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Global imperatives for sustained eradication of stunting by 2030

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Introduction: There is concerted Worldwide effort to mobilise adequate financing to end hunger, food insecurity, malnutrition in all its forms and poverty by 2030; with limited focus on the root cause:- Stunting in the first 1000 days of life and its irreversible physical and cognitive consequences "the Stunting Syndrome"1,2. The totally preventable and treatable early childhood stunting is compromising attainment of Sustainable Development Goals [SDGs] by 2030 1, 3, 4. We review predilections for Global eradicating of Stunting. Review of relevant World population [WP] data on stunting during the first 1000 days of life [pregnancy and a child's 2nd birthday], childhood [0-4years] and adulthood. The main source were World Health Organization Global Health Observatory data and The United Nations World Population Prospects [2024] and its probabilistic projections5, 6. Qualitative and quantitative aspects of stunting and the populations of the study groups were summarized and contrasted. The global prevalence of Stunting [2022] was 22.3% and estimated 148 million children were affected. Africa and South-East Asia regions had highest prevalence [31%] and both accounted for [71%] of Global stunting [GS] unlike Europe with a prevalence of [5%] and [3%] of GS. The prevalence of Low and low middle income [LLMD] groups was 34% and 28% respectively both accounting for 93% of GS whereas High and upper middle income groups rates figures were 4% and 11 % respectively; and 7% of GS.World-wide, [2.9 billion] persons [36%] had suffered childhood stunting by year 2024. During the year, Stunting in the first 1000 days of life involved 83 million persons [1.03%] of WP; comprising pregnant women [28 million] and infants/toddlers [55 million].It's prudent and morally justified to target Global funding for eradication of Stunting in the first 1000 days of life to Countries and Regions with highest rates and numbers of cases. This approach will obviate the lifelong consequences of stunting; ensure equity, attainment of SDGs by 2030 and the promise of Not Leaving LLMD countries, Africa and South-East Asia Regions behind.

Biography

Godfrey Swai is Senior Public Health Consultant, Trustee and Principal Investigator of Stunting Eradication Initiatives in Tanzania under Ultimate Family Health Trust. He has worked in Tanzania in Public Health Sector as Senior Medical Officer in Training and Administration. Thereafter he served as Public Health Consultant to Public, Private, Faith and Non-Governmental Organizations within Tanzania and Sub-Sahara Africa Region- Namibia, Mozambique and South Sudan. He has delivered 75 Consultancy Reports and Published Four Books on Health [HIV & AIDS] in Kiswahili language and three on Social Affairs. He was Editor in Chief, Tanzania Public Health Association [TPHA] and is Member of Tanzania Medical Association.

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