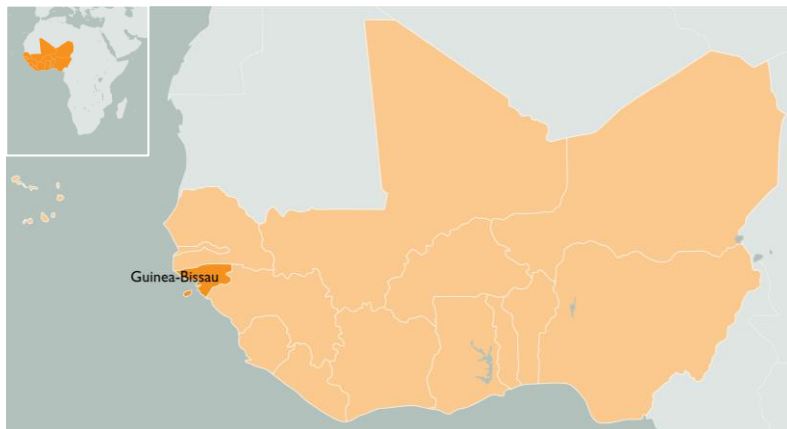


Nutrition Policy in Guinea-Bissau



What does this brief tell you?

This brief summarizes nutrition-relevant policies in Guinea Bissau.

We examine i) nutrition context, policy objectives, indicators, budget, and activities, ii) key beneficiaries, actors, and coordination, iii) monitoring, evaluation, and accountability, and iv) whether current policies are aligned with the World Health Assembly (WHA) global targets.

Key messages

Why was this brief developed?

- To strengthen and widen understanding of the current direction of nutrition-relevant policy in Guinea Bissau and its implications. It was developed in response to partners' request and priorities.

What are the key findings?

- Nutrition is featured most prominently in nutrition and food security policies.
- Children U5 and women (including WRA) are the most frequently mentioned beneficiary groups.
- Of the six WHA targets and their indicators, policies' content focuses most on U5 stunting and U5 wasting, and least on exclusive breastfeeding. None of the policies adopts the WHA target values as their own, nor do any of them mention U5 overweight
- All policies point to the importance of multisectoral coordination.

What are the policy recommendations?

- Support engagement to ensure nutrition is mainstreamed in all other nutrition-relevant policy areas (including all sectors that are part of the Multi-Sectoral Nutrition Committee),
- Address current gaps and incoherence in nutrition-relevant policies such as ensuring that policies' nutrition context, objectives, indicators, and activities align, both in terms of nutrition problems and targeting of populations.
- Guinea Bissau is currently not on track to meet most of the WHA targets despite an enabling platform for multisectoral coordination as described in the nutrition policy. There is a need for prioritization and strong investment in multisectoral coordination across all relevant sectors.
- Recognize nutrition as a cross-cutting theme in the next version of the Strategic and Operational Plan 2015-2020 "Terra Ranka".

The state of nutrition in Guinea Bissau

Guinea Bissau is making efforts to improve its nutrition situation. Progress, however, is slow and Guinea Bissau is not on track to achieve any of the World Health Assembly (WHA) 2025 targets, except for exclusive breastfeeding (EBF) in the first six months and under five (U5) overweight. The country has shown progress in EBF between 2010 and 2018 (38.3% in 2010ⁱ vs 59.3% in 2018/19ⁱⁱ) and U5 overweight between 2010 and 2018 (2.8% in 2010ⁱⁱⁱ vs 2.6% in 2018/2019^{iv}). The country is not on track to meet either U5 stunting or LBW targets. Despite initial progress in U5 stunting between 2010 and 2014 (32.2% in 2010^v vs 27.6% in 2014^{vi}), no improvement had been seen between 2014 and 2018/2019 (27.6% in 2014 vs 27.7% in 2018/2019^{vii}). The country showed very slow or no progress towards achieving the targets for low birth weight (LBW), anemia in women of reproductive age (WRA) or U5 wasting. The prevalence of infants with LBW showed some progress since 2000 (from 25.3%ⁱ in 2000 to 22.4%* in 2010 and 21.1%* in 2015^{viii}). WPA anemia showed no improvement since 2014 (43.7%* in 2014 vs 43.8%* in 2016^{ix}), and U5 wasting is still above 5% (6.0 % in 2014^x vs 5.1% in 2018/2019^x). Beyond the WHA targets, U5 anemia remains high (68.1% in 2016^{xi}). Guinea Bissau experiences a double burden of malnutrition in the adult population: 9%* of adult women and 10.3%* of adult men were underweight, 37.2%* of adult women and 22.2%* of adult men were overweight/obese in 2016^{xii} and third of the population (30.7%* of women and 29.7%* of men) suffered from hypertension in 2015^{xiii}. Although no recent data is available, 6.8%* of women and 7.4%* of men in 2014 had diabetes^{xiv}.

Current nutrition policy landscape in Guinea Bissau

The PNN, one of the policies included in this brief, is the Guinean Bissau referral policy that provides the framework of orientation and reference for the coordinated implementation of interventions from different sectors, with confirmed positive impact, aiming to improve the nutritional status of the population in the country. Three nutrition-relevant policies currently in use and implementation of which is ongoing are included in this brief (see Table 1). They are in the areas of nutrition ($n=1$), food security ($n=1$), and livestock ($n=1$) policy.

ⁱ Prevalence (%) is based on modelled estimates.

Table 1: List of nutrition-relevant national policies

NR	Area	Policy Name	Acronym	Start	End
1	Nutrition	Politique Nationale de Nutrition	PNN	2014	2025
2	Food Security	Priorités Résilience Pays de la Guinée-Bissau – PRP/AGIR	PRP/AGIR	2016	2020
3	Livestock	Lettre de Politique de Developpement de l'Élevage de la Guinee-Bissau	LPDE	2011	Not Applicable

NS (Not Specified)

Methods

All nutrition-relevant national policies, strategies, and action plans currently in use or in the advanced drafting stage as of September 2020 were included in this brief. Inclusion criteria were the presence of a nutrition objective, a budget for nutrition, and/or a nutrition indicator. Policies were not included in our analysis when i) we did not have access to the policy documents; ii) they were released or updated after expert consultation (September 2020).

We obtained potentially relevant documents from a systematic search that included pre-identified websites (e.g., relevant national government ministries, United Nations agencies and nongovernmental organizations), a Google search, a reference search, and country expert consultation. Targeted consultations with regional and in-country experts were used to access documents not available online and for validation. We screened identified documents (see Annex I) against our eligibility criteria. Three documents met our inclusion criteria. Coding, data extraction, and content analysis for these documents was carried out with NVivo qualitative analysis software and Excel.



PROBLEM

What is the focus of policies' presentations of the nutrition context and what problems are highlighted?

Except for the livestock policy (LPDE) that does not report any nutrition context, the remaining two policies provide a comprehensive nutrition context. Across two policy areas (nutrition and food security), the nutrition context focuses mostly on the country level, whilst accounting for the regional or global context. The latter include Guinea Bissau's adherence to the SUN movement, Sustainable Development Goals (SDGs), WHA 2025 targets, Committing to Child Survival: A Promise Renewed, the AGIR alliance, and the Global Plan for Maternal, Infant and Young Child Nutrition. Policies in the nutrition (PNN) and food security (PRP/AGIR) areas recognise wide regional disparities in Guinea Bissau's nutrition context. None of policies present any sex-disaggregated data.

Across policy areas, the focus is on undernutrition. One policy (PNN) presents the context on micronutrient deficiencies, namely vitamin A and iodine deficiency. Two policies (PRP/AGIR, PNN) present information on noncommunicable diseases (NCDs), including nutrition related NCDs, such as diabetes and high blood pressure, and their risk factors. Overweight/obesity are featured in only two policies (PNN, PRP/AGIR). They further emphasize the role of nutrition in contributing to NCDs, the PRP/AGIR policy for example, highlights that inadequate intake of sugars, fats, and salt are main contributors to nutrition related NCDs.

All policies, which provide nutrition context, outline causes and/or consequences of nutrition problems. Causes include, but are not limited to, poor nutrition, inadequate health/nutrition and social services, food insecurity, poverty, climate change, chronic political instability. Consequences include, but are not limited to, mortality (including, U5 mortality, increased risk of infant mortality), morbidity, impaired physical, emotional, and intellectual development, reduced productivity, and economic growth.

Table 2 highlights policies that include the nutrition context on WHA indicators. U5 stunting, U5 wasting, and EBF are most frequently included in two policies (PNN, PRP/AGIR). LBW and U5 overweight are only mentioned in one of these (PNP; nutrition). All but one (U5 overweight) of the WHA indicators are included in the nutrition policy. **Is the nutrition context evidence-based?**

The nutrition context is evidence based (i.e., cites references) mainly in the nutrition policy (PNN). The food security policy (PRP/AGIR) only cites the Standardized Monitoring and Assessment of Relief and Transition (SMART) Survey. Citations are predominantly for statistics rather than textual information. Cited data sources for evidence on the nutrition context in the PNN policy include the Multiple Indicator Cluster Survey (MICS), SMART survey, Enquête Légère d'Evaluation de la Pauvreté (ILAP), WHO statistics, WFP food security situation analysis. Evidence that is cited mainly relates to prevalence levels of nutrition problems its causes and not to identified solutions. Two of the three (PNN, PRP/AGIR) policies that present information on geographical nutrition disparities in Guinea Bissau cite references related to this.



What is included in the relevant policies to address the highlighted problems?

As shown in **Table 2**, all policies (PNN, PRP/AGIR, LPDE) include nutrition in their general and/or specific **objectives**. These objectives contain nutrition-specific (e.g., improving the nutritional status of the population), as well as nutrition-sensitive content (e.g., reinforcing nutrition-sensitive food security interventions). PNN, PRP/AGIR, and LPDE include nutrition sensitive content, while PNN and PRP/AGIR include both nutrition specific and nutrition sensitive content. Most of included **nutrition indicators** are outcome indicators (e.g., U5 stunting), although PRP/AGIR (food security) policy also includes output indicators. Two policies (PNN, PRP/AGIR) report WHA nutrition indicators (U5 stunting, U5 wasting, LBW, WRA anaemia). In terms of nutrition problems, indicators focus on undernutrition and, to a lesser extent, on micronutrient deficiencies. None of the policies include indicators on diet related NCDs. Other nutrition indicators are also included (e.g., U5 anaemia, WRA overweight). No policy includes any disaggregated nutrition indicators. The most addressed WHA indicators in policies are U5 stunting and U5 wasting (PNN, PRP/AGIR). EBF and U5 overweight do not feature in any of these policies. **Planned nutrition activities** are detailed in all the policies (except LPDE); the nutrition policy (PNN) presents the most comprehensive range of nutrition activities, although the food security (PRP/AGIR) also includes a wide range of relevant nutrition activities. These activities include nutrition specific (e.g., infant and young child

feeding related interventions, malnutrition treatment, interventions addressing micronutrients deficiencies) and sensitive interventions (such as nutrition relevant agricultural, school, social protection, gender interventions). Activities related to improving nutrition governance were listed as well in both policies. Only one of the policies has a **budget for nutrition** (PRP/AGIR). Content on **scaling up** focuses on mechanisms for piloting and implementing the policy (e.g., guiding principles; use of new or existing committees to manage implementation and facilitate dialogue). Nutrition features specifically in scaling-up text for two policies (PNN, PRP/AGIR). All three policies mention risks or challenges to scaling up, namely, insufficient financing mobilization, institutional coordination, and institutional instability.

How do policies' targets align with the WHA 2025 Global Targets?
















Table 2 shows two policies with nutrition indicators that coincide with WHA indicators. These policies across nutrition, and food security include targets for at least one of these indicators. The target dates vary across policies; the policies end dates are set as follows: 2020 for PRP/AGIR and 2025 for PNN. These targets, if met, would generally put the country on track to achieve or even surpass the WHA targets by 2025.

Is there coherence within policies?

Policies with nutrition objectives would be expected to include both nutrition indicators and planned nutrition activities, while policies without nutrition objectives would be expected include neither of these. There are several instances, however, where this is not the case (see **Table 2**). Generally, though, this is not due to a lack of coherence within policies but because a) they will address indicators and/or planned activities in

a separate document or b) the objectives are broad and not explicitly link to nutrition (while the indicators or planned activities are specific enough to make this link explicit). There are, however, some cases of incoherence within different parts of policies. First, target population mentioned in nutrition objectives are not always the same as those targeted in nutrition indicators and/or planned nutrition activities. For example, the objectives of PNN cover the general population, but the nutrition indicators and activities focus on U5 and WRA. Second, problems featured in policies' nutrition context are not always included in policies' nutrition indicators. For example, the PRP highlights that overweight/obesity in WRA is a nutrition problem but does not include an indicator for it (despite including indicators for other nutrition problems identified in the policy and including nutrition objectives that could encompass overweight/obesity). Third, even though the context section of the policies highlights nutrition disparities, especially between different regions (i.e., administrative areas), none of them specify that nutrition indicators should be disaggregated to capture the disparities identified. The LPDE does not report any nutrition indicators, nor planned activities despite having a nutrition objective. Finally, policies (especially PRP) fail to clearly define concepts (e.g., chronic and/or acute malnutrition), definitions, or age ranges for (prevalence) indicators.

Table 2: Inclusion of nutrition and WHA indicators in policies' context, objectives, indicators, activities, and budget; Key scaling-up mechanisms

NR	Area	Acronym	Nutrition context on WHA indicators ¹	Nutrition objective	Nutrition indicators	Nutrition indicators on WHA indicators ²	Planned nutrition activities	Budget for nutrition ³	Key scaling-up mechanisms
1	Nutrition	PNN	     	✓	✓	   	✓	NA	Guiding principles for implementation at scale; Multisectoral approach at National as well as at decentralized level; Institutional coordination framework, Focus on challenges for accelerating progress.
2	Food Security	PRP/AGIR	  	✓	✓	 	✓	✓	Inclusive country dialogues; Multisectoral coordination approach; Institutional coordination framework at central, regional and community level; Advocacy for nutrition financing; Capacity strengthening, strengthening resilience information system, focus on risks analysis (including financing mobilization, Institutional instability resulting from political instability; Insufficient human resources, coordination, and management mechanism; climate change and natural disasters).
3	Livestock	LPDE	✗	✓	✗	✗	✗	NA	Focus on opportunities and challenges for scaling up (including land management & grazing issues, management of the sector, poor public investment & funding, insufficient staffing, inadequate legislation, lack of coordination, political instability); Promotion of good governance; Revival of veterinary and zootechnical research; Capacity building; Institutionalization of the private practice of the veterinary profession).

¹ U5 stunting is indicated for policies with nutrition context on chronic malnutrition. U5 wasting is indicated for policies with nutrition context on acute malnutrition.

² U5 stunting is indicated for policies with nutrition indicators on chronic malnutrition. U5 wasting is indicated for policies with nutrition indicators on acute malnutrition.

³ Not applicable (NA) indicates policies that do not have sufficiently detailed budget information to assess whether nutrition is included, while ± _ is used for policies that provide sufficient budget information but with no mention of nutrition.

 U5 STUNTING  WRA ANEMIA  LOW BIRTH WEIGHT  U5 OVERWEIGHT  EXCLUSIVE BREASTFEEDING  U5 WASTING



Who are the key people and organizations targeted by and responsible for these policies?

Which target groups are the focus of nutrition context?

The groups that feature most often in policies' nutrition context are U5 and WRA. Elderly, pregnant, and breastfeeding women, refugees and displaced populations are only mentioned in one policy (PNN), while adolescents and men are not mentioned in any of the policies' nutrition context.

Who are the beneficiaries?

As shown in **Table 3**, primary beneficiaries of policies vary by area. Overall, the most frequent primary beneficiaries are children and women (especially, U5 and WRA). Other primary beneficiaries include youth/young people/adolescents, elderly, farmers/herders, and vulnerable population groups. Men, parents, community, health facilities, technical services, researchers, population, education actors are also included as beneficiaries in at least one of the policies, though not as primary beneficiaries. Only the PRP/AGIR (food security) policy details rural area as geographic area of focus (e.g., regions) for targeting.

Who are the actors?

All policies explicitly mention at least one actor involved in policy development, although only one (PNN) has an exhaustive list of actors engaged in this role. National government ($n = 3$) and civil society/NGOs/technical and financial partners ($n = 3$)

are most often mentioned in policy development, followed by communities ($n = 2$), local government ($n = 1$), and private sector ($n = 1$). As shown in **Table 3**, the national government is among the primary actors for all policies and is involved in all defined roles, including implementation, monitoring, and evaluation; management/coordination and financing. Implementation is the wide role that involve all the actors in the different policies. All policies include local governments (e.g., regions), communities and private sector as actors. However, these actors (except communities in the LPDE and private sector in the PRP/AGIR) are missing in two key points/steps of the policies lifecycle such as the monitoring and evaluation, and management/coordination. Communities remained a very active actor in the livestock policy (LPDE). The PRP/AGIR (food security) and the LPDE (livestock) policies tend to have many types of actors involved in various roles, while the PNN (nutrition) policy details extensive roles primarily for the national government and the civil society/NGOs/technical and financial partners. The office of the Prime Minister, and the Ministry of Health as well as the Ministry of Agriculture and Rural Development are the lead state actors for the nutrition policy (PNN); while UNICEF is stated as the leading partner for the development of the nutrition policy, however, many other ministries and partners (e.g., FAO, WFP, WHO, and EU) are cited as involved in the development of the nutrition policy. These include the National Multisectoral Nutrition Committee that gathers twelve other ministries sectors and several other partners (e.g., technical, and financial partners, civil society, Consumers Association).

Is there multisectoral coordination mentioned in the policy?

The importance of multisectoral coordination is highlighted across all three policies and policy areas. Coordination mechanisms include multi-stakeholder and intersectoral committees/groups; inclusive and consultative process; the use of sectoral policies; and government leadership to ensure coherent action. For example, the nutrition policy points to the National Multisectoral Nutrition Committee and Comité Régional de Nutrition (i.e., the representation of the NMNC at decentralized level) as key multisectoral platforms to ensure coordination between actors. Most of the policies highlight challenges associated with multisectoral coordination, which center around the lack of rationalization in the use of human and financial resources and inadequate use of existing information. For example, PRP/AGIR suggests correcting the shortcomings inherent in the dispersion of responsibility centers and the lack of visibility in the allocation of resources. Nevertheless, most of the policies, do highlight multisectoral coordination as a guiding principle as a focus point for policy success.

Table 3: Summary of beneficiaries, actors, and multisectoral coordination mechanisms

NR	Area	Acronym	Primary beneficiaries	Other key beneficiaries	Actors' roles*					Primary actors	Multisectoral coordination mechanisms
					National government	Local government	Communities	Private sector	Civil society NGOs technical and financial partners		
1	Nutrition	PNN	U5; adolescents; and WRA	Population; youth; women; men; most vulnerable populations/poor families; family/community; health facilities; women's literacy centers; educational establishments, educations actors, learners; teachers; parents; sports clubs; cultural associations for young people and women; farming family; agricultural research area; local industries; craft units; staff of the Ministries; laboratory	1,2,3,4	1	1	1,4	1,2,3,4	Government (Primer minister, Ministry of Health, Agriculture and Rural Development, National Multisectoral Nutrition Committee), Technical and financial partner (with important role of UNICEF)	✓
2	Food Security	PRP/AGIR	Women's associations; vulnerable farmers; vulnerable households/populations; women (including pregnant women / lactating mothers / young mothers); U5; small family farmers; fishermen; breeders; poor workers and young people; domestic workers; elderly	Pupils and parents of pupils; health professional facilities; village communities/rural populations; young people; people with tuberculosis/PLW/HIV; staff of the Ministries; civil society organizations	1,2,3,4	1,2,3	1,2	1,2,3,4	1,2,4	Government; Technical and financial partners; Bilateral & multilateral cooperation partners	✓
3	Livestock	LPDE	Herders and agropastoralists	Livestock technical services; laboratories; researchers in livestock fields, research centers; sector players; small and medium-sized businesses	1,2,3,4	1	1,2,3,4	1,4	1,4	State (Livestock technical services), non-state organizations; Private sector and professional organizations in the sector	✓

* Roles: 1 = Implementation; 2 = Monitoring and evaluation; 3 = Management/coordination; 4 = Financing



What are the monitoring, evaluation, and accountability mechanisms?

All three policies mention **monitoring and evaluation (M&E)**, with two (PNN, PRP/AGIR) containing a dedicated M&E section. Many partners tend to be involved in M&E, although policies generally designate a lead actor. PNN for instance states that National Nutrition Committee, the Ministry of Health through the Executive Secretariat (Department of Food, Nutrition and Child Survival Services) will ensure the monitoring of the policy implementation. M&E activities include data collection and monitoring of the policy's indicators; regular reporting; and annual reviews for policies evaluations. **Accountability mechanisms** are mentioned in two policies (PNN, PRP/AGIR). They include accountability as a guiding principle, use of M&E to identify progress and needed improvements (e.g., results-based management as part of an M&E system); technical committees to propose course corrections and monitor progress toward action plans; regular progress reviews; and ensuring effective accountability mechanisms at all levels.

Gaps and recommendations

Recommendation 1: Address gaps and incoherence in nutrition-relevant policy.

Improve the description of nutrition problems in the policies' context to addressing all malnutrition forms in the different policies.

- Better address the needs of adolescents, men, and elderly. Policies provide to some extent limited nutrition context information on the adolescents, men, and elderly. Even these groups do feature among targeted beneficiaries in at least one of these policies, no nutrition objective nor indicator for these groups is included in the policies.
- Ensure that policies' nutrition context, objectives, indicators, and activities align, both in terms of nutrition problems, targeting of populations and tracking progress (for instance policy that embedded nutrition objectives but does not set any nutrition indicator to track progress related to the stated objectives).
- Better consider nutrition disparities across regions, rural vs. urban areas, income, or gender by improving nutrition context disaggregation and including disaggregated nutrition indicators to capture progress across these varied groups. Most policies point to nutrition disparities across regions and highlight vulnerable groups (e.g., poor individuals and households, pregnant women) as targeted beneficiaries, but none of the policies proposes disaggregated nutrition indicators.
- Use strong and more updated evidence identifying solutions and their impact, rather than just evidence related to prevalence of nutrition problems, to improve guidance regarding interventions.
- Clearly and consistently define concepts and indicators to allow for common understanding across actors and policy areas, as well as coherence in measurement of indicators.
- All policies include local governments (e.g., regions), communities and private sector as actors. However, these actors (except communities in the LPDE and private sector in the PRP/AGIR) are not

listed among actors involved in policies monitoring and evaluation, and management/coordination that are two key points/steps of policies lifecycle. Involving all relevant actors in all the different policies lifecycle points could ensure coherence, policy success and scaling up.

Recommendation 2: Prioritize and invest in strong multisectoral coordination.

The country is currently not on track to meet most of the WHA targets. Guinea Bissau's meeting the WHA targets requires prioritization and strong investment in multisectoral coordination and mainly in other sectors beside nutrition. This review of policies reveals a very limited number of sectoral policies that embed either nutrition relevant objectives, indicators or a budget for nutrition. Strong multisectoral coordination could improve the nutrition mainstreaming into future sectoral policies (basically health, education, agriculture, industry, environment, gender and social protection policies). It could help to address the various gaps and incoherence within policies identified above. Multisectoral coordination could also ensure synergy between policies such as bringing them to have the same targets for the WHA targets indicators set in the different policies (that is not currently the case). All three policies acknowledge the role of multisectoral coordination in policy development, implementation, and collaboration. However, while the nutrition policy is describing an enabling platform for multisectoral coordination across sectors and partners at national as well as at decentralized level, the two other policies (food security and livestock) are more raising challenges and the need for improving coordination across actors. Multisectoral coordination could be improved by upgrading the NMNC to a higher level (supra-ministerial) with authority over all nutrition

actors and policy areas to improve the leadership of nutrition and ensure the synergy of interventions and actions across policies areas.

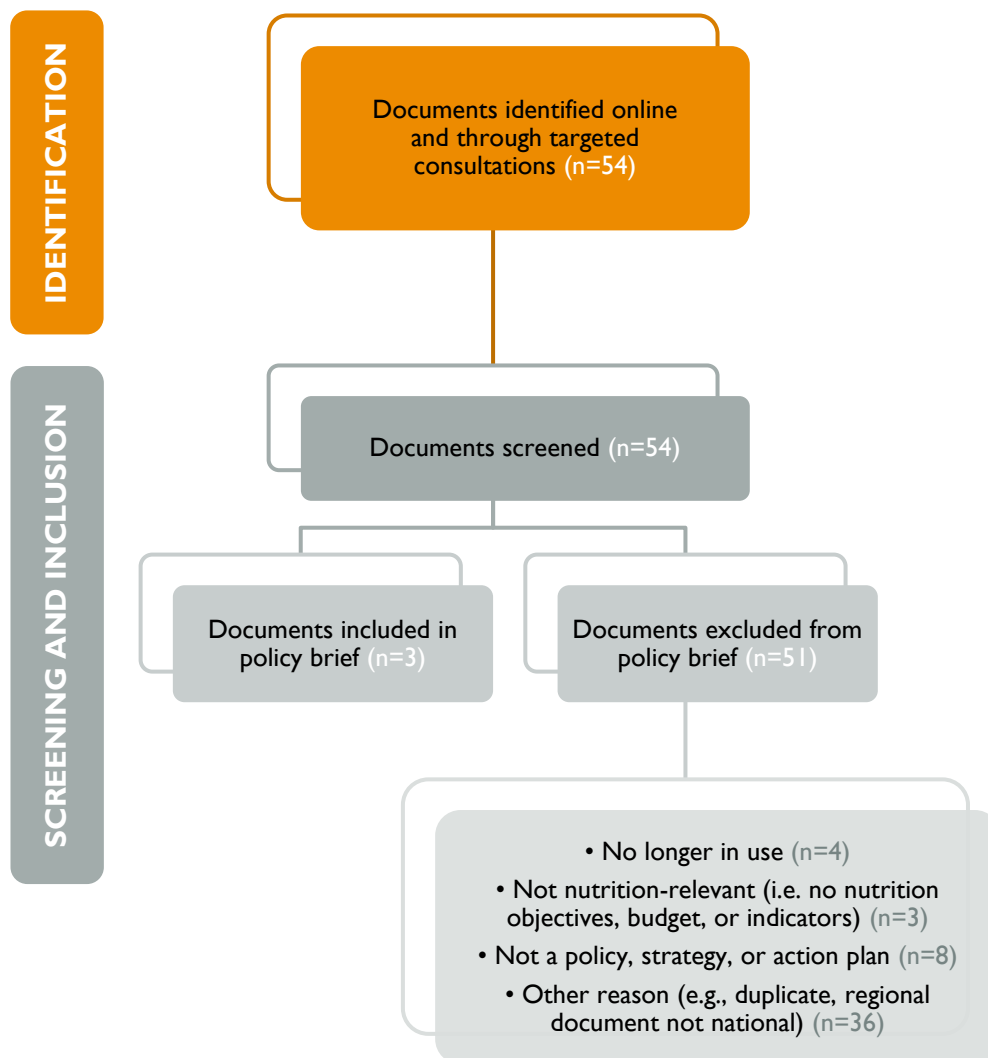
Recommendation 3: Mainstream nutrition into future documents across diverse policy areas.

Only three policies (in nutrition, food security, and livestock) met the inclusion criteria of this policy review. There is a need for other nutrition-relevant policy areas, including health, education, agriculture, industry, environment, gender, and social protection areas policies, to mainstream nutrition. Of the included policies only one (nutrition policy) adequately covers nutrition within their policy. The remaining policies in the food security and livestock could improve the inclusion of nutrition into their context, indicators, and their planned activities. To ensure the mainstreaming of nutrition into those, policymakers could refer to nutrition context, objectives, indicators, and relevant activities listed in the PNN, which details specific interventions for each of nutrition-relevant sectors identified in this policy. Policymakers could engage skilled brokers to ensure alignment of nutrition actions within policies.

Recommendation 4: Recognize nutrition as a cross-cutting area in ongoing policy drafts/revisions.

Guinea Bissau's Strategic and Operational Plan 2015-2020 "Terra Ranka", the policy that defines and guides sectoral planning, is due to be revised in 2020. Its revision is an opportunity to mainstream nutrition in this overarching policy document. Its integration into each relevant planning sector would be monitored. Seizing this opportunity for change will require a strong commitment to nutrition at the highest political level.

Annex I: Flow diagram of documents included in the policy brief



Endnotes

- ⁱ Multiple Indicator Cluster Survey (MICS), 2010.
ⁱⁱ MICS, 2018/2019.
ⁱⁱⁱ Ibid, i.
^{iv} Ibid, ii.
^v Ibid, i.
^{vi} MICS, 2014.
^{vii} Ibid, ii.
^{viii} UNICEF/WHO Low birthweight estimates: Levels and trends 2000–2015. Geneva: World Health Organization; 2019. data.unicef.org
^{ix} WHO. Global Health Observatory (GHO). Available at: <https://apps.who.int/gho/data/node.imr.PREVANEMIA?lang=en>. Accessed: 13 April 2021.
^x Ibid, vi.
^{xi} Ibid, ii.
^{xii} Ibid, ix.
^{xiii} NCD Risk Factor Collaboration 2016-2017. Available at: <http://ncdrisc.org/data-downloads.html>. Accessed: 30 November 2020
^{xiv} Ibid.

Ampa Dogui Diatta¹, Laura Casu², Mariame Dramé², Irina Uzhova³, Judith Kaboré⁴, Fanta Touré⁴ and Roos Verstraeten¹
¹ International Food Policy Research Institute | ²Independent consultant | ³ institute of Technology Sligo | ⁴ Action Against Hunger

To Cite this Publication:

Diatta, A.D., L. Casu, M. Dramé, I. Uzhova, J. Kaboré, F. Touré and R. Verstraeten. 2021. *Nutrition Policy in Guinea-Bissau*. Transform Nutrition West Africa, Evidence Note No. 8. Dakar, Senegal: International Food Policy Research Institute.

This publication has not been peer reviewed. Any opinions stated in this publication are those of the author(s) and are not necessarily representative of or endorsed by IFPRI.

© Copyright 2021 International Food Policy Research Institute (IFPRI). This publication is licensed for use under a Creative Commons Attribution 4.0 International License (CC BY 4.0). To view this license, visit <https://creativecommons.org/licenses/by/4.0>.



Transform Nutrition West Africa is a regional platform to enable effective policy and programmatic action on nutrition. It is funded by the Bill & Melinda Gates Foundation from 2017–2021 and is led by the International Food Policy Research Institute.
E IFPRI-tnwa@cgiar.org W transformnutrition.org/westafrica T twitter.com/TN_NutritionRPC