Global Network Against Food Crises
INTEGRATED ACTIONS FOR LASTING SOLUTIONS

FSIN Food Security Information Network
Joint analysis for better decisions

2025 GLOBAL REPORT ON FOOD CRISES

JOINT ANALYSIS FOR BETTER DECISIONS

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Foreword

This *Global Report on Food Crises* is another unflinching indictment of a world dangerously off course.

Hunger is not an emergency confined to certain pockets of the world or periods of time. It is fast becoming a scar etched into the lives of millions around the globe. Fuelled by conflict, geopolitical tensions, climate chaos, environmental vulnerabilities and economic upheaval, food and nutrition crises define the lives of millions – not for weeks or months, but for years, and even lifetimes.

As detailed in this report, more than 295 million people faced acute hunger last year, the sixth consecutive annual increase. From Gaza and Sudan, to Yemen and Mali, catastrophic hunger driven by conflict and other factors is hitting record highs, pushing households to the edge of starvation. Displacement has also surged, as violence and disasters rip families from their homes and condemn people of all ages to malnutrition and even death. Meanwhile climate extremes are growing in intensity – wreaking havoc on global food security, crippling harvests and breaking supply chains.

The message is stark. Hunger and malnutrition are spreading faster than our ability to respond, yet globally, a third of all food produced is lost or wasted. Long-standing crises are now being compounded by another, more recent one: the dramatic reduction in lifesaving humanitarian funding to respond to these needs. This is more than a failure of systems – it is a failure of humanity. Hunger in the 21st century is indefensible. We cannot respond to empty stomachs with empty hands and turned backs.

Governments, businesses and decision-makers must heed the clear warnings issued in this report. We must summon the funding, innovations and global solidarity to build the food-secure and climate-resilient future that every person, everywhere, needs and deserves. Trade must become a driver of food security – not a barrier to it. We need fair, transparent and resilient trade systems that ensure food can move efficiently, especially during crises. The United Nations Pact for the Future, adopted in September 2024, gives renewed momentum to the fight against hunger by helping to build more resilient, inclusive and sustainable food systems for all.

We can meet the great promise of ending hunger if we commit to change, choose to act, and forge a different, more humane path.

António Guterres
Secretary-General of the United Nations

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Acronyms

3RP	Regional Refugee and Resilience Plan
ACAPS	Assessment Capacities Project
ACF	Action contre la faim (Action Against Hunger)
ACLED	Armed Conflict Location and Event Data Project
AMN	Acute malnutrition
ANSD	Agence nationale de la statistique et de la démographie
ASAL	Arid and semi-arid lands
ASAP	Anomaly Hotspots of Agricultural Production
ASI	Agricultural Stress Index
BAY	Borno, Adamawa and Yobe states (Nigeria)
CARI	Consolidated Approach for Reporting Indicators of Food Security
CH	Cadre Harmonisé
CILSS	Permanent Interstate Committee for Drought Control in the Sahel
COVID-19	Coronavirus disease 2019
CDR	Crude Death Rate
DFA	De Facto Authorities
DHS	Demographic and Health Survey
DAC	Development Assistance Committee
ECHO	European Civil Protection and Humanitarian Aid Operations of the European Commission
EC-JRC	European Commission – Joint Research Centre
ECLAC	United Nations Economic Commission for Latin America and the Caribbean
ECMEN	Economic Capacity to Meet Essential Needs
ECOWAS	Economic Community of West African States (Communauté économique des États de l'Afrique de l'Ouest (CEDEAO))
EFSA	Emergency Food Security Assessment
EGRISS	Expert Group on Refugee, IDP and Statelessness Statistics
ENCOVI	Encuesta Nacional de Condiciones de Vida
EIU	Economist Intelligence Unit
ENA	Essential Needs Assessment
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FAO DIEM	FAO Data in Emergencies
FAO-GIEWS	FAO Global Information and Early Warning System
FCS	Food Consumption Score
FES	Food Expenditure Share
FEWS NET	Famine Early Warning Systems Network
FIES	Food Insecurity Experience Scale
FSC	Food Security Cluster
FSIN	Food Security Information Network
GAM	Global acute malnutrition
GDP	Gross domestic product
GEOGLAM	Group on Earth Observations Global Agricultural Monitoring
GNI	Gross national income
gFSC	Global Food Security Cluster
GNAFC	Global Network Against Food Crises
GNC	Global Nutrition Cluster
GRANIT	Groupe Régional d'Analyse Intersectoriele
GRFC	Global Report on Food Crises
HDI	Human Development Index
HNO	Humanitarian Needs Overview
HNRP	Humanitarian Needs and Response Plan
HPG	Humanitarian Policy Group
IASC	Inter-agency Standing Committee
ICF	Inner City Fund
ICG	International Crisis Group
IDMC	Internal Displacement Monitoring Centre
IDP	internally displaced persons
IEA	International Energy Agency
IFPRI	International Food Policy Research Institute
IFRC	International Federation of the Red Cross
IGAD	Intergovernmental Authority on Development (in Eastern Africa)
IIMM	Investigative Mechanism for Myanmar
IMF	International Monetary Fund
INFORM	Index for Risk Management
INGD	National Institute for Disaster Management (Mozambique)
IOM	International Organization for Migration
IOM-DTM	International Organization for Migration – Displacement Tracking Matrix
IPC	Integrated Food Security Phase Classification
IPC FRC	Integrated Food Security Phase Classification Famine Review Committee
IRIS	International Recommendations on Internally Displaced Persons Statistics
ISWAP	Islamic State West Africa Province
JIAF	Joint and Intersectoral Analysis Framework
KSE	Kyiv School of Economics
LGA	local government area
LCS	Livelihood Coping Strategies
LCSI	Livelihood Coping Strategies Index
LIMA	Livelihoods Impact Monitoring and Assessment
MAD	Minimum Acceptable Diet
MAM	moderate acute malnutrition
MAPAP	Metropolitan Area of Port-au-Prince, Haiti
MDD	minimum dietary diversity
MEB	minimum expenditure basket
MENA	Middle East and North Africa
MSF	Médecins Sans Frontières
MUAC	mid-upper arm circumference
NFSS	Nutrition and Food Security Surveillance
NGCA	non-government-controlled area (Ukraine)
NDVI	Normalized Difference Vegetation Index
NSAGs	non-state armed groups
NVA	Nutrition Vulnerability Analysis
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
OIP	other people in need of international protection
OPHI	Oxford Poverty and Human Development Initiative
PiN	People in Need
PBW	pregnant and breastfeeding women
PRPC	Plan de Respuesta a Prioridades Comunitarias
PREGEC	Prevention et gestion des crises alimentaires (regional system for the prevention and management of food crises in West Africa and Sahel)
rCSI	Reduced Coping Strategies Index
SADC	Southern African Development Community
SAM	severe acute malnutrition
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SWALIM	Somalia Water and Land Information Management
TWG	technical working group
UN	United Nations
UNCTAD	United Nations Trade and Development
UNDRR	United Nations Office for Disaster Risk Reduction
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
HAC	UNICEF Humanitarian Action for Children Appeal
WCARO	UNICEF West and Central Africa Regional Office
UACAT	Ukraine Crisis Analysis Team
UNRWA	UN Relief and Works Agency for Palestine Refugees in the Near East
UNSC	United Nations Security Council
USAID	United States Agency for International Development
USD	United States dollar
USDA	United States Department of Agriculture
USDoS	United States State Department
WASH	water, sanitation and hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
WHZ	weight-for-height z-score
ZimVAC	Zimbabwe Vulnerability Assessment Committee
ZiG	Zimbabwe Gold

Key findings

In 2024, 295.3 million people – 22.6 percent of the analysed population – faced high levels of acute food insecurity in 53 of the 65 countries/territories selected for the Global Report on Food Crises.

This is the sixth consecutive annual increase. An additional 13.7 million people faced high levels of acute food insecurity since 2023, corresponding to a marginal shift in prevalence from 21.5 percent.

Fewer countries were selected for the GRFC 2025, but expanded analysis coverage in some identified areas of high levels of acute food insecurity. Twelve did not have data meeting GRFC technical requirements.

Deteriorating acute food insecurity in 19 countries, mainly in conflict-driven crises such as Nigeria, the Sudan and Myanmar, outweighed improvements in 15 others, including Afghanistan, Kenya and Ukraine, due to better economic and weather conditions as well as assistance.

The total number of people facing Catastrophe (IPC/CH Phase 5) more than doubled between 2023 and 2024, driven by conflict. Over 95 percent of them were in Palestine (Gaza Strip) and the Sudan. South Sudan, Haiti and Mali also had populations in this phase.

Over 35.1 million people in 36 countries/territories faced Emergency (IPC/CH Phase 4), with nine countries having more than 1 million people in this phase. Almost a quarter of them were in the Sudan.

Around 190 million people in 40 countries/territories faced Crisis (IPC/CH Phase 3).

The share of the analysed population in Stressed (IPC/CH Phase 2) increased from 32 to 35 percent in 2024, while the share of the population in Minimal (IPC/CH Phase 1) decreased, suggesting a deterioration in acute food insecurity.

In the 26 countries/territories with nutrition crises, an estimated 37.7 million children aged 6–59 months suffered from acute malnutrition. The Sudan, Yemen, Mali and the Gaza Strip had the most severe nutrition crises. The ten countries with the highest global acute malnutrition (GAM) burden saw cases rise from 26.9 million in 2023 to 30.4 million in 2024.

Food crises and nutrition crises often overlap. The majority of children with acute malnutrition are found in seven countries with the largest food crises.

Globally, the majority of forcibly displaced people are in food-crisis contexts. The number in the 53 countries/territories reached 95.8 million in 2024, 75 percent of whom were internally displaced. Acute food insecurity data on displaced populations – available for only 15 countries with food crises – showed higher severity among displaced than resident populations.

Famine (IPC Phase 5) confirmed for first time since 2020

In the **Sudan**, the IPC Famine Review Committee (FRC) confirmed that Famine (IPC Phase 5) was ongoing in Zamzam camp, North Darfur in July 2024. It was detected in four other areas from October to November, and projected in an additional five from December 2024 to May 2025. The FRC identified a risk of Famine in 17 other areas.

In the **Gaza Strip**, in March 2024, the FRC projected that Famine was imminent. In June, following an increase in trade and scale-up of humanitarian assistance, the available evidence did not indicate that Famine was occurring, but the risk of Famine persisted for the entire year. Humanitarian assistance again decreased from March 2025, amid escalating violence.

Drivers in 2024

Drivers of acute food insecurity and malnutrition are interlinked and superimposed on structural vulnerabilities.

Conflict/insecurity remained the primary driver in 20 countries/territories, with 139.8 million people facing high levels of acute food insecurity. It was the primary driver for the significant deteriorations in Nigeria, the Sudan and Myanmar, and for the majority of populations in facing Catastrophe (IPC/CH Phase 5).

Weather extremes were the primary driver for 18 countries, with over 96.1 million people facing high levels of acute food insecurity. They intensified as average air temperatures reached historic highs. Flooding was widespread and an El Niño event led to crop failure in many countries in Southern Africa.

Economic shocks were the primary driver in 15 countries, with over 59.4 million people facing high levels of acute food insecurity. The number of people affected is lower than 2023 but remains around twice as many as 2019.

These shocks also led to high levels of acute malnutrition as they affected food security, health, and care and service provision.

Bleak outlook for 2025

Conflict/insecurity will again be a major driver of acute food insecurity in 2025, with conflicts continuing unabated or intensifying.

Escalating economic tensions have weakened growth prospects following successive years of economic shocks.

Climate change will continue to drive the earth's warming trend, with weather extremes becoming more frequent and severe.

The abrupt termination of funding in 2025 has disrupted operations, including in Afghanistan, Democratic Republic of the Congo, Ethiopia, Haiti, South Sudan, the Sudan and Yemen amid substantial reductions by major donors. Funding to humanitarian food sectors is projected to drop by up to 45 percent, risking a deepening of acute food insecurity. Nutrition services to at least 14 million children are at risk, leaving them vulnerable to severe malnutrition and death.

Reductions in overseas development assistance will impact government fiscal capacities to support vulnerable populations, particularly in low-income countries. Data collection on the food security and nutrition status of vulnerable populations will also be affected.

Introduction

About the report

The Global Report on Food Crises (GRFC) 2025 provides consensus-based analysis on acute food insecurity, acute malnutrition and population displacement in countries/territories identified as having food crises in 2024. It is produced in collaboration with technical agencies and partners to provide a consensual analysis based on rigorous methodologies and the consolidation of data from various sources.

The purpose of the GRFC is to:

- provide consensus-based analysis of countries/territories with food crises and nutrition crises for humanitarian and development stakeholders and policymakers;
- provide consensus-based analysis on acute food security and acute malnutrition of forcibly displaced populations in countries with food crises;
- present underlying and immediate drivers of and trends in acute food insecurity and acute malnutrition, and analyse the evolution of food and nutrition crises in countries/territories included in past editions;
- contribute to maintaining food security and nutrition as priority sectors for policymakers and donors;
- advocate for timely responses to food crises and nutrition crises; and
- offer insights into immediate and medium-term risks to the food security and nutrition status of populations.

The GRFC is based on partnership, consultation and consensus

The production of the GRFC is coordinated by the Food Security Information Network (FSIN) in support of the Global Network Against Food Crises (GNAFC). It is the product of a collaboration among partners consisting of regional intergovernmental bodies, donors, technical bodies, clusters and United Nations agencies: Comité permanent inter-État de lutte contre la sécheresse au Sahel (CILSS), the European Union (EU), Food and Agriculture Organization of the United Nations (FAO), Global Food Security Cluster (gFSC), Global Nutrition Cluster (GNC), Intergovernmental Authority on Development (IGAD), International Food Policy Research Institute (IFPRI), International Organization for Migration (IOM), Integrated Food Security Phase Classification (IPC), Office for the Coordination of Humanitarian Affairs (OCHA), Southern African Development Community (SADC), Sistema de la Intergración Centroamericano (SICA), United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF) and the World Food Programme (WFP).

Partner responsibilities

- Technical working groups (TWGs) on displacement, food security and nutrition consist of experts who contribute data and analysis, participate in the review of content and make recommendations to the senior committee for endorsement.
- The senior committee (SC), the decision-making body of the GRFC, consists of senior representatives from each partner organization. The SC gives the final endorsement of content, adjudicates decision-making and coordinates institutional clearance.

What constitutes a food crisis?

Food security exists 'when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life' (HLPE, 2020).

Acute food insecurity arises when one, some, or all dimensions of food security – food availability, access, utilisation and stability – is disrupted, whether by shocks or other factors. It can be persistent over time, largely due to structural causes, or occur at a specific point in time and of a severity that threatens lives or livelihoods, regardless of the causes, context or duration. Acute food insecurity can be temporary or persistent.

The GRFC defines **a food crisis** as a situation where acute food insecurity requires urgent action to protect and save lives and livelihoods at local or national levels and exceeds the national resources and capacities to respond.

Food crises are more likely among populations already suffering from prolonged food insecurity and malnutrition, and in areas where structural factors increase households' vulnerability to shocks. Food crises can be localized, affect an entire country/territory and/or spread across borders to become regional. They can also affect only specific population groups, such as refugees or migrant populations.

Food crises can occur regardless of a country's wealth status and level of domestic food production, underscoring their complexity. However, more affluent nations are expected to have greater capacity to respond to shocks, and mitigate their impacts on food insecurity.

What constitutes a nutrition crisis?

The GRFC 2025 defines and identifies, for the first time, countries/territories with nutrition crises.

A nutrition crisis is a situation characterized by a combination of factors, such as widespread lack of access to sufficient, safe and nutritious food, high morbidity, environmental disasters, conflict, poor healthcare infrastructure and inadequate practices, resulting in high levels of acute malnutrition in children aged 6–59 months.

Some countries/territories or population groups with food crises have limited data on acute malnutrition outcomes and are defined as being of nutrition concern where available data on contributing and contextual factors point to high nutritional vulnerability and risk of the nutrition situation deteriorating.

The foundation of the GRFC | an evidence-based public good

- A strong partnership of food security, nutrition and displacement organisations
- A compilation of food security and nutrition analyses endorsed and validated by all partners
- A highly consultative process
- A technical document of reference on food and nutrition crises

GRFC methodology at a glance

Acute food insecurity data, 2024

The GRFC reports the highest (or peak) estimate of people facing high levels of acute food insecurity during at least one month of 2024 or, if not available, in the last half of 2023. As such, the peak figure may straddle two consecutive years or be a projection – that is, late 2023–early 2024, or late 2024–early 2025. Data for 2024 are the latest available as of 25 February 2025. Data for projections for 2025 are the latest available as of 14 April 2025.

Acute malnutrition data, 2024

The GRFC analyses nutrition data available from countries/territories with food crises for children aged 6–59 months and pregnant and breastfeeding women. Using Integrated Food Security Phase Classification (IPC) acute malnutrition (AMN) analyses, Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys, Demographic and Health Surveys (DHSs) or national nutrition survey data, countries are classified as either having nutrition crises, being of nutrition concern or not facing significant nutrition challenges.

When multiple IPC AMN analyses are valid for 2024, the peak period is identified as that with the highest share of analysed areas classified as Serious or worse (IPC AMN Phase 3 or above) or equivalent (global acute malnutrition (GAM) prevalence by weight-for-height z-score (WHZ) greater than or equal to 10 percent).

Projections for 2025

The country profiles in Section II of this report include acute food insecurity projections for 2025 using IPC, Cadre Harmonisé (CH) and Famine Early Warning Systems Network (FEWS NET) data, as well as acute malnutrition projections, using IPC AMN analyses. These projections are based on the most likely scenario, which in turn is developed through assumptions on the evolution of drivers and their impacts on food security and nutrition outcomes. No projections are available for displacement.

The analyses in the GRFC are generated following a systematic process that starts with selection of countries/territories using clearly defined criteria followed by data source selection to estimate the numbers of people facing high levels of acute food insecurity.

1 COUNTRY SELECTION

- Countries/territories that required external assistance as assessed by the FAO Global Information and Early Warning System (GIEWS) in 2024.
- Countries/territories that had a Humanitarian Response Plan (HRP) in 2024.
- Low and middle-income countries/territories that requested and received emergency assistance in 2024:
  - from FAO/WFP, in the context of a shock, to at least 0.5 percent of the country population, or 50 000 people if the country population is lower than 10 million;
  - from UNHCR/WFP to at least 5 000 refugees; or
  - because of having over 1 million people or at least 20 percent of its population forcibly displaced.
- High-income countries were excluded, as they were deemed able to cope with shocks without requesting external assistance.

2 DATA SOURCES

After the identification of countries/territories with a food crisis, the GRFC TWGs validate the data source for the peak and projection figures for acute food insecurity, malnutrition and displacement.

MAIN DATA SOURCES FOR ACUTE FOOD INSECURITY

- IPC and CH analyses

When IPC/CH are not available:

- FEWS NET
- WFP's Consolidated Approach to Reporting Indicators of Food Insecurity (CARI)
- Humanitarian Needs and Response Plans (HNRP) number of people in need (PiN) for the food security sector based on OCHA JIAF (Joint and Intersectoral Analysis Framework) methodology

MAIN DATA SOURCES FOR ACUTE MALNUTRITION

- IPC AMN analyses
- HNRP
- National estimates, from UNICEF for severe acute malnutrition and WFP for moderate acute malnutrition

MAIN DATA SOURCES FOR DISPLACEMENT

For refugees:

- UNHCR December 2024 Nowcasting estimates

For IDPs:

- International Organization for Migration (IOM)
- Internal Displacement Monitoring Centre (IDMC)
- Office for the Coordination of Humanitarian Affairs (OCHA)

For further details about each source and methodology, see Technical notes, page 206.

Data gaps

Twelve countries that were selected for the GRFC 2025 did not have acute food insecurity data, or do not have data meeting GRFC technical requirements. They are profiled using contextual information at the end of each regional section as 'additional countries of concern'. Data gaps can be driven by lack of processes to systematically collect information, lack of funding to conduct assessments or lack of access due to insecurity.

What's new in the GRFC 2025

Thresholds for country selection have been tightened. In previous editions, low and middle-income countries/territories were selected if they requested and received emergency assistance from FAO/WFP during the previous year for at least 5 000 people. In this edition, the threshold was raised to 0.5 percent of the country population, or 50 000 people if the country population is lower than 10 million. As a result, 14 countries that met GRFC 2024 criteria were not selected for the GRFC 2025.

Chapter 1 provides a deeper contextualization of different food crises, and an analysis of the nine-year trends on the number of people facing high levels of acute food insecurity and the drivers of food crises.

Chapter 2 is dedicated to nutrition and provides a definition for countries with nutrition crises and nutrition concerns. In doing so, it provides insight into nutritional vulnerabilities in countries with food crises, and the complex relationships between acute food insecurity and malnutrition.

I | Global overview of countries/ territories with food crises, 2024–2025

1 | Acute food insecurity

PHOTO: SOUTH SUDAN ©WFP/SAMANTHA REINDERS

In 2024, over 295 million people, or 22.6 percent of the analysed population, faced high levels of acute food insecurity in 53 of the 65 countries/territories selected for the GRFC. Twelve countries did not have data meeting GRFC technical requirements.

This is the sixth consecutive year with an increase in the number of people facing high levels of acute food insecurity. The increase in 2024 is the net balance of deteriorating situations in 19 countries and improvements in 15 countries/territories. Fewer countries were selected for the GRFC 2025, but expanded analysis coverage in some countries identified areas of high levels of acute food insecurity.

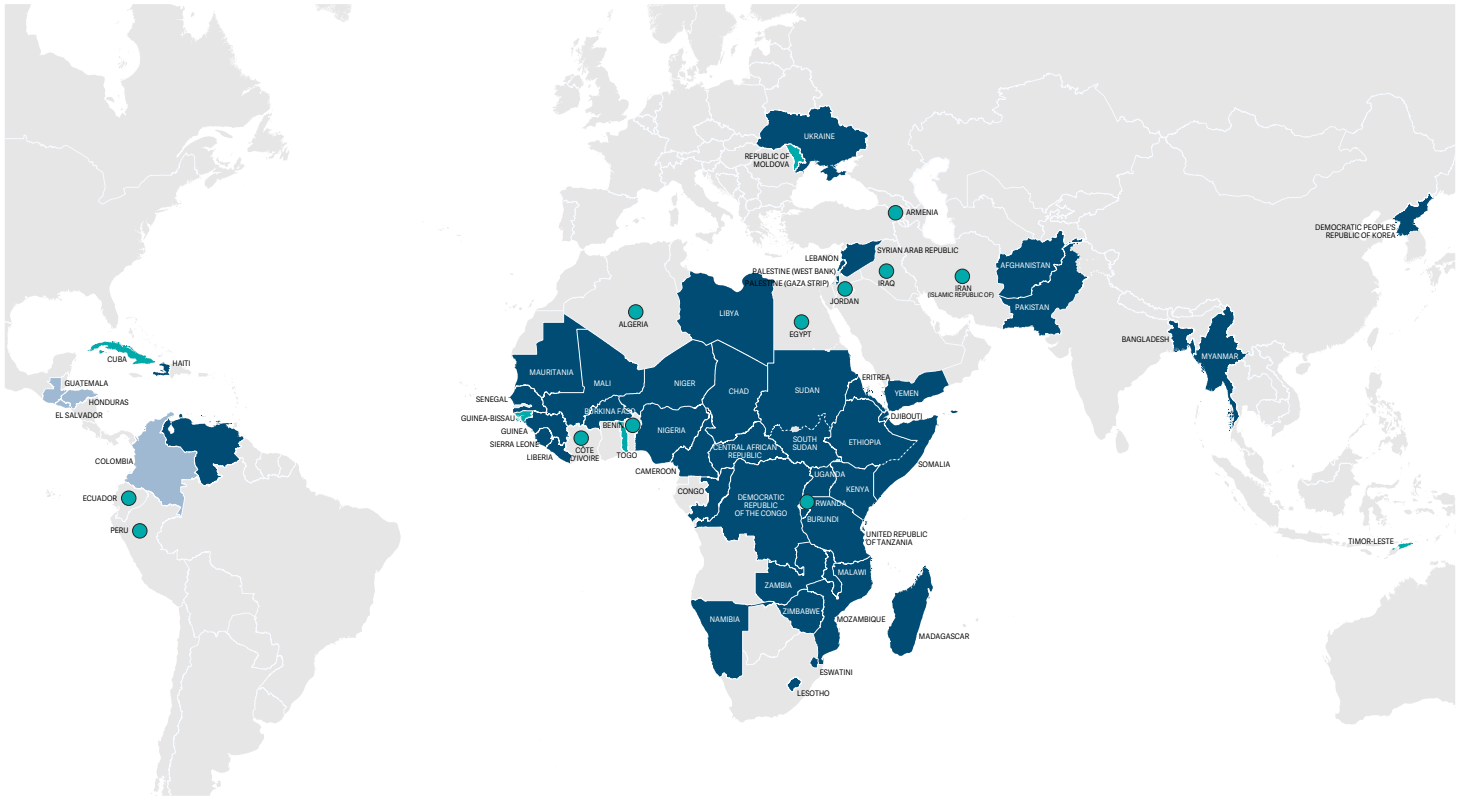
Escalating conflicts in Myanmar, Nigeria and the Sudan drove extraordinarily high levels of acute food insecurity. Severity worsened in Palestine (Gaza Strip), where half the population was projected to be in Catastrophe (IPC Phase 5) during the 2024 peak. Famine (IPC Phase 5) was confirmed in the Sudan in July and became increasingly widespread.

Thirty-five countries/territories included in all nine editions of the GRFC are considered protracted food crises.

Global overview of acute food insecurity, 2024–2025

This chapter provides an analysis of how the magnitude and severity of acute food insecurity in countries/territories with food crises have evolved since 2023 and highlights the most concerning situations. It examines the drivers and structural vulnerabilities that underlie the food crises and provides an analysis of the nine-year trends.

MAP 1.1 **The 65 countries/territories selected for the GRFC 2025**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

- Countries/territories selected because they required external assistance for food and/or faced shocks as assessed by FAO Global Information and Early Warning System (FAO-GIEWS) in 2024
- Countries selected for having a Humanitarian Response Plan (HRP)
- Refugee populations (colour coding as legend)
- Low or upper/lower-middle-income countries/territories not selected for analysis by FAO-GIEWS, but who either: requested external assistance in response to experiencing a shock or shocks to food security from conflict/insecurity, weather extremes and/or economic shocks; had an influx of refugees; or had over 1 million or 20 percent of the country population forcibly displaced

Source: GRFC food security TWG, 2024.

Acute food insecurity data availability

65 countries/territories were selected for the GRFC 2025. *See map 1.1.*

53 of them had data meeting GRFC technical requirements.

12 of them had no data, or the data did not meet GRFC technical requirements: Bolivarian Republic of Venezuela, Cuba, Democratic People's Republic of Korea, Eritrea and Libya, and refugee populations in Armenia, Benin, Côte d'Ivoire, Islamic Republic of Iran, Moldova, Peru and Rwanda.

Acute food insecurity data meeting technical requirements were available for the resident populations of 14 additional countries, but did not meet the GRFC selection criteria described on page 2. These countries are: Angola, Armenia, Benin, Bolivia, Côte d'Ivoire, Dominican Republic, Ecuador, Gambia, Ghana, Iran, Nicaragua, Peru, Sri Lanka and Türkiye.

Changes in high levels of acute food insecurity since 2023

295.3M

people or 22.6% of the analysed population faced high levels of acute food insecurity in the 53 countries/territories with data meeting GRFC technical requirements in 2024.

The number of people in need of urgent food and livelihood assistance rose by almost 5 percent, or 13.7 million people, from 281.6 million in 59 countries/territories in 2023 to 295.3 million in 53 in 2024. This sixth consecutive annual increase is due to changes in assessments and coverage as well as deteriorating acute food insecurity in 19 countries/territories outweighing improvements in 15 others. *See figure 1.1.* Fewer countries were selected for the GRFC 2025, but expanded analysis coverage in some countries identified areas with high levels of acute food insecurity.

The share of the analysed population facing high levels of acute food insecurity increased marginally, from 21.5 percent in 2023 to 22.7 percent in 2024.

In East Africa, in the **Sudan**, an additional 5.3 million people faced high levels of acute food insecurity, bringing the total to 25.6 million, or 54 percent of its population, largely due to the impacts of the devastating conflict. It had the highest number of people facing Emergency (IPC Phase 4), at over 8 million, and the second highest in Catastrophe (IPC Phase 5), at 0.8 million. While the food crises in **Ethiopia** and **Uganda**'s Karamoja region also worsened, in **Kenya**, food security improved markedly due to better climatic conditions that improved food production.

In West Africa and the Sahel, in **Nigeria**, an additional 6.9 million people faced high levels of acute food insecurity, bringing the total to 31.8 million, due to a resurgence and expansion of conflicts, high inflation and increased analysis coverage. **Chad** saw a 47 percent increase in the number of people facing high levels of acute food insecurity linked to conflict-related population displacement, flooding and high food prices, while high inflation drove an increase in **Sierra Leone**.

In Asia, the number of people facing high levels of acute food insecurity in **Myanmar** increased by 3.7 million to reach 14.4 million due to intensifying conflict and severe flooding and landslides. Although the number decreased by 4.1 million in **Afghanistan**, attributable to humanitarian food and agriculture assistance, good harvests and reduced inflation, 15.8 million people still faced Crisis or worse (IPC Phase 3 or above).

In the Middle East, in **Palestine**, the magnitude of acute food insecurity was unchanged in the Gaza Strip, with 2.2 million people (100 percent of the total population) continuing to face high levels of acute food insecurity. The increase in food deliveries and humanitarian assistance in March and April contributed to an improvement from May onwards, with 1.9 million people (91 percent) facing high levels of acute food insecurity by the end of the year (IPC, October 2024). In the West Bank, increased violence and deteriorating economic conditions drove increasing acute food insecurity.

In Southern Africa, El Niño-induced drought, macroeconomic instability and limited livelihood opportunities drove sharp increases in **Zimbabwe** and **Malawi**, with 1.5 million and 1.3 million more people facing high levels of acute food insecurity in the two countries respectively.

Why did 13.7 million more people face high levels of acute food insecurity between 2023 and 2024?

Changes in geographical coverage and country assessment methodologies explain a **net increase of 9.7 million** people facing high levels of acute food insecurity. *See Technical notes for comparability analysis on page 206.*

In 34 countries/territories with **comparable data** between 2023 and 2024, the situation worsened in 19, driven by conflict/insecurity, weather extremes and/or economic shocks, and improved in 15. This led to a **net increase of 4 million** people facing high levels of acute food insecurity.

Famine in the Sudan and risk of Famine in Palestine (Gaza Strip)

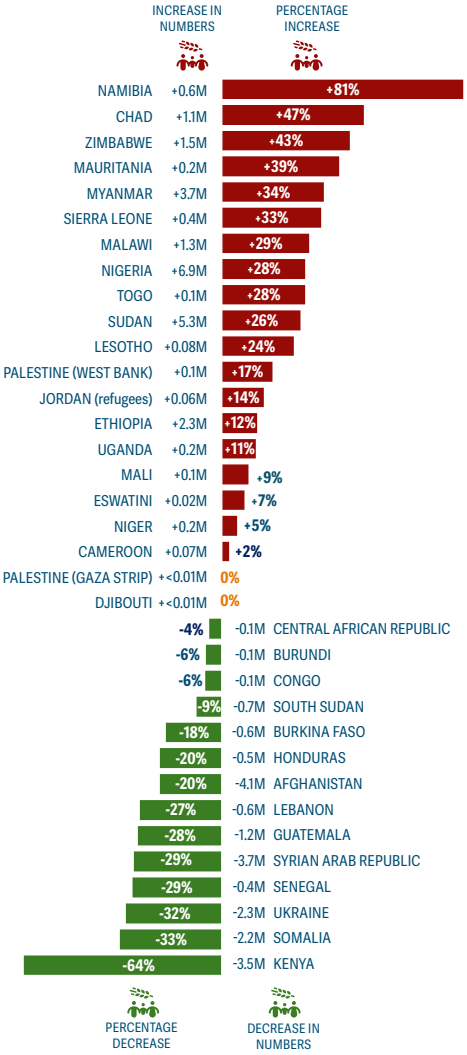
In the **Sudan**, in July 2024, the IPC Famine Review Committee (FRC) estimated that Famine (IPC Phase 5) was ongoing in Zamzam camp in North Darfur (IPC FRC, July 2024). Subsequently, the FRC detected Famine in at least five areas between October and November 2024 and projected that five additional areas would face Famine between December 2024 and May 2025. The FRC also identified a risk of Famine in 17 other areas (IPC FRC, December 2024).[1]

While, in March 2024, the IPC FRC projected that Famine (IPC Phase 5) was imminent in **Palestine** (Gaza Strip), a new analysis published in June indicated that, following the increase in deliveries of commodities and the scale-up of the humanitarian response in northern governorates, the available evidence did not indicate that Famine was currently occurring (FRC, June 2024). However, the risk of Famine persisted for the entire year (IPC, October 2024).

[1] The Government of Sudan did not endorse this analysis.

FIG. 1.1 **Change in number of people facing high levels of acute food insecurity**

Countries/territories with comparable data, 2023–2024 peaks



Source: FSIN, 2025.

Severity of acute food insecurity | 2024

Severity of acute food insecurity

Out of the 295.3 million people reported in the GRFC 2025 as facing high levels of acute food insecurity, 227.1 million were in 40 countries/territories with analyses carried out using IPC/CH methodology or equivalent, and hence had data disaggregated by phase.

No phase disaggregation was possible in the areas without IPC/CH analyses. In these cases, 68.2 million people faced high levels of acute food insecurity according to WFP using Consolidated Approach to Reporting Indicators of Food Security (CARI) methodology in eight countries (18.5 million people), FEWS NET in four countries (29.2 million people) and Humanitarian Needs and Response Plans (HNRPs) in three countries (20.5 million people). *See Technical notes, page 206.*

As such, the following is likely an underestimation of the severity of acute food insecurity across all countries/territories with food crises.

IPC/CH acute food insecurity phase description and response objectives

Phase	Phase description and priority response objectives
Phase 1 None/Minimal	Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income. Action required to build resilience and for disaster risk reduction.
Phase 2 Stressed	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies. Action required for disaster risk reduction and to protect livelihoods.
Phase 3 Crisis	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies. URGENT ACTION required to protect livelihoods and reduce food consumption gaps.
Phase 4 Emergency	Households either: • have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation. URGENT ACTION required to save lives and livelihoods.
Phase 5 Catastrophe/ Famine	Households have an extreme lack of food and/or cannot meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine classification, area needs to have extreme critical levels of acute malnutrition and mortality.)* URGENT ACTION required to revert/prevent widespread death and total collapse of livelihoods.

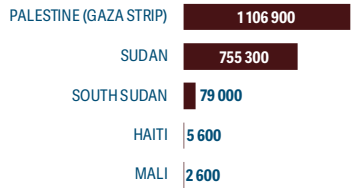
* A Famine classification requires evidence on food security, nutrition and mortality at or above IPC Phase 5 thresholds. Depending on the quality and quantity of evidence available, Famine can be classified as Famine (IPC Phase 5) with solid evidence or as Famine (IPC Phase 5) with reasonable evidence.

Populations in Catastrophe (IPC/CH Phase 5)

Almost 2 million people in five countries/territories were estimated or projected to be in Catastrophe (IPC/CH Phase 5) in 2024 – the highest number since GRFC reporting began, and more than double the number of 2023. *See figure 1.2.*

In this phase of acute food insecurity, urgent and immediate action, including large-scale and multi-sectoral response and protected humanitarian access is needed to prevent further death and prevent/reverse total collapse of livelihoods.

FIG. 1.2 **Countries/territories with populations projected to be in Catastrophe (IPC/CH Phase 5)**



Source: IPC TWGs, 2023 and 2024; IPC Global Initiative, 2024; CH, 2024.

In **Palestine** (Gaza Strip), over 1.1 million people, half of the territory's population, were estimated to be in Catastrophe (IPC Phase 5) between March and April 2024. This was almost double the 576 600 people estimated in this phase at the end of 2023, which was already the highest number and share of population in this phase in any country/territory in IPC history (IPC, March 2024). The subsequent increase in food deliveries and scale-up of humanitarian assistance contributed to an improvement from May onwards, with 0.3 million people or 16 percent of the population in Catastrophe (IPC Phase 5) by the end of the year (IPC, October 2024).

In the **Sudan**, the population facing Catastrophe (IPC Phase 5) increased from zero in 2023 to 755 300 in 2024. This deterioration underscores how rapidly conflict can drive acute food insecurity to reach famine levels, unprecedented in the history of the IPC and GRFC for this country (FRC, December 2024). *See Famine box, page 6, for further details.*

Around 79 000 people were estimated to be in Catastrophe (IPC Phase 5) in **South Sudan** during the April–July 2024 lean season in Jonglei and Northern Bahr el Ghazal states. Some 28 000 of them were returnees from the Sudan (IPC, November 2023). This number was up from the 43 000 reported in the same period in 2023.

In **Haiti**, around 5 600 internally displaced persons (IDPs) in the metropolitan area of Port-au-Prince were estimated to be facing Catastrophe (IPC Phase 5) between August 2024 and February 2025 (IPC, September 2024), up from none in 2023. The resurgence of civil insecurity at the beginning of 2024 contributed to a major deterioration in the humanitarian situation, causing extensive displacement.

Around 2 600 people were projected to face Catastrophe (CH Phase 5) in the Ménaka region of **Mali** in June–August 2024, mostly due to heightened insecurity significantly constraining humanitarian access (CH, March 2024).

No populations were reported in this phase in **Burkina Faso** and **Somalia**, compared with over 40 000 in each country in 2023. In **Somalia**, this could be attributed to increased rainfall from early 2023 that improved pasture and water availability in pastoral areas after three years of severe drought, and to humanitarian assistance. Food access improved somewhat in **Burkina Faso** in early 2024 in areas with populations in this phase in 2023, but remained irregular and low. However, no estimates were available for the post-harvest October–December 2024 period or 2025 lean season.

Severity of acute food insecurity | 2024

Populations in Emergency (IPC/CH Phase 4)

Over 35.1 million people in 36 countries/territories experienced Emergency (IPC/CH Phase 4) in 2024. *See figure 1.3.*

Populations in this phase need large-scale and urgent action to reduce food consumption gaps and prevent livelihood collapse, starvation and further acute malnutrition and death.

In 2024, 3.5 percent of the analysed population in 40 countries/territories were in this phase. Palestine (Gaza Strip) had by far the highest share of its population (38 percent) in IPC Phase 4, followed by **South Sudan** (19 percent), the **Sudan** (18 percent) and **Haiti** (18 percent).

While the total number of people in this phase was lower than in 2023 (-1.3 million), some countries/territories faced increases. In the **Sudan**, which already had the largest number of people in IPC Phase 4 in 2023, the number increased by more than 2 million people. In **Chad**, the population in CH Phase 4 more than doubled. **Kenya** saw the most significant improvement, with the number of people in this phase decreasing from 1.2 million in 2023 to fewer than 0.3 million in 2024. **Afghanistan** had around 2.5 million fewer people in this phase, almost half that of 2023.

The analysis in **Bangladesh** more than doubled in geographical coverage between 2023 and 2024 but reported a decrease of 0.6 million people in IPC Phase 4.

Populations in Crisis (IPC/CH Phase 3)

Around 190 million people in 40 countries/territories experienced Crisis (IPC/CH Phase 3) in 2024.

Populations in this phase also require urgent action to protect livelihoods and reduce food consumption gaps. In 2024, 190 million people faced IPC/CH Phase 3, corresponding to 19 percent of the population analysed in these 40 countries.

The prevalence was marginally higher than in 2023 (18 percent). In **Nigeria**, **Democratic Republic of the Congo** and **Bangladesh**, nearly all the people who faced high levels of acute food insecurity were in IPC/CH Phase 3. The **Sudan** had the fourth-largest population in this phase, but the ranking should be contextualized with the high number of people in IPC Phase 4. *See figure 1.4.*

More than 30 percent of the analysed population of **Central African Republic**, **Haiti**, **Namibia**, **South Sudan, the Sudan**, **Yemen (Government of Yemen (GoY)-controlled areas)** and **Zambia** were in IPC Phase 3.

Populations in Stressed (IPC/CH Phase 2)

Around 344.7 million people in 39 countries experienced Stressed (IPC/CH Phase 2) in 2024.

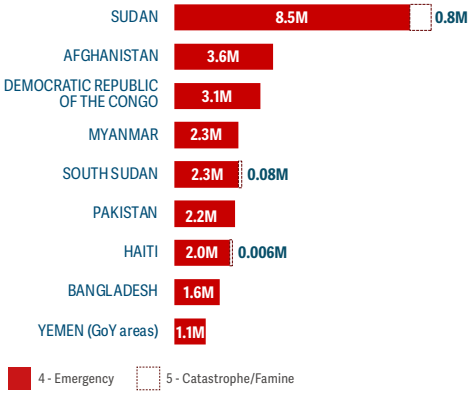
Populations in this phase are vulnerable to shocks and require support to reduce risks related to disasters and to protect their livelihoods.

The share of analysed population in IPC/CH Phase 2 increased from 32 percent in 2023 to 35 percent in 2024. This represents a deterioration as it occurred in parallel with a reduction in the share of analysed population in IPC/CH Phase 1 – from 46 percent in 2023 to 41 percent in 2024.

Among the countries with larger populations in IPC/CH Phase 2, **Nigeria** had almost 83 million people, followed by **Democratic Republic of the Congo** with 51 million and **Bangladesh** with over 33 million. *See figure 1.5.* In **Palestine** (Gaza Strip), no one faced IPC Phase 2, as the total population was in higher phases.

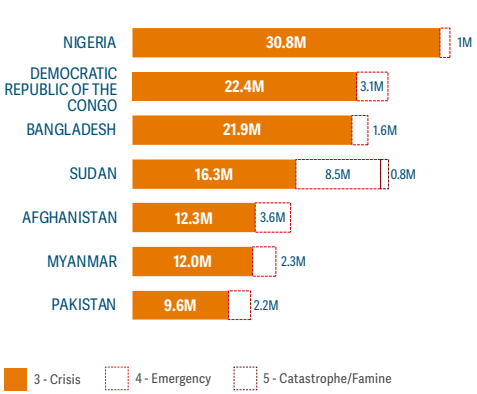
Out of the 40 countries/territories with available disaggregated data, 32 countries had more than a quarter of their analysed population in this phase. This marks a deterioration from 2023, when this was the case in 28 countries.

FIG. 1.3 **Countries/territories with over 1 million people in IPC/CH Phase 4, 2024 peak**



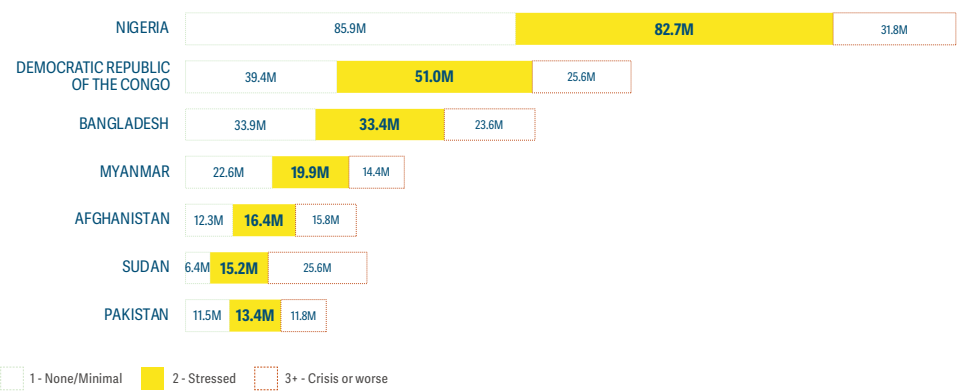
Source: IPC TWGs, 2023 and 2024; CH, 2024; pre-analysis conducted under the HNRP for Myanmar.

FIG. 1.4 **Countries/territories with highest number of people in IPC/CH Phase 3, 2024 peak**



Source: IPC TWGs, 2023 and 2024; CH, 2024; pre-analysis conducted under the HNRP for Myanmar.

FIG. 1.5 **Countries/territories with highest number of people in IPC/CH Phase 2, 2024 peak**



Source: IPC TWGs, 2023 and 2024; CH, 2024; pre-analysis conducted under the HNRP for Myanmar.

Magnitude and prevalence of high levels of acute food insecurity | 2024 peak

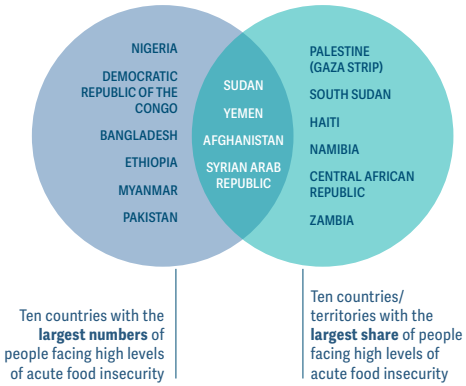
Largest numbers of people facing high levels of acute food insecurity

The ten countries with the largest number of people facing high levels of acute food insecurity each had more than 9 million in IPC/CH Phase 3 or above or equivalent in 2024. *See figure 1.7.*

The ten countries on this list have not changed since 2023. They accounted for more than 196 million people or 66 percent of the overall number of 295.3 million people facing high levels of acute food insecurity in the 53 countries/territories with data meeting GRFC technical requirements in 2024.

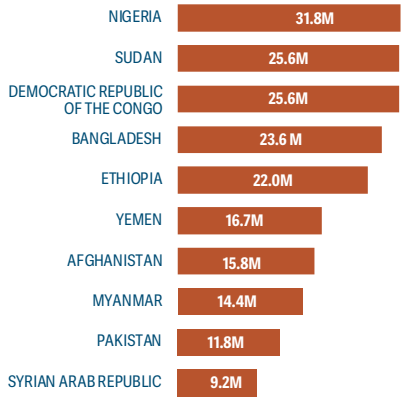
Nigeria, the **Sudan** and **Democratic Republic of the Congo** had the largest populations in IPC/CH Phase 3 or above. The three of them accounted for more than a quarter (28 percent) of the aggregate number.

FIG. 1.6 **Countries/territories with the largest numbers and shares of people facing high levels of acute food insecurity**



Sources: IPC TWGs, 2024; IPC Global Initiative, 2024; CH, 2024; FEWS NET (Ethiopia), 2024; IPC TWG, FSC (Yemen), 2024; WFP (CARI methodology), 2024. Myanmar pre-analysis conducted under the HNRP.

FIG. 1.7 **The ten countries with the largest number of people facing high levels of acute food insecurity, 2024 peak**



Source: IPC TWGs, 2024; Myanmar pre-analysis conducted under the HNRP; CH, 2024; FEWS NET (Ethiopia); WFP (CARI).

Afghanistan, **Democratic Republic of the Congo**, **Ethiopia**, **Nigeria**, **Syrian Arab Republic** and **Yemen** have consistently been among the countries with the largest numbers since 2016.

Except for **Ethiopia**, **Syrian Arab Republic** and De Facto Authority (DFA)-controlled areas of **Yemen**, eight of the ten countries had data disaggregated by phase in 2024. These eight had 24.3 million people in Emergency and Catastrophe (IPC/CH Phase 4 and Phase 5), representing two-thirds (65 percent) of the global aggregate number in these phases.

Among the 53 countries/territories with data meeting GRFC technical requirements, 37 had over 1 million people in IPC/CH Phase 3 or above or equivalent.

Largest share of population facing high levels of acute food insecurity

Palestine (Gaza Strip) had the highest share of its population in IPC Phase 3 or above, at 100 percent, as in 2023. At 88 percent, a larger percentage were in IPC Phase 4 and IPC Phase 5 in 2024 than 2023 (79 percent), indicating increased severity.

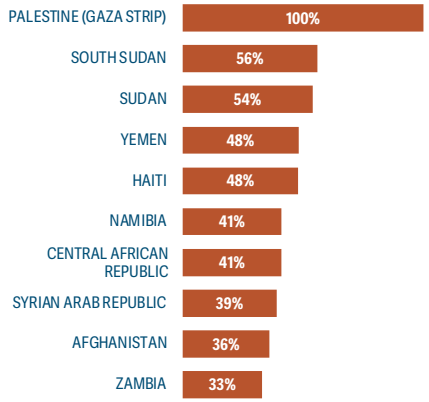
Another four countries had around half of their population in these conditions, ranging from 48 percent in **Yemen** and **Haiti** to 54 percent in the **Sudan** and 56 percent in **South Sudan**. *See figure 1.8.*

In an additional five countries – **Afghanistan**, **Central African Republic**, **Namibia**, **Syrian Arab Republic** and **Zambia** – a third or more of the analysed population faced high levels of acute food insecurity. In all selected countries, the prevalence of high levels of acute food insecurity was generally higher among displaced populations than residents. *See chapter 3, Global displacement, page 39.*

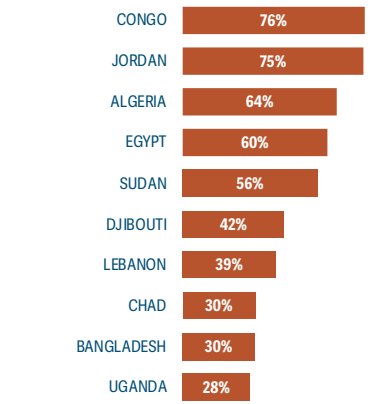
This list remained largely consistent with that of 2023, with the addition of **Namibia** and **Zambia** following the severe drought in 2024. **Lebanon** and **Somalia** are no longer among the countries/territories with the largest share of analysed population facing high levels of acute food insecurity.

FIG. 1.8 **Share of analysed population facing high levels of acute food insecurity, 2024**

The ten countries/territories with largest share of their analysed population facing high levels of acute food insecurity



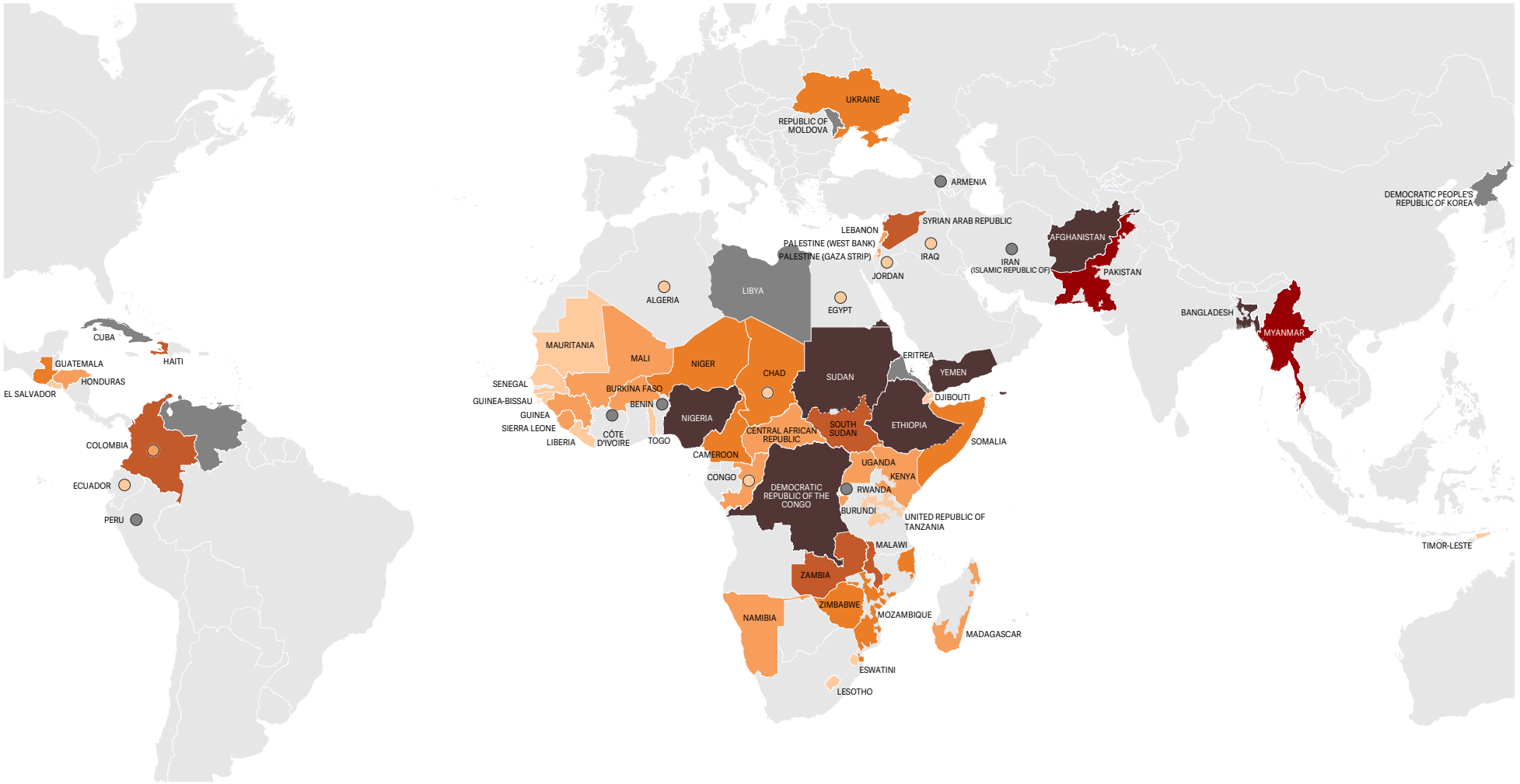
The ten host countries with largest share of refugees facing high levels of acute food insecurity



Source: IPC TWGs, 2024; IPC Global Initiative; CH, 2024; FEWS NET (Ethiopia); IPC and FSC (Yemen) WFP (CARI).

Magnitude and prevalence of high levels of acute food insecurity | 2024 peak

MAP 1.2 Number of people facing high levels of acute food insecurity in countries selected for the GRFC 2025



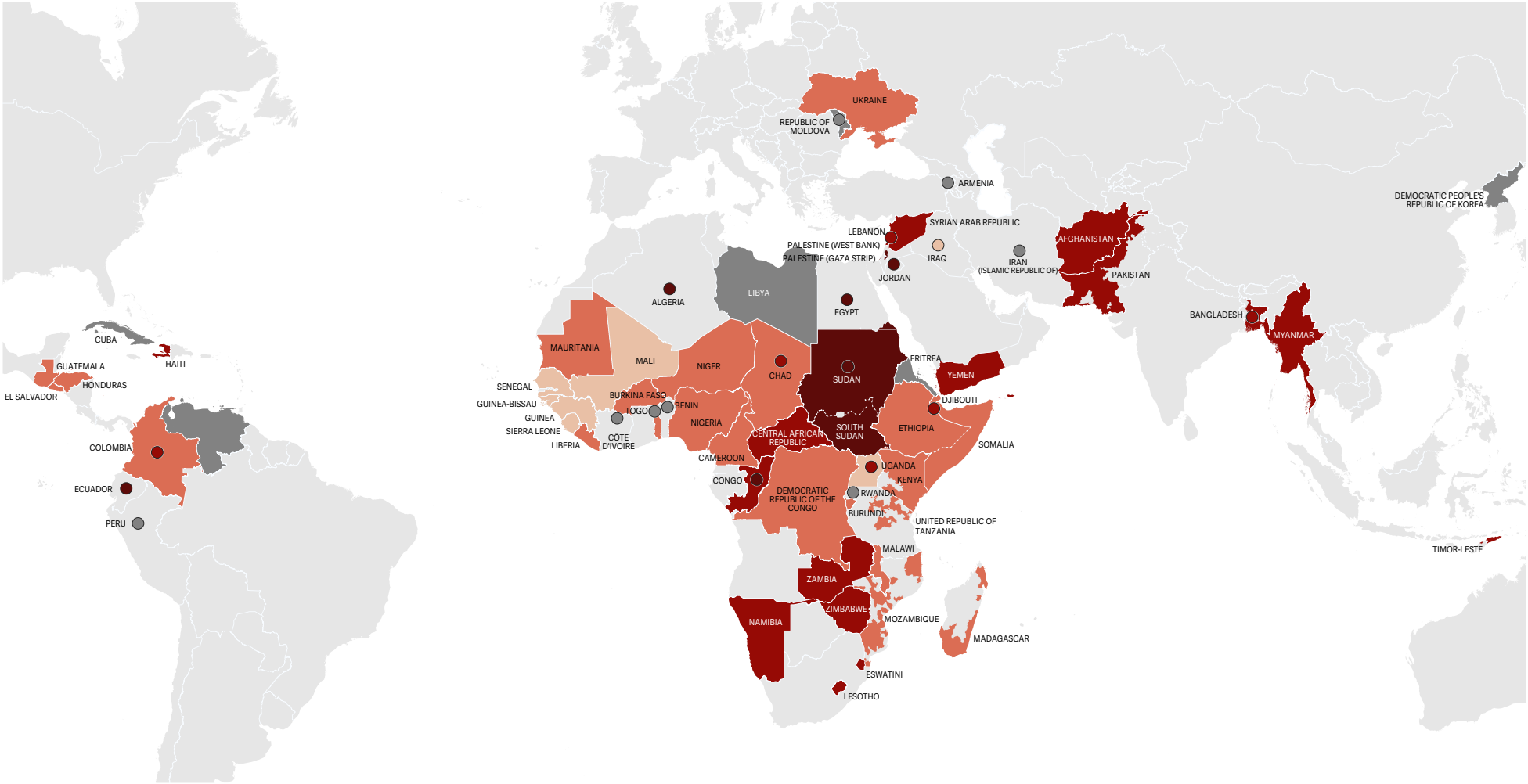
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

< 1 million | 1–2.9 million | 3–4.9 million | 5–9.9 million | 10–15 million | > 15 million | No data/data not meeting GRFC technical requirements | Country not selected for analysis | Migrants/refugee populations (colour coding as this key)

Source: GRFC food security TWG, 2025.

Magnitude and prevalence of high levels of acute food insecurity | 2024 peak

MAP 1.3 Share of analysed population facing high levels of acute food insecurity in countries selected for the GRFC 2025



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

<10 percent | 10–24.99 percent | 25–49.99 percent | ≥50 percent | No data/data not meeting GRFC technical requirements | Country not selected for analysis | Migrants/refugee populations (colour coding as this key)

Source: GRFC food security TWG, 2025.

Drivers of food crises and capacity to respond | 2024

Drivers of food crises

The drivers of acute food insecurity are interlinked and mutually reinforcing, exacerbating vulnerabilities, undermining resilience and reversing development gains.

Interlinkages among drivers

Understanding the interlinkages between drivers is crucial for crafting effective and sustainable interventions to alleviate acute food insecurity and to build resilient livelihoods. For instance, conflict can exacerbate climate vulnerability by fuelling environmental degradation and taking resources away from adaptation efforts (IMF, August 2023). Conflict hinders households' economic access to food in multiple ways. For instance, high rates of sexual violence against women and girls impact households' ability to access and produce food (Insecurity Insight, 2023).

Weather extremes can trigger or worsen conflict as groups compete over the changing availability and distribution of natural resources. For example, shifts in rainfall patterns and desertification in the Sahel have intensified competition for resources, straining community-based conflict resolution mechanisms and leading to communal violence (Signe and Mbaye, 2022; WB, 2020).

Extreme weather events can cause economic shocks by damaging productive capital and infrastructure, disrupting economic activity, lowering productivity in agriculture, and diverting resources towards reconstruction. They can reduce exports and widen a country's current account deficit, slowing post-disaster recovery. Worsening drought conditions are associated with persistent upward pressure on inflation in fragile states (IMF, August 2023).

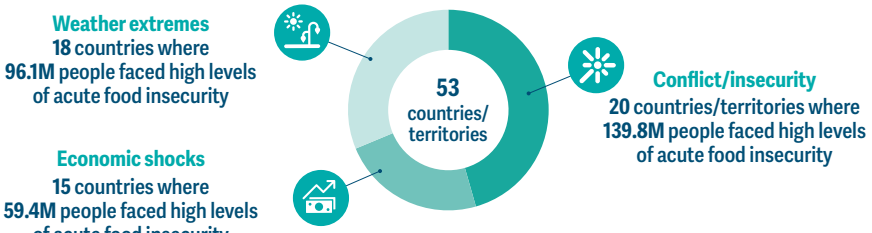
Economic shocks leading to unemployment and increasing levels of poverty can lead to social unrest, violence, conflict, and political instability (IMF, August 2023).

Conflict and weather-related disasters often force displacement and impede voluntary returns for refugees and IDPs, as livelihoods at the place of origin may be lost. Refugees and IDPs face significant barriers to food security, as people fleeing their homes leave behind the livelihoods on which they depend for food and income. Refugees face particular barriers to accessing employment and services due to their irregular status in the host country. They are usually reliant on humanitarian assistance.

In 2024, the predominant drivers of acute food insecurity were the intensification of the conflicts in **Palestine** (Gaza Strip), the **Sudan**, **Lebanon**, **Myanmar** and **Nigeria**, and the climatic shock of El Niño, especially in Southern Africa.

While drivers of food crises tend to be interrelated, it is possible to identify the main driver in most contexts, as shown in figure 1.9 (please note that the population affected refers to the aggregate number of people facing high levels of acute food insecurity in the countries grouped by primary driver).

FIG. 1.9 **Primary drivers of acute food insecurity in countries/territories with food crises with data, 2024**



Food crises are the result of multiple drivers. The GRFC has based this infographic on the predominant driver in each country/territory.

Source: GRFC Food Security TWG, 2024.

Conflict/insecurity was the primary driver in 20 countries/territories where 139.8 million people faced high levels of acute food insecurity.

Conflict/insecurity remained the primary driver in 17 of the same countries/territories as 2023. It became the main driver in **Colombia**, **Lebanon** and **Togo**. Four of the ten largest food crises in terms of magnitude (**Nigeria**, **Democratic Republic of the Congo**, the **Sudan** and **Myanmar**) and four of the ten largest in terms of prevalence (the **Sudan**, **Palestine** (Gaza Strip), **Haiti** and **Central African Republic**) were primarily driven by conflict/insecurity.

It was the main driver in four of the five countries/territories with populations in Catastrophe (IPC/CH Phase 5) – namely the **Sudan**, **Palestine** (Gaza Strip), **Haiti** and **Mali**. Although **South Sudan** had economic shocks as the primary driver, conflict in the **Sudan** was the main driver for 31 000 returnees facing Catastrophe (IPC Phase 5) levels of acute food insecurity. Out of the 35.1 million people in Emergency (IPC/CH Phase 4), 20.1 million were in countries/territories where conflict was the primary driver.

Thirteen of the 20 primarily conflict-driven food crises were in the Middle East, and West Africa and the Sahel. Conflict/insecurity was considered the secondary driver in seven countries and the tertiary driver in another seven. It was not identified as a driver in 19 countries.

Since 2021, the number of countries with conflict/insecurity as the primary driver has decreased. This is due to a switch in primary driver from conflict/insecurity to economic shocks in three countries – **Afghanistan**, **South Sudan** and **Syrian Arab Republic**. Localized insecurity has nonetheless persisted in these countries, and years of conflict have devastated national economies and eroded people's resilience.

Evolution of conflict in 2024

Conflict is a devastating driver of acute food security, with significant impacts on households' capacities to produce and/or access food.

Around one in eight people around the world were estimated to have been exposed to conflict in 2024, with a 25 percent increase in political violence incidents recorded between the start and end of the year. The vast majority of the 50 countries with the highest conflict index ranking were low-income and lower-middle-income countries (ACLED, December 2024), and 39 of them were among the 65 selected for the GRFC 2025.

In the Middle East, a chain reaction set off by the attacks in October 2023 propelled a year of spreading violence in **Palestine** (the Gaza Strip and West Bank), **Lebanon** and **Yemen**, while **Syrian Arab Republic** experienced regime change. **Palestine** (Gaza Strip) was the most dangerous for civilians (OCHA, January 2025). Two-thirds of buildings and infrastructure were damaged or in ruins, with entire neighbourhoods levelled. *See Focus | The impact of protracted conflict in the region, page 153.*

Myanmar, one of the countries with the worst food

Drivers of food crises and capacity to respond | 2024

crises in 2024, faced widespread conflict with an average of 170 non-state armed groups (NSAGs) active each week. **Ukraine** remained the deadliest conflict in terms of number of fatalities (ACLED, December 2024).

When looking at displacement and acute food insecurity figures, the conflict in the **Sudan** was the most devastating. More than 12.3 million Sudanese – over a third of the pre-conflict population – were internally displaced or had crossed borders to seek refuge or to return to their places of origin by the end of 2024 (UNHCR, February 2025) with profound impacts on households' ability to access and produce food. *See Focus | The Sudan crisis, 2024–2025, page 78.*

In **Haiti**, gangs have seized control of much of the Port-au-Prince Metropolitan Area and several other regions, disrupting livelihoods, markets and access to food. In 2024 alone, violence involving gangs killed more than 4 500 people, displaced 700 000 (UN, November 2024) and left almost half of Haitians facing high levels of acute food insecurity (IPC, September 2024).

Weather extremes were the primary driver in 18 countries where 96.1 million people faced high levels of acute food insecurity.

While the same number of countries had weather extremes as the primary driver as in 2023, their extent and impact increased significantly during 2024, with an additional 24.2 million people facing high levels of acute food insecurity. Weather extremes were considered the secondary or tertiary driver in another 29 countries with food crises.

In 2024, 96.1 million people faced high levels of acute food insecurity in 18 countries where weather extremes were the primary driver. In 12 of these countries, 7.3 million people faced IPC/CH Phase 4.

Average air temperatures over land hit an all-time high in 2024, boosted by a warming El Niño event, reaching 1.2° C above the 1995–2005 average. Thirty-four countries set new maximum temperature records (Global Water Monitor, 2024).

In 2024, precipitation extremes also increased. Water-related disasters caused extensive damage, with climate change contributing to increased severity of floods, droughts and cyclones. Asia experienced a strong monsoon and Cyclone Yagi, which affected a number of countries in Southeast Asia in September 2024 including **Myanmar**, was the strongest to strike the region in decades.

The El Niño event, which reached its peak intensity in late 2023 through to mid-2024, drove many of the weather extremes in 2024, bringing hotter and drier-than-normal conditions across many regions. In Southern Africa, the 2023–2024 El Niño-induced drought led to widespread harvest failure and livestock deaths. Over large parts of **Madagascar**, **Malawi**, **Mozambique**, **Namibia**, **Zambia** and **Zimbabwe**, a long and extensive dry spell affected crops at the time when moisture was most critical for plant development (SADC, August 2024).

Economic shocks were the primary driver in 15 countries where 59.4 million people faced high levels of acute food insecurity.

Compared with 2023, this marks a decrease from 21 countries where 75.2 million people faced high levels of acute food insecurity, although still more than double the number of people in 2019 before the economic impacts of COVID-19.

In 2024, 59.4 million people faced high levels of acute food insecurity in 15 countries where economic shocks were the primary driver. In 11 of them, 7.8 million people faced IPC/CH Phase 4 (no phase breakdown data were available for **Syrian Arab Republic**, DFA-controlled areas of **Yemen** or refugees and migrants in **Ecuador**), and 79 000 people were in Catastrophe (IPC Phase 5) in **South Sudan**, noting that some of them were returnees from the **Sudan** and primarily affected by the conflict there. Economic shocks were considered the secondary driver in 25 countries/territories and the tertiary driver in 7.

FIG. 1.10 **Number of countries/territories by shock identified as primary driver, 2018–2024**
(this table also shows aggregate number of people facing high levels of acute food insecurity in those countries)

Primary driver		2018	2019	2020	2021	2022	2023	2024
Conflict/ insecurity	Number of countries/territories	21	22	23	24	19	20	20
	Millions of people facing high levels of acute food insecurity	73.9	79.7	102.9	139.1	117.1	134.5	139.8
Weather extremes	Number of countries	26	25	15	8	12	18	18
	Millions of people facing high levels of acute food insecurity	28.7	33.7	15.7	23.5	56.8	71.9	96.1
Economic shocks	Number of countries	6	8	17	21	27	21	15
	Millions of people facing high levels of acute food insecurity	10.2	24.0	40.5	30.2	83.9	75.2	59.4

Economic shocks include the indirect impact of COVID-19 in 2020 and 2021 and the effects of the war in Ukraine in 2022. Food crises are the result of multiple drivers. The GRFC has based this table on the predominant driver in each country/territory. The 2019 and 2020 figures have been updated to reflect Flowminder updates to the Afghanistan IPC analysis.

Source: FSIN, GRFC 2019–2025.

In 2024, global economic growth was weak by historical standards and well below the 3.1 percent average in the decade before COVID-19. Growth prospects for 2025, even before the turmoil of the early months of the year, had been deemed insufficient to offset the damage done to the global economy by years of successive negative shocks (WB, January 2025).

Despite monthly increases for most of 2024, primarily driven by dairy, meat and vegetable oil prices, the FAO Food Price Index in 2024 was below 2023 levels but higher than pre-COVID-19 levels (FAO, January 2025). Disruptions to production and shipping of commodities, especially oil, as well as conflicts, civil unrest and extreme weather events led to downward revisions to the economic outlook for the Middle East and Central Asia and for sub-Saharan Africa (IMF, October 2024).

Differences in response capacity

This section examines the underlying characteristics that may contribute to the profound impact of shocks on acute food insecurity in the 16 countries with the highest magnitude and prevalence of high levels of acute food insecurity in the GRFC 2025.

These differences arise from an interplay of structural, economic and sociopolitical factors that shape a country's ability to prevent and respond to food insecurity. Its degree of dependence on external assistance often reflects its economic and institutional capacity to address food crises.

Low-income and fragile states frequently face a confluence of challenges, including limited fiscal space to invest in social safety nets or disaster response mechanisms, or to support agriculture and markets to meet rising demand, as well as inadequate infrastructure and rapid urbanization, making it difficult to address food insecurity without external assistance.

Drivers of food crises and capacity to respond | 2024

Conversely, upper-middle-income and high-income countries with more developed systems and resources may experience food crises, but their higher resource base often allows for more self-reliant recovery strategies. Countries with resilient institutions, effective governance and well-functioning social protection programmes are better positioned to mitigate the impacts of shocks (OECD, January 2025). In order to understand food crises and tailor interventions, it is essential to be aware of these variations.

Countries most vulnerable to shocks, 2024

The vulnerability dimension of the INFORM risk index examines the intrinsic predispositions of an exposed population to be affected, or to be susceptible to, the damaging effects of a hazard (EC-JRC, 2017).

All countries/territories included in the GRFC had an average value of 5.9 on the INFORM vulnerability index, which corresponds to a 'high' classification. Among the low-income countries, the average index value was 6.9, which corresponds to the 'very high' category. There is a statistically significant correlation between the vulnerability index and the magnitude of acute food insecurity.

According to the INFORM methodology, **Somalia** has the highest level of vulnerability, followed by **South Sudan** and **Central African Republic**. Except for **Yemen**, all ten countries with the highest level of vulnerability are in Africa.

Countries with lowest capacity to cope with shocks, 2024

The coping capacity dimension of the INFORM risk index examines the ability and effort of a country to cope with disasters in terms of formal, organized activities, as well as the existence of infrastructure to help reduce disaster risk (JRC, 2017).

FIG. 1.11 **Variations in capacity to respond to shocks in countries/territories with the largest food crises**

Countries	INFORM vulnerability	INFORM lack of coping capacity	Net ODA received (% of GNI) 2022
AFGHANISTAN	8.3	7.1	26.8%
BANGLADESH	6.1	4.8	1.1%
CENTRAL AFRICAN REPUBLIC	8.7	8.8	27.2%
DEMOCRATIC REPUBLIC OF THE CONGO	7.7	8	5.2%
ETHIOPIA	6.6	6.7	3.9%
HAITI	6.7	7.2	4.4%
MYANMAR	6.2	6.6	1.6%
NAMIBIA	5.7	4.9	2.7%
NIGERIA	6.2	6	1.0%
PAKISTAN	5.8	5.3	0.5%
PALESTINE (GAZA STRIP)	6.2	4.2	9.4%
SOUTH SUDAN	8.9	9.3	N/A
SUDAN	7.4	6.7	3.1%
SYRIAN ARAB REPUBLIC	N/A	N/A	36.3%
YEMEN	8.4	7.9	N/A
ZAMBIA	6.6	5.6	6.7%

Low Medium High Very high

Source: GRFC 2025; JRC 2024; WB 2024.

This table refers to the ten countries with the highest number of people in IPC/CH Phase 3 or above or equivalent and the ten countries/territories with the highest share of population in these phases. Afghanistan, Sudan, Syrian Arab Republic and Yemen are in both rankings. *See figure 1.6.*

Most of the ten countries with the highest index values are in East, Central or West Africa, with **South Sudan** and **Central African Republic** having the worst scores. The lack of capacity index has an average value of 5.9 across all countries/territories included in the GRFC, corresponding to the 'high' category. This ranges from a 'medium' average value for upper-middle-income countries to a 'very high' category for low-income countries. Among the countries/territories with the largest food crises, four ranked 'very high' on this index and six as 'high'. *See figure 1.11.*

Countries with highest dependence on external assistance

Eleven of the 65 countries/territories selected for the GRFC 2025 received Official Development Assistance (ODA) representing more than 10 percent of their GNI, with **Afghanistan** and **Central African Republic** reaching 27 percent, followed by **Somalia**, **Burundi** and **Ukraine** in 2022 (the latest available GNI data). Reliance on external assistance as a share of Gross National Income (GNI) can be considered a proxy indicator for a country's own capacity to respond to shocks and assist vulnerable populations.

A very low percentage of ODA disbursements – less than 1 percent – tended to be spent on humanitarian aid in countries with food crises (OECD, 2024). Looking at the countries and territories included in the GRFC, and accounting for all sectors, on average, 76 percent of global humanitarian assistance (an average of USD 24 billion per year between 2016 and 2023) and 33 percent of all development assistance (an average of USD 62 billion per year between 2016 and 2022) was allocated to food-crisis contexts (GNAFC, 2025).

Low-income, lower-middle and middle-income countries

Except for Gambia, all 25 'low-income' countries, as defined by the World Bank, were among the 65 selected for the GRFC 2025. Half of the 54 countries that were classified as 'lower-middle income' and a quarter of the 55 that were classified as 'upper-middle income' were also selected. This suggests a link between a country's wealth status, and the presence of food crises or the capacity to respond.

Around 88 percent of low-income and 89 percent of lower-middle income countries selected had data meeting GRFC requirements compared with 64 percent of upper-middle income countries selected. This could be linked to capacity to respond, different methodologies for measuring acute food insecurity (wealthier countries tend to use poverty or chronic food insecurity indicators measured through their statistical offices) or political influence on data and analysis (Maxwell and Haley, 2020).

Acute food insecurity outlook | 2025

Projections for 2025 available for 37 countries/territories

Some 231.2 million people are expected to face high levels of acute food insecurity in 37 countries/territories in 2025, corresponding to 21.5 percent of the analysed population, based on data available by 12 May 2025.

Compared with the 2024 peak, 14 countries/territories are expected to experience deteriorations, accounting for 7.9 million more people facing high levels of acute food insecurity than in 2024, while improvements are expected in 14 countries/territories with 13.7 million fewer people. *See figure 1.12.*

Year-on-year comparisons are not possible for six countries[1] where the 2024 peak period is the same as the 2025 projection. For three countries,[2] the projection analysis was not comparable with that of 2024 due to different population coverage. No projection data were available for 16 countries including some with the largest food crises, such as **Bangladesh** and the **Syrian Arab Republic**.

These projections show the likely evolution of acute food insecurity in 2025, based on reasonable assumptions made at the time of the analyses. In many countries/territories, the acute food insecurity situation may become worse than projected due to intensifying drivers, or because the analyses do not cover the lean season, as in the case of **Burundi** and the **Sudan**. Most projections were made before the abrupt termination of funding in early 2025, which resulted in disruptions to and closure of lifesaving programmes, amid funding reductions by major donors.

In **Palestine** (Gaza Strip), the projection for May–September 2025 shows a deterioration since November 2024–April 2025 (IPC, May 2025). In the **Sudan**, conflict escalation, limited access to aid and significant displacement since the analysis risk reversing the projected improvement. In **Myanmar**, projections were made before the March 2025 earthquake, which is likely to drive a further increase in acute food insecurity.

The largest absolute increases in the number of people facing high levels of acute food insecurity are projected for **Democratic Republic of the Congo** due to escalating conflict in eastern provinces (IPC, March 2024 and 2025); and for **Zimbabwe** and **Kenya** where poor harvests are expected due to poor rainfall (FEWS NET, June 2024, October 2024; IPC, March 2024 and 2025).

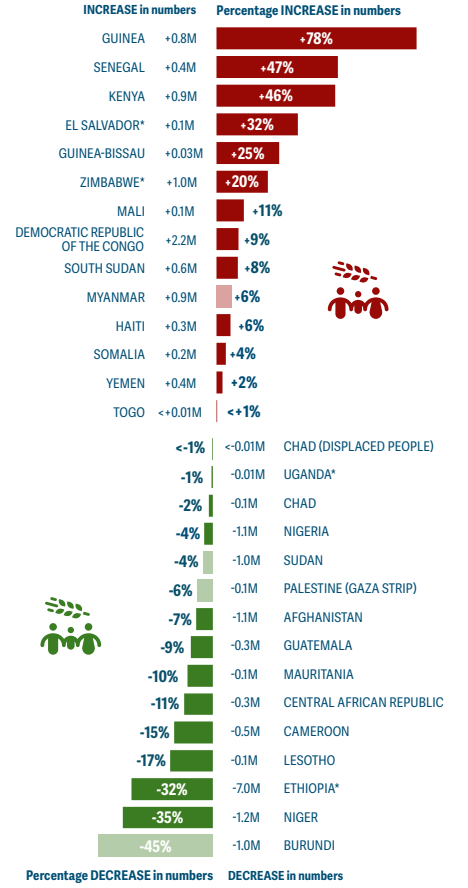
The largest relative increases are projected in **Guinea** due to high food prices and the effects of flooding; **Senegal** due to low crop production (CH, December 2024 and December 2025); and **Kenya** due to below-average rains, high food prices and resource-based conflicts (IPC, March 2025).

The largest absolute reductions in the number of people facing high levels of acute food insecurity are expected in **Ethiopia**, due to overall improved crop and livestock conditions – although localized poor rainfall and conflict may drive high levels of acute food insecurity in some areas (FEWS NET, November 2024); in the **Niger** due to improved harvests (CH, December 2024 and March 2025); in **Nigeria** due to favourable harvests and easing – but still high – inflation (CH, March 2025); and in **Afghanistan** due to improved production and provision of assistance (IPC, January 2025), although poor climatic prospects coupled with inflation will continue to constrain food security.

The largest relative reduction was projected for **Burundi** due to an expected favourable agricultural performance and subsequent increase in household food stocks during the post-harvest period (IPC, July 2024 and January 2025). Notable decreases were also projected in the **Niger** and **Ethiopia**.

FIG. 1.12 **Projected change in number of people facing high levels of acute food insecurity**

from 2024 peak period to projection period up to August 2025



For **Myanmar**, projections were made before the March earthquake.

In the **Gaza Strip**, 100 percent of the population are still projected to face high levels of acute food insecurity – the decrease in numbers is linked to a 6 percent fall in population since the 2024 peak. In the **Sudan**, escalations in conflict risk reversing projected improvements. For **Burundi** and the **Sudan**, the projections are based on post-harvest analyses.

* Worst-case scenario based on FEWS NET range estimates.

Source: IPC/CH; FEWS NET.

Populations in Catastrophe (IPC/CH Phase 5)

As of May 2025, almost 1.2 million people were projected to face Catastrophe (IPC/CH Phase 5), due to conflict/insecurity in the **Sudan**, **Palestine** (Gaza Strip), **South Sudan**, **Haiti** and **Mali**.

Assumed seasonal improvements led to a reduction in the number of people projected to face Catastrophe (IPC Phase 5) in the **Sudan**, but Famine (IPC Phase 5) was projected to spread to ten areas through May 2025. Seventeen additional areas are at risk of Famine (IPC, December 2024; IPC FRC, December 2024).[3] Projections for the lean season are not yet available.

In **Palestine** (Gaza Strip), the January–March 2025 ceasefire temporarily alleviated acute food insecurity and malnutrition in some areas, leading to a projected decrease in the number of people in Catastrophe (IPC Phase 5). However, the blockade and escalation in hostilities from March led to deteriorating conditions, with 469 500 people or 22 percent of the population projected to be in Catastrophe (IPC Phase 5) from May–September 2025. In a scenario of protracted and large-scale military operation and continuation of the humanitarian and commercial blockade, acute food insecurity, malnutrition and mortality would surpass Famine (IPC Phase 5) thresholds in this time period (IPC, May 2025).

In **South Sudan**, an overall reduction in the number of people facing Catastrophe (IPC Phase 5) was projected between the 2024 and 2025 April–July lean seasons, from 79 000 to 63 000 people. However, increases are expected among South Sudanese refugees fleeing the Sudan, while the number of people in this phase in Jonglei state was projected to double (IPC, November 2023 and November 2024).

1 Eswatini, Lebanon, Malawi, Mozambique, Namibia and Zambia.
2 Madagascar, Pakistan and Sierra Leone.
3 The Government of Sudan did not endorse the December IPC or FRC analyses.

Acute food insecurity outlook | 2025

In **Haiti**, the escalation of violence in 2024 and early 2025 has led to an increase in the number of camp-based IDPs projected to face Catastrophe (IPC Phase 5), from 5 600 in August 2024–February 2025 to 8 400 from March–June 2025 (IPC, September 2024 and April 2025).

In **Mali**, 2 600 people are projected to face Catastrophe (CH Phase 5) in June–August 2025 in Ménaka, Gao region, a similar number to June–August 2024 (CH, March 2024), driven by intensifying conflict and constraints to humanitarian operations (OCHA, 2025).

Conflict/insecurity likely to remain the primary driver of acute food insecurity in 2025

In 2025, ongoing and intensifying conflicts/insecurity, economic crises and weather extremes driven by climate change and La Niña will continue to drive high levels of acute food insecurity.

Escalation of conflict in eastern **Democratic Republic of the Congo** from January 2025 raised concerns about widening conflict, instability and displacement throughout the Great Lakes region (ICG, January 2025).

A negotiated peace in the **Sudan** remains unlikely in 2025, and escalating violence in areas where Famine was confirmed in 2024 is deepening food insecurity and driving mass displacement, internally and to already vulnerable areas of Chad and South Sudan. Tensions and insecurity are mounting in **South Sudan**, triggering population displacement in Upper Nile in early March (UNMISS, April 2025). Conflict and insecurity persist in **Somalia**, displacing civilians and disrupting agriculture, trade and humanitarian assistance (UNSC, February 2025).

High levels of violence are likely to persist in the Central Sahel region affecting commodity flows and pastoral routes (CILSS, April 2025). Growing attacks on urban areas in **Burkina Faso** and **Mali** risk disrupting the countries' economic centres and markets (ACLED, December 2024) and border areas of the **Niger** and **Nigeria** will likely remain a focal point of insecurity, disrupting trade. The increasing violence also threatens the northern parts of coastal countries including **Benin**, **Côte d'Ivoire** and **Togo**, which host a growing number of refugees and IDPs in already vulnerable and under-served areas (ACLED, December 2024; IOM, February 2025).

PHOTO: GAZA ©WFP/ALI JADALLAH

The announced ceasefire to allow for relief efforts after the March earthquake in **Myanmar** has been violated multiple times, slowing the provision of assistance (OHCHR, April 2025). Intensifying violence in Rakhine state risks driving further displacement to **Bangladesh** (ICG, January 2025).

Attacks against **Ukraine's** urban centres and civilian infrastructure persist, affecting access to and delivery of basic services, and deepening vulnerability and poverty (OCHA, January 2025 and April 2025; WHO, April 2025). In **Moldova**, power shortages and industrial shutdown due to the ongoing energy crisis could disrupt agricultural production and food processing, particularly in Transnistria, amid growing tensions (EU, January 2025; ICG, January 2025).

As armed gangs in **Haiti** clash over territorial control, attacks on critical infrastructure will likely increase, further disrupting essential services and movement of goods, and worsening shortages of food, fuel and medical supplies (ACLED, February 2025). In **Colombia**, the suspension of peace negotiations following violence in the border areas of Catatumbo region in early 2025 has cast doubt on peace efforts, amid increasing violence among armed groups that are driven by disputes over resources (OCHA, February 2025; ICG, January 2025).

Violence and political uncertainty in **Palestine** amplify concerns for neighbouring countries including Jordan and Egypt, that may see displacement, insecurity and disruption of market functionality (UN, June 2024). Conflict in the **Gaza Strip** is continuing to drive a catastrophic food crisis (WFP, April 2025), while escalating violence in the **West Bank** is likely to further disrupt

Acute food insecurity outlook | 2025

livelihoods and lead to displacement (OHCHR, January and March 2025). In **Syrian Arab Republic**, persistent insecurity and uncertainty remain a risk amid political transition (ICG, January 2025; OCHA, April 2025). The situation in **Lebanon** remains tenuous, particularly in the south and southern neighbourhoods of Beirut, preventing IDP returns and obstructing recovery of livelihoods amid extensive destruction of infrastructure (UNDP, October 2024; OCHA, March 2025).

These conflicts are likely to drive high levels of acute food insecurity in the affected countries, and beyond. Violence and insecurity will likely trigger new displacement, disrupting agricultural activities and food production, reducing food availability for both the displaced and host communities. Populations forced to flee across borders may put strain on limited resources in host communities.

Conflict will likely also result in the destruction and damage of infrastructure, markets and livestock, leading to loss of livelihoods and reducing households' ability to access food. The broader economic impacts of conflict, such as currency depreciation, economic decline and disruption of supply chains, will likely result in rising prices, especially for imports, including of fuel and food.

Countries with fragile economies particularly vulnerable to global economic uncertainty

In 2024, following a prolonged and intense period of shocks, the global economy had shown signs of stabilization, characterized by steady – though modest – growth. However, in early 2025 the introduction and posturing of increased tariff rates fuelled uncertainty and introduced volatility to the global economic environment. As a result, global growth projections were downgraded, falling from 3.3 percent in January to 2.8 percent in April 2025. Global headline inflation may decline more gradually than expected, reaching 4.3 percent in 2025 (IMF, January and April 2024). As long as policy uncertainty remains high, there is a substantial risk of further slowdown of global economic growth and, possibly, even a global recession.

Countries/territories with food crises, which are all low or middle-income, are particularly vulnerable to the uncertainty and effects of these new dynamics.

Higher tariffs and a weakening US dollar may drive up global commodity prices and disrupt supply chains with potential impacts on food availability and affordability. Currency volatility could strain the growing debt-service burden, especially in low-income countries, and increase the prices of essential goods, including food, in import-dependent countries. Country-specific tariffs risk compounding these effects, especially in countries with a high export-to-gross domestic product (GDP) ratio in Asia, Southern Africa and Latin America (IFPRI, April 2025; MPRA, February 2025; WEF, 2025).

Inflation rates in countries with food crises in East Africa and Central and Southern Africa are projected to remain high, with double-digit rates in **Ethiopia**, **Nigeria**, **South Sudan** and **Zimbabwe** (IMF, April 2025).

Several countries with food crises in West Africa and the Sahel, such as **Sierra Leone, Liberia, Guinea** and **Guinea-Bissau**, remain vulnerable to currency devaluation due to import dependency and trade deficits, limiting their capacity to respond to external shocks such as global economic tensions (WB, January 2025). Furthermore, inflation remains persistently high in **Nigeria** and **Sierra Leone** in 2025, despite some easing observed in 2024 (CILSS, April 2025).

While inflation is projected to remain low in Asia, the region is vulnerable to the effects of rising trade barriers and uncertainty (IMF, April 2025). Furthermore, the expected shift from deflation to inflation in 2025 in **Afghanistan** risks eroding households' purchasing power, especially as the economy continues to stagnate (WB, March 2025).

In **Guatemala** and **Honduras**, high food inflation remains an issue due to increased cost of imported goods and in **Colombia**, inflationary pressures persist due to high energy and food costs (WB, October 2024). High prices for food and other essential goods will particularly impact vulnerable migrant populations in **Ecuador** and **Colombia** (R4V, September 2024).

In **Yemen**, inflation will likely remain high due to dwindling foreign exchange reserves and reduced aid flows, compounded by conflict, reliance on imports and currency depreciation (FAO, April 2025). Despite a suspension of some sanctions (EP, February 2025), the impact of the conflict and hyperinflation are likely to persist in **Syrian Arab Republic**, increasing the cost of basic goods, including food (WFP, March 2025).

Climate change and La Niña to drive weather patterns in 2025

The earth's warming trend is likely to continue. The La Niña conditions that emerged in December 2024 and persisted through February–April 2025 are forecast to transition to neutral in March–May 2025 and last to October 2025 (WMO, March 2025).

Below-average rains during the October–December 2024 rainy season in **Ethiopia**, **Somalia**, **Kenya**, and the **Sudan**, led to low cereal production. Worsening drought conditions are affecting populations still recovering from the 2020–2023 drought and the pessimistic rainfall outlook raises concerns about successive poor rainy seasons, particularly in eastern **Kenya** and southern **Somalia** (WFP, April 2025; IPC, April 2025; IPC April 2025).

Forecast above-average rainfall could provide favourable conditions for agriculture and water resources, as well as increase the risk of flooding in **Burundi**, western **Kenya**, **Rwanda**, parts of the **Sudan**, **South Sudan** and **Uganda** (WFP, April 2025).

In Southern and Central Africa, storms in January 2025 brought relief to previously drought-stricken parts of **Malawi**, **Madagascar**, **Mozambique**, **Zambia** and **Zimbabwe**, but it was too late for recovery from drought stress and low crop yields are expected in **Malawi**, **Zambia** and **Zimbabwe** (GEOGLAM, April 2025). Tropical cyclones caused flooding and displacement in parts of **Madagascar**, **Malawi** and **Mozambique** (GEOGLAM, April 2025).

Below-average precipitation and poor forecasts raise concerns for rainfed agriculture through the growing seasons in **Afghanistan** and Punjab, Balochistan and Sindh provinces of **Pakistan** (GEOGLAM, April 2025). In **Bangladesh** and **Myanmar**, wetter-than-normal conditions are forecast to contribute to favourable yields, but also increase the risk of flooding (WFP, April 2025).

In Central America, mostly favourable conditions persisted in early 2025, but localized erratic rainfall outcomes, hot temperatures and storm impacts could reduce outputs in **Honduras** and **Guatemala**. In **Haiti**, late 2024 flooding damaged croplands in Nord, Nord-Ouest, Sud and Grand'Anse departments (WFP, April 2025).

Across the Middle East and North Africa (MENA) region, poor rainfall and higher-than-normal temperatures are forecast through the main cropping season in May 2025, risking reducing agricultural output, pasture regeneration and water supplies, especially in **Iraq** and **Syrian Arab Republic** (WFP, April 2025).

Acute food insecurity outlook | 2025

Funding flows 2016–2024

Between 2016 and 2024, the share of the analysed population facing high levels of acute food insecurity in countries/territories with food crises nearly doubled from 11.4 percent to 22.6 percent while the number of people more than tripled.

While official funding to food sectors – including humanitarian and development assistance – was increasing up to 2022, it had not kept pace with growing needs and failed to reverse deepening hunger (GNAFC, 2024).

Food sectors in countries/territories with food crises received only 3 percent of global development allocations – compared with 33 percent of global humanitarian allocations.

This suggests that financial allocations primarily target the symptoms of food crises, rather than mitigating their drivers or the structural factors that increase vulnerability and limit capacities to recover, whether at the household, community or country level. This is particularly true in protracted food crises where development allocations to food sectors are marginal (GNAFC, 2024).

Between 2016 and 2024, an average of 85 percent of humanitarian funding to food sectors in countries with food crises was directed to food assistance (cash and in-kind). The remainder went in support of nutrition programmes (12 percent) and emergency assistance to agriculture (3 percent).

After a record allocation of USD 15.8 billion in 2022, humanitarian assistance to food sectors declined by 30 percent in 2023, and again in 2024. At the same time, development assistance to the food sector increased by about 14 percent, from USD 7 billion in 2022 to USD 8 billion in 2023, and was sustained in 2024 (GNAFC, 2024). *See figure 1.13.*

Uncertainty over unprecedented cuts to the food sector in 2025

The funding outlook for development and humanitarian assistance in 2025 and beyond has sharply deteriorated, threatening global partnerships towards sustainable development. The abrupt termination of funding in early 2025, amid substantial reductions in funding by major donors, has led to closures and disruptions of humanitarian operations in some of the world's largest and most severe food crises, including **Afghanistan**, **Democratic Republic of the Congo**, **Ethiopia**, **Haiti**, **South Sudan**, the **Sudan** and **Yemen** (OCHA, January 2025; CGD, March 2025; ACAPS, March 2025).

Between 2016 and 2024, around 90 percent of humanitarian funding to the food sectors in countries with food crises came from 16 donors, 75 percent from four, and half from the United States of America. *See figure 1.14.* Changes to funding allocations by any of them can have an important impact on the delivery of critical life-saving and livelihood-saving assistance (GNAFC, forthcoming).

If donor funding does not increase from current projections, humanitarian allocations to food sectors in countries/territories with food crises could fall by as much as 45 percent in 2025 (GNAFC, forthcoming) with severe impacts on vulnerable populations.

Delivery of food assistance could drop significantly in 2025, including in countries/territories with the largest food crises like **Afghanistan**, **Yemen** and **Somalia**. This risks pushing people currently receiving assistance into more severe forms of acute food security (WFP, 2025).

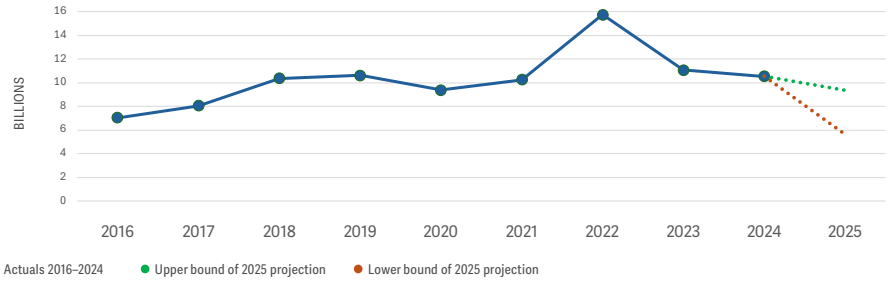
Reductions in official direct assistance – and the associated foreign exchange – also pose broader macroeconomic risks, undermining fiscal capacity and threatening currency stability and access to essential imports (CGD, February 2025).

An analysis on **Malawi** showed that while some macroeconomic impacts, especially losses in foreign exchange, may be mitigated by policy measures, the broader decline in welfare is likely to have far-reaching effects, including increases in poverty and malnourishment (IFPRI, April 2025).

Nutrition programmes are also underfunded, with one in four countries facing shortfalls of 75 percent or more (GNC, 2024). Just 51 percent of financial assistance for nutrition interventions in humanitarian emergency contexts were met in 2024 (UN, 2024). Globally, at least 14 million children are expected to face disruptions to nutrition support and services because of funding reductions, leaving them at heightened risk of severe malnutrition and death (UNICEF, March 2025).

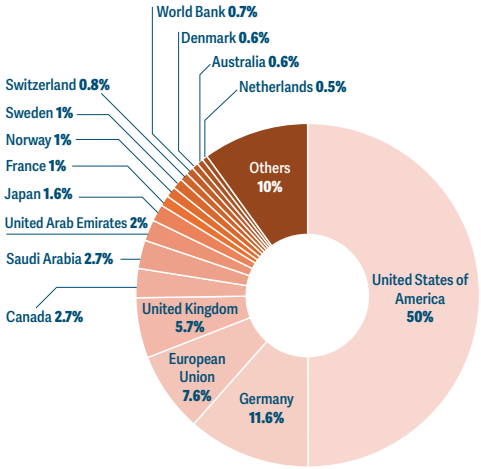
Funding reductions risk affecting the availability, quality and frequency of data on acute food insecurity, malnutrition and displacement (HDX, February 2025). Lack of information on the people, communities and countries that are affected by food crises limits the capacity of organizations to anticipate, identify and respond to humanitarian needs. Discontinuity of datasets, such as the Famine Early Warning Systems Network (FEWS NET), risks losing bodies of knowledge that informed current action (FEWS NET, February 2025).

FIG. 1.13 **Humanitarian allocations to food sectors in food crisis contexts (USD billions, 2016–2024 actuals, 2025 projection)**



Source: GNAFC, forthcoming.

FIG. 1.14 **Main donors of humanitarian assistance to food sectors in countries with food crises, 2016–2024**



Source: GNAFC, forthcoming.

Acute food insecurity trends | 2016–2024

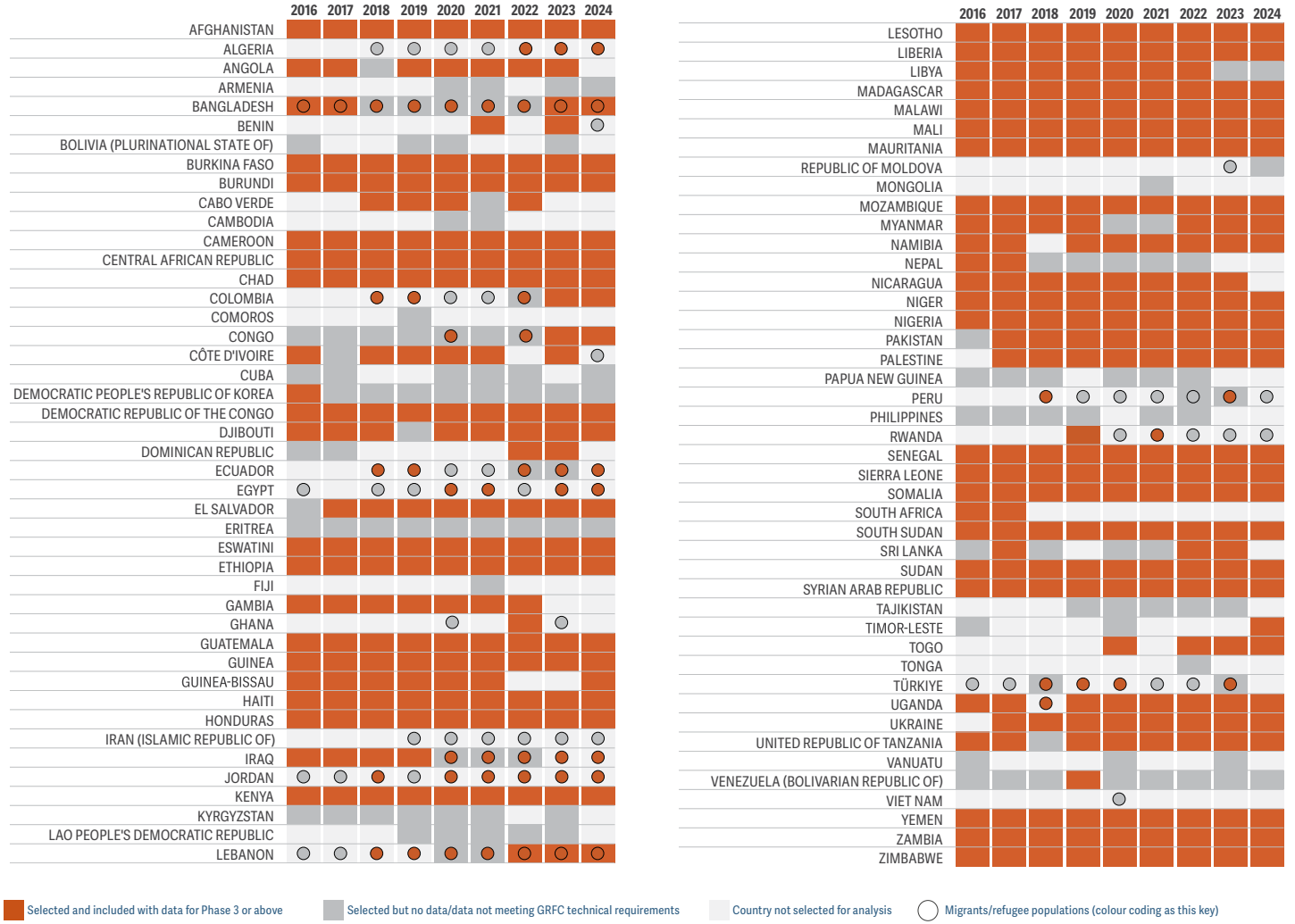
Variations in country selection and data availability, 2016–2024

The trend analysis in this edition of the GRFC aims to show how acute food insecurity has evolved since the first edition of the report. It identifies patterns and distinguishes between short-term fluctuations and persistent, cyclical crises.

The number of countries/territories and refugee population groups selected for inclusion in each GRFC has varied over the years, ranging from 61 in 2017 to a peak of 79 in 2020. Only a few countries were selected only once in GRFC history, such as Mongolia and Viet Nam, with the vast majority of countries/territories included in the report remaining from one year to the next. Seventeen were intermittently included depending on shocks, mostly in Asia. *See figure 1.15*. Of the 47 countries/territories that were selected for all editions of the report, 35 had data meeting GRFC technical requirements since 2016.

Data availability has varied substantially, with only 70–80 percent of countries/territories with food crises having data meeting GRFC technical requirements each year, leading to information gaps. Since 2016, population coverage increased by 41 percent, from 926 million people analysed in 48 countries in 2016 to 1 303 million people in 53 countries/territories in 2024. Some countries like Eritrea and Democratic People's Republic of Korea are persistent gaps, but have been consistently selected, as they are monitored by FAO-GIEWS.

FIG. 1.15 **Variations in country selection and data availability, 2016–2024**



Source: GRFC food security TWG, 2025.

Acute food insecurity trends | 2016–2024

Trends in acute food insecurity, 2016–2024

The total number of people facing high levels of acute food insecurity increased from 105.2 million in 48 countries in 2016 to around 295.3 million in 53 countries/territories with data meeting GRFC technical requirements, in 2024.

This 181 percent increase in numbers coincided with a 41 percent increase in the population analysed, which has increased significantly since 2020, when it was at its lowest point in the report's history.

With the exception of 2017–2018, the number of people facing high levels of acute food insecurity has increased each year.

The largest increase in absolute numbers was between 2021 and 2022, due to higher geographical coverage of analyses, protracted conflict, the initial impact of the war in **Ukraine** on the price of food commodities, the ongoing socioeconomic impacts of COVID-19 and the impacts of sustained drought in the Horn of Africa, devastating flooding in **Pakistan**, and tropical storms, cyclones and drought in Southern Africa.

The prevalence of high acute levels of food insecurity in the analysed population nearly doubled from 11.4 percent in 2016 to reach the highest points in 2022 and 2024, at 22.6 percent.

Between 2018 and 2019, the prevalence increased (from 14 percent to 16.5 percent), reflecting worsening acute food insecurity in key conflict-driven crises, notably in the Central Sahel, **Democratic Republic of the Congo** and **South Sudan**, and the growing intensity of weather extremes and economic shocks in countries such as **Guatemala**, **Haiti**, **Pakistan** and **Zimbabwe**.

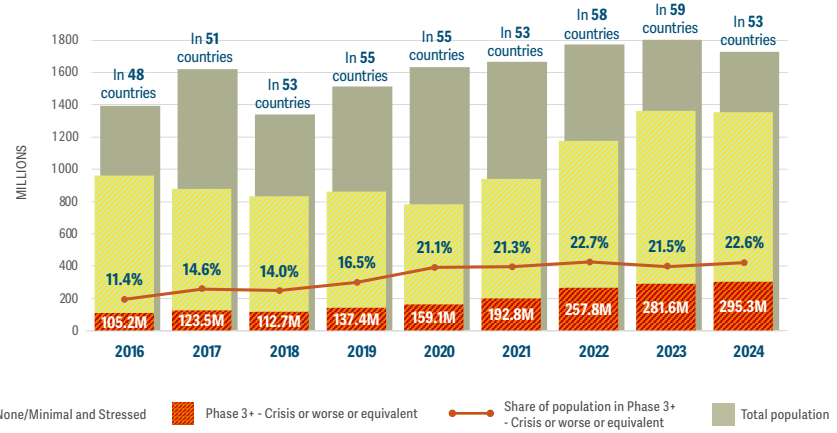
The biggest increase in prevalence of high levels of acute food insecurity was observed between 2019 and 2020,[1] when it rose from 16.5 percent to 21.1 percent of the analysed population, mostly driven by protracted conflicts, the economic impacts of COVID-19 restrictions, and weather extremes, which further deepened existing vulnerabilities.

In 2016, 11 countries[2] had over a quarter of their analysed resident population facing high levels of acute food insecurity. In **Yemen** and areas of **Madagascar**, it reached more than half the population. In 2022 (the year of highest prevalence in GRFC history along with 2024), 22 countries had more than a quarter of their analysed resident population facing high levels of acute food insecurity, and for four of them, it was more than half.

The median share of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in countries/territories included in the GRFC shifted from 7.6 percent in 2016 to 22 percent over the 2021–2023 period, indicating that food crises were becoming more severe. This increasing trend has been seen in all years except 2023, when it decreased slightly.

Countries/territories with food crises that have more than 1 million people or 20 percent of their population facing high levels of acute food insecurity have been defined as 'major' food crises in previous editions of the GRFC.[3] As their number has greatly increased from nearly half of all included countries in 2016 to 75 percent in 2024, the designation of food crises as 'major' is now only used for historical trend analyses.

FIG. 1.16 **Numbers of people and share of analysed population in GRFC countries/territories facing high levels of acute food insecurity, 2016–2024**



The 2020 figure has been updated to reflect flowminder updates to the Afghanistan IPC analysis.
Source: FSIN, using IPC, CH, FEWS NET, WFP, SADC and OCHA data from 2016–2024.

Regional variability

The overall prevalence of high levels of acute food insecurity since 2016 varies quite extensively across regions, from less than 9 percent in West Africa before 2021, to over 40 percent in Asia in 2018 and 2021, and since 2020 in the MENA region where there are large refugee populations. From 2019 to 2022, the prevalence of high levels of acute food insecurity shifted upwards in almost all regions.

In West Africa and East Africa, where assessments are conducted more systematically, there is less variability in prevalence of high levels of acute food insecurity across years and there are fewer data gaps.

In the MENA region, most countries are selected for hosting refugees, and the prevalence of high levels of acute food insecurity has generally been higher than in other regions.

In Asia, the variable inclusion/exclusion of **Myanmar** has contributed to large changes in prevalence. Evolutions in the Europe region are mostly linked to changes in the **Ukraine** analyses, which are not comparable year by year due to different coverage.

1 Afghanistan 2020 figure has been updated (in agreement with IPC) from 13.2 million people in Crisis or worse (IPC Phase 3 or above) to 16.9 million, changing the global figure from 155.3 million or 20.6 percent of the analysed population to 159.1 million or 21.1 percent.

2 Afghanistan, Central African Republic, Eswatini, Lesotho, Madagascar, Malawi, Namibia, South Sudan, Syrian Arab Republic, Yemen, Zimbabwe.

3 Having any area classified in Emergency (IPC/CH Phase 4) or above or included in the IASC Humanitarian System-Wide Emergency Response Level 3 are also criteria for defining 'major' food crises, but major food crises tend to meet the first two criteria.

Acute food insecurity trends | 2016–2024

Scope and considerations in this trend analysis

The GRFC global aggregate figure depends on country selection and the availability of data carried out using specific methodologies for which the GRFC partners have a satisfactory level of confidence and consensus, necessitating cautious interpretation of year-on-year changes in the global aggregate.

Some analyses and assessments are triggered by deteriorating situations and/or shocks, suggesting that an increase in the number of analyses can itself be an indicator of increasing or worsening food crises. On the other hand, lack of resources and safe access to carry out analyses, as well as lack of political will to publish any results, could be masking the full extent of food crises.

Focusing on the prevalence of high levels of acute food insecurity rather than the absolute number of people in IPC/CH Phase 3 or above or equivalent can more accurately identify trends, but the overall prevalence ultimately depends on which countries are included in the report.

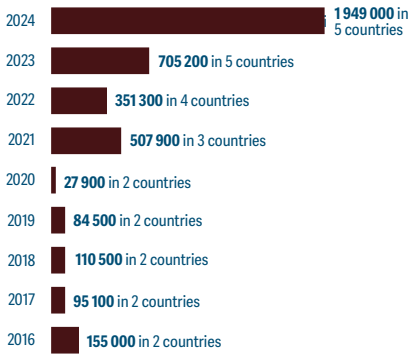
Trend in severity of acute food insecurity in countries/territories with IPC/CH analyses

The number of countries/territories with IPC/CH analyses has increased from 29 in 2016 to 40 in 2024. At the same time, the population analysed almost doubled from 494.3 million to 974.3 million, contributing to increases in the number of people facing Crisis or worse (IPC/CH Phase 3 and above). The following analyses only include countries/territories with IPC/CH analyses and thus do not capture the overall extent of the severity of food crises.

Populations in Catastrophe (IPC/CH Phase 5)

Between 2016 and 2024, the total number of people in Catastrophe (IPC/CH Phase 5) increased over ten times, from 155 000 in 2016 to almost 2 million in 2024. The major driver has been intensifying conflict, but weather extremes have also been a contributor.

FIG. 1.17 **Number of people in Catastrophe (IPC/CH Phase 5)**



Source: FSIN, using IPC and CH data.

From 2023 to 2024, the figure has almost tripled, driven first by the conflict in **Palestine** (Gaza Strip) in 2023, and then by conflict in the **Sudan** in 2024. Palestine (Gaza Strip) alone had more people in Catastrophe (IPC Phase 5) in 2024 than all countries combined in each of the previous eight years. Twelve countries – **Afghanistan**, **Burkina Faso**, **Ethiopia**, **Haiti**, **Madagascar**, **Mali**, **Nigeria**, **Palestine** (Gaza Strip), **Somalia**, **South Sudan**, the **Sudan** and **Yemen** – have had a share of their population facing Catastrophe (IPC/CH Phase 5) at least once since 2016.

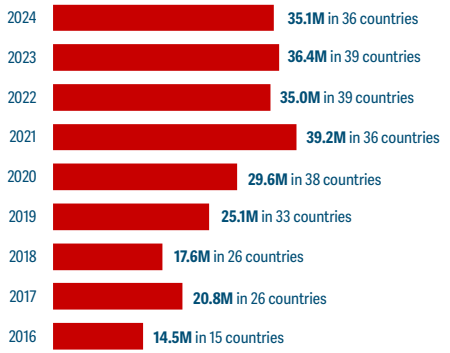
Figure 1.17 does not include all populations facing Catastrophe (IPC/CH Phase 5), as the GRFC only reports on the annual peak period of high levels of acute food insecurity. As such, estimates of people in this phase in periods outside the peak are not included in the chart. No data disaggregated by phase were available for **Yemen** in 2023 and only for the GoY-controlled areas in 2024 as it was the only part assessed using IPC methodology. Disaggregated data for **Ethiopia** were only available for 2019–2021.[4]

Populations in Emergency (IPC/CH Phase 4)

The population in this phase increased from 14.5 million people in 15 countries in 2016 to 35.1 million in 36 countries/territories in 2024. The highest number of people in this phase was 39.2 million in 2021.

With 2016 the only exception, the share of analysed population facing IPC/CH Phase 4 has been above 4 percent each year. It was highest in 2021 (4.9 percent), driven mainly by the economic impacts of COVID-19.

FIG. 1.18 **Number of people in Emergency (IPC/CH Phase 4)**



The 2020 figure has been updated to reflect flowminder updates to the Afghanistan IPC analysis.

Source: FSIN, using IPC and CH data.

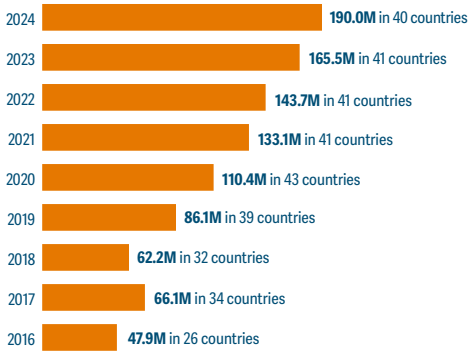
Afghanistan, **Democratic Republic of the Congo**, the **Sudan** and **Yemen** have each had more than 5 million people in IPC Phase 4 for two or more years. Over 4 million people were in this phase in Ethiopia[1] in 2021, one of the few years for which disaggregated data were available in that country.

In localized areas of **Madagascar** in 2016, **Angola** in 2019 and 2020, and **South Sudan** from 2021 to 2023, more than 20 percent of the analysed population were in this phase. **Palestine** (Gaza Strip) had the highest share of its total population in this phase in GRFC history, at more than half of the population in 2023, decreasing to 38 percent in March–April 2024 linked to corresponding increases in the number of people in Catastrophe (IPC Phase 5).

4 The Government of Ethiopia did not endorse the 2021 analysis.

Acute food insecurity trends | 2016–2024

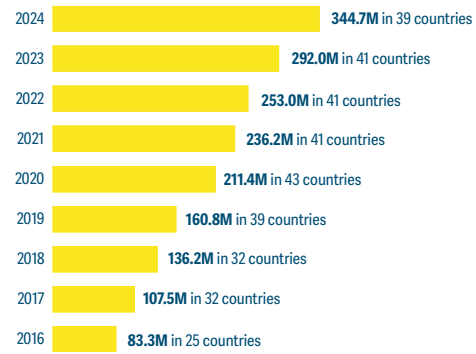
FIG. 1.19 **Number of people in Crisis (IPC/CH Phase 3)**



The 2020 figure has been updated to reflect flowminder updates to the Afghanistan IPC analysis.

Source: FSIN, using IPC and CH data.

FIG. 1.20 **Number of people in Stressed (IPC/CH Phase 2)**



The 2020 figure has been updated to reflect flowminder updates to the Afghanistan IPC analysis.

Source: FSIN, using IPC and CH data.

Populations in Crisis (IPC/CH Phase 3)

The population in this phase has increased from 47.9 million people in 26 countries in 2016 to 190.0 million in 40 countries/territories in 2024. At 20 percent in 2024, this corresponded to the highest share of the analysed population in this phase in IPC/CH history compared with 10 percent in 2016.

Since 2019, Afghanistan and Democratic Republic of the Congo have consistently had more than 10 million people in this phase. Afghanistan, Central African Republic, Haiti, Lebanon, Pakistan, South Sudan and Yemen have had at least 25 percent of their analysed population in this phase in four editions since 2016 – a trend that continued through 2024.

Populations in Stressed (IPC/CH Phase 2)

The number of people in this phase has increased from 83.3 million in 25 countries in 2016 to 344.7 million in 39 countries in 2024. This fourfold increase reflects a deterioration in acute food insecurity, as the share of the analysed population in None/Minimal (IPC/CH Phase 1) declined from more than 60 percent of the analysed population in 2016 to around 41 percent in 2024.

Trends in countries/territories with protracted food crises

The 35 countries with protracted food crises represented at least 80 percent (and up to 94 percent) of the total number of people facing high levels of acute food insecurity each year.

Countries/territories included in each of the nine editions of the GRFC are defined as facing 'protracted food crises'. Among the 65 countries/territories selected in the GRFC 2025, 47 were selected in all editions and 35 had data meeting GRFC technical requirements every year.

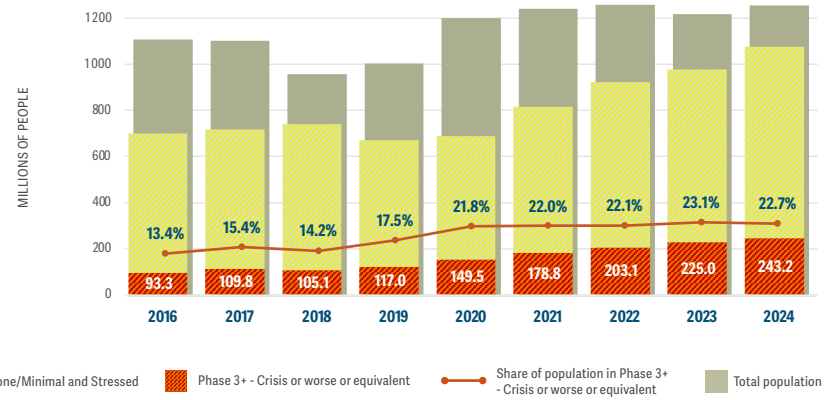
In the 35 countries/territories with protracted food crises, the analysed population increased from 696 million in 2016 to over 1.1 billion people in 2024.

Most acute food insecurity is persistent through time and in the same countries. **Afghanistan**, **Democratic Republic of the Congo**, **Ethiopia**, the **Syrian Arab Republic** and **Yemen** have consistently reported over 5 million people in IPC Phase 3 or above or equivalent since 2016.

While it is difficult to draw conclusions on global trends due to not having global coverage of data, the aggregate figure from these 35 countries/territories can provide useful insights on the direction of acute food insecurity in the past eight years.

In countries with protracted food crises, there has been a continual increase in the number of people facing high levels of acute food insecurity, with the exception of 2018. While increases in analysis coverage contribute to the growing numbers, the higher prevalence of high levels of acute food insecurity each year since 2019 suggests that acute food insecurity has been deteriorating. The largest differences were between 2018 and 2020, when the prevalence increased by three percentage points each year. Since 2020, the overall share of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent in these 35 countries/territories has been consistently over 20 percent.

FIG. 1.21 **Numbers of people and share of analysed population facing high levels of acute food insecurity in 35 GRFC countries/territories with protracted food crises, 2016–2024**



Source: FSIN, using IPC, CH, FEWS NET, WFP, SADC and OCHA data from 2016–2024.

1 The Government of Ethiopia did not endorse this analysis.

Acute food insecurity trends | 2016–2024

Trends in drivers of acute food insecurity

Drivers are interlinked. Although one driver may be predominant, invariably others have a significant impact. Figure 1.23 shows how the primary drivers of acute food insecurity vary among countries/territories with food crises.

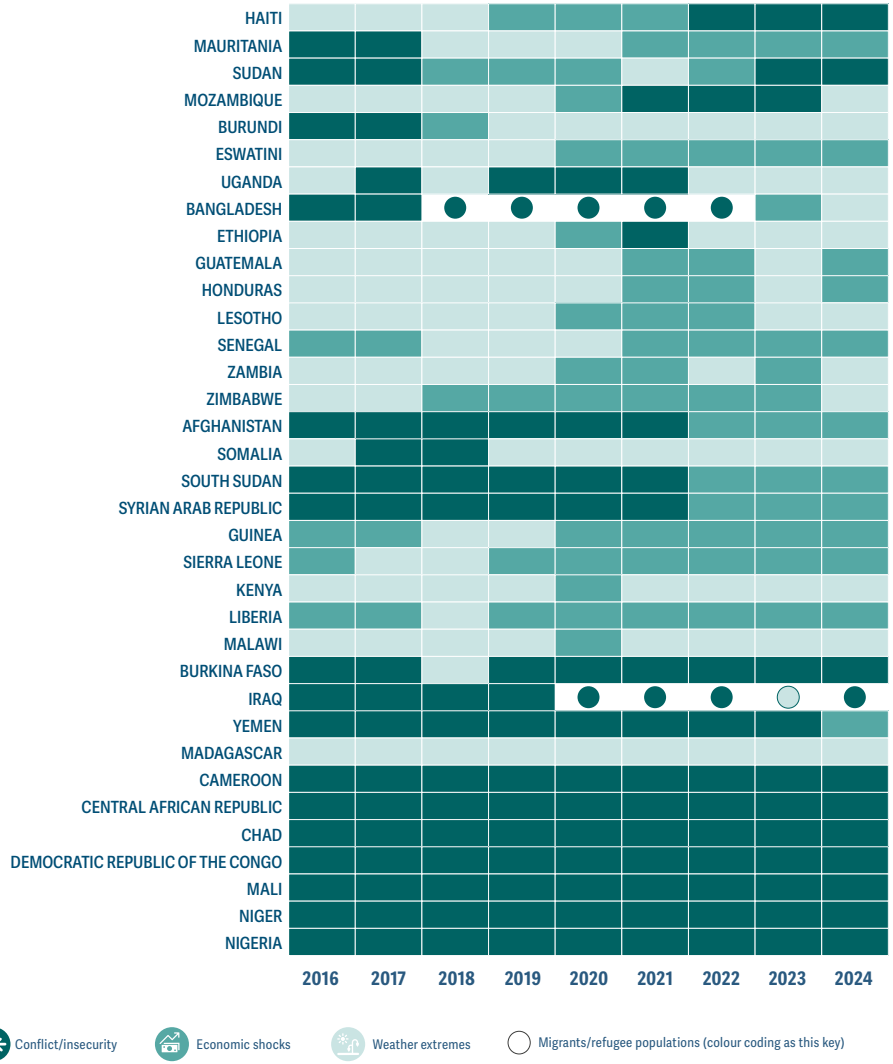
Eight countries have been affected by the same primary driver each year – **Cameroon**, **Central African Republic**, **Chad**, **Democratic Republic of the Congo**, **Mali**, the **Niger**, **Nigeria** and **Madagascar**. For most of these it is conflict/insecurity, with the exception of **Madagascar**, where acute food insecurity has been mainly attributed to weather extremes.

Twenty countries have alternated between two primary drivers and seven have alternated between three, underscoring the changing succession of shocks that can be experienced by vulnerable households.

Economic shocks, caused by the socioeconomic impacts of COVID-19 and the war in Ukraine, began to dominate in 2020 and 2021. It became the primary driver in three conflict-affected countries – **Afghanistan**, **South Sudan** and **Syrian Arab Republic** – and supplanted weather extremes as the primary driver in **Eswatini**, **Guatemala**, **Honduras**, **Kenya**, **Lesotho** and **Mozambique**.

The variability in primary driver underscores the challenges to respond to shocks and build resilience over time.

FIG. 1.23 **Variability of primary drivers in the 35 countries with data meeting GRFC technical requirements for all years since 2016**



Source: GRFC food security TWG, 2025.

Spotlight | Cultivating resilience

Supporting agricultural livelihoods to shield households from shocks

PHOTO: BURKINA FASO, SOUKA VILLAGE © WFP/CHEICK OMAR BANDAOGO

Agriculture is the chief livelihood for households in many countries with protracted food crises, which are experiencing intense shocks, weakening households' ability to produce food for consumption and sale.

Due to these countries' limited financial capacities and generally high reliance on imports to meet national cereal requirements, their national food systems are particularly exposed to global economic shocks, with high food prices disproportionately affecting poor households.

More granular data on rural households' agriculture and livelihoods can provide insights on the linkages between the shocks they face, and the impact on their agricultural production, food security status and need for assistance.

Countries/territories with protracted food crises require both development assistance to strengthen food systems in the long term and emergency agriculture support and food assistance to help households cope with and recover from immediate shocks.

Spotlight | Cultivating resilience

Supporting agricultural livelihoods to shield households from shock

In countries with protracted food crises and available data, agriculture is the main livelihood for around 70 percent of the rural population. This group has specific characteristics that must be clearly understood by decision makers if they are to devise effective interventions that improve food security.

What do countries with protracted food crises have in common?

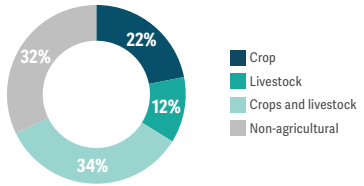
This spotlight aims to identify commonalities in the household characteristics and vulnerabilities faced by rural populations in countries with protracted food crises.[1]

Dependence on agricultural livelihoods

Household data collected predominantly in rural areas of 18 of the 35 countries with protracted food crises show that in 2024,[2] on average, 68 percent of households were engaged in agriculture – that is, they had produced crops or livestock for own consumption or for sale over the past year. *See figure 1.24*. These shares are even higher in rural areas of the **Niger** (99 percent), **Burkina Faso** (98 percent), **Chad** (95 percent), **Zimbabwe** (99 percent), and **Nigeria** and **Afghanistan** (each with 89 percent).

Agriculture was the main source of income for around 80 percent of analysed households in **Afghanistan**, **Nigeria**, **Sierra Leone**, **Chad** and the **Central African Republic** (FAO DIEM, November 2024).

FIG. 1.24 **Percentage of households engaged in agriculture in 18 countries with protracted food crises**



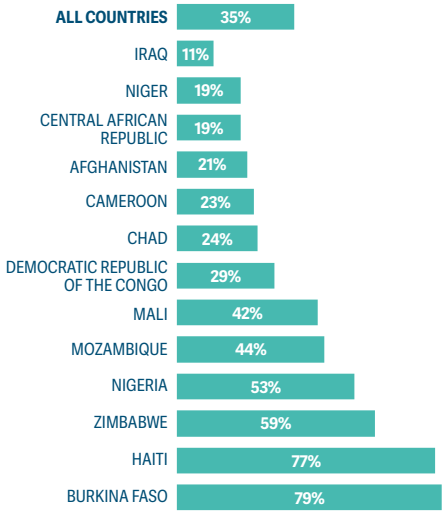
Source: FAO DIEM, November 2024.

Limited asset ownership and low access to basic services

Household access to productive assets, such as land, livestock and agricultural equipment, enables food production, income generation and a greater capacity to acquire the food needed. Ownership of these assets can also provide a buffer in the face of shocks. On average, only 35 percent of analysed households owned productive assets, with the lowest levels reported in **Iraq**, **Central African Republic**, the **Niger** and **Afghanistan**.

Without access to basic services such as safe water, sanitation and electricity, agricultural households are unable to maintain their livelihoods in the face of shocks, and face increasing risk of disease, with consequent impacts on food security and nutrition. Around 23 percent of analysed households lacked access to safe drinking water and only 34 percent had electricity. Access to safe water was even more constrained in **Afghanistan**, **Central African Republic**, **Chad**, **Democratic Republic of the Congo**, the **Niger** and **Somalia**, where 30–47 percent of households lacked access to safe water (FAO DIEM, November 2024).

FIG. 1.25 **Percentage of households owning productive assets**



Source: FAO DIEM, 2024.

Methodological note

Data were collected through FAO Data in Emergencies (DIEM) household surveys, conducted in 18[1] of the 35 countries with protracted food crises in the GRFC in triangulation with other sources of reference. In five of these countries (Afghanistan, Burkina Faso, Mali, Somalia and Zimbabwe), the DIEM data collection only targeted rural or agricultural populations. In ten of these countries (Burkina Faso, Central African Republic, Chad, Democratic Republic of the Congo, Mali, Mozambique, the Niger, Nigeria, Somalia and Zimbabwe), the data collection was limited to a subset of provinces/districts. In Bangladesh, Cameroon, Guatemala, Haiti, Sierra Leone and Yemen, data collection targeted the entire country. Values for 'all countries' are the weighted averages of the individual countries in the figure and use population counts as weights.

1 Out of 35 countries/territories with protracted food crises, i.e. with data meeting GRFC technical requirements in all nine editions of this report, 27 are in sub-Saharan Africa, three in Central America and the Caribbean, three in the Middle East and two in Asia. The number of people facing high levels of acute food insecurity in them increased from 93 million or 13 percent of the analysed population in 2016 to 244 million people or 23 percent in 2024.

2 Burkina Faso and Somalia data refer to 2023 figures throughout.

1 Afghanistan, Bangladesh, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Guatemala, Haiti, Iraq, Mali, Mozambique, Niger, Nigeria, Sierra Leone, Somalia, Yemen, Zimbabwe.

Spotlight | Agriculture and livelihoods

Recurring shocks amid lack of resilience

The FAO DIEM data show that on average 67 percent of households reportedly faced a shock in 2024. The shocks exacerbated the vulnerability of households: around 41 percent of households reported a loss of income in the three months preceding the survey in 2024 – reflecting the impact of a shock on the household economy – with the **Niger**, **Afghanistan**, **Zimbabwe**, **Yemen**, **Haiti** and **Somalia** reporting the largest proportion of households with income losses.

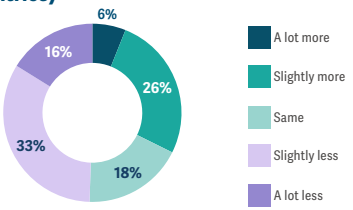
High levels of vulnerability coupled with frequency of shocks negatively affect the capacity of households to produce crops. Around 70 percent of crop producers in analysed areas reported difficulties producing food in 2024, reaching over 80 percent in **Zimbabwe**, **Central African Republic**, **Nigeria** and **Chad**. *See figure 1.27.*

In 2024, almost half (49 percent) reported a worse-than-typical harvest, with the largest proportions in **Zimbabwe** (94 percent), followed by the **Niger**, **Afghanistan**, **Nigeria**, **Guatemala**, **Democratic Republic of the Congo** and **Yemen**. The most-reported production difficulties of crop producers are lack of access to fertilizers (33 percent), insufficient irrigation (31 percent), plant diseases (22 percent) and pest outbreaks (21 percent).

Around 52 percent of livestock producers in analysed areas reported difficulties producing food in 2024, and 57 percent reported a decrease in livestock holdings, rising to 70–80 percent in **Chad**, the **Niger**, **Nigeria** and **Zimbabwe**. Out of livestock producers who reported difficulties, 54 percent reported facing livestock diseases or injury.

Eight of the 35 countries with a protracted food crisis – **Afghanistan**, **Ethiopia**, **Haiti**, **Liberia**, **Mozambique**, **Somalia**, the **Sudan** and **Sierra Leone** – have required external assistance for 35 of the last 44 years due to repeated major shocks. *See figure 1.28.*

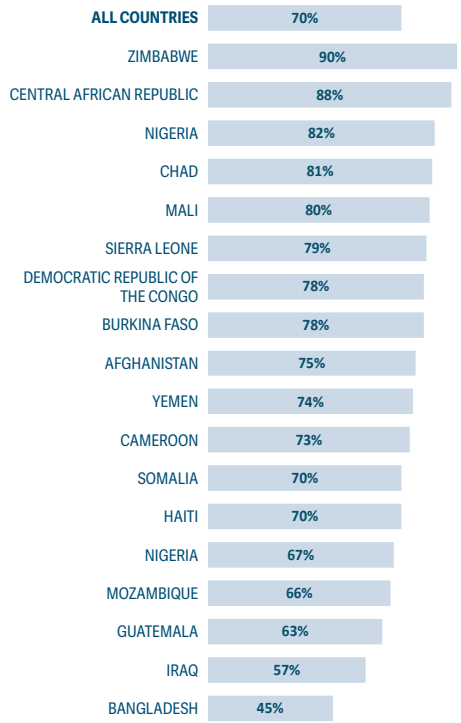
FIG. 1.26 **How the 2024 harvest compared with 2023 (percentage of crop producers in 18 countries)**



The figures for Burkina Faso and Somalia compare data from 2022 and 2023.

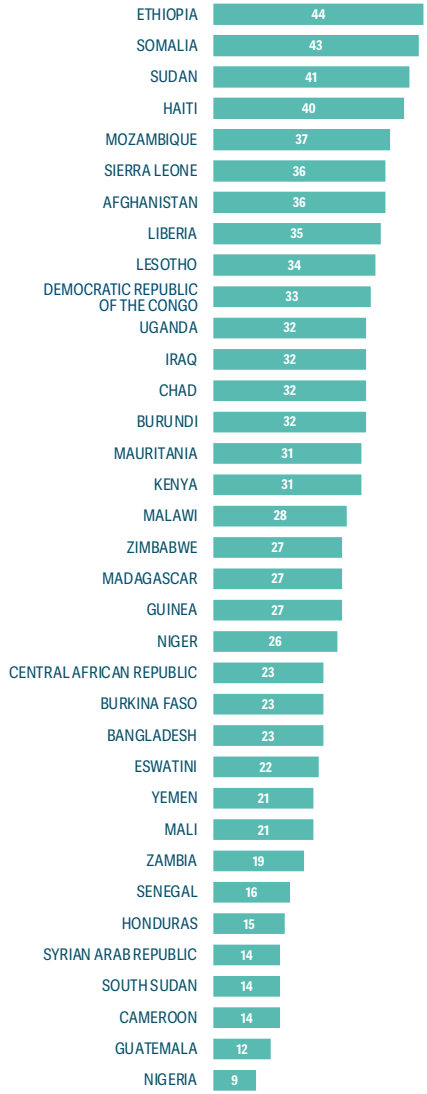
Source: FAO DIEM, 2024.

FIG. 1.27 **Percentage of crop producers reporting production difficulties in 18 countries**



Source: FAO DIEM, 2024.

FIG. 1.28 **Total number of years requiring external assistance for food (1981–2024)**



Source: FAO-GIEWS, 2024.

Lack of capacity to meet rising national food requirements

The capacity to produce food is tightly linked to the national context – including climate, available natural resources, fiscal and policy incentives, security environment, integration to markets and so on, as well as the type of shocks that countries/territories confront.

Between 2019 and 2022, when countries were suffering from the socioeconomic impacts of the COVID-19 pandemic, cereal production across the 35 countries with protracted food crises increased by just 2 percent. Supply disruptions linked to the pandemic and exacerbated by the war in Ukraine increased food and fertilizer prices until global market adjustments brought them down, but they remain higher than before the pandemic. A 28 percent increase in imports in the 35 countries during this period compensated for this relatively low increase in agricultural production, significantly increasing these countries' food import bills (FAO, 2024).

Overall, the 27 African countries among the 35 with protracted food crises produced 124 million tonnes of cereals in 2024, short of the required 159 million tonnes to meet minimum levels of caloric food needs. The gap was bridged by 35 million tonnes of cereal imports (FAO calculations based on FAO-GIEWS, 2024). **Eswatini**, **Lesotho**, **Liberia**, **Mauritania** and **Somalia** were the most import-reliant countries, with imports accounting for more than 50 percent of total cereal utilization, while **Chad**, **Ethiopia**, **Malawi**, **Mali** and the **Niger** were the least reliant (6–8 percent) (FAO-GIEWS, October 2024). Net food-importing countries are highly exposed to global price fluctuations. High food prices have a disproportionate impact on access to food for poor, market-reliant households, but may increase incomes for net producers and sellers. Population growth is the major driver of increasing national food requirements.

Increasingly limited government capacity to assist populations in need

At the same time, levels of public debt increased across countries with protracted food crises, further limiting the fiscal capacities of their governments to cope with shocks and to assist their populations, for instance by investing in social protection schemes. In 22 countries with protracted food crises and available data, 11 saw their sovereign debt levels increase in proportion to their GDP between 2020 and 2024, with the largest increases reported in **Burkina Faso**, **Senegal**, **Nigeria**, **Malawi** and the **Sudan**. In 13 of the 22 countries, it was above 50 percent of GDP. Eighteen countries with protracted food crises had a negative primary budget balance in 2024 (FAO calculations based on IMF, October 2024).

Food access constrained by high market prices

Despite their high reliance on agriculture, households with protracted food crises still use markets to access food. Although international food, fertilizer, energy and freight prices started decreasing in mid-2022, they remained well above pre-pandemic levels (FSIN and GNAFC, 2023). These reductions were not uniformly reflected in domestic markets, especially in low-income countries. Consumers in these countries continued to experience rising food costs, contributing to a cost-of-living crisis for many low-income households (IFPRI, December 2023). **Zimbabwe** had a four-digit year-on-year increase in staple food prices, while **Nigeria**, **South Sudan** and the **Sudan** recorded three-digit increases. Burkina Faso, Chad, the Democratic Republic of the Congo, Ethiopia, Haiti, Malawi, Mali, the Niger, Sierra Leone, Somalia, the Syrian Arab Republic and Zambia recorded double-digit increases year-on-year (FAO-GIEWS, 2024).

Focus
Conflict-affected countries in West Africa and the Sahel

The West Africa and the Sahel region is home to more than 500 million heads of livestock, mainly managed through pastoralism. This system not only supports food and nutrition security and economic security but also integrates markets at different levels (CILSS and FSIN, 2024).

However, escalating insecurity and conflict over natural resources and poor rural land management have profoundly disrupted transhumance, threatening pastoralists' way of life and regional stability.

In the DIEM-analysed areas across six conflict/insecurity-affected countries in the region – **Burkina Faso**, **Cameroon**, **Chad**, **Mali**, **Niger** and **Nigeria** – over 20 million people, or 16 percent of the analysed population, faced Crisis or worse (CH Phase 3 or above) from June to August 2024. Most of the population in Emergency (CH Phase 4) in 2024 in West Africa and the Sahel as well as the entire population in Catastrophe (CH Phase 5) were located in these areas. An additional 27 percent of the population faced Stressed (CH Phase 2) (CH, 2024).

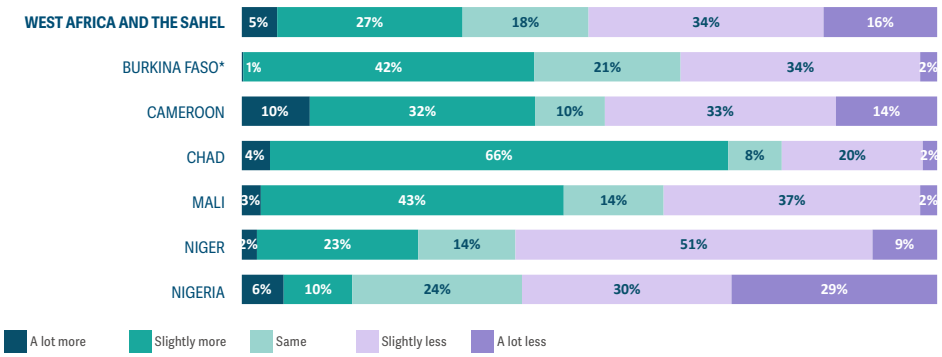
On average, 73 percent of households in rural areas of the region reported experiencing a shock in 2024, reaching 90 percent of households in **Mali** and 96 percent in **Nigeria**. These shocks disrupted lives and livelihoods, especially for livestock and crop producers (FAO DIEM, November 2024).

Two thirds of livestock producers reported they faced production difficulties, rising to 85 percent in **Chad**, while 69 percent reported a decrease in the number of livestock since the previous year. Almost 80 percent of crop producers reported production difficulties in 2024. Half of crop producers reporting a worse harvest than a typical year, reaching 60 percent in the **Niger**, and 59 percent in **Nigeria**, where 29 percent reported that the 2024 harvest was 'a lot less' than that of the previous year (FAO DIEM, November 2024). *See figure 1.29*.

In **Mali**, for instance, insecurity persisted in the central Tombouctou region and the theft of productive assets, such as land, livestock and tools, increased in the northern and central regions. Around 39 percent of farmers reported a reduction in harvests, particularly in northern regions, as a result of flooding and the abandonment of fields due to insecurity, leading to a post-harvest depletion of household stocks (October–November) (FAO DIEM, November 2024).

In conflict-affected zones in central and northern areas of **Mali**, rising food prices and deteriorating trade between livestock and cereal producers negatively affected food access. Flooding and concomitant loss of cultivated land also contributed to higher food prices in markets, and reduced food availability and access. Almost all farming households (99 percent) reported the need for support in the 3–6 months following the survey. The main needs expressed by crop producers were food (70 percent), cash (62 percent) and inputs for crop or vegetable production (56 percent). Livestock farmers' main needs were food (69 percent), cash (66 percent), animal feed (27 percent) and livestock infrastructure (18 percent) (FAO DIEM, November 2024).

FIG. 1.29 **How the 2024 harvest compared with that of 2023 (percentage of crop producers)**

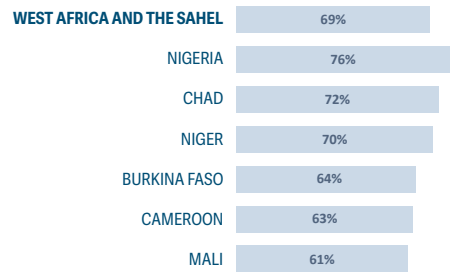


* Refers to data from 2022 and 2023.

Values for 'all countries' are the weighted averages of the individual countries in the figure and use population counts as weights.

Sources of basic data: FAO DIEM, 2024.

FIG. 1.30 **Percentage of livestock producers with lower livestock numbers in 2023 versus 2024**



Source: FAO DIEM, 2024.

Focus

Drought-affected countries in the Horn of Africa and Southern Africa

Drought in the Horn of Africa (2020–2023) and in Southern Africa (2024) had devastating impacts on households' food production, livelihoods and food security.

The **Horn of Africa** experienced five consecutive seasons of failed rains, the worst drought in more than four decades, especially in Ethiopia, Kenya and Somalia.

Pastoralism – the key livelihood activity across many of the worst-affected areas – was severely impacted. Cropping households faced seasons of below-average production (FSIN and GNAFC, 2023).

In the rural areas of **Somalia** analysed by FAO DIEM, the share of households that reported experiencing drought or heat stress as a shock increased from 4 percent in the second half of 2021 to 32 percent by May 2022 and to 45 percent by January 2023. At the same time, the share of crop producers reporting production difficulties increased from 44 percent in 2021 to 74 percent by January 2023 (FAO calculations based on FAO, September 2023).

The share of livestock producers reporting a decrease in animals reached 94 percent in May 2022 compared with 70 percent in 2021 (FAO calculations based on FAO, September 2023).

The share of people facing Crisis or worse (IPC Phase 3 or above) in these areas increased from 26 percent in late 2021 to 46 percent in late 2022 and mid-2023, including 14 percent in Emergency (IPC Phase 4) and 2 percent in Catastrophe (IPC Phase 5) (IPC, July 2021; IPC, October 2022; IPC, March 2023).

In **Southern Africa**, a record mid-season drought from January to March 2024, driven by El Niño and a positive Indian Ocean Dipole, led to widespread cereal production losses in **Lesotho**, **Malawi**, **Mozambique**, **Namibia**, **Zambia** and **Zimbabwe**, with outputs in 2024 officially estimated at 30–50 percent below the five-year average (FAO-GIEWS, October 2024).

In **Zimbabwe**, the share of rural crop producers reporting decreases in harvests jumped from 55 percent in April 2023 to 67 percent in December 2023 to some 93 percent in October 2024. *See figure 1.31*. Agricultural damages and losses in the 2023/24 agricultural season amounted to about USD 363 million. Of the estimated 82 percent of interviewed households that planted crops during the 2023/24 season, 21 percent had to replant due to the impact of dry spells at the start of the season, with most replanting in mid-December. About 62 percent of households cultivated a smaller area compared with the previous season, mainly due to poor rainfall (89 percent). Eighty-four percent of households reported a drastic reduction in crop harvests. Close to 60 percent of households indicated that their main cereal harvest in 2024 would not cover their consumption requirements for a month, compelling them to start purchasing food earlier than normal, which would push up household food bills and market prices due to increased demand. About 98 percent of households cited that they would need assistance in the 3–6 months following the survey, with food assistance (82 percent) and inputs for crop and vegetable production (72 percent) among the main needs (FAO, May 2024).

Nearly 5 million people (or 32 percent of the population) were estimated to face high levels of acute food insecurity in **Zimbabwe** during the last quarter of 2024, compared with 3.5 million people at the peak of acute food insecurity in the first quarter of 2023 (FEWS NET, February 2023; FEWS NET, June 2024).

FIG. 1.31 **Challenges facing crop producers in Somalia and Zimbabwe, 2021–2024**

Source: FAO DIEM, 2024.

Spotlight | Agriculture and livelihoods

The need for a food system response to address long-term vulnerabilities and build resilience to shocks

Integrated food security and nutrition information systems at country and regional level are necessary tools for decision makers to design more sustainable solutions to food crises.

Agriculture and livelihoods data in triangulation with other sources can enable GRFC partners and decision makers to understand better which population groups are facing acute food insecurity, their profile based on their livelihoods, the shocks they face and what type of assistance they need. Strong early warning systems also allow needs to be anticipated and addressed before they become severe and widespread. For instance, strong early warning systems contributed to preventing Famine (IPC Phase 5) in **Somalia** in 2022–2023 (FSIN and GNAFC, 2023).

In this context, agricultural households' reported needs for agricultural livelihood support in countries with food crises are a strong incentive to engage in emergency agriculture assistance, often required in combination with other forms of assistance including direct distribution of food.

Crucially, people in protracted food crises require long-term development assistance to strengthen the resilience of their food systems. While functional food systems should allow transfers of food from areas with a production surplus to deficit areas, countries with protracted food crises require coordinated policy actions alongside peacebuilding efforts to promote this (FAO et al., 2021).

In the 35 countries facing protracted food crises, emergency agriculture is severely underfunded – receiving only about 3 percent of humanitarian allocations to food sectors from 2016 to 2024 – even though agriculture serves as the primary livelihood for a large share of the population. A synergistic financing approach is essential to integrate emergency agricultural interventions with other mainstream types of assistance. This strategy goes beyond just alleviating hunger, also addressing the underlying causes of food insecurity and supporting the recovery of local economies and livelihoods devastated by conflict.

Development financing to agriculture averaged 56 percent of total allocations to food sectors in countries facing protracted food crises between 2016 and 2024. This was in the context of overall low development allocations to food sectors, averaging USD 5.5 billion per year, less than 3 percent of global development funding overall.

Evidently, current financing for food crises is not keeping pace with needs, nor reversing the deepening hunger even in the most protracted crises (GNAFC, 2024). Investment in agriculture has the potential to transform agrifood systems, improve the affordability of healthy diets, and impact food production, consumption, supply chain dynamics and overall food environment, ultimately supporting long-term solutions to food insecurity (FAO et al., 2022). This is especially crucial for populations in protracted crises (IFAD, 2021).

The International Food Policy Research Institute (IFPRI, 2024) stresses the need to enhance agricultural productivity for economic recovery amid ongoing shocks. It recommends building conflict-resilient supply chains, adopting climate-smart strategies and implementing targeted, holistic policy reforms integrating cross-sector efforts. IFPRI further highlights the importance of improving access to finance and credit for smallholder farmers, processors and pastoralists to drive broader economic recovery.

PHOTO: BURKINA FASO, SOUKA VILLAGE © WFP/CHEICK OMAR BANDAOGO

2 | Acute malnutrition

PHOTO: MOKHA, TAIZ, YEMEN © WFP/AHMED BASHA

In 2024, nutrition crises were identified in 26 of the 53 countries/territories with data in the GRFC. Nearly all of them had areas classified in Critical (IPC AMN Phase 4), where at least 15 percent of children aged 6–59 months suffered from acute malnutrition.

The Sudan, Palestine (Gaza Strip), Mali and Yemen had the four most severe nutrition crises with Famine in parts of the Sudan, risk of Famine in Gaza Strip, and Extremely Critical conditions (IPC AMN Phase 5) in Mali and Yemen.

Around 37.7 million children suffered from acute malnutrition in the 26 countries/territories. Over 10 million of them had severe acute malnutrition. About 10.9 million pregnant and breastfeeding women in 21 of the countries were acutely malnourished.

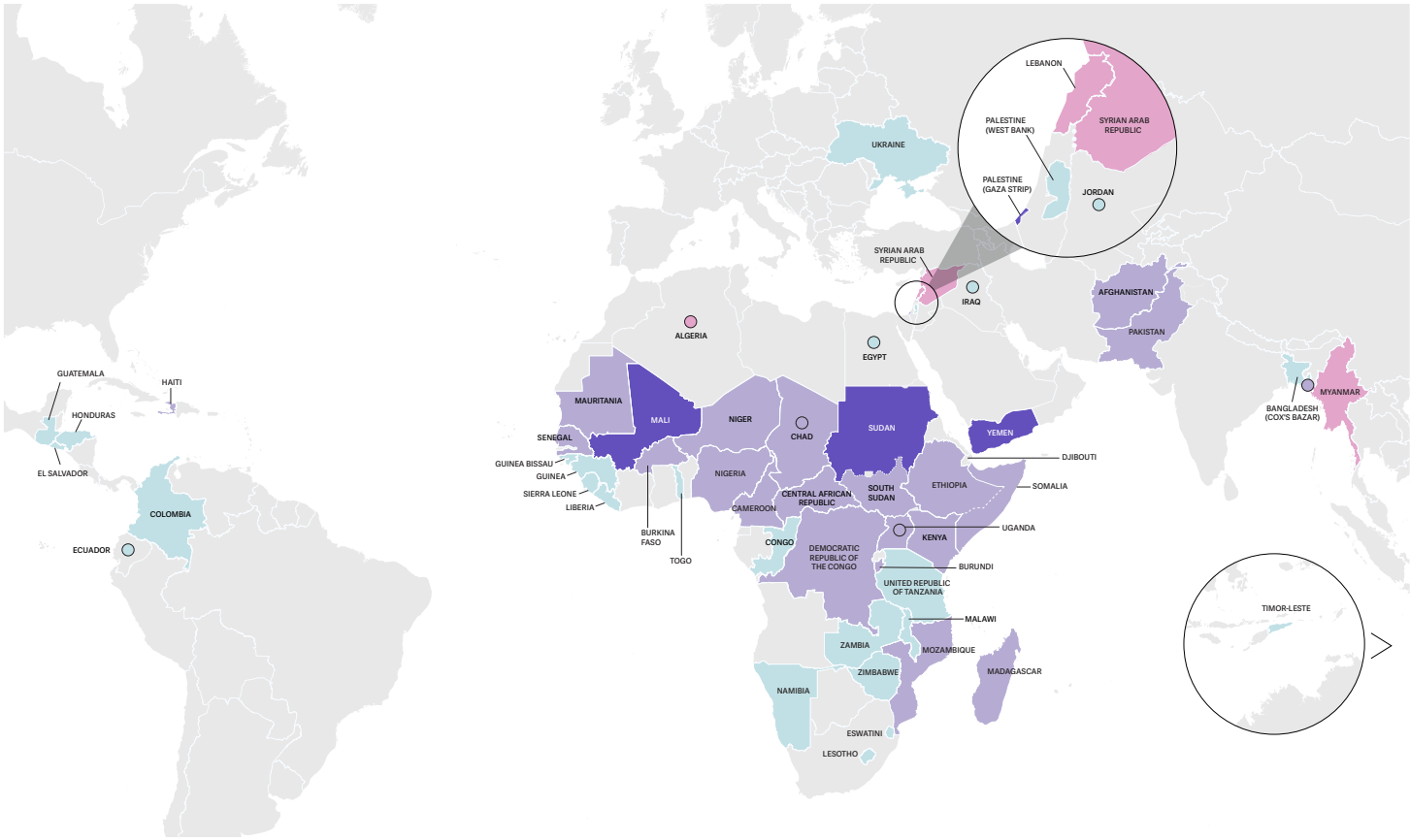
Conflict/insecurity and weather extremes contributed to acute malnutrition, as they affected food security, health, and care provision.

Major aid cuts are expected to worsen nutrition crises globally in 2025. An estimated 2.3 million children may lose access to treatment for severe acute malnutrition, with 369 000 additional child deaths projected annually.

Nutrition crises in countries/territories with food crises

For the first time, the GRFC reports on 'nutrition crises' and 'nutrition concerns' in countries/territories with food crises. In 2024, out of 53 countries/territories with food crises and data meeting GRFC technical requirements, 26 had a nutrition crisis and four were nutrition concerns. The Sudan, Palestine (Gaza Strip), Yemen and Mali faced the most severe nutrition crises. ***See map 2.1.***

MAP 2.1 **Countries/territories with a nutrition crisis or nutrition concern in countries/territories with food crises**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

- Most severe nutrition crises in countries/territories with food crises
- Nutrition crisis in countries/territories with food crises
- Nutrition concern in countries/territories with food crises
- Countries/territories with food crises but no nutrition crisis
- Countries/territories not selected for analysis
- Refugee or displaced populations selected for analysis

Source: GRFC Food Security and Nutrition TWGs, 2024.

What constitutes a nutrition crisis?

The GRFC defines a nutrition crisis as a situation characterized by a combination of factors such as widespread lack of access to sufficient, safe and nutritious food, high morbidity, environmental disasters, conflict, poor healthcare infrastructure and inadequate practices, resulting in high levels of acute malnutrition among children aged 6–59 months.

How is a nutrition crisis identified?

Criterion 1: A country/territory with areas classified in Serious or worse (IPC AMN Phase 3 or above), or with global acute malnutrition (GAM) prevalence by weight-for-height z-score (WHZ) ≥10 percent.

Criterion 2: A country/territory that has had high levels of acute malnutrition (areas classified in IPC AMN Phase 3 or above or with GAM prevalence by WHZ ≥10 percent) with at least two data points in the past five years.

What is a nutrition concern?

A nutrition concern is a situation in a country/territory where there are limited data on acute malnutrition outcomes, but the available data on contributing and contextual factors point to high nutritional vulnerability and a risk of deterioration of the nutrition situation.

Severity of nutrition crises | 2024

The four most severe nutrition crises, 2024

Mali, Palestine (Gaza Strip), the Sudan and Yemen were the four most severe nutrition crises in 2024, as areas of the Sudan faced Famine (IPC Phase 5), areas of the Gaza Strip faced risk of Famine and Mali and Yemen had areas classified in Extremely Critical (IPC AMN Phase 5).

The Sudan

Levels of acute malnutrition were already high among young children before April 2023, but subsequently surged. In Zamzam IDP camp, prevalence reached 23.1 percent by mid-upper-arm circumference (MUAC) in January 2024, with a crude death rate close to the Famine threshold (FRC, July 2024). Conflict, humanitarian access constraints, and access to healthcare, hygiene and sanitation worsened as the Sudan entered the first high season for acute malnutrition (May–July). Famine (IPC Phase 5) was detected in Zamzam camp from July 2024 and in four additional areas from October to November during the second high season of acute malnutrition (FRC, July 2024). A projection of Famine in five additional areas and a risk of Famine in 17 further areas was made for December 2024–May 2025 (FRC, December 2024).[1]
See Focus | The Sudan crisis, 2024–2025, page 78.

Palestine (Gaza Strip)

In North Gaza, GAM prevalence (by MUAC) reached 30 percent by February 2024 in children under 2 years of age (GNC, March 2024). Famine (IPC Phase 5) was considered imminent in Gaza and North Gaza governorates in March 2024 (IPC Global Initiative, March 2024). However, a new analysis published in June 2024 indicated that, following the increase in deliveries of commodities and the response scale-up in the nutrition, water, sanitation and hygiene (WASH), and health sectors, the available evidence did not indicate that Famine was occurring (FRC, June 2024). From September to October 2024, the entire Gaza Strip was classified in Serious (IPC AMN Phase 3), with the classification for Rafah increasing to Critical (IPC AMN Phase 4) from November 2024 to April 2025 (IPC, October 2024).

Yemen

Three districts in Government of Yemen (GoY)-controlled areas were classified in Extremely Critical (IPC AMN Phase 5) from November 2023 to June 2024, increasing to four from July to October during the high season for acute malnutrition. The remaining analysed areas were classified in Serious or Critical (IPC AMN Phase 3 or 4) from July to October 2024 (IPC, August 2024). WHO data from northern Yemen also indicated a severe nutrition situation. Across northern DFA-controlled areas, 8 out of 11 governorates had Critical (15–29.9 percent) levels of acute malnutrition in September 2024, based on facility screening data (WHO, September 2024).

Mali

Gao IDP camp in Ménaka region was classified in Extremely Critical (IPC AMN Phase 5) from June to October 2024, and projected to be in Critical (IPC AMN Phase 4) from November 2024 to May 2025. Nearly half of all remaining analysed areas were classified in either IPC AMN Phase 3 or 4. The alarming deterioration of the nutrition situation in Gao IDP camp, resulting in a GAM prevalence of 30.1 percent, was attributed to inadequate quality and quantity of food, high levels of childhood diseases and suboptimal breastfeeding practices. These factors were compounded by a marked decrease in the volume of humanitarian assistance to IDP sites in Gao (IPC, November 2024).

Ranking the severity of nutrition crises

The GRFC 2025 ranks the severity of nutrition crises based on the proportion of areas experiencing high levels of acute malnutrition, identified through IPC AMN classifications or equivalent GAM prevalence thresholds, as well as areas classified in Famine (IPC/CH Phase 5) or at risk of Famine.

The severity ranking considers, from most to least severe:

1. Presence of any area with Famine (IPC/CH Phase 5) or risk of Famine; proportion of areas classified in Extremely Critical (IPC AMN Phase 5); GAM prevalence ≥30 percent.
2. Proportion of areas classified in Critical (IPC AMN Phase 4); GAM prevalence of 15–29.9 percent.
3. Proportion of areas classified in Serious (IPC AMN Phase 3); GAM prevalence of 10–14.9 percent.

Out of 26 countries/territories with nutrition crises, 21 had IPC AMN analyses that indicated the severity of the crisis. Two of those – Chad and Uganda – had IPC AMN analyses for both the resident population and refugees. For the remaining five countries – Bangladesh (Cox's Bazar), Ethiopia, Mauritania, Senegal and the Sudan – severity was classified using GAM prevalence from nutrition surveys. The geographical coverage for 13 of these crises was partial due to the focus of analyses on the worst-affected areas, insecurity preventing data collection and/or a focus on specific refugee populations.

Which population groups does this nutrition chapter refer to?

Children aged 6–59 months
Children have higher nutrient needs during the first five years of life to support rapid growth and mental and physical development. When they are malnourished, they are more vulnerable to disease and have an increased risk of cognitive impairment and mortality (Black et al., 2013; Victora et al., 2008; Alderman et al., 2006; Grantham-McGregor et al., 2007). Infants aged 0–6 months are also highly vulnerable and require urgent support, although SMART (Standardized Monitoring and Assessment of Relief and Transitions) surveys and most acute malnutrition treatment services currently focus on children aged 6–59 months.

Pregnant and breastfeeding women
Women face a higher risk of malnutrition during pregnancy and breastfeeding, as they are supporting foetal development and their child's nourishment above and beyond their own nutrient requirements. Yet these needs are often overlooked. This is especially true during food and nutrition crises, when access to nutritious diets, health services and support is limited. Malnourished women face greater risks of complications and death during pregnancy and childbirth than well-nourished women. They are more likely to give birth to underweight infants, who have an increased risk of undernutrition, illness and death (UNICEF, 2023).

1 The Government of Sudan did not endorse these analyses.

Severity of nutrition crises | 2024

Severity in the other 22 countries facing nutrition crises

In 21 countries, levels of acute malnutrition reached Critical (IPC AMN Phase 4) or equivalent, indicating that in at least one area analysed at least 15 percent of young children were acutely malnourished.

Eight of these 22 countries – **South Sudan**, **Djibouti**, **Chad** (residents), **Ethiopia**, **Mauritania**, **Pakistan**, **Somalia** and **Kenya** – had over 30 percent of analysed areas classified in IPC AMN Phase 4 or equivalent, indicating the widespread extent of their severe nutrition crises.

Another eight countries had 10–30 percent of analysed areas classified in IPC AMN Phase 4 or equivalent (**Uganda** (Karamoja), **Nigeria** (Northeast and Northwest), **Senegal**, **Chad** (refugees and host populations), **Afghanistan**, **Central African Republic**, **Madagascar** (Grand Sud and Grand Sud-Est) and the **Niger**.

Five other countries – **Burkina Faso**, **Cameroon**, **Democratic Republic of the Congo**, **Mozambique** and **Haiti** – had 1–10 percent of analysed areas in IPC AMN Phase 4 or equivalent. No area classification data were available for **Bangladesh**, but GAM prevalence was above 15 percent in Kutupalong Mega camps, equivalent to IPC AMN Phase 4.

In **Burundi** and among refugee and host populations in **Uganda**, high levels of acute malnutrition were reported in multiple areas classified as Serious (IPC AMN Phase 3).

In countries/territories heavily affected by conflict/insecurity and displacement, the severity of nutrition crises is likely evolving rapidly. In some areas, lack of access due to instability makes it difficult to assess the full extent of the crisis.

How the severity of acute malnutrition has changed since 2023

Among the 26 countries/territories with nutrition crises, nine – **Burkina Faso**, **Burundi**, **Djibouti**, **Madagascar**, **Mozambique**, **Nigeria** (Northeast and Northwest), **Pakistan**, **Palestine** (Gaza Strip) and the **Sudan** – faced a worse nutrition situation in 2024 than 2023. This deterioration was particularly notable in **Palestine** (Gaza Strip) and the **Sudan**. *See figure 2.1.*

Six countries/territories saw an overall improvement in the nutrition situation since 2023 – **Afghanistan**, **Central African Republic**, **Chad** (residents), **Democratic Republic of the Congo**, **Kenya** and **South Sudan**. The most significant improvement was in **Kenya**'s arid and semi-arid lands (ASALs), where Turkana South moved from Extremely Critical (IPC AMN Phase 5) in 2023 to Critical (IPC AMN Phase 4). The proportion of areas classified in IPC AMN Phases 3 and 4 also reduced.

In **Mali**, the **Niger** and **Yemen**, and for the resident population in **Uganda's** Karamoja region, there was an overall improvement but with localized deteriorations in specific areas. These were more significant in **Mali** and **Yemen**, where areas reached Extremely Critical (IPC AMN Phase 5) levels.

The situation was relatively stable in **Somalia** and among the refugee population in **Uganda**.

A comparison of the nutrition situation between the two years was not possible due to differences in coverage in **Ethiopia**, changes in assessment methods for the refugee population in **Chad**, and a lack of data or changes in methodology in **Bangladesh** (Cox's Bazar), **Cameroon**, **Haiti**, **Mauritania** and **Senegal**.

FIG. 2.1 **Ranking of the severity of nutrition crises, 2024**

Country	Highest area classification and share of areas in this classification	Time period
SUDAN*	Famine	July 2024–May 2025
YEMEN*	3%	July–October 2024
MALI*	2%	June–October 2024
PALESTINE (GAZA STRIP)	33%**	June–October 2024
PAKISTAN (Balochistan, Khyber Pakhtunkhwa and Sindh)	78%	October 2023–January 2024
SOUTH SUDAN	49%	July–September 2024
DJIBOUTI	40%	May–December 2024
SOMALIA*	39%	October–December 2024
CHAD (residents)	33%	June–September 2024
ETHIOPIA	33%	July–September 2024
MAURITANIA	33%	2022 data
KENYA (ASALs)	31%	August–October 2024
UGANDA (Karamoja region)	22%	June–October 2024
NIGERIA (Northeast and Northwest)	21%	May–September 2024
SENEGAL	21%	2023 data
CHAD (refugee and host populations)	16%	June–September 2024
AFGHANISTAN	11%	November 2024–May 2025
CENTRAL AFRICAN REPUBLIC*	10%	March–August 2024
MADAGASCAR (Grand Sud and Grand Sud-Est)	10%	February–April 2024
NIGER	10%	August–November 2024
BURKINA FASO*	7%	August 2024–January 2025
CAMEROON	4%	July–October 2024
DEMOCRATIC REPUBLIC OF THE CONGO	2%	July–December 2024
MOZAMBIQUE*	2%	October 2024–March 2025
HAITI	1%	June–November 2024
BANGLADESH (refugees in Cox's Bazar)	(N/A)	2023 data
BURUNDI	33%	October 2024–May 2025
UGANDA (refugee and host populations)	8%	October 2023–March 2024

3 - Serious (IPC AMN Phase 3) or equivalent | 4 - Critical (IPC AMN Phase 4) or equivalent | 5 - Extremely Critical (IPC AMN Phase 5)/Famine

* Partial analysis coverage.

** Palestine (Gaza Strip) ranks above other countries with a higher percentage of analysed areas in IPC AMN Phase 4 because it faced risk of Famine, which is not an area classification.

Source: IPC TWG, FRC and DHS, SMART and SENS surveys.

Burden of acute malnutrition in countries/territories with nutrition crises | 2024

Magnitude of nutrition crises

In 2024, an estimated 37.7 million children aged 6–59 months suffered from acute malnutrition across the 26 countries/territories with nutrition crises. Over 10 million of them had severe acute malnutrition (SAM). *See figure 2.2.*

The ten countries with the highest burden of acute malnutrition accounted for 80 percent of the total burden of child acute malnutrition cases in the 26 countries/territories with nutrition crises. **Nigeria** (Northeast and Northwest) recorded the highest number, with over 5.4 million children, including 1.8 million with SAM. Some countries faced exceptionally high SAM proportions relative to moderate acute malnutrition (MAM), reaching 45 percent in **Haiti** and 31–37 percent in **Cameroon**, **Democratic Republic of the Congo**, **Nigeria** (Northeast and Northwest) and **South Sudan**.

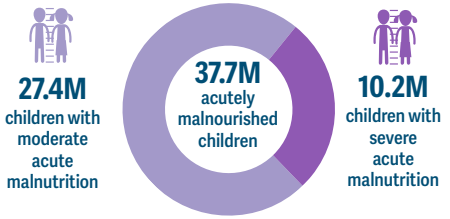
Between 2023 and 2024, the ten countries with the highest burden of acute malnutrition saw cases rise from 26.9 million to 30.4 million. The **Sudan** experienced a sharp rise from 3 million to 3.6 million cases and **South Sudan**'s burden grew from 1.6 million to 2.1 million. However, there was a slight reduction in the **Niger** (1.8 million to 1.7 million) and **Nigeria** (Northeast and Northwest) (5.9 million to 5.4 million).

Countries with nutrition crises in East Africa had the highest burden (12.2 million), followed by those in West Africa (11.9 million) and Asia (5.6 million).

In the countries of nutrition concern, nearly 1 million children aged 6–59 months were estimated to suffer from acute malnutrition in **Lebanon**, **Myanmar** and the **Syrian Arab Republic**. The burden estimates for Myanmar and the Syrian Arab Republic are based on limited and outdated data, meaning the actual numbers of acutely malnourished children and women could be higher. No data were available to estimate the burden among Sahrawi refugees in Algeria.

Nearly a third of the 10.9 million acutely malnourished pregnant and breastfeeding women (PBW) in 21 countries/territories with nutrition crises and data on PBW in 2024 were in **Democratic Republic of the Congo**. Although **Nigeria** had the highest burden of acutely malnourished children, it had the sixth-highest burden of acutely malnourished PBW in 2024. *See figures 2.3 and 2.4.* In six nutrition crises, data on PBW were not available, including for **Pakistan** and **Somalia**, which had some of the largest child nutrition crises. **Bangladesh**, **Chad** (refugees), **Mauritania** and **Senegal** also lacked data on acute malnutrition among PBW.

FIG. 2.2 **Number of children aged 6–59 months with acute malnutrition in 26 countries/territories with nutrition crises, 2024**



MAM and SAM estimates were available for all nutrition crises except Bangladesh (Cox's Bazar), which only had SAM burden estimates.

Sources: IPC TWG, HNO 2024 (Ethiopia and Yemen), WFP-UNICEF food security and nutrition hotspot analysis 2024 (Mauritania and Senegal), UNICEF HAC (Cox's Bazar), Sudan Nutrition Cluster.

10.9M pregnant and breastfeeding women with acute malnutrition in 21 countries with nutrition crises and available data, 2024.

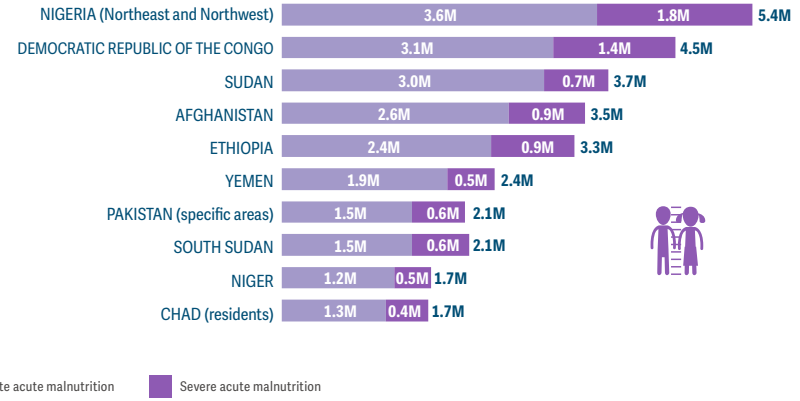
Sources: IPC TWG, HNO (Ethiopia and Yemen).

1.0M children aged 6–59 months with acute malnutrition in three out of four countries with a nutrition concern in 2024. Of them, 0.2M had severe acute malnutrition.

Burden estimates were available for Myanmar, the Syrian Arab Republic and Lebanon, but not for Algeria (Sahrawi refugees).

Sources: HNO (Syrian Arab Republic), HRP (Myanmar), LIMA survey (Lebanon).

FIG. 2.3 **The ten countries with the highest GAM burden in children aged 6–59 months, 2024**

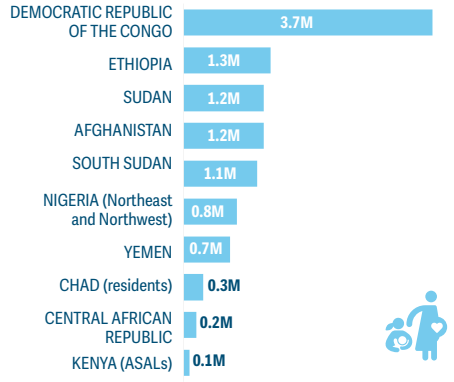


Sources: IPC TWG, HNO 2024 (Ethiopia and Yemen), Sudan Nutrition Cluster.

Acute malnutrition burden and acute food insecurity magnitude overlap

The combined burden of acute food insecurity and malnutrition is a critical issue. **Nigeria** (Northeast and Northwest), **Democratic Republic of the Congo**, the **Sudan**, **Afghanistan**, **Ethiopia**, **Yemen** and **Pakistan** – countries that rank among the ten largest food crises – had about two-thirds of the children with acute malnutrition in the 26 countries/territories with nutrition crises.

FIG. 2.4 **The ten countries with the highest burden of acute malnutrition among PBW, where data were available, 2024**



* Burden data on acute malnutrition for PBW were not available for six nutrition crises in the 26 countries/territories with nutrition crises.

Sources: IPC TWG, HNO (Ethiopia and Yemen), Nutrition Sector (Sudan).

The main contributing factors to nutrition crises | 2024

Contributing factors to acute malnutrition are complex and interrelated, ranging from long-term structural challenges to sudden, acute events.

The UNICEF Conceptual Framework (2020) provides a systems approach to understanding maternal and child nutrition, highlighting diet and care as immediate determinants, and identifying enabling and underlying determinants that impact nutrition outcomes (UNICEF, November 2021). It acknowledges and guides the prevention of malnutrition in all its forms, supporting governments and partners to uphold the child's right to nutrition, and to build the resilience of individuals, households and communities.

The Integrated Food Security Phase Classification (IPC) Acute Malnutrition Analytical Framework is based on the UNICEF Conceptual Framework and used during IPC acute malnutrition analyses, ensuring comparison across countries, and consistent data and language around acute malnutrition. *See figure 2.5.* This framework has been used to guide the analysis of risk factors in nutrition crises throughout this report.

Acute events and humanitarian constraints on access and funding

Conflict and weather extremes, often leading to population displacement, were the main shocks that increased acute malnutrition in countries/territories with nutrition crises in 2024.

In 14 of the 26 countries/territories with nutrition crises – **Burkina Faso**, **Cameroon**, **Democratic Republic of the Congo**, **Ethiopia**, **Haiti**, **Mali**, **Myanmar**, **Nigeria** (Northeast and Northwest), **Palestine** (Gaza Strip), **Somalia**, **South Sudan**, the **Sudan**, the **Syrian Arab Republic** and **Yemen** – conflict/insecurity was a primary contributing factor. In the Sudan, the conflict was the leading cause of an increase in malnutrition cases and associated mortality. Many of the approximately 3 million people fleeing to neighbouring countries, such as **Chad** and **South Sudan**, arrived in areas where basic services were already weak, further increasing the risk of acute malnutrition (UNHCR, December 2024; WFP, March 2024).

Humanitarian access constraints, driven by these acute events, prevented lifesaving care and basic services from reaching those most in need, increasing the risk of acute malnutrition and associated mortality. Between December 2023 and June 2024, access deteriorated in **Nigeria** (Northeast and Northwest) and **Somalia**, where constraints were classified as 'extreme' in 2024. Meanwhile, access challenges persisted in **Burkina Faso**, **Mali**, **Myanmar**, **Palestine** (Gaza Strip) and the **Sudan** (ACAPS, July 2024).

Flooding worsened the nutrition situation in 14 out of 26 countries/territories with nutrition crises, causing population displacement and limiting access to healthcare and humanitarian support, including in **Afghanistan**, **Burkina Faso**, **Cameroon**, **Chad**, **Kenya**, **Mali**, the **Niger**, **Nigeria** (Northeast and Northwest), **Senegal**, **Somalia**, **South Sudan**, the **Sudan** and **Yemen**. The impact was especially severe when compounded by conflict and displacement. For example, in overcrowded refugee and IDP camps in the **Sudan**, **South Sudan** and **Chad**, floods contributed to cholera outbreaks, further worsening the nutrition situation (UNHCR, December 2024).

Insufficient humanitarian funding also affected responses to nutrition crises. In 2024, only 51 percent of humanitarian nutrition funding requirements were met (UN, 2024). Nutrition remained consistently underfunded compared with other sectors, such as food security and health, with response efforts in one in four countries facing funding shortfalls of 75 percent or more (GNC, 2024).

Explanation of the contributing factors to acute malnutrition

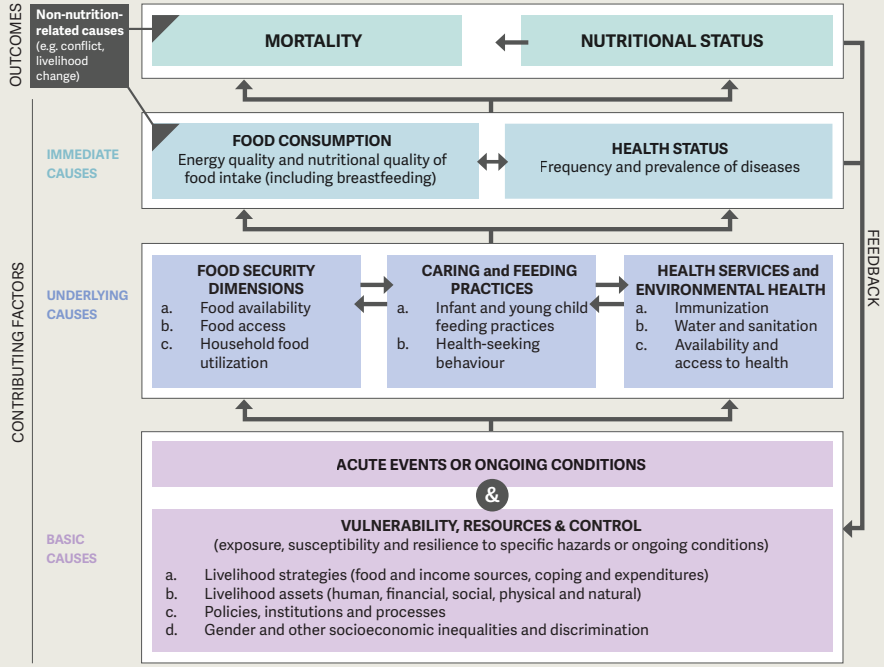
The GRFC nutrition Technical Working Group (TWG) has grouped the contributing factors to acute malnutrition across three pathways – food, health, and care and services – ensuring alignment with the underlying and immediate causes set out in the IPC Acute Malnutrition Analytical Framework, see below, and the underlying determinants of UNICEF's Conceptual Framework. *See Technical notes, page 204.* The key indicators for each pathway, referred to as risk factors in IPC AMN analyses, are:

Food pathway Minimum dietary diversity among children aged 6–23 months and women of reproductive age (15–49 years), minimum acceptable diet among children aged 6–23 months, and the prevalence of anaemia in children under 5 years and women of reproductive age (15–49 years) or PBW.

Health pathway Prevalence and incidence of acute respiratory infections, cholera, diarrhoea, acute watery diarrhoea, malaria and fever.

Care and services pathway Vitamin A supplementation coverage, measles vaccination (second dose), exclusive breastfeeding rates and access to improved water supplies (safely managed).

FIG. 2.5 **The IPC Acute Malnutrition Analytical Framework**



Source: IPC, Technical Manual v3.1.

The main contributing factors to nutrition crises | 2024

Immediate and underlying and causes of acute malnutrition

Out of 24 nutrition crises with data, 16 had 'very high' risk factors for acute malnutrition in all three pathways – food, care and services, and health – indicating multiple layers of nutritional vulnerability. *See figure 2.6.*

In **Burkina Faso**, **Burundi**, **Palestine** (Gaza Strip) and **Uganda** (Karamoja), food and health risk factors significantly contributed to child acute malnutrition. In **Mali**, **Chad** (refugees) and **Central African Republic**, food, and care and services risk factors played a major role. In contrast, in **Mozambique**, health risk factors were the only ones classified as 'very high'.

The lack of comprehensive data limited a full understanding of the contributing factors in some nutrition crises, making it challenging to assess their full impact. For example, in **Palestine** (Gaza Strip), data were missing for three of four indicators in the care and services pathway. Data on risk factors were not available for **Bangladesh** (Cox's Bazar), **Ethiopia**, **Mauritania** and **Senegal.**

How food, health, and care and services challenges fuelled nutrition crises in 2024

Food pathway

The food pathway was a critical vulnerability, considered a 'very high' risk factor for acute malnutrition in 23 nutrition crises. A key concern is the low proportion of children aged 6–23 months consuming a minimum acceptable diet, which was reported in 19 crises.

Furthermore, in 16 crises, a high percentage of children had low-quality diets, consuming four or fewer food groups a day, which is classified as child food poverty by UNICEF. The consequences of these dietary inadequacies are severe, with children facing a 50 percent higher risk of acute malnutrition if they are in severe food poverty (consuming 0–2 food groups a day), compared with those who receive five or more food groups a day.

The situation was particularly dire in **Palestine** (Gaza Strip), where over 90 percent of children were affected by severe food poverty in 2024, and in **Somalia** (63 percent), **Afghanistan** (49 percent) and **Ethiopia** (46 percent), according to the latest available data from 2023 (UNICEF, June 2024). These stark statistics underscore the urgent need for targeted interventions to improve access to nutritious food and address the root causes of malnutrition.

Health pathway

The health pathway was a significant concern, with diarrhoea and cholera outbreaks reported as 'very high' risk factors in 18 nutrition crises. Conflict, mass displacement and weather extremes worsened these outbreaks, particularly in rural and flood-affected areas, where poor infrastructure and limited healthcare access delay treatment.

Cross-border displacement made cholera outbreaks increasingly complex and harder to control. Globally, 804 700 cholera cases were reported, with 32 percent occurring in **Yemen**, 22 percent in **Afghanistan**, 10 percent in **Pakistan** and 6 percent in the **Sudan**. A global shortage of cholera vaccines hindered disease control efforts (WHO, January 2025).

Care and services pathway

The care and services pathway was mainly affected by low coverage of measles vaccinations in children under 5 years of age, which was reported as a 'very high' risk factor in 14 countries with nutrition crises. In 2024, there were measles outbreaks in 15 nutrition crises. Malnourished children are more susceptible to contracting measles, especially if they have low vitamin A levels, and, in turn, measles infection can also exacerbate malnutrition.

What is child food poverty and how is it measured?

A nutritious and diverse diet is essential for children to grow, develop and reach their full potential, supporting both physical and mental well-being. However, many children lack access to such diets and instead face child food poverty – a condition defined by UNICEF as a child's inability to access and consume a nutritious and diverse diet in the first five years of life. Alarmingly, one in four children worldwide is affected by this deprivation, placing them at heightened risk of life-threatening malnutrition (UNICEF, June 2024).

Child food poverty is commonly measured using the UNICEF and WHO dietary diversity score, which assesses the number of essential food groups a child consumes daily. To achieve minimum dietary diversity for healthy growth and development, children must consume at least five of the eight defined food groups. Children consuming three to four groups are considered to be in moderate child food poverty, while those consuming zero to two groups are in severe child food poverty, facing the greatest risk of acute malnutrition.

Strengthening efforts to understand and address dietary deprivation is vital to reducing acute malnutrition and safeguarding children's well-being worldwide.

FIG. 2.6 **Pathway identified as high risk factor for acute malnutrition, by nutrition crisis, 2024**

COUNTRY	Food	Health	Care and services
AFGHANISTAN	●	●	●
BURKINA FASO	●	●	○
BURUNDI	●	●	○
CAMEROON	●	●	●
CENTRAL AFRICAN REPUBLIC	●	○	●
CHAD (residents)	●	●	●
CHAD (refugees and host communities)	●	○	●
DEMOCRATIC REPUBLIC OF THE CONGO	●	●	●
DJIBOUTI	●	●	●
HAITI	●	●	●
KENYA (ASALs)	●	●	●
MADAGASCAR (Grand Sud and Grand Sud-Est)	●	●	●
MALI	●	○	●
MOZAMBIQUE	○	●	○
NIGER	●	●	●
NIGERIA (Northeast and Northwest)	●	●	●
PAKISTAN (Balochistan, Khyber Pakhtunkhwa and Sindh)	●	●	●
PALESTINE (GAZA STRIP)	●	●	○
SOMALIA	●	●	●
SOUTH SUDAN	●	●	●
SUDAN	●	●	●
UGANDA (refugees and host communities)	●	●	●
UGANDA (Karamoja)	●	●	○
YEMEN (GoY-controlled areas)	●	●	●

Food Health Care and services

● 'Very high' risk factor in pathway ○ Not 'very high' risk factors in pathway

Data for risk factors across the three pathways were not available for Bangladesh (Cox's Bazar), Ethiopia, Mauritania and Senegal.

Source: IPC TWG, SMART.

Persistent nutrition crises | 2020–2024

Context matters: divergence of acute food insecurity and acute malnutrition phases

The interaction of the food, health, and care and services pathways varies by context, resulting in divergent patterns between acute food insecurity and acute malnutrition phases (where IPC data are available for both) (IPC, 2024).

For example, in Madagascar, there is no consistent pattern between acute food insecurity and acute malnutrition phases, whereas in South Sudan a clear pattern exists, with higher acute food insecurity phases corresponding to higher acute malnutrition phases (Verstraeten et al., 2024).

Similar variations are observed in Afghanistan, where phases generally align (IPC, January 2025), and in Mozambique, where high acute food insecurity levels coexist with acceptable acute malnutrition levels (IPC, August 2024).

These country-specific examples highlight the importance of considering the unique interplay of the food, health, and care and services pathways in each context, and underscore the need for tailored programme actions to address the distinct environmental and socioeconomic factors driving acute food insecurity and malnutrition.

Persistent nutrition crises 2020–2024

Countries experiencing recurring nutrition crises often record high GAM levels year after year, even outside of seasonal peaks of acute food insecurity and acute malnutrition. Persistent levels of acute malnutrition poses a significant threat to the lives of children and PBW.

The GRFC defines persistent acute malnutrition as GAM prevalence exceeding 10 percent in three or more of the last five years in particular areas. The consequences of persistent high acute malnutrition levels are far-reaching, with lifelong health and socioeconomic impacts on individuals, households, communities and, ultimately, entire countries and regions (Shekar et al., October 2024).

In the context of successive food and nutrition crises, populations often have limited resilience and are exposed to repeated shocks. Shock-based humanitarian responses provide temporary lifesaving support, primarily targeting the most vulnerable households. However, better-off communities that do not receive assistance see their resilience depleted as they rely on their own coping strategies and are left even more vulnerable to future shocks.

To address the trend of persistent high acute malnutrition levels, it is vital to understand the specific underlying causes. For example, in South Sudan, northern and southern areas that experienced persistent high levels of acute malnutrition between 2019 and 2022 were characterized by poorer dietary practices, high rates of malaria and diarrhoea, and limited access to essential health services, including vaccination and vitamin A supplementation. Similarly, affected areas in southern Madagascar experienced persisting high levels of acute malnutrition between 2020-2023, associated with poor dietary practices and higher rates of malaria and acute respiratory infections (Verstraeten et al., 2024).

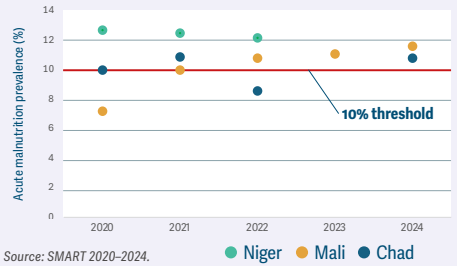
Implementation of at-scale interventions which target these systemic challenges is required. Early warning systems, early action and a prevention-first approach is critical to reduce the burden and prevalence of acute malnutrition in young children and PBW. Collaborative humanitarian and development efforts in fragile contexts need to be strengthened. Delivering continuous nutrition support within a broader multisectoral system of response, including social protection and safety net assistance, will build durable community, household and individual resilience. Factors such as gender, livelihoods, historical trends and seasonal fluctuations of acute malnutrition are also crucial to consider when addressing persistent acute malnutrition (Young and Marshak, 2017).

Case study | Persistent nutrition crises in the Sahel

In **Chad** (residents), **Mali** and the **Niger**, three countries with protracted food crises, the national GAM prevalence has exceeded 10 percent in three or more of the last five years, and, as such, they are considered persistent nutrition crises. *See figure 2.7.*

Persistently high GAM prevalence in these countries can be attributed to a complex array of interconnected factors. In the Central Sahel and Lake Chad basin areas, conflict and insecurity have not only disrupted livelihoods and access to food, but also weakened already fragile health systems. This has resulted in limited access to basic services, hindering efforts to prevent and manage infectious diseases and malnutrition.

FIG. 2.7 **National GAM prevalence in Chad, Mali and the Niger, 2020–2024**



Source: SMART 2020–2024.

The cumulative effect of these factors has created a vicious cycle, exacerbating the malnutrition crisis and making it challenging to achieve progress.

In Chad, national GAM levels surpassed 10 percent in 2020, 2021 and 2024. Mali reported consistently high GAM levels since 2021, and the Niger showed GAM levels above 12 percent between 2020 and 2024. Conflict-affected areas of Mali and the Niger tended to have a higher GAM prevalence, at over 12 percent, including in Ménaka, Kayes and Tombouctou in Mali; and Agadez, Diffa, Maradi, Tahoua and Zinder in the Niger (SMART, 2020–2024).

Malnutrition is alarming among displaced populations, with the GAM prevalence reaching over 30 percent in Gao IDP camp in Mali and 16 percent among refugee and host populations in Chad in 2024 (IPC, November 2024, May 2024).

The number of children aged 6–59 months suffering from acute malnutrition in these three countries alone increased from 3.5 million in 2020 to 5 million in 2024 (IPC, March 2020, January 2024, November 2024, January 2025; HNO, 2020). Among these, more than 1 million children faced the most severe form of acute malnutrition each year.

Alternative approaches for assessing malnutrition

Assessing the unseen

Adequate nutrition data are essential to assess the severity of a crisis and ensure that people in need receive timely assistance.

Populations in areas with limited or restricted humanitarian access are often more vulnerable to acute malnutrition, and they are often the most challenging communities to assess. Alternative vulnerability-focused approaches that concentrate on contributing factors rather than outcome indicators, which can be hard to collect, may improve our understanding of the nutrition situation in these contexts.

What are the limitations of current data collection systems?

The nutrition sector typically relies on population-based surveys to assess the nutrition situation. Information is gathered through surveys on outcome indicators – acute malnutrition prevalence obtained by measuring either WHZ or MUAC – and contributing factors such as infant and young child feeding practices and dietary indicators.

These data inform existing nutrition situation analyses and response mechanisms, including IPC and Cadre Harmonisé (CH), which guide policymakers and programmers to plan and respond to a nutrition crisis. However, these methods require trained staff to have prolonged direct access to affected populations to conduct anthropometric measurements and assess contributing factors. This can be difficult in contexts where conflict, insecurity or lack of infrastructure limits physical access to the affected populations.

To overcome these challenges, IPC simplified evidence requirements for IPC AMN analyses in areas with limited or no humanitarian access (IPC, February 2021).

Alternative approaches to understanding a nutrition situation

In response, an IPC Working Group has developed methodologies that use qualitative assessments based on the analysis of contributing factors. Two such innovative methods for conducting acute malnutrition analyses are nowcasting and Nutrition Vulnerability Analyses (NVAs).

Nowcasting provides an estimate of current IPC phase classifications using available historical data. Historical GAM prevalence estimates and information on contributing factors inform the classification of areas into IPC AMN phases.

An NVA uses both quantitative data collected remotely, such as MUAC screenings, dietary diversity, morbidity and qualitative data from key informant interviews. Data are systematically analysed following a multi-party consensual process to agree on a severity classification for each contributing factor to acute malnutrition. A comprehensive narrative is developed to inform and support programme actions, policy decisions and advocacy efforts (GNC, February 2024). An NVA was undertaken in Palestine (Gaza Strip) and the Sudan in 2024.

PHOTO: GAZA, PALESTINE © WFP/ALI JADALLAH

Case study

Nutrition vulnerability analyses in Palestine (Gaza Strip)

The sudden escalation of conflict in Palestine (Gaza Strip) from October 2023 severely constrained access and necessitated an alternative approach to capture the nutrition situation of the most vulnerable.

Three NVAs were carried out using screening data from multiple agencies and by adding nutrition-sensitive questions into remote assessments over three rounds from January to June 2024.

Data on contributing factors such as dietary diversity and morbidity were collected in addition to household acute food insecurity, and were quality checked and analysed in near real time. This enabled the assessment of change over time and their potential impact on the nutritional status of young children and PBW.

Results from the NVA informed the IPC analyses and filled the gap for the lack of data on malnutrition and mortality to determine whether Famine (IPC Phase 5) thresholds had been reached. NVA results were also used to advocate for the need for nutrition support in the Gaza Strip.

This experience illustrated the feasibility of using proxy data to assess the severity of a crisis in a context of severe access challenges (GNC, February, March, June 2024).

3 | Displacement

PHOTO: RAFAH, PALESTINE (GAZA STRIP) © WFP/PHOTOLIBRARY

Nearly all countries with food crises have large displaced populations, but data on their acute food insecurity status are only available in about a quarter of these countries, despite clear evidence regarding the specific challenges displaced people have in accessing food.

In the 15 countries where specific analyses on displaced populations were available, they show consistently higher levels of acute food insecurity among displaced populations than among residents.

Most forcibly displaced people globally are IDPs, and nearly all are in countries /territories with food crises. Almost half of them are in the Sudan, the Syrian Arab Republic, Colombia and Democratic Republic of the Congo. Countries with food crises also host 70 percent of all refugees and asylum-seekers globally.

In Palestine (Gaza Strip) – where the vast majority of the population were displaced – 1.1 million people (or half the population) were in Catastrophe (IPC Phase 5). In total, around 114 000 IDPs and/or returnees faced Catastrophe (IPC Phase 5) in Haiti, South Sudan and the Sudan.

Displacement in countries/territories with food crises

The number of forcibly displaced people in countries/territories with food crises | 2024

The number of forcibly displaced people continued to rise in 2024, driven by conflict, generalized violence, sudden-onset disasters and increasingly intensifying weather extremes due to climate change. This section provides an overview of forced displacement trends in the countries/territories with food crises in 2024, with a subsection examining the challenges faced by returnees.

What population groups are covered in this chapter?

The figures in this chapter refer to people who were forcibly displaced by the end of 2024 in the 53 countries/territories with food crises and data meeting GRFC technical requirements. Forced displacement is involuntary or coerced movement of people away from their home country or region as a result of, or to avoid the effects of, events or situations such as armed conflict, generalized violence, human rights abuse, or natural or human-made disasters.

The data include refugees (under the mandate of the United Nations High Commissioner for Refugees (UNHCR) and the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)); asylum-seekers; other people in need of international protection (OIPs); and IDPs. The term 'refugees and asylum-seekers' in the text also includes OIPs. Where data refer to other groups – for example, IDP or refugee returnees, or vulnerable migrants in the Latin America region – this is specified.

Rising numbers of forcibly displaced people in countries/territories with food crises since 2023

In 2024, forced displacement in countries/territories with food crises continued to rise, reaching 95.8 million people in 52[1] of them, consisting of 71.8 million IDPs and 24.0 million refugees. The 4 percent increase since 2023 is primarily due to the sharp rise in conflict-driven internal displacement and continues the trend of rising numbers since 2013. *See figure 3.1.* Globally, the number reached a new record of 127.7 million in 2024.[2]

By the end of 2024, the number of state-based conflicts worldwide (59) was at its highest level since the Second World War and the number of non-state-based conflicts, which has doubled since 2009, remained at high levels (UCDP, December 2024). The number of IDPs displaced by violence and insecurity increased by 15 percent between mid-2023 and mid-2024 – from 62.5 million to 72.1 million (UNHCR, October 2023; UNHCR, October 2024).

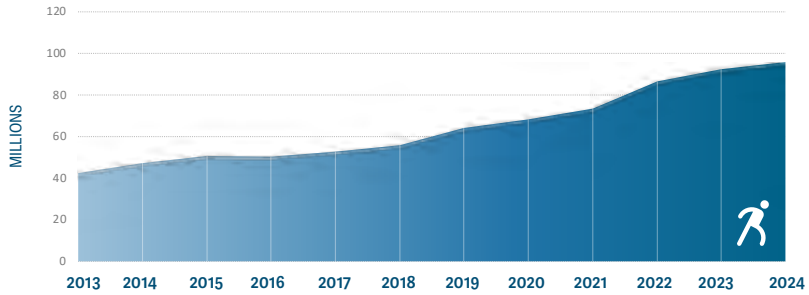
Countries/territories experiencing food crises – especially the largest in terms of magnitude and severity – bore the brunt of the rise in conflict-driven internal displacement (UNHCR, October 2023; UNHCR, October 2024). Since 2023, the escalating or persistent conflict and violence in the **Sudan**, the **Syrian Arab Republic**, **Myanmar**, **Palestine** (Gaza Strip), **Lebanon**, the **Niger**, **Democratic Republic of the Congo** and **Haiti** caused large-scale, new internal displacements (IOM, 2024; IDMC, 2024; UNHCR, December 2024; UNRWA, December 2024).

Climate change and El Niño resulted in new heights of weather extremes in 2024, with record-breaking temperatures fuelling heatwaves, drought, wildfires, storms and floods, forcing people to leave their homes, including in countries with food crises. Heavy rainfall, flooding and landslides drove widespread displacement in countries with food crises in sub-Saharan Africa, Asia and the Middle East, including in **Afghanistan**, **Bangladesh**, the **Horn of Africa**, **Iran**, **Myanmar**, **Pakistan**, the **Sahel**, **Nigeria** and the **Sudan** (Climate Central, December 2024; IDMC, 2024; UNHCR, December 2024).

While overall seismic activity in 2024 was much lower than the rest of the twenty-first century, earthquakes in the Afar and Oromia regions of Ethiopia starting in September 2024 also led to displacement and affected about 80 000 people (REACH, 2025; OCHA, January 2025).

The increase in displacement in 2024 aligns with a continuing upward trend observed since 2013, driven by new and protracted conflicts and disasters across all regions. Displacement particularly accelerated in 2021 due to escalating conflicts in **Ethiopia**, **Afghanistan** and **Myanmar**, compounded by severe flooding and storms across several parts of Asia, as well as the global economic impacts of COVID-19 (IOM, May 2021).

FIG. 3.1 **Number (millions) of displaced people in 52[1] countries/territories with food crises and data meeting GRFC technical requirements, 2013–2024**



Sources: 2013–2023: UNHCR, IDMC, UNRWA; 2024: UNHCR nowcasted estimates December 2024, IOM, UNWRA.

1 There are no displaced populations reported in Timor-Leste, reducing the total number of countries/territories with food crises and data meeting GRFC technical requirements for 2024 from 53 to 52.

2 This global displacement number consists of 51.8 million refugees and asylum-seekers (5.8 million OIPs, 6 million Palestine refugees under UNRWA's mandate, 8 million asylum-seekers, 32 million refugees under UNHCR's mandate (UNHCR Mid-Year Trends, June 2024) and 75.9 million IDPs (IDMC, as of December 2023).

The number of forcibly displaced people in countries/territories with food crises | 2024

Displacement in countries/ territories with food crises in 2024

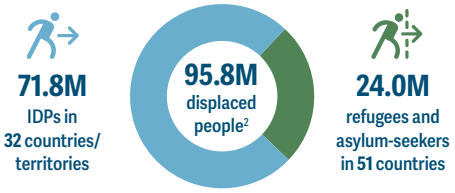
Almost 75 percent of all forcibly displaced people globally are concentrated in 52 countries/ territories with food crises and data meeting GRFC technical requirements. ***See map 3.1.***

The dynamics between acute food insecurity and displacement are mutually reinforcing, with both underpinned by conflict, climate change, disasters and economic crises. Acute food insecurity can contribute to driving new or repeated displacement, aggravate the conditions in which displaced populations find themselves and prevent them from reaching durable solutions.

Equally, displacement can exacerbate acute food insecurity as livelihoods are destroyed, agricultural lands are left behind and large numbers of displaced people create high demand on markets and services in host areas, themselves highly vulnerable (IDMC, 2022).

Most forcibly displaced people globally are IDPs (IDMC, 2024), with nearly all of them (95 percent) in countries/territories with food crises. *See figure 3.2.* Over 70 percent of all IDPs in countries with food crises were in just ten countries, and 46 percent in four countries, namely the **Sudan**, the **Syrian Arab Republic**, **Colombia** and **Democratic Republic of the Congo**. *See figure 3.3.* Many of these IDPs have been displaced multiple times. The **Sudan** continued to have the world's largest number of IDPs, with 11.6 million. It also had the largest increase since 2023 (+27 percent), followed by **Myanmar** (+23 percent) and the **Syrian Arab Republic** (+12 percent).

FIG. 3.2 **Number of forcibly displaced people in countries/territories with food crises, 2024**



Source: Government of Colombia 2024; HNRP, 2024; IDMC, 2024; IOM, 2024; OCHA, 2024; UNHCR Nowcasted estimates, 2024; UNWRA, 2024.

Almost all IDPs globally are in countries/territories with food crises. The Sudan had the world's largest number and the biggest increase since 2023.

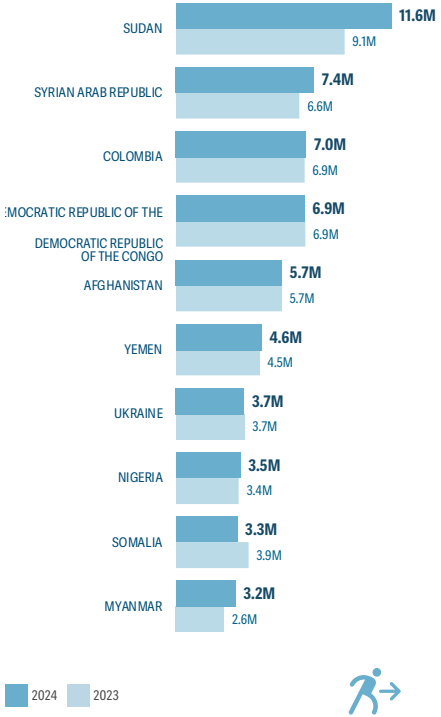
Furthermore, almost half of all refugees and asylum-seekers globally (24 million people) were hosted in 51 countries with food crises. Ten of these countries hosted over 80 percent (20 million people) of all refugees and asylum-seekers. *See figure 3.4.* The most substantial relative increase in refugees and asylum-seekers between 2023 and 2024 was in **Chad** (+18 percent), **Colombia** (+16 percent) and **Uganda** (+13 percent).

In both **Chad** and **Uganda**, the increase was primarily driven by the conflict in the **Sudan**, which increasingly impacts not only neighbouring countries, but also the region. Most new arrivals in **Uganda** came primarily from the **Sudan** via **South Sudan** (UNHCR, 2024).

Nine countries – **Algeria**, **Armenia**, **Benin**, **Côte d'Ivoire**, **Egypt**, **Iraq**, the **Islamic Republic of Iran**, **Jordan** and **Rwanda** – were selected for inclusion in the GRFC for the refugees and asylum-seekers whom they host and who are in need of urgent food assistance. **Ecuador**, **Colombia** and **Peru** were selected for hosting large migrant populations in need of emergency food and livelihood assistance.

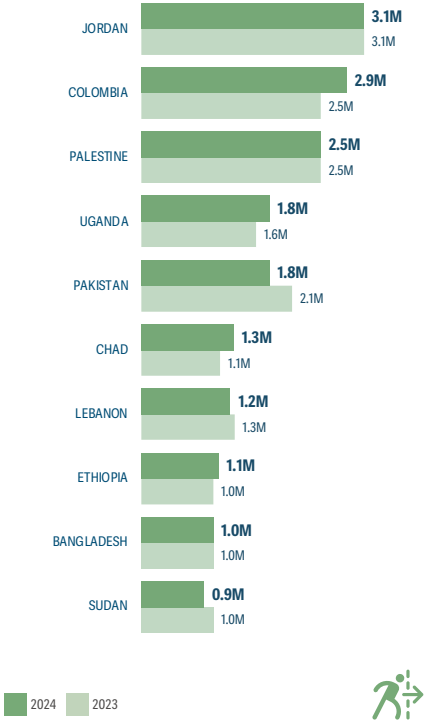
Six out of the ten countries with the largest number of forcibly displaced people (refugees, asylum-seekers and IDPs) are classified as protracted displacement situations (UNHCR, 2009). In several of these countries, such as **Colombia**, **Democratic Republic of the Congo**, **Palestine** (Gaza Strip), the **Sudan** and **Syrian Arab Republic**, IDPs experienced increasingly prolonged and often repeated displacement due to the protracted nature of conflicts or the overlap of conflict and weather extremes or disasters (HPG, August 2024).

FIG. 3.3 **The ten countries with food crises with the largest number of IDPs, 2023 and 2024**



Source: IDMC, 2024; IOM, 2024; UNHCR, 2024; OCHA, 2024.

FIG. 3.4 **The ten countries with food crises with the largest number of refugees and asylum-seekers, 2023 and 2024**



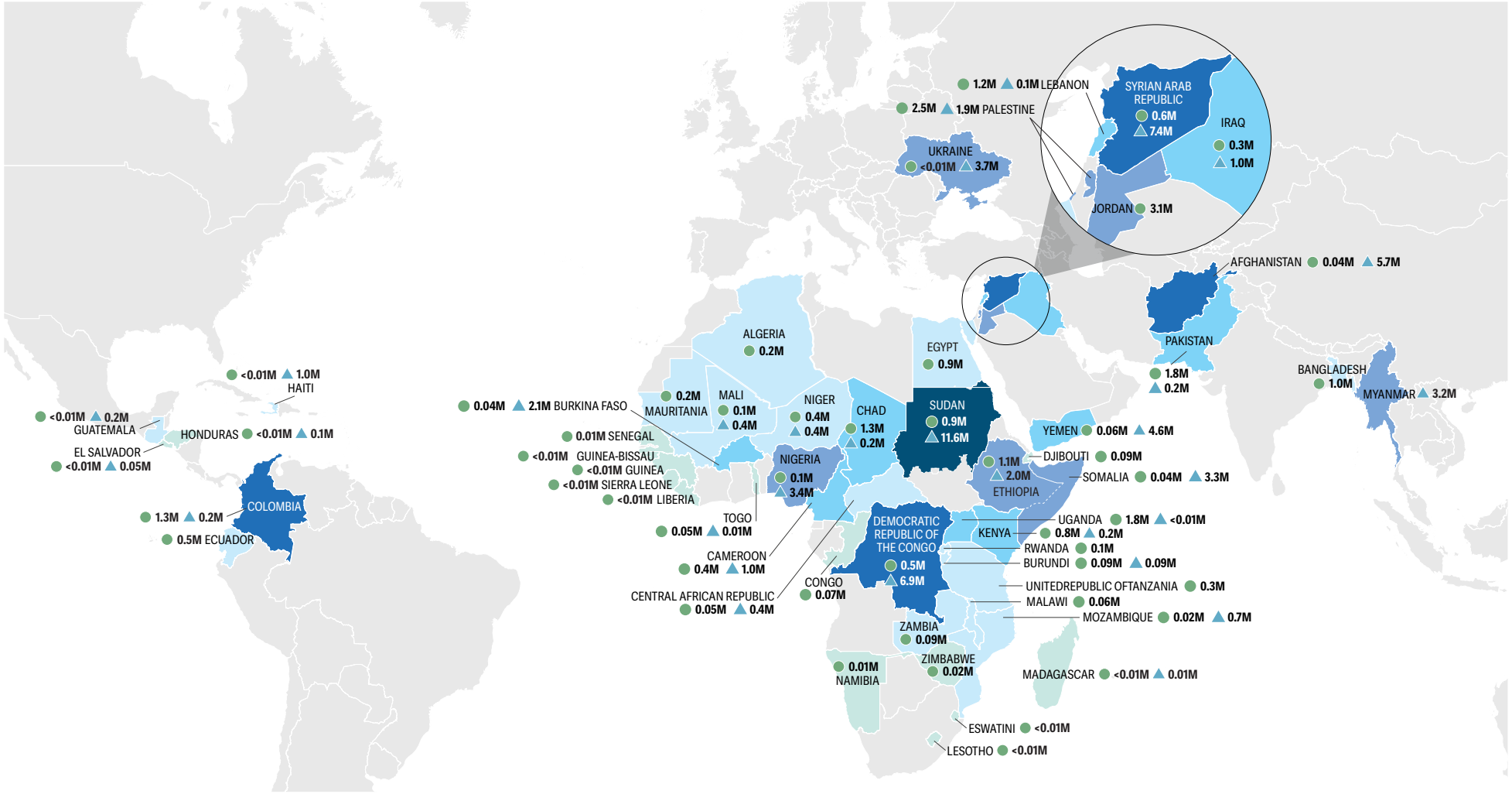
Source: UNHCR Nowcasted estimates, December 2023 and December 2024.

1 Timor-Leste has no reported displaced people, hence 52 instead of 53 countries/territories with data meeting GRFC technical requirements.

2 UNRWA estimates that 70 percent of the 1.9 million IDPs in the Gaza Strip were Palestine refugees under its mandate before October 2023. These IDPs are only counted once in the estimated total number of forcibly displaced people. *For details see appendix 3, page 171.*

The number of forcibly displaced people in countries/territories with food crises | 2024

MAP 3.1 Number of IDPs and refugees/asylum-seekers in 52 countries/territories with data meeting GRFC technical requirements, as of end 2024



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Total number of displaced people: > 0–0.1 million | >0.1–1 million | >1–3 million | >3–5 million | >5–10 million | >10 million | Not selected for analysis | Refugees and asylum-seekers | IDPs

Source: GRFC Displacement TWG, 2025.

The number of forcibly displaced people in countries/territories with food crises | 2024

Returnees and the persistent challenges for reintegration

Returnees represent a critical and often overlooked dimension of displacement within the broader context of food and displacement crises.

Displacement only ends when individuals no longer face displacement-related vulnerabilities and achieve sustainable reintegration (EGRISS, March 2020; UN, September 2004). Despite returning to their places of origin, evidence shows that returnees often continue to face challenges akin to those of displaced populations – acute food insecurity, unstable livelihoods, and lack of access to land and productive assets. *See case study 1, page 47.*

Returns can involve force, compulsion or coercion. These vulnerabilities highlight the need for better evidence and targeted support to contribute to sustainable reintegration, reduce repeated displacement and break cycles between displacement and acute food insecurity (IASC, April 2010).

In 2024, **Afghanistan**, **Democratic Republic of the Congo**, **South Sudan**, **Syrian Arab Republic** and **Ukraine** saw significant return movements of both IDPs and refugees (UNHCR, June 2024).

Almost 1.3 million people returned to **Afghanistan** in 2024, including 1.1 million from the **Islamic Republic of Iran** and 132 000 from **Pakistan**, while a small number returned from other countries (OCHA, December 2024). Return movements from both countries were driven by announcements by authorities in Pakistan in 2023 and the Islamic Republic of Iran in 2024 about the deportation of undocumented Afghans. While deportations only represented a small share of returnees, the fear of deportation and arrest was stated as the primary driver by many (IOM, November 2024; UNHCR December 2024). Many returnees require assistance, shelter and accommodation being the primary need (82 percent), followed by financial assistance (81 percent) and food (76 percent) (UNHCR, December 2024; UNHCR, November 2024).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Almost 900 000 people (mainly returnee refugees) fled across the border from the Sudan into South Sudan between the escalation in conflict in April 2023 and the end of 2024.

The **Syrian Arab Republic** witnessed multiple waves of rapid and significant displacement and returnee movements in 2024. Intensified military air and ground operations in Lebanon in October and the political transition in the Syrian Arab Republic in December drove the return of 419 200 Syrian refugees back to the country in 2024. Over 5 000 IDPs left IDP camps in north-west Syrian Arab Republic in the last week of the year, intending to return to their homes (UNHCR, December 2024). Meanwhile, 1.1 million people were displaced from different areas, including Aleppo, Hama, Homs and Idlib governorates, due to the advances of armed groups and associated hostilities in early December 2024. Tens of thousands of Syrians and Lebanese reportedly crossed back from the Syrian Arab Republic into Lebanon, and 1 000 Syrians arrived in Iraq (UNHCR, December 2024).

In early 2025, returns from abroad increased, with a total of 235 000 Syrians returning from **Lebanon**, **Türkiye**, **Jordan** and **Iraq** between December 2024 and February 2025 (UNHCR, February 2025). Many of these trips may be temporary – for example, to celebrate or check on conditions of homes, families and the overall situation.

Depending on the evolution of the situation in the Syrian Arab Republic, UNHCR estimates that 1.5 million refugees and 2 million IDPs will return in 2025. The intention to return in the next 12 months increased from 17 percent to 27 percent among Syrian refugees, following the December 2024 events (UNHCR, February 2025). Returnees will face enormous challenges due to the scale of destruction and damage to physical infrastructure after over a decade of conflict, on top of ongoing hostilities and a deep economic crisis (WB, May 2024; UN, January 2025).

> **Despite returning to their places of origin, returnees often face challenges akin to those of displaced populations, including acute food insecurity.**

A complex situation of internal displacement and returns persisted in **Democratic Republic of the Congo** due to conflict and insecurity as well as disasters. In mid-2024, there were 5.4 million IDP returnees, largely without humanitarian assistance and amid ongoing insecurity. Nearly 6.9 million remained internally displaced – the large majority of both groups in the eastern part of the country (IOM, September 2024). In early 2025, the seizure of several territories in North and South Kivu, including North Kivu's capital Goma, by NSAGs triggered new, large-scale displacements while re-displacing IDPs who were living in pre-existing sites and settlements. By late February 2025, amid ongoing advances by NSAGs, over 660 000 individuals were displaced from pre-existing sites in areas around Goma, on top of 95 000 new IDPs in the same area. For more than half (55 percent) of IDPs, access to food was the priority need (IOM, February 2025).

In the first half of 2024, over 73 100 refugees from **Ukraine** returned to the country. In November 2024, around 5 percent (34 000) of the 6.8 million Ukrainian refugees planned to return in the next 12 months and 57 percent (3.9 million people) hoped to return one day (UNHCR, November 2024). By December 2024, a total of 4.3 million refugees and IDPs displaced since the start of hostilities in February 2022 had returned spontaneously to their place of origin. Around a quarter were refugees and the rest IDPs (IOM, December 2024).

Acute food insecurity among displaced populations and returnees

Population displacement has profound, multi-dimensional and often mutually reinforcing effects on food security, impacting food availability, access, utilization and stability.

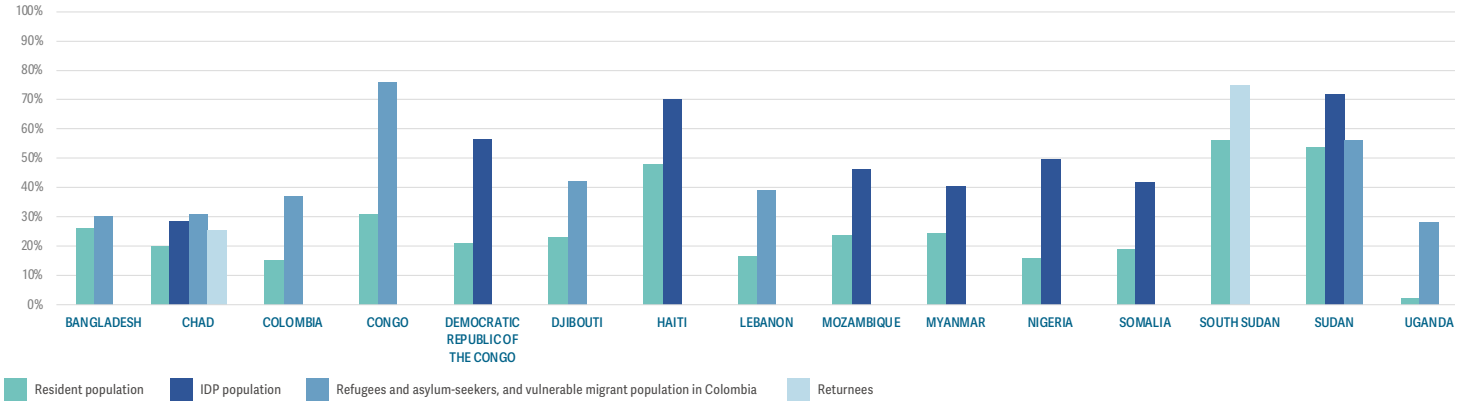
In 2024, data on acute food insecurity of displaced populations and residents were available for 15 out of the 53 countries/territories with food crises and data meeting GRFC technical requirements. *See figure 3.5*. These countries represent some of the world's largest food crises and displacement contexts, with nearly half (48 percent or 47.2 million people) of displaced populations and returnees in countries with food crises. The data reveal a clear and consistent tendency: the prevalence of high levels of acute food insecurity is higher among displaced populations and returnees than residents. In 5 additional countries – Algeria, Ecuador, Egypt, Iraq and Jordan – acute food insecurity data were only available for refugees and vulnerable migrants (Ecuador).

The largest gap between displaced and resident populations was reported in **Congo**, amid a protracted refugee situation, where 76 percent of refugees faced high levels of acute food insecurity compared with 31 percent of residents.

The smallest gap was reported in **Bangladesh**, where 26 percent of residents faced high levels of acute food insecurity compared with 30 percent of Rohingya refugees in Cox's Bazar district, highlighting the vulnerability of residents too. Displaced populations received significant humanitarian assistance while host populations did not, implying that refugees' food security status was mitigated by assistance.

In **Chad**, the prevalence of those facing Crisis or worse (CH Phase 3 or above) ranged from 25 to 31 percent among IDPs, refugees and returnees – all higher than the prevalence among residents (20 percent). A similar trend can be observed in the **Democratic Republic of the Congo**. *See case study 2, page 47*. From July to December 2024 in IDP-hosting areas in North Kivu, 62 percent of analysed IDPs faced high levels of acute food insecurity, compared with 36 percent of residents. Around 23 percent of the analysed IDP population experienced Emergency (IPC Phase 4) versus 7 percent of residents. These disparities emphasize the vulnerabilities of displaced populations, driven by disrupted livelihoods, loss of access to agricultural land and dependence on external assistance or markets (IPC, September 2024).

FIG. 3.5 **Prevalence of high levels of acute food insecurity among resident and displaced populations in 15 countries with disaggregated data, 2024**



Source: CH (Chad, Nigeria); HNRP (Myanmar); WFP (CARI methodology) (Congo); FSC (Colombia); IPC (all other countries).

Catastrophic levels of acute food insecurity among displaced populations

Displaced populations were among those facing Catastrophe (IPC/CH Phase 5) in all countries/territories that had populations in this phase in 2024. At least 114 000 displaced people faced Catastrophe (IPC Phase 5) in 2024 in **Haiti**, the **Sudan** and **South Sudan**. Of note, despite not having disaggregated data for displaced populations in **Palestine** (Gaza Strip), a significant share of the 2.2 million people in IPC Phase 3 or above, including the 1.1 million people in Catastrophe (IPC Phase 5) during the peak between March and April 2024, were likely internally displaced, as the vast majority of the population of Gaza Strip was displaced (UNRWA, March 2024).

In the **Sudan**, over 80 000 displaced people faced Catastrophe (IPC Phase 5) between June and September 2024 – the large majority of them IDPs (74 800) (IPC, July 2024). First detected in July 2024 in Zamzam IDP camp, North Darfur, Famine (IPC Phase 5) persisted and, from October, expanded to Al Salam and Abu Shouk IDP camps and the Western Nuba Mountains, affecting both residents and IDPs. Between December 2024 and May 2025, a risk of Famine was projected for other areas that were likely to experience high influxes of IDPs in North, East and South Darfur states (IPC, December 2024).[1] Between September and November 2024, 28 000 South Sudanese returnee refugees from the **Sudan** were in Catastrophe (IPC Phase 5) out of a total of 79 000 people in this phase (IPC, November 2024).

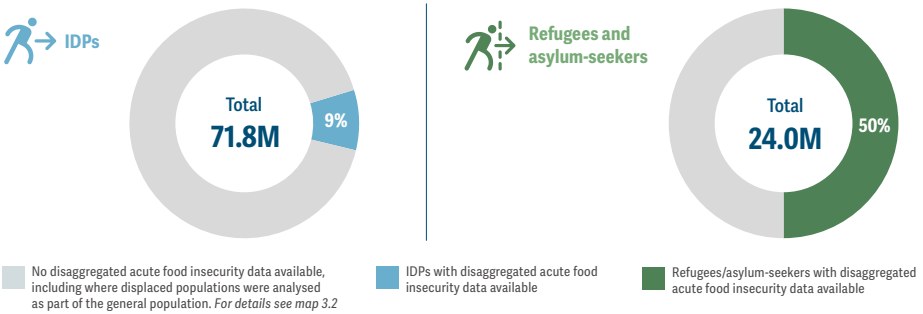
> **In the 15 countries with disaggregated data, the prevalence of high levels of acute food insecurity was higher among displaced people and returnees than residents.**

Camp-based IDPs in **Haiti** faced a severe situation, with over 5 600 in Catastrophe (IPC Phase 5) between August 2024 and June 2025 – the only population facing this most severe phase in the country and region (IPC, September 2024).

1 The Government of Sudan has not endorsed this analysis.

Acute food insecurity among forcibly displaced people in countries/territories with food crises | 2024

FIG. 3.6 **Share of displaced populations with disaggregated acute food insecurity data in countries with food crises, 2024**



Source: GRFC Displacement TWG, 2024.

Acute food insecurity data on returnees in 2024 were only available for South Sudan and Chad

Over 300 000 South Sudanese refugees returned to **South Sudan** in 2024 due to the ongoing conflict in the **Sudan**. This brought the total to 686 000 returnees since April 2023 (UNHCR, January 2024; UNHCR, January 2025). Returnees are among the most vulnerable groups in **South Sudan**. An estimated 210 000 returnees, or 75 percent of the analysed returnee population, faced high levels of acute food insecurity (IPC Phase 3 or above) between April and July 2024 (IPC, November 2023). This includes 28 000 in Catastrophe (IPC Phase 5) and 98 000 in Emergency (IPC Phase 4).

The influx of returnees and refugees exacerbated an existing IDP crisis and added to a deteriorating acute food insecurity situation in **South Sudan**, driven by high food prices and reduced household purchasing power, conflict and insecurity, flooding and dry spells affecting agricultural production. Upper Nile state and Unity state hosted particularly high numbers of returnees (UNHCR, December 2024; IPC, December 2024).

The majority of returnees to **South Sudan** were women and children, with 1 in 5 children screened at the Renk border point in June 2024 found to be malnourished (WHO, July 2024). Upon arrival in often congested, remote and hard-to-reach locations, returnees and refugees urgently required lifesaving assistance at the border and transit and reception facilities.

Most of the returnees intended to return to their area of origin, although most had not been able to visit the area to check the conditions for return (UNHCR, October 2024). Efforts towards (re) integration, especially in central and northern parts of South Sudan, were hampered by instability and insufficient basic services, and risked exacerbating intercommunal tensions and triggering secondary movements (WHO, July 2024; Protection Cluster, February 2024).

Between October and November 2024, 41 500 Chadian returnee refugees, or 25 percent of the analysed returnee population, faced high levels of acute food insecurity (CH Phase 3 or above) in the Sila, Ouaddaï and Logone Oriental provinces of **Chad**. The highest prevalence was reported in Sila province, with almost 40 percent of the analysed returnee population in CH Phase 3 or above (CH, September 2024) compared with 15 percent among residents in the region. Almost 9 percent of returnees (or 11 500 people) in Sila and Ouaddaï experienced Emergency (CH Phase 4) levels compared with about 2 percent (0.36 million people) of residents (CH, September 2024). *See case study 3, page 48.*

While no acute food insecurity data were available for returnees to **Afghanistan**, the **Syrian Arab Republic** or **Ukraine**, other contextual data and assessments highlighted their vulnerability. In **Afghanistan**, the majority (80 percent) of survey respondents had adequate access to food for their households, but 64 percent indicated that they had no food stocks and food was the top use of cash grants (UNHCR, October 2024).

Despite political change in the **Syrian Arab Republic**, returnees face significant challenges including the destruction and damage of homes, critical infrastructure and agricultural lands as well as protection risks and violations of property rights. Livelihood opportunities remain limited due to the economic crisis, weak local currency and commodity shortages, compounded by international sanctions (UNHCR, December 2024; UNHCR, February 2025).

In Ukraine, 24 percent of IDP returnees and 18 percent of refugee returnees, compared with 13 percent of non-displaced populations, reported food as their main need in April 2024 (IOM, April 2024). The need for food remained high, even though other, new needs categories, such as power banks and generators, increased in importance (IOM, August 2024; IOM, January 2025).

Large acute food insecurity data gaps on displaced population persist

The collection and use of acute food insecurity data disaggregated by displacement status has emerged as a critical tool for addressing the unique challenges faced by refugees, IDPs and returnees. Yet disaggregated remain limited. Acute food insecurity data were available for only 9 percent of IDPs and half of refugees and asylum-seekers in countries/territories with food crises. *See figure 3.6.* Displaced people are included in several countries as part of the general population in food security analyses. For example, this is the case for IDPs in **Afghanistan**, **Burundi**, **Central African Republic**, and parts of the IDP populations in **Mozambique** and **Yemen**. *See map 3.2.*

> **Acute food insecurity data were available for only 9 percent of IDPs and half of refugees and asylum-seekers in countries/territories with food crises.**

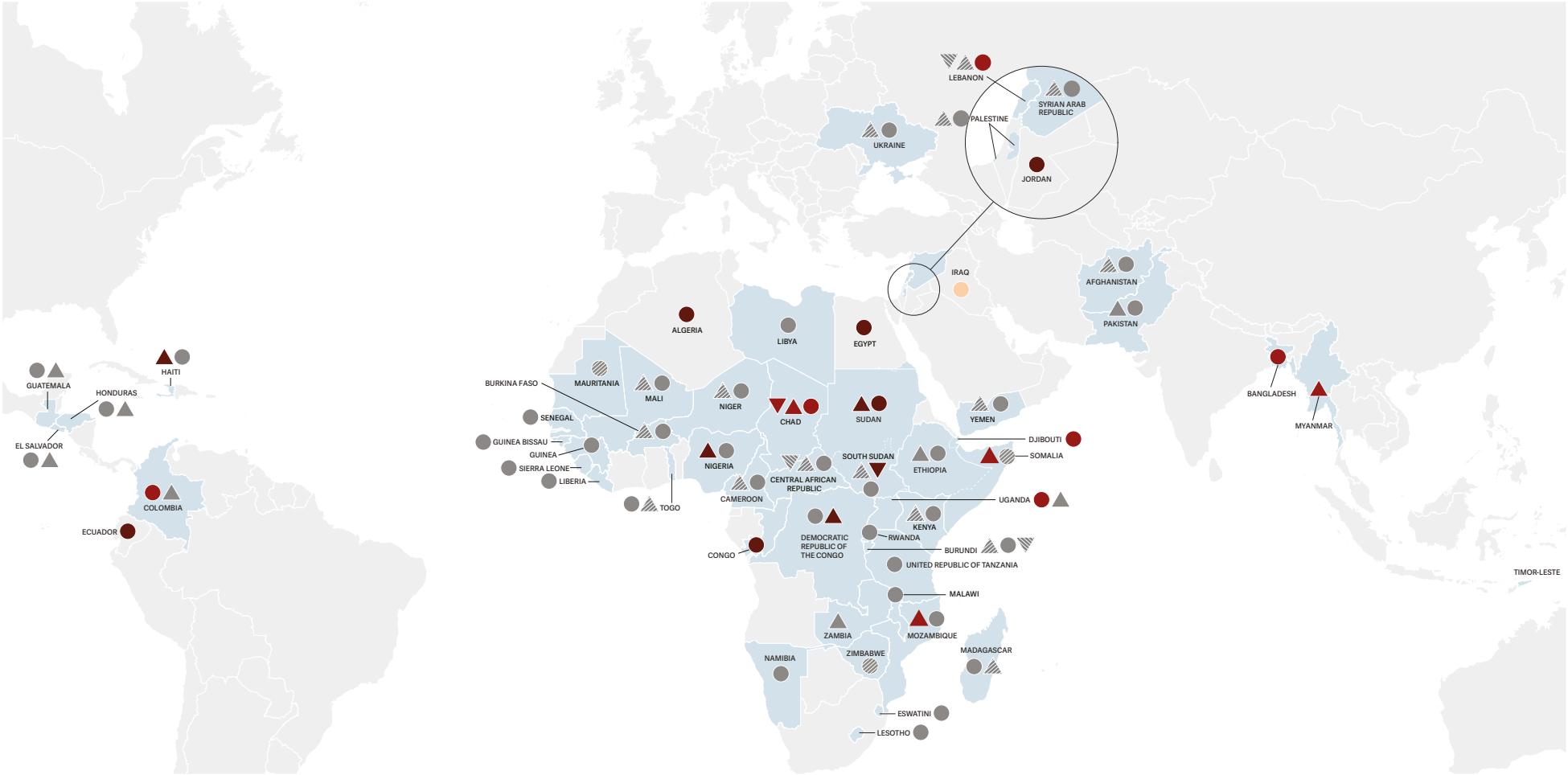
Furthermore, in some analyses only a share of the displaced population may be covered in the analyses or have disaggregated data. For instance, disaggregated data for **South Sudan** were only available for returnees from the Sudan, while IDPs were analysed as part of the entire population, and Ethiopian and Sudanese refugees were not covered.

Similarly, in the **Sudan**, the analysis was limited to 15 clusters of IDPs and refugees for which data were available. In **Palestine** (Gaza Strip), the peak analysis did not provide disaggregated data for displaced persons, yet the scale of the crisis suggests that a significant share of the 2.2 million people experiencing high levels of acute food insecurity were IDPs, considering that 80 percent of the population was displaced at the time of the analysis (IPC, October 2024; UNWRA, October 2024).

No disaggregated data were available for **Mali**, but the Ménaka region – where populations facing Catastrophe (CH Phase 5) were identified – is densely populated with IDPs.

Acute food insecurity among forcibly displaced people in countries/territories with food crises | 2024

MAP 3.2 Share of analysed displaced population facing high levels of acute food insecurity, 2024 peak



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Category of displaced population

- ◯ Refugees and asylum-seekers, and vulnerable migrant populations in Latin America and the Caribbean
- △ IDP populations
- ▽ Returnee populations

Share of population facing high levels of acute food insecurity

- <10 percent
- 10–24.99 percent
- 25–49.99 percent
- ≥50 percent
- No data available
- No disaggregated data available

- Countries/territories selected for GRFC 2025
- Not selected for analysis

Source: Displacement TWG using IPC, CH, FSC, HNRP, WFP (CARI methodology) data.

Case studies | Insights from the ground

The following case studies provide further insights into the vulnerabilities of displaced and host populations in Afghanistan, Democratic Republic of the Congo and Chad.

Case study 1

High vulnerability to economic shocks exacerbates acute food insecurity among IDPs and returnees in Afghanistan

In 2024, 1.3 million Afghans returned to Afghanistan – 1.1 million from the Islamic Republic of Iran and 0.13 million from Pakistan, with smaller numbers returning from other countries (OCHA, December 2024).

A large share of returnees required assistance upon return, especially for housing, financial support and food, and are hosted by communities already struggling to cope with existing vulnerabilities (UNHCR, November 2024; OCHA, December 2024). While there has been no new internal displacement in Afghanistan since 2022, only 0.23 million IDPs returned to their areas of origin in 2024, highlighting the protracted displacement situation for the 3.2 million IDPs in the country (UNCHR, December 2024).

In September 2024, FAO's Data in Emergencies (DIEM) surveys assessed 9 180 households in rural areas in 918 communities across all 34 provinces to understand how different shocks were affecting the livelihoods and food security of agricultural populations. This round included, for the first time, a disaggregation by displacement status.

The assessment found that returnees and IDPs have higher vulnerability to economic shocks than host communities, mostly due to their reliance on one source of income. More than half (52 percent) of permanent residents have two or more income sources (all linked to food production), while over 80 percent of IDPs and returnees have one.

The study found that agriculture is a key livelihood for a significant proportion of IDPs (41 percent) and refugee returnees (32 percent), but far more so for residents, 98 percent of whom rely on crop production, mostly wheat. The majority of IDPs and returnees rely on non-agricultural livelihoods, such as off-farm daily wages and other casual employment. Loss of employment opportunities impacted 68 percent of IDPs and 62 percent of returnees, compared with 31 percent of residents.

As a result of these vulnerabilities, almost half of IDPs resorting to emergency livelihood coping strategies, such as selling assets or spending savings, compared with 26 percent of returnees and 13 percent of residents (based on the livelihood-based coping strategy index).

However, returnees were more likely to have lower quantity and quality diets than IDPs and residents. Around 8 percent of returnees faced severe household food insecurity based on the Food Insecurity Experience Scale (FIES), compared with 3 percent of IDPs and permanent residents. Similarly, 22 percent of returnees had low dietary diversity (based on Household Dietary Diversity Score), compared with 16 percent of IDPs and 9 percent of permanent residents.

Expanding and strengthening access to sustainable livelihood opportunities, particularly in sectors that support local food systems, alongside broader food security initiatives, will be essential for building resilience and ensuring long-term food security for IDPs and returnees in Afghanistan.

Case study 2

Unequal burdens: differentiated experiences of food insecurity among IDPs in Democratic Republic of the Congo

By the end of 2024, conflict and intercommunal violence, along with economic and climatic shocks, in North Kivu, South Kivu and Ituri provinces in Democratic Republic of the Congo had forced a total of 5.2 million IDPs to flee their homes (IOM, September 2024). Conflict further escalated in early 2025, resulting in the displacement of almost 0.8 million people in and around Goma, of whom 0.7 million were IDPs living in spontaneous sites in the area (IOM, February 2025).

IDPs' acute food insecurity and needs varied significantly based on the displacement setting and hosting arrangements. Data from the 2024 WFP Emergency Food Security Assessment (EFSA), which covered over 6 900 IDP households, revealed that 97 percent of IDPs in spontaneous sites were moderately or severely acutely food insecure, followed by those in managed sites (94 percent) and host families (85 percent), according to WFP CARI methodology. This variation reflects differences in access to assistance, livelihood opportunities and the stability of living conditions. For instance, IDPs in managed sites receive more structured assistance, while IDPs in spontaneous sites often face dire conditions with limited support (WFP, August 2024).

In addition to the displacement setting, the length of displacement influenced food security among IDPs. Households displaced for fewer than six months reported more severe levels of acute food insecurity than those displaced for longer periods. Around 47 percent of IDP households displaced for fewer than 6 months were severely acutely food insecure compared with 41 percent of those displaced for 6–12 months, decreasing to 33 percent for IDPs displaced for more than a year, according to WFP CARI methodology. Levels of cash assistance also varied across displacement settings and length of displacement, with IDPs in managed sites receiving the most assistance, especially when they have been displaced for more than a year (WFP, August 2024).

Food was the primary need expressed across all three IDP settings, followed by the need for adequate living space. Armed conflict remained the main shock for more than a quarter of displaced households, while 75 percent of households did not have access to land for agriculture (IPC, September 2024).

Lack of access to fields and only rare opportunities for temporary agricultural labour severely limited IDPs' ability to meet their basic food needs. To secure food sufficient in both quantity and quality, nearly all households resorted to coping strategies, with 54 percent frequently employing consumption-based coping strategies, such as limiting the portion size of meals or reducing the number of meals eaten in a day.

> **By understanding the differentiated experiences of IDPs, humanitarian and development actors can design interventions that address root causes, mitigate disparities and support long-term recovery.**

Access to economic opportunities varied slightly across different displacement settings, with 12 percent of IDPs in host families participating in paid and unskilled agricultural labour, compared with 11 percent in managed sites and 10 percent in unmanaged sites. IDPs in unmanaged sites were more likely to work in occasional daily labour activities (74 percent), underscoring their greater vulnerability due to the volatile nature of their livelihood and economic opportunities.

Protection and safety concerns were reported among IDPs in all displacement settings, affecting their well-being and access to services. Around 14 percent of IDP households reported having members engaging in risky activities, such as doing dangerous jobs or withdrawing children from school to work, to meet basic needs. Some 10 percent expressed concerns about safety, persecution and discrimination at least once in the three months prior to data collection, including the denial of access to basic services due to nationality, ethnicity, religion, association with any social group, disability, age or gender (WFP EFSA, June–August 2024).

Evidence shows that addressing the acute food insecurity of IDPs in Democratic Republic of the Congo requires targeted, context-specific interventions. Solutions must consider the unique vulnerabilities associated with different displacement settings and prioritize access to land, livelihoods and assistance.

Durable solutions must integrate food security measures, such as safe agricultural programmes for IDPs in rural areas or market access support for those in more established settings.

Coordinated efforts and leveraging comprehensive data like those from the WFP's EFSA and IPC analyses are essential to tailor responses that both alleviate immediate needs and contribute to development-oriented solutions. By understanding the differentiated experiences of IDPs, humanitarian and development actors can design interventions that address root causes, mitigate disparities and support long-term recovery.

Between April 2023 and December 2024, more than 900 000 returnees and refugees sought refuge in Chad from the conflict in the Sudan with most displaced to the very underdeveloped Ouaddaï region.

Case study 3

Host communities and agricultural livelihoods under strain in Chad

Chad has been significantly affected by the ongoing conflict in the Sudan, with an influx of over 900 000 refugees and returnees by December 2024.

The eastern Ouaddaï region – already one of the country's poorest areas due to remoteness, extreme weather and environmental degradation – hosted 67 percent (486 000) of all Sudanese refugees in Chad and more than half of all Chadian returnees (100 000) by the end of 2024 (UNHCR, October 2024; IOM, December 2024).

The region was also affected by severe rainfall and flooding in July 2024, which led to crop damage and losses of 157 000 hectares of cropland and almost 7 000 livestock (FAO, August 2024). The seventh DIEM survey, conducted in October 2024, covering over 5 000 households, 11 refugee camps and 20 villages hosting returnees, highlighted the impact of these multiple shocks on the livelihoods and food consumption of refugees, Chadian returnees and host communities (FAO, October 2024).

Before their displacement in the Sudan, a significant portion of Chadian returnees – 37 percent – were engaged in agriculture, compared with 7 percent of recent Sudanese refugees in Chad. Despite this stark difference in prior livelihoods, agricultural activities were vital for most population groups upon arrival in Chad, but their engagement varied. Host communities primarily relied on food crop production (29 percent) and livestock (18 percent). Lacking access to land and having lost most or all of their livestock due to the displacement, Chadian returnees were heavily reliant on casual day labour (58 percent), split between agricultural and non-agricultural work. Sudanese refugees found themselves mostly dependent on humanitarian assistance (58 percent), with limited livelihood options. Despite a new asylum law supporting refugee integration by granting them rights to land ownership, formal employment and free movement, economic integration was impeded by the remote locations of large sites and the limited options in these areas, including land scarcity and limited productive resources (World Bank, July 2024).

The different livelihood opportunities and levels of assistance for the three population groups were also reflected in their major concerns. Sudanese refugees pointed to the lack of emergency access to food, water, healthcare and livelihoods as their key issues. Meanwhile, Chadian returnees emphasized limited access to livelihoods, closely followed by food and water shortages. For host communities, access to healthcare was the foremost concern, followed by food, water, education and livelihood opportunities.

All three population categories show alarming outcomes according to several food security indicators, with host communities performing slightly worse than returnees and refugees. This is likely due to the severe floods, which primarily affected host communities, while refugees and returnees were more likely to receive humanitarian assistance. While food consumption (based on the Food Consumption Score (FCS)) was acceptable for 90 percent of households, residents had poorer household dietary diversity (based on Household Dietary Diversity Score), with 19 percent reporting low, or medium, scores compared with 11 percent of returnees and only 2 percent of refugees. Host communities were also more likely (18 percent) to employ crisis coping strategies like selling animals or assets, and more of them faced food shortages.

Overall, the findings reflect the complex dynamics faced by the different groups and the challenges of providing proper support, with humanitarian efforts largely focusing on refugees.

Acute food insecurity among forcibly displaced people in countries/territories with food crises | 2024

Disaggregated data for displaced populations matters

Refugees, IDPs and returnees often experience higher levels of food insecurity due to legal, socioeconomic and systemic barriers that limit their access to food, livelihoods and markets. These figures highlight the necessity of disaggregated data in displacement contexts to inform targeted, efficient and cost-effective food security interventions, rather than relying on broad national averages.

Displaced populations face systemic discrimination based on their status that can impact their access to food, markets and livelihoods, thus worsening food insecurity and limiting access to essential services. Movement restrictions imposed on refugees can prevent them from accessing markets and employment. IDPs can face exclusion from local assistance programmes due to bureaucratic barriers or perceptions of competition over resources (Humanitarian Policy Group, March 2024). Without disaggregated data, these discriminatory practices remain obscured, making it difficult to develop equitable policies that ensure all populations have access to food and livelihood opportunities.

Data from various locations where displaced people settle, including rural settlements, urban centres, camps and informal sites, as demonstrated by the **Democratic Republic of the Congo** case study, reveal stark differences across locations, availability of livelihood opportunities and levels of assistance coverage. Without disaggregated data, these distinctions would be overlooked, leading to one-size-fits-all policies that fail to address specific household needs based on their location.

Displacement status also intersects with other characteristics such as gender, age, disability and geographic location, creating distinct food security needs among different groups. For instance, displacement often increases the burden on women, who assume greater responsibilities for food provisioning (IOM, 2023). By incorporating these data into programme design, organizations can implement targeted support for women-headed households and ensure equitable access to food security initiatives.

Closing food security data gaps among displaced populations is essential for integrating displacement-sensitive approaches from the outset of the humanitarian response. As emphasized in the UNSG's Action Agenda on Internal Displacement (UN, 2018; UNSG, 2022), solutions must be designed with long-term sustainability in mind, rather than merely responding to immediate shocks and needs.

Informing durable solutions for displaced populations

Disaggregated data are essential for monitoring progress on international frameworks like the Global Compact on Refugees and the UNSG's Action Agenda on Internal Displacement. These commitments focus on addressing durable solutions for displaced populations as well as their food security.

Out of 15 priority countries/territories identified under the UNSG's Action Agenda on Internal Displacement, 13 have food crises, including some of the largest crises in the GRFC such as **Afghanistan**, **South Sudan** and the **Sudan**. Only five of these countries – **Mozambique**, **Nigeria**, **Somalia**, **South Sudan** and the **Sudan** – had disaggregated acute food insecurity data for displaced populations in 2024. All these countries could benefit significantly from improved monitoring and analysis, and from action to ensure solution pathways address chronic vulnerabilities rather than providing only temporary relief.

Informing long-term policy and development planning

Investing in food security data disaggregated by displacement status benefits not only immediate programmatic needs but also long-term policy development. The data can inform strategic planning, resource allocation, and institutional capacity building for national governments and UN agencies. They provide insights into chronic food insecurity in protracted crises, guiding the development of durable solutions.

At the country level, food security analyses among displaced populations can inform inter-agency mechanisms, such as Durable Solutions Working Groups, in coordinating system-wide solutions efforts among humanitarian and development actors. They can inform strategic planning, policy advocacy and joint programming to address displacement-related vulnerabilities. The data can contribute to broader policy processes, such as the UN Sustainable Development Cooperation Framework, elevating the intersection of displacement and food security within national development plans (UNSDG, June 2019).

This investment would strengthen national data systems, supporting the inclusion of displaced populations in policy and development planning. Aligning these data with international frameworks like the International Recommendations on Internally Displaced Persons Statistics enables governments to track displacement-related vulnerabilities and measure progress towards durable solutions (EGRISS, 2020).

Understanding drivers of acute food insecurity and preventing secondary displacement

Disaggregated data help policymakers and humanitarian organizations understand the broader economic and structural factors influencing acute food insecurity among displaced populations, especially in protracted crises. Displacement affects access to land, agricultural production, labour markets and food supply chains, yet the extent of these impacts varies according to displacement status. For example, in regions where IDPs are settled within host communities, food security challenges may stem from limited livelihoods rather than lack of food availability. Conversely, in camp settings, market and labour access constraints and dependence on aid may be more significant factors (Humanitarian Policy Group, March 2024). By identifying these dynamics, disaggregated data inform the design of targeted interventions that go beyond direct food assistance to address underlying causes of acute food insecurity or even strengthen social cohesion.

Disaggregated data allow governments and humanitarian and development actors to develop strategies that stabilize food security and reduce forced secondary displacement.

Balancing cost, feasibility and strategic value in data disaggregation

While disaggregated food security data offer clear benefits, their collection and analysis can be resource intensive. Prioritization of contexts especially in situations where displacement significantly influences food security outcomes, in protracted crises with large, displaced populations or where displacement status creates substantial barriers to accessing food, markets or livelihoods. Disaggregated data should enhance programming by identifying disparities or tailoring interventions for vulnerable subgroups. A cost-benefit analysis should guide decisions on data disaggregation, weighing the investment against the potential for actioning the data through improved targeting, resource optimization and policy impact.

II | Regional and country overviews

1 | Africa, **Central** and **Southern**

PHOTO: SOUTHERN ZAMBIA © WFP/NKOLE MWAPE

Across the region, an additional 6.4 million people faced high levels of acute food insecurity in 2024 than in 2023, with the largest increases in Malawi, Namibia and Zambia.

A strong 2023/24 El Niño caused multiple food crises in the region to deepen due to production shortfalls and a subsequent rise in food prices.

The continuation of armed conflict in the Democratic Republic of the Congo led to the highest number of IDPs in the region and the second highest among the 53 countries/territories with data in 2024.

Four countries with food crises in the region faced a nutrition crisis – Democratic Republic of the Congo, Central African Republic, Madagascar and Mozambique – and all had areas in Critical (IPC AMN Phase 4).

The outlook for 2025 is bleak. Sharply escalating conflict in eastern Democratic Republic of the Congo in early 2025 is worsening its food crisis. The lingering impacts of El Niño combined with other weather extremes and macroeconomic instability will stifle recovery and sustain high levels of acute food insecurity in the region.

Africa, Central and Southern

Central African Republic | Congo | Democratic Republic of the Congo | Eswatini | Lesotho | Madagascar | Malawi | Mozambique | Namibia | United Republic of Tanzania | Zambia | Zimbabwe

The El Niño-driven drought experienced by most countries in the region in early 2024 led to widespread water shortages, significant livestock losses and below-average harvests of staple crops, resulting in an increase in the magnitude and severity of acute food insecurity in the region. Ongoing conflicts and economic shocks also contributed to worsening outcomes.

56.0M

people or **25%** of the analysed population faced high levels of acute food insecurity in 2024 in **12** countries with food crises.

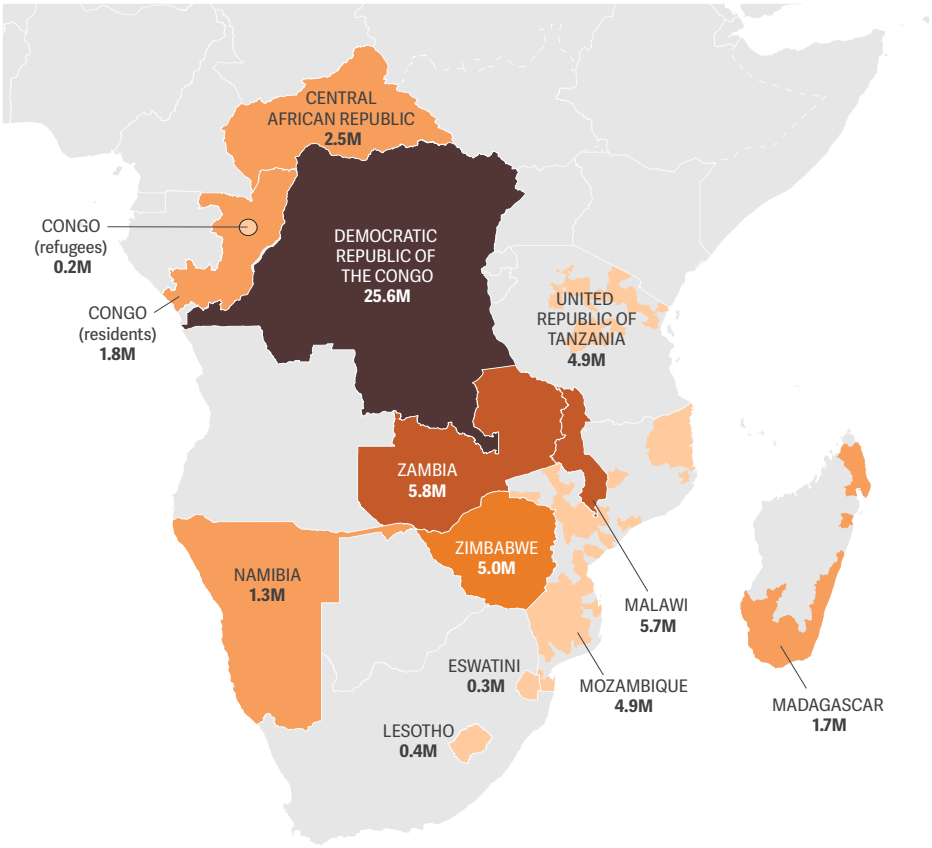
10.0M

forcibly displaced people in the **12** countries with food crises – consisting of **8.9** million IDPs and **1.1** million refugees and asylum-seekers.

5.2M

acutely malnourished children in **four** of the **12** countries with food crises. Of them, **1.6** million suffered the most severe form of acute malnutrition.

MAP 1.1 **Numbers of people facing high levels of acute food insecurity in 12 countries, 2024 peak**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

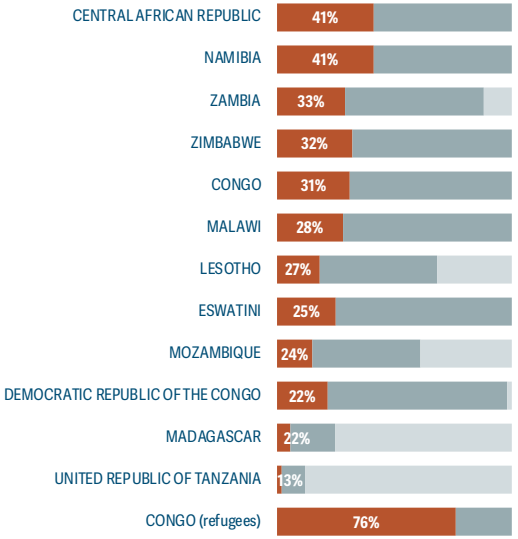
<1.0 million | 1–2.99 million | 3–4.99 million | 5–9.99 million | 10–14.99 million | ≥15 million | Not selected for analysis

Refugee populations (colour coding as legend)

The Government of Zimbabwe did not support this analysis.

Source: IPC TWGs; FEWS NET (Zimbabwe) ; WFP (CARI) (Congo).

FIG 1.1 **Share of analysed population facing high levels of acute food insecurity, 2024 peak**



Share of analysed population in IPC Phase 3+ or equivalent

Analysed population | Population not analysed

The total population was analysed in all countries, except for Democratic Republic of the Congo (98%), Lesotho (68%), Madagascar (25%), Mozambique (61%), United Republic of Tanzania (12%), Zambia (88%).

How have the food crises in this region changed since 2023?

The number of people facing high levels of acute food insecurity increased by 13 percent between 2023 and 2024, rising from 49.6 million to 56.0 million people.

This regional deterioration is partially explained by the addition of new areas in **Madagascar**, **Mozambique** and **Zambia**. Nonetheless, the overall severity of food crises in the region deepened, with five countries declaring states of emergency due to the intense drought and its impact on smallholder farmers who rely heavily on rainfed agriculture for their livelihoods.

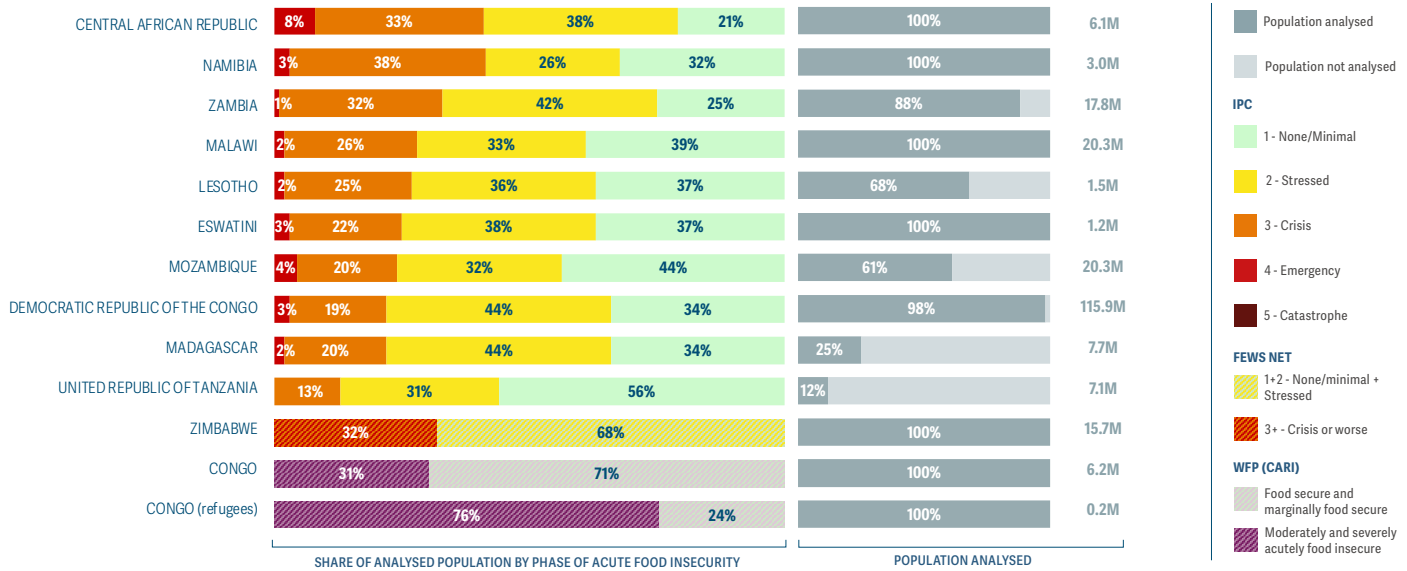
At 25.6 million people, **Democratic Republic of the Congo** was the largest food crisis in the region in 2024 in terms of magnitude, but Crisis or worse (IPC Phase 3 or above) conditions were most prevalent in **Central African Republic** and **Namibia**, where 41 percent of the analysed populations faced high levels of acute food insecurity (IPC, September 2024; IPC, November 2024).

Despite a doubling of the population analysed, the magnitude of the food crisis in **Zambia** exhibited the region's largest year-on-year increase in the number of people in IPC Phase 3 or above, which nearly tripled from around 2 million in 2023 to 5.8 million in 2024 (IPC, October 2024).

The severity of food crises also worsened in **Lesotho**, **Malawi**, **Zambia** and **Zimbabwe** as well as among refugees in **Congo**. The percentage of refugees in the country facing high levels of acute food insecurity rose from 65 percent in 2023 to 76 percent in 2024.

However, food security outcomes in **Madagascar** improved due to a confluence of factors that included increased humanitarian and development assistance, with the prevalence of high levels of acute food insecurity falling from 36 percent in 2023 to 22 percent in 2024 (IPC, January 2025).

FIG. 1.2 **Share of analysed populations by phase of acute food insecurity, 2024 peak**



The Government of Zimbabwe did not support this analysis.

Source: IPC TWGs; FEWS NET (Zimbabwe); WFP (CARI) (Congo).

Severity of acute food insecurity

Ten of the 12 countries with food crises in Central and Southern Africa had IPC analyses with data disaggregated by phase of acute food insecurity. The WFP CARI and FEWS NET methodologies were used to classify the magnitude and severity of food crises in the Congo and Zimbabwe, respectively, and are therefore not included in this severity analysis.

5.5 million people in Emergency (IPC Phase 4) across ten countries.

United Republic of Tanzania was the only country out of the ten with IPC analyses to have no populations in Emergency (IPC Phase 4) in 2024. The total number of people in IPC Phase 4 varied from nearly 29 000 in **Lesotho** to 3.1 million in **Democratic Republic of the Congo**, with some food crises experiencing deteriorations while others saw improvements. The most pronounced changes were recorded in **Eswatini**, **Malawi** and **Namibia**, where the number of people in this phase increased by more than 50 percent. By contrast, **Central African Republic**, **Democratic Republic of the Congo** and **Madagascar** all experienced decreases in the number of people in IPC Phase 4.

In 2024, **Mozambique** and **Zambia** continued to have high numbers of people in this phase. Comparing the 2023 and 2024 numbers is challenging, however, as new areas were covered in both countries' IPC analyses due to a heightened risk of acute food insecurity from El Niño. In contrast, the analysis in **United Republic of Tanzania** covered fewer districts and the number of people in IPC Phase 4 declined.

The share of analysed population in IPC Phase 4 ranged from 1 percent in **Zambia** to as high as 8 percent in **Central African Republic**.

43.6 million people in Crisis (IPC Phase 3) across ten countries.

The number of people across the region in IPC Phase 3 increased from 37.9 million in 2023 to 43.6 million in 2024, highlighting a significant deterioration in acute food insecurity.

The largest country increase was recorded in **Namibia**, where the number of people in this phase doubled from 0.6 million in 2023 to around 1.2 million in 2024. The food crisis in **Malawi** had the second-largest increase, with an additional 1.3 million. An improvement was noted in **Madagascar**, with the number of people in this phase declining from 2.2 million in 2023 to 1.7 million in 2024.

Despite increased geographic coverage in the analyses in **Mozambique** and **Zambia**, a rise in the number of people in IPC Phase 3 was recorded in both countries. The increase was particularly

sharp in **Zambia**, where the number of people in this phase nearly tripled from 2 million in 2023 to 5.6 million in 2024, and the prevalence of these outcomes among the analysed population rose from 23 percent to 32 percent.

In **United Republic of Tanzania**, it was difficult to determine how weather extremes and economic shocks in 2024 affected the food crisis, as the population analysed declined from 10.5 million people across 28 districts to 7.1 million people in 21 districts, yet the share of analysed population in IPC Phase 3 increased from 10 percent to 13 percent compared with the previous peak.

81.5 million people in Stressed (IPC Phase 2) across ten countries.

The increase in the number of people in IPC Phase 2 by around 9.1 million highlights the precarious position of many in the region throughout 2024, as they had less capacity to cope with additional shocks.

The rise in the number of people in this phase in **Central African Republic**, **Democratic Republic of the Congo** and **Madagascar** alongside decreases in IPC Phase 3 and IPC Phase 4 suggests that there were modest improvements in these protracted food crises during 2024. However, these gains remain fragile, as any escalation of conflict in Central African Republic and Democratic Republic of Congo or reduction in humanitarian and development aid could quickly reverse progress.

The number of people in None/Minimal (IPC Phase 1) in **Eswatini**, **Lesotho** and **Namibia** declined alongside concomitant increases in the numbers in the more severe phases of acute food insecurity, indicating deteriorating situations.

Drivers of food crises in the region, 2024

Conflict/insecurity was the primary driver of acute food insecurity in Central African Republic and Democratic Republic of the Congo, where a total of 28.1 million people faced high levels of acute food insecurity.

Ongoing armed conflicts in parts of **Central African Republic** and **Democratic Republic of the Congo** drove high levels of acute food insecurity by limiting agricultural production, disrupting livelihoods, and constraining access to markets and humanitarian aid. These conflicts also continued to displace thousands of people, and in the case of **Central African Republic** there was an increase in the numbers of both returnees and Sudanese refugees fleeing that country's conflict.

In **Democratic Republic of the Congo**, hostilities in the western part of the country escalated during the first half of 2024 due to a failed peace agreement between two communities, resulting in damage to critical infrastructure, forced displacement and higher levels of acute food insecurity (ACAPS, December 2024).

In December 2024, a ceasefire agreement between the national government and armed non-state actor groups collapsed, leading to an escalation in the hostilities in the eastern part of the country, particularly in the city of Goma. This latest upsurge has exacerbated an already dire humanitarian situation, as civilian casualties, damage to critical infrastructure and disruptions to humanitarian aid have led to mass displacement (ACAPS, February 2025). Displacement sites on the outskirts of Goma that sheltered over 300 000 people were partially or completely emptied (IOM, January 2025).

There was a significant increase in the number of asylum-seekers crossing into Burundi, with close to 63 000 new arrivals in need of international protection recorded as of March (UNHCR, March 2025).

Weather extremes were the primary driver of acute food insecurity in nine countries, where 27.6 million people experienced high levels of acute food insecurity, with Malawi, Mozambique, Zambia and Zimbabwe the worst affected.

The 2023/24 El Niño is shaping up to be one of the most significant regional climatic events of the past decade, drawing comparisons to the devastating 2015/16 El Niño (OCHA, September 2024). However, the socioeconomic impacts of the 2023/24 El Niño event were more pronounced given that the capacity to respond was already badly eroded by the successive shocks of the COVID-19 pandemic and the war in Ukraine.

The 2023/24 El Niño was characterized by the late onset of rains, prolonged mid-season dry spells and high temperatures driving very high levels of acute food insecurity in parts of **Madagascar**, **Malawi**, **Mozambique**, **Namibia**, **Zambia** and **Zimbabwe**. These weather conditions were at their peak in February 2024, which was the region's driest month in a century (OCHA, September 2024).

The severity of the drought not only led to widespread crop failures but also poor vegetation conditions for livestock in areas of **Namibia** and **Zambia**, where they are an important livelihood asset. There was also an increase in pests and crop diseases, such as locusts and cassava brown streak virus, due to the dry conditions. In **Lesotho**, **Malawi**, **Namibia**, **Zambia** and **Zimbabwe**, where governments declared states of emergency during the first half of 2024, the damage to crops and livestock led to rising numbers of people facing IPC Phase 3 or above.

In other areas, including in **Democratic Republic of the Congo** and **United Republic of Tanzania**, atypically heavy rains led to flooding (OCHA, September 2024), and, unlike with the 2015/16 El Niño, there were three cyclones that all left significant damage in their wake.

In particular, the Government of **Madagascar** declared a national disaster due to Tropical Cyclone Gamane that made landfall in the Sava, Analanjirofo and Diana regions in the north and northeast of the country in April 2024. According to an assessment conducted by humanitarian partners and the country's National Office for Risk and Disaster Management, about 535 000 people living in the 33 flooded communes were affected, including 22 000 people who were displaced, most to temporary sites.

In **Malawi**, floods in March 2024 caused extensive damage to infrastructure, agricultural assets, food stocks and housing, affecting more than 156 000 people and displacing more than 18 000 in the east of the country. In addition, torrential rains caused by Tropical Storm Filipo hit **Mozambique** in March 2024, affecting more than 149 000 people in the provinces of Maputo, Sofala, Inhambane and Gaza (OCHA, September 2024).

The extent of damage caused by these weather extremes to the region's agriculture sector during the first half of 2024 meant that many households that relied on rainfed agriculture for subsistence and livelihoods were left with low food stores at the start of the lean season later in the year. Many were therefore market dependent at a time when food prices were rising due to regional production shortfalls and weak currencies.

Economic shocks were the primary driver of acute food insecurity in Eswatini, where 0.3 million people faced high levels of acute food insecurity.

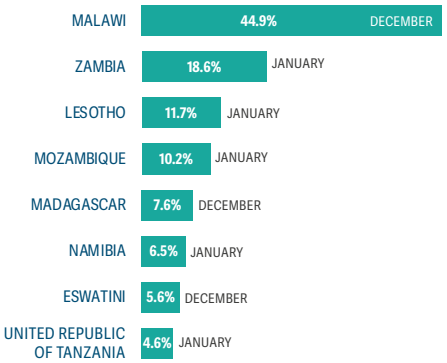
While economic shocks were only identified as a primary driver in **Eswatini**, they were considered a secondary driver in eight countries and a tertiary driver in the remaining three.

The drought-induced declines in agricultural production across much of the region led to national shortfalls of staple crops, particularly maize, putting upward pressure on food prices. They also increased countries' demand for costly imports. For instance, the price of yellow and white maize reached record highs in South Africa, a key supplier of cereals to countries in the region. As imports, these elevated prices filtered through to domestic markets, adding additional inflationary

pressures (FAO, November 2024). Sharp currency devaluations in **Malawi**, **Zambia** and **Zimbabwe** also contributed to rising costs of imports of food and inputs.

Historical data show that after a drought almost all countries experience a short-lived increase in inflationary pressures due to spikes in both energy and non-fuel commodity prices (IMF, April 2015). However, **Eswatini** – a net food-importing country – was particularly affected by this price shock in January 2024. The drought-related upward pressure on prices is projected to last through the first half of 2025. Some countries recorded new highs at the start of 2025. In **Malawi**, for example, the national average price of maize grain posted one of the steepest month-on-month gains over the last ten-year period in January 2025, rising by 29 percent (FAO, February 2025).

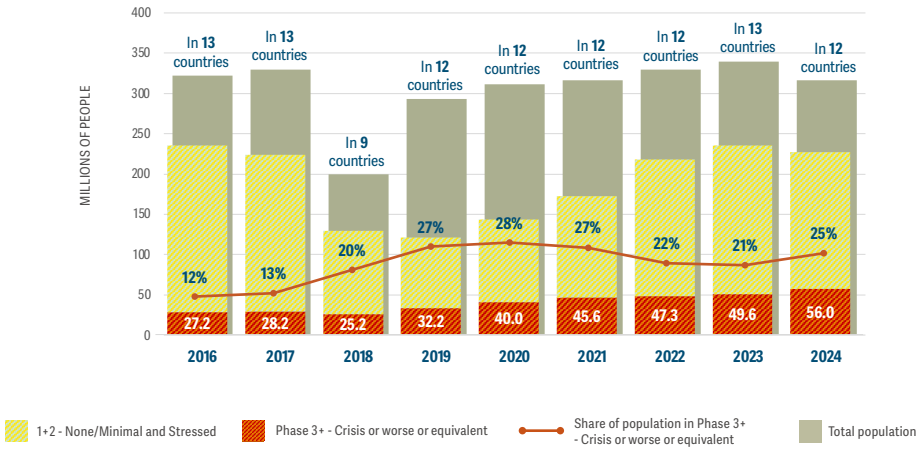
FIG. 1.3 **Highest food inflation rates, 2024** (compared with same month in 2023)



There was no 2024 food inflation data available for the Central African Republic and Democratic Republic of the Congo. For Zimbabwe, year-on-year inflation data in its new currency (ZiG) will only be computed starting in April 2025.

Sources: National Statistical Office of Malawi; Central Statistical Office of Zambia; Lesotho Bureau of Statistics; Instituto Nacional de Estatistica de Mozambique; Institut National de la Statistique de Madagascar; Namibia Statistics Agency; Central Statistics Office of Eswatini; National Bureau of Statistics of Tanzania.

FIG. 1.4 **Number and share of people facing high levels of acute food insecurity in countries with food crises, 2016–2024**



Source: GRFC 2017–2025.

Acute food insecurity since 2016

Since 2019, the magnitude and severity of the region's food crises have increased year-on-year, reflecting the negative impacts of recurrent, mutually reinforcing shocks.

This steady rise in numbers of people facing high levels of acute food insecurity also reflects increases in populations analysed in **Central African Republic**, **Congo**, **Democratic Republic of the Congo**, **Eswatini**, **Madagascar**, **Namibia** and **Zimbabwe**. The most notable increase occurred in **Democratic Republic of the Congo**, where the analysis coverage rose from an average of 65 percent of the population between 2018 and 2020 to over 90 percent from 2021 to 2024.

Nine countries have protracted food crises – **Central African Republic**, **Democratic Republic of the Congo**, **Eswatini**, **Lesotho**, **Madagascar**, **Malawi**, **Mozambique**, **Zambia** and **Zimbabwe** – having had data for all editions of the GRFC.

The protracted nature of these food crises has primarily been driven by weather extremes, but conflict and insecurity in **Central African Republic**, **Democratic Republic of the Congo** and **Mozambique** have consistently given rise to the highest numbers of people facing high levels of acute food insecurity in the region.

Economic shocks have been the dominant factor sustaining food crises in **Eswatini**, **Lesotho** and **Zimbabwe**. All three countries rely on food imports, including staple grains like maize and wheat, to meet national consumption needs and address food deficits. This dependency is further exacerbated during periods of poor harvests and economic instability.

Angola has been included in all editions of the GRFC except for this year's report due to a change in selection criteria. **United Republic of Tanzania** was included in all editions of the report except for the GRFC 2019 due to data not meeting GRFC technical requirements. Issues of data availability from 2016 to 2022 hindered full analyses of the food crisis in **Congo**, despite the country being selected for inclusion. The GRFC 2023 was the first time that its data met GRFC technical requirements.

Structural vulnerabilities underlie persistently high levels of acute food insecurity

In addition to the drivers of high levels of acute food insecurity in the region, structural vulnerabilities challenge recovery from shocks and can entrench acute food insecurity, supporting conditions for the protracted food crises across much of the Central and Southern Africa region.

Poverty, climate change and high reliance on an underdeveloped agriculture sector for employment underpin the recurrence of food crises.

Countries with food crises in this region generally rank low on the Human Development Index (HDI), reflecting widespread poverty, limited access to education and inadequate healthcare systems. **Central African Republic** and **Democratic Republic of the Congo** consistently fall among the lowest globally in HDI rankings, highlighting deep structural challenges (UNDP, 2024).

According to the INFORM Risk Index, these countries also face high exposure to hazards, lack of coping capacity, and vulnerability, with countries like the **Central African Republic** and **Mozambique** ranking as "extremely high" risk (EC-JRC, July 2024).

Agricultural, forestry and fishery employment accounts for a significant share of livelihoods, ranging from 60 to 80 percent in several countries, making populations heavily reliant on rainfed agriculture. This dependence leaves them highly vulnerable to climate variability, including droughts that regularly shorten the crop-growing period, as seen in **Madagascar**, **Malawi** and **Zimbabwe**.

High reliance on food imports further exposes countries to global price volatility, making food access more uncertain and often worsening food insecurity. For instance, **Eswatini**, **Lesotho**, **Mozambique**, **Namibia** and **Congo** rely on imports for more than 50 percent of their cereal needs.

FIG. 1.5 **Selected structural vulnerability indicators by country**

	Annual population growth: UNDESA for population (%)	Cereal import dependency ratio (%)	Crop-growing period affected by drought conditions (%)	HDI global ranking (1–192)	INFORM Risk (0–10)	Share of agricultural, forestry and fishery employment (%)
CENTRAL AFRICAN REPUBLIC	3.4		11.8	191	8.1	70.8
CONGO	2.4	88.9	8.7	149	4.4	32.3
DEMOCRATIC REPUBLIC OF THE CONGO	3.3	23.0	6.5	180	8.0	56.1
ESWATINI	0.9	65.1	12.0	142	3.3	13.4
LESOTHO	1.1	81.9	18.6	168	3.7	29.4
MADAGASCAR	2.5	22.1	12.3	177	5.1	70.0
MALAWI	2.6	2.2	12.6	172	4.3	62.1
MOZAMBIQUE	2.9	50.7	13.2	183	6.9	70.1
NAMIBIA	2.4	75.2	19.7	142	4.0	21.6
UNITED REPUBLIC OF TANZANIA	2.9	-0.9	17.6	167	4.3	65.5
ZAMBIA	2.8	-9.8	16.7	153	4.0	57.3
ZIMBABWE	1.7	33.5	20.1	159	4.4	52.6

For descriptions of these indicators see Technical notes, page 210.

Sources: UNDESA (Annual population growth); FAO (Cereal import dependency ratio); EC-JRC (Crop-growing period affected by drought condition); UNDP (HDI Global Index); EC-JRC (INFORM Risk Index); FAO (Share of agricultural, forestry and fishery employment).

Acute food insecurity outlook 2025

In the ten countries with available analyses, early 2025 projections suggest that the high levels of acute food insecurity are likely to persist, with 56.2 million people or 26.4 percent of the analysed population projected to face IPC Phase 3 or above or equivalent.

The escalation of the conflict in eastern **Democratic Republic of the Congo** since the end of 2024 culminated in armed groups seizing the provincial capitals of Goma in North Kivu and Bukavu in South Kivu, exacerbating the country's food crisis. In the four provinces of North Kivu, South Kivu, Ituri and Tanganyika, an additional 2.2 million people are projected to face high levels of acute food insecurity during the first half of 2025 compared with the 2024 peak (July–December), bringing the total to 27.7 million or 24 percent of the analysed population. The number of people in Emergency (IPC Phase 4) is projected to increase from just over 3.1 million to nearly 3.9 million. Out of the 3.7 million IDPs analysed, more than 2.2 million (or 61 percent of them) are projected to face IPC Phase 3 or above, with over 738 000 in IPC Phase 4 (IPC, March 2025).

The escalating conflict has caused massive population movements, including new displacements as well as forced returns following the abrupt closure of IDP sites in January. IDPs either had to return to their areas of origin or to live with host families, heightening the economic vulnerabilities of both population groups.

The cost of basic food items and essential imported goods has risen, which, combined with limited access to livelihoods, is severely curtailing people's access to food (IPC, March 2025).

After the intense drought brought on by El Niño during the first half of 2024, many countries in Central and Southern Africa continued to experience below-average rainfall and high temperatures through the end of the year, resulting in drier-than-normal conditions in eastern **Madagascar**, southern **Mozambique**, southern **Namibia**, southern **Zambia** and western **Zimbabwe** (WFP, December 2024). This early-season dryness delayed the onset of the growing season and negatively impacted early crop development in key cereal-producing regions.

However, in January 2025 a weak La Niña brought rainfall to the region and is expected to produce favourable weather conditions for crop production through April 2025, which will help recovery by boosting crop production during the agricultural season and improving the availability of income from seasonal agricultural labour. Nonetheless, 2025 cereal production expectations are at near-average levels (FAO, March 2025).

Widespread rainfall supported replanting efforts and vegetation growth in most of Southern Africa in early 2025 (WFP, April 2025). However, excessive rainfall caused localized flooding in northern **Namibia**, **Zambia**, **Zimbabwe**, southern **Malawi**, and western and northern **Mozambique** in February and March 2025 (NOAA, March 2025). While the overall seasonal outlook remains more favourable than the previous year, production is estimated to remain average to slightly below-average (WFP, April 2025).

Madagascar, **Malawi** and **Mozambique** are likely to continue facing threats from an abnormally active 2024–2025 tropical cyclone season due to warmer ocean temperatures. By early March 2025, five tropical cyclones and three tropical storms had already passed through the three countries, leading to heavy rains, high winds and flooding that caused significant damage to houses and agricultural land (WFP, March 2025).

Even before the global economic uncertainty generated by the imposition and posturing of tariffs, the short-term economic outlook for the region projected a sluggish recovery from the weather extremes in most countries amid ongoing macroeconomic tightening and high debt levels. This context exacerbates macroeconomic vulnerabilities within countries, as they are more likely to experience currency depreciations and, in turn, domestic inflationary pressure (IMF, October 2024).

A 2025 alert has already been raised for the local official currency in **Zimbabwe**, as it depreciated significantly against the US dollar (WFP, January 2025). In a worst-case scenario, an additional 1 million people were projected to face high levels of acute food insecurity in the country from January–March 2025 bringing the total to 6 million compared with 5 million in the last three months of 2024 (FEWS NET, October 2024).

In **Mozambique**, the probable expansion of the contested areas into the traditionally less-affected areas of Cabo Delgado province is expected to exacerbate current access and displacement issues, resulting in a further deterioration of acute food insecurity (WFP and FAO, November 2024).

Despite a slight projected improvement in the acute food insecurity situation in **Central African Republic** in 2025, conflict and insecurity will remain the primary driver of the country's widespread food crisis.

ACUTE MALNUTRITION | Four out of 12 countries with food crises in the region also faced a nutrition crisis.

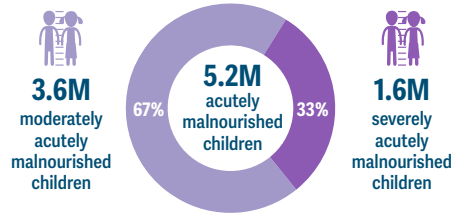
All four countries with a nutrition crisis – **Central African Republic**, **Democratic Republic of the Congo**, **Madagascar** and **Mozambique** – had areas in Critical (IPC AMN Phase 4), reaching 10 percent of the analysed areas in **Central African Republic** and **Madagascar** (Grand Sud and Grand Sud-Est regions). About 80 percent of analysed areas in these two countries were in Serious (IPC AMN Phase 3), highlighting the widespread nature of the nutrition crises.

While the nutrition crisis in **Madagascar** deteriorated since 2023, in **Central African Republic** the situation improved with fewer areas classified in IPC AMN Phases 3 and 4.

High severity of acute malnutrition was less widespread in **Democratic Republic of the Congo** (about 2 percent of areas in IPC AMN Phase 4 and 11 percent in IPC AMN Phase 3), which saw an improvement in the July–December low season for acute malnutrition compared with the same period the previous year (IPC, November 2023; September 2024).

In **Mozambique**, where about 2 percent of analysed areas were in IPC AMN Phase 4 and 8 percent in IPC AMN Phase 3, the classification improved markedly in the Palma district of Cabo Delgado – from Critical (IPC AMN Phase 4) in 2023 to Acceptable (IPC AMN Phase 1) in 2024.

FIG. 1.6 **Number of children aged 6–59 months with acute malnutrition in four countries, 2024**



3.9M pregnant and breastfeeding women with acute malnutrition in the four countries, 2024

Sources: Central African Republic IPC TWG, November 2023; Democratic Republic of the Congo IPC TWG, September 2024; Madagascar IPC TWG, January 2024; Mozambique IPC TWG, August 2024.

Acute malnutrition trends, 2020–2024

Areas of **Central African Republic**, **Democratic Republic of the Congo** and **Madagascar** have had a persistently high GAM prevalence.

Between 2018 and 2022, southern **Madagascar** experienced drought that led to Catastrophe (IPC Phase 5) levels of acute food insecurity in 2021. In Grand Sud and Grand Sud-Est regions, the prevalence of acute malnutrition in some areas reached 15 percent in 2020 and 26.3 percent in 2021, with Ambovombe district worst affected. Subsequently, the prevalence fell to 14 percent in 2022 and just below 10 percent in 2024.

Since 2020 in **Central African Republic** and 2021 in **Democratic Republic of the Congo**, IPC AMN analyses have consistently classified areas in IPC AMN Phase 4.

Nationally, acute malnutrition prevalence in **Mozambique** was low at 4.5 percent in 2019–2020 (INE, October 2021). Yet localized conflict, population displacement and climate shocks resulted in subnational spikes, particularly in Cabo Delgado (IPC, June 2021).

Main contributing factors to nutrition crises, 2024

Basic causes

Persistent conflict, insecurity and population displacement contributed to high levels of acute malnutrition in **Central African Republic**, **Democratic Republic of the Congo** and northern **Mozambique**. In **Central African Republic**, the refugee influx from the Sudan put additional pressure on already weak basic services. Limited humanitarian access hampered humanitarian response. Reduced humanitarian funding limited assistance levels in **Central African Republic** and **Mozambique** (HNRP, December 2024).

Mpox outbreaks affected **Democratic Republic of the Congo** and **Central African Republic**. In the former, the outbreak affected all provinces, particularly in displacement settings in North Kivu and South Kivu (MSF, August 2024). Children with acute malnutrition had a higher risk of a more severe mpox infection, while those with a severe infection were at a higher risk of becoming acutely malnourished. The situation created nutrition-specific programming challenges, as adjusted guidance was required, particularly relating to breastfeeding (UNICEF, November 2024).

Underlying and immediate causes

Among the four nutrition crises, **Democratic Republic of the Congo** and **Madagascar** (Grand Sud and Grand Sud-Est regions) exhibited "very high" acute malnutrition risk factors across food, health, and care and services pathways, indicating the multiplicity of nutritional vulnerabilities. **Central African Republic** had "very high" risk factors in two pathways (food, and care and services). In **Mozambique**, only "very high" risk factors were observed across the health pathway, but a lack of routine data on the quantity and quality of diets limited insights on the food pathway.

A low proportion of children aged 6–23 months consuming a minimum acceptable diet, a higher proportion of children suffering from diarrhoea and acute respiratory infections than in previous years, and a low proportion of households with access to safe drinking water were all "very high" risk factors in three nutrition crises in the region.

FIG. 1.7 **Number of children aged 6–59 months with acute malnutrition, 2024**

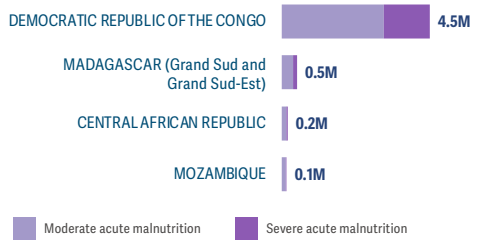
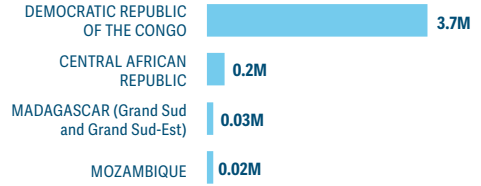


FIG. 1.8 **Number of pregnant and breastfeeding women with acute malnutrition, 2024**



Sources: Central African Republic IPC TWG, November 2023; Democratic Republic of the Congo IPC TWG, September 2024; Madagascar IPC TWG, January 2024; Mozambique IPC TWG, August 2024.

2025 outlook

Even before the escalation of conflict in late 2024–early 2025 in **Democratic Republic of the Congo**, the IPC analysis had projected a deterioration in January–June 2025, the high season for acute malnutrition (IPC, September 2024).

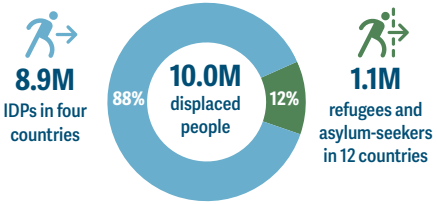
An improvement is expected in **Madagascar** through August 2025, with no areas classified in IPC AMN Phase 4 (IPC, November 2024). The situation in **Mozambique** was expected to remain similar until March 2025 (IPC, August 2024). There is no IPC AMN 2025 projection available for **Central African Republic.**

DISPLACEMENT | The number of forcibly displaced people in Central and Southern Africa has increased sharply over the past nine years, driven by prolonged conflicts and increasing frequency of climate shocks.

Despite temporary decreases in displacement in some parts of the region, the overall trend indicates growing needs for coordinated humanitarian responses to mitigate acute food insecurity and protect displaced populations.

At the end of 2024, 10 million people were forcibly displaced in the 12 countries with food crises, with 83 percent of them internally displaced in **Democratic Republic of the Congo**. The ongoing armed conflict in the eastern provinces of South Kivu, North Kivu and Ituri, in addition to insecurity, flooding and landslides in other provinces, has created a large-scale protracted displacement crisis where the vast majority of the country's 7.8 million IDPs were concentrated (OCHA, December 2024). In addition, over 520 000 refugees and asylum-seekers were hosted in **Democratic Republic of the Congo**, principally from **Central African Republic**, **Rwanda** and **South Sudan.**

FIG 1.9 **Total number of forcibly displaced people in countries with food crises, 2024**



Source: UNHCR nowcasted estimates December 2024, IOM.

In **Mozambique**, escalating attacks in Cabo Delgado continued to drive forced displacement, compounded by Cyclone Freddy's devastating impact (IOM, March 2024). As of December 2024, there were almost 750 000 forcibly displaced people in Mozambique, including roughly 24 000 refugees and asylum-seekers from **Democratic Republic of the Congo**, **Burundi** and **Rwanda**.

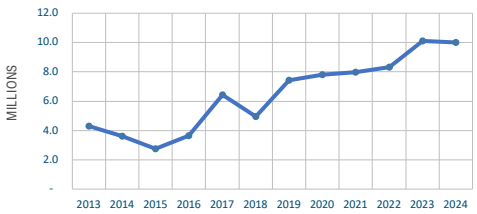
Insecurity continued to drive displacement in **Central African Republic** (UNHCR, January 2025). There were just over 450 000 forcibly displaced people throughout the country in December 2024, including over 53 000 refugees and asylum-seekers. In addition to the large influx of Sudanese refugees, the number of IDPs returning to their areas of origin increased notably following temporary security improvements. However, returnees often encountered destroyed infrastructure, lack of basic services and ongoing insecurity, limiting sustainable reintegration (UNHCR, January 2025).

Acute food insecurity among displaced populations

Disaggregated acute food insecurity data are only available for IDPs in **Democratic Republic of the Congo** and **Mozambique**. In conflict-affected areas of **Democratic Republic of the Congo** (Ituri, North Kivu and South Kivu), over 2.1 million IDPs were projected in IPC Phase 3 or above from June to December 2024, including 702 000 people in IPC Phase 4 (IPC, October 2024).

In Cabo Delgado in **Mozambique**, an estimated 171 000 IDPs, or 46 percent of the analysed IDP population, were projected to experience high levels of acute food insecurity from October 2024 to March 2025 (IPC, August 2024).

FIG 1.10 **Total number of forcibly displaced people in countries with food crises, 2013–2024**

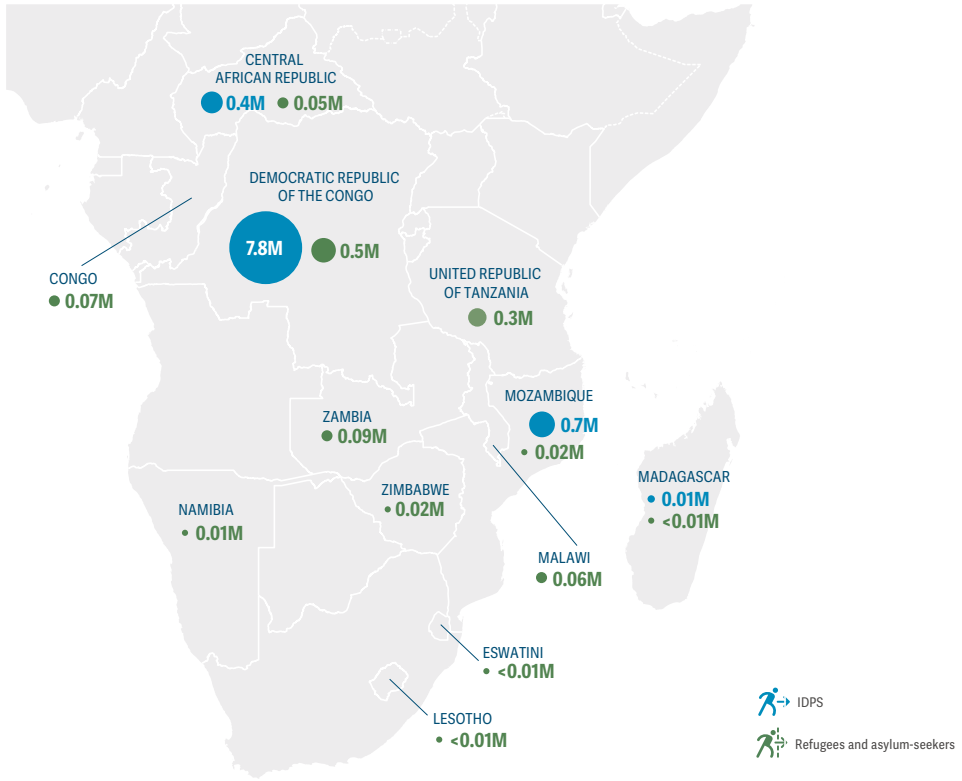


Sources: 2013–2023: UNHCR, IDMC.
2024: UNHCR nowcasted estimates December 2024, IOM.

Acute malnutrition among displaced populations

The only available data on acute malnutrition among displaced populations are for refugees in Dzaleka camp near Lilongwe in **Malawi**. A 2022 SENS survey reported a low GAM prevalence of around 4.5 percent. However, recent admission data indicate that the number of children aged 6–59 months with MAM more than doubled between October 2023 and October 2024, linked to food insecurity caused by the El Niño-induced drought (WFP, December 2024).

MAP. 1.2 **Number of forcibly displaced people by country, December 2024**



Source: UNHCR nowcasted estimates December 2024, IOM.

2 | Africa, **East**

PHOTO: KIRYANDONGO, UGANDA. © WFP/BADRE BAHAJI

The Sudan became the third country in 15 years (after Somalia and South Sudan) with Famine (IPC Phase 5) confirmed. In June–September 2024, around 755 300 people faced Catastrophe (IPC Phase 5) – the highest recorded by the IPC for the country.

. . . . . .

The region's complex displacement crisis was further deepened by people fleeing the conflict in the Sudan and armed clashes in parts of Ethiopia, Somalia and South Sudan.

. . . . . .

Weather extremes were the primary driver of food crises regionally. The return of rainfall to the Horn of Africa in 2023 began to ease the impacts of the 2020–2023 drought but lingering effects and flooding constrained food access and availability.

. . . . . .

Eight countries had a nutrition crisis, with the Sudan among the four most severe globally. Conflict, heavy rains and flooding underpinned these crises by limiting healthcare, disrupting humanitarian access and heightening disease levels.

. . . . . .

In 2025, the Sudan's food and nutrition crisis is likely to deteriorate. Poor October–December 2024 rains in Somalia, northeast Kenya and localized areas of Ethiopia are likely to lead to a harsh and early 2025 lean season.

Africa, East

Burundi | Djibouti | Eritrea | Ethiopia | Kenya | Rwanda (refugees) | Somalia | South Sudan | Sudan | Uganda

The additional 1.3 million people facing high levels of acute food insecurity between 2023 and 2024 in eight countries in the region is driven by the alarming deterioration in the Sudan, as well as worsening situations in Ethiopia and Uganda, outpacing notable improvements in Kenya, Somalia, Burundi and, to a lesser extent, South Sudan.

65.5M

people or 24.5% of the analysed population faced high levels of acute food insecurity in 2024 in eight countries with food crises. No data were available for Eritrea or refugees in Rwanda.

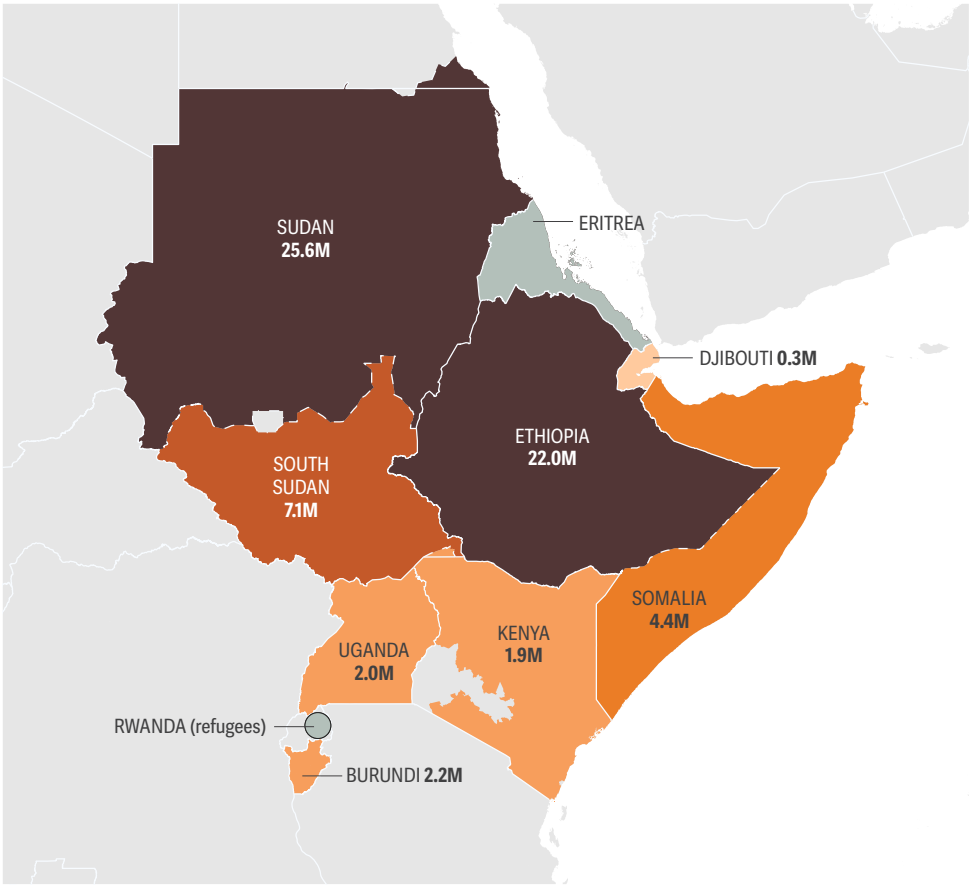
24.2M

forcibly displaced people in eight countries with food crises in 2024 – consisting of 18.9 million IDPs and 5.2 million refugees and asylum-seekers.

12.2M

acutely malnourished children aged 6–59 months in eight countries with food crises in 2024. Of them, 3.0 million suffered the most severe form of acute malnutrition.

MAP 2.1 **Numbers of people facing high levels of acute food insecurity in eight countries, 2024 peak**



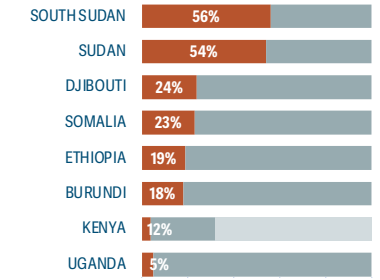
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

<1.0 million | 1–2.99 million | 3–4.99 million | 5–9.99 million | 10–14.99 million | ≥15 million | Not selected for analysis

No data/data not meeting GRFC technical requirements | Refugee populations (colour coding as legend)

Sources: IPC TWGs; FEWS NET (Ethiopia and Uganda).

FIG 2.1 **Share of analysed population facing high levels of acute food insecurity, 2024 peak**



Share of analysed population in IPC Phase 3+ or equivalent | Analysed population | Population not analysed

The total population was analysed in all countries with data, except for Kenya, where 32% of the population was analysed.

Ten countries in this region were selected. However, **Eritrea** had no data and for **Rwanda (refugees)** data did not meet GRFC technical requirements. *For more information on these additional countries of concern, see page 89.*

How have the food crises in this region changed since 2023?

The number of people facing high levels of acute food insecurity in the eight countries with data meeting GRFC technical requirements increased marginally from 64.2 million or 24 percent of the analysed population in 2023 to 65.5 million or 24.5 percent in 2024. Overall, deteriorations in the Sudan, Ethiopia and Uganda outpaced improvements in Kenya, Somalia, South Sudan and Burundi.

In the **Sudan**, the conflict since April 2023 has caused its worst acute food insecurity as well as the first detection of Famine reported by the IPC for the country. An additional 5.3 million people were in Crisis or worse (IPC Phase 3 or above) between the 2023 and 2024 lean seasons (IPC, June 2024).

In **Ethiopia**, northeastern Amhara and Tigray faced worsening acute food insecurity due to El Niño-induced drought in June–September 2023 and subsequent failure of the 2023 Meher harvest, as well as localized flooding in Somali, Afar and Oromia regions (FEWS NET, May 2024). Food security improved at the national level during the last quarter of 2024 due to overall favourable performance of the 2024 Belg and Meher seasons (FAO-GIEWS, October 2024).

In **South Sudan**, although the total number of people in IPC Phase 3 or above decreased since the 2023 peak following favourable 2023/24 harvests, the number in Catastrophe (IPC Phase 5) nearly doubled from 43 000 to 79 000, with returnees from the Sudan comprising a third of them (IPC, November 2023). At 56 percent, South Sudan still had the highest share of the population facing high levels of acute food insecurity in the region.

Somalia benefited from increased rainfall and humanitarian assistance, although some areas still struggled with conflict, flooding, historical drought impacts, high food prices and a below-average October–December 2024 rainy season (IPC, February and September 2024; FSNWG, April 2024).

Famine (IPC Phase 5) in the Sudan

The IPC Famine Review Committee (FRC) estimated that Famine (IPC Phase 5) was ongoing from July 2024 in Zamzam camp in North Darfur, driven by the impacts of the relentless conflict and lack of humanitarian access to populations in urgent need of food and livelihood assistance (IPC FRC, July 2024). From June to September 2024, heavy rains and flooding worsened an already dire situation (OCHA, September 2024).

The continuing conflict brought unprecedented displacement, economic collapse and disruptions to supply chains, and in December 2024 the FRC detected Famine (IPC Phase 5) in at least five areas from October to November 2024: Zamzam, Abu Shouk and Al Salam camps in North Darfur, as well as in South and West Kordofan in the Western Nuba Mountains. It also projected that five additional areas in North Darfur would face Famine (IPC Phase 5) between December 2024 and May 2025, and 17 other areas in the Central Nuba Mountains and North and South Darfur would face risk of Famine (IPC FRC, December 2024).[1]

The FRC also warned that the population in areas of intense conflict in Khartoum and Al Jazirah might be experiencing the same conditions as those of the areas classified in Famine (IPC Phase 5), but lack of data prevented it from confirming whether these thresholds had been surpassed (IPC FRC, December 2024).

Famine signifies a multisectoral collapse, with basic human needs for health services, water, food, nutrition, shelter and protection not being met, leading to starvation and destitution.

1 The Government of Sudan did not endorse the December IPC and FRC analyses.

Improvements were noted in **Kenya's** ASALs, where the number of people facing high levels of acute food insecurity fell by 64 percent due to improved rains, harvests and livestock production (IPC, March 2024). However, flood-affected areas experienced constrained access to food and income, while below-average October–December 2024 rainfall slowed drought recovery (FAO and WFP, November 2024).

Burundi also experienced a slight reduction from the 2023 peak as declining food prices in the first half of the year provided some relief for struggling households (IPC, July 2024).

Uganda's Karamoja region experienced a slight deterioration due to the multi-season drought that ended in 2023, an early lean season and low household coping capacity (FAO-GIEWS, October 2024). Refugees in settlements (outside of Karamoja) faced constrained access to income and productive land coupled with poor first season harvests (FEWS NET, October 2024).

In **Djibouti**, the magnitude of high acute food insecurity was similar to 2023, but severity declined as the country started to recover from the prolonged drought. Rural populations and refugees in camps remained highly vulnerable (IPC, June 2024).

Severity of acute food insecurity

Six countries – Burundi, Djibouti, Kenya, Somalia, South Sudan and the Sudan – had IPC analyses with data disaggregated by phase of acute food insecurity. For Ethiopia and Uganda, the source is FEWS NET with no phase disaggregation.

834 300 people in Catastrophe (IPC Phase 5) in the Sudan and South Sudan.

In 2024, two countries in East Africa had populations in Catastrophe (IPC Phase 5). Overall, the number of people in this phase in the region was nine times higher than in 2023. In the **Sudan**, the number of people in this phase increased from zero in 2023 to 755 300. In **South Sudan**, it nearly doubled from the previous year, from 43 000 to 79 000, including 28 000 returnees from the Sudan. *See box on Famine (IPC Phase 5).*

No one is projected in this phase in **Somalia**, an improvement from over 40 300 in 2023.

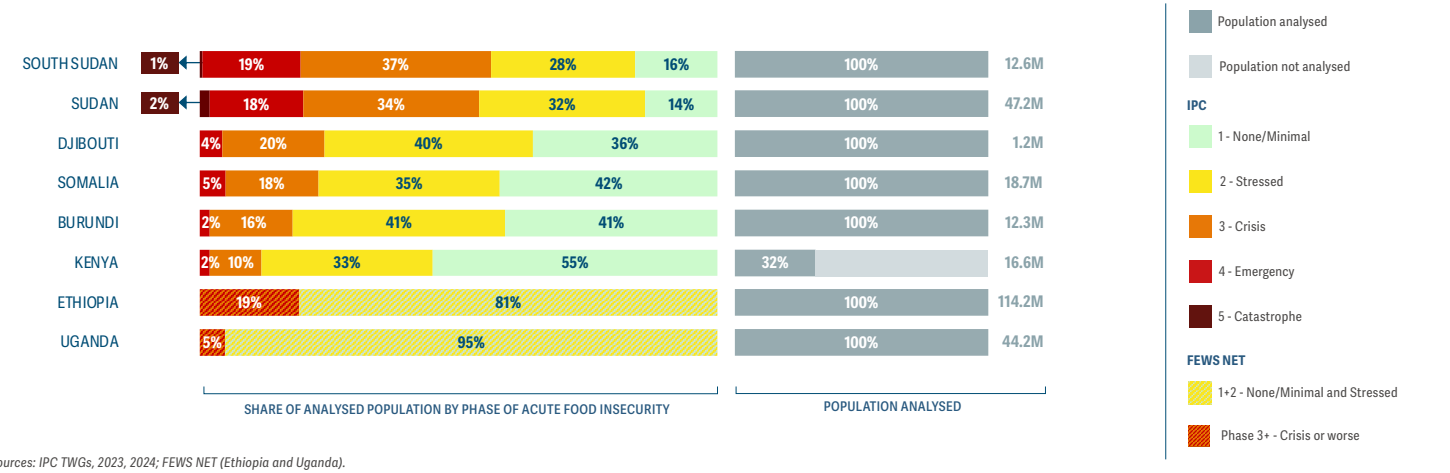
12.4 million people in Emergency (IPC Phase 4) across six countries with IPC analyses.

In 2024, the number of people in IPC Phase 4 was the same as the peak period of 2023.

The **Sudan** had the largest number, with 8.5 million people or 18 percent of its population in this phase – an additional 2.3 million people since the 2023 peak. **South Sudan** still had the highest share, with 19 percent of its population in this phase, yet saw an improvement from 2023. In **Burundi**, severity worsened, with 228 600 people in IPC Phase 4 in May 2024, up from 105 000 in April–May 2023.

In four countries, the population in IPC Phase 4 had decreased since 2023, most significantly in **Kenya**, with a 76 percent decrease, **Djibouti** and **Somalia**, with a 47 percent decrease and **South Sudan**, with a 19 percent decrease.

FIG. 2.2 **Share of analysed population by phase of acute food insecurity, 2024 peak**



Sources: IPC TWGs, 2023, 2024; FEWS NET (Ethiopia and Uganda).

28.2 million people in Crisis (IPC Phase 3) across six countries with IPC analyses.

The number of people in IPC Phase 3 in 2024 decreased slightly from 30.2 million in 2023 to 28.2 million. There were improvements in **Burundi**, **Kenya**, **Somalia** and **South Sudan** but a deterioration in the **Sudan**, where the number of people in this phase increased by more than 2 million – from 14 million in 2023 to 16.3 million in 2024. **Djibouti** also reported a 25 percent increase in the number of people in this phase.

36.3 million people in Stressed (IPC Phase 2) across six countries with IPC analyses.

The number of people in this phase increased by more than 1 million from 35.2 million in 2023. More than 15 million of them were in the **Sudan** and at risk of transitioning into more severe phases of acute food insecurity with the escalating conflict. **Somalia** had the largest change, with 3.3 million more people in this phase since 2023.

Drivers of food crises in the region, 2024

Weather extremes were the primary driver of acute food insecurity in Burundi, Ethiopia, Kenya, Somalia and Uganda, where a total of 32.5 million people faced high levels of acute food insecurity.

Three consecutive seasons of average to above-average rainfall in East Africa from late 2023 boosted crop and livestock production, enhancing food access and incomes (FEWS NET, October 2023). The region's 2024 aggregate cereal output, including a forecast for the second season, was estimated to be average (FAO, November 2024).

However, heavy rains, flash floods and landslides affected 1.8 million people by May 2024 in **Burundi**, **Ethiopia**, **Kenya**, **Somalia** and **Uganda**, leading to the displacement of over 0.5 million people (OCHA, May 2024).

In August 2024, parts of the **Sudan**, **Eritrea** and **Ethiopia** experienced the heaviest rainfall in 40 years, leading to severe floods that damaged homes, infrastructure and cropland. In the **Sudan**, over 170 000 people were displaced, and nearly 600 000 affected overall. High agricultural potential areas along the Nile and irrigated areas in Al Jazeera, Sennar and White Nile had a significantly shorter crop cycle than in normal years due to the flooding, risking below-average yields in these regions (ASAP, November 2024). In **Ethiopia**, flooding and landslides displaced 800 000 people and destroyed croplands in regions like Gambella and Afar (OCHA, August 2024).

Later in the year, flooding affected western **Kenya**, **Rwanda**, **Burundi**, **Uganda** and **South Sudan**. In the latter it was severe, damaging crops and infrastructure, increasing disease risks and displacing 380 000 people, with 1.4 million affected overall (WFP, December 2024).

On the upside, Meher crop-producing areas of **Ethiopia** and unimodal **Kenya** achieved above-average crop production due to adequate and well-distributed precipitation (FEWS NET, September 2024).

From October to December 2024, rainfall became erratic in some areas. Southern **Somalia** had a very poor start to the season and a very late recovery, which led to low crop yields. Predominantly pastoral areas in central and northern **Somalia**, northeastern **Kenya** and southern **Ethiopia** received less than 60 percent of average seasonal rains, resulting in moderate to severe drought that affected crops and reduced livestock production and reproduction through lack of pasture and water, worsening food insecurity risks (WFP, December 2024).

Conflict/insecurity was the primary driver in the Sudan, where 25.6 million people faced high levels of acute food insecurity.

Conflict in the **Sudan** was the primary driver of the largest year-on-year deterioration in acute food insecurity in East Africa. According to the ACLED conflict index, in December 2024, the **Sudan** faced 'extreme' levels of conflict and was ranked the fourth-deadliest conflict in the world (ACLED, January 2025). *See Focus | The Sudan crisis, 2024–2025, page 78.*

Somalia continued to face security force operations against NSAGs, alongside inter-clan fighting, with June having the highest number of recorded clashes in the previous 12 months and continuing well into July in Gedo, Lower Shabelle, Middle Shabelle and Lower Juba (ACLED, July 2024).

In **Ethiopia**, conflicts continued in Amhara and Oromia regions, with over 7 million people exposed to conflict in the former and nearly 6 million in the latter (ACLED, December 2024).

In September 2024, **South Sudan**'s government postponed elections until 2026. Widespread violence continued, with Greater Upper Nile region (consisting of Unity, Upper Nile and Jonglei states) accounting for 49 percent of political violence events in 2024 (ACLED, January 2025).

Resource-based conflicts and cattle raiding continued to challenge agropastoral communities in **Uganda** (FSIN and IGAD, August 2024).

Persistent conflict in neighbouring countries, including **Democratic Republic of the Congo**, **South Sudan** and the **Sudan**, continued to drive refugees into **South Sudan**, **Rwanda** and **Uganda**.

Economic shocks were the primary driver of acute food insecurity in Djibouti and South Sudan, where a total of 7.4 million people faced high levels of acute food insecurity.

Increased food production in most countries due to favourable rains improved market supply, significantly easing staple food prices in many markets from mid-2023 through to mid-2024, except in the **Sudan**, **South Sudan**, **Ethiopia** and **Djibouti**. In **Burundi**, food prices declined in the first part of the year and increased in the second (FAO-GIEWS, November 2024).

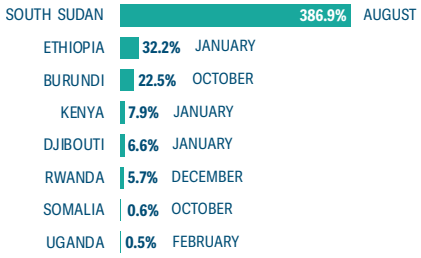
In **South Sudan**, prices of maize and sorghum soared in most markets, primarily driven by deteriorating macroeconomic conditions and other factors such as localized conflict and high transportation costs. The country heavily relies on imports, and an abrupt depreciation of the national currency in the first quarter of 2024 following a substantial reduction of oil exports due to damages to the pipelines passing through the **Sudan** and disruptions in oil shipments via the Red Sea further fuelled food inflation (FAO, December 2024). Trade disruptions due to widespread floods exerted further upward pressure on prices.

For import-dependent **Djibouti**, supply chain disruptions and increases in global food prices invariably cause inflationary pressure, restricting food access for poorer households. Ongoing tensions around the Red Sea negatively impacted the availability and pricing of imported commodities in 2024 (WFP, May 2024). A slowdown in Djibouti's port activities led to loss of employment and reduced household purchasing power (IMF, June 2024; IPC, June 2024).

The ongoing conflict in the **Sudan** has severely impacted food production and supply systems, driving food prices to historical levels in most markets over the past year. Before the onset of the conflict, food prices were already at high levels, primarily driven by unfavourable macroeconomic conditions, and high production and transportation costs, which have since worsened. Prices of the main staples, sorghum and millet, were near-record to record highs in October 2024 and six times higher than their respective pre-conflict levels, in March 2023 (FAO FPMA tool, December 2024). *See Focus | The Sudan crisis, 2024–2025, page 78.*

In **Ethiopia**, prices were up to 50 percent higher year-on-year in April, mainly due to the continuous depreciation of the national currency, as well as increasing production and transport costs (FAO, July 2024). Prices of maize tended to be lower than a year earlier in surplus-producing areas, but higher in deficit areas (FAO, November 2024).

FIG. 2.3 **Highest food inflation rates, 2024**
(compared with same month in 2023)



No data were available for Eritrea or Sudan.

Sources: L'Institut de Statistiques et d'Etudes Economiques du Burundi; National Institute of Statistics of Djibouti; Ethiopian Statistical Service; Kenya National Bureau of Statistics; Somali National Bureau of Statistics; National Bureau of Statistics, South Sudan; Uganda Bureau of Statistics.

Acute food insecurity since 2016

While acute food insecurity in East Africa remained relatively stable in the first four editions of the GRFC (2016–2019), it escalated sharply from 2020.

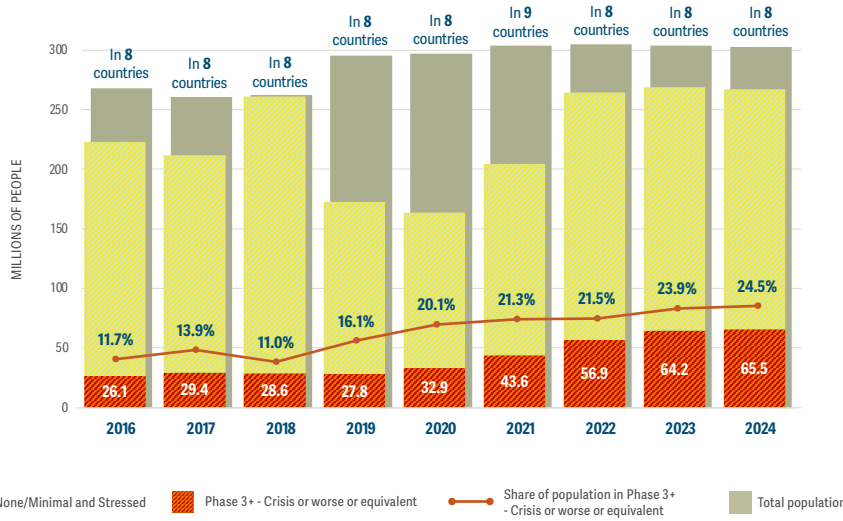
The share of people facing high levels of acute food insecurity in the eight countries with consistent data has increased each year, from 16 percent in 2019 to 24.5 percent in 2024. The increase in the number of people facing high levels of acute food insecurity – from 27.8 million in 2019 to 65.5 million in 2024 – is to some extent attributable to increased analysis coverage. **Ethiopia**, **Kenya** and **Uganda** have seen expanded geographic coverage of analyses and changes in methodologies over the years.

The increase is also due to the convergence of shocks such as the impact of COVID-19, soaring food prices, consecutive years of drought, crop pests such as desert locusts, and conflicts in **Ethiopia**, **Somalia**, **South Sudan** and, most recently, the **Sudan**. Such shocks undermine people's already limited capacity to cope.

Just as the region was suffering from the economic impacts of the COVID-19 pandemic, an unprecedented three-year drought from 2020 to 2023 in the eastern Horn of Africa drove a sharp increase in acute food insecurity and malnutrition (UNDRR, September 2024). Pastoral livelihoods in southern **Ethiopia**, the ASALs of **Kenya** and most of **Somalia** were devastated, while cropping households faced consecutive seasons of below-average production.

Many of the drought-affected areas received adequate or above-average precipitation levels starting in early 2023 and continuing through the first half of 2024, allowing for the regeneration of rangelands, improved crop and livestock

FIG. 2.4 **Number and share of people facing high levels of acute food insecurity in countries with food crises, 2016–2024**



Source: GRFC 2017–2025.

East Africa has a history of catastrophic levels of acute food insecurity

In the last 15 years, the four Famines confirmed in the world have all been in East Africa.

Famine was detected in parts of southern **Somalia** in July 2011, **South Sudan** in February 2017 (in Unity state), **South Sudan** again in November 2020 (in Pibor county, Jonglei state), and, from August 2024, the **Sudan** (initially in parts of North Darfur and later South and West Kordofan) (IPC FRC, December 2024).[1] These extreme food crises were characterized by severe food shortages, widespread acute malnutrition and tens of thousands of deaths, primarily driven by conflict and erratic weather patterns and almost insurmountable operational challenges for humanitarians delivering aid (IPC, October 2024).

Populations in Catastrophe (IPC Phase 5) have been recorded each year since 2016 in **South Sudan**. People have also faced Catastrophe (IPC Phase 5) in **Somalia** (in 2018, 2022 and 2023), and in **Ethiopia**'s Tigray region (in 2021).[2] In 2024, 755 300 people were in this phase in the **Sudan**.

A **Somalia** IPC analysis published in September 2022 projected Famine (IPC Phase 5) for agropastoral populations in Baidoa and Burhakaba districts and newly arrived displaced people in Baidoa settlements (Bay region) as well as in Mogadishu from October to December largely due to the impacts of the drought, upward price trends and a high risk of epidemic outbreaks (IPC, September 2022). The Famine did not materialize due to scaled-up assistance, a better-than-expected but still below-average October–December rainy season and stabilization of very high food prices.

1 The Government of Sudan did not endorse this analysis.

2 The Government of Ethiopia did not endorse this analysis.

FIG 2.5 **Selected structural vulnerability indicators by country**

	Annual population growth: UNDESA for population (%)	Crop growing period affected by drought conditions (%)	Rangeland growing period affected by drought conditions (%)	HDI global ranking (1–192)	INFORM Risk (0–10)	Share of agricultural, forestry and fishery employment (%)
BURUNDI	2.7	9.3	7.8	187	6	85.1
DJIBOUTI	1.4	N/A	12.3	171	4.4	1.2
ERITREA	1.8	20.1	20.4	175	4.1	64
ETHIOPIA	2.6	14.7	17.6	176	7.1	62.8
KENYA	2.0	11.5	18.3	146	6.2	32.6
RWANDA	2.2	11.5	12.1	161	3.5	56
SOMALIA	3.6	21.8	22.6	193	8.9	25.9
SOUTH SUDAN	5.9	18.2	18.5	192	8.3	60.3
SUDAN	0.02	20.1	19.6	170	7.4	40.4
UGANDA	2.8	10.4	11.4	159	6.5	66.3

For descriptions of these indicators see Technical notes, page 210.

Sources: UNDESA (Annual population growth); EC-JRC (Crop growing period affected by drought conditions); EC-JRC (Rangelands growing period affected by drought conditions); UNDP (HDI Global Index); EC-JRC (INFORM Risk Index); FAO (Share of agricultural, forestry and fishery employment).

development and better food security outcomes in 2024. However, it will take years for households to fully recover from the drought's toll.

The impact of war in **Ukraine** on food supplies and prices of imported items had repercussions on food security in 2022, as many net food-importing East African countries relied on Ukraine and the Russian Federation for agricultural inputs as well as wheat and sunflower oil (WFP, November 2022).

Since April 2023, the impacts of conflict in the **Sudan** have worsened the country's food crisis and affected areas of neighbouring countries receiving refugees and returnees.

Out of the countries with data meeting GRFC technical requirements, all except **Djibouti** have protracted food crises, having been included in all nine editions of the GRFC.

Structural vulnerabilities underlie persistently high levels of acute food insecurity

Underlying structural vulnerabilities significantly impact the ability of East African countries to address and cope with the multiplicity of external shocks and ensuing high levels of acute food insecurity and malnutrition. High poverty levels, particularly among rural populations, and dependence on food imports make populations more vulnerable to both national and global crises, and make it difficult for many population groups to afford food amid high prices (OPHI/UNDP, 2022).

All countries in the region except **Kenya** are among the 44 designated by the UN as Least Developed Countries – characterized by weak development capacity, low and unequally distributed income, poor education systems and scarcity of domestic financial resources, making them highly vulnerable to economic and environmental shocks (UN, accessed 14 January 2025).

These vulnerabilities limit the capacity for human development, as evidenced by the low scores and rankings these countries receive on the HDI. Out of 193 countries in the HDI, **Somalia** and **South Sudan** are the lowest ranking. **Burundi**, **Eritrea**, **Ethiopia** and the **Sudan** are all in the bottom 30. **Kenya** ranks slightly higher, but there are huge disparities between its different regions, as the ASALs have much lower HDI scores than urban areas such as Nairobi (UNDP, March 2024).

Agriculture is the main livelihood in the region, directly supporting over 80 percent of the population and serving as the foundation for food supplies and export earnings. The sector faces multiple challenges, including a high reliance on rainfed production systems, and agriculture and livestock trade with minimal value addition. Resource-based and intercommunal conflicts negatively affect rural households throughout the region (IGAD, July 2023). Over the past several years, the region has suffered significant losses from increasingly frequent and severe climatic extremes, with seasons of severe flooding quickly followed by seasons of drought conditions, with little to no time for recovery between events.

The percentage of crop or rangeland growing period affected by drought conditions indicates how often drought warnings were triggered by the Anomaly Hot Spots of Agricultural Production (ASAP) early warning system based on Fraction of Absorbed Photosynthetically Active Radiation (FPAR) data between 2004 and 2024 (EC-JRC, ASAP). For **Somalia** and the **Sudan**, severe drought has affected one season in every five over

the last decade. Rangeland in **Ethiopia**, **Kenya** and **South Sudan** has also been badly affected, according to the ASAP warning. *See figure 2.5, page 74.*

According to the OECD, fragility is the combination of exposure to risk and insufficient coping capacities of the state, system and/or communities to manage, absorb and mitigate those risks (OECD, 2016). The OECD assesses fragility worldwide in a spectrum of intensity across six dimensions: economic, environmental, human, political, security and societal. Out of 178 contexts with data, **Somalia**, the **Sudan** and **South Sudan** are considered the three most fragile states in 2024. **Ethiopia** ranks 12th, **Burundi** 24th, **Eritrea** 26th, **Uganda** 28th, **Kenya** 36th and **Djibouti** 48th (Fragile States Index, accessed 13 January 2025).

The INFORM Risk Index is a composite indicator that identifies countries at high risk of humanitarian crisis that are more likely to require humanitarian assistance. Out of 194 countries in the index in mid-2024, 14 are considered 'very high' risk, and five of those – **Somalia**, **South Sudan**, the **Sudan**, **Ethiopia** and **Uganda** – are in East Africa. **Somalia** is considered the highest-risk country in the world (EC-JRC, July 2024).

Most countries in the region are experiencing rapid population growth, reaching 3.6 percent in **Somalia** and 5.8 percent in **South Sudan**. Although this provides a more significant labour force, this growth rate requires robust annual economic expansion for several decades to absorb that cohort (Institute for Security Studies, January 2025).

Weak institutions, economic inequality (all countries have a Gini coefficient of over 50 percent (OWD, 2022)) and low literacy levels make it difficult for countries to recover from acute shocks. Debt-service capacity is low, and rising debt-service burdens are eroding the resources available for development spending and prevent governments from providing adequate buffers against future shocks (IMF, October 2024).

Acute food insecurity outlook 2025

In seven countries with projections for 2025, 57.9 million people or 21.3 percent of the analysed population are expected to face high levels of acute food insecurity in early 2025. No data are available for Djibouti, Eritrea or Rwanda (refugees).

In the **Sudan**, projection estimates for early 2025 depicted a slight improvement owing to above-average rainfall, but not all populations were expected to benefit, and neither does the projection refer to the expected peak. In areas of high conflict, the hostilities severely disrupted farming activities in 2024, leading to Famine (IPC Phase 5) being projected for ten areas and a risk of Famine in 17 additional areas, between December 2024 and May 2025 (IPC FRC, December 2024).[1]

Severe humanitarian access constraints in the **Sudan**, particularly in active conflict zones, and funding constraints hinder aid delivery where it is needed most (OCHA, February 2025). In March 2025, the UN warned that civilians in Zamzam IDP camp – where Famine was identified in 2024 – were nearly impossible to reach due to intensifying conflict (UN, March 2025). With the conflict dragging on indefinitely, the risk of an increasingly fragmented conflict is growing (ACLED, December 2024). The ongoing conflict will likely continue to push up the prices of staple foods, which are already extremely high, as soaring prices of fuel and agricultural inputs inflate production and transport costs (FAO FPMA tool, December 2024).

Localized conflicts and insecurity will continue to drive displacement and disrupt agriculture, livelihoods and humanitarian aid delivery across **Ethiopia** (particularly Amhara and Oromia), **Somalia** and **South Sudan**. Conflict-affected individuals will continue to seek safety in **South Sudan** (refugees and returnees from the Sudan), **Burundi** and **Rwanda** (from eastern Democratic Republic of the Congo), and **Uganda** (mainly from eastern Democratic Republic of the Congo and South Sudan).

The situation is projected to deteriorate in **South Sudan**, with the number of people facing high levels of acute food insecurity rising from 7.1 million to 7.7 million between the April–July 2024 and 2025 lean seasons (IPC, November 2023 and 2024). This increase is largely due to a severe economic crisis resulting in rampant inflation, making food and basic goods more expensive, despite above-average cereal production in 2024 (WFP-FAO CFSAM preliminary results). The rapidly deteriorating security situation since late March, has led to population displacement and disruption of vital aid services. Meanwhile, around 164 300 returnees and Sudanese refugees arrived in the country in the first three months of 2025, bringing the total to 1.1 million since the start of the conflict in the Sudan in April 2023 (UNHCR, April 2025).

The March–May 2025 rainfall season was expected to be below average with warmer-than-normal conditions across most parts of the Greater Horn of Africa (ICPAC, January 2025), heightening concerns over worsening drought, strained agriculture and water shortages (ICPAC, January 2025).

Kenya's food crisis is projected to deteriorate sharply during April–June 2025, with an estimated 2.8 million people likely to face high levels of acute food insecurity, 46 percent more than during the February–March 2024 peak period. This is primarily driven by elevated food prices, and conflicts over resources and human-wildlife interactions (IPC, March 2025).

Acute food insecurity projections for **Somalia** indicate a deteriorating food crisis due to multiple factors. The anticipated below-average Gu (April–June) season rainfall will likely worsen drought conditions, while some areas along the Juba and Shabelle rivers will likely experience flooding. Drought, as well as continued conflict and insecurity, will lead to increased population displacement, amid reduced humanitarian assistance due to funding cuts. Both local and imported food prices are expected to be above five-year averages due to limited carryover stocks from successive poor harvests, and high shipping costs. Around 4.6 million people are expected to face high levels of acute food insecurity in April–June 2025, up from 4.4 million during the 2024 peak (October–December) (IPC, March 2025).

Overall, the acute food insecurity situation in **Ethiopia** was expected to improve. However, according to FEWS NET data, Emergency (IPC Phase 4) outcomes are expected to persist in the northern Afar region through at least early 2025, against a backdrop of low livestock holdings due to the losses incurred during the 2020–2022 northern conflict. In southeastern areas, Crisis (IPC Phase 3) outcomes are anticipated to persist, as access to food and income from livestock still needs multiple seasons to recover to normal levels following the 2020–2023 drought (FEWS NET, October 2024).

In the Sudan's Zamzam IDP camp people are surviving on crushed groundnut shells.

1 The Government of Sudan did not endorse this analysis.

ACUTE MALNUTRITION | All eight countries with a food crisis in the region, and refugees in Uganda, faced a nutrition crisis.

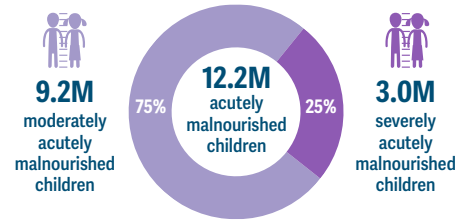
The **Sudan**, which already had alarming levels of acute malnutrition before the escalation of conflict in April 2023, had the region's most severe nutrition crisis in 2024 and ranked among the four most severe in the GRFC 2025, with Famine (IPC Phase 5) detected in some areas. Three areas had GAM levels exceeding the 30 percent Extremely Critical (IPC AMN Phase 5) threshold, and 29 areas exceeded Critical (IPC AMN Phase 4) with a GAM prevalence of 15–29.9 percent (SMART, 2024).

South Sudan, **Djibouti**, **Somalia**, **Kenya**, **Ethiopia** and **Uganda** (Karamoja) all had areas classified in Critical (IPC AMN Phase 4) or equivalent (GAM prevalence 15–29.9 percent) (IPC, June, September, November 2024; ENCU 2025).

Ethiopia's nutrition crisis deteriorated, especially among IDPs, with eight out of 12 regions reaching Serious (IPC AMN Phase 3) levels (10–14.9 percent GAM prevalence), and four Critical (IPC AMN Phase 4) (ENCU, 2025; OCHA, June 2024). In **Djibouti**, acute malnutrition worsened in three urban areas and Ali Addeh refugee camp, classified in IPC AMN Phase 4. In **Somalia**, the situation was as severe as 2023, with 39 percent of analysed areas in IPC AMN Phase 3 or above (IPC June, September 2024). Although **Burundi**'s nutrition crisis was less severe, with Serious (IPC AMN Phase 3) its highest classification, it was worse than in 2023, with 33 percent of analysed areas classified in IPC AMN Phase 3, compared with none in 2023 (IPC, November 2024).

Kenya, **South Sudan** and refugees in **Uganda** saw some improvements. **Kenya** had no areas in IPC AMN Phase 5 in 2024, but 31 percent of analysed areas remained in IPC AMN Phase 4 (IPC, September 2024). **South Sudan** had seven fewer areas in IPC AMN Phase 4, though South Sudan–Sudan border crossing areas saw proxy GAM rates

FIG. 2.6 **Number of children aged 6–59 months with acute malnutrition in eight countries, 2024**



3.8M pregnant and breastfeeding women with acute malnutrition in seven countries with nutrition crises, 2024

No nutrition data were available for PBW in Somalia.

Sources: IPC TWGs, 2024; HNO, February 2024; Sudan Nutrition Cluster, April 2024.

over 20 percent and severe acute malnutrition (SAM) at 10 percent. SAM admissions were higher than in previous years (WFP, November 2024). In **Uganda**'s Karamoja region, the nutrition situation improved among residents with five out of nine areas in IPC AMN Phase 3 or above, down from seven in 2023, though localized deteriorations were seen in Amudat and Karenga. The situation in refugee settlements and among host communities also improved with no areas in IPC AMN Phase 3 or above as of April 2024 (IPC, December 2024).

Acute malnutrition trends, 2020–2024

Ethiopia, **Kenya**, **Somalia**, **South Sudan**, the **Sudan** and **Uganda** (Karamoja) consistently had areas with acute malnutrition prevalence above 15 percent in at least three of the last five years. For refugees in **Uganda**, it ranged from 8 to 10 percent in the Adjumani and Kiryandongo camps from 2021 to 2023, before improving in 2024 (IPC, November 2023). Both **Burundi** and **Djibouti** saw a deterioration over this period. In **Burundi**, in 2020, only Ruyigi district was in IPC AMN Phase 3 and from 2021 to 2023, no districts were in these phases. By 2024, 14 out of 43 analysed areas were in IPC AMN Phase 3 (IPC, November 2024). In **Djibouti**, national GAM prevalence increased from 10 percent in 2019 to 12.7 percent in 2022 (UNICEF, WHO & WB, 2023). It had multiple areas in IPC AMN Phase 4 in 2024 (IPC, June 2024).

Main contributing factors, 2024

Basic causes

The **Sudan** conflict had a profound impact on the nutrition status of its children and for those fleeing to neighbouring countries. *See Focus | The Sudan crisis, 2024–2025, page 78*. Conflict in **South Sudan**, **Somalia** and **Ethiopia** limited access to healthcare and disrupted humanitarian access. Heavy rains and flooding in **Ethiopia**, **Kenya**, **Somalia**, the **Sudan**, **South Sudan** and **Uganda** increased disease levels, damaged health facilities and limited access to health services (WFP, November 2024). Funding cuts deeply affected **Uganda** (Karamoja), **South Sudan**, **Somalia** and **Kenya**, reducing health and nutrition service coverage (IPC, 2024).

Underlying and immediate causes

Among IPC-analysed nutrition crises, six exhibited 'very high' acute malnutrition risk factors across all three pathways – food, health, and care and services. **Burundi** and **Uganda** (Karamoja) had 'very high' risk factors in two pathways (food and health). Across all crises, fewer than 10 percent of children aged 6–23 months met minimum acceptable diet standards, and seven crises had diarrhoea and cholera outbreaks in 2024.

2025 outlook

A worsening nutrition crisis is expected in the **Sudan**, where Famine (IPC Phase 5) is projected in ten areas from December 2024 to May 2025 (IPC FRC, December 2024).[1] The situation is also expected to worsen in **South Sudan**, with one area projected in Extremely Critical (IPC AMN

1 The Government of Sudan did not endorse this analysis.

FIG. 2.7 **Number of children aged 6–59 months with acute malnutrition, 2024**

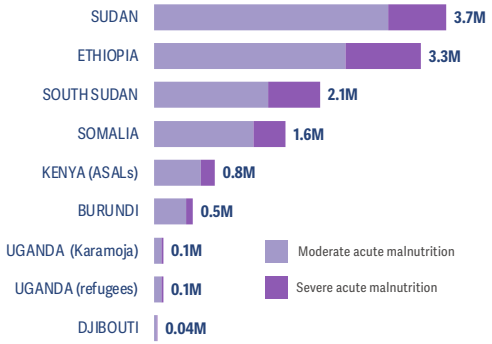
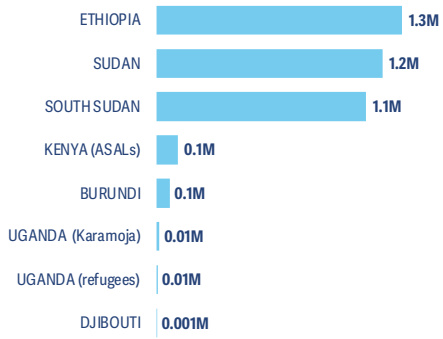


FIG. 2.8 **Number of pregnant and breastfeeding women with acute malnutrition, 2024**



No data were available on the nutrition situation of PBW in Somalia, indicating that this is an underestimation of the regional burden.

Sources: IPC AMN, 2024; HNO, February 2024; Sudan Nutrition Cluster, April 2024.

Phase 5) from April to June 2025 (IPC, November 2024). In **Burundi**, the nutrition crisis is projected to persist at similar levels through to May 2025 (IPC, November 2024). In **Uganda**, from April 2024 to March 2025, no refugee or host community areas were expected to be in IPC AMN Phase 3 or above (IPC, December 2024). In **Somalia**, a seasonal deterioration is projected for April–June 2025, with a more severe acute malnutrition situation compared with the same period in 2024 (IPC, February 2025).

DISPLACEMENT | The region continues to have more forcibly displaced people than any other region covered in the GRFC, with an alarming increase since 2023 due to the conflict in the Sudan.

Over half the region's 20.3 million IDPs were in the **Sudan**, followed by **Ethiopia** and **Somalia**, mainly due to conflict, though drought has also been a driver in the latter two. From the start of the conflict in the **Sudan** in April 2023–December 2024, over 8.7 million people were internally displaced, making it the world's largest IDP crisis (UNHCR, December 2024).

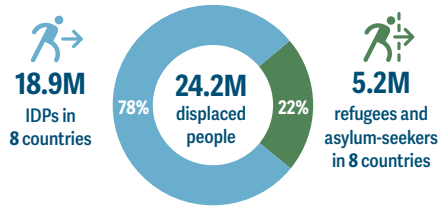
Out of the 5.3 million refugees and asylum-seekers in the region by December 2024, most were in **Uganda** (1.8 million), making it Africa's largest host of refugees, followed by **Ethiopia**, the **Sudan** and **Kenya**. The largest number of refugees came from **South Sudan**, while an increasing number were from the **Sudan**.

Over 3 million Sudanese refugees and refugee returnees of other nationalities have fled to South Sudan and neighbouring countries outside the region, including Egypt, Chad and Libya (UNHCR, January 2025). *See Focus | The Sudan crisis, 2024–2025, page 78.*

Acute food insecurity among displaced populations

High levels of acute food insecurity among displaced populations in the region are linked to limited access to employment, land and livelihoods, and highly constrained humanitarian access to people in need in conflict-affected areas, especially in the **Sudan**, coupled with reliance on dwindling humanitarian assistance to meet basic needs. Displaced people have put additional strain on already meagre resources in areas of arrival within countries in the region and at their borders.

FIG 2.9 **Total number of forcibly displaced people in countries with food crises, 2024**



Sources: UNHCR Nowcasted estimates, December 2024; IOM, 2024.

IDPs in the **Sudan** face a dire situation. Around 858 700 or 72 percent of IDPs analysed in the country faced high levels of acute food insecurity during the June–September 2024 lean season. Around 74 800 of them were in Catastrophe (IPC Phase 5) and 340 300 in Emergency (IPC Phase 4). These numbers were expected to rise to 1.1 million in December 2024–May 2025, including 113 600 – or 8 percent of the IDP population – in Catastrophe (IPC Phase 5) (IPC, December 2024).[1]

The **Sudan** continues to host refugee populations despite its deteriorating conditions. Out of the 748 800 refugees analysed, well over half (56 percent) faced high levels of acute food insecurity in the June–September 2024 lean season, decreasing to 51 percent from December 2024 to May 2025 (IPC, December 2024).[1]

The refugees who have returned from the **Sudan** to **South Sudan** face a critical food and nutrition crisis. From April to July 2024, 210 000, or 75 percent of the returnee population were expected to face high levels of acute food insecurity. Of them, 28 000 were in Catastrophe (IPC Phase 5) (IPC, November 2023). The number of returnees and the severity of their acute food insecurity were projected to increase further in 2025, with 535 000 or 85 percent of them facing high levels of acute food insecurity during the April–July lean season, of whom 31 000 are projected in Catastrophe (IPC Phase 5) (IPC, November 2024).

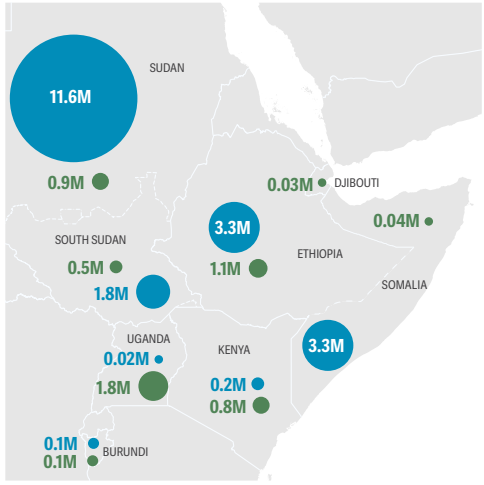
1 The Government of Sudan did not endorse this analysis.

In **Somalia**, 1.6 million IDPs or 42 percent of them are projected to experience high levels of acute food insecurity (IPC, September 2024).

Acute malnutrition among displaced populations

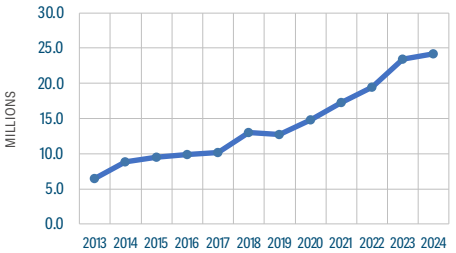
About 0.5 million IDP children aged 6–59 months in **Somalia** were estimated to suffer from acute malnutrition in 2024. Out of the 11 IDP populations assessed, six were classified in Critical (IPC AMN Phase 4) and four in Serious (IPC AMN Phase 3) due to poor food consumption in terms of frequency and diversity, and high prevalence of diseases. In addition, vaccination levels and vitamin A supplementation were inadequate. The situation was expected to worsen in the last quarter of the year due to limited funding reducing health and nutrition services, coupled with worse access to safe drinking water and sanitation facilities during the rainy season, heightening the risk of disease (IPC, September 2024).

MAP 2.2 **Number of forcibly displaced people by country, 2024**



Source: UNHCR Nowcasted estimates, December 2024; IOM, 2024.

FIG 2.10 **Total number of forcibly displaced people in countries with food crises, 2013–2024**



Sources: 2013–2023: UNHCR, IDMC, UNRWA; 2024: UNHCR Nowcasted estimates, December 2024; IOM.

In **Uganda**, from October 2023 to March 2024, two out of 25 refugee and host community areas were classified in IPC AMN Phase 3 or above (IPC, November 2023). Key contributing factors included low minimum acceptable diet among children (11 percent), limited water access (34 percent of refugee households), high disease burden and elevated anaemia levels (IPC, November 2023). An influx of refugees from **Democratic Republic of the Congo** and the **Sudan** increased service pressures. By mid-2024, no areas remained in IPC AMN Phase 3 or above, following comprehensive food security, nutrition and health interventions (IPC, June 2024).

Half of nutrition assessments conducted across refugee camps in **Djibouti**, **Ethiopia**, **Kenya**, **South Sudan**, the **Sudan** and **Uganda** found the equivalent of IPC AMN Serious (10–14.9 percent) or Critical (15–29.9 percent) levels of acute malnutrition among children aged 6–59 months (UNHCR, 2024). The situation was very concerning in **Ethiopia**, where the levels were Serious or Critical in 15 out of 22 camps assessed, reaching 23 percent and 28 percent in two camps in Afar. Out of the nine camps assessed in the **Sudan**, GAM prevalence was Critical in five of them. In **South Sudan** it was Serious or Critical in four out of eight camps, and in **Djibouti**, it was Serious in the two camps assessed. The situation was less alarming in **Kenya**, with a Serious prevalence in one of the five camps assessed (UNHCR, 2024).

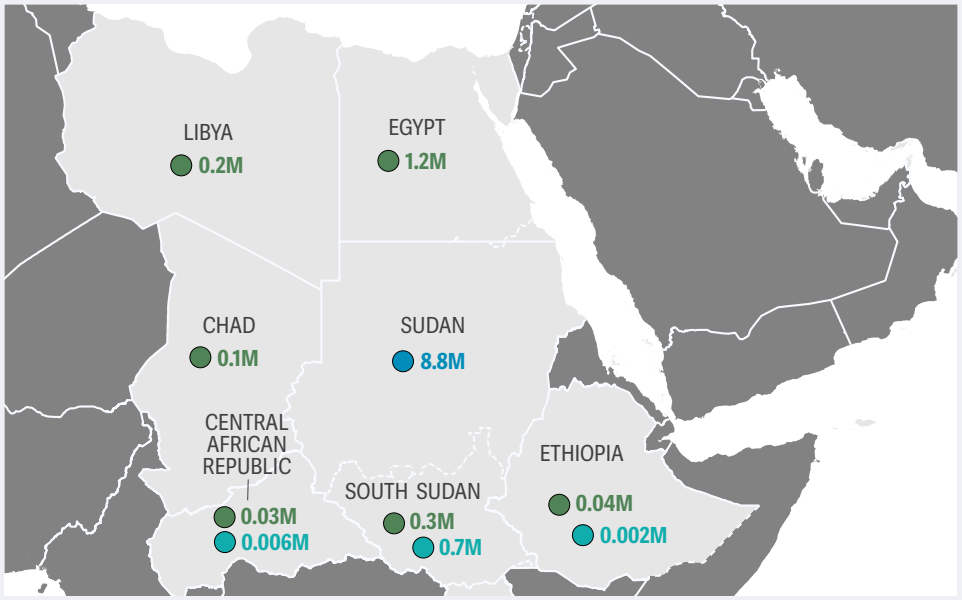
Focus | The Sudan crisis, 2024–2025

In late 2024 – 20 months after the start of the devastating conflict – the Sudan had become one of the most severe food crises in GRFC and IPC history, with widespread destitution and a major surge in acute malnutrition.

The most severe conditions were found in areas heavily affected by fighting – Al Jazirah, Greater Darfur, Khartoum, Greater Kordofan, South Kordofan and Sennar – and where conflict-displaced people have congregated.

Since being detected in Zamzam IDP camp in July 2024, Famine (IPC Phase 5) expanded in October–November 2024 to two other camps in North Darfur, and to the Western Nuba Mountains in South and West Kordofan state. As of December 2024–May 2025, it is projected in five additional areas (Um Kaddah, Melit, El Fasher, At Tawisha and Al Lait localities) in North Darfur. Seventeen other areas are projected at risk of Famine in the Central Nuba Mountains and North and South Darfur (IPC FRC, July and December 2024).[1] Only two other countries, both in East Africa, have had Famines confirmed in the last 15 years – Somalia in 2011 and South Sudan in 2017 and 2020 (IPC, October 2024).

MAP 2.3 **Number of people forcibly displaced since the start of the conflict in the Sudan in April 2023**



Source: UNHCR Nowcasted estimates, December 2024; IOM, 2024.

How has the conflict led to such catastrophic levels of acute food insecurity and malnutrition?

Disruption of agricultural systems

Nearly two-thirds of the Sudanese population depend on agriculture. Conflict and mass displacement have resulted in abandoned or devastated farmland and infrastructure, significantly disrupting local food production. During the first year of the conflict – the 2023/24 season – production of primary crops (sorghum, millet and wheat) was 46 percent below the previous year. This production loss could have fed approximately 18 million people for a single year and represented an economic loss of USD 1.3–1.7 billion (FAO, January 2025).

In 2024, cereal production was again estimated to be significantly below the five-year average as hostilities expanded to southeastern key producing areas, particularly Al Jazirah, Sennar, White Nile and Blue Nile states, displacing farmers and restricting access to fields. In areas where farming could continue, insufficient availability and high prices of key agricultural inputs, including fuel, seeds, fertilizers and pesticides, constrained yields, while abundant June–September seasonal rains triggered widespread floods, resulting in significant crop losses (FAO-GIEWS, August 2024).

The emergence of plant pests and diseases, including a desert locust outbreak in northern Sudan, is a source of concern (FAO, February 2025). Concurrently, the conflict has caused a near-total collapse of veterinary services and a severe vaccine shortage. Frequent violent clashes in the Sudan's economic centre, Khartoum, have brought the majority of the country's agriprocessing operations to a standstill. A drop in demand disrupted small-scale and commercial agricultural activities (ACAPS, August 2024).

Economic collapse

The conflict has deeply affected the Sudan's economy, with halted exports, a significantly devalued national currency and sharply declining public revenues. The heightened demand for imported goods due to lack of domestic production (such as food, medicine and fuel) has aggravated the foreign exchange crisis. Limited or no access to banking services has led to widespread cash shortages throughout the country, with people mostly relying on remittances, which have greatly increased (ACAPS, August 2024).

The Sudan has faced a major economic crisis since 2019, with soaring annual inflation reaching 359 percent in 2021 (IMF, accessed January 2025). As of October 2024, prices of sorghum and millet were on average six times higher than their respective very high pre-conflict levels in March 2023 (FAO FPMA tool, December 2024). Very high prices in the markets also reflect the considerable risks taken by local traders to keep markets stocked (IPC FRC, December 2024). IMF data indicate that the Sudan's inflation rate was 200 percent in 2024 (IMF, accessed January 2025).

More than half (55.7 percent) of the Sudan's population is unemployed (IMF, accessed 5 January 2025). The 2024 Sudan Urban Household Survey, conducted between May and July 2024, found that the proportion of urban households with full-time wage earners was half pre-conflict levels. Many households have shifted to self-employment, a means of income generation that is often less stable. The proportion of urban heads of household with no employment or income rose from 1.6 percent pre-conflict to 18 percent (UNDP and IFPRI, 2024).

Unprecedented mass internal displacement

With 11.6 million IDPs by the end of 2024 – over 8.7 million since April 2023 – the Sudan faces the

1 The Government of Sudan did not endorse this analysis.

world's worst internal displacement crisis, which has increased competition for resources and weakened socioeconomic structures, intensifying the pressure on available food sources and services.

From May 2024, escalation of fighting forced nearly 300 000 people to flee conflict-affected and partially besieged neighbourhoods of El Fasher town. Most sought refuge in Zamzam camp, whose population expanded to at least 500 000 people and where Famine was first detected in July 2024. The 2024 escalation of hostilities in Al Jazirah also led to widespread displacement, with nearly 400 000 people displaced since mid-October 2024 (IPC FRC, December 2024).

IDPs in the Sudan face dire levels of acute food insecurity. Around 77 percent of displaced households did not have sufficient sources of income. Food was unaffordable for 90 percent of them (IPC FRC, December 2024).

Refugee camps in the country continue to receive displaced people, both from neighbouring countries and from within the Sudan, where many have been displaced multiple times by the conflict. This growing population is straining already limited resources. Poor water and sanitary conditions and risky hygienic practices contributed to a cholera outbreak from August 2024 in areas hosting refugees and IDPs (UNHCR Global Appeal, 2025).

Severe humanitarian access restrictions

Despite the dire warnings, the vast majority of Sudanese who desperately need food aid and nutrition services are not getting it.

Humanitarian access across many areas is highly restricted. Bureaucratic requirements and approval processes imposed by the parties to the conflict severely limit both the reach and scale of humanitarian efforts. Checkpoints, trans-shipment of goods across borders and the very poor condition of roads make the logistics chain tortuous, expensive and inflexible, hindering the free flow of goods and food into Greater Darfur and Greater Kordofan, as well as Khartoum and Al Jazeera. Only a few humanitarian actors are capable of operating in such precarious conditions (IPC FRC, December 2024).

Most of the areas under review of the FRC received minimal or limited humanitarian food security assistance in the last few months of 2024. Some areas of the Western Nuba Mountains were completely cut off from both humanitarian assistance and markets. In the areas under review, on average only 10 percent of the population received food assistance in the last quarter of 2024 (IPC FRC, December 2024).

Some improvement in humanitarian access had appeared in late 2024, with West Kordofan reached for the first time since the conflict began. Attempts at scaling up digital transfers were likely to provide some alleviation, though these were challenged by an unstable digital network and only available to those with an internet connection or who could pay fees to middlemen who had one (IPC FRC, December 2024).

However, the crisis escalated further in April 2025, with attacks on El Fasher, the capital of North Darfur, and nearby Zamzam and Abu Shouk displacement camps, areas already classified in Famine. This led to a mass wave of displacement, pushing hundreds of thousands of people into precarious conditions far from lifesaving aid, as overstretched operations struggled to keep pace with the growing emergency, and IDPs and humanitarian personnel were attacked (OCHCR, April 2025).

A dire and worsening acute malnutrition crisis

Even before the current conflict, acute malnutrition in the Sudan was among the worst in the world, with a GAM prevalence of 13.6 percent nationally among children aged 6–59 months. Results of the nutrition vulnerability assessment (NVA) showed that high levels of acute food insecurity, lack of access to drinking water and sanitation facilities, increased risks of communicable diseases, and severe restricted humanitarian access were contributing to the rapid deterioration of the nutrition situation (NVA, May 2024).

What is hampering humanitarian food security assistance?

Conflict	Increased difficulty accessing areas under active conflict, particularly in Khartoum, Sennar, Al Jazirah and North Darfur, due to volatile security and restricted movement.
Border crossings	Closure of seven out of 15 cross-border points, with Aweil the most critical to access South and East Darfur and Kordofan.
Bureaucratic hurdles	Persistent bureaucratic impediments delay the movement of humanitarian goods and personnel, with clearances taking up to three months.
Infrastructure damage	Severe infrastructural damage from the worst floods in 40 years, making critical bridges unusable and impeding aid delivery.

Source: FRC, December 2024.

The conflict has severely exacerbated pre-existing vulnerabilities – by disrupting food production and access, reducing essential nutrition and health services, and worsening child-feeding and care practices.

As of June 2024, about 80 percent of hospitals in the most conflict-affected areas and 45 percent of health facilities in five states were not functional, and the remaining ones were overwhelmed with people seeking care. In areas like Zamzam IDP camp, the displacement of medical staff and the interruption of aid operations have left vulnerable populations without lifesaving care and nutrition programmes (ACAPS, January 2025).

National vaccination coverage plummeted from 85 percent to around 50 percent, increasing vulnerability to disease outbreaks, including measles. In active conflict zones vaccination rates were averaging 30 percent (WHO, August 2024). Children under 5 years old are particularly affected by diarrhoeal diseases, fevers and respiratory infections. Water and sanitation systems are at breaking point, compounding the disease risks (HNO 2025, December 2024). Insufficient access to safe water and sanitation facilities, compounded by the effects of heavy rains and flooding from August to September 2024, were the primary drivers of a cholera outbreak that was declared in August 2024 in Gedaref, Kassala and River Nile states. By December, the outbreak had spread to 11 out of 18 states with a case fatality rate of 2.6 percent, well above the WHO acceptable standard of under 1 percent (General Directorate of Health Emergencies & Epidemics Control, accessed 18 December 2024; WHO, December 2022).

SMART surveys conducted throughout the year in accessible areas confirmed the deterioration of the nutrition situation across the country. GAM prevalence was at Critical levels (15–29.9 percent) in 29 localities out of the 40 assessed in 10 states. Notably, three areas in North Darfur (Al Lait, At Tawisha and Um Kadadah) recorded GAM prevalence at 30 percent or above, reaching the Famine threshold (SMART 2024). Acute malnutrition in women aged 15–44 years was also widespread, as high as 44 percent in North Darfur, South and West Kordofan. Since the

start of the conflict in April 2023, mortality rates have been high in the country. Besides deaths directly attributed to conflict, severe disruption to the health and WASH systems, high acute food insecurity and disease outbreaks are all expected to have contributed to higher risk of indirect mortality. In December 2024, the FRC concluded that the crude death ratio (CDR) for Famine threshold was exceeded in Zamzam, Abu Shouk and Al Salam camps (IPC FRC, December 2024).[2]

A crisis beyond the country's borders

By the end of 2024, 3 million people had fled to neighbouring countries of the Central African Republic, Chad, Egypt, Ethiopia, Libya, South Sudan and Uganda, with Chad and Egypt receiving the largest numbers. Refugees arrive exhausted, traumatized, hungry and with dire nutrition status in areas that are ill-equipped to provide for their needs (UNHCR, 2024).

Refugees continue to face limited access to food, shelter and non-food items, with overcrowded transit centres and settlements exacerbating protection risks, particularly for women and girls. Refugees face difficulty finding employment and income-generating opportunities, with high inflation worsening food access. Refugee camps and settlements are severely overcrowded, compromising basic services such as water and sanitation (UNHCR, December 2024).

The desperate situation for refugees in Chad

Before the latest conflict in the Sudan, Chad was already providing refuge to more than 1 million people from different countries, 400 000 of whom were Sudanese refugees who had fled the previous Darfur war a decade earlier.

Between April 2023 and the end of 2024, an estimated 700 000 crossed the border, bringing the total Sudanese refugee population in Chad to over 1.1 million (UNHCR, December 2024).

More than 200 000 refugees are living in dire conditions in spontaneous sites along the border (UNHCR, December 2024). These areas, close to the Sahara Desert, face extreme water scarcity and people wait in lines for water brought in by trucks. Some dig in dry riverbeds in search of water (NRC, February 2024).

© WFP/MOHAMED GALAL

Living conditions are dire in Sudan's famine-struck Zamzam IDP camp. The camp hosts around half a million people and is only 13 km away from the embattled city of El Fasher.

The population of Adré, a small border town by Darfur and the main crossing point for people fleeing, has increased sevenfold to host 230 000 Sudanese refugees, many of whom spend months in harsh conditions, waiting to be relocated inland. Refugee camps are full and the only homes available to refugees are makeshift shelters (NRC, February 2024; UNHCR, November 2024).

The healthcare system is threadbare, with only one doctor for 24 000 patients – far surpassing the emergency standard of one per 10 000 people (UNHCR, November 2024). Delivering humanitarian aid, including essential health kits, to address acute need remains challenging due to limited access to hard-to-reach areas through the Adré border (WHO, September 2024). Alarming rates of malnutrition were accompanied by a surge in malaria cases in refugee camps, an increase in cases of measles, acute respiratory infections and acute watery diarrhoea, all heightening the risk of cholera outbreaks (UNHCR, 2024).

Regarding acute malnutrition, from June to September 2024, out of 31 refugee areas analysed in Chad (25 camps and six host villages) 17 were classified in Serious or worse (IPC AMN Phase 3 or above), of which five were in Critical (IPC AMN Phase 4). In total, 58 100 refugee children aged 6–59 months needed treatment for acute malnutrition in 2024, of whom 7 200 had severe acute malnutrition (IPC, May 2024).

The plight of returnees in South Sudan

As of October 2024, Northern and Western Bahr el Ghazal, Unity and Upper Nile states in South Sudan had officially received over 800 000 returnees, refugees and asylum-seekers from the Sudan. However, these figures are widely regarded as undercounts, as the growing use of informal entry points – to avoid using unsafe established routes – has complicated efforts to track new arrivals. Findings suggest that gaps in monitoring have left many South Sudanese returnees – who comprise the large majority of arrivals – without humanitarian assistance since their initial displacement (REACH, October 2024).

Soaring prices of food and basic commodities, previously imported from the Sudan, limited food access, particularly for households reliant on seasonal labour opportunities in the Sudan. From June, severe flooding inundated swathes of cropland, destroying critical infrastructure, displacing tens of thousands of people and posing risks to public health and livelihoods. Poor agricultural production may trigger an atypically early onset of the 2025 lean season and could worsen already critical rates of acute malnutrition (REACH, October 2024).

Between April and July 2024, 210 000 returnees, or 75 percent of the returnee population, were expected to face high levels of acute food insecurity. Of them, 28 000 were in Catastrophe (IPC Phase 5) (IPC, November 2023). The number of refugees and the severity of their acute food insecurity is projected to increase further in 2025, with 535 000 or 85 percent of them facing high levels of acute food insecurity during the April–July lean season, of whom 31 000 will be in Catastrophe (IPC Phase 5) (IPC, November 2023 and 2024).

Findings from quarterly nutrition screenings at the transit centre in Renk in 2024 showed consistently Critical proportions of children with acute malnutrition ranging from 23 to 28 percent for both refugees and South Sudanese returnees.

2 The Government of Sudan did not endorse this analysis.

3 | **Africa, West** and the **Sahel**

PHOTO: KAMBIA DISTRICT SIERRA LEONE. © WFP/MICHAEL DUFF

An additional 7.4 million people have faced high levels of acute food insecurity since 2023, attributable to insecurity and displacement in Chad, Nigeria and the Central Sahel, and to some extent increased coverage, mainly in Nigeria.

In Mali, 2 600 people faced Catastrophe (CH Phase 5) due to conflict, insecurity and sustained humanitarian access constraints in Ménaka (Gao region).

The number of forcibly displaced people continued to rise, driven by insecurity in the Central Sahel and the Lake Chad Basin and refugee outflows from the Sudan.

High levels of acute malnutrition were particularly widespread in Chad, northeastern and northwestern Nigeria, northeastern Mali and the Niger.

In 2025, widespread conflict and insecurity together with high food prices will continue to drive high levels of acute food insecurity. Adequate food availability from above-average crop production could ease pressure on prices and increase food access in the first half of 2025.

Africa, West and the Sahel

Benin (refugees) | Burkina Faso | Cameroon | Chad (residents, refugees and returnees) | Côte d'Ivoire (refugees) | Guinea | Guinea-Bissau | Liberia | Mali | Mauritania | Niger | Nigeria | Senegal | Sierra Leone | Togo (residents and refugees)

Persistent and spreading insecurity in the Central Sahel and the Lake Chad Basin as well as conflict in the Sudan increased displacement and acute food insecurity in the region. High inflation in Nigeria, the Niger and Sierra Leone drove worsening food access, while atypical floods in Chad, the Niger and Nigeria intensified acute food insecurity and malnutrition due to economic losses and diseases.

51.6M

people or **14%** of the analysed population faced high levels of acute food insecurity in 2024 in **13** countries with food crises.

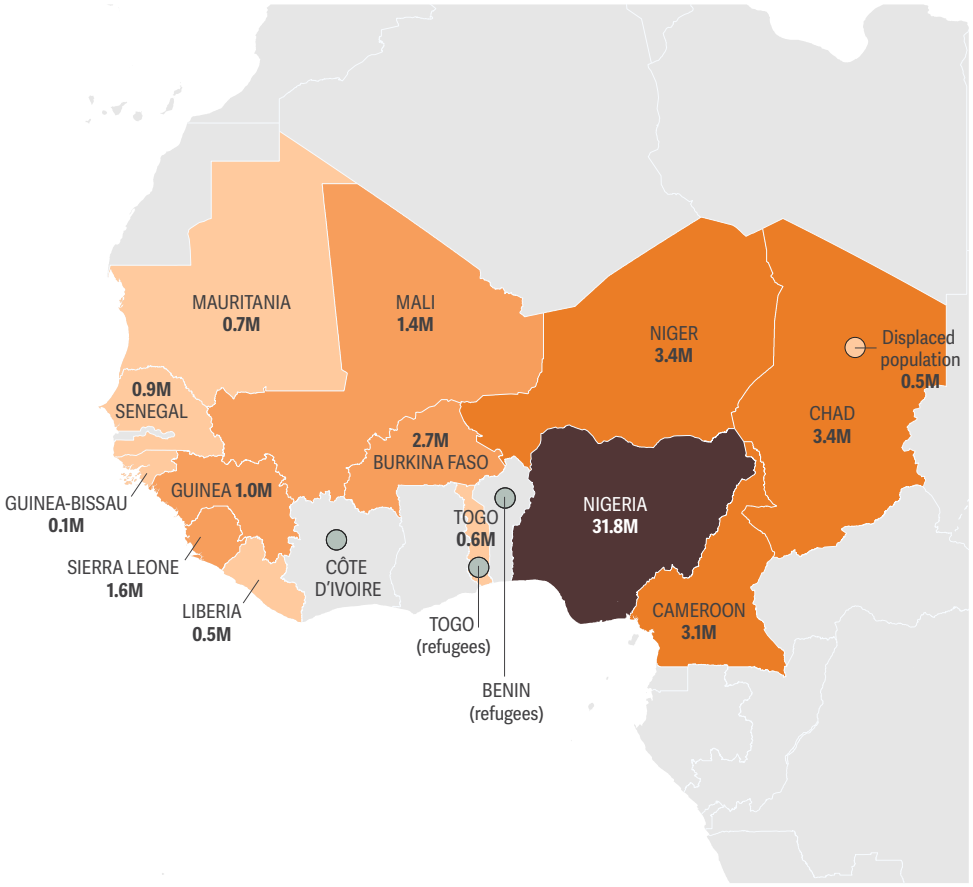
10.3M

forcibly displaced people in **13** countries with food crises in 2024 – consisting of **7.6** million IDPs and **2.7** million refugees and asylum-seekers.

12.0M

acutely malnourished children in **eight** countries with food and nutrition crises in 2024. Of them, **3.5** million suffered the most severe form of acute malnutrition.

MAP 3.1 **Numbers of people facing high levels of acute food insecurity in 13 countries, 2024 peak**



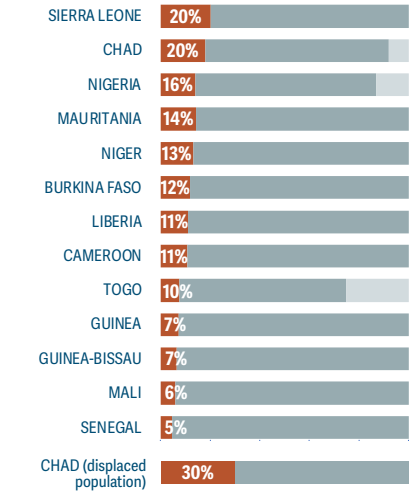
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

<1.0 million | 1–2.99 million | 3–4.99 million | 5–9.99 million | 10–14.99 million | ≥15 million | Not selected for analysis

No data/data not meeting GRFC technical requirements | Refugee populations (colour coding as legend)

Source: CH, 2024.

FIG 3.1 **Share of analysed population facing high levels of acute food insecurity, 2024 peak**



Share of analysed population in CH Phase 3 or above or equivalent | Analysed population | Population not analysed

The total population was analysed in all countries with data except Chad (92%), Nigeria (87%) and Togo (75%).

Fifteen countries in this region were selected. However, for the refugee populations in **Benin**, **Côte d'Ivoire** and **Togo**, data did not meet GRFC technical requirements. *For more information on these additional populations of concern, see page 111.*

How have the food crises in this region changed since 2023?

The estimated number of people facing high levels of acute food insecurity increased from 44.3 million in 14 countries in 2023 to 51.6 million in 13 countries in 2024.

The prevalence of high levels of acute food insecurity rose from 11.2 percent to 13.7 percent. This marks both the highest number and the highest share of people facing high levels of acute food insecurity for the region in the history of Cadre Harmonisé (CH) analyses.

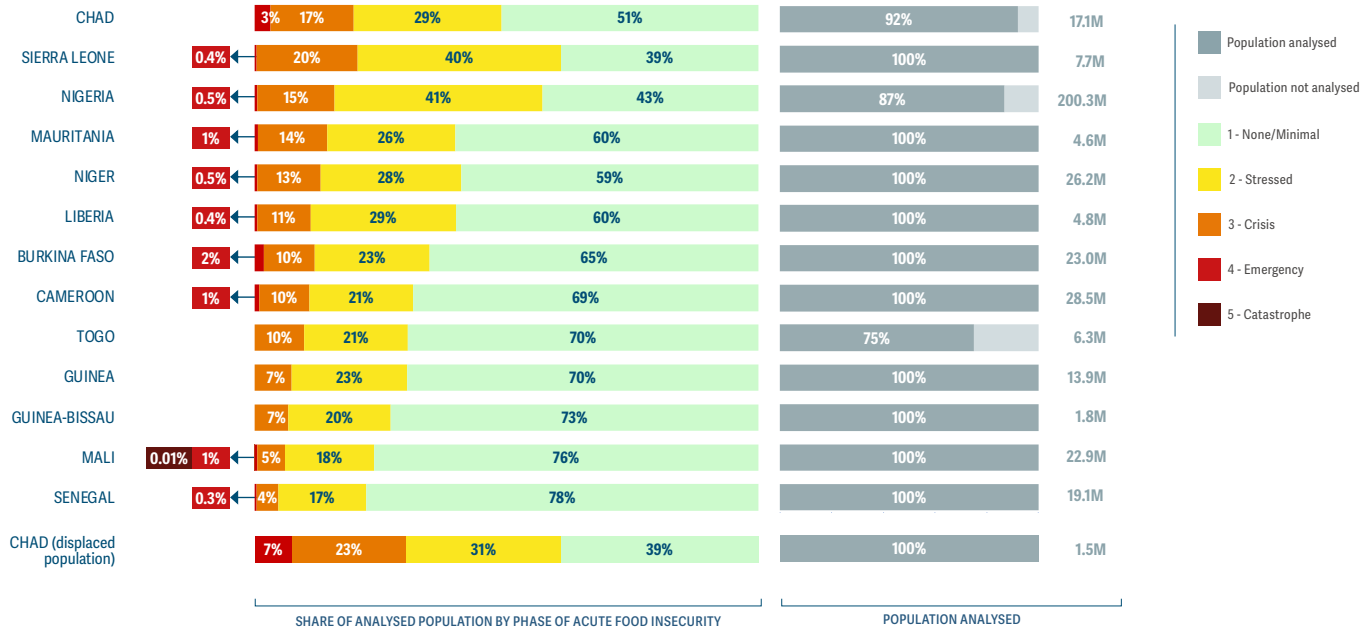
The absolute increase in the number of people facing high levels of acute food insecurity was driven by a large increase in **Nigeria** (+6.9 million people) and **Chad** (residents) (+1.1 million people). Other countries registered moderate increases, namely **Cameroon**, **Guinea**, **Mali**, **Mauritania**, the **Niger**, **Sierra Leone** and **Togo**. Only **Senegal** (-0.4 million people) and **Burkina Faso** (-0.7 million people) had a decrease in the number of people facing high levels of acute food insecurity, although the latter did not have new data for the November/December CH analysis cycle.

Residents in **Benin** and **Côte d'Ivoire**, which were included in the GRFC 2024, were not selected for the GRFC 2025, as they did not request external assistance. The non-inclusion of these countries accounted for 1.6 million fewer people in the regional total. Meanwhile, the inclusion of **Guinea-Bissau** added 0.1 million people to the total number of people in 2024.

In **Nigeria**, the increase in numbers of people facing high levels of acute food insecurity was driven by conflict, displacement and very high inflation as well as an increase in analysis coverage (+6.8 million people analysed).

The acute food insecurity situation for the resident population of **Chad** has significantly deteriorated since the 2023 peak, reflecting the cumulative impacts of conflict, increased numbers of refugees and returnees, floods and economic hardship.

FIG. 3.2 **Share of analysed population by phase of acute food insecurity, 2024 peak**



Source: CH, March 2024 and December 2024.

These higher numbers occurred despite a decline in coverage, with the capital city N'Djamena not analysed.

In **Cameroon**, the slight deterioration was linked to persisting insecurity in the Nord-Ouest, Sud-Ouest and Extrême Nord, where floods further worsened the situation.

In the Central Sahel countries, the acute food insecurity situation was still largely driven by conflict and displacement, as well as high food prices. In **Mali**, the acute food insecurity situation remained dire, with Ménaka in the Gao region having populations in Catastrophe (CH Phase 5) due to conflict and very limited physical access. In the **Niger**, a combination of insecurity, food inflation, reduced crop production and the fodder deficit resulted in a worsening food crisis. In **Burkina Faso**, the situation improved, reflecting better food availability linked to favourable cereal and cash crop production, despite persisting conflict and insecurity, mainly in northern and eastern provinces (CH, March 2024), but no data were available for the November/December CH cycle.

In **Guinea**, the crisis worsened slightly, mostly driven by high prices of staple foods and fuel shortages, but increased analysis coverage also partly explained the increase. In **Mauritania**, dry spells reduced production of coarse grains and livestock, and high prices of staple foods led to a worsening food crisis. **Sierra Leone** saw an increase in the prevalence of high levels of acute food insecurity due to high inflation, local currency depreciation and rising fuel prices.

The expansion of the Central Sahel crisis to Gulf of Guinea coastal countries, notably **Benin**, **Côte d'Ivoire**, **Ghana** and **Togo**, led to increasing displacement and higher risk of deteriorating food insecurity in border areas. However, estimates on their food security were not available.

Severity of acute food insecurity

All 13 countries with food crises in the region had CH analyses with data disaggregated by phase of acute food insecurity.

About 2 600 people projected in Catastrophe (CH Phase 5) in Mali.

During the 2024 lean season, from June to August, around 2 600 people were expected to face

Catastrophe (CH Phase 5) in the conflict-affected Ménaka region. This is similar to the 2023 lean season, when 2 500 people were in Catastrophe (CH Phase 5) in **Mali** for the first time in the history of CH analyses.

In contrast, **Burkina Faso** saw a decrease in severity, with no populations estimated to be in Catastrophe (CH Phase 5) in 2024. This marks a significant positive shift compared with the 42 700 people estimated in this phase from June to August 2023.

2.7 million people in Emergency (CH Phase 4) across ten countries.

The number of people in CH Phase 4 was highest among countries affected by conflict and insecurity in the Central Sahel and the Lake Chad Basin, namely **Nigeria**, **Cameroon**, **Chad** (residents), **Burkina Faso**, the **Niger** and **Mali**, as well as **Senegal**, which was affected by economic shocks and weather extremes. **Nigeria** had the largest number of people in CH Phase 4, primarily in the northern states, while **Chad** (residents) and **Burkina Faso** recorded the highest proportion of their populations in this phase, at about 3 percent and 2 percent, respectively.

Overall, the number of people in CH Phase 4 in the region remained stable between 2023 and 2024. However, **Chad** (residents), **Mali** and, to a lesser extent, **Mauritania** and **Senegal** saw an increase in the number of people in CH Phase 4 since 2023, while **Burkina Faso**, **Cameroon**, **Guinea**, the **Niger**, **Nigeria** and **Sierra Leone** saw decreases.

48.9 million people in Crisis (CH Phase 3) across 13 countries.

The number of people in CH Phase 3 across the 13 countries increased in 2024 from 41.5 million in 14 countries in 2023, with increases in all countries except **Burkina Faso** and **Senegal**. **Sierra Leone** had the highest prevalence, with 20 percent of its population in CH Phase 3. **Mauritania** had 14 percent of its analysed population in this phase, while **Liberia** had 11 percent.

124.5 million people in Stressed (CH Phase 2) across 13 countries.

The number of people facing CH Phase 2 increased significantly from 109.4 million people across 14 countries in 2023. This reflects eroded livelihoods amid deteriorating economic conditions and persistent conflicts.

Drivers of food crises in the region, 2024

Conflict/insecurity was the primary driver in seven countries, where a total of 46.8 million people faced high levels of acute food insecurity.

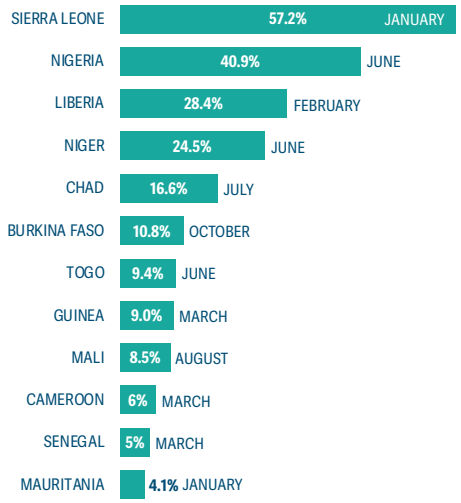
Prolonged violence and instability in the Lake Chad Basin and the Central Sahel affected **Burkina Faso**, **Cameroon**, **Chad**, **Mali**, the **Niger**, **Nigeria** and northern **Togo**. These seven countries accounted for 91 percent of the total population facing high levels of acute food insecurity in the 13 countries with food crises in the region.

The insecurity conditions have disrupted agricultural and pastoral activities, markets and humanitarian aid delivery, contributing to widespread displacement. For instance, the Extrême Nord of **Cameroon** has seen consecutive below-average harvests because of insecurity, while prices of staple foods were far higher than elsewhere in northeastern **Nigeria** and the Liptako–Gourma tri-border region, spanning **Mali**, **Burkina Faso** and the **Niger**, at the epicentre of the Central Sahel conflict. *See Focus | Conflict and insecurity in the region, page 98.*

Most forced displacement remained internal, as people fled violence and insecurity within their own countries. However, cross-border displacement is growing. Significant numbers of refugees and returnees have crossed from conflict-riven **Sudan** to eastern **Chad**, and from **Mali** to southeastern **Mauritania**.

Increased violence and insecurity in northern regions of Gulf of Guinea coastal countries have led to deteriorating acute food insecurity and a rise in cross-border and internal displacement.

FIG. 3.3 **Highest food inflation rates 2024**
(compared with same month in 2023)



Sources: National Bureau of Statistics, Nigeria; Institut National de la Statistique et de l'Analyse Economique, Benin; Ghana Statistical Services; Institut National de la Statistique de Guinée; Central Bank of Liberia; ANSADE, Mauritania; ANSD, Senegal; Statistics Sierra Leone Institut National de la Statistique et de la Demographie, Burkina Faso; Institut National de la Statistique, des Etudes Economiques et Démographiques (INSEED), Tchad; Institut National de la Statistique, Mali; Institut National de la Statistique du Niger; DGSCN, Togo.

Economic shocks were the primary driver in six countries, where 4.8 million people faced high levels of acute food insecurity in 2024.

Economic shocks were the primary driver in **Guinea**, **Guinea-Bissau**, **Liberia**, **Mauritania**, **Senegal** and **Sierra Leone**. High inflation severely affected **Sierra Leone** as well as **Nigeria** and the **Niger**, while **Chad** (residents) also grappled with worsening economic conditions. High fertilizer prices and dependence on imported goods further strained the region's economic resilience.

In **Nigeria**, high food inflation has persisted since the unification of exchange rates and the removal of fuel subsidies in mid-2023, leading to steady increases in food prices (CILSS, December 2024; FEWS NET, October 2024). Its currency continued to depreciate, which, since the country is significantly dependent on imports, pushed the inflation rate upwards, weakening household purchasing power.

Sierra Leone continued experiencing high inflation (even if this decreased significantly throughout 2024), further reducing households' purchasing power. The **Niger** also witnessed an inflation increase linked to trade disruptions due to the border closure with **Benin** (WB, October 2024) and ECOWAS economic sanctions until February 2024 (CILSS, December 2024).

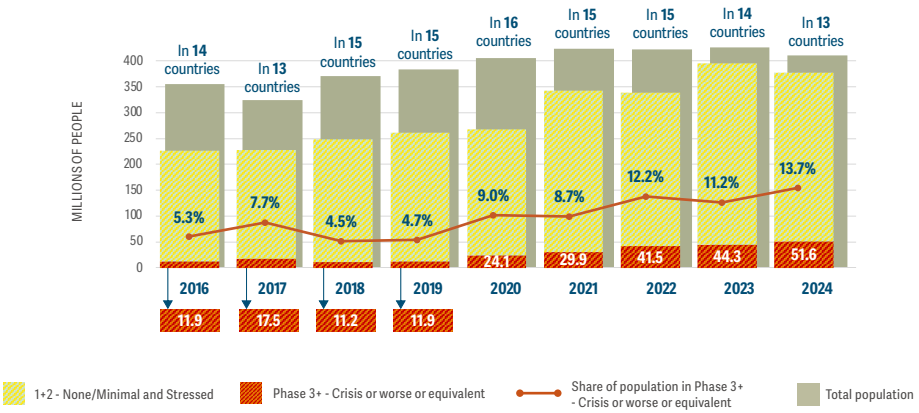
Prices across the Sahel were stable or rising from August to September as the lean season concluded, while seasonal declines occurred in coastal countries where harvesting began (FEWS NET, September 2024). However, prices remained well above five-year averages due to below-average stocks, high demand, insecurity, macroeconomic challenges and flooding. Border closures in ten countries over the past two years have severely disrupted cross-border agricultural trade (CILSS, December 2024).

Weather extremes were not the main driver in any country, but floods in the second half of 2024 severely affected Chad (residents), Mali, the Niger, Nigeria and Senegal.

Weather conditions during the 2023/2024 cropping season were generally favourable, supporting adequate crop and pastoral production across most areas. Agricultural outputs were near their previous year's levels and above the five-year average. However, localized rainfall deficits, dry spells and flooding led to below-average production in localized areas (CILSS, 2024).

During the 2024/2025 cropping season, cumulative rainfall was average to above-average across Sahelian countries but average to below-average in some coastal areas. Rainfall distribution was erratic in Sahelian regions, with dry spells in July and August affecting parts of **Mauritania**, **Nigeria** and **Senegal**. This was followed by torrential

FIG. 3.4 **Peak numbers of people facing high levels of acute food insecurity, 2016–2024**



Source: GRFC 2017–2025.

rains that caused widespread flooding across the Sahelian belt, from **Chad** to **Senegal** (CH, December 2024).

While the abundant rains benefited crop and pastoral production in most Sahelian countries, **Senegal** experienced a significant decline, with crop production estimated to drop by nearly 50 percent year-on-year (CH, December 2024).

Flooding during the 2024 rainy season had devastating consequences across the region. Nearly 6 million people were affected across all countries included, except **Guinea-Bissau**, with nearly 1 million people displaced. **Chad** and the **Niger** were the hardest hit, with 1.9 million and 1.5 million people affected, respectively, while **Nigeria** reported the highest number of people displaced, at 730 000.

In **Mali**, 0.9 million hectares of cropland were flooded, with an estimated 1.1 million tonnes of crop losses, equating to the kilocalorie requirements of about 14.3 million people for a year (FAO DIEM, October 2024). The collapse of the Dire dam in the Niger Delta damaged over 4 000 shelters (OCHA, November 2024).

Acute food insecurity since 2016

The prevalence of high levels of acute food insecurity increased from 5 percent in 2016 to 12 percent in 2022, briefly declining to 11 percent in 2023 before reaching 14 percent in 2024.

The number of people experiencing high levels of acute food insecurity in West Africa and the Sahel has risen steadily almost every year since 2016, with 2018 being the sole exception. Between 2016 and 2024, the figure more than quadrupled, increasing from approximately 11.6 million to 51.6 million people, also due to increasing analysis coverage.

The growing prevalence of acute food insecurity reflects the convergence of multiple, overlapping crises. The ongoing cost-of-living crisis, which finds its origin in the economic repercussions of COVID-19 and the war in Ukraine, has compounded vulnerabilities across the region. This has been further exacerbated by widespread violence and insecurity, particularly in the Central Sahel and Lake Chad Basin, where agricultural livelihoods have been severely disrupted.

Intensifying weather extremes, such as the pastoralist crisis of 2018 and the floods of 2022 and 2024, have worsened the situation. The Sahel is recurrently affected by severe droughts – in countries that still heavily rely on rainfed agriculture and pastoralism – leading to significant crop and livestock losses. These events inflicted significant losses on livelihoods, reducing households' capacities to sustain their food consumption and withstand future shocks.

This rise in absolute numbers can partly be attributed to population growth and broader coverage of CH analyses. The population analysed across the region grew by 30 percent between 2016 and 2022. In **Nigeria**, it increased from 49 percent in 2020 to 91 percent in 2023, as the coverage expanded from 16 states in 2020 to 21 states in 2021, and then to 26 states (plus the Federal Capital Territory (FCT) in all years) in 2023 and 2024. This extended coverage is also driven by a geographical expansion of acute security.

Among the 13 countries in the GRFC 2025, 11 are protracted food crises, as they have been consistently included in the report since 2016 – namely **Burkina Faso**, **Cameroon**, **Chad**, **Guinea**, **Liberia**, **Mali**, **Mauritania**, the **Niger**, **Nigeria**, **Senegal** and **Sierra Leone**.

Cameroon, **Chad**, the **Niger** and **Nigeria** were initially grouped under the Lake Chad Basin regional crisis in 2017, 2018 and 2019. **Guinea-Bissau** has been included seven times and **Togo** four. **Benin**, **Cabo Verde**, **Côte d'Ivoire**, the **Gambia** and **Ghana** are not included in this edition of the GRFC due to the absence of major shocks and no request for external assistance in 2024, but have been included intermittently in other editions.

Refugee populations in **Benin**, **Côte d'Ivoire** and **Togo** were selected for the GRFC 2025, but were not included due to lack of data meeting GRFC technical requirements. Similarly, refugees in **Ghana** were identified but not included in the GRFC 2024.

Structural vulnerabilities underlie persistently high levels of acute food insecurity

The region is highly vulnerable to extreme weather events. The Global Climate Risk Index assesses country vulnerability and exposure to climate-related risks. **Chad**, **Mauritania** and **Sierra Leone** rank in the top half of the rankings and other countries in the region fall in the middle. The ASAP crop and pasture index highlights a high frequency of droughts in Sahelian countries (EC-JRC, December 2024).

A large part of the population of Central Sahel strongly depends on the annual rains and is thus chronically vulnerable to deviations from a normal season (e.g. delay in the onset of the rainy season, dry period within the rainy season, early end, etc.). Rainfall during the wet season (June to September) in the Central Sahel is highly variable from year to year, rendering sowing dates and crop development subject to large variations and significant unreliability (Brouillet et al., November 2022).

The share of employment in agriculture is larger in most Sahelian countries than elsewhere in the region: in **Burkina Faso**, the **Niger**, **Chad** and **Mali**, more than 60 percent of the employed population work in agriculture (FAO, November 2024).

Three countries have a cereal import dependency ratio above 50 percent – the **Gambia**, **Liberia** and **Mauritania**, making them highly vulnerable to economic shocks including global market shifts and currency fluctuations. **Côte d'Ivoire**, **Benin**, **Senegal**, **Cameroon**, **Sierra Leone** and **Guinea** have a cereal import dependency ratio between 30 percent and 50 percent (FAO, November 2024).

These vulnerabilities limit the capacity for human development, as evidenced by the low scores and rankings these countries receive on the HDI. The **Niger** and **Chad** are tied at 189th and **Mali** is ranked 188th out of 193 countries. The best-off country in the region is **Cameroon**, ranked 151st (UNDP, 2024).

Annual population growth remains high. **Chad** has one of the highest population growth rates in

the world at 5.7 percent, while the **Niger** reaches 3.3 percent (UNDESA). All other countries in the region have population growth rates between 2 and 3 percent except **Ghana** (1.9 percent). These fast-growing rates lead to a population with a low age dependency ratio, but also place pressure on the food system to continue increasing supply to meet the demands of a rapidly growing population.

Economic growth is an effective strategy for tackling food insecurity (Bogmans et al., September 2024). West Africa GDP was expected to grow from 3.3 percent in 2023 to 3.9 percent in 2024. GDP per capita remained low, especially in **Burkina Faso**, **Chad**, **Guinea-Bissau**, **Liberia**, **Mali**, the **Niger** and **Sierra Leone**. GDP per capita was slightly higher in **Côte d'Ivoire** and **Nigeria**.

According to the 2023 Fragile States Index (FFP, June 2023), which assesses the risk a country faces in managing pressures from economic, political and social factors, **Chad** ranks in the 'High Alert' category, **Burkina Faso**, **Cameroon**, **Guinea**, **Mali**, the **Niger** and **Nigeria** in the 'Alert' category. **Burkina Faso** is among the countries where risk deteriorated the most in 2024.

The INFORM Risk Index, a composite indicator, identifies countries at high risk of humanitarian crisis likely to require humanitarian assistance. **Burkina Faso**, **Chad**, **Mali** and the **Niger** are classified 'Very High' while **Benin**, **Cameroon**, **Nigeria** and **Togo** rank as 'High' (EC-JRC, 2024).

FIG. 3.5 **Selected structural vulnerability indicators by country**

	Annual population growth: UNDESA for population (%)	Cereal import dependency ratio (%)	Crop growing period affected by drought conditions (%)	Rangeland growing period affected by drought condition (%)	HDI global ranking (1–192)	INFORM Risk (0–10)	Share of agricultural, forestry and fishery employment (%)
BENIN	2.5	46.4	21.2	16.2	173	5.1	28.4
BURKINA FASO	2.3	17.1	18.3	17.6	185	7.3	74.2
CAMEROON	2.6	34.9	13.7	7.8	151	6.5	42.2
CHAD	5.7	5.2	18.3	18.5	189	7.7	69.2
CÔTE D'IVOIRE	2.5	49.0	16.6	8.9	166	4.2	45.6
GAMBIA	2.3	84.9	16.2	16.9	174	3.7	47.5
GUINEA	2.4	30.7	9.8	7.0	181	4.2	60.3
GUINEA-BISSAU	2.2	N/A	N/A	11.2	179	3.7	50.3
LIBERIA	2.2	71.9	N/A	4.2	177	4.6	39.3
MALI	3.0	7.1	15.3	15.4	188	7.0	68.0
MAURITANIA	3.0	57.3	17.2	20.5	164	4.8	33.0
NIGER	3.3	24.6	18.5	17.7	189	7.3	70.9
NIGERIA	2.1	17.8	17.4	15.6	161	6.8	38.0
SENEGAL	2.3	45.4	22.5	19.7	169	4.1	21.5
SIERRA LEONE	2.2	31.0	N/A	5.3	184	4.2	43.4
TOGO	2.3	29.1	17.9	11.3	163	5.6	30.8

For descriptions of these indicators see Technical notes, page 210.

Sources: UNDESA (Annual population growth); FAO (Cereal import dependency ratio); EC-JRC (Crop growing period affected by drought condition); EC-JRC (Rangeland growing period affected by drought condition); UNDP (HDI Global Index); EC-JRC (INFORM Risk Index); FAO (Share of agricultural, forestry and fishery employment).

Acute food insecurity outlook, 2025

Around 46.9 million people or 13 percent of the analysed population in 11 countries are projected to face high levels of acute food insecurity during June–August 2025. No projections are available for Burkina Faso and Liberia.

Overall, in the 11 countries with data for both 2024 and 2025, the number of people facing high levels of acute food insecurity is expected to decline by 1.5 million. Increases are projected in **Guinea**, **Guinea-Bissau**, **Mali**, **Senegal** and **Togo**, with **Guinea** and **Senegal** both showing higher numbers of people in CH Phase 4 and **Mali** having pockets of IDPs facing Catastrophe (CH Phase 5) between June and August 2025. Reductions are expected in **Cameroon**, **Chad** (residents and refugees), **Mauritania**, the **Niger**, **Nigeria** and **Sierra Leone**, although an increase in the number of people facing CH Phase 4 is expected in Cameroon and Nigeria, reflecting localized deteriorations in acute food insecurity (CILSS, April 2025).

The sharpest relative deteriorations are expected in **Guinea** and **Senegal**. In **Guinea**, 0.8 million more people are expected to face high levels of acute food insecurity during March to May 2025, due to high food prices and 2024 flood impacts. In **Senegal**, 0.4 million more people are projected, reaching the highest CH estimate recorded for the country, due to poor 2024/25 crop production.

The largest absolute improvements are expected in the **Niger** and **Nigeria**, with over 1 million fewer people projected to face high levels of acute food insecurity, thanks to favourable harvests and easing inflation. However, **Nigeria** remains the region's largest and the world's third-largest food crisis.

Insecurity is likely to persist in the Central Sahel, northern **Togo** and **Benin**, the Lake Chad Basin and parts of northwestern and central **Nigeria**, limiting movements, market and food access and economic and agricultural activities, as well as fuelling displacement and erosion of livelihoods (CILSS, April 2025).

As conflict in the Central Sahel has expanded and evolved, it has increasingly affected urban centres and northern areas of coastal countries (ACLED, December 2024).

In addition, the conflict in the **Sudan** is likely to continue pushing refugees into **Chad**, putting further pressure on the already limited local resources of communities and governmental bodies. Insecurity will continue limiting free movement of people and goods, restricting humanitarian access to fragile areas, and pushing governments to increase their military spending to the detriment of essential social and economic investment (ACLED, December 2024).

The high inflation rates observed in 2024 in several countries, especially **Nigeria** and **Sierra Leone**, are expected to lower slightly in 2025 but to remain very high in both these countries and high in most others in the region. Only **Benin**, **Burkina Faso**, **Guinea-Bissau**, **Mali**, **Senegal** and **Togo** are expected to maintain inflation below 3 percent. This situation is exacerbated by the growing dependence of both urban and rural populations on markets for food (CILSS, April, 2025).

The 2024/2025 agricultural season was generally favourable (FAO, November 2024; CILSS, December 2024, April 2025) and will provide slightly better food availability and food access during the first quarter of 2025 in areas not affected by insecurity, access issues or floods.

Mauritania's, **Senegal**'s and **Togo**'s cereal harvests and **Nigeria**'s maize, millet and sorghum harvests were below average (CILSS, April 2025) and may lead to local food availability issues earlier than usual in those countries.

In the Sahel, the availability of fodder and water for livestock was generally satisfactory, except in **Senegal**, where drought led to deficits. Despite favourable availability across most of the Sahel, access to pasture will remain a major challenge in conflict zones (CILSS, April 2025).

The impacts of the 2024 widespread floods on livelihoods due to destruction of crops, livestock and infrastructure will continue to be felt in 2025, especially in **Chad**, the **Niger** and **Nigeria** (CILSS, December 2024, April 2025).

ACUTE MALNUTRITION | Eight countries – as well as the refugee populations in Chad – were identified as facing a nutrition crisis.

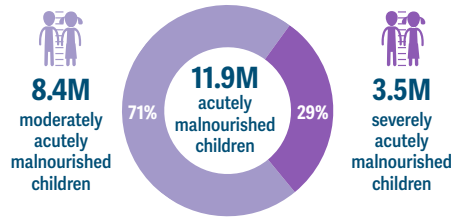
Burkina Faso, **Cameroon**, **Chad** (residents and refugees), **Mali**, **Mauritania**, the **Niger**, **Nigeria** and **Senegal** were countries with a nutrition crisis. **Mali** had the most severe nutrition crisis in the region and was among the four most severe nutrition crises globally, as it had areas classified in Extremely Critical (IPC AMN Phase 5).

Burkina Faso, **Cameroon**, **Chad** (residents and refugee populations), **Mali**, the **Niger** and **Nigeria** all had areas classified in Critical (IPC AMN Phase 4). High levels of acute malnutrition were particularly widespread in **Chad** (residents), in northwestern and northeastern **Nigeria**, northeastern **Mali** and the **Niger** (CILSS, December 2024).

Since 2023, the nutrition situation has deteriorated in two countries – **Burkina Faso** and **Nigeria** (northeast and northwest). In **Mali** and the **Niger**, the nutrition situation overall improved, but experienced localized deteriorations.

Acute malnutrition estimates and contextual factors between 2019 and 2024 indicated nutrition crisis conditions in 2024 in **Senegal** and **Mauritania**, despite the lack of prevalence data for this year. For both countries, the most recent outcome data were from 2023 and indicated areas with global acute malnutrition (GAM) prevalence ranging from 15 to 29.9 percent, equivalent to Critical (IPC AMN Phase 4).

FIG. 3.6 **Number of children aged 6–59 months with acute malnutrition in eight countries, 2024**



1.3M pregnant and breastfeeding women with acute malnutrition in six countries, 2024

No data were available on the nutrition situation of PBW among the Chad refugee population, or in Mauritania or Senegal.

Sources: IPC TWGs 2024 and 2025; UNICEF-WFP food security and nutrition hotspot analysis, February 2024; WCARO Database.

Acute malnutrition trends, 2020–2024

In areas in the north of **Burkina Faso**, **Chad** (residents), central **Mali**, southern **Niger** and northeastern and northwestern **Nigeria**, the prevalence of acute malnutrition has been persistently high between 2020 and 2024. In **Cameroon** and **Mauritania**, the situation deteriorated over this period, with a GAM prevalence between 10 and 14.9 percent in specific areas of **Cameroon** and nationally in **Mauritania**. **Senegal** also saw a deterioration between 2019 and 2023, with GAM prevalence increasing to over 15 percent in three regions (DHS 2019, 2023).

Main contributing factors to nutrition crises, 2024

Basic causes

High levels of displacement and reduced access to food, nutrition assistance and basic services were observed in Sahelian countries due to a combination of shocks (UN, December 2024). These included insecurity in the Central Sahel and Lake Chad Basin, the spillover of the conflict in the **Sudan**, severe flooding in the second half of 2024 across northern **Cameroon**, **Chad**, **Mali**, the **Niger**, **Nigeria** and **Senegal**, and drought episodes in localized areas of Sahelian countries. Inflation was an additional pressure, with more than half of households across the region unable to afford a nutritious diet (CILSS, 2024).

Recurrent and multiple shocks in the region coincided with a reduction in humanitarian funding (ACF, May 2024). For example, in **Nigeria**, a lack of resources led to the closure of nearly a third of the 813 facilities managing acute malnutrition, putting many lives at risk (OCHA, December 2024).

Underlying and immediate causes

Among the seven IPC-analysed **nutrition** crises, four (**Cameroon**, **Chad** (residents), the **Niger** and **Nigeria**) exhibited 'very high' acute malnutrition risk factors across food, health, and care and services pathways, indicating multiple layers of nutritional vulnerabilities and a complex nutrition situation.

In **Mali** and for refugees and host populations in **Chad**, there were 'very high' risk factors in the food and care and services pathways. In **Burkina Faso**, there were 'very high' risk factors for acute malnutrition in the food and health pathways.

2025 outlook

IPC AMN projections for **Burkina Faso**, **Mali** and the **Niger** indicate that the situation will become less severe through to May 2025, reflecting the low season for acute malnutrition. A further projection for **Burkina Faso** extending to May–July indicates an increase in severity, in line with seasonal trends (IPC, February 2025; IPC, November 2024; IPC, January 2025).

In **Nigeria**, this pattern of lower acute malnutrition in the early part of the year is expected to be disrupted in the northeast due to flash floods, insecurity, widespread population displacement and inflation, with additional areas classified in IPC AMN Phase 4 (IPC, November 2024).

Estimates, including IPC AMN projections, for 2025 are unavailable for the remaining four countries with nutrition crises.

FIG. 3.7 **Number of children aged 6–59 months with acute malnutrition, 2024**

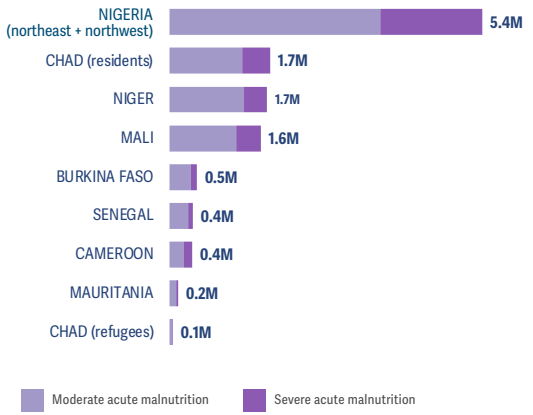
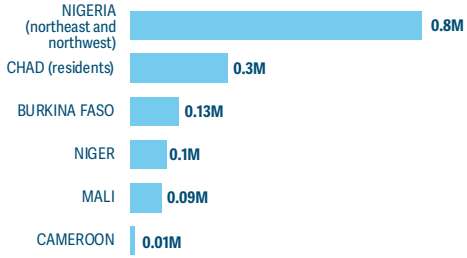


FIG. 3.8 **Number of pregnant and breastfeeding women with acute malnutrition, 2024**



Sources: IPC TWGs 2024 and 2025; UNICEF-WFP, February 2024; Niger IPC TWG, January 2025; WCARO Database.

DISPLACEMENT | Protracted conflict and spreading insecurity further increased population displacement in the region in 2024.

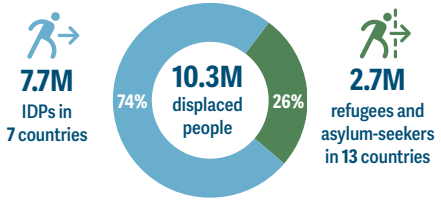
More than 10 million people had been forcibly displaced in 13 countries with food crises in the region by the end of 2024. This growing number – around 0.6 million more than 2023 – is due to continued political instability, protracted conflicts and worsening insecurity (UNHCR, January 2025). Among them, displaced children were disproportionately affected, experiencing heightened vulnerabilities to food and nutrition insecurity.

Border areas remain hotspots for security crises, particularly the Liptako–Gourma region in the Central Sahel and the Lake Chad Basin, as well as northwestern and central-northern **Nigeria**, western **Cameroon** and northern areas of **Benin**, **Côte d'Ivoire** and **Togo** (CILSS, December 2024). Persistent conflicts in the Sudan have driven migration flows into eastern **Chad** – especially since April 2023 – while the Central Sahel crisis continues to spread to northern areas of coastal countries, including **Côte d'Ivoire**, **Benin** and **Togo**.

The region faces a growing internal displacement crisis, with 7.7 million IDPs across seven countries by the end of 2024 – an increase of approximately 0.3 million since the end of 2023. This rise is primarily attributed to conflict and insecurity in the Central Sahel and the Lake Chad Basin (UNHCR, December 2024). The most significant increase was recorded in the **Niger** and northern **Nigeria**. Additionally, around 9 700 people were internally displaced in **Togo** due to the spillover of the Central Sahel security crisis.

Of the 2.7 million refugees and asylum-seekers in the region, nearly 50 percent are hosted in **Chad** (mainly from the Sudan and, to a lesser extent, the Central African Republic), the **Niger** (primarily from Nigeria and Mali) and **Cameroon** (mainly from Central African Republic, Nigeria and the Niger). Countries with long-standing refugee populations include **Chad**, **Mauritania** and the **Niger**, reflecting limited opportunities for return to countries of origin (UNHCR, 2024).

FIG 3.9 **Total number of forcibly displaced people in countries with food crises, 2024**



Sources: UNHCR, October 2024; OCHA, December 2024; IOM, June 2024; IOM, July 2024; IOM, September 2024; UNHCR Nowcasted estimates, December 2024.

1.0M people were displaced by floods in 2024

Acute food insecurity among displaced populations

While most CH analyses cover the total population of the country, including IDPs, in acute food insecurity assessments disaggregated analyses for IDP populations are fewer.

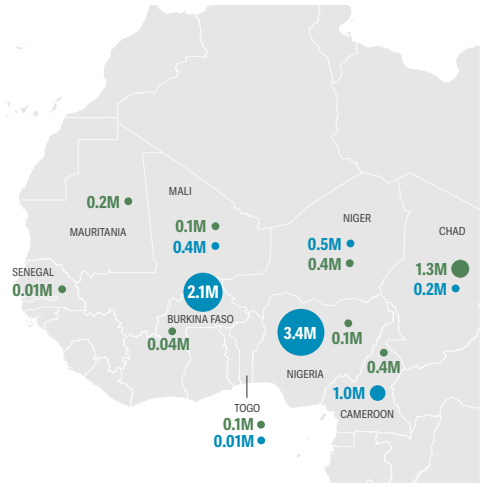
In 2024, CH analyses for IDPs were only available for the northern Borno, Sokoto and Zamfara states of **Nigeria**. For refugee populations, CH analyses were only available for refugees and returnees in **Chad**.

During the 2024 lean season from June to August, the situation was particularly difficult for IDPs in northwestern **Nigeria**, with half of the 170 000 IDPs analysed in Sokoto and Zamfara states facing high levels of acute food insecurity, including 19 000 in Emergency (CH Phase 4) (CH, March 2024).

During the October–December 2024 post-harvest season, about a third of the analysed IDP population in Borno, Sokoto and Zamfara states faced high levels of acute food insecurity, with 5 percent in CH Phase 4. The acute food insecurity situation was projected to remain unchanged in these states during the 2025 lean season, with 7 percent of IDPs facing CH Phase 4 (CH, December 2024).

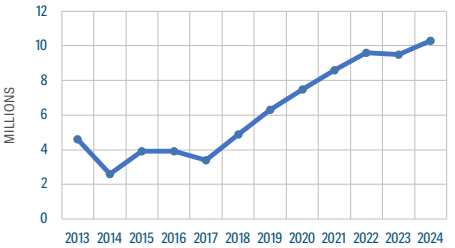
Among the 1.3 million refugees in **Chad**, about 460 000, or 30 percent of the analysed population, faced high levels of acute food insecurity in 2024. Of these, nearly 112 000 people faced CH Phase 4. Their situation is projected to worsen in 2025, with about 39 percent projected to be in Crisis or worse (CH Phase 3 or above) between June and August 2025 and nearly 190 000 in CH Phase 4 (CH, November 2024).

MAP 3.2 **Number of forcibly displaced people by country, 2024**



Source: UNHCR, October 2024; OCHA, December 2024; IOM, June 2024; IOM, July 2024; IOM, September 2024; UNHCR Nowcasted estimates, December 2024.

FIG 3.10 **Total number of forcibly displaced people in countries with food crises, 2013–2024**



Sources: 2013–2022: UNHCR; IDM; UNRWA.
2023–2024: UNHCR Nowcasted estimates December 2023–2024; IOM.

Acute malnutrition among displaced populations

Disaggregated data on the nutritional status of the displaced population remain scarce.

In **Chad**, an IPC acute malnutrition analysis across 25 refugee camps and six host villages revealed Critical (IPC AMN Phase 4) levels of acute malnutrition in 2024. Refugee camps along the Sudanese border were the most affected. In 2024, over 58 000 children aged 6–59 months faced acute malnutrition, including 7 000 with severe acute malnutrition. During the peak of acute malnutrition from June to September 2024, four camps were in Critical (IPC AMN Phase 4) and 11 were in Serious (IPC AMN Phase 3) (IPC, May 2024).

In 2023, in the **Niger**, UNHCR's Standardized Expanded Nutrition Surveys (SENS) showed concerning levels of acute malnutrition in five refugee sites, particularly in Abala and Ayerou, where anaemia levels were high among children and women. In **Nigeria**, SENS data indicated low acute malnutrition rates in five refugee sites but poor food consumption scores, underscoring challenges with dietary quality (UNHCR, 2023).

Focus | Conflict and insecurity in the region

The conflicts in West Africa and the Sahel, particularly in the Central Sahel and the Lake Chad Basin, rank among the most complex and devastating crises globally.

ACLED reported a stable yet persistently high number of violent incidents across the region in 2024, with 24 300 fatalities recorded during the year (ACLED, 2024).

These crises are regional and cross-border in nature, as violent dynamics frequently spill into neighbouring countries, exacerbating instability and driving mass displacement. Rooted in governance failures, violent extremism and socioeconomic vulnerabilities, these crises are further compounded by environmental pressures, including climate change and resource scarcity (ACLED, December 2024; Agbonifo et al., 2022; OCHA, June 2024). They have disrupted livelihoods, heightened food insecurity and left millions dependent on humanitarian assistance.

The Central Sahel crisis

The Central Sahel – encompassing **Burkina Faso**, **Mali** and the **Niger** – has emerged as a hotspot of insecurity since 2019. The Liptako–Gourma region, at the intersection of these three countries, is plagued by insurgencies, intercommunal tensions and weak governance. Over the past decade, the crisis has worsened, with coups d'état in all three countries. Since 2022, violence has spilled over into northern areas of coastal countries including **Benin**, **Côte d'Ivoire** and **Togo**, spreading instability (IOM, December 2024). The regional dimensions of these conflicts are reflected in the influx of refugees and forced migrants into border areas. Southeastern **Mauritania** continued to receive refugees and asylum-seekers escaping violence in **Mali**, highlighting the transboundary impacts of insecurity in the Central Sahel (UNHCR, 2024). These population movements place immense pressure on local resources, complicate humanitarian response efforts and amplify the interconnected nature of the crises.

The Lake Chad Basin crisis

The Lake Chad Basin, spanning northeastern **Nigeria**, western **Chad**, eastern **Niger** and **Cameroon**'s Extrême Nord, has endured over a decade of conflict initiated by the Boko Haram insurgency. This crisis has been compounded by poverty, environmental degradation and limited state presence, fostering conditions for ongoing violence (LCBC, January 2023; OCHA, June 2024). Displacement remains a defining feature, with 6.5 million IDPs recorded by early 2024 (IOM, December 2024). Cross-border movements, particularly into **Chad** and **Cameroon**, underline the regional dimension of this crisis. Refugee influxes into **Chad** from the Sudan further strain host communities already grappling with insecurity and resource scarcity (ECHO, December 2024).

Emerging dynamics show an evolution of conflict into urban areas, a concerning development for the region. Violent extremist groups and criminal networks are increasingly targeting urban centres for recruitment, fundraising and attacks. These groups exploit urban vulnerabilities, such as high unemployment and weak infrastructure, to embed themselves within cities. The rise of urban violence exacerbates the already severe strain on public services and deepens insecurity, with urban displacement patterns mirroring the rural exodus caused by conflict (ACLED, December 2024).

Children bear the brunt of these crises

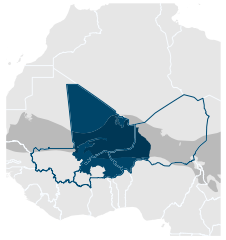
In the Central Sahel, displaced children have increased fivefold over the past five years, from 0.3 million in 2019 to 1.8 million in 2024 (Save the Children, March 2024). Many are out of school, face acute malnutrition and lack access to healthcare, deepening vulnerabilities. The closure of thousands of schools across **Burkina Faso**, **Mali** and the **Niger** deprives millions of education, while health facility disruptions exacerbate malnutrition and public health crises. These conditions perpetuate cycles of poverty and insecurity, leaving a generation at risk of developmental setbacks (Save the Children, March 2024).

Impact on the region's agricultural production

Conflict has also devastated agricultural production, disrupting traditional livelihoods and markets. Insecurity restricts access to fields, displaces farming communities and destroys food stocks. In **Burkina Faso** and **Cameroon**, crop yields have plummeted in conflict-affected northern regions (FAO, December 2024; FEWS NET, June 2024). Traditional transhumance routes have been disrupted, forcing herders into overcrowded areas,

TIMELINE | The evolution of conflicts in the region

CENTRAL SAHEL
(BURKINA FASO, MALI, NIGER)



2012
The Malian crisis begins with a Tuareg rebellion and the subsequent coup d'état. Northern Mali is occupied by separatist and Islamist groups.

2014
Establishment of the G5 Sahel regional security alliance to combat insurgencies.

2015
Algiers agreement, also known as the Agreement for Peace and Reconciliation in Mali.

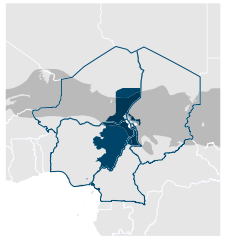
2020–2021
Mali experiences two coups, leading to a military transitional government.

2022
Burkina Faso sees two coups, marking further political instability. France withdraws troops from Mali.

2023
The Niger experiences a coup in July. The G5 Sahel effectively dissolves as the Niger, Burkina Faso and Mali withdraw.

2022–2024
Violence spreads to northern coastal countries, including Benin, Côte d'Ivoire and Togo, with increased displacement and insecurity.

LAKE CHAD BASIN
(NIGERIA, NIGER, CHAD, CAMEROON)



2002
Boko Haram is founded in northeastern Nigeria.

2014
The group gains international attention with the Chibok schoolgirls' kidnapping in Nigeria.

2015
The Multinational Joint Task Force is revitalized to combat Boko Haram's regional threat.

2016
Boko Haram splits into two factions: Abubakar Shekau's faction and ISWAP, aligned with ISIS.

where competition for grazing land intensifies tensions. Conflict-related livestock losses have severely affected pastoral livelihoods, further undermining food security (FEWS NET, August 2024).

Economic disruptions are profound

Insecurity has severed trade routes, crippled markets and led to border closures, such as between **Nigeria** and the **Niger** in 2023. Regional currency depreciation, including the Nigerian naira, has eroded household purchasing power. Farmers face challenges accessing seeds, fertilizers and markets, while pastoralists lose livestock to conflict and displacement. These factors deepen dependency on humanitarian aid, limiting opportunities for economic recovery (FEWS NET, August 2024).

Climate change exacerbates these crises

Erratic rainfall, prolonged droughts and frequent floods heighten competition for scarce resources, intensifying conflicts over water, grazing land and arable soil. Displaced populations, concentrated in resource-scarce areas, face heightened challenges as coping mechanisms collapse. Damage to infrastructure, such as irrigation systems, undermines the community's resilience and ability to adapt to environmental shocks. ACLED's Conflict Watchlist for 2025 highlights the interplay between these environmental factors and the strategic expansion of armed groups into coastal states, including **Benin** and **Togo**, as they exploit porous borders and local grievances (ACLED, December 2024).

Humanitarian access constraints

Humanitarian access in the Central Sahel and the Lake Chad Basin is increasingly constrained by insecurity, violence and administrative restrictions (OCHA, June 2024).

Conflict, military operations and improvised explosive devices make conditions unsafe for humanitarian actors. Attacks on aid workers have led authorities to require armed escorts, compromising neutrality. Bureaucratic hurdles slow aid delivery, while border closures and sanctions disrupt supply chains, hindering transportation of humanitarian goods (OCHA, June 2024).

In the Central Sahel, humanitarian workers and infrastructure remain frequent targets. In **Burkina Faso**, where NSAGs control nearly 40 percent of the territory, blockades in 26 cities restricted movement for 800 000 people in 2024, limiting their access to basic services (ACAPS, January 2025). In **Mali**, access is particularly difficult in northern and central areas (OCHA, February 2024; OCHA, January 2025).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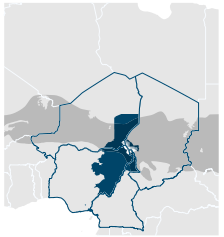
The conflict in the Central Sahel began in Mali in 2012 and has since spread widely, with a severe impact on the food security and nutrition status of populations across the region.

The Lake Chad Basin faces similar issues, with NSAGs attacking humanitarian facilities (ACAPS, January 2025).

Climate change is also expected to worsen conditions, with increased floods and droughts making areas unreachable. Counter-terrorism laws also restrict impartial humanitarian action, limiting access to vulnerable populations (OCHA, June 2024). Urgent efforts are needed to secure humanitarian corridors and improve access for millions in need.

TIMELINE | The evolution of conflicts in the region

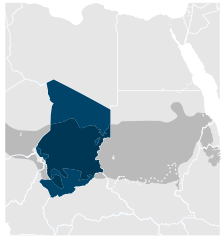
LAKE CHAD BASIN (NIGERIA, NIGER, CHAD, CAMEROON) *continued*



2016–2024
Despite military efforts, Boko Haram and ISWAP continue attacks, displacing millions across the region. In 2016–2017 over 50 000 people were in Catastrophe (CH Phase 5) in northeastern Borno state, Nigeria.

2024
Over 6.5 million IDPs recorded across the Lake Chad Basin, with significant cross-border movements into Chad and Cameroon.

CHAD (REFUGEES AND RETURNEES FROM SUDAN)



2003–2005
The Darfur conflict drives large-scale displacement into eastern Chad, with refugee numbers reaching the hundreds of thousands.

2011–2022
Refugee movements continue as tensions in Darfur and other areas in the Sudan persist.

2023
The conflict in the Sudan from April results in a massive influx of refugees and returnees into eastern Chad. By late 2023, over 720 000 Sudanese refugees and 220 000 Chadian returnees are recorded.

2024
Chad becomes host to over 1.2 million displaced individuals, marking the country's largest-ever refugee crisis.

4 | Asia

PHOTO: MYANMAR, FLOODING CAUSED BY TYPHOON YAGI. © WFP/PHOTOLIBRARY

While rainfall created favourable growing conditions in some areas, floods and landslides in Pakistan, Myanmar, Afghanistan and Bangladesh damaged crops, infrastructure and livelihoods.

In Myanmar, heightened levels of violence and displacement have led to a sharp increase in the number of people facing high levels of acute food insecurity since 2023.

Despite signs of economic recovery in some countries, soaring rice prices due to El Niño-reduced rice production in key exporting countries, and India's rice export bans, curtailed purchasing power. Afghanistan faced economic stagnation, worsened by restrictions on women in the workforce.

Three countries had a nutrition crisis – Pakistan, Afghanistan and Bangladesh (Cox's Bazar). Myanmar was a nutrition concern.

In 2025, the projected, modest economic growth is likely to be eclipsed by increasing global economic tensions and the impact of La Niña on agricultural production. The devastating March 2025 earthquake in Myanmar is likely to exacerbate a food crisis that was already deteriorating due to conflict.

Asia

Afghanistan | Bangladesh | Myanmar | Pakistan | Timor-Leste | Democratic People's Republic of Korea

Bangladesh became the region's largest food crisis due to the combined effects of widespread floods, political unrest and economic difficulties as well as the expansion of analysis coverage. Afghanistan showed a significant improvement since 2023 but remained highly fragile amid economic stagnation, while escalating conflict in Myanmar sharply increased the number of people facing high levels of acute food insecurity.

65.9M

people or 29% of the analysed population faced high levels of acute food insecurity in 2024 in five countries with food crises. No data were available for Democratic People's Republic of Korea.

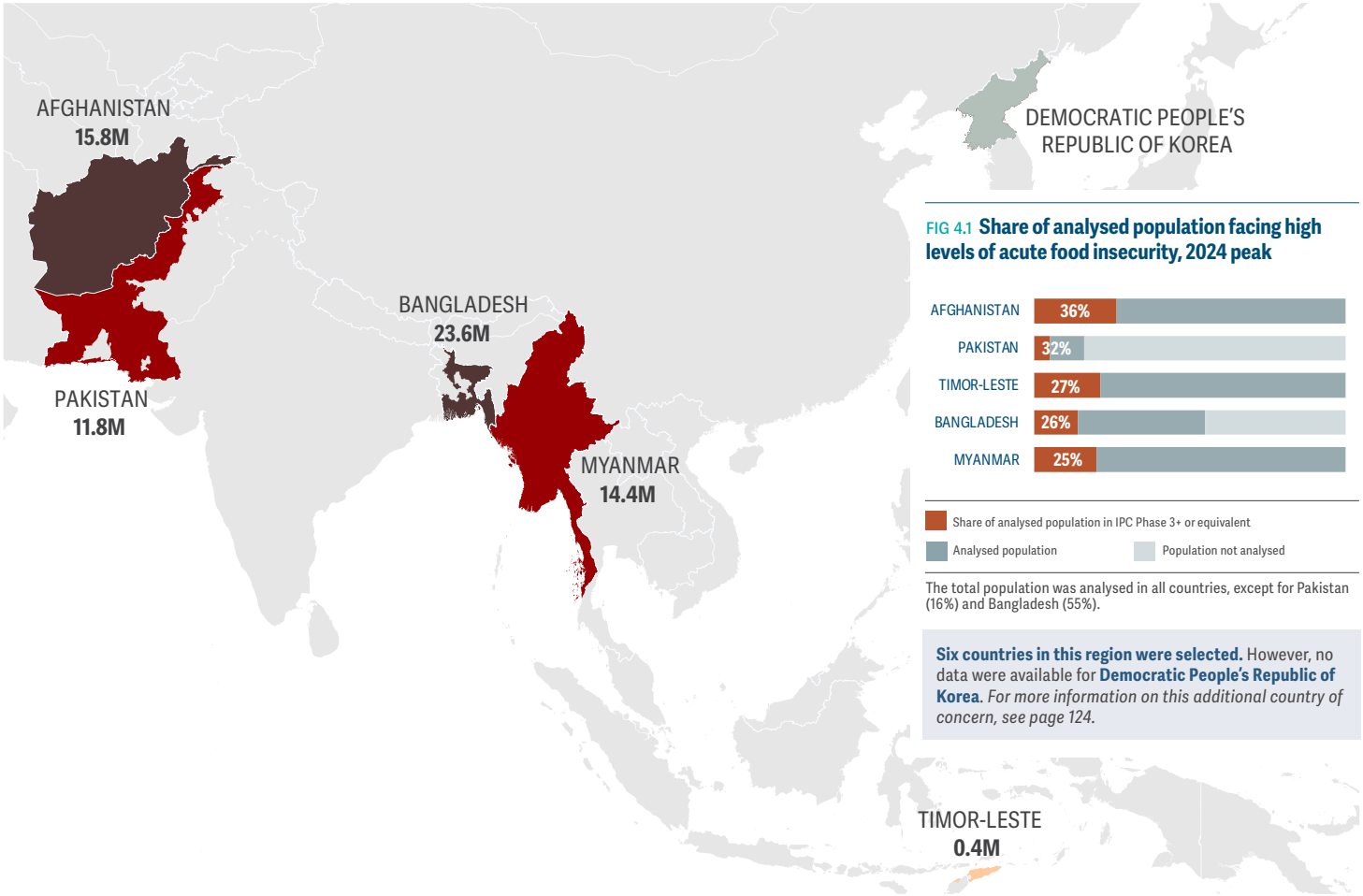
11.9M

forcibly displaced people in four countries with food crises in 2024 – consisting of 9.1 million IDPs and 2.8 million refugees and asylum-seekers.

5.6M

acutely malnourished children in three countries with food crises in 2024. Of them, 1.5 million were suffering the most severe form of acute malnutrition.

MAP 4.1 **Numbers of people facing high levels of acute food insecurity in five countries, 2024 peak**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Source: IPC TWGs; Myanmar pre-analysis conducted under the HNRP, as a basis for generating results for the 2025 projection used by the Myanmar HNRP 2025.

FIG 4.1 **Share of analysed population facing high levels of acute food insecurity, 2024 peak**

The total population was analysed in all countries, except for Pakistan (16%) and Bangladesh (55%).

Six countries in this region were selected. However, no data were available for **Democratic People's Republic of Korea**. *For more information on this additional country of concern, see page 124.*

How have the food crises in this region changed since 2023?

The share of analysed population (29 percent) facing high levels of acute food insecurity was marginally lower than 2023 (30 percent), as large increases in Myanmar occurred alongside improvements in Afghanistan. The analysis for Bangladesh was not comparable due to variations in geographic coverage and Pakistan has had the same analysis since 2023. Timor-Leste is included due to the effects of widespread flooding and Sri Lanka was deselected because the country did not meet new GRFC inclusion criteria.

Bangladesh was Asia's largest food crisis, accounting for 36 percent of the regional population facing high levels of acute food insecurity. This was due to a more than twofold increase in the share of population analysed, from 23 percent to 55 percent, as well as the combined effects of widespread floods, political unrest and economic difficulties. Around 23.6 million people faced high levels of acute food insecurity from October to December 2024, above projected levels for the lean season, as the projection analysis was conducted before the landfall of Cyclone Remal and the occurrence of widespread floods.

Afghanistan saw continued and significant improvement, with 15.8 million people or 36 percent of the population facing high levels of acute food insecurity during the winter lean season from November 2023 to March 2024. This included a notable decrease in the number of people in Emergency (IPC Phase 4), by 2.5 million since 2023.

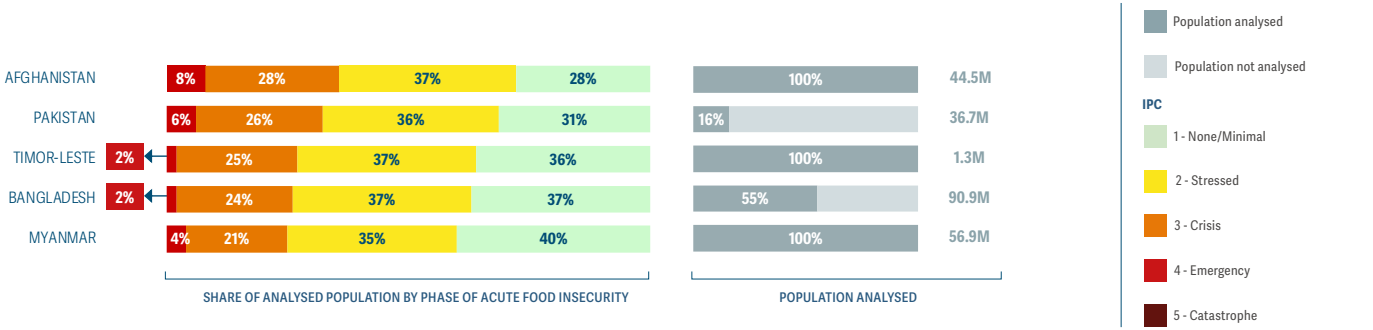
High levels of acute food insecurity further increased in **Myanmar**, from 10.7 million people in September–October 2023 to 14.4 million people during the same period in 2024. IDPs and Rohingya refugees were particularly affected (OCHA, June 2024).

Although **Timor-Leste** was not included in the GRFC 2024 as having a food crisis in 2023, comparison with the previous IPC analysis indicates that the number of people facing high levels of acute food insecurity increased in 2024. This was driven by food inflation and drought-like conditions, which has led to a 5 percent increase since 2023, with around 0.36 million people or 27 percent of the population experiencing Crisis or worse (IPC Phase 3 or above) from May to September 2024, outside of the lean season.

The peak for 2024 in **Pakistan** remained the same as in 2023, with 11.8 million people facing high levels of acute food insecurity between November 2023 and January 2024. Although not comparable with the 2024 peak due to changes in population coverage, high levels of acute food insecurity persisted between November 2024 and March 2025, with 11 million people facing Crisis or worse (IPC Phase 3 or above).

While the **Democratic People's Republic of Korea** was also selected for inclusion in the GRFC 2025, no data on the acute food insecurity situation were available.

FIG. 4.2 **Share of analysed population by phase of acute food insecurity, 2024 peak**



Source: IPC TWGs; Myanmar pre-analysis conducted under the HNRP, as a basis for generating results for the 2025 projection used by the Myanmar HNRP 2025.

Severity of acute food insecurity

9.8 million people in Emergency (IPC Phase 4) across five countries.

Despite a reduction of 2.5 million people in IPC Phase 4 since 2023, **Afghanistan** continued to have the largest population in this phase in Asia, both in terms of absolute numbers (3.6 million people) and in terms of prevalence (8 percent).

In **Myanmar**, around 2.3 million people were in Emergency (equivalent to IPC Phase 4), up from 1.4 million in the previous year.

In **Pakistan**, 2.2 million people were in this phase, followed by 1.6 million in **Bangladesh**. In both countries, IPC Phase 4 levels of acute food insecurity were especially widespread in flood-affected districts.

In **Timor-Leste**, 0.02 million people were in this phase.

56.1 million people in Crisis (IPC Phase 3) across five countries.

Across the five countries, 21–28 percent of the analysed population were in this phase, with **Afghanistan** having the highest share of population in IPC Phase 3 of any country in the region. **Bangladesh** had the region's largest number of people in IPC Phase 3, with 21.9 million, followed by **Afghanistan** with 12.3 million people. In **Myanmar**, 12 million people were in the equivalent of IPC Phase 3, an increase of 2.7 million people compared to 2023. In **Pakistan**, 9.6 million were in this phase, and 0.3 million in **Timor Leste**.

83.6 million people in Stressed (IPC Phase 2) across five countries.

Across the five countries, 35–37 percent of the analysed populations experienced IPC Phase 2 levels of acute food insecurity, with the largest number of people in this phase in **Bangladesh**, at 33.4 million.

Around 19.9 million people faced the equivalent of IPC Phase 2 in **Myanmar**. **Afghanistan** had 16.4 million in this phase, an increase of 2 million people, likely as a result of improvements in IPC Phase 3 or above. In **Pakistan** and **Timor-Leste**, 13.4 million and 0.5 million people were in IPC Phase 2, respectively.

Drivers of food crises in the region, 2024

Weather extremes were the primary driver of acute food insecurity in three countries, notably Bangladesh, Pakistan and Timor-Leste, where 35.8 million people experienced high levels of acute food insecurity.

The region was significantly impacted by climate events such as the El Niño and emerging La Niña by the end of 2024, with varying effects on agricultural production.

While above-average rainfall supported agricultural production in **Pakistan**, abnormally heavy monsoon rains from July to September resulted in flooding and landslides in parts of Balochistan and Sindh provinces, causing localized crop losses and damage to housing and agricultural infrastructure (FAO-GIEWS, September 2024). Agricultural recovery remained uneven, as regions affected by the 2022 floods continued to struggle with limited access to inputs, livestock losses and economic constraints (IPC, May 2024).

Severe flooding and landslides also affected the northwest, southeast and Rakhine state in **Myanmar**, and resulted in widespread destruction of crops, farmlands and livestock in August and September 2024 (WFP, September 2024).

While above-average precipitation provided favourable conditions for crop development in parts of **Afghanistan**, all 34 provinces were affected by weather extremes and natural disasters in 2024, causing destruction and damage of shelter and infrastructure (OCHA, December 2024).

From mid-2024, Cyclone Remal, flash floods and riverine floods severely impacted agricultural production in southern **Bangladesh**, while unprecedented flooding in the eastern region caused similar disruptions, affecting crops, livestock and food stocks across multiple districts. Rohingya refugee camps in Cox's Bazar district were also affected (OCHA, September 2024; IPC, November 2024).

In **Timor-Leste**, below-average rainfall and high temperatures negatively impacted crop production in early 2024, followed by La Niña-induced excessive rainfall causing landslides (WFP, March 2024; IPC, February 2024).

Conflict/insecurity continued to be the primary driver of acute food insecurity in Myanmar, where almost a quarter of the total population, 14.4 million people, were facing high levels of acute food insecurity during the lean season from September to October 2024.

Escalating conflict in **Myanmar** especially affected Chin, Kachin, Rakhine and Shan states and expanded to Mandalay and Sagaing regions, the most populated areas of the country (OCHA, December 2024). Displacement continued to rise, with 870 000 people newly displaced in 2024, amounting to 3.2 million people displaced since February 2021 (UNHCR, December 2024). The heightened levels of violence and displacement severely impacted availability of and access to food. Hostilities and movement restrictions destroyed and disrupted agricultural livelihoods and caused significant increases in food and fuel prices, with the highest year-on-year increase in the cost of the basic food basket reported in August in Rakhine, at 108 percent (WFP, September 2024).

Increasing hostilities in Rakhine state resulted in the influx of over 65 000 people to the Cox's Bazar camp in neighbouring **Bangladesh**, straining camp capacities amid growing violence and insecurity (UNHCR, January 2025; ACLED, December 2024).

Bilateral relations between **Afghanistan** and **Pakistan** remained strained, amid continued insecurity in provinces along the border and disrupted cross-border trade. Over 0.3 million Afghans returned to Afghanistan in 2024 following the September 2023 announcement by Pakistan authorities that they would be deporting undocumented Afghans (International Crisis Group, January 2024; UNCHR, December 2024).

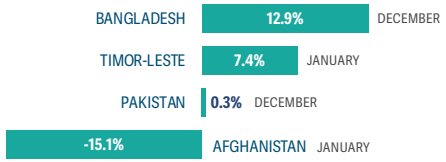
Economic shocks were the primary driver of acute food insecurity in Afghanistan, where nearly 15.8 million people faced high levels of acute food insecurity.

Despite signs of economic recovery in some countries, economic stressors persisted across the region in 2024. Rice prices in Asia reached 15-year highs in mid-2024 due to a combination of El Niño-reduced rice production in key exporting countries, such as Thailand and Viet Nam, India's rice export bans and supply chain disruptions. These factors affected prices across the region, exacerbated by high import dependency in many countries (WFP, September 2024).

After major political and economic crises in 2022 and 2023 and subsequent economic decline in **Pakistan**, general elections in February 2024, the formation of a coalition government and an IMF bailout package in September brought some relief to the political and economic instability that had contributed to high inflation rates (WB, October 2024). Double-digit inflation rates in early 2024 had eased by the end of the year; however, poverty and unemployment rates remained high in both countries, with many poor households facing challenges in accessing food. Prices remained high in **Bangladesh**, with rice prices increasing by almost 17 percent between October 2023 and 2024.

While prices, including for basic food commodities, continued to decrease in **Afghanistan** in 2024, economic stagnation and widespread unemployment continued to limit households' purchasing power, especially in urban areas, compounded by the return of over 2 million Afghans from Pakistan and Iran (WFP, November 2024). The Afghan economy is projected to lose 5 percent of its GDP annually by excluding women from the workforce, and the equivalent of two-thirds of today's GDP by 2066 if the suspension of women's access to higher education remains in place (UNESCO, October 2024).

FIG. 4.3 **Highest food inflation rates, 2024** (compared with same month in 2023)



Sources: Afghanistan: National Statistics and Information Authority; Bangladesh: Bangladesh Bureau of Statistics; Myanmar: no official data available since June 2022; Pakistan: Pakistan Bureau of Statistics; Timor-Leste: National Statistics Directorate.

Acute food insecurity since 2016

A lack of systematic and consistent data limits a thorough analysis over time for the Asia region, as the number of countries selected for analysis and with acute food insecurity data meeting GRFC technical requirements has varied significantly across the nine editions of the GRFC.

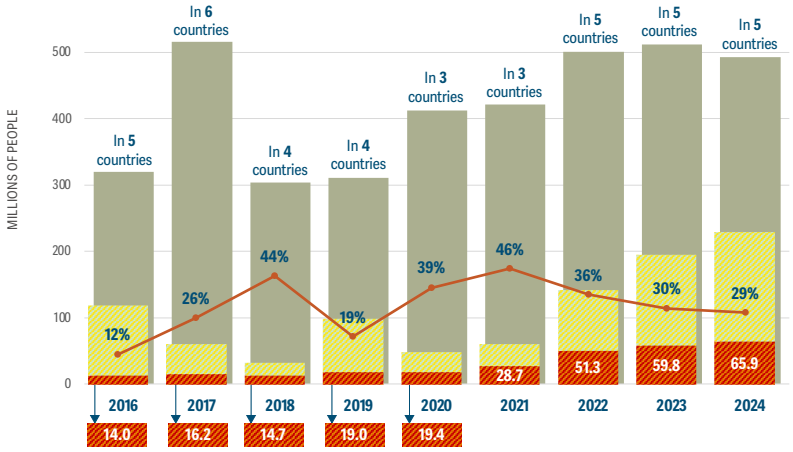
Only Afghanistan and parts of Bangladesh have been included in each edition of the GRFC since 2016.

Afghanistan has consistently been one of the ten countries with the largest numbers and prevalence of high levels of acute food insecurity. The situation has gradually improved after reaching the worst in GRFC history following the 2021 political transition and economic crisis, with almost 23 million people in IPC Phase 3 or above (Crisis or worse) from November 2021 to March 2022.

While changing methodology and coverage prevent year-on-year comparisons for **Bangladesh**, parts of the country have had a food crisis since 2016, when residents in flood-affected districts faced food crisis conditions.

Since 2017, residents in Cox's Bazar district and Rohingya refugees have been selected as a food crisis in the GRFC, following the arrival of around 750 000 refugees from Rakhine state in **Myanmar** in 2017. Since 2023, the entire country has been selected due to an expanded IPC analysis, covering approximately 30 percent of the country and 23 percent of its population, focusing on areas

FIG. 4.4 **Number and share of people facing high levels of acute food insecurity in countries with food crises, 2016–2024**



Source: GRFC 2017–2025.

prone to climatic disasters – monsoon floods, cyclones, tidal surges, landslides and riverbank erosion – as well as Rohingya refugees and host communities in Cox's Bazar. The scope expanded further to cover 40 districts and 55 percent of Bangladesh's population in 2024.

Since 2017, selected areas in **Pakistan** have been included due to persistent high levels of acute food insecurity in flood-affected rural districts of Balochistan, Khyber Pakhtunkhwa and Sindh, as well as drought-affected areas in Balochistan and Sindh.

Myanmar has been selected for inclusion in every edition of the GRFC but 2020–2021, due to lack of data meeting GRFC technical requirements. Since 2023, escalating conflict has been driving widespread high levels of acute food insecurity.

The GRFC 2025 analysed **Timor-Leste** as a food crisis for the first time, although the country was selected for inclusion in 2016 and 2020 but lacked data meeting GRFC technical requirements.

Structural vulnerabilities underlie persistently high levels of acute food insecurity

The region is highly susceptible to the effects of climate change, with intensifying extreme weather events like floods, droughts and typhoons as well as frequent natural shocks like earthquakes. These events have devastated crops, livestock and agricultural assets, and disrupted supply chains. During the reporting period of the GRFC 2025, **Afghanistan** and **Myanmar** have been frequently and significantly affected. This is reflected in very high ranks for hazard and exposure for these countries as well as **Pakistan**, according to the INFORM Risk Index (INFORM, December 2024; OCHA, November 2024; UN Myanmar, September 2024).

This has compounding impacts for Asian economies and food security. Many economies in the region rely heavily on agriculture for livelihoods. Almost 47 percent of the workforce in **Afghanistan** and almost 46 percent in **Myanmar** is employed in agriculture, forestry and fishing. When their agricultural systems come under threat from climate change, food production and availability decline significantly, leading to supply disruptions and increased prices. Some countries are highly reliant on food imports, especially Afghanistan, exposing them to currency fluctuations and global food price variations.

Economic disparities and high unemployment rates, especially in rural areas, limit access to food, especially for poor, vulnerable households. The situation is exacerbated by low female workforce participation, contributing to poverty and food security.

In **Afghanistan**, the De Facto Authorities' ban on women's and girls' participation in work and education remains unchanged and continues to exact severe economic consequences for Afghanistan and its citizens. It affects the flow of aid, restricts economic growth, and ultimately increases poverty and affects critical services like the health sector, causing negative repercussions for the entire population. Low female workforce participation also creates a substantial loss of income in **Pakistan** (24.3 percent), limiting households' access to food (ILO, December 2024; WB, October 2024).

These structural vulnerabilities that undermine availability of and access to food across the region are also reflected in the UNDP HDI, which measures achievements in key dimensions of human development, and in which **Afghanistan**, **Pakistan**, **Timor-Leste** and **Myanmar** remain in the bottom quartile.

FIG. 4.5 **Selected structural vulnerability indicators by country**

	Cereal import dependency ratio (%)	Crop growing period affected by drought conditions (%)	GDP ranking	HDI global ranking (1–192)	INFORM Risk (0–10)	Share of agricultural, forestry and fishery employment (%)
AFGHANISTAN	42.5	21.4	137.0	182	7.7	46.6
BANGLADESH	15.7	20.7	32.0	129	5.8	36.9
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA	N/A	11.6	N/A	N/A	4.1	44.6
MYANMAR	-12.8	16.9	87.0	144	7.2	45.5
NEPAL	20.3	16.7	99.0	149	4.1	61.4
PAKISTAN	-9.5	21.6	44.0	146	6.4	36.4
TIMOR-LESTE	N/A	10.6	183.0	155	3.6	39.2

For descriptions of these indicators see Technical notes, page 210.

Sources: FAO (Cereal import dependency ratio); EC-JRC (Crop growing period affected by drought condition); WB (GDP ranking); UNDP (HDI Global Index); EC-JRC (INFORM Risk Index); FAO (Share of agricultural, forestry and fishery employment).

La Niña-driven below-average rainfall and high temperatures between the end of 2024 and the beginning of 2025 are likely to be a main driver of acute food insecurity in all countries with food crises.

Acute food insecurity outlook 2025

Projections of acute food insecurity for countries with food crises in Asia were only available for Afghanistan, Myanmar and Pakistan where at least 40.9 million people, or 27 percent of the analysed population, were projected to face high levels of acute food insecurity in 2025. In Myanmar, the number is likely to increase as the projection analysis was conducted before the March 2025 earthquake.

Weather extremes are likely to remain a key driver of high levels of acute food insecurity across all countries with food crises in Asia, with the potential adverse impact on agricultural production compounding the fragile economic situation in the region. Conflict and subsequent displacement, and their impact on the economy, will likely remain key drivers in Myanmar.

La Niña-driven below-average rainfall and high temperatures from December 2024 to the end of April 2025 are likely to compound the effects on agriculture of exceptionally high global average temperatures due to climate change. While conditions in most of the Asia region were generally favourable for dry and wet season rice harvesting, drier-than-normal conditions are forecast to impact production in **Afghanistan** and **Pakistan** (WMO, January 2025).

Modest economic growth is projected for the Asia region (except China) in 2025, with an increase from 4.7 percent in 2024 to 4.9 percent in 2025, benefiting from increasing domestic consumption, recovering goods exports and a tourism rebound (WB, October 2024).

However, projected below-average global economic growth, including economic contraction in China, compounded by the effects of re-emerging economic tension, is likely to curb these projections (IMF, January 2025; WB, October 2024). While global headline inflation is forecast to fall from 5.8 percent in 2024 to 4.4 percent in 2025, the decline has had limited impact on prices of much-needed imports in the region in 2024 (IMF, January 2025). The agricultural sector will remain the key factor for poverty reduction and the fight against acute food insecurity in many of Asia's countries with food crises (FAO, May 2024).

Despite the announcement of a ceasefire to allow earthquake relief efforts, multiple attacks indicate that the conflict in **Myanmar** is likely to persist, including in areas affected by the earthquake (UN, March 2025). The damage and destruction from the earthquake are likely to delay preparations for elections, scheduled for November 2025 (UNHCR, December 2024). Persistent conflict would also deepen the economic crisis and compound the economic impact of the earthquake, disrupting agricultural production, trade and supply chains and increase already high inflation and currency depreciation.

The food crisis in **Myanmar** was already projected to sharply deteriorate from 14.4 million people facing high levels of acute food insecurity in 2024 to 15.2 million people in 2025. This is primarily as a result of intensifying conflict eroding the already dire provision of basic services, causing large-scale displacement and disrupting agricultural production and livelihoods (OCHA, 2024 and 2025). The severe damage and destruction caused by the earthquake on 28 March 2025 is likely to drive a further increase beyond these levels. Some 2.8 million people facing high levels of acute food insecurity in 2024 live in townships most affected by the earthquake. This includes over 500 000 people who were in Emergency (equivalent to IPC Phase 4) and in dire need of assistance (OCHA, April 2025; WFP, April 2025).

In **Afghanistan**, despite improvements compared with previous analyses primarily due to improved agricultural production, 14.8 million people (32 percent of the total population) were projected to face IPC Phase 3 or above during the lean season from November 2024 to March 2025 (IPC January, 2025). However, these projected improvements could be curbed by forecast below-average rainfall and above-average temperatures, which could have significant negative impacts on agriculture, water resources and food security. These conditions could impede barley and wheat production, strain irrigation for future planting seasons and exacerbate water scarcity, particularly in historically vulnerable areas (Copernicus, December 2024; IPAD, December 2024). In addition, projected economic stagnation coupled with an expected shift to inflation in 2025 could further constrain households' access to food (WB, December 2024).

In **Pakistan**, 11 million people or 22 percent of the analysed population were facing high levels of acute food insecurity (IPC Phase 3 or above) in 68 flood-affected rural districts across Balochistan, Sindh and Khyber Pakhtunkhwa between November 2024 and March 2025. This includes 1.7 million people in Emergency (IPC Phase 4) (IPC, February 2025). The population coverage increased by 38 percent between the 2024 peak and the current 2025 analysis, from 36.7 million people to 50.8 million, covering 25 additional districts, so the 2024 peak and the 2025 projection are not comparable.

ACUTE MALNUTRITION | Three countries faced a nutrition crisis – Pakistan, Afghanistan and Bangladesh (Cox's Bazar). Myanmar was a nutrition concern.

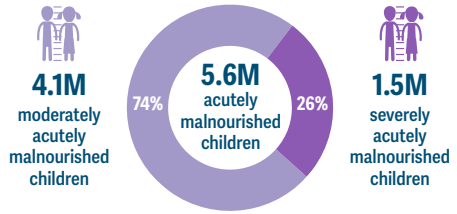
Both **Pakistan** and **Afghanistan** had areas classified in Critical (IPC AMN Phase 4) in 2024. In **Pakistan**, 78 percent of areas analysed in Balochistan, Khyber Pakhtunkhwa and Sindh were projected to be classified in IPC AMN Phase 4 between October 2023 and January 2024 (IPC, October 2023). Comparability of severity with previous years is limited due to minimal overlap in the areas analysed.

In **Afghanistan**, 11 percent of analysed areas were classified in IPC AMN Phase 4 from June to October 2024 (IPC, January 2025). This was an improvement compared with the same period in 2022–2023, with the number of provinces in IPC AMN Phase 4 decreasing from 17 to four in 2024.

Data on acute malnutrition outcomes for **Bangladesh** (Cox's Bazar) in 2024 were unavailable. However, a 2023 survey indicated nutrition crisis conditions, with 15 percent of refugee children aged 6–59 months suffering from acute malnutrition in the Kutupalong refugee Mega Camps in Cox's Bazar (UNHCR-SENS, 2023).

In **Myanmar**, no acute malnutrition outcome data were available but contextual factors indicate a nutrition concern. A third of women of reproductive age and children aged 6–23 months did not consume a sufficiently diverse diet in April–June 2024 (IFPRI, November 2024). Increasing population displacement in conflict-affected areas, inadequate diets and poor care practices suggest increased humanitarian needs in the nutrition sector (OCHA-HNRP, December 2024).

FIG. 4.6 **Number of children aged 6–59 months with acute malnutrition in three countries, 2024**



Only SAM burden estimates were available for Bangladesh (Cox's Bazar).

1.2M pregnant and breastfeeding women with acute malnutrition in Afghanistan, 2024

No data were available on the nutrition situation of PBW in Bangladesh (Cox's Bazar) and Pakistan.

Sources: Afghanistan IPC TWG, January 2025; Pakistan IPC TWG, October 2023; UNICEF, August 2023.

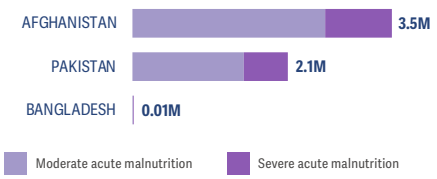
Acute malnutrition trends, 2018–2024

Pakistan experienced persistently high levels of acute malnutrition between 2018 and early 2024 in analysed areas of Balochistan and Sindh provinces, with GAM prevalence consistently above 10 percent and reaching more than 30 percent in certain districts (IPC, October 2023).

In **Afghanistan**, data from 2018 indicated that 22 out of 34 provinces had a GAM prevalence equal to or above 10 percent (equivalent to IPC AMN Phase 3 or above), worsening to 33 out of 34 provinces classified in IPC AMN Phase 4 from November 2022 to April 2023, before improving in 2024–2025 (Nutrition Cluster, March 2019; IPC, January 2023; IPC, January 2025).

Refugee children in Cox's Bazar, **Bangladesh**, experienced a persistently high prevalence of acute malnutrition between 2019 and 2023. GAM prevalence increased from 11 percent in 2019 to 15.1 percent in 2023 (UNHCR-SENS, January 2024).

FIG. 4.7 **Number of children aged 6–59 months with acute malnutrition, 2024**



Sources: Afghanistan IPC TWG, January 2025; UNICEF, August 2023; Pakistan IPC TWG, October 2023.

Main contributing factors to nutrition crises in the region in 2024

Basic causes

Flooding in 2024 in **Afghanistan**, **Bangladesh**, **Myanmar** and, to a lesser extent, **Pakistan** increased the risk of diseases, limited access to healthcare and humanitarian support, and exacerbated acute malnutrition. **Afghanistan** experienced severe flooding, while **Pakistan** continued to manage the severe repercussions of 2022 flooding, which destroyed sanitation facilities on a large scale (UNICEF, June 2024; IPC, November 2023). Heavy monsoon rains caused significant flooding in **Myanmar** and Cox's Bazar, **Bangladesh**, with major impacts on IDPs and refugees. People internally displaced by conflict in **Myanmar** and returnees to **Afghanistan** faced a particularly precarious nutrition situation due to lack of livelihoods, poor access to basic services and poor living conditions (ISCG, UNHCR, IOM, June 2024; UN, December 2024; IPC, January 2025).

Underlying and immediate causes

In the two nutrition crises with IPC analyses – **Afghanistan** and **Pakistan** – there were 'very high' risk factors for acute malnutrition for all three pathways – food, care and services, and health. This indicates the complexity of nutrition vulnerability in the region. The indicators identified as 'very high' risk in 2024 in at least one area in both crises were the low proportion of children aged 6–23 months consuming a minimum acceptable diet (less than 10 percent), the high prevalence of diarrhoea and/or cholera compared with previous years, and the low coverage of measles vaccinations (less than 65 percent).

2025 outlook

The magnitude and severity of acute malnutrition in **Afghanistan** is expected to remain at similar levels through May 2025, driven by increased disease incidence and reduced healthcare access during the December–March winter season (IPC, January 2025).

There are no IPC AMN projections or estimates for 2025 available for Pakistan, Myanmar or Bangladesh (Cox's Bazar).

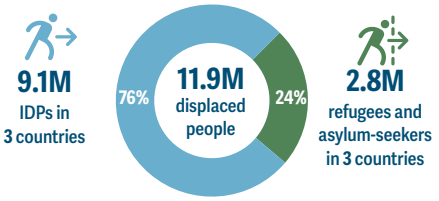
DISPLACEMENT | Intensifying weather extremes, frequent natural disasters, conflict, and economic disparities and isolation remain a barrier to durable solutions for the large majority of the 12 million forcibly displaced people in countries with food crises in Asia.

The effects of the decades-long conflict in **Afghanistan** and ongoing hostilities in **Myanmar** remain the key drivers of displacement in the region. Of its 12 million forcibly displaced people in countries with food crises, 76 percent (9.1 million people) were IDPs.

The largest numbers of IDPs were in **Afghanistan** (5.7 million people), followed by **Myanmar** (3.4 million people). Countries with food crises in the region also remained home to some of the largest, protracted refugee populations, with **Pakistan** (Afghan refugees) and **Bangladesh** (Rohingya refugees) among the ten countries that host the largest refugee populations in the world (UNHCR, December 2024).

The escalating conflict in **Myanmar** continues to drive rapidly increasing displacement. Between November 2023 and 2024, 1.3 million were newly displaced within the country, amounting to a total of 3.2 million since February 2021 (UNHCR, November 2024). Escalating conflict in Rakhine state triggered a new influx of Rohingya refugees into **Bangladesh**, with 65 000 new arrivals in Cox's Bazar district in 2024, straining the capacity of the camps, which already hosted 1 million Rohingya refugees. Major security and protection issues persist in Rohingya refugee camps, including abductions, killings, forced recruitments and gender-based violence, amid escalating violence among armed groups, on top of high exposure to natural hazards and limited livelihood opportunities (OCHA, January 2025).

FIG. 4.8 **Total number of forcibly displaced people in countries with food crises, 2024**



Source: IDMC, May 2024; IOM, February and October 2024; UNHCR, October 2024.

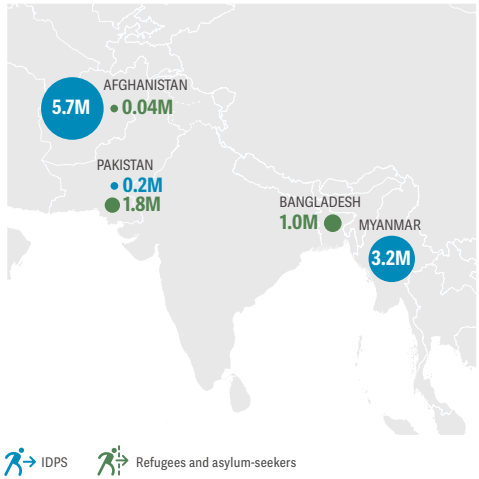
Almost 4 000 Rohingya refugees were relocated from Cox's Bazar to Bhasan Char Island in 2024, bringing the total to 37 000 individuals as of December 2024 – the majority of them children (UNHCR, January 2025). Despite some improvements in services and livelihoods, significant gaps in site management and shelter/non-food items, protection, health and nutrition persist, constraining access to essential services for vulnerable groups (OCHA, January 2025).

In 2024, over 1.2 million Afghans returned to Afghanistan – 1.1 million from Iran and 0.13 million from **Pakistan**, with smaller numbers returning from other countries (OCHA, December 2024). While there has been no major internal displacement in **Afghanistan** since 2022, IDP returns remain limited (0.23 million in 2024), highlighting the protracted nature of displacement in the country (UNHCR, December 2024). Returnees from abroad require assistance, especially for housing, financial support and food, and are hosted by communities already struggling to cope with existing vulnerabilities (UNHCR, November 2024).

Acute food insecurity among displaced populations

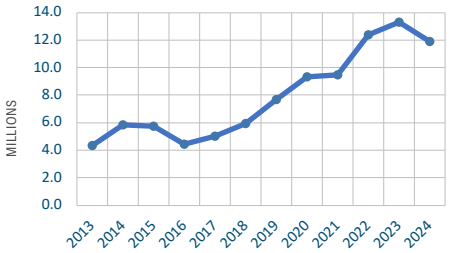
Following the largest funding shortfall since the beginning of the Rohingya response in 2018, new funding bolstered the provision of full food rations from August to December 2024 to Rohingya refugees in Cox's Bazar, Bangladesh. This resulted in a substantial decline of acute food insecurity among the Rohingya refugee population between May–September 2023 and October–December 2024. The number of Rohingya refugees in Cox's Bazar facing high levels of acute food insecurity (IPC Phase 3 or above) decreased by 53 percent and the population in Emergency (IPC Phase 4) dropped from 0.24 million people to none (IPC, November 2024). Despite these improvements, about 0.3 million Rohingya refugees or 30 percent of this refugee population were still experiencing high levels of acute food insecurity. Two-thirds of this population were in camps in Cox's Bazar and the remaining third were on Bhasan Char Island (IPC, November 2024).

MAP 4.2 **Number of forcibly displaced people by country, 2024**



Source: IDMC, May 2024; IOM, August 2024; UNHCR Nowcasted estimates, December 2024; UNHCR, October 2024.

FIG. 4.9 **Total number of forcibly displaced people in countries with food crises, 2013–2024**



Sources: 2013–2023: UNHCR, IDMC, UNRWA.
2024: UNHCR Nowcasted estimates December 2024, IOM.

Acute malnutrition among displaced populations

Acute malnutrition among Rohingya refugee children in Bangladesh (Cox's Bazar) remained of high concern after a deteriorating situation since 2022. Levels of acute malnutrition have steadily increased since 2020, with the prevalence of acute malnutrition among children aged 6–59 months increasing from 11.4–11.9 percent in the Kutupalong and Mega Camps in 2020 to 15.4 percent in 2023 (UNHCR and WFP, July 2021; UNHCR, 2023). About 14 800 children were affected by severe acute malnutrition (UNICEF, March 2024; UNICEF, December 2024). No new data are available for 2024.

5 | Europe

PHOTO: MYKOLAIV, UKRAINE. © WFP/SAYED ASIF MAHMUD

Around 5 million people in Ukraine faced high levels of acute food insecurity in 2024. While this was around 2.3 million fewer people than in 2023, primarily due to regular humanitarian assistance and fewer people living along the frontline, improvements were not uniformly distributed across the country.

While direct damage increased across all sectors in 2024, the energy sector continued to be particularly badly hit, which increased dependence on energy imports and pushed up production costs, including in the agricultural sector.

The Ukrainian economy showed some positive growth in 2024, but lack of employment opportunities and low incomes contributed to acute food insecurity. Rising energy, transport and food production costs continued to drive up prices, including for food, eroding purchasing power.

Many people remained displaced in Ukraine, and new displacements continued to occur as the frontline shifted. Displaced populations are particularly vulnerable to disruption of livelihoods, lack of income and acute food insecurity.

Focus | The impact of the war in Ukraine on its economy and agriculture

The war in Ukraine has had a significant impact on the country's economy and agricultural production and exports. The energy sector was severely affected in 2024, increasing production costs and dependence on energy imports (IEA, September 2024).

Impact of the war on the country's economy in 2024

In 2024, hostilities intensified significantly in several regions, including in the Donetska region, with increased air attacks across Ukraine damaging urban areas and critical energy, transport and other infrastructure. The war continued to negatively impact Ukraine's economy by destroying productive capital and disrupting economic activities (WB et al., February 2025).

After significant economic contraction in 2022, with GDP decreasing by 29 percent, the economy rebounded in 2023 with a growth rate of 5.3 percent. Growth was estimated at 3 percent in 2024, bringing GDP to 78 percent of its 2021 level (WB et al., February 2025). Poverty levels rose from 20.6 percent of the population in 2021 to 35.5 percent in 2023, according to the latest data available (WB et al., February 2025).

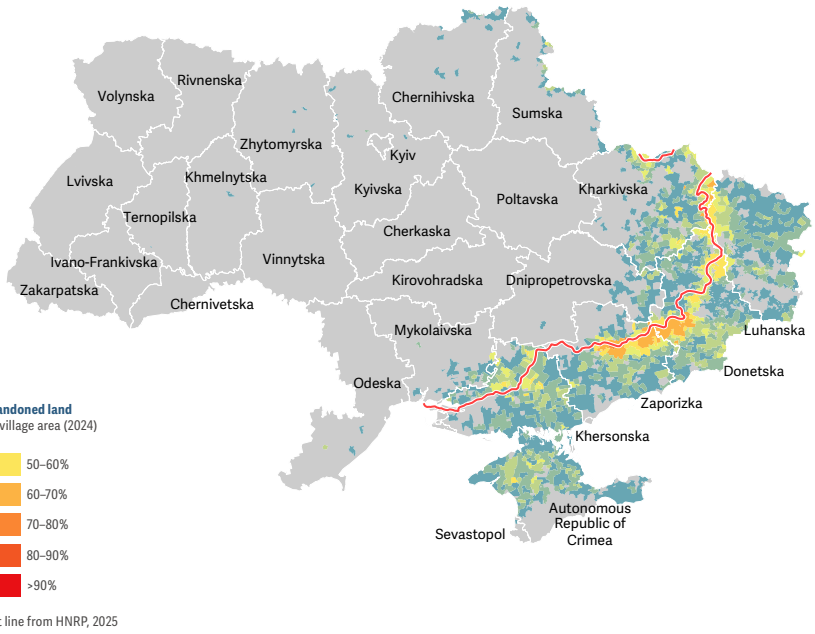
Significant improvements in agricultural exports in 2024

Despite attacks on port infrastructure, almost 90 percent of exports continued via Ukraine's ports (FEWS NET, October 2024). Following the termination of the Black Sea Grain Initiative in August 2023, Ukraine launched its own temporary maritime corridor, which greatly improved export logistics and bridged the gap between domestic and global prices (WB, February 2025). Maritime agricultural exports improved, with levels in 2024 nearing those seen before the war (WFP and KSE, April 2024). The increases in export volumes took place against a backdrop of persistent logistical, security and cost challenges, with frequent disruptions at land and sea borders hindering imports and exports, and transit routes frequently attacked (WFP and KSE, April 2024).

While export volumes of cereals (corn, wheat, barley and rye) were substantially higher from June to December 2024 than during the same period in 2023, they were expected to slow down from January to June 2025 due to the depletion of stocks accumulated primarily in the first year of the war in 2022. Low maize production in 2024 and high domestic prices may also discourage exports (USDA, February 2025).

In September 2024, a new system of minimum export prices for key grain and oilseed shipments was signed to mitigate ongoing price distortions in the domestic grain market. An agreement between the Ukraine government, traders and agriculture associations on the maximum grain export volumes for the 2024/2025 marketing year with the aim of maintaining domestic food security and affordability set the limit for wheat and a mixture of wheat and rye (meslin) at 16.2 million tonnes (FEWS NET, September 2024).

MAP 5.1 **Abandoned land as percentage of total land a at village level in 2024**



Source: Claverie et al, September 2024, based on data from Kyiv Polytechnic Institute.

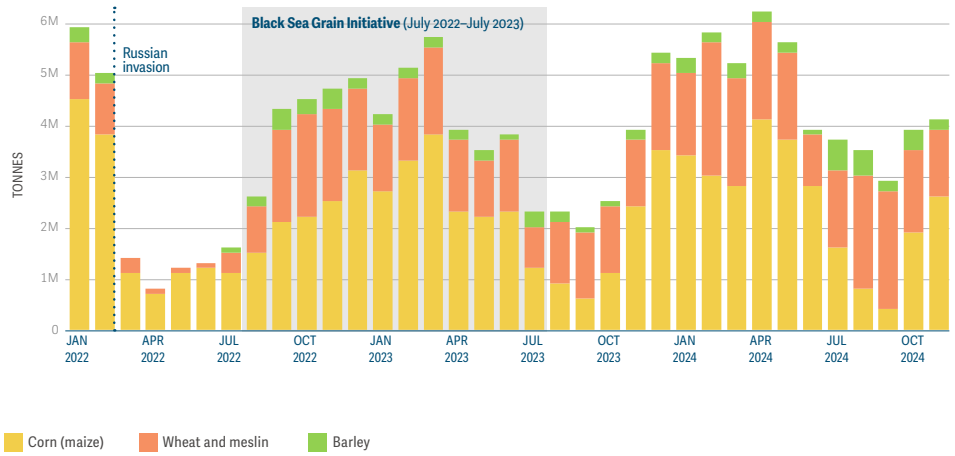
Impact of the war on agricultural production in 2024

In 2024, approximately 4.8 million hectares of agricultural land in Ukraine were abandoned – an increase of 0.3 million hectares since 2023 – primarily in and around conflict zones, particularly in non-government-controlled areas (NGCAs) and the eastern regions of Dnipropetrovska and Kharkivska (Claverie et al., September 2024). Active fighting, mining of agricultural fields, unexploded munitions, chemical contamination and other problems have all contributed to the abandonment of farmlands (IFPRI, December 2024). In NGCAs, 2024 crop production was substantially reduced due to the increase in abandoned land and decrease in cultivated areas since 2023, as well as dry conditions. In the rest of the country, the area cultivated did not significantly change (Claverie et al., September 2024).

Maize and barley production in 2024 was significantly below that of 2022 and 2023, primarily due to the reduction in the areas sown and harvested, while wheat production was similar. Crop production figures were also below pre-war levels, partly because estimates do not include data for NGCAs (USDA, February 2025), which were historically major production areas. The occupied regions of Donetska, Luhanska, Khersonska and Zaporizka accounted for about 21 percent of wheat, 17 percent of barley, 14 percent of rapeseed, 9 percent of soybeans and 19 percent of sunflower seed produced in Ukraine during 2016–2020 (IFPRI, December 2024).

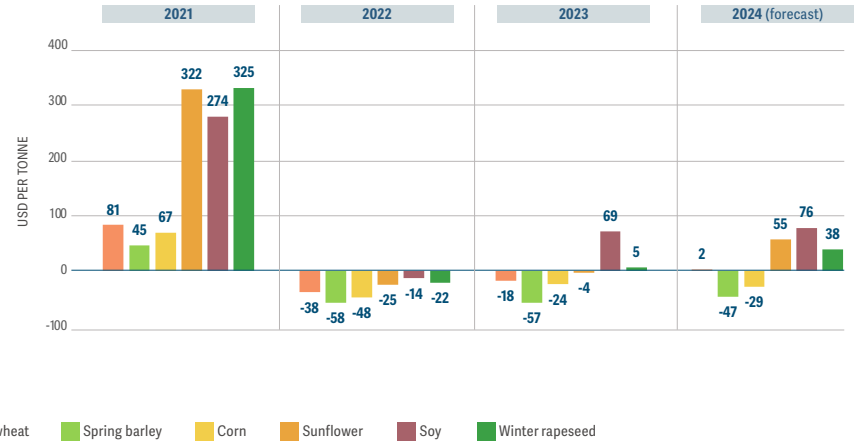
Soybean production was expected to increase in 2024 due to changing strategies leading to expansion of sown areas (WFP and KSE, April 2024), and rye production increased by 20 percent (USDA, February 2025).

FIG 5.1 **Ukraine grain exports**



Source: FAO-GIEWS based on the Global Trade Tracker [accessed 10 February 2025].

FIG 5.2 **Average profit from production of major grains and oilseeds, 2021–2024**



Source: USDA, 2024 based on data from Ministry of Agrarian Policy and Food of Ukraine.

To reduce risk, farmers are adapting their planting strategies, opting for crops that require less intensive fertilizer application due to its high costs and uncertain availability, and economizing on other inputs such as seeds and fuel. This includes switching towards growing feed-grade wheat instead of food-grade wheat and towards sunflower cultivation to mitigate losses in profitability from cereals (WFP and KSE, April 2024). Farmers' incomes are unstable. By the end of 2023, only a few oilseed crops, such as soybean and rapeseed, remained marginally profitable for farmers, while profit margins for most widely planted crops, such as wheat, rye, maize and sunflower seeds became on average negative (WFP and KSE, April 2024).

Impact of the war on fertilizer availability and prices

The fertilizer market still faced considerable challenges but showed signs of adaptation. The disruption of local production facilities increased Ukraine's dependency on imports, particularly from Lithuania, Poland and Türkiye. The sanctions imposed on Belarus, which used to be a significant fertilizer supplier, have also affected the availability and prices of fertilizer.

After a steep increase following the start of the war in 2022, fertilizer prices began to normalize by early 2023 as the government and private stakeholders adapted, using alternative overland routes and air shipments for critical supplies, making costs higher but ensuring availability (Waypoint, September 2024).

Impact of the war on energy infrastructure

Direct damage to infrastructure increased by nearly USD 24 billion between 2023 and 2024, with the housing sector and transport most affected. Across all sectors, the most significant damage occurred in Donetska, Kharkivska, Luhanska, Zaporizka, Khersonska and Kyivska oblasts (WB et al., February 2025).

The energy sector saw a doubling in damaged or destroyed assets, including power generation, transmission and distribution infrastructure. Renewed airstrikes in March and April 2024 at the end of the cold season in Ukraine wreaked more havoc than the October 2022–March 2023 damages, which mostly affected power distribution networks. The strikes severely damaged multiple thermal and hydroelectric power plants, knocking out power generation in the Kharkiv region. The April strike destroyed the Trypilska thermal power plant, one of the largest in the country, powering three regions in central Ukraine (ACLED, December 2024). Blackouts severely affected people's lives and livelihoods, particularly in the winter months (IEA, September 2024).

Attacks on power plants deprived Ukraine of 80 percent of its thermal generation capacity, inducing blackouts across the country (ACLED, December 2024; WFP, June 2024). The loss of generation capacities in the spring of 2024 led to a surge in electricity imports, which reached their highest volume since the escalation of the war in February 2022. Electricity imports remain crucial for covering the country's new energy deficit. Intense efforts are required to repair energy infrastructure, and synchronize this with the European energy system (WFP, June 2024).

The electricity deficit and price increase are having spillover effects on households and various economic activities, including agriculture and the food industry (UACAT, January 2025). The resultant increases in production costs for cereal and livestock farmers were passed on to the consumer. For instance, the price of wheat flour increased in the first week of June due to higher electricity costs for businesses (WFP, June 2024).

The value of the economic losses significantly exceeds the direct damage. Commerce and industry is the most-affected sector (accounting for USD 214 billion in economic losses), followed by agriculture (USD 73 billion), energy and extractives (USD 72 billion), and transport (USD 47 billion) (WB et al., February 2025).

DISPLACEMENT | Internally displaced people and returnees employ harsh coping strategies.

The escalation of the war in Ukraine from February 2022 has led to massive and ongoing waves of displacement inside the country and a large outflux of refugees across its borders, while millions have returned to the country.

As of December 2024, the International Organization for Migration (IOM) estimated that Ukraine had 3.7 million internally displaced persons (IDPs), representing 11.6 percent of the total population (IOM, January 2025).

The largest number of IDPs reside in Dnipropetrovska (14 percent of the total) and Kharkivska (12 percent) oblasts. The capital Kyiv hosts 11 percent. About one-third (31 percent) reside near the frontline. IDPs originate mostly from Donetska (28 percent) followed by Sumska and Kharkivska oblasts (IOM, January 2025).

The majority (62 percent) have been displaced for two or more years. New displacements continued to occur in 2024, with about 600 000 people newly displaced during the last six months of the year. The largest flow of intra-oblast displacement remains in Khersonska, Donetska, Zaporizka and Kharkivska oblasts (IOM, January 2025).

By December 2024, 4.2 million refugees had returned to Ukraine, with returnees making up 13.6 percent of the total population. Most returned to Kyiv city (21 percent), Kharkivska (16 percent) and Kyivska (14 percent) oblasts (IOM, December 2024). About 10 percent of returnees remained displaced, mainly as they were returning to areas close to the frontline and needed to move again.

Both IDPs and returnees faced heightened socioeconomic challenges in 2024

The revised eligibility criteria for the cash assistance programme from March 2024, including stricter rules on employment and vulnerability criteria, negatively impacted displaced populations. Access to stable and secure employment and affordable housing remained central challenges, particularly for female-headed IDP households with children, young people and persons with disabilities. These groups face higher rates of poverty and food insecurity as well as limited access to essential services. Gender-based violence, including conflict-related sexual violence and human trafficking, have increased (WB, February 2025).

About two-thirds of IDPs adopted Crisis or Emergency livelihood-based coping strategies to meet basic food and shelter needs. These strategies included engaging in socially degrading, high-risk or exploitive income-generating activities, begging, or selling homes, land or other productive assets. More than half reduced health expenditures. IDP households also relied on consumption-related coping strategies. About two-thirds consumed cheaper foods and about half reduced the amount of food consumed. Around 40 percent reported that their households relied on humanitarian assistance to meet basic needs from June to September, reducing to 30 percent from October to December 2024 (IOM, January 2025).

IDPs residing in collective sites are particularly affected by impoverishment, especially older individuals and people with disabilities (WB, February 2025).

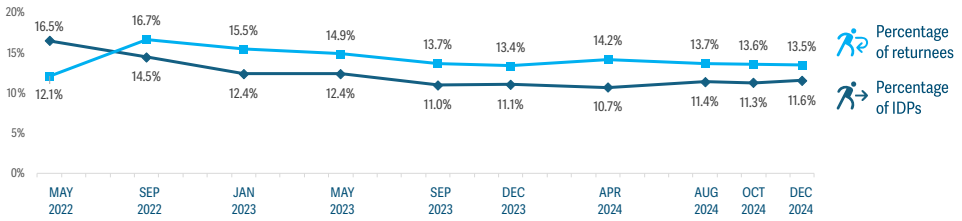
More than one-third of returnees adopted Crisis coping strategies, such as reducing health or education expenditures or selling productive assets, and about one in six adopted Emergency strategies to cover essential needs (IOM, January 2025).

There are around 6.6 million Ukrainian refugees globally

Of the 6.6 million refugees from Ukraine globally, 6.3 million were in Europe (UNHCR, December 2024), with the largest populations in Poland (around 1.8 million) and Germany (around 1.2 million). Around 0.4 million were in neighbouring Belarus, Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Republic of Moldova and Romania. Two-thirds of refugees in neighbouring countries are women and girls (UNHCR, December 2024).

The number of cross-border movements saw a significant increase from February 2024, followed by a sharp decline after September. While inbound movements were greater than outbound movements during the months of April, July and August, outbound movements were greater than inbound during the other months (UNHCR, November 2024).

FIG 5.3 **Share of IDPs and returnees in the total population in Ukraine, based on data available**



Source: Ukraine General Population Surveys, rounds 5 to 19 (IOM, January 2025).

6 | Latin America and the Caribbean

PHOTO: PORT-AU-PRINCE, HAITI. © WFP / LUC JR SEGUR

Haiti was the region's most severe food crisis due to escalating violence, with nearly half its population facing high levels of acute food insecurity, including around 5 600 people in Catastrophe (IPC Phase 5). Colombia, also affected by insecurity, had the largest number of people facing high levels of acute food insecurity, mainly among IDPs.

Some countries experienced persistently high food prices and limited income opportunities that eroded household purchasing power and resulted in high migrant poverty, while others saw gradual improvement. Weather extremes linked to El Niño and La Niña caused localized crop losses in Colombia, El Salvador, Guatemala and Honduras.

In Haiti, the region's only nutrition crisis, widespread gang violence, cholera and limited access to care led to Critical (IPC AMN Phase 4) levels of acute malnutrition in one area.

The outlook for 2025 includes worsening insecurity and sustained economic decline in Haiti, and ongoing conflict amid economic inequality in Colombia. Forecast hotter and drier conditions threaten Central America and northeastern South America, posing risks to crop production, food availability and livelihoods.

Latin America and the Caribbean

Colombia | Cuba | Ecuador (migrants and refugees) | El Salvador | Guatemala | Haiti | Honduras | Peru (migrants and refugees)

Latin America and the Caribbean continued to experience high levels of acute food insecurity, with Haiti facing the region's most severe food crisis – and only nutrition crisis – due to violence, displacement and economic collapse. While Guatemala and Honduras saw improvements, Colombia faced persistent challenges, with a large and increasing number of IDPs and high levels of acute food insecurity among migrant populations, amid deteriorating security conditions.

19.7M

people or **20%** of the total population faced high levels of acute food insecurity in **six** countries with food crises in 2024.

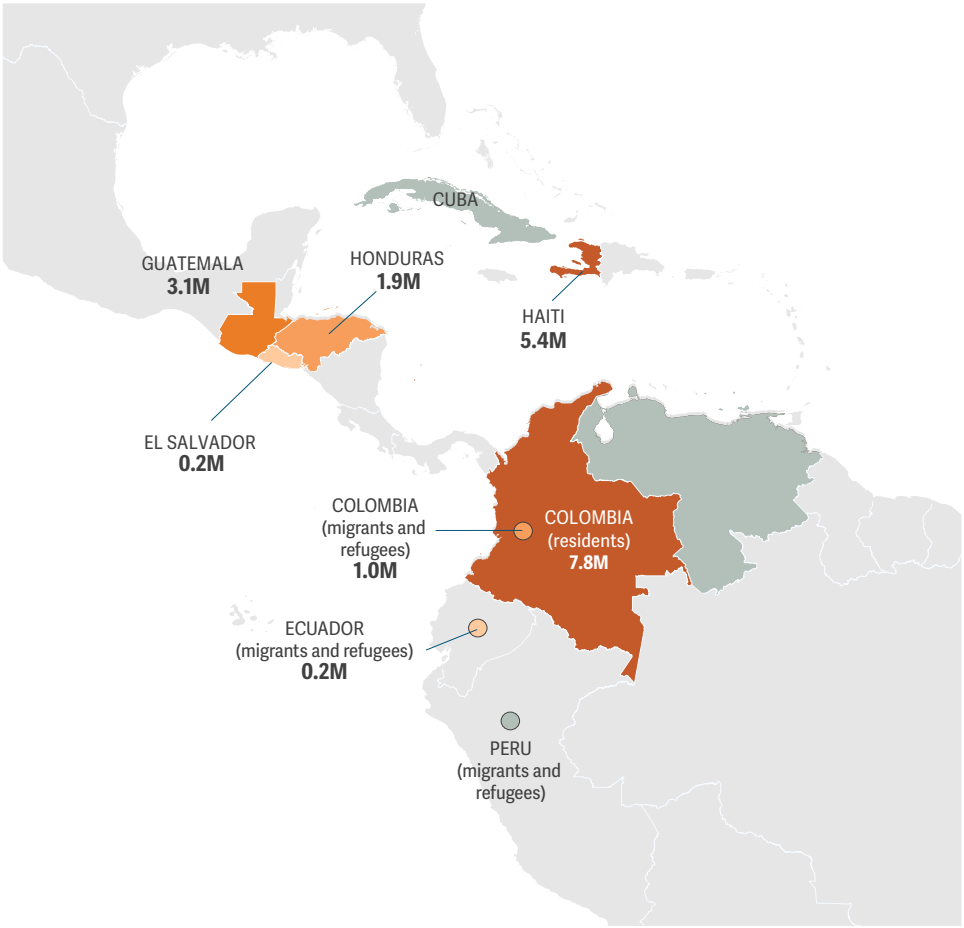
11.8M

forcibly displaced people in **five** countries with food crises in 2024 – consisting of **8.4** million IDPs and **3.4** million refugees, asylum-seekers and migrants.

0.3M

acutely malnourished children in **Haiti,** the only country with a nutrition crisis in the region **in 2024.** Of them, over **0.1 million were suffering the most severe form of acute malnutrition.**

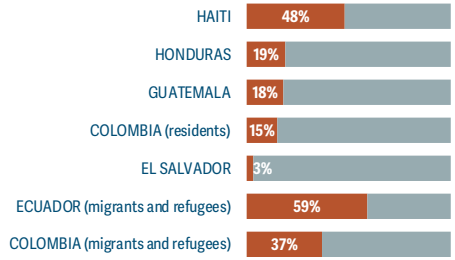
MAP 6.1 **Numbers of people facing high levels of acute food insecurity in six countries, 2024 peak**



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Sources: IPC TWGs, 2023, 2024; FEWS NET (El Salvador); PRPC, 2025 (Colombia (residents)); WFP (CARI) (Colombia and Ecuador (refugees and migrants)).

FIG 6.1 **Share of analysed population facing high levels of acute food insecurity, 2024 peak**



The total population was analysed in all countries with data.

Nine countries in this region were selected. However, for three of them – **Cuba**, **Peru** (**migrants and refugees**) and **the Bolivarian Republic of Venezuela** – data did not meet GRFC technical requirements. *For more information on these additional countries of concern, see page 145.*

How have the food crises in this region changed since 2023?

The share of the analysed population facing high levels of acute food insecurity across the region increased from 17 percent in 2023 to 20 percent in 2024.

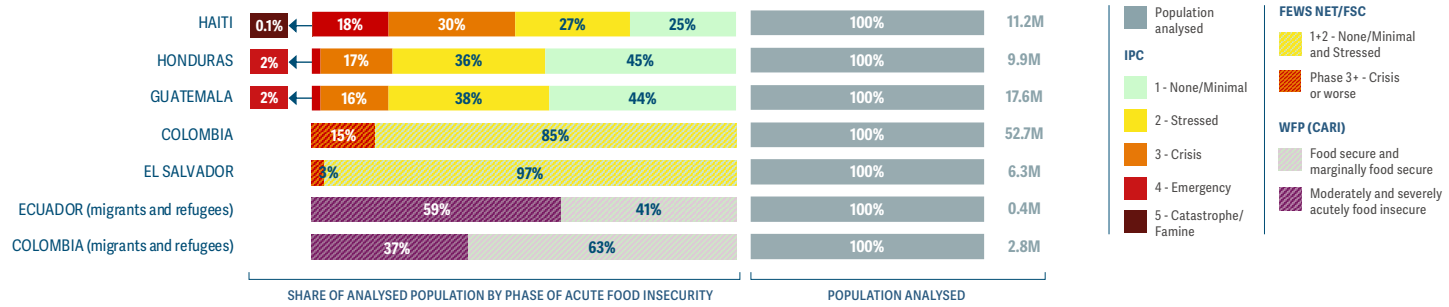
In terms of magnitude, the number of people in need of urgent food and livelihood assistance remained unchanged at 19.7 million. A direct comparison with the GRFC 2024 is not possible due to a methodology change for **Colombia's** residents, expanded analysis coverage in **Haiti**, and a reduction in included countries from nine to six, excluding Ecuador (residents), the Dominican Republic, Nicaragua and Peru (residents).

Across countries with comparable data, **Guatemala** and **Honduras** saw overall improvements in high levels of acute food insecurity largely driven by higher crop production and improved economic conditions, including a general easing of inflation and overall economic performance (ECLAC, September 2024; IPC, June 2023; IPC, May 2024), although localized areas continued to face high levels of acute food insecurity.

Guatemala recorded the largest decline in people experiencing acute food insecurity in absolute terms, from 4.3 million people in 2023 to 3.1 million people in 2024. In **Guatemala**, the prevalence of high levels of acute food insecurity declined from 24 percent to 18 percent, while in **Honduras** it decreased from 25 percent to 19 percent.

Across the region, vulnerable migrant and refugee populations, who tend to face greater barriers to accessing food than resident populations, were selected for this report. The proportion of migrants with intention to settle that faced high levels of acute food insecurity in **Colombia** decreased from 52 percent in 2023 to 37 percent in 2024, reflecting eased inflation and comparatively higher employment opportunities for migrants associated with the Temporary Protection Permit, which has played a key role in their integration. As of 2024, 62 percent of migrant households held this permit, facilitating access to employment and social services (WFP, February 2025). In **Ecuador**, nearly 60 percent of migrant and refugee households still experienced high levels of acute food insecurity, a level similar to 2023 (WFP, May 2024). No data meeting GRFC technical requirements were available for migrants and refugees in Peru.

FIG. 6.2 **Share of analysed population by phase of acute food insecurity, 2024 peak**



Sources: IPC TWGs, 2023, 2024; FEWS NET (El Salvador); PRPC, 2025 (Colombia (residents)); WFP (CARI) (Colombia and Ecuador (refugees and migrants)).

Severity of acute food insecurity

Three of the six countries with food crises in the region – Guatemala, Haiti and Honduras – had data disaggregated by phase of acute food insecurity. For Colombia (residents and migrants), Ecuador (migrants) and El Salvador, estimates were derived from sources that do not have disaggregated phase data (FEWS NET, HNRP and WFP CARI).

About 5 600 people were projected to face Catastrophe (IPC Phase 5) in August 2024–February 2025 in Haiti.

The people in this phase were primarily IDPs in camps within the Metropolitan Area of Port-au-Prince (MAPAP) and were fewer than the 19 200 in Cité Soleil from September 2022–February 2023. Despite the decline in numbers, the situation remained dire, as limited access to food and essential services persisted. Food availability and physical access to markets were limited, while economic access to food was constrained by inflation, driven by armed gangs imposing tolls on transport routes. Heightened violence disrupting supply chains is likely to persist, leading to severe food consumption gaps and pushing more people into Catastrophe (IPC Phase 5) through June 2025 (IPC, September 2024).

2.6 million people in Emergency (IPC Phase 4) across three countries.

More than three quarters of the people in this phase were in **Haiti**, with over 2 million, representing 18 percent of the country's population. This is an increase of 194 000 people since 2023, amid expanded population analysis coverage. Out of the 35 areas analysed in **Haiti**, 15 were classified in IPC Phase 4, reflecting the widespread severity of the crisis (IPC, September 2024).

In contrast, **Guatemala** and **Honduras** saw notable declines, with about 281 000 and 126 000 fewer people in this phase, respectively (IPC, June 2023; IPC, May 2024).

7.9 million people in Crisis (IPC Phase 3) across three countries.

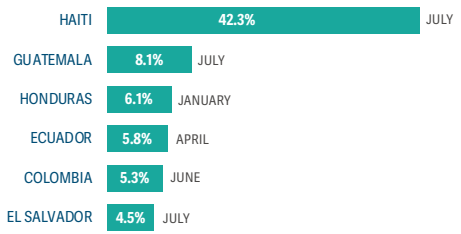
With 3.4 million people in this phase, **Haiti** accounted for about 45 percent of people in this phase in the region having an additional 320 000 since 2023.

Guatemala had 2.8 million people in this phase, nearly 900 000 fewer than in 2023. **Honduras** had 1.7 million people in this phase, a reduction of 366 000 since 2023. These declines occurred alongside an increase in the number of people in lower IPC phases.

13.3 million people in Stressed (IPC Phase 2) across three countries.

An additional 1 million people were in IPC Phase 2 since 2023, with absolute increases in all three countries. In **Haiti**, the number of people in this phase was 3.1 million, up from 2.7 million in 2023. The increase mostly reflected the expansion of population coverage, while the share of population in this phase remained at about 27 percent in 2023 and 2024. **Guatemala** had the highest share of its population in IPC Phase 2, at 38 percent, up from 36 percent in 2023, followed by **Honduras** at 36 percent, up from 35 percent in 2023.

FIG. 6.3 **Highest food inflation rates, 2024** (compared with same month in 2023)



Sources: DANE, Colombia; Instituto Nacional de Estadística y Censos, Ecuador; Banco Central de Reserva de El Salvador; Instituto Nacional de Estadística, Guatemala; Banco Central de Honduras.

Drivers of food crises in the region, 2024

Conflict and insecurity were the primary drivers of acute food insecurity in Colombia and Haiti, where 14.3 million people faced high levels of acute food insecurity in 2024.

In both **Haiti** and **Colombia**, conflict and insecurity disrupted agricultural production, displaced communities and restricted access to markets and supply chains.

In **Haiti**, escalating violence led to a threefold increase in the number of IDPs in 2024, with 5 600 people, mostly IDPs, in the MAPAP facing Catastrophe (IPC Phase 5). Armed gangs imposed roadblocks and unofficial tolls, limiting farmers' access to fields and markets. This resulted in unharvested crops, inflated food prices and below-average agricultural production in key crop-producing regions, while insecurity also disrupted food assistance and market access. These compound challenges prompted a state of emergency in parts of Port-au-Prince and Artibonite (IPC, September 2024).

In **Colombia**, armed groups disrupted agricultural activities and rural livelihoods, with landmine contamination and violence forcing many farmers to abandon their fields and constraining humanitarian access (OCHA, January 2025). This is likely to have reduced agricultural productivity in conflicted-affected areas and restricted access to markets in 2024, further exacerbating acute food insecurity (PRPC, January 2025).

Economic shocks were the primary driver in Ecuador (refugees and migrants), Guatemala and Honduras, where a total of 5.3 million people faced high levels of acute food insecurity.

Although not the main driver, economic shocks also contributed significantly to acute food insecurity in **Haiti**, **Colombia** (residents, migrants and refugees) and **El Salvador**.

Most countries in the region experienced easing inflation rates yet sluggish growth in 2024 (ECLAC, 2024). In **Ecuador** (refugees and migrants), **Guatemala** and **Honduras**, a mix of economic factors eroded household purchasing power, driving high levels of acute food insecurity. Economic shocks also underpinned deteriorations in **Haiti**, **Colombia** and **El Salvador**.

In **Ecuador**, the general economic climate in 2024 was poor, amid high and rising food prices and living costs, partly driven by the removal of fuel subsidies (IPC, November 2024). Refugee and migrant populations faced additional economic challenges including labour informality, precarious employment, poverty, high living costs and limited access to services, and as a result, many were unable to meet their basic food needs during the year. Nearly half of migrant households were living in poverty (WFP, May 2024).

Food, fuel and fertilizer prices remained high in **Guatemala**, constraining food access for those primarily dependent on informal trade, subsistence agriculture and seasonal labour (IPC, August 2024). Food prices were above the five-year average, peaking in July 2024 and then declining steadily with seasonal market availability of staple crops.

In the Dry Corridor, Alta Verapaz and areas of the Altiplano, households experienced more severe outcomes after a prolonged period of purchasing staple grains at high prices due to consecutive shocks that reduced their production capacity.

High rates of underemployment and unemployment, lower incomes and high prices combined to constrain purchasing power in **Honduras**. Those working in the agriculture, forestry and manufacturing sectors often were unable to cover the cost of a basic food basket, as it amounted to upwards of 80 percent of the average monthly salary in the country (IPC, May 2024).

Weather extremes were the primary driver in El Salvador, secondary driver in Guatemala and Honduras, and tertiary driver in Colombia, Ecuador (refugees and migrants) and Haiti.

The 2023/24 El Niño brought prolonged droughts and water shortages in the Central American Dry Corridor and **Colombia**, with intense rainfall and flooding off the coast of **Ecuador**. These climatic variations impacted agricultural production and reduced yields, exacerbating acute food insecurity and increasing the vulnerability of populations reliant on agriculture (WFP, March 2024).

The transition at the end of 2024 to La Niña led to above-average precipitation amounts and increased cyclone activity in Central America. In the southern parts of the region, dry weather conditions were likely to affect soybean, maize and rice crops during the vegetative to harvest period.

The El Niño-induced drought during the first half of the year had a localized negative impact on livelihoods in **El Salvador**, particularly those dependent on agricultural production, leading to reduced purchasing power and food consumption gaps (FEWS NET, October 2024). This was particularly the case for populations in the Dry Corridor where smallholder farmers mainly grow maize and beans for home consumption. Drier-than-normal weather conditions were followed by erratic rainfall, which led to flooding and landslides that caused the government to declare a state of emergency (FAO-GIEWS, November 2024).

In **Guatemala** and **Honduras**, weather impacts were also localized. Reduced rainfall delayed planting and damaged smallholder harvests, particularly in the key producing areas of Petén and Verapaz in **Guatemala**, while **Honduras** experienced localized crop losses in the south associated with tropical storm Sara in November 2024 (IPC, August 2024; OCHA, November 2024).

Acute food insecurity since 2016

Levels of acute food insecurity have increased since 2016, driven by intensifying weather extremes and deepening structural vulnerabilities, further exacerbated by conflicts and economic shocks, as well as persisting migration and displacement.

In the three countries of the region consistently included in the GRFC from 2017 to 2024 (**Guatemala**, **Haiti** and **Honduras**), the estimated number of people experiencing high levels of acute food insecurity ranged between 3.1 and 3.6 million from 2016 to 2018, before increasing from 7.7 million in 2019 to 12 million in 2022. This was followed by a slight decline to 11.6 million in 2023 and to 10.4 million in 2024.

The share of the analysed population facing high levels of acute food insecurity rose from 24 percent in 2019 to 30 percent in 2022, before declining slightly to 29 percent in 2023 and 24 percent in 2024. Meanwhile, the analysed population in countries with food crises grew significantly, increasing from 75 percent of the total population in 2019 to 97–98 percent in 2020–2023 and 100 percent by 2024.

Colombia and **Ecuador** (refugees and migrants) have not met the criteria for inclusion consistently. Resident populations in **Colombia** featured in two editions (2024 and 2025), while migrant and refugee populations in **Colombia** and **Ecuador** have been included in five editions (GRFC 2019, 2020, 2023, 2024 and 2025).

Structural vulnerabilities underlie persistently high levels of acute food insecurity

According to the INFORM Risk Index, all countries with food crises in the region face high exposure to hazards, a lack of coping capacity and high vulnerability. **Haiti** is ranked as 'extremely high' risk, **Colombia** and **Honduras** as 'high' risk, while **Ecuador, El Salvador** and **Guatemala** are classified as 'medium' risk. Regarding the lack of coping capacity, **Haiti** ranks as 'high', while **El Salvador**, **Guatemala** and **Honduras** are ranked as 'medium'. **Colombia** and **Ecuador** have the lowest rankings in this category, indicating better coping capacity (EC-JRC, July 2024).

Colombia, **Ecuador** and **Guatemala** are categorized as upper-middle-income countries, while **El Salvador**, **Honduras** and **Haiti** are lower-middle-income countries, highlighting significant economic disparities across the region (WB, July 2024).

Countries with food crises in this region generally rank 'medium' to 'high' on the Human Development Index (HDI), reflecting disparities in poverty levels, access to education and healthcare systems. **Ecuador** and **Colombia** fall within the 'high' category, while **El Salvador**, **Guatemala**, **Honduras** and **Haiti** are classified in 'medium' (UNDP, 2024) with **Haiti** nearing the 'low' HDI threshold, highlighting persistent struggles in economic growth, healthcare access and educational attainment.

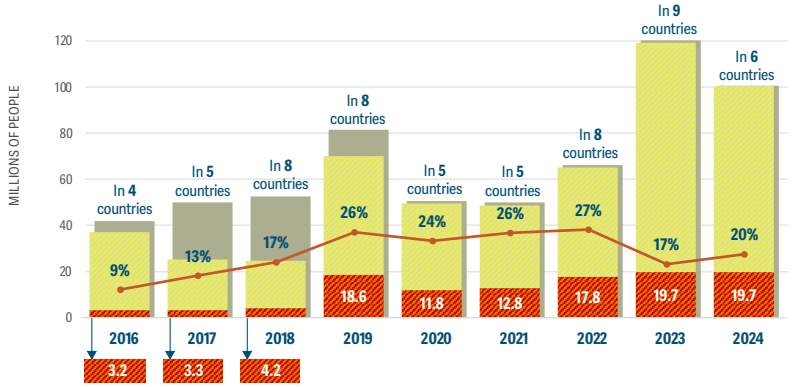
Over the past decade, countries in Latin America and the Caribbean have experienced persistently low growth, averaging just 0.9 percent annually from 2015 to 2024. The sluggish pace undermines efforts to tackle poverty, inequality and labour market vulnerabilities, limiting opportunities for sustainable development (ECLAC, September 2024).

Some countries showed signs of moderate economic recovery in 2023 and 2024, while others continued to experience economic contraction. **Colombia**'s growth slowed sharply as investment contracted in 2023, with GDP growth estimated at 1.7 percent for 2024 (DANE, February 2025). Central American countries, notably **Guatemala**, **El Salvador** and **Honduras**, demonstrated economic resilience, with overall stable rates projected between 3.4 percent and 3.8 percent in 2024. **Haiti** continues to suffer severe economic contraction, with six years of negative economic growth, reflecting sustained instability in the country (ECLAC, September 2024).

With more than half of the employed population in informal jobs across the region, labour markets are dominated by low-quality employment, which disproportionately affects vulnerable groups, including women, migrants and displaced populations, exacerbating socioeconomic inequality (ECLAC, 2024). Gini coefficients further illustrate these disparities, with **Colombia** experiencing the highest income inequality and **Ecuador**, **Guatemala** and **Honduras** also falling within this high inequality range. **Haiti**'s data are outdated and do not reflect the country's economic decline and escalating security crisis over the past decade (WB, 2025).

With over 80 percent of its population residing in urban areas, the region ranks among the most urbanized regions globally (ECLAC, 2024). Urban poverty and inequality are significant barriers to accessing affordable and nutritious diets, as high living costs, inadequate housing and limited access to essential services disproportionately affect low-income households. These challenges are particularly acute for children living in urban areas, where deprivation of education, healthcare and proper nutrition exacerbates child food poverty and perpetuates intergenerational cycles of inequality (UNICEF, June 2024).

FIG. 6.4 **Number and share of people facing high levels of acute food insecurity in countries with food crises, 2016–2024**



Source: GRFC 2017–2025.

FIG. 6.5 **Selected structural vulnerabilities indicators by country**

	Cereal import dependency ratio (%)	Crop growing period affected by drought conditions (%)	GDP ranking	HDI global ranking (1–192)	INFORM Risk (0–10)	Share of agricultural, forestry and fishery employment (%)
COLOMBIA	64.7	6.4	41	91	5.6	14.6
CUBA	90.7	10.9	N/A	85	2.6	17.1
ECUADOR	39.4	12.7	63	83	4.7	31.5
EL SALVADOR	53.9	7.7	102	127	4.2	15.0
GUATEMALA	54.8	8.0	68	136	4.9	27.1
HAITI	85.7	10.9	122	158	7.2	45.5
HONDURAS	64.1	9.5	101	138	5.6	24.2
PERU	53.0	16.8	49	87	4.9	25.7
VENEZUELA (BOLIVARIAN REPUBLIC OF)	57.0	12.3	N/A	119	5.6	11.5

For descriptions of these indicators see Technical notes, page 210.

Sources: FAO (Cereal import dependency ratio); EC-JRC (Crop growing period affected by drought conditions, also referred to ASAP Crop Index); UNDP (HDI Global Index); EC-JRC (INFORM Risk Index); FAO (Share of agricultural, forestry and fishery employment).

Acute food insecurity outlook 2025

In the three countries with projections for 2025 – El Salvador, Guatemala and Haiti – approximately 8.8 million people, or 25 percent of the analysed population, are projected to face high levels of acute food insecurity. The situation in Haiti is particularly concerning.

In **Haiti**, deteriorations are expected due to economic decline and worsening insecurity, while **El Salvador** risks deteriorations as persistent economic shocks may offset gains from improved security. Meanwhile, **Guatemala** is projected is projected to experience a slight improvement in 2025 due to an above-average agricultural season (FEWS NET, November 2024; IPC, September 2024; IPC, August 2024).

High levels of gang violence and internal displacement are likely to persist in Haiti, as armed gangs expand outside of Port-au-Prince. Increased violence in the country is projected to exacerbate issues of physical access to food alongside the impaired functioning of key markets, which could, in turn, increase inflationary pressures on food prices (WFP & FAO, November 2024). This situation is further aggravated by recurrent cholera outbreaks and disrupted access to healthcare and humanitarian aid. *See Focus | The impacts of escalating violence in Haiti, page 138.*

Regional growth is projected to rise to 2.5 percent in 2025, with Central American countries poised for better performances, but key policy and climatic risks could weigh heavily on this economic outlook (WB, January 2025).

A shift to more protectionist trade policies in 2025 would likely lead to declines in exports of agricultural commodities and increases in international commodity prices, renewing domestic inflationary pressures and the erosion of household purchasing power (ECLAC, December 2024). Economies in Central America and the Caribbean would be the most vulnerable to these policy changes. Additionally, stricter migration policies could negatively impact remittances – an important income source for poor households – to the region (WB, January 2025).

Weather forecasts indicated moderate rainfall deficits at the start of the Primera season in Central America, with below-average rainfall expected until early May in parts of **Guatemala**, **Honduras** and **Nicaragua**, while **Haiti** was forecast to receive above-average rainfall during the same period. Seasonal models suggest drier and hotter-than-normal conditions from July to September in northern Central America and the Caribbean, potentially intensifying the mid-season dry spell and delaying the onset of the Segunda rains (GEOGLAM, May 2025).

In northeastern South America, rainfall is also forecast to remain below average from April to June and July to October (IRI, 2024). In **El Salvador**, persisting levels of acute food insecurity are projected, highlighting the low resilience of households during the lean season.

In **Colombia**, while no projections of acute food insecurity are available, conflict and displacement are likely to remain significant drivers. In early 2025, escalations in violence in the Catatumbo region displaced nearly 52 000 people and confined about 23 600 people, further straining resources in areas already struggling with high levels of poverty and inequality (OCHA, January 2025). This crisis, part of a wider surge in violence affecting over 695 000 people nationwide in the first two months of the year, underscores the challenges of stabilizing conflict-affected regions (OCHA, March 2025).

ACUTE MALNUTRITION | Haiti was the only country in the region to experience both a food crisis and a nutrition crisis.

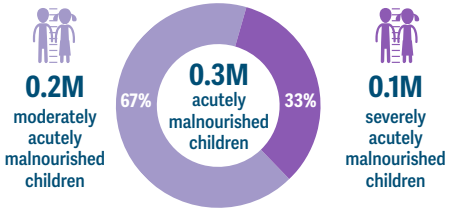
Haiti experienced a critical nutrition crisis in 2024, due to the combined effects of gang violence, cholera outbreaks, insufficient food intake and limited access to healthcare. Nearly 20 percent of areas analysed were projected to be in Serious or worse (IPC AMN Phase 3 or above) in June–November 2024, with the Croix-des-Bouquets municipality in Port-au-Prince classified in Critical (IPC AMN Phase 4), showing a GAM prevalence of 19.2 percent in children aged 6–59 months (IPC, March 2024).

No countries were a nutrition concern in the region although populations on the move remained vulnerable to acute malnutrition, particularly migrants and refugees in **Colombia** and **Ecuador**. Populations in **Guatemala**, particularly indigenous peoples, are also vulnerable to acute malnutrition. The most affected departments are Escuintla, Alta Verapaz, San Marcos, Guatemala Sur, Suchitepéquez and Retalhuleu (OCHA, September 2024).

Acute malnutrition trends 2020–2024

During this period, only **Haiti** faced high levels of child acute malnutrition in the region. Between 2020 and 2023 the national GAM prevalence hovered between 5 and 6 percent, with certain areas, mostly poor urban, experiencing high levels of acute malnutrition. The 2021 earthquake and growing insecurity associated with gang violence led to a deterioration in access to healthcare and nutritious diets, contributing to malnutrition (OCHA, October 2021, January 2024 and October 2024).

FIG. 6.6 **Number of children aged 6–59 months with acute malnutrition in Haiti, 2024**



26 800 pregnant and breastfeeding women with acute malnutrition in Haiti, 2024

Source: Haiti IPC TWG, March 2024.

The latest IPC analysis was informed by 2023 SMART data, therefore a GAM prevalence trend analysis up to 2024 is not possible.

The number of acutely malnourished children aged 6–59 months has steadily increased between 2021 and 2024, from 217 000 to nearly 280 000 (HNRP, 2021; HNRP, 2023; IPC TWG, March 2024).

2025 outlook

No acute malnutrition projections for 2025 were available. A SMART survey is planned for **Haiti** in 2025 to generate new evidence and ensure up-to-date data on the nutrition situation (UNICEF, 2024).

DISPLACEMENT | The number of displaced people increased in 2024, mainly reflecting an increase in internal displacement in Colombia and Haiti, as well as higher numbers of migrants and refugees across the region.

The majority of the region's 8.4 million IDPs were in **Colombia** (7 million), due to decades of conflict and civil insecurity, and in **Haiti** (1 million) due to the escalating violence in 2024.

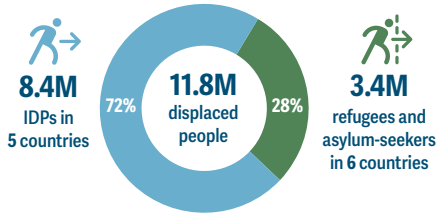
In **Colombia**, nearly 125 000 people were newly displaced in 2024 (UNHCR, 2024). In early 2025, intensified confrontations between armed groups in the Catatumbo region led to the displacement of about 51 900 people and the confinement of over 23 600, further exacerbating the humanitarian crisis (OCHA, January 2025).

In **Haiti**, by December 2024, almost 1 in 10 Haitians were internally displaced, more than treble the late 2023 number. The increase is due to the violence during the last quarter of 2024, particularly in the MAPAP, the commune of Arcahaïe and the Artibonite department (IOM, January 2025).

Although displacement in 2024 was negligible, 390 000 IDPs remain displaced as a result of organized crime and violence in **El Salvador**, **Guatemala** and **Honduras** (GRID, May 2024).

Natural disasters, conflicts, insecurity and difficult economic conditions have driven cross-border displacement across the region. There were about 3.4 million migrants, refugees, asylum-seekers and other people in need of international protection (OIPs) across the six countries included in this edition of the GRFC by the end of 2024 (UNHCR, December 2024). Most of these populations were concentrated in **Colombia**, with 2.9 million, followed by **Ecuador** with almost 491 000.

FIG 6.7 **Total number of forcibly displaced people in countries with food crises, 2024**



Source: UNHCR Nowcasted estimates, December 2024; IDMC, May 2024; IOM, December 2024, Government of Colombia, November 2024.

The socioeconomic challenges faced by migrant households, such as extreme poverty, precarious employment, discrimination and limited access to housing, healthcare and social services, exacerbate their vulnerability to acute food insecurity. These conditions restrict their ability to secure consistent income, access nutritious food and maintain adequate living standards, also resulting in a heightened risk of acute malnutrition, particularly among children and pregnant women (R4V, 2025).

Acute food insecurity among displaced populations

Migrant households experienced restricted access to regular income and food assistance with only a small percentage reporting receiving external support, further limiting their ability to secure adequate and diverse diets (WFP, May 2024).

Analyses on the acute food insecurity situation in 2024 were available for populations on the move in **Colombia** and **Ecuador**.

In **Colombia**, about 1 million migrants or 37 percent of the analysed population (migrant population with intention to settle) faced high levels of acute food insecurity, down from 52 percent in 2023 (WFP, February 2025). This decrease can be explained by, among other factors, the longer stay in the country, the improvement in economic conditions and the greater integration into Colombian society of the migrant population.

In **Ecuador**, acute food insecurity remained a significant challenge for migrant households, with 48.5 percent of them experiencing moderate acute food insecurity and 11 percent facing severe acute food insecurity (WFP, May 2024). These levels have remained virtually unchanged since the previous data of 2022, highlighting the persistent struggles that migrant families face to meet their basic food needs.

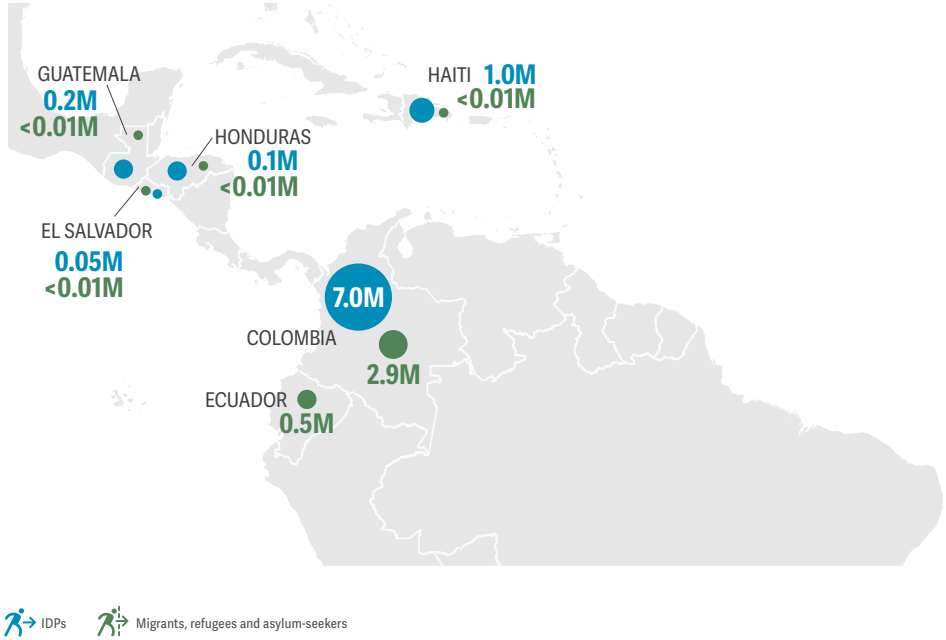
Acute malnutrition among displaced populations

The nutritional situation was concerning for migrant and refugee children in **Ecuador**, with the GAM prevalence reaching 7.7 percent among girls aged 6–59 months. It was lower for boys of the same age (4.9 percent) (WFP, May 2024).

Migrants and refugees in **Colombia** also faced significant nutritional challenges as of 2023, with 5.2 percent of children aged 6–59 months in in-transit households and 2.8 percent of those in households who were intending to stay, suffering from acute malnutrition, classified as 'medium' and 'low' levels, respectively (WFP, 2023).

Anaemia remained a major concern, impacting 44 percent of children in households with intention to settle, 55 percent of children in households in transit and at least one in three pregnant women. Infant feeding practices were also suboptimal, with only 43 percent of infants under 6 months exclusively breastfed and just 24 percent of children aged 6–23 months meeting the minimum acceptable diet criteria (WFP, 2023).

MAP 6.2 **Number of forcibly displaced people by country, 2024**



Source: UNHCR Nowcasted estimates, December 2024; IDMC, May 2024; IOM, December 2024; Government of Colombia, November 2024.

Focus | The impacts of escalating violence in Haiti

In 2024, Haiti faced the most severe food crisis in the region, a crisis rooted in a confluence of political instability, economic fragility,

In 2025, 15 years after the catastrophic 2010 earthquake and nine years on from the devastation caused by Hurricane Matthew, the country remains deeply distressed. Its challenges were intensified by the COVID-19 pandemic in 2020, followed by, in 2021, the assassination of the head of state and 7.2 magnitude earthquake. Efforts at reconstruction have fallen short, leaving extreme socioeconomic inequality and chronic political and gang violence unaddressed (ICG, 2024).

An alarming food crisis in 2024

Haiti's acute food insecurity during the latter half of 2024 reflects the confluence of multiple crises. Nearly 48 percent of the country's population, or 5.4 million people faced high levels of acute food insecurity, with around 2 million in Emergency (IPC Phase 4) and nearly 5 600 in displacement sites in Catastrophe (IPC Phase 5). While insecurity and violence are key drivers of the crisis, particularly in the MAPAP and in regions like Artibonite, structural weaknesses in the agricultural sector and climate shocks are key drivers in rural areas, where 75 percent of those facing high levels of acute food insecurity live. Farmers and producers struggle with low productivity and high input costs, while recurrent droughts, floods and hurricanes further disrupt food production (FAO DIEM, 2024, Round 6; IPC, September 2024). Drought and erratic rainfall in 2024 reduced yields, especially for staple crops such as maize, beans and rice (FAO, October 2024).

Amid escalating insecurity, armed gangs continued to control key supply routes, severely limiting the flow of goods, particularly to isolated regions. These restrictions limited access to livelihoods and humanitarian assistance (IPC, September 2024).

The political crisis has weakened governance structures, impeding effective policy responses and coordination of relief efforts. Inflation remained persistently high, with the Haitian currency losing significant value against the U.S. dollar. Since Haiti is reliant on imports for more than 70 percent of cereal consumption requirements, currency depreciation drives up prices of staple food products (FAO, October 2024).

A projected deterioration in 2025

Escalating violence, further weather extremes, political unrest and the depletion of household food stocks are likely to drive further deterioration during March–June 2025. About 51 percent of the analysed population or 5.7 million people are projected to face high levels of acute food insecurity. Of them, around 2.1 million will be in IPC Phase 4, and about 8 400 living in camps in Catastrophe (IPC Phase 5). Additionally, humanitarian food assistance is not expected to meet the needs of the population (IPC, April 2025).

A critical nutrition crisis

The rapid deterioration of acute food security, armed violence and displacement have had a devastating impact on nutrition, particularly among children under 5 years of age and pregnant and breastfeeding women. A cholera epidemic has further strained the nutrition situation. Access to health and nutrition care are constrained by the closure of health institutions, insecurity and shortages of supplies, particularly in Ouest and for displaced populations (IPC, March 2024).

The national GAM prevalence stood at 11.7 percent in 2024, rising to 24.6 percent among displaced populations (SMART, 2024; IPC, September 2024). Out of 69 areas analysed, 13 were classified in Serious or worse (IPC AMN Phase 3 or above). The urban Croix-des-Bouquets municipality in Port-au-Prince was classified in Critical (IPC AMN Phase 4). Out of the 0.3 million children aged 6–59 months suffering from acute malnutrition in December 2023–November 2024, nearly half were severely acutely malnourished (IPC, March 2024).

Women and girls bear the brunt of the crisis

Women and girls are disproportionately affected by the food crisis in Haiti. Data from the National Food and Nutrition Security Survey reveals significant gender differences in food consumption scores, with women-headed households consistently exhibiting poorer scores than those headed by men. This is largely due to their reliance on informal and unstable income sources and their heightened exposure to security risks. Women of reproductive age often prioritize their children's needs over their own, exacerbating their nutritional vulnerabilities (IPC, September 2024).

For women in displacement sites, the situation is often alarming, as they are separated from their livelihoods and social support networks and have limited access to sanitation, maternal and child health services. Around 42.6 percent of women-headed households resorted to borrowing. Women were more likely to resort to begging to ensure household survival than men. Gender-based violence remains a pervasive issue in displacement settings, further compounding the vulnerabilities of women and girls (IPC, March 2024).

Sharply rising internal displacement

In 2024, escalating gang violence and insecurity forced an additional 730 000 people to flee their homes, bringing the total number of IDPs to 1 million, representing 9 percent of the country's population. Most (83 percent) are hosted by families, while 17 percent reside in 142 established sites (IOM, January 2025).

The living conditions in overcrowded camps and informal settlements are dire. There is a lack of basic services, such as clean water, sanitation and healthcare, increasing the risk of disease outbreaks and further exacerbating malnutrition. Over 70 percent of households faced high levels of acute food insecurity, with women disproportionately affected (IPC, September 2024). Needs assessments indicate that IDPs urgently require assistance to cover all their survival needs.

In 2024, nearly 200 000 Haitians were deported from the Dominican Republic (IOM, February 2025). These deportees, expected to increase in number in 2025, experienced limited access to essential services and income (ACAPS, November 2024; IPC, April 2025).

Priorities for action

Haiti's food and nutrition crises require urgent, coordinated and sustained interventions from national authorities, international donors and humanitarian organizations. Addressing the crisis effectively will require immediate food assistance, complemented by emergency food production to empower people with the capacity to produce their own food. Long-term investments are crucial to strengthening livelihoods and resilience, while strong agricultural interventions are needed to boost local food production, reduce import dependence and lower market prices. Equally crucial is the need to contribute to the stabilization of the political and security situation in the country. Only through a comprehensive and inclusive approach can Haiti hope to mitigate the devastating impacts of its ongoing food security and nutrition crisis.

7 | Middle East and North Africa

PHOTO: NORTHERN GAZA, PALESTINE. © WFP PHOTOLIBRARY

Palestine (Gaza Strip) remained the region's most severe food crisis, with 1.1 million people or 50 percent of its population in Catastrophe (IPC Phase 5). Recovery will require the end of hostilities and major investment, and is expected to take decades.

Yemen and Syrian Arab Republic remained the region's largest food crises in terms of magnitude, driven by prolonged economic challenges and the lasting impacts of conflict.

The political transition in Syrian Arab Republic offers hope for the return of displaced populations after 13 years of conflict, but localized conflict in 2024 still led to further displacement.

The two countries/territories with nutrition crises in the region – Palestine (Gaza Strip) and Yemen (Government of Yemen-controlled areas) – were among the four most severe nutrition crises globally due to the impacts of conflict. Algeria (Sahrawi refugees), Lebanon and Syrian Arab Republic were countries of nutrition concern.

The outlook for 2025 depends on the re-establishment of ceasefires in Lebanon and Palestine (Gaza Strip), and increased stability in Syrian Arab Republic and Yemen.

Middle East and North Africa

Lebanon | Libya | Palestine (Gaza Strip and West Bank) | Syrian Arab Republic | Yemen | Refugee populations in Algeria, Armenia, Egypt, Iran, Iraq and Jordan

Continued conflict and growing economic crises, characterized by high poverty and inflation, have driven high levels of acute food insecurity across four countries/territories and four refugee population groups. An end to intense conflict in Palestine and Lebanon, coupled with increased stability in Syrian Arab Republic, is vital for improvement and recovery in 2025 and beyond.

31.5M

people or **44%** of the analysed population faced high levels of acute food insecurity in 2024 in **eight** countries/territories with data meeting GRFC technical requirements.

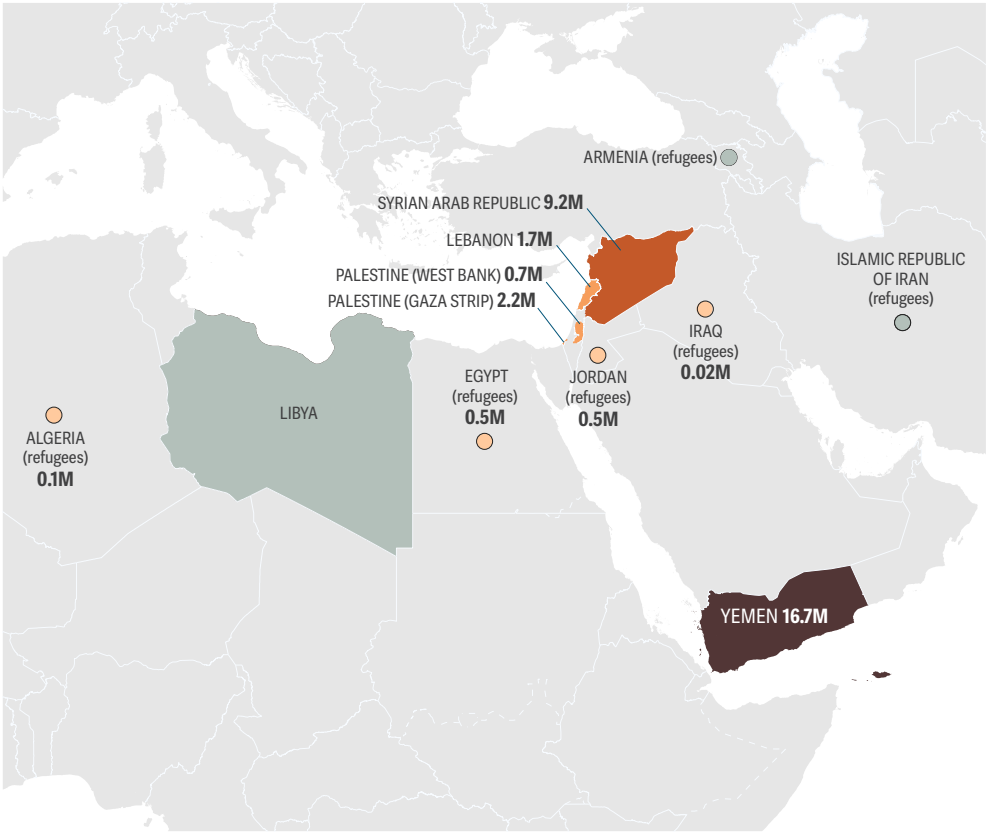
23.9M

forcibly displaced people in **eight** countries/territories with food crises in 2024 – consisting of **15.1** million IDPs and **8.8** million refugees and asylum-seekers.

2.5M

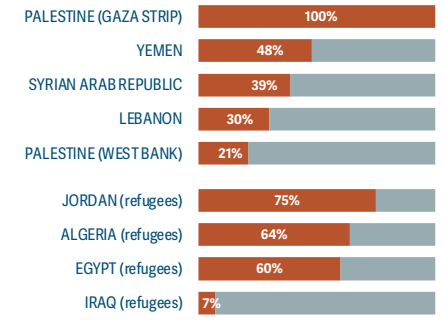
acutely malnourished children in **Yemen** and **Palestine** (Gaza Strip). Of them, at least **0.6** million suffered the most severe form of acute malnutrition.

MAP 7.1 **Numbers of people facing high levels of acute food insecurity in eight countries/territories, 2024 peak**



Source: IPC Global Initiative, IPC TWGs, FSC, HRP/HNO, WFP (CARI).

FIG 7.1 **Share of analysed population facing high levels of acute food insecurity, 2024 peak**

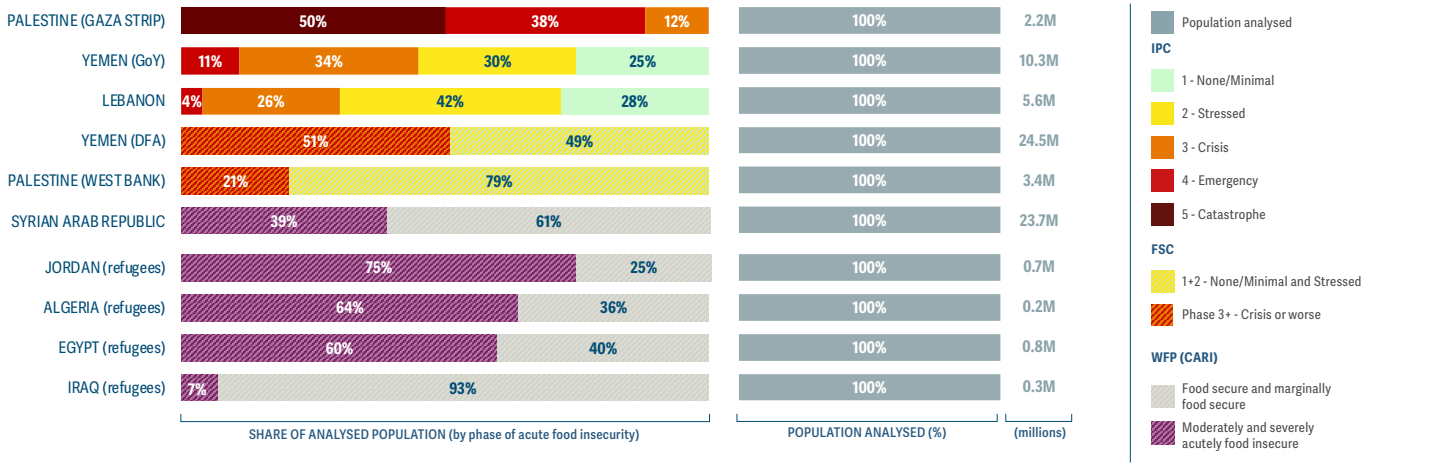


The total population was analysed in all countries/territories with data.

For Yemen, the 2024 peak figure results from the aggregation of the number of people in Crisis or worse (IPC Phase 3 or above) in areas controlled by the Government of Yemen (GoY) between October 2024 and March 2025 from the IPC, and the number of people in need of food security and livelihood assistance from the analysis conducted by the Food Security Cluster in areas controlled by the De Facto Authorities (DFA) covering October 2024 to February 2025.

Eleven countries/territories in this region were selected. However, for three countries/population groups – **Armenia** (**refugees**), **Islamic Republic of Iran** (**refugees**) and **Libya** – data did not meet GRFC technical requirements. *For more information on these additional countries of concern, see page 161.*

FIG. 7.2 **Share of analysed population by phase of acute food insecurity, 2024 peak**



Source: IPC Global Initiative, IPC TWGs, FSC, HNRP, WFP (CARI methodology).

How have the food crises in this region changed since 2023?

In 2024, 31.5 million people or 44 percent of the analysed population faced high levels of acute food insecurity; however, few countries/territories had data that were comparable with 2023, when 36.7 million people (54 percent of the analysed population) faced high levels of acute food insecurity.

Out of the eight countries/territories, including four refugee population groups, only **Palestine** (Gaza Strip and West Bank), **Lebanon** and **Jordan** (Syrian refugees) had comparable analyses for 2024 and 2023.

In **Palestine** (Gaza Strip), while the overall number and share of people facing Crisis or worse (IPC Phase 3 or above) remained unchanged since the 2023 peak, at 2.2 million or 100 percent of the total population, the severity worsened alarmingly with the population in Catastrophe (IPC Phase 5) nearly doubling from 0.6 million to 1.1 million by April 2024 (IPC, March 2024).

In **Palestine** (West Bank), the situation deteriorated with escalating conflict and increasing economic restrictions driving 0.7 million people or 21 percent of the total population to face high levels of acute food insecurity, up from 0.6 million or 18 percent in 2023 (OCHA, December 2024).

At 1.7 million from December 2024 to March 2025, the projected number of people facing high levels of acute food insecurity in **Lebanon** was lower than the 2023 peak (2.3 million in January–April) when the country faced severe economic challenges. However, the situation on the ground might have been worse than projected due to the escalation of conflict in late 2024. The impact of conflict and mass displacement on key sectors of the Lebanese economy, such as trade and tourism, deepened the ongoing economic crisis (IPC, January 2025).

In **Syrian Arab Republic**, the situation remained critical, with 9.2 million people facing high levels of acute food insecurity, driven by the continued economic crisis. The analysis pre-dated the regime change in December 2024 and the escalation of localized hostilities. Changes in methodology prevent comparison with 2023 (OCHA, January 2025).

Yemen continued to have the largest number of people facing high levels of acute food insecurity in the region at 16.7 million people across both GoY and DFA-controlled areas. Despite a reduction in hostilities, the economic crisis has hindered households' recovery (IPC, October 2024; FSC, August 2024).

Displaced people across the region continued to face very difficult conditions in their host countries/territories, due to region-wide limited economic growth, significant fiscal constraints and limited livelihood opportunities. Continued economic shocks drove an increase in the Syrian refugee population facing high levels of acute food insecurity in **Jordan** – up from 62 percent of them in 2023 to 75 percent in 2024. Additionally, 64 percent of Sahrawi refugees in **Algeria** and 60 percent of Syrian refugees in **Egypt** faced high levels of acute food insecurity in 2024 (WFP, 2023; WFP, January 2024).

Severity of acute food insecurity

Lebanon, Palestine (Gaza Strip) and Yemen (GoY-controlled areas) were the only countries/territories/areas that had IPC analyses with data disaggregated by phase of acute food insecurity.

Data for displaced populations in **Algeria**, **Egypt**, **Iraq** and **Jordan**, along with **Syrian Arab Republic**, were derived from the WFP CARI methodology and therefore no breakdown by IPC phase of acute food insecurity was available.

1.1 million people or 50 percent of the total population are projected in Catastrophe (IPC Phase 5) in Palestine (Gaza Strip) from March to April 2024 (IPC, March 2024).

As high-intensity conflict caused the collapse of food systems and severely restricted economic activity and humanitarian access, the number of people in this phase almost doubled from 0.6 million, or 26 percent of the population, in December 2023–February 2024 (FRC, November 2024; IPC, March 2024). Subsequent analyses published in June and October showed improvements due to increased deliveries of commodities and the scale-up of the humanitarian response. By the end of 2024, 0.3 million or 16 percent of the population were estimated to face Catastrophe (IPC Phase 5) (IPC, October 2024).

2.2 million people in Emergency (IPC Phase 4) across Palestine (Gaza Strip), Lebanon and Yemen (GoY-controlled areas).

In **Palestine** (Gaza Strip), 0.9 million people or 38 percent of the total population were in IPC Phase 4. This marked a decrease since 2023, but coincided with a sharp increase in the total population facing Catastrophe (IPC Phase 5) (IPC, March 2024).

In **Lebanon**, 0.2 million people or 4 percent of the analysed population were in IPC Phase 4. Of them, 0.1 million were Syrian refugees. This represented a decrease since the 2023 peak when 0.4 million

faced IPC Phase 4, despite increasing severity in conflict-affected areas (IPC, January 2025).

In GoY-controlled areas of **Yemen**, 12 percent of the analysed population were in IPC Phase 4 from June to September 2024, before slightly decreasing to 11 percent (1.1 million people) from October 2024 to March 2025 (IPC, October 2024).

5.3 million people in Crisis (IPC Phase 3) across Palestine (Gaza Strip), Lebanon and Yemen (GoY-controlled areas).

This consisted of 3.5 million people in **Yemen** (GoY-controlled areas), 1.5 million in **Lebanon** and 0.3 million in **Palestine** (Gaza Strip). Lebanon experienced the largest change, with a decrease of 0.5 million since the 2023 peak, attributed to improved economic conditions, particularly in areas less impacted by conflict. In Palestine (Gaza Strip), the population in this phase decreased since 2023, coinciding with an increase in the population in Catastrophe (IPC Phase 5).

5.5 million people in Stressed (IPC Phase 2) across Lebanon and Yemen (GoY-controlled areas).

In **Palestine** (Gaza Strip), no one was in IPC Phase 2 during the peak period from March to April 2024, as continued conflict throughout 2024 drove the entire population to face IPC Phase 3 or above. By the end of 2024, the share of the population in IPC Phase 2 increased to 9 percent (0.2 million people), shifting from higher phases due to increased deliveries of commodities and the scale-up of the humanitarian response

In **Lebanon**, the share of the population in IPC Phase 2 increased marginally from 40 percent (2.1 million people) in 2023 to 42 percent (2.4 million people) in 2024, coinciding with a decrease in the population facing IPC Phase 3. In **Yemen**, 3.1 million people or 30 percent of the analysed population were in IPC Phase 2 in GoY-controlled areas. These populations remain vulnerable to shocks and require support to mitigate risks related to disasters and to protect their livelihoods.

Drivers of food crises in the region, 2024

Conflict/insecurity was the primary driver in six countries/territories where 5.7 million people faced high levels of acute food insecurity. This included four refugee population groups.

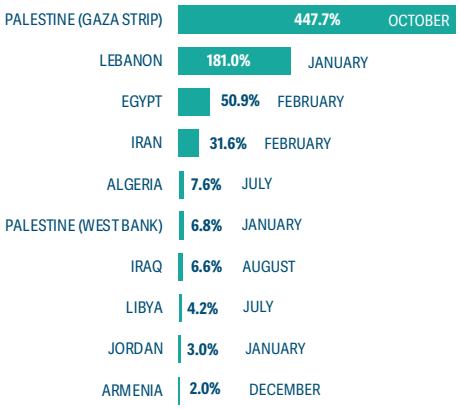
Conflict was the primary driver of the food crises in **Lebanon** and **Palestine**. Conflict in their country of origin was the primary driver for refugee populations in **Algeria**, **Egypt**, **Iraq** and **Jordan**, where they faced limited livelihood opportunities and a high reliance on humanitarian assistance, exacerbating their vulnerabilities. It remained a secondary driver in **Syrian Arab Republic** and across all of **Yemen**. *See Focus | The impact of protracted conflict in the region, page 153.*

Economic shocks were the primary driver of acute food insecurity across all of Yemen, and Syrian Arab Republic, where 25.8 million people faced high levels of acute food insecurity.

In **Yemen**, the economic crisis deepened as tensions between the DFA and GoY disrupted trade and financial flows (FEWS NET, October 2024). In GoY-controlled areas, the continued blockade of crude oil exports resulted in decreased customs revenues and a 30 percent decrease in fiscal reserves. This led to a shrinking of essential services and economic opportunities, further limiting household food access (IPC, October 2024).

In **Syrian Arab Republic**, the prolonged economic crisis, driven by over 13 years of conflict, persisted in 2024. Continued currency depreciation and high inflation, which averaged 129.7 percent in the first four months of 2024, constrained economic growth and limited household purchasing power. The regime change in December 2024 led to food price increases and disruptions to market activities, which stabilized by early January (OCHA, December 2024; WFP, January 2025).

FIG. 7.3 **Highest food inflation rates, 2024** (compared with same month in 2023)



Sources: Algeria: Office National des Statistiques; Armenia: Statistical Committee of the Republic of Armenia; Egypt: Central Agency for Public Mobilization and Statistics; Iran: Statistical Centre of Iran; Iraq: Authority of Statistics and Geographic Information Systems; Jordan: Department of Statistics Jordan; Lebanon: Central Administration of Statistics; Libya: Bureau of Statistics and Census; Palestine: Palestinian Central Bureau of Statistics.

Weather extremes were not a primary driver in any countries/territories but remained impactful across Yemen, Syrian Arab Republic and Lebanon.

In **Yemen**, during the planting of main cereal crops in May and June 2024, reduced rainfall decreased yields for sorghum, maize and millet. Heavy rainfall led to flooding in March and again in August 2024, causing significant damage to crops, livestock and infrastructure (IPC, October 2024; FAO-GIEWS, October 2024).

Poor temporal rainfall distribution along with high temperatures in **Syrian Arab Republic** contributed to reduced yields and limited recovery from the continued water crisis since 2021 (OCHA, January 2025).

In **Lebanon**, high temperatures and unfavourable rainfall in May 2024 contributed to a 30 percent reduction in cereal yields compared with the latest four-year average (FAO-WFP, November 2024).

Acute food insecurity since 2016

From 2016 to 2019, Yemen, a protracted food crisis, had the largest number of people facing high levels of acute food insecurity in the GRFC and has consistently been among the ten countries with the largest populations experiencing high levels of acute food insecurity.

This included populations facing Catastrophe (IPC Phase 5) during peak periods each year from 2018 to 2022, primarily in DFA-controlled areas.

A protracted food crisis, **Syrian Arab Republic** has been included in all editions of the GRFC and has consistently ranked among the ten largest food crises in terms of the number of people facing high levels of acute food insecurity.

This is the third year **Lebanon** has been included in the GRFC, with previous analyses primarily focusing on the Syrian refugee population in the country. The ongoing economic crisis, which began in 2019, and escalated hostilities since October 2023, have been key drivers of the crisis.

Palestine (Gaza Strip and West Bank) has been included in eight out of nine editions, but there is limited comparability due to differing data sources and methodologies. This marks the second year of IPC coverage for Palestine (Gaza Strip).

Structural vulnerabilities underly persistently high levels of acute food insecurity

The region's high reliance on cereal imports heightens exposure to international price increases and currency fluctuations. **Algeria**, **Jordan**, **Lebanon**, **Libya**, **Palestine** and **Yemen** all depend on cereal imports for over 80 percent of their consumption, while **Egypt** and **Syrian Arab Republic** had the lowest reliance at 43 and 46 percent respectively (FAO, 2024).

The region faces an increasing debt-to-GDP ratio, especially among the oil-importing countries/territories of Egypt, Jordan, Lebanon and Palestine. The high ratio of debt may reduce private sector investment, constrain government spending,

FIG. 7.4 **Selected structural vulnerability indicators by country/territory**

	Annual population growth: UNDESA for population (%)	Cereal import dependency ratio (%)	Crop growing period affected by drought conditions (%)	HDI global ranking (1–192)	INFORM Risk (0–10)	Share of agricultural, forestry and fishery employment (%)
ALGERIA	1.4	80.6	21.8	93	3	9.7
ARMENIA	2.8	77.6	17.2	76	3.9	28.0
EGYPT	1.8	43	6.7	105	4.6	18.7
IRAN (ISLAMIC REPUBLIC OF)	1.1	53.4	N/A	78	5.4	15.1
IRAQ	2.1	57.6	19.1	128	6.4	8.4
JORDAN	1.6	98.5	17.8	99	3.7	3.2
LEBANON	0.4	87.4	21.5	109	5.5	3.5
LIBYA	1.0	100	18.0	92	4.3	9.2
PALESTINE		95.8	16.6*	111	5.9	6.2
SYRIAN ARAB REPUBLIC	4.9	45.5	16.0	157	7	15.5
YEMEN	3.0	92.8	18.4	186	8	29.3

* Refers to West Bank only.

For descriptions of these indicators see Technical notes, page 210.

Sources: UNDESA (Annual population growth); FAO (Cereal import dependency ratio); EC-JRC (Crop growing period affected by drought conditions); UNDP (HDI Global Index); EC-JRC (INFORM Risk Index); FAO (Share of agricultural, forestry and fishery employment).

and restrict government policy space to respond effectively to economic shocks (WB, April 2024).

The ongoing economic crises in MENA countries /territories with food crises have severely constrained human development, as reflected in their low Human Development Index (HDI) values. **Yemen** ranks as the eighth lowest globally, while **Syrian Arab Republic** falls within the bottom 25 percent.

Continued climate extremes have exacerbated challenges in the region, with rising temperatures and declining precipitation levels. In 2023, MENA was the most water-stressed region globally, with 83 percent of the population exposed to extremely high water stress (Kuzma, Saccoccia & Chertock, August 2023). Water scarcity is further intensified by growing populations and increasing demand for water and food resources, with **Syrian Arab Republic** experiencing the highest population growth rate at 4.9 percent (UNDESA).

The ASAP crop index, which measures the percentage of the growing period affected by drought conditions, showed values exceeding 15 percent in all MENA countries except **Egypt**. This is particularly concerning for countries with a high percentage of employment in agriculture, forestry and fisheries, such as **Egypt**, **Islamic Republic of Iran**, **Syrian Arab Republic** and **Yemen**.

Over half of the selected countries/territories – **Islamic Republic of Iran**, **Iraq**, **Lebanon**, **Palestine**, **Syrian Arab Republic** and **Yemen** – received 'high' or 'very high' INFORM Risk scores (INFORM, December 2024). This is a composite indicator assessing a country's ability to respond to disasters based on hazard exposure, socioeconomic vulnerability and institutional coping capacity.

Acute food insecurity outlook 2025

The 2025 outlook depends on the reduction of hostilities across the region, including the stability of ceasefire agreements in Lebanon and Palestine (Gaza Strip).

Three countries/territories in the region had projections for 2025 – **Palestine** (Gaza Strip), **Lebanon** and **Yemen** – with 20.8 million people facing high levels of acute food insecurity. No projection data were available for Algeria, Egypt, Iraq, Jordan and Syrian Arab Republic.

Between mid-January and mid-March 2025, the ceasefire allowed a temporary alleviation of acute food insecurity and malnutrition in parts of **Palestine** (Gaza Strip). However, the blockade imposed in early March reversed the situation, with all humanitarian aid and commercial supplies prevented from entering the territory. Since 18 March, the escalating conflict has displaced over 430 000 people, further disrupted access to humanitarian assistance, markets, health, water and sanitation services, and caused additional damage to remaining essential infrastructure. Goods indispensable for people's survival are either depleted or expected to run out. From May–September 2025, the entire population is projected to face high levels of acute food insecurity, with 469 500 people or 22 percent of the population in Catastrophe (IPC Phase 5) (IPC, May 2025).

In **Palestine** (West Bank), conditions are concerning, as increased violence and movement restrictions intensified following the Gaza Strip ceasefire in January 2025 (OHCHR, January 2025). Widespread home demolitions and increased insecurity displaced 40 000 people, primarily in the northern West Bank (UNRWA, March 2025).

In **Lebanon**, the ceasefire (which lasted from November 2024–February 2025) was expected to facilitate the return of IDPs to their home districts in formerly highly conflict-affected areas. However, extensive infrastructure destruction has disrupted livelihoods, hindering short-term recovery. As of March 2025, hostilities had intensified once more, particularly in southern districts as well as in southern parts of Beirut. This led to new displacements, prevented IDP returns and obstructed recovery of disrupted livelihoods amid extensive infrastructure destruction (OCHA, March 2025).

In **Yemen**, the share of the population facing high levels of acute food insecurity was projected to remain stable from 48 percent during the 2024 peak to 49 percent during the projection period of October 2024–May 2025 (IPC, October 2024; FSC, August 2024). Limited humanitarian food assistance and ongoing economic shocks from over a decade of conflict continue to drive acute food insecurity.

Increased conflict since October 2023 has damaged civilian infrastructure and critical port facilities in DFA-controlled areas, heightening the risk of fuel and food shortages in 2025. Additionally, severe frost waves from December 2024 to January 2025 were expected to damage off-season crops. Farming communities, with extremely limited coping options after years of conflict, are particularly vulnerable to these shocks (FEWS NET, December 2024).

No projection data were available for **Syrian Arab Republic**, but the security situation remains volatile (OCHA, January 2025). Insecurity persisted in northeastern and southern areas, damaging infrastructure and further restricting humanitarian access (OCHA, February 2025). Meaningful recovery will depend on a stable transition, characterized by an end to active hostilities between armed groups, strengthened state institutions, and sustained international donor support and investment. Under these conditions, real GDP growth could increase by 30 percent in 2025 alone (ESCWA, January 2025).

Refugee populations across the region continue to face significant challenges due to disrupted livelihoods, limited economic opportunities and decreased funding for humanitarian assistance (3RP, December 2024).

ACUTE MALNUTRITION | Two countries/territories were identified as facing a nutrition crisis – Palestine (Gaza Strip) and Yemen. Lebanon, Algeria (refugees) and Syrian Arab Republic were countries of nutrition concern.

Palestine (Gaza Strip) and **Yemen** were among the four most severe nutrition crises in the GRFC 2025.

In **Palestine** (Gaza Strip), high levels of displacement with restricted humanitarian access and the destruction of health and WASH systems created an environment in which GAM prevalence (by MUAC) rose to 30 percent in February 2024 in North Gaza in children under 2 years, an age group particularly vulnerable to acute malnutrition. From March to June, GAM prevalence (by MUAC) in children aged 6–59 months was 3–5 percent, increasing to just over 5 percent in July–August after significant displacement from Rafah to the Middle area and less humanitarian and commercial access. In the last quarter, GAM prevalence stabilized to 4.5–5 percent. Acute malnutrition in pregnant and breastfeeding women was high, at 15–20 percent (by MUAC), with children's meals prioritized over those of adults (Nutrition Cluster, February 2025). By the end of 2024, the entire Gaza Strip was classified in Serious or worse (IPC AMN Phase 3 or above), with Rafah governorate in Critical (IPC AMN Phase 4) (IPC, October 2024).

In **Yemen**, the IPC AMN analysis was limited to GoY-controlled areas. Acute malnutrition surged towards the end of 2023, with Hodeidah Southern lowland and Ta'iz lowland experiencing the most severe deterioration. The prevalence of acute malnutrition in Hodeidah rose sharply to 33.9 percent by the end of 2023, up from 25.9 percent earlier in the year. By July 2024, four districts in Hodeidah Southern lowland and Ta'iz lowland were classified in Extremely Critical (IPC AMN Phase 5) (IPC, August 2024). In northern **Yemen**, health centre screening data indicated acute malnutrition prevalence above 10 percent in 11 governorates, with prevalence over 15 percent in 8 of them (WHO, September 2024).

Data for **Lebanon**, **Syrian Arab Republic** and **Algeria** (Sahrawi refugees) were limited to historical records from 2022 and 2023. Acute malnutrition prevalence in one governorate in **Syrian Arab Republic** and among Sahrawi refugees in **Algeria** was at Serious levels (10 percent) in 2022 (UN, March 2024; UNHCR, 2024).

In **Lebanon**, prevalence levels remained below 5 percent, equivalent to Acceptable (IPC AMN Phase 1), with the highest GAM estimates among Syrian refugees in informal tented settlements (3.6 percent) (UNICEF, September 2024). Contextual factors indicated nutrition concerns, particularly in **Lebanon** and **Syrian Arab Republic**, with INFORM Severity and Risk indices rating the risk of humanitarian crisis as 'high' (Lebanon) or 'very high' (Syrian Arab Republic) (INFORM, 2024).

Acute malnutrition trends, 2020–2024

Yemen faced persistently high levels of acute malnutrition, with the prevalence exceeding 20 percent in GoY-controlled areas from 2020 to 2024 (IPC, August 2024). Acute malnutrition prevalence was relatively stable and low (0.8 percent by weight-for-height) in **Palestine** (Gaza Strip) prior to the increase to just over 5 percent (by MUAC) in July–August 2024 (Nutrition Cluster, February 2025). **Syrian Arab Republic** saw a steady rise in national acute malnutrition prevalence, from 1.7 percent in 2019 to 4.7 percent in 2023, with elevated levels in Lattakia governorate (OCHA-HNO 2024, March 2024).

The Sahrawi refugee population in **Algeria** has faced persistent acute malnutrition challenges, with a deteriorating trend in GAM prevalence between 2019 and 2022, from 8 percent to 11 percent (WFP, December 2024). In **Lebanon**, the national GAM prevalence has remained at Acceptable levels (1 percent) over the last five years with a high of 3.6 percent among refugee populations in 2024 (UNICEF/WHO/WB, 2023; Ministry of Public Health et al., 2024).

FIG. 7.5 **Number of children aged 6–59 months with acute malnutrition in two countries/territories, 2024**

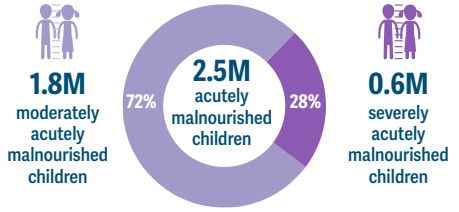
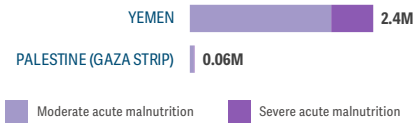


FIG. 7.6 **Number of children aged 6–59 months with acute malnutrition, 2024**



Sources: IPC Global Initiative, October 2024; HNO 2024, February 2024.

Main contributing factors to nutrition crises, 2024

Basic causes

Conflict was the main contributing factor to deteriorating nutrition in **Yemen**, **Palestine** (Gaza Strip), **Syrian Arab Republic** and **Lebanon**. Acute malnutrition was further aggravated by limited humanitarian access and flooding in **Yemen**, where funding cuts left many with reduced or no food assistance in 2023 and 2024 (IPC, August 2024).

Underlying and immediate causes

For the two IPC-analysed nutrition crises (**Palestine** (Gaza Strip) and GoY-controlled areas of **Yemen**), acute malnutrition was driven by multiple factors. In **Yemen**, data indicated 'very high' risk factors for acute malnutrition across the food, health, and care and services pathways, with a low proportion of children aged 6–23 months consuming a minimum acceptable diet, high levels of disease, low health service coverage and suboptimal exclusive breastfeeding practices.

0.7M pregnant and breastfeeding women with acute malnutrition in two countries/territories, 2024

FIG. 7.7 **Number of pregnant and breastfeeding women with acute malnutrition, 2024**

Sources: IPC Global Initiative, October 2024; HNO 2024, February 2024.

In **Palestine** (Gaza Strip), data indicated 'very high' risk factors for acute malnutrition in the food and health pathways. There were insufficient data for three of the four indicators representing the 'care and services' pathways. In particular, data were insufficient regarding vitamin A and measles vaccination coverage and the proportion of households with access to safe drinking water. However, the February 2024 Nutrition Vulnerability Analysis reported 81 percent of households needed access to safe drinking water and that the healthcare system had broken down, indicating that the care and services pathway was also likely to have 'very high' risk factors for acute malnutrition (GNC, February 2024).

2025 outlook

In **Palestine** (Gaza Strip), May 2025 projections indicated that the nutrition situation would deteriorate during the May–September period, with North Gaza, Gaza and Rafah governorates likely reaching Critical levels (IPC AMN Phase 4), while in Khan Younis and Deir Al-Balah, levels are likely to remain Serious (IPC AMN Phase 3) (IPC, May 2025).

DISPLACEMENT | Over a quarter of all displaced people in countries/territories with food crises are in the MENA region.

Across the eight countries/territories with food crises, almost 24 million people were displaced either internally or as refugees and asylum-seekers, with many experiencing prolonged or repeated displacement.

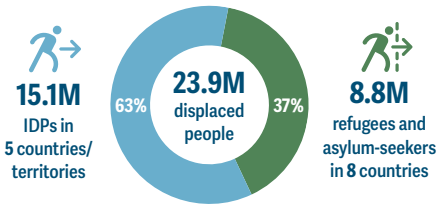
In **Palestine** (Gaza Strip), 1.9 million people or 90 percent of the population had been displaced at least once by the end of 2024 (UNRWA, December 2024), up from 1.7 million at the end of 2023 (UNRWA, December 2023). IDPs faced severely restricted humanitarian and food access, while repeated displacement severely eroded coping capacities and access to food, fresh water and medicine (IPC, November 2024).

Protracted displacement persisted in Yemen, with 4.6 million people remaining internally displaced by October 2024 after 11 years of conflict. Weather extremes increased displacement in 2024, while prevailing conditions prevented IDPs from returning (HNRP, 2025).

The regime change in **Syrian Arab Republic** brought some stability, with an estimated 270 000 Syrian returnees recorded between December 2024 and early February 2025 (UNHCR, January 2025). However, localized conflict persisted, displacing an additional 627 000 people internally, bringing the total number of IDPs to 7.4 million in 2024 (HNAP, 2023; UNHCR, October 2024).

The escalation of conflict displaced 900 000 people in **Lebanon** by late November 2023, while the November 2024 ceasefire enabled the return of 890 000 by February 2025 (IOM, November 2024; February 2025). However, damaged infrastructure and disruptions in formerly heavily conflict-affected areas are projected to hinder recovery efforts (IPC, January 2025).

FIG 7.8 **Total number of forcibly displaced people in countries/territories with food crises, 2024**



Source: IOM, 2024; UNRWA, 2024; UNHCR Nowcasted estimates, December 2024; Yemen HNRP, 2025.

Acute food insecurity among displaced populations

Limited livelihood opportunities for refugees in camps and host communities continued to drive high levels of acute food insecurity for displaced populations across the region.

For Syrian refugee populations in **Egypt**, **Iraq** and **Jordan**, rising costs of living and constrained livelihood opportunities increased household debt, further limiting access to food. In **Egypt**, the influx of Sudanese refugees placed additional pressure on already strained social services, while high inflation further restricted food access (UNHCR, November 2024; IMF, 2024). Approximately 60 percent of Syrian refugees in Egypt faced high levels of acute food insecurity from July to September 2024 (WFP, January 2024).

In **Jordan**, high living costs contributed to 75 percent of the Syrian refugee population facing high levels of acute food insecurity (WFP, July 2024; UNHCR, June 2024).

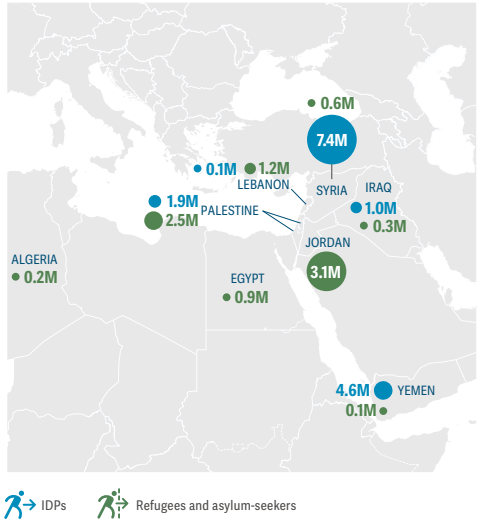
In **Lebanon,** the escalation of conflict further eroded refugees' purchasing power, with 39 percent of Syrian refugees and 40 percent of Palestinian refugees facing high levels of acute food insecurity between December 2024 and March 2025 (IPC, January 2025).

The 300 000 Syrian refugees in **Iraq** are disproportionately affected by economic shocks, as they often rely on temporary work and have a higher dependence on debt than host communities (3RP, January 2024). Around 7 percent of Syrian refugees living in camps and 2 percent of IDPs in the country faced high levels of acute food insecurity from August to September 2023 (WFP, August 2023).

In **Algeria**, Sahrawi refugees residing in isolated camps near Tindouf faced severely limited livelihood opportunities. High food prices further strained limited incomes, with 94 percent of households continuing to rely on WFP assistance to meet their basic food needs (UNHCR, November 2023). Around 64 percent of Sahrawi refugees in camps faced high levels of acute food insecurity in January 2024 (WFP, January 2024).

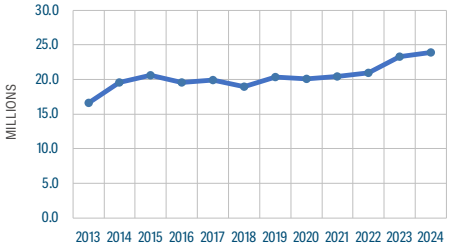
Data gaps remain for displaced populations. In **Syrian Arab Republic** and **Yemen**, data on acute food insecurity were not disaggregated, while data were not available for refugee populations in Armenia and the Islamic Republic of Iran.

MAP 7.2 **Number of forcibly displaced people by country/territory, 2024**



Source: IOM, August 2024; IOM, December 2024; UNRWA, October 2024; UNHCR, October 2024; HNRP, January 2025.

FIG 7.9 **Total number of forcibly displaced people in countries with food crises, 2013–2024**



Sources: 2013–2023: UNHCR, IDMC, UNRWA; 2024: UNHCR Nowcasted estimates December 2024, IOM, UNRWA.

Acute malnutrition among displaced populations

Acute malnutrition among Sahrawi refugee children in **Algeria** remained high at 10.7 percent, according to 2022 SENS data (UNHCR, November 2023).

In **Palestine** (Gaza Strip), where nearly the entire population was displaced, levels of acute malnutrition were Critical (IPC AMN Phase 4) in the Rafah governorate, while in the North Gaza, Gaza, Deir al-Balah and Khan Younis governorates they were classified as Serious (IPC AMN Phase 3) between November 2024 and April 2025 (IPC TWG, October 2024).

Data gaps persist for nutrition indicators among displaced populations in all other selected countries.

Focus | The impact of protracted conflict in the region

Many countries in the MENA region have experienced the impacts of conflict for years, with an intensification since the Arab spring of 2011, but 2024 was a particularly pivotal year of regional instability. The conflict in Palestine (Gaza Strip) intensified, insecurity in the Red Sea and DFA-controlled areas in Yemen increased, violence escalated in the West Bank and conflict reached Lebanon.

Disruption of agricultural systems

Conflict has devastated critical agricultural infrastructure, including farms, irrigation systems and storage facilities, reducing food production and increasing reliance on food imports. Restricted access to farmland and displacement of farming communities have further diminished local food production, exacerbating acute food insecurity (FAO, 2024).

In **Palestine** (Gaza Strip), repeated periods of conflict since 2007 have devastated cropland and livestock production. Following the escalation of hostilities in October 2023, 75 percent of the Gaza Strip's cropland was damaged, including over 67 percent of agricultural wells and 57 percent of greenhouses (FAO, January 2025). In **Palestine** (West Bank), continued insecurity and movement restrictions disrupted access to fields and inputs, hindering production (OCHA, December 2023).

In **Lebanon**, increased conflict between September and November 2024 severely disrupted agricultural production in key areas in the south, with nearly all crop producers and 90 percent of livestock farmers unable to access their fields, and almost all expecting significant crop losses (IPC, January 2025).

In **Syrian Arab Republic**, protracted conflict since 2013 led to decreased wheat harvest, with the average harvest from 2012 to 2024 at 1.8 million tonnes, 48 percent below the pre-crisis average of 4.1 million tonnes measured between 2002 and 2011 (FAO-GIEWS).

Economic instability

Conflict has led to economic decline, inflation and currency devaluation, making food unaffordable for many. In conflict zones, market systems often collapse, disrupting supply chains for essential goods. Governments are unable to provide social protection and public services amid rising public debt. Livelihoods, especially for smallholder farmers and informal workers, have been disrupted, leaving families without income to purchase food. Unemployment and household debt levels continue to rise, compounding vulnerabilities (FAO, 2024).

Lebanon has experienced an extreme economic crisis since 2019. Intense conflict in late 2024 further strained the situation, causing a 5.7 percent contraction in economic activity (WB, December 2024). The physical damage and economic disruptions resulted in an estimated USD 8.5 billion in losses. The burning of large swathes of farmland, along with the abandonment of harvests and livestock, caused an additional USD 1.1 billion in losses over 12 months primarily in the southern and Beqaa regions (WB, November 2024).

In **Palestine** (Gaza Strip), the collapse of formal economic structures resulted in informal markets characterized by extreme price fluctuations (OCHA, November 2024; WFP, December 2024). The food component of the Consumer Price Index surged by 133 percent compared with pre-crisis levels (IPC, November 2024). In **Palestine** (West Bank), intensified insecurity in 2024 disrupted economic activity, resulting in the loss of 306 000 jobs (ESCWA & UNDP, October 2024).

Yemen's economic crisis, driven by ongoing conflict, resulted in a 54 percent contraction in real GDP per capita between 2015 and 2023 (WB, October 2024). The 2022 truce provided some relief, facilitating a gradual resumption of livelihood activities, market functionality and increased population mobility (IPC, October 2024). However, economic contraction resumed in 2023 and 2024 (WB, October 2024).

Thirteen years of protracted conflict have devastated the economic systems in **Syrian Arab Republic**. GDP contracted by 45 percent and the official exchange rate depreciated by 78 percent between 2010 and 2019 (WB, 2021). Between August 2021 and 2024, the national market average price for rice rose by 563 percent, while imported wheat flour increased by 406 percent (FAO, 2024).

TIMELINE | Since the first edition of the GRFC conflict has persisted, intensified and spread across many parts of the region, with profound impacts on the food security of its people.

2015
Escalation of hostilities in Yemen, driving widespread acute food insecurity with populations in Catastrophe (IPC Phase 5) between 2018 and 2022.

2016
Start of blockade of Gaza Strip. Three episodes of intense conflict severely damaged its economy and infrastructure.

2017
Yemen's food crisis worsens with 17 million people in IPC Phase 3 or above, the highest number worldwide

2021
The conflict in Syrian Arab Republic has been ongoing for ten years, with millions displaced internally and regionally.

2022
UN-brokered truce in Yemen significantly reduced conflict levels, though local fighting persisted along front lines as of December 2024.

2023
Escalating hostilities in the Gaza Strip created one of the most severe food crises in IPC and GRFC history.

2024
Yemen's nutrition crisis deteriorates with four districts in the GoY-controlled areas classified in Extremely Critical (IPC AMN Phase 5), following years of conflict that has destroyed water, sanitation and health resources.

2024
Escalating conflict in Lebanon from September until a ceasefire in November 2024 displaced 900 000 people internally, caused widespread infrastructure damage and severely disrupted livelihoods.

2024
Regime change in Syrian Arab Republic in December 2024 provided hope for the return of displaced populations and conflict resolution; however, the situation remained volatile, with active conflict persisting in the northeast.

2025
The January 2025 ceasefire in Gaza Strip had provided hope for improved conditions, but renewed hostilities in March, coupled with a blockade of humanitarian, commercial supplies and electricity, signal a further deterioration.

Forced displacement

Millions of people have been displaced, internally and as refugees, straining host communities and reducing access to stable sources of food. Displaced populations often rely on inconsistent humanitarian assistance (FAO, 2024).

Conflict in **Syrian Arab Republic** since 2011 has displaced 7.4 million people internally and 4.7 million as refugees in neighbouring Egypt, Iraq, Jordan, Lebanon and Türkiye (UNHCR, October 2024; UNHCR, 2024). Across the region, deteriorating economic conditions, rising food prices, and high inflation have further constrained access to food for displaced populations.

In **Lebanon**, most Syrian refugees were struggling to meet basic needs even before the escalation of conflict in September 2024. Widespread damage to shelters and economic contraction exacerbated their conditions (3RP, December 2024), displacing nearly 900 000 people internally, including already displaced refugee populations. The impact was particularly severe in the southern districts of Bent Jbeil, Marjaayoun and Sour, where 95 percent of households were displaced, severely disrupting livelihoods and agriculture (IPC, January 2025).

In **Palestine** (Gaza Strip), conflict has displaced 1.9 million people, the vast majority of the population, at least once (OCHA, December 2024). Repeated displacement eroded individuals' ability to cope and access essential resources, such as food, water and medicine, further exacerbating vulnerabilities (IPC, November 2024).

In **Yemen**, despite the reduction of hostilities following the 2022 truce, climate shocks continued to drive new displacement, with 4.6 million people still internally displaced as of January 2025. Multiple rounds of displacement have eroded coping capacities and livelihood opportunities, while lack of documentation restricts access to essential services and legal protections (OCHA, January 2025).

Damage to infrastructure

Conflict has damaged roads, ports and supply chains, while blockades and restrictions hinder the delivery of essential supplies, disrupting overall market functionality (FAO, 2024).

In **Palestine** (Gaza Strip), prior to October 2023, damage from military operations since 2008 remained largely unrepaired, including critical physical infrastructure and productive assets such as agricultural equipment. The cumulative destruction resulted in inadequate access to clean water, prolonged electricity shortages, and insufficient sewage treatment (UNCTAD, September 2024). Even under an optimistic scenario, recovery is projected to take decades (UNCTAD, September 2024).

Conflict has caused extensive damage to **Yemen's** infrastructure. Between 2014 and 2022, at least one in four educational facilities were destroyed, damaged or repurposed for non-educational use (ICRC, October 2022). During the same period, nearly one-third of **Yemen's** paved roads were destroyed by conflict, restricting humanitarian access and trade (Coombs and Salah, January 2023). In DFA-controlled areas, increased conflict has damaged civilian infrastructure since October 2023 with air strikes damaging ports and airports, disrupting the flow of humanitarian assistance (UN Secretary-General, December 2024).

In **Syrian Arab Republic**, between 2013 and 2022, conflict has damaged physical infrastructure worth an estimated USD 5.8–7.8 billion (WB, December 2022). The protracted conflict has disrupted electricity, power supplies, and essential water and sanitation systems (OCHA, January 2024).

In **Lebanon**, conflict has damaged water infrastructure, while power shortages and strained financial resources have hindered access to clean and affordable water and disrupted wastewater treatment services.

Disrupted humanitarian access

Insecurity and violence have limited aid organizations' ability to reach those in need, disrupting critical food supplies, essential nutrition and vaccination programmes and healthcare.

Military operations continued to impede humanitarian operations in **Palestine** (Gaza Strip) throughout 2024, with at least 318 humanitarian workers killed (GHO, December 2024). In the northern governorates, humanitarian assistance was severely restricted in both early and late 2024, further reducing food availability (IPC, March 2024; IPC, November 2024).

Since June 2020, when data became available, **Syrian Arab Republic** has had 'very high' or 'extreme' access constraints on the ACAPS Humanitarian Access Scale. This indicates frequent interruptions to humanitarian activities or complete pauses (ACAPS, 2025) due to bombing of critical infrastructure, including airports, landmines and unexploded ordnance (OCHA, January 2024).

Health and sanitation crises

Poor sanitation, disease outbreaks and limited healthcare in conflict-affected areas have worsened malnutrition, particularly among children. Displaced populations often live in overcrowded, unsanitary conditions.

In **Palestine** (Gaza Strip), the situation remained especially dire through 2024, with mass displacement into makeshift camps reaching critical density of almost 40 000 people per square kilometre. Camps faced severe shortages of water, hygiene and sanitation resources, while destroyed health services heightened vulnerability to disease, particularly among children (IPC, January 2025).

The collapse of healthcare facilities and destruction of water infrastructure in **Yemen**, triggered one of the most severe cholera epidemics since 2016. In 2024, Yemen had the highest burden of cholera globally, as limited access to WASH infrastructure and treatment continued to hinder recovery (WHO, December 2024).

In **Syrian Arab Republic**, protracted conflict has severely eroded healthcare services and disrupted humanitarian provision. The 2023 earthquakes in northern areas further damaged these already fragile systems, leading to a rise in communicable diseases, such as measles and cholera (Tarnas et al., November 2023).

In **Lebanon**, 47 percent of households were unable to reach health facilities during the 2024 hostilities, disproportionately affecting IDPs and refugees (IPC, January 2025).

The region's high vulnerability to the global climate crisis

Rising temperatures since the 1960s, combined with decreasing precipitation levels, have already driven conflict (Kelley et al., March 2015) and are expected to make the region a global hotspot for droughts (FAO, 2022). Prolonged conflict has weakened governmental capacity to address these climate shocks, exacerbating acute food insecurity.

The impacts are particularly severe in **Syrian Arab Republic**, which faces an ongoing water crisis and drought-like conditions, further damaging livelihoods and hindering recovery from 13 years of conflict (OCHA, November 2023).

Yemen is among the most vulnerable countries to climate change, with rising temperatures and increasingly frequent and intense flooding anticipated (UNDP, November 2023). However, 11 years of insecurity and limited governance capacity have hindered the development and implementation of climate adaptation policies (Barry et al., December 2024).

Lebanon is among the countries least prepared to address climate change as its economic crisis – now worsened by the 2024 conflict – has severely limited its adaptive capacity. Rising temperatures and declining water availability are projected to result in USD 250 million in agricultural losses due to reduced irrigation and insufficient rainfall for rain-fed crops (WB, March 2024).

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TABLE A.1.1 **Acute food insecurity estimates, 2023–2025**

COUNTRIES/TERRITORIES		2023 HIGHEST NUMBERS of acutely food-insecure people								2024 HIGHEST NUMBERS of acutely food-insecure people								2025 HIGHEST NUMBERS (as of April 14, 2025) of acutely food-insecure people							
				REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT						REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT						REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT			
FORCIBLY DISPLACED POPULATIONS ARE INDICATED IN BLUE	SELECTION CRITERIA IN 2024	SOURCE/ METHOD-OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)	SOURCE/ METHOD-OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)	SOURCE/ METHOD-OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)
Afghanistan	GIEWS	HNO	Nov 2022–Mar 2023	43.1	100%	14.3	33%	19.9	46%	IPC	Nov 2023–Mar 2024	44.5	100%	16.4	37%	15.8	36%	IPC	Nov 2024–Mar 2025	46.0	100%	18.7	41%	14.8	32%
Algeria (refugees)	External assistance	WFP/ CARI[1]	Jun 2023	0.2	67%	N/A	N/A	0.04	28%	WFP[1]	Jan–24	0.2	100%	N/A	N/A	0.1	64%	No projections available as per 14 April 2025							
Bangladesh	GIEWS	IPC	May–Sep 2023	165.2	23%	12.9	34%	11.9	31%	IPC*	Oct–Dec 2024	165.2	55%	33.4	37%	23.6	26%	No projections available as per 14 April 2025							
Burkina Faso	GIEWS	CH	Jun–Aug 2023	22.3	100%	5.1	23%	3.4[3]	15%	CH	Jun–Aug 2024	23.0	100%	5.2	23%	2.7	12%	No projections available as per 14 April 2025							
Burundi	GIEWS	IPC	Apr–May 2023	12.3	100%	5.5	44%	2.3	19%	IPC	Apr–May 2024	12.3	100%	5.0	41%	2.2	18%	IPC	Jan–Mar 2025	12.3	100%	5.9	48%	1.2[2]	10%
Cameroon	GIEWS	CH	Mar–May 2023	28.5	95%	6.1	22%	3.0	11%	CH	Oct–Dec 2024	28.5	100%	5.9	21%	3.1	11%	CH	Jun–Aug 2025	28.5	100%	5.5	19%	2.6	9%
Central African Republic	GIEWS	IPC	Sep 2022–Mar 2023	6.1	100%	2.0	33%	2.7	44%	IPC	Apr–Aug 2024	6.1	100%	2.3	38%	2.5	41%	IPC	Apr–Aug 2025	6.5	100%	2.7	42%	2.3	35%
Chad	GIEWS	CH	Jun–Aug 2023	18.0	100%	4.0	22%	2.3	13%	CH	Jun–Aug 2024	18.7	92%	5.0	29%	3.4	20%	CH	Jun–Aug 2025	18.7	95%	5.1	29%	3.3	19%
Chad (refugees and returnees)	GIEWS	Not selected in 2023								CH	Oct–Dec 2024	1.5	100%	0.5	31%	0.5	30%	CH	Jun–Aug 2025	1.5	100%	0.4	32%	0.4	34%
Colombia	HRP	WFP/ CARI[1]	Nov–Dec 2023	52.2	100%	N/A	N/A	1.6	3%	HNRP[1]	Jan 2024	52.7	100%	N/A	N/A	7.8	15%	No projections available as per 14 April 2025							
Colombia (migrants)	HRP	WFP/ CARI[1]	Jun–Aug 2022	4.6	100%	N/A	N/A	2.9	62%	WFP[1]	Sep–Oct 2024	2.8	100%	N/A	N/A	1.0	37%	No projections available as per 14 April 2025							
Congo	GIEWS	WFP/ CARI[1]	Oct–Nov 2023	6.2	100%	N/A	N/A	1.9	31%	WFP[1]	Aug–Dec 2023	6.2	100%	N/A	N/A	1.8	31%	No projections available as per 14 April 2025							
Congo (refugees)	GIEWS	WFP/ CARI[1]	Aug–Sep 2022	0.1	94%	N/A	N/A	0.04	65%	WFP[1]	Jul 2023	0.2	100%	N/A	N/A	0.2	76%	No projections available as per 14 April 2025							
Democratic Republic of the Congo	GIEWS	IPC	Jan–Jun 2023	109.6	94%	46.8	45%	25.8	25%	IPC*	Jul–Dec 2024	118.2	98%	51.0	44%	25.6	22%	IPC*	Jan–Jun 2025	118.2	98%	51.5	44%	27.7	24%
Djibouti	GIEWS	IPC	Jul–Dec 2023	1.2	100%	0.4	34%	0.3	24%	IPC*	Jul–Dec 2024	1.2	100%	0.5	40%	0.3	24%	No projections available as per 14 April 2025							
Ecuador (migrants)	External assistance	WFP/ CARI[1]	Jul–Aug 2022	0.5	100%	N/A	N/A	0.3	60%	WFP[1]	Feb–Mar 2024	0.4	100%	N/A	N/A	0.2	59%	No projections available as per 14 April 2025							
Egypt (refugees)	External assistance	WFP/ CARI[1]	Jan–Mar 2023	0.3	100%	N/A	N/A	0.2	69%	WFP[1]	Jul–Sep 2024	0.8	100%	N/A	N/A	0.5	60%	No projections available as per 14 April 2025							

* Figures cover displaced populations. *For details see table A.1.2.*
[1] Disaggregation as per IPC/CH five phases is not available for this methodology.
[2] Estimates for this country DO NOT include any populations facing Emergency or worse (IPC/CH Phase 4 or above).
[3] Estimates for this country include populations facing Catastrophe (IPC/CH Phase 5).
[4] Figure corresponds to upper bound of FEWS NET estimate range.

TABLE A.1.1 **Acute food insecurity estimates, 2023–2025**

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COUNTRIES/TERRITORIES		2023 HIGHEST NUMBERS of acutely food-insecure people								2024 HIGHEST NUMBERS of acutely food-insecure people								2025 HIGHEST NUMBERS (as of April 14, 2025) of acutely food-insecure people							
				REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT						REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT						REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT			
FORCIBLY DISPLACED POPULATIONS ARE INDICATED IN BLUE	SELECTION CRITERIA IN 2024	SOURCE/ METHOD-OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)	SOURCE/ METHOD-OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)	SOURCE/ METHOD-OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)
El Salvador	HRP	HRP[1]	Mar–Jun 2023	6.3	100%	5.5	86%	0.9	14%	FEWS NET (RM)[1]	Oct 2024–Jan 2025	6.3	100%	N/A	N/A	0.2	3%	FEWS NET (RM)[1]	May–July 2025	6.3	100%	N/A	N/A	0.2[4]	4%
Eswatini	GIEWS	IPC	Oct 2023–Mar 2024	1.2	100%	0.4	36%	0.3	24%	IPC	Oct 2024–Mar 2025	1.2	100%	0.5	38%	0.3	25%	IPC	Oct 2024–Mar 2025	1.2	100%	0.5	38%	0.3	25%
Ethiopia	GIEWS	FEWS NET[1]	Jun–Aug 2023	115.0	100%	N/A	N/A	19.7	17%	FEWS NET[1]	Mar–May 2024	114.2	100%	N/A	N/A	22.0	19%	FEWS NET[1]	May 2025	114.2	100%	N/A	N/A	15.0[4]	13%
Guatemala	HRP	IPC	Jun–Aug 2023	17.6	100%	6.3	36%	4.3	24%	IPC	Sep 2023–Feb 2024	17.6	100%	6.7	38%	3.1	18%	IPC	Mar–May 2025	17.8	100%	5.2	29%	2.8	16%
Guinea	GIEWS	CH	Jun–Aug 2023	13.5	85%	2.6	23%	0.7	6%	CH	Jun–Aug 2024	13.9	100%	3.2	23%	1.0[2]	7%	CH	Jun–Aug 2025	14.4	98%	3.5	25%	1.8	13%
Guinea-Bissau	External assistance	Not selected in 2023								CH	Jun–Aug 2024	1.8	100%	0.4	20%	0.1[2]	7%	CH	Jun–Aug 2025	1.8	100%	0.4	20%	0.1[2]	8%
Haiti	GIEWS	IPC	Mar–Jun 2023	10.9	91%	2.7	27%	4.9	49%	IPC*	Aug 2024–Feb 2025	11.2	100%	3.1	27%	5.4[3]	48%	IPC*	Mar–Jun 2025	11.2	100%	2.9	26%	5.7[3]	51%
Honduras	HRP	IPC	Jun–Aug 2023	9.7	100%	3.4	35%	2.4	25%	IPC	Jun–Aug 2024	9.9	100%	3.6	36%	1.9	19%	No projections available as per 14 April 2025							
Iraq (refugees)	External assistance	WFP/ CARI[1]	Aug–Sep 2023	0.3	97%	N/A	N/A	0.02	7%	WFP[1]	Aug–Sep 2023	0.3	100%	N/A	N/A	0.02	7%	No projections available as per 14 April 2025							
Jordan (refugees)	External assistance	WFP/ CARI[1]	Jan–Mar 2023	0.7	100%	N/A	N/A	0.5	62%	WFP[1]	Jul–Sep 2024	0.7	100%	N/A	N/A	0.5	75%	No projections available as per 14 April 2025							
Kenya	GIEWS	IPC	Mar–Jun 2023	51.5	32%	5.9	36%	5.4	32%	IPC	Feb–Mar 2024	52.4	32%	5.5	33%	1.9	12%	IPC	Oct 2024–Jan 2025	52.4	32%	6.6	40%	2.8	17%
Lebanon	GIEWS	IPC	Jan–Apr 2023	5.8	92%	2.1	40%	2.3	42%	IPC*	Dec 2024–Mar 2025	5.6	100%	2.4	42%	1.7	30%	IPC*	Dec 2024–Mar 2025	5.6	100%	2.4	42%	1.7	30%
Lesotho	GIEWS	IPC	Oct 2023–Mar 2024	2.1	71%	0.5	36%	0.3[2]	22%	IPC	Oct–Dec 2024	2.2	68%	0.5	36%	0.4	27%	IPC	Jan–Mar 2025	2.2	68%	0.6	40%	0.3[2]	22%
Liberia	GIEWS	CH	Jun–Aug 2023	4.8	100%	1.4	29%	0.5	11%	CH	Jun–Aug 2023	4.8	100%	1.4	29%	0.5	11%	No projections available as per 14 April 2025							
Madagascar	GIEWS	IPC	Nov 2022–Mar 2023	29.0	21%	2.5	40%	2.2	36%	IPC	Feb–Apr 2024	30.8	25%	3.4	44%	1.7	22%	IPC	Jan–Apr 2025	30.8	34%	5.0	47%	1.9[2]	18%
Malawi	GIEWS	IPC	Oct 2023–Mar 2024	19.7	100%	6.2	31%	4.4	22%	IPC	Oct 2024–Mar 2025	20.3	100%	6.8	33%	5.7	28%	IPC	Oct 2024–Mar 2025	20.3	100%	6.8	33%	5.7	28%

* Figures cover displaced populations. *For details see table A.1.2.*
1 Disaggregation as per IPC/CH five phases is not available for this methodology.
2 Estimates for this country DO NOT include any populations facing Emergency or worse (IPC/CH Phase 4 or above).
3 Estimates for this country include populations facing Catastrophe (IPC/CH Phase 5).
4 Figure corresponds to upper bound of FEWS NET estimate range.

TABLE A.1.1 **Acute food insecurity estimates, 2023–2025**

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COUNTRIES/TERRITORIES		2023 HIGHEST NUMBERS of acutely food-insecure people								2024 HIGHEST NUMBERS of acutely food-insecure people								2025 HIGHEST NUMBERS (as of April 14, 2025) of acutely food-insecure people							
				REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT						REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT						REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT			
FORCIBLY DISPLACED POPULATIONS ARE INDICATED IN BLUE	SELECTION CRITERIA IN 2024	SOURCE/ METHOD-OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)	SOURCE/ METHOD-OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)	SOURCE/ METHOD-OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)
Mali	GIEWS	CH	Jun–Aug 2023	22.3	100%	4.1	18%	1.3[3]	6%	CH	Jun–Aug 2024	22.9	100%	4.1	18%	1.4[3]	6%	CH	Jun–Aug 2025	23.5	100%	4.0	17%	1.5[3]	6%
Mauritania	GIEWS	CH	Jun–Aug 2023	3.5	100%	0.8	23%	0.5	13%	CH	Jun–Aug 2024	4.6	100%	1.2	26%	0.7	14%	CH	Jun–Aug 2025	4.9	100%	1.2	25%	0.6	12%
Mozambique	GIEWS	IPC	Oct 2023–Mar 2024	32.4	49%	5.9	37%	3.3	20%	IPC*	Oct 2024–Mar 2025	33.2	61%	6.5	32%	4.9	24%	IPC*	Oct 2024–Mar 2025	33.2	61%	6.5	32%	4.9	24%
Myanmar	GIEWS	HNRP	Sep–Oct 2023	56.5	99%	16.6	30%	10.7	19%	HNRP*	Sep–Oct 2024	56.9	100%	19.9	35%	14.4	25%	HNRP*	Jun–Aug 2025	57.0	100%	20.4	36%	15.2	27%
Namibia	GIEWS	IPC	Oct 2023–Mar 2024	2.6	100%	0.9	36%	0.7	26%	IPC	Oct 2024–Mar 2025	3.0	100%	0.8	26%	1.3	41%	IPC	Oct 2024–Mar 2025	3.0	100%	0.8	26%	1.3	41%
Niger	GIEWS	CH	Jun–Aug 2023	25.9	100%	7.3	28%	3.3	13%	CH	Jun–Aug 2024	26.2	100%	7.3	28%	3.4	13%	CH	Jun–Aug 2025	27.3	100%	6.3	23%	2.2	8%
Nigeria	GIEWS	CH	Jun–Aug 2023	213.4	91%	64.0	33%	24.9	13%	CH*	Jun–Aug 2024	229.2	87%	82.7	41%	31.8	16%	CH*	Jun–Aug 2025	232.7	89%	92.0	45%	30.6	15%
Pakistan	GIEWS	IPC	Nov 2023–Jan 2024	224.8	16%	13.4	36%	11.8	32%	IPC	Nov 2023–Jan 2024	224.8	16%	13.4	36%	11.8	32%	IPC	Nov 2024–Mar 2025	241.5	21%	16.6	32%	11.0	22%
Palestine (Gaza Strip)	GIEWS	IPC	Dec 2023–Feb 2024	2.2	100%	0.0	0%	2.2[3]	100%	IPC	Mar–Apr 2024	2.2	100%	-	0%	2.2[3]	100%	IPC	May–Sep 2025	2.1	100%	0	0%	2.1[3]	100%
Palestine (West Bank)	GIEWS	HNO[1]	Dec 2023	3.2	100%	N/A	N/A	0.6	18%	FA[1]	Oct 2024	3.4	100%	N/A	N/A	0.7	21%	No projections available as per 14 April 2025							
Senegal	GIEWS	CH	Jun–Aug 2023	17.9	100%	4.4	24%	1.3	7%	CH	Oct–Dec 2024	19.1	100%	3.3	17%	0.9	5%	CH	Jun–Aug 2025	19.1	100%	4.3	179%	1.3	7%
Sierra Leone	GIEWS	CH	Jun–Aug 2023	7.5	100%	2.9	39%	1.2	16%	CH	Jun–Aug 2024	7.7	100%	3.1	40%	1.6	20%	CH	Jun–Aug 2025	8.7	100%	2.4	28%	1.1	12%
Somalia	GIEWS	IPC	Apr–Jun 2023	17.0	100%	3.3	19%	6.6[3]	39%	IPC*	Oct–Dec 2024	18.7	100%	6.5	35%	4.4	23%	IPC*	Apr–Jun 2025	19.3	100%	7.0	36%	4.6	24%
South Sudan	GIEWS	IPC	Apr–Jul 2023	12.4	100%	3.1	25%	7.8[3]	63%	IPC*	Apr–Jul 2024	12.6	100%	3.5	28%	7.1[3]	56%	IPC*	Apr–Jul 2025	13.6	99%	3.8	28%	7.7[3]	57%
Sudan	GIEWS	IPC	Jul–Sep 2023	48.6	100%	17.1	35%	20.3	42%	IPC*	Jun–Sep 2024	47.2	100%	15.2	32%	25.6[3]	54%	IPC*	Dec 2024–May 2025**	47.5	100%	15.6	33%	24.6[3]	51%
Syrian Arab Republic	GIEWS	Vasyr/ CARI[1]	Oct 2023	23.4	100%	N/A	N/A	12.9	55%	HNRP[1]	Aug–Oct 2024	23.7	100%	N/A	N/A	9.2	39%	No projections available as per 14 April 2025							

* Figures cover displaced populations. *For details see table A.1.2.*
** The Government of the Sudan did not support this analysis.
[1] Disaggregation as per IPC/CH five phases is not available for this methodology.
[2] Estimates for this country DO NOT include any populations facing Emergency or worse (IPC/CH Phase 4 or above).
[3] Estimates for this country include populations facing Catastrophe (IPC/CH Phase 5).
[4] Figure corresponds to upper bound of FEWS NET estimate range.

TABLE A.1.1 Acute food insecurity estimates, 2023–2025

COUNTRIES/TERRITORIES		2023 HIGHEST NUMBERS of acutely food-insecure people								2024 HIGHEST NUMBERS of acutely food-insecure people								2025 HIGHEST NUMBERS (as of April 14, 2025) of acutely food-insecure people							
FORCIBLY DISPLACED POPULATIONS ARE INDICATED IN BLUE	SELECTION CRITERIA IN 2024	SOURCE/ METHOD-OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT				SOURCE/ METHOD-OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT				SOURCE/ METHOD-OLOGY	TIME PERIOD COVERED BY THE ANALYSIS	REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT			
				M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)			M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)			M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)
Timor-Leste	External assistance	Not selected in 2023								IPC	May–Sep 2024	1.3	100%	0.5	37%	0.4	27%	No projections available as per 14 April 2025							
Togo	External assistance	CH	Jun–Aug 2023	8.3	73%	1.3	22%	0.5	8%	CH	Oct–Dec 2024	8.7	73%	1.3	21%	0.6[2]	10%	CH	Jun–Aug 2025	8.7	73%	1.3	21%	0.6[2]	10%
Uganda	GIEWS	FEWS NET[1]	Apr–Jul 2023	45.6	100%	N/A	N/A	1.8	4%	FEWS NET[1]*	Jul–Sep 2024	44.2	100%	N/A	N/A	2.0	5%	FEWS NET[1]	Mar–May 2025	48.3	100%	N/A	N/A	2.0[4]	4%
Ukraine	GIEWS	REACH/ CARI[1]	Sep 2023	33.0	100%	N/A	N/A	7.3	22%	HNRP[1]	Aug–Sep 2024	33.5	100%	N/A	N/A	5.0	15%	No projections available as per 14 April 2025							
United Republic of Tanzania	GIEWS	IPC	Oct 2022–Feb 2023	61.7	17%	3.3	31%	1.1	10%	IPC	Nov 2023–Apr 2024	59.9	12%	2.2	31%	0.9[2]	13%	No projections available as per 14 April 2025							
Yemen	GIEWS	FEWS NET[1]	Jul–Aug 2023	32.0	100%	N/A	N/A	18.0	56%	IPC and gFSC	Oct 2024–Mar 2025	34.7	100%	3.1	30%	16.7	48%	IPC and gFSC	Oct 2024–May 2025	34.7	100%	3.1	30%	17.1	49%
Zambia	GIEWS	IPC	Oct 2023–Mar 2024	19.6	47%	3.8	42%	2.0	23%	IPC	Oct 2024–Mar 2025	19.6	91%	7.5	42%	5.8	33%	IPC	Oct 2024–Mar 2025	19.6	91%	7.5	42%	5.8	33%
Zimbabwe	GIEWS	FEWS NET[1]	Jan–Mar 2023	15.4	100%	N/A	N/A	3.5	23%	FEWS NET[1]	Oct–Dec 2024**	15.7	100%	N/A	N/A	5.0	32%	FEWS NET[1]	Jan–Mar 2025**	15.7	100%	N/A	N/A	6.0[4]	38%

* Figures cover displaced populations. *For details see table A.1.2.*
** The Government of Zimbabwe did not support this analysis.
[1] Disaggregation as per IPC/CH five phases is not available for this methodology.
[2] Estimates for this country DO NOT include any populations facing Emergency or worse (IPC/CH Phase 4 or above).
[3] Estimates for this country include populations facing Catastrophe (IPC/CH Phase 5).
[4] Figure corresponds to upper bound of FEWS NET estimate range.

TABLE A.1.2 **Acute food insecurity estimates for displaced populations (disaggregated from the main/national analyses in table A.1.1)**

COUNTRIES/POPULATION ANALYSED		2024 HIGHEST NUMBERS of acutely food–insecure people								2025 HIGHEST NUMBERS (as of April 14, 2025) of acutely food–insecure people							
				REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT						REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT			
COUNTRIES	POPULATION ANALYSED	SOURCE/ METHODOLOGY	TIME PERIOD COVERED BY THE ANALYSIS	M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)	SOURCE/ METHODOLOGY	TIME PERIOD COVERED BY THE ANALYSIS	M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)
Bangladesh	Refugees	IPC	Oct–Dec 2024	1.0	100%	0.3	35%	0.3[2]	30%	No projections available as per 14 April 2025							
Democratic Republic of the Congo	IDPs	IPC	Sep–Dec 2024			1.2	33%	2.1	56%	IPC	Jan–Jun 2025			1.2	33%	2.1	57%
Djibouti	Refugees in Ali Added, Holl-Holl, Markazi Camps	IPC	Jul–Dec 2024	0.03	100%	0.01	31%	0.01	42%	No projections available as per 14 April 2025							
Haiti	IDPs	IPC	Aug 2024–Feb 2025	0.1	100%	0.02	20%	0.08[3]	70%	IPC	Mar–Jun 2025	0.1	100%	0.02	15%	0.08[3]	75%
Lebanon	Syrian refugees	IPC	Dec 2024–Mar 2025	1.5	100%	0.7	46%	0.6	39%	IPC	Dec 2024–Mar 2025	1.5	100%	0.7	46%	0.6	39%
Lebanon	Palestine refugees	IPC	Dec 2024–Mar 2025	0.2	100%	0.1	40%	0.1	40%	IPC	Dec 2024–Mar 2025	0.2	100%	0.1	40%	0.1	40%
Mozambique	IDPs in Cabo Delgado	IPC	Oct 2024–Mar 2025			0.1	31%	0.2	46%	IPC	Oct 2024–Mar 2025			0.1	31%	0.2	46%
Myanmar	IDPs	HNRP	Sep–Oct 2024	3.2	100%	1.1	36%	1.3	40%	HNRP	Jun–Aug 2025	4.3	100%	1.6	37%	1.8	43%
Nigeria	IDPs in Sokoko and Zamfara	CH	Jun–Aug 2024	0.2	100%	0.1	39%	0.1	50%	CH	Jun–Aug 2025	1.4	100%	0.6	44%	0.5	38%
Somalia	IDPs	IPC	Oct–Dec 2024	3.8	100%	1.3	36%	1.6	42%	IPC	Apr–Jun 2025	4.0	100%	1.3	36%	1.6	39%
South Sudan	Returnees	IPC	Apr–Jul 2024	0.3	100%	0.04	15%	0.2[3]	75%	IPC	Apr–Jul 2025	0.5	85%	0.06	10%	0.5[3]	85%
Sudan	IDPs	IPC	Jun–Sep 2024	1.2	100%	0.3	23%	0.9[3]	72%	IPC	Dec 2024–May 2025	1.5	100%	0.4	23%	1.1[3]	70%
Sudan	Refugees	IPC	Jun–Sep 2024	0.7	100%	0.2	33%	0.4[3]	56%	IPC	Dec 2024–May 2025	0.7	100%	0.3	35%	0.4[3]	51%
Uganda	Refugees	FEWS NET[1]	Jul–Sep 2024	4.6	100%	N/A	N/A	1.3[4]	28%	Disaggregation not available							

[1] Disaggregation as per IPC/CH five phases is not available for this methodology.
[2] Estimates for this country DO NOT include any populations facing Emergency or worse (IPC/CH Phase 4 or above).
[3] Estimates for this country include populations facing Catastrophe (IPC/CH Phase 5).
[4] Figure corresponds to upper bound of FEWS NET estimate range.

TABLE A.1.3 **Acute food insecurity estimates for countries not selected for the GRFC 2025, but with data meeting GRFC technical requirements, 2024–2025**

COUNTRIES	2024 HIGHEST NUMBERS of acutely food–insecure people								2025 HIGHEST NUMBERS (as of April 14, 2025) of acutely food–insecure people							
			REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT						REFERENCE POPULATION/ PERCENTAGE OF REFERENCE POPULATION ANALYSED		POPULATION IN IPC/CH PHASES OR EQUIVALENT			
FORCIBLY DISPLACED POPULATIONS ARE INDICATED IN BLUE	SOURCE/ METHODOLOGY	TIME PERIOD COVERED BY THE ANALYSIS	M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)	SOURCE/ METHODOLOGY	TIME PERIOD COVERED BY THE ANALYSIS	M	%	Phase 2 (M)	Phase 2 (%)	Phase 3 or above (M)	Phase 3 or above (%)
Angola	FEWS NET (RM)[1]	Nov–Dec 2024	35.1	100%	N/A	N/A	1.5	4%	FEWS NET (RM)	Jan–Mar 2025	35.1	100%	N/A	N/A	1.5[4]	4%
Armenia	WFP/CARI[1]	Mar 2024	2.8	100%	N/A	N/A	0.6	20%	No projections available							
Benin	CH	Mar–May 2024	12.9	44%	1.1	19%	0.4[2]	6%	CH	Mar–May 2025	13.1	100%	1.4	9%	0.4[2]	6%
Bolivia	WFP/CARI[1]	Oct 2024	11.3	100%	N/A	N/A	2.2	19%	No projections available							
Côte d'Ivoire	CH	Jun–Aug 2024	31.1	77%	3.8	16%	0.9	4%	CH	Jun–Aug 2025	32.5	76%	3.7	15%	1.5	6%
Dominican Republic	IPC	Dec 2023–Apr 2024	10.8	100%	2.3	21%	1.1	10%	IPC	Oct 2024–Jan 2025	10.8	100%	1.9	18%	0.9	9%
Ecuador	IPC	Sep 2024–Mar 2025	18.0	100%	5.2	29%	2.7	15%	IPC	Sep 2024–Mar 2025	18.0	100%	5.2	29%	2.7	15%
Gambia	CH	Jun–Aug 2024	2.5	100%	0.6	24%	0.2	9%	CH	Jun–Aug 2025	2.4	100%	0.6	25%	0.2	10%
Ghana	CH	Mar–May 2024	32.2	100%	4.4	14%	1.0	4%	CH	Mar–May 2025	32.2	100%	5.3	16%	2.4	10%
Iraq (IDPs)	WFP/CARI[1]	Aug 2023	1.2	100%	N/A	N/A	0.02	2%	No projections available							
Nicaragua	FEWS NET (RM)[1]	Jun–Aug 2024	6.2	100%	N/A	N/A	0.2	4%	FEWS NET (RM)	Apr2025	6.2	100%	N/A	N/A	0.2[4]	4%
Sri Lanka	WFP/CARI[1]	Nov 2024	22.6	100%	N/A	N/A	3.6	16%	No projections available							

[1] Disaggregation as per IPC/CH five phases is not available for this methodology.
[2] Estimates for this country DO NOT include any populations facing Emergency or worse (IPC/CH Phase 4 or above).
[3] Estimates for this country include populations facing Catastrophe (IPC/CH Phase 5).
[4] Figure corresponds to upper bound of FEWS NET estimate range.

TABLE A.2 **Burden estimates of acute malnutrition in nutrition crises and nutrition concerns, 2023–2024**

COUNTRIES/TERRITORIES	2023 HIGHEST NUMBERS of children aged 5–59 months and pregnant and breastfeeding women with acute malnutrition							2024 HIGHEST NUMBERS (as of February 25, 2025) of children aged 5–59 months and pregnant and breastfeeding women with acute malnutrition							
				POPULATION IN IPC/CH PHASES OR EQUIVALENT							POPULATION IN IPC/CH PHASES OR EQUIVALENT			
FORCIBLY DISPLACED POPULATIONS ARE INDICATED IN BLUE	SOURCE	PERIOD OF REFERENCE/ VALIDITY	GEOGRAPHICAL COVERAGE	GAM (M)	SAM (M)	MAM (M)	PBW (M)	SOURCE	PERIOD OF REFERENCE/ VALIDITY	GEOGRAPHICAL COVERAGE	GAM (M)	SAM (M)	MAM (M)	PBW (M)
Afghanistan	IPC	Nov22–Apr23	National	3.2	0.9	2.3	0.8	IPC	Jun 2024–May 2025	National	3.5	0.9	2.6	1.2
Algeria (refugees)	No estimates available for 2023							No estimates were available for 2024 as of March 25, 2025						
Bangladesh	UNICEF HAC	2023	Refugees in Cox's Bazar and Bashan Char	N/A	0.1	N/A	N/A	UNICEF/ HAC	2023	Refugees in Cox's Bazar and Bashan Char	N/A	0.01	N/A	N/A
Burkina Faso	IPC	Aug 2023–Jul 2024	Partial (37 provinces)	0.5	0.1	0.4	0.1	IPC	Aug 2024–Jul 2025	Partial (26 provinces, 18 communes and one region)	0.4	0.1	0.3	0.04
Burundi	IPC	Mar 2022–Feb 2023	National	0.3	0.1	0.2	0.05	IPC	Jun 2024–May 2025	National	0.5	0.1	0.4	0.07
Cameroon	UNICEF	2023	Partial (only 4 Northern Regions)	0.3	0.1	0.2	N/A	IPC	Nov 2023–Oct 2024	National	0.4	0.1	0.2	0.01
Central African Republic	IPC	Oct 2022–Aug 2023	National	0.3	0.1	0.2	0.2	IPC	Sep 2023–Aug 2024	National	0.2	0.05	0.1	0.2
Chad	IPC	Oct 2022–Sep 2023	Partial (15 provinces, 27 departments and Ndjamena Commune)	1.8	0.4	1.4	0.3	IPC	Oct 2023–Sep 2024	Partial (15 provinces, 27 departments, city of N'Djamena)	1.7	0.5	1.3	0.3
Chad (Refugees)	No estimates available for 2023							IPC	Jan–Dec 2024	25 refugee camps, 6 host communities	0.1	0.01	0.1	N/A
Democratic Republic of the Congo	IPC	Jul–Dec 2022	Partial (349/519 zones)	2.8	0.9	1.9	2.2	IPC	Jul 2024–Jun 2025	National	4.5	1.4	3.1	3.7
Djibouti	IPC	Mar–Jun 2023	National	0.03	0.01	0.03	2 917*	IPC	Jan–Dec 2024	National	0.04	9 260*	0.03	1 046*
Ethiopia	HNO	2023	National	4.1	1.1	3.0	1.0	HNO	2024	National	3.3	0.9	2.4	1.3
Haiti	HNO	2023	National	0.3	0.1	0.2	0.5	IPC	Dec 2023–Nov 2024	National	0.3	0.1	0.2	0.03
Kenya	IPC	Mar–May 2023	Partial (23 ASAL Counties)	1.0	0.2	0.7	0.1	IPC	Apr 2024–Mar 2025	Partial (27 areas analysed)	0.8	0.2	0.6	0.1
Lebanon	UNICEF-SMART	2022	National	0.03	N/A	0.03	N/A	LIMA	2023	National	0.02	0.01	0.01	N/A
Madagascar	IPC	May2022–Apr 2023	Partial (Grand Sud and Grand Sud Est)	0.5	0.1	0.4	0.03	IPC	Oct 2023–Sep 2024	Partial (Grand Sud and Grand Sud-Est)	0.5	0.1	0.3	0.03
Mali	IPC	Jun 2022–May 2023	National	1.5	0.4	1.1	0.09	IPC	Jun 2024–May 2025	Partial (54 units of analysis)	1.6	0.4	1.2	0.1
Mauritania	UNICEF-WFP	2023	National	0.2	0.04	0.1	N/A	UNICEF-WFP/ Nutrition Hotspots	2024	National	0.2	0.04	0.1	N/A

* Figure not in millions.

TABLE A.2 **Burden estimates of acute malnutrition in nutrition crises and nutrition concerns, 2023–2024**

COUNTRIES/TERRITORIES	2023 HIGHEST NUMBERS of children aged 5-59 months and pregnant and breastfeeding women with acute malnutrition							2024 HIGHEST NUMBERS (as of February 25, 2025) of children aged 5-59 months and pregnant and breastfeeding women with acute malnutrition							
				POPULATION IN IPC/CH PHASES OR EQUIVALENT							POPULATION IN IPC/CH PHASES OR EQUIVALENT			
FORCIBLY DISPLACED POPULATIONS ARE INDICATED IN BLUE	SOURCE	PERIOD OF REFERENCE/ VALIDITY	GEOGRAPHICAL COVERAGE	GAM (M)	SAM (M)	MAM (M)	PBW (M)	SOURCE	PERIOD OF REFERENCE/ VALIDITY	GEOGRAPHICAL COVERAGE	GAM (M)	SAM (M)	MAM (M)	PBW (M)
Mozambique	IPC	Oct 2023–Mar 2024	Partial (66 districts)	0.2	0.07	0.1	0.07	IPC	Oct 2024–Mar 2025	Partial (47 districts)	0.1	0.03	0.1	0.02
Myanmar	HNRP	2023	National	0.4	0.07	0.4	0.3	HNRP	2024	National	0.4	0.07	0.4	0.3
Niger	IPC	Jan 2023–Dec 2023	Partial (53 departments + Niamey City)	1.9	0.4	1.5	0.2	IPC	Aug 2024–July 2025	National	1.7	0.4	1.3	0.1
Nigeria	IPC	May 2022–Apr 2023	Partial (northeast and northwest states)	5.9	1.6	4.3	0.6	IPC	May 2024–Apr 2025	Partial (northeast and northwest states for 133 local government areas)	5.4	1.8	3.7	0.8
Pakistan	IPC	Mar 2023–Jan 2024	Partial (32 districts in 3 provinces)	2.1	0.6	1.5	N/A	IPC	Mar 2023–Jan 2024	Partial (32 districts in 3 provinces)	2.1	0.6	1.5	N/A
Palestine (Gaza Strip)	No estimates available for 2023							IPC	Sep 2024–Aug 2025	Gaza Strip	0.06	0.01	0.05	0.02
Senegal	UNICEF-WFP	2023	National	0.3	0.1	0.2	N/A	UNICEF-WFP / Nutrition Hotspots	2024	National	0.4	0.1	0.3	N/A
Somalia	IPC	Mar 2023–Jun 2023	National	1.8	0.5	1.3	0.4	IPC	Aug 2024–Jul 2025	Partial (49 analysed areas)	1.6	0.4	1.2	N/A
South Sudan	IPC	Jul 2023–Jun 2024	National	1.7	0.5	1.2	0.9	IPC	Jul 2024–Jun 2025	National	2.1	0.6	1.4	1.1
Sudan	HNO	2023	National	3.0	0.6	2.4	0.9	GNC / NVA	2024	National	3.7	0.7	2.9	1.2
Syrian Arab Republic	HNO	2023	National	0.4	0.08	0.3	0.5	HNO	2024	National	0.5	0.1	0.4	N/A
Uganda (Karamoja)	IPC	Feb 2023–Jan 2024	Partial (Karamoja region)	0.09	0.02	0.07	0.01	IPC	Mar 2024–Feb 2025	Karomoja	0.1	0.02	0.1	0.01
Uganda (refugee settlements and host districts)	IPC	Apr23–Mar24	Partial (refugee settlements and host districts)	0.1	0.02	0.1	0.01	IPC	Apr 2023–Mar 2024	Partial (refugee settlements and host districts)	0.1	0.02	0.1	0.01
Yemen	IPC	Oct 2022–Sept 2023	Partial (118 districts of GoY)	0.5	0.1	0.4	0.3	HNO	2024	National	2.4	0.5	1.8	0.7

TABLE A.3 **Forcibly displaced populations, 2024**

COUNTRIES/TERRITORY OF ASYLUM/DISPLACEMENT	TOTAL NUMBER OF FORCIBLY DISPLACED PEOPLE	INTERNALLY DISPLACED PEOPLE (IDPS)		REFUGEES, ASYLUM-SEEKERS AND OTHER PEOPLE IN NEED OF INTERNATIONAL PROTECTION (OIPS)		
		NUMBER	SOURCE	NUMBER	SOURCE[1]	MAIN COUNTRIES/TERRITORIES OF ORIGIN
Afghanistan	5.7M	5.7M	IDMC	0.04M	UNHCR	Pakistan, Iran (Islamic Republic of), Tajikistan
Algeria	0.2M	-		0.2M	UNHCR	Western Sahara, Syrian Arab Republic, Mali
Armenia	0.2M	-		0.2M	UNHCR	Azerbaijan, Syrian Arab Rep., Afghanistan
Bangladesh	1.0M	-		1.0M	UNHCR	Myanmar, Somalia, Afghanistan
Benin	0.04M	0.01M	IOM-DTM	0.04M	UNHCR	Burkina Faso, Togo, Central African Republic
Burkina Faso	2.1M	2.1M	UNHCR	0.04M	UNHCR	Mali, Niger, Togo
Burundi	0.2M	0.09M	IOM-DTM	0.09M	UNHCR	Democratic Republic of the Congo, Rwanda, Uganda
Cameroon	1.5M	1.0M	OCHA	0.4M	UNHCR	Central African Republic, Nigeria, Niger
Central African Republic	0.5M	0.4M	IOM-DTM	0.05M	UNHCR	Chad, Sudan, Democratic Republic of the Congo
Chad	1.5M	0.2M	IOM-DTM	1.3M	UNHCR	Sudan, Central African Republic, Nigeria
Colombia	9.9M	7.0M	Government of Colombia	2.9M	UNHCR[2]	Venezuela (Bolivarian Republic of), Haiti, Ecuador
Congo	0.1M	-		0.07M	UNHCR	Central African Republic, Democratic Republic of the Congo, Rwanda
Côte d'Ivoire	0.1M	-		0.07M	UNHCR	Burkina Faso, Mali, Liberia
Cuba	107*	-		107*	UNHCR	Syrian Arab Republic, Angola, Iran (Islamic Republic of)
Democratic People's Republic of Korea	-	-		-		
Democratic Republic of the Congo	8.3M	7.8M	OCHA	0.5M	UNHCR	Central African Republic, Rwanda, South Sudan
Djibouti	0.03M	-		0.03M	UNHCR	Somalia, Ethiopia, Yemen
Dominican Republic	0.1M	-		0.1M	UNHCR	Venezuela (Bolivarian Republic of), Haiti, Cuba
Ecuador	0.5M	-		0.5M	UNHCR	Venezuela (Bolivarian Republic of), Colombia, Cuba
Egypt, Arab Rep.	0.9M	-		0.9M	UNHCR	Sudan, Syrian Arab Republic, South Sudan
El Salvador	0.05M	0.05M	IDMC – GRID 2024	300[1]	UNHCR	Venezuela (Bolivarian Republic of), Nicaragua, Honduras

* Figure not in millions.
[1] UNHCR nowcasted, December 2024, if not indicated otherwise.
[2] UNHCR nowcasted data, December 2024 and OIP data from UNHCR, December 2024.

TABLE A.3 **Forcibly displaced populations, 2024**

COUNTRIES/TERRITORY OF ASYLUM/DISPLACEMENT	TOTAL NUMBER OF FORCIBLY DISPLACED PEOPLE	INTERNALLY DISPLACED PEOPLE (IDPS)		REFUGEES, ASYLUM-SEEKERS AND OTHER PEOPLE IN NEED OF INTERNATIONAL PROTECTION (OIPS)		
		NUMBER	SOURCE	NUMBER	SOURCE[1]	MAIN COUNTRIES/TERRITORIES OF ORIGIN
Eritrea	119 1	-		119*	UNHCR	Sudan, Ethiopia
Eswatini	3 478*	-		3 478*	UNHCR	Democratic Republic of the Congo, Somalia, Ethiopia
Ethiopia	3.0M	1.9M	IOM-DTM	1.1M	UNHCR	South Sudan, Somalia, Eritrea
Guatemala	0.2M	0.2M	IDMC – GRID 2024	3 538*	UNHCR	El Salvador, Honduras, Nicaragua
Guinea	2463*	-		2 463*	UNHCR	Sierra Leone, Liberia, Cameroon
Haiti	1.0M	1.0M	IOM-DTM	5*	UNHCR	
Honduras	0.1M	0.1M	IDMC – GRID 2024	330*	UNHCR	Nicaragua, Venezuela (Bolivarian Republic of), El Salvador
Iraq	1.4M	1.0M	IOM-DTM	0.3M	UNHCR	Syrian Arab Republic, Iran (Islamic Republic of), Türkiye
Jordan	3.1M	-		3.1M	UNHCR	Palestinian, Syrian Arab Republic, Iraq
Kenya	1.1M	0.2M	IOM-DTM	0.8M	UNHCR	Somalia, South Sudan, Democratic Republic of the Congo
Lebanon	1.4M	0.1M	IOM-DTM	1.2M	UNHCR	Syrian Arab Republic, Palestinian, Iraq
Lesotho	602*	-		602*	UNHCR	Democratic Republic of the Congo, Eritrea, Ethiopia
Liberia	1 858*	-		1 858*	UNHCR	Côte d'Ivoire, Syrian Arab Republic, Democratic Republic of the Congo
Libya	0.1M	-		0.08M	UNHCR	Sudan, Syrian Arab Republic, Eritrea
Madagascar	0.0M	0.01M	IOM-DTM	1,220*	UNHCR	Pakistan, Yemen, Mali
Malawi	0.1M	-		0.06M	UNHCR	Democratic Republic of the Congo, Burundi, Rwanda
Mali	0.5M	0.4M	IOM-DTM	0.1M	UNHCR	Burkina Faso, Niger, Mauritania
Mauritania	0.2M	-		0.2M	UNHCR	Mali, Central African Rep., Senegal
Moldova	0.1M	-		0.1M	UNHCR	Ukraine, Syrian Arab Republic, Russian Federation
Mozambique	0.7M	0.7M	IOM-DTM	0.02M	UNHCR	Democratic Republic of the Congo, Burundi, Rwanda
Myanmar	3.2M	3.2M	UNHCR	-		
Namibia	6 544*	-		6 544*	UNHCR	Democratic Republic of the Congo, Burundi, Rwanda

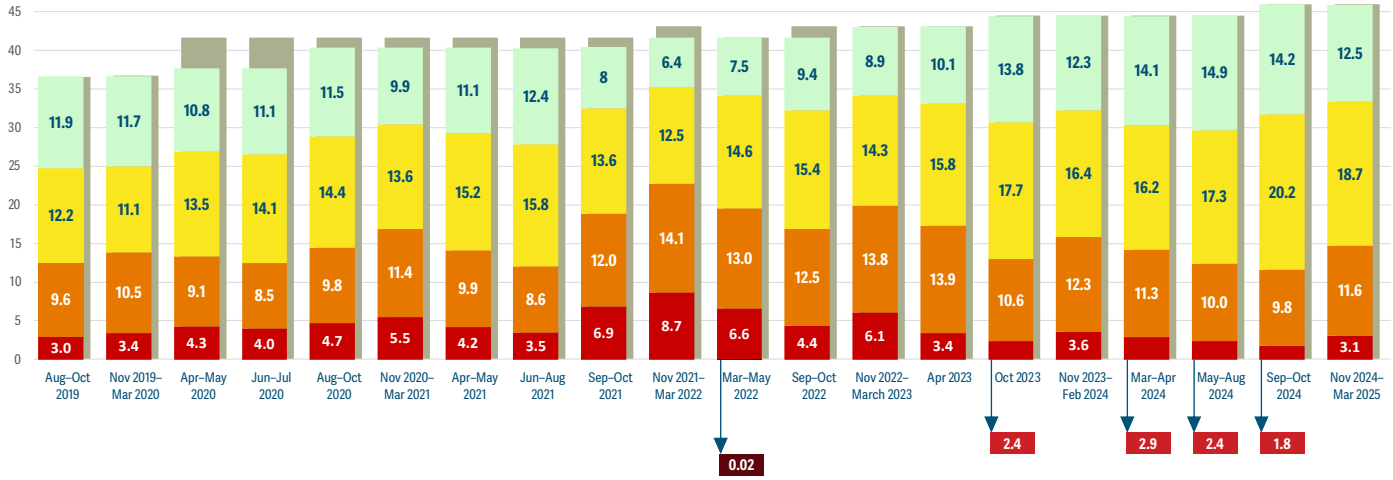
* Figure not in millions.
[1] UNHCR nowcasted, December 2024, if not indicated otherwise.

TABLE A.3 **Forcibly displaced populations, 2024**

COUNTRIES/TERRITORY OF ASYLUM/DISPLACEMENT	TOTAL NUMBER OF FORCIBLY DISPLACED PEOPLE	INTERNALLY DISPLACED PEOPLE (IDPS)		REFUGEES, ASYLUM-SEEKERS AND OTHER PEOPLE IN NEED OF INTERNATIONAL PROTECTION (OIPS)		
		NUMBER	SOURCE	NUMBER	SOURCE[1]	MAIN COUNTRIES/TERRITORIES OF ORIGIN
Niger	0.8M	0.4M	IOM-DTM	0.4M	UNHCR	Nigeria, Mali, Burkina Faso.
Nigeria	3.6M	3.5M	IOM-DTM	0.1M	UNHCR	Cameroon, Niger, Syrian Arab Republic
Pakistan	2.0M	0.2M	IOM-DTM	1.8M	UNHCR	Afghanistan, Somalia, Yemen
Palestine	3.1M[4]	1.9M	UNWRA	2.5M	UNWRA[3]	Palestine
Peru	1.6M	-		1.6M	UNHCR	Venezuela (Bolivarian Republic of), Colombia, Haiti
Rwanda	0.1M	-		0.1M	UNHCR	Democratic Republic of the Congo, Burundi, Sudan.
Senegal	0.01M	-		0.01M	UNHCR	Mauritania, Central African Rep., Pakistan
Sierra Leone	32*	-		32*	UNHCR	Liberia
Somalia	3.3M	3.3M	IOM-DTM	0.04M	UNHCR	Ethiopia, Yemen, Syrian Arab Republic
South Sudan	2.4M	1.8M	IOM-DTM	0.5M	UNHCR	Sudan, Democratic Republic of the Congo, Ethiopia
Sri Lanka	5 209*	4 806*	UNHCR	403*	UNHCR	Pakistan, Myanmar, Afghanistan
Sudan	12.4M	11.6M	IOM-DTM	0.9M	UNHCR	South Sudan, Eritrea, Ethiopia
Syrian Arab Republic	8.0M	7.4M	UNHCR	0.6M	UNHCR	Palestinian, Iraq, Afghanistan
Uganda	1.8M	4 659*	IOM-DTM	1.8M	UNHCR	South Sudan, Democratic Republic of the Congo, Sudan
Ukraine	3.7M	3.7M	IOM-DTM	4 177*	UNHCR	Afghanistan, Russian Federation, Syrian Arab Republic
United Republic of Tanzania	0.3M	-		0.3M	UNHCR	Burundi, Democratic Republic of the Congo, Somalia
Venezuela (Bolivarian Republic of)	0.03M	-		0.03M	UNHCR	Colombia, Syrian Arab Republic, Iraq
Yemen	4.7M	4.6M	HNRP	0.06M	UNHCR	Somalia, Ethiopia, Syrian Arab Republic
Zambia	0.1M	-		0.09M	UNHCR	Democratic Republic of the Congo, Burundi, Somalia
Zimbabwe	0.02M	-		0.02M	UNHCR	Democratic Republic of the Congo, Mozambique, Burundi

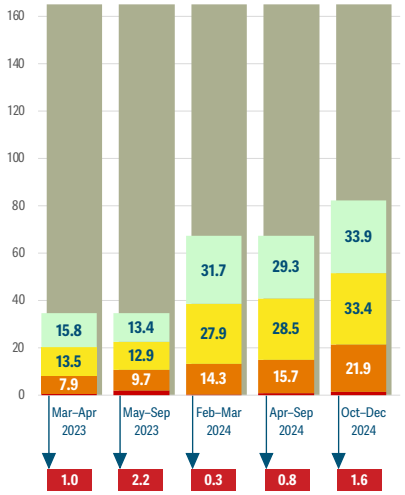
* Figure not in millions.
[1] UNHCR nowcasted, December 2024, if not indicated otherwise.
[3] UNHCR nowcasted data, December 2024 and UNWRA, December 2024.
[4] The figure for IDPs corresponds solely to populations in the Gaza Strip. UNRWA estimates that 70 percent of IDPs in the Gaza Strip were Palestine refugees under its mandate. These internally displaced refugees under UNRWA's mandate are only counted once in the estimated total number of forcibly displaced people in Palestine, which includes the Gaza Strip, the West Bank, and East Jerusalem.

Figure A.1 Numbers of people (in millions) in **Afghanistan** by phase of acute food insecurity, 2019–2025



Source: Afghanistan IPC TWG.

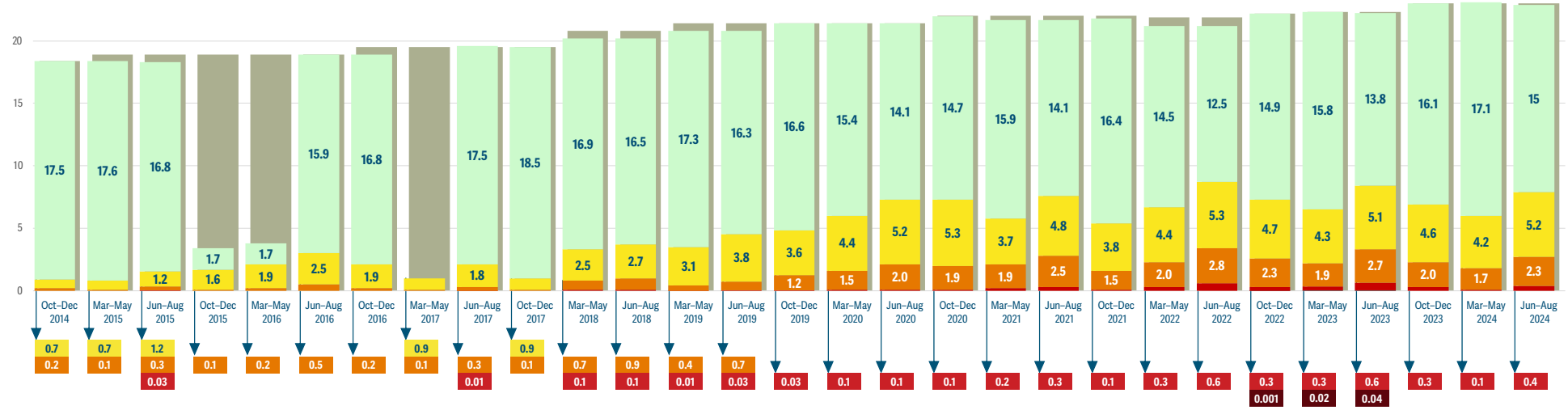
Figure A.2 Numbers of people (in millions) in **Bangladesh** by phase of acute food insecurity, 2023–2024



Source: Bangladesh IPC TWG.

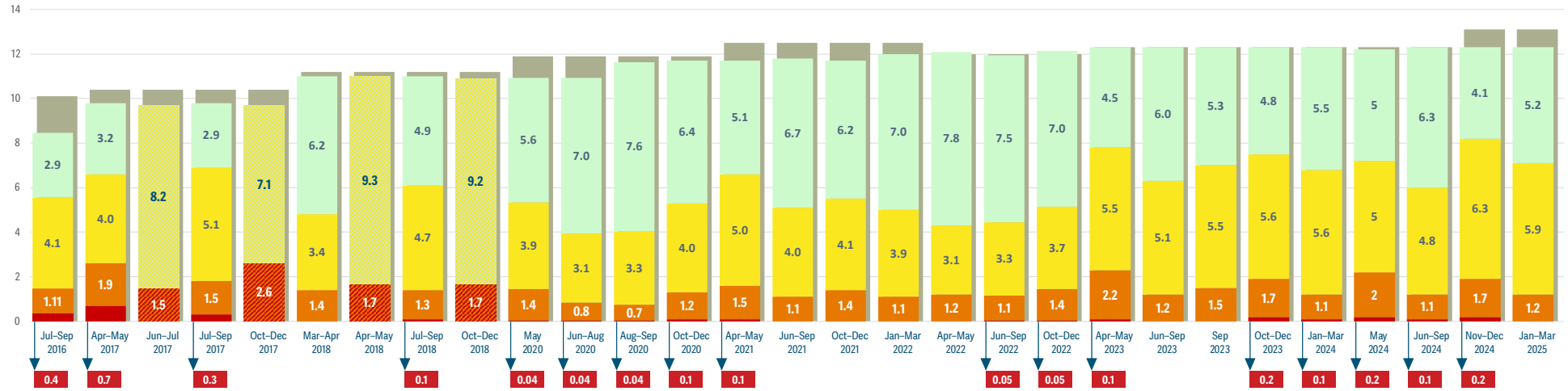
1 - None/Minimal 2 - Stressed 3 - Crisis 4 - Emergency 5 - Catastrophe/Famine Total population

Figure A.3 Numbers of people (in millions) in **Burkina Faso** by phase of acute food insecurity, 2014–2024



Source: Burkina Faso CH.

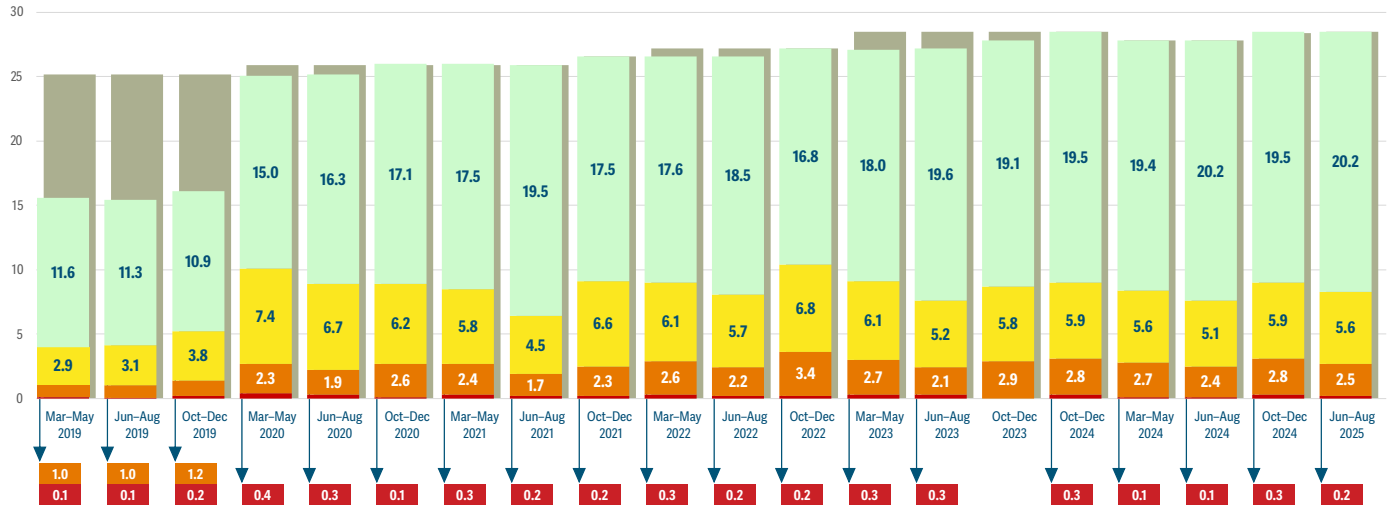
Figure A.4 Numbers of people (in millions) in **Burundi** by phase of acute food insecurity, 2016–2025



Source: Burundi IPC TWG.

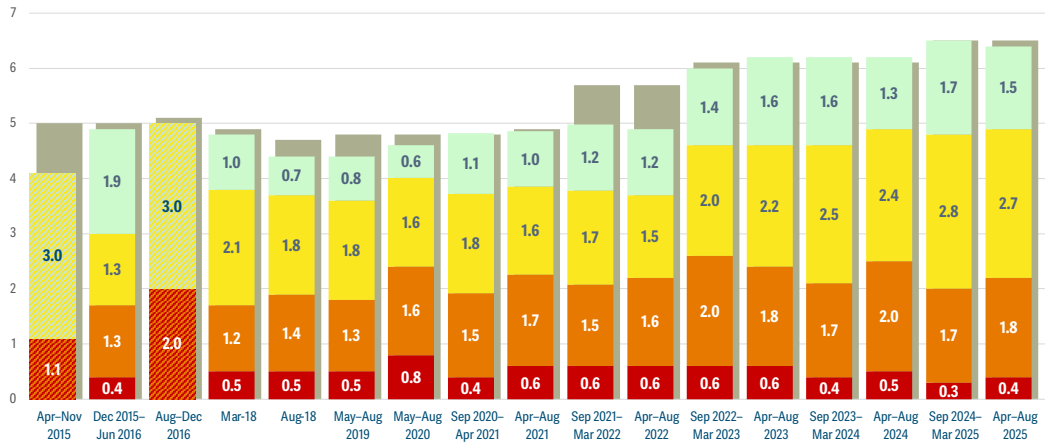
1 - None/Minimal 2 - Stressed 3 - Crisis 4 - Emergency 5 - Catastrophe/Famine Total population

Figure A.5 Numbers of people (in millions) in **Cameroon** by phase of acute food insecurity, 2019–2025



Source: Cameroon CH.

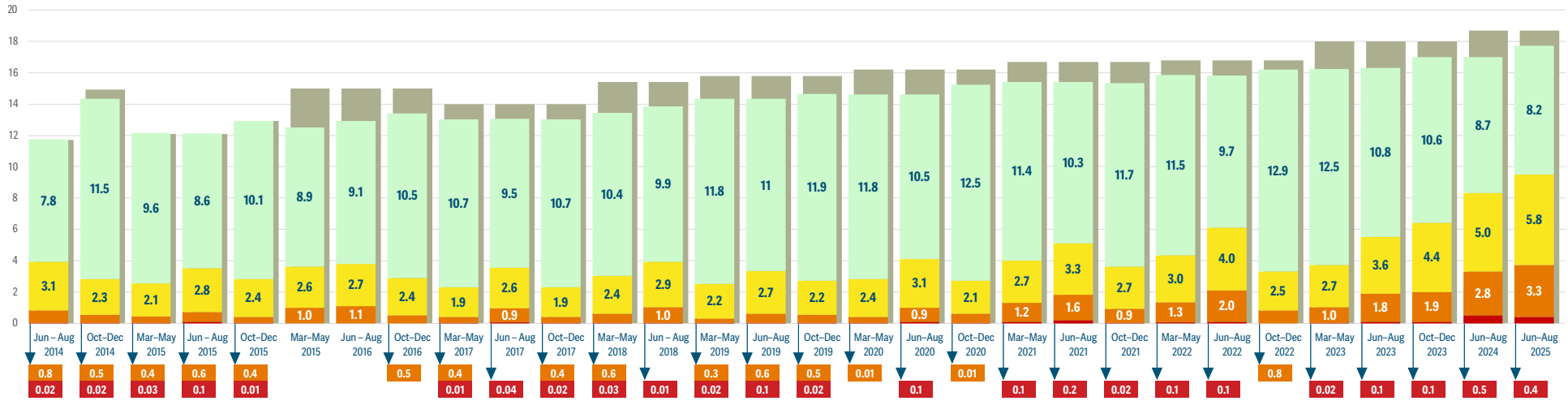
Figure A.6 Numbers of people (in millions) in **Central African Republic** by phase of acute food insecurity, 2015–2025



Source: Central African Republic IPC TWG.

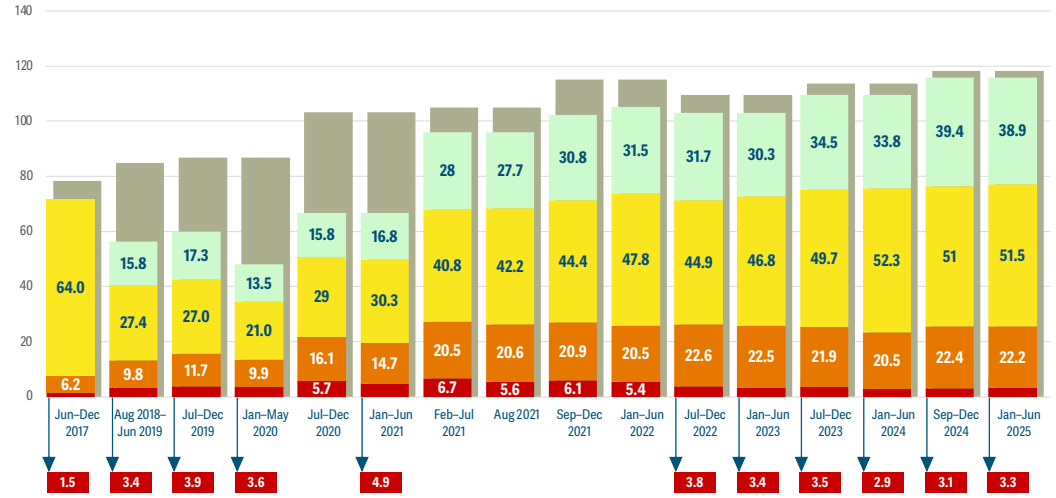
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population | 1+2 - None/Minimal or Stressed | 3+ - Crisis or worse

Figure A.7 Numbers of people (in millions) in **Chad** by phase of acute food insecurity, 2014–2025



Source: Chad CH.

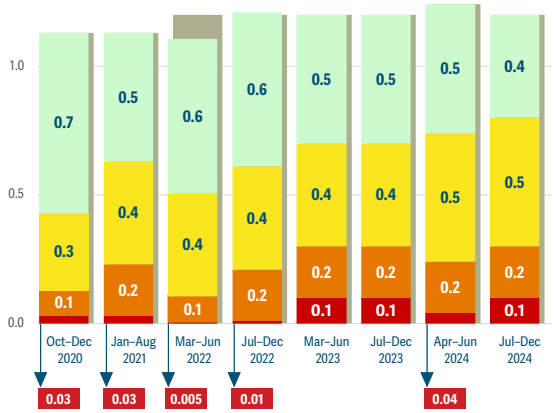
Figure A.8 Numbers of people (in millions) in the **Democratic Republic of the Congo** by phase of acute food insecurity, 2017–2025



Source: Democratic Republic of the Congo IPC TWG.

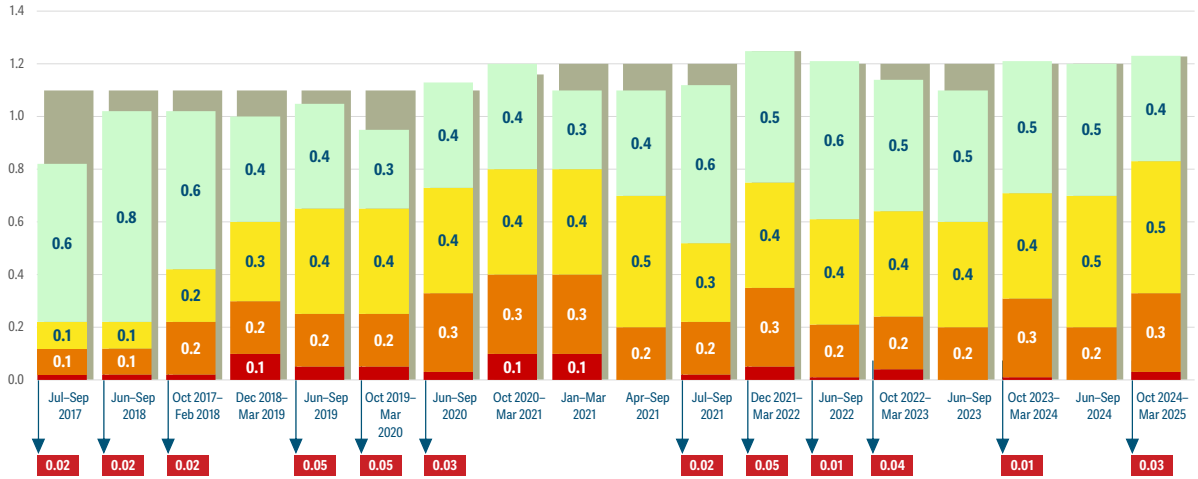
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population | 1+2 - None/Minimal or Stressed | 3+ - Crisis or worse

Figure A.9 **Numbers of people (in millions) in Djibouti by phase of acute food insecurity, 2020–2025**



Source: Djibouti IPC TWG.

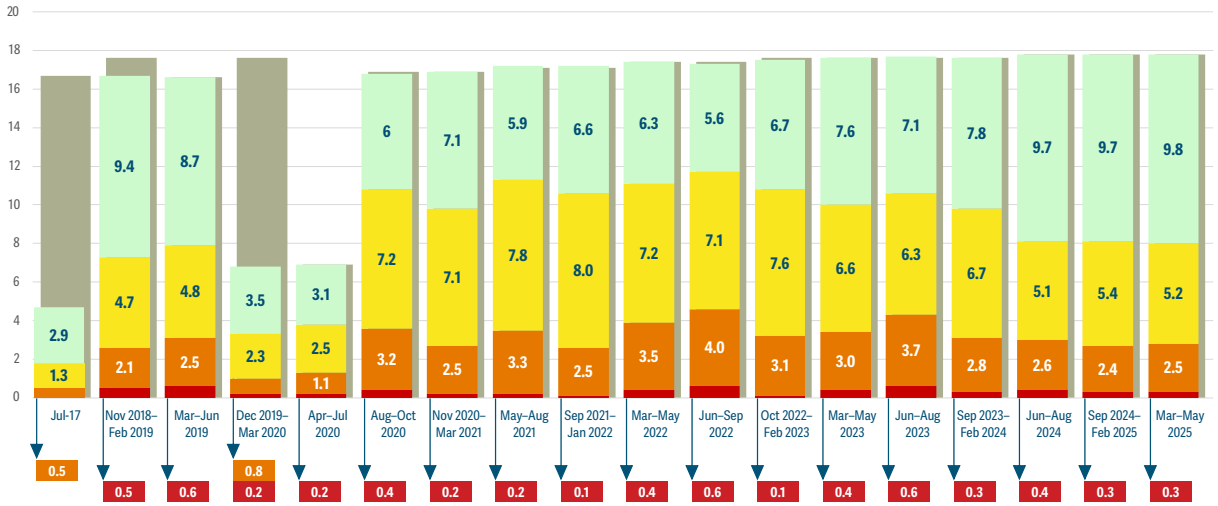
Figure A.10 **Numbers of people (in millions) in Eswatini by phase of acute food insecurity, 2017–2025**



Source: Eswatini IPC TWG.

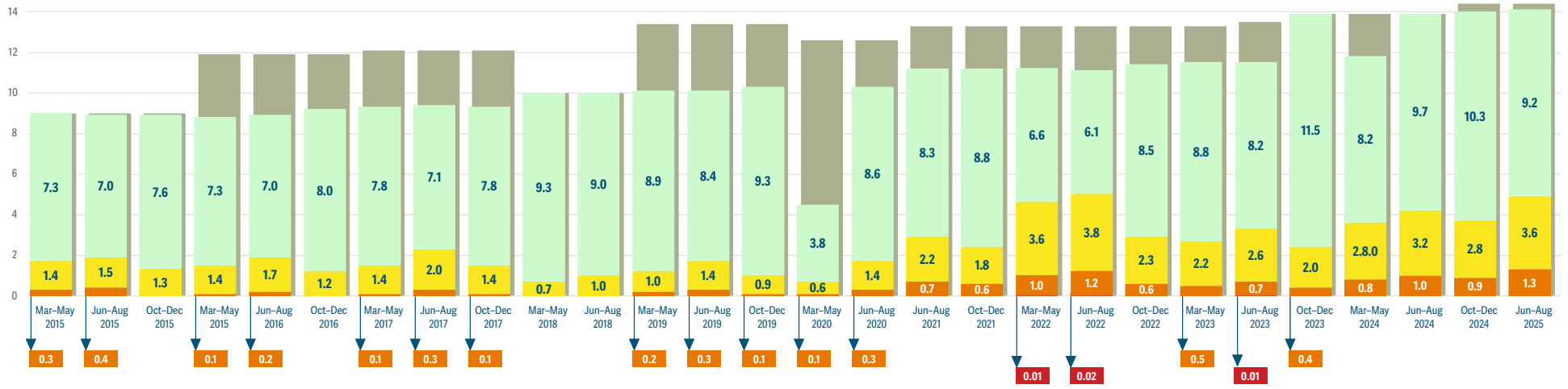
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population

Figure A.11 Numbers of people (in millions) in **Guatemala** by phase of acute food insecurity, 2017–2025



Source: Guatemala IPC TWG.

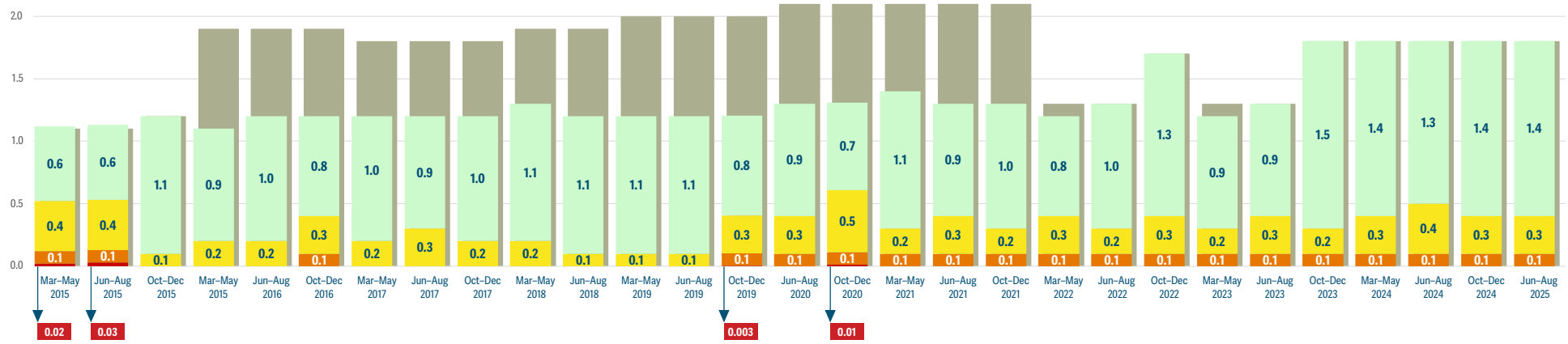
Figure A.12 Numbers of people (in millions) in **Guinea** by phase of acute food insecurity, 2015–2025



Source: Guinea CH.

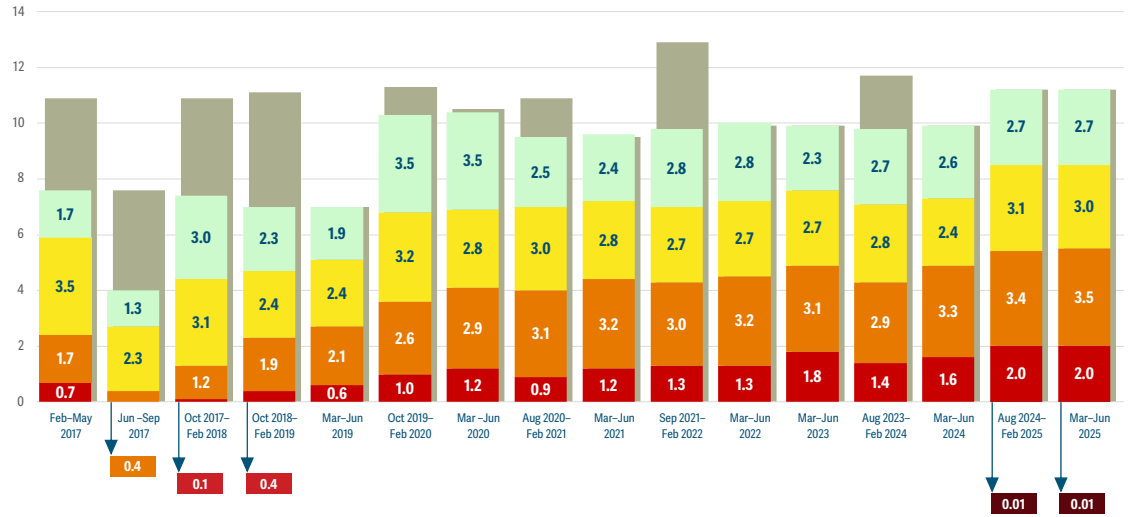
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population

Figure A.13 Numbers of people (in millions) in **Guinea-Bissau** by phase of acute food insecurity, 2015–2025



Source: Guinea-Bissau CH.

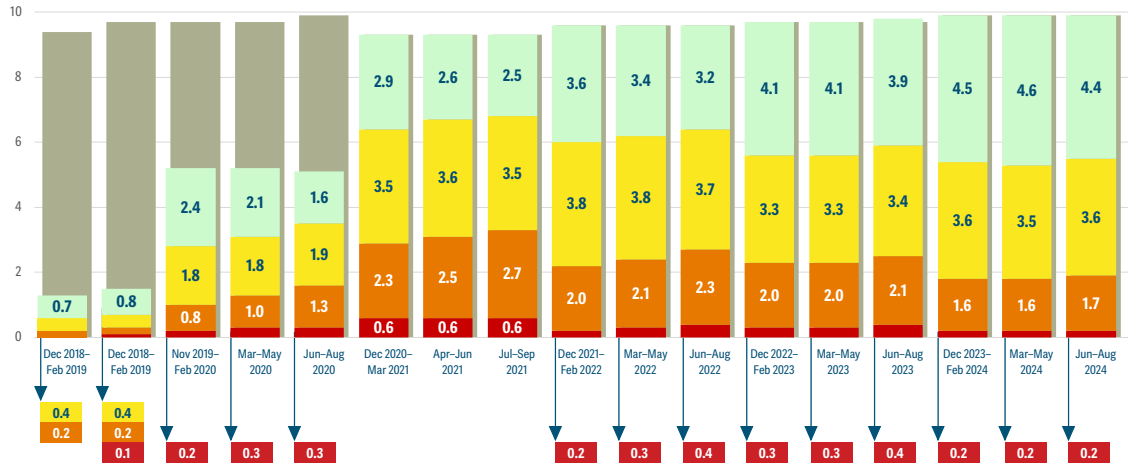
Figure A.14 Numbers of people (in millions) in **Haiti** by phase of acute food insecurity, 2017–2025



Source: Haiti IPC TWG.

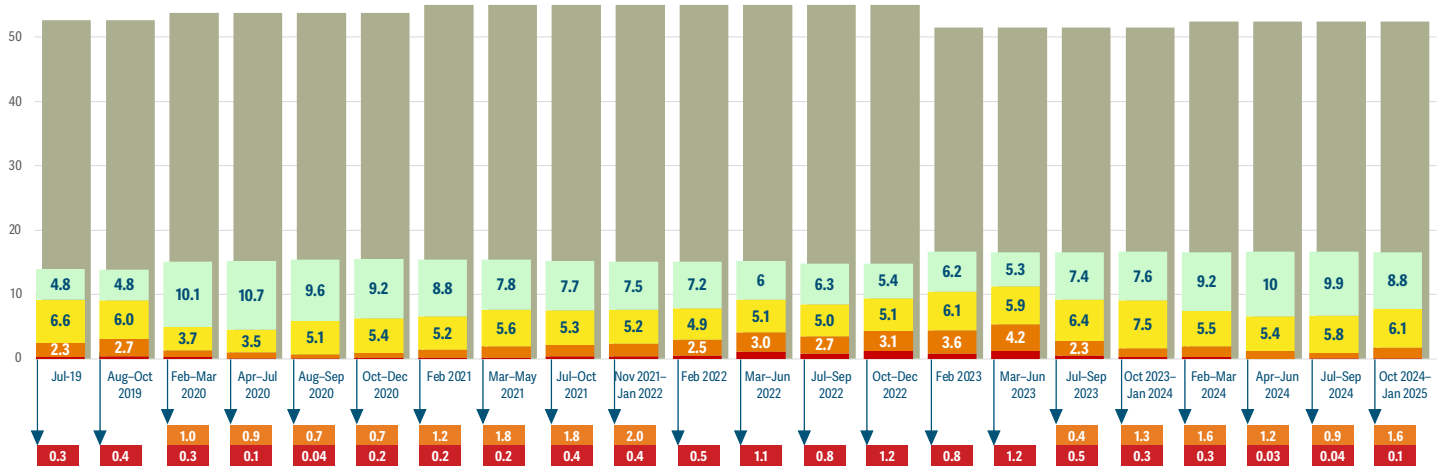
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population

Figure A.15 Numbers of people (in millions) in **Honduras** by phase of acute food insecurity, 2018–2024



Source: Honduras IPC TWG.

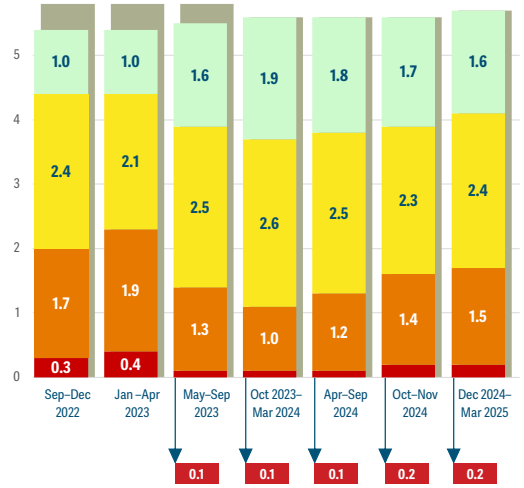
Figure A.16 Numbers of people (in millions) in **Kenya** by phase of acute food insecurity, 2019–2025



Source: Kenya IPC TWG.

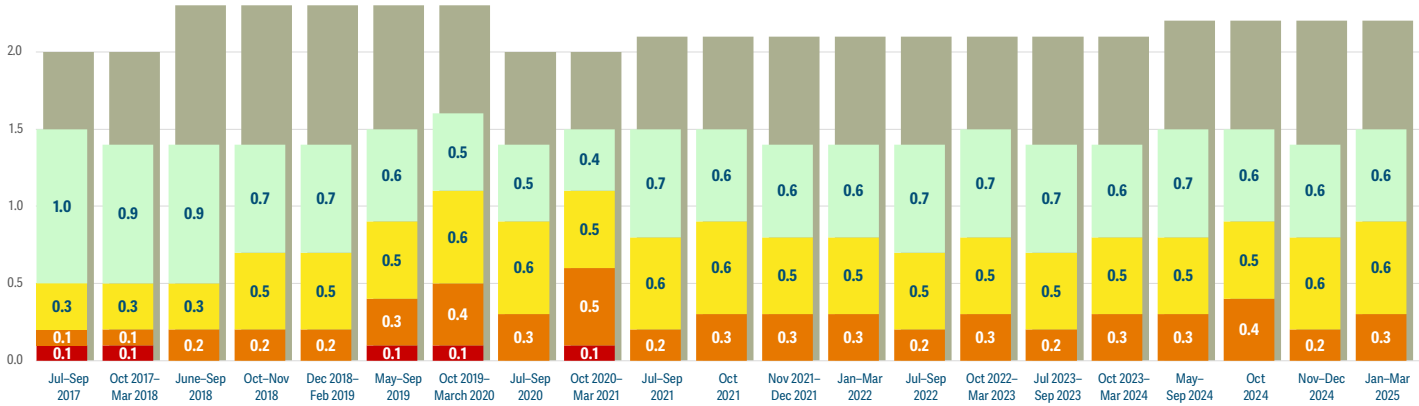
1 - None/Minimal 2 - Stressed 3 - Crisis 4 - Emergency 5 - Catastrophe/Famine Total population

Figure A.17 Numbers of people (in millions) in **Lebanon** by phase of acute food insecurity, 2022–2025



Source: Lebanon IPC TWG.

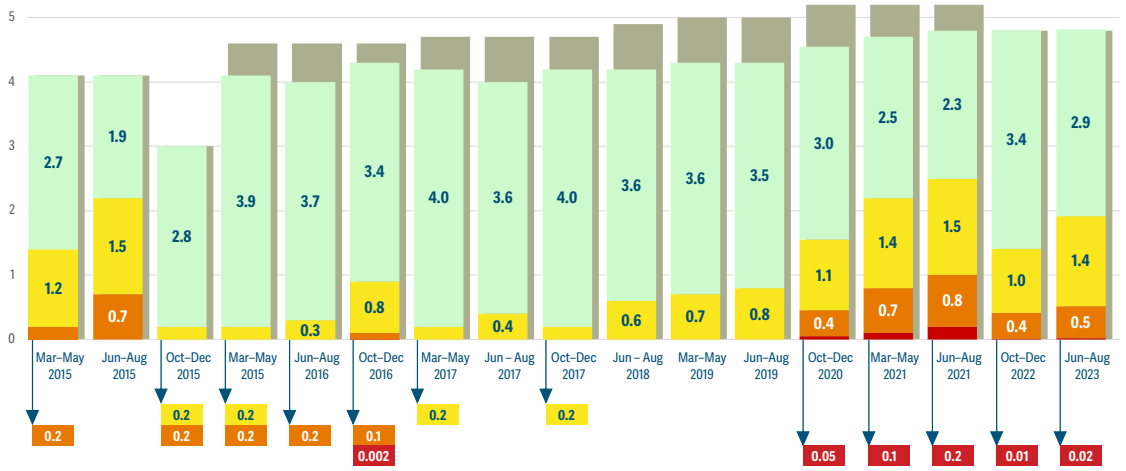
Figure A.18 Numbers of people (in millions) in **Lesotho** by phase of acute food insecurity, 2017–2025



Source: Lesotho IPC TWG.

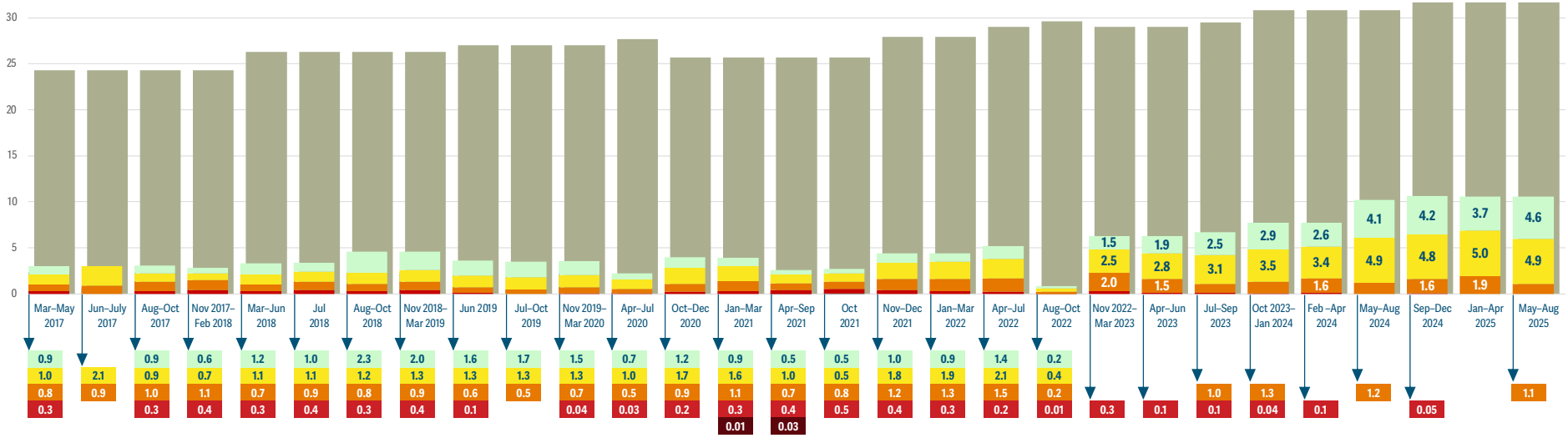
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population

Figure A.19 **Numbers of people (in millions) in Liberia by phase of acute food insecurity, 2015–2023**



Source: Liberia CH.

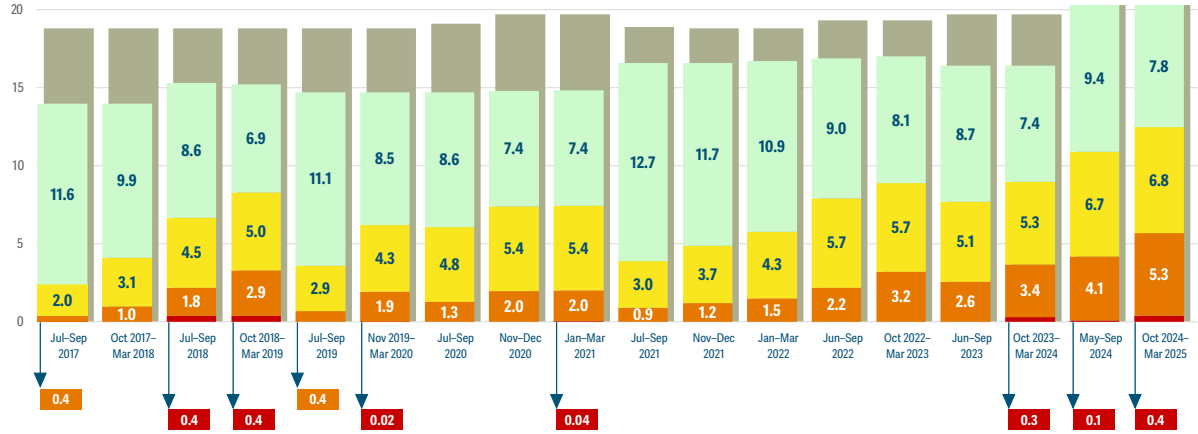
Figure A.20 **Numbers of people (in millions) in Madagascar by phase of acute food insecurity, 2017–2025**



Source: Madagascar CH.

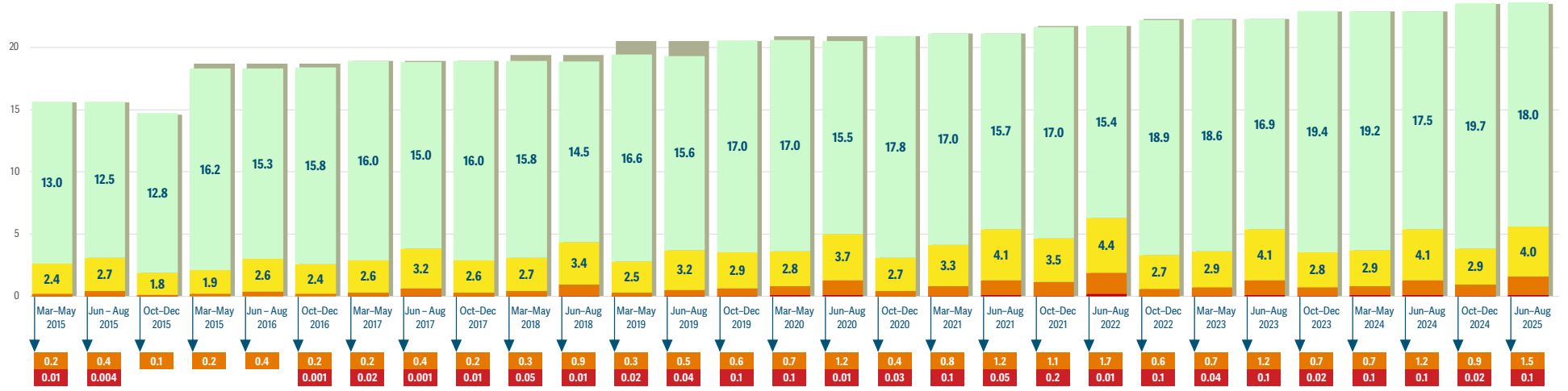
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population

Figure A.21 **Numbers of people (in millions) in Malawi by phase of acute food insecurity, 2017–2025**



Source: Malawi IPC TWG.

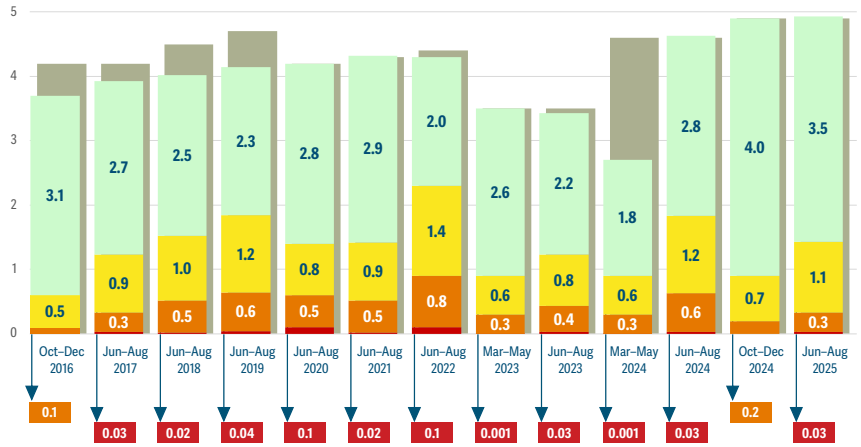
Figure A.22 **Numbers of people (in millions) in Mali by phase of acute food insecurity, 2015–2025**



Source: Mali IPC TWG.

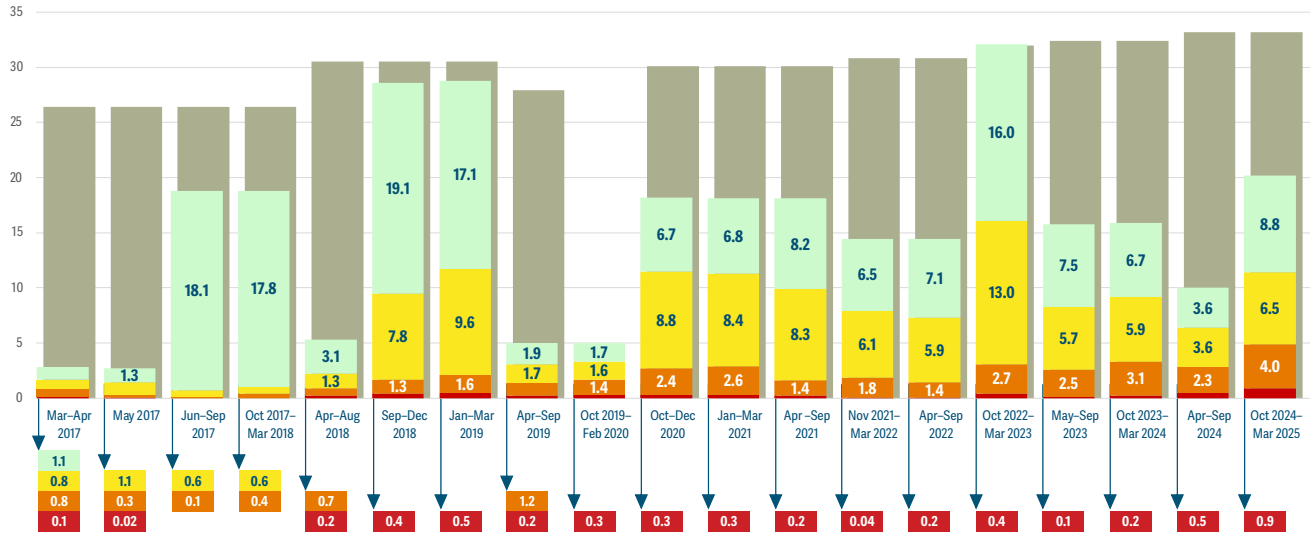
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population

Figure A.23 **Numbers of people (in millions) in Mauritania by phase of acute food insecurity, 2016–2025**



Source: Mauritania CH.

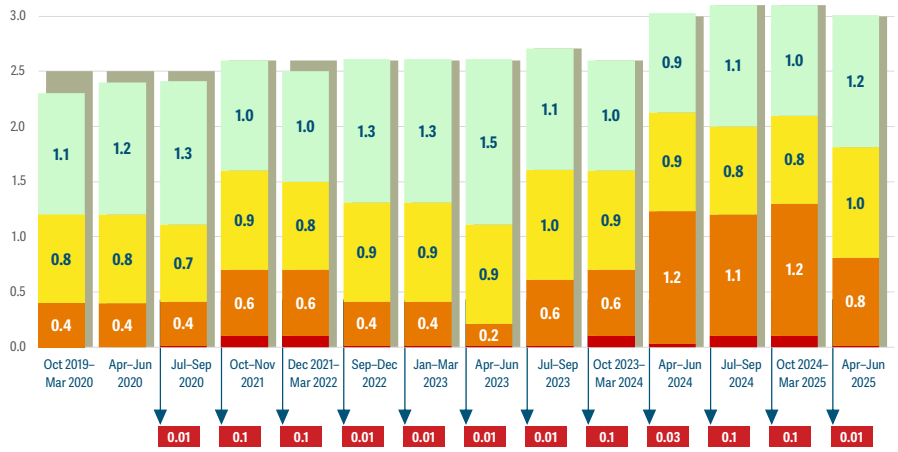
Figure A.24 **Numbers of people (in millions) in Mozambique by phase of acute food insecurity, 2017–2025**



Source: Mozambique IPC TWG.

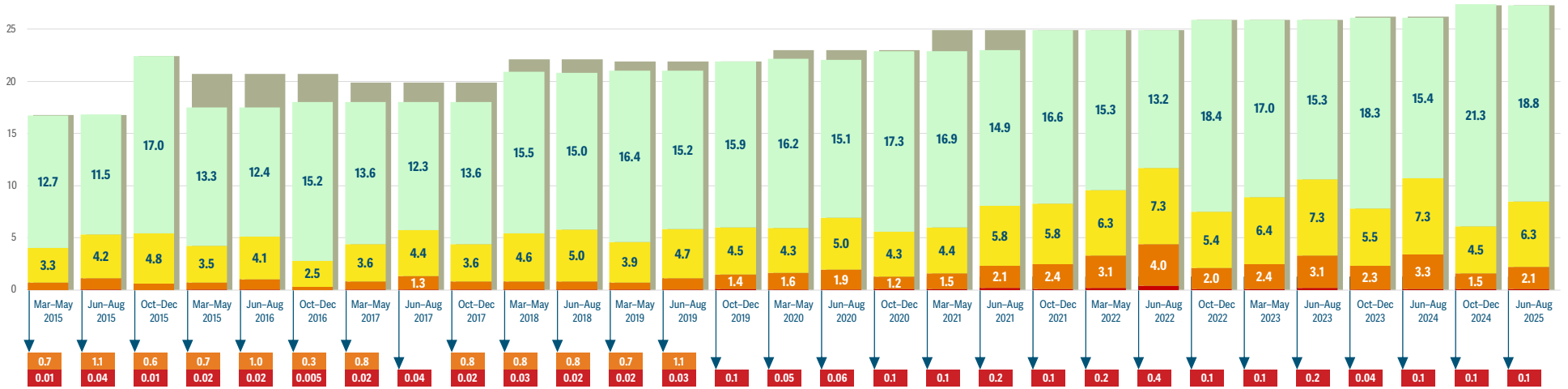
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population

Figure A.25 Numbers of people (in millions) in **Namibia** by phase of acute food insecurity, 2019–2025



Source: Namibia IPC TWG.

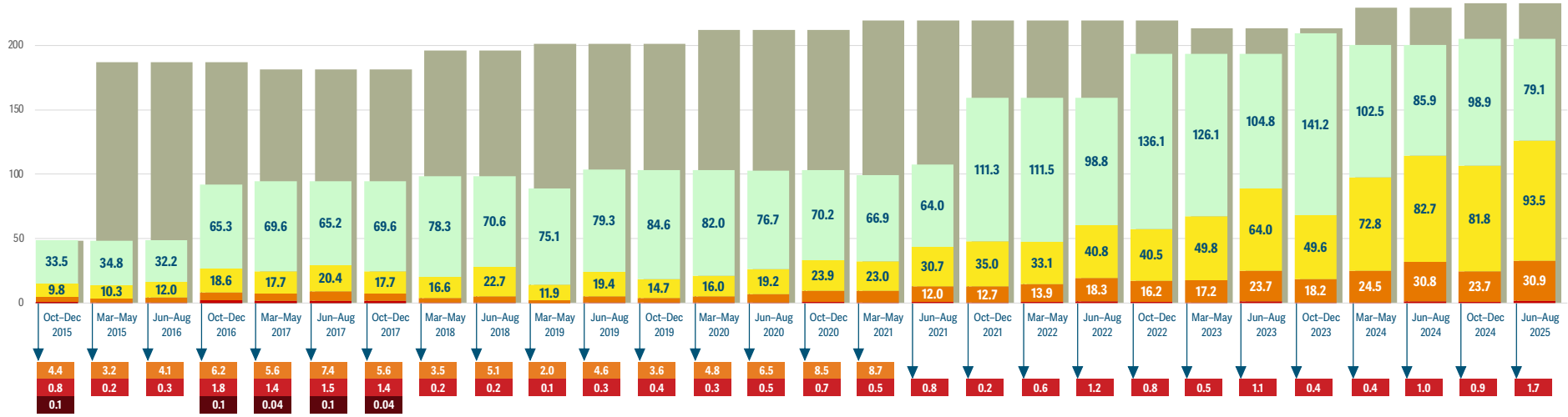
Figure A.26 Numbers of people (in millions) in **Niger** by phase of acute food insecurity, 2015–2025



Source: Niger CH.

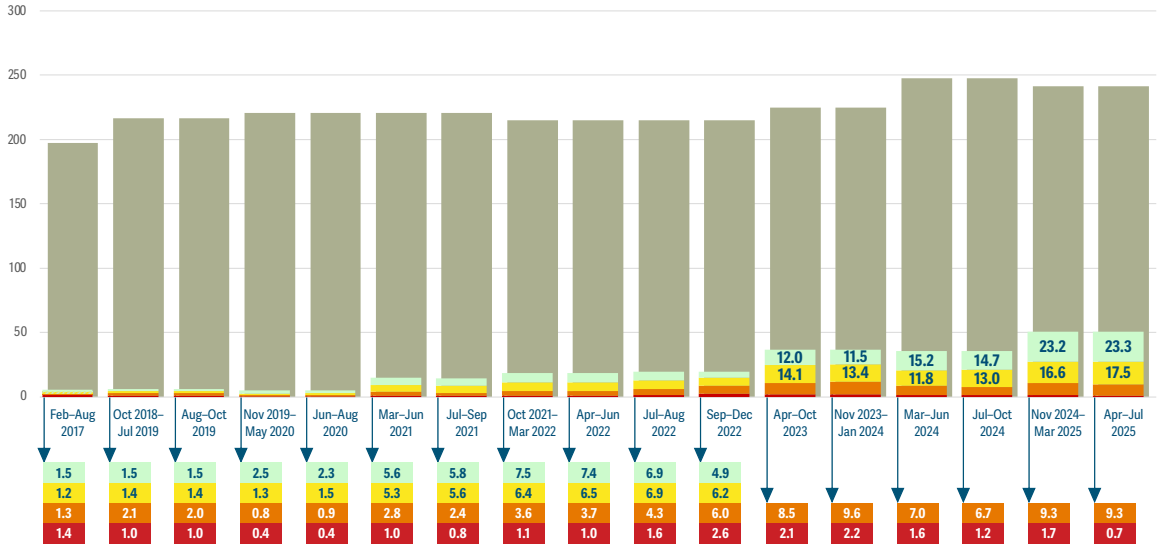
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population

Figure A.27 Numbers of people (in millions) in **Nigeria** by phase of acute food insecurity, 2015–2025



Source: Nigeria CH.

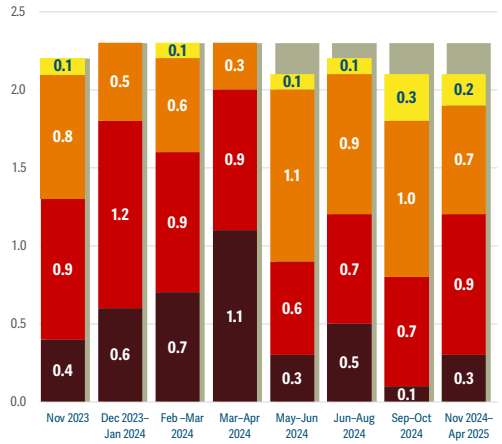
Figure A.28 Numbers of people (in millions) in **Pakistan** by phase of acute food insecurity, 2015–2025



Source: Pakistan IPC TWG.

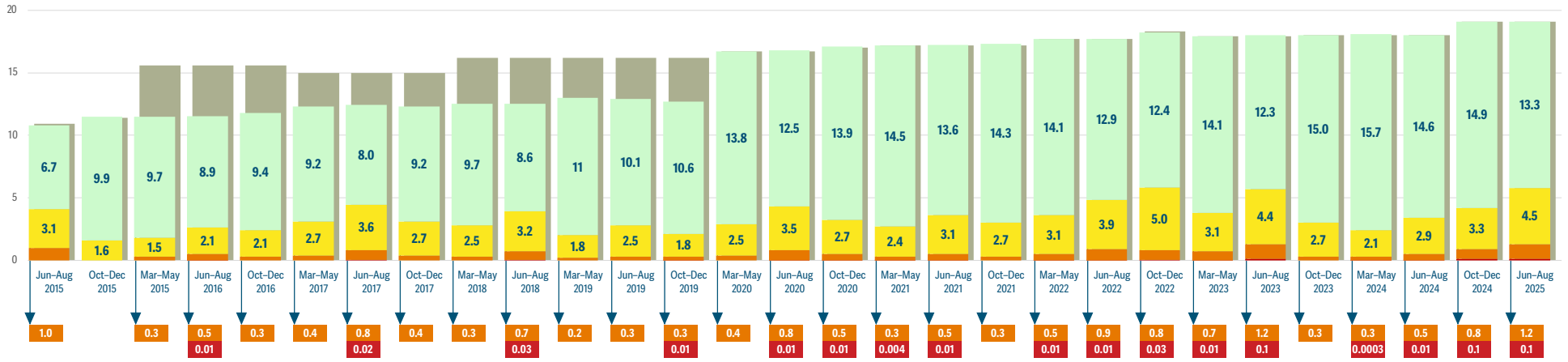
1 - None/Minimal 2 - Stressed 3 - Crisis 4 - Emergency 5 - Catastrophe/Famine Total population

Figure A.29 **Numbers of people (in millions) in Palestine (Gaza strip) by phase of acute food insecurity, 2023-2025**



Source: Palestine (Gaza strip) IPC Global Initiative..

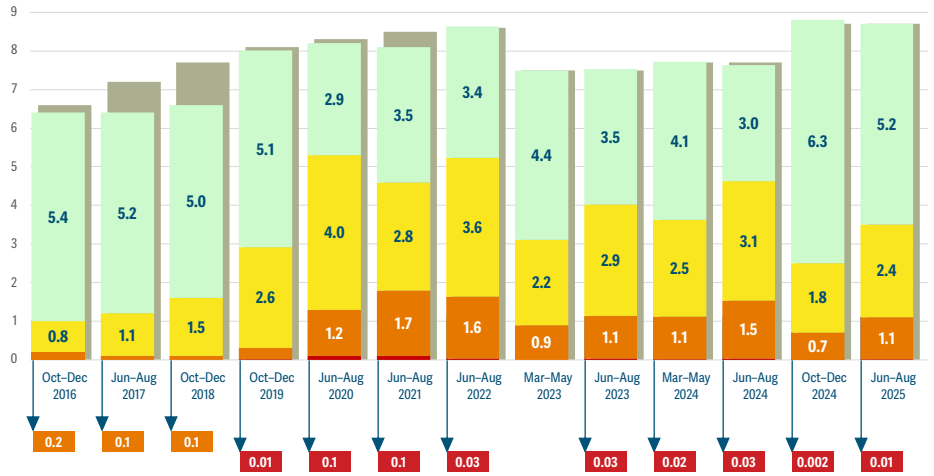
Figure A.30 **Numbers of people (in millions) in Senegal by phase of acute food insecurity, 2015–2025**



Source: Senegal CH.

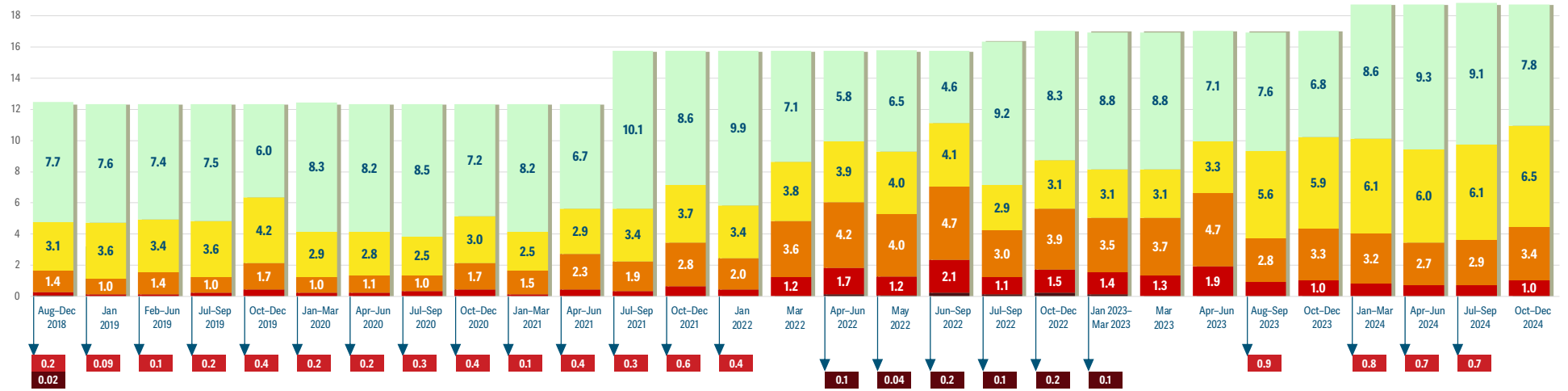
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population

Figure A.31 Numbers of people (in millions) in **Sierra Leone** by phase of acute food insecurity, 2016–2025



Source: Sierra Leone IPC TWG.

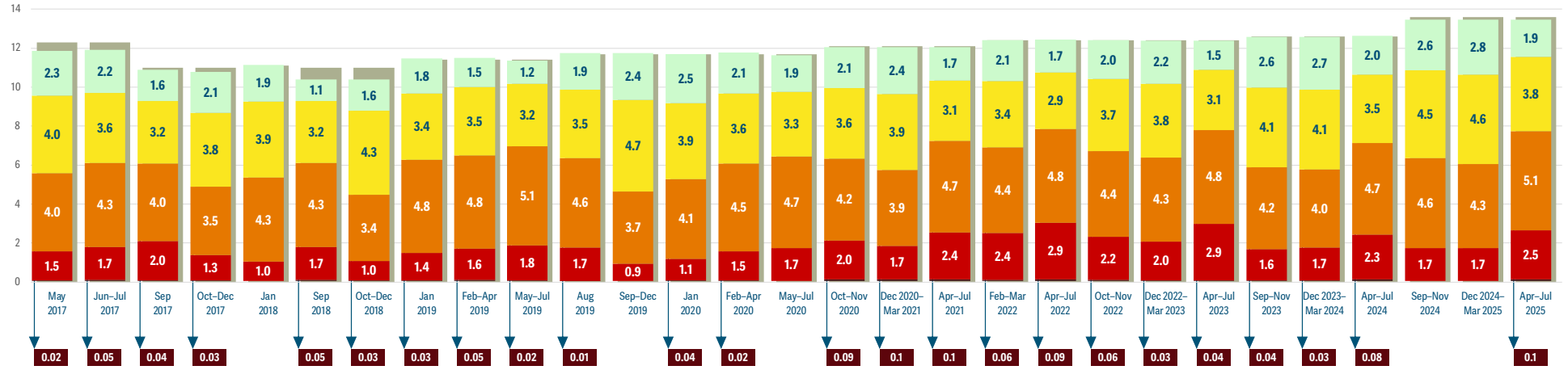
Figure A.32 Numbers of people (in millions) in **Somalia** by phase of acute food insecurity, 2018–2024



Source: Somalia IPC TWG.

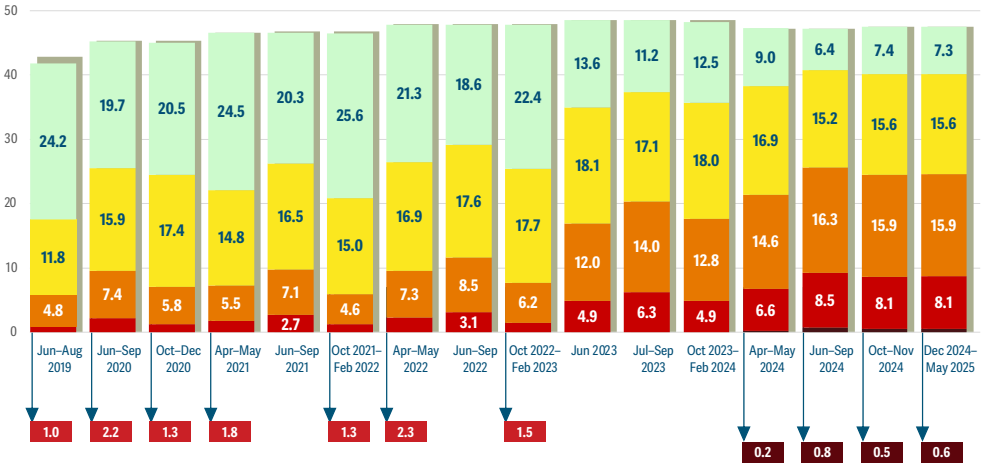
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population

Figure A.33 Numbers of people (in millions) in **South Sudan** by phase of acute food insecurity, 2017–2025



Source: South Sudan IPC TWG.

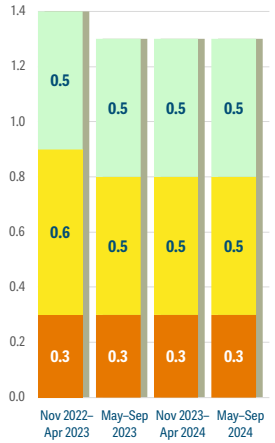
Figure A.34 Numbers of people (in millions) in **Sudan** by phase of acute food insecurity, 2019–2025



Source: Sudan IPC TWG.

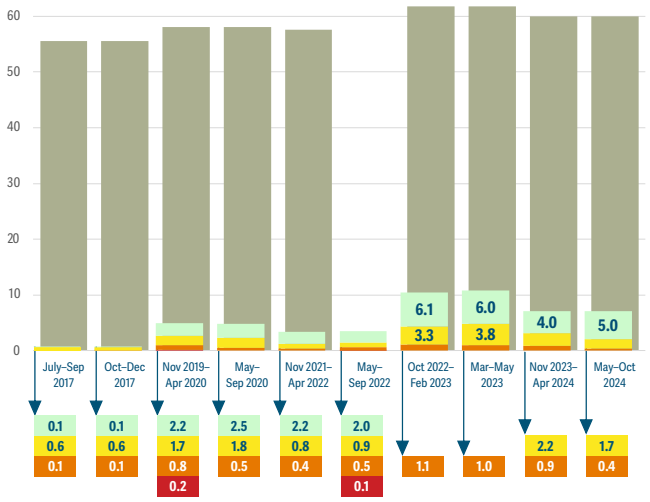
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population

Figure A.35 **Numbers of people (in millions) in Timor-Leste by phase of acute food insecurity, 2022–2025**



Source: Timor-Leste IPC TWG.

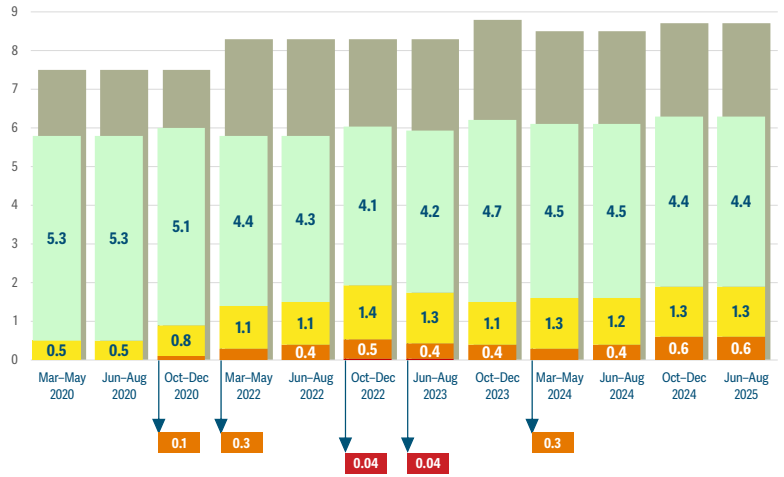
Figure A.36 **Numbers of people (in millions) in United Republic of Tanzania by phase of acute food insecurity, 2017–2024**



Source: Tanzania IPC TWG.

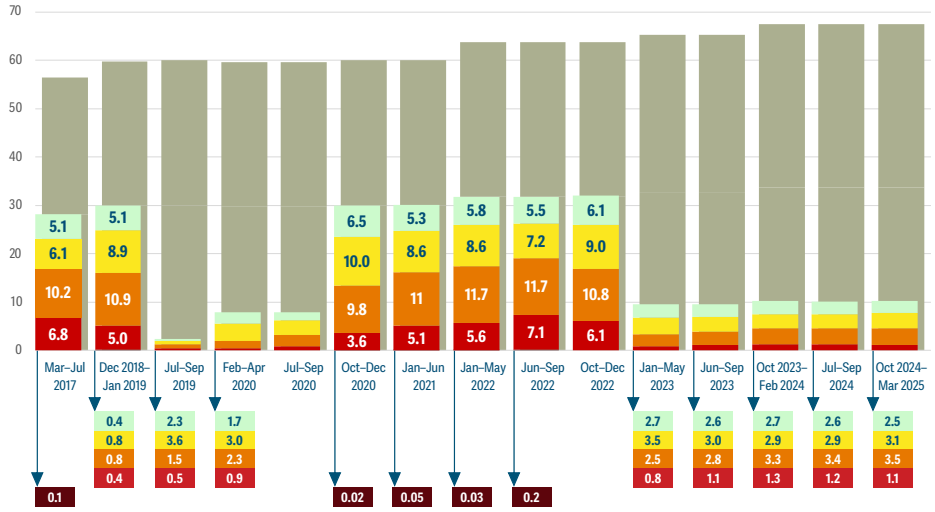
1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population

Figure A.37 **Numbers of people (in millions) in Togo by phase of acute food insecurity, 2020–2025**



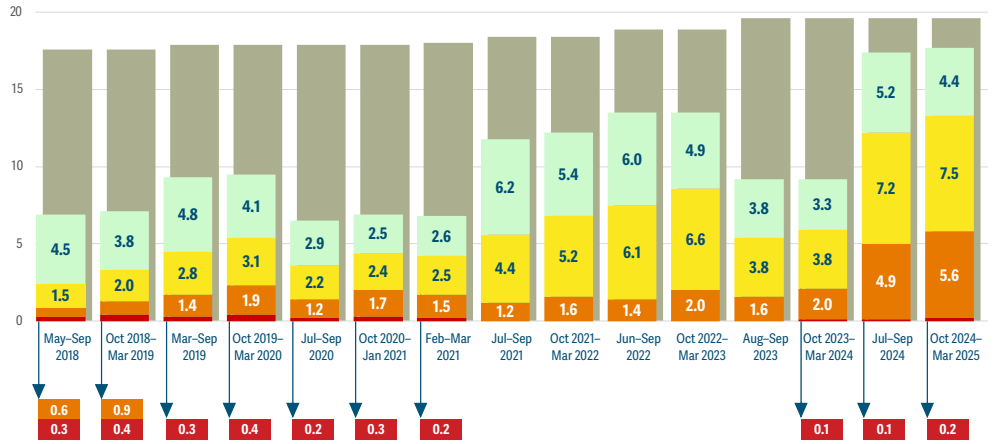
Source: Togo CH.

Figure A.38 **Numbers of people (in millions) in Yemen by phase of acute food insecurity, 2017–2025**



Source: Yemen IPC TWG.

Figure A.39 **Numbers of people (in millions) in Zambia by phase of acute food insecurity, 2018–2025**



Source: Zambia IPC TWG.

1 - None/Minimal | 2 - Stressed | 3 - Crisis | 4 - Emergency | 5 - Catastrophe/Famine | Total population

Glossary

Acutely food-insecure people
The number of people in Stressed or worse (IPC/CH Phase 2 or above) are considered "acutely" food insecure. Those in Crisis or worse (IPC/CH Phase 3 or above) require urgent action to decrease food gaps and protect and save lives and livelihoods. This might not necessarily reflect the full population in need as some households may only be classified in IPC/CH Phase 1 or 2 because they receive assistance and need continued action. In many countries, the number in Crisis or worse (IPC/CH Phase 3 or above) refers to populations in need of action further to that already taken.

Acute food insecurity
Acute food insecurity is any manifestation of food insecurity at a specific point in time that is of a severity that threatens lives, livelihoods or both, regardless of the causes, context or duration.

These acute states are highly susceptible to change and can manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact the determinants of food insecurity and malnutrition (IPC, 2019). Transitory food insecurity is a short-term or temporary inability to meet food consumption requirements related to sporadic crises, indicating a capacity to recover.

Acute malnutrition
The most immediate, visible and life-threatening form of malnutrition, also known as wasting. The most vulnerable groups are children under 5 years and pregnant and breastfeeding women. Children with acute malnutrition are thin and have weak immune systems, leaving them vulnerable to disease, developmental delays and death.

Asylum-seekers
A general term for any person who is seeking international protection. In some countries, it is used as a legal term referring to a person who has applied for refugee status or a complementary international protection status and has not yet received a final decision on their claim. It can also refer to a person who has not yet submitted an application but may yet do so, or may be in need of international protection. Not every asylum-seeker will be recognized as a refugee, but every refugee is initially an asylum-seeker.

Basic, immediate and underlying causes of acute malnutrition
The causes of acute malnutrition are divided into basic, immediate and underlying. Basic causes reflect human, physical, financial, natural and social capital, policies, institutions and processes, usual and unusual shocks. These factors impact the underlying and immediate causes of acute malnutrition. Underlying causes are the food, practices and services available in households, communities and environments, including healthcare and water, sanitation and hygiene facilities. Immediate causes refer to a child's food consumption and health status, which impact their nutrition status.

Burden of acute malnutrition
The number of children and women suffering from acute malnutrition during a particular period of analysis.

Chronic food insecurity
Chronic food insecurity refers to food insecurity that persists over time, largely due to structural causes. The definition includes seasonal food insecurity that occurs during periods with non-exceptional conditions. Chronic food insecurity has relevance in providing strategic guidance to actions that focus on the medium- and long-term improvement of the quality and quantity of food consumption for an active and healthy life (FAO et al., 2021).

Moderate chronic food insecurity refers to the level of severity of food insecurity, based on the Food Insecurity Experience Scale (FIES), in which people face uncertainties about their ability to obtain food and have been forced to reduce, at times during the year, the quality and/or quantity of food they consume due to lack of money or other resources. It thus refers to a lack of consistent access to food, which diminishes dietary quality, disrupts normal eating patterns, and can have negative consequences for nutrition, health and wellbeing.

Severe chronic food insecurity refers to the level of severity of food insecurity in which people have likely run out of food, experienced hunger and, at the most extreme, gone for days without eating, putting their health and well-being at grave risk, based on the FIES (FAO et al., 2021). According to the SOFI report, between 713 and 757 million people in the world faced hunger in 2023 – or 152 million more people than in 2019, before the global pandemic. The prevalence of moderate or severe food insecurity at the global level (SDG Indicator 2.1.2) remained unchanged for the third year in a row after increasing sharply from 2019 to 2020. About 28.9 percent of the global population – 2.33 billion people – were moderately or severely food insecure in 2023, of which about 864 million (10.7 percent of people in the world) were severely food insecure.

Contributing factors to acute malnutrition
The basic, underlying and immediate causes of acute malnutrition, as identified in the IPC Acute Malnutrition Analytical Framework.

Coping strategies
Activities to which people resort in order to obtain food, income and/or other essential goods or services when their normal means of livelihood have been disrupted or other shocks/hazards affect their access to basic needs.

Country of nutrition concern
This category refers to a country/territory with limited data on acute malnutrition outcomes (GAM prevalence) and where available data on drivers and contextual factors point to high nutritional vulnerability and risk of deterioration of the nutrition situation.

Export prohibitions and restrictions
Measures that have a limiting effect on the quantity or amount of a product being exported. They can take the form of a tax or a quantitative restriction. The latter is generally prohibited with some exceptions, notably those applied to prevent or relieve critical shortage of foodstuffs.

Famine
The most severe area classification on the IPC/CH acute food insecurity scale. The Integrated Food Security Phase Classification (IPC) defines Famine as a situation in which at least one in five households has an extreme lack of food and faces starvation and destitution, resulting in extremely critical levels of acute malnutrition and death (IPC, October 2024). A Famine classification is attributed when at least 20 percent of households in a given area face an extreme lack of food, at least 30 percent of children are suffering from acute malnutrition, and two people or four children for every 10 000 are dying each day due to outright starvation or to the interaction of malnutrition and disease (IPC, March 2024).

Food access
Food access can be defined as the factors that influence an individual or household's ability to acquire food for an adequate diet, while not compromising on other basic needs (HPLE, 2020). These factors are often categorized in economic, physical and social access.

Food availability
The availability of enough food of appropriate quality, supplied through domestic production or imports.

Food crisis
The GRFC defines a food crisis as a situation where acute food insecurity requires urgent action to protect and save lives and livelihoods at local or national levels and exceeds the national resources and capacities to respond.

Food crises are more likely among populations already suffering from prolonged food insecurity and malnutrition, and in areas where structural factors increase households' vulnerability to shocks. Food crises can be localized, affect an entire country/territory and/or spread across borders to become regional. They can also affect only specific population groups, such as refugees or migrant populations.

Food inflation
Inflation is the rate of increase in prices over a given period of time. Food inflation specifically tracks the increase in food prices, typically over a year or month, indicating how much more expensive a relevant basket of food items has become during that period.

Food security
This exists when all people at all times have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life (HLPE, 2020). For people to be food secure, food must be both consistently available and accessible in sufficient quantities and diversity, and households must be able to store, cook, prepare and share the food in a way that has a positive nutritional impact.

Forced displacement
Forced displacement is the movement of people who have been obliged to leave their homes, particularly to avoid the effects of armed conflict, generalized violence, violations of human rights or natural or human-made disasters. Displacement is often a side-effect of conflict, food insecurity and weather shocks.

Global Acute Malnutrition (GAM)
GAM is the combined prevalence of moderate acute malnutrition and severe acute malnutrition. It is used as a measurement of a population's nutritional status and indicates the severity of a situation (Lenters et al., 20161).

Moderate Acute Malnutrition (MAM)

MAM is defined as weight-for-height z-score between -2 and -3 and/or mid-upper arm circumference (MUAC) between 115 mm and <125 mm.

Severe Acute Malnutrition (SAM)

SAM is defined as weight-for-height z-score <-3 and/or MUAC <115 mm and/or the presence of bilateral pitting oedema.

High levels of acute food insecurity
This refers to populations in Crisis or worse (Phase 3 or above) according to the IPC/CH classification or moderate and severe acute food insecurity categories in CARI, and HNO/HRP food security People in Need (PiN) number as an approximation of IPC/CH Phase 3 or above. These populations who face high levels of acute food insecurity are in need of urgent assistance.

Humanitarian, Development and Peace (HDP) Nexus
Refers to the interlinking of efforts by humanitarian, development and peace actors. This approach advocates for improved coordination between actors and alignment around common goals to address crises, food security and overcome conflict.

INFORM
The INFORM Risk Index is a global, open-source risk assessment for humanitarian crises and disasters. It can support decisions about prevention, preparedness and response.

Internally displaced persons (IDPs)
IDPs are those forced to flee their homes as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights, or natural or human-made disasters, and who have not crossed an international border.

International Recommendations on Internally Displaced Persons Statistics (IRIS)
Internationally agreed framework for countries and international organizations to improve production, coordination and dissemination of high-quality official statistics on IDPs that are consistent over time and comparable between regions and countries.

Lean season
The period of the year when food access is most difficult and food prices are typically at their highest. It typically corresponds with a time of reduced food stores prior to harvest after the previous harvest has been exhausted. It occurs at different times of the year in different locations, depending on local climate conditions and agricultural practices.

Livelihoods
People's capabilities, assets – both material and social – and activities required for a means of living linked to survival and future well-being and the policies and institutions that shape or constrain access to assets and choices about activities.

Magnitude
Magnitude refers to the total number of people experiencing acute food insecurity in a reference population.

Malnutrition
An umbrella term that covers undernutrition and overweight, obesity and diet-related non-communicable diseases such as heart disease, stroke, diabetes and cancer. See https://www.who.int/news-room/fact-sheets/detail/malnutrition.

In food-crisis countries/territories, it usually refers to undernutrition, which is a consequence of inadequate nutrient intake and/or absorption, and/or illness or disease. Acute malnutrition (wasting, thinness and/or bilateral pitting oedema), stunting, underweight (a composite of stunting and wasting) and micronutrient deficiencies (e.g. deficiencies in vitamin A, iron) are all forms of undernutrition.

Malnutrition has immediate and long-reaching consequences, including stunting children's growth, increasing susceptibility to disease and infections, and contributing to 45 percent of deaths among children under 5 years old (WHO). The determinants of malnutrition also include inadequate access to healthcare, poor water and sanitation services, and inappropriate child-feeding and care practices, as described in the UNICEF framework.

Migrants
According to IOM, "migrant" is an umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from their place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students.

A migrant with the intention to settle is someone who has reached a final destination country, where they wish to remain permanently.

An in-transit migrant is someone who is temporarily staying in one or more countries with the objective of reaching a further and final destination country.

A pendular migrant is someone who regularly commutes or travels between their country of residence and another country, typically for work or economic reasons. These migrants often maintain a pattern of back-and-forth movement, crossing international borders frequently but without necessarily establishing permanent residence in the destination country.

Mid-upper arm circumference (MUAC)
MUAC is a measurement used to identify acute malnutrition in children and pregnant and breastfeeding women.

Nutrition crisis
The GRFC defines a nutrition crisis as a situation characterized by a combination of factors such as widespread lack of access to sufficient, safe and nutritious food, high morbidity, environmental disasters, conflict, poor healthcare infrastructure and inadequate practices, resulting in high levels of acute malnutrition.

Nutrition concern

In countries/territories identified by the GRFC as facing a food crisis, a situation in a country/territory with limited or not recent data on acute malnutrition outcomes and where available data on contributing and contextual factors points to high nutritional vulnerability and a risk of deterioration of the nutrition situation.

Nutritional status
The physiological state of an individual that results from the relationship between nutrient intake and requirements and the body's ability to digest, absorb and use these nutrients.

Nutritious foods
Safe foods that contribute essential nutrients, including carbohydrates, lipids, vitamins, proteins (macronutrients) and minerals (micronutrients), fibre and other components to healthy diets that are beneficial for growth, and health and development, guarding against malnutrition.

Other people in need of international protection (OIPs)
Other people in need of international protection refers to people who are outside their country or territory of origin, typically because they have been forcibly displaced across international borders, who have not been reported under other categories (asylum-seekers, refugees, people in refugee-like situations) but who likely need international protection, including protection against forced return, as well as access to basic services on a temporary or longer-term basis. The terminology was first introduced in mid-2022 reporting by UNHCR.

Pastoralists
Pastoralists are people whose primary means of livelihood involves raising livestock, such as cattle, sheep, goats, camels or yaks. These communities typically rely on animal husbandry as their main source of sustenance and often lead a nomadic or semi-nomadic lifestyle, moving their herds seasonally in search of water and pasture.

Pathways to malnutrition: food, health, care and services
These represent the different routes by which a child can become acutely malnourished. Each pathway is represented by three or four risk factors, which increase the likelihood of a child becoming acutely malnourished.

Peak period/number

The GRFC reports on the period with the highest number of people facing high levels of acute food insecurity in the year in question as reported by endorsed sources. It does not necessarily reflect the latest analysis available, and it often, but not always, coincides with the lean season.

People in Need (PiN)
People in Need, used in HNOs, is based on analysis that estimates who needs assistance, regardless of whether or not assistance is already provided. There are multisectoral and sectoral PiN. The GRFC only contains the sectoral PiN specific to people who are estimated to be highly acutely food insecure.

Prevalence
Prevalence refers to the proportion or percentage of a population that exhibits a particular characteristic or condition at a specific point in time or over a specified period. In the context of food insecurity and/or malnutrition, prevalence indicates the extent of the food insecurity or wasting condition within a given country or population group.

It is calculated by dividing the number of individuals with the characteristic or condition of interest by the total reference population, expressed as a percentage or a rate.

Primary driver
Although acknowledging that drivers are often interlinked and mutually reinforcing, the GRFC identifies the primary driver as the most prominent trigger of acute food insecurity for each country/territory in terms of number of people affected. This term is used interchangeably with "most significant driver" in the GRFC.

Protracted food crisis
A food crisis is defined as "protracted" if included as such in all editions of the GRFC.

Refugees
Refugees are persons outside their countries of origin who are in need of international protection because of feared persecution, or a serious threat to their life, physical integrity or freedom in their country of origin as a result of persecution, armed conflict, violence or serious public disorder.

Remittances

The term refers to the transfer of money or resources by migrants to their families or communities in their countries of origin. These transfers are typically sent by migrants who have moved to another country for employment or other reasons, and they serve as an essential source of financial support for their families back home.

Resilience
The capacity to absorb, prepare for, and prevent humanitarian disasters, crises and long-term stresses. It also contributes to the adaptation and transformation of livelihoods and food systems, progressing along a pathway out of the protracted crisis situation.

Stateless persons
Someone who does not have a nationality. Some people are born stateless, but others become stateless due to a variety of reasons, including sovereign, legal, technical or administrative decisions or oversights. The Universal Declaration of Human Rights underlines that "Everyone has the right to a nationality" (UNGA, 1948, article 15).

Survival Minimum Expenditure Basket (SMEB)
While the MEB is defined as the minimum amount of money that a household requires to meet their essential needs, on a regular or seasonal basis, at its average cost, the SMEB is the absolute minimum amount required to cover life-saving needs, which could involve the deprivation of certain rights as health or education. https://docs.wfp.org/api/documents/WFP-0000074198/download/

Transhumance
Transhumance refers to the seasonal movement of people along with their livestock between fixed summer and winter pastures. This traditional practice is common in pastoral communities and is often driven by the need to find suitable grazing areas and water sources for livestock, which may vary with changing seasons.

Vulnerability
Refers to the conditions determined by physical, social, economic and environmental factors or processes that increase the susceptibility of an individual, community, assets or systems to the impacts of hazards. Vulnerability to food insecurity is the range of conditions that increases the susceptibility of a household to food insecurity in case of a shock or hazard.

Indicators

Access to basic drinking water services

Improved drinking water sources are those which, by nature of their design and construction, can deliver safe water. The WHO and UNICEF Joint Monitoring Programme for Water Supply Sanitation and Hygiene (JMP) subdivides the population using improved sources into three groups (safely managed, basic and limited) according to the level of service provided. To meet the criteria for a safely managed drinking water service, people must use an improved source meeting three criteria: accessible on premises; available when needed and free from contamination. If the improved source does not meet any one of these criteria but a round trip to collect water takes 30 minutes or less, then it is classified as a basic drinking water service. If water collection from an improved source exceeds 30 minutes, it is categorized as a limited service. It is one of four metrics used by the GRFC Nutrition TWG in the Care and Service pathway of contributing factors to acute malnutrition (WHO and UNICEF).

Acute Respiratory Infections treatment

Acute respiratory infections (ARI) are a leading cause of mortality among children under five years worldwide. The indicator measures the percentage of children under five with ARI symptoms for whom advice or treatment was sought from a health facility or provider. It serves as a key indicator for assessing coverage of health intervention and care-seeking practices. This indicator is one of three health metrics used by the GRFC Nutrition TWG in the Health pathway of contributing factors to acute malnutrition (WHO).

Annual population growth

This expresses the ratio between the annual increase in the population size and the total population for that year, usually multiplied by 100. The annual increase in the population size is defined as a sum of differences: the difference between births less deaths and the difference between immigrants less emigrants, in a given country, territory or geographic area at a given year (WHO).

Body Mass Index (BMI)

BMI is an index of weight-for-height that is commonly used to classify underweight, overweight and obesity in adults. The BMI score of each individual is calculated by dividing the weight in kilograms by the square of the height in meters (kg/m2).

Cereal Import Dependency Ratio

The indicator measures the ratio of a country's domestic cereal supply that is sourced from imports compared to domestic production. A value of 100 indicates that the entire cereal supply is imported, while a negative value indicates that a country is a net exporter of cereals (FAO).

Crude death rate (CDR)

This indicator accounts for all the deaths that have occurred per day per 10 000 people over a given recall period (often 90 days) in an area or community. According to the IPC acute food insecurity analysis, the CDR should not include trauma-related deaths but should include deaths due to unknown causes (IPC Technical Manual 3.1).

Economic Capacity to Meet Essential Needs (ECMEN)

This indicator is a measure of the economic vulnerability of a population. It is defined as the percentage of households whose economic capacity is sufficient to meet their essential needs, as measured through the minimum expenditure basket. Households are considered to have the economic capacity to meet their essential needs if their consumption expenditures exceed the minimum expenditure basket. Two versions of the ECMEN indicator exist: ECMEN including assistance (used for monitoring) and excluding assistance (used for assessments) (WFP).

Exclusive breastfeeding

Exclusive breastfeeding in the first 6 months followed by the timely introduction of safe and nutritionally adequate complementary foods with continued breastfeeding until 2 years of age or beyond ensures children receive all the nutrients they need. This indicator refers to the percentage of infants aged 0–5 months who were fed only breast milk during the previous day. It is one of four metrics used by the GRFC Nutrition TWG in the Care and Service pathway of contributing factors to acute malnutrition.

Prevalence ranges	Label
> 70%	Phase 1 – Acceptable/minimal
50–70%	Phase 2 – Alert/stress
30–49.9%	Phase 3 – Serious/severe
11–29.9%	Phase 4 – Critical/extreme
< 10%	Phase 5 – Extremely critical/catastrophic

Source: adapted from UNICEF Breastfeeding Score Card.

Food Consumption Score

The household Food Consumption Score (FCS) is associated with household food access and is used as a proxy for household food security. Food consumption indicators are designed to reflect the quantity and quality of people's diets.

The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption.

Poor food consumption: Households do not consume staples and vegetables every day and never or very seldom consume protein-rich food such as meat and dairy.

Borderline food consumption: Households consume staples and vegetables every day, accompanied by oil and pulses a few times a week.

Acceptable food consumption: Households consume staples and vegetables every day, frequently accompanied by oil and pulses, and occasionally meat, fish and dairy.

	Thresholds
Poor food consumption	<21
Borderline food consumption	21–35
Acceptable food consumption	≥35

Source: WFP.

Food Expenditure Share (FES)
This indicator measures the proportion of each household's available budget (estimated through an expenditure module) spent on food. It is important that the overall budget/expenses do not only consider cash expenses but also purchases made on credit, items produced by the household (e.g. own production) and assistance received (WFP).

Food Inflation
The IMF Word Economic Outlook provides annual inflation rates measured as the annual percent change, from one month in the preceding year to the same month in the current year ('year-on-year'), in the consumer price index (CPI) based on the cost of a typical basket of consumer good and services (IMF, October 2024).

Monthly inflation rate can also be measured and is the percent change in the cost of a typical basket of consumer goods and services between two months (or 'month-on-month').

Food Insecurity Experience Scale (FIES)
Food insecurity as measured by this indicator refers to limited access to food, at the level of individuals or households, due to lack of money or other resources. The severity of food insecurity is measured using a set of eight questions asking respondents to self-report conditions and experiences typically associated with limited access to food. For purposes of the Acute Food Insecurity IPC classification, the questions are asked with reference to the 30 days preceding the survey. Source: FAO.

Fragility Index
Assesses fragility worldwide in a spectrum of intensity across six dimensions: economic, environmental, human, political, security and societal. Fragility is the combination of exposure to risk and insufficient coping capacities of the state, system and/or communities to manage, absorb or mitigate those risks. In the State of Fragility report 2025, out of the 177 contexts analysed by the OECD, 43 are identified as experiencing high fragility and 18 as experiencing extreme fragility (OECD, February 2025).

GDP ranking
This refers to the GDP per capita at purchasing power parity (PPP) expressed in USD. The total country GDP is divided by the mid-year population figure, where GDP is the total value of goods and services for final use produced by resident producers in an economy, regardless of the allocation to domestic and foreign claims. In GRFC 2024, ranking of GDP in Asia and Latin America and Caribbean countries is relative to all the countries globally (WB).

Gini Coefficient
The Gini coefficient measures income inequality within a country, reflecting the distribution of income among individuals or households deviation from perfectly equal distribution. A Gini value of 0 represents perfect equality, while a value of 100 indicates complete inequality (World Bank).

HDI ranking (global)
A country's Human Development Index value is determined by aggregating the country's scores across several indicators including life expectancy, literacy rate, rural populations' access to electricity, GDP per capita, exports and imports, homicide rate, multidimensional poverty index, income inequality, internet availability, and many more. These indicators are compiled into a single number between 0 and 1.0, with 1.0 being the highest possible human development. GRFC 2024 does not report the absolute value of the indicators but rather its ranking across all countries globally (UNDP).

Household Dietary Diversity Score (HDDS)
This indicator assesses the quality and diversity of a household's diet. It is typically calculated based on the number of different food groups consumed by a household over a specific period, often 24 hours.

Household Economy Analysis (HEA)
This is a livelihoods-based framework founded on the analysis of people in different social and economic circumstances. In particular, the HEA examines the self-reporting of information on: (i) how people access the food and cash they need; (ii) their assets, the opportunities available to them, and the constraints they face; and (iii) the options open to them in times of crisis. Two thresholds define basic needs in the HEA: the Survival Threshold and the Livelihoods Protection Threshold. The HEA Survival Threshold represents the most basic needs, including minimum food energy requirements (calorie requirements), the costs associated with food preparation and consumption if associated inputs are purchased (such as salt, firewood or kerosene), as well as expenditure on water for human consumption (IPC Technical Manual 3.1).

Household Hunger Scale (HHS)
This measures the severity of hunger at the household level. It assesses the frequency and severity of food insecurity experienced by households over a specified period, typically the past month. The HHS consists of a set of questions related to various aspects of food access and consumption, such as the inability to eat preferred foods, having to reduce portion sizes, and experiencing hunger due to lack of food. Responses to these questions are used to categorize households into different levels of hunger severity, ranging from slight (1) to severe (6) hunger (FANTA).

INFORM Risk
INFORM summarises the multitude of factors contributing to the risk for humanitarian crises and disasters into a single index. It combines 54 indicators into three dimensions of risk:

- Hazards (events that could occur) and exposure to them
- Vulnerability (the susceptibility of communities to those hazards)
- Lack of coping capacity (lack of resources that can alleviate the impact).

The results give an overall risk score out of 10 for each country, and for each of the dimensions, categories, and components of risk (EU-JRC

INFORM Severity
The INFORM Severity index is a composite indicator that measures the severity of humanitarian crises against a standardized global scale. It provides assessment of a crisis severity to support efficient response planning. It complements the INFORM Risk Index (EU-JRC).

Incidence of Malaria
The indicator provides surveillance of the incidence of malaria cases within a country/territory. It is one of three metrics used by the Nutrition TWG in the Heatlh pathway of acute malnutrition. The following threshold provides a broad framework for malaria surveillance in different transmission settings. This indicator is one of three health metrics used by the GRFC Nutrition TWG in the Health pathway of contributing factors to acute malnutrition.

API prevalence ranges	Risk label
0 cases per 1 000 population	Zero transmission
<100 cases per 1 000 population	Very Low
100-250 cases per 1 000 population	Low
250-450 cases per 1 000 population	Moderate
>450 cases per 1 000 population	High

Source: WHO

Humanitarian Access Index

Humanitarian Access Index measures the degree of access constraints affecting humanitarian responses. It measures nine indicators across three categories.

1. access to aid of people in need

2. access of humanitarian actors to the population in need

3. physical, environmental and security constraints.

The nine indicators are aggregated and weighted into a numerical score ranging from 0-5 with five representing extreme access constraints (ACAPS).

Livelihood Coping Strategies (LCS)

This is used to better understand the longer-term coping capacity of households. The household data collection questionnaire is adapted to suit each country's context and poor people's living conditions. This requires the selection of relevant coping strategies from a coping strategies master list. Each strategy is associated with a level of severity (none, stress, crisis or emergency), which is country or context-specific. The module includes four stress strategies, three crisis strategies and three emergency strategies (ten strategies in total) and the level of the indicator is derived according to the type of strategies selected:

- Household not adopting coping strategies.
- Stress strategies indicate a reduced ability to deal with future shocks due to a current reduction in resources or increase in debts.
- Crisis strategies are often associated with the direct reduction of future productivity.
- Emergency strategies also affect future productivity but are more difficult to reverse or more dramatic in nature than crisis strategies.

(WFP).

Livelihood Coping Strategy Index

The Livelihood Coping Strategy Index assesses how households responded to shortfalls in food access over the past 30 days. It is derived from questions that evaluate the severity and type of coping strategies employed by households (FAO).

Major food crisis

A food crisis is defined as "major" if more than 1 million people or more than 20 percent of the total country population is estimated to be facing IPC/CH Phase 3 or above or equivalent, or if at least one area is classified in Emergency (IPC/CH Phase 4) or above, or if the country is included in the IASC humanitarian system-wide emergency response level 3.

Measles Vaccination Coverage (2nd Dose) (MCV2)

The indicator measures the percentage of children under 5 years of age who have received two doses of the measles vaccine within a given year. Immunization coverage is an essential component for reducing under-five child mortality. It is one of four metrics used by the GRFC Nutrition TWG in the Care and Service pathway of contributing factors to acute malnutrition. Prevalence ranges are provided by IPC.

Prevalence ranges	Risk Levels
75–84.9%	Medium
65–74.9%	High
<65%	Very high

Source: WHO

Minimum Acceptable Diet

This composite indicator combines meal frequency and dietary diversity to assess the proportion of children aged 6–23 months consuming a diet that meets the minimum requirements for growth and development. This indicator is one of four metrics used by the GRFC Nutrition TWG in the Food pathway of contributing factors to acute malnutrition.

Prevalence ranges	Risk Label
> 70% Phase 1	Acceptable/minimal
40–70% Phase 2	Alert/stress
20–39.9% Phase 3	Serious/severe
10–19.9% Phase 4	Critical/extreme
< 10% Phase 5	Extremely critical/ catastrophic

Source: Preliminary thresholds suggested by IFE Core Group.

Minimum Dietary Diversity

This indicator refers to the percentage of children aged 6–23 months who receive foods from five or more out of eight food groups a day. The eight food groups are: i. breastmilk; ii. grains, roots and tubers; iii. legumes and nuts; iv. dairy products (infant formula, milk, yogurt, cheese); v. flesh foods (meat, fish, poultry and liver/organ meats); vi. eggs; vii. vitamin-A rich fruits and vegetables; viii. other fruits and vegetables. In some surveys, minimum dietary diversity is calculated based on seven food groups, excluding breastmilk. In these cases, the indicator refers to the percentage of children aged 6–23 months who receive foods from four or more out of seven food groups a day. This indicator is one of four metrics used by the GRFC Nutrition TWG in the Food pathway of contributing factors to acute malnutrition (UNICEF).

Minimum Expenditure Basket

A Minimum Expenditure Basket (MEB) is defined as what a household requires to meet basic needs, on a regular or seasonal basis, and its average cost. The MEB is a monetary threshold – the cost of these goods, utilities, services and resources – and is conceptually equivalent to a poverty line. It typically describes the cost of meeting one month's worth of essential needs. Since the MEB sets a monetary threshold for what is needed to cover essential needs, households whose expenditures fall below the MEB are defined as being unable to meet their essential needs. M*ore information is available: https://docs.wfp.org/api/documents/WFP-0000074198/download/*

Minimum Meal Frequency

The indicator refers to the proportion of children aged 6–23 months who receive solid, semi-solid or soft foods at least the minimum number of recommended times a day depending on their age and whether they are breastfed (WHO).

Net Official Development Assistance Received as percentage of Gross National Income

Net official development assistance (ODA) consists of disbursements of grants and concessional loans, excluding repayments of the original loan principal. The ratio of ODA to Gross National Income (GNI) provides a measure of a recipient country's dependency on aid (WB).

Percentage of crop growing period or pasture affected by drought conditions.

The percentage of crop growing period or pasture affected by drought conditions indicates how often drought warnings were triggered by the Anomaly hotSpots of Agricultural Production (ASAP) early warning system based on NDVI (Normalized Difference Vegetation Index) observations between 2003 and 2023 for crops or rangeland. NDVI is a measure of plant health and biomass.

Drought warnings are calculated specifically for cropland and rangelands during their respective growing seasons. Warnings are only issued when significant negative NDVI anomalies are detected

across large areas (more than 25 percent of the total active cropland or rangelands). This ensures the anomalies are linked to large-scale droughts, not localized events. Higher percentages in these metrics suggest a country has experienced more frequent large-scale declines in biomass, potentially indicating a greater risk of drought impacting crops or pastureland (EU-JRC, ASAP).

Percentage of households not consuming micronutrient-rich food (analysed in refugee populations)
This refers to the proportion of households with no member consuming any vegetables, fruits, meat, eggs, fish/seafood, and milk/milk products over a reference period of 24 hours (FAO).

Prevalence of anaemia
This indicator refers to the proportion of children aged 6–59 months and of women of reproductive age (15–49 years) or PBW who are anaemic. Anaemia is a condition in which the number of red blood cells or their oxygen-carrying capacity is insufficient to meet physiological needs, which varies by age, sex, altitude, smoking and pregnancy status. Iron deficiency is thought to be the most common cause of anaemia globally, although other conditions, such as folate, vitamin B12 and vitamin A deficiencies, chronic inflammation, parasitic infections and inherited disorders can all cause anaemia. In its severe form, it is associated with fatigue, weakness, dizziness and drowsiness. Pregnant women and children are particularly vulnerable (WHO). This indicator is one of four metrics used by the GRFC Nutrition TWG in the Food pathway of contributing factors to acute malnutrition.

Prevalence ranges	
< 5.0%	No public health problem
5.0–19.9%	Mild public health problem
20.0–39.9%	Moderate public health problem
≥ 40.0%	Severe public health problem

Source: WHO.

Shannon Index of drivers of acute food insecurity
The Shannon Index is a method for measuring diversity of a given variable. The GRFC 2025 utilizes the Shannon Index to measure the variability among primary drivers of acute food insecurity in countries with food crises. A higher value indicates a greater diversity of shocks, suggesting a higher exposure and vulnerability to multiple shocks. A value of 0 indicates the same driver has remained constant across editions.

Share of agricultural, forestry and fishery employment
The indicator refers to the proportion of the total employed population engaged in agricultural, forestry, and fishery activities within a country or region. This indicator is typically expressed as a percentage and provides insights into the significance of these primary sectors in the overall labour force of an economy (FAO).

Under-5 death rate (U5DR)
This refers to all deaths per day of children under 5 (up to 59 months) per 10 000 children over a given recall period (often 90 days) in an area or community. The U5DR is typically around twice that of the CDR (IPC Technical Manual 3.1).

Vitamin A Supplementation
Vitamin A supplementation is crucial for preventing vitamin A deficiency in children under five, particularly those aged 6 to 59 months. It helps reduce the incidence of diarrhoea and measles while also preventing blindness and hearing loss. Effective coverage greater than 80 percent improves child survival in countries/territories with high under-five mortality or where vitamin A deficiency is recognized as a public health problem. Lower coverage prevalence indicates a higher risk factor of acute malnutrition. It is one of four metrics used by the GRFC Nutrition TWG in the Care and Service pathway of contributing factors to acute malnutrition.

Prevalence ranges	Risk label
≥ 80% coverage	Very Low
60–79.9% coverage	Low
40–59.9% coverage	Medium
20–39.9% coverage	High
<20% coverage	Very High

Source: UNICEF

Wasting
Low weight-for-height often indicates recent and severe weight loss, although it can also persist for a long time. It usually occurs when a person has not had food of adequate quality and quantity and/or they have had frequent or prolonged illnesses. Wasting in children is associated with a higher risk of death if not treated properly. In this report it is used as a synonym for acute malnutrition (UNICEF).

IV | Technical notes and bibliography

Technical notes

GRFC PRODUCTION PROCESS

The GRFC process

The GRFC is a global public good that serves as the reference document for acute food insecurity, acute malnutrition and displacement in countries/territories with food and nutrition crises.

In order to provide independent and consensus-based evidence and analysis, it follows a systematic and transparent process that consolidates data from a range of sources that all use rigorous methodologies.

1. Preliminary work

Initial GRFC technical consultations lay the groundwork for the production process.

The GRFC production process is launched in September/October each year with a three-day in-person workshop held in Rome, Italy, attended by all GRFC partners. The agenda includes sessions with the food security, displacement, and nutrition technical working groups (TWGs), as well as the senior committee, to:

- reaffirm partner organizations' engagement and responsibilities;
- confirm the purpose and scope of the report;
- agree on key definitions, including for food crises and, new in 2024, nutrition crises;
- provide initial guidance on content and structure;
- agree and endorse country selection and data/analysis criteria; and
- agree on the report workplan and launch date.

2. Research, analysis and production

Through the fourth quarter of each year, the Food Security Information Network (FSIN) facilitates TWG discussions.

The food security TWG selects countries/territories with food crises as per the GRFC selection criteria on page 2, and identifies the period and figures corresponding to the peak number of people facing high levels of acute food insecurity. Acute food insecurity (AFI) figures are recorded in the GRFC master AFI data matrix. This matrix contains historical data, published in the GRFC, for AFI peaks since 2016.

The nutrition TWG identifies the nutrition crises in the countries/territories with food crises, and acute malnutrition (AMN) estimates are recorded in the GRFC master AMN matrix. This matrix contains data on outcome level and contributing factors since 2018.

The FSIN:

- compiles data on countries/territories that may be facing food crises, nutrition crises or have acute food insecurity data on displaced populations;
- drafts content and analysis;
- develops layout, maps and other infographics;
- manages the production schedule; and
- chairs TWG, and senior committee, meetings.

The food security TWG:

- selects countries/territories with food crises based on consensually established criteria;
- validates the reliability/ relevance of the data source and methodology;
- identifies and endorses peak acute food insecurity estimates;
- identifies and endorses peak acute food insecurity projections;
- endorses the main driver for each country/territory;
- defines key content for the acute food insecurity narrative and indicators to support analysis and findings; and
- discusses possible infographics to best communicate content.

The nutrition TWG:

- develops and endorses criteria to identify countries/territories with nutrition crises or nutrition concerns from the list of countries/territories with food crises;
- identifies and endorses acute malnutrition data;
- identifies and endorses key contributing factors to acute malnutrition in countries/territories identified as having nutrition crises and nutrition concerns;
- reviews and ensures consistency of nutrition content throughout the report and endorses nutrition indicators to be featured; and
- discusses possible infographics to best communicate content.

The displacement TWG:

- identifies countries/territories with acute food insecurity data on forcibly displaced persons and migrants from the countries/territories with food crises;
- identifies and endorses data on displacement, acute food insecurity and acute malnutrition related to these populations;
- defines key content and indicators; and
- discusses possible infographics to best communicate content.

The senior committee:

- endorses country/territory selection, data sources, methodologies and key content; and
- provides guidance and/or decisions where there is a lack of consensus or need for strategic orientation.

3. Review and finalization of the report

To ensure transparency, all closed and draft files are shared and accessible on SharePoint.

The TWGs:

- conduct a technical review the first draft, followed by discussion of the key issues arising and amendments required; and
- ensure technical accuracy and internal consistency of the drafts.

The senior committee:

- reviews the report in page layout to ensure consistency of the overall structure and messaging of the report; and
- adjudicates any technical issues that may have been raised by the TWGs. It may refer issues back to the TWGs for further analysis and consideration.

GRFC PRODUCTION PROCESS

4. Institutional clearance

Each member of the senior committee validates their endorsement of the findings of the report as per their institutional internal processes.

5. Release and dissemination

The dissemination plan and related communications and advocacy campaign for the GRFC is coordinated by FSIN in collaboration with the Global Network Against Food Crises (GNAFC). It is built on the communications network of the GRFC partnership, which includes focal points from partner organizations.

The outreach and dissemination strategy is structured in three phases:

Pre-launch

A social media campaign and stakeholder outreach create momentum ahead of the report's release.

Launch

A media and social media campaign, along with a launch event and direct outreach to stakeholders, maximizes the report's visibility and ensures that it reaches key stakeholders. GRFC partners play a key role in amplifying the findings. Each partner integrates relevant messages into their own communications, ensuring dissemination within their networks and alignment with their mandates. This collective effort broadens the reach and impact of the report.

Post-launch

The media and social media campaign continues beyond the launch, distilling the key findings and deep diving into specific thematic areas.

The GRFC findings are actively integrated into relevant global, regional and national fora. Advocacy opportunities – including events, seminars and presentations – are identified and pursued in coordination with partners, leveraging their networks to sustain engagement and drive action.

The interactive version of the GRFC serves as the primary landing page, with partners directing traffic there during dissemination efforts. This also plays a role in the monitoring campaign, as FSIN tracks visits and downloads, and conducts qualitative analysis on how the report is used.

The GRFC is launched in Q2, followed by a Mid-year Update in Q3, which provides insights into key developments and emerging trends.

FSIN produces a range of supporting materials in coordination with GNAFC and partners, including:

- briefs in English, French and Spanish;
- an interactive version of the report;
- key findings and key messages;
- social media assets, talking points, Q&As, presentations, multimedia content; and
- support for the press release.

These efforts ensure that the GRFC serves as a timely and accessible resource for decision-makers, analysts and stakeholders responding to food and nutrition crises worldwide.

FSIN collaborates with regional partners to develop regional overviews with new data, ensuring a twice-yearly update in those regions where the situation evolves quickly.

Decision-making processes

The GRFC production and decision-making processes are designed with the objective of transparently producing an independent, neutral, technically rigorous and consensus-based document.

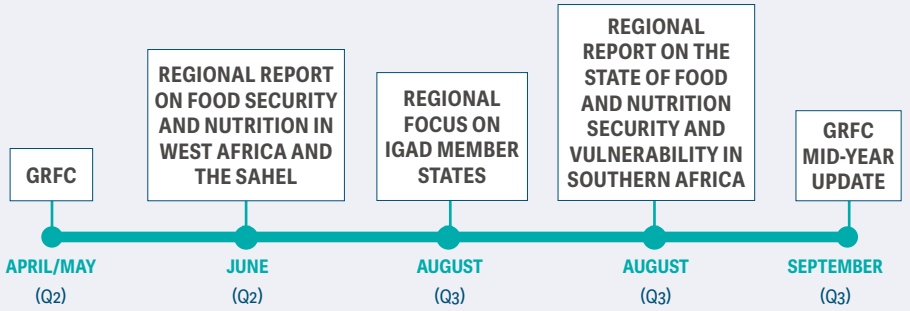
Consensus building is the primary objective.

The preferred modality of decision-making is consensus through dialogue, which is defined as 75 percent of partners in agreement with a decision. A quorum is considered to be at least 50 percent of partners. Agreement is established through a "round robin" with partners present declaring their positions and those who cannot attend providing written contributions in advance.

If consensus cannot be reached, partners may request a more formal vote.

Where there is no consensus, or the workplan necessitates an immediate decision, a vote may be triggered, including to request additional information. To be endorsed, a vote needs a 75 percent majority based on a quorum of 50 percent or more GRFC partners. Where there is a lack of consensus or majority vote, the GRFC senior committee can request that the FSIN secretariat raise issues to the FSIN steering committee for guidance, or partners can request a disclaimer.

FIG. TN.1 **FSIN publications timeline, 2024**



GRFC METHODOLOGY

Definitions

The following definitions were developed by the GRFC TWGs and endorsed by the GRFC senior committee.

These definitions provide a clear framework for identifying countries/territories with food crises and with nutrition crises or concerns.

Food crisis

A food crisis is defined as 'a situation where acute food insecurity requires urgent action to protect and save lives and livelihoods at local or national levels and exceeds the national resources and capacities to respond'.

Nutrition crisis

In the GRFC 2025, FSIN and the nutrition TWG developed a definition for countries/territories with 'nutrition crises' or 'nutrition concerns'.

A nutrition crisis is 'a situation characterized by a combination of factors such as widespread lack of access to sufficient, safe and nutritious food, high morbidity, environmental disasters, conflict, poor healthcare infrastructure and inadequate practices, resulting in high levels of acute malnutrition'.

High levels of acute malnutrition are defined as:

- classification in Serious or worse (IPC AMN Phase 3 or above); or
- Global Acute Malnutrition (GAM) prevalence by weight-for-height z-score (WHZ) greater than or equal to 10 percent.

Nutrition concern

If a country/territory lacks data on acute malnutrition outcomes (GAM prevalence or IPC AMN), it can be classified as a nutrition concern.

A nutrition concern is defined as 'a situation in a country/territory with limited data on acute malnutrition outcomes where available data on contributing and contextual factors indicate high nutritional vulnerability and a risk of deterioration of the nutrition situation'.

High nutritional vulnerability is identified by the GRFC nutrition TWG considering all the following:

- Acute malnutrition risk factors: specifically, when one or more indicators across each pathway of acute malnutrition (food, health, care and services) are classified as 'high' or 'very high' according to defined thresholds;
- Contextual factors: presence of populations or areas facing Emergency or worse (IPC Phase 4 or above) levels of acute food insecurity alongside a 'high' or 'very high' INFORM Severity ranking; and
- INFORM Risk Index: 'high' and 'very high' risk scores signal severe humanitarian crisis in a country/territory.

Country selection process

The FSIN and food security TWG use the following selection criteria to identify countries/territories with a food crisis, which are then presented to the senior committee for endorsement.

The process is continuous during the year and finished on 31 December to ensure inclusiveness throughout the reporting year (in this edition 2024).

A country/territory is selected if at least one of the following criteria is met:

1. Global Information and Early Warning System (FAO-GIEWS) list

Countries/territories that required external assistance for food and/or faced shocks as assessed by FAO-GIEWS in 2024.

FAO-GIEWS classifies and regularly updates the list of countries requiring external assistance for food, dividing them into three categories according to the predominant driver:

- countries with an exceptional shortfall in aggregate food production and supplies;
- countries with a widespread lack of access to food; and
- countries with severe localized food insecurity.

2. Humanitarian Needs and Response Plan (HNRP)

Countries/territories that had an HNRP in 2024.

3. Low-income and middle-income countries/ territories that requested and received emergency assistance from FAO/UNHCR/WFP in 2024

Countries/territories that received assistance as follows:

- from UNHCR/WFP, to at least 5 000 refugees[1];
- from FAO/WFP, in the context of a shock, to at least 0.5 percent of the country population, or 50 000 people in cases where the country population is less than 10 million; or
- in situations where over 1 million people, or 20 percent of its population, were forcibly displaced.

High-income countries – even if acute food insecurity data were available – are not included.

External assistance for logistical support, capacity building, poverty reduction or development is not considered a qualifying factor for a food-crisis response.

1 If this criterion is met, only the refugee populations in that country are included, while the host country is only selected if its resident population needed external food assistance.

GRFC METHODOLOGY

Data sources and assessment methodology

The GRFC partnership evaluated the following elements for acute food insecurity data to meet the GRFC technical requirements.

Methodology

The construct of the methodology used to produce acute food insecurity estimates is evaluated to determine whether the assessment/analysis provides an estimate or a projection of acute food insecurity that considers all its dimensions. Reference is mainly made to the Integrated Food Security Phase Classification (IPC) and Cadre Harmonisé (CH) methodologies and classification and other methodologies providing a quantification of acute food insecurity levels equivalent to or an approximation of IPC/CH Phase 3 or above. For country/territory data to be included in the GRFC, all partners agree with the degree of magnitude and severity of acute food insecurity indicated by the endorsed assessment.

Timeframe

The acute food insecurity assessment/analysis must cover at least one month of the year being analysed, in this edition 2024, and have a projection analysis for at least one month of the following year, in this edition 2025. If no data are available for the year being analysed, the TWG may recommend using data that refer to the second half of the previous year of analysis, in this edition 2023.

Coverage

Where the acute food insecurity assessment/analysis does not cover the entire country/territory, the TWG determines whether the partial analysis is appropriate and acceptable, and ensures that such situations are clearly highlighted in the report.

Consensus and participation

The TWG evaluates the consensus-building process around the acute food insecurity estimates as well as the participation of and endorsement by national stakeholder(s). The acute food insecurity assessment/analysis should be based on a multi-stakeholder technical consensus, a convergence of evidence, data collection by a trusted actor and/or endorsed at country level by national stakeholders.

Data sources and their methodologies

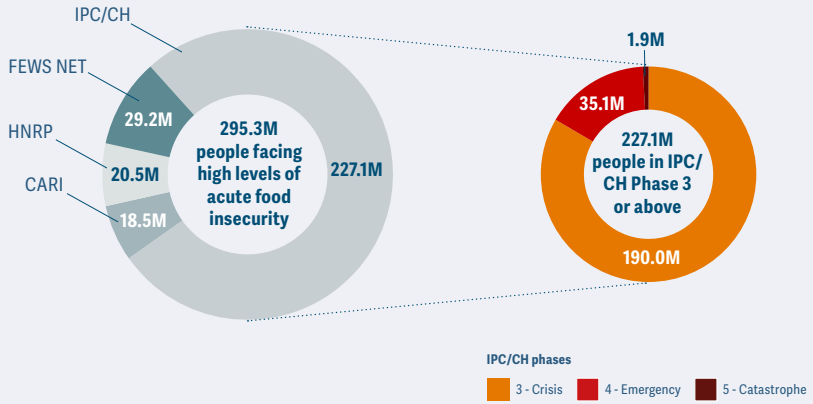
The preferred source of data for estimates of acute food insecurity is the IPC/CH.

If these are unavailable, the TWGs evaluate the use of other sources of evidence as per the following (in order of priority):

- The Famine Early Warning Systems Network (FEWS NET) analyses;
- WFP Consolidated Approach for Reporting Indicators of Food Security (CARI); and
- Humanitarian Needs and Response Plan (HNRP) estimates of people in need in the food security sector.

These sources are not necessarily comparable with IPC/CH and usually do not provide disaggregation by Phase 2, 3, 4 and 5. The methodology used in the GRFC 2025 to estimate populations facing Crisis or worse (IPC/CH Phase 3 or above) is described for each source.

FIG. TN.2 **Populations facing high levels of acute food insecurity in 2023, by methodology**



Source: FSIN, GRFC 2024.

Integrated Food Security Phase Classification (IPC)

The IPC results from a partnership of various organizations at the global, regional and country levels and is widely accepted by the international community as a global reference for the classification of acute food insecurity. There are around 30 countries currently implementing the IPC. It provides the 'big picture' evidence base of food crises by assessing the following: how severe, how many, when, where, why, who, as well as the key characteristics of the food crisis. It provides data for two time periods – the current situation and a projection. This information helps governments, humanitarian actors and other decision-makers quickly understand a crisis (or potential crisis) and informs appropriate action. The IPC makes the best use of the evidence available through a transparent, traceable and rigorous process. Evidence requirements to complete classification have been developed, considering the range of circumstances in which evidence quality and quantity may be limited, while ensuring adherence to minimum standards. To ensure the application of the IPC in settings where access for collecting evidence is limited, specialized parameters have been developed. The IPC provides a structured process for making the best assessment of the situation based on what is known and shows the limitations of its classifications as part of the process. IPC analysis teams consolidate and analyse complex evidence from different methods and sources (e.g. food prices, seasonal calendars, rainfall, food security assessments, etc.), but the IPC allows them to describe their conclusions using consistent language and standards, and in a simple and accessible form. This harmonized approach is particularly useful in comparing situations across countries and regions, and over time. The IPC technical manual version 3.1 provides information to help people understand and use IPC products and protocols, including tools and procedures, to conduct the classifications.

See https://www.ipcinfo.org/ipcinfo-website/resources/ipc-manual/en/

FIG. TN.3 **IPC 3.1 acute food insecurity reference table**

		Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/Famine
Phase name and description		Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either have food consumption gaps that are reflected by high or above-usual acute malnutrition; or are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either have large food consumption gaps which are reflected in very high acute malnutrition and excess mortality; or are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation.	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine Classification, area needs to have extreme critical levels of acute malnutrition and mortality.)
Priority response objectives		Action required to build resilience and for disaster risk reduction	Action required for disaster risk reduction and to protect livelihoods	**Urgent action required to** → Protect livelihoods and reduce food consumption gaps	Save lives and livelihoods	Revert/prevent widespread death and total collapse of livelihoods
Food security first-level outcomes		First-level outcomes refer to characteristics of food consumption and livelihood change. Thresholds that correspond as closely as possible to the Phase descriptions are included for each indicator. Although cut-offs are based on applied research and presented as global reference, correlation between indicators is often somewhat limited and findings need to be contextualized. The area is classified in the most severe Phase that affects at least 20% of the population.				
	Food consumption (focus on energy intake)	**Quantity: Adequate energy intake** **Dietary energy intake:** Adequate (avg. 2 350 kcal pp/day) and stable **Household Dietary Diversity Score:** 5–12 food groups and stable **Food Consumption Score:** Acceptable and stable **Household Hunger Scale:** 0 (none) **Reduced Coping Strategies Index:** 0–3 **Household Economy Analysis:** No livelihood protection deficit **Food Insecurity Experience Scale:** (FIES 30 days recall):<-0.58	**Quantity: Minimally Adequate** **Dietary energy intake:** Minimally adequate (avg. 2 100 kcal pp/day) **Household Dietary Diversity Score:** 5-FG but deterioration ≥1 FG from typical **Food Consumption Score:** Acceptable but deterioration from typical **Household Hunger Scale:** 1 (slight) **Reduced Coping Strategies Index:** 4–18 **Household Economy Analysis:** Small or moderate livelihood protection deficit <80% **FIES:** Between -0.58 and 0.36	**Quantity: Moderately Inadequate** – Moderate deficits **Dietary energy intake:** Food gap (below avg. 2 100 kcal pp/day) **Household Dietary Diversity Score:** 3–4 FG **Food Consumption Score:** Borderline **Household Hunger Scale:** 2–3 (moderate) **Reduced Coping Strategies Index:** ≥19 (non-defining characteristics (NDC) to differentiate P3, 4 and 5) **Household Economy Analysis:** Livelihood protection deficit ≥80%; or survival deficit <20% **FIES:** > 0.36 (NDC to differentiate between Phases 3, 4 and 5)	**Quantity: Very Inadequate** – Large deficits **Dietary energy intake:** Large food gap; well below 2 100 kcal pp/day **Household Dietary Diversity Score:** 0–2 FG (NDC to differentiate P4 and 5) **Food Consumption Score:** Poor (NDC to differentiate P4 and 5) **Household Hunger Scale:** 4 (severe) **Reduced Coping Strategies Index:** ≥19 (NDC to differentiate P3, 4 and 5) **Household Economy Analysis:** Survival deficit ≥20% but <50% **FIES:** > 0.36 (NDC to differentiate between Phases 3, 4 and 5)	**Quantity: Extremely Inadequate** – Very large deficits **Dietary energy intake:** Extreme food gap **Household Dietary Diversity Score:** 0–2 FG **Food Consumption Score:** Poor (NDC to differentiate P4 and 5) **Household Hunger Scale:** 5–6 (severe) **Reduced Coping Strategies Index:** ≥19 (NDC to differentiate P3, 4 and 5) **Household Economy Analysis:** Survival deficit ≥50% **FIES:** > 0.36 (NDC to differentiate between Phases 3, 4 and 5)
	Livelihood change (assets and strategies)	**Livelihood change:** Sustainable livelihood strategies and assets **Livelihood coping strategies:** No stress, crisis or emergency coping observed	**Livelihood change:** Stressed strategies and/or assets; reduced ability to invest in livelihoods **Livelihood coping strategies:** Stress strategies are the most severe strategies used by the household in the past 30 days	**Livelihood change:** Accelerated depletion/ erosion of strategies and/or assets **Livelihood coping strategies:** Crisis strategies are the most severe strategies used by the household in the past 30 days	**Livelihood change:** Extreme depletion/ liquidation of strategies and assets **Livelihood coping strategies:** Emergency strategies are the most severe strategies used by the household in the past 30 days	**Livelihood change:** Near complete collapse of strategies and assets **Livelihood coping strategies:** Near exhaustion of coping capacity
Food security second-level outcomes		Second-level outcomes refer to area-level estimations of nutritional status and mortality that are especially useful for identification of more severe phases when food gaps are expected to impact malnutrition and mortality. For both nutrition and mortality area outcomes, household food consumption deficits should be an explanatory factor in order for that evidence to be used in support of the classification.				
	Nutritional status* Global Acute Malnutrition based on Weight-for-Height Z-score	**Acceptable** <5%	**Alert** 5–9.9%	**Serious** 10–14.9% or > than usual	**Critical** 15–29.9% or > much greater than average	**Extremely Critical** ≥30%
	Global Acute Malnutrition based on Mid-Upper Arm Circumference	<5%	5–9.9%	10–14.9%	≥15%	
	Body Mass Index <18.5	<5%	5–9.9%	10–19.9%, 1.5 x greater than baseline	20–39.9%	≥40%
	Mortality*	**Crude Death Rate** <0.5/10,000/day **Under-five Death Rate** <1/10,000/day	**Crude Death Rate** <0.5/10,000/day **Under-five Death Rate** <1/10,000/day	**Crude Death Rate** 0.5–0.99/10,000/day **Under-five Death Rate** 1–2/10 000/day	**Crude Death Rate** 1–1.99/10,000/day or <2x reference **Under-five Death Rate** 2–3.99/10,000/day	**Crude Death Rate** ≥2/10,000/day **Under-five Death Rate** ≥4/10,000/day
Food security contributing factors		For contributing factors, specific indicators and thresholds for different phases need to be determined and analysed according to the livelihood context; nevertheless, general descriptions for contributing factors are provided below.				
	Food availability, access, utilization, and stability	Adequate to meet short-term food consumption requirements **Safe water** ≥15 litres pp/day	Borderline adequate to meet food consumption requirements **Safe water** marginally ≥15 litres pp/day	Inadequate to meet food consumption requirements **Safe water** >7.5 to 15 litres pp/day	Very inadequate to meet food consumption requirements **Safe water** >3 to <7.5 litres pp/day	Extremely inadequate to meet food consumption requirements **Safe water** ≤3 litres pp/day
	Hazards and vulnerability	None or minimal effects of hazards and vulnerability on livelihoods and food consumption	Effects of hazards and vulnerability stress livelihoods and food consumption	Effects of hazards and vulnerability result in loss of assets and/or significant food consumption deficits	Effects of hazards and vulnerability result in large loss of livelihood assets and/or extreme food consumption deficits	Effects of hazards and vulnerability result in near complete collapse of livelihood assets and/ or near complete food consumption deficits

GRFC METHODOLOGY

Cadre Harmonisé (CH)

Since 1999, the Permanent Interstate Committee for Drought Control in the Sahel (Comité permanent Inter-Etats de Lutte contre la Sécheresse au Sahel (CILSS)), along with the Economic Community of West African States (ECOWAS), Union Economique et Monétaire Ouest Africaine (UEMOA), United Nations agencies (FAO, WFP and UNICEF), non-governmental organizations (Action contre la Faim (ACF), Save the Children, Oxfam), and other international organizations, such as FEWS NET, have been engaged in the development and implementation of the CH for the analysis and identification of areas at risk and populations affected by food and nutrition insecurity in West Africa and the Sahel.

The CH is the multidimensional analytical framework led by CILSS to provide rigorous, evidence and consensus-based analyses of current and projected food and nutrition situations in, currently, 18 countries[1] in West Africa and the Sahel. It classifies the severity of food and nutrition insecurity based on the international classification scale through an approach that refers to well-defined functions and protocols. It is used to inform national and regional food-crisis prevention and management systems.

The CH relies on existing food security and nutrition information systems that have been in place in most Sahelian countries since 1985, and more recently in coastal countries of West Africa.

The Cadre Harmonisé Manual v3.0 describes the specific functions and protocols for carrying out an integrated and consensual analysis of acute food and nutrition insecurity.

See https://agrhymet.cilss.int/manuel-cadre-harmonise-version2-0/

1 Benin, Burkina Faso, Cabo Verde, Cameroon, Chad, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo.

IPC/CH five-phase classification

IPC and CH have closely collaborated to harmonize their tools and processes to ensure comparable figures of acute food insecurity.

The five-phase classification is the same, though there are a few differences in the use of certain indicators and in how humanitarian assistance is factored in the analysis:

1. None/Minimal
2. Stressed
3. Crisis
4. Emergency
5. Catastrophe/Famine

These are determined based on a convergence of available evidence, including indicators related to food consumption, livelihoods, malnutrition and mortality. Each phase has important and distinct implications for where and how best to intervene and thus influences priority response objectives.

Populations in Crisis (IPC/CH Phase 3), Emergency (IPC/ CH Phase 4) and Catastrophe (IPC/CH Phase 5) are deemed to be those in need of urgent assistance.

Populations in Stressed (IPC/CH Phase 2) are considered acutely food insecure due to their extreme vulnerability to shocks, but rather than urgent assistance they require livelihood protection and disaster risk reduction interventions.

Classifying Famine (IPC/CH Phase 5)

Famine is an area classification based on internationally accepted criteria:

- at least 1 in 5 households face an extreme lack of food;
- at least 30 percent of children suffer from acute malnutrition; or
- at least 2 people for every 10 000, or 4 children under 5 years old for every 10 000, are dying each day due to outright starvation or the interaction of malnutrition and disease.

Given the severity and implications of this classification, special Famine protocols must be met before an area is classified in Famine (IPC/CH Phase 5). *See TN.3 IPC 3.1 acute food insecurity reference table, page 207.*

An area is classified in Famine with solid evidence if there is clear and compelling evidence of food insecurity (food deprivation and livelihood collapse), acute malnutrition and mortality to support the classification. An area is classified in Famine with reasonable evidence if minimally adequate evidence is available on two out of the three outcomes – food insecurity, malnutrition or mortality – to support the classification. Famine with solid evidence and Famine with reasonable evidence are equally severe – the only difference is the amount of reliable evidence available to support the statement.

The IPC/CH supports Famine prevention by highlighting the following:

- Emergency (IPC/CH Phase 4) is an extremely severe situation where urgent action is needed to save lives and livelihoods.
- Households can be in Catastrophe (IPC/CH Phase 5) even if areas are not classified in Famine (IPC/CH Phase 5). This is the case when less than 20 percent of the population is experiencing Catastrophe (IPC/CH Phase 5) conditions and/or when malnutrition and/or mortality levels have not (or not yet) reached Famine thresholds. These households experience the same severity of conditions even if the area is not yet classified in Famine (IPC/CH Phase 5). This can occur due to the time lag between food insecurity, malnutrition and mortality, or in the case of a localized situation.
- Projections of Famine (IPC/CH Phase 5) can be made even if the areas are not currently classified in Famine, thus allowing early warning.

Risk of Famine

This is an IPC statement that highlights the potential deterioration of the situation compared with the most-likely scenario expected during the projection period. Although it is not an IPC classification, it indicates a worst-case scenario that has a reasonable chance of occurring.

GRFC METHODOLOGY

FEWS NET

The Famine Early Warning Systems Network (FEWS NET) classification is IPC-compatible, meaning that it follows key IPC protocols but is not built on multi-partner technical consensus, so it does not necessarily reflect the consensus of country-level stakeholders. The analysis is not disaggregated by severity.

Funded and managed by USAID's Bureau for Humanitarian Assistance (BHA), FEWS NET provided early warning and evidence-based analysis of acute food insecurity to inform humanitarian and development response. FEWS NET monitored 30 countries/territories in 2024, 22 in presence and 8 remotely, where it analysed the dynamics of food, nutrition and livelihood security so policymakers can design programmes that address the root causes of persistent or recurrent acute food insecurity, undernutrition and vulnerability.

WFP CARI

The WFP Consolidated Approach for Reporting Indicators of Food Security (CARI) methodology is commonly used by WFP and other food security actors, including Multi-Sector Needs Assessments and are used to calculate the People in Need (PiN) for Food Security in the OCHA HNRPs in countries/territories not covered by IPC/CH analysis.

The CARI addresses the multiple dimensions of food security through five indicators:

- Food Consumption Score (FCS)
- Reduced Coping Strategies Index (rCSI)
- Economic Capacity to Meet Essential Needs (ECMEN)
- Food Expenditure Share (FES)
- Livelihood Coping Strategies (LCS)

Each surveyed household is classified into one of four food security categories:

1. Food secure
2. Marginally food secure
3. Moderately acutely food insecure
4. Severely acutely food insecure

The results are presented within the CARI food security console, which provides the prevalence of each available CARI food security indicator.

Populations that are classified as 'moderately acutely food insecure' and 'severely acutely food insecure', as per WFP's CARI methodology, are reported as an approximation for populations facing Crisis or worse (IPC/CH Phase 3 or above).

A key difference between the IPC/CH and CARI analyses is that CARI analyses primary data from a single household survey, while the IPC/CH uses a convergence-of-evidence approach, incorporating and analysing a variety of secondary information. While the CARI assesses the situation at a fixed point in time with no projection, the IPC/CH provides the current snapshot and a projection based on the most likely scenario for any period in the future. The indicators included in the CARI approach can be used in the IPC/CH analyses.

See CARI methodology: https://docs.wfp.org/api/documents/WFP-0000134704/download/

Acute food insecurity peak

Among data available for a given country/territory that have been endorsed for 2024 and validated by the TWG according to the criteria listed above, the analysis/assessment reporting the highest number of acutely food-insecure people is selected as the peak.

It does not necessarily reflect the latest analysis available. The **peak** can be either an analysis made for the current period in 2024 or a projection made in 2023 or 2024 and referring to a period of the year 2024. If none of the above are available, an analysis covering Q3/Q4 of 2023 can be used as peak, if considered still relevant by the food security TWG.

The **peak projection** is based on the highest number of people facing high levels of acute food insecurity in 2024, as reported by endorsed data sources available as of April 2025. For this GRFC 2025 report, the cut-off date for data inclusion was 25 February 2025 so the projection estimates only partially cover 2025. Where the 2025 projection does not cover the same period as the 2024 peak, this is indicated. Comparison in this case can be biased and lead to underestimations.

Analyses that straddle 2024 and 2025 are considered for both years and, if reporting the highest number of people compared with other available analyses in the two years, the same analysis is used as the peak for both 2024 and 2025. A projection update or a new analysis covering at least part of the previous projection period overrides the original projection findings since it is based on more up-to-date information, hence providing more accurate findings.

Data from non-IPC/CH (FEWS NET, CARI and HNO analyses) sources are presented in the country narratives according to their specific terminology and categorization. For communication purposes, the wording 'high levels of acute food insecurity' or 'IPC/CH Phase 3 or above, or equivalent' are used to include both IPC/CH estimates and any food security estimates that are based on non-IPC/CH data sources reflecting an approximation of IPC Phase 3 and above. Information is presented in summary tables as IPC/CH Phase 3 or above or equivalent without further breakdown to more specific IPC/CH phases.

Humanitarian Needs and Response Plan (HNRP) and other estimates of people in need in the food security sector.

OCHA HNRPs provide the People in Need (PiN) figure for the Food Security and Livelihoods cluster, based on data collected during the year, and it is endorsed by the Humanitarian Country Team in each country/territory.

Similarly, food insecurity estimates are provided by OCHA in the Humanitarian Response Plan (HRP) and Flash Appeal. When no other sources for acute food insecurity estimates are available, the GRFC food security TWG assesses the methodology behind the PiN number to determine if it is based on acute food insecurity indicators and can be used as an equivalent, comparable estimate of, or as an approximation for, Crisis or worse (IPC/CH Phase 3 or above). The data are used where there is agreement that it reflects a particular country's food security situation. If there is no consensus within the food security TWG, the decision is referred to the GRFC senior committee.

GRFC METHODOLOGY

Data not meeting GRFC technical requirements and data gaps

Each year there are countries/territories that are identified as having food crises but food security information, even if available, does not meet the GRFC partnership technical requirements outlined above. As such, the GRFC aggregate figures underestimate the magnitude and severity of acute food insecurity, and additional investment in rationalizing methodologies and data collection is necessary.

There are ongoing efforts to analyse accuracy and equivalence of methodologies currently not considered in the GRFC.

Such countries are listed in the GRFC as 'data gap/data not meeting GRFC technical requirements' and reported at the end of each regional section as countries 'of concern'.

'Data gaps' are countries for which there is no publicly available analysis for the year in question.

Categories and qualifiers

The GRFC 2025 aims to classify food crises to provide a contextualized description of the overall situation in the country/territory and to inform a tailored response. Among categories already used in previous editions, including protracted food crises or the ten countries with the highest magnitude and prevalence of high levels of acute food insecurity, this year it also utilizes the INFORM Risk Index's vulnerability and lack of coping capacity dimensions, along with reliance on external assistance and income levels, to assess vulnerabilities and the capacity to address food insecurity and malnutrition.

Protracted food crises

A country/territory is defined as a protracted food crisis when it is included in all editions of the GRFC. In GRFC 2025, there are 35 countries that are considered 'protracted' food crises.

Vulnerability

The INFORM Risk Index vulnerability dimension assesses the predispositions of an exposed population to be affected by a shock, including economic, political and social characteristics of the community that can be destabilized in case of a hazardous event (JRC, 2017). All countries/territories included in the GRFC 2025 were classified as 'highly vulnerable'.

This dimension examines two categories:

1. **Socioeconomic vulnerability**
   This evaluates factors that increase a population's vulnerability to a hazardous event, such as the ability of individuals and households' ability to afford safe and resilient livelihood conditions and well-being.
2. **Vulnerable groups**
   This identifies populations within a country that have specific characteristics placing them at higher risk of needing humanitarian assistance or being excluded from financial and social services.

Coping capacity

The INFORM Risk Index lack of coping capacity dimension assesses a country's ability to manage disasters through formal, organized efforts, including government actions and existing infrastructure contributing to risk reduction (JRC, 2017). All countries/territories included in the GRFC 2025 had a value categorized as 'high' within this dimension.

This dimension is divided into two categories:

1. **Institutional capacity**
   This evaluates government priorities and institutional basis for implementing disaster risk reduction activities.
2. **Infrastructure**
   This examines communication networks, physical infrastructure and accessible health systems, which are needed during emergency response.

World Bank country classifications by income level

The GRFC utilizes income levels based on the World Bank's definitions (low, lower-middle, upper-middle and high income). These thresholds are updated annually and are based on Gross National Income (GNI) per capita, converted to US dollars using the World Bank's Atlas method. This method applies a three-year moving average with a price-adjusted conversion factor, to reduce short-term exchange rate fluctuations due to inflation (WB, July 2024). High-income countries are excluded from the GRFC analysis, even if acute food insecurity data are available, as they are considered to have capacities to cope.

ODA/GNI

The indicator of net Official Development Assistance (ODA) received as a percentage of GNI provides a measure of a recipient country's dependency on aid. A degree of dependency on external assistance often reflects a country/territory's economic and institutional capacity to address food crises. In the GRFC, this indicator is used as a proxy measure for a country's capacity to respond to shocks and assist their population.

Drivers of acute food insecurity

The drivers of food crises are often interlinked, mutually reinforcing and superimposed on structural vulnerabilities, making it difficult to pinpoint one main driver for each food crisis.

FSIN and the food security TWG identify the primary driver of acute food insecurity for each country/territory based on events during the year and information on the number of people affected by each of the shocks. For countries/territories with two or more drivers affecting different parts of the country or different population groups, the primary driver is chosen by estimating which driver affected the largest number of people. While acknowledging that other drivers underlie the acute food insecurity numbers in each country in addition to the primary driver, the GRFC aggregates the number of countries/territories by primary driver at the global level.

For countries where the analysis is purely focused on the displaced populations, the primary driver reflects the reason those populations are displaced from their country of origin.

It is also acknowledged that food insecurity is not driven solely by the occurrence of a shock, but rather by the interaction between shocks and structural vulnerabilities. Some of the main indicators of vulnerability for each country are discussed in chapter 1.

The GRFC estimates which is the most salient driver for each country/territory from the following main drivers.

Conflict/insecurity

This includes interstate and intra-state conflicts, internal violence, banditry and criminality, civil unrest or political crises often leading to population displacements and/or disruption of livelihoods and food systems.

Conflict/insecurity is a key driver of acute food insecurity. During conflict people may be deprived of their income sources, lose assets and/or have difficulties in accessing food, as food systems and markets are disrupted, in turn pushing up food prices and sometimes leading to scarcities of food, water, fuel and other basic needs.

Conflict/insecurity can undermine household and community coping capacities, break down social support systems and lead to displacement.

As well as the direct destructive effects that conflict/insecurity can have on agricultural infrastructure, such as mills, irrigation systems, storage facilities and machinery, landmines, explosive remnants of war and improvised explosive devices often make agricultural land unusable for many years, as they require complex and expensive clearance operations to be made safe for use.

Conflict prevents businesses from operating and weakens the national economy, reducing employment opportunities, increasing poverty levels and diverting government spending towards the war effort. Health systems can be damaged or destroyed, leaving people reliant on humanitarian support.

Increasingly, however, insecurity, as well as physical and administrative barriers, prevent humanitarian access to the most vulnerable, or aid agencies face lengthy delays, restrictions on personnel or the type or quantity of aid supplies, or insufficient security guarantees. Parties to conflict can deny people access to food as a weapon of war, especially in areas under blockade/embargo.

Food insecurity itself can become a trigger for violence and instability, particularly in contexts marked by pervasive inequalities and fragile institutions. Sudden spikes in food prices tend to exacerbate the risk of political unrest and conflict (FAO et al., 2017).

For countries/territories with conflict/insecurity as the primary driver during the previous edition, change to another primary driver needs serious consideration as recovery from conflict/insecurity is slow, and it may remain the underlying cause of food insecurity. In cases where conflict/insecurity has reduced and/or localized, with other drivers showing a predominant effect, the change in the primary driver from the previous year is considered.

Weather extremes

This includes droughts, floods, dry spells, storms, cyclones, hurricanes, typhoons and the untimely start of rainy seasons.

Weather extremes drive food insecurity by directly affecting crops and/or livestock, cutting off roads and preventing markets from being stocked. Poor harvests push up food prices and diminish agricultural employment opportunities and pastoralists' terms-of-trade, lowering purchasing power and access to food, and may trigger an early lean season by making households more market-reliant because of reduced food stocks.

Adverse weather events are particularly grave for smallholder farmers and pastoralists who rely on agriculture and livestock-rearing to access food and often lack the resilience to withstand and recover from the impacts of such shocks. People's vulnerability to weather shock events rests on their capacity to adapt and bounce back after their livelihood has been affected, as well as the timing, scale and frequency of shocks. Repeated events further erode capacity to withstand future shocks.

Weather events and climate changes can lead to an intensification of conflict, such as between pastoralist herders and farmers over access to water and grazing. There is ample evidence suggesting that natural disasters – particularly droughts – can aggravate existing civil conflicts as well as strain traditional conflict resolution mechanisms.

Economic shocks

At country level, this can affect the food insecurity of households or individuals through various channels. Macroeconomic shocks may lead to increases in acute food insecurity through for instance, a contraction in GDP leading to high unemployment rates and consequent loss of income for those affected households, or a significant contraction in exports and/or a critical decrease in investments and other capital inflows, bringing currency depreciation and inflation, increasing production costs and food prices, and worsening terms of trade, which may in turn lead to increases in acute food insecurity.

High debt and limited fiscal space constrain economic growth, increase vulnerability to economic shocks and detract from development spending.

Increases in world market prices of staple grains, oil and agricultural inputs can affect food availability and access, pushing up domestic food prices for consumers and reducing their purchasing power. Economic shocks can also occur at a more localized level or hit only a particular socioeconomic category of households. For instance, pastoralists facing lack of animal feed and veterinary services may lead to deteriorating livestock body conditions and depressed livestock prices, which in turn may reduce pastoralists' purchasing power and thus constrain access to food.

Crop pests, livestock disease, and natural disasters

These could include crop pests such as locust invasion and fall armyworm; livestock diseases, such as foot and mouth disease; and natural disasters, such as earthquakes and tsunamis. As relevant, these may be indicated as primary/ secondary/ tertiary drivers.

NUTRITION DATA AND ANALYSIS

Identification of crises and concerns

In 2025, FSIN and the nutrition TWG strengthened the integration of nutrition in the GRFC by providing a holistic analysis of acute malnutrition in countries/territories with food crises.

The interplay between acute food insecurity, acute malnutrition and their contributing factors are the main focus, with more data and analysis, and new conceptual and analytical frameworks.

Definitions of nutrition crises and nutrition concerns are provided to better anchor countries/territories with critical nutritional vulnerabilities within the analysis of countries/territories with food crises.

The nutrition decision tree

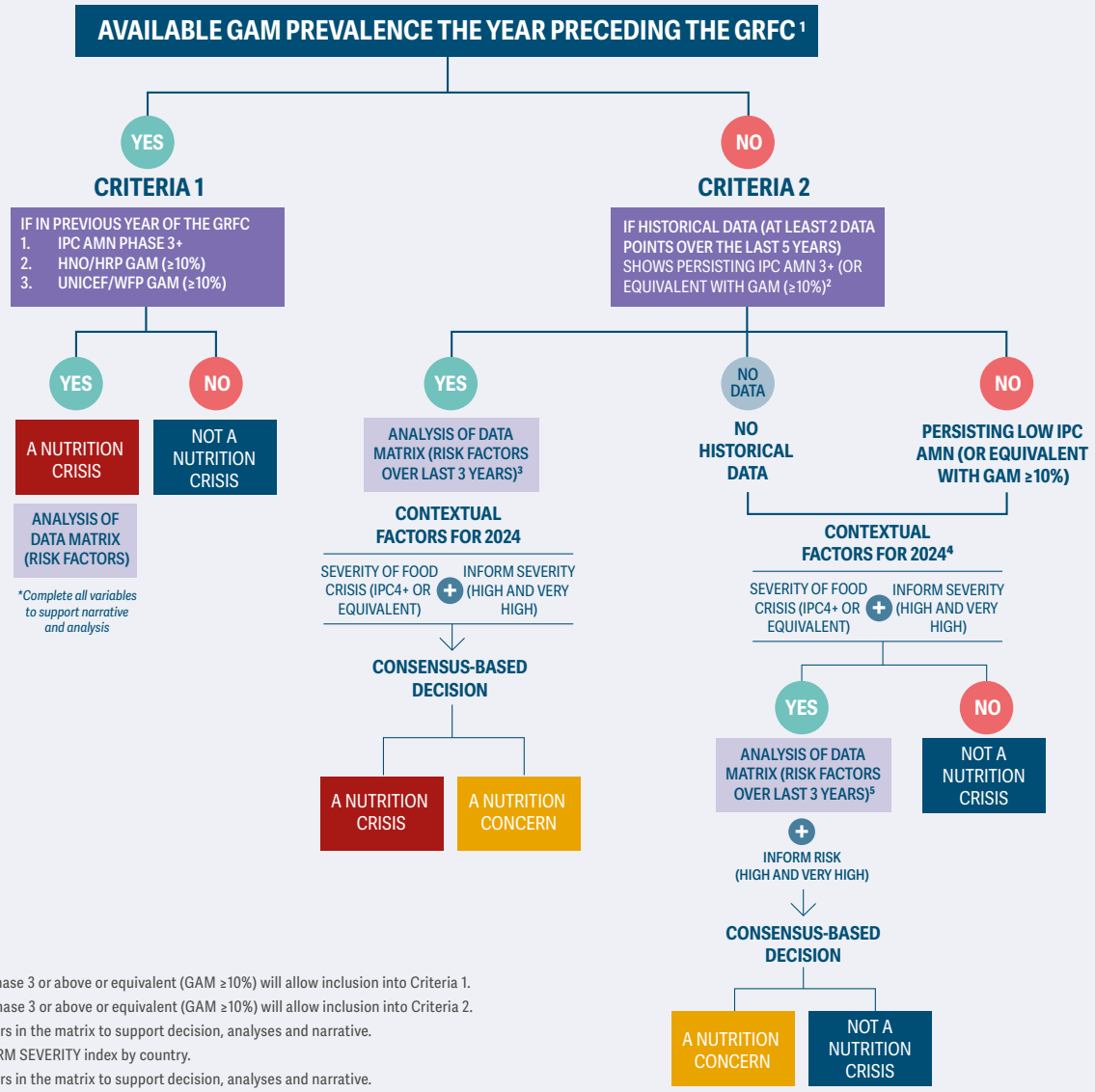
The nutrition decision tree, *see figure TN.4*, ensures a consistent, evidence-based identification/selection of countries/territories as nutrition crises based on two main criteria and the availability of malnutrition data as follows:

Criteria 1
A country/territory with areas classified in IPC AMN Phase 3 or above, or with Global Acute Malnutrition (GAM) prevalence by weight-for-height z-score (WHZ) ≥10 percent in the reporting year (in this edition 2024) is identified as experiencing a nutrition crisis.

Criteria 2
A country/territory with areas with data indicating IPC AMN Phase 3 or above classifications or GAM prevalence by WHZ ≥10 percent, with at least two data points in the past five years.

Identification of a country with a nutrition concern is determined through consensus by the GRFC nutrition TWG based on GAM, data thresholds, and contextual and risk factors.

FIG. TN.4 **The GRFC nutrition TWG decision tree: countries with a nutrition crisis or a nutrition concern**



[1] Any areas with IPC Phase 3 or above or equivalent (GAM ≥10%) will allow inclusion into Criteria 1.
[2] Any areas with IPC Phase 3 or above or equivalent (GAM ≥10%) will allow inclusion into Criteria 2.
[3] Complete all indicators in the matrix to support decision, analyses and narrative.
[4] Use the overall INFORM SEVERITY index by country.
[5] Complete all indicators in the matrix to support decision, analyses and narrative.

NUTRITION DATA AND ANALYSIS

FIG. TN.5 **The IPC acute malnutrition scale**

Phase name and description	Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
	Less than 5% of children are acutely malnourished.	5–9.9%of children are acutely malnourished..	10–14.9%of children are acutely malnourished.	15–29.9%of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	30% or more children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.
	The situation is progressively deteriorating, with increasing levels of acute malnutrition. Morbidity levels and/or individual food consumption gaps are likely to increase with increasing levels of acute malnutrition.				
Priority response objective to decrease acute malnutrition and to prevent related mortality.	Maintain the low prevalence of acute malnutrition.	Strengthen existing response capacity and resilience. Address contributing factors to acute malnutrition. Monitor conditions and plan response as required.	**Urgently reduce acute malnutrition levels through**		
			Scaling up of treatment and prevention of affected populations.	Significant scale-up and intensification of treatment and protection activities to reach additional population affected.	Addressing widespread acute malnutrition and disease epidemics by all means.
Global Acute Malnutrition (GAM) based on weight-for-height Z-score (WHZ)	<5%	5.0–9.9%	10.0–14.9%	15.0–29.9%	≥30%
Global Acute Malnutrition (GAM) based on mid-upper arm circumference (MUAC)	<5%	5–9.9%	10–14.9%	≥15%	

*GAM based on MUAC must only be used in the absence of GAM based on WHZ; the final IPC Acute Malnutrition phase with GAM based on MUAC should be supported by an analysis of the relationship between WHZ and MUAC in the area of analysis and also by using convergence of evidence with contributing factors. In exceptional conditions where GAM based on MUAC is significantly higher than GAM based on WHZ (i.e. two or more phases), both GAM based on WHZ, and GAM based on MUAC should be considered, and the final phase should be determined with convergence of evidence.

Data sources

Outcome-level data for acute malnutrition include both prevalence and burden estimates of GAM, disaggregating the proportion of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM).

Data are also disaggregated by population groups:

- children under 5 years of age (aged 6–59 months in most sources, except for Demographic and Health Surveys (DHS), which reports on all children under 5 years of age);
- pregnant and breastfeeding women (PBW); and
- forcibly displaced populations, mainly refugees and returnees but also internally displaced persons (IDPs).

GAM prevalence

The use of GAM prevalence by WHZ (including MAM and SAM) adheres to a prioritized list of data sources:

- Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys;
- Multiple Indicator Cluster Surveys (MICS);
- Demographic and Health Surveys (DHS) for national surveys; and
- Standardized Expanded Nutrition Surveys (SENS), for refugee populations.

GAM burden

Burden estimates refer to the number of children under 5 years of age and PBW who are acutely malnourished, as per the following sources in order of priority:

- IPC Acute Malnutrition analyses;

- Humanitarian Needs and Response Plans (HNRP); and
- burden estimates from UNICEF and WFP.

The nutrition TWG identifies the data that best reflects a country/territory's nutrition situation. Alternative data sources may be chosen based on analysis coverage or period(s) of analysis.

Data methodologies

IPC Acute Malnutrition Scale

The IPC Acute Malnutrition Scale classifies the severity of acute malnutrition in the analysed population based on the GAM prevalence. *See figure TN.5*. The IPC analysis process also reviews and ranks contributing factors that affect acute malnutrition as per the IPC Acute Malnutrition Analytical Framework, including indicators (also referred to as risk factors) such as dietary intake, disease, feeding and care practices, health and WASH environment, and contextual information such as access to services.

Nutrition analysis in Humanitarian Needs and Response Plans (HNRPs)

The HNRPs estimate the People in Need (PiN) figure for nutrition services, including burden estimates of acute malnutrition for children and PBW. The HNRP assesses the scale and severity of needs based on data collected throughout the year, endorsed by the Humanitarian Country Team.

Nutrition and health surveys

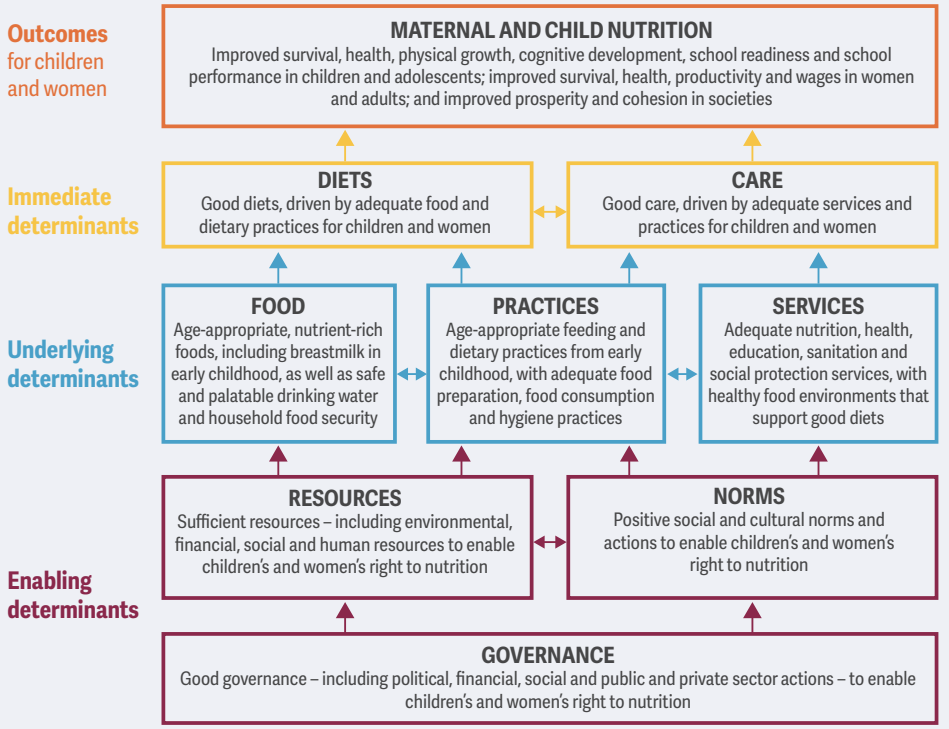
Several standardized surveys are used to assess nutrition, health, and population indicators in humanitarian and development settings:

- SMART Surveys: Developed in 2002, SMART Surveys provide rapid and technically sound assessments of acute malnutrition and mortality in crises.
- MICS & DHS: UNICEF-led and nationally representative survey initiatives that collect data on population, health, nutrition and child well-being through household interviews, including the assessment of GAM.
- SENS: A UNHCR adaptation of SMART methodology designed for refugee populations, covering malnutrition, feeding practices of infants and young children, anaemia, and key health indicators.

UNICEF's conceptual framework

The UNICEF Conceptual Framework on Maternal and Child Nutrition serves as a complementary tool to the IPC Acute Malnutrition Analytical Framework in identifying the contributing factors of acute malnutrition and their respective pathways. This framework offers clear insights into the factors influencing children's and women's nutrition, focusing on the interplay between enabling, underlying and immediate nutrition determinants. It highlights the role of diets and care as immediate determinants of maternal and child nutrition, and articulates a positive narrative about what contributes to good nutrition in children and women. It underscores the beneficial impacts of enhanced maternal and child nutrition, including better survival rates, health, development, education outcomes, economic growth and social unity. *See figure TN.6*.

FIG. TN.6 **The UNICEF conceptual framework**



NUTRITION DATA AND ANALYSIS

Contributing factors

The GRFC nutrition TWG has grouped the contributing factors of acute malnutrition across three pathways – food, health, and care and services.

This ensures alignment with the underlying and immediate causes of the IPC Acute Malnutrition Analytical Framework and the underlying determinants of UNICEF's Conceptual Framework.

The key indicators for each pathway, referred to as risk factors in IPC AMN analyses, are as follows:

Food pathway

Indicators are minimum dietary diversity among children under 5 years of age and among women of reproductive age (15–49 years); minimum acceptable diet among children aged 6–23 months; and the prevalence of anaemia in children under 5 years and women of reproductive age (15–49 years) or pregnant and breastfeeding women.

Health pathway

Indicators are the prevalence and incidence for acute respiratory infections (ARIs), cholera, acute watery diarrhoea (AWD), malaria and fever.

Care and services pathway

Indicators are vitamin A supplementation coverage, measles vaccination (second dose), exclusive breastfeeding rates and access to improved water supplies (safely managed).

For a country to be identified as facing a nutrition crisis or nutrition concern under Criteria 2, at least one indicator per pathway (food, health, care and services) must be classified as 'high' or 'very high', based on thresholds established by the nutrition TWG partners. A detailed breakdown of each indicator and its respective thresholds can be found in Appendix 6: Indicators. *See page 198.*

Contextual and risk factors

To increase the robustness of the identification of nutrition crisis or nutrition concern under Criteria 2, the GRFC nutrition TWG incorporated additional contextual and risk factors into the analysis.

Contextual factors

- Populations in Emergency or worse (IPC Phase 4 or above): The presence of populations in areas classified as IPC Phase 4 or above was considered a key contextual factor by the nutrition TWG.
- INFORM Severity Index: A composite indicator that assesses the severity of humanitarian crises on a standardized global scale. It helps inform response planning by measuring crisis severity and was used by the nutrition TWG as an additional contextual factor.

Risk factor

- INFORM Risk Index: A comprehensive risk assessment tool that consolidates 54 indicators into three dimensions: hazards, vulnerability, and lack of coping capacity. This index provides an overall measure of risk for humanitarian crises and disasters and was used by the nutrition TWG as a risk factor in the identification process.

Malnutrition peak

The malnutrition peak is determined as the period with the most severe acute malnutrition situation based on IPC AMN analyses that provide area classifications and burden estimates for specific timeframes.

The selected peak does not necessarily coincide with the most recent IPC AMN analysis available for the reporting year.

Severity is measured by the percentage of areas classified as Serious or worse (IPC AMN Phase 3 or above) relative to the total areas analysed. Therefore, the malnutrition peak is the period with the highest percentage of areas in IPC AMN Phase 3 or above. When possible, this percentage is compared with the corresponding peak period from the previous year to assess annual changes in severity.

The burden of children aged 6–59 months and PBW suffering from acute malnutrition is drawn from the same analysis where the peak was identified.

The identified malnutrition peaks are confirmed by the nutrition TWG to ensure that they reflect the actual periods of worse severity of acute malnutrition in the country for the reporting year.

In countries where an IPC AMN analysis is available, the peak corresponds to the specific period identified following the criteria indicated above. However, in countries without IPC AMN analysis, the entire reporting year (2024) is considered the peak period by default.

The peak data may originate from an analysis conducted in 2024 or from projections made in 2023 or 2024, pertaining to any period within 2024. For a period to be considered the peak of 2024, it needs to cover at least one month of 2024. If such data are unavailable, most recent analyses from 2022 or 2023 may serve as the peak for those years, provided the nutrition TWG deems it still relevant.

For countries with an IPC AMN analysis, prevalence estimates should be compared only for the same season across two years. Year-on-year changes were assessed by comparing the proportion of areas classified in IPC AMN Phase 3 or above out of the total areas analysed in both years. A reduction in this proportion was interpreted as an overall improvement, while an increase indicated deterioration.

To allow for more granular interpretation, a more focused analysis was conducted on areas classified in IPC AMN Phases 4 and 5. This helped identify situations where, despite an overall improvement, certain areas experienced worsening conditions – and vice versa.

For countries without an IPC AMN analysis, year-on-year comparability is based on prevalence data. If prevalence data are unavailable, malnutrition burden should be used as the comparative metric.

DISPLACEMENT DATA AND ANALYSIS

Data gathering criteria

FSIN and the displacement TWG identify and endorse data on displacement and acute food insecurity and nutrition among forcibly displaced populations, returnees and vulnerable migrant populations in Latin America and the Caribbean in countries/territories with food crises, including key content, indicators and infographics.

To be included in the report, data must follow the GRFC criteria and requirements. The displacement TWG evaluate data available for the reporting year (in this edition 2024). If no data were available, the displacement TWG may consider using data from the prior year (in this edition 2023). Data covering the whole country/territory are generally preferred, however, for certain countries/territories, only specific areas are analysed.

Data on displacement were gathered for all 65 countries with food crises but, for internal consistency, aggregated figures at the global and regional level comprise data for the 53 countries that have acute food insecurity data meeting GRFC requirements.

Out of the 53 countries/territories with food crises and acute food insecurity data meeting the GRFC technical requirements, 52 had displacement data for forcibly displaced persons and returnees. Of those, 15 had acute food insecurity data and 19 had nutrition data on displaced populations and returnees.

Data sources and methodologies

The displacement data sources depend on the category of the displaced person.

Data on Palestine refugees and asylum-seekers are based on UNRWA. All other data on refugees and asylum-seekers are based on UNHCR nowcasting data.

Data for internally displaced persons (IDPs) are based on the following priority ranking:

- International Organization for Migration (IOM); then
- Internal Displacement Monitoring Centre (IDMC).

Exceptions can be made by consensus by the displacement TWG to use data that appear to best reflect a particular country/territory's displacement situation. When a country/territory has information from several sources, the choice of a data source is driven by the size of the analysis coverage and the reporting period.

Figures for displaced populations aim to be countrywide but depend on the assessment and can cover only specific areas where displaced persons are concentrated.

Data validity

The timeframe of data validity varies for different categories of displaced people. For refugees and asylum-seekers, the GRFC uses UNHCR nowcasting data from December 2024. For global aggregates, UNHCR data are from mid-2024. UNRWA data on Palestine refugees and asylum-seekers are from September 2024.

For IDPs, IOM data are the most recent available and vary depending upon when the analysis was conducted at country level. When IOM data are not available, the most recent data from IDMC from end-2023 are used.

Structure of the GRFC 2025

In the GRFC 2025, 65 countries/territories were selected as per the following::

- 45 countries/territories that required external assistance for food and/or faced shocks as assessed by FAO-GIEWS in 2024;
- 4 additional countries that had a Humanitarian Response Plan (HRP); and
- 16 additional low or middle-income countries that request external assistance to FAO/UNHCR/WFP for their resident population (5 countries) or refugees (11 countries).

Selected countries are grouped regionally as follows:

- Africa, Central and Southern
- Africa, East
- Africa, West and the Sahel
- Asia
- Europe
- Latin America and the Caribbean
- Middle East and North Africa

Regional crises have been featured in the GRFC due to their cross-border impacts and have sometimes included coverage of countries that otherwise did not qualify for inclusion. The Lake Chad Basin region, encompassing the Far North (Extrême Nord) region of Cameroon, western Chad, northeastern Nigeria and eastern Niger, was included in the 2017, 2018 and 2019 editions. The Central Sahel region, covering Burkina Faso, Mali and western Tillabéri and Tahoua regions in the Niger, was in the GRFC 2020. The Central American Dry Corridor region (El Salvador, Guatemala, Honduras) was in the 2018–2020 editions.

FIG. TN.7 **Countries/territories included in the GRFC 2025 by selection criteria and source/methodology**

SELECTION CRITERIA	COUNTRIES/TERRITORIES
GIEWS list	Afghanistan, Bangladesh, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Congo, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Eritrea, Eswatini, Ethiopia, Guinea, Haiti, Kenya, Lebanon, Lesotho, Liberia, Libya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Namibia, Niger, Nigeria, Pakistan, Palestine, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Syrian Arab Republic, Uganda, Ukraine, United Republic of Tanzania, Venezuela (Bolivarian Republic of), Yemen, Zambia, Zimbabwe
Humanitarian Response Plan (HRP)	Colombia, El Salvador, Guatemala, Honduras
Emergency external assistance to resident populations in response to a shock	Cuba, Guinea-Bissau, Moldova, Timor-Leste, Togo
Emergency external assistance to countries hosting refugee and migrant populations	Algeria, Armenia, Benin, Côte d'Ivoire, Ecuador, Egypt, Iran, Iraq, Jordan, Moldova, Peru, Rwanda,Togo

FIG. TN.8 **Number of countries/territories by data source for 2024 peak and 2025 projection acute food insecurity estimates**

DATA SOURCES	METHODOLOGY	2024 * (PEAK)	2025 (PROJECTION)
IPC	IPC five-phase classification	26	20
CH	CH five-phase classification	13	11
FEWS NET	In-country presence	3	3
	Remote monitoring	1	1
WFP	CARI	8	
HNRP	CARI	2	
HNRP/FA	Other accepted country-level assessments of food security	4	2

Acute malnutrition data were screened for all 65 countries/territories selected in the GRFC, but they were aggregated and reported at global and regional level for only the 26 countries/territories and additional two refugee populations facing a nutrition crisis, based on the established criteria. Burden data are also aggregated for three countries with a nutrition concern.

FIG. TN.9 **Number of countries by data source for 2024 GAM burden estimates**

DATA SOURCES	2024**
IPC AMN	20
WFP/UNICEF	3
HNRP	2
Global Nutrition Cluster	1

Data for refugee populations in the selected countries were sourced exclusively from UNHCR Data Finder.

FIG. TN.10 **Number of countries by data source for internally displaced populations**

DATA SOURCES	2024
IOM-DTM	22
UNHCR	4
OCHA	2
IDMC	3
Other country estimates	2

* There are 53 countries/territories with data available and endorsed in 2024, but Colombia (residents and migrants), Palestine (Gaza Strip and West Bank) and Yemen (Government of Yemen-controlled areas and De Facto Authorities-controlled areas) consisted of different assessments, each following a different methodology, so the numbers in this column add up to 57.

** While there were 30 countries categorized as nutrition crises by the nutrition TWG, Rohingya refugees in Bangladesh did not have GAM burden data for 2024 and data from UNICEF's Humanitarian Action for Children appeal for 2023 was reported on while GAM burden data were not available for Sahrawi refugees in Algeria.

Limitations and data challenges

Comparability of acute food insecurity assessments

Acute food insecurity figures are only considered comparable across two years if the population coverage of the analysis changed by less than 10 percent, and if carried out using the same methodology and covering the same geographical areas. If the change in population coverage exceeds 10 percent due to population growth, the analyses are still considered comparable, as was the case for Mauritania, Namibia and Somalia in this edition of the GRFC.

For Guinea-Bissau and Timor-Leste, the assessments are not comparable as these two countries were not included in the previous edition of the report. Angola, Bolivia, Dominican Republic, Ecuador, Ghana, Kyrgyzstan, Lao People's Democratic Republic, Nicaragua, Peru (residents), Sri Lanka, Tajikistan, Türkiye and Vanuatu were selected for GRFC 2024 but not for GRFC 2025.

Projection figures are only included in the report if the same methodology has been used for peak and projection analyses.

Algeria (refugees) While both 2023 and 2024 analyses are based on WFP's CARI methodology, the analysed population increased by 26 percent between the two years, expanding to cover the total Sahrawi refugee population.

Bangladesh While both 2023 and 2024 analyses are based on IPC methodology, the geographic coverage increased from 15 analysed districts to 40 analysed areas, increasing the analysed population from 38.2 million to 90.9 million.

Chad (residents) There was a decline in the analysed population as the analysis covering June–August 2024 did not include the N'Djamena capital.

Colombia (migrants and refugees) While both 2023 and 2024 analyses are based on WFP's CARI methodology, the analysed population decreased by 48 percent covering only migrants with the intention to stay.

Congo (refugees) While both 2023 and 2024 analyses are based on WFP's CARI methodology, the analysed population increased by 113 percent.

Democratic Republic of the Congo While both 2023 and 2024 analyses are based on IPC methodology, the population analysed increased by 13 percent, from 103 million to 116 million. The 2024 analysis also included expanded analysis of IDPs in North Kivu, South Kivu and Ituri provinces.

Ecuador (migrants and refugees) While 2023 and 2024 analyses are based on WFP's CARI methodology, the analysed population decreased by 19 percent from 505 000 to 417 000.

Egypt (refugees) While both 2023 and 2024 analyses are based on WFP's CARI methodology, the analysed population increased by 93 percent as a result of the increased refugee and asylum-seeking population from Sudan.

El Salvador The methodology and data source changed. In 2023, the peak was derived through an HRP analysis, whereas the 2024 estimate is derived from FEWS NET (remote monitoring) analysis. While both analyses covered 100 percent of the population, the change in methodology makes the two periods not comparable.

Guinea While both 2023 and 2024 analyses are based on CH methodology, the analysed population increased by 19 percent to cover 100 percent of the population in 2024.

Haiti While both 2023 and 2024 analyses are based on IPC methodology, the analysis coverage has expanded since 2023 to include the entire country, increasing the population analysed by 13 percent.

Madagascar The peak estimates for 2023 and 2024 are not comparable due to an expansion in the geographic coverage of the IPC analysis. In 2023, the analysis covered 21 districts in Grand Sud, which increased to 25 in 2024, corresponding to a 22 percent increase in the population analysed. The 2025 projection features a further expanded coverage to 36 districts including areas in the Nord and Est regions of the country.

Mozambique While both the 2023 and 2024 analyses are based on IPC methodology, the geographic coverage expanded from 72 to 116 out of the 156 districts of Mozambique. The expanded coverage increased the population analysed from 49 percent to 61 percent of Mozambique's population.

United Republic of Tanzania The geographic coverage of the IPC analyses decreased between 2023 and 2024. In 2023, the analysis covered 28 district councils of Mainland Tanzania and all five regions of Zanzibar, whereas the 2024 analysis covered only 21 district councils of Mainland Tanzania. The geographic change corresponded to a decrease of 39 percent in the total population analysed.

Yemen The methodology and data source changed. The 2023 peak was derived from a FEWS NET analysis which covered the entire country. The 2024 peak was derived from an aggregation of two analyses. In Government of Yemen-controlled areas, analysis was conducted by the IPC TWG, whereas in the De Facto Authorities-controlled areas, analysis was conducted by the Food Security Cluster.

Zambia While both 2023 and 2024 analyses are based on IPC methodology, the geographic coverage increased, from 76 districts in 2023 to 94 districts in 2024.

Data gaps – data not meeting GRFC technical requirements

In total, 12 countries selected for the GRFC 2025 did not have data or had data which did not meet the GRFC technical requirements. Available information on the acute food insecurity situation in those countries is included in the regional section. Eritrea has been selected for inclusion in every edition of the GRFC but has never had acute food insecurity data. Two countries selected for analysis in all GRFC analyses, Democratic People's Republic of Korea and the Bolivarian Republic of Venezuela, have only had data meeting GRFC technical requirements in the GRFC 2017 and the GRFC 2020, respectively.

Limited availability and frequency of IPC AMN analyses

Out of the identified 26 countries with nutrition crises, 20 countries/territories conducted an IPC AMN analysis covering 2024: Afghanistan, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Djibouti, Haiti, Kenya, Madagascar, Mali, Mozambique, Niger, Nigeria (Northeast and Northwest), Pakistan, Palestine (Gaza Strip), Somalia, South Sudan, Uganda and Yemen. In two of these countries/territories, specific IPC AMN analyses were conducted among displaced populations and host communities, particularly in Chad and Uganda. In 11 of the countries, the analysis coverage was partial, reflecting localized nutrition crises or limited data availability.

Limited availability of updated information and frequency of national nutrition surveys

In total, 17 countries/territories, including two refugee population groups, out of the 65 countries/territories selected for analysis in the GRFC do not have national updated/recent acute malnutrition outcome data at the subnational or national level.

THE GRFC 2025

Non-comparability of data for PBW

Methodological differences in estimating acute malnutrition burden among PBW, including variability in sampling approaches, anthropometric indicators and data sources, affects consistency across years, making comparisons and trend analysis between annual estimates not feasible.

HISTORICAL INCLUSION OF COUNTRIES/TERRITORIES IN THE GRFC, 2016–24

Over the last nine years of publication, 47 countries/territories have been selected each year and 35 have had data in all GRFC editions.

FIG. TN.11 **Number of food crises, GRFC 2017–2025**

	2016	2017	2018	2019	2020	2021	2022	2023	2024
Countries/territories with food crises	65	61	66	71	79	77	73	73	65
Countries/territories with food crises with data	48	51	53	55	55	53	58	59	53
Major food crises	23	29	32	35	34	35	42	44	40

FIG. TN.12 **Frequency of inclusion of food crises countries/territories with data meeting GRFC requirements, 2017–2025**

9 YEARS	**35 countries/territories** Afghanistan, Bangladesh, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Eswatini, Ethiopia, Guatemala, Guinea, Haiti, Honduras, Iraq, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Syrian Arab Republic, Uganda, Yemen, Zambia, Zimbabwe
8 YEARS	**Eight countries/territories** Djibouti, El Salvador, Namibia, Nicaragua, Pakistan, Palestine, Ukraine, United Republic of Tanzania
7 YEARS	**Six countries** Angola, Gambia, Guinea-Bissau, Lebanon, Libya, Myanmar
6 YEARS	**Two countries** Côte d'Ivoire, Jordan
5 YEARS	**Two countries** Colombia, Ecuador
4 YEARS	**Five countries** Cabo Verde, Congo, Egypt, Togo, Türkiye
3 YEARS	**Two countries** Algeria, Sri Lanka
2 YEARS	**Six countries** Benin, Dominican Republic, Nepal, Peru, Rwanda, South Africa
ONCE	**Four countries** Democratic People's Republic of Korea, Ghana, Timor-Leste, Venezuela (Bolivarian Republic of)

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Introduction

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Section I | Global overview of countries/territories with food crises, 2024–2025

Chapter 1 | Acute Food Security

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