

### **Overview**

#### Progress against global nutrition targets 2018



Under-5 stunting 24/194 on course



Under-5 wasting 37/194 on course



Under-5 overweight 38/194 on course



WRA anaemia 0/194 on course



Exclusive breastfeeding 31/194 on course



Adult female obesity 0/194 on course



Adult male obesity 0/194 on course



Adult female diabetes 26/194 on course



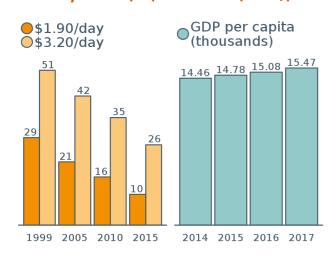
Adult male diabetes 8/194 on course

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**

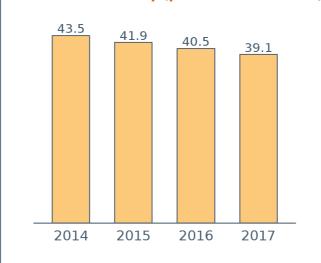
#### Poverty rates (%) and GDP (PPP\$)



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.

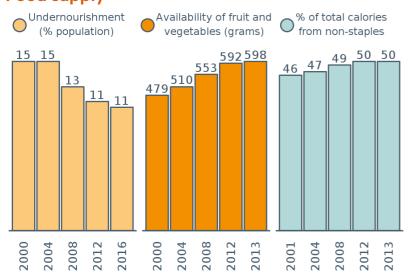
#### **Population**

Population (millions)	7,633	2018
Under-5 population (millions)	677	2018
Rural (%)	45	2017
≥65 years (millions)	675	2018

Source: UN Population Division 2017.

# **Underlying determinants**

#### Food supply



Source: FAOSTAT 2018.

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

Early childbearing: births by age 18 (%)	18	2015
<b>Source</b> : UNICEF 2018. <b>Note</b> : n = 114.		
Population density of healt per 1,000 people	th work	ers
Physicians	1.49	2016

3.4

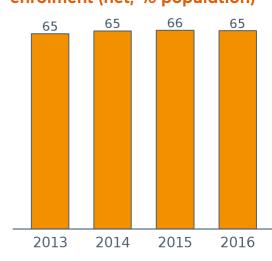
0.52

2016

2016

**Source**: WHO's Global Health Workforce Statistics, OECD, supplemented by country data. n = 191

# Female secondary education enrolment (net, % population)



Source: UNESCO Institute for Statistics 2018.

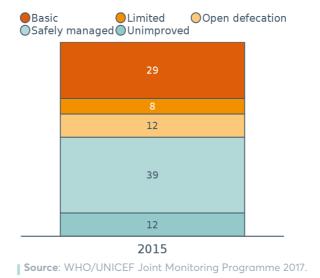
#### **Drinking water coverage (% population)**



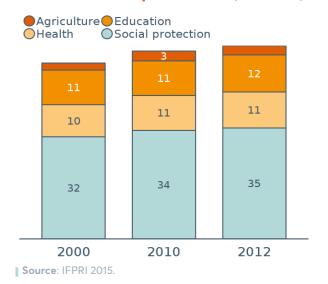
#### Sanitation coverage (% population)

Nurses and midwives

Community health workers



#### **Government expenditures (% total)**



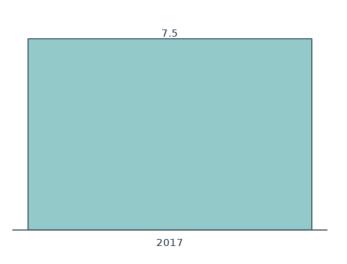
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# Children (under 5) nutrition status

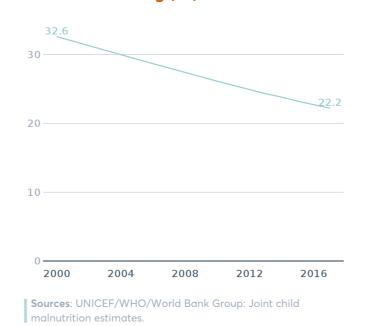
#### Under 5: wasting (%)

OChildren under 5

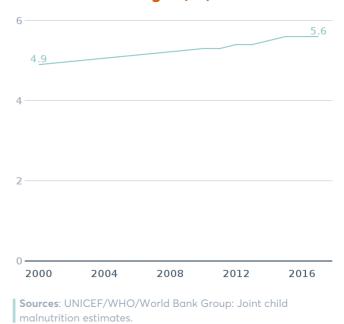
malnutrition estimates.



**Under 5: stunting (%)** 



#### **Under 5: overweight (%)**



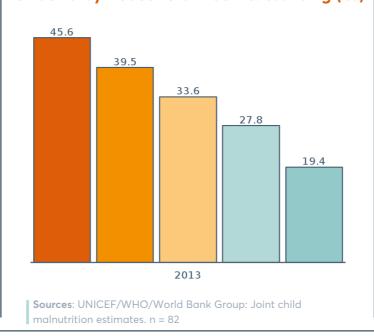
#### Under 5 by household income: wasting (%)

Sources: UNICEF/WHO/World Bank Group: Joint child

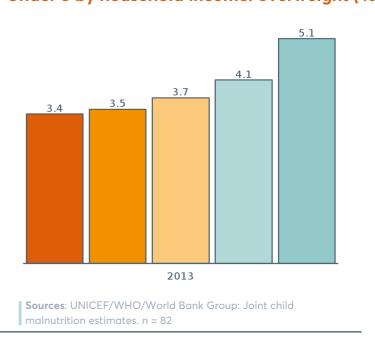
No data

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

#### Under 5 by household income: stunting (%)

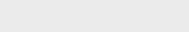


#### Under 5 by household income: overweight (%)

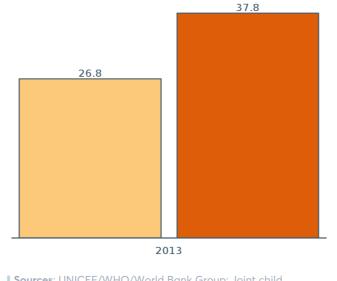


Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

No data

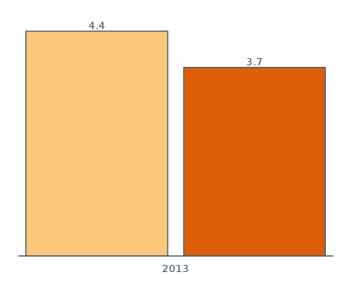


#### Under 5 by household location: wasting (%) | Under 5 by household location: stunting (%)



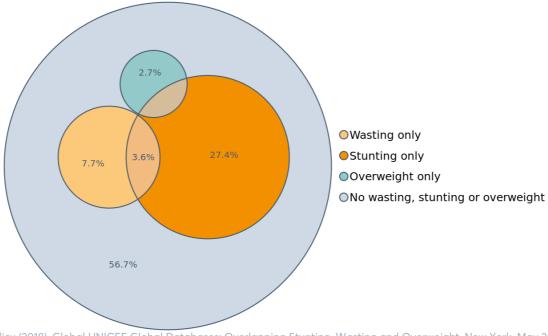
**Sources**: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. n = 86

#### Under 5 by household location: overweight (%)



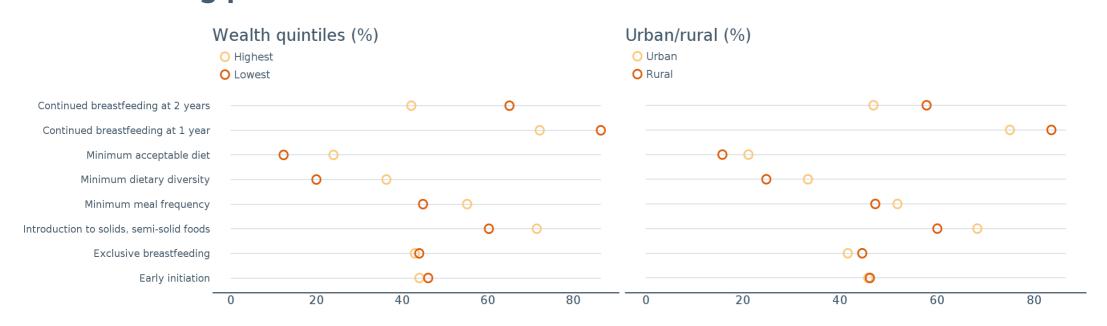
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. n = 86

#### Under-5 coexistence of wasting, stunting and overweight



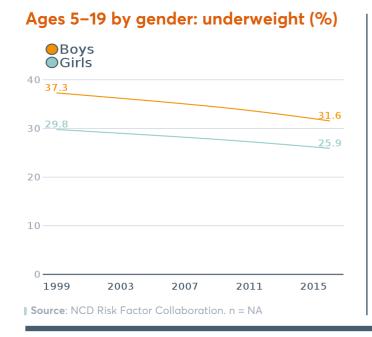
Sources: UNICEF, Division of Data Research and Policy (2018), Global UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight, New York, May 2018. Notes: Percentage of children under 5 years of age who experience different and overlapping forms of malnutrition. n = 106

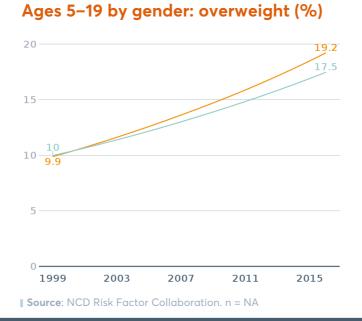
# **Child feeding practices**

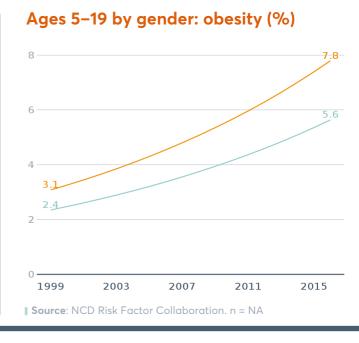


Sources: UNICEF, Division of Data Research and Policy (2018), Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2018. n = 90

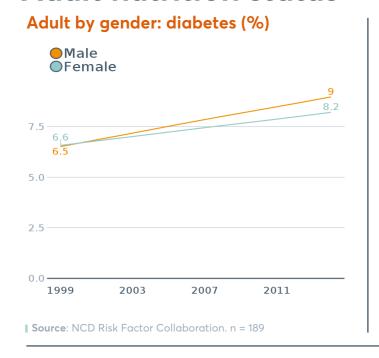
## Children and adolescent (aged 5-19) nutrition status

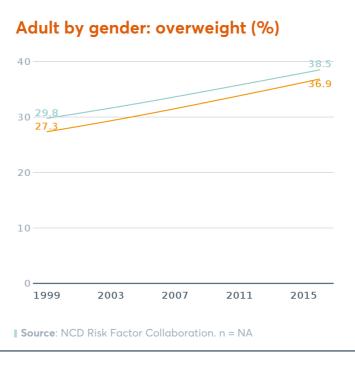


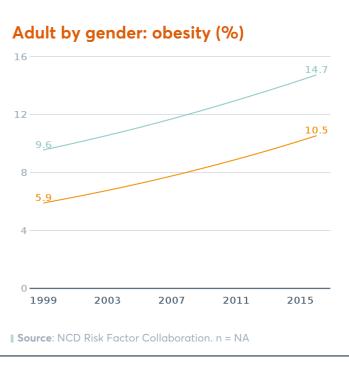




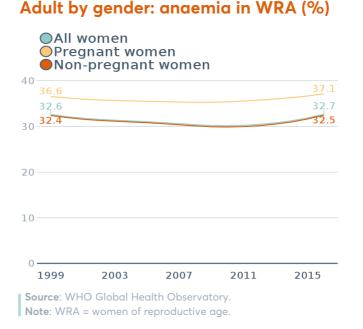
#### **Adult nutrition status**

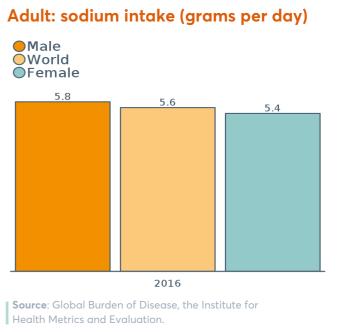




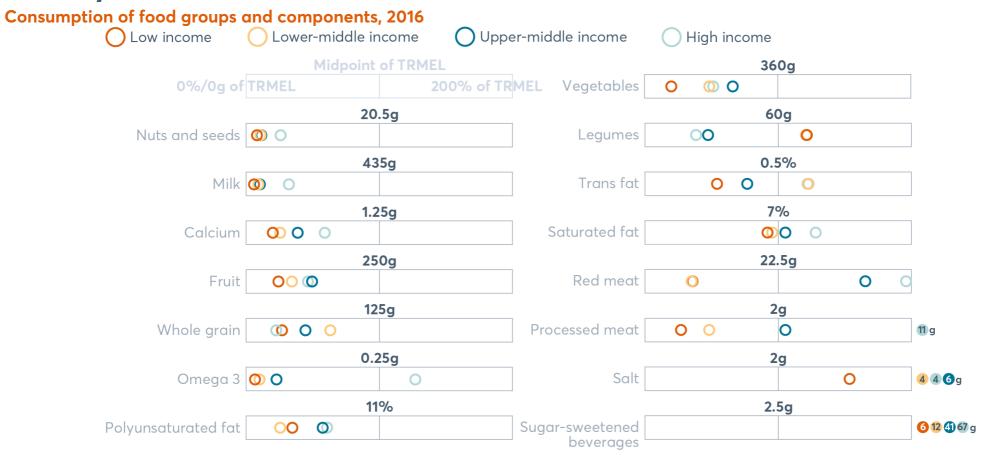


# Adult by gender: raised blood pressure (%) Male Female 26.5 23.4 21.3 20 10 1999 2003 2007 2011 2015 Source: NCD Risk Factor Collaboration. n = 189





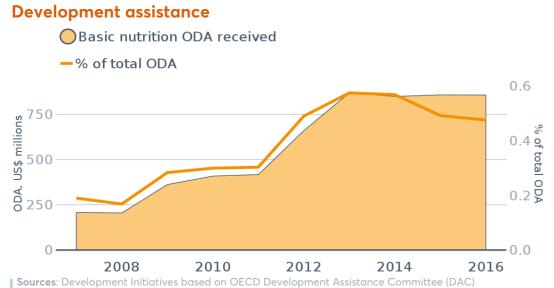
## **Dietary needs**



**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



Creditor Reporting System (CRS).

**Notes**: ODA = official development assistance. Amounts based on gross ODA per capita, constant 2016 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

#### **National policies**

Mandatory legislation for salt iodisation	107/194
Sugar-sweetened beverage tax	38/194
Food-based dietary guidelines	91/194
Multisectoral comprehensive nutrition plan	100/194

**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
111/194	87/194	100/194	138/194	126/194	101/194	107/194	158/194

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

# Intervention coverage

Coverage/practice indicator	%	Male	Female	n
Children 0–59 months with diarrhoea who received zinc treatment	15	NA	NA	46
Children 6–59 months who received vitamin A supplements in last 6 months	58	58	58	58
Children 6–59 months given iron supplements in past 7 days	18	18	17	56
Women with a birth in last five years who received iron and folic acid during their most recent pregnancy	73		73	62
Household consumption of any iodised salt	89	NA	NA	53

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.