INVESTING IN NUTRITION TO DRIVE ECONOMIC GROWTH AND PROSPERITY IN AFRICA

REGIONAL BRIEF FOR SUN FOCAL POINTS

KEY MESSAGES

1. For every $1 a country invests in nutrition they will gain a $23 return on investment into the prosperity of the country with wide-reaching impact across sectors.
2. Reaching all African households that need nutrition interventions requires a low-cost/ high-reward investment by government going directly into government platforms across Agriculture, Health, Social Protection, Education & WASH sectors.
3. More government funding for nutrition is needed to avert a worsening nutrition crisis and for countries to make a lasting impact on the prosperity of their country.
4. Countries must find new external funding opportunities to improve nutrition and harness innovative financing options for nutrition, as traditional donor funding will soon come to an end.

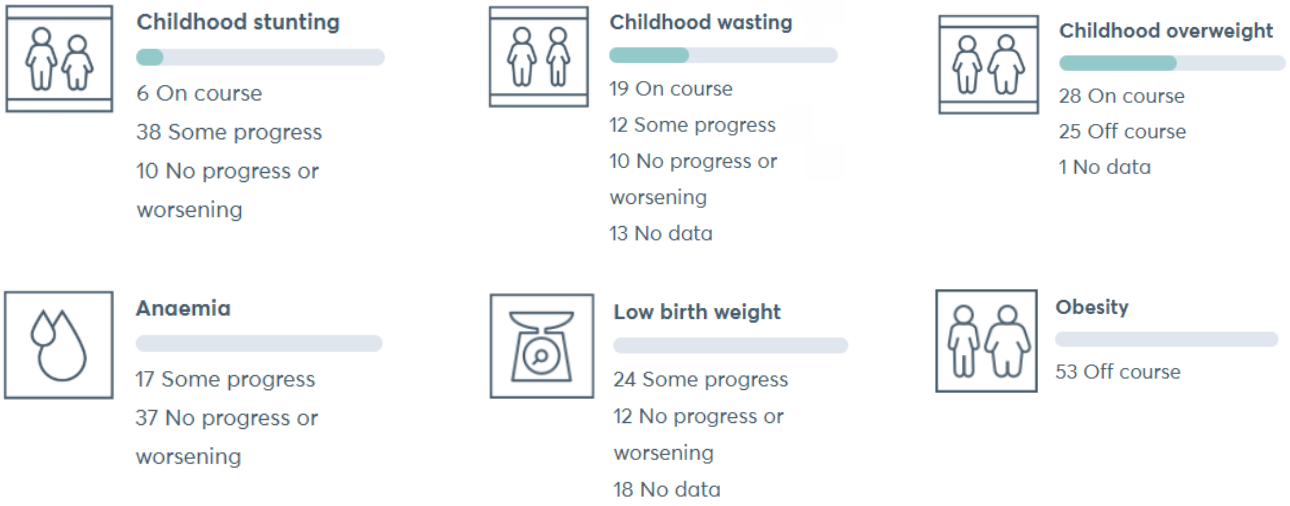
CALL TO ACTION

African governments must move quickly to improve their nutrition funding situation by taking the first steps to:

- Review nutrition financing trends in your country under every sector and review whether every sector budget has fulfilled their commitments to nutrition.
- Review the immediate funding need and funding gap, and set financing targets for underfunded priorities that need support.
- Maximize government programs by integrating nutrition actions and identify new and innovative sources of financing.

Current State of Nutrition in Africa

While many African countries have made significant commitments to improve nutrition, the continent has made only modest progress towards achieving the global nutrition targets, with only six countries on course to meet the global target for stunting, and not a single African country is on course to meet the targets for anemia in women, obesity, and low birth weight (Global Nutrition Report, 2025). In the Africa region, 30% of children under 5 were stunted in 2022, a significantly higher rate than the global estimate of 22%, and 12.2 million children in Africa were affected by wasting in 2022 (UNICEF, WHO & World Bank, 2023). Additionally, the Sub-Saharan Africa region has the highest anemia prevalence rate in the world among children under 5 and is tied for highest total stunting prevalence globally with South Asia, noting a recent plateauing trend (Shekar, et. al, 2024). With nearly 282 million people undernourished across Africa, financing for nutrition programming is one of the most pressing needs facing the continent (FAO, AUC, ECA & WFP, 2023).



Source: *Global Nutrition Report*

KEY MESSAGE 1

For every $1 a country invests in nutrition they will gain a $23 return on investment into the prosperity of the country with wide-reaching impact across sectors.

Evidence shows that improving nutrition has strong social and economic benefits that have wide-reaching impact across sectors.

- **HEALTH:** Immediate investment in the delivery of high-impact, evidence-based nutrition interventions helps to save lives while also saving on expensive healthcare costs caused by obesity and NCDs, poor nutrition, and the vicious cycle between malnutrition and infectious disease.
- **EDUCATION:** Investments in nutrition help optimize brain development in children so that improved cognitive development leads to improved educational achievement, and thus stronger economic productivity potential later in life (Leroy, et al. 2014).
- **JOBS:** Data shows that adult wages could rise by up to 50% due to the impact of nutrition interventions on school completion, cognitive development, and productivity, which has massive potential to strengthen national workforces (Martorell, 2017).
- **AGRICULTURAL PRODUCTIVITY:** Investments targeted to improve iron deficiency anemia significantly strengthen the workforce due to improved physical productivity, with massive gains to income-earning potential, especially among women and smallholder farmers.
- **POVERTY REDUCTION:** Non-stunted children are 33% more likely to escape poverty as adults which has multiple benefits to society including increased earning potential and contribution to local economies, and therefore a lower need and cost to the government for social protection services (Hoddinott, et. al, 2011).

For these reasons, investing in nutrition has an unparalleled potential to build human capital and drive economic growth and prosperity for Africa. **For every $1 invested in addressing undernutrition, $23 are returned,** and an estimated $2.4 trillion is generated in economic benefits globally through improved nutrition (Shekar, et. al, 2024). The costs of inaction are also quite high. If effort is not taken to address and finance nutrition interventions, an estimated $41 trillion will be lost over ten years globally with **$21 trillion expected in economic productivity losses due to undernutrition** (Shekar, et. al, 2024). A significant share of these losses will be in Africa if no action is taken.

KEY MESSAGE 2

Reaching all African households that need nutrition interventions requires a low-cost/ high-reward investment by government going directly into government platforms across Agriculture, Health, Social Protection, Education & WASH sectors.

Strategically leveraging existing government programs across sectors to integrate essential nutrition actions (See Box 1) is the most effective and efficient way to bolster nutrition throughout government initiatives. Each sector is required to play a role, especially health, agriculture, social protection, education, and WASH. African governments must start by embedding nutrition objectives within medium-term development plans and sector strategies while also building accountability systems that ensure nutrition actions are planned and budgeted for annually and tracked through government financing systems.

The Global Investment Framework for Nutrition recommends immediate scale-up of high-impact, evidence-based interventions, which together cost an estimated $17 per child under five and $13 per pregnant woman (Shekar, et. al, 2024).

Box 1: Essential nutrition actions across sectors

- Prevention of wasting with SQ-LNS[1]
- Treatment of wasting with RUTF[2]
- Vitamin A supplementation
- Multiple-micronutrient supplementation (MMS) & micronutrient powders
- Calcium supplementation
- Iron-folic acid (IFA) food fortification
- Iron and iodine fortification of salt
- Zinc supplementation
- Zinc + ORS for treatment of diarrhea
- Exclusive & continued breastfeeding
- Nutrition counselling & IYCN
- Kangaroo Mother Care (KMC)
- Delayed cord clamping
- Intermittent preventive treatment of malaria in prevention (IPTp)
- Nutrition care for people with infectious diseases
- Nutrition care for overweight/obesity and NCD management and control
- Water, sanitation, and hygiene
- Promotion of and access to healthy diets

Intervention list compiled from Shekar, et. al, 2024 and Keats, et. al, 2021.

KEY MESSAGE 3

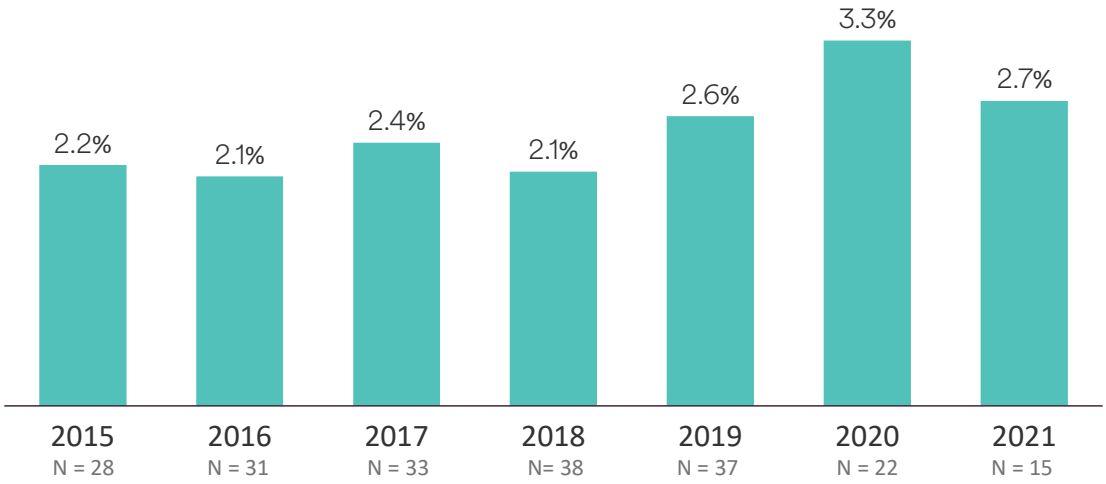
More government funding for nutrition is needed to avert a worsening nutrition crisis and for countries to make a lasting impact on the prosperity of their country.

While data on government investment to nutrition across sectors is too sparse to have a holistic regional view, some countries have conducted multi-sectoral nutrition expenditure reviews. These reviews show a common theme of low sectoral prioritization and expenditure to nutrition with each country having their own unique context and bottlenecks. For example, information on government expenditure to nutrition in the health sector shows that spending remains low across African countries and has stalled recently (Figure 1). Across most Regional Economic Communities (RECs) of Africa, trends in government nutrition spending as well as donor aid for nutrition interventions have been decreasing (Table 1).

Every African country must strategically plan a course of action to improve nutrition according to their own unique needs, nutrition profile, and funding opportunities. RECs can come together to discuss cross-country learnings and innovative financing strategies.

[1] Small-quantity Lipid-based Nutrient Supplement
[2] Treatment of severe acute malnutrition (SAM) with Ready-to-Use Therapeutic Food (RUTF)

Figure 1: Average Government Nutrition Expenditure (GNE) among African countries as a percentage of Government Health Expenditure (GHE), 2015-2021



Sample of countries = African countries with GHED data on nutrition expenditure (N=45)

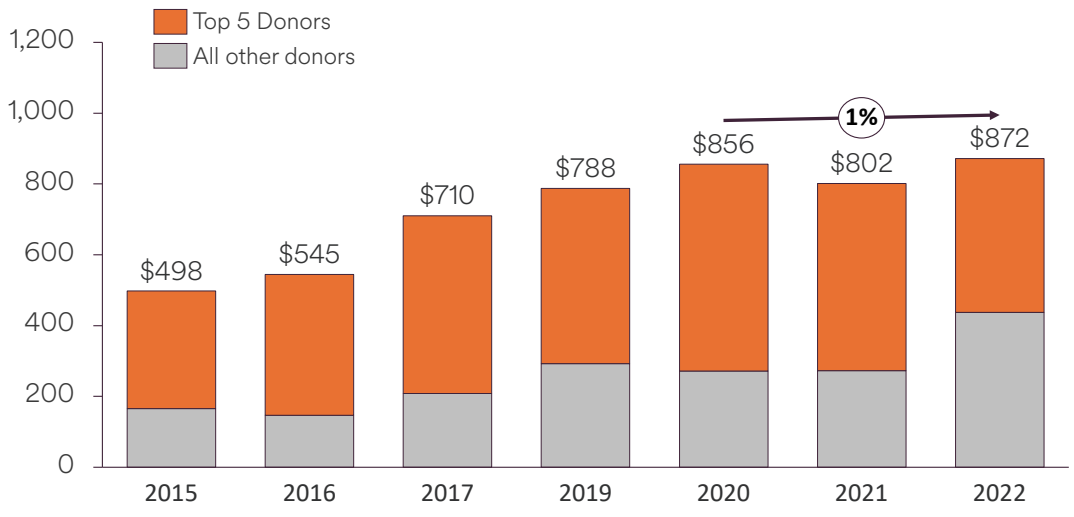
KEY MESSAGE 4

Countries must find new external funding opportunities to improve nutrition and harness innovative financing options for nutrition, as traditional donor funding will soon come to an end.

The funding landscape for nutrition in Africa has been over-reliant on a small set of donors to deliver critical nutrition programs—just five donors account for 65% of all aid for nutrition in Africa, on average (Figure 2). This is a challenge, as nutrition programs have been susceptible to interruption due to misaligned funding cycles and the instability of donor markets, for example when donors are drastically cutting development and humanitarian assistance. Unfortunately, donor funding to nutrition has been reducing among many top donors in Africa. Globally, the United States, European Commission, United Kingdom, and Canada all decreased funding for priority nutrition interventions from 2021 to 2022, all of whom are in the top 5 major donors to the Africa region (Andridge, 2024).

The current situation in 2025 is dire with massive, non-stop funding cuts to foreign assistance at large. If country governments do not step up, they are at risk of slowing or reversing progress, especially among the highest malnutrition burden countries. This will result in long-term decline of the prosperity of countries. African nutrition leaders must aggressively look for new and innovative financing options for nutrition to account for the continued decrease in traditional donor financing to nutrition (See Box below for examples).

Figure 2: Donor disbursements to priority interventions in Africa with the top 5 all-time donors 2015-2022 *(USD million)*



CALL TO ACTION

African governments must move quickly to improve their nutrition funding situation. This should be informed based on the opportunities that exist in country. The first steps should be:

1. **Review nutrition financing trends in your country under every sector and whether each sector budget has fulfilled their commitments to nutrition.**
    - Conduct a review of sectoral nutrition expenditure data and trends, as available. This data will be more easily available if there is a nutrition code and a budget tagging or tracking system in place. If a system is not yet in place, data should be collected from each sector and compared against the sectoral commitments outlined in the country's costed multisectoral plans for nutrition. If data is not available or there are large data gaps, assess nutrition financing trends qualitatively to determine underfunded areas in each sector.
2. **Review the immediate funding need and funding gap, and set financing targets for underfunded priorities that need support.**
    - Calculate the nutrition financing gap based on the need outlined in the national costed nutrition plan and the current baseline funding levels and identify major underfunded priorities. Set financing targets for all priority nutrition actions across sectors. A budget tagging and tracking system should be established in order to monitor progress toward the financing targets and hold stakeholders accountable.
3. **Maximize government programs by integrating nutrition actions and identify new and innovative sources of financing.**
    - It is critical for governments to take action by elevating nutrition within existing government programs. Countries must also accelerate resource mobilization efforts by engaging with funders to identify new innovative ways to maximize nutrition outcomes across investment opportunities and across sectors. The Box below showcases some examples of financing opportunities to innovatively pursue that could lead to new investments in nutrition.

Box 2: Example nutrition funding opportunities and innovations:

- **Thematic financing platforms and funds:** UNICEF Child Nutrition Fund (CNF), Global Agriculture & Food Security Program (GAFSP), Global Financing Facility (GFF).
- **Individual philanthropists:** national or international celebrities, athletes, artists.
- **Domestic and global private sector companies** via corporate social responsibility (CSR) or ESG or in-kind support – specifically those engaged in nutrition or with for-profit interests aligned with better nutrition outcomes (Examples: food manufacturers, banks,).
- **Climate financing initiatives and funds:** Adaptation Fund, the Green Climate Fund, Climate Bonds Initiative.
- **Engage diaspora:** Fundraising campaigns asking for voluntary contributions from diaspora living abroad.
- **Engage communities:** Campaigns asking communities to provide voluntary contributions to community nutrition programs (fundraising or in-kind donations).

Table 1: Trends in Government and Donor Financing for Nutrition Across Regional Economic Communities in Africa

Regional Economic Community (REC)	Total stunting population (children under 5)	Total wasting population (children under 5)	Total Aid for Nutrition (USD) in 2022	Recent Aid for Nutrition Trend (2020-22)	Number of countries with data[3]	Average share of government nutrition expenditure in health (% GNE[4] or GHE[5])	Recent Government Nutrition Spending Trend
Arab Maghreb Union (UMA) *N = 5* Algeria; Libya; Mauritania; Morocco; Tunisia	1.34 million	0.4 million	$8.18 million	Increasing (11%)	Mauritania & Tunisia	0.18% (2015-2021)	Decreasing
Common Market for Eastern and Southern Africa (COMESA) *N = 19* Burundi; Comoros; DR Congo; Djibouti; Egypt; Eswatini; Eritrea; Ethiopia; Kenya; Libya; Madagascar; Malawi; Mauritius; Rwanda; Seychelles; South Sudan; Sudan; Uganda; Zambia; Zimbabwe	28.7 million	6.6 million	$413 million	Flat/Plateau (1%)	19/20	2.5% (2015-2020)	Decreasing (2015-2020)
Economic Community of West African States (ECOWAS) *N = 15*[6] Benin; Burkina Faso; Cabo Verde; Côte d'Ivoire; Gambia; Ghana; Guinea; Guinea Bissau; Liberia; Mali; Niger; Nigeria; Senegal; Sierra Leone; Togo	20.3 million	5.1 million	$183 million	Decreasing (-6%)	15/15	2.4% (2015-2021)	Decreasing (2019-2021)
Southern African Development Community (SADC) *N = 15* Angola; Botswana; DR Congo; Eswatini; Lesotho; Madagascar; Malawi; Mauritius; Mozambique; Namibia; Seychelles; South Africa; Tanzania; Zambia; Zimbabwe	36 million	5.1 million	$189 million	Decreasing (-7%)	13/15	2.7% (2015-2019)	Flat/Plateau (2015-2019)
Economic Community of Central African States (ECCAS) *N = 10* Angola; Burundi; Cameroon; CAR; Chad; Congo; DR Congo; Equatorial Guinea; Gabon; São Tomé and Príncipe	14.6 million	2.2 million	$70 million	Increasing (5%)	7/10	1.2% (2015-2019)	Flat/Plateau (2015-2019)

[3] Countries reporting data on Domestic General Government Expenditure on Nutritional Deficiencies to the Global Health Expenditure Database
[4] Government Nutrition Expenditure from the Global Health Expenditure Database (GHED)
[5] Government Health Expenditure from the Institute for Health Metrics and Evaluation (IHME)
[6] List of ECOWAS countries at the start of 2025, noting membership changes expected by July 2025

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