

Tracking aid for the WHA nutrition targets

Progress toward the global nutrition goals between 2015-2019

June 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. While domestic financing is expected to contribute most of what's required, it is difficult to track progress. Data available from the System of Health Accounts, which has limitations, suggests that there's been an [overall flat rate of change for domestic spending as a whole](#), with some countries even decreasing spend in recent years. This points to an urgent need for renewed global commitment to financing nutrition programs. Here, donor disbursements to support scale up of these priority interventions are tracked to monitor progress toward the global goals.

KEY MESSAGE 1

Donor financing toward priority interventions increased from 2015 to \$1.5 billion in 2019, but a large funding gap to reach the GIFN financing targets remains.

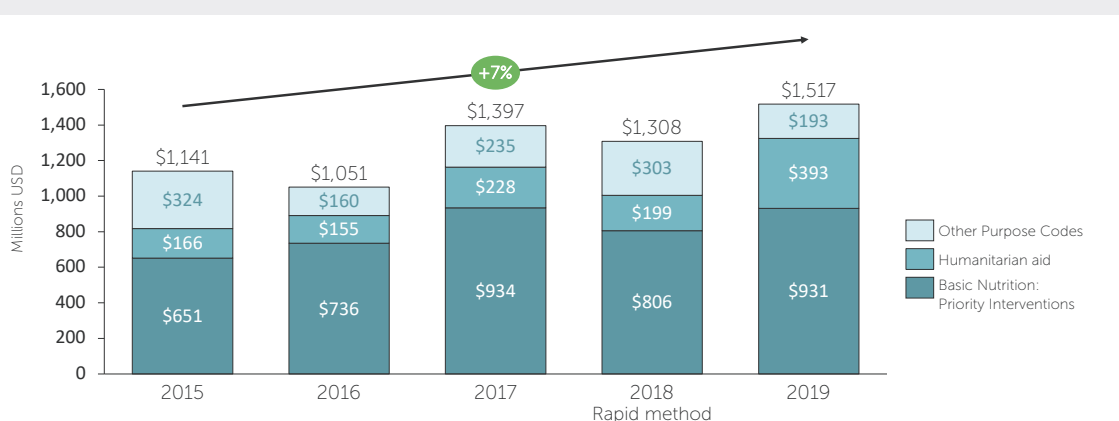
Despite slight declines in disbursements in 2016 and 2018, the overall trend in aid for priority interventions from 2015 to 2019 is positive. Total donor disbursements to priority interventions increased by 7% on an annualized basis across years, from \$1.1 billion in 2015 to \$1.5 billion in 2019 (FIGURE 1).

Donor funding to priority interventions in basic nutrition increased overall during this period, though decreased slightly from 2017 to 2018. The overall increase in aid to priority interventions during this period is driven by increases in other purpose codes, representing, on

average, 37% of total priority intervention aid from 2015 to 2019, particularly related to humanitarian assistance. This emphasizes the importance of tracking nutrition spending at a more disaggregated level.

Donors mobilized 83% of the donor spending required in 2019 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 \$900 million since 2015 (FIGURE 2). We are not achieving the scale-up needed to achieve the global nutrition goals.

FIGURE 1 Donor disbursements to priority interventions, 2015-2019 (USD millions)



Note: In 2019, we found that \$290 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 aid 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.

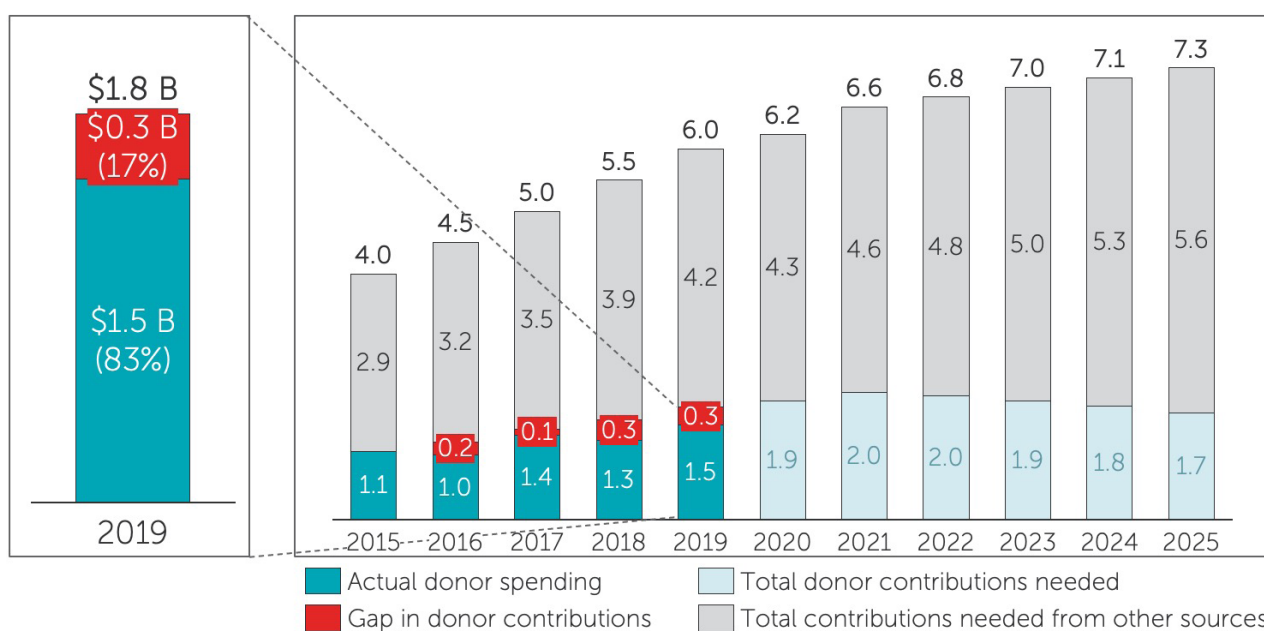
Disbursement data was drawn from the OECD Creditor Reporting System and analyzed by a research team to derive target-level estimates by donor. Differences between these data and those published by donors may be due to a few factors, including 1) the use of a different classification system of aid projects, 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 the enabling environment and 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, and in 2019, the in-depth analysis was again conducted. 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.



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	✓	✓

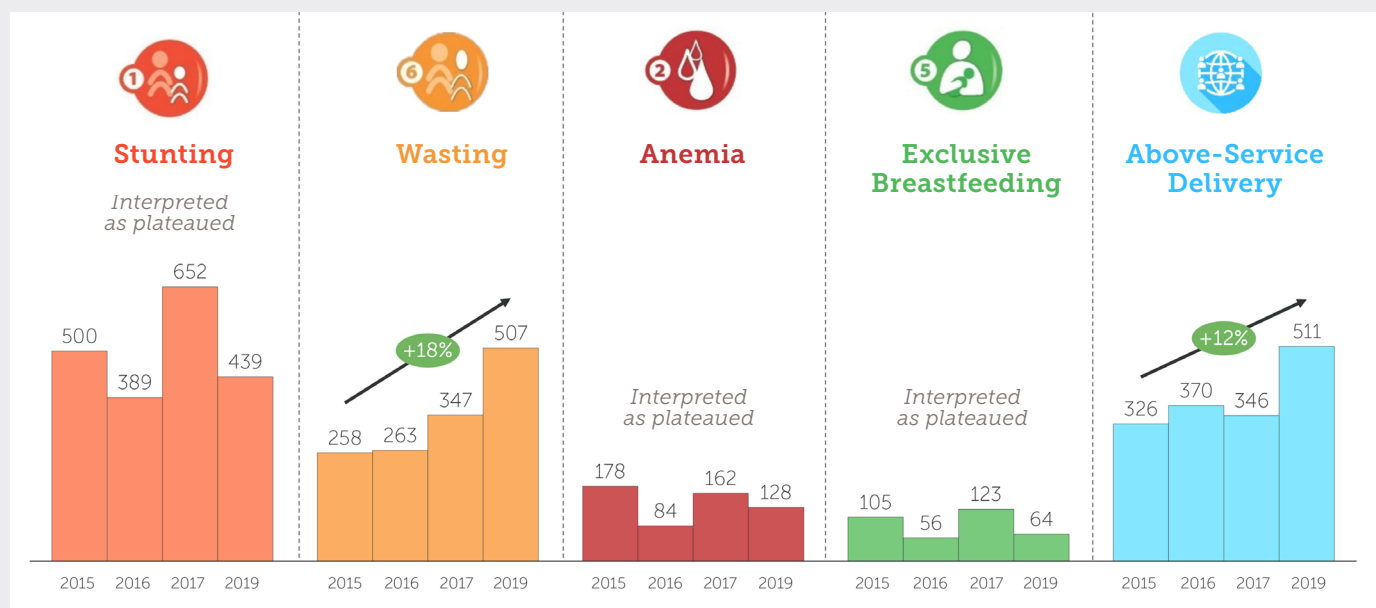
KEY MESSAGE 2

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

Despite increases between 2015 and 2017, donor disbursements to stunting, anemia, and exclusive breastfeeding targets have plateaued overall across the five-year period (FIGURE 3). These relative plateaus in funding

align with the [Lancet's finding](#) that coverage gains for maternal iron folic acid, early breastfeeding, and Vitamin A—all interventions that contribute to these WHA targets—were modest and slow from 2008 to 2012 and from 2013 to 2018.

FIGURE 3 Donor disbursements to priority interventions by WHA target, 2015-2019 (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.

KEY MESSAGE 3

Donor disbursements to wasting treatment increased significantly; however, much of this is via humanitarian channels that are less conducive to systems strengthening and sustainable change.

Donor disbursements to wasting displayed an annual increase of 18% each year, which amounts to a near doubling of investments, from \$258 million in 2015 to \$507 million in 2019 (FIGURE 3). The number of children with severe acute malnutrition accessing treatment also [steadily increased](#) from 2015 (3.5 million children) to 2019 (5.7 million children).

However, over half of the financing for wasting in 2019 (\$276 million, or 54%) came through humanitarian channels, which is generally less predictable and shorter term, and therefore less conducive to systems strengthening and sustainable financing.

At the same time, it's worth noting that donor disbursement to above-service delivery (ASD) increased significantly during this same period (FIGURE 3), suggesting that donors are making increasing investments to help strengthen nutrition systems more broadly. There is still room for donors to promote more sustainable financing for wasting programs, including by funding wasting more via development channels with a focus on systems strengthening and scaling up through national platforms.

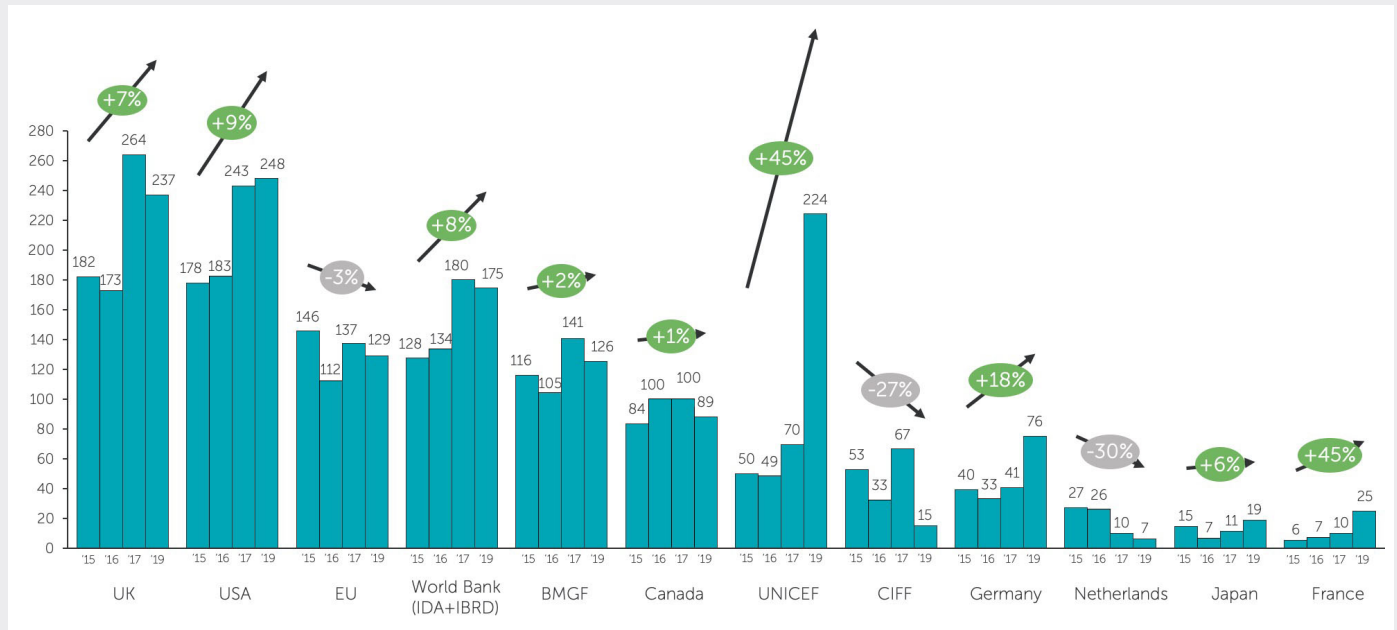
KEY MESSAGE 4

Major donors have increased or maintained funding for priority interventions since 2015.

The United Kingdom and the United States consistently remain the top two highest-spending donors for aid to priority interventions in terms of absolute amounts from 2015 to 2019 (FIGURE 4). UNICEF has seen the most rapid

increase in disbursements from 2017 to 2019, seeing an annual increase of 45% each year between 2015 and 2019, largely driven by investments in wasting and above-service delivery in 2019.

FIGURE 4 Disbursements to priority interventions among the top donors with annualized percent change, 2015-2019 (USD millions)



Note: Data do not reflect total donor nutrition spending as nutrition-sensitive investments were excluded because they were not costed in the GIFN and due to data limitations, though they are critical investments to achieve the WHA targets. Some donor trends may be interpreted as plateaued, e.g., EU, BMGF, Canada, Japan.

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 2019. 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

Results for Development (2021). Tracking aid for the WHA nutrition targets: Progress toward the global nutrition goals between 2015-2019. Washington, DC: Results for Development.

ACKNOWLEDGEMENTS

This report was written by a team at R4D. We wish to thank the many partners who participated in the development of the method and review of the findings, including members of the Scaling Up Nutrition (SUN) Donor Network who contributed their time and input to this analysis across the years. The authors would like to thank the Bill and Melinda Gates Foundation (BMGF) for supporting this study.