

The Critical Need to Address Malnutrition in Africa

Malnutrition remains an enormous challenge in Africa. Despite noteworthy progress, the number of stunted children under five continues to rise, with 58 million children affected. This trend is being met by the rising prevalence of overweight children and by other factors, such as changing food systems and urbanization, which make the achievement of Sustainable Development Goal (SDG) Target 2.2, “end all forms of malnutrition,” more difficult.

Hidden hunger – a shortage of essential vitamins and minerals that is often unnoticeable to the naked eye – is one of the most pervasive kinds of malnutrition in Africa. Frequently, the people it affects don’t show any clinical symptoms. However, while these micronutrient deficiencies may be invisible, their impact is even more pronounced. They increase susceptibility to infectious diseases, impair physical and mental development, reduce labor productivity and increase risk of premature death.

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Globally, two billion people suffer from micronutrient deficiencies, likely affecting at least one-third of Africa’s population. Women and children from low-income families bear the brunt of this epidemic. For example, at least 20% of all women of reproductive age suffer from anemia in every African country. This rises to beyond 40% in some of the most affected countries.¹ Up to 37% of anemia is associated with iron deficiency; other causes include infections such as hookworm and malaria.

Failure to address anemia and other micronutrient deficiencies has generational effects, limiting the health, well-being and prosperity of families, communities and countries. Good

maternal nutrition is crucial for early-life nutrition, with poor maternal nutrition having a direct effect on stunting. Economic losses associated with single micronutrient deficiencies can be up to 2% of gross domestic product (GDP), while losses due to stunting can reach up to 16.5% of GDP in African countries.² Despite these far-reaching effects, not a single country on the continent is on track to meet the World Health Assembly 2025 targets for anemia reduction.³

The necessity for robust action

This worrying situation demands urgent and robust actions for a dramatic change. If we are seriously committed to achieving the six targets set in the African Regional Nutrition Strategy and the African Union’s Agenda 2063: The Africa We Want, then addressing malnutrition is critical for Africa to fully achieve the SDGs, given that progress in so many other sectors relies on good nutrition.

A key way to catalyze the change we need is by adding vitamins and minerals to fortify commonly eaten foods. In 2008, the Copenhagen Consensus ranked food fortification among the top three international development priorities as this intervention provides extremely high benefits by reducing micronutrient deficiencies at low cost. Every US\$1 spent on fortification results in US\$9 in benefits to the economy.⁴

Over the past century, fortification of staple foods has played a transformational role in reducing micronutrient deficiencies, starting in the 1920s to the 1940s in Europe and North America. However, one staple has been largely neglected: rice. Where rice is a staple food, micronutrient deficiencies remain widespread. Rice is a staple in 19 African countries, reaching an estimated 130 million people.⁵ For rice consumers who do not eat sufficiently diverse diets, we see a tremendous opportunity to improve their micronutrient intake by providing fortified rice through social safety nets and school feeding programs, as well as through market initiatives.

The African Union (AU) and the World Food Programme (WFP) have both recognized the importance of food fortification to a future that is free from hunger and malnutrition. The



Schoolchildren in Liberia. WFP's nutrition work centers around promoting healthy diets that meet nutrient needs, especially of women and children.

Framework for African Food Security⁶ – a constituent document of the framework of the Comprehensive Africa Agriculture Development Programme (CAADP) – includes micronutrient supplementation and food fortification among the immediate options for improving food utilization and dietary quality and diversity. The same framework also calls for promotion of technologies for the production and processing of nutrient-rich crops through inclusion in intermediate country-level plans. As explained above, being one of the major staple crops recognized in the 2006 Abuja Declaration on Food Security, there is a valid reason for rice to be targeted in food fortification efforts.

Therefore, current efforts by WFP and implementing partners that are committed to improving nutrition within the agriculture value chain are commendable and encouraged.

“The Africa We Want”

In addition to being important to the SDGs, food fortification is an aspiration under the implementation of the Malabo Declaration on Accelerated Agricultural Growth and Transformation for Shared Prosperity and Improved Livelihoods, under the AU's Agenda 2063: The Africa We Want.⁷ The AU Commission Department of Rural Economy and Agriculture included food fortification and biofortification under its first aspiration in the Malabo Operational and Business Plan 2017–2021, Sub-Program Area 3: Ending Hunger in Africa by 2025. The AUC works closely with WFP and other food security and nutrition global partners to scale up efforts for promoting biofortification on the

continent while advocating rigorous advocacy for legislation on food fortification. Efforts are currently ongoing to advocate in favor of an AU decision on food fortification and biofortification.

WFP's nutrition work centers around promoting healthy diets that meet nutrient needs, especially of women and children. In many cases, this includes partnering with governments to define appropriate fortification legislation and policies, making fortified foods available in national social safety net programs and on local markets, and directly providing fortified foods to vulnerable populations that tend to have a higher risk of micronutrient deficiencies.

Building on experience from Latin America and Asia, rice fortification has also become a key focus for WFP in Africa. WFP is pioneering a new approach to local fortification of rice in Mali. The model involves procuring local rice and blending it with imported fortified kernels so that nutritious rice, grown by local farmers and blended by a local miller, can be provided in school meals. WFP is eager to partner with governments, the private sector and other key partners to develop similar solutions in more countries and to harness regional demand to work on rice fortification on a larger scale across the continent.

Achieving the SDGs demands a future where everyone can access diverse diets which include the various fruits, vegetables, animal-source foods, and staple foods needed to meet their specific nutrient needs. While remaining resolute in working towards such a future, options that can immediately improve diet quality – such as food fortification – must be embraced.

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We believe that food fortification is a powerful means to reduce micronutrient deficiencies and improve overall health and well-being and, together with partners, we are committed to scaling up action for rice fortification. We applaud the great work done by all who contributed to producing this *Sight and Life* supplement and hope it will be a helpful resource that will inspire you to join the movement to champion and scale up rice fortification across Africa.

The organizing committee

A special thank you goes to the members of the organizing committee: Sarah Zimmerman (FFI), Scott Montgomery (FFI), Greg Garrett (GAIN), Fred Grant (HKI), Noel Zagre (UNICEF), Noor Khan (NI), Mawuli Sablah (FAO), Klaus Kraemer (*Sight and Life*), Kesso Gabrielle van Zutphen (*Sight and Life*), Anna Horner (WFP), Penda Toure (WFP), Fadoi Chaouki (WFP), Priscila Porto (WFP), Jane Badham (JB Consultancy) and Dora Panagides (WFP).

Dr Godfrey Bahiigwa

Director of Rural Economy and Agriculture
African Union Commission

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Lauren Landis

Director of Nutrition
World Food Programme



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A schoolgirl in Cape Verde. Achieving the SDGs demands a future where everyone can access diverse diets.