



# Paraguay

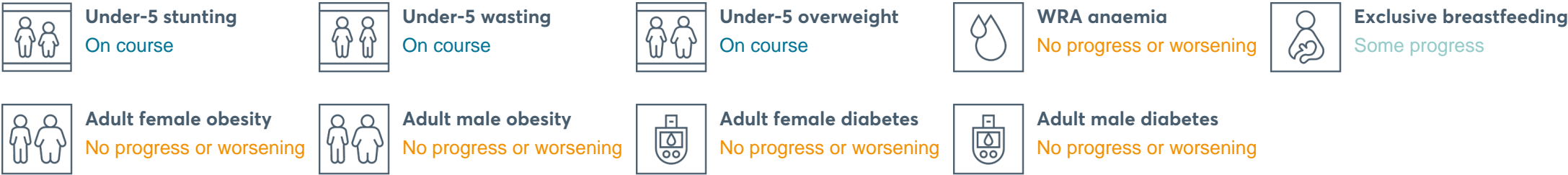
## Overview

### Burden classification

The Global Nutrition Report classifies this country as experiencing two forms of malnutrition – overweight and anaemia

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.  
Notes: Thresholds for a country having the form or not: stunting in children aged under 5 years ≥20%; anaemia in women of reproductive age ≥20%; overweight (body mass index ≥25) in adult women aged ≥18 years ≥35%.

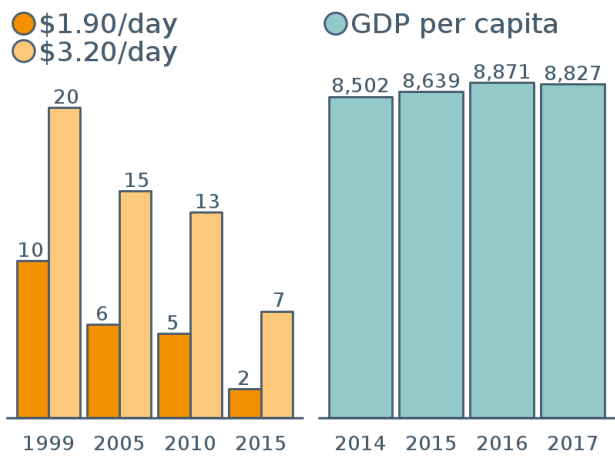
### Progress against global nutrition targets 2018



Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF global databases: Infant and Young Child Feeding, NCD Risk Factor Collaboration, WHO Global Health Observatory.  
Notes: The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates. See Appendix 1 of the 2018 Global Nutrition Report for details of the methods and sources used to assess progress towards global nutrition targets.

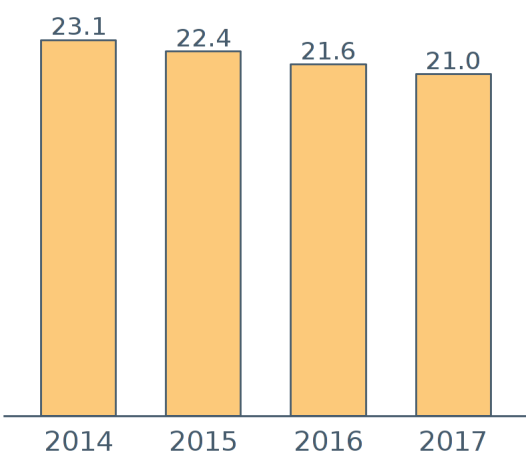
## Economics and demography

### Poverty rates (%) and GDP (PPP\$)



Source: World Bank 2018.  
Note: GDP = gross domestic product. PPP = purchasing power parity.

### Under-5 mortality (per 000 live births)



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

### Income inequality

Gini index score <sup>1</sup>	Gini index rank <sup>2</sup>	Year
48	139	2016

Source: World Bank 2018.  
Notes: 0 = perfect equality, 100 = perfect inequality.<sup>1</sup> Countries are ranked from most equal (1) to most unequal (155).<sup>2</sup>

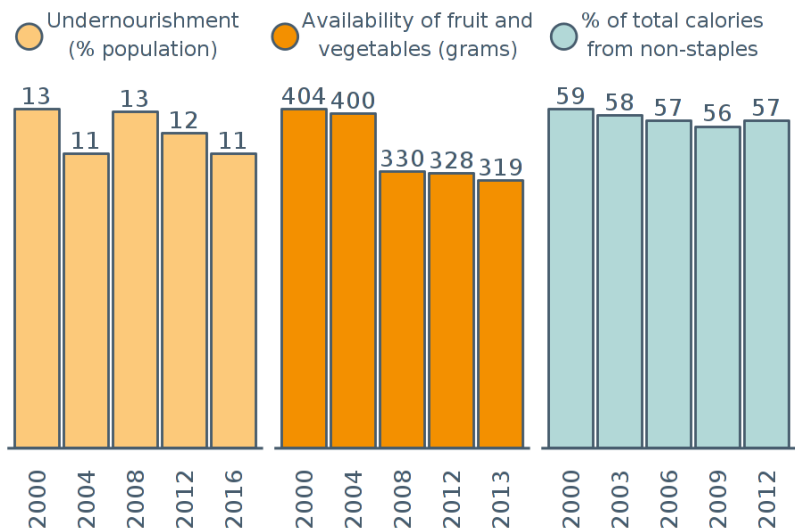
### Population

Population (000)	6,811	2017
Under-5 population (000)	679	2018
Rural (%)	39	2017
≥65 years (000)	453	2018

Source: UN Population Division 2017.

## Underlying determinants

### Food supply



Source: FAOSTAT 2018.

### Gender-related determinants

Early childbearing: births by age 18 (%) <sup>1</sup>	NA	NA
Gender Inequality Index (score*) <sup>2</sup>	0.47	2017
Gender Inequality Index (country rank) <sup>2</sup>	111	2017

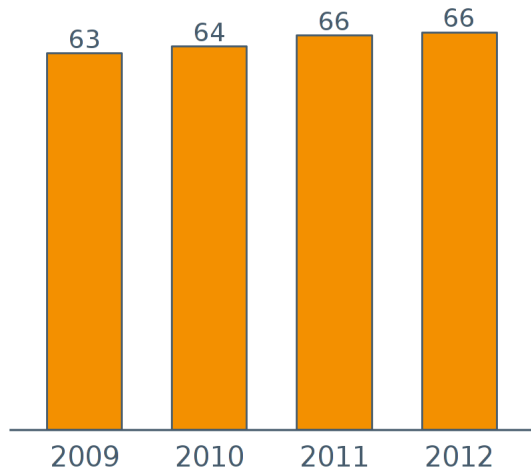
Sources: UNICEF 2018;<sup>1</sup> UNDP 2018.<sup>2</sup>  
Note: \*0 = low inequality, 1 = high inequality.

### Population density of health workers per 1,000 people

Physicians	1.29	2012
Nurses and midwives	1.05	2012
Community health workers	NA	NA

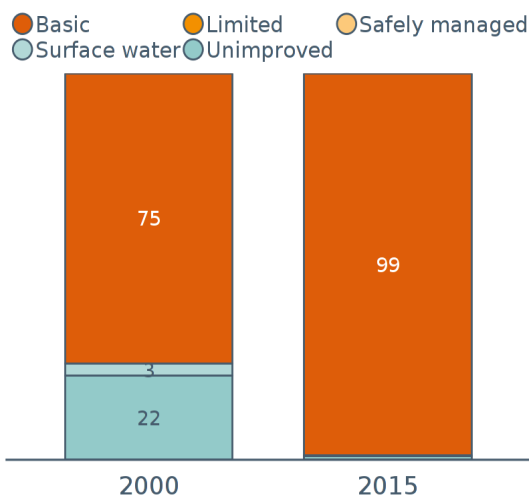
Source: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.

### Female secondary education enrolment (net, % population)



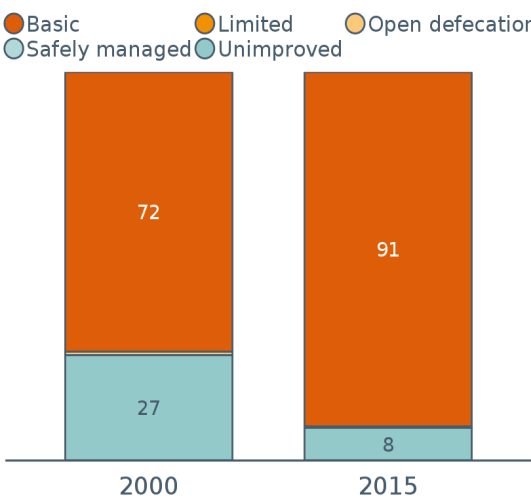
Source: UNESCO Institute for Statistics 2018.

### Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2017.

### Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2017.

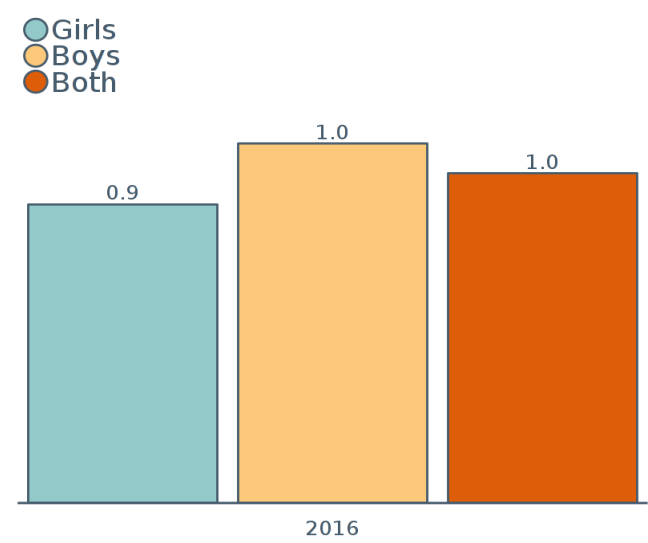
### Government expenditures (% total)



Source: IFPRI 2015.

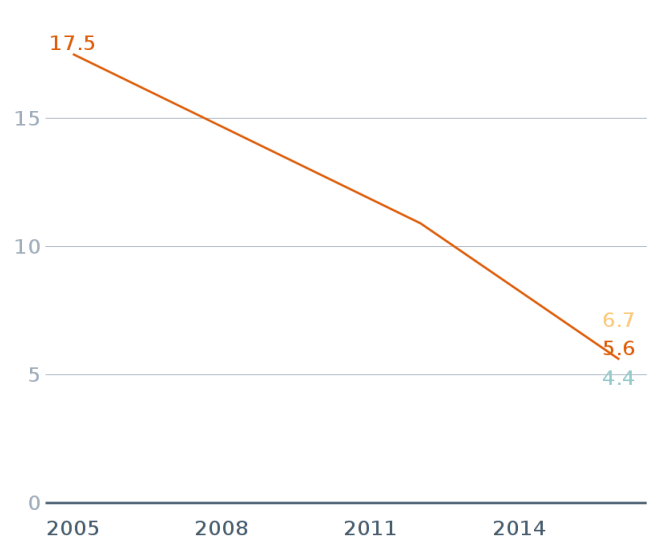
Children (under 5) nutrition status

Under 5 by gender: wasting (%)

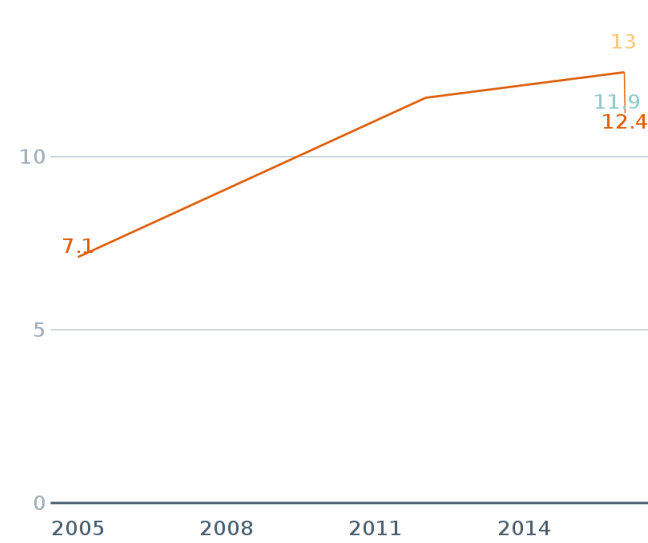


Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

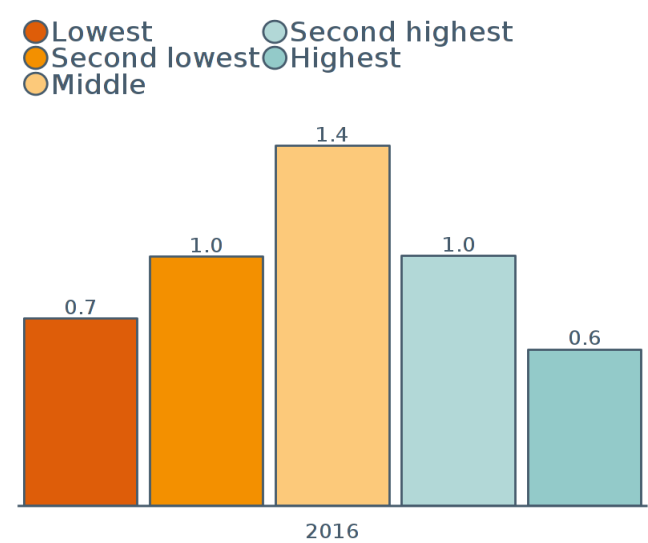
Under 5 by gender: stunting (%)



Under 5 by gender: overweight (%)

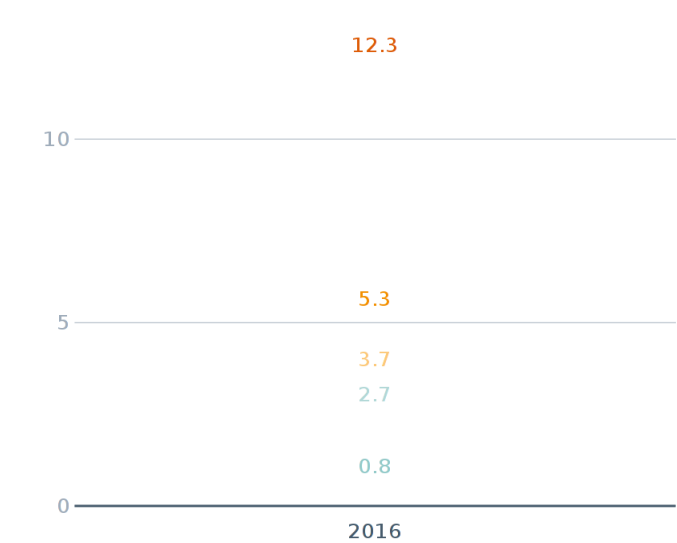


Under 5 by household income: wasting (%)

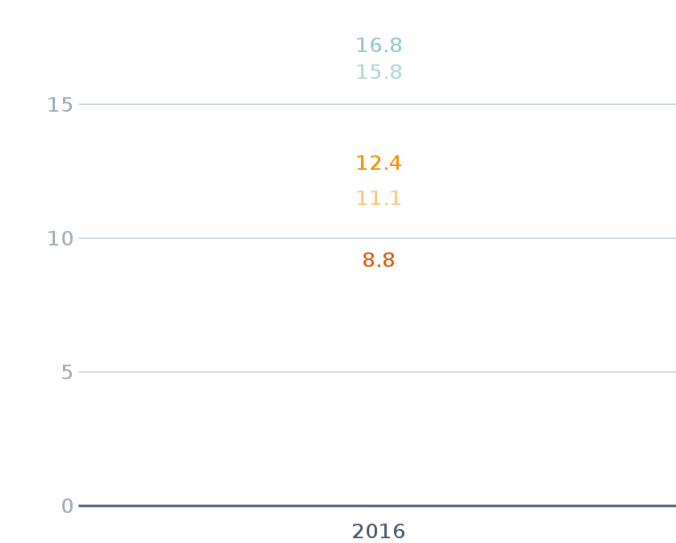


Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

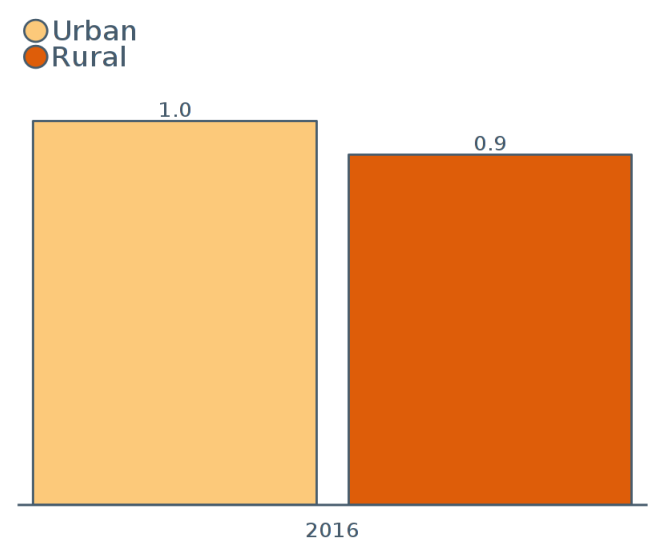
Under 5 by household income: stunting (%)



Under 5 by household income: overweight (%)

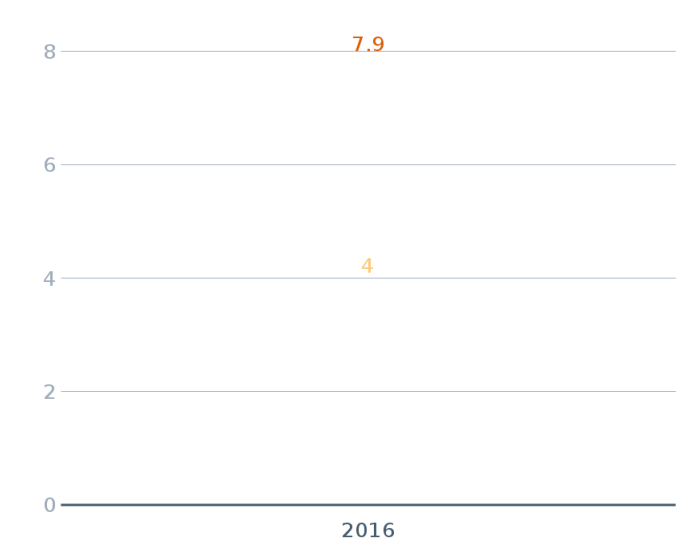


Under 5 by household location: wasting (%)

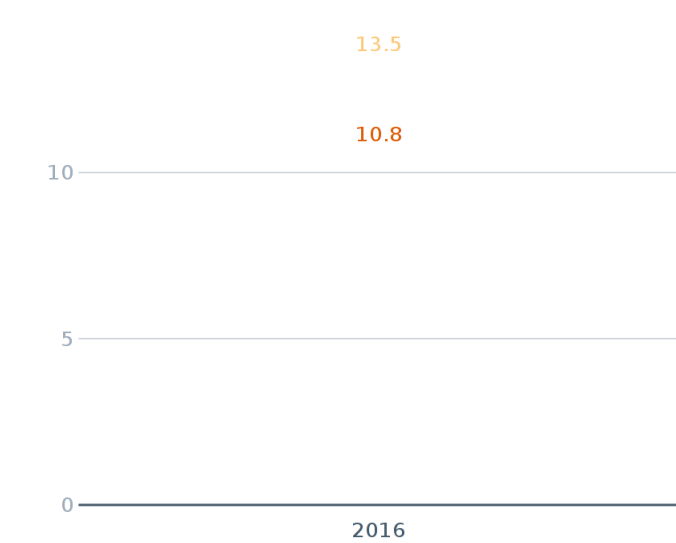


Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

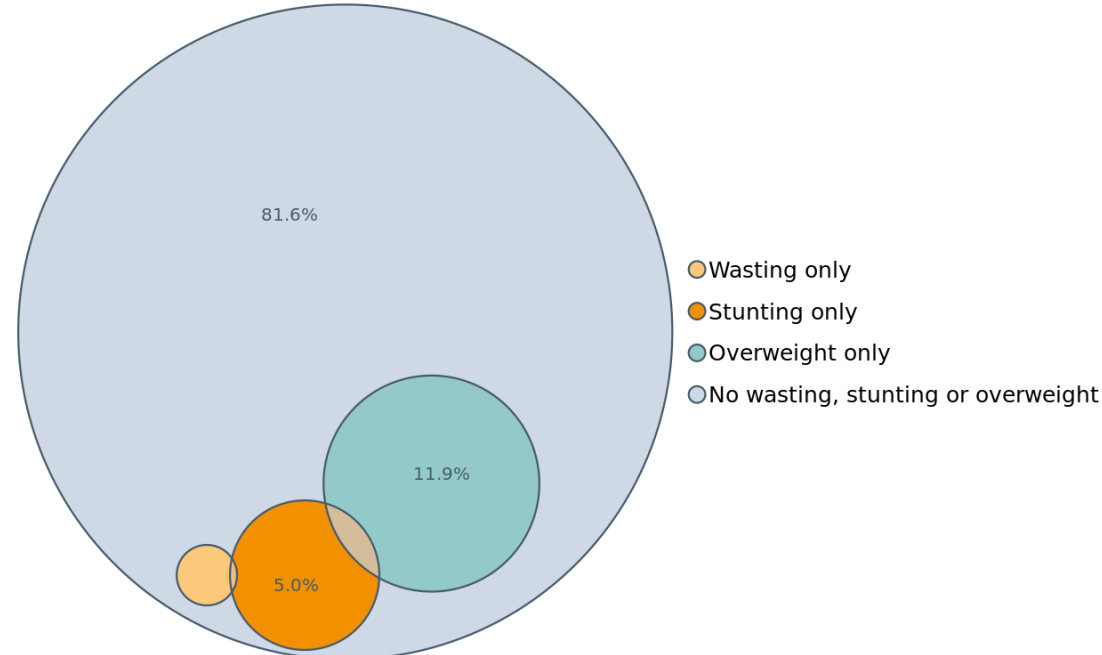
Under 5 by household location: stunting (%)



Under 5 by household location: overweight (%)

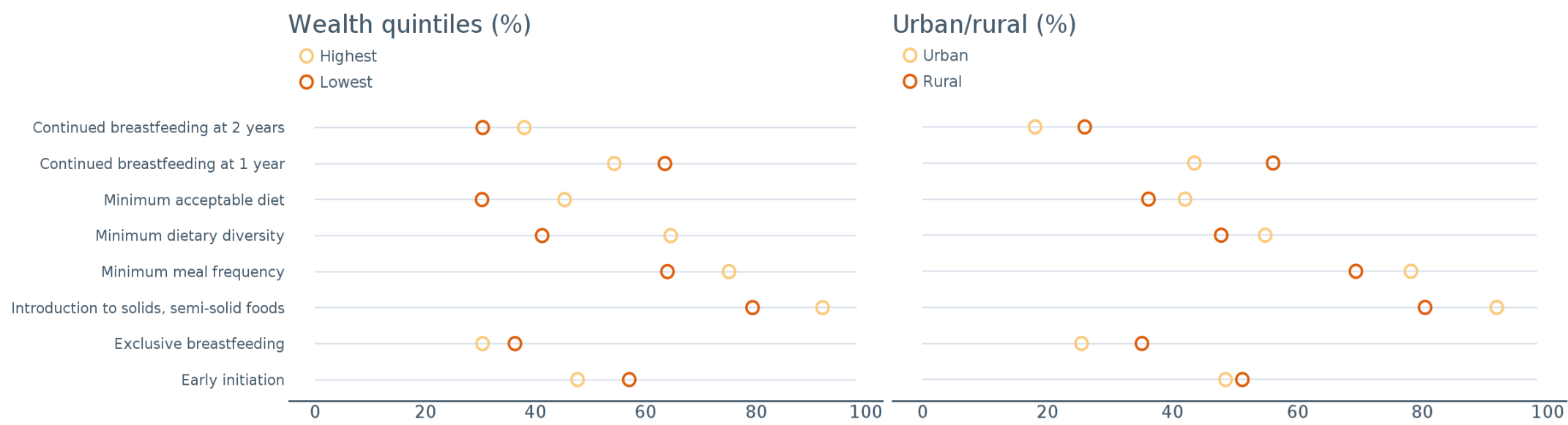


Under-5 coexistence of wasting, stunting and overweight



Sources: UNICEF, Division of Data Research and Policy (2018), Global UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight, New York, May 2018.  
Notes: Percentage of children under 5 years of age who experience different and overlapping forms of malnutrition.

Child feeding practices



Dietary needs



○ Paraguay

○ Regional

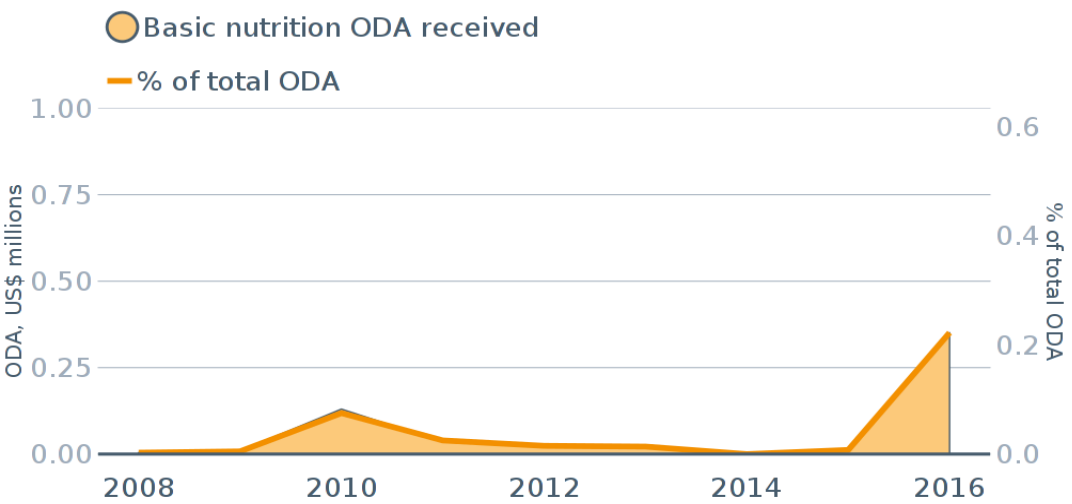
○ Global

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

Notes: Men and women aged 25 and older. TMREL = theoretical minimum risk exposure level.

Financial resources and policy, legislation and institutional arrangements

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 2016 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

National policies

Mandatory legislation for salt iodisation	Yes
Sugar-sweetened beverage tax	No
Food-based dietary guidelines	Yes
Multisectoral comprehensive nutrition plan	Yes

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.

Targets included in national (nutrition or other) plan

Stunting	Anaemia	Low birth weight	Child overweight	Exclusive breastfeeding	Wasting	Salt intake	Overweight adults and adolescents
Yes	No	Yes	Yes	Yes	Yes	Yes	Yes

Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

Intervention coverage

Coverage/practice indicator	%	Male	Female	Year
Children 0–59 months with diarrhoea who received zinc treatment	NA	NA	NA	NA
Children 6–59 months who received vitamin A supplements in last 6 months	NA	NA	NA	NA
Children 6–59 months given iron supplements in past 7 days	NA	NA	NA	NA
Women with a birth in last five years who received iron and folic acid during their most recent pregnancy	NA		NA	NA
Household consumption of any iodised salt	NA	NA	NA	NA

Sources: Kothari M. and Huestis A., based on 2016 Global Nutrition Report and UNICEF global databases, 2018.

Notes: Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005–2017.