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**THE NUTRITIONAL SITUATION IN THE AFRICAN REGION:  
CHALLENGES AND PERSPECTIVES**

**Round Table 1**

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## BACKGROUND

1. According to the 2004 world nutrition situation report,<sup>1</sup> Africa is the only continent that is unlikely to reach the millennium development goal<sup>2</sup> of halving the current level of under-nutrition in children under 5 years of age by 2015 unless concerted efforts are made to redress the situation. The continued deterioration in nutrition in the African Region is unacceptable and a cause for concern.
2. In the 1980s, many countries in the African Region made steady progress in reducing levels of protein energy malnutrition. According to the United Nations Standing Committee on Nutrition,<sup>3</sup> the primary health care (PHC) strategy and large-scale community-based nutrition programmes were primarily responsible for progress in nutrition during the 1980s. This progress was made despite the absence of economic growth. However, the situation began to deteriorate from the early 1990s. This is attributed to factors such as economic decline; subsequent reduction in investments in the health sector; recurrent droughts, wars and civil strife that displaced many communities; and the HIV/AIDS pandemic.
3. In an effort to stem the decline in food security and nutrition, there were several global and regional initiatives to guide and mobilize countries. These include the World Summit for Children (1990) that set goals for child survival; the International Conference on Nutrition (1992) which provided a framework and strategy for national nutrition programmes; and the World Food Summit (1996) that set goals for reducing food insecurity. Unfortunately many countries did not have the technical and financial resources to implement the recommendations. At the regional level, the Organisation of African Union adopted a nutrition strategy for Africa in 1992.
4. The major nutritional problems besetting the African Region are protein energy malnutrition and micronutrient deficiencies<sup>4</sup>. Vitamin A, iodine and iron deficiencies occur especially among children under 5 years, children 6–9 years of age and women of reproductive age. According to various demographic and health surveys (1988–1999), low birth weight prevalence in sub-Saharan Africa ranges from 11% to 52%. The same surveys report that 30% to 40% of children suffer from stunting (chronic malnutrition), 10% of children suffer from emaciation or wasting (acute malnutrition), 50% of children under 5 years of age and 60% of pregnant women have iron deficiency anaemia, 10% to 40% of adolescents have iodine deficiency (goitre) and 25% of children under 5 years have vitamin A deficiency. Among adults, 4.5% to 40.6% of women of childbearing age are underweight, and the highest rates for under-nutrition are in displaced persons, including refugees.

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<sup>1</sup> Standing Committee on Nutrition, Nutrition for improved development outcomes, New York, United Nations, 2004.

<sup>2</sup> UN, Millennium Declaration, New York, United Nations, 2000.

<sup>3</sup> The Standing Committee on Nutrition was established in 1976. Members are World Health Organization (WHO) (Secretariat); Food and Agriculture Organization (FAO); United Nations Development Programme (UNDP); International Labour Organization (ILO); United Nations Educational, Scientific and Cultural Organization (UNESCO); The Joint United Nations Programme on AIDS (UNAIDS); International Fund for Agricultural Development (IFAD); United Nations High Commissioner for Refugees (UNHCR); United Nations Population Fund (UNFPA); World Food Programme (WFP); United Nations Children's Fund (UNICEF); United Nations University (UNU); International Atomic Energy Agency (IAEA).

<sup>4</sup> WHO/AFRO, Status of infant and young child feeding in sub-Saharan Africa, Brazzaville, Regional Office for Africa, 2001.

5. Since the early 1990s, there has been an alarming increase in chronic conditions such as obesity, diabetes, cardiovascular disease and certain diet-related cancers. These disorders account for 28% of morbidity and 35% of mortality in Africa.

6. There are multiple causes of nutrition problems. Immediate causes include diseases and inadequate dietary intake. Underlying causes at household and family levels include inadequate food; inadequate health services, water supply and sanitation; and inappropriate practices for maternal or child care. Basic root causes are poor socioeconomic and political development, and inadequate resources. With respect to diet-related disorders, early childhood under-nutrition is a risk factor for obesity in adulthood, particularly when coupled with lifestyle changes such as high consumption of sugars and fats alongside reduced physical activity.

7. The Region has the additional burden of man-made and natural disasters which result in damage to health service infrastructure. These crises, along with the HIV/AIDS pandemic, destroy people's assets and livelihoods, worsening poverty. They also diminish fundamental community capacity to respond to food and nutrition insecurity.

8. The other causes of the worsening nutrition situation in sub-Saharan Africa relate to the low priority given to nutrition interventions. This is demonstrated by the inadequate resource allocation and technical capacity for nutrition programmes. Furthermore, the absence of national nutrition policies and institutional mechanisms that would facilitate multisectoral programme planning and implementation with sectors such as health, agriculture and education affects the quality of interventions. Systems for regular monitoring and evaluation of nutrition trends and activities as well as applied research to inform policy and programme implementation are inadequate.

9. Consequences of the high burden of nutritional disorders in the Region are too grave to be ignored. Early childhood malnutrition is irreversible and intergenerational. Malnutrition starts *in utero* and if unchecked can affect all the critical phases of the life-cycle. It contributes to childhood illnesses and has consequences for adult health, including increased risk of diet-related chronic diseases. About 50% of deaths in children under 5 years of age are attributed to mild and moderate malnutrition. Malnutrition also weakens the immune system, affects resilience to shocks and reduces both physical and mental ability.

10. Malnutrition erodes human capital. According to the Standing Committee on Nutrition, losses from under-nutrition can be as high as 3% of gross domestic product. Malnutrition affects school enrolment, educational attainment and lifetime earnings. Diet-related chronic diseases also pose heavy costs for the health sector as they consume resources and result in deaths of productive members of society. Africa cannot afford such losses in human capital.

## **FRAMEWORK FOR ACTION**

11. **International commitment to nutrition issues:** A number of international meetings such as the International Conference on Nutrition and the World Food Summit provided guidance and mobilized countries to address their nutritional challenges. Although there is commitment, most

of the global strategies have not been utilized by African countries because of inadequate resources. The strategies are still relevant and provide a framework for action.

**12. Health-related initiatives:** New initiatives include the millennium development goals, poverty reduction strategy papers, New Partnership for Africa's Development, health sector reforms, Roll Back Malaria and the Global Fund to Fight AIDS, Tuberculosis and Malaria. These provide opportunities for countries to tap into available resources and mainstream nutrition into the development agenda. Member States have adopted several strategies to strengthen nutrition interventions. These include the *Regional strategy for poverty and health*; *Global strategy on food, physical activity and health*; and *Guidelines for feeding in emergencies and for people living with HIV/AIDS*.

**13. Government commitment:** At the national level, governments in the Region have accepted their obligation to ensure that their citizens are adequately nourished through constitutional provisions and endorsement of various declarations relevant to food security and nutrition. The establishment of appropriate national policy and institutional frameworks for food and nutrition that facilitate intersectoral action and long-term investments in nutrition facilitate effective interventions.

**14. Community participation:** Community participation is a vital component for the sustainable reduction of malnutrition. The primary health care strategy and poverty reduction strategy papers provide opportunities for communities to assess and analyse their nutrition problems and solutions. In addition, several well-documented successful community-based nutrition programmes in the Region can serve as examples for others.

## CHALLENGES

15. Countries in the African Region face the following challenges in trying to address nutrition problems:

- (a) inadequate policy and institutional frameworks that require local and national leaders to be accountable for and establish capacity for planning, implementing, monitoring and evaluating sustainable nutrition interventions that respond to the multisectoral dimensions of nutrition challenges;
- (b) low priority given to nutrition that has resulted in inadequate resource allocation to nutrition programmes, making it difficult to address the double burden of under-nutrition and diet-related chronic diseases;
- (c) deterioration in infrastructure at primary care level, reducing community access to basic services and thus depriving them of care, support and information that would enable individuals and families to respond appropriately to their food and nutrition needs;
- (d) diminished community capacity to participate in activities that may improve their food security and nutrition situation because of the impact of HIV/AIDS as well as recurrent natural and man-made disasters;

- (e) low status of women that often deprives them of adequate nutrition and basic education that could enable them to adopt appropriate care practices;
- (f) inadequate nutrition information, surveillance systems and research for policy- and decision-making to improve nutrition outcomes.

## **DISCUSSION POINTS**

16. Various discussion questions can be asked:

- (a) How can nutrition be better prioritized within health and other development sectors to ensure that appropriate policy and institutional frameworks are established or strengthened in a sustainable manner?
- (b) What should countries do to:
  - (i) improve technical capacity for nutrition programmes,
  - (ii) mobilize financial resources,
  - (iii) strengthen national nutrition information systems?
- (c) Given the various challenges, including the low status of women in society, how can communities be supported to attain food and nutrition security?

## **EXPECTED OUTCOMES**

17. At the end of the Round Table discussions, the following outcomes are expected:

- (a) Specific actions will be outlined for community, national and regional levels;
- (b) There will be improved awareness of the current grave nutrition situation and what action countries should take to redress it;
- (c) The role of the health sector in improving nutrition will be defined within the prevailing development agenda.