Global Network Against Food Crises

INTEGRATED ACTIONS FOR LASTING SOLUTIONS

10th EDITION

2026 GLOBAL REPORT ON FOOD CRISES

JOINT ANALYSIS FOR BETTER DECISIONS

Funded by the European Union

2026 GLOBAL REPORT ON FOOD CRISES

JOINT ANALYSIS FOR BETTER DECISIONS

Published by
the Food and Agriculture Organization of the United Nations
and
the World Food Programme
With contributions from the Global Network Against Food Crises (GNAFC) and GRFC partners

REQUIRED CITATION

FAO, WFP & GNAFC. 2026. *2026 Global Report on Food Crises – Joint analysis for better decisions.* Rome, FAO & WFP.
https://doi.org/10.4060/cd9424en

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ISBN: 978-92-5-140659-5
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Acknowledgements

This tenth edition of the Global Report on Food Crises (GRFC) has been produced under the Global Network Against Food Crises (GNAFC), with the generous support of the European Union. The report is the result of a collective effort by GNAFC members and contributing organizations. Its preparation reflects a shared commitment to providing independent, evidence-based analysis to inform humanitarian and development action.

Sincere thanks are extended to the partners of the Core Technical Group (CTG) members, whose data, evidence and analysis form the backbone of this report: Hassan Ali Ahmed, Federica Carfagna, Sophie Chotard, Estefania Custodio, Anne Celine Delinger, Aschalew Debebe Gebremedhen, Gwenaelle Garnier, Valerie Gatchell, Rodrigo GilQuintana, Ismail Kahin, Janis Kreuder, Nando Nicolas Lewis, Jose Lopez, Anuradha Narayan, Nana Jules Cabrel Nkuingoua, Hyunju Park, Damien Pereyra, Maija Peltola, Samia Rahman, Hasina Rakotomanana, Felix Rembold, Brendan Rice, Eleanor Rogers, Britta Schumacher, Terry Njeri Theuri, Mariijka Van Klinken, Roosmarijn Verstraeten, Rob Vos, Anne Wagner, Joelle Zeitouny.

We are grateful to the Partners Reference Group (PRG) for their valuable feedback and engagement throughout the process: Simona Bortolotti, Caroline De Bruin, Anteneh Dobamo, Nana Dlamini, Daniel Dyssel, Stefano Fedele, Abdi Fidar, Rodrigo Gil Quintana, Baoua Issoufou, Lucie Kelleher, Marie-Helene Kyprianou, Phoebe MacCuish, Abdul Majid, Williams Massaoud, Tino Nieddu, Maija Peltola, José Ruiz Espí (Pepe), Duncan Samikwa, Charity Mumbua Sammy, Phillippe Thomas.

Special appreciation goes to the teams at the Food and Agriculture Organization of the United Nations and World Food Programme, and the GNAFC Secretariat, for their coordination and leadership during both the preparation and publication phases, including editorial and design support and messaging development: Lavinia Antonaci, Ryan Patrick Barry, Anneta BouSaleh, Anaïs Dalbai, Conor Elliott, Niccolò Feri, Lena Hohfeld, John Jackson, Janet Kimani, Siddharth Krishnaswamy, Aurélien Mellin, David Mountain, Kathryn Ogden, Diane Prince, Tanuja Rastogi, Rachele Santini, Laura Tosi.

Thanks are further extended to colleagues at headquarters and across regions and countries whose technical expertise and contextual insights greatly enriched the analysis: Moctar Aboubacar, Koffi Akakpo, Andrea Berardo, Angela Blanco, Carlo Cafiero, Annette Castillo Zurita, Jonathan Cullen Rivers, Tobias Flaemig, Xabier Garay, Filippo Gheri, Brenda Lazarus, Virginia Leape, Chris Mawhorter, Cinzia Monetta, Aysenur Ozcan, Jose Alejandro Rosero Moncayo, Alioubadara Samake.

We are also grateful to the GNAFC Strategic Advisory Group (SAG) for its strategic guidance and support in bringing this edition to completion Jean-Martin Bauer, Sean Bell, Barbara Dequinze, Elizabeth Eyster, Marianne Grosclaude, Ron Hartman, Jen Haugen, Habib Mayar, Joan Matji, Rein Paulsen, Andreas Schaumayer.

Particular thanks are extended to the UK Foreign, Commonwealth & Development Office (FCDO) for generously hosting the launch of this edition, and to the communications teams of GNAFC members and partner organizations for ensuring the report receives the visibility it deserves.

We also acknowledge the former Food Security Information Network (FSIN) secretariat, whose leadership over the past nine years laid a critical foundation for this year's edition.

Funded by the European Union

Additional support for promotion and dissemination provided by the UK Foreign, Commonwealth & Development Office

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World Food Programme

Foreword

This tenth edition of the *Global Report on Food Crises* reveals an alarming reality: hunger is increasingly being used as a weapon of war.

Conflict remains the primary driver of acute food insecurity and malnutrition for millions around the world, with outright famine emerging in two conflict-affected areas in the same year – an unprecedented development.

At the same time, we have reached a decade-low in humanitarian funding and official development assistance, leaving millions without the urgent and lifesaving humanitarian support they need.

Meanwhile, the recent escalation of conflict in the Middle East is disrupting trade routes, driving up food and fuel prices, and destabilizing populations, potentially exacerbating hunger.

In these difficult times, understanding who is most at risk, where they are, and what they need is more critical than ever.

This report provides a roadmap for sustained investment in credible, evidence-based food security and nutrition analysis and solutions to build food systems that can reach all people – even in the midst of conflict.

It is also a call to action urging global leaders to summon the political will to rapidly scale up investment in lifesaving aid, and work to end the conflicts that inflict so much suffering on so many.

Ending hunger is a test of our shared humanity.

It is a test we cannot fail.

António Guterres
Secretary-General of the United Nations

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Partner statements

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For ten years, the *Global Report on Food Crises* has been the world's reference on acute food insecurity. Unique in its kind, it brings together all major partners to jointly analyse the data and deliver a shared, peer-reviewed assessment, not the perspective of a single organisation, but a collective and trusted evidence base. At a time of growing crises and misinformation, this common analysis is more essential than ever. Food crises are often the first signal of deeper fragility. By supporting the Global Report from the start, the European Union has helped build a vital global public good: reliable information to guide action, save lives and create more resilient food systems. Through this commitment, and now also through the Global Gateway, the European Union continues to work with partner countries to invest in stronger local food production, improve access to key inputs such as fertilisers, and build more resilient and sustainable food systems.

Jozef Síkela
European Commissioner for International Partnerships

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The *Global Report on Food Crises* is multilateral cooperation at its best. For ten years, it has brought humanitarian and development partners together around one shared, trusted analysis of global hunger. A common reference we can all rely on. And what it shows is clear: hunger is getting worse. This report helps us track the trends, compare across crises, and understand where the needs are greatest. Most importantly, it is an early warning and a call to act. The European Union remains firmly committed to fighting food insecurity as a reliable and principled humanitarian donor. We will continue to use this report as our compass to navigate rising hunger in a more complex world.

Hadja Lahbib
European Commissioner for Preparedness, Crisis Management and Equality, Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG ECHO)

Abbreviations

AMN	acute malnutrition
ASAP	Anomaly Hotspots of Agricultural Production
CARI	Consolidated Approach for Reporting Indicators of Food Security
CH	Cadre Harmonisé
CTG	Core Technical Group
FAO	Food and Agriculture Organization of the United Nations
FEWS NET	Famine Early Warning Systems Network
GIEWS	Global Information and Early Warning System
GAM	global acute malnutrition
GDP	gross domestic product
GNAFC	Global Network Against Food Crises
GRFC	Global Report on Food Crises
HNRP	Humanitarian Needs and Response Plan
IDMC	Internal Displacement Monitoring Centre
IDP	internally displaced persons
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODA	official development assistance
OECD	Organisation for Economic Co-operation and Development
PiN	people in need
SBA	Sana'a-Based Authorities
SMART	Standardized Monitoring and Assessment of Relief and Transitions
TWG	Technical Working Group
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WASH	water, sanitation and hygiene
WFP	World Food Programme

GRFC 2026: KEY FINDINGS

In 2025, acute food insecurity remained widespread in countries/territories with food crises. Overall, 22.9 percent of the analysed population in 47 countries/territories – corresponding to 266 million people – experienced high levels of acute food insecurity. This marks a marginal increase from 22.7 percent in 2024, with the share of the analysed population facing high levels of acute food insecurity nearly doubling compared with 2016. It has remained over 20 percent every year since 2020.

The figure of 266 million people mainly reflects a reduction in the number of countries covered in 2025, compared with 2024, rather than a decrease in acute food insecurity requiring urgent action.

Six countries/territories had populations in Catastrophe (Integrated Food Security Phase Classification [IPC]/Cadre Harmonisé [CH] Phase 5), accounting for 1.4 million people, a more than nine-fold increase since 2016.

Over 39 million people in 32 countries/territories were in Emergency (IPC/CH Phase 4), representing 3.8 percent of the population analysed, a marginal increase from 2024.

In 2025, **Afghanistan, South Sudan, the Sudan and Yemen** ranked among the largest food crises globally, in both relative and absolute terms.

Famine (IPC Phase 5) was confirmed in two countries/territories in 2025 – in parts of the Gaza Strip (Palestine) and the Sudan – a first since IPC reporting began. A risk of Famine remained in other areas of the Gaza Strip, the Sudan and South Sudan, including projections extending into 2026.

More than 80 percent of people facing high levels of acute food insecurity lived in protracted crisis contexts (33 countries/territories), where recurrent shocks and structural vulnerabilities continue to drive persistent food insecurity.

Conflict and insecurity were the primary drivers of acute food insecurity in countries/territories hosting more than half of the population facing high levels of acute food insecurity. Countries with weather extremes as the primary driver accounted for around one-third of the global number of people in high acute food insecurity. Economic shocks were the primary driver in fewer contexts compared with 2024.

In 2025, **humanitarian and development financing to food sectors in food crisis contexts both declined, against a backdrop of persistently high global acute food insecurity**. Funding has fallen back to levels last observed in 2016–2017.

The integrity of the data systems underpinning the GRFC is increasingly at risk, as several factors, including access and funding shortfalls, threaten food security and nutrition information systems. Protecting and investing in these data systems is critical to safeguard evidence-based decision-making.

Based on a partial picture as of March 2026, severity levels remain critical in multiple contexts. In addition, while a full assessment is premature, the escalation of the conflict in the Middle East exposes countries/territories with food crises to both direct and indirect risks of global agrifood market disruptions.

An estimated 35.5 million children were acutely malnourished across the 23 countries/territories experiencing nutrition crises, including just under 10 million with severe acute malnutrition. About 9.2 million pregnant and breastfeeding women were acutely malnourished across 21 countries/territories.

The number of forcibly displaced people in the 46 countries/territories decreased slightly to 85.1 million in 2025, 74 percent of whom were internally displaced. Globally, the majority of forcibly displaced people are in food-crisis contexts. Acute food insecurity data on displaced populations – available for only 17 countries with food crises – showed higher severity among displaced than resident populations.

1. Introduction

About the report

Marking its tenth edition, the **Global Report on Food Crises (GRFC)** 2026 builds on a decade of consensus-based, multi-agency analysis to provide an overview of acute food insecurity, acute malnutrition and population displacement in countries/territories facing food crises in 2025.

Produced with the leading food security and nutrition technical agencies and partners, the GRFC provides a methodologically rigorous, neutral and jointly validated assessment that supports decision makers to prioritize scarce resources where the severity, scale and persistence of needs are greatest.

1.1 The report's tenth edition in a shifting humanitarian context

With its tenth edition,[1] the GRFC underscores its role as a key decision-support tool in the humanitarian landscape. Amid persistent high levels of needs and limited resources, the GRFC speaks to the need for more evidence-based decision-making – aligned with the spirit of the various reform processes underway.

To enable faster uptake and earlier publication, the 2026 edition focuses on global and regional findings. Country profile pages are not included, and regional sections are shortened, but the report provides links to underlying Appendices and Technical Notes with detailed data for users who require more information.

The GRFC is based on partnership, consultation and consensus

The GRFC is published under the umbrella of the Global Network Against Food Crises (GNAFC). To maintain its key principles of impartiality, technical and methodological robustness and consensus, it is produced through an inclusive process in collaboration with partners, consisting of regional intergovernmental bodies, donors, technical bodies, clusters and United Nations agencies.

Partner responsibilities

- Partners have contributed data and analysis, and reviewed the report, through the **Core Technical Group (CTG)** – Food and Agriculture Organization of the United Nations (FAO), International Food Policy Research Institute, Integrated Food Security Phase Classification (IPC), European Commission Joint Research Centre and World Food Programme (WFP) – with the International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR) and United Nations Children's Fund (UNICEF) contributing to the displacement and nutrition chapters. FAO and WFP coordinated the preparation of the report.
- **The Partners Reference Group (PRG)** – Permanent Interstate Committee for Drought Control in the Sahel, European Union (EU), Foreign, Commonwealth & Development Office of the United Kingdom (FCDO), global Food Security Cluster, Global Nutrition Cluster (GNC), International Fund for Agricultural Development, Intergovernmental Authority on Development and Southern African Development Community – reviewed the report throughout the entire drafting process.
- The report was endorsed by all partners, as well as through the partners of the GNAFC.

Box 1. Heightened relevance of the GRFC in the context of the Humanitarian Reset and related reforms

Why the GRFC matters now

UN80 and the Humanitarian Reset call for tighter collective analysis, sharper prioritization and more efficient use of limited financing (see Section 2.7 on external financing flows to food and nutrition crises). The GRFC is as relevant as ever in a climate of high need and limited resources, as it provides a single, trusted evidence base to align humanitarian, development and peace actors around common severity metrics, caseload estimates, trends over time and key drivers – reducing duplication and speeding up coordinated decisions.

What the GRFC uniquely provides for humanitarian reforms

- Provides a comparable, cross-country severity lens immediately usable for inter-agency strategic planning.
- Identifies countries, contexts and population groups facing the most severe and persistent acute food insecurity and malnutrition.
- Provides analysis of key drivers and trends over time – increasing understanding of where sustained action is required, and how actions should evolve to better address drivers.
- Aligns humanitarian priority response with resilience and prevention efforts, supporting more coherent engagement across humanitarian, development and peace actors.

1.2 GRFC methodology at a glance

Acute food insecurity data, 2025

The GRFC reports the highest (or peak) estimate of people facing high levels of acute food insecurity during at least one month of 2025 or, if not available, in the second half of 2024. The peak figure may straddle two consecutive years or be a projection – that is, late 2024–early 2025 or late 2025–early 2026. Data for 2025 are the latest available as of 15 March 2026.

Box 2. What constitutes a 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 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".[2]

Acute food insecurity arises when one, some or all dimensions of food security – food availability, access, utilization and stability – are disrupted, whether by shocks or other factors, so that food insecurity reaches a severity that threatens lives or livelihoods. This means that acute food insecurity is defined regardless of the causes, context or duration. It can be persistent over time, largely due to structural causes, or just temporary.

What constitutes a nutrition crisis?

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 health care infrastructure and inadequate practices, resulting in high levels of acute malnutrition in children aged 6–59 months.

For some countries/territories or population groups that face food crises, there may be limited data on acute malnutrition outcomes. Such cases are labelled "situations of nutrition concern" when available data on contributing and contextual factors point to high nutritional vulnerability and a risk of the nutrition situation deteriorating.

Acute malnutrition data, 2025

The GRFC analyses nutrition data available from countries/territories with food crises for children aged 6–59 months and pregnant and breastfeeding women. Countries/territories are classified as either having nutrition crises if any area is classified as Serious or worse (IPC acute malnutrition [AMN] Phase 3 or above) or equivalent (global acute malnutrition [GAM] prevalence by weight-for-height z-score greater than or equal to 10 percent) or nutrition concern if data on contributing factors point to high nutritional vulnerability.

When multiple analyses are valid for 2025 for a single country/territory, the peak period is identified as that with the highest share of analysed areas in nutrition crisis.

Projections for 2026

The outlook in Section 2 of this report includes acute food insecurity projections for 2026 using data from IPC, Cadre Harmonisé (CH) and Famine Early Warning Systems Network (FEWS NET). These projections are based on the most likely scenario in each country case, which in turn is based on assumptions about the evolution of drivers and their impacts on food security and nutrition outcomes. Data informing projections for 2026 include the latest available up to 15 March 2026.

Box 3. Country selection and data sources

The analyses in the GRFC are based on a systematic process that starts with the 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/territory selection

Countries/territories are included in the GRFC 2026 if they meet any of the following criteria:

- Countries/territories that required external assistance for food as assessed by the FAO Global Information and Early Warning System (GIEWS) in 2025.
- Countries/territories that had a Humanitarian Needs and Response Plan (HNRP) in 2025.
- Low- and middle-income countries/territories that requested and received emergency assistance in 2025:
  - 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 are deemed able to cope with shocks without needing to request external assistance.

2. Data sources

After the identification of countries/territories with a food crisis, the GRFC Partner Groups identify and endorse the data sources for the peak and projection estimates for acute food insecurity, malnutrition and displacement, based on the GRFC technical requirements.

MAIN DATA SOURCES FOR ACUTE FOOD INSECURITY

IPC and CH analyses are the main data sources for estimating acute food security (see Table 2.1). When IPC/CH analyses are not available, the GRFC will use:

- FEWS NET;
- WFP's Consolidated Approach for Reporting Indicators of Food Security (CARI); or
- HNRPs' number of people in need for the food security sector, based on the United Nations Office for the Coordination of Humanitarian Affairs (OCHA)'s Joint and Intersectoral Analysis Framework methodology.

MAIN DATA SOURCES FOR ACUTE MALNUTRITION

- IPC AMN analyses
- HNRPs
- Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys
- Demographic and Health Surveys
- National nutrition survey data
- National malnutrition burden estimates

MAIN DATA SOURCES FOR DISPLACEMENT

For refugees:

- UNHCR December 2025 nowcasting estimates
- United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)

For internally displaced persons (IDPs):

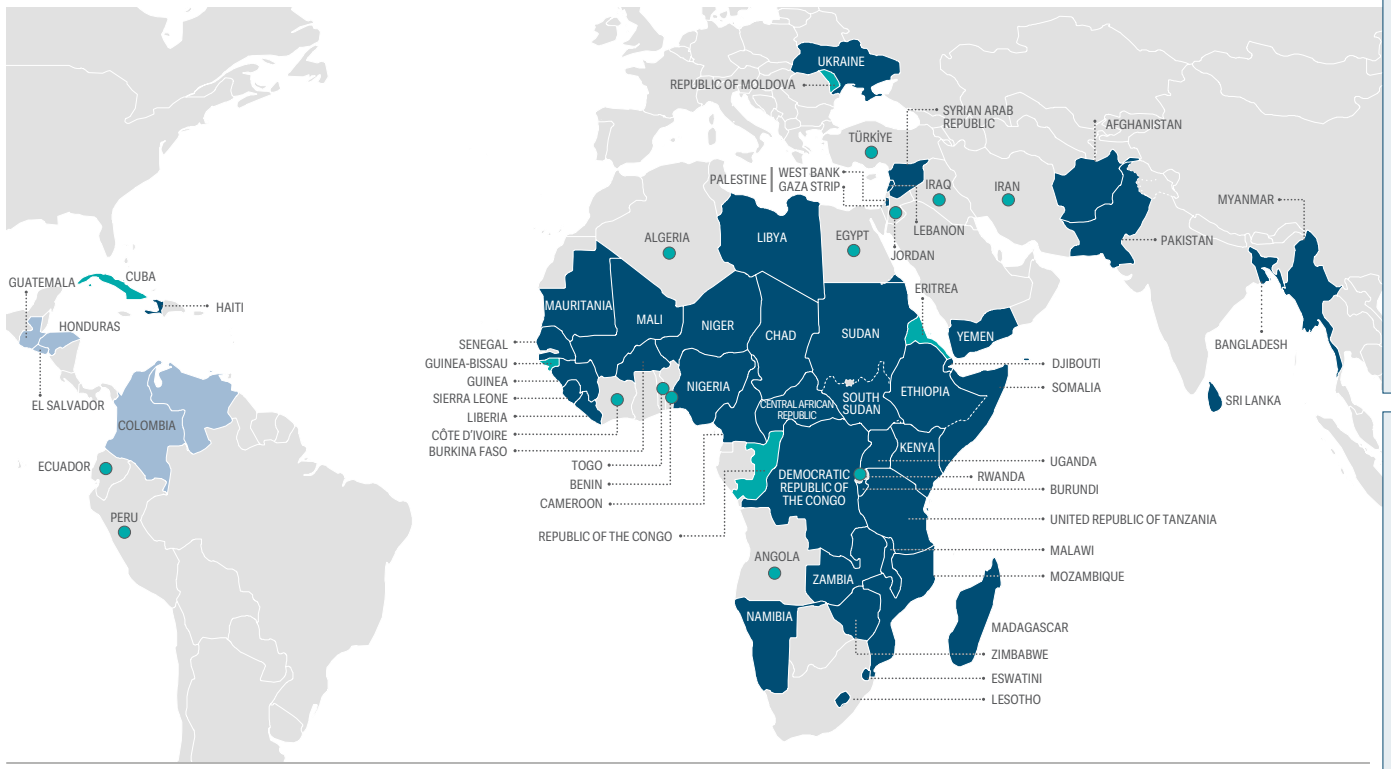
- IOM
- Internal Displacement Monitoring Centre (IDMC)

Technical requirements refer to methodology, time frame, coverage, consensus and participation.

For further details about each source and methodology, see Technical Notes, page 24.

1.3 Countries/territories selected for the GRFC 2026

Map 1.1 The 65 countries/territories selected for the GRFC 2026



Source of map: United Nations Geospatial. 2025. Map of the World. In: *United Nations*. [Cited 7 April 2026]. https://www.un.org/geospatial/content/map-world-1. Refer to the disclaimer on page ii for the names and boundaries used in this map. 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. Final status of the Abyei area is not yet 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 2025
- Countries selected for having a Humanitarian Needs Response Plan (HNRP) in 2025
- Low or upper/lower-middle-income countries/territories not selected for analysis by FAO-GIEWS, that 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
- Refugee populations in low- and middle-income countries/territories that requested and received emergency assistance in 2025 from UNHCR/WFP for at least 5 000 refugees, or because of having over 1 million people, or at least 20 percent of its population, forcibly displaced

Source: GRFC CTG, 2026.

Acute food insecurity data availability

65 countries/territories were selected for the 2026 GRFC. See Map 1.1.

47 of them had data meeting the GRFC technical requirements.

18 of them had no data, or the data did not meet the GRFC technical requirements: Bolivarian Republic of Venezuela, Burkina Faso, Republic of the Congo, Cuba, Eritrea, Ethiopia, Libya and the Republic of Moldova, and displaced populations in Algeria, Angola, Benin, Côte d'Ivoire, Ecuador, Islamic Republic of Iran, Peru, Rwanda, Togo and Türkiye.

Non-food crisis countries with acute food insecurity data available

A few countries, for example the Gambia and Togo (residents), did not meet the threshold number of beneficiaries required for inclusion, as fewer beneficiaries received emergency assistance than planned. This may be due to limited funding despite the existence of needs, or the absence of major shocks.

Acute food insecurity data meeting technical requirements were available for the resident populations of 12 additional countries that did not meet the GRFC selection criteria described on page 4. Food security information on these 12 countries is included in Appendix 3. These countries are: Angola (residents), Benin (residents), Côte d'Ivoire (residents), the Dominican Republic, Ecuador (residents), the Gambia, Ghana, the Lao People's Democratic Republic, Nicaragua, Togo, Tajikistan and Timor-Leste.

Farmer in Serawa in the Far North region of Cameroon © WFP/Joseph Fambove

Box 4. The lowest country coverage of the GRFC in a decade – reduced data availability influencing reported trends

The 2026 GRFC features the lowest number of countries and territories with acute food insecurity data meeting GRFC technical requirements in ten years. Specifically, in 2025, 18 countries and territories selected for the GRFC did not have acute food insecurity data, or did not have data meeting the GRFC's technical requirements, including the requirement on consensus-based estimates.

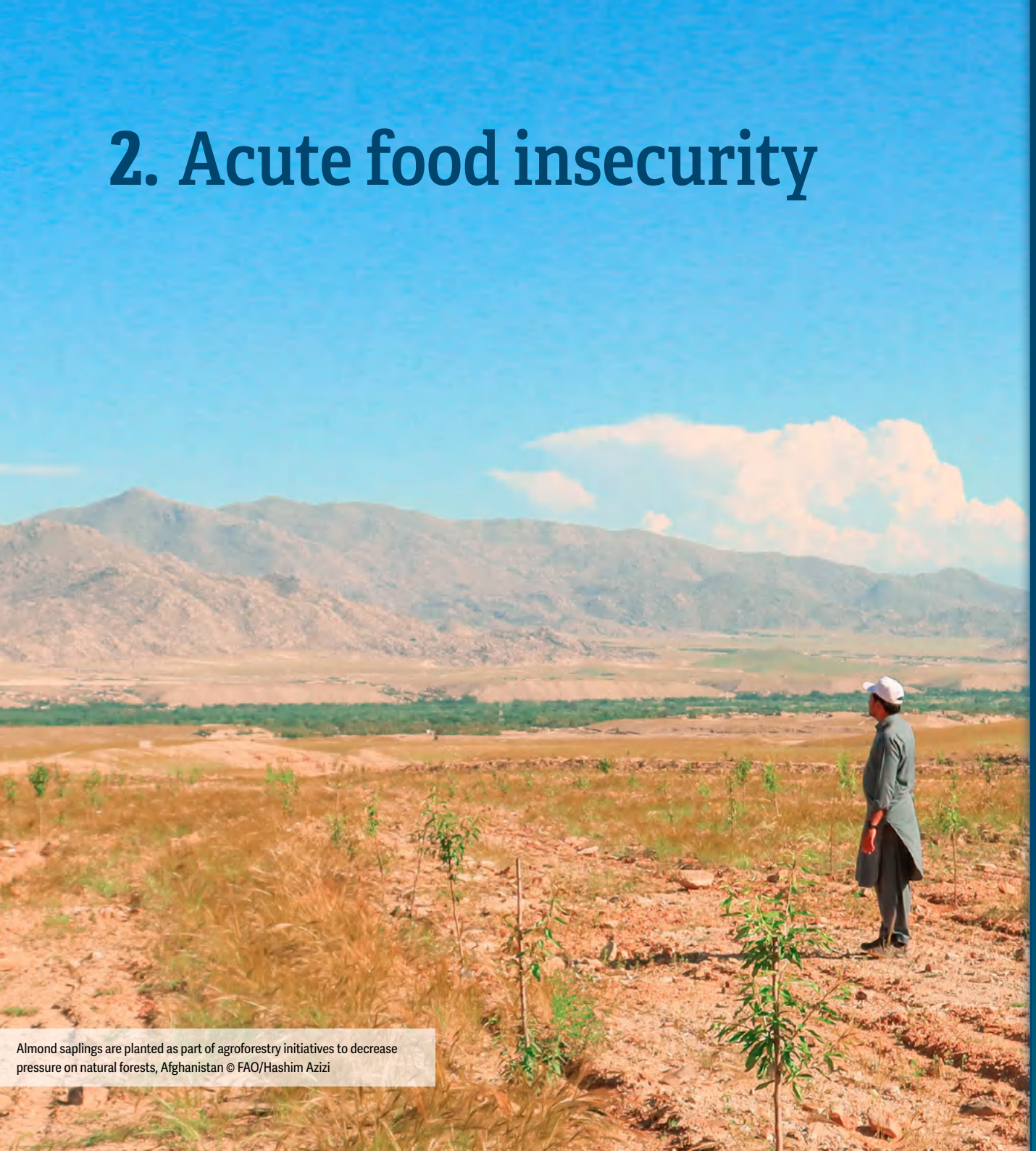
Five of these countries – Burkina Faso, the Republic of the Congo, Ethiopia, and displaced populations in Algeria and Ecuador – had data available in the GRFC 2025, representing more than 27 million people facing high levels of acute food insecurity in 2024. However, no updated estimates were available for 2025. Data gaps emerged mainly due to a combination of factors, including challenges to obtain authorization to collect or share data, limited funding and a lack of priority for data collection. Limited funding led to data gaps for example in the Republic of the Congo, for migrants in Peru, and for refugees in Benin, Côte d'Ivoire and Togo.

The broader decline in humanitarian financing has further restricted resources for assessments. While this most visibly results in some countries producing no acute food insecurity estimates, more frequently it leads to reduced frequency of data collection, lower population coverage, and less disaggregation for displaced populations. This trend was already evident in 2025: WFP, one of the principal data providers for IPC analyses, conducted 800 000 survey interviews, representing a 30 percent decrease from 1.1 million the previous year. A further reduction is expected for 2026.[3] Similarly, FAO Data in Emergencies reduced its household survey interviews by around 31 percent – from around 170 000 in 2024 to 118 000 in 2025.[4]

CH analyses shifted from biannual to annual in some countries (for instance, the Gambia and Guinea-Bissau). Population coverage of IPC/CH analyses declined by about 40 percent in Zambia between 2025 and 2026, 17 percent in Malawi, 14 percent in Guinea and, despite increased geographical coverage in past few years, 10 percent in Nigeria, limiting comparability and biasing trends. In 2026, no data is available for refugees in Chad, and no disaggregation is available for returnees in South Sudan, reducing visibility on these vulnerable groups.

As a result, the integrity of the data systems underpinning the GRFC is increasingly at risk. Protecting and investing in food security and nutrition information systems is critical to safeguard evidence-based decision-making.

2. Acute food insecurity



Almond saplings are planted as part of agroforestry initiatives to decrease pressure on natural forests, Afghanistan © FAO/Hashim Azizi

Key findings

- In 2025, ten countries accounted for two-thirds of all people facing high levels of acute food insecurity globally, with Nigeria, the Democratic Republic of the Congo and the Sudan alone representing nearly one-third of the total. South Sudan has joined the list of the ten largest food crises in 2025.
- Improvements were reported in Bangladesh, the Niger, parts of Nigeria and the Sudan, and the Syrian Arab Republic, as well as in nine additional countries where acute food insecurity data are comparable year-on-year.
- These improvements were almost fully offset by notable deteriorations in Afghanistan, the Democratic Republic of the Congo, Myanmar and Zimbabwe, as well as in 12 other countries reporting increases in high acute food insecurity since 2024.
- Compared with 2024, the number of countries/territories with populations in IPC Phase 5 increased with the addition of Yemen. The total number of people in this phase decreased in the Gaza Strip and the Sudan, even though both countries/territories had areas classified in Famine in 2025.
- The 2026 GRFC features the lowest number of countries and territories with acute food insecurity data meeting GRFC technical requirements in ten years. Specifically, 18 countries and territories selected for the GRFC did not have acute food insecurity data, or did not have data meeting the GRFC's technical requirements.

2.1 Overview

22.9 percent of the analysed population or, 266 million people, experienced high levels of acute food insecurity in the 47 countries/territories with food crises and data meeting GRFC technical requirements in 2025.

Acute food insecurity remains widespread, with marginal changes in the share of the population analysed facing high levels of acute food insecurity, from 22.7 percent in 53 countries/territories with food crises in 2024 to 22.9 percent in 47 countries/territories in 2025 (see Map 2.2, p.16 and Map 2.3, p.17).

The figure of 266 million people experiencing high levels of acute food insecurity is lower than 296 million in 2024.[5] This should not be interpreted as a decrease in acute food insecurity requiring urgent action, but this mainly reflects a reduction in the number of countries covered in 2025 compared with 2024.

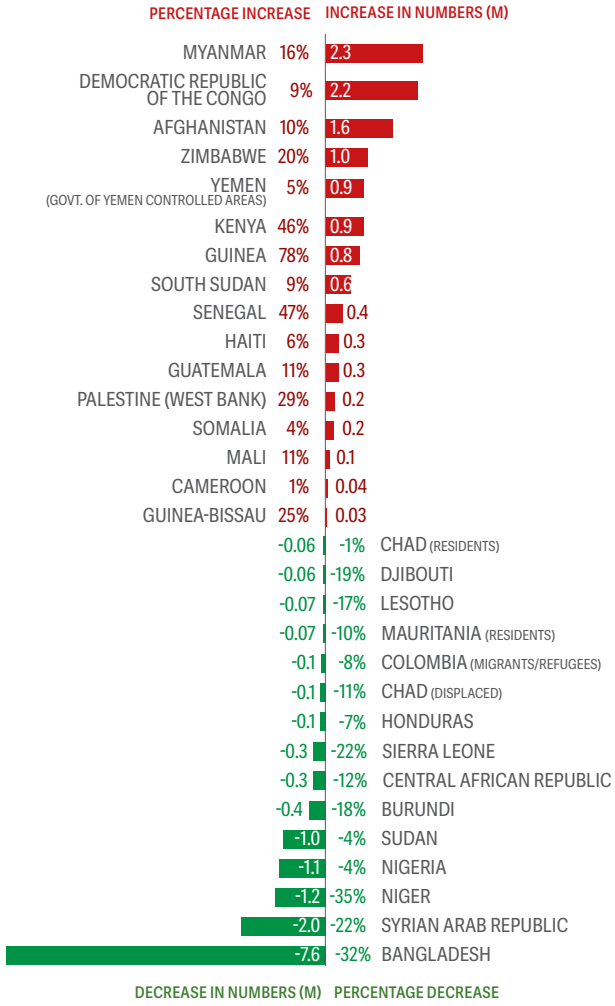
Famine (IPC Phase 5) was confirmed in two countries/territories in 2025 – in parts of the Gaza Strip (Palestine) and the Sudan – a first since IPC reporting began.[6,7] See **Box 5. Countries/territories with Famine situations (IPC Phase 5) or risk of Famine** for more details.

Improvements in Bangladesh, the Niger, parts of Nigeria and the Sudan, the Syrian Arab Republic and nine additional countries/territories where acute food insecurity data are comparable year on year were almost completely offset by notable deteriorations in Afghanistan, the Democratic Republic of the Congo, Myanmar, Zimbabwe and 12 other countries/territories reporting an increase in high acute food insecurity since 2024 (see Figure 2.1).

The number of countries/territories covered in this year's report fell from 53 in 2024 to 47; correspondingly, the total population analysed decreased from around 1.3 billion people to around 1.16 billion between 2024 and 2025. Algeria (refugees), Burkina Faso, the Republic of the Congo, Ecuador (migrants) and Ethiopia are no longer covered in the analysis due to the unavailability of data in 2025. Timor-Leste and Togo (residents) are no longer selected as they did not request emergency assistance to cope with shocks to food security in 2025. Sri Lanka is the only new addition to the GRFC country coverage in 2025 due to the impact of Cyclone Ditwah in late 2025.

Conflict remained the main driver of acute food insecurity. In 19 countries/territories where it was the primary driver, 147.4 million people were acutely food insecure and in need of urgent assistance. Conflict was the primary driver in almost all countries/territories with populations facing Catastrophe (IPC/CH Phase 5). Weather extremes, including the lasting impact of the 2023–2024 El Niño in Southern Africa, La Niña impacts in the Horn of Africa, and tropical storms in Latin America, made weather extremes the primary driver in 16 countries/territories, where 87.5 million people were facing high levels of acute food insecurity. The impact of economic shocks has continuously declined since the peak in 2022. In 2025, it was the main driver in 12 countries/territories, where 29.8 million people were facing high levels of acute food insecurity. Economic uncertainty and high food prices, however, were impacting food insecurity in many countries, as 31 countries/territories reported economic shocks as an additional driver.

Figure 2.1 Change in number of people facing high levels of acute food insecurity in 30 countries/territories with comparable data, 2024–2025 peak

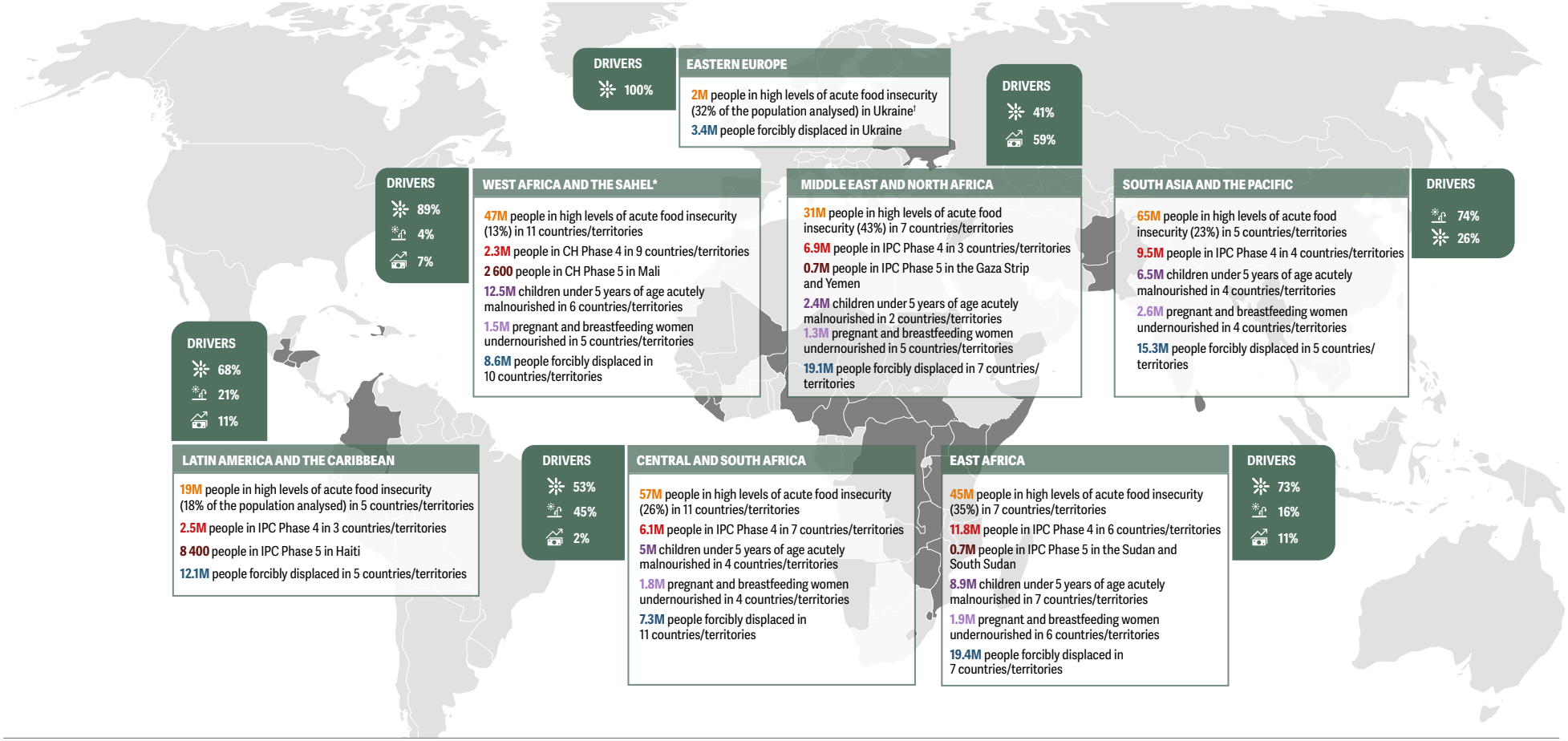


Note: IPC data became available again in Yemen SBA-controlled areas in 2025 after a two-year gap. Therefore, for Yemen SBA-controlled areas, the 2024–2025 data are not directly comparable. This graph covers 30 countries and territories, although Chad is reported for both resident and displaced populations.

Source: GRFC CTG, 2026.

2.2 Regional overview

Map 2.1 Key figures of acute food insecurity, including drivers, and acute malnutrition in regions with food crises in 2025



Source of map: United Nations Geospatial. 2025. Map of the World. In: *United Nations*. [Cited 7 April 2026]. https://www.un.org/geospatial/content/map-world-1. Refer to the disclaimer on page ii for the names and boundaries used in this map. 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. Final status of the Abyei area is not yet determined.

Notes: The main drivers of food crises are indicated for each region: conflict/insecurity weather extremes economic shocks

† The proportion of the total country population analysed in Ukraine is 19%, i.e. the war-affected population, including frontline residents, IDPs, evacuees and people affected by strikes.

Source: GRFC CTG, 2026.

Across all regions, acute food insecurity in 2025 was driven by a combination of conflict, weather extremes and economic shocks.

East Africa continues to be home to the largest food crises in the world. In the **Sudan**, the impact of the armed conflict resulted in nearly 25 million people – over half the population – facing Crisis or worse (IPC Phase 3 or above) by May 2025,[a, 8] representing a decrease by around 1 million people in IPC Phase 3 or above from 2024.[9] A decline in acute food insecurity was observed in the eastern areas of the country compared with the year before due to security stabilization. However, in two besieged towns – El Fasher and Kadugli – there was Famine (IPC Phase 5) as of September, and 20 areas across Greater Darfur and Greater Kordofan were at risk of Famine.[10, 11] **Kenya**, **Somalia** and **South Sudan** faced deteriorations in 2025. These were primarily caused by climatic shocks (drought and floods), conflicts and elevated food prices. The worsening conditions were compounded by reduced humanitarian assistance.[12] In South Sudan, two counties – Luakpiny/Nasir and Ulang – faced a risk of Famine in 2025 under a worst-case scenario because of conflict and civil insecurity, which could persist until July 2026 in Luakpiny/Nasir.[13, 14]

Food crises remained widespread in **West Africa and the Sahel**, notably in areas affected by conflict and insecurity in the Lake Chad basin and the Liptako–Gourma region. Despite the decrease in the number of people facing Crisis or worse (CH Phase 3 and above) in the **Niger** and **Nigeria**, mainly due to the above-average 2024 cereal harvest in the Niger[15] and a drop in inflation from 31 to 23 percent in Nigeria,[16, 17] the severity of acute food insecurity worsened in some areas, including in the northern states of Nigeria, mainly due to conflict and insecurity. The number of people in CH Phase 3 or above also decreased in Sierra Leone due to a drop in inflation – from 28 to 9 percent in 2024–2025 – despite food prices remaining elevated.[18, 19] In **Guinea**, **Mali** and **Senegal**, the population in Crisis or worse (CH Phase 3 and above) increased compared with 2024. This was due to the impact of floods in Guinea, conflict and insecurity in Mali, and reduced crop production because of the continued impact of weather extremes and a reduction in the area planted in Senegal.[20] In Mali, around 2 000 people in Ménaka faced Catastrophe (CH Phase 5) between June and August 2025 due to insecurity. In **Chad**, the acute food insecurity situation remained stable though widespread and severe, notably among the displaced populations and returnees from neighbouring Sudan.[21] New arrivals are intensifying pressure on scarce resources and livelihoods, deepening local vulnerabilities.[22] Burkina Faso had no acute food insecurity data for 2025.[23]

Despite a significant improvement in food security in **Bangladesh,** primarily attributed to the absence of major disasters in early 2025, a decline in food inflation and increased remittance inflows, acute food insecurity in **South Asia** worsened. It deteriorated among the forcibly displaced Myanmar nationals in two Bangladeshi districts amid the recent influx of Rohingya refugees, floods and reduced humanitarian assistance.[24] It also worsened in **Myanmar** due to the impact of the 2025 earthquake, protracted conflict compounded by humanitarian funding shortfalls.[25] In **Afghanistan**, the increase in the number of people facing high levels of acute food insecurity partly reflects the use of updated national population figures following methodological adjustments. However, the severity of acute food insecurity worsened mainly because of prolonged economic deterioration, recurrent drought and the repatriation of Afghan refugees from neighbouring countries, compounded by a significant reduction in humanitarian assistance.[26]

In the **Middle East and North Africa**, the situation remained severe. The Gaza Strip experienced catastrophic levels of acute food insecurity during most of 2025, as Famine (IPC Phase 5) was confirmed in mid-August in Gaza Governorate.[27, 28] However, following the ceasefire and proposed peace plan agreed in October, access to both humanitarian and commercial food deliveries improved, and food insecurity attenuated somewhat but remained critical.[29] In the **Syrian Arab Republic**, the share of people facing high levels of acute food insecurity decreased in 2025, despite acute food insecurity remaining alarmingly widespread – with 29 percent of the population facing high levels acute food insecurity compared with 39 percent in 2024. There are ongoing efforts by the government to ease food inflation, lower tariffs and increase wages.[30] Nonetheless, severe drought, poor economic conditions, localized insecurity and the protracted impact of conflict continue to drive acute food insecurity.[31] Increases in high levels of acute food insecurity were reported in the **West Bank** and the **Government of Yemen-controlled areas**, primarily due to the impact of conflict.[32] In **Yemen's Sana'a-Based Authorities (SBA)-controlled**

a The Government of the Sudan did not endorse the findings of this analysis.

areas, part of the population in Hajjah, Al Hodeidah and Amran governorates were in Catastrophe (IPC Phase 5), mainly due to the lingering and direct impacts of conflict, macroeconomic downturn and lack of income opportunities, aggravated by access constraints and operational pauses for humanitarian actors.[33]

In **Southern Africa**, notably **Eswatini**, **Lesotho**, **Malawi**, **Zambia** and **Zimbabwe**, acute food insecurity was widespread during the lean season, primarily in the first quarter of 2025, mainly due to crop production shortfalls resulting from the 2023–2024 El Niño-related drought.[34] In **Madagascar** and **Mozambique**, the food security situation was also compounded by the impact of cyclones, pests (including locusts affecting crop production in Madagascar), extensive flooding in December 2025 in Mozambique, and conflict in the Mozambican province of Cabo Delgado.[35, 36, 37] In **Central Africa**, conflict and insecurity significantly increased acute food insecurity in the eastern provinces of the **Democratic Republic of the Congo**, and contributed to maintaining widespread acute food insecurity in the **Central African Republic**, despite improvements over the past two years.

In **Latin America and the Caribbean**, the number of acutely food-insecure people in need of urgent assistance in **Colombia**[a] remained high due to multiple shocks that are primarily related to the deterioration of livelihoods, including the large numbers of IDPs, localized conflict[38, 39] as well as the protracted impact of the 2023–2024 El Niño and the related weather extremes on agriculture and rural livelihoods. Acute food insecurity increased slightly in **Guatemala** and **El Salvador** due to the protracted impact of El Niño-related 2023–2024 weather extremes, high food prices, seasonality and macroeconomic difficulties.[40, 41] In **Haiti**, the food security situation deteriorated, with pockets of populations facing catastrophic conditions (IPC Phase 5), especially among the forcibly displaced people within Port-au-Prince. This was due to widespread gang violence and a protracted economic crisis amid significant structural vulnerabilities, including widespread poverty and low levels of agricultural production.[42]

In **Ukraine**, the primary driver of the food crisis remained conflict and insecurity. Wartime constraints caused nationwide economic shocks, including severe electricity shortages following Russian attacks on energy and gas infrastructure.

Southeastern flood response in Feni, Bangladesh
© WFP/Mumit Mahbub

a For Colombia, the methodological note of the "Estimated People in Need 2026 – Food Security and Nutrition Cluster January 2026" does not correspond to a formal IPC acute food insecurity exercise. While it contains some parameters derived from the IPC approach, it reflects a methodological adaptation validated by the technical team of the Food Security and Nutrition Cluster. The HNRP 2026 food security PiN number is used in this report as an approximation of IPC/CH Phase 3 or above; it indicates around 6.6 million people requiring food and nutritional assistance and livelihood support in prioritized areas, including nearly 6.5 million people for food security and 147 300 for nutrition.

2.3 Largest and most severe food crises

Ten countries accounted for two-thirds of all people facing high levels of acute food insecurity in 2025, with the Democratic Republic of the Congo, Nigeria and the Sudan alone representing nearly one-third. Afghanistan, South Sudan, the Sudan and Yemen experienced the largest food crises both in terms of the share and absolute number of people facing high levels of acute food insecurity.

Countries/territories with the largest numbers of people facing high levels of acute food insecurity

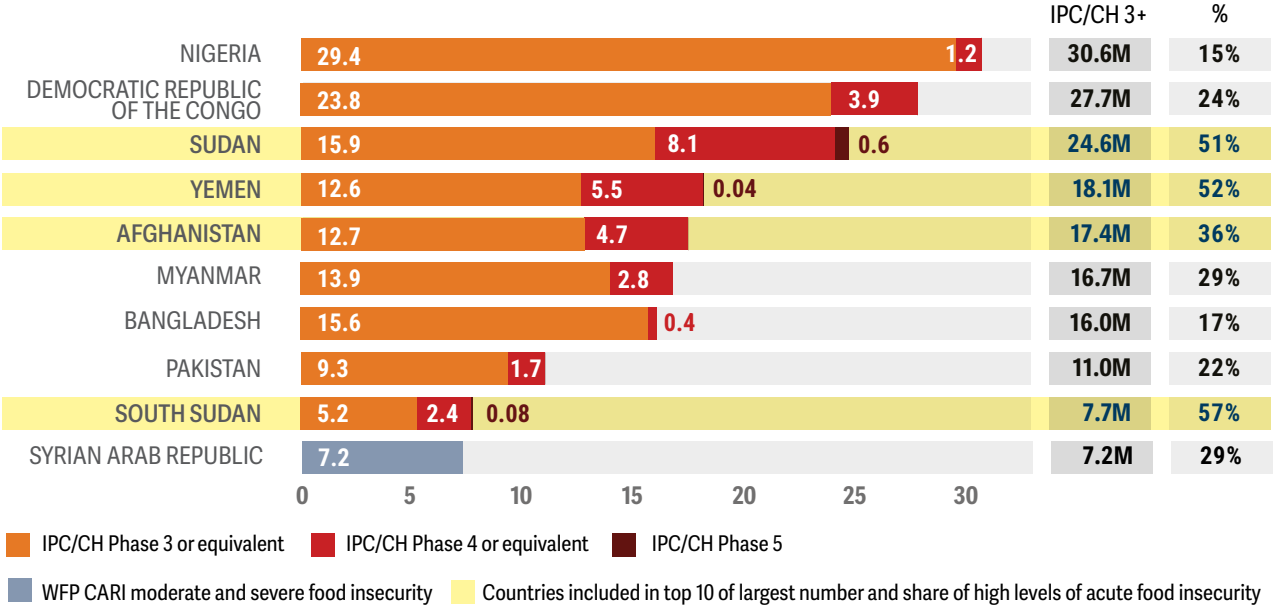
The ten countries with the largest number of people facing high levels of acute food insecurity each had more than 7 million people in these conditions in 2025 (see Figure 2.2). These ten countries accounted for 66.5 percent of the total 266 million people facing high levels of acute food insecurity across the 47 countries/territories with data meeting GRFC technical requirements in 2025. Nine of these ten countries were already on this list in 2024. South Sudan has joined the list, as the number of people in IPC Phase 3 or above increased by 8 percent from 2024 to 2025 due to conflict and insecurity, weather extremes and health crises, compounded by restricted humanitarian access.

The **Democratic Republic of the Congo, Nigeria** and the **Sudan** had the largest populations in IPC/CH Phase 3 or above. The three countries accounted for nearly one-third (31 percent) of the total aggregate.

Afghanistan, the **Democratic Republic of the Congo**, **Nigeria,** the **Syrian Arab Republic** and **Yemen** have consistently been among the ten countries with the largest numbers of people facing high levels of acute food insecurity since 2016.

Except for the **Syrian Arab Republic**, nine of the ten countries had data disaggregated by IPC/CH phase in 2025. With around 30.6 million people in Emergency (IPC/CH Phase 4) and nearly 762 000 people in Catastrophe (IPC/CH Phase 5), these nine countries represented over three-quarters (77.5 percent) of the global total number of people in 38 countries and territories with IPC/CH data.

Figure 2.2 Top ten countries/territories with the largest number of people (millions) facing high levels of acute food insecurity by Phase, 2025 peak



Note: Proportion of the total country population analysed (where less than 90%): Bangladesh (59%) Nigeria (89%); Pakistan (21%).

Source: IPC Technical Working Groups (TWGs), 2025; IPC Global Initiative, 2025; Myanmar pre-analysis conducted under the HNRP; CH, 2025; WFP (CARI), 2025.

Countries/territories with the largest share of population facing high levels of acute food insecurity

Palestine (Gaza Strip) had all of its population (100 percent) in Crisis or worse (IPC Phase 3 or above), representing the highest share of people facing high levels of acute food insecurity, as recorded also in 2023 and 2024.[a] In 2025, 90 percent of the analysed population was in IPC Phase 4 and 5, compared with 88 percent in 2024.

Another four countries had over half of their population facing high levels of acute food insecurity, ranging from 51 percent in **Haiti** and the **Sudan** to 52 and 57 percent in **Yemen** and **South Sudan**, respectively (see Figure 2.3).

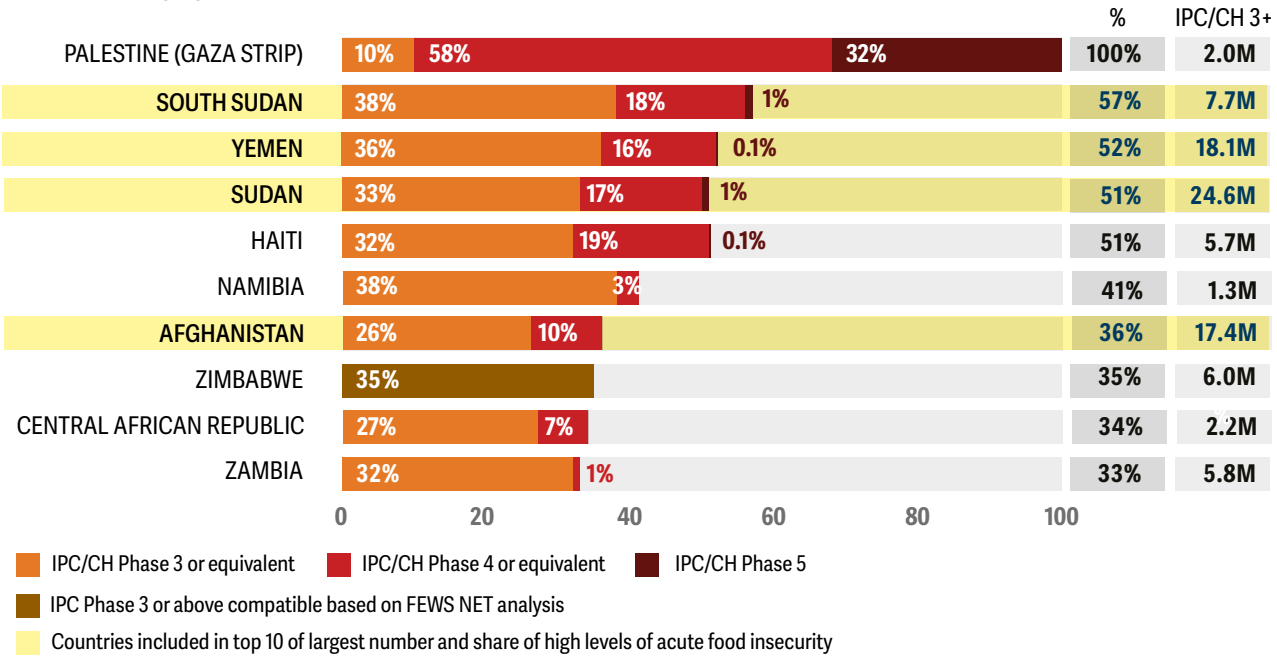
In the other five countries – **Afghanistan**, the **Central African Republic**, **Namibia**, **Zambia** and **Zimbabwe** – a third or more of the analysed population faced high levels of acute food insecurity.

In 2025, the countries/territories with the largest share remained largely the same as that of 2024, except that **Zimbabwe** was added and the **Syrian Arab Republic** removed. Weather extremes and adverse economic shocks caused a substantial rise in acute food insecurity in Zimbabwe.

For comparability, the lists of countries with the largest absolute numbers and the highest share of the population analysed in high acute food insecurity do not include situations where food crises only affect refugee populations. As discussed in Section 4, the largest share of the population analysed in high acute food insecurity among refugee populations was observed in **Egypt** (75 percent), **Jordan** (74 percent) and **Iraq** (63 percent).

In the 17 countries where comparable data between displaced populations and residents were available, the share of the population analysed facing high levels of acute food insecurity was generally higher among displaced populations than among residents.
See Section 4, Displacement, p. 56.

Figure 2.3 Top ten countries/territories with the largest share of population analysed facing high levels of acute food insecurity by Phase, 2025 peak



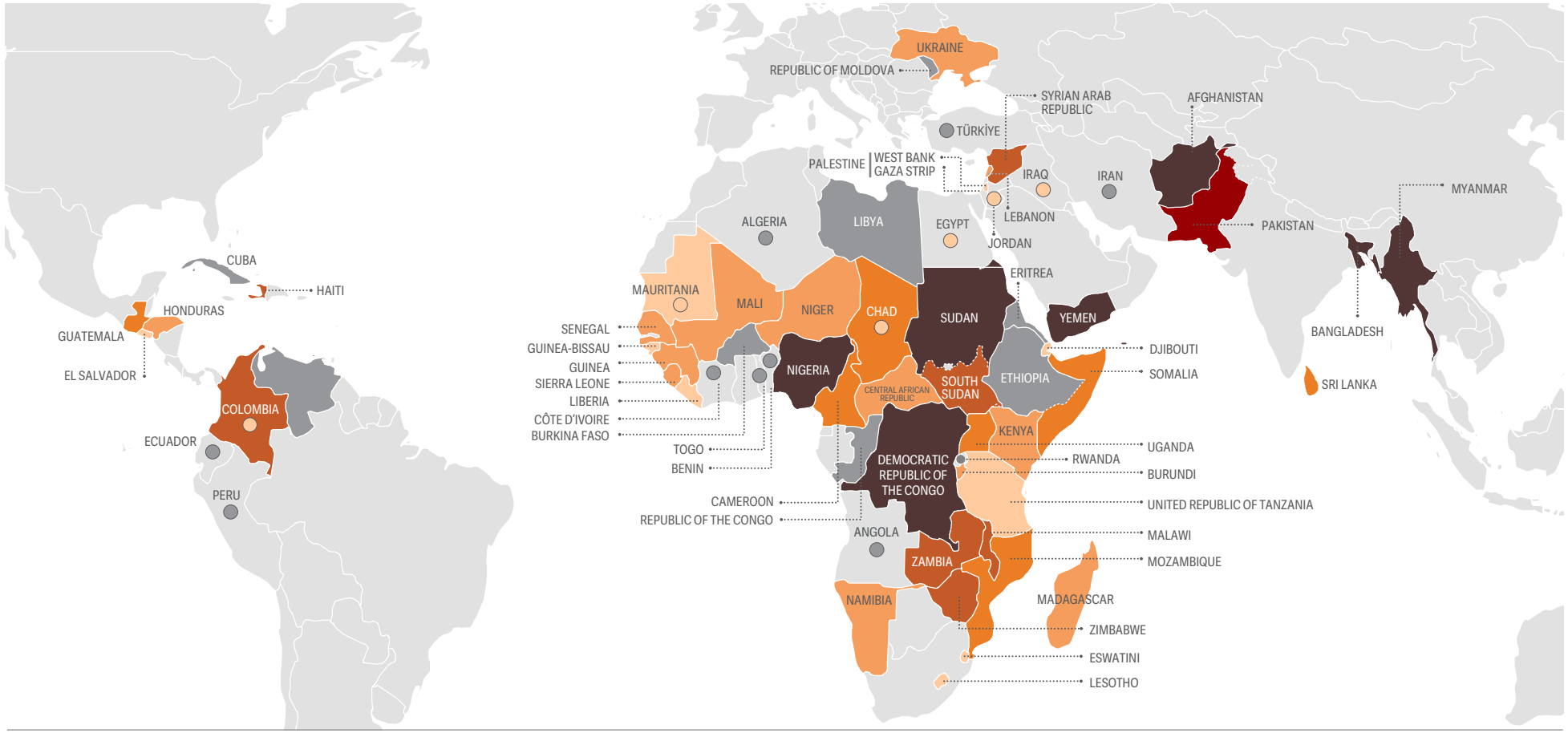
Source: IPC TWGs, 2025; IPC Global Initiative, 2025; CH, 2025; FEWS NET, 2025 (Zimbabwe); IPC and Food Security Cluster (Yemen).

The most widespread food crises: Countries with the largest numbers and shares of population in high acute food insecurity

Four countries – **Afghanistan**, **South Sudan**, the **Sudan** and **Yemen** – are listed among the top ten countries both in terms of the share and absolute number of people facing high levels of acute food insecurity. These countries are highlighted in yellow in Figures 2.2 and 2.3.

a By the end of 2025, the population in Crisis or worse (IPC Phase 3 or above) had decreased to 77 percent, which is still substantial and the highest proportion but denotes a slight improvement in food security due to increased humanitarian access among other factors.

Map 2.2 Number of people facing high levels of acute food insecurity in countries/territories selected for the GRFC 2026



Source of map: United Nations Geospatial. 2025. Map of the World. In: *United Nations*. [Cited 7 April 2026]. https://www.un.org/geospatial/content/map-world-1. Refer to the disclaimer on page ii for the names and boundaries used in this map. 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. Final status of the Abyei area is not yet determined.

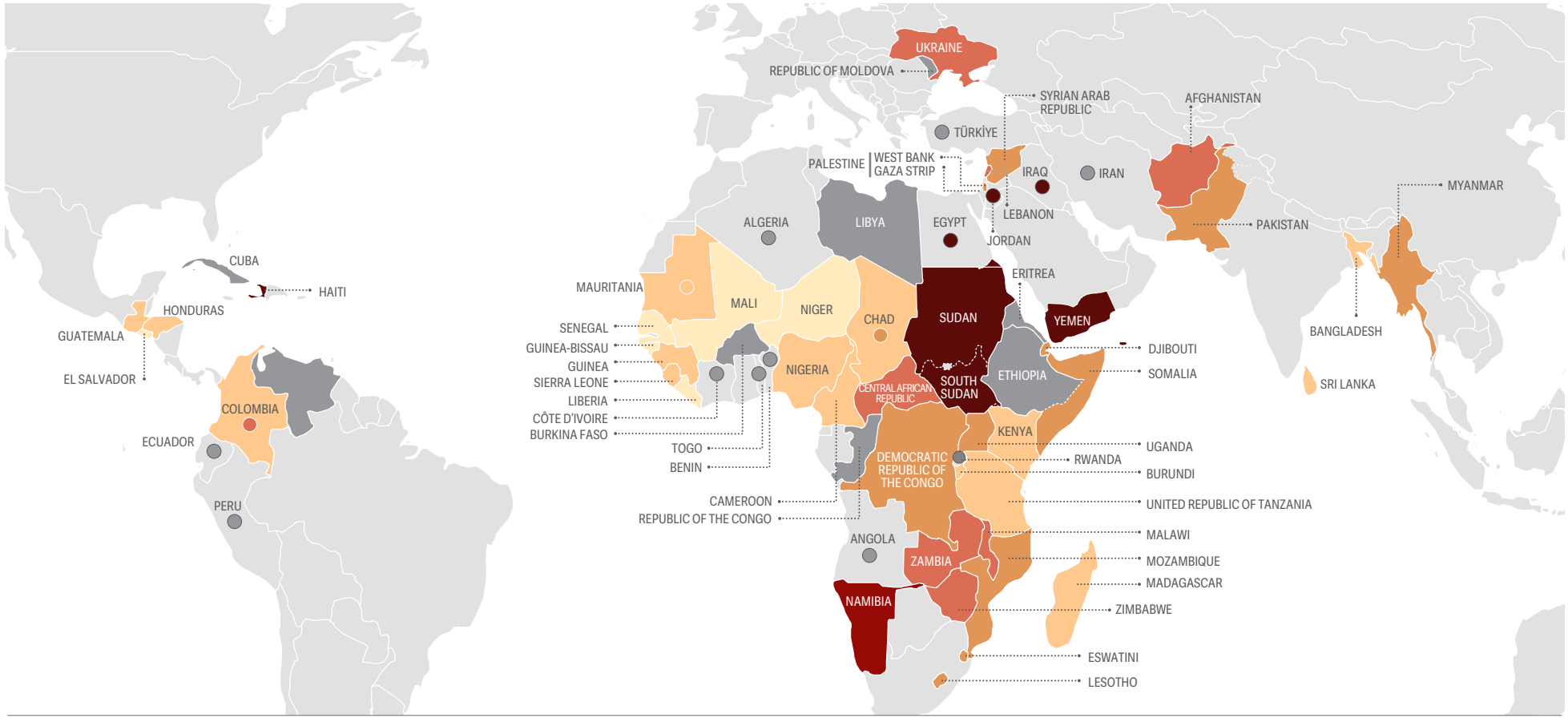
< 1 million | 1–2.9 million | 3–4.9 million | 5–9.9 million | 10–15 million | > 15 million | No data/data not meeting GRFC technical requirements | Country not selected for analysis | Migrants/refugee populations (colour coding as this key)

Note: For Colombia, the methodological note of the "Estimated People in Need 2026 - Food Security and Nutrition Cluster January 2026" does not correspond to a formal IPC acute food insecurity exercise. While it contains some parameters derived from the IPC approach, it reflects a methodological adaptation validated by the technical team of the Food Security and Nutrition Cluster. The HNRP 2026 food security PiN number is used in this report as an approximation of IPC/CH Phase 3 or above; it indicates around 6.6 million people requiring food and nutritional assistance and livelihood support in prioritized areas, including nearly 6.5 million people for food security and 147 300 for nutrition.

Proportion of the total country populations analysed, if less than 90% of the population was analysed: Bangladesh (59%); Kenya (32%); Lesotho (68%); Madagascar (34%); Mozambique (61%); Nigeria (89%); Pakistan (21%); Uganda (36%); Ukraine (19%, war affected population including frontline residents, IDPs, evacuees, people affected by strikes); United Republic of Tanzania (8%).

Source: GRFC CTG, 2026

Map 2.3 Share of analysed population facing high levels of acute food insecurity in countries/territories selected for the GRFC 2026



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Source: GRFC CTG, 2026.

Populations in Catastrophe (IPC/CH Phase 5)

In 2025, around 1.4 million people faced Catastrophe (IPC/CH Phase 5) across six countries/territories: Haiti, Mali, Palestine (Gaza Strip), South Sudan, the Sudan and Yemen.

Compared with 2024, the number of countries/territories with populations in IPC Phase 5 increased with the addition of Yemen.[a] However, the total number of people in this phase decreased from 1.9 million, mainly due to the decrease in the Gaza Strip and the Sudan (with reductions of around 466 000 people and 118 000 people, respectively). Despite this decline, Famine was confirmed in some areas. See Box 5. Countries/territories with Famine situations (IPC Phase 5) or risk of Famine for more details.

Palestine (Gaza Strip) had the largest share of its population analysed in Catastrophe (IPC Phase 5) – at 32 percent in August 2025 – followed by the Sudan and South Sudan, each with 1 percent of their population analysed facing catastrophic levels of acute food insecurity. Haiti, Mali and Yemen had less than 0.1 percent of their population in this phase.

a The geographical coverage of the IPC analysis in Yemen increased from the areas controlled by the Government of Yemen in 2024 to the entire country comprising the areas controlled by SBA in 2025. In 2024, the SBA-controlled areas were covered with Food Security PiN data which did not include a breakdown by IPC Phase. As such, the population analysed with IPC data increased by 24.6 million people (from 30 to 100 percent of the total country population). In the previous country-wide IPC analysis, in October–December 2022, there were no populations classified in Catastrophe (IPC Phase 5) in Yemen, mainly because of the truce and lull in hostilities.

Table 2.1 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.

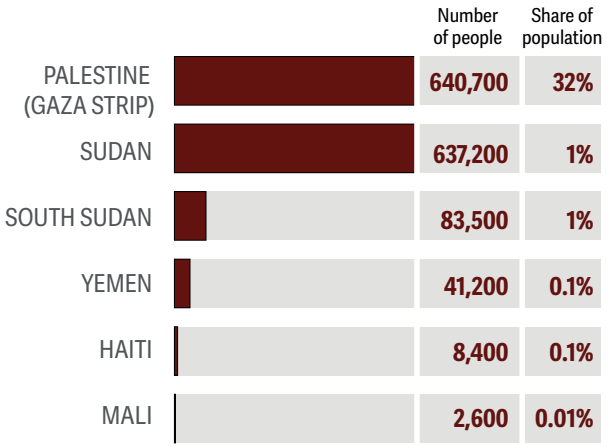
Note: Out of 47 countries/territories with food crises in 2025, acute food insecurity data disaggregated by phase were available for 38 of them: 27 with IPC and 11 CH or equivalent. These accounted for 236.9 million people facing high levels of acute food insecurity in 2025. No disaggregation of acute food insecurity by IPC/CH Phase was available for the remaining nine countries, which accounted for 27.9 million people facing high levels of acute food insecurity. These were Colombia, Egypt (refugees), El Salvador, Iraq (refugees), Jordan (refugees), Sri Lanka, the Syrian Arab Republic, Ukraine and Zimbabwe.

Source:

In the **Gaza Strip**, between August and September, nearly a third of the population (641 000 people) were facing catastrophic levels of acute food insecurity. Despite the continued gravity of the situation, the number of people in Catastrophe (IPC Phase 5) dropped by 42 percent compared with the peak number of 2024, from over 1.1 million to 640 600 people. Following the de-escalation of the conflict, a proposed peace plan and improved access for both humanitarian and commercial food deliveries, food security conditions improved in late 2025. However, for many the situation remained critical. Between October and November 2025, over 100 000 people were in Catastrophe (IPC Phase 5), though this number was projected to decrease to 1 900 people by December. See Box 5. Countries/territories with Famine situations (IPC Phase 5) or risk of Famine.

In the **Sudan**, between December 2024 and May 2025, around 637 000 people faced Catastrophe (IPC Phase 5), including in Al Jazirah, Khartoum, North Darfur, South

Figure 2.4 Number of people and share of the population in Catastrophe (IPC/CH Phase 5) in six countries/territories in 2025.



Source: IPC TWGs 2025, IPC Global Initiative 2024–2025 and CH 2024–2025.

Darfur, South Kordofan and West Kordofan.[43] While some areas in eastern Sudan stabilized and showed signs of improvement in 2025, intensified conflict in Greater Darfur and Greater Kordofan worsened the acute food insecurity situation in the concerned states. By September, around 375 000 people were in Catastrophe (IPC Phase 5), mostly in North Darfur, South Darfur, South Kordofan and West Kordofan, as well as to a smaller extent in the Blue Nile and East Darfur states. While food security conditions were expected to improve after the harvest in October in North Darfur and the Western Nuba Mountains, gains from the harvest were anticipated to remain limited due to conflict and insecurity.[44] see Box 5 for more details.

In **South Sudan**, in April–July 2025, around 83 000 people faced Catastrophe (IPC Phase 5) in Luakpiny/Nasir, Malakal and Ulang counties of Upper Nile state, in Pibor County of Greater Pibor Administrative Area, and among returnees fleeing the conflict in the Sudan.[45] By the end of 2025, around 28 000 people were in Catastrophe (IPC Phase 5) during the post-harvest season, including 17 000 people in Luakpiny/Nasir (Upper Nile) and 11 000 people in Fangak (Jonglei). Conflict and flooding along the Sobat corridor in Luakpiny/Nasir County continue to drive vulnerability, while the influx of returnees will put pressure on the limited resources available locally.[46] See Box 5 for more details.

In **Yemen**, pockets of populations were in Catastrophe (IPC Phase 5) in September 2025 through February 2026 in Abs and Kushar districts in Hajjah Governorate, Az Zuhrah in Al Hodeidah Governorate, and Al Ashah in Amran Governorate. This deterioration compared with May–August 2025 was mainly attributable to a macroeconomic downturn, a lack of income opportunities and the lingering and direct impact of conflict. These drivers were compounded by humanitarian access constraints and a reduced capacity to respond to extreme needs as safety nets weakened.[47]

In **Haiti**, in March–June 2025, nearly 8 400 people living in displacement camps in Port-au-Prince metropolitan area were facing Catastrophe (IPC Phase 5).[48] The number of people in Catastrophe (IPC Phase 5) decreased to zero by September, thanks to a slight improvement in the security situation in Port-au-Prince and increased humanitarian assistance. However, the levels of acute food insecurity remained critical, particularly among IDPs as well as in some of the historically most food-secure areas such as Artibonite, due to the expansion of insecurity in this area, exacerbated by the protracted economic crisis.[49]

In **Mali**, around 2 600 people in Ménaka faced Catastrophe (CH Phase 5) in June 2025.[50, 51]

Suad harvests eggplants in a field in Khan Younis, Gaza Strip © FAO

Box 5. Countries/territories with Famine situations (IPC Phase 5) or risk of Famine

In the **Gaza Strip**, Famine was confirmed in one governorate in August, and the risk of Famine persisted for all of 2025. From March to September 2025, humanitarian assistance was significantly constrained following the expiry of the initial ceasefire and escalating violence.[52] As of July 2025, intensified conflict, repeated population displacements and extreme humanitarian access constraints contributed to a severe deterioration in the humanitarian situation, including acute food insecurity and acute malnutrition.

In mid-August 2025, Famine (IPC Phase 5) was confirmed in Gaza Governorate; conditions in North Gaza were likely similar or worse, but a lack of data prevented classification. Famine was also projected to expand to Deir al-Balah and Khan Younis by the end of September, projecting three of five governorates in Famine. Rafah was not analysed as it was largely forcibly depopulated.[53] During October to December 2025, following a significant reduction in conflict, a proposed peace plan and improved access to both humanitarian and commercial food deliveries, food security and nutrition conditions improved in the Gaza Strip, offsetting Famine conditions. Nonetheless, the situation remained critical and the entire Gaza Strip was at risk of Famine under a worst-case scenario from December 2025 onwards.[54]

In the **Sudan**, from December 2024 to May 2025, Famine (IPC Phase 5) was projected in 10 areas, with another 17 areas at risk of Famine.[a, 55] As of September 2025, Famine (IPC Phase 5) was ongoing in the cities of El Fasher and Kadugli and expected to persist through January 2026, while 20 areas across Greater Darfur and Greater Kordofan were at risk of Famine. Conditions in the besieged town of Dilling (South Kordofan) were estimated to be similar to those in Kadugli, but a lack of data prevented IPC classification of this area.[56]

In **South Sudan**, as of April 2025, there was a risk of Famine in Luakpiny/Nasir and Ulang counties of Upper Nile state at least through July 2025.[57] As of September, Luakpiny/Nasir County remained a major concern, with populations facing a risk of Famine through July 2026 under a plausible worst-case scenario in the midst of conflict, extremely critical acute malnutrition and a major cholera outbreak.[58]

a The Government of the Sudan did not endorse the findings of this analysis.

Populations in Emergency (IPC/CH Phase 4)

Around 39.1 million people faced Emergency (IPC Phase 4) conditions in 32 of the 38 countries/territories with IPC/CH analyses available in 2025.

The share of the population in IPC/CH Phase 4 increased marginally from 3.6 percent across the 40 countries with IPC/CH analyses in 2024 to 3.8 percent across the 38 countries in 2025.

Afghanistan, the **Democratic Republic of the Congo**, **Myanmar**, the **Sudan** and **Yemen** had the largest number of people in Emergency (IPC/CH Phase 4), representing over two-thirds of the global figure of people in this phase of acute food insecurity (see Figure 2.2).

Compared with 2024, when around 35.1 million people faced Emergency conditions in 36 of 40 countries/territories with IPC/CH analyses, 4.4 million more people were in IPC Phase 4 in 2025. This is a significant increase, mainly attributable to newly available data in Yemen's SBA areas (around 3.9 million people in IPC Phase 4).[b]

The number of people facing IPC/CH Phase 4 increased mainly in **Afghanistan**, the **Democratic Republic of the Congo**, **Myanmar, Palestine (Gaza Strip)** and **Yemen's Government of Yemen-controlled areas**, with increases

b Burundi, Guinea-Bissau, Lesotho, Liberia, Madagascar and the United Republic of Tanzania had no populations facing IPC/CH Phase 4 in 2025. For Burundi, Lesotho, Liberia and Madagascar, this represents a decrease in the number of people in IPC Phase 4 compared with 2024. Timor-Leste was no longer selected for analysis in 2025.

ranging from around 1.1 million people in Afghanistan to 286 000 in Palestine (Gaza Strip) compared with 2024. In the Gaza Strip, this increase in IPC Phase 4 occurred simultaneously with a decrease in IPC Phase 5, as previously indicated. At the same time, the largest decreases were reported in **Bangladesh** (-1.3 million people in IPC Phase 4), **Pakistan** (-506,000) despite increased coverage,[a] the **Sudan** (-434 000) and **Chad** (-278 000).

Of the five countries/territories with the largest share of analysed population in IPC/CH Phase 4, **Palestine (Gaza Strip)** had by far the highest share (58 percent), followed by **Haiti** (19 percent), **South Sudan** (18 percent), the **Sudan** (17 percent) and **Yemen** (16 percent) (see Figure 2.3).

Populations in Crisis (IPC/CH Phase 3)

Around 196.4 million people faced Crisis (IPC/CH Phase 3) in 38 countries with IPC/CH analyses in 2025, with 11 countries each reporting more than five million people in this phase.

Compared with 2024, the share of the population analysed in IPC/CH Phase 3 remained stable at 19 percent.

Nine of the 11 countries reporting more than 5 million people in this phase are among the 10 countries with the largest number of people facing high levels of acute food insecurity (see Figure 2.2). The two remaining countries are Zambia (5.6 million) and Malawi (5.3 million). The three additional countries are Bangladesh (15.6 million in Phase 3), Zambia (5.6 million) and Malawi (5.3 million).

Bangladesh, the **Democratic Republic of the Congo, Myanmar, Nigeria** and the **Sudan** had the largest number of people in IPC/CH Phase 3.

Compared with 2024 – when 190 million people faced IPC/CH Phase 3 in 40 countries/territories – the increase in number of people in IPC/CH Phase 3 is partially due to the greater analysis coverage in Yemen and the inclusion of phase-disaggregated data for Uganda, which accounted for 8.8 million and 3.3 million additional people in this phase, respectively.[b]

The largest increases in IPC Phase 3 or equivalent between 2024 and 2025 were reported in **Myanmar** (1.9 million more people), the **Democratic Republic of the Congo** (1.4 million), **Kenya** (0.9 million), **Guinea** (0.7 million) and **South Sudan** (0.5 million). For six of the 16 countries where the number of people in IPC/CH Phase 3 increased, this coincided with a decline in the population facing IPC Phase 4 – such as in **Chad**, **Madagascar** and **Somalia** – showing an overall improvement in severity. In some cases, such as Madagascar, the improvements remain fragile, notably because of the impact of recurrent shocks on households' coping capacities and the limited institutional capacities for response and recovery.

The largest decreases in the number of people in IPC/CH Phase 3 compared with 2024 were seen in **Bangladesh** (-6.3 million people), **Nigeria** (-1.3 million), the **Niger** (-1.2 million), the **United Republic of Tanzania**, **Sierra Leone** and **Pakistan** (-0.4 million each). However, in **Nigeria**, this decrease occurred simultaneously with an increase in the population in CH Phase 4, limiting the extent of the improvement in food security countrywide.[c]

a The geographical coverage of the IPC analysis in Pakistan increased from 43 rural districts across Balochistan, Khyber Pakhtunkhwa and Sindh in 2024 to 68 rural districts across these three provinces in 2025. Similarly, the population analysed increased by 14.1 million people (from 16 percent to 21 percent of the total country population).

b The number of countries decreased as Timor-Leste and Togo (residents) were no longer selected for analysis, partly compensated by the inclusion of the IPC data for Uganda. The source of the acute food insecurity estimates for Uganda changed from FEWS NET in 2024 to IPC in 2025, which allows phase disaggregation.

c The geographical coverage of the CH analysis in Nigeria increased from 26 states and the Federal Capital Territory (FCT) in 2024 to 27 states and FCT in 2025. As such, the population analysed increased from 200.3 million people to 206.5 million (from 87 percent to 89 percent of the total country population).

2.4 Drivers of food crises in 2025

The drivers of acute food insecurity – conflict and insecurity, economic shocks and climate extremes – are deeply interconnected, mutually reinforcing and interact with structural vulnerabilities. They can therefore create cascading crises that contribute to displacement, undermine resilience and increase the severity of acute food insecurity. The attribution of a primary driver in this section reflects what is assessed as most influential at country level during the reference period and does not imply that all people in IPC/CH Phase 3 and above are directly or exclusively affected by that driver.
Appendix 4 provides a map of all drivers by country.

Conflict and insecurity were the primary driver in 19 countries/territories, where 147.4 million people faced high levels of acute food insecurity in 2025 – more than 50 percent of all people in countries with food crises.

This is an increase in the total number of countries and in the share of people in high acute food insecurity in countries where conflict and insecurity are the main drivers.

In 2025, conflict and insecurity were the main drivers of acute food insecurity in most of the largest and most severe food crises. Six out of the ten largest food crises in terms of magnitude,[a] and five out of the ten largest food crises in terms of the share of the population analysed facing high levels of acute food insecurity,[b] were primarily driven by conflict and insecurity.

Conflict and insecurity were the main drivers in five out of the six countries/territories with populations in Catastrophe (IPC/CH Phase 5) and have led to Famine classifications in the Sudan and Palestine (see Section 2.3).

In 2025, 23.1 million people out of the 39.1 million people in Emergency (IPC/CH Phase 4) were in countries/territories where conflict was the primary driver. Conflict and insecurity were considered the secondary or tertiary drivers in seven countries.

Figure 2.5 Primary drivers of acute food insecurity in countries/territories with food crises with data meeting GRFC technical requirements, 2025 (number of countries/territories, millions of people in acute food insecurity)

Note: Where a different primary driver applied to separately assessed displaced populations, this group has been excluded to avoid double counting.
Source: GRFC CTG, 2026

Box 6. Conflicts impacting acute food insecurity in 2025

Around one in six people around the world were estimated to have been exposed to conflict in 2025, which also saw the highest level of violence against civilians in the past five years.[59] There is a clear link between conflict and food crises – of the 50 countries/territories with the highest conflict index ranking in 2025, 36 were among the 65 selected for the GRFC 2026.[60]

a Nigeria, the Democratic Republic of the Congo, the Sudan, Myanmar, South Sudan and the Syrian Arab Republic

b Palestine (Gaza Strip), South Sudan, the Sudan, Haiti, and the Central African Republic

Although conflict reduced throughout 2025 in some areas of the **Sudan**, in most states in Greater Darfur and Greater Kordofan, conflict remained active and constrained humanitarian access, with devastating effects on food security. See Box 5. Countries/territories with Famine situations (IPC Phase 5) or risk of Famine for more details. Almost 12 million people remained displaced at the end of 2025 since the start of the conflict in April 2023, despite return movements in stabilizing areas, making the Sudan the largest IDP crisis globally in 2025.[61]

In **South Sudan**, recurrent conflict continued to displace many people, disrupt markets and services, and constrain humanitarian access. Moreover, the spillover effects of the conflict in the Sudan negatively affected the economy, and a large share of the population facing catastrophic conditions (IPC Phase 5) were returnees from the Sudan.[62] See Box 5 for more details.

In 2025, conflicts persisted in the Middle East, although a series of fragile ceasefires in **Lebanon** and the **Gaza Strip** and the end of the **Syrian Arab Republic**'s civil war have contributed to a decrease in regional violence.[63] In the **Syrian Arab Republic**, sectarian violence continued to threaten stability,[64, 65] driving displacement, disrupting access to services and challenging humanitarian operations. Over 1.14 million people have returned to areas of origin in the Syrian Arab Republic during 2025,[66] but damaged infrastructure, insecurity and limited services hinder sustainable reintegration and livelihood recovery.[67] While **Yemen**'s primary driver was reported to be economic shocks, this was strongly linked to active conflict and airstrikes, which in 2025 continued to restrict the free movement of people and goods, increase transport costs and hinder access to markets and aid.[68]

In **Palestine (Gaza Strip)**, prolonged, intense conflict and restrictions on supplies entering the territory have led to Famine.[69] The situation remains highly fragile and is contingent on sustained, expanded and consistent humanitarian and commercial access.[70] See Box 5 for more details.

In **Haiti**, by the end of 2025, armed gangs continued to expand territorial control, exacerbating the prolonged economic crisis and driving internal displacement. In this context, vulnerable people tend to adopt harmful survival strategies, including joining gangs, further fuelling violence and instability. In 2025, violence drove acute food insecurity to catastrophic levels.[71]

Myanmar experienced persisting conflict and was ranked second globally for conflict intensity.[72] The impact of conflict was compounded by economic collapse, inflation, seasonal flooding and the devastating earthquake in March 2025. Humanitarian access restrictions and displacement surged, leaving millions unable to meet basic food needs.[73]

In **Nigeria**, increasing violence in the northern regions, exacerbated by extreme humanitarian access constraints and critical funding shortfalls, continued to destabilize the northeast, northwest and north-central regions, disrupting trade and agriculture, and driving high levels of acute food insecurity.[74]

As in 2024, one-third of all people facing high levels of acute food insecurity lived in countries where weather extremes are the main driver (see Figure 2.6). Additionally, in 2025, 9.9 million out of the 39.1 million people in Emergency (IPC/CH Phase 4) were in countries/territories where weather extremes were the primary driver.

Weather extremes were the primary driver in 16 countries, where 87.5 million people faced high levels of acute food insecurity.

Box 7. Weather extremes and natural hazards impacting acute food insecurity in 2025

By September 2025, La Niña conditions emerged, inducing severe dry conditions across the Horn of Africa at the end of 2025, with the most severe impacts on food insecurity in Somalia and parts of Kenya.[75] Additionally, in 2025, the Caribbean experienced the strongest tropical cyclone season in years, impacting agricultural livelihoods and food security.[76, 77] At the same time, the 2023–2024 El Niño drought – one of the strongest on record – continued to drive food security needs during the 2024/25 lean season, particularly across Southern Africa.[78]

La Niña-induced severe dry conditions across the Horn of Africa during the Deyr/short rains season (October–December 2025) have compounded already high levels of acute food insecurity in the region, with above-average temperatures and rainfall deficits of 40 percent and more across **Somalia** and eastern **Kenya**.[79, 80] In response to the escalating crisis, the Government of Somalia has declared a national emergency.[81]

In 2025, tropical cyclone activity exceeded the long-term average, with major impacts on food insecurity. The record-breaking Hurricane Melissa impacted more than 5 million people in the Caribbean.[82] In **Haiti,** it destroyed infrastructure and caused major agricultural losses.[83, 84, 85] Haiti was also affected by dry conditions during the main crop season (June–August) and by heavy rainfall and floods in several departments in September–October, impacting cereal production as an additional driver of acute food insecurity.[86]

In 2025, severe floods were recorded worldwide, affecting livelihoods and food security. In **Pakistan**, heavy monsoon rains and flash floods affected more than 6 million people, destroying cropland and infrastructure.[87]

The El Niño drought in 2024 has led to sharp increases in acute food insecurity in Southern Africa, in particular in **Malawi**, **Zambia** and **Zimbabwe**, during the 2024/25 lean season. Reduced agricultural production has restricted food availability, especially for rural households reliant on agriculture for their livelihoods. High food prices further constrained access to food.[88] Cereal production rebounded during the 2025 season.[89]

In 2025, weather extremes became the primary driver of acute food insecurity for **Afghanistan**, **Guatemala** and **Guinea**. In **Afghanistan**, food security has been impacted by drought conditions, floods and a major earthquake, compounded by large-scale inflows of Afghan returnees.[90] In **Guatemala**, as in **El Salvador** and **Honduras** in the Central America's Dry Corridor, dry conditions during the Primera season have severely impacted subsistence farming, with repeated dry spells and erratic rains constraining planting and crop growth.[91, 92] However, maize harvests by larger-scale farmers have not been significantly affected, buffering the effect on food security at the national level.[93]

Weather extremes were considered secondary or tertiary drivers in a further 27 of the 65 countries covered in the report. Across Sub-Saharan Africa, extensive flooding disrupted livelihoods and exacerbated acute food insecurity in multiple countries. In **South Sudan**, recurrent flooding and erratic rainfall have damaged crops, destroyed productive assets and disrupted market access, compounding the impact of conflict on acute food insecurity.[94, 95] The **Syrian Arab Republic** also experienced one of the worst droughts in over 30 years, with harvests of wheat and barley 60 percent below the average. This affected the already fragile food security situation, which impacted food security as a secondary driver.[96]

Economic shocks were the primary driver in 12 countries/territories, where 29.8 million people faced high levels of acute food insecurity.

The share of people facing high levels of acute food insecurity in countries where economic shocks were the primary driver decreased from 20 percent in 2024 to 11 percent in 2025. The number of people facing high levels of acute food insecurity in these countries also decreased, from 59.4 million in 15 countries in 2024 to 29.8 million in 12 countries in 2025 (see Figure 2.6).

In 2025, 6 million people out of the 39.1 million people in Emergency (IPC/CH Phase 4) were in countries/territories where economic shocks were the primary driver. In **Yemen**, where economic shocks interact with the protracted impact of the conflict, populations were facing Catastrophe (IPC Phase 5). Economic shocks were secondary or tertiary drivers in 31 countries/territories.

In **Yemen**, conflict-induced import restrictions, combined with currency depreciation and climatic shocks, reinforced one of the world's most severe food crises.[97] Yemen's economy remains under severe strain.

Oil-sector activity stagnated under the blockade, while the non-oil economy faced mounting pressures from a deteriorating operating environment. In SBA-controlled areas, cash shortages, market fragmentation and port

Box 8. Economic shocks impacting acute food insecurity in 2025

Global economic growth is projected at 3.3 percent both in 2025 and 2026, below the historical (2000–2019) average of 3.7 percent.[98] Abrupt trade policy shifts in early 2025 have added significant uncertainty, which subsequent agreements have only partially eased.

Despite trade-related uncertainties in global food commodity markets, ample supplies kept the FAO Food Price Index broadly stable compared with the end of 2024. Nevertheless, the index remains about 24 percent above its pre-COVID-19 level.[99, 100]

In some countries, currency depreciation was a key driver of inflation. Governments, constrained by heavy debt burdens and limited fiscal space, were unable to mitigate the impact through subsidies or social transfers, leaving poor households with reduced access to food even where markets were functioning.[101]

Figure 2.6 Number of countries/territories identified by primary driver, 2018–2025, share and number (millions) of people facing high levels of acute food insecurity

Primary driver		2018	2019	2020	2021	2022	2023	2024	2025
Conflict/ insecurity	Number of countries/territories	21	22	23	24	19	20	20	19
	Share of population facing high levels of acute food insecurity	66%	58%	65%	72%	45%	48%	47%	56%
	Millions of people facing high levels of acute food insecurity	73.9	79.7	102.9	139.1	117.1	134.5	139.8	147.4
Weather extremes	Number of countries/territories	26	25	15	8	12	18	18	16
	Share of population facing high levels of acute food insecurity	25%	25%	10%	12%	22%	26%	33%	33%
	Millions of people facing high levels of acute food insecurity	28.7	33.7	15.7	23.5	56.8	71.9	96.6	87.5
Economic shocks	Number of countries/territories	6	8	17	21	27	21	15	12
	Share of population facing high levels of acute food insecurity	9%	17%	25%	16%	33%	27%	20%	11%
	Millions of people facing high levels of acute food insecurity	10.2	24.0	40.5	30.2	83.9	75.2	59.4	29.8

Notes: The October 2024 Malawi analysis updates the October 2024–March 2025 projection from the June 2024 analysis; an additional 500 000 people were classified in IPC Phase 3 or above (Crisis or worse), mainly due to flooding amid ongoing El Niño–related dry spells and rising food prices. 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. Where a different primary driver applied to separately assessed displaced populations, this group has been excluded to avoid double counting. The 2019 and 2020 figures have been updated to reflect Flowminder updates of the Afghanistan IPC analysis.

Source: GRFC 2019–2026.

strikes raised import costs and reduced volumes, including of food imports.[102, 103]

In the **Sudan**, soaring food and fuel prices – driven by conflict-related market disruptions and currency depreciation – contributed to acute food insecurity in 2025. These price spikes were most severe in El Fasher (North Darfur) and Kadugli (South Kordofan), cities already facing Famine conditions (IPC Phase 5). The sharp increases have drastically eroded household purchasing power, leaving millions unable to afford even basic food needs.[104] **South Sudan** faces protracted economic challenges stemming from the prolonged disruption of oil revenues, with gross domestic product (GDP) contracting by 23.8 percent in 2025.[105] Food prices remained volatile and elevated following sharp increases triggered by the conflict in neighbouring Sudan, constraining household access to food.[106] Although a substantial economic recovery is anticipated in 2026, conflict – which is the primary driver of food insecurity in South Sudan – poses a significant risk also to growth and macroeconomic stability.[107]

The changing impact of drivers

When looking at drivers from 2018 to 2025 (see Figure 2.6), there is an increasing incidence of conflict and insecurity as well as weather extremes:

- For countries where conflict and insecurity were the primary driver, the number of people facing high levels of acute food insecurity increased from around 74 million in 21 countries in 2018 to over 147 million in 19 countries in 2025. This was likely a result of the global increase in conflict and insecurity, and their interaction with other shocks and structural vulnerabilities, as well as increased coverage of analysis from 2018 to 2025.[a]
- Although the number of countries where weather extremes were considered the main driver decreased, the number of acutely food-insecure people in these countries rose from around 29 million in 2018 to almost 88 million in 2025.
- Impacted by the El Niño drought, the past three years (2023, 2024 and 2025) have been the most concerning ones in terms of weather extremes, with more than 70 million people facing high levels of acute food insecurity in countries with weather extremes as a main driver.
- Although the number of people facing acute food insecurity due primarily to economic shocks decreased significantly between 2024 and 2025, the number of food-insecure people in countries where economic shocks were the major driver has tripled from around 10 million to almost 30 million people over the past eight years.

a The total population analysed in countries/territories primarily affected by conflict and insecurity increased by 68 percent from 391.7 million in 21 countries/territories in 2018 to 657.9 million in 19 countries/territories in 2025, with some significant increases in analysis coverage in the Democratic Republic of the Congo, Myanmar and Nigeria.

2.5 Trends in acute food insecurity 2016–2025

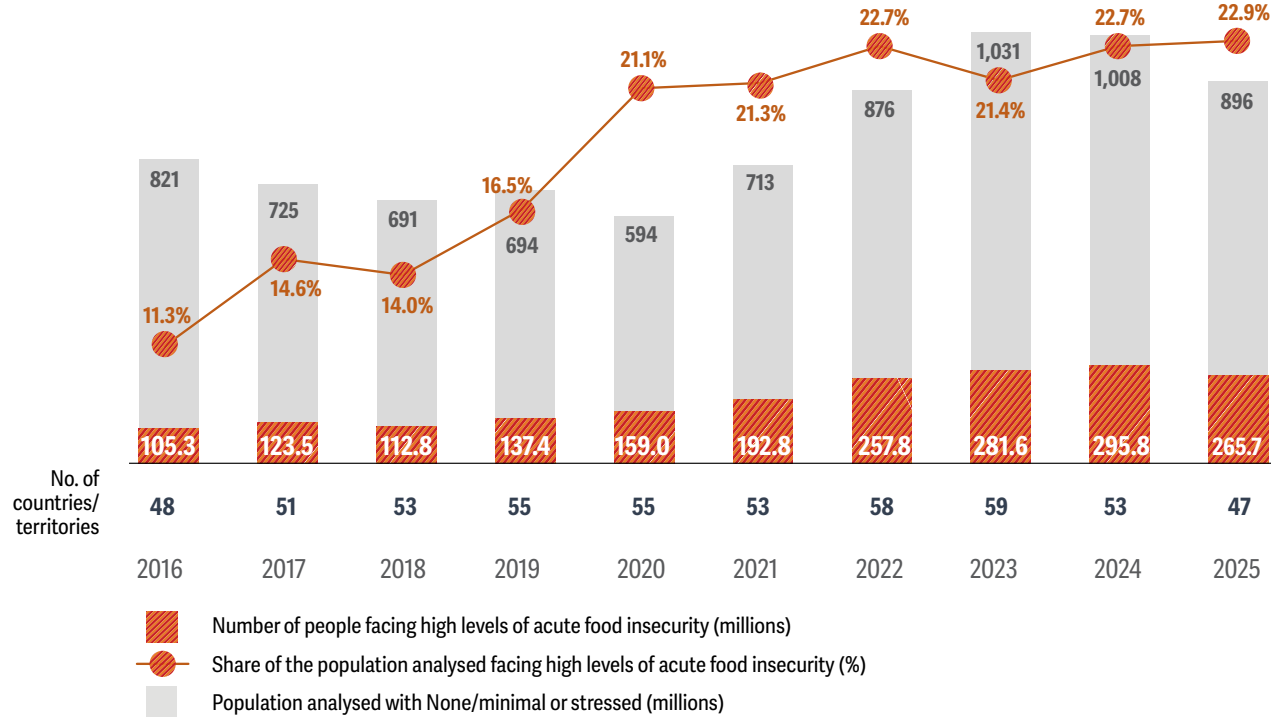
In 2025, the share of the analysed population facing high levels of acute food insecurity increased marginally from 2024 but is nearly double the 2016 level. It has remained above 20 percent since 2020 (see Figure 2.7).

Over the entire ten-year period, just six countries were home to almost half of the total number of people facing high levels of acute food insecurity.[a]

The total number of people facing high levels of acute food insecurity increased by 153 percent between 2016 and 2025. The increase reflects both worsening food security and increases in country and population coverage.[b]

In **2016–2017**, the increase in the number of people facing high levels of acute food insecurity was mostly driven by prolonged drought conditions and their impact on agricultural production in regions such as in East Africa and Southern Africa, as well as new or intensified conflict and insecurity in the Democratic Republic of the Congo, Myanmar, northeast Nigeria, South Sudan and Yemen.[108]

Figure 2.7 Number of people and share of the population analysed facing high levels of acute food insecurity in countries/territories with food crises and data meeting GRFC technical requirements between 2016 and 2025



Note: As per the GRFC 2025, for Afghanistan, this graph reflects the 2019–2020 IPC data based on the Flowminder population data. The October 2024 Malawi analysis updates the October 2024–March 2025 projection from the June 2024 analysis; an additional 500 000 people were classified in IPC Phase 3 or above (Crisis or worse), mainly due to flooding amid ongoing El Niño–related dry spells and rising food prices.

Source: GRFC CTG, 2026

In **2019–2022**, the major increases in the number of people facing high levels of acute food insecurity were mostly driven by the socioeconomic impacts of the COVID-19 pandemic and the outbreak of the war in Ukraine, which added upward pressure on already high international commodity prices in the first half of 2022. Low-income and food deficit countries, which depend largely on food imports, continued to face

a Afghanistan, the Democratic Republic of the Congo, Nigeria, the Sudan, the Syrian Arab Republic and Yemen.

b Between 2016 and 2025, the analysed population increased by 25 percent. However, between 2023 and 2025, coverage decreased from over 1.30 billion to 1.16 billion people. See Box 9 on the comparability of trends.

Box 9. Trends analysis, change in GRFC coverage from 2016 to 2025 and other comparability caveats

In addition to the 33 countries covered in all ten editions of the report (see Section 2.6), 37 countries/territories more have been covered occasionally depending on the shocks they faced, whether crises were protracted or not, country/territory coping capacity and the availability and quality of the information to assess the levels of acute food insecurity. See Table TN.2: Frequency of inclusion of GRFC countries/territories with data meeting GRFC requirements, 2017–2025, in the appendices.

As such, the trends presented in the GRFC must be treated with some caution. There are four main biases in these trends which could confound actual trends:[109]

- **Temporal bias:** problems of varied data-collection periods affecting comparability across time frames, such as lean season versus post-harvest.
- **Methodological bias:** problems of varied analytical approaches to acute food insecurity classification, between, for instance, IPC/CH, WFP CARI and FEWS NET.
- **Population bias:** the effect of inconsistent population figures on counts and prevalence rates.
- **Spatial omission bias:** combining national and subnational data risks presenting incomplete and inconsistent geographic coverage.

Comparability issues are a recurrent problem when establishing trends in acute food insecurity. This is mainly illustrated in this report by the lack of 2025 data for some countries which used to be covered in the previous nine editions.

To identify actual trends in acute food insecurity, it is necessary to develop a methodology that can correct for such biases. Such an effort has been initiated by the GNAFC. The Acute Food Insecurity Trends Study aims at enabling a clearer comparison over time and reducing comparability issues. Refinements for its applicability to the GRFC are currently ongoing.

constraints after commodity prices fell in the second half of 2022, as they lacked fiscal resources and foreign exchange to satisfy import demand and provide added social protection. As a result, domestic food prices remained high and increased further during 2022–2024.

This was particularly true for GRFC countries/territories, which were more likely to be exposed to commodity market volatility given many of their positions as low-income, net food-importing countries.[110] Major increases in severe acute food insecurity were also reported due to conflict in several countries during this period, including in Afghanistan, Burkina Faso, the Democratic Republic of the Congo, Ethiopia, the Niger, Nigeria, Somalia, the Sudan, the Syrian Arab Republic and Yemen.[111] Despite significant comparability issues between years, deteriorations in food security were observed in these countries in the GRFC 2020–2023 editions.

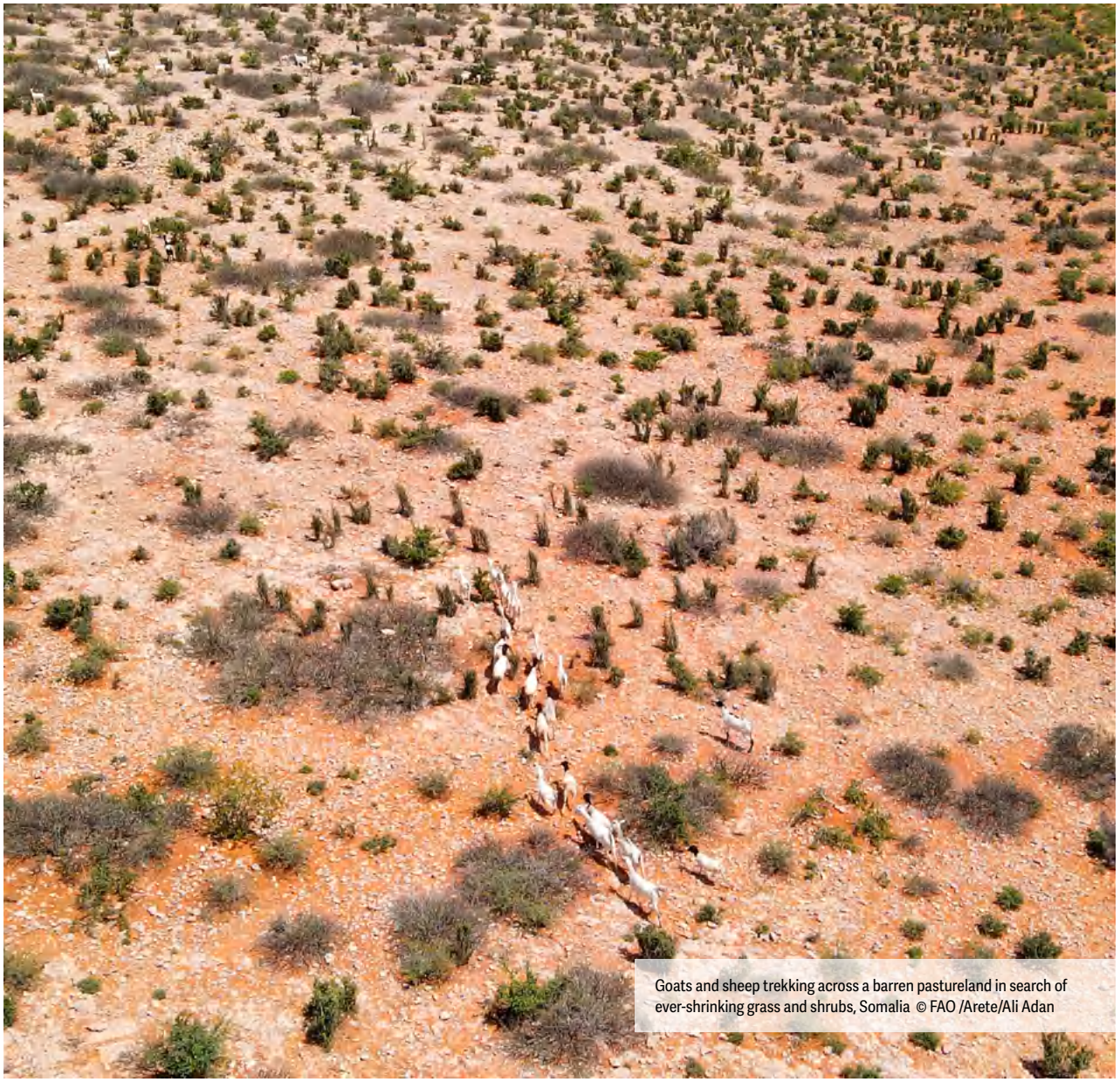
Between **2022 and 2024**, the large increase in the number of people facing high levels of acute food insecurity was mostly due to expanded analysis coverage, as well as deteriorating acute food insecurity in some countries/territories outweighing improvements in others. These deteriorations – mainly in conflict-driven crises such as those in Myanmar, Nigeria, Palestine and the Sudan – outweighed improvements elsewhere, including in Afghanistan, Kenya and Ukraine, due to better economic and weather conditions and international assistance. While impacts differed across countries, high domestic food price inflation led to worsening food insecurity in several contexts during this period. In Southern Africa, El Niño-induced drought, high domestic food price inflation, macroeconomic instability and limited livelihood opportunities drove sharp increases, including in Malawi and Zimbabwe. The average share of population analysed facing high levels of acute food insecurity stabilized, but at high levels.[112]

The countries with the largest and among the most protracted food crises have driven most of the trends in acute food insecurity since 2016. These countries are: Afghanistan, the Democratic Republic of the Congo, Nigeria, the Sudan, the Syrian Arab Republic and Yemen.[a] These countries face similar socioeconomic challenges, leaving their populations highly vulnerable to repeated and protracted shocks and to acute food insecurity (see Section 2.6 for more details).

Trends in severity of acute food insecurity

The number of people facing Catastrophe (IPC/CH Phase 5) has increased more than nine-fold since 2016, from around 155 000 people in two countries to 1.4 million in six countries/territories by 2025 (see Figure 2.8).

The increase in the number of people in Catastrophe (IPC/CH Phase 5) over the past decade was mainly due to severe and sudden deteriorations in some countries/territories which had no people in Phase 5 in previous years. In 2025, the largest populations in Catastrophe (IPC/CH Phase 5) were in **Palestine (Gaza Strip)** and the **Sudan**. Following the outbreak of conflict, the Gaza Strip faced a risk of Famine in 2024 and 2025,[113] and Famine was confirmed for the Gaza Governorate in August 2025 (no IPC analysis in the Gaza Strip is available before 2023).[114] After the outbreak of conflict in the Sudan in 2023, when no one in the country was classified in Catastrophe, the Sudan faced Famine (IPC Phase 5) and risk of Famine in some localities from August 2024



Goats and sheep trekking across a barren pastureland in search of ever-shrinking grass and shrubs, Somalia © FAO /Arete/Ali Adan

a The Sudan was part of the list of the ten largest food crises every year except in 2017.

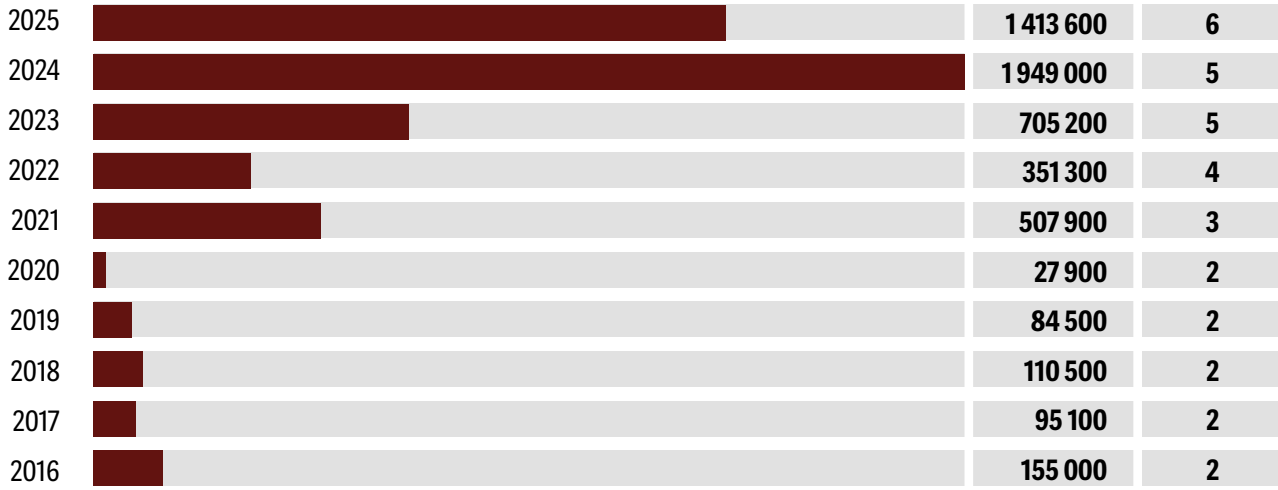
through 2025 (see Section 2.5, on the severity of acute food insecurity, for more details).[115, 116, 117]

South Sudan and Yemen had between 17 000 and 155 000 people in IPC Phase 5 for more than six years over the past decade. In **South Sudan**, some counties were classified in Famine (IPC Phase 5) or faced a risk of Famine in Greater Unity State in 2017,[118] and in the Greater Pibor Administrative Area in 2020–2021.[119] Two counties in Upper Nile state faced risk of Famine in 2025,[120] which is expected to persist in one of them through mid-2026.[121] In **Yemen**, there was a risk of Famine in four districts of Hajjah in 2022, although it did not materialize.[122] After the 2022 truce and a lull in hostilities, critical levels of acute food insecurity persisted and Yemen again had populations in IPC Phase 5 in 2025.[123] However, IPC data were not available for SBA-controlled areas between 2023 and 2024.

The largest increases in the number of people facing Catastrophe (IPC/CH Phase 5) were in 2018, 2021 and 2023–2024. In 2018, the increase was driven by severe deteriorations in food security in South Sudan and Yemen. In 2021, the countries with population classified in IPC Phase 5 were Ethiopia, South Sudan and Yemen.[a, 124, 125]

In 2023 and 2024, the largest increases reported in the number of people facing IPC/CH Phase 5 were due to the conflicts in Burkina Faso, the Gaza Strip, Mali, South Sudan and the Sudan, gang violence and protracted economic crisis in Haiti,[126] and as a result of the drought in Somalia in 2022–2023. In 2022–2023, Famine did not materialize in Somalia due to the positive impact of the 2023 *Gu* rains and sustained humanitarian assistance.[127]

Figure 2.8 Number of people in Catastrophe (IPC/CH Phase 5), 2016–2025



Note: The numbers of people in Catastrophe (IPC/CH Phase 5) reported each year outside of the peak period of acute food insecurity in several countries/territories were not reported in this graph. In Somalia, 17 000 people were reported in IPC Phase 5 in August–December 2018, while the peak of acute food insecurity (IPC Phase 3 or above) was reached in February–May 2018, with no populations in IPC Phase 5. In South Sudan, the 2017 IPC Phase 5 highest number (February–June 2017) was reported as peak for 2016 in the GRFC due to the gravity of the situation, with a Famine declaration at the time of publication; it therefore does not correspond to the 2017 peak, which should instead refer to June–July 2017; the 2018 IPC Phase 5 number was higher in May–July (155 000) than during the peak reported as of September, when 47 000 people were in IPC Phase 5; in 2019, the highest IPC Phase 5 number was reached in February–April with 45 000 people, while the peak acute food insecurity was in May–July, with 21 000 people in IPC Phase 5; in 2020, the highest IPC Phase 5 number was reached in December (105 000), while the peak was in May–July with no populations in IPC Phase 5. For Nigeria and Burkina Faso, in 2022 around 3 000 and 1 800 people, respectively, were reported to face CH Phase 5 in October–December 2022, while the peak of acute food insecurity was reached in June–August that year, with no populations in CH Phase 5. In Madagascar, in 2021, the highest number of people in IPC Phase 5 was reported in October with 28 000 people in this phase, while the peak of acute food insecurity was reported in November–December 2021 with no populations in IPC Phase 5. In Afghanistan, around 20 000 people faced IPC Phase 5 in March-May 2022, while the peak of acute food insecurity was reported during the lean season between November and December 2022. In Haiti, the 2023 peak of acute food insecurity was reported during the lean season between March and June, while 19 000 people were estimated to face IPC Phase 5 between January and February 2023.

Source: GNAFC using data from IPC TWGs and CH 2016–2025; IPC Global Initiative 2023–2025.

a The Government of Ethiopia did not endorse this analysis.

In 2025, the number of people facing Emergency (IPC/CH Phase 4) reached over 39 million people in 32 countries/territories – a similar figure to 2021, when 39.2 million people were in this phase in 36 countries.[a] It increased from 35.1 million people in 2024 mainly due to data availability (see Figure 2.9).

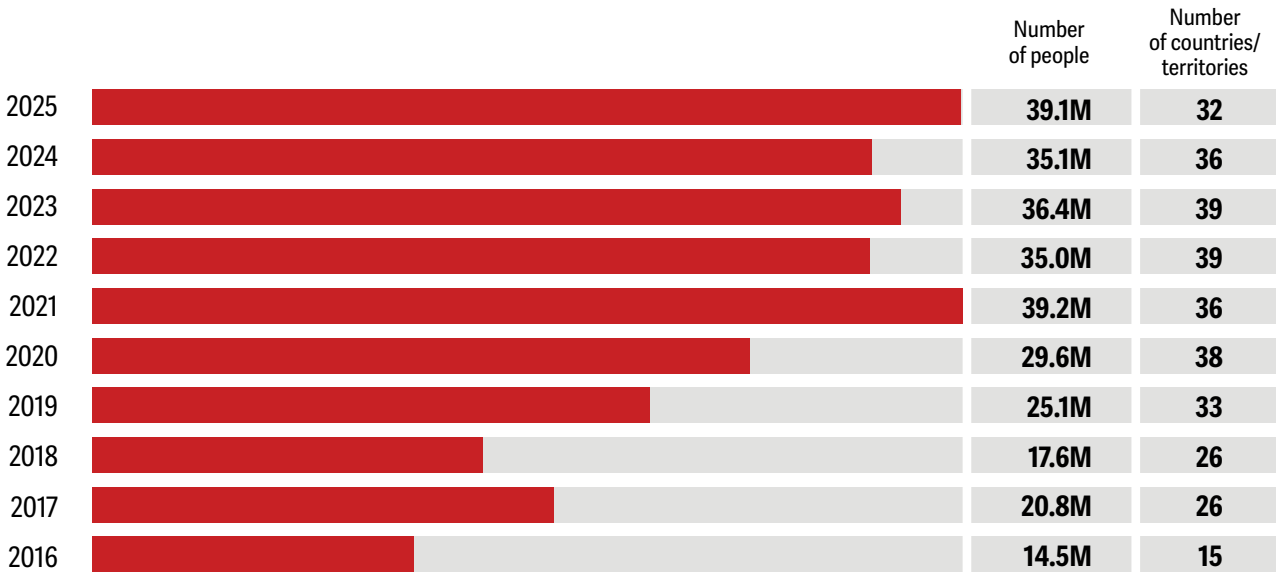
The total population in IPC/CH Phase 4 increased significantly from 2016 to 2021, notably due to large increases in countries such as Afghanistan, the Democratic Republic of the Congo,[b] Somalia, South Sudan, the Sudan and Zimbabwe. The increase at the global level also reflected an increase in country data availability, from 22 in 2016 to 41 countries in 2021. Countries with newly available data included Haiti and Pakistan.

Between 2021 and 2024, large increases in the populations facing Emergency (IPC/CH Phase 4) were reported in some countries including Haiti (2022–2025), Kenya (2021–2023), Nigeria (2021–2023, 2025), Pakistan (2021–2022), Somalia (2021–2023) and the Sudan (2023–2025), each with more than 1 million people in this phase. During this period, the number of countries with IPC/CH data remained stable at 40 or 41, before decreasing in 2025 to 38.

a Several countries previously covered by IPC/CH in GRFC 2022 are no longer covered in GRFC 2026 (Angola, Burkina Faso, El Salvador, Ethiopia and Zimbabwe due to lack of IPC/CH data; and Benin, Côte d'Ivoire and the Gambia, as these countries are not selected for analysis in GRFC 2026). However, this is partly compensated by IPC/CH data or equivalent becoming available in several countries/territories with food crises, such as Bangladesh, Lebanon, Myanmar and Palestine (Gaza Strip), and the change in methodology from FEWS NET to IPC in Uganda.

b In Afghanistan and the Democratic Republic of the Congo, IPC data are not directly comparable between 2018 and 2019, and between 2020 and 2021, respectively, because the national population data changed year-on-year and because the country coverage increased from 66 to 91 percent of the population.

Figure 2.9 Number of people in Emergency (IPC/CH Phase 4), 2016–2025



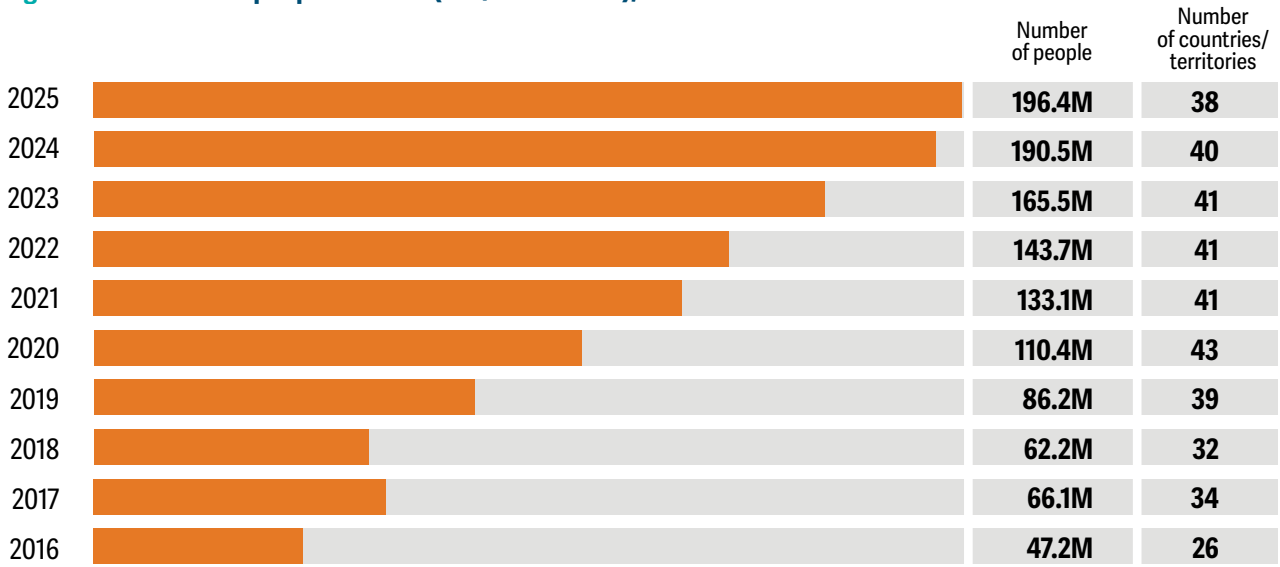
Sources: GNAFC using data from IPC TWGs and CH 2016–2025; IPC Global Initiative 2023–2025; pre-analysis conducted under the Myanmar HNRP as a basis for generating results for the 2024 projection used by the Myanmar HNRP 2024; Myanmar HNRP 2024; update of the previous analysis conducted under the Myanmar HNRP 2025 to reflect the impact of the earthquake and significant reductions in humanitarian funding. As per the GRFC 2025, for Afghanistan, this graph reflects the 2019–2020 IPC data based on Flowminder population data.

The largest increase in the number of people facing Emergency (IPC/CH Phase 4) in 2025 is due to data becoming available in Yemen SBA-controlled areas (see Section 2.5, on the severity of acute food insecurity). Compared with the early years of GRFC analysis, by 2023, IPC data or equivalent became available in Bangladesh, Myanmar and Palestine (Gaza Strip), which all contributed to a significant increase in the total number of people facing Emergency (IPC Phase 4) every year: 4.7 million in 2023, 4.8 million in 2024 and 4.3 million in 2025.

The number of people in Crisis (IPC/CH Phase 3) increased every year from 2018 because of deteriorations in food security in countries with food crises and increased data availability (see Figure 2.10).

From 2016 to 2020, while IPC/CH data became available in about 15 countries/territories, deteriorations were reported at country level in several countries, including Afghanistan, the Democratic Republic of the Congo, Nigeria, the Sudan and Yemen, as well as Burkina Faso, Mali, the Niger, Sierra Leone and Uganda.

Figure 2.10 Number of people in Crisis (IPC/CH Phase 3), 2016–2025



Sources: GNAFC using data from IPC TWGs and CH 2016–2025; IPC Global Initiative 2023–2025; pre-analysis conducted under the Myanmar HNRP, as a basis for generating results for the 2024 projection used by the Myanmar HNRP 2024; Myanmar HNRP 2024; update of the previous analysis conducted under the Myanmar HNRP 2025 to reflect the impact of the earthquake and significant reductions in humanitarian funding. As per the GRFC 2025, for Afghanistan, this graph reflects the 2019–2020 IPC data based on Flowminder population data. The October 2024 Malawi analysis updates the October 2024–March 2025 projection from the June 2024 analysis; an additional 500 000 people were classified in IPC Phase 3 or above (Crisis or worse), mainly due to flooding amid ongoing El Niño-related dry spells and rising food prices.

This also reflected increased coverage in the Democratic Republic of the Congo and revised population estimates in Afghanistan.

Between 2020 and 2025, the population in IPC/CH Phase 3 or equivalent increased partly because of new countries included – such as Bangladesh, Lebanon and Myanmar – as well as increases in acute food insecurity at the country level in, for example, Chad, Guinea, Kenya, Malawi, Mozambique, Pakistan, Nigeria, Somalia, the Sudan, Yemen and Zambia.[128] However, in some of these countries, such as the Democratic Republic of the Congo and Kenya, the increase was reported together with a decrease in the population in IPC/CH Phase 4, suggesting an overall improvement in severity over the past six years. These trends are further nuanced by the increased analysis coverage in Nigeria (from 47 percent to 89 percent) and Pakistan (from 2 percent to 21 percent) between 2020 and 2025.

A man sits by the broken wall of his flooded home, Pakistan © WFP Pakistan

Box 10. Populations in Stressed (IPC/CH Phase 2) in countries/territories with food crises

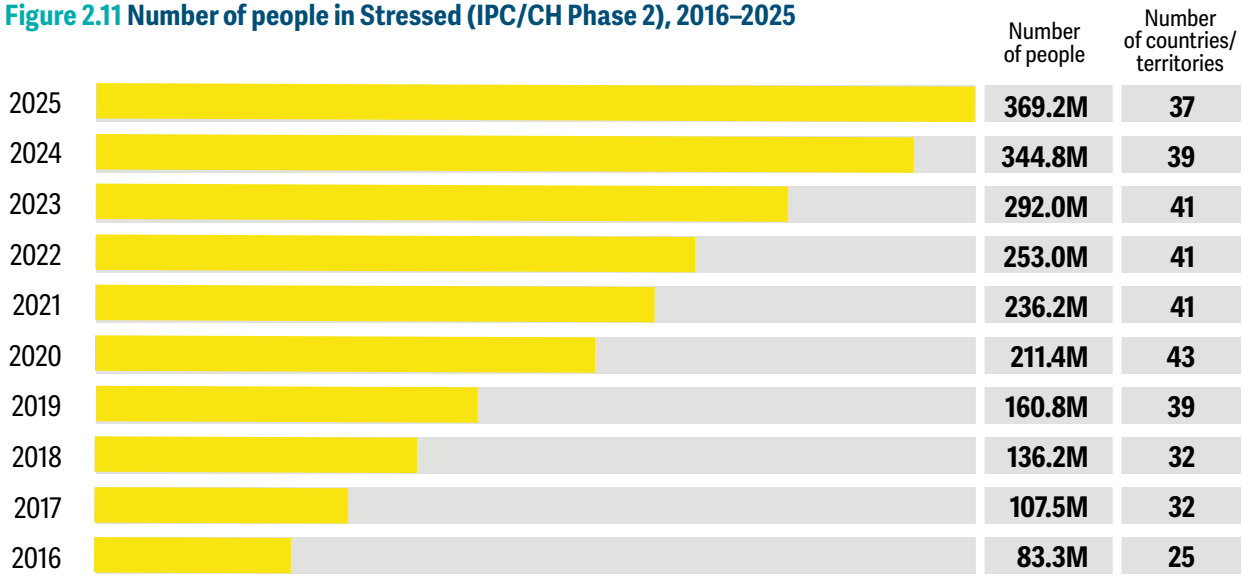
Around 369.2 million people in 37 countries/territories with food crises and with available data experienced Stressed (IPC/CH Phase 2) conditions in 2025. While populations in this phase are not considered to need urgent assistance, they are vulnerable to shocks and require support to reduce risks related to disasters and to protect their livelihoods.

The share of analysed population in IPC/CH Phase 2 represents 36.1 percent in 2025, compared with 35.0 percent in 2024. The number of people in this phase increased from 344.8 million people in 39 countries/territories in 2024 to nearly 369.2 million people in 2025 in 37 countries/territories.

Over the past ten years, the number of people in IPC/CH Phase 2 has increased more than fourfold, from 83.3 million in 2016, representing 20 percent of the population analysed.

Among the countries with larger populations in IPC/CH Phase 2, **Nigeria** had almost 92 million people (a significant increase from 83 million in 2024), with the share of the population analysed in Phase 2 increasing from 41 to 45 percent, while the population in Phase 3 or higher remained stable at around 15 percent. The **Democratic Republic of the Congo** and **Bangladesh** follow, remaining relatively stable with 52 million and 34 million people, respectively, in Phase 2.

Figure 2.11 Number of people in Stressed (IPC/CH Phase 2), 2016–2025



Sources: GNAFC using data from IPC TWGs and CH 2016–2025; IPC Global Initiative 2023–2025; pre-analysis conducted under the Myanmar HNRP, as a basis for generating results for the 2024 projection used by the Myanmar HNRP 2024; Myanmar HNRP 2024; update of the previous analysis conducted under the Myanmar HNRP 2025 to reflect the impact of the earthquake and significant reductions in humanitarian funding. As per the GRFC 2025, for Afghanistan, this graph reflects the 2019–2020 IPC data based on Flowminder population data. The October 2024 Malawi analysis updates the October 2024–March 2025 projection from the June 2024 analysis; an additional 500 000 people were classified in IPC Phase 3 or above (Crisis or worse), mainly due to flooding amid ongoing El Niño-related dry spells and rising food prices.

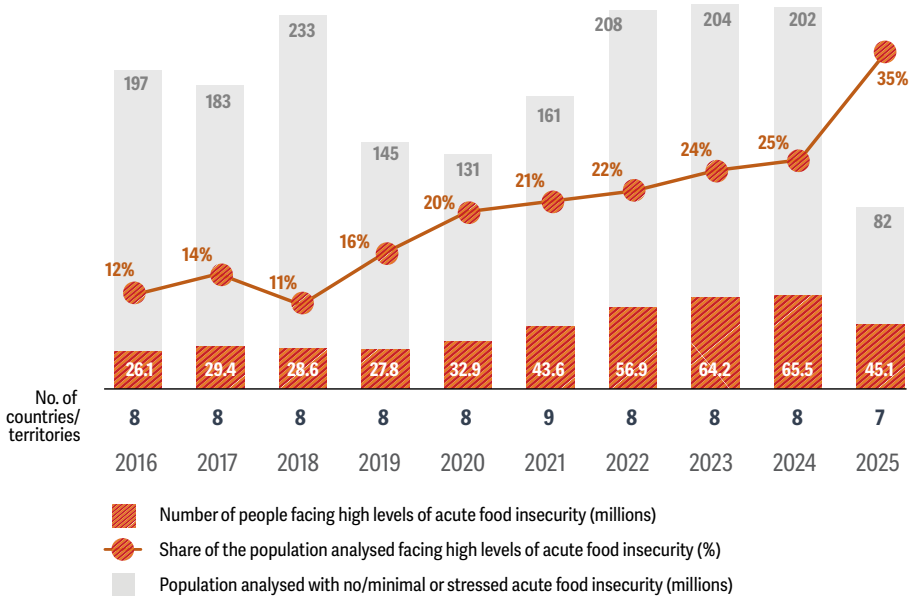
Hauwa tends her backyard garden, Nigeria © WFP/Oluwashina Oni

Trends in acute food insecurity at the regional level

In **East Africa**, the largest increases in acute food insecurity were reported in 2017 and 2020–2023, caused by severe droughts and other weather extremes, a desert locust upsurge, macroeconomic challenges including but not limited to the impacts of domestic conflicts, COVID-19 and the war in Ukraine, as well as armed conflicts including in South Sudan, northern Ethiopia and the Sudan. Except for 2025, when Ethiopia did not have acute food insecurity data, the country coverage has remained broadly comparable since 2016, despite varying methodologies.

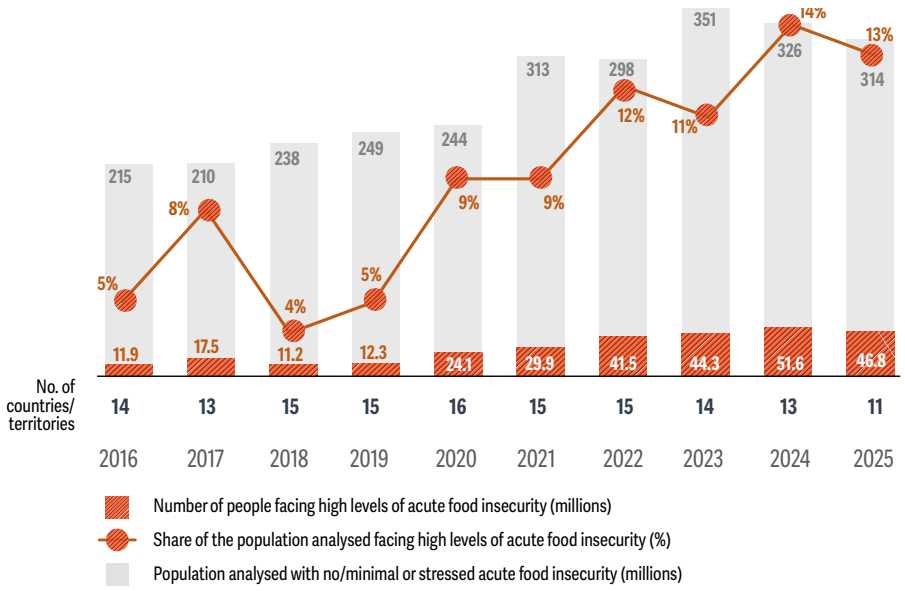
In **West Africa and the Sahel**, the increase is mostly due to conflict in the Lake Chad basin (in northeast Nigeria, southeast Niger, western Chad and northern Cameroon) from 2017, and in Central Sahel – Burkina Faso, Mali and the Niger – from 2019, as well as repeated climate shocks such as drought and floods, and the impact of global economic shocks. The enlarged geographical coverage within Nigeria significantly increased the number of people facing CH Phase 3 or above across the region over time. The regional trends were also affected to some extent by the inclusion of Benin, Côte d'Ivoire, Ghana and Togo and by the non-selection of the Gambia and Guinea-Bissau in some years.

Figure 2.12 Acute food insecurity in East Africa, 2016–2025



Source: GRFC CTG, 2026

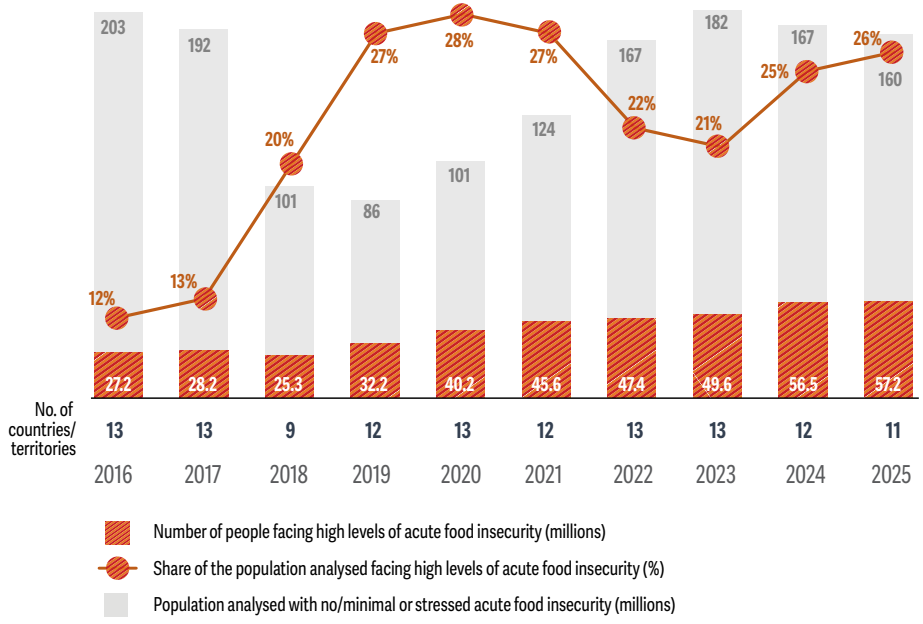
Figure 2.13 Acute food insecurity in West Africa and the Sahel, 2016–2025



Source: GRFC CTG, 2026

In **Central and Southern Africa**, the main drivers of the increase were the El Niño-related drought and crop production shortfalls in 2016–2017 and 2024–2025; economic shocks – notably high inflation rates in some countries like Zimbabwe; and increasing conflict and insecurity in the Central African Republic mainly between 2016 and 2021, the Democratic Republic of the Congo eastern provinces for the entire period considered and Greater Kasai in 2017–2018, and Mozambique (Cabo Delgado) since 2019. Despite country inclusion varying in some cases – e.g. Angola, the Republic of the Congo, South Africa – most of the countries in the region were covered in all editions of this report. The increase in the number of people facing high levels of acute food insecurity was influenced significantly by changes in geographical coverage over time in several countries,[a] mainly in the Democratic Republic of the Congo, where the IPC coverage increased from 66 percent of the country population in 2018 to 98 percent in 2024, and by a change in the methodology used in Zimbabwe.

Figure 2.14 Acute food insecurity in Central and Southern Africa, 2016–2025

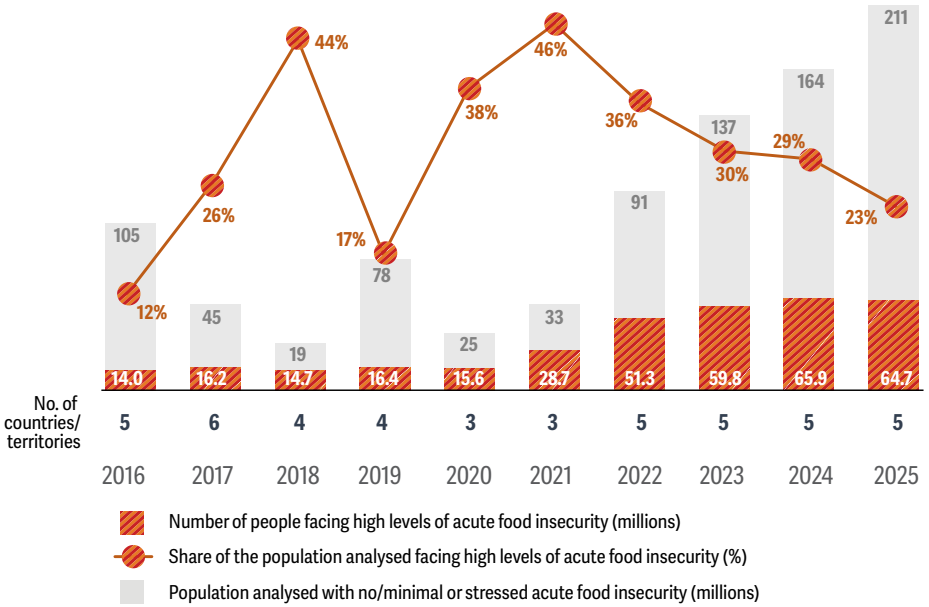


Source: GRFC CTG, 2026

a The Central African Republic, the Democratic Republic of the Congo, Madagascar, Mozambique, the United Republic of Tanzania and Zambia.

In **South Asia**, data availability was a major factor in acute food insecurity trends. Only Afghanistan and Bangladesh (Cox's Bazar) had data every year of analysis. Comparable data became available from 2017 in Pakistan, and from 2023 for residents in other parts of Bangladesh and Myanmar. In Afghanistan, the share of the population analysed facing IPC Phase 3 or above increased from 31 percent in 2016 to 55 percent in 2021 – mostly due to a major drought in 2018, prolonged conflict and economic crisis – before decreasing to 36 percent in both 2024 and 2025, due to improved harvests sustained by food and agricultural assistance in 2024.

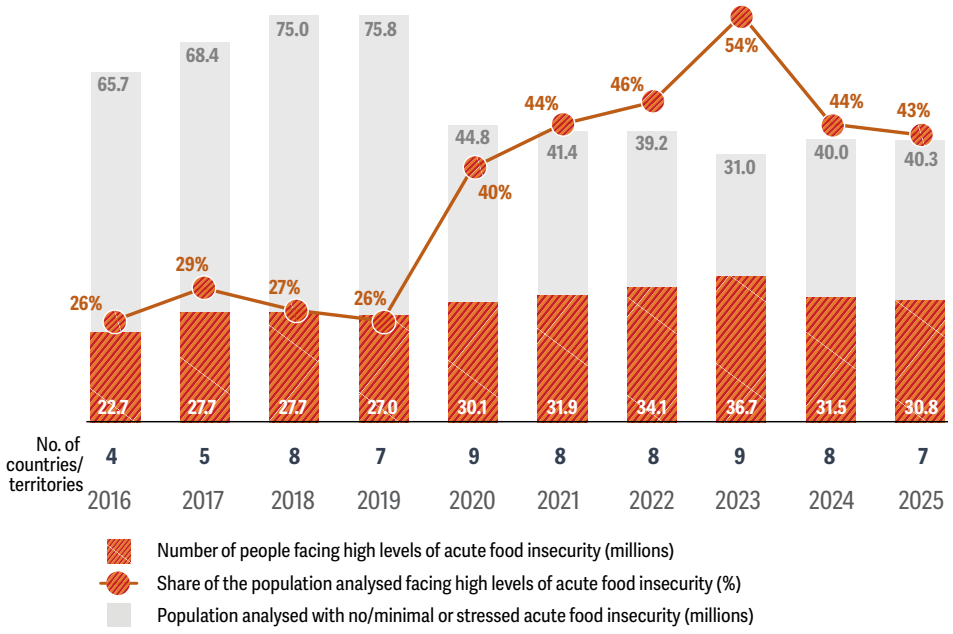
Figure 2.15 Acute food insecurity in South Asia and the Pacific, 2016–2025



Source: GRFC CTG, 2026

In the **Middle East and North Africa**, country inclusion and data availability also varied significantly, with only two countries – Yemen and the Syrian Arab Republic – covered every year since 2016. In these two countries, the number of people facing high levels of acute food insecurity increased from 21 million people in 2016 to 31 million by 2023. It reached 25 million in 2025 (around 43 percent of the population analysed in the two countries) out of 31 million reported at the regional level. The coverage of Algeria (refugees), Egypt (refugees), Iraq (residents), Jordan (refugees), Lebanon, Libya, Palestine and Türkiye (refugees) varied considerably over time in terms of data availability, methodology and geographical comparability.

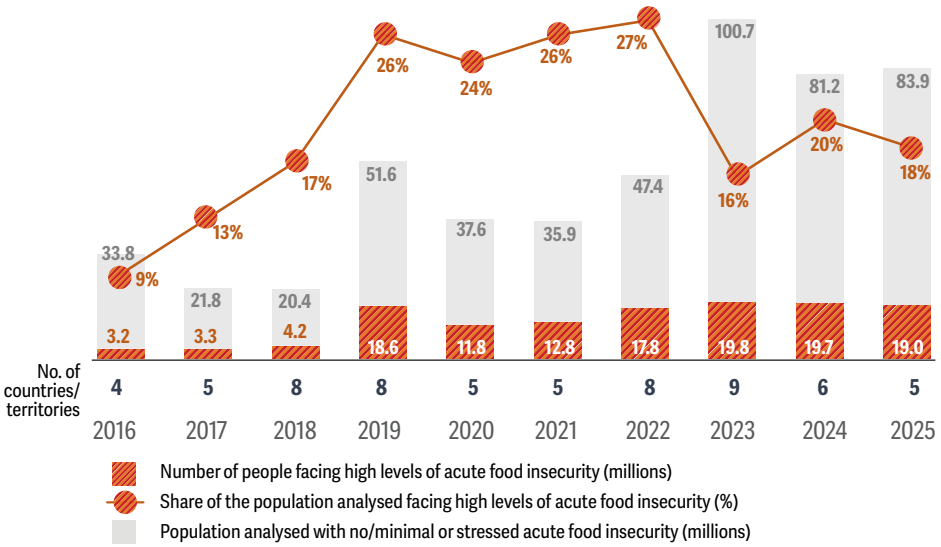
Figure 2.16 Acute food insecurity in the Middle East and North Africa, 2016–2025



Source: GRFC CTG, 2026

In **Latin America and the Caribbean**, no country had comparable estimates of acute food insecurity from 2016 to 2025 due to significant changes in methodology, subnational analysis coverage and country inclusion.[a] The IPC findings in Haiti were comparable from 2019 to 2025, with the number of people in IPC Phase 3 or above increasing from 3.7 million people (35 percent of the population analysed) in 2019 to 5.7 million people (51 percent) in 2025, mostly due to the impact of gang violence, the protracted economic crisis and the prolonged impact of weather extremes and other natural hazards in the context of low agricultural production.[129] In Guatemala and Honduras, the number of people facing IPC Phase 3 or above increased from 6.6 million (25 percent) in 2020 to 7.2 million in 2022 (27 percent), notably because of weather extremes, including hurricanes Eta and Iota in 2020, flooding, landslides and damage to crop production, before decreasing to 5.2 million (19 percent) in 2025. The improvements since 2023 were mainly due to near-average and above-average crop production, respectively, the absence of widespread extreme climatic events in late 2024 and improved economic conditions.[130, 131]

Figure 2.17 Acute food insecurity in Latin America and the Caribbean, 2016–2025



Source: GRFC CTG, 2026

a The inclusion of Colombia (residents) since 2023 contributed to a significant increase in the population analysed and to a decrease in the share of the population analysed facing high levels of acute food insecurity reported in the region.

In **Ukraine** – the only European country covered in the GRFC – the number of people acutely food insecure and in need of urgent assistance increased considerably from 2017, with 1.2 million people in Luhansk and Donetsk oblasts, to 8.9 million people at the national level in 2022. While the significant increase in 2022 was reported in the context of the escalation and expansion of the conflict to a full-scale war, and increased geographical coverage of the analysis, the 2023–2024 improvement was primarily due to regular humanitarian assistance.[132] By 2025, the number of people acutely food insecure based on WFP CARI decreased to 2 million due to reduced coverage, focusing only on the war-affected population in the context of humanitarian prioritization.

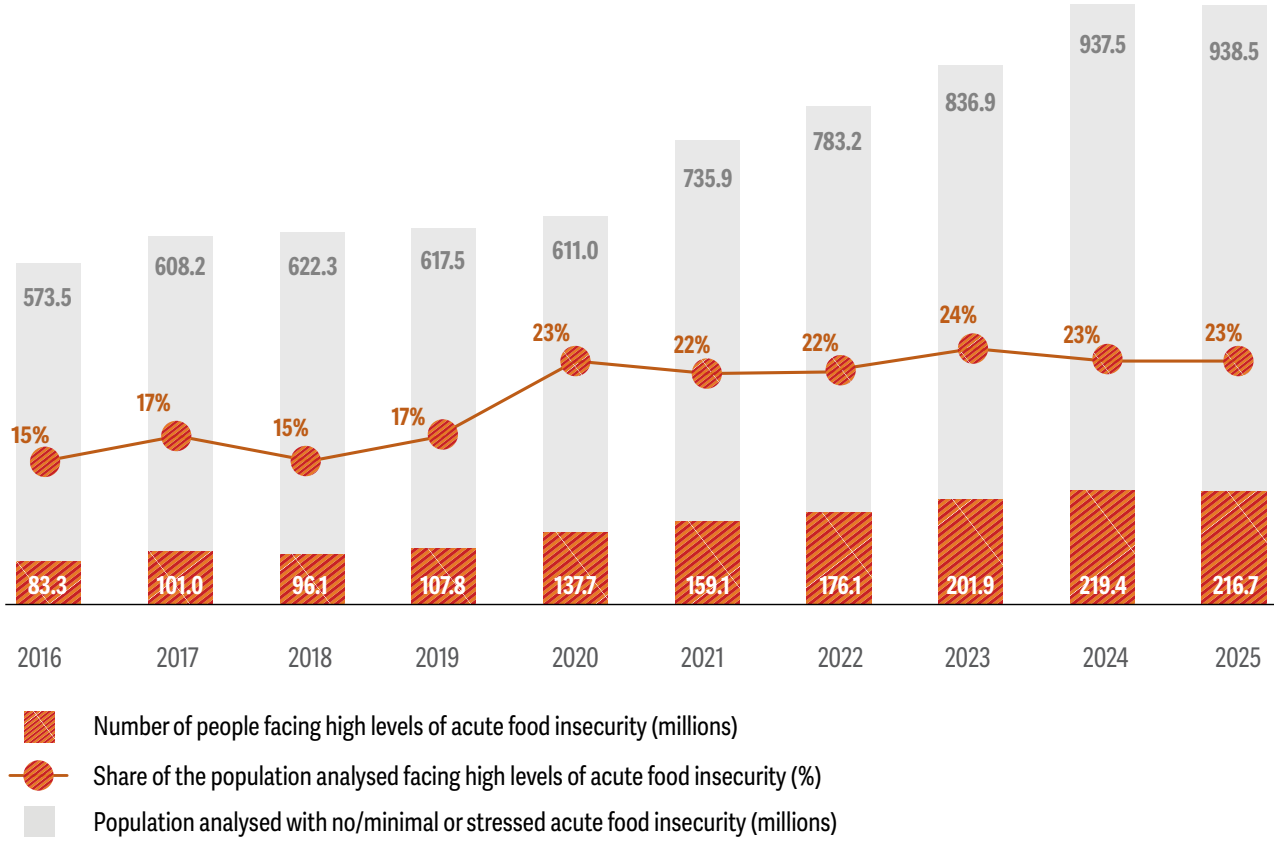
Olha milks her cow, Ukraine
© WFP/Sayed Asif Mahmud

2.6 Structural vulnerabilities underlying the protracted nature of food crises

Humanitarian assistance has not been sufficient to reverse the rising trend in acute food insecurity over the past decade (see Section 2.7), underscoring the role of structural vulnerabilities in perpetuating crises.[133]

Structural vulnerabilities refer to enduring economic, political, social and environmental conditions that determine the lack of resilience to shocks, such as the outbreak of conflict, or climate extremes or market instability, and the impact they can have on acute food insecurity. With greater resilience, shocks are more likely to be absorbed through functioning institutions, diversified livelihoods and effective coping capacities. By contrast, where political instability, constrained governance capacity, chronic poverty or high climate exposure prevail, shocks are likely to overwhelm the coping capacities of households and food systems. Food crises become protracted when such vulnerabilities persist over time and recurrent shocks erode livelihoods, undermine agrifood systems and prevent recovery, even with substantial humanitarian assistance. In these contexts, adequate and targeted humanitarian responses are essential to mitigate immediate impacts, but they typically do not address the structural vulnerabilities. Thus, humanitarian assistance alone cannot reverse underlying food insecurity dynamics. Resilience-building interventions are essential for populations that have become heavily reliant on humanitarian assistance and are particularly vulnerable to shocks.[134]

Figure 2.18 Number of people (in millions) and share of the population analysed (in percentage) facing high levels of acute food insecurity across 33 countries with protracted food crises in 2016–2025[a]



Note: As per the GRFC 2025, for Afghanistan, this graph reflects the 2019–2020 IPC data based on Flowminder population data. The October 2024 Malawi analysis updates the October 2024–March 2025 projection from the June 2024 analysis; an additional 500 000 people were classified in IPC Phase 3 or above (Crisis or worse), mainly due to flooding amid ongoing El Niño-related dry spells and rising food prices.

Source: GRFC CTG, 2026.

a A food crisis is defined as protracted if included as a food crisis in all editions of the GRFC.

In all 33 countries[a] that have appeared in every GRFC edition over the past decade, these vulnerabilities are deep, multidimensional and mutually reinforcing,[b] resulting in protracted food crises. **In 2025, countries experiencing protracted food crises represented over 80 percent of the global population facing high levels of acute food insecurity – around 217 million people – a pattern that has persisted over the past decade.** Across these countries, the number of people facing high levels of acute food insecurity has remained stubbornly high since 2016, mostly exceeding 20 percent of the analysed population (see Figure 2.18). Thirteen[c] have passed this threshold for at least five consecutive years, with Afghanistan, the Democratic Republic of the Congo, Nigeria, the Sudan, the Syrian Arab Republic and Yemen consistently ranking among the largest food crises.

As a result of structural vulnerabilities, recurrent shocks are not episodic, but become cumulative.[135] Data from the Index for Risk Management (INFORM) confirm this pattern of higher risks and limited capacities to cope in countries with protracted crises: they have an average vulnerability score of 6.6 out of 10 (with higher values indicating greater susceptibility to adverse impacts when hazards or shocks occur), markedly higher than the other GRFC countries (5.3). Likewise, their average lack of coping capacity score is 6.9, compared with 5.0 for other GRFC countries. This indicates that there are structural constraints that impede recovery even after shocks subside.[136]

Conflict and weak governance undermine stability and recovery. Persistent conflict and political instability create economic and food system disruptions that undermine food security at multiple levels (see Section 2.5 for more details).[137, 138] In 12 of the 33 countries, conflict and insecurity have remained the primary drivers for more than 5 years since 2016. Eight other countries have been affected by conflict and insecurity in some form over the past decade. Countries facing protracted food crises often have fragile governance systems, limiting a state's ability to operate effectively. In 2023, countries with protracted crises had an average government effectiveness score of –1.2 (on a scale of –2.5 to 2.5), with that for Haiti, South Sudan and Yemen as low as –2.2.[139] In 2025, among 18 contexts considered to be experiencing extreme fragility, 14 faced protracted food crises.[140] Limited social protection and systemic fragility reduce the capacity of governments to respond to food crises.

Chronic economic weakness erodes resilience at household and national levels. Half of the world's poorest people live in five countries, three of which (Bangladesh, the Democratic Republic of the Congo and Nigeria) are in protracted food crises.[141] Income levels in protracted crises countries mirror these structural divides: 18 are low-income countries, 13 are lower-middle-income and only 2 are upper-middle-income. At lower-income levels, countries typically possess limited fiscal resources and institutional capacity to invest in resilience-building. Persistent economic fragility erodes household purchasing power and constrains the government's ability to respond to shocks.[142] Countries facing protracted food crises entered the 2020–2024 period of multiple global crises with weak or contracting economies.[143] Some of these countries only came out of these crises with uneven or shallow recoveries, while others, such as Haiti and the Sudan, saw deeper economic downturns due to conflict or political breakdown.[144] Persistent inflation further eroded purchasing power and employment opportunities of the food insecure.[145] High public debt burdens further limit the ability of governments to respond to shocks. Increasing numbers of low-income countries are using more than 10 percent of their national budgets to service their debts, limiting fiscal space for resilience efforts.[146, 147] Ten protracted crises with data saw debt-to-GDP ratios rise between 2020 and 2024, and 13 exceeded 50 percent of GDP, including some of the largest food crises, such as those in the Sudan and Yemen.[148]

Aid dependence remains structurally high in fragile contexts. Across the 33 protracted crisis countries with data available, between 2016 and 2023, official development assistance (ODA) often exceeded 20 percent of gross national income, reflecting limited domestic revenue mobilization and long-standing reliance on

a Afghanistan, Bangladesh, Burundi, Cameroon, Central African Republic, Chad, the Democratic Republic of the Congo, Eswatini, Guatemala, Guinea, Haiti, Honduras, Iraq, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, the Niger, Nigeria, Senegal, Sierra Leone, Somalia, South Sudan, the Sudan, the Syrian Arab Republic, Uganda, Yemen, Zambia and Zimbabwe.

b While drivers of food crises tend to be interrelated, it is possible to identify the main driver of acute food insecurity in most contexts, as shown in Figure 2.5 and Map 2.1 (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).

c Afghanistan, Bangladesh, the Central African Republic, the Democratic Republic of the Congo, Eswatini, Haiti, Lesotho, Madagascar, Somalia, South Sudan, the Sudan, the Syrian Arab Republic, Yemen and Zimbabwe. Please see the technical notes on any caveats in the comparability of acute food insecurity assessments.

external aid. As such, these countries have become highly vulnerable to volatility in ODA. Several contexts are extremely dependent on aid, such as the Syrian Arab Republic, where ODA peaked at 86.9 percent of gross national income in 2020 and has remained high due to protracted conflict.[149, 150]

Cyclical and repeated climate and environmental stresses compound vulnerability. Climate change intensifies existing stressors that undermine livelihoods and local economies.[151] Agrifood systems, deeply dependent on weather patterns, are particularly exposed to these impacts,[152, 153] and poor environmental conditions such as soil degradation and scarce water reserves heighten their susceptibility to extreme weather and accelerate further ecological decline.[154, 155] This vulnerability is reflected in the data: across the 33 countries in protracted crisis, the average share of the crop-growing period affected by drought reached 15.6 percent, while drought affected an average of 13.4 percent of pastureland, indicating high exposure to recurring climate shocks that erode coping capacity.[156]

The Anomaly Hotspots of Agricultural Production (ASAP)'s global assessments show that regions such as East Africa have endured up to five failed seasons, with ongoing rainfall deficits and vegetation anomalies indicating limited recovery.[157] Southern Africa continues to experience persistent drought and above-average temperatures affecting crop development, while parts of West Africa recorded below-average crop biomass throughout 2025.[158, 159] The recurrence of vegetation anomalies across multiple regions highlights the frequency and persistence of drought-related climatic shocks.

Agriculture remains the backbone of livelihoods in these contexts. In countries with protracted food crises and available data, around 70 percent of the rural population depends on agriculture for their livelihoods,[160] and the sector's added value contributes an average of 22 percent of GDP.[161, 162] With limited adaptive capacity, cyclical climate stress forces households into negative coping strategies, such as selling productive assets or migrating, further undermining resilience and making sustainable recovery nearly impossible without systemic adaptation measures.[163]

Gender inequality is a cross-cutting structural vulnerability and both a cause and an outcome of unequal food systems.[164] Women are central to agrifood systems yet they face systemic constraints, including unequal land rights and limited access to credit and inputs. These inequalities translate into higher food insecurity for female-headed households, with women's agricultural livelihoods declining more sharply during shocks.[165, 166, 167, 168]

Humanitarian assistance risks becoming the main coping mechanism. It continues to dominate the response landscape in up to a third of protracted crises between 2016 and 2023, including in some of the world's largest food crises, such as Afghanistan, the Democratic Republic of the Congo, the Sudan, the Syrian Arab Republic and Yemen. While these interventions are vital for meeting immediate needs, strengthening their contribution to longer-term food security requires greater alignment with livelihood needs. In particular, integrating approaches that protect and rebuild livelihoods, while supporting local food systems, can help enhance resilience and reduce dependence on external assistance.[169]

2.7 External finance for addressing food and nutrition crises

Funding for humanitarian food, agriculture and nutrition assistance[a] plummeted in 2025, dropping by an estimated 59 percent between 2022 and 2025. The decline in humanitarian assistance in 2025 occurred against a backdrop of persistently high global acute food insecurity. Funding has fallen back to levels last seen in 2016–2017, while the share of the population analysed in high acute food insecurity has doubled since then.

The decline is due to funding cuts by some of the major providers of ODA. After declining by 9 percent in 2024, global ODA allocations have fallen sharply again in 2025.[170]

a The term "external financing" refers to both data on development assistance to food sectors (excluding data reported as humanitarian assistance) extracted from the CRS of the OECD DAC and data on humanitarian assistance to food sectors extracted from the OCHA FTS.

This analysis focuses principally on three humanitarian sectors considered as "food sectors" – food assistance (cash and in-kind), emergency agriculture support, and nutrition interventions. Depending on the type of aid that is being analysed, food-related assistance to these sectors may appear in graphs and tables as these three sectors or as a number of more specific subsectors. Food assistance covers disbursements aimed at safeguarding or improving food security by providing in-kind food assistance or in the form of cash transfers. Emergency agriculture assistance includes disbursements for assistance aimed at safeguarding or improving food security through increased food production. Nutrition support includes disbursements for assistance aimed at safeguarding or improving beneficiaries' nutritional and health status. For development assistance, food sectors include: agriculture, basic nutrition, development food assistance, fisheries, food safety and quality, food security policy and administrative management, forestry, household food security programmes, rural development and school feeding.

These major reductions have significantly constrained the response capacity of humanitarian actors. As a result of a prioritization process, the humanitarian community was forced to prioritize 114 million people of the 179 million people initially targeted in 2025. The cost of aiding 114 million people is estimated at around USD 29.1 billion.[171] Millions fewer people are expected to receive some form of humanitarian assistance in 2025 compared with 2024. According to the 2026 Global Humanitarian Overview, as of December 2025, nearly 98 million people had been reached with some form of humanitarian assistance in 2025 – equivalent to over half of those targeted.[172] While coverage may increase slightly as country teams finalize 2025 response monitoring, it is still expected to represent a sharp decline from 2024, when 123 million people received at least one form of assistance.

In line with the Humanitarian Reset, the global humanitarian community is being urged to prioritize the most critical emergencies and, where possible, transition towards resilience-building and addressing the root causes of protracted crises. However, in practice, these investments are often being de-emphasized, which risks putting hard-earned gains from past investments at risk. This deprioritization is occurring in a context where development financing is also contracting, limiting the ability to support household recovery, rebuild livelihoods and reduce future humanitarian needs.[173]

Humanitarian assistance to food sectors has fallen since 2022. Funding increased steadily up to 2022, to USD 16.8 billion, driven by escalating needs linked to the COVID-19 pandemic, deeper conflicts in several food crisis contexts, the global impacts of the war in Ukraine, and severe drought in the Horn of Africa. However, funding fell sharply by 30 percent in 2023 and, following a further decline in 2024, to USD 11.4 billion.

Since 2016, global development allocations have averaged six times the size of humanitarian allocations overall. However, financing for food sectors in food crisis contexts remains predominantly humanitarian in nature, with development investments comparatively lower even in protracted crises. Between 2016 and 2025, humanitarian assistance to food-crisis countries amounted to an average of USD 10.6 billion annually, compared with USD 6.9 billion directed to food-sector development.

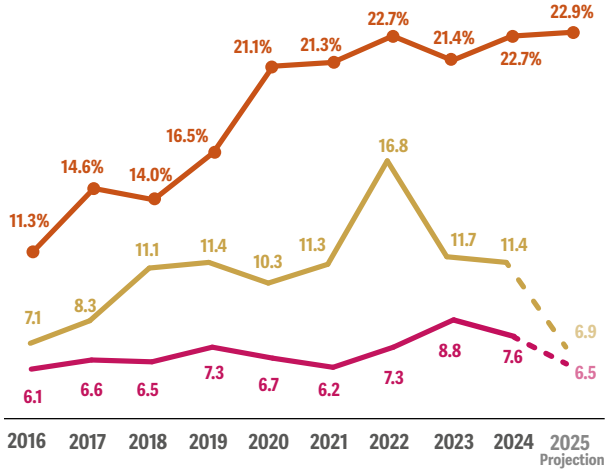
This means that only 3 percent of global development funding is directed to food sectors in countries affected by food crises, compared with 33 percent of humanitarian assistance.[a] This pattern has remained largely unchanged over time, pointing to the need for increased development financing for food and nutrition crises to support long-term solutions.

Development assistance to food sectors in food crisis contexts has generally increased since 2016, peaking at USD 8.8 billion in 2023. However, this remains modest and far from sufficient to support sustained recovery in protracted crisis settings.

In 2025, both humanitarian and development assistance to food sectors in food crisis contexts are estimated to have declined sharply. Humanitarian funding is expected to have fallen by around 39 percent compared with 2024 levels,[174] while development assistance is projected to have contracted by at least 15 percent (see Figure 2.19). These reductions are driven largely by cuts in the budgets for bilateral aid by donors in the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee. These declines are only partially offset by multilateral funding provided by international financial institutions.

a Average development assistance (2016–2023) and humanitarian assistance (2016–2024) to countries/territories facing food crises, and to food sectors (USD billion).

Figure 2.19 Share of population analysed facing high levels of acute food insecurity (IPC/CH Phase 3 or above) in countries/territories with food crises, and humanitarian and development allocations to food sectors (2016–2025)



Source: GNAFC. Forthcoming. *Financing Flows and Food Crises report: Analysis of humanitarian and development financing flows to food sectors in food crisis countries*. Rome. Projections based on the GNAFC methodology and estimated by FAO Data Lab.

Box 11. Financing trends in 2025

Country-level trends are more informative than global aggregates when assessing the relationship between humanitarian assistance and food insecurity in 2025. Cuts in humanitarian assistance to food sectors were highly concentrated and closely aligned with worsening acute food insecurity in some of the most severe and largest food crises. Five countries – Yemen, the Democratic Republic of the Congo, Somalia, Afghanistan and South Sudan – accounted for 44 percent of the global reduction in humanitarian assistance (USD 2 billion of USD 4.5 billion). These same countries recorded a combined increase of approximately 6 million people in IPC Phase 3 or above in 2025.[274] See Section 2.1.

Within humanitarian funding for food sectors,[a] food assistance (cash and in-kind) constituted the largest share in 2025 (85 percent) followed by nutrition (8 percent) and emergency agriculture (7 percent). Although changes in the share of humanitarian food sector financing for a given sector may have increased from 2024 to 2025, absolute allocations have been increasingly constrained by overall funding declines.

On the development side, agriculture remained the largest recipient of funding, accounting for 60 percent of food sector development allocations in food crisis contexts in 2024. Development food assistance,[b] relatively stable between 2016 and 2022, declined sharply in 2024 to USD 0.54 billion. By contrast, basic nutrition[c] was the second most funded development sector among food sectors (USD 0.8 billion in 2024). Allocations to rural development remained broadly stable at USD 0.5 billion.[d]

Impact of funding reductions on food and nutrition security

Reductions in humanitarian and development financing are likely to increase the severity of acute food insecurity and contribute to reduced household coping capacity. Nutrition services are particularly sensitive to funding volatility, as programme disruptions affect both preventive and therapeutic interventions, including life-saving treatment of acute malnutrition. There is already ample evidence of impacts, some irreversible, on food insecurity and malnutrition, with women, children, refugees and IDPs particularly affected. In Afghanistan, admissions of acutely malnourished children rose by 16 percent in districts affected by severe food assistance reduction. In Uganda, over 1 million refugees no longer received assistance in 2025 and food consumption scores fell by 20 percent. In Haiti, the suspension of hot meals for displaced people removed a safe space that had helped reduce tensions. Life-saving support to households in Catastrophe (IPC/CH Phase 5) is also at risk. In South Sudan, airdrops are the only way to reach some highly vulnerable populations, but they cost 70 times more than reaching people by land. Investments in preparedness have also dropped drastically, with Haiti lacking a full contingency stock during hurricane season for the first time since 2016. These impacts are expected to continue and probably worsen in 2026.[175] Humanitarian actors temporarily absorbed cuts through pipeline management, reprioritization, carry-overs, reduced rations or the use of residual operational buffers. These measures are inherently time-bound. If funding levels remain depressed into 2026 and beyond, the impact on acute food insecurity is likely to become more visible as household coping capacities and resilience are eroded. This also has particularly acute implications for nutrition programming, where interruptions rapidly translate into elevated morbidity and mortality risks among children and pregnant and breastfeeding women. Projections indicate that accelerated defunding could result in up to 22.6 million additional deaths by 2030, including 5.4 million children under five years of age. Even under more moderate defunding scenarios, excess mortality remains substantial.[176, 177]

a For a more detailed breakdown of sectoral allocations, please see the *2025 Financing Flows and Food Crises Report* (to be linked here)

b As per OECD Creditor Reporting System, "Development food assistance" supports lasting physical assets or human capital that benefit poor, food-insecure households and their communities. It is intended for social protection programmes and long-term household food security.

c Activities reported under "Basic Nutrition" (OECD CRS purpose code 12240) include micronutrient deficiency identification and supplementation; infant and young child feeding promotion including exclusive breastfeeding; non-emergency management of acute malnutrition and other targeted feeding programs (including complementary feeding); staple food fortification including salt iodization; nutritional status monitoring and national nutrition surveillance; and research, capacity building, policy development, monitoring and evaluation in support of these interventions.

d With forestry receiving USD 506 million, school feeding USD 255 million, household food security programmes USD 232 million, fishing USD 207 million, food security policy and administrative management USD 192 million, and food safety and quality USD 90 million in 2023.

2.8 The outlook for 2026

As of March 2026, 34 countries and territories with food crises had acute food insecurity data covering 2026, including 23 with data comparable to the 2025 acute food insecurity peak figure (see Figure 2.20).

Although acute food insecurity data available by March 2026 only provide a partial picture for the current year, severity levels remain critical in multiple contexts.[a] Five countries have populations projected in Catastrophe (IPC/CH Phase 5) in 2026: around 207 000 people in this phase in the Sudan during the post-harvest, 41 000 people in Yemen, 28 000 people in South Sudan, 15 000 people in Nigeria and nearly 2 000 people in Palestine (Gaza Strip).

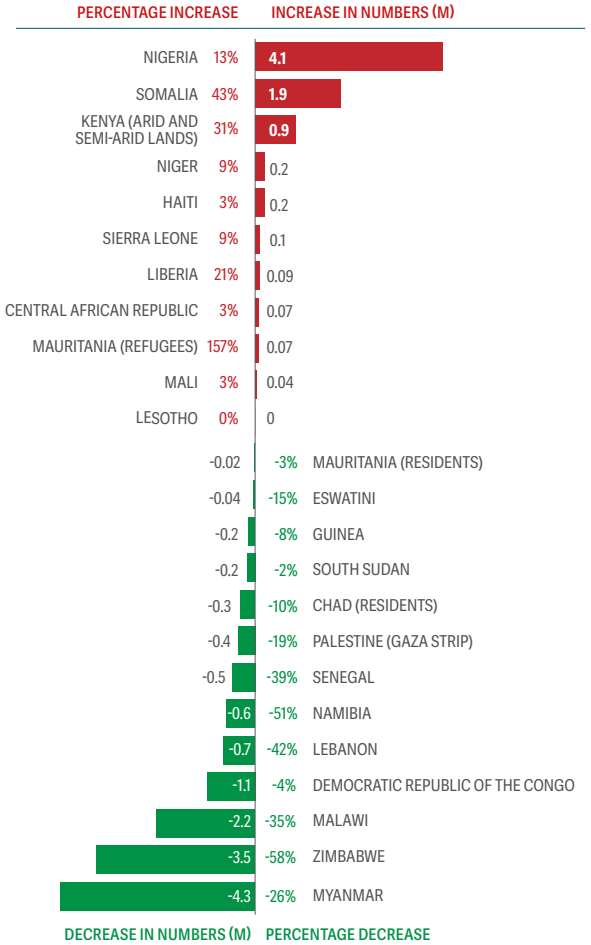
In West Africa and the Sahel, conflict and insecurity will remain the main drivers of acute food insecurity across Burkina Faso, Mali, the Niger and in northern states of Nigeria. Access to farming fields, pastures and markets will likely remain limited in conflict-affected areas. Many people will remain displaced, and humanitarian access is expected to remain constrained by insecurity.[178] In addition, economic shocks will persist and continue affecting the food and nutrition security of vulnerable people. In 2026, the annual inflation rate is projected to remain elevated in Nigeria (22 percent), Sierra Leone (10.5 percent) and Liberia (7.7 percent),[179] likely continuing to restrict food access in the region. Despite an overall increase in cereal production expected in the 2025/26 agricultural season compared with the previous year, erratic rainfall, insecurity, pest infestations and limited access to agricultural inputs are likely to constrain yields in some areas.[180]

In **East Africa**, the rainy season has essentially failed across much of the Horn of Africa, including Somalia and eastern Kenya, with October to November rainfall amounts extremely low and poorly distributed. **Food insecurity worsened significantly in early 2026 during the upcoming pastoral lean season that peaks from February to March and will likely remain poor during the agropastoral lean season that peaks from April to June**, with people facing poor harvests, depleted food stocks, reduced milk production, livestock deaths and rising acute malnutrition among children.[181] In the Sudan, crop damage due to poor rains in June was irreversible in parts of southeastern key cereal producing areas in Gedaref, White Nile and Sennar states. Moreover, insufficient availability and high prices of agricultural inputs, caused by the ongoing conflict, have limited the benefits of improved security on agricultural operations in some major producing areas, including Al Jazirah and Sennar states, limiting food availability prospects for 2026.[182] South Sudan's cereal production is expected to be above average levels, driven by increased planting from returnees arriving from the Sudan and supported by favourable weather conditions that boosted yields. Although flooding was widespread, crop losses were limited because the floods occurred later in the season, when crops were already in advanced growth stages and less vulnerable to damage.[183] However, in the absence of sustained peace and humanitarian access, conflict and

a As of March 2026, around 33 million people are projected to face Emergency (IPC/CH Phase 4) in 2026 in 30 countries/territories with IPC/CH analyses.

Figure 2.20 Expected change in number of people facing high levels of acute food insecurity

Countries/territories with comparable data from 2025 peak to anticipated 2026 peak, based on projection as of March 2026.



Notes: Nigeria: the number of states analysed in Nigeria increased from 26 states and the Federal Capital Territory (FCT) in 2025 to 27 states and FCT in 2026. **Guinea:** Conakry was not included for analysis in 2026. This graph covers 23 countries/territories. Mauritania is reported for both resident and refugee populations. It only includes countries/territories for which the 2026 acute food insecurity data available are expected to reflect the peak of acute food insecurity during the year, e.g. lean season, and countries/territories for which the 2025 and 2026 data do not correspond to the same period of analysis straddling both years.

Source: GRFC CTG, 2026.

insecurity will likely continue worsening the food security and nutrition situation, mainly in parts of Upper Nile, Jonglei and Unity states.[184] In Kenya and Somalia, severe acute food insecurity and acute malnutrition levels are expected to increase in 2026 compared with 2025 – caused mainly by worsening drought, compounded by insecurity, rising food prices, and reduced levels of humanitarian assistance.[185, 186] In Burundi, South Sudan and the Sudan, inflation rates in 2026 are expected to decelerate but remain high at 26.3 percent, 15.8 percent and 54.6 percent, respectively. Kenya's inflation rate is expected to increase slightly to above 5 percent.[187]

In Central Africa, cereal production is likely to be below average in conflict-affected areas as a result of population displacements, and reduced planting areas. While weather conditions were overall unfavourable since 2025, forecast average rainfall could support good yield prospects in areas not affected by conflict. Limited access of farmers to agricultural inputs – mostly due to high prices of fertilizers and seeds – continue to constrain the agricultural production prospects in the region in 2026. **In Southern Africa, generally favourable weather conditions fostered the 2026 cereal production yield, while in some areas, recent dry spells and above average rainfall could negatively affect production.** In Madagascar, crop production is likely to be below average as a result of dry conditions in southern areas and the impact of cyclones in central and northern regions.[188] Heavy rains since December 2025 have caused severe flooding across multiple provinces in Mozambique, causing displacement and devastating farmland and livelihoods.[189] Inflation rates are expected to decrease significantly in Zimbabwe (from 89 percent in 2025 to 18.2 percent in 2026), decrease slightly but remain elevated in the Democratic Republic of the Congo (at 7.1 percent in 2026), Madagascar (7.2 percent), Malawi (24.1 percent) and Zambia (9.2 percent), and increase slightly in Mozambique (reaching 5.4 percent).[190]

As **Latin America and the Caribbean** transitioned into the dry season in December, soil moisture remained adequate for late season crops, but localized flood damage and high temperatures may hinder recovery in some areas. Overall, **the Postrera harvest is expected to conclude under generally favourable conditions, though Haiti will likely remain affected by storm impacts and excess rainfall**.[191] Additionally, the high likelihood of an El Niño event from June 2026, historically associated with high temperatures and dryness, poses a key downside risk to final production outcomes.[192] In addition, cereal production in Haiti will remain constrained by the abandonment of farmland due to insecurity, as well as high production costs and a lack of agricultural assets. A transition from La Niña to ENSO-neutral is expected in the next month, with ENSO-neutral favored through May–July 2026. In June–August 2026, El Niño is likely to emerge and persist through at least the end of 2026.[193] The inflation rate is projected at 3 percent for Central America but 26.2 percent in Haiti. Haiti is also the only economy expected to contract in 2026 among countries/territories with food crises, consistent with a trend of economic recessions for the past six years.[194, 195, 196]

In the Middle East and North Africa, **conflict-driven damages, adverse weather conditions, economic constraints and high prices of inputs limit farmers' access to seeds, fertilizers and fuel, likely constraining planted areas** in Lebanon, the Syrian Arab Republic and Yemen for the 2025–2026 agricultural period. In the Gaza Strip, population movement is expected to continue, with displaced households unable or reluctant to return to their areas of origin due to destroyed infrastructure, limited

Box 12. Potential impact of the conflict escalation in the Middle East as of March 2026

The escalation since late February disrupted shipping through the Strait of Hormuz, notably affecting energy and fertilizer markets. Immediate food security implications are mainly regional, given Gulf countries' dependence on food imports.[197] But because these countries are major energy and fertilizer exporters, continued transport disruptions could create wider spillover risks for global agrifood markets, though a full assessment remains premature.[198] At the same time, other major suppliers of fertilizers are not able to increase production to offset the potential reduced supply from the Middle East.

Reduced fertilizer availability and higher prices could influence cropping decisions and input use, especially in upcoming seasons in the Southern Hemisphere and Asia. Rising and/or persistently high energy costs will exacerbate global food inflation pressures.[199]

GRFC countries face both direct and indirect exposure. Lebanon for example is directly affected by increased hostilities and significant population displacement. Displacement across the region has so far remained internal, though some movements across borders have been observed, including returns from Iran to Afghanistan.[200] More broadly, GRFC countries may face significant socio-economic impacts due to increased energy and food prices, disrupted food imports, constrained access to agricultural inputs including fertilizers, reduced remittances and limited livelihood opportunities.[201, 202]

services and a fragile ceasefire. Domestic food production systems essential for supplying animal-source proteins, fruit and vegetables collapsed due to the conflict, and the recovery will likely take years. While humanitarian assistance will remain the main source of food in early 2026, commercial imports could improve food security for those who can afford it.[203] Overall, vulnerable people across the region will likely continue to face limited access to food due to high prices. The inflation rate in **Yemen** is expected to stand at 18.2 percent in 2026; no projection data were available for Lebanon, Palestine or the Syrian Arab Republic.[204] In 2025 cereal production declined across several countries due to adverse weather, with severe drought reducing output by over 60 percent in the Syrian Arab Republic, dry conditions halving production in Lebanon, and rainfall deficits and floods lowering harvests by about 10 percent in Yemen.[205]

In South Asia, acute food insecurity is expected to persist at high levels into 2026 due to weather extremes, conflict and insecurity, and economic fragility. In Afghanistan, the main 2026 cereal production campaign was negatively affected by below-average rainfall and above average temperatures. Heavy rains and flooding caused localized crop losses in parts of Bangladesh and Pakistan. Conflict and insecurity remain the main drivers of acute food insecurity in Myanmar.[206] Inflation rates are expected to decrease from 2025 levels in Bangladesh (to 8.7 percent in 2026) and Myanmar (28 percent), but increase slightly in Pakistan (to 6 percent); Afghanistan's annual inflation rate stood at around 10 percent in January 2026.[207, 208]

In **Ukraine**, the sown area of the 2026 winter cereal crops is expected to be above 2025's level but still well below the five-year average.[a] Exports of maize and wheat are forecast at below-average levels, mainly due to significant logistical constraints caused by the ongoing conflict.[209] The annual inflation rate is expected to decrease to 7.6 percent in 2026.[210]

a Information provided by Ukraine excludes statistical data concerning the Autonomous Republic of Crimea, the city of Sevastopol and the Donetsk, Kherson, Luhansk and Zaporizhzhia regions. The information is presented without prejudice to relevant UN General Assembly and UN Security Council resolutions, which reaffirm the territorial integrity of Ukraine.

Box 13. Hunger Hotspots: FAO–WFP early warnings on acute food insecurity

According to the latest edition of the FAO–WFP *Hunger Hotspots* report, released in November 2025, acute food insecurity was likely to worsen across **16 countries/territories** between November 2025 and May 2026, prompting an early warning for urgent humanitarian action in these locations.[b]

Armed conflict and violence remain the primary driver of acute food insecurity, affecting 14 of the 16 countries/territories, including every hotspot of highest concern. Beyond conflict, **economic crises**, **weather extremes** and **increased climate variability** are further exacerbating acute food insecurity.

La Niña conditions, expected to persist until early 2026, heighten the risk of floods, droughts and tropical cyclones across several regions.

Haiti, **Mali**, **Palestine (Gaza Strip)**, **South Sudan** and the **Sudan** remain the greatest concern. **Yemen** has been elevated to a hotspot of highest concern, as pockets of the population are projected to face Catastrophe (IPC Phase 5) food security outcomes. These countries/territories require the most urgent attention.

The **Democratic Republic of the Congo**, **Myanmar** and **Nigeria** remain hotspots of very high concern. **Somalia** and the **Syrian Arab Republic** have been elevated to this category, together with **Afghanistan**, which has re-entered the list of hotspots following its last appearance in November 2023. This reflects worsening food security risks linked to economic contraction, recurrent climate shocks and limited household coping capacity.

Burkina Faso and **Chad** remain hotspots, with **Kenya** and Rohingya refugees in **Bangladesh** added to the list.

Since the November 2025 publications, several IPC/CH analyses covering 2026 were released – including Afghanistan, the Democratic Republic of the Congo, Kenya, the Gaza Strip and Somalia – and are part of this 2026 GRFC analysis. The next edition of the FAO–WFP *Hunger Hotspots* report, covering the outlook period from June to November 2026, will be released in June 2026.

b Hunger Hotspots of highest concern include hotspots facing Famine or risk of Famine, and populations already in Catastrophe (IPC/CH Phase 5). This category also covers hotspots at risk of deterioration towards catastrophic conditions, where people in Emergency (IPC/CH Phase 4) are facing worsening conditions, exacerbated by severe access constraints that could lead to an escalation in food insecurity and the occurrence of catastrophic conditions in the outlook period. Hunger Hotspots of very high concern include those hotspots where a sizeable population – over 500 000 people or more than 10 percent of the population analysed – are estimated or projected to face Emergency (IPC Phase 4) levels of acute food insecurity. Hotspots includes other countries or territories where acute food insecurity is likely to worsen significantly.

3. Acute malnutrition

A nutrition clinic in Al Kalakla, Jabal Awlia, the Sudan
© WFP Sudan

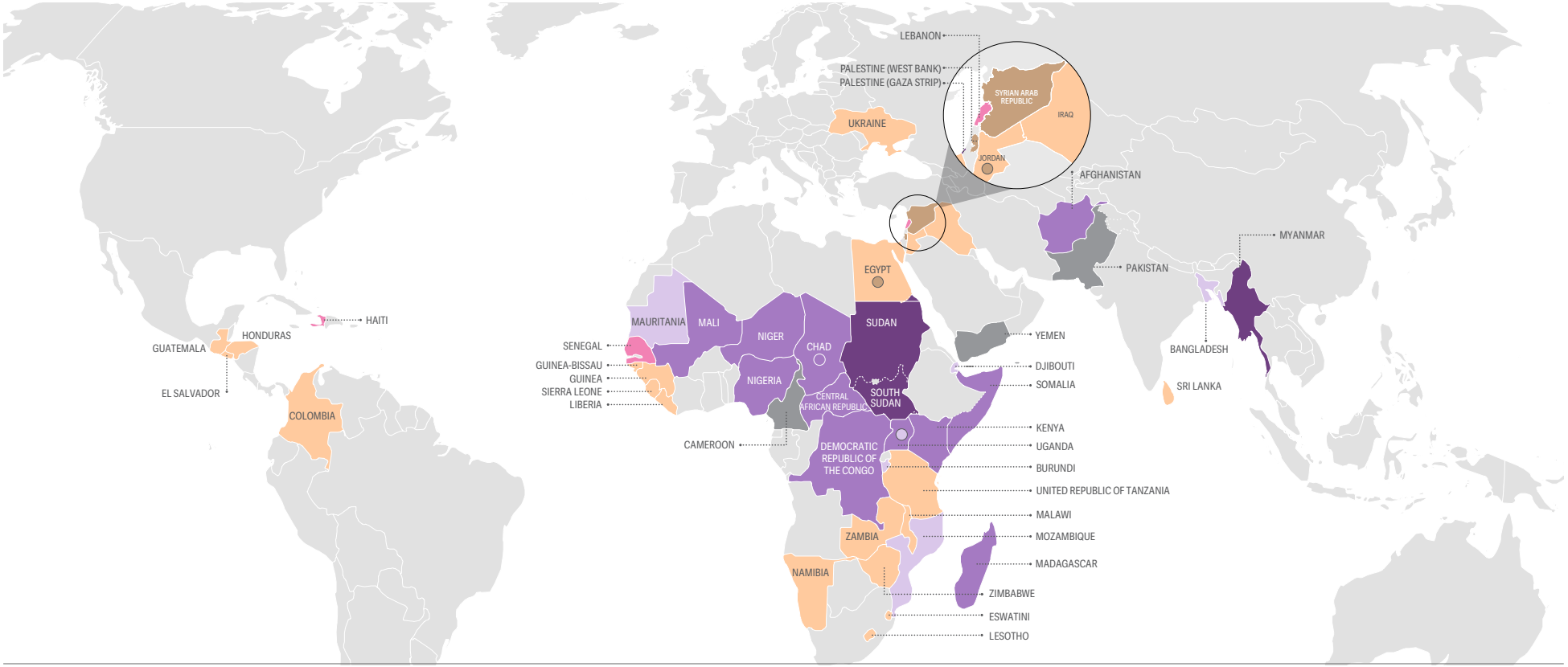
Key findings

- In 2025, nutrition crises were identified in 23 of the 47 countries/territories with food crises and available data, while 3 additional countries had insufficient data but showed a concerning nutrition situation.
- Palestine (Gaza Strip), the Sudan, Myanmar and South Sudan were classified as experiencing very severe nutrition crises in 2025, with Famine in parts of Palestine (Gaza Strip) and the Sudan, and Extremely Critical conditions in South Sudan and Myanmar (IPC AMN Phase 5).
- In two-thirds of countries/territories with a nutrition crisis, acute malnutrition was driven by the simultaneous failure of food access, disease prevention and essential services for children and women.
- Six of the ten largest nutrition crises also ranked among the world's largest food crises, highlighting how hunger, disease, unsafe water and weak health systems reinforce one another.

3.1 Nutrition crises in countries/territories with food crises

In 2025, nutrition crises affected 23 of the 47 countries/territories experiencing food crises. Three further countries were classified as having a concerning nutrition situation, with high nutritional vulnerability but insufficient evidence to confirm nutrition crisis criteria.

Map 3.1 Countries/territories with a nutrition crisis or nutrition concern in countries/territories with food crises



Source of map: United Nations Geospatial. 2025. Map of the World. In: *United Nations*. [Cited 7 April 2026]. https://www.un.org/geospatial/content/map-world-1. Refer to the disclaimer on page ii for the names and boundaries used in this map. 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. Final status of the Abyei area is not yet determined.

- Very severe nutrition crises in countries/territories with food crises
- Severe nutrition crisis in countries/territories with food crises
- Moderate nutrition crisis in countries/territories with food crises
- Countries/territories with nutrition crisis but no severity data, in countries/territories with food crises
- Countries/territories of nutrition concern in countries/territories with food crises
- Countries/territories with food crises but nutrition data not meeting GRFC technical requirements
- Countries/territories with food crises but no nutrition crisis
- Countries/territories not selected for analysis
- Refugee or displaced populations selected for analysis

Source: GRFC CTG, 2026.

Compared with 2024, fewer countries/territories were identified as facing a nutrition crisis in 2025, partly because reduced access to affected populations limited data availability.

In 2025, Haiti and Senegal are classified as countries of nutrition concern rather than nutrition crises due to a lack of recent GAM data. In contrast, innovative data-collection methods in Myanmar increased data availability and supported its classification as a nutrition crisis in 2025.

Sharon with her baby, Uganda
© WFP/Daisy Masembe

Box 14. Nutrition crisis and nutrition concern

The GRFC defines a **nutrition crisis** as a situation where high levels of acute malnutrition result from multiple, compounding factors, including food insecurity, disease and limited access to services. A country/territory of **nutrition concern** is defined as a context with insufficient data on acute malnutrition outcomes, but available evidence indicates high vulnerability and a risk of deterioration. Full methodology is available in the appendices.

Acute malnutrition data availability

Of the 47 countries/territories defined as facing a food crisis:

- **23** experienced nutrition crises. There were 25 crises in 23 countries, with both resident and refugee populations affected in Chad and Uganda.
- **3** were identified as having nutrition concerns: Haiti, Lebanon and Senegal.
- **3** had no data, or the data did not meet GRFC nutrition technical requirements: the Syrian Arab Republic and refugees in Egypt and Jordan.

The remaining 18 countries were not classified as a nutrition crisis nor concern.

3.2 Severity of nutrition crises

Across the 23 countries/territories, 25 nutrition crises were identified, reflecting distinct population groups in some contexts. Of these, 4 were very severe, 12 severe, 6 moderate and 3 unclassified due to insufficient data.[a]

Very severe nutrition crises

Palestine (Gaza Strip), the **Sudan, Myanmar** and **South Sudan** experienced very severe nutrition crises in 2025. Areas of Palestine (Gaza Strip) and the Sudan faced Famine, and Myanmar and South Sudan had areas classified in Extremely Critical (IPC AMN Phase 5). Since GRFC 2025, **Palestine (Gaza Strip)** and the **Sudan** have remained in this category, whereas **Myanmar** and **South Sudan** are newly classified at this severity level. These crises were characterized by a convergence of severe food deprivation, disease, limited access to essential services and major constraints on humanitarian access, requiring urgent action to prevent excess mortality and long-term negative impacts on child survival and development.

Palestine (Gaza Strip) experienced one of the fastest deteriorations in child nutrition ever recorded in an urban setting, culminating in the confirmation of Famine in mid-August 2025.

a In GRFC 2026, nutrition crises are grouped by severity of the crises (very severe, severe and moderate; see Appendices). In Uganda and Chad, distinct population groups are analysed separately. In Uganda, residents are facing a severe crisis, while refugees and host communities are facing a moderate crisis; in Chad, both residents and displaced populations are facing a severe crisis.

Early in the year, most governorates were classified in Serious (IPC AMN phase 3) or Critical conditions (IPC AMN Phase 4).[211] By mid-2025, Gaza Governorate rapidly shifted to Extremely Critical levels (IPC AMN Phase 5), accompanied by a marked increase in the acute malnutrition burden among children and women.[212]

Famine was confirmed in Gaza Governorate in mid-August, driven by prolonged food deprivation, near-total collapse of nutrition, health, and water, sanitation and hygiene (WASH) systems, extremely high morbidity and severe humanitarian access constraints. Deir al-Balah and Khan Younis showed similar deterioration, reaching Extremely Critical levels by August, with Famine projected by late September.[213] Mortality assessments remained severely limited due to the collapse of Ministry of Health systems.[214]

Although severity eased marginally in all governorates by mid-October, persistently high acute malnutrition levels throughout 2025 indicated sustained vulnerability and a high risk of further deterioration in the absence of stable humanitarian access and system recovery.[215]

In 2025, Famine was again confirmed in the **Sudan**, the world's largest humanitarian crisis, with many people trapped in besieged or hard-to-reach areas. Between January and June 2025, over half of surveyed areas reported Critical (IPC AMN Phase 4) levels of acute malnutrition.[216] Conditions worsened mid-year during the lean season and following intensified conflict, particularly in Darfur. Several areas reported GAM prevalence near or above the Famine threshold.[217] In September, Famine was confirmed in El Fasher (North Darfur) and Kadugli (South Kordofan), with conditions projected to persist through January 2026. An additional 20 areas were identified as being at risk of Famine.[218]

In December, a survey recorded extremely high levels of acute malnutrition (53 percent) in Um Baru locality, North Darfur, with the youngest children (6–29 months) disproportionally affected.[219] These findings are among the highest documented in a humanitarian setting, revealing an exceptional and life-threatening nutrition emergency.

Severe access constraints limited the availability of mortality data, increasing uncertainty while underscoring the gravity of the crisis. Conflict-driven food shortages, widespread displacement, disease outbreaks and extremely limited access to health, nutrition and WASH services – particularly for internally displaced populations – were the primary drivers of the nutrition crises, compounded by funding gaps and restricted humanitarian access.[220, 221]

Despite intermittent short-term improvements, **South Sudan** remained in a protracted nutrition crisis due to cyclical shocks, flood risk, conflict, poor humanitarian access and funding gaps.[222]

In early 2025, two-thirds of the counties analysed were classified in Serious or worse (IPC AMN Phase 3 or above), with nearly half of all areas in Critical (IPC AMN Phase 4).[223] By mid-year, severity worsened, with four areas in Upper Nile and Unity States reaching Extremely Critical (IPC AMN Phase 5), alongside a near 10 percent rise in the national GAM burden. Drivers included intensified conflict, a nationwide cholera outbreak and reduced humanitarian services due to funding shortfalls.[224] Conditions improved by July following expanded humanitarian access and service delivery, but deteriorated again in the final quarter, with five areas projected to be Extremely Critical conditions, partly due to severe flooding.[225]

Conflict and flooding also resulted in large-scale population displacement. Food insecurity, inadequate dietary quantity and quality among children, disease outbreaks, limited access to health services and poor WASH conditions remained the primary drivers of acute malnutrition.[226]

In 2024, **Myanmar** was classified as a nutrition concern due to limited data availability. In 2025, improved access to nutrition outcome and vulnerability data supported its classification as a nutrition crisis. The national acute malnutrition burden increased by an estimated 40 percent, with the highest concentration in Chin, Kachin, Kayah, Rakhine and Shan states and Sagaing Region.[227]

Between June and October, acute malnutrition levels were Critical (equivalent to IPC AMN Phase 4) in two areas and Serious (equivalent to IPC AMN Phase 3) in three areas. From November 2025 to May 2026, conditions were projected to deteriorate further, driven mainly by intensified conflict. Extremely Critical levels (equivalent to IPC AMN Phase 5) were projected in Buthidaung township, alongside Critical levels (equivalent to IPC AMN Phase 4) in two areas and Serious levels (equivalent to IPC AMN Phase 3) in 19 areas.[228]

Conflict and insecurity exacerbated pre-existing nutrition vulnerabilities. Five percent of the population faced Emergency levels of food insecurity (equivalent to IPC/CH Phase 4), compounded by poor infant and young child feeding practices, low access to health care, high disease burden and poor WASH conditions. Displaced populations and hard-to-reach townships were most affected.[229]

Figure 3.1 Ranking of the severity of nutrition crises, 2025

	COUNTRY/TERRITORY	CHANGE SINCE 2024
Very severe nutrition crises	Myanmar	Not comparable
	Palestine (Gaza Strip)	Deteriorated
	South Sudan	Deteriorated
	Sudan	Similar situation
Severe nutrition crises	Afghanistan	Similar situation
	Central African Republic	Improved
	Chad	Not comparable
	Chad (Refugees)	Not comparable
	Democratic Republic of the Congo	Deteriorated
	Kenya (ASALs)	Deteriorated
	Madagascar (Grand Sud and Grand Sud-Est)	Deteriorated
	Mali	Improved
	Niger	Improved
	Nigeria (Northeast, Northwest and Northcentral)	Not comparable
	Somalia	Similar situation
	Uganda (48 of 148 districts)	Not comparable
Moderate nutrition crises	Bangladesh	Not comparable
	Burundi	Similar situation
	Djibouti	Improved
	Mauritania	Not comparable
	Mozambique (48 of 128 districts)	Improved
	Uganda (Refugee and host populations)	Similar situation
No 2025 severity data	Cameroon	
	Pakistan (Balochistan, Khyber Pakhtunkhwa and Sindh)	
	Yemen	

Note: See Technical Notes (p. 28) for further details on methodology. Nutrition crisis countries are grouped by severity, with countries listed alphabetically within each group. Changes in severity are based on shifts in the proportion of areas classified in IPC AMN Phase 3 or above between peak periods in 2024 and 2025.
Source: GRFC CTG, 2026.

Severe and Moderate nutrition crises

Severe nutrition crises

Eleven countries experienced severe nutrition crises, with areas classified in Critical (IPC AMN Phase 4) alongside "high" or "very high" INFORM risk: **AAfghanistan,** the **Central African Republic, Chad (residents and refugees),** the **Democratic Republic of the Congo, Kenya, Madagascar, Mali,** the **Niger, Nigeria, Somalia and Uganda (residents).** While conditions worsened in some contexts, improvements were observed in others; however, all remained highly vulnerable to renewed shocks and rapid deterioration.

Moderate nutrition crises

Six contexts – **Bangladesh**, **Burundi**, **Djibouti**, **Mauritania**, **Mozambique** and **Uganda (refugees)** – faced moderate nutrition crises. This reflected either lower levels of acute malnutrition (IPC AMN Phase 3) or stronger national capacity to prevent further deterioration.

No severity classification

In three countries – **Cameroon**, **Pakistan** and **Yemen** – limited availability of recent acute malnutrition data prevented formal severity classification. However, historical evidence of elevated GAM prevalence, combined with high levels of acute food insecurity and high INFORM risk, indicated continued nutrition crisis conditions.[230] The absence of up-to-date nutrition data in these settings constrain early warning, timely prioritization and accountability for child nutrition outcomes.

Countries of nutrition concern

In 2025, **Haiti**, **Lebanon** and **Senegal** lacked sufficient data to support a formal nutrition crisis classification. Available contextual evidence indicated a nutrition concern; however, it did not provide sufficient basis to determine that crisis criteria had been met.

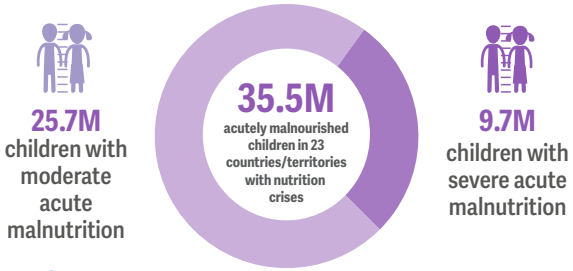
Haiti qualified as a nutrition crisis in 2024, with metropolitan areas classified in Critical (IPC AMN Phase 4).[231] Subsequent analyses suggest that the nutrition situation may have since deteriorated. Intensified violence displaced 1.4 million people, and 8 400 IDPs were projected to face Catastrophe (IPC Phase 5) levels of acute food insecurity between March and June 2025.[232] Haiti also recorded the second-highest share of people in Emergency (IPC Phase 4).[233] Combined with "very high" INFORM risk and severity ratings,[234, 235] these factors indicate that acute malnutrition risks are likely more widespread than observed in 2024. A SMART survey and IPC acute malnutrition analysis are planned for mid-2026.

Similarly, **Senegal** was also classified as a nutrition crisis in 2024, with three regions reaching Critical (IPC AMN Phase 4) levels of acute malnutrition.[236] In 2025, multiple risk factors for acute malnutrition persisted.[a] However, relatively low INFORM risk suggested a relatively stable operating context.[237, 238]

a Pockets of critical levels of acute food insecurity (IPC Phase 4), concerning child dietary quality and quantity, high anaemia levels, low health service coverage (vitamin A and measles vaccination) and low access to improved water sources.

Lebanon remained classified as a country of nutrition concern, consistent with its classification in 2024. Available historical data showed acceptable acute malnutrition levels (IPC AMN Phase 1) in 2021 and 2024. However, multiple persistent nutritional vulnerabilities, such as inadequate diet quantity and quality for children aged 6–23 months, and low measles vaccination rates and vitamin A supplementation coverage, combined with high INFORM risk and severity rankings, justified continued concern.[239, 240, 241, 242]

Figure 3.2a Number of children aged 6–59 months and pregnant and breastfeeding women in countries/territories with nutrition crises, 2025



9.2M pregnant and breastfeeding women with acute malnutrition in 21 countries/territories with nutrition crises and available data, 2025.

Sources: IPC TWG, Sudan Nutrition Sector, UNICEF (Haiti, Pakistan), WFP-UNICEF food security and nutrition hotspot analysis (Cameroon), HNRP 2025 (Haiti), Nutrition Cluster (Myanmar, Yemen).

Figure 3.2b Number of children aged 6–59 months with acute malnutrition in two out of three countries/territories with nutrition concern, 2025

0.6M children aged 6–59 months with acute malnutrition in two out of three countries/territories with a nutrition concern in 2025. Of them, **0.2M** had severe acute malnutrition.

Burden estimates were available for Haiti and Senegal, but not for Lebanon.
Sources: HNRP 2025 (Haiti), UNICEF (Senegal).

3.3 Magnitude of nutrition crises

In 2025, an estimated 35.5 million children aged 6–59 months were acutely malnourished across the 23 countries/territories classified as nutrition crises, including 9.7 million children with severe acute malnutrition.

The four very severe nutrition crises, **Palestine (Gaza Strip)**, the **Sudan, Myanmar** and **South Sudan**, together accounted for an estimated 5.9 million acutely malnourished children, including 1.6 million with severe acute malnutrition. Compared with 2024, the sharpest increase occurred in **Palestine (Gaza Strip)**, where the number of acutely malnourished children more than doubled, from approximately 60 000 to 132 000, alongside a rapid escalation in severity culminating in Famine.[243] In the **Sudan**, overall caseloads remained broadly similar to 2024; however, the number of children with severe acute malnutrition increased, indicating an increase in the intensity of the crisis rather than its overall scale.

Across classifications, an estimated 23.3 million children were acutely malnourished in the 11 severe crises, compared with 2.4 million in the six moderate nutrition crises.

Acute malnutrition remained highly concentrated geographically. As observed in GRFC 2025, the ten highest-burden countries accounted for approximately 80 percent of the total acute malnutrition caseload across the 23 countries/territories with nutrition crises. These countries – **Afghanistan, Chad,** the **Democratic Republic of the Congo, Mali,** the **Niger, Nigeria, Somalia, South Sudan,** the **Sudan** and **Yemen** – each had more than 1.5 million acutely malnourished children. **Nigeria** alone accounted for an estimated 6.4 million children, a caseload comparable in scale to the combined total of the four very severe crises. This illustrates the distinction between magnitude and severity: countries with the largest caseloads do not necessarily correspond to those with the highest severity.

Regionally, **West Africa** carried the highest burden of acute malnutrition in 2025 (12.5 million children), followed by **East Africa** (8.9 million children). This reflects persistent, multi-year crises driven by overlapping shocks in the regions.

An estimated **9.2 million pregnant and breastfeeding women** were acutely malnourished in 21 of the 23 nutrition crisis countries/territories for which data were available. This indicates continued risk for adverse maternal and newborn outcomes and child survival into 2026 and beyond.

Six of the ten largest nutrition crises were also among the ten largest food crises in 2025. **Afghanistan,** the **Democratic Republic of the Congo, Nigeria, South Sudan,** the **Sudan** and **Yemen** together accounted for 22.0 million acutely malnourished children, underscoring the close alignment between acute food insecurity and nutrition outcomes.

In the three countries classified as nutrition concern – **Haiti**, **Lebanon** and **Senegal** – burden estimates were available for **Haiti** and **Senegal**. Together, they had an estimated 0.6 million children suffering from acute malnutrition, including 0.2 million with severe acute malnutrition.

3.4 Pathways to acute malnutrition

Overall, most nutrition crises (15 out of 23) continued to face high risk across all three pathways – diet, health and care – mirroring last year's findings.

This pattern reflects the complex and interconnected drivers of acute malnutrition. Rather than being triggered by single shocks, these crises were characterized by the simultaneous deterioration of food access, disease exposure and access to essential services for children and women. All four very severe nutrition crises – **Palestine (Gaza Strip)**, the **Sudan, Myanmar** and **South Sudan** – fell within this category. In these contexts, children faced severely constrained diet quality, high disease prevalence and extremely limited access to safe water and health services, conditions associated with heightened risks of acute malnutrition and mortality.

Three crises exhibited high risk factors across only two pathways: **Kenya** (health and care), and **Mali** and **Mauritania** (diet and care). **Burundi** (diet) and **Djibouti** (care), both classified as moderate nutrition crises, showed high risk in a single pathway, while **Bangladesh** did not exhibit high risk factors across any of the assessed pathways.

Diet[a]

Diet quality remained one of the most consistent risk factors for acute malnutrition across nutrition crises in food crisis countries. Poor dietary quality, inadequate intake, and food access constraints continued to increase vulnerability to acute malnutrition among children and pregnant and breastfeeding women in 2025.

Minimum acceptable diet showed the highest severity among all indicators assessed, reported as a high-risk factor in 90 percent of crises with available data. Particularly severe conditions were observed in **Afghanistan**, **Madagascar**, **Somalia** and **South Sudan**.[244, 245, 246, 247] Anaemia prevalence among women, partly reflecting dietary inadequacies, remained at concerningly high levels for women (≥40 percent) in over 85 percent of crises with data. Indicators of dietary diversity for both children and women similarly suggested widespread constraints (more than two-thirds of crises affected). For example, in Deir al-Balah Governorate, **Palestine (Gaza Strip)**, 97 percent of children under five lived with severe food poverty, consuming two food groups or fewer out of a possible eight.[248]

Health

High levels of disease and recurrent disease outbreaks, including cholera, acute watery diarrhoea, malaria and acute respiratory infections, increased vulnerability to acute malnutrition. Elevated disease burdens were particularly widespread in **Nigeria**, **Palestine (Gaza Strip)**, **Somalia**, **South Sudan** and **Yemen**. Cholera outbreaks were confirmed in over half of nutrition crises, including in all four very severe crises.[249]

Care and services

Care and service-related constraints remained prominent across crises. Low measles vaccination coverage (<65 percent) was reported in over two-thirds of nutrition crises with data, reflecting weakened preventive health system capacities. Low vitamin A supplementation coverage (<20 percent) was a high-risk factor in over half of all nutrition crises, including all four very severe crises. Access to improved drinking water was particularly constrained in **Palestine (Gaza Strip)** and **South Sudan**. In the **Sudan**, over 70 percent of assessed areas reported that a proportion of people relied on surface water sources such as ponds, lakes or rivers for drinking water.[b, 250, 251, 252]

Conversely, exclusive breastfeeding remained the strongest-performing indicator across all pathways, classified as high risk in only one-third of nutrition crises, underscoring its potential protective role even in fragile contexts.

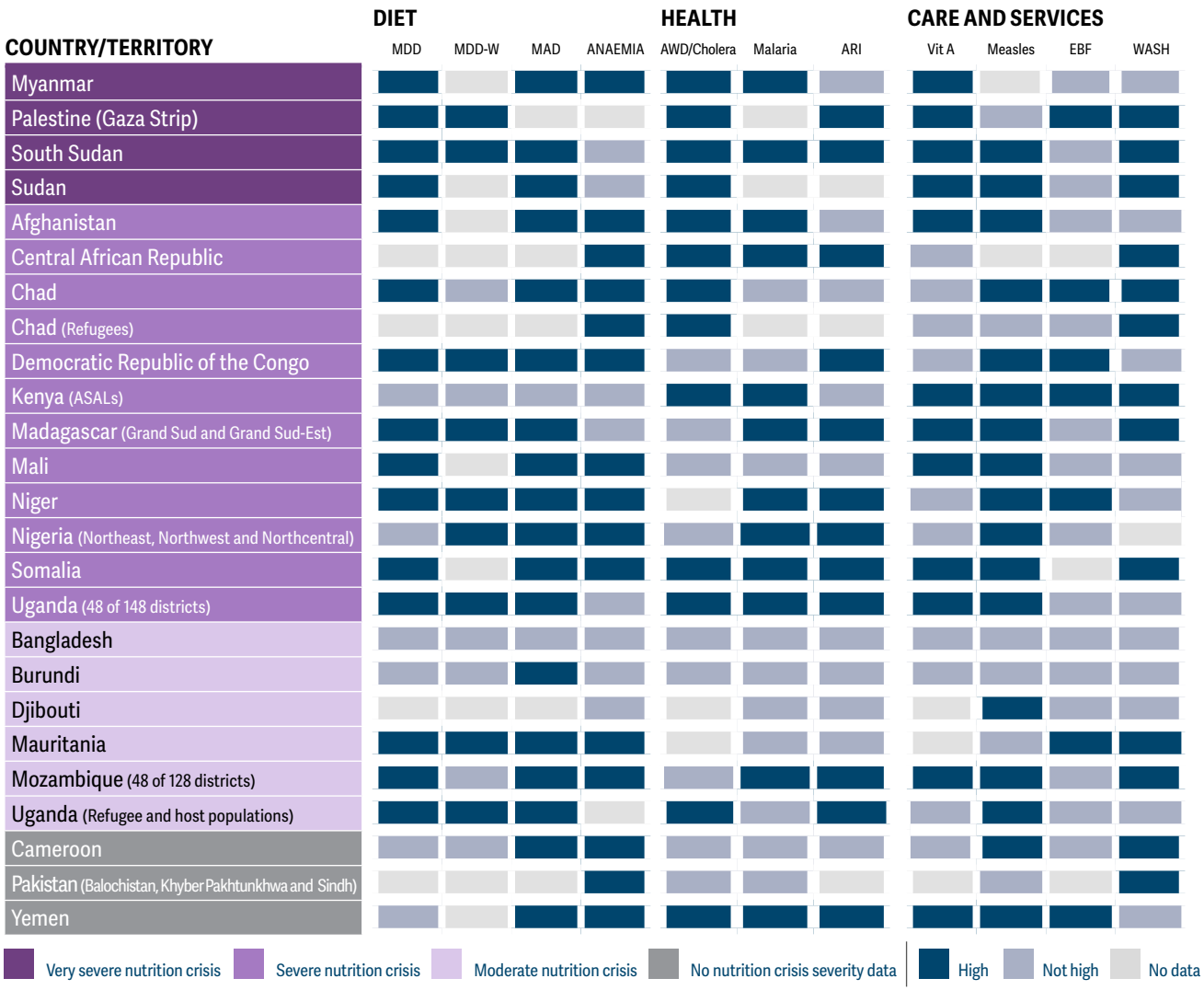
Comparison with 2024

Compared with 2024, high-risk conditions across all three pathways persisted in around one-third of nutrition crises, highlighting the ongoing presence of multiple, interconnected drivers of acute malnutrition. This underlines the need for timely, flexible and multisectoral responses to prevent further deterioration and mitigate life-threatening nutrition risks.

a This pathway was titled "food" in GRFC 2025. It has been changed to "diet" in GRFC 2026 for a more accurate representation.

b Ranging from 0.1 percent to 49.9 percent of people surveyed.

Figure 3.3 Main contributing factors for each pathway to acute malnutrition

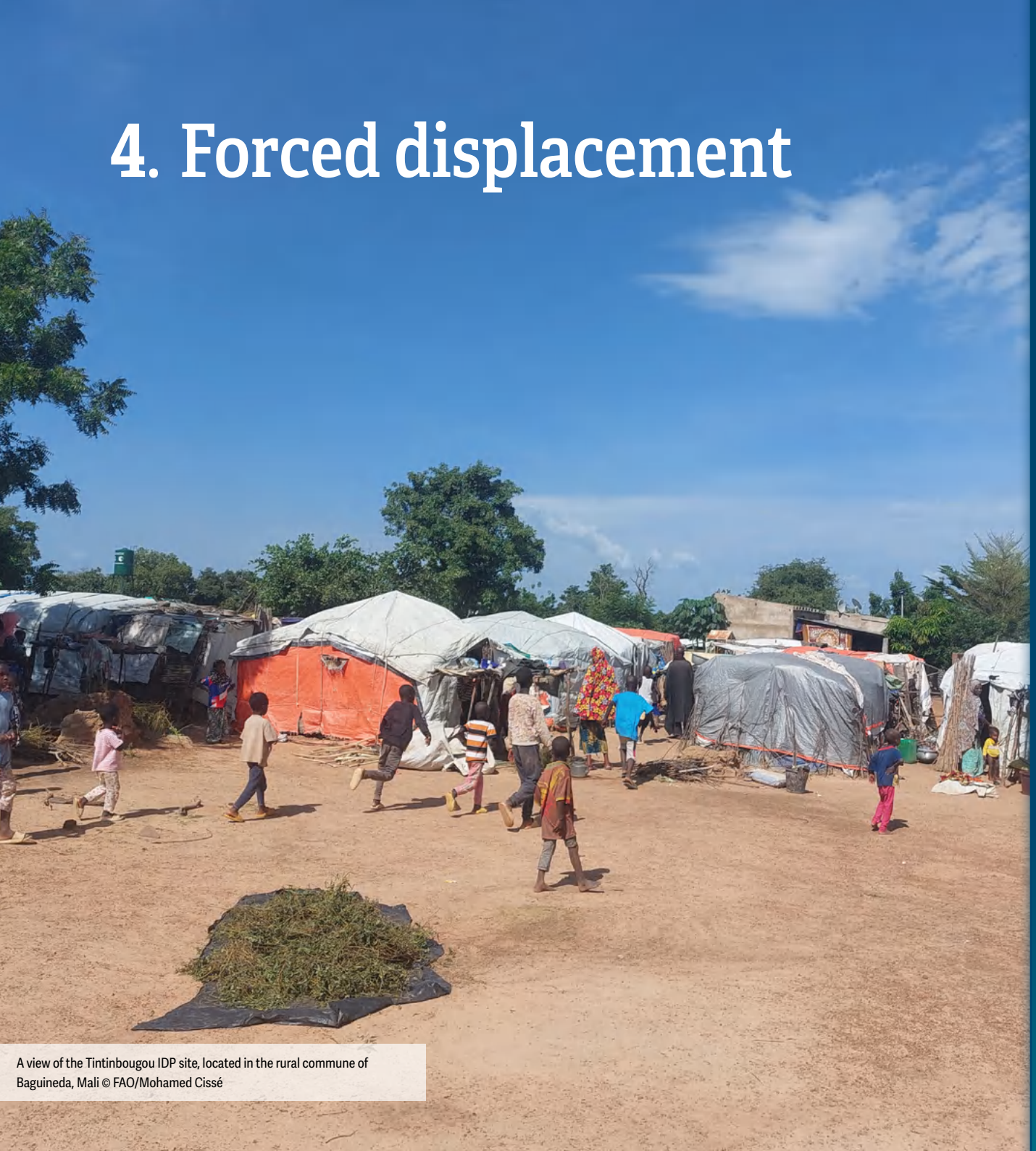


Note: Indicators classification by risk level across the three main pathway to acute malnutrition. MDD: Minimum Dietary Diversity among children 6–23 months, MDD-W: Minimum Dietary Diversity for Women 15–49 years, MAD: Minimum Acceptable Diet among children 6–23 months, AWD: Acute watery diarrhoea, ARI: Acute respiratory infections, Vit A: Vitamin A supplementation coverage, EBF: Exclusive breastfeeding rate. Nutrition crisis countries are grouped by severity, with countries listed alphabetically within each group. Purple = nutrition crisis severity categories, blue = severity of risk for each pathway indicator. Details on the methodology for risk classification (high risk/not high risk) are available in the appendices.

Source: IPC, Demographic and Health Survey, MICS, SMART (the Sudan), SMART-SENS (Chad (refugees)), UNICEF (anaemia, measles vaccination, vitamin A), World Health Organization (Cholera/AWD & malaria). 2024 IPC data is used for Cameroon and Yemen.

Mtumwa breastfeeds her one-year-old daughter, the United Republic of Tanzania © FAO/Gavin Gosbert and Jerry Mushala

4. Forced displacement



A view of the Tintinbougou IDP site, located in the rural commune of Baguineda, Mali © FAO/Mohamed Cissé

Key findings

- In 2025, the first decline in a decade was recorded in the number of forced displacements in countries/territories with food crises, driven largely by increased returns of refugees, asylum seekers and IDPs in a few countries, including Afghanistan, the Democratic Republic of the Congo and the Sudan.
- In the 17 countries where comparable data between displaced populations and residents were available, the share of the population analysed facing high levels of acute food insecurity is higher among displaced populations and returnees compared with residents.
- In 2025, displaced populations either directly experienced Catastrophe (IPC/CH Phase 5) or were heavily concentrated in areas where Phase 5 conditions prevailed.
- Acute food insecurity data for displaced populations are critical to ensure a needs-based humanitarian response. Yet disaggregated data remain limited, and constrained funding for assessments is further restricting the scope and frequency of disaggregation for these vulnerable groups.

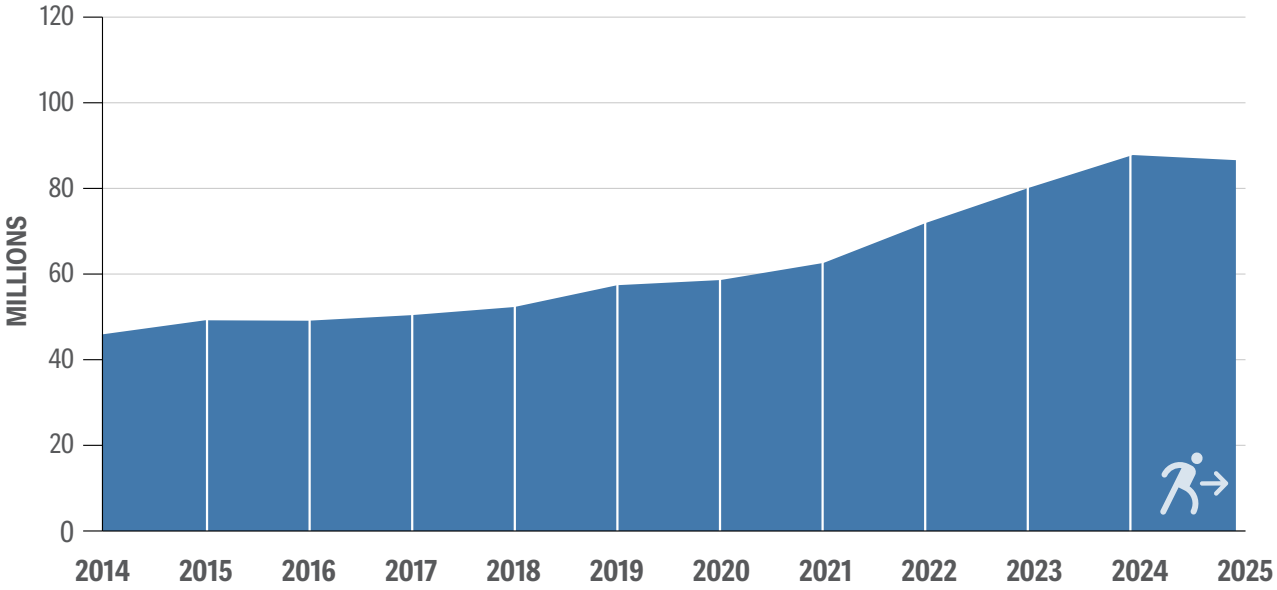
4.1 Forced displacement in countries/territories with food crises in 2025

The number of forcibly displaced people in countries/territories with food crises in 2025 fell for the first time in a decade. In these 46 countries/territories,[a] a total of 85.1 million people were displaced, compared with 88.6 million people in the same countries/territories in the previous year – a decline of 4 percent (see Figure 4.1).

Forcibly displaced populations include refugees, asylum seekers and IDPs fleeing conflict, insecurity and natural hazards.[253]

Although the number of refugees and asylum seekers remained stable at around 22 million in countries/territories with food crises, the number of IDPs reduced by 6 percent, from 66.5 million in 2024 to 62.6 million in 2025.[254] The decline was mainly driven by returns, many of which occurred under adverse circumstances. Reintegration conditions remain challenging, as large-scale return movements placed pressure on the countries of origin to which they returned.

Figure 4.1 Number (millions) of forcibly displaced people in 46 countries/territories with food crises and data meeting GRFC technical requirements, 2014–2025[a]



Sources: 2014–2024: UNHCR, IDMC, UNRWA; 2025: UNHCR nowcasting estimates December 2025, IOM, UNWRA.

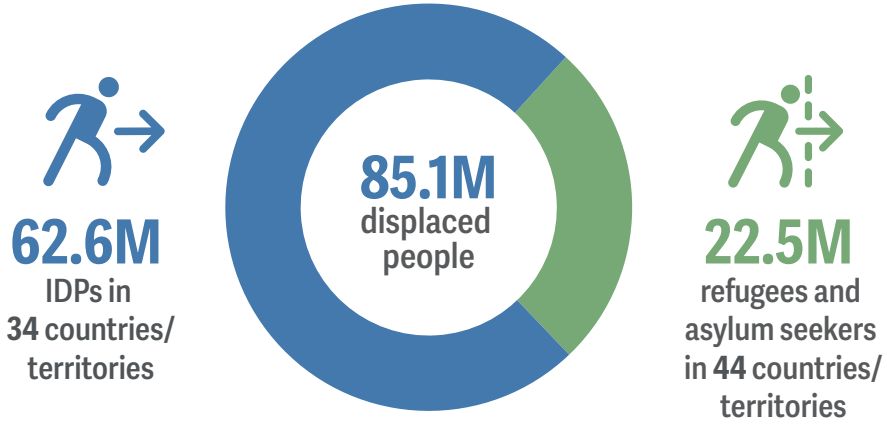
The largest decrease in IDPs was recorded in the Democratic Republic of the Congo (-2.9 million IDPs compared with 2024),[255] followed by Afghanistan (-2.6 million IDPs) and the Sudan (-2.3 million IDPs).

Large-scale return movements to **Afghanistan**, mostly forced returns from Iran and Pakistan, placed severe pressure on the country's overstretched resources and basic services.[256]

The **Sudan** continued to have the world's largest number of IDPs, with 9.3 million people in 2025 – 19.9 percent less than in 2024 (11.6 million). This reduction reflects ongoing return movements, with over 2 million IDPs having returned to their places of origin in eastern provinces during the year.[257] However, conflict remains active in Greater Darfur and Greater Kordofan, and displacement continues.[258]

a The figures in this chapter refer to people who were forcibly displaced by the end of 2025 in the 47 countries/territories with food crises and data meeting GRFC technical requirements. There are no displaced populations reported in Sierra Leone, reducing the total number of countries/territories with food crises and data meeting GRFC technical requirements for 2025 from 47 to 46.

Figure 4.2 Number of forcibly displaced people in countries/territories with food crises and data meeting GRFC technical requirements, 2025



Note: UNRWA estimates that 70 percent of the 2.0 million IDPs in the Gaza Strip were Palestinian refugees under its mandate before October 2023. These IDPs are only counted once in the estimated total number of forcibly displaced people and total number of IDPs.

Sources: Government of Colombia, 2025; IDMC, 2024; IOM, 2024-2025; UNHCR nowcasting estimates, December 2025; UNWRA 2025.

It is also worth noting that in the **Syrian Arab Republic,** approximately 1.9 million IDPs returned since December 2024 and over 1 million returned from abroad as of December 2025,[259] as the situation in the country continues to transform despite continued insecurity in some areas.[260]

Despite the overall decline, IDPs still represent the majority of all forcibly displaced people globally. In countries/territories with food crises, nearly three-quarters (74 percent) of forcibly displaced people were IDPs, compared with 26 percent who were refugees (see Figure 4.2).

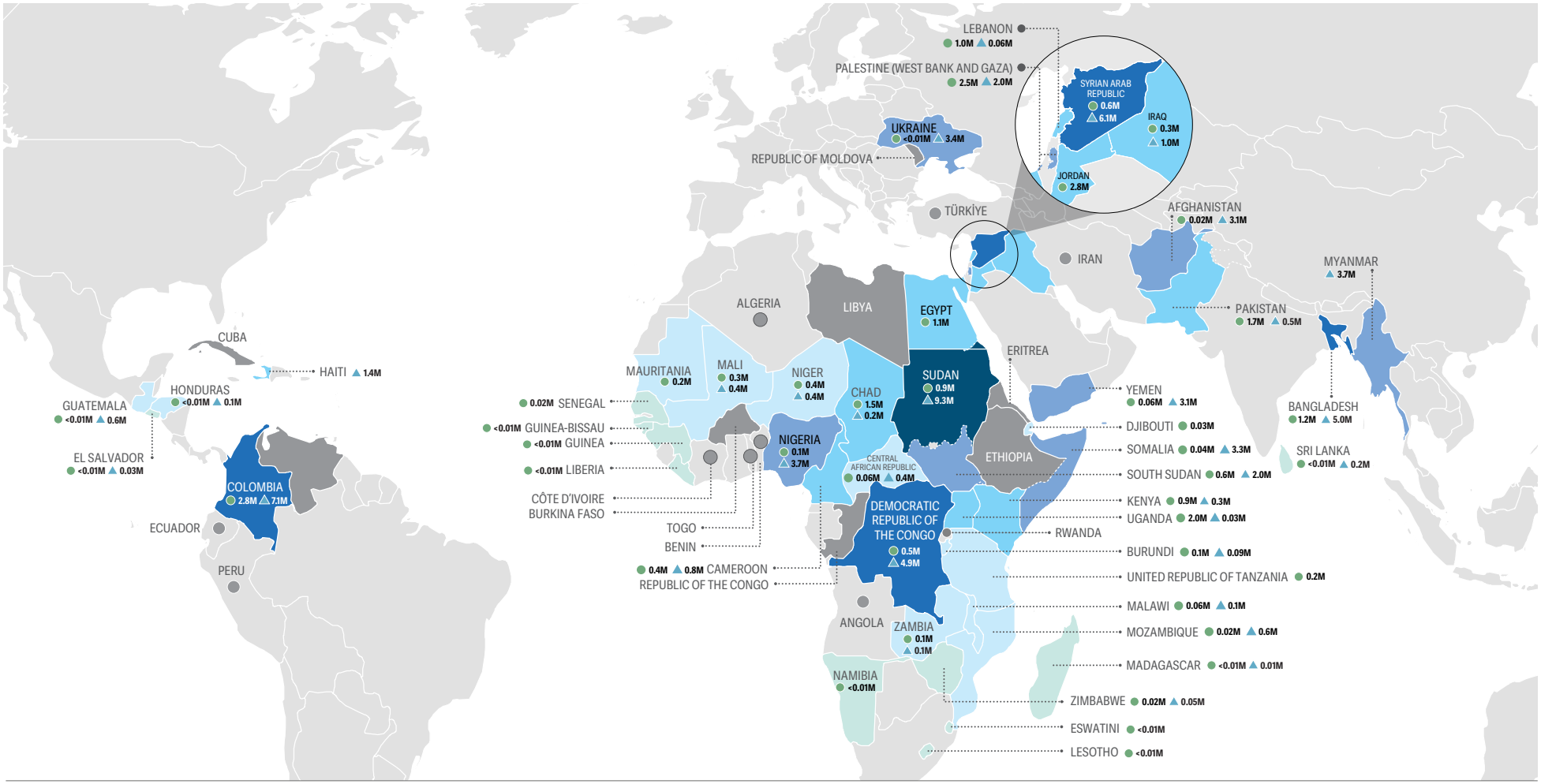
Conflict and insecurity were the main drivers of displacement for nearly three-quarters of IDPs in countries with food crises (73 percent across 23 countries). A further 18 percent of IDPs in 23 countries were mainly affected by natural hazards. Bangladesh, for example, recorded nearly 5 million people internally displaced as of 2025 due to disasters such as floods and cyclones.[261]

There is a strong overlap between displacement and acute food insecurity. Overall, 86 percent of all forcibly displaced persons were in countries/territories with food crises. Among the ten countries with the largest number of people facing high levels of acute food insecurity, six were also among the ten countries with the highest number of forced displacements. In order of magnitude of displacement, these were: the Sudan, the Syrian Arab Republic, Bangladesh, the Democratic Republic of the Congo, Nigeria and Myanmar.

Around 77 percent of all IDPs in countries/territories with food crises were found in just ten countries/territories with food crises (Bangladesh, Colombia,[262] the Democratic Republic of the Congo, Myanmar, Nigeria, Somalia, the Sudan, the Syrian Arab Republic, Ukraine and Yemen). Likewise, the ten countries with the most refugees and asylum seekers in countries/territories with food crises accounted for 77 percent of all refugees and asylum seekers (Bangladesh, Chad, Colombia, Egypt, Jordan, Kenya, Lebanon, Palestine, Pakistan and Uganda).

Nearly half of the countries/territories with food crises (21 countries) were classified as protracted displacement situations.[263] In several of these countries, displaced populations experience prolonged and repeated displacement due to the protracted nature of conflicts and other factors.[264]

Map 4.1 Number of IDPs and refugees/asylum-seekers in 46 countries/territories with food crises and data meeting GRFC technical requirements, as of end 2025



Source of map: United Nations Geospatial. 2025. Map of the World. In: *United Nations*. [Cited 7 April 2026]. https://www.un.org/geospatial/content/map-world-1. Refer to the disclaimer on page ii for the names and boundaries used in this map. 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. Final status of the Abyei area is not yet 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; Data not meeting GRFC technical requirements; Not selected for analysis; Refugees and asylum-seekers; IDPs

Note: Colombia's IDP situation remains largely protracted. OIPs are reported as refugees and asylum seekers. UNRWA estimates that 70 percent of the 2.0 million IDPs in the Gaza Strip were Palestinian refugees under its mandate before October 2023. These IDPs are only counted once in the estimated total number of forcibly displaced people.

Source: Government of Colombia, 2025; IDMC, 2024; IOM, 2024-2025; UNHCR nowcasting estimates, December 2025; UNWRA 2025.

4.2 Acute food insecurity among displaced populations in countries/territories with food crises, 2025

Displaced populations and returnees often comprise an extremely high share of the population analysed in high levels of acute food insecurity, as displacement affects food availability, access, utilization and stability.

In 2025, data on acute food insecurity of displaced populations and returnees were available for 20 out of the 47 countries/territories with food crises and data meeting GRFC technical requirements. Of these, data on returnees from abroad were only available for two countries (Chad and South Sudan). These 20 countries represent some of the world's largest food crises and displacement contexts, hosting over three-quarters (79 percent or 67.3 million people) of all displaced populations and returnees in countries/territories with food crises.[a] Populations with the highest share of the analysed population facing high levels of acute food insecurity are returnees from the Sudan in South Sudan (85 percent in high levels of acute food insecurity), IDPs in Haiti (75 percent) and refugees in Egypt (75 percent). Among the 20 countries with disaggregated data, 7 countries recorded high levels of acute food insecurity affecting 50 percent or more of displaced populations or returnees.[b]

See Appendix 2: Acute food insecurity estimates for displaced populations for detailed information on displaced-specific data availability in countries with food crises and data meeting GRFC technical requirements.

Comparing acute food insecurity among displaced populations and residents reveals a clear and consistent tendency: the share of the population analysed facing high levels of acute food insecurity is higher among displaced populations and returnees compared with residents. Comparable data between these groups were available for 17 out of the 20 countries (See Figure 4.3).

Displaced populations make up a significant share of populations facing Catastrophic levels of acute food insecurity

In 2025, displaced populations either directly experienced Catastrophe (IPC/CH Phase 5) or were heavily concentrated in areas where Phase 5 conditions prevailed.

In **Haiti**, more than 8 400 camp-based IDPs were facing catastrophic conditions (IPC Phase 5) between March and June 2025 – the only population facing this most severe phase in the country and region.[265]

In the **Sudan**, over 115 000 forcibly displaced people faced Catastrophe (IPC Phase 5) between December 2024 and May 2025; of these, most (114 700) were IDPs.[266] Famine was detected in Zamzam, Al Salam and Abu Shock IDP camps and among IDPs and residents in the Western Nuba Mountains. It was projected to expand to five additional areas with a high IDP concentration in North Darfur.[267] Between April and July 2025, 39 000 **South Sudanese returnees** from the Sudan were in Catastrophe (IPC Phase 5).[268]

While no disaggregated data are available for populations in Phase 5 in Mali, Palestine (Gaza Strip) or Yemen, the populations in this phase are all concentrated in areas with a high presence of IDPs. In **Palestine (Gaza Strip)**, the vast majority of the 641 000 people in Catastrophe (IPC Phase 5) were likely internally displaced, as more than 90 percent of the population in the Gaza Strip has been displaced at least once.[269] The Ménaka region in **Mali**, where over 2 600 people were in Catastrophe in 2025, has one of the highest concentrations of IDPs in the country.[270] In **Yemen**, four districts in the SBA-controlled areas had pockets of populations in Phase 5, covering all districts with a high presence of IDPs.[271]

Drivers of acute food insecurity in displacement settings

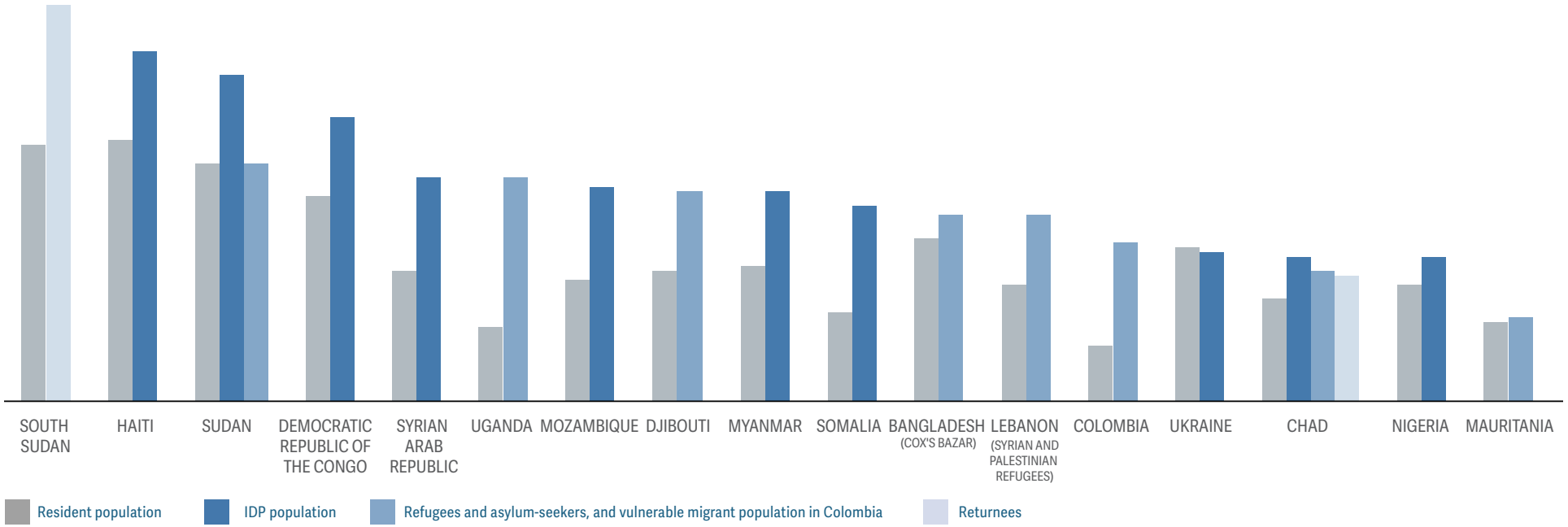
Acute food insecurity and displacement are interlinked, both driven by conflict, climate shocks and economic crises. Food insecurity can trigger new or repeated displacement and hinder progress towards durable solutions, while displacement often coincides with worsening food insecurity.

Displaced populations often lose access to land, livestock and income sources. At the same time, the

a In total, around 50 percent of the displaced populations are analysed in the available disaggregated analyses.

b The seven countries are: South Sudan (returnees), Egypt (refugees), Haiti (IDPs), Jordan (refugees), the Sudan (IDPs and refugees), Iraq (refugees), the Democratic Republic of the Congo (IDPs).

Figure 4.3 Share of the population analysed facing high levels of acute food insecurity among resident and displaced populations in 17 countries with disaggregated data, 2025



Note: Colombia resident and migrant data come from two different analyses which are not fully comparable. Ukraine residents include front-line residents only. Same areas were compared for residents and displaced populations in: Bangladesh, Chad, the Democratic Republic of the Congo, Djibouti, Haiti, Mauritania, Mozambique and Nigeria.

Source: IPC (Bangladesh, the Democratic Republic of the Congo, Djibouti, Haiti, Lebanon, Mozambique, Somalia, South Sudan, the Sudan, Uganda), CH (Chad, Mauritania, Nigeria), HNRP (Colombia residents, Myanmar, Ukraine), WFP CARI (Colombia migrants, Ukraine, the Syrian Arab Republic); For more information see Appendix 2: Acute food insecurity estimates for displaced populations.

sudden scale of needs places significant pressure on markets and basic services with limited capacity to absorb the shock. As a result, many displaced people rely heavily on humanitarian assistance. Insecurity can further restrict humanitarian access, disrupting food delivery and protection services.

Conflict and insecurity remain the dominant driver of displacement, as violence destroys agricultural assets, disrupts markets and forces people to flee their homes. In many contexts, these dynamics create the conditions in which both displacement and acute food insecurity emerge and persist. Over time, as displacement becomes protracted, the original driver of displacement is often overlaid by additional economic and weather-related shocks that further undermine food security.

Displaced populations face structural disadvantages in coping with these shocks: loss of livelihoods, limited access to markets and basic services, and dependence on overstretched humanitarian systems. Consequently, **acute food insecurity in displacement settings often results from an interlocking set of crises** – conflict, economic shocks and climate extremes – magnified by displacement itself, which strips people of assets and stability.

Addressing these challenges requires integrated responses that combine emergency food assistance with livelihood restoration, protection and resilience-building measures.

IDP women returning to the IDP camp after working in the fields, Nigeria © FAO/Sonia Nguyen

Disaggregated data for displaced populations: a critical investment amid funding constraints

Acute food insecurity data for displaced populations are critical to ensure a needs-based humanitarian response. They are also essential for evidence-based advocacy and planning for the inclusion of forcibly displaced people in local and national plans, where possible, and to support durable solutions. Yet disaggregated data remain limited, and constrained funding for assessments is further restricting the scope and frequency of disaggregation for these vulnerable groups.

As a result, acute food insecurity data were only available for 57 percent of IDPs and 64 percent of refugees, asylum seekers and migrants in countries/territories with food crises and acute food insecurity data available. In countries where disaggregated data are available, this does not always cover the entire displaced population. For example, in the Sudan, the disaggregated analysis reflected only around 16 percent of the 9.3 million IDPs present in the country.

Displaced populations – particularly IDPs living in host communities – are included in several countries as part of the general population in food security analyses when no disaggregation is available (see Appendix 5. Map – Share of analysed displaced population facing high levels of acute food insecurity in 2025). For instance, disaggregated data for South Sudan were only available for returnees from the Sudan, whereas IDPs were analysed as part of the entire population, and Ethiopian and Sudanese refugees were not covered.

Providing disaggregated data for displaced populations is essential because it exposes vulnerabilities hidden by national averages. Refugees and IDPs often face legal and economic barriers that worsen food insecurity, including restrictions on movement, limited access to markets and exclusion from social protection systems. **Data allow us to prioritize assistance and programmes to those most in need** while tailoring programmes and advocacy efforts to address the unique risks and vulnerabilities of forcibly displaced populations. Detailed data on displaced populations can support evidence-based advocacy for, and monitoring of, the inclusion of refugees, IDPs and returnees in local and national plans and systems, in line with global commitments.[272, 273]

Disaggregation is costly and needs to be applied in a balanced manner. Disaggregated data collection needs to be prioritized where displacement strongly affects food security, and where displaced groups are critically food insecure or heterogeneous in their vulnerability.

A farmer waters vegetables using a solar-powered pump, South Sudan © FAO/Adam Ibrahim

Notes

1 The first published edition of the Global Report on Food Crises (GRFC) is from 2017. However, it built on a similar analysis conducted in 2016 by **EC-JRC (European Commission Joint Research Centre), FAO (Food and Agriculture Organization of the United Nations) and WFP (World Food Programme)**. 2016. *Global analysis of food and nutrition security situation in food crisis hotspots*. https://publications.jrc.ec.europa.eu/repository/bitstream/JRC100754/lb-na-27879-en-n%20.pdf

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data constraints, they were no longer included among the food-crisis contexts covered by the GRFC 2026. In 2024, these countries/territories together accounted for around USD 0.9 billion in humanitarian assistance, with Burkina Faso and Ethiopia representing approximately 93 percent of this amount. Importantly, both countries also experienced substantial reductions in humanitarian allocations to food sectors in 2025, of 44 percent and 59 percent respectively.

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254 Data for refugees and asylum-seekers are sourced from UNHCR's nowcasting estimates as of end-December 2025. Figures for Palestinian refugees under UNRWA's mandate and other people in need of international protection are provided by UNHCR as of mid-2025. For IDPs, data used reflect the latest available data as of end-2025 from IOM, with a few exceptions where the data from 2024 (Ethiopia, Kenya, Madagascar, Malawi, Myanmar, Somalia, Zambia and Zimbabwe) and 2023 (Burkina Faso) were used to avoid a data gap. Data for IDPs were sourced from UNHCR for Colombia and Togo, while they were sourced from IDMC–GRID 2025 for El Salvador, Guatemala, Honduras and Palestine.

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Global Network Against Food Crises
INTEGRATED ACTIONS FOR LASTING SOLUTIONS

The Global Network Against Food Crises (GNAFC) is a multistakeholder initiative of humanitarian and development actors united by a commitment to tackle the root causes of food crises and to promote sustainable solutions. GNAFC produces and shares analyses and knowledge, and strengthens the coordination of evidence-based responses across the humanitarian–development–peace nexus. It operates at national, regional and global levels.

Within GNAFC's framework, FAO and WFP, together with relevant partners, have established a coordinated monitoring system for food security, livelihoods and value chains to identify and inform critical anticipatory actions.

This report is part of a series of GNAFC's analytical products contributing to the generation and sharing of consensus- and evidence-based information for preventing and addressing food crises.

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ISBN 978-92-5-140659-5
9 789251 406595
CD9424EN/1/04.26