Country overview

Malnutrition burden

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

Although it performs relatively well against other developing countries, the Central African Republic still experiences a malnutrition burden among its under-five population. As of 2012, the national prevalence of under-five overweight is 1.9%, which has increased slightly from 1.8% in 2010. The national prevalence of under-five stunting is 39.6%, which is greater than the developing country average of 25%. Conversely, the Central African Republic’s under-five wasting prevalence of 7.6% is less than the developing country average of 8.9%.

In the Central African Republic, 28.8% of infants under 6 months are exclusively breastfed. The Central African Republic’s 2015 low birth weight prevalence of 14.5% has decreased slightly from 15.4% in 2000.

The Central African Republic’s adult population also face a malnutrition burden. 46% of women of reproductive age have anaemia, and 8% of adult men have diabetes, compared to 7.6% of women. Meanwhile, 10.9% of women and 3.7% of men have obesity.


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**


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

**Low birth weight**

No data


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**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

Stunting by sex

Overweight by sex

Wasting by location

Stunting by location

Overweight by location

Wasting by income

Stunting by income

Overweight by income
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
**Infant and young child feeding**

- **Wealth quintiles (%)**
  - Continued breastfeeding at 2 years
  - Continued breastfeeding at 1 year
  - Minimum acceptable diet
  - Minimum dietary diversity
  - Minimum meal frequency
  - Intro. to solid, semi-solid, soft foods
  - Exclusive breastfeeding

- **Urban/rural (%)**
  - Urban
  - Rural

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

Overweight by sex

Obesity by sex

Sources: NCD Risk Factor Collaboration.

Raised blood pressure by sex

Anaemia in WRA

Sodium 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.

<table>
<thead>
<tr>
<th>Midpoint of TMREL</th>
<th>0%–5% of TMREL</th>
<th>≥100% 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>

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

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>
Determinants

Undernourishment

Source: FAOSTAT 2018.

Food supply

Source: FAOSTAT 2018.

Gender-related determinants

| Early childbearing births by age 18 (%)<sup>1</sup> | 45 | 2010 |
| Gender Inequality Index (score)<sup>2</sup> | 0.67 | 2017 |
| Gender Inequality Index (country rank)<sup>2</sup> | 156 | 2017 |

Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> 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

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>Status</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 data</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>Yes</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>Yes</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>Yes</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>Yes</td>
</tr>
</tbody>
</table>


Notes: NA = not applicable; NCD = non-communicable disease.
<table>
<thead>
<tr>
<th>Stunting</th>
<th>Anaemia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>Child overweight</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>Wasting</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Salt intake</td>
<td>Overweight adults and adolescents</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**Multisectoral comprehensive nutrition plan**

No

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)

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>56</td>
<td>156</td>
<td>2008</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

Population (thousands) | 4,666 | 2018
Under-five population (thousands) | 731 | 2019
Rural (%) | 59 | 2018
>65 years (thousands) | 134 | 2019

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 workers</th>
<th>Number</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>0.05</td>
<td>2009</td>
</tr>
<tr>
<td>Nurses and midwives</td>
<td>0.25</td>
<td>2009</td>
</tr>
<tr>
<td>Community health workers</td>
<td>0.39</td>
<td>2009</td>
</tr>
</tbody>
</table>

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