

AFRICA REGIONAL NUTRITION STRATEGY 2015–2025



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ABBREVIATIONS

ACRWC	the African Committee on the Rights and Welfare for the Child
ADFSN	African Day for Food Security and Nutrition
APRM	the African Peer Review Mechanism,
ARNS	African Region Nutrition Strategy
ARISE	the African Region Initiative for Stunting Elimination
AU	African Union
AUC	African Union Commission
BCC	behavioral change communication
CAADP	the Comprehensive African Agriculture Development Program
CMAM	community management of acute malnutrition
DREA	Department of Rural Economy and Agriculture
FGM	female genital mutilation
GDP	Gross domestic product
IYCF	Infant and Young Child Feeding
NCD	non-communicable diseases
PRC	Permanent Representative Committee
REACH	Renewed Efforts Against Child Hunger and Undernutrition
RECs	Regional Economic Communities
RUTF	Ready to Use Therapeutic Food
SAM	Severe acute malnutrition
SBCC	Social and Behavioral Change Communication
SUN	Scaling-Up Nutrition

Foreword

Since I assumed my role as African Union's (AU) Nutrition Champion, I have had the opportunity to interact with some of the dedicated individuals and worthy organizations working to improve nutrition in the African continent. Some key messages resonate across most of these discussions which suggest malnutrition remains prevalent in the majority of African countries and represent a leading threat to socio-economic development of the continent. There is also a grim reminder of a new dimension of the malnutrition problem, with almost all AU Member States now experiencing not just undernutrition, but also overweight, obesity and associated non-communicable diseases. Furthermore, it is increasingly apparent that the problem is multidimensional and driven by several causal factors, the solution of which requires the efforts of all sectors of national development.

The Africa Regional Nutrition Strategy (ARNS) to cover the period 2015 – 2025 responds to all these challenges and its building blocks were motivated by the consistently high rates of malnutrition on the continent and the lessons learned from the implementation of the last strategy of 2005-2015. The revised ARNS reflects the African Union's vision and mission statements for the next 50 years, the Agenda 2063, and several other important AU declarations. The ARNS 2016-2025 also takes into account several global initiatives among which are the post-2015 Sustainable Development Goals, of which the African Union have developed a Common African Position.

Using continental, regional and country specific data, the ARNS 2016-2025 highlights the magnitude of the malnutrition problem in simple language, projects future trends and discusses the risk factors contributing to this problem in Africa. The overarching message from this analysis is clear, that the risk factors of malnutrition in Africa are multidimensional and can only be addressed in a comprehensive way with active contributions from all sectors, both government and non-government, including the private sector. I am therefore calling upon all stakeholders to work together in implementing the ARNS 2015-2025 for better results.

Improving nutrition on the continent of Africa through successful implementation of the ARNS 2015-2025 is feasible as it has six clear and achievable targets to be attained by 2025. These include 40% reduction of stunting among children under 5 years; 50% reduction of anaemia among women of child-bearing age; 30% reduction of low birth weights; no increase of overweight in children under 5 years of age and women; 50% increase in exclusive breast-feeding during the first six months of life; and to reduce and maintain wasting among children under 5 to less than 5%.

To guide effective action of AU Member States to achieve these targets, the strategy provides a menu of evidence based interventions and it reminds us of the importance of continuing to place nutrition higher on Africa's development agenda with a further call for strong political commitment and leadership as well as increased resources for nutrition. Notably, the ARNS 2015-2025 calls on all AU Member States to put together multi-sectoral nutrition action plans, budgets and expenditure tracking system for effective implementation and monitoring of nutrition interventions.

This work would not have been successful without the commitment and dedication of the African Union Commission, the African Task Force on Food and Nutrition Development (ATFFND) and their partner organizations. I would like to take this opportunity to thank all stakeholders who contributed in various ways to the development of the Africa Regional Nutrition Strategy 2016-2025. Finally, I call on all AU Member States to align their national nutrition policies, strategies to the ARNS 2015-2025 and request all partners to fully support the implementation of the strategy.

Letsie III
King of Lesotho
African Union Nutrition Champion (2014 - 2016)

INTRODUCTION

The current situation in terms of hunger and malnutrition in Africa is totally incompatible with the vision of the African Union (AU) and the aspirations for the peoples of Africa as held by their leaders. It is indeed, an irony of the tallest order that Africa is presently having the highest levels of malnutrition in the world as it is a continent with exceptional natural resources and experiencing rapid economic growth.

Vision of the AUC:

An integrated, prosperous and peaceful Africa, driven by its own citizens and representing a dynamic force in the global arena

As the rest of the world is increasingly identifying Africa as the most promising place to provide the additional food that will be needed to feed the rapidly increasing and prospering global population, Africa's children are the ones at highest risk of hunger and malnutrition. This situation calls for a dramatic change in the course of current development processes in order to safeguard the future of Africa. African leaders are increasingly expressing their commitment to this cause and have vowed to make the AU and its related agencies effective instruments in this urgent quest. The Africa Region Nutrition Strategy (ARNS) for the period 2015-2025 outlines the specific role of the AU and the AU Commission (AUC) in the elimination of hunger and malnutrition. It is based on the AU 2014-2017 Strategic Plan and reflects the recently initiated AU *Agenda 2063*, which articulate the longer term vision of the continent.

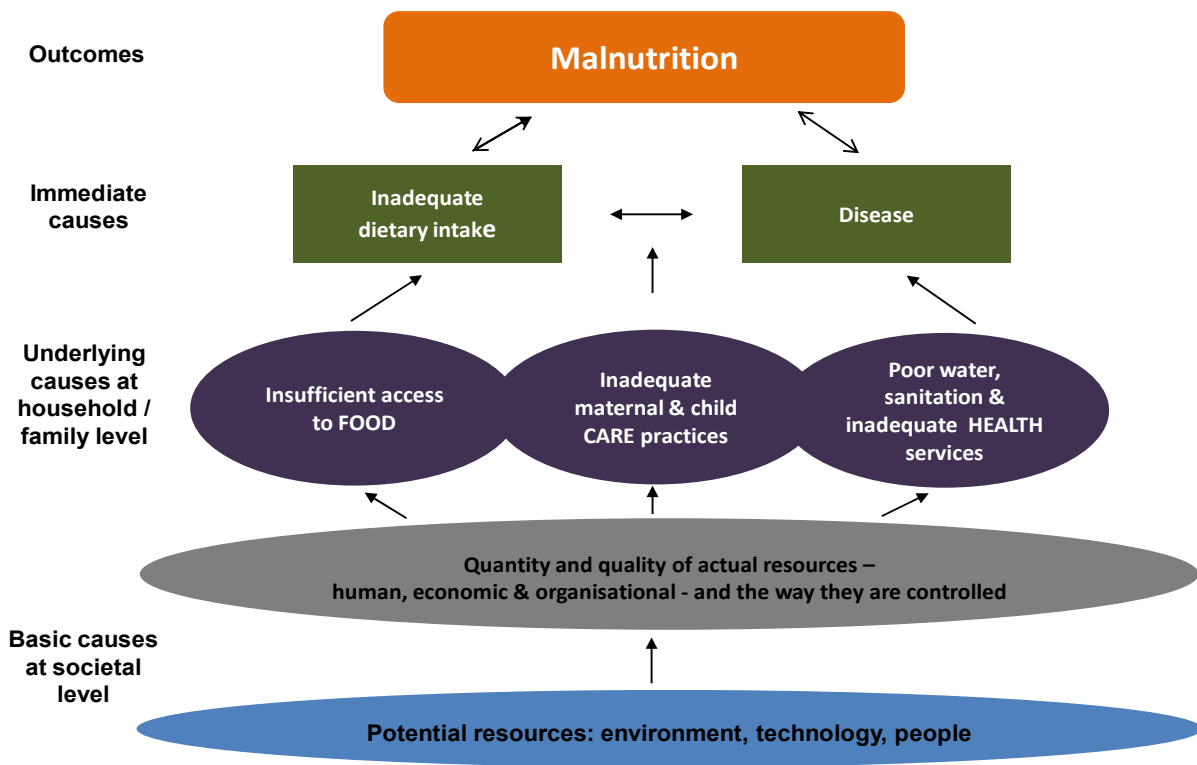
The good news is that many countries in Africa are now starting to show significant improvements in reducing their levels of undernutrition (see Section II) through policies and programs which are focused on nutrition outcomes ('nutrition sensitive development') in combination with 'nutrition specific' interventions (see Section VI). The ARNS 2015-2025 endeavors to identify means to build upon and replicate good policies, programs and practices, while adapting to context-specific conditions. Hunger and malnutrition rob every human being of dignity and respect and pose insurmountable obstacles to human and national development. Recognizing these facts, elimination of hunger and malnutrition has been high on the list of priorities for the AU right from the beginning as reflected in the numerous declarations, strategies and programs adopted by the Union. Among these are the establishment of the African Task Force on Food and Nutrition Development (ATFFND) in 1987 to guide and support the development of food and nutrition policies and programs on the continent; the 2003 Maputo Declaration which led to the establishment of the Comprehensive African Agriculture Development Program (CAADP), under the New Partnership for Africa's Development (NEPAD) initiative and committed African Leaders to give 10% of their national budgets to agriculture [**Assembly/AU/Decl.7 (II) & Assembly/AU/Decl.8 (II)**]; the 2004 Sirte Declaration which seeks to enhance sustainable development in Africa by prioritizing the implementation of integrated water and agriculture programs [**Ex/Assembly/AU/Decl. 1 (II)**]; the adoption of the African Regional Nutrition Strategy by the AU Executive Council Decision [**EX.CL/Dec.361(XI)**]; the 2006 Abuja Declarations with the aim of improving fertilizer use by farmers on the continent; the proclamation of the year 2014 as the "Year of Agriculture and Food Security in Africa" and October 30th of each year as "Africa's Day for Food and Nutrition Security"; the 2014 decision to appoint an African Nutrition Champion for a two-year term to lead nutrition advocacy activities on the continent; the 2014 Malabo Declarations which reaffirmed the 2003 Maputo commitments [**Assembly/AU/Decl.4 (XXIII)**]; and above all, the Agenda 2063 which sets the continent's development vision over the next 50 years (from 2013 to 2063).

These policies focus explicitly on ridding the African continent of hunger and food insecurity and in so doing, build a foundation for nutrition security of the continent. Implementation of these policies (especially CAADP) is progressing steadily across many countries. The AUC also embarked on generating evidence around the enormity of the malnutrition problem in Africa; through the Cost of Hunger in Africa (COHA) study (see section II). Through these policy implementation and evidence generation, it is becoming apparent that 'food alone'

will not fully and effectively address malnutrition in Africa. In addition to food, there are many health and psychosocial care factors that negatively affect peoples’ nutrition status and - unless these are effectively contained - will continue to hamper efforts to establish nutrition security in Africa.

Food, Health and Care are consequently necessary but each by themselves not sufficient conditions for nutrition security. This important understanding of nutrition security was established in Tanzania during the 1980s and was subsequently embraced by the UNICEF in 1990. This understanding is now a globally accepted ‘conceptual framework’ for understanding the causes of malnutrition. A common version of this framework is presented in **Figure 1**.

Figure 1: Conceptual framework for analysing the causes of malnutrition



TANZANIA JNSP/UNICEF

The implication is clear that there is no single sector or actor that by themselves can establish nutrition security but there has to be a well-coordinated effort across sectors and actors to ensure that inadequate Food, Health and Care conditions are addressed when, where and in the way required. The imperative of a ‘multi-sectoral approach’ and a ‘multi-stakeholder platforms’ consequently needs to be adopted in nutrition policies and strategies across Africa. This imperative is further fuelled and supported by the engagement of an increasing number of African countries as members of global nutrition initiatives and movements such as the Scaling-Up Nutrition, (SUN) movement (see section V), the Renewed Efforts Against Child Hunger and Undernutrition (REACH), etc. The ARNS 2015-2025 reflects this need for strong and effective multi-sectoral governance and management structures and mechanisms for nutrition security and proposes a series of institutional provisions to ensure this happens within the AU, its Organs and Member States (see section VII).

The ARNS was first developed in 2005 to guide nutrition policies and programs on the African continent for a period of ten years (2005 – 2015). This revised ARNS, 2015-2025 is the extension of the ARNS 2005-2015 and is based on an update of the nutrition situation in Africa, lessons learnt during the implementation of the ARNS 2005-2015 and considering new evidence, opportunities and challenges as they are emerging from the AU member states (and beyond). It is evident that some improvements are, indeed, taking place regarding the nutrition situation across countries of the African continent. However, it is also clear that the rate of improvement is very slow leading to a situation where still millions of Africans suffer from various forms of malnutrition which hamper their opportunities to develop their physical, mental and cognitive potentials. **Figures 2 and 3** summarize the trends in under-nutrition, over-nutrition and some critical specific nutrient deficiencies. A more detailed and comprehensive summary of nutrition data will be provided in special updates prepared periodically by AUC and its partners (as part of the baseline and subsequent 3-year ARNS progress reports, See specific output objective 3.1 and section VIII).

Figure 2: Trends in underweight, stunting and overweight in Africa compared to Asia. (Joint WHO, UNICEF, WB data base)

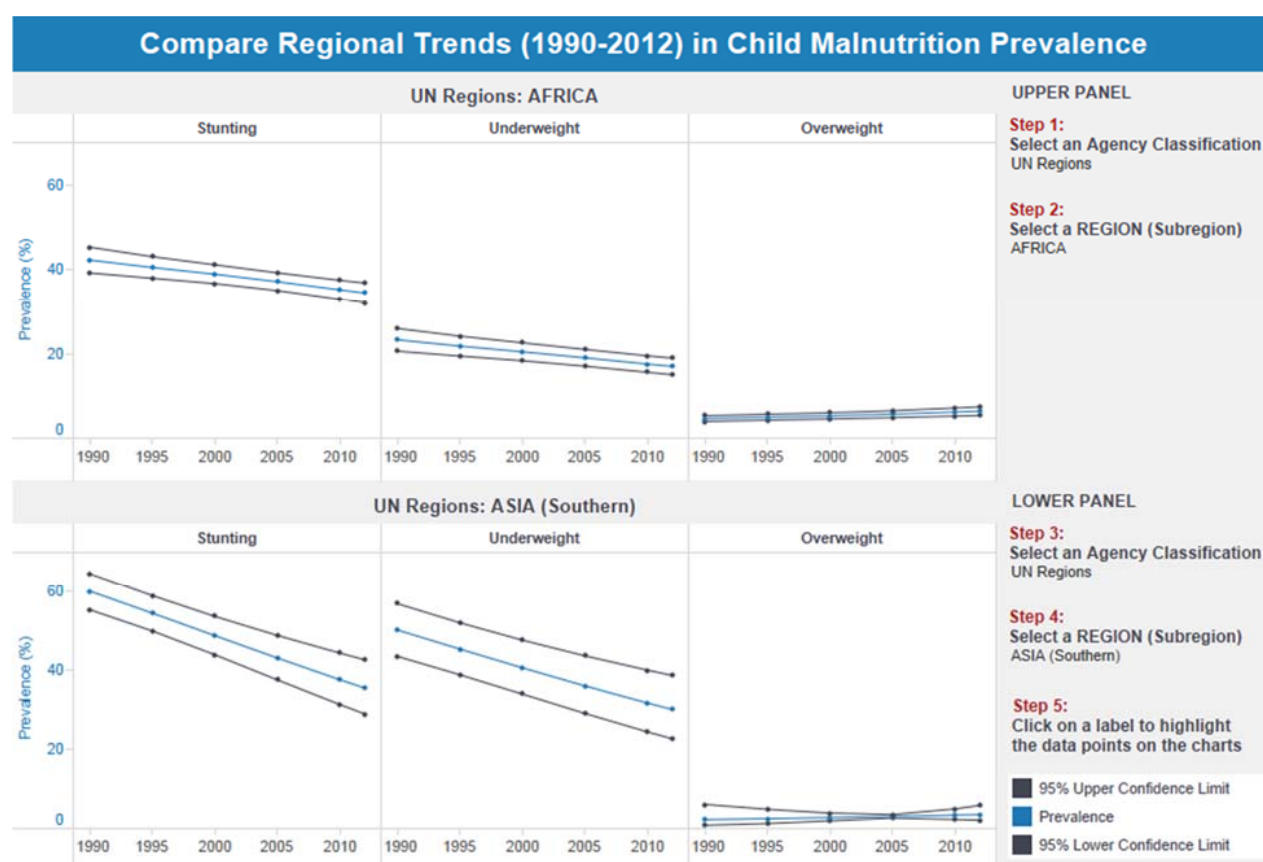
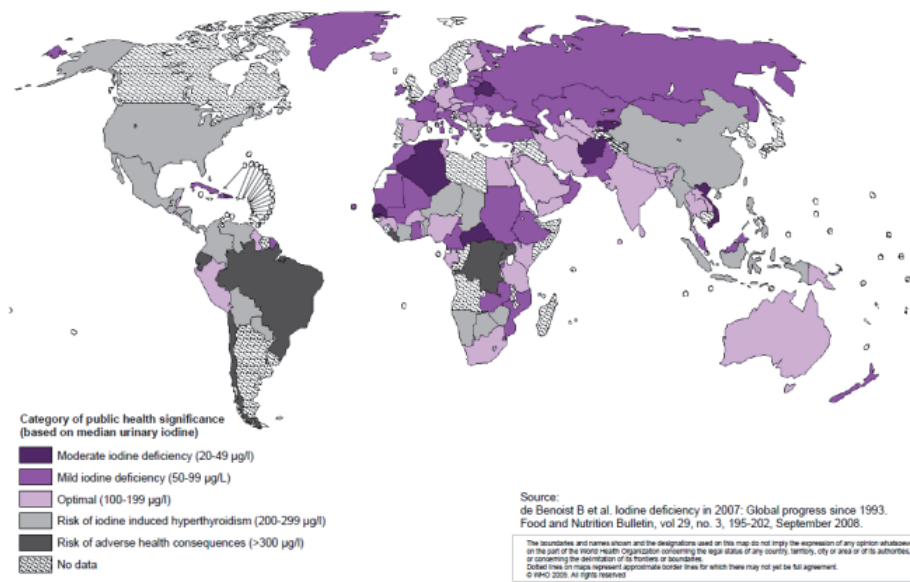


Figure 3: Prevalence of selected micronutrient deficiencies in Africa.

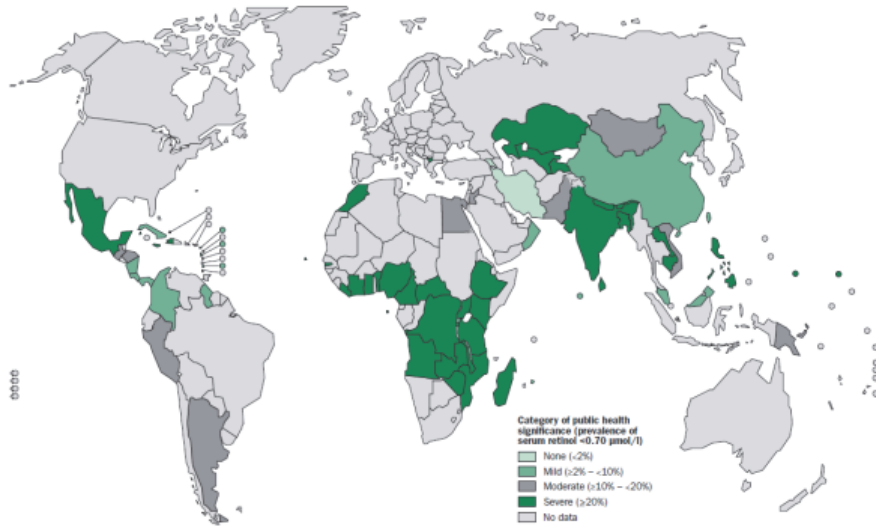
Degree of public health significance of iodine nutrition based on median urinary iodine: 1993-2006



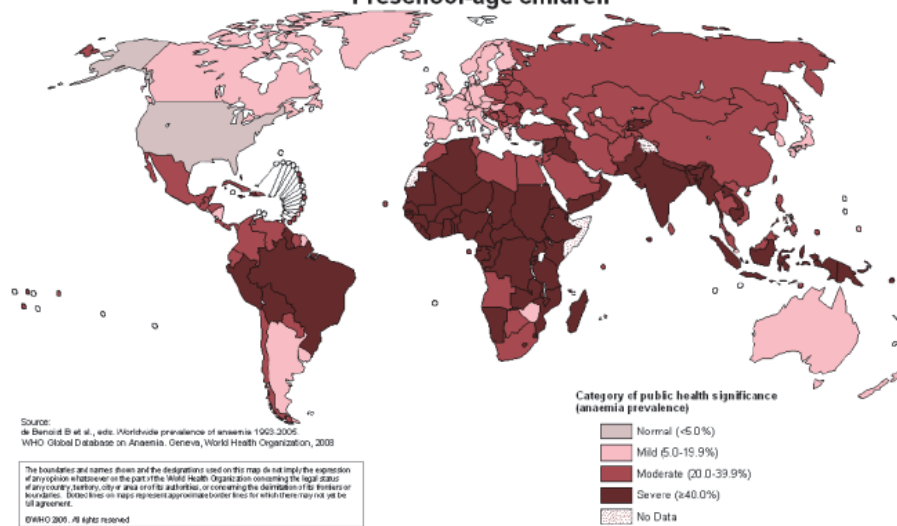
Biochemical vitamin A deficiency (retinol) as a public health problem by country 1995-2005:

Preschool-age children

a) Countries and areas with survey data



Anaemia as a public health problem by country: Preschool-age children



The situation of malnutrition in Africa falls significantly short of the targets set by the ARNS 2005-2015 and the reasons are discussed in more detail in Section II below (see Figure 2). During the period 2005-2015, a large number of African countries updated their national nutrition policies, strategies and action plans and put in place new institutional arrangements to support an acceleration or 'scaling-up' of nutrition actions. The ARNS 2005-2015 was a timely initiative by the AU and related agencies and it did provide inspiration and guidance to in-country efforts in Africa. This revised ARNS is based on these experiences. It is recognized that it is the responsibility of each AU member state to fulfill their obligations towards realization of the right to nutrition security for all their citizens, and that it is the role of the AU and its institutions and partner agencies to provide advocacy, guidance and support to these efforts. In addition, the AU has well established mechanisms to put in place accountability frameworks tailored towards nutrition, often aimed at strengthening 'nutrition governance' as a critical part of eliminating malnutrition as one of the perpetual obstacles in Africa's development. These aspects are discussed in more detail in section VIII of this document.

Finally, there are a number of significant new developments globally and in Africa after the adoption of the ARNS 2005-2015. These include among other issues, the:

- formulation of the AU Strategic Plan 2014-2017 and the AU Agenda 2063.
- publications of Lancet series on maternal and child malnutrition in 2008 (and later updated in 2013);
- 2012 World Health Assembly Resolution 65.6 which endorsed the WHO Comprehensive Implementation Plan for maternal, infant and young child nutrition;
- introduction and discourse on the concept of 'nutrition sensitive development' in many key sectors as articulated in an ever increasing number of applied trials and studies (see section VI).
- global 'food price and financial crisis' of 2008 which have resulted in increased and volatile food prices across the African continent. This in turn is led to serious concerns for 'sustainability of diets' and acceleration of the CAADP, and other initiatives in agriculture, rural development, industry and trade sectors.
- SUN movement which was initiated in June 2010 and currently include most African countries.
- 1,000 Days Initiative which promotes targeting effective actions and investments to improve nutrition in the first 1,000 days of life (from a woman's pregnancy through her child's 2nd birthday).
- Copenhagen Consensus which provide information on the most cost-effective development interventions.
- post-2015 Sustainable Development Goals (and targets), of which the AU has developed a Common Africa Position.
- recognition that chronic undernutrition among children (stunting) should be the ultimate goal for nutrition interventions; and the importance of childhood stunting and overnutrition to be critically linked to the dramatic increases in obesity, hypertension and other non-communicable diseases, (NCD), which are now being observed in almost all African countries.

Whereas the ARNS 2005-2015 dwelled on development of frameworks and operational strategies for nutrition programmes, the ARNS 2015-2025 represents a paradigm shift towards having the AUC as an implementing institution focusing on promoting the execution of existing policies and frameworks. The revised ARNS covers the period 2015-2025 and is consistent with the AU's vision and mission statements. It is also an articulation of the AUC's Strategic Plan 2014-2017 as it applies to nutrition issues in Africa, and advocacy initiatives including the African Region Initiative for Stunting Elimination (ARISE) – see section VI – and the work of the AU Nutrition Champion.

II. ANALYSIS OF THE PROBLEMS OF MALNUTRITION IN AFRICA AND THEIR CONSEQUENCES AND CAUSES

The continued high level of malnutrition in Africa is a matter of serious concern that goes far beyond the already well recognized public health impact. There is now new evidence to demonstrate that different forms of malnutrition have very significant consequences for physical, mental, cognitive and physiological development and, therefore, become a critical human rights issue. At the same time and for related reasons, malnutrition leads to decreased social and economic development of nations and, hence, becomes a very important political and economic development issue.

Particularly notable is the new scientific evidence that demonstrates the consequences of undernutrition, particularly 'stunting' (low length or height for age). Almost half of all child mortality in the world is associated with undernutrition. Recent evidence from the first phase of the COHA study¹ has clearly demonstrated that stunting is negatively associated with a number of critical socio-economic development indicators. According to this study:

- stunting contributes to at least one in every ten deaths (8% of all deaths) among children younger than five years in Africa;
- individuals who were stunted before their fifth birthday achieve 0.2 to 1.2 years of less school education compared to their non-stunted counterparts;
- stunting is associated with between 7 to 16 percent of repetitions among school children;
- between 1 to 8 percent reduction in workforces on the continent were due to child stunting;
- countries in Africa lose between 1.9 to 16.5 percent of their annual gross domestic product (GDP) because of childhood stunting.

It is important to recognize that stunting is not the main problem in itself but it is an important indicator that reflects the fact that the child has suffered from malnutrition during critical phases of physical, mental and functional developments during the first 1000 days of the child's life (starting with conception through fetal stages and birth up to 2 years of age). Most of these debilitating effects are irreversible. Stunted girls are more likely to give birth to undernourished babies – thereby perpetuating the cycle of undernutrition and poverty. A stunted child also have greater propensity for developing obesity and other chronic diseases during adulthood. With increasing urbanization, sedentary lifestyle and shifts in diets across most parts of Africa, obesity and associated chronic diseases is becoming a burgeoning epidemic alongside the high rates of stunting and other forms of malnutrition on the continent.

Efforts to reduce malnutrition in Africa have to be increased to properly address this situation. As of 2013, an estimated 56 million stunted children lived in Africa, which is considerably more than the 45 million estimated for the year 1990. It is now clearer than ever that the cycle of poverty in Africa can be broken by increasing investment and commitments of national governments and other development partners in nutrition interventions.

¹ Considers the results from Egypt, Ethiopia, Swaziland and Uganda, with a baseline of 2009.

Turning to the causes of malnutrition in the context of Africa, it is first important to recognize that malnutrition - being a complex problem - requires a 'conceptual framework' in order to distinguish different types and levels of causal factors and how these are related to one another and to the problem. The UNICEF conceptual framework for analysis of nutrition problems was used as the basis for the causal analysis in the ARNS 2015 - 2025. This conceptual framework as depicted in **Figure 1** describes undernutrition as the immediate consequences of insufficient nutrient intake and disease factors, both of which are the result of a number of underlying factors including limited availability and access to safe and nutritious foods, poor access to health services and unhealthy environment as well as inadequate care, especially of women and children. All these are rooted in basic factors, including adequate government commitment and resources that creates the required enabling environment for nutrition security. There are two major features in the conceptual framework with important **policy implications**:

1. Good nutrition is a result of three underlying conditions: household **food** security, adequate primary **health** services (including water and environmental sanitation) and optimal **care** and support, especially to children and women. Each of these conditions are necessary but none by themselves is sufficient to ensure optimal nutrition. This means that programs to control malnutrition have to be multisectoral. Successful nutrition actions normally need a well-coordinated approach by several key sectors with capacity to address food, health or care inadequacies, where and when they occur.
2. The second important policy implication of the conceptual framework is that fulfillment of each of the three necessary conditions, i.e. food, health and care, requires resources – human, economic and institutional. Nutrition policy and program development must include mechanisms for mobilization and allocation of resources according to needs, as well as accountability for both responsibilities/duties and effective use of the allocated resources. In other words: good nutrition governance.

Whereas it is quite obvious that the major types of malnutrition show common patterns across African countries, the same cannot be said with regard to the combination of causal factors which tend to differ, especially as we 'deepen' the situation analysis to 'immediate', 'underlying' and, eventually 'basic' causes of the problem (**Figure 1**). In terms of types of malnutrition, various forms of undernutrition, including stunting, wasting, underweight and low birth weight (LBW), anemia and some other forms of micronutrient deficiencies (especially iron, vitamin A, and iodine deficiencies), continue to prevail at levels of high public health concern in almost all African countries. What is new and very concerning is the rapid increase in over-nutrition, i.e. overweight and obesity and related problems of NCDs, especially hypertension, stroke and diabetes on the continent. The increase in overnutrition still appears modest in aggregate terms (**Figure 2**) but is much more dramatic in vulnerable population groups where NCD related mortality is rapidly recognized as one of the most serious emerging public health problems. This is a problem hitherto given insufficient attention by the nutrition managers in Africa. There is also increasing evidence that early childhood under-nutrition (especially stunting) increases the risk of obesity and NCDs later in life. A condition often referred to as the 'Double Burden of Malnutrition'.

There are some additional forms of micronutrient deficiencies which appear to require increased attention in Africa, including deficiencies of zinc (especially linked to severity of diarrhea among children), calcium during pregnancy (linked to the problem of eclampsia/pre-eclampsia) and several B-vitamins (including folate deficiency which is linked to the occurrence of neural tube defects among children). Others may be identified as research continues. For micronutrients, there has for a long time been a tendency to limit the causal analysis as well as the corresponding actions to the 'immediate level' (see **Figure 1**), directly related to the metabolism of the specific micronutrients such as measles for Vitamin A, malaria for anemia and, more recently, diarrhea for zinc. Since fortification and supplementation programs have been comparatively cost-effective to implement at large scale, and effective measures for measles and malaria control are also available, some of these 'nutrition specific' interventions (see **Section VI**) have dominated nutrition programming in Africa for the last decades. There are some clear successes from these programs, notably the dramatic reduction on iodine deficiency disorders as a result of effective salt iodization programs in most African countries. However, it can be concluded that in general over-dependency on a few selected nutrition specific interventions has not led to the expected improvements in the general levels of malnutrition.

The Double Burden of Malnutrition is the coexistence of both undernutrition and overnutrition in the same population across the life course. “Across the life course” refers to the phenomenon that undernutrition early in life contributes to an increased propensity for overnutrition in adulthood. The double burden of malnutrition affects all countries, rich and poor, and is a particular concern in countries with high stunting rates. The consequences of the double burden of malnutrition are enormous.

Early life undernutrition is an underlying cause associated with about half of young child deaths, globally. In Africa, it is documented that at least a 10 of young child deaths are due to malnutrition related causes. Among the survivors who become stunted during the first two years of life, their capacity to resist disease, to carry out physical work, to study and progress in school, are all impaired across the life course. Later in the life course, diet and nutrition, and especially obesity, are important underlying causes of many non-communicable diseases (NCDs), including hypertension, diabetes, cancer, stroke, and ischemic heart disease. The causes of the double burden of malnutrition are related to a series of changes occurring in the world called the **nutrition** transition, the **demographic** transition, and the **epidemiological** transition of countries. The solutions are reasonably well recognized in each of its parts: undernutrition and overnutrition. However, the solutions have not been combined into an overarching policy and program framework.

R. Shrimpton and C. Rokx, The Double Burden of Malnutrition – A Global Review, The World Bank, 2012

Most countries are currently reviewing their strategies and considering both more effective nutrition-specific (supplementation and fortification) intervention approaches and a shift to actions at the level of underlying causes (promoting optimal breastfeeding and complementary feeding, diet diversification, etc.). Almost all cases of under-nutrition in Africa – at the level of the immediate causes (**Figure 1**) – is a result of a combination of inadequate intake of nutrients and disease factors. The relative importance of these two causal factors varies with age and physiological status of individuals. For example, the age of a pregnant mother, the stage of pregnancy, the age of the child, the season and other factors could all influence their nutrient intake and susceptibility as well as response to infections. These immediate factors need to be closely monitored and addressed adequately to ensure nutrition security of the population. Regarding diseases, there is a long list of common childhood diseases identified to impact on nutrition outcomes. Some of them – like malaria and measles – are increasingly being controlled while others – like respiratory infections, diarrhea and HIV/AIDS – are only partly being contained. Considering the importance of maternal health and nutrition there are also a whole range of pregnancy conditions that need to be considered. Of comparatively high importance as a cause of stunting in most African children is the issue of feeding inadequacy. Exclusive breast-feeding is clearly shown to effectively prevent stunting during the first six months after birth but this is only happening for less than half of the children in Africa (with great variations among and within countries). This is very serious, but the subsequent period of 6 to 24 months of the child’s age is where the problem of inadequate complementary feeding (continuous breast-feeding together with provision of soft, semi solid and solid foods) is a major problem throughout the continent which is repeatedly being shown by reliable surveys. Typically, less than 20% of the children receive ‘adequate’ complementary feeding as measured by food composition, feeding frequency and inclusion of milk (including continued breast-feeding) or other animal proteins. In addition, there is a serious challenge to keep the children in a healthy environment and to provide hygienic feeding during this critical age period. There should be no wonder why the level of stunting in most African countries increases three-fold during the 6-24 months age period of the children.

In terms of interventions to control 'inadequate intake of nutrients', most African national nutrition programs include a component of breast-feeding promotion focusing on three major parts: a) early initiation, b) exclusive breast-feeding for the first six months of life, and c) continued breastfeeding (with feeding other foods) up to 24 months. However, a series of evaluations demonstrate the need to improve the effectiveness of these programs. Improvements have to be done both in terms of building the capacity of health workers to undertake more effective communication to and counselling of mothers and to provide more attention to other 'environmental' factors that influence infant and young child feeding, including improving the practices of health staff, limiting the promotion of commercial breast milk substitutes, providing working mothers the opportunity to breast-feed (in the formal and informal sectors), ensuring adequate maternity leave for mothers and encouraging support from husbands, families and communities. Apart from breast-feeding promotion, actions to improve complementary feeding is also pursued by most African countries and there is now a strong effort to expand breast-feeding promotion to more comprehensive Infant and Young Child Feeding (IYCF) programs with strong emphasis on 'behavioral change communication' (BCC). Considering the importance of the mother's social situation as an 'enabling factor' for both breast-feeding and complementary feeding, it is strongly advised to adopt a significant component of 'social change communication' in these IYCF communication approaches – in other words, the need for Social and Behavioral Change Communication (SBCC). There seems to be a great opportunity and great potential gains of good coordination and experience exchanges between these IYCF SBCC initiatives within and across different countries to avoid delays and ensure good results in this critical area of actions for stunting reduction in Africa. The majority of programs implemented during complex emergencies (especially droughts, famines and among war afflicted refugees and internally displaced persons) also encourage optimal breastfeeding and complementary feeding. Among these are the provision of supplementary foods such as the 'Ready to Use Therapeutic Food' (RUTF), for children with severe acute malnutrition (SAM). Children in this condition are at heightened risk of death in which case RUTF (locally produced or prepared if possible) needs to be administered and this should be considered as a treatment for a life-threatening condition and applied broadly in Africa and elsewhere. This intervention is normally referred to as community management of acute malnutrition (CMAM).

Until recently national nutrition programs in Africa were almost all confined to actions/interventions belonging to the categories above – usually referred to as 'nutrition specific interventions' (see Section VI). The problem of restricting nutrition actions to these options is that a) it is difficult to achieve a complete elimination of malnutrition since it will be impossible to reach all children with the critical intervention at the right place at the right time, and b) if the conditions at the underlying and basic levels are not addressed the problems at the immediate and impact levels will continue to be generated and the need for the interventions never ceases. Hence, there is presently a very appropriate shift – or rather expansion - of focus to actions addressing underlying and basic causes of malnutrition. ARNS 2015-2025 fully support this development shift/expansion and encourage the AU Member States to intensify their efforts to better understand and act upon these causes. A quick review of some of the countries which are already demonstrating significant improvement in their nutrition situations will provide some initial guidance on the issues that need to be considered.

Some countries in Africa (including Senegal, Ethiopia and Rwanda) have recorded significant reduction in stunting during recent years. All of these countries are very different albeit similar within a wider African political, geographical, cultural and social context. They all have been implementing 'typical' national nutrition programs with a 'package' of (primarily) nutrition specific interventions (including vitamin A supplementation, de-worming, iron-folate supplementation in pregnancy, CMAM in selected circumstances, breast-feeding promotion, and general public education on the importance of a 'balanced diet'). These interventions were implemented alongside other programs on integrated management of childhood illnesses. The same package, however, is implemented in most other African countries, which have not recorded such significant

reductions in levels of childhood stunting. What is special about these countries is the following 'good development practices' which they implemented in a concerted manner and not one-by-one:

- highest level of political leadership with explicit priority for nutrition;
- making government functionaries accountable for results on nutrition;
- putting in place an effective primary health care system that extend to almost every village (i.e. wider coverage);
- including nutrition as part of the job description of with village health workers;
- actively addressing food security issues;
- emphasizing on participatory rural development approach with strong community structures;
- pursuing decentralization based on local capacity development;
- accelerated primary school enrolment with special emphasis on girls' education;
- implementing other programs for women's empowerment (control of female genital mutilation, FGM, support to microcredit for women, etc.);
- initiating a strong poverty reduction/social protection programs.

Each of these development policy and programmatic approaches are designed differently in the three countries based on their respective conditions and capacities. What the list implies is the type of nutrition sensitive developments that are likely to lead to long-term, sustainable nutrition improvements. These type of development approaches to be selected in order to accelerate nutrition improvements in other countries and affected population groups should be based on a careful analysis of underlying and basic causes in each specific case.

It follows from the above that assessment and analysis of the causes of malnutrition is a critical step in order to ensure effective allocation and use of resources. Since, as will be discussed in more detail below, the problems of malnutrition and their causes tend to differ from one place or individual to another and change over time, **it is necessary for each country to build up their own capacity** to regularly assess and analyze their nutrition situation to enable proper planning and implementation of actions ("Triple A", see **Section VI**). It must be recognized and re-emphasized that there is no universal 'solution' to the problems of malnutrition. The only universally applicable principle is to ensure that decision-makers starting from parents, community leaders, district/provincial officials, up to parliamentarians, ministers and other leaders all understand the problem of malnutrition well enough to enable them to make the right policy, program, project and activity decisions as and when needed. What is new and extremely helpful is that, based on global research and knowledge sharing, there now exists a whole range of 'tools', specific interventions and policy research that can help the individual 'nutrition actor' to know the options and to take the right decisions. This will be further elaborated in **Section VI**.

III. NUTRITION AND FOOD SECURITY IN THE CONTEXT OF THE AUC STRATEGIC PLAN AND OTHER AU STRATEGIES

The AUC has recently undertaken and completed a major 'institutional review' based on the previous AUC (2009-2014) strategic plan, its outcomes and operational effectiveness. The exercise resulted in a major revamping and strengthening of the institution and formulation of the next, 2014-2017 AU Strategic Plan. The mission statement of the AUC has been reformulated with a clear intention towards stronger results through improved operational efficiency and relevance of work of the commission.

The AUC Strategic Planning process included a review of existing organizational priorities and strategies. As a result, a new set of 'pillars', priorities, outcomes and outputs were agreed and the relationship between these carefully defined. The 7 major outcome areas are depicted in the box below.

Mission of the AUC

To become "an efficient and value-adding institution driving the African integration and development process in close collaboration with AU member states, the Regional Economic Communities (RECs) and African citizens".

THE OUTCOMES OF THE AUC STRATEGY 2014-2017

Outcome 1: Peace and stability, good governance, democracy and human rights as foundations for development and stable societies promoted.

Outcome 2: Policies and institutions for increased agricultural production, expanded value addition and market access, and sound environmental and natural resource management for increased incomes and improved food and nutrition security in place.

Outcome 3: Inclusive economic development and industrialization driven by economic integration, continental infrastructural projects, and private sector - led intra African Trade and Global access and sustainable utilization of the continents natural resources promoted.

Outcome 4: Policies and Programmes to enhance health, quality education and employable skills underpinned by investment in services, science, research and innovation in place.

Outcome 5: Strategies for resource mobilization, including alternative and additional sources of funding, to enable Africa to finance its programmes and development in place.

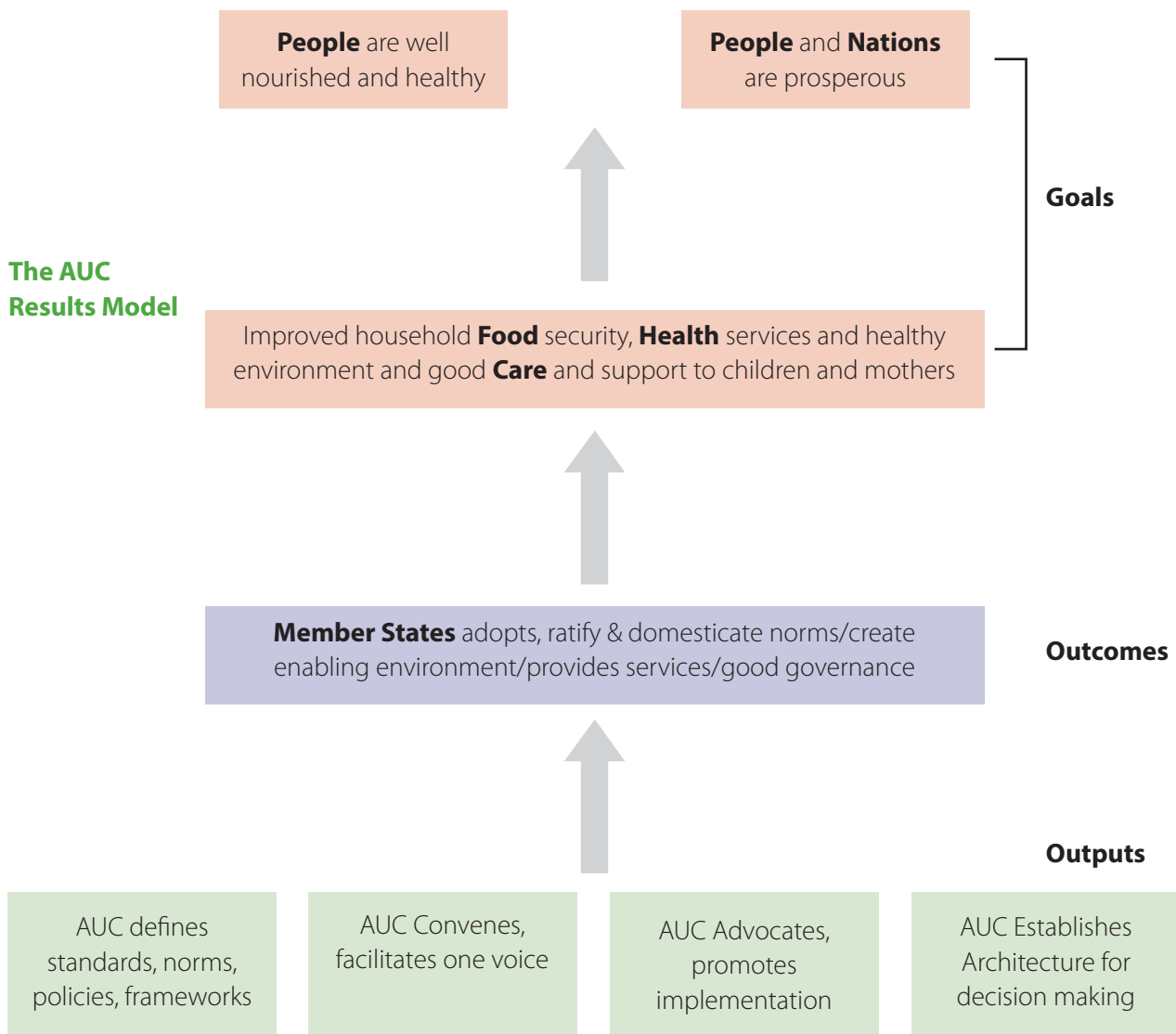
Outcome 6: A People-centered Union with the participation of Member States and other stakeholders in defining and implementing the African Agenda attained.

Outcome 7: Institutional capacities of the AUC strengthened, and relations with RECs and other AU Organs and with strategic and other partners enhanced.

A review of the outcome areas above shows that sectors and functions critical for nutrition security are spread out across all 7 outcome areas. This means that for nutrition and for the ARNS 2015-2025 to be effectively implemented, managed and coordinated by the AUC, some special and dedicated mechanisms need to be put in place such as establishing a secretariat for that purpose. This is discussed further in section VII. Another great achievement with the AUC strategic planning process is that the specific roles of the Commission in terms of advocacy, in providing policy and programmatic guidance and in setting standards and promoting good governance have been well articulated. As one result of this, the Department of Rural Economy and Agriculture (DREA), has drafted a strategic plan for 2014-2017².

Following the example of the DREA strategy, the ARNS 2015-2025 has adopted the following 'results model' which will be articulated in terms of outcomes, outputs and activities in the subsequent sections.

Figure 4: The ARNS 2015-2025 Results Model



² Department of Rural Economy and Agriculture, Draft Strategic and Operational Plan, 2014-2017.

IV. OBJECTIVES OF THE ARNS 2015-2025

All African countries have adopted the global targets for nutrition improvements as agreed by the World Health Assembly in 2011. These targets, as stated below, are, therefore, adopted as the **ARNS 2015-2025**

Impact Objectives:

1. 40% reduction of the number of African children under 5 years who are stunted by 2025;
2. 50% reduction of anemia in women of child-bearing age in Africa by 2025;
3. 30% reduction of low birth weight in Africa by 2025;
4. No increase of overweight in African children under 5 years of age by 2025;
5. Increase exclusive breast-feeding rates during the first six months in Africa to at least 50% by 2025;
6. reduce and maintain childhood wasting in Africa to less than 5% by 2025.

These targets represent a global framework, endorsed at international level by all the regions of the world. The AUC will continue to work with its Member States, RECs and partner institutions, to put in place specific initiatives and programs to support the achievement, and hopefully exceed these targets. In line with the results model depicted in **Figure 4** above, the following strategic activities will be undertaken to ensure the needed enabling environment, programs and good governance for nutrition are in place to facilitate achievement of the targets:

ARNS 2015-2025 Strategic outcome 1: *AUC defines standards, norms, policies and frameworks for AU Member State adoption and ratification.*

Process outputs:

- 1.1 All AU Member States officially join internationally agreed upon nutrition initiatives such as the SUN Movement;
- 1.2 All AU Member States update their National Nutrition Policies, Strategies and Action Plans to align with AU's nutrition policies, including the ARNS 2015 - 2025, whilst at the same time tailoring these national policies to updated analyses of the nutrition situation in the country and a consensus on most appropriate actions and interventions to address these problems;
- 1.3 AUC and its nutrition supporting and implementing partners, including the RECs, establishes clear accountability structures to monitor implementation of the ARNS 2015-2025 and take actions on slow or deviating developments as required.

ARNS 2015-2025 Strategic outcome 2: *AUC convenes, and facilitates consensus ("One voice") on matters regarding nutrition security in Africa.*

Process outputs:

- 2.1 AUC and its nutrition supporting and implementing partners, including the RECs, convene regional and/or sub-regional conferences and meetings on nutrition and food security issues that require a common African position and understanding;
- 2.2 AUC and its nutrition supporting and implementing partners, including the RECs, commission African cross-country policy and operational research studies in key nutrition scaling-up priority areas. These studies should adopt an explicit African capacity development approach;
- 2.3 AUC and its nutrition supporting and implementation partners, including the RECs, appoint special technical working groups, reference groups, community of practice, etc. in key technical areas related to the operationalization of agreed nutrition scaling-up priority programmatic areas.

ARNS 2015-2025 Strategic outcome 3: *AUC advocates and promotes implementation of nutrition security policies and programs.*

Process outputs:

- 3.1 An updated African nutrition situation analysis and ARNS progress report to be submitted for discussion at the AU Heads of State and Government Summit every third year and with an 'end-line' evaluation report presented in 2025.
- 3.2 Formulation and implementation of an ARNS 2015-2025 advocacy and communication plan using ARISE as a cornerstone and promoting all AU Member States to join this initiative as well as launch their own 'stunting elimination' advocacy and communication initiatives.
- 3.3 Effective utilization of the ADFNS - October 31 of each year, as an opportunity to create public awareness of the ARNS 2015 - 2025.
- 3.4 Establishment of an African Nutrition Champions group of eminent and suitable African leaders who will be committed and supported to engage in ARNS 2015 – 2025 advocacy and communication activities across the continent.

ARNS 2015-2025 Strategic outcome 4: *AUC establishes architecture of decision-making on the implementation of the ARNS 2015 – 2025.*

Process outputs:

- 4.1 AUC and RECs establish appropriate ARNS 2015 - 2025 management structures and mechanisms within (and beyond) their institutions;
- 4.2 AUC and RECs put in place effective Management Information System to facilitate effective implementation and reporting on ARNS 2015 – 2025;
- 4.3 AUC, RECs in collaboration with other Nutrition Coordinating agencies (such as the SUN movement) and other partners establish a system for stakeholder and activity mapping and monitoring to provide information on all agencies involved in the scaling-up of nutrition actions across the African continent.

V. ARNS 2015-2025 IMPLEMENTATION STRATEGIES

The fact that most AU Member States have already joined the global SUN movement offers exceptionally good opportunities to benefit from the strong momentum and processes of this vibrant initiative, while at the same time, maintain special focus on issues and policy priorities of the AU. The ARNS 2015-2025 endeavors to pursue this strategic approach. The Global SUN movement has four key strategic objectives:

1. Stakeholder mobilization and organization
2. Policy and regulatory frameworks
3. Common results framework
4. Resource mobilization

Each of these four SUN strategic objectives has a well developed and established implementation processes and reporting mechanisms that the SUN countries have adopted and are following. Each of these strategic objectives are also central to the multi-sectoral and multi-stakeholder approach adopted by ARNS 2015-2025. AUC with its nutrition supporting and implementing partners will consequently promote and support AU Members States to join the SUN movement and to implement and regularly report on the four key SUN strategic objectives. This will form the bulk of the ARNS 2015 – 2025 activities under its strategic outcome activity 1. The ARNS 2015 - 2025 strategic outcome 2 will focus on the leadership role of AUC and its partners institutions to provide in order to establish a strong common position and understanding of nutrition issues across the African continent whenever needed and justified (within the context of Africa's natural and historical diversity). This will enhance integration and shared values within the continent. Key activities under this strategic area will include regional meetings, knowledge sharing, appointment of 'expert groups' and 'task forces' on critical issues.

The ARNS 2015 – 2025 strategic outcome 3 will cover the important advocacy role that the AUC and partners should play through mobilizing the African political, institutional and traditional leadership in the efforts to end hunger and malnutrition on the continent. What the ARNS will do is to make these efforts more systematic and harmonized by synchronizing messages, events and processes to establish a strong understanding of the problems at hand and a common resolve regarding the way forward.

Finally, the ARNS 2015 – 2025 strategic outcome 4 will address the need for improved institutional frameworks for the management and accountability of the nutrition scaling up process in Africa, focusing primarily at the level of the AUC and RECs, whilst providing guidance to strengthen in-country nutrition governance.

VI. OVERVIEW OF NUTRITION ACTIONS AND INTERVENTIONS

One area within the global nutrition arena that has seen very dramatic and useful developments recently is around the issues of nutrition actions and interventions³. Starting with the Lancet series on maternal and child nutrition in 2008⁴ and 2013, these developments have resulted in much more advanced awareness, evidence and applied knowledge on how specific nutrition actions can reduce malnutrition. As these interventions, based on actual implementation costs, could be given a ‘price tag’⁵, it became possible to start talking about a nutrition ‘investment plan’ to rid the world from malnutrition. The World Bank/Horton initially estimated that it would require 10 billion US dollars per year. This in turn created the foundation for the World Bank ‘Global Action Plan’ which was later transformed (with some important modifications) into the SUN movement in 2010. The 2008 Lancet series listed around 13 nutrition interventions that were regarded to have sufficient evidence of being cost-effective in lowering levels of malnutrition and predicted that if these interventions (often called the ‘Lancet series’ interventions) were implemented with adequate coverage and quality across the countries affected by under-nutrition, the global problem of malnutrition (excluding over-nutrition) would be contained.

While accepting that ‘the Lancet series’ interventions are, indeed, likely to lead to significant reduction in corresponding nutrition conditions and deficiencies (severe acute under-nutrition, complementary feeding inadequacies, vitamin and mineral deficiencies), it is increasingly argued that an affordable ‘package’ of these interventions is not likely to lead to a complete elimination of all forms of malnutrition, nor would this approach address the underlying and basic causes of the problem (see **Figure 1** and Section II); meaning that these interventions would have to be continued ‘forever’ since the conditions that generated and will continue to generate these problems are not being addressed.

Consequently, it is now agreed that a package of ‘Lancet series’ interventions need to be complemented with actions to address the underlying and basic causes of malnutrition and the concepts of ‘**nutrition specific and nutrition sensitive actions**’ were introduced. There is still some confusion on how to define and apply these concepts but – for the purpose of ARNS 2015 – 2025 and its implementation – it is recommended to simply use the understanding that ‘nutrition specific interventions’ refer to actions addressing the ‘immediate causes’ of malnutrition (**Figure 1**), while ‘nutrition sensitive actions’ refer to actions addressing the ‘underlying causes’. This definition has subsequently been reflected in the recent update of the Lancet maternal and child nutrition series⁶ as depicted in **Figure 5**, which listed 10 nutrition specific interventions and proposed the need to make other national development sectors sensitive to nutrition, whilst at the same time building an enabling environment to promote nutrition.

Careful research, extensive applied work and reviews during recent years have provided a good knowledge-base for selecting and implementing nutrition specific interventions. At present, the new emphasis on nutrition sensitive actions is leading to a ‘ground-swell’ of efforts to better define, assess effectiveness and costs of such actions, especially:

a) Nutrition sensitive agriculture which is expected to be particularly important for Africa where most of the citizens are still involved in agriculture and will remain so in the foreseeable future. Agriculture in Africa, therefore, needs to rapidly be transformed to both provide household (and not only national) food security but in a way that does not jeopardize health and care needs of the women and children. In other words, Agriculture in Africa should be transformed to provide both food and nutrition security. This calls for a

3 Note: since the word ‘intervention’ has a connotation of ‘top-down’ intrusion, ‘action’ is usually preferred in participatory development discourse.

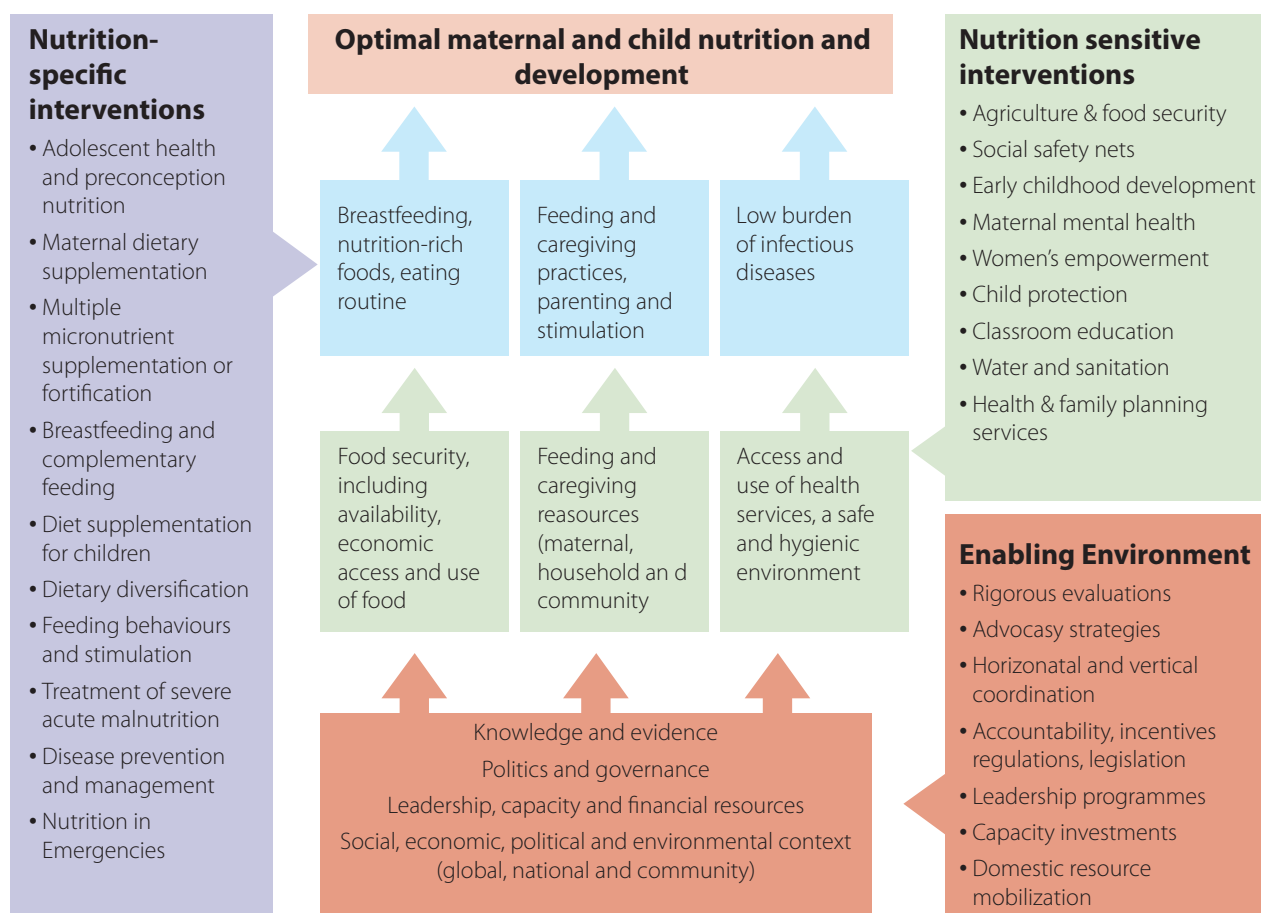
4 *Lancet*, (2008).

5 Sue Horton.

6 *Lancet*, (2013).

paradigm shift towards improving both quantity and quality of foods produced, engaging more women in agriculture and including women's empowerment activities, such as improving women's knowledge and skills in agriculture and nutrition, control over assets/resources and increased involvement in household decision making. Many African countries have recently started this development, primarily as a result of the CAADP emphasis on agriculture and rural development, 'with nutrition lenses'⁷.

Figure 5: Nutrition-specific and nutrition sensitive interventions



Key Recommendations for Improving Nutrition through Agriculture Programmes (FAO, 2013):

1. Incorporate explicit nutrition objectives and indicators into their design, and track and mitigate potential harms.
2. Assess the context at the local level, to design appropriate activities to address the types and causes of malnutrition.
3. Target the vulnerable and improve equity through participation, access to resources and decent employment.
4. Collaborate with other sectors (health, environment, social protection, labor, water and sanitation, education, energy) and programmes.
5. Maintain or improve the natural resource base. Manage water resources in particular to reduce vector-borne illness and to ensure sustainable, safe household water sources.
6. Empower women.

⁷ CAADP Agriculture Nutrition Capacity Development Initiative 2011-2013, AUC/NEPAD.

7. Facilitate production diversification, and increase production of nutrient-dense crops and small-scale livestock.
8. Improve processing, storage and preservation to retain nutritional value and food safety, to reduce seasonality of food insecurity and post-harvest losses, and to make healthy foods convenient to prepare.
9. Expand market access for vulnerable groups, particularly for marketing nutritious foods.
10. Incorporate nutrition promotion and education that builds on existing local knowledge, attitudes and practices.

b) Nutrition sensitive social protection which has been the main reason for some very impressive improvements of the nutrition situation in many Latin American countries and is likely to become an increasingly important avenue for nutrition improvements also in Africa as the continent is rapidly urbanizing and diversifying economic activities. The already adopted African Social Protection Policy⁸ provides a suitable platform to develop and apply this approach.

c) Nutrition sensitive water and sanitation where new evidence demonstrate dramatic improvements in stunting as a result of hand-washing with soap and control of open defecation.

d) Nutrition sensitive education where better knowledge and understanding of nutrition among young 'parents-to-be' and improving the nutritional status of adolescent girls opens new avenues for nutrition actions, including actions to contain obesity and related NCDs.

e) Nutrition sensitive trade and industry aiming to make food production and marketing play a key role in providing more nutritious foods for the consumers

In addition to these, it is well documented that nutrition sensitivity of development programs can be enhanced by engaging women in these interventions, and by ensuring such interventions include measures that protect and promote the nutritional wellbeing, physical and mental health, social status and decision making ability of women. By declaring the year 2015 as the *"Year of Women Empowerment and Development towards Africa's Agenda 2063"*, the AUC is undertaking several initiatives regarding women empowerment which will likely have positive effect on the continent's nutrition security. In general, social development programs should also be used as a platform to deliver the nutrition sensitive interventions, in order to increase the coverage/scale of these sensitive intervention. For example, agriculture and social protection programs can be used as a platform to offer behavioural change communication on nutrition to families who are participating in such programs. We can expect new evidence and experiences adding to the list of viable nutrition actions and ARNS 2015 – 2025 includes several strategic actions to ensure that African nutrition managers will both be in the forefront in this learning process and will have access to the global knowledge-sharing mechanisms in these areas.

Whereas nutrition specific and nutrition sensitive actions, addressing 'immediate' and 'underlying' causes of malnutrition (**Figure 1**), respectively, have received major emphasis during recent years and resulted in diminished focus on community-based approaches (See box), comparatively little attention has been given to the critical 'basic' (structural) causes of the problem. **Figure 5** refers – somewhat vaguely - to actions to address these causes as 'enabling environment' but it is obvious that actions at this level are predominantly political and need to be given primary attention if a truly rights-based approach is to be realized. Donors and aid organizations tend to shy away or to be excluded from such actions but this is certainly not the case for the AU whose main agenda is primarily a political one. The ARNS 2015 - 2025 will, therefore, make provisions

8 AU Social Policy Framework.

Community-Based Nutrition Approaches

The introduction and the discourse around the new concepts of 'nutrition specific' and 'nutrition sensitive' actions have many advantages – particularly as it puts more emphasis on the need for a multi-sectoral approach to addressing problems of malnutrition. With more focus on the role of key sectors, however, the importance of participatory, community-based approaches seems to fade!

This is very concerning since most countries in Africa and, indeed, the AU itself are embracing a people-focused, human rights based approach to development and this was also a major focus of the ARNS 2005-2015. There should not, however, be any contradiction between the need for community-based and multi-sectoral nutrition approaches. In fact, all nutrition actions need to have a family and a community focus since this is where the problems of malnutrition prevail. It is also noteworthy that most of the well-known successful nutrition programs in Africa has not only been community-based but the approach as adopted has, indeed, served to bring the various key sector resources together within the community context where the role of health workers, community development and agriculture agents, etc. can more easily be understood as it becomes clear who are the children, women and families facing nutrition problems.

What is needed is that each of the key agencies and sector representatives as they engage in nutrition work adopts sound principles of human rights and participatory development practices, learns from the rich experiences of community development work in Africa and applies these lessons in the quest to rid the African continent from the scourge of hunger and malnutrition.

This principle does not least apply to the health sector which has to play a key role in the control of malnutrition. New needs and emphasis to establish sophisticated medical treatment facilities must not take place to the detriment of effective community-based, preventive health services without which malnutrition cannot be contained under present conditions in Africa.

to expose political, socio-economic and cultural causes to malnutrition as part of the nutrition situation analysis and propose actions to address these. Strengthening of *nutrition governance* will provide the major opportunities in this respect (see **Section VIII**). A major part of the actions to create an 'enabling environment' that is more conducive to realization of the right to nutrition security is advocacy and communication. The AUC, RECs and their partners will formulate a comprehensive 'advocacy and communications strategy' to become an integral part of the ARNS 2015-2025 implementation process (see Table 1). This work has already started, for example with the AUC already developing a concept note and proposal for a continental campaign against child stunting dubbed - the African Region Initiative for Stunting Elimination (ARISE 2025 initiative) and the work of the AU Nutrition Champion.

THE ARISE-2025 INITIATIVE

ARISE - 2025 is an AUC-led continental campaign to be implemented with support through the UN Cluster on social and human development and other development partners. The overarching objective of the campaign is to seek and maintain nutrition high on the development agenda of the continent by building awareness and fostering political commitment as well as increase resources to stunting elimination. In addition, ARISE 2025 will also generate and share knowledge on nutrition by developing, in partnership with specialized institutions and the academia, evidence based information to improve the capacity of Member States for efficient and effective child nutrition programs and interventions. Through this campaign, relevant nutrition information will be shared at political and technical forums on the African continent. Thus the campaign will serve as a mechanism that brings together global, regional and national nutrition efforts and initiatives in order to maximize their impact through improved coordination, communication and dissemination of knowledge, in support of the elimination of child stunting in Africa. The AUC supported through the UN cluster on Social and Human Development will be the premier mechanism to develop and coordinate the implementation of ARISE's work plan and the ATFFND will provide the strategic guidance hereto.

AUC-LED ARISE 2025

A key activity of ARISE will be the organization of a continental forum “Towards the Elimination of Child Undernutrition in Africa: 10 and 5 by 2025” every three years in order to evaluate progress towards this goal, share breakthrough knowledge and renew commitments from member states, partners and stakeholders on this goal. Additionally, ARISE will work to establish a knowledge sharing platform as a permanent resource to member states to share progress and best practices in stunting in Africa, as well as set up a virtual network of practitioners and policy makers that can serve as a link for interaction and improved coordination of nutrition activities at continental, sub-regional and national levels.

In addition to these outputs the ARISE will enhance AUC’s capacity to contribute to wider nutrition goals, by working with specialized agencies and partners to implement specific outputs. Some good examples of on-going actions are the Cost of Hunger studies with WFP/ECA and the updating of the Regional Nutrition Strategy with UNICEF/EU.

Figure 5 provides clear actions that can be considered for addressing the causes of malnutrition (see Figure 1). Since it is impossible to implement all these nutrition actions everywhere, the choice of a particular nutrition action, or combination of actions to implement need to be based on a careful analysis of the problem of malnutrition in a particular context (where, when, affecting whom, why?). With the problem of malnutrition being *complex* (not fully predictable) and changing all the time, management of nutrition problems also require an ongoing process of 1) **assessing** the magnitude of the problem (who, where, when?), 2) **analysis** of the causes of the problem, and 3) **selection** and implementation of **actions** followed by a repeat of this process: 1b) re-assessment to see if actions are effective or situation has changed, 2b) re-analysis to understand changes or lack thereof, and 3b) selection and implementation of revised/improved set of actions, etc. The problem of malnutrition is also **context-specific**, and therefore such Assessment-Analysis-Action (Triple-A)⁹ Cycle needs to be put in place or strengthened at every level AND location where important decisions are taken regarding how existing resources are to be used in order to best eliminate the problem. This means that while important lessons and knowledge can be learnt from research and experiences from around the world, there will never be a ‘universal solution’ to the problem of malnutrition in a given situation. Instead: **elimination of malnutrition in Africa will require local capacity.**

Figure 6: Triple-A Cycle



⁹ The concept of the Triple-A Cycle as well as the conceptual framework (Figure 1) in nutrition programming both emerged from the Tanzania JNSP (UNICEF 1987).

VII. INSTITUTIONAL FRAMEWORK FOR IMPLEMENTING THE ARNS 2015-2025

The AUC Strategic Plan 2014-2017 is an effort to better focus the work of the AU, the AUC and its related agencies and partners towards more effective implementation of agreed policies and plans and achievement of results. Nutrition security is mentioned in several places but has not been given any explicit focus or strategic consideration. As a result, nutrition issues, concerns and potential actions are split up across most

Capacity Development for accelerated nutrition actions in Africa

Building, strengthening and sustaining local capacities are of highest priority across all of the strategic areas of African Union mission. The specific capacities required for effective control of malnutrition in Africa can easily be derived from the Triple-A Cycle:

Assessment: All AU Member States need to establish well-functioning nutrition monitoring and surveillance systems that allows nutrition managers at all levels – including family and community level – to properly assess the magnitude, trends and linkages between signs of malnutrition and potential causal factors. These systems should be ‘home-grown’ as no effective manager can depend on ‘external’ assessments to be providing the type of information s/he needs at the critical time for preventative and curative nutrition actions. Recurrent national nutrition assessments, like DHS and MICS surveys are helpful to establish ‘benchmarks’ and reference points but are too infrequent and aggregate to allow for operational nutrition management decisions.

Analysis: Correct interpretation and understanding of nutrition information requires scientific knowledge and skills meaning that all nutrition managers at different levels and in different locations need to be trained in nutrition programming and be part of a national ‘knowledge sharing’ process led by an appropriately qualified and equipped academic/training institution.

Action: All good assessments, analyses and plans will be useless if there is no capacity to implement the plans! Implementation capacity in terms of well-staffed and functional ‘extension’ services in Primary Health Care, Agriculture, Social Welfare, Water and Sanitation, Community Development, Microcredit and others. Hence, capacity assessment and capacity development have to be an integral part of nutrition programming at national and sub-national levels. Human resources, Economic resources as well as Organizational resources are all important aspects of capacity assessment and capacity development planning.

Awareness and Accountability: This is what drives the Assessment-Analysis-Action- Cycle forward and is based on a good general awareness of the problems of malnutrition, agreement on what should be done and on who are responsible and, indeed, an effective system for holding those responsible to account. These are the core aspects of Nutrition Governance and all governments aspiring to accelerate the reduction of malnutrition need to systematically and consistently make sure these capacities are in place in all locations and at all levels of nutrition programming and management in their countries.

An ARNS 2015-2025 Capacity Development Plan based on these principal priorities needs to be formulated at an early stage of implementation – See Table 1

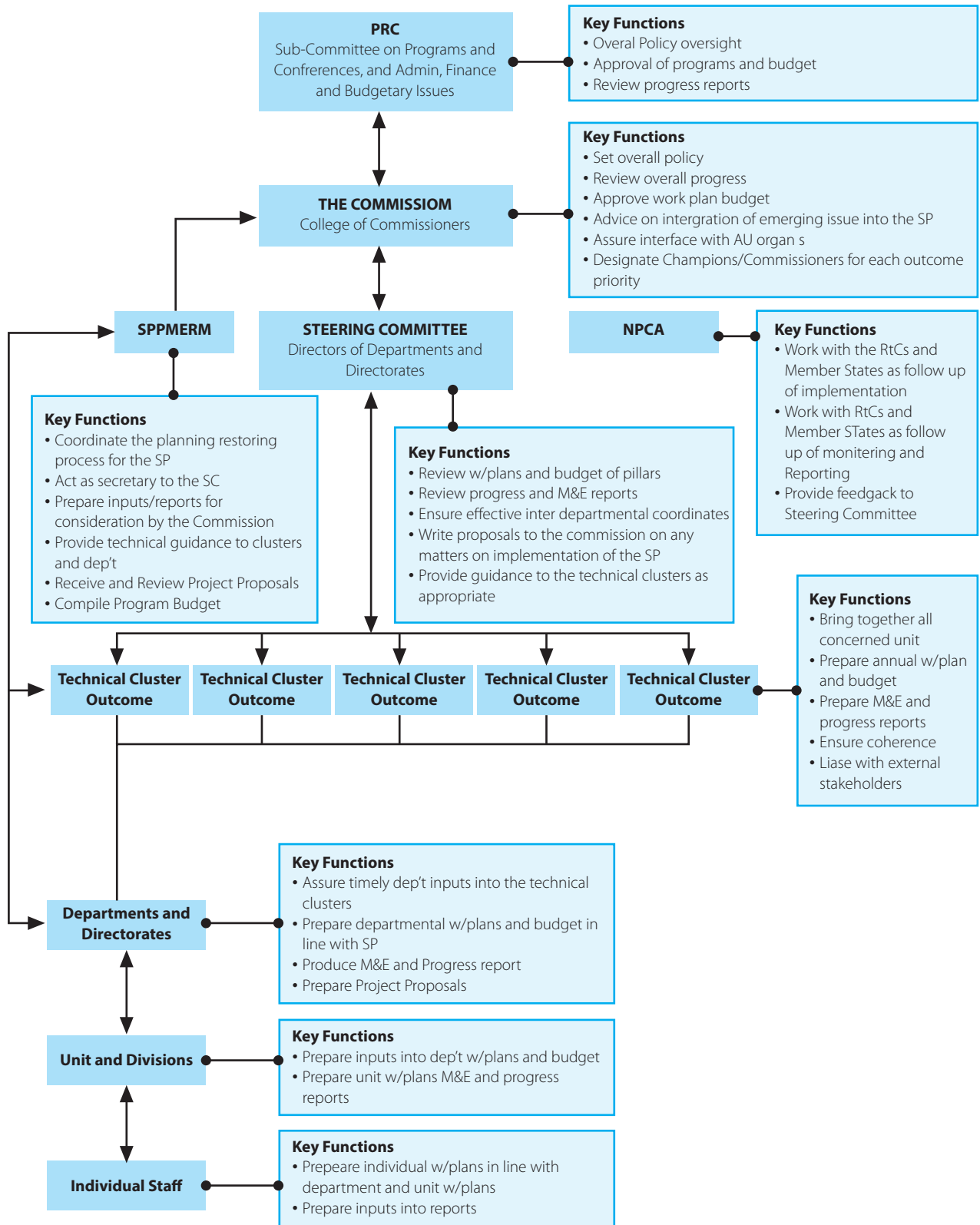
of the defined outcomes (and associated outputs) of the AUC strategic plan (see box of AUC Outcomes in Section III). In particular the following:

- **Outcome 2** (Policies for sustainable development, increased agriculture production...)
 - Output 2.1: (Member State implementation of CAADP priority programs including animal resources as an instrument to *boost agricultural production and productivity for food and nutrition security*);
- **Outcome 4** (policies and programs to enhance health, education and employable skills...)
 - Output 4.1: implementation of the Africa Health Strategy (AHS) promoted;
 - Output 4.2: strategies for quality education, skills development and services, particularly for women and youth are designed and promoted
 - Output 4.4: frameworks for social security and protection of vulnerable groups (children, ...) promoted;
 - Plus selected outputs from other Outcome areas, for example:
 - Output 1.5: legal and shared values instruments, based on African and Universal instruments promoted, particularly those focusing on the rights of women, youth...;
 - Output 3.1: enabling policy frameworks for inclusive development formulated, promoted and implementation capacity of AU Member States enhanced;
 - Output 6.2: stakeholder involvement in the African Agenda implementation, which reflects cultural and linguistic diversity, equal participation of women, youth and vulnerable groups improved;
- **Outcome 7:** institutional capacities of the AUC improved, and relations with RECs, AU Organs and with strategic and other partners strengthened

Since the management and coordination mechanisms for the implementation of the AUC Strategic Plan 2014-2017 are set up to reflect the agreed outcomes, outputs and 'pillars' as well as 'priorities' (**Figure 7**), it is clear that nutrition as a multi-sectoral concern is likely to 'fall between the chairs' unless special provisions are agreed and put in place.

It is, therefore, proposed to put in place one additional technical (outcome) cluster on nutrition comprising appropriate staff from the departments of Social Affairs and Rural Economy and Agriculture of the AUC. The problem would be that this 'inter-departmental' technical cluster would not have any dedicated Director nor Commissioner at the levels of the Steering Committee and Commission, respectively, i.e. nobody with the mandate and authority across the concerned departments, priorities and pillars. The critical need to define and establish a coordinating body with authority/mandate to convene all relevant sectors and actors for multi-sectoral and multi-stakeholder nutrition work is an issue that is currently being addressed in most of the countries joining the global SUN movement. At country level, the solution is normally to 'lift up' the coordinating role for nutrition to an appropriate 'super' ministry or coordinator, e.g. the President's, the Vice President's, the Prime Minister's Office or the Planning Commission. In the case of AUC, one option would be to place nutrition in a national office that has enough capacity to deliver the desired results and ability to engage other sectors. The RECs play the major role as an 'intermediary' between the AU and its Member States, particularly on technical and programmatic implementation matters. It is, therefore, imperative that each REC conducts a careful organizational review to define how to best establish a strong implementation management structure for their role in the implementation of the ARNS 2015-2025. Regarding other AU partners and collaborating agencies, the ATFFND, is already well established and well functioning forum consisting of AU, RECs, NEPAD and partner agencies (including UN, NGOs and donors) who meets regularly, and will organize and coordinate support for the implementation of the ARNS 2015-2025. The AUC Technical Cluster for implementing the ARNS 2015 – 2025 work with the ATFFND to develop a three year detailed implementation plan of the ARNS 2015 -2025 at baseline and the beginning of every 3 years to guide the implementation of the strategy. This 3 – year implementation plan will then define the work plans of each year.

Figure 7: Implementation Arrangements



VIII. ARNS 2015-2025 MONITORING, EVALUATION AND ACCOUNTABILITY FRAMEWORKS

The ARNS 2015 - 2025 will adopt a framework that closely follows the ARNS 2015 - 2025 'Results Model' as depicted in **Figure 4**. The process will be implemented as a 'three-tier' approach:

Outputs will be monitored continuously and the results compiled and reported **annually** to the AUC (in particular the "college" of Commissioners). Intermediary reports and indications of significant deviations will be reported to the AU Steering Committee.

Outcomes and Goals (Impact): A comprehensive report on the ARNS 2015 - 2025 outcomes will be compiled every three years for submission to the AU Assembly. The first of these submissions will be the baseline (see below) early in 2016; intermediary reports in 2019 and 2022; and the final submission will be the end-line, final evaluation of the ARNS 2015-2025 early 2025.

Baseline a comprehensive (first) status report on the situation of nutrition security in Africa should be prepared and submitted to the AU Assembly in January 2016

End-line and final evaluation report on the implementation of the ARNS 2015-2025 will be submitted to the AU Assembly in 2025.

Accountability shall be facilitated by the ATFFND as per AU mandate [AHG/Res.224 (XXIX)] of 1993.

The Annual ARNS Progress Report

The report will be compiled by the end of every calendar year by the proposed AU Technical Cluster for Nutrition (see section VII) and submitted to the AU Steering Committee to forward to the AUC. The report will compile, summarize and analyze implementation of the activities in ARNS 2015 - 2025 strategic outcomes 1-4, based on the work-plans prepared at the beginning of each year. These work-plans will have clear targets and indicators to facilitate the end-year assessments (see **Table 1**).

All ARNS 2015 – 2025 reports will include a summary of all output and an assessment of both outcomes (see **Figure 4**). For this purpose a technical team with the necessary competencies and integrity needs to be contracted – preferably from an appropriate African institution to assess and prepare this report. The AU Technical Cluster for Nutrition will be responsible for overseeing the preparation of the report and for submission to the AU Steering Committee. The Steering Committee will oversee the final submission to the AU Commission and the AU Permanent Representative Council (PRC) or Summit.

Table 1: Summary of ARNS 2015-2025 Key Outcomes and Outputs

Strategic outcomes	Process outputs	Key Activities	Verifiable indicators
<p>Strategic outcome 1:</p> <p><i>AUC defines standards, norms, policies and frameworks for AU Member State adoption and ratification</i></p>	<p>1.1 All AU Member States officially join internationally agreed upon nutrition initiatives such as the SUN Movement</p>	<p>1.1.1 AUC, RECs and partners advocate for AU Member States to join the global SUN movement and other global nutrition initiatives Proportion of AU Member States who have joined the SUN movement</p>	<p>Proportion of AU Member States who have joined the SUN movement</p>
	<p>1.2 All AU Member States update their national nutrition policies, strategies and action plans to align with AU’s nutrition policies, including the ARNS 2015 - 2025, whilst at the same time tailoring these national policies to updated analyses of the nutrition situation in the country and a consensus on most appropriate actions and interventions to address these problems</p>	<p>1.2.1 AUC, RECs and partners provide guidance to AU Member States to establish multi-sectoral and multi-stakeholder nutrition policies, legal frameworks and action plans as well as the associated management and coordination mechanisms for its implementation</p>	<p>Proportion of AU Member States with established and functional multi-sectoral coordinating bodies and multi-stakeholder ‘platforms’</p> <p>Proportion of AU Member States with multi-sectoral nutrition policies/ frameworks and plan of action.</p> <p>Proportion of AU Member States who have implemented a multi-sectoral nutrition policies/ frameworks/plan of action</p>
	<p>1.3 AUC and its nutrition supporting and implementing partners, including the RECs, establishes clear accountability structures to monitor implementation of the ARNS 2015-2025 and take actions on slow or deviating developments as required</p>	<p>1.3.1 AUC, RECs and partners provide guidance to AU Member States on formulation of common results frameworks for Nutrition based on options for effective actions (see section VI)</p> <p>1.3.2 AUC, RECs and partners promote and guide AU Member States on budgeting and expenditure tracking systems for implementation and accountability of nutrition activities</p>	<p>Proportion of AU Member States that have current (updated as per implementation period indicated) common results framework on nutrition with budget and M&E framework included</p> <p>Proportion of AU Member States that have systems in place to allow continuous tracking of activity implementation and expenditures according to agreed Common Results Frameworks on nutrition</p>

Strategic outcomes	Process outputs	Key Activities	Verifiable indicators
Strategic outcome 2: <i>AUC convenes, and facilitates consensus, "One voice" on matters regarding nutrition security in Africa</i>	2.1 AUC and its nutrition supporting and implementing partners, including the RECs, convene regional and/or sub-regional conferences and meetings on nutrition and food security issues that require a common African position and understanding	2.1.1 AUC, RECs and partners organize at least one nutrition conference/meeting on key topical areas every year	Number of relevant Nutrition conferences and meetings conducted or supported in a year
	2.2 AUC and its nutrition supporting and implementing partners, including the RECs, commission African cross-country policy and operational research studies in key nutrition scaling-up priority areas. These studies should adopt an explicit African capacity development approach	2.2.1. AUC, RECs and partners prepare an updated African Nutrition Situation Analysis every three years to be tabled and discussed at AU meetings (including the AU Summit) 2.2.2. AUC, RECs and partners formulate African Nutrition Capacity Development Plan for implementing the ARNS 2015-2025 – see Section VII.	African Situation Analysis conducted every third year: yes or no? African Nutrition Capacity Development plan related to ARNS 2015 – 2025 developed: yes or no?
	2.3 AUC and its nutrition supporting and implementation partners, including the RECs, appoint special technical working groups, reference groups, community of practice, etc. in key technical areas related to the operationalization of agreed nutrition scaling-up priority programmatic areas	2.3.1. AUC, RECs and partners appoint African Expert Committees and task forces to review key nutrition issues to guide the implementation of the ARNS 2015 - 2025	Number of African expert committees and task forces initiated and activities of these groups during the period of ARNS 2015 - 2025

Strategic outcomes	Process outputs	Key Activities	Verifiable indicators
Strategic outcome 3: <i>AUC advocates and promotes implementation of nutrition security policies and programs</i>	3.1 An updated African Nutrition Situation Analysis and ARNS 2015 – 2025 progress report to be submitted for discussion at the AU Summit every third year (and with an ‘end-line’ evaluation report presented in 2025)	3.1.1 AUC, RECs and partners undertake special facts finding initiatives, including supporting the preparation and wide dissemination of nutrition “Profiles” and “Cost of Hunger” studies	Number of nutrition profiles and/or Cost of Hunger Studies report produced during the reporting year. Baseline report of ARNS 2015 – 2025, produced: yes or no? Endline report of ARNS 2015 – 2025 produced; yes or no?
	3.2 Formulation and implementation of an ARNS 2015-2025 advocacy and communication plan using ARISE as a cornerstone and promoting all AU Member States to join this initiative as well as launch their own ‘stunting elimination’ advocacy and communication initiatives.	3.2.1. AUC, RECs and partners formulate and implement ARNS 2015 – 2025 advocacy and communication plan 3.2.2. AUC, RECs and partners initiate the ARISE continental campaign 3.2.3. AUC, RECs and partners initiate continental campaign on food fortification	ARNS Advocacy and Communication Plan developed: Yes or No?
	3.3 Effective utilization of the African Day for Food and Nutrition Security (ADFNS) - October 31 of each year, as an opportunity to create public awareness of the ARNS 2015 - 2025.	3.3.1. AUC, RECs and partners organize and support the commemoration of the African Day for Food and Nutrition Security every year to advocate for increased attention to nutrition security in Africa	ADFNS commemorated each year: yes or no? Total number of AU Member States who commemorated the ADFNS by 2025

Strategic outcomes	Process outputs	Key Activities	Verifiable indicators
	3.4 Establishment of an African Nutrition Champions group of eminent and suitable African leaders who will be committed and supported to engage in ARNS 2015 – 2025 advocacy and communication activities across the continent.	3.4.1. AUC, RECs and partners initiate an African Nutrition Champion scheme 3.4.2. AUC, RECs and partners initiate and African Nutrition Ambassador's scheme	An African Nutrition Champion identified every 2 years, and supported to carry out nutrition advocacy activities African Nutrition Ambassadors identified every 2 years, and supported to carry out nutrition advocacy activities Report of activities carried out under this scheme produced each year
Strategic outcome 4: <i>AUC Establishes Architecture of Decision-Making on the implementation of the ARNS 2015 - 2025</i>	4.1 AUC and RECs establish appropriate ARNS 2015 - 2025 management structures and mechanisms within (and beyond) their institutions;	4.1.1. AUC and RECs establish structures and mechanism within the institutions for management and coordination of the ARNS 2015 - 2025	Technical Cluster for overseeing implementation of ARNS 2015 – 2025 established within AUC; yes or no? A focal person for ARNS 2015 – 2025 implementation identified within each of the RECs; yes or no?
	4.2 AUC and RECs put in place effective Management Information System to facilitate effective implementation and reporting on ARNS 2015 – 2025;	4.2.1. AUC, RECs and partners strengthen accountability for the implementation of ARNS at continental, regional and AU Member State levels by including ARNS 2015 – 2025 implementation in existing continental, regional and national peer review mechanisms, including the African Peer Review Mechanism (APRM) and the African Committee on the Rights and Welfare for the Child (ACRWC)	Number of AU Member States reviewed by existing AU peer review mechanisms (such as APRM and ACRWC) during reporting year Number of reports on ARNS 2015 – 2025 implementation prepared during the reporting year

Strategic outcomes	Process outputs	Key Activities	Verifiable indicators
	4.3 AUC, RECs in collaboration with other nutrition coordinating agencies (such as the SUN movement) and other partners establish a system for stakeholder and activity mapping and monitoring to provide information on all agencies involved in the scaling-up of nutrition actions across the African continent.	4.3.1. AUC, RECs and partners design and establish stakeholder and activity mapping/ monitoring system on the continent	Number of AU Member States with established stakeholder and activity mapping system proving relevant information on nutrition activities.

Nutrition Governance and Accountability

Nutrition governance – or rather the lack thereof – is increasingly seen as the main reason why much of nutrition efforts in the past have failed to result in significant and sustained improvements. It is important to fully recognize the challenges involved and particularly in consideration of the need for multi-sectoral governance, i.e. effective coordination and management of responsibilities, resources and accountabilities across a number of critical government sectors as well as non-government actors. In order to succeed, nutrition programs need to provide support to families and communities to better understand and respond to the underlying nutrition security needs (Food, Health and Care) of the children and women and then to provide critical services and support as and when the families and communities are facing challenges to provide such support, i.e. when this is beyond their capacity.

Nutrition governance is first and foremost about governments but then needs to define more precisely what particular aspects of government responsibilities are critical for the purpose of effective management of multi-sectoral nutrition actions. The UN Network, REACH, defines Strong ‘nutrition governance’ countries as those where the government has recognized that they are responsible for ensuring that their citizens’ right to nutrition security is realized and to that end, has:

- committed to having a national nutrition action plan, which is also part of the national development strategy, on how to fulfill their commitment;
- set up inter-sectoral coordinating committees;
- established multi-stakeholder mechanisms to ensure effective participation;
- allocated budget lines for nutrition strategies and plans; and
- conducted regular assessments and surveillance to ensure the efforts are leading to improved food and nutrition security for all.

The AUC, will review existing models and options for promoting and monitoring of nutrition governance implementation within AU Members States and propose the system to best aligns with existing AU mechanisms and processes. It is recognized that the AU has several accountability mechanisms in place, e.g. the African Peer Review Mechanism (APRM), and the African Committee on the Rights and Welfare for the Child (ACRWC). Therefore, the ARNS 2015-2025 review and accountability processes will be integrated into these existing systems. The ARNS 2015-2025 implementation will include a mechanism on how to operationalize the best option for the governance that is expected to be mainstream into a system that already exists and works.

Stakeholder and Activity Mapping and Monitoring

For a number of purposes the AUC, RECs and partners will need to have improved access to information on the key actors and their respective activities in order to maintain an overview of activities carried out in the implementation of the ARNS 2015 - 2025 and the AU Member States national nutrition action plans. Usually such information is collected through 'mapping' exercises but it is recognized that in order to establish continuity in nutrition management and coordination there is a need to move from mapping to monitoring of stakeholders and activities. AUC and the SUN movement stakeholder networks are in the process of establishing such stakeholder and activity monitoring systems in all SUN member countries. The information from this activity monitoring will be accessible by the AUC, RECs and partners through the SUN country (government) focal points. For countries currently not members of SUN, the AUC will support the establishment of comparable systems – if needed through stand-alone mapping exercises, using similar procedures.

IX. THE WAY FORWARD

This ARNS 2015-2025 will be adopted by the AU Heads of State and Governments in order to provide guidance to a systematic and consistent effort to eliminate the problems of hunger and malnutrition across all AU Member States. It also details the specific role and tasks that the AUC and its implementing agencies (including RECs) and partners will undertake in order to lead and support the implementation process of the strategy according to their respective mandates and capacities. Being a ten-year strategy, the emphasis of the ARNS 2015-2025 is to establish overall objectives and priority areas of action to pursue during this period. It is not a plan of action with detailed activities and budgets. Instead, it is intended to provide a clear and consistent framework for formulating specific 3-year strategic plans both at the continental (AUC) and regional (mainly RECs) levels to guide AU member States in development of their national strategies and action plans for nutrition activities. The need for regional- and national based specific strategic plans is dictated by the fact that there is a great diversity on the African continent in terms of the conditions and factors that determine the nutritional status of the people living in these areas which needs to be addressed in the respective regional, national and sub-national plans to control the problems of malnutrition. Each of the regional and national plans needs to consider such specific conditions and opportunities in their respective areas and build up a system for support to country level planning, implementation, monitoring and evaluation accordingly. The RECs will consequently play a decisive role in the implementation and regular monitoring and evaluation of the ARNS 2015-2025 and their roles will be described in more detail in the 3 year detailed implementation plan of this strategy.

The overall responsibility to oversee and guide the implementation of the ARNS 2015-2025 will lie with the AUC who will formulate the 3-year strategic plans, implement regional activities, monitor and evaluate progress and solicit support from AU Member States, Donors and Partners as required for successful implementation of the ARNS 2015-2025. However, the ATTFND, should continue to serve as a mechanism for annual review of progress, identification of opportunities and obstacles, in-depth analysis of specific priority issues and for technical and financial support on all issues related to the ARNS 2015-2025 and related African Food Security programs and initiatives.

X. APPENDIX

Table 2 Risk Analysis

RISK	CONSEQUENCES	MITIGATION
Climate change with accelerated negative impact on African food production, including droughts, floods and disease patterns.	Household food security increasingly difficult for farmers and poor communities. This leading to nutrition security being undermined	Intensified implementation of CAADP with special reference to sustainable diets and nutrition aspects
Civil and political strife	War and insecurity will always pose threats to food and nutrition security in affected populations	AU to continue its bold efforts to conflict resolution in Africa
Nutrition security receiving insufficient attention in national development plans and budget allocations	National nutrition policies and plans not sufficiently well developed, resourced and implemented	AU advocates and use available accountability mechanisms, e.g. APRM, to address the problem
Social transformation processes, e.g. urbanisation, unemployment, exclusion, aging populations, etc.	A number of social transformations will affect food, health and care and thereby nutrition security	AU and partners to support research and consultations to identify social transformations with negative impact and promote ways to address these
African leaders as well as AU Member States citizens having insufficient understanding of the impact of malnutrition and how to contain the problems	Ending hunger and malnutrition in Africa will require understanding and commitment at all levels	AU and partners – through the ARNS process - to formulate and update nutrition advocacy, education and communication strategies and aggressively support implementation of these
AU Member States having insufficient capacity to persistently assess, analyze and act/implement upon their problems of malnutrition	Insufficient capacity to both understand and to take action on nutrition problems will constitute a major challenge to ending hunger and malnutrition	AU and partners – through the ARNS process - to support all AU Member States to develop nutrition capacity development plans and to aggressively implement these
Implementation of Member States national nutrition Policies and Plans failing due to insufficiently strong nutrition governance mechanisms	The multi-sectoral and complex nature of nutrition problems are fraught with challenges of responsibilities and accountabilities resulting in poor implementation and low achievement of objectives	AU and partners – through the ARNS process – to promote good nutrition governance in all Member States
Insufficient funding of national nutrition programs due to insufficient domestic resources	Many AU Member States may not be able to allocate sufficient resources (financial, technical) to manage and to implement national nutrition plans	AU and partners – through the ARNS and other processes (e.g. SUN) to advocate for increased funding (including official development assistance) to nutrition developments in Africa

