Regional overview

Malnutrition burden

In the Oceania region, there has been some progress towards achieving global nutrition targets. The global target for infant exclusive breastfeeding has three countries on course to meet it, male diabetes and female diabetes each have two countries on course, while under-five wasting has one country on course. However, not a single country in the region is on course to meet the targets for under-five overweight, under-five stunting, anaemia in women of reproductive age, low birth weight, male obesity, and female obesity. 14 countries in the region have insufficient data to comprehensively assess their progress towards these global targets.

The Oceania region experiences a malnutrition burden among its under-five population. The average prevalence of overweight in under-fives is 9.1% - the highest across all regions. The prevalence of stunting in under-fives is 38.2%, this is significantly greater than the global average of 21.9%. The Oceania region’s prevalence of wasting in under-fives of 9.4% is also greater than the global average of 7.3%.

There is insufficient data on exclusive breastfeeding among infants, while the region’s average low birth weight prevalence of 9.9% is less than the global average of 14.6%.

The Oceania region’s adult population also face a malnutrition burden. An average of 16.5% of women of reproductive age have anaemia, and 9.3% of adult men have diabetes, compared to 7.9% of women. Meanwhile, 28.7% of women and 26.8% of men have obesity.


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

Progress against global nutrition targets 2019

Under-five stunting
- 0 On course
- 0 Off course
- 14 No data

Under-five wasting
- 1 On course
- 0 Off course
- 13 No data

Under-five overweight
- 0 On course
- 0 Off course
- 14 No data

Low birthweight
- 0 On course
- 3 Off course
- 11 No data

Exclusive breastfeeding
- 3 On course
- 0 Off course
- 11 No data

Adult female obesity
- 0 On course
- 14 Off course
- 0 No data
Adult male obesity
- 0 On course
- 14 Off course
- 0 No data

Adult female diabetes
- 2 On course
- 12 Off course
- 0 No data

Adult male diabetes
- 2 On course
- 12 Off course
- 0 No data

WRA anaemia
- 0 On course
- 11 Off course
- 3 No data


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.

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Child (under-five) nutrition status

Coexistence of wasting, stunting and overweight

No data

Low birth weight

No data


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


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

Stunting by sex

Overweight by sex

Wasting by location

Stunting by location

Overweight by location

Wasting by income

Stunting by income

Overweight by income
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. Excludes Australia and New Zealand. 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.

Wasting by age

Stunting by mother’s education

Overweight by mother’s education

Stunting by age

Overweight by age

Notes: Regional trends (grey line in charts) refer to estimates from UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. Excludes Australia and New Zealand. 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.
## Infant and young child feeding over time

<table>
<thead>
<tr>
<th>Exclusive breastfeeding by sex</th>
<th>Continued breastfeeding at 1 year by sex</th>
<th>Minimum acceptable diet by sex</th>
<th>Intro. to solid, semi-solid, soft foods by sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>Exclusive breastfeeding by location</td>
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</tr>
<tr>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>Exclusive breastfeeding by income</td>
<td>Continued breastfeeding at 1 year by income</td>
<td>Minimum acceptable diet by income</td>
<td>Intro. to solid, semi-solid, soft foods by income</td>
</tr>
<tr>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
</tbody>
</table>

Notes: 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.

**Infant and young child feeding**

Child and adolescent (aged 5-19) nutrition status

Underweight by sex

- Sources: NCD Risk Factor Collaboration.
- Notes: Based on population weighted means of 14 countries.

Overweight by sex

- Notes: Based on population weighted means of 14 countries.

Obesity by sex

- Notes: Based on population weighted means of 14 countries.
Adult nutrition status

Diabetes by sex

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 14 countries.

Overweight by sex

Notes: Based on population weighted means of 14 countries.

Obesity by sex

Notes: Based on population weighted means of 14 countries.

Raised blood pressure by sex

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 14 countries.

Anaemia in WRA

Source: WHO Global Health Observatory.
Notes: WRA = women of reproductive age. Based on population weighted means of 11 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 11 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 11 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.

Female secondary education enrolment (net, % population)

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

Food supply

Source: FAOSTAT 2018.

Early childbearing births by age 18 (%)\(^1\)

Notes: \(^*\) 0 = low inequality, 1 = high inequality.

Gender-related determinants

Gender Inequality Index (score \(^2\))

Gender Inequality Index (country rank)

Sanitation coverage (% population)

Notes: Based on population weighted means of between 3 and 14 countries.
Resources, policies and targets

Development assistance

- Basic nutrition ODA received

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>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>6/16</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>6/16</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>3/16</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>4/16</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs</td>
<td>13/16</td>
</tr>
<tr>
<td>Operational, multisectoral national NCD policy, strategy or action plan</td>
<td>5/16</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan for diabetes</td>
<td>11/16</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>3/16</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>2/16</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>5/16</td>
<td>6/16</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>8/16</td>
<td>11/16</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>11/16</td>
<td>6/16</td>
</tr>
<tr>
<td>Salt intake</td>
<td>8/16</td>
<td>15/16</td>
</tr>
<tr>
<td>Multisectoral comprehensive nutrition plan</td>
<td>6/16</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 between 10 and 14 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 14 countries.

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>NA</td>
<td>NA</td>
<td>NA</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>40,942</td>
<td>2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Under-five population (thousands)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,427</td>
<td>2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rural (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>&gt;65 years (thousands)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,282</td>
<td>2019</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 14 countries.

Population density of health workers per 1,000 people

<table>
<thead>
<tr>
<th>Physicians</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.61</td>
<td>2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurses and midwives</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.52</td>
<td>2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community health workers</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.19</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 between 5 and 14 countries.