

Cost and Affordability of Healthy Diets in West Africa: Implications for Nutrition Outcomes and Well-Being

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ABSTRACT

Malnutrition is a major public health issue globally with lower–middle–income countries being the most affected. It is associated with the upsurge of non-communicable diseases and their risk factors. This study assessed the cost and affordability of healthy diets in West Africa, as well as the nutritional and public health implications of the cost of healthy diets in the region. Data on the cost and affordability of healthy diets and nutritional outcomes in West Africa were obtained from the Global Nutrition Report and the FAOSTAT database. Data from the period 2010 to 2023 were used for the analysis and reporting. The cost of a healthy diet is calculated based on the least expensive locally available foods that meet energy needs (2,330 kcal/day) and adhere to food-based dietary guidelines. In all, 60% of the populace were unable to afford a healthy diet. Obesity was more prevalent among females than males across all countries. Female prevalence ranged from 8% in Niger to 38% in Mauritania, while male prevalence ranged from 3% in Sierra Leone to 14% in Senegal. The West African averages were 7.8% among males and 17.3% among females. The average undernourishment was 9.9% and 9% for males and females, respectively. Prevalence of diabetes was 9.6% and 10.9% for males and females, respectively, with Gambia and Niger recording the highest (15.8%) and lowest (6.2%), respectively. Among the under-five population, the prevalence of stunting was highest in Niger (46.5%), followed by Nigeria (33.5%). The highest prevalence of wasting (13.6%) was observed in Mauritania. Ghana reported the lowest prevalence of stunting (15.7%) and wasting (5.8%). Malnutrition is prevalent in West Africa due to the high cost of healthy foods. Measures should be taken to make healthy foods more accessible and affordable to the average populace.

Keywords: cost, affordability, food insecurity, stunting, wasting, overweight, obesity, West Africa

1.0 INTRODUCTION

A healthy diet may prevent diseases and their complications. Healthy diets are characterized by

adequate nutrients, a variety of food groups, low in unhealthy fats and salt, moderation, and minimized health-harming substances (Cena, 2020). However, access to healthy and nutritious diets is heavily

impacted by costs. In low and lower-middle-income countries such as West African countries, a larger portion of the income of many households is allocated to food (Niankara, 2023). People tend to compromise on quality when the cost of healthy diets exceeds their budget. Cheaper alternatives like refined carbohydrates, sugar-sweetened beverages, and fried snacks become the predominant dietary choices (Drewnowski, 2012). In the worst cases, people go to bed hungry with little or no food to eat at all (Temple et al., 2011). These situations inevitably result in various forms of malnutrition, including hidden hunger.

Malnutrition is the term that describes a deficiency, excess, or imbalance of a wide range of nutrients, resulting in a measurable adverse effect on body composition, function, and clinical outcomes (Poggiano et al., 2017). Malnutrition, when not treated early, could lead to several health complications, including non-communicable diseases and even death. The Global Nutrition Report (2020) revealed that the various forms of malnutrition, namely, underweight, undernourishment, overweight, and obesity, have become the leading causes of death and illnesses worldwide.

Almost all African nations face hunger and malnutrition, and this problem seems to be worsening in many of these countries recently (Mohajan, 2022). Data as of 2019 showed that in Africa, 9.3 million children under five were overweight. Together, Africa and Asia bear the greatest share of all forms of malnutrition,

accounting for more than nine out of ten of all stunted children and over nine out of ten of all wasted children worldwide (UNICEF & WHO, 2020). Anaemia affects more than 30% of women in Asia and Africa (Mohajan, 2022). Everyone has the fundamental right to access quality food, yet many Africans are deprived of this right and cannot live healthy lives within their communities. With less than five years remaining to meet the United Nations SDG 2 deadline, the question is, “Is Africa truly making progress toward achieving SDG 2 by 2030?”.

Food insecurity across Africa is getting worse over time. The state of hunger and access to healthy diets varies among West African countries but remains well short of reaching SDGs 2 and 3. To meet these goals, food-based dietary guidelines are developed to assist the public in choosing affordable, sustainable, and nutritious foods. Out of seventeen (17) countries in West Africa, only four, Ghana, Nigeria, Ivory Coast, and Senegal, have developed and published comprehensive dietary guidelines (Global Nutrition Report, 2022). The development of food-based dietary guidelines in many African nations faces challenges due to limited resources and research capacity (Muzhingi et al., 2016).

As mentioned earlier, West Africa faces multiple burdens of malnutrition that affect populations at various stages throughout the life cycle (Chadare et al., 2022), thereby hindering progress towards SDG 3. By addressing the rising cost of healthy diets and ensuring the availability, accessibility, and utilization of nutritious foods, it is likely to see

improvements in nutrition and health outcomes, thus contributing to the achievement of SDG 3. There is a need for sustainable and resilient food systems, agricultural practices, food safety regulations, and equitable access to food, all of which are essential components for supporting healthy lives and well-being (Lawrence et al., 2019). This study evaluated the affordability of healthy diets in West Africa and explored the nutritional and public health consequences of the cost of healthy diets in the region. The study acknowledges the high prevalence of malnutrition and its association with non-communicable diseases, underscoring the urgent need to address the cost of a healthy diet in promoting healthy lives and well-being in West Africa. It is against this backdrop that this study evaluates the situations critically and draws attention to the implications for well-being for all.

2.0 METHODS

2.1 Data Source

In this report, data on the cost and affordability of healthy diets and nutritional outcomes in West Africa were obtained from the Global Nutrition Report and the FAOSTAT database. Data from the period 2010 to 2023 were used for the analysis and reporting.

2.2 Population and Study Measures

The study population consisted of all seventeen countries in West Africa. To gather data for the West

African sub-region and its individual countries, the country profile option of the Global Nutrition Report was utilized. Additionally, the FAOSTAT database provided information on the cost and affordability of healthy diets, food insecurity, and the prevalence of undernourishment in both West Africa as a whole and its individual countries.

3.0 RESULTS

3.1 Cost and Affordability of Healthy Diets

The cost of a healthy diet is calculated based on the least expensive locally available foods that meet energy needs and adhere to food-based dietary guidelines. This cost is expressed in current PPP (purchasing power parity) dollars per person per day, based on a representative individual's energy requirement of 2,330 kcal/day. The indicators for measuring the cost and affordability of healthy diets across sixteen countries of West Africa are presented in Table 1. The Cost of Healthy Diet (CoHD) in all the countries exceeded \$3.0. Mauritania recorded the highest CoHD at \$4.86, followed closely by Ghana at \$4.29 and Cabo Verde at \$4.07. Guinea had the lowest CoHD at \$3.06. Niger, with a CoHD of \$3.96, also had the highest percentage of its population unable to afford healthy diets (PUAHD), at 86.3%. In contrast, Cabo Verde, despite having the third-highest CoHD, reported 30.5% of its population as PUAHD, making it the country with the lowest proportion of people unable to afford healthy diets.

The Affordability of Healthy Diets (AoHD) in Table 1 is expressed as the diet cost as a percentage of the food component of the relevant international poverty line, also known as the food poverty line, as determined by the World Bank's country income group classification. The international food poverty line for low-income countries is \$1.35, for lower-middle-income countries, this is \$2.04, and for upper-middle-income countries, it is \$3.15. (e.g.,

Ghana is classified as a lower-middle-income country, and the food poverty line is set at 2.04. Consequently, 4.29 as a percentage of 2.04 amounts to 210.3%.) The values for West Africa are the means calculated from the individual country values for the respective indicators.

Table 1: Indicators of the cost and affordability of healthy diets in West African countries.

Country	Cost of healthy diets (CoHD) (PPP dollars)	Population unable to afford healthy diets (PUAHD) (%)	Affordability of healthy diets (AoHD) (%)
Benin	3.42	56.8	167.7
Nigeria	3.83	78.7	187.9
Ghana	4.29	63.0	210.3
Cote d'Ivoire	3.27	49.7	160.5
Liberia	3.50	64.1	259.0
Sierra Leone	3.32	62.5	246.0
Guinea	3.06	37.4	227.0
Senegal	3.38	49.5	165.8
The Gambia	3.31	44.0	245.2
Guinea Bissau	3.73	64.0	276.2
Mali	3.58	58.3	265.6
Niger	3.96	86.3	293.3
Togo	3.18	54.0	235.8
Burkina Faso	3.57	63.1	264.5
Mauritania	4.86	55.2	238.3
Cape Verde	4.07	30.5	199.5
West African Average	3.65	57.32	227.66

Source: Food and Agriculture Organization. FAOSTAT Database. [Accessed on: 20/10/2024].
[<https://www.fao.org/faostat/en/#home>]

Figure 1 illustrates the percentage of the population living on less than US\$1.90 or US\$3.20 per day, based on 2011 purchasing power parity (PPP), in 2022. The thresholds of US\$1.90 and US\$3.20 represent the international poverty lines for low-income and lower-middle-income countries, respectively. All countries presented in Figure 1 are classified as lower-middle-income. Guinea-Bissau has the highest percentage of its population living below US\$3.20, at 81.5%, followed by Sierra

Leone at 72.7%. Guinea-Bissau still has the largest share of its population living below US\$1.90, with 60.4%, while Liberia follows with 45.3%. Cabo Verde recorded the lowest percentages for both indicators, with 12.1% of the population living below US\$3.20 and 2.4% living below US\$1.90. The values for West Africa are the means calculated from the individual country values for the respective indicators.

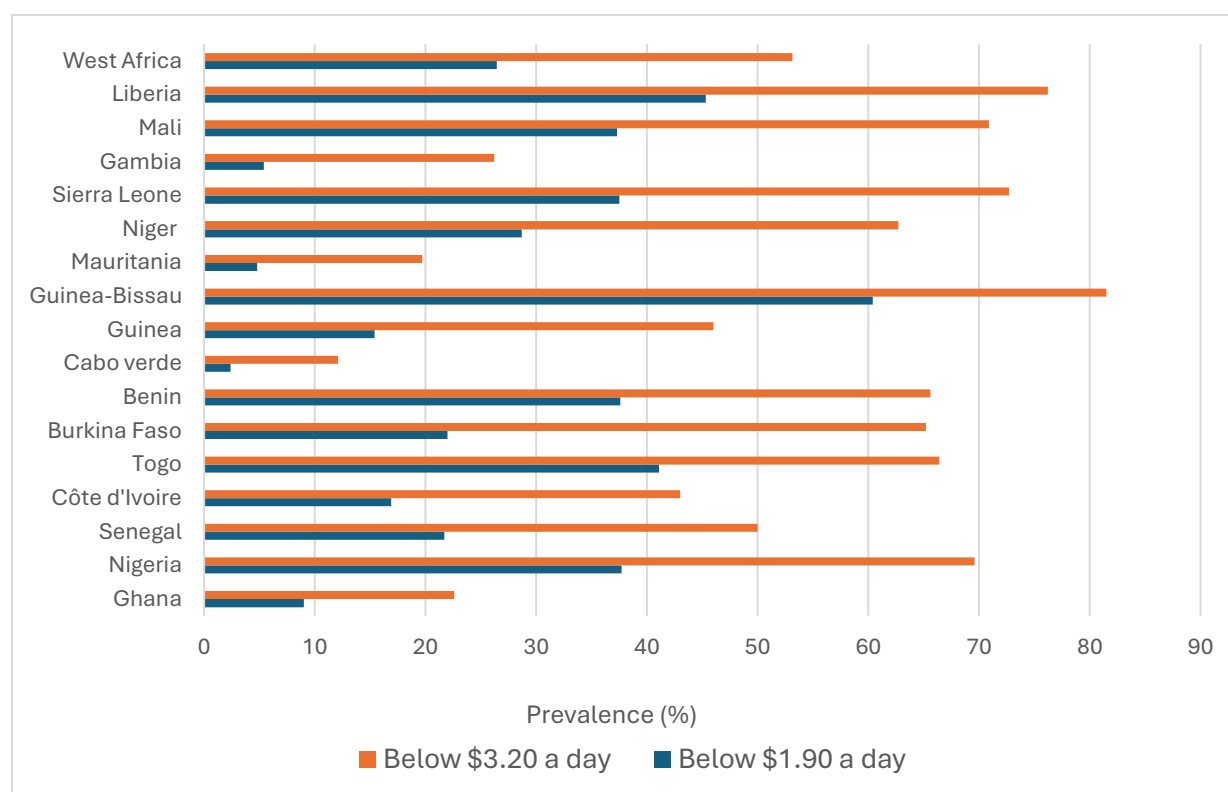


Figure 1: The population living below the international poverty line by country and sub-region in 2022.

Source: Adapted from the Global Nutrition Report. Published in December 2022. Available online via: [<https://globalnutritionreport.org/>]

3.2 Dietary Patterns

Intakes were reported in grams per day (g/d) for all dietary factors. These estimates were based on modelled estimates for adults aged 25 years and older. The selected dietary factors were those that have a statistically significant relationship with at least one disease endpoint and apply to all populations. Recommended intake targets were established by the EAT-Lancet Commission on healthy diets from sustainable food systems. This includes minimum recommended intakes for health-promoting food groups, such as fruits, vegetables, legumes, nuts, and whole grains, as well as maximum recommended intakes for food groups that have detrimental health and/or environmental impacts, including red meat, dairy, and fish.

Figure 2 illustrates the dietary intakes of key foods and nutrients among adults aged 20 years and older in West Africa, compared to recommended minimum targets. Out of eight food groups, West Africa only met the daily requirements for two: red meat and fish. The daily requirement for vegetables is 300 grams, but West Africa's intake was only 93.4 grams per day, which is just 31% of the target. For fruits, the region met only 24% of the daily requirement. Legumes showed the lowest consumption percentage relative to the daily target.

3.3 Food Insecurity and Undernourishment

Food insecurity was measured using the Food Insecurity Experience Scale (FIES) developed by the FAO. The FIES Survey Module (FIES-SM)

consists of eight questions that assess individuals' access to adequate food. These questions focus on either the personal experiences of the respondent or the experiences of their entire household. They address self-reported food-related behaviours and difficulties in accessing food due to limited resources. The eight questions create a scale that reflects varying degrees of food insecurity.

The proportion of the West African population experiencing food insecurity and undernourishment or “Hunger” from 2017 to 2023 is illustrated in Figure 3. There has been a steady increase in the numbers over the years, with food insecurity reaching 61.4 percent and hunger at 16 percent in 2023. Although there was a slight decrease in the percentage of food insecurity between 2021 and 2022, the actual number of individuals affected still increased by 12 million due to overall population growth. The most significant rise occurred between 2020 and 2021, with an increase of approximately 1.9 percent, equivalent to 32.9 million people. There was a slight decrease in undernourishment rates between 2018 and 2019, whilst the most significant increase occurred between 2019 and 2020, with a rise of 1.9%.

3.4 Adult Nutritional Status and Disease

The prevalence of underweight among adult males and females is shown in Figure 4. Generally, undernourishment is more common in males than in females. Among the 16 countries, females had a higher prevalence in only three countries: Niger,

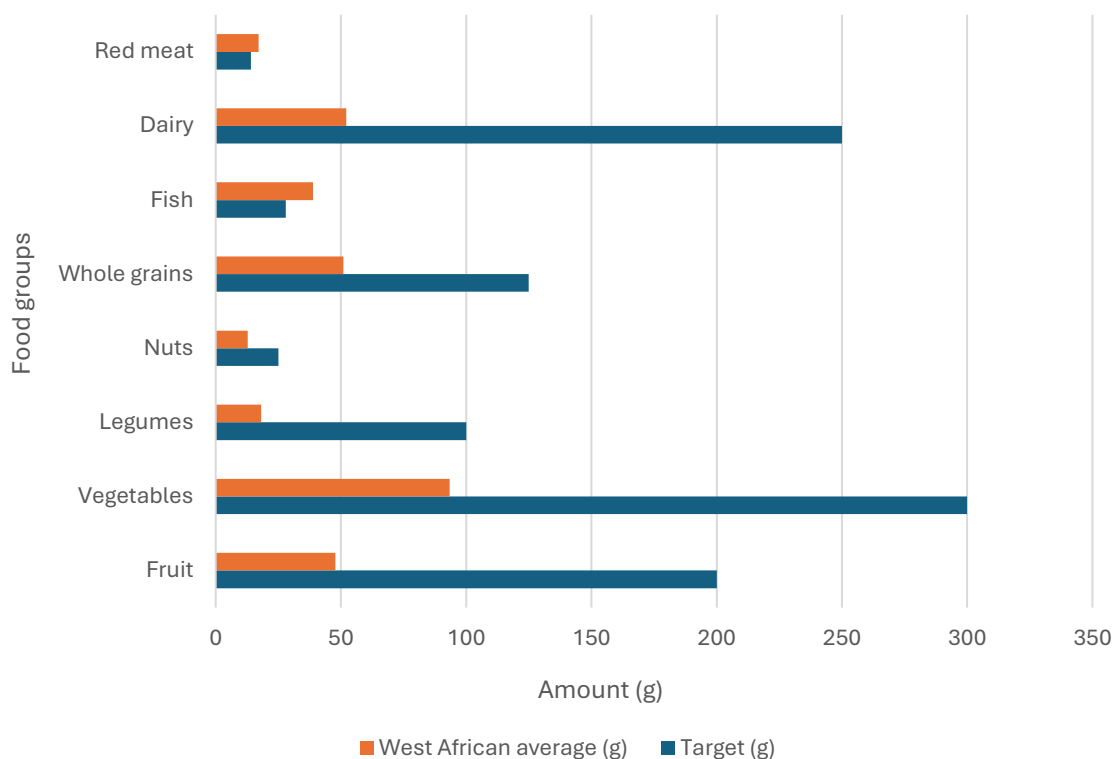


Figure 2: Dietary intakes of key foods and nutrients among adults aged 20 years and older in West Africa compared to recommended minimum targets.

Source: Adapted from the Global Nutrition Report. Published in December 2022. Available online via: [<https://globalnutritionreport.org/>]

Mali, and Burkina Faso. In two countries, Sierra Leone and Nigeria, the prevalence was equal for both genders, while in the remaining countries, it was higher in males. The highest prevalence was observed among females in Niger, which was 19%, followed closely by 18% in Nigeria and Niger, both among males. Overall, the prevalence of undernourishment ranged between 4% to 19%. The West African average was 9.9% and 9% among males and females, respectively. The values for West Africa are the means calculated from the

individual country values for the respective indicators.

The obesity situation among adults in West Africa is illustrated in Figure 5. Obesity was more common among females than among males. The prevalence in all countries was higher among females. The prevalence among females ranged from 8% in Niger to 38% in Mauritania, while that of males ranged from 3% in Sierra Leone to 14% in Senegal. The West African prevalence rates were 7.8% for males and 17.3% for females. The values

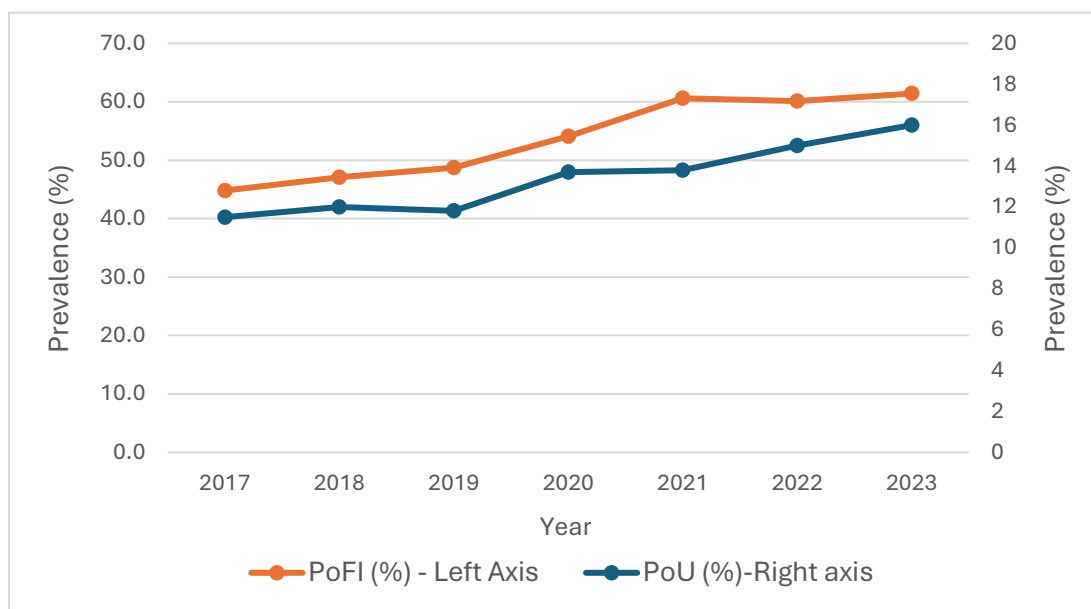


Figure 3: The prevalence of food insecurity (PoFI) and undernourishment (PoU) among the West African population from 2017 to 2023.

Source: Food and Agriculture Organization. FAOSTAT Database. [Accessed on: 20/10/2024].
[<https://www.fao.org/faostat/en/#home>]

for West Africa are the means calculated from the individual country values for the respective indicators. The prevalence of diabetes among adults in West Africa is shown in Figure 6. The highest prevalence was recorded among females in Gambia at 15.8% while the least was recorded among females in Niger at 6.2%. The prevalence, however, was higher in females than in males for the majority of the countries. The prevalence was higher among females in all countries, with the exception of Niger, which recorded a higher prevalence in males. Niger recorded the least for both genders with 6.2% in females and 6.3% in males. The

highest among males was recorded in Burkina Faso at 12.9% followed closely by Benin at 11.6%. The values for West Africa were the means calculated from the individual country values, resulting in 9.6% in males and 10.9% in females.

3.5 Infant and Young Child Nutritional Status

Stunting, wasting and overweight are major indicators of infant and young child nutritional status. Stunting indicates a situation where children are too short for their age, whilst wasting indicates being too thin for their height.

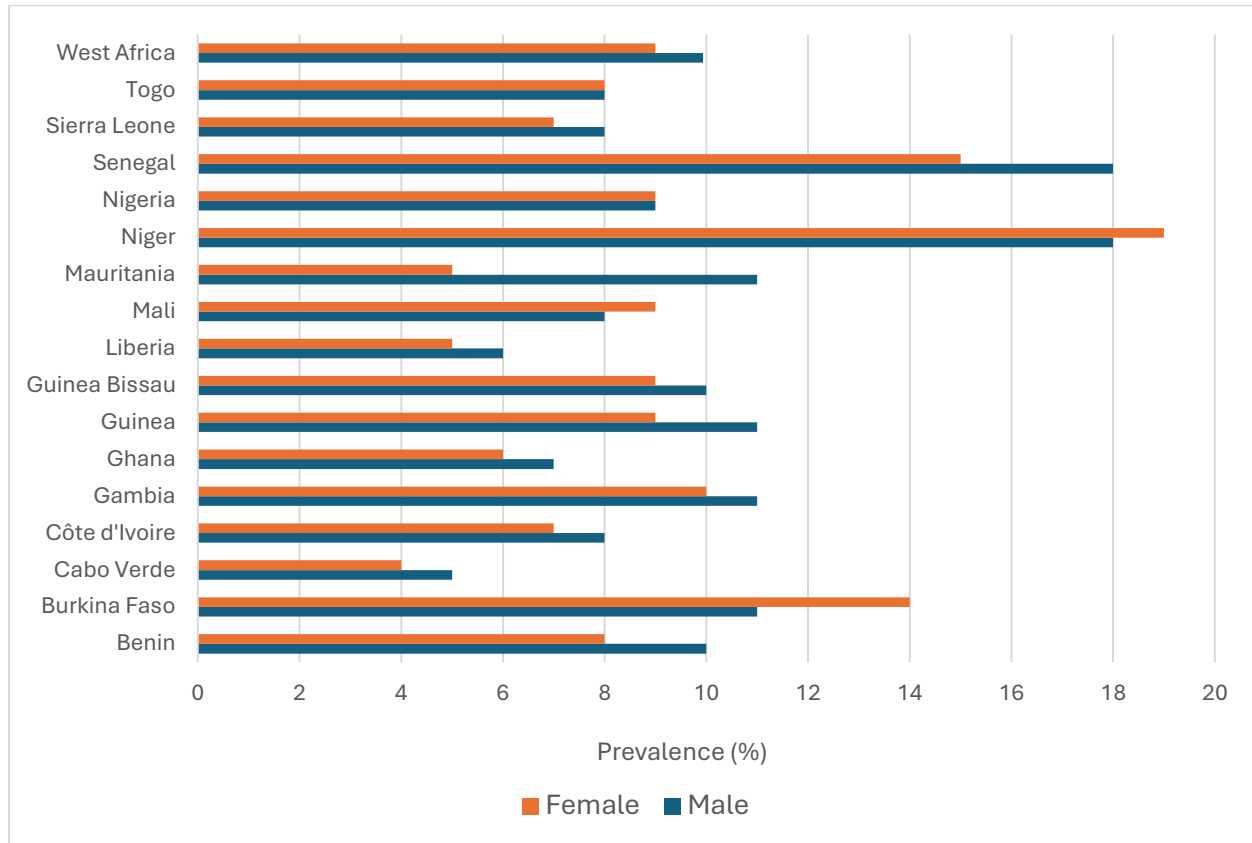


Figure 4: Prevalence of underweight among adults aged 20 years and older in West African countries in 2022.

Source: NCD Risk Factor Collaboration. (<http://ncdrisc.org/data-downloads.html>. Accessed on 15 April 2025).

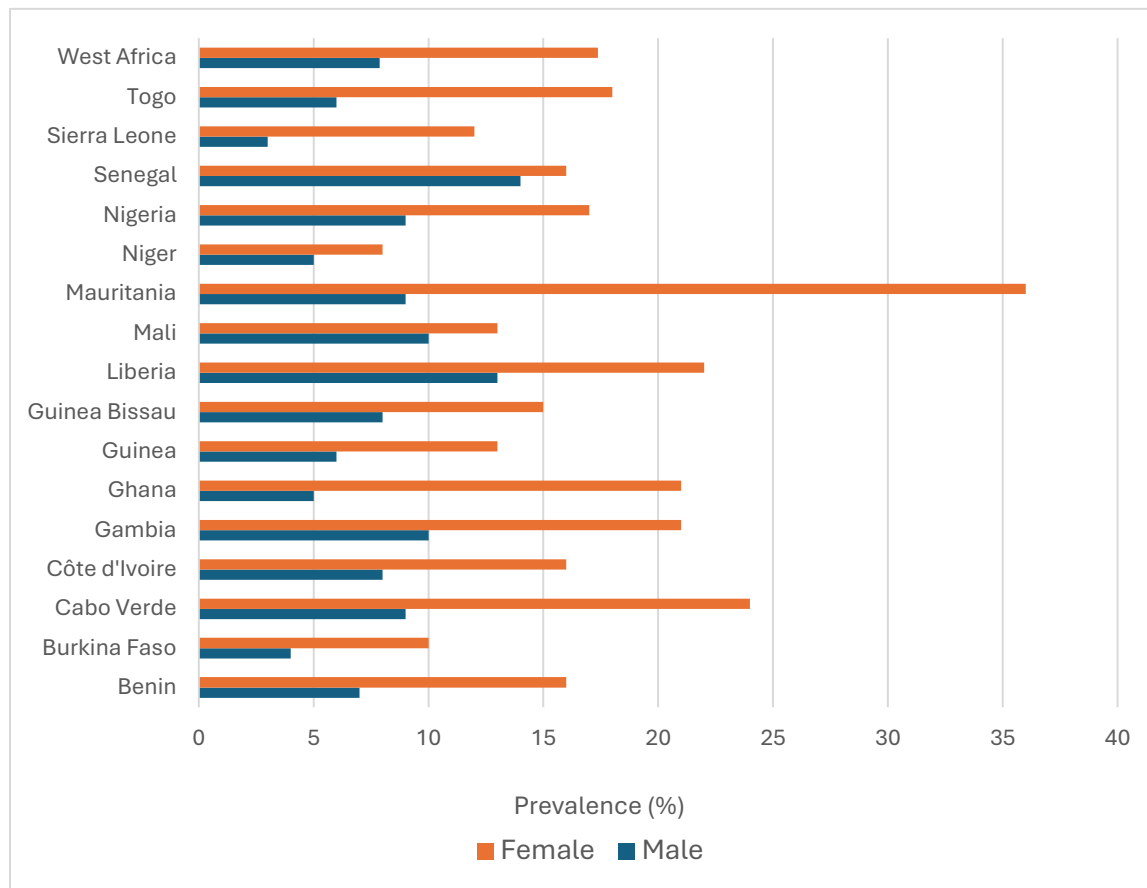


Figure 5: Prevalence of Obesity among adults aged 20 years and older in West Africa in 2022.

Source: NCD Risk Factor Collaboration. (<http://ncdrisc.org/data-downloads.html>. Accessed on 15 April 2025).

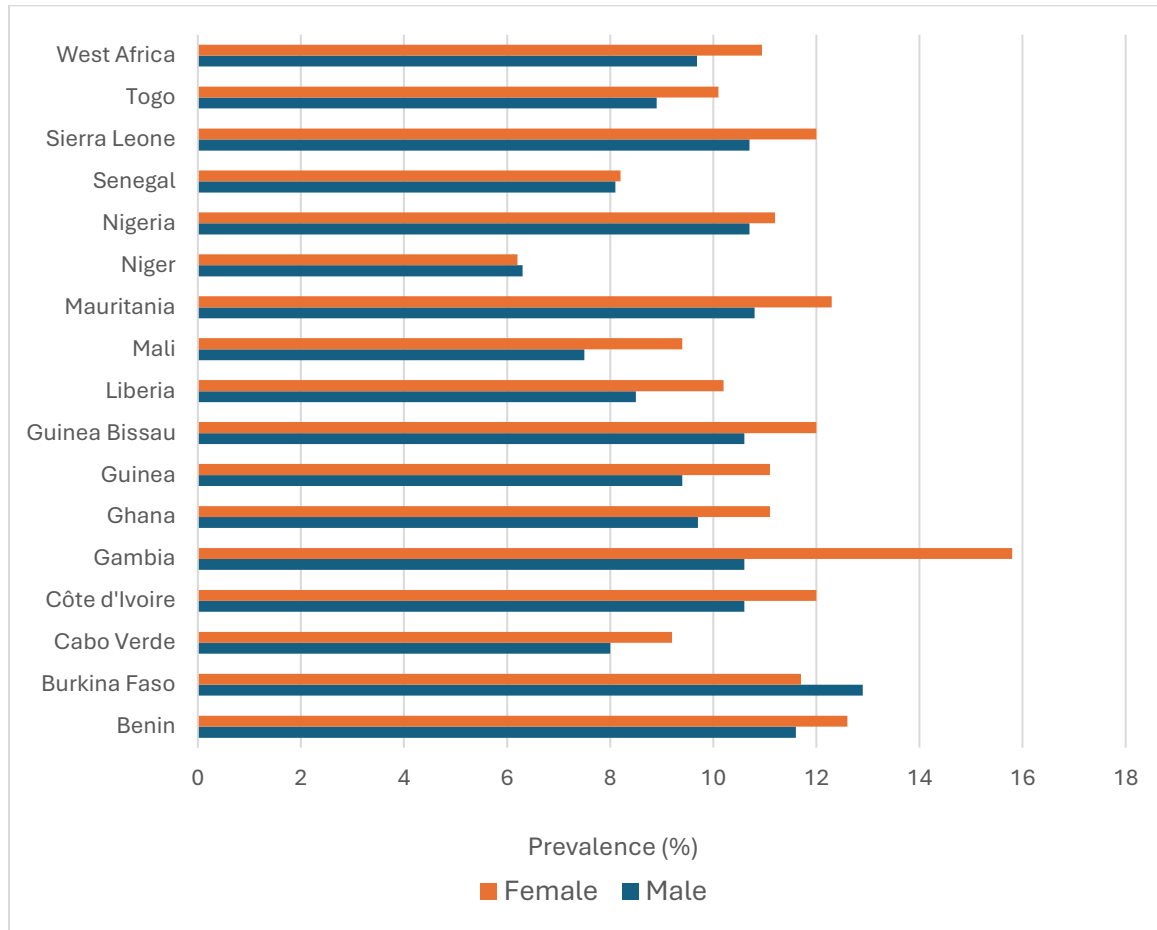


Figure 6: The prevalence of diabetes among adults aged 18 years and older in West Africa recorded in 2022.

Source: NCD Risk Factor Collaboration. (<http://ncdrisc.org/data-downloads.html>. Accessed on 15 April 2025).

Overweight, on the other hand, refers to being too heavy for one's height. The prevalence of stunting, wasting and overweight among children under five years of age in selected West African countries is shown in Figure 7. These countries were chosen because they have the most recent data available in the World Bank Group's Databank. Niger recorded the highest prevalence of stunting at 46.5%, followed by Nigeria at 33.5%. Mauritania had the highest prevalence of wasting, which was 13.6%.

Ghana reported the lowest rates for both stunting and wasting, with stunting at 15.7%, wasting at 5.8%. The highest prevalence of overweight is observed in Guinea at 4.3%. Overall, stunting is more prevalent among children under five years in all selected countries, followed by wasting. The prevalence of overweight seems to have been managed and is the lowest in all the selected countries.

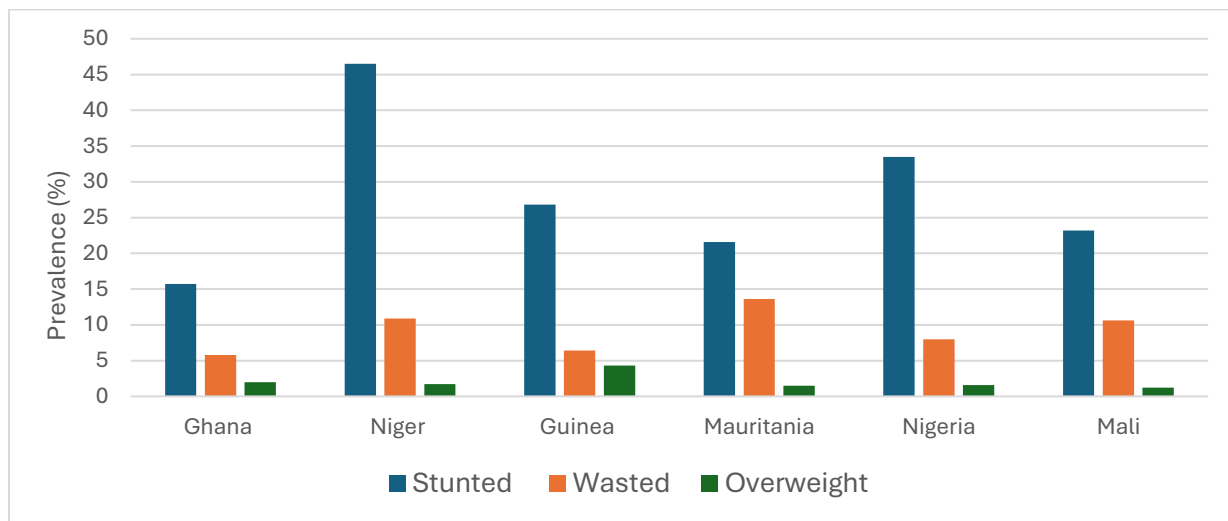


Figure 7: Prevalence of stunting, wasting, and overweight among five countries in West Africa.

Source: World Bank Group. World Bank Open Data. [Accessed on: 20/10/2024].

[<https://data.worldbank.org/>]

4.0 DISCUSSION

4.1 Cost and Affordability of Healthy Diets

The ongoing efforts to address food insecurity and malnutrition in West Africa should focus on reducing the cost and improving the affordability of healthy diets. The current estimates, as shown in Table 1, indicate that the cost of healthy diets in this sub-region ranges from approximately \$3.00 to nearly \$5.00 per person per day. Given the proportion of the population who are living below the \$1.9 and \$3.20 poverty lines, the cost of healthy diets should be an issue of concern. In fact, over half of the West African population lives on less than \$3.20 per day, as shown in Figure 1, which leaves very little room for food expenditure. For low-income households, these economic challenges translate into food insecurity. As income largely remains stagnant, the continual rise in food prices forces households to allocate larger portions of their budget to food (Bouis et al., 2011). Most often, this may lead to choosing cheaper and less nutritious options over healthy ones. The unaffordability dynamics have led to a widespread reliance on monotonous diets and a decline in the intake of essential nutrients among the population (Bai et al., 2023).

The nutrition transition in West Africa is not simply a matter of personal choices or lifestyle. It is a reflection of systemic changes in the food environment shaped by cost and availability. It is evident that there has been a gradual transition from healthy, indigenous diets, such as those rich in leafy

green vegetables, legumes, and nuts, towards calorie-dense alternatives, which are often cheaper and more convenient to obtain. In Figure 2, the West African region met the recommendation for only two out of the eight food groups that comprise a healthy diet. According to Bai et al. (2023), fruits and vegetables account for approximately 46 percent of the total cost of healthy diets in West Africa, which explains why the consumption of these two food groups is relatively low. Most often, energy-dense foods are aggressively marketed compared to healthy ones. A typical case is the penetration of soft drinks, packaged snacks and other fast foods on the market. For instance, in Ghana, one can get a carbonated apple juice for as low as GHS 3, whereas an apple fruit costs more than GHS 5. This gradual change in the dietary pattern has long-term health consequences for both the population and the food system in the region. It is not surprising that this has contributed to the deteriorating nutrition situation in the subregion. Stunting and wasting exist among children alongside adults experiencing micronutrient deficiencies and increased vulnerability to health issues, especially among the aged, pregnant women, and lactating mothers.

4.2 Food Insecurity and Malnutrition Challenges

Food security is achieved when all people, at all times, have physical and economic access to sufficient, safe, and nutritious food that meets their dietary needs and preferences for an active and healthy life (The World Bank, 2023). An adequate

World Bank, 2023). An adequate supply of food at the national, regional, or international levels does not guarantee household food security in itself (Zghurska et al., 2023). It is clear how surges in food prices and their unaffordability have plunged a large portion of the West African population into food insecurity. In fact, the FAO reports that the percentage of the West African population experiencing food insecurity rose from 44.8% in 2017 to 61.4% in 2023 (FAO et al., 2023). This was equivalent to rising from 169.2 million people in 2017 to 270 million people in 2023. The food insecurity situation only gets worse as the years go by. The public health implications of this are the observed prevalence of undernourishment across Africa and all its sub-regions, including West Africa. Millions of Individuals in the West African region are plunged into hunger every year, as indicated in Figure 3. The inability to get enough to eat, coupled with eating unhealthy diets, largely drives the undernourishment situation (Hyder et al., 2016). For example, in countries like Liberia, Guinea-Bissau and Niger, more than 60% of the population cannot afford a minimally nutritious diet (Bongaarts, 2021). According to the sociodemographic report on West Africa by the United Nations Economic Commission for Africa, about 141.32 million people are living in extreme poverty, which represents approximately 32.47% of the population. The report further mentions that only three countries, Côte d'Ivoire, Senegal, and Cabo Verde, have less than 15 percent of their population living on up to 2.15 USD a day. This

economic barrier has made many vulnerable to food insecurity and malnutrition in all its forms.

In 2022, the prevalence of underweight among adults ranged between 4% to 19%, with men being more affected in most countries (Phelps et al., 2024). This situation is especially notable in places like Niger, Mali, and Burkina Faso, where conflicts and displacement are common (Da Silva & Fan, 2017). These events disrupt the food supply chain, ultimately impacting food availability and prices. In countries such as Senegal, Ghana, and Togo, heavily relying on imported food makes food prices vulnerable to fluctuations in international markets and exchange rates (Kiawu & Jones, 2013). Ironically, alongside this hunger crisis, there is also a rise in the prevalence of obesity in West Africa. This signifies the persistence of the double burden of malnutrition in the region. The prevalence of overweight and obesity in the region is of public health concern, especially among women. In Mauritania, for instance, the prevalence of obesity among females reached 38% in 2022, as shown in Figure 5. Women, often mothers and caregivers, are more vulnerable because they handle food preparations and may prioritize their family's meals over their own (Martin & Lippert, 2012). In such cases, irregular dietary patterns and dietary compromise become common.

When poor dietary habits continue for a prolonged period of time, it may result in the development of non-communicable diseases. Diets high in refined carbohydrates, sugary drinks, and saturated and trans fats can increase the risk of diabetes. In West

Africa, especially in urban areas, these food products are common and often cheaper and more convenient to get. These poor dietary options, coupled with sedentary lifestyles, are major contributors to the occurrence of diabetes among the West African population (Popkin, 2015). In fact, preparing a healthy meal with food groups such as vegetables, nuts and seeds in urban areas of West Africa is more expensive than obtaining highly processed foods linked to diabetes (Bosu, 2015). The prevalence of diabetes in some West African countries is even comparable to that of high-income countries, sometimes even higher. Meanwhile, most cases in low-income countries remain untreated, significantly contributing to the mortality rate in the subregion (Zhou et al., 2024). Poor diet quality in low-income countries, such as those in West Africa, is often a result of economic necessity, as people have little to no choice but to consume what they can afford.

The coexistence of stunting and wasting among children under five in West Africa is jointly influenced by factors common to many households in low and lower-middle-income countries. Inadequate calorie intake, recurrent infections, poor sanitation and low parental education constitute the predominant factors that drive stunting and wasting in West Africa (Akombi et al., 2017). Notably, the poverty situation in many households limits access to even the basic household needs and that fuels these poor health outcomes. Based on the available estimates, many countries, including Burkina Faso, Mali, Mauritania, Niger, Nigeria and several others,

have child wasting prevalence higher than the global average (FAO, 2024). West Africa is among the areas leading in children who have low weight for their height (FAO, 2024). Not only wasting, the level of stunting in West Africa is also significantly high and above the global average, according to estimates from the World Bank Group's data reports. Failure of children to achieve the required height for their age is primarily a result of poor dietary practices, limited access to healthcare, sanitation challenges, and poverty (Karra et al., 2017). In West Africa, these factors are highly prevalent and fuelling the increase in stunting across the countries in the region. Research has shown that a child who is stunted at age 2 is more likely to face challenges in school, suffer recurrent illnesses, and earn less as an adult (Deshpande & Ramachandran, 2022). When nearly half of all the children in Niger and Nigeria are affected by stunting, it should raise concerns because the future productivity of the generation may be at risk. Also, maternal nutrition and education should be prioritized in the efforts to reduce stunting in West Africa. Children born to undernourished or anaemic mothers are more likely to suffer stunting or wasting (Nadhiroh et al., 2023). When mothers lack the basic knowledge of infant feeding practices, the early growth of infants and young children may be compromised. Existing policies and interventions targeting maternal health and education in West Africa remain insufficient (Global Nutrition Report, 2022). Despite the proven health benefits of exclusive breastfeeding,

actual practice in West Africa remains low. Only 33.9% of all infants are exclusively breastfed in West Africa, which is significantly lower than the global 50% target (Global Nutrition Report, 2022).

4.3 The Drivers of the Cost of Food

The drivers of the high cost of food are both local and global issues. Within the local context, it may be linked to agriculture and the entire value chain. In this regard, the cost of input, transportation, storage, processing/value addition, packaging, distribution/marketing, post-harvest losses, and food waste are all implicated in the cost of food and hence diet quality (Haddad et al., 2016). Nonetheless, there are other factors that are worth mentioning but often forgotten when discussing food and nutrition security that directly or indirectly impact cost and hence nutritional outcomes; Three are mentioned and discussed below: import dependency, global crises, and the role of urbanization and population dynamics.

Import dependency: West Africa remains a food-import-dependent region (Fontan Sers & Mughal, 2020). The agricultural produce in the region is not enough to meet the needs of the rapidly growing population (Mensah et al., 2016). Various food groups, including staples, animal products, dairy products, fruits and vegetables and oils are all imported in West Africa, with staples making up the largest share of all imported food products in the region (Kiawu & Jones, 2013). In fact, the import of common staples such as cereals, pulses, cassava,

potatoes, and other roots and tubers has been rising over the years, accounting for more than 50% of all food products imported in West Africa in 2010 (Kiawu & Jones, 2013). Among the West African countries, Nigeria, Ghana, Côte d'Ivoire and Senegal have been noted as among the top importers of staples (Kiawu & Jones, 2013). A major challenge associated with food importation is the currency exchange rate. Over the past few years, the currencies in West Africa have performed abysmally against the United States Dollar (USD), which is the major currency used in import-export transactions (IMF, 2023). In Ghana, for instance, the USD rose from 1 USD to 3.9 Cedis in 2016 to 14.25 Cedis in May 2024, according to the Bank of Ghana. This exchange rate instability, which is notable across most countries in West Africa, contributes to the high prices of imported food products and drives food inflation (IMF, 2023).

Global crises: COVID-19 and the Russia-Ukraine war also share some of the blame for spiking food prices across the West African region. As of 2020, food prices in West Africa had jumped more than 30% since the previous year to their highest levels in nearly a decade due to coronavirus lockdowns and a decline in cereal production (Thomson Reuters Foundation, 2021). Between 2020 and 2021, West Africa recorded the highest increase in the cost of healthy diets since 2017 (FAO et al., 2023). Palm oil and wheat prices increased by 56 and 100 percent in real terms, respectively, between June 2021 and April 2022, as the region transitioned from the COVID-19 pandemic into the

Russia-Ukraine war (Arndt et al., 2022). The conflict primarily affected food systems through effects on trade in cereals and vegetable oils, interruptions to fertiliser exports, and rising energy prices, although a drop in agricultural production in Ukraine is also a significant factor (Glauber & Laborde Debucquet, 2023). Like most of the African regions, West African countries are heavily reliant on grains, wheat, flour and, to a lesser degree, fertilisers from the Black Sea region, a key geopolitical axis that includes Russia and Ukraine (Zhang et al., 2023).

Urbanization and population growth: West Africa has experienced rapid urbanization in recent decades, with a growing number of people migrating from rural to urban areas. West Africa is among the most urbanising sub-regions in Africa, and its urban population is expected to rise from 44.9% in 2011 to 65.7% in 2050 (Walther, 2021). This urban growth has led to increased demand for food in cities, putting pressure on the region's agricultural systems and supply chains to meet the rising food needs of urban populations. A higher share and growing number of West African households are now dependent on non-agricultural activities for their living, and this includes most urban households, which account for 45 percent of the region's total population (Allen, 2017). Meanwhile, the means of transport of agricultural produce, profit margins, and market dynamics in the urban areas also increase the price of food. Consumers are increasingly looking for foods that are convenient to buy, prepare and consume. About

39 percent of all foods consumed in West Africa today are processed and the majority of the demand comes from urban areas (Allen, 2017). When the demand is high, prices increase. This leads to most of the population going for cheaper alternatives that they can afford.

5.0 CONCLUSION AND RECOMMENDATION

Healthy diets are essential for maintaining good health, well-being, and preventing malnutrition. The cost of healthy diets, however, is high in West Africa, making it unaffordable to many households in the region. This has led to a significant rise in food and nutrition insecurity. Therefore, emphasising the connection between diet quality, costs and access to nutritious foods cannot be overemphasised. Policymakers and all stakeholders in the food system are encouraged to collaborate on identifying and eliminating existing bottlenecks in order to reduce the cost of food and improve its affordability. Such efforts would help ensure adequate access to healthy diets for all and ultimately improve nutritional status and well-being for all.

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