

“Food Insecurity in Africa: the Situation Analysis”

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Outlines

- Introduction.
- Main Gaps and their related needs:
 - * Strategies and political issues.
 - * Poverty.
 - * Hunger and food insecurity.
 - * Hidden hunger.
 - * Growth retardation.
 - * Nutrition-related chronic diseases.
- Additional needs.

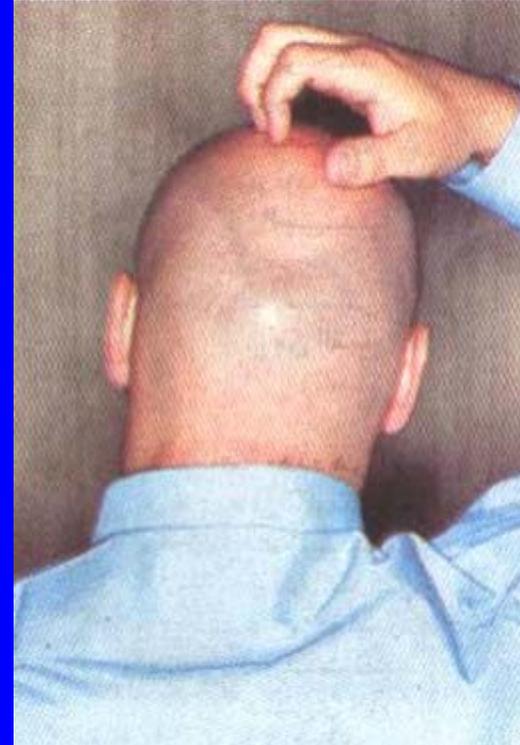
By 1992 the nutritional status in Africa had become worse and was characterized by:

- * Inadequate food production and availability.**
- * Food shortage.**
- * Famines.**
- * High rates of child and maternal malnutrition.**
- * Specific nutrient deficiencies.**
- * Low dietary intake.**
- * Additionally, there was inadequate access to clean water supply and sanitation.**

- ❑ **Since then, many African countries have achieved significant improvement in their nutritional status.**
- ❑ **However, progress was slow in some other African countries, especially in sub-Saharan region.**
- ❑ **Indicators of under-nutrition, poverty rate and state of food insecurity clearly reflected the current unacceptable situation of nutrition of these countries.**

- ❑ **An estimated 200 million people in Africa can now be classified as undernourished—almost 20 percent more than in the early 1990s.**

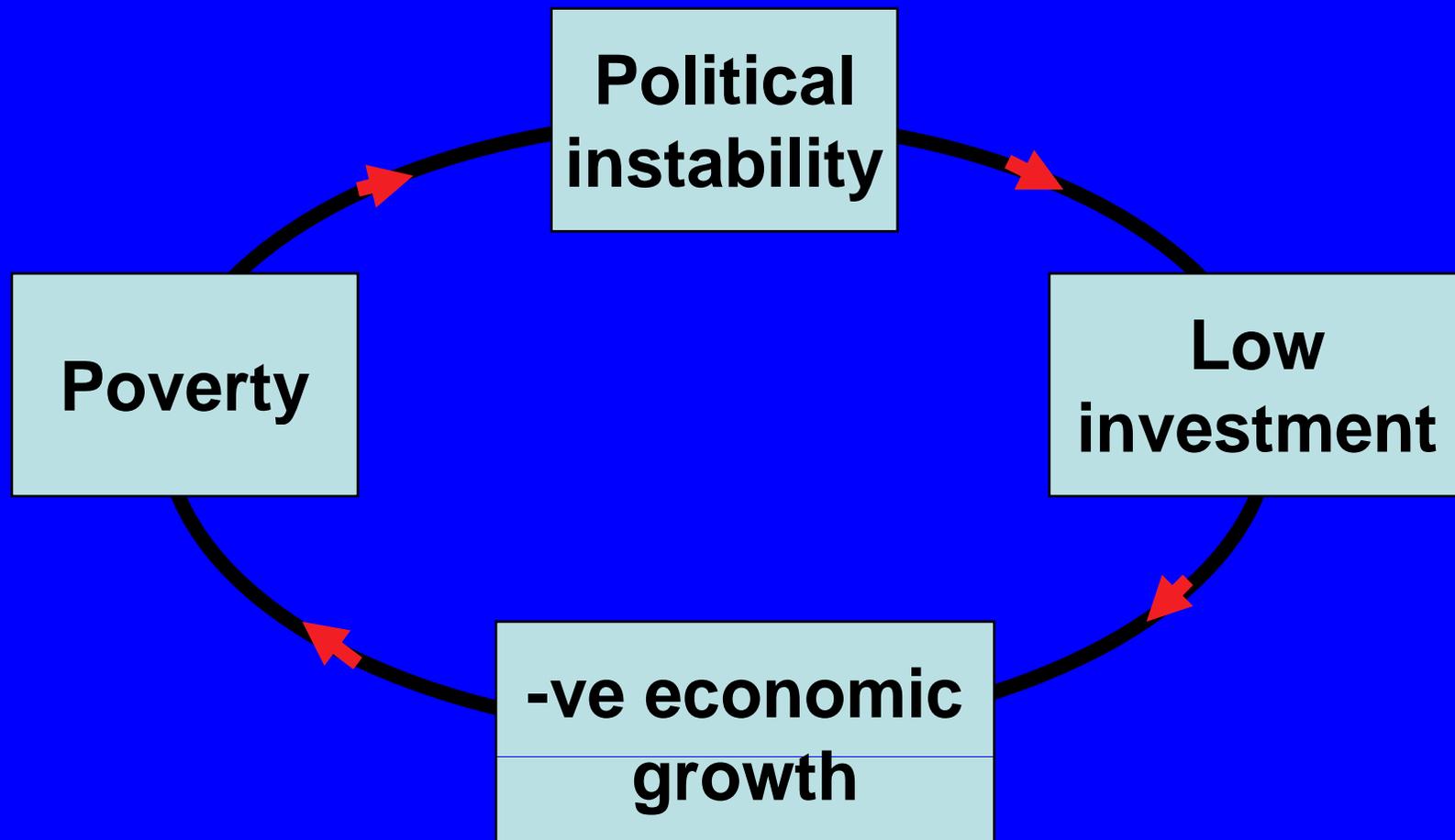
GAPS And NEEDS



**Gap 1:
Strategies
And
Political Issues**

- ❑ **Despite decades of nutrition advocacy, most developing countries (specially in Africa) and development agencies still do not adequately recognize nutrition in their policies and strategies.**
- ❑ **The major reason might be the competition for resources among different sectors and a conflict between sector-oriented development strategies.**

The vicious circle of political instability



Needs

- Clear strategies to guide future policy and investment decisions are needed for sustaining and accelerating growth to reach the poverty reduction and nutrition improvement MDGs.**
- Induction of the political will to support improving nutrition.**

- Increasing awareness among governments of the region and the regional and international development partners, and the community on:**
 - * The nature and magnitude of nutrition problems in Africa.**
 - * Their implications for the development of the continent.**
 - * Advocate for additional resources for nutrition.**

- ❑ **Redirecting budget priorities towards the nutritional needs.**
- ❑ **Overcoming the 10/90 gap.**
- ❑ **“The greatest single challenge facing our globalized world is to combat and eradicate its disparities” (Nelson Mandela).**

❑ However, the problem is not only related to lack of policies and strategies, but it is also related to their implementation.

❑ This might be a result of little commitment and lack of the financial needs for the implementation; that is to say, it is because of Poverty.

Gap 2:

Poverty

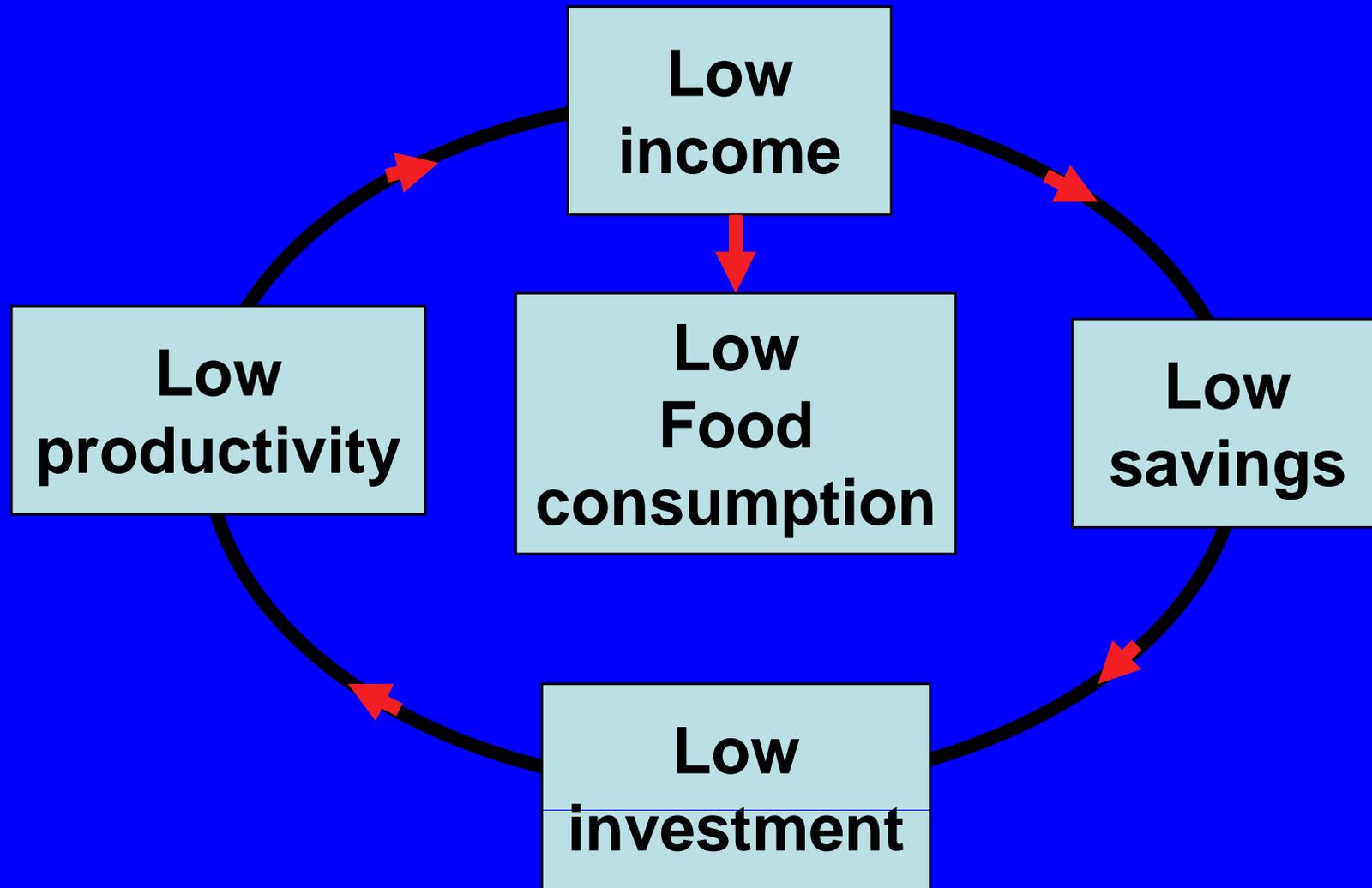
Poverty

Malnutrition

Hunger

- ❑ Structurally, poverty is the backbone of all the nutritional problems in Africa due to its direct impact on the capacity of individuals, households, communities and nations to meet their needs and obligations for a healthy and prolonged life.**

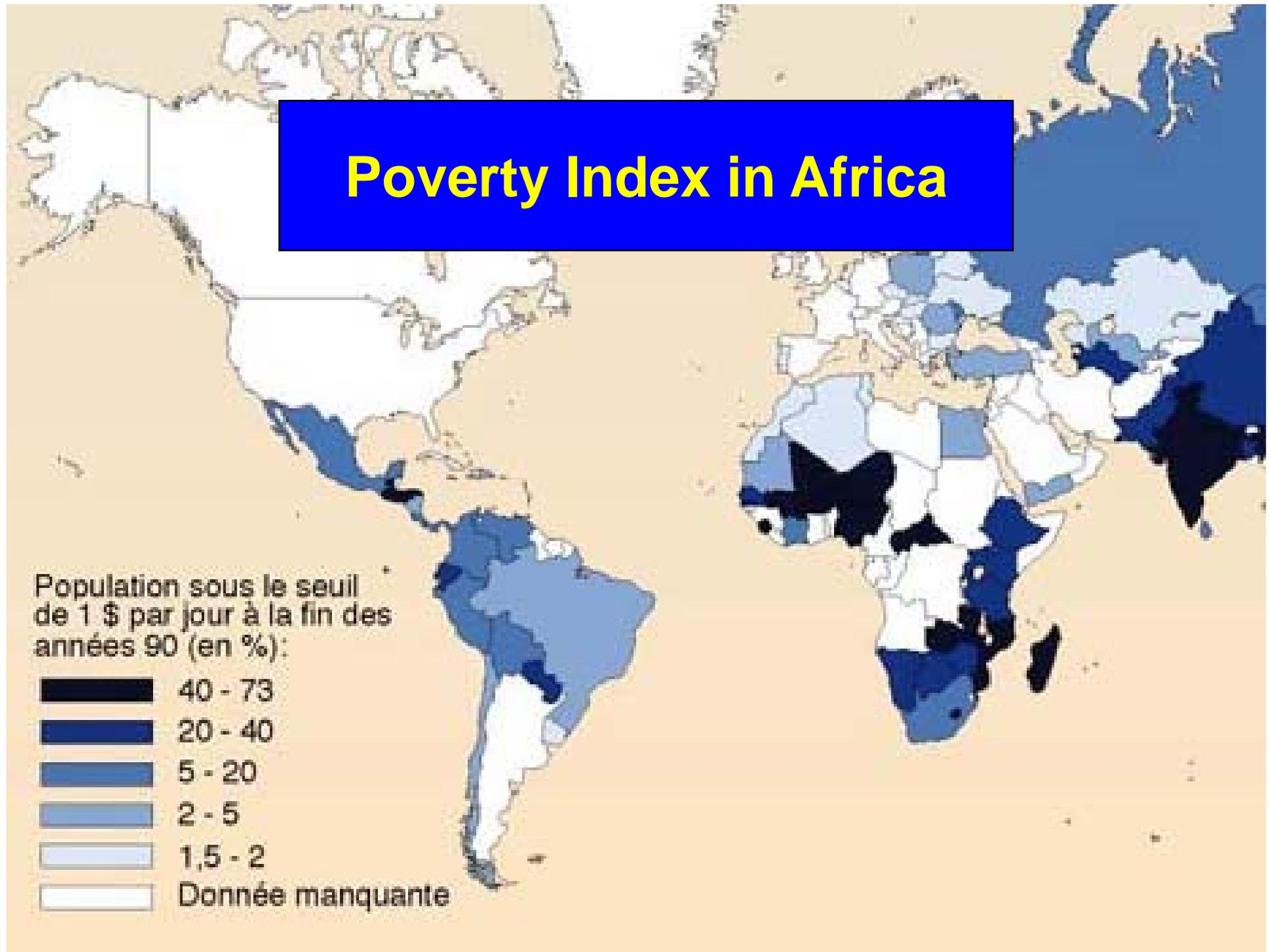
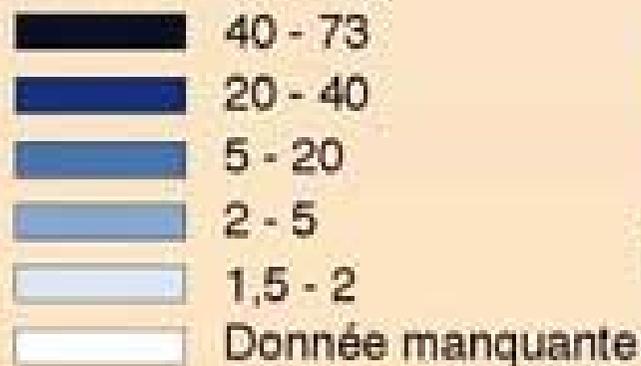
The vicious circle of poverty



□ Sub-saharan Africa has almost half of its population living below the international poverty line of US\$ 1 per day.

Poverty Index in Africa

Population sous le seuil
de 1 \$ par jour à la fin des
années 90 (en %):

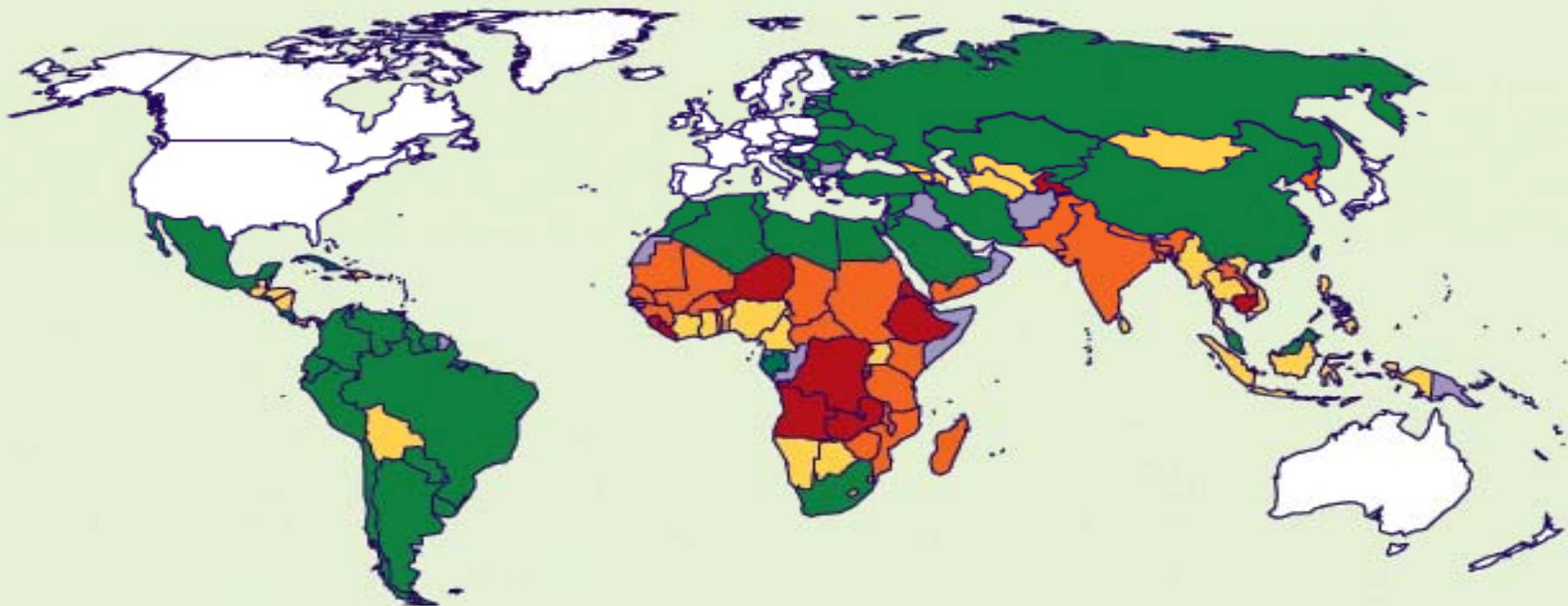


Needs

- ❑ **Supporting the economic productivity for the poorer countries to increase per capita income.**
- ❑ **Slow down population over-growth.**

**Gap 3:
Hunger
and
Food Insecurity**

- ❑ **The major immediate cause of malnutrition in Africa is low food dietary intake of various food nutrients required by the body.**
- ❑ **200 million Africans of all ages are hungry.**



Sources: FAO 2005, WHO 2006, UNICEF 2005, and author's estimates calculated for 2003.

Global Hunger Index

- ≥ 30.0 , extremely alarming
- 20.0 – 29.9, alarming
- 10.0 – 19.9, serious
- 1.5 – 9.9, low to moderate hunger
- no data
- excluded from GHI

Hunger Index in Africa

Extremely Alarming:

Burundi

Eritrea

Congo

Ethiopia

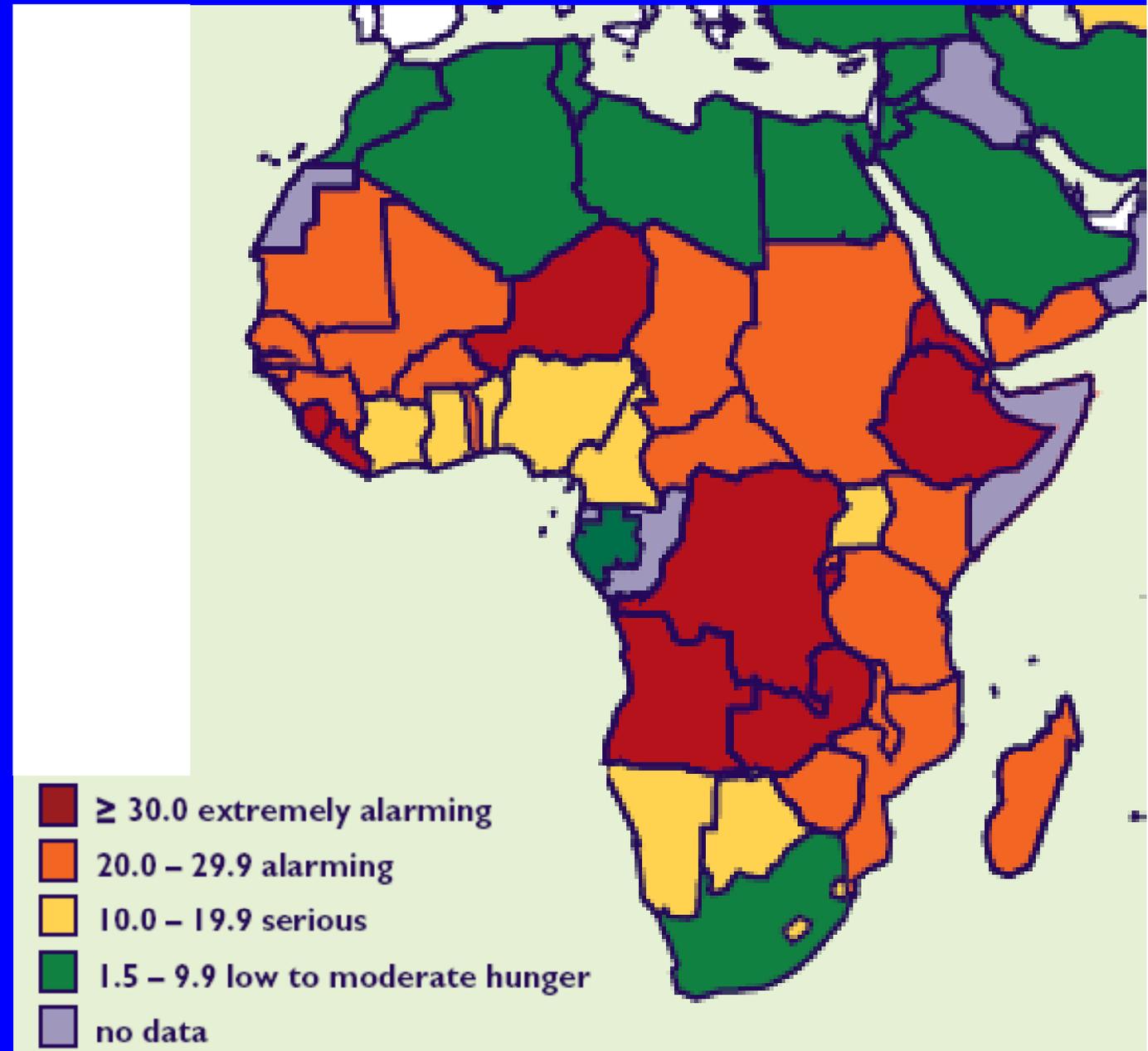
Sierra Leone

Niger

Angola

Liberia

Zambia



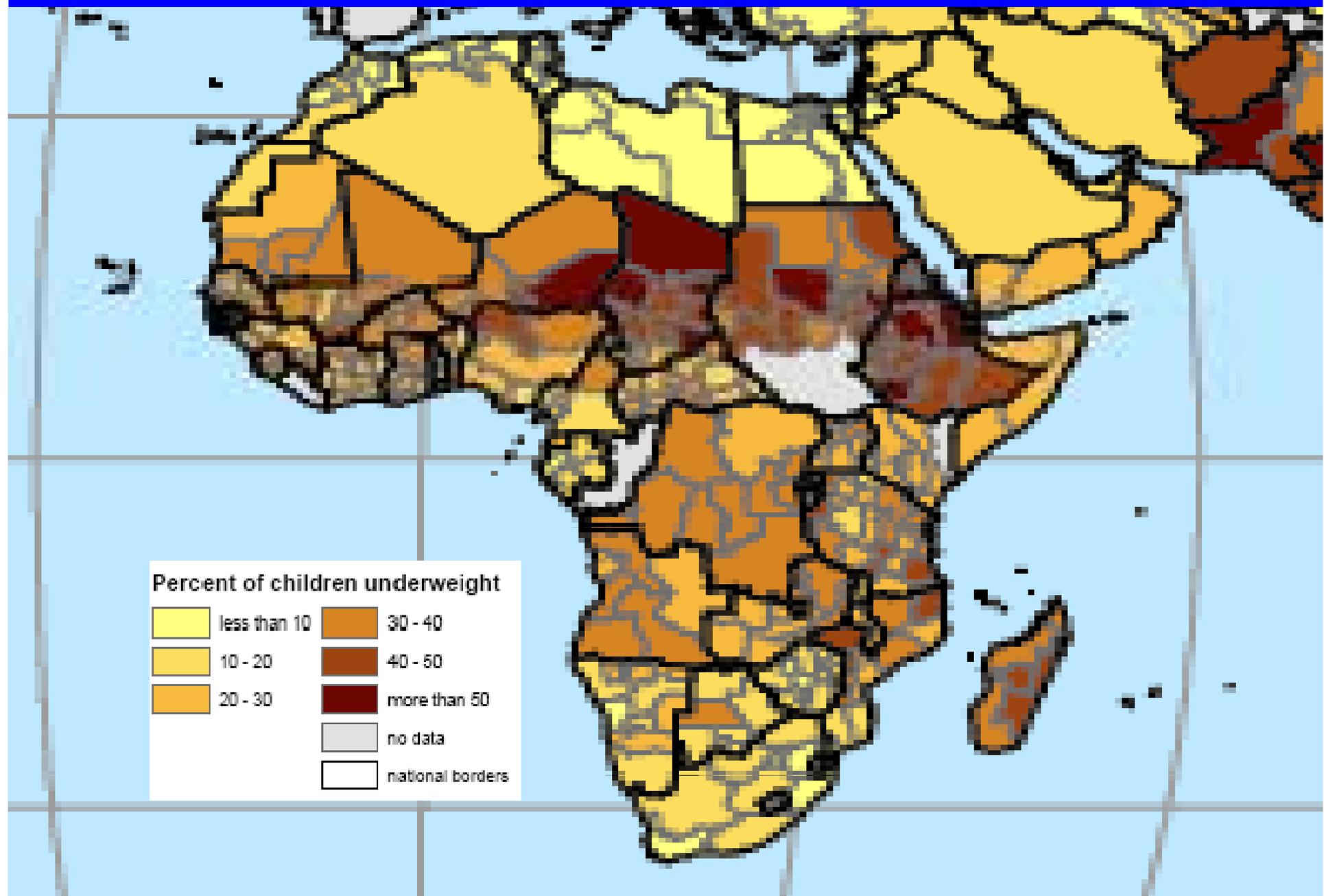
□ October 5, 2008:

In Ethiopia alone, 6.4 million currently require emergency food with no significant new harvest in sight in some areas until next spring.

□ In some parts of Ethiopia, local food prices have shot up 500 percent since last year.

□ However, Mozambique, Ghana, and Malawi have made considerable progress towards reducing hunger and they are very close to being on track to achieve the Global Hunger Index target based on the Millennium Development Goals by 2015.

Prevalence of child malnutrition in Africa



- ❑ Around 45 million preschool children in Africa are malnourished.**

- ❑ **Until the last global food crises, Africa was heading to achieve real progress toward food and nutrition security. Now, the situation is different and it is really SERIOUS.**

Needs

- ❑ **Emergency interventions for famines, refugees and displaced persons.**
- ❑ **Reducing protein-energy malnutrition, especially in children under five.**

Needs – Cont.

- ❑ **Enhancing food security through recent technologies to increase the agricultural and water productivity.**
- ❑ **Agricultural/health integration.**
- ❑ **International support for poor countries to increase the productivity (not only food supply).**

**Gap 4:
Hidden
Hunger**

- ❑ **While famines and other episodes of severe hunger receive relatively significant international and local intervention and attract much public attention, chronic hunger and micronutrient malnutrition are usually receive less attention although they are considerably more prevalent in Africa.**

❑ Approximately 42 percent of Africans of all ages are iodine deficient.

❑ About 33 million African preschoolers that is, one in three children are deficient in vitamin A.

- ❑ **More than one third of African Children and women in childbearing period have iron deficiencies. As with iodine deficiencies, the damage appears to be largely irreversible.**
- ❑ **Zinc deficiency is also prevalent in some African regions.**

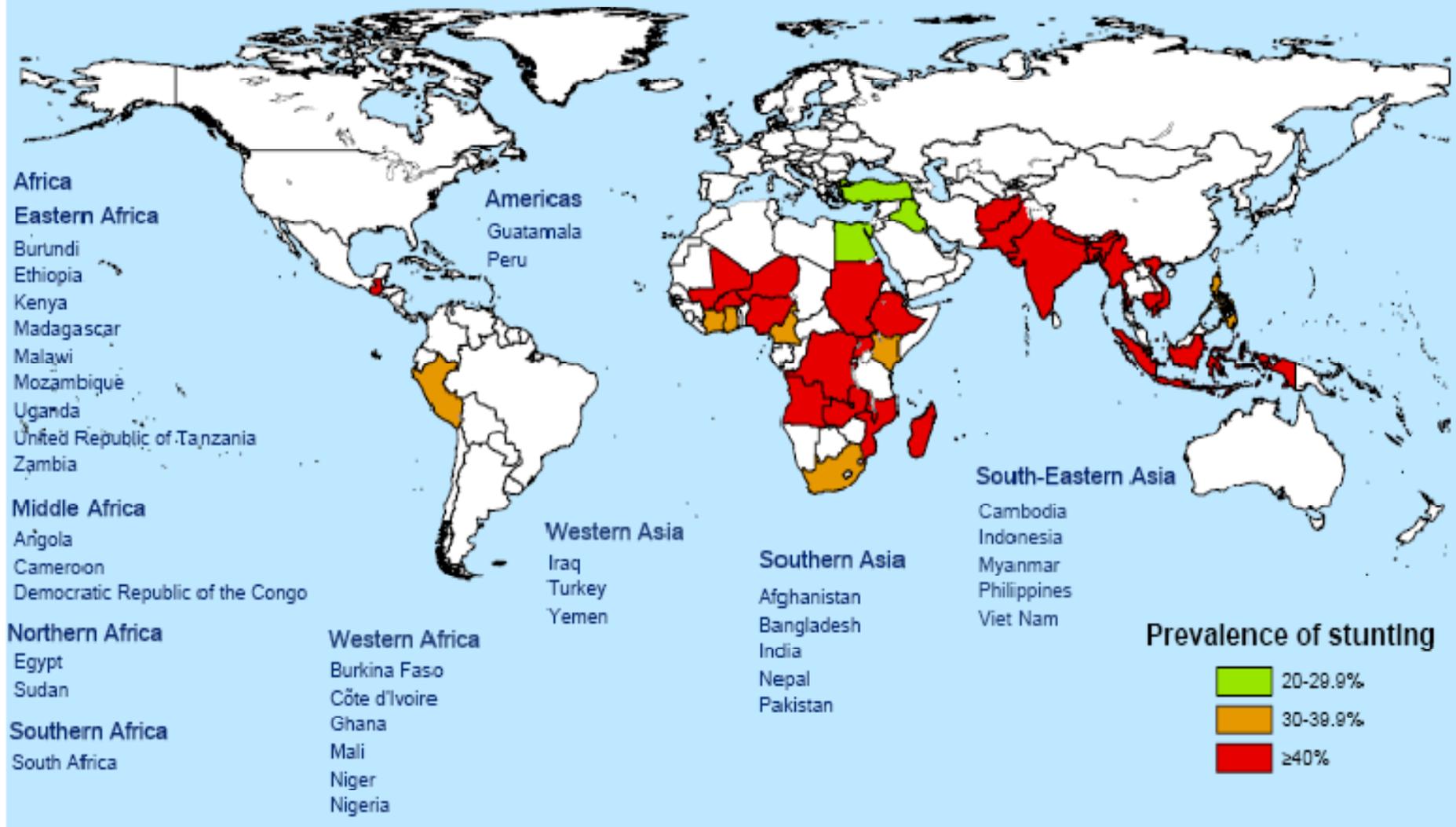
Needs

- Supplementation programs.**
- Fortification programs.**
- Food-based systems.**

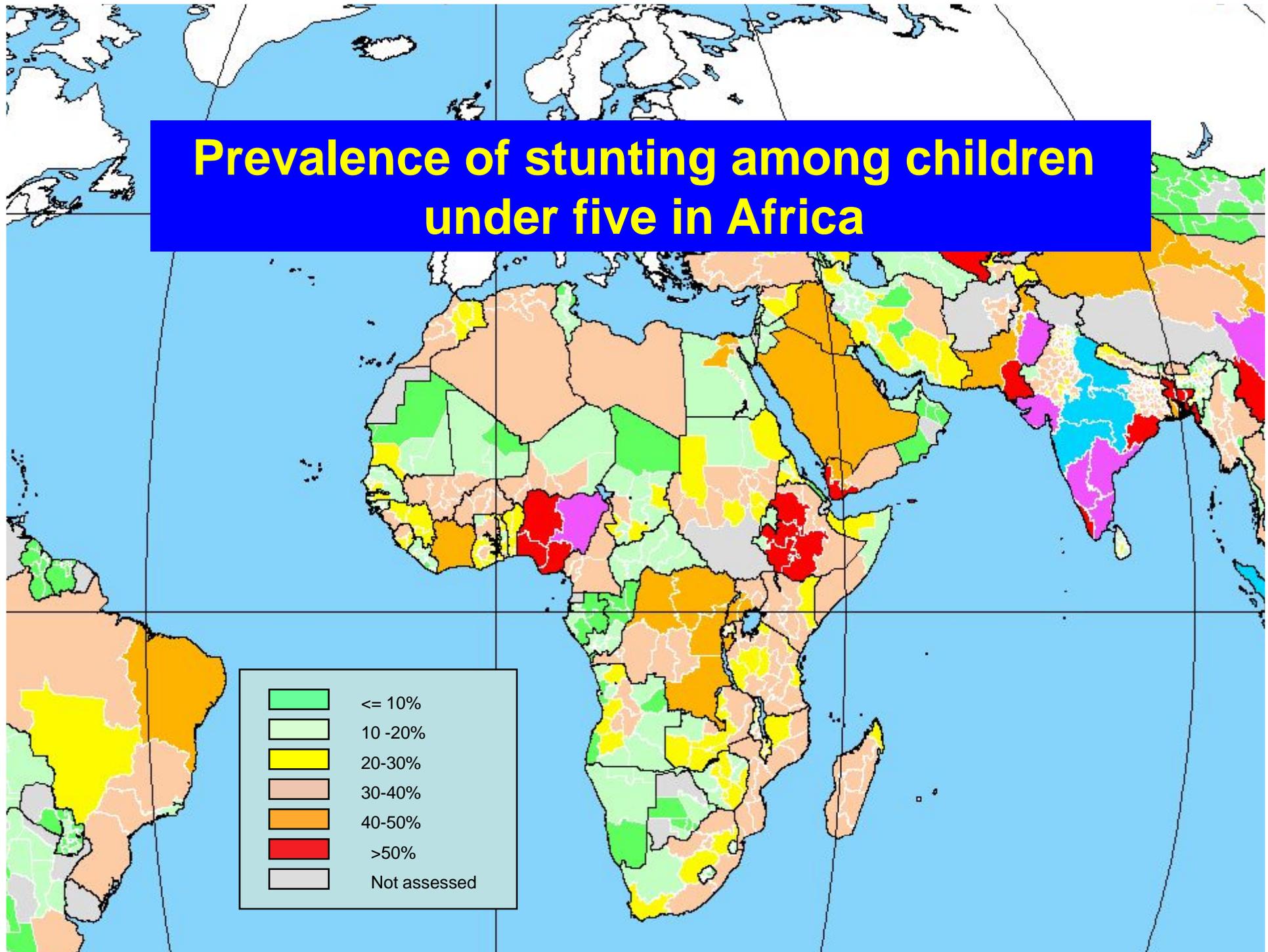
**Gap 5:
Growth
Retardation**

□ It is estimated that 14 percent of children are born with low birthweights every year.

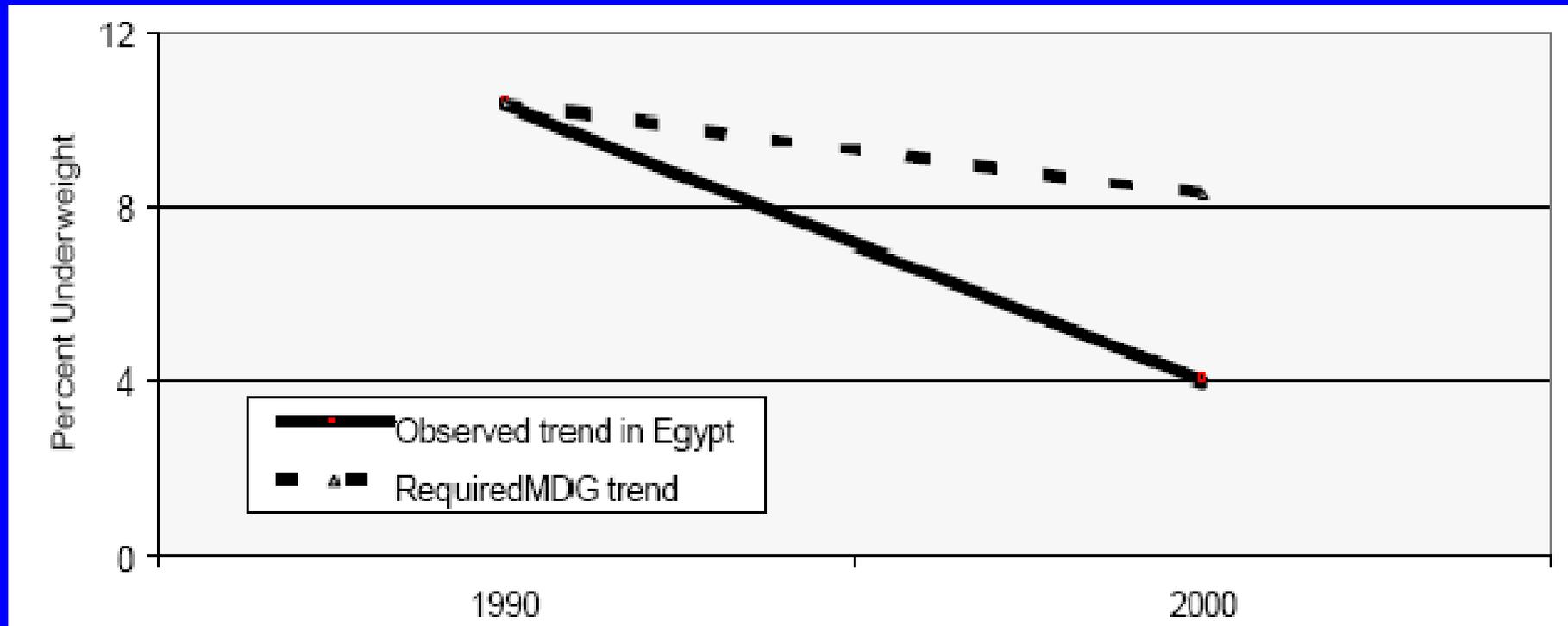
Stunting - 36 high-burden countries



Prevalence of stunting among children under five in Africa



Trends of underweight in Egypt: 1990 - 2000



El-Saharty et al; 2005

Needs

- ❑ **Increasing birthweights requires improving the health of mothers through:**
 - **Antimicrobial treatments.**
 - **Antiparasitic treatment.**
 - **Provision of iron and folate supplements.**
 - **Social marketing regarding timing of marriage and birth spacing.**

Needs – Cont.

- ❑ **Promotion of breast feeding and improving knowledge of the use of complementary food.**
- ❑ **Supporting school feeding programs.**
- ❑ **Growth reference charts, to be repeated every 10 years to trace the direction and amplitude of the secular trend.**

Gap 6:

**Nutrition-related
chronic
diseases**

- ❑ Some diseases affect the utilization and absorption of some nutrients which puts Africa at a disadvantage given its disease burden.**
- ❑ A growing body of evidence indicates that growth lost in the early years is, at best, only partially regained during childhood and adolescence, particularly when children remain in poor environments.**

❑ Obesity outbreak in some countries.

❑ The existence of both malnutrition and obesity in the same country.

□ The HIV and AIDS pandemic has contributed to the problems of food insecurity by decreasing the work force, cutting productivity, reducing investment and diverting financial resources and assets to health care that would have otherwise been used for development purposes.

Needs

- To develop programs for the prevention and control of diet-related non-communicable diseases.
- Addressing infectious diseases (HIV/AIDS, diarrhea)
- No official strategies are set up or yet implemented to combat obesity.

Additional Needs

- ❑ Redirecting **the research priorities.**
- ❑ **Improve** poor caring practice and **Inadequate health services.**
- ❑ **Population awareness and Nutritional education.**
- ❑ **Promotion of primary and maternal education.**
- ❑ **Nutritional monitoring systems.**

□ Incorporation of nutritional intervention into health sector programs.

□ Capacity building and creation of leadership:

- Africa Nutritional Epidemiology Conference (ANEC) (2002).**
- African Nutrition Leadership Program (ANLP) (2002).**
- Middle East and North Africa Nutrition Association (MENANA) (2005).**

**Finally,
a message for all
leaders and policy
makers**

- ❑ **In poorly nourished populations, reductions in hunger and improvements in nutrition provide considerable productivity gains and save resources that can then be used for other pressing investments.**

- **It is the existence of these sizeable gains together with the availability of cost- effective interventions that underlies the economic case for improving the nutritional profile in Africa.**

**Another message for
you**

□ The dramatic rise of food prices over the last year have shaken the global food system.

□ Governments and the international development community generally have responded to various aspects of the food crisis, but questions remain about:

- Whether the right actions are being pursued?**
- How best to respond?**
- What the future holds?**

A closing message



**THANK
YOU**