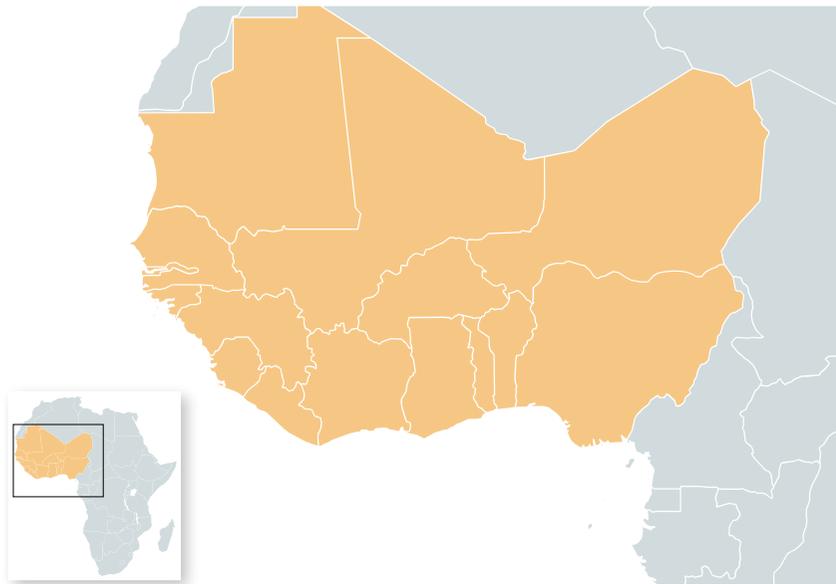


# Nutrition Policy in West Africa



## What does this brief tell you?

This brief summarizes nutrition-relevant policies, strategies, and action plans (all referred to as 'policies' in this brief) in West Africa. With a focus on the six nutrition challenges that make up the World Health Assembly (WHA) global targets, we examine *i*) nutrition context, policy objectives, indicators, budget, and activities, *ii*) key beneficiaries, actors and coordination, *iii*) monitoring, evaluation, and accountability, and *iv*) the extent to which current policies are aligned with the WHA targets.

# The state of nutrition in West Africa<sup>a</sup>

West Africa has one of the highest burdens of malnutrition. Approximately 45% of children under 5 years of age (U5) experience at least one form of malnutrition<sup>i</sup>. Despite a decline in prevalence levels of U5 stunting from 32% in 2010 to 29% in 2018, only three countries out of 16 are on track to achieve the World Health Assembly (WHA) 2025 target for stunting<sup>ii</sup>. In absolute terms, the number of stunted children in West Africa increased from 17.2 million in 2010 to 18.5 million in 2018<sup>iii</sup>. In terms of U5 wasting, only Benin and Ghana are on track to achieve the WHA target (5.0% and 4.7%, respectively<sup>iv</sup>). Although more than half of West African countries are on course for the WHA target on exclusive breastfeeding<sup>v</sup>, only 31% of children in the region were exclusively breastfed during the first six months of life in 2018<sup>vi</sup>. Low birth weight was estimated at 15.2% in 2015<sup>vii</sup>.

The region is also facing a serious problem of anaemia, with a prevalence level of 49% among women of reproductive age (WRA) and no country on track to meet the 2025 target<sup>viii</sup>. Seven out of 16 countries are on course to achieve the WHA target<sup>ix</sup> for U5 overweight (2.4% in 2016). It is estimated that 1.3 million U5 children in West Africa are overweight/obese in 2018<sup>x</sup>. There is a double burden of underweight and overweight/obesity among children over 5 years of age, adolescents, and adults. In populations aged 5-19 years, underweight is over 23% for both males and females while overweight/obesity has doubled in the past 15 years for females (from 6% in 2000 to 12% in 2015<sup>xi</sup>). While 11% of WRA were thin in 2015<sup>xii</sup>, overweight/obesity is

slowly rising, with 30% of women affected in 2007 and 36% in 2018<sup>xiii</sup>. No West African country is on track to meet the WHO target for male or female adult obesity.

## Current nutrition policy landscape in West Africa

Six nutrition-relevant regional policies, strategies, and action plans ('policies') that are currently in use are assessed in this brief (**Table 1**). These are in the areas of nutrition (n=2), health (n=2), agriculture (n=1) and gender (n=1). These policies were developed by the Economic Community of West African States (ECOWAS); ECOWAS' specialized institution responsible for health issues, the West African Health Organization (WAHO); and the Global Alliance for Resilience Initiative (AGIR).

## Key messages

### Why was this brief developed?

To strengthen and widen understanding of the current direction of regional nutrition-relevant policy in West Africa and its implications. It was developed in response to partners' priorities.

### What are the key findings?

- The general population, children (especially under five years of age), and women (especially women of reproductive age) are the most frequently mentioned beneficiary groups.
- Of the six WHA targets and their indicators, policies' content focuses most on U5 stunting and wasting.
- All policies point to the importance of multisectoral coordination.

### What are the policy recommendations?

- Address gaps and incoherence in nutrition-relevant policy.
- Align better with WHA targets.
- Seize opportunities for coordination and alignment

a The fifteen (15) countries of the Economic Community of West African States (ECOWAS) and Mauritania.

**Table 1: Nutrition-relevant national policies, strategies, and action plans in West Africa**

NR	Policy Area	Document name	Acronym	Start	End
1	Nutrition	West African Health Organization (WAHO) Regional Nutrition Strategic Plan for West Africa	WAHO-RNSP	2018	2025
2		Feuille de Route Régionale pour l'Alliance Globale pour la Résilience (AGIR) Sahel et Afrique de l'Ouest <sup>1</sup>	AGIR-FRR	2013	NA <sup>2</sup>
3	Health	West African Health Organization (WAHO) Strategic Plan	WAHO-SP	2016	2020
4		West African Health Organization (WAHO) Regional Strategic Plan for Noncommunicable Diseases Control in the ECOWAS Region	WAHO-NCD	2016	2020
5	Agriculture	ECOWAS Department of Agriculture, Environment and Water Resources 2025 Strategic Policy Framework (Summary)	ECOWAP-SPF	2016	2025
6	Gender	Cadre et Plan d'action de la CEDEAO sur le Genre et la Migration	ECOWAS-CP	2015	2020

<sup>1</sup> AGIR-FRR covers both the Sahel and West Africa

<sup>2</sup> Not Applicable

## Methods

All nutrition-relevant regional policies, strategies, and action plans currently in use or in the advanced drafting stage as of December 2018 were included in this brief. Inclusion criteria were: the presence of a nutrition objective, a budget for nutrition, and/or a nutrition indicator.

We obtained potentially relevant documents from a systematic search including pre-identified websites (e.g. relevant regional governing bodies and United Nations agencies), a Google search, and through country experts. Targeted consultations with regional and in-country experts were used to access documents not available online. We screened identified documents (see Annex) against our eligibility criteria. Six documents met our inclusion criteria. We used qualitative software (NVivo 12) to code and analyse these documents.



## PROBLEM

# What is the focus of policies' nutrition context and what problems are highlighted?

All policies but one (ECOWAS-CP) provide some nutrition context. WAHO-RNSP (a nutrition policy) provides the most comprehensive nutrition context. Across policy areas, the nutrition context focuses predominantly on the regional (West African) level. However, all five policies with nutrition context do present the African or global context, including engagement of many West African countries with the Scaling Up Nutrition (SUN) Movement; Renewed Efforts Against Child Hunger and undernutrition (REACH) support (now the UN SUN network); and various United Nations' initiatives or declarations, such as the Global Strategy on Maternal, Infant and Young Child Nutrition and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-Communicable Diseases (NCDs). All five policies also recognize nutrition disparities in West Africa's nutrition context, highlighting where nutrition problems are most or least prevalent. This information on disparities is most detailed in the two nutrition policies and WAHO-NCD (a health policy). WAHO-RNSP consistently presents data that allow for nutrition comparison between all West African countries. Only WAHO-NCD presents any sex-disaggregated nutrition data.

Across policy areas, apart from the WAHO-NCD (a health policy), the focus is on undernutrition. Three policies present the context on micronutrient deficiencies, namely zinc, vitamin A, iodine, and iron deficiencies. AGIR-FRR

includes information on regional resolutions for micronutrient fortification. Three policies present information on non-communicable diseases (NCDs), including nutrition-related NCDs such as diabetes and high blood pressure and their risk factors. WAHO-NCD is entirely focused on NCDs, highlighting unhealthy diet as one of four common behaviour-related risk factors. It also highlights four common biological risk factors (arterial hypertension, overweight/obesity, high blood sugar, and high cholesterol in the blood). Both WAHO-RNSP (a nutrition policy) and WAHO-NCD (a health policy) present context on overweight/obesity.

All five policies with nutrition context outline causes of nutrition problems and four outline consequences as well. Causes include, but are not limited to, climate change, limited diet diversity, unhealthy diet, poor health conditions, the socio-cultural, political and legal context, access to resources, and food insecurity. WAHO-RNSP (a nutrition policy) is particularly comprehensive in its presentation of multiple causes of nutrition problems. Consequences include mortality, morbidity, negative cognitive impacts, and reduced productive capacities and economic growth.

**Table 2** highlights policies that include indicators for WHA targets<sup>b</sup> in their nutrition context. U5 stunting and U5 wasting are most frequently included. WRA anemia is only mentioned in WAHO-RNSP. ECOWAP-SPF and AGIR-FRR refer to acute malnutrition, but do not specify whether this is the same as wasting.

<sup>b</sup> The targets are: 1. 40% reduction in the number of children under-5 who are stunted; 2. 50% reduction of anaemia in women of reproductive age; 3. 30% reduction in low birth weight; 4. No increase in childhood overweight; 5. Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%; and 6. Reduce and maintain childhood wasting to less than 5%.

## Is the nutrition context evidence-based?

The nutrition context is most evidence-based (i.e. cites references) for WAHO-RNSP (a nutrition policy) and WAHO-NCD (a health policy). Apart from these two policies, citations are predominantly for statistics rather than textual information. Cited data sources for evidence on policies' nutrition context include various academic studies; the Global Nutrition Report profile on Western Africa; the Food and Agriculture Organization of the United Nations (FAO); the United Nations Children's Fund (UNICEF); and the World Health Organization (WHO). Other than WAHO-RNSP, cited evidence mainly relates to prevalence levels of nutrition problems. Three of the five policies that present information on geographical or economic nutrition disparities in West Africa cite references related to this. While most policies present context on nutrition-related causes or consequences, only WAHO-RNSP and WAHO-NCD consistently cite references for this content.



## What is included in the relevant policies to address the highlighted problems?

As shown in **Table 2**, five policies (all but ECOWAS-CP) include nutrition in their general and/or specific objectives. These objectives contain a mix of nutrition-specific (e.g. reducing common, modifiable NCD risk factors) and nutrition-sensitive content (e.g. scaling up nutrition-sensitive interventions). Most included **nutrition indicators** are outcome indicators (e.g. rate of stunting), although four policies also include output indicators (e.g. proportion of countries having a strategic document tailored to NCDs). In terms of nutrition problems, indicators focus on undernutrition, dietary diversity, and food and nutrition security (except for WAHO-NCD, whose indicators focus on NCDs). Three policies, including WAHO-NCD, include at least one indicator on NCDs. Apart from WAHO-RNSP, which includes an indicator for each of the six WHA indicators, the only WHA indicators addressed in policies are U5 stunting and U5 wasting. **Planned nutrition activities** are detailed in five of the policies. The two nutrition policies (see **Table 2** – WAHO-RNSP and AGIR-FRR) present the largest number and most comprehensive range of nutrition activities. Three policies have a **budget for nutrition**. Content on **scaling up** focuses on mechanisms for piloting and implementing policies (e.g. guiding principles, advocacy, coordination and harmonization between and within different levels of government, sectors, and countries).

### How do policy targets align with the WHA 2025 Global Targets?

**Table 2** shows that three policies have the same nutrition indicators as the WHA indicators. Only AGIR-FRR includes targets for its indicators, although WAHO-RNSP specifies that its indicators will indicate progress made in achieving the WHA's 2025 Global Targets. Nevertheless, AGIR-FRR does not set a clear date for its targets<sup>c</sup>: the U5 stunting target is not clearly aligned with the WHA target. AGIR-FRR targets a prevalence of U5 chronic malnutrition under 20% (no date specified), while the WHA targets a 40% reduction in the number of children U5 who are stunted by 2025 (which would be a prevalence of approximately 18.7% by 2025). The target level for U5 wasting is the same as the WHA target (less than 5%).

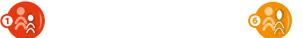
### Is there coherence within policies?

Policies with nutrition objectives would be expected to include both nutrition indicators and planned nutrition activities, while policies without nutrition objectives would not be expected to include either of these. There are two policies (see **Table 2**) for which this is not the case. This is not due to a lack of coherence within policies but because a) policies report that indicators and/or planned activities will be addressed in a separate document or b) policies' objectives are broad and do not explicitly link to nutrition (while their indicators or planned activities are specific enough to make this link explicit).

There are however some cases of incoherence within different policies. Firstly, populations targeted in nutrition objectives are not always the same as those targeted in nutrition indicators and/or planned nutrition activities. This is the case for AGIR-FRR, which has objectives focusing on vulnerable populations but several indicators that only capture the general population. Secondly, nutrition problems highlighted in the nutrition context and/or nutrition objectives are not always included in nutrition indicators. This is a particular issue in WAHO-SP. Thirdly, despite the fact that context in five policies highlights nutrition disparities, only WAHO-RNSP indicates that its nutrition indicators will be disaggregated to capture the disparities identified (its indicators will be disaggregated by country). Finally, several policies fail to clearly define concepts and how they are measured (e.g. chronic and/or acute malnutrition), or age ranges for prevalence indicators.

<sup>c</sup> Although the policy does set the target date of eradicating hunger and malnutrition within 20 years (2033).

**Table 2: Inclusion of nutrition and WHA indicators in policies' context, objectives, indicators, activities, and budget; Key scaling-up mechanisms**

NR	Policy Area	Acronym	Nutrition context on WHA indicators <sup>1</sup>	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators <sup>2</sup>	Planned nutrition activities	Budget for nutrition <sup>3</sup>	Key scaling up mechanisms
1	Nutrition	WAHO-RNSP		✓	✓		✓	✓	Guiding principles for implementation at scale; Knowledge management including documenting and disseminating best practices; Use of multi-sectoral vision to scale up nutrition interventions; Governance, harmonization, and multi-sectoral coordination of nutrition at national and regional levels; Advocacy; Capacity building; Institutional anchoring and governance on nutrition security in countries
2		AGIR-FRR		✓	✓		✓	NA	Political engagement; Resource mobilization and investments; Advocacy; Multi-level implementation (local, national, regional)
3	Health	WAHO-SP		✓	✓		✓	±	Regional health integration; High-impact and cost-effective interventions
4		WAHO-NCD	X	✓ <sup>6</sup>	✓	X	✓	✓	Guiding principles for implementation at scale
5	Agriculture	ECOWAP-SPF		✓	X	X	X	✓	Multi-level and sectoral coordination
6	Gender	ECOWAS-CP	X	X	✓	X	✓	NA	X

1 U5 wasting is indicated for policies with nutrition context on acute malnutrition.

2 U5 stunting is indicated for policies with nutrition indicators on chronic malnutrition. U5 wasting is indicated for policies with nutrition indicators on acute malnutrition.

3 Not applicable (NA) indicates policies that do not have sufficiently detailed budget information to assess whether nutrition is included, while ± is used for policies that provide sufficient budget information but with no mention of nutrition.

4 Age not specified.

5 Age not specified, although based on context it appears to be referring to U5.

6 While nutrition objectives refer to NCDs in general, other parts of the policy clarify that these NCDs include overweight/obesity, hypertension, and diabetes.



## Who are the key people and organizations targeted by and responsible for these policies?

### Which target groups are the focus of nutrition context?

All five policies that provide some nutrition context focus on the general population in this context. Children (especially U5) feature most in policies' nutrition context. WAHO-RNSP also specifically mentions WRA, pregnant women, and women more generally; WAHO-NCD mentions women, and WAHO-SP specifically mentions adults. Only WAHO-NCD provides nutrition context specific to men and no policies provide nutrition context specific to elderly or adolescents/youth.

### Who are the beneficiaries?

As shown in **Table 3**, primary **beneficiaries** of policies vary, although across policy areas there is a focus on vulnerable populations from ECOWAS countries. Overall, the most frequent beneficiaries are children (especially U5), women (especially WRA), and adolescents/youth (even though there is no nutrition context specific to adolescents/youth). Two policies explicitly include elderly as beneficiaries. While five policies specifically reference women or WRA as beneficiaries, none do so for men. However, men are part of other beneficiary groups specifically referenced, including vulnerable populations, the elderly, the disabled, people living with HIV/AIDS (PLWHA), and people experiencing humanitarian crises. Besides some focus of ECOWAP-SPF on rural populations, no policies detail specific geographic areas of focus (e.g. countries, areas) for targeting.

### Who are the actors?

All policies assign specific roles to actors, although generally a low level of detail is provided. For policies that explicitly mention at least one actor involved in their development (all but ECOWAS-CP), regional bodies/entities and national governments are most often mentioned (n=5), followed by civil society/NGOs/technical and financial partners (n=4). AGIR-FRR also specifically mentions sub-national government, communities<sup>d</sup> (e.g. local agricultural producers), and private sector as actors in policy development. As shown in **Table 3**, only AGIR-FRR outlines roles for sub-national governments and communities<sup>d</sup>, with active involvement of peasant, agricultural, and livestock organizations in the Alliance and in local government. Across policy areas, ECOWAS/WAHO and ECOWAS member states are generally the primary actors for policies. Regional bodies cited as actors include the ECOWAS Commission; several ECOWAS and UEMOA committees; and the Regional Agency for Agriculture and Food.

### Is there multisectoral coordination?

The importance of multisectoral coordination is highlighted across all policies and policy areas. Coordination mechanisms include: multi-actor and -sector meetings, committees, groups, platforms, and fora; tools and documents; programming exercises or support for harmonization to ensure consistency between various policies, laws, standards, and frameworks; advocacy for coordination between sectors when implementing nutrition policies and strategic plans at national and regional levels; strengthening institutional anchoring and governance on nutrition security in countries; and central leadership or management to ensure coherent action.

<sup>d</sup> ECOWAP-SPF underscores an ECOWAP principle in which the regional level deals only with what cannot be better dealt with at national or local levels. This may explain why sub-national actors are not featured heavily in regional documents.

WAHO-SP mentions the annual WAHO partners' forum as a platform for reviewing cooperation with WAHO and sharing experiences and good health practices.

All included policies provide information on the interaction between regional and national-level policy. The three WAHO policies are the most detailed. WAHO-RNSP specifies that the regional policy should support and inform national policy and strategic and operational planning, according to each country's context. Both WAHO health policies (WAHO-SP and WAHO-NCD) include the harmonisation of policies as one of their priorities, highlighting that the region is marked by differences in health policies, strategies, standards, and/or legislation. WAHO-NCD, for example, includes proposed actions on supporting member states' implementation of various international standards and conventions related to NCDs, as well as supporting the drafting and implementation of regulatory and legal instruments for the promotion of NCD prevention and control.

Four policies highlight challenges associated with multisectoral coordination in the region. These include the lack of effective coordination mechanisms for country- and regional-level partner interventions; difficulties coordinating regional interventions in countries; inadequacies of strategic partnerships; policy, standards, and legislation differences across countries; general coordination challenges across various levels (e.g. between the regional and international community, between member states, between the various ECOWAS departments in charge of sectoral policies); lack of problems with sector-specific governance of nutrition in certain countries; lack of leadership to ensure multisectoral coordination on nutrition in certain countries.

**Table 3: Summary of beneficiaries, actors, and multisectoral coordination mechanisms**

NR	Policy Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' Roles					Primary actors	Multisectoral coordination mechanisms
					Regional and national government	Sub-national government	Communities	Private sector	Civil society NGOs Technical and financial partners		
1	Nutrition	WAHO-RNSP	ECOWAS populations (especially WRA, pregnant/lactating women. U5, out-of-school children, adolescent girls, disabled, people living with HIV/AIDS (PLWHA), people in hard-to-reach areas/experiencing humanitarian crises/living in extreme poverty); ECOWAS member states; ECOWAS institutions	Cross-border agents; Regional decision-makers; Human resources doing nutrition-relevant work	1, 2, 3, 4			1, 4	1, 3, 4	WAHO; ECOWAS Commission; ECOWAS member states	✓
2		AGIR-FRR	Vulnerable households	Children (including U5 and young children); Women (including pregnant and lactating women, mothers, future mothers, female heads of households); Elderly; Agricultural producers; Populations	1, 2, 3	1, 2	1, 2			Member states, with ECOWAS and West African Economic and Monetary Union coordinating	✓
3	Health	WAHO-SP	ECOWAS populations; ECOWAS member states	Children (including infants and U5); WRA; Mothers; Adolescents/Youth; Elderly; Health and nutrition actors and workers	1, 2, 3, 4			4	4	WAHO	✓
4		WAHO-NCD	ECOWAS populations; ECOWAS member states	Health professionals; Research stakeholders; National officers	1, 2, 3, 4			4	1, 4	WAHO	✓

1 = Implementation 2 = Monitoring and evaluation 3 = Management/coordination 4 = Financing

**Table 3: Summary of beneficiaries, actors, and multisectoral coordination mechanisms**

NR	Policy Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' Roles					Primary actors	Multisectoral coordination mechanisms
					Regional and national government	Sub-national government	Communities	Private sector	Civil society NGOs Technical and financial partners		
5	Agriculture	ECOWAP-SPF	ECOWAS populations (especially vulnerable populations)	Women; Rural households and agricultural producers; Adolescents/ Youth; Poor; People facing food and nutrition crises; Economic agents; NGOs	1, 2, 3, 4			1	1	ECOWAS and its member states	✓
6	Gender	ECOWAS-CP	Populations of West African countries; Individuals most likely to be vulnerable migrants	Children; Women (including women doing cross-border business and in conflict situations); Adolescents/Youth; Girls; Low-skilled workers; Migrant domestic workers; Unaccompanied minors; Schools; Refugees and internally displaced people; State actors at all levels; ECOWAS Commission; Non-state actors	1, 2, 3			2	1, 2	ECOWAS member states; ECOWAS Commission	✓

1 = Implementation 2 = Monitoring and evaluation 3 = Management/coordination 4 = Financing



DATA GAPS

## What are the monitoring, evaluation, and accountability mechanisms?

All policies mention monitoring and evaluation (M&E). ECOWAP-SPF and WAHO-RNSP have the most detailed M&E information. M&E activities and tools include: common operational manuals and frameworks, including the SUN movement's surveillance mechanism and a common results framework; performance and impact indicators; monitoring; in-country missions; internal formative and final evaluations; national M&E systems; M&E units of regional, international, and non-state actors; and data centralization. Accountability mechanisms are mentioned in five of the policies. Each policy has a different emphasis. WAHO-RNSP has guiding principles related to accountability, including the establishment of a permanent mechanism that reports on resource use in relation to interventions and results. AGIR-FPP underscores that the Alliance promotes accountability frameworks. WAHO-SP describes internal evaluation using results-based management to establish a system of accountability in health systems. WAHO-NCD has an overarching principle of accountability to establish a culture of accountability at all levels. ECOWAP-SPF outlines an accountability system on the performance of regional policy implementation, with national steering committees validating annual performance reports and the production of overarching reports at the regional level.

### Gaps and recommendations

The analysis above highlights several opportunities for current nutrition-relevant regional policy in West Africa. Many of these could be addressed in future policies, operational documents for existing policies (e.g.,

implementation or monitoring and evaluation plans), and existing coordination mechanisms. To address these, policies could:

### Recommendation 1: Address gaps and incoherence in nutrition-relevant policy.

- Ensure that nutrition context in policy documents is evidence-based by consistently citing references.
- Disaggregate within nutrition context and indicators to enable identification and monitoring of eventual gaps between groups and to target policy efforts.
- Clearly and consistently define concepts and indicators to allow for common understanding across actors and policy areas, as well as coherence in measurement of indicators.
- Provide targets for all indicators included in policies.
- Ensure that the nutrition context, objectives, indicators, and activities align, both in terms of nutrition problems and targeting of populations. For example, include nutrition indicators on all population groups targeted as beneficiaries.
- Include more detail on the roles of actors involved in each policy's development, implementation, monitoring and evaluation, management, coordination, and financing.

### Recommendation 2: Align better with WHA targets.

- Regional nutrition policies should make an effort to address all six WHA indicators. Several of the WHA indicators are not covered in the nutrition context and/or indicators of policies. Almost all policies focus on U5 stunting and U5 wasting even though serious progress needs to be made on the remaining indicators. For example, no country is on track to meet the 2025 target for WRA anemia.
- Provide targets for nutrition indicators in the policies related to WHA indicators and ensure that these targets align with WHA targets.

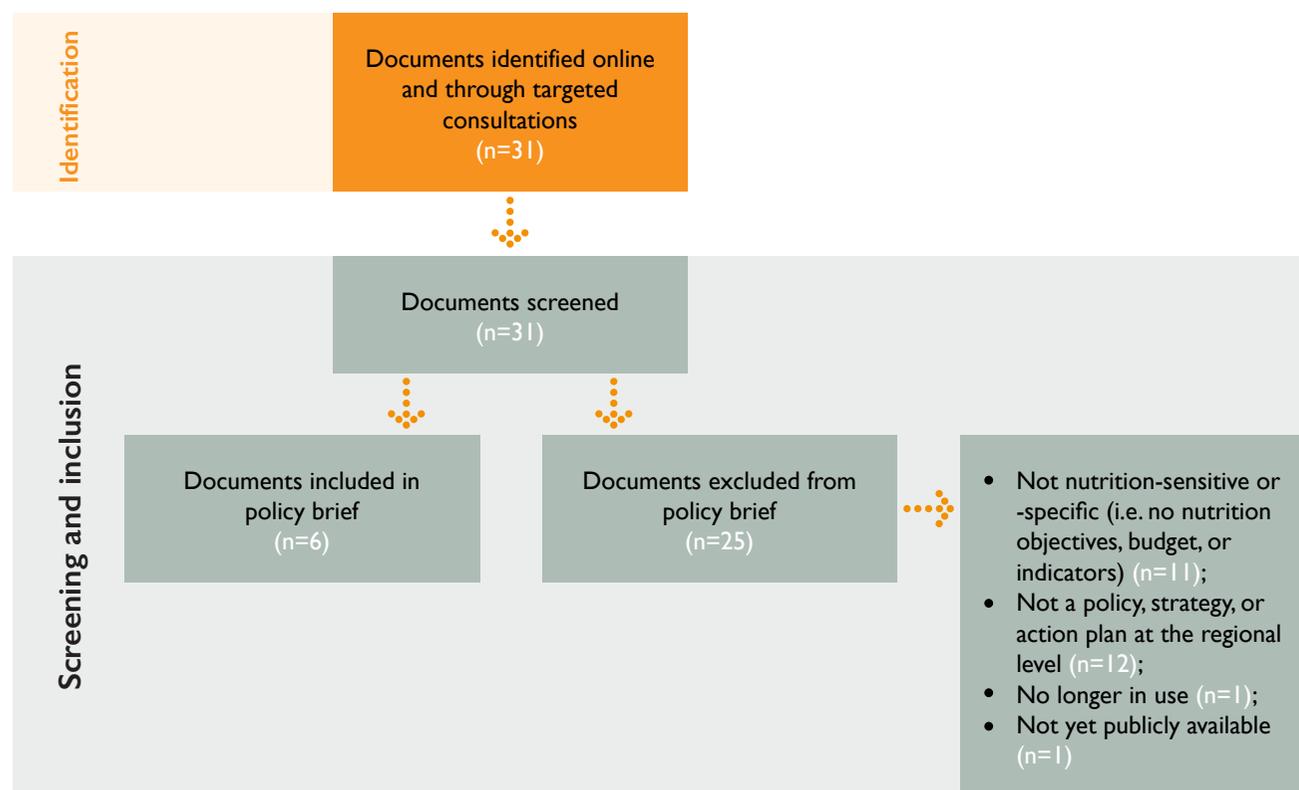
### Recommendation 3: Seize opportunities for coordination and alignment.

- Consider policies' emphasis on regional and national-level policy interactions, seizing opportunities for coordination and alignment to ensure regional policy supports and informs national policy, according to each country's context.
- Continue to prioritize effective coordination between institutions, sectors, levels (e.g. regional, country), and stakeholders (e.g. governments, various non-state actors) to address coordination challenges highlighted in policies, address policy gaps, and increase synergies for effective policy action at regional level.
- Use strategic partnerships between institutions and the preparation of joint, multi-institutional annual plans as an opportunity to re-align priorities in order to address policy gaps.
- Leverage coordination and alignment at and between the regional and country levels to efficiently address human and financial resource constraints and to improve efficiency and synergy related to accountability frameworks and monitoring and evaluation.

These recommendations should be regarded as suggestions and not prescriptions, particularly as there are no widely-accepted international standards on the packaging of nutrition policies, plans, and strategies and as multiple considerations inform policy formulation and implementation. While alignment with the six WHA indicators and targets is important, policies will also have different strategic foci in line with their objectives and the mandate of their institution. Some policies may focus on a more limited range of nutrition challenges or may also seek alignment with other global, regional, or national programmes or targets, such as the WHA Global NCD targets or the Comprehensive Africa Agriculture Development Programme (CAADP). The unique mix of nutrition-specific and nutrition-sensitive interventions stemming from institutions' various policy documents can

also be expected to differ between programmes or institutions. Regional institutions may use annual operational plans to clarify priorities and target specific groups or countries, as relevant.

## Annex: Flow diagram of documents included in the policy brief



### Endnotes

- i UNICEF, Division of Data Research and Policy (2018), Global UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight, New York, May 2018.
- ii UNICEF/WHO/World Bank Joint Child Malnutrition Estimates, March 2019, New York.
- iii Ibid.
- iv Ibid.
- v UNICEF, Division of Data Research and Policy (2018), Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2018
- vi United Nations Children's Fund, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.
- vii UNICEF Global databases, 2019, based on Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS), other nationally representative surveys, and administrative data. Available from: <http://data.unicef.org/nutrition/low-birthweight.html> (accessed on June 12th, 2019)
- viii WHO Global Health Observatory data repository. Retrieved on March 26th, 2019 from <http://apps.who.int>
- ix Non-Communicable Disease Risk Factor Collaboration (NCD-RisC). Data Downloads. Retrieved on March 26th 2019 from <http://www.ncdrisc.org/data-downloads.html>
- x Ibid ii.
- xi Ibid.
- xii Ibid.
- xiii Ibid.

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