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**Sixth Progress Report on the Commission's Action Plan on Nutrition
April 2020 - March 2021**

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Acronyms

ATAB	Initiative of Agrinatura in Burundi
COVID-19	Coronavirus disease 2019
DAC	Development Assistance Committee
DeL	EUROSAN Local Development (Honduras)
EU	European Union
FIRST	Food Security and Nutrition Impact, Resilience, Sustainability and Transformation
FNS	Food and Nutrition Security
GAIN	Global Alliance for Improved Nutrition
GRFC	Global Report on Food Crises
IFPRI	International Food Policy Research Institute
IMMT	Monitoring and Impact Assessment of Food Fortification
INCOPAS	Consultation and Social Participation Instance (Guatemala)
INSIDER	Integrated Strategies for Micronutrient Deficiency Reduction
IPC	Integrated Food Security Phase Classification (Honduras)
LIFT	Livelihoods and Food Security Fund (Myanmar)
MAGA	Ministry of Agriculture, Livestock and Food (Guatemala)
NAFA	National Alliance for Food Fortification (Madagascar)
NDICI	Neighbourhood, Development and International Cooperation Instrument
NDMA	National Drought Management Authority (Kenya)
NGO	Non-governmental organisation
NSSS	National Social Security Strategy (Bangladesh)
OECD	Organisation for Economic Co-operation and Development
PFOA	Food Fortification Project for Vulnerable Populations in Madagascar
PNIN	National Information Platform for Nutrition (Niger)
SESAN	Food and Nutrition Security Secretariat (Guatemala)
SRCT	Stunting Reduction Calculations Tool
SUN	Scaling Up Nutrition
TWG	Technical Working Group (Honduras)
UN	United Nations
UNICEF	United Nations Children's Fund
UNOPS	United Nations Office for Project Services
UTSAN	Technical Unit of Food and Nutrition Security (Honduras)
WASH	Water, Sanitation and Hygiene
WHA	World Health Assembly
WHO	World Health Organization

Key messages

This sixth progress report marks a critical juncture between two European Union programming cycles: 2014-2020 and 2021-2027. The report provides an update on achievements with respect to the two ambitious commitments on nutrition: to support partner countries reduce the number of stunted children under the age of five by at least 7 million by 2025; and to allocate EUR 3.5 billion to nutrition between 2014 and 2020.

The annual resource tracking exercise presented here confirms that by 2020, the EU's EUR 3.5 billion global pledge for nutrition had been achieved and even surpassed by EUR 800 million. In 2019 alone, the latest year for which officially reported data is available, the 41 EU nutrition-related financing decisions approved had nutrition-relevant components amounting to EUR 623.3 million, including the highest overall share of budget support achieved to date.

As the COVID-19 pandemic continues to devastate lives around the world, the global backdrop to this report would have been unimaginable in 2014. With respect to stunting reduction, trends and estimates from data available prior to the onset of COVID-19 indicate that compared to 2014, the number of children who would have been averted from stunting by 2025 had risen fourfold in the 40 countries prioritising nutrition: from 1 million to 4.2 million. The proportion of children suffering from stunting had fallen by an average of 6.2 percentage points. Additional progress had also been made in the majority of these countries in terms of child wasting, low birth weight and exclusive breastfeeding.

With the onset of the COVID-19 pandemic and the resulting impacts on people's lives, significant ground may have been lost. Even before this crisis and despite the important EU contribution, the world remained off-track to meet the internationally agreed World Health Assembly (WHA) target for stunting reduction. COVID-19 shines a spotlight on the strong causal connection between the widespread reductions in household income arising from pandemic-related disruptions and the fact that modest gains made in reducing global maternal and child undernutrition now stand to be reversed. The crisis has also highlighted the existence of shared commonalities and converging effects across biodiversity loss, climate change and human health and nutrition. It has underscored the critical role of nutrition in strengthening people's immune systems, with poor diets and associated co-morbidities dramatically increasing the risk of severe complications and death as a result of the virus.

A detailed regional perspective is provided in this report to assess the delivery of country-level results against the three strategic priorities for nutrition outlined in the Nutrition Communication and Action Plan. The analysis reinforces the EU's conviction that what works best for improved nutrition is a locally adapted, sustained, multi-sectoral and rights-based approach with a strong focus on tackling entrenched inequalities such as those relating to wealth and gender. This approach will continue to remain at the heart of the EU's efforts to address malnutrition in all its forms.

The year 2021 has been heralded as the International Year of Nutrition, hosting both the United Nations Food Systems Summit and the Tokyo Nutrition for Growth Summit. The EU welcomes these global initiatives as crucial steps forward for global recovery efforts, supporting the 2030 Agenda and its Sustainable Development Goals. Correspondingly, the EU's engagement at all levels remains driven by a commitment to ensure access for all to sufficient, safe and affordable food and healthy diets within our planetary boundaries, in line with the Green Deal and the Farm to Fork Strategy, while simultaneously addressing the broader drivers of malnutrition in all its forms – whether poverty, inequality, climate change, biodiversity loss, forced migration or conflict.

Section 1. Introduction

COVID-19 and malnutrition: the collision

In the past year, the COVID-19 pandemic has impacted on people's lives and livelihoods at an unprecedented scale. This crisis has held up a mirror to food systems across the world and highlighted the inextricable connection between malnutrition and social justice. It has amplified existing vulnerabilities to economic and gender inequalities, instability and conflict, climate change and biodiversity loss. For the first time in 30 years, there has been a global decline in human development.¹ As reported in the 2021 Global Report on Food Crises, the number of people facing acute food insecurity has increased from 135 million in 2019 to 155 million in 2020².

The centrality of nutrition to both our individual and collective resilience has never been clearer. Adequate nutrition is crucial for immune functioning, while the poor diets driving overweight, obesity and their comorbidities such as diabetes and heart disease have been seen to dramatically increase the risk of severe complications and death as a result of COVID-19³.

Crucially, the pandemic has underlined the strong causal connection between poverty and malnutrition. The World Bank estimates that in 2020, COVID-19 induced a rise in the number of extreme poor of between 119 and 124 million⁴. Around the world, reductions in household income have eroded people's ability to meet their basic needs and threatened to reverse modest global gains in maternal and child nutrition⁵. Another 267.6 million people are projected to join the existing 3 billion food insecure, who even before the onset of the pandemic were unable to afford a healthy diet⁶. In many contexts, restrictions of movement and price volatility have strained food supply chains and shaken already fragile food systems⁷ – further reducing existing coverage of nutrition and health services. Correspondingly, recent projections suggest that COVID-19 related disruptions could result in an additional 9.3 million wasted and 2.6 million stunted children by 2022⁸ as well as an additional 168 000 additional child deaths and 2.1 million additional cases of maternal anaemia⁹. Available evidence confirms that widespread loss of income has not only led to a reduction in the quantity of foods consumed but also decreased demand for relatively more costly healthy

¹ <http://hdr.undp.org/en/hdp-covid>

² [Global Report on Food Crises \(GRFC\) 2021](#). While there is considerable overlap, the countries incorporated in the GRFC are not the same as the EU's partner countries prioritising nutrition. The GRFC focuses exclusively on crisis-affected countries (55 food crises countries identified in 2020) rather than a global scope, and the identification of people experiencing acute food insecurity draws on specifically designed methodologies. In fact, the majority of people affected by food insecurity and malnutrition live outside those populations identified as acutely food insecure by the GRFC.

³ <https://cdc.gov/mmwr/volumes/70/wr/mm7010e4.htm>

⁴ [World Bank Global Economic Prospects, January 2021](#).

⁵ Initial assessments in Africa and South and South-East Asia found that restrictions imposed in response to the pandemic had led to job and income losses affecting 65-95% of populations, depending on context. [IFPRI Global Food Policy Report 2021](#).

⁶ Laborde, D. et al., 'COVID-19 pandemic leads to greater depth of unaffordability of healthy and nutrient adequate diets in low- and middle-income countries,' *Nature Food* (under review); [FAO State of Food Security and Nutrition in the World 2020](#).

⁷ While staple crop production appeared to remain relatively unaffected by the pandemic, this has not always been the case for more perishable and labour-intensive food such as fruits and vegetables, thereby further restricting the incorporation of healthy foods in the diets of poor households. In the first half of 2021, food prices are rising significantly above the 2014-2016 average ([FAO Food Price Index](#), March 2021).

⁸ *Wasting* refers to a child being too thin for his or her height while *stunting* refers to a child being too short for his or her age.

⁹ [Osendarp, S. et al., 'The potential impacts of the COVID-19 crisis on maternal and child undernutrition in low and middle income countries,' preprint, 2021](#).

foods including fruits and vegetables. This has accelerated existing trends towards diets high in saturated fats, salt, sugar and foods that do not support optimal health such as ultra-processed foods¹⁰, in many contexts triggering a rise in overweight and obesity and exacerbating micronutrient deficiencies¹¹.

The countries with whom the EU has partnered to accelerate national efforts to end malnutrition are often those least equipped to withstand the various shocks of the COVID-19 pandemic. The crisis has significantly reduced access to healthy diets by the world's poorest people as their already fragile livelihoods are disrupted by efforts to reduce the spread of infection. The resulting collision between the pandemic of COVID-19 and the more hidden but equally devastating pandemic of widespread malnutrition in all its forms¹² has overwhelmingly resulted in vulnerable groups – particularly women, adolescents and young children – being disproportionately affected as a result of existing structural inequalities and hardships faced being further compounded.

2021 – A critical year for nutrition

Adopted in this rapidly changing global context, the 'Global Europe' – Neighbourhood, Development and International Cooperation Instrument (NDICI) now provides the basis to finance EU external action, responding to the unprecedented challenges triggered by the COVID-19 pandemic, and leading global recovery¹³. Not only does 2021 mark the launch of the European Union's new multi-annual financial framework for 2021-2027, it is also being heralded as the International Year of Nutrition, hosting both the United Nations Food Systems Summit¹⁴ and Tokyo Nutrition for Growth Summit¹⁵. At such a critical juncture, this sixth progress report on the Action Plan on Nutrition provides an important strategic opportunity to close the 2014-2020 cycle and to review and reflect on the Union's key achievements during this period.

Poverty amplifies the risk of and risks from malnutrition, with poor people more likely to be affected by its different forms. Malnutrition increases health care costs, reduces productivity and slows economic growth, which can perpetuate a cycle of poverty and ill health. The EU recognises that nutrition is a crucial marker of human and planetary health, while food insecurity and malnutrition are both unacceptable and entirely preventable. This is why, at the heart of the European Green Deal, together with the EU's Farm to Fork Strategy and insistence on a food systems approach, it is understood that healthy diets are not only a human right but the foundation of more just and resilient societies and a precondition for human development. Likewise, the EU Strategy on the Rights of the Child (2021-2024) calls

¹⁰ <https://www.unwomen.org/en/digital-library/publications/2020/09/gender-equality-in-the-wake-of-covid-19>

¹¹ Hawkes and Gallagher Squires, A double-duty food systems stimulus package to build back better nutrition from COVID-19. 2021.

¹² <https://www.bmj.com/content/371/bmj.m4593>

¹³ In March 2021 the [European Commission welcomed](#) the endorsement by the European Parliament and the Council of the political agreement on the NDICI 'Global Europe' for the next multi-annual financial framework period (2021-2027). The NDICI will support the EU's external action with an overall budget of EUR 79.5 billion (of which EUR 60.38 billion for geographic programmes, EUR 6.36 billion for thematic programmes and EUR 3.18 billion for rapid response actions). Cooperation under the NDICI will promote the development effectiveness principles, where applicable, across all modalities: ownership, a focus on results, inclusive development partnerships, transparency and mutual accountability.

¹⁴ The pre-summit event took place 26-28 July 2021 and the main Food Systems Summit is scheduled for September 2021.

¹⁵ The Tokyo Summit is scheduled for 7-8 December 2021.

explicitly for ‘food systems to deliver nutritious, safe, affordable, and sustainable diets that meet the needs and rights of children’¹⁶.

This year, the Committee on World Food Security (CFS) adopted the Voluntary Guidelines on Food Systems and Nutrition¹⁷ to provide comprehensive science- and evidence-based guidance in support of the progressive realisation of the right to food. This initiative has resulted in the first and only global policy instrument negotiated at a multilateral level among governments and other stakeholders on the connections between food systems and nutrition. The upcoming CFS Voluntary Guidelines on Gender Equality and Women’s and Girls’ Empowerment in the Context of Food Security and Nutrition will further contribute to ensuring food security and nutrition for all, thereby reinforcing the EU’s ambitious commitments to strengthen its strategic, gender-transformative and rights-based approach in tackling the root causes of gender inequality at all levels of international engagement.

The inexcusable and unsustainable persistence of malnutrition and unhealthy diets

Even before the onset of the COVID-19 crisis, and despite important achievements such as sustained stunting reduction in countries prioritised for nutrition investment by the EU, the world as a whole was off track to achieve international nutrition targets. The number of people affected by one or more forms of malnutrition remains staggering.

Diets: Poor diets are the main contributor to the global burden of disease, yet there are currently 3 billion people in the world unable to afford a healthy diet. Four out of five children from the poorest homes are not fed a minimally acceptable diet, undermining their capacity to grow, develop and learn to their full potential¹⁸.

Water, sanitation and hygiene: Child undernutrition is further exacerbated by the fact that at least one third of the global population does not have access to safe drinking water, while more than half of the global population does not have access to safe sanitation¹⁹.

Breastfeeding: Breastfeeding is one of the most effective ways to ensure child health and survival. If breastfeeding were scaled up to near-universal levels, the lives of 820 000 babies would be saved every year²⁰.

Undernutrition: Such a stark backdrop helps to explain why globally, even before the onset of the COVID-19 pandemic, there were 149 million stunted and 45.4 million wasted children under the age of five. Micronutrient deficiencies are also widespread. It is estimated that that 46.4% of children under the age of five and 42.0% of pregnant women worldwide are anaemic²¹.

Overweight and obesity: At the same time, there are at least 380 million children and

¹⁶ <https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12454-Delivering-for-children-an-EU-strategy-on-the-rights-of-the-child>

¹⁷ Adopted during the 47th Plenary Session of the Committee in February 2021, the Voluntary Guidelines on Food Systems and Nutrition are a concrete inter-governmental and multi-stakeholder negotiated policy tool for use by governments, specialised institutions and other stakeholders to develop appropriate policies, responsible investments and institutional arrangements to address the causes of hunger and malnutrition in all its forms, from a food systems perspective.

¹⁸ GLOPAN Foresight 2 Report: *Future Food Systems: For people, our planet and prosperity*, FAO 2020: The State of Food Security and Nutrition in the World;

¹⁹ UNICEF and WHO 2019 The Joint Monitoring Programme report, *Progress on drinking water, sanitation and hygiene: Special focus on inequalities*

²⁰ C. Victora et al. 2016. “Breastfeeding in the 21st Century: Epidemiology, Mechanisms and Lifelong Effect”, *The Lancet* 387 (10017):475-490.

²¹ [Joint Child Malnutrition Estimates 2021](#). These estimates are based almost entirely on data collected before 2020.

adolescents who are overweight or obese. This situation has devastating physical and mental consequences, including greatly increased risk of developing non-communicable diseases (NCDs) later in life. With continued economic inequalities, and as heavily processed food and beverages become cheaper and more widely available, levels of childhood obesity that were once seen only in high income countries are now occurring at lower household income levels, particularly in Africa and South Asia²². Prior to the COVID-19 pandemic it was estimated that the number of obese children between 5-19 years of age worldwide could increase by more than 60% from 150 million to 250 million by 2030 while an estimated 2.7 billion adults could be overweight or obese by 2025²³.

Costs of malnutrition: Malnutrition in all its forms imposes unacceptably high costs – direct and indirect – on individuals, families and nations. It has been estimated that the global economic impact of malnutrition perhaps amounts to as much as USD 3.5 trillion per year, or USD 500 per individual²⁴.

A crucial opportunity for critical reflection

The latest *Lancet Series on Maternal and Child Undernutrition Progress*²⁵ has reconfirmed the evidence that a broad, multi-sectoral anti-poverty approach is absolutely crucial if progress on reducing all forms of malnutrition is to be both accelerated and sustained. It is precisely such an approach to tackling malnutrition that the Union has consistently promoted and adopted across its international partnerships since 2014. As a result, this report confirms that: (i) the Union has invested EUR 4.3 billion in nutrition in development and humanitarian aid over the period 2014-2020, significantly exceeding the ambitious 2013 financial pledge to commit EUR 3.5 billion to multi-sectoral investment in nutrition by 2020; and (ii) in 38 of the 42 countries where development investment for nutrition has been prioritised, the proportion of children suffering from stunting has fallen by an average of 6.2 percentage points²⁶. Correspondingly, between 2014 and 2020 the estimated number of children who will have been averted from stunting by 2025 has risen fourfold in 40 countries – from 1 million to 4.2 million.

Nevertheless, this report provides a much-needed opportunity for critical reflection on key lessons learned, evolving priorities and challenges that remain to be faced. Indeed, against the ambitious backdrop of the pledge to achieve a reduction of 7 million stunted children by 2025, the challenges ahead are significant, not least in the context of a world simultaneously grappling with the ongoing pandemic and accelerating the scaling up of global recovery efforts.

Scope of the sixth progress report

Building on the five previous progress reports, this report once more shines a spotlight on the two key commitments that underpin the strategic and operational focus of the Union's work on nutrition within the context of international partnerships: (i) the 2012 commitment to

²² The resulting double burden of malnutrition means that it is increasingly common to find undernutrition, including micronutrient deficiencies, co-existing with overweight and obesity within the same country, community and household or even at the individual level. For example, an overweight or obese child may also suffer from micronutrient deficiencies, while a stunted child may be more at risk of becoming overweight or obese later in life.

²³ World Obesity Federation 2020, Atlas of Childhood Obesity

²⁴ [FAO State of Food and Agriculture 2013](#). However, as highlighted by [Nugent et al. in The Lancet](#), there remains no agreed method to accurately measure the full global costs (direct and indirect) with respect to the double burden of malnutrition.

²⁵ <https://thelancet.com/series/maternal-child-undernutrition-progress>

²⁶ This is discussed in more detail in Section 2 of this report.

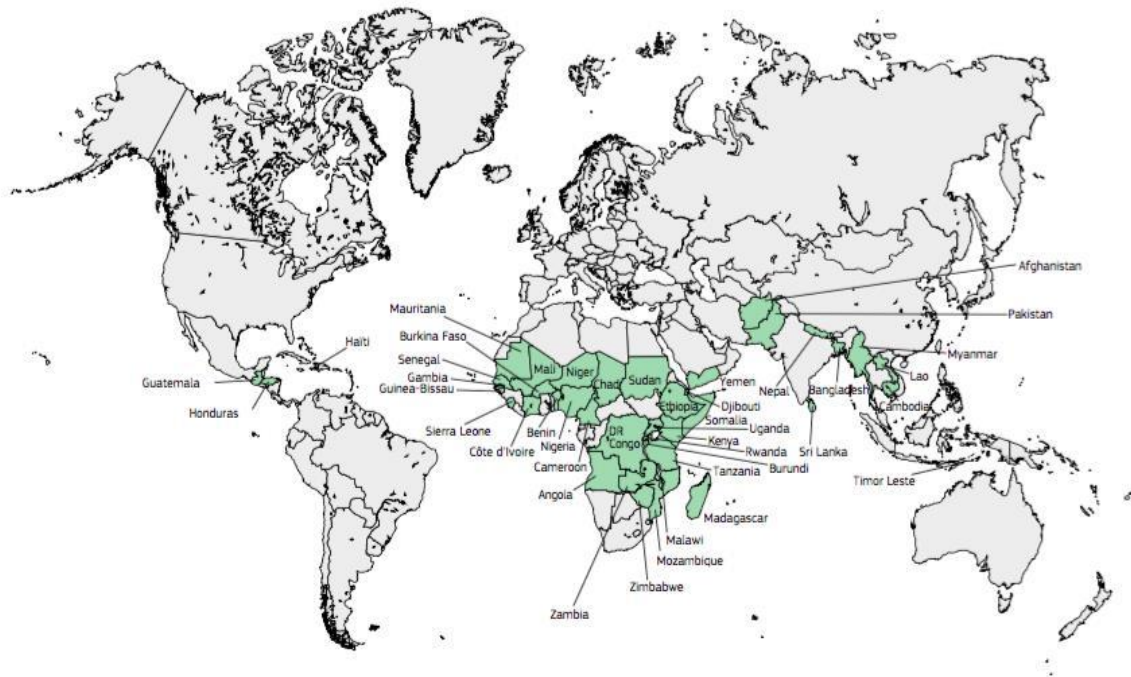
support partner countries to reduce the number of stunted children under the age of five by at least 7 million by 2025; and (ii) the 2013 commitment to ensure the allocation of EUR 3.5 billion between 2014 and 2020 to improve nutrition in partner countries from the development and humanitarian aid budgets. These two commitments are enshrined in the EU's policy framework on nutrition, which consists of the 2013 Commission Communication on 'enhancing maternal and child nutrition in external assistance: an EU policy framework' and the 2014 Action Plan on Nutrition²⁷.

The focus of the sixth progress report remains on the continuity of commitment across the 2014-2020 multi-annual financial framework to translate the Action Plan on Nutrition from the policy level into tangible results on the ground. Since this progress report marks a critical programming juncture for the Union, it seeks to harness evidence of achievements and further reinforce the collective commitment of the Union and Member States to ensure effective integration of nutrition across international partnerships in the years ahead.

Section 2 of the report provides an updated overview and analysis of progress on reducing stunting, including a comparative regional analysis, while Section 3 presents key insights into the Union's achievement of the 2014-2020 target with respect to its financial pledge. Section 4 showcases the delivery of results against the EU commitment to nutrition, thereby providing an opportunity to capture the diversity of partnerships and programmes in which investment has taken place between 2014 and 2020. This year, for the first time, a regional perspective has been introduced to enhance insights into the programmes being implemented and results delivered across the 42 countries prioritising nutrition in their 2014-2020 national and multi-annual indicative plans (see Figure 1). The richness and diversity of programming can be measured by the systematic inclusion across each region of all three strategic priorities of the Action Plan on Nutrition: strengthening political commitment, scaling up delivery, and enhancing knowledge for nutrition.

²⁷ In November 2014 the European Parliament adopted a [resolution on child undernutrition in developing countries](#), calling for nutrition to be prioritised as a development goal by the Commission and the Council. Four sets of Council Conclusions have now been adopted on the basis of previous progress reports.

Figure 1: Partner countries that have prioritised nutrition in their cooperation with the EU



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

- *In 38 of the 42 countries where investment for nutrition has been prioritised, the proportion of children suffering from stunting has fallen by an average of 6.2 percentage points²⁸.*
- *In the original 40 priority countries, since 2014 an estimated 4.2 million children will have been averted from stunting by 2025.*
- *With respect to the other WHA nutrition targets, additional progress has been made in the majority of countries prioritising nutrition with respect to child wasting, reduction in low birth weight and increased rate of exclusive breastfeeding.*

The risk of stunting is intergenerational, passed from one generation to the next²⁹ through the presence of social, economic and gender inequities – and possibly also through epigenetic mechanisms. Adolescent girls and women who were stunted as children, and who are underweight and gain less than the recommended weight during pregnancy, are more likely to have a difficult birth and poor birth outcomes. Children born to stunted mothers also have a higher risk of mortality compared to those born to non-stunted mothers³⁰. Stunting can therefore be understood as a reliable marker of adverse environmental conditions which are themselves associated with delayed child development, lower education attainment, reduced earnings in adulthood and chronic diseases. Furthermore, stunting is a risk factor for obesity and chronic non-communicable diseases both in childhood and later life³¹. This is why the indicator of stunting in children under the age of five has such strategic significance, not only for Sustainable Development Goal 2 but for the 2030 Agenda as a whole³².

Based almost entirely on data collected prior to the onset of the pandemic, it is estimated that there are 149.2 million stunted children in the world (22% of all children), most of whom live in low- and middle-income countries. This is a reduction from 195.5 million in 2000. However, despite a continuous downward trend, it was already clear before the COVID-19 crisis that the world was not on track to meet the international WHA 2025 target for stunting reduction. In fact, a closer analysis of the situation at regional level highlights that in Africa, despite the overall reduction in prevalence of stunting, the number of stunted children has actually been progressively increasing, from 54.4 million in 2000 to 61.4 million in 2020³³. This apparent paradox can be explained by the relatively higher population growth currently taking place across the African continent³⁴.

It is against such a backdrop that this section presents an updated analysis of data focused on the 40 countries that prioritised nutrition in their cooperation with the EU, using the

²⁸ The average prevalence of stunting in countries prioritising nutrition fell 6.2 percentage points from 38.3% in 2012 to 32.2% in 2020 (SRCT data).

²⁹ <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1365-3016.2012.01298.x>

³⁰ <https://jamanetwork.com/journals/jama/fullarticle/185712>

³¹ <https://who.int/nutrition/publications/doubleburdenmalnutrition-policybrief/en/>; the double burden of undernutrition and overweight at population, household or individual level is increasingly prevalent in low- and middle-income countries. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32129-3](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32129-3)

³² [Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.](#)

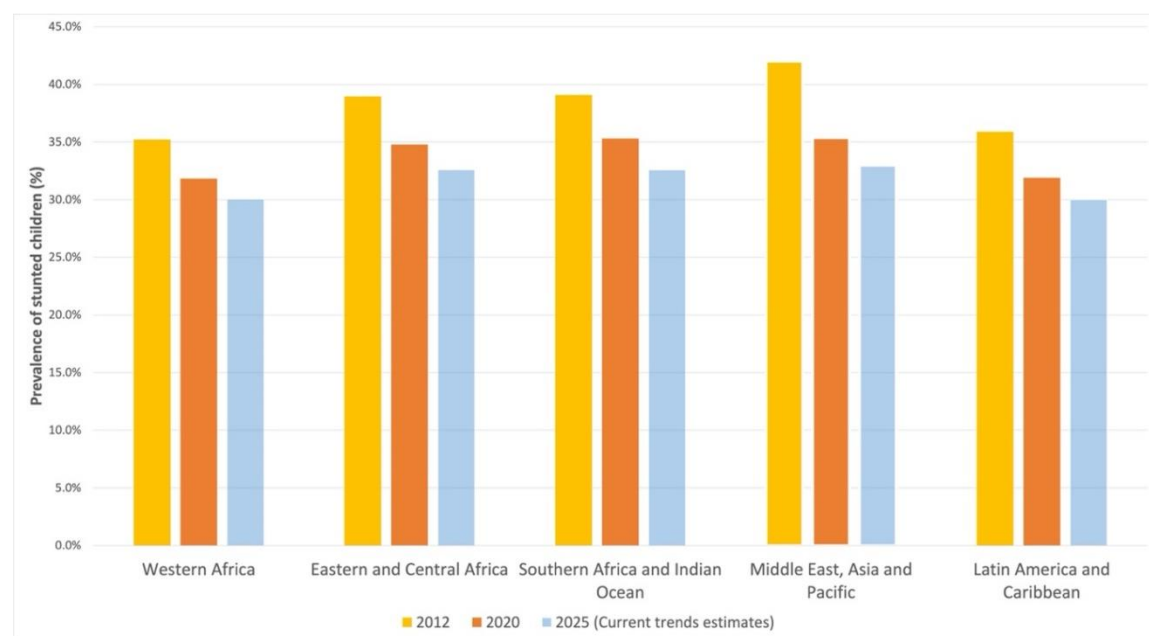
³³ [Joint Child Malnutrition Estimates 2021](#) using new model estimates.

³⁴ [UN World Population Prospects 2019](#). The population of sub-Saharan Africa is projected to double by 2050 (99% increase) due to the comparatively high global fertility rate of 4.6 births per woman, while regions that may experience lower rates of population growth include Northern Africa and Western Asia (46%), Central and Southern Asia (25%), Latin America and the Caribbean (18%) and Eastern and South-Eastern Asia (3%).

Commission’s Stunting Reduction Calculations Tool (SRCT)³⁵ developed in 2014 and 2015 in collaboration with the World Health Organization³⁶. Since 2014, in 38 of the countries prioritising nutrition, the proportion of children suffering from stunting has fallen by an average of 6.2 percentage points and the rate of stunting reduction has accelerated³⁷. Based on current trends, the latest estimates indicate that the projected number of children averted from stunting from 2012 to 2025 will be 4.2 million in these 40 countries. This is a fourfold increase from the estimated 1 million children projected to be averted from stunting over the same period in 2014³⁸.

In the context of ongoing projections regarding the negative implications of the COVID-19 pandemic, and as presented in Section 1, there have been a number of efforts to understand the likely impacts on various forms of malnutrition. However, there is also an inevitable time lag between the severe disruptions to lives and livelihoods affected by governments’ measures to manage the crisis and the translation of multiple pathways of impact into national data on child stunting. Furthermore, while it remains too early to use available data to understand more about the impact of COVID-19 on stunting, the global socio-economic crisis has significantly disrupted surveys scheduled to update nutrition data in several countries³⁹.

Figure 2: Regional trends in prevalence of stunted children



Stunting trends

This section presents an analysis of data from the SRCT on 42 priority countries (including Sudan and Djibouti, which were added in 2016). Although the prevalence of stunting

³⁵ https://ec.europa.eu/international-partnerships/system/files/ec-srct-method-300319_en.pdf

³⁶ This collaboration was the basis for the [WHO Global Targets Tracking Tool](#).

³⁷ The average annual rate of stunting reduction increased from 1.33% in 2014 to 1.38% in 2020. While the ongoing reduction in stunting prevalence cannot be attributed entirely to the EU’s investments, the financial achievements coupled with the strong evidence of results in the lives of women and children through nutrition-related programmes testify to the importance of the EU’s contribution in tackling malnutrition.

³⁸ As reported in the [Action Plan on Nutrition First Progress Report](#).

³⁹ New survey data from only three countries were included in the [Joint Child Malnutrition Estimates 2021](#): Burundi, Malawi and Nigeria. Aside from COVID-19, throughout 2020 WHO have been undertaking extensive retrospective quality checking and standardisation of historical data sets, which complicates any simplistic comparison of this year’s SRCT data with that from previous years.

(Figure 2) has decreased in every region, it is increasingly clear that there are quite distinct regional dynamics in stunting reduction.

The picture regarding the number of children (Figure 3) shows clearly where progress toward the WHA target has decelerated. This is especially relevant in African regions which have seen an increasing number of stunted children over time. This also explains why in Figure 4, Africa is underrepresented in the top 10 countries closest to potentially meeting the WHA target.

Figure 3: Regional trends in number of stunted children versus 2025 targets

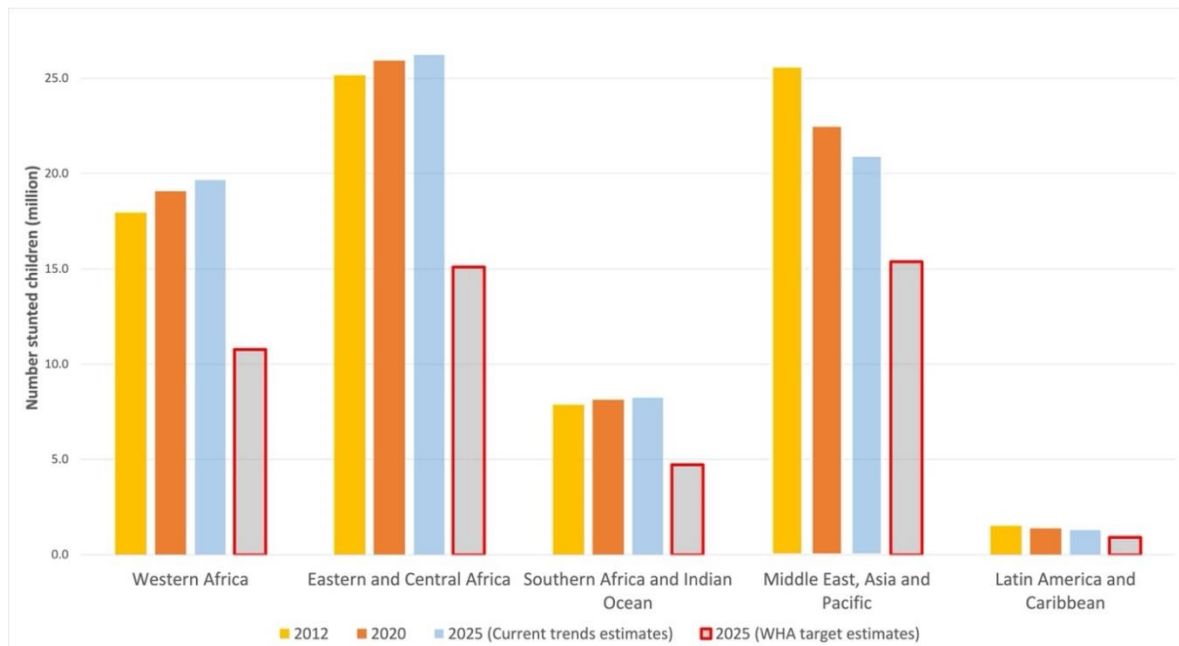
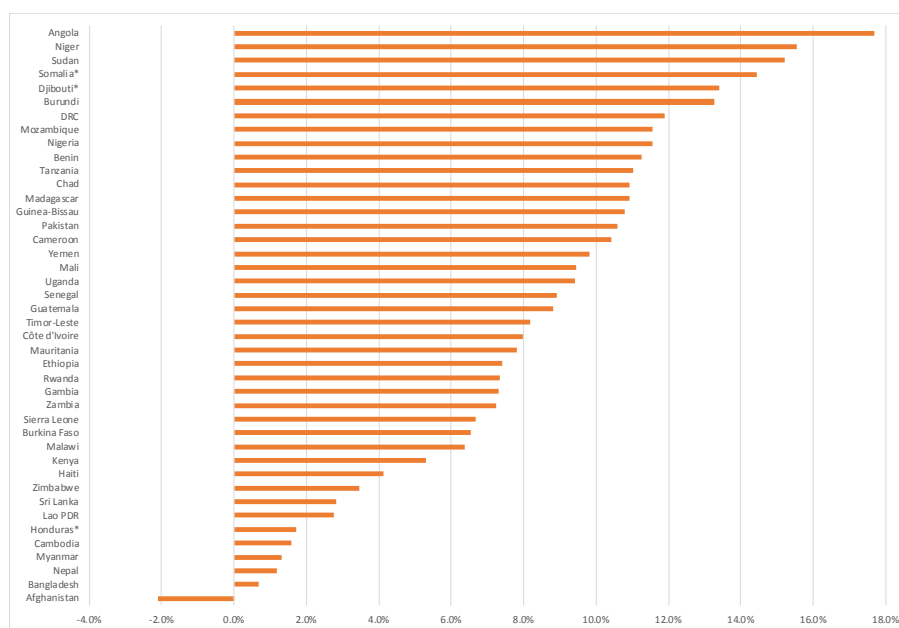


Figure 4: Difference between the current average annual rate of reduction in stunting, using SRCT criteria, and that required to meet the WHA target by 2025



* Countries with no data a □er 2012 (differences between baseline and required average annual rate of reduction)

Progression of all forms of malnutrition

This year's dashboard (Annex 1) is presented to facilitate understanding of the progress that individual countries are making toward the various 2025 WHA targets. The dashboard continues to show the evolution of national-level data from a 2012 baseline and uses the SRCT to present data on child stunting trends. For stunting reduction, it adopts a traffic light (dot) system to show improvement (green), no change (yellow) or deterioration (red). Under each indicator it continues to use the colour of cells to categorise the position of each country relative to others.

The resulting observational analysis shows that for most of those countries prioritising nutrition, progress can be confirmed not only for stunting prevalence, but also with respect to other key indicators that also have an important bearing on child stunting such as wasting, low birth weight and exclusive breastfeeding⁴⁰. It is important to bear in mind that the causes of malnutrition are complex, interrelated and context-specific⁴¹, which is why it is not possible within the confines of this report to generate a comprehensive narrative to explain why some countries (and some specific areas within countries) have made more progress than others and to identify standalone factors responsible for particular achievements⁴². Nevertheless, for each of the partner countries prioritising nutrition, since 2014 a 'country profile' has been generated and updated to track trends, key issues and policy dynamics with a bearing on the nutrition situation⁴³.

- Stunting prevalence has declined in all countries except for Angola, Djibouti and Sudan, where it has increased, and Somalia, where there has been no change⁴⁴.
- The prevalence of wasting in children under five⁴⁵ has declined in 30 of the 39 countries with data; there were more countries in East and Southern Africa showing improvements in wasting compared to the other regions⁴⁶.
- Between 2012 and 2015, all countries with data saw an improvement in low birthweight.

⁴⁰ Progress on an indicator does not mean that a country is necessarily on course to meet the international WHA target for that indicator by 2025.

⁴¹ 'Malnutrition in all its forms has many interrelated basic, immediate and underlying causes that need to be addressed simultaneously. Among those: the lack of stable access to healthy and safe diets and safe drinking water, inadequate infant and young child-caring and feeding practices, poor sanitation and hygiene, insufficient access to education and health services, income poverty and low socio-economic status.' [CFS Voluntary Guidelines on Food Systems and Nutrition, 2021](#).

⁴² The UNICEF Conceptual Framework on the Determinants of Maternal and Child Nutrition highlights this complexity: *UNICEF Nutrition Strategy 2020-2030*. Many of the key factors contributing to each of the six WHA indicators are identified by WHO in the [Global Nutrition Targets 2025 policy brief series](#).

⁴³ The profile exercise has already played an important role in terms of informing 2021 programming during 2021. The next update will be available in early 2022, factoring in agreed 2021-2027 programming priorities at country level.

⁴⁴ These four countries are among the 55 countries identified in the [Global Report on Food Crises 2021](#) to be acutely food insecure and in need of urgent food, livelihood and nutrition assistance largely as a result of conflict and insecurity, weather extremes, pest outbreaks, COVID-19 related economic shocks, internal and/or refugee displacement or a combination of them.

⁴⁵ Wasting is a life-threatening condition attributable to poor nutrient intake and/or disease. Characterised by a rapid deterioration in nutritional status over a short period of time, children suffering from wasting have weakened immunity, increasing their risk of death due to greater frequency and severity of common infection, particularly when severe.

⁴⁶ Data trends for child wasting must be interpreted with caution as there can be significant fluctuations in wasting by season and year to year.

- Rates of exclusive breastfeeding⁴⁷ have improved in 28 countries and worsened in six countries, with Timor-Leste and Malawi seeing the worst performance.

Progress has been less apparent with respect to child overweight and anaemia in women of reproductive age:

- The prevalence of child overweight/obesity increased in 16 countries, with six of the ten Asian countries showing an increase (Bangladesh, Cambodia, Lao PDR, Nepal, Sri Lanka and Yemen); six West African countries (Burkina Faso, The Gambia, Guinea-Bissau, Mauritania, Senegal and Sierra Leone); three East African countries (Burundi, Cameroon and Democratic Republic of Congo) and one Southern African country (Mozambique).
- Only 11 countries have seen an improvement in anaemia prevalence⁴⁸ in women, mainly in West Africa (Chad, Benin, Burkina Faso, Mali and Senegal) and East Africa (Democratic Republic of Congo, Tanzania and Uganda).

⁴⁷ Exclusive breastfeeding, defined as feeding infants nothing but breastmilk for the first six months of life, is the safest and healthiest option for children everywhere and has great potential to save lives.

⁴⁸ Data are only available from 2012 to 2016.

Section 3. Progress in ensuring the allocation of EUR 3.5 billion to improve nutrition

Between 2014 and 2020, the European Union committed almost EUR 4.3 billion for nutrition – EUR 800 million more than its global pledge.

Financial commitments to nutrition in 2019 and 2020

In 2019⁴⁹, 41 new EU nutrition-related financing decisions were approved⁵⁰. The total amount committed⁵¹ to nutrition was EUR 623.3 million, of which EUR 217.1 million was nutrition specific and EUR 406.2 million was nutrition sensitive; EUR 408.9 million was financed by development aid instruments and EUR 214.4 million by humanitarian aid instruments⁵². Preliminary analysis of 2020 development-funded nutrition commitments indicates that 19 out of 26 new financing decisions were COVID-19-related, accounting for EUR 108.3 million out of a total of EUR 239 million⁵³.

Financial commitments to nutrition since 2014

Taking into account the 2019 data on nutrition commitments and a preliminary analysis of 2020 nutrition commitments (EUR 493.8 million), total nutrition commitments in the period 2014-2020 amount to almost EUR 4.3 billion (see Table 1). This means that the Union's target of committing EUR 3.5 billion towards nutrition in the period 2014-2020 has been surpassed by almost EUR 800 million.

Table 1: Nutrition commitments by category and funding source, 2014-2020 (million EUR)

	Development aid instruments				Humanitarian aid instruments			Total EU
	Nutrition specific	Nutrition sensitive		Subtotal	Nutrition sensitive		Subtotal	
		Dominant	Partial		Dominant ⁵⁴	Partial		
2014	33.9	25.0	171.0	229.9	91.5	133.2	224.7	454.6
2015	53.0	18.1	238.6	309.6	87.5	149.5	237.0	546.6
2016	167.5	244.5	481.0	893.0	0.0	168.6	168.6	1 061.6
2017	60.0	0.0	316.3	376.3	0.0	190.3	190.3	566.6
2018	100.6	0.0	219.5	320.2	0.0	226.2	226.2	546.4
2019	217.1	56.3	135.5	408.9	0.0	214.4	214.4	623.3
2020*	48.5	15.0	175.5	239.0	0.0	254.7	254.7	493.8
Total 2014-2020	680.6	358.8	1 737.4	2 776.9	179.0	1 336.9	1 515.9	4 292.8

* Data for 2020 is preliminary. It will be reported to the OECD DAC by December 2021.

⁴⁹ This section draws on the Commission's annual Nutrition Resource Tracking Report. Official data are available up to 2019 on the OECD Development Assistance Committee (DAC) [Creditor Reporting System](#). Preliminary data for 2020, not yet reported to the OECD DAC, are included to calculate total Union commitments for the period 2014-2020.

⁵⁰ Comprising 30 development aid decisions, twelve humanitarian aid decisions and three EU Trust Fund for Africa decisions.

⁵¹ The Commission defines a commitment as a 'legal obligation to spend money that is signed in a given financial year' while 'the amounts are not necessarily paid out in the same year but may be spent over several financial years'.

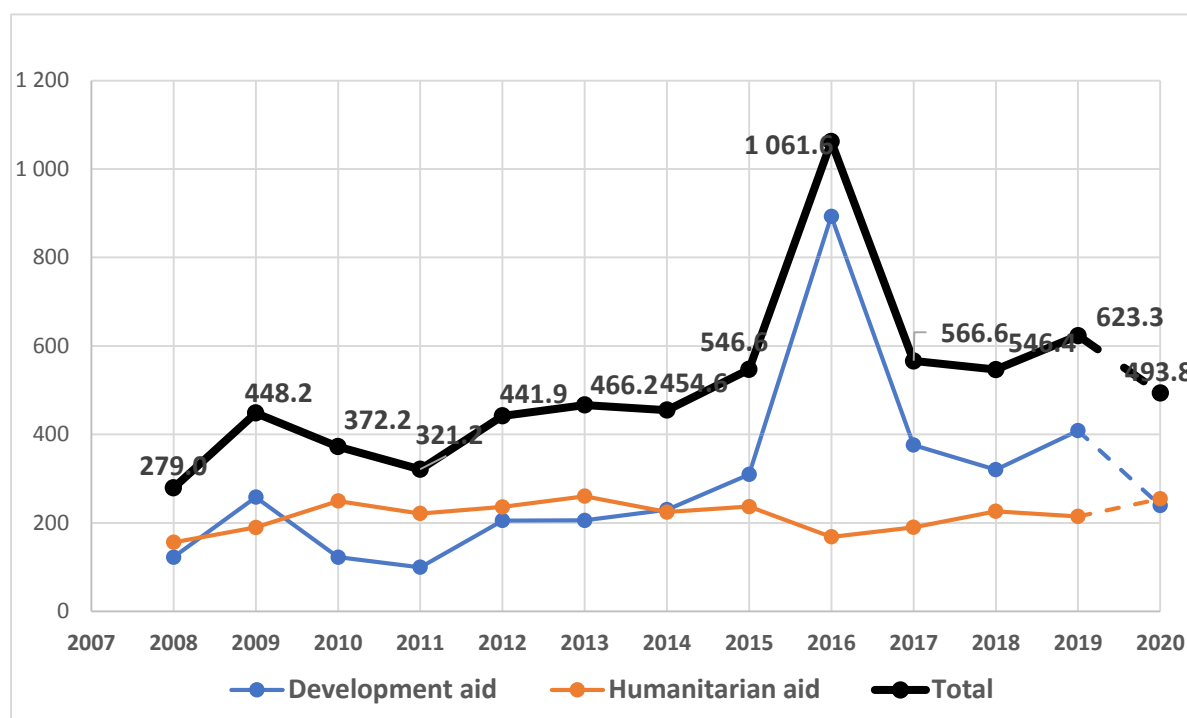
⁵² The Commission applies [the methodology of the SUN Donor Network for nutrition resource tracking](#) which categorises nutrition commitments as either nutrition specific or nutrition sensitive. In this methodology humanitarian actions cannot be categorised as nutrition specific.

⁵³ Data based on nutrition commitments with an OECD DAC COVID Policy Marker (Significant or Principal).

⁵⁴ Shift from nutrition-dominant to nutrition-partial potentially to be explained by increase in multi-sectoral and regional interventions

Between 2014 and 2020, nutrition-specific commitments amounted to EUR 680.6 million, while nutrition-sensitive commitments exceeded EUR 3.6 billion, in line with the Commission’s prioritisation of a multi-sectoral approach to programming for nutrition described in the Action Plan on Nutrition. Efforts in the current funding cycle (2014-2020) to boost nutrition programming in EU international cooperation resulted in a general upward trend compared to the previous programming period (2007-2013), both with respect to total and development-funded nutrition commitments (see Figure 5)⁵⁵. The average nutrition commitment in the previous funding period was EUR 388.1 million per year, compared with EUR 613.3 million per year in the current funding period.

Figure 5: Nutrition commitments by funding source, 2008-2020 (million EUR)



Year	Development aid instruments				Humanitarian aid instruments			Total EU
	Nutrition specific	Nutrition sensitive		Subtotal	Nutrition sensitive		Subtotal	
		Dominant	Partial		Dominant	Partial		
2014	33.7	26.6	103.3	163.6	130.3	170.1	300.4	464.0
2015	43.5	14.6	114.3	172.4	119.5	133.7	253.3	425.7
2016	26.9	15.1	226.2	268.2	30.1	177.8	207.8	476.0
2017	50.7	36.4	242.9	329.9	2.8	195.8	198.6	528.5
2018	45.3	28.8	216.5	290.6	0.1	186.9	187.0	477.6
2019	72.4	18.7	188.2	279.2		199.8	199.8	479.0
Total	272.5	140.1	1 091.4	1 503.9	282.8	1 064.0	1 346.9	2 850.8

⁵⁵ Data for 2020 are subject to finalisation but may also reflect a general pattern that, by 2020, most development funding had already been committed earlier in the programming period.

Nutrition disbursements, 2014-2019

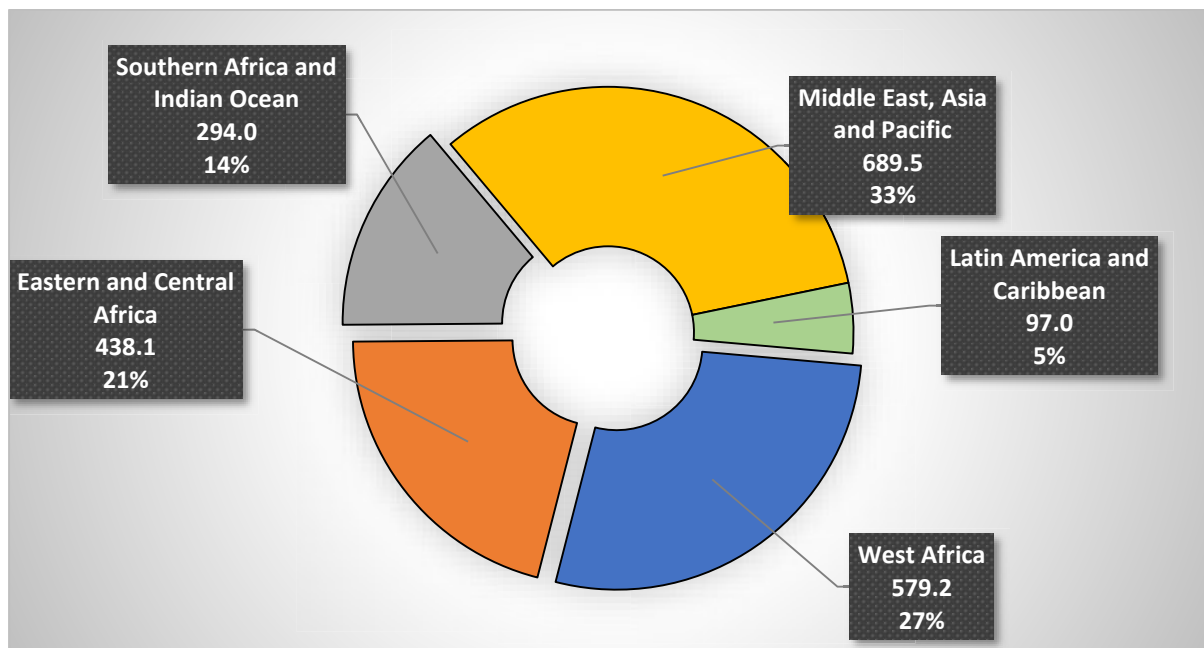
Table 2: Nutrition disbursements, 2014-2019 (million EUR)

While nutrition commitments constitute the legal decision to fund an action, nutrition disbursements reflect the actual expenditures related to previous commitments. Disbursements thus give a more accurate representation of implementation. In 2019, Union nutrition disbursements totalled EUR 479.0 million (see Table 2). Of this, EUR 72.4 million was nutrition specific and EUR 406.6 million was nutrition sensitive. The sum was disbursed via both EU development cooperation (EUR 279 million) and humanitarian aid instruments (EUR 200 million). Total nutrition disbursements for 2014-2019 were EUR 2.9 billion.

Geographical distribution of development cooperation nutrition commitments

Nutrition commitments financed through development cooperation instruments have been primarily targeted at 42 countries that have a high burden of stunting and have prioritised nutrition in their multi-annual indicative plans. Of the EUR 2.8 billion development nutrition commitments made between 2014 and 2020, these 42 countries received EUR 2 billion⁵⁶. Development-funded nutrition commitments have been made for all the 42 countries. The regional breakdown below shows that the three regions of sub-Saharan Africa combined received 62% of the total, while the Middle East, Asia and Pacific region received 33% and Latin America and the Caribbean received 5% (Figure 6).

Figure 6: Total development aid nutrition commitments, 2014-2020 (million EUR)



Note: Map data excludes some regional, global and policy/research/information commitments in 2014-2020 that could not be disaggregated by beneficiary country at this stage, amounting to EUR 513.8 million (18.5% of the total).

⁵⁶ Most of the remainder, EUR 513.8 million, cannot be disaggregated to country level.

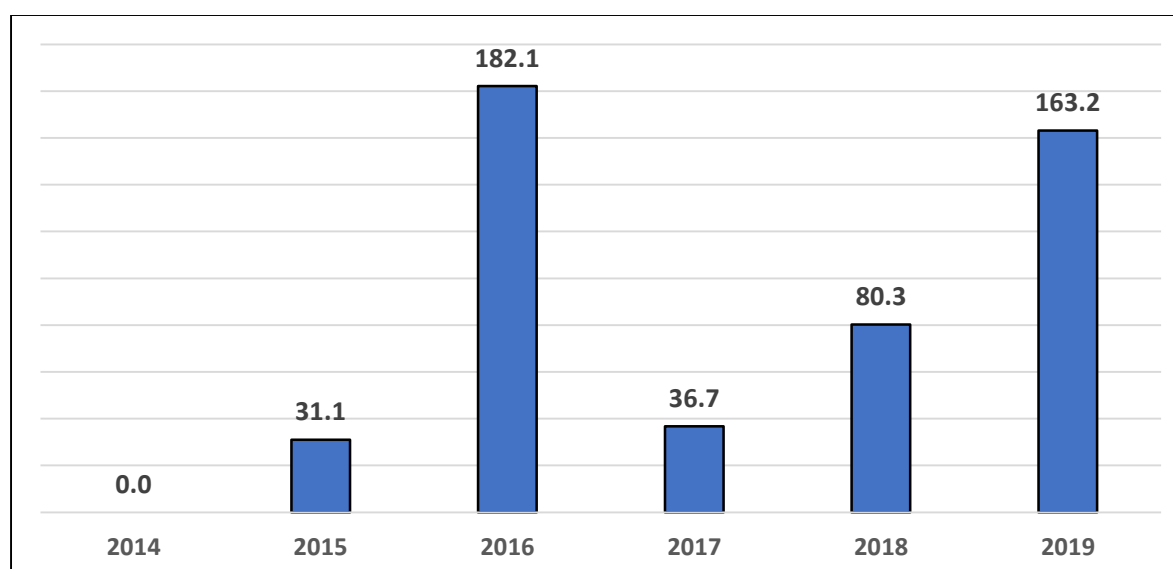
Budget support for nutrition

Since 2014, the Union has acknowledged that budget support for development aid 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 assists a government in delivering on its multi-sectoral nutrition policy or plans, which most of the EU partner countries prioritised for nutrition already have, as well as enhancing nutrition-related outcomes of sectoral policies – for example agriculture, social protection, education, health and governance – while also improving public financial management.

New budget support actions were approved in 2019 for Chad, Ethiopia, Honduras, Laos, Myanmar and Nepal, with nutrition components totalling EUR 163.2 million (40% of all development-funded nutrition commitments), up from EUR 80.3 million in 2018 (Figure 7). From 2014 to 2019, the EU invested a total of EUR 493.4 million in budget support for nutrition-related actions in 17 countries⁵⁷.

Figure 7: Nutrition commitments through budget support, 2014-2019 (million EUR)



Partnerships for nutrition

Partnerships with other actors, including Member States and their agencies, whether for scaling up nutrition investments through leveraging co-financing or for multi-stakeholder collaboration around implementation of nutrition actions, have been an important feature of the Action Plan on Nutrition⁵⁸.

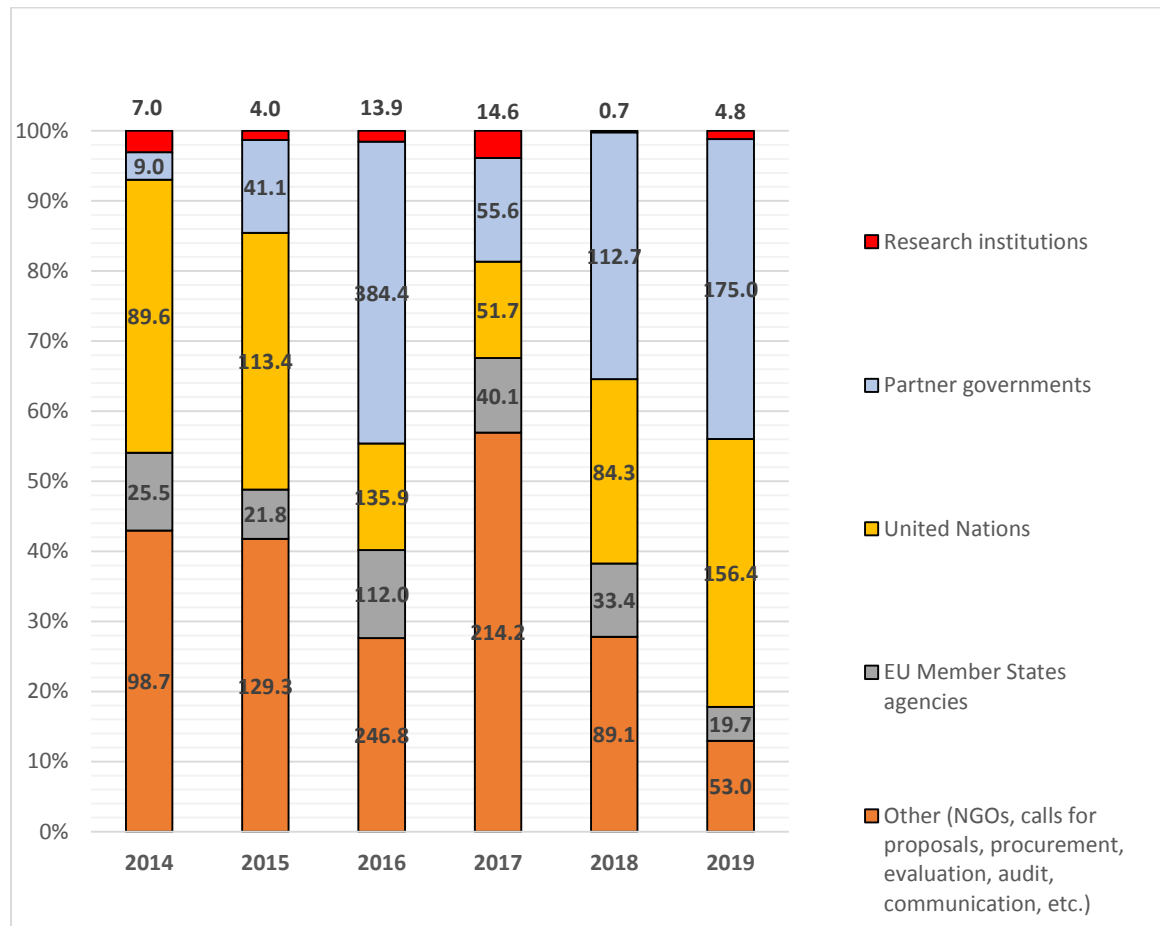
EU development cooperation support for nutrition was worth EUR 408.9 million in 2019 and helped to leverage an additional EUR 316.1 million in co-financing from other donors, including EUR 148.3 million from 10 Member States. From 2014 to 2019, co-financing added EUR 1.5 billion to the EUR 2.5 billion EU development cooperation support for nutrition programming.

⁵⁷ Preliminary analysis for 2020 indicates EUR 28.2 million for nutrition budget support commitments (top-ups for Bangladesh, Honduras, Niger and Rwanda and a new commitment for Fiji).

⁵⁸ Examples of programmes co-financed or implemented by Member State agencies are presented in Section 4 and Annex 2 of this report, e.g. LIFT, Myanmar; EUROSAN, Honduras.

In 2019, and largely due to the scale of budget support arrangements, partner governments were the largest category of recipients of EU development aid funding for nutrition. Other important recipients were United Nations (UN) agencies⁵⁹, EU Member State agencies, and public and private sector organisations and non-governmental organisations (NGOs) (see Figure 8). Between 2014 and 2019, agencies from 14 different Member States implemented nutrition actions with EU development funding.

Figure 8: Development aid nutrition commitments by implementing partner category, 2014-2019 (million EUR)



⁵⁹ UNICEF, World Bank, FAO, WHO, WFP, UNDP, UNOPS and UNFPA.

Section 4. A regional perspective on the delivery of results against the European Union's Commission's strategic priorities for nutrition

This section of the report, supported by the case studies in Annex 2, explores not only the rich diversity of actions for nutrition in which the Union has invested at country and global level but also, crucially, key achievements and tangible improvements in the lives of women and children in partner countries. This year a regional perspective has been introduced to underscore the systematic efforts to deliver results in line with the Action Plan on Nutrition across all those countries prioritising nutrition in their 2014-2020 national and multi-annual indicative plans.

From the outset, implementation of the Action Plan on Nutrition has been guided by three mutually reinforcing strategic priorities. *Strategic Priority One* relates to the strengthening of political commitment and governance for nutrition. *Strategic Priority Two* boosts the scaling up of actions for nutrition across a range of sectors. *Strategic Priority Three* focuses on strengthening expertise and the knowledge base on nutrition.

The 18 programmes presented in Figure 9, and showcased more comprehensively in Annex 2, illustrate the tremendous diversity of nutrition-related interventions supported by the Union. These programmes are delivering results across all three of the Action Plan on Nutrition's strategic priorities, having been adapted to specific contexts in precisely those regions of the world where the challenges that must be faced to end malnutrition are most pressing. Taken together, the insights from these regional windows provide a representative snapshot of what is working on the ground to improve nutrition.

Three international initiatives are also featured to highlight the strategic opportunities that the Union has harnessed at the global level to accelerate and amplify the impact of country-level programmes. These include: (i) support provided to the international Scaling Up Nutrition (SUN) Movement⁶⁰; (ii) global efforts by the EU to use budget support as a modality for international partnership that is ideally suited to bolster national commitments to nutrition; and (iii) the establishment of a global advisory service on food fortification to respond to the high level of demand from many countries for high-quality technical assistance in this specialised area.

Evidence on what works best and insights to carry forward

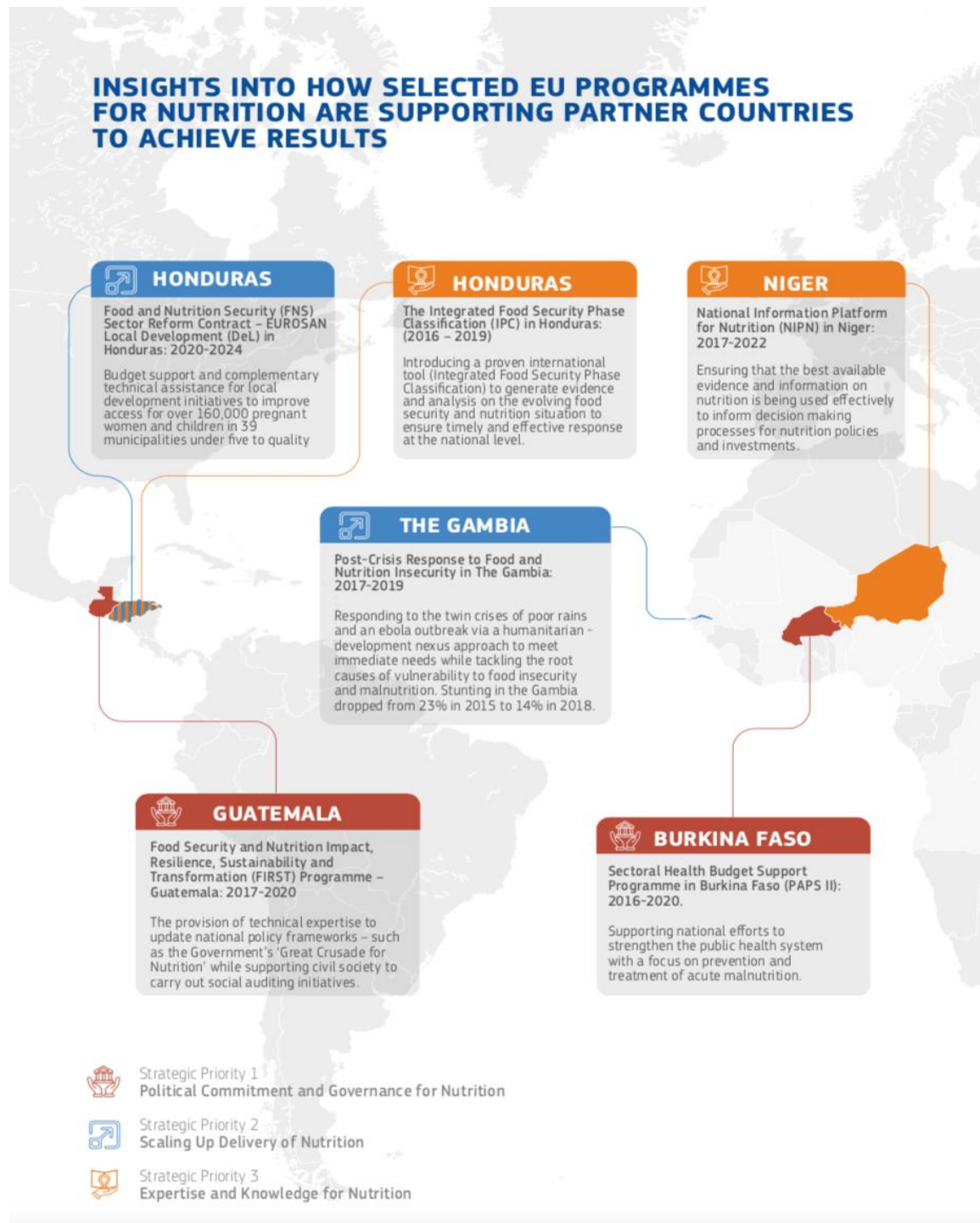
The cross-section of such a broad range of actions for nutrition gives rise to a number of valuable insights, summarised in the box below, which the Commission is already harnessing to inform the new programming cycle by building on established recipes for success.

The overarching takeaway from 2014-2020 programming is that what works best for improved nutrition is a sustained, multi-sectoral, gender transformative and rights-based approach. This has reinforced the EU's conviction that the search for a single 'magic bullet' or a narrow package of 'one size fits all' interventions to accelerate progress on nutrition is inadequate to ensure an effective approach towards improved nutrition. Areas of investment by the EU have therefore encompassed both support for inclusive, sustainable food systems - encompassing economic, social and environmental dimensions of sustainability - and the public provision of universal health, education and social protection services. By ensuring a strong focus on achieving healthy diets, actions can serve the double duty of simultaneously tackling all forms of malnutrition and addressing the worrying trends towards excessive consumption of packaged ultra-processed foods, beverages and snacks in

⁶⁰ The EU has firmly supported the creation of the SUN Movement since 2012, and successive Commissioners, including the current Commissioner Jutta Urpilainen, have been members of the SUN Lead Group.

low- and middle-income countries⁶¹. The transformation of entrenched inequalities, such as those related to wealth and gender, remains a fundamental cross-cutting priority. Such an approach provides the foundation for strong partnerships, starting with careful programme design and adjustment based on contextual specificities to optimise the strengthening of local capacities while empowering the most vulnerable and reinvigorating accountability mechanisms via the generation of robust evidence of achievement.

Figure 9:



⁶¹ [https://thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)32497-3](https://thelancet.com/journals/lancet/article/PIIS0140-6736(19)32497-3)

GLOBAL PROGRAMMES

Scaling Up Nutrition (SUN) Movement: 2016 – 2020. Galvanising political commitment to ensure that nutrition gets higher up on global and national agendas.

Promotion of Budget Support for Nutrition: 2014 – 2020. Increasing the use of budget support to catalyse increased national ownership and allocation of domestic finance to scale up nutrition.

Food Fortification Advisory Services (2FAS): 2015 – 2022. Providing high quality demand driven technical assistance for food fortification while generating knowledge and experience sharing to accelerate the reduction of micronutrient deficiencies.

UGANDA

Development Initiative for Northern Uganda (DINU): 2017-2023

In 38 districts community-based nutrition interventions were scaled up along with interventions to promote the production of diversified healthy foods while at the same time empowering women across the food system.

BANGLADESH

EU support to National Social Security Strategy (NSSS) reforms in Bangladesh: 2019-2024

Supporting the introduction and scale up of the flagship national nutrition sensitive child benefit programme, covering 7.5 million children in rural and urban areas.

MYANMAR

Livelihoods and Food Security Fund (LIFT) in Myanmar: 2009-2023

Within the context of a broader programme reaching almost 12 million people, generating compelling evidence on the impact of maternal and child cash transfers in terms of saving lives and the prevention of child stunting such that the Government is now financing the initiative across 5 states.

KENYA

Ending Drought Emergencies: Support to Resilient Livelihoods and Drought Risk Management in Kenya 2018-2023

Partnering with communities in drought affected counties to strengthen resilience to drought and improve their food security and nutrition.

BURUNDI

Resilience Measurement Tool in Burundi: 2020-2022

As a strategic component of a much larger multi-sectoral programme, developing a user-friendly tool to assist the government in identifying policy priorities to support the resilience at household and community levels.

LAO PDR

Support to the Lao PDR National Nutrition Strategy and Plan of Action: 2019-2022

Backing the government's commitment to deliver quality nutrition services, including agriculture, education and health, as well as the adoption of a decree to protect and promote breastfeeding ('Decree on Food Products and Feeding Equipment for Infants and Toddlers').

ZIMBABWE

Resilience Building and Food and Nutrition Security Programme in Zimbabwe: 2015-2021

Supporting both the integration of nutrition into college curricula as well as the development of food-based dietary guidelines to guide national policy across all sectors.

MOZAMBIQUE

PROMOVE-Nutrição: Improving WASH Services in Mozambique: 2017-2021

Strengthening local capacities by supporting district level teams while also harnessing local markets to ensure access to safe water, improved sanitation and better hygiene by hundreds of communities.

MADAGASCAR

Food Fortification Project for Vulnerable Populations in Madagascar (PFOA): 2017-2021

Working with national stakeholders via the National Alliance for Food Fortification towards the creation of a national legislative framework to ensure precise specifications, certification and consultation mechanisms for food fortification.

Key insights arising from analysis of EU programming for nutrition, 2014-2020

- (i) ***The importance of working closely with governments at national and local levels to strengthen capacities to deliver.*** The actions highlight the fundamental requirement for partnership to strengthen national stakeholder capacities, including local authorities, and civil society. Such partnerships enable a territorial and bottom-up approach that is best placed to take into account local challenges and tap into local assets. Consistently, a strong emphasis on the transformation of structural inequalities, including wealth and gender, especially by empowering women and young people to meaningfully engage in policy dialogue, is vital to lay the basis for inclusion and sustainability – whether with respect to governance, scaling up delivery or knowledge for nutrition.
- (ii) ***The significant role of multi-sectoral nutrition programmes in supporting efforts to mitigate the impact of the COVID-19 pandemic.*** As presented in Section 1, this ongoing crisis has amplified vulnerabilities while highlighting the inextricable connection between malnutrition, human development and social justice. Due to the urgency of the evolving situation in many countries, several of the EU nutrition-focused actions presented here have already been strengthened and adapted in support of national efforts to flexibly respond to the needs of those being hardest hit. These include programmes in Bangladesh, Guatemala, Honduras, Myanmar and Niger⁶².
- (iii) ***Budget support as a powerful modality for delivering nutrition results at scale.*** As highlighted in Section 3, over the course of the 2014-2020 programming cycle, the EU has increasingly recognised the added value of budget support modalities in promoting all-of-government ownership of nutrition as a political priority and its effective realisation through better management of public finance in alignment with national policy commitments.
- (iv) ***The centrality of a gender transformative approach to address the root causes of food insecurity and malnutrition.*** The drivers of malnutrition are inextricably connected to women and girls’ unequal access to resources, limited decision-making power, lower educational status, restricted mobility and too often, the reality of gender-based violence. By building agency (self-esteem knowledge, skills and capabilities), women and girls together with men and boys, can challenge existing social norms and power imbalances at every level, thereby transforming discriminatory structures and exclusionary laws and procedures. In this way, the structural barriers and bias that women and girls face across the food system can be systematically identified and sustainably addressed as a precondition for ensuring access to healthier diets and improved nutrition for all.
- (v) ***Recognition of the significant potential for co-financing.*** Several of the programmes presented here (including those in Bangladesh, Honduras, Mozambique, Myanmar and Niger) illustrate the opportunities that have been

⁶² For instance, in Bangladesh, the Team Europe response to the COVID-19 pandemic harnessed ongoing EU and Member States’ support to strengthen national social security systems and ensure rapid delivery of income support to ready-made garment and export-oriented industry workers who were severely impacted by the crisis.

utilised to leverage greater impact via co-financing arrangements with other donors – including EU Member States⁶³. This has served to both inspire and inform the Commission’s approach in the context of the COVID-19 response to increasingly promote a transformational ‘Team Europe’ approach⁶⁴.

- (vi) ***The strategic significance of global initiatives.*** While EU partnerships for nutrition remain strongly focused at country level, strong international engagement together with strategic investment in key global initiatives such as the Scaling Up Nutrition Movement and Food Fortification Advisory Service has proven crucial for securing influence on the world stage. This dimension of support has also served to facilitate the sharing of best practices with other stakeholders while systematically fostering South-South learning opportunities and collaboration.
- (vii) ***The inherent challenges of adequately capturing the full extent of the EU’s contribution to nutrition.*** While small-scale, well-resourced and time-bound projects can often generate impressive and relatively straightforward to measure results, the EU’s focus on supporting effective national implementation at scale and over time necessitates significant investments in areas that may be more challenging to measure. These areas include coherent policy dialogue; institutional strengthening; support of national efforts to reform governance at various levels; research and innovation; and strengthening data (in particular better disaggregated data) and its uptake by decision makers. Capturing and communicating such achievements can be quite different from reporting on one-off, smaller and generally shorter-lived projects.

⁶³ Examples of co-financing in the context of programmes showcased by this report include the Netherlands, Germany, UK, Spain and Ireland.

⁶⁴ In 2020 the EU launched a large-scale support effort with partner countries in the fight against the COVID-19 pandemic and its consequences. The objective of this ‘Team Europe’ approach is to combine resources from the EU, its Member States and financial institutions (in particular the European Investment Bank and the European Bank for Reconstruction and Development), while respecting the EU competences and the decision-making procedures, including the voting rules, established by the EU Treaties. The combined contributions, as reflected in the joint financial monitoring system for COVID-19, [amount to EUR 40.5 billion as of January 2021](#).

Section 5. Conclusions

2020 – A year of unprecedented challenges

The global backdrop to this progress report would have been unimaginable at the launch of the EU's Action Plan on Nutrition in 2014. As presented in Section 1, the effects of the COVID-19 pandemic have ended and devastated the lives of millions of people around the world⁶⁵. At the same time, a growing body of evidence has underscored the significance of overweight and obesity as major risk factors for health, including COVID-19 related mortality⁶⁶. While the pandemic continues to evolve and with the intensification of adverse consequences among many low- and middle-income countries at the time of writing, assessments of the full impacts on economic, food and health systems are still underway. However, it is increasingly apparent that the indirect economic and social repercussions of the crisis, which in turn have major implications for nutrition, may be even more significant than the more direct health related impacts. Worldwide the population facing acute food insecurity in crisis-affected countries has increased from 135 million to 155 million and the total number of people who have fallen into poverty, food insecurity and malnutrition is widely estimated to be considerably higher. Inevitably it is the poor, especially the disproportionate share of women and children living in poverty, who are the most at risk. The resulting shift toward consumption of low-quality diets has devastating consequences for maternal and child nutrition. With almost half of all child deaths linked to undernutrition, the alarming projected increase in stunting and wasting among children under the age of five associated with the COVID-19 pandemic now threatens to reverse much of progress achieved in recent years⁶⁷.

While the crisis triggered by COVID-19 may have displaced other pressing agendas from news headlines, there is extensive evidence of shared commonalities and converging effects across biodiversity loss, climate change and pandemics. Each has its origin in unsustainable human activity resulting in environmental degradation, in turn leading to heightened risks and disruptive socio-economic impacts which are exacerbating inequalities and aggravating food insecurity and malnutrition. The most economically disadvantaged and marginalised in society, including women, children and young people, are invariably the most vulnerable to shocks.

Opportunities now exist for an aligned and coherent response centred on efforts to advance the health of both people and planet. 2021 is set to provide a platform for landmark global events and processes including the UN Food Systems pre-Summit that took place in July 2021 and the Summit itself in September 2021, the UN Biodiversity Conference (October 2021), UN Climate Change Conference (November 2021) and Nutrition for Growth Summit (December 2021) as well as the launch of the CFS policy process on Voluntary Guidelines on Gender Equality and Women's and Girl's Empowerment in the context of Food Security and Nutrition. The international community is therefore presented with a succession of vital opportunities to accelerate and deepen the transformative shifts required to address the interlocking challenges of food insecurity and malnutrition, climate change, biodiversity loss and increased emergence of zoonotic diseases. To effectively capitalise on this historic

⁶⁵ The [International Labour Organisation estimates](#) that working-hour losses in 2020 were approximately four times greater than during the global financial crisis in 2009. The [World Bank forecast](#) a 14% drop in global remittances by the end of 2021, which in turn could negatively impact tax revenues that fund essential social services.

⁶⁶ [As reported by the World Obesity Federation](#), death rates from COVID-19 may be as much as 10 times higher in countries where more than 50% of the population are overweight and obese.

⁶⁷ As presented in Section 1, recent projections suggest an additional 9.3 million wasted and 2.6 million stunted children under the age of five by 2022 in the absence of an appropriate response ([Osendarp et al., 2021](#)).

moment, participation must begin with a recognition of the profound linkages and complementarity between these systemic global issues, and be driven throughout by the overarching principles of human rights, including the right to adequate food, and the systematic adoption of a gender transformative approach to tackle gender inequalities. Above all, ensuring coherent, meaningful and sustained actions by key stakeholders following these initiatives will be of paramount importance.

Looking ahead and capitalising on what works

In looking ahead to the Union's new programming cycle for 2021-2027, it is important to recall that malnutrition remains rooted in global economic, political and social dynamics and is both a cause and a consequence of vulnerabilities, poverty and inequalities. While there are no simple quick-fix solutions to end malnutrition, nevertheless, as highlighted in this report, EU programming for nutrition has consistently aligned with the evidence on what works. The rich insights arising from the Union's unprecedented EUR 4.3 billion investment in nutrition programmes during the 2014-2020 programming cycle confirm the necessity of ensuring a multi-sectoral, rights-based, gender transformative and locally adapted approach with the core focus on strengthening national and global commitment, capacities and knowledge for nutrition while empowering women and young people to make their voices heard. It is increasingly clear that actions to advance gender equality and progressively realise the right to adequate food, thereby ensuring healthy diets for all, can serve the double duty of tackling all forms of nutrition simultaneously.

Even before the pandemic, few countries in the world were on track to meet global nutrition goals. Looking ahead and given the long-term damage still being inflicted by the crisis, the EU target to support partner countries prioritising nutrition to reduce the number of stunted children by 7 million by 2025 clearly presents a significant challenge. Nevertheless, by 2020⁶⁸, as discussed in Section 2, 38 of the 42 partner countries prioritising nutrition – most of which are also affected by protracted crises and disasters – have seen a decrease in the prevalence of child stunting. Moving forward, and with programming still to be finalised (by the end of 2021), the Union's continued thrust on human development as a strategic and transversal objective presents important opportunities to advance progress on nutrition across all key EU priority areas for external cooperation including green alliances; technology, innovation and digitalisation; growth and jobs; migration and mobility; and peace and governance. Progress will be further reinforced through a number of strategic spending targets including climate change (30%), social inclusion and human development (20%)⁶⁹ and partnerships to address migration (10%), together with a target on the share of all new external actions related to gender equality (85%).

Systemic transformation for nutrition

As nations contend with COVID-19, the urgency for renewed international partnerships to 'build back better' is greater than ever. Guided by the policy compass of the Green Deal and Farm to Fork Strategy as well as the Biodiversity Strategy, the EU's holistic approach to supporting recovery efforts will be both sustainable and inclusive. As the Farm to Fork Strategy makes clear, agro-ecological approaches (including organic farming and agro-forestry) have an important role to play in achieving nutrition-smart, equitable and sustainable food systems. At the same time, realising gender equality and removing barriers

⁶⁸ Based on data collected prior to the COVID-19 pandemic.

⁶⁹ The spending target of 20% for social inclusion and human development equates to at least EUR 14.78 billion. It includes nutrition-related services (corresponding to OECD DAC Code 12240, Basic Nutrition) as well as actions addressing health, education, water, sanitation, hygiene, social protection and gender – all of which have vital roles to play in the eradication of malnutrition in all its forms.

to women's empowerment will be key to ensuring that the transformation of food systems is fully inclusive.

At no other point in history have food systems globally been faced with such an array of familiar and unfamiliar risks, resulting in the growing frequency and intensity of disasters⁷⁰. This is why from the outset, the EU has been actively engaged in preparations for the 2021 UN Food Systems Summit. It is imperative that this initiative will be effectively harnessed as a catalyst for rights-based policy dialogue on food systems transformation as an important first step in tackling the root causes of malnutrition – whether child stunting and wasting, micronutrient deficiencies, or the acceleration of overweight and obesity across all regions of the world. Everyone should have the ability to access diets that meet their specific nutritional needs, promote health and longevity, protect the environment, and are affordable and culturally appropriate.

The EU also recognises that food system transformation is a necessary but by itself insufficient requirement for the eradication of hunger and malnutrition⁷¹. The entrenched economic and social structures that underpin income, gender and racial inequalities must also be tackled if the world's poorest and most vulnerable people are to progressively realise their right to food and adequate nutrition. A holistic and multi-systems approach to ensuring the realisation of fundamental human rights to food, water, decent work, health, education and social protection therefore remains a prerequisite. With a focus on governance and human and economic development, the EU's comprehensive and coherent approach is centred on results, transparency and mutual accountability⁷². In turn, such an approach can be advanced via effective mobilisation of domestic resources; more equitable access to natural resources and markets; enhancing local and territorially appropriate systems of trade, innovation and technological advancement; accountable justice systems; and ensuring that the voices of the most marginalised, including women, young people and indigenous communities, are heard. In this way the damage inflicted by the COVID-19 pandemic can be reversed and the necessary global footing regained to accelerate progress towards achieving the national and international targets for ending malnutrition in all its forms.

⁷⁰ 'The growing frequency and intensity of disasters, along with the systemic nature of risk, are jeopardizing our entire food system,' [warned FAO in 2021](#). As stated by the [EAT-Lancet Commission](#): 'Because much of the world's population is inadequately nourished and many environmental systems and processes are pushed beyond safe boundaries by food production, a global transformation of the food system is urgently needed'.

⁷¹ As highlighted by the OECD (2021), many of the key drivers of food insecurity and malnutrition (and therefore determinants of access to healthy diets) lie outside of the food system – including in other systems such as water and sanitation, health, education and social protection as well as the web of political, economic, social and cultural factors that underpin vulnerability and chronic inequalities such as those associated with wealth, gender and race. https://www.oecd-ilibrary.org/agriculture-and-food/making-better-policies-for-food-systems_ddfba4de-en

⁷² https://ec.europa.eu/international-partnerships/our-work_en

Annex 1: Country dashboard of nutrition-relevant indicators⁷³

Country	Inputs	Process/ Activities	Outputs	WHA targets								
	Development Aid Nutrition Commitments 2014-2019 (EUR million)	Development Aid Nutrition Disbursements 2014-2019 (EUR million)	Number of women + children reached by EU nutrition assistance (up to and including 2020) (million)	Stunting					Wasting			
				Rate of stunting reduction (%)			Stunting prevalence in children under 5 years of age (%)		WHA target progress	Wasting prevalence in children under 5 years of age (%)		WHA target progress
				2012 baseline (as estimated in 2020)	2020 estimate	Change since 2012 baseline	2012 baseline (as estimated in 2020)	2020 estimate	On/off track	2012 baseline (as estimated in 2020)	2020 estimate	On/off track
1 Afghanistan	96.87	80.50	-	-1.6	1.9	●	67.1	37.1	on course	9.5	5.1	some progress
2 Angola	16.25	7.22	-	6.5	2.6	●	20.9	28.5	some progress	8.2	4.9	on course
3 Bangladesh	139.06	50.66	75 141	2.9	2.9	●	38.6	30.1	some progress	15.7	9.8	some progress
4 Benin	17.50	6.14	-	0.3	0.8	●	36.3	32.4	some progress	4.5	5.0	no progress or worsening
5 Burkina Faso	56.50	63.48	57 623	0.9	2.2	●	34.0	25.3	some progress	10.7	8.1	some progress
6 Burundi	37.75	21.76	29 644	0.9	0.6	●	56.1	54.5	some progress	6.0	4.8	no progress or worsening
7 Cambodia	7.50	2.12	6 405	2.6	2.9	●	36.9	28.4	some progress	11.0	9.7	no progress or worsening
8 Cameroon	6.75	7.92	-	-0.2	0.5	●	35.7	31.3	some progress	5.7	4.3	on course
9 Chad	228.00	53.08	51 754	0.7	1.2	●	38.9	33.8	some progress	16.3	13.9	some progress
10 Côte d'Ivoire	0.00	0.51	-	0.2	1.5	●	32.9	24.8	some progress	7.6	6.1	some progress
11 Democratic Republic of the Congo	7.50	17.64	-	0.9	0.8	●	42.6	40.7	some progress	8.1	6.4	no progress or worsening
12 Djibouti	6.75	2.29	2 898	-0.6	-0.6	●	32.2	33.8	some progress	21.5	-	no data
13 Ethiopia	130.83	106.33	128 453	2.2	2.3	●	43.4	35.6	some progress	9.8	7.2	some progress
14 Gambia	17.39	16.75	163 174	2.5	2.8	●	21.7	16.8	some progress	9.5	5.1	some progress
15 Guatemala	38.75	2.18	3 186 235	0.4	0.7	●	50.8	46.1	some progress	1.0	0.8	on course
16 Guinea-Bissau	14.00	14.92	127 468	1.6	1.1	●	28.4	26.8	some progress	6.2	7.8	no progress or worsening

⁷³ Referring to development cooperation only

Country	Inputs	Process/ Activities	Outputs	WHA targets									
	Development Aid Nutrition Commitments 2014-2019 (EUR million)	Development Aid Nutrition Disbursements 2014-2019 (EUR million)	Number of women + children reached by EU nutrition assistance (up to and including 2020) (million)	Stunting					Wasting				
				Rate of stunting reduction (%)			Stunting prevalence in children under 5 years of age (%)		WHA target progress	Wasting prevalence in children under 5 years of age (%)		WHA target progress	
				2012 baseline (as estimated in 2020)	2020 estimate	Change since 2012 baseline	2012 baseline (as estimated in 2020)	2020 estimate	On/off track	2012 baseline (as estimated in 2020)	2020 estimate	On/off track	
17	Haiti	25.49	21.30	10 481	2.5	2.3	●	23.0	19.6	some progress	5.1	3.7	on course
18	Honduras	25.00	11.56	37 844	3.2	3.2	●	23.6	18.2	some progress	1.4	-	no data
19	Kenya	20.59	20.90	553 556	1.6	1.9	●	31.4	25.6	some progress	6.3	4.2	on course
20	Lao People's Democratic Republic	100.12	23.49	1 142	1.0	1.7	●	44.1	34.2	some progress	5.9	9.0	no progress or worsening
21	Madagascar	23.00	6.70	-	0.9	1.1	●	48.4	43.1	some progress	7.5	6.4	some progress
22	Malawi	85.75	42.37	11 973	0.9	1.8	●	49.2	38.0	some progress	4.0	0.6	on course
23	Mali	21.27	59.15	247 161	2.7	2.3	●	28.3	24.6	some progress	10.4	9.3	no progress or worsening
24	Mauritania	28.70	16.56	3 282	4.3	3.3	●	24.1	20.3	some progress	11.7	11.5	no progress or worsening
25	Mozambique	70.25	36.58	-	1.7	1.5	●	41.2	37.8	some progress	6.1	4.4	on course
26	Myanmar	134.50	28.93	380 592	2.7	2.8	●	33.2	25.9	some progress	7.9	6.7	some progress
27	Nepal	61.78	26.60	326 813	3.2	3.0	●	39.5	31.6	some progress	11.2	12.0	some progress
28	Niger	87.37	102.22	1 858 690	0.5	0.5	●	46.5	44.3	some progress	18.2	9.8	some progress
29	Nigeria	65.18	50.09	3 290 875	1.2	1.1	●	36.2	33.8	some progress	10.2	6.5	some progress
30	Pakistan	80.12	59.31	89 634	0.7	0.7	●	41.1	39.3	some progress	14.9	7.1	some progress
31	Rwanda	50.92	61.99	1 967 828	0.8	1.6	●	44.7	35.8	some progress	2.4	1.1	on course
32	Senegal	31.03	31.22	939 494	2.6	2.2	●	19.0	16.8	some progress	8.7	8.1	no progress or worsening
33	Sierra Leone	2.25	4.17	43 672	0.6	1.3	●	35.6	29.2	some progress	7.5	5.4	some progress
34	Somalia	20.50	19.14	-	0.3	0.3	●	30.8	30.2	some progress	14.3	-	no data

Country	Inputs	Process/ Activities	Outputs	WHA targets								
	Development Aid Nutrition Commitments 2014-2019 (EUR million)	Development Aid Nutrition Disbursements 2014-2019 (EUR million)	Number of women + children reached by EU nutrition assistance (up to and including 2020) (million)	Stunting					Wasting			
				Rate of stunting reduction (%)			Stunting prevalence in children under 5 years of age (%)		WHA target progress	Wasting prevalence in children under 5 years of age (%)		WHA target progress
				2012 baseline (as estimated in 2020)	2020 estimate	Change since 2012 baseline	2012 baseline (as estimated in 2020)	2020 estimate	On/off track	2012 baseline (as estimated in 2020)	2020 estimate	On/off track
35 Sri Lanka	7.50	3.61	1 210	3.0	2.3	●	15.4	13.7	some progress	21.3	15.1	no progress or worsening
36 Sudan	49.22	22.69	102	2.9	0.0	●	32.2	36.8	no progress or worsening	15.4	16.3	no progress or worsening
37 Timor-Leste	16.25	13.02	-	-0.5	0.3	●	58.2	53.3	no progress or worsening	18.9	9.9	some progress
38 Uganda	48.85	20.98	-	1.9	2.0	●	34.6	28.8	some progress	4.2	3.5	on course
39 United Republic of Tanzania	35.00	11.17	-	1.4	1.8	●	39.1	32.4	some progress	6.2	3.5	on course
40 Yemen	29.25	27.06	854 926	0.1	0.4	●	52.1	48.2	no progress or worsening	13.3	16.4	no progress or worsening
41 Zambia	30.50	16.13	137 698	0.4	1.5	●	49.1	36.5	some progress	6.2	4.2	on course
42 Zimbabwe	44.88	37.38	6 600	-0.8	0.8	●	35.1	27.3	some progress	3.2	2.9	on course

Country	WHA targets								
	Overweight		Exclusive breastfeeding			Low birth weight		Anaemia	
	Overweight prevalence in children under 5 years of age (%)	WHA target progress	Exclusive breastfeeding of infants < 6 months (%)	WHA target progress		Prevalence of children born low birth weight (%)	WHA target progress		Prevalence of anaemia in women of reproductive age (%)

	2012 baseline (as estimated in 2020)	2020 estimate	On/off track	Data of the closest year to the 2012 baseline	Most recent data	On/off track	2012 baseline	Most recent data (2015)	On/off track	2012 baseline	Most recent data (2015)	On/off track
1 Afghanistan	5.3	4.1	on course	43.1	57.5	on course	-	-	-	37.4	42.0	no progress or worsening
2 Angola	-	3.4	no data	-	37.4	no data	15.8	15.3	some progress	47.3	47.7	no progress or worsening
3 Bangladesh	1.9	2.4	off track	55.9	65.0	some progress	29.0	27.8	some progress	40.3	39.9	some progress
4 Benin	1.7	1.9	off track	32.5	41.4	some progress	17.2	16.9	no progress or worsening	51.5	46.9	some progress
5 Burkina Faso	0.6	1.6	on course	38.2	55.8	on course	13.5	13.1	some progress	50.5	49.6	some progress
6 Burundi	2.9	2.8	on course	69.3	71.9	on course	15.5	15.1	-	25.6	26.7	some progress
7 Cambodia	1.9	2.2	off track	72.8	65.2	no progress or worsening	12.6	12.1	some progress	46.0	46.8	no progress or worsening
8 Cameroon	6.5	11.0	off track	20.0	39.4	on course	12.1	12.0	no progress or worsening	41.7	41.4	some progress
9 Chad	2.8	2.3	on course	3.2	0.1	no progress or worsening	-	-	no data	48.1	47.7	some progress
10 Côte d'Ivoire	3.2	1.5	on course	11.8	23.1	some progress	15.9	15.5	some progress	51.8	52.9	no progress or worsening
11 Democratic Republic of the Congo	4.4	3.8	on course	36.4	47.3	on course	11.1	10.8	some progress	44.7	41.0	some progress
12 Djibouti	8.1	-	no data	12.4	-	no data	-	-	no data	30.9	32.7	no progress or worsening
13 Ethiopia	1.8	2.1	off track	52.0	58.8	some progress	-	-	no data	21.7	23.4	no progress or worsening
14 Gambia	1.1	2.1	on course	46.8	53.3	on course	17.2	16.8	some progress	57.2	57.5	no progress or worsening
15 Guatemala	4.9	4.9	on course	49.6	53.2	some progress	11.2	11.0	some progress	17.5	16.4	some progress
16 Guinea-Bissau	1.9	2.2	on course	38.3	52.5	on course	21.8	21.1	some progress	44.0	43.8	no progress or worsening
17 Haiti	3.6	3.4	on course	39.3	39.9	no progress or worsening	-	-	no data	46.1	46.2	no progress or worsening
18 Honduras	5.2	-	no data	30.8	-	no data	11.1	10.9	some progress	16.3	17.8	no progress or worsening
19 Kenya	5.0	4.1	on course	31.9	61.4	on course	11.7	11.5	some progress	27.5	27.2	some progress
20 Lao People's Democratic Republic	2.0	3.5	off track	39.7	44.4	on course	17.7	17.3	some progress	36.5	39.7	no progress or worsening
21 Madagascar	1.1	1.4	off track	41.9	50.6	no progress or worsening	17.5	17.1	some progress	36.6	36.8	some progress
22 Malawi	9.0	3.8	on course	69.0	59.4	no progress or worsening	14.9	14.5	some progress	32.3	34.4	no progress or worsening
23 Mali	0.8	0.7	off track	20.2	40.2	on course	-	-	no data	54.8	51.3	some progress

Country	WHA targets												
	Overweight			Exclusive breastfeeding				Low birth weight			Anaemia		
	Overweight prevalence in children under 5 years of age (%)		WHA target progress	Exclusive breastfeeding of infants < 6 months (%)		WHA target progress		Prevalence of children born low birth weight (%)	WHA target progress		Prevalence of anaemia in women of reproductive age (%)	WHA target progress	
	2012 baseline (as estimated in 2020)	2020 estimate	On/off track	Data of the closest year to the 2012 baseline	Most recent data	On/off track	2012 baseline	Most recent data (2015)	On/off track	2012 baseline	Most recent data (2015)	On/off track	
24	Mauritania	1.2	1.5	on course	26.7	40.3	on course	-	-	no data	37.2	37.2	some progress
25	Mozambique	7.8	7.0	off track	40.0	41.0	some progress	14.1	13.8	some progress	49.9	51.0	no progress or worsening
26	Myanmar	2.6	0.8	on course	23.6	51.2	on course	12.5	12.3	some progress	41.7	46.3	no progress or worsening
27	Nepal	1.5	2.6	on course	69.7	65.2	no progress or worsening	22.6	21.8	some progress	35.4	35.1	some progress
28	Niger	3.1	1.4	on course	23.3	-	no data	-	-	no data	49.2	49.5	no progress or worsening
29	Nigeria	3.0	1.6	on course	14.7	28.7	some progress	-	-	no data	49.9	49.8	no progress or worsening
30	Pakistan	6.6	2.5	on course	37.8	47.5	on course	-	-	no data	50.1	52.1	no progress or worsening
31	Rwanda	6.0	5.6	on course	83.9	86.9	on course	8.2	7.9	some progress	19.4	22.3	no progress or worsening
32	Senegal	0.7	2.6	on course	37.5	42.1	no progress or worsening	18.9	18.5	some progress	53.5	49.9	some progress
33	Sierra Leone	1.4	4.5	on course	31.4	54.1	on course	14.9	14.4	some progress	47.9	48.0	no progress or worsening
34	Somalia	3.0	-	no data	5.3	-	no data	-	-	no data	43.5	44.4	no progress or worsening
35	Sri Lanka	0.6	2.0	off track	75.8	82.0	on course	16.6	15.9	some progress	30.3	32.6	no progress or worsening
36	Sudan	1.5	3.0	off track	41.0	54.6	on course	-	-	no data	29.4	30.7	no progress or worsening
37	Timor-Leste	5.8	1.6	on course	62.3	50.2	no progress or worsening	-	-	no data	33.1	41.3	no progress or worsening
38	Uganda	5.8	3.7	on course	62.3	65.5	some progress	-	-	no data	29.6	28.5	some progress
39	United Republic of Tanzania	5.1	2.8	on course	41.1	57.8	some progress	10.7	10.5	some progress	38.6	37.2	some progress
40	Yemen	1.5	2.5	off track	9.7	-	no data	-	-	no data	65.5	69.6	no progress or worsening

Country	WHA targets											
	Overweight			Exclusive breastfeeding				Low birth weight			Anaemia	
	Overweight prevalence in children under 5 years of age (%)		WHA target progress	Exclusive breastfeeding of infants < 6 months (%)		WHA target progress		Prevalence of children born low birth weight (%)	WHA target progress		Prevalence of anaemia in women of reproductive age (%)	WHA target progress
	2012 baseline (as estimated in 2020)	2020 estimate	On/off track	Data of the closest year to the 2012 baseline	Most recent data	On/off track	2012 baseline	Most recent data (2015)	On/off track	2012 baseline	Most recent data (2015)	On/off track
41 Zambia	6.2	5.2	on course	72.0	69.9	no progress or worsening	11.9	11.6	some progress	31.2	33.7	no progress or worsening
42 Zimbabwe	5.8	2.5	on course	31.3	41.9	some progress	12.8	12.6	no progress or worsening	30.1	28.8	some progress




LEGEND:

For the indicators in the dashboard, two colour-coded analyses of progress are presented:

1. Firstly, cell colours show how the latest data fits according to the **thresholds** established for the 2012 baselines for each indicator. These baseline thresholds divided the countries into three groups of equal size, so that for all indicators, 33% countries fell into the 'best' green category; 33% were in the 'middle' amber category; and 33% in the 'worst' red category. The latest data was then compared to these baseline thresholds to assess progress (described as 'shifts' in the analysis below).

Green: data falls within the top of the 2012 groups
Orange: data falls within the middle of the 2012 groups
Red: data falls within the bottom of the 2012 groups

2. Secondly, a round traffic light is used to show whether the rate of stunting reduction indicator has improved (green), worsened (red), or remains unchanged (amber), compared to its baseline value.

	There has been an improvement since the baseline
	There has been no or limited improvement since the baseline
	There has been a deterioration since the baseline

Note: The amber signal denotes no or 'limited' change, calculated by subtracting the minimum value from the maximum value for each indicator, and then dividing by the number of countries. This provides a range around the zero for this indicator.

Annex 2: Action Plan on Nutrition Strategic Priorities Case Studies

WEST AFRICA

MAP OF THE REGION HIGHLIGHTING COUNTRY CASE STUDIES		PHOTO	
Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>BURKINA FASO</u>	<u>THE GAMBIA</u>	<u>NIGER</u>
Programme	Sectoral Health Budget Support Programme in Burkina Faso (PAPS II) 2016-2020 <i>Implementation: Government of Burkina Faso. Budget: EUR 84 million (of which EUR 14 million technical assistance and EUR 70 million budget support).</i>	Post-Crisis Response to Food and Nutrition Insecurity in The Gambia 2017-2019 <i>Implementation: FAO / WFP / UNICEF and Govt of Gambia. Budget: EUR 11.5 million.</i>	National Information Platform for Nutrition (NIPN) 2017-2022 <i>Design and co-implementation: Presidential Initiative for Multi-Sectoral Nutrition (HC-I3N) and the National Statistical Office (INS). Budget: EUR 3 million.</i>
Objective	Building on several years of EU humanitarian assistance – including treatment of severe acute malnutrition – PAPS II supported national efforts to strengthen public systems for the achievement of universal health coverage.	In response to poor rains and an outbreak of Ebola virus disease, the aim of the programme was to support the scaling up of national policy implementation to improve food security and therefore nutritional outcomes.	The NIPN platform in Niger aims at reducing the gap between the best available information and decision-making processes for nutrition policies and investments.
Achievements	Creation of a national budget line for the purchase of therapeutic food: The number of children affected by severe stunting and supported by the government's Therapeutic Foods budget line increased from none in 2016 to 110 000 in 2019. Integration of indicators for tracking both the quality of acute malnutrition management and the number of children in care within the health system: The increasing integration of severe acute malnutrition care into the health system has not compromised the quality of care. From 2017 to 2020, more than 90% of the	Food security and reduced migration: Through cash for work, the distribution of agricultural inputs and technical training, the project improved the skills of farmers – both women and men – enhanced incomes and addressed gender inequalities. The scaling up of the Farmer Field School approach promoted organic farming and created employment opportunities, which reduced the high rate of youth migration from the area. Nutrition services: The project supported integrated management of acute malnutrition to reach 32 000 children (aged 6-23 months)	Informing Niger's Nutrition Roadmap: The Government of Niger used information produced by NIPN to finalise an official roadmap to better monitor nutrition-specific interventions and more effectively coordinate the humanitarian and development nexus. Informing the COVID-19 response: Nutrition Profiles produced by NIPN were used by the Ministry of Health and its partners for designing the nutrition guidelines to ensure an integrated COVID-19 response. Communication and sensitising policymakers and media: The NIPN unit

Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>BURKINA FASO</u>	<u>THE GAMBIA</u>	<u>NIGER</u>
	<p>children treated were cured.</p> <p>Supporting the operationalisation of the National Health Insurance Fund with the exemption of children aged 0-5 and pregnant women: The programme has contributed to building a social contract between families and the health system, together with the political commitment required to ensure that the most vulnerable are not left behind.</p> <p>Ensuring annual nutrition data to reinforce government commitment and accountability at all levels: Annual nutrition surveys are now routinely financed from the national budget.</p>	<p>and saved the lives of an estimated 10 000 children while strengthening knowledge and skills on nutrition and care practices at the community level.</p> <p>National coverage for improved nutrition outcomes: The project adopted a humanitarian-development nexus approach across all food insecure rural areas of the country. During the project period the national prevalence of stunting dropped from 23% in 2015 to below 14% in 2018. Wasting fell from 10% to 6% over the same period.</p>	<p>engaged with multi-sectoral stakeholders via a timely Nutrition Information Seminar to prepare for the government's next Five Year Plan. Nutrition information is updated on a national website.</p> <p>Analysing multi-sectoral data for nutrition: The NIPN unit, with INS and HC-I3N as co-leaders, performed a number of multi-sectoral analyses to respond to the demand for quality information and data-driven decision making.</p>

EAST AND CENTRAL AFRICA

MAP OF THE REGION HIGHLIGHTING COUNTRY CASE STUDIES	PHOTO

Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>KENYA</u>	<u>UGANDA</u>	<u>BURUNDI</u>
Programme	<p>Ending Drought Emergencies: Support to Resilient Livelihoods and Drought Risk Management in Kenya 2018-2023</p> <p><i>Implementation: National Drought Management Authority with various NGOs. Budget: EUR 37.5 million (EU contribution EUR 30.5 million).</i></p>	<p>Development Initiative for Northern Uganda (DINU) 2017-2023</p> <p><i>Implementation: Office of the Prime Minister, UNICEF and various non-state actors. Budget: EUR 150.6 million (EU contribution EUR 132.8 million).</i></p>	<p>Resilience Measurement Tool 2020-2022</p> <p>Implementation: a network of researchers through the Initiative of Agrinatura in Burundi (ATAB). Budget: EUR 792 000.</p>

Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>KENYA</u>	<u>UGANDA</u>	<u>BURUNDI</u>
Objective	The programme supports communities in arid and semi-arid lands of Kenya (the four counties of Baringo, West Pokot, Isiolo and Tana River) to become more resilient to drought and other effects of climate change; to generate sustainable livelihoods; and ultimately to improve the food security and nutrition status of vulnerable households with a focus on women and young children.	The programme operates in areas where there is high prevalence of child stunting and anaemia in women (covering 38 districts) and aims to scale up interventions that will increase household incomes and improve food security and nutrition as well as strengthen markets and promote gender responsive governance.	The purpose of the tool is to measure the impacts, effects and resilience pathways of the large-scale multi-sectoral EU programme to support resilience of the population of Burundi (EUR 121 million) that encompass three sectors: rural development for nutrition, health and energy.
Achievements	Central to the programme are efforts to strengthen political commitment through developing information and planning capacities at a decentralised level to ensure more effective response to shocks. Achievements so far include:	Scaling up of community-based nutrition interventions: These include maternal and young child feeding practices, micronutrient supplementation, improved hygiene, sanitation and child care practices and family planning.	Definition of a conceptual model for measuring resilience: This model will take into account changes over time in people's well-being and their capacity for resilience at household and community level, depending on the shocks they face, and the intervention package received.
	Early warning systems strengthened: These allow the National Drought Management Authority (NDMA) to more effectively monitor drought at ward level so that drought contingency funding can be better targeted to reduce the loss of key livelihood assets.	Interventions to strengthen food supply chains: These include increasing production of diversified, nutritious foods (plant-based and animal products), while also empowering women in both agriculture and business sectors as well as improving market accessibility and transport infrastructure.	Design of a research protocol: The impact study is targeted at the poorest households (follow-up of a cohort over 2 years) and combines quantitative and qualitative research methods. Operational partners are involved in the analysis and discussion of findings.

Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>KENYA</u>	<u>UGANDA</u>	<u>BURUNDI</u>
	<p>Integrated planning at county level: Government-led multi-sectoral work plans have been developed in the four counties with strong emphasis on the mainstreaming of nutrition and gender equality and supported by context-specific research to ensure that evidence and strategic analysis lead to allocation of adequate budgetary resources to arid and semi-arid areas.</p>	<p>Nutrition governance: Aligned with guidance from the Office of the Prime Minister, this includes investing in gender-sensitive capacity development at district level so as to support local government efforts to more effectively plan, monitor and coordinate the scale-up of multi-sectoral interventions prioritised in district nutrition action plans for 2020-2025.</p>	<p>Definition of household typologies and key indicators for resilience: The use of multivariate statistical analysis helps to highlight groups of households with common characteristics to identify the most important factors associated with their well-being.</p>
	<p>Community-managed response: Participatory risk assessments are conducted at ward level by community-managed disaster risk reduction committees (bringing together community, civil society, NDMA and other government sectors) to inform community action plans. Community-led dialogue provides valuable opportunities to address the importance of behaviour change around food consumption, hygiene and nutrition practices.</p>	<p>Improved data collection and analysis: Information systems are strengthened at district and sub-county levels that are critical to understanding and monitoring the situation of food security and nutrition, including regular assessments.</p>	<p>Building a resilience index: The research team is working on the creation of an indicator that will summarise the complex information collected to enable comparison of households in relation to each other and to understand their evolution over time.</p>

SOUTHERN AFRICA AND INDIAN OCEAN

MAP OF THE REGION HIGHLIGHTING COUNTRY CASE STUDIES	PHOTO
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Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>MADAGASCAR</u>	<u>MOZAMBIQUE</u>	<u>ZIMBABWE</u>

Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>MADAGASCAR</u>	<u>MOZAMBIQUE</u>	<u>ZIMBABWE</u>
Programme	Food Fortification Project for Vulnerable Populations in Madagascar (PFOA) 2017-2021 <i>Implementation: GRET and Nutri'zaza. Budget: EUR 3.6 million (EU contribution EUR 2.9 million).</i>	PROMOVE-Nutrição: Improving WASH Services in Mozambique 2017-2021 <i>Implementation: UNICEF. Budget: EUR 28 million (EU contribution EUR 24.2 million). The success of the programme's 'WASH in Health' approach has now attracted support from several other donors, including FCDO, USAID and Netherlands.</i>	Resilience Building and Food and Nutrition Security Programme in Zimbabwe 2015-2021 <i>Implementation: UNICEF and FAO. Budget: EUR 20.4 million (EU contribution EUR 15 million).</i>
Objective	PFOA supports the government to create a multi-stakeholder consultation mechanism together with a national legislative framework for food fortification. It reinforces commitment to implement Madagascar's National Action Plan for Nutrition, in which the provision of locally fortified food for women and young children is identified as a priority intervention area.	The water, sanitation and hygiene (WASH) component of this programme aims to increase the number of people reached by high-quality WASH services to reduce diarrhoeal diseases. In this way the programme is improving the nutrition of both young children and mothers.	The programme supports people to cope with the impact of recurrent shocks and stresses on agricultural livelihoods to improve food and nutrition security among vulnerable communities within the framework of Zimbabwe's Food and Nutrition Policy. Strengthening governance and capacities of both the Food and Nutrition Council and Ministry of Agriculture are also key components.
Achievements	Strengthening the National Alliance for Food Fortification (NAFA): Through the revival of an existing (but dormant) coordination platform, the PFOA project has effectively brought together a range of stakeholders involved in food fortification. Elaboration and adoption of a national standard on fortified flour for infants: Taking into account the needs of infants for nutrient-dense foods, the Bureau des Normes de Madagascar has been supported via a series of technical workshops to draw up precise specifications on the standard for fortified infant flour. Dissemination of the	Demonstrating effectiveness of approach: Overseen and guided by national government standards, these combine strengthening of local capacities through District Driven Teams with promotional activities to empower local communities with greater awareness of sanitation and nutrition issues to break the cycle of undernutrition. Exceeding initial programme targets: More than 270 communities (over 100 000 people) have already been declared Open Defecation Free and provided with access to safe drinking water, while 100 health centres have received improved water, sanitation	The integration of nutrition into the curricula of agricultural colleges: A module on Human Nutrition and Agriculture has been developed for the first time as a resource for college lecturers to provide future farmers and extension officers in Zimbabwe with the skills and knowledge to improve nutrition through sustainable food production practices. Food-based dietary guidelines: Developed through a consultative process, the guidelines provide technical and scientific guidance to public health specialists and key workers in the food and agriculture sector, as well as the framework for an

Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>MADAGASCAR</u>	<u>MOZAMBIQUE</u>	<u>ZIMBABWE</u>
	<p>national standard: With the existence of a national standard as a crucial step towards certification, the project has supported the design and validation of innovative tools to raise awareness of the initiative (together with the official NAFA logo) at various levels of government, civil society and the private sector.</p> <p>Establishment of national systems for certification: The PFOA project has also played a key role in the establishment of national certification processes such that a widely respected quality label enables further development of the sector.</p>	<p>and hygiene facilities.</p> <p>Increased ownership and sustainability: These are ensured at community level by a social component to train water committees and hand-pump mechanics, as well as a carefully adapted social marketing component that supports households to purchase improved sanitation products at a reduced cost, creating a market-favourable environment for local entrepreneurs. Piloted in 2020, the scale-up potential of this component is informing operationalisation of the government's new rural sanitation strategy.</p>	<p>awareness campaign to promote better nutritional practices and guide national policymakers. The guidelines will be central to food system transformation for sustainable and healthier diets in Zimbabwe.</p> <p>Strengthening information systems on food and nutrition security: The relevant indicators necessary to monitor food and nutrition insecurity as well as resilience have been established with the principal line ministries to enhance and strengthen a multi-sectoral information system in support of the Food and Nutrition Policy.</p>

MIDDLE EAST, ASIA AND PACIFIC

MAP OF THE REGION HIGHLIGHTING COUNTRY CASE STUDIES	PHOTO
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Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>LAO PDR</u>	<u>BANGLADESH</u>	<u>MYANMAR</u>
Programme	<p>Support to the Lao PDR National Nutrition Strategy and Plan of Action (2019-2022)</p> <p><i>Implementation: Government of Lao PDR. Budget: EUR 50 million (complementary support EUR 11.85 million).</i></p>	<p>EU support to National Social Security Strategy (NSSS) reforms in Bangladesh 2019-2024</p> <p><i>Implementation: Government of Bangladesh. Budget: EUR 150 million (EU contribution EUR 130 million; German contribution EUR 20 million).</i></p>	<p><u>Livelihoods and Food Security Fund (LIFT) 2009-2023</u></p> <p><i>Implementation: Multi-donor trust fund managed by UNOPS. Budget: Supported by 15 donors to date, with total commitments approaching EUR 436 million (EU contribution EUR 117 million as of 2020).</i></p>

Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>LAO PDR</u>	<u>BANGLADESH</u>	<u>MYANMAR</u>
Objective	The support reinforces government commitment to accelerate results for the National Plan of Action on Nutrition (2016-2020) by strengthening accountability for delivery of quality, multi-sectoral nutrition-related services.	The support strengthens national efforts to break the cycle of poverty by improving the efficiency and effectiveness of social assistance programmes with a strong focus on improving the diets of pregnant women and children under the age of five as well as protecting vulnerable workers.	LIFT aims at sustainable reduction of poverty, hunger and malnutrition in Myanmar via an inclusive approach to increase incomes, build resilience, improve nutrition and strengthen national policy implementation. It has so far reached over 11.6 million people across 75% of townships in Myanmar.
Achievements	<p>Ensuring more effective multi-sectoral nutrition-related service delivery with a focus on women, children and disadvantaged groups: This includes, to date, the operationalisation of 10 Provincial Nutrition Committees; the development of 35 nutrition-sensitive agriculture plans; an increase in the number of health facilities with staff trained to manage acute malnutrition; and an increase in the number of schools with year-round access to potable drinking water.</p> <p>National recognition of the significance of the 1 000-day window for nutrition and child development: The government strongly recommends that babies be exclusively breastfed for the first six months, and continued breastfeeding with other safe and nutritious food until the age of two.</p> <p>Adoption of the Marketing of Breastmilk Substitutes Decree to protect and promote breastfeeding in the country: The decree is national</p>	<p>Strengthening governance and accountability frameworks for a more demand-responsive social security system: This is achieved by consolidating inter-ministerial coordination mechanisms and strengthening public financial management in the sector, including planning, budgeting and execution.</p> <p>Developing national capacities to more effectively design, manage and monitor the social security system: These include evidence-based policy formulation, planning and implementation through robust systems for information management, monitoring and evaluation (including monitoring the nutritional status of pregnant women and children). Three out of four young children in Bangladesh do not receive a minimally acceptable diet.</p> <p>Support to the introduction and implementation of a comprehensive national child benefit programme: This support aims to ensure inclusiveness, optimum coverage, adequacy and predictability of benefits to initially cover 7.5 million children in rural and urban areas, and then progressively</p>	<p>Focusing on better understanding multi-sectoral pathways for improved nutrition: Dissemination of LIFT's proven results – in terms of increased incomes as well as better diets and nutrition for women, men and children – has sharpened the focus of public expenditure on pro-poor development.</p> <p>Following global evidence and international recommendations: By prioritising the first 1 000 days of life as a crucial window of opportunity, policymakers' attention has been ensured to issues of access and availability of diverse diets, knowledge on infant and young child feeding practices, hygiene and sanitation practices, access to health services and income security.</p> <p>Investment in evidence based on tangible results in the lives of women and children: Evaluations of LIFT's support for innovative maternal and child cash transfers have confirmed impressive impacts. Such a learning platform led to government financing for cash transfer programmes in five states and areas. Ongoing assessments throughout the COVID-19 pandemic have informed the COVID-19 Economic Relief Plan to cover both basic needs and livelihood</p>

Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>LAO PDR</u>	<u>BANGLADESH</u>	<u>MYANMAR</u>
	legislation in line with the International Code of Marketing of Breast-milk Substitutes (adopted by the World Health Assembly in 1981). The code protects and promotes breastfeeding by ensuring adequate information on appropriate infant feeding and regulation on marketing of breastmilk substitutes, bottles and teats.	scale up. Providing a platform for the 2020 Team Europe response to the COVID-19 crisis in Bangladesh: This platform is enabling the delivery of income support to ready-made garment and export-oriented industry workers affected by the COVID-19 crisis.	recovery. Generating strategic insights on tackling climate and environmental challenges: A 2019 study confirmed that while exposure to shocks (droughts, floods, price instability etc.) may heighten household vulnerability, by promoting climate smart agricultural livelihoods ‘LIFT’ support appears to significantly have dampened the negative impact on incomes’.

LATIN AMERICA AND THE CARIBBEAN

MAP OF THE REGION HIGHLIGHTING COUNTRY CASE STUDIES	PHOTO

Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>GUATEMALA</u>	<u>HONDURAS</u>	<u>HONDURAS</u>
Programme	<u>Food Security and Nutrition Impact, Resilience, Sustainability and Transformation (FIRST) Programme – Guatemala 2017-2020</u> <i>Implementation: FAO. Budget: EUR 710 000, with an extension for 2021-2022 planned at EUR 170 000/year.</i>	Food and Nutrition Security (FNS) Sector Reform Contract – EUROSAN Local Development (DeL) in Honduras 2020-2024 <i>Implementation: Government together with Spanish Agency for International Development. Budget: EUR 38.1 million, of which EUR 28.4 million in budget support, including EUR 3.5 million for COVID-19 response support.</i>	The <u>Integrated Food Security Phase Classification (IPC)</u> in Honduras <i>Implementation: Technical Unit of Food and Nutrition Security (UTSAN) and national Technical Working Group (TWG). Budget: The EU Regional Programme PROGRESAN-SICA contributes EUR 889 196 to the national IPC initiative.</i>

Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>GUATEMALA</u>	<u>HONDURAS</u>	<u>HONDURAS</u>
Objective	FIRST is a global partnership between the EU and FAO established to provide policy assistance and technical support to national governments, thereby strengthening political commitment, policy prioritisation and capacities. In Guatemala key stakeholders include the Food and Nutrition Security Secretariat (SESAN), the Ministry of Agriculture, Livestock and Food (MAGA) and the Consultation and Social Participation Instance (INCOPAS).	The Contract aims to improve access to nutrition services and strengthen the integrated territorial approach to local development, for improved nutrition of both mothers and young children in 39 municipalities.	The IPC is a tool for improving food security and nutrition-related analysis and decision making. The IPC provides rigorous, evidence- and consensus-based analyses of the food insecurity and acute malnutrition situation in Honduras, to inform emergency responses as well as medium- and long-term policy and programming.
Achievements	<p>Updating national policy frameworks and promotion of inclusive policy dialogue: SESAN has updated the Food and Nutrition Security Policy and Strategic Plan. INCOPAS has supported political advocacy by civil society and developed social auditing capacities to increase accountability. Both have benefited from support of the FIRST programme.</p> <p>Inclusion of Strategic Food and Nutrition Security Programme in MAGA's annual plan: Aligned with the government's overarching 'Great Crusade for Nutrition', the programme's focus is on family farms via an approach that enables farmers to ensure food and nutrition security of their families while also supporting them to produce for markets. Through support to the Gender Unit of MAGA, gender is being effectively mainstreamed, including the introduction of gender-sensitive indicators such that gender inequalities can be progressively reduced.</p> <p>COVID-19 Pandemic / Natural Disaster Impact Assessment: In view of the</p>	<p>Decentralisation for improved nutrition-related service delivery: Effective support is being given to the decentralisation of maternal and child health and nutrition services in all targeted municipalities, such that over 81 000 children under five years and 82 000 pregnant women have been reached.</p> <p>Assistance to the government response to COVID-19 across multiple areas: This has included the provision of electronic cash transfers and emergency food aid (Bolsa Solidaria) to vulnerable populations, as well as strengthening the overall response of the public health system.</p> <p>Technical support for capacity development and guidance at the level of municipalities: Technical inputs are provided to the government's development and adaptation of the Methodological Guide for</p>	<p>Introduction of the IPC tool to Latin America and the Caribbean: Honduras is the first country in the region in which the IPC Classification System has been introduced. EUROSAN-Occidente has subsequently supported the inclusion of IPC in the National Food Security Monitoring System.</p> <p>Development of capacities to successfully complete two IPC analysis processes: UTSAN (in coordination with the Global Support Unit, PROGRESAN-SICA and SEAN-EUROSAN) has supported two IPC analysis processes in Región Occidental and Centro-Sur in 2019. Institutional capacity at the local government level has been strengthened in the regions through trainings and workshops.</p> <p>Ensuring effective uptake of evidence from the IPC by decision makers: The link between the IPC and decision support has been strengthened through a comprehensive communication strategy to ensure that key messages from analysis are disseminated on the basis of</p>

Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Country	<u>GUATEMALA</u>	<u>HONDURAS</u>	<u>HONDURAS</u>
	significant implications of the pandemic for livelihoods, coupled with the tropical storms Eta and Iota in November 2020 affecting an estimated 1.9 million people, a robust impact assessment was conducted in December with support from the FIRST programme to immediately inform policy response.	the Territorial Management of the Food and Nutrition Security Policy (within the framework of Municipal Development Plans) and the Food and Nutrition Security Investment Manual.	existing decision-making mechanisms to prioritise interventions that converge in the regions.

GLOBAL ENGAGEMENT FOR NUTRITION

MAP HIGHLIGHTING COUNTRY CASE STUDIES / PHOTO (tbd)	PHOTO
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Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Initiative	<u>Scaling Up Nutrition (SUN) Movement</u> <i>Implementation: A multi-stakeholder initiative with UNOPS providing hosting services to the SUN Movement Secretariat. EU contribution to budget: EUR 7 million (2016-2020, of which EUR 3 million to SMS and EUR 4 million to the Pooled Fund).</i>	<u>Promotion of Budget Support for Nutrition</u> <i>Implementation: National governments, with additional technical support provided via complementary measures. Budget: EUR 493.4 million across 17 countries, 2014-2019.</i>	<u>Food Fortification Advisory Services (2FAS)</u> <i>Implementation: Landell Mills in partnership with the Global Alliance for Improved Nutrition (GAIN). Budget: EUR 1.58 million.</i>

Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
Objective	The SUN Movement was initiated by the UN Secretary-General in 2012 to mobilise political will to place nutrition higher up in global and national agendas. 2021 is the starting point for implementation of the new SUN Strategy 3.0 (2020-2025) and the reinforcement of focus on ‘country leadership and government responsibilities’.	The Commission is increasing the use of budget support as a well-suited instrument for tackling the challenge of scaling up nutrition through the promotion of a government-led, accountable and inclusive approach across one or more sectors.	2FAS offers technical and institutional assistance for identification, formulation, monitoring and evaluation of projects and policies related to food fortification.
Achievements	<p>A movement of 63 developing countries and 4 Indian States to date: The SUN Movement provides tailored support through SUN Networks and galvanises political commitment at national and international levels.</p> <p>Firm EU support since the launch in 2012: Commissioner Urpilainen is a member of the SUN Lead Group, as were Commissioners Piebalgs and Mimica in the past.</p> <p>Financial support to the SUN Movement: The EU has supported the SUN Movement Secretariat with a financial contribution of EUR 3 million, and the SUN Pooled Fund with EUR 4 million between 2014 and 2020.</p> <p>An active role in the SUN Global Donor Network: Through EU Delegations the Commission has taken on the role of SUN Donor Convenor in several countries, increasing opportunities for strategic engagement to</p>	<p>Increased allocation of resources via Sector Reform Performance Contracts: In 2014 the European Union committed no resources to nutrition-related budget support. By 2019 the total amounted to EUR 493.4 million (EUR 163.2 million in 2019 alone).</p> <p>Scaling up investments in national and sub-national capacities for nutrition: The capacities of governments have been strengthened to effectively manage public finance in alignment with multi-sectoral policy priorities that tackle the root causes of malnutrition.</p> <p>Harnessing budget support for strategic policy dialogue on nutrition: A key lesson learned is that policy dialogue associated with nutrition presents opportunities to address core issues such as quality of growth, social justice and women’s empowerment, as well as to enhance consultation with civil society.</p> <p>Accelerating implementation of national nutrition policies and plans: By ensuring the buy-in of the Ministry of Finance, budget support can provide a catalyst for increased</p>	<p>The 2FAS Research Portfolio, comprising three research projects, aims to generate knowledge and share practices contributing towards effective integration of strategies for micronutrient deficiency reduction. Research project achievements include:</p> <p>Integrated strategies for micronutrient deficiency reduction (INSIDER project): This project has developed of an inventory and in-depth assessment of all current strategies to address micronutrient deficiencies in West Africa, leading to the generation of scientific publications, policy briefs and clear recommendations for decision makers.</p> <p>Public and private sector commitment to food fortification and nutrient-enriched crops (Business Model project): This project has produced a typology of business models for effective delivery of fortified foods, together with detailed analysis of case studies and scientific publications.</p> <p>Project on Monitoring and impact assessment of food fortification (IMMT project): This project developed an overview of and guidance on</p>

Strategic Priority	STRATEGIC PRIORITY ONE <i>Political Commitment for Nutrition</i>	STRATEGIC PRIORITY TWO <i>Scaling Up for Nutrition</i>	STRATEGIC PRIORITY THREE <i>Knowledge for Nutrition</i>
	reinforce political commitment at the national level.	national ownership and allocation of domestic finance to scale up nutrition-related interventions.	indicators and tools for monitoring and evaluation of food fortification and nutrient enrichment programmes, together with formative research and recommendations on the most suitable indicators and tools.