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

The Northern America subregion experiences a malnutrition burden among its under-five population. The average prevalence of overweight in under-fives is 8.8%, this is greater than the global average of 5.9%. Conversely, the Northern America subregion’s prevalence of stunting in under-fives of 2.6% is significantly less than the global average of 21.9%. The prevalence of wasting in under-fives is 0.4%.

Some 34.7% of infants under 6 months in the Northern America subregion are exclusively breastfed, while the subregion’s average low birth weight prevalence of 7.9% is less than the global average of 14.6%.

The Northern America subregion’s adult population also face a malnutrition burden. An average of 12.9% of women of reproductive age have anaemia, and 8% of adult men have diabetes, compared to 6.3% of women. Meanwhile, 36.2% of women and 34.9% of men have obesity.


Notes: Data on the adult indicators are based on modelled estimates.
<table>
<thead>
<tr>
<th></th>
<th>Adult male obesity</th>
<th>Adult female diabetes</th>
<th>Adult male diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>On course</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off course</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No data</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WRA anaemia</th>
<th>On course</th>
<th>Off course</th>
<th>No data</th>
</tr>
</thead>
</table>


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**

- No data

**Low birth weight**

- No data

Sources: UNICEF, Division of Data Research and Policy (2019).

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

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
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: Regional trends (grey line in charts) refer to estimates from UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. Stunting and wasting based only on United States data. 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.
Infant and young child feeding over time

Exclusive breastfeeding by sex

Exclusive breastfeeding by location

Exclusive breastfeeding by income

Continued breastfeeding at 1 year by sex

Continued breastfeeding at 1 year by location

Continued breastfeeding at 1 year by income

Minimum acceptable diet by sex

Minimum acceptable diet by location

Minimum acceptable diet by income

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

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

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

Notes: Regional trends (grey line in charts) for exclusive breastfeeding and continued breastfeeding at 1 year 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.

Infant and young child feeding

Child and adolescent (aged 5-19) nutrition status

Underweight by sex

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 2 countries.

Overweight by sex

Notes: Based on population weighted means of 2 countries.

Obesity by sex

Notes: Based on population weighted means of 2 countries.
Adult nutrition status

**Diabetes by sex**

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 2 countries.

**Overweight by sex**

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 2 countries.

**Obesity by sex**

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 2 countries.

**Raised blood pressure by sex**

Sources: NCD Risk Factor Collaboration.
Notes: Based on population weighted means of 2 countries.

**Anaemia in WRA**

Source: WHO Global Health Observatory.
Notes: WRA = women of reproductive age. Based on population weighted means of 2 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 2 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 2 countries.

Intervention coverage

<table>
<thead>
<tr>
<th>Coverage/practice indicator</th>
<th>Total (%)</th>
<th>Boy (%)</th>
<th>Girl (%)</th>
<th>Year</th>
<th>Notes</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>
<td></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>
<td></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>
<td></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>
<td></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>
<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.
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: \(0 = \text{low inequality}, 1 = \text{high inequality.}\)

Female secondary education enrolment (net, % population)


Notes: Based on population weighted means of between 1 and 2 countries.

Drinking water coverage (% population)


Notes: Based on population weighted means of between 1 and 2 countries.

Sanitation coverage (% population)


Notes: Based on population weighted means of 2 countries.
Resources, policies and targets

Development assistance

No data

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>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>1/2</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>0/2</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>2/2</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>2/2</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs</td>
<td>2/2</td>
</tr>
<tr>
<td>Operational, multisectoral national NCD policy, strategy or action plan</td>
<td>2/2</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan for diabetes</td>
<td>2/2</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>2/2</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>2/2</td>
</tr>
</tbody>
</table>

**Sources:** Global Fortification Data Exchange 2018; Sugar-sweetened data prepared using data from the NOURISHING database, academic references and market reports; FAO 2018; WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review, WHO Global Health Observatory.

**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>nutrient/health issue</th>
<th>National (nutrition or other) plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>0/2</td>
</tr>
<tr>
<td>Anaemia</td>
<td>1/2</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>1/2</td>
</tr>
<tr>
<td>Child overweight</td>
<td>2/2</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>2/2</td>
</tr>
<tr>
<td>Wasting</td>
<td>0/2</td>
</tr>
<tr>
<td>Salt intake</td>
<td>2/2</td>
</tr>
<tr>
<td>Overweight adults and adolescents</td>
<td>2/2</td>
</tr>
<tr>
<td>Multisectoral comprehensive nutrition plan</td>
<td>0/2</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 2 countries.

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

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

Notes: Based on population weighted means of 2 countries.

**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>Year</th>
<th>Gini index score¹</th>
<th>Gini index rank²</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>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>364,226</td>
<td>21,590</td>
<td>18</td>
<td>59,962</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 2 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>2.57</td>
<td>9.88</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 2 countries.