Monaco

Country overview

Malnutrition burden

Monaco is off course to meet the global targets for low birth weight. There is insufficient target data to assess Monaco's progress for all other targets analysed.

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

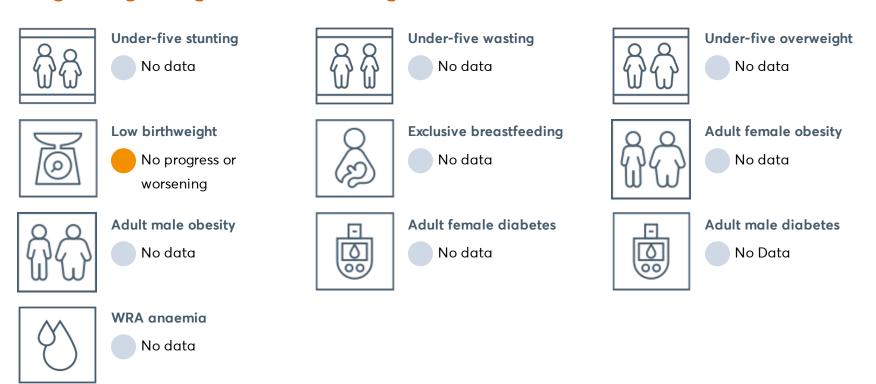
There is also insufficient data on exclusive breastfeeding among infants. Monaco's 2015 low birth weight prevalence of 5.4% has decreased slightly from 5.5% in 2000.

Data on adult malnutrition burdens is also unavailable, including information on anaemia among women of reproductive age, as well as adult obesity and diabetes.

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



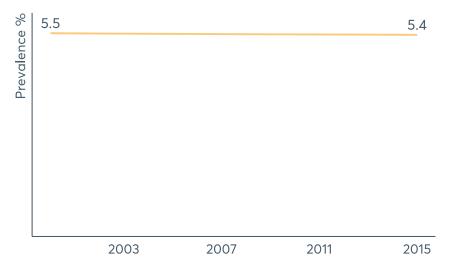
Sources: UNICEF, Division of Data Research and Policy (2019).

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 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 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 | | |
| | | | | |
| | | | | |
| | | | | |

| Wasting by mother's education | Stunting by mother's education | Overweight by mother's education |
|-------------------------------|--------------------------------|----------------------------------|
| No data | No data | No data |
| Wasting by age | Stunting by age | Overweight by age |
| No data | No data | No data |

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

Infant and young child feeding over time

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

| Exclusion breastf mother educat | eeding by r's | | 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 | |
| Exclusi breastf age | eastfeeding by breastfeeding at 1 | | | 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.

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.

Child and adolescent (aged 5-19) nutrition status

Underweight by gender

Overweight by gender

Obesity by gender

No data

No data

No data

Sources: NCD Risk Factor Collaboration.

Adult nutrition status

Diabetes by gender

Overweight by gender

Obesity by gender

No data

No data

No data

Sources: NCD Risk Factor Collaboration.

Raised blood pressure by gender

Anaemia in WRA

Salt intake (grams per day)

No data

Sources: NCD Risk Factor Collaboration.

No data

Source: WHO Global Health

Observatory.

Notes: WRA = women of reproductive

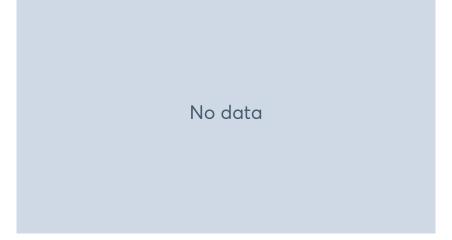
age.

No data

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

Dietary needs

Consumption of food groups and components, 2016



No data

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 | No | No | No |
| | data | data | data | data |
| Children 6-59 months who received vitamin A supplements in last 6 months | No | No | No | No |
| | data | data | data | data |
| Children 6-59 months given iron supplements in past 7 days | No | No | No | No |
| | data | data | data | 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

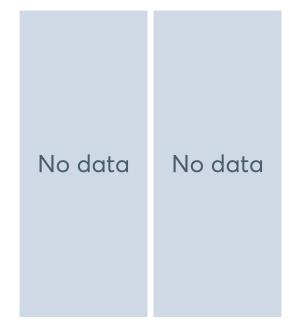
Undernourishment

Food supply

Gender-related determinants



Source: FAOSTAT 2018.



Source: FAOSTAT 2018.

| Early childbearing births by age 18 (%) ¹ | No data | No data |
|--|------------|------------|
| Gender Inequality Index (score *) ² | No data | No data |
| Gender Inequality Index (country rank) ² | No data | No data |

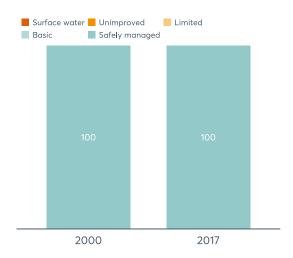
Sources: ¹ UNICEF 2018; ² UNDP 2018. Notes: *0 = low inequality, 1 = high inequality.

Female secondary education enrolment (net, % population)

No data

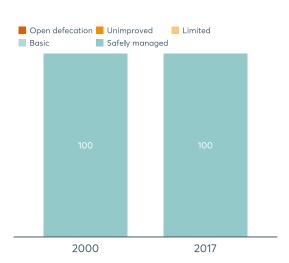
Source: UNESCO Institute for Statistics 2018.

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

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 | No |
|--|------------|
| Sugar-sweetened beverage tax | Yes |
| 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 | 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 | 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 data | No data |
| Low birth weight | Child overweight |
| No data | No data |
| Exclusive breastfeeding | Wasting |
| No data | No data |
| Salt intake | Overweight adults and adolescents |
| No data | No data |
| Multisectoral comprehensive nutrition plan | |
| No | |

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

Economics and demography

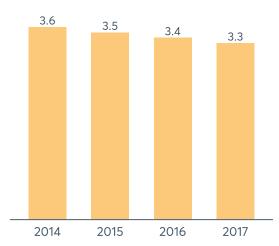
Poverty rates (%) and GDP (PPP\$)

No data No data

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 ¹ | Gini index rank ² | Year |
|----------------------------------|---------------------------------|------------|
| No data | No data | No data |

Sources: World Bank 2019.

Notes: ¹ 0 = perfect equality, 100 = perfect inequality. ² Countries are ranked from most equal (1) to most unequal (159).

Population

| Population (thousands) | 39 | 2018 |
|---|------------|------------|
| Under-five population (thousands) | No data | No data |
| Rural (%) | 0 | 2018 |
| >65 years (thousands) | No data | No data |

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

Population density of health workers per 1,000 people

| Physicians | 6.64 | 2014 |
|--------------------------|------------|------------|
| Nurses and midwives | 20.52 | 2014 |
| Community health workers | No data | No data |

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