Subregional overview

Malnutrition burden

In the Western Africa subregion, there has been some progress towards achieving global nutrition targets. The global target for infant exclusive breastfeeding has eight countries on course to meet it, under-five overweight has seven countries on course, under-five stunting has four countries on course, while under-five wasting has one country 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. Seven countries in the subregion have insufficient data to comprehensively assess their progress towards these global targets.

The Western Africa subregion experiences a malnutrition burden among its under-five population. The average prevalence of overweight in under-fives is 2.1% - the lowest compared to other subregions in Africa. The prevalence of stunting in under-fives is 29.2%, this is greater than the global average of 21.9%. The Western Africa subregion's prevalence of wasting in under-fives of 8.1% is also greater than the global average of 7.3%.

Some 32.5% of infants under 6 months in the Western Africa subregion are exclusively breastfed, while the subregion's average low birth weight prevalence of 15.2% is greater than the global average of 14.6%.

The Western Africa subregion's adult population also face a malnutrition burden. An average of 49.3% of women of reproductive age have anaemia, and 6.7% of adult men have diabetes, compared to 6.2% of women. Meanwhile, 13% of women and 4.4% 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>4</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Under-five wasting</td>
<td>1</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>Under-five overweight</td>
<td>7</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>0</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>8</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Adult female obesity</td>
<td>0</td>
<td>15</td>
<td>1</td>
</tr>
</tbody>
</table>
Adult male obesity
0 On course
16 Off course
0 No data

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

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

WRA anaemia
0 On course
16 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.

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**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.

**Low birth weight**

No data

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: 10.5%
- Girls: 8.5%
- Regional: 8.1%

**Stunting by sex**

- Prevalence %
  - 2002: 34.6%
  - 2006: 37.7%
  - 2010: 35.4%
  - 2014: 31.1%
  - 2018: 29.7%

**Overweight by sex**

- Prevalence %
  - 2002: 3.6%
  - 2006: 3.0%
  - 2010: 2.9%
  - 2014: 3.8%
  - 2018: 3.3%

**Wasting by location**

- Urban: 9.2%
- Rural: 10.2%
- Regional: 8.1%

**Stunting by location**

- Prevalence %
  - 2002: 36.4%
  - 2006: 30.6%
  - 2010: 29.2%
  - 2014: 23.8%
  - 2018: 16.1%

**Overweight by location**

- Prevalence %
  - 2002: 3.6%
  - 2006: 3.0%
  - 2010: 2.9%
  - 2014: 3.8%
  - 2018: 3.3%

**Wasting by income**

- Lowest: 12.3%
- Second lowest: 10.6%
- Middle: 9.3%
- Second highest: 10.0%
- Highest: 6.3%
- Regional: 8.1%

**Stunting by income**

- Prevalence %
  - 2002: 36.4%
  - 2006: 34.2%
  - 2010: 33.4%
  - 2014: 25.2%
  - 2018: 15.8%

**Overweight by income**

- Prevalence %
  - 2002: 7.8%
  - 2006: 6.3%
  - 2010: 6.1%
  - 2014: 4.1%
  - 2018: 3.3%
Wasting by mother’s education

Wasting by age

Stunting by mother’s education

Stunting by age

Overweight by mother’s education

Overweight by age


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 15 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

Exclusive breastfeeding by age

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 2 and 14 countries.

### Infant and young child feeding

<table>
<thead>
<tr>
<th>Wealth quintiles (%)</th>
<th>Urban/rural (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued breastfeeding at 2 years</td>
<td>Urban</td>
</tr>
<tr>
<td>Continued breastfeeding at 1 year</td>
<td>Rural</td>
</tr>
<tr>
<td>Minimum acceptable diet</td>
<td></td>
</tr>
<tr>
<td>Minimum dietary diversity</td>
<td></td>
</tr>
<tr>
<td>Minimum meal frequency</td>
<td></td>
</tr>
<tr>
<td>Intro. to solid, semi-solid, soft foods</td>
<td></td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td></td>
</tr>
<tr>
<td>Early initiation</td>
<td></td>
</tr>
</tbody>
</table>


Notes: Based on population weighted means of between 2 and 14 countries.
Child and adolescent (aged 5-19) nutrition status

Underweight by sex

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 16 countries.

Overweight by sex

Notes: Based on population weighted means of 16 countries.

Obesity by sex

Notes: Based on population weighted means of 16 countries.
Adult nutrition status

Diabetes by sex

Overweight by sex

Obesity by sex

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 16 countries.

Raised blood pressure by sex

Anaemia in WRA

Sodium intake (grams per day)

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 16 countries.

Source: WHO Global Health Observatory.
Notes: WRA = women of reproductive age. Based on population weighted means of 16 countries.

Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.
Notes: Based on population weighted means of 16 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 16 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>2</td>
<td>3</td>
<td>2</td>
<td>2013</td>
</tr>
<tr>
<td>Children 6-59 months who received vitamin A supplements in last 6 months</td>
<td>45</td>
<td>45</td>
<td>45</td>
<td>2013</td>
</tr>
<tr>
<td>Children 6-59 months given iron supplements in past 7 days</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>2013</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>66</td>
<td>NA</td>
<td>NA</td>
<td>2013</td>
</tr>
<tr>
<td>Household consumption of any iodised salt</td>
<td>97</td>
<td>NA</td>
<td>NA</td>
<td>2008</td>
</tr>
</tbody>
</table>

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018. Based on population weighted means of between 1 and 5 countries.
Determinants

Undernourishment

Source: FAOSTAT 2018.

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.

Food supply

Source: FAOSTAT 2018.

Female secondary education enrolment (net, % population)

No data


Drinking water coverage (% population)

Notes: Based on population weighted means of between 4 and 16 countries.

Sanitation coverage (% population)

Notes: Based on population weighted means of between 5 and 16 countries.
Resources, policies and targets

Development assistance

![Graph showing basic nutrition ODA received over years]

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>National policies</th>
<th>Countries with policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>15/16</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>10/16</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>3/16</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>2/16</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs</td>
<td>9/16</td>
</tr>
<tr>
<td>Operational, multisectoral national NCD policy, strategy or action plan</td>
<td>6/16</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan for diabetes</td>
<td>10/16</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>2/16</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>1/16</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>Stunting</th>
<th>Anaemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/16</td>
<td>14/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low birth weight</th>
<th>Child overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/16</td>
<td>11/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exclusive breastfeeding</th>
<th>Wasting</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/16</td>
<td>16/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Salt intake</th>
<th>Overweight adults and adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/16</td>
<td>13/16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Multisectoral comprehensive nutrition plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/16</td>
</tr>
</tbody>
</table>


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

**Poverty rates (%) and GDP (PPP$)**

<table>
<thead>
<tr>
<th>Year</th>
<th>GDP per capita (PPP$)</th>
<th>$1.90/day</th>
<th>$3.20/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>4,205</td>
<td>76</td>
<td>50</td>
</tr>
<tr>
<td>2010</td>
<td>4,108</td>
<td>75</td>
<td>67</td>
</tr>
<tr>
<td>2015</td>
<td>4,106</td>
<td>68</td>
<td>67</td>
</tr>
<tr>
<td>2016</td>
<td>4,124</td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>2017</td>
<td>98.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>100.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Notes: PPP = purchasing power parity. Based on population weighted means of 16 countries.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>105.6</td>
</tr>
<tr>
<td>2016</td>
<td>103.3</td>
</tr>
<tr>
<td>2017</td>
<td>100.9</td>
</tr>
<tr>
<td>2018</td>
<td>98.3</td>
</tr>
</tbody>
</table>

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

Notes: Based on population weighted means of 16 countries.

**Government revenues ($m)**

No data

Source: 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>381,197</td>
<td>2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Under-five population (thousands)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>64,212</td>
<td>2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rural (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>&gt;65 years (thousands)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,955</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 16 countries.

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

<table>
<thead>
<tr>
<th>Health worker type</th>
<th>Density</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>0.25</td>
</tr>
<tr>
<td>Nurses and midwives</td>
<td>1.07</td>
</tr>
<tr>
<td>Community health workers</td>
<td>0.15</td>
</tr>
</tbody>
</table>

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

Notes: Based on population weighted means of between 12 and 16 countries.