

# Middle Africa

## Overview

### Nutritional information

In Middle Africa, there has been some progress towards achieving global nutrition targets. 4 countries are on course to meet the global target for infant exclusive breastfeeding. 3 countries are on course for under-five overweight. 2 countries are on course for under-five wasting. 1 country is on course for under-five stunting. However, no countries in Middle Africa are on course for each of anaemia in women of reproductive age, low birth weight, male diabetes, female diabetes, male obesity, and female obesity. 5 countries in Middle Africa have insufficient data to comprehensively assess their progress towards these global targets.

Middle Africa experiences a malnutrition burden among its under-five population. The average prevalence of overweight in under-fives is 4.8%, this is less than the global average of 5.9%. The prevalence of stunting in under-fives is 39.2% - the second highest compared to other subregions in Africa. The prevalence of wasting in under-fives is 7.4%, this is greater than the global average of 7.3%.

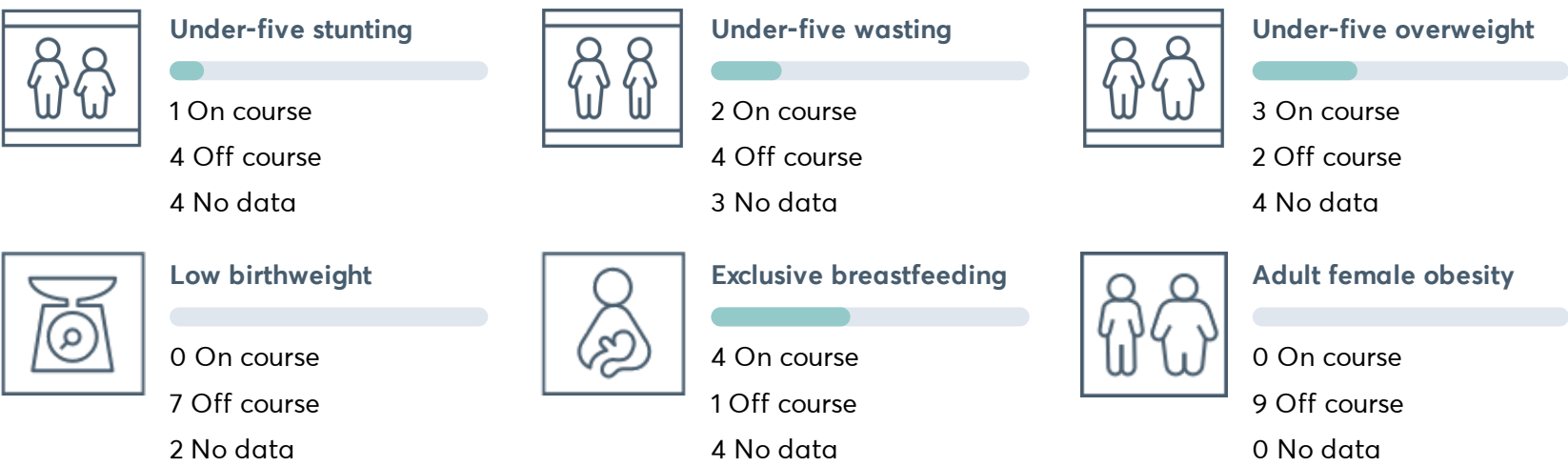
Some 39.2% of infants under 23 months in Middle Africa are exclusively breastfed, while the subregion's average low birth weight prevalence of 12.5% is less than the global average of 14.6%.

Middle Africa's adult population also face a malnutrition burden. An average of 43.6% of women of reproductive age have anaemia, and 7% of adult men suffer from diabetes, compared to 6.7% of women. Meanwhile, 11.4% of women and 4.1% of men suffer from obesity.

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

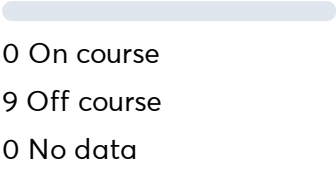
Notes: Thresholds for a country having the form or not: stunting in children aged under-five years >20%; anaemia in women of reproductive age >20%; overweight (body mass index >25) in adult women aged >18 years >35%.

### Progress against global nutrition targets 2018

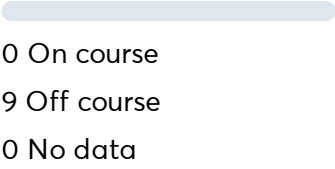




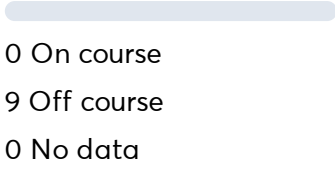
**Adult male obesity**



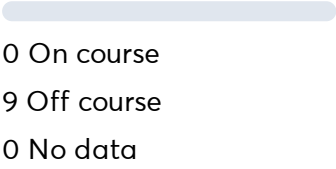
**Adult female diabetes**



**Adult male diabetes**



**WRA anaemia**

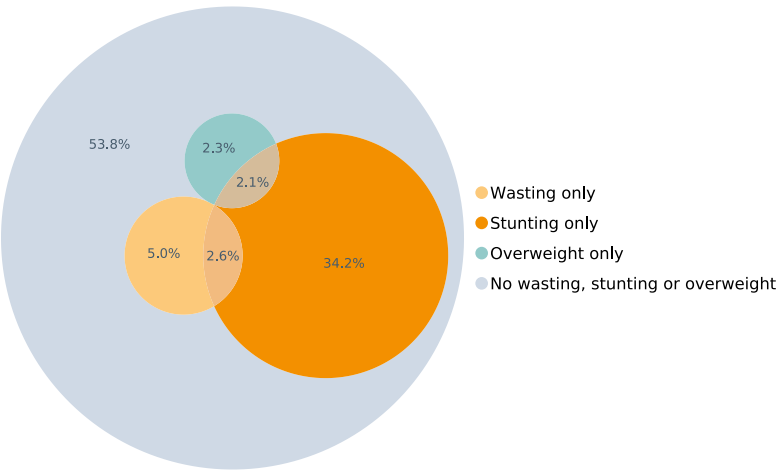


Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.

**Infant and child (under-five) status**

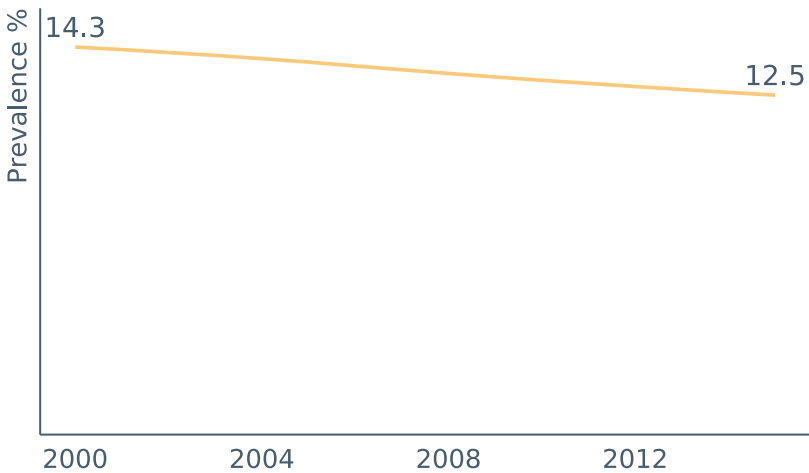
**Under-five coexistence of wasting, stunting and overweight**



Sources: UNICEF, Division of Data Research and Policy (2019). UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight, January 2019, New York.

Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition. 28 countries included in aggregates.

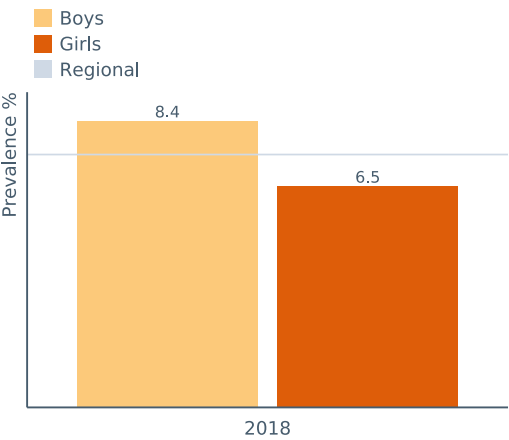
**Low birth weight (%)**



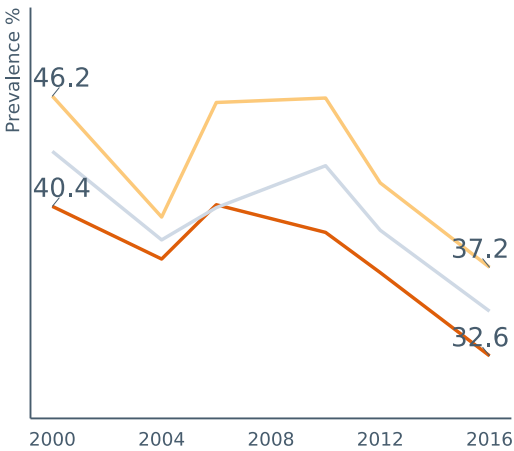
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

# Children (under-five) nutrition status

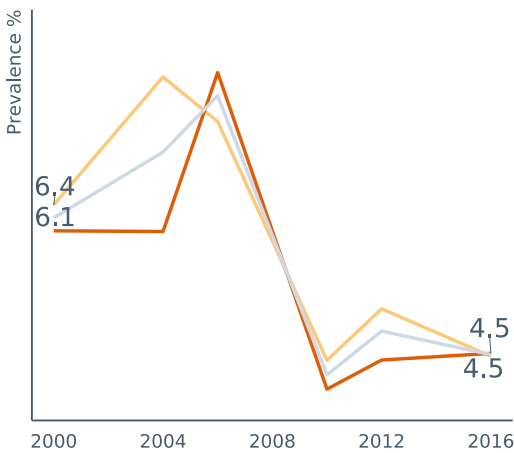
### Wasting by gender (%)



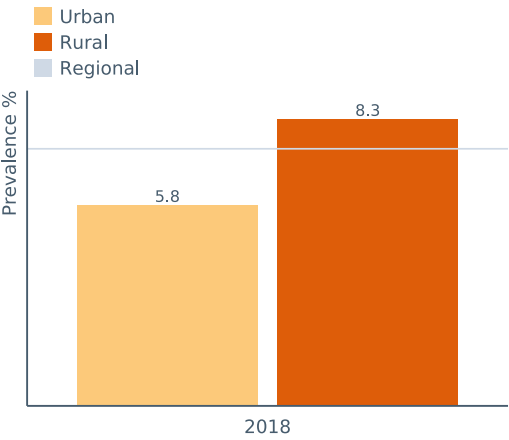
### Stunting by gender (%)



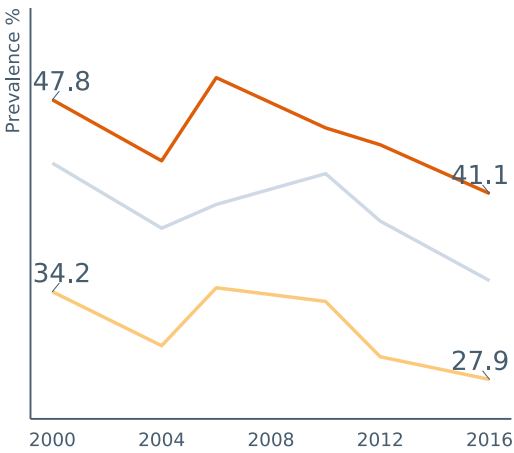
### Overweight by gender (%)



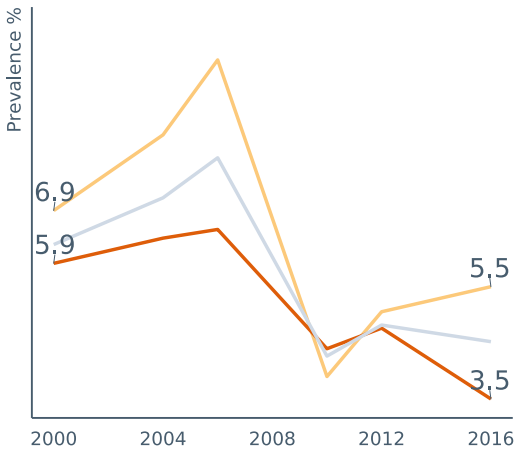
### Wasting by location (%)



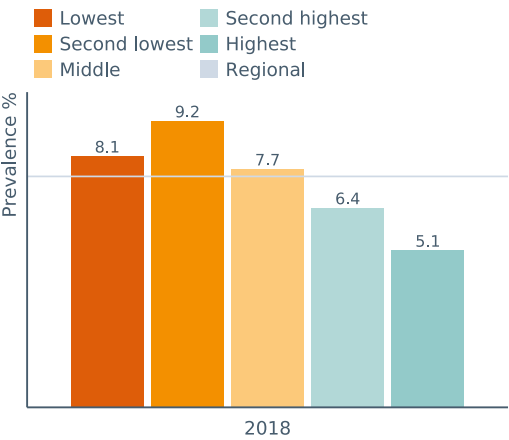
### Stunting by location (%)



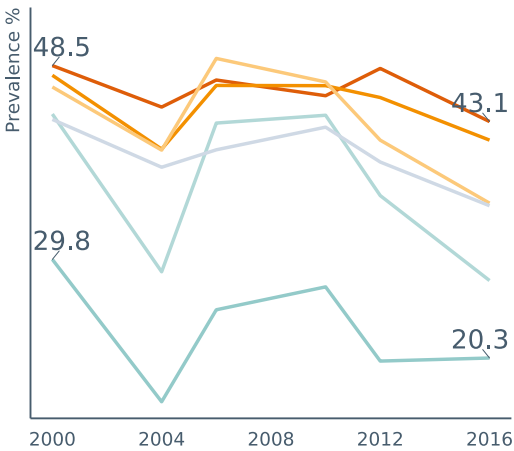
### Overweight by location (%)



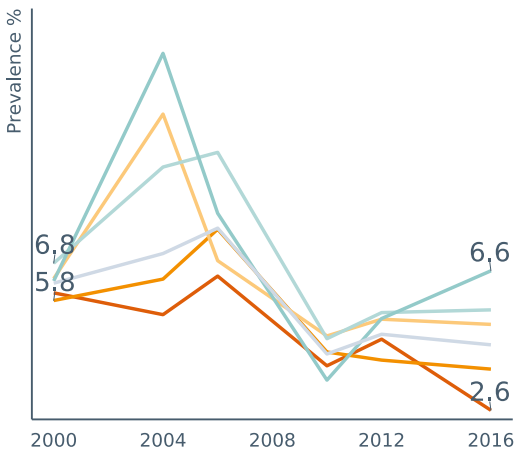
### Wasting by income (%)



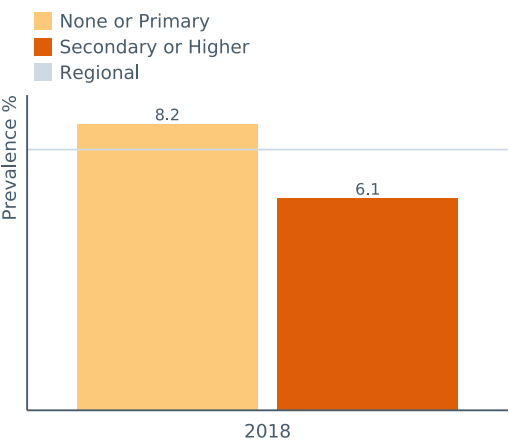
### Stunting by income (%)



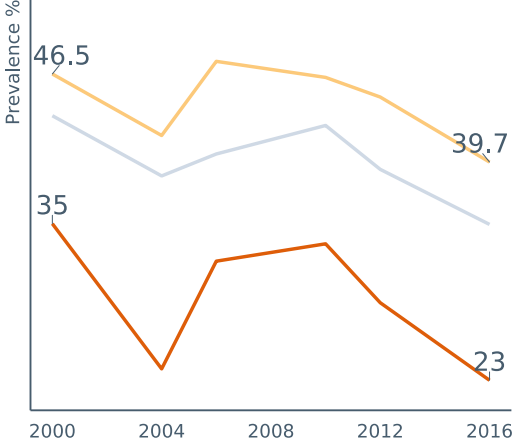
### Overweight by income (%)



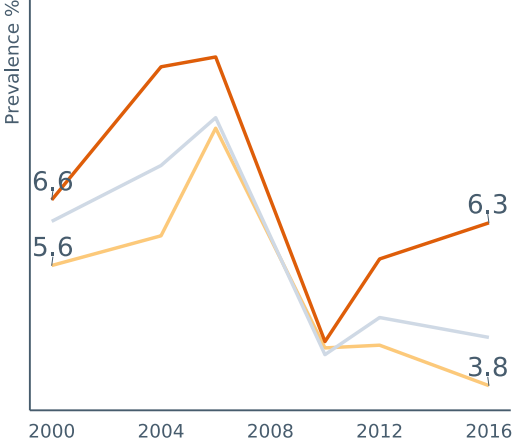
Wasting by education (%)



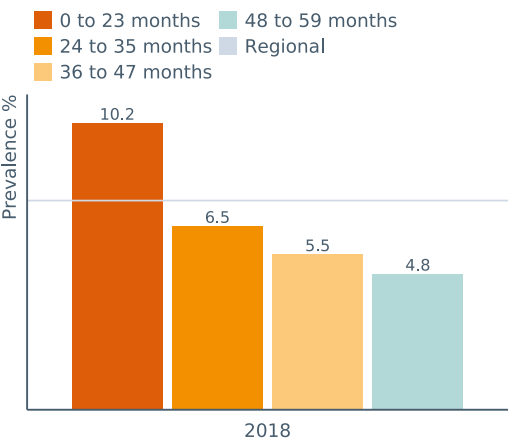
Stunting by education (%)



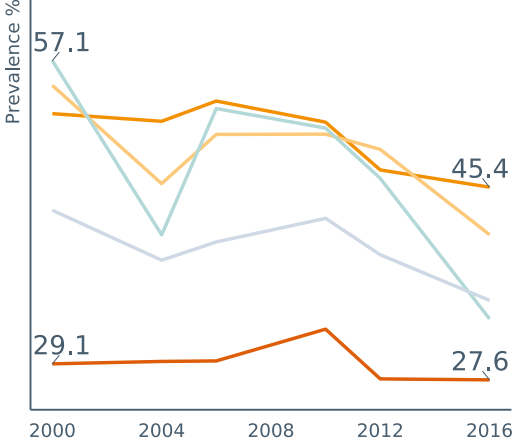
Overweight by education (%)



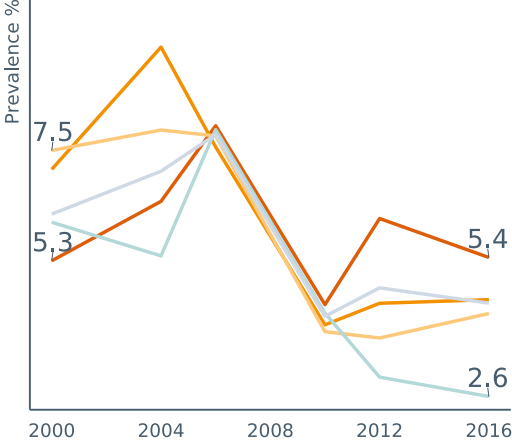
Wasting by age (%)



Stunting by age (%)



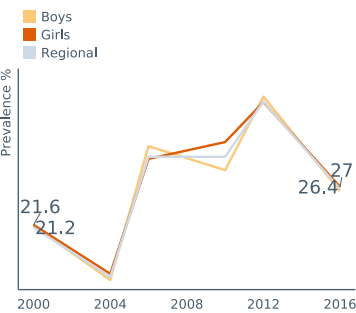
Overweight by age (%)



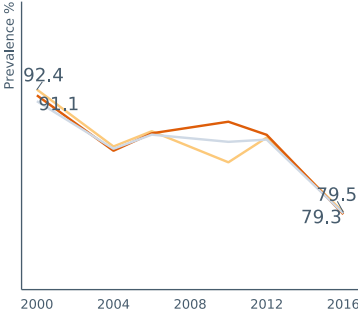
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. From 1 to 9 countries included in aggregates.

# Infant and child (under-five) feeding over time

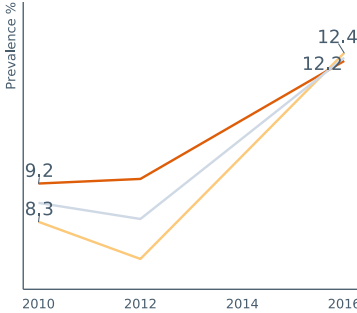
Exclusive breastfeeding by gender



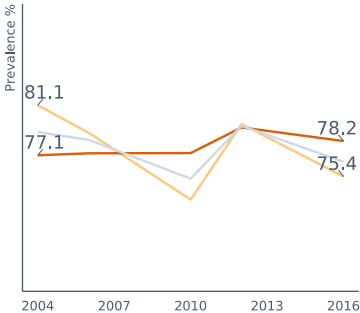
Continued breastfeeding at 1 year by gender



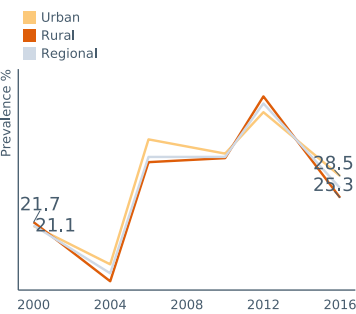
Minimum acceptable diet by gender



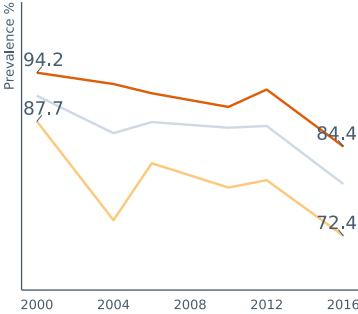
Introduction to solid, semi-solid or soft foods by gender



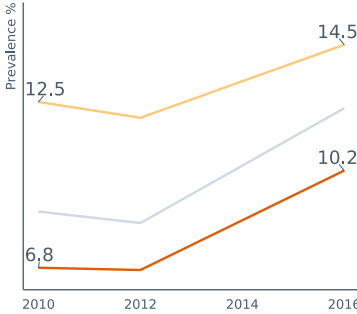
Exclusive breastfeeding by location



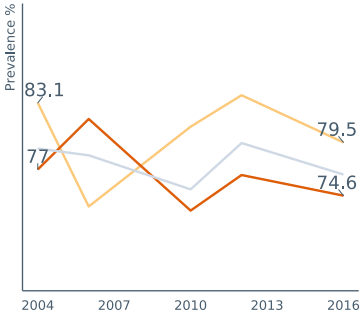
Continued breastfeeding at 1 year by location



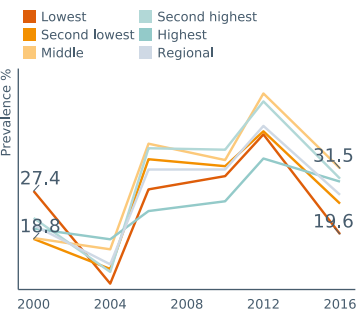
Minimum acceptable diet by location



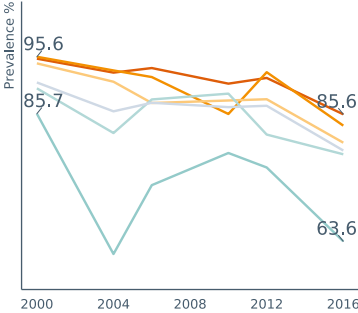
Introduction to solid, semi-solid or soft foods by location



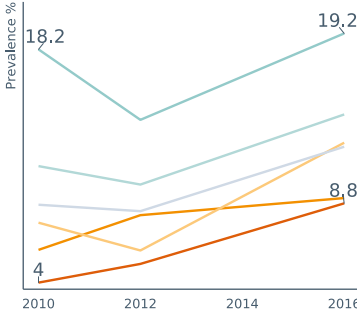
Exclusive breastfeeding by income



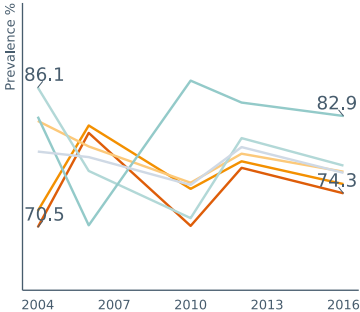
Continued breastfeeding at 1 year by income



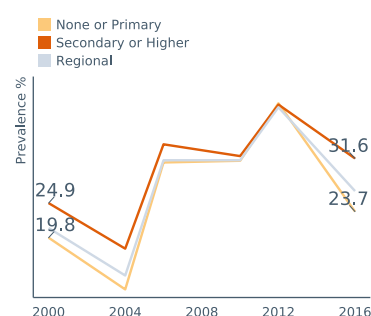
Minimum acceptable diet by income



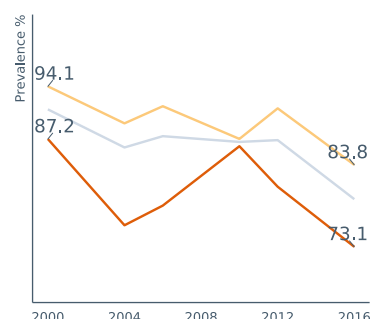
Introduction to solid, semi-solid or soft foods by income



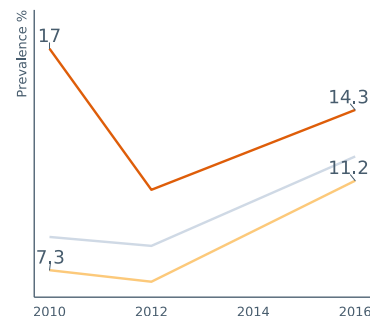
## Exclusive breastfeeding by mother's education



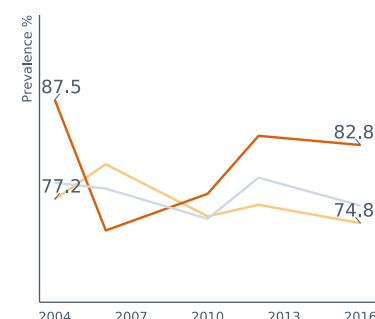
## Continued breastfeeding at 1 year by mother's education



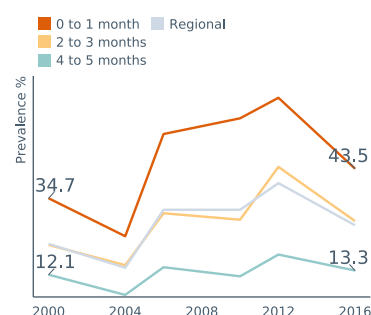
## Minimum acceptable diet by mother's education



## Introduction to solid, semi-solid or soft foods by mother's education



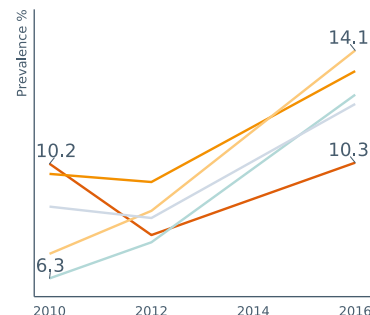
## Exclusive breastfeeding by age



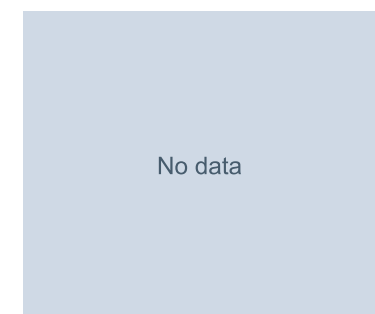
## Continued breastfeeding at 1 year by age



## Minimum acceptable diet by age

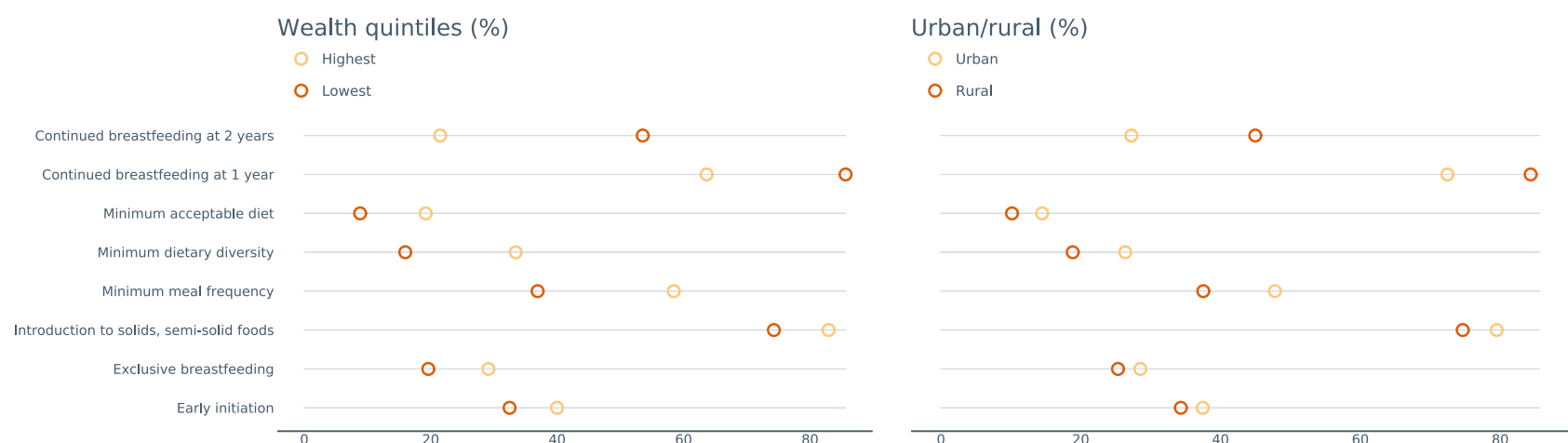


## Introduction to solid, semi-solid or soft foods by age



Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019. From 1 to 6 countries included in aggregates.

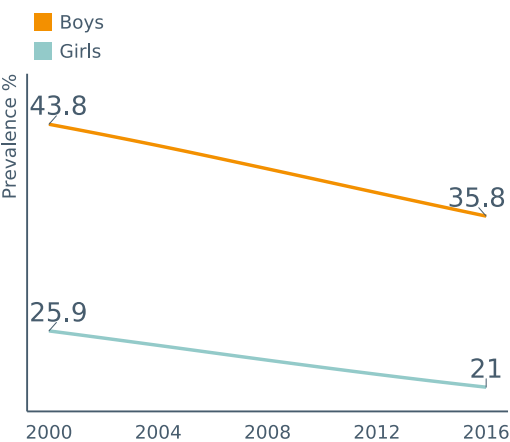
## Infant and young child feeding



Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019. From 1 to 6 countries included in aggregates.

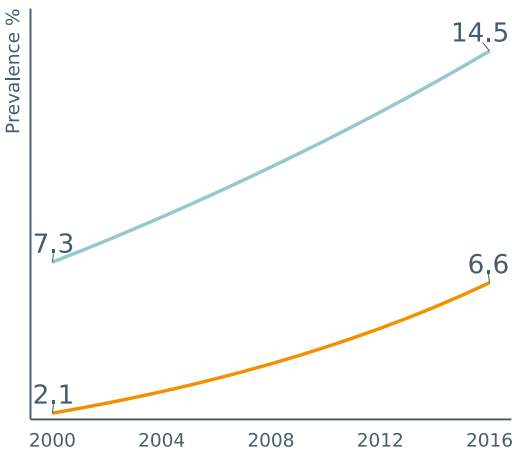
# Children and adolescent (aged 5-19) nutrition status

Ages 5-19 by gender:  
underweight (%)



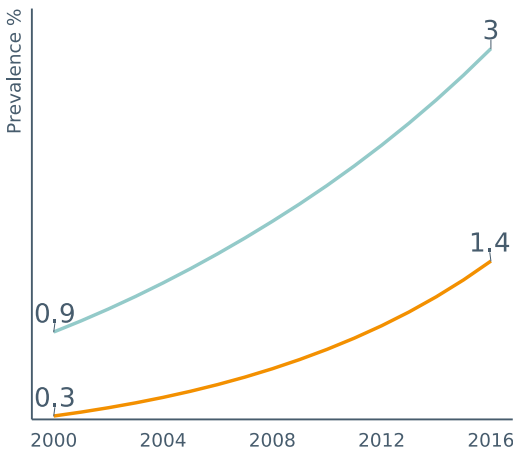
Sources: NCD Risk Factor  
Collaboration. 9 countries included in  
aggregates.

Ages 5-19 by gender:  
overweight (%)



9 countries included in aggregates.

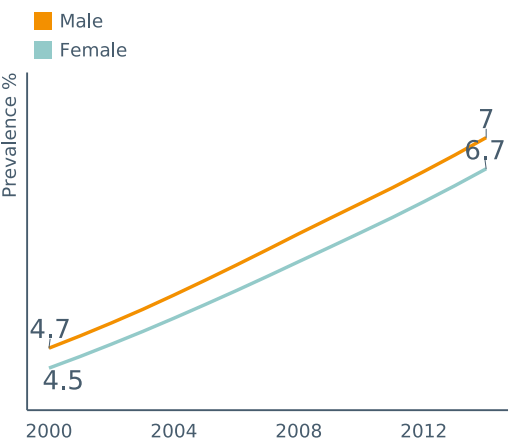
Ages 5-19 by gender:  
obesity (%)



9 countries included in aggregates.

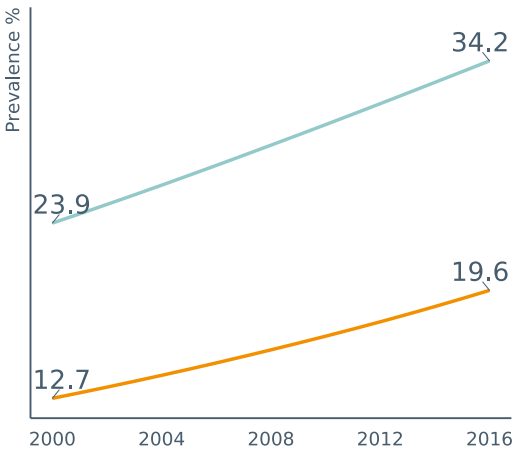
# Adult nutrition status

Adult by gender:  
diabetes (%)



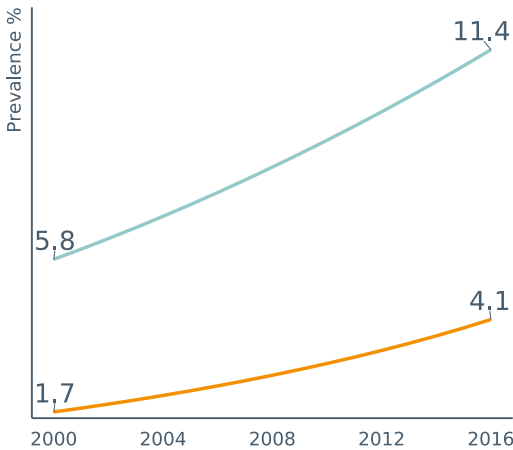
Sources: NCD Risk Factor  
Collaboration. 9 countries included in  
aggregates.

Adult by gender:  
overweight (%)



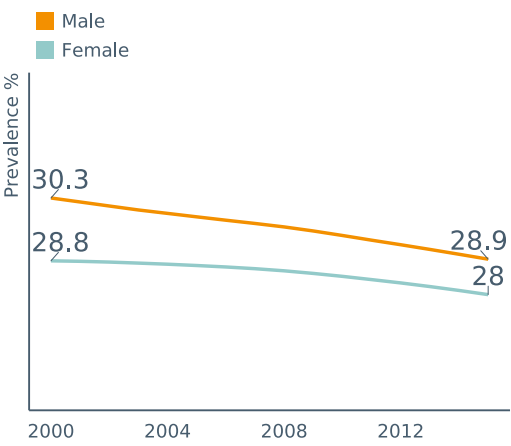
9 countries included in aggregates.

Adult by gender: obesity  
(%)



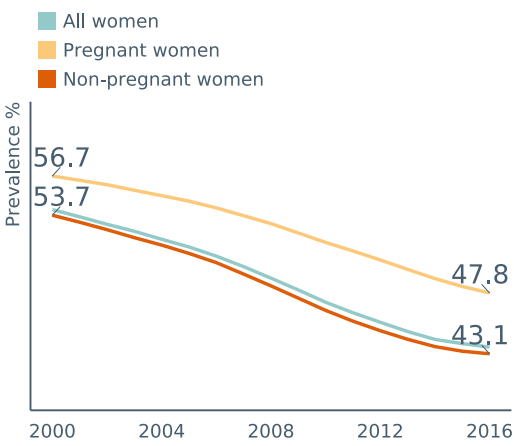
9 countries included in aggregates.

## Adult by gender: raised blood pressure (%)



Sources: NCD Risk Factor Collaboration. 9 countries included in aggregates.

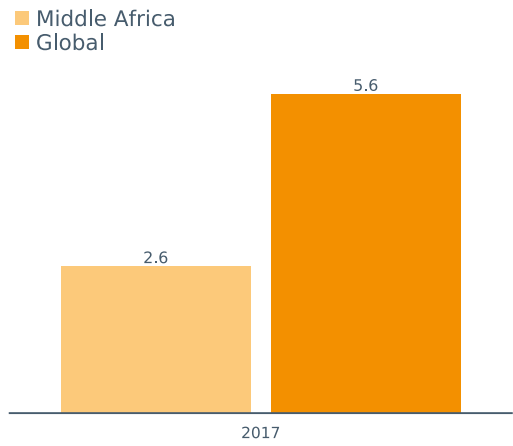
## Adult: anaemia in WRA (%)



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age. 9 countries included in aggregates.

## Adult: sodium intake (grams per day)



Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation. 9 countries included in aggregates.

# Dietary needs

## Consumption of food groups and components, 2016



Sources: TMREL = theoretical minimum risk of exposure level. Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: Men and women aged 25 and older. 9 countries included in aggregates.

# Intervention coverage

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	1	1	1	2014



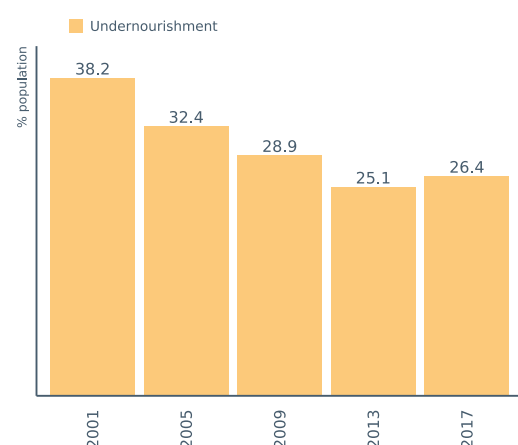
Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 6-59 months who received A supplements in last 6 months	6	5	7	2015
Children 6-59 months given iron supplements in past 7 days	16	16	16	2014
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	75			2015
Household consumption of any iodised salt	90	NA	NA	2015

Sources: Huestis A. and Kothari M., based on *2016 Global Nutrition Report* and UNICEF global databases, 2019.

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018. From 1 to 2 countries included in aggregates.

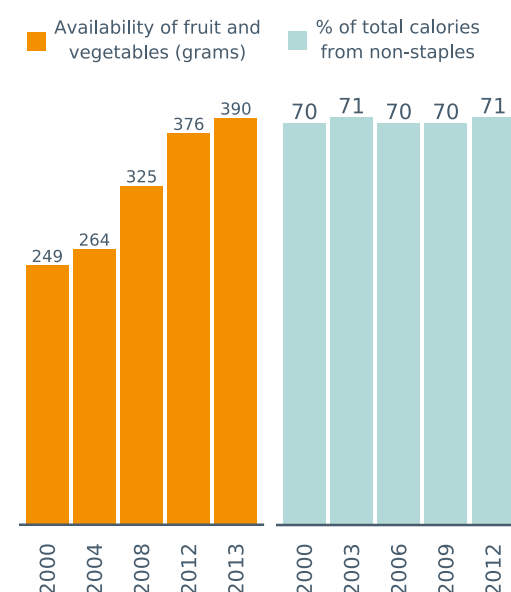
## Determinants

### Undernourishment (% population)



Source: FAOSTAT 2018.

### Food supply



Source: FAOSTAT 2018.

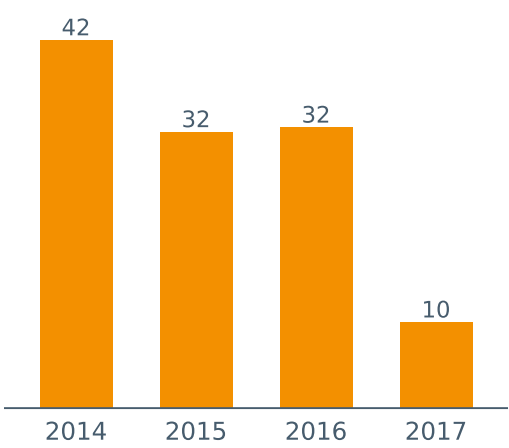
### Gender-related determinants

Early childbearing: births by age 18 (%) <sup>1</sup>	32	2016
Gender Inequality Index (score <sup>*</sup> ) <sup>2</sup>	0.64	2017
Gender Inequality Index (country rank) <sup>2</sup>	150	2017

Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> UNDP 2018.

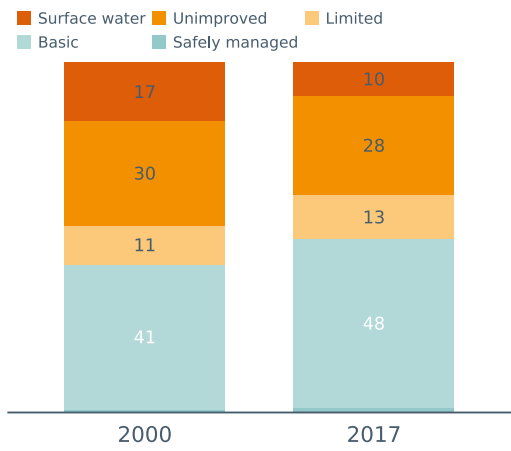
Notes: <sup>\*</sup> 0 = low inequality, 1 = high inequality. From 7 to 9 countries included in aggregates.

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



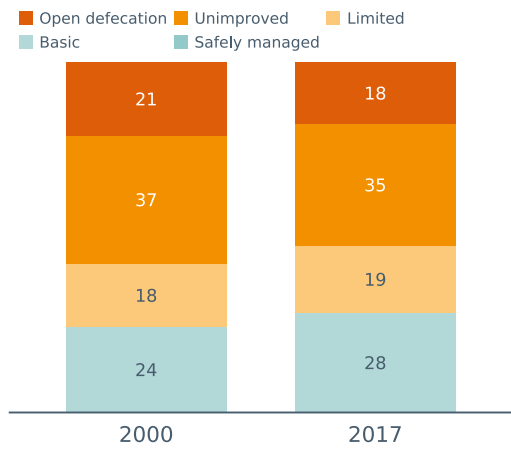
Source: UNESCO Institute for Statistics 2018. From 1 to 3 countries included in aggregates.

## Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019. From 1 to 9 countries included in aggregates.

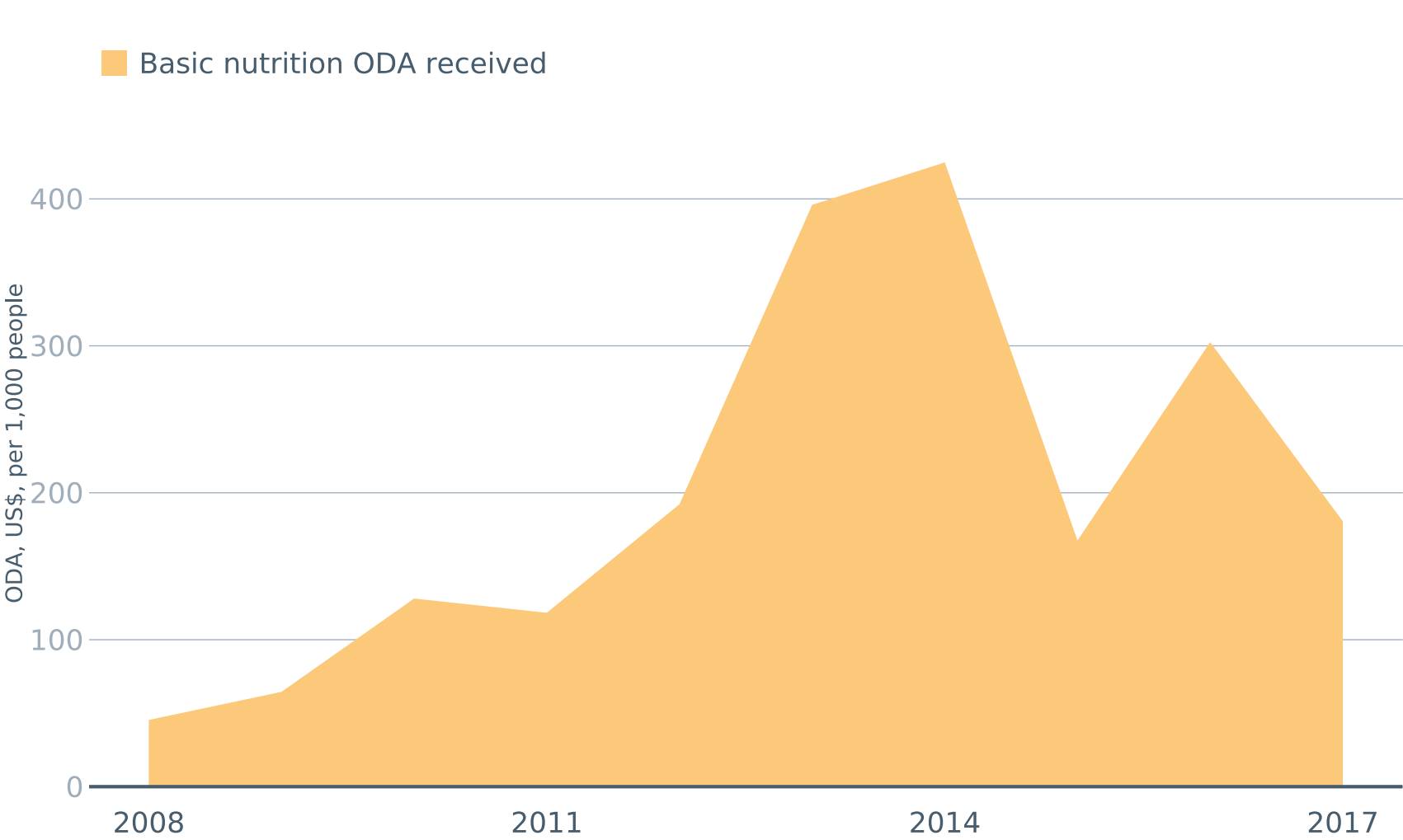
## Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019. From 8 to 9 countries included in aggregates.

# Resources, policies and targets

## 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 2017 prices. Figure includes ODA grants and loans, but exlcudes other official flows and private grants.

## National policies

Mandatory legislation for salt iodisation	7/9
Sugar-sweetened beverage tax	0/9
Food-based dietary guidelines	0/9
Policy to reduce salt consumption	1/9
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	4/9
Operational, multisectoral national NCD policy, strategy or action plan	2/9
Operational policy, strategy or action plan for diabetes	5/9
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	1/9
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	1/9

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, WHO Global Health Observatory.

Notes: Add note: NA = not applicable; NCD = non-communicable disease.

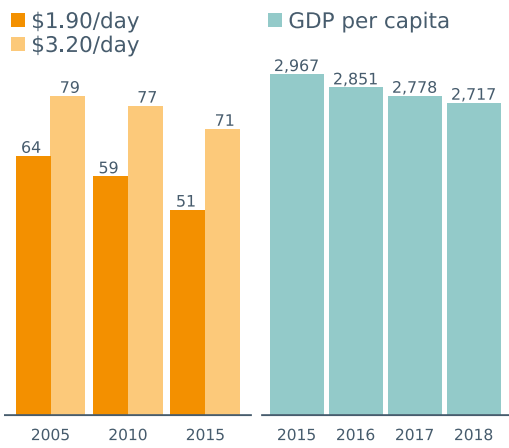
Targets included in national (nutrition or other) plan

Stunting	Anaemia
7/9	2/9
Low birth weight	Child overweight
4/9	3/9
Exclusive breastfeeding	Wasting
6/9	8/9
Salt intake	Overweight adults and adolescents
2/9	5/9
Multisectoral comprehensive nutrition plan	
4/9	

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

Economics and demography

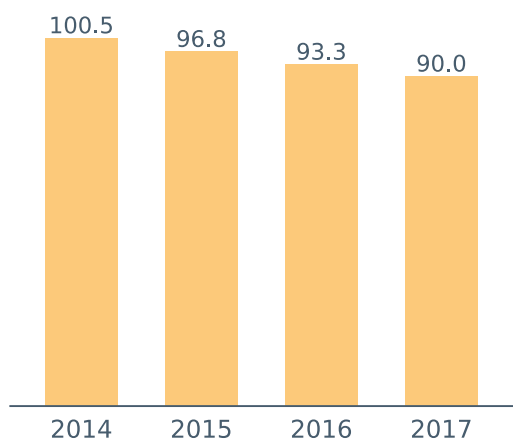
## Poverty rates (%) and GDP (PPP\$)



Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

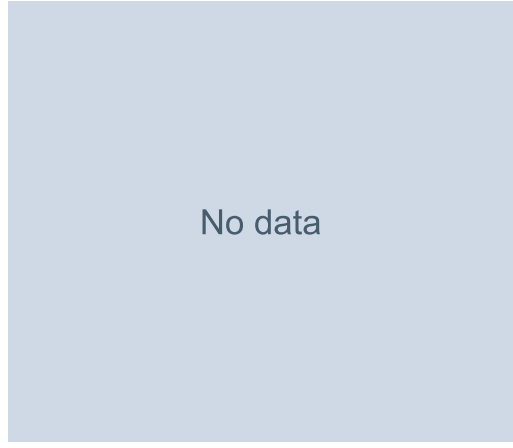
Notes: PPP = purchasing power parity. From 7 to 9 countries included in aggregates.

## Under-five mortality (per 1,000 live births)



Source: UN Inter-agency Group for Child Mortality Estimation 2018. 9 countries included in aggregates.

## Government revenues (\$m)



Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019). 6 countries included in aggregates.

## Income inequality

Gini index score <sup>1</sup>	Gini index rank <sup>2</sup>	Year
38	90	2017

Sources: World Bank 2019.

Notes: <sup>1</sup> 0 = perfect equality, 100 = perfect inequality. <sup>2</sup> Countries are ranked from most equal (1) to most unequal (120). From 1 to 2 countries included in aggregates.

## Population

Population (000)	52,906,422	2018
Under-five population (000)	30,190	2019
Rural (%)	50	2018
>65 years (000)	4,817	2019

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019. 9 countries included in aggregates.

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

Physicians	0.1	2016
Nurses and midwives	0.91	2016
Community health workers	0.16	2016

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data. From 4 to 9 countries included in aggregates.