Africa Nutrition Scorecard 2015

Actions and Accountability to Advance Nutrition and Sustainable Development

“It is my singular belief that every sector must be held accountable for their performance and delivery of food and nutrition with very clear indicators monitored and evaluated annually.”

(NEPAD CEO Dr Ibrahim Mayaki at the SUN Lead Group Meeting, New York, September 2015)

Dr Ibrahim Assane Mayaki
CEO – NEPAD Agency

Foreword

Malnutrition continues to hamper development efforts across the continent, contributing to a significant number of deaths of children under five years of age every year. However, the issue of malnutrition is much more complex than simply the lack of food. It extends to deficiencies in essential nutrients, inadequate knowledge about proper nutrition, and a lack of effective and adequate delivery channels.

Through the *Malabo Declaration on Accelerated Agricultural Growth and Transformation for Shared Prosperity and Improved Livelihoods* and the *Declaration on Nutrition Security for Inclusive Economic Growth and Sustainable Development in Africa,* African leaders committed to ending hunger and reducing stunting to ten percent by 2025.

These are certainly laudable goals that reflect the requisite seriousness with which the continent's leadership views the current nutrition situation.

The Nutrition Scorecard for Africa stems from the 2015 *Global Nutrition Report* and serves as a useful barometer of the in-roads and progress made by individual countries to effectively deal with the problem of undernutrition at country-level. It also presents us with a clear picture of some of the ongoing challenges that need to be urgently addressed if we are to achieve our collective target by 2025. Equipped with quality data, we can be better placed to target our interventions and assess, monitor, and report on our efforts. Reliable information is key to our success and holds us accountable for results and meaningful impact on the ground.

Ending nutrition insecurity across Africa is indeed a formidable challenge, but not one that is insurmountable. It however requires multi-sectoral and multi-stakeholder action.

Introduction

As we move into the post-2015 era of the Sustainable Development Goals (SDGs), the world faces many seemingly intractable problems. Malnutrition should not be one of them. The incentives to improve nutrition are strong, and determined countries can make rapid advances in malnutrition reduction.

Good nutrition provides a vital foundation for human development that is central to meeting our full potential. When nutrition status improves, it leads to a host of positive outcomes for individuals and families. Improved nutrition worldwide means many more children will live past the age of five, their growth will be less disrupted, and they will gain in height and weight. Their cognitive abilities will develop more fully, allowing them to learn more, both within and outside of school. As a result of sufficient nourishment and a positive early environment, children are more likely to get better jobs and fewer illnesses as adults – aging healthily and living longer.

Common sense tells us that when these human-scale experiences are scaled up, communities and nations benefit. Overall, the evidence, primarily from Africa, is growing – good nutrition is an essential driver of sustainable development (Figure 1).

Figure 1: The Economic Benefits to Improved Nutrition: New Estimates for Africa

40 low and middle income countries

What are the returns to scaling up nutrition interventions?

Benefit-cost ratio

16:1

IFPRO 2014

Malawi

What is the cost of existing stunting?

10%

of annual GDO

AUC/WFP 2015

DRC, Mali, Nigeria, Togo

What are the returns to scaling up nutrition specific interventions?

Compound rates of

>13%

World Bank 2015

The opposite of good nutrition, that is, 'bad' nutrition, takes many forms – children and adults who are undernourished and emaciated, children so stunted they look half their age, people who cannot fight infection because their diets lack nutrients, people who are more likely to suffer from strokes because they are obese, or people whose blood vessels collapse because they have diabetes. These multiple forms of malnutrition have common causes: poor-quality diets, weak care for mothers and children, insufficient access to health services, and unsanitary or unhealthy environments.

Despite the incentives to overcome malnutrition, it remains a problem of staggering size worldwide, with almost one in three people on the planet experiencing it. It affects all countries, with a high concentration in Africa south of the Sahara (Box 1), and represents a substantial challenge to sustainable development. Efforts to combat it are gathering momentum and beginning to deliver results, but turning the tide of decades of neglect will not be easy. While some forms of malnutrition, such as stunting, are showing modest but uneven declines, other forms, such as anemia in women of reproductive age, are stagnant. Still others, such as overweight and obesity, are increasing.

Box 1: The Scale of Malnutrition in Africa

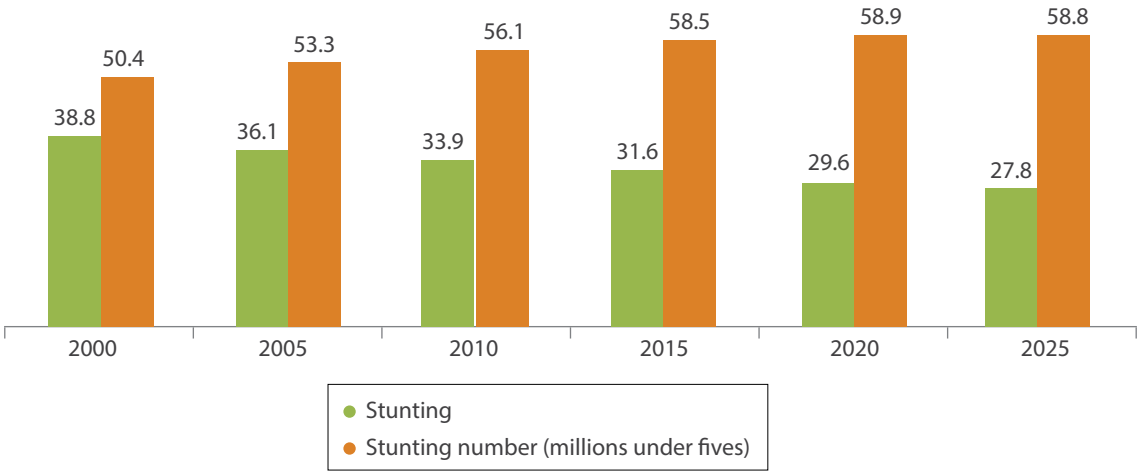
While the number of people affected by malnutrition is difficult to calculate – because a person can suffer from more than one type of malnutrition simultaneously – the scale of malnutrition in Africa is staggering:

- 58 million children under age five are too short for their age (stunted), 13.9 million weigh too little for their height (wasted), and 10.3 million are overweight. None of these children are growing healthily; [1]
- 163.6 million children and women of reproductive age are anemic; [2]
- 220 million people are estimated to be calorie deficient; [3]
- Eight percent of adults over 20 are obese; [4]
- Adult obesity is on the rise in all 54 African countries (2010–2014); and
- 13 countries in Africa are having to manage serious levels of stunting in children under five or anemia in women of reproductive age and adult overweight (Table 1).

In many African countries, only a minority of children are growing healthily. In the Democratic Republic of Congo, Ethiopia, and Nigeria, for example, the percentage of children under five who are not stunted or wasted ranges between 43 and 48 percent.

While trends in stunting rates are declining steadily in Africa, the rate of population increase has meant that the number of stunted children has increased. According to the World Health Organization (WHO), UNICEF, and the World Bank, this trend is projected to peak in 2020 (Figure 2).

Figure 2: Levels and Trends in Under five Stunting in Africa



Source: UNICEF-WHO-World Bank. 2015. *Levels and Trends in Child Malnutrition: Key Findings of the 2015 Edition*. Washington DC, www.who.int/nutgrowthdb/jme_brochure2015.pdf?ua=1

1 UNICEF-WHO-World Bank. 2015. *Levels and Trends in Child Malnutrition: Key Findings of the 2015 Edition*. Washington, DC, www.who.int/nutgrowthdb/jme_brochure2015.pdf?ua=1

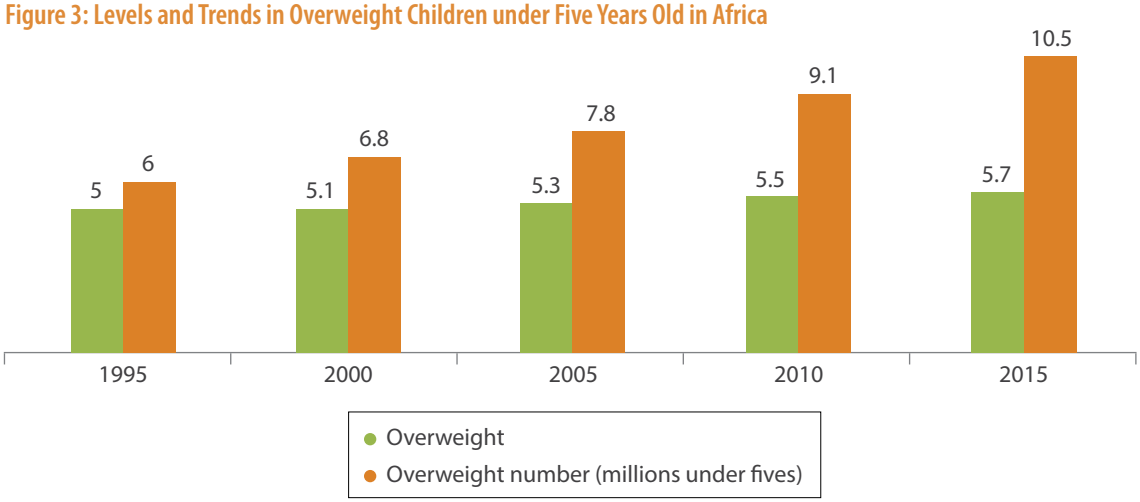
2 WHO. 2015. *The Global Prevalence of Anemia in 2011*. Geneva: World Health Organization

3 FAO. 2015. *State of Food Insecurity in the World.* Food and Agriculture Organization of the United Nations.

4 WHO. 2015. *Obesity: Situation and Trends*, www.who.int/gho/ncd/risk_factors/obesity_text/en/

For children under age five, the prevalence of overweight is low but increasing, especially given the growing population (Figure 3).

Figure 3: Levels and Trends in Overweight Children under Five Years Old in Africa



Source: UNICEF-WHO-World Bank. 2015. *Levels and Trends in Child Malnutrition: Key Findings of the 2015 Edition.* Washington DC, www.who.int/nutgrowthdb/jme_brochure2015.pdf?ua=1.

The nutrition problems Africa is facing are complex (Table 1). Thirty-six of the 54 countries are facing the conventional burdens of stunting in children under five and/or anemia in women of reproductive age. Thirteen countries, however, are facing serious public health issues of undernutrition and overweight simultaneously.

Table 1: Patterns of Malnutrition in African Countries

Overlap/indicator group	Number of countries facing burden	Countries
Under five (U5) stunting only	2	Rwanda, Ethiopia
Women of reproductive age (WRA) anemia only	2	Ghana, Senegal
Adult overweight only	0	–
U5 stunting and WRA anemia only	34	Angola, Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Comoros, Congo (Republic of the), Cote d'Ivoire, Democratic Republic of Congo, Djibouti, Eritrea, Gambia, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, São Tomé and Principe, Sierra Leone, Somalia, Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe
U5 stunting and adult overweight only	0	–
WRA anemia and adult overweight only	5	Algeria, Gabon, Morocco, Seychelles, Tunisia
U5 stunting, WRA anemia and adult overweight	8	Botswana, Egypt, Equatorial Guinea, Lesotho, Libya, Namibia, South Africa, Swaziland
Below cutoff for all three indicators	0	–
Total with data	51	
Missing data for at least one indicator	3	Cape Verde, Mauritius, South Sudan
Total	**54**	

Note: Cutoffs are as follows: Stunting (2015) ≥20%, WRA anemia ≥20%, and adult overweight (2014–2018+) ≥35. If a country has a rate above these thresholds it is counted as having a serious public health burden in this manifestation of malnutrition.

Combatting malnutrition in all of its complexity will require an array of actions, which will take different forms in different countries. While we know more than ever about how to combat malnutrition, too little of this knowledge is being put into practice. First, the political environment needs to be made conducive to reducing malnutrition. Citizens can create and sustain the momentum for change and hold governments and other actors accountable for the extent and effectiveness of their actions. Second, malnutrition cannot be addressed in isolation; policies and practices in the many sectors that intersect with nutrition – from education to agriculture to climate and environment – should also address it. Finally, high-impact, targeted nutrition interventions must reach the people that need them. At present the gaps between delivery and need are large.

This briefing note on Africa is derived exclusively from the *Global Nutrition Report 2015*, which was produced by an independent expert group, at the request of a stakeholder group. The report represents the collective effort of more than 70 authors. It is the only comprehensive report on all forms of malnutrition in all countries. The 2015 report has a more balanced focus on malnutrition in all its forms and a deeper focus on climate change, food systems, and the roles and accountability of the private sector than the 2014 report.

The *Global Nutrition Report* is intended as an annual update to spur and guide action. Summarised here for African countries, the report tells us how much progress Africa is making on reducing malnutrition in all its forms, what African governments and their partners need to do to accelerate that progress, and how African citizens can hold all stakeholders accountable for their efforts to do so.

Progress in Reducing Malnutrition in Africa

Two sets of global targets exist for nutrition, both ratified by the world's health ministers at the World Health Assembly (WHA) in 2012–2013. The first set relates to maternal and child nutrition, and Africa is making some progress, albeit slowly and unevenly, in this set. The second set relates to adult overweight and diabetes. Here Africa is failing to meet the global target of halting the rise in prevalence of these conditions.

Maternal and Child Nutrition

To measure countries' progress on maternal and child nutrition, data on five of the six WHA global targets are tracked: stunting, wasting, and overweight among children under age five; anemia in women 15–49 years of age; and rates of exclusive breastfeeding for infants younger than six months of age.

Nearly every African country (35 of the 37 for which data exist) is on course to meet at least one of the five global targets. This breadth of performance is good news. However, only one country (Kenya) is on course to meet all five WHA maternal and child nutrition targets, and only one (Ghana) is on course to meet four targets (Table 2).

Table 2: African Countries on Track to Meet the WHA Global Nutrition Targets for 2025

Number of targets	Number of countries on course for the number of targets	Countries
5	1	Kenya
4	1	Ghana
3	7	Algeria, Benin, Burundi, Liberia, Swaziland, Uganda, Zimbabwe
2	15	Burkina Faso, Central African Republic, Democratic Republic of Congo, Gambia, Guinea-Bissau, Lesotho, Malawi, Mauritania, Namibia, Niger, Rwanda, Sudan, Tunisia, United Republic of Tanzania, Zambia
1	11	Cameroon, Congo (Republic of the), Cote d'Ivoire, Egypt, Ethiopia, Guinea, Nigeria, Senegal, Sierra Leone, Somalia, Togo
0	2	Mozambique, São Tomé and Principe

Target by target, countries' performance vary tremendously (Table 3). In 2015, only four percent of countries with data were on course to meet the anemia target, whereas 68 percent of countries with data (32 of 47) were on course to meet the target on overweight children under five.

For the three targets relating to children under age five – tunting, wasting, and overweight – the share of countries that are on course increased between 2014 and 2015. Progress on stunting is particularly noteworthy: the share of countries with data that are on course to meet the target rose from six percent to 18 percent. Great overall progress has been made in countries such as Ethiopia, Ghana, and Kenya, but progress is uneven and could occur faster, as demonstrated by successes in Brazil, China, and Vietnam.

How did those three countries generate such steady and swift improvements in the nutritional status of their citizens? We don't know definitively, but the common denominators are strong political commitment; a supportive context with notable poverty reduction; improvements in women's empowerment; improved food supply; greater access to improved health, water, and sanitation facilities; and improved performance of specific nutrition practices and programmes.

Table 3: Progress of African Countries against Global Targets, 2014 and 2015

Indicator	2014			2015		
	Number of countries on course (% of total with data)	Number of countries off course	Number of countries without data to determine on/off course	Number of countries on course (% of total with data)	Number of countries off course	Number of countries without data to determine on/off course
Stunting	3 (6%)	46	5	9 (18%)	40	5
Wasting	14 (28%)	36	4	17 (33%)	34	3
Overweight	27 (60%)	18	9	32 (68%)	15	7
Exclusive breastfeeding	N/A	N/A	N/A	21 (55%)	17	16
Anemia	2 (4%)	51	1	2 (4%)	51	1
Low birth weight	N/A	N/A	N/A	N/A	N/A	N/A

Note: N/A = not available. The data for anemia are the same as those presented in the *Global Nutrition Report 2014*.

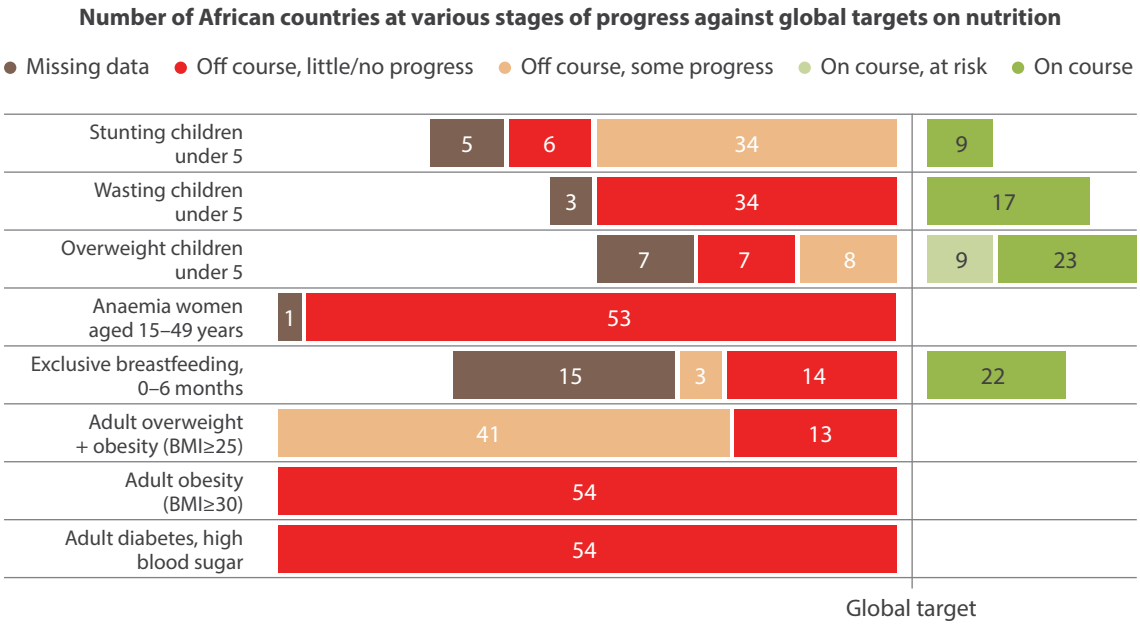
Adult Overweight, Obesity, and Diabetes in Africa

The second set of global targets for nutrition aim to halt the rise in adult overweight, obesity, and diabetes. But the latest WHO estimates, when modeled, paint a bleak picture: no country – African or otherwise – is yet on course to meet all three targets (overweight, obesity, and diabetes); in fact, no country is on track to meet even two of the targets. Globally, only five countries are on course to meet the target related to reducing incidences of diabetes: Djibouti, Iceland, Malta, Nauru and Venezuela.

Overall, global progress on the eight WHA nutrition indicators is mixed (Figure 4). The data on overweight, obesity, and diabetes remind us of the size of the challenge faced, but the data on growth in children under age five – particularly a reduction in stunting – remind us of what can be achieved with the right focus, interventions, policies, sustained commitment, and stakeholder accountability mechanisms. [5]

5 Appendix Tables 1–3 provide data for all 54 African countries on levels and rates of progress for these indicators.

Figure 4: Dashboard on Global Nutrition Targets in Africa



Call to action

Presidential and prime ministerial offices of countries that are not on course to meet the World Health Assembly's global targets to improve maternal, infant, and young child nutrition should convene inclusive consultations to discuss the challenges of meeting those targets, how they can get on track, and what support they need. The findings should be reported at the 2016 Nutrition for Growth (N4G) Summit, hosted by the government of Brazil in Rio de Janeiro, and at any equivalent global or regional reporting opportunity. All countries should establish national nutrition targets based on recognised global targets. Countries should follow up these target commitments with stronger monitoring.

Actions for Accelerating Progress in Africa

Because the forces that cause malnutrition are powerful and multisectoral, they need to be counteracted by forces that are at least as powerful and wide-reaching. The *Global Nutrition Report 2015* identifies seven areas of action, involving a large set of stakeholders, to accelerate malnutrition reduction.

First, the political environment for malnutrition reduction has to be generated. Second, high-impact nutrition interventions need to reach more people. Third, sectors that are supportive of nutrition improvement must become active drivers of it. Fourth, policies to create healthy food environments need to be implemented. Fifth, more funding is needed to scale up nutrition actions. Sixth, new partners need to be engaged in the fight against malnutrition. Finally, accountability needs to be strengthened to reassure investors and citizens alike that efforts will have a positive impact on nutrition status.

1. Build a Political Enabling Environment for Malnutrition Reduction

Countries that have reduced malnutrition quickly have done so within a strongly supportive political environment, usually with norms set by leaders in government. For example, in Maharashtra, a large state in India, a statewide Nutrition Mission was an important contributor to that state's dramatic declines in stunting between 2006 and 2012. In Peru, a strong coalition of civil society groups led presidential candidates to publicly pledge to reduce malnutrition. In Brazil, reductions in stunting are associated with the strong leadership and policies of the Lula administration.

But commitment alone is not enough. For a truly enabling environment, commitment must be associated with strong demand, pressure for action, investments in implementation capacity, and engagement across sectors to develop new initiatives. Together these four elements create a strong enabling environment for nutrition improvement. Measurement of such an environment, while still in its infancy, is advancing rapidly with a suite of indicators, including the Nutrition Landscape Information System (NLIS), the Hunger and Nutrition Commitment Index (HANCI), the Healthy Food Environment Policy Index (Food Epi), the Global Database on the Implementation of Nutrition Action (GINA), and the Scaling Up Nutrition (SUN) movement's institutional transformation indicators.

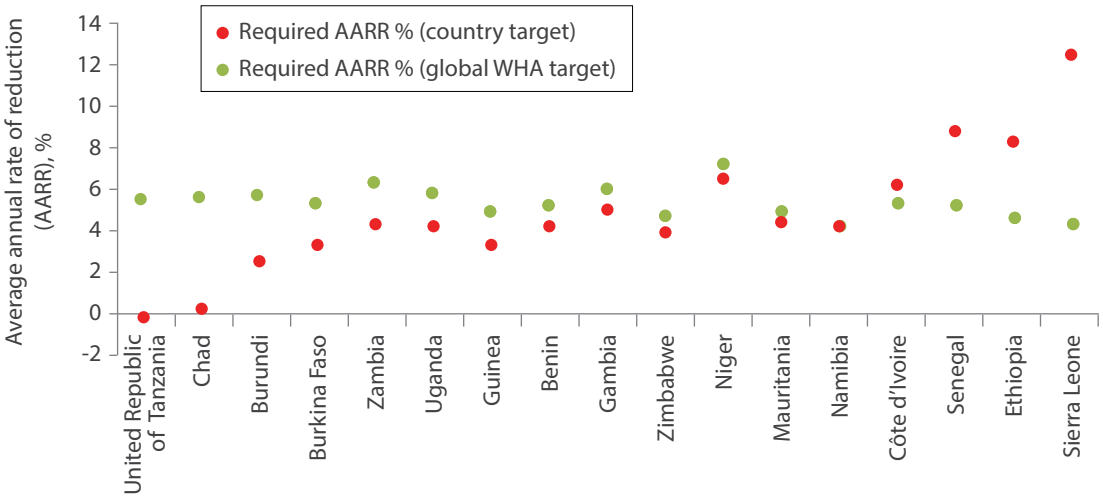
At a global level, the SDG framework should be a key component of an enabling framework for nutrition. Despite evidence that improved nutrition is a driver of sustainable development, nutrition remains underrepresented in the SDGs. First, in 2014 we reported that out of 169 SDG targets, nutrition is mentioned in only one; this situation has not changed. Second, at the time of writing this briefing, overweight and obesity are not mentioned once in the entire SDG document. Finally, none of the three implementation targets for SDG 2 (End hunger, achieve food security and improved nutrition, and promote sustainable agriculture) mention nutrition actions.

Call to action

Leaders of the international finance institutions and the United Nations, members of SUN Lead Group, and other national nutrition champions should advocate strongly for the SDG Nutrition Indicators – proposed by the UN Standing Committee on Nutrition and supported by a broad group of civil society organisations – to be included in the indicator set put forward to the UN Statistical Commission by the end of 2015.

It is essential that African countries set up their own national nutrition outcome targets rather than relying on global targets that may not apply to their unique circumstances. Figure 5 compares the Nutrition for Growth stunting target commitments made by African countries with global targets. Thirteen of the 17 countries have national stunting targets that are less ambitious than the global targets, the exceptions being Cote d'Ivoire, Ethiopia, Senegal, and Sierra Leone. The existence of national targets are vital to show intent, and the setting of ambitious targets is important to challenge 'business as usual.'

Figure 5: African Country-Set Stunting Targets vs. WHA Global Stunting Targets



Source: Data from Figure 3.4 in Global Nutrition Report 2015

2. Ensure Nutrition Interventions Reach the People Who Need Them

We know which interventions are proven to reduce undernutrition. What we don't know is whether they are reaching the people who need them. Data on the coverage of specific undernutrition interventions – that is, the share of eligible people who are benefitting from the intervention – are limited. Of 12 proven interventions, three have internationally comparable coverage data, three have data collected on proxy indicators, and six have no internationally comparable data. Existing data on nine of these interventions (Table 4) show that coverage varies widely between interventions and between and within countries. Nutrition status will not improve rapidly unless these coverage figures increase significantly.

Table 4: Are African Populations Receiving Nutrition-Specific Interventions?

Indicator of coverage of interventions	Number of countries with data	Coverage (%)		
		Median for countries with data	Lowest prevalence	Highest prevalence
Children 6–59 months who receive full coverage of vitamin A supplements	38	81	0	99
Children 12–15 months who are fed breast milk	37	88	45	97
Households consuming adequately iodized salt	19	52	7	86
Early initiation of breastfeeding (proportion of children who were put to the breast within 1 hour of birth)	39	52	17	95
Infants 0–5 months old who were exclusively breastfed	41	40	3	85
Proportion of pregnant women who received iron/folic acid supplementation for 90+ days	17	26	0	63
Children 6–23 months who receive minimum dietary diversity	23	20	5	47
Children 6–23 months who receive minimum acceptable diet	24	10	3	31
Children 0–59 months with diarrhea who receive zinc treatment	19	1	0	10

Note: Data are from the most recent survey available in the period 2010–2014.

3. Recruit More Sectors in the Drive to Improve Nutrition

Many sectors are important indirect drivers of nutrition because they affect the underlying drivers of malnutrition. These include agriculture, education, health, social protection, water, sanitation, and hygiene. The Framework for Action that emerged from the 2014 International Conference on Nutrition (ICN2) pointed to the substantial positive impacts these sectors can generate if they design policies and programmes that consider their effects on nutrition drivers. The national reach and high levels of funding for these sectors increase their potential impact. To realise this potential, the nutrition, community must continue to clearly define not only the role these sectors can play in improving nutrition but also the benefits they will reap. Table 5 provides examples of the potential mutual benefits accruing from greater sensitivity to nutrition needs.

Table 5: What Nutrition Sectors Can Do for Nutrition and What Is in It for Them

Sector	Example of how to make sector more nutrition-focused	Example of benefit to sector	Example of benefit to nutrition
Agriculture	Invest in R&D for products that are rich in micronutrients (e.g. pulses, fruits, vegetables)	Supports transition to more diverse agricultural system and higher value crops	Helps more than 2 billion people that are micronutrient deficient
Education	Introduce incentives to keep girls in school to delay age at marriage and first birth	Increased attendance is necessary for improved attainment	Age at first pregnancy is correlated with more positive birth outcomes
Social Protection	Combine cash transfers with behaviour change communication for infant and young child feeding	Helps break intergenerational cycle of poverty as well as reduce current poverty	Improved nutrition requires behaviour change and income transfers help
Water, Sanitation, and Hygiene	Greater focus on preventing infants from ingesting dirt and feces	Blocks previously invisible pathways to pathogen intake, good for all in community	Lower infectious disease burdens allow nutrients to be used for growth

4. Create Healthy Food Environments

Policies can promote healthy eating by making healthy food choices more available, affordable, and attractive. Such policies include nutrition labeling, restrictions on food marketing, taxes and subsidies on foods to encourage healthy choices, school meal standards, limits on the percentage of certain ingredients in processed foods, greater availability of healthier foods in retail outlets, and links between school-feeding programmes and local farmers. While evidence of the benefits of healthy food environments is less extensive than it is for programs targeting undernutrition, it is clear that the food environment has potential to improve eating patterns. Yet most countries have not implemented the comprehensive suite of policies needed, and no low-income countries have tried such measures. In a sample of 67 countries that have implemented these interventions, 63 percent are high-income countries; 27 percent are upper-middle-income countries; and 10 percent are lower-middle-income countries.

Call to action

Governments, international agencies, civil society organisations, and businesses should implement the ICN2 Framework for Action, which addresses malnutrition in all its forms. To encourage action, WHO and the Food and Agriculture Organization of the United Nations (FAO) should, by the end of 2016, develop objective and verifiable indicators for determining how well the Framework for Action is being implemented. Civil society should raise awareness and mobilise support for implementing the framework and highlight areas where progress is lagging. To encourage a focus on malnutrition in all its forms, researchers should identify actions that can do 'double duty' and address both undernutrition, obesity, and nutrition-related non-communicable diseases synergistically.

5. Increase Funding for Nutrition and Maximize its Impact

Speeding up nutrition improvements will require governments and aid donors to increase their nutrition spending and deliver greater impact per dollar, rupee, or birr.

Governments currently spend only a tiny share of their budgets on nutrition – as far as we know, given scarce data. For ten African countries, preliminary estimates of the percent of the national budget allocated to a wide range of nutrition actions is 1.5 percent on average.[6] While no benchmarks are available, this seems low given that 45 percent of deaths in children under age five are attributable to malnutrition.

Aid donors can also do better. Donors' disbursements on nutrition-specific interventions nearly doubled between 2012 and 2013 – from US$0.56 billion to US$0.94 billion. However, of 29 members of the Development Assistance Committee of the Organisation for Economic Co-operation and Development, only 16 reported nutrition-specific spending greater than US$1 million in 2013. Six reported spending less than US$1 million, and seven reported no nutrition-specific spending.

Donors spend more on nutrition-sensitive interventions than on nutrition-specific ones. In 2013, nutrition-sensitive disbursements totalled nearly US$3 billion. The disbursement data are missing for the European Union and the World Bank, however. Based on their 2013 commitments and 2012 disbursements (which were reported in the *Global Nutrition Report 2014*), the inclusion of the non-reported data would likely put total nutrition-sensitive disbursements closer to US$4 billion, or three percent of official development assistance (ODA). This would bring total ODA nutrition-specific and nutrition-sensitive spending close to US$5 billion, or four percent of ODA.

6 Benin, Burkina Faso, Burundi, Chad, Comoros, Côte d'Ivoire, Kenya, Madagascar, Mauritania and Togo

How much more should governments and donors spend? An analysis from Results for Development Institute (R4D) and the World Bank suggests that achieving the WHA stunting target in 37 high-burden countries (in Africa, Asia, and Latin America) would require more than doubling government domestic spending on proven stunting interventions through 2025 and more than quadrupling ODA to such interventions over the same period.

Capacity, including leadership at all levels, is vital for scaling up nutrition action and nutrition impact, but little is known about when lack of capacity is a bottleneck and what investments are most effective for addressing it.

Call to action

Governments and donors spend far too little to meet global nutrition targets by 2025. Accordingly, governments should, at a minimum, double the share of their budgets allocated to improving nutrition. Donors must also increase their spending on nutrition by more than double current rates. To justify calls for more funding, governments and donors should continue to invest in ways of delivering better nutrition outcomes with existing funding, demonstrating improvements in quality and effectiveness of interventions. Governments should continue to document their nutrition spending and engage with researchers to determine costs of nutrition strategies. Donors should report their disbursements, and civil society organisations should continue to call for transparent budgets. Governments and donors should increase their work with researchers to estimate appropriate budget allocations to obesity and nutrition-related non-communicable diseases.

6. Engage New Actors in Fight Against Malnutrition

To accelerate improvements in nutrition, we need to broaden the range of sectors that recognise their stake in reducing malnutrition and then act on it. Two sectors that are hiding in plain sight and have not received as much attention as they should are climate change and food systems.

Climate Change

Given that disease, food, and climate are intimately linked, any agreement reached at the UN Framework Convention on Climate Change Conference of Parties in November 2015 (COP21) could present opportunities for those involved in nutrition and climate change to work together to advance their overlapping agendas. The evidence suggests multiple pathways through which climate change influences nutrition. These pathways – physical, biological, social, and economic – are outlined in the *Global Nutrition Report 2015*. For the poorest groups in society, seasonal fluctuations in food access and drivers of infectious disease remain a reality. These cycles have a profound effect on nutritional status, season by season. This vulnerability of nutrition to regular weather cycles provides a stark indicator of the vulnerability of certain populations to the weather extremes that climate change is expected to unleash.

Different diets drive different production systems and have different greenhouse gas emissions and resource footprints. On average, meat-rich diets tend to have larger footprints. Dietary choices that are good for health can also be good for the planet, and more could be done to foster production systems that both improve human nutrition and reduce greenhouse gas emissions. Countries are beginning to incorporate climate change considerations into national nutrition plans. But there are major gaps in data, knowledge, policy, and practice that need to be closed rapidly in order to realise win-win opportunities for improving nutrition while mitigating and adapting to climate change.

Call to action

Either before or during the UN Framework Convention Climate Change Conference of Parties (COP21) in November 2015, the climate change and nutrition communities should form alliances to meet common goals. The Intergovernmental Panel on Climate Change (IPCC) should form a group comprising nutrition, health and climate experts to assess the climate-nutrition literature and define new research and policy agendas. Governments should build climate change explicitly into their national nutrition and health strategies. And civil society should use existing networks to build climate change-nutrition alliances to advocate for nutrition at the COP21 and other leading climate change events and processes.

Food Systems

In 2014, the Second International Conference on Nutrition highlighted the critical role of food systems for malnutrition in all its forms. Growing evidence on the rise of obesity and nutrition-related non-communicable disease, even among populations suffering from undernutrition, makes it increasingly clear that food systems are drivers of nutrition outcomes. But how do we make food systems more nutrition-friendly? The first step is to take the 'nutritional temperature' of different food systems to assess how they need to be modified. Establishing outcome indicators for food systems can guide policymakers in fostering nutrition-friendly and sustainable food systems, while also helping citizens hold their governments accountable for their policy choices.

Like the sectors already discussed that have begun to incorporate nutrition sensitivity, the climate change and food systems policy communities need to be informed about the mutual benefits of incorporating nutrition considerations into policy design (Table 6).

Table 6: What Nutrition Sectors Can Do for Climate Policy and Food System Policy and What is in it for Them

Sector	Example of how to make sector more nutrition-focused	Example of benefit to sector	Example of benefit to nutrition
Climate Change	Focus climate adaptation activities on a child's first 1,000 days post-conception	Communities become more climate resilient	If not addressed, seasonal weather disruptions to growth in first 1,000 days are difficult to reverse thereafter
Food Systems	Creating a healthy food environment to support healthy choices	Food systems need healthy consumers for sustainability. The demand for health-promoting products rises as incomes grow	Diet imbalances are a major risk factor for malnutrition in all its forms

Call to action

Building on the food systems focus of the 2014 Second International Conference on Nutrition, global food systems initiatives should, by the end of 2016, propose indicators of the impact of food systems on nutrition and health outcomes.

7. Strengthen Accountability in Nutrition

Stronger mechanisms are urgently needed to ensure that nutrition commitments result in action and spur potential new champions and investors to make greater efforts for nutrition. Nutrition stakeholders need to strengthen the link from commitments to measurable outcomes. Too few nutrition commitments are specific, measurable, assignable, realistic, and time-bound (SMART). Databases and capacity for tracking progress on commitments need to be improved. Enforcement mechanisms for those who fail to meet commitments need to be strengthened.

This section reviews (1) the Nutrition for Growth commitments (which established the *Global Nutrition Report* publication) relating to nutrition status attainment, programme and policy actions, and financial disbursements; (2) potential opportunities for increasing the accountability of the business sector; and (3) gaps in the data needed to identify, track, and assess commitments.

Nutrition for Growth

Nutrition had an important moment in the spotlight in 2013. At the Nutrition for Growth (N4G) Summit in London that year, governments, UN agencies, civil society organisations, businesses, donors, and other organisations gathered to consider how to improve nutrition worldwide. Ninety of these stakeholders signed the Global Nutrition for Growth Compact, in which they publicly committed to take concrete action against malnutrition. And the momentum spread further: an additional 20 stakeholders made commitments after the compact was formulated and published.

In 2014 and again in early 2015, two years after the N4G Summit, we invited those stakeholders to report on their progress toward meeting their N4G commitments. Only 92 percent of signatories responded in 2014, and even fewer (82 percent) in 2015. Reported progress on meeting the commitments was similar in 2014 and 2015. Forty-four percent of N4G commitments are assessed as 'on course' in 2015, compared with 42 percent in 2014. Ten percent are 'off course' in 2015, compared with nine percent in 2014. We could not assess 46 percent of commitments because of vague commitments, vague responses, or both. In fact, when we assessed the 2013 N4G commitments, only 30 percent were assessed as SMART.

Call to action

Signatories of the N4G Compact, adopted in 2013, should implement their commitments and fully report progress to the *Global Nutrition Report* for publication in 2016. At the 2016 N4G Rio Summit, more governments, international agencies, external funders, civil society organisations, and businesses should make ambitious N4G commitments, which should be specific, measurable, assignable, realistic, and time-bound (SMART). Commitments from existing and new signatories should aim to achieve the WHA global nutrition targets by 2025 and, aligned with the SDGs, aim to end malnutrition by 2030.

Business

Businesses profoundly affect nutrition in many ways. They make available a wide range of foods and other products that are important for good nutrition. They shape the environment within which people make decisions about what goods to buy. They affect the services people receive, the workplace conditions they experience, and the environmental impacts they face. And they generate tax revenues needed for public service delivery. Like other actors, businesses make choices that may lead to both positive and negative outcomes for nutrition. Greater accountability should help increase the former and minimize the latter.

There are many opportunities for businesses to promote better nutrition outside the usual pathways. For example, mobile phone networks could be used to deliver free government-validated nutrition messages.

The Access to Nutrition Index (ATNI), which assesses food and beverage manufacturers on their nutrition performance, has identified areas in which more accountability is needed. For example, for 24 of the 178 indicators in the ATNI, all companies scored zero. As a group, companies performed poorest in the areas of 'health and nutrition claims (labelling)' and 'lobbying and influencing governments and policymakers (engagement).'

Many mechanisms exist for making businesses more accountable in addition to the ATNI. These range from legislative tools (such as full implementation of the International Code of Marketing of Breast-Milk Substitutes) to voluntary methods (such as 'traffic-light' food labelling that provide nutrition information at a glance) to informal pathways (such as the global monitoring performed by INFORMAS—the International Network for Food and Obesity Research, Monitoring and Action Support). However, given the relative capacities of some governments and large corporations, implementation and enforcement of these mechanisms are likely to be weak.

Moving business activity toward more positive nutritional outcomes will require a number of elements, including:

1. Leadership to bring all parties to the table to generate a shared understanding of opportunities, roles, and responsibilities (via the establishment of a time-bound commission);
2. More transparent actions by businesses and those working with them (such as a register of public-private partnerships or the adoption of a Nutrition Business Transparency Initiative);
3. More robust evidence on the influence of different types of businesses on nutrition outcomes (for example, from new dedicated research programmes);
4. Metrics and criteria to guide decisions about appropriate engagement of governments and international agencies with businesses (ATNI is one example of what can be achieved to shed more light on business conduct and disclosure);
5. Stronger government frameworks for regulating businesses; and
6. Stronger accountability and enforcement mechanisms (such as the establishment of a fund to support government efforts to implement legislation).

Call to action

Once the World Health Organization (WHO) Framework of Engagement with Non-State Actors is finalised, the four large UN agencies most concerned with nutrition – FAO, UNICEF, World Food Programme, and WHO – together with other relevant international bodies, should establish an inclusive, time-bound commission to clarify the roles and responsibilities of business in nutrition.

Data Gaps

Data are the currency of accountability. While some data gaps have been filled since 2014, for example, we now have more data on governments' budget allocations for nutrition, many data gaps remain large. Africa does much better than other regions on data availability. For example, 37 of 54 African countries have sufficient data to be able to assess their progress on five global maternal and child nutrition targets. Data are missing in other important areas, however, including the coverage rates of nutrition interventions, the nutrition sensitivity of nutrition actions in other sectors, and the strength of enabling political environments. A particular priority should be collection of more data on the diets of six to 23-month-olds, given the severe and lifelong consequences of poor diets during this stage of development. Researchers need to pay more attention to the seasonality of data collection, if the nutrition effects of a changing climate are to be anticipated and addressed – a child's nutrition status should not be determined by its month of birth.

Call to action

Countries, donors, and agencies should work with the technical nutrition community to identify and prioritise the data gaps that are preventing action and invest in the capacity needed to fill those gaps. All countries, including high-income countries, should reach out to UN agencies to facilitate the conversion of their own data into international databases compiled and managed by UN agencies.

SIGNIFICANT ACHIEVEMENTS ARE POSSIBLE BY 2030

Often parents have to make terrible choices – which child to take to the health clinic, which child will eat the best food, or which child will drink the cleanest water. Policymakers do not have to make such choices; they can reduce malnutrition in all its forms. The recent progress seen in reducing stunting likely reflects concerted interventions, namely the focus on the first 1,000 days. Now this kind of focus should be applied to improving the diets of adolescent girls and women and to reducing adult overweight and obesity. Progress can be made in reducing malnutrition in all its forms: countries that are determined to make rapid advances in malnutrition reduction can do so. The *Global Nutrition Report 2015* provides pointers to the many policy, programme, and investment opportunities available to make these advances, as well as numerous examples of countries that have surprised the world with their swift progress.

In 2016, three years after the groundbreaking London N4G Summit, Brazil will host the Rio N4G Summit. An enormous amount has been accomplished since 2013, and we should be proud of this. But it is not enough. Only 20 African countries were signatories to the 2013 N4G compact.[7] We need many more African countries to commit on targets, policies, programmes, and resources. During the lead-up to the 2016 Summit, African governments, businesses, civil society groups, foundations, multilateral agencies, and concerned citizens need to make new commitments that can be announced in Rio de Janeiro.

These commitments must be SMART and breathtakingly ambitious; those experiencing malnutrition do not need fuzzy or timid commitments. Almost one in three of us who share this planet today are experiencing malnutrition. The pledges should be for nothing less than to end malnutrition. It is a choice.

7 Benin, Burkina Faso, Burundi, Cote d`Ivoire, Democratic Republic of Congo, Ethiopia, Liberia, Malawi, Mali, Mauritania, Namibia, Niger, Nigeria, Senegal, Sierra Leone, United Republic of Tanzania, The Gambia, Uganda, Zambia, and Zimbabwe



Table A1: Most Current Values for the Six World Health Assembly (WHA) Indicators for All African Countries

Country	Year stunting	Stunting (%)	Year overweight	Overweight (%)	Year wasting	Wasting (%)	Year exclusive breastfeeding	Exclusive breastfeeding (%)	Year anemia	Anemia (%)	Year low birth weight	Low birth weight (lbs)
Algeria	2012	11.7	2012	12.4	2012	4.1	2012–13	25.7	2011	32.7	2006	6
Angola	2007	29.2			2007	8.2			2011	44.8	2000	12
Benin	2014	34	2014	1.7	2014	4.5	2014	41.4	2011	49.6	2006	15
Botswana	2007	31.4	2007	11.2	2007	7.2	2007	20.3	2011	28.5	2007	13
Burkina Faso	2012	32.9	2010	2.8	2012	10.9	2014	50.1	2011	49.5	2010	14.1
Burundi	2010	57.5	2010	2.9	2010	6.1	2010	69.3	2011	20.9	2010	12.9
Cameroon	2011	32.6	2011	6.5	2011	5.8	2011	20.4	2011	41.5	2006	11
Cape Verde							2005	59.6	2011	37.9	2005	6
Central African Republic	2010	40.7	2010	1.8	2010	7.4	2010	34.3	2011	46	2010	13.7
Chad	2010	38.7	2010	2.8	2010	15.7	2010	3.4	2011	46.6	2010	19.9
Comoros	2012	32.1	2012	10.9	2012	11.1	2012	12.1	2011	30.8	2000	25
Congo (Republic of the)	2011	25	2011	3.6	2011	5.9	2011–12	20.5	2011	50.7	2005	13
Cote d'Ivoire	2012	29.6	2012	3.2	2012	7.6	2011–12	12.1	2011	48.8	2006	17
Democratic Republic of Congo	2013	42.6	2013	4.4	2013	8.1	2013–14	47.6	2011	49	2010	9.5
Djibouti	2012	33.5	2012	8.1	2012	21.5	2006	1.3	2011	27.1	2006	10
Egypt	2014	22.3	2014	15.7	2014	9.5	2014	39.7	2011	34.5	2008	13
Equatorial Guinea	2010	26.2	2010	9.7	2010	3.1	2011	7.4	2011	45.4	2000	13
Eritrea	2010	50.3	2010	1.9	2010	15.3	2010	68.7	2011	32.8	2002	14
Ethiopia	2014	40.4	2014	2.6	2014	8.7	2011	52	2011	19.2	2005	20
Gabon	2012	17.5	2012	7.7	2012	3.4	2012	6	2011	50.8	2000	14
The Gambia	2013	24.5	2013	2.7	2013	11.5	2013	46.8	2011	45.3	2010	10.2
Ghana	2014	18.8	2014	2.6	2014	4.7	2014	52.3	2011	56.4	2011	10.7
Guinea	2012	31.3	2012	3.8	2012	9.9	2012	20.5	2011	48.4	2005	12
Guinea-Bissau	2014	27.6	2014	2.3	2014	6	2014	52.5	2011	44.6	2010	11
Kenya	2014	26	2014	4.1	2014	4	2014	61.4	2011	25	2008–2009	8
Lesotho	2014	33.2	2014	7.4	2014	2.8	2014	66.9	2011	26.8	2009	10.7
Liberia	2013	32.1	2013	3.2	2013	5.6	2013	55.2	2011	49.3	2007	14

Country	Year stunting	Stunting (%)	Year overweight	Overweight (%)	Year wasting	Wasting (%)	Year exclusive breastfeeding	Exclusive breastfeeding (%)	Year anemia	Anemia (%)	Year low birth weight	Low birth weight (lbs)
Libya	2007	21	2007	22.4	2007	6.5			2011	27.9	.	
Madagascar	2009	49.2					2012–13	41.9	2011	31.8	2008–09	16
Malawi	2014	42.4	2014	5.1	2014	3.8	2014	70.2	2011	28.8	2010	13.5
Mali	2006	38.5	2006	4.7	2006	15.3	2006	37.8	2011	56.2	2010	18
Mauritania	2012	22	2012	1.2	2012	11.6	2011	26.9	2011	39	2011	34.7
Mauritius							2002	21	2011	23.4	2003	14
Morocco	2011	14.9	2011	10.7	2011	2.3	2010–11	27.8	2011	33.1	2003–04	15
Mozambique	2011	43.1	2011	7.9	2011	6.1	2013	41	2011	44.2	2011	16.9
Namibia	2013	23.1	2013	4.1	2013	7.1	2013	48.5	2011	32.7	2006–07	16
Niger	2012	43	2012	3	2012	18.7	2012	23.3	2011	46.7	2006	27
Nigeria	2014	32.9	2014	1.8	2014	7.9	2013	17.4	2011	48.5	2011	15.2
Rwanda	2015	37.9	2015	7.7	2015	2.2	2014–15	87.3	2011	17.4	2010	7.1
São Tomé and Principe	2008	31.6	2008	11.6	2008	11.2	2008–09	51.4	2011	42.7	2008–09	9.9
Senegal	2014	19.4	2014	1.3	2014	5.8	2014	33	2011	57.5	2010–11	18.6
Seychelles	2012	7.9	2012	10.2	2012	4.3			2011	21.2	.	
Sierra Leone	2013	37.9	2013	8.9	2013	9.4	2013	32	2011	45.2	2010	10.5
Somalia	2009	25.9	2009	2.9	2009	14.9	2009	5.3	2011	42.6	.	
South Africa	2008	23.9			2008	4.7	2003	8.3	2011	27.6	.	
South Sudan	2010	31.1	2010	6	2010	22.7	2010	45.1	2011		.	
Sudan	2014	38.2	2014	3	2014	16.3	2014	55.4	2011	31.5	.	
Swaziland	2014	25.5	2014	9	2014	2	2014	63.8	2011	27.8	2010	8.7
Togo	2014	27.5	2014	2	2014	6.7	2013–14	57.5	2011	52.7	2010	11.1
Tunisia	2012	10.1	2012	14.3	2012	2.8	2011–12	8.5	2011	28	2011–12	6.9
Uganda	2012	34.2	2012	5.8	2012	4.3	2011	63.2	2011	26.7	2011	11.8
Tanzania	2014	34.7	2013	5.2	2014	3.8	2014	41.1	2011	39.6	2010	8.4
Zambia	2013	40	2013	6.2	2013	6.3	2013–14	72.5	2011	29.2	2007	11
Zimbabwe	2014	27.6	2014	3.6	2014	3.3	2014	41	2011	28.4	2010–11	11



Table A2: Latest On-/Off-Course Status for Five of Six WHA Indicators for All African Countries

Country	Year stunting	Stunting progress toward target	Year overweight	Overweight progress toward target	Year wasting	Wasting progress toward target	Year exclusive breastfeeding	Exclusive breastfeeding progress toward target	Year anemia	Anemia progress toward target
Algeria	2012	On course – Good progress	2012	Off course – Some progress	2012	On course	2013	On course	2011	Off course
Angola	2007	.		.	2007	Off course		.	2011	Off course
Benin	2014	Off course – Some progress	2014	On course – Good progress	2014	On course	2014	On course	2011	Off course
Botswana	2007	Off course – No progress	2007	Off course – No progress	2007	Off course	2007	.	2011	Off course
Burkina Faso	2012	Off course – Some progress	2010	On course – At risk	2012	Off course	2014	On course	2011	Off course
Burundi	2010	Off course – Some progress	2010	On course – At risk	2010	Off course	2010	On course	2011	On course
Cameroon	2011	Off course – Some progress	2011	On course – Good progress	2011	Off course	2011	Off course – No progress	2011	Off course
Cape Verde		.		.		.	2005	.	2011	Off course
Central African Republic	2010	Off course – Some progress	2010	On course – Good progress	2010	Off course	2010	On course	2011	Off course
Chad	2010	Off course – Some progress	2010	On course – Good progress	2010	Off course	2010	.	2011	Off course
Comoros	2012	Off course – Some progress	2012	Off course – Some progress	2012	Off course	2012	.	2011	Off course
Congo (Republic of the)	2011	Off course – Some progress	2011	On course – Good progress	2011	Off course	2012	Off course – No progress	2011	Off course
Cote d'Ivoire	2012	Off course – Some progress	2012	On course – Good progress	2012	Off course	1996	Off course – Some progress	2011	Off course
Democratic Republic of Congo	2013	Off course – Some progress	2013	On course – Good progress	2013	Off course	2014	On course	2011	Off course
Djibouti	2012	Off course – No progress	2012	Off course – Some progress	2012	Off course	2006	.	2011	Off course
Egypt	2014	On course – Good progress	2014	Off course – Some progress	2014	Off course	2014	Off course – Reversal	2011	Off course
Equatorial Guinea	2010	Off course – Some progress	2010	Off course – Some progress	2010	On course	2011	.	2011	Off course
Eritrea	2010	Off course – No progress	2010	On course – At risk	2010	Off course	2010	.	2011	Off course
Ethiopia	2014	Off course – Some progress	2014	On course – At risk	2014	Off course	2011	Off course – Some progress	2011	Off course
Gabon	2012	Off course – Some progress	2012	Off course – No progress	2012	On course	2012	.	2011	Off course
The Gambia	2013	Off course – No progress	2013	On course – At risk	2013	Off course	2013	On course	2011	Off course
Ghana	2014	On course – Good progress	2014	On course – Good progress	2014	On course	2014	On course	2011	Off course
Guinea	2012	Off course – Some progress	2012	On course – Good progress	2012	Off course	2012	Off course – No progress	2011	Off course
Guinea-Bissau	2014	Off course – Some progress	2014	On course – Good progress	2014	Off course	2014	On course	2011	Off course
Kenya	2014	On course - Good progress	2014	On course – Good progress	2014	On course	2014	On course	2011	On course

Country	Year stunting	Stunting progress toward target	Year overweight	Overweight progress toward target	Year wasting	Wasting progress toward target	Year exclusive breastfeeding	Exclusive breastfeeding progress toward target	Year anemia	Anemia progress toward target
Lesotho	2014	Off course – Some progress	2014	Off course – No progress	2014	On course	2014	On course	2011	Off course
Liberia	2013	On course – Good progress	2013	On course – Good progress	2013	Off course	2013	On course	2011	Off course
Libya	2007	.	2007	.	2007	Off course		.	2011	Off course
Madagascar	2009	Off course – Some progress		.		.	2013	Off course – No progress	2011	Off course
Malawi	2014	Off course – Some progress	2014	On course – Good progress	2014	On course	2014	Off course – No progress	2011	Off course
Mali	2006	Off course – Some progress	2006	On course – At risk	2006	Off course	2006	.	2011	Off course
Mauritania	2012	Off course – Some progress	2012	On course – Good progress	2012	Off course	2011	On course	2011	Off course
Mauritius		.		.		.	2002	.	2011	Off course
Morocco	2011	On course – Good progress	2011	Off course – Some progress	2011	On course	2011	.	2011	Off course
Mozambique	2011	Off course – Some progress	2011	Off course – No progress	2011	Off course	2013	Off course – No progress	2011	Off course
Namibia	2013	Off course – Some progress	2013	On course – Good progress	2013	Off course	2013	On course	2011	Off course
Niger	2012	Off course – Some progress	2012	On course – At risk	2012	Off course	2012	On course	2011	Off course
Nigeria	2014	Off course – Some progress	2014	On course – Good progress	2014	Off course	2013	Off course – Some progress	2011	Off course
Rwanda	2015	Off course – Some progress	2015	Off course – No progress	2015	On course	2015	On course	2011	Off course
São Tomé and Principe	2008	Off course – Some progress	2008	Off course – No progress	2008	Off course	2009	Off course – No progress	2011	Off course
Senegal	2014	Off course – No progress	2014	On course – At risk	2014	Off course	2014	Off course – No progress	2011	Off course
Seychelles	2012	.	2012	.	2012	On course		.	2011	Off course
Sierra Leone	2013	On course – Good progress	2013	Off course – Some progress	2013	Off course	2013	Off course – No progress	2011	Off course
Somalia	2009	Off course – Some progress	2009	On course – Good progress	2009	Off course	2009	Off course – No progress	2011	Off course
South Africa	2008	Off course – Some progress		.	2008	On course	2003	.	2011	Off course
South Sudan	2010	Off course – Some progress	2010	On course – Good progress	2010	Off course	2010	.	2011	.
Sudan	2014	Off course – No progress	2014	On course – Good progress	2014	Off course	2014	On course	2011	Off course
Swaziland	2014	On course – Good progress	2014	Off course – Some progress	2014	On course	2014	On course	2011	Off course
Togo	2014	Off course – Some progress	2014	On course – At risk	2014	Off course	2014	Off course – No progress	2011	Off course
Tunisia	2012	On course – Good progress	2012	Off course – No progress	2012	On course	2012	Off course – No progress	2011	Off course
Uganda	2012	Off course – Some progress	2012	On course – Good progress	2012	On course	2011	On course	2011	Off course
Tanzania	2014	Off course – Some progress	2013	On course – Good progress	2014	On course	2014	Off course – No progress	2011	Off course
Zambia	2013	Off course – Some progress	2013	On course – Good progress	2013	Off course	2014	On course	2011	Off course
Zimbabwe	2014	Off course – Some progress	2014	On course – Good progress	2014	On course	2014	On course	2011	Off course



Table A3: Prevalence of Obesity in 2010 and 2014 and Assessment of Progress for All African Countries

	Both Sexes				Males				Females			
Country	2010 (%)	2014 (%)	Change	Status	2010 (%)	2014 (%)	Change	Status	2010 (%)	2014 (%)	Change	Status
Algeria	22.6	24.8	2.2	Off course	16.6	18.8	2.2	Off course	28.7	30.8	2.1	Off course
Angola	8.3	10.2	1.9	Off course	4.6	6	1.4	Off course	12	14.2	2.2	Off course
Benin	8	9.3	1.3	Off course	3.5	4.1	0.6	Off course	12.4	14.5	2.1	Off course
Botswana	19.4	22.4	3	Off course	10	12.7	2.7	Off course	29	32.3	3.3	Off course
Burkina Faso	5.3	6.3	1	Off course	2.8	3.2	0.4	Off course	7.8	9.2	1.4	Off course
Burundi	2	2.6	0.6	Off course	0.6	0.7	0.1	Off course	3.5	4.5	1	Off course
Cameroon	9.8	11.4	1.6	Off course	4.9	5.8	0.9	Off course	14.7	17.1	2.4	Off course
Cape Verde	11	13	2	Off course	6.9	8.6	1.7	Off course	15.1	17.4	2.3	Off course
Central African Republic	4.4	5.1	0.7	Off course	1.9	2.2	0.3	Off course	6.8	8	1.2	Off course
Chad	7.1	8.1	1	Off course	3.3	4	0.7	Off course	10.8	12.3	1.5	Off course
Comoros	5.6	6.6	1	Off course	2	2.2	0.2	Off course	9.2	11	1.8	Off course
Congo	9.5	11	1.5	Off course	5.2	6.4	1.2	Off course	13.8	15.7	1.9	Off course
Côte d'Ivoire	7.9	9.2	1.3	Off course	4	4.7	0.7	Off course	12	13.8	1.8	Off course
Democratic Republic of Congo	3.7	4.4	0.7	Off course	1.4	1.6	0.2	Off course	5.9	7.1	1.2	Off course
Djibouti	8.3	9.6	1.3	Off course	4.9	5.6	0.7	Off course	11.7	13.5	1.8	Off course
Egypt	26.2	28.9	2.7	Off course	17.7	20.3	2.6	Off course	34.8	37.5	2.7	Off course
Equatorial Guinea	15	17.5	2.5	Off course	9.9	12.5	2.6	Off course	20.3	22.7	2.4	Off course
Eritrea	3.5	4.1	0.6	Off course	1.3	1.4	0.1	Off course	5.7	6.9	1.2	Off course
Ethiopia	3.3	4	0.7	Off course	1.2	1.5	0.3	Off course	5.3	6.6	1.3	Off course
Gabon	15.7	17.6	1.9	Off course	10.9	12.9	2	Off course	20.6	22.5	1.9	Off course
The Gambia	9	10.9	1.9	Off course	4.7	5.8	1.1	Off course	13.2	15.8	2.6	Off course
Ghana	10.1	12.2	2.1	Off course	4.2	5.4	1.2	Off course	16	18.9	2.9	Off course
Guinea	5.8	6.8	1	Off course	2.8	3.2	0.4	Off course	8.8	10.3	1.5	Off course
Guinea–Bissau	6.1	7.2	1.1	Off course	3	3.6	0.6	Off course	9.2	10.8	1.6	Off course
Kenya	5.6	7	1.4	Off course	2.4	2.8	0.4	Off course	8.9	11.1	2.2	Off course
Lesotho	12.8	14.2	1.4	Off course	3.4	4.1	0.7	Off course	21.8	24	2.2	Off course
Liberia	5.4	6.6	1.2	Off course	2.3	2.7	0.4	Off course	8.6	10.6	2	Off course
Libya	30	33.1	3.1	Off course	23.5	26.6	3.1	Off course	36.7	39.5	2.8	Off course

	Both Sexes				Males				Females			
Country	2010 (%)	2014 (%)	Change	Status	2010 (%)	2014 (%)	Change	Status	2010 (%)	2014 (%)	Change	Status
Madagascar	4.5	5.4	0.9	Off course	1.9	2.2	0.3	Off course	7	8.6	1.6	Off course
Malawi	4.2	5.3	1.1	Off course	1.4	1.6	0.2	Off course	7	8.9	1.9	Off course
Mali	5.7	6.8	1.1	Off course	3.1	3.8	0.7	Off course	8.4	9.9	1.5	Off course
Mauritania	8.2	9.7	1.5	Off course	4.9	5.8	0.9	Off course	11.6	13.6	2	Off course
Mauritius	15	17.9	2.9	Off course	9.3	11.2	1.9	Off course	20.7	24.3	3.6	Off course
Morocco	20.2	22.3	2.1	Off course	14.1	16.2	2.1	Off course	26	28.3	2.3	Off course
Mozambique	4.4	5.3	0.9	Off course	1.5	1.8	0.3	Off course	7.1	8.7	1.6	Off course
Namibia	16.8	18.9	2.1	Off course	7.3	9.2	1.9	Off course	25.7	28.2	2.5	Off course
Niger	3.7	4.3	0.6	Off course	1.7	1.9	0.2	Off course	5.8	6.8	1	Off course
Nigeria	8.9	11	2.1	Off course	4.6	5.9	1.3	Off course	13.4	16.3	2.9	Off course
Rwanda	3.1	4	0.9	Off course	1	1.2	0.2	Off course	5.2	6.6	1.4	Off course
São Tomé and Principe	10.4	12.3	1.9	Off course	5	6.2	1.2	Off course	15.7	18.2	2.5	Off course
Senegal	8.5	9.8	1.3	Off course	4.2	4.8	0.6	Off course	12.7	14.6	1.9	Off course
Seychelles	23	26.3	3.3	Off course	14.2	17.1	2.9	Off course	32.1	35.9	3.8	Off course
Sierra Leone	6.2	7.6	1.4	Off course	2.6	3.1	0.5	Off course	9.8	12	2.2	Off course
Somalia	3.9	4.6	0.7	Off course	1.9	2.1	0.2	Off course	5.9	7.2	1.3	Off course
South Africa	24.1	26.8	2.7	Off course	12.9	15.7	2.8	Off course	34.7	37.3	2.6	Off course
South Sudan	6.3	7.5	1.2	Off course	3.4	4	0.6	Off course	9.2	11.1	1.9	Off course
Sudan	6.3	7.5	1.2	Off course	3.4	4	0.6	Off course	9.2	11.1	1.9	Off course
Swaziland	15.9	17.7	1.8	Off course	6.2	7.5	1.3	Off course	25.2	27.8	2.6	Off course
Togo	6.5	7.5	1	Off course	2.6	3	0.4	Off course	10.2	11.9	1.7	Off course
Tunisia	24.6	27.1	2.5	Off course	17.8	20.3	2.5	Off course	31.3	33.8	2.5	Off course
Uganda	3.7	4.9	1.2	Off course	1.2	1.6	0.4	Off course	6.3	8.3	2	Off course
Tanzania	5.6	7.1	1.5	Off course	2.2	2.8	0.6	Off course	9	11.4	2.4	Off course
Zambia	7.1	8.9	1.8	Off course	2.8	3.4	0.6	Off course	11.4	14.3	2.9	Off course
Zimbabwe	9.7	10.5	0.8	Off course	2.2	2.4	0.2	Off course	17.1	18.5	1.4	Off course

The world faces many seemingly intractable problems. Malnutrition should not be one of them. Ending it is a choice – one that national leaders must be supported, and sometimes pressured, to make.

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Lawrence Haddad (co-chair), International Food Policy Research Institute, Washington DC; **Corinna Hawkes** (co-chair) Independent, UK; **Emorn Udomkesmalee** (co-chair), Mahidol University, Bangkok, Thailand; **Endang Achadi**, University of Indonesia, Jakarta; **Arti Ahuja**, Women and Child Development, Odisha, India; **Mohamed Ag Bendech**, Food and Agriculture Organization of the United Nations, Rome; **Komal Bhatia**, Institute of Development Studies, Brighton, UK; **Zulfiqar Bhutta**, University of Toronto, Canada; **Monika Blossner**, World Health Organization, Geneva; **Elaine Borghi**, World Health Organization, Geneva; **Kamilla Eriksen**, University of Cambridge, UK; **Jessica Fanzo**, Johns Hopkins University, Baltimore, Maryland, US; **Patrizia Fracassi**, Scaling Up Nutrition Secretariat, Switzerland; **Laurence M. Grummer-Strawn**, World Health Organization, Geneva; **Elizabeth Kimani**, African Population and Health Research Centre, Nairobi; **Julia Krasevec**, UNICEF, New York; **Natasha Ledlie**, International Food Policy Research Institute, Washington DC; **Yves Martin-Prével**, Institut de recherche pour le développement, Marseille, France; **Purnima Menon**, International Food Policy Research Institute, New Delhi; **Eunice Nago Koukoubou**, University of Abomey-Calavi, Benin; **Holly Newby**, UNICEF, New York; **Rachel Nugent**, University of Washington, Seattle; **Stineke Oenema**, Interchurch Organization for Development Cooperation (ICCO) Alliance, Utrecht, Netherlands; **Leonor Pacheco Santos**, University of Brasilia, Brazil; **Judith Randel**, Development Initiatives, Bristol, UK; **Jennifer Requejo**, Partnership for Maternal, Newborn & Child Health, World Health Organization, Geneva; **Tara Shyam**, Institute of Development Studies, Brighton, UK; and **Boyd Swinburn**, University of Auckland, New Zealand.

All contributors to the *Global Nutrition Report 2015* are members of the independent expert panel, except Komal Bhatia, Mokina Blossner, Elaine Borghi, Kamilla Eriksen, Jessica Fanzo, Julia Krasevec, Natasha Ledlie, and Tara Shyam, who have been a day-to-day part of the writing team.

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International Food Policy Research Institute

A world free of hunger and malnutrition

2033 K Street, NW, Washington, DC 20006-1002 USA
T. +1-202-862-5600 | F. +1-202-467-4439
Email: ifpri@cgiar.org | www.ifpri.org

www.globalnutritionreport.org

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