

TIME FOR ACTION

A RENEWED UK COMMITMENT TO NUTRITION



Why is nutrition so important?

45% of deaths of children under five are linked to malnutrition¹. Despite progress, 149 million children were stunted in 2020 and 45 million children were wasted². The pandemic has made matters much worse. It is now predicted that an additional 283,000 children under five will die from malnutrition as a result of the pandemic in the next three years, equivalent to 225 children dying every day in this period³. An additional 3.6 million children are predicted to face lifelong health problems due to stunting and 13.6 million children are predicted to become wasted (dangerously thin for their height). Not only will this lead to preventable child deaths, it will put immense pressure on health systems and restrict the life chances of millions of children.

Malnutrition refers to deficiencies, excesses, or imbalances in a person's intake of nutrients. Although related issues, action on nutrition is different from action on famine. Action on famine means investing in actions like emergency social protection. Typically, this involves providing cash or food directly to people in crisis. These actions are important to respond to and prevent widespread malnutrition during a famine. But improving nutrition and reducing the number of young children dying every year from malnutrition involves actions before a crisis occurs, and beyond it. Such preventative actions include strengthening health systems, increasing access to basic nutrition services and improving agriculture and food systems.

The UK has played an active role in tackling malnutrition since founding the Nutrition for Growth (N4G) initiative, alongside Japan and Brazil, and hosting the first ever Nutrition for Growth summit in 2013. That summit raised £17 billion to address malnutrition globally. Since then, the UK has been one of the world's leading donors to nutrition. UK aid for nutrition is well known for being high impact and excellent value for money⁴. Long term decreases in malnutrition have occurred in countries where the UK has invested in nutrition⁵.

However, the UK is currently set to make the biggest cuts to its overseas nutrition work in history. While the aid budget as a whole is facing a cut of roughly a third, aid for nutrition is set to be slashed by 70%⁶. This will have a devastating impact on individuals and communities in many of the world's most challenging environments.

The Tokyo Nutrition for Growth (N4G) Summit 2021 is a crucial opportunity to pledge commitments that will help reverse the rise in malnutrition caused by the pandemic. The outcomes of the summit will be decisive for the future health, development and economic potential of millions of people worldwide. An ambitious UK commitment to tackle malnutrition at the summit is essential to further the returns achievable through the UK's investments in other development initiatives, including girls' education, climate change, global health resilience and the establishment of universal health coverage (UHC).

This document builds on two previous policy reports from the International Coalition for Advocacy on Nutrition



Photo: The Power of Nutrition

(ICAN), setting recommendations to the UK Government^{7,8}. The policies and positions set out in those remain current⁹. The below consolidates these recommendations and explores concrete options for action alongside previous examples of success. By actioning the recommendations in this document, the UK could maximise the impact of its investments in areas such as education, climate and health. It could drive progress on its Key Performance Indicators (KPIs) to reduce preventable child deaths and improve education. And by coordinating with its allies and making strong commitments at this global summit, the UK can help reverse the rise in malnutrition caused by the pandemic, save lives and help give millions of children the best possible start in life.

Nutrition Interventions

To deliver impact on malnutrition it is essential that a broad package of nutrition-specific and nutrition-sensitive programmes have the resources required to deliver impact.

Nutrition-specific programmes target the immediate causes of malnutrition. Generally, these are reported under the basic nutrition purpose code (12240) in the OECD Creditor Reporting System (CRS). Nutrition-specific programmes are often delivered through the health system and include some of the most cost-effective, life-saving interventions. They are vital to preventing and treating malnutrition and it is likely that the design and budget for these programmes will sit within the Global Health Directorate of the Foreign, Commonwealth and Development Office (FCDO), developed by the Nutrition team. Examples, outlined in the table below, include programmes to promote breastfeeding, treat wasted children and provide vitamin supplements.

Nutrition-sensitive programmes target the underlying causes of malnutrition. They may be reported under the basic nutrition purpose code in the OECD CRS but they will predominantly be coded under a different sector. Nutrition-sensitive programmes, with strong and relevant nutrition objectives, can deliver positive impact for nutrition outcomes as well as positive impact for the sector they are also focused on. Improved and enhanced nutrition-sensitivity is vital to enact changes that can halt malnutrition developing in societies as well as provide increased impact and return on investment. Crucially, for FCDO, the delivery of nutrition-sensitive programmes requires tailoring non-nutrition programming to also target the underlying causes of malnutrition. It requires enhancing objectives for current or future programmes in different departments, not replacing them. This can be delivered through utilising nutrition advisers early in programme design in nutrition-relevant sectors to determine if and how a proposal can be improved to also target malnutrition.

Nutrition interventions provide multiple benefits across different forms of malnutrition. The table overleaf shows some examples of what can be done to drive progress on different forms of malnutrition. These should not be done in silos but be delivered as part of a broad package of interventions, particularly considering that different forms of malnutrition can co-exist within societies, families, and individuals.

“ The UK can help reverse the rise in malnutrition caused by the pandemic, save lives and help give millions of children the best possible start in life. ”

Table 1: Examples of nutrition-specific and nutrition-sensitive interventions

| Examples of undernutrition | Stunting | Wasting | Micronutrient deficiency: Vitamin A | Micronutrient deficiency: Anaemia |
|---|--|--|--|---|
| Definition | Impaired growth and development that children experience from poor nutrition and repeated infections. | Low weight for height, indicating a severe and recent weight loss, often resulting from insufficient quantity and quality of nutritious food and/or prolonged illness. | Insufficient intake of Vitamin A required for optimal health. | A nutritional deficiency caused by a lack/poor absorption of iron, B12, and/or C, resulting in a lack of healthy red blood cells. |
| Why does this matter? | <ul style="list-style-type: none">Stunting impedes human and economic development.It is one of the most significant impediments to cognitive and physical development, causing reduced productive capacity and poor health, and an increased risk of degenerative diseases such as diabetes¹⁰. | <ul style="list-style-type: none">Wasting is associated with higher risk of death if not treated properly¹³. | <ul style="list-style-type: none">Vitamin A deficiency is the leading cause of preventable childhood blindness and increases the risk of death from common childhood illnesses such as diarrhoea¹⁶ and respiratory infections¹⁷. | <ul style="list-style-type: none">Anaemia reduces the capacity of blood to carry oxygen around the body (even when receiving adequate amounts of calories) and results in severe fatigue, poor concentration, pregnancy complications and increased risk of developing heart disease²⁰. |
| Scale of the issue | <ul style="list-style-type: none">In 2020, 149.2 million of children were affected by stunting¹¹.3.6 million additional children could be stunted in the next three years as a result of COVID-19¹². | <ul style="list-style-type: none">In 2020, 45.4 million children were affected by wasting¹⁴.13.6 million additional children could be wasted in the next three years as a result of the COVID-19 pandemic¹⁵. | <ul style="list-style-type: none">An estimated 48% of children in sub-Saharan Africa and 44% of children in South Asia are Vitamin A deficient¹⁸. | <ul style="list-style-type: none">613.2 million adolescent girls and women aged 15 to 49 years worldwide are affected by anaemia²¹.4.8 million additional women and adolescent girls could be afflicted with anaemia in the next three years as a result of the COVID-19 pandemic²². |
| Example of nutrition-specific approach | <ul style="list-style-type: none">Infant and Young Child Feeding (IYCF) and relevant complementary feeding, particularly in the first critical 1,000 days of life.Regular deworming of children, adolescents and women of reproductive age.Micronutrient supplementation, such as micronutrient powders or fortified food supplements, for adolescents and pregnant women.Interventions to improve the quality of diet for women and children. | <ul style="list-style-type: none">IYCF and relevant complementary feeding.Prevention, early detection and treatment of acute malnutrition including through equitable access to Ready-to-UseTherapeutic Foods (RUTF).Community based monitoring and managemen of acute malnutrition.Blanket feeding programmes (e.g., during lean season) to supplement dietary intake. | <ul style="list-style-type: none">Vitamin A supplementation programmes.Promoting breastfeeding.Vitamin A fortification of food. | <ul style="list-style-type: none">Supplementation, fortification and deworming programmes to include women of reproductive age.Fortification of relevant staple foods. |
| Example of nutrition-sensitive approach | <ul style="list-style-type: none">Integration of nutrition health services into health system strengthening strategies, such as antenatal and postnatal services and other health services, such as sexual and reproductive health or vaccination services. This can help to lower the risk of stunting at birth and prevent infections.Primary prevention of disease in children under 2 years, through water, sanitation and hygiene (WASH) improvements.Livelihoods support such as cash transfers that enable people to purchase nutritious food.Improved access to girls' education, targeting retention at school and delaying the age at first birth for a woman, should they choose to become a mother, lowering the risk of stunting at birth. | <ul style="list-style-type: none">Integration of Severe Acute Malnutrition services in health system strengthening strategies.Early warning systems to warn when there is an increased risk of wasting.Subsidies or access to market interventions to improve access to food.Climate resilient seeds for nutritious agriculture.Cash transfers and other livelihood activities to increase household purchasing power. | <ul style="list-style-type: none">Nutrition sensitive agriculture targeted at improving dietary diversity for children and for pregnant and lactating women. | <ul style="list-style-type: none">Implementation of gender-sensitive strategies for the prevention and treatment of malnutrition, with a specific focus on anaemia reduction²³.Integration of nutrition health services into sexual and reproductive health services.Nutrition education and school feeding programmes.Improved access to a diverse diet through changes in agricultural and food systems, food environments, and associated interventions. |
| Impact of intervention | <ul style="list-style-type: none">Lower under-five mortality rates.Improved health outcomes for other common infections (such as pneumonia and malaria).Increased educational attainment.Increased productivity and economic growth. | <ul style="list-style-type: none">Lower under-five mortality rates.Lower risk of stunting.Improved health outcomes for other common infections (pneumonia and malaria).Increased educational attainment.Increased productivity and economic growth. | <ul style="list-style-type: none">Lower under-five mortality rates.Boost vaccines' efficiency and immune system's response¹⁹. | <ul style="list-style-type: none">Increased chances for women and adolescent girls to reach higher education and economic opportunities.Decreased chances of pregnant women to have a baby with low birth weight or cognitive impairment²⁴. |

ICAN UK Recommendations:

- **The FCDO should commit to continue its ambitious, impactful and effective nutrition-specific programming between 2021 and 2025. This means investing, at a minimum, £600 million over the same period, equivalent to £120 million per year.**
- **The FCDO should ensure that, at a minimum, £680 million of nutrition relevant programming is tailored to tackle the underlying causes of malnutrition per year between 2021 and 2025. This is money already being spent on other ODA objectives and can be more impactful if nutrition objectives are added.**

Case Study:
Suchana

Part-funded by UK Aid, and implemented by a range of partners including Save the Children UK, Suchana aims to reduce stunting among children under 2 years of age in Sylhet and Moulvibazar district of Bangladesh. It targets 235,500 households, which covers 1.4 million people, with a set of nutrition-specific and nutrition-sensitive interventions in order to break the intergenerational cycle of undernutrition.

Suchana's key strategies involve:

- Empowering the households and communities to practice optimal Infant and Young Child Feeding
- Diversifying and increasing household income
- Improving household level food security through home food production
- Empowering adolescent girls and women to protect and improve their nutritional status
- Improving the quality and availability of nutrition services at health facilities
- Increasing government interest and support for multisectoral approaches and replicating the Suchana intervention model in other parts of the country

The programme has brought significant positive change. Households are eating a more diverse and nutritious diet and are more food secure. 150,307 households received training on nutrition-rich and climate smart agriculture practices and 74.9% of households reported that they were food secure, up from 14.1% at the start of the programme. Practices of infant and child feeding, and maternal and child nutrition have improved. 90% of children 0-5 months were reported exclusively breastfed in the 24 hours prior to reporting, up from 64%.



Case Study:
Halima, Somalia SHINE Programme

Halima was 17 months old when she was admitted to Hodan hospital in Mogadishu, Somalia, in a very serious condition, withdrawn and underweight with peeling skin, swollen limbs and brittle hair. Her mother Fatuma, only 18 years old, has recently fled from a violent marriage but was forbidden from taking her daughter with her. When mother and daughter were finally reunited, Halima had suffered terrible neglect and was seriously ill.

At Hoden hospital, Halima's acute malnutrition was treated with the support of the UK funded SHINE programme. Halima was treated with ready to use therapeutic food and her mother, Fatuma, was supported with a cash transfer scheme designed to help her continue to provide her daughter with a healthy balanced diet. After five months, the little girl was bouncy, bubbly and a little bit chubby. When she recovered, photos of Halima's treatment, supported by UK Aid, helped Fatuma win full custody of her in a Sharia court.

Phot: Fardosa Hussein February 2020, Action Against Hunger Somalia

Delivering lasting change

UK legacy and leadership

The UK's investments in nutrition have not only saved and improved lives directly, but have had indirect impacts on the global financing and prioritisation of nutrition. A strong impact and financial commitment to nutrition has allowed the UK to shape the international order and support sustainable development for this key issue, driving progress towards FCDO's priority outcome²⁵. Notably, the UK has played a central role in convening the inaugural N4G Summit in 2013, and supporting the Government of Japan to deliver the upcoming Tokyo N4G Summit 2021.

The UK has worked to build the capacity of partner governments to prioritise and deliver nutrition policies and services. In Zambia, the UK worked with the government to support the National Food and Nutrition Strategic Plan. In Nigeria, increased political commitments to fund nutrition have been aided by the UK as well as the inclusion of nutrition-specific services into basic healthcare. Similar integration was supported with increased UK nutrition-sensitive social protection support in Ethiopia, Kenya and Zambia²⁶. The Independent Commission for Aid Impact (ICAI) concluded that the UK's Technical Assistance for Nutrition programme (see below), 'has been instrumental in countries adopting nutrition-specific and nutrition-sensitive interventions'²⁷.



Photo: The Power of Nutrition



Photo reference: Nutrition International

Case Study: Technical Assistance for Nutrition

With UK Aid funding, Nutrition International (NI) have helped the Tanzanian government develop and implement successful policies to reduce malnutrition. Through the programme, NI helped develop the National Scale-up Plan for Micronutrients and the National Multi-Sectoral Nutrition Action Plan. These plans are now being implemented and funded by the Tanzanian Government. They have improved the nutrition of 29 million children, 9

million girls and 14 million women. The programme has also supported the development of guidelines on anaemia, training manuals and job aids that are used by frontline health workers around the country.

As a result of the programme, the Tanzanian government has greater capacity and technical expertise to address malnutrition. This in turn has increased the level of Tanzanian government financing for nutrition. The project helped the Tanzanian government reach 52 million people with nutrition services.

Case Study: Rwanda Stunting Reduction and Social Protection Programme

To reduce child undernutrition in Rwanda, The Power of Nutrition and UK Aid have co-financed two linked nutrition programmes, implemented by the World Bank and Government of Rwanda. These programmes aim to strengthen Rwanda's health system through increasing access to basic health and nutrition services (e.g., antenatal care, treatment for infections, micronutrient supplementation – MNP and IFA), to provide fortified-based flour to vulnerable households, to promote early child education and to provide cash transfers to low-income households with a pregnant woman or child under five. Additionally, the programme has digitalised vital registration, supported digitalisation in administrative data, and improved the interoperability of the health and social protection systems.

Integrating interventions across the health, nutrition, and social protection sectors, the programme enabled 1.5 million women and children to access essential services between 2018 and 2020. Impact modelling, using the Lives Saved Tool, shows the programme has prevented almost 150,000 cases of stunting and saved almost 800 lives in the first two years. Given the intergenerational nature of nutrition and the programme's focus on reducing stunting and other poor nutrition outcomes, the impact should outlast the programme cycle. The Power of Nutrition's funding helped unlock \$66 million in International Development Association (IDA) from the World Bank, and long-term ownership from the Government of Rwanda looks likely with the programme being used as a 'best in class' example of programme design with hopes to replicate in other regions.

Maximise investment and measure success

Focusing on impact

The target to reach 50 million people with nutrition services from 2015-2020 was achieved early by the UK. This target was an increase on its previous commitment to reach 20 million people between 2011 and 2015. Nutrition benefits from a strong impact target due to it being a cross-cutting issue. Whilst this is a strength, in that malnutrition is a problem for all strands of development that require cross-sector attention, it is also a weakness as it can easily be spread thinly or it can be assumed that another team or sector is focusing on it. The UK’s 50 million reaching target provided a basis for measuring progress, ensuring accountability and raising ambition. ICAI found that the target increased focus on nutrition and helped hold key partners to account, as well as encouraging advisers to proactively consider how different nutrition programmes can achieve greater impact through integration²⁸.

As the FCDO’s target has now expired, it must urgently announce a new impact commitment at the upcoming N4G Summit. This will focus attention on delivering progress as well as demonstrate to key partners that the FCDO takes reducing malnutrition seriously.

ICAN UK Recommendation:

- UK should recommit to reaching over 50 million children, women, and adolescent girls with nutrition relevant programmes by 2025.

The importance of KPIs

When setting out the FCDO’s performance metrics, it is important to consider how the actions of the FCDO will help to deliver individual metrics. Given malnutrition plays a role in 45% of all under-five deaths, a top-line indicator for FCDO’s performance metric, ‘mortality rates in children under 5 years of age and new-borns’ must be focused on the impact of its nutrition programming. Without monitoring the impact it is having on nutrition, the performance metric will be undermined, and the overall impact the department is hoping to achieve will be weakened. Relevant indicators could focus on the number of people with improved nutrition due to FCDO work, the number of children treated for acute malnutrition, or the number of people reached through essential nutrition services in order to evidence strong programming aligned with the performance metric’s goal.

Focusing on undernutrition as key indicators within other performance metrics would also be beneficial to the UK’s approach to both nutrition and relevant sectors. For example, the metric focused on ‘number of people reached through FCDO humanitarian and social protection support (food, cash and voucher transfers)’ should instead look to focus on nutritious food. Hunger, food security and malnutrition are closely related but different problems. A hunger crisis is part of a longer-term malnutrition problem and ensuring good nutrition is vital to prevent long-term damage due to malnutrition. Ineffectively responding to hunger, without

sufficient prioritisation of nutrition, may shift a crisis into a protracted issue of undernutrition or also overweight and obesity, with lingering individual and societal impacts. A top-line indicator for this performance metric should track the number of children treated for wasting.

ICAN UK Recommendations:

- Nutrition indicators must be at the top-line of analysis of impact covered by ‘Mortality rates in children under 5 and new-borns in countries reflecting the UK’s priority countries in this area’.
- The FCDO’s performance metric ‘Number of people reached through FCDO humanitarian and social protection support’ should reflect not just food but nutritious food and should track the number of children treated for wasting.

The OECD-DAC policy marker

The OECD-DAC policy marker on nutrition²⁹ has been designed to improve the identification, reporting and monitoring of nutrition activities in the OECD Creditor Reporting System. It helps to assess how well nutrition objectives have been integrated into ODA. For a nutrition-sensitive programme to be eligible it must contribute to a nutrition outcome and include an explicit nutrition objective. A programme can then be scored from 0 to 2 depending on the significance of the nutrition objective.

The FCDO’s approach to the OECD-DAC policy marker is to apply it retrospectively to review a programme. ICAN UK recommends the marker be applied proactively across UK Aid’s portfolio when programmes are being designed. This would encourage greater integration of nutrition objectives into non-nutrition programmes and potentially innovative approaches to connected issues. This improved planning would yield better impact and help to ensure increased value for money of FCDO investment. In 2019, a significant proportion of humanitarian spending was nutrition-sensitive (68%), but just 30% of agriculture and food security spending, and 31% of health spending was similarly coded, showing a strong opportunity to improve³⁰.

ICAN UK Recommendations:

- The FCDO should adopt the OECD-DAC policy marker on nutrition across the FCDO portfolio at programme design phase, rather than post-project tagging of programmes. This would encourage greater impact through improved planning.

Improving global nutrition is an investment that lasts. The UK should continue to commit resources to its impactful and effective nutrition-specific and nutrition-sensitive programming. The UK should use the upcoming N4G Summit to make an ambitious, bold commitment and demonstrate global leadership in building stronger, more resilient societies and responding to the mounting malnutrition crisis.

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The International Coalition for Advocacy on Nutrition (ICAN) was established in 2013 following the first Nutrition for Growth (N4G) Summit. It includes a broad array of international NGOs, advocacy organisations and foundations united around the shared goal to save and improve lives through better nutrition. Through ICAN, member organisations collaborate on advocacy efforts focused on securing political and financial commitments to end malnutrition in all its forms everywhere. The UK working group of ICAN (ICAN UK) focuses specifically on improving the UK’s role in addressing global malnutrition.

Cover photo: Suchana Programme – Women and children during a nutrition class in Sylhet, Bangladesh. This work was funded by UK-Aid. Photo: Tom Menlion / Save the Children

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