### Croatia

### **Overview**

### Malnutrition status

Croatia is off course to meet the global targets for anaemia in women of reproductive age, low birth weight, male diabetes, female diabetes, male obesity, and female obesity. There is insufficient target data to assess Croatia's progress for under-five overweight, under-five stunting, under-five wasting, and infant exclusive breastfeeding.

Croatia has no prevalence data available for under-five overweight, stunting, or wasting.

There is also insufficient data on exclusive breastfeeding among infants. Croatia's 2015 low birth weight prevalence of 5.1% has increased slightly from 5% in 2000.

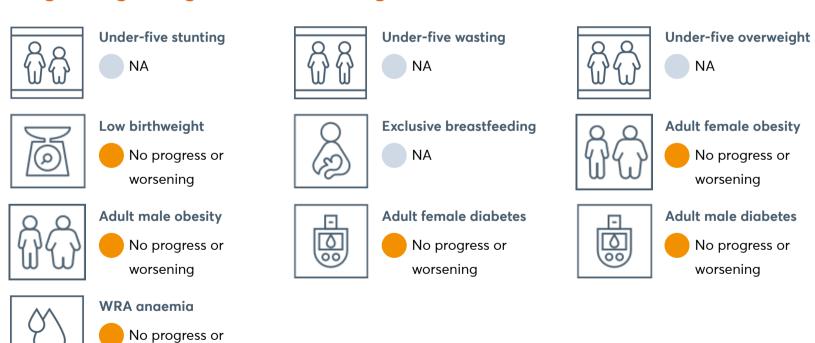
Croatia's adult population face a malnutrition burden. While there is no prevalence data available for anaemia among women of reproductive age, 8.4% of adult men suffer from diabetes, compared to 6.3% of women. Meanwhile, 24.5% of women and 24.1% of men suffer from obesity.

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.

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

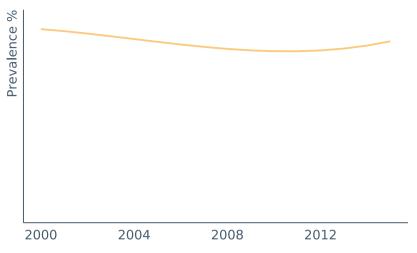
Under-five coexistence of wasting, stunting and overweight



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.

### Low birth weight



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

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Children (under-five) nutrition status				
Wasting by gender	Stunting by gender	Overweight by gender		
No data	No data	No data		
Wasting by location	Stunting by location	Overweight by location		
No data	No data	No data		
Wasting by income	Stunting by income	Overweight by income		
No data	No data	No data		

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

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

**Exclusive** Continued Minimum Introduction to breastfeeding by breastfeeding at acceptable diet solid, semi-solid or soft foods by gender 1 year by gender by gender gender No data No data No data No data Introduction to **Exclusive** Continued **Minimum** breastfeeding at breastfeeding by acceptable diet solid, semi-solid 1 year by location location by location or soft foods by location No data No data No data No data **Exclusive** Continued Introduction to Minimum breastfeeding at breastfeeding by acceptable diet solid, semi-solid 1 year by income by income or soft foods by income income No data No data No data No data

Exclusive breastfeeding by mother's education	astfeeding by breastfeeding at ther's 1 year by		Introduction to solid, semi-solid or soft foods by mother's education	
No data	No data	No data	No data	
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	
No data	No data	No data	No data	

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.

### Infant and young child feeding



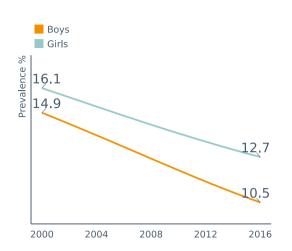
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

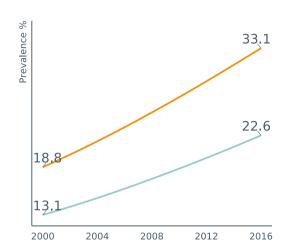
### Children and adolescent (aged 5-19) nutrition status

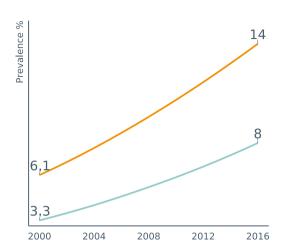
Ages 5-19 by gender: underweight (%)

Ages 5-19 by gender: overweight (%)

Ages 5-19 by gender: obesity (%)





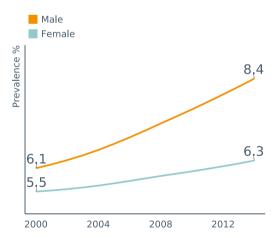


Sources: NCD Risk Factor

Collaboration.

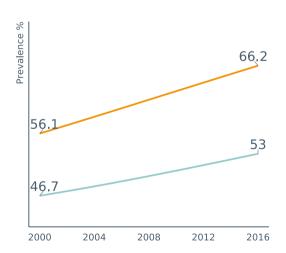
### **Adult nutrition status**

Adult by gender: diabetes (%)

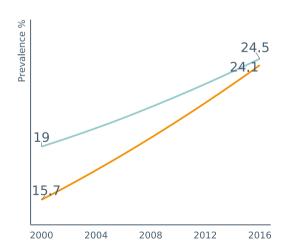


Sources: NCD Risk Factor Collaboration.

Adult by gender: overweight (%)



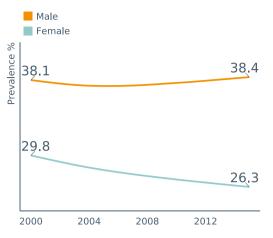
Adult by gender: obesity (%)



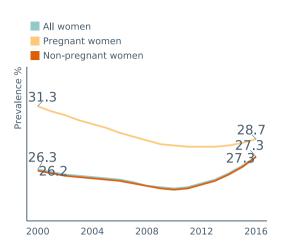
# Adult by gender: raised blood pressure (%)

## Adult: anaemia in WRA (%)

# Adult: sodium intake (grams per day)

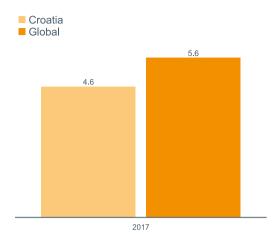


Sources: NCD Risk Factor Collaboration.



Source: WHO Global Health Observatory.

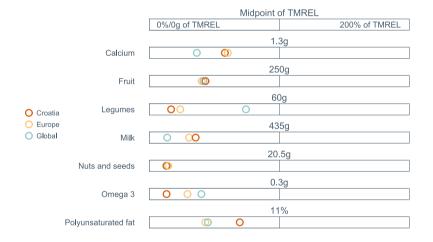
Notes: WRA = women of reproductive



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	NA	NA	NA	NA

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 6-59 months who received 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 live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	NA			NA
Household consumption of any iodised salt	NA	NA	NA	NA

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.

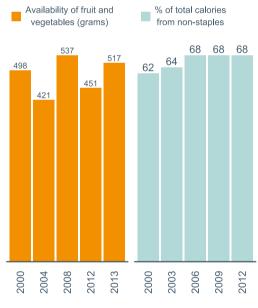
### **Determinants**

# Undernourishment (% population)

# Undernourishment 7.8 2.9 2.5 2.5 2.5 4-1000 100

Source: FAOSTAT 2018.

### Food supply



Source: FAOSTAT 2018.

# Gender-related determinants

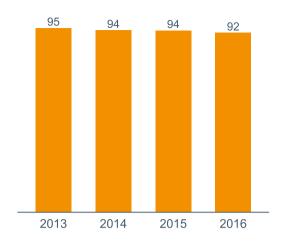
Early childbearing: births by age 18 (%) <sup>1</sup>	NA	NA
Gender Inequality Index (score *) <sup>2</sup>	0.12	2017
Gender Inequality Index (country rank) <sup>2</sup>	30	2017

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

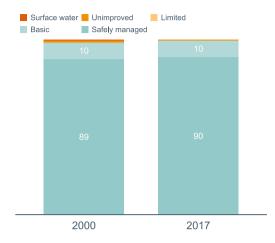
### Female secondary education enrolment (net, % population)

# (% population)

### Sanitation coverage (% population)

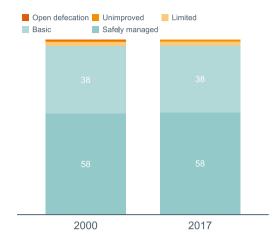


Source: UNESCO Institute for Statistics 2018.



Drinking water coverage

Source: WHO/UNICEF Joint Monitoring Programme 2019.



Source: WHO/UNICEF Joint Monitoring Programme 2019.

### Resources, policies and targets

### Development assistance

### No data

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 legislation for salt iodisation	Yes
Sugar-sweetened beverage tax	No
Food-based dietary guidelines	Yes
Policy to reduce salt consumption	Yes
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	Yes
Operational, multisectoral national NCD policy, strategy or action plan	No
Operational policy, strategy or action plan for diabetes	Yes
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	No
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: Add note: NA = not applicable; NCD = non-communicable disease.

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

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

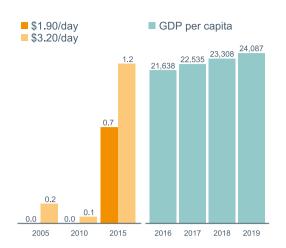
Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

### **Economics and demography**

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

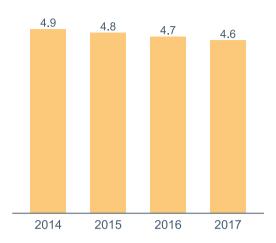
# Under-five mortality (per 1,000 live births)

# Government revenues (\$m)

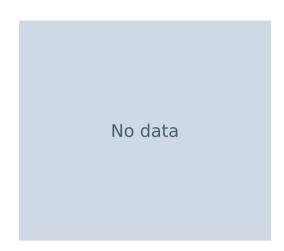


Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

Notes: PPP = purchasing power parity.



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



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
31	28	2015

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 (000)	4,089,400	2018
Under-five population (000)	187	2019
Rural (%)	43	2018
>65 years (000)	862	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	3.13	2014
Nurses and midwives	6.51	2014
Community health	NA	NA

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