

Tracking aid for the WHA nutrition targets

Progress toward the global nutrition goals between 2015-2021

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. Here, we present data on donor disbursements to scale up these priority nutrition interventions from 2015 to 2021.

KEY MESSAGE 1

Donor disbursements to WHA priority interventions decreased by \$43 million from 2020 to 2021.

While the beginning of the seven-year period started off on an upward trend, overall progress has been stagnant and actually decreased after 2020 (FIGURE 1). This drop in aid for nutrition during the first full year of the COVID-19 pandemic is especially concerning given the rise in malnutrition exacerbated by it.

This \$43 million decrease in aid for the priority interventions occurred at the same time as an unprecedented increase in development assistance for health (DAH) spurred by the global pandemic. According to [an analysis by the Global Burden of Disease 2021 Health Financing Collaborator Network](#), in 2021, donors provided \$21.8 billion in development assistance funding

for the health response to COVID-19 (up from \$16 billion in 2020) and over \$786 million in development assistance contributions toward pandemic preparedness (down from \$1.05 billion in 2020). Investments in these categories are based on the [WHO's 2021 COVID-19 Strategic Preparedness and Response Plan \(SPRP 2021\)](#) and include strengthening health and surveillance systems, vaccination efforts, and delivery of essential health services. While some of these COVID-19 investments may have helped maintain existing nutrition services, it is unclear whether these necessary DAH increases diverted funds away from priority nutrition interventions.

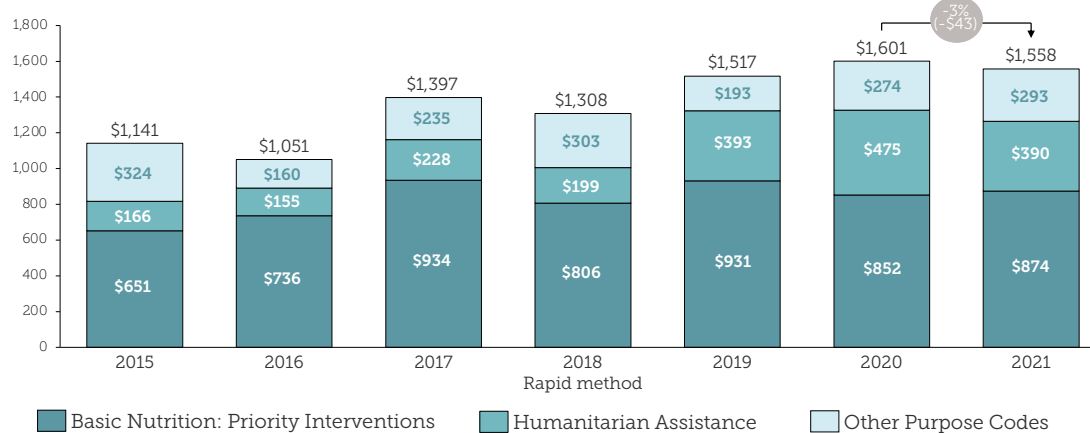
KEY MESSAGE 2

Development assistance for the priority interventions has been relatively flat over the past 5 years, and humanitarian assistance decreased between 2020 and 2021 even though the humanitarian need escalated during that period due to COVID-19, conflict, and climate change.

Funding through humanitarian assistance channels decreased by \$85 million between 2020 and 2021, overshadowing the much smaller increase from all other purpose codes (FIGURE 1). This financing is insufficient to meet the WHA targets by 2025. Getting back on track requires increased and consistent development assistance to support sustainable systems and

long-term programming for nutrition interventions, with sufficient humanitarian aid to address the ongoing immediate needs. Arguably, countries need more donor support than ever as domestic financing for nutrition has also faced challenges due to economic slowdowns and competing priorities during this period.

FIGURE 1 Donor disbursements to priority interventions, 2015-2021 (USD millions)



Note: In 2021, we found that \$296 million (25%) of basic nutrition disbursements were not aligned with the GIFN priority package of 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 Figure 2). 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.

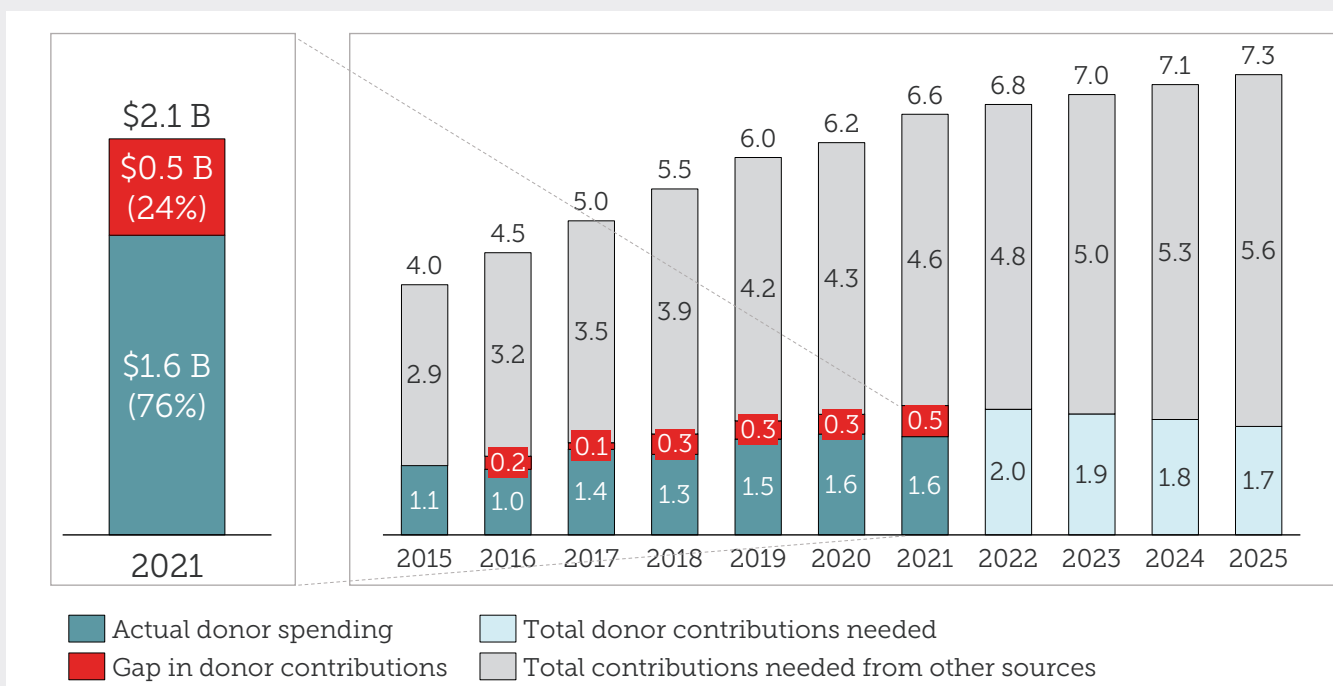
All U.S. dollars (USD) are reported in 2015 USD to allow for multi-year comparisons. In 2018, a 'rapid method' analysis was conducted using assumptions derived from the in-depth 2015-17 analysis. For this reason, 2018 data is sometimes excluded from the figures, where annualized percentages assume 2018 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 3

In 2021, there was a nearly \$500 million shortfall, which is the largest single-year gap since tracking began. This means that nearly a quarter of what’s needed from donors per the GIFN isn’t being met.

Donors only mobilized 76% of the donor spending required in 2021 to scale up the priority package of interventions in the global Investment Framework for Nutrition, leaving nearly half a billion dollar shortfall in 2021 alone. Across the period, the cumulative gap in funding for the WHA priority interventions grew to \$1.7 billion, which represents forgone funding for life-saving

nutrition services since 2015 (FIGURE 2). This is the largest gap experienced since tracking financing for these targets began, and it’s happening during the period of greatest need. True costs have only grown since the GIFN was published, so the true shortfall in funding compared to need is even greater.

KEY MESSAGE 4

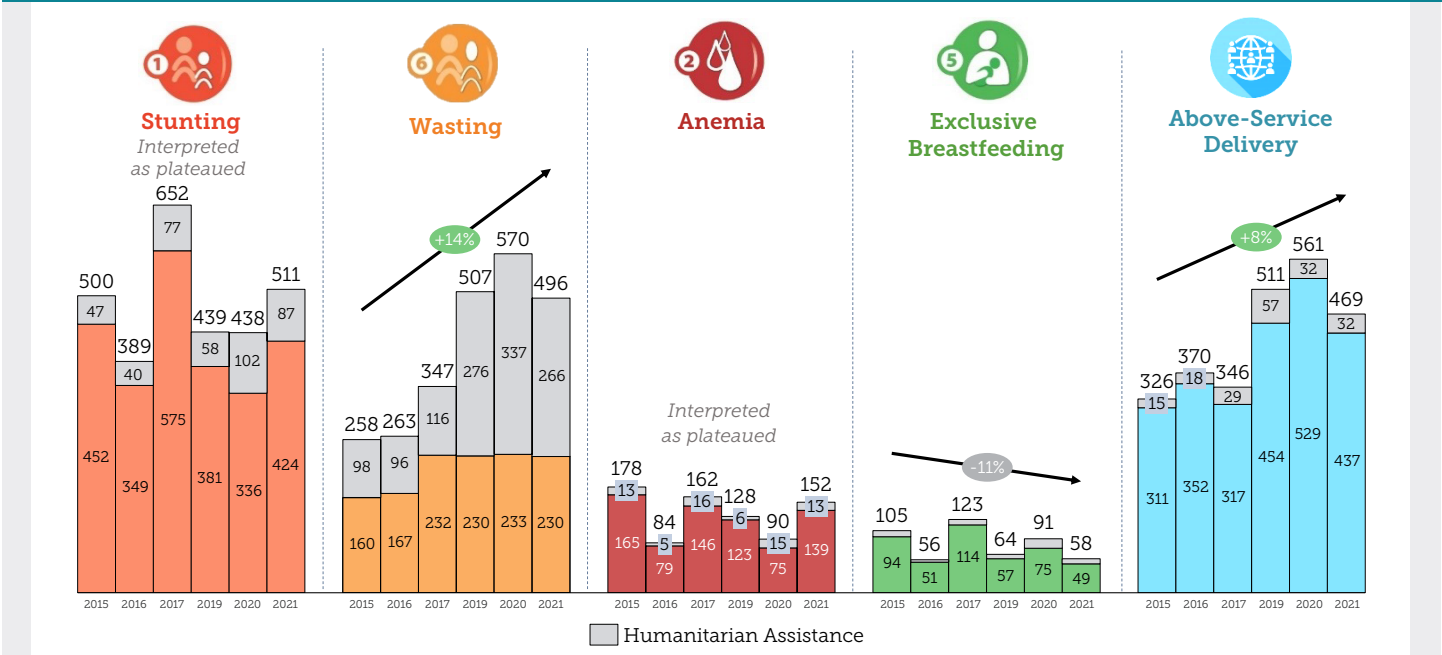
Unfortunately, there’s been no progress on stunting, anemia, or exclusive breastfeeding, as donor disbursements to these targets have either plateaued or significantly decreased since 2015.

Donor disbursements to the stunting and anemia targets have plateaued since 2015 (FIGURE 3). Financing for exclusive breastfeeding has performed the worst over the full period, experiencing an average annual decrease of 11% since 2015. In addition to these programmatic investments by target shown in Figure 3, under above-service delivery (ASD) there were also \$17 million in investments disbursed to research and data (R&D) for improved staple food fortification and biofortification, as well as \$14 million in R&D investments for micronutrient supplementation,

which seek to improve the efficiency and efficacy of interventions related to stunting and anemia in the long term.

Investments in these nutrition areas are critical to realize targets for women’s and girls’ health and empowerment, as well as the WHA targets. Advocacy efforts like the Anemia Action Alliance and Closing the Gender Nutrition Gap: An Action Agenda for Women and Girls are needed now more than ever to bolster resource mobilization efforts.

FIGURE 3 Donor disbursements to priority interventions by WHA target, split by humanitarian and development assistance, 2015-2021 (USD millions)



Note: Disbursements across the WHA targets cannot be summed due to intervention overlap. Above-service delivery investments represent aid in support of programmatic scale-up for WHA targets and includes coordination, governance, and advocacy for nutrition; capacity building for nutrition; and research and data. Investments in nutrition counseling are tracked separately from breastfeeding, grouped within the stunting WHA target. The exclusive breastfeeding target represents investments where breastfeeding promotion is a main objective. Humanitarian assistance includes 700 series DAC codes.

KEY MESSAGE 5

While wasting has seen a bump in investments overall, funding channeled through development assistance for wasting has plateaued, indicating that not enough is being done to strengthen the treatment of wasting within existing systems.

Donor disbursements to wasting treatment decreased by \$74 million from 2020 to 2021, interrupting the significant positive trend from previous years (FIGURE 3). Given stagnant levels of development assistance, this decrease is driven by a reduction in humanitarian assistance funds for wasting treatment. The

heavy reliance on less-predictable humanitarian channels for wasting leaves this target vulnerable to high variability, which development assistance hasn’t risen to offset. The [\\$577 million mobilized for wasting prevention and treatment in 2022](#) is promising and presents an opportunity to channel these new

funds to strengthen existing wasting prevention and treatment systems, rather than continuing to rely on shorter term, less predictable funds. This push for systems strengthening is especially poignant in light of the \$92 million decrease in ASD investments from 2020 to 2021, which includes capacity building for nutrition; coordination, governance, and advocacy for nutrition; and R&D (FIGURE 3).

Early trends in R&D investments to improve future wasting treatments are more promising, increasing from an estimated \$4 million in 2020 to \$30 million in 2021 (captured within the ASD category). These investments don't contribute to programmatic scale-up for wasting treatment now but do have potential to improve the efficiency and efficacy of wasting treatments in the future.

KEY MESSAGE 6

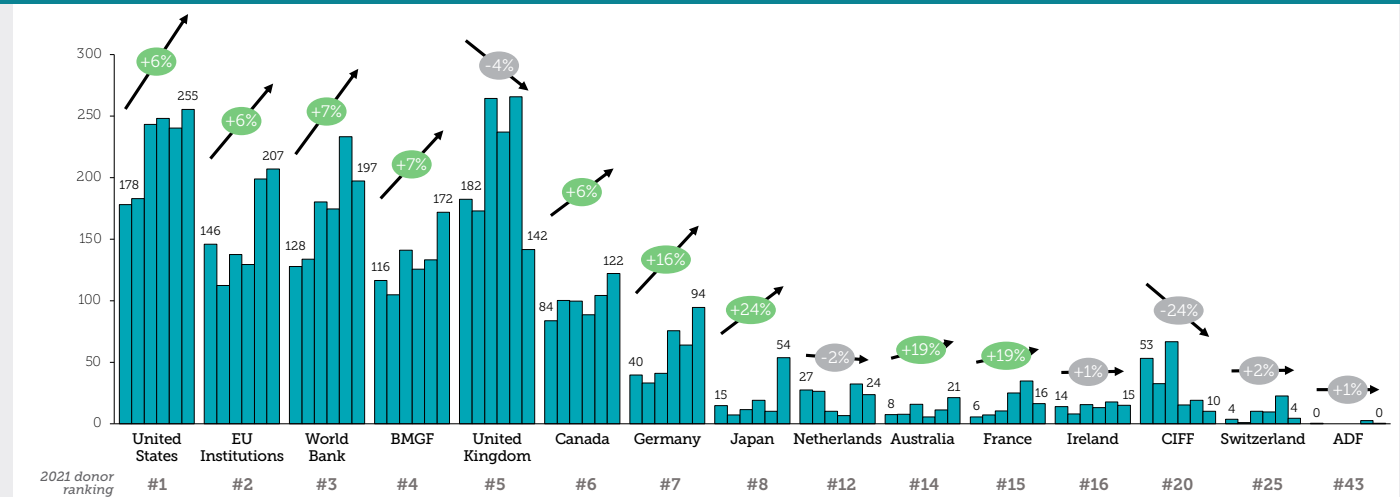
Most major nutrition donors increased funding for the WHA priority interventions since 2015, but some have seen significant dips since 2020.

Major nutrition donors, comprising Scaling Up Nutrition (SUN) members and Nutrition for Growth (N4G) hosts, have increased funding for the priority interventions since 2015, but data also show significant drops in more recent years. For example, 2021 is the first year we see the significant cuts to UK aid reflected in the nutrition financing data, dropping by almost 50% from 2020 (FIGURE 4). This aligns with the expected decrease in overall UK aid with DFID being folded into the UK Foreign and Commonwealth Office in 2020. Overall, most bilateral donors spend less than 1.5% of total ODA on this package of priority

interventions, with the exception of Canada spending 3% and the UK at 1.5%.

Japan increased funding for the priority interventions to \$54 million in 2021, the year the N4G Summit was hosted in Tokyo. This is largely financing for ASD investments, including policy-related contributions to the Global Financing Facility and SUN. France is set to host the next N4G Summit and has significant room for growth ahead of it to ensure the upward annual average trend continues in light of the drop between 2020 and 2021 (FIGURE 4).

FIGURE 4 Disbursements to priority interventions from major nutrition donors with average annual percent change, 2015-2021 (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 GIFN, though they are critical investments to achieve the WHA targets.

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 2021. 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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