Argentina is off course to meet the global targets for anaemia in women of reproductive age, low birth weight, male diabetes, female diabetes, male obesity, and female obesity. There is insufficient target data to assess Argentina’s progress for under-five overweight, under-five stunting, under-five wasting, and infant exclusive breastfeeding.

Although it performs relatively well against other developing countries, Argentina still experiences a malnutrition burden among its under-five population. As of 2005, the national prevalence of under-five overweight is 9.9%. The national prevalence of under-five stunting is 8.2%, which is significantly less than the developing country average of 25%. Argentina’s under-five wasting prevalence of 1.2% is also less than the developing country average of 8.9%.

In Argentina, 32% of infants under 6 months are exclusively breastfed, this is well below the South America average of 57.3%. Argentina’s 2015 low birth weight prevalence of 7.3% has decreased slightly from 7.4% in 2000.

Argentina’s adult population also face a malnutrition burden. 18.6% of women of reproductive age have anaemia, and 9.9% of adult men have diabetes, compared to 9.5% of women. Meanwhile, 29% of women and 27.3% of men have obesity.


Notes: Data on the adult indicators are based on modelled estimates.

Progress against global nutrition targets 2019

- **Under-five stunting**: No data
- **Under-five wasting**: No data
- **Under-five overweight**: No data
- **Low birthweight**: No progress or worsening
- **Exclusive breastfeeding**: No data
- **Adult female obesity**: No progress or worsening
- **Adult male obesity**: No progress or worsening
- **Adult female diabetes**: No progress or worsening
- **Adult male diabetes**: No progress or worsening
- **WRA anaemia**: No progress or worsening


Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.
Child (under-five) nutrition status

Coexistence of wasting, stunting and overweight


Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

Prevalence of under-five stunting

Stunting at subnational level

Stunting at 5km level


Notes: 5 km level map shows prevalence at the 5 x 5-km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.
Child (under-five) nutrition status over time

Wasting by sex
Wasting by location
Wasting by income

Stunting by sex
Stunting by location
Stunting by income

Overweight by sex
Overweight by location
Overweight by income
Wasting by mother’s education

Stunting by mother’s education

Overweight by mother’s education

Wasting by age

Stunting by age

Overweight by age

Infant and young child feeding over time

**Exclusive breastfeeding by sex**

**Continued breastfeeding at 1 year by sex**

**Minimum acceptable diet by sex**

**Intro. to solid, semi-solid, soft foods by sex**

**Exclusive breastfeeding by location**

**Continued breastfeeding at 1 year by location**

**Minimum acceptable diet by location**

**Intro. to solid, semi-solid, soft foods by location**

**Exclusive breastfeeding by income**

**Continued breastfeeding at 1 year by income**

**Minimum acceptable diet by income**

**Intro. to solid, semi-solid, soft foods by income**
Infant and young child feeding

Child and adolescent (aged 5-19) nutrition status

**Underweight by sex**

Sources: NCD Risk Factor Collaboration.

**Overweight by sex**

**Obesity by sex**

Sources: NCD Risk Factor Collaboration.
Adult nutrition status

**Diabetes by sex**

![Graph showing diabetes prevalence by sex for different years.](source)

**Overweight by sex**

![Graph showing overweight prevalence by sex for different years.](source)

**Obesity by sex**

![Graph showing obesity prevalence by sex for different years.](source)

Sources: NCD Risk Factor Collaboration.

**Raised blood pressure by sex**

![Graph showing blood pressure prevalence by sex for different years.](source)

Sources: NCD Risk Factor Collaboration.

**Anaemia in WRA**

![Graph showing anaemia prevalence in WRA for different years.](source)

Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

**Sodium intake (grams per day)**

![Bar chart showing sodium intake for different countries.](source)

Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.
Dietary needs
Consumption of food groups and components, 2016

Sources: Global Burden of Disease, the Institute for Health Metrics and Evaluation.
Notes: TMREL = theoretical minimum risk of exposure level. Men and women aged 25 and older.

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

Intervention coverage

<table>
<thead>
<tr>
<th>Coverage/practice indicator</th>
<th>Total (%)</th>
<th>Boy (%)</th>
<th>Girl (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0–59 months with diarrhoea who received zinc treatment</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>Children 6–59 months who received vitamin A supplements in last 6 months</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>Children 6–59 months given iron supplements in past 7 days</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care</td>
<td>No data</td>
<td>NA</td>
<td>NA</td>
<td>No data</td>
</tr>
<tr>
<td>Household consumption of any iodised salt</td>
<td>No data</td>
<td>NA</td>
<td>NA</td>
<td>No data</td>
</tr>
</tbody>
</table>
Determinants

Undernourishment

Food supply

Gender-related determinants

Early childbearing births by age 18 (%)

Gender Inequality Index (score)

Gender Inequality Index (country rank)

Sources: ¹ UNICEF 2018; ² UNDP 2018.

Notes: * 0 = low inequality, 1 = high inequality.

Female secondary education enrolment (net, % population)

Drinking water coverage (% population)

Sanitation coverage (% population)

Resources, policies and targets

Development assistance

Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.
### National policies

<table>
<thead>
<tr>
<th>Policy</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>Yes</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>Yes</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>Yes</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>Yes</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs</td>
<td>Yes</td>
</tr>
<tr>
<td>Operational, multisectoral national NCD policy, strategy or action plan</td>
<td>No</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan for diabetes</td>
<td>Yes</td>
</tr>
<tr>
<td>Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt</td>
<td>No</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>Yes</td>
</tr>
</tbody>
</table>


Notes: NA = not applicable; NCD = non-communicable disease.
<table>
<thead>
<tr>
<th>Stunting</th>
<th>Anaemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>Child overweight</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>Wasting</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Salt intake</td>
<td>Overweight adults and adolescents</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Multisectoral comprehensive nutrition plan</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

Economics and demography

Poverty rates (%) and GDP (PPP$)

Notes: PPP = purchasing power parity.

Under-five mortality (per 1,000 live births)

Source: UN Inter-agency Group for Child Mortality Estimation 2018.

Government revenues ($m)

Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

Income inequality

<table>
<thead>
<tr>
<th>Gini index score</th>
<th>Gini index rank</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>107</td>
<td>2017</td>
</tr>
</tbody>
</table>

Sources: World Bank 2019.
Notes: 1 0 = perfect equality, 100 = perfect inequality. 2 Countries are ranked from most equal (1) to most unequal (159).

Population

<table>
<thead>
<tr>
<th>Population (thousands)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>44,495</td>
<td>2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Under-five population (thousands)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,742</td>
<td>2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rural (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>&gt;65 years (thousands)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,035</td>
<td>2019</td>
</tr>
</tbody>
</table>

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

Population density of health workers per 1,000 people

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Nurses and midwives</th>
<th>Community health workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.91</td>
<td>4.21</td>
<td>No data</td>
</tr>
<tr>
<td>2013</td>
<td>2013</td>
<td>No data</td>
</tr>
</tbody>
</table>

Sources: WHO’s Global Health Workforce Statistics, OECD, supplemented by country data.