AFRICAN REGIONAL NUTRITIONAL STRATEGY

2005-2015
## TABLE OF CONTENTS

1. Executive Summary ............................................. 3  
2. Introduction .................................................. 5  
3. Problem analysis ............................................... 7  
   • Trends ....................................................... 8  
   • Consequences ............................................. 9  
   • Causes .................................................... 10  
   • Challenges to Nutrition .................................. 10  
4. Objectives of AU Nutrition Strategy ......................... 12  
5. Plan of action and implementation strategy .................. 13  

### ANNEXES

1. Role of the African Union in Nutrition ....................... 18  
2. Role of Member States in the ARNS .......................... 19  
3. Emerging issues, opportunities and challenges .............. 21  
4. Towards the Integration of Nutrition into the various AU portfolios ................................................................. 23  
5. Contribution of nutrition (ARNS) to the attainment of the AU Vision and Mission .......................................................... 24  
6. Contribution of Nutrition to the attainment of the Millennium Development goals ......................................................... 26  
ABBREVIATIONS

ARNS  African Regional Nutrition Strategy
CAADP  Comprehensive Africa Agriculture Development Programme
EPI  Expanded Programme on Immunization
FANUS  Federation of African Nutrition Societies
FAO  Food and Agricultural Organization
ICN  International conference on Nutrition
GMO  Genetically Modified Organisms
HIV/AIDS  Human Immunodeficiency Virus/Acquired Immune Deficiency Disease Syndrome
IDD  Iodine Deficiency Disorders
IUGR  Inter-Uterine Growth Retardation
LBWT  Low Birth Weight
MDG  Millennium Development Goals
NEPAD  New Partnership for Africa’s Development
NGO  Non Governmental Organization
OAU  Organization of African Union
PEM  Protein Energy Malnutrition
PHC  Primary Health Care
PRSP  Poverty Reduction Strategy Paper
SCN  Standing Committee on Nutrition
TB  Tuberculosis
UNICEF  United Nations Children Fund
UN  United Nations
USDA  United States Development Agency
VCT  Voluntary Testing and Counseling
WFS  World Food Summit
WHO  World Health Organization
WTO  World Trade organization
Nutrition is more than just food intake, absorption and metabolism. It also means the balance between what is eaten and what the body actually requires. This determines our vulnerability to all sorts of infections and hence the viability of a population. Good nutrition is vital to meeting the increasing nutritional demands of a continent that is dependent on a labor intensive economy and to maintain the immune system for good health for an already poorly nourished population like that of Africa. Malnutrition is one of the most important health and social challenges facing Africa and it is one of the leading causes of death among children under 5.

The major immediate cause of malnutrition in Africa is low dietary intake of various food nutrients required by the body. Some diseases affect the utilization and absorption of some nutrients which puts Africa at a disadvantage given its disease burden. Chronic malnutrition can itself cause malabsorption of some essential nutrients. Poor caring practices, unhealthy environments, inadequate health care services and food insecurity have also been identified as major underlying factors contributing to malnutrition in Africa. Structurally, poverty is the backbone of all these problems 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. Africa south of the Sahara has almost half of its population living below the international poverty line of US$1 a day.

As a result of low purchasing power for agricultural inputs and unimproved technologies coupled with erratic weather/climatic conditions and other factors, food insecurity has become a perpetual problem in Africa. Most households fail to harvest enough for the year which makes it difficult for them to maintain a diversified diet to meet their nutritional needs. Diseases like malaria which are more prevalent in the rainy season when agricultural activities are at their peak, also contribute to food insecurity.

The HIV and AIDS pandemic has contributed to the problems of food insecurity by decimating 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. HIV/AIDS progressively lowers the immune system of infected persons resulting in increased susceptibility to various infections that increase the nutritional needs of the body to fight the infection and recover from it. Patients who are HIV infected have increased energy requirements as a result of metabolic changes that take place due to the HIV and related infections. Asymptomatic HIV infected adults require increased energy over accepted levels for health persons in order to maintain body weight. A further increase in energy intake is recommended for adults during periods of symptomatic or opportunistic infections to maintain body weight. The energy requirements for HIV infected children vary according to the type and duration of HIV infection and whether there is weight loss along with acute infection.

On the other hand, malnutrition increases the severity of the HIV disease by further weakening the immune system, which decreases the body’s ability to fight HIV and other infections such as tuberculosis. Poor nutritional status may reduce ART and other
drugs efficacy. This is particularly very disturbing considering that HIV/AIDS limits the capacity of infected and affected individuals to source food.

The African Union Commission has now completed the process of revising the African Regional Nutritional Strategy (1993-2003). The main purpose of the revision was to incorporate emerging concerns, and re-emphasize nutrition as a basic input in poverty alleviation strategies and the achievement of the Millennium Development Goals (MDGs). Thus the review incorporates new information about the role of nutrition in the management of disease-burden in Africa.

It is my pleasure therefore to present to you the Revised African Regional Nutrition Strategy (2005-2015) which I believe could not have come at any better time. I would like to encourage all Member States of the African Union to draw inspiration from this strategy as they revise their National Plans of Action on Nutrition (NPAN).

Advocate Bience Gawanas
Commissioner for Social Affairs
EXECUTIVE SUMMARY

The main purpose of this document is to advocate to and sensitize Africa’s Leaders about the essential role food and nutrition security plays in implementing strategies for socio-economic development of the continent.

By 1992 the nutrition situation in Africa had become worse and was characterized by inadequate food production and availability, food shortages, famine, high rates of child and maternal malnutrition, specific nutrient deficiencies and low dietary intake. Additionally there was inadequate access to clean water supply and sanitation.

It was within this context that African Regional Nutrition Strategy document was prepared and presented at the International Conference on Nutrition (ICN) in December 1992 in Rome. It was presented as an African common position response to the worsening food and nutrition crisis. It was well received and endorsed by ICN.

The document analyzed the major causes of the nutrition situation, set out the objectives, goals, strategies and Plan of Action which identified responsibilities for implementation at community, national, regional and international levels.

In June 1993, the Assembly of Heads of State and Government endorsed the document and among other things urged Member States to mobilize and allocate adequate domestic resources towards achieving the objectives of the strategy.

Indeed most Member States used the ARNS to draft their own National Plans of Action on Nutrition (NPAN) based on individual country’s socio-economic circumstances. Some Member States made efforts to implement their national strategies and by the mid 1990 nutrition situation especially among the children and women improved.

However, due to the general stagnation or declination of most African economies, poverty rates accelerated, health systems deteriorated and agricultural performance – especially food production became worse. Furthermore, disease-burden increased, civil conflicts erupted in many parts of the continent and droughts became more frequent. During the same period HIV/AIDS became pandemic on the continent. All these factors helped to reverse all gains made to improve nutrition.

It is against this background that ARNS 1993-2003 had to be reviewed. The main purpose of the review was to re-emphasize that nutrition is a basic input in poverty alleviation strategies and the achievement of the Millennium Development Goals (MDGs). Thus the review also incorporates new information about the role of nutrition in the management disease-burden.

The ARNS 2005-2015 is formatted in the following manner. There is an introduction, which focuses on why the review is important. This is followed by the analysis of the problem (trends, consequences, causes and challenges); objectives of the AU Nutrition Strategy, Plan of Action and Implementation Strategy. Annexes spell out responsibilities in the implementation of the Strategy. It indicates the need to strengthen Nutrition Unit at AU Commission and its importance in the attainment of AU Vision and Mission. Most probably the review indicates the important role of nutrition in the achievement of the Millennium Development Goals.
I. INTRODUCTION

1. The food and nutrition situation has deteriorated further in spite of the many global, regional and national initiatives that included the World Food summit (1996), the ICN 1992 and the OAU ARNS that was endorsed by Heads of State in 1993. The causes of this deterioration are multiple and encompass immediate causes such as inadequate dietary intake and disease. Underlying causes at household and family levels include inadequate access to food, health services, water and sanitation as well as inappropriate maternal and child caring practices.

2. In addition, manmade disasters such as conflicts and wars, and natural disasters such as recurrent droughts, floods, locusts invasions, and the HIV/AIDS pandemic have exacerbated the food situation. These crises have destroyed people’s asset base and livelihood strategies hence community’s capacity to respond effectively to their food insecurity and malnutrition has been severely constrained. As a response to the worsening food crisis in Africa, OAU Heads of State and Government endorsed the African Regional Nutrition Strategy (ARNS) to be implemented from 1993-2003. ARNS had the full support of International Conference on Nutrition (ICN) 1992 and was well-received by Member States and indeed most Member States used ARNS as a blue-print to draft their own National Plans of Action for Nutrition (NPAN) based on their economic circumstances.

3. A few countries managed to mobilize resources, which enabled them to launch their NPANs, which were multi-sectoral. By mid-1990s there were trends indicating that many countries in the Region were making gradual progress in reducing levels of Protein Energy Malnutrition (PEM) especially among children under 5 years of age.

4. An African Task Force on Food and Nutrition Development (ATTFFND) was established in 1987 by OAU and UN Agencies whose main objective was to advocate to and sensitzes Africa’s policy-makers on the role of food and nutrition security as a basic input in socio-economic development of the continent. The task was a difficult one because up to 1987 food and nutrition were never part of the agenda of OAU Summits. Nutrition was always treated as a peripheral issue. The success of ICN in December 1992 which led to the endorsement of ARNS in 1993 capped the efforts and advocacy role of ATFFND.


6. In spite of all such efforts, rates of malnutrition continued to increase especially among children, adolescents, and the aged. According to the World Nutrition Situation Report published in March 2004, Africa was the only continent that was unlikely to reach
the Millennium Development Goal of halving its current levels of under nutrition in children under 5 years of age by 2015, unless concerted efforts are made to redress the situation (see Figure 1: Above).

7. Other changes such as the increase in the disease burden especially the resurgence of tuberculosis and malaria, and the HIV/AIDS pandemic are contributing to further deterioration in the nutrition situation on the continent. Heads of States expressed concern over the continued spread of HIV/AIDS, TB, and malaria in the Abuja Declarations of 2000 and 2001 and in the Maputo Declaration of 2003.

8. Additionally, Africa now faces the challenge of the double burden of diet related chronic diseases and the traditional nutritional deficiency disorders, such as Protein Energy Malnutrition (PEM), micronutrient disorders such as Iron deficiency anaemia, Iodine Deficiency Disorder (IDD), and Vitamin A deficiency.

9. Based on the International Conference on Nutrition Declaration, most African countries developed comprehensive National Action Plans for Nutrition or Strategic frameworks but they remained unimplemented. Member States’ hopes for a strong and effective Nutrition Unit at OAU Secretariat were never fulfilled – as the existing unit was further reduced and budgetary allocation to it drastically cut. The nutrition leadership that had mobilized Africa’s nutrition community during the preparatory phases of the ICN, and had coordinated the development and adoption of the ARNS, was lacked support and could not carry out the important and much-needed task of follow-up. Many development partners including the lead agencies of the ICN, FAO, and WHO also suffered the same fate as both technical and financial resources to nutrition were drastically reduced.
10. At the national level, there were some countries where appropriate policy and institutional frameworks recommended by the ICN were not established. Thus nutrition tended to be marginalized and its integration into the development agenda, in order to harness inter-sectoral action on nutrition did not occur. Community participation that was the hallmark of Africa’s Primary Health Care strategy, diminished as cost recovery became the new buzz-word forcing many families not to seek health care.

11. Sustainable access to food and nutrition security is a pre-requisite to socio-economic development of any country. Thus further deterioration of the nutrition situation coupled with increasing rates of poverty destroys any gains made and seriously constraints any future efforts to pull Africa out of underdevelopment. It is, therefore, within this context that revision of ARNS was urgently needed.

12. The revised ARNS takes into account the prevailing environment, the challenges and opportunities that exist as well as new developments that were hitherto not an issue at the time the first ARNS was developed. These issues include HIV/AIDS, diet related diseases, TB, malaria and the additional challenge they pause to food security and nutrition. The strategy defines the strategic role of the AU and Member States in nutrition and a framework for action. It has a focus on sustainability and community empowerment to address their problems.

13. The Strategy Document provides an analysis of the food and nutrition situation as well as causes and consequences of the present nutrition status on the continent. It defines the priority areas of action, sets out the objectives and the strategies needed as well as the activities to attain the objectives. It further defines the framework for action and the role of the AU, Member States, communities affected as well as development partners.

14. The revision of the ARNS Strategy comes as a timely response to the worsening food and nutrition situation. There is a re-awakening of interest in addressing nutrition within Africa as many countries realize that without adequate investments in nutrition, Africa’s quest for economic and social development may not be realized. Several regional and global commitments have been made that provide useful and relevant frameworks, strategies and tools for action on nutrition issues. These include the new AU Vision, Mission and strategic plan, the Millennium Development Goals (MDGs), PRSPs, which is the replacement of Structural adjustment programmes, NEPAD, which is a strategy of the AU, Global Fund for HIV/AIDS, TB and Malaria, Roll-Back-Malaria Initiative, to name but a few.

II. ANALYSIS OF THE PROBLEM AND CAUSES

15. The continued deterioration in the nutrition situation in the Region is unacceptable and a cause for concern and outrage.

16. The major nutritional problems besetting the Region include Protein Energy Malnutrition which is widespread especially amongst children under the age of five, children aged 6-9 years and women in the reproductive age group. The prevalence of low birth weight in Sub-Saharan Africa ranges from 11-52%, and worse still 30-40% of children under 5 years of age are stunted – 17% of them seriously, and 10% are
wasted. An estimated 200 million people in Sub-Saharan Africa are chronically malnourished (Food Security Assessment Research USDA 2002) and an estimated 331 Million people in Africa consume less than 2100 calories per day. Furthermore, 36 million children in Africa are undernourished, according to the latest estimates from UNICEF. Amongst adults, 4.5-40.6% of women of childbearing age are underweight. The highest rate of under-nutrition amongst adults is found amongst displaced persons including refugees. This underlines the need to address specific nutrition requirements of vulnerable had to reach groups.

17. Micronutrient deficiencies of particular concern in the region are Iodine Deficiency Disorders, Vitamin A deficiency and iron deficiency anaemia. An estimated 10-40% of the population in Africa has IDD, and an estimated 25% have Vitamin A deficiency. Overall 600,000 children under 5 years die annually in Africa because of Vitamin A deficiency. Vitamin A Deficiency (VAD) puts at risk about 100 million people in at least 20 countries mostly in the drier parts of the continent. It is the main cause of preventable blindness in childhood and also causes retardation of physical and mental development, and contributes to morbidity and mortality among pre-school children.

18. The prevalence of iron deficiency anaemia in young children and women of child-bearing age is 50% and 60% respectively. The main nutritional cause of anemia is iron or iron/folate deficiency, particularly due to poor iron absorption from cereal-based diets. Blood loss from hookworm and schistosomiasis and at childbirth all play a major role to also impairs the immunological ability to resist disease.

19. Iodine Deficiency Disorders (IDD) is widespread in Africa, especially in remote mountainous areas. At least 150 million people are at risk in 43 countries. IDD is mainly attributable to iodine deficiency in the soil, foods and the water in endemic areas. IDD affects the development of children at all stages from foetal life to adulthood. It also affects women during their reproductive years, especially during pregnancy. It is associated with impairment of mental and intellectual functions in both children and adults, and in severe cases with deafness and mutism, neuro-muscular disorders, cretinism, increased abortion and stillbirth rates, and perinatal and infant mortality. Because IDD constraints the intellectual development in children and the productive capacity of adults, its effects on socio-economic development are, therefore, enormous.

20. In addition to these traditional nutrition problems, the region is now having to grapple with diet related chronic disease disorders such as diabetes, obesity, cardiovascular diseases which impact largely on the productive adult population 40-70 years old. These conditions have increased dramatically as a result of changes in diet, lifestyles and rapid urbanization. These problems are likely to become a major public health concern if the current trends are allowed to continue.

21. HIV/AIDS has contributed to the increase in malnutrition in Africa. The disease is characterized by loss of appetite; mouth sores, persistent diarrhoea, fevers and opportunistic infections and several other conditions, which affect the availability of nutrients consumed resulting in malnutrition. Studies by J. Mason in Southern Africa (2003) suggest that the prevalence of malnutrition in young children is much higher in areas with high prevalence of HIV/AIDS. Underlying malnutrition further contributes to the rapid onset of an inadequate immune system that leads to inability to respond to
infections. Investments in nutrition programmes are a mechanism for reducing vulnerability to or delaying the impact of HIV/AIDS. HIV and AIDS has compromised or disrupted normal livelihood strategies because of its toll on the productive sector in society. Food production has been affected. FAO estimates that over 30% loss in agricultural productivity in Africa is attributed to the HIV/AIDS pandemic. The pandemic is also further eroding human and intellectual capital in Africa, necessary to fuel the continent’s renaissance, Social and Financial Capital (Gillespie).

22. The resurgence of TB in Africa is being attributed to not only HIV/AIDS although it is one of the more common opportunistic infections, but also to growing poverty and worsening malnutrition that render the individual more prone to infections. The TB drug regime requires an adequate diet. Some of the side effects associated with TB drugs such as diarrhoea, nausea, vomiting and digestive problems can also be alleviated through appropriate dietary management. Similarly HIV/AIDS patients on ARVs have also their own nutrition requirements which mainly result from drug-food interaction.

Consequences

23. The consequence of this high burden of nutritional disorders in the Region is too grave to be ignored. Malnutrition contributes to childhood illnesses and diet-related chronic diseases. It is estimated that about 50% of deaths in children under 5 years of age is attributable to mild to moderate malnutrition and 60% of all malaria deaths are also attributed to underlying malnutrition. Furthermore those children, who survive their malnutrition in the first 2 years of life, cannot attain their full mental development potential because their brain did not develop to its full potential because of malnutrition. Iodine deficiency disorders and Iron deficiency anemia are also implicated in poor mental and cognitive development. Malnutrition contributes to poverty because it disempowers the individual by causing or aggravating illness, lowering educational attainment, reducing productivity and condemning the individual to reduced options for livelihoods.

24. Early childhood malnutrition is irreversible and intergenerational, with consequences for adult health including increased risk of diet related chronic diseases. Malnutrition erodes human capital. Furthermore malnutrition in women in the reproductive age group is reflected in the high maternal mortality, which is 60 times that found in the developed world (4TH World Nutrition Situation Report 2000). It also reduces resilience to shocks and reduces productivity through effects on physical and mental capacity. It affects school enrolment, educational attainment and lifetime earnings thus condemning many people in the region to a never-ending cycle of poverty.

25. According to the SCN estimates of losses from under-nutrition can be as high as 3 percent of GDP. In addition it has been estimated that malaria, tuberculosis and HIV/AIDS account for a reduction in GDP of 1.3% in Africa. (WHO Commission on Macro Economics and Health)

26. Diet related chronic diseases also have heavy costs. Nutritional disorders are estimated to be contributing 28% of morbidity and 35% of mortality in Africa. This new epidemic has the potential to not only remove experienced and productive members of
society but takes away scarce resources from primary health services. The overweight rates amongst women of Child bearing age range from 2.3-42% and for obesity from 0.2-19.2%.

Causality

ANALYSIS OF THE PROBLEMS AND CAUSES OF THE NUTRITION SITUATION IN AFRICA

27. There are several different analytical approaches and conceptual frameworks for action that may be used, the important thing is to agree on the existence of the problem, on its major causes and, subsequently, on the specific actions that need to be taken to ameliorate the situation. The framework that is predominantly used is the one developed by TFNC in Tanzania and adopted by UNICEF and the whole UN system. This is the conceptual framework currently in use for the analysis of nutrition problems in Africa.

28. This model sees malnutrition as the outcome of various processes in society, whose causes may be immediate, underlying, or basic. The immediate causes are grouped into those related to food intake and those related to diseases. Basic causes are related to various more structural and environmental constraints related to social, political, economic, demographic, ecological and organizational factors.

Challenges

29. Countries in the Region face many challenges in trying to address their nutrition problems. These include:

• Failure to turn the political commitment expressed by Member States to address nutrition, into tangible action (only a few countries have developed their action plans and are waiting for donor support to implement)

• The absence of a policy framework and institutional capacity to plan, implement and monitor sustainable nutrition programmes that respond to the multi-sectoral dimensions of nutrition problems.

• Recurrent conflicts and natural disasters such as floods and droughts that not only destroy people’s lives but also their livelihood strategies, as well as their asset base making recovery more difficult

• Inadequate technical capacity in nutrition in the region as the few available nutritionists are fleeing from the public health sector and even the Region, because of the low priority accorded to nutrition

• Community’s capacity to respond to their situation appropriately has been compromised as a result of the caring demands placed on them because of the disease burden especially HIV/AIDS pandemic, and the resurgence of Tuberculosis and malaria.

• Accessing adequate resources to support nutrition programmes given the deterioration in the socio-economic environments of most countries in the Region that has resulted in drastic cuts to the social sectors.
• The disproportionate amounts of the health budgets being absorbed by curative services, often at the expense of preventive strategies such as nutrition because of the heavy burden of disease.

• Diminished community capacity and coping strategies to sustain shocks, and respond to their food security and nutrition needs because of recurrent droughts, and other challenges to food insecurity (civil strife, floods, locust invasions etc) and growing poverty. It is currently estimated that over 60% of Africans live on less than US$1 per day.

• The wanton dismantling or abandonment of the Primary Health Care strategy by most countries in the Region as part of the health sector reforms.

• The abandonment of traditional diets that oftentimes are more nutritious, in favour of over refined Western diets has resulted in the reduction in dietary diversity contributing to nutritional problems especially to the diet related chronic diseases.

30 Potential for redressing the situation exists. A number of highly successful community based multi-sectoral integrated nutrition programmes have been implemented in several African countries, leading to a significant improvement of the nutrition situation (UNICEF and WHO 1991, World Bank, 1992, SCN 1996). The success of these programmes is a cause for hope. These examples provide important lessons for the long-term nutrition improvement, which the ARNS seeks to achieve. All was not gloom and doom!

31. Africa is once again taking up the challenge of addressing its nutrition problems. The revision of the African Regional Nutrition Strategy represents a renewed commitment towards the improvement of the nutrition situation. The ARNS represents Africa’s contribution to the attainment of the Millennium Development Goals.

32. OBJECTIVES OF THE AFRICAN REGIONAL NUTRITION STRATEGY (ARNS)

<table>
<thead>
<tr>
<th>The objectives of the African Regional Nutrition Strategy are:</th>
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<tbody>
<tr>
<td>I. To increase 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 and their implications for the development of the continent, and advocate for additional resources for nutrition.</td>
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<td>II. To advocate for renewed focus, attention, commitment and a redoubling of efforts by member states, in the wake of the worsening nutrition status of vulnerable groups.</td>
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<td>III. To stimulate action at the national and regional level that lead to improved nutrition outcome by providing guidance on strategic areas of focus.</td>
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</table>
IV. To provide a framework of action on nutrition that takes into account the emerging issues of HIV and AIDS, diet related chronic disease, the resurgence of TB and malaria etc in addition to the following ICN goals adapted to the Africa Region:

- To ensure regional, national and household food security in 10 years
- To reduce protein-energy malnutrition in children under 5 by half, and iron deficiency anaemia in pregnant women by one third, and to virtually eliminate iodine and vitamin A deficiencies.
- To reduce the prevalence of low birth weights (below 2.5 kg) to less than 10%
- To develop programmes for the prevention of diet-related non – communicable diseases in one third of the African population.
- To address the nutritional requirements of PLWHA, including those on ARVs and also TB patients on DOTS.

V. To define mechanisms for collaboration and cooperation among the various actors concerned with food and nutrition problems at national, regional and international levels.
### Plan of action and implementation strategy

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Objective</th>
<th>Strategies</th>
<th>Activities</th>
<th>Indicators</th>
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<tbody>
<tr>
<td>1. Monitoring the food and nutrition situation</td>
<td>To monitor and evaluate progress in the attainment of nutrition relevant goals, and keep member States and development partners appraised of the nature, magnitude and extent of the food and nutrition situation, on a regular basis and enable them to make informed decisions to redress food and nutrition problems.</td>
<td>Align the monitoring of the nutrition situation to the ARNS and MDG’s. Provide regular update to member states through, the AU summits, newsletter and AU website. Link up with other development partners in the regional and establish one database for Africa.</td>
<td>Define the nutrition indicators that shall be monitored. Establish a data base of existing national level data (surveys, surveillance data etc) Support the strengthening of national nutrition surveillance, vulnerability assessments, and early warning system. Promote applied nutrition research by setting the agenda and providing research grants.</td>
<td>indicators defined, Data base, Operational surveillance systems, Studies and surveys.</td>
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<tr>
<td>2. Advocacy and communication</td>
<td>To create an awareness on the impact of nutrition on development, and stimulate action and meaningful resource allocation to nutrition programmes</td>
<td>Develop a sustainable advocacy strategy and Identify opportunities to advocate for nutrition, i.e. AU Heads of State Summits, UN, REC’s Integrate nutrition onto the development agenda</td>
<td>Identify prominent persons in Africa as nutrition advocates. Develop a tool kit for advocacy using PROFILES. Publish an annual State of the food and Nutrition situation in the Africa Region.</td>
<td>Advocates nominated, Tool kit, Annual report.</td>
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<td>Priority area</td>
<td>Objective</td>
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<td>Activities</td>
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<td>3. Policy and institutional</td>
<td>To promote the establishment of policy and institutional frameworks for</td>
<td>Link nutrition to the vision and mission of the AU, and the prevailing</td>
<td>Define the role of nutrition in the attainment of the AU Visions Mission and the MDG’s and national development in general.</td>
<td>Paper on the link between nutrition and AU Vision, Mission</td>
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<td>institutional framework</td>
<td>addressing food and nutrition problems in a sustainable manner</td>
<td>development agenda such as the MDG’s and international regional goals,</td>
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<td>National policies</td>
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<td>conventions strategies guidelines relevant to nutrition to which member</td>
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<td>states are party to, i.e. MDG’s, WSG’s, ICN, Biodiversity convention etc</td>
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<td>4. Strengthening food and</td>
<td>Provide strategic framework and guidance that will ensure that the food</td>
<td>Provide technical leadership and support to member states in the revision</td>
<td>Establish a data base on best practices in nutrition programming available in Africa and share with member states</td>
<td>Data base</td>
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<td>nutrition programme</td>
<td>security and nutrition targets set by the ICN, WFS and endorsed in the</td>
<td>of national action plans that take into account new and emerging issues i.e.</td>
<td>Develop a minimum nutrition package that defines areas of action for improved nutrition outcome and takes into account emerging issues (See Annex for details)</td>
<td>Nutrition Package</td>
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<td>implementation</td>
<td>first ARNS are attained.</td>
<td>HIV and AIDS</td>
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<td>Framework programme on integration of nutrition in HIV/AIDS and TB</td>
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<td>Integrate nutrition into the AU portfolios* and the development agenda</td>
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<td>programme</td>
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<td>Integrate strategies defined by the ICN</td>
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* ARNS: African Regional Nutrition Strategies

**Note:** The table represents the objectives, strategies, activities, and indicators for priority areas focusing on policy and institutional frameworks as well as strengthening food and nutrition programme implementation. Each section outlines specific actions aimed at promoting nutrition by linking it to broader development frameworks and targets, ensuring that nutrition is integrated into national policies and action plans, and establishing data bases and minimum nutrition packages.
<table>
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<tr>
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<th>Indicators</th>
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</thead>
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<tr>
<td>5. Integrating nutrition dimensions onto the development agenda</td>
<td>To facilitate a coordinated response that maximizes on available technical and financial resources for improved nutrition outcome</td>
<td>Fostering cooperation amongst the various stakeholders and development partners. Strengthening political commitment to nutrition through advocacy. Promote the viewing of development through a ‘Nutrition Lens’ Strengthening inter-sectoral collaboration at national levels</td>
<td>Establish fora that facilitate interaction on a regular basis at national, regional levels Define the contribution of nutrition to the attainment of the AU vision and mission, and the MDG’s Fostering networks and partnerships with relevant development partners within the region and international levels, including community based civic organizations</td>
<td>Fora established</td>
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<tr>
<td>6. Strengthening Institutional, and technical capacity for nutrition at all levels, (from community to national levels).</td>
<td>To ensure that there is a critical mass of well trained and motivated professionals, and communities to plan, implement, monitor and evaluate nutrition programmes</td>
<td>Identify centres of Excellence for training of nutrition professionals. Review and update nutrition curricula in line with emerging issues. Integrate a nutrition component into training curricula of various cadres to facilitate inter-sectoral action for nutrition Improve conditions of service and institutional placement to facilitate their retention</td>
<td>Strengthen the AU’s technical capacity to support member states in the implementation of the ARNS Coordinate food and nutrition capacity needs assessment. Establish a database of technical and institutional resources for nutrition available in Africa and identify gaps. Develop a strategy for addressing the capacity gaps in the short, medium and long-term. Strengthen formal professional networks</td>
<td>Nutrition unit established within the AU Secretariat Capacity development strategy Training conducted Professional networks</td>
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<tr>
<td>7. Promote community participation and involvement</td>
<td>To ensure that communities are primary actors in addressing their food and nutrition problems</td>
<td>To create community awareness of the food and nutrition problems</td>
<td>The development of an IEC strategy to create awareness mobilizes community action.</td>
<td>IEC Strategy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To develop community capacity to assess, analyze, and act on their problems (Triple A) Build on available indigenous knowledge.</td>
<td>Develop community capacity to address their problems.</td>
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<tr>
<td></td>
<td></td>
<td>Mobilize Africa’s greatest resource, its people, to participate and be involved in a sustainable strategy for addressing the prevailing food and nutrition problems in a sustainable manner.</td>
<td>Strengthen community based growth monitoring and promotion.</td>
<td>National and regional Food fairs</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Establish data base on relevant indigenous knowledge that supports food and nutrition and disseminate widely through the promotion of Food Fairs etc.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Create a sustainable community awareness, and update regularly</td>
<td></td>
</tr>
<tr>
<td>8. Resource mobilization strategy</td>
<td>To mobilize technical and financial resources to support implementation of the ARNS and national plans.</td>
<td>Develop an AU strategic plan and a financing plan and convene a donors conference</td>
<td>Use the ARNS to advocate for a strategic plan and resource mobilization strategy.</td>
<td>Resources mobilised</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advocate for member states to include nutrition programmes in the national budgets.</td>
<td>Establish a mechanism for reporting on progress in regard to resource allocation to nutrition programmes.</td>
<td>Reporting mechanisms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Integrate nutrition into other programmes and strategies and tap on available resources i.e. MDG’s, PRSP, and Global Fund on HIV AIDS, Roll Back Malaria etc.</td>
<td>Define the contribution of nutrition to the attainment of the goals of other initiatives and specify activities, and develop guidelines to facilitate integration of nutrition</td>
<td>Nutrition strategy in PRSPs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Forge strategic partnerships with key development sectors and agencies</td>
<td>Partnerships developed</td>
</tr>
</tbody>
</table>
Annexe 1

Role of the African Union in the implementation of the ARNS

1. Advocate for increased commitment by member states to nutrition by promoting the development of appropriate national polices plans of action and programmes that facilitate nutrition improvement and thereby contribute to the attainment of the AU Vision and Mission as well as the MDG’S.

2. Keep member states appraised of the prevailing food and nutrition situation on the continent on a regular basis and on current developments relevant to nutrition, share information about best practices for improved nutrition particularly those found within the African continent. As well on emerging issues relevant to nutrition and how to address them.

3. Promote the strengthening of national food and nutrition surveillance systems and facilitate the monitoring and evaluate progress in the attainment of nutrition relevant goals.

4. Facilitate a coordinated response to the prevailing nutrition problems by establishing and fostering networks of professionals in the region, partnerships with strategic partners within the region, in the UN, private sector and civic society organizations.

5. Advocate for allocation of adequate resources to nutrition programmes in member states.

6. Mobilise resources (technical and financial) for nutrition from member states, and other development partners in the public, private sector and civic society.

7. Establish a mechanism for strengthening the continent’s technical and institutional capacity in nutrition and retaining it.

8. Provide technical support to member states in food and nutrition.

9. Promote and advocate for the establishment of appropriate policy and institutional frameworks for food and nutrition in member states.

10. Promote and support applied nutrition research and evidence –based nutrition programming.
Role of Member States in the ARNS

1. Develop and strengthen national policies, strategies and plans for nutrition.

2. Establish appropriate policy and institutional frameworks for nutrition that facilitate inter-sectoral action, integrate nutrition into the national development agenda, and facilitate community participation.

3. Create enabling environment for improved nutrition (i.e. peaceful, disease free and food security).

4. Allocate reasonable resources for nutrition programming.

5. Establish national surveillance systems that provide credible and timely information that facilitates decision making for improved nutrition outcome.

6. Establish mechanisms for developing and retaining adequate technical capacity in nutrition to implement effective nutrition programmes.

7. Establish capacity development and retention strategies for nutrition professional.
<table>
<thead>
<tr>
<th>Emerging issues</th>
<th>Opportunities for nutrition</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New AU vision and mission</strong></td>
<td>Investments in nutrition improvement in the region will ensure that the AU Vision and Mission are attained</td>
<td>Establishing an appreciation for the contribution nutrition can make to Africa’s development.</td>
</tr>
<tr>
<td><strong>Millennium Development Goals (MDG’s)</strong></td>
<td>Demonstrate how nutrition contributes to the attainment of the Goals see <em>(Annex 6)</em></td>
<td>Aligning the MDG global goals and targets to attainable regional and national ones.</td>
</tr>
<tr>
<td><strong>HIV and AIDS</strong></td>
<td>Articulate the benefits of adequate nutrition to prevention mitigation and care. Mainstream nutrition within HIV/AIDS Control Programmes Develop policies and protocols to provide guidance on the nutritional management of HIV AIDS</td>
<td>Accommodating nutrition within established HIV/AIDS prevention and control programmes. The worsening food security and nutritional problems in Africa. Inadequate technical capacity in nutrition in Africa.</td>
</tr>
<tr>
<td><strong>Resurgence of TB Malaria</strong></td>
<td>Illustrate the relevance of nutrition to these diseases and integrate nutrition into these programmes, in line with MDG GOAL 6</td>
<td>Lack of an appreciation of the role of nutrition in disease. Inadequate technical capacity to develop nutrition interventions. Poor health services</td>
</tr>
<tr>
<td><strong>The double burden of diet related chronic diseases and under-nutrition</strong></td>
<td>Adopt a life cycle approach to nutrition programming. Promoting the consumption of a diversified diet. Multi-sectoral approach that establishes partnerships with key development partners including the communities affected. Promoting diversified, indigenous and healthier diets.</td>
<td>Inadequate technical capacity (nutritionists and dietitians). Diet related disorders perceived to be diseases of affluence and not given priority yet very costly to countries. Piecemeal approach, as development partners with resources to support nutrition favour rapid success and focus narrowly on a few micronutrients. Loss of cultural identity and taste for indigenous foods especially amongst young people. Reduction in biodiversity as deforestation as well as lack of policy to protect indigenous crops etc. Processing technology to ensure availability throughout the year not developed.</td>
</tr>
<tr>
<td>Emerging issues</td>
<td>Opportunities for nutrition</td>
<td>Challenges</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Globalization or ‘gobblelization’</td>
<td>Africa need to analyze the impact of WTO etc on food security and nutrition outcome and be in a position to negotiate in an informed way</td>
<td>Implications for food security and malnutrition, rural farmers cannot compete on the global market with subsidized products from developed countries.</td>
</tr>
</tbody>
</table>
| Inadequate preparation for recurrent man made and natural disasters | Investments in improved nutrition is a preparedness strategy should disasters strike.  
Strengthen surveillance and Early Warning Systems for timely response.  
Develop indigenous food baskets at national level and promote its use by development partners.  
Develop database of indigenous coping strategies | Man made and natural disasters.  
Tied food aid.  
Getting the food to the needy in a viable state.  
Early warning systems largely dysfunctional, late response to information by policy makers.  
Food aid that undermines local agriculture and dietary habits.  
Coping strategies that are harmful to communities and the environment (indiscriminate tree cutting, prostitution, gold panning, migration to overcrowded urban areas). |
| Food safety | Integrating nutrition into food hygiene and safety programmes to ensure that the food consumed is fully utilized in the wake of increased nutrient demands, and susceptibility to infection and disease caused by the HIV AIDS.  
Safe processing and preservation to ensure food availability throughout the year. | Perception that an occasional bout of diarrhoea is acceptable.  
Inadequate food safety and control systems to protect consumers.  
Emergence of street foods and small-scale processors whose conditions for processing are questionable.  
Meeting the stringent CODEX food safety standards for export. |
## Annex 4

Integrating nutrition dimension into the various portfolios within the AU

<table>
<thead>
<tr>
<th>Portfolio</th>
<th>Mandate</th>
<th>Nutrition dimensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peace and security</td>
<td>Enhanced institutional capacity for achieving peace, security and stability in Africa</td>
<td>The lack of a sustainable access to food is a potential source of unrest.</td>
</tr>
<tr>
<td>Political affairs</td>
<td>Contribute to a political environment that is conducive to sustainable development, adheres to democratic principles and respects human rights</td>
<td>Concern for human development including the food security and nutrition of people facilitates political stability.</td>
</tr>
<tr>
<td>Infrastructure and energy</td>
<td>Enhance regional and continental efforts for integrated infrastructure development and sustainable energy resources</td>
<td>Lack of infrastructure and access to sustainable energy sources, perpetuates the poverty worsens food insecurity, malnutrition and development.</td>
</tr>
<tr>
<td>Social affairs</td>
<td>To promote a human centred approach development and improve quality of life and alleviate poverty</td>
<td>An optimal nutritional status protects the individual against disease and minimises the impact of illness. A well nourished community is productive.</td>
</tr>
<tr>
<td>Human development, science and technology</td>
<td>Promotion and coordination of human resource development and science and technology policies for the economic development of the continent</td>
<td>Malnutrition in children under 2 years of age compromises the child’s potential for physical and intellectual growth. Investments in nutrition from the onset shall pay dividends later in life and produce human capital that can contribute to the development of Africa.</td>
</tr>
<tr>
<td>Trade and industry</td>
<td>Towards making Africa a significant trading partner in the global economy</td>
<td>Healthy and well nourished communities can contribute in development and in so doing establish sustainable livelihood strategies that will reduce their poverty.</td>
</tr>
<tr>
<td>Economic affairs</td>
<td>Facilitate economic integration, promote investment, mobilise development financing, undertake economic research and analysis</td>
<td>Investments in nutrition have economic benefits not only to the individual, but also to the country.</td>
</tr>
<tr>
<td>Rural economy and agriculture</td>
<td>Promote policies and strategies that develop rural economy, improve agricultural productivity and enhance environmental sustainability</td>
<td>The majority of Africans live in rural areas and are food insecure and malnourished. Policies and strategies for developing the rural economy and agriculture must take into account the impact of malnutrition on rural communities.</td>
</tr>
</tbody>
</table>
African Union Vision

Build an integrated, prosperous and peaceful Africa, driven by its own citizens and representing a dynamic force in the international arena.

The ARNS can contribute to the attainment of the AU Vision in the following way:

Towards the integration agenda: The networking and sharing of technical resources, best practices and programmes in the improvement of food nutrition between member states, will facilitate the integration process. There is need for example for the development of regional standards for food fortification and salt iodination given cross border movement and trade.

Towards prosperity: Nutrition improvement will result in improved productivity, reduction in disease burden freeing up resources from health care to other development activities, and reduced poverty resulting in more prosperous nations.

Towards a peaceful Africa: A hungry man is an angry man. People whose basic needs are met are less likely to go to war. Adequate food security and nutrition is a basic need that contributes to peace and stability.

Towards citizen participation in the building of Africa: Successful nutrition programmes by their very nature are participatory. Nutrition programmes require the active involvement and participation of communities affected. There are lessons from nutrition programming that can facilitate citizen participation that is enshrined in the AU vision. The Triple A cycle that was developed for the Iringa project in Tanzania, empowers communities to assess their food and nutrition situation, analyse it and participate in finding lasting solutions to their food insecurity and nutrition problems. The experiences gained from the field of nutrition in community participation and involvement have the potential to influence other spheres of development and engender sustainable community participation in development.
Contribution of the ARNS to the AU Missions

To translate the AU vision into concrete action, seven missions have been defined for the Commission of the AU. The ARNS can contribute to the achievement of these missions as follows;

1. **Building the capacity of integration players**

   The ARNS will provide a mechanism for forging inter-regional cooperation, allowing for exchange of experiences and best practices in food and nutrition policy and programming. Currently ECOWAS and ECSA have functional networks of national nutrition units that meet regularly and exchange ideas. The need for a coordinated multi-sectoral approach to nutrition requires the establishment and strengthening of mechanism for harnessing the collective efforts of all relevant partners in nutrition, from government, civic society and international development partners as well as the private sectors. The nutrition community has some experience in this regard. The focus of the ARNS on strengthening this will also contribute to this important mission of building capacity of integration players.

2. **Coherent Programmes that Facilitate Integration**

   Food security and nutrition is a concern shared by all member states in the region, and commitment to redressing the situation exists. This common interest has potential to promote dialogue, sharing of ideas for find lasting solutions within the various Regional Economic Committees as well as the AU itself. Integrating the ARNS onto the agenda of REC’S and relevant organs of the AU in an important strategy for promoting integration. Some limited progress in SADC; the ECSA and ECOWAS regions have already begun and have strong institutional networks that facilitate integration. The MDG provides a useful framework for programme integration and the ARNS that will make a meaningful contribution to the attainment of the goals. The attainment of the goals will depend on many development sectors working together towards their attainment.

3. **Brainstorming sessions, networking of experts to address issues affecting Africa.**

   A directory of African expertise in food and nutrition, establish Expert Committees in food and nutrition, as well as the revival of the interagency Food and Nutrition Commission for Africa, are mechanisms that will serve to harness the available technical and financial resources in the region.
4. **Information and Advocacy**

The ARNS will provide regular update on the regions food and nutrition situation, efforts and progress being made in addressing food and nutrition problems. The AU’s advocacy strategy would have a very concrete agenda that is dealing with basic needs of the region.

5. **Leadership Role in Peace and Good Governance**

Addressing the region’s food and nutrition issues through the ARNS is an important contribution to sustainable peace, as communities are less likely to engage in civil strife when their food insecurity is being addressed in a meaningful and sustainable manner.

6. **Stimulate Economic Social and Cultural Development**

Nutrition is not only an input into economic development, but also an outcome. Economic development should be measured by how the economic indicators translate into improvements in the quality of life of its citizens. Nutrition indicators are a good indicator for this purpose. Furthermore the diet is an important integral part of a people’s culture, the promotion of indigenous diets will not only improve nutrition outcome but will contribute towards the preservation of Africa’s cultural heritage. The ARNS and its promotion of indigenous foods, will contribute to the preservation of Africa’s rich dietary heritage.

7. **Follow-up and evaluation mechanism.**

The follow-up and evaluation mechanism for AU activities should also include the monitoring of the implementation of the ARNS. Member states should be expected to report on their progress in addressing their food and nutrition problems periodically through this mechanism, in that way member states are also held accountable for the progress or lack thereof.
### ANNEXE 6

#### Millennium Development Summit and Goals 2000

<table>
<thead>
<tr>
<th>MDG</th>
<th>Relevance of nutrition to the attainment of MDG’s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Eradicate extreme poverty and hunger</strong></td>
<td>▪ Target 1: Improved nutrition will increase productivity, thereby reduce the number of people living on less than 1$ a day.</td>
</tr>
<tr>
<td></td>
<td>▪ Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.</td>
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<tr>
<td></td>
<td>▪ Health indicator 4: Prevalence of underweight children under 5 years old will be reduced with improved nutrition, as will</td>
</tr>
<tr>
<td></td>
<td>▪ Health indicator 5: Proportion of population below minimum level of dietary energy consumption.</td>
</tr>
<tr>
<td><strong>2. Achieve universal primary education</strong></td>
<td>▪ Target 3: Child nutrition improves readiness and mental capacity to learn and achievement in school.</td>
</tr>
<tr>
<td><strong>3. Promotes gender equity and empower women</strong></td>
<td>▪ Target 4: Food security frees girls from agricultural and nutrition labour to facilitate girl education.</td>
</tr>
<tr>
<td><strong>4. Reduces child mortality</strong></td>
<td>▪ Target 5: Good nutrition reduces child mortality</td>
</tr>
<tr>
<td><strong>5. Improve maternal health</strong></td>
<td>▪ Target 6, Health indicator 16: Well nourished pregnant women are more likely to endure the rigours of pregnancy and childbirth; and thus less likely to die.</td>
</tr>
<tr>
<td><strong>6. Combat HIV/AIDS, malaria and other diseases</strong></td>
<td>▪ Target 7, Health indicator 18: Good nutrition slows onset and progression of AIDS.</td>
</tr>
<tr>
<td></td>
<td>▪ Target 8, Health indicator 21, 23 and 24 An important component of disease management and care. Good nutrition improves capacity to fight opportunistic infections.</td>
</tr>
<tr>
<td><strong>7. Ensure environmental sustainability</strong></td>
<td>▪ Highlights the importance of local food crops and diet diversity and quality.</td>
</tr>
<tr>
<td></td>
<td>▪ Nutrition also highlights the need to address community needs through the food cycle from production, harvesting, storage, processing preparation, and consumption, in a way that ensures environmental sustainability.</td>
</tr>
<tr>
<td><strong>8. Develop a global partnership for development</strong></td>
<td>▪ Target 13: Nutrition brings together many stakeholders around a common problem and many lessons can be drawn from the nutrition field in this regard. Meeting the needs of LDC improves agriculture, health, education and food security, and reduces poverty.</td>
</tr>
<tr>
<td></td>
<td>▪ Target 18: New technologies will improve food production and processing thereby reducing malnutrition.</td>
</tr>
</tbody>
</table>
The Executive Council:

1. **TAKES NOTE** of the Revised African Regional Nutrition Strategy (2005-2015);

2. **RECOGNIZES** the seriousness of Food insecurity and Nutrition deficiency in Africa and the efforts of Member States towards alleviating them;

3. **ACKNOWLEDGES** the role of Nutrition in socio-economic development and the achievement of Millennium Development Goals in Africa;

4. **ENDORSES** the Revised African Regional Nutrition Strategy (2005 – 2015);

5. **URGES** Member States to mobilize all sectors of the economy in order to accelerate implementation of the Plan of Action of the Revised African Regional Nutrition Strategy (2005 – 2015);

6. **ALSO URGES** Member States to take all necessary measures to allocate adequate resources to alleviate the major causes of food and nutrition crisis in Africa;

7. **REQUESTS** Member States to utilise the Revised African Regional Nutrition Strategy (2005 – 2015) as a blue-print for drafting their own National Plans of Action for Nutrition;

8. **APPEALS** to the International Community to continue to provide assistance towards the attainment of the objectives of the Revised African Regional Nutrition Strategy (2005 – 2015);