Report on Malnutrition in the Most Affected African Countries

and Concrete Actions to Address the Problem

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1. Introduction

Malnutrition remains one of the most serious and persistent challenges on the African continent. In 2024, more than 300 million people were undernourished in Africa, representing more than 45% of the global total. Nearly 60% of the African population experienced moderate or severe food insecurity. Among children under 5 years of age, stunting affects approximately 30% of children, while acute malnutrition (wasting) affects about 5.4%. These figures illustrate a crisis that hinders human, economic and social development.

This report identifies the African countries most affected, analyses the main causes and proposes concrete, realistic and evidence-based actions to sustainably reduce malnutrition.

2. General Situation in Africa

According to the UNICEF/WHO/World Bank Joint Child Malnutrition Estimates (2025) and the FAO Regional Overview of Food Security and Nutrition in Africa:

Indicator	Value (2024)
Undernourished people	> 300 million (45% of the global total)
Moderate or severe food insecurity	~60% of the African population
Stunting (children < 5 years)	~30.3%
Wasting (children < 5 years)	~5.4%
Cost of a healthy diet	Unaffordable for ~67% of the population

Africa accounts for approximately 43% of the world's children suffering from stunting. Progress has slowed in recent years due to conflicts, climate shocks and economic crises.

3. Most Affected African Countries

The 2024 Global Hunger Index (GHI), which combines undernourishment, stunting, wasting and child mortality, classifies several African countries in the "alarming" or "serious" categories.

Rank	Country	GHI Score 2024	Situation
1	Somalia	44.1	Alarming
2	Chad	36.4	Alarming
3	Madagascar	36.3	Alarming
4	DR Congo	34.9	Serious
5	Niger	34.1	Serious
6	Liberia	31.9	Serious
7	Central African Republic	31.5	Serious
8	Sierra Leone	31.2	Serious
9	Zambia	30.7	Serious
10	Guinea-Bissau	30.5	Serious

Note: Burundi and South Sudan also rank among the most affected countries in some editions of the GHI (high or estimated alarming scores). Somalia has the highest undernourishment rate in the world (~51%).

Regarding stunting among children under 5, the highest rates are found in Burundi (~55%), Niger (~48%), DR Congo (~42-44%) and Madagascar (~40%).

4. Main Causes of Malnutrition

The causes are multiple and interconnected:

- Conflict and displacement: Wars and instability (Sahel, Horn of Africa, DR Congo, South Sudan, Somalia) deprive populations of access to land, markets and services.
- Climate change: Droughts, floods and cyclones (particularly in Madagascar) destroy crops and livelihoods.
- Poverty and low agricultural productivity: Low crop yields, lack of irrigation, limited access to inputs and markets.
- Low dietary diversity: Dependence on a few nutrient-poor staple crops.
- Health and sanitation problems: Diarrhoea, malaria and poor hygiene conditions aggravate malnutrition.
- Demographic and social factors: Rapid population growth, low nutrition education and gender inequalities.
- Economic shocks: Inflation, rising food prices and low purchasing power.

5. Concrete Actions to Address the Problem

The most effective solutions are multisectoral and combine emergency interventions with medium- and long-term structural actions.

5.1 Short-term actions (humanitarian response and treatment)

- Deployment of Community-based Management of Acute Malnutrition (CMAM) programmes with distribution of Ready-to-Use Therapeutic Food (RUTF).
- Micronutrient supplementation (vitamin A, iron-folic acid, zinc) for children and pregnant women.
- Cash transfers or targeted food distributions in crisis areas.
- Strengthening of health centres and community health workers for screening and follow-up.

5.2 Medium- and long-term actions (prevention and resilience)

- Agriculture and food systems: Promotion of climate-smart agriculture, irrigation, biofortification (vitamin A-rich maize, iron-rich beans, enriched sorghum) and crop diversification.
- Kitchen gardens and small livestock: Kitchen garden programmes and distribution of poultry or small ruminants to vulnerable households (as in Rwanda).
- Fortification of staple foods: Mandatory or voluntary fortification of salt (iodine), flour, oil and locally produced fortified blended foods.
- Maternal and infant nutrition: Promotion of exclusive breastfeeding for 6 months, appropriate complementary feeding and nutrition education for mothers and communities.
- Social protection: School feeding programmes and conditional cash transfers linked to health and nutrition.
- Water, sanitation and hygiene (WASH): Improving access to safe water and sanitation to reduce diarrhoeal diseases.
- Governance and coordination: Creation of inter-ministerial structures dedicated to nutrition (Rwandan or Senegalese model) and strong political commitment.

5.3 Examples of success

Rwanda has significantly reduced stunting (from 33% in 2020 to approximately 27% in 2025 according to some sources) thanks to a multisectoral approach: coordination at the Prime Minister's level, community health workers, fortification, kitchen gardens, small livestock and nutrition programmes.

Other countries such as Senegal, Ghana and Ethiopia have also shown progress thanks to integrated nutrition policies, fortification and investments in agriculture and health.

6. Priority Recommendations

- Prioritise the most affected countries (Somalia, Chad, Madagascar, DR Congo, Niger, Burundi, South Sudan) with targeted funding.
- Invest heavily in prevention (1 dollar spent on nutrition can yield up to 16 dollars in economic benefits).
- Strengthen local production of nutritious and therapeutic foods to reduce dependence on imports.
- Integrate nutrition into climate change adaptation and agricultural development plans.
- Improve data collection and monitoring to measure progress and adjust interventions.
- Mobilise national and international resources (nutrition funds, public-private partnerships).

7. Conclusion

Malnutrition in Africa is a complex but solvable problem. Solutions exist and have proven effective in several countries. What is most often lacking is sustained political commitment, adequate funding and multisectoral coordination. By combining specific nutrition interventions (supplementation, fortification, treatment) with nutrition-sensitive actions (agriculture, social protection, WASH, education), it is possible to significantly reduce malnutrition and break the cycle of poverty.

Acting now is a humanitarian, economic and moral necessity.

Main sources: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates 2025; Global Hunger Index 2024/2025; FAO Africa Regional Overview of Food Security and Nutrition 2025; World Population Review; national reports and case studies (Rwanda, etc.).

Done on 20 November 2026,

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