Good nutrition is essential for people to live healthy lives and reach their potential. Moreover, a nation of well-nourished people is far better equipped to develop its economy and meet its population’s needs. Studies show that better nutrition can not only improve people’s quality of life, but also increase individual lifetime earnings by up to 46 percent.1 Malnutrition also underlies nearly half of all preventable deaths among children under 5. The most critical time for human nutrition, often called the “1,000 Days,” is between pregnancy and age 2.

### IMPORTANT NUTRITION CONCEPTS

- **Stunting:** A measure of chronic malnutrition during the “1,000 Days.” Stunting means that not only are children far too short for their age, but they have suffered irreversible damage to their health and development—damage that will likely hinder their education and reduce their lifetime earnings.

- **Wasting:** A form of malnutrition where children weigh far too little for their height. Children who are wasted are suffering from acute, sometimes life-threatening malnutrition.

- **Overweight:** A form of malnutrition where children weigh too much for their height. Children who are overweight are at greater risk of chronic health problems that affect their quality of life and productivity as well as add to national healthcare costs.

- **Anemia:** A form of malnutrition sometimes caused by lack of iron in the diet. Anemia affects 500 million women worldwide and is responsible for one in every five maternal deaths. It also causes fatigue and impacts women’s ability to work, especially physically demanding work.

- **Exclusive Breastfeeding:** Feeding children only breast-milk for the first 6 months of life (no other food or water). Exclusive breastfeeding contributes to reducing the prevalence of stunting, wasting, and childhood overweight.

### NUTRITION IN AFRICA

- **Africa and Asia are the two world regions with the greatest burden of all forms of malnutrition.**

- **Africa is the only region with an increase in the number of stunted children between 2000 and 2017.** That figure rose from 50.6 million to 58.7 million.2 Two causes of this setback are rapid population growth and armed conflicts.

- **In 2017, more than one-third of the world’s stunted children and more than 25 percent of wasted children lived in Africa.**

- **There are disparities among African sub-regions. Central and East Africa have higher stunting rates than other areas.** In East Africa, Burundi has the highest level of stunting at 58 percent, while in Central Africa, the highest level is in the Democratic Republic of the Congo (DRC) with 43 percent.

- **The African countries with the highest rates of wasting are Djibouti at 22 percent and Niger at 19 percent.** These levels are, by definition, public health emergencies.

- **Compared to the number in 2000, an additional 3 million children in Africa are overweight.**

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Some countries have made significant progress on nutrition. Both Ghana (as mentioned below) and Kenya reduced their national stunting rates by more than one-third in less than 10 years.\textsuperscript{8} West, Central, and East Africa have the highest rates of anemia in women. In some countries, more than half of all women are anemic. Among them are Mozambique, Gabon, and the Gambia.\textsuperscript{9}

**Regional Actors**

- **Scaling Up Nutrition (SUN) Movement**: 39 countries in Africa have joined SUN, which brings together countries with a high burden of malnutrition, 60 at last count, that are committed to scaling up proven solutions. Local civil society, businesses, donor countries, and the United Nations also participate in SUN.
- The **African Development Bank’s African Leaders for Nutrition** is an initiative whose goal is to stimulate political leadership and engagement toward accelerating investments and action to end malnutrition in Africa.\textsuperscript{10} The African Union has adopted a **Africa Regional Nutrition Strategy**\textsuperscript{11} to guide member countries’ efforts on nutrition. The Strategy sets the global nutrition targets of the World Health Assembly into an African context.

**A Closer Look: Ghana**

Ghana has made political and policy commitments to reducing stunting and improving overall nutrition. Calling nutrition “a critical element for the healthy human capital essential for Ghana’s economic growth and development,” the government developed a national nutrition policy.\textsuperscript{12} In 2011, Ghana was among the first countries to join the SUN Movement. Ghana reinforces its SUN efforts with a multi-stakeholder platform that focuses on improving nutrition through work across 10 different development sectors.\textsuperscript{13} These commitments are paying off—between 2008 and 2014, the national rate of stunting was reduced by more than one-third, a far larger decrease than those in peer countries.\textsuperscript{14}

Malnutrition is more common in Ghana’s rural northern areas, which are both further from the capital city of Accra and nearer the outskirts of the Sahara Desert, known as the Sahel. The Northern region has the country’s highest stunting rate at 33 percent, while the highest wasting rate of 9.4 percent is in the Upper East region.\textsuperscript{15}

Ghana participates in USAID’s Feed the Future initiative, and Feed the Future reports that since 2010, the areas where it works have reduced poverty by 12 percent and stunting by 18 percent.

**U.S. Nutrition Funding in Africa**

In 2016 (latest data available), the U.S. government spent $69.4 million on basic nutrition in Africa.\textsuperscript{16} U.S. funding for nutrition in Africa has been decreasing since 2013. But the needs in Africa are growing, particularly with the rising population. U.S. support for African efforts to enable children to get a healthy start is vital to the continent’s future health and economic prosperity.

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**Endnotes**

3 Ibid.
4 Ibid.
6 Ibid.
9 Ibid.
14 Data.worldbank.org
15 Ghana Demographic and Health Survey 2014