Stunting has adverse long-term consequences for children’s immune function and survival, risk of nutrition-related chronic diseases, cognitive and behavioral development, and human capital.

**Key insights**

Stunting in under-5-year-old children still plagues Africa and has not decreased as rapidly as the concomitant increase in economic growth. The persistence of disease and socioeconomic inequality ensures that not all segments of the population, in particular the most vulnerable, benefit equally from economic growth. Further compounding the problem is the association between economic progress and obesity, especially amongst females. More and more African countries are now being afflicted with the double burden of malnutrition.

**Current knowledge**

There have been successes in reducing stunting in other low- or middle-income countries. For example, Brazil’s dramatic reduction of the national stunting prevalence from 37.1 to 7.1% over a 33-year period was largely attributed to economic advancement and policies that combated inequality. Similarly, Mexico’s conditional cash transfer and increased health-care access initiatives managed to decrease stunting by over 10%. Transitioning country environments that are unable to reduce early-life undernutrition but foster later-life overnutrition may accelerate the risk of metabolic diseases, such as type 2 diabetes.

**Practical implications**

A multisectorial response is needed to alleviate poverty, support gender equality, and improve access to health care and education. An important target population is females, where the goal is to improve maternal nutrition during pregnancy and infant nutrition through the promotion and support of breastfeeding. For children, growth monitoring and immunization campaigns can boost efforts to reduce child stunting. The complex challenge for many transitioning African countries will be to simultaneously address childhood stunting on one hand and the emergence of later adolescent/adult obesity on the other.

**Recommended reading**