



Myanmar

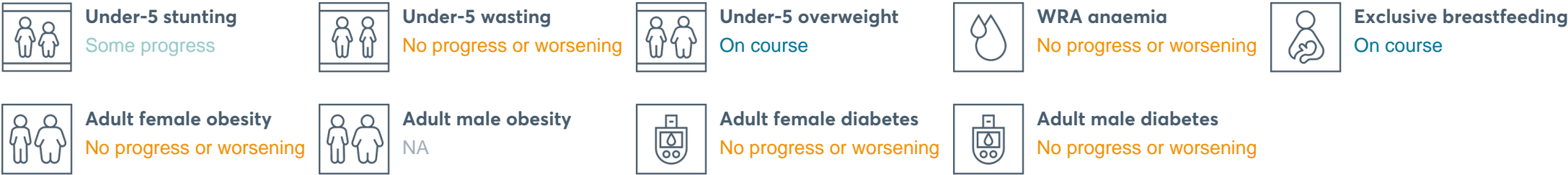
Overview

Burden classification

The Global Nutrition Report classifies this country as experiencing two forms of malnutrition – 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 ≥20%; anaemia in women of reproductive age ≥20%; overweight (body mass index ≥25) in adult women aged ≥18 years ≥35%.

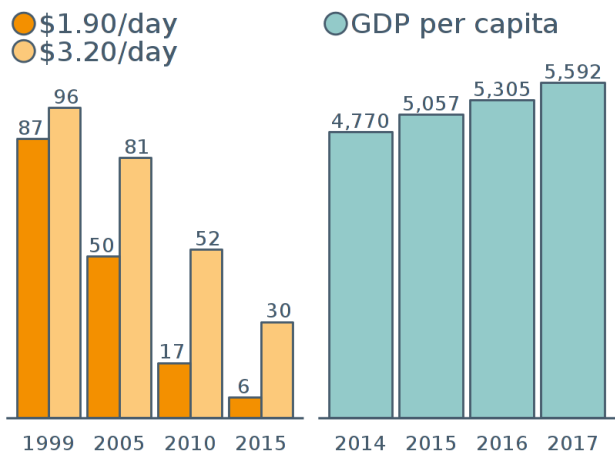
Progress against global nutrition targets 2018



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.

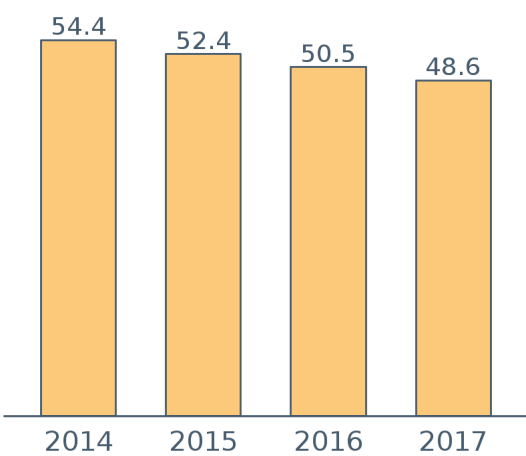
Economics and demography

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 ¹	Gini index rank ²	Year
38	88	2015

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

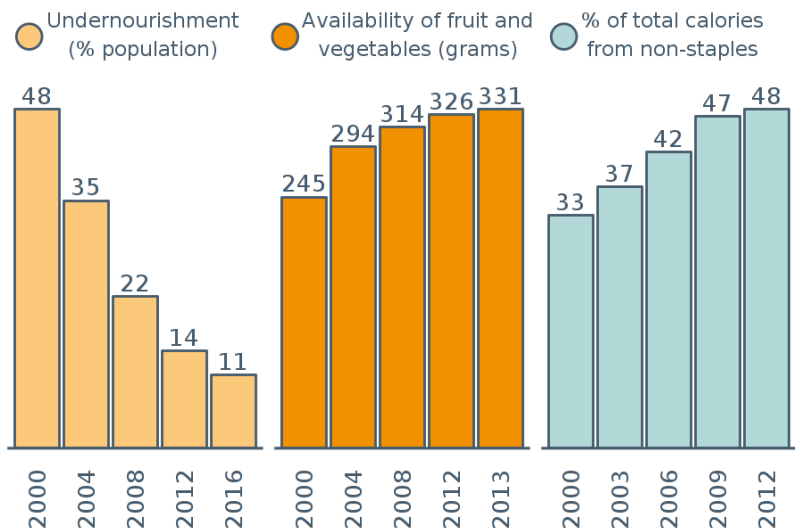
Population

Population (000)	53,371	2017
Under-5 population (000)	4,509	2018
Rural (%)	70	2017
>65 years (000)	3,214	2018

Source: UN Population Division 2017.

Underlying determinants

Food supply



Source: FAOSTAT 2018.

Gender-related determinants

Early childbearing: births by age 18 (%) ¹	13	2007
Gender Inequality Index (score*) ²	0.46	2017
Gender Inequality Index (country rank) ²	105	2017

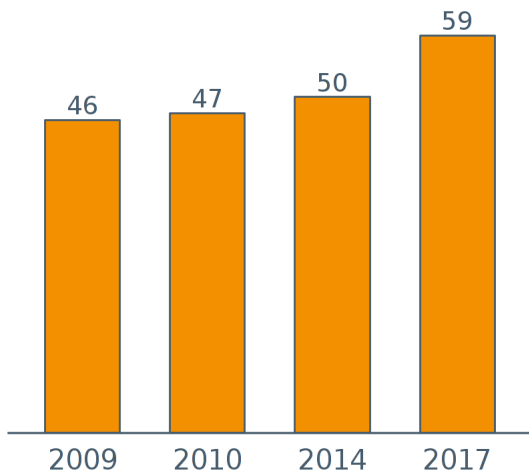
Sources: UNICEF 2018;¹ UNDP 2018.²
Note: *0 = low inequality, 1 = high inequality.

Population density of health workers per 1,000 people

Physicians	0.57	2012
Nurses and midwives	0.93	2012
Community health workers	0.2	2012

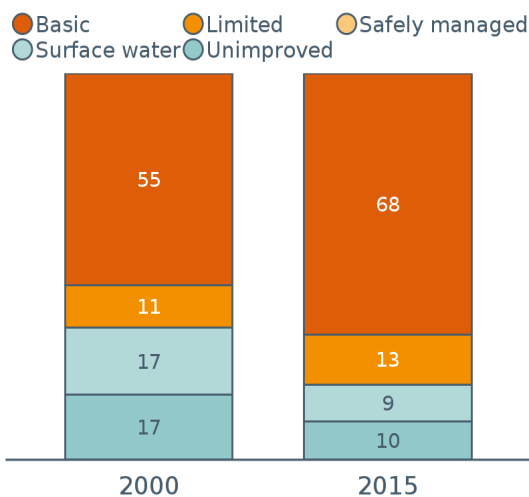
Source: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.

Female secondary education enrolment (net, % population)



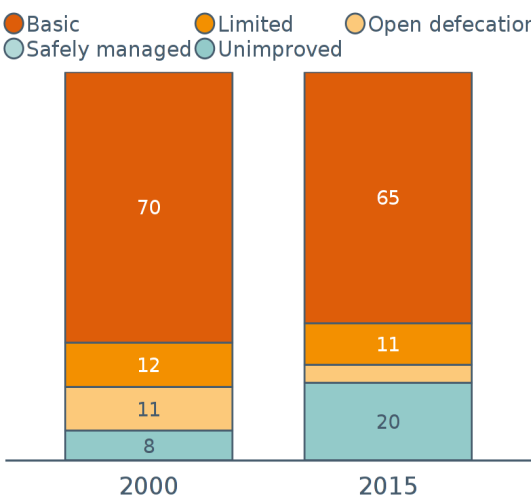
Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)



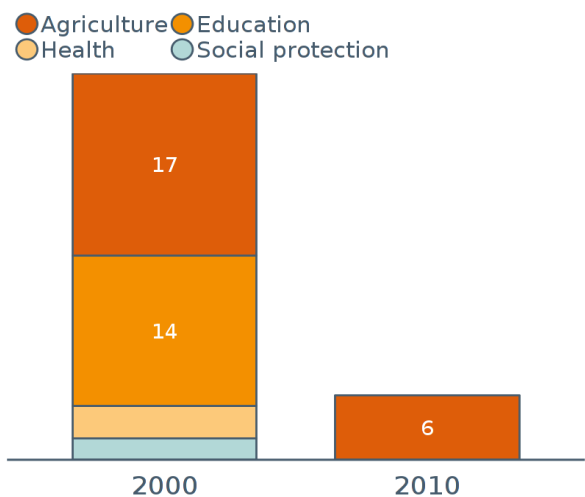
Source: WHO/UNICEF Joint Monitoring Programme 2017.

Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2017.

Government expenditures (% total)

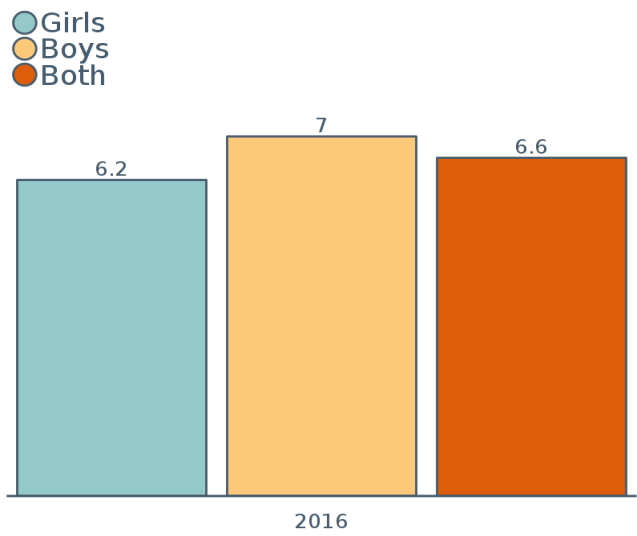


Source: IFPRI 2015.

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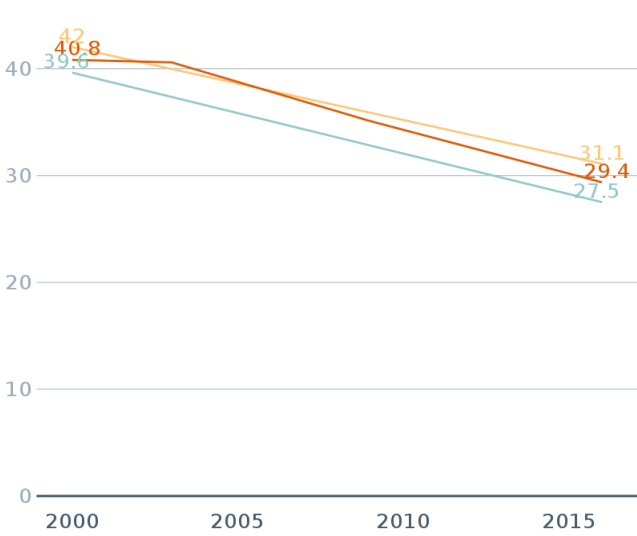
Children (under 5) nutrition status

Under 5 by gender: wasting (%)

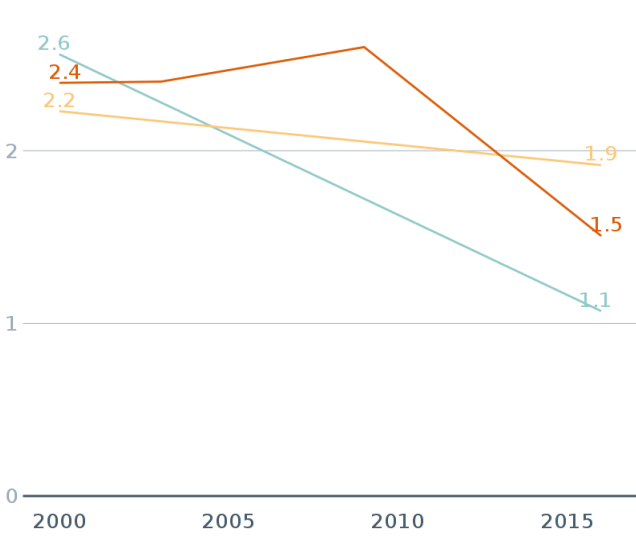


Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

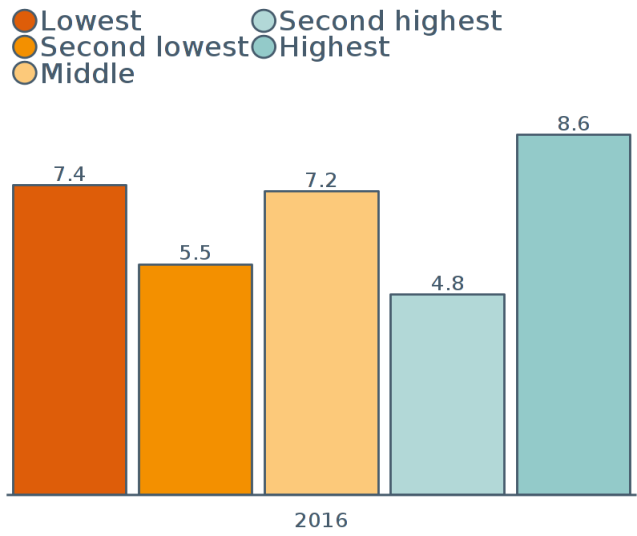
Under 5 by gender: stunting (%)



Under 5 by gender: overweight (%)

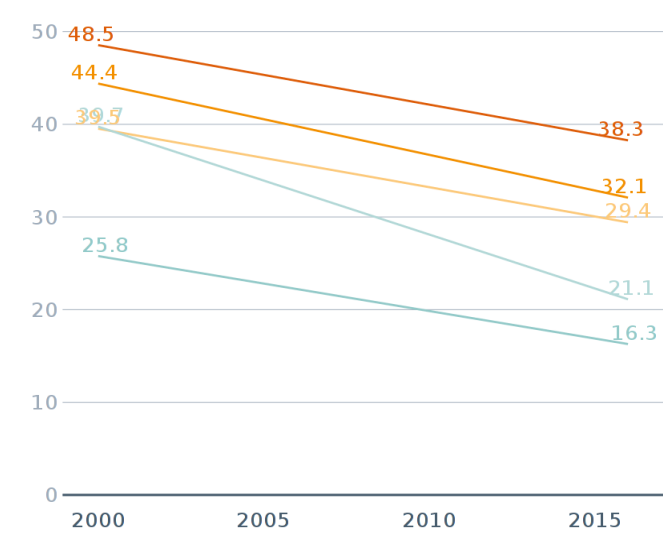


Under 5 by household income: wasting (%)

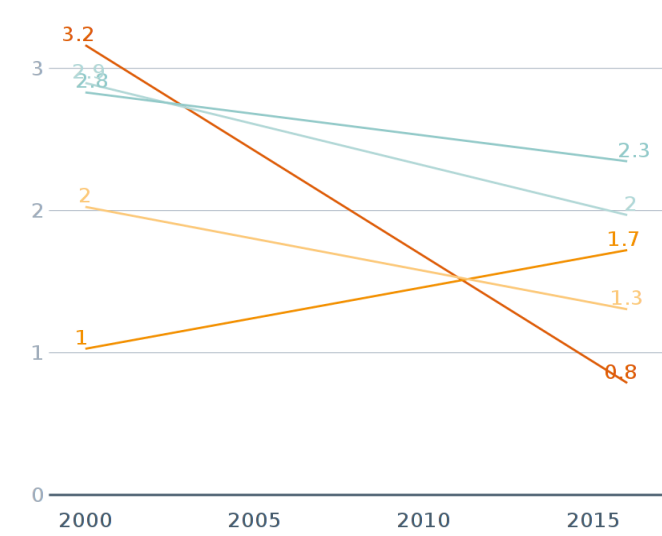


Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

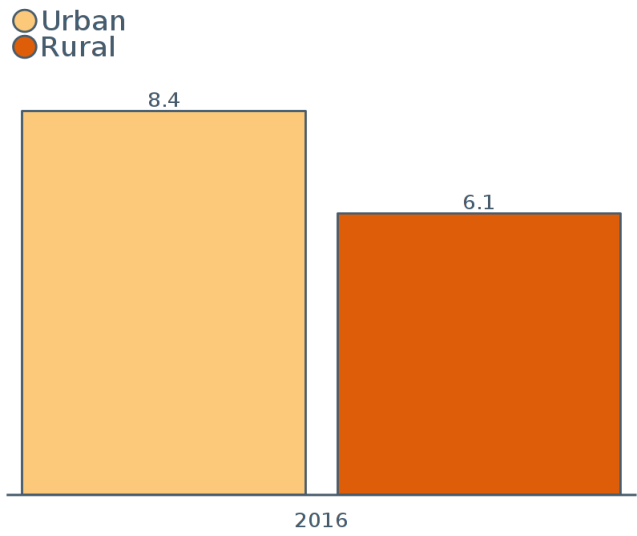
Under 5 by household income: stunting (%)



Under 5 by household income: overweight (%)

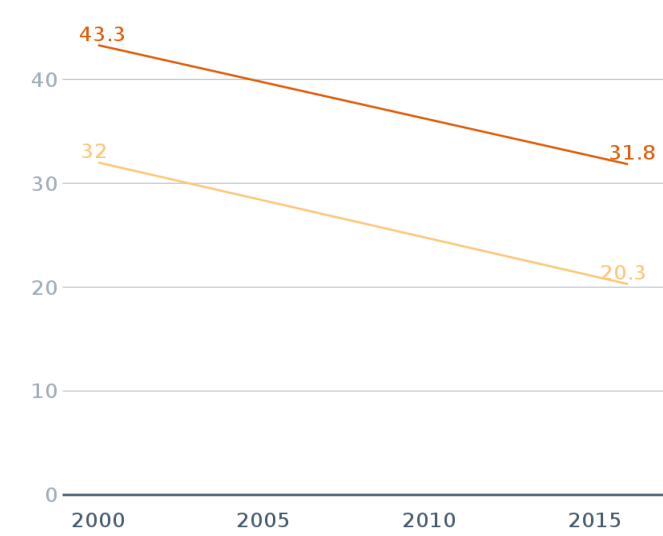


Under 5 by household location: wasting (%)

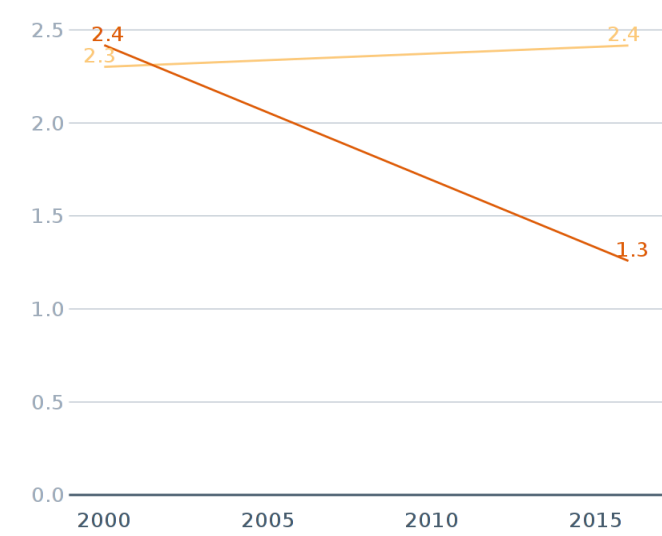


Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

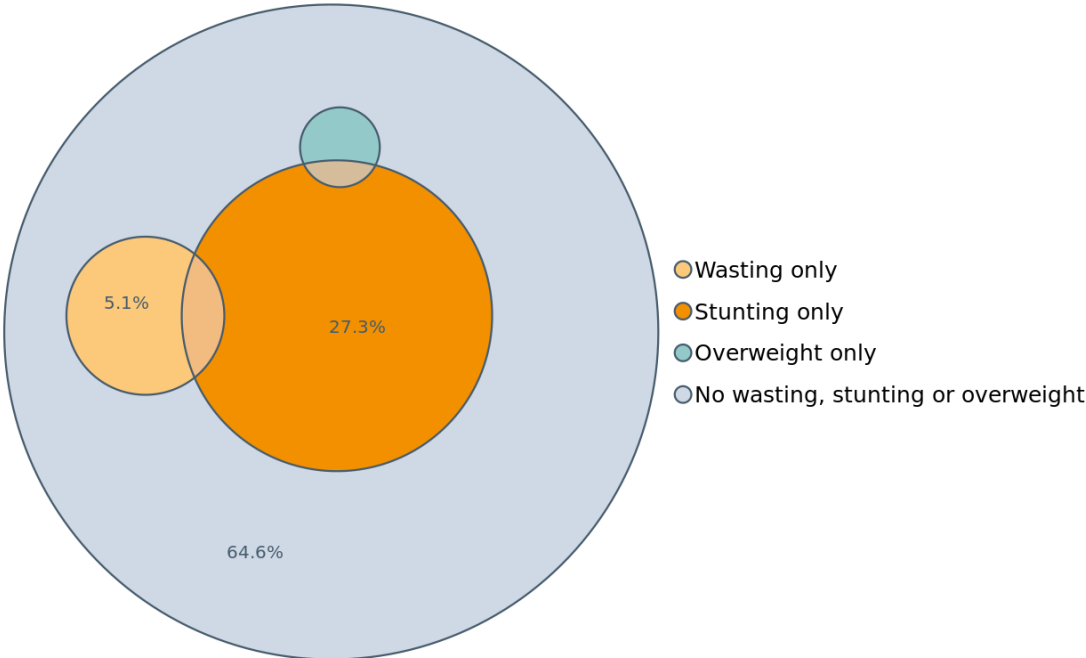
Under 5 by household location: stunting (%)



Under 5 by household location: overweight (%)

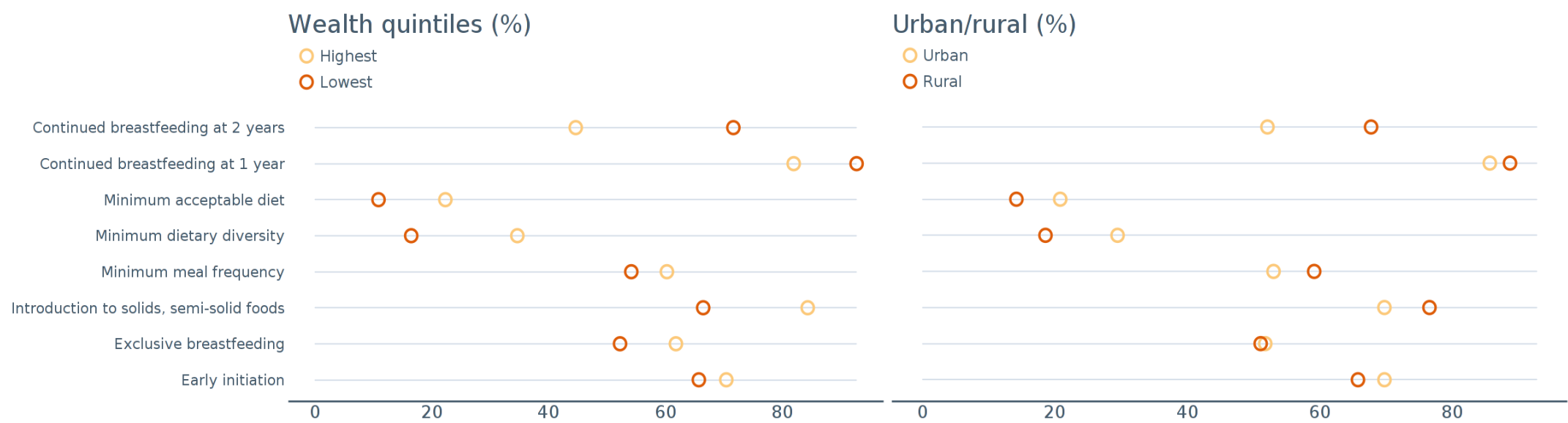


Under-5 coexistence of wasting, stunting and overweight



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.

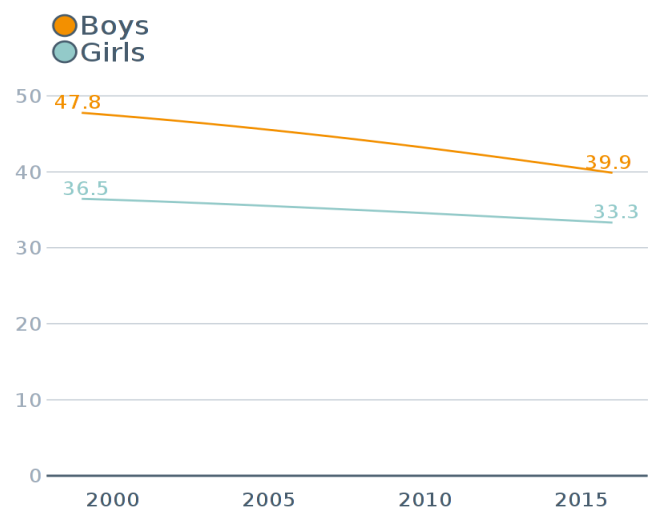
Child feeding practices



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

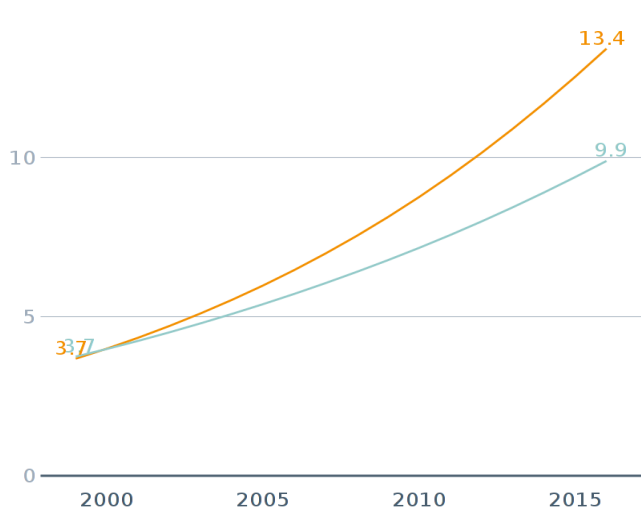
Children and adolescent (aged 5–19) nutrition status

Ages 5–19 by gender: underweight (%)

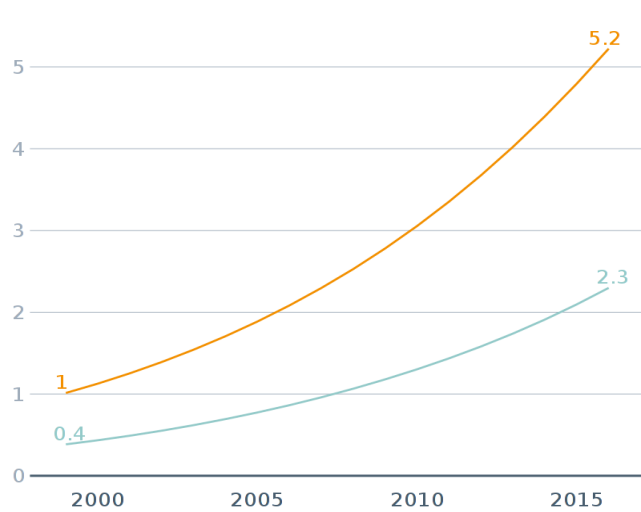


Source: NCD Risk Factor Collaboration.

Ages 5–19 by gender: overweight (%)

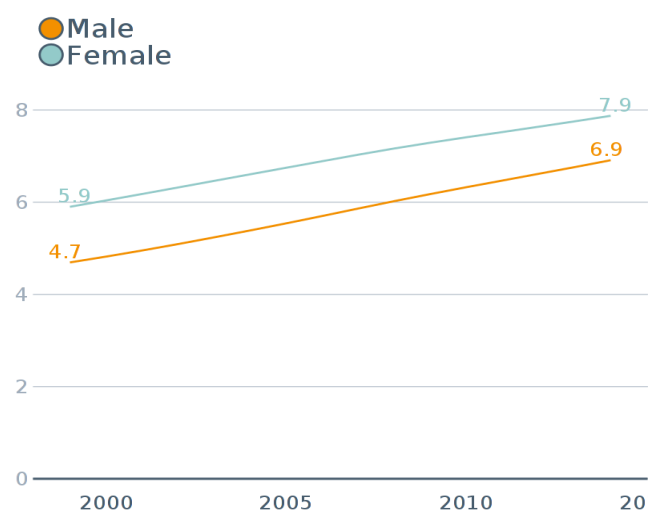


Ages 5–19 by gender: obesity (%)



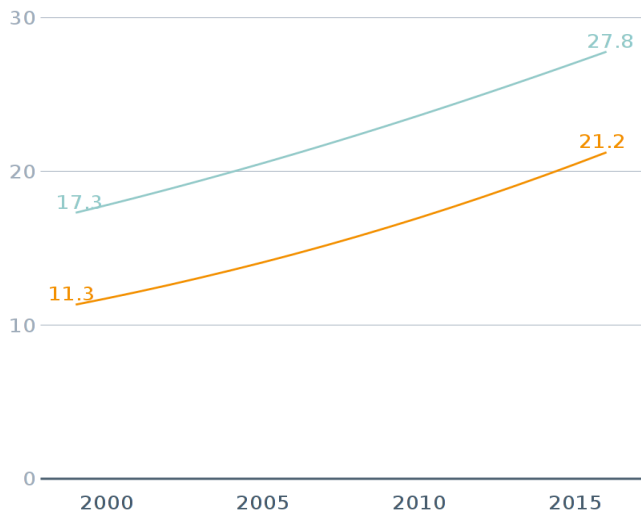
Adult nutrition status

Adult by gender: diabetes (%)

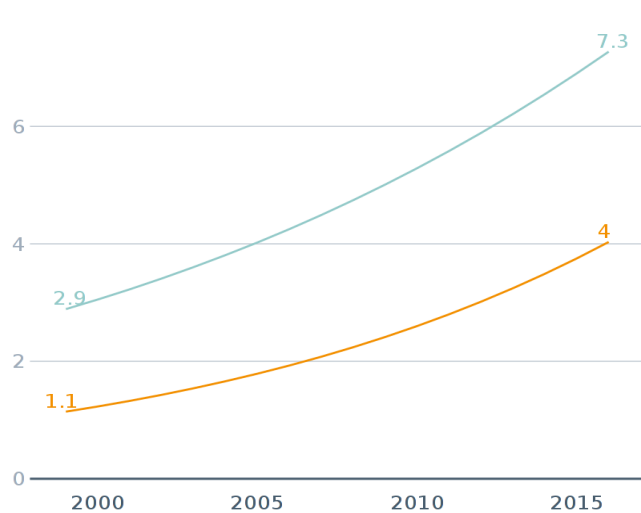


Source: NCD Risk Factor Collaboration.

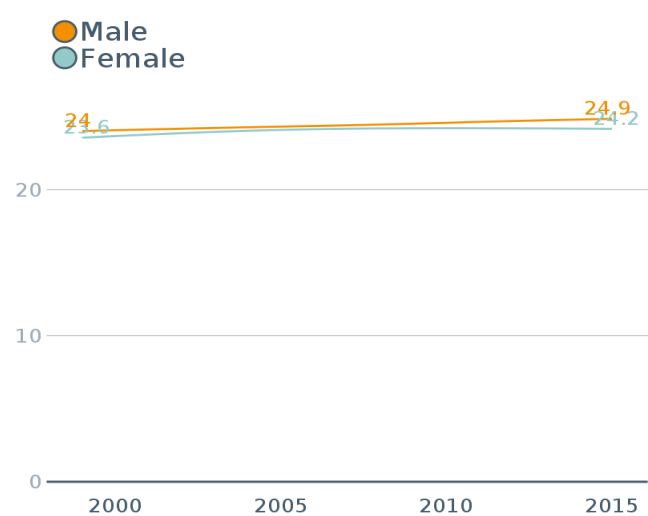
Adult by gender: overweight (%)



Adult by gender: obesity (%)

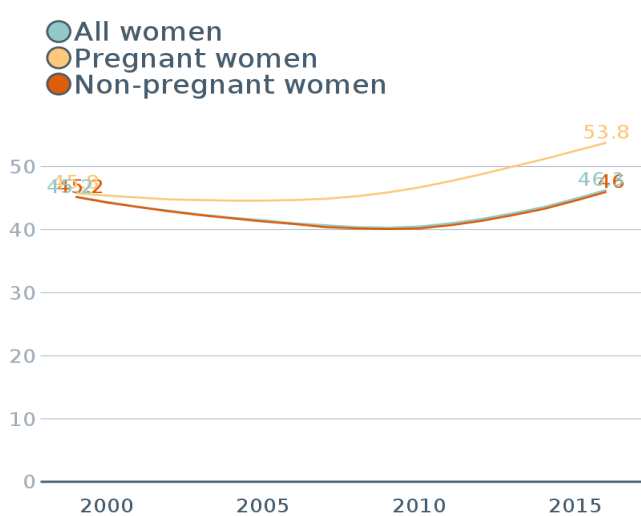


Adult by gender: raised blood pressure (%)



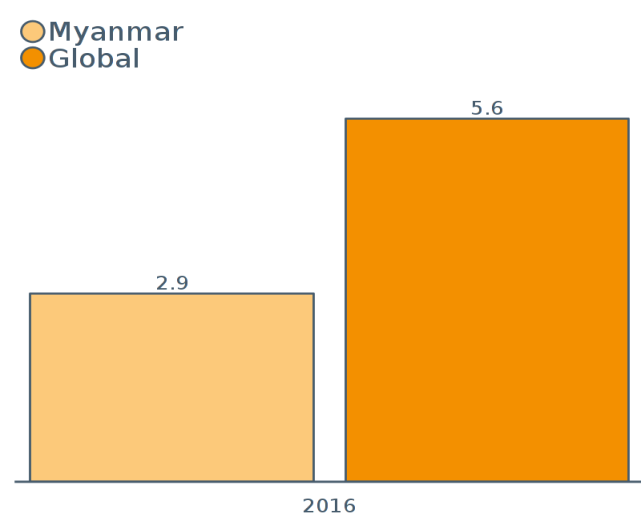
Source: NCD Risk Factor Collaboration.

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



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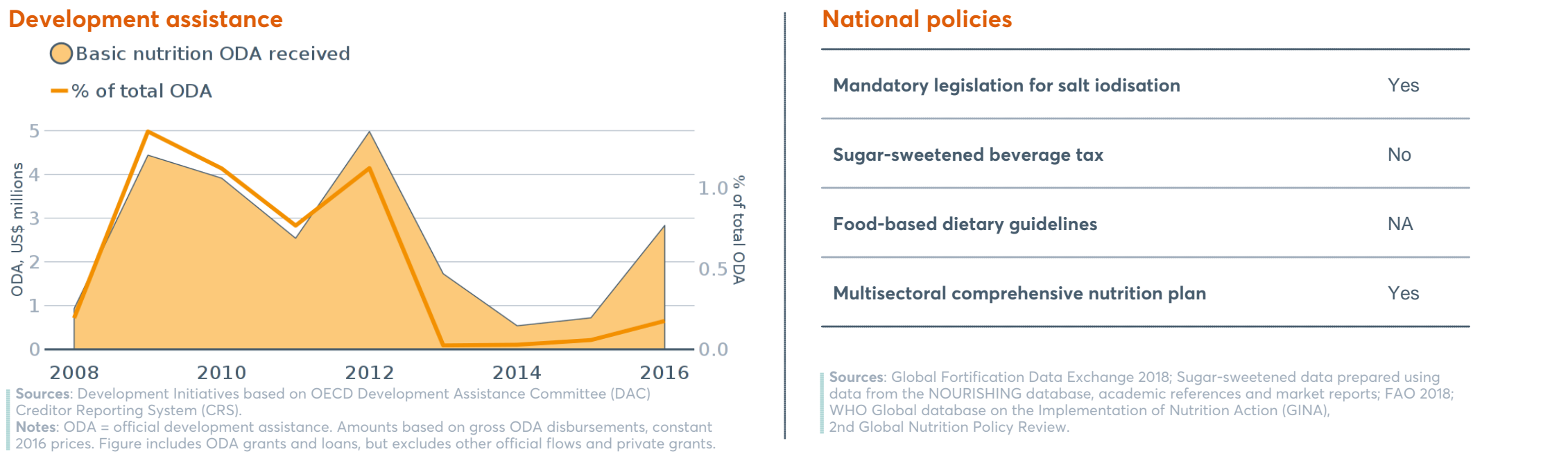
Asia

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



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	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	8	NA	NA	2015
Children 6–59 months who received vitamin A supplements in last 6 months	54	53	56	2015
Children 6–59 months given iron supplements in past 7 days	8	8	9	2015
Women with a birth in last five years who received iron and folic acid during their most recent pregnancy	87		87	2015
Household consumption of any iodised salt	82	NA	NA	2015

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.