#### Côte d'Ivoire

#### **Country overview**

#### Malnutrition burden

Côte d'Ivoire is on course to meet the global targets for under-five overweight and under-five stunting, but is off course to meet the targets for all other indicators analysed with adequate data.

Although it performs well against other developing countries, Côte d'Ivoire still experiences a malnutrition burden among its under-five population. As of 2016, the national prevalence of under-five overweight is 1.5%, which has decreased slightly from 3.2% in 2012. The national prevalence of under-five stunting is 21.6%, which is less than the developing country average of 25%. Côte d'Ivoire's under-five wasting prevalence of 6.1% is also less than the developing country average of 8.9%.

In Côte d'Ivoire, 23.1% of infants under 23 months are exclusively breastfed. Côte d'Ivoire's 2015 low birth weight prevalence of 15.5% has decreased slightly from 15.6% in 2014.

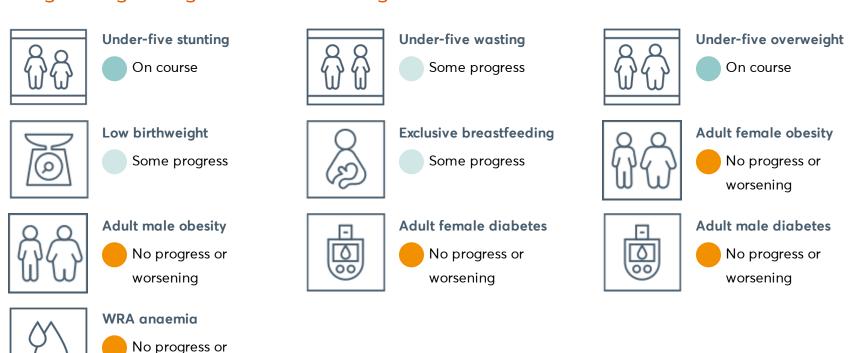
Côte d'Ivoire's adult population also face a malnutrition burden. 52.9% of women of reproductive age have anaemia, and 7.3% of adult men have diabetes, compared to 6.3% of women. Meanwhile, 15.2% of women and 5.8% of men have obesity.

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

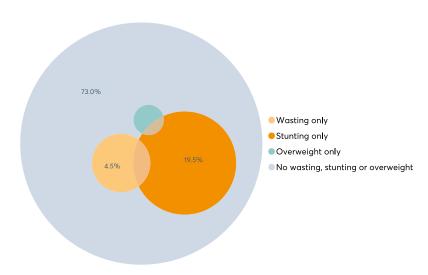


Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

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.

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

# Coexistence of wasting, stunting and overweight



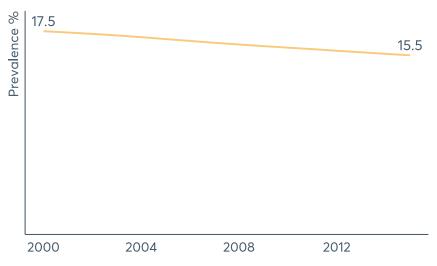
Sources: UNICEF, Division of Data Research and Policy (2019).

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



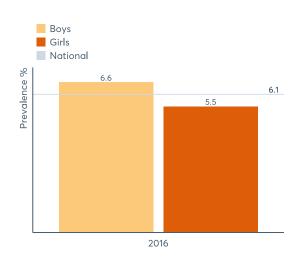
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

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

Wasting by gender

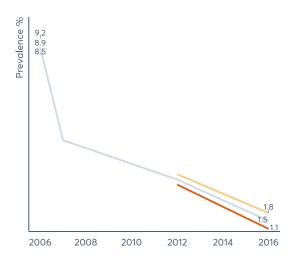
Stunting by gender

Overweight by gender



8 9 9 9 44 44 40.5 36.7 23.3

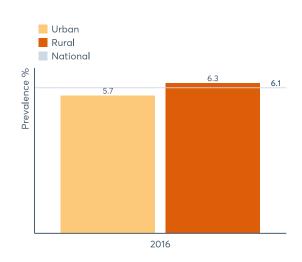
2016

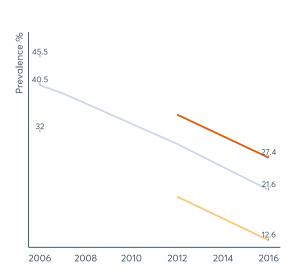


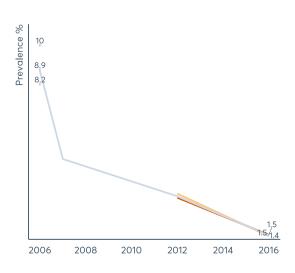
Wasting by location

Stunting by location

Overweight by location





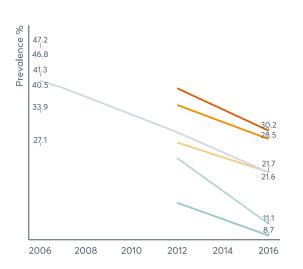


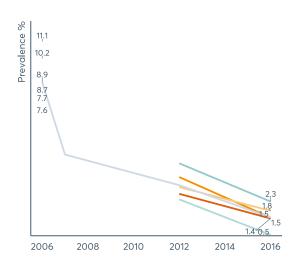
Wasting by income

Stunting by income

Overweight by income



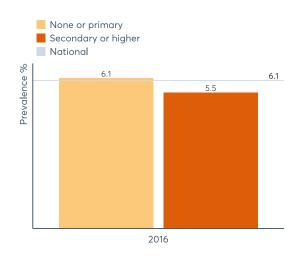


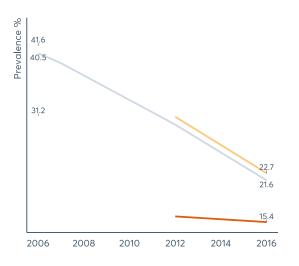


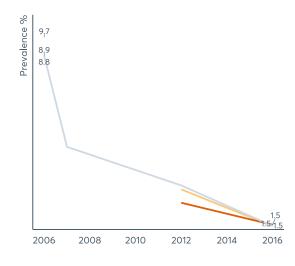
# Wasting by mother's education

# Stunting by mother's education

Overweight by mother's education





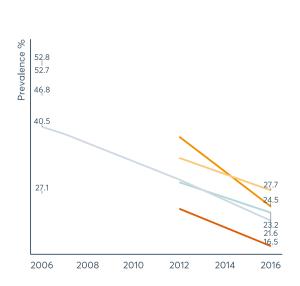


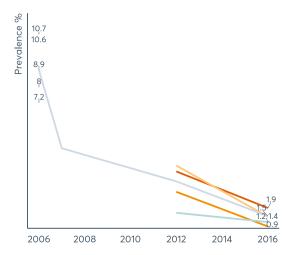
Wasting by age

Stunting by age

Overweight by age



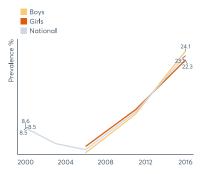




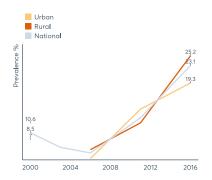
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

#### Infant and young child feeding over time

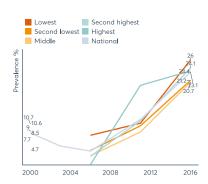
Exclusive breastfeeding by gender



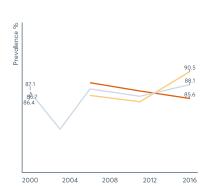
Exclusive breastfeeding by location



Exclusive breastfeeding by income



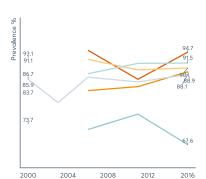
Continued breastfeeding at 1 year by gender



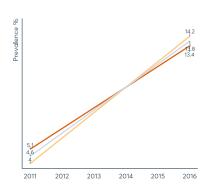
Continued breastfeeding at 1 year by location



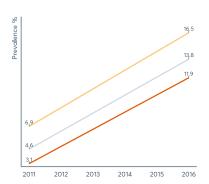
Continued breastfeeding at 1 year by income



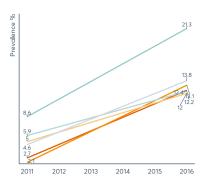
Minimum acceptable diet by gender



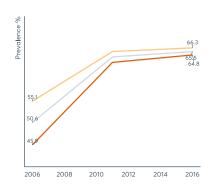
Minimum acceptable diet by location



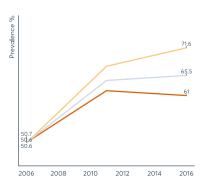
Minimum acceptable diet by income



Intro. to solid, semi-solid, soft foods by gender



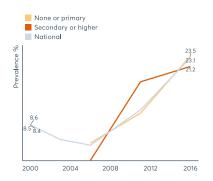
Intro. to solid, semi-solid, soft foods by location



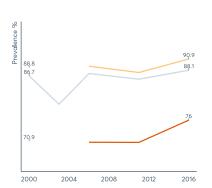
Intro. to solid, semi-solid, soft foods by income



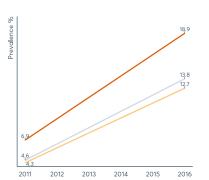
# Exclusive breastfeeding by mother's education



Continued breastfeeding at 1 year by mother's education



Minimum acceptable diet by mother's education



Intro. to solid, semi-solid, soft foods by mother's education



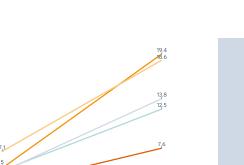
Exclusive breastfeeding by age



breastfeeding at 1

Continued

Minimum acceptable diet by age

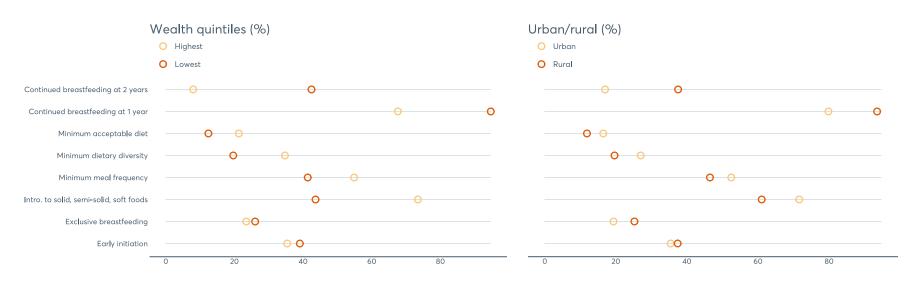


Intro. to solid, semi-solid, soft foods by age



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



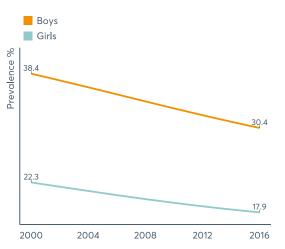
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

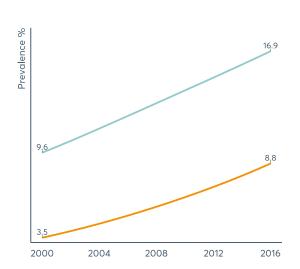
#### Child and adolescent (aged 5-19) nutrition status

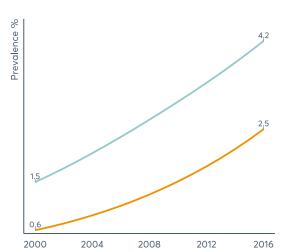
Underweight by gender

Overweight by gender

Obesity by gender







Sources: NCD Risk Factor Collaboration.

#### **Adult nutrition status**

#### Diabetes by gender

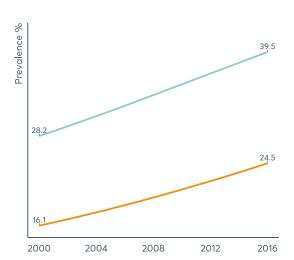
# Male Female 7,3 6,3

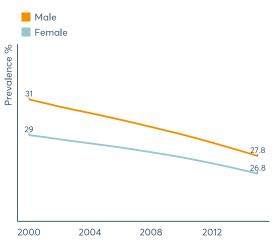
Sources: NCD Risk Factor Collaboration.

Raised blood pressure by

gender

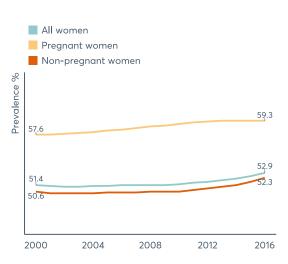
#### Overweight by gender





Sources: NCD Risk Factor Collaboration.

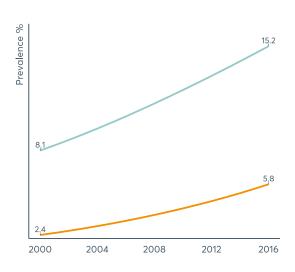
#### Anaemia in WRA



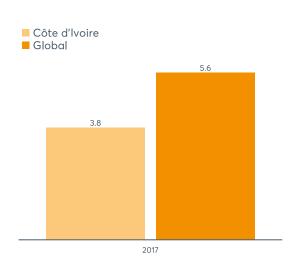
Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

#### Obesity by gender



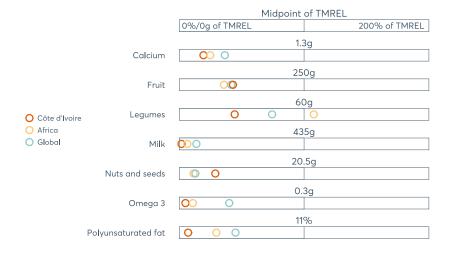
# Salt intake (grams per day)

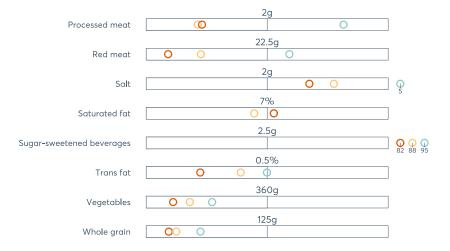


Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

#### **Dietary needs**

#### Consumption of food groups and components, 2016





Sources: 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<br>(%) | Boy<br>(%) | Girl<br>(%) | Year |
|-------------------------------------------------------------------------------------------------------------------------|--------------|------------|-------------|------|
| Children 0-59 months with diarrhoea who received zinc treatment                                                         | 0            | 0          | 0           | 2011 |
| Children 6-59 months who received vitamin A supplements in last 6 months                                                | 61           | 61         | 61          | 2011 |
| Children 6-59 months given iron supplements in past 7 days                                                              | 13           | 14         | 13          | 2011 |
| Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care | 77           | NA         | NA          | 2011 |
| Household consumption of any iodised salt                                                                               | 92           | NA         | NA          | 2011 |

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

# Undernourishment 21.5 21.8 21.4 19.0 19.0 Source: FAOSTAT 2018.

#### Food supply

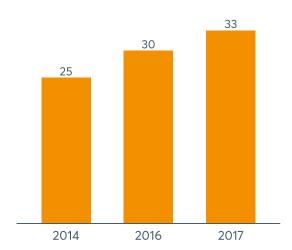


### Gender-related determinants

| Early childbearing<br>births by age 18 (%) <sup>1</sup> | 31   | 2012 |
|---------------------------------------------------------|------|------|
| Gender Inequality<br>Index (score*) <sup>2</sup>        | 0.67 | 2015 |
| Gender Inequality Index (country rank) <sup>2</sup>     | 155  | 2015 |

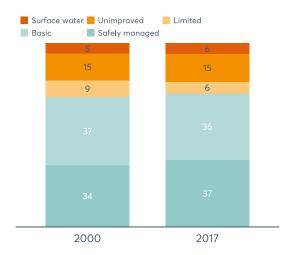
Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> UNDP 2018. Notes: \*0 = low inequality, 1 = high inequality.

# Female secondary education enrolment (net, % population)



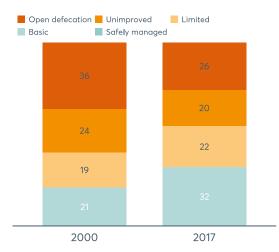
Source: UNESCO Institute for Statistics 2018.

# Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

# Sanitation coverage (% population)



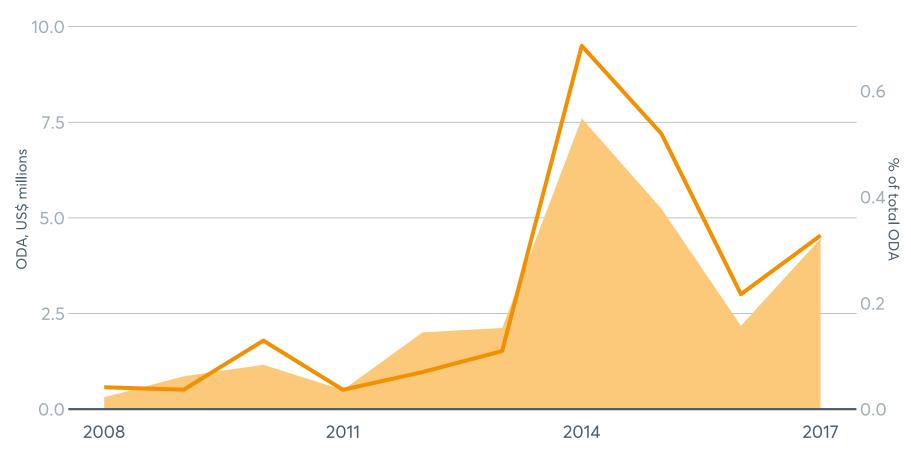
Source: WHO/UNICEF Joint Monitoring Programme 2019.

#### 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 legislation for salt iodisation                                                                                                  | Yes        |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Sugar-sweetened beverage tax                                                                                                               | Yes        |
| Food-based dietary guidelines                                                                                                              | No<br>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                                                                    | 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 | 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: NA = not applicable; NCD = non-communicable disease.

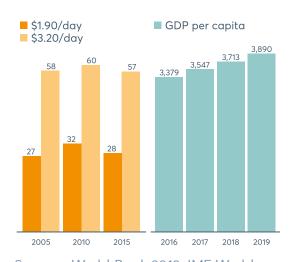
#### Targets included in national (nutrition or other) plan

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

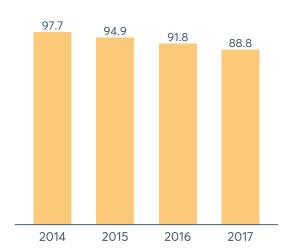
## Poverty rates (%) and GDP (PPP\$)



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

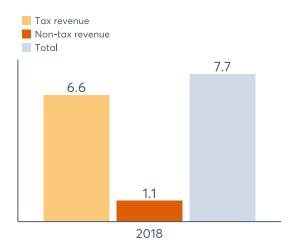
Notes: PPP = purchasing power parity.

## 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<br>score <sup>1</sup> | Gini index<br>rank <sup>2</sup> | Year |
|----------------------------------|---------------------------------|------|
| 42                               | 112                             | 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<br>(thousands)               | 25,069 | 2018 |
|-----------------------------------------|--------|------|
| Under-five<br>population<br>(thousands) | 4,050  | 2019 |
| Rural (%)                               | 49     | 2018 |
| >65 years<br>(thousands)                | 739    | 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               | 0.14       | 2010       |
|--------------------------|------------|------------|
| Nurses and<br>midwives   | 0.48       | 2010       |
| Community health workers | No<br>data | No<br>data |

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