Key data for São Tomé and Príncipe

**Strong Performance**
- In São Tomé and Príncipe, the law gives women equal access to agricultural land as men and these rights are upheld in practice. This reduces women’s vulnerability to hunger and undernutrition.
- São Tomé and Príncipe has introduced a multisectoral and multistakeholder policy coordination mechanism to support delivery of the National Nutrition Policy/Strategy.
- Policymakers in São Tomé and Príncipe benefit from regular nutrition surveys that are statistically representative at national level. The last survey was published in 2018.
- 96.8% of the population of São Tomé and Príncipe in 2017 has access to an improved drinking water source.
- In São Tomé and Príncipe, 97.5% of women aged 15-49 were visited at least once during pregnancy by skilled health personnel in 2014.
- In São Tomé and Príncipe, constitutional protection of the right to social security is strong.
- Strong civil registration rates (95.2% in 2014) potentially enable children’s access to critical public services such as health and education.

**Areas for improvement**
- Spending on agriculture (8.5% of public spending in 2016) is close to, yet not fully meeting government commitments set out in the African Union’s Maputo Declaration (10% of public spending).
- São Tomé and Príncipe’s spending in its health sector (10.8% of public spending in 2017) does not fully meet (15%) commitments set out in the Abuja Declaration.
- In São Tomé and Príncipe, the law does not give women equal economic rights as men, increasing women’s vulnerability to hunger and undernutrition.
- São Tomé and Príncipe does not have a separate budget line for nutrition; this prevents transparency and accountability for spending.
- São Tomé and Príncipe does not yet have a National Nutrition Policy/Strategy.
- The Government of São Tomé and Príncipe has not enshrined the International Code of Marketing of Breastmilk Substitutes into domestic law.
- The Government of São Tomé and Príncipe does not promote complementary feeding practices and has achieved two high doses of vitamin A supplementation for only 32% of children in 2018.
- Weak access to improved sanitation facilities (43% in 2017) obstructs better hunger and nutrition outcomes.
- Social safety nets in São Tomé and Príncipe are basic and only cover few risks for a limited number of beneficiaries.

Existing rates of: Wasting: 4%  Stunting: 17.2% Proportion of population underweight: 8.8%

Source: Government of Sao Tome And Principe (MICS,2014)

HANCI-Africa compares 45 African countries for their performance on 22 indicators of political commitment to reduce hunger and undernutrition. Country scores are calculated in relation to the political commitment of the other countries in the index.
### Hunger Reduction Commitment Index (HRCI)

<table>
<thead>
<tr>
<th>Public spending</th>
<th>Score*</th>
<th>Year</th>
<th>HRCI Rank of 45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public spending on agriculture as share of total public spending ¹</td>
<td>8.5%</td>
<td>2016</td>
<td>13th</td>
</tr>
<tr>
<td>Public spending on health as share of total public spending ²</td>
<td>10.8%</td>
<td>2017</td>
<td>7th</td>
</tr>
</tbody>
</table>

#### Policies

- **Access to land (security of tenure) ³**
  - Moderate
  - 2019
  - 33rd
- **Access to agricultural research and extension services ³**
  - Moderate
  - 2019
  - 31st
- **Civil registration system — coverage of live births**
  - 95.2%
  - 2014
  - 6th
- **Functioning of social protection systems ³**
  - Weak
  - 2018
  - Joint 41st

#### Laws

- **Level of constitutional protection of the right to food ³**
  - Moderate
  - 2017
  - Joint 8th
- **Equality of women’s access to agricultural land (property rights) ⁴**
  - In Law & Practice
  - 2019
  - Joint 1st
- **Equality of women’s economic rights ⁴**
  - Not in Law
  - 2019
  - Joint 16th
- **Constitutional right to social security (yes/no)**
  - Yes
  - 2013
  - Joint 1st

**Possible scores are:**
- Very Weak/Weak
- Moderate
- Strong/Very Strong

**Nutrition Commitment Index (NCI)**

<table>
<thead>
<tr>
<th>Public spending</th>
<th>Score*</th>
<th>Year</th>
<th>NCI Rank of 45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separate budget for nutrition (No/Sectoral only/Yes)</td>
<td>No</td>
<td>2019</td>
<td>Joint 39th</td>
</tr>
</tbody>
</table>

#### Policies

- **Vitamin A supplementation coverage for children**
  - 32%
  - 2018
  - 39th
- **Government promotes complementary feeding (yes/no)**
  - No
  - 2018
  - Joint 42nd
- **Population with access to an improved water source**
  - 96.8%
  - 2017
  - 5th
- **Population with access to improved sanitation**
  - 43%
  - 2017
  - 14th
- **Health care visits for pregnant women**
  - 97.5%
  - 2014
  - 9th
- **Nutrition features in national development policy ¹**
  - Moderate
  - 2012-2016
  - 29th
- **National nutrition policy/strategy (yes/no)**
  - No
  - 2019
  - Joint 33rd
- **Multisector and multistakeholder policy coordination (yes/no)**
  - Yes
  - 2019
  - Joint 1st
- **Time bound nutrition targets (yes/no)**
  - Yes
  - 2019
  - Joint 1st
- **National nutrition survey in last 3 years (yes/no)**
  - Yes
  - 2018
  - Joint 1st

#### Laws

- **ICMBS^ Enshrined in domestic law ²**
  - Not Enshrined in Law
  - 2019
  - Joint 33rd

**Possible scores are:**
- Very Weak/Weak
- Moderate
- Strong/Very Strong

(Note: Performance relative to other countries).

**International Code of Marketing of Breastmilk Substitutes**

www.africa.hancindex.org