

***[World Health Organization]***

***[Analyzing the double-burden of malnutrition and non-communicable diseases such as cancer and diabetes in the African context]***

**Committee:** World Health Organization (WHO)

**Issue:** Analyzing the double-burden of malnutrition and non-communicable diseases such as cancer and diabetes in the African context

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***I. Introduction- General overview of the Issue at hand***

The African continent is presently experiencing a consequential public health transition, appertaining to the double burden of malnutrition and non-communicable diseases (NCDs). This deleterious epidemiological phenomenon is occurring at both the individual household level, and at larger, population level, simultaneously. Traditionally, a multitude of African nations fixated on countering infectious diseases and undernutrition. However, alacritous rates of urbanization, dietary shifts, globalization and alterations in lifestyle have resulted in a synchronous rise in obesity, diabetes, cancer and various cardiovascular diseases. While undernutrition remains a precarious issue, particularly impacting children below five years of age (responsible for roughly 45% of infant mortality) the rapid increment of overweight and NCDs is fostering a complex simultaneous crisis for healthcare systems across the continent. This dual crisis places immense strain on insubstantial primary healthcare systems, and in turn, poses as a threat to African socio-economic advancement, as well as progress towards the United Nations Sustainable Development Goals (SDGs), particularly; SDG 2 (aiming to achieve food security and mitigate hunger) and SDG 3 (aiming to ensure conduction of healthy lives and sustaining well being).

***II. Definition of Key Terms***

**Double-burden of malnutrition (DBM):**

This is the coexistence of undernutrition reflected in the form of micronutrient deficiencies, stunting, and wasting, in conjunction with obesity, overweight, and diet related non-communicable diseases.

**Non-communicable diseases (NCDs):**

These are diseases which are non-transmissible. They are chronic diseases that are not transferred from one individual to the next. Examples of such diseases include but are not limited to: diabetes, all types of cancer, chronic respiratory diseases and cardiovascular illnesses.

**Food insecurity:**

Uncertain, limited or restricted access to edible, sufficient and nutritious food necessary for maintaining an active lifestyle.

**Stunting:**

Impaired growth and development experienced by children, defined by a height-for-age more than two standard deviations below the World Health Organization (WHO) median.

**Malnutrition:**

This refers to any excesses, deficiencies or consistent imbalances in an individual's intake of nutrients and energy.

**Undernutrition:**

This is a form of malnutrition that stems from an imbalance between the body's nutritional requirements, and nutrient intake. Undernutrition results to various deficiencies such as deficiencies in energy levels, micronutrients and proteins.

**Nutrition transition:**

This refers to changes in the composition of one's diet, usually accompanied by drastic shifts in physical activity levels .

**Sustainable Development Goals (SDGs):**

A universal call to action adopted by the United Nations in the year 2015, comprising 17 integrated goals/aims. The primary aims of the Sustainable Development Goals are to mitigate

poverty on a global scale, protect the planet in an environmental context, and to ensure that global peace and prosperity are attained by the year 2030.

**BMI:**

An abbreviation for Body mass index.

**III. Background and Context**

**Malnutrition in the African context**

Malnutrition in Africa is an ever-developing and critical issue, which is deeply anchored in chronic poverty, climate-induced disasters, poor infrastructure and political rivalries/conflict. The main recipients of the resultant complications of this matter are children aged five years old and below, with roughly 30% of young children suffering from stunted growth as a result of malnourishment. In a historical context, malnutrition, significantly seen in the forms of diseases such as kwashiorkor, has been a long standing matter in tropical regions of Africa, which had often been linked to factors such as inadequate weaning practices and gradual increments of poverty rates.

**The Key Aspects of the Background of Malnutrition in Africa:**

**Poverty and Economic Factors:** The main cause is poverty, which compels households to choose less expensive, less nutrient-dense staple foods over a variety of dietary options.

**Climate Change and Environmental Factors:** Food shortages brought on by droughts, floods, and failing harvests, especially in areas like the Horn of Africa and the Sahel, severely impair children's growth.

**Conflict and Instability:** Food production and distribution networks are disrupted by war and conflict, which also cause displacement.

**Nutritional Transition:** Although undernutrition (wasting and stunting) is still prevalent, many regions are experiencing the "double burden" of malnutrition, with an increase in processed, unhealthy diets that eventually contribute to obesity.

**Demographic and Structural Issues:** The availability of food is restricted by rapid population increase and inadequate agricultural infrastructure.

**Health and Hygiene:** Malnutrition is made worse by infections when people lack access to sanitary facilities, clean water, and medical treatment.

**Rising cases of Non-Communicable Diseases (NCDs)**

The escalation in the prevalence of NCDs in sub-Saharan Africa over the previous two decades is spearheaded by increases in sedentary life styles and over-consumption of processed foods. Obesity is no longer regarded as being an issue experienced by citizens residing in More Economically Developed Countries (MEDCs). In the African context, an increment in BMI levels are directly correlated to the rapid increase of cases of liver, colorectal and breast cancers. The inflammation attributed by adipose tissue serves as a catalyst for complications such as insulin resistance and cellular mutations, leading to the development of NCDs such as diabetes and cancers.

### **Undernutrition as a Precursor of the Development of NCDs:**

Young children that suffer from prenatal growth restriction or stunting acquire metabolic adaptations to survive on less calories. When these individuals ultimately eat "Westernized" diets high in fat and sugar, their bodies are not ready to handle the extra calories upon consumption, which raises their risk of getting Type 2 Diabetes and hypertension as adults. The correlation between NCDs and early-life undernutrition is biological, as well as it is cyclical. This correlation is predicated by the "Development Origins of Health and Disease" (DOHaD) hypothesis. The prevalence of NCDs resultantly causes for a multitude of families to be forced into states of financial strain, which in turn and at a small scale, causes a reduction in economic productivity.

### **IV. Issue in Current Context**

Africa is currently facing a rapid nutrition transition, from traditional fiber-rich diets, to energy-dense, highly processed foods which possess high sodium, MGO and sugar contents, as well as unhealthy fats. In the Southern and Eastern sub-regions of the continent, an alarming burden of simultaneous stunting, anemia and obesity exist in children under the age of five, with the Republic of South Africa having the highest prevalence recorded at 15.58%. In contrast to historical patterns, the DBM in sub-Saharan Africa is increasingly pro-poor, with less privileged, low income and rural populations bearing a disproportionate strain of both stunting due to malnutrition, and obesity. Factors inclusive of climate change, food insecurity and economic instability have deteriorated the conditions of the situation with an estimated 13 million children projected to have been malnourished in Southern and Eastern Africa in the year 2025. The International Diabetes Federation (IDF) roughly estimates that the African continent is impending toward a 129% increase diabetic cases by the year 2045, this being the highest projected increase globally. Approximately 54% of people living with diabetes in Africa are currently undiagnosed. In addition to this fact, nations in Africa are faced with unfamiliar and unique cancer profiles. While infectious-related cancers (such as cervical cancer which is caused by HPV) remain high, lifestyle-related cancers are becoming increasingly common. Mortality rates are disproportionately high due to late-stage diagnosis and limited access to radiotherapy and consultation. This rapidly expanding epidemic of NCDs threatens to drain the productivity of the African workforce, as these diseases often strike during the most productive years of life, unlike in higher income nations where they primarily affect the elderly.

## **Key Contributors**

Urban areas have proved to be epicenters for overnutrition, although the gap between urban and rural, as well as rich and poor, is narrowing, as processed foods gradually begin to penetrate rural areas. Public health policies in a vast number African countries are still fixated on hunger (undernutrition), leaving the rise of overweight and NCDs completely under-addressed. Undernourished mothers are more likely to give birth to infants who later become overweight, perpetuating a cycle of metabolic disease and complications. The burden of NCDs in sub-Saharan Africa grew by 67% between the years 1990 and 2017, with estimates indicating that such illnesses will cause more deaths than all other conditions combined by 2063. Consecutive dry rainy seasons in the Horn of Africa and severe El Niño-induced droughts/flooding in Southern Africa have resulted in decrements in agricultural production. Intense fighting in Sudan, DRC, and Somalia has disrupted farming and displaced millions of inhabitants, further deteriorating the issue. Lastly, significant gaps in humanitarian funding have reduced access to treatment for nearly 2 million severely malnourished children across the continent as a whole.

## **Case Studies**

**Somalia:** As of February 2026, 6.5 million people (which is well over a third of the population) are facing acute food insecurity, almost double the number from a year prior.

**Acute Malnutrition:** Over 1.84 million children under the age of five are projected to suffer from acute malnutrition by December 2026, with 483,000 cases of severe acute malnutrition (SAM).

**Rise in Cases:** Health-care centres and clinics reported a 52% increase in severe malnutrition cases in early 2026 compared to the previous year.

**Nigeria:** In the Northeast and Northwest of Nigeria, staggering levels of conflict and economic crises are fueling severe acute malnutrition, with over 5.4 million children at risk by of April 2025.

**South Sudan & Sudan:** Famine-level insecurity has been confirmed in parts of Sudan. South Sudan is facing severe malnutrition, with 2.3 million children under five acutely malnourished as of late 2025.

**Southern African Regions:** In Zimbabwe, 580,000 young children are in severe food poverty due to El Niño-induced drought, with 300,000 children at risk of malnutrition across the region. West and Central Africa: Just over 15 million cases of acute malnutrition were expected in 2020, with the trend continuing to worsen due to conflicts and displacement in countries including Mali, Burkina Faso, and Niger.

## **V. Relevant UN Action**

### **1. World Health Assembly (WHA) Mandates**

- WHA65.6 (2012): Included the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition: This plan comprised six nutrition targets for the year 2025 which were to be observed at a global scale. This is inclusive of a 40%

- decrement in the number of children experiencing stunting at an imperative obligation to put childhood obesity to a halt
- WHA66.10 (2013): Global Action Plan for the prevention and control of NCDs for the years 2013-2020

## **2. UN General Assembly (UNGA) Resolutions**

- Resolution 66/2 (2011): Included advancement of political assertion of the control and prevention of NCDs
- Resolution 70/259 (2016): Pertaining to the UN Decade of Action on Nutrition (effective from 2016-2025). In march of 2025, the UNGA officially extended this decade to 2030, in order to align the resolution to the SDGs
- Resolution 73/2 (2018): Political assertion of the Third High-Level Meeting on NCDs

## **VI. Previous Mitigation Attempts in Africa**

### **The Malabo Declaration (2014)**

At the AU Summit in Equatorial Guinea, The African Heads of State committed to the "Comprehensive Africa Agriculture Development Programme" (CAADP). The primary goal of this programme was to reduce stunting to 10% and underweight to 5% by 2025. While agricultural productivity increased, the "Nutrition-Sensitive" aspect often lagged, meaning that more calories were produced upon consumption, but the diversity of diet required to prevent NCDs was not always achieved by this initiative.

### **The "Double Duty" Actions (WHO Africa)**

The WHO Regional Office for Africa has championed "Double Duty" actions. These are interventions that simultaneously tackle both undernutrition and NCDs. A brief case study: Breastfeeding Promotion;- exclusive breastfeeding for the first 6 months after birth is a primary mitigation strategy to combat malnourishment. It prevents wasting/stunting in infancy and significantly reduces the child's long-term risk of obesity and acquiring Type 2 Diabetes. School nourishment programs in countries inclusive of Ghana and Ethiopia have attempted to look far beyond the idea of filling stomachs, and have made the transition to providing meals that are more nutrient-dense, in order to prevent both micronutrient deficiencies and early-onset obesity in children.

### **Fiscal Policy Experiments (Sugar Taxes)**

South Africa's Health Promotion Levy (2018): South Africa was a pioneer in the region by implementing a tax on sugar-sweetened and carbonated beverages, ultimately reducing consumption of such beverages. Studies showed a significant reduction in the purchase of high-sugar drinks, providing a blueprint for other African nations to generate revenue while curbing NCD risk factors.

### **The Africa CDC NCD Strategy (2022-2026)**

Upon the mitigation of the COVID-19 pandemic, the Africa CDC launched a detailed mechanism to incorporate the management of NCDs into emergency responses. This was a direct response to the fact that individuals with diabetes and obesity suffered a greater increased mortality rate during the months of the viral pandemic.

### **VII. Proposed Solutions**

- Integrated life-course healthcare systems: incorporation of non-communicable disease screening into maternal and child health initiatives in conjunction of the strengthening and enhancement of Africa's primary health-care sectors
- Fiscal measures and regulation: putting into action the explicit requirement to place warnings on food items and produce that have a high content of trans-fats and sodium.

### **VIII. Conclusion**

In conclusion, the double burden of malnutrition and non-communicable diseases poses a colossal threat to the advancement in development of the African continent. It is more than a health crisis. Failure to observe the severity of this matter and formulate effective methods of intervention will be a factor causing the eclipse of transmissible diseases by the ever-growing tide of these preventable chronic and non-transmissible illnesses. The international community is urged to be at the forefront of supporting African nations in constructing resilient, and durable healthcare systems.

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