

Action for Global Health

Parliamentary Briefing

Nutrition4Growth and Health Integration

EXECUTIVE SUMMARY

Nutrition and health are inextricably linked. Nutrition underpins healthy development, robust immune systems, and resilient communities. However, the UK's recent decision to reduce Official Development Assistance (ODA) further – from 0.5% to 0.3% of Gross National Income – following the earlier cut from 0.7% in 2021, risks severely undermining progress in both nutrition and broader health outcomes.

The upcoming parliamentary debate ahead of the **2025 Nutrition for Growth (N4G) Summit in Paris** presents a critical opportunity to hold the Government accountable and urge the development of a comprehensive **Global Health Equity Strategy** – one that prioritises the integration of nutrition and health to deliver long-term, sustainable outcomes beyond the Summit.

The 2025 N4G Summit offers a timely platform for the UK to reassert its global leadership in nutrition and health. By reversing damaging aid cuts and committing to meaningful financial and policy pledges, the UK can champion integrated, equity-driven approaches that recognise nutrition as fundamental to healthy societies.

The sharp and wide-reaching decline in development assistance – driven in large part by UK and US aid cuts – is dismantling the very systems needed to deliver effective nutrition and health interventions. It is imperative that the UK adopts a coherent, forward-looking strategy that reflects the deep interconnection between **nutrition, health equity, and global stability**.

BACKGROUND

The Global Malnutrition and Health Crises

The world faces an unprecedented dual crisis in malnutrition and health system fragility, exacerbated by the compounding effects of climate change, conflict, economic shocks, and diminishing development assistance:

- 733 million people faced hunger in 2023, an increase of 152 million since 2019.
- 45% of deaths of children under five are linked to malnutrition.¹
- 45 million children suffer from wasting, the most life-threatening form of malnutrition.²
- 148 million children are stunted, impacting their long-term health and development.³

¹ WHO, Malnutrition: Key Facts <https://www.who.int/news-room/fact-sheets/detail/malnutrition>

² Ibid

³ Ibid

- Anaemia affects 3 in 10 women globally, with rates increasing.⁴
- Health systems in low-resource settings remain chronically underfunded, with nutrition services often the first to be cut.

The Impact of UK Aid Cuts

The UK has historically been a global leader in nutrition and health, most notably by hosting the first N4G Summit in 2013, which galvanised \$23 billion in commitments.⁵ However, the series of devastating UK aid cuts has disproportionately affected nutrition and health programmes:

- The 2021 reduction from 0.7% to 0.5% of GNI led to immediate clinic closures and terminated health projects.
- UK aid for nutrition dropped from £869 million in 2020 to £336 million in 2021 a 60% reduction.⁶
- The February 2025 announcement of a further reduction to 0.3% threatens to completely unravel decades of progress in global health and nutrition.

The Opportunity: N4G Summit and UK Global Health Equity Strategy

The 2025 Paris N4G Summit represents a crucial moment for the UK to rebuild/manage its reputation as a global health and nutrition champion by developing a comprehensive Global Health Equity Strategy that:

1. Recognises nutrition as foundational to health outcomes.
2. Prioritises integrated approaches across health systems.
3. Addresses the structural determinants of health inequities.
4. Outlines how it will work with affected countries through a localisation approach to deliver impactful investments.

NUTRITION INTEGRATION WITH HEALTH SYSTEMS

The Essential Interconnection:

Nutrition and health are fundamentally interdependent. No health system can effectively deliver outcomes without addressing nutrition, and no nutrition intervention can succeed without integration into functioning health systems:

Primary Healthcare Integration:

- Nutrition counselling and assessment must be integrated into routine primary care.
- Community health workers need sustainable support to deliver integrated nutrition-health services.
- First 1,000 days interventions require seamless nutrition-health coordination.

⁴ Ibid

⁵ <https://www.actionagainsthunger.org.uk/wp-content/uploads/2025/01/ICAN-UK-recommendations-to-the-FCDO-for-N4G-2025.pdf>

⁶ Nutrition Action for Systemic Change (NASC) Technical Assistance Facility, Accounting FCDO's Progress Against its Nutrition Pledges, 2024. Available at: Accounting FCDO's Progress Against its Nutrition Pledges

Maternal and Child Health:

- Approximately 30% of women of reproductive age are anaemic, increasing risks for maternal deaths and pregnancy complications.⁷
- Antenatal care presents a critical opportunity for nutrition intervention.
- Postnatal nutrition support is essential for maternal recovery and successful breastfeeding.
- Child growth monitoring must be linked to nutritional support.

Immunisation-Nutrition Integration:

- Evidence shows that integrating nutrition and immunisation services is cost-effective and improves coverage of both.⁸
- Malnutrition reduces immune response to vaccines and increases susceptibility to disease.⁹
- Immunisation platforms represent an ideal platform for nutrition screening and intervention.
- The UK's research expertise could advance evidence on effective integration models.

Communicable Disease Management:

- Nutrition-disease interactions create vicious cycles where malnutrition makes infections more severe.¹⁰
- TB, HIV, and malaria programmes all require nutrition components for optimal outcomes.
- Intestinal worm infections affecting over 1 billion people require integrated treatment approaches.
- Emerging disease threats are exacerbated by underlying malnutrition.

Non-Communicable Disease Prevention:

- Early nutrition interventions help prevent NCDs later in life.
- Health systems need support to address the double burden of under- and over-nutrition.
- Diet-related NCDs like diabetes require integrated prevention approaches.

Barriers to Effective Integration

Countries facing high burdens of malnutrition and weak health systems identify several critical barriers. It is crucial that as the UK Government looks to navigate how it will invest UK aid most effectively it considers these barriers and ensure short term support lays the path to addressing these challenges:

Structural and Financing Challenges:

- Vertical funding streams create competing priorities within health ministries.
- Poor coordination between sector services hampers effective integration of interventions.

⁷ UNICEF, Undernourished and Overlooked, 2023. Available at: Undernourished and Overlooked - UNICEF DATA 25 WHO, Anaemia factsh

⁸ <https://www.actionagainsthunger.org.uk/wp-content/uploads/2025/01/ICAN-UK-recommendations-to-the-FCDO-for-N4G-2025.pdf>

⁹ Ibid

¹⁰ Ibid

- Lack of sustainable funding models for community-level integration.
- Insufficient investment in joint nutrition-health information systems.

Workforce Issues:

- Over-reliance on volunteer community health workers for nutrition and health service delivery.
- Unsustainable incentive structures for integrated service provision.
- Fragmented supervision across nutrition and health programmes.

Governance and Leadership:

- There is a need to integrate food system considerations such as food security, safety and climate change.
- Weak accountability mechanisms for integrated outcomes.
- Limited political prioritisation of nutrition within health policy.
- Insufficient local civil society engagement in policy development.

POTENTIAL QUESTIONS

1. **ODA Cuts and Nutrition Impact:** In light of Action for Global Health's statement that the recent cut to 0.3% GNI will "undoubtedly lead to further global instability", will the Government commit to immediately reversing this decision and protecting nutrition and health programmes that form the foundation of global security?
2. **Global Health Equity Strategy:** When will the Government develop and publish a comprehensive Global Health Equity Strategy that outlines how nutrition will be integrated across health systems strengthening efforts, as a cornerstone of international cooperation?
3. **Health Systems Integration:** What specific mechanisms will the Government put in place to address the coordination challenges that prevent effective nutrition integration within health systems, including the problem of vertical funding streams that create competing priorities within health ministries?