

# Statement Annex

26 March 2026

As of 26 March 2026, 178 commitment makers across 82 countries have registered 587 new commitments in the [Nutrition Accountability Framework \(NAF\) Commitment Tracker](#) for the Nutrition for Growth (N4G) Summit 2025.<sup>i,ii</sup> Around US\$30.5 billion in new financial commitments have been registered to tackle malnutrition.<sup>iii</sup>

## Most commitments are from government entities

Commitment makers include 80 (45%) government entities at varying administrative levels (e.g. local, provincial, national); 9 (5%) donor organisations; 4 (2%) development finance institutions; 14 (8%) multilateral organisations; 51 (29%) civil society organisations (CSOs) or non-governmental organisations (NGOs); 6 (3%) private sector food businesses and 5 (3%) private sector non-food businesses; and 9 (5%) academic and research institutions.<sup>iv</sup>

## Commitment makers represent all country income levels

There are 34 commitment makers (19%) from low-income countries (LICs); 61 (34%) from lower-middle-income countries (LMICs); 24 (13%) from upper-middle-income countries (UMICs); and 58 (33%) from high-income countries (HICs).<sup>v</sup>

## Commitments address all N4G thematic areas

All six N4G thematic areas are covered:<sup>vi</sup> nutrition, health and social protection (75%); nutrition and transition to sustainable food systems and climate (43%); nutrition and resilience to crisis (36%); nutrition and gender equality (35%); financing and accountability for nutrition (33%); and nutrition, data, research, artificial intelligence and innovation (31%).

## Commitments span all global nutrition and diet-related NCD targets

Commitments aim to help address the gamut of global nutrition and diet-related non-communicable disease (NCD) targets, specifically to: reduce prevalence of stunting in children under 5 years of age (74%); reduce prevalence of wasting in children under 5 years of age (71%); reduce prevalence of anaemia among women of reproductive age (60%); reduce prevalence of low birth weight (53%); increase prevalence of exclusive breastfeeding in the first 6 months (51%); reduce prevalence of overweight in children under 5 years of age (51%); halt the rise in prevalence of adult obesity (40%); halt the rise in prevalence of adult diabetes (32%); reduce the prevalence of raised blood pressure (31%); and reduce the mean population intake of salt (28%). Overall, 43% of commitments address any diet-related NCD.

## Commitments target local to global levels, with most focused on national-level coverage

The commitments target various geographical levels: 16% at the global level, 4% at the regional level, 3% at the multi-country level, 70% at the national level, 7% at the subnational level and 1% at the local level.<sup>vii</sup>

## Political commitments represent the majority of commitments

Of the commitments, 65 (11%) are financial and 522 (89%) are political. Of the political commitments:

- 34% focus on enabling (to establish a positive environment for nutrition, e.g. through leadership and governance, research, monitoring or data).
- 41% are policy/strategy/programmatic/interventional (to conduct such actions, e.g. to

design a multisectoral nutrition plan, to treat cases of acute malnutrition or to increase the proportion of healthy products in a company's portfolio).

- 25% focus on impact (to directly improve nutrition outcomes in a population, e.g. to reduce stunting in children under 5 years of age or to reduce anaemia in women of reproductive age).

### Commitments achieve a high level of SMARTness

As of 26 March 2026, 60% of commitments have been fully verified by the Global Nutrition Report (GNR), while 7% are partially verified and 33% are pending verification. Verification includes—amongst other things—assessing how specific, measurable, achievable, relevant and time-bound (SMART) the commitments are. A significant proportion of commitments (72%) have a high level of SMARTness per the [Nutrition Action SMARTness Index](#), 7% of commitments have an upper moderate level, 14% have a lower moderate level, and 3% have a low level. About 5% of commitments have not yet been scored. The process of verification can improve the SMARTness of commitments, with over 90% of verified commitments achieving a high level of SMARTness. Of commitments that are pending verification, about 55% have not yet been scored or have a low or lower moderate level of SMARTness. Verification of commitments and assessments of SMARTness are ongoing, and the latest information will be available through the NAF.

To enable future reporting of progress, commitment makers aim to collect their own data for 78% of commitments and plan to use data provided by another entity for 22% of commitments. 1% of commitments have an unknown origin of data.

### Governments offer significant commitments

**80 government entities from varying administrative levels, from 68 countries (mostly LMIC) have registered 405 commitments with financial commitments of US\$7.1 billion. Of these commitments, 89% (362) are to support national efforts and 11% (43) are to support international efforts.**

These commitments are to support the thematic areas of nutrition, health and social protection (77%); nutrition and transition to sustainable food systems and climate (41%); nutrition and resilience to crisis (33%); nutrition and gender equality (30%); financing and accountability for nutrition (30%); and nutrition, data, research, artificial intelligence and innovation (29%).

Of these commitments, 38 (9%) are financial and 367 (91%) are political—including 105 (29%) enabling, 155 (42%) policy/strategy/programmatic/interventional, and 107 (29%) impact commitments.

The commitments aim to contribute to global nutrition and diet-related NCD targets, specifically to: reduce prevalence of stunting in children under 5 years of age (75%); reduce prevalence of wasting in children under 5 years of age (71%); reduce prevalence of anaemia among women of reproductive age (59%); reduce prevalence of overweight in children under 5 years of age (55%); reduce prevalence of low birth weight (54%); increase prevalence of exclusive breastfeeding in the first 6 months (52%); halt the rise in prevalence of adult obesity (41%); halt the rise in prevalence of adult diabetes (32%); reduce the prevalence of raised blood pressure (32%); and reduce the mean population intake of salt (29%).

To reach those impacts, it may be important to consider who is included; 69% of commitments target specific population groups or dimensions of equity.

### **Donors commit to investing in a range of initiatives**

**9 donor organisations have registered 17 commitments with financial commitments of US\$5.0 billion.**

These commitments are to support the thematic areas of nutrition and gender equality (82%); nutrition, health and social protection (53%); nutrition and transition to sustainable food systems and climate (53%); financing and accountability for nutrition (53%); nutrition and resilience to crisis (47%); and nutrition, data, research, artificial intelligence and innovation (24%).

Of these commitments, 7 (41%) are financial and 10 (59%) are political—including 3 (30%) enabling, 3 (30%) policy/strategy/programmatic/interventional, and 4 (40%) impact commitments.

The commitments aim to contribute to global nutrition and diet-related NCD targets, specifically to: reduce prevalence of wasting in children under 5 years of age (94%); reduce prevalence of stunting in children under 5 years of age (88%); reduce prevalence of anaemia among women of reproductive age (82%); reduce prevalence of low birth weight (65%); increase prevalence of exclusive breastfeeding in the first 6 months (65%); halt the rise in prevalence of adult obesity (35%); halt the rise in prevalence of adult diabetes (35%); reduce the prevalence of raised blood pressure (35%); reduce the mean population intake of salt (35%); and reduce prevalence of overweight in children under 5 years of age (29%).

To reach those impacts, it may be important to consider whether all populations are included; 59% of commitments target specific population groups or dimensions of equity.

### **Development finance institutions allocate substantial resources to nutrition**

**4 development finance institutions have registered 6 commitments with financial commitments of US\$14.5 billion.**

These commitments are to support the thematic areas of nutrition, health and social protection (100%); nutrition and transition to sustainable food systems and climate (83%); financing and accountability for nutrition (83%); nutrition and resilience to crisis (33%); nutrition and gender equality (33%); and nutrition, data, research, artificial intelligence and innovation (33%).

Of these commitments, 3 (50%) are financial and 3 (50%) are political—including 1 (33%) enabling and 2 (67%) policy/strategy/programmatic/interventional commitments.

The commitments aim to contribute to global nutrition and diet-related NCD targets, specifically to: reduce prevalence of anaemia among women of reproductive age (100%); reduce prevalence of low birth weight (100%); reduce prevalence of stunting in children under 5 years of age (100%); reduce prevalence of wasting in children under 5 years of age (100%); reduce prevalence of overweight in children under 5 years of age (83%); increase prevalence of exclusive breastfeeding in the first 6 months (33%); halt the rise in prevalence of adult obesity (17%); halt the rise in prevalence of adult diabetes (17%); reduce the prevalence of raised blood pressure (17%); and reduce the mean population intake of salt (17%).

To reach those impacts, it may be important to consider whether all populations are included; 33% of commitments target specific population groups or dimensions of equity.

### **Multilateral organisations commit to the enabling environment**

**14 multilateral organisations have registered 41 commitments with financial commitments of US\$1.0 billion.**

These commitments are to support the thematic areas of nutrition, health and social protection

(76%); nutrition and transition to sustainable food systems and climate (51%); nutrition and gender equality (51%); nutrition and resilience to crisis (46%); nutrition, data, research, artificial intelligence and innovation (34%); and financing and accountability for nutrition (20%).

Of these commitments, 2 (5%) are financial and 39 (95%) are political—including 21 (54%) enabling, 16 (41%) policy/strategy/programmatic/interventional, and 2 (5%) impact commitments.

The commitments aim to contribute to global nutrition and diet-related NCD targets, specifically to: reduce prevalence of wasting in children under 5 years of age (61%); reduce prevalence of stunting in children under 5 years of age (59%); reduce prevalence of overweight in children under 5 years of age (56%); reduce prevalence of anaemia among women of reproductive age (54%); halt the rise in prevalence of adult obesity (44%); increase prevalence of exclusive breastfeeding in the first 6 months (34%); reduce prevalence of low birth weight (32%); reduce the prevalence of raised blood pressure (27%); reduce the mean population intake of salt (27%); and halt the rise in prevalence of adult diabetes (24%).

To reach those impacts, it may be important to consider whether all populations are included; 49% of commitments target specific population groups or dimensions of equity.

### **CSOs/NGOs commit to invest in nutrition around the world**

**51 CSOs/NGOs from 36 countries (mostly HIC) have registered 97 commitments with financial commitments of US\$2.9 billion.**

These commitments are to support the thematic areas of nutrition, health and social protection (66%); financing and accountability for nutrition (44%); nutrition and transition to sustainable food systems and climate (43%); nutrition and resilience to crisis (43%); nutrition and gender equality (32%); and nutrition, data, research, artificial intelligence and innovation (32%).

Of these commitments, 14 (14%) are financial and 83 (86%) are political—including 37 (45%) enabling, 33 (40%) policy/strategy/programmatic/interventional, and 13 (16%) impact commitments.

The commitments aim to contribute to global nutrition and diet-related NCD targets, specifically to: reduce prevalence of stunting in children under 5 years of age (75%); reduce prevalence of wasting in children under 5 years of age (72%); reduce prevalence of anaemia among women of reproductive age (59%); reduce prevalence of low birth weight (56%); increase prevalence of exclusive breastfeeding in the first 6 months (55%); reduce prevalence of overweight in children under 5 years of age (35%); halt the rise in prevalence of adult obesity (32%); halt the rise in prevalence of adult diabetes (31%); reduce the prevalence of raised blood pressure (29%); and reduce the mean population intake of salt (25%).

To reach those impacts, it may be important to consider whether all populations are included; 64% of commitments target specific population groups or dimensions of equity.

### The private sector commits to innovative contributions

**6 private sector food businesses and 5 private sector non-food businesses from 9 countries (mostly HIC) have registered 12 commitments.**

These commitments are to support the thematic areas of nutrition, health and social protection (83%); nutrition and transition to sustainable food systems and climate (50%); nutrition and gender equality (50%); nutrition and resilience to crisis (42%); nutrition, data, research, artificial intelligence and innovation (42%); and financing and accountability for nutrition (33%).

Of these commitments, 1 (8%) are financial and 11 (92%) are political—including 2 (18%) enabling, 4 (36%) policy/strategy/programmatic/interventional, and 5 (45%) impact commitments.

The commitments aim to contribute to global nutrition and diet-related NCD targets, specifically to: reduce prevalence of stunting in children under 5 years of age (75%); reduce prevalence of wasting in children under 5 years of age (67%); reduce prevalence of anaemia among women of reproductive age (58%); reduce prevalence of low birth weight (50%); halt the rise in prevalence of adult obesity (50%); halt the rise in prevalence of adult diabetes (42%); reduce prevalence of overweight in children under 5 years of age (33%); reduce the prevalence of raised blood pressure (33%); reduce the mean population intake of salt (33%); and increase prevalence of exclusive breastfeeding in the first 6 months (25%).

To reach those impacts, it may be important to consider whether all populations are included; 58% of commitments target specific population groups or dimensions of equity.

### Academic and research institutions commit to providing the evidence for the fight against malnutrition

**9 academic and research institutions from 7 countries (mostly LMIC) have registered 9 commitments.**

These commitments are to support the thematic areas of nutrition, data, research, artificial intelligence and innovation (100%); nutrition, health and social protection (67%); nutrition and transition to sustainable food systems and climate (67%); nutrition and gender equality (67%); nutrition and resilience to crisis (44%); and financing and accountability for nutrition (33%).

Of these commitments 9 (100%) are political—including 6 (67%) enabling, 1 (11%) policy/strategy/programmatic/interventional, and 2 (22%) impact commitments.

The commitments aim to contribute to global nutrition and diet-related NCD targets, specifically to: reduce prevalence of anaemia among women of reproductive age (78%); reduce prevalence of stunting in children under 5 years of age (56%); halt the rise in prevalence of adult obesity (56%); halt the rise in prevalence of adult diabetes (56%); reduce the mean population intake of salt (56%); reduce prevalence of low birth weight (44%); increase prevalence of exclusive breastfeeding in the first 6 months (44%); reduce prevalence of wasting in children under 5 years of age (44%); reduce the prevalence of raised blood pressure (44%); and reduce prevalence of overweight in children under 5 years of age (33%).

It is notable that 78% of these commitments target specific population groups or dimensions of equity.

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<sup>i</sup> The information shown is based on commitments registered via the [NAF Commitment Tracker](#), which is managed by the GNR. Commitments are included if the commitment maker linked the commitment to the N4G Paris Summit and certified that the commitment: respects the principle to “do no harm”; aligns with national priorities, goals and targets; aligns with internationally agreed goals, targets, strategies and standards; and that the commitment maker meets all criteria under “Who can make commitments” in the [Commitment Guide](#) (also in [English](#)). As needed, commitments were lightly edited and translated using Microsoft Translation Services. As part of registering in the NAF, the GNR completes a [verification process](#) for each commitment, which is ongoing as of the publication of this Annex.

<sup>ii</sup> Commitment makers agree to report their progress periodically to the GNR. A few stakeholders make announcements before, during or after an N4G Summit without registering their potential commitment(s) through the NAF Platform, thereby not adhering to the principles of accountability. Those announcements are not included here; though the GNR and the wider nutrition community are following up as able with these stakeholders to explore their intention to register a commitment. Those stakeholders are welcome to contact [naf@globalnutritionreport.org](mailto:naf@globalnutritionreport.org) to confer on how to register.

<sup>iii</sup> The total financial amounts reported are derived from financial commitments (i.e. do not include amounts from political commitments) and represent the target amount. Where possible, currencies are standardised, converted to US\$ based on yearly exchange rates. Totals may be underestimated, as not all financial commitments specified an amount or allowed for the amount to be standardised at this stage.

<sup>iv</sup> The commitment maker types are: **Government at any administrative level** (functioning in a non-donor capacity), such as ministry, municipality or any other national/regional/local authority or body; **Donor government** (a government providing funding to support actions outside its borders); **Donor organisation** (a philanthropic organisation or another non-government actor—besides a development finance institution—providing funding for nutrition-related actions); **Private sector food business**; **Private sector non-food business**; **Civil society organisation (CSO) or non-governmental organisation (NGO)**; **Multilateral organisation** (a United Nations agency other than a development finance institution); **Development finance institution** (such as a regional development bank); or an **Academic or research institution**.

<sup>v</sup> Country income levels are based on the [World Bank classifications](#) published in 2024. Venezuela did not receive an income classification by the World Bank in 2024.

<sup>vi</sup> Throughout this document, percentages may not sum to exactly 100% due to rounding or as commitments may cover multiple areas within a list.

<sup>vii</sup> “Global” implying having no geographic targeting; “regional” meaning one or more of Sub-Saharan Africa, Northern Africa or Western Asia, Central or Southern Asia, Eastern or South-Eastern Asia, Latin America or the Caribbean, Oceania or Europe and North America (per [SDG's Report and Statistical Annex](#)); “multi-country” meaning several countries but not an entire region; “national” meaning at the country level or nationwide; “subnational” meaning regions or states within a country; or “local” meaning at some smaller administrative unit—such as a city—within a country.