Country overview

Malnutrition burden

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

Papua New Guinea experiences a malnutrition burden among its under-five population. As of 2010, the national prevalence of under-five overweight is 13.7%, which has increased significantly from 3.4% in 2005. The national prevalence of under-five stunting is 49.5%, which is significantly greater than the developing country average of 25%. Papua New Guinea’s under-five wasting prevalence of 14.1% is also greater than the developing country average of 8.9%.

In Papua New Guinea, 56.1% of infants under 6 months are exclusively breastfed. There is insufficient data on low birth weight.

Papua New Guinea’s adult population also face a malnutrition burden. 36.6% of women of reproductive age have anaemia, and 15.4% of adult men have diabetes, compared to 14.3% of women. Meanwhile, 25.8% of women and 16.6% 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 data
- 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


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

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**

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.1</td>
<td>16.1</td>
</tr>
</tbody>
</table>

2006

**Continued breastfeeding at 1 year by sex**

**Minimum acceptable diet by sex**

No data

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

No data

---

**Exclusive breastfeeding by location**

<table>
<thead>
<tr>
<th>Urban</th>
<th>Rural</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.1</td>
<td>16.1</td>
<td>16.1</td>
</tr>
</tbody>
</table>

2006

**Continued breastfeeding at 1 year by location**

**Minimum acceptable diet by location**

No data

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

No data

---

**Exclusive breastfeeding by income**

<table>
<thead>
<tr>
<th>Lowest</th>
<th>Second lowest</th>
<th>Middle</th>
<th>Second highest</th>
<th>Highest</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.1</td>
<td>16.1</td>
<td>16.1</td>
<td>16.1</td>
<td>16.1</td>
<td>16.1</td>
</tr>
</tbody>
</table>

2006

**Continued breastfeeding at 1 year by income**

**Minimum acceptable diet by income**

No data

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

No data
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

Exclusive breastfeeding by age

Continued breastfeeding at 1 year by age

Minimum acceptable diet by age

Intro. to solid, semi-solid, soft foods by age


Infant and young child feeding

No data

No data

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

Sources: NCD Risk Factor Collaboration.

Overweight by sex

Obesity by sex

Sodium intake (grams per day)

Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: WRA = women of reproductive age.
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.

<table>
<thead>
<tr>
<th>Midpoint of TMREL</th>
<th>%/6g of TMREL</th>
<th>200% of TMREL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Fruit</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Legumes</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Milk</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Nuts and seeds</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Omega 3</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Polyunsaturated fat</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Processed meat: 2g
Red meat: 22.5g
Saturated fat: 7%
Sodium: 2g
Sugar-sweetened beverages: 2.5g
Trans fat: 0.5%
Vegetables: 360g
Whole grain: 125g

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

No data

Source: FAOSTAT 2018.

Food supply

No data

No data

Source: FAOSTAT 2018.

Gender-related determinants

| Early childbearing births by age 18 (%)\(^1\) | 14 | 2006 |
| Gender Inequality Index (score)\(^2\) | 0.74 | 2017 |
| Gender Inequality Index (country rank)\(^3\) | 159 | 2017 |

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

- Basic nutrition ODA received
- % of total ODA

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>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>Yes</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>No</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>No</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>No</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>No</td>
</tr>
</tbody>
</table>


Notes: NA = not applicable; NCD = non-communicable disease.
<table>
<thead>
<tr>
<th>Target</th>
<th>Included in Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>Yes</td>
</tr>
<tr>
<td>Anaemia</td>
<td>Yes</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>Yes</td>
</tr>
<tr>
<td>Child overweight</td>
<td>Yes</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>Yes</td>
</tr>
<tr>
<td>Wasting</td>
<td>Yes</td>
</tr>
<tr>
<td>Salt intake</td>
<td>Yes</td>
</tr>
<tr>
<td>Overweight adults and adolescents</td>
<td>Yes</td>
</tr>
<tr>
<td>Multisectoral comprehensive nutrition plan</td>
<td>Yes</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>42</td>
<td>114</td>
<td>2009</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>Under-five population (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,606 2018</td>
<td>1,096 2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rural (%)</th>
<th>&gt;65 years (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>87 2018</td>
<td>308 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>0.06 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses and midwives</td>
<td>0.53 2010</td>
</tr>
<tr>
<td>Community health workers</td>
<td>0.59 2008</td>
</tr>
</tbody>
</table>

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

For complete source information: globalnutritionreport.org/nutrition-profiles/technical-notes

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