Subregional overview
Malnutrition burden

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

Although it performs relatively well against other subregions, South America still experiences a malnutrition burden among its under-five population. The average prevalence of overweight in under-fives is 7.8% - the highest compared to other subregions in Latin America and the Caribbean. The prevalence of stunting in under-fives is 7.1%, this is significantly less than the global average of 21.9%. The South America subregion’s prevalence of wasting in under-fives of 1.3% is also less than the global average of 7.3%.

Some 57.3% of infants under 6 months in the South America subregion are exclusively breastfed, while the subregion’s average low birth weight prevalence of 8.6% is less than the global average of 14.6%.

The South America subregion’s adult population also face a malnutrition burden. An average of 23.8% of women of reproductive age have anaemia, and 8.9% of adult women have diabetes, compared to 8.3% of men. Meanwhile, 26.3% of women and 19.4% 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>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Under-five wasting</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Under-five overweight</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>0</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>0</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Adult female obesity</td>
<td>0</td>
<td>12</td>
<td>0</td>
</tr>
</tbody>
</table>
Adult male obesity  
0 On course  
12 Off course  
0 No data  

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

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

WRA anaemia  
0 On course  
12 Off course  
0 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.

Child (under-five) nutrition status

Coexistence of wasting, stunting and overweight

Low birth weight


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

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 6 and 8 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

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


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. Based on population weighted means of between 4 and 5 countries.

Infant and young child feeding


Notes: Based on population weighted means of between 4 and 5 countries.
Child and adolescent (aged 5-19) nutrition status

Underweight by sex

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 12 countries.

Overweight by sex

Notes: Based on population weighted means of 12 countries.

Obesity by sex

Notes: Based on population weighted means of 12 countries.
Adult nutrition status

Diabetes by sex

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 12 countries.

Overweight by sex

Notes: Based on population weighted means of 12 countries.

Obesity by sex

Notes: Based on population weighted means of 12 countries.

Raised blood pressure by sex

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 12 countries.

Anaemia in WRA

Source: WHO Global Health Observatory.
Notes: WRA = women of reproductive age. Based on population weighted means of 12 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 12 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 12 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

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

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

Gender Inequality Index (country rank)\(^2\)

Sources: \(^1\) UNICEF 2018; \(^2\) UNDP 2018.

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

Female secondary education enrolment (net, % population)


Notes: Based on population weighted means of between 9 and 12 countries.

Drinking water coverage (% population)


Notes: Based on population weighted means of between 5 and 12 countries.

Sanitation coverage (% population)


Notes: Based on population weighted means of between 7 and 12 countries.
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.

Basic nutrition ODA received

ODA, US$, per 1,000 people

2008 2011 2014 2017
## National policies

<table>
<thead>
<tr>
<th>Policy</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>10/12</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>9/12</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>10/12</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>7/12</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs</td>
<td>10/12</td>
</tr>
<tr>
<td>Operational, multisectoral national NCD policy, strategy or action plan</td>
<td>7/12</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan for diabetes</td>
<td>10/12</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>6/12</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>5/12</td>
</tr>
</tbody>
</table>


Notes: Value refers to the number of countries with policy. NA = not applicable; NCD = non-communicable disease.
<table>
<thead>
<tr>
<th>Stunting</th>
<th>Anaemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/12</td>
<td>4/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low birth weight</th>
<th>Child overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/12</td>
<td>11/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exclusive breastfeeding</th>
<th>Wasting</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/12</td>
<td>7/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Salt intake</th>
<th>Overweight adults and adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/12</td>
<td>11/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Multisectoral comprehensive nutrition plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/12</td>
</tr>
</tbody>
</table>


Notes: Value refers to the number of countries with target.
### Poverty rates (%) and GDP (PPP$)

![Graph showing poverty rates and GDP per capita.]

**Sources:** World Bank 2019, IMF World Economic Outlook Database 2019.

**Notes:** PPP = purchasing power parity. Based on population weighted means of between 11 and 12 countries.

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

![Graph showing under-five mortality rates.

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

**Notes:** Based on population weighted means of 12 countries.

### Government revenues ($m)

![No data icon.]

**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:** 1 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>423,399</td>
<td>32,403</td>
<td>16</td>
<td>39,343</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 12 countries.

### Population density of health workers per 1,000 people

<table>
<thead>
<tr>
<th>Year</th>
<th>Physicians</th>
<th>Nurses and midwives</th>
<th>Community health workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>1.94</td>
<td>4.7</td>
<td>No data</td>
</tr>
</tbody>
</table>

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

**Notes:** Based on population weighted means of 12 countries.