African Union

NUTRITION INTERNATIONAL
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EXECUTIVE SUMMARY

Advancing adolescent nutrition: **The key to Africa's future**

Africa's adolescent nutrition challenge: A development imperative

Adolescent nutrition is a critical determinant of Africa's human capital, economic development and long-term prosperity. Adolescence (10–19 years) is a period of rapid physical, cognitive and social development, during which adequate nutrition is essential for health, educational attainment, empowerment and future productivity. Investments in adolescent health and nutrition can generate a triple dividend of benefits for adolescents today, throughout their adult lives and for the next generation. Despite this, adolescent nutrition has historically received limited attention in continental nutrition policies, programmes and investments.[1]

Africa is home to approximately 273 million adolescents aged 10–19 years, representing 20% of the global adolescent population. Approximately one in four people in Africa is an adolescent.[2] This substantial demographic group represents both an opportunity to accelerate progress towards the demographic dividend and a development imperative that requires deliberate policy attention and investment. However, adolescents across the continent face a triple burden of malnutrition, with undernutrition, including thinness and stunting, persisting alongside rising overweight and obesity and widespread micronutrient deficiencies. Anaemia remains a particularly serious public health concern, disproportionately affecting adolescent girls and undermining their health, educational attainment and future opportunities.

The Africa Regional Nutrition Strategy (ARNS) 2026–2035 recognizes adolescent nutrition as a strategic priority, creating an important opportunity to address these challenges within the continental nutrition agenda. This report, *Advancing Adolescent Nutrition: The Key to Africa's Future*, presents evidence on adolescent nutrition status, demographic and gender inequalities, and the policy and programmatic environment across African Union (AU) Member States. It aims to inform decision-making and stimulate coordinated action by Member States, Regional Economic Communities (RECs) and development partners to ensure that adolescents are meaningfully included in nutrition policies, programmes and investments.

Understanding the drivers of adolescent malnutrition

Adolescent nutrition outcomes are shaped by interconnected biological, social, economic, gender and environmental factors. Rapid growth and development increase adolescents' nutritional requirements, while poverty, food insecurity, economic and climate shocks, and humanitarian crises constrain access to adequate and nutritious diets. Poor dietary diversity and limited access to nutrient-dense foods contribute to undernutrition and micronutrient deficiencies, while unhealthy food environments, increased consumption of energy-dense, nutrient-poor foods and insufficient physical activity contribute to overweight and obesity.

Gender inequalities significantly influence adolescent nutrition and opportunities for healthy development. Differences in access to education, school attendance, health services and economic opportunities affect nutritional outcomes, particularly for adolescent girls. Early marriage, adolescent pregnancy and low contraceptive use contribute to girls' vulnerability, while pregnancy during adolescence increases nutritional demands. Girls who become pregnant often leave school, and those who are out of school face heightened risks of early marriage and adolescent pregnancy. Inadequate sanitation facilities and other barriers to school attendance further undermine access to health and nutrition interventions.

Schools provide an important platform for delivering adolescent nutrition interventions, including nutrition education, school feeding, water, sanitation and hygiene (WASH) services, and weekly iron and folic acid supplementation (WIFAS). However, declining enrolment and attendance as learners progress from primary to secondary education — alongside gender disparities and the exclusion of out-of-school adolescents — limit the reach of these interventions. Addressing adolescent malnutrition therefore requires coordinated action across health, education, food systems, social protection, WASH, gender and youth development.

Approach and scope of the report

The report draws on a three-part evidence review covering the 55 AU Member States. First, quantitative data was compiled and analysed across three domains: demographics and gender equity; nutrition and health status; and the enabling environment. The analysis also examined relationships between gender inequalities and nutrition outcomes, with particular attention to anaemia among adolescent girls. Second, a desk review of national policies, commitments, strategies and action plans assessed the extent to which adolescent nutrition is addressed. Third, a literature review examined research and programme experiences to identify lessons and opportunities for strengthening interventions.

Data were compiled and analysed between February 2024 and November 2025. The report was reviewed by the 15th African Task Force on Food and Nutrition Development (ATFFND) in June 2026 and revised to incorporate its recommendations.



The findings are subject to variations in data availability, country coverage and age-group disaggregation. Data on younger adolescents aged 10–14 years and adolescent-specific nutrition outcomes were particularly limited, restricting a comprehensive assessment across the full 10–19-year age range. Differences in country coverage also affect the comparability of indicators. These limitations underscore the need for more comprehensive age- and sex-disaggregated data to guide policy, programming and accountability.

Evidence on the status of adolescent nutrition in Africa

Demographics, education and gender equality	Adolescents account for between 11.58% of the total population in Cabo Verde and 27.18% in the Central African Republic. While primary school enrolment is generally higher, participation declines considerably at secondary level. Net primary school enrolment ranges from 55.1% in Eritrea to 99.5% in Egypt; lower secondary enrolment ranges from 21.8% in Niger to 99.5% in Namibia; and upper secondary enrolment ranges from 10.0% in Niger to 91.4% in South Africa. School attendance follows a similar pattern, with lower participation at the secondary level and notable gender disparities. These gaps reduce opportunities to reach adolescents through school-based nutrition and health programmes. UNESCO data for 2022 indicates that 19.9% of primary, 33.2% of lower secondary and 47.8% of upper secondary school-age children and adolescents in sub-Saharan Africa were out of school.[3]
Overweight and obesity	The prevalence of overweight among adolescent girls aged 15–19 years ranges from 2.5% in Eritrea to 34.7% in Egypt (based on data from 41 countries). Among adolescent boys, prevalence ranges from 0.3% in Rwanda to 7% in Comoros (based on data from 18 countries). Obesity among adolescent girls ranges from 0.2% in Ethiopia to 17.6% in Egypt (based on data from 43 countries). Among adolescent boys, it ranges from 0% in Uganda to 2.5% in South Africa (based on data from 15 countries). Overweight and obesity are generally more prevalent among girls than boys, while adolescents living in urban areas face greater risk.[4,5] Poor dietary quality, increased consumption of energy-dense, nutrient-poor foods, sugar-sweetened beverages and fried foods, and insufficient physical activity contribute to these trends.
Undernutrition	Thinness persists in many countries, despite gradual declines in most settings. Among adolescent girls aged 15–19 years, thinness ranges from 0.6% in Egypt to 39.9% in Eritrea (based on data from 36 countries). Among adolescent boys, it ranges from 7% in Seychelles to 59% in Ethiopia. Adolescent boys generally experience higher rates and risks of thinness and stunting than girls. Persistent poverty, food insecurity, economic and climate shocks, humanitarian crises and inadequate access to nutritious diets contribute to undernutrition, alongside the increased nutrient requirements associated with adolescent growth and development.[6]
Anaemia and micronutrient deficiencies	Anaemia remains a major public health concern, particularly among adolescent girls. Of the 38 countries with available data, 35 reported anaemia prevalence above 20% among adolescent girls aged 15–19 years, indicating a public health problem. In 23 countries, prevalence exceeded 40%, indicating a severe public health problem. Available evidence also points to concerns regarding iron, folate, vitamin A and zinc deficiencies, although data on the prevalence of these deficiencies among adolescents remain limited.[7] The findings underscore the importance of improving prevention, early identification and appropriate management of anaemia and other micronutrient deficiencies.

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Why adolescent nutrition requires greater policy and programmatic attention

Despite the growing recognition of adolescence as a critical stage in the life course, adolescent nutrition was not adequately included in ARNS 2016–2025 and the Continental Nutrition Accountability Scorecard (CNAS).[8] Although more than half of the nutrition policies, strategies and plans reviewed for this report included adolescent nutrition in some form, few provided a comprehensive package of evidence-based interventions specifically designed to address adolescents' diverse nutritional needs.

Political commitments have also been limited. Of the 55 AU Member States, 17 had made adolescent-specific or adolescent-inclusive nutrition commitments at the 2021 Nutrition for Growth (N4G) Summit.[9] This declined to 13 in 2025. Adolescent-specific commitments included reducing anaemia, overweight and obesity, and increasing coverage of adolescent nutrition interventions. Many adolescent-inclusive commitments focused on reducing anaemia among women of reproductive age, implementing multisectoral nutrition plans, reducing all forms of malnutrition and improving school feeding programmes.

Most adolescent nutrition programmes identified in Africa were implemented as pilot initiatives or at the district and regional levels, limiting their reach and potential for sustained impact. Schools were the principal delivery platform, with relatively few programmes targeting out-of-school adolescents. Common interventions included nutrition and health education for girls and boys, WIFAS for adolescent girls, school meals, WASH programmes and interventions to prevent adolescent pregnancy.

Together, these findings highlight the need to move beyond fragmented initiatives towards comprehensive, adequately resourced and scalable approaches that respond to adolescent nutritional needs. The recognition of adolescent nutrition in ARNS 2026–2035 provides an opportunity to strengthen policy commitments, expand effective interventions and improve accountability for results across the continent.

Priority actions for accelerating adolescent nutrition

The findings call for more deliberate and sustained action to address adolescent nutrition across Africa. Accelerating progress requires stronger policy commitment, evidence-based interventions, gender-responsive approaches, coordinated multisectoral action and sustained investment.

1. **Strengthen policy and strategic integration.** Adolescent nutrition should be explicitly prioritized in the implementation of ARNS 2026–2035 and reflected in national nutrition policies, strategies and multisectoral action plans. Governments should strengthen policy coherence across nutrition, health, education, food systems and other relevant sectors, ensuring that the specific nutritional needs of adolescents aged 10–19 years are recognized and addressed.
2. **Scale up evidence-based adolescent nutrition interventions.** Member States should move beyond fragmented and small-scale initiatives towards effective, context-appropriate interventions addressing the multiple forms of malnutrition affecting adolescents. Priorities include preventing and managing anaemia and other micronutrient deficiencies, promoting healthy diets and preventing undernutrition, overweight and obesity. Nutrition education, WIFAS, school feeding and links with adolescent-responsive health services should be strengthened in line with national needs and available evidence.
3. **Address gender inequalities and reach adolescents facing greater barriers.** Policies and programmes should respond to the social, economic and gender-related factors influencing adolescent nutrition, including unequal access to education, health and nutrition services, and nutritious foods. Interventions should recognize differences between girls and boys and across the 10–19-year age range, with particular attention to younger adolescents, out-of-school adolescents, pregnant adolescents and adolescent mothers, as relevant to national contexts. Nutrition action should also be linked with efforts to address early pregnancy, child marriage and barriers to sexual and reproductive health information and services.
4. **Strengthen integrated, multisectoral and adolescent-responsive action.** Adolescent nutrition cannot be addressed by the health sector alone. Governments should strengthen coordination across health, education, agriculture and food systems, WASH and social protection to create supportive environments for healthy diets, nutrition services and positive health behaviours. Adolescents should be meaningfully considered in the design, delivery and review of interventions, with approaches adapted to their age, circumstances and needs.

5 **Strengthen evidence, data and accountability.** Member States should improve the routine collection, analysis and use of age- and sex-disaggregated data for adolescents aged 10–19 years, including younger adolescents and those not reached through school-based systems. Adolescent-specific indicators should be integrated into national nutrition monitoring and accountability mechanisms and relevant continental frameworks, including CNAS, to strengthen visibility, track commitments and assess progress. The African Union Commission should provide continental leadership and promote alignment with ARNS 2026–2035, while RECs facilitate regional collaboration and knowledge exchange.

6 **Increase financing and strengthen implementation capacity.** Governments should give greater priority to adolescent nutrition in resource mobilization, planning and budgeting, translating commitments into costed multisectoral plans supported by adequate domestic financing and clear institutional responsibilities. Development partners, civil society, academia and other stakeholders should complement national leadership through evidence generation, technical assistance, capacity strengthening and implementation support.

Delivering these priorities requires sustained political commitment and coordinated action at the continental, regional and national levels. Stronger institutional capacity, measurable indicators and effective accountability mechanisms should support implementation and help ensure that commitments translate into measurable improvements in adolescent nutrition.

LOOKING AHEAD

Adolescent nutrition is both a public health priority and an investment in Africa's future. The evidence presented in this report demonstrates that undernutrition, overweight and obesity, micronutrient deficiencies and gender inequalities continue to constrain the health, education, empowerment and productive potential of adolescents across the continent. The recognition of adolescent nutrition as a strategic priority in ARNS 2026–2035 creates an important opportunity to accelerate progress.

Realizing this opportunity requires sustained commitment to ensuring that adolescent nutrition is reflected in policies, programmes and investments. Particular attention must be given to adolescent girls, out-of-school adolescents and other underserved groups, while ensuring that interventions respond to the distinct nutritional needs of both girls and boys throughout adolescence.

Investing in adolescent nutrition and education can generate mutually reinforcing benefits for health, learning, empowerment, productivity and intergenerational wellbeing. By systematically integrating adolescent nutrition into development priorities, AU Member States can unlock the potential of this significant population group and accelerate progress towards the aspirations of Agenda 2063 – *The Africa We Want*.

Endnotes

1 World Health Organization. (2023). *Global accelerated action for the health of adolescents (AA-HA!): Guidance to support country implementation* (2nd ed). World Health Organization.

2 United Nations, Department of Economic and Social Affairs, Population Division. (2024). *World population prospects, 2024*. United Nations. https://population.un.org/wpp/

3 UNESCO Institute for Statistics (UIS). (n.d.). *Data for the Sustainable Development Goals*. https://uis.unesco.org, retrieved March 2024.

4 Vilakazi, N., Mathunjwa, S., Legodi, H., & Pisa, P.T. (2023). The relationship between dietary intake and adiposity in South African female adolescents: A systematic review. *Applied Sciences, 13*(19), 10813. https://doi.org/10.3390/app131910813

5 Amoadu, M., Obeng, P., Baah, J. A., Acquah, P., Cobbinah, G., Ogum, M. A., Sarfo, J. O., & Ansah, E. W. (2024). Overweight and obesity among in-school children and adolescents (5–19 years) in Ghana: A scoping review of prevalence and risk factors. *Journal of Obesity, 2024*(1). https://doi.org/10.1155/2024/8895265

6 Abera, M., Workicho, A., Berhane, M., Hiko, D., Ali, R., Zinab, B., Haileamlak, A., & Fall, C. (2023). A systematic review and meta-analysis of adolescent nutrition in Ethiopia: Transforming adolescent lives through nutrition (Talent) initiative. *PloS One*, 18(4), e0280784. https://doi.org/10.1371/journal.pone.0280784

7 Menezes, R., Deeney, M., Lelijveld, N., & Wrottesley, S. V. (2022). Nutritional status of school-age children and adolescents in eastern and southern Africa: A scoping review. *The North African Journal of Food and Nutrition Research, 6*(14), 218–234. https://doi.org/10.51745/najfnr.6.14.218–234

8 African Union. (2019). *The continental nutrition accountability scorecard*. African Union. https://au.int/en/documents/20220331/continental-nutrition-accountability-scorecard

9 Development Initiatives. (2022). *2022 Global nutrition report: Stronger commitments for greater action*. https://globalnutritionreport.org/reports/2022-global-nutrition-report/