

Overview

Burden classification

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

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 \geq 20%; anaemia in women of reproductive age \geq 20%; overweight (body mass index \geq 25) in adult women aged \geq 18 years \geq 35%.

Progress against global nutrition targets 2018



Under-5 stunting Some progress



Under-5 wasting

No progress or worsening



Under-5 overweight No progress or worsening



WRA anaemia





Exclusive breastfeeding On course



Adult female obesity No progress or worsening



Adult male obesity No progress or worsening



Adult female diabetes No progress or worsening



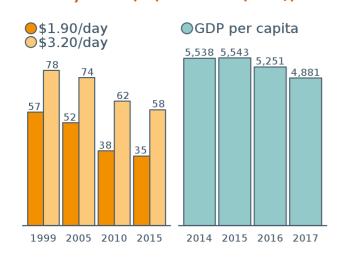
Adult male diabetes

No progress or worsening

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

Under-5 mortality (per 000 live births)



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

Income inequality

Gini index score ¹	Gini index rank ²	Year
49	142	2011

Source: World Bank 2018.

Notes: 0 = perfect equality, 100 = perfect inequality. Countries are ranked from most equal (1) to most unequal (155).

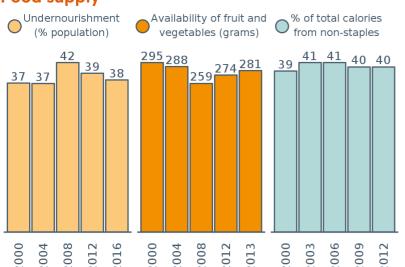
Population

Population (000)	5,261	2017
Under-5 population (000)	840	2018
Rural (%)	34	2017
≥65 years (000)	185	2018
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Source: UN Population Division 2017.

Underlying determinants

Food supply



Source: FAOSTAT 2018.

Gender-related determinants

Early childbearing: births by age 18 (%) ¹	26	2015
Gender Inequality Index (score*) ²	0.58	2017
Gender Inequality Index (country rank) ²	141	2017

Sources: UNICEF 2018; UNDP 2018.²

Note: *0 = low inequality, 1 = high inequality.

Population density of health workers per 1,000 people

Physicians	0.1	2010
Nurses and midwives	0.82	2010
Community health workers	NA	NA

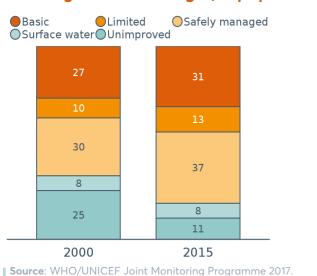
Source: WHO's Global Health Workforce Statistics, OECD, supplemented by country data

Female secondary education enrolment (net, % population)

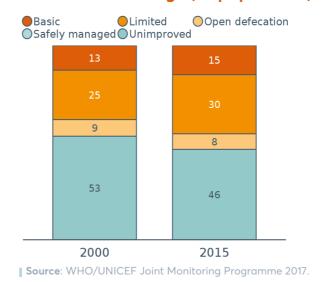
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Source: UNESCO Institute for Statistics 2018.

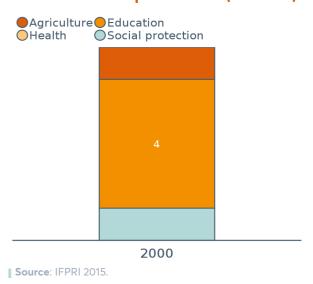
Drinking water coverage (% population)



Sanitation coverage (% population)

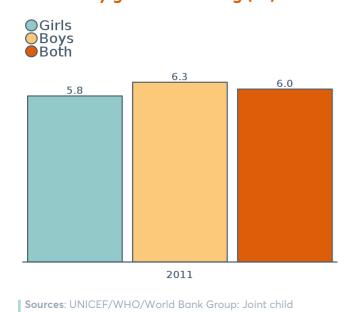


Government expenditures (% total)

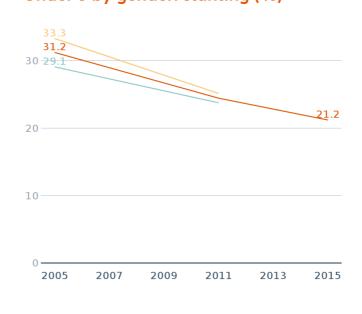


Children (under 5) nutrition status

Under 5 by gender: wasting (%)



Under 5 by gender: stunting (%)

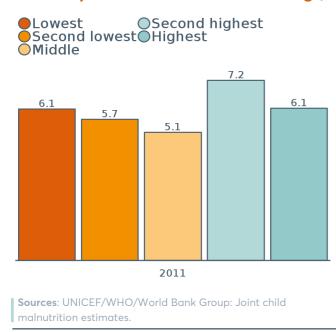


Under 5 by gender: overweight (%)

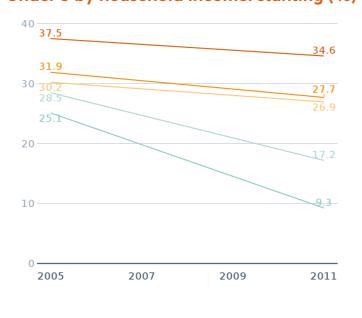


Under 5 by household income: wasting (%)

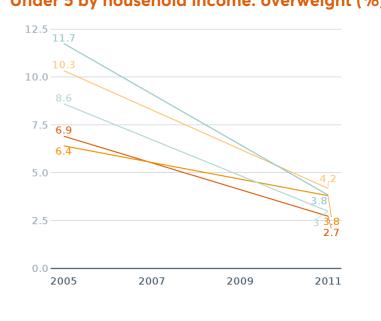
malnutrition estimates.



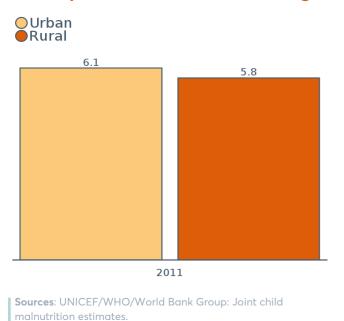
Under 5 by household income: stunting (%)



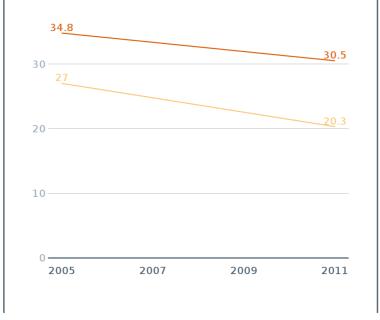
Under 5 by household income: overweight (%)



Under 5 by household location: wasting (%)



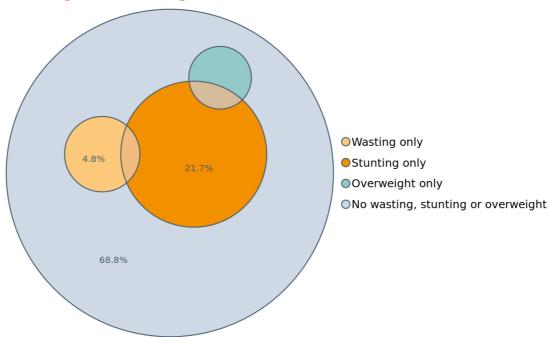
Under 5 by household location: stunting (%)



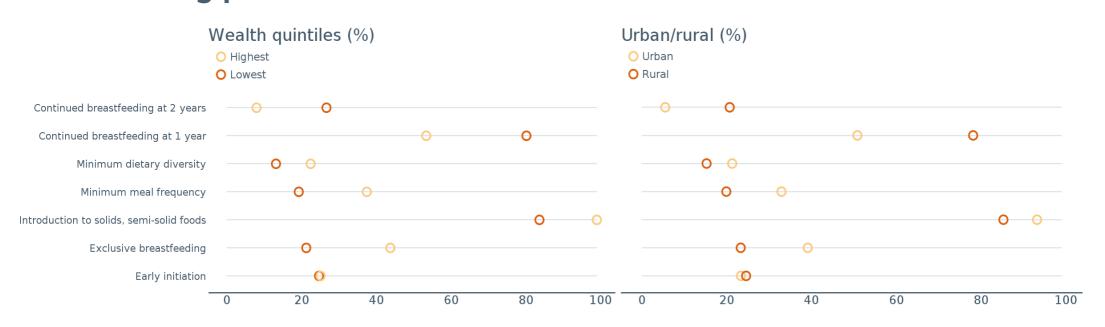
Under 5 by household location: overweight (%)



Under-5 coexistence of wasting, stunting and overweight

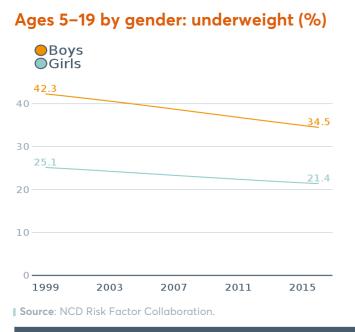


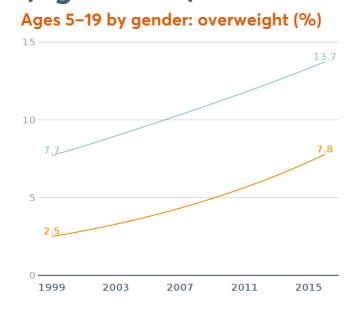
Child feeding practices

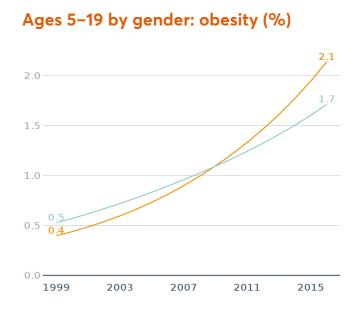


Sources: UNICEF, Division of Data Research and Policy (2018), Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2018.

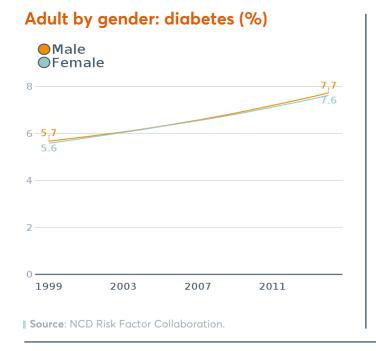
Children and adolescent (aged 5-19) nutrition status

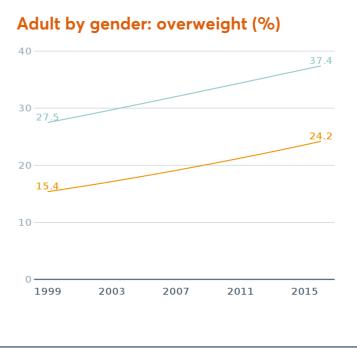


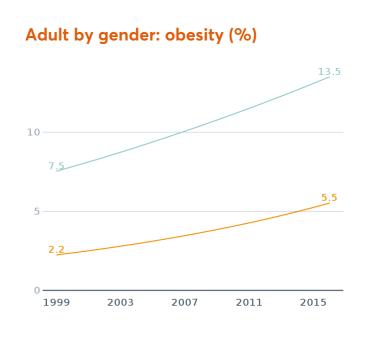


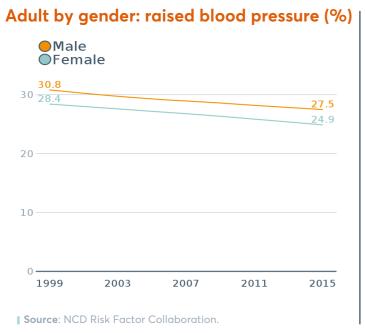


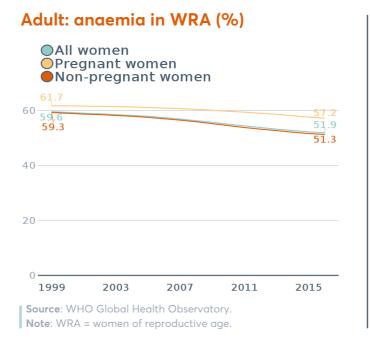
Adult nutrition status

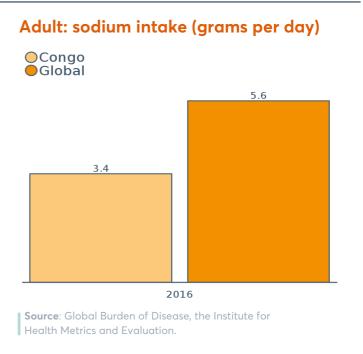






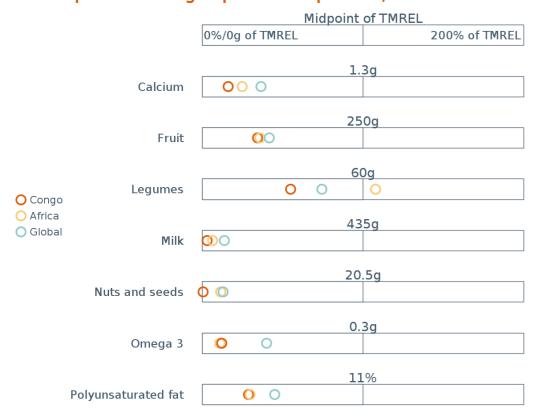


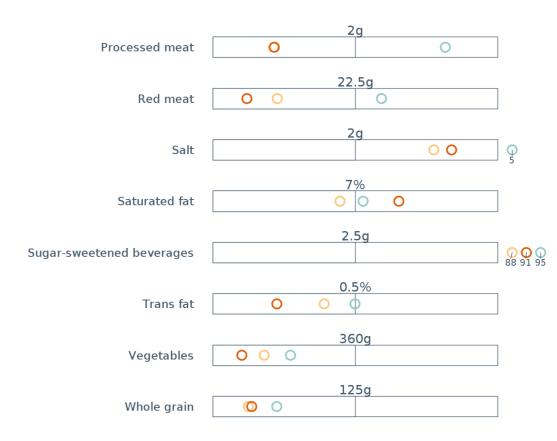




Dietary needs

Consumption of food groups and components, 2016





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 Basic nutrition ODA received -% of total ODA ODA, US\$ millions % ᅌ 4 otal ODA

Sources: Development Initiatives based on OECD Development Assistance Committee (DAC)

Creditor Reporting System (CRS).

2008

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.

2012

2014

National policies

Mandatory legislation for salt iodisation	Yes
Sugar-sweetened beverage tax	No
Food-based dietary guidelines	NA
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	Yes	Yes	Yes	Yes	Yes	No	Yes

2016

Intervention coverage

2010

Coverage/practice indicator	Total (%)	Male (%)	Female (%)	Year
Children 0–59 months with diarrhoea who received zinc treatment	NA	NA	NA	2011
Children 6–59 months who received vitamin A supplements in last 6 months	65	65	65	2011
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	84		84	2011
Household consumption of any iodised salt	100	NA	NA	2011

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.