AFR/RC73/INF.DOC/8
28 July 2023

REGIONAL COMMITTEE FOR AFRICA **ORIGINAL: ENGLISH**

Seventy-third session
Gaborone, Republic of Botswana, 28August–1 September 2023

Provisional agenda item 18.8

PROGRESS REPORT ON THE IMPLEMENTATION OF THE STRATEGIC PLAN TO REDUCE THE DOUBLE BURDEN OF MALNUTRITION IN THE AFRICAN REGION (2019–2025)

Information Document

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BACKGROUND

1. The African Region is experiencing the double burden of malnutrition – the coexistence of undernutrition and overweight/obesity, often in the same community or household. If current trends continue, the goal of ending hunger and all forms of malnutrition by 2030 will not be achieved.[1,2] The key drivers of this situation are insufficient access to adequate foods in terms of quality and quantity,[3,4] and foodborne diseases[5] associated with increased consumption of highly processed foods.

2. Acknowledging the challenges in establishing sustainable food systems to ensure population access to adequate, safe and nutritious foods, 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).*[6] The strategy provides guidance to Member States on reinforcing programmes to enhance impact in reducing undernutrition and strengthening policies and regulatory frameworks to promote, protect and support the consumption of safe and healthy foods throughout the life course.

3. The strategy sets nine targets,[7] some directly aligned with the global nutrition targets for 2025.[8] It further proposes 14 priority interventions covering policy, legislation and regulation, partnerships and multisectoral action, service delivery, data innovation and research.

4. This first report summarizes progress made and proposes key next steps.

PROGRESS MADE/ACTIONS TAKEN

5. Recent analyses show worsening trends in child wasting, exclusive breastfeeding rate and child overweight.[9] In 2022, only 10 Member States[10] had wasting rates below 5% compared to 17 Member

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1 Global Nutrition Report. 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives. (https://globalnutritionreport.org/reports/2021-global-nutrition-report/, accessed 12 January 2023)

2 Atlas of African Health Statistics 2022: Health situation analysis of the WHO African Region. Brazzaville: WHO Regional Office for Africa; 2022. Licence: CC BY-NC-SA 3.0 IGO.

3 Swinburn BA et al. The global syndemic of obesity, undernutrition, and climate change: The lancet Commission Report. Published online 27 January 2019. (http://dx.doi.org/10.1016/S0140-6736(18)32822-8, accessed 12 January 2023)

4 FAO, IFAD, UNICEF, WFP and WHO. 2022. The State of Food Security and Nutrition in the World 2022. Repurposing food and agricultural policies to make healthy diets more affordable. Rome, FAO. (https://doi.org/10.4060/cc0639en., accessed 12 January 2023)

5 WHO. WHO estimates of the global burden of foodborne diseases: foodborne disease burden epidemiology reference group 2007-2015. Geneva, World Health Organization, 2015.

6 Strategic plan to reduce the double burden of malnutrition in the African Region (2019–2025)/ (https://apps.who.int/iris/handle/10665/331515, accessed 12 January 2023)

7 (a) 23 Member States have full provisions in law for the International Code of Marketing of Breast-milk Substitutes; (b) 25 Member States have wasting rates below 5%; (c) All Member States have formulated at least one policy to protect or promote healthy diets; (d) 35 Member States have strengthened food safety regulations; (e) 30 Member States achieve the exclusive breastfeeding target of 50%; (f) Halt any increase in the prevalence of overweight among under-fives; (g) 30 Member States have strengthened their nutrition information systems; (h) 25 Member States have implemented the WHO Package of Essential NCD interventions (PEN); (i) All Member States have capacities for detection, risk assessment and management of acute malnutrition and food safety events.

8 Resolution WHA65.6. Comprehensive implementation plan on maternal, infant and young child nutrition. In: Sixty-fifth World Health Assembly Geneva, 21–26 May 2012. Resolutions and decisions, annexes. Geneva: World Health Organization; 2012:12–13. (https://apps.who.int/gb/ebwha/pdf_files/WHA65-REC1/A65_REC1-en.pdf, accessed 12 January 2023).

9 Atlas of African Health Statistics 2022: Health situation analysis of the WHO African Region. Brazzaville: WHO Regional Office for Africa; 2022. Licence: CC BY-NC-SA 3.0 IGO. (https://afahobckpstorageaccount.blob.core.windows.net/atlas-2022/Atlas%20of%20African%20Health%20Statistics%202022%20-%20Full%20Report_EN.pdf, accessed 12 January 2023)

10 Algeria, Cameroon, Equatorial Guinea, Eswatini, Gabon, Lesotho, Malawi, Rwanda, Uganda, Zimbabwe.

States[11] in 2016.[12] Similarly, the number of Member States that achieved the exclusive breastfeeding target of 50% declined from 16[13] in 2016 to 11[14] in 2022. Between 2000 and 2020, the number of overweight children in the Region increased from 6.2 million to 7.3 million.[9] This worsening situation is mainly driven by the failure of the current food systems to provide safe and healthy foods for all, due to the combined impact of multiple shocks, including climate change, conflicts, the impact of COVID-19, and the global food, finance and energy crises.

6. Progress has been slow in the area of policies to promote safe and healthy diets. The Secretariat developed a nutrient profile model to support Member States in regulating the marketing of unhealthy foods, which has been adopted by Uganda, Kenya, and United Republic of Tanzania to regulate marketing restrictions and front-of-pack labelling[15] to help consumers make health-conscious food choices. To date, 24 Member States[16] have adopted at least one of seven priority policy actions to deliver sustainable, healthy and safe diets,[17] against the target of 47 by 2025.

7. As far as regulations are concerned, progress is encouraging. Thirty-three Member States[18] are engaged in the process of strengthening regulation on the marketing of breast-milk substitutes, exceeding the milestone of 24. Furthermore, good progress has been noted in the adoption of good hygienic practices aligned with Codex standards.[19] As of July 2022, twenty-eight Member States[20] had been supported to strengthen their national codex structures to promote harmonization of food standards and technical regulations with the Codex Alimentarius, exceeding the milestone of 25.

8. Capacities for preventing and managing all forms of malnutrition have been strengthened in most countries. Notably, 25 Member States[21] are implementing the WHO Package of Essential Noncommunicable disease interventions,[22] and 13 Member States[23] have strengthened the

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[11] Algeria, Benin, Equatorial Guinea, Eswatini, Gabon, Ghana, Kenya, Lesotho, Malawi, Uganda, United Republic of Tanzania, Rwanda, São Tomé and Príncipe, Seychelles, Sierra Leone, South Sudan, Zimbabwe

[12] WHO. Nutrition in the WHO African Region. Brazzaville, World Health Organization, 2017: (https://www.afro.who.int/sites/default/files/2017-11/Nutrition%20in%20the%20WHO%20African%20Region%202017_0.pdf, accessed 12 January 2023)

[13] Burundi, Eritrea, Eswatini, Ethiopia, Ghana, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Rwanda, São Tomé and Príncipe, Sierra Leone, Togo, Uganda, Zambia.

[14] Cabo Verde, Eritrea, Eswatini, Ethiopia, Ghana, Kenya, Malawi, Rwanda, Togo, Uganda, Zambia.

[15] (https://cdn.who.int/media/docs/default-source/healthy-diet/guidingprinciples-labelling-promoting-healthydiet.pdf?sfvrsn=65e3a8c1_7&download=true, accessed 12 January 2023)

[16] Benin, Burundi, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Kenya, Liberia, Madagascar, Mali, Mauritania, Mauritius, Mozambique, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Seychelles, South Africa, Togo, Uganda, United Republic of Tanzania, Zambia.

[17] (https://www.who.int/initiatives/food-systems-for-health, accessed 12 January 2023)

[18] 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, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, South Africa, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

[19] (https://www.fao.org/fao-who-codexalimentarius/codex-texts/list-standards/en/, accessed 12 January 2023)

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

[21] Benin, Burkina Faso, Cabo Verde, Central African Republic, Cote d'Ivoire, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Ghana, Kenya, Malawi, Mali, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, South Sudan, Togo, Uganda, Zambia, Zimbabwe.

[22] WHO Package of Essential Noncommunicable (PEN) disease interventions for primary health care: (file:///C:/Users/louedraogo/Downloads/9789240009226-eng.pdf, accessed 12 January 2023)

[23] Burkina Faso, Cameroon, Chad, Eswatini, Guinea, Kenya, Madagascar, Mali, Niger, Nigeria, Uganda, South Sudan, and Zambia.

implementation of essential nutrition actions.[24] Capacities to respond effectively to food safety emergencies have been built in 44 Member States through the designation and active participation of emergency contact points in the International Food Safety Authorities Network.[25]

9. Regarding data innovation and research, almost all Member States have integrated nutrition indicators into existing integrated surveillance and health information systems such as DHIS2. Considerable progress has been made in six Member States.[26] The Secretariat has initiated consultations with academia to enhance research, specifically in the prevention and management of acute malnutrition, to inform the guidelines.

10. Overall, weak implementation of the strategy by Member States has hampered progress towards milestones and targets. Despite the existence of policies and strategies in most countries, challenges remain in terms of delivery, coverage, quality, and capacity to effectively transform food systems for health. Contributing factors include insufficient national commitment, inadequate technical capacity, and limited resource allocation to nutrition and food safety programmes.

NEXT STEPS

11. Member States should:

(a) take leadership in developing policies, enacting and enforcing regulations, and monitoring implementation to promote healthy diets;

(b) strengthen multisectoral coordination and surveillance to ensure systematic and consistent implementation of policies to transform food systems for health;

(c) allocate adequate resources to scale up nutrition interventions, including social protection measures to counteract rising food insecurity in the Region.

12. WHO and partners should:

(a) strengthen WHO's institutional capacity at regional and country levels to enable it play its role in the nutrition clusters in developmental and emergency settings.

(b) provide technical guidance and coordinate with development partners to implement transformative actions to address food insecurity and deliver sustainable and healthy diets to all;

(c) advocate for and provide technical support to Member States to address nutrition challenges in the context of climate change.

13. The Regional Committee is invited to note this progress report.

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[24] Essential nutrition actions: mainstreaming nutrition through the life-course. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO: (https://www.who.int/publications/i/item/9789241515856., accessed

[25] (https://www.who.int/groups/fao-who-international-food-safety-authorities-network-infosan/about , accessed 12 January 2023)

[26] Côte d'Ivoire, Ethiopia, South Sudan, Seychelles, Uganda, and Zambia.