Nutrition funding cuts

What is being lost, and what can be rebuilt?

Good nutrition supports health, human capital and economic prosperity, making it central to sustainable development. Yet reductions in humanitarian and development funding across several major donors are placing essential nutrition services and the systems that sustain them under increasing strain. Drawing on a March–April 2026 survey conducted by the Global Nutrition Report (GNR) and the Collective Action Plan for Nutrition Data (ACTION DATA), with responses from 409 stakeholders across 74 countries, this brief explores what is being lost, the risks of continued cuts, and the actions needed to prevent lasting damage.

Overview

A broad retreat from aid is underway. Since early 2025, major reductions in US foreign assistance, alongside funding cuts by the UK and several European donors, have significantly reduced resources for humanitarian and development programmes worldwide.

The consequences are already being felt across the nutrition sector. Nearly 90% of respondents to the GNR-ACTION DATA survey reported disruption to nutrition-related work, and 15% reported that activities had been terminated entirely.

Key findings

- **Those most in need are being reached least.** Children under five years of age, pregnant and lactating women, displaced populations, rural communities and hard-to-reach groups are losing contact with screening, counselling, supplementation, treatment and follow-up.
- **Programmes are in survival mode, running on less.** Organisations are cutting activities, geographic coverage, beneficiary numbers, supplies, technical assistance, supervision and monitoring.
- **Prevention is the first thing to go.** As resources are concentrating on emergency response and treatment, preventive services are being scaled back, increasing future costs and risks.
- **The workforce is shrinking.** Layoffs and recruitment freezes are translating into heavier workloads, eroding delivery capacity and institutional memory in ways that future funding alone cannot restore.
- **Evidence is going dark when it is needed most.** Cuts to monitoring and evaluation, surveillance and national health and nutrition surveys make it harder to identify emerging needs and target resources effectively.

Priorities and recommendations

- **Immediate priorities:** Protect high-risk groups, maintain delivery systems, retain skilled staff, preserve core monitoring functions and fund prevention alongside treatment.
- **Recommendations for more stable financing:** Governments, funders and creditors should diversify financing, consider country-led debt-for-nutrition swaps where appropriate, provide multi-year and contingency funding, include measurable nutrition objectives across other funding streams and invest in national systems that can withstand shocks.

Background: What has changed?

Nutrition programmes in many low-income countries (LICs) and lower-middle-income countries (LMICs) are facing a funding shock. In 2024, the US was the world's largest provider of official development assistance at US$63.3 billion.[1] Much of this support flowed through the US Agency for International Development (USAID), which worked in more than 130 countries and funded food assistance, malnutrition treatment, maternal and child health services, education, water, sanitation and hygiene (WASH), economic growth and agriculture, food security, crisis preparedness and emergency response.

In January 2025, the US administration's Executive Order 14169 triggered a rapid withdrawal of US foreign assistance. By March 2025, many USAID-funded activities had been terminated. Programmes lost a major source of financing within weeks, in settings already marked by conflict, fragility, climate exposure, displacement and weak health and social protection systems.[2] The UK has also cut deeply: in February 2025, it confirmed a reduction in humanitarian and development funding from 0.5% to 0.3% of gross national income by 2027/28 (the lowest share since 1999) to fund increased defence spending.

The cuts are expected to save an estimated £11.8 billion over the three years to 2027/28.[3] These are part of a wider retreat: Development Assistance Committee (DAC) donor aid fell by 23% in real terms in 2025,[4] the sharpest annual drop on record, as Germany, France, the Netherlands, Belgium, Canada, Sweden, Finland and Switzerland all announced or enacted multi-year cuts. The Organisation for Economic Co-operation and Development (OECD) had projected that bilateral aid would fall in 2025 by 13–25% for least developed countries and by 16–28% for sub-Saharan Africa.[5]

The effects were immediate across LICs and LMICs in Africa, Asia and Latin America. Clinics, outreach teams, supply chains, food assistance, disease control and community nutrition activities relied on this funding. As resources declined, programmes reduced outreach, narrowed coverage, froze recruitment, delayed procurement and prioritised the most urgent cases. In some settings, this meant choosing who would receive support. Where work continued, it did so with fewer staff and supplies, reduced geographic coverage and less follow-up.

Nutrition services are especially exposed to sudden funding shocks. They rely on staff who maintain regular contact with households, on supply chains that move food, supplements and medicines to communities and on continuous data to guide decisions. When funding cuts staff, transport, procurement, supervision or data collection, fewer people are reached, supplies run short and programmes lose sight of emerging risks.

Some effects are immediately visible; others emerge over time. A closed clinic is visible. A missed screening visit, a postponed counselling session, a smaller survey sample or a weakened referral pathway are less visible but can be just as damaging. These losses can mean children are identified only after severe malnutrition develops, anaemia amongst women and adolescents, delayed care-seeking behaviour particularly during pregnancy and heavier pressure on treatment services. Ultimately, this has long-term repercussions for marginalised populations and may include increased risks of pregnancy-related complications as well as infant, young child and maternal morbidity and subsequently mortality.

Many countries cannot replace this funding quickly. Debt, inflation, climate shocks, food price volatility and competing demands across health, education, food systems and social protection constrain public budgets.

When funding cuts staff, transport, procurement, supervision or data collection, fewer people are reached, supplies run short and programmes lose sight of emerging risks.

National systems and local organisations are being asked to absorb a sudden loss of external financing while needs remain high.

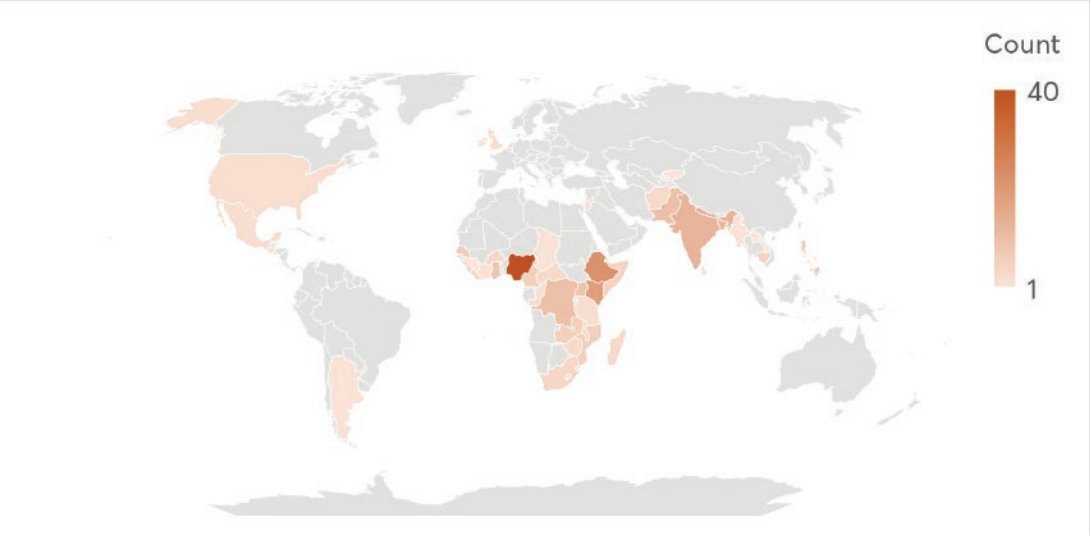
Global modelling points to severe fallout if cuts persist. A retrospective impact evaluation across 133 countries found that USAID funding was associated with reductions in all-cause mortality, child mortality, infectious disease burdens, maternal and perinatal conditions and nutritional deficiencies. It estimated that **more than 14 million additional deaths** could occur by 2030 if funding cuts persist, including **4.5 million amongst children under five years of age**.[2]

This brief draws on evidence collected by the GNR, the world's leading independent assessment of the state of global nutrition, in a joint survey with ACTION DATA. The GNR and ACTION DATA surveyed stakeholders and collected 409 responses from 74 countries (**Box 1**) to ask how these cuts are affecting nutrition work on the ground (**Figure 2**). The boxes "Voices from the frontline" dive deeper into local realities, portraying the perspectives of participants operating in countries where these repercussions have been particularly severe. Overall, the findings point to five linked problems, set out in the next section.

Box 1. About the survey

The survey was conducted in March–April 2026 by the GNR in collaboration with ACTION DATA. A total of 409 stakeholders working on nutrition in 74 countries, mostly across Africa and South Asia (**Figure 1**), participated in the survey. Respondents worked in civil society organisations, research institutions, government agencies, multilateral organisations, donors and the private sector. The GNR and ACTION DATA recruited participants through their mailing lists and social media. The questionnaire combined closed questions rating the severity of impacts with open questions inviting respondents to describe changes in their own words; quotations in this brief are drawn from those responses. As a stakeholder-driven survey, the findings offer direct, first-hand evidence from the individuals and organisations actively delivering nutrition work on the ground, rather than a statistically representative sample.

Figure 1. Location of work of respondents



Note: Responses marked "Not applicable" (n = 139) were excluded from the map.

Figure 2. Summary of results from the GNR-ACTION DATA stakeholder survey, March-April 2026

Funding cuts are weakening the nutrition system

409 stakeholders working on nutrition in 74 countries, mostly in Africa and South Asia, reported how reductions in humanitarian and development funding have affected their work over the last 12 months

78% say their nutrition work has been affected by funding cuts

319 of 409 respondents

55% have had at least some nutrition activities reduced

224 of 409 respondents

15% have had all of their nutrition activities terminated

61 of 409 respondents

Organisations are adapting

85% of those affected took at least one action to respond to funding cuts

241 of 285 who answered

The three ways organisations are adapting

Share of the 241 affected respondents who took at least one mitigating action (multiple answers possible)

Finding new resources

- **76%** Pursued alternative financial support
- **61%** Established new partnerships
- **50%** Reallocated financial resources

Cutting back

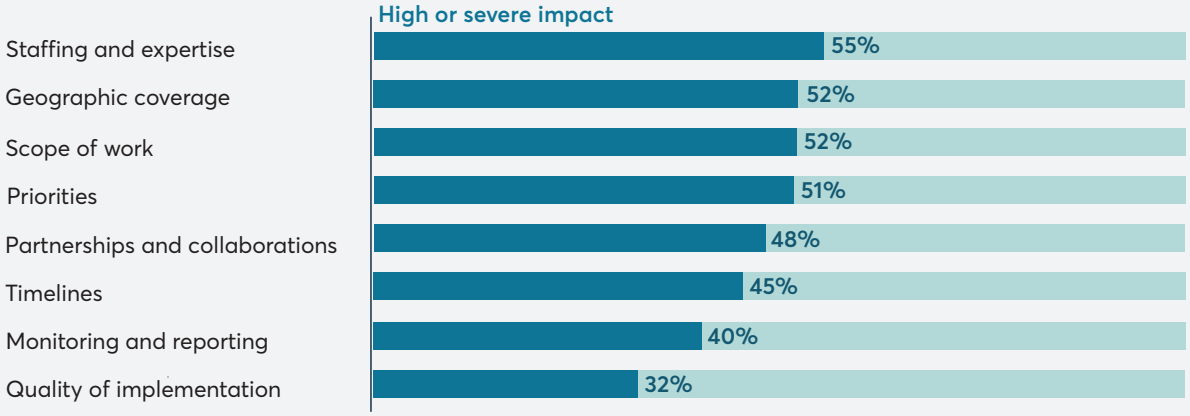
- **68%** Reduced scope of work
- **67%** Adjusted staffing or capacity
- **51%** Shifted priorities
- **50%** Reduced geographic coverage
- **32%** Adjusted timing of activities

Running on less evidence

- **45%** Reduced scope or frequency of data collection
- **37%** Turned to alternative data sources

Even after adapting, around half still report high or severe damage

Share of affected respondents rating the remaining impact as high or severe after any mitigation



Between 272 and 282 respondents rated each dimension
"Not sure" and non-responses excluded

Adaptation does not guarantee survival

1 in 5 affected respondents do not expect to be able to continue their nutrition work

61 of 318 who answered


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What the survey shows: Five findings

Disruption was near-universal, but its weight fell unevenly. It was most acute where organisations relied on external funding or had small core budgets and field-based delivery, creating challenges for absorbing a sudden shock.

1. Those most in need are being reached least

> ***"The major impact is that we could not reach the vulnerable populations we were supposed to reach."***
> ***– Donor organisation, Nepal***

> ***"Funding cuts do not simply slow implementation, they increase the risk that vulnerable populations are left behind and that hard-won gains in health, diet quality and resilience are reversed."***
> ***– Research Institution, Nigeria***

Funding cuts are reducing contact with groups already at high nutrition risk: **children under five years of age, pregnant and lactating women, infants, displaced populations and rural communities**. These groups often depend on outreach and publicly funded services for screening, counselling, supplementation, treatment, referral and follow-up. When outreach teams travel less, fewer children are screened close to home. When counselling is reduced, mothers receive less support on feeding and care. When follow-up is cut, children already identified as at risk are more likely to drop out of treatment. For some, contact stops altogether: **15% of respondents reported that nutrition activities had been terminated entirely**, not merely scaled back.

The same pattern appears in supplies. Respondents described lower availability of ready-to-use therapeutic food, vitamin A, deworming tablets, multiple micronutrient supplements, iron and folic acid and small-quantity lipid-based nutrition supplements. When these commodities run short, programmes either serve fewer people or concentrate what remains on the most severe cases, and households furthest from services are usually the first to fall out of reach.

Voices from the frontline: Pakistan

In Pakistan, essential nutrition services are being scaled back in resource-constrained settings. Coverage of community-based treatment for acute malnutrition has fallen, outreach for maternal and child nutrition has declined, and supply chains for therapeutic foods and micronutrient supplements have been interrupted.

Pregnant and lactating women, infants and children under five years of age are especially exposed because they rely heavily on public and donor-supported services. When coverage falls, these groups have fewer routes to screening, counselling, supplementation, treatment and referral. Respondents also reported staff freezes, weaker service delivery, lower morale, loss of institutional capacity and reduced community trust.

2. Programmes are running on less

> *"Without USAID, we have to shift technical assistance funds to more commodities. This leaves less room in budget for health systems strengthening and frontline capacity initiatives."*
> *– Civil society organisation (CSO) or non-governmental organisation (NGO), Philippines*

Many organisations are keeping nutrition work going by **narrowing what they deliver**. Amongst respondents who took measures in response to the cuts, 68% reduced the scope of their work and 50% reduced geographic coverage. Respondents described work continuing at a smaller scale, with minimum-scope activities, delayed implementation and/or reduced beneficiary numbers. An organisation may still "cover" a district, but with fewer outreach days, fewer supervision visits and a smaller group of beneficiaries. These are not minor administrative changes: they change what communities receive and how consistently programmes operate.

Some organisations are reallocating funds from technical assistance, supervision, training and monitoring towards basic commodities. This keeps some supplies moving but strips out the support functions that sustain service quality. Without supervision, staff support, data checks and follow-up, programmes are less able to adjust to local needs, identify gaps and maintain quality standards.


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Voices from the frontline: Food and Agriculture Organization (FAO) country offices

Drawing on consultations with 46 FAO country offices, one respondent reported that funding cuts had constrained nutrition work in fragile contexts, with large funding gaps in countries including Yemen and Afghanistan. In Cameroon and Madagascar, the withdrawal of donors, including USAID, led to the suspension or severe reduction of nutrition services. Work may already be shifting towards short-term, lower-cost interventions at the expense of food environments, value chains and operational research. Adaptive measures have only partly closed the gap.

3. Prevention is the first thing to go

> *"What worries me most is that preventive work is often the first to go."*
> *– CSO or NGO, Benin*

Preventive nutrition work is being scaled back as resources concentrate on urgent treatment. Respondents reported cuts to outreach, counselling, supplementation, community screening, follow-up and nutrition education. **These activities are less visible than emergency treatment**, yet they are central to identifying and supporting people before malnutrition becomes severe.

Prevention depends on field presence: staff time, transport, supervision, community trust and regular household contact. When these costs are cut, programmes shift from regular household contact towards treating the fewer cases that actually reach facilities or meet tighter eligibility criteria. Problems are then identified later, when malnutrition is more severe, putting treatment services under greater pressure.

Respondents linked these shifts in activities to reduced prevention of malnutrition, fewer community-based activities, elimination of maternal and infant nutrition counselling in some settings, and a stronger focus on acute cases. Likely consequences include rising acute malnutrition, increased anaemia, delayed care-seeking and **higher treatment demand at a later stage**.

Voices from the frontline: Togo

In Togo, prevention and treatment of malnutrition have slowed in rural and vulnerable areas. Programmes supported by UNICEF, the World Food Programme and the World Bank have adjusted budgets, reducing nutrition supplementation, community awareness activities and follow-up of children at risk.

The cuts are also affecting coordination. National platforms have fewer resources for joint planning across health, agriculture and social protection. Local organisations and nutrition networks are trying to maintain activities with limited resources, short-term funding, fewer qualified staff and smaller intervention areas. Prevention is shrinking alongside the local coordination needed to keep services connected.

4. The workforce is shrinking

> ***"Staffing has been hugely affected, with vacant positions not being recruited for."***
> ***– CSO or NGO, UK***

Funding cuts are causing the loss of skilled workers behind nutrition delivery. Amongst affected respondents, **more than half reported high or severe remaining impacts on staffing and expertise**. Amongst respondents who took measures, 67% adjusted staffing or technical capacity.

The effects show up in **vacant posts, layoffs, reduced staff time, heavier workloads and lower morale**. Fewer staff mean fewer outreach visits, weaker supervision, less training, reduced monitoring and less technical support. Vacant posts also reduce organisations' capacity to manage existing grants and prepare new proposals, even as teams spend more time searching for replacement funding.

Respondents linked staff losses to weaker guidance development, project design, quality assurance, technical assistance and programme continuity. This loss of technical capability will become starker over time: once expertise leaves the sector, funding alone may not restore it quickly. If severe malnutrition rises and requires urgent treatment, there may not be enough experienced staff available in the hardest-hit areas or for the most affected groups.

Voices from the frontline: Somalia

In Somalia, abrupt withdrawals of US government-supported funding led to the closure of nutrition sites and health facilities and the suspension of mobile health and nutrition teams in high-need areas. The organisation reduced its geographic coverage and concentrated remaining resources on short-term lifesaving interventions, using emergency and foundation funding to maintain limited services. Still, many children and women have been reported as "[on the] verge of death [from] malnutrition". Funding volatility also placed national partners and health workers under greater pressure, disrupting continuity of care and nutrition data systems.

5. Evidence is going dark when it is needed most

> ***"Monitoring and evaluation activities may be deprioritised, reducing the availability of data needed for informed decision-making and adaptive program management."***
> ***– CSO or NGO, Pakistan***

Funding cuts are weakening the systems used to track nutrition needs and programme performance. Amongst affected respondents who answered the rating question, 40% reported high or severe remaining impacts on monitoring and reporting. Amongst those who took measures, 45% reduced the scope or frequency of data collection and 37% turned to alternative data sources.

This creates a decision-making problem. When population-level data becomes too expensive to collect, organisations rely more heavily on routine data. Routine data can track service use but **miss people outside services**, such as those in remote areas or no longer reached by programmes. Deterioration can therefore remain hidden. Reduced field visits also weaken triangulation. Programmes have fewer opportunities to compare survey data, routine records, frontline observations and community feedback, and data quality assessments and supervision missions are being cut. It becomes harder to know whether remaining services are reaching the right groups, malnutrition is worsening and scarce funds are being used well.

If data systems weaken now, funders and governments may act too late or target support poorly.

Voices from the frontline: Cameroon

In Cameroon, funding constraints are affecting both services and evidence generation. Baseline studies, midline reviews and endline evaluations are increasingly underfunded or shortened, with smaller samples, fewer field visits and limited triangulation.

In the Far North, North-West and East regions, where vulnerability to acute malnutrition is already high, treatment for acute malnutrition, infant and young child feeding counselling, nutrition surveillance, supervision missions, frontline training and routine data quality checks have been reduced or interrupted. Evidence systems are weakening as services for high-risk populations shrink.

What is at stake?

Of the 285 respondents asked how they had responded to the cuts, 85% reported taking at least one measure. Amongst these, 76% pursued alternative funding, 68% narrowed the scope of their work, 67% reorganised teams and 61% built new partnerships. Responses drew a clear distinction between adaptation and survival. Adaptation would leave organisations better prepared for future shocks through more diverse funding, stronger local systems and better targeting. Instead, many described survival strategies: reducing scope, cutting staff and stretching limited budgets to remain operational. Survival keeps organisations alive today at the cost of the capacity they will need tomorrow. If current trends continue:

- **High-risk groups will be the first to lose contact with services.** Children under five years of age, pregnant and lactating women, displaced households and rural communities stand to receive fewer screenings, counselling sessions, supplements, referrals and follow-up visits, with needs detected later when they are more severe and require more costly intervention.
- **Programmes continue in name only.** A programme may remain "active" while covering fewer sites and households with weaker supervision, making continuity look stronger than it is, while delayed procurement, staff gaps and thinner supplies change what people receive.
- **Prevention cuts create shortages in malnutrition treatment.** With less outreach, counselling, supplementation and follow-up, services lose early contact with families. Acute malnutrition, anaemia and poor maternal and child nutrition outcomes may become harder and more expensive to manage later.
- **Staff losses will slow recovery.** Layoffs, frozen recruitment and reduced staff time affect delivery, supervision, award management, technical support and local relationships. New funding may not quickly restore experienced teams, routines or community trust, which is a key asset.


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World Bank analyses estimate that every US$1 invested in addressing undernutrition returns around US$23 in health and economic benefits[6]; these returns are forfeited when prevention is cut to fund crisis response. A weakened evidence base will hide the damage until it becomes harder to reverse. And the loss of specialist nutrition capacity, what one respondent called a "brain drain from the field," is happening at precisely the moment when interlocking health, climate and food shocks demand more, not fewer, skilled professionals.[7]

Without bridge funding to protect acute malnutrition treatment, commodity pipelines, frontline staff, outreach and monitoring, today's service cuts will become tomorrow's crisis.

What should be done: Five immediate priorities for funders and policymakers

Funding decisions should protect lifesaving services, prevent future deterioration and preserve the capacity to identify rising needs. They should be made in an equitable and mutually respectful way, in partnership with national governments, local organisations, frontline workers and affected communities. Overall, five immediate priorities emerge from the findings:

1. Protect the hardest-to-reach before trimming the map

Because those most in need are already being reached least (Finding 1), decisions around re-prioritisation and/or re-allocation of funding require consideration and weighing of risks versus benefits, as well as protecting support for remote areas, displaced communities or hard-to-reach groups. These are often the places where public services are weakest and where children under five years of age, pregnant and lactating women and food-insecure households depend most on outreach.

Targeted funding, and possibly **minimum coverage thresholds**, should be set for high-risk groups before coverage areas are reduced. If a programme moves from full district coverage to selected blocks or facilities, it should still guarantee that children under five years of age, pregnant women, the elderly and other vulnerable groups can access screening, counselling, referral, commodities and follow-up.

2. Ensure service delivery chains continue while alternatives are built

Programmes are already running on less (Finding 2); where funding is limited, they should first protect existing services with working supply chains and delivery channels: essential commodities, transport routes, trained staff and facility or community distribution points that function.

At the same time, funding should support the slower work of building alternatives. Local procurement, nutrition-sensitive value chains, community distribution routes and public-sector supply systems cannot be built quickly, but will be essential when the next shock strikes. They need steady investment while existing delivery chains are still operating.

Funding decisions should protect lifesaving services, prevent future deterioration and preserve the capacity to identify rising needs.

3. Protect treatment while maintaining prevention services

Because prevention is the first thing to go (Finding 3), funding decisions should protect treatment for acute malnutrition while maintaining the services that prevent malnutrition and identify it early. Screening, counselling, supplementation, maternal nutrition support, nutrition education and follow-up reduce the chance that children and mothers reach services only when conditions have become severe. Cuts to prevention increase the number and severity of cases requiring treatment, placing further pressure on already constrained services. Funding packages should therefore protect acute malnutrition treatment and set minimum funding levels for core prevention activities.

4. Retain the workforce: Expertise lost now cannot be quickly rebought

Because the workforce is shrinking (Finding 4), funding decisions should protect those with field experience, technical skills and local knowledge: outreach workers, supervisors, nutrition counsellors, supply-chain staff, data staff and technical advisers who understand local systems and communities. If this workforce leaves the sector, rebuilding these skills could take a decade or more. Bridge funding, meaning short-term finance to cover immediate needs until a more permanent source is secured, can be critical to retaining key staff, and is cheaper and faster than rebuilding teams after services have weakened.

5. Do not let the evidence go dark

Because the evidence base is going dark precisely when it is needed most (Finding 5), monitoring and evidence collection should continue even when budgets shrink. Without data, funders and governments know less about where needs are rising and who most needs nutrition services. Lack of or poor-quality evidence leads to poor decisions: if data collection is cut, programmes may fail to capture deteriorating outcomes, recording need as stable or falling when, in fact, the data sample has shrunk. This can lead to reduced or misdirected investment, which in turn worsens nutrition outcomes and creates a vicious cycle.


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Where to go next? Recommendations for tackling urgent priorities and building stable nutrition financing

Tackling these immediate priorities can help reduce further losses in services, staffing, supply chains and data systems. But they cannot address the deeper challenge: nutrition financing remains exposed to economic shock, political change, conflict, climate pressures and competing public priorities. Short funding cycles make long-term planning difficult and force programmes into repeated crisis management. More stable models are therefore needed to protect nutrition in times of financial pressure, for example through:

- **More diverse sources of finance:** Combine domestic budgets, bilateral and multilateral grants, concessional finance, philanthropy and suitable mechanisms such as blended finance, guarantees and social bonds. The mix should reflect national fiscal capacity and assign responsibility for maintaining essential functions when one source declines.[8]

- **Use debt relief to protect nutrition investment:** Assess or pilot debt-for-nutrition swaps in countries where debt servicing severely constrains public spending. These arrangements could redirect agreed debt repayments towards nationally defined nutrition goals and interventions with demonstrated effectiveness, helping to maintain essential services when domestic funding is constrained. They should be country-led, transparent and additional to existing nutrition budgets.
- **Longer funding cycles:** Shift to multi-year commitments that provide continuity while allowing periodic adjustment to changing needs and fiscal conditions.
- **Pre-agreed contingency finance:** Establish bridge-financing mechanisms that can protect essential services, staff and commodities during temporary funding reductions.
- **Build equitable and accountable partnerships:** Agree jointly on priorities, responsibilities, funding timelines and transition arrangements across funders, governments and delivery partners. Discuss proposed funding changes with the organisations and workers delivering services, drawing on their knowledge of which populations, services and capabilities are most at risk. Partnerships with local organisations should provide predictable funding, cover delivery costs and align with national systems.
- **Nutrition objectives across other funding streams:** Include measurable nutrition outcomes within health, food systems, climate adaptation and social protection investments to increase coherence and make investments across interconnected objectives more effective.
- **Investment in national delivery capacity:** Sustain finance for public institutions, local organisations, community workforces, procurement systems and nutrition data. These capacities determine whether countries can maintain services when external funding changes.


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All unattributed quotations and statistics are drawn from the stakeholder survey described in **Box 1**.

For further information, data tables or country-level detail, contact: contact@globalnutritionreport.org

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