



Loss of funding for ready-to-use therapeutic foods could mean that millions of children globally cannot access this life-saving treatment.

The full lethal impact of massive cuts to international food aid

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The sudden withdrawal of almost half of global funding for nutrition suddenly will have dire consequences for decades.

The dismantling of the US Agency for International Development (USAID) and reductions in aid budgets over the next 3–5 years announced by other Western donor countries, including the United Kingdom (40%), France (37%), the Netherlands (30%) and Belgium (25%), threaten to reverse decades of progress in reducing malnutrition¹.

These cuts – equivalent to 44% of the US\$1.6 billion in donor aid provided in 2022 to support the World Health Assembly nutrition targets – will lead to hardship and death among the most vulnerable people in the world². The implications for public health, economic growth and societal stability are profound.

Severe acute malnutrition, or severe wasting, is the most lethal form of undernutrition

and is responsible for up to 20% of deaths of children under the age of five years, and affects 13.7 million children a year worldwide. Left untreated, up to 60% of affected children might die³.

Proven programmes, such as community-based management of severe acute malnutrition, which combine screening, treatment and counselling, can reduce mortality to below 5% (ref. 3) and have been used in more than 70 countries. In 2022, the United States and other donors reporting to the Organisation for Economic Co-operation and Development spent \$591 million on severe-wasting treatment², which was matched by receiving countries.

The abrupt withdrawal of donor support leaves millions of critically ill children without



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Severe wasting is responsible for up to 20% of deaths of children under the age of five.

access to these life-saving programmes. It is already undermining the institutional capacity, expertise and data infrastructures required to deliver essential nutrition services.

For example, in Nigeria, withdrawal of USAID Advancing Nutrition funding has meant that the charity Helen Keller International has had to stop a programme that provides nutrition services for 5.6 million children. In Sudan, almost 80% of emergency food kitchens are closed. In Ethiopia, supplies of nutrient-rich foods used to treat around one million severely malnourished children annually will run out by May. And the global FEWS-NET network – a leading source of data on famine risks – sits idle, disrupting early-warning systems for humanitarian planning and emergency resource allocation.

Loss of donor funding is also jeopardizing the procurement and distribution of ready-to-use therapeutic food, a life-saving treatment for severe acute malnutrition. The product comes as a dense micronutrient paste that contains peanuts, milk powder, sugar, oils, vitamins and minerals. USAID supported half of the world's supply⁴.

The impacts of these cuts will be dire. To illustrate, here we assess their scale.

Millions of lives in peril

Altogether, we estimate that reductions of \$290 million in donor funding for severe acute malnutrition (see 'Nutrition funding

collapse') will cut off treatment for 2.3 million children in low- and middle-income countries (LMICs). This would lead to 369,000 extra child deaths a year that would otherwise have been prevented.

Of those, the termination of US-funded programmes (worth \$128 million in 2022) alone will keep one million children from accessing such treatments, causing an extra 163,500 child deaths yearly.

These worst-case scenarios are based on 2022 donor disbursement data for severe wasting treatment, drawn from the Creditor Reporting System of the Organisation for Economic Co-operation and Development and analysed by Results for Development, a global non-profit organization² (see Supplementary information). These treatments are included in community-based management of severe acute malnutrition programmes, which screen and treat children with severe acute malnutrition and follow them to prevent relapse after recovery.

Cutting all US financing and on average 35% of aid from other donors results in \$704 million less funding for nutrition programmes overall, and \$290 million less for severe acute malnutrition treatment. These numbers assume that disbursements would have otherwise been similar to those in 2022, that the 35% average cuts to aid that were announced by European donor countries will reduce funding for nutrition by 35%, and that

donor funding is matched by contributions from LMIC governments, as is often the case.

The No Time to Waste report⁴ by the United Nations children's fund UNICEF estimated that 1.2 million deaths were averted in 2023 by treating 7.4 million children with severe acute malnutrition in 47 high-risk countries. Because 80% of cases worldwide were in these countries, we increased these numbers to cover 100% of cases globally, to 9.3 million children treated and 1.5 million deaths averted.

We calculated the percentage of reduction in donor funding compared with the 2022 disbursements and assessed how many of the children treated in 2022 would now not receive aid. Similarly, we analysed how many of the prevented deaths because of treatment in 2022 would now not be averted.

Global consequences

Although shocking, the number of deaths might be an underestimate, because the aid cuts threaten a huge array of nutrition-supporting programmes, including health, agriculture, school feeding and water and sanitation. Soon we might see many more millions of children around the world developing wasting, stunted growth and micronutrient malnutrition.

The long-term consequences are also worrying. Malnourished children will fail to meet their physical and cognitive potential,

reducing their educational attainment and jeopardizing their future economic productivity and health^{5,6}. The economic cost of malnutrition – through lost human capital and increased health-care expenses – can reduce nations' gross domestic product by 3–16% (ref. 7). Such severe economic outcomes further compromise public health and undermine development for decades to come, eroding the safety, stability and prosperity of those nations, with ripple effects for donor countries.

The case for treatment is unequivocal, and the knowledge and tools to prevent and treat malnutrition are available and highly cost-effective. The World Bank estimates that every \$1 invested in tackling undernutrition returns \$23 in value in terms of child survival, human capital development and economic prosperity⁸.

Next steps

This unprecedented crisis requires the world to rethink aid to nutrition, as well as to prioritize and expand financing options. We call for governments, donors and funders to take the following steps.

First, restore the implementation and targeting of humanitarian relief for life-saving nutrition interventions. This is essential to ensure the continuation and scaling of community-based management of severe acute wasting programmes that include screening, treatment with therapeutic

foods, nutrition counselling and follow-up to prevent relapse.

Second, enable, incentivize and support governments to redouble their efforts to scale up coverage of evidence-based essential-nutrition programmes across health, agrifood and social-protection systems. For

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instance, to promote optimal breastfeeding and complementary feeding practices, increase the uptake of supplements containing vitamin A for children and those containing multiple micronutrients during pregnancy, and support policies that increase access to healthy and sustainable diets.

Third, work with LMIC governments and national leaders and incentivize development-finance institutions to increase global funding for nutrition programmes⁹. Funding from outside the nutrition sector can be leveraged by accelerating efforts to make agricultural, workforce and climate investments more ‘nutrition smart’. For example, ensure that agricultural investments focus on high-value nutritious foods; build alliances with climate champions to reduce food loss;

and finance small and medium-sized enterprises to ensure access to and affordability of locally produced, nutritious foods.

Finally, rebuild and strengthen nutrition data-gathering and monitoring systems, such as FEWS-NET, using innovative low-cost technologies, such as mobile-phone-based surveys, satellite imaging and artificial-intelligence-powered predictive analytics, to guide timely responses to food crises using fewer resources.

Failure to act now will result not only in a drastic increase in child mortality but also in long-term societal damage that will reverberate across generations. It is imperative that global development partners, governments and donors mobilize immediately to safeguard nutrition for the world's most vulnerable populations. Our collective future depends on it.

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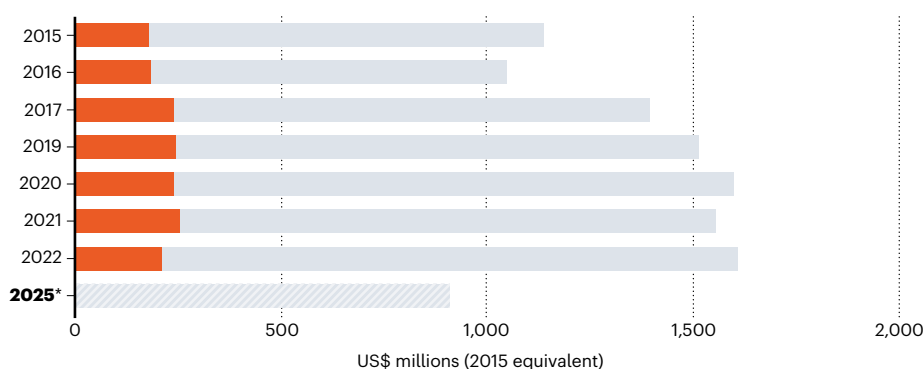
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NUTRITION FUNDING COLLAPSE

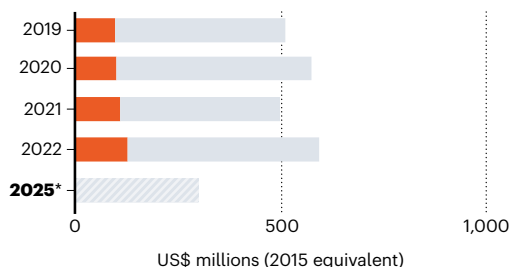
Ending of US and European donor support for malnutrition programmes will put millions of starving children at risk of death or stunted development.

■ US government ■ Other donors

Global donations for nutrition programmes are estimated to drop by 44% in 2025 compared with 2022.



Investment in treatments for wasting is estimated to go down by 49% in 2025.



*The 2025 estimates assume a 100% reduction in US government funding and a 35% reduction in other donor funding compared with 2022 levels, and that all of the funding cuts will happen in 2025.