Since the end of a 30-year civil war in 2002, Angola has seen considerable progress in terms of economic and social development, including its nutritional status. Compared to many southern African countries, Angola’s progress has been remarkable in reducing malnutrition levels, with a decrease in its GHI score from 58 in 2000 to 33 in 2016. Beyond the recovered political stability, government institutional and programmatic commitments have played a key role in achieving these outcomes.

In Angola, nutrition sits within its own unit, housed within the Ministry of Health’s National Directorate of Public Health. Therefore, it is the health sector that is centrally involved in delivering on nutrition interventions. One of the major postwar institutional changes has been the adoption of a multisectoral approach for malnutrition reduction. Government agencies, specifically some of the key ministries, have assumed greater responsibility for coordinating nutrition and food-security activities. The Ministry of Agriculture has played a particularly important role, coordinating the development and implementation of the National Food Security and Nutrition Strategy (NFSNS) since 2009. In addition, the government has put in place the National Council on Food and Nutrition Security, linked to the office of the president, to coordinate all processes pertaining to the NFSNS.

In terms of programmatic changes, Angola has made a transition from focusing on emergency operations and humanitarian interventions to a more development-oriented approach to improving nutrition. The following programs have been led mainly by the Ministries of Health and Social Assistance and Reintegration:

- Therapeutic Nutrition Centers and Community-based Management of Acute Malnutrition treating signs of acute malnutrition among children 6–59 months of age;
- Municipal Child Days, a biannual campaign that distributes vitamin A supplements and deworming tablets to children aged 6–59 months;
- A baby-friendly hospital initiative focusing on appropriate breastfeeding practices;
- Iron–folic acid (IFA) supplementation for pregnant women, providing IFA supplements as part of an antenatal care program;
- Supplementary Feeding Program for HIV-affected orphans, providing supplementary food to children orphaned by HIV/AIDS;
- Community Infant Centers for milk and porridge provision to malnourished infants; and
- Nutrition Surveillance System for collecting regular and representative primary nutritional data.

There is evidence that nutrition programs have effectively contributed to malnutrition reduction in Angola. In 2003, a 10-year program of food fortification was initiated to produce fortified maize meal. The program’s objective was to combat the persistent occurrence of pellagra, a micronutrient-deficiency disease found among people whose diets are dominated by maize and which was widespread in Angola after the war. The vitamin premix consisted of niacin, thiamine, riboflavin, folic acid, pyridoxine, and iron. Within one year, the production of the fortified maize meal reached 4 tons per hour and, by 2006, almost 10,000 tons of fortified maize meal had been produced. Approximately 115,000 people received the meal every month.

In addition, a multisectoral program was launched in 2009 to reduce hunger and malnutrition among poor and vulnerable groups. The Joint Programme, implemented in Bié, Cunene, and Cuando Cubango provinces, brought together different stakeholders to strengthen capacities at the community level to mitigate hunger and malnutrition, to increase advocacy for the protection of children from the adverse effects of rising food prices, and to improve the research on and monitoring and evaluation of food and nutrition of children in beneficiary areas. The program revitalized health services by extending nutrition services in the three provinces. As a result, there was a 20 percent increase in the detection rate of severely malnourished children between 2010 and 2011, and a 60 percent increase between 2011 and 2012, facilitating the treatment of severe and acute malnutrition. The program also provided vitamin A supplementation and deworming for children under five years of age. Coverage of vitamin A supplementation increased from 75 percent in 2010 to 85 percent in 2011, and deworming rates from 82 to 88 percent.

Another program, the Community-based Management of Acute Malnutrition Program, was launched in 2012 to address acute malnutrition at the community level, targeting families living in rural areas more than 3 kilometers away from the nearest health center. In the four most drought-affected provinces, volunteer community health activists were trained by the Ministry of Public Health to identify and initiate treatment for children with early signs of acute malnutrition. More than 2,000 community health activists were trained under the program to screen children, provide treatment and referrals, and deliver nutrition education. Severely malnourished children who showed medical complications were referred to in-patient facilities, known as Stabilization Centres, for more intensive treatment. Children with moderate acute malnutrition received take-home rations and basic health services. At the end of 2013, the program had been successfully implemented, with coverage estimated at 82 percent in areas reached by the program and the cure rate for severe acute malnutrition estimated at 94 percent.

The success of food fortification and community-based management of acute malnutrition in Angola shows that malnutrition can be successfully reduced. However, with a stunting rate of 34 percent, much progress remains to be made to achieve national and international nutrition targets, including the Malabo Declaration target of reducing stunting levels to 10 percent by 2025.