]

Childhood wasting: The weight-for-length or height z-score for a child under five years of age that is more than 2 SDs below the median compared to the WHO child growth standards.[3]

Current AARI: The average annual rate of increase that has occurred between the baseline year and the year with the most recent estimate in the global database for an indicator (used for exclusive breastfeeding in the Tracking Tool).

[2] See *Technical Notes* for additional information on key terms/concepts.
[3] WHO Multicentre Growth Reference Study Group (2006) WHO Child Growth Standards based on length/height, weight and age. Acta Paediatrica Suppl 450, 76-85.

Current AARR: The average annual rate of reduction covering the period between the baseline year and the most recent estimate in the global database, for an indicator (used for stunting, anemia, low birthweight and childhood overweight in the Tracking Tool).

Exclusive breastfeeding: Feeding of infants exclusively with breast milk for the first six months of life.

Indicator: The indicators the Tracking Tool covers are: Stunting, Anaemia, Low birthweight, Childhood overweight, Exclusive Breastfeeding, Childhood wasting.
ISO code: The International Organization for Standardization (ISO) country codes are internationally recognized codes that designate every country and most of the dependent areas in two or three-letter combinations.

Latest number affected/Current number: Latest estimated number of children under-5/women of reproductive age/infants who have the indicator condition/practice.

Latest prevalence: Prevalence estimate (%) for the indicator from the latest available year with data.

Low birthweight: Weight at birth less than 2500 grams.

Number at target year/Number of (target group with indicator condition/practice): Estimated number of children under-5/women of reproductive age/infants who are projected to have the indicator condition at target year.

Number of spared: Number of children under-5/women of reproductive age/infants who are spared from having the indicator condition under the What-if scenario, compared to the number of children under-5/women of reproductive age/infants projected to have the indicator condition at the target year had the country stayed on the current trend.

Population at target year/Target population: Population estimate of children under-5/women of reproductive age/infants at target year.

Pre-baseline AARR/AARI: Annual rate of progress (reduction or increase in prevalence) countries have made up to the baseline year, based on data available from 1999 to the baseline year.

Predicted prevalence: Prevalence (%) of the indicator at starting year for the What-if scenario (could be a projection or based on actual country data/estimates).

Prevalence on current trend: Prevalence level (%) of the indicator predicted at the target year if the current AARR/AARI continues.

Projected number based on current trend: Number of children under-5/women of reproductive age/infants projected to have the indicator condition at the target year if a country followed the current progress rate.

Relative reduction/increase: In the "What-if scenario" of the Tracking Tool, the proportional difference in the prevalence/rate (%) (or numbers affected for *stunting*) between the selected start year and target year (i.e., (target year prevalence – start year prevalence) divided by start year prevalence).

Required AARR/AARI: Required average relative percent decrease/increase per year in prevalence or rate that is required to reach the global target for the indicator by the target year.

SDG region: Country groupings of the Sustainable Development Goals that are based on the geographic regions defined under the Standard Country or Area Codes for Statistical Use (M49) of the United Nations Statistics Division.

Selected AARR: The AARR that is selected by the user for an indicator's What-if scenario in the Global Nutrition Targets Tracking Tool.

Selected rate: Exclusive breastfeeding prevalence (%) that is selected to be achieved in the target year by the user for the What-if scenario of the Global Nutrition Targets Tracking Tool.

Selected starting year: The year selected by the user as the starting point to assess indicator progress for the What-if scenario of the Global Nutrition Targets Tracking Tool.

Selected target year: Target year 2025 or 2030 selected by the user as the end point to assess indicator progress.

Stunting: The length or height-for-age z-score for a child under age five that is more than 2 Standard Deviations (SDs) below the median compared to the WHO child growth standards.[3]

Target number of births: Estimated number of babies born at target year based on the latest revision of the United Nations Population Division World Population Prospects.

Target number/Target number affected: Number of children under-5/women of reproductive age/infants with the indicator condition that is deemed necessary to reach the global target by the target year.

Target prevalence/rate: Prevalence level/rate (%) of the indicator if the global target is achieved.

Target reduction/increase: Target reduction/increase stipulated in the WHA Global Nutrition Targets 2025 and in the extension of the global targets to 2030.

Target year: The year by when the planned target(s) is to be achieved, tied to the WHA Global Nutrition Targets (2025) or the SDGs (2030).

UN sub-region: Country groupings based on the geographic regions defined under the Standard Country or Area Codes for Statistical Use (M49) of the United Nations Statistics Division.

UNICEF region: Reporting regions of the United Nations Children's Fund which are based on geographical location.

WHO region: The six regions classified by the World Health Organization for the purposes of reporting, analysis, and administration.

World Bank income group: Income groups developed by the World Bank to analyze economies, based on Gross National Income (GNI) per capita of the previous calendar year.

World Bank region: Country groupings that are primarily based on world regions used for administrative purposes by the World Bank.

BACKGROUND

In 2012, the World Health Organization (WHO) Member States at the 65th World Health Assembly (WHA)[4] endorsed Resolution 65.6, a Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition (MIYCN)[5]. The WHA identified six global nutrition targets to be achieved by 2025[6]:

- 40% reduction in the number of children under-5 who are **stunted**
- 50% reduction of **anaemia** in women of reproductive age (aged 15-49 years)
- 30% reduction of **low birthweight**
- No increase in **childhood overweight**
- Increase the rate of **exclusive breastfeeding** in the first 6 months up to at least 50%
- Reduce and maintain **childhood wasting** to less than 5%

The six global nutrition goals were based on, among other criteria, epidemiological evidence, technical and operational feasibility, surveillance and implementation capacity, and coherence with global policy frameworks. The targets aimed to motivate Member States to focus on priority nutrition challenges during the 13-year period starting in 2012, and set themselves realistic national goals.

In 2015, the United Nations General Assembly reaffirmed its commitment to sustainable development by endorsing the 2030 Agenda for Sustainable Development, and its 17 Sustainable Development Goals (SDGs). Goal 2 "Zero Hunger" includes Target 2.2 with Indicators 2.2.1 (stunting), 2.2.2 (childhood wasting / overweight), and 2.2.3 (anaemia among women of reproductive age), thus encompassing four of the six 2025 Global Nutrition Targets (Box 1). As the data custodians for the nutrition target indicators, WHO and the United Nations Children's Fund (UNICEF) are committed to assisting countries to monitor and accelerate their progress towards the SDGs, particularly Target 2.2.

Box 1. Sustainable Development Goal 2 (SDG 2)

'End hunger, achieve food security and improved nutrition and promote sustainable agriculture'

Target 2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

- **Indicator 2.2.1** Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards - moderate and severe stunting) among children under 5 years of age
- **Indicator 2.2.2** Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting/overweight)
- **Indicator 2.2.3** Percentage of women aged 15-49 years with a haemoglobin level less than 120 g/L for non-pregnant women and lactating women, and less than 110 g/L for pregnant women, adjusted for altitude and smoking

Source: https://www.who.int/data/gho/data/themes/topics/sdg-target-2_2-malnutrition

The joint WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM) was established in 2015 to advise WHO and UNICEF on global monitoring methodology and reporting of nutrition indicators and progress towards related targets. Under TEAM's advice, WHO and UNICEF provide guidance to countries through the development of harmonized standards, approaches, and tools for countries to monitor their national targets. TEAM was cognizant of the broader challenges facing the global nutrition surveillance architecture, such as the difficulties of regularly collecting nationally representative data for timely and reliable estimates, or the

[4] Sixty-fifth World Health Assembly, Geneva, 21–26 May 2012. Resolutions and decisions, annexes. Geneva: World Health Organization, 2012. https://apps.who.int/gb/DGNP/pdf_files/A65_REC1-en.pdf

[5] Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition. Geneva: World Health Organization, 2014. https://www.who.int/publications/i/item/WHO-NMH-NHD-14.1

[6] Global Targets 2025: To improve maternal, infant and young child nutrition. https://www.who.int/teams/nutrition-and-food-safety/global-targets-2025

adherence to global data collection standards to facilitate cross-country comparisons. In 2018, WHO and UNICEF, based on TEAM guidance, developed and shared with Member States a discussion paper laying out rationale for extending each of the nutrition targets to 2030. Member States noted the proposed 2030 targets and WHO and UNICEF submitted to the SDG reporting the targets to be used for the monitoring of Target 2.2.

The table below lists the 2025 and 2030 global nutrition targets. The extension to 2030 for **stunting** is based on the projection of the required progress rate between 2012 and 2025, extended five more years. **Anaemia** and **low birthweight** still maintain the same targets as 2025, implying a slower required rate to achieve the 2030 targets compared to those needed for the 2025 targets. The **exclusive breastfeeding** target is more ambitious for 2030 with an increase to at least 70% of infants who are exclusively breastfed. For **childhood wasting** and **childhood overweight**, the goal of elimination to a level of "no concern" (prevalence less than 3%) was considered an appropriate level of aspiration for 2030.

The Global Nutrition Targets 2025 versus 2030

TARGET	TARGET YEAR 2025	TARGET YEAR 2030
Target 1: Stunting	40% reduction in the number of children under-5 who are stunted	50% reduction in the number of children under-5 who are stunted
Target 2: Anaemia	50% reduction of anaemia in women of reproductive age	50% reduction of anaemia in women of reproductive age
Target 3: Low birthweight	30% reduction in low birthweight	30% reduction in low birthweight
Target 4: Childhood Overweight	No increase in childhood overweight	Reduce and maintain childhood overweight to less than 3%
Target 5: Exclusive Breastfeeding	Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%	Increase the rate of exclusive breastfeeding in the first 6 months up to at least 70%
Target 6: Childhood Wasting	Reduce and maintain childhood wasting to less than 5%	Reduce and maintain childhood wasting to less than 3%

WHO, in partnership with UNICEF and the European Commission, and with the support of Bill and Melinda Gates Foundation (BMGF) and other key partners, developed the first version of the **Global Nutrition Targets Tracking Tool** in 2014 to support countries set their national targets and monitoring progress. In 2023, WHO and partners, with the support of the European Commission (EC), German Federal Government (BMZ) through the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and BMGF, extended the Global Nutrition Targets Tracking Tool to include country progress assessment towards the global nutrition targets, as proposed by WHO and UNICEF. This web-based tool supports countries to adapt the six global nutrition targets to national contexts to contribute to the achievement of the global targets. The extended version allows for monitoring both 2025 and 2030 targets, depending on countries' national nutrition plans (Box 2).

Box 2. Setting national nutrition targets

Why is setting national nutrition targets important?

- Target-setting is vital for prompting actions
- Global Nutrition Targets Tracking Tool depicts the latest status of countries, and allows for exploration of different progress scenarios for the development of national targets

Setting national targets involves:

- Identifying priority areas in nutrition
- Establishing links between causes of malnutrition and contextual factors
- Developing an accountability and M&E framework
- Promoting multi-sectoral engagement
- Assessing available resources and interventions
- Developing appropriate policies and programmes
- National targets should be SMART (specific, measurable, attainable, relevant, time-bound)

The Tracking Tool complements existing monitoring and impact measurement tools[7].The intended audience for the Tool includes policy makers, stakeholders, organizations, and individuals who may be interested in tracking country progress towards the global nutrition targets. Users of the Tool will be able to, specifically:

- Differentiate between 2025 and 2030 monitoring of nutrition targets
- View the target prevalence for their country for each indicator if the global target was achieved
- Assess country baseline, recent trends, and projected estimates, if current progress is maintained, towards target years 2025 or 2030
- Assess required progress needed to achieve the global nutrition targets
- Explore scenarios with different progress rates and time remaining to reach the global targets
- Map latest estimates of prevalence and numbers affected
- Compare the country's current situation within and across regions, or globally
- Assess the tool's progress summaries for each of the six global nutrition targets at country, regional and global levels

Target Year 2025 vs 2030

Countries should continue to monitor their commitments based on the timeframes of ***national nutrition plans****.*

Target-setting should consider the ***number of years left*** *to the target year as well as* ***context and resources*** *available to achieve it.*

The Tracking Tool allows users to explore different scenarios taking into consideration local and contextual factors such as demographic changes and health system infrastructure. The Tool can also support efforts to foster nutrition-sensitive development and the implementation of multisectoral plans which combine nutrition-specific interventions with strategies for health, agriculture, education, gender, water, sanitation, and hygiene (WASH), among other areas. *It is critical for each country to evaluate their own context, including resources and nutrition plans, before deciding whether 2025 or 2030 is the most appropriate target year to assess progress or set national nutrition goals.* As we approach 2025, countries may want to sum up the progress assessment of current national plans before renewing their commitments towards 2030 with new targets. The global nutrition targets are ambitious yet aspirational, and aim to guide the path and pace for countries to work towards better nutrition outcomes.

This *Guide* presents the third iteration of the Global Nutrition Targets Tracking Tool which includes, in addition to the 2025 progress assessment, the 2030 progress assessment based on the extended global nutrition targets. The data in the Tool are regularly updated, aligned with updates to the global databases. Outputs from the Tracking Tool feed into key global initiatives such as the Global Monitoring Framework for Maternal, Infant and Young Child Nutrition, the WHO Thirteenth General Programme of Work (GPW 13), Global Nutrition Report, the State of Food Security and Nutrition in the World (SOFI), the SUN Movement, and the UN Secretary-General's Zero Hunger Challenge.

[7] Tools and databases are listed under the *Data Sources* and *Related Links* in the Tracking Tool home page.

THE TRACKING TOOL

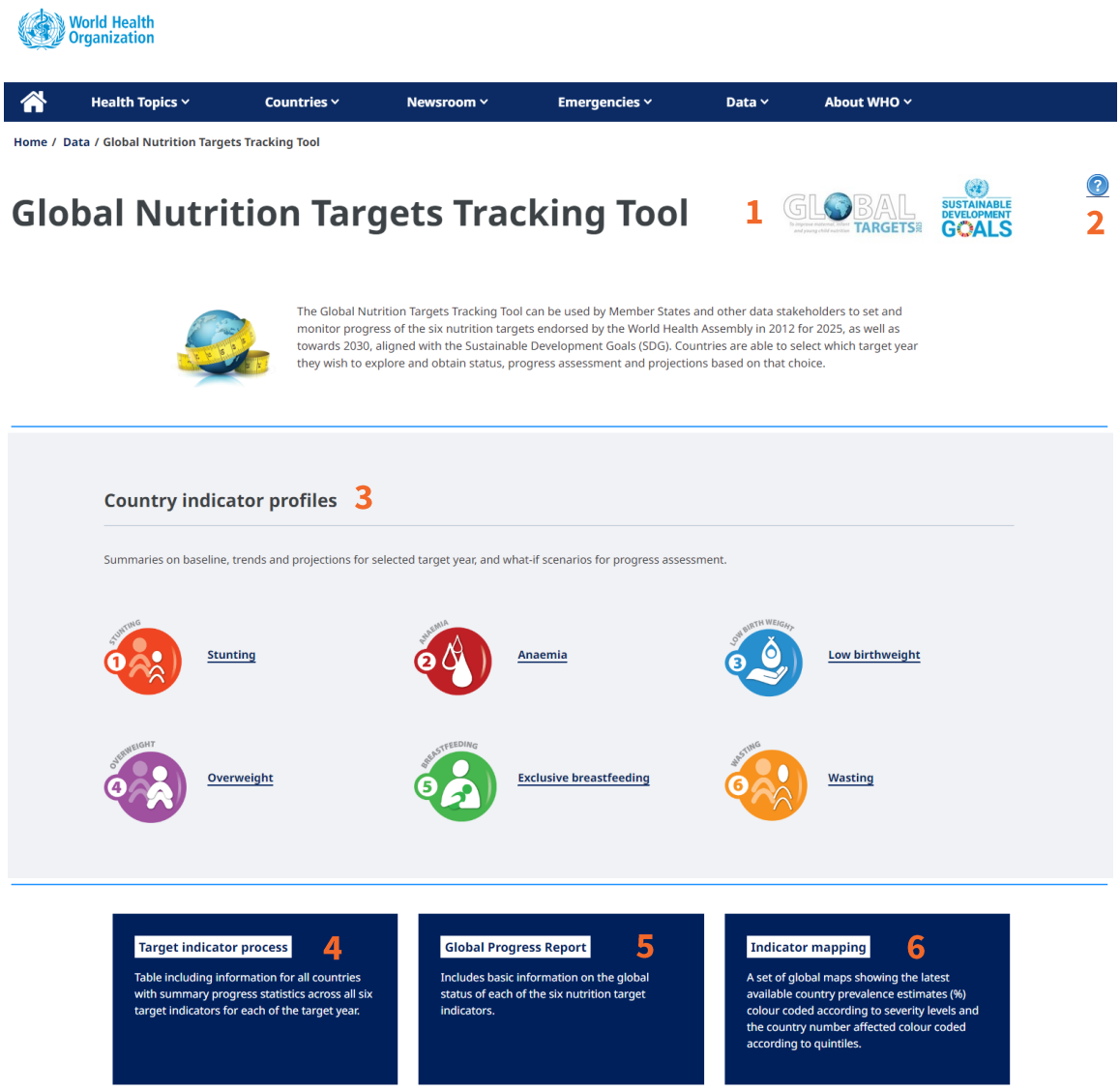
I. Tool Overview

The Global Nutrition Targets Tracking Tool home page can be accessed through the following website: https://www.who.int/data/nutrition/tracking-tool. The table below identifies the features and sections of the home page (Figure 1).

ITEM	FEATURE / SECTION	DESCRIPTION
1	**Logos**	▪ Logos of the *Global Targets 2025* and *Sustainable Development Goals* take the user to the policy brief series of the WHO Global Nutrition Targets 2025[8]
2	**Question mark**	▪ Help button that takes the user directly to the relevant sections of the Global Nutrition Targets Tracking Tool *Guide*
3	**Country indicator profiles**	▪ Links to the dashboards of each global nutrition target ▪ Provides country-level baseline, trends, and projections for the selected target year (2025 or 2030) ▪ What-if scenarios for country progress assessment
4	**Target indicators progress**	▪ A table with summary statistics for all countries across the six global nutrition targets for the selected target year ▪ Countries can be filtered by region or by specific countries and compared across indicators
5	**Global Progress Report**	▪ Basic information and visualisations on the global status of the six nutrition target indicators for 2025 or 2030
6	**Indicator Mapping**	▪ Global maps showing the latest available country prevalence estimates colour-coded according to severity levels and country number affected colour-coded by quintiles
7	**Data Sources**	▪ Lists key websites/databases for the six indicators
8	**Related links**	▪ Lists key websites/databases for further information on country, regional, or global level indicators related to the nutrition targets

[8] Global nutrition targets 2025: policy brief series. https://www.who.int/publications/i/item/WHO-NMH-NHD-14.2

Figure 1. The Global Nutrition Targets Tracking Tool home page



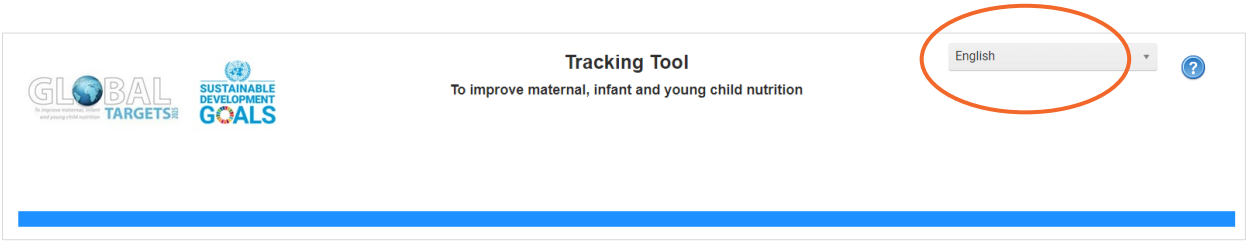
II. Country indicator profiles

The Country indicator profiles section includes a **status profile** dashboard and a **What-if calculator**. The What-if calculator is an interactive feature that provides visualisations based on different progress scenarios. These hypothetical scenarios can support countries with the national target-setting process. While the global nutrition targets can be a reference to assess a country's contribution towards the global targets, *countries are encouraged to set their own national targets and choose the target year based on their unique priorities and resources.* The Tracking Tool specifies a required AARR that is aligned with the global target definition.

The six indicators can be distinguished into two types of estimates - **model-based**, or **survey-based**. Four indicators - *stunting*, *anaemia in women of reproductive age*, *low birthweight*, *childhood overweight* – are model-based estimates calculated from nationally representative data. The What-if calculator for these four model-based indicators helps countries look at alternative scenarios based on a selected start year and progress rate, and provides results indicating relative reduction, target-year prevalence, and numbers affected. Two indicators - *exclusive breastfeeding* and *childhood wasting* - are based on country primary data sources such as household surveys. The What-if calculator for *exclusive breastfeeding* helps countries look at alternative scenarios based on a selected start year and targe breastfeeding rate (%), providing results indicating predicted rate, number of children < 6 months of age being exclusively breastfed, and the relative increase in rate. The *childhood wasting* indicator does not have a What-if calculator due to fluid seasonal variations and the difficulty to interpret the data over time.

Once an indicator is selected from the home page, the user is taken to a new webpage where they can choose English, Spanish, French, or Russian from the language drop-down menu to view the results. Note that the line graph axis labels and legends are only available in English due to IT solution limitations. The following sections will illustrate the Status and What-if calculator using country examples for each indicator.

Country indicator profiles language selection



TARGET 1: Stunting

Stunting status

The stunting status dashboard (https://www.who.int/data/nutrition/tracking-tool/stunting) provides summary information for country progress monitoring towards the stunting global target. The 2025 global target for stunting is a 40% reduction in the number of stunted children under-5 from the reference baseline year 2012, while the 2030 target is a 50% reduction. It is worth noting that these are the only global targets which are compounded with population growth[9]. Once the target number of stunted children is determined for a specific country, the corresponding target prevalence can be calculated considering the population estimate for the target year. The target prevalence then becomes the focus for practical monitoring efforts. The source of data for monitoring stunting is the latest available model-based estimates from the UNICEF-WHO-World Bank Joint Malnutrition Estimates (JME)[10] which is updated biannually and based on standard methodology to harmonize estimates across countries. Nationally representative survey data from the WHO Global Database on Child Growth and Malnutrition[11] is also depicted as the underlying data for the modelling exercise. The following table and image identify the key features of the stunting status dashboard.

ITEM	FEATURE	STUNTING STATUS OUTPUT (Malawi)
A	Country name and Target year	Malawi | Target year 2025
B	Chart: Year (x-axis), Stunted number (000) (y-axis)	Hover over bars to view values. *Yellow bar* - Baseline number stunted at 2012 (1,217,000) *Blue bar* - Number projected to be stunted in 2025 based on current trend (1,028,000) *Green bar* - Target number stunted in 2025 if the global target is achieved (730,000)
C	Legend	Click on an item in the legend to hide/unhide data in the chart
D	*Export as Image* button	Export chart as an image
E	*Download Data* button	Download chart data into Excel
F	*Export to Excel* button	Download table data into Excel
G	Useful definitions	User is taken to the Guide's *Glossary* to see definitions

[9] United Nations Department of Economic and Social Affairs Population Division - World Population Prospects https://population.un.org/wpp/

[10] Levels and trends in child malnutrition: UNICEF/WHO/World Bank Group joint child malnutrition estimates: key findings of the 2023 edition. https://www.who.int/publications/i/item/9789240073791

[11] https://platform.who.int/nutrition/malnutrition-database

Stunting What-if calculator

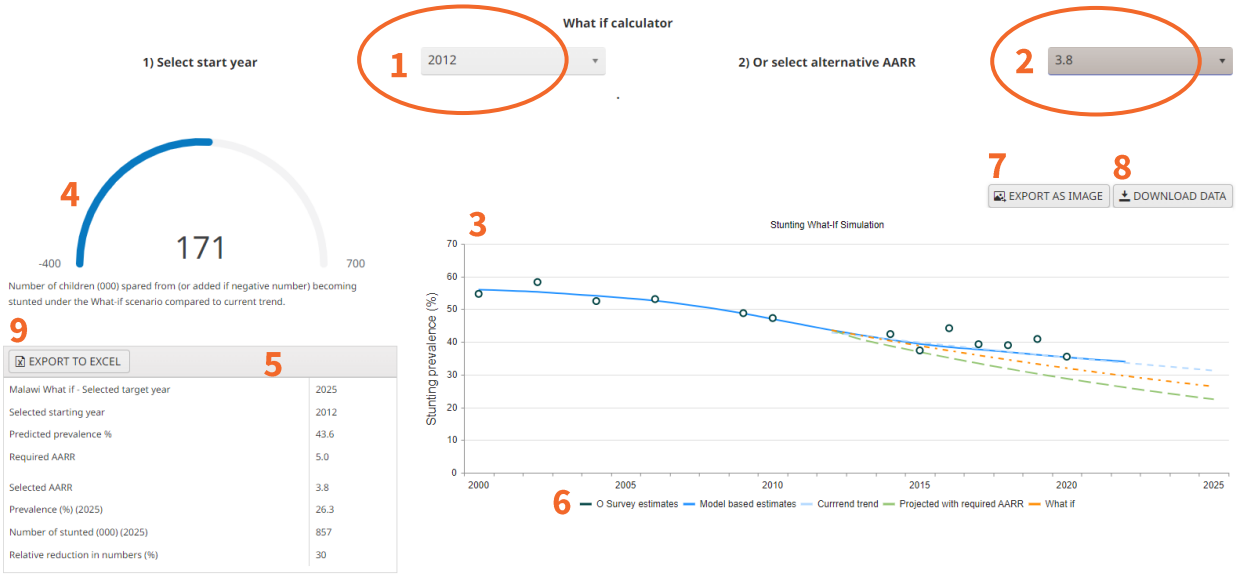
The What-if calculator allows users to simulate country progress scenarios which differ from the one based on the current AARR or required AARR, by selecting a start year and an alternative AARR which is aligned with progress the country would like to achieve between the selected start year and the target year. For example, the start year could be the year when a certain national policy or intervention comes into effect. The alternative AARR would be the annual rate of reduction needed to achieve the target prevalence based on national plans, considering the number of years left to the selected target year, and the feasibility based on estimated resources available. The following section will illustrate different "What-if" scenarios with two country examples, one for each target year.

Target year 2025 example: Malawi

According to the country status profile, stunting prevalence in Malawi was at a 'very high' baseline severity level[12] (43.6%). However, the country is making progress with the latest estimate at 34%. For instance, if national monitoring and implementation plans started at baseline year 2012 (selected **start year 2012**) and Malawi aimed to achieve a **What-if alternative AARR of 3.8**, the country could achieve a nearly one-third relative reduction (30%) in the 2012-2025 period and reach a prevalence of 26.3% by 2025 (high severity level). There would be 171,000 fewer stunted children under five than if the current trend (blue dotted line) had continued.

STEP	FEATURE	STUNTING WHAT-IF OUTPUT (Malawi)
1	Select the start year	Start year 2012 (Target year 2025 was chosen in the status profile)
2	Select alternative AARR	AARR = 3.8
3	Chart: Year (x-axis), Stunting prevalence (%) (y-axis)	Hover over lines to view intermediate point estimates. *Green dotted line:* Trend towards 2025 based on the Required AARR (5.0) *What-if orange dotted line:* Trend towards 2025 based on the Alternative AARR (3.8) *Blue dotted line:* Trend towards 2025 based on the Current AARR (2.4) *Blue solid line:* Trend based on model-based estimates *Circles:* Survey point estimates
4	Gauge meter	Displays the difference in the number of stunted children under five between the What-if scenario (orange line) and the current trend (blue dotted line) in the target year. The number is positive if fewer children would be stunted and negative if additional children would be stunted in the What-if scenario compared to the current trend. In this example, there would be 171,000 fewer stunted children under five than if the current trend had continued.
5	Data table	Displays the selections and values from calculations based on the What-if scenario
6	Legend	Click on an item in the legend to hide/unhide data in the chart
7	*Export as Image* button	Export chart as an image
8	*Download Data* button	Download chart data into Excel
9	*Export to Excel* button	Download table data into Excel

[12] Severity level categories for stunting, childhood wasting, and childhood overweight are described in the latest Joint Malnutrition Estimates 2023.
https://www.who.int/teams/nutrition-and-food-safety/monitoring-nutritional-status-and-food-safety-and-events/joint-child-malnutrition-estimates



Target year 2030 example: Bangladesh

According to the country's stunting status profile, Bangladesh has been making steady progress in reducing stunting levels from a prevalence of 39.2% at baseline (very high severity level) to the latest estimate of 26.4% (high severity level) (see country status profile). The country has had an exemplary reduction pace with the Current AARR (3.9) surpassing the Required AARR (3.3). If Bangladesh maintains the momentum and initiates an ambitious nutrition programme in 2022 (**start year of 2022**), for example, that could significantly increase the **What-if alternative AARR to 4.2**, the prevalence will be reduced to 18.8% (medium severity level) by 2030. Bangladesh will exceed the 2030 global stunting target (relative reduction of 56% between 2012-2030), and there would be 57,000 fewer stunted children under five than if the current trend had continued (blue dotted line).

Bangladesh stunting status profile

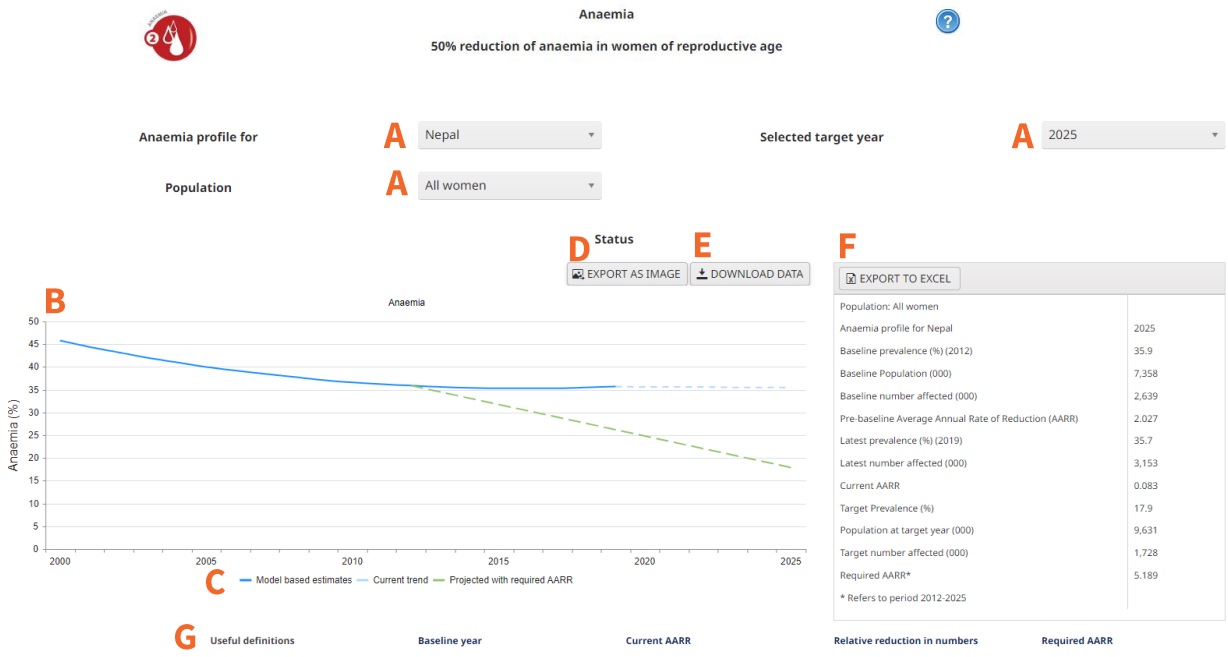
STEP	FEATURE	STUNTING WHAT-IF OUTPUT (Bangladesh)
1	Select the start year	Start year 2022 (Target year 2030 was chosen in the status profile)
2	Select alternative AARR	AARR = 4.2
3	Chart: Year (x-axis), Stunting prevalence (%) (y-axis)	Hover over lines to view intermediate point estimates. *Green dotted line:* Trend towards 2030 based on the Required AARR (2.7) *What-if orange dotted line:* Trend towards 2030 based on the Alternative AARR (4.2) *Blue dotted line:* Trend towards 2030 based on the Current AARR (3.9) *Blue solid line:* Trend based on model-based estimates *Circles:* Survey point estimates
4	Gauge meter	Displays the difference in the number of stunted children under five between the What-if scenario (orange line) and the current trend (blue dotted line) in the target year. The number is positive if fewer children would be stunted and negative if additional children would be stunted in the What-if scenario compared to the current trend. In this example, there would be 57,000 fewer stunted children under five than if the current trend had continued.
5	Data table	Displays the selections and values from calculations based on the What-if scenario
6	Legend	Click on an item in the legend to hide/unhide data in the chart
7	*Export as Image* button	Export chart as an image
8	*Download Data* button	Download chart data into Excel
9	*Export to Excel* button	Download table data into Excel

TARGET 2: Anaemia

Anaemia status

The Anaemia status dashboard (https://www.who.int/data/nutrition/tracking-tool/anaemia) provides summary information for country progress monitoring of anaemia among women of reproductive age (15-49 years). The Tracking Tool provides features and results for three populations - all women, non-pregnant women, and pregnant women. The 2025 global anaemia target is a 50% reduction of anaemia prevalence among women of reproductive age. The same 50% reduction from 2012 was maintained, extending it 5 more years, to become the 2030 global target. The national prevalence estimates included in the Tracking Tool are model-based.[13,14] This modelling exercise adjusts for different coverage levels (sub-national data), haemoglobin thresholds, age ranges, and other factors to make estimates comparable. Unadjusted primary data (e.g., as reported in a household survey) are, therefore, not depicted in the statistics as they would not be comparable and would lead to misinterpretations. The following table and image identify the key features of the anaemia status dashboard.

ITEM	FEATURE	ANAEMIA STATUS OUTPUT (Nepal)
A	Country name, Target population, Target year	Nepal | All women | Target year 2025
B	Chart: Year (x-axis), Anaemia prevalence (%) (y-axis)	Hover over lines to view intermediate point estimates. *Green dotted line* - Trend towards 2025 based on the Required AARR (5.189) *Blue dotted line* – Trend towards 2025 based on the Current AARR (0.083) *Blue solid line* - Trend based on model-based estimates
C	Legend	Click on an item in the legend to hide/unhide data in the chart
D	Export as Image button	Export chart as an image
E	Download Data button	Download chart data into Excel
F	Export to Excel button	Download table data into Excel
G	Useful definitions	User is taken to the Guide's *Glossary* to see definitions



[13] Stevens GA, Paciorek CJ, Flores-Urrutia MC, Borghi E, Namaste S, Wirth JP, Suchdev PS, Ezzati M, Rohner F, Flaxman SR, Rogers LM. National, regional, and global estimates of anaemia by severity in women and children for 2000-19: a pooled analysis of population-representative data. Lancet Glob Health 2022 May;10(5):e627-e639. doi: 10.1016/S2214-109X(22)00084-5.

[14] WHO Global Health Observatory. Anaemia in women and children. Geneva: World Health Organization; 2021. https://www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children

Anaemia What-if calculator

The What-if calculator allows users to simulate country progress scenarios which differ from the one based on the current AARR or required AARR, by selecting a start year and an alternative AARR which is aligned with progress the country would like to achieve between the selected start year and the target year. For example, the start year could be the year when a certain national policy or intervention comes into effect. The alternative AARR would be the annual rate of reduction needed to achieve the target prevalence based on national plans, considering the number of years left to the selected target year, and the feasibility based on estimated resources available. The following section will illustrate different "What-if" scenarios with two country examples, one for each target year.

Target year 2025 example: Nepal

The prevalence of anaemia among all women of reproductive age in Nepal has been stagnant (baseline estimate of 35.9% versus latest estimate of 35.7%). The country status profile indicates a Current AARR of 0.083 and a Required AARR of 5.189 to achieve the 2025 global target. For example, if Nepal reassessed its resources in 2019 (selected **start year 2019**) and decided on a national target of 20% relative reduction in prevalence between baseline year 2012 and 2025, one could determine the necessary AARR to achieve this by trying out different values in the Tracking Tool. If we selected an **alternative AARR of 2.6** (***Image 1***), Nepal would achieve a relative reduction of 15% between 2012 and 2025, with an anaemia prevalence of 30.5% by 2025 as shown in the gauge meter. If we tried a higher **AARR of 3.5** (***Image 2***), the relative reduction between 2012 and 2025 would be 20%, with a prevalence of 28.8% at 2025. Thus, Nepal would need an average rate of reduction of 3.5% per year from 2019 to achieve their national target by 2025.

Image 1

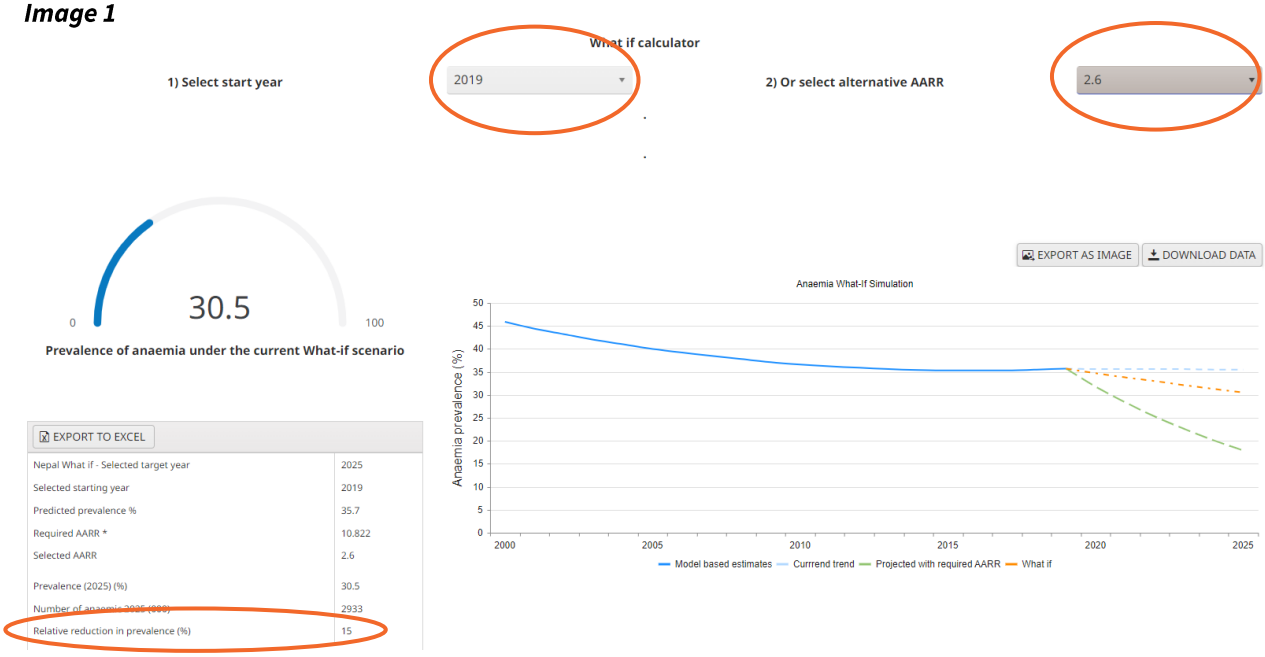


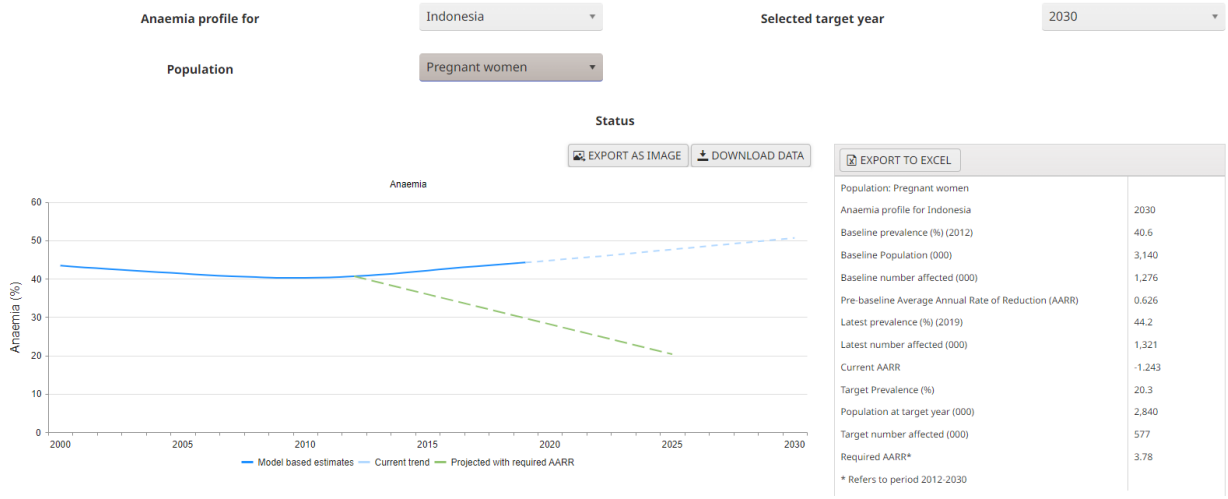
Image 2

STEP	FEATURE	ANAEMIA WHAT-IF OUTPUT (Nepal) ***(Image 2)***
1	Select the start year	Start year 2019 (Target year 2025 and all women population were chosen in the status profile)
2	Select alternative AARR	AARR = 3.5
3	Chart: Year (x-axis), Anaemia prevalence (%) (y-axis)	Hover over lines to view intermediate point estimates. *Green dotted line:* Trend towards 2025 based on the Required AARR (10.822) *What-if orange dotted line:* Trend towards 2025 based on the Alternative AARR (3.5) *Blue dotted line:* Trend towards 2025 based on the Current AARR (0.083) *Blue solid line:* Trend based on model-based estimates *Circles:* Survey point estimates
4	Gauge meter	Displays the prevalence of anaemia among all women of reproductive age in 2025 under the What-if scenario (28.8%)
5	Data table	Displays the selections and values from calculations based on the What-if scenario
6	Legend	Click on an item in the legend to hide/unhide data in the chart
7	*Export as Image* button	Export chart as an image
8	*Download Data* button	Download chart data into Excel
9	*Export to Excel* button	Download table data into Excel

Target year 2030 example: Indonesia

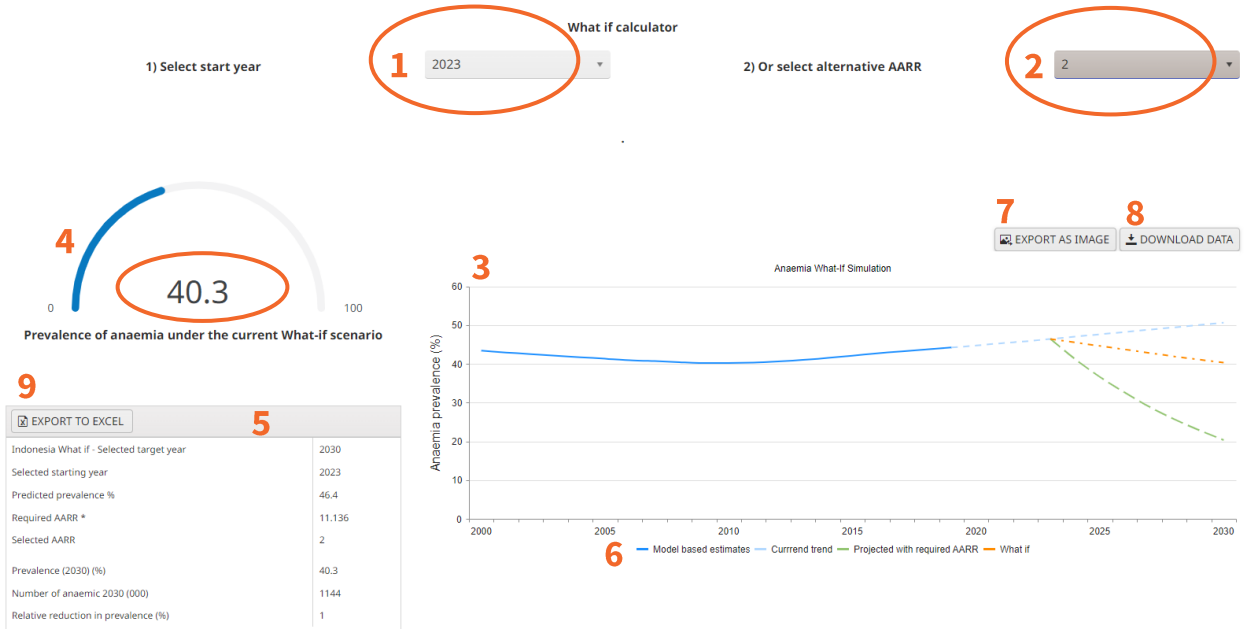
According to Indonesia's anaemia status profile among pregnant women, the prevalence has been rising since baseline, going from an already severe public health level of 40.6% to the current estimate of 44.2%.

Indonesia anaemia status profile (pregnant women)



For example, if Indonesia designed a national public health plan in 2023 (**start year 2023**) that aimed for a 2% average rate of reduction per year in anaemia prevalence among pregnant women (**What-if alternative AARR = 2.0**), the country could revert to a prevalence of 40.3% near baseline levels as shown in the gauge meter.

STEP	FEATURE	ANAEMIA WHAT-IF OUTPUT (Indonesia)
1	Select the start year	Start year 2023 (Target year 2030 and Pregnant women were chosen in the status profile)
2	Select alternative AARR	AARR = 2.0
3	Chart: Year (x-axis), Anaemia prevalence (%) (y-axis)	Hover over lines to view intermediate point estimates. *Green dotted line:* Trend towards 2030 based on the Required AARR (11.136) *What-if orange dotted line:* Trend towards 2030 based on the Alternative AARR (2.0) *Blue dotted line:* Trend towards 2030 based on the Current AARR (-1.243) *Blue solid line:* Trend based on model-based estimates *Circles:* Survey point estimates
4	Gauge meter	Displays the prevalence of anaemia among pregnant women in 2030 under the What-if scenario (40.3%)
5	Data table	Displays the selections and values from calculations based on the What-if scenario
6	Legend	Click on an item in the legend to hide/unhide data in the chart
7	*Export as Image* button	Export chart as an image
8	*Download Data* button	Download chart data into Excel
9	*Export to Excel* button	Download table data into Excel

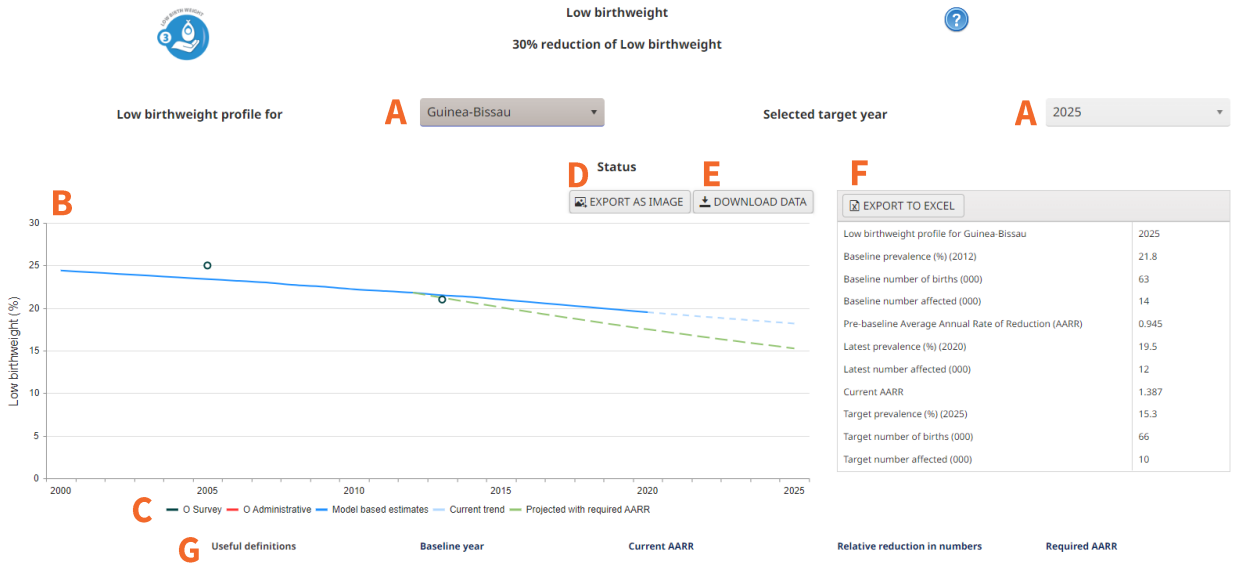

What if calculator
1) Select start year
1
2023
2) Or select alternative AARR
2
2
4
40.3
0
100
Prevalence of anaemia under the current What-if scenario
7
EXPORT AS IMAGE
8
DOWNLOAD DATA
3
Anaemia What-If Simulation
Anaemia prevalence (%)
60
50
40
30
20
10
0
2000
2005
2010
2015
2020
2025
2030
6
Model based estimates
Currrend trend
Projected with required AARR
What if
9
EXPORT TO EXCEL
5
Indonesia What if - Selected target year 2030
Selected starting year 2023
Predicted prevalence % 46.4
Required AARR * 11.136
Selected AARR 2
Prevalence (2030) (%) 40.3
Number of anaemic 2030 (000) 1144
Relative reduction in prevalence (%) 1

TARGET 3: Low birthweight

Low birthweight status

The low birthweight status dashboard (https://www.who.int/data/nutrition/tracking-tool/low-birthweight) provides information for country progress monitoring of the prevalence of newborns weighing less than 2500 grams at birth. The same global target of 30% reduction in low birthweight prevalence between 2012 and 2025 is extended five more years for the 2030 target. The following table and image identify the key features of the low birthweight status dashboard.

ITEM	FEATURE	LOW BIRTHWEIGHT STATUS OUTPUT (Guinea-Bissau)
A	Country name, Target year	Guinea-Bissau | Target year 2025
B	Chart: Year (x-axis), Low birthweight prevalence (%) (y-axis)	Hover over lines to view values. *Green dotted line* - Trend towards 2025 based on the Required AARR *Blue dotted line* – Trend towards 2025 based on the Current AARR (1.387) *Blue solid line* - Trend based on model-based estimates
C	Legend	Click on an item in the legend to hide/unhide data in the chart
D	*Export as Image* button	Export chart as an image
E	*Download Data* button	Download chart data into Excel
F	*Export to Excel* button	Download table data into Excel
G	Useful definitions	User is taken to the Guide's *Glossary* to see definitions



Low birthweight What-if calculator

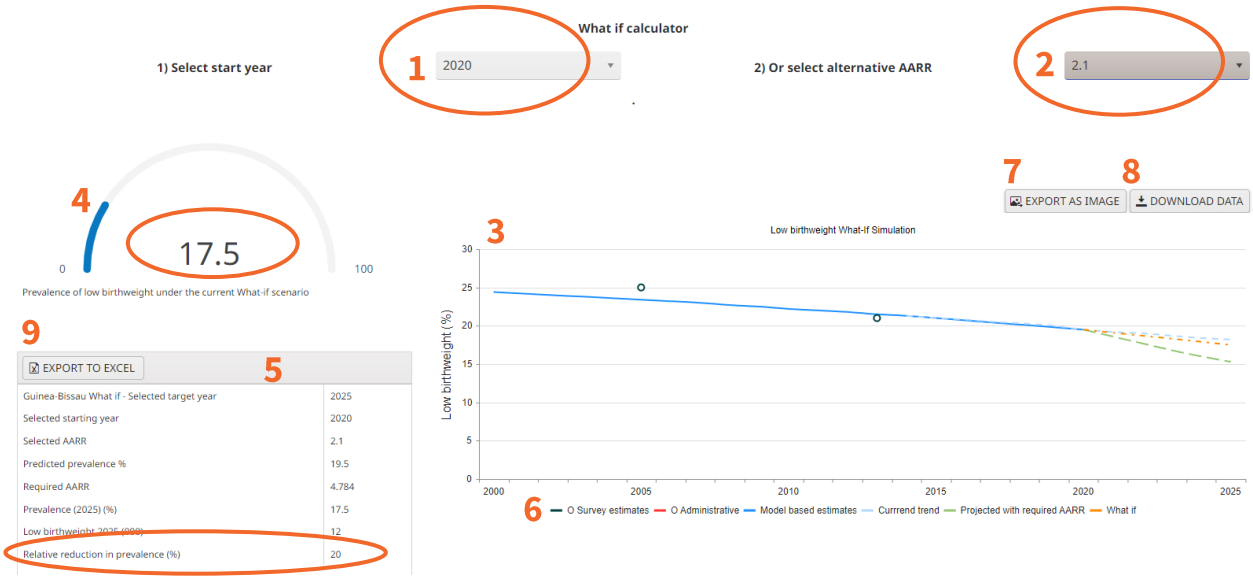
The What-if calculator allows users to simulate country progress scenarios which differ from the one based on the current AARR or required AARR, by selecting a start year and an alternative AARR which is aligned with progress the country would like to achieve between the selected start year and the target year. For example, the start year could be the year when a certain national policy or intervention comes into effect. The alternative AARR would be the annual rate of reduction needed to achieve the target prevalence based on national plans, considering the number of years left to the selected target year, and the feasibility based on estimated resources available. The following section will illustrate different "What-if" scenarios with two country examples, one for each target year.

Target year 2025 example: Guinea-Bissau

The country status profile for Guinea-Bissau shows that they have made steady progress to reduce the prevalence of low birthweight with a relative reduction of 10.6%[15] between 2012 (prevalence of 21.8%) and 2020 (prevalence of 19.5%). For example, if Guinea-Bissau had begun to boost efforts in maternal nutrition programmes during the remaining five years from 2020 to 2025 (**start year of 2020**), they could aim for a 20% relative reduction for the period 2012 to 2025 with a **What-if AARR of 2.1.** The resulting prevalence of 17.5%, as shown in the gauge meter, would be two percentage points away from the 2025 global target prevalence (15.3% - see country status profile), and would achieve a relative reduction of 10.3%[16] (2020-2025). Considering the two periods together from 2012 to 2025, these additional efforts in maternal nutrition programmes would yield a relative reduction of 19.7%[17] (rounded up to 20%), the national target set by policy-makers.

STEP	FEATURE	LOW BIRTHWEIGHT WHAT-IF OUTPUT (Guinea-Bissau)
1	Select the start year	Start year 2020 (Target year 2025 was chosen at the status profile)
2	Select alternative AARR	AARR = 2.1
3	Chart: Year (x-axis), Low birthweight prevalence (%) (y-axis)	Hover over lines to view intermediate point estimates. *Green dotted line:* Trend towards 2025 based on the Required AARR (4.784) *What-if orange dotted line:* Trend towards 2025 based on the Alternative AARR (2.1) *Blue dotted line:* Trend towards 2025 based on the Current AARR (1.387) *Blue solid line:* Trend based on model-based estimates *Circles:* Survey point estimates
4	Gauge meter	Displays the prevalence of low birthweight babies in 2025 under the What-if scenario (17.5%)
5	Data table	Displays the selections and values from calculations based on the What-if scenario
6	Legend	Click on an item in the legend to hide/unhide data in the chart
7	*Export as Image* button	Export chart as an image
8	*Download Data* button	Download chart data into Excel
9	*Export to Excel* button	Download table data into Excel

[15] Calculated as [(21.8 – 19.5) / 21.8] x 100 = 10.6
[16] Calculated as [(19.5 – 17.5) / 19.5] x 100 = 10.3
[17] Calculated as [(21.8 – 17.5) / 21.8] x 100 = 19.7



Target year 2030 example: Philippines

The pace of reduction in low birthweight prevalence in the Philippines has been stagnant, with a baseline prevalence of 21.2% in 2012 and the latest estimated prevalence at 21.1% in 2020 (high severity level). For example, if during the next seven years until 2030 (**start year of 2023**), the Philippines aimed for a 20% relative reduction in low birthweight prevalence (considering from 2012 baseline), one could try an **alternative AARR of 2.0** between 2023 and 2030 (***Image 3***). As seen in the gauge table, the resulting relative reduction in prevalence is 14% from 2012 baseline, still short of the national target. However, with a higher **alternative AARR of 3.0** (***Image 4***), the country would reach the national target of 20% relative reduction for the period 2012-2030. Given the Current AARR of 0.071, significant efforts would be needed to increase the average rate of reduction to 3% per year between 2023 and 2030.

Philippines low birthweight status profile

Image 3

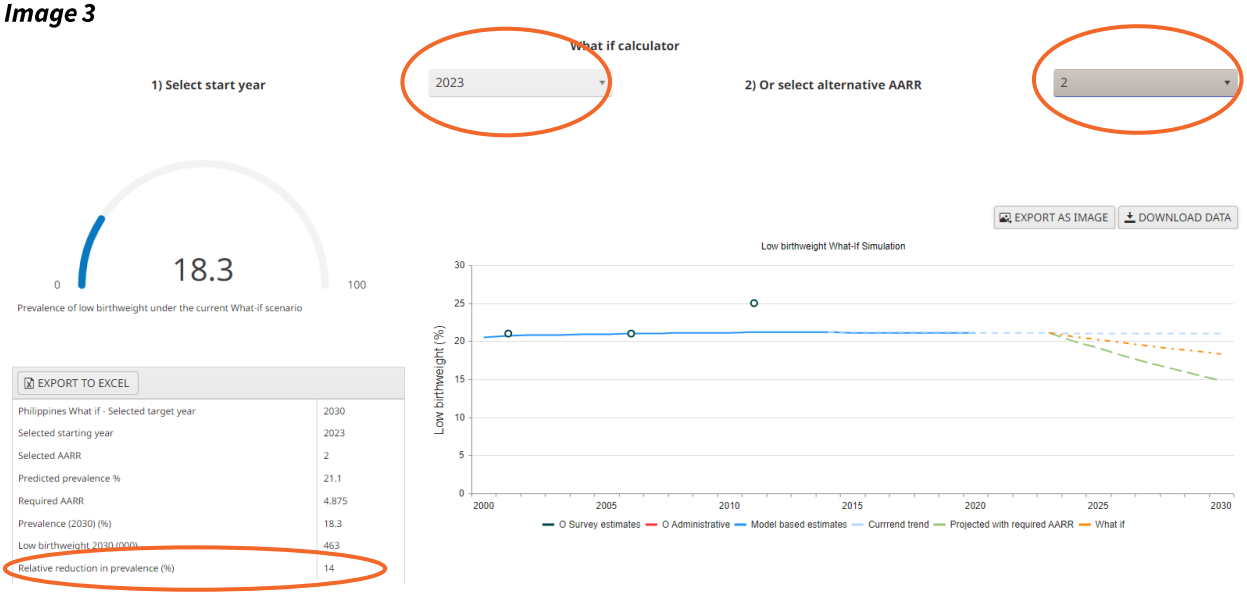


Image 4

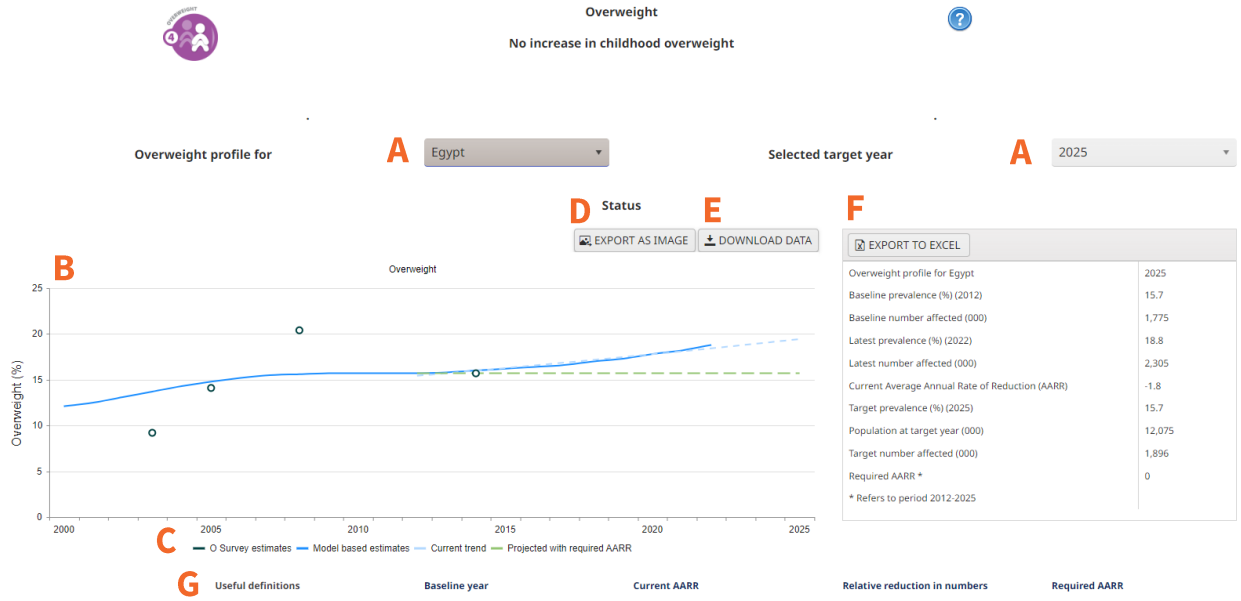
STEP	FEATURE	LOW BIRTHWEIGHT WHAT-IF OUTPUT (Philippines) *(Image 4)*
1	Select the start year	Start year 2023 (Target year 2030 was chosen at the status profile)
2	Select alternative AARR	AARR = 3.0
3	Chart: Year (x-axis), Low birthweight prevalence (%) (y-axis)	Hover over lines to view intermediate point estimates. *Green dotted line:* Trend towards 2030 based on the Required AARR (4.875) *What-if orange dotted line:* Trend towards 2030 based on the Alternative AARR (3.0) *Blue dotted line:* Trend towards 2030 based on the Current AARR (0.071) *Blue solid line:* Trend based on model-based estimates *Circles:* Survey point estimates
4	Gauge meter	Displays the prevalence of low birthweight babies in 2030 under the What-if scenario (17.0%)
5	Data table	Displays the selections and values from calculations based on the What-if scenario
6	Legend	Click on an item in the legend to hide/unhide data in the chart
7	*Export as Image* button	Export chart as an image
8	*Download Data* button	Download chart data into Excel
9	*Export to Excel* button	Download table data into Excel

TARGET 4: Childhood overweight

Childhood overweight status

The childhood overweight status dashboard (https://www.who.int/data/nutrition/tracking-tool/overweight) provides summary information for country progress monitoring of overweight (including obesity) in children under five years of age. While the 2025 global target for childhood overweight is "no increase" in prevalence from the 2012 baseline, countries are encouraged to continue lowering their prevalence. The 2030 target is more ambitious, encouraging countries to lower their childhood overweight prevalence to less than 3%, thus aligning with the SDG Target 2.2 call to "end all forms of malnutrition". The source of data for monitoring childhood overweight is the latest available model-based estimates from the UNICEF-WHO-World Bank Joint Malnutrition Estimates (JME)[18] which is updated biannually and based on standard methodology to harmonize estimates across countries. Nationally representative survey data from the WHO Global Database on Child Growth and Malnutrition[19] is also depicted as the underlying data for the modelling exercise. The following table and image identify the key features of the childhood overweight status dashboard.

ITEM	FEATURE	CHILDHOOD OVERWEIGHT STATUS OUTPUT (Egypt)
A	Country name, Target year	Egypt | Target year 2025
B	Chart: Year (x-axis), Childhood overweight prevalence (%) (y-axis)	Hover over lines to view values. *Green dotted line* - Trend towards 2025 based on the Required AARR (0.0) *Blue dotted line* – Trend towards 2025 based on the Current AARR (-1.8) *Blue solid line* - Trend based on model-based estimates
C	Legend	Click on an item in the legend to hide/unhide data in the chart
D	*Export as Image* button	Export chart as an image
E	*Download Data* button	Download chart data into Excel
F	*Export to Excel* button	Download table data into Excel
G	Useful definitions	User is taken to the Guide's *Glossary* to see definitions



[18] Levels and trends in child malnutrition: UNICEF/WHO/World Bank Group joint child malnutrition estimates: key findings of the 2023 edition. https://www.who.int/publications/i/item/9789240073791

[19] https://platform.who.int/nutrition/malnutrition-database

Childhood overweight What-if calculator

The What-if calculator allows users to simulate country progress scenarios which differ from the one based on the current AARR or required AARR, by selecting a start year and an alternative AARR which is aligned with progress the country would like to achieve between the selected start year and the target year. For example, the start year could be the year when a certain national policy or intervention comes into effect. The alternative AARR would be the annual rate of reduction needed to achieve the target prevalence based on national plans, considering the number of years left to the selected target year, and the feasibility based on estimated resources available. The following section will illustrate different "What-if" scenarios with two country examples, one for each target year.

Target year 2025 example: Egypt

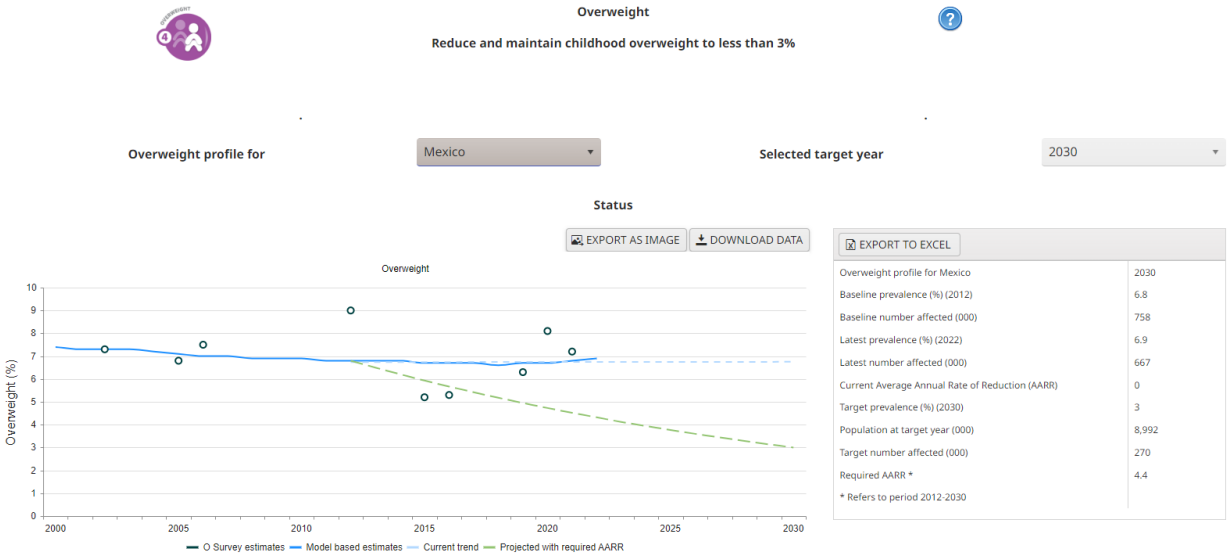
The overweight prevalence among children under-5 in Egypt has been steadily increasing since baseline year 2012 (15.7%), and remains at a very high severity level according to the latest estimates in 2022 (18.8%). For example, if decision-makers noticed an inflection point around 2016, or a shift in the direction away from the global target (Current AARR of -1.8), and garnered more resources to combat childhood overweight over the next nine years (2016-2025), one could simulate a **start year of 2016** and a **What-if alternative AARR of 0.3**. Egypt would then achieve a prevalence of 16.1% (closer to the global "no increase" target of 15.7% for the country), and 447,000 fewer children under five would become overweight by 2025.

STEP	FEATURE	CHILDHOOD OVERWEIGHT WHAT-IF OUTPUT (Egypt)
1	Select the start year	Start year 2016 (Target year 2025 was chosen at the status profile)
2	Select alternative AARR	AARR = 0.3
3	Chart: Year (x-axis), Childhood overweight prevalence (%) (y-axis)	Hover over lines to view intermediate point estimates. *Green dotted line:* Trend towards 2025 based on the Required AARR (0.6) *What-if orange dotted line:* Trend towards 2025 based on the Alternative AARR (0.3) *Blue dotted line:* Trend towards 2025 based on the Current AARR (-1.8) *Blue solid line:* Trend based on model-based estimates *Circles:* Survey point estimates
4	Gauge meter	Displays the prevalence of overweight children under-5 in 2025 under the What-if scenario (16.1%)
5	Data table	Displays the selections and values from calculations based on the What-if scenario
6	Legend	Click on an item in the legend to hide/unhide data in the chart
7	*Export as Image* button	Export chart as an image
8	*Download Data* button	Download chart data into Excel
9	*Export to Excel* button	Download table data into Excel

Target year 2030 example: Mexico

Although the childhood overweight prevalence in Mexico, according to the country status profile, is in the 'medium' severity level (latest estimate at 6.9% in 2022), the prevalence has been stagnant since baseline (6.8% in 2012).

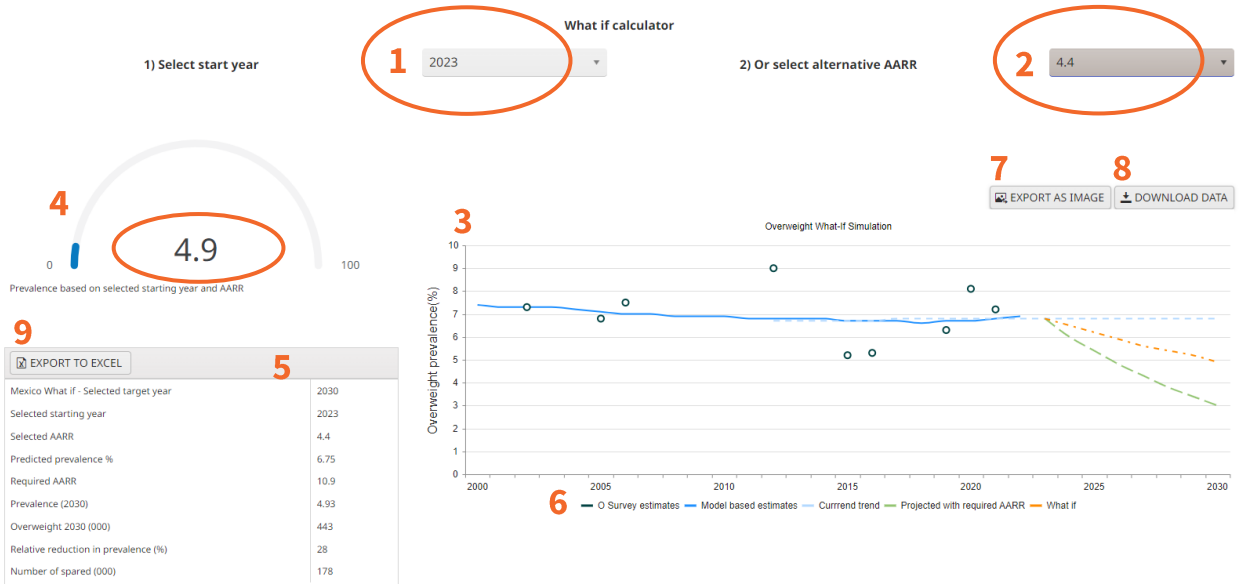
Mexico childhood overweight status profile



While the 2030 global target of <3% prevalence may be too unrealistic to achieve by 2030, Mexico has the potential to reach 'low' severity level (prevalence <5%) with continued investments, for example, in strategies to combat the marketing of ultra-processed and unhealthy foods to children. If the country boosted efforts into these programmes areas and set the national target to a prevalence below 5%, one could select a **start year of 2023** and **What-if alternative AARR of 4** (***Image 5***). As shown on the gauge meter, the prevalence of overweight children under five would remain at 5.1%. If the **What-if alternative AARR** was increased to **4.4** (***Image 6***), the country would achieve a 4.9% prevalence - their national target – and 178,000 fewer children under five would become overweight. Note that with an AARR of 4.4, the Required AARR to reach the 2030 global target in the next seven years (2023-2030) becomes very high (10.9). Given the national context, this Required AARR may not necessarily be achievable and the country can plan according to their own resource availability and local feasibility.

Image 5

Image 6



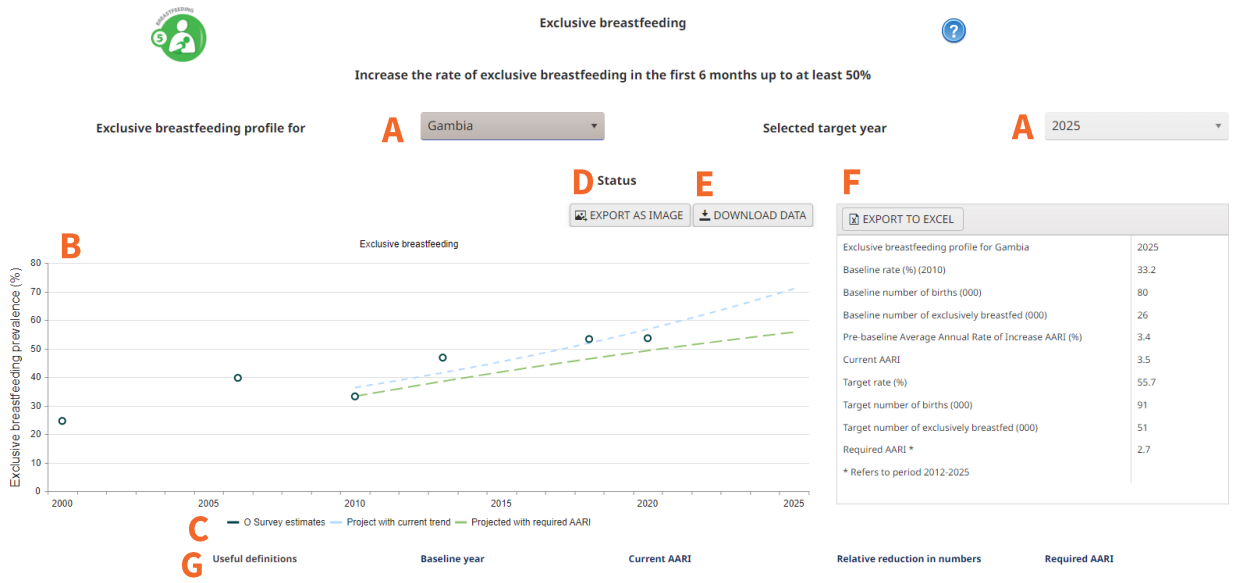
STEP	FEATURE	CHILDHOOD OVERWEIGHT WHAT-IF OUTPUT (Mexico) ***(Image 6)***
1	Select the start year	Start year 2023 (Target year 2030 was chosen at the status profile)
2	Select alternative AARR	AARR = 4.4
3	Chart: Year (x-axis), Childhood overweight prevalence (%) (y-axis)	Hover over lines to view intermediate point estimates. *Green dotted line:* Trend towards 2030 based on the Required AARR (10.9) *What-if orange dotted line:* Trend towards 2030 based on the Alternative AARR (4.4) *Blue dotted line:* Trend towards 2030 based on the Current AARR (0.0) *Blue solid line:* Trend based on model-based estimates *Circles:* Survey point estimates
4	Gauge meter	Displays the prevalence of overweight children under-5 in 2030 under the What-if scenario (4.9%)
5	Data table	Displays the selections and values from calculations based on the What-if scenario
6	Legend	Click on an item in the legend to hide/unhide data in the chart
7	*Export as Image* button	Export chart as an image
8	*Download Data* button	Download chart data into Excel
9	*Export to Excel* button	Download table data into Excel

TARGET 5: Exclusive Breastfeeding

Exclusive breastfeeding status

The breastfeeding status dashboard (https://www.who.int/data/nutrition/tracking-tool/breastfeeding) provides summary information for country progress monitoring of infants who are exclusively breastfed. The target to increase the rate of exclusive breastfeeding for infants in their first 6 months of life is the only one of the six global nutrition targets that requires an *increase* in the relative rate. Thus, exclusive breastfeeding progress is measured by the *Average Annual Rate of Increase (AARI).* The targets are to increase the exclusive breastfeeding rate to at least 50% among infants less than 6 months of age by 2025, and to at least 70% by 2030. Those countries with current rates already above 50% are encouraged to continue efforts to further increase exclusive breastfeeding. This is an indicator for which effective programmes can quickly produce positive and notable impact. The source for the underlying data included in the Tracking Tool is the UNICEF global database for Infant and Young Child Feeding.[20] The following table and image identify the key features of the exclusive breastfeeding status dashboard.

ITEM	FEATURE	EXCLUSIVE BREASTFEEDING STATUS OUTPUT (Gambia)
A	Country name, Target year	Gambia | Target year 2025
B	Chart: Year (x-axis), Exclusive breastfeeding prevalence (%) (y-axis)	Hover over lines to view values. *Green dotted line* - Trend towards 2025 based on the Required AARI (2.7) *Blue dotted line* – Trend towards 2025 based on the Current AARI (3.5) *Blue solid line* - Trend based on model-based estimates
C	Legend	Click on an item in the legend to hide/unhide data in the chart
D	*Export as Image* button	Export chart as an image
E	*Download Data* button	Download chart data into Excel
F	*Export to Excel* button	Download table data into Excel
G	Useful definitions	User is taken to the Guide's *Glossary* to see definitions



[20] Infant and Young Child Feeding (UNICEF). https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/

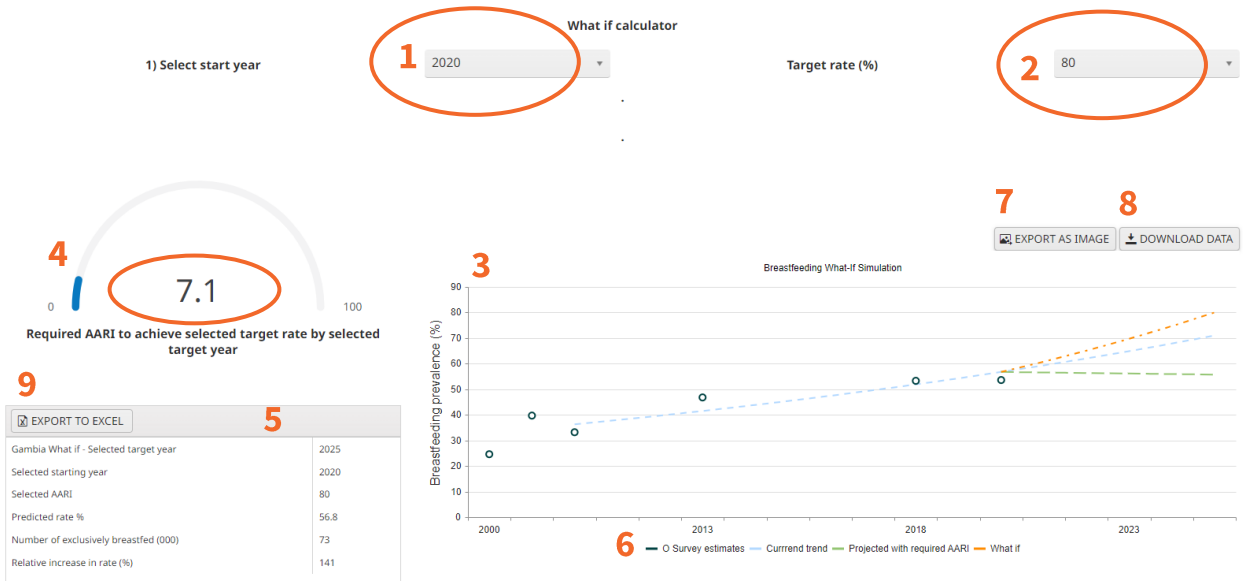
Exclusive breastfeeding What-if calculator

The What-if calculator allows users to simulate country progress scenarios by selecting a start year and target rate that is an alternative to the global target rate. For example, the start year could be the year when a certain national policy or intervention comes into effect. The selected target rate would depend on the number of years left to the target year, and feasibility based on the country plans and estimated resources available. Should a country not have sufficient data to plot the current trend, it can still simulate scenarios referring to available data such as the Required AARI, baseline rate (%), and target rate (%). The following section will illustrate different "What-if" scenarios with two country examples, one for each target year.

Target year 2025 example: Gambia

Gambia had an exclusive breastfeeding (EBF) rate of 33.2% at baseline (2010). The country has shown exemplary progress in the recent decade with the Current AARI (3.5) surpassing the Required AARI (2.7). By 2020, the country had *already achieved* the 2025 global target (increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%), with the survey estimate showing an EBF rate of 53.6% (2020). If it stays on this current trend, Gambia will reach an EBF rate of 71% by 2025, attaining the 2030 global target ahead of time. Hypothetically speaking, if policy-makers had aimed for a national **EBF target rate of 80% by 2025** in 2020 (**start year 2020**), Gambia would need an ambitious average rate of increase of 7.1% per year between 2020 and 2025 to reach this national goal.

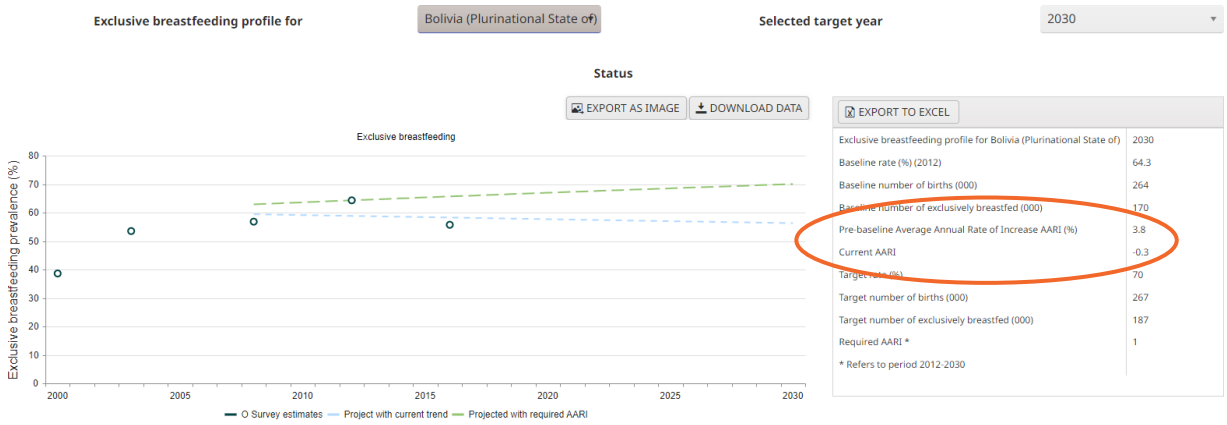
STEP	FEATURE	EXCLUSIVE BREASTFEEDING WHAT-IF OUTPUT (Gambia)
1	Select the start year	Start year 2020
2	Select Target rate (%)	Target rate = 80%
3	Chart: Year (x-axis), Breastfeeding prevalence (%) (y-axis)	Hover over lines to view intermediate point estimates. *Green dotted line:* Trend towards target year based on the Required AARI *What-if orange dotted line:* Trend towards target year to achieve the selected target rate (80%) *Blue dotted line:* Trend towards target year based on the Current AARI *Circles:* Survey point estimates
4	Gauge meter	Displays the Required AARI to achieve the selected target rate by selected target year (7.1)
5	Data table	Displays the selections and values from calculations based on the What-if scenario
6	Legend	Click on an item in the legend to hide/unhide data in the chart
7	*Export as Image* button	Export chart as an image
8	*Download Data* button	Download chart data into Excel
9	*Export to Excel* button	Download table data into Excel



Target year 2030 example: Bolivia

With a baseline exclusive breastfeeding rate of 64.3% in 2012, Bolivia has the potential to achieve the 2030 global target rate (to increase the rate of exclusive breastfeeding in the first 6 months up to at least 70%). However, the country's latest estimate shows a slight tendency away from the global target, with the latest survey estimate of 55.7% in 2016. Bolivia had a pre-baseline average rate of increase of 3.8% per year until 2012 but the current AARI shows near stagnation (-0.3).

Bolivia exclusive breastfeeding status profile



To recover to at least pre-baseline levels, Bolivia could make further policy investments in the next seven years (**start year 2023**), and aim for a **EBF Target Rate of 75%** by 2030. The gauge meter would show that Bolivia would need an average rate of increase of 3.9% per year between 2023 and 2030 and return to pre-baseline levels. With this additional national effort, the country would be back on track and achieve the 2030 global target.

STEP	FEATURE	EXCLUSIVE BREASTFEEDING WHAT-IF OUTPUT (Bolivia)
1	Select the start year	Start year 2023
2	Select Target rate (%)	Target rate = 75%
3	Chart: Year (x-axis), Exclusive breastfeeding (%) (y-axis)	Hover over lines to view intermediate point estimates. *Green dotted line:* Trend towards target year based on the Required AARI *What-if orange dotted line:* Trend towards target year to achieve the selected target rate (75%) *Blue dotted line:* Trend towards target year based on the Current AARI *Circles:* Survey point estimates
4	Gauge meter	Displays the Required AARI to achieve the selected target rate by selected target year (3.9)
5	Data table	Displays the selections and values from calculations based on the What-if scenario
6	Legend	Click on an item in the legend to hide/unhide data in the chart
7	*Export as Image* button	Export chart as an image
8	*Download Data* button	Download chart data into Excel
9	*Export to Excel* button	Download table data into Excel

TARGET 6: Childhood Wasting

Childhood wasting status

The childhood wasting status dashboard (https://www.who.int/data/nutrition/tracking-tool/wasting) provides summary information for country progress monitoring of wasting among children under five years of age. The global targets for childhood wasting are to reduce and maintain the prevalence below 5% by 2025, and below 3% by 2030. The source for this indicator is primarily household surveys as well as surveillance data for a limited number of countries, which are collected in different periods and sometimes under diverse circumstances. Childhood wasting prevalence can change rapidly, thus making it difficult for estimates to be comparable over time when using the data sources noted above. Variability would be even larger due to seasonal fluctuations and the volatility in emergency settings. Due to the rapid and unpredictable change in prevalence, the Tracking Tool does not provide the *What-if calculator* for the childhood wasting indicator as national trends would be difficult to interpret. Countries should aim to reach the level of 5% as early as possible to achieve the 2025 target, and maintain prevalence below that threshold (aiming for 3% by 2030).

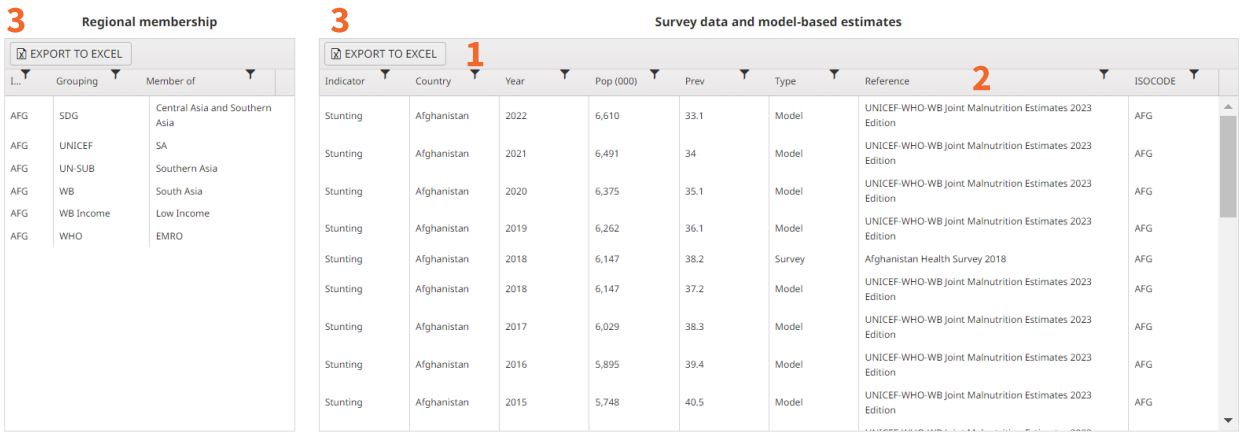
Country example 2025 and 2030: Chad

Chad had a very high severity baseline prevalence in childhood wasting of 16.3% in 2010, and the latest estimate at 8.6% in 2022 (medium severity level). Note that point estimates may not necessarily indicate a trend over time due to factors like seasonality. The image below is the status profile for Chad at target year 2030. Countries should continue to reduce their wasting prevalence towards the global threshold for 2025 or 2030 as much as possible.

ITEM	FEATURE	CHILDHOOD WASTING STATUS OUTPUT (Chad)
A	Country name, Target year	Chad | Target year 2030
B	Chart: Year (x-axis), Childhood wasting prevalence (%) (y-axis)	Hover over dotted point estimates to view values. *Green bar* – Global childhood wasting prevalence threshold (3% for 2030)
C	Legend	Click on an item in the legend to hide/unhide data in the chart
D	*Export as Image* button	Export chart as an image
E	*Download Data* button	Download chart data into Excel
F	*Export to Excel* button	Download table data into Excel

III. Regional membership, survey data and model-based estimates

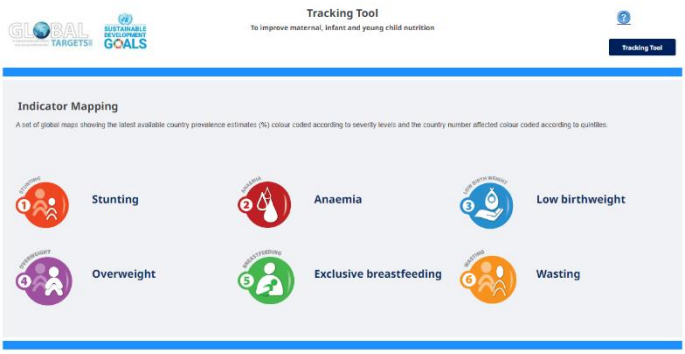
Every indicator dashboard has two tables at the bottom which show the **regional membership** and **survey data and model-based estimates** for a selected country. The regional membership table groups countries based on various criteria determined by international organizations (e.g. gross national income, geographic location). The six classifications included in the Tracking Tool are: SDG region, UNICEF region, UN sub-region (UN-SUB), World Bank region (WB), World Bank Income group, and WHO region. A second table displays the survey data and model-based estimates which are all the point estimates depicted in the chart. The image below is an example from the stunting indicator. The column headings will differ slightly by indicator.

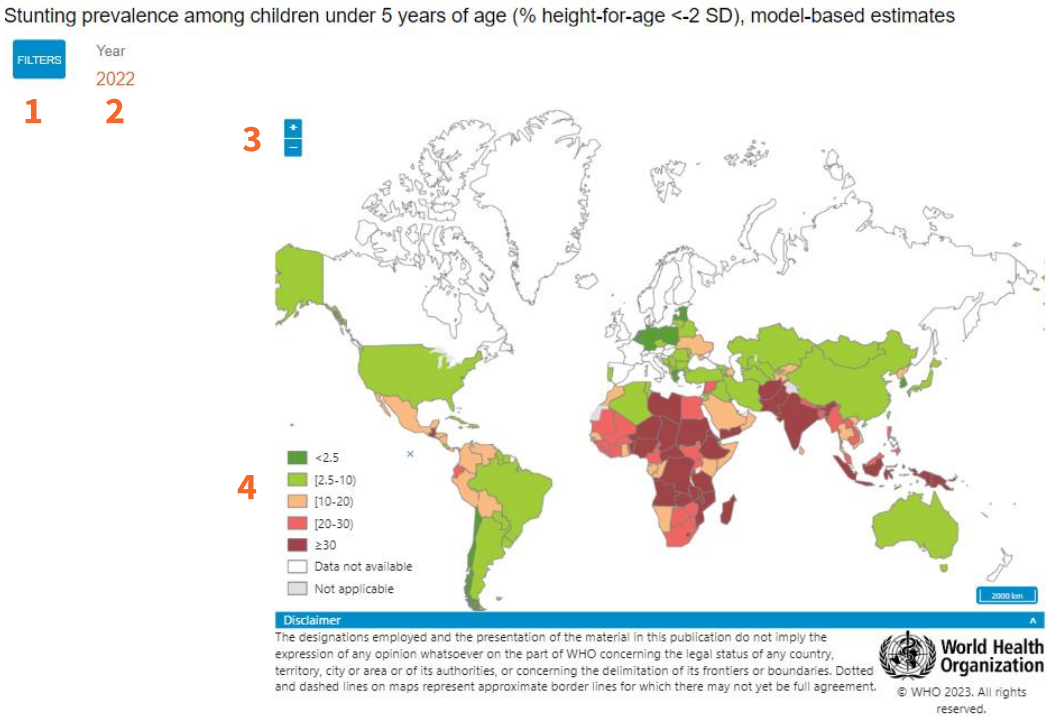


ITEM	FEATURE	FUNCTION
1	Funnel	Filter columns
2	Column headings	Click on the heading to sort column values
3	*Export to Excel* button	Download table data into Excel

IV. Indicator Mapping

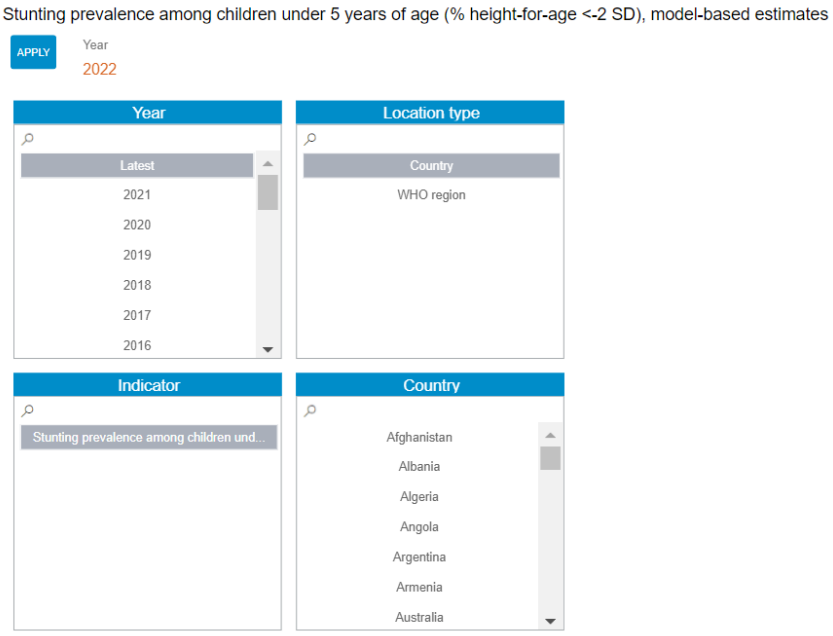
The Indicator Mapping module helps users visualize the global landscape of the six indicators using the latest available country **prevalence** estimates (%), colour-coded according to severity levels and the **number affected** colour-coded by quintiles. The following section describes the main features and functions for this module which are similar for all six indicators. The image below is an example of a visualisation for stunting prevalence (%) among children under 5 years of age using model-based estimates. The user can hover over a country to see the latest data with the year and range.





MAP FEATURE	FUNCTION
1	Filter button
2	Year of data
3	Zoom in / out of map
4	Legend (can be minimized using the 'X' button)

The Filter button allows filtering by Year, Location Type, Indicator, and Country.



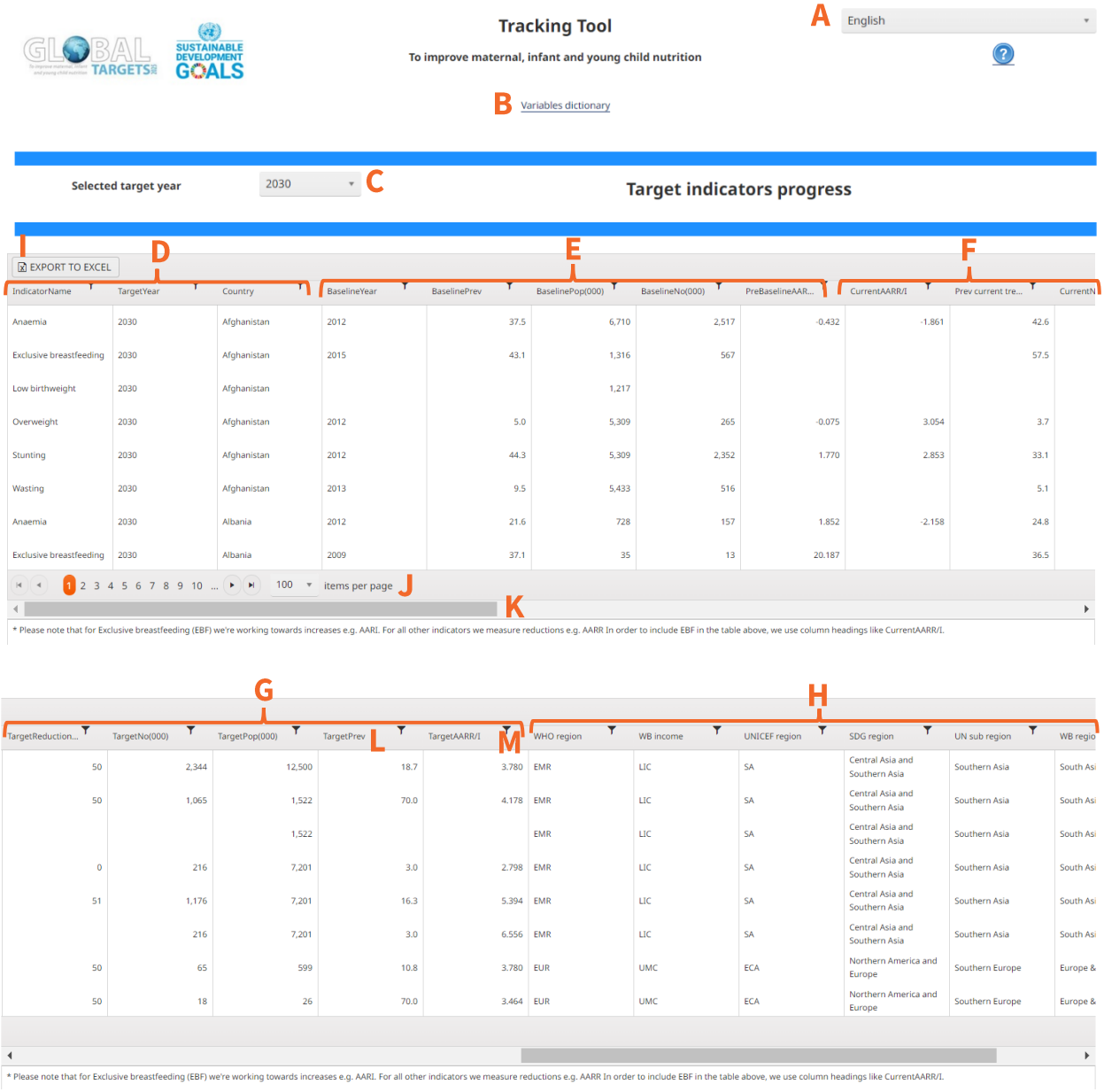
Indicator maps

GLOBAL NUTRITION TARGET	INDICATOR	MAPS
Target 1: Stunting	Stunting Prevalence (children under 5) Stunting Numbers Affected (children under 5)	https://www.who.int/data/nutrition/tracking-tool/indicator-mapping/stunting
Target 2: Anaemia	Anaemia Prevalence (women of reproductive age, 15-49 years) Anaemia Numbers Affected (women of reproductive age, 15-49 years)	https://www.who.int/data/nutrition/tracking-tool/indicator-mapping/anaemia
Target 3: Low birthweight	Low birthweight Prevalence Low birthweight Numbers Affected	https://www.who.int/data/nutrition/tracking-tool/indicator-mapping/low-birthweight
Target 4: Childhood Overweight	Overweight Prevalence (children under 5) Overweight Numbers Affected (children under 5)	https://www.who.int/data/nutrition/tracking-tool/indicator-mapping/overweight
Target 5: Exclusive Breastfeeding	Exclusive Breastfeeding Prevalence (infants < 6 months of age) Exclusive breastfeeding Numbers Affected (infants < 6 months of age)	https://www.who.int/data/nutrition/tracking-tool/indicator-mapping/exclusive-breastfeeding
Target 6: Childhood Wasting	Wasting Prevalence (children under 5) Wasting Numbers Affected (children under 5)	https://www.who.int/data/nutrition/tracking-tool/indicator-mapping/wasting

V. Target indicators progress

The Target indicators progress table (https://www.who.int/data/nutrition/tracking-tool/targert-indicators-progress) provides country-level summary progress statistics for the six indicators and for the selected target year 2025 or 2030. The information in the table supports countries to monitor their progress towards the global nutrition targets, as well as make to comparisons by region and other groups by filtering the relevant columns. The following table and image identify the key features of the Target indicators progress table.

ITEM	FEATURE
A	Select language (English, French, Spanish, Russian)
B	Variables dictionary - definitions of column headings
C	Select target year (2025 or 2030)
D	Indicator name | Target year | Country
E	Baseline year | Baseline prevalence (%) | Baseline population (000) | Baseline number (000) | Pre-baseline AARR/AARI
F	Current AARR/AARI | Current trend prevalence (%) | Current number (000)
G	Target reduction/increase (%) | Target number (000) | Target population (000) | Target prevalence (%) | Target AARR/AARI
H	WHO region | World Bank income group | UNICEF region | SDG region | UN sub-region | World Bank region | ISO country code
I	*Export to Excel* button: Export the table data
J	View 50, 100, or 200 rows per page
K	Scroll bar (scroll to the right to view more columns)
L	Click on the column headings to sort values
M	Funnel to filter column values. Numeric columns (e.g. baseline number, prevalence %) can be filtered using customized parameters such as “is equal to”, “is not equal to”, or “is greater than or equal to”.


Tracking Tool
To improve maternal, infant and young child nutrition
A
English
B
Variables dictionary
Selected target year
2030
C
Target indicators progress
EXPORT TO EXCEL
D
E
F
IndicatorName
TargetYear
Country
BaselineYear
BaselinePrev
BaselinePop(000)
BaselineNo(000)
PreBaselineAAR...
CurrentAARR/I
Prev current tre...
CurrentN
Anaemia 2030 Afghanistan 2012 37.5 6,710 2,517 -0.432 -1.861 42.6
Exclusive breastfeeding 2030 Afghanistan 2015 43.1 1,316 567 57.5
Low birthweight 2030 Afghanistan 1,217
Overweight 2030 Afghanistan 2012 5.0 5,309 265 -0.075 3.054 3.7
Stunting 2030 Afghanistan 2012 44.3 5,309 2,352 1.770 2.853 33.1
Wasting 2030 Afghanistan 2013 9.5 5,433 516 5.1
Anaemia 2030 Albania 2012 21.6 728 157 1.852 -2.158 24.8
Exclusive breastfeeding 2030 Albania 2009 37.1 35 13 20.187 36.5
1 2 3 4 5 6 7 8 9 10 ...
100
items per page
J
K
* Please note that for Exclusive breastfeeding (EBF) we're working towards increases e.g. AARI. For all other indicators we measure reductions e.g. AARR In order to include EBF in the table above, we use column headings like CurrentAARR/I.
G
H
L
M
TargetReduction...
TargetNo(000)
TargetPop(000)
TargetPrev
TargetAARR/I
WHO region
WB income
UNICEF region
SDG region
UN sub region
WB regio
50 2,344 12,500 18.7 3.780 EMR LIC SA Central Asia and Southern Asia Southern Asia South Asi
50 1,065 1,522 70.0 4.178 EMR LIC SA Central Asia and Southern Asia Southern Asia South Asi
1,522 EMR LIC SA Central Asia and Southern Asia Southern Asia South Asi
0 216 7,201 3.0 2.798 EMR LIC SA Central Asia and Southern Asia Southern Asia South Asi
51 1,176 7,201 16.3 5.394 EMR LIC SA Central Asia and Southern Asia Southern Asia South Asi
216 7,201 3.0 6.556 EMR LIC SA Central Asia and Southern Asia Southern Asia South Asi
50 65 599 10.8 3.780 EUR UMC ECA Northern America and Europe Southern Europe Europe &
50 18 26 70.0 3.464 EUR UMC ECA Northern America and Europe Southern Europe Europe &
* Please note that for Exclusive breastfeeding (EBF) we're working towards increases e.g. AARI. For all other indicators we measure reductions e.g. AARR In order to include EBF in the table above, we use column headings like CurrentAARR/I.

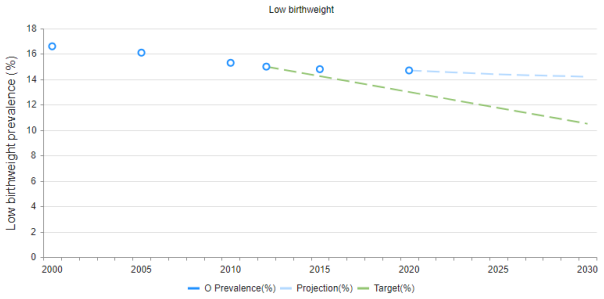
VI. Global Progress Report

The Global Progress Report (https://www.who.int/data/nutrition/tracking-tool/global-progress-report) produces a summary progress report with charts depicting trends and targets for each of the six indicators. A report is generated for the selected target year (2025 or 2030). Summary tables for stunting and anaemia in women of reproductive age include the latest status available compared against baseline data, the current progress and the required average annual rate of reduction to reach the global targets. For these two indicators, the data refers to the period between 2012 and the target year. The *Export as Image* button will allow the user to obtain the chart image, the *Download Data* button to obtain the chart data, and the *Export to Excel* button to download the detailed table summary for stunting and anaemia into Excel. The following image shows the Global Progress Report dashboard for target year 2030.

Low birthweight

30% reduction of Low birthweight

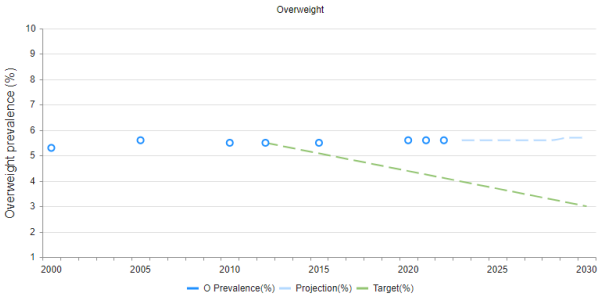
EXPORT AS IMAGE | DOWNLOAD DATA



Overweight

Reduce and maintain childhood overweight to less than 3%

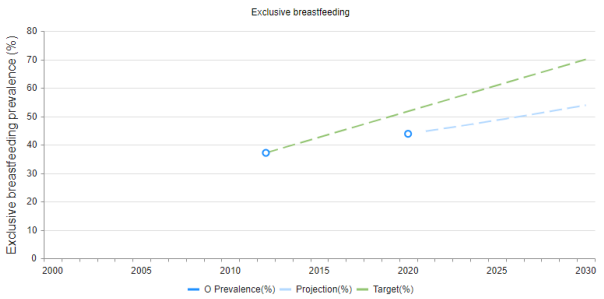
EXPORT AS IMAGE | DOWNLOAD DATA



Exclusive breastfeeding

Increase the rate of exclusive breastfeeding in the first 6 months up to at least 70%

EXPORT AS IMAGE | DOWNLOAD DATA



Wasting

Reduce and maintain childhood wasting to less than 3%

EXPORT AS IMAGE | DOWNLOAD DATA