
APPENDIX 2: ASSESSING PROGRESS AGAINST THE GLOBAL NUTRITION TARGETS

The Global Nutrition Report tracks global and country progress against the global nutrition targets using the latest available data.

Maternal, infant and young child nutrition targets

Prevalence estimates are used alongside information about rates of change to assess whether a country is 'on course' or 'off course' to meet each maternal, infant and young child nutrition target. This is when the global target is applied at the national level, assuming the same relative reduction in all countries.¹

Anaemia modelled estimates are produced by the WHO;² estimates of low birth weight are produced by the United Nations Children's Fund (UNICEF) and World Health Organization (WHO);³ and estimates of exclusive breastfeeding are produced by UNICEF.⁴ National prevalence estimates on child malnutrition are reported in the annual Joint Child Malnutrition Estimates produced by UNICEF, WHO and the World Bank.⁵

The rules to determine which countries are on or off course are established with extensive technical input from WHO and UNICEF. The Global Nutrition Report employs the monitoring rules and classification of progress towards achieving the six nutrition targets proposed by the WHO/UNICEF Technical Expert Advisory Group on Nutrition Monitoring (TEAM). The methodology and rules to track maternal, infant and young child nutrition targets were revised in 2017 by WHO and UNICEF to improve the quality of nutrition target monitoring.⁶

At the country level, as at the global level, an average relative percentage change in prevalence of an indicator is calculated using a metric called the average annual rate of reduction (AARR). There are two AARR estimates calculated: the required AARR represents the value needed for a country to achieve the global target from the baseline year to 2025, and the current AARR reflects a country's actual achievement based on the available data between the baseline year and the most recent year. The required AARR, current AARR and current prevalence are used to determine whether the country under assessment is on or off track for each indicator (Table A2).

In addition to those listed in Table A2, there are additional criteria for assessment and additional considerations.

- Stunting, wasting, overweight and exclusive breastfeeding: countries require at least two nationally representative survey data points since 2008 to assess recent progress, and one of these must have been since 2012 to reflect post-baseline status.
- If countries do not have any post-baseline status (2012) data, an assessment is reserved until estimates in the post-baseline period become available.
- Availability of nationally representative estimates approximately every three years aids effective progress-monitoring and supports reliable assessment.

TABLE A2

Methodology to track country progress on nutrition targets

INDICATOR	ON TRACK	OFF TRACK – SOME PROGRESS	OFF TRACK – NO PROGRESS OR WORSENING
Stunting	AARR \geq required AARR* or level <5%	AARR < required AARR* but \geq 0.5	AARR < required AARR* and <0.5
Anaemia	AARR \geq 5.2** or level <5%	AARR <5.2 but \geq 0.5	AARR <0.5
Low birth weight	AARR \geq 2.74* or level <5%	AARR <2.74 but \geq 0.5	AARR <0.5
Not exclusively breastfed	AARR \geq 2.74** or level <30%	AARR <2.74 but \geq 0.8	AARR <0.8
Wasting	Level <5%	Level \geq 5% but AARR \geq 2.0	Level \geq 5% and AARR <2.0
	ON TRACK	OFF TRACK – SOME PROGRESS	
Overweight	AARR \geq -1.5	AARR <-1.5	

Source: WHO and UNICEF for the WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring. *Methodology for monitoring progress towards the global nutrition targets for 2025: Technical report*. Geneva: WHO, UNICEF: New York, 2017.

Notes: *Required AARR based on the stunting prevalence change corresponding to a 40% reduction in number of stunted children between 2012 and 2025, considering the estimated population growth (based on UN Population Prospects). **Required AARR based on a 50% reduction in prevalence of anaemia in women of reproductive age between 2012 and 2025. *Required AARR based on a 30% reduction in prevalence of low birth weight between 2012 and 2025.

**Required AARR based on a 30% reduction in not exclusively breastfed rate between 2012 and 2025.

Diet-related NCD targets

The WHO Global Monitoring Framework for the Prevention and Control of Non-Communicable Diseases (NCDs) was adopted by the World Health Assembly in 2013 to effectively implement the NCD Global Action Plan and monitor progress in NCD prevention and control at the global level. The framework includes nine voluntary targets tracked by 25 indicators of NCD outcomes and risk factors. The overarching goal is to reduce premature mortality due to NCDs by 25% by 2025. The *2016 Global Nutrition Report* tracked **target 7**, 'halt the rise in diabetes and obesity'. The *2018 Global Nutrition Report* tracked additional targets on reducing salt intake by 30% at the population level (**target 4**) and reducing the prevalence of high blood pressure/hypertension by 25% (**target 6**).

Country progress towards the targets on raised blood pressure, diabetes and obesity is derived from modelled estimates and probabilities produced by the NCD Risk Factor Collaboration.⁷ Progress is characterised as 'on course' if the probability of meeting that target by 2025 is at least 0.50, or 'off course' if it is less than 0.50; 'some' progress is not assessed for NCD targets. Global progress is evaluated in the same manner and the probability of the target being reached is specified.

Progress on reducing salt intake is not assessed at the country level. However, using estimates from the Global Burden of Disease (IHME),⁸ the *2020 Global Nutrition Report* estimates the current AARR as 0.2%. This is substantially lower than the required AARR of 2.4%, to reach the global target on salt reduction by 2025.

NOTES

Appendix 2

- 1 For a detailed and thorough discussion of the methodology for monitoring progress towards the global maternal, infant and young child nutrition targets for 2025, see: WHO and UNICEF, 2017. Methodology for monitoring progress towards the global nutrition targets for 2025. WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring. Technical report. Geneva: WHO; New York: UNICEF.
- 2 WHO, 2019. World health statistics 2019. Global Health Observatory Data Repository. Available at: <https://apps.who.int/gho/data/node.imr.ANEMIAPW?lang=en>
- 3 UNICEF and WHO, 2019. Low birthweight estimates, 2019 edition. Available at: www.who.int/nutrition/publications/UNICEFWHO-lowbirthweight-estimates-2019/en/
- 4 UNICEF, 2019. UNICEF global databases: infant and young child feeding. New York: UNICEF Division of Data Analytics, Planning and Monitoring. Available at: <http://data.unicef.org/nutrition/iycf>. Accessed 3 February 2020.
- 5 UNICEF/WHO/World Bank, 2019. Joint Child Malnutrition 2019 edition. New York. Available at: <https://data.unicef.org/resources/dataset/malnutrition-data>. Accessed 3 February 2020.
- 6 WHO and UNICEF, 2017. Methodology for monitoring progress towards the global nutrition targets for 2025. WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring. Technical report. Geneva: WHO; New York: UNICEF.
- 7 NCD Risk Factor Collaboration, 2019. Available at: <http://ncdrisc.org/data-downloads.html>
- 8 Global Burden of Disease, the Institute for Health Metrics and Evaluation, 2019.