

Tracking aid for the WHA nutrition targets

Progress toward the global nutrition goals between 2015-2020

The global *Investment Framework for Nutrition (GIFN)* estimated the costs to scale up a package of nutrition-specific interventions at the level required to achieve the World Health Assembly (WHA) targets for nutrition, and outlined what the needs from country governments and the donor community would be to do so. The resource need is now even greater due to the impacts of the COVID-19 pandemic and the food and nutrition crisis, putting millions more at risk of food insecurity and malnutrition. Here, we present data on donor disbursements to scale up the GIFN priority nutrition interventions from 2015 to 2020. This is a first look at trends in aid for nutrition since the pandemic started in 2020.

KEY MESSAGE 1

Donor financing toward priority interventions increased from \$1.1 billion in 2015 to \$1.6 billion in 2020, but a large funding gap remains to reach the GIFN financing targets and recover from the pandemic and ongoing food and nutrition crisis.

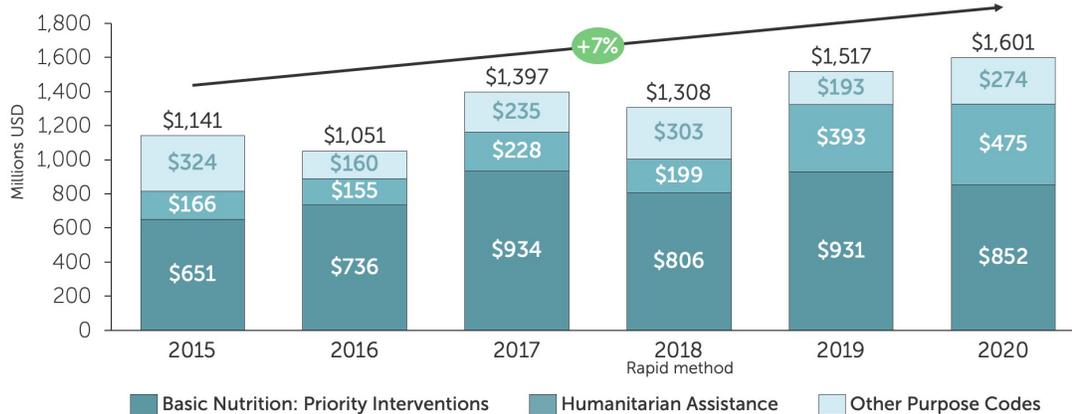
The overall trend in aid for priority interventions from 2015 to 2020 is positive. Total donor disbursements to priority interventions increased by 7% on an average annual basis across years, from \$1.1 billion in 2015 to \$1.6 billion in 2020 (FIGURE 1).

Donor funding to priority interventions in basic nutrition increased overall during this period, though decreased slightly from \$931 million in 2019 to \$852 million in 2020. The overall increase in aid to priority interventions during this period is driven by increases in other purpose codes, especially humanitarian assistance. While disbursements to priority interventions in basic nutrition decreased by 8.5% between 2019 and 2020, disbursements to priority interventions in humanitarian assistance increased by 21% during the same

period. For the first time in 2020, 'other purpose codes' also includes \$8.9 million disbursed to the new COVID-19 control purpose code. Given its novelty, this purpose code does not yet capture all COVID-19 spending disbursed in this year.

Donors mobilized 84% of the donor spending required in 2020 to scale up the priority package of interventions in the global Investment Framework for Nutrition. Despite this progress, the cumulative donor aid financing gap has grown to \$1.2 billion since 2015 (FIGURE 2) and is now even higher due to the [increased need caused by the COVID-19 pandemic and ongoing food and nutrition crisis](#). **We are still not achieving the scale-up needed to achieve the global nutrition goals.**

FIGURE 1 Donor disbursements to priority interventions with average annual percent change, 2015-2020 (USD millions)



Note: In 2020, we found that \$263 million (24%) of basic nutrition disbursements were not aligned with the GIFN priority package interventions. These disbursements are still critical to combat malnutrition and can include direct feeding programs, biofortification, and other interventions. Humanitarian assistance includes 700 series DAC codes.

A Note on Methods

The GIFN priority package interventions (or "priority interventions") is a set of high-impact interventions that were deemed ready-to-scale by the Investment Framework for Nutrition and contribute to the WHA targets tracked in this analysis: stunting, wasting, anemia, and exclusive breastfeeding.

Disbursement data was drawn from the OECD Creditor Reporting System and analyzed by a research team 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 tracking effort to align as closely as possible with the global Investment Framework for Nutrition (see Box below). While investments in nutrition-sensitive activities are critical to achieve the WHA targets, disbursement data is not reported here—though the OECD nutrition policy marker will make future reporting possible. 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.

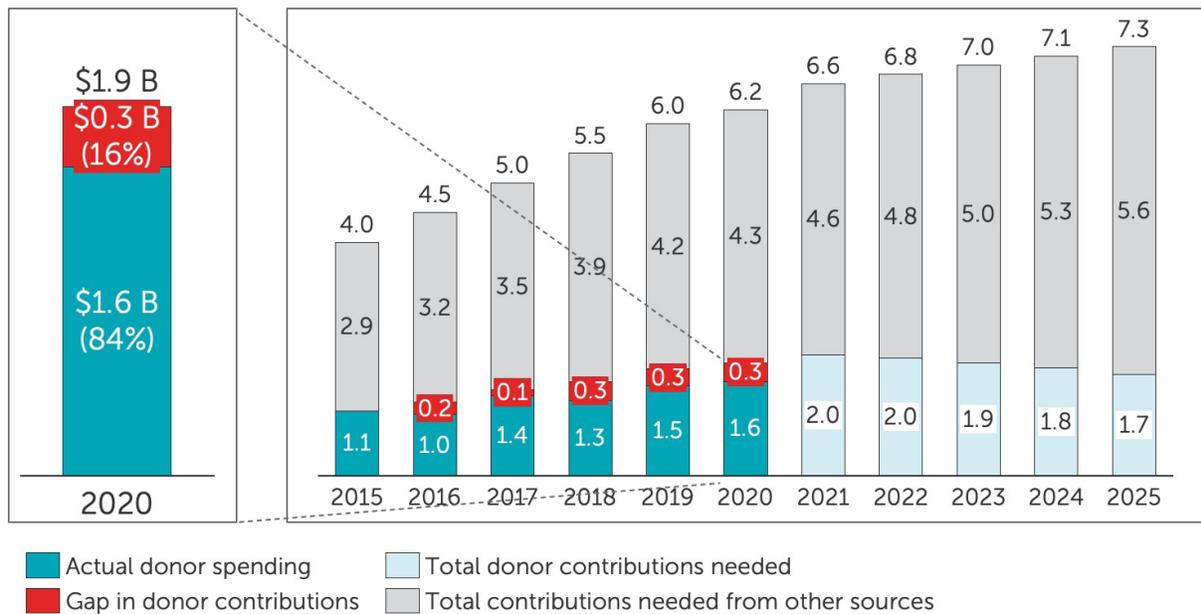
All U.S. dollars (USD) are reported in 2015 USD to allow for multi-year comparisons. In 2018, a 'rapid method' analysis was conducted using assumptions derived from the in-depth 2015-17 analysis. For this reason, 2018 data is sometimes excluded from the figures, where annualized percentages assume 2018 data is an average of 2017 and 2019 data.

Private foundations that do not report to the OECD are not included in the analysis, meaning some important [private nutrition funders](#) are excluded.



Please visit our website for detailed information on the methods

FIGURE 2 Annual contributions needed to scale up priority interventions as outlined by the Investment Framework for Nutrition 'priority package' (USD billions)



Note: Figure 2 includes priority package interventions only, as noted below.

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	✓	✓

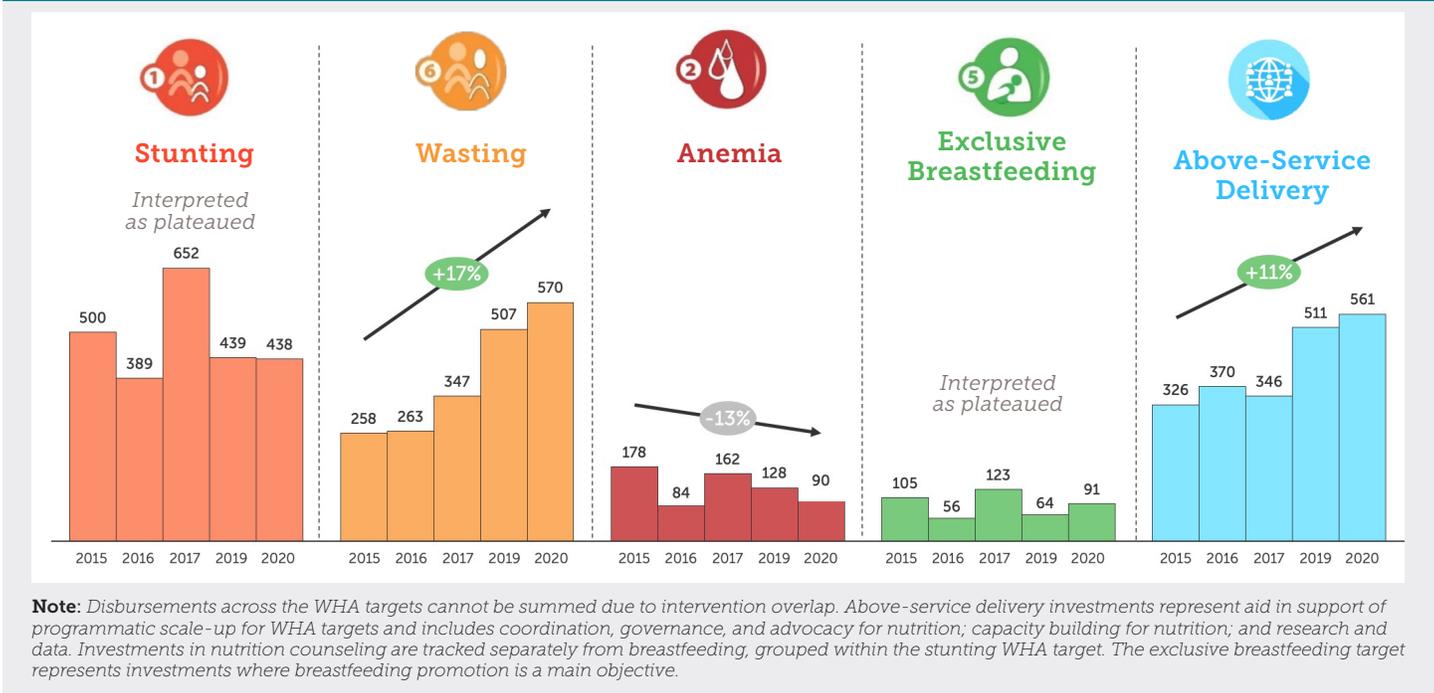
KEY MESSAGE 2

Donor disbursements to support the stunting and exclusive breastfeeding targets have plateaued, while disbursements to anemia have decreased.

Despite increases in 2017, donor disbursements to stunting and exclusive breastfeeding have seemingly plateaued between 2015 and 2020 (FIGURE 3). Support to anemia—which includes staple food fortification, multiple micronutrient powder, multiple micronutrient supplementation, and iron and folic acid supplementation—has experienced an average annual decrease

of 13% each year between 2015 and 2020. Motivated by slow progress to address the anemia burden globally, a core group of global and national leaders (including WHO and UNICEF) have established the Alliance for Anemia Actions to accelerate progress in reducing anemia. The decrease in funding over this period shows this increased attention is necessary.

FIGURE 3 Donor disbursements to priority interventions by WHA target with average annual percent change, 2015-2020 (USD millions)



KEY MESSAGE 3

Donor disbursements to wasting treatment increased significantly; however, there is still a large gap and much of this funding (59%) is via humanitarian channels that are less conducive to sustainable change.

Donor disbursements to wasting have more than doubled from \$258 million in 2015 to \$570 million in 2020, displaying an average annual increase of 17% each year (FIGURE 3). Despite this progress, the financing need is still high. UNICEF's recent Acceleration Plan 2022-2023 on severe wasting reports that an additional \$408 million is needed for the early detection and treatment of 4.5 million children in the 15 countries most severely affected by the global food and nutrition crisis.

Additionally, the dominance of humanitarian funding within wasting treatment is still evident in the data as nearly 60%

(or \$337 million) of disbursements in 2020 came through humanitarian channels, up from 54% in 2019. While this is an important source of funding during times of emergency, such as during this period with the global pandemic, humanitarian assistance is not a long-term sustainable financing solution and cannot be relied on to fill the growing financing gap for wasting treatment. Financing wasting treatment sustainably will require more predictable and longer-term development assistance that helps to strengthen systems, in tandem with emergency response mechanisms when necessary.

KEY MESSAGE 4

Donor disbursements to above-service delivery investments also increased significantly, which are important investments in support of programmatic scale-up.

The overall trend for donor investments in above-service delivery is positive over this period, increasing by an average 11% each year from \$326 million in 2015 to \$561 million in 2020 (FIGURE 3). Investments in this category are critical to support the enabling environment for nutrition. Disbursements to this category include

investments in coordination, governance, and advocacy (\$213 million), systems strengthening and capacity building for nutrition service delivery (\$183 million), and research and data related to the WHA targets (\$165 million).

KEY MESSAGE 5

Major donors have increased or maintained funding for priority interventions since 2015, but momentum among the largest donors has stalled recently.

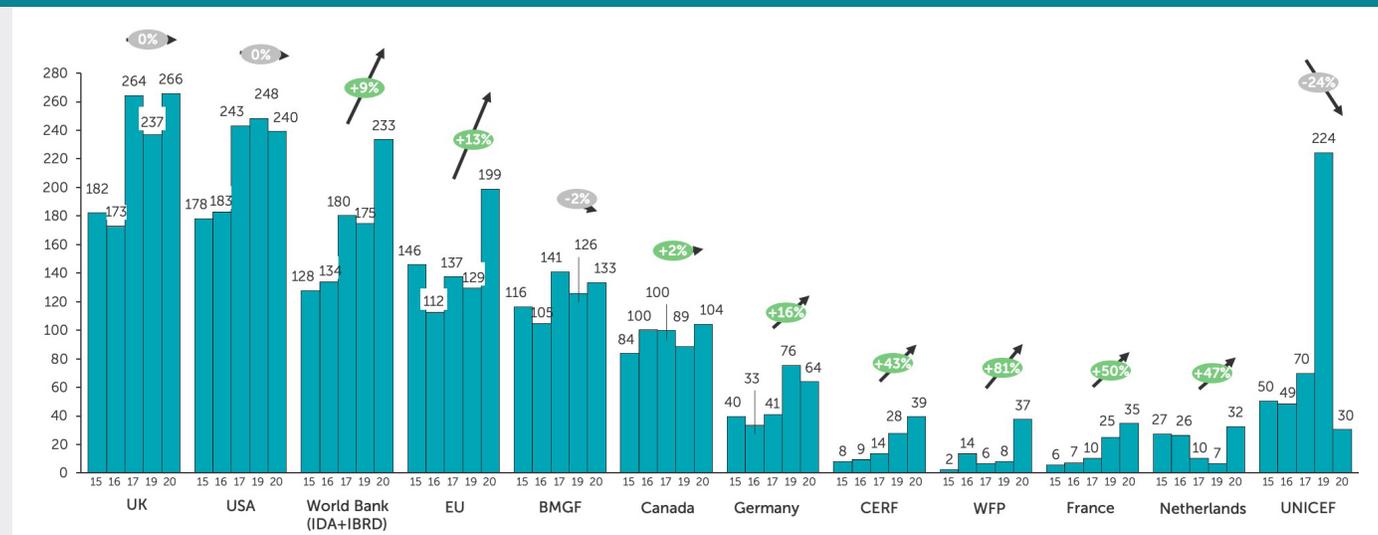
The United Kingdom and the United States remain the largest donors to nutrition in absolute terms in 2020 and show a positive increase since 2015. However, if we look at the more recent trend since 2017, we see that disbursements to priority interventions have seemingly plateaued for these top donors (FIGURE 4). Given the increasing malnutrition burden and the remaining gap in donor funding to meet the GIFI targets, this drop off in funding from the largest donors is significant and may signal continued shortages in funding in future years.

Other major donors have seen significant increases over this period, including the World Bank. The large increase in

World Bank funding in 2020 may signify increased country commitments to nutrition. In 2020, 99.9% of the World Bank's disbursements for priority interventions were channeled through public institutions, compared to only 6.9% of disbursements from all other donors.

Promisingly, momentum among several smaller donors appears to be increasing. Disbursements to priority interventions from Germany, CERF, France, and the Netherlands have increased significantly since 2017 (FIGURE 4). This trend will need to continue with more nutrition donors if we are to meet the GIFI financing targets in future years.

FIGURE 4 Disbursements to priority interventions among the top donors with three-year average annual percent change, 2015-2020 (USD millions)



Note: Data do not reflect total donor nutrition spending as nutrition-sensitive investments were excluded due to data limitations and because they were not costed in the GIFI, though they are critical investments to achieve the WHA targets. These trend lines are from 2017 to 2020 to reflect the more recent trends in donor disbursements. Some donor trends may be interpreted as plateaued, e.g., UK, USA, BMGF, and Canada.

A Note on Nutrition-Sensitive Tracking

Investing in nutrition-sensitive activities in parallel with nutrition-specific interventions is critical to address the underlying causes of malnutrition. This analysis is limited to only nutrition-specific investments given the nature of nutrition finance reporting and tracking through 2020. With the introduction of the **nutrition policy marker** to the OECD Creditor Reporting System, future tracking will likely be able to assess both nutrition-specific and -sensitive investments that impact long-term nutrition outcomes.

SUGGESTED CITATION

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