Child Nutrition and Development in the SDG Era: Progress, Gaps, and the Challenges of Preventing Stunting and Wasting by 2030

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Introduction

How a child grows is one of the most telling signs of how a society is functioning. Stunting and wasting in early childhood point to deeper failures in healthcare, maternal wellbeing, food security, and social equity — failures that compound across generations. When the international community adopted the Sustainable Development Goals (SDGs) in 2015, it committed to confronting these interconnected problems at their roots.[1] Target 2.2 specifically binds every country to ending all forms of malnutrition by 2030, tracked through prevalence of stunting (SDG 2.2.1) and wasting (SDG 2.2.2). Yet child under nutrition is not confined to SDG 2 alone — SDG 3 covers maternal and child health, SDG 4 addresses early childhood development, SDG 6 tackles water and sanitation, and SDGs 1, 5, and 10 target poverty, gender inequality, and inequity respectively.[1,2] Together, these goals Acknowledge that stunting and wasting are manifestations of much broader failures in governance, food systems, and social protection. Between 1990 and 2015, the world made meaningful progress against child stunting, driven by improvements in maternal education, expanded immunization, better sanitation, and greater access to primary healthcare.[7,8] That momentum carried into the early SDG years but had clearly slowed by the early 2020s. According to the most recent Joint Child Malnutrition Estimates by UNICEF, WHO, and the World Bank, approximately 150 million children under five were still stunted in 2024 — a global prevalence of just over 23 percent — and the world is not on track to meet its 2030 targets.[3] Wasting remains even more precarious. Over 40 million children are estimated to be wasted globally, with millions more suffering moderate acute malnutrition that goes undetected and untreated. Some countries have seen hard-won gains reversed, reflecting how vulnerable nutritional progress is to external shocks.[3,6]There are, nonetheless, genuine

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achievements worth acknowledging. The consolidation of evidence around the first 1,000 days of life — from conception to a child's second birthday — has been transformative. Interventions targeting maternal nutrition, antenatal care, breastfeeding, complementary feeding, micronutrient supplementation, and infection prevention during this window consistently reduce stunting and support cognitive development.[4,7] Community-based management of acute malnutrition has also saved countless lives, particularly in fragile and humanitarian settings.[5] And country-level examples demonstrate that rapid progress is possible with political will: Nepal and Bangladesh have both achieved substantial reductions in stunting through combinations of women's education, social protection, community health platforms, and targeted nutrition interventions — showing that income level alone does not determine outcomes.[8,11]Yet the dominant story by 2025 remains one of missed opportunity. Structural poverty and inequality continue to concentrate the burden of under nutrition among the poorest households, rural communities, and marginalized groups. The COVID-19 pandemic further exposed these vulnerabilities, disrupting food systems, health services, and household incomes across low- and middle-income countries.[2,6] Preventive nutrition services — antenatal counseling, iron and folic acid supplementation, breastfeeding promotion, complementary feeding guidance — still do not reach all who need them, and where they exist, delivery is often inconsistent and unsupported by the behavioral change mechanisms necessary for lasting impact.[5,8] Food environments have also deteriorated in important ways: while calorie availability has improved in many settings, access to affordable, diverse, and nutritious diets has not, and aggressive marketing of ultra-processed foods is fueling a double burden of malnutrition where under nutrition and overweight coexist within the same populations.[6,7]Climate change has added a further dimension to this challenge. Floods, droughts, heat waves, and crop failures are becoming more frequent and more severe, undermining food security and stretching already fragile systems. By 2025, climate-related shocks have become a near-constant feature in much of South Asia and sub-Saharan Africa, affecting children through both acute pathways that cause wasting and chronic pathways that drive stunting.[2,6] South Asia carries a disproportionate share of the global burden, and trajectories within the region differ sharply. Pakistan, for

instance, continues to record stunting prevalence at or above 40 percent, alongside significant wasting, micronutrient deficiencies, and childhood anaemia.[10] Fragmented governance, insufficient domestic nutrition financing, weak subnational implementation capacity, and repeated shocks — including the catastrophic 2022 floods — have all constrained progress in ways that contrast starkly with the gains seen in Nepal and Bangladesh.[2,10]Moving forward requires a clear-eyed recalibration. Wasting treatment, however essential, cannot substitute for prevention. Addressing maternal nutrition before and during pregnancy, supporting optimal feeding practices, reducing infectious disease burden, improving living environments, and tackling the underlying determinants of malnutrition — poverty, food insecurity, gender inequality, inadequate sanitation — must all be part of the effort.[7,8,11] Social protection programmes, particularly cash transfers linked to nutrition education and health services, have shown real promise when well-designed and adequately resourced.[11] Early childhood development also deserves more explicit integration into nutrition strategies: combining nutritional support with early stimulation and caregiver engagement produces greater developmental gains than nutrition alone, and is essential for breaking intergenerational cycles of stunting and poverty.[12] Across all of this, financing remains a binding constraint. Nutrition continues to be underfunded relative to its burden and its long-term economic returns, and sustainable progress requires both increased domestic investment and stronger accountability mechanisms to ensure that political commitments translate into action.[9,6]By 2025, the world understands child under nutrition better than it ever has. The science is clear, proven interventions exist, and examples of genuine progress are on the record. And yet the world remains off track. The gap between knowledge and action — particularly in countries burdened by instability, limited resources, and repeated shocks — is still far too wide.[2,3] Preventing stunting and wasting is not only a health imperative but a moral and economic one, central to any serious commitment to sustainable development and justice. The next five years are a narrowing window. Without decisive, coordinated, and equity-focused action, millions of children will continue to be denied their right to grow and develop — with consequences that will extend far beyond 2030.[1,8,12]

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