



Photo by Asafuzzaman Captain for ACDI/VOCA

# FACT SHEET U.S. GOVERNMENT GLOBAL NUTRITION COORDINATION PLAN 2021–2026

The purpose of the U.S. Government Global Nutrition Coordination Plan (2021–2026) is to maximize the impact of investments across the continuum of nutrition-related research, policies, programs, and other efforts to accelerate achievement of global nutrition goals and increase whole-of-government responsiveness to emerging evidence, opportunities, and threats. Through this interagency coordination platform, the U.S. government will maximize its support to country- and region-led efforts, continue its global leadership and partnerships, and generate, share, and apply knowledge and evidence in order to accelerate progress toward shared nutrition goals.<sup>i</sup>



The U.S. government is committed to improving nutrition throughout the world in order to enhance health, productivity, and human potential. The U.S. government departments and agencies engaged in scaling up proven approaches to better nutrition and participating in the Global Nutrition Coordination Plan (2021–2026) include:

- Millennium Challenge Corporation
- Peace Corps
- U.S. Agency for International Development (USAID)
- U.S. Department of Agriculture (USDA): Food and Nutrition Service, Foreign Agricultural Service, Office of the Chief Scientist
- U.S. Department of Health and Human Services (HHS): Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), National Institutes of Health (NIH), Office of Global Affairs
- U.S. Department of State
- U.S. International Development Finance Corporation

## PRIORITIES

By identifying specific opportunities for coordination and collaboration across the U.S. government, the Global Nutrition Coordination Plan will accelerate progress toward World Health Assembly nutrition targets<sup>ii</sup> and other U.S. government global nutrition commitments. The Plan identifies six priorities as primary but not exclusive opportunities for enhanced inter-agency coordination:

1. Women's nutrition before and during pregnancy and lactation
2. Breastfeeding and complementary feeding (0-24 months)
3. Prevention and management of wasting in children under five years of age
4. Micronutrient sufficiency
5. Issues of special emphasis (e.g., COVID-19 and other health emergencies, nutrition during middle-childhood and adolescence, overweight/obesity, diet-related noncommunicable diseases (D-NCDs), environmental health, and climate)
6. Nutrition-relevant policies and opportunities for high-level engagement

Under each of these six technical focus areas, the U.S. government will prioritize three action areas to improving coordination:

1. Promote leadership and partnership
2. Support country- and region-led efforts
3. Generate, share, and apply knowledge and evidence

Twelve results have been identified across these three action areas to track the accomplishments of the U.S. government partners as a whole towards achieving the vision and purpose of the Plan 2021–2026, which strives to enhance collaboration across the identified nutrition priorities through funding mechanisms outside the Plan. This set of anticipated results is intended to promote accountability for efforts under the Plan and will serve as the basis for developing specific indicators that will be measured to track progress over the next five years.

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<sup>i</sup> The U.S. Government Global Nutrition Coordination Plan will inform nutrition actions with currently planned funding levels. The technical focus areas and key approaches outlined in the Plan provide core examples of U.S. Government activities and commitments in international nutrition where a consolidation of resources may enhance results and impact. They are not a comprehensive set of actions conducted by each agency nor an inflexible structure for U.S. Government programming.

<sup>ii</sup> World Health Assembly Nutrition Targets for 2025:

- 40 percent reduction in the number of children under 5 who are stunted
- 50 percent reduction of anemia in women of reproductive age
- 30 percent reduction in low birth weight
- No increase in childhood overweight
- Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50 percent
- Reduce and maintain childhood wasting to less than 5 percent