



# Advocacy Note

## Addressing malnutrition in West and Central Africa:

Addressing underlying vulnerabilities and ensuring sustainable financing.

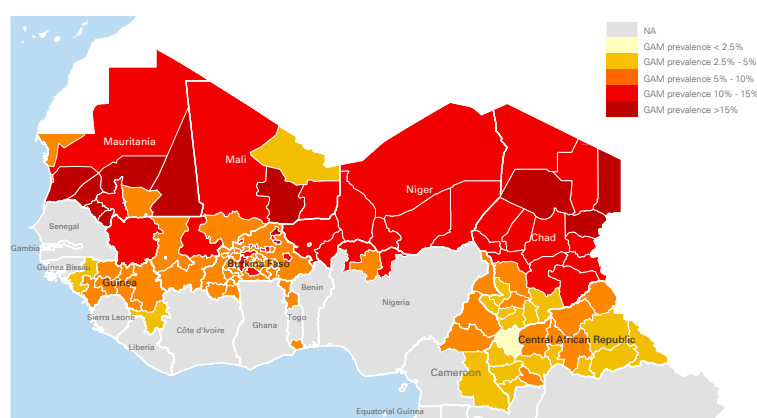
# THE BURDEN OF CHILD MALNUTRITION IN THE WEST AND CENTRAL AFRICA REGION REMAINS STUBBORNLY HIGH.

While the nutrition situation in the West and Central Africa Region (WCAR) is not receiving enough attention at a global level, the context remains challenging in most of the region's countries considering the effects of climate change, the economic crisis, the slow recovery from the Covid-19 pandemic, political instability, and the increase in insecurity. Recurrent and multiple shocks lead to increased vulnerabilities and a worrying nutrition situation for women and children.

The results of the nutrition surveys conducted in 2022 in the West and Central Africa countries (map 1) show overall unacceptable levels of wasting in children under five years, with a very high prevalence (>15%) in areas of Burkina Faso, Chad, Mali, and Mauritania and a high prevalence (>10%) in larger areas of Burkina Faso, Mali, Mauritania, Niger, Nigeria, and Chad. The rapid nutrition survey conducted in August 2022 in the states of Katsina, Sokoto, and Zamfara in north-west Nigeria has shown continued high levels of acute malnutrition, with 13.5% of child wasting in Katsina (as compared to 6.5% in 2021), 14.2% in Sokoto (same prevalence as in 2021) and 9.5% in Zamfara (as compared to 9% in 2021). In Liberia, the rapid assessment conducted in 2022<sup>1</sup> found that 7.1% of children under five years are wasted, of whom 2.5% are severely wasted.

The nutrition surveys conducted in Guinea and Togo show a prevalence of acute malnutrition that approaches the 10% critical threshold in the areas bordering Sahel countries. In Benin, the data on admissions for treatment of severe wasting in all areas affected by the spillover of insecurity from the Sahel show a significant increase in 2022 as compared to 2021, and the prevalence of global wasting in the Alibori department (14.7%) is almost at the emergency threshold<sup>2</sup>.

Among the countries that conducted a nutrition survey in 2022, Cameroon, CAR, Chad, and Niger show a very high prevalence (>30%) of stunting. Burkina Faso, Guinea, Mali, Mauritania, and Togo show a high prevalence (>20%) of stunting, affecting children's physical and cognitive development.



Map 1: Prevalence of Global Acute Malnutrition (GAM) in children 6-59 months, 2022 WCAR nutrition surveys using SMART methodology

<sup>1</sup> Food Security, Nutrition, Livelihood and Market (FSNLM) rapid assessment, August 2022.

<sup>2</sup> MICS survey 2021/2022, Benin.

# The Sahel countries are the worst hit by child wasting.

Across nine countries in the Sahel (Burkina Faso, northern Cameroon, Chad, The Gambia, Mauritania, Mali, Niger, northern Nigeria, and Senegal), health facility admissions for severe wasting in 2022 increased by 31% as compared to 2021, involving almost 1.9 million children including 163,500 with medical complications and requiring inpatient care. These latter children are at the highest mortality risk. They must be urgently treated in a hospital setting respecting the highest care standards, with nutritional and clinical care, medicines, functional health facilities/equipment, and highly skilled staff. The overall cure rate for these severe wasting admissions in these countries in 2022 stands at 90%, and the death rate at 1.3%, which aligns with international minimum standards.

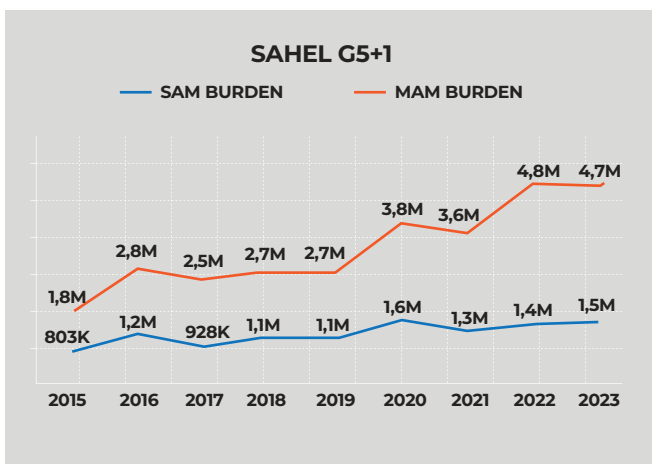
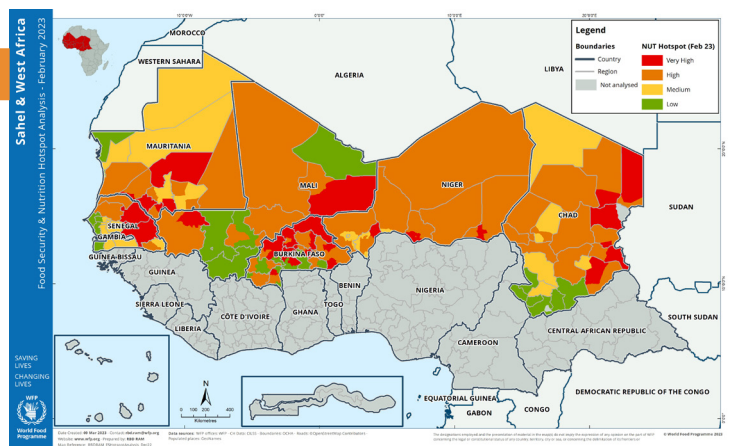


Figure 1: Estimated number of children under five years suffering from SAM and MAM, Sahel G5+1

In the Sahel G5+1 countries, the estimated number of children under five years expected to suffer from global wasting has been increasing steadily over the past years (Figure 1). Between 2021 and 2023, the number of children expected to suffer from moderate acute malnutrition (MAM) increased from 3.6 million to 4.7 million, while the number of children expected to suffer from severe acute malnutrition (SAM) increased from 1.3 million to 1.5 million.

Out of the total of 6.3 million children under five expected to be suffering from global acute malnutrition in 2023 in the G5+1 Sahel countries, the nutrition hotspot analysis (map 2) found that 932,000 of those children - including 266,000 children with SAM - are living in very high priority/hotspot areas and 3.4 million children - including 825,000 children with SAM - are living in high priority areas. These areas have been identified based on indicators of undernutrition and aggravating factors and are areas to be prioritized for urgent nutrition response.



Map 2: Classification of nutrition hotspot areas, 2023, WFP and UNICEF analysis

<sup>3</sup> Burkina Faso, Chad, Mali, Mauritania, Niger and Senegal

<sup>4</sup> The nutrition hotspot analysis is based on 29 indicators, thereby limiting the analysis to those countries for which information is available for all indicators. This analysis is conducted by WFP and UNICEF Regional Offices for West and Central Africa.



# Aggravating factors

Several factors contribute to the worsening of the malnutrition situation in the region, namely:

- **Persistence of insecurity** in certain areas disrupts the normal functioning of health facilities, markets, farms, and water points. In Burkina Faso, 58 water points were attacked in 2022 (as compared to 21 water points in 2021), leaving more than 800,000 people with no access to safe drinking water. Moreover, of the 70 health districts in the country, 30 have closed health facilities due to insecurity.
- **Enormous displacement of populations** with over 2.9 million refugees and internally displaced persons (IDP) in the Central Sahel due to insecurity, affecting adequate care practices. In Burkina Faso, wasting in the Bani, Thiou, and Gorom-Gorom areas was higher among displaced populations (18.7%) than host populations (8%). In Cameroon, the prevalence of wasting in the Extreme North Region was 8% among host populations as compared to 10% among displaced people, and the wasting prevalence among the refugee population varied between 4% in the Minawao camp and 17% in the seven sites of the Adamaoua and East Regions. In Mali, the highest wasting prevalence is observed in IDP camps, reaching up to a 27% prevalence in the IDP site of Menaka.
- **Low coverage of essential health services:** Based on the latest HeRAMS analysis<sup>5</sup>, in Mali, for example, in 2022, only 54% of the functional health facilities in the country provide services for managing acute malnutrition.
- **Low rates of exclusive breastfeeding**, with Chad at 7.3%, Niger at 21.8%, and Mali at 49.8% (SMART 2022), are exposing children to serious child health risks such as increased risk of wasting, repeated bouts of infections (e.g., diarrhea) and threats to child survival.
- **The quality of diets of young children** is already precarious in the region, with 82% of children aged 6-23 months not receiving adequate dietary diversity.
- **Unaffordability of nutritious diet**, with more than one out of two households who cannot afford the cheapest possible healthy diet in West Africa and Central Africa. In central Sahel, it is eighty-five percent. Affordability of nutritious diet is one of the most critical impediments for accessing adequate infant and young child feeding, as well as adolescent and women nutrition.
- **Increased food insecurity**, as the results of the March 2023 Cadre Harmonisé analysis show an alarming situation, with nearly 29.5 million people in the crisis phase (Phase 3 to 5) from March to May 2023. By the lean season (June-August 2023), more than 42.5 million people in the region will be affected by acute food insecurity (Phase 3 to 5), including more than 2.6 million in an emergency (Phase 4) and nearly 45,500 people in a crisis in Burkina Faso and Mali (Phase 5).
- **Poor maternal nutrition** is also an important determining factor for child malnutrition, as maternal underweight and low birthweight measures are consistent predictors of stunting and wasting in early childhood. About half of the global burden of stunting in early childhood originates during the 500 days between conception and six months of age. The West and Central Africa Region is one of the top three regions worldwide with the highest prevalence of underweight women (10%) and anaemia in adolescent girls and women (49%). In 2023, it is estimated that 4.8 million pregnant and breastfeeding women will need nutrition assistance in the WCAR.
- **Inequities** are also driving malnutrition. The inequities in the prevalence of underweight measures and anaemia among women, for example, are greatest for household wealth, with the prevalence of underweight measures among adolescent girls and women belonging to the poorest households (14%) representing double the prevalence in the wealthiest households (7%), based on global level analysis.<sup>1</sup>
- **An economic slowdown** aggravated by the Ukraine crisis and the residual effect of the COVID-19 pandemic caused soaring food prices and a depreciation of local currencies, resulting in a decline in the population's purchasing power.

<sup>5</sup> [https://cdn.who.int/media/docs/default-source/documents/emergencies/herams/herams\\_mali\\_status\\_update\\_2022\\_07\\_child\\_health\\_and\\_nutrition.pdf](https://cdn.who.int/media/docs/default-source/documents/emergencies/herams/herams_mali_status_update_2022_07_child_health_and_nutrition.pdf)



## Financing gaps for the prevention and treatment of malnutrition in the Sahel persist.

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The year 2022 saw an increase in global-level funding for the early detection and treatment of child wasting, from financial partners at the international level, notably with the historic US \$200 million made available by the United States Government, which enabled to secure nutrition supply needs up to the first semester of 2023. Nevertheless, the pipeline of specialized nutritious products for preventing and treating child wasting in the Sahel is only partially secured for the second semester of 2023. The limited domestic investments from governments and reliance on a small pool of humanitarian donors put the continuity of malnutrition treatment programs at risk. Moreover, the production of nutrition supplies at a global level is overstretched, which leads to a delay in the arrival of these supplies in the countries.

There are significant shortfalls in covering the 2023 Ready-to-Use Therapeutic Food (RUTF) pipeline for treating SAM<sup>6</sup>. Most of the countries in the region are yet to mobilize sufficient funds to address the expected number of admissions. The situation is particularly worrisome in Cameroon, Mali, Niger, CAR, and Liberia, where a pipeline break is expected in the coming months. The total financing gap for RUTF only for the WCAR countries to cover treatment of 800,000 children stands at \$40 million, and the financing

gap for the nine Sahel countries stands at \$17 million to cover treatment of more than 300,000 children.

Regarding the need for Ready-to-Use Supplementary Food (RUSF) for treating children with moderate wasting, the overall deficit is estimated at 43% representing \$ 81.3 million. The countries most concerned are Niger (\$28.4 million), Chad (\$24.2 million), Nigeria (\$20.5 million), Mali (\$5.1 million), and CAR (\$1.6 million). For the prevention activities for which WFP provides preventive supplementary feeding in eleven countries, the overall deficit is estimated at 57% representing \$81.3 million. The countries most affected are Chad (\$41.5 million), Burkina Faso (\$47.9 million), Cameroon (\$20.8 million), and CAR (\$9.2 million).

In addition to the funding needed to cover supplies for the prevention and treatment of acute malnutrition in children, funding gaps exist for the operational cost of delivering effective and quality services through health facilities and community platforms and supporting optimal breastfeeding and complementary feeding. Furthermore, food, WASH, and social protection systems must also be leveraged to provide a multi-sectoral package of interventions to prevent all forms of malnutrition.

<sup>6</sup> Based on the programming targets, which align with the actual admissions and do not include all geographical areas in some countries (e.g. Nigeria)



# Key Messages



## “ Need to increase coverage and address underlying vulnerabilities ”

To address the undernutrition challenge in WCAR, it is essential to strengthen the humanitarian-development nexus to build resilience and minimize the impact of current and future crises, including the rising effects of climate change. This includes:

- Leveraging shock-responsive social protection programs to become sensitive to and address the nutritional vulnerabilities of children and women.
- Strengthening health systems for delivering nutrition interventions and expanding to community-level platforms and other alternatives to increase the program coverage.
- Scaling up WASH services; and
- Shaping food systems to improve the availability and accessibility of nutritious diets for young children, adolescents, and women, including through the local production of nutritious foods.

## “ Need for better nutrition surveillance and coordination in fragile and conflict situations ”

The increasing insecurity in the WCA region also brings challenges in terms of nutrition information systems. A strong nutrition surveillance system should be able to produce analyses that effectively influence humanitarian responses, and which can contribute to preventing declines in nutrition security. There is a need to explore new initiatives and innovative methodologies to gather data to inform early action and a more effective humanitarian nutrition response for improved maternal and child nutrition in the Sahel.

Integrated analysis (e.g. food, security, and malnutrition) can improve geographical convergence and promote synergy of intervention for more impact in a limited resource environment. Therefore, coordinated efforts between partners should be enabled.

# Key Messages



## “ Need for sustainable nutrition financing to reduce malnutrition in West and Central Africa ”

Based on global recommendations to accelerate momentum on wasting prevention and treatment<sup>7</sup>, the following actions are also required to achieve more sustainable nutrition financing in the region:

- Incentivize country governments to invest in nutrition: For example, country governments can participate in the Child Nutrition Fund, which includes an innovative matching instrument, with the primary aim to mobilize domestic financing for nutrition services and commodities, including RUTF as well as Specially Formulated Foods for the prevention of undernutrition and micronutrient deficiencies.
- Donor partners should increase sustainable financing to strengthen systems: Given the persistent levels of high wasting - especially in the Sahel countries - treatment is effective in saving lives but not enough to reduce the incidence and the burden of malnutrition. Investing more in prevention programs is needed while financing wasting treatment sustainably through strengthened health systems. This should go hand in hand with increased investments in strategies and approaches that address underlying causes (food systems, health, social protection, education, WASH).
- Strengthen financial support for nutrition surveillance to ensure the regular collection of data and their use in existing analysis and planning frameworks, such as the IPC-AMN, the PREGEC, HNO/HRP, etc.



<sup>7</sup> UNICEF and Results for Development. Ensuring sustainable financing to accelerate momentum on wasting. Advocacy Brief, September 2023.