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IN BRIEF

THE STATE OF FOOD SECURITY AND NUTRITION IN THE WORLD

**UNDERSTANDING AND ADDRESSING
THE HIGH COST OF A HEALTHY DIET**

This booklet contains the key messages and content from *The State of Food Security and Nutrition in the World 2026*. The numbering of figures corresponds to that publication, available at: <https://doi.org/10.4060/cd8306en>

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COUNTRY NOT SPECIFIED. Diversity is essential for a healthy diet.

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CORE MESSAGES

→ **New global estimates of hunger confirm sustained, gradual improvement.** An estimated 7.8 percent of the global population faced hunger in 2025, down from 8.1 percent in 2024 and 8.6 percent in 2022. Asia and Latin America and the Caribbean have shown steady progress in recent years, and the prolonged upward trend in hunger in Africa has come to a halt.

→ **Between 608 and 696 million people in the world, corresponding to 7.4 and 8.5 percent of the global population, respectively, faced hunger in 2025.** Considering the point estimate of 645 million in 2025, this indicates a decrease of about 14 million people compared to 2024 and 43 million compared to 2022. While the number is projected to continue to decrease, between 510 and 520 million people may still be facing hunger in 2030, of whom 56 percent will be in Africa.

→ **For the first time, Africa hosts the largest number of people facing hunger.** In 2025, hunger affected 309 million people in Africa, 292 million in Asia and 32 million in Latin America and the Caribbean – 20.0, 6.0 and 4.8 percent of the population, respectively.

→ **In 2025, an estimated 2.1 billion people – 25.8 percent of the global population – were moderately or severely food insecure, down from**

28.7 percent in 2020. Nearly 86 million fewer people experienced food insecurity in 2025 compared to 2024, and 135 million fewer compared to 2020. Steady progress has been seen in Asia and Latin America and the Caribbean since 2020, and there was improvement in Africa in 2025 for the first time since the 2030 Agenda for Sustainable Development was launched in 2015. The global prevalence of moderate or severe food insecurity was consistently higher in rural areas than in peri-urban areas, and lowest in urban areas; it was higher among women than among men, although the difference was smaller in 2025 compared to 2024.

→ **Dietary diversity – one of the four core principles of healthy diets – remains inadequate globally for both children and women.** Only 30.8 percent of children aged 6 to 23 months, and 62.7 percent of women aged 15 to 49 years, consume a minimally diverse diet.

→ **Global progress on maternal and child nutrition is far too slow – and in several areas it is reversing – leaving the world off track for all 2030 targets.** Stunting, wasting and overweight among children under five years of age, low birthweight, and exclusive breastfeeding are improving only marginally and not at the pace required, while anaemia in women aged 15 to 49 years is worsening.

→ **New estimates of the prevalence of obesity in adults in the world show a steady increase from 12.1 percent in 2012 to 16.2 percent in 2024,** contrary to the target of halting the rise in obesity by 2025.

→ **Progress towards the 2030 global nutrition targets is highly uneven across regions.** The prevalence of child stunting is decreasing markedly in Africa and is on track to reach the 2030 target in Asia, while exclusive breastfeeding is improving in all regions for which data are available. On the other hand, nearly all regions are seeing widening gaps between the projected and target prevalence for anaemia in women aged 15 to 49 years, and child overweight is rising sharply in Oceania. Without stronger multisectoral policies and sustained investment, there is a risk of missing key nutrition targets in every region.

→ **Healthy diets are essential to achieving SDG 2, but remain economically out of reach for large segments of the global population.** In the context of persistent cost-of-living pressures, reducing the cost of a healthy diet (CoHD) is a necessary, but not sufficient, condition to enhance diet quality, and thus improve nutrition, health and development outcomes.

→ **The cost of a healthy diet rose globally to 4.28 PPP dollars in 2025 from 3.44 PPP dollars in 2021 and 2.94 PPP dollars in 2017,** with the highest cost in Latin America and the Caribbean (4.91 PPP dollars).

→ **The global number of people unable to afford a healthy diet decreased from 2.97 billion (37.4 percent of the world population) in 2021 to 2.69 billion (32.7 percent) in 2025.** The improvement in affordability suggests that, on average, incomes available for food increased more relative to food prices. However, unaffordability of a healthy diet is increasing in Africa, where a healthy diet was out of reach for 66.6 percent of the population in 2025,

more than double the levels estimated for Asia and Latin America and the Caribbean.

→ **The CoHD indicator uses price data from the International Comparison Programme, a worldwide statistical initiative, which imposes limitations in terms of item coverage and update frequency.** As a complement to global monitoring, United Nations agencies are supporting national governments in producing their own CoHD estimates using national retail food price data.

→ **Animal source foods, fruits and vegetables account for a large share of the total cost, while starchy staples contribute relatively little.** The relative cost of food groups varies across regions. Animal source foods are the highest-cost food group in Africa, while vegetables account for the largest share of diet costs in Latin America and the Caribbean.

→ **Differences in both food basket composition and overall food prices explain cross-country variation in diet costs.** Flexibility in selecting locally available, low-cost foods substantially reduces the CoHD, particularly in regions with greater product diversity. At the same time, the CoHD is positively associated with overall food prices (relative to household expenditures). However, at any given level of relative food prices, substantial variation in the CoHD between countries remains. This underscores the distinct feature of the CoHD indicator, which establishes a cost floor for a healthy diet by focusing on the least-cost available items rather than on general food prices.

→ **Within countries, the cost of a healthy diet varies considerably across locations and seasons.** National annual averages can mask important temporal and geographical variation, underscoring the need for frequent, granular price data to support timely and well-targeted policies.

→ **Structural characteristics of agrifood systems are associated with the cost of a healthy diet.**

Higher agricultural productivity and crop yields, sustained public investment in research and development, efficient logistics and transport (including better road quality), mobile connectivity, effective trade integration, and lower electricity and labour costs are all associated with a lower CoHD, pointing to key entry points.

→ **Reducing the cost of a healthy diet requires context-specific interventions rather than uniform approaches.** Policy options fall along two complementary axes: expanding the supply of nutritious foods through domestic production and trade, and lowering structural per unit costs across the agrifood value chain.

→ **The most effective strategies combine investments along both axes,** including research and development, irrigation, infrastructure, cold chains and food loss reduction, alongside structural and policy reforms in subsidy design, trade facilitation and regulatory frameworks.

→ **Long-term productivity gains are greatest when agricultural research and development is oriented towards fruits, vegetables and legumes.** Translating these gains into lower diet costs requires enabling systems, including seed delivery, water management, land tenure, finance and extension, that support technology adoption.

→ **Post-farmgate activities account for 70 to 75 percent of what consumers pay, with up to 40 percent of value chain costs accumulating in midstream processing, logistics and wholesale.** Improving efficiency at these stages is essential for lowering the prices of perishable foods that compose healthy diets.

→ **Integrated interventions across the value chain yield significantly larger cost reductions than do isolated measures.** Targeted technological and structural upgrades in perishable foods, especially fruits and vegetables, emerge as key levers for narrowing the affordability gap – for example, addressing cold chain deficits and high animal source food costs in Africa, improving transport and reducing vegetable costs in Latin America and the Caribbean, and strengthening post-harvest handling of fruits in Asia.

→ **Public spending is most effective when directed towards the higher-cost food groups.** Broad fiscal support to already low-cost staples generates limited improvements in overall dietary affordability.

→ **Implementing cost-reducing reforms presents governance challenges.** Efforts must ensure that cost reductions do not come at the expense of environmental sustainability, public health or decent rural livelihoods. Demand-side interventions should be carefully sequenced with supply expansion to avoid unintended price increases.

→ **Because reforms are redistributive, they require transition support and inclusive public–private collaboration** to protect vulnerable consumers and enable smallholders, women and youth to benefit.

FOREWORD

Today's global challenges compel us to urgently address hunger, food insecurity and malnutrition as multiple crises increasingly disrupt global agrifood systems. Even where progress has been made, it remains extremely uneven across regions. With only a few years remaining to achieve the 2030 Agenda for Sustainable Development, the cost of inaction continues to grow, compounding the hidden social, economic and health costs borne due to productivity losses.

Crucial to reversing these trends is making nutritious foods affordable for the most vulnerable, given that a healthy diet is fundamental to human development. A healthy diet supports childhood growth, protects long-term health and well-being, and fosters productive and resilient communities. Yet, it is economically out of reach for one-third of people globally, thereby contributing to all forms of malnutrition. At the same time, the costs to society of diet-related non-communicable diseases continue to rise. Meanwhile, in 2024, obesity reached a new global high, affecting 16.2 percent of the adult population, and 5.5 percent of children under five years of age were overweight. Together, these trends continue to hinder progress towards the Sustainable Development Goals and related nutrition targets.

Earlier editions of *The State of Food Security and Nutrition in the World* introduced and reported on the cost of a healthy diet as a benchmark for the minimum cost at which such a diet can be obtained in each country. Last year's edition showed how food price inflation drove that cost upwards, placing healthy diets even further out of reach, particularly among low-income populations. In 2025, it reached 4.28 PPP (purchasing power parity) dollars per day, slightly above the poverty line for lower-middle-income countries. However, this global figure masks wide disparities across countries and regions, with costs varying as much as threefold between the least and most expensive countries. This year's edition examines the factors driving the cost of a healthy diet, identifies the actions needed across agrifood systems to reduce it, and calls for coordinated, evidence-based measures to make healthy diets more affordable for all.

As the cost of a healthy diet varies widely across regions, targeted and context-specific responses are required rather than uniform solutions. Reducing that cost demands integrated and coordinated actions across agrifood systems, and it requires sustained investment in building and strengthening resilience at the first mile of agrifood systems, supported by policies tailored to national contexts and grounded in high-quality data, robust analysis and rigorous evidence. Because such policies involve trade-offs and distributional effects, they must be implemented through inclusive processes, supported by appropriate transition support, and shaped by collaboration across public and private actors, with particular attention to vulnerable populations, including small-scale food producers, women and youth in low- and middle-income countries.

We remain committed in supporting countries to meet this challenge. Moving forwards, we will continue to uphold the right to adequate food and nutrition as a basic human right, and to work with governments, partners and communities to strengthen the evidence base, improve data systems, and advance policies and investments that lower the cost of a healthy diet and deliver socioeconomic returns across the food value chain. This work must be country-owned, country-led, equitable and inclusive, and deliver tangible results where they matter most.

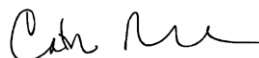
By working together, we can make agrifood systems more efficient, more inclusive, more resilient and more sustainable, with healthy diets within reach for everyone, everywhere, fulfilling the fundamental human right to adequate food and nutrition.



Qu Dongyu
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WHO Director-General

CHAPTER 1

INTRODUCTION: UNDERSTANDING THE COST OF A HEALTHY DIET WORLDWIDE

Despite signs of post-COVID-19 pandemic improvement in recent years, global levels of hunger and food insecurity remain far above those recorded when the 2030 Agenda for Sustainable Development was adopted in 2015. Achieving Sustainable Development Goal 2 (SDG 2) – ending hunger (SDG 2.1) and all forms of malnutrition (SDG 2.2) – requires not only that populations have access to sufficient food, but that the food consumed is nutritious. This imperative places diet quality, and the systemic barriers preventing access to it, at the centre of global policy.

A healthy diet is:

- ▶ **adequate** – supplying enough essential nutrients to meet requirements and prevent deficiencies;
- ▶ **balanced** – in energy and its three main sources (carbohydrates, proteins and fats) to support healthy weight and growth;
- ▶ **diverse** – comprising a variety of foods within and across distinct food groups; and
- ▶ **moderate** – with limited consumption of dietary components detrimental to health if consumed in excess.

While healthy diets are essential for population health, child development, and sustainable livelihoods, unhealthy dietary patterns persist globally. These patterns contribute massively to the global disease burden, imposing immense health, economic and social costs. Access to a healthy diet is influenced by household incomes, consumer preferences, food environments and, critically, the cost of foods. Amid recent high food price inflation, the cost barrier has intensified.

The cost of a healthy diet (CoHD), introduced as a benchmark indicator in 2020, allows for consistent and comparable monitoring of the minimum daily cost of purchasing locally available foods that constitute a healthy diet. The 2026 edition of this report investigates the global patterns of the CoHD, its structural drivers, and the targeted policies and investments required to reduce these costs. ■

CHAPTER 2

FOOD SECURITY AND NUTRITION AROUND THE WORLD

2.1

FOOD SECURITY INDICATORS: LATEST UPDATES AND PROGRESS TOWARDS ENDING HUNGER AND ENSURING FOOD SECURITY

KEY MESSAGES

→ New global estimates of hunger for 2025 confirm sustained, gradual improvement since 2022. An estimated 7.8 percent of the global population faced hunger in 2025, down from 8.1 percent in 2024 and 8.6 percent in 2022.

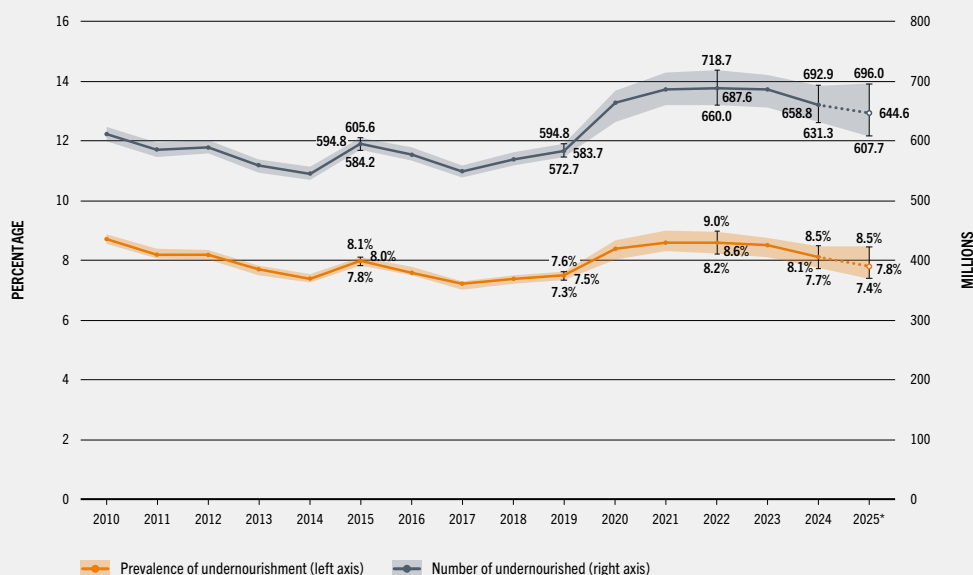
→ It is estimated that between 608 and 696 million people in the world, corresponding to 7.4 and 8.5 percent of the global population, respectively, faced hunger in 2025. Considering the point estimate of 645 million in 2025, this indicates a decrease of about 14 million people compared to 2024 and 43 million compared to 2022.

→ In 2025, hunger affected 309 million people in Africa, 292 million in Asia and 32 million in Latin America and the Caribbean – 20.0, 6.0 and 4.8 percent of the population, respectively. Asia and Latin America and the Caribbean have shown steady progress in recent years, and new estimates for Africa point to a halt in a prolonged upward trend in hunger.

→ By 2030, the global number of undernourished people is expected to decrease by 20 percent, but it is still projected that between 510 and 520 million people will be facing hunger, of whom 56 percent will be in Africa. Recent events, including the 2026 Middle East conflict, are threatening to undermine progress towards SDG Target 2.1 through their impact on Africa and Asia.

→ In 2025, an estimated 25.8 percent of the global population – 2.1 billion people – were moderately or severely food insecure, down from 27.1 percent in 2024 and 28.7 percent in 2020. That is the equivalent of nearly 86 million fewer people experiencing food insecurity in 2025 compared to 2024, and 135 million fewer compared to 2020.

→ In 2025, more than half the population of Africa (56.6 percent) was moderately or severely food insecure, compared to 20.3 percent in Asia, 22.9 percent in Latin America and the Caribbean, and 8.7 percent in Northern America and Europe. Steady progress has been seen in Asia and Latin America and the Caribbean since 2020, and there was improvement in Africa in 2025 for the first time since 2015.

FIGURE 2.1 UPDATED GLOBAL ESTIMATES POINT TO A DECREASE IN WORLD HUNGER IN RECENT YEARS FOLLOWING THE SHARP INCREASE FROM 2019 TO 2021

NOTES: Shaded areas and bars show lower and upper bounds of the estimated ranges. The full ranges of the values for the years 2020 to 2025 can be found in the [Supplementary material to Chapter 2](#). * Projections based on nowcasts for 2025 are illustrated by dotted lines.

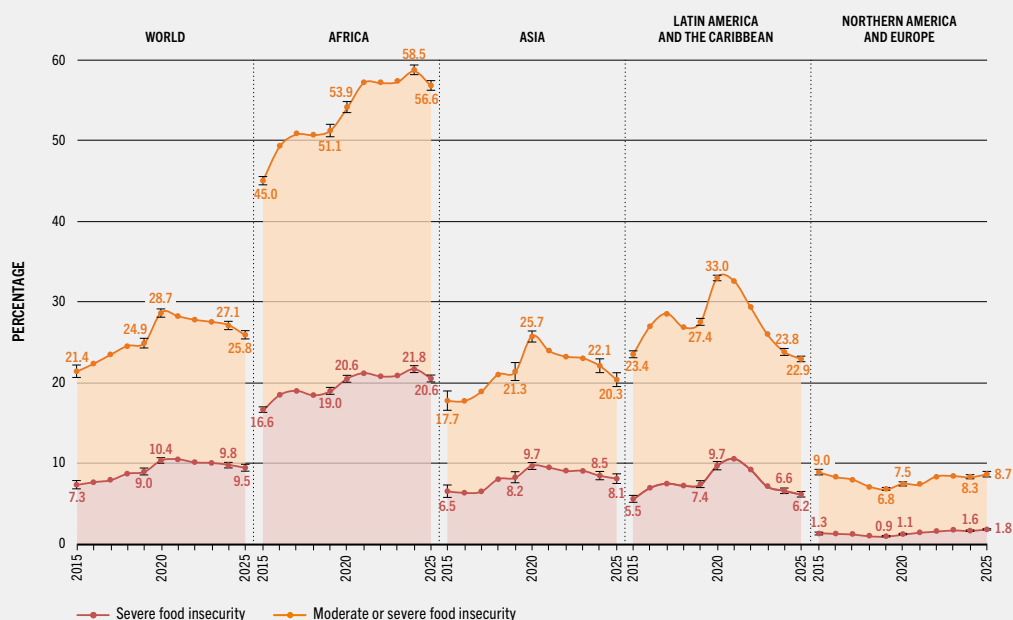
SOURCE: FAO. 2026. FAOSTAT: Suite of Food Security Indicators. [Accessed on 21 July 2026]. <https://www.fao.org/faostat/en/#data/FS>. Licence: CC-BY-4.0.

<https://doi.org/10.4060/cd8306en-fig2.1>

➔ The global prevalence of moderate or severe food insecurity was consistently higher in rural areas than in peri-urban areas, and lowest in urban areas. Furthermore, it was persistently higher among women than among men, although the difference was smaller in 2025 compared to 2024.

The assessment of global hunger in 2025, based on the prevalence of undernourishment (PoU) (SDG Indicator 2.1.1), shows continued gradual progress for the third consecutive year ([Figure 2.1](#)). The proportion of the world population facing hunger decreased from 8.6 percent in 2022 to 8.1 percent in 2024 and 7.8 percent in 2025. It is estimated that hunger affected

FIGURE 2.5 GLOBAL FOOD INSECURITY LEVELS DECLINED GRADUALLY FROM 2020 TO 2025, WITH STEADY PROGRESS IN ASIA AND LATIN AMERICA AND THE CARIBBEAN AND SIGNS OF RECENT IMPROVEMENT IN AFRICA



NOTES: Bars show the margins of error. Oceania is not shown due to insufficient population coverage for Micronesia and Polynesia.

SOURCE: FAO. 2026. FAOSTAT: Suite of Food Security Indicators. [Accessed on 21 July 2026]. <https://www.fao.org/faostat/en/#data/FS>.

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<https://doi.org/10.4060/cd8306en-fig2.5>

between 608 and 696 million people in the world in 2025. Considering the point estimate of 645 million, that is nearly 14 million fewer people in 2025 compared to 2024 and 43 million fewer than in 2022. However, the estimated number of people facing hunger is still above levels recorded in 2019, prior to the COVID-19 pandemic. Compared to 2015, when the 2030 Agenda for Sustainable Development was launched, the prevalence is lower (7.8 percent in

2025 compared to 8.0 percent in 2015), but the estimated number of people facing hunger has increased by about 50 million.

Stark regional differences persist. It is estimated that one out of five people in Africa, 20.0 percent, faced hunger in 2025, compared to 6.0 percent of the population in Asia, 4.8 percent in Latin America and the Caribbean, 8.0 percent in Oceania and less than

2.5 percent in Northern America and Europe. Asia and Latin America and the Caribbean have been showing steady recovery over several consecutive years. In contrast, the PoU in Africa had been on the rise since 2017 – until the most recent estimates, which point to signs of a turnaround in 2025.

In the next five years, the global number of undernourished people is expected to decrease by 20 percent, but it is still projected that between 510 and 520 million people will be facing hunger in 2030, of whom 56 percent will be in Africa. Recent events, including the 2026 Middle East conflict, are threatening to undermine progress towards SDG Target 2.1 through their impact on Africa and Asia.

New estimates of the global prevalence of moderate or severe food insecurity based on the Food Insecurity Experience Scale (SDG Indicator 2.1.2) show a continuous five-year downward trend following the sharp increase from 2019 to 2020, the year the COVID-19 pandemic swept the globe (Figure 2.5). The period from 2024 to 2025 saw an acceleration of this progress, driven by improvements in Africa, Asia and Latin America and the Caribbean. In 2025, an estimated 25.8 percent of the global population – 2.1 billion people – were moderately or severely food insecure, down from 27.1 percent in 2024 and 28.7 percent in 2020. That is the equivalent of nearly 86 million fewer people in 2025 compared to 2024, and 135 million fewer compared to 2020. However, the

observed decrease was not enough to reach pre-pandemic levels.

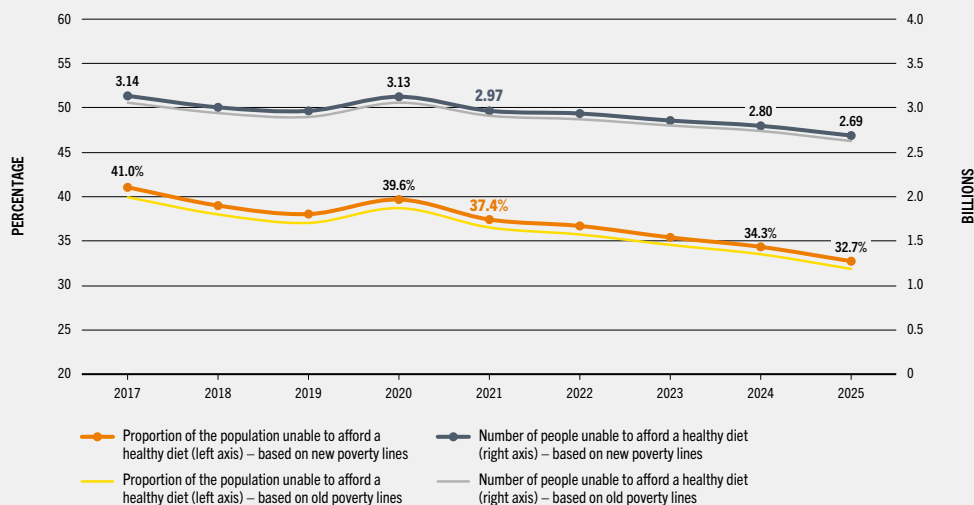
Of the 2.1 billion people facing moderate or severe food insecurity in 2025, more than one-third were severely food insecure – 778.6 million people, or 9.5 percent of the global population. Compared to 2024, this is nearly 25 million fewer people facing severe food insecurity.

2.2 COST AND AFFORDABILITY OF A HEALTHY DIET

KEY MESSAGES

- ➔ Assuming that the prices of foods that contribute to a healthy diet have increased in line with the overall rise in food inflation in 2025, the cost of a healthy diet rose globally to 4.28 PPP dollars in 2025 from 3.44 PPP dollars in 2021 and 2.94 PPP dollars in 2017.
- ➔ The cost of a healthy diet in 2025 was highest in Latin America and the Caribbean at 4.91 PPP dollars compared to 4.35 PPP dollars in Africa, 4.33 PPP dollars in Asia, and 3.64 PPP dollars in Northern America and Europe, with important differences at the subregional level.
- ➔ The global number of people unable to afford a healthy diet decreased from 2.97 billion (37.4 percent of the world population) in 2021 to 2.69 billion (32.7 percent) in 2025, suggesting that incomes available for food increased more relative to food prices.

FIGURE 2.8 THE PROPORTION AND NUMBER OF PEOPLE UNABLE TO AFFORD A HEALTHY DIET IN THE WORLD DECREASED FROM 2020 TO 2025



NOTE: The distance between the two reported series for both the proportion and the number of people unable to afford a healthy diet reflects the impact of changes in the poverty lines used as a reference to calculate the allowance for expenditures on non-food essential goods and services only.

SOURCE: FAO. 2026. FAOSTAT: Cost and Affordability of a Healthy Diet (CoAHD). [Accessed on 21 July 2026].

<https://www.fao.org/faostat/en/#data/CAHD>. Licence: CC-BY-4.0.

<https://doi.org/10.4060/cd8306en-fig2.8>

➔ In 2025, the estimated prevalence of people unable to afford a healthy diet was 66.6 percent in Africa, 28.9 percent in Asia, and 25.7 percent in Latin America and the Caribbean. The prevalence is increasing in Africa and falling in Asia, Latin America and the Caribbean, and Northern America and Europe.

Monitoring economic access to a healthy diet is essential for informing policies and programmes aimed at improving food security and nutritional outcomes, thereby contributing to the achievement of SDG Targets 2.1 and 2.2.

Inflation continued to raise food prices in 2025. Assuming that the prices of foods that contribute to a healthy diet have increased in line with the overall rise in food inflation, this will have pushed the

global mean cost of a healthy diet up to 4.28 purchasing power parity (PPP) dollars in 2025, from 3.44 PPP dollars in 2021 and 2.94 PPP dollars in 2017. The CoHD appears highest in Latin America and the Caribbean, where it reached 4.91 PPP dollars in 2025, compared to 4.35 PPP dollars in Africa, 4.33 PPP dollars in Asia, and 3.64 PPP dollars in Northern America and Europe.

Once the CoHD is estimated, it is possible to estimate how many people may not be able to afford a healthy diet. In 2021, which is the reference year for the prices of foods that contribute to a healthy diet, 2.97 billion people may have been unable to afford a healthy diet, corresponding to 37.4 percent of the world population (Figure 2.8). More importantly, the number of people unable to afford a healthy diet may have fallen globally – following a peak of 3.13 billion in 2020 – to about 2.69 billion (or 32.7 percent of the world population) in 2025. The overall decreasing trend implies that the CoHD, driven by the increase in food prices, may have risen less relative to total income.

The percentage of people unable to afford a healthy diet remains highest in Africa, where it is estimated to have reached 66.6 percent in 2025, more than double the levels currently estimated for Asia (28.9 percent) and Latin America and the Caribbean (25.7 percent). The differences have increased since 2021 due to diverging trends, with the percentage increasing in Africa, but falling in Asia, Latin America and the Caribbean, and Northern America and Europe.

2.3

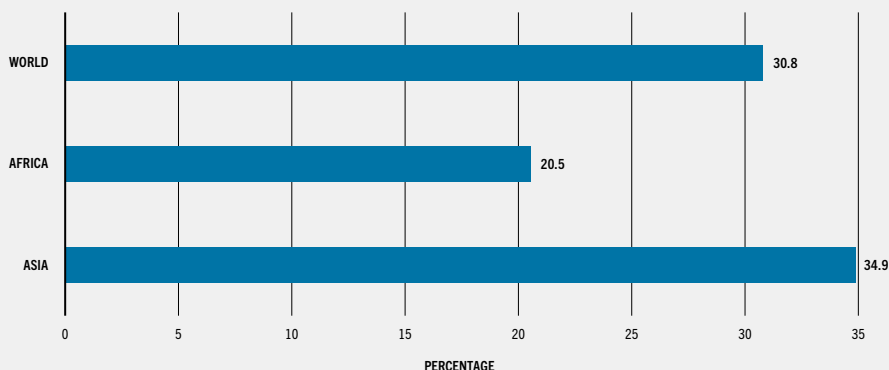
DIET QUALITY: MINIMUM DIETARY DIVERSITY IN CHILDREN AND WOMEN

KEY MESSAGES

- Monitoring healthy diets has been a critical gap in tracking progress towards SDG 2. The inclusion of minimum dietary diversity in 2025 marks an important step in filling this gap.
- Dietary diversity – one of the four core principles of healthy diets – remains inadequate globally for both children and women.
- Only 30.8 percent of children aged 6 to 23 months worldwide consume a minimally diverse diet.
- Globally, 62.7 percent of women aged 15 to 49 years consume a minimally diverse diet.

Unhealthy diets are a common cause of all forms of malnutrition. However, until last year, diets remained unmeasured as part of the SDG framework. In March 2025, the United Nations Statistical Commission approved Minimum Dietary Diversity for Children (MDD-C) and Women (MDD-W) as new indicators for SDG 2 monitoring (SDG 2.2.4). These indicators provide a simple assessment of dietary diversity by counting the number of predefined food groups consumed during the previous 24 hours, at the population level. Minimum dietary diversity captures diversity and adequacy, which are two

FIGURE 2.11 FEWER THAN ONE IN THREE CHILDREN AGED 6 TO 23 MONTHS WORLDWIDE ACHIEVED MINIMUM DIETARY DIVERSITY



NOTES: Based on nationally representative surveys conducted between 2018 and 2024. Estimates are presented only for regions for which data are available for at least 50 percent of children aged 6 to 23 months. Prevalence estimates for the regions were weighted based on the 2024 population of children aged 6 to 23 months (defined as half of population aged 0 combined with population aged 1 year) of each available country (based on the 2024 revision of the United Nations *World Population Prospects*).

SOURCE: UNICEF. 2025. UNICEF: Diets. [Accessed on 23 April 2026]. <https://data.unicef.org/topic/nutrition/diets>. Licence: CC BY-NC 3.0 IGO.

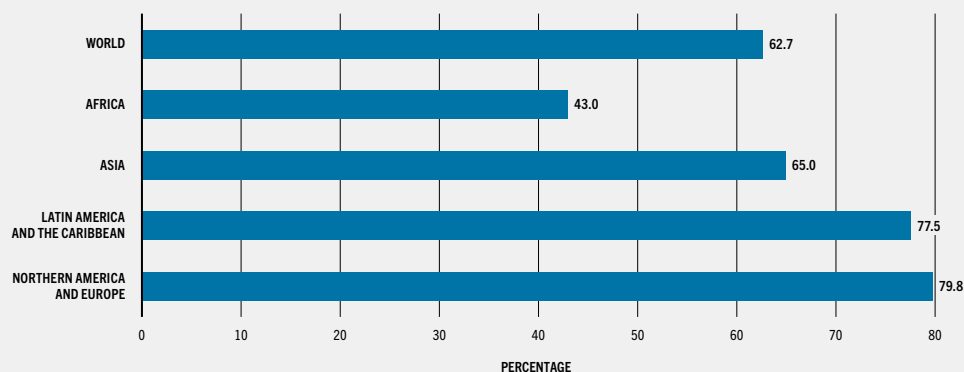
<https://doi.org/10.4060/cd8306en-fig2.11>

of the four principles of a healthy diet, together with balance and moderation.

Globally, less than one-third of children aged 6 to 23 months (30.8 percent) achieved minimum dietary diversity, based on pooled data from 2018 to 2024, a prevalence level that has remained largely unchanged over the past decade (prevalence was 29.4 percent between 2011 and 2017) (Figure 2.11). This means that more than two-thirds of young children worldwide did not consume sufficiently diverse diets, potentially

limiting their intake of essential vitamins, minerals and other nutrients critical for healthy growth and development.

In Africa, only one out of five children aged 6 to 23 months (20.5 percent) achieved minimum dietary diversity, compared to 34.9 percent of children in Asia in the same reporting period. Data scarcity, however, prevents the generation of reliable aggregated estimates for the other regions.

FIGURE 2.13 LESS THAN TWO-THIRDS OF WOMEN AGED 15 TO 49 YEARS WORLDWIDE ACHIEVED MINIMUM DIETARY DIVERSITY

NOTES: Based on nationally representative surveys conducted between 2021 and 2025. Data were available for 99 countries, representing 87.5 percent of the global reference population of women aged 15 to 49 years. These comprised 42 countries in Africa, 31 in Asia, 14 in Latin America and the Caribbean, 11 in Northern America and Europe, and 1 in Oceania. Oceania was excluded from the regional analysis due to data availability for only one country. The global and regional prevalence estimates were weighted by the total population of women of reproductive age in each country, based on the 2024 revision of the United Nations *World Population Prospects*).

SOURCE: FAO. 2026. FAOSTAT: SDG Indicators. [Accessed on 21 July 2026]. <https://www.fao.org/faostat/en/#data/SDGB>. Licence: CC-BY-4.0.

<https://doi.org/10.4060/cd8306en-fig2.13> 

A large proportion of women, as well, lack minimally diverse diets, placing them at higher risk of not consuming sufficient essential micronutrients. Globally, only 62.7 percent of women aged 15 to 49 years achieved minimum dietary diversity between 2021 and 2025, meaning that about one in three did not (Figure 2.13). The lowest MDD-W prevalence was observed in Africa (43.0 percent), followed by Asia (65.0 percent) and Latin America and the Caribbean (77.5 percent), while the highest was recorded in Northern America and Europe (79.8 percent).

2.4 THE STATE OF NUTRITION: PROGRESS TOWARDS GLOBAL NUTRITION TARGETS

KEY MESSAGES

- ➔ New maternal and child nutrition targets extended to 2030 provide further momentum to accelerate progress, intensify actions and achieve the global targets in the next five critical years.
- ➔ Global progress on maternal and child nutrition is far too slow – and in several areas it

is reversing – leaving the world off track for all 2030 targets.

- Stunting, wasting and overweight among children under five years of age, low birthweight and exclusive breastfeeding are improving only marginally at the global level and not at the pace required, while anaemia in women aged 15 to 49 years is worsening.
- New estimates of the prevalence of obesity in adults in the world show a steady increase from 12.1 percent in 2012 to 16.2 percent in 2024, contrary to the target of halting the rise in obesity by 2025.
- The prevalence of child stunting is decreasing markedly in Africa and is on track to reach the 2030 target in Asia, and exclusive breastfeeding is improving in all regions for which data are available.
- On the other hand, nearly all regions are seeing widening gaps between the projected and target prevalence for anaemia in women aged 15 to 49 years, and child overweight is rising sharply in Oceania.

WHO Member States at the Seventy-eighth World Health Assembly in May 2025 endorsed a resolution extending the six maternal, infant and young child nutrition targets – first adopted in 2012 for achievement in 2025 – by five years to align with the 2030 SDGs. The extended targets maintain existing goals for indicators still off track, but set more ambitious objectives for those nearing achievement.

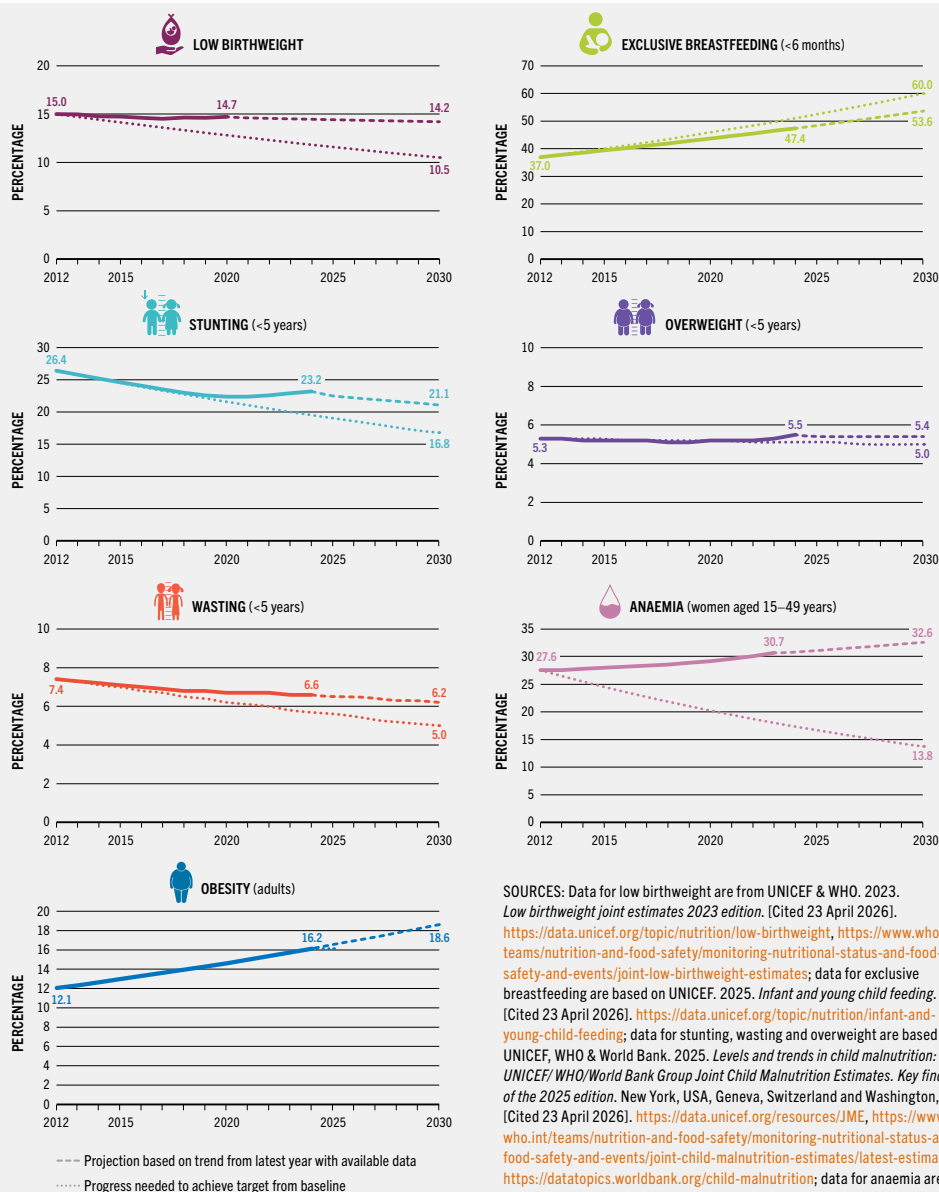
Figure 2.15 summarizes the global trends for the six maternal, infant and young child nutrition indicators as well as adult obesity.

Globally, the prevalence of **low birthweight** has shown limited improvement, with a relatively small decline from 15.0 percent in 2012 to 14.7 percent in 2020. Without significant acceleration, the 2030 target of 10.5 percent will not be achieved. **Exclusive breastfeeding** rose from 37.0 to 47.4 percent between 2012 and 2024; however, progress is not yet sufficient to meet the updated global ambitions of 60 percent.

Stunting among children under five years of age fell from 26.4 percent (180.4 million) in 2012 to 23.2 percent (150.2 million) in 2024, but progress is insufficient to reach 16.8 percent (108.3 million) by 2030. Childhood **overweight** increased slightly from 5.3 to 5.5 percent over the same period, with projections indicating that the 2030 target of remaining below 5 percent will not be met. The prevalence of **wasting** among children under five years of age declined from 7.4 percent in 2012 to 6.6 percent in 2024, yet not at the pace required to reach 5 percent by 2030.

Anaemia among women aged 15 to 49 years rose from 27.6 percent in 2012 to 30.7 percent in 2023 and is projected to reach 32.6 percent by 2030, departing significantly from the trajectory required to meet the 2030 target of a 50 percent reduction.

FIGURE 2.15 DESPITE IMPROVEMENTS IN GLOBAL STUNTING, WASTING AND EXCLUSIVE BREASTFEEDING OVER THE PAST DECADE, THE WORLD IS NOT ON TRACK TO ACHIEVE ANY OF THE SEVEN GLOBAL NUTRITION TARGETS BY 2030



NOTES: The target year to halt the rise in adult obesity is 2025. Methodology to calculate global aggregates and projecting to 2030 can be found in the [Supplementary material to Chapter 2](#).

SOURCES: Data for low birthweight are from UNICEF & WHO. 2023. *Low birthweight joint estimates 2023 edition*. [Cited 23 April 2026]. <https://data.unicef.org/topic/nutrition/low-birthweight>, <https://www.who.int/teams/nutrition-and-food-safety/monitoring-nutritional-status-and-food-safety-and-events/joint-low-birthweight-estimates>; data for exclusive breastfeeding are based on UNICEF. 2025. *Infant and young child feeding*. [Cited 23 April 2026]. <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding>; data for stunting, wasting and overweight are based on UNICEF, WHO & World Bank. 2025. *Levels and trends in child malnutrition: UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates. Key findings of the 2025 edition*. New York, USA, Geneva, Switzerland and Washington, DC. [Cited 23 April 2026]. <https://data.unicef.org/resources/JME>, <https://www.who.int/teams/nutrition-and-food-safety/monitoring-nutritional-status-and-food-safety-and-events/joint-child-malnutrition-estimates/latest-estimates>, <https://datatopics.worldbank.org/child-malnutrition>; data for anaemia are based on WHO. 2025. *WHO global anaemia estimates, 2025 edition*. [Cited 23 April 2026]. https://www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children; data for adult obesity are based on WHO. 2026. Global Health Observatory (GHO) data repository: Prevalence of obesity among adults, BMI ≥ 30, age-standardized. Estimates by country. [Accessed on 15 June 2026]. <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-obesity-among-adults-bmi-30-age-standardized-estimate>. Licence: CC-BY-4.0.

Adult obesity (≥ 18 years) continues to rise, increasing from 12.1 percent in 2012 to 16.2 percent in 2024, with projections of 18.6 percent by 2030 – far from the target of halting its increase.

An assessment of progress towards the 2030 global maternal, infant and young child nutrition targets by region shows

that Africa is on track to achieve the child overweight and wasting targets and Asia is on track to achieve the targets for child stunting and overweight. Latin America and the Caribbean is on track to meet the wasting target by 2030 and has made meaningful progress towards the exclusive breastfeeding target. ■

CHAPTER 3

UNDERSTANDING THE DRIVERS OF THE COST OF A HEALTHY DIET AROUND THE WORLD

KEY MESSAGES

- Healthy diets are essential to achieving Sustainable Development Goal 2, but remain economically out of reach for large segments of the global population. In the context of inflationary pressures and cost of living crises, reducing the cost of a healthy diet is a necessary, though not sufficient, condition to enhance diet quality and thus improve nutrition, health and development outcomes.
- The cost of a healthy diet is the average minimum cost of buying a healthy diet of locally available foods, drawn from six food groups. It is a theoretical cost floor based on the cheapest items in each group and does not reflect what healthy eating costs in practice.
- The CoHD indicator is designed for global monitoring and international comparison. It does not provide guidance on dietary composition or measure whether the nutritional needs of every individual in a population are met.
- Regional differences in CoHD estimates are large and reflect broad structural characteristics, not a few outlier countries.
- Animal source foods, fruits and vegetables account for the largest share of the CoHD; starchy staples contribute only about one-sixth.
- Flexibility in choosing locally available, low-cost foods substantially reduces the CoHD, particularly where product diversity is greater.
- The CoHD is positively associated with overall food prices (relative to household expenditures). However, substantial variation across countries remains at similar price levels. This underscores the distinct feature of the CoHD indicator, which establishes a cost floor for a healthy diet by focusing on the cheapest available items rather than on general food prices.
- National and subnational data reveal substantial geographical and seasonal variation in the CoHD. Within countries, annual national averages can mask significant variation over time and across locations, underscoring the need for frequent, granular price data to inform well-timed and well-targeted policies.

→ Higher agricultural productivity, sustained public investment in agricultural research and development, efficient logistics and transport, effective trade integration, and lower input costs are each associated with a lower CoHD, highlighting key policy entry points to improve economic access to healthy diets.

Healthy diets are central to achieving SDG 2 (Zero Hunger), which comprises two targets: ensuring access to safe and nutritious food (SDG 2.1) and ending all forms of malnutrition (SDG 2.2).

Unhealthy dietary patterns hinder the world's ability to meet these targets and impose significant health consequences and socioeconomic costs globally. The hidden costs pertaining to increased risk of diseases related to unhealthy dietary patterns around the world amount to USD 8.1 trillion annually.

Economic and non-economic drivers determine the consumption of healthy diets, including the cost of the items that shape such diets. Agrifood systems and food environments shape the availability of the food items that make up a healthy diet. This report focuses on the average cost of a healthy diet and the food groups that compose it, exploring how they differ across the world.

Several dimensions of healthy diets fall outside the scope of this report. By focusing strictly on the national average cost of a Healthy Diet Basket (HDB), it excludes income distributions and demand-side factors influencing food choices, such as consumer preferences, education and food environment

interventions. Additionally, the report relies on market valuations rather than a true-cost accounting framework that captures broader environmental and social externalities. FAO's forthcoming report on healthy diets will address these complementary areas.

3.1 MEASURING THE COST OF A HEALTHY DIET

A healthy diet promotes optimal health, growth and development; supports active lifestyles; prevents nutrient deficiencies and excesses, non-communicable diseases and foodborne illness; and promotes a population's overall well-being. While the exact composition of a healthy diet varies across people, cultural contexts and communities, and depends on, *inter alia*, an individual's age and activity level, preferences and beliefs, traditions, religion and income, as well as on the availability and affordability of foods, FAO and the World Health Organization in 2024 identified four core principles that are universal in their application, based on human biology and underpinned by evidence. Healthy diets are thus: adequate, balanced, diverse and moderate.

Analysts have developed methods to estimate the average cost of specific diets at national and subnational levels for different intended uses. An established element of these efforts is food price monitoring, but the actual

food consumption basket used for these purposes may not be appropriate to cost a normatively defined “healthy” diet. The Healthy Diet Basket – the benchmark for calculating the CoHD indicator discussed in this report – is a combination of locally available foods that meet energy and most nutrient requirements. It is calibrated so that the food items from various food groups provide a dietary energy intake of 2 330 kilocalories (kcal). More specifically, the HDB comprises 11 food items spread across six food groups, each contributing a determined share. Starchy staples contribute the largest share (1 160 kcal), followed by animal source foods, legumes, nuts and seeds, and oils and fats at 300 kcal each. Fruits contribute 160 kcal and vegetables 110 kcal.

The CoHD is estimated using retail food price data from the International Comparison Program (ICP), coordinated by the World Bank, which is based on a dataset of comparable items across countries; for global comparability, the CoHD is reported in PPP dollars.

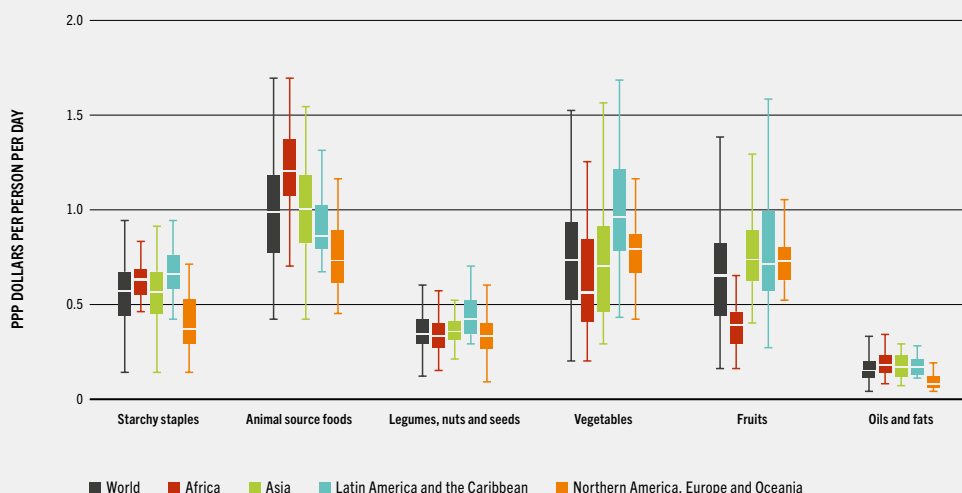
The CoHD is a cost benchmark. It captures the average minimum budget required to purchase a healthy diet composed of locally available foods in each country. As such, the CoHD indicator does not measure, nor is it meant to reflect, the following: what people actually eat and spend on food; specific food preferences, cultural norms or dietary restrictions; the full cost of preparing and consuming a healthy diet at the household level;

whether the diet meets full nutrient adequacy for every individual; and non-market food access, such as intra-household food production.

As with any indicator designed for cross-country monitoring, the CoHD involves limitations arising from its underlying data sources. ICP food price data were not designed for measuring diet costs; consequently, potentially relevant country-specific food items that are not globally or regionally important might be omitted and ICP data report only one national average price per item, which limits the indicator’s ability to reflect price variation within countries. Finally, the temporal coverage of the ICP data is also limited, as prices are collected only every few years (most recently in 2017 and 2021).

3.2 COST VARIATION IN HEALTHY DIETS AROUND THE WORLD

The global average cost of a healthy diet based on the most recent data is not affordable for almost one-third of the world’s people. In 2025, the global average CoHD (4.28 PPP dollars) was roughly 40 percent higher than the international extreme poverty line of 3 PPP dollars. Latin America and the Caribbean had the highest CoHD, while Northern America, Europe and Oceania had the lowest. Differences across regions are generally driven by broad geographical patterns rather than by individual outlier countries.

FIGURE 3.2 COST OF FOOD GROUPS BY REGION, 2021

NOTES: PPP = purchasing power parity. For each box plot, the centre line indicates the median; the box shows the interquartile range (IQR) 25th to 75th percentile; and the outer lines show the range of data points that fall within 1.5×IQR around the box.

SOURCE: Authors' (FAO) own elaboration based on FAO, 2026. FAOSTAT: Cost and Affordability of a Healthy Diet (CoAHD). [Accessed on 3 March 2026]. <https://www.fao.org/faostat/en/#data/CAHD>. Licence: CC-BY-4.0.

<https://doi.org/10.4060/cd8306en-fig3.2> 

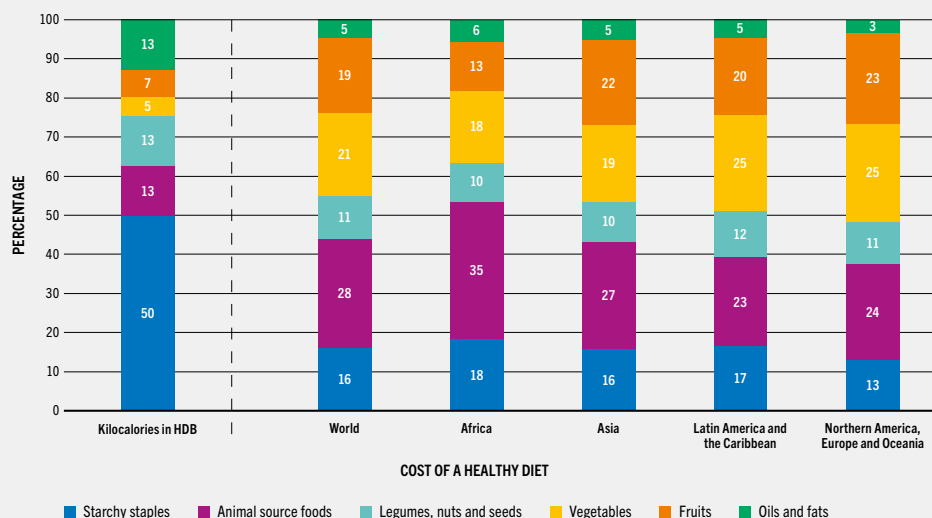
There is considerable heterogeneity in the costs of the food groups that make up the CoHD, across both groups and regions. Differences in the relative costs of food groups also seem to be driven by regional patterns rather than by individual outlier countries. The analysis of costs across food groups relies on ICP data from 2021. Animal source foods are, on average, the most expensive group (especially in Africa), but this is not the case in Latin America

and the Caribbean, where vegetables are the highest-cost group (Figure 3.2).

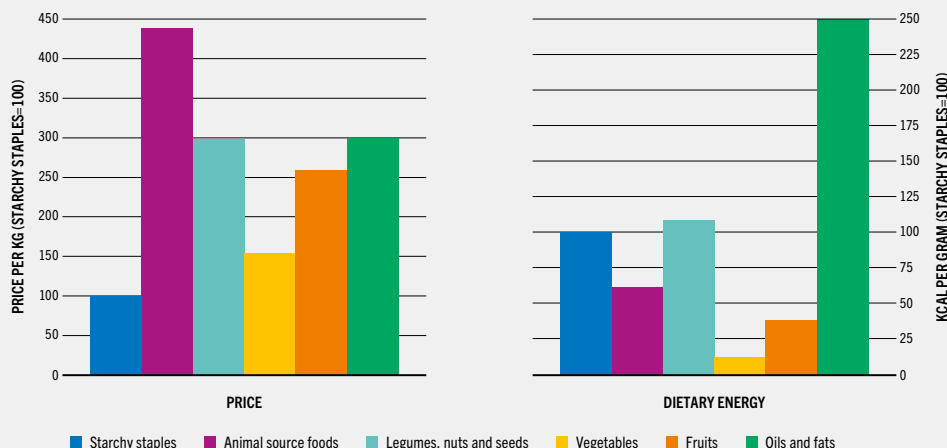
There is variation in the relationship between food groups' contribution of food energy to the Healthy Diet Basket and their shares of the cost of a healthy diet (Figure 3.3). Animal source foods, fruits and vegetables contribute disproportionately to the CoHD, accounting for nearly 70 percent of the total cost. In contrast, starchy staples

FIGURE 3.3 FOOD GROUPS IN THE HEALTHY DIET BASKET, 2021

A) SHARE OF FOOD GROUPS IN THE CALORIC CONTENT AND COST OF A HEALTHY DIET BY REGION



B) AVERAGE PRICE AND CALORIC CONTENT BY FOOD GROUP



NOTES: HDB = Healthy Diet Basket. Panel B is based on the items in each country's HDB (for 166 countries with cost of a healthy diet data in FAOSTAT). The price and caloric content for starchy staples are the averages of the two least-cost food items in this food group across countries. Analogously, the averages include the following number of least-cost items based on the HDB guidelines: animal source foods (two); legumes, nuts and seeds (one); vegetables (three); fruits (two); and oils and fats (one).

SOURCES: Authors' (FAO) own elaboration based on (for panel A) FAO. 2026. FAOSTAT: Cost and Affordability of a Healthy Diet (CoAHD). [Accessed on 3 March 2026]. <https://www.fao.org/faostat/en/#data/CAHD>. Licence: CC-BY-4.0; (for panel B) World Bank. 2024. DataBank: International Comparison Program (ICP) 2021. Unpublished.

contribute only one-sixth of the total cost despite providing half the calories in the HDB.

Differences in the CoHD across countries reflect both the composition of national HDBs and overall food price levels. Allowing each country to draw on its own least-cost items, rather than a fixed common basket of widely available foods, lowers the CoHD by 34 percent on average, with the greatest effect in Africa, where diverse, locally abundant fruits and vegetables drive much of the gap (Figure 3.5). Overall food prices also matter: a 10 percent increase in the price of food relative to other goods and services is associated, on average, with about a 6 percent higher CoHD, helping explain why regions where food is relatively cheaper have a lower CoHD (Figure 3.6). Yet the cost of a healthy diet remains distinct from general food prices because it captures the cost floor of the cheapest available items, so countries with similar relative food prices can still exhibit a markedly different CoHD.

3.3 UNDERSTANDING SUBNATIONAL AND TEMPORAL VARIATION IN COST OF A HEALTHY DIET ESTIMATES WITH NATIONAL PRICE DATA

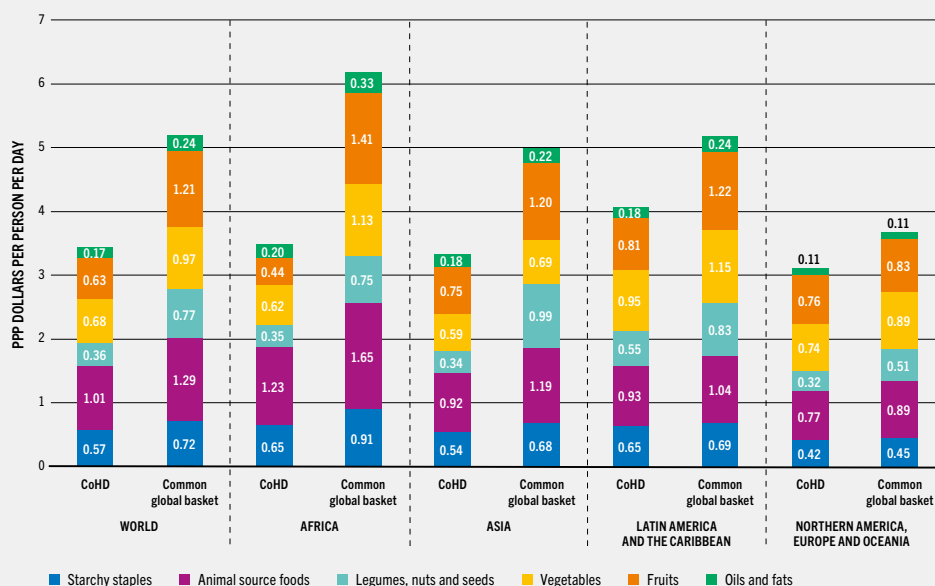
Global CoHD estimates enable cross-country comparisons, while national price data complement this information and provide additional detail for national policymaking.

Using national price data to estimate the costs for country-specific HDBs can allow for examination of temporal and geographical patterns. Using three country case studies (Ghana, Nigeria and Pakistan), this analysis highlights how national data can aid the design of more effective and targeted strategies to improve access to a healthy diet, ensuring seasonal and geographical relevance.

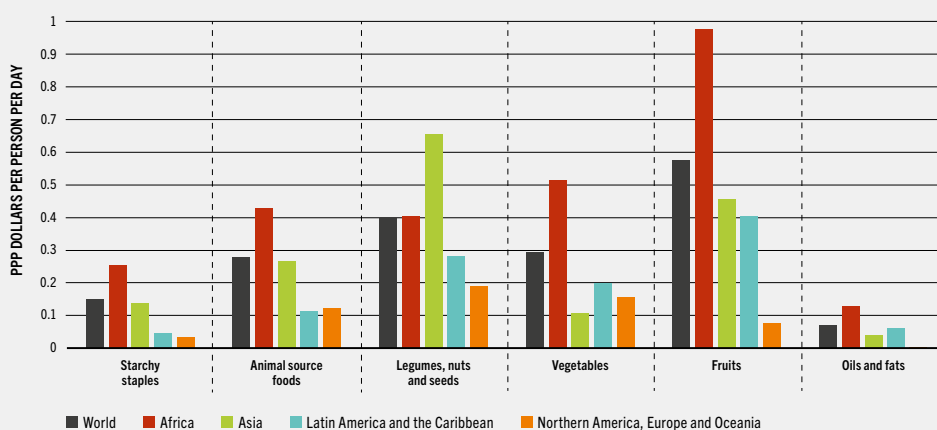
Geographical variation in food group costs is less pronounced for oils and fats than for other food groups, and most significant among fruits and vegetables. Temporal variation appears driven by different processes (sustained inflation periods, seasonality in food prices) in each country.

FIGURE 3.5 COST OF THE COMMON GLOBAL BASKET VS COST OF A HEALTHY DIET BY REGION AND FOOD GROUP

A) COST OF THE COMMON GLOBAL BASKET AND COST OF A HEALTHY DIET BY REGION



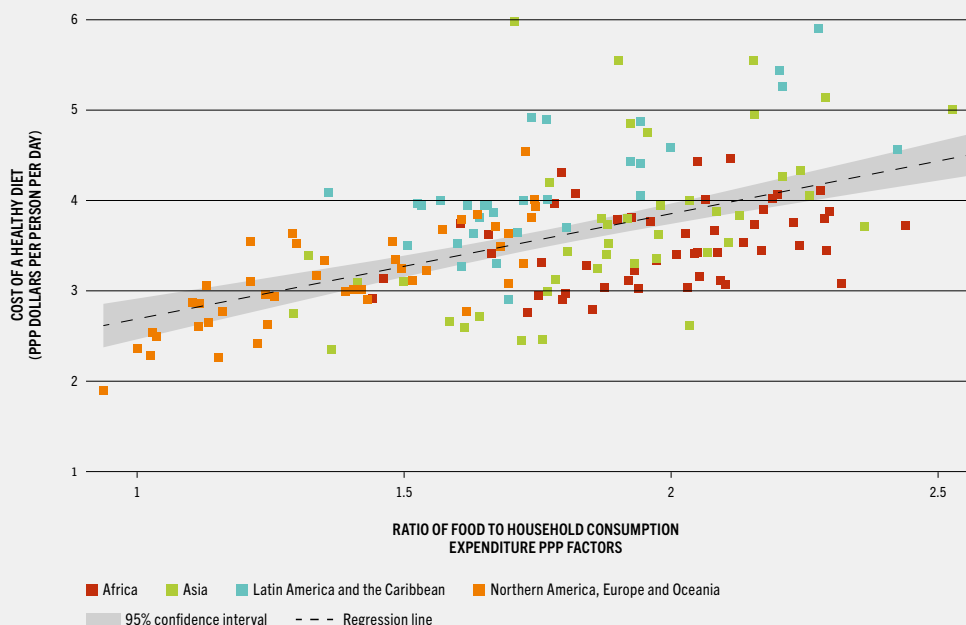
B) DIFFERENCE BETWEEN THE COST OF THE COMMON GLOBAL BASKET AND THE COST OF A HEALTHY DIET FOR EACH FOOD GROUP BY REGION



NOTES: CoHD = cost of a healthy diet; PPP = purchasing power parity. The common global basket includes 11 food items that are most frequently included in countries' Healthy Diet Baskets globally. For details, see [Supplementary material to Chapter 3](#).

SOURCE: Authors' (FAO) own elaboration based on World Bank. 2024. DataBank: International Comparison Program (ICP) 2021. Unpublished.

FIGURE 3.6 ASSOCIATION BETWEEN THE COST OF A HEALTHY DIET AND OVERALL FOOD RELATIVE PRICES



NOTES: PPP = purchasing power parity. The dashed line is the linear regression line of the association between the two variables. The shaded grey area is the 95 percent confidence interval from this regression.

SOURCES: Authors' (FAO) own elaboration based on World Bank. 2024. DataBank: International Comparison Program (ICP) 2021. [Accessed on 3 March 2026]. <https://databank.worldbank.org/source/icp-2021>. Licence: CC-BY-4.0; FAO. 2025. FAOSTAT: Cost and Affordability of a Healthy Diet (CoAHD). [Accessed on 3 March 2026]. <https://www.fao.org/faostat/en/#data/CAHD>. Licence: CC-BY-4.0.

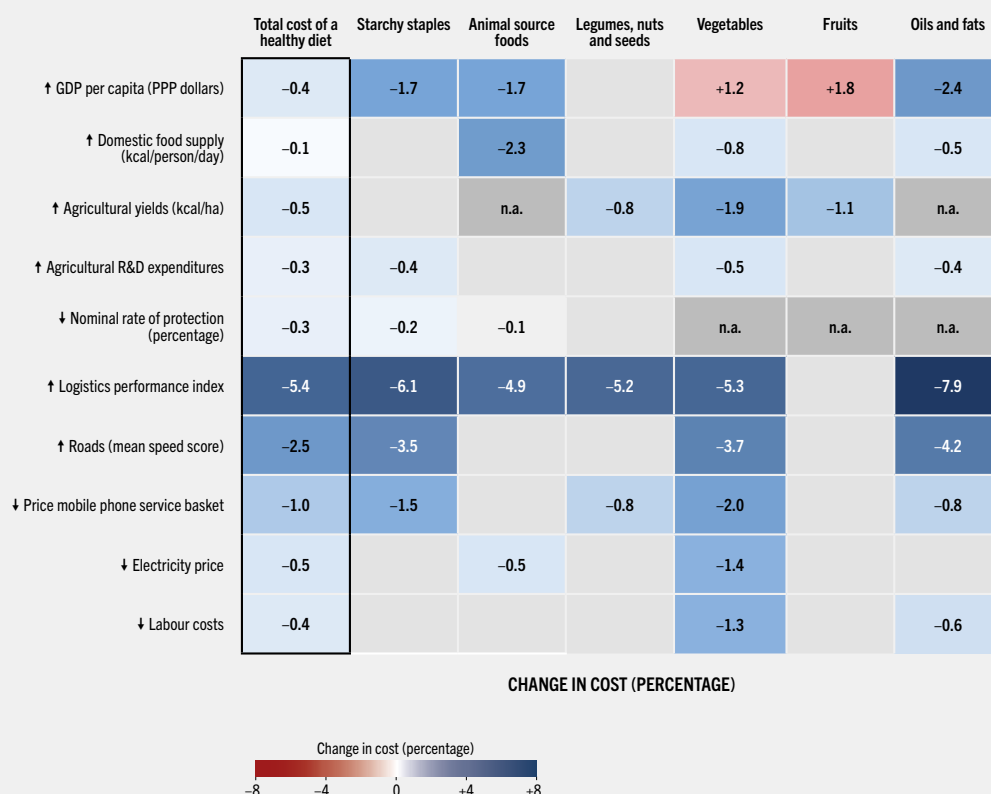
<https://doi.org/10.4060/cd8306en-fig3.6>

3.4 FACTORS ASSOCIATED WITH THE COST OF A HEALTHY DIET

The cost of a healthy diet varies significantly across countries. Understanding this cross-country variation can help identify policy entry

points to ensure access. Analysis of global data reveals critical associations between the CoHD and structural features of agrifood systems (Figure 3.11):

- **Economic development:** Gross domestic product per capita has a weak association with the overall CoHD, but shows strong

FIGURE 3.11 ASSOCIATION BETWEEN THE COST OF A HEALTHY DIET AND SELECTED ECONOMIC VARIABLES

NOTES: GDP = gross domestic product; R&D = research and development; PPP = purchasing power parity. Each cell shows the percentage change in the cost of a healthy diet (CoHD), or in the cost of a given food group, associated with a 10 percent change in the variable. Arrows indicate whether the change is an increase (↑) or a decrease (↓) in the variable. This figure reports all regression coefficients for the overall CoHD. At the food group level, coefficients that are not statistically significant at conventional significance levels (p-values > 0.1) are omitted from the table, while n.a. indicates cases where variables at the food group or food item levels are not available. For data sources and variable definitions, see Table 3.4 of the main report. Standard errors, number of observations and full regression results are reported in the [Supplementary material to Chapter 3](#).

SOURCE: Costlow, L., Yenesew, S., Nakasone, E., Mamidanna, S., Gilbert, R., Martinez, E.M., Jenkins, N. & Masters, W.A. 2026. *Analysis of geographic, structural, and policy associations with global variation in the cost of a healthy diet*. Unpublished.

divergences across food groups.

In higher-income countries, animal source foods and starchy staples are generally cheaper, while fruits and vegetables are substantially more expensive.

- ▶ **Agricultural productivity:** Higher crop yields and sustained public investment in agricultural research and development are consistently associated with lower costs for vegetables, fruits, starchy staples, and oils and fats.

- ▶ **Value chain efficiency:** High logistics performance, superior road quality, and lower costs for information and communications technologies are strongly associated with a lower CoHD, particularly for highly perishable vegetables.

- ▶ **Input costs:** Higher costs of inputs, such as electricity and agricultural labour, correlate with higher prices for several food groups. Vegetables, which rely heavily on energy-intensive cold chains and labour-intensive harvesting, are particularly sensitive to these input costs. ■

CHAPTER 4

HOW TO REDUCE THE COST OF A HEALTHY DIET: TARGETED AND COMPLEMENTARY INTERVENTIONS

KEY MESSAGES

→ Reducing the cost of a healthy diet requires policies and interventions that target context-specific drivers of high prices, rather than one-size-fits-all solutions.

→ Policy options fall along two complementary axes: expanding supply through domestic production and trade and reducing per unit costs across the agrifood value chain.

→ The most effective strategies combine structural investments (research and development, irrigation, roads, cold chains, food loss reduction) with policy reforms (subsidy repurposing, reduced taxation on specific food groups, trade facilitation, competition and regulatory rules), so that markets transmit the gains to consumers.

→ Long-term productivity gains, especially through rebalanced agricultural research and development towards fruits, vegetables and legumes, offer high leverage, but only when enabling systems, such as seed delivery, water, land tenure, finance and extension, support adoption.

→ Horticulture is the primary lever for CoHD reduction. Applying generic productivity gains to already low-cost staples lowers the cost of the average diet faster than the healthy diet, widening the gap between them.

→ Because post-farmgate activities make up most of what consumers pay, improving value chain efficiency (transport, storage, processing, market information, loss reduction) is essential to lowering the prices of perishable, nutritious foods.

- Combining interventions across the value chain reduces costs by far more than the sum of their isolated parts.
- Fiscal subsidies should be redirected from low-cost starchy staples towards the highest-cost, most nutritious foods, to effectively lower the total “price tag” of a healthy diet.
- Lowering the retail CoHD must not shift hidden costs onto society through environmental degradation, compromised food safety, negative health outcomes or precarious rural livelihoods.
- Demand-side measures such as social protection, food subsidies and income policies fall outside this report but are needed to achieve affordability; they must be sequenced with supply expansion, or rapid demand growth for nutritious foods can raise market prices and reduce affordability.
- Because these reforms are redistributive, they require transition support and inclusive public–private collaboration to protect vulnerable consumers and help smallholders, women and youth benefit.

Reducing the cost of a healthy diet requires context-specific policies rather than uniform solutions. Interventions fall along two complementary axes: expanding aggregate supply (the “extensive” effect) and structurally reducing per unit costs across the value chain (the “intensive” effect). These must integrate physical

“hardware” upgrades – such as cold chain facilities, modern irrigation, and research and development – with regulatory “software” frameworks, including subsidy repurposing and trade facilitation. While the required interventions are diverse, they must be meticulously aligned with specific regional priorities and structural situations.

Ex ante impact assessments using advanced simulation modelling demonstrate that the efficiency of these measures in reducing the cost of a healthy diet varies significantly across different geographies and value chains. Furthermore, successful implementation requires the careful consideration of additional systemic factors, including the non-monetary costs of production, the political economy of agricultural reforms, and the overarching governance of these interventions.

Finally, supply-side efforts must be strategically aligned with complementary policies, particularly demand-side actions, which are essential to stimulate and increase the actual consumption of healthy diets without triggering unintended price spikes.

4.1

WHICH INTERVENTIONS ARE EFFICIENT FOR BRINGING DOWN THE COST OF EXPENSIVE FOOD GROUPS?

A first axis of intervention relies on expanding the aggregate supply of targeted food groups to exert downward pressure on market prices, assuming constant input structures and demand. This is achieved through enhancing domestic production – by expanding the production frontier or reallocating production towards specific food groups – and improving international trade integration:

- ▶ Pushing the production frontier through long-term agricultural productivity, in particular by shifting research and development investment towards food groups that drive healthy diet costs, such as vegetables, legumes and fruits. Productivity gains must be supported by functioning seed and input delivery systems, reliable water supply, and secure land tenure to be effectively adopted at the farm level.
- ▶ Deploying productivity gains along the entire agrifood value chain, rather than remaining confined to primary production. A major systemic intervention to increase global food supply is the reduction in food loss and waste.
- ▶ Reallocating production and realigning incentives. Production subsidies, procurement, and price support fundamentally shape which

foods farmers find profitable to produce. Seventy percent of global agricultural support to producers is tied predominantly to the production of grains, sugar, dairy, beef and oil crops.

- ▶ Improving trade integration and trade policy reforms. Trade liberalization is associated with overall lower food prices.

A second axis of intervention aims to achieve lower per unit expenses across the agrifood value chain. Because post-farmgate activities account for 70 to 75 percent of consumer food expenditures, targeted investments in transport, processing, and cold chains are essential.

- ▶ Reducing input costs, such as energy, fertilizer and labour, for producers. The costs of inputs and labour fall unevenly across food groups. Fruits, vegetables, legumes and animal source foods are inherently more labour-intensive to produce than cereals, and mechanization offers limited solutions for most perishable crops.
- ▶ Reducing costs along the value chain. Post-farmgate activities account for 70 to 75 percent of consumer food expenditures globally. Transport infrastructure reduces prices of perishable foods by lowering delivery times, minimizing spoilage, and narrowing price differences between regions. Post-harvest losses remain high for perishable foods in low-income countries, directly

leading to higher consumer prices by increasing costs for traders and processors. Beyond physical infrastructure, information gaps affect food costs.

A review of existing agricultural policies using the Food and Agriculture Policy Decision Analysis Tool (FAPDA) database reveals a significant structural mismatch between current government support and the interventions needed to lower the cost of a healthy diet. Policy actions exhibit an excessive focus on primary production as the main intervention entry point, often neglecting the midstream value chain inefficiencies – such as transport, storage and processing – where the majority of consumer food costs accumulate. Furthermore, in terms of food group coverage, these policies overwhelmingly target starchy staples. This historical concentration of policy focus systematically neglects the nutrient-dense foods, such as fruits, vegetables and legumes, that disproportionately drive up the overall cost of a healthy diet.

A uniform policy or investment approach is fundamentally insufficient. Interventions must be precisely calibrated to the specific biological, logistical and economic constraints governing individual food groups, while addressing distinct regional priorities. Based on the existing structure of the CoHD, a first set of priorities could be identified:

- ▶ **Africa:** It is essential to prioritize the structural transformation of the animal source food sector, which represents the most expensive food group in the region, with 69 percent of African countries falling into the highest-cost tercile globally.
- ▶ **Asia:** The strategic priority must be to strengthen rural–urban linkages and invest in post-harvest handling to bring down the cost of fruits, which stand out as one of the highest-cost food groups due to supply chain inefficiencies.
- ▶ **Latin America and the Caribbean:** With the highest average CoHD globally at 4.89 PPP dollars, the primary policy objective must be to alleviate logistical frictions and transport costs that disproportionately inflate the price of vegetables.
- ▶ **Northern America, Europe and Oceania:** Interventions should focus on managing high labour costs through technological innovation to maintain the affordability of fruits and vegetables, as the horticultural sector remains highly sensitive to macroeconomic factor costs.

4.2 QUANTIFYING THE EFFECTS OF INTERVENTIONS AIMED TO REDUCE THE COST OF A HEALTHY DIET

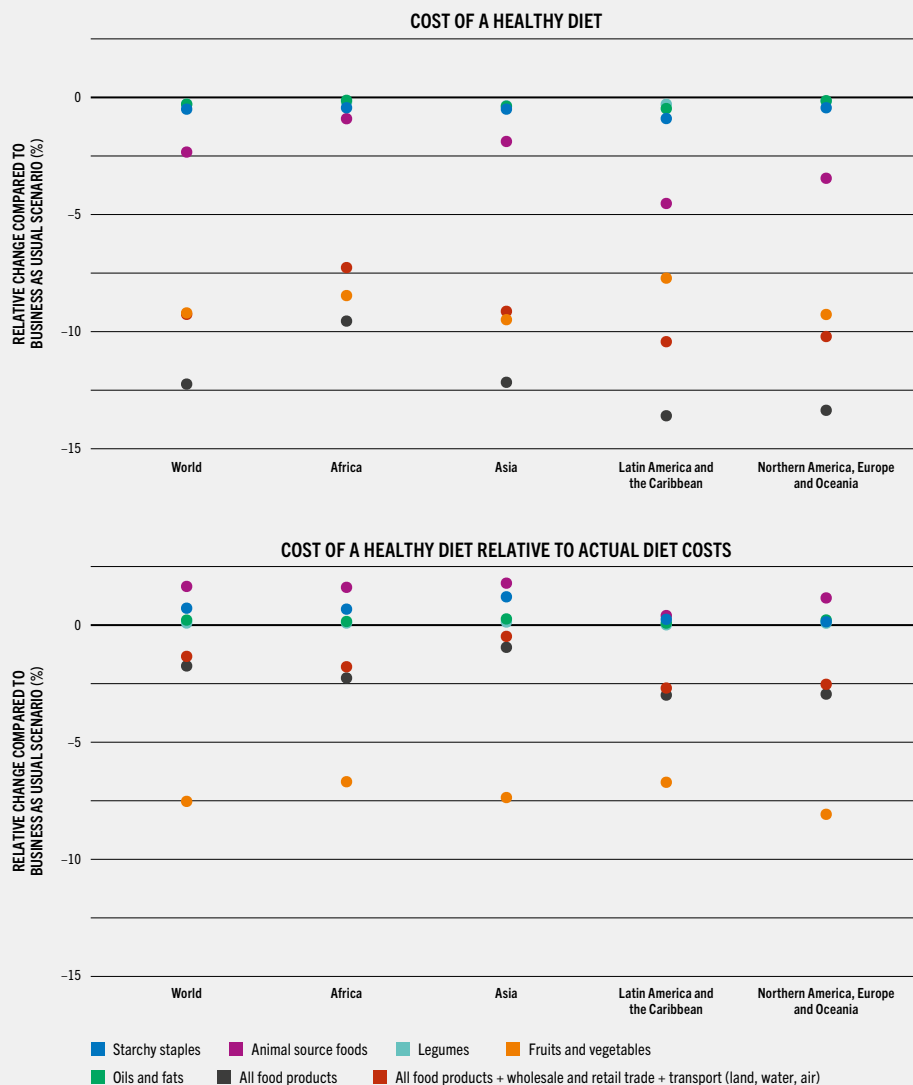
To rigorously evaluate the impact of targeted agrifood interventions, the MIRAGRODEP computable general equilibrium model assesses how supply-side interventions propagate through the global agrifood system. This framework accounts for cross-border spillovers, international trade, and indirect economy-wide impacts on critical inputs like labour, energy and transport. Expanding supply and reducing structural costs are fundamentally intertwined; with cost reduction, endogenous consumer demand rebounds and increasing marginal costs naturally moderate the final price decreases. By modelling policies simultaneously, the framework captures the powerful structural synergies where combined interventions generate cost-reduction outcomes far greater than the sum of their individual parts.

To assess the impact of technological interventions, a comprehensive 10 percent efficiency shock was analysed through economic modelling: it significantly reduces the absolute CoHD, driven overwhelmingly by structural improvements in all agrifood sectors. Globally, interventions in fruits and vegetables act as a decisive catalyst, driving a massive 7.54 percent reduction in the relative cost of a healthy diet

compared to actual consumption patterns (Figure 4.5). Enhancements in primary factor productivity deliver the biggest relative advantages in Asia, while midstream distribution and domestic logistics yield greater benefits in Latin America and the Caribbean.

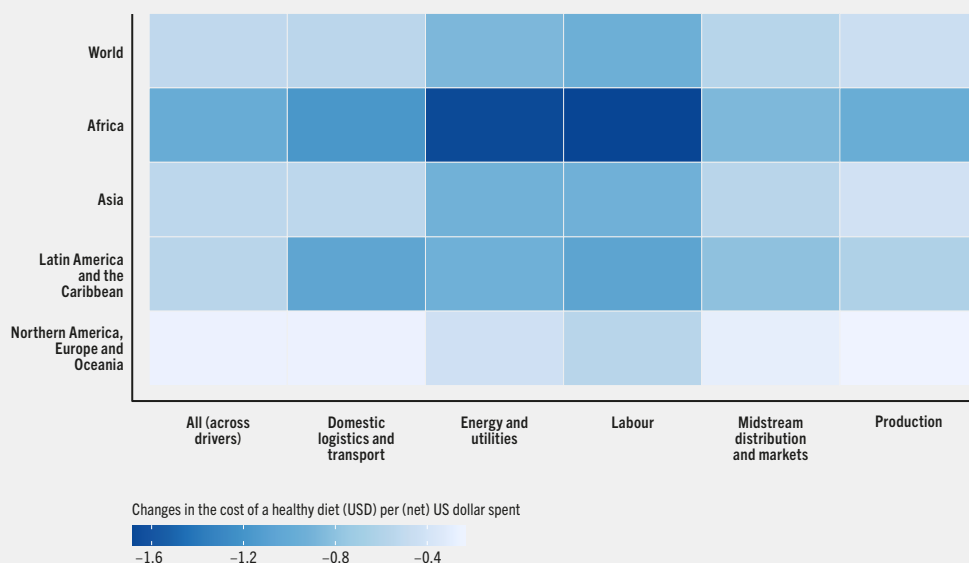
When using subsidies to reduce the cost of production, subsidizing primary production costs provides the greatest reduction in the CoHD, dwarfing the effects of subsidizing downstream logistics. A 10 percent production subsidy reduces the CoHD by 8.06 percent in Latin America and the Caribbean, and by 7.5 percent in Northern America, Europe and Oceania, compared to muted reductions of 4.4 percent in Africa and 4.7 percent in Asia. Applying comprehensive fiscal subsidies to already low-cost commodity groups like starchy staples yields negligible CoHD benefits and can trigger slight increases in the total cost of a healthy diet by diverting production factors away from other value chains. The fiscal efficiency of subsidies varies enormously (Figure 4.7). Northern America, Europe and Oceania demonstrate the lowest fiscal returns, achieving a reduction of only USD 0.2–0.6 in the CoHD for every US dollar spent.

FIGURE 4.5 IMPACTS OF TECHNOLOGICAL INTERVENTIONS ON THE COST OF A HEALTHY DIET AND THE RELATIVE COST OF A HEALTHY DIET COMPARED TO ACTUAL DIETS BY FOOD GROUP AND REGION FOR A 10 PERCENT EFFICIENCY SHOCK



NOTE: Global and regional impacts are computed as population-weighted averages.

SOURCE: Laborde, D. & Olivetti, E. (forthcoming). *Beyond single interventions: A multi-region simulation of structural and subsidies policies to lower the cost of a healthy diet*. FAO Agricultural Development Economics Working Paper. Rome.

FIGURE 4.7 REDUCTION IN THE COST OF A HEALTHY DIET BY US DOLLAR SPENT – GLOBAL SCENARIOS

NOTE: Net subsidies impact includes the raw value of the new subsidies and the indirect impacts on indirect tax rates in the model, excluding household level taxes.

SOURCE: Laborde, D. & Olivetti, E. (forthcoming). *Beyond single interventions: A multi-region simulation of structural and subsidies policies to lower the cost of a healthy diet*. FAO Agricultural Development Economics Working Paper. Rome.

<https://doi.org/10.4060/cd8306en-fig4.7>

4.3 REDUCING THE COST OF A HEALTHY DIET: IMPLICATIONS FOR DEPLOYING AND SCALING UP REFORMS

The practical implementation of the proposed reforms introduces complex governance challenges that must be firmly anchored in sustainability. The final price

paid by consumers, captured by the CoHD, does not necessarily reflect the true societal cost of producing food. The “true cost accounting” framework quantifies hidden costs – such as degraded natural capital or rural poverty – that are borne by society. Pursuing lower food prices without mitigating these hidden externalities risks creating systemic vulnerabilities. Furthermore, the transition towards healthier agrifood

systems requires creating markets for diverse, nutritious foods, while carefully sequencing demand-side interventions with supply-side actions to avoid unmitigated price spikes.

Reducing the CoHD is inherently redistributive; small-scale producers, particularly women and youth in low- and middle-income countries, can benefit from these reforms, provided accompanying interventions address persistent gaps in land tenure, credit access and technology adoption.

Ultimately, lowering the CoHD at scale demands complementary functions: public action establishes the enabling environment and fiscal incentives, while private investment expands processing and logistics and improves resource efficiency. Collaborative mechanisms, including public–private partnerships and multistakeholder platforms, deliver results when design principles align incentives, allocate risks transparently, and protect the inclusion of smallholders. ■

CHAPTER 5

WAY FORWARD: ACCELERATING PROGRESS TOWARDS SUSTAINABLE DEVELOPMENT GOAL 2 THROUGH MORE AFFORDABLE HEALTHY DIETS

While access to a healthy diet is essential for food security, it remains unaffordable for a massive share of the global population. This crisis is most acute in Africa, where rapid population growth, climate extremes like El Niño, and vulnerability to geopolitical energy shocks severely strain agrifood systems and limit access to adequate nutrition. This year, the conflict in the Middle East may exacerbate this situation. Higher prices of energy disproportionately inflate the costs of nutrient-dense foods, which are more sensitive to energy prices, due to their stronger reliance on cold chains, processing and transportation.

To accelerate progress towards SDG 2, a comprehensive agenda to transform agrifood systems is needed. Policymakers must implement targeted

interventions, including boosting the supply of nutrient-dense foods through research and development, and strengthening value chain efficiency via investments in rural infrastructure. Furthermore, integrating international trade markets, expanding nutrition-sensitive social protection programmes, and repurposing public agricultural subsidies away from staple crops towards diverse foods are critical steps.

Underpinning all these efforts is the urgent need for enhanced, granular data collection at national and subnational levels. By utilizing precise data to target interventions and align agricultural, health and climate policies, the global community can structurally lower hidden costs and ensure affordable, healthy diets for all. ■



2026 THE STATE OF FOOD SECURITY AND NUTRITION IN THE WORLD

UNDERSTANDING AND ADDRESSING THE HIGH COST OF A HEALTHY DIET

Despite sustained, gradual improvement in recent years, global hunger and food insecurity remain far above the targets set by the 2030 Agenda for Sustainable Development. It is estimated that 645 million people faced hunger in 2025. Beyond ensuring access to sufficient dietary energy, populations must have economic access to safe, diverse and nutritious foods. Yet, healthy diets are unaffordable for about 2.7 billion people worldwide, with the crisis deepening particularly in Africa. The 2026 edition of *The State of Food Security and Nutrition in the World* evaluates this pressing challenge, exploring the structural drivers behind the persistently high cost of a healthy diet.

This report reveals that the high prices of nutrient-dense items – specifically animal source foods, fruits and vegetables – account for nearly 70 percent of the cost of a healthy diet. By leveraging existing data and analytical tools, it examines how geographical disparities, agricultural productivity deficits, and value chain inefficiencies, including food loss and waste, create formidable barriers to accessing a healthy diet.

To sustainably achieve Zero Hunger, policymakers must implement targeted, multisectoral interventions, from shifting agricultural subsidies towards horticulture, to investing in robust cold chains and transport networks. This report provides a comprehensive strategy for governments and stakeholders aiming to structurally lower diet costs and safeguard human capital, while avoiding the hidden costs of agrifood systems.



*The State of Food Security
and Nutrition in the World 2026*
(main report)



*The State of Food Security
and Nutrition in the World 2026*
(supplementary material)



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