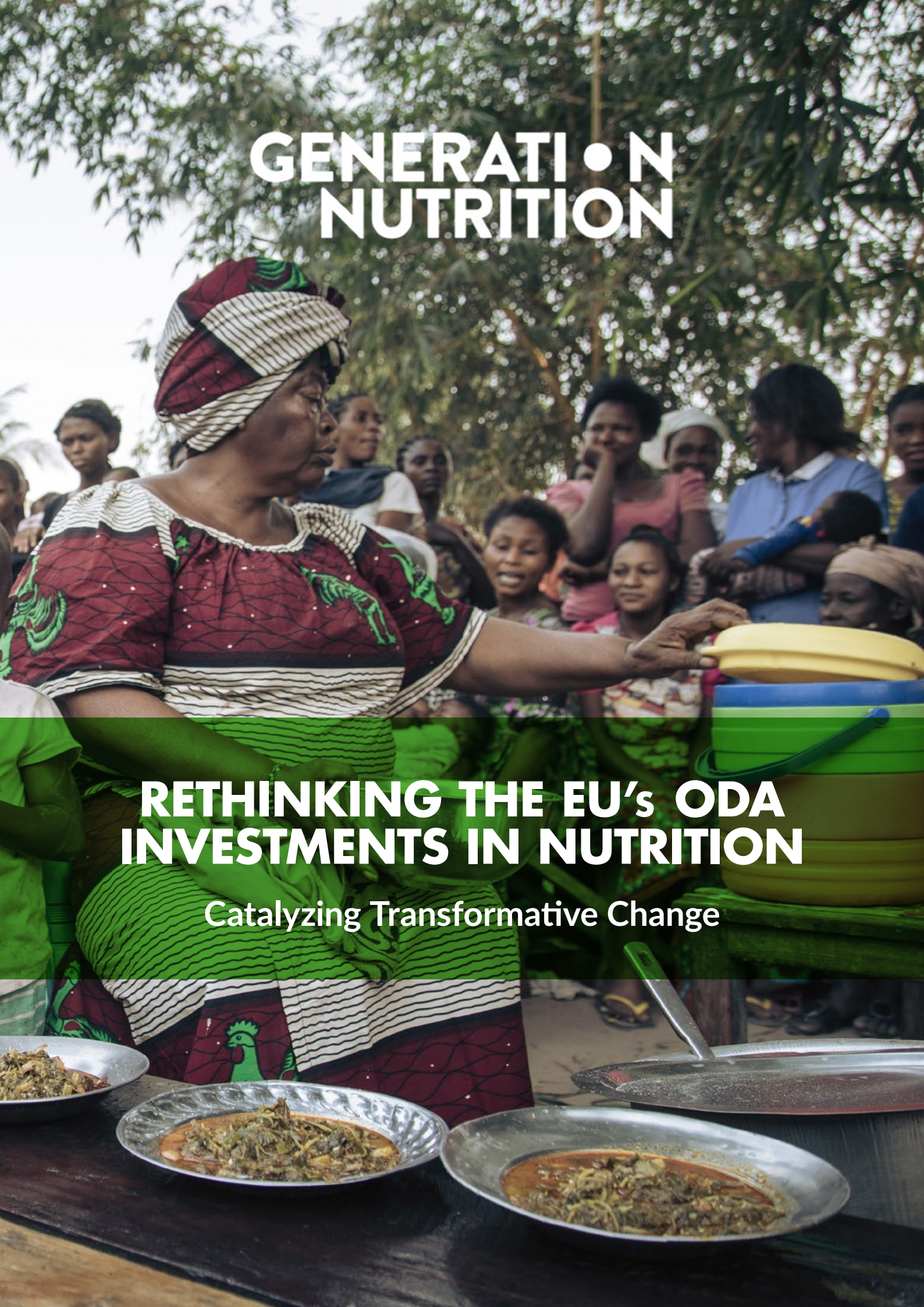


GENERATION NUTRITION

RETHINKING THE EU's ODA INVESTMENTS IN NUTRITION

Catalyzing Transformative Change





RETHINKING THE EU's ODA INVESTMENTS IN NUTRITION

Catalyzing Transformative Change

SUMMARY	4
METHODOLOGY	7
INTRODUCTION	10
RECOGNIZING THE URGENCY: ACCELERATING ACTION	13
FALLING SHORT: TRACKING NUTRITION TARGETS	15
CHAPTER 1 - EUROPEAN LEADERSHIP: ASSESSING PROGRESS AND DATA	16
MEETING INTERNATIONAL COMMITMENTS	17
BASIC NUTRITION SPENDING	18
1. GENERAL OVERVIEW	18
2. CHANNELS OF DELIVERY AND RECIPIENTS	23
AN INTEGRATED MULTISECTOR LONG-TERM APPROACH	27
1. FINANCING HUMAN DEVELOPMENT: ESSENTIAL TO ENDING UNDERNUTRITION	27
2. NUTRITION'S INTEGRATION IN OTHER SECTORS	27
A. AGRICULTURE SPENDING & NUTRITION	30
Financing Sustainable, Resilient, and Fair Food Systems	30
Is ODA Agriculture Spending Delivering for Nutrition?	32
B. HEALTH SPENDING & NUTRITION	35
The Vicious Cycle of Undernutrition and Disease: a two-way causal relationship	35
Is ODA Health Spending Delivering for Nutrition?	36
C. SOCIAL PROTECTION SPENDING & NUTRITION	37
3. NUTRITION AND THE HDP NEXUS	38
CHAPTER 2 - ADVOCATING FOR ENHANCED EUROPEAN ACTION	41
ECONOMIC AND HUMAN CAPITAL CONSIDERATIONS	43
ALIGNING INTERESTS: NUTRITION AND CLIMATE ACTION	45
ENHANCING EU-AFRICA COOPERATION: INTEGRATING NUTRITION FOR SUSTAINABLE PROSPERITY	46
CHAPTER 3 - SHAPING THE GLOBAL NARRATIVE: ELEVATING NUTRITION	49
ASSESSING RETURN ON INVESTMENT	51
POLITICAL PRIORITY AND FINANCING THE INVESTMENT	52
RECOMMENDATIONS AND NEXT STEPS	54



SUMMARY



A decade ago, the European Union and its Member States demonstrated leadership by developing a solid policy framework¹ for the Union's international cooperation promoting nutrition security in partner countries, and developing an action plan to reduce child stunting by 7 million.

However, renewed and intensified action from Europe is now essential because:

- Progress towards every nutrition target has veered off course. At current rates, it will take half a century to end child stunting.
- There is widespread acknowledgment of the urgent need for accelerated action.
- Adequate financing is crucial to drive these efforts forward.

This report provides an in-depth analysis of the current state of European Official Development Assistance (ODA) for nutrition, highlighting the challenges within the existing financing model to prioritize and integrate nutrition into broader spending sectors.

The study employs Basic Nutrition metrics as a standardized indicator for comparing donor countries, offering a snapshot of investments focused exclusively on nutrition within the health sector. It also examines current levels of ODA spending reported through the Nutrition Policy Marker (NPM) methodology to analyze how much

spending in other sectors aims to improve nutrition. For this study, we consider aid scored with a Principal Objective (Level 2) on the NPM as demonstrating a serious priority for nutrition.

The analysis extends beyond quantitative data, exploring policy opportunities and processes where increased attention to nutrition can drive effective actions towards the Sustainable Development Goals (SDGs) and foster inter-regional partnerships.

While the EU collectively supports various nutrition interventions, the data reveal that current support is insufficient to meet actual needs. In fact:

- Despite rising volumes of reported nutrition official development assistance (ODA), international assistance remains low. **In 2022, a very modest 0.37% of total ODA from all donors was reported for basic nutrition.** The EU (European Commission & Member States) has generally performed less effectively than other DAC donors, doing better than other donors as a whole only in 2022, reporting 0.51% of ODA for basic nutrition.
- Although some EU countries are showing leadership in this field, resources and political will remain insufficient to effectively contribute to eradicate undernutrition worldwide. In 2017, the World Bank proposed to boost expenditures on nutrition to 2.8 percent of total ODA by 2021, after which this could taper back to 1.8 percent by 2025 to meet the

¹ The EU's policy framework on nutrition includes: the 2013 Commission Communication Enhancing Maternal and Child Nutrition in External Assistance; the associated Council Conclusions of May 2013; the EU Action Plan on Nutrition (2015-2025) setting out the way the Commission will deliver on its stunting.



World Health Assembly targets for nutrition.² Since these estimates were made in 2017, **allocations to Basic Nutrition from the EC and EU Member States have been erratic - which is not conducive to effective country-level planning to improve nutrition.** In 2021, allocations were actually lower than in 2017. **Even in its highest year, 2019, EU (European Commission & Member States) ODA for basic nutrition was 0.61% of total EU ODA commitments, only a fifth of what the investment framework for nutrition recommended as needed.**

- Despite the international community promoting an integrated approach to tackling nutrition insecurity, **nutrition still lags behind in becoming a cross-cutting priority on the global development agenda. However progress is being made.** In 2022, the EC reported 43% of its agriculture spending and 23% of reproductive health as having a nutrition objective - albeit all at Significant (Level 1) rather than Principal (Level 2). For EU Member States, the sectors with the highest percentage of spending

that is marked for nutrition were Agriculture and Humanitarian Assistance, both at 8%. In other sectors which are important for nutrition, the share of spending with nutrition objectives is negligible - for example 1.8% of spending on water and sanitation from the EC and EU Member States combined.³

These findings underscore the urgent need for renewed and intensified efforts from the EC and Member States. The multidimensional nature of undernutrition calls for a coherent and coordinated multisectoral response. Collaborative action is essential to ensure that nutrition is adequately funded and prioritized, fulfilling global commitments to eradicate hunger and improve nutrition for all. Enhanced leadership and strategic investment in nutrition are imperative to drive sustainable development and create a healthier, more equitable world, and a Team Europe approach to nutrition is a promising avenue of action.

2 In 2017, an Investment Framework for Nutrition was developed to support the global nutrition community's efforts to mobilize the resources necessary to achieve the WHA/SDG nutrition targets. The Framework was built on the best available evidence of scalable «best buy» interventions. It estimated a total cost of \$70 billion over ten years, or \$7 billion per year, which was updated to \$11 billion per year in the Global Nutrition Report 2021.

To finance the scale-up, it proposed that governments contribute 4% of health budgets by 2025, and donors contribute a maximum of 2.8% of total ODA in 2021, tapering to 1.8% by 2025.

Although considerable progress has been made over the last decades, all nutrition targets are off track for SDG 2.2 (child stunting, wasting, and low birth weight); childhood overweight is increasing, as is anemia among women of reproductive age. Therefore, the World Bank is currently updating the Investment Framework to have a new version ready in time for the next N4G and as part of the Food and Nutrition Security Global Challenge Program (FNS-GCP). The update will include:

- Expanding outcomes of interest to include low birth weight and obesity
- Adding updated evidence on nutrition-specific investments
- Adding updated evidence on nutrition-sensitive investments, with a special focus on social protection and agriculture sectors
- Incorporating perspectives on gender and the links between nutrition and climate change
- Updating financing needs based on the above
- Updating the financing framework with a renewed focus on leveraging innovative financing

As the renewed framework is still unavailable, this study builds on the recommendations developed in 2017, recognizing their limitations.

3 Data from OECD DAC Aid Activities Targeting Other Policy Activities Dataset, downloaded 30 May 2024



METHODOLOGY



Investing in various sectors such as agriculture, economic development, health, and social protection is crucial for improving nutrition. Equally important is the political prioritization of nutrition, as strongly advocated by the Scaling Up Nutrition movement and other nutrition initiatives.

While country governments should lead in making and implementing most nutrition investments, Official Development Assistance (ODA) plays a significant supplementary role. **ODA, a limited but vital resource, is particularly effective when targeted at the most urgent needs and vulnerable people.** This report examines the ODA contributions to nutrition from the European Commission and the European Member States.

All EU Member States, along with the European Commission, are members of the OECD Development Assistance Committee (DAC). The DAC ensures full transparency and validation of data and statistics for all aid activities, based on information provided by each member. Donors report their data in July for the preceding year, which is then published in December. Consequently, the most recent year for which detailed aid activity data is available is 2022.⁴ This is the source used for all of the

financing data in this report.

The data comes from the Creditor Reporting System and the Aid Activities Database and was downloaded during March, April and May 2024.⁵ These datasets cover every aid activity – in other words, every budget line however large or small. They show how much was committed, the recipient country, the channel of delivery, a project description, sector, purpose code, policy marker, and more.⁶

All the data is in commitments⁷ and in constant prices to allow comparison over time in real terms between spending reported under the Nutrition Policy Marker and in the CRS. Data in the graphs and charts is in US\$. Conversion to euros is based on the OECD annualized exchange rates.⁸

The OECD Development Assistance Committee (DAC) reporting system has two ways of showing how different sectors and policy priorities are prioritized:

- The first is a purpose code which shows, for example, whether the purpose of spending is nutrition, education, etc.⁹ This illustrates real intentionality to allocate spending to a sector. Any aid activity can

4 The summary statistics on ODA volumes are published separately in April each year for the previous year. So total ODA figures for 2023 were available at the time of writing, but not the full breakdowns.

5 <https://stats.oecd.org/Index.aspx?ThemeTreeID=3&lang=en>

6 For the full list see <https://www.oecd.org/dac/financing-sustainable-development/development-finance-standards/dacandcrscodelists.htm>

7 A commitment is defined as a firm obligation, expressed in writing and backed by the necessary funds, undertaken by an official donor to provide specified assistance to a recipient country or a multilateral organisation. Bilateral commitments are recorded in the full amount of expected transfer, irrespective of the time required for the completion of disbursements. Commitments to multilateral organisations are reported as the sum of (i) any disbursements in the year reported on which have not previously been notified as commitments and (ii) expected disbursements in the following year. The commitment data should not be confused with the DAC Statistics data on 'grant equivalent' or 'net disbursement' ODA.

8 <https://data.oecd.org/conversion/exchange-rates.htm>

9 Technically, the purpose code shows "which specific area of the recipient's economic or social structure is the transfer intended to foster"

only have one purpose code.¹⁰ Reporting is mandatory and data is available back to 1995.

- The second is the DAC policy marker system which means that donors can mark any of their spending against a particular policy priority. Under the marker system, ODA can be scored as having either a Principal Objective (marked Level 2) or a Significant Objective (marked Level 1). For either Principal or Significant spending, the entire spending on the aid activity is scored. Reporting on the Nutrition Policy Marker is voluntary and the first data was reported in 2018.

For this study, the primary measure that we have used to assess progress on investment in nutrition is the purpose code for Basic Nutrition. The definition of Basic Nutrition is “Micronutrient deficiency identification and supplementation; Infant and young child feeding promotion including exclusive breastfeeding; Non-emergency management of acute malnutrition and other targeted feeding programs (including complementary feeding); Staple food fortification including salt iodization; Nutritional status monitoring and national nutrition surveillance; Research, capacity building, policy development, monitoring and evaluation in support of these interventions.”

We consider aid allocated to the Basic Nutrition purpose code to demonstrate a genuine focus on and priority for nutrition, as it closely aligns with the World Health Assembly targets. This portion of ODA is unequivocally about nutrition, making it a reliable indicator of priority to nutrition.

However, ODA nutrition investments must extend far beyond this. We need nutrition-sensitive investments in agriculture and economic development, water and sanitation, health systems, education, and social protection. Moreover, nutrition is impacted by poverty, climate change, conflict, crisis, and insecurity.

The Nutrition Policy Marker (NPM) provides a tool to show how much spending in any sector aims to improve nutrition. For this study, **we consider aid scored with a Principal Objective (Level 2) on the NPM as demonstrating a serious priority for nutrition.** This indicates that nutrition is a significant consideration for those designing and implementing the work. Conversely, aid scored with only a Significant Objective (Level 1) means that nutrition is not the main objective, and priority for nutrition outcomes is more of a secondary benefit rather than a key focus.

As of 2022, not all donors were using the NPM, resulting in a partial picture, with relatively small shares of ODA reported as having nutrition objectives. Therefore, in this study, we also use trends in ODA for agriculture as a proxy for progress in nutrition. Investments in agriculture are crucial for ensuring access to sufficient, safe, and nutritious foods, and nutrition outcomes should be seen as the ultimate test of a food system.

For these reasons, and due to the quality and reliability of the data, spending reported under the purpose codes for Basic Nutrition and Agriculture is treated as the foundation of accountability for ODA aimed at improving nutrition.

¹⁰ The DAC has recently agreed that multiple purpose codes can be used. This means that activities can be split and percentages of the total reported under different purpose codes.



PHASE DE TRANSITION

11

INTRODUCTION



Nutrition security is fundamental to human development. It is not only a basic human right but also a crucial foundation for achieving broader development goals. Proper nutrition underpins good health, educational outcomes, economic productivity, and the ability to break the cycle of poverty.

Despite years of action and attention, **undernutrition remains one of the most prominent global public health issues, particularly in low- and middle-income countries.** Undernutrition leads to numerous short-term and long-term consequences, causing irreversible damage that limits individual potential and burdens societies. This condition perpetuates a vicious cycle that extends beyond an individual's lifetime and impacts more than health, with long-term negative consequences for both the micro and macro levels, thereby undermining progress towards the SDGs.

Factors and pathways leading to undernutrition are diverse, complex, and interconnected. The immediate determinants relate to food and nutrient intake and health. Underlying determinants include food insecurity, inappropriate care practices, low access to quality water, sanitation, and hygiene, and inadequate access to health services and education. All these factors increase vulnerability to shocks and long-term stresses. The basic determinants of undernutrition are rooted in poverty and involve interactions between social, political, demographic, and societal conditions.

Recognizing the critical role of nutrition in improving people's well-being, the EU has historically taken a leadership position in addressing malnutrition. A decade

ago, the EU committed to reducing child stunting by 7 million, reflecting strong political will to confront this pressing issue. However, the current landscape reveals that progress has stalled and, in some areas, regressed.

This study aims to provide a comprehensive analysis of European Official Development Assistance (ODA) for nutrition. It examines the allocation, effectiveness, and impact of these funding flows, identifying gaps and challenges that hinder the prioritization of nutrition in development agendas. By employing the Basic Nutrition metrics as a standardized tool, this report compares donor countries' investments and evaluates the adequacy of current financial commitments to meet global nutrition targets.

The study also explores policy opportunities and mechanisms to enhance the integration of nutrition into broader development frameworks. To accelerate progress, nutrition-sensitive programs tackling key immediate and underlying drivers of undernutrition are needed in addition to nutrition-specific and curative approaches with immediate impact.

Concepts and Terminology

According to the United Nations Standing Committee on Nutrition, “*Food and nutrition security exists when all people at all times have physical, social and economic access to food, which is consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services, and care, allowing for a healthy and active life.*”¹¹

The term malnutrition addresses 2 forms of conditions:

- 1) Undernutrition, which includes 4 broad sub-forms: wasting (low weight-for-height), stunting (low height-for-age), underweight (low weight-for-age), and deficiencies in vitamins and minerals.
- 2) Overweight, obesity, and diet-related noncommunicable diseases (such as heart disease, stroke, diabetes and some cancers).¹²

While, this second form of malnutrition is increasingly becoming a health and societal issue globally - with approximately 2.5 billion people overweight, including 890 million living with obesity in 2022¹³ - this report will only focus on undernutrition, because of the global burden of stunting, wasting, and micronutrient deficiencies and the crucial role played by development assistance in fighting against it.

When talking about nutrition interventions, we distinguish between nutrition-specific and nutrition-sensitive interventions:

- Nutrition-specific interventions: Interventions

that address the immediate determinants of fetal and child nutrition and development—adequate food and nutrient intake, feeding, caregiving, and parenting practices, and low burden of infectious diseases.

- Nutrition-sensitive interventions: Interventions that address the underlying determinants of fetal and child nutrition and development—food security; adequate caregiving resources at the individual, household, and community levels; and access to health services and a safe and hygienic environment—and incorporate specific nutrition goals and actions.

While this study will use this terminology for simplicity - as it remains mainstreamed in the policy arena - it is important to note that the framework categorizing nutrition actions is evolving. The conceptual framework that categorizes nutrition actions into nutrition-specific and nutrition-sensitive interventions based on the nutrition determinants they addressed was introduced in the 2013 *Lancet Series*.¹⁴ This framework prompted multisectoral planning in many countries but also presented challenges related to coordination and assigning responsibility for nutrition oversight, particularly for traditional health and nutrition sectors.¹⁵ As we will discuss in the Health Spending and Nutrition section of the study, a revision of this framework has been proposed. This revised framework categorizes nutrition actions into direct and indirect health and non-health sector interventions, alongside cross-cutting strategies for nutrition support and integration.¹⁶

¹¹ [PowerPoint Presentation \(unscn.org\)](#)

¹² [Fact sheets - Malnutrition \(who.int\)](#)

¹³ [Fact sheets - Malnutrition \(who.int\)](#)

¹⁴ Black RE, Victora CG, Walker SP, et al. Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet* 2013; 382: 427–5.

¹⁵ Keats EC, Das JK, Salam RA, Lassi ZS, Imdad A, Black RE, Bhutta ZA. Effective interventions to address maternal and child malnutrition: an update of the evidence. *Lancet Child Adolesc Health*. 2021 May;5(5):367–384. doi: 10.1016/S2352-4642(20)30274-1. Epub 2021 Mar 7. PMID: 33691083.

¹⁶ Keats EC, Das JK, Salam RA, Lassi ZS, Imdad A, Black RE, Bhutta ZA. Effective interventions to address maternal and child malnutrition: an update of the evidence. *Lancet Child Adolesc Health*. 2021 May;5(5):367–384. doi: 10.1016/S2352-4642(20)30274-1. Epub 2021 Mar 7. PMID: 33691083.

RECOGNIZING THE URGENCY: ACCELERATING ACTION

The scale of the current global hunger and nutrition crisis is unprecedented, with levels still significantly higher than pre-COVID-19-pandemic figures. In 2022, around 9.2 percent of the world population (approximately 735 million people) were affected by hunger, compared to 7.9 percent

in 2019. This means that 122 million more people faced hunger in 2022 than in 2019, before the pandemic.¹⁷ Moreover, according to the World Food Programme (WFP), 345 million people were acutely food insecure in 2023, more than double the number in 2020.¹⁸

How Does the International Community Quantify Hunger?

Given the multidimensionality of hunger, it is challenging to identify a single, suitable quantitative indicator. Therefore, the international community uses several indicators, each serving different purposes but collectively contributing to a comprehensive understanding of food security challenges and interventions:

- *Prevalence of Undernourishment (PoU)*: measures chronic hunger in the global population, meaning the long-term or persistent inability to meet minimum dietary energy requirements. Using this metric, about 735 million people faced hunger in 2022.¹⁹
- *Food Insecurity Experience Scale (FIES)*: measures moderate or severe food insecurity in the global population. Using this scale, in 2022 there were 2.4 billion people who were either moderately or severely food insecure in the world.
 - People who are moderately food insecure are uncertain about their ability to obtain food and have had to reduce the quality and/or quantity of the food they eat to get by.
 - People experiencing severe food insecurity have typically run out of food and, at worst, gone a day or more without eating.²⁰

- *Integrated Food Security Phase Classification/Cadre Harmonisé (IPC/CH)*: Estimates short-term, acute food insecurity in hotspot crisis countries. In 2022, 258 million people were in Crisis Level-Acute Food Insecurity (IPC 3+),²¹ meaning they are experiencing food insecurity at or above the Crisis level (IPC Phase 3) which indicates that the situation is critical and requires urgent action.
- *Global Hunger Index (GHI)*: This index combines four indicators to reflect the multidimensional nature of hunger: prevalence of undernourishment, stunting, wasting, and child mortality.²²

There are two main frameworks for assessing progress in the fight against hunger and malnutrition:

- 1) World Health Assembly (WHA) Global Nutrition Targets: which monitor various forms of malnutrition, including stunting, wasting, anemia, low birth weight, and childhood overweight.
- 2) 2030 Agenda for Sustainable Development indicator framework to monitor progress towards zero hunger (SDG 2).

¹⁷ FAO, IFAD, UNICEF, WFP and WHO. 2023. The State of Food Security and Nutrition in the World 2023. Urbanization, agrifood systems transformation and healthy diets across the rural-urban continuum. Rome, FAO. <https://doi.org/10.4060/cc3017en> Data from 2022, measured by the prevalence of undernourishment (PoU) (SDG Indicator 2.1.1).

¹⁸ Inputs from The World Food Programme to the 2023 High-level Political Forum on Sustainable Development (HLPF), [World Food Programme | High-Level Political Forum 2023 \(un.org\)](#)

¹⁹ [Putting a number on hunger \(fao.org\)](#)

²⁰ [Putting a number on hunger \(fao.org\)](#)

²¹ [Putting a number on hunger \(fao.org\)](#)

²² [Methodology - Global Hunger Index \(GHI\) - peer-reviewed annual publication designed to comprehensively measure and track hunger at the global, regional, and country levels](#)

The global nutrition crisis is escalating alarmingly, with **undernutrition responsible for nearly half of all deaths in children under the age of five.**²³ According to Joint Malnutrition Estimates, produced annually since 2011 by UNICEF, WHO and the World Bank, progress is being made on stunting and wasting, but faster progress is urgently needed to achieve the 2030 goals.

In 2023, estimates showed that:

- 148 million children under 5 globally were affected by stunting – a result of chronic malnutrition.
- 45 million children were suffering from wasting, also known as acute malnutrition – a result of recent rapid weight loss or a failure to gain weight.²⁴

On current trends, only a third of countries are on track to halve the number of children who are stunted by 2030 – reducing the total number of children affected by stunting to 89 million. **Current trends suggest that 40 million children globally - and 30 million in Africa - who should have been reached as part of the target to halve**

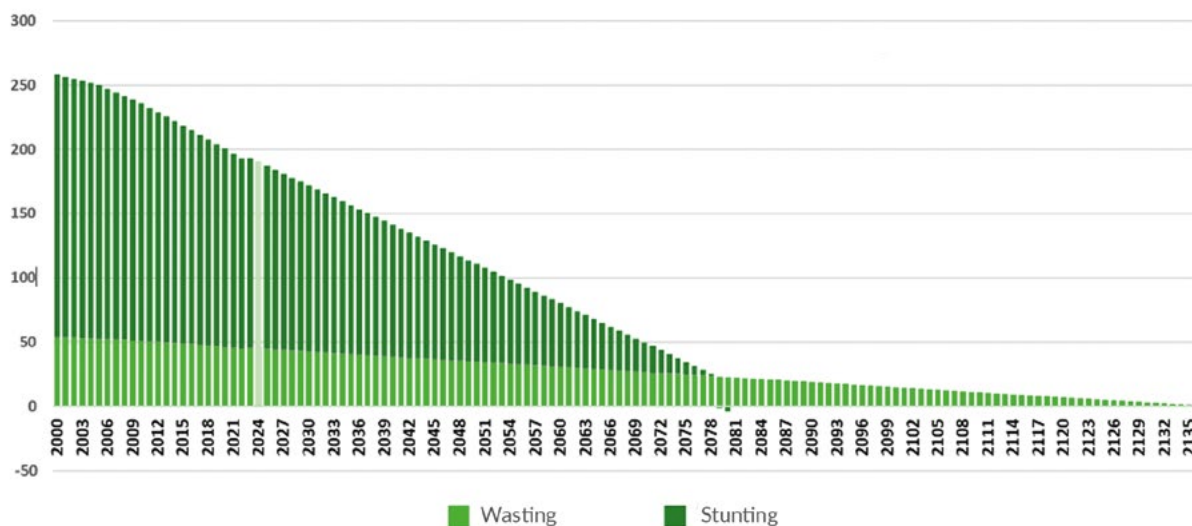
the numbers, will be affected by the life-long, even intergenerational, consequences of undernutrition.

In 2015, the EU's Action Plan on Nutrition stated that *"in order to achieve the WHA targets, the pace of stunting reduction needs to be speeded up - simply maintaining current efforts in nutrition will not be enough."* The same is true today, even as we near the end of the UN Decade of Action on Nutrition (2016-2025) - the international community's commitment to undertake 10 years of sustained and coherent implementation of policies, programs, and increased investments to eliminate malnutrition in all its forms, everywhere, leaving no one behind.

As things stand and based on current projections on stunting reduction and progress on eliminating child wasting, the world will not end stunting until 2078 and it will be the year 2135 before wasting is ended (Figure 1).²⁵

We will miss the SDG targets on stunting and wasting in 2030, even though every EU member state committed to delivering on these at the Millennium Summit almost a quarter of a century ago.

Figure 1 - Projected cases of stunting and wasting (Number of children in millions)



This chart takes Joint Malnutrition Estimates from UNICEF, WHO and the World Bank and projects the data forward. On current trends, it will be 2078 before stunting is ended, and 2135 when wasting is ended.

²³ [Malnutrition in Children - UNICEF DATA](#)

²⁴ UNICEF/WHO/World Bank Group Joint Malnutrition Estimates 2023. Note that a further 37 million children are overweight but this is beyond the scope of this study whose focus is the most food insecure countries.

²⁵ JME estimates projected forward based on past trends.

FALLING SHORT: TRACKING NUTRITION TARGETS²⁶

There are two main globally agreed targets for malnutrition:

- The World Health Assembly targets for 2025,
- And the 2030 Sustainable Development Goal for Zero Hunger. SDG 2 commits to providing universal access to safe and nutritious food and to ending all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age.

Currently:

- The global target was to reduce the number of children affected by stunting to 89 million by 2030. As

things stand this target will be missed by 39.6 million children, 80% of whom live in Africa.

- The number of children affected by stunting in Africa increased from 61.3 million to 63.1 million between 2012 and 2022.²⁷
- 45 million children - nearly 7% of the world's children are affected by wasting every year. Projections to 2025 show barely any improvement in more than a decade.²⁸
- 75% of children globally live in countries that are off track to achieve the 2030 SDG targets on child stunting.²⁹

²⁶ <https://www.who.int/data/nutrition/tracking-tool/global-progress-report>

²⁷ JME 2023 p7.

²⁸ Alarming, measuring progress towards global wasting targets is hampered by a lack of data. Assessing progress towards the wasting target is not possible for nearly half of countries included in the 2023 Joint Malnutrition Estimates.

²⁹ Global Nutrition Report 2022





CHAPTER 1

EUROPEAN LEADERSHIP: ASSESSING PROGRESS AND DATA

MEETING INTERNATIONAL COMMITMENTS

The EU's Action Plan on Nutrition was the result of the EU's commitment to the first Nutrition for Growth Summit in 2012. Then, Andris Piebalgs, serving as the European Commissioner for Development, stated: *"A new global target to reduce the number of stunted children by 70 million by 2025 has been agreed by the World Health Assembly. I would therefore like to announce that the Commission will accept responsibility for supporting our partner countries so that at least 10% of this target, at least 7 million children, is met through programmes funded by the European Commission".*³⁰

Since 2016, the Commission has been producing annual progress reports on the implementation of its Action Plan on Nutrition, as a demonstration of the Commission's accountability for its performance in tackling undernutrition. It reports on progress concerning the two key nutrition commitments that underpin the strategic and operational focus of the European Commission's work in nutrition: (i) the 2012 commitment to support partner countries in reducing the number of stunted children under the age of five by at least 7 million by 2025, and (ii) the 2013 commitment to ensure the allocation of EUR 3.5 billion between 2014 and 2020 to improve nutrition in developing countries.³¹

According to the 3rd Progress Report (2017-2018), there has been a decrease in the prevalence of stunting in the 42 countries where EU investment in nutrition has been prioritized.³² But COVID and conflict have made the challenge of reducing stunting and ending wasting more difficult and currently allocations by donors specifically

targeting acute malnutrition are not on the scale needed to deliver on global commitments

The EC's commitment made at the Nutrition for Growth (N4G) Summit of 2021 was *"Between 2021 and 2024, the EU will commit at least EUR 2.5 billion for international cooperation (development and humanitarian aid) with a nutrition objective"* as part of the wider €4.3b Team Europe commitment.

Since the establishment of the Nutrition Policy Marker in 2018, we now have data on the volume and share of ODA which has a nutrition objective. **In 2022 just 3.3% of EC ODA was found to have a nutrition objective - with the EC screening all of its ODA commitments for nutrition. The volume of ODA with nutrition objectives from EU Member States has increased in 2022 but is still only 2% of total commitments. 59% of ODA commitments from EU Member States are not yet being screened for nutrition and four EU Member States³³ have yet to apply the Nutrition Policy Marker to any of their spending.**

Without a more comprehensive application of the Nutrition Policy Marker, EU MS and Team Europe will fall short of their ambition to make their nutrition commitments transparent.

However, slow progress against global targets and current needs demonstrate that **what is required is a quantum³⁴ change in finance, and EU leadership needs to deliver more than incremental increases above previous commitments.**

³⁰ 12 Aug 2012 https://ec.europa.eu/commission/presscorner/detail/en/SPEECH_12_575

³¹ EU action plan on nutrition, 3rd progress report p 5.

³² *Ibid*

³³ Austria, Estonia, Hungary and Slovenia.

³⁴ By quantum change we refer to a: significant, transformative change that marks a clear departure from the past. It implies a leap rather than a gradual change, resulting in a noticeable difference from the previous state.

BASIC NUTRITION SPENDING

1. GENERAL OVERVIEW

In 2022, ODA commitments for basic nutrition from all OECD DAC donors totaled just over €1 billion (Figure 2a), representing a modest 0.37% of total ODA (Figure 2b). This is notably lower than the peak of €1.5 billion, or 0.79% of total ODA, reached in 2019. Since then, funding levels have not matched. The increase in nutrition spending observed after the adoption of the SDGs appears to have plateaued and is now at risk of declining. In 2017, the World Bank's Investment Framework for Nutrition proposed that 2.8% of ODA should be allocated to nutrition-specific interventions in 2021, tapering to 1.8% by 2025 to meet the

World Health Assembly targets for nutrition.³⁵ However, current figures show that all donors, including the EU, are falling well below these targets.

Since the first Nutrition for Growth Summit (N4G) in 2012, aid for nutrition has stalled (Figure 2a). **A gradual decline since 2015, punctuated by peaks, is not a recipe for the kind of sustained and predictable resource flows needed by partner countries to operate effective health systems or sustained attention to nutrition outcomes in their food systems.**

Figure 2a - Total ODA to Basic Nutrition 2012 - 2022 (All DAC donors, multilaterals - including the EC - and non-DAC donors)

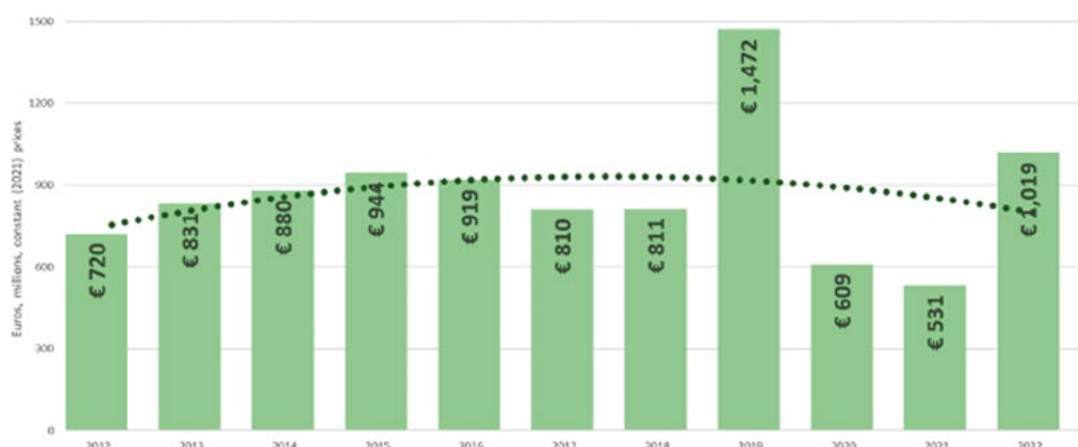


Figure 2b - Percentage of total ODA allocated to basic nutrition from all donors - bilateral and multilateral - from 2000 to 2022



35 Shekar, Meera, Jakub Kakietek, Julia Dayton Eberwein, and Dylan Walters. 2017. An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting. Directions in Development. Washington, DC: World Bank. [An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding and Wasting \(worldbank.org\)](https://www.worldbank.org/publications/ifn)

EU ODA for basic nutrition has increased in real terms since global leaders pledged in 2015, under SDG 2, “to end hunger and ensure access to safe, nutritious, and sufficient food” by 2030 (Figure 3a, 3b). **However, less than 1% of EU aid is specifically allocated to basic nutrition.** In 2022, COVID-19, conflict, and climate change increased the number of people facing hunger by 122 million³⁶ and pushed nearly 7 million more children³⁷ into acute malnutrition. It is good to see the volume of spending going up in 2022, but especially in the face of these acute and life-threatening needs, the percentage of ODA allocated to nutrition remains profoundly insufficient.

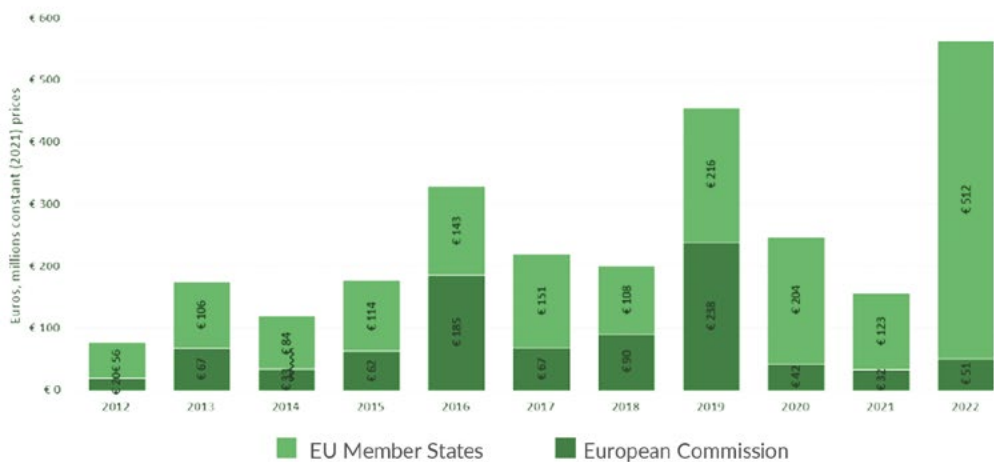
The EU (EC & MS) has generally performed less effectively than the average DAC donors, doing better than other donors as a whole only in 2022 (Figure 4a). Even in its highest year, 2019,³⁸ EU ODA for basic nutrition was only a fifth of what the investment framework for nutrition recommended as needed to achieve the WHA targets.

Taken together, EU Member State allocations to Basic Nutrition cannot be said to show sustained leadership. Compared to other major bilateral donors, EU Member State allocations have, aside from 2022, been modest (Figure 5a, 5b).

Figure 3a - ODA for Basic Nutrition from EU Member States and the EC, 2000-2022



Figure 3b - Breakdown of ODA allocated to Basic Nutrition 2012-2022 showing amounts from the European Commission and from EU Member States



36 State of Food Security and Nutrition in the World (SOFI) report July 2023
 37 <https://www.unicef.org/press-releases/unicef-additional-67-million-children-under-5-could-suffer-wasting-year-due-covid-19>
 38 The EC peak in 2019 is mainly the result of \$210m, (80% of the total), spent through sector budget support for national nutrition plans in Lao, Myanmar and Nepal.

Figure 4a - Percentage of ODA for Basic Nutrition from the EU compared to all other donors

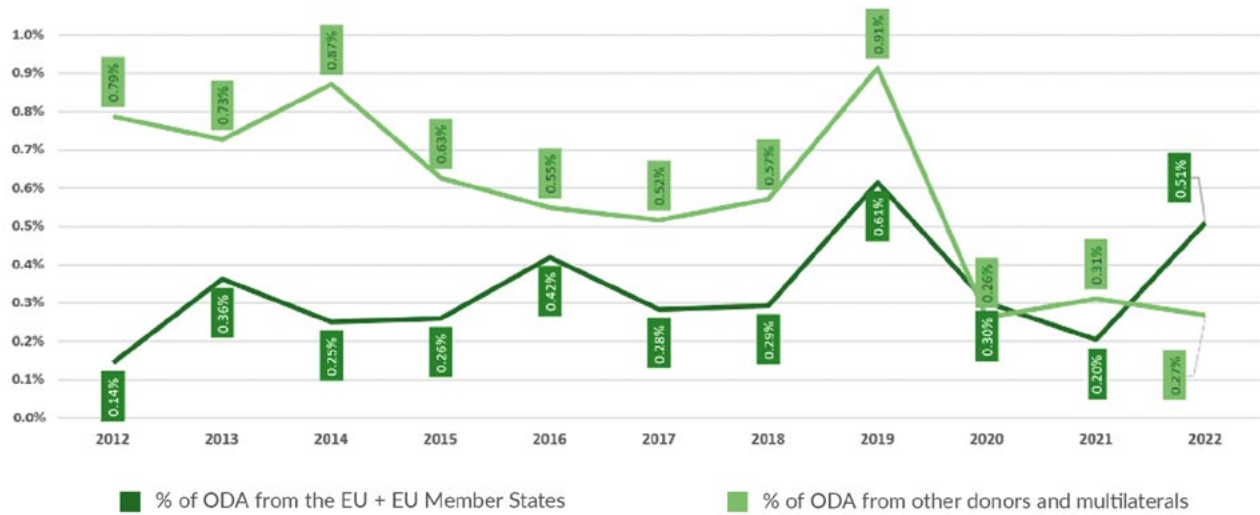


Figure 5a - Percentage of ODA for EU Member States compared with other DAC bilateral donors, 2000-2022

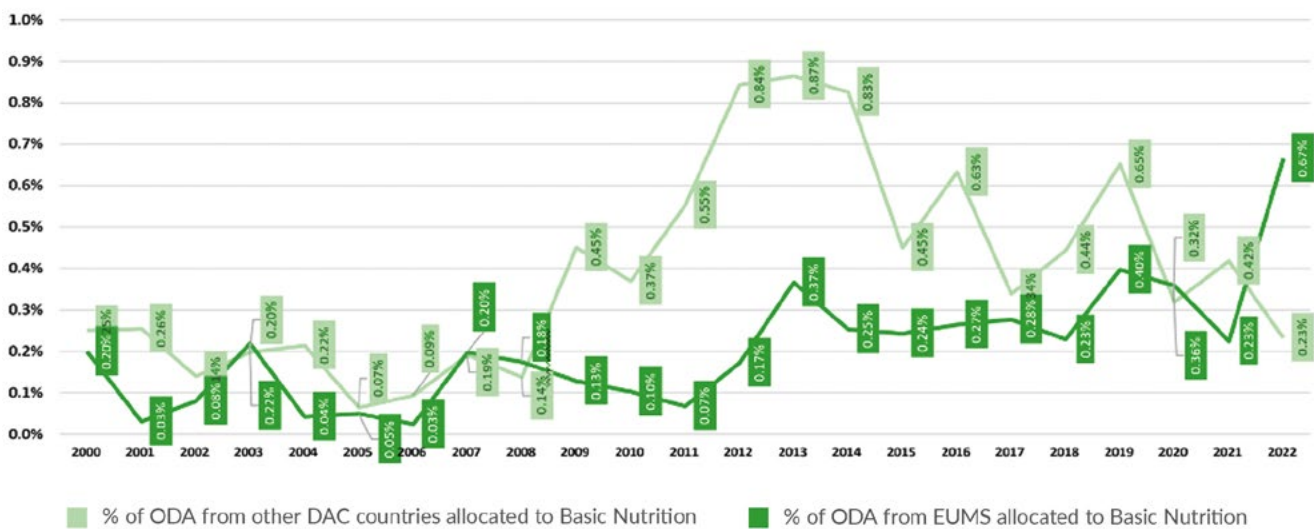
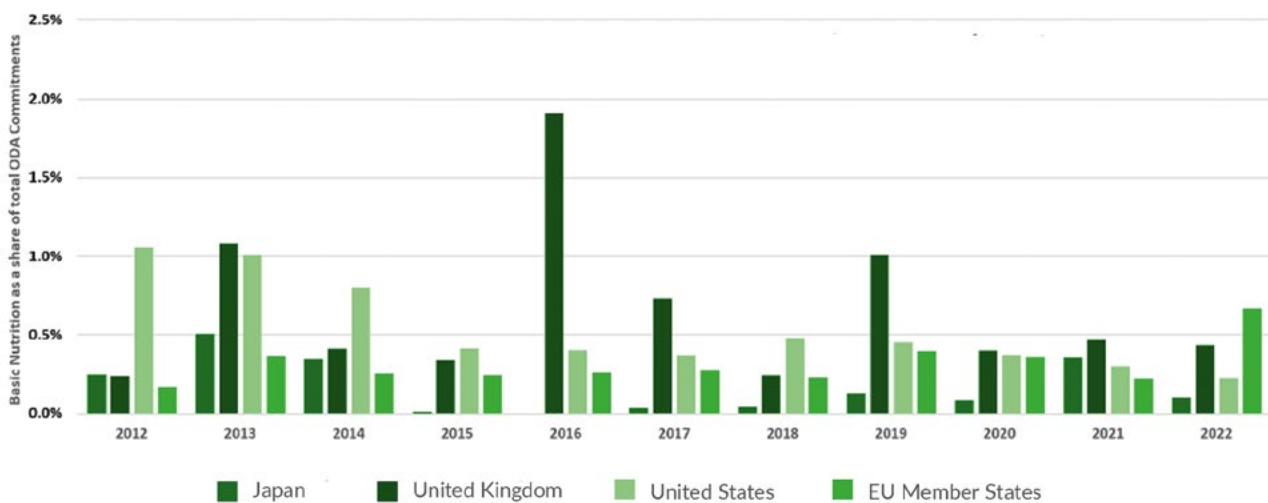


Figure 5b - ODA commitments for Basic Nutrition as a share of total ODA commitments



EU Member States allocated a larger share of ODA to basic nutrition in 2022 than three other major DAC donors for the first time since 2012 (Figure 5b). This significant increase in 2022 is mainly due to substantial contributions from Germany, which increased its allocation from \$81 million to \$201 million; the Netherlands, from \$0.6 million to \$196 million; and France, from \$26 million to \$98 million. In contrast, seven EU Member States reduced their ODA for basic nutrition in 2022, and another seven showed only marginal increases.

A key question is whether this represents an outlier or a genuine intention from Team Europe³⁹ to prioritize nutrition. **While ODA for basic nutrition from the EU has increased since 2012, the meager percentages**

of aid allocated to nutrition indicate an inconsistent prioritization of nutrition-specific interventions. The Team Europe approach, widely showcased by the EU, must deliver on partners' need for steady and assured financing to make sustained investments in nutrition interventions. Therefore, the EU should demonstrate leadership by increasing direct allocations to Basic Nutrition alongside multi-sector investments. **The nutrition crisis we face requires both cost-effective, simple, and affordable basic nutrition interventions as well as multisectoral long-term actions vital to improve nutrition outcomes — encompassing nutrition-sensitive investments in health, education, agriculture, transport, budget support, and social protection.**

Where is the EU ODA for Basic Nutrition spent?

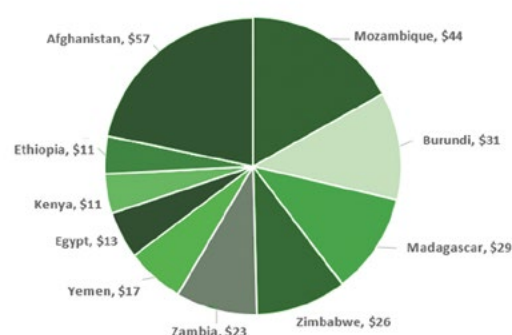
Hunger and undernutrition are geographically concentrated:

- In Africa, nearly 20 percent of the population faces hunger, which is a much larger proportion compared to other regions.⁴⁰ However, Asia is home to the majority of people facing hunger – 402 million.⁴¹
- Asia and Africa bear the highest burdens of child undernutrition: nearly all children under 5 affected by stunting and wasting live in Asia (52% of the global share of stunted children, and 70% of wasted children) and Africa (43% of the global share of stunted children, and 27% of wasted children).⁴²

Looking at how allocations to basic nutrition by EC and EUMS match up to need, the picture is mixed. 76 countries were allocated ODA for basic nutrition

in 2022 from EC and EUMS. The top ten recipients were allocated 44% of the total ODA for basic nutrition from the EC and EUMS combined (Figure 6a). There is a long tail – with 26 countries allocated less than \$0.5 million and 14 less than \$100,000.

Figure 6a - Top 10 Recipient countries for ODA for Basic Nutrition from EU Institutions and EU Member States 2022. (\$ Millions)



39 The Team Europe approach is the backbone of [Global Europe](#) (the main financial tool for EU international cooperation from 2021 to 2027) and its [program-ming](#), it refers to European Union, EU Member States — including their implementing agencies and public development banks — as well as the European Investment Bank (EIB) and the European Bank for Reconstruction and Development (EBRD) joining forces so that joint external action becomes more than the sum of its parts. By working together and pooling resources and expertise, TE hopes to deliver more effectiveness and greater impact. For more info: [Team Europe Initiatives - European Commission \(europa.eu\)](#)

40 Compared with 8.5 percent in Asia, 6.5 percent in Latin America and the Caribbean, and 7.0 percent in Oceania. For more info: FAO, IFAD, UNICEF, WFP and WHO. 2023. The State of Food Security and Nutrition in the World 2023. Urbanization, agrifood systems transformation and healthy diets across the rural–urban continuum. Rome, FAO. <https://doi.org/10.4060/cc3017en>

41 FAO, IFAD, UNICEF, WFP and WHO. 2023. The State of Food Security and Nutrition in the World 2023. Urbanization, agrifood systems transformation and healthy diets across the rural–urban continuum. Rome, FAO. <https://doi.org/10.4060/cc3017en>

42 United Nations Children's Fund (UNICEF), World Health Organization (WHO), International Bank for Reconstruction and Development/The World Bank. Levels and trends in child malnutrition: UNICEF / WHO / World Bank Group Joint Child Malnutrition Estimates: Key findings of the 2023 edition. New York: UNICEF and WHO; 2023. CC BY-NC-SA 3.0 IGO.

Afghanistan tops the list of allocations to basic nutrition receiving €54.15 (\$57) million – and it is second on WFP’s hunger crisis list. DRC is 12th on the list of recipients of European ODA for nutrition. It tops WFP’s crisis list of people facing ‘severe hunger’ with 26 million people. Yemen, 3rd on the WFP Crisis list with 17 million people facing hunger is the 7th largest recipient of EU ODA for basic nutrition. (Figure 6b).

In January 2023, United Nations agencies called for urgent action to protect the most vulnerable children in the 15 countries hardest hit by an unprecedented food and nutrition crisis. These are Afghanistan, Burkina Faso, Chad, the Democratic Republic of the Congo, Ethiopia, Haiti, Kenya, Madagascar, Mali, the Niger, Nigeria, Somalia, South Sudan, the Sudan and Yemen. These countries are all on the list of top recipients.

Figure 6b - Countries allocated over \$1m in ODA for Basic Nutrition by EUI and EUMS in 2022.
Figures in \$ millions

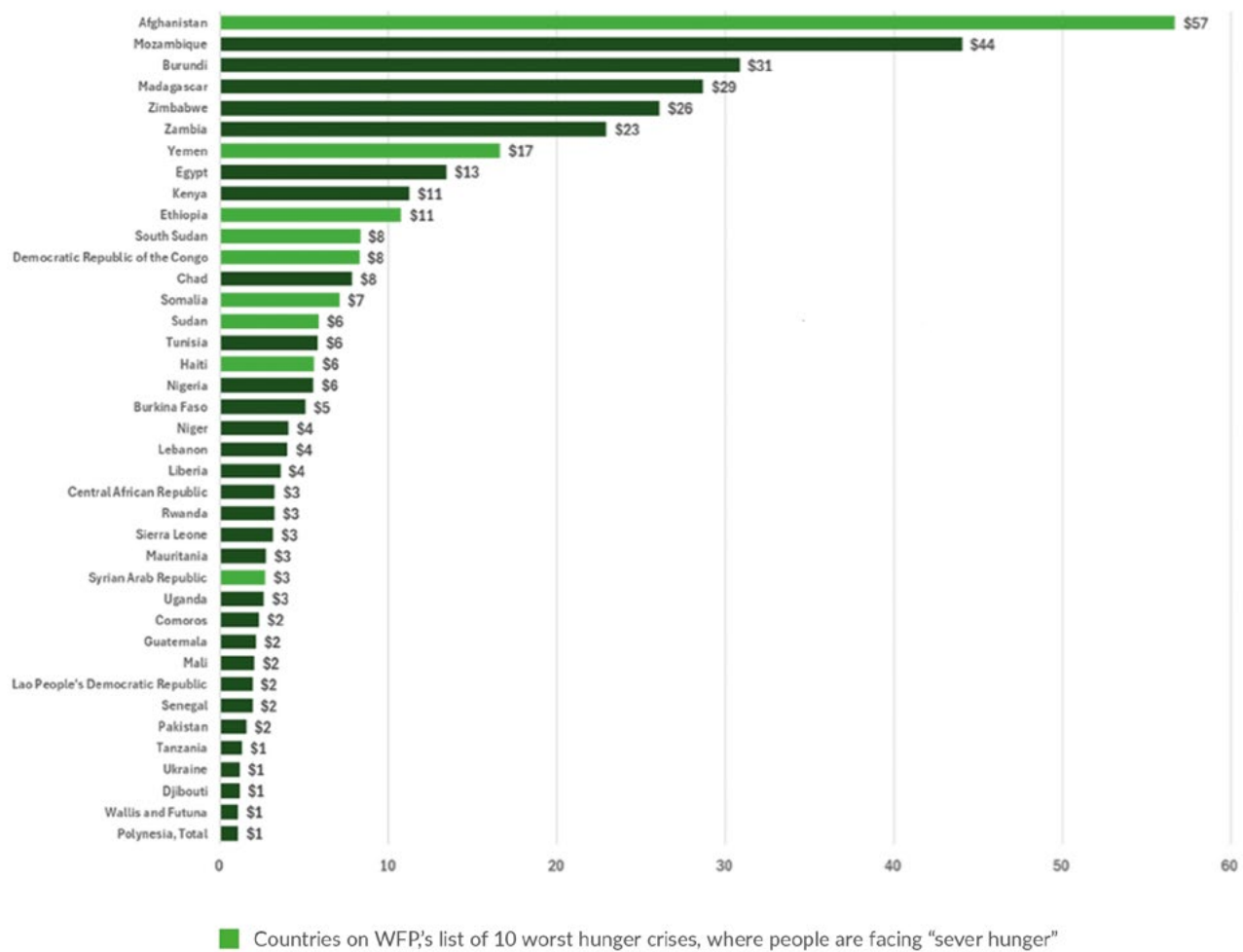


Chart showing countries receiving over \$1 million from Europe for Basic Nutrition. A further 26 countries are allocated under \$1 million for Basic Nutrition by EC and EU Member States. Discussions on aid fragmentation and efficiency are relevant here. In light green, are all those recipients of ODA to basic nutrition who are on the WFP's list of the 10 worst hunger crises globally.⁴³

43 <https://www.wfpusa.org/articles/global-food-crisis-10-countries-suffering-the-most-from-hunger/>
The WFP list actually counts the hunger crisis in the Sahel as a country, which is why only 9 countries are highlighted on the chart.

2. CHANNELS OF DELIVERY AND RECIPIENTS

Aid Type & Channels of Delivery⁴⁴

Types of aid:

- **General budget support:** ODA is provided as un-earmarked contributions to support the government budget and managed following the receiving government's national treasury procedures.
- **Sector budget support:** This is also a contribution to the budget but focuses on sector-specific concerns, rather than overall policy and budget priorities.
- **Core contributions and pooled programs:** These are types of aid where a donor shares responsibility with other stakeholders. It includes core support to NGOs to contribute to programs that the NGOs have developed themselves; core contributions to multilateral institutions and global funds; contributions to multi-donor funding mechanisms and basket funds/pooled funding - where funds will be in one account and managed jointly.
- **Project-type interventions:** ODA supports projects agreed with the partner country with specific budgets and timeframes.
- **Experts and Technical Assistance:** is the use of ODA to provide know-how in the form of personnel, training, and research outside of project-type interventions.

ODA is channeled through different implementing organizations:

- Public Sector including donor and recipient governments
- NGOs and Civil Society Organisations - international, donor, and developing country based
- Multilateral Organisations
- Public Private Partnerships - for example, the Global Alliance for Improved Nutrition
- Teaching and research institutions and think tanks
- Private Sector Institutions in provider and recipient countries

⁴⁴ See <http://www.oecd.org/dac/financing-sustainable-development/> for full description of all DAC and CRS codes. Note Types of Aid are also known as cooperation modalities.



There is broad agreement on what effective support for improved nutrition should entail. It needs to be central to government efforts, integrated into systems, and consistent over time. One example of this type of aid is budget support. EU Institutions have a longstanding practice of providing budget support. In 2022, the proportion of total EC Official Development Assistance (ODA) allocated to budget support reached a record high of 33% (Figure 7). Additionally, the EC has made budget support commitments in 14 of the 22 years since 2000.

Effective action on nutrition requires a multisectoral approach, so pooled funding is important. Over the period since the first N4G Summit, pooled funding and core contributions have risen (Figure 8).

However, the share of these pooled contributions going to core support to NGOs (local & international) has gone down from around a third of spending, to 8% in 2021 and 12% in 2022. Between 50% and 90% of basic nutrition spending from EUMS is in the form of project-type interventions (Figure 8).

Figure 7 - Share of total ODA allocated to Budget Support, 2013-2022, EU Institutions, EU Member states and other DAC countries compared

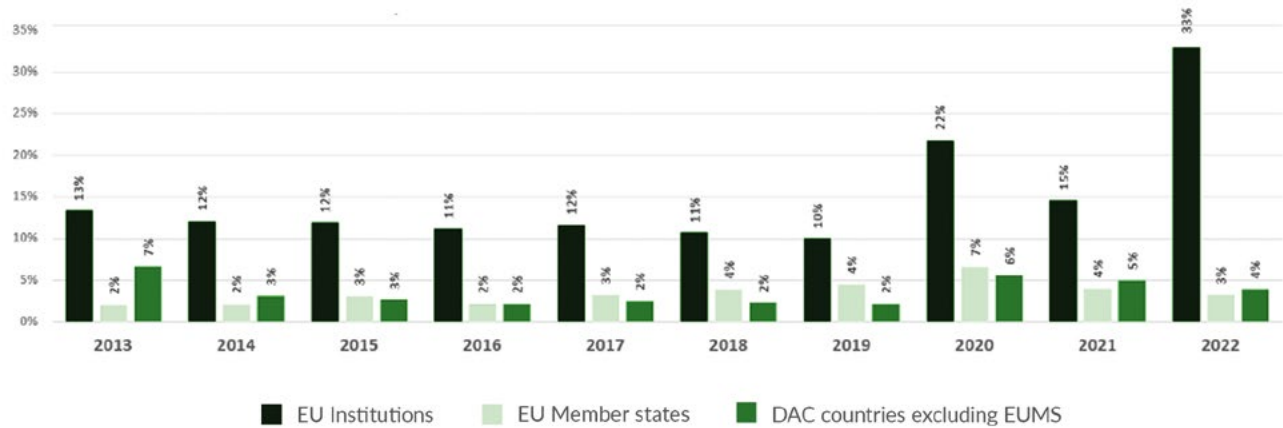
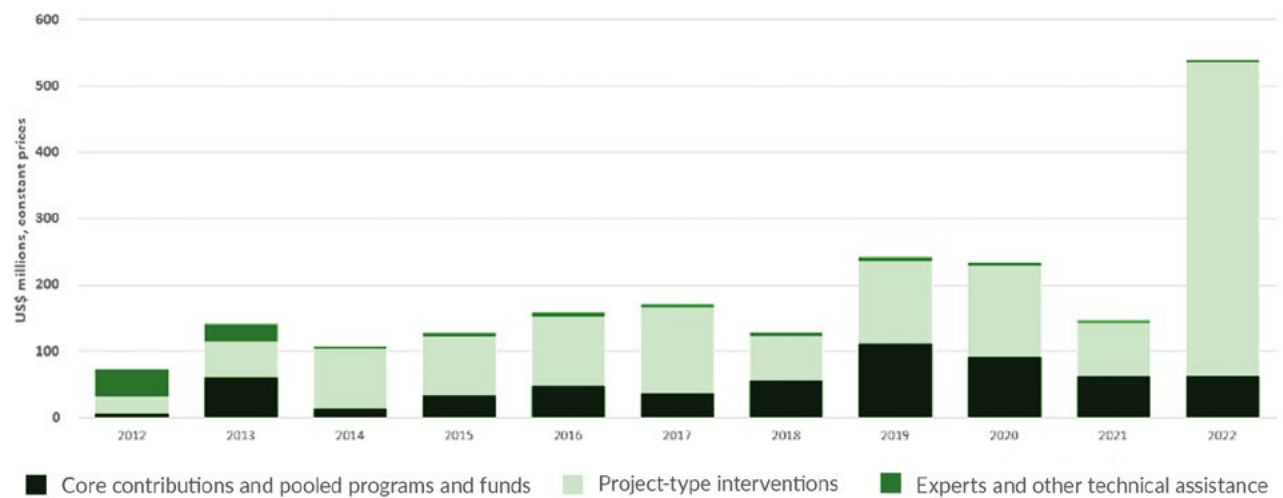


Figure 8 - ODA to Basic Nutrition from EU Member states by type of aid



There has been a big effort (including under the Scaling Up Nutrition movement) to drive multisectoral approaches, a common results framework, political leadership, harmonized approaches etc.

For the most recent two years – 2021 and 2022 – almost all basic nutrition ODA from EU Institutions has been channeled through multilateral organizations via project-type interventions – while the amount channeled through NGOs and Civil Society has more or less disappeared from 2018 onwards (Figure 9).

N4G 2021 included substantive and detailed commitments from developing country governments, noting

that these would be delivered with donor partners’ support. We should therefore be seeing an increase in public sector delivery channels. From 2012 to 2015 between a quarter and a half of total spending by EUMS was via the public sector. **Since then, the public sector has been the channel of delivery for less than 20% of EUMS ODA for basic nutrition in all but one year (Figure 10).**

For EC, delivery through the public sector has been negligible in most years – except for 2019 when \$210m, or 80% of the total, was spent through sector budget support for national nutrition plans in Lao, Myanmar, and Nepal (Figure 9).

Figure 9 - Basic Nutrition by channel of delivery EU Institutions

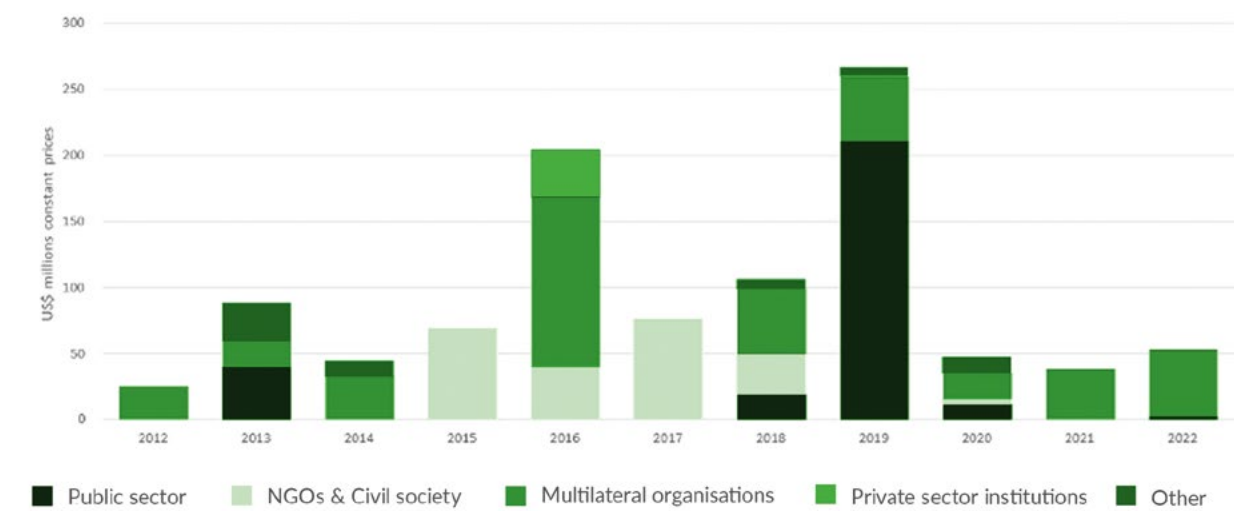
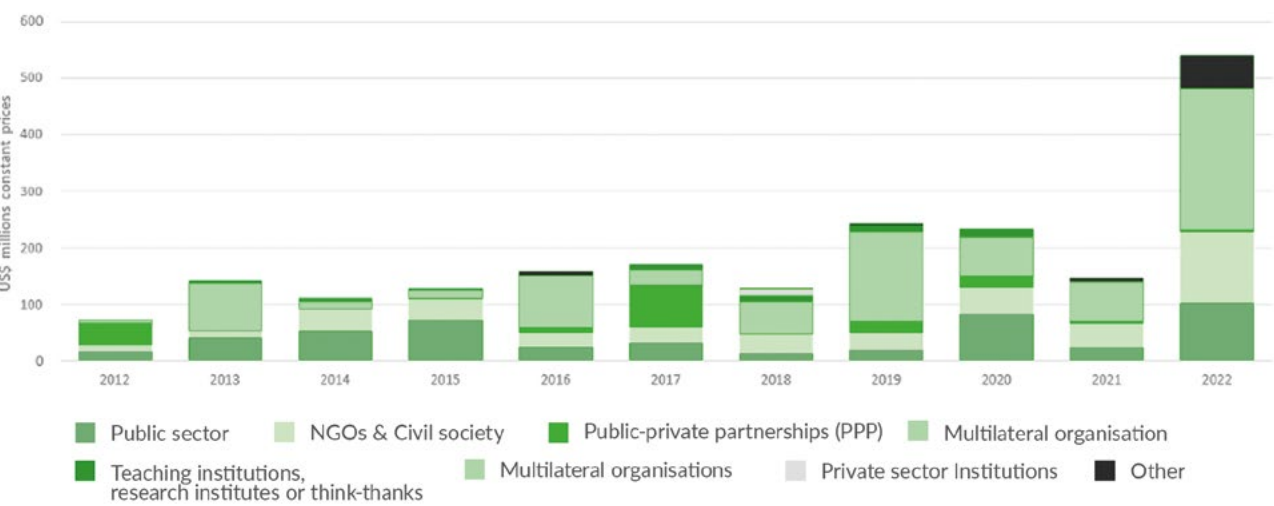


Figure 10 - Basic Nutrition by channel of delivery EUMS



Madagascar: The Challenges of Fragmented Aid

Madagascar is one of the world's poorest countries. It ranks 177 out of 193 on the UNDP's Human Development Index.

- 80% of the population lives below the international poverty line PPP\$2.15 a day.
- Almost 20 million people, 68% of the population, are in multidimensional poverty.
- Over half of the population – 14.8 million people – are undernourished.

77% of Madagascar's population cannot afford sufficient calories for an energetically balanced diet, and a staggering 98% – equivalent to 28.3 million people – cannot afford a nutritious diet. In fact, the World Bank estimates that a healthy diet in Madagascar costs \$3.38 per person per day, significantly more than an energetically balanced diet, which provides enough calories from the least expensive starchy staple for energy balance at 2330 calories per day, costing \$1.79. **If only 2% of the population in Madagascar can afford a healthy diet, it underscores a profound disfunctionality in the country's food system.** This alarming statistic highlights significant issues in food accessibility and affordability, and that urgent action is needed to ensure food security and nutritional well-being.

Insufficient allocations for basic nutrition and agriculture, and a failing food system are exacerbated by the fragmentation of ODA among many donors and agencies, which is a longstanding problem for effective ODA globally not only specific to Madagascar. It creates challenges for coordination and for multi-sectoral and multi stakeholder approaches. The nutrition community has been clear that nutrition requires a comprehensive and coordinated multistakeholder and multisectoral approach. However:

- Forty seven donors provided ODA to Madagascar in 2022. They used 88 different agencies or funding windows.
- While ninety five percent of ODA comes from 9 donors (60% comes from IDA, 10% from the USA and 8% from the EC), there is a long tail with 5% coming from 38 donors of whom 23 provide \$1m or less and 12 provide under \$100,000.

In this fragmented context, the Global Gateway and Team Europe approaches provide the potential for the EU to take joined up multistakeholder and multisectoral approaches to nutrition.

[For additional elements on Madagascar see [annexe.](#)]



AN INTEGRATED MULTISECTOR LONG-TERM APPROACH

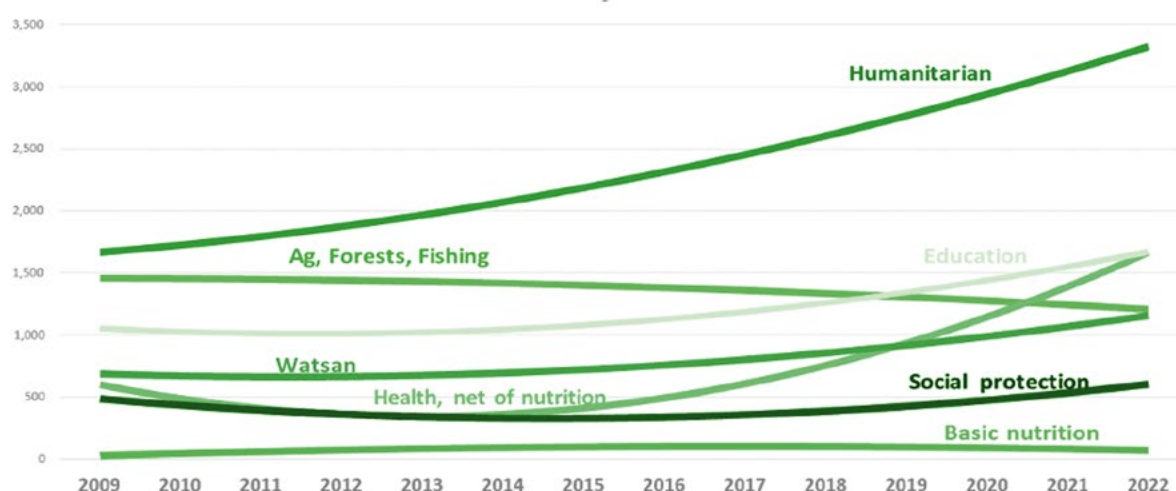
1. FINANCING HUMAN DEVELOPMENT: ESSENTIAL TO ENDING UNDERNUTRITION

Nutrition is central to achieving the Sustainable Development Goals (SDGs), as evidenced by the fact that 12 of the 17 SDGs include indicators related to nutrition.⁴⁵ There is broad consensus that actions to improve nutrition contribute significantly to the overall SDG agenda. Conversely, efforts to alleviate poverty, ensure access to basic social services, and establish equitable food systems also enhance nutrition outcomes.

Investment in human development is essential for improving nutrition. However, since 2009, only health and humanitarian assistance have seen significant

funding increases from the European Commission (Figure 11). Overall, EU donors (EC and EUMS) have consistently fallen short of the original objectives of promoting human development and fighting inequalities in partner countries by allocating at least 0.7% of their Gross National Income (GNI) to ODA. Early figures from the OECD Development Assistance Committee (DAC) for 2023 confirm this shortfall.⁴⁶ **Without a renewed commitment to human development and combating increasing inequalities, achieving systemic and transformative progress in ending undernutrition will be challenging.**

Figure 11 - EC spending trends by sector, 2009-2022



2. NUTRITION'S INTEGRATION IN OTHER SECTORS

Evidence strongly suggests that undernutrition is best tackled by integrating it as an objective in programs across various sectors, such as health, agriculture, and

social protection. However, despite this recognition, nutrition still lags behind in becoming a cross-cutting priority on the global development agenda.

⁴⁵ <https://globalnutritionreport.org/854ed2#section-6-3>

⁴⁶ ODA ... missing the mark (again): Preliminary 2023 figures show EU aid keeps failing human development and equality - CONCORD (concordeurope.org)

Methodology Note: Limitations of the DAC Marker System for Accountability

Potential for using it more intentionally, to drive nutrition outcomes from all forms of aid spending

There is significant variability in how donors use the DAC marker system and, although the DAC reviews the data, the Nutrition Marker remains voluntary. Its utility will increase when most, or ideally all, donors consistently use the marker.

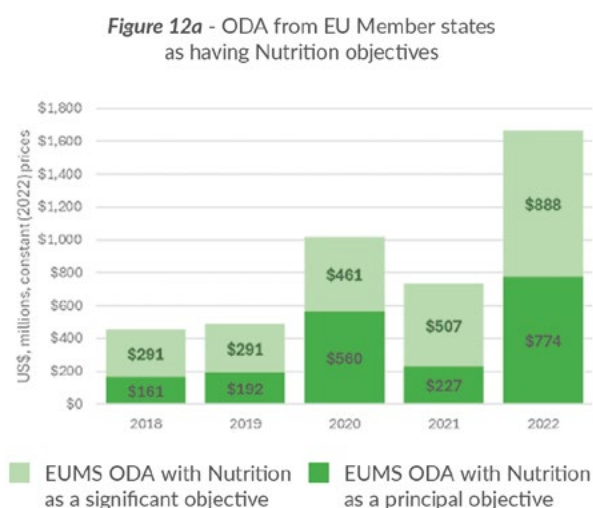
However, modest changes in the percentages allocated to different sectors offer only a limited indication of genuine political priority, as aid officials can only make incremental changes within the existing policy framework. The EC and some other donors are using the marker as a tool to engage colleagues in other sectors to achieve stronger nutrition outcomes from all of the EC's investments. The marker process itself can incentivize consideration of how a project or partnership can deliver better nutrition outcomes.

Real change will occur when sectors like nutrition receive real political prioritization. **The value of the marker lies primarily in its ability to encourage agencies to focus on policy priorities.** It can provide

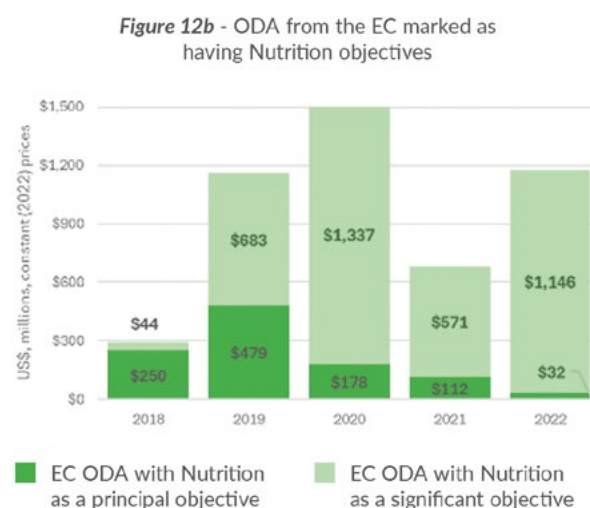
much-needed visibility to nutrition, potentially leading to increased political attention and prioritization. **Nutrition is often an overlooked issue and needs to be brought into the mainstream.** For example, the 2023 Human Development Report⁴⁷ mentioned nutrition only twice, with no references to malnutrition, stunting, wasting, food insecurity, or hunger. Similarly, the 2022 World Development Report (WDR)⁴⁸ had no mention of nutrition or malnutrition and only three references to food insecurity. Even the WDR 2021 on Better Lives⁴⁹ mentioned nutrition just twice, compared to 72 references for gender and 98 for education, which crucially depends on child nutrition.

The EU is well-positioned to **promote a shift in thinking about the marker, from a tool for accountability for past allocations to a proactive instrument encouraging the identification of nutrition potential in all forms of aid spending.**

In 2022 EU member states reported substantial increases in ODA for Basic Nutrition and ODA marked as having nutrition objectives (Figure 12a).



The EC marked €1.1 billion (\$1.146b) of ODA as having Significant nutrition objectives in 2022 (Figure 12b).



- 47 UNDP (United Nations Development Programme). 2024. Human Development Report 2023-24: Breaking the gridlock: Reimagining cooperation in a polarized world. New York.
- 48 Wade, R. H. (2023). The World Development Report 2022: Finance for an Equitable Recovery in the Context of the International Debt Crisis. Development and Change, 54(5), 1354-1373. <https://doi.org/10.1111/dech.12796>
- 49 World Bank. 2021. World Development Report 2021: Data for Better Lives. Washington, DC: World Bank.

Data from the EC and EU Member States indicate that nutrition is not a primary concern in key nutrition-sensitive sectors, as reflected by the low proportion of funding with a nutrition objective (see figures below). With a greater focus on nutrition, the current allocations could be significantly increased, highlighting the potential for better reporting and improved outcomes.

Specifically, the Nutrition Policy Marker data for 2022 shows that 43% of EC ODA for agriculture has nutrition objectives, compared to 12% for Health (including basic nutrition), 4% for Water and Sanitation, and less than 1% for Humanitarian Assistance (Figure 13a).

The pattern for EU Member States (EUMS) differs.

Spending with nutrition objectives accounts for 12% of Health expenditures (including basic nutrition), 8% of spending on agriculture and humanitarian assistance, and less than 1% of spending on Water and Sanitation (Figure 13b).

Within the 2% to 3% of EC ODA marked for nutrition, agriculture is the most significant sector for the EC, followed by food security and rural development, education, health, and other social infrastructure, including social protection. (Figure 14a).

This contrasts with EU Member States for which the biggest share of ODA marked for nutrition is humanitarian assistance followed by health (Figure 14b).

Figure 13a - ODA from the EC showing spending marked with Nutrition objectives by sector - 2022

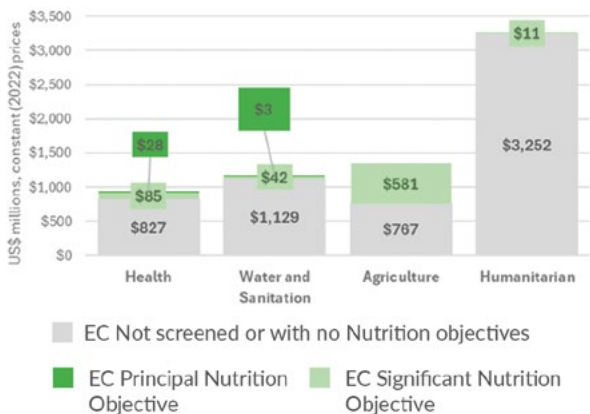


Figure 13b - ODA from EU Member states showing spending marked with Nutrition objectives by sector - 2022

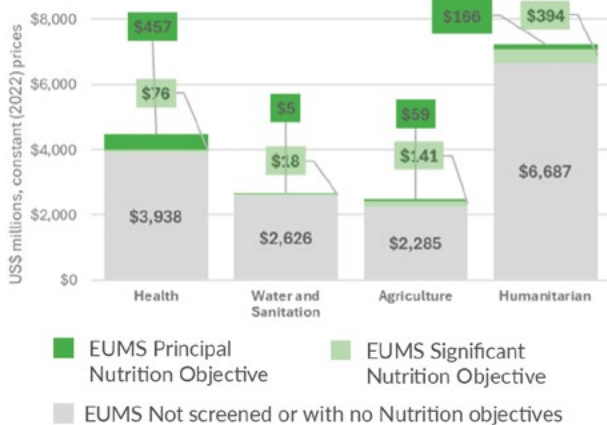


Figure 14a - Total ODA from the EC marked for Nutrition, showing shares to each sector

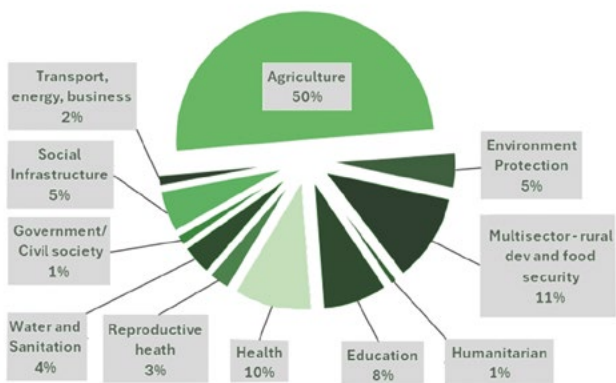
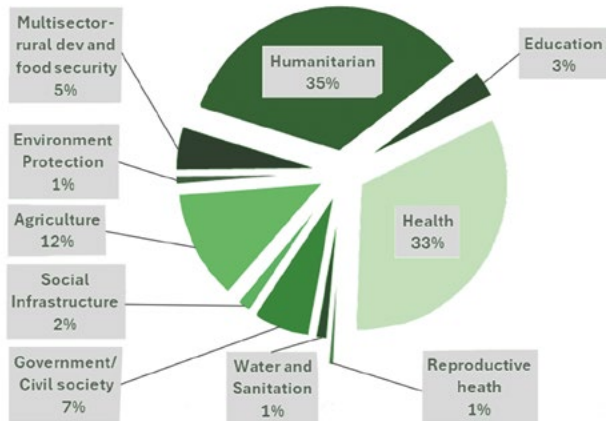


Figure 14b - Total ODA from EUMS marked for Nutrition, showing shares to each sector





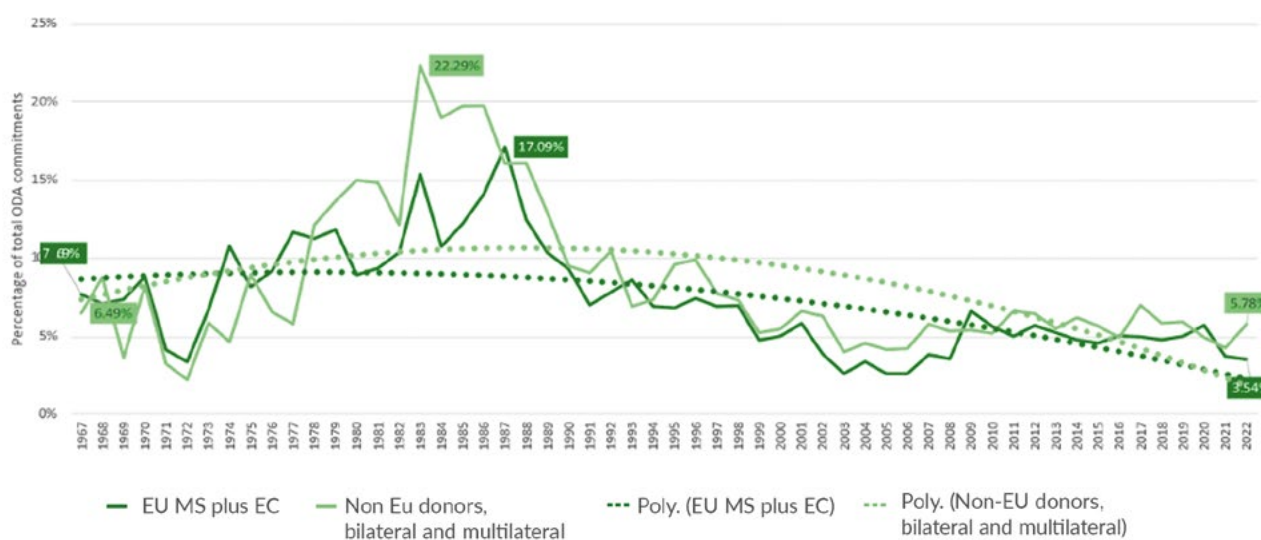
A. AGRICULTURE SPENDING & NUTRITION

Financing Sustainable, Resilient, and Fair Food Systems

Food systems often fail to deliver healthy and sustainable diets, as increasingly people worldwide cannot access or afford healthy, diverse, and nutritious food, with healthy diets being unaffordable for 3.1 billion people – 42 % of the world's population.⁵⁰ Fulfilling the right to food for all requires just, sustainable, resilient, and

nutrition-sensitive food systems. Redesigning food systems to promote shared prosperity, ecological balance, and **sustained nutrition outcomes necessitates shifting EU financing towards the agroecological transition and integrating nutrition outcomes into agriculture ODA spending.**⁵¹

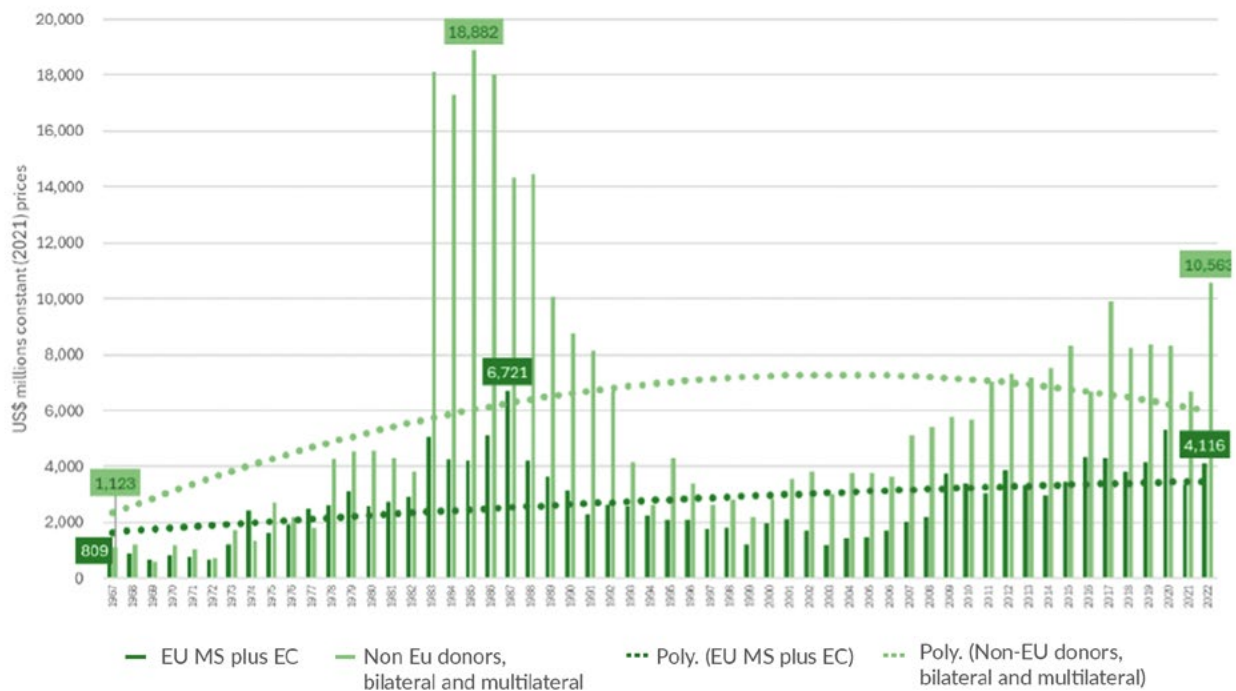
Figure 15a - Share of ODA to Agriculture from EU and non EU donors, 1967-2022



⁵⁰ Over 3.1 billion people could not afford a healthy diet in 2021 - an increase of 134 million since the start of COVID-19 (worldbank.org)

⁵¹ In particular, in the framework of the EU Africa partnership, civil society from both continents has developed the following messages regarding the future of the partnership when it comes to delivering on the right to food: <https://concordeurope.org/2024/03/28/statement-african-and-european-csos-on-key-issues-in-in-the-au-eu-partnership/>

Figure 15b - ODA to Agriculture from (current) EU and non EU donors, 1967-2022



Agriculture and the food system are critical areas of investment for long-term outcomes on nutrition, especially for the world's poorest people, as many developing country economies depend substantially on farming. Despite this, the share of ODA spending for agriculture has declined since the 1990s (Figure 15a). In real terms, total ODA from DAC countries quadrupled between 1996 and 2022.⁵² Over the same period, ODA for Agriculture declined as a share of total ODA from 9.93% to 3.38%.

ODA to agriculture from EC has tripled since 1995 from 466m to 1.5 billion. But it has gone down as a share of total ODA over the period. Similarly, ODA to agriculture from EU Member States has doubled since 1995 from \$1.2 billion to \$2.7 billion. It has averaged around 4% of total ODA since 2015 compared with 7% in 1995.

Over the long term, the EC and EUMS have been more consistent in their ODA to agriculture, compared to non EU donors, and ODA funding from Europe is on a gently rising trend since the SDGs were agreed in 2015 (Figure 15b).

Investment in increased agricultural productivity which delivers equitable and sustainable growth

and improved nutrition outcomes is much needed. However, the EU should ensure that its spending in agriculture contributes as much as possible to nutrition outcomes and the realisation of the right to food instead of undermining it. To do so, it should follow civil society's recommendations to:

- Shift financing towards the agroecological transition and support reducing partner countries' dependency on food imports by prioritizing EU investments and funding for peasant agroecological food production.
- Develop modalities for channeling funding directly to small-scale producers through their organizations.
- Defend peasant seeds and people's access to and control over land.
- Protect territorial food markets from imports that undercut local products.
- Prohibit the production and export of highly hazardous pesticides and promote bio-fertilizer production.

52 ODA commitments in constant prices \$47.3b in 1996; \$183.9b in 2022. Note that these data are commitment values as used in the CRS and Aid Activities Databases. Not to be confused with the grant equivalent data used for reporting progress on ODA volumes.

- Ensure that EU policies and practices do not undermine food and nutrition security in any partner countries, particularly in areas of climate,

trade, agriculture, fishery policies, and corporate due diligence.⁵³

Is ODA Agriculture Spending Delivering for Nutrition?

Effective action on nutrition requires specific attention to the delivery of essential nutrition outcomes across the food systems and agriculture sector. **Over the decade since the adoption of the Action Plan on Nutrition, EU assistance for nutrition, agriculture and food production has begun to take an increasingly integrated approach.** Additionally, growing emphasis on a food systems approach and the urgency of environmental sustainability and climate change response has added impetus to an integrated approach at country level.

But overall, evidence from the EU's thematic evaluation of the EU support for sustainable agri-food systems in partner countries 2014 to 2020 suggests that the application of this integrated and systemic approach has, to date, been limited.⁵⁴

Just 2% of ODA for agriculture from EU Member States has nutrition as a Principal Objective. 6% has nutrition as a Significant Objective (Figure 16a⁵⁵). Agriculture should not be just about productivity, but about production and accessibility of nutritious foods. In total, EUMS reported that \$147 million of ODA for agriculture had nutrition as a significant objective and a

further \$60m as a principal objective. This amounts to a total of 8% of the \$2.7 billion allocated to agriculture being marked for nutrition in 2022. **Either Member States are under-reporting, or there must be potential for much greater attention and priority within agriculture to be given to nutrition.**

This contrasts with **the European Commission which marked 43% of its ODA for Agriculture as having a Significant nutrition objective (Figure 16b⁵⁶).** However, the EC did not mark any of its ODA agriculture spending as having Principal nutrition objective.

Building sustainable, fair, and resilient food systems is key but will not be enough to meet nutrition targets. It is necessary to have a holistic and multisectoral approach to nutrition. Strengthened education, health, social protection, water, sanitation, and hygiene systems and universal access to these basic services are equally important to ending malnutrition in all its forms. However, as we will see in the following chapters, other sectors also have similarly worryingly low shares of Official Development Assistance (ODA) marked for nutrition by EU Member States and the European Commission.

Figure 16a - ODA for Agriculture, Forestry and Fishing from the EU Member States 2022

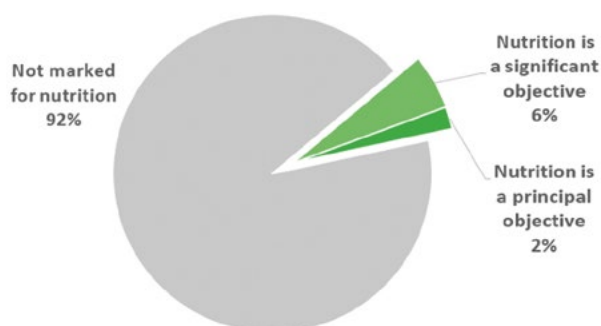
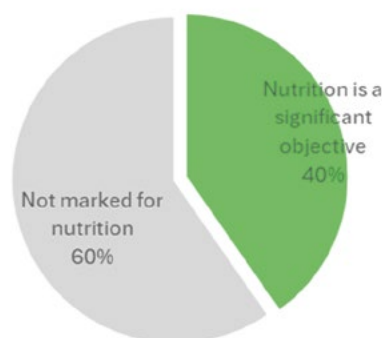


Figure 16b - ODA for Agriculture, Forestry and Fishing from the EC, 2022



⁵³ Civil society has developed several policy briefs and recommendations note on the topic, for instance: [CSM Vision on Food Systems and Nutrition - CSIPM \(csm4cfs.org\)](#) & [Statement: African and European CSOs on key issues in the AU-EU Partnership - CONCORD \(concordeurope.org\)](#)

⁵⁴ *Ibid*

⁵⁵ Data downloaded from OECD DAC CRS Data 21 March 2024. NB The Nutrition Policy Marker data was updated on the OECD DAC system in May 2024, but it was not possible to adjust the charts in this section before going to press.

⁵⁶ Data downloaded from OECD DAC CRS Data 21 March 2024. NB The Nutrition Policy Marker data was updated on the OECD DAC system in May 2024, but it was not possible to adjust the charts in this section before going to press.

The Democratic Republic of Congo: A Failing Food System

The DRC ranks 180 out of 193 on the UNDP's Human Development Index,⁵⁷ and:

- 78.9% of the population lives below the international poverty line of \$2.15 per day, adjusted for Purchasing Power Parity (PPP).⁵⁸
- Almost 62 million people, 64.5% of the population, are in multidimensional poverty.⁵⁹
- Over a third of the population – 33.8 million people – are undernourished (2021 data).⁶⁰
- The World Bank estimates a healthy diet in DRC costs \$2.08 per person per day.

In 2020, 90% of DRC's population – 80 million people – couldn't afford a healthy diet.⁶¹ The consequences for child nutrition are severe. The most recent data shows that:

- 40.3% of children were stunted – 7,340,900 children.⁶²
- 6.4% of children were wasted – 1,012,600 children.

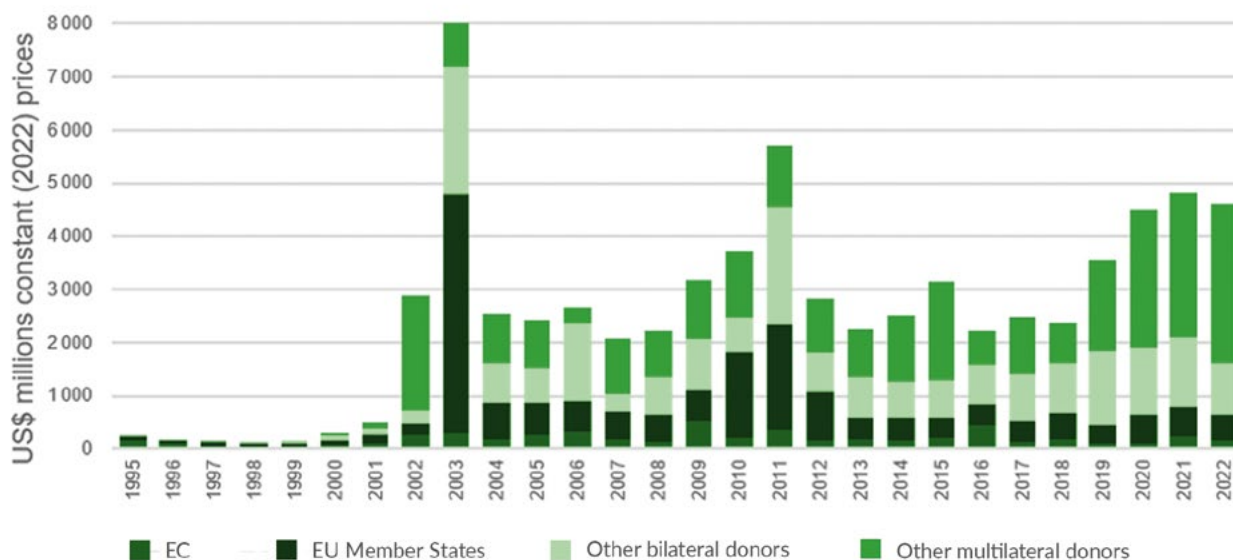
If only 10% of people in the Democratic Republic of the Congo (DRC) can afford a healthy diet, it clearly indicates that the food system in the DRC is failing.

In 2022 ODA to DRC totalled \$4.6b. The EU contributed around 14% or \$653m: \$505m from EUMS and \$148m from the EC (Figure 17).

As in many of Europe's partner countries, agriculture is central to the livelihoods of families and communities in DRC and represents a big portion of the economy. About 70% of the employed population in DRC is engaged in agriculture, mostly for subsistence according to IFAD. Agriculture generates almost 20% of Congolese GDP, and the country has huge agricultural potential. But 26 million people are currently severely food insecure.⁶³

So investing in agriculture and basic nutrition – to build a food system that works for families, communities, countries, and climate – should be a primary focus of ODA going to DRC.

Figure 17 - ODA to DRC, 1995-2022



57 HDR 2023/2024 Table 1, Human Development Index and its Components

58 <https://wdi.worldbank.org/table/1.2> 2020 data

59 61,869 thousand people

60 <https://databank.worldbank.org/source/health-nutrition-and-population-statistics#> 35.3% undernourished.

61 <https://databank.worldbank.org/source/food-prices-for-nutrition#> 2020 data

62 Children referred to are those under 5 years of age

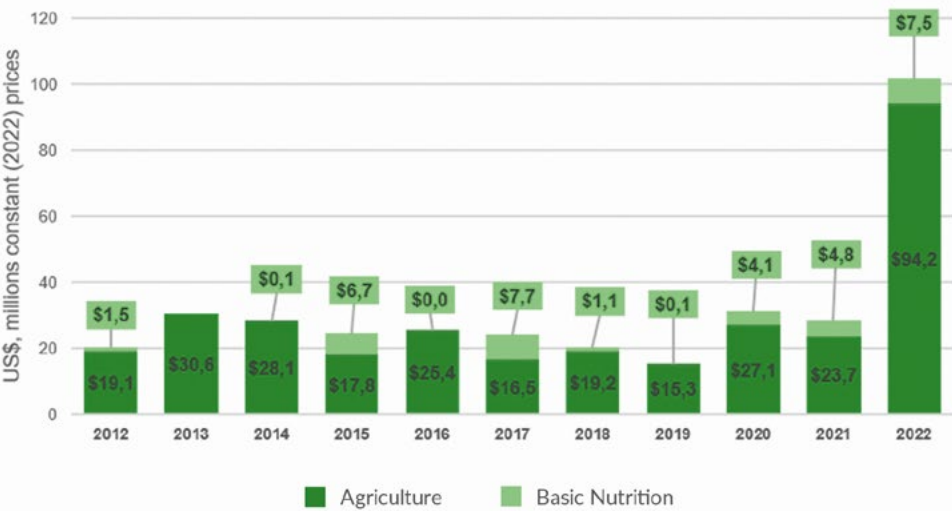
63 <https://www.wfp.org/stories/comment-achieving-long-term-food-security-drc-all-about-building-resilience>

However, in 2022 ODA for basic nutrition from all donors amounted to \$82m or 1.8% of total ODA – a long way off the 2.8% that the World Bank Investment Framework for Nutrition has recommended. Similarly low was ODA for Agriculture which amounted to \$151m in 2022, just 3.3% of ODA.

As shown in the graph below (Figure 18), the EC and MS have similarly failed to deliver consistently enough resources for both basic nutrition and agriculture, only in 2022 the spending in these two sectors increased.

[For additional elements on DRC see [annexe.](#)]

Figure 18 - ODA for Agriculture and Basic Nutrition from the EC and EUMS, 2012-2022
US\$ millions



B. HEALTH SPENDING & NUTRITION

The Vicious Cycle of Undernutrition and Disease: a two-way causal relationship

Malnutrition is responsible for 45% of deaths among children under the age of five worldwide.⁶⁴ Even today, it is often considered a direct consequence of inadequate food intake. However, we know that it constitutes a pathology that forms a vicious cycle with other diseases or infections. It can only be effectively combated within the framework of a holistic and integrated approach to health and the necessary strengthening of healthcare systems.

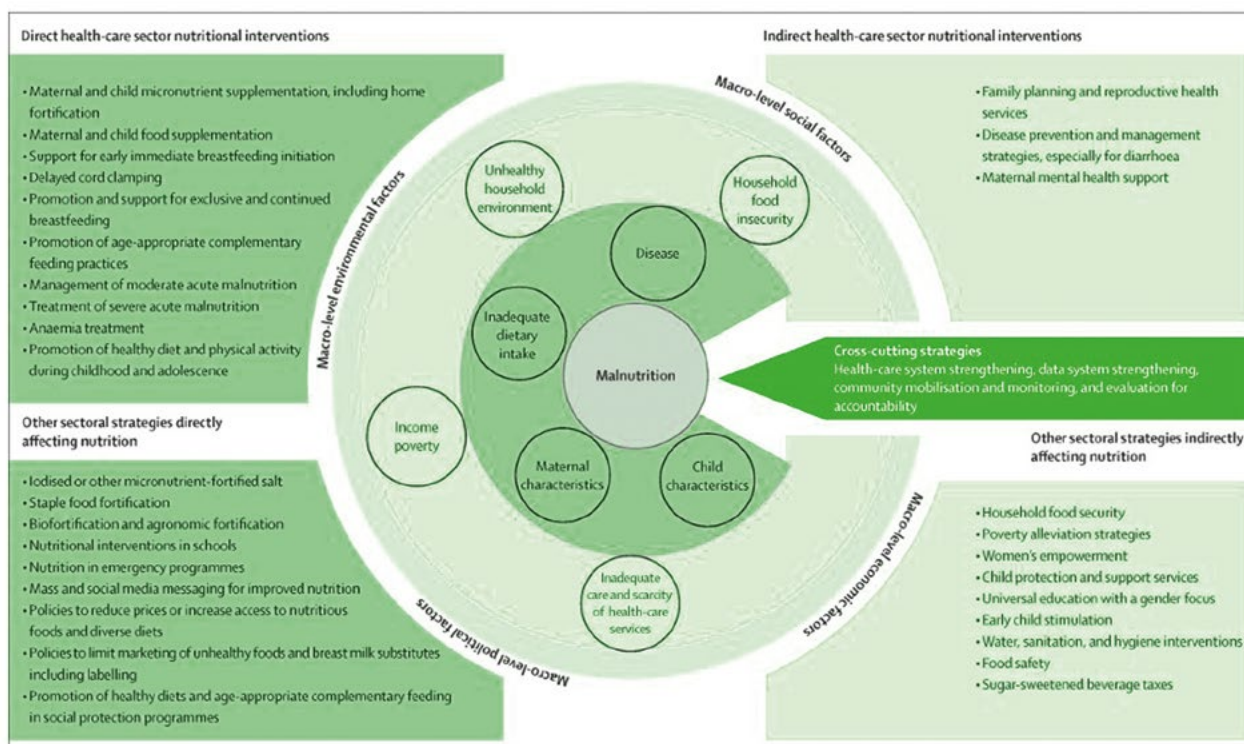
Undernutrition is now recognized as a complex global health crisis and a major risk factor for various medical conditions. On one hand, undernutrition weakens a child's immune system. On the other hand, chronic or acute diseases significantly contribute to undernutrition, especially in developing countries, by decreasing appetite and impairing the body's ability to absorb nutrients, thus exacerbating undernutrition.

Recent estimates indicate that about 50% of the 10.6 million annual deaths of children under five are attributed to five infectious diseases: pneumonia, diarrhea, malaria, measles, and AIDS.⁶⁵ Diarrhea is particularly prevalent among children with severe acute malnutrition. Additionally, over 1 million children die each year due to the combined effects of undernutrition and HIV. Children infected with HIV are three times more likely to die if they are also malnourished compared to their non-infected counterparts.

The compromised nutritional status alone increases a malnourished child's risk:

- 9 times more likely to die from pneumonia,
- 2 times more likely to suffer from malaria,
- 6 times more likely to contract measles.

Figure 19 - Lancet's revised framework for the classification of nutrition actions



⁶⁴ [About malnutrition - Global Nutrition Report](#)

⁶⁵ Fan Y, Yao Q, Liu Y, Jia T, Zhang J, Jiang E. Underlying Causes and Co-existence of Malnutrition and Infections: An Exceedingly Common Death Risk in Cancer. *Front Nutr*. 2022 Feb 23;9:814095. doi: 10.3389/fnut.2022.814095. PMID: 35284454; PMCID: PMC8906403.

Overall, a severely malnourished child is roughly 11 times more likely to die of a common infection than a healthy counterpart.⁶⁶

This two-way relationship highlights the urgent need for integrated approaches to address both undernutrition and infectious diseases simultaneously. The health sector must be a fundamental pillar in the prevention and treatment of undernutrition, particularly

during the crucial 1000-day window between the very beginning of pregnancy and the end of the child's second year (Figure 19⁶⁷). Among the interventions identified by The Lancet as the most effective, and which could reduce mortality among children under five by 15% (saving 1 million lives) if scaled up, most are health interventions to be conducted within health programs.⁶⁸

Is ODA Health Spending Delivering for Nutrition?

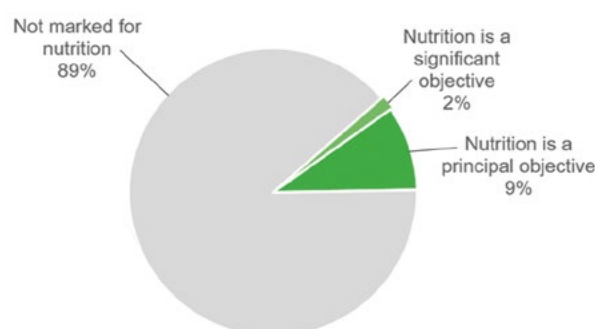
Basic Nutrition is a subsection of ODA for health and is automatically marked as Level 2 (Principal) under the Nutrition Policy Marker. Additionally, EU Member States marked €14 million of ODA for health as having nutrition as a Principal Objective. A total of €74 million (\$78.23 million) from EU Member States and €61 million (\$63.94 million) from the European Commission in health spending was marked as having nutrition as a Significant Objective. However, **nearly 90% of ODA for health from the EU Member States does not have any nutrition objectives** (Figure 20⁶⁹).

Overall, good nutrition, particularly in its primary health care component, must be recognized as a public good that necessitates public financing and therefore

needs to be integrated into countries' Universal Health Coverage. In many countries, much of the burden of nutrition-specific interventions is borne by households themselves through out-of-pocket expenditures.

While some speak of a post-Official Development Assistance (ODA) era and the trend among the international community is to downplay ODA and promote alternative and new sources of finance, primarily from private sectors,⁷⁰ this study underscores that public finance from the European Union and its Member States plays a critical role in supporting and financing nutrition as an essential public service in partner countries.

Figure 20 - ODA for Health prioritising Nutrition from EU Member states, 2022



⁶⁶ Nutrition - European Commission (europa.eu)

⁶⁷ Keats EC, Das JK, Salam RA, Lassi ZS, Imdad A, Black RE, Bhutta ZA. Effective interventions to address maternal and child malnutrition: an update of the evidence. *Lancet Child Adolesc Health*. 2021 May;5(5):367-384. doi: 10.1016/S2352-4642(20)30274-1. Epub 2021 Mar 7. PMID: 33691083.

⁶⁸ Bhutta ZA, Das JK, Rizvi A, Gaffey MF, Walker N, Horton S, Webb P, Lartey A, Black RE; Lancet Nutrition Interventions Review Group, the Maternal and Child Nutrition Study Group. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *Lancet*. 2013 Aug 3;382(9890):452-477. doi: 10.1016/S0140-6736(13)60996-4. Epub 2013 Jun 6. Erratum in: *Lancet*. 2013 Aug 3;382(9890):396. PMID: 23746776.

⁶⁹ Data downloaded from OECD DAC CRS Data 21 March 2024. NB The Nutrition Policy Marker data was updated on the OECD DAC system in May 2024, but it was not possible to adjust the charts in this section before going to press.

⁷⁰ Regarding the use of public development funds for de-risking and mobilising private investment, there is little evidence of its development impact, transparency and accountability, as well as a potential for undermining public policy objectives and service delivery. For more info, see: [The use of development funds for de-risking private investment: how effective is it in delivering development results? \(europa.eu\)](#), [Private-Finance Blending for Development: Risks and opportunities \(oxfam.org\)](#), [Why blended finance risks being bad for SDGs - Capital Monitor](#).

C. SOCIAL PROTECTION SPENDING & NUTRITION

Within an integrated approach to nutrition, social protection is a critical element on which to invest as it provides economic empowerment – allowing people to make decisions based on their priorities.

In 2022, 1.6% of total EU ODA commitments were allocated to Social Protection. This represents a significant increase compared to previous spending. Investments in Social Protection tripled in 2020, rising from around €500 million per year to €2.1 billion (\$2.194 billion).

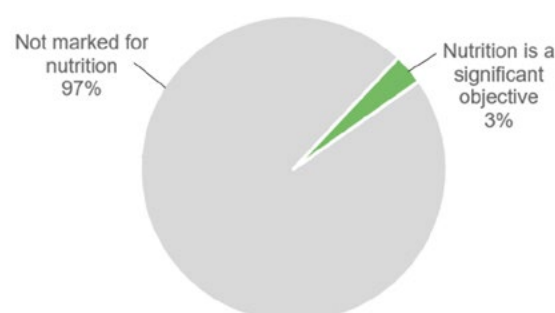
In 2022, EU (EC & Member States) ODA commitments for Social Protection amounted to €1.8 billion (\$1.852 billion). Of this, €50 million (\$52.06 million) from the European Commission and €8 million (\$8.35 million) from the EU Member States were marked as having nutrition as a significant objective—totaling 3.3% of EU ODA for Social Protection. None of the EU (EC & Member States) ODA for Social Protection was marked as having nutrition as a principal objective (Figure 21⁷¹).

The social protection sector has the potential to combat all forms of malnutrition by systematically integrating both nutrition-specific and nutrition-sensitive activities. By targeting individuals affected by food insecurity, poverty, and inadequate diets, this sector

can offer comprehensive support to enhance their nutritional status. Therefore, greater efforts should be directed toward ensuring that social protection programs effectively reduce stunting, wasting, and micro-nutrient deficiencies in children and women. Future evaluations of social protection programs must include indicators that measure diet and nutrition outcomes to emphasize their impact.

We know from experience during COVID that social protection measures in OECD countries played a critical role in providing support to families and communities during the pandemic, and proved that implementing social protection programs is very much a political decision, as large sums of money were rapidly disbursed.⁷²

Figure 21 - ODA for Social protection from the EU marked as having Nutrition objectives, 2022



A Practical Illustration of Social Protection's Impact on Nutrition

A specific example of the positive impact of social protection on nutrition and food security can be found in Ethiopia's experience with COVID. For families benefitting under Ethiopia's flagship Productive Safety Net Programme (PSNP), the likelihood of becoming food insecure went down from 11.7% to 2.4%. Whereas COVID increased the food gap by

0.47 months, for families protected under PSNP, the increase was reduced to 0.13 months.⁷³ This is a measurable impact on nutrition from what is called social protection but is a social investment that will deliver not only protection but productivity: a healthy and educated workforce with the capacity to contribute to inclusive growth and shared prosperity.

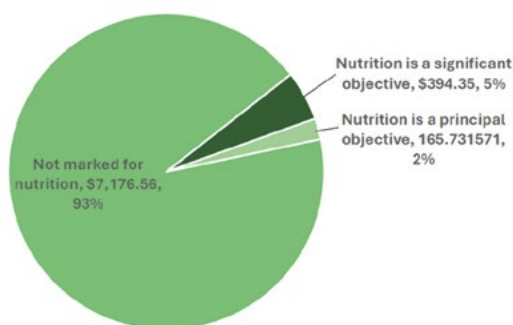
⁷¹ Data downloaded from OECD DAC CRS Data 21 March 2024. NB The Nutrition Policy Marker data was updated on the OECD DAC system in May 2024, but it was not possible to adjust the charts in this section before going to press.

⁷² The IMF notes that "in response to the inflation of food, fuel and fertilizer prices, countries have spent over US\$710 billion for social protection measures covering 1 billion people, including approximately US\$380 billion for subsidies." However, "only US\$4.3 billion has been spent in low-income countries for social protection measures, compared to US\$507.6 billion in high-income countries." <https://www.imf.org/en/News/Articles/2023/02/08/pr2335-joint-statement-by-the-fad-imf-wbg-wfp-and-wto-on-food-and-nutrition-security-crisis>

⁷³ COVID-19 and Food Security in Ethiopia: Do Social Protection Programs Protect?; Abay, Berhane, Hoddinott and Tafere <http://www.journals.uchicago.edu/doi/10.1086/715831> Support from Europe for the PSNP includes funding from EC, Denmark, Ireland, Netherlands and Sweden.

3. NUTRITION AND THE HDP NEXUS

Figure 22a - ODA for Humanitarian assistance prioritising Nutrition from EU Member states , 2022



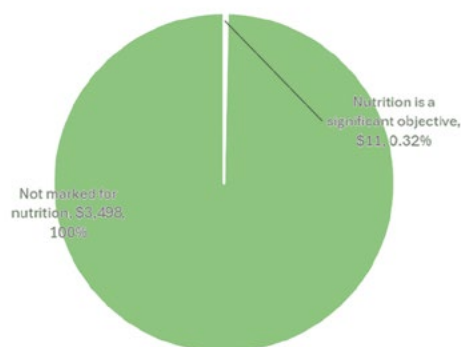
Humanitarian needs and costs have increased dramatically in recent decades as crises last longer and become more protracted. Humanitarian assistance has shown substantial increases in funding from EU Member States since 2009, yet, only 7% is marked for nutrition (figure 22a⁷⁴).

Even more alarming, **less than 1% of EC ODA for humanitarian assistance is marked for nutrition** (Figure 22b⁷⁵).

Building populations' resilience and investing in longer-term assistance, beyond the Humanitarian Response Plans (HRPs), have tended to be underfunded. As a consequence opportunities to converge Humanitarian, Development, and Peace nexus (HDP) actions and to ensure coherence and effectiveness are not optimized. In a fifth of the countries in the world, which among them contain almost a billion people, needs continue to outstrip the available capacities and resources, and levels of acute malnutrition and stunting remain extremely high.⁷⁶

Efforts to address malnutrition are inextricably linked to wider humanitarian and development efforts. Addressing the root causes of fragility and vulnerability is a way of reaching those who are most at risk of being

Figure 22b - ODA for Humanitarian assistance from the EC, 2022



left behind, and is conducive to food and nutrition security.

Evidence around the world points to peace and good nutrition as mutually reinforcing. WFP USA's 2023 research report *Dangerously Hungry*⁷⁷ analysed 60 peer-reviewed academic studies on food-related instability from 2017 to 2022. The phrase "war drives hunger and hunger drives war"⁷⁸ encapsulates the evidence showing how food insecurity and hunger are inextricably linked to climate change, economic shocks, and natural resource disputes. **Food and nutrition insecurity can both contribute to and be a consequence of insecurity and conflict.**

In Burkina Faso, Somalia, Mali, and South Sudan, local populations are facing 'catastrophic' levels of food insecurity according to the 2024 Global Report on Food Crises (GRFC).⁷⁹ The number of major food crises has almost doubled since the GRFC's first edition in 2017. Afghanistan, the Democratic Republic of the Congo (DRC), Ethiopia, Nigeria, Syria, and Yemen have been among the ten largest food crises in terms of number of people facing high acute food insecurity in all editions of the report. Four of these countries reported the highest number of children under 5 with acute malnutrition in 2023. This report also predicts

⁷⁴ Data downloaded from OECD DAC CRS Data 21 March 2024. NB The Nutrition Policy Marker data was updated on the OECD DAC system in May 2024, but it was not possible to adjust the charts in this section before going to press.

⁷⁵ Data downloaded from OECD DAC CRS Data 21 March 2024. NB The Nutrition Policy Marker data was updated on the OECD DAC system in May 2024, but it was not possible to adjust the charts in this section before going to press.

⁷⁶ The World Bank designated 17 countries as fragile states, and another 22 as conflict-affected in 2022. <https://www.devex.com/news/money-matters-how-much-aid-goes-to-the-countries-in-most-need-107404#:~:text=The%20World%20Bank%20designated%2017,the%20five%20years%20to%202022.>

⁷⁷ https://www.wfpusa.org/wp-content/uploads/2023/04/Dangerously_Hungry_WFPUSA_Digital_Report.pdf

⁷⁸ For an overview of the research see <https://www.csis.org/analysis/dangerously-hungry-link-between-food-insecurity-and-conflict>

⁷⁹ FSIN and Global Network Against Food Crises. 2024. GRFC 2024. Rome. <https://www.fsinplatform.org/grfc2024>

famine in Gaza, the latest figures showing that 0.6 million, or 26 percent of the population were estimated to be in Catastrophe (IPC Phase 5) and 1.2 million, or 50 percent of the population, in Emergency (IPC Phase 4), and projected half the population (over 1.1 million people) to face Catastrophe (IPC Phase 5) between mid-March and May 2024.⁸⁰

While 17 countries showed improvements in food security for a total of 7.2 million people over 2022 to 2023, across another dozen countries, **shocks meant an additional 13.5 million people are facing high levels of acute food insecurity in EU partner countries** including Senegal, Zimbabwe, Sudan and Somalia.⁸¹

Short-term responses must be balanced with longer-term solutions to address the underlying causes of undernutrition, allowing humanitarian and development actions to be more complementary and mutually reinforcing. **In many contexts, across both humanitarian and development spheres, there is a failure to deliver nutrition-specific and multisectoral, nutrition-sensitive actions comprehensively as a package.** Greater alignment of development and humanitarian funding and resource allocation for more systematic, flexible, multi-year, multi-sectoral financing of activities can strengthen resilience rather than just expand the reach of humanitarian actions.

Challenges for Food and Nutrition Policies in Conflict-Affected and Climate-Impacted Regions of Ethiopia

Ethiopia ranks 176 out of 193 on the UNDP's Human Development Index.⁸² In the 2023 Global Hunger Index (GHI), Ethiopia has leveled under the 'serious' category with a 26.2 score. Which puts it 101st of the 125 countries.

- 27% of the population live below the international poverty line of PPP\$2.15 a day.⁸³
- Almost 83 million people,⁸⁴ 69% of the population are in multidimensional poverty.⁸⁵
- Over a fifth of the population – 26.4 million people – are undernourished.⁸⁶
- 87% of Ethiopia's population – 99.7 million people – cannot afford a healthy diet. The consequences for child nutrition are severe.⁸⁷

The most recent data on the nutrition situation of the country shows:

- 39% of all children were stunted - 7,400,000 children⁸⁸

- 11% of all children were wasted - 2,087,200 children
- 4.9% of all children were severely wasted - 942,000
- 22% of all children were underweight.

The overall food security situation is poor in many parts of the country. More than half of the households in Amhara, Tigray, Somali, and Oromia (Borena) have borderline and poor food consumption scores (Source: SMART+ Surveys in Tigray, Waghimera, Somali and Borena).

There is poor nutrition services coverage, with surveys in 2023 showing that only 44.5% of children with acute malnutrition access treatment services. Supplies interruption, misuse of nutritional commodities, and high opportunity cost to get treatment services are among the barriers to accessing services reported.

⁸⁰ FSIN and Global Network Against Food Crises. 2024. GRFC 2024. Rome. <https://www.fsinplatform.org/grfc2024>

⁸¹ Ibid Map 1.1.

⁸² HDR 2023/2024 Table 1, Human Development Index and its Components

⁸³ <https://wdi.worldbank.org/table/1.2> 2015 data

⁸⁴ 82,679 thousand people.

⁸⁵ HDR 2023/2024, Table 6, Multidimensional Poverty Index

⁸⁶ <https://databank.worldbank.org/source/health-nutrition-and-population-statistics#> 21.9% undernourished

⁸⁷ <https://databank.worldbank.org/source/health-nutrition-and-population-statistics#> for % rates; Joint Malnutrition Estimates 2023 for numbers of children.

⁸⁸ Children referred to are those under 5 years of age

Ethiopia loses about 16.5% of its GDP annually due to stunting. A 1 dollar investment in nutrition has a \$16 return.

To face these challenges, the country formulated a new food and nutrition strategy (FNS) intending to comprehensively address poverty eradication, achieve global nutrition commitments by 2025, and achieve national and SDG targets by 2030. The Ministry of Health estimated a minimum cost of \$2.5 billion to implement the prioritized intervention of FNS within ten years throughout the country since 2021.

Although Ethiopia has a promising food and nutrition policy landscape and coordination structure to end all forms of malnutrition, effective implementation faces major challenges due to multiple factors, including lack of peace and stability. The country is currently struggling to implement these policies while **mitigating crises and reducing protection risks in contexts where conflict, displacement, and climate change have affected livelihoods, damaged infrastructure,**

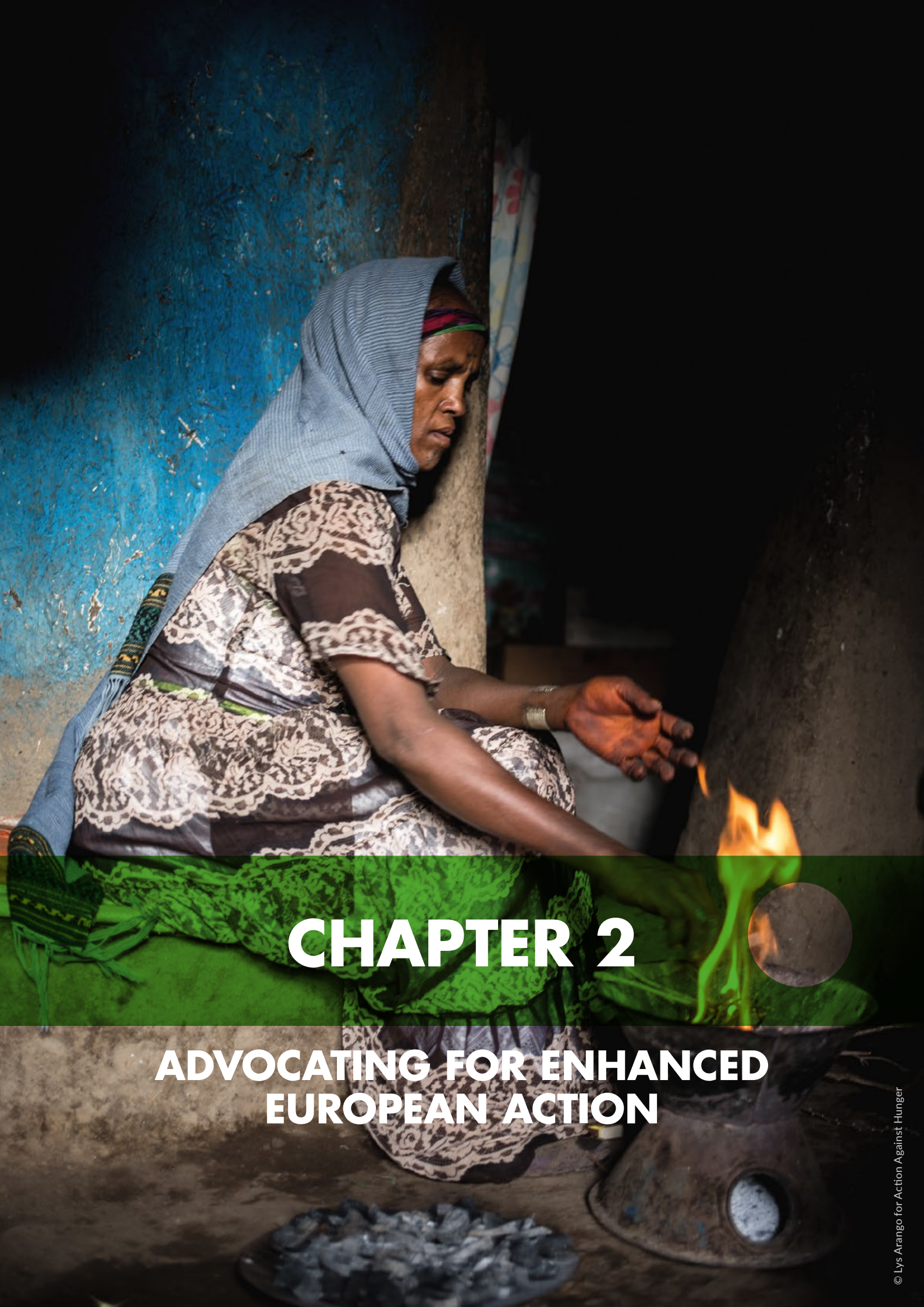
and limited basic services and accountability. To ensure progress on the World Health Assembly (WHA) targets, **Ethiopia needs timely, adequate, and flexible funding for context-specific humanitarian, development, and peace (HDP) interventions, which must be implemented simultaneously.**

For instance, while approximately 70% of people in Ethiopia depend on agriculture, subsistence farming, and pastoralism, conflict in major producing areas such as Amhara and Western Oromia has hampered productivity. Climate-related events such as drought, flooding, and locust infestations have further impacted agricultural production. The government estimates that at least 15.8 million people will face hunger and need food assistance in 2024, including 7.2 million people facing acute food insecurity. The World Food Programme (WFP) estimates the food assistance needs even higher, at over 20 million people.⁸⁹

[For additional elements on Ethiopia see [annexe.](#)]

⁸⁹ <https://www.wfp.org/countries/ethiopia#:~:text=However%2C%20food%20insecurity%20and%20malnutrition,million%20people%20require%20food%20support>.





CHAPTER 2

ADVOCATING FOR ENHANCED EUROPEAN ACTION

Recognizing good nutrition as an essential human right is not merely an expression of EU solidarity but also a reflection of shared values concerning the humanitarian imperative to address acute human needs. This perspective highlights the EU's unwavering commitment to human rights, especially the fundamental right to food. The EU actively participated in formulating and endorsing the Right to Food Guidelines two decades ago.

Today, the Commission regards these guidelines as a cornerstone within the policy framework governing public interventions in food and nutrition,⁹⁰ ensuring that this critical aspect of human welfare remains a top priority. This commitment must endure even after the upcoming change in the Commission's political leadership following the European elections of June 2024.

A Practical Illustration of the EU's Commitment to the Right to Food

A practical demonstration of this is the EU's support of Mozambique's PROMOVE Nutrição program.⁹¹ This aims to improve the nutritional status of children and women in two Mozambican provinces where stunting levels are very high. It has involved dialogue on the Right to Food with both government and civil society in the context of improved public finance management (PFM), nutrition governance, and accountability of representatives for delivering on the Right to Nutrition at the provincial and national levels.

Given Mozambique's debt-to-GDP ratio of 102.7% in 2022 and expected to be 97.7% in 2023⁹² (one of the most indebted countries in Africa), continued,

strong EU investment in nutrition can not only deliver on the right to food for some of the world's poorest – almost 2 million stunted children and 96,000 severely malnourished children in 2022.⁹³ It can also strengthen the EU's partnership role in improving governance and PFM – so promoting human security and political stability.

Linking food and nutrition security to the political context and addressing it as a universal human right is important. It frames nutrition, not as a marginal interest, but squarely as something that should be a central preoccupation of governments and taken into account in all political discussions.

To maintain the EU's commitment to nutrition leadership, it must be integrated into the broader framework of EU leadership on other priorities.⁹⁴ Therefore, the following chapters delve into analyzing how to effectively promote

nutrition across areas that are garnering increased attention from both the EU and its Member States: a) shared economic development with partner countries, b) climate action, c) the EU-Africa partnership.

⁹⁰ FAO FSN Forum June 2023

⁹¹ Scale up the PROMOVE-Nutrição programme is part of the EC Recovery and Resilience Programme financed under the 11th EDF. <https://www.gtai.de/resource/blob/203982/41d6e9fc2c52385bfc64d88d7ef3aedef/pro201912095012-data.pdf>

⁹² www.fitchratings.com

⁹³ UNICEF/WHO/WBG Joint Malnutrition Estimates 2023

⁹⁴ See ECDPM, Upgrading the EU's Policy Toolbox for Nutrition Leadership, Dekeyser and Rampa, June 2023.



ECONOMIC AND HUMAN CAPITAL CONSIDERATIONS

Current estimates suggest the developmental, economic, and social impacts of malnutrition cost the global economy an estimated \$3 trillion to \$3.5 trillion a year.⁹⁵

Across the 34 countries that are home to 90% of the world's stunted children, it is estimated that the per capita income penalty caused by stunting is between 5% and 7%. The same study estimated a 12% return on nutrition investments with benefits outweighing costs on a ratio of between 5:1 and 6:1.⁹⁶

In terms of the cost-effectiveness of nutrition investments and their contribution to the needs of partner countries and their lasting benefits for local communities, recent analyses notes that “reductions in stunting

prevalence can increase economic productivity by 4% to 11% in Africa and Asia”.⁹⁷

In Europe's flagship strategy for mobilizing investment for ‘sustainable and trusted connections that work for people and the planet,’⁹⁸ nutrition should be seen as a core part of the investments needed. A healthy, well-nourished, and well-educated population is the foundation upon which economic and social progress is built. To spell out some opportunities for EU leadership, **Global Gateway envisages Team Europe mobilizing €300 billion from 2021 to 2027.⁹⁹ 0.1 percent of this amount would be sufficient to fund the annual global cost of proven effective nutrition interventions¹⁰⁰ with global benefit calculated at €6.8 billion.**

⁹⁵ World Bank Food security trends in 2024 and beyond, World Bank blogs, Bo Pieter Johannes, Andree, Kamwoo Lee, Hanane Ahmed, John Dearborn, January 2024 and GN Gates WB IDA 21 recommendations.doc (confidential) p1.

⁹⁶ Galasso and Wagstaff, Development Research Group, World Bank, March 2019, <https://doi.org/10.1016/j.ehb.2019.01.010>. We undertake two calculations, one for all developing countries, the other for 34 developing countries that together account for 90% of the world's stunted children. The first asks how much lower a country's per capita income is today as a result of having a fraction of its workforce been stunted in childhood. We use a development accounting framework, relying on micro-econometric estimates of the effects of childhood stunting on adult wages through their effects on years of schooling, cognitive skills, and height, parsing out the relative contribution of each set of returns to avoid double counting. We estimate that, on average, the per capita income penalty from stunting is between 5–7%, depending on the assumption. In our second calculation we estimate the economic value and the costs associated with scaling up a package of nutrition interventions using the same methodology and set of assumptions used in the first calculation. We take a package of 10 nutrition interventions that has data on both effects and costs, and we estimate the rate-of-return to gradually introducing this program over a period of 10 years in 34 countries that together account for 90% of the world's stunted children. We estimate a rate-of-return of 12%, and a benefit-cost ratio of 5:1–6:1.

⁹⁷ Larsen, Hoddinott & Razvi, Investing in Nutrition: A Global Best Investment Case, Journal of Benefit-Cost Analysis, Volume 14, Issue S1, Spring 2023, pp. 235–254, <https://doi.org/10.1017/bca.2023.22> See Table 17. In particular: Amongst the three nutrition investments analysed, multiple micronutrient provision (MMN) and calcium (Ca) supplementation to pregnant women, complementary feeding and preventive small-quantity, lipid-based nutrition supplements to children aged 6 to 23 months, deliver standout benefits. The benefit cost ratios for MMN supplementation and MMN plus Ca supplementation for pregnant women show that for every \$1 of costs benefits can be as high as \$37.5 and \$23.9 respectively. The benefit cost ratio for preventive nutrition supplements, even for reaching the poorest 60% of the population, is 13.7.

⁹⁸ [Global Gateway - European Commission \(europa.eu\)](https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/stronger-europe-world/global-gateway_en)

⁹⁹ https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/stronger-europe-world/global-gateway_en

¹⁰⁰ such as multiple micronutrient provision (MMN) and calcium (Ca) supplementation to pregnant women mentioned in footnote 33.

And there are many ways to improve nutrition as part of smart investments which deliver a range of benefits. Transport for example – a core focus for Global Gateway spending – can deliver many food system benefits which contribute directly and indirectly to nutrition. If policy and programme design ensures that nutrition is prioritized at every stage of the process, transportation investments can not only contribute to the development of the African Free Trade Area (AfCFTA), but at the level of smallholders and pastoralists, communities and families, transport can improve access to markets, to inputs, to food, to livelihoods paying more than bare subsistence wages. Hence there is an opportunity for the Commission and the Team Europe to bring together food and nutrition specialists with different technical and investment actors in areas such as transport.

There is evidence that nutrition as a priority, often slips off the agenda in discussions on overall investment strategies and priorities – even in food systems discussions. But by alerting people from different disciplines – such as transport or communications, health and education – of the opportunities and synergies with nutrition – we can tap in goodwill and expertise to help deliver on World Health Assembly and SDG food and nutrition goals. **The EU and its CSO partners can be proactive and creative in ensuring that nutrition is seen as everybody's business and a priority to which a wide range of investors, technical specialists from diverse disciplines and policy makers can contribute.**

Europe made a bold and specific commitment in its Action Plan on Nutrition a decade ago to help reduce the number of stunted children by 7 million before 2025. Initiatives such as the Global Gateway launch of the regional food security programme for the Caribbean¹⁰¹ – specifically prioritising equitable access to nutritionally

adequate and healthy diets – shows how Europe is continuing to deliver on its commitment.¹⁰² But the challenge for Europe in 2024 is not only to maintain its focus but to be bolder in providing leadership on nutrition. This could include:

- **Making nutrition a top priority for the EU's diplomatic engagement** by advocating for increased political engagement within the international community on nutrition. EU leaders and representatives can leverage their personal commitment, utilizing existing political groupings and alliances to prioritize nutrition in global development partnerships. It is evident that national progress on nutrition requires a concerted effort by national institutions, with critical buy-in and institutional drive at the head of government level from countries affected by undernutrition.
- **Integrating nutrition outcomes in the identification and planning of the next generation of flagship projects of the Global Gateway strategy.** As the strategy evolves into a comprehensive 360° approach and potentially further incorporates agriculture and food systems as one of its priority areas for public and private investments, This integration will ensure that **all agricultural investments under Global Gateway are made sensitive to the nutrition needs of local communities.**
- **Promoting the Human Rights framework, a central pillar of Europe's stance, the EU should lead on the Right to Food.** This involves making aspects of this essential right more justiciable in various contexts, guiding the EU's external engagement on trade, financing, and governance, thus ensuring policy coherence.

¹⁰¹ https://international-partnerships.ec.europa.eu/news-and-events/news/global-gateway-eu-launches-regional-food-security-programme-caribbean-boost-agriculture-and-2023-11-24_en#:~:text=Under%20Global%20Gateway%2C%20the%20EU's,diets%20for%20the%20region's%20citizens.

¹⁰² See also https://ec.europa.eu/commission/presscorner/detail/en/ip_22_3889 for broader overview of European focus on food and nutrition.

ALIGNING INTERESTS: NUTRITION AND CLIMATE ACTION

Climate has become a critical issue globally and across every country. President Von der Leyen underlined this shared interest at the 2023 Africa Climate Summit.¹⁰³ Increasing attention is being paid to the nexus of climate and nutrition although levels of investment by development agencies and businesses are reported to be low.¹⁰⁴

FAO has argued that the actions that serve to accelerate progress on climate and nutrition need to become better understood and socialised.¹⁰⁵ These include **expanding on the food security considerations in Nationally Determined Contributions (NDCs) and National Adaptation Plans (NAPs) to include nutrition interventions and policies; as well as increased climate considerations within N4G commitments,¹⁰⁶ especially for country governments, during the next Nutrition for Growth (N4G) summit in France in 2025.**

EU leadership should incorporate nutrition and access to affordable, nutritious foods into policy discussions on livelihoods, water and natural resource management, forestry, and community adaptation to climate change

impacts on the agri-food system. **There are substantial benefits to be gained from adapting food systems to climate change, but these benefits can only be realized if nutrition is explicitly considered.** This presents a critical window of opportunity for transformation that must be seized.

This is in line with the EU's own signature policies such as Farm to Fork which take a clearly integrated approach to sustainable and inclusive food systems. Several EUMS are members of the Initiative of Climate Action and Nutrition (I-CAN) which is a working group under the Alliance for Transformative Action on Climate and Health. They identify four core systems for the nexus of climate and nutrition: agri-food; water; social protection and health systems and that progress can be enhanced by addressing nutrition and climate simultaneously.

In climate, as in many other areas, nutrition is far too often missing from the agenda and opportunities for synergistic approaches are therefore missed.

¹⁰³ <https://www.youtube.com/watch?v=Q0x8THIPuGU> 8/9/2023

¹⁰⁴ I-CAN The Road to COP28: Reconciling Climate and Nutrition. 2023 I-CAN Baseline Assessment.

¹⁰⁵ FAO: 'Climate Action and Nutrition: Pathways to Impact'.

¹⁰⁶ For more information regarding the commitments taken by stakeholders during the Nutrition for Growth Summit past editions, please consult the Global Nutrition Report: [Global Nutrition Report | N4G Commitment Tracker - Global Nutrition Report](#)



For instance following the launch of the Great Green Wall Accelerator in January 2021 European and African partners met in Brussels at the occasion of the EU-AU Summit to scale up efforts and to accelerate the transformation of African food systems towards sustainable models, in the context of national pathways developed following the United Nations Food Systems Summit and in full coherence with the African Union's strategy, fully recognizing that the AU has chosen nutrition as its theme of the Year 2022.¹¹¹ According to the Commission's strategy for Africa, the EU and Africa must join efforts to reach the sustainable development goal of zero hunger and address the challenges of nutrition and food security by boosting safe and sustainable agri-food systems.¹¹² Food and nutrition security were also the first common priority research and innovation areas in the AU-EU high level policy dialogue on science, technology and innovation embedded in the Joint-Africa EU Strategy JAES. The opportunity to properly prioritise and embed nutrition must not be missed.

On nutrition, as everything else, the EU needs to respond to priorities and needs expressed by its partners. Several initiatives show African countries' recognition of nutrition as a priority:

- Many African governments have demonstrated their commitment in 2021, when pledging at the Tokyo N4G Summit,¹¹³ as well as by joining the Scaling Up Nutrition Movement (42 out of the 54 countries on the continent);¹¹⁴
- In 2018, the African Leaders for Nutrition (ALN) initiative was endorsed by the Assembly of Heads of State and Governments of the African Union (AU), grouping high-level political engagement to advance nutrition in Africa;¹¹⁵
- The AU recognises that to realise *Agenda 2063: The Africa We Want*¹¹⁶ - in particular Aspiration 1 which

envisions a “*a prosperous Africa based on inclusive growth and sustainable development*” - it is necessary to ensure that African citizens are healthy and well-nourished and adequate levels of investment are made to expand access to quality health care services for all people.¹¹⁷

- Nutrition is increasingly seen as a key component of a re-invigorated *Comprehensive Africa Agricultural Development Programme* (CAADP) in line with the AU Agenda 2063 aspiration to increase economic growth through agriculture-led development of elimination of hunger and poverty reduction. Accountability for delivering on nutrition for citizens is also being strengthened by processes such as the African Union's launch of the CAADP Biennial Review¹¹⁸ and civil society monitoring mechanisms.

Data presented at the High-Level Nutrition Event of the February 2024 African Union Summit¹¹⁹ showed progress in many African countries on reducing undernutrition - especially under 5 stunting. But progress remains patchy and only six countries¹²⁰ are on course to meet global targets for stunting among children under 5 years of age.

To back african countries' commitment, there is investment from multilaterals, including the EC, and from SUN in capacity, technical support and financing. For instance:

- In June 2023 the World Bank group produced a guide to nutrition responsive budgeting.¹²¹ This covered practical public financial management steps including setting nutrition priorities, preparing nutrition responsive budgets, gaining legislative approval, implementing the budget and making necessary course corrections.
- The global Financing Facility for women, Children and Adolescents (GFF)¹²² provides technical as

¹¹¹ <https://www.elysee.fr/en/emmanuel-macron/2022/02/18/eu-au-summit-developing-opportunities-for-plant-based-proteins-in-africa>

¹¹² <https://emerging-europe.com/news/the-time-has-come-for-the-eu-to-engage-with-african-agriculture/>

¹¹³ [Global Nutrition Report | N4G Commitment Tracker - Global Nutrition Report](#)

¹¹⁴ [Countries | Scaling Up Nutrition](#)

¹¹⁵ [African Leaders for Nutrition Initiative | African Development Bank Group \(afdb.org\)](#)

¹¹⁶ [Agenda 2063: The Africa we want \(Popular version\) | African Union \(au.int\)](#)

¹¹⁷ [Promoting Health & Nutrition | African Union \(au.int\)](#)

¹¹⁸ <https://au.int/en/pressreleases/20240320/african-union-launches-4th-caadp-biennial-review-report-and-post-malabo>

¹¹⁹ https://r4d.org/wp-content/uploads/ENGLISH-COMMUNIQUE_low-compressed.pdf

¹²⁰ Côte d'Ivoire, Ghana, Kenya, Sao Tome & Principe, Eswatini, Zimbabwe

¹²¹ <https://openknowledge.worldbank.org/entities/publication/25b2c228-3ec8-4114-bf64-8600032bbb2d>

¹²² https://jcie.org/wp-content/uploads/2021/12/GFF_Nutrition_full_ENG.pdf

well as financial support for capacity and systems
– highlighting human resources, nutrition supply chains, bottlenecks in health service delivery

These are just two among the many initiatives demonstrating the momentum that can be built upon. Global summits on food systems and nutrition for growth, along with mechanisms like the Scaling Up Nutrition Movement (SUN), have catalyzed action across numerous country governments and their civil society partners to enhance the capacity to deliver better nutrition at national, regional, and local levels. While COVID-19 sharply set back progress on nutrition, it also highlighted how countries could effectively adapt the delivery of nutrition services, such as modifying protocols for the treatment of wasting through Community Management of Acute Malnutrition (CMAM).

However, the effectiveness of these systems and the utilization of available knowledge depend heavily on adequate financing and political visibility and prioritization.

As the AU, African Union Development Agency-New Partnership for Africa's Development (AUDA-NEPAD) and African governments develop the Post-Malabo Agenda, **there is clear scope – and urgent need - for the EU as a key partner to support efforts under a renewed CAADP to prioritise nutrition within food systems.** Under CAADP, governments have pledged to allocate at least 10% of their national budgets to agriculture and rural development. Within these allocations, **there is a clear case for nutrition spending to be prioritised – not least because children affected by wasting and stunting cannot wait for broader food systems investments – however important – to take effect.**

A portrait of a smiling woman with dark hair, wearing a vibrant sari with blue, green, and red patterns. She is standing in a lush green environment, likely a banana grove, with large leaves and tree trunks visible in the background. The lighting is bright and natural.

CHAPTER 3

SHAPING THE GLOBAL NARRATIVE: ELEVATING NUTRITION

Incremental steps to tackle undernutrition taken since 2000 by the international community, while welcome, are insufficient to end stunting and wasting this century. This raises critical questions: **Are we truly committed to the WHA and SDG goals? Are we waiting for others to act while millions of children continue to suffer from stunting or wasting every day, or worse, not survive at all? Or will we take the lead by making a quantum leap in our financial commitment?**

These are not merely technical questions. They are political questions that concern the public and their elected representatives. **Public action and public resources are essential to finance nutrition interventions and end hunger** and blueprints exist for how to use public budgets effectively to make progress on nutrition.¹²³

Applying Knowledge for Impact

Investments in data for development and capacity at national to local level over the last decade mean we now have a more detailed picture of who is affected by malnutrition, where they live and what action is needed.¹²⁴

The impact of the EU Action Plan on Nutrition since 2013 - helping to deliver a 7 million reduction in the number of children affected by stunting in some of the most vulnerable of the EU's 42 partner countries - shows how international cooperation between Europe and development partners can work.

Ending child malnutrition is a choice. We have the knowledge, roadmaps and costed plans to deliver on the targets we have agreed upon. We know for example that social protection programmes can increase families' food purchasing power; school

feeding can improve both learning and nutrition outcomes; livelihood and credit interventions can help smallholders manage climate and other risks and make productive investments including in nutrient-dense foods; WASH interventions not only prevent disease but can enhance nutrient absorption; and essential nutrition interventions can be delivered as part of routine health services.

What we don't have is the money and the political commitment to making nutrition an overriding priority. For instance, at a political level, there has been a lot of discussion on the need for a food systems approach, but there has not been sufficient focus on making access to affordable nutrition for all the acid test of an effective food system.

Nutrition action must become a public narrative that resonates with non-specialists, while being rooted in a deep understanding of needs and effective strategies. This narrative should communicate nutrition as an essential investment in human capital, underpinning health, education, productivity, and prosperity at every level – family, community, national, continental, and global. As we have seen, nutrition is still lacking strategic prioritisation. **Instead of being seen as a technical niche topic, nutrition must be viewed as an essential investment in**

livelihoods, and national, regional, and global prosperity. Access to sufficient and nutritious foods must be the ultimate test of food systems, nutrition priorities being embedded within food systems and incentivized within food value chains. **Better nutrition must become the benchmark for sustainable agri-food profits.**

Nutrition is fundamental to life chances and individual potential, as well as to economic growth and productivity. A child born in sub-Saharan Africa today is likely to

¹²³ Examples include An Investment Framework for Nutrition in Uganda: reducing stunting and other forms of malnutrition, October 2016 <https://openknowledge.worldbank.org/handle/10986/28499>

¹²⁴ While progress has been made, we acknowledge that data gaps still remain. For instance, gaps exist in a) the geographic coverage - with many regions, particularly in low-income countries, lacking comprehensive and up-to-date data on undernutrition; rural and remote areas being often underrepresented in surveys and studies; b) data on undernutrition is often not collected or reported in real-time, leading to outdated information that may not reflect the current situation; c) insufficient disaggregation; d) quality and reliability of the data collection methods; e) hidden forms of malnutrition are less frequently measured compared to other forms of undernutrition like stunting and wasting.

reach only 40% of her full earnings potential, compared to 88% for a child born in Singapore.¹²⁵ Current estimates suggest that the developmental, economic, and social impacts of malnutrition cost the global economy between \$3 trillion and \$3.5 trillion annually.¹²⁶

The EU and its member states must use the upcoming Nutrition for Growth Summit to catalyze a new narrative,

elevating nutrition at the highest political level and emphasizing the urgent need for increased attention and resources for humanitarian action, while also highlighting the positive link between nutrition, inclusive growth, and shared prosperity. To achieve this, **civil society in all its variety – from local organizations and youth movements to INGOs and trade unions – must be enabled to have a seat at the table, voicing their concerns, challenges, and solutions.**

ASSESSING RETURN ON INVESTMENT

Investing in nutrition is one of the most cost-effective drivers for human development and prosperity.

The World Bank's 2017 Investment Framework for Nutrition noted 'best buy' interventions for scaling up nutrition: nutrition supplements to counter stunting and anaemia; breastfeeding promotion; treatment for the severe acute malnutrition which results in wasting. These interventions were expected to avert 65 million cases of stunting, up to 265 million cases of anaemia in women and prevent 3.3 million child deaths until 2025.¹²⁷

The economic benefits of early interventions over the productive lives of beneficiaries are estimated to be enormous:

- \$417 billion for stunting
- \$110 billion for anaemia
- \$298 billion for breastfeeding
- \$25 billion for wasting.

Investing in nutrition is the most effective way to break the harmful poverty-malnutrition trap. Malnutrition drives poverty, with stunting and anemia in childhood reducing an individual's lifelong earnings. In turn, poverty perpetuates malnutrition, as individuals cannot afford to purchase nutritious food.

Leaving aside the moral and human rights cases for addressing nutrition, the returns on every \$ invested are estimated at \$4 for wasting, \$11 for stunting, \$12 for anaemia, \$35 for exclusive breastfeeding.

¹²⁵ <https://openknowledge.worldbank.org/entities/publication/93f8fbc6-4513-58e7-82ec-af4636380319>

¹²⁶ World Bank Food security trends in 2024 and beyond, World Bank blogs, Bo Pieter Johannes, Andree, Kamwoo Lee, Hanane Ahmed, John Dearborn. January 2024 and GN Gates WB IDA 21 recommendations.doc (confidential) p1.

¹²⁷ Brief overview of 2017 framework, Meera Shekar et al, Feb 2024.



POLITICAL PRIORITY AND FINANCING THE INVESTMENT

We need to be realistic about the costs of meeting these needs. It is disingenuous for OECD DAC countries to constantly speak about ending hunger and meeting targets without making real progress and without having a genuine conversation about what this entails and how to achieve it. To give an overview of what fighting nutrition insecurity concretely means:

- The global costs of delivering on nutrition commitments envisaged a 3.5 fold scaling up of global nutrition financing involving developing country governments allocating 4% of health budgets to nutrition by 2025 and 2.8% of total ODA from donors in 2021 tapering to 1.8% ODA by 2025.¹²⁸
- The World Bank¹²⁹ January 2024 estimates put the cost of addressing malnutrition among women and children at \$11 billion annually.
- The World Food Security Outlook estimated annual global financing needed to provide a safety net that covers 25% of daily calorific needs for people who are food insecure at \$90 billion. However, they note that inflation, low growth, high commodity prices will likely make increase the costs by as much as 130%.

As we have seen, **we are far away from bringing these resources to the table:**

- In 2022, ODA financing for Basic Nutrition was just 0.37% of global ODA – or \$1.1 billion. This allocation to basic nutrition has barely changed since 2012 – hovering around a billion dollars a year.
- The EU and member states allocated 1.13% of their

ODA to Basic Nutrition, or \$592 million in 2022.¹³⁰ Better than the global average, but not in line with requirements.

2.8% of total ODA from EU Member States in 2023 would be €2.5 billion.¹³¹ To provide some elements of comparison, the current spending of \$592 million allocated to Basic Nutrition by the EU is significantly lower than:

- The estimated \$11.47 billion European veterinary healthcare market in 2024;¹³²
- The European Space Agency budget of €7.79 billion for 2024 – a 10% year on year increase.
- NATO's EU members spending of \$380 billion on defence in 2024, or 2% of GDP. That is an increase of 4.5% between 2022 and 2023¹³³ and an increase of 0.53% of GDP over the decade since 2014.¹³⁴

These budget allocations represent political choices made by Europe. **New resources can be found, and a new balance between spending priorities can be achieved. It is ultimately a question of whether the EU wants to act for nutrition security and human development or merely participate in global rhetoric that brings little change.**

In the upcoming years, the EU has a significant opportunity to lead in nutrition, promising profound economic and social benefits for households and countries. However, enhancing its political leadership on nutrition requires aligning rhetoric with financing, ensuring the delivery of the EU's share of the necessary funds for scaling up.

¹²⁸ Ibid

¹²⁹ Food security trends in 2024 and beyond, World Bank blogs, Bo Pieter Johannes, Andree, Kamwoo Lee, Hanane Ahmed, John Dearborn. January 2024.

¹³⁰ Public Good calculations based on OECD DAC data.

¹³¹ Total ODA from DAC EU Countries in 2023 US\$92,937 million. See OECD ODA Levels in 2023, Preliminary data 11 April 2023.

¹³² <https://www.mordorintelligence.com/industry-reports/europe-veterinary-healthcare-market-industry>

¹³³ <https://www.ft.com/content/c2defae4-9f70-40c8-b6ca-d17b450fb18b>

¹³⁴ <https://www.politico.eu/article/more-than-half-of-nato-countries-hit-defense-spending-target/>

When Priorities are Set, Finance Follows

EU institutions provided \$20.5 billion in ODA to Ukraine in 2023 and \$10.62 billion in 2022. ODA to Ukraine represented 9% of total net ODA. By contrast, the 2.8% of ODA required to deliver the DAC donor share of the costs of delivering the Investment for Nutrition Framework has never come close to being found.

Political priority means not just a short-term effort on a special need over a couple of years, but also substantial sustained increases over time to a sector which is seen as political priority.¹³⁵ In the case of

In-donor refugee costs (IDRC), the long-term trend shows donors gradually increasing the share of IDRC. This has grown to a point where almost 14% of DAC ODA is spent on the cost of donor hosting of refugees. This illustrates how political priority can lead to a sustained increase in allocated finance.

A similar level of political commitment would have easily delivered (several times over!) on the levels of donor finance required to deliver on the full scale up of the 2017 Investment Framework for Nutrition.¹³⁶

¹³⁵ See for instance Chart 2, p10, ODA Levels in 2023

<https://www.oecd.org/newsroom/international-aid-rises-in-2023-with-increased-support-to-ukraine-and-humanitarian-needs.htm>

¹³⁶ Brief Overview of 2017 framework, Meera Shekar, Feb 2024, p5.



A portrait of a middle-aged Black man with a short beard, wearing a white lab coat over a patterned shirt. He is looking off to the side with a thoughtful expression. In the background, a large, vintage-style hanging scale is visible, and a blurred figure of another person can be seen in the lower left. A green horizontal band across the middle of the image contains the text.

RECOMMENDATIONS AND NEXT STEPS



To secure a robust European engagement in supporting partner countries' fight against nutrition insecurity, it is essential that the European Institutions and Member States commit to and deliver on the following:

1 A Quantum Change in the Level of Investment for Nutrition:

- Achieve a fair share of the global needs assessment and a minimum target of 2.8% of ODA for basic nutrition as per the World Bank Investment Framework.¹³⁷ This should include timetabled financial commitments from the EC and EUMS that are proportionate to need and focus on supporting Least Developed and Fragile Countries. The international community often talks of transformational change but only makes incremental increases in finance. EU leadership should set an example by making finance for nutrition the primary issue at N4G and committing to pledge accordingly – making use of all the financing tools and instruments at the EU's disposal - as well as feeding this topic into the UN Financing for Development Conference in June 2025.

2 Improve the Quality and Effectiveness of ODA for Nutrition by:

- Prioritizing sustained in-country delivery by supporting government and local institutions and/or effective delivery partners. This means continued use of budget support for national and sub-national nutrition plans when context allows.

- Providing sustainable long-term funding to support the integration of nutrition into Primary Health Care services and Food Systems transformation.
- European Union Delegations (EUDs) and ECHO offices in country should integrate their efforts across emergency response and long-term support. By eliminating the segregation between emergency and long-term nutritional support, EUDs and ECHO can create a more cohesive and sustainable approach. This integration will ensure consistent and comprehensive nutritional interventions, maximizing impact and resource efficiency.
- Reducing excessive fragmentation - too little aid from too many donors. The effectiveness of aid is reduced when there are too many duplicating initiatives. To reduce aid fragmentation, improved complementarity of donor efforts is needed. To this end:
 - The EU should respect partner countries' priorities and promote partner country ownership, ensuring that partner countries lead in determining the optimal roles of donors in supporting their development efforts at national, regional, and sectoral levels.
 - The Team Europe approach must reduce fragmentation among European donors by improving joint programming.

¹³⁷ This recommendation will be reviewed once the upcoming revised World Bank framework is published.



- Greater predictability in aid flows is needed to enable developing countries and implementing partners to effectively plan and manage their development programs over the short, medium, and long term.
- Providing financial support for local civil society organizations (CSOs) to be effectively enabled to lead, design, and implement effective projects, which requires an enabling environment and sufficient funding for and through civil society.

3 Better Integrate Nutrition into Policies, ODA Spending, and Impact Evaluations by:

- Promoting pathways to nutrition outcomes through all EU investments. This includes investments in agriculture, health, climate, education, and social protection, as well as investments targeted at mobilizing the private sector and fostering economic development. To incentivize progress, the EU must require all investments to be screened for nutrition objectives by 2026.
- Using the DAC policy markers process to embed attention to nutrition, reflecting political priority across all divisions in DG INTPA and DG ECHO, as well as in EU Member States and multilateral organizations' programming and reporting, thereby increasing accountability.
- Setting benchmarks for the share of sectoral spending that should include Principal and Significant nutrition objectives.
- Integrating nutrition outcomes in the identification and planning of the next generation of

flagship projects of the Global Gateway strategy. As the strategy evolves into a comprehensive 360° approach and potentially further incorporates agriculture and food systems as one of its priority areas for public and private investments, all agricultural investments under Global Gateway must be made sensitive to the nutrition needs of local communities and the most marginalized and vulnerable populations.

4 Bolder EU Political Leadership on Nutrition:

- Communicate a new public and political narrative: as hunger is the most acute manifestation of poverty and a denial of human rights, the EU needs to better promote a narrative that places nutrition as a key part of human and economic development, adding value to all other investments, and thus at the core of the international cooperation agenda.
- Demonstrate EU leadership on the Right to Food, aligned with EU external engagement on trade, financing, governance, and security, ensuring policy coherence. The human rights framework must be at the core of the EU's action for nutrition as well as of its external action.
- Strongly promote and support the integration of nutrition in primary health care and Universal Health Coverage in partner countries, aligning with the goals of the European Union's Global Health Strategy (EGHS) to improve health throughout life, strengthen health systems and achieve universal health coverage, and prevent and combat health threats.

5 Support any EC and Team Europe Commitment to Nutrition with a New Nutrition Policy Framework:

- The European Commission should expand its efforts in nutrition security beyond ad hoc commitments and N4G pledges. It is imperative to update the framework for action by reviewing the existing EU policy framework for nutrition to respond to increasing needs and changed international context.¹³⁸ This entails revising the action plan and securing political support and commitment from Member States through council conclusions.

6 Reinvigorate Engagement with Parliamentarians:

- The EC and Member States should support increased engagement of the newly elected European Parliament on all matters related to nutrition action, including monitoring budget allocations and program impacts. The EC and Member States should promote and support parliamentary networks such as the European Parliamentary Alliance against Hunger and Malnutrition ensuring exchanges of expertise and views. Supporting parliamentarians' efforts to increase attention and finance for nutrition is an important investment in effective democracy and governance in partner countries. The EU should therefore also facilitate exchanges with the ECOWAS Parliamentary Network, the East African Parliamentary Alliance for Food Security and Nutrition, and the Parliamentary Front against Hunger in Latin America and the Caribbean.

7 Invest in Existing and new Spaces and Partnerships for Nutrition:

- The EU should continue defending and reinforcing the role of the UN Committee on World Food Security (CFS) - the foremost inclusive intergovernmental forum addressing food issues - in improving coordination and governance of the global food system. In recent years, several coalitions and forums for food and nutrition security have been established. Brazil is prioritizing food security in its international agenda as it convenes the G20 in 2024 and COP30 in 2025. It intends to launch a Global Alliance Against Hunger and Poverty at the G20 Leaders' Summit in November 2024. Similarly, the

Italian G7 Presidency will soon launch the Apulia Food Security Initiative to address the food-climate nexus and boost G7 commitments to sustainable food systems. The EU leadership should assess if and how to support these initiatives, ensuring that nutrition is considered a central part of the international food security agenda while avoiding the duplication of coalitions that do not necessarily lead to concrete actions.

- Make nutrition a key component of the EU-Africa relationship, supporting African leadership, specifically the AUC, AUDA-NEPAD, and African governments in a renewed CAADP, to prioritize nutrition outcomes and metrics within a food systems framework. The EU has opportunities to support African leadership in the upcoming SUN Global Gathering in Kigali from November 25-28, 2024.

8 The European Union should support civil society organizations' involvement in nutrition governance and implementation:

- By integrating them into policy development, decision-making, program execution, monitoring, and needs assessment while providing required funding and ensuring accountability. Civil society, including youth, Women-led and Women's Rights organizations (WLO/WRO), and those representing marginalized communities, can play a critical role in ensuring that government policies and services represent their needs. In parallel, strengthening the capacity of local civil society to effectively collaborate with government authorities, contribute to multi-sectoral policy change, increase social mobilization for nutrition, and enhance accountability can positively advance the nutrition agenda.

¹³⁸ For more information on why and how the policy framework should be updated please refer to [Upgrading the EU's policy toolbox for nutrition leadership-ECDPM](#)

GENERATION NUTRITION

The Generation Nutrition Coalition: A network of multisectoral civil society organizations collaborating to end malnutrition in all its forms, including Action Against Hunger, Alliance2015, CARE, Global Health Advocates, Save the Children, WaterAid, and World Vision.

A study financed by the *Agence Française de Développement* (AFD)
Conducted with the expertise of Ideas and Action for Public Good

CONTACT

Margherita Dacquino

EU Advocacy Officer for Nutrition Security
& Coordinator of the Generation Nutrition Coalition
mdacquino@actioncontrelafaim.org





GENERATION NUTRITION