



# Mauritius

## 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%.

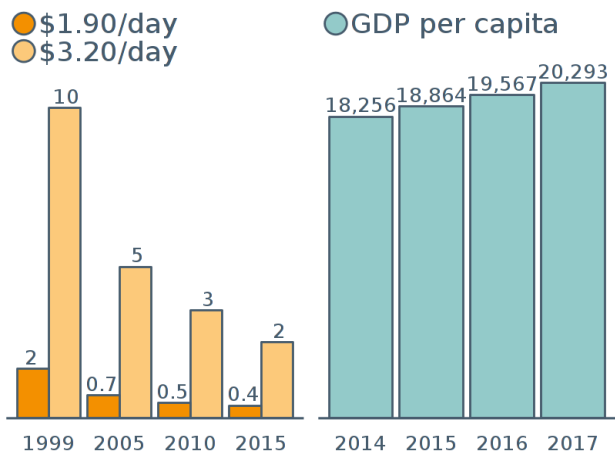
### Progress against global nutrition targets 2018



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.

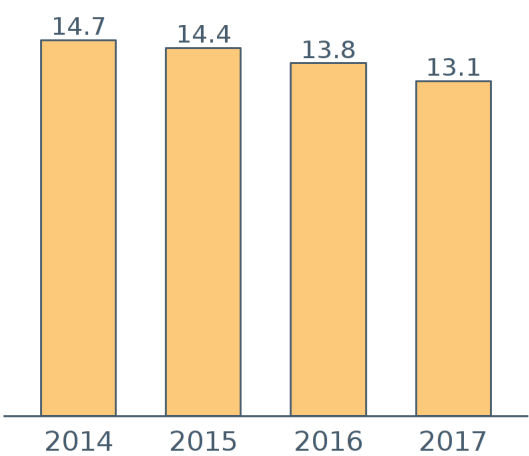
## Economics and demography

### 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 |
|-------------------------------|------------------------------|------|
| 36                            | 67                           | 2012 |

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>

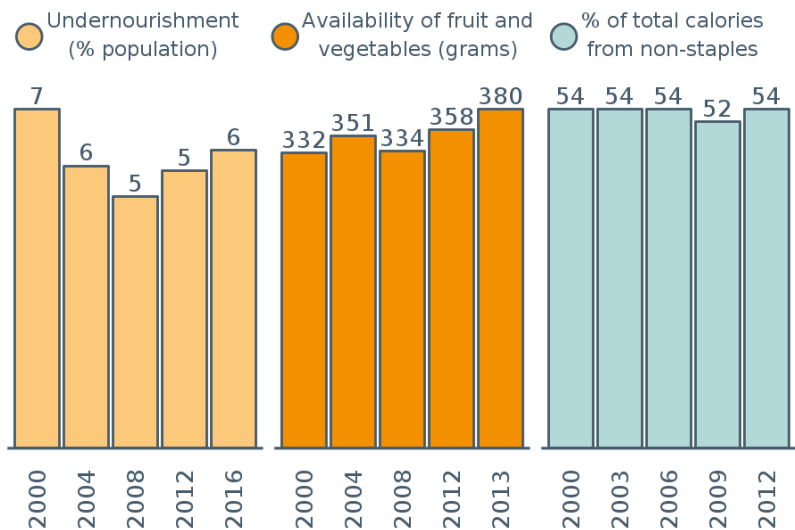
### Population

|                          |       |      |
|--------------------------|-------|------|
| Population (000)         | 1,265 | 2017 |
| Under-5 population (000) | 67    | 2018 |
| Rural (%)                | 59    | 2017 |
| >65 years (000)          | 145   | 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>         | 0.37 | 2017 |
| Gender Inequality Index (country rank) <sup>2</sup>   | 83   | 2017 |

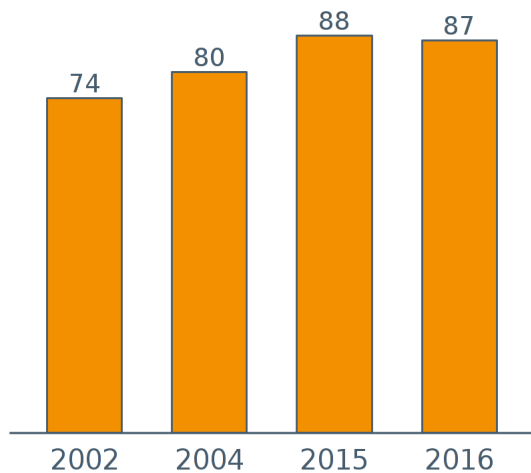
Sources: UNICEF 2018;<sup>1</sup> UNDP 2018.<sup>2</sup>  
Note: \*0 = low inequality, 1 = high inequality.

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

|                          |      |      |
|--------------------------|------|------|
| Physicians               | 2.0  | 2015 |
| Nurses and midwives      | 3.35 | 2015 |
| Community health workers | 0.19 | 2004 |

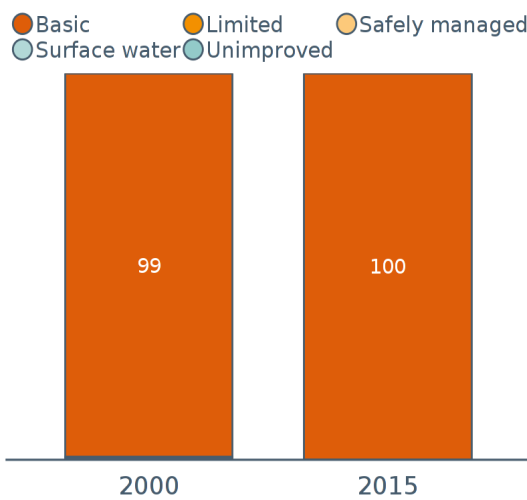
Source: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.

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



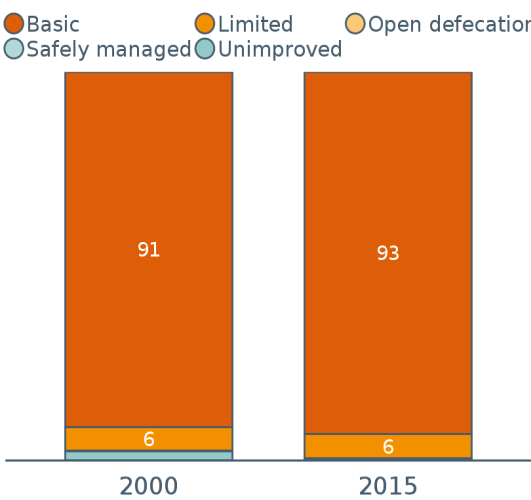
Source: UNESCO Institute for Statistics 2018.

### Drinking water coverage (% population)



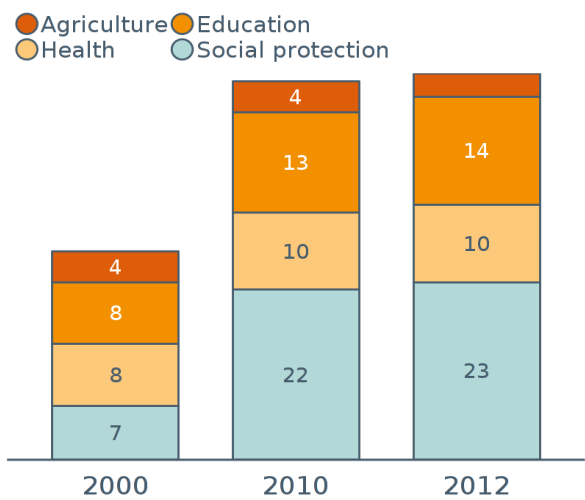
Source: WHO/UNICEF Joint Monitoring Programme 2017.

### 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.

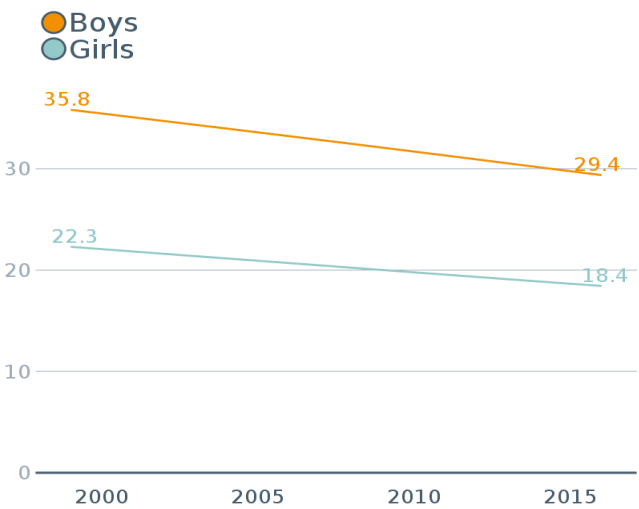
## Child feeding practices



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

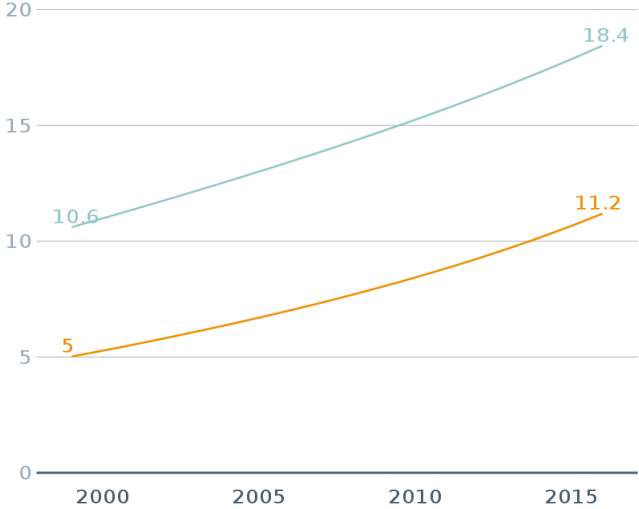
## Children and adolescent (aged 5–19) nutrition status

Ages 5–19 by gender: underweight (%)

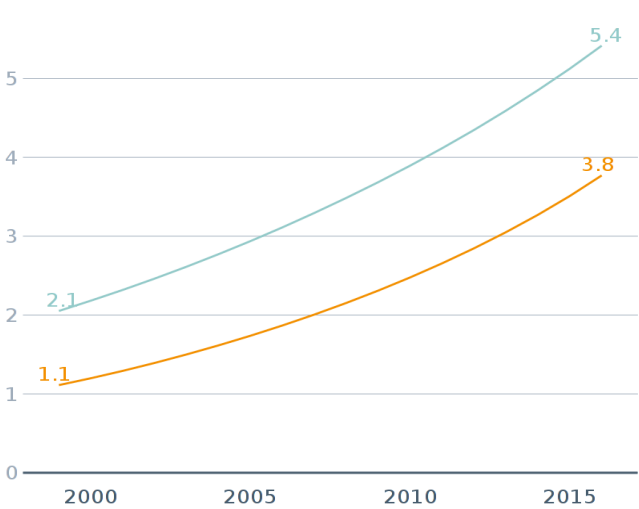


Source: NCD Risk Factor Collaboration.

Ages 5–19 by gender: overweight (%)

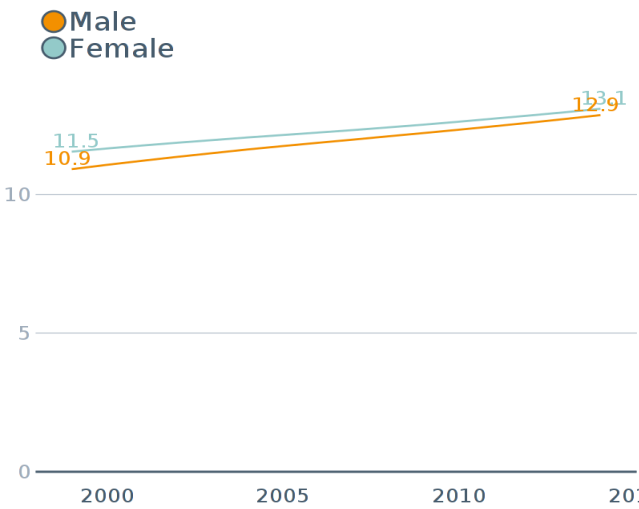


Ages 5–19 by gender: obesity (%)



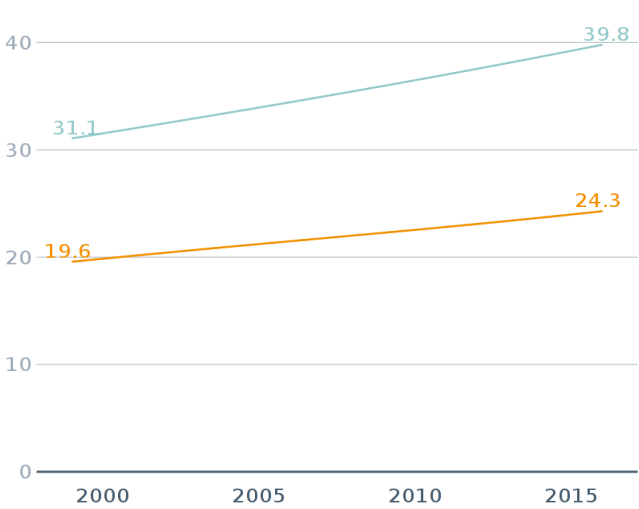
## Adult nutrition status

Adult by gender: diabetes (%)

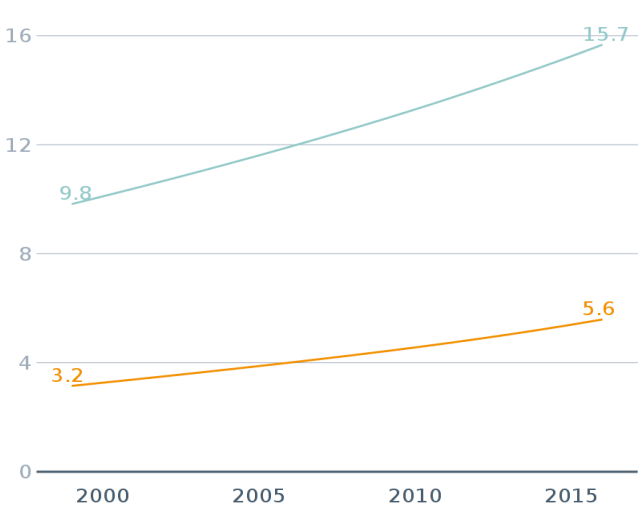


Source: NCD Risk Factor Collaboration.

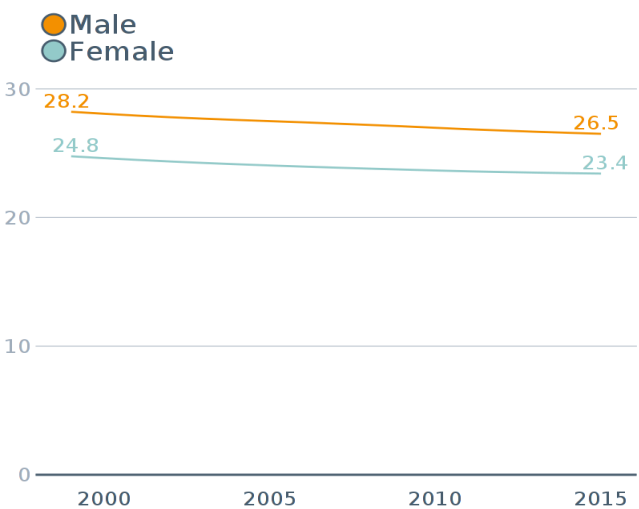
Adult by gender: overweight (%)



Adult by gender: obesity (%)

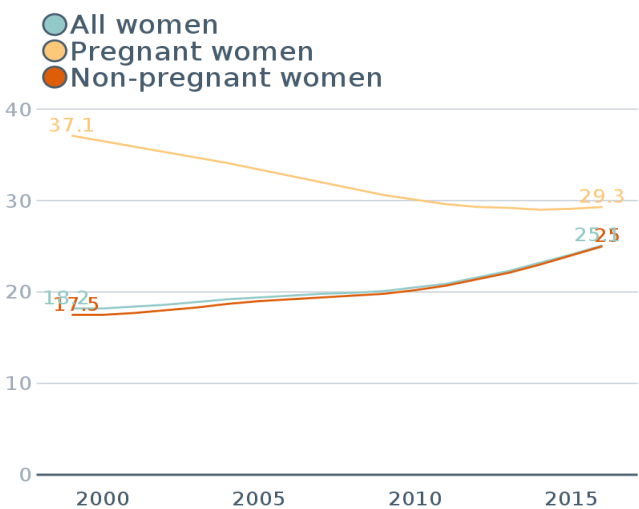


Adult by gender: raised blood pressure (%)



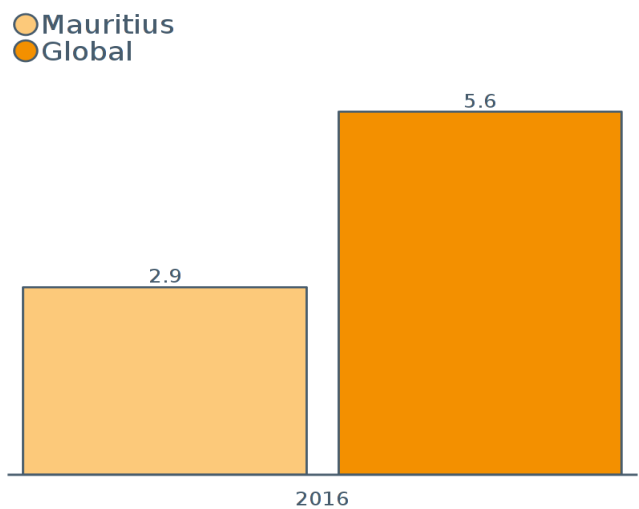
Source: NCD Risk Factor Collaboration.

Adult by gender: anaemia in WRA (%)



Source: WHO Global Health Observatory.  
Note: WRA = women of reproductive age.

Adult: sodium intake (grams per day)



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

Dietary needs



Mauritius

Africa

Global

88

95

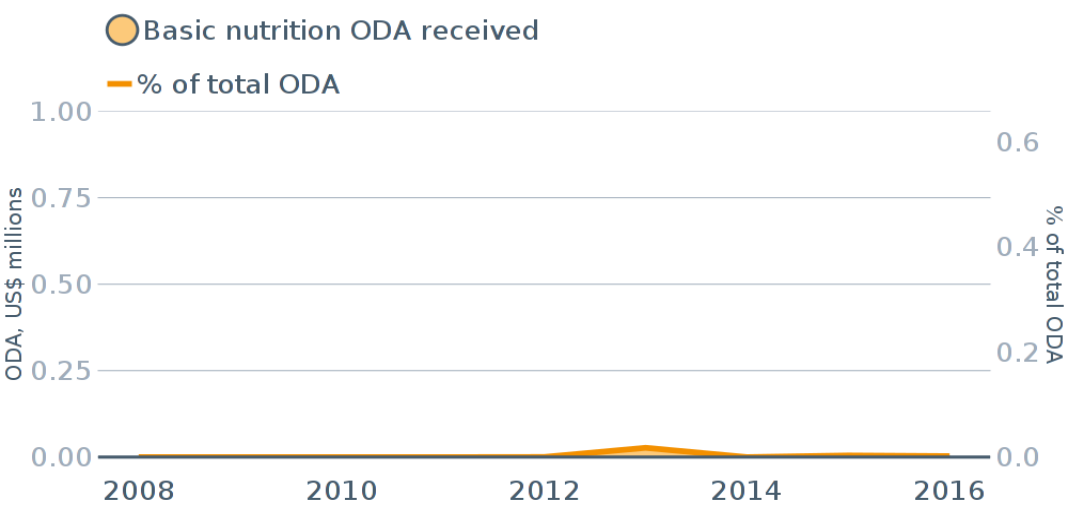
97

5

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  | NA  |
| Sugar-sweetened beverage tax               | Yes |
| 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      | No      | Yes              | Yes              | No                      | Yes     | No          | 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.