RESULTS FOR DEVELOPMENT

Tracking aid for the WHA nutrition targets:

Global spending in 2015 and a roadmap to better data

Mary D'Alimonte, Emily Thacher, Ryan LeMier and Jack Clift

Results for Development
April 2018

Acknowledgments

This report was prepared by a team at Results for Development (R4D) led by Mary D'Alimonte with Emily Thacher, Ryan LeMier, and Jack Clift. Augustin Flory from R4D reviewed and edited drafts of the report. The research team is grateful to Stephanie Heung, Arjun Upadhyay and Macda Gossa for their contributions during data compilation and screening.

The research team wishes to thank the many partners who participated in the development of the method and review of the findings. We would like to express gratitude to the many members of the Scaling Up Nutrition (SUN) Donor Network who contributed their time and input to this analysis during consultations: Joyce Seto and Ariane Desmarais-Michaud (GAC); Abigail Perry and Nicola Wardrop (DFID); Maren Liberum (GIZ) and Sabrina Ziesemer (BMZ); Anne Peniston, Elaine Gray, and Darren Enterline (USAID); Jakub Kakietek and Anne Provo (World Bank); and the many others who thoughtfully provided input at the SUN Global Gathering in Abidjan. The authors are especially grateful to Joyce Seto and Ariane Desmarais-Michaud (GAC) and Abigail Perry and Nicola Wardrop (DFID) for reviewing drafts of the policy brief accompanying this report, including the resource tracking recommendations.

Additional thanks to Patrizia Fracassi (SUN Movement Secretariat) for input on the methodology and data use; to Nicholas Bidault (WFP) representing the SUN UN Network for input on resource tracking for UN Institutions as multilateral organizations within the landscape, along with Jennifer RosenZweig (WFP) for review; and to David Kim (independent) for input on trends in the data within the overall landscape.

The authors would like to thank the Bill and Melinda Gates Foundation (BMGF) for supporting this study, with special thanks to Kedar Mankad. This report benefited from contributions made by Ellen Piwoz and Nora Coghlan during the development of the Global Investment Framework for Nutrition.

Results for Development (R4D) is a leading non-profit global development partner. We collaborate with change agents around the world — government officials, civil society leaders and social innovators — to create strong systems that support healthy, educated people. We help our partners move from knowing their goal to knowing how to reach it. We combine global expertise in health, education and nutrition with analytic rigor, practical support for decision-making and implementation and access to peer problem-solving networks. Together with our partners, we build self-sustaining systems that serve everyone and deliver lasting results. Then we share what we learn so others can achieve results for development, too. **www.R4D.org/**

Suggested citation: D'Alimonte, M., Thacher, E., LeMier, R., and Clift, J. (2018). Tracking aid for the WHA nutrition targets: Global spending in 2015 and a roadmap to better data. Washington, DC: Results for Development.

Results for Development
1111 19th Street, N.W., Suite 700, Washington, DC 20036

Contents

Index of Figures

Index of Tables

Supplementary Material*

Appendix 1: Step-by-step data extraction and screening methods
Appendix 2: Categorization of nutrition disbursement by WHA target
Appendix 3: Intervention-level disbursement disaggregation assumptions
Appendix 4: Donor disbursements to the WHA nutrition targets by sector and purpose code in 2015
Appendix 5: Donor disbursements to basic nutrition and to the WHA targets in 2015, by region and recipient country
Appendix 6: Disaggregated funding channel maps for bilateral donors, multilateral donors, and private BMGF grants

*For more information on the methods, please see the accompanying Supplementary Materials document available online.

NOTE TO READERS: Due to rounding, disaggregated numbers presented within this report may not sum to exact total amounts shown, including Tables and Figures.

Executive Summary

In 2017, the Global Investment Framework for Nutrition was generated as a roadmap towards achieving the World Health Assembly nutrition targets by 2025 (Shekar, Kakietek, Dayton Eberwein, et al. 2017). It estimates that the world needs to mobilize an annual additional investment of $7 billion per year to scale-up nutrition-specific interventions at the level necessary to achieve the global targets. However, the world is off-track to meet the global targets (Development Initiatives 2017). And it is unclear whether additional resources will be mobilized for life-saving and cost-effective nutrition-specific interventions, or whether donor support will be enough to meet the annual resource need established by the Global Investment Framework for Nutrition.

Resource tracking for nutrition can help fill these information gaps and can help determine whether investments are sufficiently targeted to the most cost-effective and impactful interventions in places most in need of support. However, data gaps limit the nutrition community's ability to track disbursements to monitor progress by target.

This analysis estimated the amount of donor aid disbursed to the WHA nutrition targets in 2015. The Global Investment Framework for Nutrition was used as a guiding framework for the intervention package to be tracked, which mainly includes nutrition-specific interventions. We analyzed donor nutrition disbursements from the Creditor Reporting System (CRS) to the Organization for Economic Co-operation and Development (OECD) to track nutrition-specific investments via direct nutrition programs as well as nutrition integrated within broader programs (e.g., maternal and child health programs). A nutrition database was curated through a keyword search across all aid in 2015. We screened 84% of the nutrition dataset—transactions were coded by intervention and, for integrated programs, to estimate the allocation towards nutrition. We estimated global intervention- and target-level disbursements in 2015 and analyzed trends in disbursement by recipient countries.

Nutrition-specific aid is integrated across programs and sectors, totaling $1.117 billion of donor disbursements in 2015.

In 2015, donors spent $1.117 billion globally on the WHA nutrition targets. Nutrition investments either exist as direct nutrition programs (e.g., programs where nutrition is the primary objective), or are integrated within broader programs (e.g., maternal child health programs that include supplementation; or agricultural programs that include fortification). The basic nutrition purpose code of the CRS mainly captures the former—direct nutrition programs—and not the latter. This analysis found that, of the total $1.117 billion spent by donors towards the WHA targets, 54% came from basic nutrition projects and 46% came from other relevant purpose codes (**Figure 2**).

This analysis shows there is room for enhanced targeting to make each dollar spent on nutrition-specific investments more effective.

Because the nutrition resource gap is so high, every dollar of current spending counts—making it essential that donors direct aid to the neediest areas and the highest impact interventions. However, to date there has been limited data available on relative nutrition investments by recipient country and intervention. This analysis did not find a clear positive link between a country's malnutrition burden and the amount of aid per child towards the WHA targets it received (**Figure 4**), when looking at both

stunting and wasting. This raises the possibility that nutrition aid could be more purposefully targeted to burden in the future than it is today.

This analysis presents a summary of the overall donor financing landscape for nutrition and presents a picture of funding flows that has not been comprehensively mapped before for nutrition.

Figure 6 maps out the $1.117 billion spent on the WHA targets, illustrating how disbursements from donors were channeled through partners, and finally to the nutrition intervention implemented. Bilateral donors contributed 55% of disbursements in 2015 ($613 million), multilateral donors contributed 34% of disbursements ($384 million), and private grants from the Bill and Melinda Gates Foundation (BMGF)[1] contributed 11% of disbursements ($120 million). These donor funds are then channeled through partners[2] including multilateral organizations ($346 million), non-governmental organizations ($311 million), public sector institutions ($250 million), universities and research institutions ($80 million), and public-private partnerships ($21 million), along with some disbursements where the channel is not specified ($108 million).

The analysis demonstrates the importance of multilateral institutions within the overall financing landscape, both as financing sources and implementing partners ($645 million, or 58% of all funding, either originated or were channeled through multilaterals in 2015).

While donors have contributed a substantial amount to nutrition, significant increases are still required to reach each of the WHA targets.

Overall, of the total $1.117 billion spent, 70% went to programmatic scale-up and 30% went to above-service investments (including coordination, governance and advocacy, capacity building, and research and data). Most programmatic disbursements—$495 million, or 44% of all spending on WHA nutrition targets—went to stunting reduction. The overweight target received the smallest amount of funding at $3 million, which is equivalent to less than 1% of all disbursements to the WHA nutrition targets.[3] **Figure 9** shows that there is still a significant resource gap to fill for all targets in order to mobilize funding according to the Global Investment Framework for Nutrition.

Developing a routine resource tracking method for nutrition

This analysis contributes to the growing body of work on nutrition resource tracking. As mentioned above, the world is at risk of falling short of the additional resources needed to achieve the WHA targets. Further, of disbursements that are made, there is room for gains in allocative efficiencies and targeting by need.

[1] At the time of analysis, BMGF was the only private donor reporting to the CRS.

[2] Partners were defined by the funding channel variable in the CRS, as reported by donors. These organizations may channel funding to other organizations—for example, donor funds could be channeled through a partner who then sub-contracts a third organization to deliver services. Data on this third level of detail in the transaction flow is not available.

[3] This analysis only includes development assistance and therefore excludes spending on overweight or obesity from donor country domestic budgets (including funding directed to domestic research/programs that still contributes to the global obesity target). This affects the number reported for all targets but may be more impactful to the overweight and obesity target.

The nutrition community needs a routine resource tracking system to monitor progress towards the goals and to ensure each dollar is spent effectively. Donors can use resource tracking data to enhance investments in global nutrition by monitoring flows across all donors to identify when flows are insufficient and respond in a coordinated fashion; and by monitoring allocative efficiency of nutrition aid to ensure high-burden countries receive aid commensurate with their need. If this data is monitored and analyzed routinely, it can be used to support donor planning and priority setting.

While data gaps and limitations to resource tracking for nutrition exist, there are concrete actions the donor community—particularly the Scaling Up Nutrition Donor Network (SDN)—can take to improve data availability and reporting on donor disbursements for nutrition.

Recommendation 1: Improve project level data reported to the CRS

We encourage SDN members to pilot/mainstream best practices used by other members to improve project-level data reported to the CRS, thus enabling improved identification of transactions that include nutrition, as well as the nutrition interventions included in those transactions. Examples of such best practices include more detailed project descriptions that include relevant keywords and/or splitting program disbursements across multiple purpose codes, when technically possible in internal systems (e.g. the basic nutrition component of a project being coded as basic nutrition, with other components in other purpose codes).

Recommendation 2: Continue to discuss and support improvements to how the CRS tracks nutrition

We encourage the SDN to continue working to maximize the usability and policy relevance of publicly available CRS data. We support the SDN's efforts to pursue adoption of a nutrition policy marker in the CRS to enable nutrition-specific and -sensitive projects to be identified beyond the basic nutrition code, as this will greatly enhance nutrition data availability. We encourage the SDN to discuss other possible innovations, such as the potential pros and cons of further disaggregating the basic nutrition purpose code in the long-term (e.g., at a simple level, to separate program and policy investments).

Recommendation 3: Develop a multi-stakeholder routine resource tracking guideline to refresh the SDN method

Since the SDN developed its guidance note on resource tracking in 2013, the field has made advancements. Equipped with practical experience reporting and interpreting data since 2013 and now presented with a changing CRS, the SDN may now have several reasons to refresh its resource tracking methodology. First, this analysis presents a new, improved way to track nutrition-specific investments across purpose codes. Second, with a nutrition policy marker on the horizon, the time is ripe for the methods on nutrition-sensitive tracking to be updated. Finally, consultation with other stakeholders such as the UN Network or SUN Movement Secretariat can improve the way multilateral disbursements are tracked and can dramatically enhance data uptake by making data accessible to more data users. In the short term, the SDN should convene a meeting of stakeholders to discuss past learnings and potential steps for the future. This initial conversation would ideally lead to multi-stakeholder collaboration to develop updated resource tracking guidance and a streamlined routine resource tracking system.

1. Introduction

The World Health Assembly (WHA) set global nutrition targets to be achieved by 2025, two of which have been enshrined in the Sustainable Development Goals (stunting and wasting). However, based on recent trends, the reduction of stunting, wasting, anemia, and overweight—and increase in exclusive breastfeeding—has been too slow and the world is off-track to meet these global targets (Development Initiatives 2017).

To improve nutrition, evidence supports the scale-up of high-impact nutrition-specific interventions plus a multi-sectoral approach to enhance nutrition outcomes of programs within agriculture, education, social protection, and all other relevant sectors by making programs more nutrition-sensitive (Bhutta et al. 2013; Ruel and Alderman 2013). The Global Investment Framework for Nutrition estimates it will cost the world an average additional investment of $7 billion per year to scale-up nutrition-specific interventions at the level necessary to achieve the global nutrition targets, and it sets annual financial benchmarks for governments and donors to achieve (Shekar, Kakietek, Dayton Eberwein, et al. 2017; Shekar, Kakietek, D'Alimonte, et al. 2017). Under the most ambitious financing scenario, donors would be responsible for increasing contributions by an average of $3 billion per year on top of current funding, while countries and other sources mobilize the remaining $4 billion per year.

However, data gaps limit the nutrition community's ability to track disbursements to monitor progress by target. It is unclear whether the additional resources needed for the global nutrition targets will be mobilized in the short or long term. Additionally, while high-level commitments for reproductive, maternal, newborn and child health (RMNCH) have been made recently through mechanisms like the Global Financing Facility and the global movement for Every Women Every Child (Partnership for Maternal, Newborn & Child Health (PMNCH) 2015), it is unclear to what extent these would mobilize additional resources for nutrition or whether they will be trackable.

Resource tracking has been a critical tool for financial analyses in many health and non-health domains, including for RMNCH, child survival, family planning, and agriculture (Institute for Health Metrics and Evaluation (IHME) 2016; Grollman, Arregoces, Martínez-Álvarez, et al. 2017; Arregoces et al. 2015; Lu et al. 2017; InterAction n.d.). Data on what has been spent is critical to help contextualize what more is needed and is a core component of advocacy and resource mobilization efforts. For example, for the past two decades UNAIDS has reported expenditures on HIV by financing source, using this data to compare trends to future goals. The Global AIDS Update 2017 reports that funding doubled between 2006 and 2016 to $19 billion, which, while short of the 2018 global target of $25 billion, still represents an impressive increase towards the global goal (UNAIDS 2017). For the HIV community, expenditure tracking against cost targets serves as an evidence-based call to action that strengthens advocacy efforts. The nutrition community would be benefit from similar routine tracking and reporting.

In 2013, the Scaling Up Nutrition (SUN) Donor Network developed the first guidance note to track development assistance for nutrition using publicly available data from the Creditor Reporting System (CRS) to the Organization for Economic Co-operation and Development (OECD) (SUN Donor Network 2013). While there have been some limitations to the method,[4] this initiative was an important milestone for resource tracking for nutrition, specifically in regards to monitoring progress towards financial commitments made during the first Nutrition for Growth pledging moment. Since then, there

[4] For more on this, see panel 7.4 of IFPRI 2016.

have been advanced discussions around improved nutrition resource tracking, including via improvements to the way the CRS systematically captures nutrition. This includes the change to the basic nutrition code definition to exclude school feeding which has already taken effect starting in 2018, thanks to effort by SUN donors. There have also been advanced discussions on how to track and interpret donor data at country level under the SUN Monitoring, Evaluation, Accountability and Learning (MEAL) framework (Scaling Up Nutrition n.d.). It is now time to refresh and revise the method based on lessons learned over the past four years.

The primary aim of this resource tracking work was to estimate the amount of donor disbursements to nutrition-specific interventions in 2015 in support of the WHA nutrition targets, from both direct nutrition programs and nutrition integrated within broader programs. This research was used to generate recommendations for a routine (i.e., year-on-year) resource tracking and reporting system for donor investments in nutrition. The overarching goal of such a system would be to improve global monitoring towards the WHA targets and data availability.

Data on financial flows towards nutrition investments will enable policymakers to assess whether investments are sufficiently targeted to the most cost-effective and impactful interventions in places most in need of support. This form of allocative decision-making will help strengthen progress towards the WHA nutrition targets.

2. Methodology to track nutrition-specific disbursements aligned with the WHA targets

The resource tracking approach draws on previous methodologies within health (Grollman, Arregoces, Martinez-Alvarez, et al. 2017; Institute for Health Metrics and Evaluation (IHME) 2016). A summary of the methods is described here; please refer to Supplementary Material Appendix 1 to 3 for more information on each step.

This analysis estimates the amount of aid disbursed to the WHA targets in 2015, using the Global Investment Framework for Nutrition as a guiding framework to classify interventions under each WHA nutrition target (**Box 1**) (Shekar, Kakietek, Dayton Eberwein, et al. 2017). The overweight and low birthweight targets were not included in the Global Investment Framework for Nutrition, thus there is no reference package of interventions as there is for stunting, wasting, anemia, and exclusive breastfeeding from that reference. Nonetheless, these targets were included for completeness, albeit in a preliminary form, as described in Supplementary Material Appendix 2.

This analysis did not track nutrition-sensitive investments across sectors for technical reasons described below. While investments in the enabling environment and nutrition-sensitive activities are critical to achieve the WHA targets, disbursement data is currently unavailable.

Box 1: Nutrition-specific interventions included in the Global Investment Framework for Nutrition and tracked in this analysis

- Prophylactic zinc supplementation for children
- Public provision of complementary foods for children
- Treatment of severe acute malnutrition for children
- Balanced energy-protein supplementation for pregnant women
- Infant and young child nutrition counseling
- Iron and folic acid supplementation for non-pregnant women
- Staple food fortification
- Antenatal micronutrient supplementation
- National breastfeeding promotion campaigns
- Vitamin A supplementation for children
- Intermittent preventive treatment of malaria for pregnant women
- Pro-breastfeeding social policies
- Capacity strengthening, monitoring and evaluation, policy development

This package of interventions draws on the widely cited framework from Bhutta et al. 2013; interventions with evidence-based impact towards the targets were compiled.

2.1. Data source

All disbursement data was extracted from the CRS 'related files' dataset (download date June 19 2017, immediately after the scheduled June database update) (OECD.Stat 2017). This dataset includes transaction-level data for all Official Development Assistance (ODA), Other Official Flows (including non-concessional loans), and private grants from the Bill and Melinda Gates Foundation. Loan repayments from previous years were excluded.

The CRS provides data for all Development Assistance Committee (DAC) reporting donors. Double-counting between bilateral and multilateral donors is avoided as follows: for multilateral core funding (non-earmarked funding provided by donors in support of multilateral priorities) the financing source is reported as the multilateral donor; for multilateral non-core funding (earmarked funding provided by donors to implement services) the financing source is reported as the bilateral donor (OECD n.d.). We defined non-core funding to multilaterals using CRS channel codes. Definitions for all terms used can be found in the CRS glossary of definitions (OECD, n.d.).

Because the CRS purpose code for basic nutrition (12240) mainly captures direct nutrition programs (programs where nutrition is the primary objective), we included all other codes in the analysis in order to identify projects where nutrition-specific activities were integrated within broader programs (maternal child health programs that include supplementation; or agricultural programs that include fortification).

We used CRS purpose codes to distinguish between humanitarian and development aid (OECD, n.d.). DAC codes for emergency response, reconstruction relief and rehabilitation, and disaster prevention and preparedness (720, 730 and 740, respectively) were categorized as humanitarian aid; all other DAC codes were categorized as development aid. The distinction between these two types of aid is made because of their theoretical differences and implications for long-term sustainability—where

humanitarian aid may be difficult to predict and plan for, disbursement data for development aid can be used for policy-setting and planning.

Allocations coded as 'unspecified' by country or region represent non-country programmable aid such as administrative costs, support to refugees in donor countries, and research costs (OECD, n.d.). These transactions are often global in scope, confirmed through a rapid scan of transactions, and have been left as unspecified.

2.2. Data coding

Compiling data: the definition of development assistance for nutrition used here was based on the package of interventions included in the Global Investment Framework for Nutrition (**Box 1**) to enable a comparison between historic disbursements and additional resources needed for nutrition. A keyword search was conducted on project titles and short and long descriptions across the entire CRS dataset to identify transactions that could potentially support interventions included in this package (See Supplementary Material Appendix 1 for a list of keywords used, based on the SUN Donor Network method and restricted to nutrition-specific keywords). A dataset was compiled from the CRS including all basic nutrition transactions plus any transaction across any other purpose code caught through this keyword search (**Figure 1**).

Qualitative screening of donor transactions: a team of five researchers screened transactions in the nutrition dataset to:

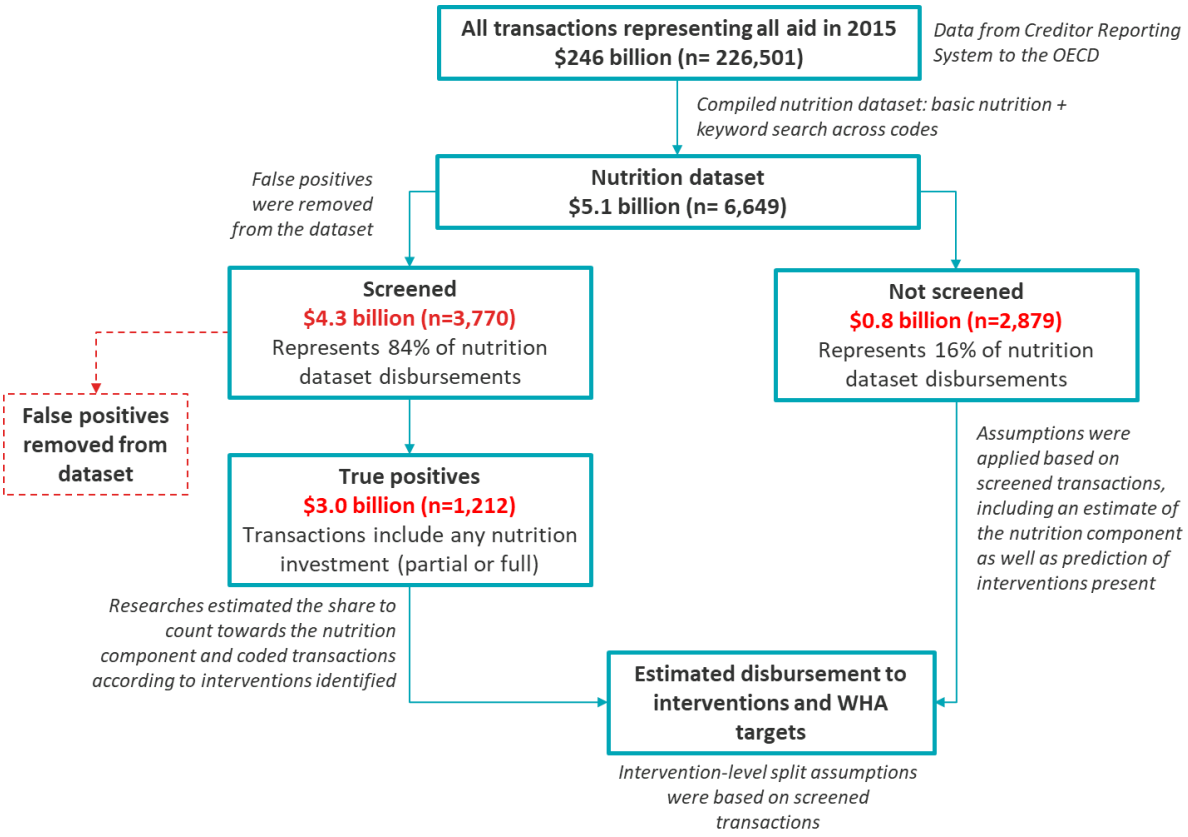
1) remove any 'false positives', i.e., investments caught in the keyword search that were not in fact programs that include nutrition-specific interventions
2) for transactions outside the basic nutrition code that represent integrated nutrition programs, estimate the proportion of the investment that should be allocated to nutrition
3) identify *which* interventions are present within that transaction to assess which global target it contributes to.

Approximately 84% of disbursements within the nutrition dataset were screened across all purpose codes (representing 3,770 transactions, $4.3 billion total disbursements). Screening processes were standardized across researchers, who were trained on data coding. External program documents, when publicly available, were referenced for more detail on intervention breakdown and documented.

When identifying interventions, transactions could be coded either as a programmatic investment (i.e., towards intervention scale-up) or an above-service investment, representing aid towards coordination, governance, and advocacy for nutrition, capacity building for nutrition, and research and data (i.e., *in support of* programmatic scale-up for the WHA targets). Because it is difficult to fully disaggregate these two categories based on CRS project descriptions, the above-service disbursements reported below represent only transactions that are standalone (i.e., not delivered through programs).

Supplementary Material Appendix 1 describes the step-by-step process of the qualitative screening process.

Figure 1: Screening process flow chart (USD, billions)



Refer to Supplementary Material Appendix 1 for a more detailed flow chart of the screening process along with step-by-step description of the method. Disbursement values shown represent the total value of the transaction as reported by the CRS (not disaggregated by nutrition); 'n' represents the number of transactions (multiple transactions may represent the same project).

Validation and reconciliation: a second researcher screened 10% of projects (representing 44% of screened disbursements) within each donor dataset, blind to the first set of codes, to compare and validate intervention codes. Any disagreements were reconciled between coders. At target-level, coders had an 84-92% agreement rate (Supplementary Material Appendix 1).

Intervention-level identification and breakdown: For single transactions where multiple interventions were included, researchers were generally unable to find detailed data on the breakdown of funding by intervention via external document review. Informed assumptions were thus necessary to estimate the intervention-level breakdown for these cases. We explored and evaluated various options to apply intervention-level assumptions (described in Supplementary Material Appendix 3) and ultimately selected the most appropriate option based on internal and external consultation. In this method, for any transaction that included more than one intervention, weights were applied per intervention based on an estimate of cost drivers observed: the average value of intervention disbursement, adjusting for the number of interventions per transaction. The relative size of these weights approximates which interventions are more or less costly, based on whether they tend to be associated with larger disbursements. Intervention- and target-level figures are reported with uncertainty ranges based on the three best assumptions options, serving as a sensitivity analysis.

Once the intervention-level breakdown was estimated, investment amounts were summed to their respective WHA targets (Supplementary Material Appendix 2).

Unscreened transactions: for the 16% of disbursements in the nutrition dataset that were not screened, assumptions were applied to 1) remove an expected proportion of false positives from the keyword search, 2) estimate the disbursement value for nutrition among purpose codes outside of basic nutrition, and 3) identify which nutrition interventions were included in these disbursements. The average intervention breakdown for screened transactions by donor was applied to unscreened transactions.

Donor review: donor profiles and interim global findings were shared with members of the SUN Donor Network for review. Adjustments were made as necessary, and primarily consisted of adjustments to intervention coding (which interventions were identified in a given project) and intervention splits within projects based on transaction review.

2.3. Data analysis

Data reported represents donor disbursements in 2015 derived through the methods described and aligned to the WHA nutrition targets, based on the set of nutrition-specific interventions in **Box 1**. This data point is referred to as "WHA-aligned" disbursements to distinguish it from basic nutrition disbursements.

Linear regression models were used to analyze disbursement trends by recipient—we looked at the association between donor disbursements and various other variables such as stunting and wasting burden, gross domestic product (GDP) per capita, income group/regional variations, and humanitarian versus development aid. World Bank definitions of income groups and fragile states in 2015 were used. High-income countries were excluded from the analysis, as well as any country without GDP or stunting/wasting data (Development Initiatives 2017).

3. Main findings: Global disbursements to the WHA targets in 2015

3.1. Overview of the integrated nature of nutrition aid

In 2015, donors spent $1.117 billion globally on the WHA nutrition targets through both grants and loans. As mentioned above, nutrition investments either exist as direct nutrition programs (e.g., programs where nutrition is the primary objective), or are integrated within broader programs (e.g., maternal child health programs that include supplementation; or agricultural programs that include fortification). The basic nutrition purpose code of the CRS mainly captures the former—direct nutrition programs—and not the latter. **Figure 2** shows how the $1.117 billion was derived through identification and inclusion of nutrition investments across sectors and purpose codes, thus enabling a comprehensive view of nutrition spending.

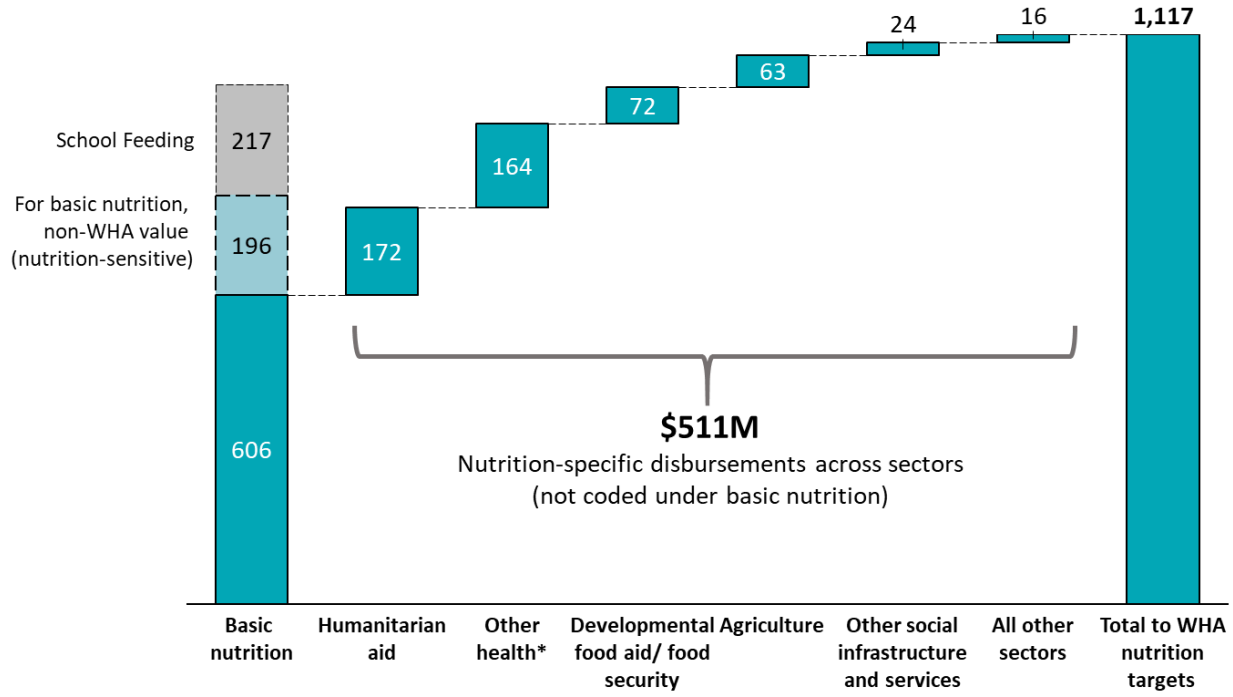
Figure 2 illustrates two main findings. First, the basic nutrition purpose code includes substantial investments that do not align with the WHA package—totaling about $413 million (41% of basic nutrition disbursements in 2015), about half of which counts as school feeding programs ($217 million). These disbursements are not included in the total amount counted to the WHA nutrition targets and are

not included in any other disaggregated figure below, unless indicated. Starting in 2018, school feeding will no longer be counted toward the basic nutrition purpose code (changes affect 2016 data year), as discussed below (OECD 2017).

Second, investments in the WHA nutrition targets were found to reach far beyond the basic nutrition code—nutrition investments were identified in 46 other purpose codes totaling an estimated $511 million (46% of the total amount counted toward the WHA nutrition targets). About $172 million was disbursed for nutrition-specific interventions through humanitarian aid and about $164 million was disbursed through development health aid (both rounding to about 15% of total disbursements).

Table 1 provides a descriptive overview of the total $1,117 million spent on the WHA nutrition targets in 2015 broken down by humanitarian and development aid.

Figure 2: Disbursements to the WHA nutrition targets across sectors and purpose codes in 2015 (USD, millions)



**Health includes 120 and 130 DAC codes that made it into the nutrition dataset, excluding basic nutrition (purpose code 12240). DAC codes under other sectors: Humanitarian aid includes DAC codes 720, 730 and 740; Developmental food aid/food security includes DAC code 520; Agriculture includes DAC code 311; Other social infrastructure and services includes DAC code 160; All other sectors include codes not listed above. See Supplementary Material Appendix 4 for a list of purpose codes identified as including nutrition investments along with the amounts counted under each purpose code. Starting in 2018, school feeding will no longer be counted toward the basic nutrition purpose code.*

Table 1: Descriptive characteristics of the 2015 nutrition dataset (USD, millions)

Category	Development aid disbursements USD, millions (%)	Humanitarian aid disbursements USD, millions (%)	Total disbursements USD, millions (%)
Screening			
Screened transactions	$769 (81%)	$112 (65%)	$881 (79%)
Unscreened transactions	$175 (19%)	$61 (35%)	$236 (21%)
Investment type			
Program scale-up	$622 (66%)	$154 (90%)	$776 (70%)
Above-service delivery investment	$322 (34%)	$18 (10%)	$340 (30%)
Channel type			
Multilateral organizations	$246 (26%)	$99 (58%)	$346 (31%)
International Financial Institutions	*$44 (18%)*	*$0 (0%)*	*$44 (13%)*
UN Institutions	*$195 (79%)*	*$99 (100%)*	*$294 (85%)*
Other multilaterals	*$7 (3%)*	*$0 (0%)*	*$7 (2%)*
NGOs	$240 (25%)	$71 (41%)	$311 (28%)
PPP	$21 (2%)	$0 (0%)	$21 (2%)
Public sector institutions	$250 (26%)	$0 (0%)	$250 (22%)
Universities or other research institute	$80 (8%)	$0 (0%)	$80 (7%)
Other & Not Specified	$107 (11%)	$2 (1%)	$108 (10%)
Flow type			
Grants (ODA & private BMGF)	$799 (85%)	$172 (100%)	$972 (87%)
Loans (ODA)	$90 (10%)	$0 (0%)	$90 (8%)
Other Official Flows	$55 (6%)	$0 (0%)	$55 (5%)
Recipient			
Country (n=128)	$738 (78%)	$167 (97%)	$906 (81%)
Income group*			
Low-income countries (n=31)	*$323 (44%)*	*$86 (51%)*	*$409 (45%)*
Lower-middle-income countries (n=51)	*$354 (48%)*	*$77 (46%)*	*$431 (48%)*
Upper-middle-income countries (n=45)	*$62 (8%)*	*$4 (3%)*	*$66 (7%)*
Fragile states			
Fragile states (n=35)	*$180 (24%)*	*$86 (52%)*	*$267 (29%)*
Non-fragile states (n=93)	*$558 (76%)*	*$81 (48%)*	*$639 (71%)*
Region	$78 (8%)	$1 (1%)	$79 (7%)
Unspecified	$128 (14%)	$4 (2%)	$132 (12%)
Region			
Sub-Saharan Africa	$381 (40%)	$99 (57%)	$479 (43%)
South Asia	$245 (26%)	$26 (15%)	$271 (24%)
Latin America & Caribbean	$117 (12%)	$1 (1%)	$118 (11%)
Middle East & North Africa	$32 (3%)	$38 (22%)	$71 (6%)
East Asia & Pacific	$36 (4%)	$4 (2%)	$40 (4%)
Europe, Central Asia & North America	$5 (0.5%)	$1 (0.4%)	$5 (0.5%)
Unspecified	$128 (14%)	$4 (2%)	$132 (12%)
Total disbursements to WHA targets	**$944 (85%)**	**$172 (15%)**	**$1,117 (100%)**

For all categories except the total row, percentages represent column percentages. For rows that are not italicized, the denominator is the total disbursement value shown in the bottom row of the table; for rows in italics, the denominator is the disbursement value in the parent row. For the total row, percentages represent row percentages.

**Countries in income groups total to 127 rather than 128 because the World Bank has not assigned the Cook Islands an income group.*

3.2. Disbursements by recipient countries

Overview of disbursements by recipient countries

In absolute terms, most of the $1.117 billion spent in 2015 went to Sub-Saharan Africa (43%), followed by South Asia (24%), Latin America and the Caribbean (11%), Middle East and North Africa (6%), and East Asia and the Pacific (4%) (**Table 1**). An additional 12% was unspecified by country or region (mainly representing aid that is global in scope).

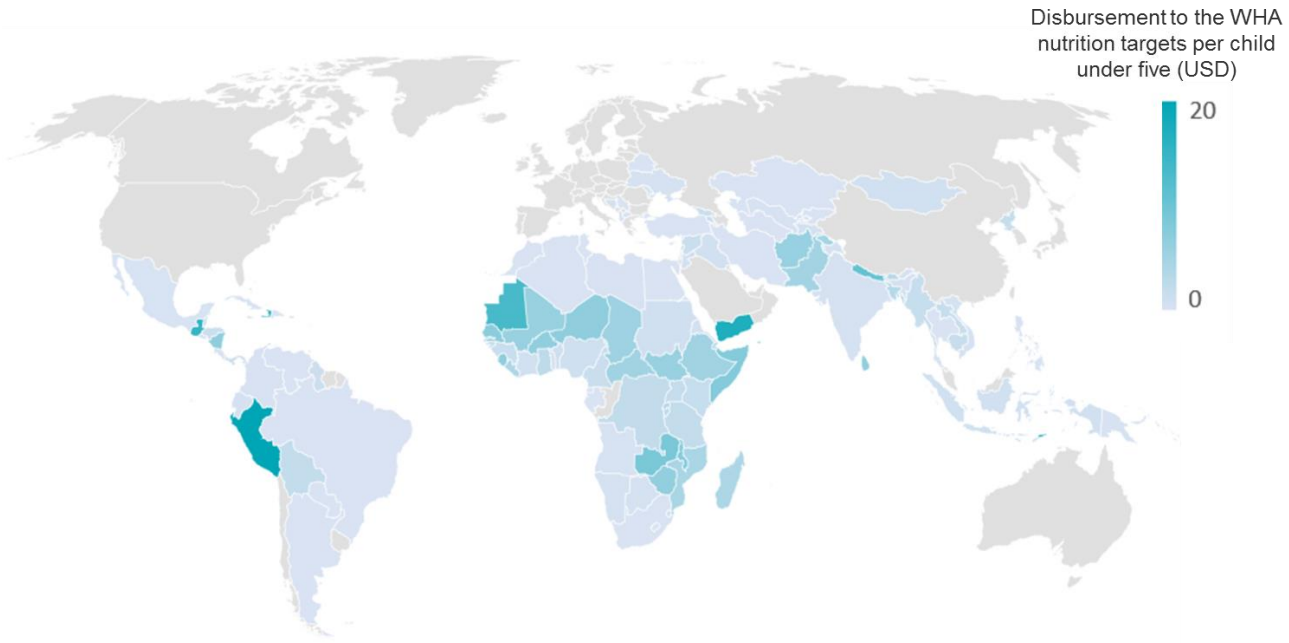
Figure 3 illustrates how donor disbursements to the WHA targets were spread across a total of 122 countries in 2015, showing disbursements per child under five to adjust for population size.[5] The figure shows a high variance in nutrition aid disbursements by recipient country, where disbursements per child under five were particularly high in Peru, Yemen, Timor Leste, Haiti and Guatemala.

On average, low-income countries (LICs) received $4.11 per child under five in 2015 (SD = 2.4), lower-middle-income countries (LMICs) on average received $1.41 per child under five (SD = 2.4), and upper-middle-income countries (UMICs) on average received $0.37 per child under five (SD = 2.3) (

Table 2).[6]

Given the variation in disbursements by country shown in **Figure 3**, further analysis was conducted to investigate donor targeting by country ability-to-pay and nutrition burden.

Figure 3: Disbursements to the WHA nutrition targets per child under five to 122 countries in 2015 (USD)



Choropleth map powered by Bing ©DSAT Editor, DSAT for MSFT, GeoNames, Microsoft, Navteq, Thinkware Extract, Wikipedia

[5] The Cook Islands, Dominica, Kosovo, Marshall Islands, Tuvalu, and West Bank and Gaza Strip are not included in this figure due to lack of data on the under five population in the 2016 Global Nutrition Report (IFPRI 2016).

[6] Averages were weighted by population size.

Table 2: Average WHA-aligned disbursement per child under five by income group, weighted by population size (USD)

Income group	Average WHA-aligned disbursement per child under five
LICs (n=31)	$4.11 (SD = 2.4)
LMICs (n=49)	$1.41 (SD = 2.4)
UMICs (n=42)	$0.37 (SD = 2.3)
Global average	**$1.91 (SD = 2.7)**

Note that the number of countries across income groups shown here (n=122) does not align with the total number of countries included in the analysis (n=128) due to the lack of data on the under five population in the 2016 Global Nutrition Report (IFPRI 2016) for the Cook Islands, Dominica, Kosovo, Marshall Islands, Tuvalu, and West Bank and Gaza Strip. The global average includes regional and unspecified disbursements, which, because they cannot be disaggregated by income group, are not included in the income group calculations. For LMICs, excluding India, the average increases to $2.10 per child under five (SD = 3.0). For UMICs, excluding Peru and China, the average decreases to $0.12 per child under five (SD = 0.2).

Assessment of the level of donor targeting for nutrition by country

Because the global additional resource need to achieve the WHA nutrition targets is high, it is critical for disbursements that are already committed to be targeted to the areas most in need. Decisions on how to target development assistance for health depend on multiple factors, including: country burden, availability of evidence on the cost-effectiveness and scalability of interventions, development partner priorities and willingness to contribute to thematic areas, and absorptive capacity of countries, to name a few (Resch, Ryckman, and Hecht 2015; Dieleman and Haakenstad 2015; Grollman, Arregoces, Martínez-Álvarez, et al. 2017). In this analysis, we aimed to assess the extent to which nutrition aid was purposefully targeted to countries with a higher nutrition burden.

Figure 4 shows the degree to which WHA-aligned disbursements per child under five were targeted to countries with the greatest need in 2015 (represented by stunting prevalence), adjusting for child under five population size. Across countries (Panel A), aid for nutrition appears to have a very low level of targeting by stunting burden—while there is a modest positive correlation, the association is weak (r-squared=0.192).[7] Similar trends are seen when disbursements are compared to wasting burden with even less of an association seen (r-squared=0.153; not pictured).

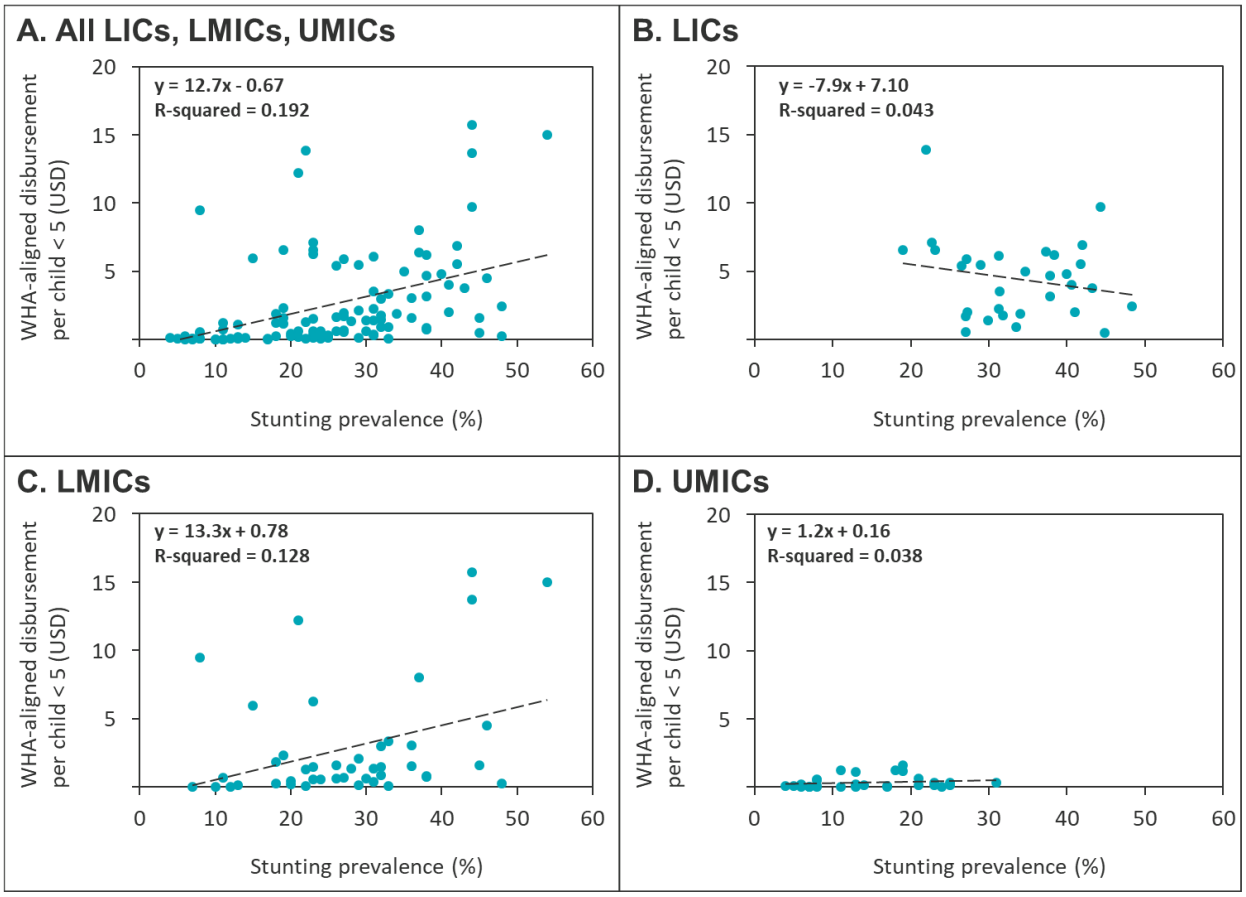
Disaggregating by income group shows some variation (**Figure 4**). Among LICs (Panel B), there is no correlation seen between WHA-aligned disbursements per child under five and stunting burden (r-squared=0.043). A positive correlation is seen among LMICs (Panel C), suggesting the global average is driven by LMICs, yet it is weak (r-squared=0.128). Among UMICs (Panel D), no correlation is seen (r-squared=0.038). While overall the data presents little evidence of purposeful donor targeting based on nutrition burden, this suggests that what *is* targeted is among LMIC recipients only.

To place this finding in context: an analysis of aid to reproductive, maternal, newborn, and child health over ten years (2003 to 2013) from the Countdown 2015 initiative shows that over time, global aid to child, newborn and maternal health has become increasingly targeted to recipient countries with higher

[7] When comparing total WHA-aligned disbursements to the number of stunted children per country, the data shows a modest positive correlation (regression coefficient=6; r-squared=0.508). Meaning on average, countries with a higher number of stunted children received more aid for nutrition than countries with a lower number of stunted children in 2015. While the positive correlation may seem encouraging, after adjusting for population size, the data suggests that this trend is not driven by nutrition burden (at least in part) as demonstrated in **Figure 4**.

mortality rates (Grollman, Arregoces, Martínez-Álvarez, et al. 2017). The apparent improvement in global targeting by risk of mortality is encouraging. For nutrition, the current analysis shows there is room for enhanced targeting to make each dollar spent on nutrition more effective. Drawing from the health sector, more research is needed on factors driving donor spending patterns and decisions to invest in nutrition programs, including, in addition to burden: overall donor priorities across sectors, scalability and cost-effectiveness of interventions compared to other investments, absorptive capacity of countries, recipient ability to pay, fragility or state of crises and, relatedly, humanitarian aid compared with development aid disbursed, etc. It is critical to track trends on an annual basis in order to monitor progress.

Figure 4: WHA-aligned disbursements per child under five against stunting prevalence among LICs, LMICs and UMICs in 2015 (USD)



Influence of our methodology on WHA-aligned disbursement data by recipient country

Next, we compared the estimate of WHA-aligned disbursements to total basic nutrition disbursements taken directly from the CRS, with emphasis on how the data point changed for recipient countries. To do so, we looked at a subset of the highest stunting burden countries to assess differences between the two data points. As mentioned above, the two main adaptations that make the WHA-aligned data point unique include: 1) for projects within basic nutrition, investments that *did not* align with the Global

Investment Framework for Nutrition were excluded, and 2) for projects outside of basic nutrition and across various purpose codes, investments that *did* align with the framework were included.

Future analyses on donor targeting by nutrition should consider the use of the WHA-aligned data point instead of the use of basic nutrition alone. By including additional disbursements across purpose codes that are aligned with the WHA targets, the data point captures more information from countries where nutrition interventions are more often incorporated into broader programs. As a result, the WHA-aligned data point provides a more comprehensive view of nutrition-specific spending across sectors, programs, and delivery platforms. This, coupled with adaptations made to the basic nutrition code, provides a stronger foundation to assess the level of targeting and plan future allocations.

Figure 5 illustrates the aggregated difference between total basic nutrition disbursements and WHA-aligned disbursements, highlighting the change for a subset of the highest stunting burden countries.
Future analyses on donor targeting by nutrition should consider the use of the WHA-aligned data point instead of the use of basic nutrition alone. By including additional disbursements across purpose codes that are aligned with the WHA targets, the data point captures more information from countries where nutrition interventions are more often incorporated into broader programs. As a result, the WHA-aligned data point provides a more comprehensive view of nutrition-specific spending across sectors, programs, and delivery platforms. This, coupled with adaptations made to the basic nutrition code, provides a stronger foundation to assess the level of targeting and plan future allocations.

Figure 5 shows that, in aggregate, the ten countries with the highest stunting burden received 47% more aid toward the WHA nutrition targets than would otherwise be counted using just basic nutrition alone ($359 million compared to $244 million, respectively).

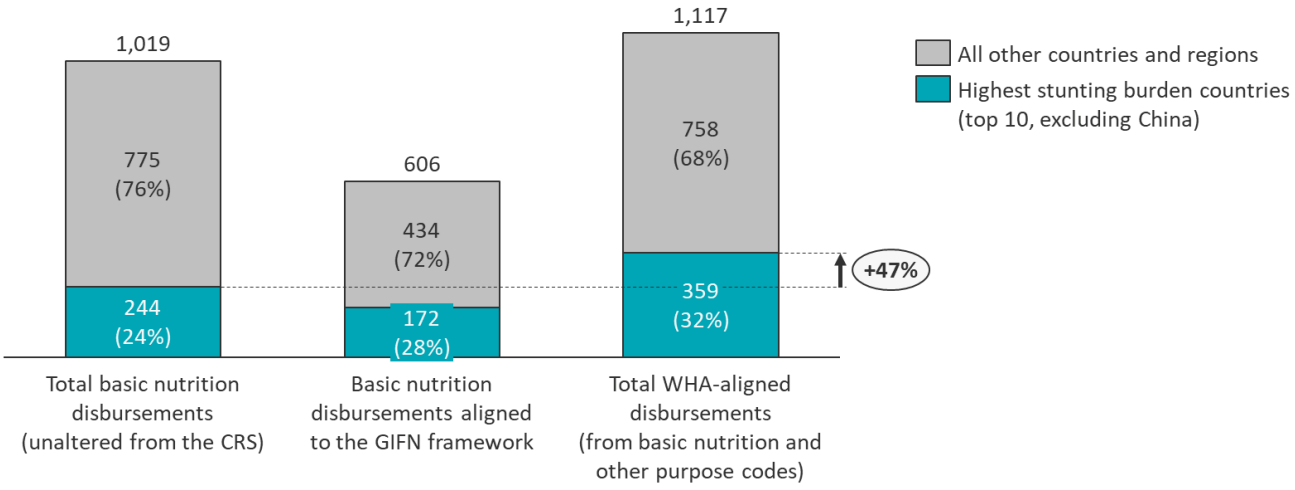
While there was generally an increase in funding accounted for among the highest burden countries, at a disaggregated level, several high-burden countries received less disbursements toward the WHA nutrition targets than would be reported by basic nutrition alone.[8] This means that for some countries, nutrition disbursements counted toward the WHA nutrition targets from non-basic nutrition purpose codes does not always completely offset the disbursements from basic nutrition that were not counted toward the WHA nutrition targets.

Future analyses on donor targeting by nutrition should consider the use of the WHA-aligned data point instead of the use of basic nutrition alone. By including additional disbursements across purpose codes that are aligned with the WHA targets, the data point captures more information from countries where nutrition interventions are more often incorporated into broader programs. As a result, the WHA-aligned data point provides a more comprehensive view of nutrition-specific spending across sectors, programs, and delivery platforms. This, coupled with adaptations made to the basic nutrition code,[9] provides a stronger foundation to assess the level of targeting and plan future allocations.

[8] Due to the exclusion of investments that did not align with the Global Investment Framework for Nutrition intervention package. Please refer to Supplementary Material Appendix 5 for more information on these countries.

[9] The exclusion of school feeding from the basic nutrition definition—starting in 2018 for the 2016 data year—will help ensure the basic nutrition purpose code aligns to a closer estimate of nutrition-specific disbursements using that code alone.

Figure 5: Comparison of total basic nutrition disbursements and WHA-aligned disbursements across recipients in 2015 (USD, millions)



Top ten highest stunting burden countries defined by number of stunted children under five. Refer to Supplementary Material Appendix 5 for a list of recipients included in the analysis, showing disbursements to basic nutrition as well as the estimate of WHA-aligned disbursement in 2015.

3.3. Overall financing landscape for nutrition-specific interventions

Funding flows in 2015: financing sources, channels, and interventions

Figure 6 shows overall global funding flows for nutrition-specific investments in 2015, illustrating how disbursements from donors were channeled through partners and finally to the nutrition intervention implemented. This represents a summary of the overall donor financing landscape for nutrition and presents a picture of funding flows that has not been comprehensively mapped before for nutrition.

Figure 6 captures the relative contributions by donor type, where bilateral donors contributed 55% of disbursements in 2015 ($613 million), multilateral donors contributed 34% of disbursements from their core funding ($384 million), and private grants from the Bill and Melinda Gates Foundation (BMGF)[10] contributed 11% of disbursements ($120 million).

These donor funds are then channeled through partners[11] including multilateral organizations ($346 million), non-governmental organizations ($311 million), public sector institutions ($250 million), universities and research institutions ($80 million), and public-private partnerships ($21 million), along with some disbursements where the channel is not specified ($108 million).

The figure demonstrates the importance of multilateral institutions within the overall financing landscape, both as financing sources and implementing partners ($645 million, or 58% of all funding,

[10] At the time of analysis, BMGF was the only private donor reporting to the CRS.

[11] Partners were defined by the funding channel variable in the CRS, as reported by donors. These organizations may channel funding to other organizations—for example, donor funds could be channeled through a partner who then sub-contracts a third organization to deliver services. Data on this third level of detail in the transaction flow is not available. Note that any change in the average distribution by channel would only be made if the third organization is from a different category (e.g., a multilateral organization subcontracts an NGO).

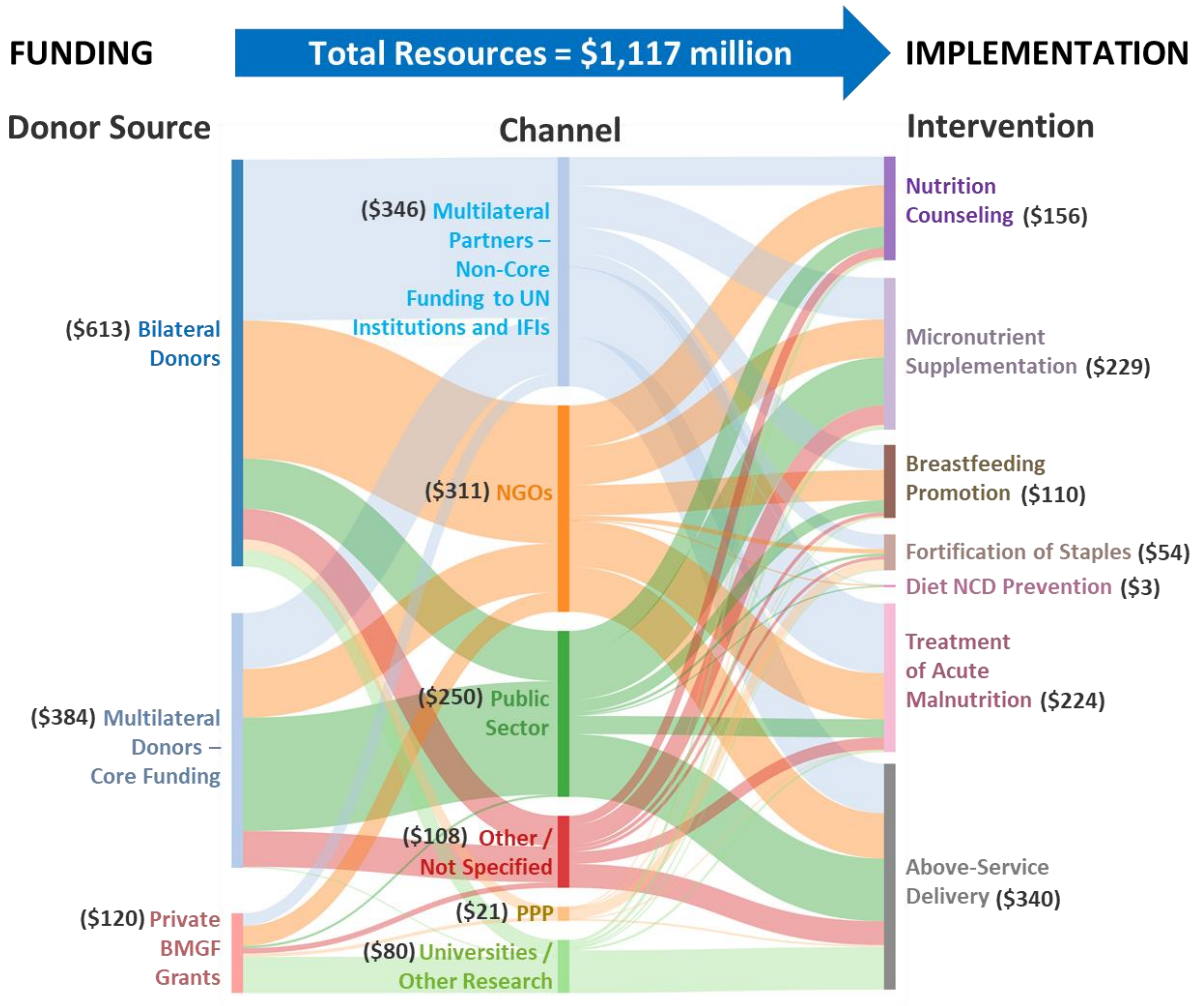
either originated or were channeled through multilaterals in 2015). To avoid double counting, when multilaterals are listed as the source of funding, disbursements represent 'core funding' only, where the multilateral decides how to invest (i.e., funding was not earmarked by the original source of funds, often bilateral donors). When a multilateral uses their core budget to support nutrition, the decision on how to disburse funds is driven by the multilateral based on their overall strategic priorities. For example, European Union Institutions (EU) and the World Bank—together representing 79% of the total multilateral source of funds—are critical donors for nutrition through their use of core funding.[12]

On the other hand, when multilaterals are listed as the channel of funding, disbursements represent 'non-core funding,' where the multilateral received earmarked funding from an external donor to implement a project in a given country. In this case, to avoid double counting, the original donor is reported as the source of funds and the multilateral as the channel. This most often occurs with United Nations Institutions (UN), such as UNICEF and WFP.[13]

[12] Of World Bank total outflows to the WHA targets in 2015 ($181 million), 76% was from core funding and 24% from non-core funding. Of EU total outflows to the WHA targets in 2015 ($168 million), 100% was from core funding.

[13] Of UNICEF total outflows to the WHA targets in 2015 ($233 million), 19% was from core funding and 81% from non-core funding. Of WFP total outflows to the WHA targets in 2015 ($65 million), 4% was from core funding and 96% from non-core funding.

Figure 6: Funding channel map illustrating 2015 disbursement flows from the donor source channeled through partners and to the activity implemented (USD, millions)



Note: color corresponds to the channel through which funding flows; thickness of the lines is proportional to WHA-aligned disbursements in 2015. Total WHA-aligned disbursements in 2015 were $1,117 million. At the time of analysis, BMGF was the only private donor reporting to the CRS. European Union (EU) Institutions and the World Bank are defined as multilateral donors by the CRS. Above-service delivery includes: coordination, governance & advocacy for nutrition, capacity building for nutrition, and research & data. BMGF=Bill and Melinda Gates Foundation; IFIs=international financial institutions; NGOs=non-governmental organizations; PPPs= public-private partnerships; NCD=non-communicable diseases.

See Supplementary Material Appendix 6 for disaggregated funding channel maps for bilateral donors, multilateral donors, and private BMGF grants.

Through the funding flow illustration shown in **Figure 6**, it is possible to visualize which interventions are being delivered by each type of partner. For public sector institutions—where only 22% of funding was channeled[14]—a large portion was in support of above-service activities and micronutrient supplementation. Whereas only a small portion channeled through public sector institutions was directed towards the management of acute malnutrition. Of the above-service investments channeled through the public sector ($95 million), 57% went to policy making and planning, 22% to monitoring and evaluation, and 15% to capacity building. This indicates that a significant portion of aid channeled through the public sector is designed to build systems for nutrition rather than focus on individual intervention delivery.[15]

Most funding for the treatment of acute malnutrition was channeled through multilateral partners and non-governmental organizations (NGOs), with proportionally less channeled through the public sector. Implementation of these services is often provided by UN Institutions and partners (because of the high unit cost, need for close monitoring, established delivery networks, and other factors), though this requires joint planning with the government, ideally with a plan to integrate services into health and nutrition packages (UNICEF 2013). Additionally, the treatment of acute malnutrition often takes place in humanitarian settings within countries—we found that 40% of funding to the treatment of acute malnutrition was disbursed as humanitarian aid, by far the highest such share among interventions tracked—which presents another consideration in the delivery of funding flows for this intervention.

Note that some donors provide public sector development assistance in the form of general budget support, however, because these funds are not earmarked by thematic area, it is not possible to track how they are used for nutrition using the CRS. Any donor contribution to general budget support channeled through public sector institutions that is then used for nutrition is in addition to what is shown here. Furthermore, funding shown in **Figure 6** that is used to provide in-kind contribution of nutrition commodities channeled through public sector delivery platforms may not be captured as flowing through the public sector here (e.g., procurement of ready-to-use therapeutic food for the treatment of acute malnutrition).

Top donors of nutrition-specific investments in 2015

Figure 7 lists the top 10 donors to the WHA nutrition targets. Together, these donors contributed 92% of all disbursements to the WHA nutrition targets in 2015. For each donor, the figure shows the amount spent on WHA-aligned disbursements as well as additional disbursements coded as basic nutrition that did not align with the Global Investment Framework intervention package.

In absolute terms, the Unites States (US) disbursed the most WHA-aligned funding in 2015, followed closely by the United Kingdom (blue bars shown in **Figure 7**). Note that if all basic nutrition disbursements were taken at face value (if grey bars in **Figure 7** were included), the US would by far be the largest donor to nutrition, with over twice the amount of the next largest donor. However, almost half of US nutrition disbursements in 2015 were directed towards interventions not aligned with the

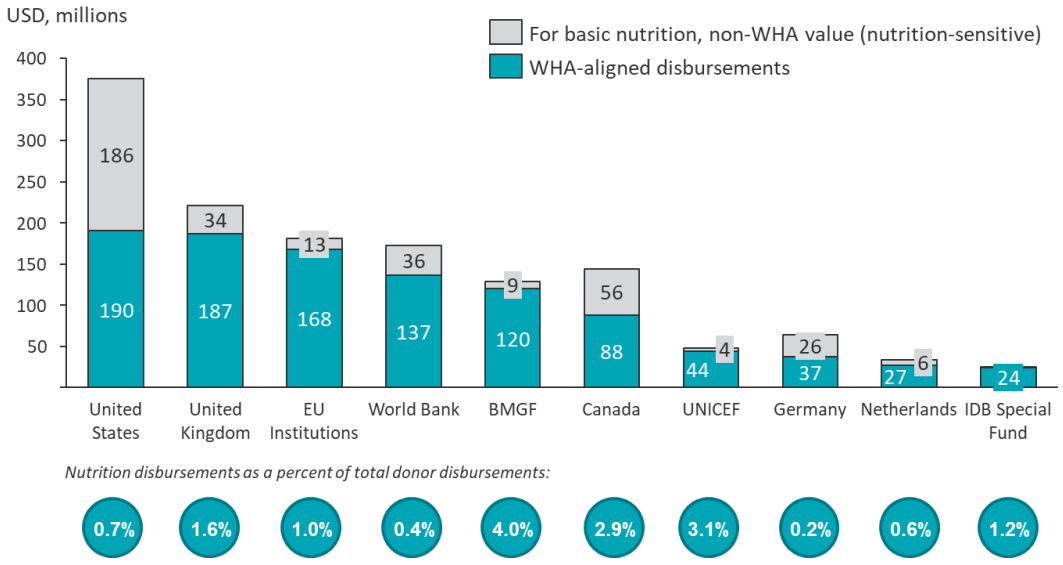
[14] 25% of total disbursements show in in **Figure 6**, excluding other/unspecified.

[15] Additionally, of all disbursements channeled through the public sector shown, 68% ($171 million) came from International Financial Institutions (IFIs) which tend to support systems strengthening compared with individual intervention delivery. See Supplementary Material Appendix 6 for more information.

WHA nutrition target framework ($186 million in 2015 coded as basic nutrition). As of 2018 (year of 2016 data release), the United States and other donors have removed school feeding from the basic nutrition purpose code. These adjustments have already resulted in a 50% reduction in US disbursements to basic nutrition between 2015 and 2016 (from $274 million to $137 million), with funding towards school feeding coded elsewhere in the CRS.[16]

Looking at relative spending can help illuminate how a donor prioritizes nutrition within their broader spending envelope. In relative terms, BMGF spent the most on WHA-aligned investments as a share of total disbursements going to all thematic areas in 2015 (WHA-aligned disbursements represented 4% of total BMGF spending in 2015), followed by UNICEF[17] and Canada (WHA-aligned disbursements represented close to 3% for each in 2015). Many of the top donors shown in **Figure 7** spent less than 1% on the WHA nutrition targets, perhaps indicating room to grow.

Figure 7: Top 10 donors of WHA-aligned disbursements in 2015 and their contributions to other investments coded as basic nutrition (USD, millions)



World Bank includes IDA and IBRD disbursements (68% and 32% of the total shown, respectively), which are reported separately in the CRS. Differences between these OECD data (based on World Bank reporting) and data published by the World Bank for economic sectors and themes (i.e., purpose of activities) are due to the use of different classification systems. For the multilateral organizations shown (EU institutions, World Bank, UNICEF), dollar values represent core disbursements only; additional funding flows may channel through multilateral organizations as non-core funding. This is most relevant for UNICEF given 81% of UNICEF's total outflows represent non-core funding—so their contribution to nutrition as a share of total outflows would be greater than what is shown here.

[16] Data from the CRS, download date February 13 2018. Note that this change should represent no net difference in overall disbursements to school feeding—funding for school feeding did not reduce, it was recoded elsewhere in the CRS.

[17] Note that **Figure 7** reports core disbursements only (see discussion above on core versus non-core funding). For UNICEF, total outflows to the WHA targets in 2015 were $188 million, including 23% from core funding ($44 million) and 77% from non-core funding ($144 million). The additional $144 million in WHA-aligned disbursements channeled through UNICEF not shown here indicates that nutrition outflows as a share of total UNICEF outflows to all thematic areas is greater than 3% overall (not captured by our database). This is also relevant for the World Bank (an additional $40 million was disbursed through the World Bank in non-core funding).

3.4. Disbursements by WHA nutrition target and what more is needed

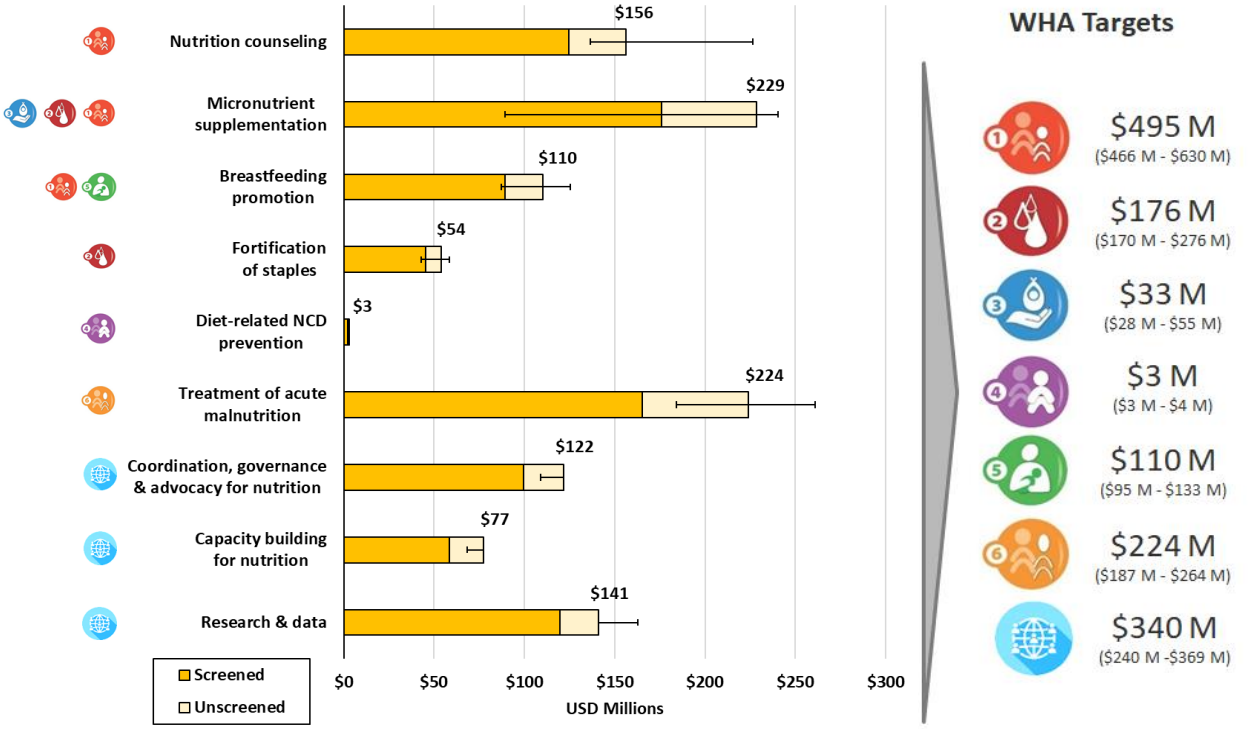
Spending by WHA target was estimated as the sum of disbursements to relevant interventions. As shown in **Figure 8,** the amount disbursed to individual interventions varied widely, ranging from $3 million for diet-related NCD prevention to $229 million for micronutrient supplementation. Overall, of the total $1,117 million spent, 70% went to programmatic scale-up and 30% went to above-service investments (including coordination, governance and advocacy, capacity building, and research and data). Most programmatic disbursements—$495 million, or 44% of all spending on WHA nutrition targets—went to stunting reduction. The overweight target received the smallest amount of funding at $3 million, which is equivalent to less than 1% of all disbursements to the WHA nutrition targets.[18]

Due to limitations of the CRS data, there is some level of uncertainty associated with the estimated disbursements to both interventions and targets. To be transparent about these limitations, **Figure 8** displays not only the best estimate of the disbursements to interventions and targets, but also the broader range of disbursements that the analysis indicates are also possible. This uncertainty is primarily attributable to lack of data on how funds are distributed between interventions within projects that include multiple interventions; another contributing factor is lack of data on the proportion of some projects' funding that went to nutrition interventions. For a complete discussion of intervention-level disbursement disaggregation, see Supplementary Material Appendix 3.[19]

[18] This analysis only includes development assistance and therefore excludes spending on overweight or obesity from donor country domestic budgets (including funding directed to domestic research/programs that still contributes to the global obesity target). This affects the number reported for all targets but may be more impactful to the overweight and obesity target.

[19] As noted in section 2.2 of this report, the sheer volume of nutrition-related transactions in the CRS rendered it infeasible to manually review all transactions. **Figure 8** indicates the segment of disbursements that were assigned to each intervention via manual screening (dark yellow) vs. the unscreened segment that was assigned to the intervention based on overall patterns within donor spending (light yellow).

Figure 8: Global disbursements to the WHA nutrition targets and interventions in 2015 (USD, millions)



Uncertainty bars: intervention-level estimates include uncertainty ranges based on assumption options to estimate intervention-level splits, as described in the methods section and Supplementary Material Appendix 3. Each intervention category is denoted by an icon that indicates which target(s) the intervention category counts towards in either partial or full amount. Additional disbursements to above-service categories (coordination, governance & advocacy, capacity building, and research & data) may be incorporated within program categories above but could not disaggregated.

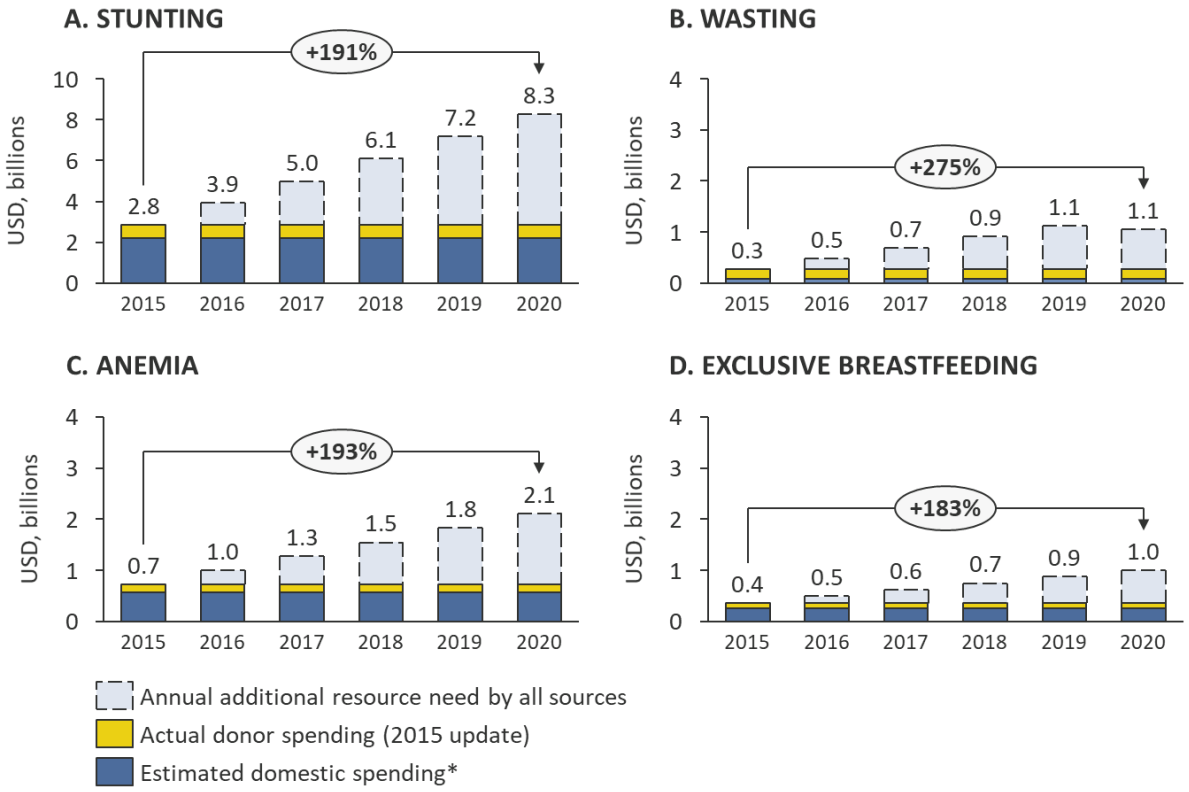
While donors have contributed a substantial amount to nutrition, significant increases are still required to reach the WHA targets—and this is true for each intervention shown above. The Global Investment Framework for Nutrition reports it will cost an annual additional investment of $7 billion to scale up the nutrition-specific interventions to the coverage needed to reach the targets overall.

Figure 9 shows the annual additional resources required to scale up nutrition-specific interventions to help achieve the stunting, wasting, anemia, and exclusive breastfeeding targets, based on costs from the Global Investment Framework for Nutrition. Based on the estimated resource need, the world will need to significantly accelerate efforts toward each target. Note that these charts have been updated to include 2015 donor baseline figures as presented in this report. The bars shown in grey represent the World Bank estimated annual additional costs to meet the WHA nutrition targets over the next 5 years, from all sources.

Based on the most ambitious financing scenario in the Global Investment Framework for Nutrition, donors would need to contribute an average additional $3 billion annually towards the total resource need, on top of the $1.117 billion reported here. As modeled by the framework, the first year of intervention scale-up was 2016. Under the ambitious financing scenario, in 2016 donors would have

needed to provide 56% more nutrition funding than they did in 2015; however, preliminary analyses of the 2016 CRS data for basic nutrition suggest this is not likely to have occurred. If that is the case, even more rapid scale-up of funds would be needed in future years to reach the targets. Analysis of the most recent CRS data for 2016—as well as subsequent years—will be important to see if donors are meeting global targets for nutrition aid.

Figure 9: Five-year annual resource need to be on-track towards the WHA nutrition targets, including an updated 2015 baseline and additional resource needs by all sources (USD, billions)



** 2015 donor spending was updated through this analysis; domestic spending data from Shekar et al. (2017), which was based on most recent data at the time of analysis.*

4. Discussion of main findings

4.1. Developing a routine resource tracking method for the WHA nutrition targets

This analysis contributes to the growing body of work on nutrition resource tracking. As mentioned above, the world is at risk of falling short of the additional resources needed to achieve the WHA targets. Further, of disbursements that are made, there is room for gains in allocative efficiencies and targeting by need. The nutrition community needs a routine resource tracking system to monitor progress towards the WHA targets and to ensure each dollar is spent effectively. Donors can use resource tracking data to enhance investments in global nutrition by monitoring flows across all donors to identify when flows are insufficient and respond in a coordinated fashion; and by monitoring allocative efficiency of nutrition aid to ensure high-burden countries receive aid commensurate with their need. If this data is monitored and analyzed routinely, particularly by intervention area or WHA target, it can be used to influence donor planning and priority setting.

The method to track development assistance for nutrition-specific interventions presented here builds on previous work by looking more closely at nutrition integrated within health, emergency response, and other sectors, thereby fully reflecting donor contributions to nutrition-specific activities. While nutrition resource tracking has progressed in the last decade, key data gaps and limitations remain.

First, the basic nutrition code definition has up until January 2018 included interventions outside those identified in the Global Investment Framework for Nutrition as high-impact nutrition-specific interventions, such as school feeding. As shown in **Figure 2**, in 2015 about $413 million did not align with the WHA target intervention package. Changes to the basic nutrition purpose code will help address this issue: thanks to efforts by the SUN Donor Network, the OECD approved changes to basic nutrition in July 2017 by excluding school feeding and household food security from its definition. It will be critical to inform the nutrition community about this change to prevent misinterpretation of a potential 21% artificial drop in basic nutrition disbursements because of the removal of school feeding (**Figure 2**).

Second, the basic nutrition purpose code includes mainly stand-alone nutrition programs and often does not capture nutrition investments that are integrated into broader programs (e.g., maternal child health programs that include supplementation; or agricultural programs that include fortification). In fact, **Figure 2** shows that significant investments to the WHA nutrition targets in 2015 fall beyond the basic nutrition code—totaling an estimated $511 million (46% of the total amount counted toward the WHA nutrition targets). This means a substantial amount of funding is currently excluded from nutrition-specific global tracking efforts. For nutrition-specific investments outside of basic nutrition, the solution may not be related to donor coding (some donors have the technical capacity to split disbursement values by purpose code, enabling a way to track these investments, while others do not). Rather, the solution lies with being able to identify these investments that are spread across purpose codes. Recognizing this issue, as well as the gap in nutrition-sensitive data, the SDN and other partners are working together on a proposal to the OECD to introduce a nutrition policy marker in the CRS to comprehensively track multi-sectoral investments in nutrition.

Finally, the CRS does not disaggregate between nutrition intervention type and, therefore, to understand the types of nutrition investments being funded at WHA target level, it is necessary to

qualitatively review project descriptions—a process that is rendered more challenging by variance across donors in how much detail is reported in these descriptions.

The methodology presented here to generate a data point on "WHA-aligned" disbursements offers a standardized way to track nutrition-specific donor disbursements routinely in order to monitor progress towards the WHA nutrition targets. Future analyses on donor targeting by nutrition should consider the use of the WHA-aligned data point versus the use of basic nutrition disbursements.

Further, this analysis demonstrates that a full picture of the aid for nutrition landscape can be compiled using CRS data (focusing on nutrition-specific investments), including funding flows from all donor sources and an assessment of where disbursements are channeled through partners and countries. It is important to include multilateral organizations and to track both core and non-core disbursements to get a comprehensive view on their total outflows, particularly because of their significant contributions as a financing source and channel.

4.2. Limitations

While this analysis helps to advance the field of nutrition resource tracking, several limitations apply.

What this analysis does not include

This analysis does not include data on philanthropic contributions or other private sources of funding that do not report to the OECD,[20] nor does it include domestic spending on nutrition. It is currently not possible to track nutrition investments from these sources in a way that is systematic, provides the required level of detail, and feasibly enables disbursements to be matched to CRS data to avoid double counting. However, because these sources represent important contributions to the nutrition financing landscape, we recommend additional exploration of how to include them in future research.

This analysis focused on nutrition-specific disbursements and did not track nutrition-sensitive disbursements. While tracking nutrition-sensitive disbursements is an important goal for the nutrition community, there are technical reasons that currently make this challenging. First, there is currently no standardized definition of nutrition-sensitive interventions or activities that can be tracked using CRS data alone.[21] This issue has not arisen for nutrition-specific interventions because the Global Investment Framework for Nutrition clearly defined a set of nutrition-specific activities which have served as a guide for which interventions to count. Second, it is currently impossible to use CRS data to track disbursements aligned with the SUN Donor Network definition of nutrition-sensitive.[22] While the qualitative data included in CRS project title and description fields provide basic project characteristics, they do not include the comprehensive information on nutrition goals, indicators, and activities that would be needed to identify these investments across sectors. Furthermore, a manual document review of all potentially relevant programs is not feasible as part of a routine process.

A CRS nutrition policy marker would enable development of a routine tracking method for these investments (OECD 2018). If instated, this presents an opportunity for the SUN Donor Network to

[20] For example, the Children's Investment Fund Foundation and Big Win Philanthropy invest in nutrition programing but do not report data to the CRS.

[21] While the SUN Donor Network Method presents a general definition of what counts as nutrition-sensitive, the deciding factor of what is or isn't nutrition-sensitive is a judgement call by program staff via a time-consuming donor self-reported process.

[22] Includes all investments with explicit nutrition goals, indicators, and activities

refresh their resource tracking guidance in accordance with the marker to establish a standardized way to monitor nutrition-sensitive investments across sectors.

Qualitative review

There is currently no feasible way to identify integrated nutrition investments in the CRS across sectors—the closest approximation is to use a keyword search of project descriptions under different purpose codes. For efficiency and replicability reasons, this analysis is not a detailed review of every single donor program using each donor's own reporting systems. Instead, the analysis depends on how each donor reports funding to the CRS, with detailed project descriptions being key to proper identification of nutrition investments. Because of this, relevant transactions from donors who submit very brief or high-level project descriptions may not be identified, leading to underestimation of total nutrition contributions.

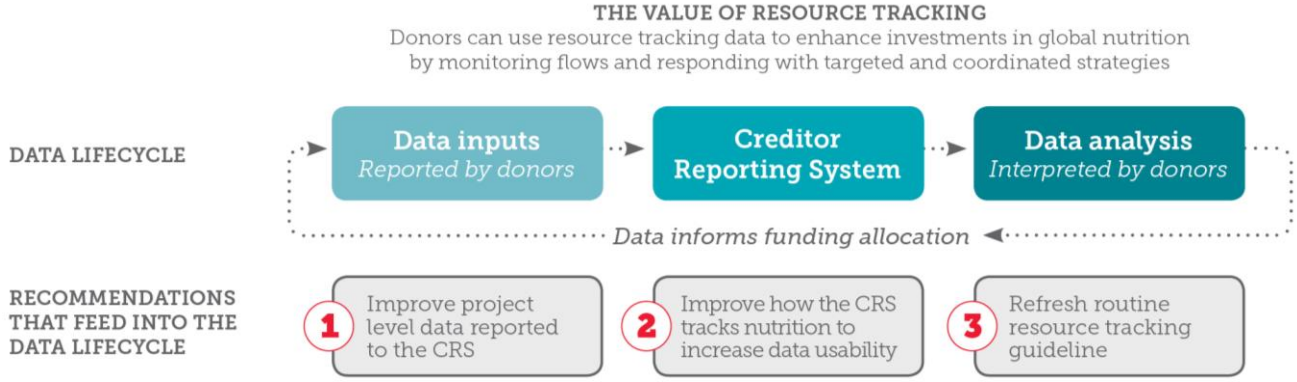
There are also data gaps in acquiring intervention-level disbursement data. The method to estimate intervention- and target-level disbursement data relied on a combination of quantitative and qualitative analysis, with key assumptions made at each step. While a range of estimates based on a sensitivity analysis are presented (Supplementary Material Appendix 3), future analysis will benefit from more detailed donor reporting that explains how nutrition investments are spent.

4.3. Maximizing data-use and sustainability of data generation: recommendations for improved resource tracking

While data gaps and limitations to resource tracking for nutrition exist, as mentioned above, there are concrete actions the donor community can take to improve data availability and reporting on donor disbursements for nutrition. This section discusses the way forward towards stronger data outputs—including by improving how data is inputted into the CRS and how the CRS tracks nutrition disbursements—and towards coordinated, more routine use of the data by developing a new donor guideline for resource tracking (**Figure 10**).

Three recommendations are presented, for the consideration of the SUN Donor Network (SDN). These actions will lead to better data that is generated more routinely, which can strengthen monitoring and enable coordinated planning and priority setting. As a result, new strategies can be developed—both by the SDN as a collective as well as among individual members—to help fill the global resource need.

Figure 10: Summary of resource tracking recommendations to improve data outflows and use



Recommendation 1: Improve project level data reported to the CRS

Due to constraints of the CRS, the analysis relied on a keyword search to compile all relevant projects that deliver nutrition-specific interventions and on a qualitative review of project descriptions to identify interventions. One of the data limitations faced during this analysis was having limited information reported in project descriptions on which to base the analysis.

We encourage SDN members to pilot or mainstream best practices used by other members to improve project-level data reported to the CRS, thus enabling improved identification of transactions that include nutrition, as well as the nutrition interventions included in those transactions. Examples of such best practices include more detailed project descriptions that include relevant keywords and/or splitting program disbursements across multiple purpose codes, when technically possible in internal systems (e.g. the basic nutrition component of a project being coded as basic nutrition, with other components in other purpose codes).

While this analysis focuses on nutrition-specific interventions, the inclusion of relevant keywords also applies to nutrition-sensitive programs to help strengthen future research efforts.

Recommendation 2: Continue to discuss and support improvements to how the CRS tracks nutrition

Because the CRS is the main data source for donor resource tracking for nutrition, it is critical to think about potential ways the system can be optimized towards generating the best data for nutrition.

We encourage the SDN to continue working to maximize the usability and policy relevance of publicly available CRS data. We support the SDN's efforts to pursue adoption of a nutrition policy marker in the CRS to enable nutrition-specific and -sensitive projects to be identified beyond the basic nutrition code, as this will greatly enhance nutrition data availability (OECD 2018). We encourage the SDN to discuss other possible innovations, such as the potential pros and cons of further disaggregating the basic nutrition purpose code in the long-term (e.g., at a simple level, to separate program and policy investments).

Recommendation 3: Develop a multi-stakeholder routine resource tracking guideline to refresh the SDN method

Since the SDN developed its guidance note on resource tracking in 2013, the field has made advancements. Equipped with practical experience reporting and interpreting data since 2013 and now presented with a changing CRS, the SDN may now have several reasons to refresh its resource tracking methodology. First, this analysis presents a new, improved way to track nutrition-specific investments across purpose codes. Second, with a nutrition policy marker on the horizon, the time is ripe for the methods on nutrition-sensitive tracking to be updated. Finally, consultation with other stakeholders such as the UN Network or SUN Movement Secretariat can improve the way multilateral disbursements are tracked and can dramatically enhance data uptake by making data accessible to more data users. In the short term, the SDN should convene a meeting of stakeholders to discuss past learnings and potential steps for the future. This initial conversation would ideally lead to multi-stakeholder collaboration to develop updated resource tracking guidance and a streamlined routine resource tracking system.

References

Arregoces, Leonardo, Felicity Daly, Catherine Pitt, Justine Hsu, Melisa Martinez-Alvarez, Giulia Greco, Anne Mills, Peter Berman, and Josephine Borghi. 2015. "Countdown to 2015: Changes in Official Development Assistance to Reproductive, Maternal, Newborn, and Child Health, and Assessment of Progress between 2003 and 2012." *The Lancet Global Health* 3 (7): e410–e421.

Bhutta, Zulfiqar A, Jai K Das, Arjumand Rizvi, Michelle F Gaffey, Neff Walker, Susan Horton, Patrick Webb, Anna Lartey, and Robert E Black. 2013. "Evidence-Based Interventions for Improvement of Maternal and Child Nutrition: What Can Be Done and at What Cost?" *The Lancet* 382 (9890): 452–77. https://doi.org/10.1016/S0140-6736(13)60996-4.

Development Initiatives. 2017. *Global Nutrition Report 2017: Nourishing the SDGs*. Bristol, UK: Development Initiatives. https://www.globalnutritionreport.org/files/2017/11/Report_2017.pdf.

Dieleman, Joseph L., and Annie Haakenstad. 2015. "The Complexity of Resource Allocation for Health." *The Lancet Global Health* 3 (1): e8–9. https://doi.org/10.1016/S2214-109X(14)70373-0.

Grollman, Christopher, Leonardo Arregoces, Melisa Martínez-Álvarez, Catherine Pitt, Anne Mills, and Josephine Borghi. 2017. "11 Years of Tracking Aid to Reproductive, Maternal, Newborn, and Child Health: Estimates and Analysis for 2003–13 from the Countdown to 2015." *The Lancet Global Health* 5 (1): e104–14. https://doi.org/10.1016/S2214-109X(16)30304-7.

Grollman, Christopher, Leonardo Arregoces, Melisa Martinez-Alvarez, Catherine Pitt, Timothy Powell-Jackson, Justine Hsu, Giulia Greco, and Josephine Borghi. 2017. "Developing a Dataset to Track Aid for Reproductive, Maternal, Newborn and Child Health, 2003–2013." *Scientific Data* 4 (March): 170038. https://doi.org/10.1038/sdata.2017.38.

IFPRI. 2016. *Global Nutrition Report 2016: From Promise to Impact: Ending Malnutrition by 2030*. Washington, DC. DOI:10.2499/9780896295841.

Institute for Health Metrics and Evaluation (IHME). 2016. *Financing Global Health 2015: Development Assistance Steady on the Path to New Global Goals*. Seattle, WA: IHME.

InterAction. n.d. "Initiative for Open Ag Funding." Accessed April 9, 2018. https://www.interaction.org/project/open-ag-funding/overview.

Lu, Chunling, Annie Chu, Zhihui Li, Jian Shen, Subu Subramanian, and Kenneth Hill. 2017. "Assessing Development Assistance for Child Survival between 2000 and 2014: A Multi-Sectoral Perspective." *PLOS ONE* 12 (7): e0178887. https://doi.org/10.1371/journal.pone.0178887.

OECD. 2017. "Proposal to Redefine the Basic Nutrition Purpose Code and Establish a Policy Marker for Nutrition." DAC Working Party on Development Finance Statistics.

———. 2018. "Revised Proposal for Introducing a Policy Marker for Nutrition to the CRS, Presented by France." DAC Working Party on Development Finance Statistics.

———. n.d. "DAC and CRS Code Lists." http://www.oecd.org/dac/stats/dacandcrscodelists.htm.

———. n.d. "DAC Glossary of Key Terms and Concepts." http://www.oecd.org/dac/stats/dac-glossary.htm.

———. n.d. "Technical Guide to Terms and Data in the Creditor Reporting System (CRS) Aid Activities Database." Accessed April 12, 2018. http://www.oecd.org/dac/stats/crsguide.htm.

OECD.Stat. 2017. "CRS 2015 Data." 2017. https://stats.oecd.org/Index.aspx?DataSetCode=CRS1.

Partnership for Maternal, Newborn & Child Health (PMNCH). 2015. *The Partnership for Maternal, Newborn & Child Health 2015 Accountability Report: Strengthening Accountability: Achievements and Perspectives for Women's, Children's and Adolescents' Health*. Geneva: PMNCH.

Resch, Stephen, Theresa Ryckman, and Robert Hecht. 2015. "Funding AIDS Programmes in the Era of Shared Responsibility: An Analysis of Domestic Spending in 12 Low-Income and Middle-Income

Countries." *The Lancet Global Health* 3 (1): e52–61. https://doi.org/10.1016/S2214-109X(14)70342-0.

Ruel, Marie T, and Harold Alderman. 2013. "Nutrition-Sensitive Interventions and Programmes: How Can They Help to Accelerate Progress in Improving Maternal and Child Nutrition?" *The Lancet* 382 (9891): 536–51. https://doi.org/10.1016/S0140-6736(13)60843-0.

Scaling Up Nutrition. n.d. "Monitoring, Evaluation, Accountability and Learning (MEAL)." *SUN* (blog). Accessed March 9, 2018. http://scalingupnutrition.org/progress-impact/monitoring-evaluation-accountability-learning-meal/.

Shekar, Meera, Jakub Kakietek, Mary R. D'Alimonte, Hilary E. Rogers, Julia Dayton Eberwein, Jon Kweku Akuoku, Audrey Pereira, Shan Soe-Lin, and Robert Hecht. 2017. "Reaching the Global Target to Reduce Stunting: An Investment Framework." *Health Policy and Planning* 32 (5): 657–68. https://doi.org/10.1093/heapol/czw184.

Shekar, Meera, Jakub Kakietek, Julia Dayton Eberwein, and Dylan Walters. 2017. *An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting*. The World Bank. https://doi.org/10.1596/978-1-4648-1010-7.

SUN Donor Network. 2013. "Methodology and Guidance Note to Track Global Investments in Nutrition." http://docs.scalingupnutrition.org/wp-content/uploads/2013/12/RESOURCE_TRACKING_METHODOLOGY_SUN_DONOR_NETWORK.pdf.

UNAIDS. 2017. "UNAIDS Data 2017." http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf.

UNICEF. 2013. "Evaluation of Community Management of Acute Malnutrition (CMAM): Global Synthesis Report." https://www.unicef.org/evaldatabase/files/Final_CMAM_synthesis_FINAL_VERSION_with_ExSum_translations.pdf.

1111 19th Street, N.W., Suite #700
Washington, DC 20036

Tel: (202) 470.5711 | Fax: (202) 470.5712

info@r4d.org | www.r4d.org

RESULTS FOR DEVELOPMENT