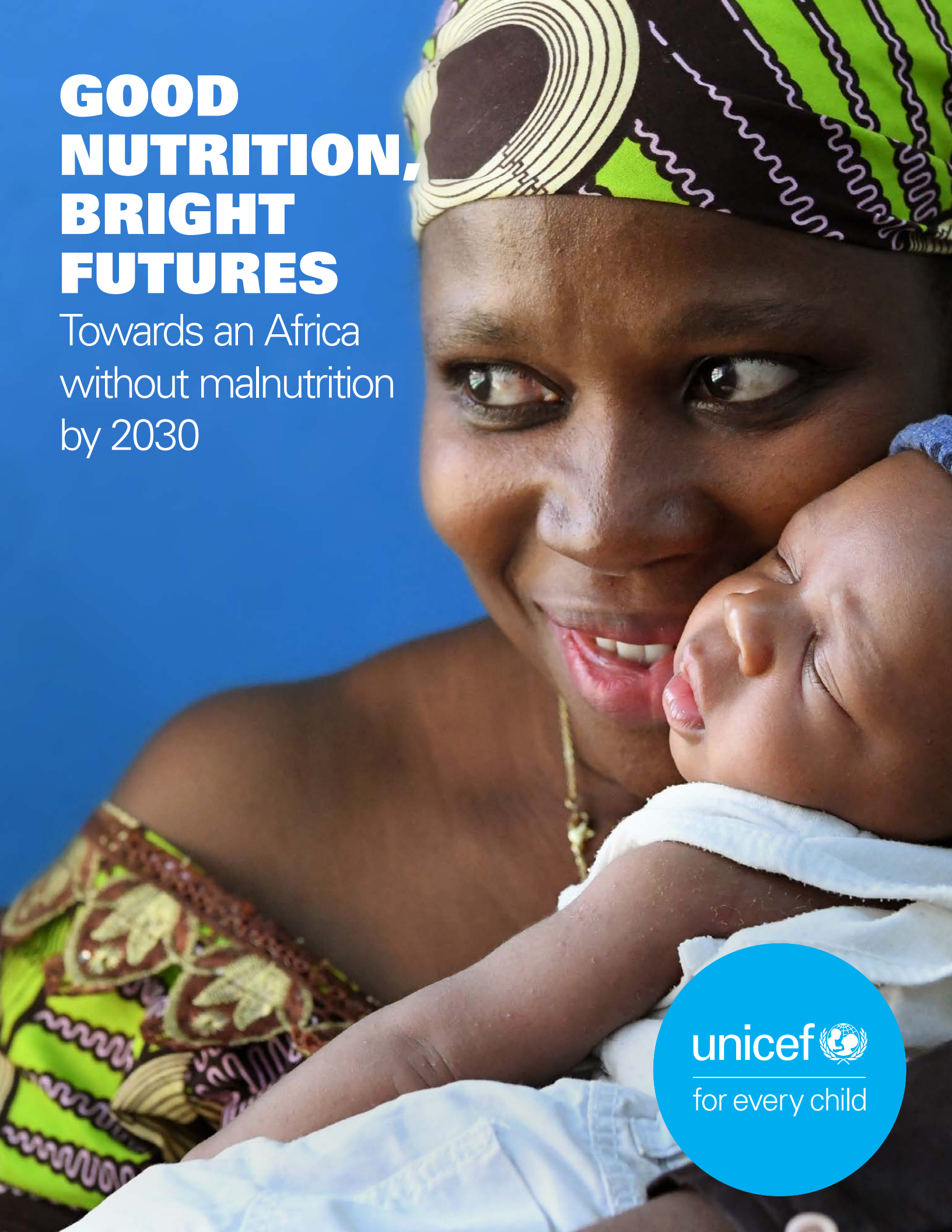
GOOD NUTRITION, BRIGHT FUTURES

Towards an Africa without malnutrition by 2030



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FOREWORD

The 2022 African Union Year of Nutrition calls us to be bold and ambitious in envisioning Africa's future: a future with well-nourished children, human capital to drive development, and more resilient communities and nations.

With less than 10 years remaining to achieve the Sustainable Development Goals – including Goal 2 to end malnutrition in all its forms – the Year of Nutrition is also a chance to take stock of progress, identify gaps and accelerate our efforts to secure the right to nutrition for every African child.

We know that Africa has the power to make progress because it has done it before. The proportion of children affected by stunting has declined by 25 per cent since 2000, the proportion of women suffering from underweight has fallen by almost 20 per cent and exclusive breastfeeding has increased.

More children and caregivers are being reached with essential nutrition services like vitamin A supplementation and early detection and treatment of wasting than ever before. But important work remains to ensure that these life-saving services reach every child.

Today, Africa is at a pivotal crossroads. The continent is plunging deeper into an unparalleled food and nutrition crisis, fueled by conflict, climate change and the enduring impacts of the COVID-19 pandemic. Hunger is at an all-time high, and at least 36 million children under 5 in the worst-affected countries in Africa are facing severe food poverty, meaning they are not being fed the bare minimum diet they need to thrive.

Even before the current crisis, more than 61 million children under 5 in Africa were affected by stunting, 12 million were suffering from wasting and more than 10 million were living with overweight. At this fork in the road, our next steps are critical: they will either contribute to a well-nourished and prosperous future – or reinforce a legacy of hunger and malnutrition.

Let us be inspired by what we have already achieved – and commit to redoubling our efforts to ensure these gains do not unravel before our eyes. To do this, we need to put children's right to nutrition at the heart of policies and systems to secure good diets, essential services and positive practices for all children. We need to invest in scaling up the cost-effective and evidence-based solutions for tackling malnutrition that we know work. And we must target our efforts to reach the children at greatest risk: the youngest, the poorest, and the most excluded.

Let us seize this moment to confront the lingering inequalities that have prevented the most vulnerable from accessing the nutritious and affordable diets and essential nutrition services they need. We cannot let this global milestone slip through our fingers; children and their families are counting on us.

Omar Abdi
Deputy Executive Director

BOLDER POLICIES, PROGRAMMES AND BUDGETS FOR CHILDREN'S AND WOMEN'S NUTRITION IN AFRICA

In designating 2022 the African Union Year of Nutrition, African countries have signaled their commitment to prioritize high-level action to tackle maternal and child malnutrition across the continent with improved policies, programmes and budgets. As a longstanding partner to governments, with field presence in 45 African countries, UNICEF stands ready to support governments and partners as they work towards building a malnutrition-free future for every child.

What have we already accomplished?

Africa has seen significant improvements in children's survival, growth and development since 2000, including:

- A 51 per cent reduction in under-five mortality (UN IGME, 2021)
- A 25 per cent reduction in child stunting
- A 19 per cent reduction in maternal underweight

Today, in Africa:

- 95 per cent of the children would survive to their 1st birthday and 93 percent would survive to their 5th birthday. (UN IGME, 2021)
- 62 per cent of children under 5 are within the parameters of healthy growth; they are not stunted, wasted or overweight.
- 44 per cent of children are exclusively breastfed and 52 per cent of newborns are breastfed within one hour of birth
- 61 per cent of children under 5 benefit from two doses of vitamin A annually (over 80 per cent in 13 best-performing countries).
- 84 per cent of households are consuming iodized salt and 37 million newborns are protected from the lifelong consequences of brain damage associated with iodine deficiency disorders.
- 75 per cent of countries in Africa include iron and folic acid supplementation as part of essential prenatal care.
- With UNICEF support, over 150 million children are reached with services to prevent stunting and wasting in early childhood annually; over 96.6 million children benefit from services for the early detection of severe wasting; and over 3.5 million children with severe wasting receive timely and quality life-saving treatment annually.

What challenges remain?

Today, Africa's gains in improving maternal and child nutrition are at risk of backsliding. The continent is facing a crushing food and nutrition crisis that threatens to rollback years of progress in upholding the right to nutrition for every child.

This crisis is the culmination of colliding shocks linked to climate change, conflict and the COVID-19 pandemic. It comes at a time when the continent is contending with food, health and social protection systems that are failing to provide children with the nutritious diets, essential nutrition services and positive nutrition practices they need to grow and develop to their full potential.

However, these challenges are not insurmountable. With governments in the lead, development and humanitarian partners by their side and a collective resolve to advance African-driven solutions, we have the power to shift course and mobilize progress towards an Africa without malnutrition by 2030.

What does this report contribute?

This report highlights the nutrition situation of children, adolescents and women in Africa. It presents data and trends to illustrate where progress has been made and where we are failing children. It also issues a call to action, outlining recommendations for closing the gaps to drive progress towards global targets by 2030.

AFRICA'S CHILDREN ARE FACING A TRIPLE THREAT OF MALNUTRITION

Like much of the world, Africa is experiencing a triple burden of malnutrition in children. The triple threats of undernutrition (stunting and wasting), micronutrient deficiencies, and overweight coexist – even within the same country, community, household, and child – and are undermining the health and development of children and the prosperity of nations (Box 1).

BOX 1

CHILD MALNUTRITION: WHAT IT LOOKS LIKE – AND WHAT IT MEANS FOR CHILDREN AND THEIR FUTURES

Stunting refers to a child who is too short for her or his age. Stunted growth is the result of poor nutrition in utero, poor nutrient intake in early childhood and/or infection and disease. Children affected by stunting may never attain their full height and their brains may never develop to their full cognitive potential, with impacts on their school readiness, learning performance and life opportunities.

Wasting refers to a child who is too thin for her or his height. Children become wasted when they lose too much weight or fail to gain enough weight, often due to a recent period of inadequate dietary intake or disease. Children suffering from wasting have weak immune systems and face an increased risk of disease and death. If they survive, they are more susceptible to stunted growth and long-term developmental delays.

Micronutrient deficiencies occur when children lack the essential vitamins and minerals they need to grow, develop and thrive. Also known as 'hidden hunger', micronutrient deficiencies have serious consequences for children's survival, growth, immunity and brain development.

Overweight refers to a child who is too heavy for her or his height. Overweight occurs when a child's caloric intake from food and drinks exceeds his or her energy requirements. Children affected by overweight and obesity have an increased risk of poor self-esteem, poor mental health, and diet-related non-communicable diseases such as cardiovascular disease later in life.

Africa is not on track to meet global goals for ending malnutrition in all its forms

While important progress has been made in reducing malnutrition over the last decade, most African countries are not on track to meet the 2030 Sustainable Development Goal targets, including Goal 2 to end malnutrition in all its forms. Out of 54 African countries, only 5 are on track to achieve the stunting target; 16 are on track to meet the wasting target; and 18 are on track to meet the overweight target (Figure 1). The combined effects of conflict, climate shocks and COVID-19 have the potential to further derail progress.

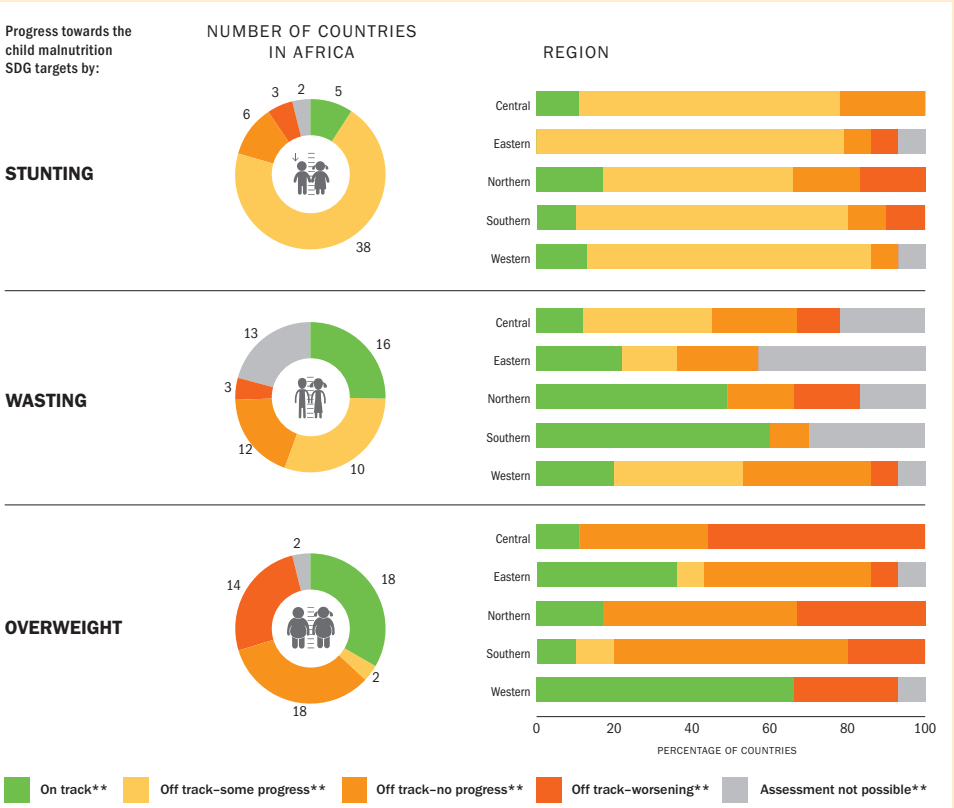

FIGURE 1. **Progress towards the SDG child malnutrition targets, by countries and regions**

Source: UNICEF, WHO, World Bank Group Joint Malnutrition Estimates, 2021 edition. Note: *Percentages may not add up to 100 per cent due to rounding.
**See notes on progress assessment categories on pages 16-17 of the 2021 JME report available at: https://data.unicef.org/resources/jme-report-2021/

Most children with undernutrition in Africa live in Eastern and Western Africa

The share of African children living with malnutrition from each region varies by type of malnutrition (Figure 2). Together, the Eastern Africa and Western Africa regions are home to about two thirds of children suffering from stunting and wasting in all of Africa, while Northern Africa has the greatest share of children with overweight (34.4 per cent).

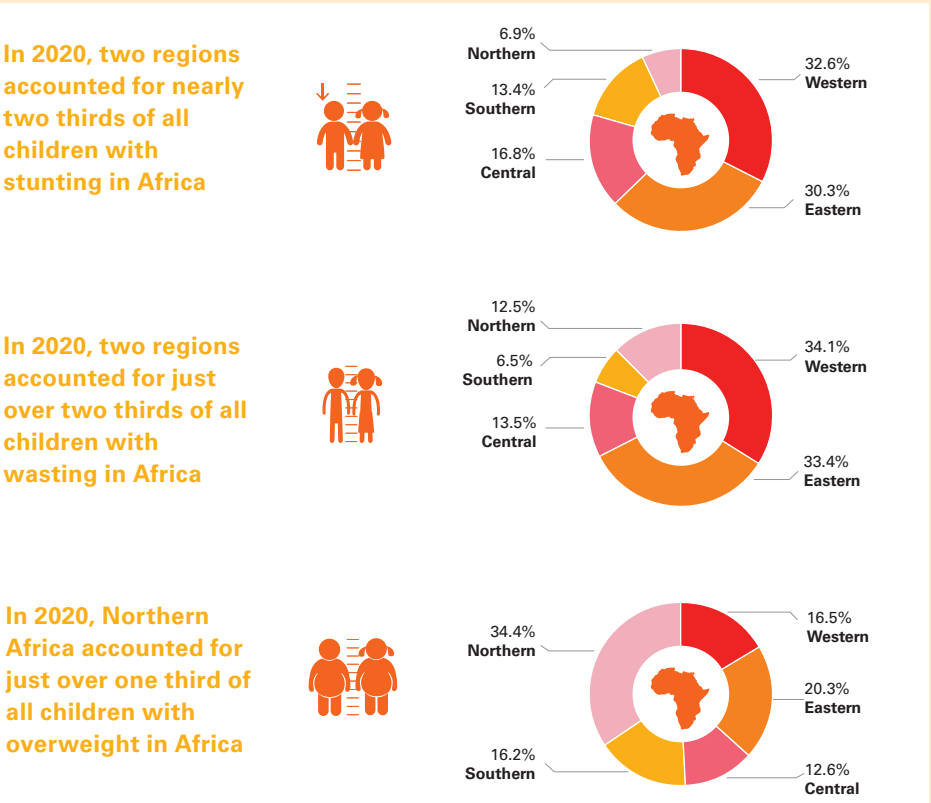

FIGURE2. **Share of all children in Africa with stunting (top) wasting (middle) and overweight (bottom) in each region**

Source: UNICEF, WHO, World Bank Group Joint Malnutrition Estimates, 2021 edition.

Stunting has declined in Africa, but 1 in 3 children are still affected

Africa has made important strides in reducing stunting over the last decade: since 2000, the prevalence of stunting among children under 5 years of age has fallen by a remarkable 25 per cent, from 41.5 per cent to 30.7 per cent (Figure 4a). Despite this achievement, one in every three children in Africa (31 per cent) is still suffering from stunted growth (Figure 3). What's more, the rate of stunting reduction is not keeping pace with population growth: in fact, the absolute number of children with stunting was 10 per cent higher in 2020 (61 million) than two decades earlier in 2000 (54 million) (Figure 4b). This means that far too many African children are being robbed of the chance to grow, develop, learn and reach their full potential.

Stunting prevalence is highest in Central Africa, at 38 per cent, while Western Africa is home to the greatest number of children with stunted growth (Figure 3). Nearly all regions have seen an increase in the number of children with stunting since 2000, particularly Central Africa, were the number of children affected increased by more than 40 per cent (Figure 4b).

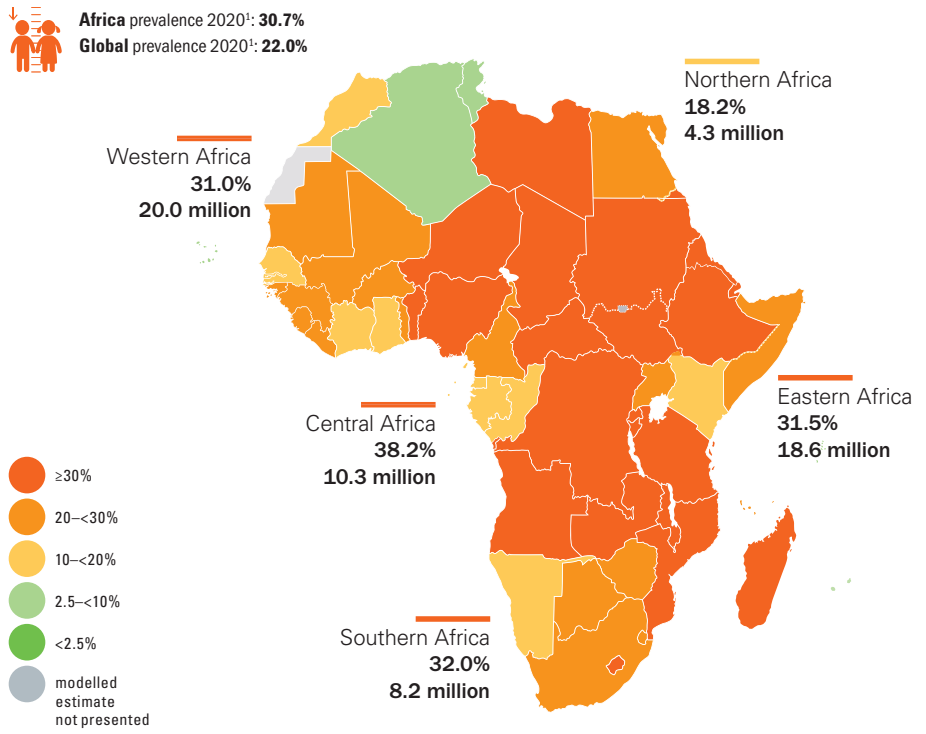

FIGURE 3. **Percentage of children under 5 affected by stunting, by country, African regions, 2020[1]**

Source: UNICEF, WHO, World Bank Group Joint Malnutrition Estimates, 2021 edition. Note: 1. The collection of household survey data on child height and weight were limited in 2020 due to the physical distancing measures resulting from COVID-19; only four national surveys with at least some field work in 2020 are included in the JME database. The JME estimates are therefore based almost entirely on data collected before 2020 and do not take into account the impact of the COVID-19 pandemic. However, one of the covariates used in the country stunting model takes the impact of COVID-19 partially into account.

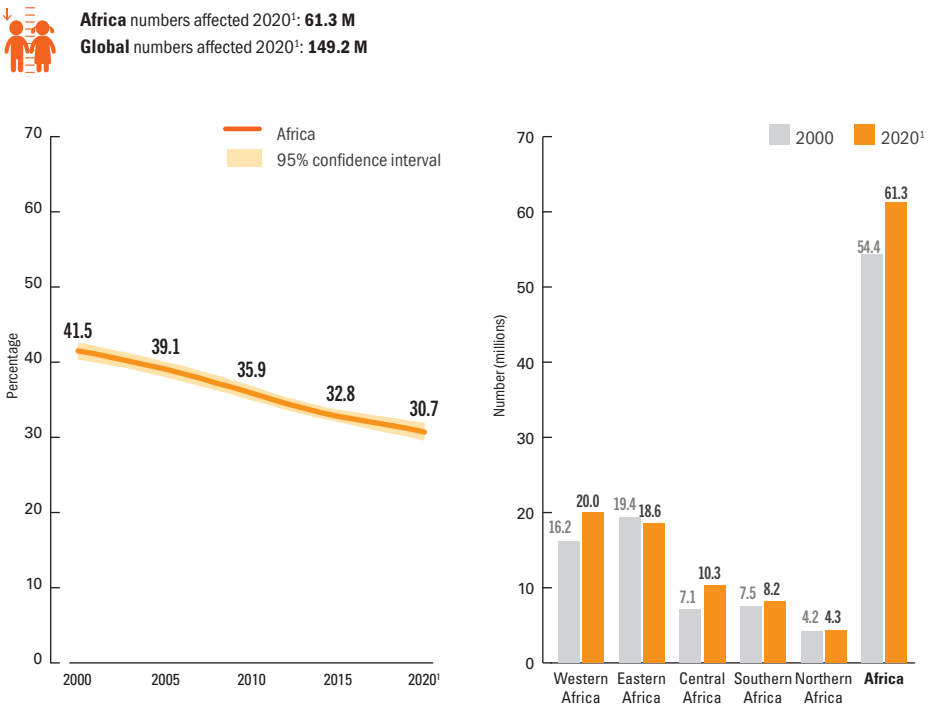

FIGURE 4a and 4b. **a: Trend in percentage of children under 5 affected by stunting, 2000–2020, b: number (in millions) of children under 5 affected by stunting, 2000–2020[1], by regions and Africa**

Source: UNICEF, WHO, World Bank Group, Joint Child Malnutrition Estimates, 2021 edition. Note: 1. The collection of household survey data on child height and weight were limited in 2020 due to the physical distancing measures resulting from COVID-19; only four national surveys with at least some field work in 2020 are included in the JME database. The JME estimates are therefore based almost entirely on data collected before 2020 and do not take into account the impact of the COVID-19 pandemic. However, one of the covariates used in the country overweight model takes the impact of COVID-19 partially into account.

12 million children are affected by wasting – the deadliest form of malnutrition

Before the current food and nutrition crisis, wasting was already jeopardizing the lives of 12 million children under 5 in Africa, leaving them vulnerable to disease, developmental delays and death (Figure 5). These figures are likely to worsen in the context of the food and nutrition crisis.

In some countries hit hard by conflict and climate disasters, the proportion of children with wasting is 10–15 per cent or higher – signaling a public health and nutrition emergency (Figure 5).

Southern Africa has the lowest prevalence of wasting and the fewest number of children affected. Across the remaining African regions, the percentage of children with wasting hovers around 6.5 per cent – but these regional averages can mask wide differences in the scale of the problem between countries of the same region (Figure 6).

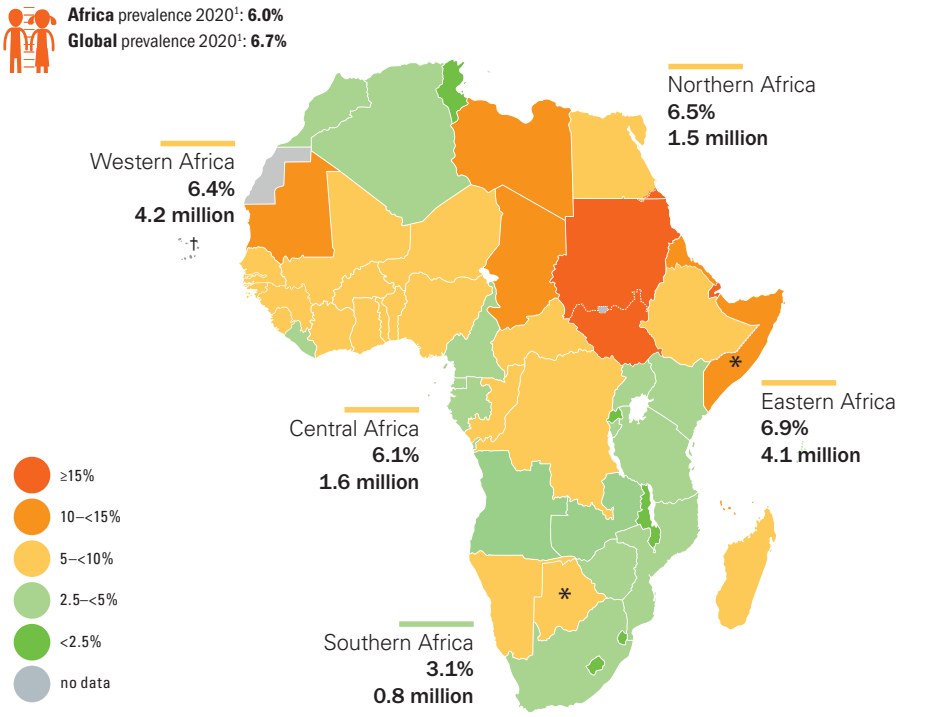

FIGURE 5. **Percentage of children under 5 affected by wasting, by country, African regions, 2020**[1]

Source: UNICEF, WHO, World Bank Group, Joint Child Malnutrition Estimates, 2021 edition. Note: 1. Country data are the most recent available survey estimates between 2010 and 2020; exceptions where older data are shown (2000–2009) are denoted with an asterisk (*). The regional estimates do not account for the impact of COVID-19 given that the collection of household survey data on child height and weight were limited in 2020 due to physical distancing measures with only four national surveys with at least some field work in 2020 included in the JME database; the data shown here are therefore based almost entirely on data collected before 2020.

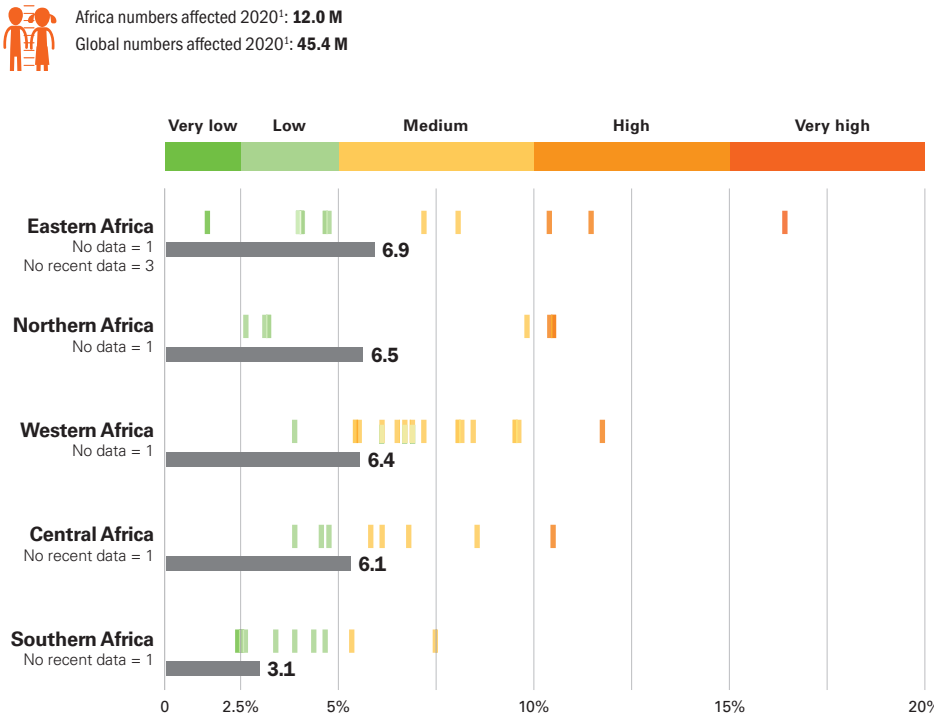

FIGURE 6. **Percentage of children under 5 with wasting, by country (color bars) and African regions (grey bars), 2020**

Source: UNICEF, WHO, World Bank Group joint malnutrition estimates, 2019 edition. Each marker refers to the most recent estimate between 2010 and 2020 for each country in each region; "no data" refers to the number of countries without an estimate or for which the most recent estimate is before 2010.

Overweight is rising in Africa: the number of children affected increased by 30 per cent over the last two decades

The face of malnutrition is changing in Africa. Childhood overweight is on the rise, driven in part by the increasing availability of ultraprocessed foods high in sugar, salt and fats, which are replacing more nutritious foods in children's diets. There are wide variations in overweight prevalence between African regions, from as low as 2.7 per cent in Western Africa to as high as 15.5 per cent in Northern Africa (Figure 8).

There are 10.6 million children under 5 living with overweight in Africa; this is 2.5 million more children than two decades ago, in 2000. While nearly all regions experienced an increase in child overweight, the steepest rise occurred in the Northern Africa region, where the number of children affected jumped by an alarming 70 per cent (Figure 7b).

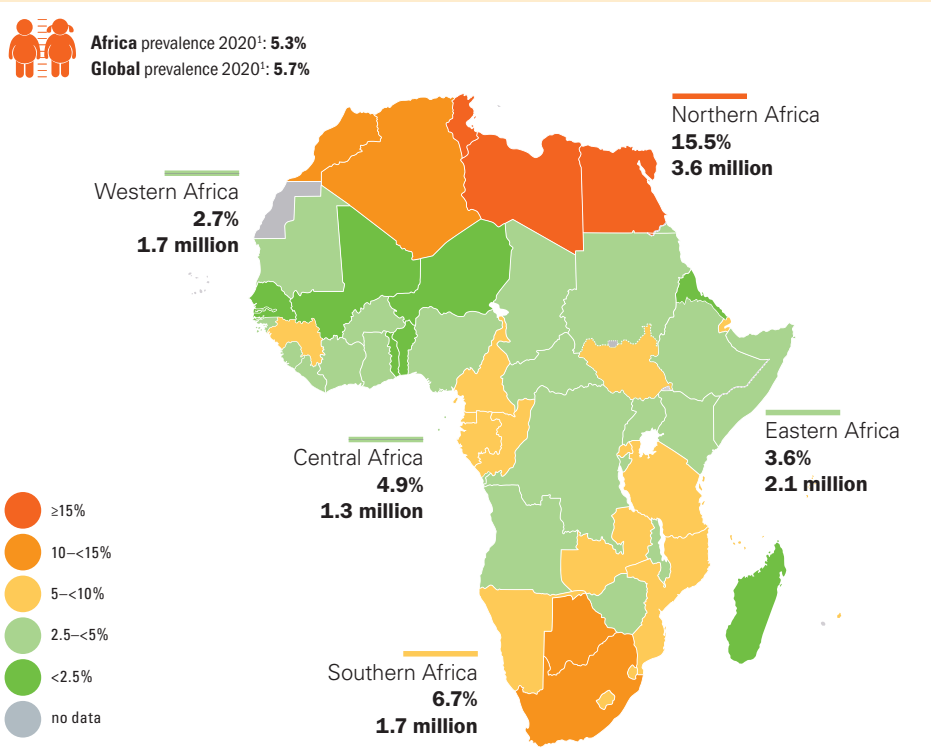

FIGURE 8. **Percentage of children under 5 affected by overweight, by country, African regions, 2020[1]**

Source: UNICEF, WHO, World Bank Group, Joint Child Malnutrition Estimates, 2021 edition. Note: 1. The collection of household survey data on child height and weight were limited in 2020 due to the physical distancing measures resulting from COVID-19; only four national surveys with at least some field work in 2020 are included in the JME database. The JME estimates are therefore based almost entirely on data collected before 2020 and do not take into account the impact of the COVID-19 pandemic. However, one of the covariates used in the country overweight model takes the impact of COVID-19 partially into account.

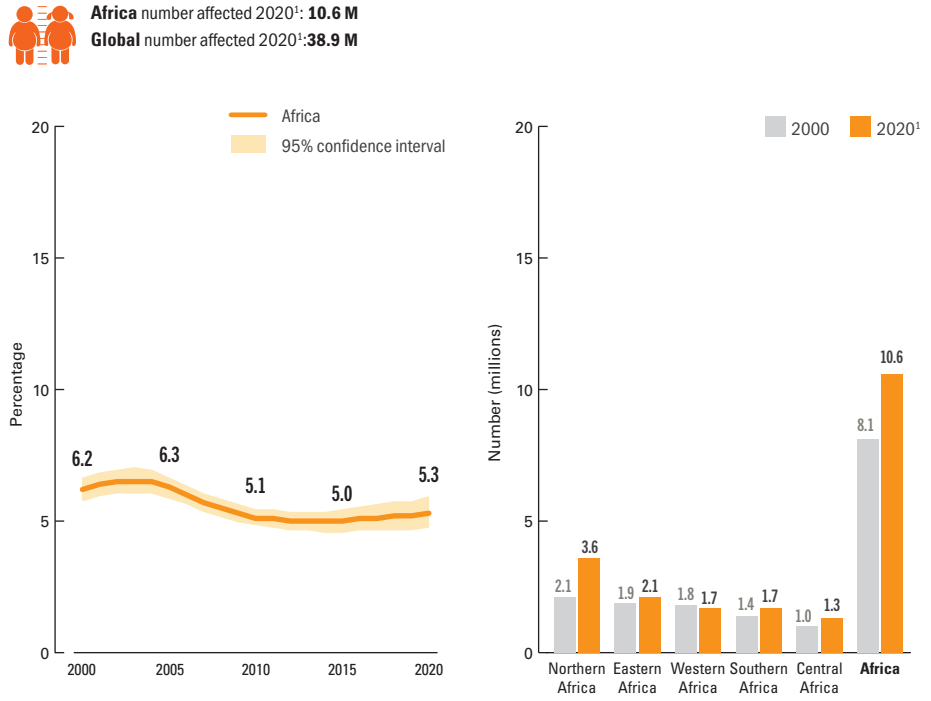

FIGURE 7A AND 7B. **a: Trend in percentage of children under 5 affected by overweight, Africa, 2000–20201; b: number (in millions) of children under 5 affected by overweight, by regions and Africa 2000–2020[1]**

Source: UNICEF, WHO, World Bank Group, Joint Child Malnutrition Estimates, 2021 edition. Note: 1. The collection of household survey data on child height and weight were limited in 2020 due to the physical distancing measures resulting from COVID-19; only four national surveys with at least some field work in 2020 are included in the JME database. The JME estimates are therefore based almost entirely on data collected before 2020 and do not take into account the impact of the COVID-19 pandemic. However, one of the covariates used in the country overweight model takes the impact of COVID-19 partially into account.

Underweight in school-age children and adolescents has remained unchanged since 2000, with fewer than 1 in 10 affected, but overweight has more than doubled

Multiple forms of malnutrition are threatening the health, development and learning of school-age children and adolescents in Africa. About 7 per cent of school-age children and adolescents are underweight (Figure 13), while more than 13 per cent are living with overweight (Figure 14).

Trends in underweight and overweight show that although the proportion of school-age children affected by underweight remained largely unchanged between 2000 and 2016, the proportion living with overweight nearly doubled during the same period, from 7.3 per cent to 13.5 per cent.

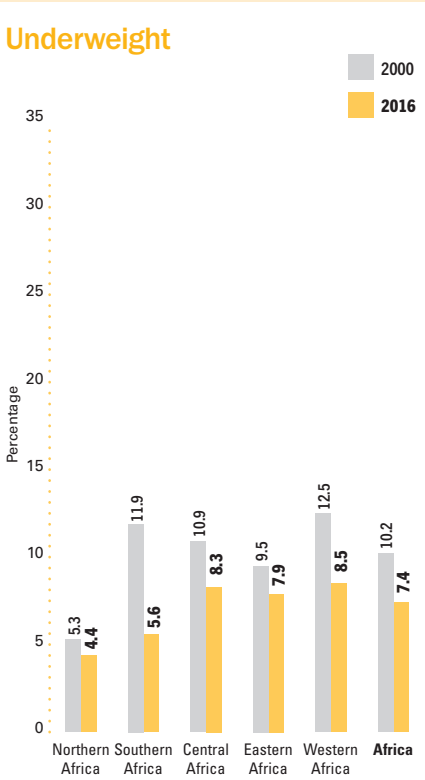

FIGURE 13. **Trend in percentage of children aged 5–19 years affected by thinness, by regions and Africa, 2000 and 2016**

Source: NCD Risk Factor Collaboration (NCD-RisC), 2017

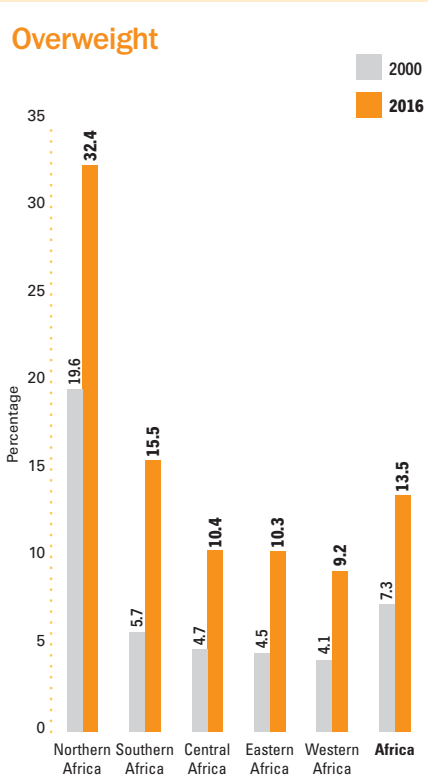

FIGURE 14. **Trend in percentage of children aged 5–19 years affected by overweight, by regions and Africa, 2000 and 2016**

Source: NCD Risk Factor Collaboration (NCD-RisC), 2017

THE TRIPLE THREAT OF MALNUTRITION LOOMS LARGE IN THE LIVES OF AFRICAN WOMEN

All forms of malnutrition in women and girls – including underweight, anaemia and overweight — have serious consequences for women's health and well-being, particularly before and during pregnancy and breastfeeding. Malnutrition in women can also have lifelong impacts on their children – such as low birthweight, preterm birth, stunting, wasting and cognitive and developmental delays (Box 2).

BOX 2

MALNUTRITION IN WOMEN: WHAT IT LOOKS LIKE AND WHY IT HARMS BOTH WOMEN AND CHILDREN

Underweight refers to a woman who is too thin for her height. Women become underweight when they lose too much weight (or fail to gain sufficient weight) due to inadequate dietary intake or disease.

Anaemia is a condition in which the number of red blood cells or the haemoglobin concentration within them is lower than normal. It has several causes, including inadequate dietary intake of iron, vitamin A, vitamin B12 and folate, as well as haemoglobin disorders and infections.

Overweight refers to a woman who is too heavy for her height. Overweight and obesity (a severe form of overweight) occur when a woman's calorie intake from food and drinks exceeds her energy requirements.

Fewer than 1 in 10 African women are underweight, while four times as many are affected by overweight

Africa has seen important progress in reducing underweight in women: the proportion of women affected declined by 19 per cent between 2000 (10.5 per cent) and 2016 (8.5 per cent). Still, underweight remains a serious problem, jeopardizing the health and survival of 1 in 10 women in Africa (Figure 15).

African women are not immune to the global rise in overweight; the proportion of women affected rose from 27.1 per cent to 36.3 per cent between 2000 and 2016. Today, more than a third of women on the continent (36 per cent) are affected by overweight. In fact, this figure is four times higher than the proportion of women suffering from underweight in Africa (Figure 16).

There are marked regional differences in the prevalence of malnutrition in women: the vast majority of women with overweight (62 per cent) live in Northern Africa, while the prevalence of underweight is spread more evenly across the other regions of Africa.

2 in 5 adolescent girls are affected by anaemia, with little change over the last decade

Anaemia remains common in Africa, affecting nearly 39 per cent of women and adolescent girls (Figure 17), and this figure has changed little over the last decade. The prevalence of anaemia is particularly high in Western Africa, where more than half of all women are affected.

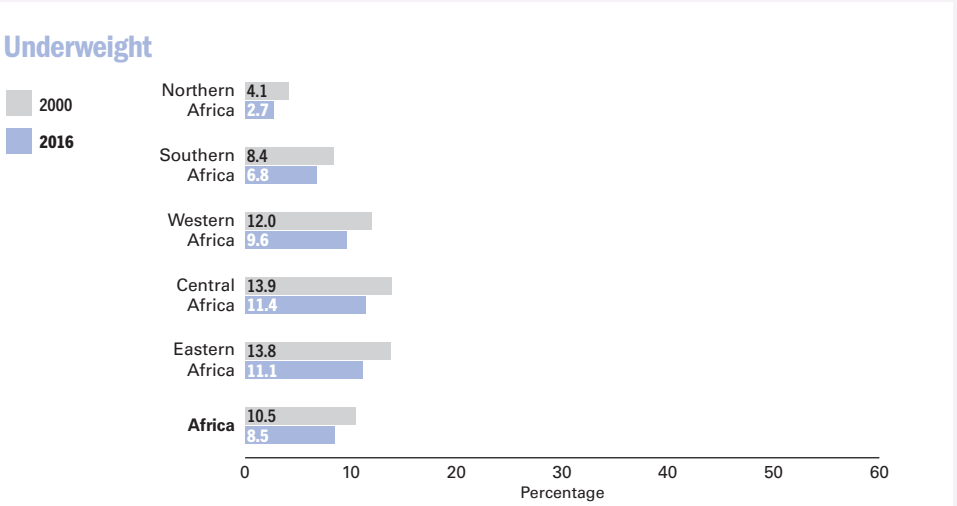

FIGURE 15. **Trend in percentage of women aged 20–49 years with underweight, by regions and Africa, 2000 and 2016**

Source: Analysis based on NCD Risk Factor Collaboration (NCD-RisC), 2017

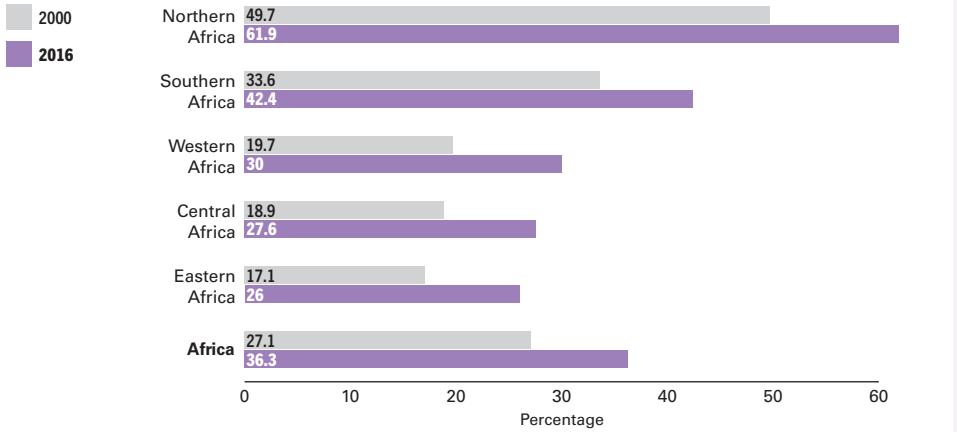

FIGURE 16. **Trend in percentage of women aged 20–49 years with overweight, by regions and Africa, 2000 and 2016**

Source: Analysis based on NCD Risk Factor Collaboration (NCD-RisC), 2017

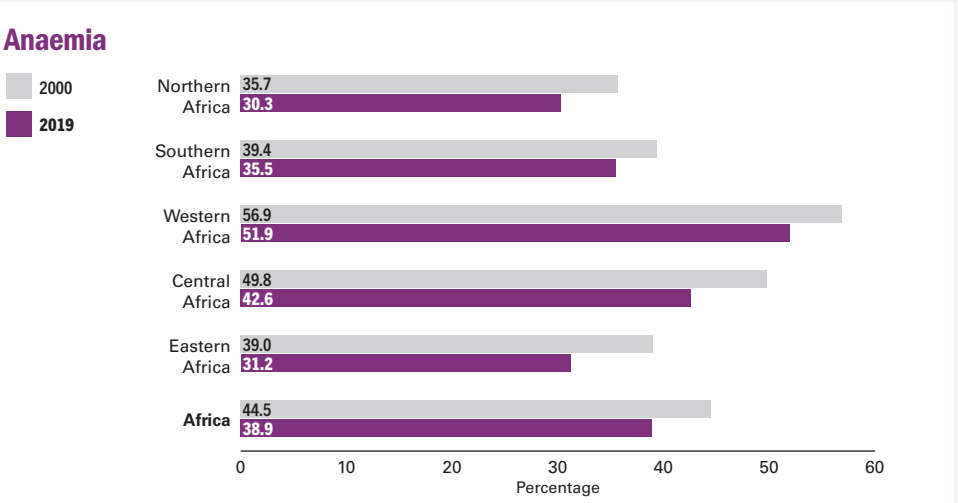

FIGURE 17. **Trend in percentage of women aged 15–49 years with anaemia, by regions and Africa, 2000 and 2019**

Source: Global Health Observatory, WHO, 2021

Africa is home to a quarter of all babies born too small globally

Low birthweight is a marker of maternal and fetal malnutrition. Each year, about 6 million babies in Africa – 13.7 per cent – are born with low birthweight. In all African regions, more than 10 per cent of newborns are affected (Figure 18). Globally, more than a quarter of all low birthweight babies are born in Africa.*

Newborns with low birthweight are more likely to die during their first month of life, experience stunted growth and cognitive delays in childhood, and face chronic disease in adulthood. Malnourished adolescent girls are particularly at risk of giving birth to low birthweight babies, continuing the intergenerational cycle of malnutrition.

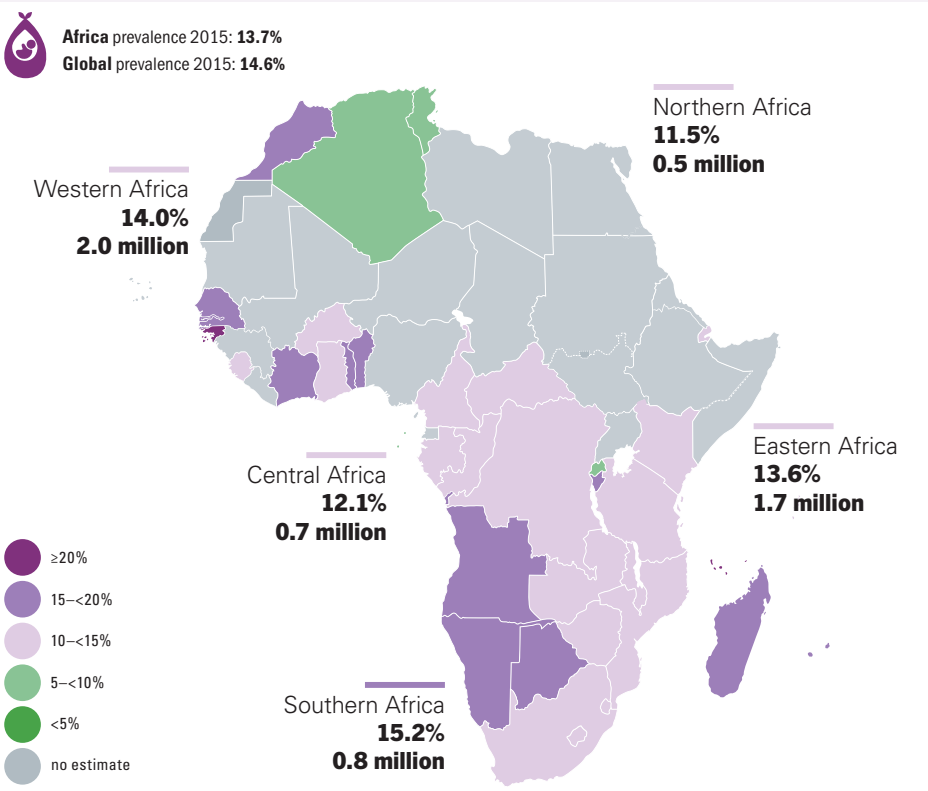

FIGURE 18. **Low birthweight prevalence and number of low birthweight newborns, by country and African region, 2015**

Source: UNICEF-WHO Low birthweight estimates, 2019. Note: The majority of countries without an estimate had data, but they did not meet the data quality inclusion criteria

Far too many babies never have their birthweights recorded, particularly in Eastern and Western Africa

Birthweight data are not well tracked in many African countries. Indeed, more than half of newborns without a recorded birthweight around the world – 21.6 million babies – are born in Africa (Figure 19). Improving the quality and coverage of birthweight reporting is critical to reducing the prevalence of low birthweight in Africa and beyond.

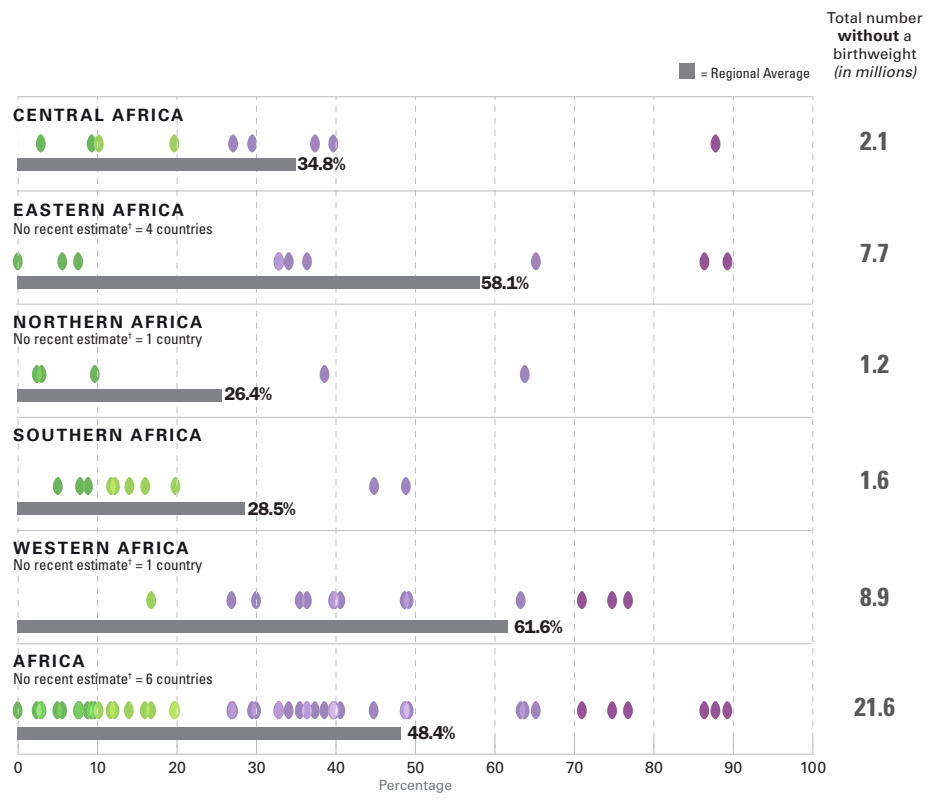

FIGURE 19. **Estimated percentage and number of newborns without data on birthweight, by country (ovals) and by region and Africa (bars), 2020**

Source: UNICEF database on percentage of births without a birthweight in the data source, 2021. Note: Each oval represents the most recent estimate between 2010 and 2021 for each individual country. †No recent estimate refers to countries without an estimate or those whose most recent estimate was prior to 2010.

* United Nations Children's Fund (UNICEF), World Health Organization (WHO). *UNICEF-WHO Low birthweight estimates: Levels and trends 2000–2015.* Geneva: World Health Organization; 2019.

POOR DIETS CONTINUE TO DRIVE ALL FORMS OF MALNUTRITION IN AFRICA

Poor-quality diets are one of the greatest obstacles to children's survival, growth, development and learning. During the first two years of life, diets lacking in essential vitamins and minerals can irreversibly harm a child's rapidly growing body and brain and increase the risk of stunting, wasting and micronutrient deficiencies. Meanwhile, foods high in sugar, fat or salt can set children on the path to unhealthy food preferences, overweight and diet-related diseases.

More than half of African newborns are put to the breast after birth and more children are benefiting from exclusive breastfeeding

From birth to the first 6 months of life, exclusive breastfeeding (feeding only breastmilk) provides infants with all essential vitamins, minerals, nutrients and antibodies they need to grow and thrive.

The early initiation of breastfeeding (i.e., the practice of putting a newborn to the breast within the first hour after birth) safeguards infants from dying during the most vulnerable time in their lives. In Africa, 52 per cent of newborns are put to the breast within the first hour of life (Figure 20).

The prevalence of exclusive breastfeeding has improved over the last decade, from 35 percent in 2012 to 44 per cent in 2020 in Africa. However, more than half of infants aged 0–5 months are being left behind, particularly in Northern Africa, where only about 35 percent of children are benefiting (Figure 21).

Far too many children are not being fed the right foods at the right time in their development

Most children aged 6–23 months in Africa are not fed according to global recommendations. Far too many are not eating meals with the right frequency and dietary diversity needed to grow and develop to their full potential: only 24 per cent of young children are eating foods from the minimum number of food groups and only 45 per cent are eating the minimum number of meals per day. Feeding practices are particularly poor in Eastern, Western and Central Africa (Figure 22).

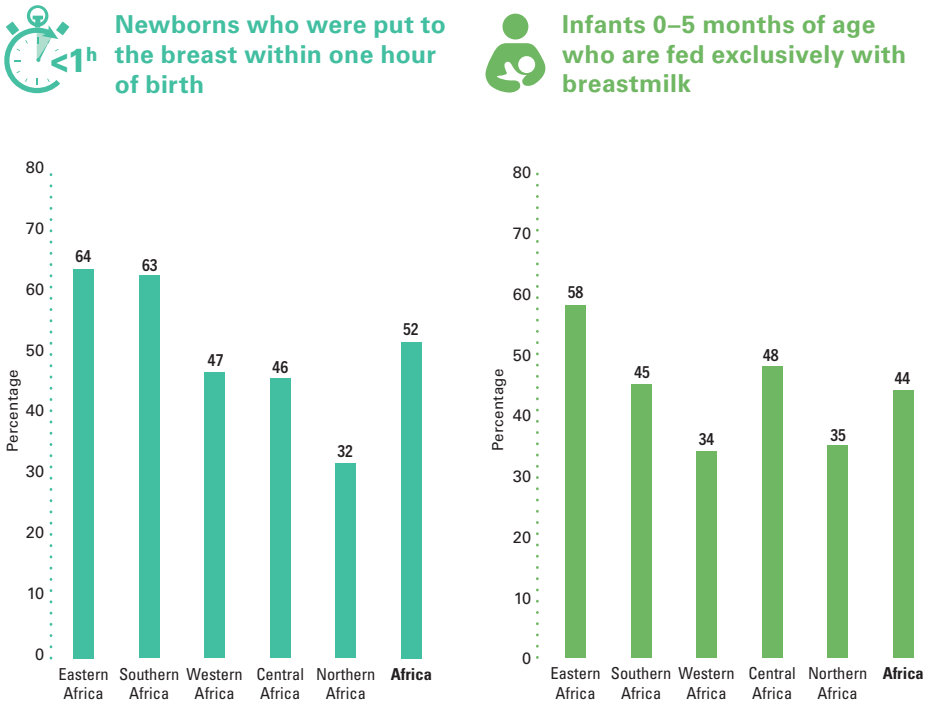

FIGURE 20. **Percentage of children born in the last 24 months who were put to breast within one hour of birth, by regions and Africa 2020**

Source: UNICEF global databases, 2021, based on MICS, DHS and other nationally representative sources.

FIGURE 21. **Percentage of infants 0–5 months of age who are fed exclusively with breastmilk, by regions and Africa, 2020**

Source: UNICEF global databases, 2021 based on MICS, DHS and other nationally representative sources

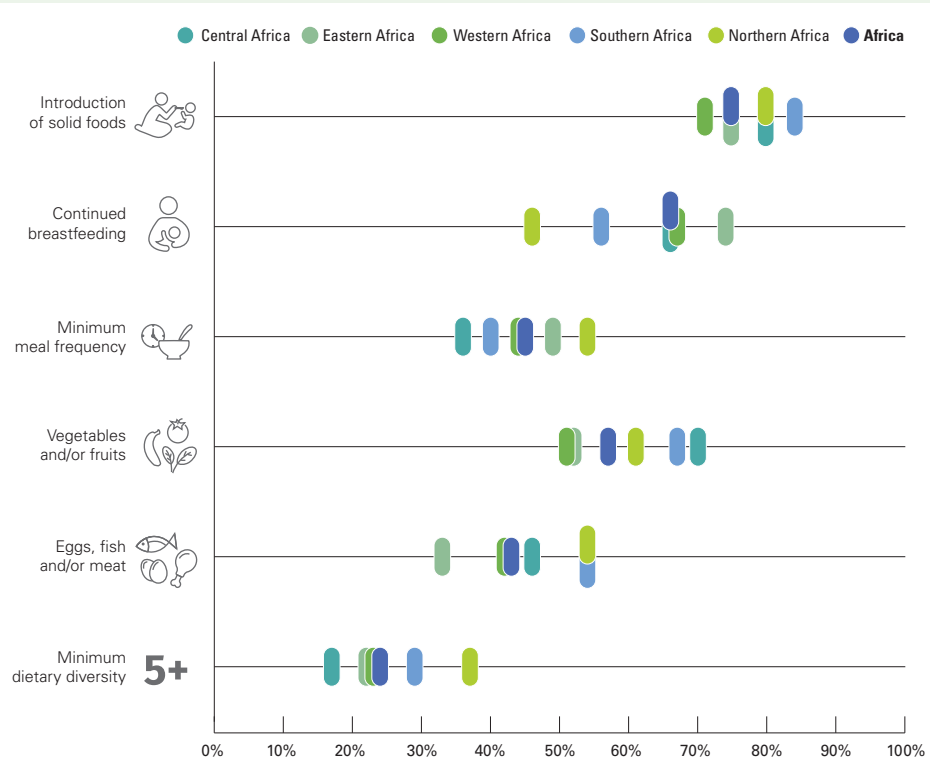

FIGURE 22. **Percentage of children receiving: solid foods; continued breastfeeding; minimum meal frequency; vegetables and/or fruits; eggs, fish and/or meat; and minimum dietary diversity, by regions and Africa, 2020**

Source: UNICEF global databases, 2021, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and other nationally representative sources.

There has been little to no improvement in children's diets over the last decade

The poor quality of young children's diets has remained unchanged for more than a decade in Africa. There has been nearly no improvement in the timing at which solid foods are introduced, the frequency of feeding, and the diversity of foods included in young children's diets. While breastmilk remains a vital component of children's diets until age 2, the proportion of children benefiting from continued breastfeeding has remained unchanged in the past decade. (Figure 23).

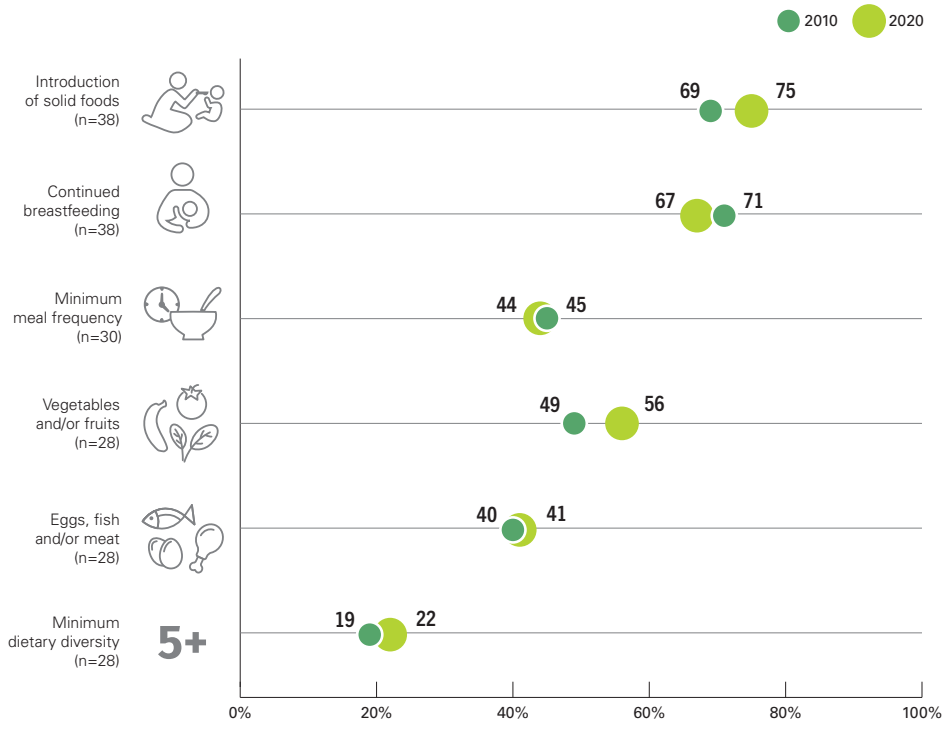

FIGURE 23. **Trends in percentage of children receiving: solid foods (6–8 months); continued breastfeeding (12–23 months); minimum meal frequency; vegetables and/or fruits; eggs, fish and/or meat and minimum dietary diversity (6–23 months), around 2010 and around 2020, Africa**

Source: UNICEF global databases, 2021, based on MICS, DHS and other nationally representative sources.

Children from the wealthiest households have better diets than their peers from the poorest households

Children from wealthier households are more likely to consume more nutritious foods than those in poor households. In wealthy households in Africa, the percentage of children who eat some of the most nutritious foods – such as dairy, eggs, and some fruits and vegetables – is at least double the percentage in poorer households (Figure 24).

Still, even in wealthier households, children's diets are far from optimal: only about half of these children consume nutritious foods such as meat, fish or poultry (i.e., flesh foods) and vitamin-A-rich fruits and vegetables. Further, the proportion of children benefiting from continued breastfeeding was lower in wealthier households than in poorer households (Figure 24).

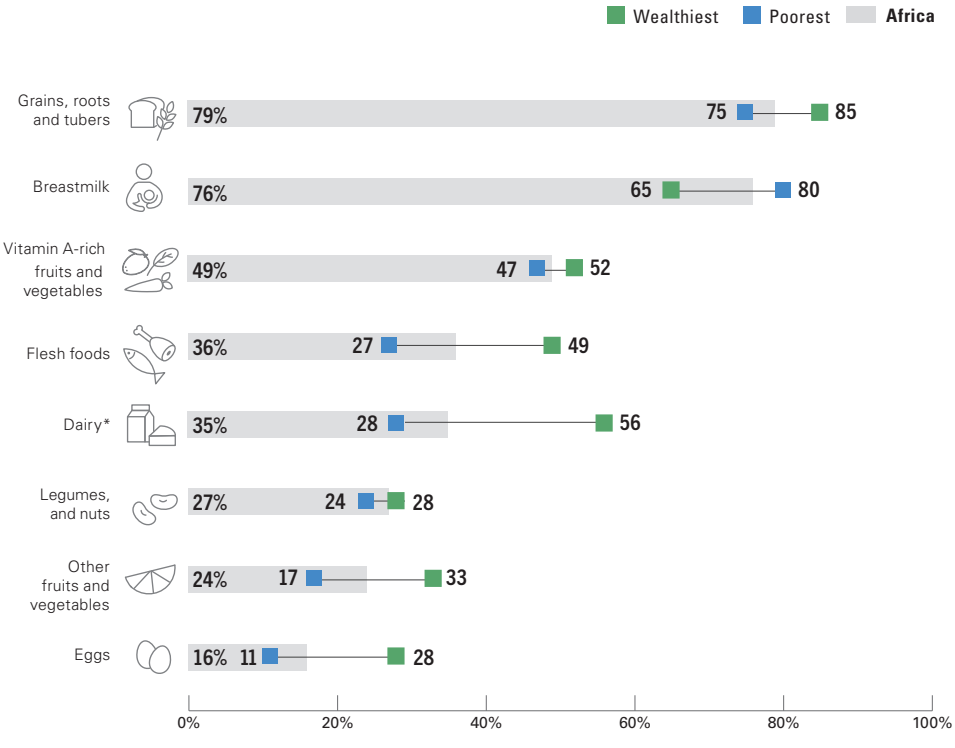

FIGURE 24. **Percentage of children aged 6–23 months consuming food groups, by type and by poorest and wealthiest wealth quintile, Africa, 2020**

Source: UNICEF global databases, 2021, based on MICS, DHS and other nationally representative sources.

NUTRITION SERVICES ARE REACHING MORE CHILDREN TODAY THAN A DECADE AGO – BUT GAPS REMAIN

Across all African regions, far too many children are not accessing the essential nutrition services needed to prevent malnutrition and ensure early detection and treatment when prevention falls short.

Two thirds of children under 5 in Africa were reached with the life-saving benefits of vitamin A supplementation in 2021

Vitamin A supplementation is a life-saving intervention: two high doses of vitamin A provided every year to children aged 6–59 months can protect against blindness, enhance immunity against diseases, such as measles and diarrhoea, and reduce mortality in children under 5 years of age.

In 2021, nearly two in three children in need in Africa were covered with two doses of vitamin A supplements. This is a significant improvement from 2020, when coverage had dropped to a low of 35 per cent, largely caused by service disruptions due to the COVID-19 pandemic. The quick reversal in coverage is testament to the ability to scale up services again in Africa. Further, more than 80 per cent of children under 5 were fully protected in 2021 in 13 African countries (Figure 25). Overall in 2021, 100.9 million African children in need were fully covered with the life-saving protection offered by vitamin A supplementation.

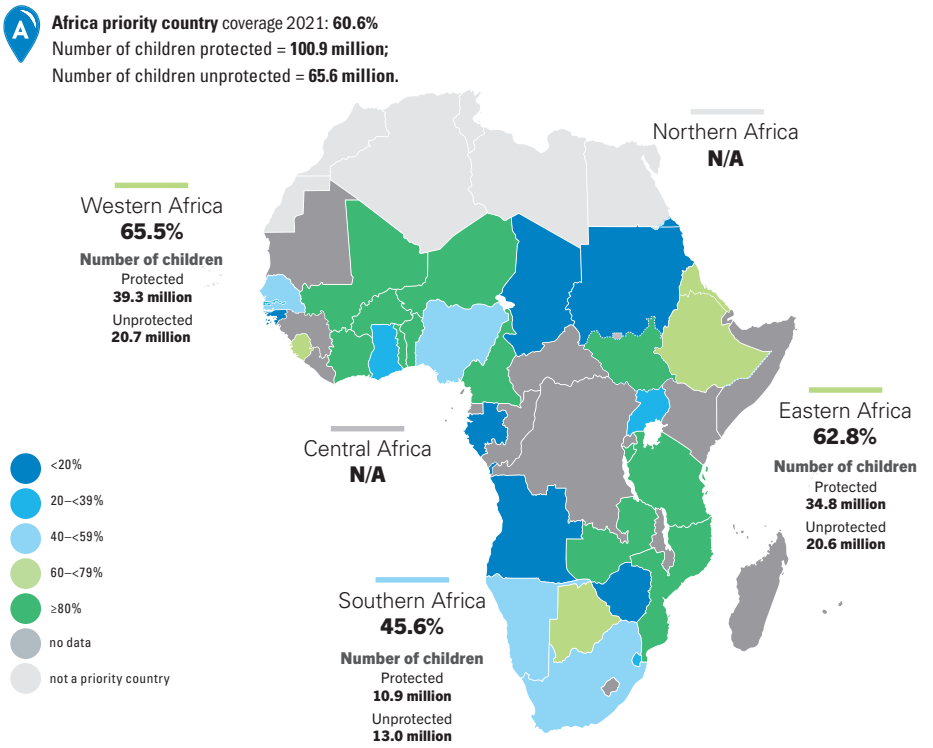

FIGURE 25. **Percentage of children aged 6–59 months fully protected with two high-dose vitamin A supplements in 2021, by country and African region**

Source: Preliminary estimates from the UNICEF global vitamin A database, 2022 (the 2021 estimates are still under review and more countries will be included before the final release in December 2022). Notes: Priority countries are those that are prioritized for national-scale supplementation programmes, based on their indicators of vitamin A deficiency and mortality in the year 2000. The regional figures are based on priority countries only.

Eastern and Western Africa are home to the vast majority of children screened and treated for wasting

When efforts to prevent malnutrition fall short, services for the early detection and treatment of wasting are critical to save lives and put children on the path to healthy growth and development. In Africa, 96.6 million children were screened for severe wasting in 2021. Nearly all of these children – more than 70 per cent – lived in Eastern and Western Africa.

In 2021, life-saving treatment for severe wasting reached more than 3.7 million children across Africa, particularly in the Eastern and Western regions.

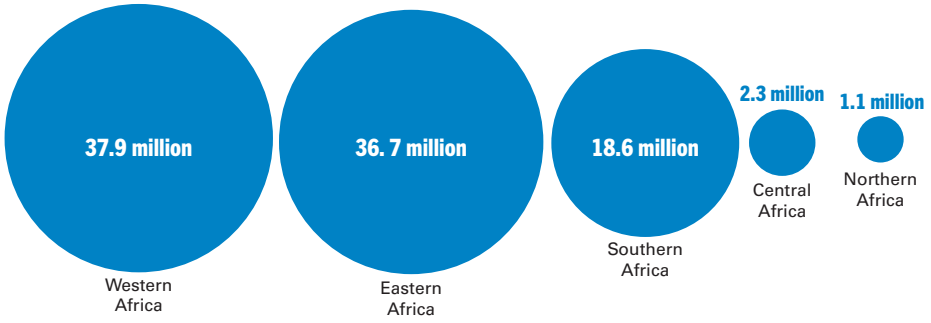

FIGURE 26. **Number of children under 5 screened for wasting, by African regions**

Source: NutriDash, 2021

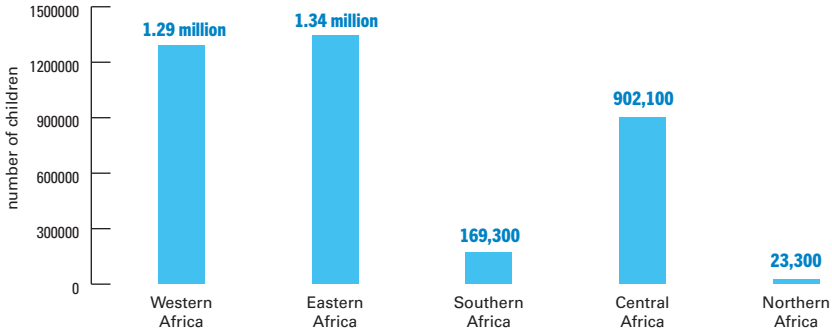

FIGURE 27. **Number of children under 5 admitted for treatment for wasting, by African regions**

Source: SMQs 2021

CONFLICT, CLIMATE SHOCKS AND COVID-19 ARE DEEPENING THE CRISIS OF CHILD MALNUTRITION

African countries are reeling from a growing food and nutrition crisis. Multiple shocks – including protracted conflict, climate change and the COVID-19 pandemic – are pushing already vulnerable children into unprecedented levels of food and nutrition vulnerability.

In the worst-affected African countries, 36 million children are living in severe food poverty

Twelve of the 15 countries worst-affected by the global food and nutrition crisis are in Africa: Burkina Faso, Chad, Democratic Republic of the Congo, Ethiopia, Kenya, Madagascar, Mali, the Niger, Nigeria, Somalia, South Sudan and the Sudan (Figure 28).

In these 12 African countries, an estimated 36 million children live in severe food poverty, meaning they are fed diets that contain at most two foods groups, compared with the five food groups that are recommended for minimum dietary diversity in early childhood. Food poverty is particularly dire in the Democratic Republic of the Congo, Ethiopia and Nigeria, which are home to 68 per cent of all children affected (Figure 28).

Child food poverty is threatening children's survival, growth and development

In the 12 African countries most-affected by the food and nutrition crisis, 15.5 million children are living in severe food insecurity and 6.9 million are suffering from severe wasting.

The number of children with severe wasting far too high – yet it is only the tip of the iceberg. Many more children across Africa are at imminent risk of life-threatening wasting because they live in severe food poverty. In the worst-affected African countries, severe child food poverty affects five times as many children as severe wasting.

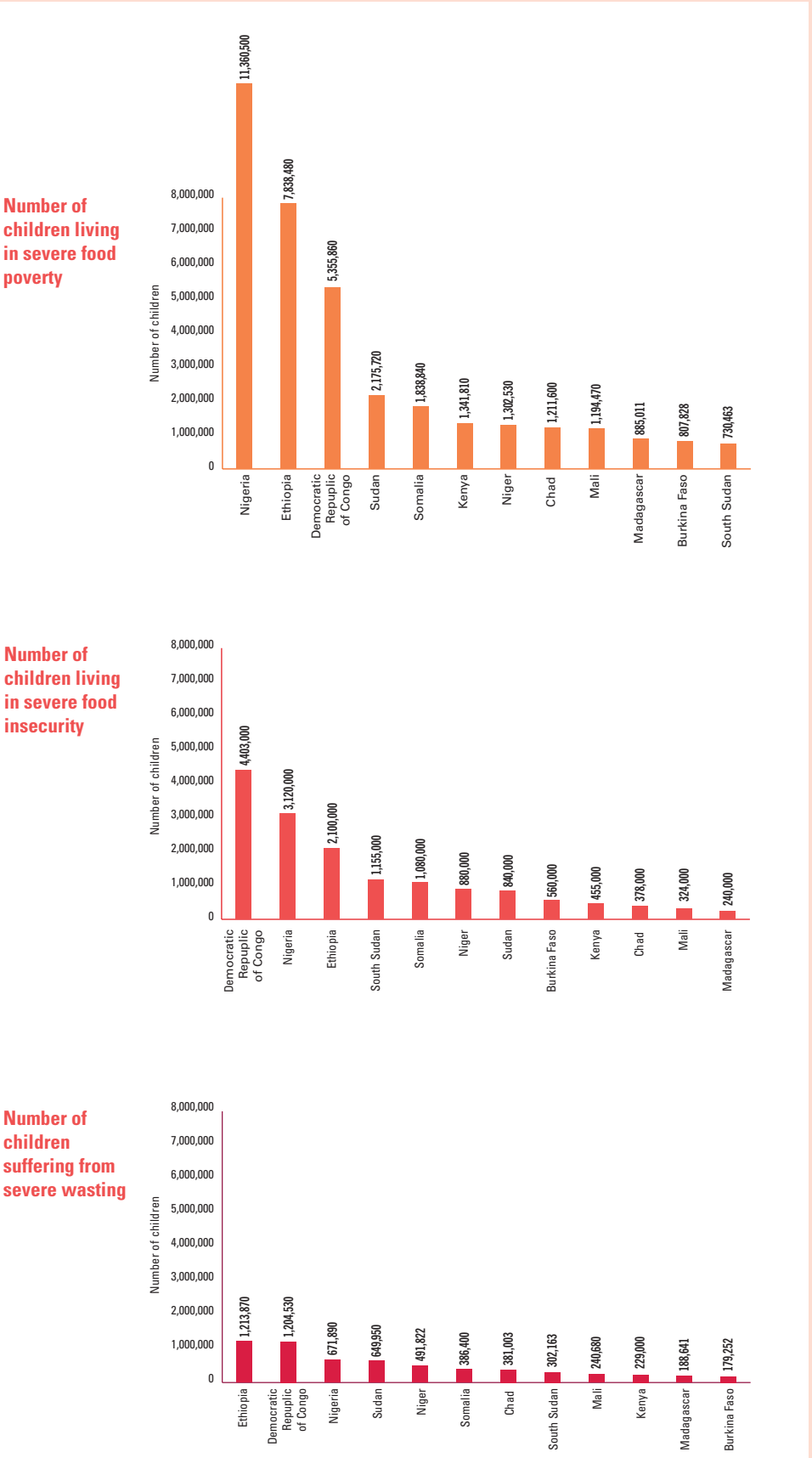

FIGURE 28. **Estimated number of children suffering from severe wasting, severe food insecurity and severe food poverty in the 12 African countries worst affected by the food and nutrition crisis.**

Children suffering from **severe food poverty** are those being fed severely poor diets that include only 1–2 food groups, day in, day out, in early childhood, source: UNICEF Global databases, 2021; children suffering from **severe food insecurity** and those living in areas classified as being in level 3–5 (urgent action) in the Integrated Phase Classification (IPC) of acute food insecurity; Children suffering from **severe wasting** are those with a weight-for-height below minus three standard deviations and/or a mid-upper arm circumference below 115 mm and/or with bilateral oedema.

RECOMMENDATIONS FOR THE CONSIDERATION OF AFRICAN COUNTRIES

With less than 10 years remaining to reach the Sustainable Development Goal targets, the African Year of Nutrition is an opportunity to take stock, sharpen our focus and recommit to delivering diets, services and practices that guarantee the right to nutrition for every child. UNICEF stands ready to support governments in mobilizing commitments to and investments in improving maternal and child nutrition.

As the ongoing food and nutrition crisis continues to cast a shadow over the lives and futures of African children, let us join together to make immediate commitments to the actions outlined in UNICEF's two newly released reports: the '2022–2023 Acceleration Plan for the Early Prevention, Detection and Treatment of Child Wasting in the Countries Most Vulnerable to the Global Food and Nutrition Crisis' and 'Child Food Poverty: A Nutrition Crisis in Early Childhood'.

Together, with the support of UNICEF and other development and humanitarian partners, we urge governments to:

1. Put child nutrition high on national agendas, including in the 12 African countries most affected by the food and nutrition crisis. This requires improving the institutional positioning of nutrition within government structures, mobilizing and leveraging key national systems (see point 6) and ensuring adequate resources – domestic and international – are allocated for nutrition.

2. Elevate the focus on addressing child food poverty by supporting country-specific analyses and ensuring that decision-makers benefit from the information and advocacy they need to adopt policies, design and implement programmes and allocate budgets – comprising both domestic and international resources – to improve the quality of children's diets in early childhood.

3. Increase and sustain national investments in the early prevention, detection and treatment of child malnutrition and leverage new global financing opportunities. According to the 2021 Global Nutrition Report, domestic resource investment in nutrition in African countries is far too low. Increasing such investments is critical to improve the quality and scale of preventive and treatment interventions.

4. Commit to scaling up essential services for the early prevention, detection and treatment of child wasting among the youngest, poorest and most vulnerable children. Key actions include delivering a minimum package of preventive interventions during the 1,000 days from pregnancy to a child's second birthday and scale-up simplified approaches for the early detection and treatment of wasting.

5. Strengthen the humanitarian-development nexus to build resilience and minimize the impact of current and future crises, including the rising impacts of climate change. This is particularly important for countries in Northern and Central Africa, the Central Sahel, the Horn of Africa and the Lake Chad Basin that are responding to ongoing emergencies while continuing to pursue a development agenda.

6. Mobilize the food, health and social protection systems to deliver nutritious, safe and affordable foods and essential nutrition services and practices that guarantee every child's right to food and nutrition, everywhere. This involves:

6.1. Shaping food systems to be more accountable for making nutritious food available and affordable to families with young children. This includes:

- Increasing the availability and affordability of nutritious foods – including fruits, vegetables, eggs, fish, meat and fortified foods and supplements for young children – by incentivizing their production, distribution and retail.

- Implementing national standards, fiscal measures and legislation to protect young children from unhealthy processed and ultra-processed foods and beverages and harmful marketing practices targeting caregivers.

6.2. Leveraging health systems to deliver essential nutrition services to young children and their mothers, prioritizing those most at risk. This includes:

- Scaling up caregivers' access to timely and quality counselling on child feeding, nutrition, and early childhood development by investing in the recruitment, training, supervision and motivation of frontline and community-based health and nutrition workers.
- Delivering food supplements, home fortificants and fortified foods to children living in food poverty and ensuring access to therapeutic foods for children with life-threatening severe wasting.

6.3. Designing protection systems that are responsive to the food and nutrition needs of the most vulnerable children and families. This includes:

- Delivering social transfers (cash, food and vouchers) to end child food poverty – particularly severe food poverty in early childhood – including in fragile settings and in response to humanitarian crises.
- Using social protection programmes combined with nutrition education and counselling to encourage the use of essential nutrition services and improve caregivers' knowledge about child feeding practices.

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