Tracking aid for the WHA nutrition targets

Progress toward the global nutrition goals between 2015-2022

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. Here, we present data on donor disbursements to scale up these priority nutrition interventions from 2015 to 2022. This is the final year of reporting against the GIFN in this way, as the updated investment framework has new cost estimates through 2034.

KEY MESSAGE 1

Donor funding for WHA priority interventions has plateaued since 2020, suggesting a concerning new normal for global nutrition financing in the face of growing need.

Since tracking began in 2015, donor funding has increased annually on average by 5 percent, culminating in $1.6 billion disbursed to the WHA priority interventions in 2022 (FIGURE 1). Despite this progress over the full period, the more recent trend is concerning: funding for these critical nutrition interventions has been near-stagnant since 2020. The dormant funding levels may be at least partially due to the increase in funds for other health interventions in response to the COVID-19 pandemic and its continued effects. Still, the continued plateau from 2021 to 2022 is especially surprising after the 2021 Nutrition for Growth Summit in Tokyo galvanized $27 billion in nutrition commitments from donors and countries (Scaling Up Nutrition).

We also see that the share of funding for these nutrition interventions that comes from humanitarian channels has hovered consistently at or above 25 percent since 2019, a significant increase from the 15 percent share from humanitarian channels seen since 2015.

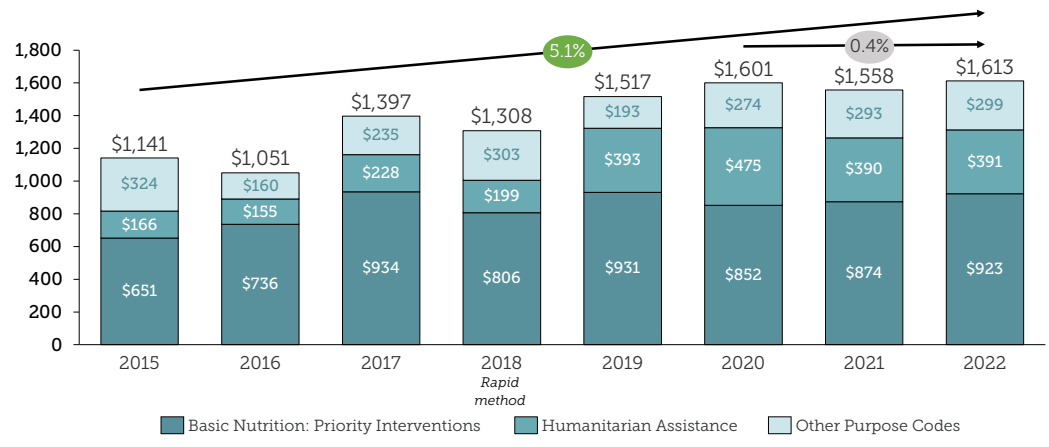
KEY MESSAGE 2

The cumulative gap in donor funding since 2015 has surpassed $2 billion in 2022, representing unprecedented levels of unmet need for life-saving nutrition interventions.

In 2022, donors met 81 percent of the funding needed for the priority nutrition interventions, leaving a ~20 percent gap in this single year (FIGURE 2). The picture is bleaker if we look at the gap accumulated since 2015, which reached a staggering $2.1 billion this year. This gap estimate is conservative; the true unmet need is likely much higher in the face of increased need from the concurrent climate, food, and COVID-19 crises over this same period.

What's more, the GIFN modeled the share of funding from donors to decrease starting in 2022, under the assumption that reliance on donor funding would have decreased by this point in favor of domestic funding and non-traditional external sources. As we have yet to see this shift and donors haven't met their share of the need for the last eight years, the world is not ready for donor contributions to taper off just yet.

FIGURE 1 Donor disbursements to priority interventions, 2015-2022 *(USD millions)*



Note: *In 2022, we found that $376 million (29%) 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 of 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.

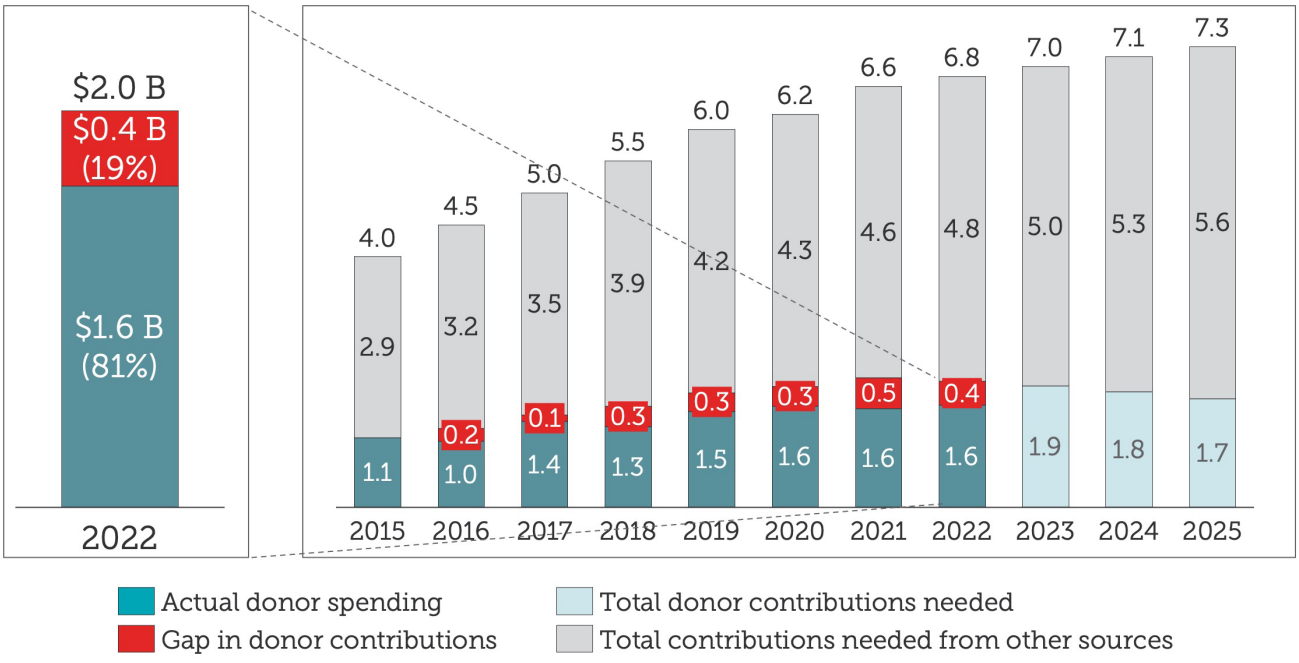
Disbursement data was drawn from the OECD Creditor Reporting System and analyzed by a research team to derive target-level estimates by donor. Differences between these data and those published by donors may be due to a few factors, including 1) the use of a different classification system of aid projects, 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

Donor funding for wasting treatment and for support to the overall enabling environment for nutrition has seen an overwhelmingly positive trend since 2015.

Funding for both wasting treatment and above-service delivery have increased by 10 percent or more on average annually since 2015 (FIGURE 3). The increase in both categories through 2022 suggests optimism for continued growth. Development assistance for wasting was stagnant since 2017 but saw a significant jump up in 2022 to $317 million (over half of the total amount for wasting). While humanitarian assistance for wasting treatment continues to be critical for immediate need, this increase in development assistance is necessary for more predictable and sustainable funding outside of emergencies.

The increase in above-service delivery categories similarly suggests a more positive outlook. This funding supports governance and advocacy efforts to support countries to develop important nutrition action plans, investment frameworks, and other policy and guidance documents, for example. This category also includes significant funding for systems and capacity building to support local systems and workforces to scale up and improve nutrition programs, as well as research and data collection to improve interventions and outcomes in the future.

KEY MESSAGE 4

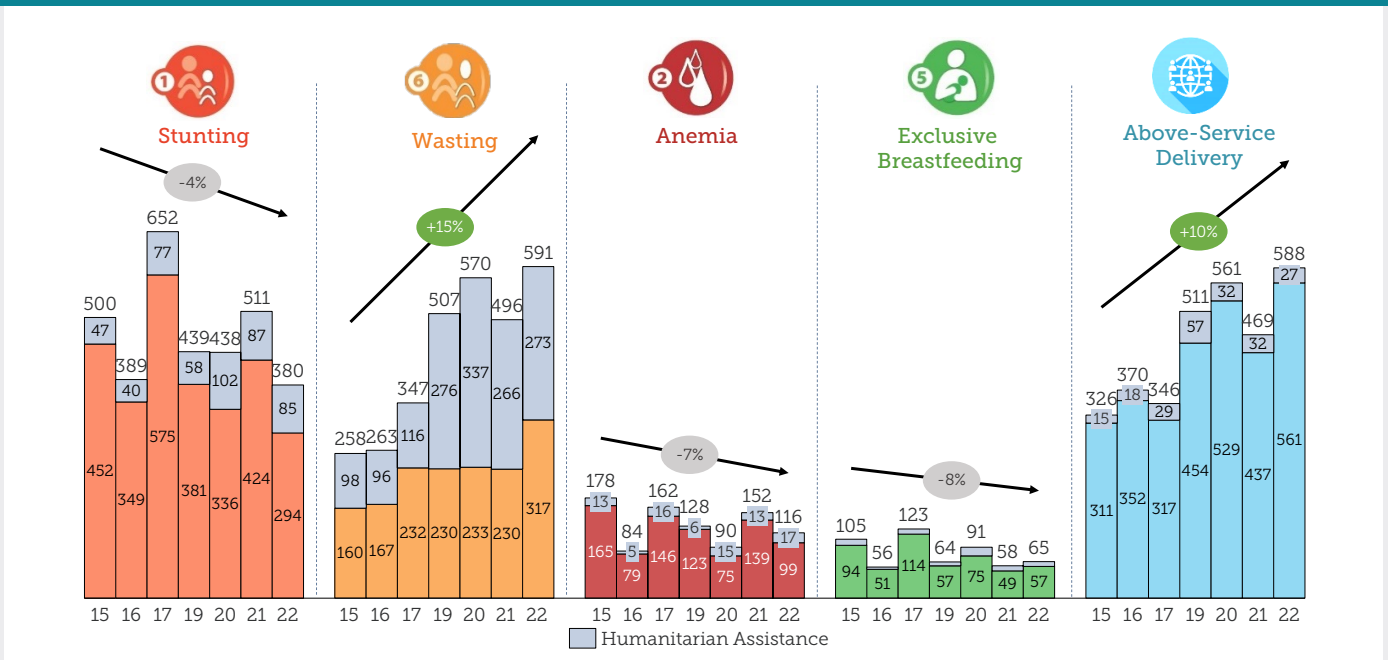
Disbursements to stunting, anemia, and exclusive breastfeeding have decreased since 2015.

Unfortunately, aid for stunting fell by over 25 percent between 2021 and 2022, largely driven by a drop in supplementation programming after several multi-year programs for supplementation came to an end (FIGURE 3).

Aid for anemia also fell significantly between 2021 and 2022, further emphasizing the critical importance of growing advocacy and evidence generation efforts like the Anaemia Action Alliance (co-hosted by WHO and UNICEF), "Undernourished and Overlooked" (UNICEF's 2022 flagship child nutrition report highlighting the nutrition crisis faced by women and adolescent girls), "Closing the Gender Nutrition Gap: An Action Agenda for Women and Girls", and the global investment roadmap for multiple micronutrient supplementation (MMS) (published by the Bill and Melinda Gates Foundation, Eleanor Crook Foundation, Kirk Humanitarian, and CIFF in May 2024), which calls investing in MMS a "best buy in global development." Interestingly, within the anemia target, we do see an increase in funding for MMS and in R&D for MMS under above-service delivery, as well.

It's important to note that these numbers do not include Kirk Humanitarian's disbursements, which likely contribute significantly to the stunting and anemia targets. We may see more positive trends if the data was available to be included in this analysis.

FIGURE 3 Donor disbursements to priority interventions by WHA target, split by humanitarian and development assistance, 2015-2022 *(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

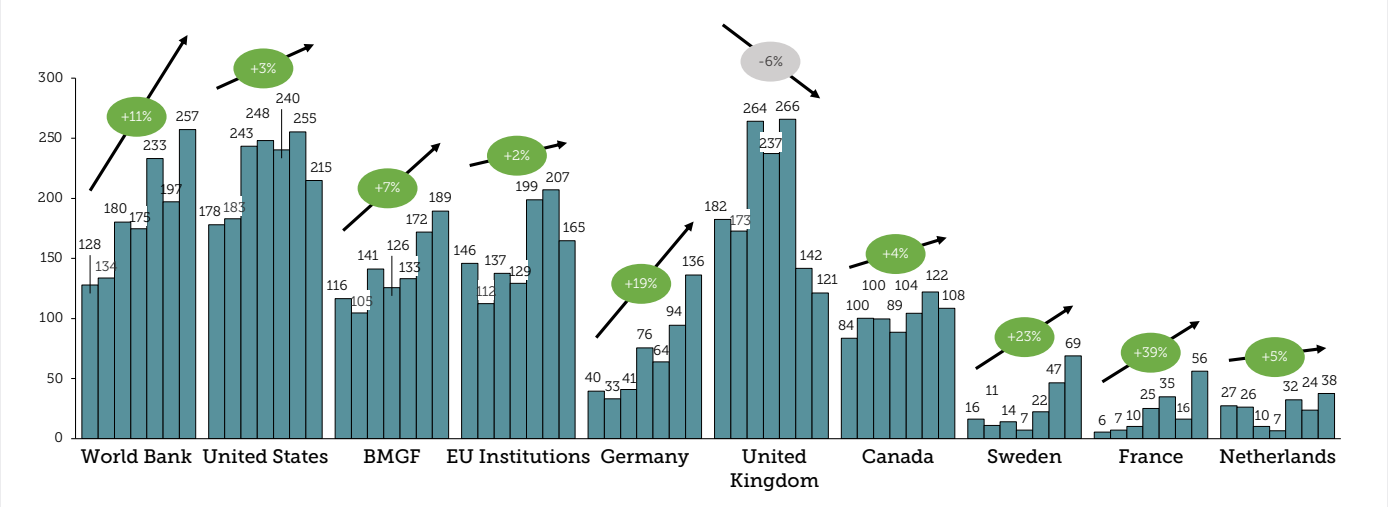
Several of the top donors decreased funding for priority interventions since 2021, and these decreases are expected to continue.

Though most top donor funding trends to the WHA interventions are positive since 2015, the most recent data year shows a more sobering picture (FIGURE 4). The United States, EU, United Kingdom, and Canada all decreased funding for the priority nutrition interventions in 2022. If aid for nutrition follows the widespread cuts to overall ODA announced in recent years and the shift toward using aid budgets to host refugees within donor countries, the decreasing donor trends are likely to continue.

The World Bank is now the top donor to these priority nutrition interventions. The drastic increase in funding for the priority interventions through the World Bank indicates growing country demand for nutrition financing, as countries prioritize funding for nutrition interventions through World Bank financing.

We also see a significant increase in disbursements to priority nutrition interventions from France, the host of the next N4G Summit in Paris in 2025, which is an opportunity to galvanize more and better financing for nutrition investments in light of the ever-growing need. For governments that have recently announced significant budget cuts for overall ODA — like the United Kingdom, France, Sweden, and Germany, for example — it is increasingly important to maximize nutrition gains within investments across sectors.

FIGURE 4 Disbursements to priority interventions by the top 10 nutrition donors with average annual percent change, 2015-2022 *(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 2022. 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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