The under-5 mortality rate in Angola is the highest in the world. Globally, nearly half of all child deaths are directly or indirectly attributable to poor nutrition. Priorities for tackling undernutrition in Angola include among others the need for up-to-date, reliable, and comprehensive information on the nutrition situation in the country. The EU group works closely with the Government, donors and organisations active in the area of nutrition to address the critical issue of nutrition governance and to support the inclusion and implementation of nutrition actions at local level.

### Progress against the World Health Assembly targets

<table>
<thead>
<tr>
<th>WHA Nutrition Indicators</th>
<th>GNR 2015 analysis of progress</th>
<th>Prevalence</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting of children under-five years of age</td>
<td>NA</td>
<td>29.2%</td>
<td>2007³</td>
</tr>
<tr>
<td>Wasting of children under-five years of age</td>
<td>NA</td>
<td>8.2%</td>
<td>2007³</td>
</tr>
<tr>
<td>Overweight of children under-five years of age</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Anaemia of women of reproductive age</td>
<td>NA</td>
<td>45%</td>
<td>2011⁴</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>NA</td>
<td>12%</td>
<td>2000⁴</td>
</tr>
<tr>
<td>Exclusive breastfeeding of infants under six months</td>
<td>NA</td>
<td>11%</td>
<td>2001⁵</td>
</tr>
</tbody>
</table>

### EU Analysis of Stunting Trends and Projections

The line graph shows the historic trend in prevalence of stunting and the forward projection (based upon data until 2012) with the current average annual rate of reduction (AARR) of 6.57% (brown dotted line) as well as the projected AARR of 5.63% (blue line) to meet the WHA target. No national target has been defined for children under-five. In 2012, **820,000 children under-five were stunted**. Given the current trend and considering the population growth, 490,000 children will be stunted in 2025. However, the WHA target calls for additional efforts of government and development partners to reach an extra 60,000 children and avert them from stunting.

### Implications for Development Planners

The line graph shows the historic trend in prevalence of stunting and the forward projection (based upon data until 2012) with the current average annual rate of reduction (AARR) of 6.57% (brown dotted line) as well as the projected AARR of 5.63% (blue line) to meet the WHA target. No national target has been defined for children under-five. In 2012, **820,000 children under-five were stunted**. Given the current trend and considering the population growth, 490,000 children will be stunted in 2025. However, the WHA target calls for additional efforts of government and development partners to reach an extra 60,000 children and avert them from stunting.
Economics and Demography

Demographic data (2014)

| National population: | 22,137,261 |
| Urban/Rural divide: | 43/57% |
| Children under five: | 4,076,000 |
| Adolescent girls: | 1,185,000 |
| Population growth: | 3.1% |

Source: WB, UNDESA

Key Dimensions of Nutrition

The last nutrition survey in Angola was done in 2007. Nearly a third of children under-5 was stunted, although actual rates are expected to be much higher. The rapid decline in stunting trends is likely to mask large socioeconomic disparities (income inequality is very high in the country). Wasting levels are high at 8%. Angola has the world's highest under-5 mortality rates (157 deaths per 1,000 births). Under-5 vitamin A deficiency is very high at 64% (public health significance levels ≥20% are categorized as severe by WHO) but the data are very old (1999). Anaemia affects about a third of children (6-59 months) and half the women of reproductive age. Geographical inequities are large and rural areas fare worst. Very poor rates of exclusive breastfeeding, inadequate access to safe water and sanitation, and dietary factors linked to insufficient access to food are the main underlying causes of chronic undernutrition. Poor access to, coverage and quality of health services, early childbearing and inadequate caring practices also play a part. In Angola, food and/or nutrition crises are recurrent due to drought, flooding, disease outbreaks, and critical levels of food insecurity remain in the most affected central and southern provinces.

Nutrition Governance

| Member of SUN Movement: No | HANCI ranking (out of 45): 43rd (Very low commitment) |

Government’s commitment to nutrition (including N4G event):

There are no time-bound national targets for nutrition in Angola. Food and nutrition security is one of the Angola’s 11 Commitments for Children (overseen by the National Council for Children formed in 2007).

Multi-sectoral policy framework for nutrition:

The National Food Security and Nutrition Strategy-ENSAN (2009-2013), already expired and, despite it included actions to address under-5 malnutrition, was poorly implemented. A National Nutrition Policy is planned but not yet developed. The Integrated Programme for Rural Development and the Fight against Poverty (PIDRCP) is the main State instrument to fight poverty and guarantee food and nutrition security.

Multi-sectoral platform for nutrition coordination:

The National Committee to Fight Poverty (CNLCP) coordinates and monitors the implementation of the PIDRCP. The National Council for Food Security and Nutrition (CONSAN) was never formed.
Support of the EU

NIP Focal Sector(s) for nutrition 2014-2020: 1) Technical and Vocational Education and Training and Higher Education; 2) Sustainable Agriculture (sector leading on nutrition); and 3) Water and Sanitation.

Enhance mobilisation and political commitment for nutrition:

- Advocate jointly with other donors and partners active in nutrition to enhance political commitment for the reduction of maternal and child undernutrition.
- Encourage Angola to join the SUN Movement.

Scaling-up actions:

- Support nutrition-sensitive interventions through the agriculture sector to (a) increase the productivity and food availability of smallholder farmers by strengthening and diversifying production; (b) increase their access to quality food by integrating family farming markets; and (c) improve food consumption.
- Strengthen human and institutional capacity for effective delivery, demand and use of services relevant to nutrition and food security by capacity building of authorities at provincial and local level, health professionals, local extension workers, and smallholder farmers.
- Interventions on water and sanitation ensuring the access to safe and sustainable services for the public.
- The contribution of the TVET sector will be sought, for instance by factoring nutrition in the technical vocational education and training as well as higher education components.

Strengthen expertise and knowledge-base:

- Support scientific research in food and nutrition security and dissemination of knowledge and innovative technologies adapted to climate change.
- Strengthen early warning systems to manage risks and adjust disaster preparedness plans.

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1. [http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/](http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/)
2. Global Nutrition Report 2015. For stunting and overweight: red = "Off course: No progress", orange = "Off course: Some progress" or "On course: At risk", green = "On course: Good progress"; For exclusive breastfeeding: red = "Off course: Reversal" or "Off course: No progress", orange = "Off course: Some progress", green = "On course"; For wasting and anaemia: red = "Off course", green = "On course". In some cases the GNR analysis will differ from the EU analysis on stunting because the EU database precedes 2000 and projects trends from a longer historic perspective.
6. The figures presented here using the EC-DEVCO stunting tracking tool might differ from those generated by the WHO tracking tool ([http://www.who.int/nutrition/trackingtool/en/](http://www.who.int/nutrition/trackingtool/en/)) because there are differences in the methods used regarding: i. the calculation of the estimated numbers of stunted children in 2012; ii. the calculation of the target number of stunted children in 2025; iii. the demographic assumptions made; and iv. the historical stunting prevalence considered.
7. UN Inter-agency Group for Child Mortality Estimation 2015.