Global overview

Malnutrition burden

Throughout the world, there has been some progress towards achieving global nutrition targets.

A total of 41 countries are on course to meet the global target for under-5 overweight, 40 countries are on course for under-5 wasting and 33 countries are on course for infant exclusive breastfeeding. In total, 31 countries are on course for under-5 stunting and 26 countries are on course for female diabetes. Meanwhile, 12 countries are on course for low birth weight and 8 countries are on course for male diabetes. However, not a single country in the world is on course for the targets: anaemia in women of reproductive age, male obesity and female obesity.

The world experiences a significant malnutrition burden among its under-5 population. The average global prevalence of overweight in the under-5 population is 5.9% and the prevalence of stunting is 21.9%. The prevalence of wasting in the under-5 population is 7.3%. A total of 41.2% of infants under 6 months are exclusively breastfed, while the world’s average low birth weight prevalence is 14.6%. The adult population also faces a malnutrition burden. An average of 32.8% of women of reproductive age have anaemia, and 9% of adult men have diabetes, compared to 7.9% of women. Meanwhile, 15.1% of women and 11.1% of men are obese.


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

Progress against global nutrition targets 2019

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. Based on population weighted means of 111 countries.

Child (under-five) nutrition status over time

Wasting by gender

Stunting by gender

Overweight by gender

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


Notes: Global 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 83 and 110 countries.
Infant and young child feeding over time

Exclusive breastfeeding by gender

Continued breastfeeding at 1 year by gender

Minimum acceptable diet by gender

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

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
Infant and young child feeding


Notes: Based on population weighted means of between 56 and 97 countries.
Child and adolescent (aged 5-19) nutrition status

Underweight by gender

Sources: NCD Risk Factor Collaboration.

Overweight by gender

Obesity by gender

Sources: NCD Risk Factor Collaboration.
Adult nutrition status

Diabetes by gender

Overweight by gender

Obesity by gender

Sources: NCD Risk Factor Collaboration.

Raised blood pressure by gender

Anaemia in WRA

Salt intake (grams per day)

Sources: NCD Risk Factor Collaboration.

Source: WHO Global Health Observatory.
Notes: WRA = women of reproductive age.

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

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 (%)

Gender Inequality Index (score)

Gender Inequality Index (country rank)

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

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

Female secondary education enrolment (net, % population)


Drinking water coverage (% population)


Notes: Based on population weighted means of between 93 and 194 countries.

Sanitation coverage (% population)


Notes: Based on population weighted means of between 86 and 194 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.
### National policies

<table>
<thead>
<tr>
<th>Policy</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>115/194</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>73/194</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>92/194</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>91/194</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs</td>
<td>152/194</td>
</tr>
<tr>
<td>Operational, multisectoral national NCD policy, strategy or action plan</td>
<td>98/194</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan for diabetes</td>
<td>148/194</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>58/194</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>68/194</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>Target</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>111/194</td>
</tr>
<tr>
<td>Anaemia</td>
<td>87/194</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>100/194</td>
</tr>
<tr>
<td>Child overweight</td>
<td>139/194</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>127/194</td>
</tr>
<tr>
<td>Wasting</td>
<td>101/194</td>
</tr>
<tr>
<td>Salt intake</td>
<td>108/194</td>
</tr>
<tr>
<td>Overweight adults and adolescents</td>
<td>160/194</td>
</tr>
<tr>
<td>Multisectoral comprehensive nutrition plan</td>
<td>100/194</td>
</tr>
</tbody>
</table>


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 186 countries.

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>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>7,594,270</td>
<td>677,369</td>
<td>45</td>
<td>702,933</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>Health worker</th>
<th>Year</th>
<th>Density</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>2013</td>
<td>1.49</td>
</tr>
<tr>
<td>Nurses and midwives</td>
<td>2013</td>
<td>3.14</td>
</tr>
<tr>
<td>Community health workers</td>
<td>2016</td>
<td>0.51</td>
</tr>
</tbody>
</table>

Sources: WHO’s Global Health Workforce Statistics, OECD, supplemented by country data.
Notes: Based on population weighted means of 64 countries.