

# **SURVIVE AND THRIVE:**

**Analysing the crucial role of the UK in global maternal, newborn, and child health**

## **ANNEX 1. FOCUS ON NUTRITION**

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This annex informs and supports the UNICEF UK report *Survive and Thrive: Analysing the Crucial Role of the UK in Global Maternal, Newborn, and Child Health*. It provides detailed analysis of the UK's contribution to Nutrition from 2016 to 2023, highlighting its investments, partnerships, and policy influence in this critical area. Nutrition was selected as one of three core domains for in-depth analysis because of its direct and measurable impact on maternal, newborn, and child health (MNCH) outcomes, and its value as a strategic indicator of progress across the broader MNCH landscape. This annex focuses on nutrition, while Annex 2 addresses immunisation and Annex 3 covers primary health care. Further details on methodology can be found in the main report.

### **1.0 SUMMARY**

#### **The UK's shifting role in global nutrition and MNCH – From leadership to retreat**

This Annex explores the UK's evolving role in global nutrition, particularly in relation to maternal, newborn, and child health (MNCH). It traces a trajectory of early global leadership and strategic investment, to a period of reduced visibility, sharp funding cuts, and missed opportunities for influence.

The analysis highlights both the transformative potential of UK-supported nutrition programmes and the impact of setbacks. It concludes with a consideration of recent re-engagement efforts and the urgent need for sustained and new investment to meet global nutrition targets and improve outcomes for the most vulnerable women and children.

### **2.0 WHY NUTRITION MATTERS**

Good nutrition is fundamental to child survival and development, yet millions of children still lack access to the calories and nutrients they need to grow, learn,

and thrive. This burden is disproportionately borne by the youngest, poorest, and those living in humanitarian crises.<sup>1</sup> Malnutrition often begins before birth, making maternal nutrition during pregnancy and breastfeeding essential, not only for child health, but for the health, dignity, and well-being of women themselves.

Nutrition is also a strategic financial investment and core to effective development. According to analysis by the World Bank, every \$1 invested in nutrition yields returns between \$4 and \$35, through increased productivity, reduced healthcare costs, and improved educational outcomes across a lifetime.<sup>2</sup>

## **\$1 invested in nutrition delivers a return on investment of up to \$35**

Despite the compelling moral and economic case for investment, progress toward the 2030 global nutrition targets remains significantly off track. Half of all countries are not on course to meet targets for reducing stunting and over two-thirds are off track for wasting. It is projected that by 2030, 19.5 percent of children under 5 will be stunted. While global wasting prevalence declined from 7.5 percent in 2012 to 6.8 percent in 2022, it is expected to remain at 6.2 percent in 2030—more than double the global target of 3 percent.<sup>3</sup>

## **3.0 2016–2020**

### **An era of strategic vision and global influence**

In 2016 the UK was a global leader in Nutrition. This was in part due to its successful hosting of a landmark Nutrition for Growth Summit held in London in 2013. At the summit, the UK spearheaded a global compact which it declared would “*change the landscape on stunting, wasting, micronutrient deficiencies, and breastfeeding*” and mark “*the beginning of the end for undernutrition*.”<sup>4</sup>

The compact further asserted that “*Delivering for the next generation of children will require sustained commitment and placing good nutrition at the centre of the global effort to eradicate poverty and hunger. We call on the United Nations and UN Member States to jointly set a clear and ambitious target for nutrition with relevant indicators within the Post 2015 Development Agenda*.”<sup>5</sup>

This bold strategic vision was maintained for the first part of our review period; The UK rallied other donor countries, met its own ambitious targets and was a trail blazer in promoting integrated approaches to nutrition.

### 3.1 Policy – A world leader in nutrition

This period was marked by high-level diplomatic engagement, ambitious impact targets, and strategic alignment with the Sustainable Development Goals. The UK not only drove forward its own commitments but helped shape the global nutrition agenda.

Key policy milestones from this era include:

- 2016: The UK co-hosted a high-level Nutrition for Growth (N4G) event in Rio de Janeiro (with Brazil and Japan) on the eve of the Olympics. Global leaders used this platform to renew commitments to end malnutrition by 2030, review progress since the 2013 London summit, and call for increased investment in proven nutrition interventions.<sup>6</sup> While this was not a pledging summit, the UK used the opportunity to reaffirm momentum behind its existing impact targets, which included:
  1. Reaching 50 million people with nutrition-related programmes by 2020
  2. Increasing financial support for nutrition interventions
  3. Supporting research and encouraging private sector investment in nutrition
- The UK's 2017 Global Nutrition Position Paper, *Saving Lives, Investing in Future Generations and Building Prosperity*,<sup>7</sup> detailed a comprehensive strategy to combat global undernutrition. Positioning the UK as a global leader in nutrition within the framework of the 2030 Agenda, particularly Sustainable Development Goal 2 focused on “Zero Hunger”, the paper emphasised the importance of international collaboration among governments, donors, the private sector, and civil society. The strategy prioritised addressing undernutrition, focusing on stunting, wasting, and micronutrient deficiencies, and special attention was given to women, adolescent girls, and young children, especially during the critical “1,000-day window” from conception to age two, recognising this period as vital for long-term health outcomes.
- In 2019 and 2020 the UK worked with international partners (including Japan) to lay the groundwork for the next N4G summit (due to be held in 2021), continuing to rally donor support and keep nutrition high on the global development agenda.
- In January 2020, the UK Parliament debated the importance of maintaining the UK’s leadership in global nutrition ahead of the Tokyo Nutrition for Growth Summit. Lord Collins of Highbury remarked, “*The UK has long been a leader in the global movement to end malnutrition and it is crucial that we maintain this momentum as we look ahead to the Tokyo summit.*” Other

peers echoed this call, urging a strong UK presence and a renewed financial commitment—proposing a pledge of £800 million per year for nutrition between 2021 and 2025.<sup>8</sup>

- In 2020, the Independent Commission for Aid Impact (ICAI) reported that UK aid had made a “significant contribution”<sup>9</sup> to reducing malnutrition and urged continued prioritisation and better integration of nutrition outcomes—especially for mothers and children across sectors.<sup>10</sup> The review awarded the UK's nutrition portfolio a green-amber score, and highlighted DFID's success in reaching many of the most vulnerable women and children. ICAI noted that the department played a leading role in advocating for nutrition as a global priority, strengthening political leadership and commitments to reduce undernutrition at both global and national levels.

## 3.2 Finance – Sustained and targeted investment

External validation of UK spending confirmed that financial targets were met and had impact. In November 2021, the *Global Nutrition Report*<sup>11</sup> found that the UK had successfully met all three of the major commitments it had made at N4G summits.

Between 2013 and 2020, the UK disbursed over £5 billion in nutrition-related ODA, making it one of the world's top nutrition donors.<sup>12</sup> By 2016, it was exceeding planned disbursements, with \$156 million spent on nutrition-specific programming and \$693 million on nutrition-sensitive sectors.

During this period, the UK focused on maximising return on investment. One example is through support to the Power of Nutrition (TPoN) fund. This is a collaborative financing platform established in 2015 to mobilise public and private resources to combat malnutrition. As a founding contributor, the UK's initial investment of up to £32 million (as part of a total commitment to the World Bank trust fund of US \$55 million) catalysed a total project portfolio of approximately US\$636 million, significantly exceeding the anticipated 4:1 leverage ratio.<sup>13</sup>

This rate of return was achieved through TPoN's innovative co-financing model, which matched donor funds from the UK and others with resources from implementing partners like the World Bank and UNICEF, thereby amplifying the scale and reach of nutrition programs across 16 countries in sub-Saharan Africa and Asia. Match funding maximised the impact of UK investments and delivered strong value for money.

By the end of 2020, TPoN's programs had reached over 60 million women and children with essential nutrition services. In 2020 alone, this included approximately 12.5 million children, 7 million women, and 1.2 million adolescents.<sup>14</sup> In Tanzania the initiative achieved significant health outcomes:

- 90,096 fewer cases of child stunting
- 8,664 child lives saved
- 217,517 cases of maternal anaemia prevented<sup>15</sup>

### 3.3 Programmes – Reaching the most vulnerable through development and crisis response

From 2016 to 2020, the UK's programmatic approach to nutrition for MNCH encompassed both nutrition-specific interventions, like breastfeeding promotion and micronutrient supplementation, and nutrition-sensitive programming that brought combined nutrition with other sector interventions (such as education and WASH).<sup>16</sup> The portfolio was diverse with the UK leading on both long-term development interventions and emergency humanitarian responses to nutrition needs.

- **Long-term development interventions:** In Bangladesh<sup>17</sup> the UK-supported integrated packages to tackle stunting by improving hygiene, diet, and health practices together. In Zimbabwe, UK funding supported integrated agriculture, WASH, and nutrition approaches.<sup>18</sup> In Tanzania, investments focused on strengthening community health systems and behaviour change communication.<sup>19</sup> In Pakistan, the UK backed food fortification efforts to tackle widespread micronutrient deficiencies.<sup>20</sup> In Nigeria, programming bolstered both health systems and social safety nets, supporting long-term resilience and improved dietary outcomes.
- **Emergency humanitarian responses:** The UK maintained a robust humanitarian response capacity. In Somalia, for example, the UK responded swiftly during the 2017–2018 drought. As famine loomed, UK aid helped avert catastrophe by providing emergency food assistance, clean water, and healthcare services.<sup>21</sup> This timely action highlighted the UK's ability to mobilise resources quickly and deliver life-saving nutrition support in crisis situations.

The UK championed partnerships with both multilateral organisations who could deliver impact at scale, and UK bilateral aid that could make the most of UK expertise. This bilateral element was particularly visible in work focused on reaching the “last mile” — a term used to describe populations who face the greatest barriers to access, including those living in remote, fragile, or marginalised settings, and who are often underserved by conventional health systems. During this period, the UK increasingly prioritised fragile or conflict-affected settings in its nutrition funding in an attempt to meet those most in need and deliver interventions that others were unable to. Of the top ten countries receiving the most UK nutrition aid, six were fragile and conflict-

affected countries (FCACs) in 2018–2019, rising to eight in 2020 and nine in 2021.<sup>22</sup>

Taken together, these interventions reflect a period of strategic, well-resourced programming where the UK successfully combined development foresight with humanitarian responsiveness significantly contributing to maternal, newborn, and child nutrition outcomes across diverse geographies.

## **4.0 2020–2023**

### **Weakened leadership, falling investment, and programmes cut**

Institutional changes had a significant impact on the UK's nutrition leadership. The 2020 merger of the Department for International Development (DFID) and the Foreign and Commonwealth Office (FCO) into the Foreign, Commonwealth and Development Office (FCDO) caused substantial disruption. According to the International Development Committee, the department lost up to 20% of its professional capability during this period. Nick Dyer, Second Permanent Under-Secretary, acknowledged that by 2024, 60% of development advisory roles could not be filled internally due to a shortage of skilled staff.<sup>23</sup>

These rapid shifts precipitated widespread closures and downgrading of flagship nutrition initiatives, including humanitarian nutrition efforts and health-system programmes—resulting in diminished impact for maternal and child nutrition globally.

#### **4.1 Policy – Diminished global leadership**

By 2020, the UK government had committed to shifting its nutrition policy from vertical, standalone programmes towards a more integrated, cross-sectoral approach. This directly built on the Nutrition paper from 2017 and was present in several strategy papers aimed at centring a multi sectoral approach – for example in 2021 the *Health Systems Strengthening (HSS) for Global Health Security and Universal Health Coverage* Position Paper and *The Ending Preventable Deaths (EPD) of Mothers, Babies and Children by 2030: Approach Paper* both reaffirmed holistic systems-based approaches as key to reducing maternal and child mortality, including delivery of nutrition services, alongside other interventions.

However, while there was evidence of a renewed strategic focus on integration, a series of disruptive events undermined the UK's ability to deliver on its vision.



By the end of 2021, the UK's strategic de-prioritisation of nutrition was clearly visible on global platforms, most notably at the Tokyo Nutrition for Growth Summit. Key indicators of this shift at the summit included:

- **No new financial pledge:** This decision stood in stark contrast to Japan and the United States, who pledged \$2.8 billion and \$11 billion respectively.
- **New OECD nutrition policy marker:** The UK supported and introduced a new marker to improve aid tracking, but this was widely viewed as an inadequate substitute for the catalytic funding and global leadership once associated with the UK.<sup>24</sup>
- **No nutrition impact target was set:** This marked a departure from the UK's 2013 commitment to reach 50 million people with improved nutrition by 2020—a goal that was tracked and publicly reported.
- **Delayed funding commitment:** a long-term £1.5 billion pledge for 2022–2030 was eventually announced in 2022, but the delay undermined UK credibility, reduced its influence with other donors, and weakened momentum for nutrition within the maternal, newborn, and child health (MNCH) agenda.

Nutrition was also losing visibility in UK development policy documents. In the *Strategy for International Development*, published in May 2022, nutrition was mentioned only briefly; once, in reference to past contributions to the African Risk Capacity (ARC), and then again in reference to the relationship between food security and ocean biodiversity.<sup>25</sup> There was no mention of major multilateral nutrition initiatives such as the Power of Nutrition, the SUN Movement, or the UK's historic leadership in global nutrition financing. This marked a notable shift from earlier strategies, where nutrition featured more prominently. It also stood in contrast to the visibility given to partnerships with Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria in the document — both were highlighted as central to the UK's commitment to ending preventable deaths of mothers, babies, and children.

In 2023, the UK Global Health Framework did include a policy pledge to “integrate nutrition across our ODA portfolio”<sup>26</sup> and reaffirmed a focus on prevention and early treatment, but this policy commitment came without the clear financial backing that had been evident in earlier years and so risks being underpowered.

## 4.2 Finance – Falling investment

In November 2020, the then Chancellor Rishi Sunak announced that the UK would temporarily reduce the aid budget from 0.7% to 0.5% of GNI due to economic pressures from the COVID-19 pandemic. Spending cuts came at

speed with many taking effect by 2021. Nutrition spending fell by over 60% in this time.<sup>27</sup>

In response to the cuts, Kirsty McNeill, executive director at Save the Children UK remarked that:

*“We are looking at the near-collapse of British help for hungry children in some of the world’s poorest and most dangerous countries, including Yemen, Somalia, and Sudan. Ending preventable child deaths will never be achieved when we ignore the role prolonged malnutrition plays in the development of a child and their future quality of life.”*<sup>28</sup>

By 2023, the *International Coalition for Advocacy on Nutrition* (ICAN) confirmed that the UK was falling behind on nutrition-specific investments. ICAN warned that without urgent increases in support, progress on child survival and development will stall.<sup>29</sup>

Recent analysis by UNICEF UK which examines the impact of the UK cuts on child-focused aid, indicates that both child focused aid and bilateral aid with a primary focus on nutrition were disproportionately impacted by cuts. The UK’s child-focused bilateral aid fell by 57% from 2019 to 2022, while non-child-focused bilateral aid fell by 34% (excluding IDRCs). Bilateral aid with a significant nutrition focus fell by approximately 60% from £1.3 billion to just over £500 million between 2019 and 2022.<sup>30</sup>

### **4.3 Programmes – Hard hit by scale and speed of cuts**

The scale of the UK aid cuts was compounded by their speed, creating operational instability and forcing programme closures with little warning. Longstanding bilateral partnerships were left exposed as the UK rapidly reduced support

- In 2020, the UK was the main contributor to UNICEF’s nutrition response in Syria, allowing UNICEF to conduct nutrition screenings of over 2.7 million children and pregnant women, reaching 1.6 million children and pregnant and lactating women with micro-nutrients, and providing life-saving treatment to 17,768 children with severe acute malnutrition. In 2021, UNICEF’s office in Syria was informed that the UK had no plans to fund its programme that year. This sudden funding cut hampered UNICEF’s ability to tackle malnutrition and resulted in fewer children and women being reached.<sup>31</sup>
- The UK abruptly cut aid to SUN II, Zambia’s flagship nutrition programme, by approximately £3.28 million (out of a planned £11.78 million). This led to the complete termination of some programme activities and the scaling back of others, significantly hindering efforts to reduce child stunting during the crucial first 1,000 days of life.<sup>32</sup>



## Case study 1. Humanitarian response in Yemen: Cuts in times of crisis

In February 2021, the World Food Programme warned that 16.2 million people in Yemen faced hunger in an “unprecedented” humanitarian situation. The number of people living in famine-like conditions was projected to triple in the first half of the year, reaching 47,000 people.<sup>33</sup>

At the UN Pledging Event for the crisis in Yemen, the UK committed just £87 million, representing a 46% reduction from the £160 million pledged in 2020–21 and a 56% cut from the £200 million allocated in 2019–20.<sup>34</sup> UK aid to Yemen at this time was largely aimed at providing basic services, including food assistance, healthcare, and nutrition.

In April 2021, during a parliamentary committee hearing, Chris Bold, FCDO’s Development Director for Yemen, acknowledged *“We have not done an impact assessment”* when asked about the effects of these aid cuts on women, people with disabilities, and displaced persons.<sup>35</sup>

Aid agencies reported immediate and devastating effects due to both funding cuts and the impact of the Covid-19 pandemic. Maternal, newborn, and child health programmes, including those run by UNICEF and Save the Children, were forced to scale back or shut down. Clinics closed, critical services for mothers and children were suspended, and outreach to vulnerable communities was cut.

Xavier Joubert, Country Director for Save the Children in Yemen said: *“Some of the clinics we support had to scale back capacity, also for nutrition services, and we are already seeing the impact on children. In Lahj and Hajjah, malnutrition rates have reached 11% and our teams are struggling to continue providing nutrition services. It’s time for all of us to face the harsh reality that we might witness thousands of children dying over the next months, if support remains limited.”*<sup>36</sup>

## 5.0 LOOKING TO THE FUTURE

### Promise in catalytic financing, but gaps remain

The UK's co-founding of the Child Nutrition Fund (CNF) in 2023, alongside the Children's Investment Fund Foundation (CIFF) and UNICEF, demonstrated renewed momentum. This scalable, MNCH-focused innovation aims to have major impact for mothers, babies, and children in priority countries:

- The CNF's Match Window incentivises national governments to co-invest in the treatment of child wasting, a leading cause of preventable child deaths.
- This model reflects the UK's strength in shaping catalytic financing and promoting sustainable country-led solutions for maternal and child nutrition.

However, this re-engagement in nutrition remains limited in material terms. Despite positive signals, the UK did not make significant new funding commitment in the review period. Notably, in November 2024, the UK joined the Global Alliance Against Hunger and Poverty and announced a new investment in global food security.<sup>37</sup> This was an important and welcome step. However, the sharp declines in support for nutrition largely persist, raising concerns about the sustainability and overall impact of the UK's involvement. Without predictable, targeted financial commitments explicitly linked to maternal, newborn, and child health outcomes, the UK's renewed engagement risks falling short of achieving meaningful improvements in nutrition for the most vulnerable populations.

## 6.0 CONCLUSION

### The opportunity to lead still in reach

The UK's past leadership on nutrition delivered measurable results: it helped reduce child mortality, improved maternal health, and strengthened fragile health systems through integrated, multisectoral approaches. Sustained, UK support reached the most vulnerable mothers and children—those in conflict zones, humanitarian crises, and food-insecure communities. But recent funding cuts, institutional shifts, and missed political moments have compromised this progress. The sharp drop in nutrition-specific investments has left critical gaps in service delivery, weakened the UK's global influence, and jeopardised hard-won gains in maternal and child health. Yet the fundamentals of the UK's approach remain sound, backed by evidence, respected globally, and built on decades of expertise. Reinvesting in nutrition, especially through MNCH-focused and catalytic financing models, offers a powerful opportunity to reclaim lost ground, deliver high-impact results, and reaffirm the UK's role as a force for equity and resilience in global health.

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