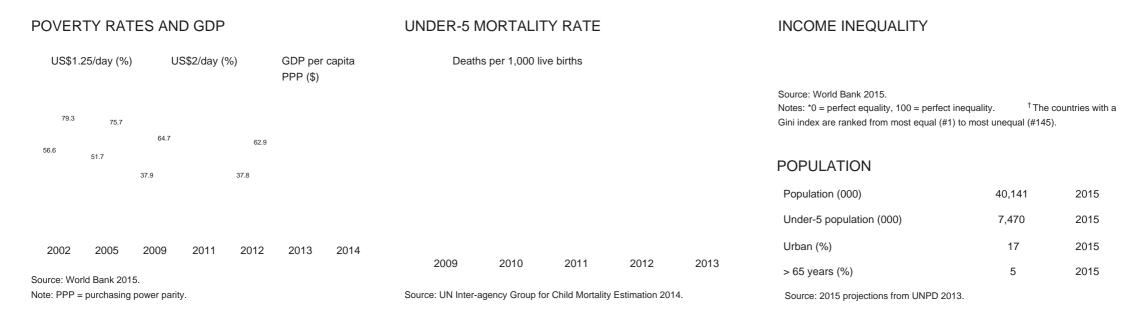
ECONOMICS AND DEMOGRAPHY



CHILD ANTHROPOMETRY

CHILD ANTHROPOMETRY			PREVALENCE OF			CHANGES IN STUNTING PREVALENCE OVER TIME, BY WEALTH QUINTILE										
			UNDER-5 STUNTING (%)			We	ealthiest	Second weal	thiest	Middle	Second p	oorest	Poorest			
Stunting ^a	2,373	2012														
Wasting ^a	298	2012														
Overweight ^a	402	2012						2006								
								2001								
Wasting ^a	4	2012						1995								
Severe wasting a	0	2012						1995								
Overweight ^a	6	2012							25	30	35		40	45	50	
Low birth weight b	12	2011	1995	2000	2006	2011	2012			M	ean prevale	ence of stun	ting (%)			
Sources: a UNICEF/WHO/WB 2015; b UNICEF 2015.			Source: UNICEF/WHO/WB 2015.			Source: DHS surveys 1990–2011 adapted from Bredenkamp et al. 2014.										

ADOLESCENT AND ADULT NUTRITION STATUS

ADOLESCENT AND ADUL	_T ANTHROPOMETR\	(% POPULATION)		MICRONUTRIENT STATUS OF POPULAT	TION	
Adolescent overweight a		7	2003			
Adolescent obesity a		1	2003	Total population affected (000)	2,022	2011
Women of reproductive age, thinne	ss ^b	10	2011	Total population affected (%)	27	2011
Women of reproductive age, short s	stature b	1	2011	Vitamin A deficiency in children 6-59 months old (%)	b 39	2013
Sources: a WHO 2015; b DHS 2015. METABOLIC RISK FACTO	ORS FOR DIET-RELAT	ED		Population classification of iodine nutrition (age group 6–12) ^c	Risk of adverse health consequences (iodine-induced hyper-thyroidism, auto-immune thyroid diseases)	1999
NONCOMMUNICABLE DIS	SEASES, 2008 (%)			Sources: ^a WHO 2015; ^b Stevens et al. 2015; ^c WHO 2004.		
Raised blood pressure	Raised blood glucose	Raised blood cholesterol		PREVALENCE OF ADULT OVERWEIGHT Overweight (BMI ≥ 25) Obesity (BMI ≥ 30)	AND OBESITY, 2014 (%)	
				Female		
				Male		
				Both sexes		
Both sexes	Male	Female				
Source: WHO 2014.				Source: WHO 2015. Note: BMI = body mass index.		

WORLD HEALTH ASSEMBLY INDICATORS: PROGRESS AGAINST GLOBAL WHA TARGETS

Off course, some progress	On course	On course, good progress	Off course	On course
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INTERVENTION COVERAGE AND CHILD-FEEDING PRACTICES

CONTINUUM OF CARE	: (%)		EXCLUSIVE BREASTFEEDIN	IGINTERVENTION	COVERAGE (%)				
Antenatal care (4+ visits), 2011	а	OF INFAN	TS UNDER 6 MONTHS (%)	Severe acute malnutr	rition, geographic covera	ge ^a	9	2012		
Afficiatal care (4+ visits), 2011				Vitamin A supplemen	ntation, full coverage	b	65	2013		
	а			Children under 5 with	n diarrhea receiving ORS	b	44	2011		
Skilled attendant at birth, 2011	ŭ			Immunization coverage	ge, DTP3 ^b		78	2013		
				lodized salt consump	otion ^b		87	2006		
Initiation of breastfeeding within	1 hour after birth, 2011				overage Monitoring Network/ ration salts; DTP3 = 3 doses			JNICEF 2015. pertussis		
Continued breastfeeding at 1 ye	ar, 2011 ^a							/-/		
							RACTICES	(% 6–23 MONTHS)		
Ur	met need for family planning, 20	014 ^b		Minimum acceptable		6		2011		
		2000–2001	2006 2011	Minimum dietary dive	ersity	13		2011		
Sources: a UNICEF 2015; b UNPD	2015.	Source: UNICEF 2	2015.	Source: UNICEF 2015.						
UNDERLYING D	ETERMINANTS									
FOOD SUPPLY			GENDER-RELATED DET	ERMINANTS	FEMA	ALE SEC	ONDARY			
Undernourishment a	Available calories	Availability of fruits and	Early childbearing: births by age 18	3 (%) a 33	2011 EDUC	CATION E	ENROLLME	NT (%)		
(%): data for 1991,	from nonstaples a (%):	vegetables ^b (grams):	Gender Inequality Index (score*)	b 0.529	2013					
2000, 2010, 2015	data for 1991, 2000, 2009, 2012	data for 1990, 2000, 2010, 2011	Gender Inequality Index (country ra	ank) ^b 115	2013					
			Sources: a UNICEF 2015; b UNDP 2							
			Note: *0 = low inequality, 1 = high in	equality.						
			POPULATION DENSITY PER 1,000 PEOPLE	OF HEALTH WORK	KERS					
			Physicians	0.117	2005					
			Nurses and midwives	1.306	2005					
1991 2000	2010 20	12 2015	Community health workers	0.188	2005 200	8 2009	2010 20	011 2013		
		2010	Source: WHO 2015.							
Source: ^a FAOSTAT 2015; ^b FAOST	AT 2014.				Source:	UNESCO Insti	tute for Statistics 2	015.		
				G	OVERNMENT EX	PENDITU	JRES (%)			
IMPROVED DRINKI	NG WATER COVERAC	GE (%) IMPROVED	SANITATION COVERAGE	(%)	Health Sc	cial protection	on			
Piped on premises	Unimproved	Improve	ed facilities Unimproved faci	ities	Education Ag	riculture				
Other improved	Surface water	Shared	facilities Open defecation							
1990	2000 2015	1990	2000 20	015						
Source: WHO/UNICEF JMP 20		Source: WHO/UN			1990 20	00	2010	2012		
Note: Due to rounding, numbers	might not add up to 100.	Note: Due to roun	ding, numbers might not add up to 100.	0	urce: IFPRI 2015.					
				Sol	uio6. II i'Ni 2013.					
FINANCIAL RES	SOURCES AND	POLICY, LEGI	SLATION, AND INS	TITUTIONAL	ARRANGE	MENT	S			
SCALING UP NUTRITION	ON (SUN) COUNTRY	POLICY AN	ND LEGISLATIVE PROVISIO	NS	AVAI	_ABILITY	AND STAG	GE OF		
INSTITUTIONAL TRAN	,	(%)	mentation of the International		IMPL	EMENTA	TION OF G	UIDELINES/		
Bringing people into a shared sp	pace for action		eting of Breast-milk Substitutes a	Law				OS FOR THE		
		Extent of consi	titutional right to food b	High	2003		IT OF NCDs			
Ensuring a coherent policy and	egal framework	Maternity prote	ection (Convention 183) c	No	Diabe 2011	es	Not available	2010		
Aligning actions around a comm	on results framework	Wheat fortifica	tion legislation d	Mandatory	2015 Hyper	tension	Available, partially	2010		
Circumial tracking and green	and billing tion	Undernutrition	mentioned in national develon-		2010-		implemented			

Sources: a UNICEF 2014; b FAO 2003; c ILO 2013; d FFI 2015; e IDS 2015.

Undernutrition mentioned in national develop-

ment plans and economic growth strategies

Overnutrition mentioned in national develop-

ment plans and economic growth strategies

Financial tracking and resource mobilization

Total weighted

Source: SUN 2014.

implemented

Note: NCDs = noncommunicable diseases.

Source: WHO 2014.

2010-

2015

2010-

2015

Rank: 39/126

Rank: 57/116