# United Kingdom of Great Britain and Northern Ireland



#### **Overview**

#### **Burden classification**

#### There is insufficient data for the Global Nutrition Report to classify this country's burden

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



**Under-5 stunting** 



**Under-5 wasting** NA



**Under-5 overweight** 



**WRA** anaemia

No progress or worsening



**Exclusive breastfeeding** 



Adult female obesity No progress or worsening



Adult male obesity No progress or worsening



Adult female diabetes No progress or worsening



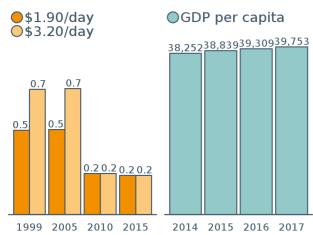
Adult male diabetes

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.

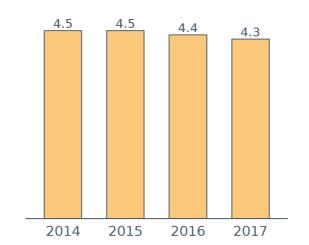
## **Economics and demography**

#### 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 <sup>1</sup> | Gini index rank <sup>2</sup> | Year |
|-------------------------------|------------------------------|------|
| 33                            | 44                           | 2015 |

Source: World Bank 2018.

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

#### **Population**

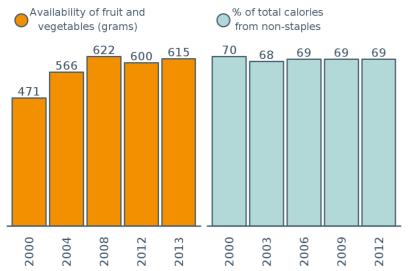
| Population (000)         | 66,182 | 2017 |
|--------------------------|--------|------|
| Under-5 population (000) | 4,028  | 2018 |
| Rural (%)                | 17     | 2017 |
| >65 years (000)          | 12,416 | 2018 |

Source: UN Population Division 2017.

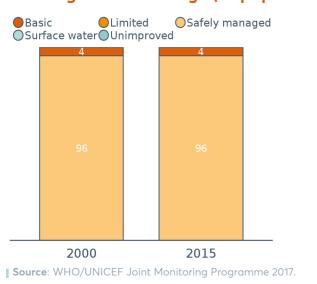
# **Underlying determinants**

#### Food supply

Source: FAOSTAT 2018.



**Drinking water coverage (% population)** 



#### **Gender-related determinants**

| Early childbearing: births by age 18 (%) <sup>1</sup> | NA   | NA   |
|---|------|------|
| Gender Inequality Index (score*) <sup>2</sup>         | 0.12 | 2017 |
| Gender Inequality Index (country rank) <sup>2</sup>   | 25   | 2017 |

Sources: UNICEF 2018; UNDP 2018.<sup>2</sup>

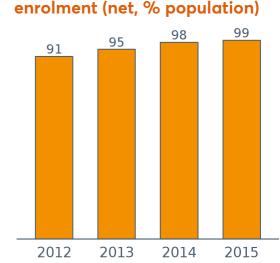
Note: \*0 = low inequality, 1 = high inequality.

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

| Physicians               | 2.83 | 2016 |
|--------------------------|------|------|
| Nurses and midwives      | 8.42 | 2016 |
| Community health workers | NA   | NA   |

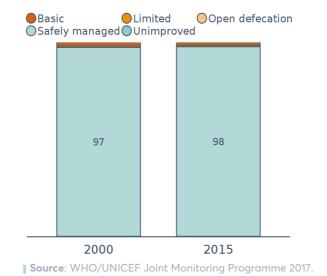
Source: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.

# Female secondary education

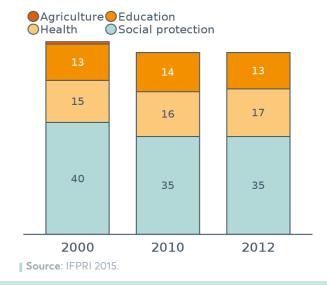


Source: UNESCO Institute for Statistics 2018.

#### Sanitation coverage (% population)



#### Government expenditures (% total)



# United Kingdom of Great Britain and Northern Ireland

# Children (under 5) nutrition status Under 5 by gender: wasting (%) Under 5 by gender: stunting (%) Under 5 by gender: overweight (%) No data No data No data Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. Under 5 by household income: overweight (%) Under 5 by household income: wasting (%) | Under 5 by household income: stunting (%) | No data No data No data Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. Under 5 by household location: wasting (%) | Under 5 by household location: stunting (%) | Under 5 by household location: overweight (%) No data No data No data **Sources**: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. Under-5 coexistence of wasting, stunting and overweight

No data

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.

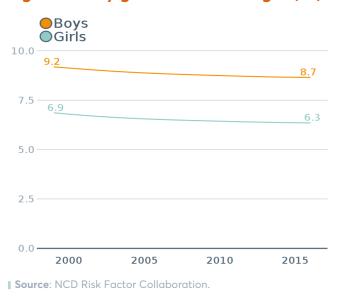
# Child feeding practices

No data

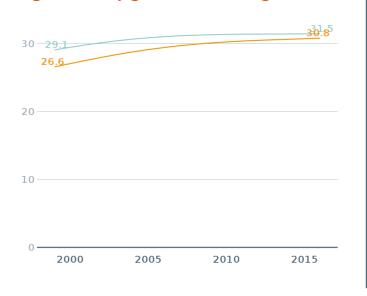
Sources: UNICEF, Division of Data Research and Policy (2018), Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2018.

# Children and adolescent (aged 5-19) nutrition status

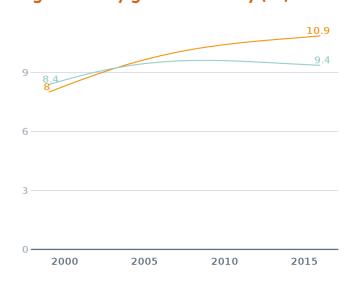
Ages 5-19 by gender: underweight (%)



Ages 5-19 by gender: overweight (%)

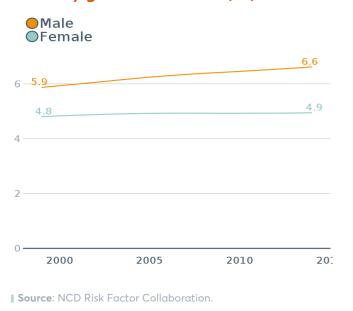


Ages 5-19 by gender: obesity (%)

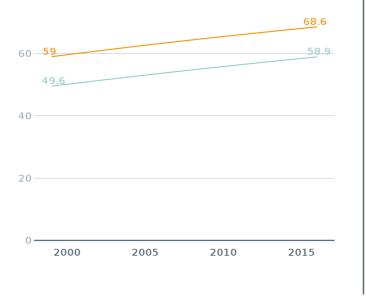


#### **Adult nutrition status**

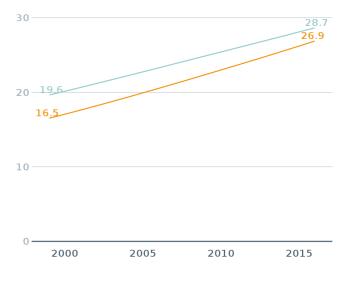
Adult by gender: diabetes (%)



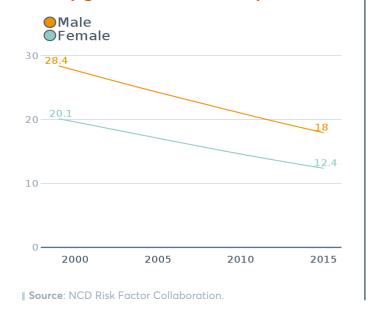
Adult by gender: overweight (%)



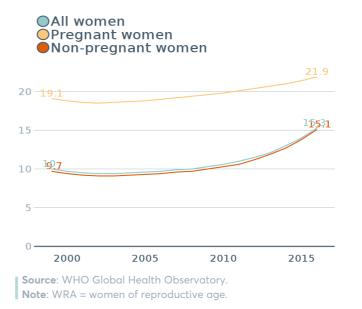
Adult by gender: obesity (%)



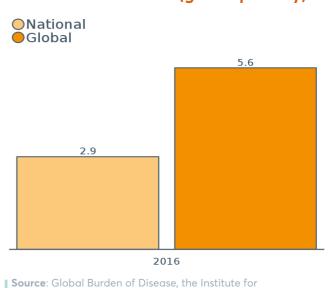
Adult by gender: raised blood pressure (%) |



Adult by gender: anaemia in WRA (%)



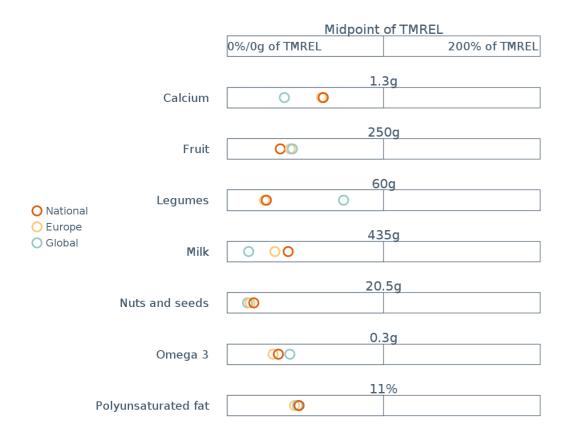
Adult: sodium intake (grams per day)

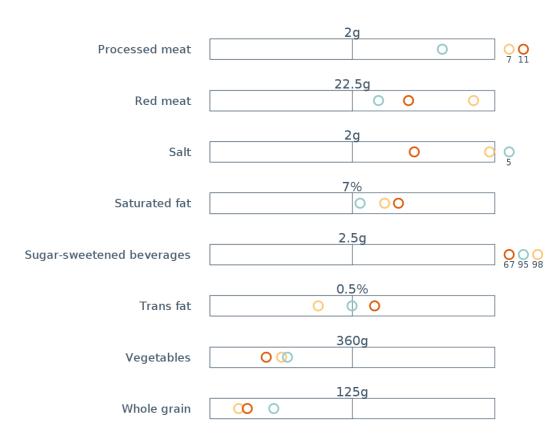


Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

# United Kingdom of Great Britain and Northern Ireland

### **Dietary needs**





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 -% of total ODA Basic nutrition ODA disbursed 160 120 1.0 % of total ODA 0.5 DA 0.5 DA 0.00

**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  | No  |
|--|-----|
| Sugar-sweetened beverage tax               | Yes |
| 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<br>breastfeeding | Wasting | Salt intake | Overweight adults and adolescents |
|----------|---------|------------------|------------------|----------------------------|---------|-------------|-----------------------------------|
| No       | No      | No               | Yes              | No                         | No      | 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.