



Tracking aid for the WHA nutrition targets: Update on global spending in 2016

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KEY MESSAGES

1. The total disbursement to WHA nutrition targets declined between 2015 and 2016, though basic nutrition disbursements increased.
2. The top 10 donors to nutrition gave more than 90% of all nutrition-specific aid in 2015 and 2016, though they focus on different types of programs.
3. The 10 recipients with the highest malnutrition burdens bore 68% of the malnutrition burden, but received only 42% of total aid.
4. Trends at the target level varied: Stunting, anemia, and exclusive breastfeeding disbursements decreased, spending on wasting remained roughly constant, and above-service delivery investments appear to have increased.
5. Current trends indicate that investment levels are far below what is needed to achieve the WHA targets.

INTRODUCTION

In 2012, the World Health Assembly (WHA) committed to achieving six global nutrition targets by 2025: a 40% reduction in stunting, a 50% reduction in anemia in women of reproductive age, a 30% reduction in low birthweight, no increase in childhood overweight, a 50% increase in the rate of exclusive breastfeeding, and reduction of wasting to a prevalence of no more than 5%.¹

Soon after, Results for Development (R4D), the World Bank, and the nutrition advocacy organization 1000 Days came together to assess what it would take to achieve the targets. The collaboration resulted in the Investment Framework for Nutrition, which determined the cost and returns for scaling up a set of high-impact nutrition-specific interventions to sufficient coverage to achieve the targets (after factoring

in expected trends in the underlying determinants in nutrition). It found that the world would need to invest an additional \$70 billion in those interventions to achieve the targets, on top of 2015 funding levels—and it laid out a pathway for how country governments, donors, and others could work together to do so.

To monitor progress and increase accountability, R4D began tracking donor disbursements towards the set of high-impact nutrition-specific interventions. A complete report on the approach and 2015 disbursements towards the package of high-impact interventions included in the Investment Framework (i.e. “Framework-aligned disbursements”) was published in early 2018.ⁱⁱ

This current report presents another installment of this analysis, now reporting on disbursements from both 2015 and 2016. It aims to provide continued transparency and accountability for nutrition financing in support of the WHA targets and the goal of improving nutrition for children and families around the world.

METHODS

This analysis estimates the amount of aid disbursed to the high-impact nutrition-specific interventions that contribute to WHA nutrition targets, using the Investment Framework for Nutrition to guide classification of interventions under each target (Shekar, Kakietek, Dayton Eberwein, et al. 2017).¹

The methodology was designed to capture disbursements consistently across donors and comprehensively across purpose codes. Disbursement data was drawn from OECD Creditor Reporting System (CRS; OECD.Stat 2018), which includes standardized data for all Development Assistance Committee (DAC) donors. Relevant transactions were identified through a keyword search across the entire CRS dataset on descriptive text fields to identify transactions that could potentially support interventions included in this package. The transactions captured in this keyword search were combined with all basic nutrition transactions to form a working dataset. A team of analysts then performed a qualitative review of CRS descriptions and program documents for 81% of total disbursements in that dataset to estimate funding to the interventions included in the Investment Framework. Total disbursements to WHA targets were calculated as the sum of disbursements to their contributing interventions. For further details, refer to the full methodology for the 2016 analysis.ⁱⁱⁱ

This analysis has several limitations. First, it includes only donor investments. Domestic investments are also crucial to achieving the WHA targets, but data is not currently available to systemically capture them. Second, assumptions

needed to estimate the funding to interventions and targets introduce a level of uncertainty into the findings. For this reason, findings are often presented with both a point estimate and a potential range for other plausible values. Please refer to the 2015 report and policy brief for further discussion of these limitations and recommendations for improving nutrition resource tracking.^{iv}

Finally, in an effort to align specifically to the approach costed by the Investment Framework, this analysis generally does not include nutrition-sensitive investments. It is clear that proven nutrition-specific interventions will be insufficient to end malnutrition on their own,^v and the exclusion of nutrition-sensitive investments from this analysis is not intended to imply that they are less than critical. Rather, there is not a sufficient investment framework and financial benchmarks against which the disbursements could be tracked. For this reason, further analysis by R4D would not add value over ongoing efforts by members of the SUN Donor Network to track a broad range of nutrition-sensitive investments.

Disbursement values represent the latest estimates for both years. Figures from the 2015 analysis have been updated to ensure consistency with 2016 figures. Figures are presented in 2015 USD.

1 The overweight and low birthweight targets were not included in the Investment Framework for Nutrition, thus there is no reference package of interventions as there is for stunting, wasting, anemia, and exclusive breastfeeding from that reference. Nonetheless, these targets were included for completeness, albeit in a preliminary form. See methods documentation for more.

FINDINGS

KEY MESSAGE 1

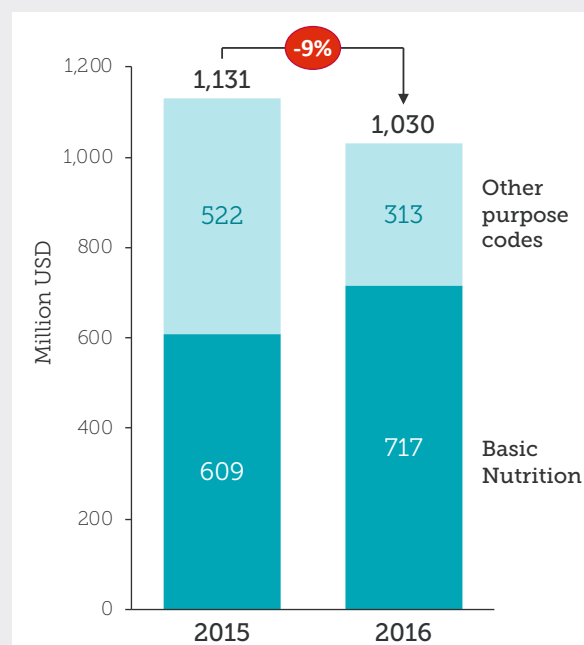
The total disbursement to WHA nutrition targets declined between 2015 and 2016, though basic nutrition disbursements increased

The latest data from this analysis for both 2015 and 2016 suggests that Framework-aligned disbursements declined between 2015 and 2016 (FIGURE 1).

This overall finding masks contrasting trends inside and outside the basic nutrition purpose code: Framework-aligned disbursements from basic nutrition increased, while disbursements outside basic nutrition decreased.² Since disbursements in basic nutrition tend to represent programs with nutrition as a primary focus, the increase in basic nutrition suggests that donors are placing more priority on programs that directly address nutrition. Nutrition disbursements outside the basic nutrition purpose code, however, tend to be integrated into other types of programs, such as emergency response, broader health efforts, and food aid programs, so the decreased disbursement might indicate a decreased focus on nutrition by other sector areas. This may indicate a need to redouble efforts to incorporate nutrition-specific approaches into broader programs.

The combination of the increase in basic nutrition and the decrease outside basic nutrition yields a total decrease of about 9%. While that figure is an estimate, it is large enough to be confident that there was at least a small decrease from 2015 to 2016.

FIGURE 1 Total disbursement towards WHA targets, 2015 vs 2016



Furthermore, the decrease occurred within both humanitarian and development Framework-aligned disbursements. Framework-aligned humanitarian and development disbursements decreased by an estimated 13% and 8% between 2015 and 2016, respectively.³

2 Total basic nutrition disbursements in the CRS are roughly equivalent between 2015 and 2016. The increase in Framework-aligned disbursements within basic nutrition is masked by an artificial reduction in the basic nutrition total resulting from the removal of most school feeding disbursements from the purpose code.

3 Humanitarian aid includes DAC codes 720, 730 and 740. All other disbursements are considered development.

KEY MESSAGE 2

The top 10 donors to nutrition gave more than 90% of all nutrition-specific aid, though they focused on different types of programs

Fluctuations in individual donors' contributions between 2015 and 2016 were generally fairly small. For most donors the difference was not large enough to discern a notable trend one way or another, given the potential for progression along project lifecycles to lead to large variations in spending without significant policy changes. One notable exception was the International Development Association (IDA), where Framework-aligned spending in 2016 increased more than 50% from 2015 levels. Since domestic priorities influence the allocation of IDA funds, this could be interpreted as a hopeful sign of rising domestic prioritization of nutrition.

Looking at Framework-aligned disbursements across both 2015 and 2016, it is clear that a large majority of the total came from a small number of countries. The top ten donors contributed more than 90% of the total (Figure 2). The United States (US) and the United Kingdom (UK) were the two largest contributors with an average annual contribution of \$185 million and \$179 million, respectively. The next largest contributors were the European Union (EU; \$143 million), the Bill and Melinda Gates Foundation (BMGF; \$114 million), and IDA (\$110 million). Also among the top 10 donors were Canada, the United Nations Children's Fund (UNICEF), Germany, the International Bank for Reconstruction and Development (IBRD), and the Netherlands.

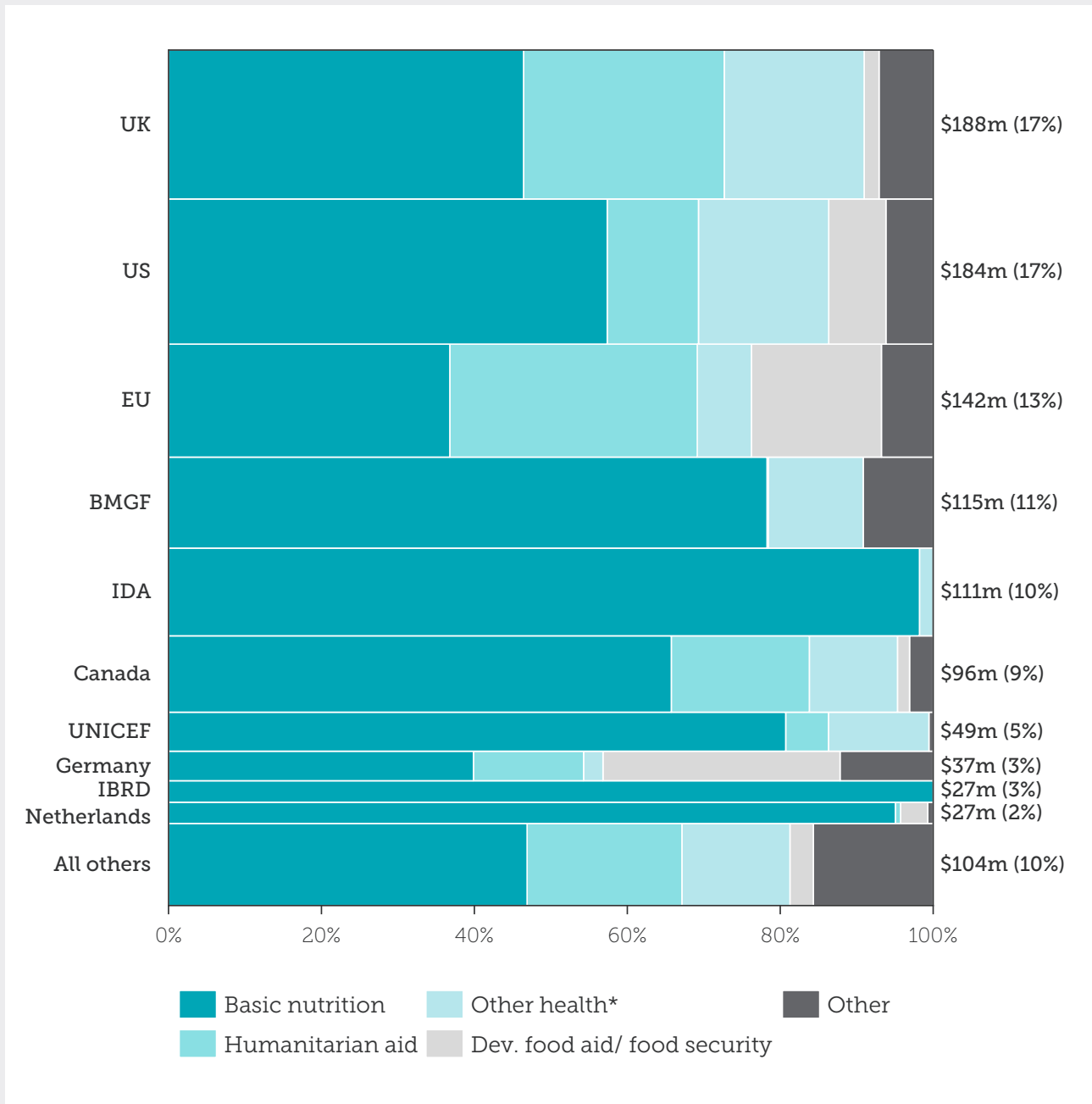
The data indicate that large portions of all the top donors' nutrition aid was classified as basic nutrition, but that overall spending patterns across sectors varied (FIGURE 2).⁴

- » Relative to other donors, the UK and US gave greater proportions of their nutrition-specific aid through health codes other than basic nutrition (18% and 17%, respectively), perhaps indicating a greater emphasis on addressing nutrition through integrated health programs.
- » Of the top 10 donors, the EU had the largest proportion of Framework-aligned aid flowing through codes other than basic nutrition (63%), with an especially large emphasis on humanitarian aid.
- » Germany channels the largest share of its Framework-aligned aid through developmental food aid and food security codes (31%), followed by the EU (17%).
- » More than 95% of aid from IDA, IBRD, and the Netherlands flowed through basic nutrition. This could represent strong focus on investing in nutrition through explicitly nutrition-focused programs, but could also result from brief CRS program descriptions reducing the ability of the keyword search to identify nutrition programs outside basic nutrition—an issue which could be addressed by the forthcoming nutrition policy marker.

Overall, the Framework-aligned aid represented in this report is found across a variety of purpose codes, with \$709 million, or 70% of the total, coming from basic nutrition; \$153 million (15%) from humanitarian aid; \$80 million (8%) from health codes other than basic nutrition; \$47 million (5%) from developmental food aid and food security; \$13 million (1%) from agriculture, and the remaining \$20m (2%) from all other sectors.

⁴ Sectors represent groups of purpose codes, with transactions categorized according to donors' input to the CRS. Designed to indicate the overall purpose of a disbursement, sectors serve as a proxy for projects' general purpose or focus. Differences in data entry practices across donors, such as the extent to which individual projects are listed as separate components under different purpose codes, may be reflected in the overall breakdown by donor.

FIGURE 2 WHA disbursements by donor and sector, 2015-16 average (USD millions)



* Other health includes 120 and 130 DAC codes present in the nutrition dataset, excluding basic nutrition (purpose code 12240). Humanitarian aid includes DAC codes 720, 730 and 740. Developmental food aid/food security includes DAC code 520. Other includes all other sectors include codes not listed above.

KEY MESSAGE 3

The 10 recipients with the highest malnutrition burdens bore 68% of the malnutrition burden, but received only 42% of total aid

From an equity perspective, there should be a strong correlation between countries that receive most nutrition aid and countries with the greatest need. While there are multiple ways to evaluate need, two key dimensions are countries' burden of malnutrition and their ability to pay. FIGURE 3 illustrates the total WHA disbursement received compared to the malnutrition burden for the highest burden 10 countries (individually and combined), along with totals by income group. Disbursement and burden indicators are shown as a percent of the total to all LMICs for which data is available. Because malnutrition manifests in many forms, burden is represented through four indicators: the composite indicator disability-adjusted life years (DALYs) due to nutritional deficiencies (as estimated by the Global Burden of Disease project), as well as specific prevalence indicators for stunting in children under 5, wasting in children under 5, and anemia in women of reproductive age.

Overall, the 10 countries with the highest burden of malnutrition (by DALYs) receive a considerably smaller portion of nutrition aid relative to the proportion of the total burden they bear: 42% of total aid to nutrition, vs 68% of disability-adjusted life years attributable to nutritional deficiencies.⁵ This may indicate that aid is not allocated according to burden. However, that disparity is almost entirely driven by India, which bears of huge proportion of the total burden while receiving relatively little aid (Figure 3). In fact, when India is removed from the comparison, the remaining nine top burden countries actually appear to receive a slightly **greater** share of aid relative to burden, with 35% of total aid versus 30% of the DALY burden.

Meanwhile, India receives only 7% of total nutrition aid, compared to a much larger 37% of total malnutrition DALYs. The Democratic Republic of Congo (DRC) and China also receive considerably smaller proportions of aid relative to their DALY burden.

Some of this variation may be explained by countries' ability to pay. China, for instance, is an upper-middle income country and may have less need for or willingness to receive external nutrition aid than lower-middle or low income countries. In fact, overall poorer countries do receive more aid relative to their burden than wealthier countries. For every percent of the global burden of malnutrition borne, low-income countries received 1.8% of total aid to nutrition (48% of aid vs. 27% of DALYs), lower-middle income countries received 0.7% (47% of aid vs 63% of DALYs), and upper-middle income countries received only 0.4% (4% of aid vs 10% of DALYs).⁶ This variation, however, accounts for only some of the differences in the aid countries receive. Several other explanations may explain the remaining differences, including donor priorities and country appetite for aid, but discussion of those possibilities is beyond the scope of this report.

Taken together, these results indicate that aid allocation is somewhat correlated with both nutrition burden and countries' incomes (at least when India is considered on its own). However, analysis of groups of countries may mask significant discrepancies between individual countries, leaving potential for some countries to receive less than would be expected relative to their burden and income level. As a result, there is likely still potential to spend more equitably by directing aid to countries with highest burden relative to their ability to pay.

⁵ This corresponds to 66% of stunted children, 74% of wasted children, and 69% of anemic women of reproductive age.

⁶ The difference in aid per DALY between low income and lower-middle income countries is largely driven by India. When India is excluded, for every percent of the global burden of malnutrition borne, low-income countries received 1.2% of total aid to nutrition (52% of aid vs. 43% of DALYs), lower-middle income countries received 1.0% (44% of aid vs 42% of DALYs), and upper-middle income countries received 0.3% (4.4% of aid vs 15% of DALYs).

FIGURE 3 Framework-aligned nutrition aid received vs malnutrition burden among LMICs



Notes: Only countries with both burden and disbursement data available are included. Disbursements shown as 2015-2016 average. DALYs from IHME Global Burden of Disease (2016 data); all other burden data from Global Nutrition Report 2017. Income groups from the World Bank, 2015-16 classifications.

KEY MESSAGE 4

Trends at the target level varied: Stunting, anemia, and exclusive breastfeeding disbursements decreased, spending on wasting remained roughly constant, and above-service delivery investments appear to have increased

While total Framework-aligned aid declined between 2015 and 2016, trends at the target level were mixed.

The overall decrease was driven by decreased disbursements to the stunting, anemia and exclusive breastfeeding targets. The disbursements to these interventions are composed of disbursements to a set of overlapping interventions, so the decreases across them are largely driven by the same changes at the interventions level. Disbursements to these targets were reduced both in and outside the basic nutrition purpose code.

Disbursements towards the wasting target were about equal in 2015 and 2016, with a slight increase within basic nutrition, and a slight decline in other purpose codes.

There appeared to be an increase in above-service delivery investments such as capacity building, advocacy, and governance. The increase was mainly driven by new or expanded IDA projects focused on systems strengthening and capacity building.

KEY MESSAGE 5

Current trends indicate that investment levels are far below what is needed to achieve the WHA targets

The Investment Framework for Nutrition found that scaling up the package of high-impact nutrition-specific interventions to the coverage needed to achieve the WHA targets would require significantly increased investments. Donors, governments, and others would collectively need to invest \$7 billion annually on top of 2015 investment levels, with donors responsible for \$3 billion out of the total \$7 billion (FIGURE 5).

The Investment Framework's call for a significant ramp-up of funding for high-impact nutrition-specific interventions is clear. But this analysis suggests that donor funding is **decreasing** instead. In 2016, donor contributions to the targets totaled \$1.0 billion, relative to \$1.7 billion needed. The \$0.7 billion additional funding needed would have required a dramatic 70% increase over actual spending. Furthermore, resource needs in the coming years are even greater, with \$2.5 million in donor contributions needed in 2017.

In context of the need for dramatic increases in funding to achieve the WHA targets, the decrease in investments observed between 2015 and 2016, even if small, is extremely concerning. There is an urgent need for donors, advocates, and others to work together to reverse this trend and bring the world back on track to achieve the targets.

FIGURE 4 Trends in Framework-aligned disbursements by WHA target, 2015 to 2016

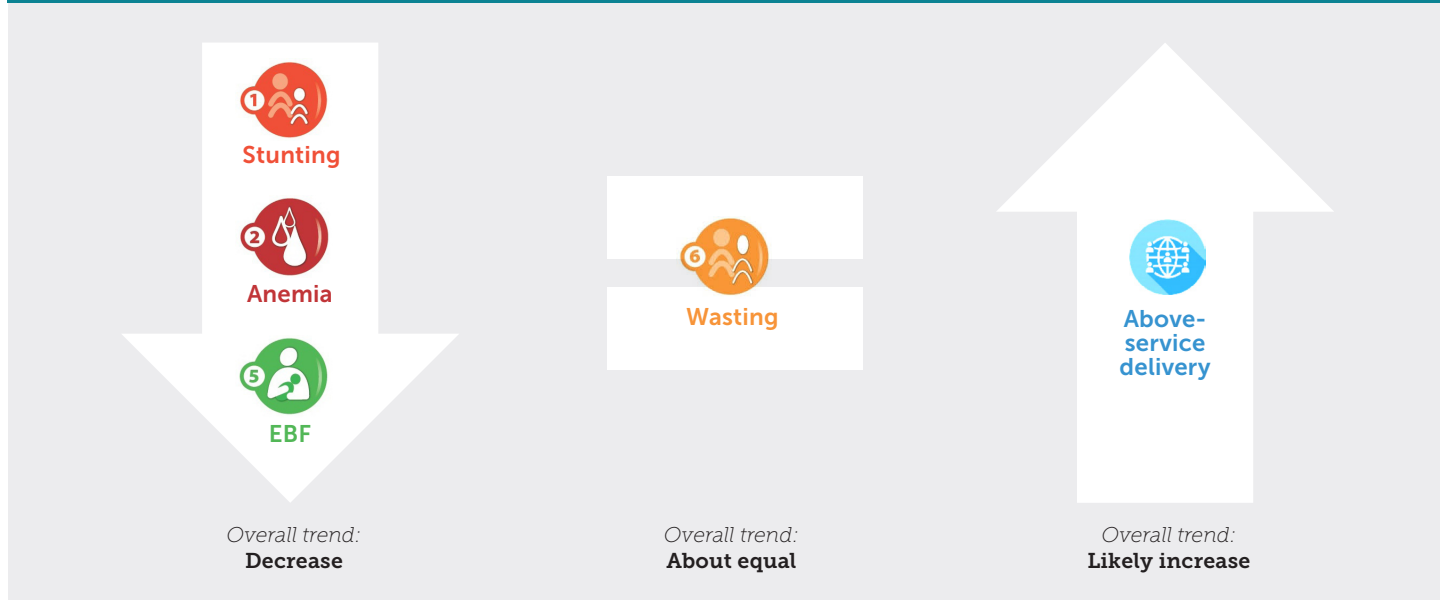
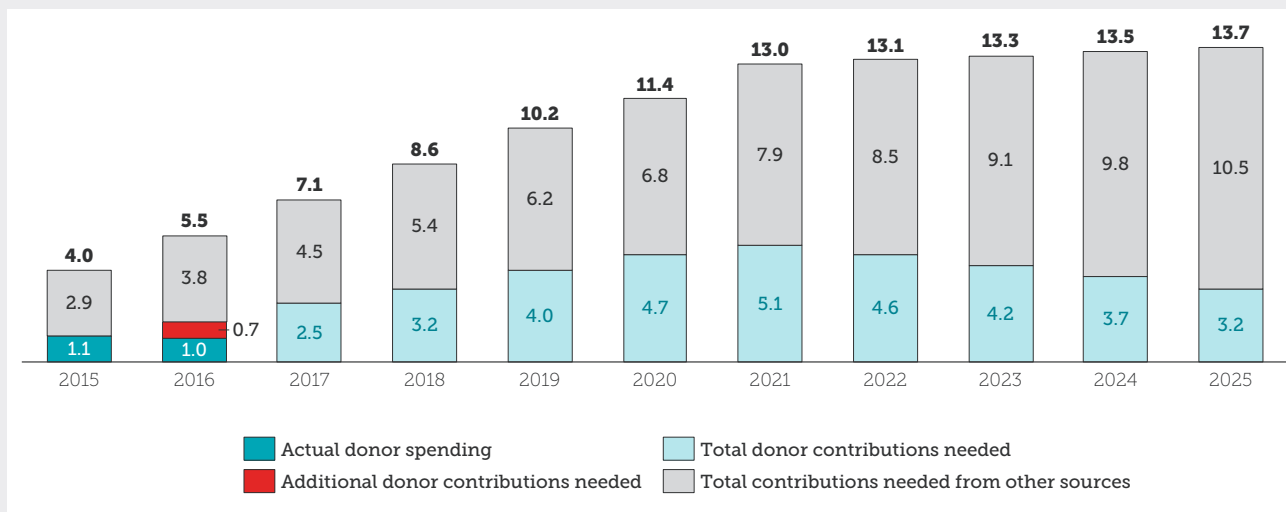


FIGURE 5 Annual total donor contributions needed to achieve the 2025 WHA Nutrition Targets as outlined by the Investment Framework for Nutrition (USD billions)



Notes: Total contributions needed from other sources includes investments from domestic governments, households, and innovative financing. These values are drawn from the Investment Framework. Data on actual disbursements are currently unavailable.

CONCLUSION

When the World Health Assembly committed in 2012 to reach the six global nutrition targets by 2025, its members were signing up for years of challenging work—but work that could save millions of children’s lives and allow millions more to reach their full potential. This resource tracking analysis is designed to provide insight into the level of international support for the targets, and to do so quickly enough to allow time to change course if needed. While not without positive findings, the 2016 results are an early warning, with funding falling rather than increasing sharply as required to set the world on track to achieve the WHA targets by 2025

Quick action is required to put the world on track, with the 2020 Nutrition for Growth Summit as the next “golden moment” to raise the profile of nutrition and mobilize

commitments. R4D will continue its work to support the availability of accurate and relevant data to different stakeholders, including publishing an analysis of 2017 aid disbursements in mid-2019. We will also provide targeted analytical support to donors and advocates on disbursements and financing scenarios.

Ambitious targets like the WHA targets cannot be achieved without commensurate action. Each year that investments fall behind will make it more difficult to reach the targets. Now is the time for countries and donors alike to match words with actions and significantly ramp up their investments in high impact nutrition interventions.

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ENDNOTES

- i WHO, "Global Nutrition Targets 2025."
- ii D'Alimonte, Mary et al., "Tracking Aid for the WHA Nutrition Targets," 2018.
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- iv D'Alimonte, Mary et al., "Tracking Aid for the WHA Nutrition Targets," 2018.
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