Country overview

Malnutrition burden

**Togo is on course to meet the global target for infant exclusive breastfeeding, but is off course to meet the targets for all other indicators analysed with adequate data.**

Although it performs relatively well against other developing countries, Togo still experiences a malnutrition burden among its under-five population. As of 2014, the national prevalence of under-five overweight is 2%, which has increased slightly from 1.6% in 2010. The national prevalence of under-five stunting is 27.6%, which is greater than the developing country average of 25%. Conversely, Togo’s under-five wasting prevalence of 6.6% is less than the developing country average of 8.9%.

In Togo, 57.2% of infants under 6 months are exclusively breastfed, this is well above the Western Africa average of 32.5%. Togo’s 2015 low birth weight prevalence of 16.1% has decreased slightly from 17.8% in 2000.

Togo’s adult population also face a malnutrition burden. 48.9% of women of reproductive age have anaemia, and 7.3% of adult men have diabetes, compared to 7% of women. Meanwhile, 12.5% of women and 3.9% 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>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-five stunting</td>
<td>No progress or worsening</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>Some progress</td>
</tr>
<tr>
<td>Adult male obesity</td>
<td>No progress or worsening</td>
</tr>
<tr>
<td>Under-five wasting</td>
<td>No progress or worsening</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>On course</td>
</tr>
<tr>
<td>Adult female obesity</td>
<td>No progress or worsening</td>
</tr>
<tr>
<td>Adult female diabetes</td>
<td>No progress or worsening</td>
</tr>
<tr>
<td>Adult male diabetes</td>
<td>No progress or worsening</td>
</tr>
<tr>
<td>WRA anaemia</td>
<td>Some progress</td>
</tr>
</tbody>
</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

![Circle diagram showing the coexistence of wasting, stunting, and overweight]


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

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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

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

Sources: NCD Risk Factor Collaboration.

Overweight by sex

Obesity by sex

Sources: NCD Risk Factor Collaboration.

Raised blood pressure by sex

Anaemia in WRA

Sodium intake (grams per day)

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

Notes: WRA = women of reproductive age.
Dietary needs
Consumption of food groups and components, 2016

![Midpoint of TMREL] 0%–0g of TMREL 200% of TMREL

- Calcium: 1.3g
- Fruit: 250g
- Legumes: 60g
- Milk: 435g
- Nuts and seeds: 20.5g
- Omega 3: 0.3g
- Polyunsaturated fat: 11%

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>0</td>
<td>0</td>
<td>0</td>
<td>2013</td>
</tr>
<tr>
<td>Children 6-59 months who received vitamin A supplements in last 6 months</td>
<td>82</td>
<td>82</td>
<td>81</td>
<td>2013</td>
</tr>
<tr>
<td>Children 6-59 months given iron supplements in past 7 days</td>
<td>26</td>
<td>27</td>
<td>25</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>86</td>
<td>NA</td>
<td>NA</td>
<td>2013</td>
</tr>
<tr>
<td>Household consumption of any iodised salt</td>
<td>81</td>
<td>NA</td>
<td>NA</td>
<td>2013</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 (%): 15 2014
Gender Inequality Index (score): 0.57 2017
Gender Inequality Index (country rank): 140 2017

Sources:  
1 UNICEF 2018; 2 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.
<table>
<thead>
<tr>
<th>National policies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>Yes</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>Yes</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>No data</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>No</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs</td>
<td>No</td>
</tr>
<tr>
<td>Operational, multisectoral national NCD policy, strategy or action plan</td>
<td>No</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan for diabetes</td>
<td>No</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>No</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>No</td>
</tr>
</tbody>
</table>


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

Economics and demography

Poverty rates (%) and GDP (PPP$)

Poverty rates have decreased over the years, with the percentage of people living on less than $1.90/day decreasing from 56% in 2005 to 43% in 2019, and the percentage of people living on less than $3.20/day decreasing from 78% in 2005 to 55% in 2019. GDP per capita has also increased from $1,491 in 2015 to $1,857 in 2019.

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

Under-five mortality has decreased significantly from 76.8 per 1,000 live births in 2015 to 69.8 in 2018.

Government revenues ($m)

Government revenues have increased from $0.8 in 2015 to $1.0 in 2018, with tax revenue increasing from $0.8 in 2015 to $0.2 in 2018.

Income inequality

Income inequality is measured by the Gini index, which has decreased from 43 in 2015 to 121 in 2019. Countries are ranked from most equal (1) to most unequal (159).

Population

The population has increased from 7,889,000 in 2015 to 7,889,000 in 2018.

Under-five population has increased from 1,204,000 in 2015 to 1,204,000 in 2019.

Rural population has increased from 58,000 in 2015 to 58,000 in 2018.

>65 years population has increased from 233,000 in 2015 to 233,000 in 2018.

Population density of health workers per 1,000 people

There are 0.05 physicians per 1,000 people in 2010.

There are 0.27 nurses and midwives per 1,000 people in 2010.


Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

Sources: World Bank 2019.

Notes: PPP = purchasing power parity.

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

Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

Sources: World Bank 2019.

Notes: 1 0 = perfect equality, 100 = perfect inequality. 2 Countries are ranked from most equal (1) to most unequal (159).

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