# Brazil



## **Overview**

#### **Burden classification**

#### The Global Nutrition Report classifies this country as experiencing two forms of malnutrition – overweight and anaemia

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



Under-5 wasting



Under-5 overweight



**WRA** anaemia

No progress or worsening



**Exclusive breastfeeding** 

NA

Adult female obesity
No progress or worsening



Adult male obesity
No progress or worsening



Adult female diabetes
No progress or worsening



Adult male diabetes

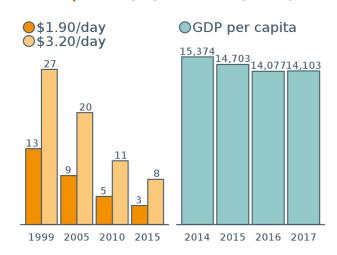
No progress or worsening

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.

rank)<sup>2</sup>

**Gender-related determinants** 

Early childbearing: births by age 18

Gender Inequality Index (score\*)<sup>2</sup>

**Gender Inequality Index (country** 

Population density of health workers

Source: WHO's Global Health Workforce Statistics, OECD,

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

per 1,000 people

**Nurses and midwives** 

Community health workers

**Physicians** 

### Income inequality

Gini index score <sup>1</sup>	Gini index rank <sup>2</sup>	Year	
51	147	2015	

Source: World Bank 2018.

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

#### **Population**

NA

0.41

93

NA

2017

2017

1.85 2013

2013

NA

7.44

NA

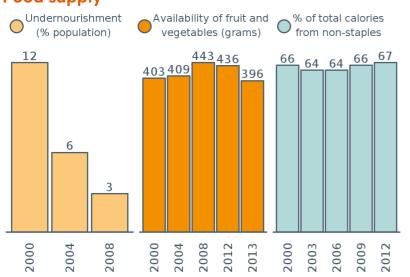
Population (000)	209,288	2017
Under-5 population (000)	14,648	2018
Rural (%)	14	2017
>65 years (000)	18,711	2018

Source: UN Population Division 2017.

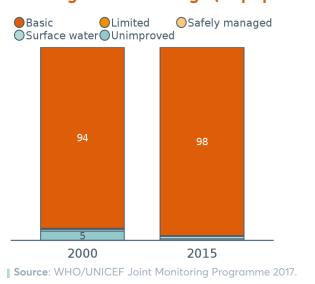
# **Underlying determinants**

#### Food supply

| Source: FAOSTAT 2018.

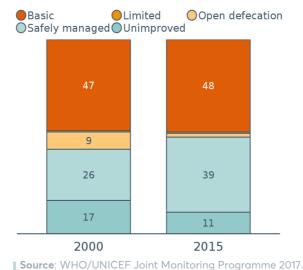


Drinking water coverage (% population)

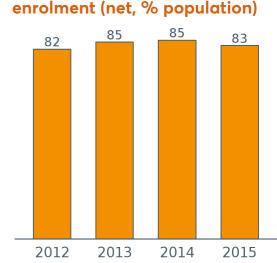


#### Sanitation coverage (% population)

supplemented by country data

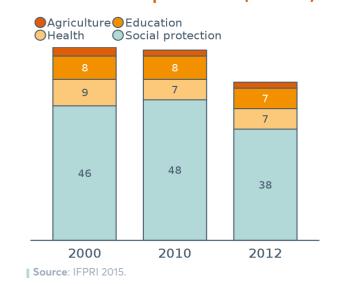


## Female secondary education



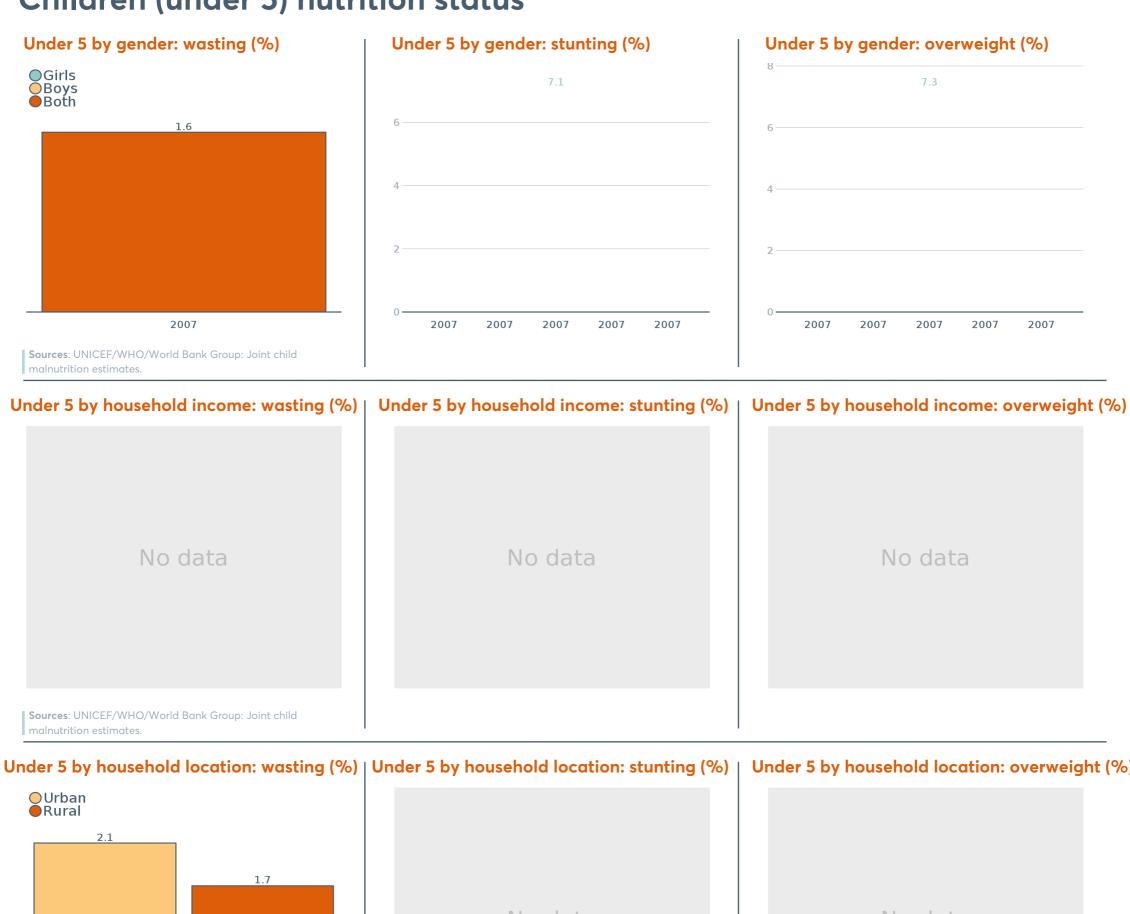
Source: UNESCO Institute for Statistics 2018.

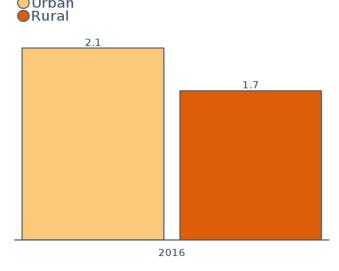
#### Government expenditures (% total)



# Brazil

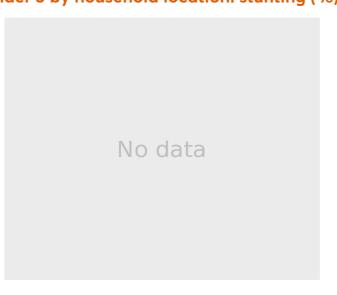
# Children (under 5) nutrition status





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

malnutrition estimates.





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

No data

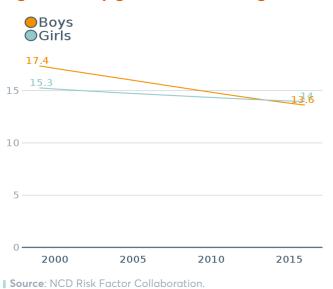
## Child feeding practices

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

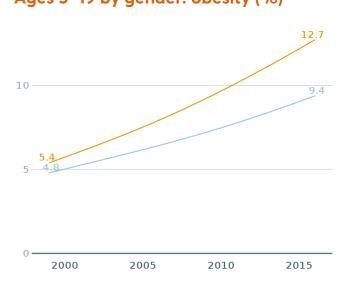
Ages 5-19 by gender: underweight (%)



Ages 5-19 by gender: overweight (%)

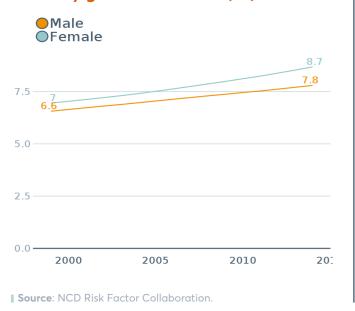


Ages 5-19 by gender: obesity (%)



## **Adult nutrition status**

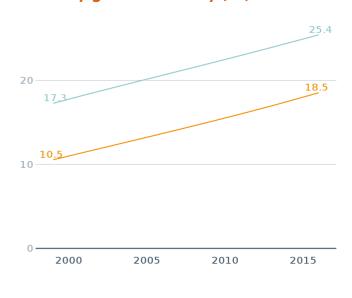
Adult by gender: diabetes (%)



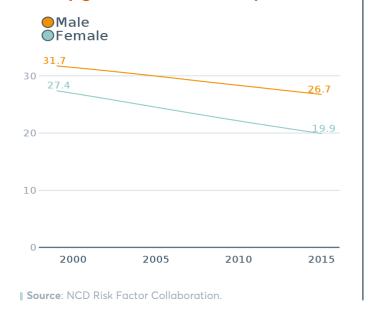
Adult by gender: overweight (%)



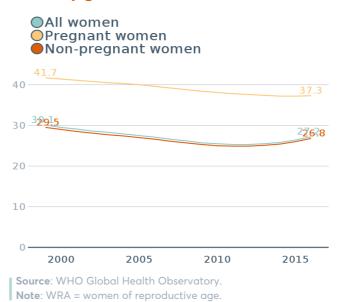
Adult by gender: obesity (%)



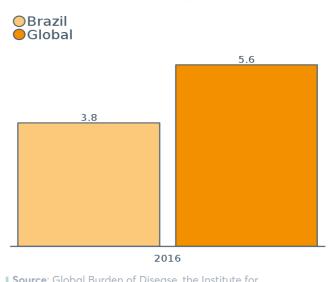
Adult by gender: raised blood pressure (%) |



Adult by gender: anaemia in WRA (%)

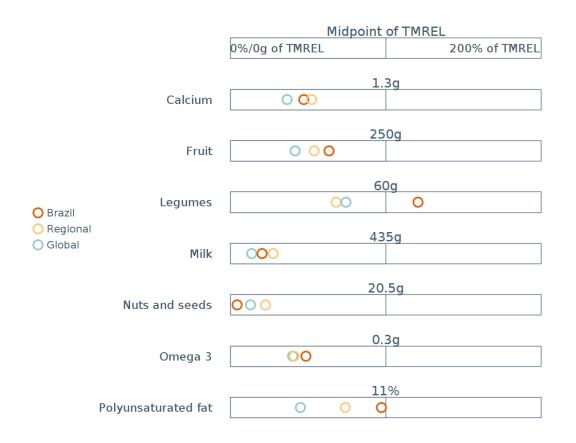


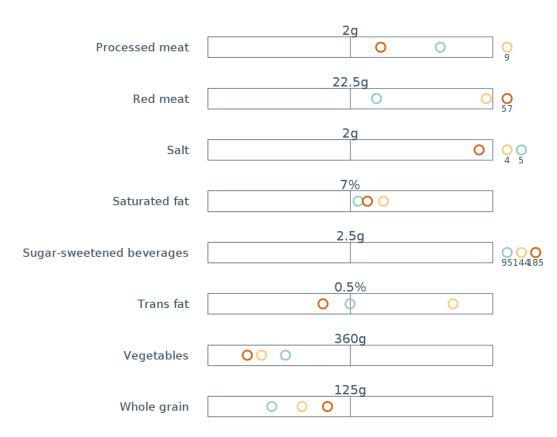
Adult: sodium intake (grams per day)



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

## **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** Basic nutrition ODA received -% of total ODA ODA, US\$ millions ᅌ tota 0.0 0.0

Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

2012

**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	Yes
Sugar-sweetened beverage tax	No
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 breastfeeding	Wasting	Salt intake	Overweight adults and adolescents
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

2016

2014

# Intervention coverage

2010

2008

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.