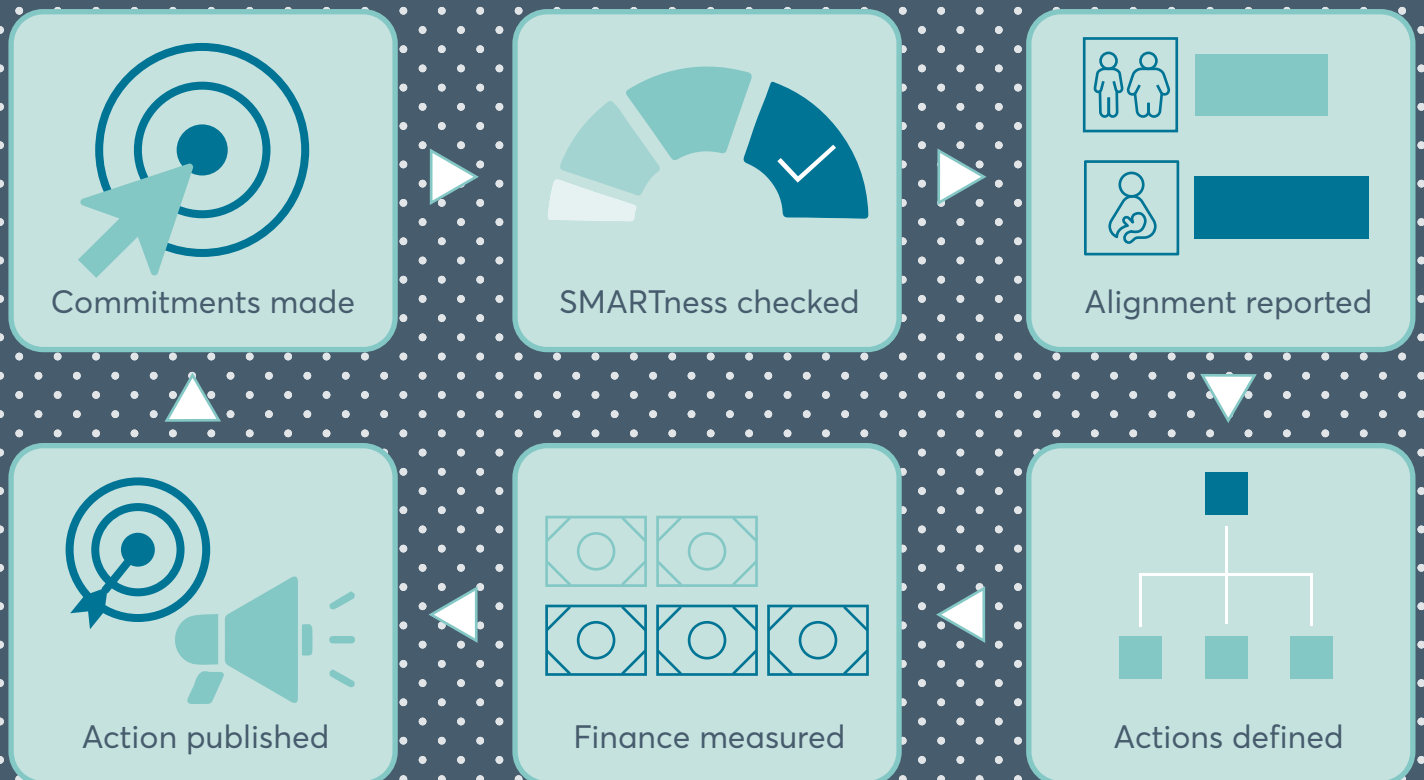


2022



Global Nutrition Report

Stronger commitments for greater action



ENDORSEMENTS

Honourable Harjit S. Sajjan, Minister of International Development and Minister responsible for the Pacific Economic Development Agency of Canada

With millions of additional people likely to be malnourished as a result of the invasion of Ukraine, climate change, and Covid-19, this is a critical time to focus on nutrition. Women and girls are at the heart of the current food and malnutrition crisis. They will be the ones to guide solutions going forward as this crisis will likely have lifelong negative impacts on education, health, climate change, food systems and economic growth. The *2022 Global Nutrition Report* and tools such as the Nutrition Accountability Framework will ensure much needed monitoring, transparency and accountability for nutrition commitments, providing the evidence base needed for effective collective action.

Gerda Verburg, Coordinator of the Scaling Up Nutrition Movement

The *2021 Global Nutrition Report* called for funding to be significantly scaled-up, ambitious political commitments and holistic approaches to diets and nutrition. In 2021, the Nutrition Year of Action, the first United Nations Food Systems Summit set the stage to transform global food systems, to change the way the people produce, consume and think about food. Similarly, the Nutrition for Growth (N4G) Summit witnessed an unprecedented number of commitments to improving nutrition, especially from low- and lower-middle-income countries, while record funding of US\$26.3 billion was committed to tackle global malnutrition.

The world has been ravaged, this past year, by the compounding challenges of climate shocks, conflict, and the food, energy and fertilizer crises due to the war in Ukraine, while it is just recovering from the Covid-19 pandemic. These multiple challenges have increased the cost of healthy diets and demands on the environment while unacceptable levels of malnutrition persist. The *2022 Global Nutrition Report* provides a timely reminder not only of the task at hand but more importantly of the commitments that countries have made and acted upon, the opportunities to drive transformative, systemic change towards sustainable, resilient, and climate smart food and nutrition systems that support healthy people and a healthy planet. It is a reminder for the rest of the world to support and align behind the monumental efforts made by low- and lower-middle-income countries that have made the highest-ever number of commitments to tackle malnutrition.

Diane Holdorf, Executive Vice President, World Business Council for Sustainable Development

Transforming our food system to provide access to safe, nutritious and affordable food produced within the planetary boundaries for all has never been more important. The *2022 Global Nutrition Report* will play an important role supporting companies to move beyond commitments and targets and bring greater accountability to the system, working to end malnutrition and helping to ensure everyone, everywhere can reach their full potential.

Samantha Power, Administrator of the United States Agency for International Development (USAID)

At last year's Nutrition for Growth Summit, which raised more than \$40 billion to prevent and treat malnutrition around the world, 90% of the Summit's goals made by governments came from low- and middle-income countries – a clear sign that governments are stepping up to combat malnutrition within their own borders, and that high-income countries must step up as well. That's why, in addition to continuing to lead efforts to fund prevention and treatment for malnutrition, USAID endorses the *2022 Global Nutrition Report*, which includes a crucial Nutrition Accountability Framework that supports efforts to monitor global nutrition commitments, push everyone to contribute their fair share, and hold us all accountable for our commitments.

Takeshi Akahori, Director-General and Assistant Minister for Global Issues, Government of Japan

An unprecedented number of commitments were announced around the Tokyo Nutrition for Growth Summit 2021. However, these commitments will contribute to improving global nutrition only if they are steadily implemented. This report reminds us that all stakeholders, including governments, the private sector, civil society and academia, need to align their efforts and leverage the SMARTness of commitments to report on progress.

AUTHORSHIP AND ACKNOWLEDGEMENTS

Editorial direction and guidance

This report represents the considered input of the Independent Expert Group (IEG) members, who are collectively accountable for the quality and independence of the report. Members participated in a personal capacity, not as representatives of their affiliated organisations. The report does not necessarily represent the position of any of the individuals involved in its development, as listed below, or any of the partnered organisations involved in the development of the *Global Nutrition Report*.

Editor-in-chief

The publication was produced under the direction and guidance of the IEG Chair, Dr Renata Micha. A team of IEG Members was identified by the IEG Chair as the lead authors of the report, who jointly developed and decided on the outline and content of the report.

The authors produced a number of interim outputs, including an annotated outline, first draft and final draft of the report. These were reviewed, validated and cleared by the IEG Chair at each stage in the preparation process.

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The expert authors (IEG Members, external experts) accept full responsibility for the published content and have been involved in all aspects of the creation of the content including conception, design, writing, research, analysis, interpretation and final presentation of the content. Authors are listed in order of contribution.

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Author disclosures

Renata Micha, Mariachiara Di Cesare and Giacomo Zanella have no conflicts of interest.

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2009. Maharashtra, India.
Women show their agricultural products. India.
© Simone D. McCourtie/World Bank

Preface: About this report

PREFACE: ABOUT THIS REPORT ON THE GNR'S NUTRITION ACCOUNTABILITY FRAMEWORK

Poor diets and malnutrition in all its forms are among the greatest global social challenges of our time. The Nutrition Year of Action spotlighted the urgent need for more action whilst ensuring that all stakeholders are held accountable for their commitments. The 2022 Global Nutrition Report provides an analysis of commitments made across a large range of stakeholders at all levels, setting out where they have stepped up, highlighting potential gaps and making recommendations for where greater efforts or action is needed.

The structure and content of the report reflects the change in accountability required to support a change in action, highlighting the unique and synergistic role of each actor in the response. Chapter one introduces and showcases the value of the Nutrition Accountability Framework (NAF) developed by the GNR. Chapter two provides an overview of commitments made by all stakeholders under the NAF. Chapters three to seven take a deep dive into commitments made by each stakeholder group, ordered by the number of commitments made, including governments, donors, civil society organisations (CSO), businesses and international organisations. Academia does not have its own chapter, given the limited number of commitments made, but it is discussed in Box 2.1 within chapter two.

[Chapter one](#) introduces the NAF and its critical role in monitoring nutrition action. It presents long-standing challenges in commitment-making for nutrition and how the NAF strengthens accountability, with a focus on the Tokyo N4G Summit. The chapter describes the NAF cycle, that is how the NAF works and leads to more action, including who can make commitments, what commitments are included, and how these are registered using the NAF platform, assessed and publicly shared. As part of the NAF, the GNR has developed and here presents the Nutrition Action Classification System, which accurately maps the type of nutrition commitments, thereby helping to identify gaps in action and future priorities. The chapter also introduces the Nutrition Action SMARTness Index, which defines and assesses the SMARTness of commitments, enabling stakeholders to make them SMARTer. Lessons learned, both in the implementation of the NAF and engagement with stakeholders, need to continue to inform the evolving and dynamic nature of this global framework.

[Chapter two](#) describes how stakeholders stepped up in the Nutrition Year of Action, by analysing commitments registered through the NAF. It provides an overview of commitments – and their goals – made by governments, donors, CSO, businesses, international organisations and academia. The chapter analyses and presents key traits and patterns in stakeholder representation, extent of commitment-making, geographic and population coverage, alignment with the global nutrition targets, and response to Covid-19. It analyses the type of nutrition commitments – using the Nutrition Action Classification System – and identifies gaps in action. Recognising that most commitments registered are N4G ones, observed patterns may not truly reflect the global nutrition landscape. The chapter further analyses the SMARTness of commitments made – using the Nutrition Action SMARTness Index – and identifies how stakeholders can continue to improve their commitments. The details of all commitments made are publicly shared through the interactive NAF Commitment Tracker. Next steps include verifying the self-reported data, reporting on progress made and committing to new action through the NAF.

[Chapter three](#) presents a detailed analysis of the types of the domestic commitments made by governments, highlighting their key role in tackling poor diets and malnutrition in all its forms. The chapter first analyses the commitment goals made and categorises them as enabling, policy or impact. It then explores in more detail the impact actions, their nature and focus. In the last section of the chapter, countries are grouped by income and burden of malnutrition to better understand the differences in the types of commitment goals made by countries with different economic and nutrition profiles.

[Chapter four](#) is concerned with the commitments made by CSOs, given their key role in advocating for and supporting greater nutrition action. The first section analyses the types of commitment goals grouped as enabling, policy or impact, while the second section takes a deep dive into characterising their SMARTness. The third section looks into the alignment of CSO commitments with the global nutrition targets.

[Chapter five](#) provides an assessment of the range and global scope of commitments made by private sector businesses, as well as their alignment with the global nutrition targets. In particular, it highlights the breadth of nutrition actions pledged by the private sector, with a focus on internal policies designed to improve nutrition. A description of the reach and geographical coverage of the nutrition actions follows to conclude with understanding the type and focus of these actions.

[Chapter six](#) highlights the key role donors have in mobilising financial resources, including in light of Covid-19, which has exacerbated the need for nutrition financing. In particular, it expands on the mobilisation of financial resources from donors and the role that they have beyond financial support. It concludes by reviewing the commitments donors made to mitigate the impacts of Covid-19 on food and health systems.

[Chapter seven](#) highlights the global role of international, including multilateral, organisations in the fight against malnutrition. After presenting an overall picture of the type of commitments made by international organisations, the chapter focuses on the analysis of the SMARTness of commitments made – using the Nutrition Action SMARTness Index – and identifies areas for improvement. Finally, alignment with the global nutrition targets is presented with the aim of identifying areas that require further consideration and additional global efforts.



2021. Syria.

Baker Fawzi Al-Daffam in a bakery rehabilitated by Oxfam with funding from the European Union, part of a programme to restore access to bread for thousands of people at subsidised prices.

© European Union, 2021 (photographer: George Ourfalian)

Foreword

FOREWORD

We are living through a global nutrition crisis. Poor diets and malnutrition in all its forms are among the greatest societal challenges of our time, impacting our health, our economies, and our environment. Declaring 2021 as the Nutrition Year of Action evoked a response from stakeholders across the world that made this a pivotal moment for nutrition. The GNR focused its efforts on accountability and how it can support those with a stake in global nutrition to increase the impact of their actions. The 2022 GNR honours the incredible progress that has been made so far, demonstrates the power of greater accountability, and calls on stakeholders to seize this moment so that we can get global nutrition on track.

Stakeholders are stepping up in the fight against malnutrition, and greater accountability will strengthen that action

Governments, civil society organisations, donors, private sector businesses, international organisations and others stepped up in recognition of the responsibility they have to end malnutrition in all its forms. We saw an unprecedented number of commitments made at the Tokyo Nutrition for Growth (N4G) Summit at the end of 2021, alongside others made throughout the year. As part of these efforts to increase and improve nutrition action, GNR created the world's first global and independent public platform for monitoring nutrition commitments, the Nutrition Accountability Framework (NAF). The NAF marks a step change in our ability to ensure commitments translate to impact. It has been endorsed by a range of actors including the government of Japan, the Scaling Up Nutrition (SUN) Movement, the World Health Organization, UNICEF and USAID. For the first time, commitments to take action on nutrition are being made SMART and trackable, using standardised and transparent approaches. In doing so, we have the potential to truly connect the dots between actors, action and impact, and see nutrition action as a shared problem in which we are sharing the solutions that will work. Strengthening accountability in this way can enable stronger commitments and bolder action, since it shows that no actor is, nor should be, working alone.

We have never been better equipped to work together to deliver impact

We are stronger when we come together to tackle the vast and interconnected challenges that have created the current crisis, and a shared, independent accountability mechanism is a critical part of that. Making commitments via a common process and standards means the efforts of every stakeholder can be equally tracked, learned from and celebrated. It sets stakeholders up for success by allowing their efforts to be transparently reported and monitored in a way that builds trust between those who have a responsibility to take action on nutrition and with those holding them accountable. And it equips stakeholders to significantly increase their impact by facilitating greater collaboration, knowledge sharing and learning about what action is happening, working and where future efforts need to be focused. But it can only do this if it is used to its potential, and this report demonstrates the need for all stakeholders to invest in making this happen.

The imperative to do this has never been greater

A perfect storm of war in Ukraine, climate change and the ongoing impacts of Covid-19 have reversed many gains we had made in nutrition, and at a time when the world was already struggling to deliver the World Health Assembly's global nutrition targets. This makes the action we take now more important than ever – both to get global nutrition on track and because many of the most significant global challenges we face today require nutrition to be a core part of our response if we are to truly overcome them. Addressing food and nutrition security is a vital part of increasing people's resilience in the face of rising humanitarian needs. Ensuring better diets and resulting nutrition will tackle the leading cause of ill health worldwide. Making sure that populations are nourished is a key part of delivering inclusive and sustainable economic growth. And the way we respond to the climate crisis will have a direct impact on efforts to tackle malnutrition and vice versa. None of this is straightforward, and strong mutual accountability efforts that facilitate collaboration across stakeholders at all levels and across all sectors and organisations is a critical part of rising to this challenge.

All stakeholders must now work together

Through ensuring that *all* actions stakeholders are taking and intend to take to help fight global malnutrition are accounted for, we have the ability to transform collective responsibility and as such the effectiveness and impact of nutrition action. It is still early days, and the 2022 GNR analyses the first step in the journey we must now take towards capturing, sharing and tracking all nutrition actions and their impact so we are equipped to transform global nutrition. It will be important for organisers of pledging moments such as the N4G Summit to keep accountability high on the agenda as we move forwards, and for stakeholders to work closely with GNR to ensure the NAF is meeting their needs. Everyone who has a role to play in nutrition action must now commit to using the NAF so that we can work together, more effectively than ever before, to win the fight against malnutrition in all its forms.

Dr Renata Micha

Chair of the GNR Independent Expert Group



2021. Madagascar.

Members of this household now have only cassava leaves as food. With many families turning to this last resort food source, the leaves themselves are disappearing.

© UNICEF/Andrian

Executive summary

STRONGER COMMITMENTS FOR GREATER ACTION

The global nutrition crisis we faced even before Covid-19¹ has become far worse, with worrying trends across every form of malnutrition, from hunger to obesity. People affected by hunger leaped by 150 million since the Covid-19 outbreak, from 618 million in 2019 to 768 million in 2021, while those unable to afford a healthy diet² rose by 112 million to 3.1 billion in 2020 alone.³ Almost a third (29.3%) of the world's population, 2.3 billion people, were moderately or severely food insecure⁴ in 2021, up from 25.4% before the pandemic.⁵ At the same time, what we eat across the world continues to fall short of the minimum standards for healthy and sustainable diets⁶ with resulting obesity and diet-related non-communicable diseases (NCDs) on the rise and at epidemic levels – around 40% of all adults and 20% of all children are now overweight or obese.⁷ Policy interventions to date are failing to reverse these trends, while conflict around the world – including the recent war in Ukraine – and the impacts of climate change, which are key drivers of increases in malnutrition, continue unabated.⁸ It is countries faced with food *and* nutrition insecurity,⁹ and the most vulnerable populations, that are threatened the most.

These are complex and pervading issues that must be tackled by all, working together, if we are to achieve what is necessary to shift our current outlook for nutrition. It was in recognition of this that 2021 was named the Nutrition Year of Action, with a concerted effort to mobilise monumental action across the world. The year culminated in the Tokyo Nutrition for Growth (N4G) Summit where stakeholders stepped up to make an unprecedented level of commitments to improve global nutrition. As part of these efforts, the Global Nutrition Report (GNR) was endorsed by stakeholders to create the world's first independent nutrition accountability framework (NAF) to ensure commitments – including and beyond N4G – can deliver transformative change. The NAF enables all actions to improve nutrition across the world to be captured as SMART¹⁰ commitments that can be consistently monitored and reported on publicly. By capturing commitments from anyone at any time, it has the potential to improve our understanding of nutrition action like never before. Such a step change in accountability will equip all actors with the vital data and evidence they need to deliver greater nutrition action.

The *2022 Global Nutrition Report: Stronger commitments for greater action* therefore sets out the vital role of accountability and its ability to transform action to tackle this nutrition crisis that affects all. It analyses the hard work already underway through an unprecedented number of commitments made by governments, civil society organisations (CSOs), private sector businesses, donors and international organisations. It emphasises the unique and vital role of every stakeholder to demonstrate why collaboration and coordination is the only way we can deliver sustainable nutrition outcomes. And it highlights where greater effort both across the board and from specific actors is needed to ensure actions translate into impact.

Although the *2022 Global Nutrition Report* analyses commitments made before the war in Ukraine, its emphasis on stronger commitments, accountability and action has a heightened significance in the face of the war's impact on food and nutrition security globally. The need for stakeholders to step up and take action to mitigate these impacts and improve nutrition for all has never been more urgent.

The report finds much to celebrate with a remarkable number of commitments registered in the NAF and a concerted effort from stakeholders to make those commitments SMART. Low- and lower-middle-income countries stand out in particular, with all stakeholders stepping up to commit over US\$42.6 billion. Overall, the goals that are set out in commitments show strong support to leadership and governance and for addressing undernutrition,¹¹ and a significant proportion of commitments are aligned with key global nutrition targets on maternal, infant and young child nutrition. We do however identify gaps in some critical areas; few goals are focused on improving food and nutrition security, and a relatively low proportion of commitments focus on poor diets or obesity and diet-related NCDs. There is also the need for a more concerted effort across a far broader constituency of actors to take more and stronger action in light of the global nutrition crisis that is fuelled by Covid-19, climate shocks and conflicts around the world.

The *2022 Global Nutrition Report* showcases the value of the NAF and the insights it can bring that have the potential to significantly improve nutrition action over time. It sets the baseline for monitoring nutrition actions and their impact over time. Crucially it serves as a powerful call to action for *all* stakeholders in the global fight against malnutrition. Every actor has a unique position, capacity and responsibility in this complex landscape, and all must step up in their role. It is only by having everyone's contribution accounted for, monitored and reported on that we can deliver the change that people across the world need and deserve.

The Nutrition Accountability Framework

Responding to the need for a global, independent public platform that enables monitoring and strengthening of nutrition action for greater impact

It was highlighted by key N4G stakeholders in 2021 that to deliver a step change in action we need much stronger accountability across the many and varied stakeholders that have a role to play. Long-standing challenges with accountability are well recognised and have impeded progress to date. Addressing these requires ensuring accountability is systematically built into the commitment-making process and streamlined across stakeholders. Crucially, it has required the creation of a central public platform for registering nutrition commitments in a way that helps ensure they are SMART and consistently categorised, so that progress and impact can be effectively monitored and reported.

As the GNR has played the historic role of independently tracking N4G commitments, it was endorsed to deliver this solution. In 2021, GNR launched the world's first Nutrition Accountability Framework (NAF). The NAF ensures *all* nutrition commitments to take action can be made SMART and are captured, standardised and monitored transparently. In doing so, it builds trust and supports stronger collaboration between stakeholders, and it provides the information needed to deliver better nutrition outcomes.

The GNR created the NAF in time for the Tokyo N4G Summit at the end of 2021 to be used both for N4G commitments and all other nutrition commitments moving forwards. The NAF was endorsed by multiple stakeholders including the government of Japan, the Scaling Up Nutrition (SUN) Movement, the World Health Organization, UNICEF, USAID and many others. All N4G commitment-makers were required to register their commitments via the NAF, but *anyone* can register a commitment at any time and receive recognition for the efforts they make. All stakeholders involved in any pledging moment for nutrition are actively encouraged to make use of the NAF, including working with the GNR to ensure it meets their needs, as this is critical if accountability is to improve.

How the NAF strengthens nutrition action through strengthened accountability

For the first time, all actions for nutrition can be accounted for and monitored, transparently and consistently. This allows us to understand what action is being taken and by whom, what is working, and where gaps in action remain so that efforts to improve nutrition in all countries can be made increasingly strong and more impactful.

The NAF comprises a range of tools that have been created independently using best practice approaches and providing full transparency about how they have been developed. These novel tools include:

- **The NAF Platform:** A central, online, publicly available platform for stakeholders to sign up, register and, later, to report on the progress of their commitments. Forms used include standardised data fields to ensure commitments are SMART and allow progress to be systematically monitored and understood across commitments.
- **The Nutrition Action Classification System:** A classification system that identifies the type of action taken as enabling, policy or impact, each further divided into four distinct sub-categories (e.g. 'financial' is an enabling sub-category, and 'undernutrition' an impact sub-category). This means that for the first time we are able to map nutrition action in a holistic and clear way.

-
- **The Nutrition Action SMARTness Index:** A ranking system that enables assessment and reporting of the SMARTness of commitments as high, upper moderate, lower moderate or low. This measure assesses the completeness and coherence of each commitment against predefined criteria (it does not account for the potential importance, scale or impact of the commitment). In doing so, it supports stakeholders to make their commitments as SMART and as trackable as possible.
 - **The NAF Commitment Tracker:** An online, interactive platform for making all data on commitments publicly available to explore with ease, with the ability to track progress over time as that action is delivered and progress data is provided. Through the verification process,¹² stakeholders can provide additional clarifications that are subsequently reflected on the NAF Commitment Tracker. This can lead to improvements in the SMARTness of their commitments.

As part of the NAF, the GNR also monitors the alignment of commitments with the global nutrition targets, across maternal, infant and young child nutrition targets and diet-related NCDs. This complements the Nutrition Action Classification System, which goes beyond these targets and provides detailed insight into the nutrition action developed to address these.

The NAF will evolve as more commitments are registered, leading over time to strengthened tools and processes.¹³ Lessons learned, both in the implementation of the NAF and engagement with stakeholders, will continue to inform this evolving and dynamic global framework.

Towards a virtuous cycle of accountability, action and impact

Promoting transparency and a shared culture of responsibility across diverse actors, the NAF is a tool that supports stakeholders to come together and ensure their promises translate to action. It increases evidence, knowledge and learning about nutrition action in a way that builds trust, enhances collaboration and strengthens efforts that lead to ever more impactful action.

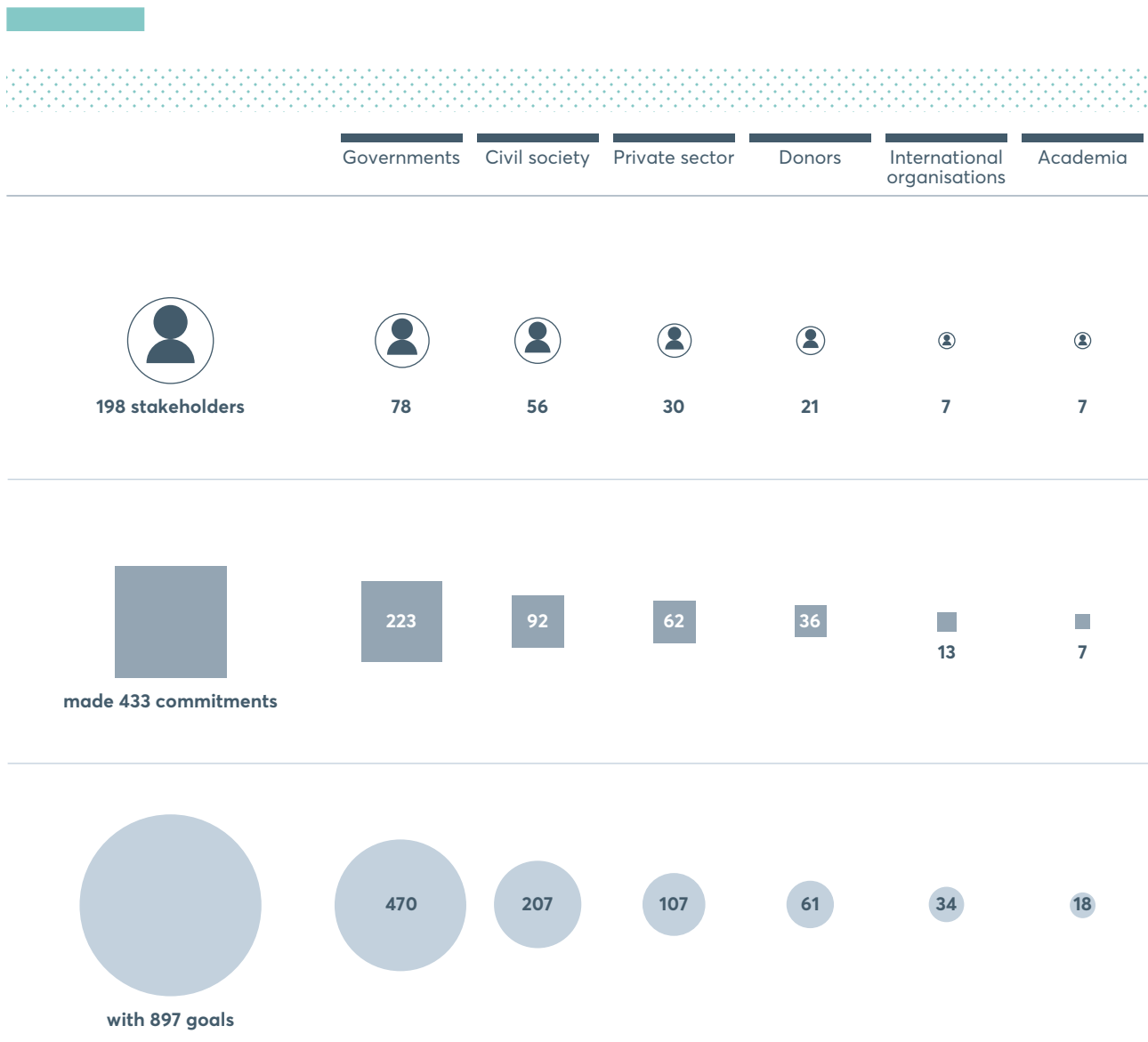
As stakeholders register commitments to capture the actions they intend to take and report their progress, gaps in action and priorities can be identified, results can be celebrated and learnings can be shared. In doing so, it can inspire stronger action and strengthen commitments over time to deliver the progress we urgently need to see in the state of global nutrition.

This potential should now be harnessed by governments, businesses, donors, CSOs and others who have a unique role to play and duty to work together to eradicate malnutrition in all its forms in light of the global crisis we face.

KEY FINDINGS

An unprecedented number of commitments to take action on nutrition worldwide have been made, including over US\$42.6 billion in financial investments

Overview of commitments made by stakeholders to improve nutrition

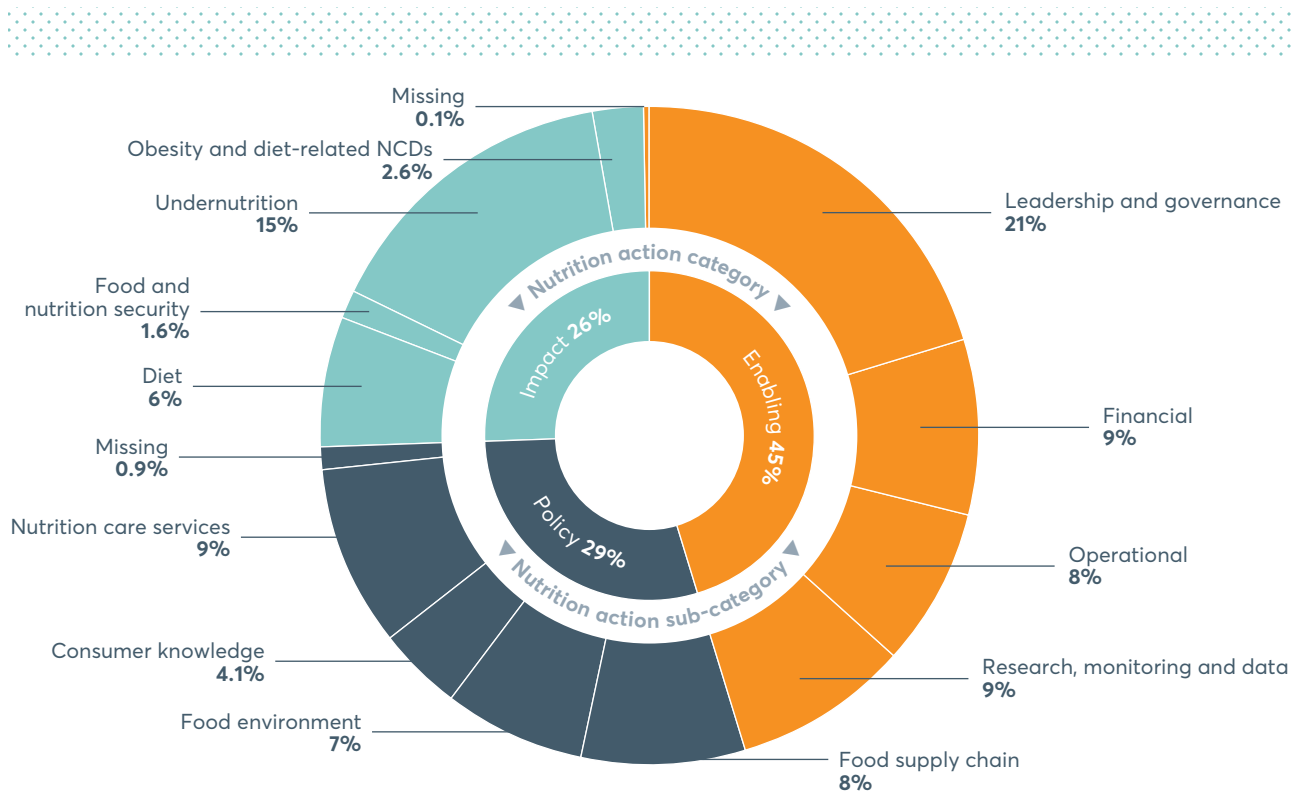


Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

-
- 198^{14,15} stakeholders from 84 countries made 433 commitments with 897 goals aiming to improve nutrition; progress will be measured against the goals. Most were made by 78 country governments¹⁶ (in a non-donor role), followed by 56 CSOs, 30 private sector businesses, 21 donors¹⁷, seven international organisations and seven academic institutions. Less than half (184 of 433, 42%) of all commitments were joint, with more than two-thirds (153 of 223, 69%) of government commitments submitted on behalf of multiple entities.
 - The Tokyo N4G Summit was the most successful to date with 859 goals committed – making up 96% of all goals registered in the NAF to date.¹⁸ This is almost double the number of goals made at previous N4G summits (456 across 2013 and 2017 summits). Stakeholders committed their highest ever level of funding at an N4G Summit: US\$42.6 billion¹⁹ based on the NAF platform, a stand-out achievement.
 - There was substantial mobilisation from stakeholders to address nutrition impacts related to Covid-19. A quarter (212, 24%) of all goals were reported to be developed in response to the pandemic, with no such goals committed by the private sector.

Stakeholders focus strongly on supporting governance and undernutrition, but little attention is paid to poor diets, obesity and diet-related NCDs or food and nutrition security

Overview of commitment goal types, by nutrition action category and sub-category



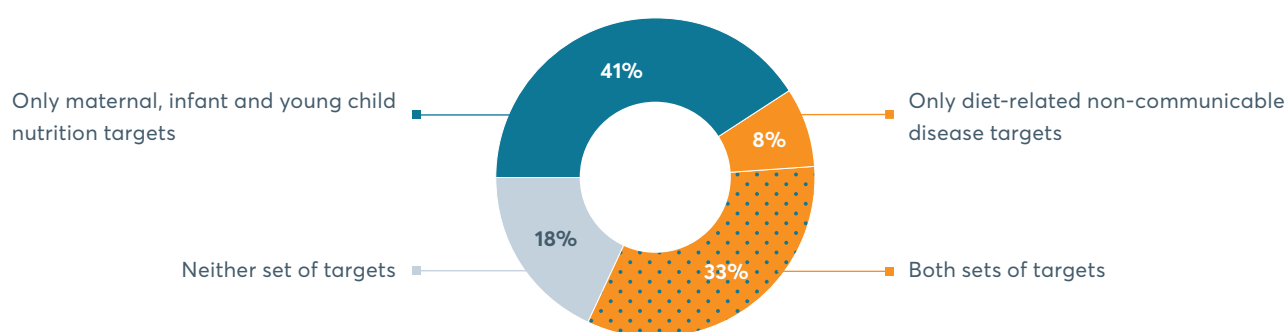
Note: Figures in the chart do not equal 100% due to rounding.

- Almost half (408, 45%) of all commitment goals were categorised as enabling, focused on creating an enabling environment for nutrition action. 'Leadership and governance' was the most prominent type, recognising bold political leadership and good governance as foundations for delivering effective nutrition policies.
- Roughly a third (260, 29%) of all goals were policy actions and, of those, most focused on improving 'nutrition care services'; yet these were still relatively low overall (9% of all goals). Lower attention was given by governments to transforming domestic food systems through the 'food supply chain' and 'food environment' policies, yet we see notable involvement in these areas from the private sector in their goals.
- The rest of the goals were impact (229, 26%), with a strong focus on 'undernutrition'; this tallies with low- and middle-income countries being mostly targeted. By contrast, 'diet' (6% of all goals), 'obesity and diet-related NCDs' (2.6%) and 'food and nutrition security' (1.6%) received the least attention.

A far larger proportion of commitments align with the global nutrition targets on maternal, infant and young child nutrition than diet-related NCDs

Alignment of commitments with MIYCN and diet-related NCD global nutrition targets

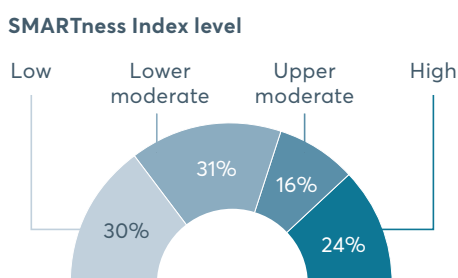
Proportion of commitments aligned with:



- Stakeholders self-reported which of the World Health Assembly global nutrition targets their commitments aligned to, with many commitments often aligned with multiple targets. Most commitments aligned with the maternal, infant and young child nutrition (MIYCN) targets. For example, across all 433 commitments, 58%²⁰ aligned with childhood stunting, 55% with childhood wasting and 46% with anaemia. By contrast, fewer commitments aligned with the diet-related NCD targets: 38% with adult obesity, 31% with adult diabetes, 27% with raised blood pressure and 27% with salt/sodium intake.
- On aggregate, we see that 33 (8%) commitments were aligned only with diet-related NCD targets (76% of which were made by the private sector), as opposed to 177 (41%) commitments aligning only with MIYCN targets. The focus on MIYCN targets is in line with such malnutrition burdens being prominent in low- and lower-middle income settings, with more and more countries experiencing the double burden of malnutrition. A third (33%) of the commitments aligned with both MIYCN and diet-related NCD targets.
- The private sector is the only stakeholder group that reported fewer commitments as aligning with the MIYCN targets, and instead aligned the majority of its commitments with the diet-related NCD targets.

The NAF facilitates the development of SMART and trackable commitments and highlights how they can continue to be improved

The SMARTness of commitment goals made



Note: Figures in the chart do not equal 100% due to rounding.

- Around a quarter (24%) of commitment goals ranked high for SMARTness, 16% were upper moderate, 31% were lower moderate and less than a third (30%) were low. This pattern varied across stakeholders, with almost half (46%) of donor actions and 41% of CSO actions being low in SMARTness, and therefore not trackable; by contrast, only 13% of the private sector goals were low. Little variation in SMARTness was seen across commitment types.
- Receiving a lower SMARTness ranking was usually due to missing or unclear data on the indicator used to measure progress against the goal (and how Measurable it is). For example, not specifying the name and unit of the indicator (e.g. annual US\$ disbursement), and its baseline and targeted value result in lower ranking. This data is key to ensuring the goal can be tracked and reported on. Of note, there was substantial variation in the selection of indicators across stakeholders and for similar goals highlighting the lack of consensus in how to best track progress.
- Missing information on the cost and funding of the commitment was also a very frequent reason for lower SMARTness (and how Achievable it is). Costs associated with the delivery of two-thirds of the commitments were not reported, either because this had not been estimated (245 commitments, 57%) or estimated but not willing to disclose (48, 11%). It is recognised that such information may not be readily available at registration, as it takes time to provide an accurate figure; missing data can be provided via the verification process.

Governments

Governments have a fundamental responsibility and authority to safeguard their populations' nutrition, resilience and wellbeing through wide-ranging enabling, policy and impact actions

Low- and lower-middle-income countries made the vast majority of domestic commitments, allocating substantial financial resources to improve their populations' nutrition.

- Governments, almost all from low- and lower-middle-income countries, have shown an outstanding level of engagement, representing the largest stakeholder group. Their domestic (non-donor) goals prioritised enabling (196, 42%) and impact (183, 39%) actions, rather than policy (91, 19%). Specifically, 'nutrition care services' (43, 47% of policy goals) and 'food system policies'²¹ (37, 41%) received relatively equal attention, but were comparatively low overall.
- 'Leadership and governance' was the main focus for enabling actions committed by governments domestically. Key examples are the development of national laws, policies and nutrition plans and improving national coordination mechanisms. All financial goals are grouped as enabling actions, and governments pledged over US\$13.3 billion as domestic nutrition-specific and/or nutrition-sensitive investments, including by increasing their national budget allocation to nutrition. Considering the constrained financial resources in lower-income settings, this is a notable achievement.
- Given the critical role governments have in improving the nutrition outcomes of their population, impact actions were also prioritised. 'Undernutrition' was the focus of such actions, mainly committing to directly decreasing stunting, wasting, anaemia and low birth weight. These findings show that low- and lower-middle-income countries are concentrating their malnutrition efforts on tackling undernutrition rather than obesity and diet-related NCDs. Of note, 'food and nutrition security' was largely not prioritised domestically.

Civil society organisations

CSOs have a vital role in advocating for nutrition, supporting governments to deliver effective nutrition action, and directly providing nutrition interventions

Civil society organisations have stepped up through a range of commitments that showcase the diverse role they play in nutrition action.

- CSOs have a substantially stronger presence in 2021 compared to previous N4G summits. Their focus was on enabling actions (109 goals, 53%) followed by policy (62, 30%) and impact (36, 17%), going beyond advocating for and supporting nutrition action.

-
- CSOs' advocacy role was largely reflected by their enabling goals. Supporting stronger 'leadership and governance' was fundamental, such as through cross-organisation and country partnerships and national nutrition plans. 'Operational' efforts, such as developing training and building capacity for food production and farming, were also high on the CSO agenda. Financial investments committed for nutrition interventions and plans were over US\$567 million.
 - Providing 'nutrition care services' was the focus of CSO policy actions (27, 44% of policy goals) such as wasting, stunting and anaemia treatment and vitamin supplementation programmes. Closely linked to that were impact actions to directly improve 'undernutrition' and 'diet' outcomes, such as stunting, low birth weight, as well as diet diversity and quality.

The private sector

The private sector is an essential player, with the ability to help transform our food system and enable access to healthy, affordable and sustainably produced food

Commitments from private sector businesses demonstrate the critical role they can play both for their workforces and improving the nutrition of the wider population.

- The private sector was represented by 23 food businesses and seven non-food businesses, mostly multinationals headquartered in high-income countries. They committed predominantly to policy actions (85, 79%) with global or multi-country reach targeting consumers and their workforce. Fewer actions were enabling (21, 20%) and just one was impact (1, 0.9%).
- There was a strong focus on adopting internal corporate policies. These aimed primarily at transforming the 'food supply chain' through food reformulation to improve the nutritional value of products, improvement of agricultural practices, increase of plant-based products and reduction of food loss and waste. The private sector further targeted the 'food environment' by expanding the healthy options for employees in cafeterias and providing workplace nutrition programmes.
- To create an enabling environment for nutrition within their companies, the private sector prioritised 'operational' actions, including training and educating their employees on how to prepare healthy meals and reduce food waste. Externally, businesses committed to 'leadership and governance' goals, such as joining global alliances. Their financial goals were about US\$54 million.

Donors

Donors have a critical role to play in mobilising and providing financial investments required to achieve global nutrition targets and respond in periods of crisis

Donors have committed more funding than ever before, with a third of this total to respond to the impacts of Covid-19, but there is a reliance on a relatively small number of actors.

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- Donors were represented by donor governments (14), philanthropies (3), multilateral development banks (3) and international organisations (1). Their goals were mainly enabling (52, 85%), which encompasses financial investments. Only a few were policy (6, 10%) – focused on ‘food supply chain’ and ‘nutrition care services’ – and impact (3, 5%), focused on stunting and wasting.
 - More than US\$26.3 billion, the largest amount committed by donors across N4G summits, was pledged by nine donor governments and five donor organisations. Of this amount, more than US\$8.2 billion was committed to address the impacts of the pandemic on food and health systems. All but one²² of these 14 donors were based in high-income countries in North America and Europe. Indicators used to track and report on financial spending varied, highlighting the lack of a standardised approach in monitoring finances for nutrition.
 - Although financial investments are the primary focus for donors, their actions go beyond that. In fact, most of their enabling actions focus on leadership and governance, for example strengthening policy influence and partnerships in low and middle-income countries with the aim of advancing the implementation of nutrition-sensitive programmes.

International organisations

International organisations are vital in setting agendas, promoting coordinated nutrition action across the globe, and championing action where it is needed most

International organisations are demonstrating the important support and coordination role they play, focusing most on supporting governments to deliver effective nutrition actions.

- International organisations, comprising seven UN agencies, continue their key role in supporting governments in the global fight against malnutrition under the auspices of the UN Decade of Action on Nutrition. More than half (19, 56%) of their goals were enabling, just under a third (10, 29%) were policy and a few (5, 15%) were impact.
- UN enabling goals focused on strengthening ‘leadership and governance’ (15, 79%), with actions such as supporting the development of policies and programmes, enhancing public–private partnerships and developing environments that improve nutrition outcomes. Financial investments were made by one organisation and reached US\$2.4 billion.
- Of their policy actions, most (7, 70%) focused on enhancing ‘nutrition care services’. Examples of these efforts include improving the prevention and treatment services for undernutrition, such as wasting and micronutrient deficiencies, as well as supporting nutritional improvements among patients with NCDs. Less focus was given to impact actions aiming to address ‘undernutrition’, specifically stunting, wasting and anaemia.

KEY RECOMMENDATIONS

1. We need a far broader constituency of actors to step up worldwide and make commitments to improve nutrition that can be accounted for

- Given the global nutrition crisis we face, every actor should step up with unprecedented effort to tackle it, and there are some stakeholders that are not yet well represented in commitment-making.
- Higher income governments should see themselves as more than just donors and follow the example set by lower income countries. Far more should register commitments for their own populations, where poor diets, obesity and diet-related NCDs in particular are a significant and growing problem.
- Greater diversity of actors within the donor group is needed to ensure that funding decisions and allocations are based on an inclusive agenda and to reduce the vulnerability of the funding base they provide.
- There is also a clear gap for greater representation from within the private sector among smaller and national-level businesses that are minimally represented in commitment-making and yet have a unique and important role to play.

2. We need commitments to reflect sustained and increased external and domestic public and private financing for nutrition that can be easily tracked

- The immense effort to deliver funding for nutrition action is clear and evident in commitments. Yet, the scale of the challenge we face means we are far from closing the financing gap required to end malnutrition.²³ Commitments should reflect the level and range of actions we need.
- Commitments from governments, donors, CSOs and international organisations should be sustained, increased, and made ever more inclusive, not least through diversifying the funding base externally and domestically. In addition, stakeholders that can provide or leverage new and innovative forms of finance, such as the private sector, should step up and commit to action in this area in recognition of the need to mobilise untapped resources.
- Mobilising more finance to build nutritional resilience and equip actors to respond decisively in times of crisis is crucial, reducing both the immediate and long-term financial and human costs of crises on nutrition.
- Critically, we need transparent and consistent reporting of funding commitments and spending, so we have a far better understanding of how money is being spent, where it is going, and the return on that investment. Building consensus across stakeholders providing funding about how their data is reported and tracked should be key in such efforts. This is the only way we can enhance the impact of funding increasingly over time.

3. We need far greater attention on food security that truly includes nutrition security in commitment-making

- The lack of commitments focusing on food and nutrition security across all stakeholders is worrying. It is a significant problem in both low- and high-income countries, impacting *all* forms of malnutrition, and exacerbated by recent crises including Covid-19 and the war in Ukraine.
- There is a clear need for far more actions that aim to increase food and nutrition security and go beyond calories to put explicit emphasis on nutrition. This should be complemented by screening of diet quality when assessing food security interventions. This focus is vital to ensure people are accessing sufficient levels of food that also promote wellbeing and prevent illness and disease.
- In doing so, such actions will equitably address hunger *and* diet-related diseases – bringing together historically siloed areas of attention, both of which disproportionately affect the most vulnerable communities and compound existing inequities.
- Commitment-making in this area can and should come from every stakeholder group and be supported by guidance and policies that address the current neglect of nutrition in food *and* nutrition security efforts.

4. We need commitments that will bring transformative policies for our food system and deliver universal access to healthy, affordable and sustainably produced food

- To transform the food system, significant effort from all stakeholders is needed to improve the food environment and food supply chain, yet commitments currently in this area come predominantly from the private sector.
- Governments in particular should ensure they are overseeing and coordinating any action that impacts the food system, since this determines whether their populations are able to access and afford healthy diets that are sustainably produced. This includes developing and setting standards for the private sector as necessary for this to be achieved.
- Such policies are far ranging and far reaching from production to consumption, with the ability to impact diets and multiple forms of malnutrition at once. They include crop diversification and improving the nutrient profile of products through reformulation and fortification, through to subsidising school meals and regulating labelling, marketing and advertising practices.
- It is clear everyone has a part to play, and commitments should now reflect this with coordination and collaboration at the heart of implementation to ensure efforts are mutually reinforcing and deliver improved nutrition outcomes.

5. We need commitments that promote universal access to nutrition care services that are integrated in the health system

- Nutrition services that are built into healthcare services – whether public or private – are vital to achieving the significant mutual benefits to be gained by integrating health and nutrition.
- This recognition in fact led to the World Health Organization highlighting that Universal Health Coverage cannot be achieved without the integration of nutrition services. That was reflected in UN agencies committing most of their policies on improving such services, with a focus on undernutrition.
- While CSOs have committed notable policy actions to nutrition care services, as have country governments, few (9%) commitment goals overall focused on nutrition care services.
- There is a clear need for more commitments from all stakeholders, particularly governments, to ensure nutrition is built systematically into their health systems. Policy commitments should capture the breadth of malnutrition burdens from undernutrition to diet-related NCDs focused on preventing and treating disease, including nutrition supplementation programmes, breastfeeding support and nutrition counselling.



01

2015. Oromia Region, Ethiopia. Health extension worker Binti Mohammed refers to family health cards while counselling a woman on best nutrition practices at the village health post. © UNICEF Ethiopia/Nesbitt

The genesis of the first global accountability framework for nutrition

KEY FINDINGS

- 1** The Nutrition Year of Action spotlighted the urgent need for more action whilst ensuring that all stakeholders are held accountable for their commitments. Long-standing challenges with accountability have hampered progress, namely: accountability not built into commitments and streamlined across stakeholders; no central public platform for registering nutrition commitments and reporting on progress; no consistent way to characterise the type of nutrition commitments; and no clear criteria for SMART commitment-making and assessment.
- 2** The Nutrition Accountability Framework (NAF) was launched by the GNR in September 2021 to strengthen accountability, building on work and learnings to date. The NAF is the world's first global public platform for committing to and monitoring nutrition action, using comprehensive and transparent approaches. The NAF was endorsed by stakeholders and served as the official accountability mechanism for the Tokyo Nutrition for Growth (N4G) Summit, requiring that all N4G commitments are recorded through the NAF.
- 3** The NAF cycle includes formulating and registering commitments in the [NAF Platform](#), reporting on progress annually, and planning and taking further action when and where needed. The NAF helps to inform, shape and inspire strong commitments for nutrition through transparent, trusted and accessible sharing of data, evidence, tools and best practice. The GNR assesses commitments monthly and then publicly shares them through the interactive [NAF Commitment Tracker](#).
- 4** The GNR developed the standardised [Nutrition Action Classification System](#) to name, define and classify nutrition actions into action categories and sub-categories. Action categories are enabling, policy and impact, each broken down into four distinct sub-categories. The classification system maps nutrition commitments, thereby helping to identify the type of actions taken and gaps in action, and to inform, shape and inspire new action.
- 5** The GNR developed the [Nutrition Action SMARTness Index](#), which assesses and ranks the SMARTness of commitments into four levels: high, upper moderate, lower moderate, and low. The NAF Platform user sign up and registration forms include standardised data fields to enable the formulation of SMART commitments. Stakeholders are encouraged to work with the GNR to improve the SMARTness of their existing commitments, and they are invited to make new SMART ones.

Introduction

Poor diets and malnutrition in all its forms are among the greatest global societal challenges of our time,¹ requiring urgent and monitored action by stakeholders. The GNR created the Nutrition Accountability Framework (NAF) in the Nutrition Year of Action to strengthen stakeholder accountability. The NAF serves as the official accountability mechanism for Nutrition for Growth (N4G) commitments² and aspires to become the primary global public resource for monitoring nutrition action.

Recognising the need to tackle poor diets and malnutrition through more action and strengthened accountability, national governments and multilateral organisations have endorsed 2021 as the [Nutrition Year of Action](#).³ It was initiated in December 2020 by the Governments of Canada and Bangladesh, in partnership with the Government of Japan,⁴ and was successfully concluded in December 2021 with the Tokyo N4G Summit. The NAF was launched by the GNR in September 2021 to ensure that all commitments are SMART (Specific, Measurable, Achievable, Relevant, Time-Bound) and can be accounted for. The framework builds on the GNR's existing tools and expertise and further draws on elements from other accountability frameworks.⁵ It is the world's first independent and comprehensive accountability framework for nutrition action. The NAF comes with a wealth of standards and guidance to inform and inspire strong commitments for nutrition that result in greater progress in advancing nutrition globally and strengthened accountability.

This chapter introduces the NAF and the critical gap it fills to strengthen and drive accountability for nutrition.

The need for strengthened global nutrition accountability

The world is faced with a global nutrition crisis that pre-dates the Covid-19 pandemic and was exacerbated because of it. Before the pandemic, one in seven premature deaths was attributable to child and maternal malnutrition and diet-related non-communicable diseases (NCDs), with most of this burden in low and middle-income countries.⁶ This double burden of malnutrition – the coexistence of undernutrition⁷ and diet-related NCDs – is the leading cause of poor health in the world.⁸ With the worsening impacts of poor diets and climate change,⁹ the need for more equitable, resilient and sustainable health and food systems has never been more urgent. The current nutrition challenges faced by countries worldwide, which continue to be stressed by Covid-19, are expected to worsen even further as the war in Ukraine has driven up food and fuel prices, with a large impact on food and nutrition security globally.¹⁰ Countries faced with food and nutrition insecurity, and the most vulnerable, are threatened the most.

To address the global nutrition crisis, the 2020 GNR has called for stakeholders – including governments, businesses and civil society organisations (CSOs) – to step up their efforts and be accountable for their pledges.¹¹ The increased recognition that these stakeholders are accountable for people's food and nutrition has been emphasised throughout the Nutrition Year of Action. National governments, multilateral organisations and the G7 leaders urged for more action and strengthened accountability,¹² which is critical to meeting the Sustainable Development Goals and the global nutrition targets set out by the World Health Assembly.¹³ These were deemed even more urgent in light of Covid-19, which made evident the centrality of nutrition in building resilience¹⁴ but at the same time de-prioritised nutrition in the policy agenda and hindered progress. In fact, GNR tracking of past N4G commitments revealed that the pandemic severely affected 43% of country goals; the main reason why it hindered progress was the lack of funding due to diversion of national revenue and resources towards Covid-19 mitigation.¹⁵

Furthermore, challenges in approaching accountability have hampered progress. GNR has identified the following challenges in tracking progress of past N4G commitments (i.e. 2013 and 2017 N4G summits), each informed by work and learnings to date.

- 1. Accountability was not built into nutrition pledges.** Accountability was not an inextricable part of previous pledging moments, with no formal registration and tracking process in place.¹⁶ This meant that stakeholders were accountable at their own discretion, without motivation to report on their pledges, which contributed to low response rates in past N4G reporting.¹⁷
- 2. There was no central public platform for commitment registration,** whether part of or outside key pledging moments. This limited the ability to comprehensively capture and track any commitment made. This, to some extent, led to commitments being perceived as more relevant to certain stakeholder groups, for example donors making financial pledges or lower-income governments committing to address undernutrition at high-profile summits with their own focus.
- 3. It was difficult to accurately map the type of action taken.** Commitments were not comprehensively grouped into action categories, therefore not allowing for detailed assessment of the type of action taken and identification of gaps to inform priority setting. Four commitment types were previously used ('financial', 'policy', 'programmatic' and 'impact')¹⁸ based on self-reporting, but the lack of a comprehensive classification system led to reporting errors.
- 4. There were no clear criteria for SMART commitments.** Although the need for SMART commitments has long been recognised, clear criteria for assessing the SMARTness of nutrition commitments have been missing. SMART commitments were encouraged but there was no guidance to support their formulation, assessment and tracking or overcome vague, repackaged or not trackable pledges. This limited assessment across commitments and the sharing of practical advice as to how they can be improved.

- 5. There was no consistent approach to assessing progress,** for example to identify variations between stakeholder groups (e.g. countries versus businesses) and action categories (e.g. policy versus impact). Despite GNR efforts to standardise progress reporting for past N4G commitments,¹⁹ challenges in commitment formulation and limited information being made available precluded in-depth assessment of progress.
- 6. Accountability was not streamlined across stakeholders,** as there was no promotion and use of a unified approach in the registration, assessment and reporting of nutrition commitments made. As such, accountability for nutrition commitments was not potentially seen as relevant or beneficial for all.

Each of these challenges presented stakeholders, the nutrition community and GNR with opportunities to step up and strengthen accountability for nutrition. With the momentum generated by key nutrition events throughout 2021, and a climate of urgency, there were unprecedented opportunities to galvanise stakeholders in making new and strengthened commitments and establishing a global framework that allowed commitments to be SMART and trackable (see [Box 1.1](#)).

The NAF, developed by the GNR, seeks to address each of the above challenges and provide an independent and robust accountability platform to monitor nutrition actions based on common principles, standards and methods.

BOX 1.1

The creation of the NAF and its contribution to the success of the Tokyo N4G Summit

Dimitra Karageorgou, Charlotte Martineau and Dr Renata Micha

The need to strengthen accountability was reiterated ahead of the 2021 Tokyo N4G Summit by the GNR and the N4G accountability working group convened by the Government of Japan (the summit organiser).²⁰ Building on efforts and recommendations to date, the Government of Japan led the way in bringing accountability to the forefront of the Tokyo N4G Summit. They called for commitments to be SMART and impactful, and promoted data-driven accountability as a cross-cutting theme. The Government of Japan worked closely with the GNR and named the NAF the comprehensive and transparent accountability mechanism for the Tokyo N4G Summit, requiring that all N4G commitments are registered through the NAF and reported on annually.²¹ The NAF has since been endorsed²² by major stakeholders, such as the World Health Organization, the Scaling Up Nutrition (SUN) Movement, Save the Children, the Government of Canada and the United States Agency for International Development (USAID).

Throughout 2021 the GNR promoted stronger accountability by developing and publicly sharing relevant resources online and actively engaging with commitment-makers.²³ A registration process that supports SMART commitments was put in place (see How the GNR assesses the SMARTness of commitments), requiring N4G commitments to be registered and tracked – a major step forward from past N4G summits. Moreover, the GNR developed the [NAF Commitment Tracker](#), through which the general public and all stakeholders can publicly access and explore commitments made.

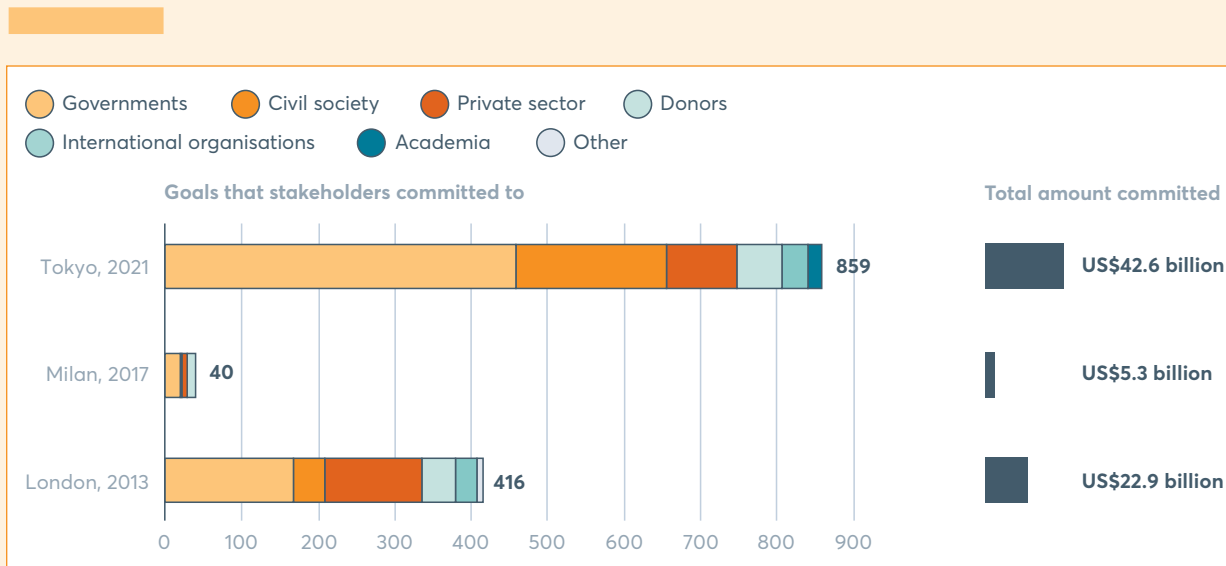
Overall, the Tokyo N4G Summit led 191 stakeholders to register 416 commitments with 859 goals ([Figure 1.1](#)); of these, 20 commitments with 50 goals were registered after the Compact was published.²⁴ Stakeholder engagement led to US\$42.6 billion²⁵ being committed to; of this, US\$40.7 billion was committed to up until the Compact and US\$2.6 billion was committed to between the Compact and the 15 March 2022 (see Chapter 2 for more data on commitments made, including findings on SMARTness).²⁶ Looking at past N4G summits, in 2013 108 stakeholders pledged 357 commitments with 416 goals, securing up to US\$22.9 billion to tackle undernutrition. In 2017, 18 stakeholders made 34 commitments with 40 goals and committed US\$5.3 billion. Overall, in 2013 over two-thirds of goals were made by governments (168, 40%) and the private sector (127, 31%), whereas in 2021 governments made half of the goals (459, 53%), followed by CSOs (197, 23%).

The NAF provides a unique structure to measure the extent of stakeholder mobilisation and provide data-driven accountability for pledges made.

FIGURE 1.1

At the 2021 Tokyo N4G Summit stakeholders registered 859 commitment goals through the NAF

Commitment goals made at the Nutrition for Growth summits by stakeholder type



Source: Global Nutrition Report: Nutrition for Growth Commitment Tracker. Bristol, UK: Development Initiatives. <https://globalnutritionreport.org/resources/nutrition-growth-commitment-tracking>. Accessed on 15 November 2022.

Notes: The figure shows the absolute numbers of commitment goals registered by stakeholder type across the N4G summits. Academia is a stakeholder type that was added in 2021 as part of the NAF and for the Tokyo summit. In all three summits, international organisations included only UN agencies. The NAF introduced a formal registration process for the Tokyo summit that included standardised data fields for each commitment and its goals. The total amounts committed to are derived from financial commitment goals, and do not differentiate between nutrition-specific and nutrition-sensitive financing. Amounts were not reported for all financial goals, and as such total amounts reported may underestimate the full magnitude of financial investments.

“The NAF contributed to the success of the Tokyo N4G Summit 2021 by supporting stakeholders to make SMART nutrition commitments. The NAF has fostered significant international momentum with the active participation of a wide range of parties.”

Takeshi Akahori, Government of Japan

How the NAF strengthens accountability

A fundamental principle of the NAF is transparency in all developed processes, data and findings.²⁷ Transparency builds trust by allowing stakeholders and the public to understand how the framework works and the extent to which stakeholders are addressing nutrition issues. This principle further creates a continuous learning process that enables stakeholders to identify, refine and steer priority nutrition actions to address changing needs at national, regional and global levels.

The NAF was designed to address, over time, each of the six critical challenges identified as barriers to accountability. Specifically, the NAF:

- 1. Provides an infrastructure for building accountability into nutrition pledges.**
The NAF allows nutrition commitments made as part of any pledging moment to be accounted for and tracked over time. In the case of the 2021 Tokyo N4G Summit, all commitments linked to this event were required to be registered through the NAF to ensure standardised and built-in accountability. Similarly, the NAF can be used for any other nutrition pledging moment.
- 2. Provides a central platform for registering and sharing nutrition commitments.**
The [NAF Platform](#) allows a user (stakeholder) to sign up and register nutrition commitments, using evidence-based tools and guidance (see How the NAF works), at any time whether or not linked to key pledging moments.²⁸ The GNR assesses all commitments on a monthly basis and publicly shares them through the interactive [NAF Commitment Tracker](#). The NAF does not replace existing country-level data and reporting systems; yet, it is the go-to place for exploring nutrition commitments made worldwide and their progress, success stories and lessons learned across different contexts.
- 3. Identifies and characterises types of nutrition commitments.** The GNR uses the [Nutrition Action Classification System](#) (see How the GNR maps nutrition actions) to name, define and classify nutrition actions into standardised categories and sub-categories. This system overcomes potential challenges and errors in self-reporting, provides a concrete basis for reporting and analysis by type of action, and enables gaps in action to be identified. The NAF does not prescribe nutrition actions to be taken or assess if nutrition actions are evidence based or align with national priorities.
- 4. Assesses the SMARTness of nutrition commitments.** The GNR established principles, clear criteria and rigorous methods for evaluating the SMARTness of nutrition commitments.²⁹ The NAF Platform sign up and commitment registration forms include standardised data fields, based on the SMART criteria, that enable the formulation of SMART commitments.³⁰ The GNR takes the information provided and assesses and quantifies the SMARTness of the commitments using the [Nutrition Action SMARTness Index](#), which ranks commitments into four levels of SMARTness (see How the GNR assesses the SMARTness of commitments). The GNR, through verifying the self-reported data with stakeholders (not validating this against other sources), aims to help stakeholders to improve the SMARTness of their commitments.³¹
- 5. Provides a central platform for reporting progress towards meeting commitments.** Work is underway to expand the platform to facilitate stakeholders reporting annually on progress made. Stakeholders will be expected to report against indicators deemed essential to ensure trackability of commitments (see How the GNR assesses the SMARTness of commitments). As such, the NAF Platform will be expanded to include the commitment progress form (early 2023), which will support reporting on progress and its assessment.

6. Streamlines transparent nutrition accountability across stakeholders.

The NAF promotes a shared culture of accountability³² across stakeholders to ensure commitments are more than promises, and that they translate into impact. The unified approach to commitment registration, assessment, progress reporting and dissemination enables stakeholders to make SMART, publicly shared commitments to improve nutrition. All developed methods, materials, self-reported commitment data,³³ progress made and findings of any analysis performed are made publicly available. Although the NAF does not directly advocate for nutrition action with specific stakeholders or build their capacity, this level of transparency increases general understanding of accountability, while the rigorous NAF methods can be leveraged to support data-driven accountability for any nutrition pledge made worldwide.

How the NAF works

Who can register commitments in the NAF

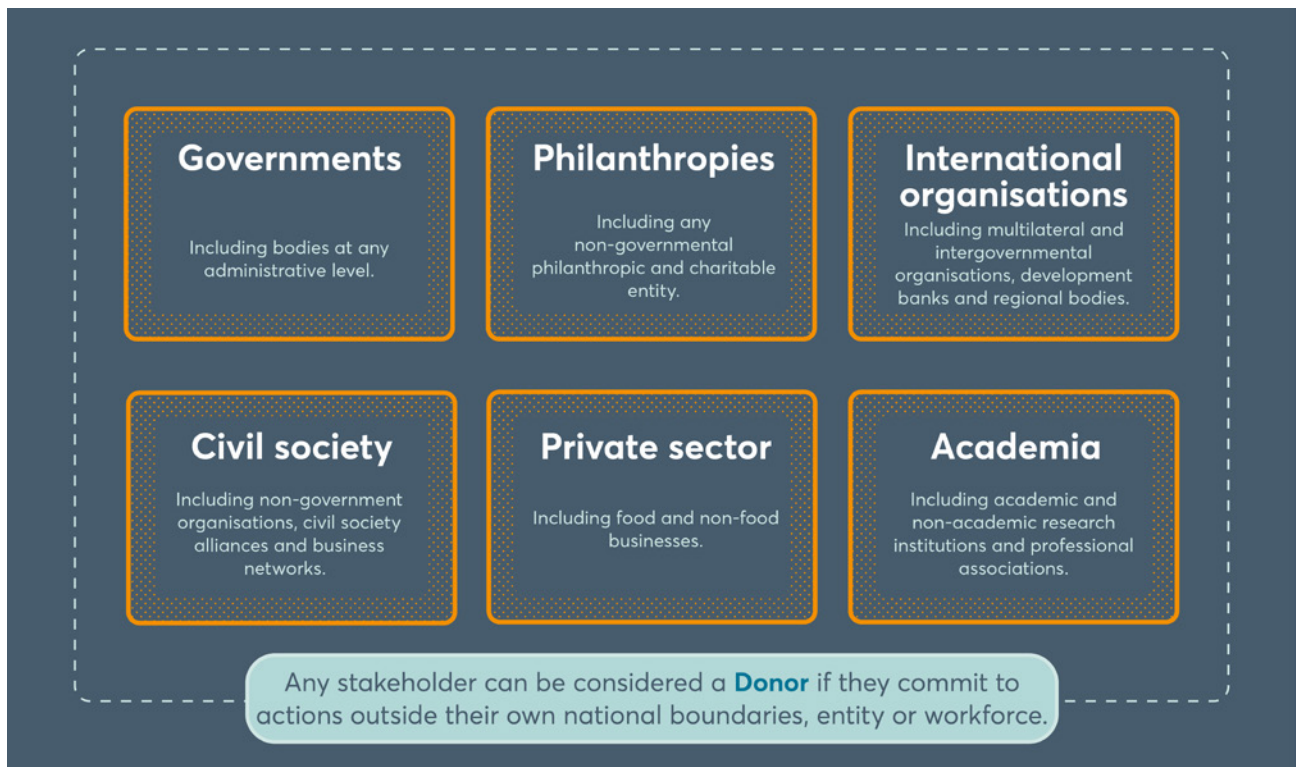
The NAF aims to attract commitments from all stakeholders worldwide with an interest and capacity to commit to nutrition action, including governments, CSOs, international organisations, philanthropies, the private sector and academia (Figure 1.2). Any stakeholder can be considered a 'donor' if they commit to actions outside their own national boundaries, entity or workforce, for example a government supporting another country financially or non-financially.

The report presents findings across each of the above stakeholder groups: governments (Chapter 3), CSOs (Chapter 4), private sector (Chapter 5), donors (Chapter 6) and international organisations (Chapter 7).³⁴ Academia is discussed in Chapter 2 (Box 2.1).

FIGURE 1.2

Stakeholders can register their nutrition commitments through the NAF at any time

Stakeholders that can register commitments to the NAF



Note: For a detailed description of stakeholder types please see the Glossary.

Which commitments are included in the NAF

The GNR has developed eligibility criteria to determine which commitments can be included in the NAF. These criteria reflect the NAF principles of independence, collaboration, excellence, accessibility, integrity, transparency, inclusivity, recognition and commitment.³⁵

They ensure that the NAF collects and reports on standardised granular data (see [commitment data cleaning and standardisation](#)) that has been derived independently using rigorous methods.³⁶ The eligibility criteria applied to all commitments registered are:

- 1. Commitments are registered in the NAF Platform** to ensure these are assessed and reported on with standardised approaches. As such, commitments sent as pdf, email text or presented in summits are excluded.³⁷ The forms used are designed to support the formulation of SMART commitments³⁸ and their tracking (see How the GNR assesses the SMARTness of commitments). Commitments are not excluded based on their SMARTness; they are assessed so that stakeholders can improve their ranking.
- 2. Pledges represent commitments.** The NAF accepts only commitments, defined as pledges that are explicitly expressed written statements including both the intention to act and the commitment to a certain measurable deliverable.³⁹
- 3. Commitments are related to improving nutrition.** The NAF accepts only commitments that are nutrition related, according to the [Nutrition Action Classification System](#) (see How the GNR maps nutrition actions).⁴⁰ Commitments should improve nutrition and not go against the shared vision of ending malnutrition in all its forms, or do harm.⁴¹
- 4. Commitments are new.** Only new commitments are accepted.⁴²
- 5. Stakeholders commit to report on progress towards commitments,** fully and publicly on an annual basis through the NAF Platform.

6. Commitments are reported in English, because both the registration form and the commitment verification process are currently supported only in English.⁴³

7. Commitments are included whether or not they are linked to a pledging moment, ensuring that all commitments registered receive equal visibility.

The following eligibility criteria were additionally applied for N4G commitments:⁴⁴

- 8. Commitments are linked to the N4G summit** (the Tokyo summit for the present report), as indicated by stakeholders.
- 9. Commitments align with national priorities.** This is based on self-reporting and not validated.
- 10. Commitments align with the N4G Principles of Engagement.**⁴⁵ Of those self-reported principles, compliance of breast milk substitute (BMS) manufacturers with the International Code for BMS marketing was verified by the Access to Nutrition Initiative (ATNI)⁴⁶ on behalf of the summit organisers.⁴⁷

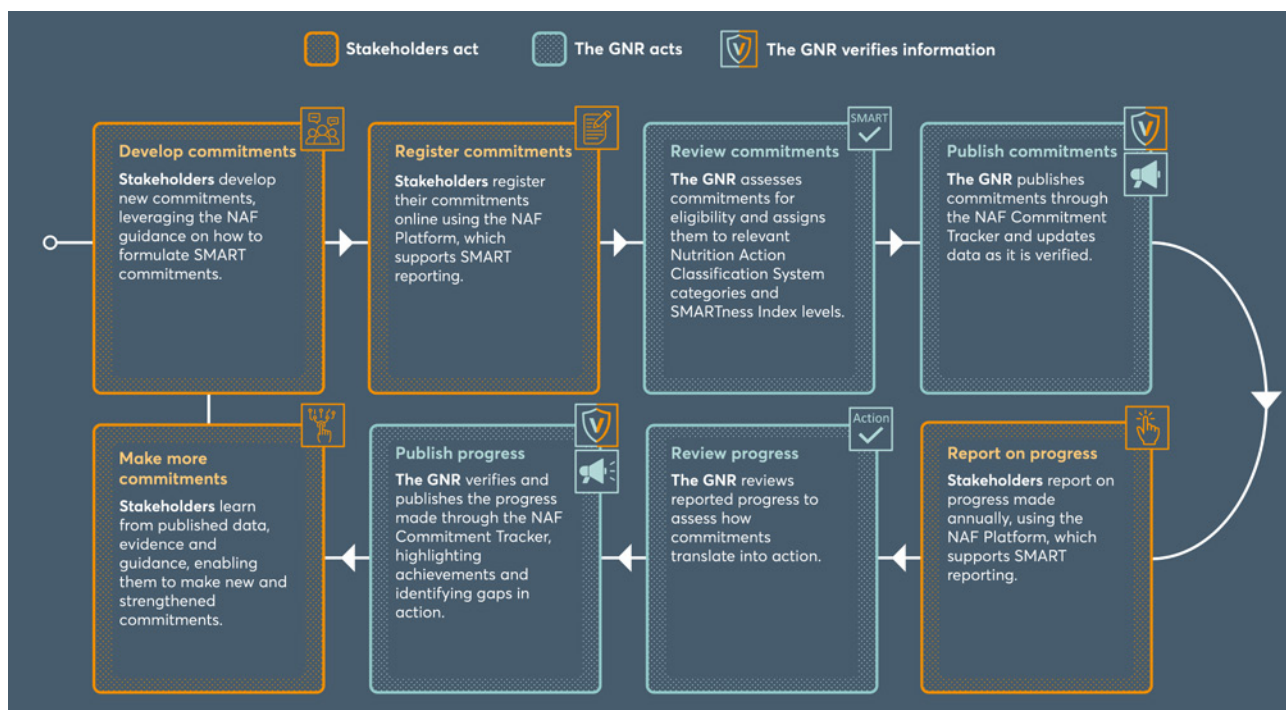
All eligible commitments are publicly shared through the [NAF Commitment Tracker](#). Commitments initially deemed as ineligible are not published in the tracker, until the GNR contacts stakeholders to verify the information submitted.

The NAF virtuous cycle of accountability and action

The full NAF cycle is summarised in [Figure 1.3](#). It includes eight steps involving the active engagement of stakeholders (orange boxes) with the GNR (blue boxes).

FIGURE 1.3

The NAF informs, shares knowledge and builds trust and collaboration among stakeholders, inspiring more action
The NAF virtuous cycle of accountability and action



Notes: This graphic summarises the collaborative cycle of the NAF, from developing and registering nutrition commitments to reporting on progress and taking more action. Orange steps are those taken by stakeholders, and blue steps are taken by the GNR. All commitments, after being assessed for eligibility, are assigned to standardised action categories ([Nutrition Action Classification System](#)) and SMARTness Index levels ([Nutrition Action SMARTness Index](#)) and publicly shared through the [NAF Commitment Tracker](#). 'SMART' refers to Specific, Measurable, Achievable, Relevant and Time-bound commitments.

1. Stakeholders develop commitments.

The NAF cycle starts with the stakeholders developing nutrition commitments using the NAF supporting guidance⁴⁸ on the formulation of SMART commitments.

2. Stakeholders register commitments.

Stakeholders sign up to the [NAF Platform](#) and sign in to register their commitments, at any time and irrespective of whether these are linked to a pledging event, using the online forms that support SMART reporting.

3. The GNR reviews registered commitments.

The GNR reviews on a monthly basis all newly registered commitments for eligibility (see How the NAF works), which are subsequently assigned to nutrition action categories using the [Nutrition Action Classification System](#) (see How the GNR maps nutrition actions) and assigned to SMARTness levels using the [Nutrition](#)

[Action SMARTness Index](#) (see How the GNR assesses the SMARTness of commitments).

4. The GNR publishes eligible commitments.

All eligible commitments are published in English⁴⁹ through the [NAF Commitment Tracker](#).⁵⁰ The tracker allows for individual commitments to be searchable against a range of criteria and is updated monthly as commitments are being verified and/or new ones are added.⁵¹ At the same time, through the newly introduced [verification process](#), the GNR contacts stakeholders to clarify inconsistencies and retrieve missing data; commitments are re-assessed (per previous step) as clarifications are received. The verification process aims to improve the SMARTness of the commitments, ensure that the reported information is accurately recorded and derive a fully standardised and complete dataset.⁵²

5. Stakeholders report on progress. Stakeholders use the NAF Platform and the commitment progress form to report on an annual basis progress made towards their commitments (starting in 2023).

6. The GNR reviews progress made. The GNR reviews the reported progress and assesses it through standardised criteria, developed and published as part of the progress assessment methods. Reported data on progress are similarly verified to ensure these are as complete and accurate as possible.

7. The GNR publishes progress. The GNR publishes the reported progress through the NAF Commitment Tracker, celebrating success and identifying gaps in action. Achievements, based on transparent selection criteria (to be developed), and best practices will be shared online or as case studies in press releases and future GNR publications. Stakeholders receive recognition for making progress and gain knowledge on how to further improve their commitments, potential gaps in action, as well as priorities that could be considered.

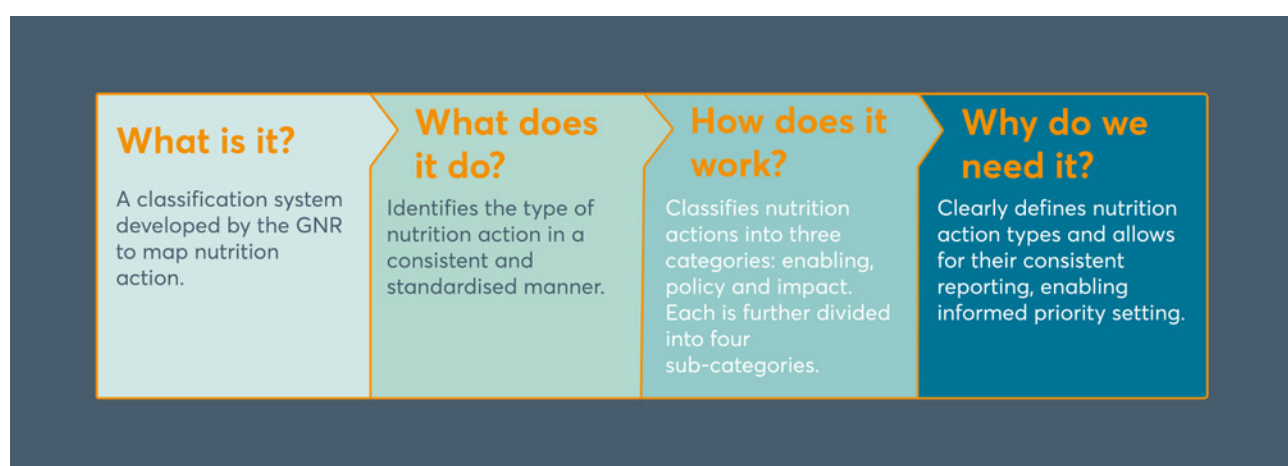
8. Stakeholders take more action. The NAF cycle closes with stakeholders learning from published data, evidence and guidance, further strengthening existing commitments and making new ones.

The NAF is expected to evolve as more commitments are registered, leading over time to strengthened tools and processes. Lessons learnt, both in the implementation of the NAF and engagement with stakeholders, will continue to inform this evolving and dynamic global framework.

How the GNR maps nutrition actions

The [Nutrition Action Classification System](#) was developed by the GNR in 2021 as part of the NAF. It provides the basis for efficient tracking and reporting of nutrition commitments and their goals across three action categories each broken down into four subcategories, thereby enabling analysis of where actions are focused and where more commitments might be needed (Figure 1.4).

FIGURE 1.4
A system to comprehensively name, define and classify nutrition actions
The Nutrition Action Classification System

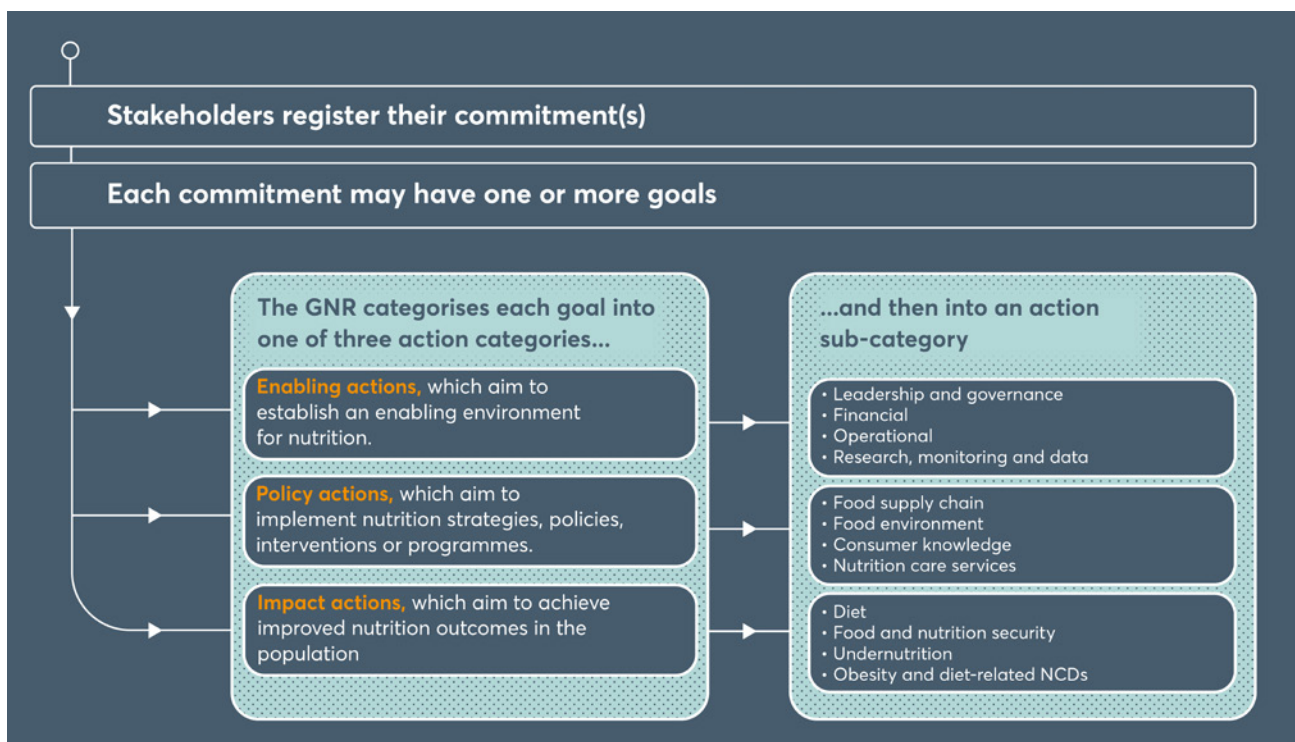


Note: The [Nutrition Action Classification System](#) was developed by the GNR as part of the NAF and is available online.

The Nutrition Action Classification System names, defines and classifies nutrition actions based on common principles and shared characteristics. The system is used to assign nutrition actions under three mutually exclusive categories: enabling, policy and impact (Figure 1.5). Each of these categories is further divided into four action sub-categories.⁵³

The GNR classifies goals based on self-reported data, mainly informed by the goal description. Commitments can have multiple goals of different action categories (Figure 1.6). Through this process, non-nutrition-related goals are also identified (see How the NAF works).

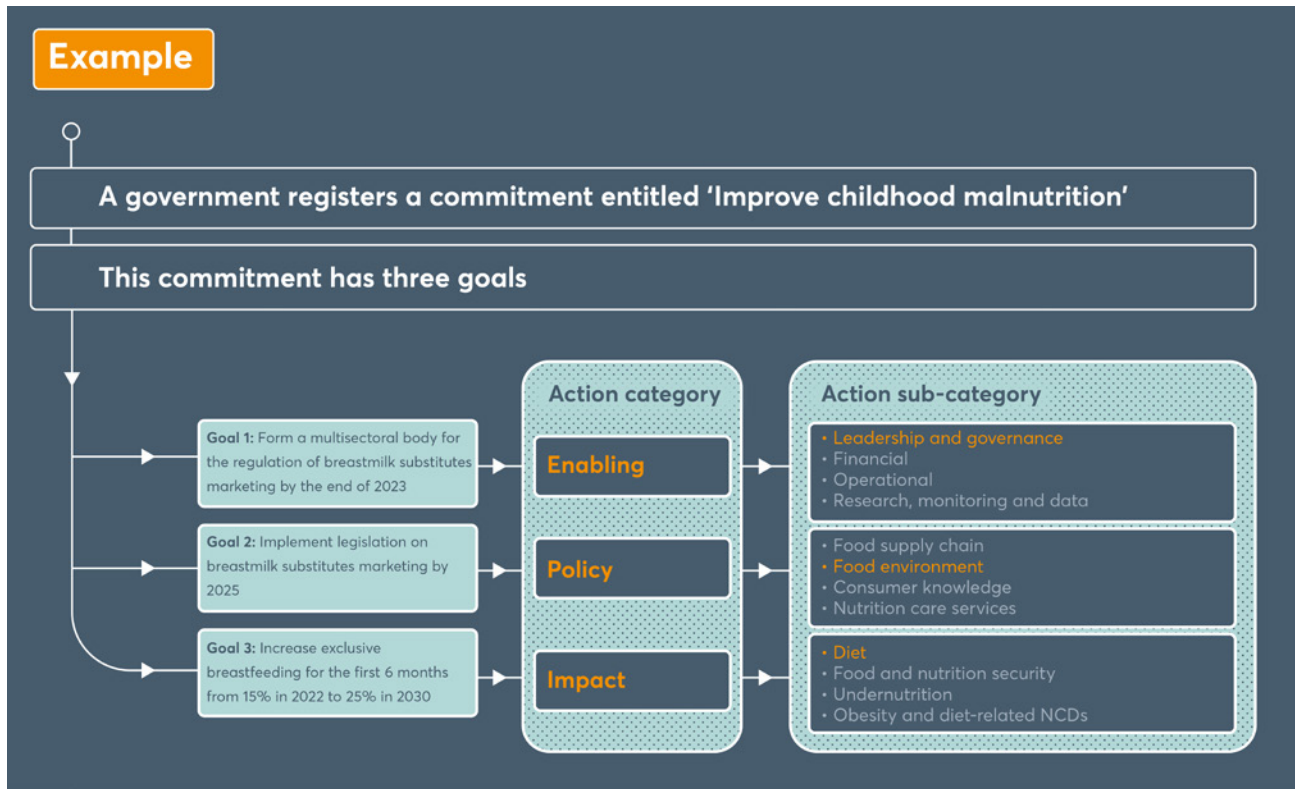
FIGURE 1.5
The system classifies nutrition actions into standardised categories and sub-categories
 Structure of the Nutrition Action Classification System



Notes: The assignment of the goals into action categories and sub-categories is performed independently by the GNR based on self-reported data. For a complete description of each of the action categories and sub-categories, including examples of relevant actions, please see the [Nutrition Action Classification System](#).

FIGURE 1.6

One commitment may have multiple goals spanning multiple categories of action
How the Nutrition Action Classification System is used to identify nutrition actions



Notes: The assignment of the goals into action categories and sub-categories is performed independently by the GNR based on self-reported data. For a complete description of each of the action categories and sub-categories, including examples of relevant actions, please see [Nutrition Action Classification System](#).

The classification system maps commitments and their goals and helps to inform gaps in action and priority setting. The current iteration of the classification system does not include guidance to stakeholders on which actions to develop and prioritise. However, when considering priorities specific to their context, stakeholders can use the classification system to identify possible nutrition actions that can be considered to improve the nutrition situation and current state of the food and health systems. Over time, the classification system will allow the GNR identify gaps in action and provide evidence-based recommendations for action.

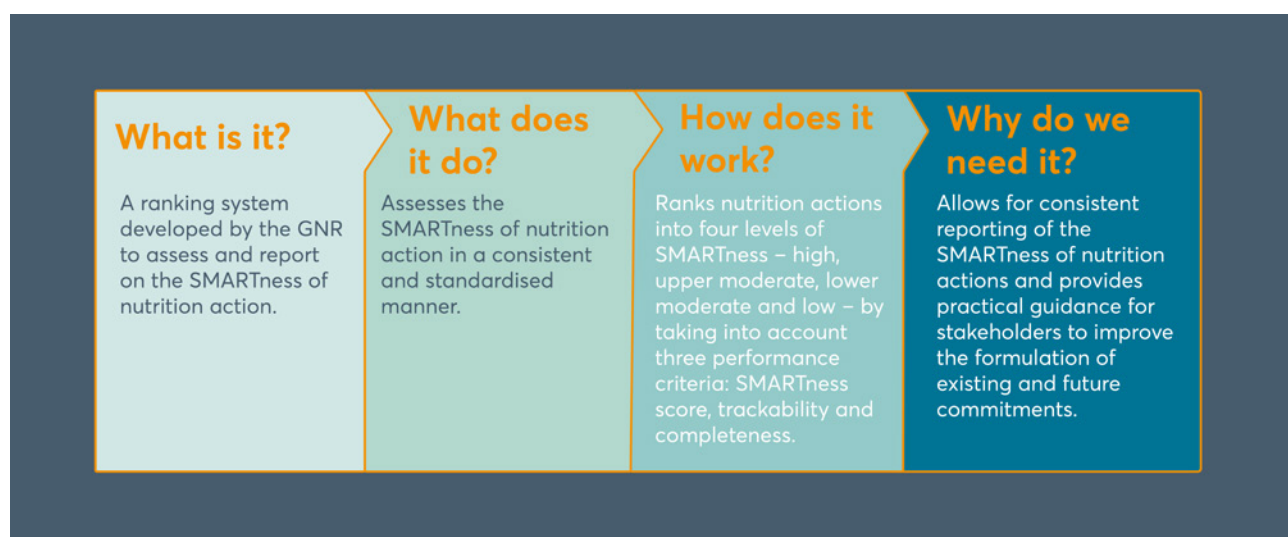
How the GNR assesses the SMARTness of commitments

The Nutrition Action SMARTness Index is a ranking system that assesses and reports on the SMARTness of nutrition commitments. It was developed by the GNR in 2022 as part of the NAF (Figure 1.7). It is based on a comprehensive methodology that assesses and quantifies the SMARTness of commitments and their goals and addresses past challenges (see The need for strengthened global nutrition accountability) by providing clear criteria for SMART commitment-making.

Findings are publicly reported on the [NAF Commitment Tracker](#), so the SMARTness Index encourages better performance as stakeholders can learn how to improve their assessment. Using NAF resources and guidance on SMART formulation and registration, and through the verification process, stakeholders can improve the formulation of their existing and future commitments. At the same time, the GNR uses the SMARTness assessment results to identify ways to improve and refine the online forms and accompanying guidance.

When developing the Nutrition Action SMARTness Index, the GNR first identified the ingredients (information) required for a commitment to be SMART and mapped these to each of the five SMART dimensions (Figure 1.8).⁵⁴ The 20 identified ingredients were then embedded in the online sign-up and commitment registration forms as compulsory fields to ensure that they are collected for all registered commitments in a standardised manner.⁵⁵

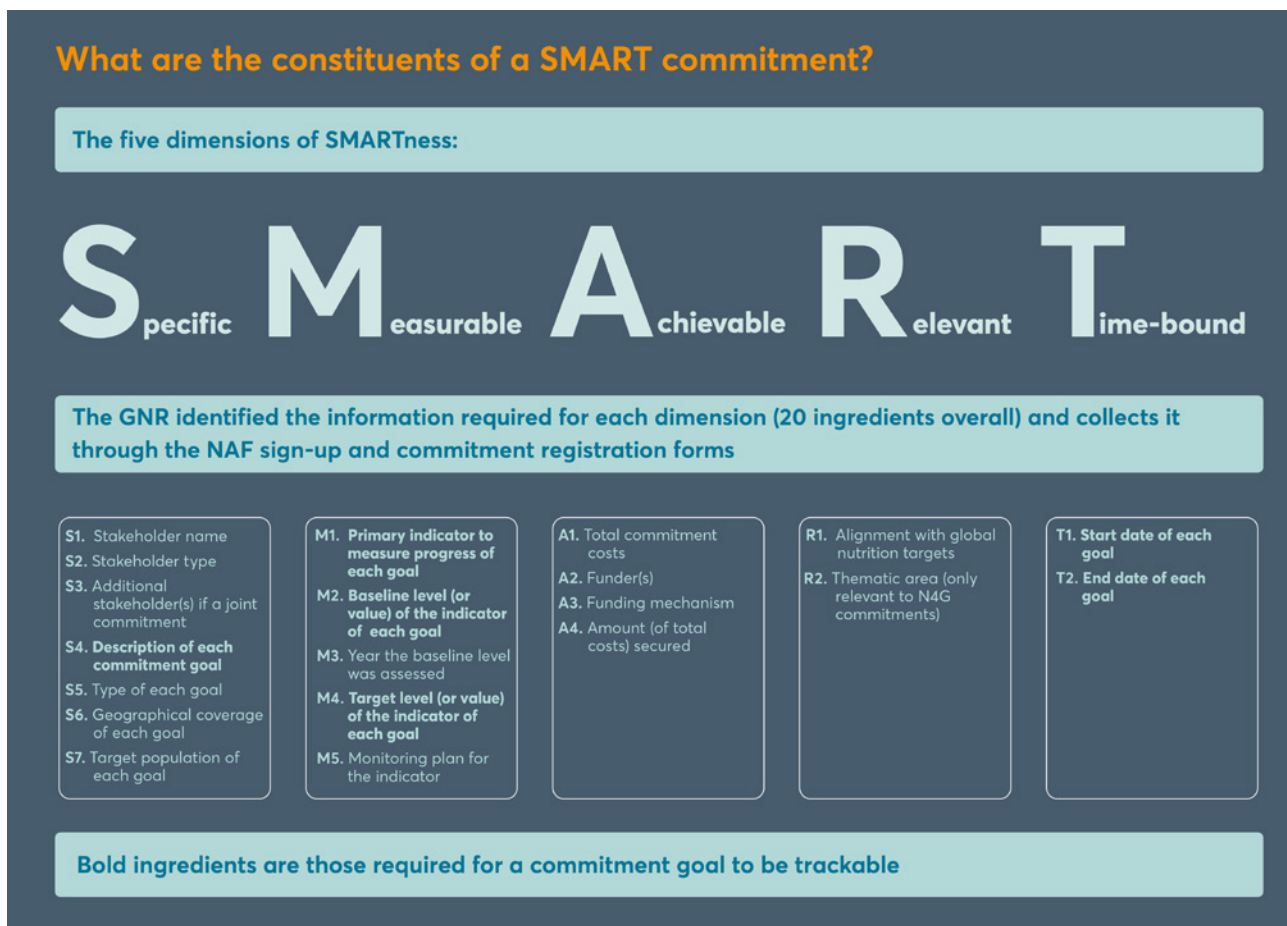
FIGURE 1.7
An index to assess and report on the SMARTness of nutrition actions
 The Nutrition Action SMARTness Index



Note: The [Nutrition Action SMARTness Index](#) was developed by the GNR as part of the NAF and is available online.

FIGURE 1.8

The GNR identified 20 ingredients as essential for a nutrition commitment to be considered SMART
Information needed for a commitment to be SMART



Note: Commitments are not excluded on the basis of their SMARTness. The aim is for the GNR to work with stakeholders to support them in improving the SMARTness of their commitments.

The Nutrition Action SMARTness Index ranks the goal(s) of each commitment into four SMARTness levels: high, upper moderate, lower moderate and low (Figure 1.9). The SMARTness Index factors in and jointly evaluates the following three performance criteria:

1. SMARTness score. Gives a numerical score, between 0 and 5, to each goal, reflecting the completeness and coherence of the 20 ingredients. A score of 5 indicates that all 20 ingredients have been provided, and are clearly and consistently described – as such the goal is also trackable and clear.

2. Trackability. Indicates whether the six ingredients (S4, M1, M2, M4, T1 and T2) used to determine whether progress can be tracked for a goal have been provided and clearly described.

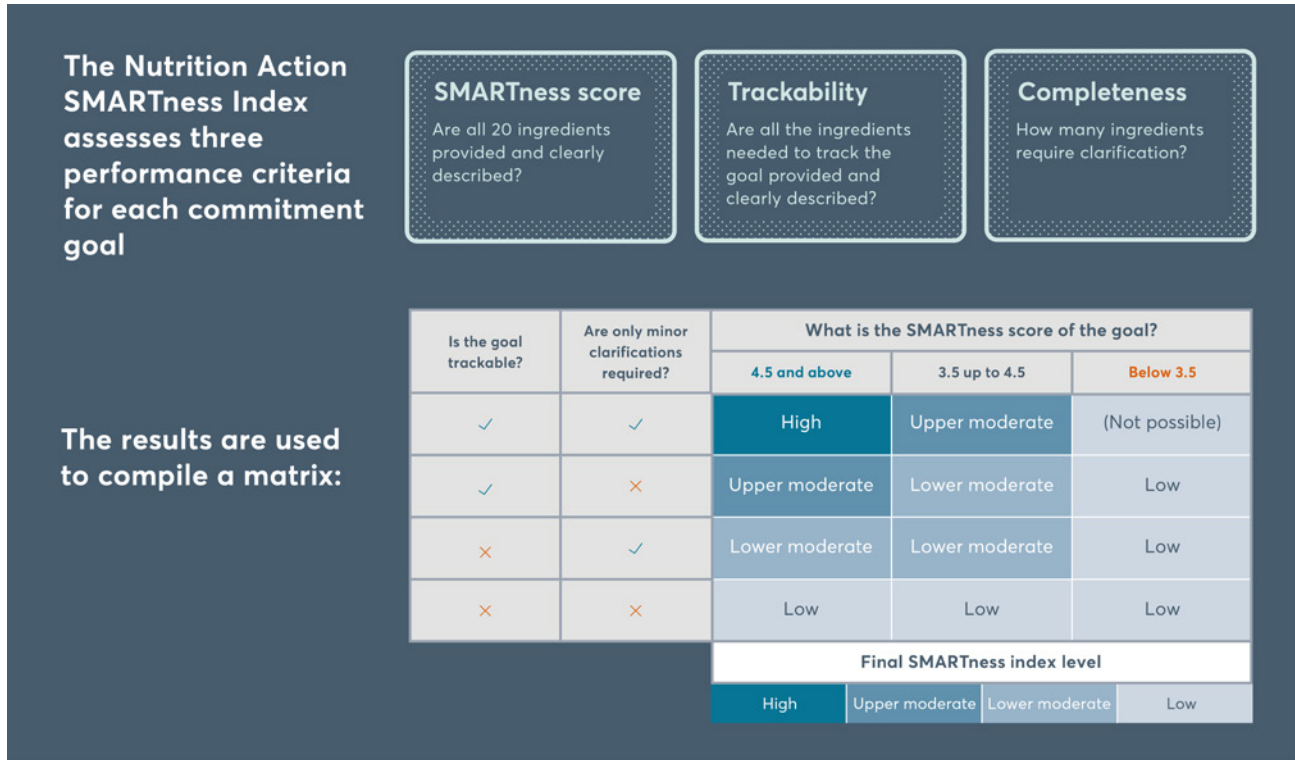
3. Completeness. Indicates for how many ingredients the GNR needed to go back to the commitment-maker and ask for clarifications.⁵⁶

The GNR assesses the SMARTness of each goal based on self-reported data. The aim is that all goals reach the high SMARTness level through the verification process; the SMARTness Index of each goal is updated in the NAF Commitment Tracker as clarifications are received.

FIGURE 1.9

Goals are ranked as high, upper moderate, lower moderate or low in SMARTness

Structure of the Nutrition Action SMARTness Index



Conclusion

The world remains off track in its effort to meet almost all global nutrition targets.⁵⁷ The need to tackle poor diets and malnutrition in all its forms is ever pressing, with increased recognition that stakeholders are accountable for people's food and nutrition. The Nutrition Year of Action presented stakeholders with unprecedented opportunities to step up and take more action, whilst highlighting the need for strengthened accountability. To date, there has been no robust accountability infrastructure to comprehensively record and monitor all new commitments for nutrition and ensure that stakeholders are held accountable for the pledges they make.

The GNR played a central role in addressing past challenges and strengthening accountability by developing the NAF, the world's first public accountability framework for nutrition. Its aim is to create a shared culture of stakeholder accountability, communication, information sharing and trust, to achieve the shared vision of ending malnutrition in all its forms. The NAF served as the formal accountability mechanism for the 2021 Tokyo N4G Summit and created a wealth of standards and resources to support SMART commitment-making. It provides a transparent, consistent and systematic approach to positive stakeholder accountability, and has the potential to transform stakeholder engagement and the nutrition actions they take. The NAF can be used by all stakeholders at any time to commit to new and strengthened nutrition action and receive recognition for the efforts they make.

KEY RECOMMENDATIONS

▶ **Nutrition commitments should be SMART, public and acted upon.**

To achieve the global nutrition targets and the shared vision of ending malnutrition in all its forms, we need to ensure that all nutrition commitments are SMART, publicly shared, monitored and strengthened via common standards and processes. The NAF provides the most comprehensive global platform to support stakeholders in doing so and hold each other to account.

▶ **Stakeholders should leverage and benefit from the NAF and commit to a shared culture of accountability.**

Being endorsed by multiple governments and international organisations, the NAF is the first global public resource for consistently monitoring all new commitments for nutrition. Promoting and streamlining its use across countries and stakeholders will allow, over time, the most comprehensive and independent assessment of nutrition action taken and its corresponding impact.

▶ **Trustworthy accountability mechanisms require rigorous and transparent standards and processes.**

Within just its first year of existence, the NAF has published several resources, including methods and tools, and engaged with stakeholders to support strengthened commitment-making. This basis is fundamental for building trust with stakeholders and the global nutrition community. Such mechanisms need to be well-resourced, adaptive and continuously monitored to ensure that they remain as relevant as possible.

▶ **Pledging moments for nutrition should follow the lead of the 2021 Tokyo N4G Summit.**

The success of the Tokyo summit is paving the way for all future events, highlighting the importance of active stakeholder engagement and data-driven accountability. With the Nutrition Year of Action and the Tokyo summit signifying a reset in stakeholder accountability, it is crucial that the NAF continues to serve and further evolves to support new pledges for nutrition. The sustainability of the NAF should be preserved to establish the trust of all stakeholders in its purpose and ensure systematic and continuous monitoring of nutrition action.

▶ **All nutrition commitments should be registered, reported and monitored.**

The NAF is the official accountability mechanism of N4G commitments. Yet, it has been developed to enable the recording of any nutrition commitments worldwide and across diverse stakeholders and pledging moments, so that these can be strengthened and become more impactful over time. Commitments don't have to be linked to specific events to be registered and get recognised. Stakeholders are encouraged to use the NAF to commit to nutrition and transform how we work together to jointly fix the global nutrition crisis.



02

2011. Kansas, US.

K-State Research and Extension's Bertha Mendoza takes Garden City residents on a short grocery store tour, as they talk about the nutritional value of foods.

© K-State Research and Extension

Unpacking commitments made to the NAF in the Nutrition Year of Action

KEY FINDINGS

- 1** Stakeholders registered 433 commitments with 897 goals through the Nutrition Accountability Framework (NAF); of these, 416 (96%) were Nutrition 4 Growth (N4G) commitments. All stakeholder types made commitments, including 78 country governments (in a non-donor role)¹, 56 civil society organisations, 30 private sector businesses, 21 donors,² seven international organisations and seven academic or research institutions.
- 2** Low- and middle-income countries in Asia and Africa were prioritised by all stakeholders, including by governments, of which only three of 78 were from a high-income setting. Goals targeted relatively equally children and women of reproductive age or the entire population.
- 3** All stakeholders placed an emphasis on creating an enabling environment for nutrition action, registering a total of 408 (45%) enabling goals largely focused on strengthening 'leadership and governance' (184, 45% of enabling goals). Governments additionally prioritised impact actions and 'undernutrition' in particular; in contrast, 'food and nutrition security',³ 'diets', 'obesity and diet-related non-communicable diseases' were of low priority. The private sector focused on policy actions, mainly related to the 'food supply chain' and the 'food environment'. Stakeholders pledged US\$42.6 billion through financial commitments.⁴
- 4** All stakeholders except the private sector committed to nutrition action in response to the Covid-19 pandemic. A quarter (212, 24%) of all registered goals were developed to address nutrition impacts related to the pandemic, with a focus on enabling and impact actions, and US\$12.9 billion⁵ was committed across all stakeholders.
- 5** Of the 897 goals, 214 (24%) were high in SMARTness, 143 (16%) were upper moderate, 274 (31%) were lower moderate and 266 (30%) were low. The NAF facilitated the development of SMART commitments, with less than a third (266, 30%) of goals being low in SMARTness and 374 (42%) being trackable. The NAF helps to identify key information that stakeholders can share to improve the ranking of their existing commitments, and through this learning improve the SMARTness of future ones.

Introduction

The Nutrition Accountability Framework (NAF) was widely used by 198 stakeholders that registered 433 nutrition commitments with 897 goals in the Nutrition Year of Action. Almost all⁶ (416, 96%) were Nutrition for growth (N4G) commitments; the largest number of N4G commitments ever made, signifying the Tokyo N4G Summit as the highlight of the year. The NAF accepts all nutrition commitments – going beyond N4G – and remains open for stakeholders to register commitments at any time.

This report focuses on analysing commitments registered via the online [NAF Platform](#) from 14 September 2021 (launch date) through to 15 March 2022. Most of these commitments were linked to the Tokyo N4G Summit, as the NAF is the official accountability mechanism of N4G commitments (see [Chapter 1](#)). Nutrition commitments pledged elsewhere (e.g. UN Food Systems Summit) are not captured, unless they were also registered through the NAF.

This chapter summarises how stakeholders stepped up in the Nutrition Year of Action. It presents high-level findings on how many commitments were made along with their key characteristics, such as geographical coverage and alignment with the global nutrition targets. The chapter also presents key findings on the type of commitments as assessed by the [Nutrition Action Classification System](#) and on the SMARTness of commitments as assessed by the [Nutrition Action SMARTness Index](#). More in-depth stakeholder-specific analyses are presented in Chapters 3–7 of the report.

Commitments registered in the NAF

Commitments registered and analysis flow

Following the application of eligibility criteria (see Chapter 1, How the NAF works), 433 commitments with 897 goals registered by 198 stakeholders were included in this report.⁷ The GNR collects self-reported information and performs analyses at the stakeholder, commitment and goal levels. Commitments may have multiple goals, which can vary in terms of their characteristics. Not all data provided through the online forms could be standardised and analysed given unclear or missing information (such as data on the indicator used to measure progress against the goal(s), costs associated with the delivery of the commitment, and whether financing is nutrition sensitive and/or specific).⁸ For all registered commitments, the GNR assesses their action type and SMARTness. All data is also available online through the [NAF Commitment Tracker](#).

TABLE 2.1

Information and analyses included in the report

198 unique stakeholders. Data analysed at the stakeholder level:

Stakeholder type

Commitment-makers are grouped into governments, civil society organisations, private sector, donors (any stakeholder functioning in a donor capacity), international organisations and academia.

Stakeholder location

The country in which the commitment-maker is located.

433 commitments. Data analysed at the commitment level:

Joint commitments

Whether commitments and their goals were registered on behalf of multiple stakeholders.

Link to events Whether commitments and their goals were linked to specific events (e.g. 2021 Tokyo N4G Summit)

Whether commitments and their goals were registered on behalf of multiple stakeholders.

N4G thematic areas (for N4G commitments only)

Alignment with the N4G thematic areas (collected only for commitments linked to the 2021 Tokyo N4G Summit). The alignment is applicable to the commitment as a whole, as each goal may have a different theme.

Number of goals per commitment

The unique measurable goal(s) per commitment.

Alignment with global nutrition targets

The global nutrition targets the commitment aligns with. The alignment is only applicable to the commitment as a whole, as each goal may have a different alignment.

897 goals. Data analysed at the goal level:

Geographical coverage

The area targeted by the goal (global, multi-country, national, subnational, local).

Population coverage

The population (overall or specific groups) targeted by the goal.

Expected duration

The time-period within which the goal is expected to be achieved.

Goal type

The N4G terminology categorising goals as 'financial', 'programmatic', 'impact' or 'policy'.

Relation to Covid-19

Whether the goal was developed as a response to the pandemic.

The GNR has performed further independent assessment at the goal level:

Nutrition action area

The nutrition action category and sub-category of the goal. This was assessed by the GNR for each goal using the Nutrition Action Classification System and is based on self-reported data.

SMARTness

The SMARTness level of the goal. This was assessed by the GNR for each goal using the Nutrition Action SMARTness Index and is based on self-reported data.

Stakeholders that registered commitments

Overall, 198 stakeholders⁹ from 84 countries (based on stakeholder location) made commitments aiming to improve nutrition. Half (223, 52%) of commitments were made by 78 country governments (in a non-donor role),¹⁰ followed by 56 civil society organisations (CSOs) (92 commitments, 21%), 30 private sector businesses (50, 12%, from 23 food businesses and 12, 2.8%, from seven non-food businesses), 21 donors (29, 7%, from 14 donor governments¹¹ and 7, 1.6%, from seven donor organisations¹²) and seven international organisations (13, 3%). Academia was engaged late in the N4G process and was represented by seven stakeholders; given its low number of commitments (7, 1.6%), academia does not have its own chapter, but is discussed separately in Box 2.1.

Stakeholder location

Stakeholders were based in countries of different income levels: 87 (44%) stakeholders were in 17 high-income countries, 16 (8%) in 13 upper-middle-income ones, 66 (33%) in 34 lower-middle-income countries and 29 (15%) in 21 low-income countries. The stakeholders from high-income countries mainly represented the private sector, CSOs and donors. Notably, of the 78 governments, only three were from high-income countries, highlighting the need for further engagement of these stakeholders with regards to registering domestic commitments.

Joint commitments

Fewer than half (184, 42%) of the commitments were joint.¹³ More than two-thirds (69%) of the government commitments were joint while international organisations had 3 (23%) joint commitments, CSOs had 17 (18%), donors had 5 (14%) and the private sector also had 5 (8%). Joint commitments were mostly made by entities across stakeholder types, rather than within the same type. For example, of the 153 joint government commitments, 119 (78%) were made on behalf of multiple stakeholder types.

Thematic areas of N4G commitments

Of the 433 commitments, 416 (96%) were linked to the 2021 Tokyo N4G Summit and are considered N4G commitments. The summit organisers identified five thematic areas¹⁴ critical to addressing malnutrition in all its forms. Two-thirds of the 416 N4G commitments were reported to be relevant to the 'health' (287, 69%) and 'food' (270, 65%) areas, 174 (42%) were relevant to 'resilience', and only a quarter each to the cross-cutting themes of 'data' (115, 28%) and 'financing' (114, 27%)¹⁵. This pattern was seen across all stakeholder types except for the private sector, which mainly focused on the 'food' area.

Number of goals per commitment

Across stakeholders, commitments had mostly a single goal (263, 61%). Relatively few had multiple goals: 59 (14%) had two, 42 (10%) had three, 26 (6%) had four, and 42 (10%) had five to 15 goals.

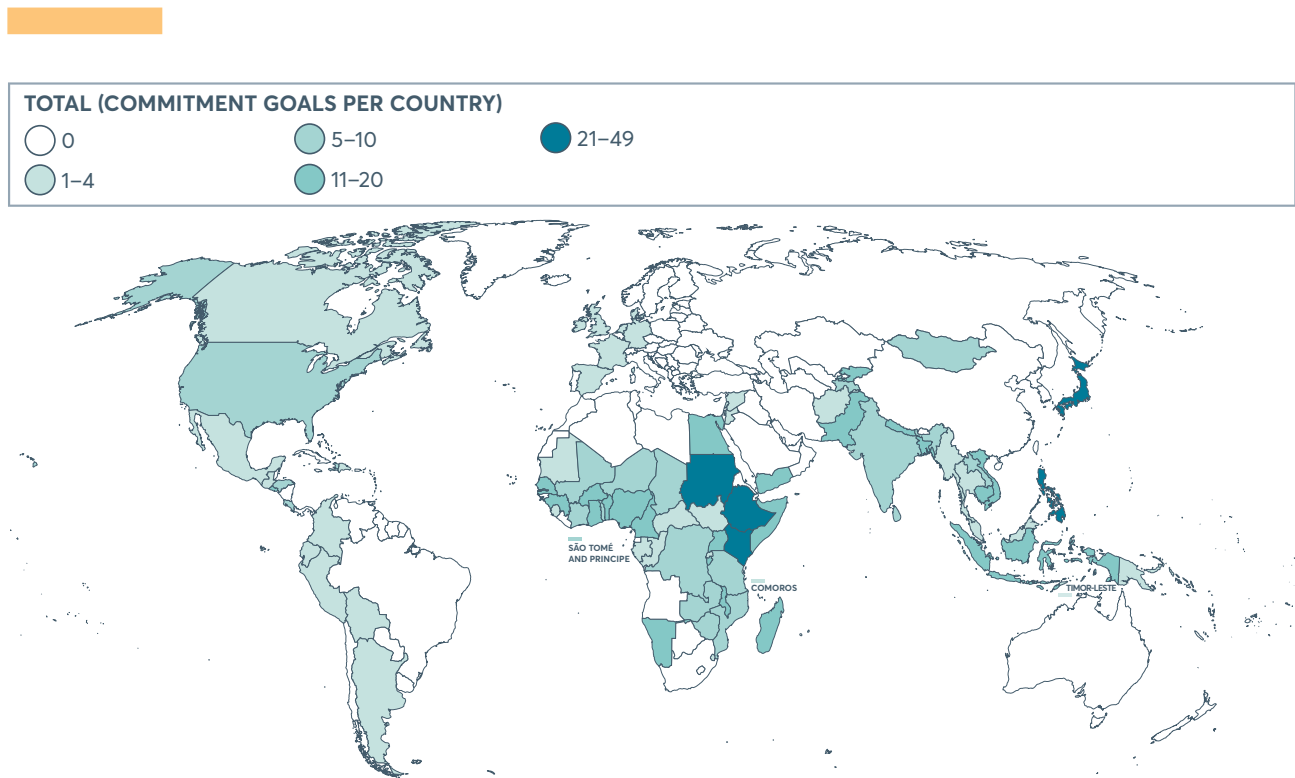
Geographical coverage of goals

Geographical coverage¹⁶ ranged from global to local. Most goals had national coverage (525, 59%), followed by global (195, 22%), multi-country (111, 12%), subnational (49, 5%), local (15, 1.7%) and for two goals (0.2%) this information was missing. Notably, most government goals had national coverage (430, 91%), with only few targeting specific country regions or locations, highlighting that governments aim to improve nutrition at the national level. In contrast, the goals made by other stakeholder types, including CSOs, the private sector, donors and international organisations, had in general global or multi-country coverage.

Separating out goals that specified a targeted country, we find that these concentrate in the regions of Africa and South and Southeast Asia (Figure 2.1), primarily aimed at low- and lower-middle-income countries (Figure 2.2).

This is largely driven by government representation, which was almost all (75, 96%) based in low (21) or middle-income (54) countries. As such, the primary focus of stakeholders was to address undernutrition (see Nutrition action categories of commitments), which is generally a priority in such contexts. In contrast, high-income countries, such as those in Europe and North America, and Japan, were mainly targeted as part of goals with global coverage, not with a unique country focus.

FIGURE 2.1
Commitment goals mostly targeted countries in South Asia and Africa
Geographical coverage of commitment goals registered in the NAF



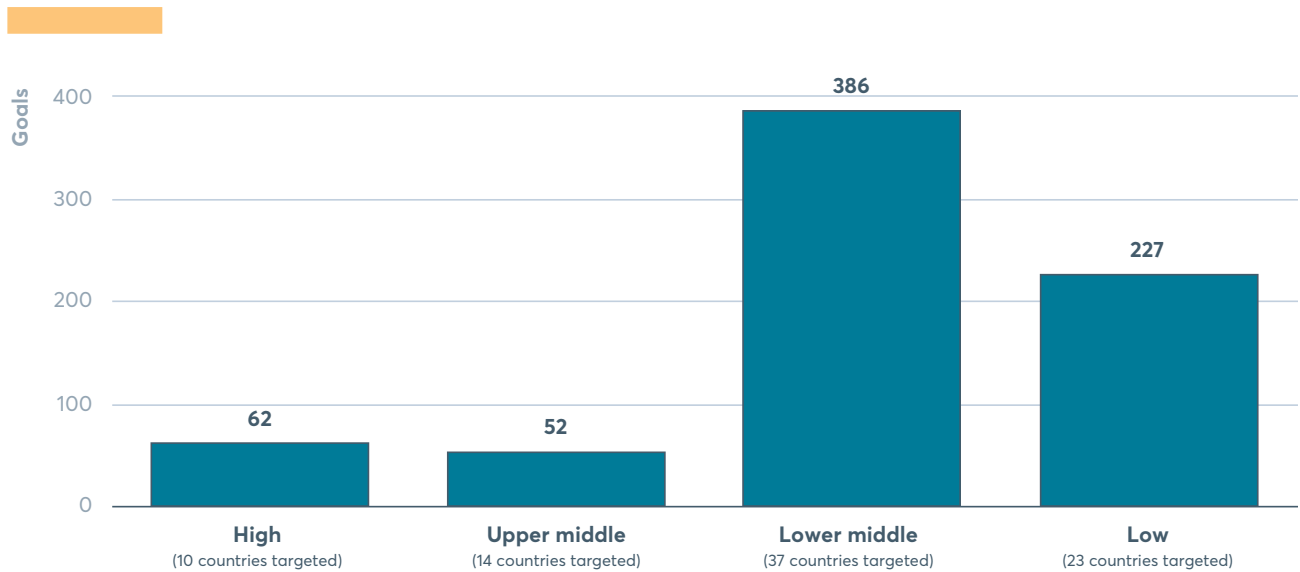
Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Notes: In total 84 countries were targeted by goals with national (525), subnational (49), local (15) and specified multi-country (26) coverage; for two goals, this information was missing. The 195 goals with global coverage and the 85 goals with multi-country coverage for which the targeted countries were not specified were not included in this figure. The boundaries and names used do not imply official endorsement or acceptance by the Global Nutrition Report or Development Initiatives. In this map, the disputed territories of Etorofu, Kunashiri, Shikotan and the Habomai Islands are coloured grey.

FIGURE 2.2

Commitment goals mostly targeted low- and lower-middle-income countries

Countries targeted by commitment goals across income levels



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Notes: In total 84 countries were targeted by goals with national (525), subnational (49), local (15) and specified multi-country (26) coverage; for two goals, this information was missing. The 195 goals with global coverage and the 85 goals with multi-country coverage for which the targeted countries were not specified were not included in this figure. The World Bank classifies the world's economies into four income groups: low, lower-middle, upper-middle, and high-income countries. They update this data each year, based on GNI per capita in current US\$ (using the Atlas method exchange rates) of the previous year. This report uses the classifications from 2021. You can find out more at: World Bank Country and Lending Groups.¹⁷

Population coverage of goals

For coverage, 391 (44%) goals targeted the entire population, 389 (43%) a specific population group (usually women of reproductive age and/or children up to five years of age) and 115 (13%) indicated no target population. The information was missing for two (0.2%) goals. More than half (117, 60%) of goals with global coverage targeted the whole population, whereas half (254, 49%) of those with national coverage targeted specific population groups, followed by the overall population (198, 38%).

Expected duration for achieving goals

The median reported time period for achieving goals was similar across stakeholders: six years for governments and the private sector, five years for donors and CSOs, and four years for international organisations. Across action categories, goals categorised as impact had the higher expected duration (eight years), followed by policy (six years) and enabling (five years). Goal start dates and end dates varied amongst commitment-makers.¹⁸

Alignment of commitments with the global nutrition targets

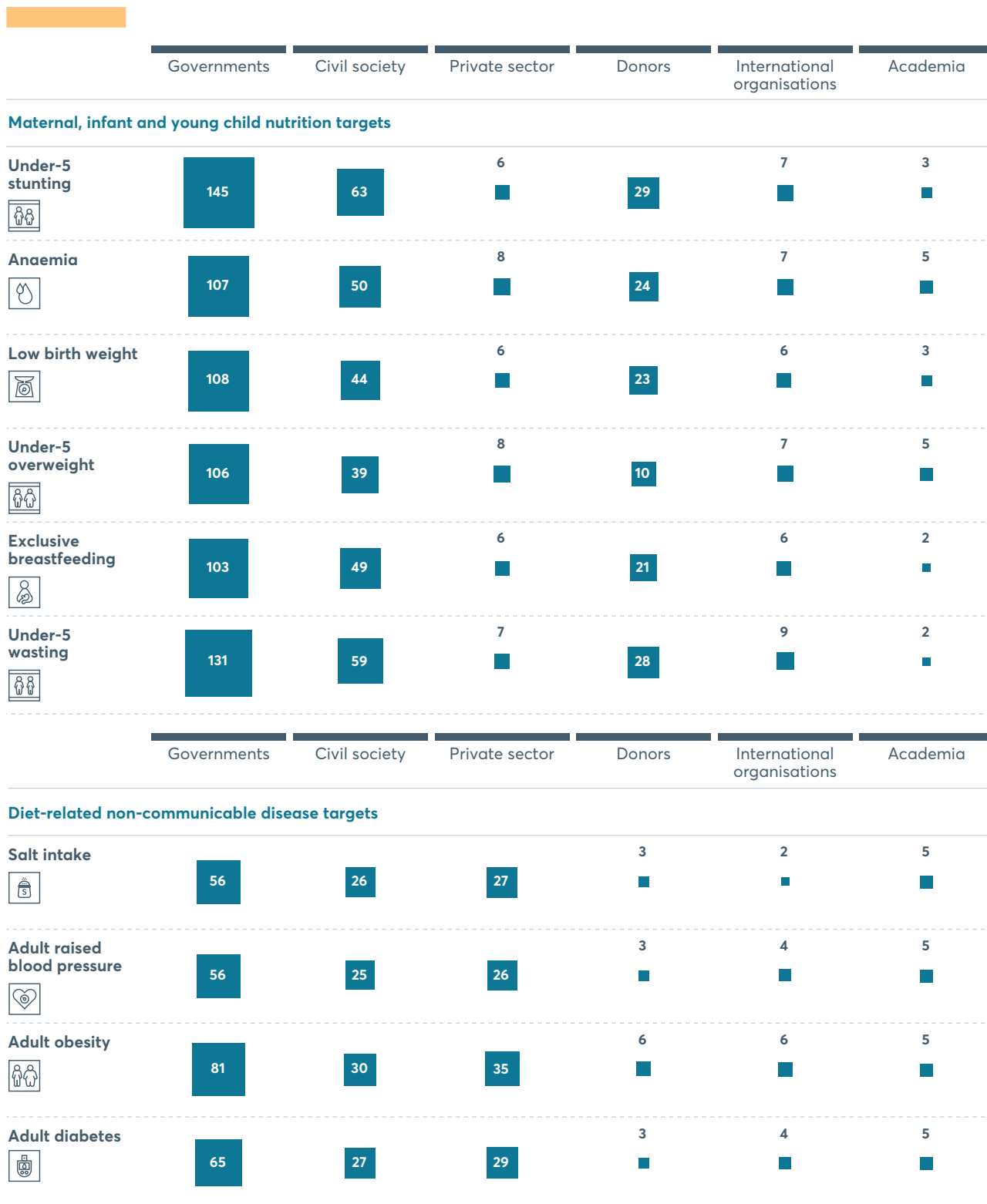
Stakeholders self-reported the global nutrition targets¹⁹ that aligned with their commitments. Most commitments were aligned with the maternal, infant and young child nutrition (MIYCN) global targets (Figure 2.3). Specifically, of the 433 commitments, 253 (58%) aligned with childhood stunting, 236 (55%) with childhood wasting, 201 (46%) with anaemia, 190 (44%) with low birth weight, 187 (43%) with exclusive breastfeeding, and 175 (40%) with childhood overweight.²⁰ In contrast, a third of commitments or fewer were reported to be aligned with any of the diet-related NCD targets, with 163 (38%) aligned with adult obesity, 133 (31%) with adult diabetes, 119 (27%) with raised blood pressure and 119 (27%) with salt intake. Sixty-one (14%) commitments were aligned with all targets. The stakeholders of 79 (18%) commitments indicated that their commitment did not align with any of the global targets.

This pattern was generally observed across stakeholder groups. For example, donors made comparatively fewer commitments that aligned with any of the diet-related NCD targets (6, 17%), while 31 (86%) commitments aligned with any of the six MIYCN targets. For governments, 178 (80%) of their commitments were aligned with any of the six MIYCN targets, and 86 (39%) with any of the diet-related NCD ones. The only exception was the private sector, which aligned most (37, 60%) of its commitments with any of the diet-related NCD targets – with a relative equal focus across all related NCD targets – with only few (17, 27%) commitments aligning with any of the MIYCN targets.

On aggregate, just 33 (8%) commitments were reported to be aligned only with diet-related NCD targets (76% of which were made by the private sector), as opposed to 177 (41%) commitments that aligned only with MIYCN targets. A third (33%) of the commitments aligned with both MIYCN and diet-related NCD targets, while 79 commitments (18%) were not aligned with any of the global targets. The focus on MIYCN targets is in line with such malnutrition burdens being prominent in low- and lower-middle income settings, with more and more countries experiencing the double burden of malnutrition.²¹

FIGURE 2.3

Stakeholders prioritised the maternal, infant and young child nutrition targets over diet-related NCD targets
Stakeholders' alignment of commitments with the global nutrition targets



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Notes: Stakeholders self-reported the global nutrition targets that aligned with their commitments. Adult obesity and diabetes were separated out rather than being listed as a single target. The numbers in squares indicate the number of commitments that aligned with the global targets, as reported. A commitment may align with one or more global targets (or none); as a result the sum of the numbers in the squares does not total the 433 commitments registered in the NAF.

BOX 2.1

The contribution of academia

Dimitra Karageorgou and Renata Micha

Academia was a new stakeholder group approached as part of the Tokyo N4G Summit. It was represented by seven stakeholders: five from high-income countries, one from a lower-middle-income country, and one from an upper-middle-income country. Each stakeholder registered one commitment, resulting in seven commitments with 18 goals. Only one commitment was joint and registered on behalf of multiple entities. Five commitments had multiple goals (ranging from two to six), with a median duration of 8.2 years. Commitments had a relatively equal focus across all global nutrition targets (Figure 2.3).

The geographical coverage of the goals was mostly multi-country or global (14, 78%), targeting mainly low- and middle-income countries in Africa and Asia. Over half (10, 56%) of academia goals targeted the overall population, and a quarter (5, 28%) targeted children. Four goals were developed in response to the Covid-19 pandemic. Almost half (8, 44%) of the goals ranked high in SMARTness, 3 (17%) upper moderate, 2 (11%) lower moderate and 5 (28%) low.

Academia goals were primarily categorised as enabling (11, 61%), followed by policy (6, 33%), while only one (6%) as impact (Figure 2.4).

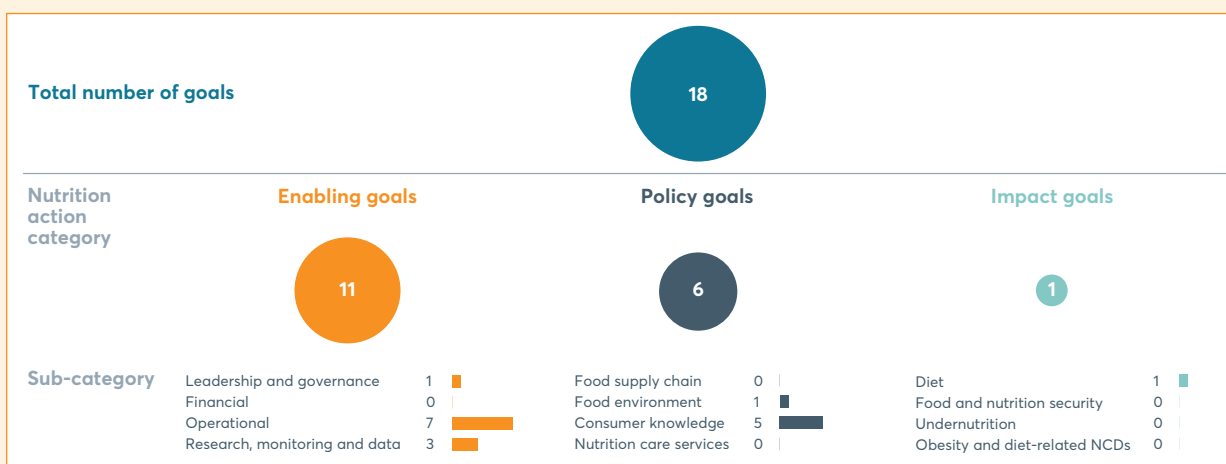
Most enabling goals were sub-categorised as 'operational' (7, 64%), to improve the training and education of registered dietitians and professionals working in nutrition-related fields. A third (3, 27%) were 'research, monitoring and data', to perform research for food-based dietary guideline proposals and to evaluate wellbeing programmes. Only one (9%) was 'leadership and governance', which was relevant to the organisation's structure.

Policy goals were mostly 'consumer knowledge' (5, 83%). They delivered wellbeing programmes, for example, through which the public is educated on dietary habits and malnutrition outcomes. Only one (17%) was 'food environment', and this was related to the establishment of a self-sustaining school lunch system.

The only impact goal was 'diet', and it aimed to improve the population's nutritional status and diet quality.

FIGURE 2.4

Academia prioritised creating an enabling environment for nutrition action, mostly through 'operational' actions
Types of commitment goals registered by academia



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Note: The [Nutrition Action Classification System](#) was developed by the GNR as part of the NAF and is available online.

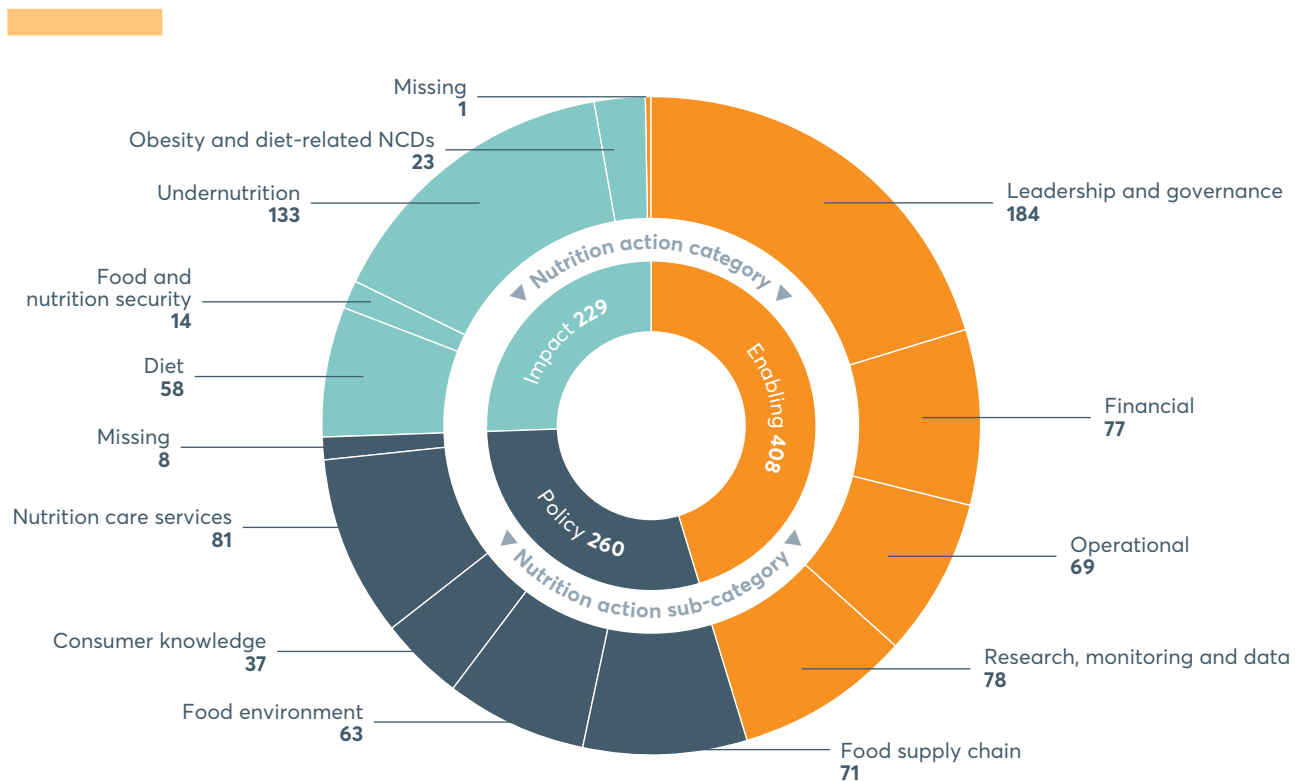
Nutrition action categories of commitments

Categories of nutrition commitments

The GNR developed the [Nutrition Action Classification System](#) (see Chapter 1, How the GNR maps nutrition actions) to improve the mapping and understanding of the type of commitments being made (Box 2.2). Of the 897 goals, almost half (408, 45%) were categorised

as enabling, followed by a roughly equal split between policy (260, 29%) and impact (229, 26%) (Figure 2.5). Notable differences were observed across stakeholder types. For example, governments focused equally on enabling (196 goals, 42%) and impact actions (183, 39% of goals). They registered half (196, 48%) of all enabling goals submitted by all stakeholders, and most (183, 80%) impact ones. Donors focused on enabling actions (52 goals, 85%). The private sector prioritised policy actions (85, 79%), which corresponded to a third (85, 33%) of all policy goals submitted by stakeholders. There was substantial stakeholder mobilisation to address nutrition impacts related to Covid-19 (Box 2.3).

FIGURE 2.5 Stakeholders committed to diverse enabling, policy and impact actions, mostly 'leadership and governance' and 'undernutrition' Overview of commitment goal types



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Notes: The inner circle presents the number of goals per nutrition action category and the outer circle the goals per nutrition action sub-category. Nine of the 897 goals could not be assigned to an action sub-category (indicated above as missing); one was an impact action aiming to increase physical activity and eight were policy actions relevant to broad social protection measures that were unclear if they focused on nutrition. Such missing data will be clarified during the verification process.

Sub-categories of nutrition commitments

'Leadership and governance' (an enabling sub-category) was the most prominent type, with one-fifth of all reported goals (184, 21%) committing to such efforts. This was followed by 'undernutrition' (an impact sub-category) (133, 15%) (Figure 2.5). Each of the remaining sub-categories contributed to less than 10% of all goals, with fewest actions being committed to for 'diet' (58, 6%), 'consumer knowledge' (37, 4.1%), 'obesity and diet-related NCDs' (23, 2.6%) and 'food and nutrition security' (14, 1.6%).

Almost half (184, 45%) of all 408 enabling goals were 'leadership and governance', followed by 'research, monitoring and data' (78, 19%), 'financial' (77, 19%) and 'operational' (69, 17%) (Figure 2.6). Looking across stakeholders, governments contributed the most to 'leadership and governance' (87, 47% of all such goals), 'financial'²² (43, 56%) and 'research, monitoring and data' (40, 51%) goals. Stakeholders committed more than US\$42.6 billion:²³ donors committed US\$26.3 billion, governments US\$13.3 billion, international organisations US\$2.4 billion, CSOs US\$567 million and the private sector US\$54 million.

A third (81, 31%) of all 260 policy goals were 'nutrition care services', yet these were still relatively low (9% of all goals). Governments made the largest contribution to 'nutrition care services' (43, 53% of all such goals), followed by CSOs (27, 33%). Though international organisations made few policy goals overall (10), the majority (7, 70%) focused on 'nutrition care services'. Food systems – represented by the sub-categories of 'food supply chain' and 'food environment' – were less of a priority for all stakeholders, at least for commitments registered through the NAF.²⁴ The private sector was the notable exception in this pattern, contributing the most to goals related to 'food supply chain' (43, 61% of all such goals), 'food environment' (28, 44%) and 'consumer knowledge' (13, 35%).

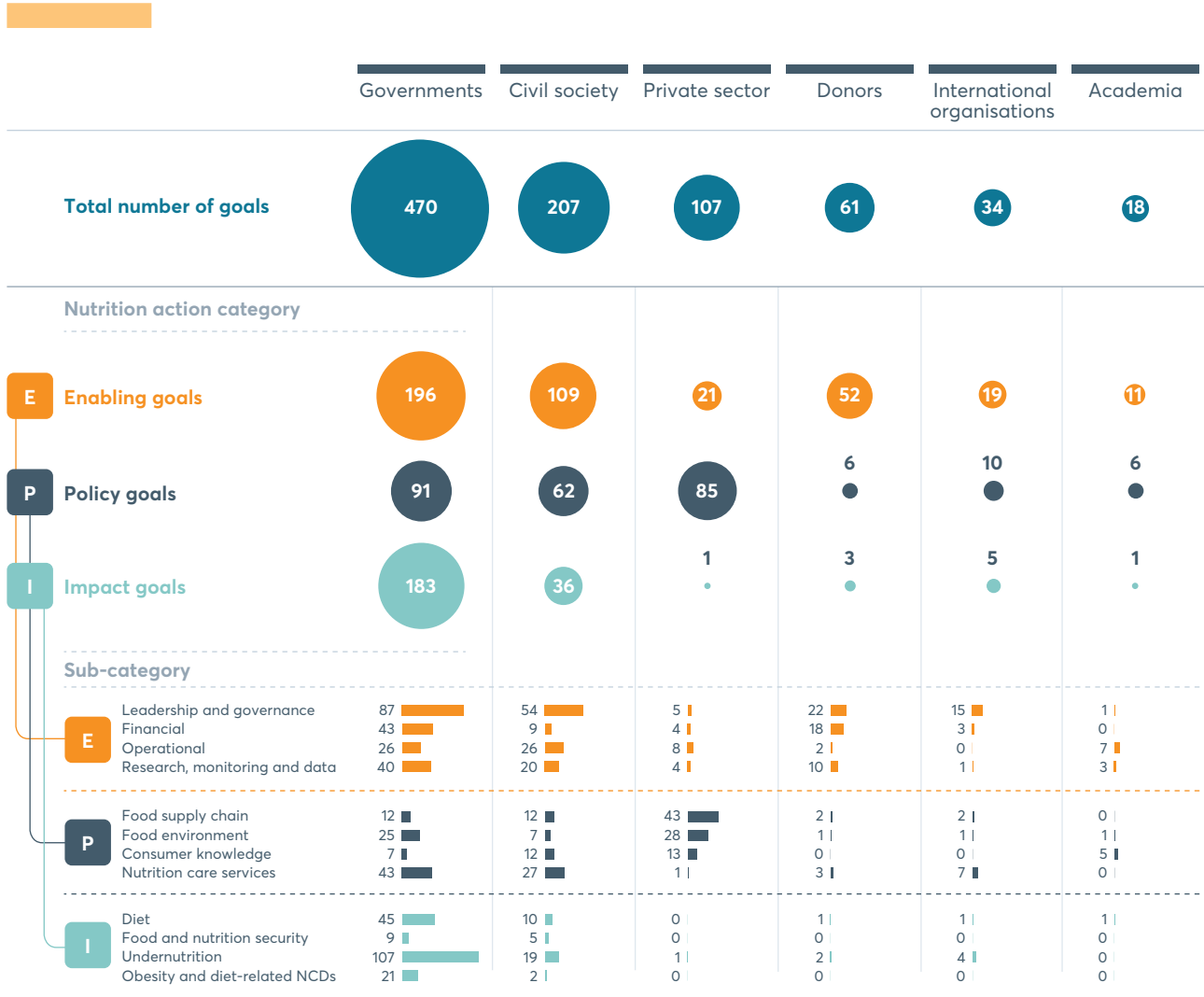
In line with observations for past N4G commitments,²⁵ more than half (133, 58%) of the 229 impact goals were related to 'undernutrition'. This was largely driven by governments, whose 107 (23%) 'undernutrition' goals corresponded to 80% of all such actions committed by stakeholders. Of the 229 impact goals, 58 (25%) were 'diet' ones, only 23 (10%) were 'obesity and diet-related NCDs' and just 14 (6%) were 'food and nutrition security'. Most 'diet' actions were committed by governments (45, 78% of all such goals) – still a low number, and with minimal contribution from other stakeholders. Notably, only governments and CSOs committed to 'obesity and diet-related NCDs' and 'food and nutrition security' actions, highlighting the low priority these issues, including 'diet', have in stakeholder agendas.

The areas of committed nutrition action for each stakeholder type, along with notable patterns observed, are discussed in Chapters 3–7.

FIGURE 2.6

Stakeholders prioritised governance and undernutrition, but paid little attention to poor diets, obesity and diet-related NCDs or food and nutrition security

Commitment goals by action type and stakeholder group



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Note: Nine of the 897 goals could not be classified in an action sub-category as it was unclear if they were nutrition focused; these will be clarified in the verification process. In Government commitments, there are four goals with missing sub-category data in 'policy' and one goal with missing sub-category data in 'impact'. In Civil society commitments, there are four goals with missing subcategory data in 'policy'.

BOX 2.2

How the Nutrition Action Classification System improves the mapping of commitments

Dimitra Karageorgou and Renata Micha

One of the key challenges in mapping nutrition commitments was the lack of a comprehensive classification system to identify and characterise the scope of nutrition efforts. This was addressed by the NAF through the development of the Nutrition Action Classification System, which provides a thorough characterisation of nutrition action into categories and sub-categories in a hierarchical manner (See Chapter 1, How the GNR maps nutrition actions).

Nutrition commitment goals were self-categorised under the four types using the N4G terminology: 'financial', 'policy', 'programmatic' and 'impact'.²⁶ Of the 897 goals registered in the NAF, almost half (406, 45%) were self-reported as 'programmatic', 226 (25%) as 'impact', 183 (20%) as 'policy' and 82 (9%) as 'financial'.

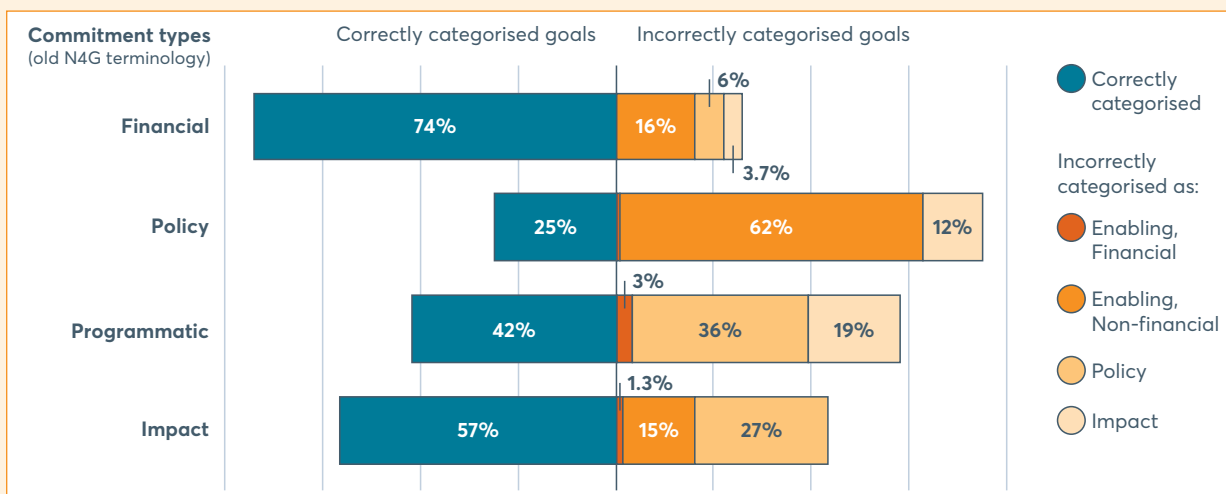
This self-reported classification was verified against the Nutrition Action Classification System. 'Financial' goals were the most well characterised (61, 74% alignment with the relevant action category) (Figure 2.7). The 'impact' and 'programmatic' commitment types were less well captured, as only 128 (57%) and 171 (42%), respectively, were identified as such. The largest issue was seen with 'policy' commitments, as only a quarter (46, 25%) were classified as such.

Our analysis highlights that the NAF's consistent set of standards and definitions adds value by improving the identification of nutrition action being committed to. It enables a more refined breakdown and understanding of the type of action and its focus across diverse stakeholder groups, which is expanded as new commitments are made. The previously used limited set of commitment types is not sufficient to capture the breadth of nutrition commitments and the areas of action they cover, and this can lead to reporting errors.

Based on these findings, the GNR recommends the use of the Nutrition Action Classification System to improve our understanding of nutrition actions being taken.

FIGURE 2.7

The Nutrition Action Classification System substantially improves the characterisation and mapping of nutrition commitments
Alignment of N4G commitment type terminology with the Nutrition Action Classification System



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the downloadable data in the report annex. For more information about the N4G commitment making guide, see https://nutritionforgrowth.org/wp-content/uploads/2021/04/CommitmentGuide_4.27.21.pdf.
Note: For a detailed description of the Nutrition Action Classification System please see [here](#). When registering commitments, stakeholders were asked to self-assign each of their goals to one of the four commitment types (N4G terminology). Post-registration, the GNR team assigned each goal, based on its description, to the relevant nutrition action category and sub-category of the Nutrition Action Classification System. 'Financial' goals (N4G terminology) were considered as correctly categorised by stakeholders if the GNR assigned them to the enabling sub-category 'financial'. 'Policy' goals (N4G terminology) were considered as correctly categorised if the GNR assigned them to any of the four policy sub-categories. 'Programmatic' goals (N4G terminology) were considered as correctly categorised if the GNR assigned them to any of the following three enabling sub-categories: 'leadership and governance', 'operational, or 'research, monitoring, and data'. 'Impact' goals (N4G terminology) were considered as correctly categorised if the GNR assigned them to any of the impact sub-categories.

BOX 2.3

How stakeholders committed to addressing nutrition impacts related to Covid-19

Dimitra Karageorgou and Renata Micha

For almost all goals (837, 93%), stakeholders self-reported whether or not they were developed in response to Covid-19.²⁷ The answer was 'yes' for a quarter (212, 24%) of all goals (Figure 2.8) across all stakeholder types except for the private sector, which registered no goals in response to Covid-19. Governments led the way, making over half (128, 60%) of the Covid-19-related goals, followed by CSOs (53, 25%). Stakeholders committed to US\$12.9 billion to address the impact of the pandemic, corresponding to about a third of all committed financial investments.

Almost half (91, 43%) of Covid-19-related goals were categorised as enabling, followed by impact (75, 35%) and policy (46, 22%), with notable variation across stakeholders and type of commitment (Figure 2.8).

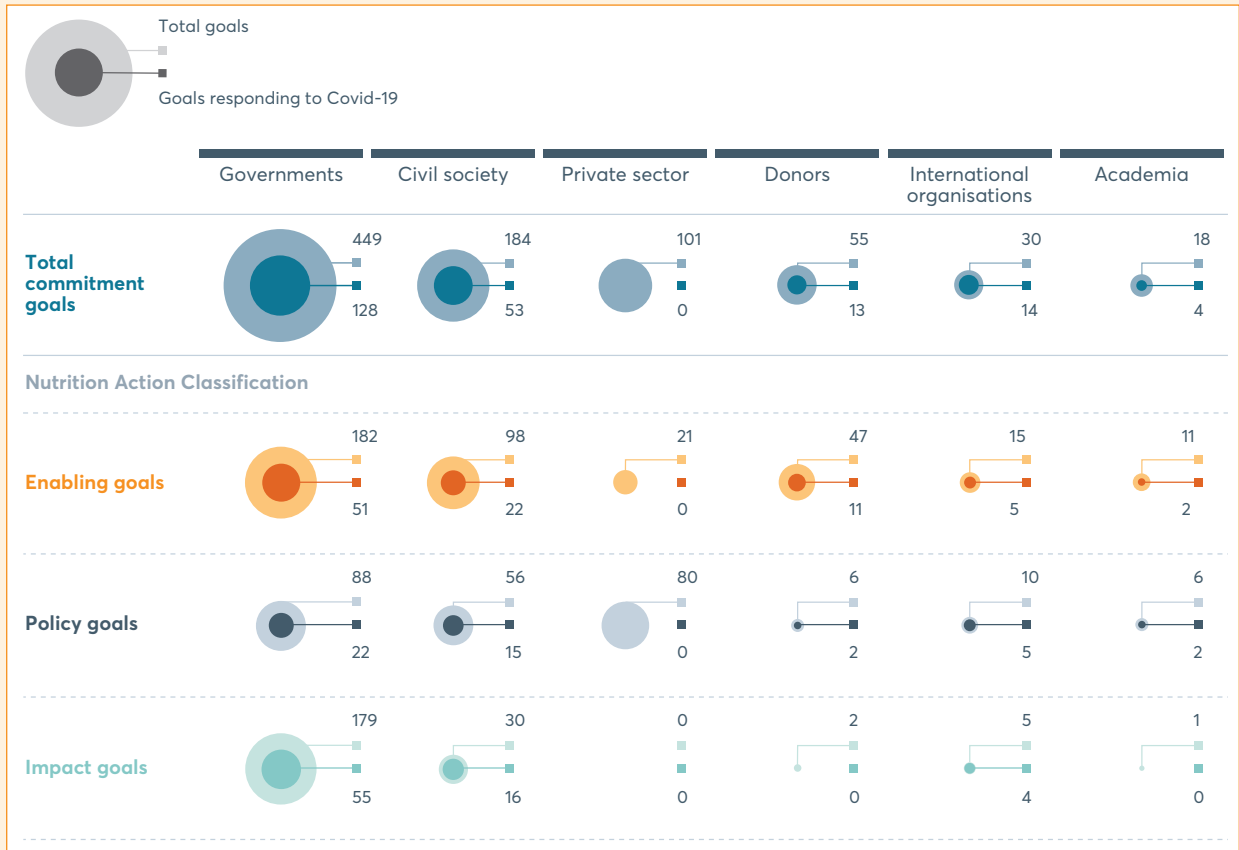
A quarter (51, 26%) of enabling goals committed by governments were Covid-19 related; the same was observed for each of the four enabling sub-categories. Examples of such government actions are to increase the national budget allocated to nutrition and develop nutrition action plans. On the other hand, for CSOs less than half (10, 38%) of the 'operational' goals were Covid-19 related, recognising that such commitments were limited overall. Examples of such actions are to increase the capacity of nutrition professionals and to train farmers on sustainable production practices.

CSOs developed a third (4, 33%) of their few policy goals as 'consumer knowledge' in response to the pandemic, such as having public campaigns and awareness workshops on nutrition. Half (4, 57%) of the 'nutrition care services' goals committed by international organisations were developed due to Covid-19, including those to improve malnutrition treatment services.

Almost a third (55, 30%) of all government impact goals were developed in response to the pandemic, contributing to 73% of all Covid-19 impact goals and 26% of all Covid-19 goals. Most of these goals were 'undernutrition' (36) and diet (15). Notably, both (2, 100%) 'obesity and diet-related NCDs' actions and more than half (11, 58%) of 'undernutrition' actions committed by CSOs were Covid-19 related.

These findings suggest that all stakeholders recognised the severe impacts of the pandemic to the food and health systems and nutritional status of the population, and that they committed to take action.

FIGURE 2.8
Stakeholders committed to take action in response to the pandemic
 Nutrition commitment goals in response to Covid-19 by stakeholder group



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.
Notes: Goals have been excluded from the chart if no data was provided regarding their development in response to Covid-19.

The SMARTness of nutrition commitments

As introduced in Chapter 1, one of the key challenges to strengthening accountability for nutrition was the lack of clear criteria for SMART commitment-making. The GNR addressed this challenge by developing a comprehensive online platform to support the registration of SMART commitments and the [Nutrition Action SMARTness Index](#) to rigorously assess the extent of that SMARTness (see Chapter 1, How the GNR assesses the SMARTness of commitments). This measure assesses the completeness and coherence of each commitment goal against predefined SMART criteria (it does not account for the potential importance, scale or impact of the commitment). In doing so, it supports stakeholders to make commitments that are as SMART, and thus as trackable, as possible. The SMARTness of all registered commitments is publicly shared through the NAF Commitment Tracker.²⁸

High SMARTness

A quarter (214, 24%) of all 897 goals ranked high in SMARTness (Figure 2.9). This means that they received an overall SMARTness score that was greater or equal to 4.5 (average 4.7, ranging from 4.5 to 4.9), they were trackable and required minor clarifications (for up to five ingredients) (Figure 2.10). Of these 214, 18 (8%) received a perfect SMARTness score of 5, being trackable and requiring no clarifications.

Upper-moderate SMARTness

Less than a fifth (143, 16%) of goals were of upper-moderate SMARTness. Goals in this level had an average SMARTness score of 4.2 (ranging from 3.8 to 4.5), they were trackable and required minor clarifications (for two to five ingredients).

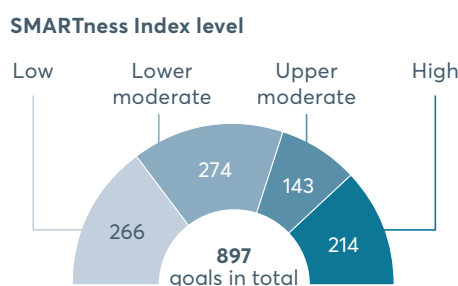
Lower-moderate SMARTness

A third (274, 31%) of goals were of lower-moderate SMARTness. The average SMARTness score was 4.4 (ranging from 3.5 to 4.9). Despite the relatively high average score, most (257, 94%) goals were not trackable with minor clarifications required (for one to five ingredients); only 17 goals were trackable but required major clarifications (for six to nine ingredients).

Low SMARTness

Less than a third (266, 30%) of goals were of low SMARTness. The overall average SMARTness score was 3.8 (ranging from 2.9 to 4.5), all goals were not trackable, and all required extensive clarifications (for six to 11 ingredients), but one (for five ingredients).

FIGURE 2.9
A quarter of all commitment goals were of high SMARTness



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Note: The [Nutrition Action SMARTness Index](#) was developed by the GNR as part of the NAF and is available online.

FIGURE 2.10

Commitment goals were largely trackable and required minor clarifications

Breakdown of the SMARTness of commitment goals

Nutrition Action SMARTness Index

Is the goal trackable?	Are only minor clarifications required?	What is the SMARTness score of the goal?			
		4.5 and above	3.5 up to 4.5	Below 3.5	
✓	✓	High 214 goals (24%)	Upper moderate 143 goals (16%)	Low (Not possible)	
✓	✗	Upper moderate 0 goals (0%)	Lower moderate 17 goals (1.9%)	Low 0 goals (0%)	
✗	✓	Lower moderate 127 goals (14%)	Lower moderate 130 goals (15%)	Low 1 goals (0.1%)	
✗	✗	Low 0 goals (0%)	Low 220 goals (25%)	Low 45 goals (5%)	
Final SMARTness Index level					
		High	Upper moderate	Lower moderate	Low

Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

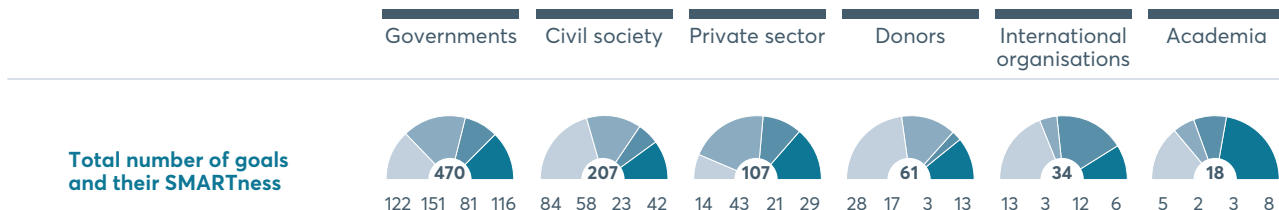
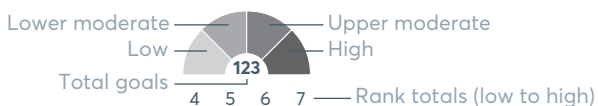
These SMARTness scores were largely driven by governments that registered over half of all goals, which were generally observed across all three major nutrition action categories (Figure 2.11). On the other hand, for CSOs only a fifth (42, 20%) of goals were of high SMARTness, whereas 41% (84) were of low SMARTness. This is largely attributed to their impact and

policy goals, the majority of which were of low SMARTness (26 of 36 impact goals and 32 of 62 policy goals). Relatively similar patterns in scores were seen for donors and international organisations. The private sector had only 14 (13%) low SMARTness goals – all categorised as policy – and half (11, 52%) of their enabling goals had high SMARTness.

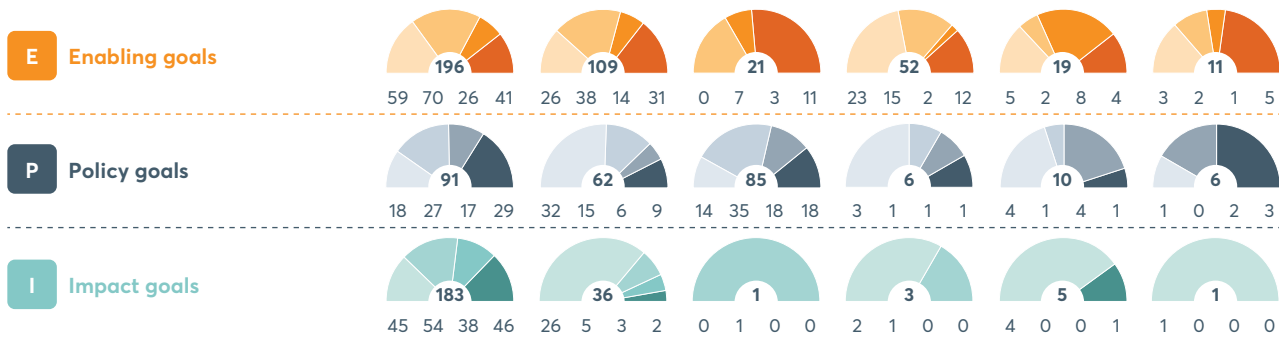
FIGURE 2.11

The NAF Platform was successful in enabling stakeholders formulate and register SMART commitments
 SMARTness of commitment goals by stakeholder group and action category

SMARTness Index level



Nutrition action category



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

SMARTness dimensions

As described in Chapter 1, the SMARTness score captured and scored ingredients (information) across each of the five SMART dimensions. The Specific (average 0.96 of 1), Relevant (average 0.93 of 1) and Time-bound (average 0.98 of 1) dimensions scored high across stakeholders and action areas. This is largely attributed to the standardised fields of the online forms through which this information was collected when stakeholders used the NAF Platform.²⁹ Stakeholders should provide all required information rather than, for example, indicating ‘unknown’.

Receiving a lower SMARTness rank was largely attributed to the Measurable (average 0.81 of 1) and Achievable (average 0.6 of 1) dimensions getting lower scores. The Measurable dimension includes fields related to the indicator used to measure progress against the goal.³⁰ The main issues observed had to do with not specifying the name and unit of the indicator (e.g. annual US\$ disbursement), its baseline and targeted value; this data is key to ensuring the goal can be tracked and reported on.

Interestingly, there was substantial variation in the selection of indicators across stakeholders and for similar goals, highlighting the lack of consensus – and the need for guidance – in how to best measure progress across various outcomes. The Achievable dimension included the information relevant to the cost and the funding of the commitment (of course, such information may not be readily available at registration as it takes time to accurately estimate). The low score of this dimension was mainly due to two-thirds of the commitments not having the costs associated with their delivery reported, either because this had not been estimated (245 commitments, 57%) or estimated but not willing to disclose (48, 11%).

Overall, the NAF facilitated the formulation of SMART commitments, with less than a third of goals being low in SMARTness. Across all goals, 374 (42%) were trackable and 615 (69%) required minor clarifications (Figure 2.10). This approach identifies key information that can be provided by stakeholders to improve the ranking of their existing commitments, and through this learning process the SMARTness of future ones. The GNR works with commitment-makers, through the verification process, to refine goals and improve their SMARTness so they can be subsequently updated in the NAF Commitment Tracker.³¹

Conclusion

The need to prioritise and invest in nutrition has never been greater, and data presented in this report is fuel for reflection and further action. The Nutrition Year of Action mobilised 198 commitment-makers across diverse stakeholder groups that committed to taking SMART action to address malnutrition in all its forms. Stakeholders were largely governments from low and middle-income countries that focused on undernutrition. And though the Tokyo N4G Summit was the highlight of the Nutrition Year of Action – paving the way for N4G summits to follow – renewed emphasis on engaging all stakeholders across various contexts and prioritising nutritious, equitable and sustainable food systems is critical.

In the Nutrition Year of Action, 198 commitment-makers representing multiple stakeholder groups registered 433 commitments with 897 goals through the NAF. Most stakeholders mobilised were governments from low- and middle-income countries that made almost half of all commitments, followed by CSOs and the private sector. Given that the private sector should be held accountable for healthier, more sustainable and equitable food systems, there is merit in increasing their engagement. There is also a clear need for high-income countries to step up efforts both in their own countries and in the form of donations to help improve global equity. The participation of donors was relatively low, and mainly from high income governments, suggesting that philanthropies should have a far greater role in such pledging moments for financial investments in nutrition. Still, financial commitments by donors were the largest pledged to date, totalling more than US\$26.3 billion.

For the first time, through the Nutrition Action Classification System, all commitments across all stakeholder groups were consistently classified, presenting a clear overview of the type of action being committed to. Stakeholders largely focused on creating an enabling environment for nutrition action. Governments further targeted impact outcomes, primarily aiming to improve undernutrition in their population. In contrast, not as many policy actions were committed to, such as to improve the food and health systems, which are critical for achieving final intended impacts (that is improvements in nutrition outcomes). Also for the first time, there were clear criteria for SMART commitment-making and a comprehensive approach for assessing the SMARTness of commitments. Less than a third of commitments made were of low SMARTness, facilitated by the standardised online forms that addressed significant and long-recognised challenges in formulating SMART commitments. Commitments were also largely trackable, which will allow future reporting against progress and measuring progress.

Undernutrition remained high in the stakeholder agenda as opposed to poor diets, obesity and diet-related NCDs. Food and nutrition security was not prioritised, despite the current climate of urgency, and neither was the need to embrace nutrition security (quality of food) alongside food security (access to quantity of food).³² Since most of the commitments registered are N4G ones, this may not be a true representation of global nutrition commitments made. This observed undernutrition focus is in line with the targeted areas being mainly low- and middle-income countries, which are mostly burdened by undernutrition yet are not restricted to this form of malnutrition. The pandemic mobilised stakeholders to step up and take action to respond to the unprecedented challenge of Covid-19 and create an enabling environment for managing its nutrition-related impacts. Coupled with the fact that many commitments were joint and across sectors, it is evident that the only way forward is to work together and not in isolation, holding each other to account.

KEY RECOMMENDATIONS

- ▶ **All stakeholders should step up and make more, stronger commitments to improve nutrition worldwide.**

The central role of governments – both donor and non-donor – has been reaffirmed in the Nutrition Year of Action. Civil society's presence was also strong. Though very positive, this is not enough. To achieve the shared vision of a world free of malnutrition in all its forms other key stakeholder groups should be mobilised to register their commitments, including high-income governments, donor organisations, businesses and international organisations.

- ▶ **Nutrition action should be strengthened and go beyond low-income settings and undernutrition.**

Traditionally N4G has attracted commitments for undernutrition in low-income settings (primarily Africa and Asia), a pattern that is still observed in registered commitments (which are largely N4G). Food and nutrition security, as well as diets and diet-related NCDs actions were largely not present, despite being a major issue in these settings, and less than a handful of high-income countries registered domestic commitments. A joint focus on nutrition security alongside food security would accelerate improvements in hunger and diet-related NCDs, particularly for the most vulnerable. Equally, prioritising healthy and sustainable diets will lead to improvements in all forms of malnutrition, while preserving the health of our planet. In light of the global nutrition crisis, the need for more action to comprehensively tackle malnutrition in all its forms has never been more urgent.

- ▶ **Stakeholders should commit to more money for nutrition and more policies within the food and health system.**

Stakeholders prioritised creating an enabling environment for relevant policy measures. This also includes external and domestic financing for nutrition that must be sustained and increased if we are to support effective policy measures and meet the global nutrition targets. Less attention was paid to policy action, highlighting the need for more work across the food and health systems to cost-effectively address the depth and breadth of malnutrition burdens and ensure that no one is left behind. Transforming our health systems through impactful policies that enable equitable access to healthy, affordable and sustainably produced food is urgently needed, with governments and the private sector having a critical role to play. Similarly, preventive nutrition care services need to be prioritised and become integrated in the health system to save lives and cut healthcare costs. For all such efforts, including financial investments, there is a clear need for consensus-based guidance on how to best measure progress that will allow for more impact to be generated.

- ▶ **Readiness to address nutrition-related impacts in periods of crises should be prioritised.**

Nutrition actions taken as a response to Covid-19 were not an explicit N4G priority, yet stakeholders stepped up and developed about a quarter of their commitments in response to the pandemic. The pandemic, and the recent war in Ukraine, exposed the vulnerability of our food and health systems and stressed the need to preserve the nutritional resilience of populations. Preventive measures that pay attention to food, nutrition, health and social protection to safeguard the most vulnerable are urgently needed.

- ▶ **SMART commitment-making should be further supported and strengthened.**

The Tokyo N4G Summit required that commitments were registered through the NAF to ensure these were SMART and accounted for. Stakeholders embraced this effort and largely made well-formulated commitments, as supported by the present findings. It's important that stakeholders remain engaged in the NAF processes to ensure critical information needed to improve the SMARTness, and as such the tracking of commitments, including progress made towards those commitments, is publicly shared. The NAF is a tool that supports stakeholders come together and ensure their promises translate to measurable action, leading to more and strengthened action over time.



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ILO Syrian Refugee Response.
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Governments: Tackling poor diets and malnutrition domestically

KEY FINDINGS

- 1** Governments have boosted efforts to tackle poor diets and malnutrition in all its forms; 65 registered almost half of all goals made during the Nutrition Year of Action. These 470 goals focused on enabling (196, 42%) and impact (183, 39%) actions rather than policy (91, 19%), with limited focus on food systems.
- 2** Impact goals focused on tackling maternal, infant and young child nutrition outcomes such as stunting, wasting, anaemia and exclusive breastfeeding. Clear effort to address the overweight epidemics is emerging. Commitments to tackle non-communicable diseases and their risk factors remains limited.
- 3** Most (90%) of the goals submitted by governments during the Nutrition Year of Action were from low and lower-middle-income countries. High-burden countries committed to a range of nutrition actions to enhance leadership, governance and finance nutrition actions, and low-burden countries focused on policy nutrition actions.

Introduction

Domestic commitments from governments¹ are critical to achieve the shared vision of a world free from malnutrition in all its forms. Local and national governments must provide their population with access to healthy foods, ensure food security, and deliver high-quality healthcare.² Governments must be fully committed to the Sustainable Development Goals and implement actions, programmes and policies addressing both the underlying and immediate causes of malnutrition.³

During the Nutrition Year of Action, 65 governments (across 78 government organisations)⁴ over four continents submitted 223 commitments with 470 goals.⁵ Looking at the 17 goals (out of 43) for which financial information was available, they committed US\$13.3 billion in the effort to end malnutrition. Yet this is an underestimation, given that information on the total amount of the contribution is not available consistently. The US and Denmark submitted commitments with both domestic and international remits.⁶ Of the 223 commitments, 220 (99%) were submitted during the Tokyo Nutrition for Growth (N4G) Summit 2021 and the remaining were submitted during the Nutrition Year of Action but outside the summit. This is a major step forward from the 2013 N4G Summit when only 27 governments committed to reducing malnutrition, increasing domestic nutrition budgets, and scaling up national nutrition plans.⁷ Most commitments (153, 69%) submitted by the governments were joint and made on behalf of multiple commitment-making entities (i.e. United Nations agencies, other governments, and other donor organisations). Of the 470 goals put forward by the governments, 128 (27%) were developed in response to the impact of the Covid-19 pandemic.

Of the 65 governments that engaged with the Nutrition Year of Action, 52 (80%) were from low- and lower-middle-income countries⁸ and 55 (85%) belonged to the Scaling Up Nutrition (SUN) Movement.

Of the 470 goals submitted by governments, 196 (42%) focused on establishing an enabling environment for effective nutrition action across all sectors (i.e. categorised as enabling) and 183 (39%) on directly improving poor diets and reducing malnutrition in all its forms (impact actions). Only 91 (19%) focused on strategies, policies, interventions or programmes that aimed to improve nutrition outcomes both directly and indirectly (policy actions).

The approach used by governments to tackle poor diet and malnutrition in all its forms considers mostly actions targeting the national geographic area (91%) compared with subnational or community-level areas. In terms of target population, 226 (48%) goals made by governments focused on a specific group of people, mostly specific age groups. For example, 210 (45%) goals targeted children and women of reproductive age, and 33 (7%) targeted only girls and women.

A third of goals submitted by governments (151, 32%) were lower moderate in SMARTness, followed by low (122, 26%), high (116, 25%) and upper moderate (81, 17%). Overall, 260 (55%) goals were not trackable requiring minimal (138, 29%) or extensive (122, 26%) clarifications. Goals submitted by the governments can be substantially improved by quantifying the estimated costs associated with the delivery of the goals in general.

Finally, the average duration of a goal differed across the three nutrition action categories: 6.0 years for the enabling goals, 6.5 years for policy and 7.3 years for impact. Within the nutrition action sub-categories, 'food and nutrition security', 'undernutrition' and 'obesity and diet-related non-communicable diseases (NCDs)' goals (all under the impact category) were set to be achieved in the longest timescale (over 7 years); 'leadership and governance', 'operational', 'food supply chain', and 'food environment' (enabling and policy actions) were those with the shortest timescale (below 6 years).

Commitments (223) were mostly focused on maternal, infant and young child nutrition global targets – stunting (145, 65%), wasting (131, 59%), anaemia (107, 48%), low-birth weight (108, 48%), child overweight (106, 48%) and exclusive breastfeeding (103, 46%). They were less focused on the NCD targets – obesity (81, 36%), diabetes (65, 29%), raised blood pressure and salt (56, 25%) (commitments may focus on multiple targets, so percentages total over 100%).

In this chapter, we provide initial analysis of commitments submitted during the Nutrition Year of Action by governments. We focus on understanding the remit of impact actions and the differences in action categories based on the country income group and burden of malnutrition profile. We provide a preliminary characterisation of the commitments and goals submitted and their association with the economic and nutritional burden experienced by countries.⁹

Governments committed to enabling and impact actions

In the Nutrition Year of Action, governments mostly registered enabling (196, 42%) and impact (183, 39%) goals (Figure 3.1). For enabling nutrition actions, they embraced the need for: bold political leadership and good governance in delivering effective nutrition policies, interventions and programmes (87, 44%); secure financial resources and investments for nutrition-specific and/or nutrition-sensitive actions (43, 22%); and reliable and up-to-date nutrition information (40, 20%). For impact actions, most goals (107, 58%) were directly aimed at reducing undernutrition with a focus on maternal, infant and young child nutrition

outcomes. Policy goals remained limited (91, 19%), focusing on integrating and enhancing nutrition services and interventions (43, 47%), and with 'food environment', 'food supply chain', and improving 'consumer knowledge' comprising 44 (48%) of all policy goals (Figure 3.1). For both SUN and non-SUN governments, 180 (39%) goals were specific to impact. SUN governments submitted a larger proportion of enabling goals (180, 43%) and a lower proportion of policy goals (76, 18%) than non-SUN countries (respectively 16, 31%, and 15, 29%).

All commitments submitted by governments during the Tokyo N4G Summit (467) met the N4G criteria.¹⁰

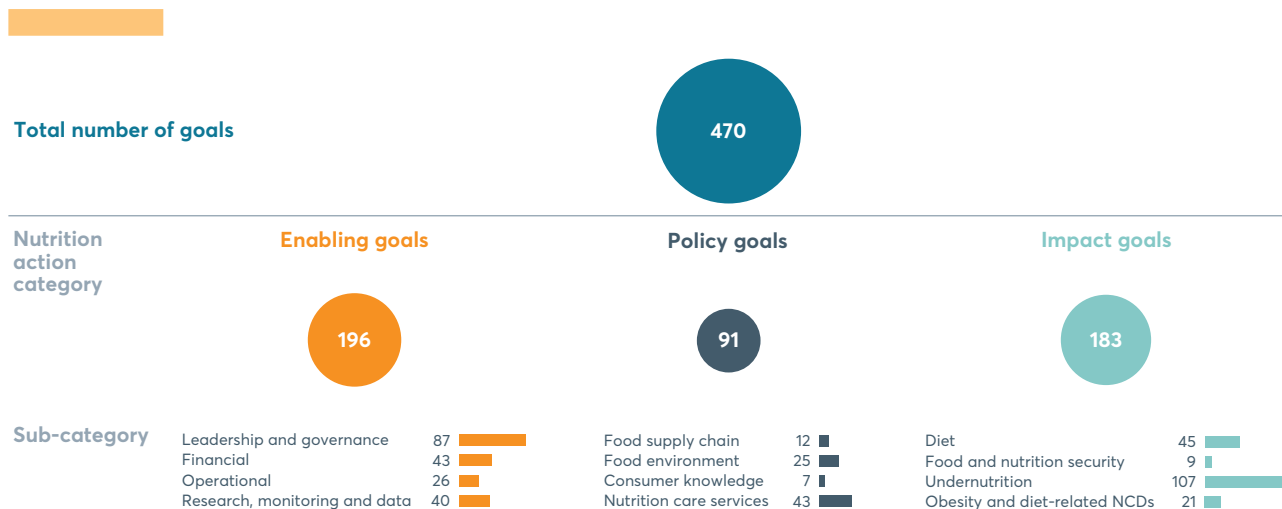
They covered all N4G thematic areas with the largest being 'health' (145, 31%) followed by 'food' (122, 26%), 'resilience' (98, 21%), 'data' (70, 15%) and 'financing' (69, 15%) (commitments may focus on multiple thematic areas, so percentages total over 100%).

Out of 43 financial goals submitted by governments, 17 included a committed amount for a total of over US\$13.3 billion (yet this is an underestimation given information on the total amount of the contribution is not available consistently). The majority (30, 70%) of all financial goals were specific to budget allocation to nutrition, and the remaining included mobilisation of financial resources for national plans (4, 9%), mobilisation of financial resources for nutrition mechanisms (3, 7%), costing for plans (2, 5%), creation of a budget line specific to nutrition (2, 5%), investment in nutrition programmes (1, 2%), and mobilisation of financial resources for ready-to-use therapeutic food (1, 2%). Ten of the 43 'financial' goals included some level of reporting mechanism (i.e. international organisations, government).

FIGURE 3.1

Most commitment goals registered by governments were enabling and impact actions

Types of nutrition commitment goals registered by governments



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Note: Figure includes 470 goals; however, four policy goals and one impact goal do not contain sub-category information, hence are missing from the sub-category classification. These will be clarified in the verification process.

Impact actions focused on stunting, wasting, anaemia and exclusive breastfeeding

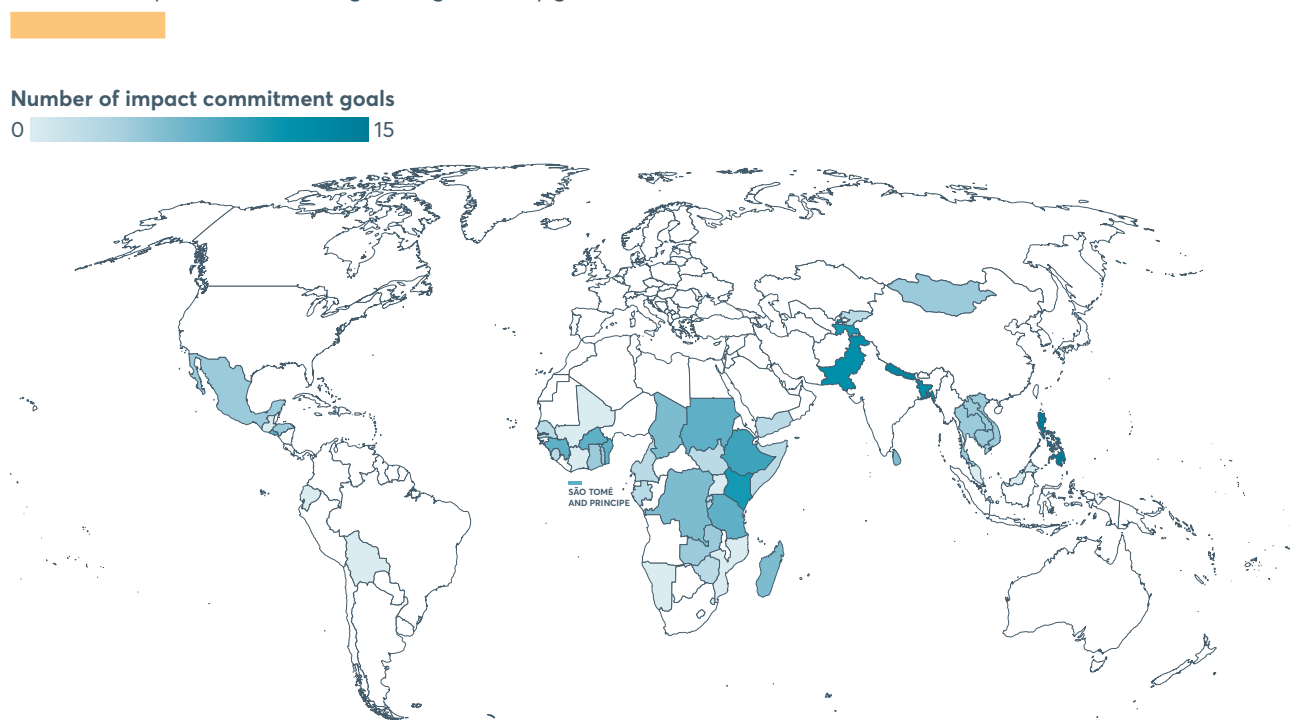
Governments' impact goals show their willingness to commit to improving poor diets and reducing malnutrition, particularly by addressing food insecurity and undernutrition and also partly by tackling obesity and diet-related NCDs. Figure 3.2 shows the number of impact goals submitted by governments. Governments committed to all four impact sub-categories of 'diet' (45, 25%), 'undernutrition' (107, 58%), 'obesity and diet-related NCDs' (21, 11%), and 'food and nutrition security' (9, 4.9%). Two-thirds (31, 57%) of government goals were in at least two of these areas. Some notable examples show that it is possible to develop goals in all four areas, as the case of Bangladesh (8 goals) and Philippines (15 goals). Ethiopia, Guinea, Honduras, Kenya, Mongolia, Nepal, Tanzania and Zambia submitted 'diet', 'undernutrition', and 'obesity and diet-related NCDs' goals, but not 'food and nutrition security'. Philippines and Nepal submitted the largest number of impact goals (15 and 10, respectively) followed by Pakistan (8), Bangladesh (8) and Kenya (7).

Governments mostly designed their impact goals through population-targeted actions with the majority (138, 75%) aimed at specific age groups such as infants, children in a specific age group, women/men in specific age groups and/or focusing only on girls and women. When the impact goals that were 'diet', 'undernutrition', and 'obesity and diet-related NCDs' are explored for specific patterns, we find that the majority of governments focus on maternal, infant and young child nutrition with stunting, wasting, anaemia (mostly focused on women), and exclusive breastfeeding. A smaller number of impact goals were 'obesity and diet-related NCDs', the majority of which were aimed at overweight and obesity reduction, with very limited focus on tackling raised blood pressure, diabetes and other NCDs.

To better understand the level of effort committed by governments, the average percentage change was calculated for the 172 impact goals when at least two goals specific to the same target were submitted (i.e. reduction in the prevalence of stunting) and for which relevant information (e.g. baseline and target levels) was available. Across all the goals the average percentage changes were a reduction of 42.6% in the prevalence of anaemia (43% for children, 32% for adolescents and 44% for women); 14% in the prevalence of overweight (8% for children, 20% for adults); 30% in the prevalence of stunting; 45% in the prevalence of wasting; 40% in the prevalence of low birth weight; 70% in the prevalence of childhood underweight; and 48% in the prevalence of

severe and moderate food insecurity (at populations or household level). In addition, specific goals included an average percentage increase of 46% in the prevalence of exclusive breastfeeding; 61% in the proportion of people receiving minimum dietary diversity (66% for children, 56% for women); and an increase of 127% in the proportion of individuals (mostly children) receiving a minimal acceptable diet. In absolute terms prevalence of anaemia (-17%), prevalence of exclusive breastfeeding (17%), proportion of people receiving minimum dietary diversity (17%), prevalence of severe and moderate food insecurity (-17%), and proportion of people receiving a minimal acceptable diet (19%) were those requiring on average the largest change.

FIGURE 3.2
Governments submitted up to 15 impact commitment goals
 Number of impact commitment goals registered by governments



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Governments from low- and lower-middle-income countries committed to tackle poor diet and malnutrition

Of the 65 governments that engaged with the Nutrition Year of Action with domestic commitments, 52 (80%) are from low and lower-middle-income countries,¹¹ submitting 200 (90%) commitments and 424 (90%) goals. The 11 upper-middle-income countries submitted 20 (9%) commitments and 41 (9%) goals. The two high-income countries, US and Denmark, submitted respectively two and one commitments and four and one goals domestically (i.e. in a non-donor role).

In low and lower-middle-income countries, 'undernutrition' was the main focus of action followed by 'leadership and governance', and there was some evidence of government investment in 'research, monitoring and data', 'nutrition care services' and 'diet' (Figure 3.3). While the number of commitments and goals made by governments in upper-middle-income countries was small compared with the low and lower-middle-income governments, their focus was on policy goals (11, 27%, compared with 22, 16%, in low-income countries and 55, 19%, in lower-middle-income countries), and on 'leadership and governance' in nutrition and tackling 'undernutrition'. High-income countries submitted five goals that focused on improving the 'food environment' and 'consumer knowledge' (policy goals), and 'diet' (impact goals).

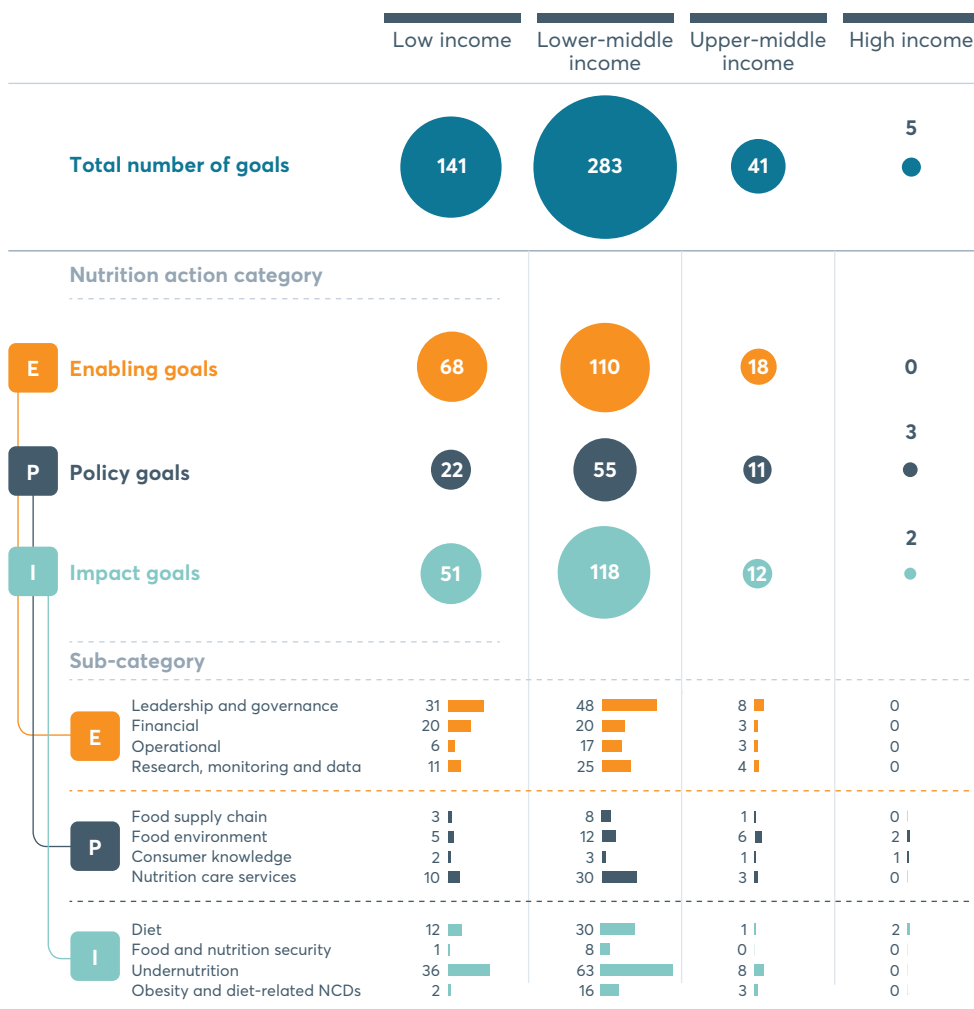
Figure 3.4 presents the types of goals made by governments when grouped based on the country's burden of malnutrition.¹² Almost all (466, 99%) of goals were made by governments experiencing at least one form of malnutrition (48, 10%) with the majority having two (201, 43%), three (180, 38%) or more (37, 8%). The strategic approach to tackle malnutrition and poor diet used by countries with multiple forms of malnutrition shows a shift in focus from enabling to impact to policy actions

across the high (three or more burdens), medium (two burdens) and low (one burden) burdens. Around half (102, 47%) of the goals submitted by governments with three or more burdens of malnutrition focused on enabling actions, specifically investing in 'leadership and governance' (50 goals, 23%) and 'financial' goals (25, 12%). Countries experiencing a smaller burden of malnutrition switched their focus from enabling nutrition actions (those with only one burden categorised 29% of goals as enabling) to impact nutrition actions (40% and 46%, respectively, for countries with one burden and two burdens of malnutrition). Among countries with one burden of malnutrition 31% of goals were categorised as policy nutrition actions with most of the goals falling into the 'nutrition care services' sub-category (10, 2.1% of total goals and 11% of policy goals). Governments with two malnutrition burdens had the largest proportion of impact goals, with the larger proportion focusing on 'undernutrition' (54, 27%).

More specifically in countries experiencing three or more forms of malnutrition, 'financial' goals (24) focused on specifying/increasing budget allocation to nutrition (15, 63%), six (25%) on mobilisation of resources, two (8%) on implementing national survey/interventions and one (4%) on providing cash transfers. In high-burden countries (three or more malnutrition burdens) the recurrent areas of focus for the 50 goals specific to 'leadership and governance' were related to creating or maintaining partnerships and facilitating meetings between countries (8, 16%), developing governmental policies, laws or acts (16, 32%), creating nutrition action plans or equivalent (9, 18%), relating to a national coordination mechanism (9, 18%), or developing regulatory bodies for nutrition (4, 8%). The focus of countries experiencing a smaller burden of malnutrition was on policy nutrition actions, with most of the goals being 'nutrition care services' (10, 21%), and with half (5, 50%) of goals related to dietary supplementation programmes. Governments with two malnutrition burdens had the largest proportion of impact goals, with the larger proportion focusing on 'undernutrition' (57, 28%), with a specific focus on stunting (21, 37%), anaemia (16, 28%), wasting (11, 19%), low-birth weight (4, 7%), or a combination of these (4, 7%).

FIGURE 3.3

Low and lower-middle-income countries submitted the largest number of commitment goals
Distribution of nutrition commitment goals by country income level

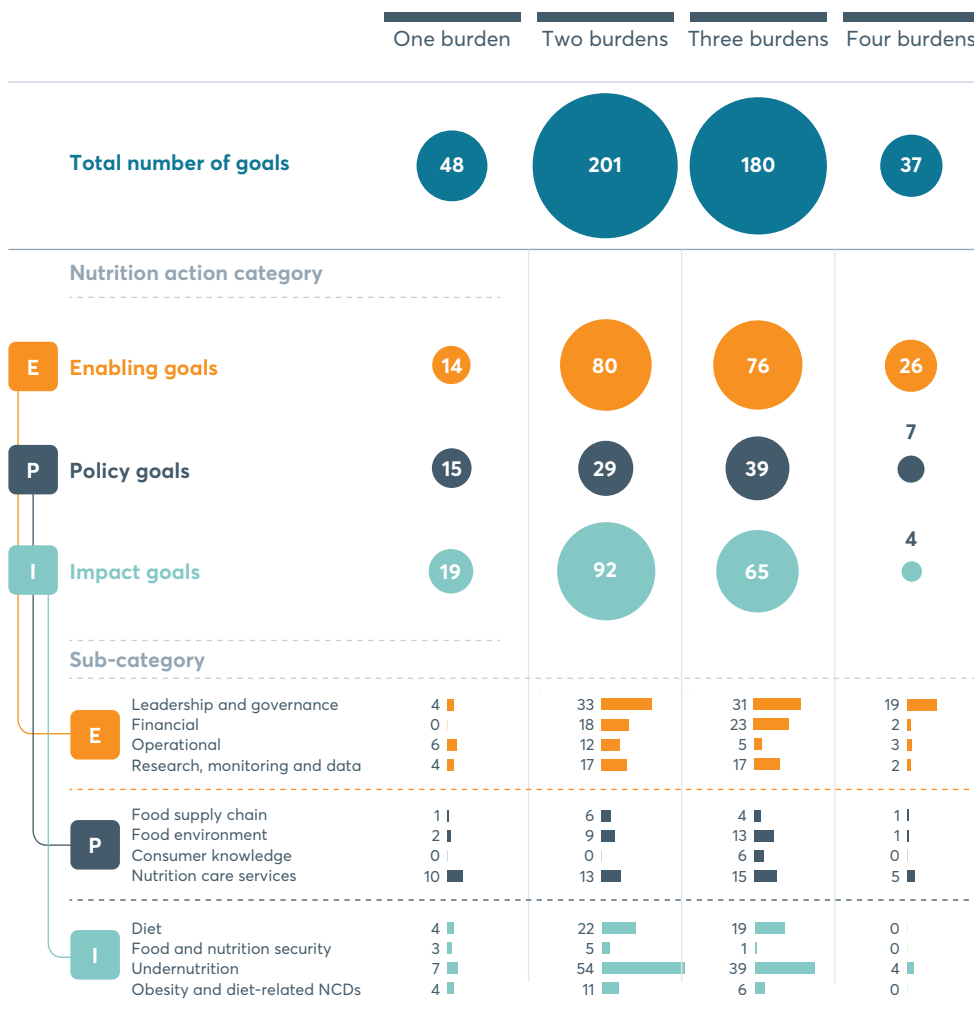


Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Notes: The World Bank classifies the world's economies into four income groups: low, lower-middle, upper-middle, and high-income countries. They update this data each year, based on GNI per capita in current US\$ (using the Atlas method exchange rates) of the previous year. This report uses the classifications from 2021. You can find out more at: World Bank Country and Lending Groups. The World Bank.¹³ Due to incomplete data, some goals were not allocated a nutrition action sub-category: in government commitments, there are four goals with missing sub-categories in 'policy' and one goal with missing sub-category in 'impact'.

FIGURE 3.4

Countries with multiple malnutrition burdens are committing to enabling commitment goals
Distribution of nutrition commitment goals by burden of malnutrition



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Notes: Countries are referred to as experiencing a burden if their populations are experiencing one or more of the following levels: stunting in children aged under 5 years $\geq 20\%$; anaemia in women of reproductive age $\geq 20\%$; overweight (body mass index ≥ 25) in adult women aged ≥ 18 years $\geq 35\%$; overweight (body mass index ≥ 25) in adult men aged ≥ 18 years $\geq 35\%$. Due to incomplete data, some goals were not allocated a burden of malnutrition. There are four goals with missing burden information: three in 'impact' and one in 'policy'. Additionally, due to incomplete data, some goals were not allocated a nutrition action sub-category. This affects those in one burden (policy and impact), two burdens (policy) and three burdens (policy).

Conclusion

During the Nutrition Year of Action, governments, mostly in low and lower-middle-income groups, showed an outstanding level of commitment to tackle poor diet and malnutrition. They represented the largest stakeholder group as well as the group submitting the largest number of commitments and goals. This group also committed US\$13.3 billion to tackle poor diet and malnutrition.

The complexity of response needed to tackle poor diet and malnutrition is reflected in the number and variety of goals submitted by governments domestically (i.e. in a non-donor

role). The goals spanned all three nutrition action areas – enabling, policy and impact – requiring a high level of subnational, national and international coordination and integration across sectors, a characteristic unique to non-donor governments. Impact actions show a very high level of commitment to tackling maternal, infant and young child nutrition, with increasing evidence of national efforts to tackle the overweight epidemic.

Investment in political leadership and good governance is crucial to ensure positive nutrition-related outcomes and, while this requires coordination across stakeholders, governments are actively leading domestic actions.

KEY RECOMMENDATIONS

- ▶ **While effort has been made to ensure commitments across the enabling, policy and impact nutrition actions, governments should commit to bolder actions** to transform and establish equitable food systems, increase food security, reduce obesity and diet-related NCDs, and ensure sustainable financial resources. Action to protect and improve the food system and to ensure nutrition security is worryingly absent and should be prioritised in the future.

- ▶ **National and subnational actions to tackle obesity and diet-related NCDs are urgently needed.**

Governments have shown a long-term and high level of commitment to tackle maternal, infant, and young child nutrition. It is now urgent to increase recognition of obesity and diet-related NCDs as a priority and that governments commit to increased action to ensure progress to prevent diet-related NCDs, while maintaining maternal, infant, and young child nutrition at the top of their agenda. In addition, adolescent nutrition is equally important and needs urgent long-term action to ensure better health outcomes for future generations. Progress towards maternal, infant, and young child nutrition, adolescent nutrition, and obesity and diet-related NCDs can be achieved through increased focus on safe and sustainable healthy food systems.

- ▶ **While coordination across areas of actions tends to be aligned to the level of socio-economic development and burden of malnutrition, emerging needs should be recognised to ensure a prompt response.**

Intersectoral effort is needed to support countries to enhance their enabling, policy and impact actions and to ensure a coordinated response to current and future priorities. Governments need to keep building on the momentum and ensure the achievement of commitments submitted during the Nutrition Year of Action.



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2018. Near Hanoi, Vietnam.
Farmers working on a field.
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CSOs: Advocating for and supporting greater nutrition action

KEY FINDINGS

- 1** Fifty-six civil society organisations (CSOs) made 92 commitments with 207 goals linked to the Tokyo Nutrition for Growth Summit. The goals were 'leadership and governance' (54, 26%) (with most of these supporting the development and/or expansion of partnerships across organisations or countries), 'nutrition care services' (27, 13%) and 'operational' (26,13%).
- 2** Impact and policy goals were lowest in SMARTness. This was mainly due to low scores for Measurability and Achievability of 'diet', 'food and nutrition security', and 'obesity and diet-related non-communicable diseases (NCDs)' impact actions, and of 'food environment' and 'food supply chain' policy actions.
- 3** CSOs show a strong commitment to tackling malnutrition in all its forms. While 46% of all commitments made by CSOs were focused primarily on maternal, infant and young child nutrition (MIYCN) targets of stunting, wasting, anaemia, low birth weight and exclusive breastfeeding, 37% were focused on both MIYCN and diet-related NCD targets.

Introduction

Civil society organisations (CSOs) had a key role at the Tokyo Nutrition for Growth (N4G) Summit representing the second larger stakeholder group (56 CSOs) after governments. The importance of the sector is captured by the ambitious pledge made by the SUN Civil Society Network (CSN).¹ It pledged for the mobilisation of SUN CSN members to support national nutrition action plans in at least half of the 65 Scaling Up Nutrition (SUN) countries, equipping members with tools to track commitments (including the GNR's Nutrition Accountability Framework) to hold stakeholders accountable to commitments, driving gender-transformative interventions at local and national levels and guaranteeing continued cross-sector and cross-country learning.^{2,3}

CSOs put forward important commitments to tackle malnutrition in all its forms. As noted in the SUN CSN pledge, Nutrition International committed to prevent 4.4 million cases of stunting among children and 60 million cases of anaemia across the globe. Other examples include the promotion of strong multisectoral approaches to tackle all forms of malnutrition or a strong focus on strengthening ties with the government. Gender equality and gender-transformative nutrition interventions were also core to the commitments made by SUN CSN members.⁴ CSO stakeholders committed to invest in nutrition-specific and nutrition-sensitive interventions including nutrition advocacy and programming, nutritional care for children and pregnant and lactating women, food fortification programmes, and social protection.⁵ Commitments made by the CSOs reflect noteworthy mobilisation across the globe with 56 CSOs registering a total of 92 commitments comprising 207 goals.

As noted in Chapter 2, this represents 21% of commitments (92 of 433) and 23% of goals across all stakeholders (207 of 897 commitments). Commitments were primarily focused on the N4G thematic area of 'health' (71, 77%), followed by 'food' (59, 64%) and 'resilience' (39, 42%) with 'financing' (25, 27%) and 'data' (21, 22%) thematic areas being the least common.⁶ CSOs primarily focused goals on the enabling nutrition action category

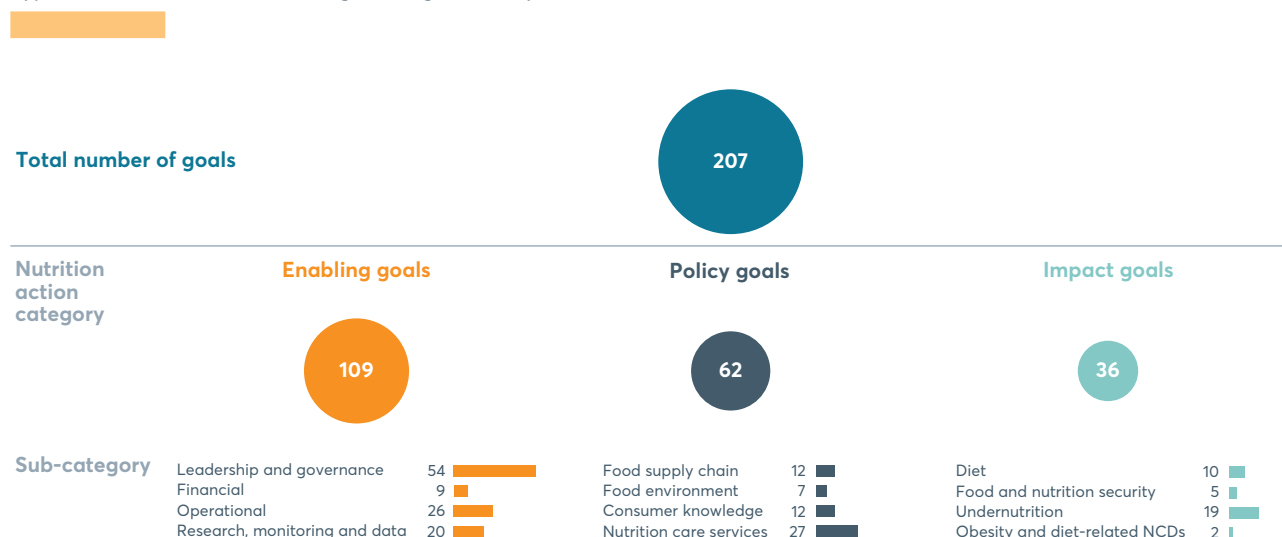
(109, 53%), followed by policy (62, 30%), and then impact (36, 17%). The mean duration of goals was higher for impact (6.9 years) and policy (6.7 years) actions compared to the enabling category (4.4 years). Most goals were global in focus (83, 40%) while a quarter were at the national level (51, 25%). Just under a fifth were multi-country goals (38, 18%) while 25 (12%) targeted the subnational level. There were very few local goals (8, 3.9%) and two (1%) goals were missing or unclassified.

The CSO goals ranged from enhancing governance – with a focus on engaging key stakeholders and supporting micronutrient fortification – to creating an enabling environment. This includes supporting the development of national strategies to improve nutritional status and diets and diet quality of populations, fostering international and multisectoral collaboration, addressing gender inequities, and facilitating gender and youth-sensitive interventions. Actions from CSO were mainly driven by individual CSOs, with only 17 (18%) commitments jointly registered with other stakeholders. In most cases, joint commitments were submitted with other CSOs (35% of the joint commitments) with the remainder spread across other stakeholders (such as country governments, donor governments, multilateral organisations).

Given the concerted push by the SUN CSN to drive commitments by its member institutions and their substantial representation within the Tokyo N4G Summit, in this chapter we provide an initial analysis and recommendations on commitments⁷ made by CSOs in the Nutrition Year of Action and registered through the NAF. The first section assesses the types of goals categorised as enabling, policy and impact, the second section presents the ranking of goals with the Nutrition Action SMARTness Index, and the third section examines the alignment of CSO commitments to the 10 global nutrition targets.

CSOs committed to enabling and policy actions with an emphasis on leadership and governance

FIGURE 4.1
Most CSOs committed to 'leadership and governance' commitment goals
 Types of nutrition commitment goals registered by CSOs



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Notes: Due to incomplete data, some goals were not allocated a nutrition action sub-category. In civil society commitments, there are four goals with missing sub-categories (in 'policy').

Goals registered by CSOs focused on enabling actions (109, 53%), of which a significant proportion were sub-categorised as 'leadership and governance' (54, 26%), followed by 'operational' (26, 13%), 'research, monitoring and data' (20, 10%) and 'financial' (9, 4.3%). For policy goals (62, 30%), most targeted 'nutrition care services' (27, 13%), followed by 'food supply chain' (12, 6%), 'consumer knowledge' (12, 6%) and 'food environment' (7, 3.4%). Four policy goals were unclassified due to incomplete information. There were only a small number of impact goals (36, 17%) and were 'undernutrition'⁸ (19, 9%) and 'diet' (10, 4.8%). Five goals (2.4%) were 'food and nutrition security' and only two goals (1.0%) fell under 'obesity and diet-related NCDs' (Figure 4.1).

Over half of enabling goals that were 'leadership and governance' (30, 56%) pledged to support the development and/or expansion of partnerships across organisations or countries. Organisations such as the Micronutrient Initiative and GAIN committed to engaging key stakeholders at the country level in an effort to support the roll-out of micronutrient fortification. Japan committed to engaging the private sector to utilise its strengths and technologies to improve nutrition. The SUN CSN in the UK is committed to increasing the number and capacity of CSOs to be able to undertake nutrition actions. Six goals focused on generating new policies and advocating for increased funding for improving health outcomes of vulnerable populations and implementing existing strategies.

Most 'operational' goals focused on training, building capacity and improving access to resources. Some organisations committed to developing training on food production and/or farming practices (Alianza de las Organizaciones de la Sociedad Civil por la Soberanía y Seguridad Alimentaria Nutricional, Sasakawa Africa Association and Uminokuni). Some committed to training caregivers and/or nutrition volunteers on best practices (Media Advocacy and Technologies Center, Mother Child Friendly care association, the Ajinomoto Foundation, and the SUN Civil Society Alliance in Kenya). One CSO committed to building capacity through increasing the number of health workers and technical assistance providers (the SUN CSN UK), while several others committed to building capacity to provide safe and nutritious foods (SUN Business Network in the UK and the Organization for the Sustainable Development, Strengthening and Self-Promotion of Community Structures). With respect to improving access to resources, goals focused on increasing access to water, sanitation, and hygiene (WASH) resources (CARE), distribution of healthcare products (Media Advocacy and Technologies Center) and access to agriculture support (Association Casamance Ecologie et Paix and Concern Worldwide).

For enabling actions that were 'financial', over US\$567 million (US\$567,242,096) was committed (data available for seven of the nine financial goals).⁹ Their focus was primarily to invest in nutrition programmes, increase internal budget allocation to nutrition, and foster investments to mobilise financial resources to support a national nutrition plan. CSOs that made financial commitments include World Vision International, the Power of Nutrition, Helen Keller International, Fundación Éxito, FHI Solutions, the Ajinomoto Foundation, the SUN Civil Society Alliance in Kenya and the Public Health Nutrition Association.

For policy actions, most that were 'nutrition care services' included treatment of malnutrition with a focus on wasting, followed by stunting and anaemia. These also included vitamin supplementation with a specific mention of vitamin A supplementation (Nutrition International and Food for the Hungry), developing healthcare systems through improving guidelines (Summit

Institute for Development), developing new programmes for the treatment of acute malnutrition (Action Against Hunger), and ensuring coverage and continuity of care as emphasised by the Summit Institute for Development and World Vision International. 'Food supply chain' goals included supporting food fortification programmes, expanding agriculture programmes, and improving access to safe foods and WASH facilities. Examples of 'consumer knowledge' goals include those utilising a public campaign or initiative to improve general knowledge, targeting caregivers to empower and improve skills, training on specific skills such as breastfeeding, and activities that promote diet quality and healthy diets.

Organisations that committed to improving consumer knowledge included Alianza de las Organizaciones de la Sociedad Civil por la Soberanía y Seguridad Alimentaria Nutricional, Hopeful Touch and the Nutrition and Food Security Alliance of Namibia. For example, the Alianza de las Organizaciones de la Sociedad Civil por la Soberanía y Seguridad Alimentaria Nutricional committed to implementing educational strategies and communication campaigns aimed at women of childbearing age, pregnant and lactating women, and their partners to promote behaviour change with an emphasis on food education and dietary diversification. The CSO Hopeful Touch committed to improving the life skills of 10,000 school-age children through the introduction and development of food education in primary schools, while the Nutrition and Food Security Alliance of Namibia works with the Government of Namibia and other national and international stakeholders on campaigns and other activities that promote healthier diets (e.g. reduction of sugar, alcohol, salt and trans fats) and enable consumers to make better choices through the development and implementation of tools such as nutrition food labels. Fewer goals fell under the food environment sub-category, which included support for the promotion of breastfeeding and the implementation of school feeding programmes.

Impact actions that were 'undernutrition' focused on anaemia, stunting, wasting, low birth weight and adult underweight. Those that were 'diet' targeted improving dietary diversity

and diet quality in children as well as achieving the minimum acceptable diet (MAD), increasing the rate of exclusive breastfeeding and overall improving maternal and child nutrition. 'Food and nutrition security' goals included programmatic implementation and actions to improve household income, mitigate climate-related risks and reduce food insecurity. Only two goals were 'obesity and diet related NCDs'.

While enabling and policy goals were SMART, impact goals were low in SMARTness

The SMARTness of the commitments registered by CSOs varied across nutrition actions. A fifth (42, 20%) of all CSO goals were high in SMARTness, followed by 23 (11%) that were upper moderate, 58 (28%) lower moderate, and 84 (41%) low. Goals with low SMARTness were mostly those that were not trackable and required extensive clarifications and/or had a low SMARTness score (less than 3.5 out of 5). A third (31, 28%) of enabling goals were high in SMARTness, and a similar number (38, 35%)

were lower moderate. A quarter (26, 24%) were low, and the remaining 14 (13%) were upper moderate. In contrast, over 70% (26, 72%) of impact goals and slightly over 50% (32, 52%) of policy goals were low in SMARTness (Figure 4.2). Very few impact (2, 6%) and policy (9, 15%) goals were high in SMARTness.

Most impact goals that were low in SMARTness were 'diet', 'food and nutrition security' and 'obesity and diet-related NCDs'. Policy goals were 'food environment' and 'food supply chain' (Figure 4.2). Goals with low SMARTness were not trackable with minimal clarifications or not trackable with extensive clarifications, likely due to low scores in multiple dimensions. The low scores were also mostly due to missing or incomplete information on baseline level of indicators chosen to track the progress of commitments, the target level of the indicator, source of funding (missing or unspecified), and the amount secured for undertaking said commitment. For CSO goals, low scores in the Measurable dimension were found for 'diet' and 'food and nutrition security', while low scores in Achievability were observed for 'diet', 'food and nutrition security', 'obesity and diet-related NCDs', 'food supply chain' and 'food environment'.

FIGURE 4.2
CSO impact commitment goals had the lowest SMARTness
SMARTness of commitment goals registered by CSOs by action category and sub-category



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Many CSOs committed to tackle malnutrition in all its forms

As part of the registration process, respondents were asked to self-report on alignment of their commitments to the 10 global nutrition targets.¹⁰

¹¹Of the 92 commitments made by CSOs, 42 (46%) had maternal, infant, and young child nutrition (MIYCN) targets. Only two (2.2%) had diet-related NCD targets and 34 (37%) had both MIYCN and diet-related NCD targets (Figure 4.3).

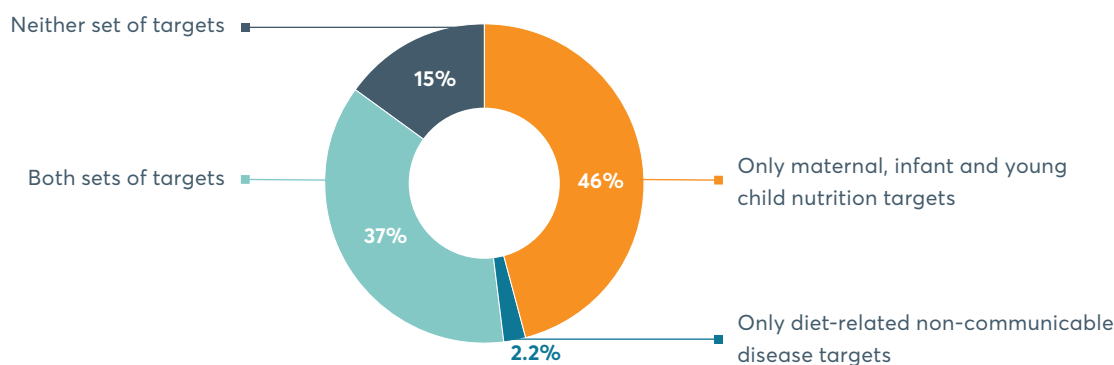
When examining specific nutrition targets (Figure 4.4), 63 (68%) were focused on stunting, followed by wasting (59, 64%), anaemia (50, 54%), breastfeeding (49, 53%), low birth weight (44, 48%), overweight (39, 42%) and obesity (30, 33%). The diet-related NCD targets diabetes (27, 29%), salt intake (26, 28%) and blood pressure (25, 27%) had the lowest alignment, and 14 (15%) had neither MIYCN nor diet-related NCD targets.^{12,13}

FIGURE 4.3

While many commitments aligned with both MIYCN and NCD targets, only a few aligned with NCD targets alone
Alignment of nutrition commitments registered by CSOs with MIYCN and NCD global nutrition targets



Proportion of commitments aligned with:



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Note: Figure does not total 100% due to rounding.

FIGURE 4.4

CSOs focused on stunting and wasting, while salt intake and raised blood pressure had the lowest alignment
Alignment of commitments registered by CSOs with specific global nutrition targets



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Note: Commitments can align to more than one global nutrition target, and so are not mutually exclusive.

When examining the alignment of commitments with the nutrition targets by geographical region, those with a focus on overweight and obesity and diet-related NCDs targeted countries in sub-Saharan Africa (Malawi, Nigeria, Kenya, Benin, Burundi, Uganda, Namibia and Sudan), in South and Southeast Asia (Bangladesh, Pakistan, Indonesia, Philippines and Vietnam), Central and South America (El Salvador and Argentina). The increasing importance of commitments

focusing on overweight and obesity and diet-related NCDs is illustrated in a goal made by the World Cancer Research Fund International. It emphasised the need to increase the global evidence base of diet-related policy actions using a database to identify where action is needed to promote healthy diets, guide the selection and tailoring of options suitable for specific populations, and assess the comprehensiveness of the selected approach.¹⁴

Conclusion

CSOs are a critical stakeholder playing a significant role in achieving goals and targets of the N4G, the United Nations Food Systems Summit, the global nutrition targets and the Sustainable Development Goals. They are often the frontline in supporting governments to achieve their priorities. A key constraint faced by CSOs is consistent financing for stability and sustainability. As observed in this analysis, despite challenges, CSOs have a strong and active presence globally, regionally, nationally and subnationally and are actively engaged in supporting and undertaking actions to support the Decade of Action on Nutrition.¹⁵ Commitments made by CSOs through the Nutrition Accountability Framework emphasised the increasing importance of tackling malnutrition in all its forms as well as supporting leadership and governance in target countries to support achieving tangible

outcomes. An assessment of the SMARTness of commitment goals made by CSOs found those under the impact action category was in the lowest in SMARTness. Low scores in certain dimensions indicate the need for technical support to CSOs to ensure commitments are SMART.

Most CSO goals were aligned with either MIYCN or both MIYCN and NCD targets thereby emphasising the importance of tackling malnutrition in all its forms while ensuring efforts continue to support the alleviation of undernutrition and increasing food and nutrition security of vulnerable populations among other priorities. However, while many commitments tackled both MIYCN and diet-related NCD targets, the proportion of commitments focusing on tackling the targets of diabetes, blood pressure and salt intake alone were low.

KEY RECOMMENDATIONS

- ▶ **CSOs should support and coordinate action at the national level to achieve impact goals set by governments**, while ensuring that there is no ambiguity on attribution particularly of impact goals. In the Nutrition Year of Action, CSOs focused on leadership and governance, and 40% of goals had a global focus.
- ▶ **CSOs should improve their commitment reporting to improve their SMART score, particularly in the Measurable and Achievable dimensions, to ensure systematic and rigorous assessment of commitments.**

The Nutrition Action SMARTness Index found most impact goals were low in SMARTness. Assessment of the scores indicates missing information on baseline levels of indicators and type of commitments available and/or being sought.

- ▶ **There needs to be continued action and advocacy to support commitments that emphasise tackling all forms of malnutrition.**

CSOs have committed substantially to improving both undernutrition and overnutrition outcomes, but more need to commit, particularly if actions need to be at scale.



05

2013. Kuala Lumpur, Malaysia.
Women in Kuala Lumpur consider which products to buy.
© Nafise Motlaq/World Bank

**Private sector: A focus
on internal policies to
improve nutrition**

KEY FINDINGS

- 1** In the Nutrition Year of Action, 30 private sector stakeholders registered 62 commitments comprising 107 commitment goals. With 85 (79%) of these categorised as policy actions, businesses are important for implementing initiatives and programmes aimed at improving nutrition.
- 2** Businesses put forward ambitious commitments to tackle nutrition challenges on a global scale. The global and multi-country remit of 70 (65%) goals targeting the whole population is a reflection of the potential impact and reach of the private sector.
- 3** Commitments registered by the private sector were predominantly led by large food private corporations and multinationals based in high-income countries (mainly Japan, US and the EU) and were strongly aligned with global targets for diet-related non-communicable diseases (adult obesity, adult diabetes, raised blood pressure and salt intake).

Introduction

The private sector (food and non-food businesses) has a critical role to play in transforming the food system and enabling access to healthy, affordable and sustainably produced food. The activities and actions of businesses, directly and indirectly, affect nutritional outcomes. The private sector is responsible for the production and commercialisation of food and beverages, as well as services that are connected to nutrition, such as food outlets. At the same time, the private sector is the main employer in many countries, and by looking after the working conditions of the employees it has the potential to affect the wellbeing of millions of workers worldwide. Local, national and multinational businesses have the potential to have impact at different scales, because they operate in local contexts and have a presence in multiple countries and working across different sectors.

During the Nutrition Year of Action, 30 businesses registered 62 commitments comprising 107 goals. Most private sector commitments (50, 81%) and goals (84, 79%) were registered by 23 businesses working in the food industry, and seven (23%) non-food businesses registered 12 (19%) commitments and 23 (21%) goals. Most goals were categorised as policy nutrition action (85, 79%); half of these were sub-categorised as 'food supply chain' (43, 51%) and a third as 'food environment' (28, 33%). Enabling and impact goals accounted for 20% (21) and 0.9% (1), respectively. The multinational nature of the businesses is reflected in the global and multi-country remit of most goals (70, 65%). No private sector goals were developed in response to the impact of Covid-19.

Most (51, 82%) private sector commitments met the Nutrition for Growth (N4G) criteria.

The remaining were submitted by four companies that did not meet the N4G principles of engagement (specifically the International Code of Marketing of Breastmilk Substitutes), as verified by the Access to Nutrition Initiative. The private sector's engagement at the Tokyo N4G Summit in 2021 was less than half of the number of commitments registered at the London Summit in 2013 (127). With an average length of around 6.5 years, private sector goals had a time frame in line with the average length across all stakeholders. Finally, actions from the private sector were mainly driven by individual businesses, with only five (8%) commitments jointly registered with other stakeholders (in most cases other businesses).

The largest proportion of private sector commitment goals (43, 40%) falls within the lower-moderate level on the Nutrition Action SMARTness Index, followed by high (29, 27%), upper moderate (21, 20%) and low (14, 13%). With almost half of commitment goals trackable (in the high or upper-moderate level), the private sector commitment goals are SMARTer than the average. For commitment goals that are not currently trackable, the level of clarification is lower than the average across the stakeholders. Diving into the SMARTness ingredients, private sector commitments have room to improve by better quantifying the cost associated with their implementation and making consistent the amount and currency across ingredients.

Considering the transformative role the private sector can play in tackling malnutrition in all its forms, this chapter provides an overview of the scope of nutrition actions submitted during the Nutrition Year of Action by businesses. It highlights the breadth of private sector nutrition actions, which had a focus on internal policies designed to improve nutrition. A description of the reach and geographical focus of the nutrition actions follows, and the chapter concludes with the focus of food businesses to tackle diet-related non-communicable disease (NCD) targets in high-income countries.^{1,2}

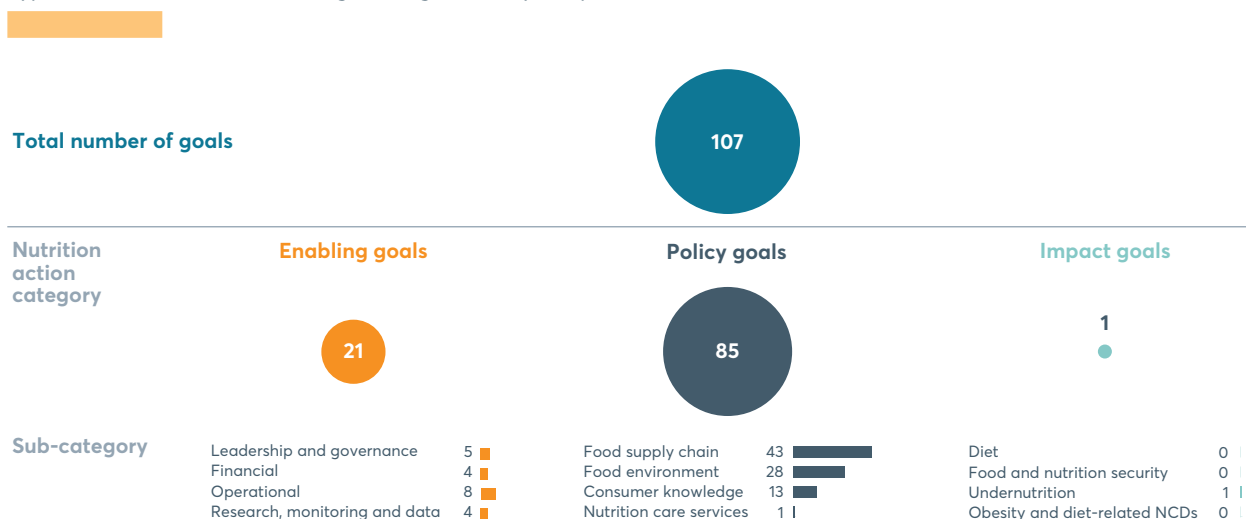
Private sector nutrition commitments focused on internal corporate policies

Figure 5.1 shows the breakdown of nutrition commitments registered by the private sector in the Nutrition Year of Action by action category and sub-category. Private sector commitments covered nine of the 12 nutrition action sub-categories, but clear patterns emerged on the focus for actions. Most goals were policy nutrition actions (85, 79%), and they were designed and implemented by adopting internal corporate policies. Most policy nutrition actions aim to transform the 'food supply chain' (43, 51%). These included improving the nutritional value of products (typically against companywide standards or international standards such as those from the World Health Organization); improving agricultural practices resulting in better food production and improved farmer livelihood; increasing the proportion of plant-based products available and reducing food loss and waste. A third of goals were aimed at improving the 'food environment' (28, 33%). These ranged from broadening the choice of healthy options available to employees in staff cafeterias (e.g. providing plant-based or agrobiodiverse options)

to providing nutrition programmes within the workplace and improving the availability of nutrition information. Finally, the private sector was involved in improving 'consumer knowledge' about health and food choices (13, 15%), such as providing nutrition education to different population groups (employees, children and the elderly) or specialist information from nutritionists and dieticians.

A fifth of private sector goals (21, 20%) contributed to a more effective enabling environment to tackle poor diets and malnutrition in all its forms. Of these, a quarter were 'leadership and governance' (5, 24%), for example an action to join a global alliance. A third were 'operational' (8, 38%), such as training employees to reduce food waste or offering nutrition education programmes. Enabling goals that were 'research, monitoring and data' (4, 19%) identified key sustainable food system metrics for developing a sustainability dashboard aimed at collecting data to improve workers' welfare. Four food businesses submitted enabling goals that were 'financial' (4, 19%), for a total of US\$54 million committed (based on data available for three of the four goals). Investments to enhance local food systems in vulnerable communities, provide financial assistance to support underprivileged children, and fund the activities of children's cafeterias are examples of financing actions.

FIGURE 5.1
The majority of private sector commitment goals focused on internal corporate policies
Types of nutrition commitment goals registered by the private sector



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Private sector nutrition actions targeted the global and multi-country levels

Private sector commitments have global and multi-country coverage. Enabling and policy goals focused on addressing nutritional issues with a worldwide (13, 62%, and 36, 42%, respectively) and multi-country focus (2, 10%, and 18, 22%, respectively). This is a reflection of the potential reach of the private sector as well as a recognition that food commodities are increasingly produced and consumed in different parts of the world. Goals with a global reach (49, 46%) were generally registered by businesses operating in multiple countries.

Figure 5.2 reports the geographic area targeted by private sector goals by nutrition action area. Most enabling goals had a global focus (13, 62%). For example, those that were 'leadership and governance' were aimed at joining worldwide initiatives that promote workforce nutrition improvement (e.g. the Workforce Nutrition Alliance); those that were 'operational' focused on providing better meals to the workforce through training chefs or establishing nutrition education programmes. Enhancing local food systems in vulnerable communities was the target of goals that were 'financial', and goals that were 'research, monitoring and data' focused on collecting data to inform a plan for local subsidies to improve food in the workplace or undertake a life-cycle assessment to estimate the environmental impacts of production.

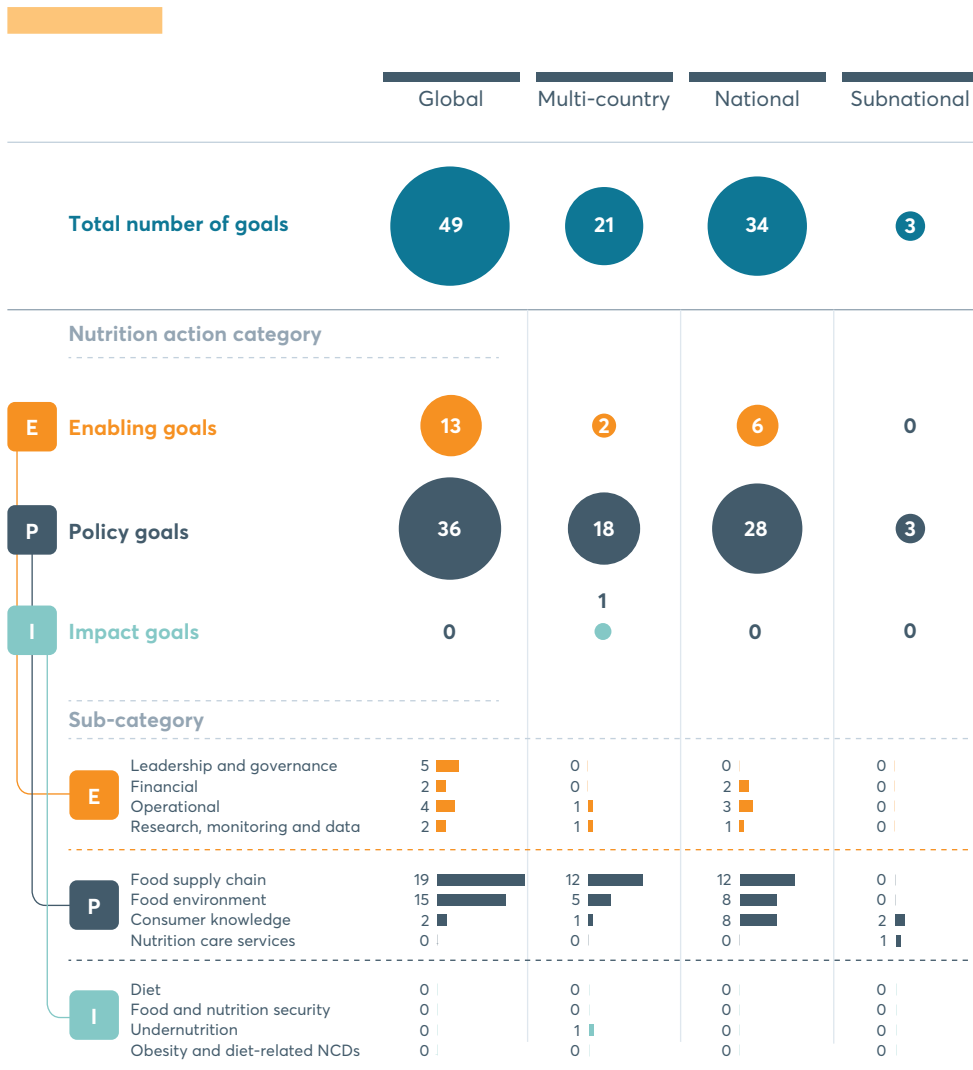
For policy goals, most that were 'food environment' and 'food supply chain' had a global (20, 71%) and multi-country (31, 72%) geographical focus. Those that were 'food environment' with a global reach focused on increasing the offer of healthier meals to workforces and consumers, via recipe reformulation and increased availability of plant-based ingredients on restaurant and coffee shop menus, or limiting marketing campaigns of unhealthy food. 'Food supply chain' goals focused on production (e.g. improving agricultural practices, reducing post-harvest losses, or supporting the welfare of producers) and consumption (e.g. increasing research and development activities of micronutrient fortified food or healthier formulations). Unlike other policy goals, those that were 'consumer knowledge' had mostly national or subnational reaches (10, 77%). These focused on disseminating information to employers and consumers on healthy diets and food choices.

Of note, the geographical location of businesses is aligned with a distinct pattern of the geographical area covered. More than half (30, 57%) of the goals submitted by businesses based in Asia had a national or subnational focus in the stakeholder country of origin, compared with only seven (19%) from companies based in Europe and none from North America. Businesses in Europe and North America generally had a global focus (16, 44%, and 17, 94%, of the goals submitted, respectively).

FIGURE 5.2

Most commitment goals had a global focus

Geographic area targeted by private sector commitment goals by nutrition action category and sub-category



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Food businesses that made commitments through the NAF are mainly based in high-income countries, and commitments largely aligned with diet-related NCD targets

Commitments registered during the Nutrition Year of Action by the private sector were all but one from businesses with headquarters in high-income countries (61, 98% of the total). As the host country of the Tokyo N4G Summit, Japanese businesses stepped up to the call and registered 18 commitments (29%), followed by the US (14, 23%) and the UK (12, 19%). These were followed by France (7, 11%), the Netherlands (4, 6%), Singapore (3, 4.8%), Switzerland (2, 3.2%) and Sweden (1, 1.6%). With one commitment, Indonesia was the only representative of a middle-income country.

Figure 5.3 reports the alignment of commitments with the global nutrition targets. A clear pattern towards a focus on diet-related NCD targets emerged across the food and non-food private sector (the registration form allowed stakeholders to select multiple targets, hence the totals exceed 100%). Most (35, 56%) commitments registered by the private sector aimed to address adult obesity in both the workforce and consumers. For example, employees benefit from taking part in educational programmes on healthier diets and having access to healthier meals, while the development of higher nutritional quality food products derived from the reformulation and substitution of ingredients offer healthier options to consumers. Reformulation of food products, for example by introducing plant-based ingredients, and education programmes were also some of the objectives of the 29 commitments (47%) that were aligned with halting the rise in the prevalence of adult diabetes. Similar action plans were also in the commitments that focused on reducing salt intake (27, 44%) and blood pressure (26, 42%). The commitments aligned with the maternal, infant and young child nutrition global targets (17, 27%), spread evenly across all six related targets. These had a range of focuses, from producing fortified food to increasing the income of farmers by improving access to fair-price trade opportunities.

The alignment of global nutrition targets with self-reported thematic areas provides more granular insights into the nature of the N4G commitments put forward by the private sector. The focus on diet-related NCD targets is predominant in commitments aligned with 'food' and 'health' themes. 'Food' was the main thematic area for commitments targeting adult obesity (25, 71%), adult diabetes (23, 79%), raised blood pressure (20, 77%) and salt intake (21, 78%), followed by the 'health' thematic area for 18 commitments targeting obesity (51%) and 18 targeting diabetes (62%), and 14 targeting blood pressure (54%) and salt intake (52%), respectively.³ 'Resilience', 'data' and 'financing' accounted for less than 4% of the remaining commitments. While 'food' and 'health' thematic areas aligned closely with commitments aimed at maternal, infant and young child nutrition global targets, a significant proportion aligned with the 'resilience' thematic area and a small number with 'data' and 'financing'.

FIGURE 5.3

Commitments from food and non-food businesses focused on diet-related NCD targets

Alignment of private sector commitments with the global nutrition targets, by food and non-food businesses

Private sector organisation type	Food businesses	Non-food businesses
Maternal, infant and young child nutrition targets		
Under-5 stunting 	4	2
Anaemia 	8	0
Low birth weight 	5	1
Under-5 overweight 	6	2
Exclusive breastfeeding 	4	2
Under-5 wasting 	5	2
	Food businesses	Non-food businesses
Diet-related non-communicable disease targets		
Salt intake 	19	8
Adult raised blood pressure 	18	8
Adult obesity 	26	9
Adult diabetes 	21	8

Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Note: Commitments can align to more than one global nutrition target, and so are not mutually exclusive.

Conclusion

As the third largest stakeholder in terms of the number of commitments registered, the private sector played a key role in the Nutrition Year of Action. With 85 (79%) of commitment goals categorised as policy nutrition actions, businesses have demonstrated leadership in pledging the implementation of initiatives and programmes that aim to improve nutrition. Commitments spanned the 'food' and 'health' thematic areas and were all but one registered by businesses based in high-income countries.

The potential influence and reach of the private sector were also reflected in the global and multi-country focus of the commitments registered. The strong alignment of the commitments with diet-related NCD global targets (adult obesity, adult diabetes, raised blood pressure and salt intake) highlights the potential role the private sector has in tackling nutritional challenges. However, the private sector should not work siloed but in collaboration with governments and other stakeholders to ensure that actions are aligned with national and global priorities and maximise the positive impact it can make.

KEY RECOMMENDATIONS

- ▶ **Large private corporations and multinationals should collaborate with other stakeholders to build on enabling and policy nutrition actions to foster impact nutrition actions.**

By producing and providing healthier and more nutritious food options, the private sector can play a key role in transforming the food environment. There is also scope to expand the influence of the private sector into impact actions, with bolder commitments that can directly affect the health of people, and with strong collaborations with governments and other stakeholders to identify priorities.

- ▶ **National, small and medium enterprises should play a greater role in addressing nutritional challenges.**

Given their role in shaping food systems, more mobilisation of the national private sector (including small and medium enterprises) is needed. While large multinationals have a privileged position to bring changes across boundaries, there is scope for more targeted approaches that can be tailored to the local contexts. In particular, small and medium enterprises can play a key role in addressing nutrition challenges at national and subnational levels.

- ▶ **Businesses based in or reaching low and middle-income countries should play a greater role in addressing local nutritional challenges.**

With the increasing prevalence of adult obesity, adult diabetes, raised blood pressure and increase in salt intake alongside undernutrition in many low and middle-income countries, the role of the private sector in transforming the local food environment is crucial. The provision of healthier and more nutritious food in urban areas as well as in rural areas where economic transformation has brought a sudden change in dietary intakes is key to address local nutrition challenges.



06

2007. Argentina.

Agriculture workers benefiting from the Provincial Agricultural Development Project.

© Nahuel Berger/World Bank

Donors: Financial resources and beyond

KEY FINDINGS

- 1** In the Nutrition Year of Action, 14 governments and seven organisations, including three philanthropies, three multilateral development banks and the European Commission, acting as donors registered 36 commitments comprising 61 goals. To support the fight against malnutrition, 13 donors committed more than US\$26.3 billion in financial resources between 2020 and 2030. Six donors committed to having their financial goals reported to the OECD through various mechanisms, including the policy marker on nutrition.
- 2** Donor goals extended beyond mobilising funding and covered other nutrition actions. Actions aimed at strengthening policy influence and partnerships were seen by donors as key tools to tackle poor diets and malnutrition in low and middle-income countries.
- 3** More than US\$8.2 billion of financial resources were mobilised in response to the impact of Covid-19 on food and health systems. Overall, a fifth (13, 21%) of donor enabling, policy and impact goals were developed in response to the pandemic.

Introduction

To support the fight against malnutrition, donors (including governments and organisations such as philanthropies and multilateral development banks), which commit to nutrition actions outside their country of origin, had a key role in the Nutrition Year of Action.¹ The role of donors is critical to secure increased financial investments for nutrition that have been repeatedly called for and are needed to close the financing gap. Between 2022 and 2030, additional resources in the region of US\$10.8 billion per year, on average, are required to achieve four global nutrition targets that are more relevant in low and middle-income countries² (stunting, in children under five years of age, wasting in children under five years of age, anaemia in women of reproductive age, and breastfeeding).³ The Nutrition Year of Action was particularly important to mobilise resources, as it was estimated the effects of Covid-19 on the food and health system require US\$3.8 billion in additional investments over the period 2022 to 2030. Despite this, official development assistance (ODA) supporting nutrition-specific interventions has recently stalled, remaining at US\$0.96 billion in 2018 and 2019, down from US\$1.07 billion in 2017.⁴ Yet, donors' commitments are also important for providing assistance that goes beyond direct financial support, for example facilitating coordination across stakeholders, building partnerships and providing in-country capacity to support country priorities.

Donor engagement at the Tokyo Nutrition for Growth (N4G) Summit 2021 exceeded that of previous summits. A total of 21 donors registered 36 commitments comprising 61 goals and spanning all five N4G thematic areas. Most donors (19, 90%) were from high-income countries, of which 14 (74%) were governments. The US and Denmark are the only governments to have submitted commitments as a donor and non-donor.⁵ With an average length of just over five years, donor commitments tended to be developed unilaterally, with just five (14%) commitments jointly submitted with other stakeholders (e.g. UN agencies and governments). Most goals registered by donors were categorised as enabling (52, 85%) and sub-categorised as 'leadership and governance' (22, 42%) and 'financial' (18, 35%). Only six (10%) and three (4.9%) were policy and impact goals, respectively.

Most donor goals were in the low level of the Nutrition Action SMARTness Index (28, 46%), indicating the need to provide more information to ensure trackability and address extensive clarifications during the verification process. While 13 (21%) goals were high in SMARTness, three (5%) were assessed as trackable but require extensive clarifications (upper moderate in SMARTness). The remaining 17 (28%) goals were lower moderate in SMARTness. Looking at the ingredients, commitments obtained lower scores in the Measurable and Achievable dimensions, mainly due to missing information, including the indicators used to track the commitment and the cost associated with their implementation.

In light of the need to secure increased financial investments for nutrition and close the financial gap that has been exacerbated by the effects of Covid-19, this chapter highlights the key role donors had in mobilising financial resources and committing other nutrition actions during the Nutrition Year of Action. It expands on the mobilisation of financial resources from donors and the role that donors had beyond the financial support. It concludes by reviewing donor commitments to support the impacts of Covid-19 on food and health systems.⁶

Significant mobilisation of financial resources from donors

In the Nutrition Year of Action, 14 donors registered 18 'financial' goals (as part of 16 commitments) and pledged more than US\$26.3 billion in the effort to end malnutrition.⁷ On average, donors pledged US\$0.47 billion per year throughout the length of the commitments (3–10 years).⁸ Even though the total amount is likely to be an underestimation since one 'financial' goal registered did not include enough information to determine the total amount of the contribution, the amount is still below the US\$0.96 billion of ODA supporting nutrition-specific interventions that were disbursed in 2019.⁹ Nonetheless, this is the largest overall amount of any previous N4G summits, following the mobilisation of US\$23 billion at the first N4G summit 2013 in London. Donor governments provided the largest contribution, with more than US\$18.4 billion (70% of the total), followed by donor organisations with US\$7.8 billion (Figure 6.1). All but three donor governments have submitted at least one 'financial' goal. Donor governments are represented (in order of contribution) by the US (US\$11 billion, 60% of the total pledged by donor governments), Japan (US\$2.8 billion, 15%), the UK (US\$1.9 billion, 10%), Ireland (US\$0.95 billion, 5%), Germany (US\$0.69 billion, 3.8%), the Netherlands (US\$0.47 billion, 2.6%), Canada (US\$0.39 billion, 2.1%), France (US\$0.22 billion, 1.2%)¹⁰ and Slovenia (US\$0.01 million, <0.1%). Donor organisations include the European Commission (US\$3 billion, 38% of the total pledged by donor organisations), the World Bank Group (US\$2.5 billion, 32%), the African Development Bank (US\$1.35, 17%), Bill & Melinda Gates Foundation (US\$0.92 billion, 12%), and King Philanthropies (US\$0.1 billion, 1.3%). One third of 'financial' goals (6, 33%, amounting to US\$19.7 billion) were 'financial commitments' (i.e. with a legal decision to fund) while eight (44%, US\$5.9 billion) were 'financial disbursements' (actual expenditure). The remaining four 'financial' goals, totalling US\$0.69 billion, did not specify the nature of the financial commitment. The focus of the 'financial' goals is different across donor stakeholders. Donor organisation 'financial' goals tended to focus on investment in nutrition programmes, while those submitted by donor governments included budget allocation to nutrition (7, 54%) and investment in nutrition programmes (6, 46%).

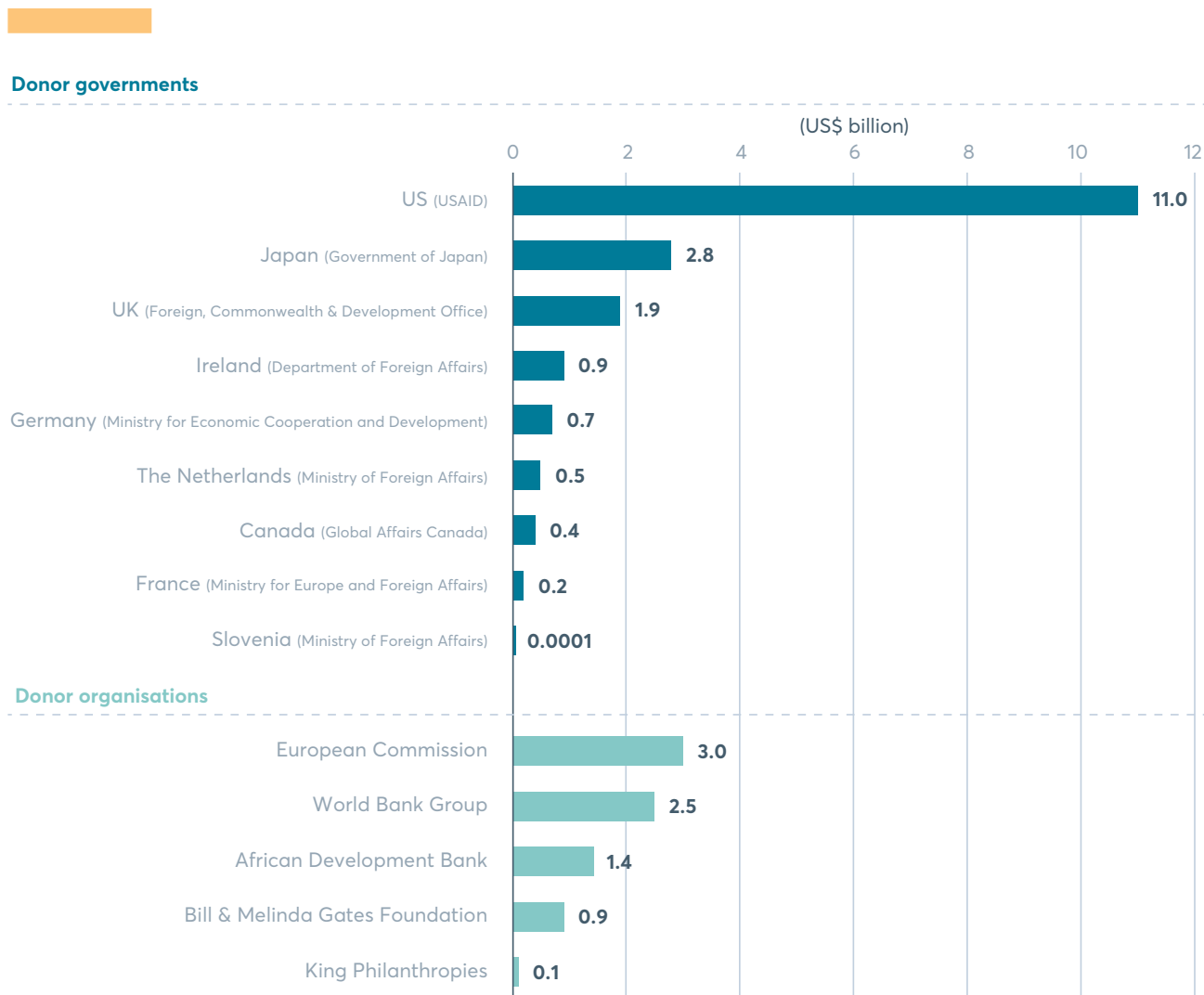
The SMARTness Index of the 'financial' goals follows a different pattern compared with the overall donor goals. Most 'financial' goals (7, 39%) were lower moderate in SMARTness (i.e. they are not trackable but require minimal clarifications). One third (6, 33%) were high (trackable and requiring minimal clarifications). The remaining were low (4, 22%, not trackable and requiring extensive clarifications), and only one was upper moderate (trackable but requiring extensive clarifications). Looking at the ingredients composing the SMARTness score, more clarity and information were required to identify the baseline and target level of indicators, the total costs, and the funding mechanism. Seven (39%) 'financial' goals registered by donor governments (Japan, UK, Ireland, Germany and Canada) and donor organisations (European Commission and Bill & Melinda Gates Foundation) are expected to be reported to the OECD through various mechanisms, including the OECD Development Assistance Committee policy marker on nutrition (a tracking initiative designed to improve the identification, reporting and monitoring of multisectoral and cross-cutting nutrition activities)¹¹. A 'financial' goal submitted by the Netherlands is expected to be tracked through a ministerial development aid portal, while The World Bank will report to the International Development Association (IDA). Eight (44%) 'financial' goals that were part of donor government commitments and two (11%) that were part of donor organisation commitments did not provide details of a reporting mechanism in the original submission.

The 'financial' goals committed to funding both nutrition-specific and nutrition-sensitive interventions. Two (11%) 'financial' goals were designed to address nutrition-specific interventions, for a total of US\$1.7 billion. Four (22%) 'financial' goals pledged US\$3.1 billion to both nutrition-specific and nutrition-sensitive projects. The remaining 12 (67%) 'financial' goals did not specify the scope of the interventions. Most 'financial' goals (12, 67%) had a global target, with four goals (22%) targeting multiple countries, one (6%) with a national focus, and one (6%) with a subnational focus. With 14 (78%) goals focusing on the overall population, three goals (17%) targeted pregnant and lactating women and children under five years of age. The remaining one goal (6%) had no population targets.

FIGURE 6.1

Donor governments provided 70% of financial resources, totalling more than US\$18.4 billion

Resources pledged (US\$ billion) by donor governments and donor organisations (enabling, financial action area)



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Notes: Based on the data submitted. Amounts were converted to US\$ based on the 2021 yearly official exchange rate (local currency units relative to the US\$) set by the International Monetary Fund. The contribution of France is likely to be underestimated because not all their 'financial' goals included the amount committed.

Donors' actions go beyond financial commitments

Donor commitments extended beyond 'financial' goals, covering other enabling goals as well as policy and impact actions (Figure 6.2). Most goals were enabling (52, 85%), of which 22 (42%) aimed to support political leadership and good governance, for example by supporting global (e.g. UN Food System and Scaling Up Nutrition) and regional (e.g. Asia Health and Wellbeing Initiative and Africa Health and Wellbeing Initiative) initiatives to strengthen policy influence, engagement and partnerships. These can support the formation of multisectoral working groups or strengthen partnerships to advance the adoption of nutrition-sensitive programmes (e.g. promotion of food fortification, provision of school meals, and prioritising nutrition projects that integrate gender equality). Enabling goals that were 'research, monitoring and data' (10, 19%) included support for collecting better nutrition data, conducting regional training and providing technical assistance to design and implement nutrition interventions. Donors pledged to improve monitoring and evaluation processes and increase the use and availability of data. Two (4%) 'operational' goals focused on providing technical assistance and building national capacity.

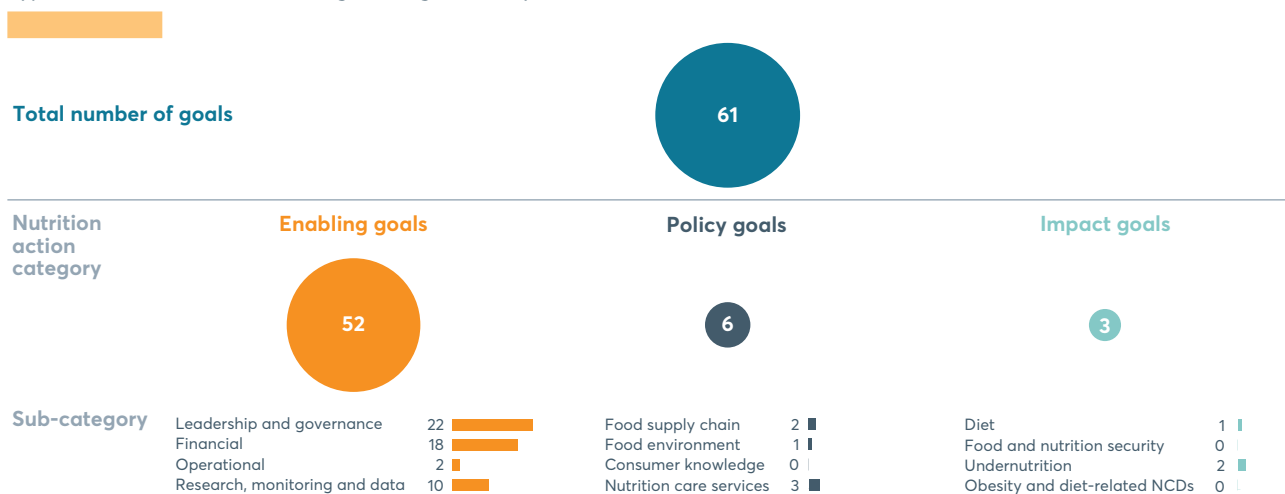
'Leadership and governance' and 'research, monitoring and data' goals (combined, 32, 62%) have significant room to improve the formulation and clarity. With more than half of these goals with low SMARTness (18, 56%), the verification process provides stakeholders with the opportunity to make goals trackable and consistent. A quarter of these goals (8, 25%) were lower moderate, requiring additional information to make it trackable but with minimal clarifications overall. Tracking the progress of these goals will benefit from additional information and clarification about the baseline and target level of indicator, monitoring and evaluation plan (Measurable dimension) and total costs, funding mechanism, and the amount secured (Achievable dimension). Finally, six goals (19%) were high in SMARTness, having been assessed as trackable and requiring minimal clarifications.

Policy and impact goals represented a small fraction of all donor goals (6, 10%, and 3, 4.9%, respectively). Policy goals were mainly 'food supply chain' (e.g. improving the diffusion of food fortification) and 'nutrition care services' (e.g. supporting the implementation of breastfeeding programmes). Impact goals included the implementation of stunting and wasting programmes. Policy and impact goals were associated with commitments predominantly aligned with maternal, infant and young child nutrition global targets.

FIGURE 6.2

Most commitment goals were categorised as enabling, with a focus on supporting political leadership and good governance and allocating financial resources to end malnutrition

Types of nutrition commitment goals registered by donors



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Strong commitments to reverse the impacts of Covid-19 on food and health systems

With a fifth of donor goals (13, 21%) developed to address nutrition impacts of Covid-19, donors were at the front line in tackling the unprecedented challenges brought by the pandemic (Figure 6.3). Despite the worldwide distribution of vaccines and a greater understanding of the spread of the disease, the Covid-19 pandemic's prolonged health and economic repercussions are likely to continue to have an impact on food systems and nutrition.¹² Between 83 and 132 million people have been estimated to experience food insecurity as a direct impact of Covid-19.¹³ As the pandemic progressed and the effects evolved, donors committed to more than US\$8 billion (31% of

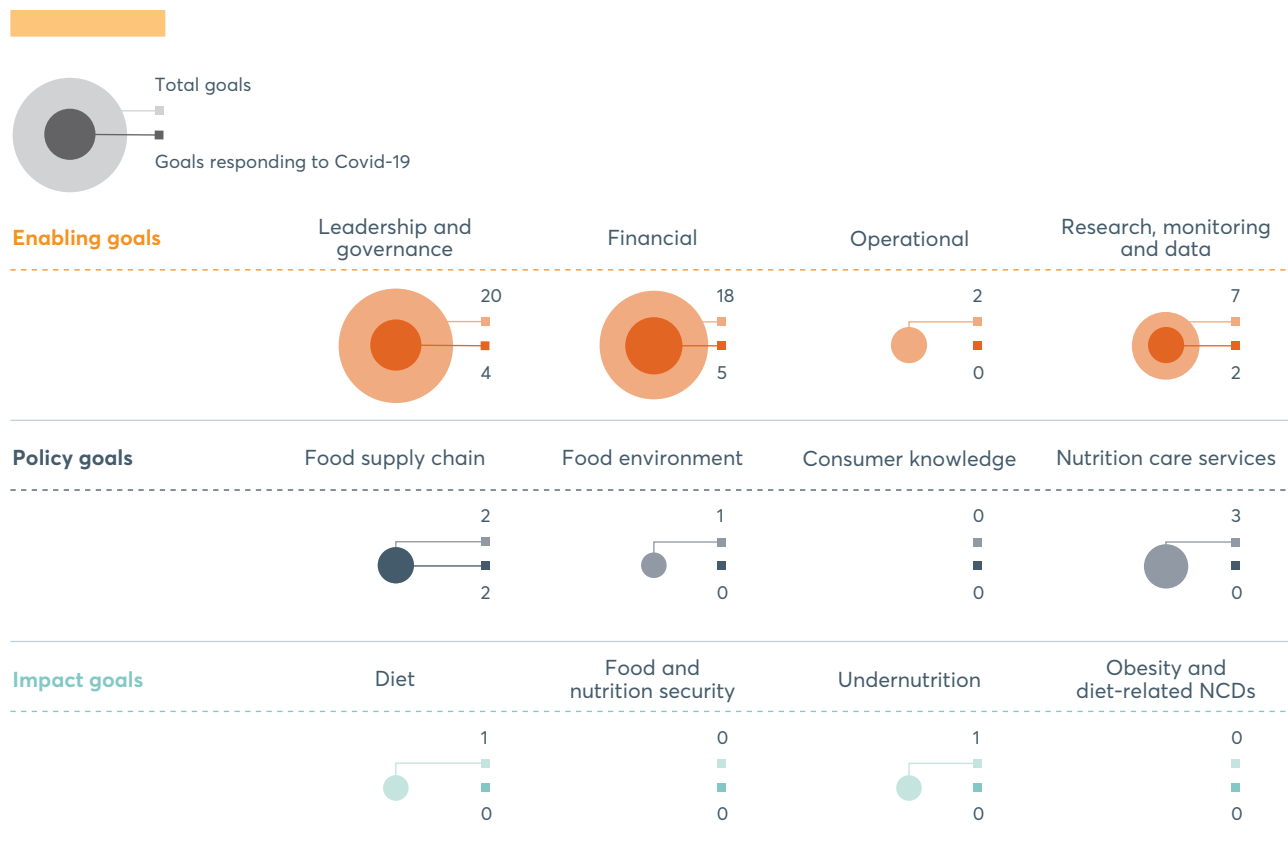
the total amount committed) to fund nutrition-specific and nutrition-sensitive programmes that address the consequences of Covid-19 on the food and health system. In addition, donors committed to financial assistance to support international efforts (e.g. the World Health Organization) and partnerships (e.g. Scaling Up Nutrition) aimed at tackling global nutrition issues also related to Covid-19.

Donor efforts to reverse the effects of Covid-19 went beyond financial commitments and extended to other enabling goals. Donors committed to strengthening collaborations and developing partnerships with international organisations. They also committed to reinforcing multisectoral approaches and improving internal reporting mechanisms. Among the policy goals (6, 10%), all those that were 'food supply chain' (2, 33%) were developed in response to Covid-19. These focused on intensifying and expanding support for large-scale food fortification through the food system.

FIGURE 6.3

A fifth of donors' commitment goals were developed to address nutrition impacts of Covid-19

Commitment goals registered by donors as a response to Covid-19 by action category and sub-category



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Note: Goals have been excluded from the chart if no data was provided regarding their development in response to Covid-19.

Conclusion

In the Nutrition Year of Action, donor governments and organisations pledged more than US\$26.3 billion (US\$0.47 billion on average per year throughout the length of the commitments) in the effort to end malnutrition. With a focus on maternal, infant and young child nutrition global targets, this is the largest aggregated amount of all N4G summits.

The role of donors extended beyond 'financial' goals; they registered other enabling goals as well as policy and impact nutrition actions. This provided assistance to recipient countries, for example by facilitating coordination across stakeholders, building partnerships and providing in-country capacity. With almost a quarter of goals developed to address nutrition impacts related to Covid-19, donors were at the front line in tackling the unprecedented challenges brought by the pandemic.

KEY RECOMMENDATIONS

- ▶ **A larger range of governments and organisations, functioning in donor capacities, should pledge more resources in order to achieve undernutrition targets by 2030. More should also use tracking tools (e.g. OECD Development Assistance Committee policy marker on nutrition) to strengthen accountability and monitor progress.**

In the Nutrition Year of Action, there have been significant financial pledges from donors, but larger efforts to mobilise catalytic innovative finance and increase domestic revenues are needed to achieve nutrition targets.

- ▶ **The role of donors should continue to go even further beyond financial commitments.**

With a range of enabling, policy and impact goals, donor governments and organisations can play a key role at the regional and global levels in enhancing coordination across stakeholders, building partnerships and supporting capacity development and research.

- ▶ **Donors should play a key role in supporting governments in times of crisis.**

Covid-19 and the consequences of the war in Ukraine have exacerbated the vulnerability of food and health systems worldwide, in particular in low and middle-income countries. Mobilising new resources without compromising other priorities, as well as boosting non-financial commitments, is key to increasing in-country preparedness and response to needs.



07

2017. Ethiopia.

Netsanet prepares food according to lessons learnt from health extension workers from the Woreda health post.

Sekota Wereda, Hamusit Kebele

© UNICEF Ethiopia/2017/Nahom Tesfaye

**International
organisations,
including multilaterals**

KEY FINDINGS

- 1** International and multilateral organisations play a key role in supporting the global fight against malnutrition and poor diet contributing significantly to enhance political leadership and good governance in delivering effective nutrition policies (44% of all submitted goals) and to create an enabling environment.
- 2** Over half (18, 53%) of goals were high and upper moderate in SMARTness (trackable with minimal clarifications), most of which were enabling (12 of 19 enabling goals, 63%). Most impact goals were low in SMARTness (4, 80%), that is not trackable with extensive clarifications. The SMARTness level was largely affected by the lack of information specific to the Measurable and Achievable dimensions.
- 3** Most commitments focused on maternal, infant and young child nutrition global targets, with the largest proportion focusing on childhood wasting (9, 69%), anaemia, stunting and childhood overweight (7, 54%), low birth weight and breastfeeding (6, 46%). A smaller number of commitments were focused on diet-related NCD targets (4, 31%, for diabetes, 4, 31%, for raised blood pressure, and 2, 15%, for salt intake), and six (46%) were aligned with adult obesity.

Introduction

The UN Decade of Action on Nutrition marked a new ambition and direction in global nutrition action. The Decade of Action provides an enabling environment for all countries to ensure that action is taken to develop and implement inclusive policies aimed at ending all forms of malnutrition.¹ Under the auspices of the UN Decade of Action on Nutrition, United Nations Children's Fund (UNICEF), Food and Agriculture Organization (FAO), World Health Organization (WHO), International Fund for Agricultural Development (IFAD), World Food Programme (WFP), and the UN Relief and Works Agency (UNRWA) submitted commitments at the Tokyo Nutrition for Growth (N4G) Summit 2021. Their actions ranged from prevention of stunting, wasting, micronutrient deficiencies, overweight and obesity to ensuring access and availability to healthy diets for beneficiary populations.² As noted by the Chair of the newly formed mechanism UN Nutrition, UN agencies are ready to maximise opportunities and work to end all forms of malnutrition.³

During the Nutrition Year of Action, seven international organisations, all UN agencies, submitted 13 commitments comprising 34 goals. Of these, one commitment with three goals registered by WHO was submitted outside the Tokyo N4G Summit 2021. This is an increase from the 28 goals submitted during the 2013 N4G Summit by seven UN agencies.

Commitments submitted were mostly developed unilaterally (10, 77%). Commitments jointly submitted with other stakeholders (3, 33%) were mostly developed in collaboration with donor governments or other UN agencies. Half of goals (19, 56%) were targeting specific groups of the population, either girls and women (2, 6%) and/or specific age groups (16, 47%).

Most goals committed by international and multilateral organisations were categorised as enabling (19, 56%) and focused on establishing an environment for effective nutrition action across all sectors. Policy goals (10, 29%) focused on strategies, policies, interventions or programmes that aim to improve nutrition outcomes both directly and indirectly. Impact goals (5, 15%) were aimed at directly improving poor diets and reducing malnutrition in all its forms. Over 40% of goals were submitted in response to the Covid-19 pandemic.

Estimated costs associated with commitment delivery were provided for three (23%) commitments but publicly disclosed for only one (7.7%) (the only one with 'financial' goals). The 'Scale-up nutrition for children' commitment submitted by UNICEF during the Tokyo N4G Summit 2021 is associated with an estimated financial investment of US\$2.4 billion.

The average length of goals submitted by the seven UN agencies was 3.7 years for enabling actions, 4.0 years for impact, and 5.4 years for policy. 'Food environment' and 'nutrition care services' goals are set to be achieved in the longest timescale (7.0 and 5.6 years, respectively); 'research, monitoring and data' goals were those with the shortest timescale (just below 2 years).

Given the key role played by international organisations in supporting governments in their fight against malnutrition and poor diet through the redistribution of financial and non-financial resources, in this chapter we provide initial analysis of commitments and goals submitted during the Nutrition Year of Action with a focus on the areas of action, the SMARTness ranking of commitments, and their alignment with the N4G thematic areas⁴.

International organisations committed to enhance political leadership and good governance

Of the 19 enabling goals submitted by international organisations, 15 (79%) were 'leadership and governance' and delivered effective nutrition policies globally (13 goals had a global focus; two had a multi-country focus). IFAD committed to address the nutrition needs of the rural poor by integrating nutrition into its existing programme of loans and grants. WFP committed to support governments through analytical tools (e.g. the WFP Fill the Nutrient Gap) to be used to inform policy and programming and build public-private partnerships in sectors that can contribute to improving diets and nutrition outcomes. Organisations committed to launch global alliances (e.g. UNICEF Global Alliance for Children's Diets) to support public and private sector actors to take responsibility for their roles in transforming global and local food systems. This work supports global action plans (e.g. UNICEF Global Action Plan on Child Wasting, WHO Global Action Plan to prevent and manage anaemia in women and children, WHO Global Action Plan for Wasting) to produce updated context-specific nutrition policies and treatment protocols. UNICEF committed to support policies, strategies and programmes to prevent malnutrition in all its forms (e.g. UNICEF). They committed to ensure policy environments were supportive of achievements in nutrition outcomes including strengthening nutrition-specific activities and nutrition-sensitive approaches (e.g. FAO). The WHO committed to support countries to develop regulatory and policy actions by providing evidence-informed guidance and strengthening national regulatory and food control system capacities to improve the food environment and promote safe and healthy diets for all.

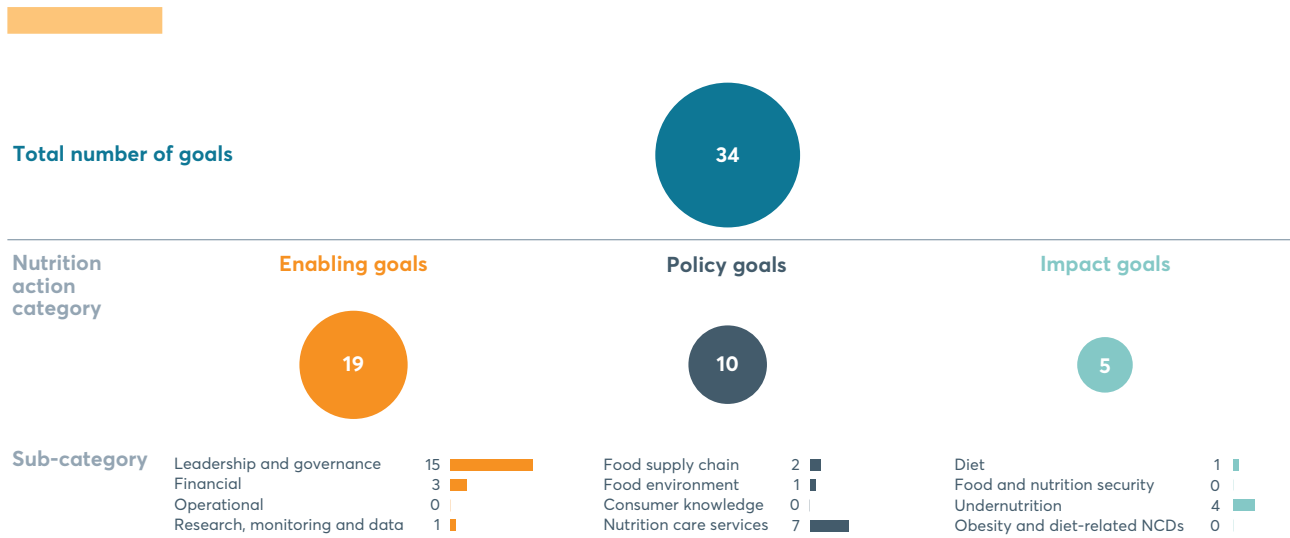
In terms of operationalising these commitments, IFAD deployed nutrition and social inclusions specialists to support teams and governments. The WFP increased advocacy and engagement to make nutrition a national priority that is integrated into national programmes. Both the WHO and FAO developed roadmaps and action plans. The WHO established alliances to advocate for specific forms of malnutrition, for example for the acceleration of anaemia action. The FAO will strengthen its capacity to design, implement and scale-up nutrition-sensitive projects and programmes for healthy diets and mainstreaming nutrition. UNICEF submitted three 'financial' goals, which were focused on increasing national budgets dedicated to nutrition and investments in nutrition-sensitive and nutrition-specific interventions. One goal was 'research, monitoring and data' and focused on developing and disseminating evidence-based guidelines for improving food environments and promoting safe and healthy diets.

The remaining goals (15) were impact and policy nutrition actions; seven policy goals were 'nutrition care services' and four impact goals were 'undernutrition'. Examples of 'nutrition care services' include improving the prevention and treatment services for undernutrition, such as wasting and micronutrient deficiencies, as well as supporting nutritional improvements among patients with NCDs. No impact goals were submitted to tackle 'food and nutrition security' or 'obesity and diet-related NCDs' (Figure 7.1).

International organisations focused most of their commitments on enabling actions at the global level (17, 89%), 13 of which were 'leadership and governance'. Most policy goals were multi-country (8, 80%), of which six (75%) were 'nutrition care services' (mostly aimed at integrating and enhancing nutrition services and interventions offered in public or private health systems).

FIGURE 7.1

Most commitment goals registered by international organisations were supporting global 'leadership and governance'
Types of nutrition commitment goals registered by international organisations



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

International and multilateral organisations made SMART commitments, but improvement is needed

Goals submitted by international organisations were split between high and upper moderate in SMARTness (18, 53%) – all trackable with minimal clarifications – and low and lower moderate (16, 47%) – not trackable with minimal (3, 9%) or extensive clarifications (13, 38%). The highest number of trackable goals (with minimal or extensive clarifications) was recorded for enabling (12, 63%), while the majority (4, 80%) of impact goals were not trackable with extensive clarifications (in the low level) (Figure 7.2).

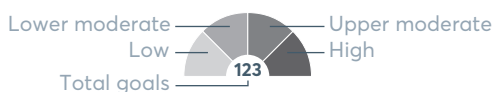
SMARTness scores were particularly low for the Achievable and Measurable dimensions. These were mostly driven by the lack of specific information on the total and estimated costs associated with the delivery of the goal. For only one commitment (7.7%, registered by UNICEF) there was full public disclosure of the total delivery cost for the commitment, for two (16%) commitments the total costs were estimated but the amount was kept confidential and could not be disclosed either publicly or to the GNR, and for the remaining 10 (77%) commitments no amount was estimated or it was unknown. Impact goals scored the lowest in the Measurable dimension, while the Achievable dimension had the lowest score for policy and enabling goals.

FIGURE 7.2

Half of commitment goals submitted by international organisations are not trackable

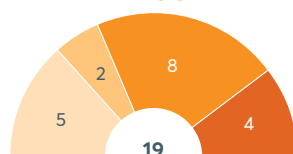
SMARTness of nutrition commitments registered by international organisations, by action area

SMARTness Index level

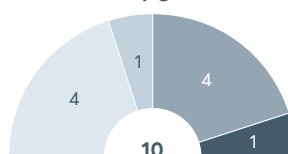


Nutrition action category

Enabling goals



Policy goals



Impact goals



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Most commitments focused on maternal, infant and young child nutrition global targets

As part of the registration process, respondents were asked to self-report the focus of their commitments in relation to the 10 global nutrition targets⁵ (Figure 7.3). Findings show that most commitments (which may focus on multiple targets) were focused on maternal, infant and young child nutrition global targets, with the largest proportion focusing on childhood wasting (9, 69%), anaemia, stunting and childhood overweight (7, 54%), low birth weight and breastfeeding (6, 46%). A smaller number of commitments were focused on diet-related NCD targets (4, 31%, for diabetes, 4, 31%, for raised blood pressure, and 2, 15%, for salt intake), and six (46%) with adult obesity. A quarter (3, 23%) of commitments registered at the summit included three or more diet-related NCD targets. Specifically, WFP registered a commitment focused on improving nutrition and diets, FAO on improving agrifood systems for healthy diets, and WHO on regulating the food environment. Both commitments from WFP and FAO also focused on all six maternal, infant and young child nutrition global targets.

The focus of the commitments included improving nutrition and diets through their integration in the agriculture system; integration of nutrition interventions into primary healthcare; providing an enabling environment for nutrition and nutrition security; and tackling micronutrient deficiencies (e.g. iodine deficiency among pregnant women and anaemia) with food fortification. Some of the commitments were aimed at preventing and treating child wasting and generating context-specific wasting guidance. Engaging with stakeholders was another area of focus including both the private sector and civil society.

The 13 commitments covered all N4G thematic areas, with the most focusing on 'health' (9, 69%) followed by 'food' (8, 62%), 'resilience' (7, 54%), 'data' (4, 31%) and 'financing' (2, 15%) (commitments may focus on multiple thematic areas, so percentages total over 100%). Over half of commitments submitted by international organisations included two thematic areas (7, 54%), while only a handful included three or more thematic areas (3, 23%) or one thematic area (2, 15%).

FIGURE 7.3

Most commitments submitted by international organisations focused on maternal, infant and young child nutrition and overweight and obesity global targets

Focus of international organisation commitments with specific global nutrition targets



Source: Global Nutrition Report: Nutrition Accountability Framework Commitment Tracker. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/resources/naf/tracker>. For the dataset used in this analysis, please see the report annex.

Note: Commitments may focus on multiple targets.

Conclusion

International organisations play an essential role in the fight against poor diet and malnutrition and importantly in achieving the goals and targets of the N4G, United Nations Food Systems Summit, global nutrition targets (as set out by the World Health Assembly) and the Sustainable Development Goals.

Overall international organisations focused their commitments on creating an enabling environment to improve nutrition by developing national and global action plans, developing regulations on food fortification and improved agricultural practices, and integrating essential nutrition interventions into the primary healthcare. They further aim to address undernutrition by committing to reduce specific forms of malnutrition, such as stunting, wasting and micronutrient deficiencies, through improving access to nutrition care and food fortification.

KEY RECOMMENDATIONS

- ▶ **International organisations should keep providing support to governments to enhance impact actions.**

To do so, international organisations need to ensure coordination across stakeholders focusing on the same geographic target to promote integrated actions.

- ▶ **Additional effort is needed to improve the SMARTness of commitments** to ensure focus and accountability in actions for nutrition. This is an essential requirement and aligned with the UN Decade of Action on Nutrition that advocated for stakeholders to work with SMART goals to achieve effective, sustainable changes, and improve global nutrition targets initially by 2025.⁶

- ▶ **International organisations should work to ensure global engagement with nutrition actions aimed at diet-related NCDs, without halting or compromising the progress made in tackling maternal, infant and young child nutrition.**

While N4G is a global effort that historically has focused on maternal, infant and young child malnutrition, there should be recognition that obesity and diet-related NCDs are now global pandemics that are not limited to middle or high-income countries. Integrated actions are needed if there is willingness to tackle poor diet and malnutrition in all its forms globally.

DATASET AND METADATA

The 2022 *Global Nutrition Report* includes the commitments registered in the Nutrition Accountability Framework (NAF) up to 15 March 2022, 11:59pm GMT.

The data included in the 2022 Global Nutrition Report

The 2022 *Global Nutrition Report* included all commitments registered in the Nutrition Accountability Framework (NAF) Platform up to 15 March 2022, 11:59pm GMT. The analyses performed were based on self-reported commitment data as submitted by commitment-makers – in their unverified form – following [cleaning and standardisation](#) by the GNR. The data used for the 2022 Global Nutrition Report analyses is available for download on this page.

The downloadable data

[This data download folder \(.zip format\)](#)

contains five files:

- **About the data in this folder.** This includes the suggested citation for the data and provides a brief description of the files included in the folder.
- **Codebook (GNR2022_codebook.csv).** This contains information on each of the variables of the three datasets, including the variable description, the corresponding question from the registration forms (where applicable) and the data type (numeric, binary or text).
- **Data files.** The data used for the analyses in the report is organised into three datasets (commitment-level data [GNR2022_commitments.csv], goal-level data [GNR2022_goals.csv] and commitment-making organisation information [GNR2022_organisations.csv]). The datasets include all original variables as extracted from the NAF Platform, as well as any derivative variable generated by the GNR as part of the cleaning and standardisation; the derivative variables include the action category and sub-category of the Nutrition Action Classification System and all the components of the Nutrition Action SMARTness Index. The datasets contain identifier variables, as described in the codebook, that can be used to merge them into a single data file. The datasets do not include personal data, such as names and contact information, or commitments that were not eligible according to the eligibility criteria published in Chapter 1 of the 2022 *Global Nutrition Report*.

More information about the NAF can be found [here](#).

NOTES

Executive Summary

- 1 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>
- 2 Definition according to the Food and Agriculture Organization: a healthy diet is one that meets daily energy needs as well as requirements within the food and dietary guidelines created by the country. Affordability is measured by comparing the cost of a healthy diet to income levels in the country. If the cost exceeds 52% of an average household's income, the diet is deemed unaffordable.
- 3 FAO, IFAD, UNICEF, WFP and WHO. The State of Food and Nutrition Security Around the World: Repurposing Food and Agricultural Policies to Make Healthy Diets More Affordable. Rome, Italy: FAO, 2022. Available at: <https://www.fao.org/publications/sofi/2022/en/>
- 4 Definition according to the Food and Agriculture Organization: A person is food insecure when they lack regular access to enough safe and nutritious food for normal growth and development and an active and healthy life. This may be due to unavailability of food and/or lack of resources to obtain food.
- 5 FAO, IFAD, UNICEF, WFP and WHO. The State of Food and Nutrition Security Around the World: Repurposing Food and Agricultural Policies to Make Healthy Diets More Affordable. Rome, Italy: FAO, 2022. Available at: <https://data.unicef.org/resources/sofi-2021/>
- 6 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>
- 7 Overweight and Obesity. World Health Organization. 2021; published online 9 June. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>. Accessed 15 November 2022.
- 8 Global Nutrition report. 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>
- 9 The 2022 Global Nutrition Report refers to food and nutrition security to draw explicit focus to quality of food since it is often overlooked in food security policies and interventions that pay greater attention to access to quantity of food.
- 10 Specific, Measurable, Achievable, Realistic, Time-bound.
- 11 Undernutrition is a diet-related condition resulting from insufficient food intake to meet needs for energy and nutrients, including stunting, wasting, underweight and micronutrient deficiencies.
- 12 The verification process is also new and involves contacting stakeholders to obtain missing and/or unclear data relevant to the commitments they registered.
- 13 The NAF provides a platform for self-reporting of nutrition commitments by various stakeholders. It does not prescribe nutrition priorities or have a regulatory nature with regards to validating the self-reported data, including holding stakeholders accountable for actual delivery of commitments.
- 14 All findings are based on commitments registered in the NAF platform from 14 September 2021 (date of platform launch) until 15 March 2022. Self-reported, unverified data has been used for the present analyses, which have subsequently been cleaned and standardised. The verification of these commitments started in November 2022, and as such data presented herein may be subject to change.
- 15 The number of unique stakeholders is 198, with one government being classified as both a country government and a donor.
- 16 NAF data for 'governments' captures commitments made by any government body at any administrative level. This report shows data from 78 government bodies across 65 countries.
- 17 A donor is any stakeholder making a commitment outside their own national boundaries, entity or workforce, for example a government contributing financial and non-financial resources to another country (i.e. acting as a donor government).
- 18 Recognising that most commitments registered are N4G ones (linked to the Tokyo N4G Summit), observed patterns may not truly reflect the global nutrition landscape.
- 19 Financial goals registered across all stakeholders are N4G ones. Total amounts may underestimate the full magnitude of financial investments, as amounts were not reported for all financial goals.
- 20 A commitment may align with one or more global nutrition targets (or none); as a result, the percentages do not total 100.
- 21 Including policy goals focused on 'food supply chain' (12) and 'food environment' (25).
- 22 One multilateral development bank was based in a lower-middle-income country. All other donors, including donor governments, were based in high-income countries.
- 23 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>

Chapter 1

- 1 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>; and Global Nutrition Report. 2020 Global Nutrition Report: Action on equity to end malnutrition. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>.
- 2 The term 'commitment' is used to describe a pledge that is a written statement with an intention to act and a commitment to a measurable deliverable.
- 3 Nutrition Year of Action Launch Event Recap. Nutrition for Growth. <https://nutritionforgrowth.org/nutrition-year-of-action-launch-event-recap/>. Accessed 24 October 2022.
- 4 N4G 2021 Vision and Roadmap. Nutrition for Growth. 2020; published online 14 December. <https://nutritionforgrowth.org/resources/vision-and-roadmap/>. Accessed 24 October 2022.
- 5 Global Access to Nutrition Index 2021. Methodology. Development, structure, scope, contents, scoring and results presentation. Utrecht, Netherlands: Access to Nutrition Initiative. Available at: <https://accesstonutrition.org/app/uploads/2020/06/Global-Index-2021-Methodology-FINAL.pdf>; Global nutrition monitoring framework: Operational guidance for tracking progress in meeting targets for 2025. Geneva, Switzerland: World Health Organization and UNICEF, 2017. Available at: <https://www.who.int/publications/i/item/9789241513609>; Sustainable Energy for All. Accountability Framework. Vienna, Austria: United Nations, Department of Economic and Social Affairs, 2014. Available at: <https://sustainabledevelopment.un.org/content/documents/1644se4all.pdf>; Guidelines for the Development of a Criteria and Indicator Set for Sustainable Forest Management. New York, US, and Geneva, Switzerland: United Nations and Food and Agriculture Organization of the United Nations, 2019. Available at: <https://unece.org/DAM/timber/publications/DP-73-ci-guidelines-en.pdf>; SENDAI Framework. Voluntary Commitments. UN Office for Disaster Risk Reduction. Available at: <https://www.undrr.org/implementing-sendai-framework/voluntary-commitments>; and EU Platform on Physical Activity and Health. Monitoring Framework. European Commission, 2005. Available at: https://ec.europa.eu/health/archive/ph_determinants/life_style/nutrition/platform/docs/eu_platform_mon-framework_en.pdf
- 6 GBD 2019 Risk Factors Collaborators. Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet* 2020; **396**: 1223–49.
- 7 Undernutrition is a diet-related condition resulting from insufficient food intake to meet needs for energy and nutrients, including stunting, wasting, underweight and micronutrient deficiencies.
- 8 Popkin BM, Corvalan C, Grummer-Strawn LM. Dynamics of the double burden of malnutrition and the changing nutrition reality. *Lancet* 2020; **395**: 65–74.
- 9 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Chapter 2: What we eat matters: Health and environmental impacts of diets worldwide. Bristol, UK: Development Initiatives; and Swinburn BA, Kraak VI, Allender S, et al. The Global Syndemic of Obesity, Undernutrition, and Climate Change: *The Lancet* Commission report. *Lancet* 2019; **393**: 791–846.
- 10 Osendarp S, Verburg G, Bhutta Z, et al. Act now before Ukraine war plunges millions into malnutrition. *Nature* 2022; **604**: 620–4. Available at: <https://media.nature.com/original/magazine-assets/d41586-022-01076-5/d41586-022-01076-5.pdf>; and No author listed. The war in Ukraine is exposing gaps in the world's food-systems research. *Nature* 2022; **604**: 217–8.
- 11 Global Nutrition Report. 2020 Global Nutrition Report: Action on equity to end malnutrition. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2020-global-nutrition-report/>.
- 12 Tokyo Nutrition for Growth (N4G) Summit 2021 & UN Food Systems Summit 2021. Available at: https://nutritionforgrowth.org/wp-content/uploads/2021/09/N4G_UN_FoodSysSummit_9.23-1.pdf; and Carbis Bay G7 Summit Communiqué. Our Shared Agenda for Global Action to Build Back Better. Cornwall, UK, 2021. Available at: <https://www.consilium.europa.eu/media/50361/carbis-bay-g7-summit-communique.pdf>
- 13 Global Targets 2025: To improve maternal, infant and young child nutrition. World Health Organization. Available at: www.who.int/teams/nutrition-and-food-safety/global-targets-2025. Accessed 24 October 2022; and Set of nine voluntary global NCD targets for 2025. World Health Organization. 2022; published online 4 June. Available at: <https://www.who.int/multi-media/details/set-of-nine-voluntary-global-ncd-targets-for-2025>. Accessed 24 October 2022.

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- 14 Global Nutrition Report. 2020 Global Nutrition Report: Action on equity to end malnutrition. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2020-global-nutrition-report/>; COVID-19 continues to disrupt essential health services in 90 per cent of countries. Geneva, Switzerland: UNICEF, 2021. Available at: www.unicef.org/press-releases/covid-19-continues-disrupt-essential-health-services-90-cent-countries; OECD Policy Responses to Coronavirus (COVID-19). COVID-19 and global food systems. Organisation for Economic Co-operation and Development, 2020. Available at: www.oecd.org/coronavirus/policy-responses/covid-19-and-global-food-systems-aeb1434b/
- 15 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Chapter 4: From promise to action: Progress towards the 2013 and 2017 Nutrition for Growth commitments. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>.
- 16 Nutrition for Growth Accountability Working Group. Final Paper. Tokyo Nutrition for Growth Summit 2021. Available at: <https://nutritionforgrowth.org/wp-content/uploads/2020/10/Accountability-WG-Final-report-designed-VF-Compressed.pdf>
- 17 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Chapter 4: From promise to action: Progress towards the 2013 and 2017 Nutrition for Growth commitments. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>.
- 18 Nutrition for Growth Commitment Tracker. Global Nutrition Report. Available at: <https://globalnutritionreport.org/resources/nutrition-growth-commitment-tracking/>. Accessed 24 October 2022.
- 19 Nutrition for Growth Commitment Tracker methodology. Global Nutrition Report. Available at: <https://globalnutritionreport.org/resources/nutrition-growth-commitment-tracking/methodology/>. Accessed 24 October 2022
- 20 Nutrition for Growth Accountability Working Group. Final Paper. Tokyo Nutrition for Growth Summit 2021. Available at: <https://nutritionforgrowth.org/wp-content/uploads/2020/10/Accountability-WG-Final-report-designed-VF-Compressed.pdf>
- 21 The Nutrition Accountability Framework: Endorsements. Global Nutrition Report. 2021; Available at: <https://globalnutritionreport.org/resources/naf/>. Accessed 24 October 2022.
- 22 These organisations have declared their public approval and support of the NAF.
- 23 The GNR's participation has been determinant in ensuring that N4G outreach, mobilisation and communication included clear and coordinated guidance on the accountability process. The GNR, in addition to developing the NAF, provided guidance on how to register SMART nutrition commitments via online resources and presentation on events, responded to stakeholder questions via emails and in events, reviewed registered commitments and collaborated with the summit organisers to generate the Compact Annex (<https://www.mofa.go.jp/files/100275456.pdf>) which included all commitments registered in the run up to the Tokyo N4G Summit (registered until 9 December 2021, 23:59 GMT). All the above resulted in building trust and collaboration among stakeholders.
- 24 Tokyo Compact on Global Nutrition for Growth Annex: Commitments. Tokyo Nutrition for Growth Summit 2021, 2021. Available at: <https://www.mofa.go.jp/files/100275456.pdf>. The Compact is the outcome document of any N4G summit. It summarises the commitments made by all stakeholders in the summit and provides context for stakeholders to develop new commitments leading up to the next N4G summit. The annex of the Compact lists all commitments made in a given N4G summit.
- 25 All financial goals registered were linked to the Tokyo N4G Summit.
- 26 Financial amounts are based on the data submitted. Amounts were converted to US\$ based on the 2021 yearly official exchange rate (local currency units relative to the US\$) set by the International Monetary Fund.
- 27 About the Nutrition Accountability Framework: Key principles of the Nutrition Accountability Framework. Global Nutrition Report. 2021. <https://globalnutritionreport.org/d29335#section-5>. Accessed 24 October 2022.
- 28 The registration is currently available in English with plans to translate into other languages over time, subject to available resources.
- 29 SMARTness and the NAF. Global Nutrition Report. 2021. <https://globalnutritionreport.org/resources/naf/about/smartness-of-nutrition-commitments/>. Accessed 25 November 2022.
- 30 Developing the NAF Platform's Commitment Registration Form. Global Nutrition Report. 2021. <https://globalnutritionreport.org/resources/naf/developing-registration-form/>. Accessed 24 October 2022.
- 31 The SMARTness Index assesses the completeness and coherence of each commitment goal against predefined criteria. It does not factor in or assess the potential importance, scale or impact of a commitment; for example a commitment could be low in SMARTness but high in potential impact (and vice versa). As the work evolves and stakeholders report on progress made, the GNR will consider methods to assess this.

32 The NAF provides a platform for self-reporting of nutrition commitments by various stakeholders. It does not prescribe nutrition priorities or have a regulatory nature with regards to validating the self-reported data, including holding stakeholders accountable for actual delivery of commitments.

33 Personal and contact information of the stakeholders, as well as commitment data indicated as confidential, are not published.

34 The order of the chapters is based on the number of commitments registered by each stakeholder group.

35 About the Nutrition Accountability Framework: Key principles of the Nutrition Accountability Framework. Global Nutrition Report. 2021. <https://globalnutritionreport.org/d29335#section-5>. Accessed 24 October 2022.

36 As the work evolves, additional eligibility criteria might be considered, such as alignment with international standards and evidence-based actions.

37 The GNR actively follows up with stakeholders in all such cases to request them to register their commitment through the NAF platform, and it supports them in doing so.

38 Developing the NAF Platform's Commitment Registration Form. Global Nutrition Report. 2021. <https://globalnutritionreport.org/resources/naf/developing-registration-form/>. Accessed 24 October 2022.

39 Of the 440 commitments registered until 15 March 2022, seven single-goal commitments were excluded for stating visions and intended actions, or the willingness to act, without committing to a certain deliverable (these are available upon request and were all submitted using the temporary registration process prior to the launch of the NAF).

40 All 433 eligible commitments had at least one nutrition goal; one goal was excluded for not being nutrition related (to improve school performance); nine of the 897 eligible goals were included in the analysis and classified as 'enabling', 'policy' or 'impact', but could not be further classified in an action sub-category as it was unclear if they were nutrition focused (one was to increase physical activity and eight for broad social protection measures).

41 After reviewing the full formulation, goals and action plan of each commitment, we excluded three single-goal commitments and one goal of a two-goal commitment, all made by breast milk substitute (BMS) companies. The excluded commitments and goals were addressing infant and young child feeding and concerned marketing practices that are in contradiction to the International Code of Marketing of Breastmilk Substitutes.

42 We consider any unique commitment that is registered to the NAF Platform that was launched in 2021 as 'new'. This may include commitments with an earlier starting year (before 2021) as long as they have not been previously registered in GNR's N4G tracker.

43 Of the 433 commitments, 29 (6.7%) were registered in a language other than English (23 in French, four in Spanish and two in Portuguese). These were translated into English, at the GNR's expense, to include in the analysis and published to the NAF Commitment Tracker. However, the GNR does not currently have the resources to offer translation as an official service.

44 Commitment-Making Guide. Tokyo Nutrition for Growth Summit 2021, 2021. Available at: https://nutritionforgrowth.org/wp-content/uploads/2021/04/CommitmentGuide_4.27.21.pdf.

45 N4G Principles of Engagement. Tokyo Nutrition for Growth Summit 2021. Available at: <https://nutritionforgrowth.org/wp-content/uploads/2021/09/N4G-Principles-of-Engagement.pdf>

46 Access to Nutrition Initiative. <https://acesstonutrition.org/>. Accessed 24 October 2022.

47 The GNR shared the names of all commitment-makers with ATNI. ATNI reviewed these and identified four BMS companies within the 30 private sector businesses that registered commitments. Of these four, two wished to be linked to the Tokyo summit but did not fully meet the BMS criteria of the N4G Principles of Engagement whereby BMS companies must commit to achieve full compliance with the International Code of Marketing of Breastmilk Substitutes and all subsequent World Health Assembly resolutions (collectively referred to as 'the Code') in both policy and practice by 2030; one did not wish to be linked to the Tokyo summit; and the fourth registered their commitments post-summit, hence they could not be assessed against the N4G Principles of Engagement. The BMS companies' commitments to the Code are continuously tracked and reported on by ATNI's Indexes as well as the BMS Call to Action. For the present analysis, the commitments made by BMS companies were not considered as N4G commitments; they were included, however, in the overall analysis unless excluded based on other eligibility criteria (see footnote 41).

48 A guide to the NAF Platform's Commitment Registration Form. Global Nutrition Report. 2021. <https://globalnutritionreport.org/resources/naf/about/platform-guide/>. Accessed 24 October 2022

49 Commitments registered in languages other than English were translated into English for publication at the GNR's expense; however, the GNR does not currently have the resources to offer translation as an official service. The original language data can be downloaded from the tracker

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- 50 The NAF Commitment Tracker data and the corresponding codebook can be downloaded in csv format.
- 51 The NAF Commitment Tracker will have additional functionalities in the future.
- 52 For stakeholders to make changes to their commitments they need to directly contact the GNR.
- 53 The current classification system does not include broad social protection/equity measures that are not directly relevant to nutrition (e.g. increase the income of women). As the NAF evolves, including such actions will be explored to further refine and expand the classification system.
- 54 The SMARTness of nutrition commitments. Global Nutrition Report. 2021. <https://globalnutritionreport.org/resources/naf/smart-commitments/>. Accessed 24 October 2022
- 55 Developing the NAF Platform's Commitment Registration Form. Global Nutrition Report. 2021. <https://globalnutritionreport.org/resources/naf/developing-registration-form/>. Accessed 24 October 2022.
- 56 Through the commitment registration form, stakeholders have committed to work with the GNR post-registration to provide required clarifications.
- 57 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>.

Chapter 2

- 1 NAF data for 'governments' captures commitments made by any government body at any administrative level. This report shows data from 78 government bodies across 65 countries.
- 2 A donor is any stakeholder making a commitment outside their own national boundaries, entity or workforce, for example a government contributing financial and non-financial resources to another country (i.e., acting as a donor government).
- 3 The 2022 Global Nutrition Report refers to food *and* nutrition security to draw explicit focus to quality of food, since it is often overlooked in food security policies and interventions that pay greater attention to access to quantity of food.
- 4 Based on the data submitted. Amounts were converted to US\$ based on the 2021 yearly official exchange rate (local currency units relative to the US\$) set by the International Monetary Fund.
- 5 This is included in the overall amount of US\$42.6 billion committed by donors.
- 6 Recognising that most commitments registered are N4G ones (linked to the Tokyo N4G Summit), observed patterns may not truly reflect the global nutrition landscape.
- 7 The report presents findings on commitments and their goals registered through the NAF Platform from 14 September 2021 (date of platform launch) up to 15 March 2022, 23:59 GMT. Self-reported, unverified data have been used for the present analyses that have subsequently been cleaned and standardised. The verification process of these commitments started in November 2022, and as such data presented herein may be subject to change.
- 8 Such missing or unclear data is obtained through the verification process, which generates a complete and standardised dataset and, as such, enables additional and more comprehensive analyses to be performed.
- 9 The classification of commitment-making entities into stakeholder types was based on self-reporting and will be confirmed as appropriate through the verification process. In select cases, all related to governments and donors, the GNR has reclassified to account for obvious errors. Given potential misclassification in the stakeholder type (for both primary and additional entities), joint commitments and their goals (i.e. commitments made by multiple stakeholders representing the same or multiple stakeholder types) are currently presented under the primary reporting organisation only. The primary reporting organisation, as per the registration form, is responsible for registering the commitment and is accountable for its reporting. In future iterations of the NAF Commitment Tracker, after the self-reported data is verified, commitments will be displayed under all relevant stakeholder types.
- 10 One government has been counted both as a non-donor and a donor because they made one commitment in each capacity. Based on self-reporting, there were initially 66 non-donor governments. Eleven donor governments and one donor organisation were reclassified to non-donor governments. All goals of these stakeholders were indicated to be at the national level, and their description confirmed that these goals referred to domestic actions (within their country).
- 11 Based on self-reporting, there were initially 24 donor governments, of which 10 were reclassified to non-donor governments and one retained a dual stakeholder type and is also included in the count of non-donor governments (see previous endnote).

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- 12 Based on self-reporting, there were initially six donor organisations, of which one was reclassified to government.
- 13 As joint, we consider a commitment that, although registered by one entity, was reported as submitted on behalf of multiple entities. The entity that registers the commitment is considered the primary one, which is responsible for providing clarifications for the commitment and reporting on its progress.
- 14 Commitment-Making Guide. Tokyo Nutrition for Growth Summit 2021, 2021. Available at: https://nutritionforgrowth.org/wp-content/uploads/2021/04/CommitmentGuide_4.27.21.pdf.
- 15 A commitment may align with one or more thematic area; as a result, the percentages do not total 100.
- 16 A goal may cover the whole world (global geographical coverage), multiple countries (multi-country coverage), the whole country the stakeholder is based in (national coverage), specific regions or states within a country (subnational coverage) or a specific location within a country, such as a city (local coverage).
- 17 World Bank Country and Lending Groups. The World Bank. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups/>. Accessed 14 November 2022.
- 18 All commitments analysed in this report are newly registered in the NAF Platform. In future reporting, we will consider separately exploring commitments based on their timing (start and end date).
- 19 Global nutrition targets to improve maternal, infant and young child nutrition. World Health Organization. www.who.int/teams/nutrition-and-food-safety/global-targets-2025. Accessed 24 October 2022; Set of nine voluntary global NCD targets for 2025. World Health Organization. <https://www.who.int/multi-media/details/set-of-nine-voluntary-global-ncd-targets-for-2025>. Accessed 24 October 2022.
- 20 A commitment may align with one or more global targets (or none); as a result, the percentages do not total 100.
- 21 Seferidi P, Hone T, Duran AC, et al. Global inequalities in the double burden of malnutrition and associations with globalisation: a multilevel analysis of Demographic and Health Surveys from 55 low-income and middle-income countries, 1992–2018. 2022. The Lancet Global Health. [https://doi.org/10.1016/S2214-109X\(21\)00594-5](https://doi.org/10.1016/S2214-109X(21)00594-5).
- 22 The financial commitments made by governments were primarily related to domestic financing, such as specifying or increasing the national budget allocated to nutrition. See [Chapter 3](#) for more details.
- 23 All financial goals registered were linked to the Tokyo N4G Summit. This is the sum of the committed amounts as reported by stakeholders; all currencies were converted to US\$ using the World Bank annual average exchange rate for 2021. Total amounts may underestimate the full magnitude of financial investments, as amounts were not reported for all financial goals. The amounts committed for nutrition-specific versus nutrition-sensitive projects could not be separated, hence the amounts reported include all.
- 24 The commitments registered as part of the 2021 UN Food Systems Summit are not included in the analysis unless stakeholders also registered these through the NAF. Overall, 131 (30.3%) of the registered commitments chose to be linked to the UN Food Systems Summit (only 8 of the 131 were not also linked to the Tokyo summit), recognising that additional commitments related to food systems may have been pledged elsewhere but not registered through the NAF.
- 25 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>
- 26 Commitment-Making Guide. Tokyo Nutrition for Growth Summit 2021, 2021. Available at: https://nutritionforgrowth.org/wp-content/uploads/2021/04/CommitmentGuide_4.27.21.pdf.
- 27 The question that was relevant to Covid-19 was optional in the commitment registration form.
- 28 SMARTness reported is based on unverified data that has been cleaned and standardised. Through the verification process, which commenced November 2022, stakeholders can provide clarifications that can lead to improvements in the SMARTness of their commitment goals; the pre- and post- verification SMARTness will be made available on the NAF Commitment Tracker.
- 29 The Nutrition Accountability Framework: Developing the NAF Platform's Commitment Registration Form. Global Nutrition Report. 2021. <https://globalnutritionreport.org/resources/naf/developing-registration-form/>.
- 30 The indicator is the stakeholder-reported measure that is used to report on and assess progress against the measurable goals (e.g. if the goal is to decrease stunting in children, the indicator is 'prevalence (%) of children with stunting').
- 31 Improving the SMARTness might not be feasible for all goals, for example, due to stakeholder unresponsiveness or unwillingness to share specific information, such as total costs.
- 32 Mozaffarian D, Fleischhacker S, Andrés JR. Prioritizing Nutrition Security in the US. JAMA 2021; **325**(16): 1605–6.

Chapter 3

- 1 Defined as governments at any administrative level functioning in a non-donor capacity.
- 2 Mozaffarian D, Angell SY, Lang T, Rivera JA. Role of government policy in nutrition—barriers to and opportunities for healthier eating. *BMJ* 2018; **361**: k2426.
- 3 By 2030, end all forms of malnutrition and leave no one behind. Rome, Italy: United Nations System Standing Committee on Nutrition, 2017. Available at: <https://www.unscn.org/uploads/web/news/NutritionPaper-EN-14apr.pdf>
- 4 NAF data for ‘governments’ captures commitments made by any department/administrative body within a government. This report shows data from 78 government departments across 65 countries.
- 5 73 unique entities submitted commitments during the Nutrition Year of Action, of which 65 were governments, which is the focus of this chapter.
- 6 There are cases where governments have submitted a commitment comprised of goals with both a domestic and non-domestic remit. In these cases, as the goals are part of the same commitment, the commitment is classified based on the stakeholder’s self-reported definition for the whole commitment. For example, Japan has submitted a commitment with both domestic and non-domestic goals under a self-reported donor role. In this case Japan is included in the analysis presented in the Donor chapter (Chapter 6).
- 7 Global Nutrition Report. 2014 Global Nutrition report 2014: Actions and accountability to accelerate the world’s progress on nutrition. Washington, DC: International Food Policy Research Institute. Available at: <https://globalnutritionreport.org/reports/2014-global-nutrition-report/>
- 8 The World Bank classifies the world’s economies into four income groups: low, lower-middle, upper-middle, and high-income countries. They update this data each year, based on GNI per capita in current US\$ (using the Atlas method exchange rates) of the previous year. This report uses the classifications from 2021. You can find out more at: World Bank Country and Lending Groups. The World Bank. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>. Accessed 20 November 2022.
- 9 At the time of writing this chapter, commitment data was unverified.
- 10 The criteria can be found at: Make a Commitment. Nutrition for Growth. <https://nutritionforgrowth.org/make-a-commitment/>. Accessed 20 November 2022.
- 11 The World Bank classifies the world’s economies into four income groups: low, lower-middle, upper-middle, and high-income countries. They update this data each year, based on GNI per capita in current US\$ (using the Atlas method exchange rates) of the previous year. This report uses the classifications from 2021. You can find out more at: World Bank Country and Lending Groups. The World Bank. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>. Accessed 20 November 2022.
- 12 Countries are referred to as experiencing a burden if their populations are experiencing one or more of the following levels: stunting in children aged under 5 years $\geq 20\%$; anaemia in women of reproductive age $\geq 20\%$; overweight (body mass index ≥ 25) in adult women aged ≥ 18 years $\geq 35\%$; overweight (body mass index ≥ 25) in adult men aged ≥ 18 years $\geq 35\%$.
- 13 World Bank Country and Lending Groups. The World Bank. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>. Accessed 20 November 2022.

Chapter 4

- 1 The CSN is comprised of 4,000 members (non-profit groups, human rights defenders, community organisations, women’s groups, small farmers, research entities and child rights organisations).
- 2 Scaling Up Nutrition Civil Society Network Commitment. SUN Civil Society Network. 2021; published online December 10. <https://www.suncivilsociety.com/scaling-up-nutrition-civil-society-network-commitment/>. Accessed June 2022.
- 3 At the time of commitment, there were 61 SUN countries, at the time of publication there are 65 countries.
- 4 Scaling Up Nutrition Civil Society Network Commitment. SUN Civil Society Network. 2021; published online December 10. <https://www.suncivilsociety.com/scaling-up-nutrition-civil-society-network-commitment/>. Accessed June 2022.
- 5 Tokyo Compact on Global Nutrition for Growth. Tokyo Nutrition for Growth Summit 2021. Available at: <https://nutritionforgrowth.org/tokyo-compact-on-global-nutrition-for-growth/>

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- 6 Commitments can align to more than one N4G theme, so percentages can total over 100.
- 7 At the time of writing this chapter, commitment data was unverified.
- 8 The term 'undernutrition' encompasses micronutrient deficiencies.
- 9 These are estimates based on the data that was submitted by commitment makers and may be an underestimate. Amounts were converted to US\$ based on the 2021 yearly official exchange rate (local currency units relative to the US\$) set by the International Monetary Fund.
- 10 NCD Global Monitoring Framework. World Health Organization. 2011; published online 31 May. <https://www.who.int/publications/m/item/ncd-global-monitoring-framework>. Accessed 15 May 2022.
- 11 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Chapter 1: A world free from malnutrition: An assessment of progress towards the global nutrition targets. Figure 1.1 2025 Global nutrition targets and definitions. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/1e3f75#c532b341>
- 12 Commitments can align to more than one global nutrition target, so percentages may total over 100.
- 13 Of these, five commitments had no response while nine commitments reported 'no target alignment'.
- 14 Nourishing and moving policy databases. World Cancer Research Fund International. <https://policydatabase.wcrf.org>. Accessed August 2022.
- 15 Civil Society "Manifesto" on Decade of Action on Nutrition. United Nations System Standing Committee on Nutrition. Available at: <https://www.unscn.org/uploads/web/news/EN-Civil-Society-Manifesto-on-DoA-on-Nutrition-Advanced-Draft.pdf>

Chapter 5

- 1 The World Bank classifies the world's economies into four income groups: low, lower-middle, upper-middle, and high-income countries. They update this data each year, based on GNI per capita in current US\$ (using the Atlas method exchange rates) of the previous year. This report uses the classifications from 2021. You can find out more at: World Bank Country and Lending Groups. The World Bank. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>. Accessed 1 November 2022.
- 2 At the time of writing this chapter, commitment data were unverified.
- 3 Commitments can align to more than one global nutrition target, so percentages can total over 100.

Chapter 6

- 1 In this report, we define donor governments as governments that commit nutrition actions targeting geographical areas and populations outside their country. This encompasses any commitment that targets another country, regardless of the nature of the nutrition commitments.
- 2 The World Bank classifies the world's economies into four income groups: low, lower-middle, upper-middle, and high-income countries. They update this data each year, based on GNI per capita in current US\$ (using the Atlas method exchange rates) of the previous year. This report uses the classifications from 2021. You can find out more at: World Bank Country and Lending Groups. The World Bank. <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>. Accessed 1 November 2022.
- 3 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>. Based on estimates in Shekar M, Kakietek J, Dayton Eberwein J, Walters D. An Investment Framework for Nutrition: Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting. Directions in Development Series. Washington, DC: World Bank, 2017.
- 4 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>.
- 5 There may be cases where a country government has registered a commitment comprised of goals with a domestic remit and goals with an international remit. As goals are part of the same commitment, these cases are classified based on the self-reported stakeholder's definition for the whole commitment. For example, Japan has submitted a commitment with both domestic and non-domestic goals under a self-reported donor role. In this case Japan is included in the analysis presented in this Chapter.

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- 6 At the time of writing this chapter, commitment data were unverified.
- 7 Based on the data submitted. Amounts were converted to US\$ based on the 2021 yearly official exchange rate (local currency units relative to the US\$) set by the International Monetary Fund.
- 8 This is computed by calculating the per-year value for each commitment with financial information (based on the duration of each commitment) and averaging the values.
- 9 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>.
- 10 The contribution of France is likely to be underestimated because not all their 'financial' goals included the amount committed.
- 11 The OECD-DAC policy marker on nutrition. Handbook for data reporters and users. OECD DAC Working Party on Development Finance Statistics, 2020. Available at: https://scalingupnutrition.org/wp-content/uploads/2020/12/OECD_PolicyMarkerNutrition.pdf.
- 12 McDermott J and Allison-Reumann L. Building more resilient food systems: Lessons and policy recommendations from the COVID-19 pandemic. Washington, DC: International Food Policy Research Institute, 2022. Available at: <https://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/135047/filename/135258.pdf>.
- 13 FAO, IFAD, UNICEF, WFP and WHO. The State of Food Security and Nutrition in the World 2020. Transforming food systems for affordable healthy diets. Rome, Italy: FAO, 2020. Available at: <https://www.fao.org/3/ca9692en/online/ca9692en.html>.

Chapter 7

- 1 What is the UN Decade of Action on Nutrition? United Nations. <https://www.un.org/nutrition/about>. Accessed 1 September 2022.
- 2 More than US\$27 billion committed to tackle global malnutrition and hunger crisis at the Tokyo Nutrition for Growth Summit. UNICEF. 2021; published online 8 December. <https://www.unicef.org/press-releases/more-us27-billion-committed-tackle-global-malnutrition-and-hunger-crisis-tokyo>. Accessed 1 September 2022.
- 3 About UN Nutrition. UN Nutrition. <https://www.unnutrition.org>. Accessed 1 September 2022.
- 4 At the time of publication, commitment data was unverified.
- 5 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Chapter 1: A world free from malnutrition: An assessment of progress towards the global nutrition targets. Figure 1.1 2025 Global nutrition targets and definitions. Bristol, UK: Development Initiatives. Available at: <https://globalnutritionreport.org/1e3f75#c532b341>
- 6 The SMARTness of nutrition commitments. Global Nutrition Report. <https://globalnutritionreport.org/resources/naf/smart-commitments/>. Accessed 1 September 2022.

ACRONYMS AND ABBREVIATIONS

ATNI	Access to Nutrition Initiative	NCD	Non-communicable disease
BMS	Breast milk substitute	ODA	Official development assistance
CSN	Civil Society Network	SMART	Specific, Measurable, Achievable, Relevant and Time-bound
CSO	Civil society organisation	SUN	Scaling Up Nutrition
FAO	Food and Agriculture Organization	UNICEF	United Nations Children's Fund
GNR	Global Nutrition Report	UNRWA	UN Relief and Works Agency
IFAD	International Fund for Agricultural Development	USAID	United States Agency for International Development
MAD	Minimum acceptable diet	WASH	Water, sanitation, and hygiene
MIYCN	Maternal, infant and young child nutrition	WFP	World Food Programme
N4G	Nutrition for Growth	WHO	World Health Organization

GLOSSARY

Academia	Academic and non-academic research institutions, as well as professional associations, such as national dietetic associations.
Accountability	The obligation of stakeholders to answer for their actions and to accept responsibility for them. Accountability ensures that actions, decisions, programmes and policies of stakeholders are implemented, meet their stated objectives and respond to the communities they aim to benefit.
Accountability mechanism	Independent mechanism for accountability developed to set standards and requirements for reporting based on well-established principles and methods. Accountability mechanisms are central to safeguarding reporting compliance and to holding those responsible for acting to account, through active engagement, interaction and verification and tracking of reported information. Such mechanisms provide opportunities to collaborate, discuss, learn, share best practices and experiences and encourage further action.
Civil society organisation (CSO)	Any non-profit, voluntary citizens' group that is organised on a local, national or international level. Task-oriented and driven by people with a common interest, CSOs provide services and perform humanitarian functions, bring citizens' concerns to governments, monitor policies and encourage political participation at the community level.
Commitment tracker	A publicly accessible and interactive tool that tracks and publishes commitments registered through the NAF Platform . The tracker is updated as the registered commitments are verified and/or new ones are added, and it will be developed further to add more functionalities.
Completeness	The third performance criterion assessed as part of the Nutrition Action SMARTness Index . Completeness refers to the extent of clarifications (missingness or inconsistencies) required by the commitment-maker. Goals are characterised as requiring minor clarifications if 25% or less (five or less out of 20) of the SMART ingredients score 0 or 0.5. They require major clarifications if more than 25% (six or more out of 20) SMART ingredients score 0 or 0.5.
Consumer knowledge	A sub-category of the policy action category of the Nutrition Action Classification System. It refers to actions that aim to improve the consumer's understanding and knowledge on nutrition, diet and food products and their characteristics. This information is used by consumers in decisions about which foods to buy and eat.

Diet	A sub-category of the impact action category of the Nutrition Action Classification System. It refers to actions that aim to improve directly the population's nutrition outcomes that are relevant to infant and young child feeding practices, food and nutrient intakes, and overall diet quality (including diet diversity).
Direct nutrition action	See ' Nutrition-specific '.
Donor	Any stakeholder making a commitment outside their own national boundaries, entity or workforce, for example by providing financial or in-kind (non-financial) support or donations, including technical expertise and capacity, to a country or organisation other than their own. For example, a government can make commitments to improve nutrition in its nation and/or commitments to support financially or non-financially another country (donor). Similarly, philanthropies, civil society organisations, the private sector businesses and international organisations can act as donors.
Double burden of malnutrition	The coexistence of undernutrition (including stunting, wasting, underweight and micronutrient deficiencies) alongside overweight, obesity and other diet-related non-communicable diseases (NCDs). Different forms of malnutrition can coexist (or overlap) at any population level: country, city, community, household and individual. For example, a country can have high levels of both anaemia and obesity, and a child can suffer from both stunting and overweight.
Enabling nutrition actions	The first of the three categories of the Nutrition Action Classification System , identifying actions to establish an enabling environment for effective nutrition action across all sectors (including multisectoral actions). They are designed to improve the contextual – social, economic, political, cultural or environmental – conditions within which effective and sustained action aiming to improve nutrition outcomes is taken. They reflect the willingness to act on nutrition and ensure readiness for political commitment, capacity and coordination across different administrative levels and among decision-makers in nutrition and all other involved sectors.
Financial	A sub-category of the enabling action category of the Nutrition Action Classification System. It includes actions that aim to secure, raise or commit financial resources and investments for nutrition-specific and/or nutrition-sensitive actions.
Food environment	A sub-category of the policy action category of the Nutrition Action Classification System. It includes actions that aim to improve the underlying conditions, such as the availability, accessibility and desirability of food, that shape dietary patterns and nutritional status. As well as the physical environment, this encompasses the economic, political, social and cultural contexts in which people and their dietary options and choices are situated.

Food and nutrition security A sub-category of the impact action category of the Nutrition Action Classification System. It includes actions that aim to improve the population's consistent access to affordable foods and beverages that promote wellbeing, while preventing and treating disease. This encompasses the quantity, safety and nutritional content of foods and their economic and physical accessibility. The 2022 Global Nutrition Report refers to food *and* nutrition security to draw explicit focus to quality of food, since it is often overlooked in food security policies and interventions that pay greater attention to access to quantity of food.

Food supply chain A sub-category of the policy action category of the Nutrition Action Classification System. It includes actions that aim to improve the activities and actors that take food from production to consumption and to the disposal of its waste, including production, storage, distribution, processing, packaging, retailing and marketing.

Food system The interlinked systems, settings, processes, infrastructures and people involved in producing, processing, transporting and consuming food.

Global nutrition targets The global nutrition targets set to address the double burden of malnutrition, including (a) the six targets endorsed by the 65th World Health Assembly in 2012 with regards to maternal, infant and young child nutrition (reduce stunting and wasting in children under 5, halt the epidemic of obesity in children under 5, reduce anaemia in women of reproductive age, reduce low birth weight and increase the rate of exclusive breastfeeding), and (b) the three diet-related voluntary global non-communicable disease (NCD) targets endorsed by the World Health Assembly in 2013 (halt the rise in diabetes and obesity, reduce salt/sodium intake and reduce the prevalence of high blood pressure/hypertension).

Governments Governmental bodies at any administrative level within the remit of the country, such as ministry, municipality or any other national, regional, local authority. Governments may or may not function in a donor capacity.

Impact nutrition actions The third of the three categories of the [Nutrition Action Classification System](#), identifying commitments designed to directly improve poor diets and reduce malnutrition manifestations, related to both food insecurity and undernutrition and obesity and diet-related [NCDs](#). The nutrition actions falling under this category use as 'tools' the policies ([policy actions](#)) already in place in an enabling environment ([enabling actions](#)) to improve the population's nutritional status.

Indirect nutrition action See '[Nutrition-sensitive](#)'.

International organisations Multilateral organisations, development banks, intergovernmental organisations and regional bodies, such as UN agencies and the West Africa Health Organisation. International organisations may or may not function in a donor capacity.

Leadership and governance	A sub-category of the enabling action category of the Nutrition Action Classification System. It includes actions that are relevant to the system by which a country or an organisation (e.g. philanthropy, food industry and health facility) is governed and operates with regards to advancing the food and nutrition agenda across sectors, as well as the mechanisms for determining food and nutrition policy and by which those in control are held accountable.
Malnutrition	Inadequate and/or excessive intake of energy and/or nutrients. This includes both 'undernutrition' and 'overnutrition'. Although undernutrition is an appropriate term for caloric and nutrient deficiency (including stunting, wasting, underweight and micronutrient deficiencies), overnutrition fails to capture the complexity of poor diets that cause obesity and diet-related NCDs . Therefore, the Global Nutrition Report does not generally use the term overnutrition, but refers instead to 'overweight, obesity and diet-related NCDs '.
Non-governmental organisation (NGO)	A non-profit organisation, group or institution that is independent of government.
Nutrition Accountability Framework	The Nutrition Accountability Framework (NAF) was developed by the GNR to enable the formulation, registration and tracking of SMART nutrition commitments in the Nutrition Year of Action and beyond. The NAF was launched in September 2021 in response to the call for more action and strengthened accountability for nutrition by national governments, international organisations and the G7 leaders. Building on and expanding the GNR's N4G Tracker, the NAF is the world's first accountability framework for committing to and tracking nutrition action, using comprehensive and transparent methods. The goal of the NAF is to inform, shape and inspire action with independent and trusted data and evidence on policy, practice and financing that result in greater accountability and progress in advancing nutrition globally.
Nutrition Accountability Framework Platform	The online tool developed to host the stakeholder sign-up form, the commitment registration form and (from 2023 onwards) the commitment progress form. Stakeholders can use the NAF platform at any time to create an account, register new commitments, access their already registered ones and report on their progress (annually).
Nutrition action	Any strategy, policy, intervention, programme or investment intended to tackle poor diets and malnutrition in all its forms.

Nutrition Action Classification System A novel [classification system](#), developed by the GNR, that identifies the type of nutrition action in a consistent manner. The Nutrition Action Classification System names, defines and classifies nutrition actions based on common principles and shared characteristics. It clearly defines nutrition action areas, allows for standardised reporting and assessment of nutrition action, and facilitates the identification of areas receiving high versus low attention. The GNR uses the classification system to group nutrition actions into three action categories, each further refined into four nutrition action sub-categories. The enabling category is refined into 'leadership and governance', 'financial', 'operational' and 'research, monitoring and data'. The policy category is refined into 'food supply chain', 'food environment', 'consumer knowledge' and 'nutrition care services'. The impact category is refined into 'diet', 'food and nutrition security', 'undernutrition' and 'obesity and diet-related NCDs'.

Nutrition Action SMARTness Index A novel ranking system, developed by the GNR, to assess and report on the SMARTness of committed nutrition action in a consistent and standardised manner. The Index ranks commitment goals into four levels of SMARTness: high, upper moderate, lower moderate and low. The GNR uses the Index to rank the SMARTness of each goal by jointly evaluating three performance criteria: SMARTness score, trackability (trackable, not trackable) and completeness (minor clarifications, major clarifications). The SMARTness Index is not an exclusion criterion for the commitments.

Nutrition care services A sub-category of the policy action category of the Nutrition Action Classification System. It includes processes, interventions and policies in public or private health systems aimed at preventing or improving nutrition and health outcomes within and outside the health system (e.g. community interventions).

Nutrition commitment (also 'nutrition pledges') The intent and pledge to address poor diets and malnutrition in all its forms through [SMART](#) nutrition actions.

Nutrition commitment goal A nutrition commitment might have one or more measurable goals. A goal is what the commitment-maker is committing to achieve, tracked by the primary indicator specified in the registration form (to assess progress made). The goals should be nutrition-related, either nutrition-specific or nutrition-sensitive. Each nutrition-specific and/or nutrition-sensitive goal should be listed separately to facilitate tracking and reporting. Some examples of goals are: to reduce stunting in children under 5 years of age, to reduce anaemia in women of reproductive age, to design a national nutrition action plan, to invest US\$500 million on nutrition-specific interventions, to establish a regulatory body for nutrition, and to increase the national budget dedicated to nutrition.

Nutrition for Growth (N4G) A government, civil society and private industry [initiative to support action on malnutrition](#). It aims to generate, guide and coordinate nutrition commitments and actions.

Nutrition-sensitive Actions or policies that target the underlying factors, systems and institutions that affect nutrition status and outcomes, such as education, agriculture, social protection, water, sanitation and hygiene (WASH), infectious disease control and reproductive health. Nutrition-sensitive actions do not have improved nutrition as the primary objective but can reduce the causes and manifestations of malnutrition and increase the scale and effectiveness of nutrition-specific interventions. To be considered nutrition-sensitive, actions must include specific references to nutrition outcomes or activities.

Nutrition-specific Actions or policies specifically designed to resolve or prevent defined nutrition issues. These aim to address the more immediate determinants of nutrition and health, such as improving infant and young child feeding practices, food and nutrient intakes, and nutrition-related health outcomes.

Nutrition Year of Action The N4G Year of Action (hereinafter referred to as the Nutrition Year of Action) was a year-long effort to continue the momentum to tackle malnutrition in the lead up to the Tokyo N4G Summit that took place on the 7–8 December 2021. The Nutrition Year of Action was launched on 14 December 2020 via a virtual event hosted by the Governments of Canada, Bangladesh and Japan (the Tokyo N4G Summit organiser).

Obesity and non-communicable diseases (NCDs) A sub-category of the impact action category of the Nutrition Action Classification System. It includes actions aiming to directly reduce obesity and NCDs in the population. Overweight (body mass index ≥ 25 and < 30) and obesity (body mass index ≥ 30) are defined as abnormal or excessive fat accumulation that presents a risk to health. NCDs are non-infectious chronic diseases that last a long time, progress slowly, and are caused by a combination of modifiable and non-modifiable risk factors including lifestyle/behavioural, environmental, physiological and genetic factors. There are four main types of NCDs: cardiovascular disease (e.g. coronary heart disease, stroke), diabetes, cancer and chronic respiratory disease. Obesity is both a chronic disease and a risk factor for other NCDs. We refer to NCDs related to diet (or nutrition) as 'diet-related NCDs'. These are mostly obesity, cardiovascular disease, diabetes and specific cancer types.

Operational A sub-category of the enabling action category of the Nutrition Action Classification System. It includes actions that aim to support and enhance infrastructure and capacity development across different sectors (e.g. food supply chain, health systems), including human resources, facilities, equipment and training.

Philanthropies Any non-governmental philanthropic and charitable entity.

Policy nutrition actions The second of the three broad categories of the [Nutrition Action Classification System](#), referring to strategies, policies, interventions or programmes that aim to improve nutrition outcomes both directly and indirectly. Having built an enabling environment for nutrition, this category reflects the scaling up of nutrition efforts through committing to nutrition policy actions. Such actions are generally population-based strategies with a broad reach that are crucial complements to individual-based efforts.

Primary indicator (also 'indicator of the commitment goal')	The primary indicator that will be used to measure a commitment goal and report on its progress. For example, for the goal 'to reduce stunting among children under 5 years of age', the primary indicator is 'prevalence (%) of stunted children under 5 years of age'. In addition to the name and unit for the indicator, stakeholders need to provide its baseline value (and the year this value was measured) and the target value (what they are committing to achieve by the end of the commitment period).
Private sector (also 'private industry', 'for-profit sector' or 'business sector')	An organisation that is not owned or operated by the government and is constituted for profit. This includes any individuals, institutions, organisations, associations, coalitions and corporate philanthropic foundations which represent private sector interests, even if any commercial activity is not directly connected.
Progress assessment	Stakeholders commit to report annually on the progress made towards their commitments through the NAF Platform (starting in 2023). Stakeholders will be able to access their account and complete the progress assessment survey (to be developed) for each of the commitments they have registered. The GNR will accordingly review, assess and publish the reported progress, further celebrating success and identifying gaps in action.
Research, monitoring and data	A sub-category of the enabling action category of the Nutrition Action Classification System. It includes actions that aim to improve nutrition research and innovation and nutrition monitoring/surveillance, including tracking of financial resources invested in nutrition, to enable nutrition accountability through better data, monitoring and reporting.
Scaling up Nutrition (SUN)	The SUN Movement, led by countries, is devoted to support members' commitments and accountability around action on malnutrition.
SMART: Specific, Measurable, Achievable, Relevant and Time-bound	SMART criteria are used to develop Specific, Measurable, Achievable, Relevant and Time-bound nutrition commitments. For each of these five dimensions, specific information (ingredients) were identified and are collected for each commitment goal.
SMARTness score	A novel scoring system, developed by the GNR, and the first performance criterion assessed as part of the Nutrition Action SMARTness Index. The SMARTness score provides a numerical value for each commitment goal by evaluating whether stakeholders have provided and clearly described each of the 20 essential SMART criteria (ingredients obtained through standardised data fields in the commitment registration form). These 20 ingredients have been mapped across the five SMART dimensions: Specific (seven ingredients), Measurable (five ingredients), Achievable (four ingredients), Relevant (two ingredients) and Time-bound (two ingredients). Each ingredient can receive a score of 1 (if clearly provided), 0.5 (if unclear) or 0 (if missing). The dimension score is the average of the ingredients' scores and the overall SMARTness score is the sum of the dimension scores (ranging from 0 to 5, 5 indicating a perfect score). To be used in the Nutrition Action SMARTness Index, the overall SMARTness score of each goal is grouped under one of these three tiers: <3.5; <4.5 and ≥3.5; ≥4.5,

Stakeholders People and organisations with a vested interest in the policy being promoted or affected by a common action and decision. They are typically defined as a group based on type, including governments, philanthropies, international organisations, civil society organisations, private sector and academia.

Sustainable Development Goals (SDGs) A [set of integrated goals, targets and indicators](#), agreed by the United Nations General Assembly in 2015, for the achievement of socially, economically and environmentally sustainable development.

Tokyo Nutrition for Growth Summit The Nutrition for Growth (N4G) Summit, hosted by the Government of Japan in Tokyo, took place on the 7–8 December 2021. The summit's vision and roadmap call to integrate nutrition into universal health coverage, build climate-smart food systems that promote healthy diets and nutrition and ensure livelihoods of producers, and address malnutrition effectively in fragile and conflict-affected contexts.

Trackability The second performance criterion assessed as part of the Nutrition Action SMARTness Index. Trackability assesses whether the six ingredients used to determine whether progress towards meeting the commitment goal can be tracked are available and clearly described. These ingredients are: goal description, name and unit of primary indicator, baseline level (value) of indicator, target level of indicator, start date of goal and end date of goal. Goals are characterised as trackable if all six ingredients are available and clearly described and not trackable if at least one ingredient is missing or unclear.

Undernutrition A sub-category of the impact action category of the Nutrition Action Classification System. It includes actions aiming to directly reduce undernutrition-related outcomes in the population. Undernutrition is a diet-related condition resulting from insufficient food intake to meet needs for energy and nutrients. It includes being underweight, too short (stunted) or too thin (wasted) for age or height, or deficient in vitamins and minerals (micronutrients). Being undernourished means suffering from undernutrition.

Verification process The process the GNR follows to contact commitment-makers and obtain clarifications on data provided and/or missing data. The aim of the verification process is to help stakeholders improve the formulation of their existing commitments, and as such their SMARTness. This process does not involve verifying the self-reported information against other sources (e.g. commitment costs, indicator values), assessing compliance or confirming that the nutrition actions registered are evidence based and align with national priorities and/or internationally accepted standards.

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The vision of the Global Nutrition Report (GNR) is a world free from malnutrition in all its forms.



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The GNR is the world's leading independent assessment of the state of global nutrition. We provide the best available data, in-depth analysis and expert opinion rooted in evidence to help drive action on nutrition where it is urgently needed.

A multi-stakeholder initiative comprising members from across government, donor organisations, civil society, multilateral organisations, the business sector and academia, the GNR is led by experts in the field of nutrition. The GNR was established in 2014 following the first Nutrition for Growth summit, as an accountability mechanism to track progress against global nutrition targets and the commitments made to reach them.

In 2021, the GNR created the Nutrition Accountability Framework (NAF), the world's first independent and comprehensive platform for registering SMART nutrition commitments and monitoring nutrition action. Through [a comprehensive report](#), [the NAF](#), [interactive Country Nutrition Profiles](#) and [the NAF Commitment Tracker](#), the GNR sheds light on the burden of malnutrition and highlights progress and working solutions to tackle malnutrition around the world.



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