

GLOBAL MALNUTRITION PREVENTION AND TREATMENT ACT OF 2021 IMPLEMENTATION PLAN



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INTRODUCTION

In October 2022, President Biden signed the [Global Malnutrition Prevention and Treatment Act \(GMPTA\)](#) into law; it directs USAID to prevent and treat malnutrition globally. The GMPTA further codifies USAID's leadership on nutrition, with a focus on evidence-based interventions across health systems and food systems in both development and humanitarian settings.

The GMPTA recognizes the potential of good nutrition to save lives and ensure a brighter future for generations to come. For over 60 years, USAID has been a leader in the fight to end global malnutrition. Nutrition affects every aspect of human development, from the ability to fight disease to children's performance in school to a nation's health and economic advancement. There is overwhelming evidence of the power of good nutrition, but accessing safe, nutritious foods and water along with health and sanitation services, remains a challenge for many people in low- and middle-income countries.

Robust leadership from the U.S. government is more important now than ever to buffer shocks and stressors while mitigating further deterioration and regaining progress in reaching World Health Assembly and Sustainable Development Goal nutrition targets. USAID is committed to addressing these global challenges and preventing further backsliding on nutrition.

Building on the U.S.'s long history as the largest provider of international agriculture, economic-development, and humanitarian assistance, President Biden announced a \$5 billion commitment over five years to Feed the Future, the U.S. government's global hunger and food-security initiative, and an expansion of the number of Feed the Future target countries at the United Nations' (UN) Food Systems Summit in 2021. Among its food-systems and nutrition commitments, USAID committed to increasing financing for nutrition through the private sector, scaling and sustaining large-scale food fortification, and reducing food loss and waste. At the Tokyo Nutrition for Growth Summit in 2021, USAID also announced the intention to invest \$11 billion in addressing global malnutrition over three years, including important policy commitments focused on breastfeeding promotion, building robust systems for nutrition data, and the prevention and treatment of wasting. The U.S. government also officially launched the second Global Nutrition Coordination



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Plan 2021–2026 and the third Global Food Security Strategy 2022–2026.

The GMPTA Implementation Plan serves as a roadmap for USAID's investments in the prevention and treatment of malnutrition for the period from October 2022 to October 2029. As part of developing this Plan, USAID, led by the Agency's Nutrition Leadership Council, leveraged a consultative process with external and interagency stakeholders. USAID staff briefed other U.S. government agencies on the GMPTA, its components, and the plan-development process through the U.S. Government Global Nutrition Coordination Plan platform. External consultations were held with civil society and other nutrition stakeholders. USAID received written and oral feedback from external stakeholders, which was incorporated into the Plan's development.

The Implementation Plan outlines priority technical areas in nutrition, the approach USAID will take to coordinate and collaborate internally and with priority countries, other federal agencies, and partners to achieve nutrition goals, and the mechanisms by which USAID will hold itself accountable to achievement of goals by tracking progress against targets through annual reporting. It also provides a shared basis for continued, technically-sound, collaborative action.

PREVENTION AND TREATMENT OF MALNUTRITION IN USAID'S NUTRITION PRIORITY COUNTRIES

[The 2021 Lancet Series on Maternal and Child Undernutrition Progress](#) reiterates that while we have made important progress in reducing malnutrition worldwide over the past decade, our work is far from done. Recent gains in reducing malnutrition in some countries have been offset by the compounding effects of concurrent crises, including conflict, the effects of climate change, and the COVID-19 pandemic. Furthermore, nutrition often continues to remain underfunded and under-prioritized.

USAID's nutrition approaches are rooted in a solid evidence base and cut across health and food systems as well as development and humanitarian assistance programs. In addition to delivering services directly, USAID continues to provide technical assistance to help national, regional, and global partners create sustainable systems to address the root causes of malnutrition.

The GMPTA underscores the importance of supporting countries in equipping health workers with the skills to advance nutrition and improve the delivery of essential health and nutrition services. The implementation plan is informed by evidence of what works for each country's individual needs and contexts, such as supporting partner governments in developing unique, context-specific strategies to prevent and treat malnutrition and supporting communities' ability to thrive.

In line with USAID's approach to [localization](#) and the principles of locally led development, USAID's strategy for nutrition programming is centered on supporting host country

governments in improving the quality, coverage, and financing for high-impact, evidence-based nutrition interventions. Priority is given to women and children, particularly during the first 1,000 days between pregnancy and a child's second birthday, while aiming to take a life-cycle approach to all nutrition programming.

USAID's approach to nutrition through health systems is aligned with [Preventing Child and Maternal Deaths: A Framework for Action in a Changing World](#), a new framework for preventing child and maternal deaths. With undernutrition estimated to be an underlying cause of 45 percent of under-five child mortality and a contributor to 20 percent of maternal mortality,¹ integrated investments in nutrition within primary health care are critical to achieving targets for preventing child and maternal deaths.

As part of USAID's efforts under the Global Food Security Strategy to reduce hunger, poverty, and malnutrition, our nutrition approach across the food system aims to improve access to and increase consumption of safe and nutritious foods, particularly for women and children. The refreshed 2022–2026 Global Food Security Strategy emphasizes that Feed the Future investments will support greater integration for nutrition by enhancing the production, affordability, and marketing of safe and nutritious foods that reduce malnutrition and improve diet quality.

The U.S. Government Global Nutrition Coordination Plan 2021–2026 provides additional opportunities for collaboration to further leverage resources across relevant federal departments and agencies to prevent and treat malnutrition globally. The Global Nutrition Coordination Plan is an established interagency effort aimed at strengthening the impact of the many, diverse nutrition investments across the U.S. government through better communication and collaboration and by linking research to program implementation. Through various coordination mechanisms, the U.S. government is working to maximize its support for country-led programs, continue its global leadership and partnerships, and generate, share, and apply knowledge and evidence in the nutrition sector to accelerate progress toward shared nutrition goals.



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PRIORITY NUTRITION APPROACHES

The GMPTA Implementation Plan prioritizes specific approaches to nutrition programming based on evidence of effectiveness and USAID's comparative advantage. These approaches broadly seek to strengthen health systems in delivering quality health services, support food systems to deliver safe and nutritious foods, and reinforce humanitarian and development linkages for improved resilience. Specific areas of focus, which were determined systematically based on global evidence^a and which are adapted and tailored to specific country contexts, include:

Strengthening nutrition in primary health care systems

Nutrition is often neglected within the basic package of health care services, even though high-quality nutrition services are essential for improving the overall health of women and children. Strengthening the capacity of health systems to deliver nutrition services—with a focus on supporting community-based platforms and community health workers—is a key priority of USAID nutrition programming. Essential components of this basic package include:

- **Supporting lactating mothers and their families with skilled breastfeeding counseling**

The deaths of 823,000 children and 20,000 mothers each year could be prevented by increasing breastfeeding to near-universal levels. Scaling up best practices for breastfeeding, including early initiation and exclusive breastfeeding for up to 6 months, could result in economic savings of \$341 billion.² Breastfeeding provides optimal nutrition for growth and development of newborns, improves birth spacing, and reduces the risk of breast and ovarian cancers and chronic diseases like type 2 diabetes and heart disease in breastfeeding mothers.

- **Improving access to prenatal micronutrient supplements for pregnant women**

Anemia is associated with iron, folate, and vitamin A deficiencies in addition to infection, and is estimated to affect 36 percent of pregnant women globally.³ Maternal anemia is estimated to contribute to 20 percent of maternal deaths.⁴ Iron and folic acid or multiple micronutrient supplementation for pregnant women has the potential to prevent maternal anemia and preterm birth and to ensure that a baby will be born at a healthy weight with optimal fetal development.

- **Scaling up the prevention and treatment of wasting**

Wasting, the most life-threatening and visible form of malnutrition, is a serious threat to child survival. The 2013 Lancet Series on Maternal and Child Nutrition⁵ estimated that the lives of almost half a million children could be saved each year if the management of acute malnutrition were scaled to 90 percent coverage.⁶ Prevention of wasting can be achieved through a package of high-impact actions, including high-quality prenatal care and maternal nutrition services, child health services, counseling on breastfeeding promotion, and adequate access to safe and nutritious foods year-round. When prevention fails, early detection of wasting is essential to save lives. Routine childhood screening for malnutrition and treatment of wasting through community-based management of acute malnutrition platforms utilizing specialized nutritious food products are cost-effective ways to dramatically reduce child death rates.

- **Ensuring adequate vitamin A coverage**

Vitamin A is essential for optimal child health and immune function. Children with a deficiency in vitamin A are at a higher risk of developing common childhood illnesses, which can often prove to be fatal. Supplying a child with two high doses of vitamin A every year^c is one the most cost-effective ways to protect children against blindness, diarrhea, and other serious illnesses—at an estimated cost of about \$1.36 per child per year.⁶

^a The 2013 [Lancet Series](#) on Maternal and Child Nutrition examined a range of nutrition interventions across the lifecycle for evidence of highest level of impact on maternal and child nutritional status and reductions in mortality. USAID directs its investments in nutrition according to this evidence base.

^b The estimate looks at the number of lives saved through the management of acute malnutrition when four packages of nutrition interventions are all scaled up to 90 percent coverage. (See reference 6 for more information)

^c This applies in places where vitamin A deficiency still exists and children do not receive adequate vitamin A through their diet (including vitamin A-fortified foods)

Increasing dietary diversity and appropriate complementary feeding

The number of people impacted by hunger globally increased by 150 million since the COVID-19 pandemic, from 618 million in 2019 to 768 million in 2021, which has been further compounded by the rising cost of a healthy diet. As of 2020, over 3 billion people could not afford a healthy diet.⁷ In addition, nearly two in three children ages six months to two years are not consuming the nutritionally adequate diets critical for growth and development.⁸ Nutrient-rich foods, such as fruits, vegetables, legumes, and animal-sourced foods, are lacking in children's diets, particularly in low- and middle-income countries. In order to improve women's diets and ensure children's growth and longer-term development, investments across multiple sectors are essential. These include leveraging market-based approaches to increase access, availability, affordability, and consumption of safe, nutritious diets; promoting optimal complementary feeding practices through community health workers; and appropriate social assistance programming.

Scaling and sustaining large scale food fortification

Pivotal research⁹ released in 2022 and funded by USAID estimates that 50 percent of all children under five, and two out of three women, are micronutrient deficient. One of the most cost-effective,^a scientifically-proven interventions to address this global challenge of micronutrient inadequacies through the food system is large-scale food fortification, which improves the nutrient content of foods during the processing stage. Large-scale food fortification is one part of a larger solution for addressing micronutrient inadequacies and has the advantage of reaching a larger population with multiple micronutrients through commonly consumed foods.

Improving food safety

Unsafe food causes 420,000 deaths per year.¹⁰ Of those deaths, 125,000 are among one of the most vulnerable groups: children under five years of age.¹¹ Adoption of food-safety best practices by growers and manufacturers improves public health and also provides greater market access, which furthers economic development—which, in turn, increases food security and nutrition through increased access to safe food.

In addition to these technical priorities, USAID is committed to strengthening nutrition-information systems; national and subnational data collection, availability, and use; and capacity building around nutrition data to better design, monitor, and evaluate nutrition programs targeting vulnerable populations in development and humanitarian settings. Additional cross-cutting priorities include strengthened governance and multi-sectoral coordination, strengthened social and behavior-change approaches for nutrition, and mitigating the impacts of climate change.



^a The 2008 Copenhagen Consensus ranked fortification (iron and iodine) as one of the most cost-effective interventions, with an estimated cost of approximately \$0.05/person/year for iodine in salt and \$0.12/person/year for iron fortification of wheat and maize flour. https://copenhagenconsensus.com/sites/default/files/bpp_fortification.pdf

NUTRITION PRIORITY COUNTRIES AND FUTURE OPPORTUNITIES TO EXPAND NUTRITION EFFORTS

In September 2021, the USAID Nutrition Leadership Council validated a list of 14 Nutrition Priority Countries (NPCs).^a These 14 countries were identified through a rigorous, data-driven selection process, assessing: (1) burden and severity of malnutrition; (2) ongoing USAID investments in maternal and child health and agriculture; (3) host country commitment to nutrition; and (4) opportunities for USAID to leverage investments by host country governments and other donors. Four additional countries were identified for continued prioritization due to critical policy and technical considerations as Nutrition Strategic Support Countries (NSSC). Of the newly designated 20 Feed the Future Target Countries, 15 are also designated as either an NPC or an NSSC. Although USAID nutrition support is not exclusive to the NPCs and NSSCs, resources are prioritized for these countries.

As part of this designation, each mission is required to develop a five-year Multi-Sectoral Nutrition Country Plan. In addition to providing a high-level overview of context, political landscape, and key stakeholders, the plans describe priority approaches to address nutrition through the health system and food system, how activities and resources support these priorities, and USAID's internal staffing and coordination structures that support implementation. Plans inform and reflect strategy development and design processes such as Country Development Cooperation Strategies, U.S. Government Global Food Security Country Plans (where applicable), project and activity designs, and other critical components of the USAID Program Cycle.^b

The selection of both NPCs and NSSCs and the development of their Multi-Sectoral Nutrition Plans present a valuable opportunity for USAID to reanalyze and focus resources in the areas of greatest need with the greatest potential for impact. Missions, with input from the Nutrition Leadership Council and nutrition advisors, select key technical priorities based on identified gaps and opportunities, host government leadership and priorities for multi-sectoral nutrition, country-level engagement with

donors and stakeholders, as well as alignment with broader U.S. government priorities, including the programmatic commitments announced at the 2021 [Nutrition for Growth Summit](#).

Multi-Sectoral Nutrition Plans developed by USAID NPCs and NSSCs are foundational for shaping broader country strategic plans, including the Country Development Cooperation Strategies^c (CDCSs) and Global Food Security Strategy Country Plans. As CDCSs are developed, all Nutrition Priority and Strategic Support Countries will continue to demonstrate the importance of nutrition to achieving a mission's high-level goal. Given the multi-sectoral nature of nutrition, approaches to addressing nutrition in the CDCSs will vary based on context, types of funding available, and development priorities. Regardless, it is critical that nutrition's contribution to the CDCSs' high-level goal and development objectives is well understood and articulated in the strategy and accompanying results framework. USAID's Nutrition Technical Working Group^d will work collaboratively across sectors to support NPCs during CDCS development processes and coordinate review and feedback to ensure that nutrition is reflected as a multi-sectoral priority, as feasible and appropriate.

^a Nutrition Priority Countries: Bangladesh, Burkina Faso, DR Congo, Ethiopia, Ghana, Malawi, Mali, Mozambique, Nepal, Niger, Nigeria, Senegal, Tanzania, Uganda. Nutrition Strategic Support Countries: Guatemala, Haiti, Tajikistan, Zambia. <https://www.usaid.gov/nutrition/countries>.

^b <https://usaideallearninglab.org/learning-at-usaid/program-cycle-overview-page>

^c CDCSs are five-year strategies that support USAID's mission to promote and demonstrate democratic values abroad and advance a free, peaceful, and prosperous world. They set forth a high-level goal, supported by development objectives and intermediate results (IRs) that each mission, in collaboration with its development partners, works to address during the five-year strategy period. Within this CDCS architecture, nutrition is often visible at the IR or sub-IR level.

^d A group internal to USAID comprises staff across USAID bureaus (mainly from the nutrition team in the Bureau for Global Health, the Bureau for Resilience and Food Security, and the Bureau for Humanitarian Assistance) that coordinate on nutrition-related activities.

MEASURING PROGRESS

In order to measure progress on the implementation of the GMPTA across USAID's Nutrition Priority Countries and Strategic Support Countries, a multipronged approach is needed to capture progress at various levels. This includes: (1) evaluating progress toward country-level World Health Assembly nutrition targets, and (2) monitoring the progress of USAID investments in nutrition through a set of standard indicators through the annual Performance Plan and Report (PPR) collected by USAID Missions and Operating Units (OUs). Furthermore, USAID will review the current list of nutrition-related standard indicators to determine whether adjustments need to be made to better capture the results of USAID investments in nutrition globally.

The following section further describes the targets and processes related to the GMPTA's monitoring approach.

Progress Toward World Health Assembly Targets

USAID programming contributes to country-level progress towards national-level nutrition goals both directly and indirectly. The World Health Organization's member states have endorsed [global targets for nutrition outcomes](#) through the World Health Assembly. The GMPTA annual reports will include information on progress in Nutrition Priority Countries toward the four most relevant World Health Assembly global targets that by 2025^a aim to:

- Achieve a 40 percent reduction in the number of children under five who are stunted;
- Achieve a 50 percent reduction of anemia in women of reproductive age;
- Increase the rate of exclusive breastfeeding in the first six months up to at least 50 percent;
- Reduce and maintain childhood wasting to less than five percent.

To track annual progress, the GMPTA Annual Report will draw from country profiles developed by the [Global Nutrition Report](#).

Measurement Using Standard USAID Indicators

USAID will leverage its existing annual reporting structure to develop and track progress against annual targets to monitor progress of our nutrition programs. USAID has an established reporting process through the annual performance plan and report (PPR) process.^b

Operating units are required to set annual targets for and report on standard PPR indicators as they apply to their activities. The standard PPR nutrition indicators directly relevant to the GMPTA are:

- Number of children under five reached with nutrition-specific interventions through U.S. government-supported nutrition activities
- Number of children under two reached with community-level nutrition interventions through U.S. government-supported programs
- Number of pregnant women reached with nutrition-specific interventions through U.S. government-supported programs
- Number of individuals receiving nutrition-related professional training through U.S. government-supported programs

As standard indicators, each contributes to annual targets, and are disaggregated by sex. These standard indicators are also included as Feed the Future (FTF) indicators, and as such must also be disaggregated by age when relevant.^c Operating units are accountable for assessing progress against their targets.

^a See [WHO/UNICEF Discussion Paper](#) that explains the extension of the targets to 2030.

^b The PPR is an annual data call for performance information managed by the Department of State's Office of Foreign Assistance. All OUs that implement foreign-assistance programs are required to report annually through the PPR.

^c <https://agrilinks.org/post/feed-future-indicator-handbook>

The standard PPR nutrition indicators are required only for non-emergency nutrition activities. However, while the majority of USAID's support for SAM treatment is delivered through emergency programs, for the purpose of this report, these figures will be taken from USAID's Bureau for Humanitarian Assistance (BHA) reporting rather than through the PPR process.

The GMPTA annual report will include the following information for each of the four required nutrition indicators:

- PPR targets and results for each NPC and NSSC, disaggregated by sex and/or age
- Global PPR aggregate results

Annual results^a for the following indicators will also be included in the GMPTA annual reports:

- Children 6–59 months who received vitamin A supplementation in the past six months
- Children under five who received treatment for severe acute malnutrition [SAM treatment numbers are combined from PPR results and from USAID's Bureau for Humanitarian Assistance reporting.]
- Number of women receiving iron and folic acid supplementation
- Number of women receiving multiple micronutrient supplementation

Lastly, USAID will report on the PPR indicator, “percent of female participants of U.S. government nutrition-sensitive agriculture activities consuming a diet of minimum diversity” at the operating unit level.

Metrics for capturing improved diets through food systems are in a more nascent stage than health-systems actions. USAID is a global leader in the development of metrics that link nutrition impact to food safety, large-scale food fortification, and access to and affordability of healthy diets. As such, USAID is rolling out a new food-safety disaggregate under the standard PPR/Feed the Future indicator, “number of individuals who have applied improved management practices or technologies with U.S. government assistance.”

Revision of Standard Nutrition Indicators

In addition to the monitoring approaches summarized above, the GMPTA provides an opportunity for USAID to revise our current standard PPR nutrition indicators to better reflect USAID's contributions to high-impact nutrition interventions and our progress. This process involves proposing new, validated indicators to be added to the Department of State/Office of Foreign Assistance and USAID-managed PPR Master Indicator List. The process for revising, dropping, or adding new standard indicators—from conception to their functional use and ability to report at the operating unit level—can take two to three years. It should also be noted that the Department of State/Office of Foreign Assistance and USAID have a goal to reduce the overall number of required PPR indicators, meaning that there is a limitation on how many new or additional indicators can be proposed.

^a Reporting on these intervention disaggregates is highly encouraged, but not required. However, during the review process for the standard nutrition indicators (described later in this plan), consideration will be given to whether these indicators should be elevated as part of the suite of required standard indicators.



CONCLUSION

The Global Malnutrition Prevention and Treatment Act provides a critical opportunity for the U.S. government and USAID to re-emphasize key priorities in nutrition, identify barriers to progress, and focus resources and efforts for greatest impact within USAID's Nutrition Priority Countries.

The GMPTA Implementation Plan presents priority, evidence-based approaches to nutrition programming to strengthen health systems to deliver quality health services, support food systems in delivering safe and nutritious foods, and reinforce humanitarian and development linkages for improved resilience.

To measure progress on the implementation of the GMPTA across USAID's NPC's and NSSCs, all missions and operating units will report on the progress of USAID investments in nutrition through standard indicators via the annual PPR, and will track country-level progress towards national nutrition targets and World Health Assembly nutrition targets.

In addition to summarizing progress against targets, GMPTA annual reports will provide updates on country and global level progress on priority technical areas, and highlight opportunities to leverage existing activities in health and development and further strengthen nutrition programming in Nutrition Priority Countries and Nutrition Strategic Support Countries.



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