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**Eighth Progress Report on the Commission's Action Plan on Nutrition
April 2022 – March 2024**

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Acronyms

AARR	Annual Average Rate of Reduction
BMZ	German Federal Ministry for Economic Cooperation and Development
C4N	Capacity for Nutrition
COP28	28 th Conference of Parties to the UN Framework Convention on Climate Change
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG INTPA	Directorate-General for International Partnerships
DG NEAR	Directorate-General for European Neighbourhood Policy and Enlargement Negotiations
EU	European Union
EU4SUN	EU support to the implementation of the Scaling Up Nutrition movement
FAO	Food and Agriculture Organisation of the United Nations
FIIAPP	Fundación Internacional y para Iberoamérica de Administración y Políticas Públicas
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GRFC	Global Report on Food Crises
HDP	Humanitarian-Development-Peace
JME	Joint child malnutrition estimates
MDD-C	Minimum Dietary Diversity for Children
MDD-W	Minimum Dietary Diversity for Women
N4G	Nutrition For Growth
NGO	Non-Governmental Organisation
NPM	Nutrition Policy Marker
NRF	Nutrition Research Facility
ODA	Official Development Assistance
OECD DAC	Development Assistance Committee of the Organisation for Economic Co-operation and Development
RUTF	Ready-To-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SDG	Sustainable Development Goal
SRCT	Stunting Reduction Calculations Tool
SUN	Scaling Up Nutrition
TEI	Team Europe Initiative
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNOPS	United Nations Office for Project Services
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

Key Messages

The European Commission is now celebrating a decade since the launch of its action plan on nutrition. In that context, the European Union (EU) is looking forward to the global Nutrition for Growth (N4G) Summit that will take place in Paris on 27 and 28 March 2025. 2025 will also be a pivotal year as it marks the end of the UN Decade of Action on Nutrition and will see an assessment of achievements towards the World Health Assembly (WHA) global nutrition targets for 2025 and the prospects for progress towards the 2030 Agenda for Sustainable Development. The 8th progress report therefore presents a timely opportunity for the EU to assess progress against its two global nutrition commitments: the financial pledge made at the 2021 N4G in Tokyo and the commitment made at the Global Hunger Event in London in 2012 to support partner countries' efforts to reduce the number of stunted children under the age of five.

In terms of both the financial and outcome-related pledges, this report heralds significant progress. In December 2021, at the N4G Summit in Tokyo, the EU pledged to commit EUR 2.5 billion for international cooperation (development and humanitarian aid) with a nutrition objective, for the period 2021-2024. Based on analysis using the 'nutrition policy marker' (NPM) for 2021-2022 data and preliminary data for 2023, the EU has already met this pledge. Total commitments with a nutrition objective in the first three years alone amounted to EUR 4.4 billion, of which EUR 3.1 billion is development aid and EUR 1.3 billion is humanitarian aid. Of total commitments, 10.2% have nutrition as the principal objective, while the remainder (89.8%) have nutrition as a significant objective. The amount of total commitments exceeds the pledge by EUR 1.9 billion, with the predominant areas of development finance being sustainable agri-food systems and multi-sectoral programmes for food security and nutrition. Furthermore, since the introduction of the Team Europe Initiative (TEI) marker in 2022, more than half of all nutrition-related development aid financing decisions have been identified as such.

In 2012, the EU pledged to support partner countries to reduce the number of stunted children under the age of five by at least 7 million by 2025. According to current projections this target is now 'on-track' to be reached in the 40 countries identified for EU support with a nutrition objective in 2013 and serving as a baseline reference for measuring progress on this commitment. Of these 40 countries, 39 have seen, on average, a 7.2 percentage point decrease in the prevalence of stunting since 2012.

The stories of change showcased in this report include six projects from Chad, Haiti, Madagascar, Myanmar, Somalia and Zimbabwe, as well as four global / regional initiatives. The stories serve to highlight the broad scope of multi-sectoral EU support, opening a window into the way that tangible results are delivered on the ground. EU support in such challenging contexts and protracted crises brings together humanitarian, development and peace (HDP)-related interventions within a coherent package of assistance. Despite each of these six countries being in a state of food crisis and requiring EU humanitarian assistance, still the prevalence of stunting has been significantly reduced.

At global level the EU promotes international collaboration to scale up actions and accelerate progress. Here the focus is on creating multi-country catalysts for change and cross-fertilisation including: addressing country-driven priorities for nutrition research; working with national governments to bridge the gap between evidence and transformative policy agendas; strengthening national systems to provide life-saving nutrition service provision in a sustainable way; and, ongoing support to the Scaling Up Nutrition Movement, as a country-driven initiative which continues to promote a shared vision, commitment, mutual

accountability and learning networks across different stakeholder groups and geographical regions.

All of the above represent an important contribution to the Global Gateway, the European Union's worldwide effort to narrow the global investment gap. The Global Gateway strategy is boosting smart, clean and secure connections in digital, energy and transport sectors, while strengthening health, education and research systems. It provides sustainable investment opportunities to enhance the prosperity and security of societies and economies especially in difficult and more complex geopolitical contexts. Integrating nutrition objectives in the infrastructure investments under the Global Gateway is helping to ensure that no one is left behind. This 360° approach to partnerships includes improving policy, regulatory and fiscal frameworks, while fostering better social inclusion and development outcomes. The fostering of investment opportunities across food systems leads to greater resilience and self-reliance while ensuring the highest social, environmental and labour standards whether for exports or domestic markets.

Nutrition remains a linchpin of sustainable development, and therefore tracking nutrition outcomes can serve as a barometer for resilience and progress. The report delivers two key messages. Firstly, the results on the ground confirm that EU multisectoral investments have contributed to tangible improvements in maternal and child nutrition in partner countries. Secondly, given the daunting challenges ahead, efforts must intensify to strengthen models for partnership, innovation and accountability, not least to ensure that future resourcing strategies are fit for purpose and sustainable.

Section 1. Introduction

This progress report marks another stocktaking moment to review the EU's action in the context of humanitarian assistance and international partnerships, which continue to support partner countries to meet global nutrition targets and end malnutrition. The previous progress report (2022)¹ confirmed that EU nutrition commitments in 2014-2020 had amounted to EUR 4.3 billion. This was EUR 835 million more than the bold 2013 financial pledge of EUR 3.5 billion at the Nutrition for Growth (N4G) Summit in London. Furthermore, over 90% of countries that benefited from EU assistance with a nutrition objective in those 7 years (2014-20) saw an overall decrease in stunting prevalence over the period, with an average reduction of 6.2 percentage points. At the N4G Tokyo Summit in 2021, the EU pledged to commit at least EUR 2.5 billion for international cooperation (humanitarian and development) with a nutrition objective. This, together with the contribution of several EU member states², amounted to a total pledge of EUR 4.3³ billion under the Team Europe approach. While the last progress report looked ahead to the implementation of the EU's new financial framework (2021-2027), this report serves as a critical tool to take stock of challenges, reassess progress and spotlight key achievements on the eve of N4G 2025, to be held in France.

The global 'polycrisis' - a wake-up call for nutrition

The international stage has presented a steady succession of challenges. The socio-economic instability associated with the post-COVID-19 era has been amplified by outbreaks of conflict around the world and the advancing impacts of climate change and other ecological crises. While these concurrent shocks may be distinct, their complex interaction gives rise to a 'polycrisis', with impacts greater than the sum of its parts⁴. This in turn, threatens to undermine efforts to ensure nutrition progress by disrupting not only food systems but also the other basic systems required for the realisation of mutually reinforcing fundamental human rights – whether education, health, social protection or water and sanitation.

With stalling trends in global poverty reduction and a steady increase in the external debt of developing countries⁵, the number of people facing hunger and food insecurity has been on the rise since 2015. The EU-supported 2024 Global Report on Food Crises (GRFC) estimated that in 2023, 281.6 million people were acutely food insecure and required urgent food assistance in 59 food crisis countries and territories affected by conflict and insecurity, economic shocks and weather extremes⁶.

Shrinking fiscal space means that the ability of countries to ensure a rights-based and equality-focused approach to food and nutrition security, including urgently needed investments in climate-resilience, has been undermined. The 2023-2024 El Niño phenomenon, along with

¹ European Commission (2022). *Action plan on nutrition: seventh progress report, April 2021-March 2022*, Publications Office of the European Union, Luxembourg. <https://data.europa.eu/doi/10.2841/887467>

² Notably Denmark, Finland, France, Germany, Ireland, Netherlands and Slovenia.

³ This includes EUR 2.5 billion of the European Commission + EUR 1.8 billion from EU Member States. https://international-partnerships.ec.europa.eu/news-and-events/news/eu43-billion-team-europe-commitment-fight-global-malnutrition-crisis-2021-12-08_en

⁴ UNDP Strategic Innovation (2023). *Global Polycrisis as a Pathway for Economic Transition*, <https://polycrisis.org/resource/global-polycrisis-as-a-pathway-to-economic-transition/> and UNICEF (2023). *Prospects for Children in the Polycrisis: A 2023 Global Outlook*, <https://polycrisis.org/resource/prospects-for-children-in-the-polycrisis-a-2023-global-outlook/>

⁵ World Bank (2024). *Poverty and Inequality Platform*. <https://pip.worldbank.org/home>

⁶ FSIN and Global Network Against Food Crises (2023). *Global Report on Food Crises 2023*. <https://www.fsinplatform.org/sites/default/files/resources/files/GRFC2023-hi-res.pdf>

climate change, helped to push global temperatures to new highs, with the region of Southern Africa especially impacted by drought.

As a result, in the past 4 years, EU humanitarian funding has grown continuously as needs have reached unprecedented levels. The EU and its Member States remain the world's leading donor, providing a record high of EUR 95.9 billion of official development assistance (ODA) in 2023 disbursements on a grant equivalent basis, which accounts for 42% of global ODA⁷.

Progress on ending hunger and malnutrition:

Against this daunting backdrop, the world remains significantly off track with respect to achieving the 2025 WHA nutrition targets for stunting, wasting, overweight and low birthweight⁸. Notable exceptions include the steady progress made at the global level with respect to the WHA target for exclusive breastfeeding, while at the regional level Central and Eastern Asia regions are on track for both stunting and wasting targets, and the Latin America and Caribbean region is on track for wasting. Western Africa and Central and Southern Asia are the only regions on track for overweight among children under five years. The association between poverty, vulnerability and child undernutrition is striking. Africa and South Asia alone represent 85% of the global population living in extreme poverty, 78% of all stunted children and 82% of all children suffering from acute malnutrition. Based on current trends, it is estimated that around 127 million children under five will be stunted in 2025⁹.

The Food System Economics Commission¹⁰ has estimated the economic costs associated with the negative effects of our global food systems are well above USD 10 trillion a year with the lion's share of this associated with unhealthy diets whether leading to undernutrition or overweight and obesity. Furthermore, based on current trends, the growing adoption of diets high in fats, sugar, salt and ultra-processed foods could increase the number of obese people worldwide by 70% to an estimated 1.5 billion in 2050¹¹.

Global governance gears up to meet the nutrition challenge:

In 2023, the EU supported several global initiatives that focused international attention on the paramount importance of ensuring sustainable and inclusive food systems, healthy diets and good nutrition for all. The strategic significance of four such initiatives are outlined below:

United Nations (UN) Food Systems Summit '+2 Stocktaking Moment':

Catalysed by the 2021 United Nations Food Systems Summit, by 2023 117 countries had generated and committed to implement ambitious national food system transformation pathways. In partnership with the French Agricultural Research Centre for International Development (CIRAD) and the Food and Agriculture Organization of the UN (FAO), the EU has already played a significant role in supporting 50 partner countries to develop their

⁷ The [EU collective ODA](#), including both development and humanitarian finance, increased from EUR 93.2 billion in 2022 to EUR 95.9 billion in 2023 in nominal terms based on current prices (+ EUR 2.7 billion, ie. + 2.9%).

⁸ WHO (2014). *Global Nutrition Targets 2025: Stunting policy brief*. <https://www.who.int/publications-detail-redirect/WHO-NMH-NHD-14.3>

⁹ De Onis et al., (2013). 'The World Health Organization's global target for reducing childhood stunting by 2025: rationale and proposed actions', *Maternal and Child Nutrition*, vol 9 supplement 2, September 2013, pp. 6-26, doi: 10.1111/mcn.12075.

¹⁰ The Food System Economics Commission (FSEC) is an independent and interdisciplinary initiative currently comprising 21 leading experts from WHO, FAO, World Bank, World Resources Institute and GAIN as well as academic centres across the world. <https://foodsystemeconomics.org/>

¹¹ FSEC (2024). *The Economics of the Food System Transformation. Global Policy Report*. <https://foodsystemeconomics.org/wp-content/uploads/FSEC-GlobalPolicyReport-February2024.pdf>

pathways via support to a robust food system analysis framework and assessment methodology. A follow-up 2023 stocktaking event also confirmed progress with the establishment of an international ‘ecosystem of support’, including the UN Food System Coordination Hub to serve as a ‘connector’ for 27 ‘coalitions of action’ that have brought together 131 member countries¹². The EU remains actively engaged in 8 of these coalitions. Three of them, the School Meals Coalition, the Coalition for Agroecology and the Coalition for Fighting Food Crises along the Humanitarian-Development-Peace Nexus, are discussed in more detail in Section 4 of this report.

The 28th Conference of Parties (COP28) to the United Nations Framework Convention on Climate Change:

Key outcomes supported by the EU included the United Arab Emirates (UAE) Declaration on Sustainable Agriculture, Resilient Food Systems and Climate Action¹³, which was signed by over 150 Heads of State and government, as well as the COP28 UAE Declaration on Climate and Health¹⁴, which sounded the alarm for a global shift to sustainable healthy diets. Here, the focus of the EU, together with global partners, is on addressing the health threats of climate change through a One Health approach. These achievements represent a collective commitment to integrated action for food systems and climate, providing powerful advocacy tools to drive forward deliverables at all levels.

Approval of Voluntary Guidelines on Gender Equality and Women’s and Girls’ Empowerment in the Context of Food Security and Nutrition:

In October 2023, the Committee on World Food Security during its 51st session endorsed the *Voluntary Guidelines on Gender Equality and Women’s and Girls’ Empowerment in the Context of Food Security and Nutrition*¹⁵. The acceleration of efforts to end malnutrition will undoubtedly depend on advancing gender equality and empowering women and girls. The EU gender action plan (GAP III¹⁶) is the EU's ambitious strategy for contributing to the SDGs, by accelerating progress on gender equality and women's empowerment as a priority of all EU external policies and actions. By 2025, the EU is committed to at least 85% of all new external actions having gender equality and women’s and girls’ empowerment as a significant or principal objective.

EU support to the third phase of the Scaling Up Nutrition (SUN) movement:

As will be presented in more detail in Section 4 of this report, the EU has been engaged in the mobilisation of support and expertise, under the Team Europe approach, to strengthen the operationalisation of the Scaling Up Nutrition (SUN) 3.0 strategy. Initiated in January 2023 for a period of 3 years and amounting to EUR 15 million, the focus has been on establishing and strengthening of SUN regional hubs (in Bangkok, Dakar, Nairobi and Panama) to provide demand-driven technical assistance and facilitate peer-to-peer exchanges closer to the countries requesting support. This initiative is jointly implemented by the German Deutsche Gesellschaft

¹² UNFSS +2 (2023). *Making food systems work for people and planet*. UN Food Systems Summit +2 Report of the Secretary-General. https://www.unfoodsystemshub.org/docs/unfoodsystemslibraries/stocktaking-moment/un-secretary-general/unfss2-secretary-general-report.pdf?sfvrsn=560b6fa6_19

¹³ COP28, (2023). UAE Declaration on Sustainable Agriculture, Resilient Food Systems and Climate Action. <https://www.cop28.com/en/food-and-agriculture>

¹⁴ COP28, (2023). COP28 UAE Declaration on Climate and Health. <https://www.who.int/publications/m/item/cop28-uae-declaration-on-climate-and-health>

¹⁵ Committee on World Food Security (2023). ‘CFS Voluntary Guidelines on Gender Equality and Women’s and Girls’ Empowerment in the Context of Food Security and Nutrition’. <https://www.fao.org/3/nn097en/nn097en.pdf>

¹⁶ European Commission (2022). Gender action plan. https://ec.europa.eu/commission/presscorner/detail/en/IP_20_2184

für Internationale Zusammenarbeit (GIZ), the Spanish Fundación Internacional y para Iberoamérica de Administración y Políticas Públicas (FIIAPP) and the French Expertise France through a Team Europe approach. In effectively getting behind country-driven actions, the EU support incorporates policy development, governance and advocacy for nutrition, with a particular focus on Public Finance for Nutrition and food systems transformation for healthy diets.

Powerful EU initiatives to leverage additional impact:

The daunting scale and complexity of pressing global challenges necessitates a structural overhaul of the *modus operandi* in international cooperation. The EU's Global Gateway strategy was launched by the European Commission and the EU High Representative in 2021 with the aim to boost smart, clean and secure links in digital, energy and transport sectors and to strengthen health, education and research systems across the world. In 2023 alone, 90 Global Gateway projects were launched worldwide across multiple sectors and the year closed with the first Global Gateway Forum¹⁷. Guided by strategic national priorities, the development of essential infrastructure worldwide can ensure the solid foundations required to accelerate food system transformation and end malnutrition in all its forms including by ensuring equal access to crucial services (such as health, education and safe water and sanitation) as well as the realisation of the sustainable and healthy diets required for good nutrition.

In 2021-2024, the EU's support for agri-food system priorities in Africa amounts to a total of EUR 4.5 billion. It includes support to sustainable agri-value chains, thereby contributing to alternative livelihoods, as well as support to sustainable nutrition sensitive agrifood systems and resilient production of nutritious food.

The Global Gateway strategy is implemented through the 'Team Europe approach'¹⁸, representing an innovative EU pathway to ensure that international partnerships rise to the scale of the global challenges ahead. Specific illustrations of the practical added value of the Team Europe Approach can be found in Section 4 and include the EU Support to the SUN Movement, the Programme for Food System Resilience in Chad, the Green Deal Programme in Madagascar and the Boosting Resilience and Adaptation to Climate Change Programme in Somalia. Furthermore, several Global Gateway flagship projects are significantly contributing to improved nutrition. For example, the Global Gateway flagship in Lao PDR promotes sustainable, climate-resilient, competitive and nutrition sensitive agriculture in support of the country's Green Growth strategy. In Somalia, the flagship addressing key development challenges to ensure more sustainable, and inclusive growth while promoting sustainable food and nutrition security through improved production and enhanced productivity. Through a Global Gateway flagship in Zambia, the EU supports enhanced health and nutrition status of children and young mothers and improved access to education, health and nutrition services for adolescent girls. In Ecuador, the EU is supporting water management in areas with highest prevalence of chronic childhood malnutrition. As a Global Gateway initiative, the Accelerating Human Development (HDX)¹⁹ guarantee facilitates investment in infrastructure, health system

¹⁷ Global Gateway Forum (2023). https://global-gateway-forum.ec.europa.eu/index_en

¹⁸ Council of the EU (2023). 'The Council approves conclusions on the Team Europe approach'. <https://www.consilium.europa.eu/en/press/press-releases/2023/11/21/the-council-approves-conclusions-on-the-team-europe-approach/>

¹⁹ European Commission. Accelerating Human Development. https://international-partnerships.ec.europa.eu/funding-and-technical-assistance/funding-instruments/european-fund-sustainable-development-plus/accelerating-human-development_en

strengthening and improved manufacturing capacities for health and nutrition products and technologies.

The 2025 Nutrition for Growth Summit:

The next N4G Summit will be held in Paris on 27 and 28 March 2025. The previous N4G Summit in 2021 led to pledges amounting to USD 42.6 billion in total (of which USD 27 billion was initially presented at the Summit)²⁰. The EU and its Member States will be harnessing the occasion of a European N4G to leverage opportunities to showcase progress following its 2021 commitment. Ensuring meaningful engagement of civil society and an inclusive private sector while affirming the centrality of a rights-based and equality-focused approach will also be crucial. With 2025 marking the close of the UN decade of Action on Nutrition, the Summit can serve as a reminder of the acceleration required in terms of international political commitment and financial mobilisation by governments, donors and civil society to reach relevant targets for nutrition associated with SDG 2 Zero Hunger²¹.

Scope of the 8th Progress Report:

Building on the 7 previous progress reports, the central purpose of this report is to track EU achievements relating to pledges made in 2012 at the Global Hunger Event in London and in 2021 at the N4G Summit in Tokyo. These pledges underpin the strategic and operational focus of the EU's work on nutrition within the context of humanitarian assistance and international partnerships²². The pledges are: (i) 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) between 2021 and 2024, to commit at least EUR 2.5 billion for international cooperation (development and humanitarian aid) with a nutrition objective.

Section 2 of the report contributes primarily to unpacking the latest data on progress with respect to the pledge on reduction of child stunting in countries receiving EU support for nutrition. However, given the complex interactions between all forms of malnutrition, the chapter also considers progress regarding other relevant indicators. Guided by the internationally supported Nutrition Policy Marker (adopted by the Development Assistance Committee of the Organisation for Economic Co-operation and Development – OECD DAC), Section 3 presents an updated and systematic analysis of progress with respect to the EU's financial pledge and covering countries that have received EU assistance with a nutrition objective since 2021 (see Figure 1 below). Section 4 offers a range of insights from around the world to provide a more in-depth understanding of EU support. The resulting case studies, which cover recently launched actions at global, regional and national levels, feature both humanitarian and development assistance which in many contexts require close strategic coordination. Collectively, they offer perspectives on the highly context-specific and tangible deliverables associated with different programmes. At the same time, the attention paid to integrating various cross-cutting issues is demonstrated, most notably human rights, the climate

²⁰ *Global Nutrition Report* (2022). 'Stronger commitments for greater action'. <https://globalnutritionreport.org/reports/2022-global-nutrition-report/>

²¹ Finalisation of the WHA proposal for an extension of the 2025 nutrition targets to 2030 is expected to have concluded by mid-2025.

²² The EU's policy framework on nutrition consists of the Communication from the Commission to the European Parliament and the Council (2013). 'Enhancing maternal and child nutrition in external assistance: an EU policy framework'. <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX%3A52013DC0141> and the associated EU's 'Action plan on nutrition' (2015). <https://op.europa.eu/en/publication-detail/-/publication/6b8b10e4-c103-42d7-ae08-f8604ae8dfab/language-en/format-PDF/source-search>

and ecological crises and both gender and income related inequalities. Finally, the report concludes with Section 5.

Figure 1: Countries receiving EU support with a nutrition objective – including 40 baseline countries (identified in yellow) and additional countries supported 2021-2023



Section 2. Progress in supporting partner countries to reduce the number of children stunted

In 2012 the EU pledged to support partner countries to reduce the number of stunted children under the age of five by at least 7 million by 2025. According to current projections this target is ‘on-track’ to be reached in the 40 baseline countries.

Of these 40 countries, 39 have seen, on average, a 7.2 percentage point decrease in the prevalence of stunting since 2012.

However, achieving the ambitious global World Health Assembly (WHA) nutrition targets for 2025, including stunting, remains a challenge at the global level.

This section is organised into 2 parts:

Part A tracks the progress on stunting reduction in the 40 baseline countries, identified for EU support with a nutrition objective in 2013. It sets out which countries are on-track to achieve the WHA stunting target by 2025 and which are furthest away. It also highlights the impact of the COVID-19 pandemic on the progress of stunting reduction.

Part B highlights the continuing progress on addressing all forms of malnutrition based on the dashboard found in Annex 2. This analysis has been carried out on countries receiving EU support with a nutrition objective including 40 baseline countries and additional countries supported in 2021-2023.

Part A - Progress on stunting reduction in the 40 baseline countries

In 2012, the EU pledged to support partner countries to reduce the number of stunted children under the age of five by at least 7 million by 2025. Analyses of the EU’s previous nutrition progress reports focused on the 40 baseline countries. Progress on stunting reduction in these 40 baseline countries continues to be tracked in this report to allow for consistency and taking into consideration the longer period of funding for these countries, from 2014²³.

To track the reduction in stunting, in 2014 and 2015 the European Commission, in collaboration with the World Health Organization (WHO)^{24,25}, developed a modelling tool, the Stunting Reduction Calculations Tool (SRCT²⁶). The purpose of this tool was to enable forecasting of the prevalence, rate of stunting and number stunted up to 2025. This section presents an analysis of data from the SRCT to calculate the number of children ‘averted’ from

²³ Since stunting may take several years to manifest and implementation has continued for most of the projects funded.

²⁴ This collaboration was the basis for the WHO tool that is available online at: <https://www.who.int/data/nutrition/tracking-tool>

²⁵ The WHO is now using different modelled estimates for stunting as well as a shorter time horizon. This Progress Report continues to use the SRCT to ensure consistency across reporting years for the period of the EU’s pledge on stunting reduction i.e. up to 2025.

²⁶ The methodology for this tool can be found here: <https://capacity4dev.europa.eu/media/251283/download/42f2931b-b26f-4e85-911e-32b9c93332c0>

being stunted. The SRCT brings together two important UN data sources: 1) the Joint Child Malnutrition Estimates (JME)²⁷ and 2) the World Population Prospects²⁸.

2024 presents a timely opportunity for analysis of the progress made in stunting reduction, because it heralds the return of available anthropometric data with the resumption of face-to-face nutrition surveys. During the COVID-19 pandemic very few surveys could be implemented due to restrictions imposed. Since 2020, out of the 40 baseline countries, 19 have had new anthropometric data collected, analysed and made available, through 23 surveys²⁹, with more in the pipeline.

The analysis of data from the SRCT shows that, according to current projections, this target is now 'on-track' to be reached in the 40 countries serving as baseline reference for measuring progress on this commitment (Figure 2)³⁰. Between 2012 and 2023, the prevalence of children who were stunted decreased by on average 7.2 percentage points for 39 out of 40 baseline countries where stunting prevalence has fallen³¹ (see Figure 3). However, efforts are still required in those countries to reach the WHA target for stunting reduction by 2025. Only 2 countries are currently 'on-track', both of which are in Asia: Bangladesh and Cambodia (Figure 4). The horizontal line at 5% represents the cut-point for which countries are either considered 'on or off track'. The 12 countries furthest from being 'on-track' are all in Africa.

Despite the noticeable decline in the prevalence of stunting in the 40 baseline countries, the population factor has likely slowed progress in terms of reducing the number of stunted children, compared to what might otherwise have been achieved. Additional factors relating to the combined impacts of global shocks, including the COVID-19 pandemic and resulting economic disruption, conflicts and instability and the growing effects of climate change, have further undermined efforts to accelerate the pace of stunting reduction.

²⁷ *The Joint Child Malnutrition Estimates*. Available at: <https://www.who.int/publications-detail-redirect/9789240073791>

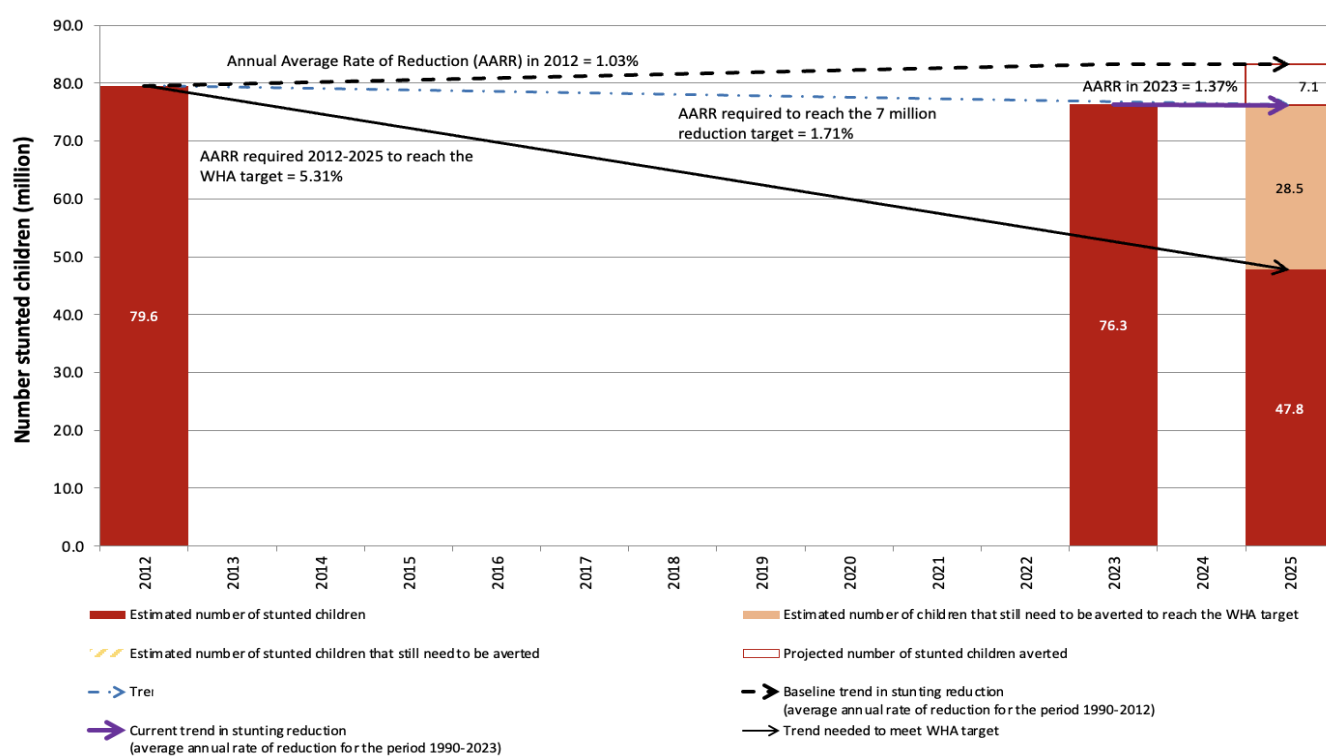
²⁸ *The World Population Prospects*. Available at: <https://population.un.org/wpp/>

²⁹ UNICEF, WHO, World Bank Group (2023). 'Levels and trends in child malnutrition. Joint Child Malnutrition Estimates 2023'. <https://iris.who.int/bitstream/handle/10665/368038/9789240073791-eng.pdf?sequence=1>

³⁰ These estimates do not include the Nigeria stunting data from 2016. This survey estimate falls outside the modelled JME stunting estimate trend and as a consequence is 'ignored', so it does not add any necessary information to the trend.

³¹ From 39.8% in 2012 to 32.6% in 2023 (SRCT data); excludes Angola where stunting increased.

Figure 2: Progress on stunting reduction 2012-2025 in the 40 baseline countries.



Explanatory note for Figure 2:

In 2012 the population of stunted children in the 40 baseline countries was estimated to be 79.6 million. If there had been no change in the prevalence of stunting, the number of stunted children in 2025 would have been 83.4 million as a result of population changes. However, because of the reduction in stunting prevalence that has taken place, the number of children projected to be stunted in 2025 will have fallen to 76.3 million based on current trends. This means that the number of children projected to have been averted from stunting by 2025 is 7.1 million. It should be noted that the average annual rate of reduction in stunting required to meet the WHA target by 2025 shows significant variation for each of these 40 countries as shown in Figure 4 below.

Figure 3: Prevalence of stunting 2012-2023 in 39 out of 40 baseline countries where stunting has fallen.

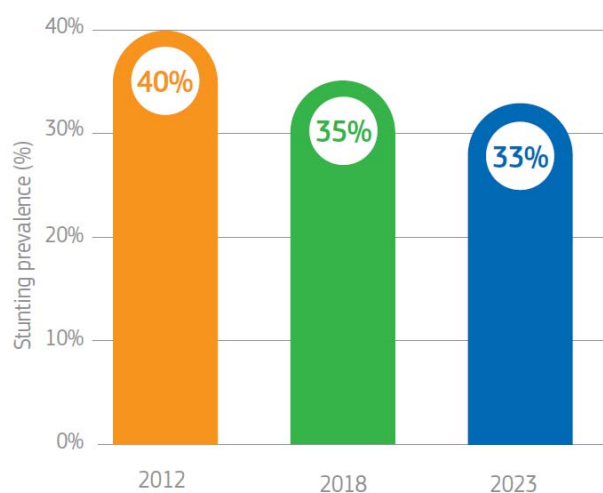
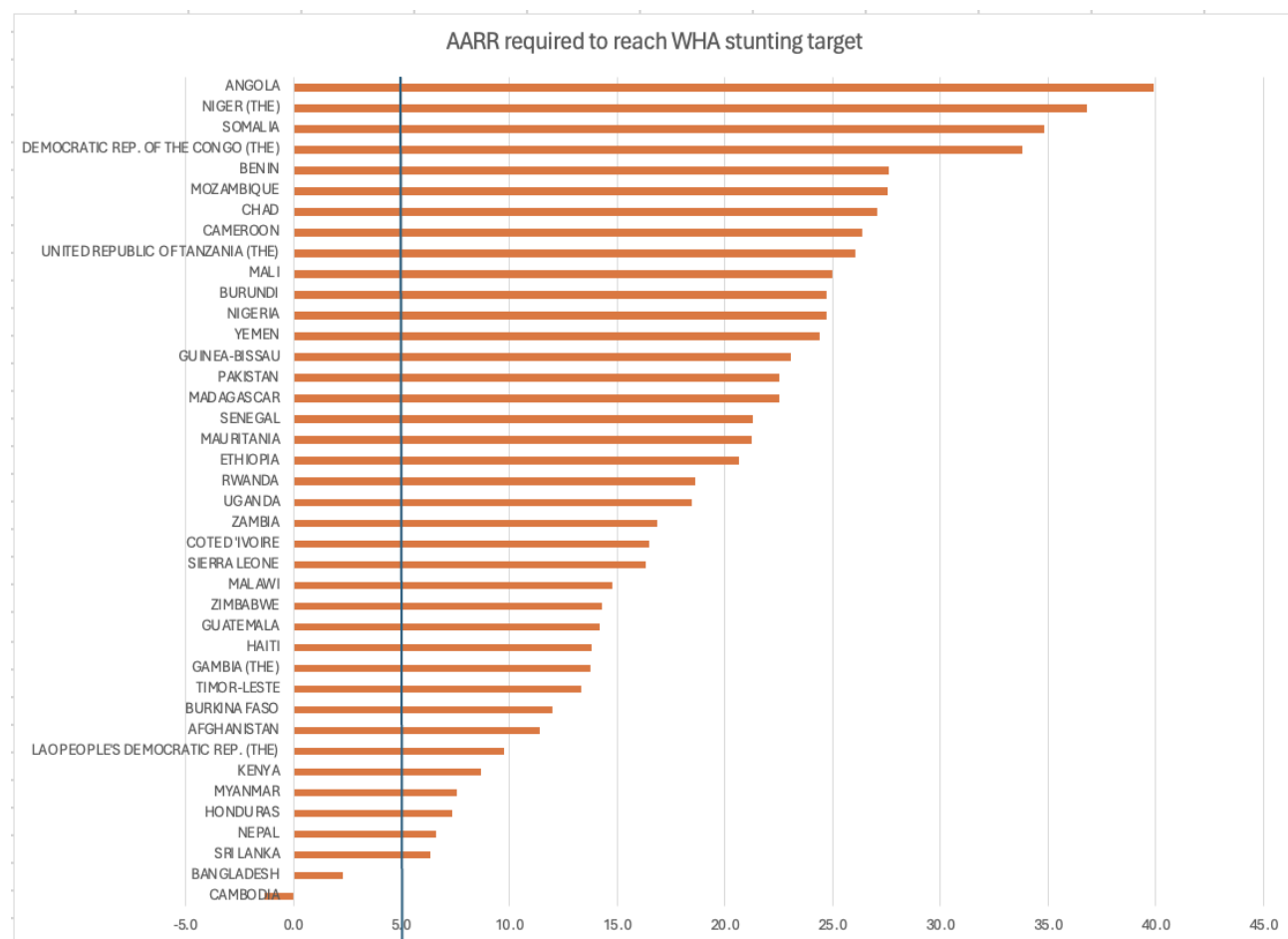


Figure 4: The rate of stunting reduction since 2012, required to meet the WHA target by 2025 (AARR%) in the 40 baseline countries.



Adjustments within data sources

To model progress towards the WHA stunting target for 2025, the SRCT relies entirely on the actual JME survey data. However, in the last few years, important adjustments have been made by WHO to enhance data quality. Firstly, alongside WHO's extensive standardisation, reanalysis and quality assurance of all the datasets in the JME, active searching for surveys, through consultations, is now being carried out. This has resulted in the addition of more surveys to the JME including surveys that had not previously been published, as well as more recent surveys. The quality assurance process has also led to some existing, sub-standard surveys being excluded.

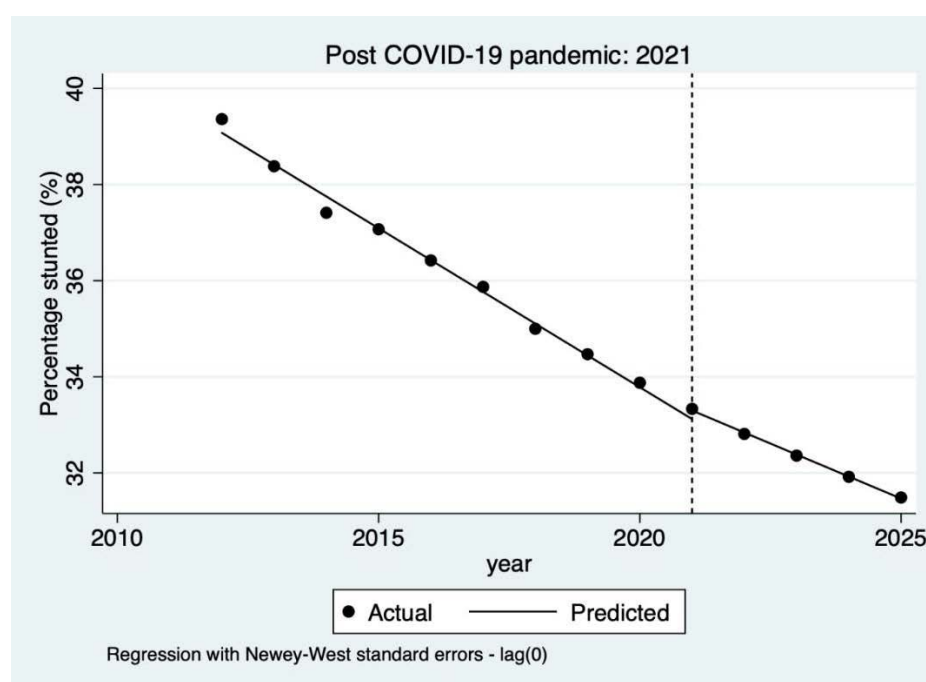
Secondly, the SRCT uses population data from the most recently updated World Population Prospects. For this analysis the 2022 revision was used³². This revision marks a change in methodology that ultimately improves the standards, transparency and replicability of its estimates, thereby resulting in more accurate estimates of population data.

³² The World Population Prospects is updated every two years. The next update will take place in June 2024 which is too late to be considered for this report.

Understanding the impact of the COVID-19 pandemic on the progress of stunting reduction

To measure the potential impact of the COVID-19 pandemic, an interrupted time series analysis (ITSA) was carried out on the 40 baseline countries (Figure 5). The prevalence of stunting since 2012 was found to have decreased each year by an average of 0.66%. Although this decreasing trend continued post COVID-19, it was significantly reduced to an annual average reduction of 0.20%. This initial analysis would suggest that had COVID-19 not happened, we may have seen an even greater reduction in stunting and therefore a higher number of children averted from stunting. This analysis will continue to be updated as more survey data becomes available over the next few years.

Figure 5: Trend in prevalence of stunted children from 2012 to 2023 in the 40 baseline countries.



* Prevalence estimates 2023-2025 are modelled; the dots represent the stunting prevalence in each year; the line represents the trend.

Stunting in the global landscape

At the global level the prevalence of stunting has been declining steadily, albeit slowly, over the last decade, with 148.1 million (22.3%) children under 5 years affected in 2022³³. This slow progress in reduction of stunting makes it difficult to achieve the WHA stunting target by 2025³⁴. Indeed, it was estimated in 2013³⁵, based on the current rate of decline and the latest population estimates, that the expected stunting prevalence in 2025 would be 20%, or

³³ UNICEF, WHO, World Bank Group (2023). 'Levels and trends in child malnutrition. Joint Child Malnutrition Estimates 2023'. <https://iris.who.int/bitstream/handle/10665/368038/9789240073791-eng.pdf?sequence=1>

³⁴ Global nutrition stunting target: 40% reduction in the number of children under 5 who are stunted (between 2012 and 2025).

³⁵ WHO, (2014). 'Global Nutrition Targets 2025: Stunting policy brief'. <https://www.who.int/publications-detail-redirect/WHO-NMH-NHD-14.3>

127 million children under the age of 5³⁶. This implies that the global target of reducing the number of children who are stunted in 2025 will therefore be missed by 27 million children, half of them in Africa³⁶. This will mark a major change since 2022 when more than half of stunted children were in Asia and two fifths in Africa³³.

There are important factors to take into consideration here: population growth, data gaps and prevailing economic shocks triggered by the COVID-19 pandemic, as well as ongoing threats to food security and nutrition arising from conflict and instability, climate change and financial stress.

According to UN data, the world passed ‘peak child’³⁷, defined as the highest number of children under the age of five, in 2017. However, global figures hide regional disparities, as Africa's population is expected to at least double by 2050 (due to sustained high fertility rates and improved mortality rates). This means that an estimated 25% of the world’s population will be in Africa, compared with less than 10% in 1950³⁸.

Globally, large data gaps continue to present a major challenge, with an estimated one in four countries without the necessary data to monitor and report on stunting progress³³. However, while not a substitute for actual data, recent efforts have been made by WHO to model missing data and provide yearly estimates for all countries³⁹.

Part B: Progress on addressing all forms of malnutrition

A dashboard (Annex 2) is presented including nutrition-relevant indicators to facilitate understanding of individual countries’ progress since the 2012 baseline toward the 2025 WHA global nutrition targets^{40,41,42}.

The dashboard presents countries receiving EU support with a nutrition objective, including 40 baseline countries and additional countries supported in 2021-2023. Whereas the data provides a snapshot of what is happening regarding malnutrition within each country it does not provide insights regarding the potential reasons for why this may be so, including on-going and current shocks that may be adversely affecting the nutrition situation. The causes of malnutrition are

³⁶ De Onis et al., (2013). ‘The World Health Organization's global target for reducing childhood stunting by 2025: rationale and proposed actions’, *Maternal and Child Nutrition*, vol 9 supplement 2, September 2013, pp. 6-26, doi: 10.1111/mcn.12075.

³⁷ First coined by Hans Rosling and the Gapminder foundation, ‘for the moment in global demographic history at which the number of children in the world stops increasing’.

³⁸ World Population Prospects: <https://population.un.org/wpp/>

³⁹ WHO has created new models to track the progress of stunting and overweight/obesity over time which are used to estimate global trends. Models for tracking wasting, taking into account seasonality, are in progress.

⁴⁰ The six WHA indicators: in children less than 5 years – stunting, wasting, overweight, low birth weight, exclusive breastfeeding; and in women 15-49 years – anaemia. WHO (2014). ‘Global nutrition targets 2025: policy brief series’. <https://www.who.int/publications/i/item/WHO-NMH-NHD-14.2>

⁴¹ WHO calculations of progress toward the WHA target have not yet been updated. WHO updates progress indicators after consultations with countries, usually at the end of each year.

⁴² Data for the dashboard has been taken from datasets provided by: UNICEF, WHO and World Bank Group (2023). ‘Levels and trends in child malnutrition. Joint Child Malnutrition Estimates 2023’. <https://iris.who.int/bitstream/handle/10665/368038/9789240073791-eng.pdf?sequence=1>; UNICEF and WHO (2023). ‘Low birthweight estimates’. <https://data.unicef.org/topic/nutrition/low-birthweight>; UNICEF (2023). ‘Global databases: Infant and young child feeding’. <http://data.unicef.org/nutrition/iycf>; WHO, (2021). Anaemia estimates. Global Health Observatory Data Repository/World Health Statistics (2021 edition). <https://www.who.int/data/gho/data/indicators>.

complex, interrelated and context-specific⁴³ and it is not possible in this report, and without further analyses, to say why one country or regions within countries are doing better than others.

- Stunting prevalence declined in all but 7 countries (of which 5 were in Africa).
- The prevalence of wasting in children under five has declined in approximately 70% of countries. However, there are 9 countries where wasting prevalence remains higher than 10% (thereby classified as ‘high’ by WHO): Bangladesh, Djibouti, Libya, Mali, Mauritania, Niger, Sri Lanka, Sudan and Yemen. In Sri Lanka, Sudan and Yemen wasting prevalence is above 15% (classified as ‘very high’ by WHO).
- Four of the countries with high/very high wasting also had a prevalence of stunting greater than 30% (classified as ‘very high’ by WHO): Libya, Niger, Sudan and Yemen.
- Half of all countries have seen an increase in overweight/obesity among children under five⁴⁴. Seven countries have a prevalence of overweight/obesity of more than 10%: Algeria, Brazil, Cameroon, Ecuador, Egypt, Libya and Tunisia. Of these only Algeria has seen a decrease since 2012.
- Four of the countries with a prevalence of overweight/obesity higher than 10% also have a stunting prevalence higher than 20%: Cameroon, Ecuador, Egypt and Libya.
- Rates of exclusive breastfeeding have improved in 80% of countries with data; except for Bangladesh, Cambodia, Colombia, Honduras, Kenya, Lesotho, Malawi, Nepal, Rwanda and Zambia.
- Between 2012 and 2022 most countries with data achieved progress in low birthweight rates (68%), except for Algeria, Brazil, Central African Republic, Colombia, Dominican Republic, Honduras, Liberia, Rwanda, State of Palestine, Timor-Leste, Tunisia, Vanuatu and Venezuela.
- Rates of anaemia among women of reproductive age have increased in 50% of countries with increases of over five percentage points in Burundi and Afghanistan.

⁴³ UNICEF (2021). ‘UNICEF Conceptual Framework on Maternal and Child Nutrition’. <https://www.unicef.org/documents/conceptual-framework-nutrition>.

⁴⁴ Globally, the prevalence of overweight and obesity has increased in most countries since 1990: among children and adolescents aged 5–19 it has risen from 8% in 1990 to 20% in 2022; in adults the prevalence has increased from 25% in 1990 to 43% in 2022.

Section 3. Progress in ensuring the allocation of EUR 2.5 billion to improve nutrition 2021-2023

In December 2021, at the N4G Summit in Tokyo, for the period 2021-2024, the EU pledged to commit EUR 2.5 billion.

The purpose of this section is to assess in detail the progress made towards this EU nutrition pledge.

Based on 2021-2022 data and preliminary data for 2023 the EU has already met its pledge.

Total commitments with a nutrition objective in the first three years alone amounted to EUR 4.4 billion, of which EUR 3.1 billion was development aid and EUR 1.3 billion humanitarian aid. This exceeds the pledge by EUR 1.9 billion⁴⁵.

New financing cycle (2021-27) and new reporting method

In 2021, the European Commission began using the OECD DAC's Nutrition Policy Marker⁴⁶ to identify actions with a nutrition objective in its programming cycle for 2021-2027. The Nutrition Policy Marker is applied to all actions, commitments and disbursements, development funded and humanitarian funded⁴⁷. Actions are categorised as 'principal' or 'significant' based on whether nutrition is the primary objective.

Financial commitments to nutrition in 2021-2023

As EU total nutrition commitments in the period 2021-2023 already amount to over to EUR 4.4 billion, the pledge has been surpassed by EUR 1.9 billion (EUR 1.7 billion in development aid and EUR 0.2 billion in humanitarian aid). 2023 data is preliminary, to be published by OECD DAC in January 2025.

In 2021-2023, 74 new EU development aid financing decisions with a nutrition objective were approved. The total amount committed to nutrition was EUR 3.1 billion, of which EUR 2.9 billion was scored as nutrition 'significant'⁴⁸ and EUR 217.7 million was nutrition 'principal' (Table 1).

In 2021-2023, the total amount of humanitarian aid⁴⁹ committed to nutrition was EUR 1.3 billion, of which EUR 1.1 billion was scored as nutrition 'significant' and EUR 0.2 billion was nutrition 'principal'.

⁴⁵ The final financial commitments of the N4G Tokyo pledge (2021-2024) will not be definitive until January 2026, when the OECD DAC data for the year 2024 will be published.

⁴⁶ The official [OECD DAC Nutrition Policy Marker Handbook](#) guidelines are followed. INTPA Unit F3 also developed the 'Nutrition Policy Marker Quick Tip' for easy reference.

⁴⁷ Humanitarian funded commitments reported to OECD DAC are not marked with the NPM. The NPM is applied to humanitarian funded contracts internally and used here for reporting humanitarian funded commitments with the NPM. Humanitarian funded disbursements are marked with the NPM and reported to OECD DAC.

⁴⁸ No coefficient has been applied for NPM significant as the coefficients are not part of the OECD/DAC Statistical Directives and discussions among donors have not been conclusive in this regard.

⁴⁹ Data is received from the ECHO internal HOPE database.

Table 1 : Commitments with a nutrition objective by category and funding source, 2021-2023 (million EUR)

	Development aid instruments			Humanitarian aid instruments			Total EU
	Significant	Principal	Subtotal	Significant	Principal	Subtotal	
2021	714.0	102.0	816.0	298.9	83.3	382.2	1 198.2
2022	1134.4	30.0	1 164.4	374.2	87.9	462.1	1 626.5
2023*	1066.3	85.7	1 152.0	409.4	67.2	476.5	1 628.5
Total 2021-2023	2914.7	217.7	3 132.4	1082.4	238.4	1 320.8	4 453.1

*2023 data is preliminary, to be published by OECD DAC in January 2025.

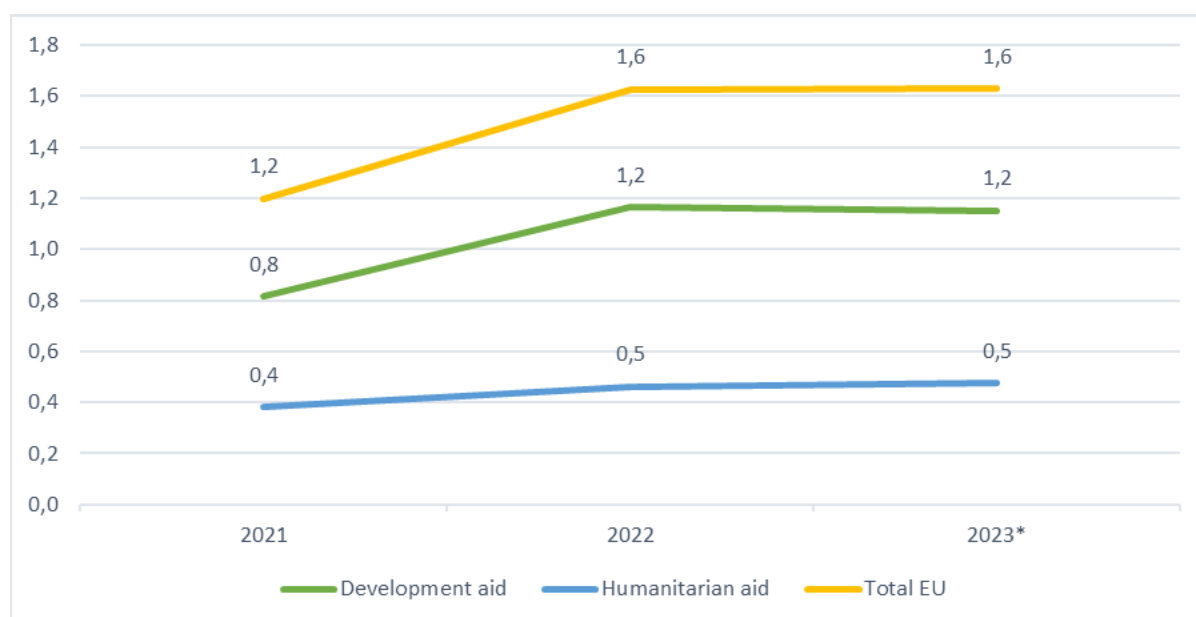
Trends in EU financial commitments to nutrition 2021-2023

In 2021, during the first year of the European Commission's current programming cycle, commitments with a nutrition objective reached EUR 1 198.2 million. Of this, EUR 816.0 million (68%) was for development, and EUR 382.2 million (32%) was for humanitarian efforts (Figure 6).

In 2022, commitments with a nutrition objective increased by EUR 428.3 million to EUR 1 626.5 million, with development funding rising from EUR 816.0 million to EUR 1 164.4 million (71.6% of the total), and humanitarian funding increasing from EUR 382.2 million to EUR 462.1 million (28.4%).

Preliminary 2023 results show a slight increase of investment to EUR 1 628.5 million, with EUR 1 152.0 million (70.7% of the total) for development and EUR 476.5 million (29.3%) for humanitarian actions with a nutrition objective.

Figure 6: Commitments with a nutrition objective by funding source, 2021-2023* (billion EUR)



* All figures are rounded. 2023 data is preliminary, to be published by OECD DAC in January 2025.

From the graph we can observe that from 2022 onwards the ratio of development aid increased relative to humanitarian aid as the new financial cycle progressed and programming with partner countries advanced.

Between 2021 and 2023, total commitments with a nutrition objective scored as ‘principal’ amounted to EUR 456.1 million, while ‘significant’ nutrition commitments almost EUR 4.0 billion. This is in line with the EU’s multi-sectoral approach to programming for nutrition as described in the action plan on nutrition.

Disbursements with a nutrition objective, 2021-2023

While nutrition commitments constitute the legal decision to fund an action, disbursements with a nutrition objective reflect the actual expenditures allocated by the commitments. Disbursements thus give a more accurate representation of implementation.

For 2023 data are preliminary. Total nutrition disbursements for 2021-2023 amounted to EUR 3.8 billion, of which EUR 2.9 billion was scored as nutrition ‘significant’ and EUR 0.9 billion was nutrition ‘principal’ (Table 2).

In 2021-2023, the total development aid amount disbursed with a nutrition objective was EUR 2.6 billion, of which EUR 2.0 billion was scored as nutrition ‘significant’ and EUR 0.6 billion was nutrition ‘principal’. Total humanitarian aid amount disbursed with a nutrition objective was EUR 1.2 billion, of which EUR 0.9 billion was scored as nutrition ‘significant’ and EUR 0.3 billion was nutrition ‘principal’.

Table 2 : Disbursements with a nutrition objective, 2021-2023 (million EUR)

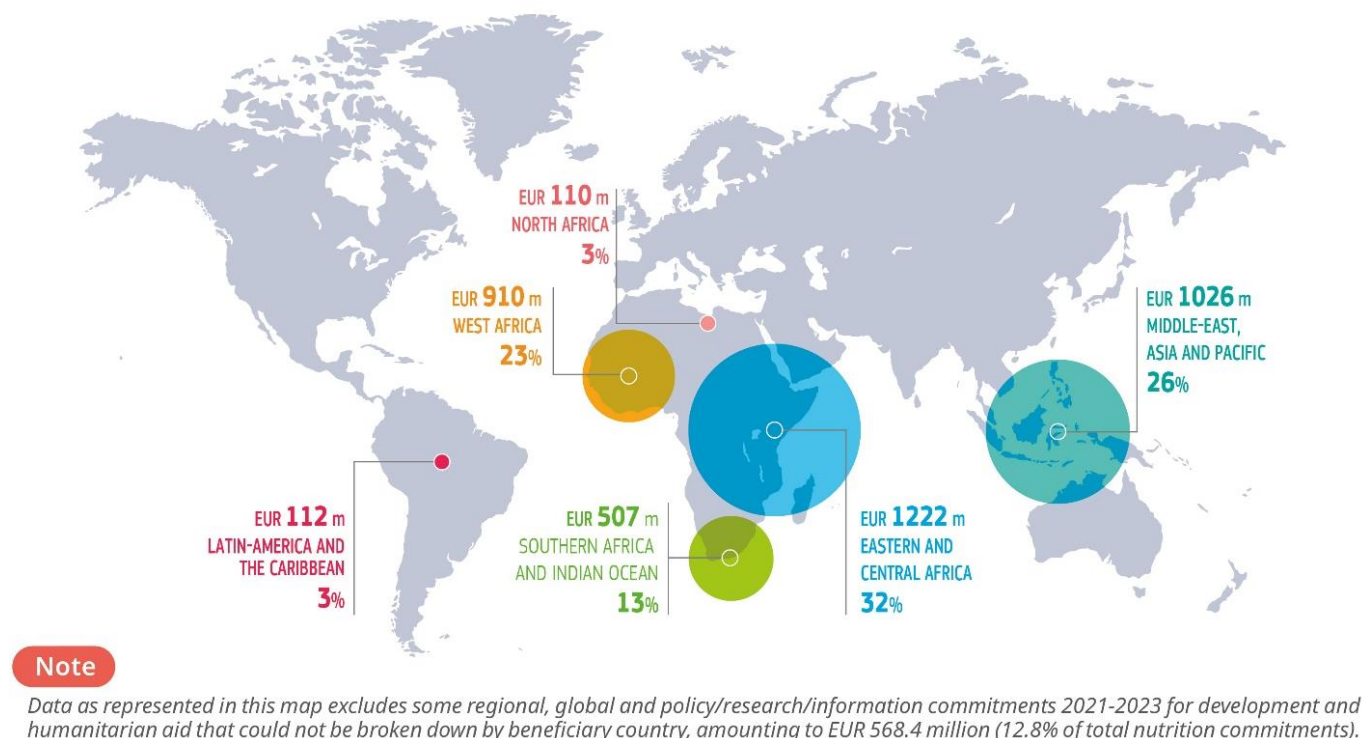
Year	Development aid instruments			Humanitarian aid instruments			Total EU
	Significant	Principal	Sub-total	Significant	Principal	Sub-total	
2021	534.4	221.2	755.5	278.0	109.7	387.7	1 143.3
2022	812.1	156.6	968.7	260.9	82.2	343.1	1 311.8
2023*	661.5	234.8	896.3	396.4	73.0	469.3	1 365.6
Total	2 008.0	612.6	2 620.5	935.3	264.9	1 200.1	3 820.7

*2023 data is preliminary, to be published by OECD DAC in January 2025.

Geographical distribution of development cooperation commitments with a nutrition objective

The regional breakdown below shows that the four regions of Africa combined received 71% of total development commitments with a nutrition objective, while Asia region received 26% and Latin America and the Caribbean received 3% (Figure 7).

Figure 7: Development and humanitarian aid commitments with a nutrition objective by region, 2021-2023 (million EUR)



INTPA regional classification was used for all data including ECHO and NEAR commitments.

Development Aid Sectors by Purpose Code 2021-2023

Development funded commitments with a nutrition objective are spread across multiple sectors (Figure 8). The most significant sector as defined by DAC codes are ‘agriculture, forestry and fishing’⁵⁰ which amount to over EUR 1.0 billion (32.1%). Commitments referred to as ‘other multisector’⁵¹ amount to EUR 432.4 million (13.8%), while ‘health’⁵² commitments amount to EUR 387.6 million (12.4%), ‘general budget support’ to EUR 319.7 million (10.2%), ‘other social infrastructure and services’⁵³ commitments to EUR 256.2 million (8.2%), and ‘education’ commitments to EUR 219.1 million (7.0%).

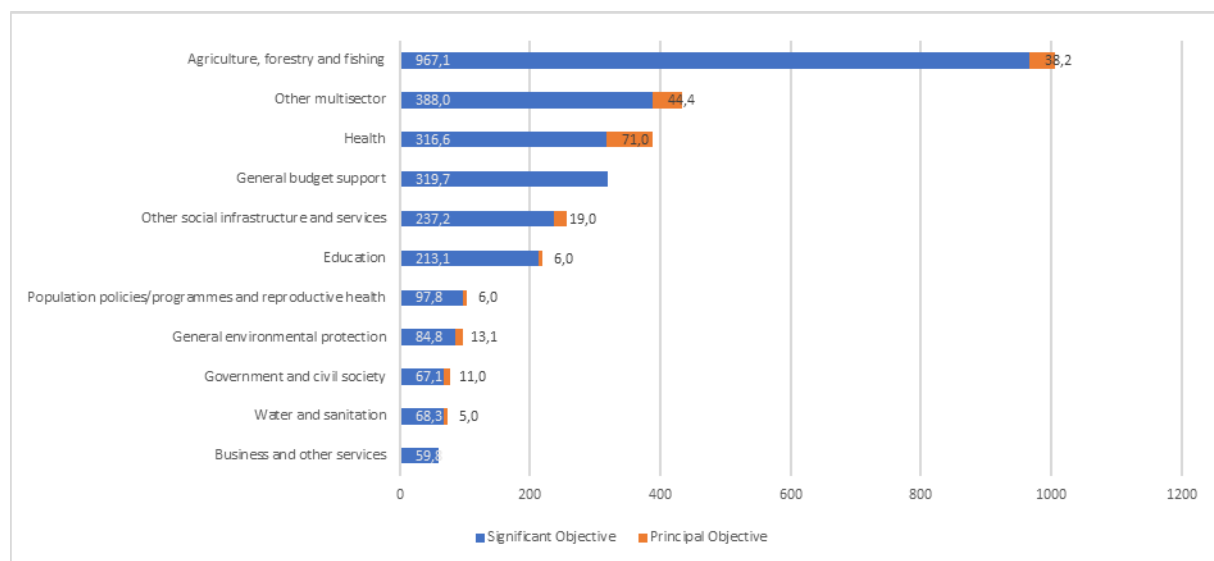
⁵⁰ ‘Agriculture, forestry and fishing’ is a DAC code covering agricultural alternative development, agricultural co-operatives, agricultural development, agricultural education/training, agricultural financial services, agricultural inputs, agricultural land resources, agricultural policy and administrative management, agricultural research, agricultural services, agricultural water resources, fishery development, fishing policy and administrative management, food crop production, forestry development, forestry policy and administrative management, livestock, livestock /veterinary services.

⁵¹ ‘Other multisector’ is a DAC code covering rural development, food security, food safety, urban development and disaster risk reduction.

⁵² ‘Health’ is a DAC code covering basic health care, basic nutrition, health policy and administrative management, infectious disease control, medical services.

⁵³ ‘Other social infrastructure and services’ is a DAC code covering social protection and multisectoral aid for basic services.

Figure 8: Development aid commitments with a nutrition objective amounting to over EUR 50 million by purpose code, 2021-2023 (million EUR)



Development aid budget support for nutrition

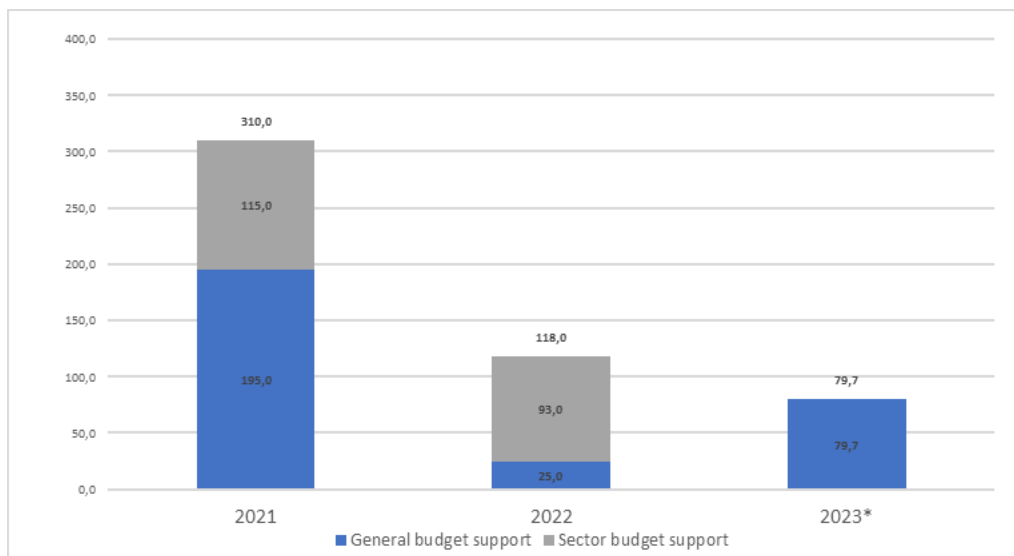
Budget support is a development aid instrument involving the direct flow of finance to governments, subject to eligibility criteria and achievement of policy targets. This means of support can either be used to assist a government in delivering its multi-sectoral nutrition policies or plans where these are in place, or to enhance nutrition-related outcomes of specific sectoral policies – for example agriculture, social protection, education, health and governance – while also improving public financial management.

Since 2014, the European Commission has acknowledged that budget support can offer an efficient and effective means to scale up investment in nutrition by promoting a government-led, accountable, and inclusive approach to service delivery across multiple sectors.

Budget support for nutrition includes general budget support and sector budget support (Figure 9). In 2021 EUR 310 million was committed for actions with a nutrition objective through budget support, in 2022 EUR 118 million and in 2023 EUR 79.7 million.

Budget support actions with a nutrition objective for the period 2021-2023 totalled EUR 507.7 million in 8 countries (Niger, Bangladesh, Bhutan, Nepal, Namibia, Rwanda, Uzbekistan and Sierra Leone) and comprised 16% of all development-funded commitments with a nutrition objective.

Figure 9: Development aid commitments with a nutrition objective through budget support, 2021-2023* (million EUR)



*2023 data is preliminary, to be reported to OECD DAC in July 2024, published by OECD DAC January 2025.

Partnerships for nutrition

An important feature of the action plan on nutrition has been the establishment of partnerships to accelerate the scaling up of nutrition investments, including with Member States and their development agencies. This is achieved through leveraging co-financing and multi-stakeholder collaboration around implementation of nutrition actions.

For implementing partnerships between 2021 and 2023, UN agencies were the largest category of implementing partner for EU development funding with a nutrition objective (Table 3).

Table 3: Development commitments with a nutrition objective by implementing partner category, 2021-2023* (million EUR)

Implementing Partner	Sum of EU total commitment (EUR million, current value)	Percentage of EU total commitment
Multilateral (incl. United Nations and World Bank group)	1 282.5	40.9%
Recipient governments	742.1	23.7%
NGOs and civil society	557.3	17.8%
Non-recipient governments	380.1	12.1%
European Investment Bank	71.0	2.3%
Other	68.0	2.2%
Private sector	31.4	1%
Grand total	3 132.4	100%

*Only the main implementing partner for each commitment is reported to OECD DAC and the total commitment amount is attributed to the main partner. However, there may be additional implementing partners and partners may change.

Since 2022, the EU financial commitments can be tagged with the Team Europe Initiative (TEI) marker. TEIs are projects in which the EU together with EU Member States and/or European financial institutions pool resources and expertise to tackle a development issue at the country, regional or global levels. TEIs focus on identifying critical priorities that constrain development in a given country or region, where a coordinated and coherent effort in a Team Europe approach can deliver results with a transformative impact. Table 4 shows that since 2022 more than half of nutrition-related development financing decisions (29 out of 55) have been tagged as TEIs, totalling just over EUR 1 billion or 45.8% of the total.

Table 4 : Development commitments with a nutrition objective with a Team Europe Initiatives marker (million EUR) 2022-2023

Team Europe Initiative	Total EUR	Percentage	# of Action documents
Yes	1 061.2	45.8%	29
No	1 255.2	54.2%	26
Grand Total	2 316.4	100%	55

Section 4: Stories of change: supporting partner countries to chart a course through challenges

As demonstrated in Sections 2 and 3, the success of the EU in relation to its global pledges stems from the translation of a bold political commitment to nutrition into an operational approach that leverages positive nutrition outcomes in many countries and sectors. This section showcases 10 ‘stories of change’ as examples of current EU programming in support of countries towards ending malnutrition. Further detailed in Annex 1, 6 of these stories are told at country level while 4 have a multi-country and/or global dimension. Collectively they provide rich insights into the diversity of EU programming in a range of challenging contexts and crisis settings.

The EU’s multi-sectoral and rights-based approach ensures that the objective of advancing nutrition and healthy, sustainable diets is embedded in programmes covering sectors as diverse as agriculture, education, water, sanitation and hygiene, social protection, and governance. In the stories presented here all these sectors are represented as well as several transversal themes. Three themes – the humanitarian-development-peace nexus, agroecology and school-based food and nutrition – are associated with specific coalitions for action launched following the 2021 UN Food System Summit and which the European Commission is actively supporting. Additional themes are also evident, including strengthening nutrition governance, addressing gaps in nutrition data and research, and leveraging the nutrition impact of agri-value chains across food systems. Crucially, the stories of change captured here testify to the EU’s ongoing delivery of results on the ground through the provision of strategic support to partner countries’ efforts – addressing nutrition inequalities and improving millions of lives every year.

Navigating the humanitarian-development-peace nexus

As the 2023 Financing Flows and Food Crises report confirmed, countries experiencing food crises absorb a large proportion of external financing⁵⁴. In such contexts, the focus of longer-term partnership needs to be on creating an enabling environment for sustainable development so that humanitarian assistance can effectively respond to immediate needs without being overstretched in addressing protracted emergencies.

The need to navigate the humanitarian-development-peace nexus is highlighted across several of the stories in this section, in Chad, Haiti, Madagascar, Myanmar, Zimbabwe and the East African countries of Ethiopia, Somalia and South Sudan. Each of the 6 countries presented in the country-level stories has been identified as having major food crises in the EU-supported 2024 Global Report on Food Crises. In these 6 countries alone, the total number of people facing acute food insecurity (IPC Phase 3 or above) reached 30 million in 2023.

While the associations between undernutrition and acute food insecurity are not linear, there is frequently a correlation between areas with rising levels of acute food insecurity and a high prevalence of both child wasting and stunting. The drivers of undernutrition in crisis contexts include lack of access to healthy diets, compromised maternal and child feeding practices, unsanitary household environments, a high prevalence of infectious diseases and limited access to basic services including health, nutrition and social protection.

The multi-country, multi-annual ‘ECHO pilot programmatic partnership’ (EUR 52 million) with the United Nations International Children’s Emergency Fund (UNICEF), covers Somalia,

⁵⁴ Over the past seven years, these contexts absorbed three-quarters of global humanitarian allocations and almost a third of global development allocations. GNAFC (2024). ‘2023 Financing Flows and Food Crises Report – Analysis of humanitarian and development financing flows to food sectors in food crisis countries’. https://www.fightfoodcrises.net/fileadmin/user_upload/fightfoodcrises/doc/resources/Financing_Flows_and_Food_Crises_Report_2023.pdf

Ethiopia and South Sudan and provides a powerful illustration of how an innovative approach to humanitarian assistance can emerge from lessons learnt. The intervention goes beyond the objective to simply provide immediate lifesaving treatment to children with severe acute malnutrition (SAM) through the provision of ready-to-use therapeutic food (RUTF). Rather the aim here is to ensure that not only are children's lives saved but that this is achieved in a way that secures the progressive integration of community-based mechanisms to identify and treat children in existing national health systems. At the same time, partner countries are engaged in dialogue to share experiences via a regional technical working group on SAM treatment while being supported to become progressively more autonomous and less dependent on international assistance. Similarly in Zimbabwe EU support to the health resilience fund (EUR 41 million) is strengthening the delivery of nutrition services at local level by scaling up high impact interventions through sustainable models whereby community-based management is overseen by public health systems.

Leveraging the private sector

Another flagship humanitarian-development-peace nexus programme supported by the EU (EUR 44 million) is found in Chad where ongoing conflict, displacement and weather extremes have led to over 2 million people facing acute food crisis and 1.75 million children being acutely malnourished. Here, while packages of assistance target the most vulnerable communities to ensure safe water and sanitation, nutrition services and cash transfers, a core component of market-led technical training and service delivery catalyses income-generating activities and pro-poor growth with a particular focus on women and young people.

Furthermore, the development of a value chain to locally produce fortified foods is being initiated with a view to encouraging private investment to accelerate the production of nutritious food within the country's food system, while stimulating local economies and creating employment opportunities. In the context of African countries more generally, there is significant potential to harness such models to expand supplier diversity for local production of RUTF which is generally imported from high income countries at present⁵⁵. This can strengthen the alignment of ingredients with local contexts as well as eventually lowering costs of treatment, thereby enabling the scaling up required to save many more lives. In-country production can also incentivise partner governments to integrate the cost of RUTF purchase in their national budget due to the contribution to local economies.

Harnessing the private sector to accelerate nutrition progress is a theme woven through many of the other stories told here. In Somalia for example, where the EU is one of the largest donors, the EU's 'Boosting resilience and adaptation to climate change (BREACH)' programme (EUR 35 million) seeks to increase systemic resilience to climate change and food crises. In a context where many people have been forced to leave pastoralism and subsistence farming behind them, strengthening economic opportunities for displacement affected communities – particularly women and youth, is a central focus. Providing the strategic backdrop to BREACH, and in line with the Global Gateway strategy, the EU together with EU Member States in a Team Europe approach provides ongoing support to the development of sustainable agri-food systems and selected value chains while supporting private sector dialogue. One notable initiative is the EU-Somali Investment Trade & Business Platform, which seeks to promote sustainable investments and trade between the EU and Somalia, in line with the European Green Deal, by enhancing the business environment in key value chains. Notably the women's economic and

⁵⁵ For example, UNICEF reports that their RUTF supplier base 'has expanded substantially over the past two decades, reaching 21 different suppliers, of which 18 are located in countries with high levels of severe wasting'. UNICEF Supply Division (2023). 'Ready-to-Use Therapeutic Food: Market and Supply Update'. <https://www.unicef.org/supply/media/17331/file/Ready-to-Use-Therapeutic-Food-Market-and-Supply-Update-May-2023.pdf>.

social empowerment programme in Somalia focuses in particular on priority agri-food value chains identified through a gender lens, including fisheries and fish, meat and dairy, sesame and cereals/coarse grains.

Strengthening the evidence base

Gaps in the availability of key nutrition data and the lack of robust country-based evidence on what is and isn't working to improve nutrition represent an ongoing challenge for decision makers. This is not only the case for child stunting and wasting, but also for micronutrient deficiencies as well as overweight and obesity, all of which can increasingly affect communities and families who struggle with food insecurity and have no choice but to compromise on the quality of their diets. Among the 6 country-level case studies presented here, the average share of population unable to afford a healthy diet is 84% compared to the already unacceptable global average of 42%⁵⁶.

Ongoing EU support to global initiatives such as national information platforms for nutrition (NIPN) and the nutrition research facility (NRF) each demonstrate innovative, country-driven approaches. In the case of NIPN the overarching goal is not only to support countries in strengthening their own information systems for nutrition but, crucially, to strengthen the analysis of nutrition data for more effective, evidence-based policy decisions. In many NIPN countries governments are now exploring the devolution of their information platforms to sub-national levels.

Anchored in an extensive process of regional consultations, and country-led priorities for nutrition-related research, the NRF programme currently involves 15 specific studies as well as efforts to strengthen monitoring and evaluation systems and build expertise at country level. A particular focus has been on establishing mechanisms to better measure dietary diversity among women to advance understanding of how healthy and sustainable diets can be progressively ensured. Furthermore, the NRF serves strategically to demonstrate and promote the added value of engaging academic stakeholders while enhancing the capacity of national decision-makers to design evidence-based policies and programmes for improved nutrition.

Agroecology - empowering small farmers and boosting resilience

In 2023, COP28 underscored the impact of food systems on greenhouse gas emissions, as well as the significant impact of climate change on food systems. To be part of the solution, food systems must undergo a profound transformation, and in this respect, agroecology offers a compelling model. Agroecology can be defined as 'the application of ecological concepts and principles to the design and management of sustainable agroecosystems'⁵⁷. As a member of the Agroecology Coalition, the EU's active engagement in COP28 included the hosting of an event on successful experiences with agroecology. The Agroecology Coalition aims at scaling up agroecological practices and value chains while supporting innovation. The transformative impact on food systems is achieved by helping small-scale farmers adapt to climate change, manage natural resources more efficiently, preserve biodiversity and reverse land degradation trends, while providing an alternative to synthetic fertilisers and increasing production. Providing core principles for agricultural system sustainability, concepts such as agroecology and regenerative agriculture are recognised as core components of sustainable soil health

⁵⁶ World Bank. 'Food Prices for Nutrition Data Hub: global statistics on the Cost and Affordability of Healthy Diets'. <https://www.worldbank.org/en/programs/icp/brief/foodpricesfornutrition>

⁵⁷ HLPE-FSN (2019). 'Agroecological and other innovative approaches for sustainable agriculture and food systems that enhance food security and nutrition'. <https://www.fao.org/3/ca5602en/ca5602en.pdf>.

management in the African fertiliser and soil health (AFSH) action plan, 2023-2033. The corresponding Nairobi Declaration was adopted by all member countries of the African Union at the AFSH Nairobi Summit in May 2024⁵⁸.

As emphasised by the Coalition for Agroecology, such an approach not only advances food system resilience but also ‘promotes social justice and defends rights for farmers, farm workers, indigenous peoples, food producers, including women and youth, and aims at strengthening their role at the centre of the food system’⁵⁹. The central role of women and the significance of their empowerment in agricultural and food systems is especially valued by agroecological approaches including via the recognition of specific knowledge and roles, the consideration of invisible work or ensuring full participation and decision-making both in the family and in public spheres. In this section, the stories of change from Madagascar (EUR 50 million) and Haiti (EUR 10 million) testify to the EU’s promotion of integrating agroecological approaches in community-level programming, enhancing livelihoods and women’s empowerment while enabling greater diversity in local diets⁶⁰. Both initiatives also exemplify a Team Europe approach, supported by Germany and France in Madagascar, and by France, Italy and Spain in Haiti.

School-based food and nutrition interventions

The European Commission is actively engaged in the School Meals Coalition⁶¹ and globally EU support for school meals since 2021 amounts to EUR 155 million and reaches 4 million children in 9 countries⁶². The nexus of poverty, food insecurity and malnutrition has a devastating impact on the lives of children and young people, undermining nutrition and education-related outcomes and reinforcing persisting inequalities from one generation to the next. After early childhood, the period of middle childhood and adolescence (from age 5 to 19) presents a second window of opportunity for growth, psychosocial development and establishing lifelong dietary and lifestyle habits. Yet currently too many school-age children and adolescents do not have adequate diets to ensure the foundation for healthy and productive adult lives. The European Child Guarantee⁶³ recognises that school-based food and nutrition interventions, including school meals, can make an important contribution to enhance growth and development, improve learning and establish positive dietary practices that break the intergenerational cycle of malnutrition.

School-based food and nutrition interventions are showcased in two of the ‘stories of change’ presented in this section. Implemented by FAO, the intervention in Haiti brings together support for school meals provision based on a ‘home grown’ approach, with support for agroecological farming enterprises including a strong focus on gender equality and women’s empowerment. At global level, the NRF has initiated a series of studies focused initially on the identification of best practice with respect to school-based food and nutrition interventions and leading to a holistic framework in support of national governments’ efforts to improve the nutrition of

⁵⁸ <https://au.int/en/documents/20240509/nairobi-declaration-2024-africa-fertilizer-and-soil-health-summit>

⁵⁹ <https://agroecology-coalition.org/>

⁶⁰ A recent meta-study drew attention to the growing body of evidence confirming the overall positive impact of agroecology on nutrition outcomes through multiple impact-pathways: Kerr et al. (2021). ‘Can agroecology improve food security and nutrition?’

⁶¹ <https://knowledge4policy.ec.europa.eu/sites/default/files/Bezner%20Kerr%20et%20al%202021%20Agroecological%20practices%20and%20food%20security.pdf>

⁶² <https://schoolmealscoalition.org/>

⁶³ The 9 countries are Afghanistan, Burkina Faso, Democratic Republic of Congo, Ethiopia, Haiti, Malawi, South Sudan, Sudan and Togo. At the same time, in these countries alone, EU commitments for nutrition between 2021 and 2023 amount to EUR 1.5 billion.

⁶⁴ Council Recommendation (EU) 2021/1004 of 14 June 2021 establishing a European Child Guarantee. <http://data.europa.eu/eli/reco/2021/1004/oj>

children and adolescents. The EU's policy approach to school-based food and nutrition is not only rights based, but also seeks to advance sustainability via national ownership and systems strengthening. As the NRF framework highlights, measures need to be taken to promote safe and healthy food environments, advance knowledge and skills related to good nutrition and improve the quality of children's diets, both *in schools* and *beyond schools*, whether in households, communities or in the media.

Strengthening nutrition governance

Addressing the multiple challenges that hold back progress on nutrition requires both strong leadership and concurrent and coordinated actions by many actors across sectors and levels of government. For this reason, the EU has supported the SUN movement since its inception in 2012, leading to the heightened political prioritisation of nutrition across 66 member countries as well as four Indian states. While much has been achieved in terms of scaling up a multi-sectoral approach alongside evidence-based nutrition interventions, addressing the challenges to strengthen governance systems at every level remains at the core of the SUN, now in its third phase.

Between 2023 and 2026, EU support (EUR 15 million) with German co-financing (EUR 3 million), brings together France and Spain ('EU4SUN') together with Germany (Capacity for Nutrition – C4N), in providing demand-driven services to countries through the SUN's Regional Hubs. With a strong focus on facilitating peer-to-peer exchanges between countries, key areas of support in response to priorities identified include supporting the SUN civil society network to develop and run a course on budget analysis and advocacy and providing an on-board training to the country coordinators of the SUN business networks.

The N4G Summit to be held in March 2025 in Paris provides an important opportunity for SUN countries not only to demonstrate accountability for previous commitments while showcasing their achievements but also, based on any gaps between these achievements and ambitious 2025 nutrition targets, to make bold new commitments informed by experience and lessons learnt. The SUN movement is playing a crucial role in making sure that countries around the world have access to the support they need to capitalise on this unique opportunity. For instance, EU4SUN support to SUN countries in West Africa as well as in Latin America is focused both on reporting against national pledges made at the 2021 Tokyo N4G and the preparation of new pledges.

Figure 10: Map of six country specific case studies

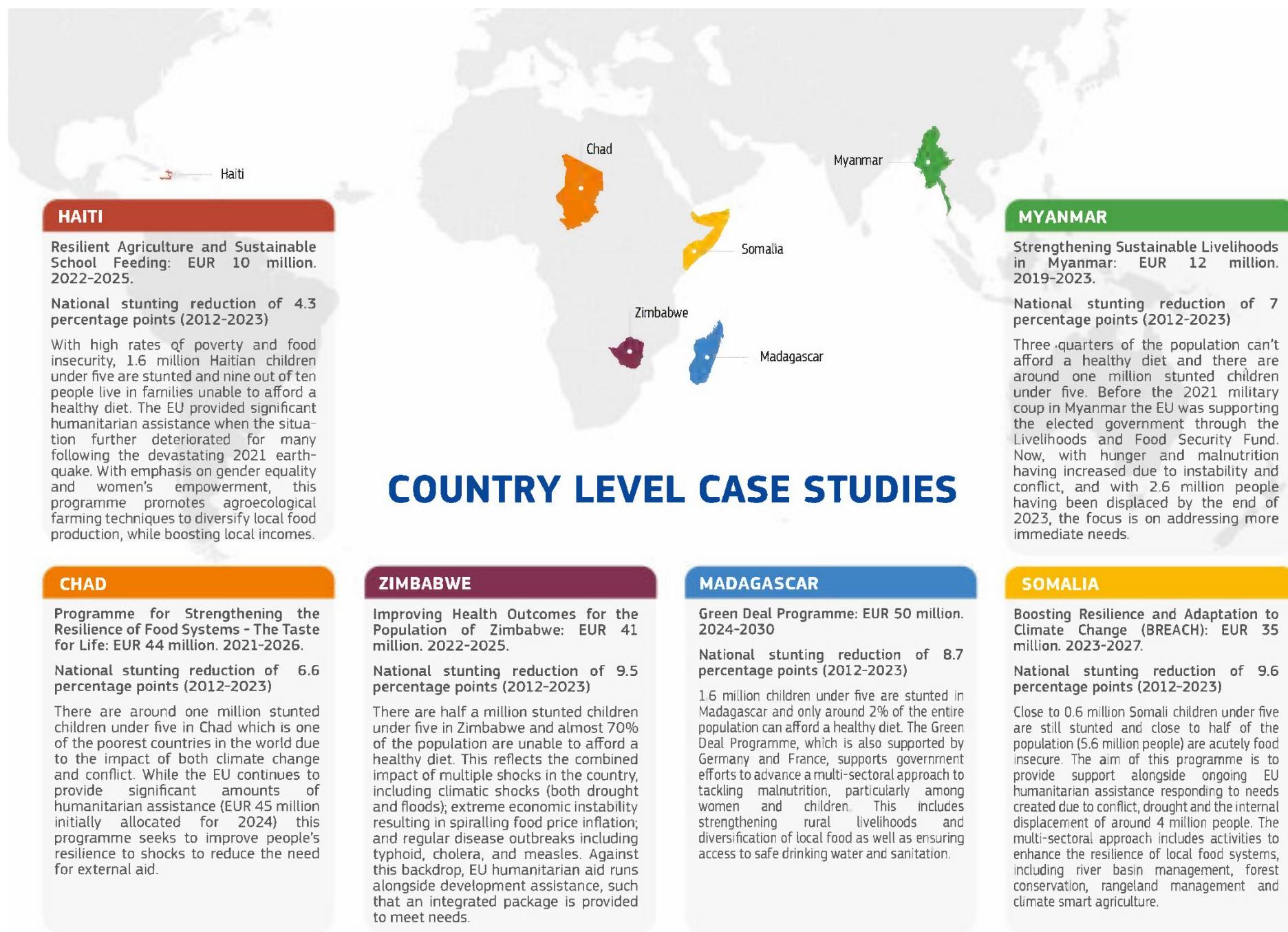
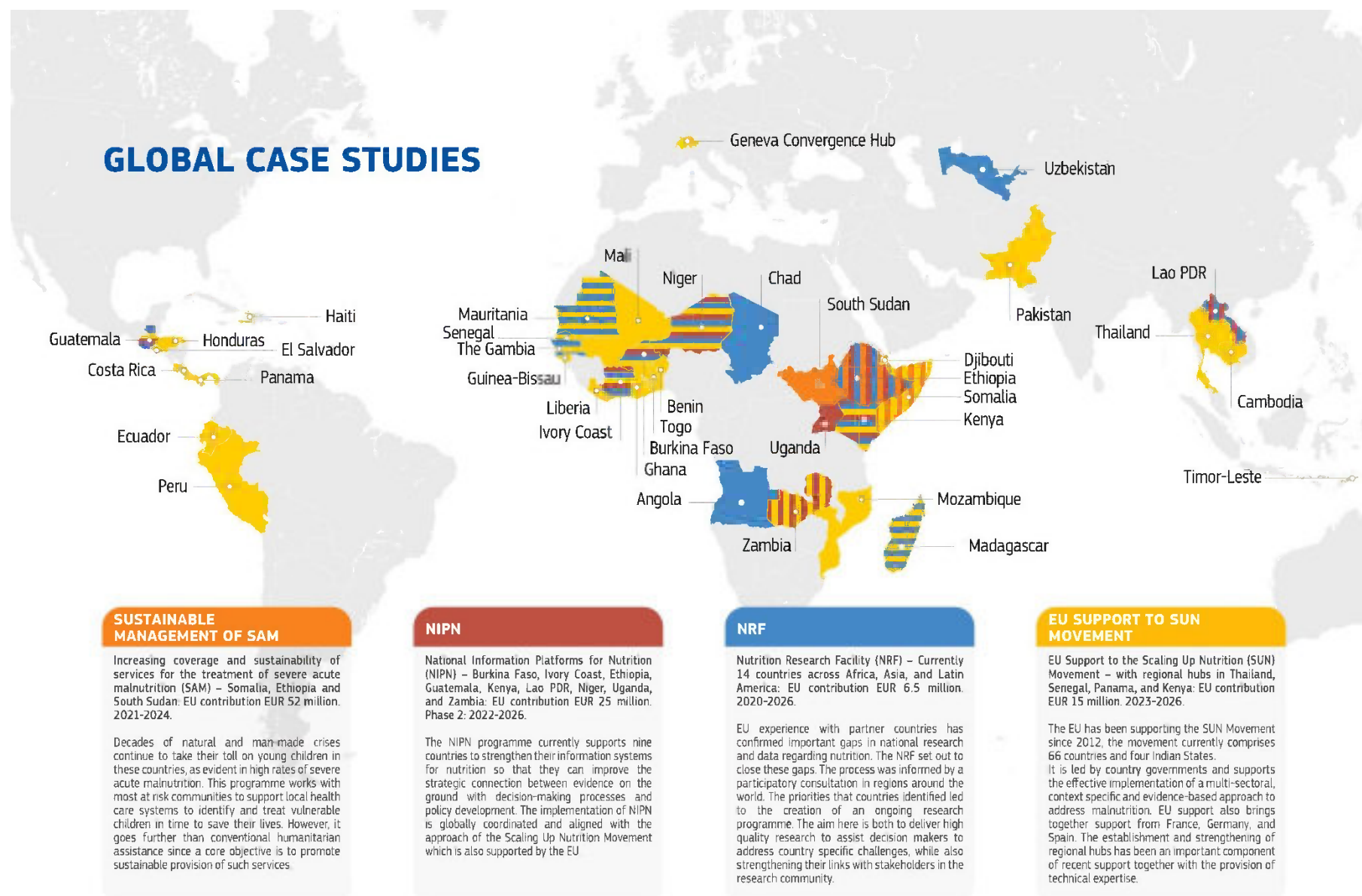


Figure 11: Map of four global case studies



Accelerating progress on nutrition in a turbulent world

Collectively the stories presented here demonstrate the diverse and context-responsive ways in which the EU supports governments, civil society, communities and businesses to address nutrition priorities in increasingly fragile contexts. At the same time, this support opens the opportunities required to strengthen resilience, address inequalities and transform food systems to ensure healthy and sustainable diets for all.

2023 saw the finalisation of two important international initiatives to tackle the drivers of dietary and nutritional inequalities, each actively supported by the EU. With three quarters of people living in low and lower-middle income countries, unable to afford a healthy diet, 2023 saw the timely launch of the flagship report on ***‘Reducing Inequalities for Food Security and Nutrition’*** by the high-level panel of experts on food security and nutrition of the Committee on World Food Security⁶⁴. The EU actively engaged in the process of generating this report. In 2023 Commissioner Urpilainen launched the ‘inequality marker’ as a practical means to ensure that external actions across multiple sectors are optimally designed to address the drivers of inequality while directly supporting the most vulnerable.

Economic inequalities are further aggravated by their intersection with horizontal inequalities including gender, age, disability status, ethnicity, religion, migrant status and/or because of where people live. The approval of the Committee on World Food Security’s ***Voluntary guidelines on gender equality and women’s and girls’ empowerment in the context of food security and nutrition*** marked another landmark event in 2023. The EU’s third gender action plan 2021-2025 recognised the importance of a gender transformative and intersectional approach and reinforced the EU’s international leadership role in this field. The EU therefore welcomed the proposal to develop voluntary guidelines and was a significant player in the negotiation process. The EU believes that the voluntary guidelines now represent a valuable strategic statement of common principles shared by governments and international agencies. As such they can serve as a powerful advocacy tool to be used in the context of international partnerships.

⁶⁴ HLPE-FSN (2023). ‘Reducing inequalities for food security and nutrition’. <https://www.fao.org/cfs/cfs-hlpe/insights/news-insights/news-detail/reducing-inequalities-for-food-security-and-nutrition/en>.

Section 5: Conclusion

The effectiveness of EU's strategic approach is confirmed

It has been one decade since the launch of the EU's action plan on nutrition and its 2014-2020 funding cycle. The systematic tracking of the EU's effectiveness to deliver on its global nutrition commitments has been at the core of the action plan's implementation. This progress report confirms that the EU's financial pledge for nutrition for 2021-2024 has been not only met but exceeded, and that the 2012 pledge to support partner countries to reduce the number of stunted children under the age of five by at least 7 million is on track to be reached. Previous nutrition progress reports have successively reported on the evidence from EU-supported programmes around the world, testifying to direct impact on nutrition, whether in terms of the reduction of stunting and wasting, improvements in breastfeeding rates or better quality of diets.

The stories of change drawn from the 6 countries showcased in Chapter 4 (Chad, Haiti, Madagascar, Myanmar, Somalia and Zimbabwe) highlight the broad scope of EU support provided to partner countries' efforts to end the scourge of malnutrition. These stories open a window into the EU's practical engagement, whether to:

- ⇒ Operationalise and accelerate sustainable food system transformation through strengthening value chains by supporting strategic Global Gateway investments in local food production, building partnerships between private sector and development banks and scaling up the green transition and support for smallholder production (including agroecological techniques);
- ⇒ protect and promote livelihoods and boost incomes and therefore purchasing power of vulnerable families;
- ⇒ strengthen national health systems and ensure equitable access to essential services for the prevention and treatment of malnutrition;
- ⇒ harness schools as a crucial entry point to advance healthy diets and nutrition for children and youth;
- ⇒ ensure year round and equitable access to safe drinking water and sanitation for marginalised communities and households.

Despite every one of these 6 countries being identified as in a state of food crisis and requiring EU humanitarian assistance following various shocks, the prevalence of stunting has still reduced by an average of 7.6 percentage points. Whether countries have been hit by natural disasters - such as earthquakes, flooding and droughts - conflict and political instability, or general economic fragility, EU support in such challenging contexts and protracted crises brings together humanitarian, development, and peace -related interventions within a coherent package of assistance. When applied to nutrition, this HDP nexus 'lens' ensures the alignment of interventions to reduce overall vulnerability and unmet needs, strengthen risk management capacities and address both the root and immediate causes of malnutrition.

Although these stories of change clearly demonstrate that, at the country level, there is no such thing as a typical EU 'nutrition project', it is apparent that the same principled approach underpins specific actions. The EU works with partners in a specific context to ensure that a solid understanding of the diverse drivers of malnutrition informs a multi-sectoral response, while the significance of an optimally country-owned, rights-based and equality focused approach is paramount. It is precisely by intensifying the EU's commitment to integrate nutrition objectives across key sectors that such a significant share of programming has been harnessed to tackle both the immediate and more underlying and basic causes of malnutrition.

Sustaining progress on nutrition

Undeniably, the EU's delivery of significant results provides an essential foundation for continued efforts to accelerate progress towards ending malnutrition. In countries which are currently off-track to reach the 2025 targets there are two key factors to consider. Firstly, there is the apparent paradox that a decrease in the prevalence of child stunting does not necessarily translate into a reduction in the number of children stunted in countries where the population of children has grown. However, a second factor – with more far-reaching implications – concerns the succession of interconnected global shocks in recent years, whether relating to the climate crisis, conflicts and mounting geopolitical tensions, and fragility accompanied by rising inequality, debt, interest rates and price inflation. The resulting 'polycrisis' presents a daunting set of cross-border challenges to collective efforts to end malnutrition. In 2024, the World Bank sounded an alarm on the 'historical reversal' of development and debt distress for many low-income countries⁶⁵. At the same time, in the face of such turbulence, the fact that for 39 of the 40 baseline countries prioritising nutrition in the context of EU support the prevalence of stunting has nevertheless reduced by an average of 7.2 percentage points serves to underscore the significance of the achievements secured.

EU's achievements confirm a promising pathway ahead

The EU's commitment to support partner countries' efforts to end malnutrition is bolstered by the achievements confirmed in this report. By intensifying the focus on accountability and systematically measuring and regularly reporting on progress against ambitious nutrition targets, the EU has shown that it is not afraid to 'hold its own feet to the fire'. In such a fast changing and uncertain world, achieving tangible nutrition results on the ground, especially in the lives of women, adolescents, and children, remains the number one priority. Over the next 10 years 1.1 billion of today's children across the Global South will become working-age adults. To empower these children to realise their full potential, intensification of efforts to secure their human rights is needed now. This can only be done by securing equitable access to healthy and sustainable diets, safe drinking water, quality education and health services and social protection. As a result of these efforts, improved nutrition serves as a barometer for progress, without which, the Global South may expect 'not a demographic dividend but rather a demographic liability'⁶⁶.

Fostering joint approaches and contributing to effective international governance and accountability for nutrition in support of partner countries remains a priority. For example, together with partners through the SUN Movement, the European Commission is advocating for more intermediate nutrition indicators to be built into both the SDG 2 and national monitoring systems. Indicators for minimum dietary diversity, both for women and children (MDD-W and MDD-C), are particularly valuable as not only can they ensure timely and tangible results in the quality of people's actual diets, but they simultaneously facilitate a greater focus on child rights, gender inequalities and women's and girls' empowerment. More broadly, the EU's progressive gender action plan (GAP III⁶⁷) presents a powerful potential for future partnerships based on its synergies with the action plan on nutrition and the vision for an interlocking transformative agenda for both food systems and gender relations.

2025 will also mark the end of the UN Decade of Action for Nutrition and offers a potential opportunity to extend the WHA global nutrition targets on maternal, infant and young child nutrition (together with a corresponding implementation plan) for the period 2025-2030, thereby aligning them with the SDG timeline. As part of the 2025 Comprehensive Review of the SDGs, several EU Member States

⁶⁵ World Bank (2024). 'The Great Reversal: Prospects, Risks, and Policies in International Development Association Countries'. <https://www.worldbank.org/en/research/publication/prospects-risks-and-policies-in-IDA-countries>.

⁶⁶ As stated by the President of the World Bank Group at Davos. *Bloomberg Live* (18 January 2024). World Bank's Ajay Banga on the State of Global Economy [Video]. <https://www.youtube.com/watch?v=DYCbU1iBzfk>.

⁶⁷ European Commission (2022). Gender action plan. https://ec.europa.eu/commission/presscorner/detail/en/IP_20_2184

(Germany, Denmark, Sweden, Ireland) are promoting the inclusion of Minimum Dietary Diversity (for women as well as infants and young children) under SDG 2. The common objective is to strengthen the agenda on sustainable, healthy diets for food systems transformation.

However, such a vision will require an arsenal of strategic responses to counter the threats of the multiple crises that must be faced⁶⁸. This is why, within the broader framework of the Global Gateway, the EU continues to capitalise on the Team Europe approach to foster policy coherence and achieve more impact. At the same time, the EU remains dedicated to the pursuit of emerging options for strategic engagement to build on the momentum generated around the global nutrition agenda. The G7 Leaders' Summit in June 2024 launched the G7 Apulia Food Systems Initiative, the High-Level Political Forum in July includes an in-depth review of SDG 2, and the Summit of the Future in September 2024 further contribute to the global momentum for nutrition ahead of the 2025 N4G Summit. In the context of Brazil's Presidency of the G20, the EU especially welcomes the anticipated launch of the Global Alliance Against Hunger and Poverty at the Summit of Heads of State and Government in late 2024⁶⁹. As the World Bank has long been a leader on food security and nutrition, the World Bank's International Development Association (IDA21) replenishment and Evolution Roadmap processes also present a critical window of opportunity to help ensure that countries can access necessary resources to address the mounting risks of overlapping nutrition, food security and health crises⁷⁰.

Despite the EU's achievements in advancing good nutrition, there can be no illusions regarding the challenges ahead. Ultimately there are two key takeaways from this report. Firstly, the results on the ground confirm that EU multisectoral investments have contributed to tangible improvements in maternal and child nutrition in partner countries. Secondly, that these uncertain and increasingly turbulent times necessitate joining forces and doubling down to intensify, accelerate and scale up global efforts. Following the 2024 Paris Olympics and Summit of the Future in New York, the 2025 N4G in Paris will present a golden opportunity to signal hope across both humanitarian and development fronts. Whilst the central pillars of the EU's approach to nutrition must remain securely in place, new opportunities to adapt and evolve – whether in terms of accountability, partnership, and innovation, to navigate contemporary crises and get back on track – must be seized. The journey must be fuelled by commitment all the way but it can only be realised by effective delivery and impact.

⁶⁸ This is confirmed by the central focus of the 2024 UN High-level Political Forum on Sustainable Development (HLPF): 'Reinforcing the 2030 Agenda and eradicating poverty in times of multiple crises: the effective delivery of sustainable, resilient and innovative solutions'. <https://hlpf.un.org/2024>

⁶⁹ G20 (2024). Task Force for a Global Alliance Against Hunger and Poverty. <https://www.g20.org/en/tracks/shepa-track/hunger-and-poverty>

⁷⁰ The World Bank draft corporate scorecard already includes relevant nutrition indicators and provides a basis for driving nutrition actions and measuring results.

Annexes

Annex 1: Case studies

Increasing coverage and sustainability of services for the treatment of severe acute malnutrition (SAM) in East Africa	
Implementation countries	Somalia, Ethiopia, South Sudan
Implementation	UNICEF (working closely with multiple implementing partners and the Ministries of Health in each country)
Budget	EU contribution (2021-2024, 38 months): EUR 52 million (of which Ethiopia EUR 23 million, Somalia EUR 11 million and South Sudan EUR 18 million). Total investment: EUR 157 777 000.
Overall objective	Girls and boys in Ethiopia, Somalia and South Sudan, particularly the most disadvantaged and those affected by humanitarian situations, benefit from early identification and treatment for severe wasting through an integrated, efficient and predictable primary health care system providing improved access to efficient and integrated management of SAM, including timely provision of ready-to-use therapeutic food (RUTF).
Background	<p>This action represents the first ‘ECHO pilot programmatic partnership’ with UNICEF. The rationale for the partnership is to leverage potentially flexible and more predictable multi-year arrangements so as to address multi-year challenges.</p> <p>Ethiopia, Somalia, and South Sudan have witnessed repeated droughts, floods and disease outbreaks in the last two decades, as well as one of the worst desert locust invasions in decades in Ethiopia and Somalia. Recurrent and protracted disasters, coupled with an overall rise in political instability, mounting economic crises and widespread displacements continue to erode the coping capacity of communities, resulting in increasing burden of acute malnutrition in the 3 countries.</p> <p>As most of the disasters faced by Ethiopia, Somalia and South Sudan are cyclical and multi-year, it is critical to have a matching approach, with multi-year financing to enable humanitarian actors to address the immediate needs of communities and individuals while building the capacity of systems to withstand the next shock better. The reach of treatment services remains low, with an estimated 1 in 3 children with SAM able to access existing services for life-saving treatment.</p>
Key insights	<ul style="list-style-type: none"> • The operation follows a community-based model, while delivering care for sick and malnourished children through the same health services delivery platform. • At the same time UNICEF is working to accelerate the scale-up of simplified approaches so that primary/community health systems can expand of early detection and treatment of SAM by community health workers. This shift already shows potential to double the coverage of treatment services, whilst reducing defaulting and the cost of treatment for mothers and other caregivers. • To accelerate the sustainable integration of RUTF into national supply-chain systems a three-pronged approach: (i) incentivises domestic resource allocation for RUTF through its existing RUTF match fund mechanism; (ii) promotes the inclusion of RUTF in national essential medicine lists; and (iii) accelerates national government ownership for procurement, storage, distribution and monitoring of RUTF.
Achievements	<ul style="list-style-type: none"> • More than 20.7 million children aged 6-59 months have been screened for SAM and 3.9 million children have been treated. • Systematised support to the supplies pipeline has already resulted in a significant reduction of ‘stock-outs’ of RUTF supplies. • All 3 countries now have RUTF included in the essential list of medicines – a crucial step to avoid the risk of future stock outs. • A regional technical working group on simplified approaches has been established and UNICEF coordinates national and subnational coordination meetings in the 3 countries. • The stimulation of domestic markets for RUTF can be expected to encourage private sector investment in the development of value chains to catalyse local production in the future. • The intervention demonstrates both a humanitarian and development logic – on the one hand by saving lives and, on the other hand, by building sustainable systems for SAM treatment through national health service provision. In this way partner country autonomy can be progressively secured.

National information platforms for nutrition (NIPN)⁷¹	
Implementation countries / Regions	Global: Burkina Faso, Côte d'Ivoire, Ethiopia, Guatemala, Kenya, Lao PDR, Niger, Uganda, Zambia
Implementation	<p>In NIPN countries, the technical and programme management assistance for the implementation of the platforms is delivered by three implementing partners:</p> <ul style="list-style-type: none"> • GIZ in Ethiopia, Niger and Zambia; • Centro Agronómico Tropical de Investigación y Enseñanza (CATIE) in Guatemala; • UNICEF in Burkina Faso, Côte d'Ivoire, Kenya, Lao PDR and Uganda
Budget	EU contribution for NIPN phase 2 (2022-2026): EUR 25 million
Overall objective	The overarching goal is to support countries to strengthen their information systems for nutrition and to improve the analysis of nutrition data to support evidenced-based strategic decisions and policy development.
Background	NIPN was originally designed to support SUN countries committed to delivering evidence-based nutrition programmes and interventions. The observation was that more could be done with existing data but demand for information and evidence among policy makers must be created. In Phase 1, NIPN was co-financed by the then Department for International Development (DFID) of the United Kingdom and the Bill and Melinda Gates Foundation (BMGF). From Phase 2 (2022), the initiative is supported by the EU, the German Federal Ministry for Economic Cooperation and Development (BMZ) and UNICEF.
Key insights	<ul style="list-style-type: none"> • NIPN is coordinated by a global coordination unit (operated by C4N-NIPN and implemented by GIZ), which ensures coherence with the SUN movement and takes forward the wider aim to disseminate the NIPN approach, experiences and lessons learnt to other countries. • NIPN partners work under a common results framework that focuses on: 1) strengthening technical ability to provide relevant nutrition information and analysis; 2) enhancing demand by policymakers for NIPN outputs; and 3) strengthening national ownership of NIPN. • Many NIPN countries are now considering how to devolve NIPN to sub-national level, with several countries implementing pilot programmes.
Showcasing achievements in Lao PDR	<p>In Lao PDR, NIPN activities began in 2018. Embedded within the national structures, NIPN hosts its policy component with the National Institute for Economic Research and the data component with the Ministry of Planning and Investment, Centre for Development Policy Research together with related line ministries and partners. NIPN is implemented by UNICEF.</p> <p>A key objective of NIPN is to identify and forge partnerships, which add value to all sides by avoiding duplicate efforts and facilitating reciprocal benefits. Tapping into existing synergies with UNICEF, NIPN Lao PDR pursued additional collaboration with the WHO, UNICEF and European Commission initiative 'Strengthening national nutrition information systems' (EC-NIS), contributing to the initiative from its start. Key outputs include the development of standard operating procedures for routine nutrition monitoring, the nutrition module for the district health information system 2 (DHIS2) and the launch of an online data repository to facilitate broader knowledge sharing⁷².</p>

⁷¹ <https://www.nipn-nutrition-platforms.org/>

⁷² <https://nipn.lsb.gov.la/>

Nutrition Research Facility (NRF) – Knowledge and research for nutrition	
Implementation countries / regions	The NRF is a global initiative
Implementation	Agrinatura European Economic Interest Grouping (EEIG), with the following implementing members: Ghent University, French Agricultural Research Centre for International Development (CIRAD), Natural Resources Institute at the University of Greenwich, Agropolis International, Instituto Superior de Agronomia at the University of Lisbon.
Budget	EU contribution: EUR 6 588 500 (2020 - 2026)
Overall objective	To enhance the capacity of decision-makers to design evidence-based policies and programmes for higher nutrition benefits. This is to be done by (i) Improving synergies and interactions between researchers and decision-makers, fostering better communication and coordination; and (ii) Strengthening monitoring and evaluation systems including capacities for tracking nutrition benefits of policies and programmes at the field level.
Background	The NRF rolled out a participatory consultative process to gather evidence on decision-makers' needs and priorities in countries around the world (covering Africa, Asia, Europe, and Latin America and the Caribbean) and strengthen their connections with the research community around nutrition (including the European Commission and EU Member States as well as EU partner countries).
Key insights	<p>Based on these consultations, NRF generated a research programme involving 15 specific studies to address the nutrition gaps identified. These are being published on the NRF repository⁷³ and for example have included research into:</p> <ul style="list-style-type: none"> the impact of COVID-19 on diet quality, food security and nutrition in low and middle-income countries; the relevance of the minimum dietary diversity for women (MDD-W) indicator for pregnant and breastfeeding women. <p>In addition, the NRF is undertaking a series of initiatives to design monitoring and evaluation systems with reference to EU programmes in Angola, the Indian Ocean Region, Madagascar, Mauritania and Uzbekistan.</p>
Showcasing research on food and nutrition in schools	<ul style="list-style-type: none"> With growing attention to the nutrition of school-aged children, and with schools increasingly recognised as important settings for initiatives to promote healthy diets and good nutrition, a series of studies in this area has been initiated. The first literature review reveals that the main focus of research to date is on aspects such as food provision, nutritional education and community engagement within schools while factors such as food prices, labelling and the influence of the external environment are largely overlooked⁷⁴. Based on these insights, the NRF has identified 5 core domains (school premises, school community, food environment around the school, education and school policies, and cross-cutting issues) with key issues and indicators to be considered, and 10 key considerations to guide the design, implementation and evaluation of school meals initiatives as a part of multisectoral approach that links nutrition and education. This value of this holistic framework to ensure a comprehensive country-level policy assessment has been put to the test in the context of Kenya.

⁷³ <https://www.nutrition-research-facility.eu/>

⁷⁴ https://www.nutrition-research-facility.eu/IMG/pdf/nrf_siaa_review_final_report_april2023.pdf

EU support to the SUN movement: operationalisation of the SUN 3.0 strategy	
Implementation countries / Regions	The 66 countries and 4 Indian states that have joined the SUN movement.
Implementation of various components and budget	<ul style="list-style-type: none"> • Direct support to the United Nations Office for Project Services (UNOPS) which hosts the SUN movement secretariat (EUR 6 million); • Support through EU4SUN: service providers for International Cooperation of Spain (FIIAPP) and France (Expertise France) (EUR 4 million); • Capacity for nutrition (C4N): a joint action co-financed by the EU and BMZ and implemented by GIZ (EU: EUR 5 million and BMZ: EUR 3 million).
Budget	EU contribution: EUR 15 million
Overall objectives	<p>To mobilise European support and expertise in policy development and capacity building for the effective and inclusive operationalisation of the SUN 3.0 strategy. There are 2 components:</p> <ol style="list-style-type: none"> (i) Direct financial support to the SUN movement secretariat in securing its strategic capabilities to enhance the SUN 3.0 strategy; (ii) Effective operationalisation of the SUN 3.0 strategy through policy dialogue and capacity building for better nutrition outcomes (GIZ, FIIAPP and Expertise France).
Background	<p>The EU has been supporting the SUN movement since 2012. Led by governments and driven by evidence, SUN has to date rallied 66 countries and 4 Indian states – supported by over 4 000 civil society organisations, some 1 400 businesses, 5 UN agencies and a group of international donors and foundations (the SUN networks). Each of the 66 SUN countries and 4 Indian states lead their own unique national SUN movement, where actors come together for joint advocacy, alignment and investment in adopting successful strategies to eliminate all forms of malnutrition. The focus is on scaling up evidence-based, cost-effective interventions to prevent and treat malnutrition.</p>
Key insights	<ul style="list-style-type: none"> • By bringing together 3 EU Member States (France, Germany and Spain), this EU initiative is a powerful illustration of the potential for a Team Europe effort to ensure strategic coordination across international partnerships. • EU4SUN focuses on SUN countries in Latin America and Caribbean (FIIAPP) and West Africa (Expertise France), including providing demand-driven support; technical assistance, peer-to-peer exchanges, policy dialogue and advocacy. For example, EU4SUN is supporting Haiti while mobilising support from other partners to implement Haiti's multisectoral nutrition strategic plan. • C4N's support involves the provision of demand-driven technical assistance and capacity development to all SUN countries with a focus on 2 areas: public finance for nutrition and food systems transformation and healthy diets. C4N SUN is supporting the SUN civil society network to implement a course on budget analysis and advocacy while direct country support to Djibouti is building capacities to analyse nutrition budgets to inform the budgeting cycle. • EU4SUN is capitalising on the opportunity presented by the forthcoming N4G summit to be held in March 2025 in Paris. SUN countries are being supported to demonstrate accountability for previous commitments, showcase their achievements and to make bold new commitments informed by experience and lessons learnt.

Chad (population: 18.6 million)

National nutrition situation⁷⁵:

Estimated share of population unable to afford a healthy diet:	83%
Number of people in acute food insecurity crisis:	2.1 million
Prevalence of stunting among children under five:	32.3% (1.06 million)
Prevalence of wasting among children under five:	8.3% (106 000)
Prevalence of overweight and obesity among children between 5-18 years:	10%
Prevalence of overweight and obesity among adults:	25%

Project reference:	Programme for strengthening the resilience of key food systems ('The taste of life')
Budget	EUR 54 million (of which EUR 44 million Neighbourhood, Development and International Cooperation Instrument (NDICI) and EUR 10 million European Development Fund (EDF))
Implementation	FAO and WFP consortium (FAO as lead)
Area(s) covered	National and 4 provinces (Mayo-Kebbi East, Mayo-Kebbi West, Kanem, Bahr-El-Ghazal)
Overall objective	Strengthening food and nutrition security through the sustainable development of the agricultural value chain of enriched cereal-based flours for porridge (made of a blend of local cereals and pulses), while supporting local governance and community cohesion, particularly with regards to the access to agricultural resources.
How is the project impacting on nutrition?	<p>The programme has three interlinked components:</p> <ul style="list-style-type: none"> • Immediate food and agriculture assistance packages for vulnerable communities, including cash transfers, as well as access to health and WASH services, to support productive activities; • Support to farmers' organisations and local processors for the production and development of the value chain of cereal-based porridge, including infant fortified flours for preventing and treating acute malnutrition (women and infants aged up to 2 years old). This includes the provision of technical assistance to Chad for the governance of the value chain and for implementation of the 'National roadmap to sustainable food systems'; • Support for improving local governance and social cohesion, regarding the coordination of actions and the management of natural resources for agricultural purposes.
How is nutrition impact being measured?	<p>Key nutrition indicators being reported on include:</p> <ul style="list-style-type: none"> • Prevalence of stunting and wasting in children under five years, in the 4 provinces. • Proportion of women having minimum dietary diversity. • Prevalence of children exclusively breastfed.
Humanitarian-development-peace nexus	<p>Chad is one of the poorest countries in the world and faces recurrent multidimensional crises (macroeconomic, political, migratory, environmental and agricultural). The humanitarian situation is complex, as more than one million refugees and returnees have arrived in Chad since April 2023 as a consequence of the war in Sudan.</p> <p>The programme is a flagship for the HDP nexus as it combines resilience activities at community level with agricultural development support for inclusive economic growth. It was designed in close collaboration with the European Commission (DG ECHO).</p>
Global Gateway	<p>The programme supports the development at scale of the value chain for cereal-based porridges by increasing capacities for production, processing and marketing. This includes support for the adoption of product-related norms and standards in order to facilitate exports. The programme will benefit from the strategic road corridor that links Chad with Cameroon to be rehabilitated with EU support. Moreover, it will be implemented in synergy with the 'EU-supported agri-food entrepreneurship programme' (EUR 42 million) that allocates substantial funding for the development of cereal-based value chains, including at regional level.</p>
Cross cutting issues	<p>The programme integrates the following:</p> <ul style="list-style-type: none"> • <i>Climate change / biodiversity</i>: to ensure reduction of and resilience to different climate risks, unstable rainfall, flooding, land degradation and loss of biodiversity. • <i>Gender equality</i>: e.g. advice services for pregnant and breastfeeding women and entrepreneurial support to promote economic empowerment. • <i>Human rights and income inequalities</i>: e.g. the right to food. • <i>Conflict sensitivity, peace and resilience</i>: e.g. strategies to reduce the risk of conflicts associated with natural resources as well as tackling unemployment, a driver of conflict. • <i>Disaster risk reduction</i>: e.g. diversification of income generating activities. • <i>Team Europe Initiative</i>: The programme indirectly contributes to the Team Europe Initiative for Chad 'Secondary cities'.

⁷⁵ Sources of data for nutrition situation: GRFC, JME, GNR, Food Systems Dashboard

Haiti (population: 11.7 million)

National nutrition situation⁷⁶:	
Estimated share of population unable to afford a healthy diet:	89.5%
Number of people in acute food insecurity crisis:	4.2 million
Prevalence of stunting among children under five:	19.5% (1.6 million)
Prevalence of wasting among children under five:	3.7% (300 000)
Prevalence of overweight and obesity among children between 5-18 years:	32%
Prevalence of overweight and obesity among adults:	58%
Project reference:	Resilient agriculture and sustainable school feeding (2022-2025)
Budget	EUR 10 million
Implementation	Food and Agricultural Organisation (FAO)
Area(s) covered	Grande Anse region
Overall objective	To respond to the recovery needs of the Grande Anse department following the earthquake of August 2021 by reviving household agricultural production and local markets and helping children get back to school.
How is the project impacting on nutrition?	<p>The project adopts a three-pronged approach:</p> <ul style="list-style-type: none"> • Supporting the development of resilient farming systems involving the promotion of agroecological techniques to maximise the diversification of local food production required to ensure access to healthy and sustainable diets; • Strengthening capacities to develop the marketing of food crops in local markets to increase the availability of locally produced, diverse and healthy food; • Supporting the provision of school meals based on a 'home grown school meals' approach that involves the procurement of sustainably and locally produced food (enhancing local producers' access to school food markets) and is accompanied by a nutrition awareness component for learners.
How is nutrition impact being measured?	<p>Key indicators being reported on:</p> <ul style="list-style-type: none"> • Household dietary diversity score disaggregated by sex and age; • Number of students who eat their meals in school canteens, disaggregated by sex and age.
Humanitarian-development-peace nexus	<ul style="list-style-type: none"> • Following the August 2021 earthquake, the EU immediately deployed 3 life-saving humanitarian air bridge operations. EUR 6 million was allocated to support victims of the earthquake while total European Commission assistance through DG ECHO for 2022 and 2023 amounted to EUR 20.5 million and EUR 18.75 million. • This project is intended to serve as a bridge between humanitarian assistance and longer-term support to build resilient communities and contribute to human development by facilitating the return of children to school, the restoring of local agri-food systems and promoting access to healthy and diversified diets. The project takes over from the European Commission (DG ECHO)-funded food and nutrition assistance (2022-2023) implemented by the 'Associazione Volontari per il Servizio Internazionale'(AVSI)) and the 'Education cannot wait' initiative which targeted 18 000 children (jointly implemented by WFP and UNICEF). In addition, EU support to the EUR 17.4 million Pro-Resilience Program in southern Haiti served as a bridge between humanitarian assistance and longer-term development with a focus on food security and nutrition.
Global Gateway	Alongside this project, and in Haiti more broadly, the EU is also mobilising global gateway investments to support quality education and climate-resilient school facilities to ensure uninterrupted access to learning as well as technical and vocational education facilities.
Cross-cutting issues	<p>The project design integrates the following:</p> <ul style="list-style-type: none"> • <i>Climate change</i>: e.g. by reducing dependence on food imports and promoting the adoption of agroecological approaches; • <i>Gender equality</i>: e.g. by supporting women farmers and promoting gender equality in education via the incentive of school meals provision; • <i>Human rights and income inequalities</i>: e.g. promoting children's right to food; • <i>Conflict sensitivity, peace and resilience</i>: e.g. the project supports the stabilisation of communities and strengthens grassroots organisations; • <i>Disaster risk reduction</i>: e.g. by reducing the vulnerability of food systems as a result of boosting local food production. • <i>Team Europe Initiative</i>: Spain is supporting (EUR 1 million) the 'Sustainable school food linked to local agricultural production' project in another department of Haiti.

⁷⁶ Sources of data for nutrition situation: GRFC, JME, GNR, Food Systems Dashboard

Madagascar (population: 30.3 million)	
National nutrition situation⁷⁷:	
Estimated share of population unable to afford a healthy diet:	97.8%
Number of people in acute food insecurity crisis:	2.23 million
Prevalence of stunting among children under five:	38.6% (1.6 million)
Prevalence of wasting among children under five:	7.2% (300 000)
Prevalence of overweight and obesity among children aged 5-18 years:	12.5%
Prevalence of overweight and obesity among adults:	26%
Project reference:	Pacte Vert (Green Deal) 2024-2030
Budget	EUR 50 million
Implementation	Agence Française de Développement (AFD), United Nations Agencies (FAO, UNICEF, WFP, United Nations Development Programme (UNDP)), NGOs.
Area(s) covered	Regions of Androy and Anosy
Overall objective	To contribute to strengthening resilience and food and nutritional security, especially among vulnerable groups including women and children.
How is the project impacting on nutrition?	<p>A multi-sectoral approach has been adopted:</p> <ul style="list-style-type: none"> • Strengthening services relevant to nutrition at community level, including: in agriculture through improving livelihoods and increasing diversification of locally available food; increasing access to safe drinking water, sanitation and hygiene; and support to community-based initiatives to prevent, detect and treat acute malnutrition. • Support to development of a nutrition policy framework at national level, with regional government capacities to coordinate services relevant for nutrition developed.
How is nutrition impact being measured?	<p>Two indicators are being reported on:</p> <ul style="list-style-type: none"> • Proportion of women (15 to 49 years) with a diet of minimum diversity (MDD-W); • Number of women, adolescent girls, and children under five being reached by nutrition support interventions (supported by EU).
Humanitarian-development-peace nexus	<ul style="list-style-type: none"> • Close collaboration took place between the EU Delegation and the European Commission's DG ECHO throughout the project design process. This is because many of the poorest and most marginalised communities in the regions are receiving humanitarian assistance and a phased transition to independence is required. • The project aligns closely with a 2-year humanitarian project supported by the European Commission (DG ECHO) and implemented by UNICEF (European Commission support through DG ECHO amounting to EUR 2.2 million) with a focus on child nutrition, child protection and education in emergency settings. • The WASH sector is identified as both a humanitarian and development priority. • A joint approach to support the development of national early warning systems and response mechanisms including early detection and treatment of acute malnutrition.
Global gateway	As a component of the Global Gateway initiative in Madagascar, the 'Talaky Be' project addresses the provision of hydro-infrastructure for agricultural production and enhanced rural livelihoods.
Cross-cutting Issues	<p>The project design integrates the following:</p> <ul style="list-style-type: none"> • <i>Climate change / biodiversity</i>: e.g. by promoting the adoption of agroecological approaches; • <i>Gender equality</i>: e.g. by supporting women's income generating activities and working with communities to identify ways to reduce women's workloads; • <i>Human rights and income inequalities</i>: e.g. via a focus on the poorest groups and advancing the rights to healthcare, food, and safe drinking water; • <i>Innovation/digital</i>: e.g. by funding research into innovative agricultural techniques and supporting state-of-the-art, early-warning data technologies; • <i>Team Europe Initiative</i>: The project is conceived as one component within a broader Team Europe Initiative involving investments from both Germany and France.

⁷⁷ Sources of data for nutrition situation: GRFC, JME, GNR, Food Systems Dashboard

<i>Myanmar (population: 54.6 million)</i>	
National nutrition situation⁷⁸:	
Estimated share of population unable to afford a healthy diet:	74%
Number of people in acute food insecurity crisis:	15.2 million
Prevalence of stunting among children under five:	24.1% (1.07 million)
Prevalence of wasting among children under five:	7.4% (332 000)
Prevalence of overweight and obesity among children aged 5-18 years:	14%
Prevalence of overweight and obesity among adults:	27%
Project reference:	Strengthen sustainable livelihoods in Myanmar
Budget	EUR 12 million
Implementation	The Livelihoods and food security fund (LIFT) is managed by UNOPS.
Area(s) covered	Countrywide
Overall objective	To strengthen socio-economic sustainable resilience in the environment affected by COVID-19 and the recent coup d'état.
How is the project impacting on nutrition?	More efficient, inclusive and sustainable agri-food systems are necessary to support the country's economic resilience, to improve livelihoods, food and nutrition security of the most vulnerable and to reduce the negative environmental impacts of the food chains. To address the sharp increase in hunger and malnutrition anticipated in the wake of the coup, LIFT engaged with partners to scope out immediate needs. Partners mobilised to support a series of social protection interventions with a focus on women and children including in-kind transfers, vouchers and/or cash transfers, nutrition counselling, breastfeeding support and treatment of severe acute malnutrition in the absence of functional public services. Prior to the coup LIFT played a key role in the development of several nutrition related policies.
How is nutrition impact being measured?	Key indicators being reported on: <ul style="list-style-type: none"> • Number of women of reproductive age, adolescent girls and children under 5 reached by nutrition-related interventions supported by the EU; • Share of household income spent on food.
Humanitarian-development-peace nexus	The already dire humanitarian situation in Myanmar has spiralled since the military takeover in 2021. Fighting between opposition forces and the military has reached unprecedented levels across the country. Mass displacement continues at an alarming rate, with 2.6 million people displaced across the country at the end of 2023. 600 000 Rohingya people continue to be deprived of basic rights, including citizenship, freedom of movement, and access to resources and essential services. The action explicitly adopts an HDP approach to ensure close coordination with humanitarian agencies operating in Myanmar, including the European Commission's lifesaving assistance to children with severe acute malnutrition and the provision of water and sanitation to highly vulnerable communities. In 2024, the EU allocated an initial EUR 19.2 million in humanitarian assistance to address the immediate needs of the most vulnerable people in Myanmar, including displaced and conflict-affected communities.
Global Gateway	There are no Global Gateway initiatives in Myanmar.
Cross-cutting issues	<p>The project design integrates the following:</p> <p><i>Gender equality:</i> This action responds to identified needs of women in the 2 areas of intervention: i) livelihoods and resilience in rural areas and ii) promotion of best practices in the labour market.</p> <p><i>Conflict sensitivity:</i> Conflict analysis is undertaken to inform the design and implementation of all components of the project.</p> <p><i>Human rights and income inequalities:</i> With the dramatic deterioration of the human rights situation following the coup, the project adopts a human rights-based approach across all components.</p> <p><i>Disaster risk reduction:</i> The support to livelihoods through reforestation will contribute to reducing the risk of floods and the impact of tsunamis in coastal areas.</p> <p><i>Team Europe Initiative:</i> LIFT is a strategically coordinated multi-donor fund (established 2009) although is currently not supported by any EU Member States.</p>

⁷⁸ Sources of data: UNFPA, GRFC, JME, GNR, Food Systems Dashboard

<i>Somalia (population: 16.7 million)</i>	
National nutrition situation⁷⁹:	
Estimated share of population unable to afford a healthy diet:	No available data
Number of people in acute food insecurity crisis:	5.59 million
Prevalence of stunting among children under five:	18%% (0.59 million)
Prevalence of wasting among children under five:	14.3% (328 000)
Prevalence of overweight and obesity among children aged 5-18 years:	14%
Prevalence of overweight and obesity among adults:	30%
Project reference:	Boosting resilience and adaptation to climate change in Somalia (BREACH) 2023-2027
Budget	EUR 35 million
Implementation	FAO, UN HABITAT, GIZ and ‘Building resilient communities in Somalia’ – including Somalia Republic, the Norwegian Refugee Council, Welthungerhilfe, World Vision and Concern.
Area(s) covered	Jubaland, South West, Hirshabelle and Somaliland
Overall objective	To increase systemic resilience to climate change and food crises in Somalia.
How is the project impacting on nutrition?	The project follows a multi-sectoral and area-based approach to strengthen the resilience of the most vulnerable people, particularly those affected by displacement, to the effects of climate change. The focus is on promotion of sustainable food systems while supporting reforestation, renewable energy and biodiversity. In this way some of the key drivers of food and nutrition insecurity are being addressed. The shift to climate smart agriculture can lead to more diversified and equitable livelihoods.
How is nutrition impact being measured?	Key indicators being reported on: <ul style="list-style-type: none"> • Number of women of reproductive age, adolescent girls and children under 5 reached by nutrition related interventions supported by the EU; • Number of people with access to improved drinking water source and/or sanitation facility with EU support.
Humanitarian-development-peace nexus	In 2024, the EU estimates that at least 6.9 million people (almost half of Somalia’s population) require immediate life-saving humanitarian assistance with close to 4 million internally displaced people due to protracted armed conflict and climate-related disasters. The action is addressing the root causes of displacement and food and nutrition insecurity, which can also cause social tension and conflict, to address the HDP nexus. The European Commission also supports community-based management of acute malnutrition through non-governmental organisations, in 2023 reaching more than 350 000 beneficiaries and treating 73 000 severely wasted children under five. The action includes dialogue with the European Commission (DG ECHO) and other humanitarian actors to ensure that while immediate needs are met, durable solutions are being implemented.
Global Gateway	The project runs alongside a parallel investment in irrigation infrastructure involving the rehabilitation of 350 km of canals along the Shabelle and Juba river to boost sustainable, nutrition-focused agri-food systems and enhance key value chains like sesame and sorghum.
Cross-cutting issues	The project design integrates the following: <i>Gender equality:</i> Specific activities that improve the lives of women and girls will be prioritised by the action which also supports community efforts to challenge attitudes and beliefs that run counter to women’s empowerment. <i>Human rights and income inequalities:</i> The human rights situation is dire and a priority is to ensure that groups being systematically excluded from decision-making play a central role in activities. Support to local authorities and service delivery will strengthen the social contract between citizens and the state. <i>Disaster risk reduction:</i> flood risk reduction, river basin management, forest conservation and development, rangeland management and climate-smart agriculture are being included among the project’s activities. <i>Team Europe Initiative:</i> This action is part of the Team Europe Initiative, ‘Green Deal: climate action through clean energy initiatives and climate-resilient economy’ in Somalia. Denmark, Sweden, Netherlands, Germany and Italy will contribute to the TEI with an indicative amount of EUR 184.69 million. Final amounts are to be confirmed through bilateral consultations.

⁷⁹ Sources of data: UNFPA, GRFC, JME, GNR, Food Systems Dashboard

<i>Zimbabwe (population: 16.7 million)</i>	
National nutrition situation⁸⁰:	
Estimated share of population unable to afford a healthy diet:	68%
Number of people in acute food insecurity crisis:	3 million
Prevalence of stunting among children under five:	21.6% (0.5 million)
Prevalence of wasting among children under five:	2.9% (65 000)
Prevalence of overweight and obesity among children aged 5-18 years:	17%
Prevalence of overweight and obesity among adults:	40%
Project reference:	Improving health outcomes for the population of Zimbabwe III (the 'Health Resilience Fund') 2022-2025
Budget	EUR 41 million
Implementation	UNICEF, WHO and the United Nations Population Fund (UNFPA)
Area(s) covered	Entire country
Overall objective	To save lives and improve health outcomes with a strategic focus on the most vulnerable.
How is the project impacting ?on nutrition	By maintaining high-impact, cost-effective interventions at primary level, including the management of severe wasting in children and the prevention of anaemia in women of reproductive age, especially in geographical areas with poor health indicators. Nutrition services at district level are strengthened by scaling up high-impact critical nutrition interventions via a multi-sectorial community-based model and improved coordination with health facilities. Breastfeeding advocacy programmes are re-aligning breastfeeding policy and community attitudes and values towards exclusive breastfeeding.
How is nutrition impact being measured?	Key indicators being reported on: <ul style="list-style-type: none"> • Prevalence of stunting in children under five years; • Number of women of reproductive age, adolescent girls and children under 5 reached by nutrition related interventions supported by the Health Resilience Fund.
Humanitarian-Development-Peace Nexus	An estimated 3 million people, including 2 million children, required humanitarian assistance in 2023, due to (i) climatic shocks (floods and drought worsened by El Niño events), (ii) a protracted and deteriorating economic environment (extreme year-on-year food price inflation, in 2022 reaching 285%), and (iii) regular disease outbreaks including typhoid, cholera and measles. In 2023, the EU allocated EUR 8.4 million in humanitarian assistance, including EUR 4 million to reduce food insecurity among vulnerable urban populations via multi-purpose cash assistance as well as emergency support for water, sanitation and hygiene. A stated government objective is to reduce donor dependency in the sector by increasing budget allocations.
Global Gateway	The health sector in Zimbabwe is supported in parallel by Global Gateway investment in the construction of a 10 000 km regional fibre-optic backbone across 6 countries (Democratic Republic of Congo, Zambia, Zimbabwe, Malawi and Mozambique) directly connecting up to 3 000 schools, 1 500 hospitals and 1 200 government institutions.
Cross-cutting issues	<p>The project design integrates the following:</p> <p><i>Climate change / biodiversity:</i> e.g. by tracking and maintenance of solar power systems at health facilities.</p> <p><i>Gender equality:</i> e.g. by addressing gender-based issues (including nutrition and gender-based violence) that affect women of reproductive age and adolescent girls at community level. The project seeks to ensure that women and girls are effectively represented in health sector governance, in particular, in primary health care settings. Gender-sensitive and sex-disaggregated indicators will be collected to assess whether the programme is equitably reaching women and girls and meeting their specific needs.</p> <p><i>Human rights and income inequalities:</i> Interventions will be designed 'to leave no one behind' in line with the human rights-based approach to programming. All categories of the community, with a special attention to populations living in the most vulnerable situations such women and girls, as well as people with disabilities will have improved access to health service under this action.</p> <p><i>Disaster risk reduction:</i> Investment in infrastructure, solar energy, mobile health teams etc. will make the health system more resilient to respond to the impacts of disasters.</p> <p><i>Team Europe Initiative:</i> An estimated 70 % of the EU contribution to the Health Resilience Fund supports the TEI on Gender Equality and Women's Empowerment to which Sweden, Netherlands and Ireland are also contributing.</p>

⁸⁰ Sources of data: UNFPA, GRFC, JME, GNR, Food Systems Dashboard

Annex 2: Dashboard showing countries receiving EU support with a nutrition objective – including 40 baseline countries (highlighted) and additional countries supported 2021-2023

Country	Inputs				Stunting			Wasting					Overweight			Exclusive breastfeeding					Low birth weight			Anaemia		
	Nutrition Commitments 2014-2020 (EUR millions)	By..	Nutrition Commitments 2021+ (EUR millions)	By..	Stunting prevalence in children < 5 years (%)		Progress since 2012	Wasting prevalence in children under 5 years of age (%)				Progress since 2012	Overweight prevalence in children under 5 years of age (%)		Progress since 2012	Exclusive breastfeeding prevalence in infants < 6 months (%)				Progress since 2012	Prevalence of children born low birthbweight (%)		Progress since 2012	Prevalence of anaemia in women of reproductive age (%)		Progress since 2012
					2012	2023		Change since 2012 baseline	Data of the closest year to the 2012 baseline	Closest year to the 2012 baseline	Most recent data		Most recent year	Change since 2012 baseline		2012	2023	Change since 2012 baseline	Data of the closest year to the 2012 baseline		Closest year to the 2012 baseline	Most recent data		Most recent year	Change since 2012 baseline	
Afghanistan	162.6	ECHO & INTPA	497.6	ECHO & INTPA	44.3	33.1	🟢	9.5	2013	3.6	2022	🟢	5.0	3.7	🟢	43.1	2015	63.3	2022	🟢	#N/A	#N/A	#N/A	37.5	42.6	🟢
Algeria	9.42	ECHO	18.2	ECHO	12.1	8.6	🟢	4.1	2012	2.7	2019	🟢	13.5	11.9	🟢	25.4	2012	28.6	2019	🟢	6.9	7.2	🔴	32.9	33.3	🔴
Angola	17.0	INTPA	34.0	ECHO & INTPA	31.8	43.6	🔴	8.3	2007	4.9	2015	🟢	3.0	3.9	🔴	#N/A	#N/A	37.4	2015	#N/A	15.7	15.5	🟢	45.9	44.5	🟢
Bangladesh	178.0	ECHO & INTPA	149.7	ECHO & INTPA	39.2	26.4	🟢	13.4	2012	11.0	2022	🟢	1.8	2.1	🔴	64.1	2011	54.8	2022	🔴	24.3	23.0	🟢	35.7	36.7	🔴
Benin	17.5	INTPA	12.0	INTPA	33.9	30.4	🟢	5.2	2008	8.3	2021	🔴	1.6	2.2	🔴	32.5	2012	41.4	2018	🟢	17.5	16.4	🟢	55.5	55.2	🟢
Bhutan	0.7	ECHO	15.0	INTPA	30.2	22.7	🟢	5.9	2010	#N/A	#N/A	#N/A	6.9	6.5	🟢	48.7	2010	53.2	2015	🟢	11.7	11.4	🟢	39.8	38.6	🟢
Brazil			1.3	ECHO	6.3	7.2	🔴	1.8	2007	3.4	2019	🔴	7.9	10.3	🟢	38.6	2007	45.8	2019	🟢	8.3	8.7	🔴	18.3	16.1	🟢
Burkina Faso	89.1	ECHO & INTPA	153.6	ECHO & INTPA	33.3	21.8	🟢	10.7	2012	8.1	2019	🟢	1.8	2.0	🔴	38.2	2012	51.3	2021	🟢	19.1	18.5	🟢	53.3	52.5	🟢
Burundi	44.8	ECHO & INTPA	84.0	INTPA	56.5	56.5	🟡	6.0	2010	4.8	2022	🟢	2.2	3.6	🔴	69.3	2010	85.0	2022	🟢	15.1	14.8	🟢	31.1	38.5	🔴
Cambodia	7.5	INTPA			33.8	22.3	🟢	11.0	2010	9.6	2021	🔴	2.2	3.8	🔴	72.8	2010	50.3	2021	🔴	12.7	11.4	🔴	46.1	47.1	🔴
Cameroon	37.6	ECHO & INTPA	29.1	ECHO & INTPA	32.1	26.9	🟢	5.7	2011	4.3	2018	🟢	7.1	10.5	🔴	20.0	2011	39.4	2018	🟢	12.9	12.5	🟢	41.2	40.6	🟢
CAR	75.4	ECHO & INTPA	42.8	ECHO & INTPA	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Chad	320.7	ECHO & INTPA	87.5	ECHO & INTPA	38.9	32.3	🟢	16.3	2010	7.8	2022	🟢	2.5	3.2	🔴	3.2	2010	7.4	2022	🟢	#N/A	#N/A	#N/A	49.2	45.4	🟢
Colombia			7.1	ECHO	12.7	11.2	🟢	0.9	2010	1.6	2016	🔴	5.0	6.2	🔴	42.9	2010	36.7	2016	🔴	10.5	11.0	🔴	22.1	21.2	🟢
Comoros	0.3	INTPA	20.4	INTPA	31.9	18.8	🟢	11.2	2012	#N/A	#N/A	#N/A	11.5	7.7	🟢	11.4	2012	#N/A	#N/A	#N/A	24.1	23.0	🟢	32.8	33.8	🔴
Côte d'Ivoire			10.0	INTPA	29.6	20.2	🟢	7.6	2012	8.1	2021	🔴	2.6	2.6	🟡	11.8	2012	43.0	2021	🟢	19.1	18.3	🟢	52.2	50.9	🟢
DRC	68.7	ECHO & INTPA	179.0	ECHO & INTPA	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Djibouti	8.3	ECHO & INTPA			29.6	18.7	🟢	10.2	2011	10.1	2019	🟡	1.3	3.2	🔴	12.4	2012	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	31.0	32.3	🔴
Dominican Rep.			1.5	ECHO	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Ecuador			15.0	INTPA	24.4	22.7	🟢	2.4	2012	3.7	2019	🔴	7.5	11.9	🔴	39.6	2004	#N/A	#N/A	#N/A	10.9	10.6	🟢	17.3	17.2	🟢
Egypt			30.0	NEAR	24.6	20.4	🟢	7.9	2008	9.5	2014	🔴	15.7	18.8	🔴	39.5	2014	40.2	2021	🔴	#N/A	#N/A	#N/A	31.0	28.3	🟢
Ethiopia	243.9	ECHO & INTPA	175.2	ECHO & INTPA	42.1	34.4	🟢	9.8	2011	6.8	2019	🟢	2.5	2.7	🔴	52.0	2011	58.8	2019	🟢	#N/A	#N/A	#N/A	22.4	23.9	🔴
Gambia	19.1	ECHO & INTPA	3.0	INTPA	22.3	13.6	🟢	9.5	2012	5.1	2020	🟢	1.9	1.8	🟢	46.8	2013	53.6	2020	🟢	13.7	13.2	🟢	56.4	49.5	🟢
Ghana			10.0	INTPA	22.0	12.7	🟢	6.2	2011	5.8	2022	🟢	2.3	1.9	🟢	45.7	2011	53.1	2022	🟢	14.9	14.4	🟢	44.2	35.4	🟢
Guatemala	42.9	ECHO & INTPA	40.0	INTPA	47.1	43.5	🟢	1.0	2009	0.8	2021	🟢	5.1	4.8	🟢	49.6	2009	58.5	2021	🟢	14.4	14.5	🟡	11.0	7.4	🟢
Guinea-Bissau	14.0	INTPA	10.0	INTPA	29.3	27.7	🟢	6.2	2012	7.8	2019	🔴	2.8	3.3	🔴	52.5	2014	59.3	2019	🟢	21.8	19.5	🟢	49.9	48.1	🟢
Haiti	81.0	ECHO & INTPA	28.0	ECHO & INTPA	23.8	19.5	🟢	5.1	2012	3.7	2017	🟢	3.4	3.7	🟢	39.3	2012	39.9	2017	🟢	#N/A	#N/A	#N/A	47.6	47.7	🔴
Honduras	26.9	ECHO & INTPA			22.0	17.5	🟢	1.4	2012	1.9	2019	🔴	5.0	4.7	🟢	30.8	2012	30.2	2019	🔴	12.5	13.1	🔴	16.6	18.0	🔴
Kenya	51.1	ECHO & INTPA	113.0	ECHO & INTPA	28.6	18.4	🟢	6.0	2011	4.5	2022	🟢	4.6	3.8	🟢	61.4	2014	59.7	2022	🔴	10.8	10.0	🟢	28.4	28.7	🔴
Lao PDR	100.1	INTPA	20.0	INTPA	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Lesotho	1.1	ECHO & INTPA	8.0	INTPA	37.5	31.8	🟢	3.8	2009	2.1	2018	🟢	7.0	6.9	🟡	66.9	2014	59.0	2018	🔴	14.8	14.4	🟢	28.3	27.9	🟢
Liberia	8.3	INTPA	22.0	INTPA	35.0	26.6	🟢	4.0	2010	3.4	2019	🟢	3.3	5.3	🔴	54.6	2013	55.2	2019	🔴	19.7	19.9	🔴	43.6	42.6	🟢
Libya	4.0	ECHO & INTPA	16.0	NEAR	30.0	52.2	🔴	6.5	2007	10.2	2014	🔴	26.4	28.7	🔴	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	🔴

Country	Inputs				Stunting			Wasting					Overweight			Exclusive breastfeeding					Low birth weight			Anaemia		
	Nutrition Commitments 2014-2020 (EUR millions)	By...	Nutrition Commitments 2021+ (EUR millions)	By...	Stunting prevalence in children < 5 years (%)		Progress since 2012	Wasting prevalence in children under 5 years of age (%)				Progress since 2012	Overweight prevalence in children under 5 years of age (%)		Progress since 2012	Exclusive breastfeeding prevalence in infants < 6 months (%)				Progress since 2012	Prevalence of children born low birthweight (%)		Progress since 2012	Prevalence of anaemia in women of reproductive age (%)		Progress since 2012
					2012	2023		Data of the closest year to the 2012 baseline	Closest year to the 2012 baseline	Most recent data	Most recent year		2012	2023		Data of the closest year to the 2012 baseline	Closest year to the 2012 baseline	Most recent data	Most recent year		2012	2022		2012	2019	
Madagascar	28.0	ECHO & INTPA	106.6	ECHO & INTPA	47.3	38.6	●	7.5	2012	7.2	2021	●	1.8	1.5	●	41.9	2012	54.4	2021	●	19.5	18.7	●	37.5	37.8	●
Malawi	109.2	ECHO & INTPA	98.5	INTPA	43.6	34.0	●	4.0	2010	1.9	2020	●	4.9	3.9	●	70.8	2010	64.1	2020	●	15.8	15.6	●	30.6	31.4	●
Mali	66.5	ECHO & INTPA	87.4	ECHO & INTPA	30.7	23.8	●	10.4	2011	10.6	2022	●	1.6	2.0	●	20.2	2010	49.8	2022	●	#N/A	#N/A	#N/A	58.2	59.0	●
Mauritania	49.7	ECHO & INTPA	34.6	ECHO & INTPA	26.0	22.1	●	11.7	2012	13.5	2022	●	1.9	2.0	●	26.7	2011	40.9	2020	●	#N/A	#N/A	#N/A	45.1	43.3	●
Mozambique	71.9	ECHO & INTPA	93.7	ECHO & INTPA	42.6	36.4	●	6.1	2011	3.8	2022	●	5.5	5.5	●	40.0	2011	55.5	2022	●	18.1	17.8	●	48.8	47.9	●
Myanmar	153.2	ECHO & INTPA	36.9	ECHO & INTPA	31.1	24.1	●	7.9	2009	6.7	2018	●	1.8	0.8	●	23.6	2009	51.2	2016	●	12.7	12.5	●	39.4	42.1	●
Namibia	0.5	INTPA	16.0	INTPA	24.0	16.8	●	7.6	2007	3.0	2013	●	4.2	5.3	●	48.3	2013	#N/A	#N/A	#N/A	15.9	15.6	●	24.7	25.2	●
Nepal	67.2	ECHO & INTPA	0.0013	INTPA	40.3	26.7	●	11.2	2011	7.0	2022	●	1.2	1.7	●	69.7	2011	56.4	2022	●	20.9	19.7	●	35.9	35.7	●
Niger	157.8	ECHO & INTPA	230.2	ECHO & INTPA	46.6	47.4	●	13.4	2012	10.9	2022	●	1.1	2.7	●	23.3	2012	24.5	2022	●	#N/A	#N/A	#N/A	49.1	49.5	●
Nigeria	115.4	ECHO & INTPA	144.8	ECHO & INTPA	37.7	34.2	●	10.2	2011	6.5	2020	●	2.5	2.2	●	16.9	2013	34.4	2021	●	#N/A	#N/A	#N/A	54.9	55.1	●
Pakistan	121.6	ECHO & INTPA	3.5	ECHO	43.8	34.0	●	14.9	2011	7.1	2018	●	4.6	2.7	●	37.8	2013	47.8	2018	●	#N/A	#N/A	#N/A	42.7	41.3	●
Rwanda	61.3	ECHO & INTPA	60.0	INTPA	41.2	29.8	●	2.6	2012	1.1	2020	●	6.3	4.7	●	83.9	2010	80.9	2020	●	9.3	9.4	●	18.3	17.2	●
Senegal	39.0	ECHO & INTPA	15.0	INTPA	18.5	17.0	●	8.7	2012	8.1	2019	●	1.5	3.4	●	39.0	2011	40.8	2019	●	19.1	17.2	●	55.9	52.7	●
Sierra Leone	2.3	INTPA	79.7	INTPA	34.9	26.0	●	7.5	2009	6.3	2021	●	3.3	5.2	●	31.4	2013	50.9	2021	●	11.4	10.3	●	47.9	48.4	●
Somalia	130.2	ECHO & INTPA	108.4	ECHO & INTPA	27.6	18.0	●	14.3	2012	#N/A	#N/A	#N/A	3.0	2.7	●	5.3	2009	33.7	2018	●	#N/A	#N/A	#N/A	44.0	43.1	●
South Sudan	112.3	ECHO & INTPA	144.2	ECHO & INTPA	30.8	27.9	●	22.7	2006	#N/A	#N/A	#N/A	6.3	4.7	●	44.5	2010	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	34.7	35.6	●
Sri Lanka	9.2	ECHO & INTPA	15.0	INTPA	16.7	15.9	●	21.3	2008	15.1	2016	●	1.2	1.3	●	75.8	2007	80.9	2016	●	18.5	18.0	●	33.5	34.6	●
State of Palestine	1.0	INTPA	21.0	ECHO	10.3	7.5	●	3.3	2009	1.3	2020	●	7.6	8.3	●	28.7	2010	38.9	2020	●	9.8	10.4	●	30.5	31.0	●
Sudan	153.0	ECHO & INTPA	277.7	ECHO & INTPA	36.0	36.0	●	15.4	2010	16.3	2014	●	2.4	2.7	●	41.0	2010	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	36.8	36.5	●
Tajikistan	8.7	INTPA			25.7	13.1	●	9.9	2012	5.6	2017	●	5.4	3.0	●	32.6	2012	35.8	2017	●	9.3	8.7	●	31.0	35.2	●
Timor-Leste	16.3	INTPA	12.0	INTPA	52.5	45.1	●	18.9	2010	8.3	2020	●	2.4	1.3	●	62.3	2013	65.0	2020	●	16.8	18.2	●	26.8	29.9	●
Togo			10.0	INTPA	27.3	22.3	●	5.5	2012	5.7	2017	●	1.6	2.2	●	62.1	2010	64.3	2017	●	15.1	14.3	●	47.4	45.7	●
Tunisia			25.0	NEAR	8.8	8.6	●	2.8	2012	2.1	2018	●	12.7	19.0	●	8.5	2012	13.5	2018	●	8.1	8.2	●	30.4	32.1	●
Uganda	76.6	ECHO & INTPA	10.3	ECHO	33.3	23.4	●	4.2	2012	3.6	2020	●	3.9	3.5	●	62.2	2011	65.5	2016	●	#N/A	#N/A	#N/A	31.3	32.8	●
Tanzania	38.6	ECHO & INTPA			#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Uzbekistan			27.0	INTPA	13.2	6.9	●	4.4	2006	2.4	2021	●	7.7	4.2	●	23.8	2006	25.2	2021	●	5.8	5.8	●	28.7	24.8	●
Vanuatu			0.2	ECHO	27.0	31.4	●	5.9	2008	4.7	2013	●	4.8	5.1	●	72.6	2013	#N/A	#N/A	#N/A	12.7	13.1	●	24.1	28.5	●
Venezuela	39.6	ECHO & INTPA	18.7	ECHO	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Yemen	177.6	ECHO & INTPA	248.8	ECHO & INTPA	46.9	35.1	●	13.3	2011	16.4	2013	●	2.4	1.7	●	9.7	2013	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	61.5	61.5	●
Zambia	49.0	ECHO & INTPA	85.7	INTPA	40.8	31.4	●	5.6	2014	4.2	2018	●	6.0	5.4	●	72.0	2013	69.9	2018	●	12.0	11.2	●	30.5	31.5	●
Zimbabwe	50.4	ECHO & INTPA	43.0	ECHO & INTPA	31.1	21.6	●	3.2	2011	2.9	2019	●	4.6	2.7	●	#N/A	#N/A	41.9	2019	#N/A	12.2	11.8	●	30.0	28.9	●

#N/A: data not available