### Malawi

#### **Overview**

#### Malnutrition status

Malawi is on course to meet the global targets for under-five overweight and under-five wasting, but is off course to meet the targets for all other indicators analysed with adequate data.

Although it performs relatively well against other developing countries, Malawi still experiences a malnutrition burden among its under-five population. As of 2015, the national prevalence of under-five overweight is 4.6%, which has decreased slightly from 5.1% in 2014. The national prevalence of under-five stunting is 37.4%, which is greater than the developing country average of 25%. Conversely, Malawi's under-five wasting prevalence of 2.8% is less than the developing country average of 8.9%.

In Malawi, 59.4% of infants under 23 months are exclusively breastfed. Malawi's 2015 low birth weight prevalence of 14.5% has decreased slightly from 14.6% in 2014.

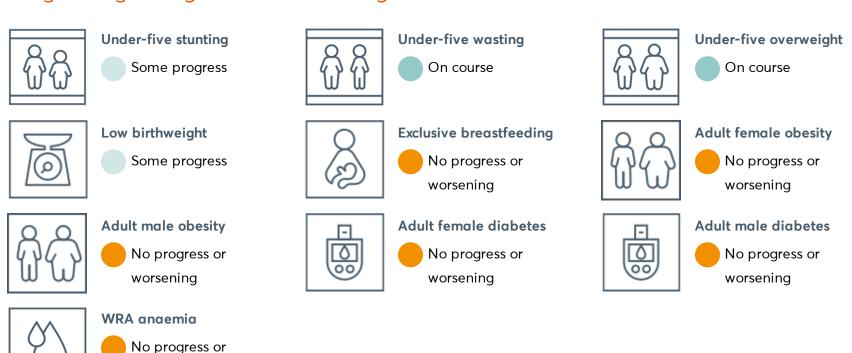
Malawi's adult population also face a malnutrition burden. While there is no prevalence data available for anaemia among women of reproductive age, 6.6% of adult men suffer from diabetes, compared to 6% of women. Meanwhile, 9.1% of women and 2.2% of men suffer from obesity.

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

Notes: Data on the adult indicators are based on modelled estimates.

#### Progress against global nutrition targets 2018

worsening



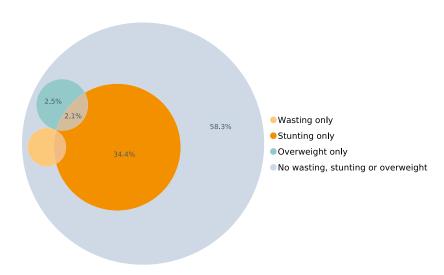
Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

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.

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### Child (under-five) nutrition status over time

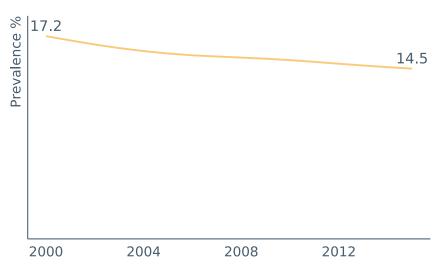
### Coexistence of wasting, stunting and overweight



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.

### Low birth weight



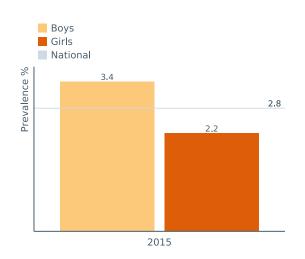
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

### Child (under-five) nutrition status

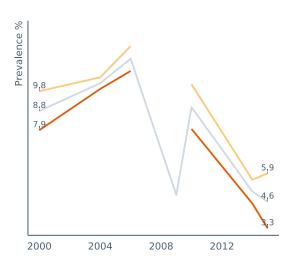
### Wasting by gender

### Stunting by gender

### Overweight by gender



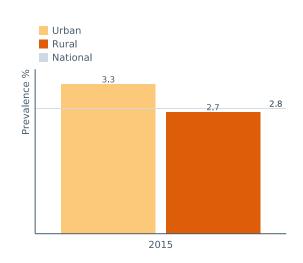
% abundang 56.7 54.6 52.7 39.3 37.4 36.6

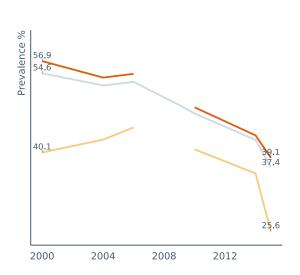


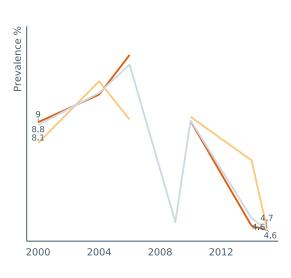
Wasting by location

Stunting by location

Overweight by location



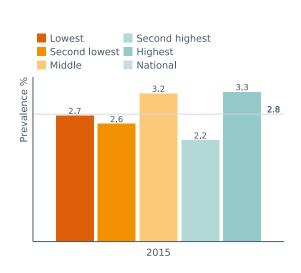




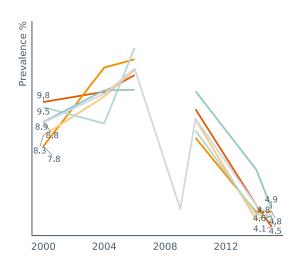
Wasting by income

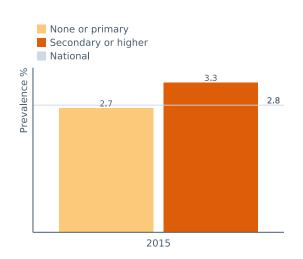
Stunting by income

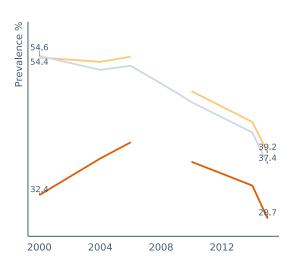
Overweight by income

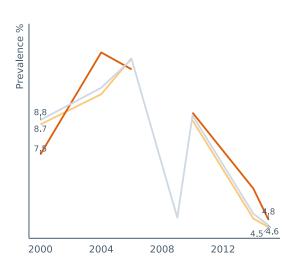










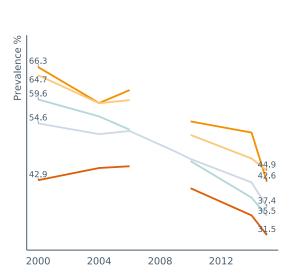


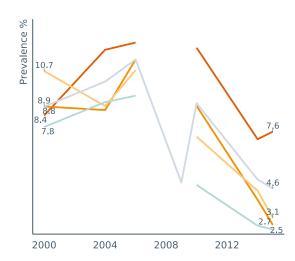
Wasting by age

Stunting by age

Overweight by age



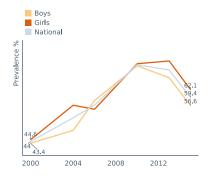




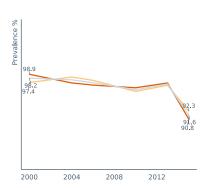
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

### Infant and young child feeding over time

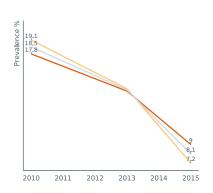
Exclusive breastfeeding by gender



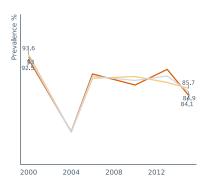
Continued breastfeeding at 1 year by gender



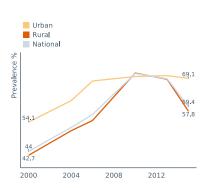
Minimum acceptable diet by gender



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



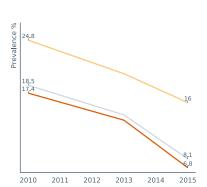
Exclusive breastfeeding by location



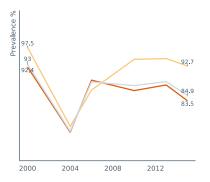
Continued breastfeeding at 1 year by location



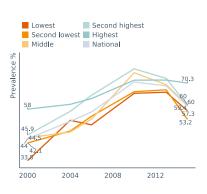
Minimum acceptable diet by location



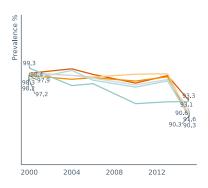
Introduction to solid, semi-solid or soft foods by location



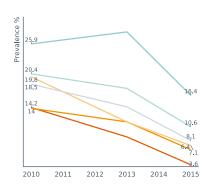
Exclusive breastfeeding by income



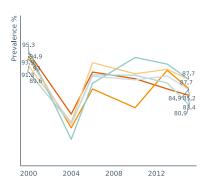
Continued breastfeeding at 1 year by income



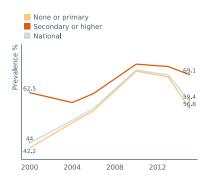
Minimum acceptable diet by income



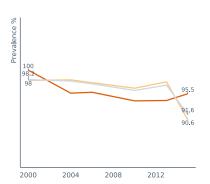
Introduction to solid, semi-solid or soft foods by income



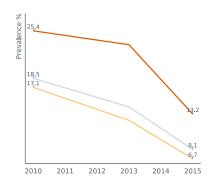
# Exclusive breastfeeding by mother's education



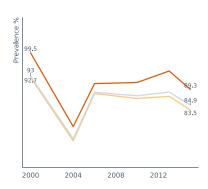
### Continued breastfeeding at 1 year by mother's education



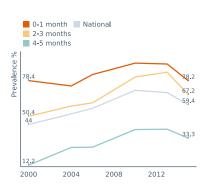
# Minimum acceptable diet by mother's education



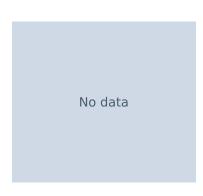
### Introduction to solid, semi-solid or soft foods by mother's education



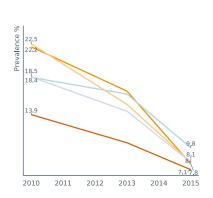
# Exclusive breastfeeding by age



Continued breastfeeding at 1 year by age



Minimum acceptable diet by age

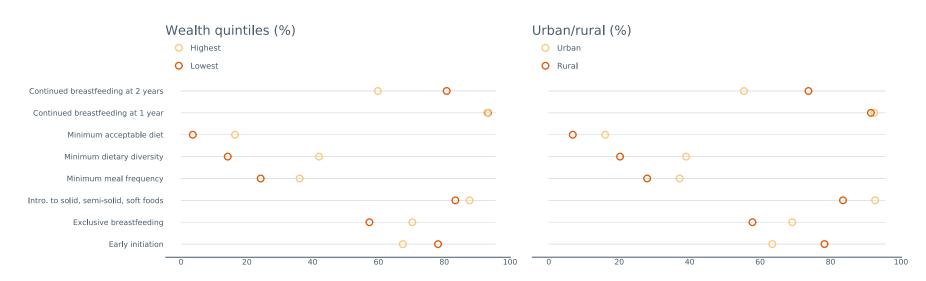


Introduction to solid, semi-solid or soft foods by age



Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2019.

### Infant and young child feeding



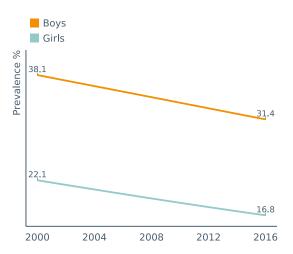
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

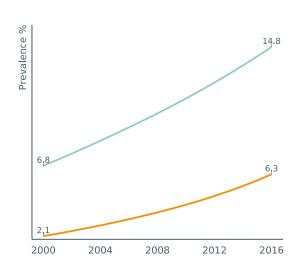
### Child and adolescent (aged 5-19) nutrition status

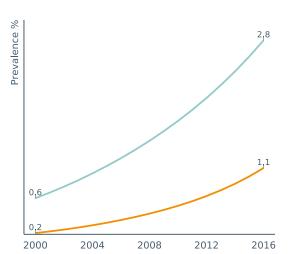
Underweight by gender

Overweight by gender

Obesity by gender







Sources: NCD Risk Factor Collaboration.

### **Adult nutrition status**

### Diabetes by gender

# Male Female % 6,6 6

Sources: NCD Risk Factor Collaboration.

Raised blood pressure by

gender

Male

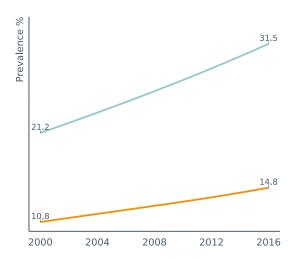
26.9

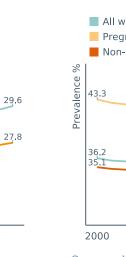
2000

Prevalence %

Female

### Overweight by gender





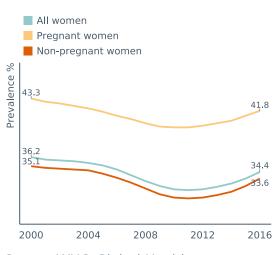
Sources: NCD Risk Factor Collaboration.

2008

2012

2004

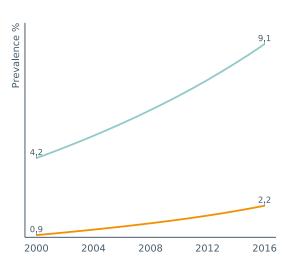
#### Anaemia in WRA



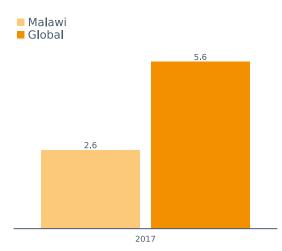
Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

### Obesity by gender



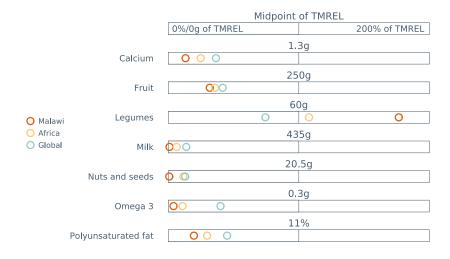
### Sodium intake (grams per day)



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

### **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.

### Intervention coverage

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	28	27	29	2015
Children 6-59 months who received vitamin A supplements in last 6 months	64	64	65	2015
Children 6-59 months given iron supplements in past 7 days	12	12	12	2015
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	89	NA	NA	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.

#### **Determinants**

#### Undernourishment

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### Food supply



Source: FAOSTAT 2018.

### Gender-related determinants

Early childbearing births by age 18 (%) <sup>1</sup>	31	2016
Gender Inequality Index (score *) <sup>2</sup>	0.62	2017
Gender Inequality Index (country rank) <sup>2</sup>	148	2017

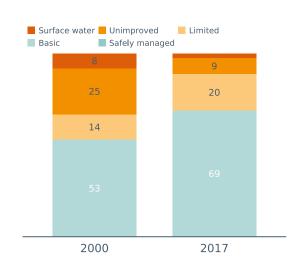
Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> UNDP 2018. Notes: \*0 = low inequality, 1 = high inequality.

# Female secondary education enrolment (net, % population)



Source: UNESCO Institute for Statistics 2018.

### Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

### Sanitation coverage (% population)

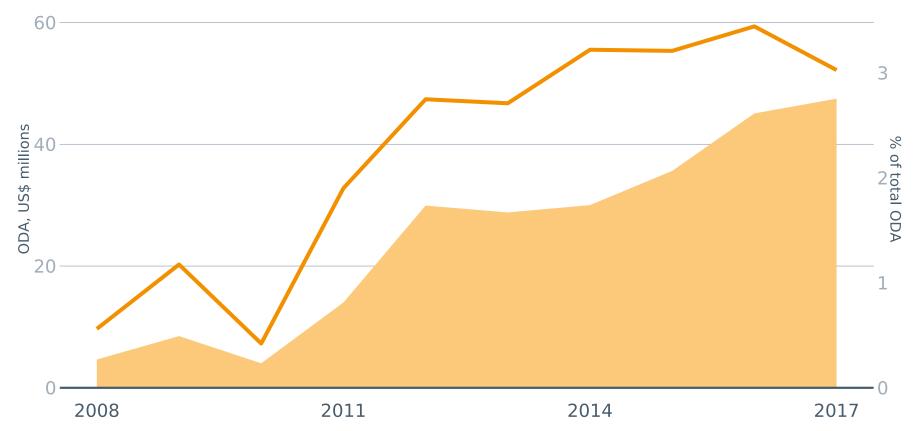


Source: WHO/UNICEF Joint Monitoring Programme 2019.

### Resources, policies and targets

### Development assistance

- Basic nutrition ODA received
- % of total ODA



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 excludes other official flows and private grants.

### National policies

Mandatory logislation for salt indication	Yes
Mandatory legislation for salt iodisation	162
Sugar-sweetened beverage tax	No
Food-based dietary guidelines	No data
Policy to reduce salt consumption	No
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	
Operational policy, strategy or action plan for diabetes	No
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids,	No
e sugars or salt	
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	No

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

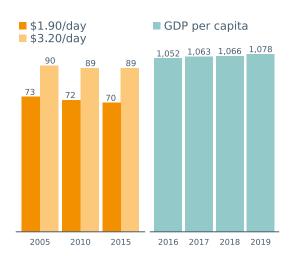
### Targets included in national (nutrition or other) plan

Stunting	Anaemia
Yes	Yes
Low birth weight	Child overweight
Yes	No
Exclusive breastfeeding	Wasting
Yes	Yes
Salt intake	Overweight adults and adolescents
No	No
Multisectoral comprehensive nutrition plan	
No	

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

### **Economics and demography**

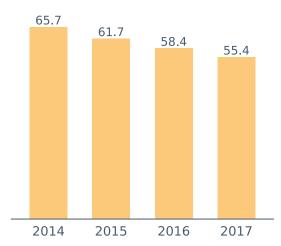
### Poverty rates (%) and GDP (PPP\$)



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

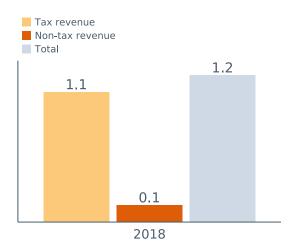
Notes: PPP = purchasing power parity.

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



Source: UN Inter-agency Group for Child Mortality Estimation 2018.

### Government revenues (\$m)



Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

### Income inequality

Gini index score <sup>1</sup>	Gini index rank <sup>2</sup>	Year
45	130	2016

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).

#### Population

Population (thousands)	18,143	2018
Under-five population (thousands)	2,877	2019
Rural (%)	83	2018
>65 years (thousands)	492	2019

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

# Population density of health workers per 1,000 people

Physicians	No data	No data
Nurses and midwives	0.28	2010
Community health workers	0.72	2008

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