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**Progress report on the implementation of the strategic plan to reduce the double burden of  
malnutrition in the African Region (2019–2025)**

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## Background

1. The African Region continues to face the double burden of malnutrition, characterized by the coexistence of undernutrition and rising rates of overweight and obesity. Despite efforts, progress towards ending hunger and malnutrition by 2030 remains insufficient.<sup>1,2,3,4</sup> Persistent challenges include limited access to adequate and nutritious food,<sup>4,5,6</sup> increased consumption of unhealthy, highly processed foods,<sup>7</sup> foodborne diseases,<sup>8</sup> and the compounded impacts of climate change,<sup>9</sup> conflicts and economic instability.
2. The Sixty-ninth session of the WHO Regional Committee for Africa endorsed the “Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025)”.<sup>10</sup> The goal was to support Member States in scaling up actions to address all forms of malnutrition by strengthening policies that promote the consumption of safe, healthy and nutritious foods across the life course.
3. The strategy aligns with the six global nutrition targets for 2025<sup>11</sup> with nine regional targets (see Annex) supported by 14 priority interventions covering policy, legislation, service delivery, multisectoral collaboration and evidence generation. This progress report highlights achievements in line with the nine regional targets.

## Progress made/actions taken

4. **Legal provisions on the International Code of Marketing of Breast-milk Substitutes:** As of 2024, thirty-four Member States<sup>12</sup> (72%) had enacted legislation on the International Code of

<sup>1</sup> Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives. Available at: (<https://globalnutritionreport.org/reports/2021-global-nutrition-report/>, accessed 2 April 2025))

<sup>2</sup> Atlas of African Health Statistics 2022: Health situation analysis of the WHO African Region.

<sup>3</sup> Atukunda P, Eide WB, Kardel KR, Iversen PO, Westerberg AC. Unlocking the potential for achievement of the UN Sustainable Development Goal 2 - 'Zero Hunger' - in Africa: targets, strategies, synergies and challenges. Food Nutr Res. 2021 May 26;65. doi: 10.29219/fnr.v65.7686. PMID: 34262413; PMCID: PMC8254460.

<sup>4</sup> FAO, AUC, ECA and WFP. 2023. Africa - Regional Overview of Food Security and Nutrition 2023: Statistics and trends. Accra: (<https://doi.org/10.4060/cc8743en>, accessed 2 April 2025))

<sup>5</sup> Bain LE, Awah PK, Geraldine N, Kindong NP, Sigal Y, Bernard N, et al. Malnutrition in Sub-Saharan Africa: burden, causes and prospects. Pan Afr Med J. 2013 Aug 6; 15:120. doi: 10.11604/pamj.2013.15.120.2535. PMID: 24255726; PMCID: PMC3830470.

<sup>6</sup> Swinburn BA et al. The global syndemic of obesity, undernutrition, and climate change: The lancet Commission Report. Published online January 27, 2019 ([http://dx.doi.org/10.1016/S0140-6736\(18\)32822-8](http://dx.doi.org/10.1016/S0140-6736(18)32822-8), accessed 2 April 2025)

<sup>7</sup> Kimmel K, Mbogori T, Zhang M, Kandiah J, Wang Y (2019). Nutrition transition and double burden of malnutrition in Africa: A case study of four selected countries with different income levels (P10-074-19). Current Developments in Nutrition, 3, nzz034-P10. doi: 10.1093/cdn/nzz034.P10-074-19. PMCID: PMC6576171.

<sup>8</sup> WHO. WHO estimates of the global burden of foodborne diseases: foodborne disease burden epidemiology reference group 2007–2015. Geneva, World Health Organization, 2015.

<sup>9</sup> Adesete AA, Olanubi OE, Dauda RO. Climate change and food security in selected Sub-Saharan African Countries. Environ Dev Sustain. 2022 Sep 25;1-19. doi: 10.1007/s10668-022-02681-0. Epub ahead of print. PMID: 36186913; PMCID: PMC9510474.

<sup>10</sup> Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025)/ (<https://apps.who.int/iris/handle/10665/331515>, accessed 2 April 2025)

<sup>11</sup> (i) a 40% reduction in the number of children under five who are stunted; (ii) a 50% reduction in anaemia in women of reproductive age; (iii) a 30% reduction in the prevalence of low birth weight; (iv) no increase in childhood overweight; (v) an increase in the rate of exclusive breastfeeding in the first six months to at least 50%; and (vi) reduction in and maintenance of childhood wasting to less than 5%.

<sup>12</sup> Algeria, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Gabon, Gambia, Ghana, Guinea-Bissau, Kenya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

Marketing of Breast-milk Substitutes, with 27 Member States<sup>13</sup> substantially or moderately aligned with its provisions, surpassing the regional target of 23. However, 13 Member States<sup>14</sup> (27%) still lack legal frameworks to support optimal breastfeeding.

**5. Wasting prevalence below 5% in at least 25 Member States:** Wasting among children aged below five years declined from 7.4% in 2012 to 5.5% in 2022.<sup>15</sup> However, only 20 Member States (42%)<sup>16</sup> have maintained a prevalence below 5%, indicating that the Region remains off track to reach the target.

**6. Adoption of at least one policy to promote healthy diets by all Member States:** Forty-six Member States have adopted at least one WHO-recommended policy action, such as taxation of sugar-sweetened beverages and unhealthy foods, sodium reduction, or front-of-pack labelling. This indicates that this regional target has almost been achieved.

**7. Regulation on good hygiene practices aligned with Codex standards in at least 35 Member States:** Only 28 Member States<sup>17</sup> (58%) have aligned food safety regulations with Codex standards<sup>18</sup> on good hygiene practices. This remains below the target of 35.

**8. Exclusive breastfeeding rate of at least 50% in 30 Member States:** Exclusive breastfeeding prevalence in the Region reached 48.0% in 2022. However, only 21 Member States<sup>19</sup> (44%) have met or exceeded the 50% target, falling short of the goal of 30 Member States.

**9. No increase in childhood overweight:** Fifteen Member States<sup>20</sup> (32%) report childhood overweight prevalence above the 5% threshold<sup>21</sup>, indicating that the Region is off track to halt the increase in childhood overweight.

**10. At least 30 Member States have birth weight, weight-for-length, and length-for-age data in their health information systems:** All Member States have integrated at least these three core nutrition indicators into their national health information systems, meeting the regional target. A regional community of practice on child wasting is operational, and implementation research is underway in Ethiopia and Mali.

<sup>13</sup> Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Gabon, Gambia, Ghana, Kenya, Madagascar, Malawi, Mali, Mauritania, Mozambique, Nigeria, Sao Tome and Principe, Sierra Leone, South Africa, United Republic of Tanzania, Uganda, Zambia, Zimbabwe.

<sup>14</sup> Angola, Central African Republic, Congo, Equatorial Guinea, Eritrea, Eswatini, Guinea, Lesotho, Liberia, Mauritius, Namibia, South Sudan, Togo.

<sup>15</sup> (<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-jme-wasting-prevalence>, accessed 2 April 2025)

<sup>16</sup> Algeria, Angola, Cabo Verde, Cameroon, Equatorial Guinea, Eswatini, Gabon, Kenya, Lesotho, Liberia, Malawi, Mozambique, Rwanda, Sao Tome and Principe, Seychelles, South Africa, United Republic of Tanzania, Uganda, Zambia, and Zimbabwe

<sup>17</sup> Benin, Burkina Faso, Burundi, Cabo Verde, Comoros, Côte d'Ivoire, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritius, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, South Sudan, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

<sup>18</sup> (<https://www.fao.org/fao-who-codexalimentarius/codex-texts/list-standards/en/>, accessed 2 April 2025)

<sup>19</sup> Burkina Faso, Burundi, Cabo Verde, Democratic Republic of the Congo, Eritrea, Eswatini, Ethiopia, Gambia, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Rwanda, Sao Tome and Principe, Sierra Leone, United Republic of Tanzania, Togo, Uganda, Zambia

<sup>20</sup> Algeria, Botswana, Cabo Verde, Cameroon, Congo, Equatorial Guinea, Eswatini, Gabon, Lesotho, Mauritius, Rwanda, Seychelles, South Africa, South Sudan, Zambia

<sup>21</sup> (<https://www.who.int/data/gho/data/indicators/indicator-details/GHO/gho-jme-overweight-prevalence>)

### 11. **Implementation of the WHO Package of Essential NCD interventions (WHO PEN) in 25 countries and capacities for managing nutrition and food safety emergencies in all countries:**

Thirty-one Member States<sup>22</sup> (66%) are actively implementing WHO PEN for the prevention and control of NCDs in primary health care facilities, exceeding the regional target of 25. In parallel, 29 Member States<sup>23</sup> have systems in place for detecting foodborne events, while 32<sup>24</sup> have established multisectoral coordination mechanisms at national level to respond to food safety events.

### **Issues and challenges**

12. After five years of implementation, only four of nine targets have been achieved. Persistent challenges include limited investment, weak multisectoral coordination and poor integration of nutrition actions into health systems in both developmental and emergency contexts. Gaps remain in the enforcement of food policies. Climate change, economic shocks and fragmented data systems further undermine progress and limit accountability.

### **Next steps**

13. Member States should:

- (a) use the findings from the regional comprehensive report, as well as the country-specific nutrition profiles developed by the Secretariat during this reporting period, to tailor and prioritize accelerated actions;
- (b) strengthen leadership in developing, implementing and enforcing policies and legislation that address all forms of malnutrition;
- (c) improve the integration of essential nutrition actions into health systems to enhance service delivery, coverage and quality, especially through maternal, newborn and child health platforms;
- (d) strengthen multisectoral coordination, data systems and surveillance to improve planning, monitoring and accountability, including through the identification and resolution of key implementation bottlenecks;
- (e) allocate adequate financial and human resources to scale up the delivery of high-impact nutrition interventions and close implementation gaps.

14. WHO and partners should:

- (a) finalize and widely disseminate a comprehensive regional nutrition report and country-specific profiles that highlight progress, identify key gaps, and provide tailored, actionable recommendations to guide intensified efforts at national and regional levels;
- (b) strengthen regional and country-level capacities to support nutrition actions in both development and emergency settings;
- (c) provide technical support to accelerate coordinated action to transform food systems for health;

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<sup>22</sup> Algeria, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Chad, Congo, Côte d'Ivoire, Eritrea, Eswatini, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, Sierra Leone, South Africa, United Republic of Tanzania, Togo, Uganda and Zimbabwe.

<sup>23</sup> Algeria, Burundi, Cameroon, Comoros, Côte d'Ivoire, Eritrea, Eswatini, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Madagascar, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

<sup>24</sup> Angola, Benin, Burkina Faso, Cabo Verde, Cameroon, Comoros, Côte d'Ivoire, Equatorial Guinea, Eritrea, Ethiopia, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Nigeria, Rwanda, Senegal, Sierra Leone, South Africa, South Sudan, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

- (d) support Member States in addressing climate-related nutrition challenges;
- (e) propose the extension of the current Regional strategic plan (2019–2025) to 2030, in line with the decision of the World Health Assembly.<sup>25</sup>

15. The Regional Committee is invited to note the progress report and endorse the proposed next steps.

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<sup>25</sup> The extension of the regional strategy is justified by the need to align with the revised global nutrition targets, maintain policy coherence and provide Member States with a longer time frame to address gaps in implementation. Given that the African Region is currently off track on most global targets, including stunting, wasting, anaemia, low birth weight and exclusive breastfeeding, an extension of the Regional strategic plan to address the double burden of malnutrition to 2030 would allow for intensified efforts, scaling up of effective interventions and more robust monitoring of progress towards ending all forms of malnutrition.

**Annex. Strategic plan to reduce the double burden of malnutrition in the African Region, 2019–2025**

**Progress status towards the nine regional nutrition targets for 2025**

<b>Targets</b>	<b>Progress status (2025)</b>	<b>Status</b>
At least 23 Member States have full provisions in law for the International Code of Marketing of Breast-milk Substitutes	As of 2024, 34 countries have enacted national laws on the Code; 27 are substantially or moderately aligned with the International Code.	Achieved
At least 25 Member States have wasting prevalence below 5%	Regionally, wasting declined from 7.4% (2012) to 5.5% (2022); 20 Member States maintain rates below 5%	Partially on track
All Member States have formulated at least one policy to protect or promote healthy diets	46 Member States have adopted at least one WHO-recommended policy action.	Achieved
At least 35 Member States have regulation on good hygiene practices aligned with Codex standards	28 Member States have strengthened Codex structures	Off track
At least 30 Member States achieve the exclusive breastfeeding target of 50%	21 Member States meet or exceed the 50% target	Off track
Halt any increase in the prevalence of overweight among under-fives	Overweight is rising; 15 Member States report prevalence >5%	Off track
At least 30 Member States have birth weight, weight-for length and length-for-age data in their health information systems	All Member States have integrated at least three of these core indicators into national health information systems	Achieved
25 Member States have implemented the WHO Package of Essential NCD interventions (WHO PEN)	31 Member States are implementing WHO PEN	Achieved
All Member States have capacities for detection, risk assessment and management of acute malnutrition and food safety events.	44 Member States have INFOSAN emergency contact points and strengthened capacities	On track.