Subregional overview

Malnutrition burden

In the Central America subregion, there has been some progress towards achieving global nutrition targets. The global target for under-five wasting has four countries on course to meet it. The targets for under-five overweight, under-five stunting, and infant exclusive breastfeeding each have three countries on course. However, not a single country in the subregion is on course to meet the targets for anaemia in women of reproductive age, low birth weight, male diabetes, female diabetes, male obesity, and female obesity. Four countries in the subregion have insufficient data to comprehensively assess their progress towards these global targets.

Although it performs relatively well against other subregions, Central America still experiences a malnutrition burden among its under-five population. The average prevalence of overweight in under-fives is 6.9% - the lowest compared to other subregions in Latin America and the Caribbean. The prevalence of stunting in under-fives is 12.9%, this is less than the global average of 21.9%. The Central America subregion’s prevalence of wasting in under-fives of 0.9% is also less than the global average of 7.3%.

Some 34% of infants under 6 months in the Central America subregion are exclusively breastfed, while the subregion’s average low birth weight prevalence of 8.7% is less than the global average of 14.6%.

The Central America subregion’s adult population also face a malnutrition burden. An average of 15.5% of women of reproductive age have anaemia, and 11.2% of adult women have diabetes, compared to 10.3% of men. Meanwhile, 31.4% of women and 22.2% of men have obesity.


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

Progress against global nutrition targets 2019

<table>
<thead>
<tr>
<th>Indicator</th>
<th>On course</th>
<th>Off course</th>
<th>No data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-five stunting</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Under-five wasting</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Under-five overweight</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Adult female obesity</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>
Child (under-five) nutrition status

Coexistence of wasting, stunting and overweight

![Coexistence of wasting, stunting and overweight](chart.png)

Low birth weight

![Low birth weight](chart.png)


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

- Boys: 2.3% in 2018
- Girls: 1.3% in 2018
- Regional: 0.9% in 2018

Stunting by sex

- Boys: 17.4% in 2002, 14.1% in 2018
- Girls: 15.0% in 2002, 13.0% in 2018
- Regional: 5.8% in 2002, 5.2% in 2018

Overweight by sex

- Boys: 6.9% in 2002, 5.3% in 2018
- Girls: 6.5% in 2002, 5.1% in 2018
- Regional: 5.1% in 2002, 4.8% in 2018

Wasting by location

- Urban: 1.8% in 2018
- Rural: 1.9% in 2018
- Regional: 0.9% in 2018

Stunting by location

- Urban: 12.9% in 2002, 12.2% in 2018
- Rural: 13.7% in 2002, 12.9% in 2018
- Regional: 5.8% in 2002, 5.4% in 2018

Overweight by location

- Urban: 7.7% in 2002, 6.4% in 2018
- Rural: 8.4% in 2002, 7.4% in 2018
- Regional: 5.8% in 2002, 4.8% in 2018

Wasting by income

- Lowest: 2.7% in 2018
- Second lowest: 1.7% in 2018
- Middle: 1.6% in 2018
- Second highest: 1.8% in 2018
- Highest: 1.0% in 2018
- Regional: 0.9% in 2018

Stunting by income

- Lowest: 25.7% in 2002, 14.6% in 2018
- Second lowest: 25.7% in 2002, 15.0% in 2018
- Middle: 15.3% in 2002, 14.9% in 2018
- Second highest: 15.4% in 2002, 13.9% in 2018
- Highest: 15.9% in 2002, 12.9% in 2018
- Regional: 5.8% in 2002, 5.6% in 2018

Overweight by income

- Lowest: 8.2% in 2002, 6.9% in 2018
- Second lowest: 7.7% in 2002, 7.3% in 2018
- Middle: 7.6% in 2002, 7.4% in 2018
- Second highest: 8.9% in 2002, 6.9% in 2018
- Highest: 8.4% in 2002, 6.7% in 2018
- Regional: 5.8% in 2002, 5.5% in 2018
Wasting by mother’s education

Notes: Regional trends (grey line in charts) refer to estimates from UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. Disaggregated data (coloured lines/bars in charts) is based on population weighted means. Estimates are presented only where available data represents at least 50% of the regional population. Based on population weighted means of between 3 and 7 countries.
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
Exclusive breastfeeding by mother’s education

Continued breastfeeding at 1 year by mother’s education

Minimum acceptable diet by mother’s education

Intro. to solid, semi-solid, soft foods by mother’s education


Notes: Regional trends (grey line in charts) refer to estimates from UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. Disaggregated data (coloured lines/bars in charts) is based on population weighted means. Estimates are presented only where available data represents at least 50% of the regional population. Based on population weighted means of between 3 and 5 countries.

Infant and young child feeding


Notes: Based on population weighted means of between 3 and 5 countries.
Child and adolescent (aged 5-19) nutrition status

Underweight by sex

Overweight by sex

Obesity by sex

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 8 countries.
Adult nutrition status

Diabetes by sex

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 8 countries.

Overweight by sex

Notes: Based on population weighted means of 8 countries.

Obesity by sex

Notes: Based on population weighted means of 8 countries.

Raised blood pressure by sex

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 8 countries.

Anaemia in WRA

Source: WHO Global Health Observatory.
Notes: WRA = women of reproductive age. Based on population weighted means of 8 countries.

Sodium intake (grams per day)

Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.
Notes: Based on population weighted means of 8 countries.
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. Based on population weighted means of 8 countries.

## 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>

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

Undernourishment

Source: FAOSTAT 2018.

Food supply

Source: FAOSTAT 2018.

Gender-related determinants

<table>
<thead>
<tr>
<th>Early childbearing births by age 18 (%)</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source: UNICEF 2018; UNDP 2018.</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender Inequality Index (score)</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source: UNICEF 2018; UNDP 2018.</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender Inequality Index (country rank)</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source: UNICEF 2018; UNDP 2018.</td>
<td>NA</td>
</tr>
</tbody>
</table>

Gender Inequality Index

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

Female secondary education enrolment (net, % population)


Notes: Based on population weighted means of between 2 and 7 countries.

Drinking water coverage (% population)


Notes: Based on population weighted means of between 4 and 8 countries.

Sanitation coverage (% population)


Notes: Based on population weighted means of between 1 and 8 countries.
Resources, policies and targets

Development assistance

Basic nutrition ODA received

Sources: Development Initiatives based on OECD Development Assistance Commitee (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>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>8/8</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>8/8</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>7/8</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>2/8</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs</td>
<td>6/8</td>
</tr>
<tr>
<td>Operational, multisectoral national NCD policy, strategy or action plan</td>
<td>5/8</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan for diabetes</td>
<td>6/8</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>1/8</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>1/8</td>
</tr>
</tbody>
</table>


Notes: Value refers to the number of countries with policy. NA = not applicable; NCD = non-communicable disease.
## Targets included in national (nutrition or other) plan

<table>
<thead>
<tr>
<th></th>
<th>Stunting</th>
<th>Anaemia</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7/8</td>
<td>4/8</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>6/8</td>
<td></td>
</tr>
<tr>
<td>Child overweight</td>
<td>6/8</td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>8/8</td>
<td></td>
</tr>
<tr>
<td>Wasting</td>
<td>7/8</td>
<td></td>
</tr>
<tr>
<td>Salt intake</td>
<td>5/8</td>
<td></td>
</tr>
<tr>
<td>Overweight adults and adolescents</td>
<td>6/8</td>
<td></td>
</tr>
<tr>
<td>Multisectoral comprehensive nutrition plan</td>
<td>5/8</td>
<td></td>
</tr>
</tbody>
</table>

### Sources

### Notes
Value refers to the number of countries with target.
Economics and demography

Poverty rates (%) and GDP (PPP$)

Notes: PPP = purchasing power parity. Based on population weighted means of 8 countries.

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

Source: UN Inter-agency Group for Child Mortality Estimation 2018.
Notes: Based on population weighted means of 8 countries.

Government revenues ($m)

No data

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

Income inequality

<table>
<thead>
<tr>
<th>Year</th>
<th>Gini index score</th>
<th>Gini index rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

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

Population

<table>
<thead>
<tr>
<th>Year</th>
<th>Population (thousands)</th>
<th>Under-five population (thousands)</th>
<th>Rural (%)</th>
<th>&gt;65 years (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>175,472</td>
<td>16,126</td>
<td>25</td>
<td>12,574</td>
</tr>
</tbody>
</table>

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.
Notes: Based on population weighted means of 8 countries.

Population density of health workers per 1,000 people

<table>
<thead>
<tr>
<th>Health worker type</th>
<th>Density (per 1,000 people)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>1.91</td>
<td>2016</td>
</tr>
<tr>
<td>Nurses and midwives</td>
<td>2.23</td>
<td>2016</td>
</tr>
</tbody>
</table>

Sources: WHO’s Global Health Workforce Statistics, OECD, supplemented by country data.
Notes: Based on population weighted means of 8 countries.