

November 2019

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## AFRICAN COMMISSION ON AGRICULTURAL STATISTICS

Twenty-Sixth Session

Libreville, Gabon, 4 – 8 November 2019

### AGENDA ITEM 5

#### AFRICA REGIONAL OVERVIEW OF FOOD SECURITY AND NUTRITION

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### SUMMARY

After a long period of improvement, hunger in Africa has worsened in 2014–2018. Today 256 million Africans, or 20 percent of the population, are undernourished. Despite a slowing in the upward trend in hunger, the food insecurity situation remains a challenge and food crises continued to affect millions of Africans in 2018. Nutrition outcomes are generally improving across Africa, but at a very slow rate. Too slow in most countries to meet the SDG – and World Health Assembly (WHA) – global nutrition targets. Addressing acute and chronic malnutrition requires both nutrition-specific and nutrition-sensitive approaches that are multisectoral in nature. The most critical period for interventions for maternal and child health and nutrition are in the first 1 000 days. With strong political commitment and investment in complementary health services, safe drinking water and good sanitation, maternal and child malnutrition can be reduced significantly.

The key drivers of the rise in undernourishment in 2014–2018, conflict, climate shocks and economic slowdowns and/or downturns often overlap. Central to addressing the threat from these shocks are building and strengthening household and national level resilience and some policy instruments, interventions and programmes are relevant for across three drivers. For example, trade policies affect availability and prices and are important instruments at all times. Social protection is important to address chronic poverty and food insecurity but when made shock-responsive can play an important role in mitigating some of the impacts of the negative impacts of all three drivers. Finally, policies that reduce inequalities are central to achieving sustainable solutions for resilient households and communities. Many different sectors and actors are involved and successfully addressing the food security and nutrition challenges countries, communities and households face requires policy coherence and integrated, cross sectoral planning and implementation of policies and actions.

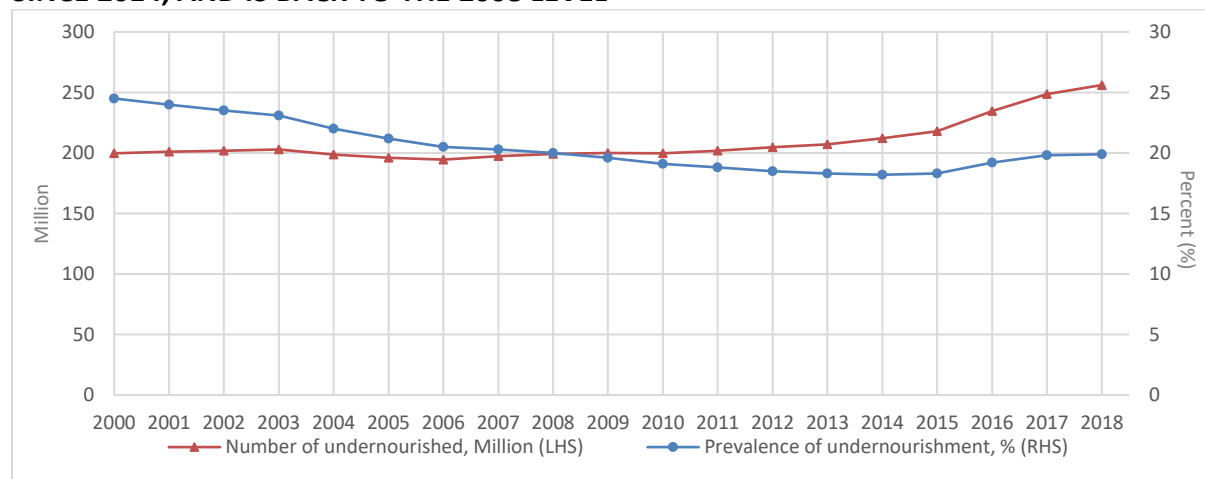
# AFRICA REGIONAL OVERVIEW OF FOOD SECURITY AND NUTRITION

## PART 1

### FOOD SECURITY IS NOT IMPROVING IN AFRICA

Globally, the prevalence of undernourishment (PoU)<sup>1</sup> has remained at 10.8 percent over 2017 and 2018. Today there are 822 million undernourished people in the world, up from 812 million in 2017 and 797 million in 2016 (Table 1). For Africa, the prevalence of undernourishment had fallen from 24.5 percent in 2000 to 18.2 percent in 2014, but then started rising to 20 percent of the continent's population, or 256 million people, (Figure 1 and Table 2). In sub-Saharan Africa, there were 239 million (22.8 percent) undernourished people in 2018, up from 232 million in 2017.

**FIGURE 1 THE PREVALENCE OF UNDERNOURISHMENT IN AFRICA HAS BEEN ON THE RISE SINCE 2014, AND IS BACK TO THE 2008 LEVEL**



Source: FAO

Most of the rise in the prevalence and number of undernourished occurred in 2014–2017, though more recently, the increase in the PoU has slowed. The rise in the PoU was strongest in Western (3.4 percentage points) and Central Africa (1.9 percentage points) (Table 2), while in Southern Africa, the PoU rose between 2014 and 2017 but fell between 2017 and 2018. In Eastern Africa, the growth in the PoU has been slower compared to that experienced in Western and Central Africa.

In terms of number of undernourished, the greatest deterioration between 2014 and 2018, occurred in Eastern and Western Africa, and by far the largest number of undernourished live in Eastern Africa. In Northern Africa there was an increase from 16 to 17 million undernourished from 2014 to 2017 and in Southern Africa the number of undernourished increased by 600 000 over that period.

<sup>1</sup> FAO's Prevalence of Undernourishment (PoU) indicator is an estimate of the proportion of the population whose habitual food consumption over the course of a year is insufficient to provide the dietary energy intake levels that are required to maintain a normal, active and healthy life.

**TABLE 1 THE NUMBER OF UNDERNOURISHED IN THE WORLD, AFRICA AND ITS SUBREGIONS, 2000–2018 (MILLION)**

Regions/subregions*	Year							Change between 2014–2018 (Million)
	2000	2010	2014	2015	2016	2017	2018	
World	909.3	822.3	788.8	785.4	796.5	811.7	821.6	32.8
Africa	199.7	199.8	212.1	217.9	234.6	248.6	256.1	44.0
Northern Africa**	9.7	8.5	15.8	15.5	16.1	16.5	17	1.2
Sub-Saharan Africa	190	191.2	196.2	202.5	218.5	232.1	239.1	42.9
Central Africa	37.7	36.5	36.7	37.9	41.1	43.2	44.6	7.9
Eastern Africa	112.4	118.6	116.1	119.3	126.9	129.8	133.1	17.0
Southern Africa	3.8	4.2	4.7	5	5.5	5.4	5.3	0.6
Western Africa	36.1	31.9	38.7	40.3	45	53.7	56.1	17.4

Source: FAO

\*FAO uses the M49 country and regional groupings, available at <https://unstats.un.org/unsd/methodology/m49>. In this report, “Central Africa” refers to the M49 “Middle Africa” grouping.

\*\* The series for Northern Africa experienced a jump in 2012 due to the inclusion of the Sudan from that year onwards.

**TABLE 2 PREVALENCE OF UNDERNOURISHMENT IN THE WORLD, AFRICA AND ITS SUBREGIONS, 2000–2018<sup>2</sup> (%)**

Regions/subregions*	Year							Change between 2014–2018 (Percentage points)
	2000	2010	2014	2015	2016	2017	2018	
World	14.8	11.8	10.8	10.6	10.7	10.8	10.8	0.0
Africa	24.5	19.1	18.2	18.3	19.2	19.8	19.9	1.7
Northern Africa**	6.7	5.0	7.2	6.9	7.0	7.0	7.1	-0.1
Sub-Saharan Africa	28.4	21.7	20.8	20.9	22	22.7	22.8	2.0
Central Africa	39.2	27.8	24.6	24.7	25.9	26.4	26.5	1.9
Eastern Africa	39.1	31.2	30.0	29.9	31.0	30.8	30.8	0.8
Southern Africa	7.3	7.1	7.5	7.8	8.5	8.3	8.0	0.5
Western Africa	15.3	10.4	11.3	11.4	12.4	14.4	14.7	3.4

Source: FAO

\*FAO uses the M49 country and regional groupings, available at <https://unstats.un.org/unsd/methodology/m49>. In this report, “Central Africa” refers to the M49 “Middle Africa” grouping.

\*\* The series for Northern Africa experienced a jump in 2012 due to the inclusion of the Sudan from that year onwards.

FAO has introduced the prevalence of moderate or severe food insecurity based on the Food Insecurity Experience Scale (FIES), as a complementary indicator of hunger to FAO’s traditional indicator, the PoU, to provide additional information on the access dimension of food security. The Food Insecurity Experience Scale (FIES) is based on data collected directly from representative samples of individuals. Food insecurity as measured by this indicator refers to limited access to food, at the level of individuals or households, due to lack of money or other resources. The resulting FIES indicator is an estimate of the proportion of the population who face moderate or severe constraints on their ability to obtain sufficient food over the course of a year. The FIES measure is based on survey data where individuals are asked eight direct questions regarding their inability to access food due to lack of money or other resources. The questions have been carefully selected and tested, and proven effective in measuring the severity of the food insecurity situation of respondents in different cultural, linguistic and development contexts.

The upward trend in undernourishment over the 2014–2017 period in Africa is confirmed by the rise in the prevalence of moderate or severe food insecurity within the population (Table 3). The measure of moderate or severe food insecurity also shows that in addition to the 277 million people in Africa who are severely food insecure there are 390 million people that are moderately food insecure, i.e. they did not have regular access to nutritious and sufficient food, even if they were not necessarily suffering from hunger. Of these, 87 percent live in sub-Saharan Africa.

<sup>2</sup> The series for Northern Africa experienced a jump in 2012 due to the inclusion of the Sudan from that year onwards.

**TABLE 3 PREVALENCE OF MODERATE OR SEVERE FOOD INSECURITY (MEASURED USING FIES) IN THE WORLD, AFRICA AND ITS SUBREGIONS, 2014 TO 2018 (%)**

Regions/subregions*	Prevalence of severe food insecurity in the total population (%)					Prevalence of moderate or severe food insecurity in the total population (%)				
	2014	2015	2016	2017	2018	2014	2015	2016	2017	2018
World	8.0	7.7	8.0	8.7	9.2	23.2	23.2	24.1	25.6	26.4
Africa	18.1	19.0	21.9	22.9	21.5	47.6	48.3	52.6	54.3	52.5
Northern Africa	8.6	7.2	9.3	10.1	8.0	27.1	22.9	27.8	35.2	29.5
Sub-Saharan Africa	20.3	21.7	24.8	25.8	24.6	52.4	54.2	58.3	58.7	57.7
Central Africa	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Eastern Africa	23.9	25.1	27.8	28.7	25.9	58.2	59.7	64.8	65.5	62.7
Southern Africa	21.4	20.6	30.7	30.8	30.6	45.3	45.9	53.5	53.6	53.6
Western Africa	12.9	14.4	16.5	17.7	17.6	43.7	45.3	47.3	47.7	47.9

Source: FAO

\* FAO uses the M49 country and regional groupings, available at <https://unstats.un.org/unsd/methodology/m49>. In this report, “Central Africa” refers to the M49 “Middle Africa” grouping.

## TRENDS IN MALNUTRITION

This section reports on six nutrition indicators – three that form part of the SDG monitoring framework and the global nutrition targets agreed to by the World Health Assembly (WHA) in 2012, i.e. stunting, wasting and overweight in children under the age of five, and three that are specific to the six WHA global nutrition targets, i.e. anaemia in women of reproductive age, low birthweight, and exclusive breastfeeding in the first six months.

### SDG INDICATOR 2.2.1: Prevalence of stunting in children under 5 years of age

Globally, there are 149 million stunted children under the age of five, a figure that has fallen over time (Table 4). However, in Africa, the number of stunted children has been rising steadily over time, and is now 58.8 million and in 2018, 36 percent of the total number of stunted children lived in sub-Saharan Africa, a significantly higher share than the 16 percent of 1990. Countries are making progress in reducing stunting, however high population growth and, in some countries, a lack of coordinated and effective interventions (often due to limited resources), mean that while the proportion of stunted children is falling, overall numbers of stunted children are not falling.

**TABLE 4 NUMBER OF STUNTED CHILDREN UNDER THE AGE OF FIVE IN THE WORLD, AFRICA AND ITS SUBREGIONS, 1990–2018 (MILLION)**

Regions/subregions*	1990	2000	2010	2014	2015	2016	2017	2018
World	252.5	198.2	170.7	160	157.2	154.4	151.7	149
Africa	46.4	50.3	56	58	58.3	58.7	58.8	58.8
Northern Africa	6.1	4.9	4.8	5.1	5.1	5.1	5	4.9
Sub-Saharan Africa	40.3	45.4	51.2	52.9	53.2	53.6	53.8	53.9
Central Africa	5.9	7	8.6	9.1	9.2	9.3	9.4	9.4
Eastern Africa	19.2	21.5	23.5	23.8	23.9	24	24	24
Southern Africa	2.1	2	2	2	2	2	2	2
Western Africa	13.2	14.9	17.2	18	18.2	18.3	18.4	18.5

Source: UNICEF, WHO and International Bank for Reconstruction and Development/World Bank. 2019. UNICEF-WHO-The World Bank: Joint child malnutrition estimates – Levels and trends (March 2019 edition) [online]. <https://data.unicef.org/topic/nutrition>, [www.who.int/nutgrowthdb/estimates](http://www.who.int/nutgrowthdb/estimates), <https://data.worldbank.org>.

\* FAO uses the M49 country and regional groupings, available at <https://unstats.un.org/unsd/methodology/m49>. In this report, “Central Africa” refers to the M49 “Middle Africa” grouping.

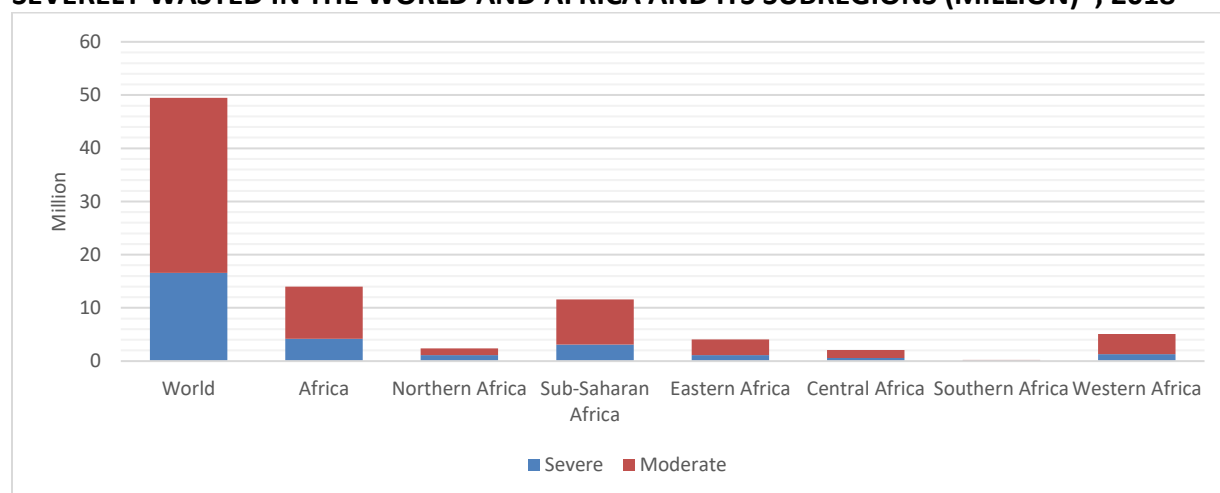
Although the prevalence of stunting has fallen in most countries in sub-Saharan Africa, very few countries are on course to meet the SDG target for stunting. In addition, for many countries, data gaps make it impossible to determine what, if any, progress has been made.<sup>3</sup>

<sup>3</sup> Development Initiatives. 2018. 2018 Global Nutrition Report: Shining a light to spur action on nutrition. Bristol, UK, Development Initiatives, p. 35.

## SDG INDICATOR 2.2.2: Prevalence of wasting and overweight in children under 5 years of age

In 2018 nearly 50 million children under the age of five (7.3 percent) suffered from moderate to severe wasting worldwide (Figure 2). In Africa, the number was 14 million (7.1 percent of children on the continent) and most of these wasted children (9.2 million) were in Eastern and Western Africa. The prevalence of wasting is just slightly lower in Africa compared to the world average, and it is highest in Northern Africa and Western Africa.

**FIGURE 2 NUMBER OF CHILDREN UNDER THE AGE OF FIVE THAT IS MODERATELY OR SEVERELY WASTED IN THE WORLD AND AFRICA AND ITS SUBREGIONS (MILLION)\*, 2018**



Source: UNICEF, WHO and International Bank for Reconstruction and Development/World Bank. 2019. UNICEF-WHO-The World Bank: Joint child malnutrition estimates – Levels and trends (March 2019 edition) [online]. <https://data.unicef.org/topic/nutrition>, [www.who.int/nutgrowthdb/estimates](http://www.who.int/nutgrowthdb/estimates), <https://data.worldbank.org>.

\*FAO uses the M49 country and regional groupings, available at <https://unstats.un.org/unsd/methodology/m49>. In this report, “Central Africa” refers to the M49 “Middle Africa” grouping.

The WHA target for 2025 is to reduce and maintain childhood wasting to less than 5 percent, which is most commonly the situation in poor countries that do not face a severe food shortage.<sup>4</sup> A majority of countries are above this threshold and progress toward the WHA wasting target has been poor. It is important to acknowledge that, similar to stunting, many data gaps exist.

Overnutrition, in the forms of overweight and obesity, is an increasing trend in children across the continent.<sup>5</sup> Globally, overweight<sup>6</sup> affected 40.1 million children under the age of five (5.9 percent) in 2018. Of these, 9.5 million children are in Africa, and the continental prevalence, at 4.9 percent, is slightly below the global one. At the subregional level, the prevalence is below the continental average in Central Africa (4.6 percent), Eastern Africa (4.3 percent), and Western Africa (2.1 percent) while it is higher than average in Northern Africa (10.6 percent)<sup>7</sup> and Southern Africa (13 percent). In the latter two regions, the trend is clearly upwards (Figure 3).

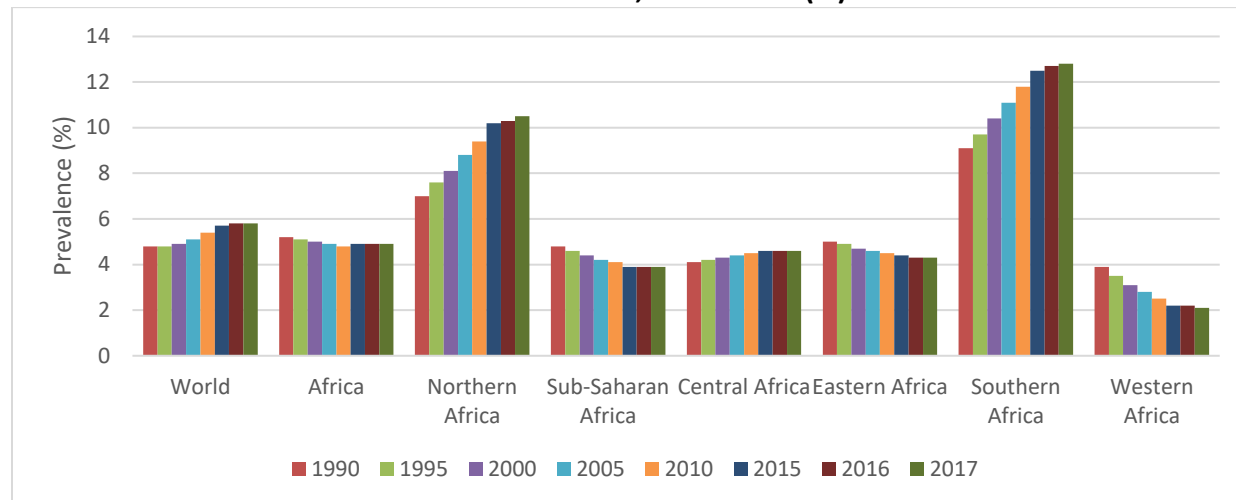
<sup>4</sup> De Onis, M., Blössner, M., and World Health Organization. Programme of Nutrition. 1997. WHO global database on child growth and malnutrition, compiled by Mercedes de Onis and Monika Blössner. Geneva, Switzerland, World Health Organization. <http://www.who.int/iris/handle/10665/63750>

<sup>5</sup> <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

<sup>6</sup> Overweight in children is defined as weight-for-length or height z-score more than 2 standard deviations above the median of the WHO Child Growth Standards.

<sup>7</sup> Including the Sudan, where the prevalence of overweight is quite low (3 percent).

**FIGURE 3 PREVALENCE OF OVERWEIGHT IN CHILDREN UNDER THE AGE OF FIVE IN THE WORLD AND IN AFRICA AND ITS SUBREGIONS\*, 2010–2017 (%)**



Source: UNICEF, WHO and International Bank for Reconstruction and Development/World Bank. 2019. UNICEF-WHO-The World Bank: Joint child malnutrition estimates – Levels and trends (March 2019 edition) [online]. <https://data.unicef.org/topic/nutrition>, [www.who.int/nutgrowthdb/estimates](http://www.who.int/nutgrowthdb/estimates), <https://data.worldbank.org>.

\*FAO uses the M49 country and regional groupings, available at <https://unstats.un.org/unsd/methodology/m49>. In this report, “Central Africa” refers to the M49 “Middle Africa” grouping.

At country level in most countries for which there is data, the prevalence of overweight in children under five has fallen from 2012 to 2018. A majority of countries is on track to meet the SDG target for overweight in children under the age of five, but there are many countries without data.

## WORLD HEALTH ASSEMBLY GLOBAL NUTRITION TARGETS

Malnutrition imposes unacceptably high costs on society. Recognizing this the WHO Member States in 2012 adopted a set of global nutrition targets for improving maternal, infant and young child nutrition. Three of these targets, stunting, wasting and overweight in children under the age of 5, refer to specific SDG indicators, while the overall SDG 2 goal of “ending all forms of malnutrition” is broader and refers to all forms of malnutrition in all population groups. Achieving these targets should therefore be seen as completely aligned to achieving the SDG 2 and its targets. The six interlinked WHA global nutrition targets for 2025 are:

- Achieve a 40 percent reduction in the number of children under five years who are stunted;
- Achieve a 50 percent reduction of anaemia in women of reproductive age;
- Achieve a 30 percent reduction in low birthweight;<sup>8</sup>
- Ensure that there is no increase in childhood overweight;
- Increase the rate of exclusive breastfeeding in the first six months up to at least 50 percent, and;
- Reduce and maintain childhood wasting to less than 5 percent.

Overall progress towards these WHA global nutrition targets remains slow in Africa, as it has been elsewhere in the world. Out of 54 African countries<sup>9</sup>:

- 7 are on course to meet the target for stunting: Côte d’Ivoire, Egypt, Eswatini, Ghana, Kenya, Liberia, Sao Tome and Principe (22 countries have no data);
- 0 are on course to meet the target for anaemia in women of reproductive age (all countries have data);
- 20 are on course to meet the target on childhood overweight: Burkina Faso, Burundi, Cameroon, Chad, Côte d’Ivoire, Democratic Republic of the Congo, Egypt, Eswatini, Ghana, Guinea-Bissau, Kenya, Lesotho, Malawi, Nigeria, Sao Tome and Principe, Senegal, Sierra Leone, South Africa, Uganda, United Republic of Tanzania (25 countries have no data);

<sup>8</sup> Low birthweight is defined as a weight at birth of less than 2 500 grams (less than 5.51 lbs), regardless of gestational age. A newborn’s weight at birth is an important marker of maternal and foetal health and nutrition.

<sup>9</sup> The number of countries in Africa without data are: 20 for stunting, 20 for wasting, 22 for overweight, 18 for low birthweight, 22 for exclusive breastfeeding, 0 for anaemia.

- 21 are on course to meet the target on exclusive breastfeeding: Benin, Burkina Faso, Burundi, Côte d'Ivoire, Cameroon, Democratic Republic of the Congo, Eswatini, Gambia, Guinea, Guinea-Bissau, Kenya, Lesotho, Mali, Mauritania, Congo, Rwanda, Sao Tome and Principe, Sierra Leone, Sudan, Zambia, Zimbabwe (21 countries have no data);
- 13 are on course to meet the target on wasting: Angola, Benin, Eswatini, Ghana, Kenya, Lesotho, Malawi, Rwanda, Sao Tome and Principe, South Africa, Uganda, United Republic of Tanzania, Zimbabwe (21 countries have no data).

Of the countries for which there is data, a majority showed to be on track to meet the WHA target for exclusive breastfeeding. In Africa, some progress has been made towards increasing the rate of exclusive breastfeeding in the first six months, rising from 35.6 percent (13.3 million) in 2012 to 43.7 percent (17.2 million) in 2018. No country is on track to meet the target for reducing anaemia in women of reproductive age, which affects women's overall health and raises the risk of adverse maternal and neonatal outcomes. In Africa, anaemia continues to affect nearly 110 million women of reproductive age (37.7 percent), a worsening from the 99 million (37.7 percent) affected in 2012. The latest data shows that globally 20.5 million babies were born with low birthweight in 2015. In Africa, the prevalence of low birthweight babies has fallen from 14.1 percent in 2012 to 13.7 percent in 2015, but over the same period, the number of low birthweight babies has risen from 5.6 million to 5.7 million.<sup>10</sup>

It may be difficult to comprehend the current situation in sub-Saharan Africa where food security in terms of energy intake may be deteriorating while child undernutrition continues dwindling. The most recent upsurge in food insecurity cannot be detected at once in the malnutrition trends, since food security is just one determinant of nutritional outcomes and because nutrition outcomes reflect worsening food insecurity only with a delay, with the length of the delay depending also on the type of indicator. Other impacting factors in this respect comprise educational level, resources allocated to targeted programmes for child nutrition, lifestyle, as well as access to clean water, basic sanitation and health services. More context-specific assessments are needed to identify the underlying reasons for the apparent divergence in the most recent food security and nutritional trends.

## KEY DETERMINANTS OF TRENDS IN FOOD SECURITY AND NUTRITION IN AFRICA

The deterioration in the food security situation in Africa is stabilizing but the situation remains a challenge and the outlook is mixed. To end hunger and achieve SDG 2, the continent must address the three main drivers of food insecurity, i.e. conflict, climate extremes, and economic slowdowns and downturns.<sup>11</sup> These drivers, which sometimes overlap and are often connected through their negative impact on livelihoods and exacerbated by inequality, continue to undermine food security today and pose a daunting challenge to achieve zero hunger in the future.

Conflict and insecurity are and continue to be a leading cause of food crises in Africa. In Africa in 2018, conflict left 33 million people in 10 countries in need of urgent humanitarian assistance, i.e. classified as being in ICP/CH category 3 or higher.<sup>12</sup> Another 23 million were in need of assistance due to climate shocks, while just over 10 million people were acutely food insecure due to economic shocks.<sup>13</sup>

Conflict not only leads to food insecurity but food insecurity and malnutrition can also become conflict multipliers and vectors for other grievances, especially in fragile post-conflict situations, and indeed often contributing to fragility by weakening institutions.<sup>14</sup> Building resilience to conflict and sustaining peace is a complex challenge that must include livelihood support to address the root causes of conflicts and conflict stressors and to promote re-engagement

<sup>10</sup> UNICEF and WHO. 2019. Low birthweight estimates, 2019. [Cited 10 May 2019]. <https://data.unicef.org/topic/nutrition/low-birthweight>; <https://www.who.int/nutgrowthdb>

<sup>11</sup> The 2017, 2018 and 2019 editions of the State of Food Security and Nutrition documented that conflict, climate extremes and economic slowdowns and/or downturns were the three key drivers of the worsening food security trend in Africa. See: FAO, IFAD, UNICEF, WFP and WHO. 2017. The State of Food Security and Nutrition in the World 2017. Building resilience for peace and food security. Rome, FAO; FAO, IFAD, UNICEF, WFP and WHO. 2018. The State of Food Security and Nutrition in the World 2018. Building climate resilience for food security and nutrition. Rome, FAO; and; FAO, IFAD, UNICEF, WFP and WHO. 2019. The State of Food Security and Nutrition in the World 2019. Safeguarding against economic slowdowns and downturns. Rome, FAO.

<sup>12</sup> The IPC/CH categories for acute food insecurity are: 1 = minimal/none, 2 = stressed, 3 = crisis, 4 = emergency, 5 = catastrophe/famine. People experiencing IPC/CH Phase 3 or above are considered as needing urgent food, nutrition and livelihoods assistance. IPC Global Partners. 2019. Integrated Food Security Phase Classification Technical Manual Version 3.0. Evidence and Standards for Better Food Security and Nutrition Decisions. Rome.

<sup>13</sup> FSIN. 2019. 2019 Global Report on Food Crises. Joint Analysis for Better Decisions. Rome, Food Security Information Network.

<sup>14</sup> FAO, IFAD, UNICEF, WFP and WHO. 2017. The State of Food Security and Nutrition in the World 2017. Building resilience for peace and food security. Rome, FAO; OECD. 2016. States of Fragility 2016 Highlights. Paris, and; Vallings, C. and Moreno-Torres, M. 2005. Drivers of Fragility: What makes states fragile? Department for International Development, PRDE Working Paper no. 7. London, DFID.

in productive economic activities, including social protection programmes; facilitated community-based approaches to help build relationships and social cohesion and; interventions that contribute to building the capacity of institutions and local actors to strengthen governance and delivery of equitable services.<sup>15</sup>

Climate shocks have played a major role in reducing availability and access to food of large parts of the population of, in particular Eastern and Southern Africa, in the 2014-2017 period. They undermine or destroy livelihoods, reduce incomes and lead to lower food availability. The threat of climate shocks also leads households to adopt low risk-low return livelihood strategies with negative implications for longer-term household welfare. Households respond to shocks by adopting negative coping strategies, which may be difficult to reverse, further undermining livelihoods, trapping many households in chronic poverty, and contributing to food insecurity and poor nutrition for generations to come. Such shocks not only worsen food security and nutrition, but they also undermine the socio-economic fabric of communities and households. It is therefore essential to strengthen the resilience of agricultural livelihoods, food systems and nutrition through climate resilience strategies, programmes and investments which address the direct impacts but also the underlying vulnerabilities.

Governments and international agencies must strengthen climate risk monitoring and early warning systems to assist timely and accurate decision making. Another important set of tools relate to emergency preparedness and response. Also important are shock responsive social protection programmes to protect household food consumption and to avoid negative coping strategies. They can also shift agricultural household's approach to investment decisions but helping them to manage risk, cope and invest.<sup>16</sup>

Economic slowdowns and/or downturns, by causing unemployment and depressing wages and incomes and weakening household purchasing power, are also a key driver of food insecurity, often in combination with conflict and climate shocks. Common short-run measures that help stabilize prices are tariff and value added tax reductions or eliminations, export restrictions or bans, release of food from strategic reserves, broad subsidies, price controls, and social protection programmes such as cash and/or food transfers, public works programmes, school-feeding. Social protection programmes, when appropriately designed, are also effective at promoting longer term goals through helping poor households expand their farm and non-farm activities.

While many policy tools are available in theory, in practice their adoption will depend on the availability of fiscal space.<sup>17</sup> Implementing policies and programmes that bolster food security and nutrition during an economic downturn requires additional funding if they are to achieve the necessary scale and effectiveness. This is a particular challenge because economic downturns generally lead to a fall in government revenues. Addressing these challenges requires counter-cyclical policies but these pose a considerable challenge in terms of institutional capacity and realigning policy priorities.

In the long term, to strengthen supply response, reduce import dependence and curb rising food prices, it is important to provide incentives to stimulate and to diversify agricultural production by investing in research and development, rural infrastructure, irrigation, provide input subsidies and strengthen post farm-gate supply chains to reduce postharvest losses. In 2007–2012, many countries introduced or widened input subsidies for fertilizer and several expanded provision of credit or subsidized the use of credit.

Especially in Africa, with its high population growth rates and high levels of youth un- and underemployment, the focus must be promoting and investing in sectors that create employment. Governments must aim to promote broad based, labour intensive growth while investing in human capital to achieve diversified economy into productive sectors to achieve a structural transformation that is pro-poor and inclusive. The recently ratified African Continental Free Trade Area Agreement (AfCFTA) is an important initiative with considerable potential in not only boosting trade by, *inter alia*, removing tariffs on 90 percent of good and progressively liberalizing trade in services, but also to promote diversification.

It is also essential to maintain the ability of public services to provide support to households that are poor and marginalized. Reducing inequality, including gender inequality and social exclusion is important to achieve inclusivity as well as strengthen the resilience of the more vulnerable and the poor.

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<sup>15</sup> For a more comprehensive discussion see: FAO, IFAD, UNICEF, WFP and WHO. 2017. The State of Food Security and Nutrition in the World 2017. Building resilience for peace and food security. Rome, FAO.

<sup>16</sup> For a more detailed analysis see: FAO, IFAD, UNICEF, WFP and WHO. 2018. The State of Food Security and Nutrition in the World 2018. Building climate resilience for food security and nutrition. Rome, FAO.

<sup>17</sup> Fiscal space refers to the availability of budgetary resources for government services without undermining fiscal sustainability.



## Nutrition sensitive and specific interventions<sup>18</sup>

Nutrition-sensitive and –specific interventions will require capacity to assess and monitor – ideally with specific indicators and objectives – local food security and nutrition conditions in a regular manner, allowing the putting in place of appropriate activities to respond to worsening nutrition outcomes, such as acute undernutrition and deficiencies in vital vitamins and minerals, as a crisis unfolds. Many nutrition-sensitive actions, such as increasing agricultural productivity, improving food storage, improving women’s status and control over resources and incomes, can reduce the impact of shocks on nutrition outcomes, but are not short-term responses. Similarly improving nutrition knowledge and education can help reduce malnutrition among children, as caregivers are more sensitive to reducing dietary diversity as a coping strategy. Again, the relevant activities are not crisis specific but can protect nutrition outcomes during crises. Importantly, these activities must be part of ongoing longer-term nutrition strategies and programmes to improve nutrition outcomes.

Broadly speaking, trade is good for food security and nutrition as it allows the movement of food from surplus to deficit areas and potentially enhances dietary diversity. Trade policies are important in terms of determining prices, availability, quality and ultimately food security and nutrition outcomes. The establishment of the African Continental Free Trade Area Agreement (AfCFTA) provides very considerable opportunities for expanded agriculture and food trade in Africa and envisages a tripling of trade in agricultural goods by 2023.<sup>19</sup> It can also play a role in stabilizing prices, promoting domestic production and enhancing diversity. However, all trade comes with challenges in terms of food safety and achieving desirable nutrition outcomes and policy makers must ensure that also trade policies are nutrition sensitive. Achieving nutrition sensitive trade policies requires different actors working together to provide policy coherence.

Agriculture-specific interventions such as home gardens, small animal husbandry and fish production diversify incomes and dietary diversity in general but can also strengthen household resilience, and hence help safeguard nutrition, in times of crisis. Governments may also use crop-specific food vouchers to promote dietary diversity, creating demand for the crop and thus promoting its production.<sup>20</sup> Interventions are more effective when bundled and when they are coordinated with actions in other relevant sectors, such as health and sanitation.

A focus on the first 1 000 days should guide nutrition policy at all times, but especially during periods of crisis because the period from conception to 24 months of age is the critical window for adequate child growth and cognitive development. Developmental damage that results from undernutrition during this period is irreversible. Interventions should emphasize care and feeding practices, such as improved hygiene and de-worming, exclusive breastfeeding for infants during the first six months, as well as vitamin and mineral supplements.<sup>21</sup> A focus on maternal nutrition and caring and feeding knowledge is equally essential. Nutrition education and counselling play a central role in promoting good prenatal and postnatal care and diets for the mother and child. Gender roles are directly relevant for child and maternal malnutrition. Increasing women’s control over resources and incomes has been shown to benefit their children’s health, nutrition and education, as well as their own health and nutritional status.<sup>22</sup>

Women in most countries also undertake most of the work related to childcare, food preparation and other household responsibilities such as collecting fuel and water. Women thus face multiple tradeoffs in the allocation of their time that directly impinge on their own and their children’s health and nutritional status, and these trade-offs are exacerbated during times of crises. Policies, interventions and investment in labour-saving farming technologies and rural infrastructure, targeted safety nets, and services such as on-site childcare can contribute significantly to health and nutritional outcomes for women, infants and young children.

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<sup>18</sup> Based on FAO. 2016. GUIDANCE NOTE. Nutrition in protracted crises: Breaking the vicious circle of malnutrition. Rome; FAO. 2015. Designing nutrition-sensitive agriculture investments Checklist and guidance for programme formulation. Rome; FAO. 2013. The State of Food and Agriculture. Food Systems for Better Nutrition. Rome.

<sup>19</sup> African Union. 2015. Agenda 2063. The Africa We Want. A Shared Strategic Framework for Inclusive Growth and Sustainable Development. First Ten-Year Implementation Plan 2014-2023. Addis Ababa.

<sup>20</sup> FAO. 2016. GUIDANCE NOTE. Nutrition in protracted crises: Breaking the vicious circle of malnutrition. Rome, p. 8.

<sup>21</sup> See also Box 1 on infant and young-child feeding (IYCF) practices.

<sup>22</sup> World Bank. 2011. World Development Report 2012: Gender equality and development. Washington, DC.

## CONCLUSION

Food insecurity has been rising in Africa in recent years and conflict, climate extremes and economic slowdowns and downturns are the key drivers. The continent is not on track to eliminate hunger by 2030 and action is urgently required to address these key underlying determinants of food security and nutrition.

The key drivers of the rise in undernourishment in 2014–2018, conflict, climate shocks and economic slowdowns and/or downturns often overlap. In some cases, they are directly interlinked and in all cases, they worsen poverty, food insecurity and nutrition outcomes. Central to addressing the threat from these shocks are building and strengthening household and national level resilience and some policy instruments, interventions and programmes are relevant for all three drivers. For example, trade policies affect availability and prices and are important instruments at all times. Social protection is important to address chronic poverty and food insecurity but when made shock-responsive can play an important role in mitigating some of the negative impacts of all three drivers. Finally, policies that reduce inequalities are central to achieving sustainable solutions for resilient households and communities. Many different sectors and actors are involved and successfully addressing the food security and nutrition challenges countries, communities and households face requires policy coherence and integrated, cross sectoral planning and implementation of policies and actions.

Although many African countries are making progress towards reducing malnutrition, progress is too slow to meet the global nutrition targets. In particular, progress is weakest for stunting and wasting in children and for anaemia in women of reproductive age. Progress towards meeting the targets in exclusive breastfeeding and reducing overweight in children is slightly better. Addressing acute and chronic malnutrition also requires both nutrition-specific and nutrition-sensitive approaches that are multisectoral in nature. Policies and interventions must focus on promoting nutrition sensitive food systems (which encompass the entire range of actors and their interlinked activities involved in the production, aggregation, processing, distribution, consumption and disposal of food products) that can promote and sustain healthy and diverse diets. Policy makers should put particular emphasis on maternal and child malnutrition and health in the first 1 000 days, both as a moral imperative but also as a high return investment.