

Tracking aid for the WHA nutrition targets

Progress towards the global nutrition goals between 2015-2017

July 2019

In 2017, the global [Investment Framework for Nutrition](#) estimated the costs to scale-up nutrition-specific interventions at the level required to achieve the World Health Assembly (WHA) targets for nutrition, and outlined what the needs from the donor community would be to do so. Since then, R4D has been tracking donor disbursements to support this scale-up in order to monitor progress towards the global goals. Here, we present key messages coming out of three years of data analysis that looks at donor disbursements from 2015 to 2017.

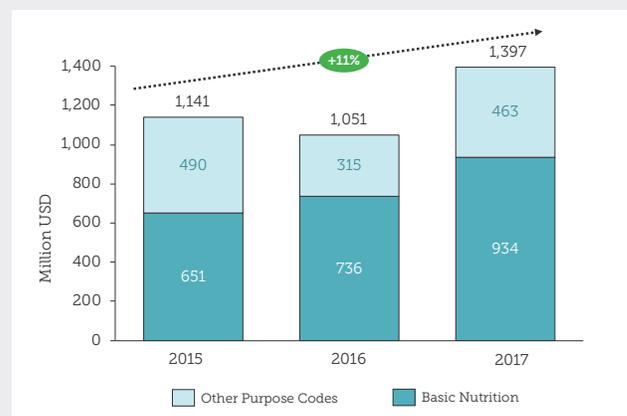
KEY MESSAGE 1

The overall trend in nutrition-specific aid is positive

Although there was a dip in disbursements between 2015 and 2016, total donor disbursements to nutrition-specific interventions increased by 11% on an annualized basis across years, from \$1.1 billion in 2015 to \$1.4 billion in 2017 (FIGURE 1).

Most WHA-aligned disbursements were coded within the basic nutrition purpose code (which have increased across each year). Additionally, a significant amount of nutrition-specific aid was found across other purpose codes representing, on average, 35% of total WHA-aligned aid.

FIGURE 1 Nutrition-specific WHA-aligned disbursements 2015-2017 (USD millions)



Note: In 2017, we found that \$281 million (23%) of basic nutrition disbursements were not aligned with the Investment Framework package. These non-WHA aligned disbursements are still critical to combat malnutrition and can include direct feeding programs, biofortification, and other interventions.

A Note on Methods

Disbursement data was drawn from the OECD Creditor Reporting System and analyzed by a research team in order to derive target-level estimates by donor. Differences between these data and those published by donors may be due to a few factors including 1) the use of a different classification system of aid projects, and 2) the goal of this effort to align as closely as possible with the Investment Framework for Nutrition set of interventions (see Box below). While investments in the enabling environment and nutrition-sensitive activities are critical to achieve the WHA targets, disbursement data is currently unavailable and not reported here. Please note that changes to any previously reported year is due to a refinement in coding made possible by having additional data years to refer to.

Please visit our website for detailed information on the methods

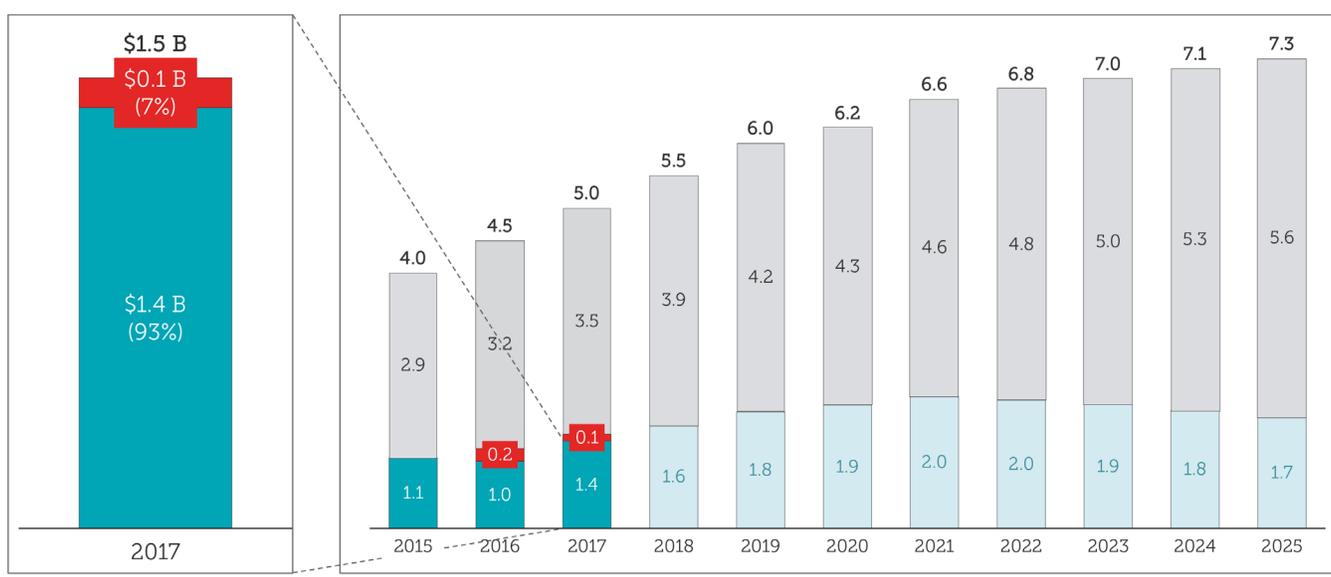
KEY MESSAGE 2

Strong donor support has been mobilized towards a priority package of nutrition-specific interventions

In 2017, donors mobilized 93% of the donor resource need to scale-up a set of high-impact priority interventions that were deemed ready-to-scale by the Investment Framework for Nutrition (FIGURE 2). Total *priority package costs* were estimated as an additional investment of \$23 billion across 10 years, which would help avert 2.3 million child deaths due to nutritional improvements.

While this trend is promising, **in 2017, there was still a gap of \$100 million in donor support for this priority package** of interventions, and it is important to note that investing in these interventions alone would still fall short of reaching the WHA targets. There is still a substantial need to scale-up additional nutrition investments to mobilize the full package costs in the Investment Framework. *Full package costs* were estimated as an additional investment of \$70 billion across 10 years, which would help avert 3.7 million child deaths due to nutritional improvements.

FIGURE 2 Annual contributions needed to scale-up priority high-impact interventions from donors and all other sources as outlined by the Investment Framework for Nutrition 'priority package' (USD billions)



Note: Figure includes priority package interventions only, as noted below.

■ Actual donor spending ■ Total donor contributions needed
■ Additional donor contributions needed ■ Total contributions needed from other sources

What the packages include:

Intervention	Full Package	Priority Package
Antenatal micronutrient supplementation	✓	✓
Infant and young child nutrition counseling	✓	✓
Intermittent presumptive treatment of malaria in pregnancy in malaria-endemic regions	✓	✓
Vitamin A supplementation	✓	✓
Balanced energy-protein supplementation for pregnant women	✓	
Breastfeeding promotion through social policy and national promotion campaigns	✓	✓
Staple food fortification	Wheat, maize flour, and rice	Wheat and maize flour
Iron and folic acid supplementation	For women of reproductive age	For girls 15-19 years old in school
Prophylactic zinc supplementation	✓	
Public provision of complementary food for infants and young children	✓	
Treatment of severe acute malnutrition	✓	✓

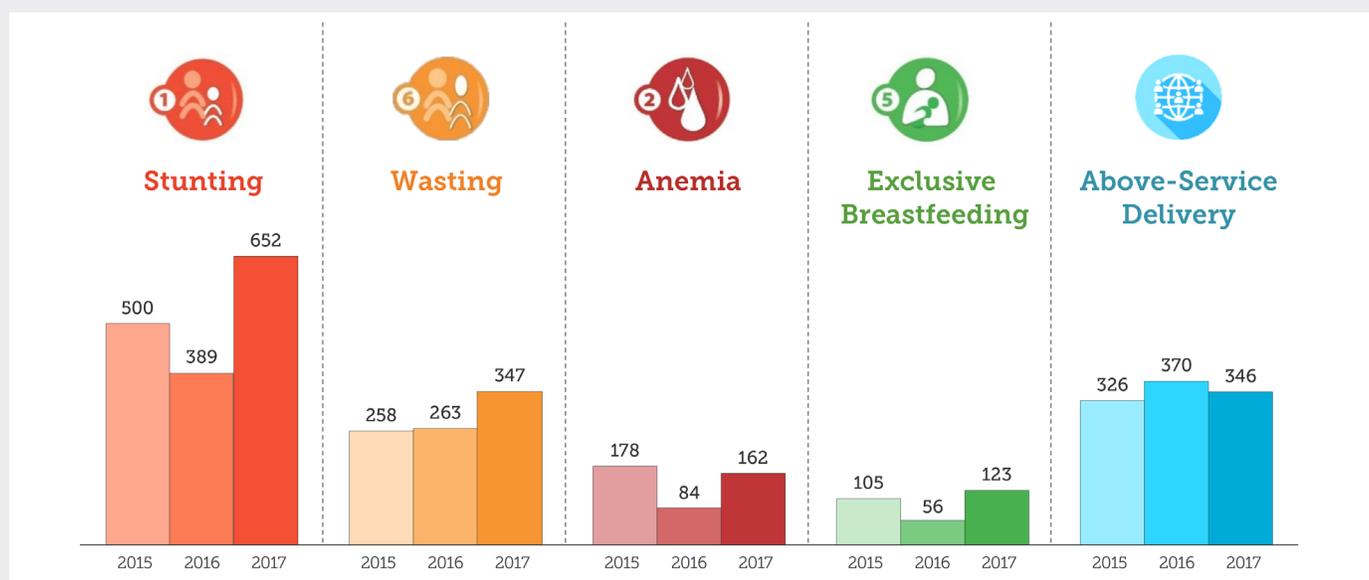
KEY MESSAGE 3

Stunting and wasting have had the most donor support across the targets

Donor disbursements to the stunting and wasting targets have increased over time, while disbursements towards the anemia and exclusive breastfeeding targets have been low and have plateaued in comparison (FIGURE 3). Donor support to above-service delivery investments—representing aid *in support of* programmatic scale-up for the WHA targets—has maintained over time.

The ability to track aid for the low birthweight and overweight targets is still limited, though there is a positive way forward for the overweight target through the addition of CRS purpose codes for the prevention and treatment of non-communicable diseases, which will make future tracking efforts possible.

FIGURE 3 Donor nutrition-specific disbursements by WHA target 2015-2017 (USD millions)



Note: Disbursements across the WHA targets cannot be summed due to intervention overlap. The above-service delivery category includes coordination, governance and advocacy for nutrition; capacity building for nutrition; and research and data.

KEY MESSAGE 4

Major donors have generally increased or maintained funding for nutrition-specific priorities

The top 10 donors contribute on average 89% of all nutrition-specific disbursements, with many of these donors showing large increases between 2015-2017 (FIGURE 4).

The United Kingdom and the United States have consistently been the top two highest spending donors for nutrition-specific aid in terms of absolute amounts. The World Bank's International Development Association (IDA) has seen the

most rapid increase in disbursements which increased by 55% each year between 2015 and 2017. Additionally, UNICEF also displayed an annual increase of 18% each year between 2015 and 2017.

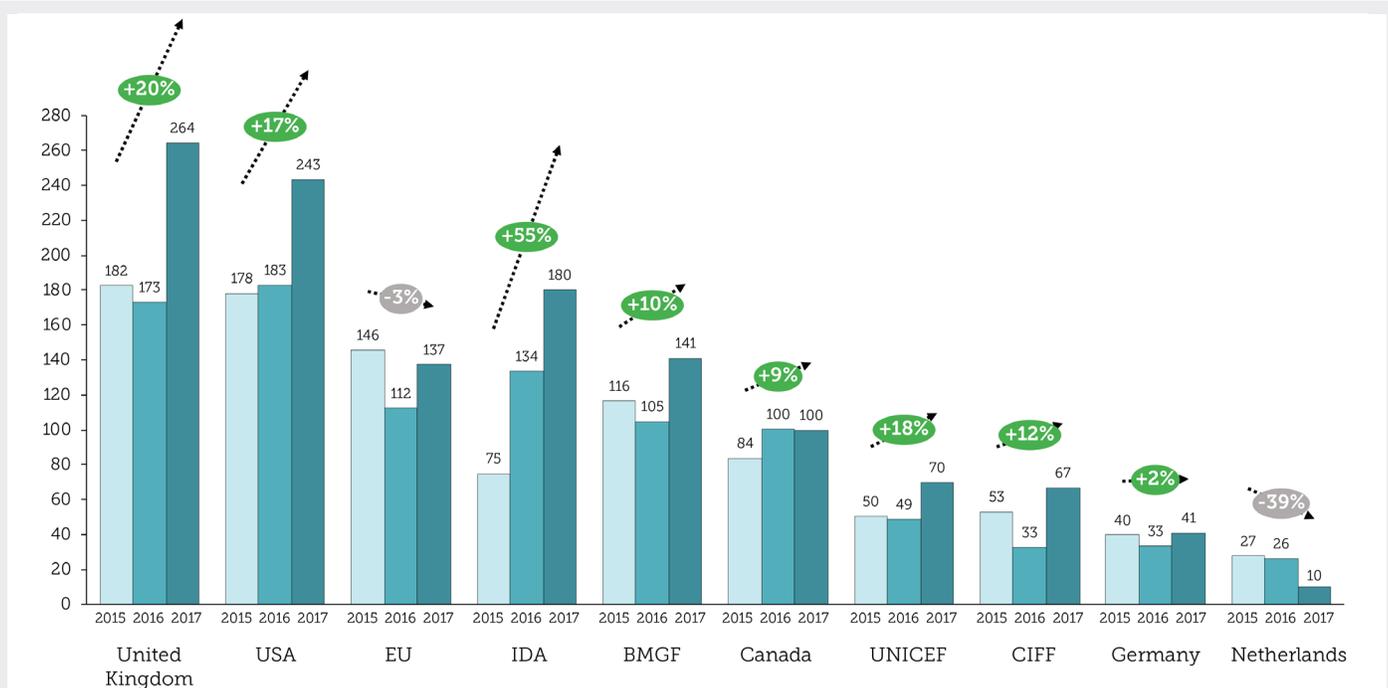
In terms of improvements in tracking, the Children's Investment Fund Foundation (CIFF) began reporting to the OECD starting data year 2017, enabling us to track their disbursements for the first time.

Is aid for nutrition targeted to countries most in need?

Although there are many ways of defining ‘need,’ over the last 3 years of data several high burden countries have received low levels of WHA-aligned aid relative to others based on multiple measures of burden and ability to self-finance nutrition programs domestically. For example, our preliminary research identifies Eritrea, Guinea-Bissau, Guinea, Madagascar, the Democratic Republic of the Congo, and Togo as low income countries who received very limited external support relative to burden.

➔ Please visit R4D’s website to read more on this topic and to view an interactive display of nutrition-specific aid by recipient country relative to burden.

FIGURE 4 Top ten donors of nutrition-specific WHA-aligned aid with annual annualized percent change 2015-2017 (USD millions)



Note: CIFF recently began reporting to the CRS in data year 2017; 2015-16 data was added via CIFF-reported disbursements to the Global Nutrition Report.

SUGGESTED CITATION

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