#### Southern Europe

#### Subregional overview

#### Malnutrition burden

In the Southern Europe subregion, there has been some progress towards achieving global nutrition targets. The global target for female diabetes has five countries on course to meet it, low birth weight has four countries on course, under-five wasting has three countries on course, under-five overweight has two countries on course, while under-five stunting has one country on course. However, not a single country in the subregion is on course to meet the targets for infant exclusive breastfeeding, anaemia in women of reproductive age, male diabetes, male obesity, and female obesity. 12 countries in the subregion have insufficient data to comprehensively assess their progress towards these global targets.

The Southern Europe subregion has no prevalence data available for under-five overweight, stunting, or wasting.

There is also insufficient data on exclusive breastfeeding among infants, while the subregion's average low birth weight prevalence of 7.3% is less than the global average of 14.6%.

The Southern Europe subregion's adult population face a malnutrition burden. An average of 18.4% of women of reproductive age have anaemia, and 7.7% of adult men have diabetes, compared to 5.4% of women. Meanwhile, 22% of men and 21.4% 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 2019



#### **Under-five stunting**

1 On course

1 Off course

12 No data

Low birthweight

4 On course

10 Off course 0 No data



#### **Under-five wasting**

**Exclusive breastfeeding** 

Adult female diabetes

3 On course

0 Off course

0 On course

2 Off course

12 No data

11 No data



#### Under-five overweight

2 On course

0 Off course

12 No data



#### Adult female obesity

0 On course

13 Off course

1 No data



#### Adult male diabetes

0 On course

13 Off course

1 No data

#### Adult male obesity

0 On course

13 Off course

1 No data

#### 5 On course

8 Off course

1 No data

#### **WRA** anaemia

0 On course

13 Off course

1 No data

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

#### No data

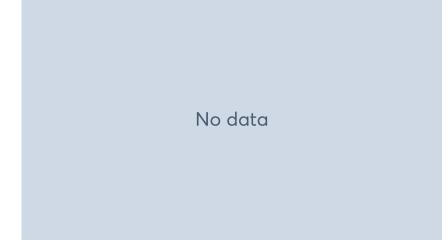
Sources: UNICEF, Division of Data Research and Policy (2019).

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.

Notes: Based on population weighted means of 14 countries.

#### Prevalence of under-five stunting

Stunting at subnational level

Stunting at 5km level



Source: Kinyoki, D.K. et al. Mapping child growth failure across low- and middle-income countries. Nature 577, 231–234 (2020) doi:10.1038/s41586-019-1878-8.

Notes: 5 km level map shows prevalence at the  $5 \times 5$ -km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.

Child (under-five) nutrition status over time			
Wasting by sex	Stunting by sex	Overweight by sex	
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.

Notes: Disaggregated data (coloured lines/bars in charts) is based on population weighted means. Estimates are presented only where available data represents at least 50% of the regional population.

#### Infant and young child feeding over time

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

Exclusive	Continued breastfeeding at 1 year by mother's education	Minimum	Intro. to solid,
breastfeeding by		acceptable diet by	semi-solid, soft
mother's		mother's	foods by mother's
education		education	education
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
age	year by age	age	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.

Notes: Disaggregated data (coloured lines/bars in charts) is based on population weighted means. Estimates are presented only where available data represents at least 50% of the regional population.

# Infant and young child feeding No data No data

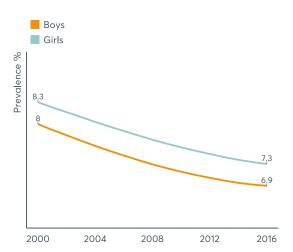
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

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

#### Underweight by sex

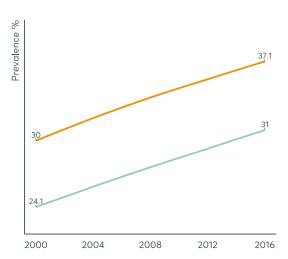
#### Overweight by sex

#### Obesity by sex

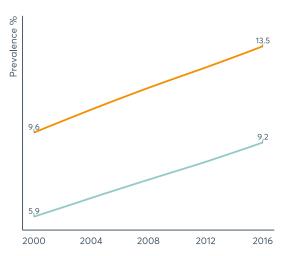


Sources: NCD Risk Factor Collaboration.

Notes: Based on population weighted means of 13 countries.



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#### **Adult nutrition status**

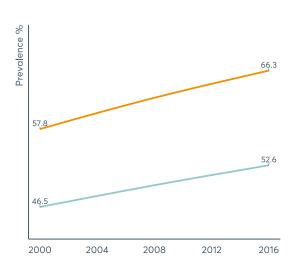
#### Diabetes by sex

# Male Female 7,7 6,6 5,4 2002 2006 2010 2014

Sources: NCD Risk Factor Collaboration.

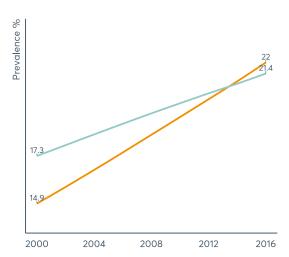
Notes: Based on population weighted means of 13 countries.

#### Overweight by sex



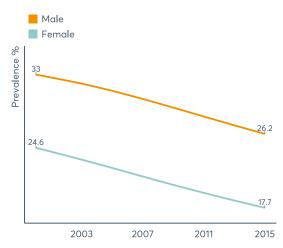
Notes: Based on population weighted means of 13 countries.

#### Obesity by sex



Notes: Based on population weighted means of 13 countries.

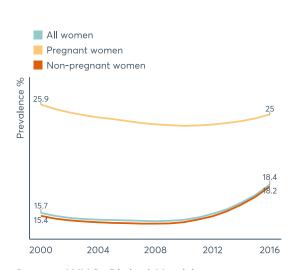
# Raised blood pressure by sex



Sources: NCD Risk Factor Collaboration.

Notes: Based on population weighted means of 13 countries.

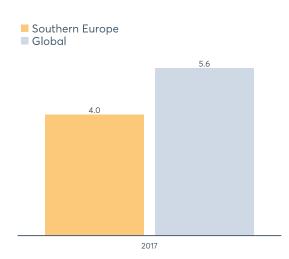
#### Angemia in WRA



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age. Based on population weighted means of 13 countries.

# Sodium intake (grams per day)

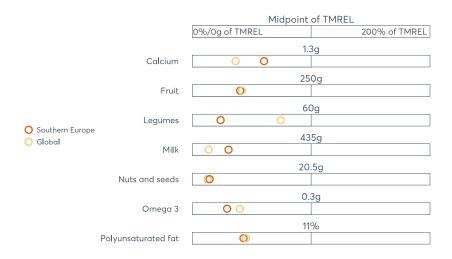


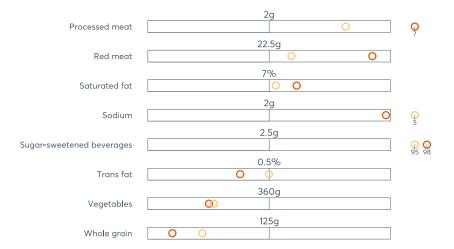
Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: Based on population weighted means of 13 countries.

#### **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. Based on population weighted means of 13 countries.

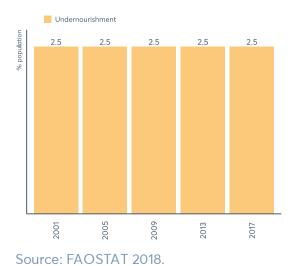
#### Intervention coverage

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

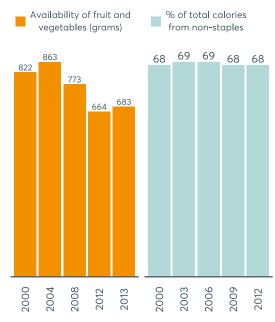
Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

#### **Determinants**

#### Undernourishment



#### Food supply



Source: FAOSTAT 2018.

## Gender-related determinants



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

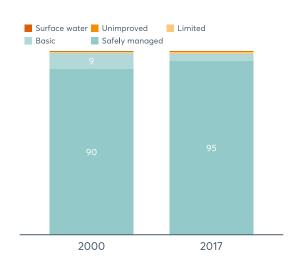
# Female secondary education enrolment (net, % population)



Source: UNESCO Institute for Statistics 2018.

Notes: Based on population weighted means of between 4 and 10 countries.

# Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

Notes: Based on population weighted means of between 13 and 14 countries.

# Sanitation coverage (% population)

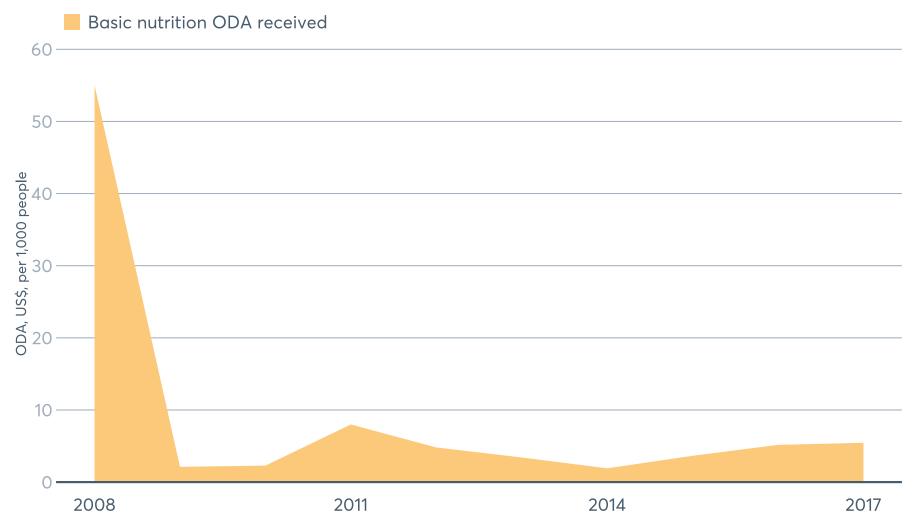


Source: WHO/UNICEF Joint Monitoring Programme 2019.

Notes: Based on population weighted means of between 12 and 14 countries.

#### 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	7/14
Sugar-sweetened beverage tax	2/14
Food-based dietary guidelines	10/14
Policy to reduce salt consumption	9/14
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	13/14
Operational, multisectoral national NCD policy, strategy or action plan	10/14
Operational policy, strategy or action plan for diabetes	13/14
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	6/14
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	5/14

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: Value refers to the number of countries with policy. NA = not applicable; NCD = non-communicable disease.

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

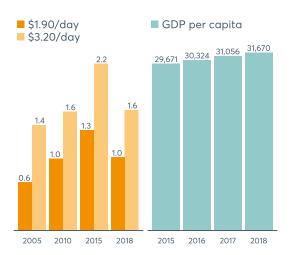
Stunting	Anaemia	
2/14	0/14	
Low birth weight	Child overweight	
3/14	10/14	
Exclusive breastfeeding	Wasting	
4/14	1/14	
Salt intake	Overweight adults and adolescents	
8/14	12/14	
Multisectoral comprehensive nutrition plan		
7/14		

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

Notes: Value refers to the number of countries with target.

#### **Economics and demography**

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

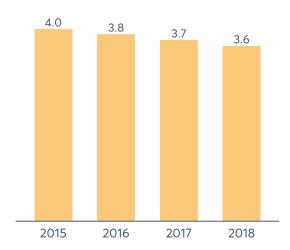


Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

Notes: PPP = purchasing power parity.

Based on population weighted means of between 12 and 13 countries.

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



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

Notes: Based on population weighted means of 14 countries.

# 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
NA	NA	NA

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)	150,793	2018
Under-five population (thousands)	6,422	2019
Rural (%)	28	2018
>65 years (thousands)	32,110	2019

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

Notes: Based on population weighted means of 14 countries.

# Population density of health workers per 1,000 people

Physicians	3.92	2016
Nurses and midwives	5.45	2016
Community health workers	No data	No data

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

Notes: Based on population weighted means of 14 countries.