

## Country overview

### Malnutrition burden

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

Germany experiences a malnutrition burden among its under-five population. As of 2005, the national prevalence of under-five overweight is 3.5%. The national prevalence of under-five stunting is 1.3%, which is significantly less than the global average of 21.9%. Germany's under-five wasting prevalence of 1% is also less than the global average of 7.3%.

There is insufficient data on exclusive breastfeeding among infants. Germany's 2015 low birth weight prevalence of 6.6% has increased slightly from 6.5% in 2000.

Germany's adult population also face a malnutrition burden. 16.3% of women of reproductive age have anaemia, and 6% of adult men have diabetes, compared to 3.9% of women. Meanwhile, 24.2% of men and 20.4% of women have obesity.

Sources: UNICEF global databases Infant and Young Child Feeding, 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



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.

# Child (under-five) nutrition status

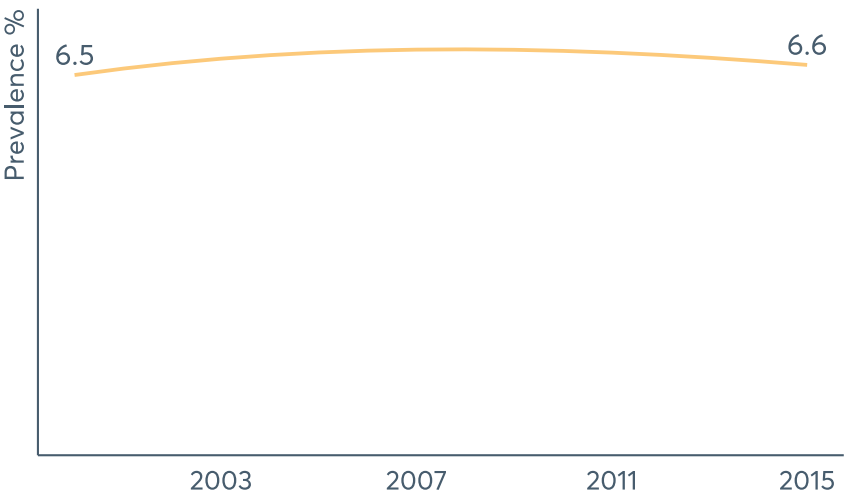
## Coexistence of wasting, stunting and overweight



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.

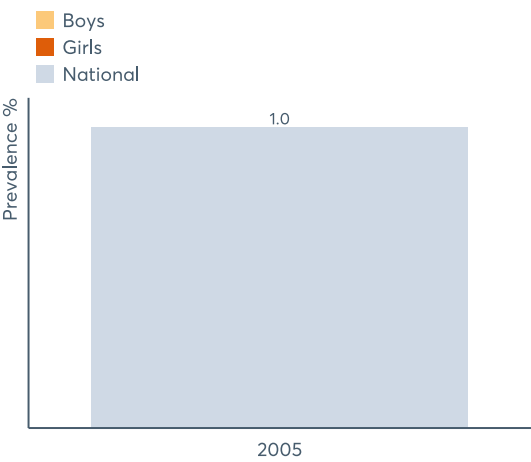
## Low birth weight



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

# Child (under-five) nutrition status over time

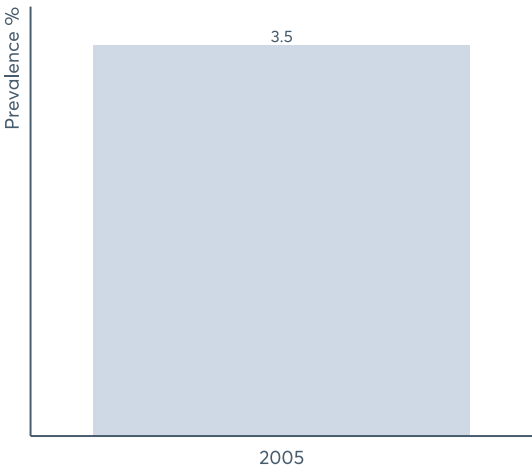
Wasting by gender



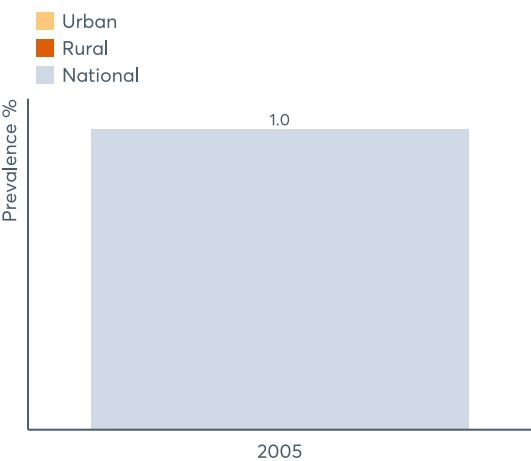
Stunting by gender



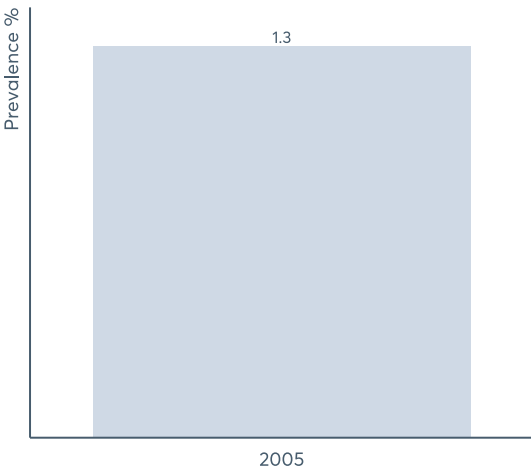
Overweight by gender



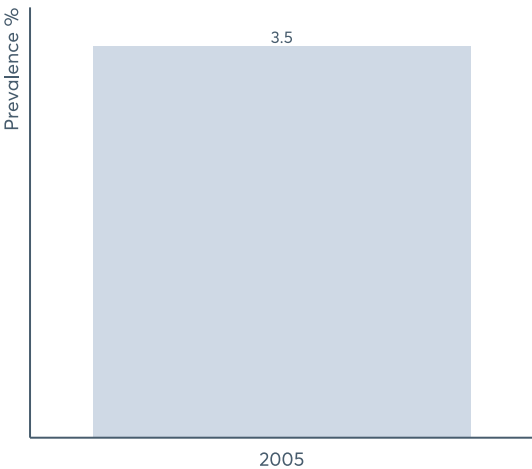
Wasting by location



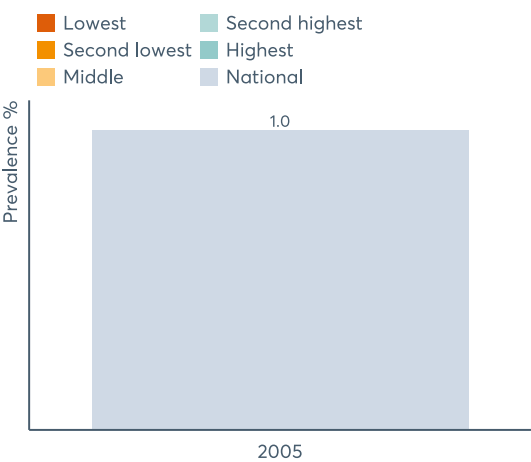
Stunting by location



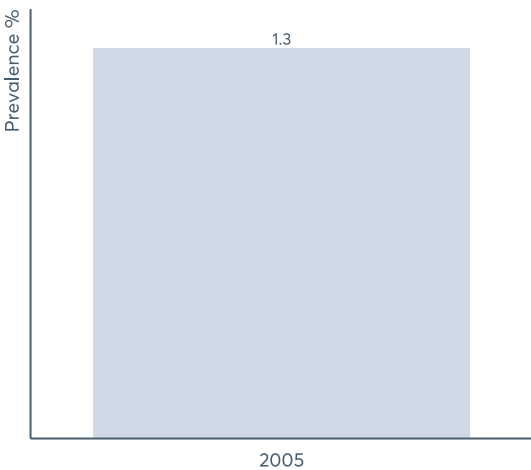
Overweight by location



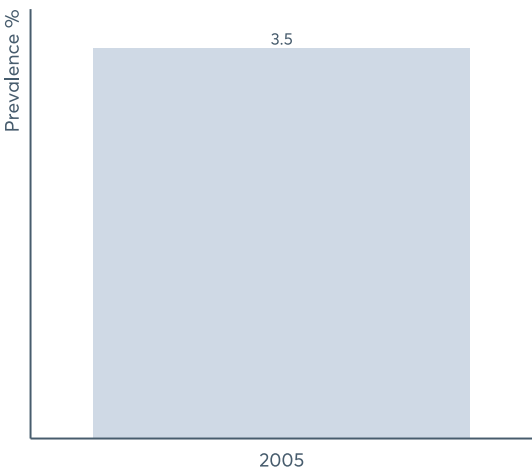
Wasting by income



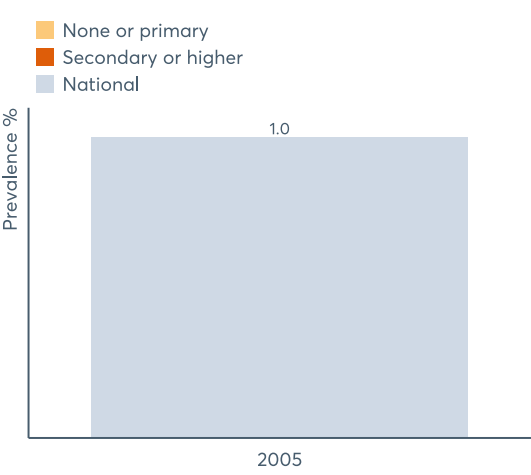
Stunting by income



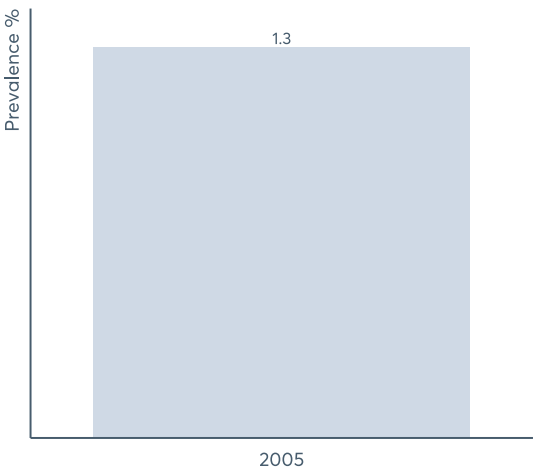
Overweight by income



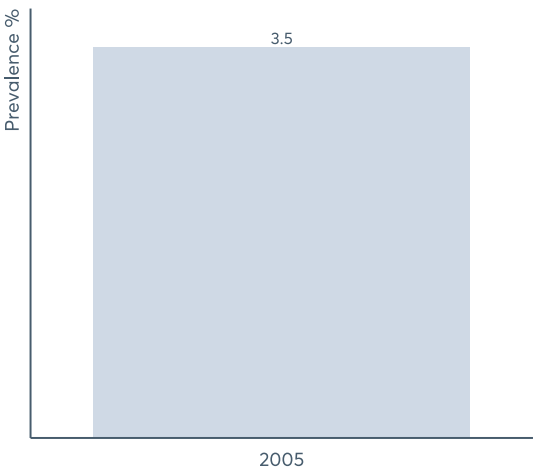
### Wasting by mother's education



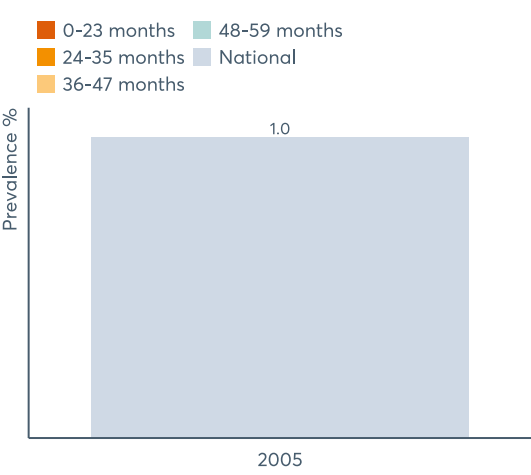
### Stunting by mother's education



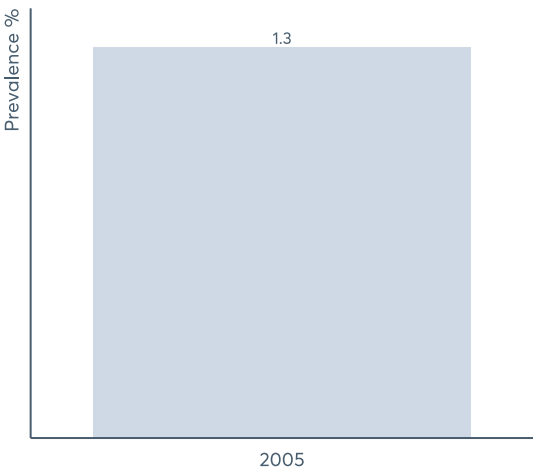
### Overweight by mother's education



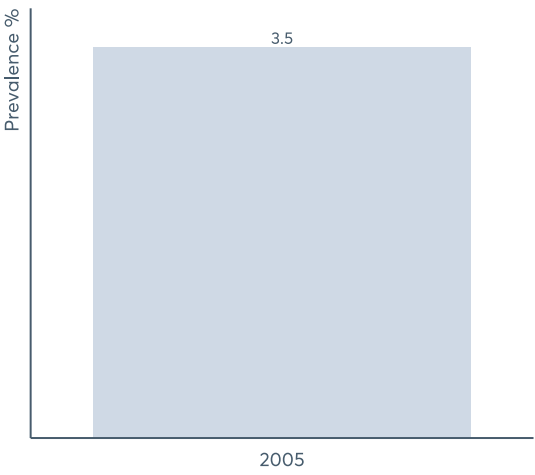
### Wasting by age



### 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	Intro. to solid, semi-solid, soft foods by gender
No data	No data	No data	No data
Exclusive breastfeeding by location	Continued breastfeeding at 1 year by location	Minimum acceptable diet by location	Intro. to solid, semi-solid, soft foods by location
No data	No data	No data	No data
Exclusive breastfeeding by income	Continued breastfeeding at 1 year by income	Minimum acceptable diet by income	Intro. to solid, semi-solid, soft foods by income
No data	No data	No data	No data

Exclusive breastfeeding by mother's education	Continued breastfeeding at 1 year by mother's education	Minimum acceptable diet by mother's education	Intro. to solid, semi-solid, 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	Intro. to solid, semi-solid, 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, New York, May 2019.

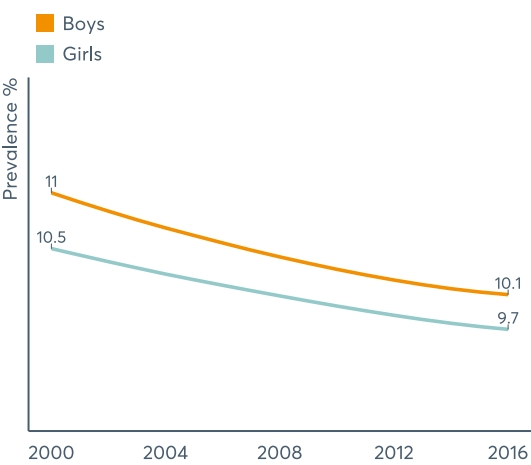
## Infant and young child feeding

No data	No data
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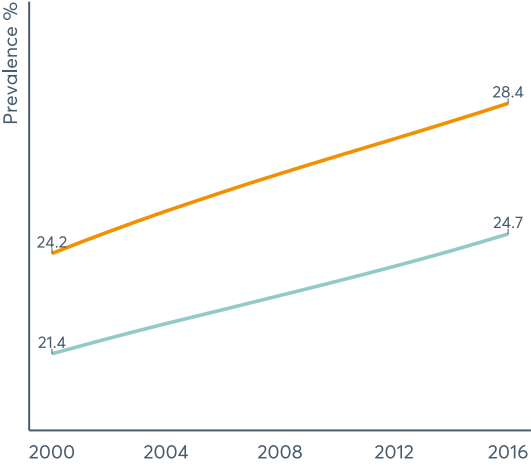
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

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

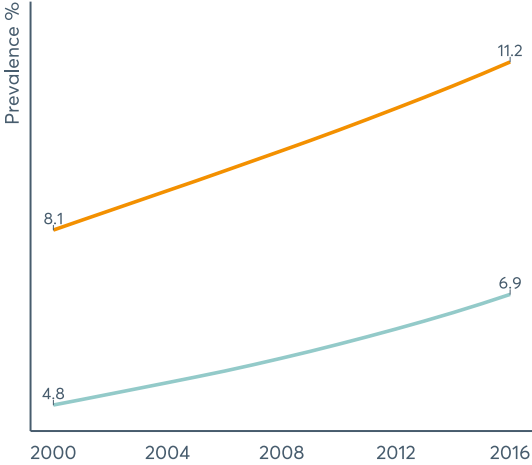
Underweight by gender



Overweight by gender



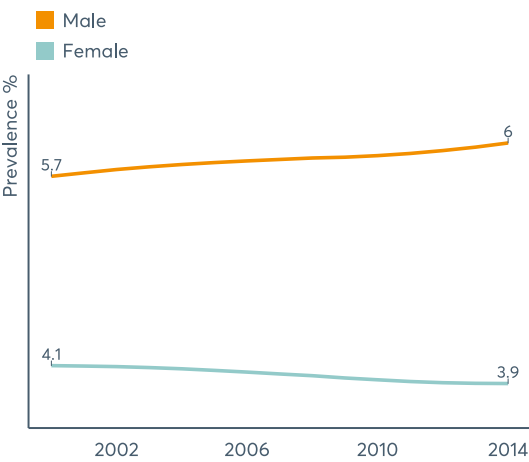
Obesity by gender



Sources: NCD Risk Factor Collaboration.

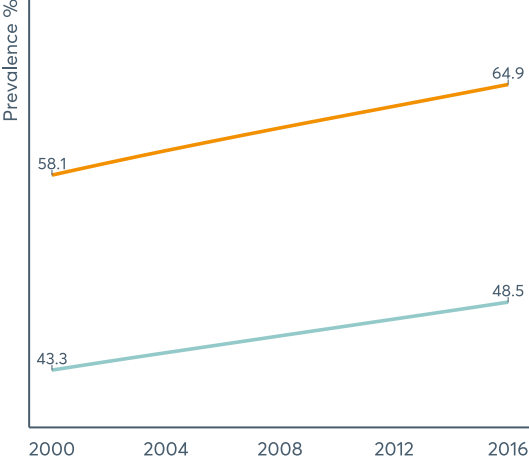
# Adult nutrition status

## Diabetes by gender

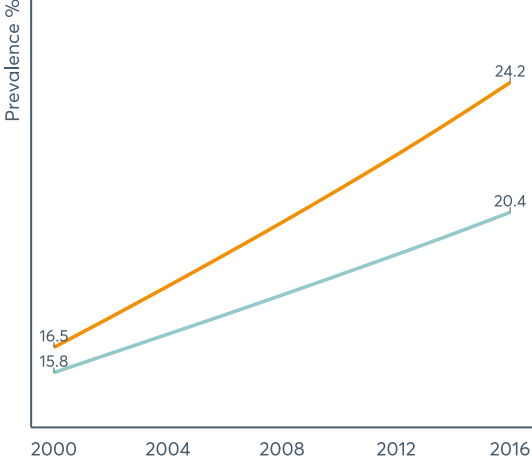


Sources: NCD Risk Factor Collaboration.

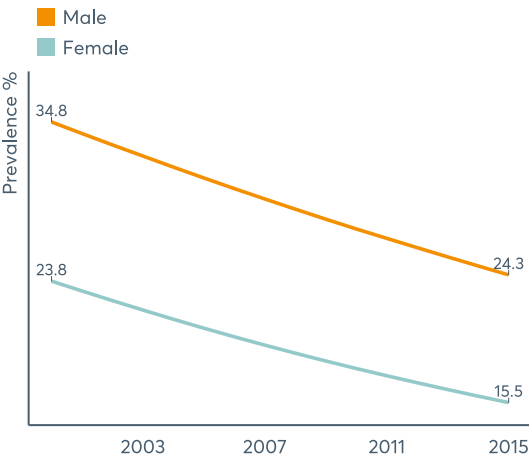
## Overweight by gender



## Obesity by gender

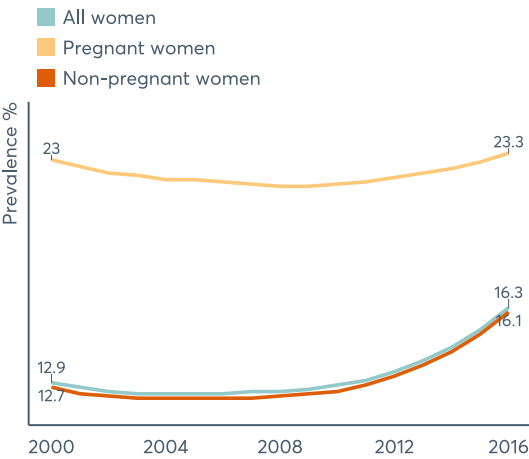


## Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

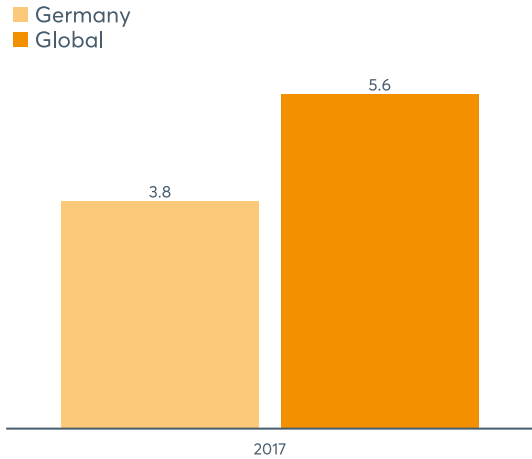
## Anaemia in WRA



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

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

Notes: TMREL = theoretical minimum risk of exposure level. 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	No data	No data	No data	No data
Children 6-59 months who received vitamin A supplements in last 6 months	No data	No data	No data	No data
Children 6-59 months given iron supplements in past 7 days	No data	No data	No data	No data
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	No data	NA	NA	No data
Household consumption of any iodised salt	No data	NA	NA	No data

Sources: Huestis A. and Kothari M., based on 2016 Global Nutrition Report.

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

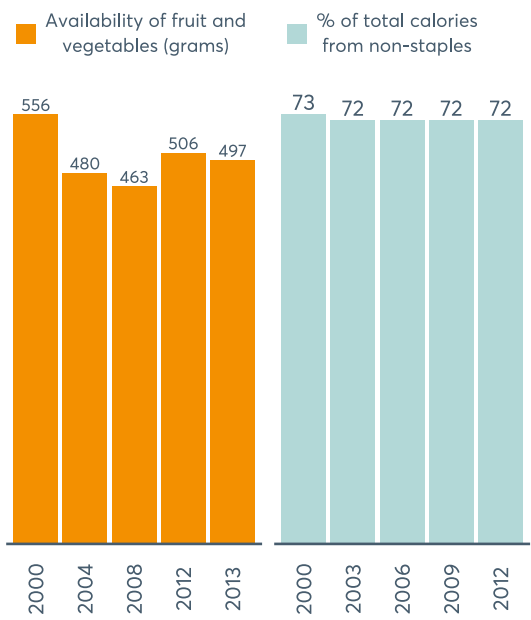
# Determinants

## Undernourishment



Source: FAOSTAT 2018.

## Food supply



Source: FAOSTAT 2018.

## Gender-related determinants

Early childbearing births by age 18 (%) <sup>1</sup>	No data	No data
Gender Inequality Index (score <sup>*</sup> ) <sup>2</sup>	0.07	2017
Gender Inequality Index (country rank) <sup>2</sup>	14	2017

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

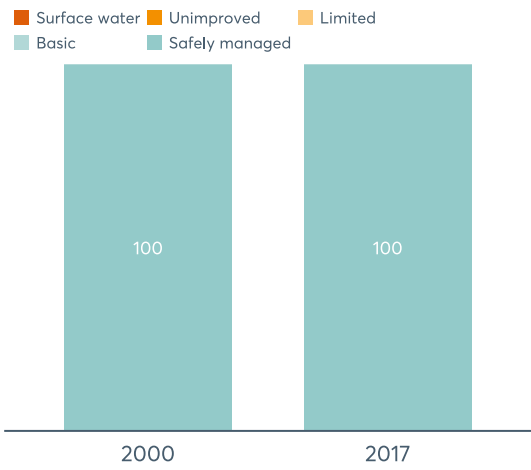
Notes: <sup>\*</sup> 0 = low inequality, 1 = high inequality.

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



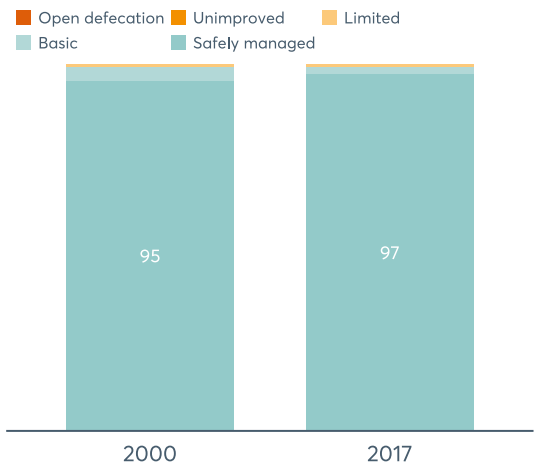
Source: UNESCO Institute for Statistics 2018.

## Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

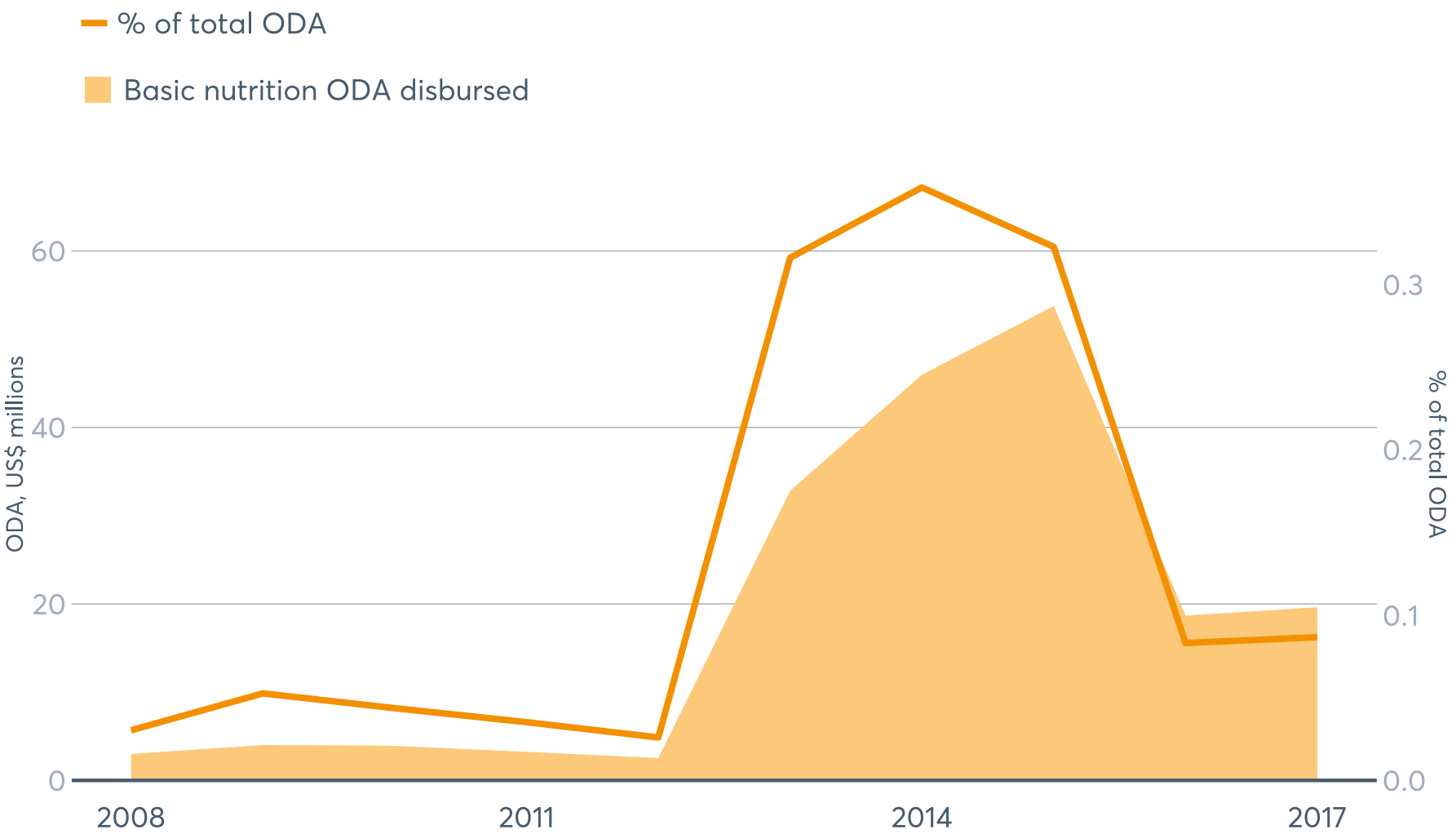
## Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

# Resources, policies and targets

## Development assistance



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	No
Sugar-sweetened beverage tax	No
Food-based dietary guidelines	Yes
Policy to reduce salt consumption	No
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	Yes
Operational, multisectoral national NCD policy, strategy or action plan	Yes
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	Yes
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	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](#), [WHO Global Health Observatory](#).

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

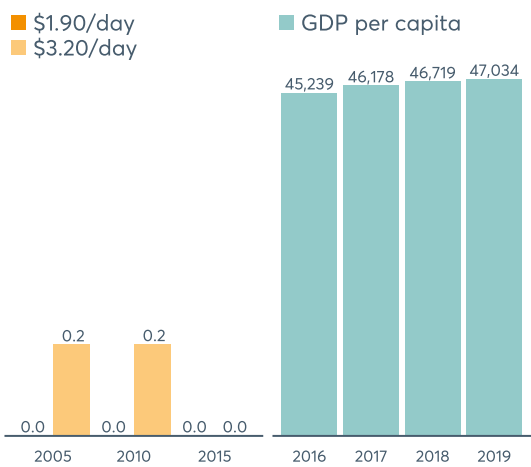
Targets included in national (nutrition or other) plan

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

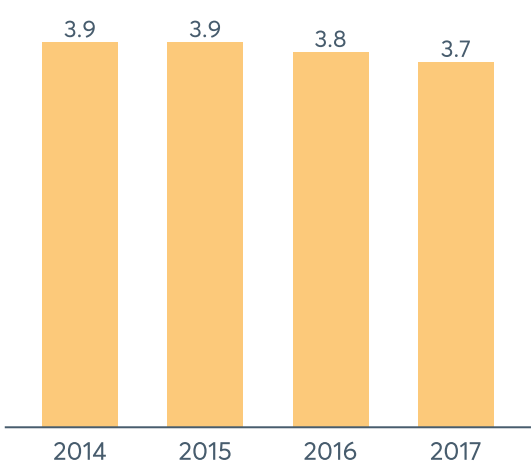
## Poverty rates (%) and GDP (PPP\$)



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
32	30	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 (159).

## Population

Population (thousands)	82,928	2018
Under-five population (thousands)	3,987	2019
Rural (%)	23	2018
>65 years (thousands)	18,009	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	4.19	2015
Nurses and midwives	13.79	2015
Community health workers	No data	No data

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