

# Middle Africa

## Subregional overview

### Malnutrition burden

**In the Middle Africa subregion, there has been some progress towards achieving global nutrition targets. The global target for infant exclusive breastfeeding has four countries on course to meet it, under-five overweight has three countries on course, under-five wasting 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 anaemia in women of reproductive age, low birth weight, male diabetes, female diabetes, male obesity, and female obesity. Five countries in the subregion have insufficient data to comprehensively assess their progress towards these global targets.**

Although it performs relatively well against other subregions, Middle Africa still experiences a malnutrition burden among its under-five population. The average prevalence of overweight in under-fives is 4.6%, this is less than the global average of 5.9%. The prevalence of stunting in under-fives is 32.1% - the second highest compared to other subregions in Africa. The prevalence of wasting in under-fives is 7.2%, this is less than the global average of 7.3%.

Some 37.4% of infants under 6 months in the Middle Africa subregion are exclusively breastfed, while the subregion's average low birth weight prevalence of 12.5% is less than the global average of 14.6%.

The Middle Africa subregion's adult population also face a malnutrition burden. An average of 43.6% of women of reproductive age have anaemia, and 7% of adult men have diabetes, compared to 6.7% of women. Meanwhile, 11.4% of women and 4.1% of men have obesity.

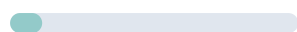
Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF/WHO Low birthweight estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Data on the adult indicators are based on modelled estimates.

### Progress against global nutrition targets 2019



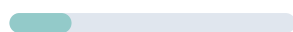
### Under-five stunting



1 On course  
4 Off course  
4 No data



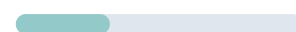
### Under-five wasting



2 On course  
4 Off course  
3 No data



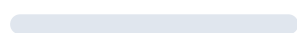
### Under-five overweight



3 On course  
2 Off course  
4 No data



### Low birthweight



0 On course  
7 Off course  
2 No data



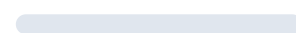
### Exclusive breastfeeding



4 On course  
1 Off course  
4 No data



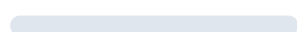
### Adult female obesity



0 On course  
9 Off course  
0 No data



### Adult male obesity



0 On course  
9 Off course  
0 No data



### Adult female diabetes



0 On course  
9 Off course  
0 No data



### Adult male diabetes



0 On course  
9 Off course  
0 No data



### WRA anaemia



0 On course  
9 Off course  
0 No data

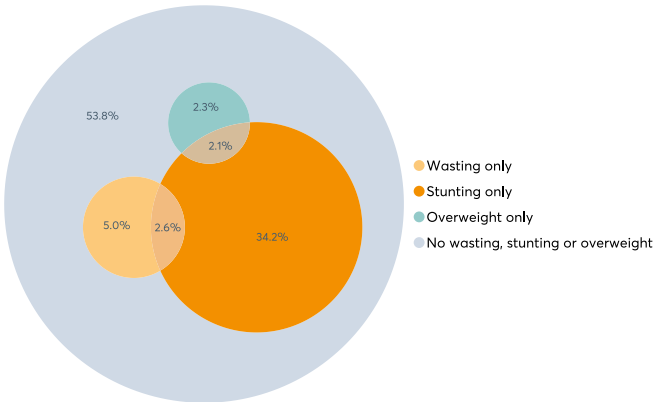
Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

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

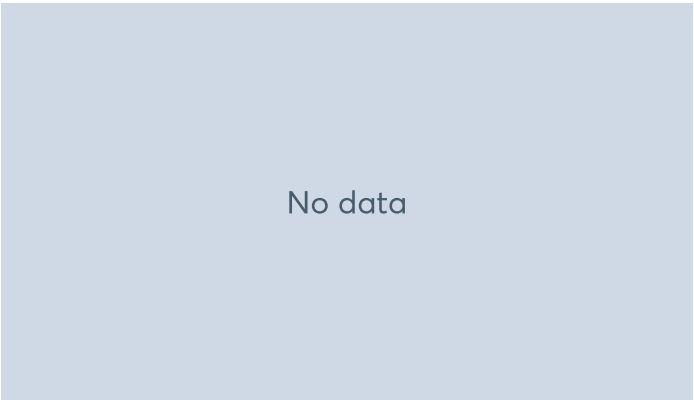
## Coexistence of wasting, stunting and overweight

## Low birth weight



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.



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

# Prevalence of under-five stunting

Stunting at subnational level

Stunting at 5km level

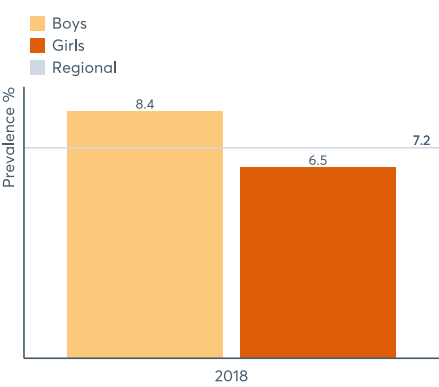


Source: Kinyoki, D.K. et al. Mapping child growth failure across low- and middle-income countries. Nature 577, 231–234 (2020) doi:10.1038/s41586-019-1878-8.

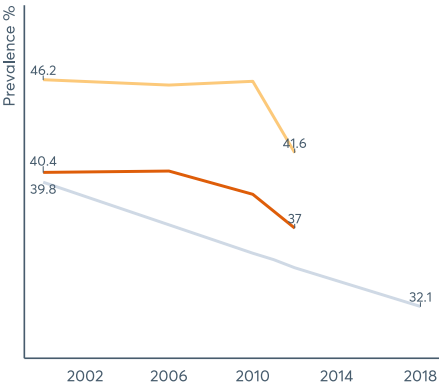
Notes: 5 km level map shows prevalence at the 5 x 5-km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.

# Child (under-five) nutrition status over time

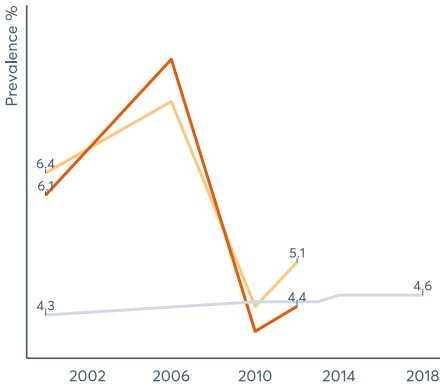
## Wasting by gender



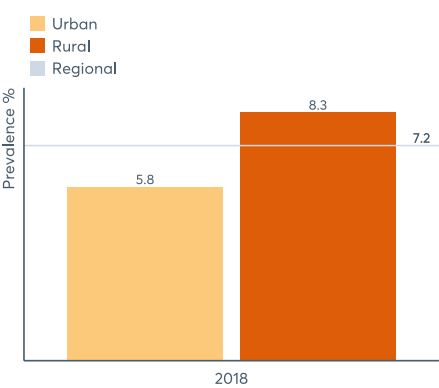
## Stunting by gender



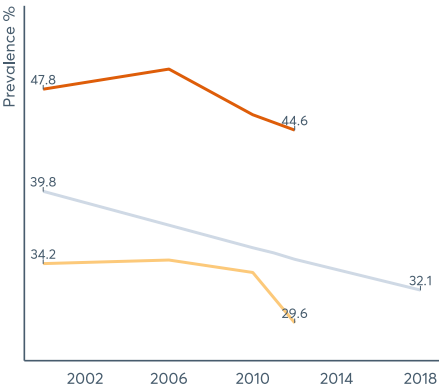
## Overweight by gender



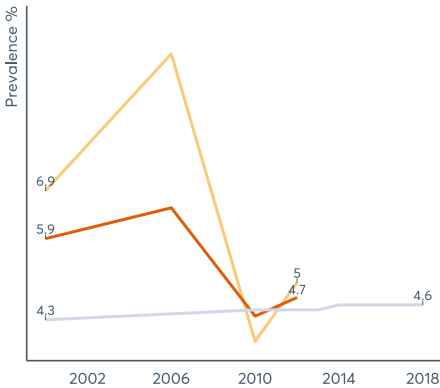
## Wasting by location



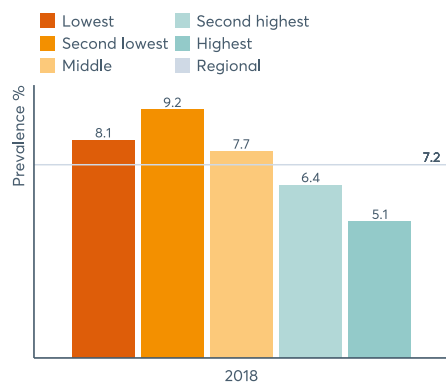
## Stunting by location



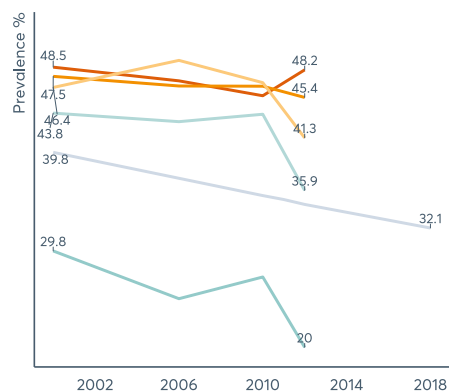
## Overweight by location



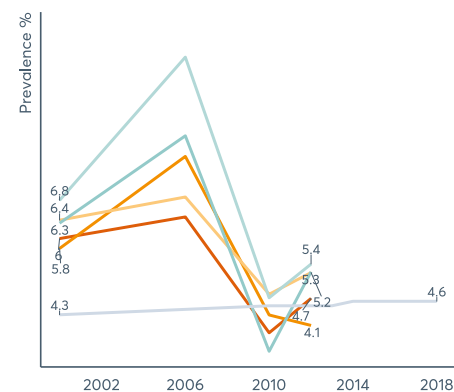
## Wasting by income



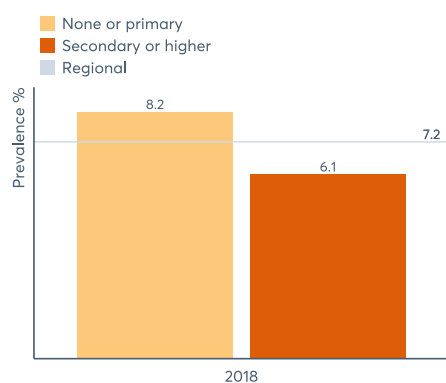
## Stunting by income



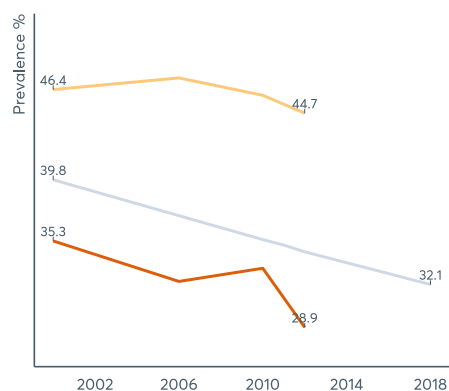
## Overweight by income



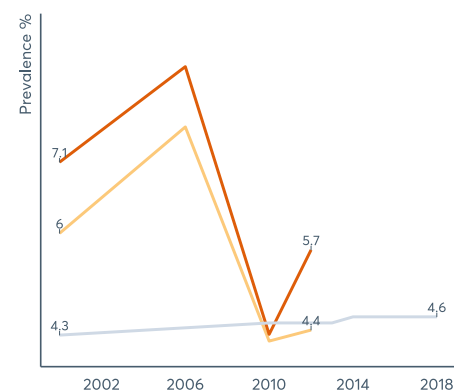
## Wasting by mother's education



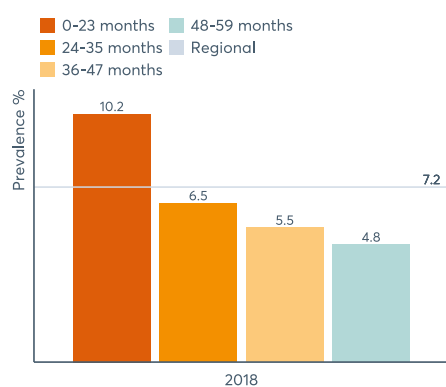
## Stunting by mother's education



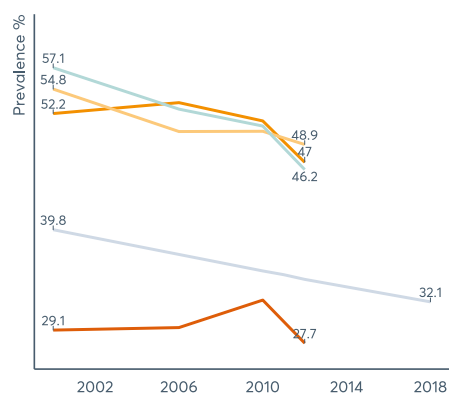
## Overweight by mother's education



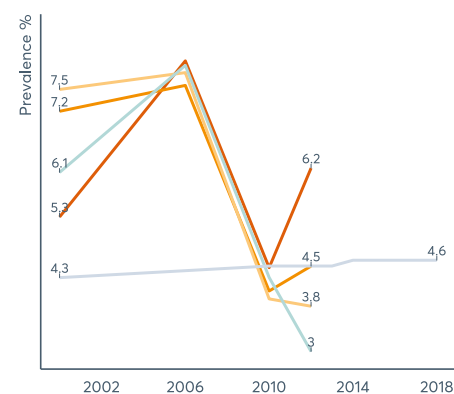
## Wasting by age



## Stunting by age



## Overweight by age

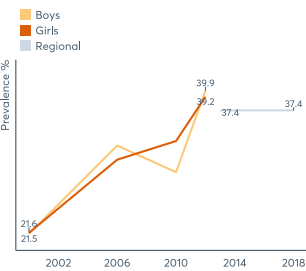


Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

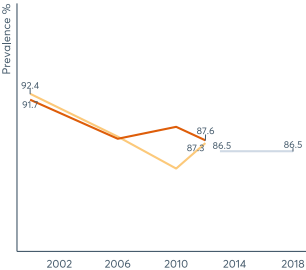
Notes: Regional trends (grey line in charts) refer to estimates from UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. Disaggregated data (coloured lines/bars in charts) is based on population weighted means. Estimates are presented only where available data represents at least 50% of the regional population. Based on population weighted means of between 4 and 9 countries.

# Infant and young child feeding over time

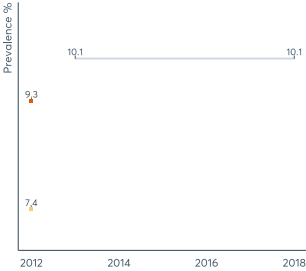
Exclusive breastfeeding by gender



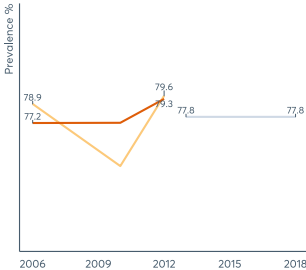
Continued breastfeeding at 1 year by gender



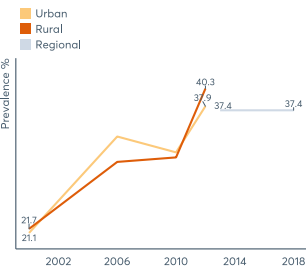
Minimum acceptable diet by gender



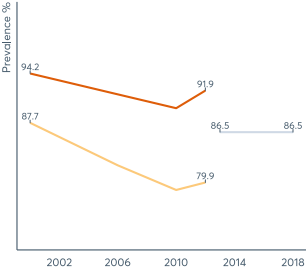
Intro. to solid, semi-solid, soft foods by gender



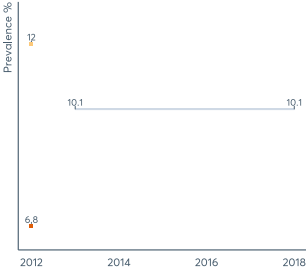
Exclusive breastfeeding by location



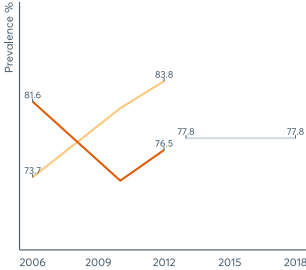
Continued breastfeeding at 1 year by location



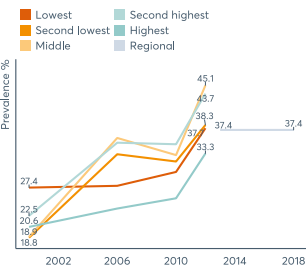
Minimum acceptable diet by location



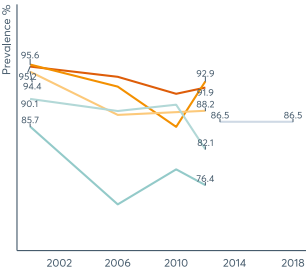
Intro. to solid, semi-solid, soft foods by location



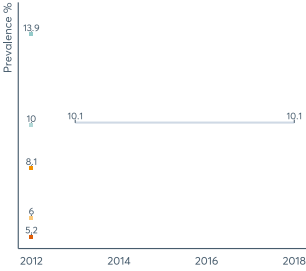
Exclusive breastfeeding by income



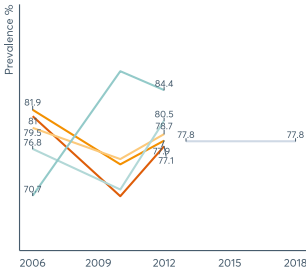
Continued breastfeeding at 1 year by income



Minimum acceptable diet by income

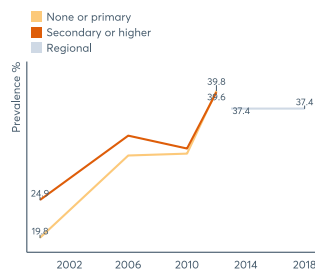


Intro. to solid, semi-solid, soft foods by income

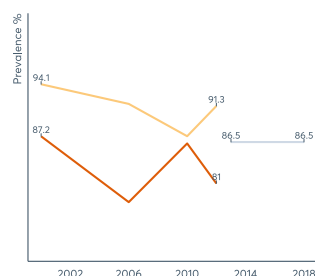




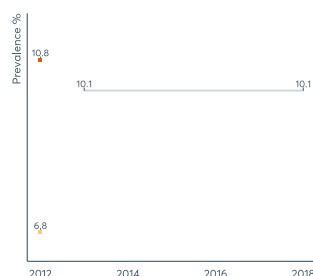
## Exclusive breastfeeding by mother's education



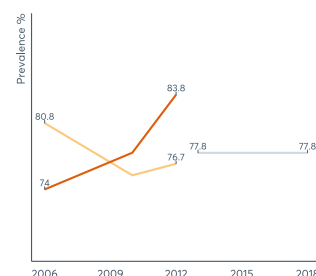
## Continued breastfeeding at 1 year by mother's education



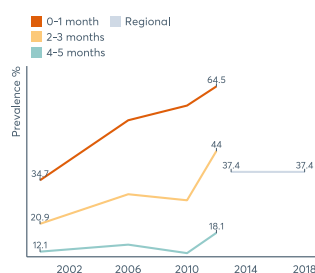
## Minimum acceptable diet by mother's education



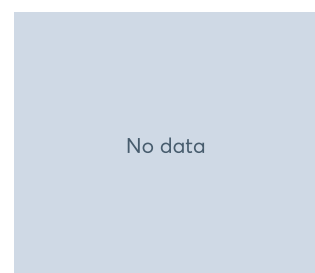
## Intro. to solid, semi-solid, soft foods by mother's education



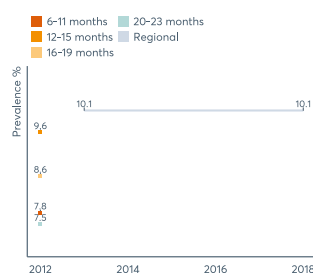
## Exclusive breastfeeding by age



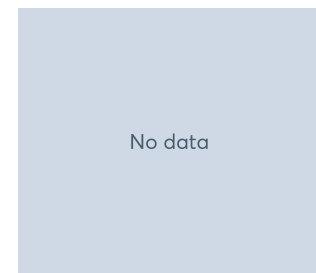
## Continued breastfeeding at 1 year by age



## Minimum acceptable diet by age



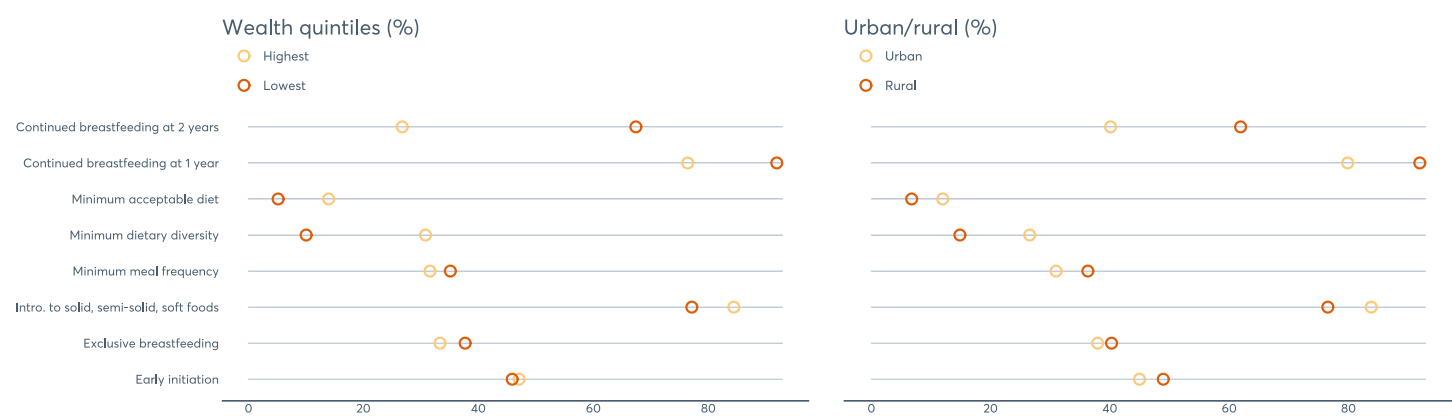
## Intro. to solid, semi-solid, soft foods by age



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

Notes: Regional trends (grey line in charts) refer to estimates from UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. 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. Based on population weighted means of between 1 and 5 countries.

# Infant and young child feeding

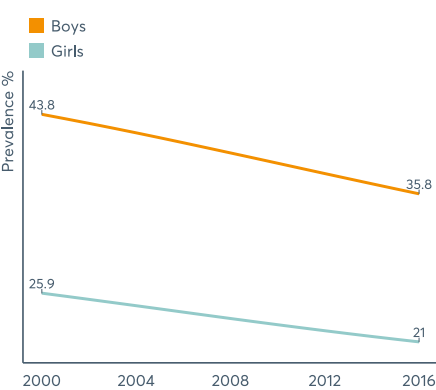


Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

Notes: Based on population weighted means of between 1 and 5 countries.

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

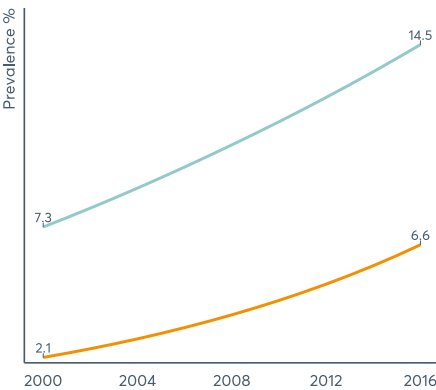
## Underweight by gender



Sources: NCD Risk Factor Collaboration.

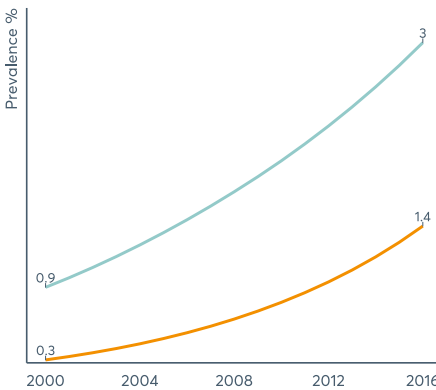
Notes: Based on population weighted means of 9 countries.

## Overweight by gender



Notes: Based on population weighted means of 9 countries.

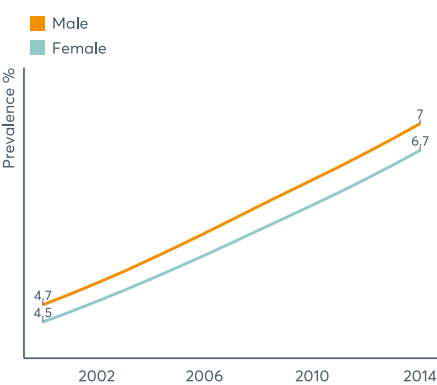
## Obesity by gender



Notes: Based on population weighted means of 9 countries.

# Adult nutrition status

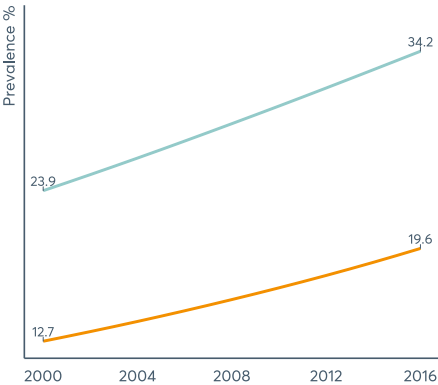
## Diabetes by gender



Sources: NCD Risk Factor Collaboration.

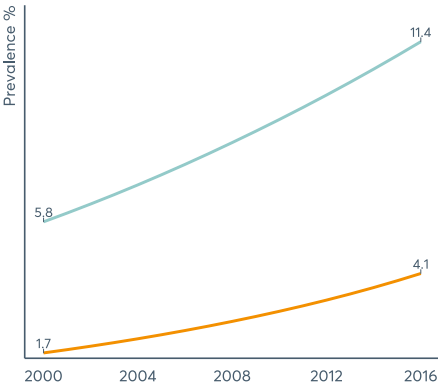
Notes: Based on population weighted means of 9 countries.

## Overweight by gender



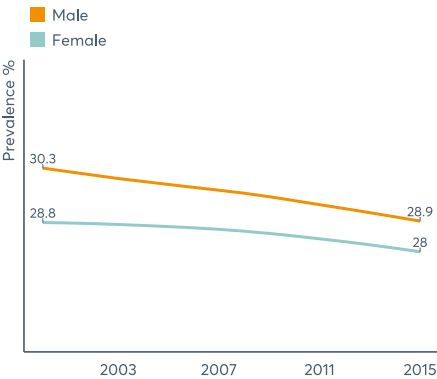
Notes: Based on population weighted means of 9 countries.

## Obesity by gender



Notes: Based on population weighted means of 9 countries.

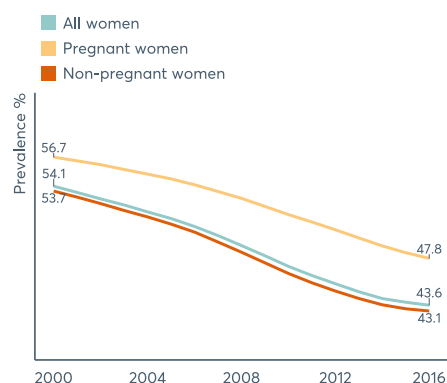
## Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

Notes: Based on population weighted means of 9 countries.

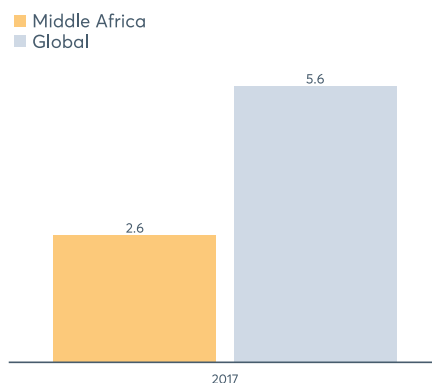
## Anaemia in WRA



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age. Based on population weighted means of 9 countries.

## Salt intake (grams per day)

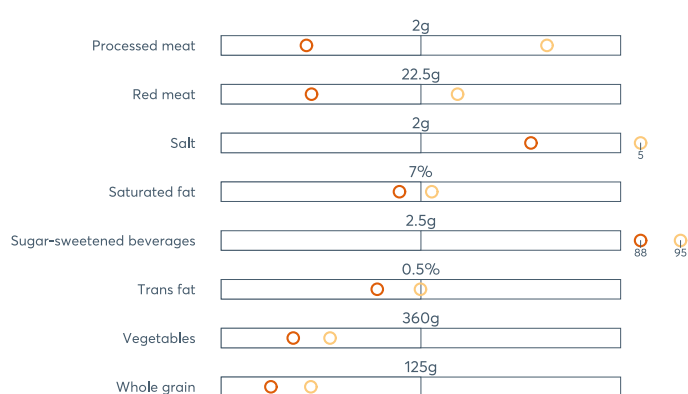
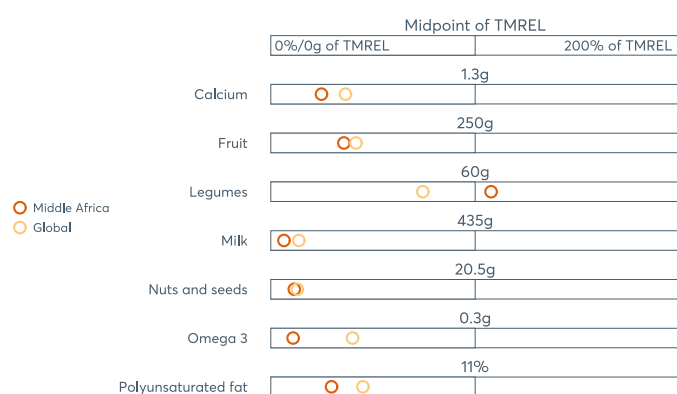


Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: Based on population weighted means of 9 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 9 countries.

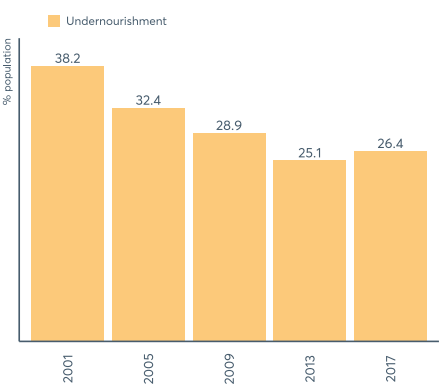
## Intervention coverage

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

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

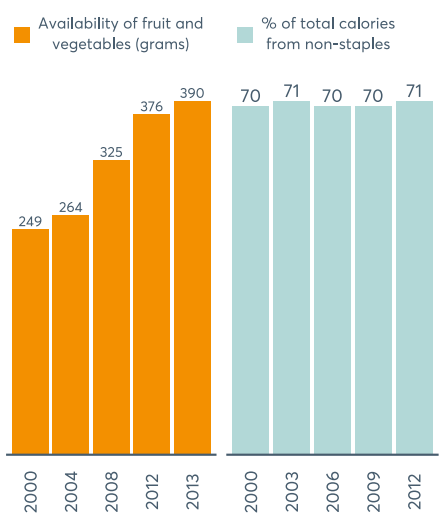
# Determinants

## Undernourishment



Source: FAOSTAT 2018.

## Food supply



Source: FAOSTAT 2018.

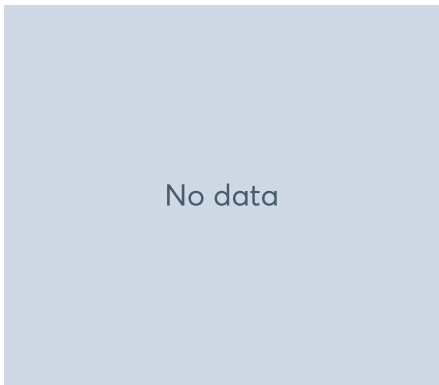
## Gender-related determinants

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

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

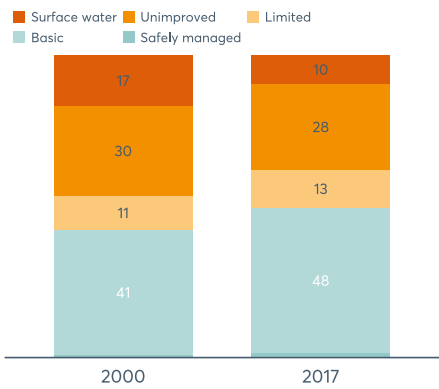
Notes: <sup>\*</sup> 0 = low inequality, 1 = high inequality.

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



Source: UNESCO Institute for Statistics 2018.

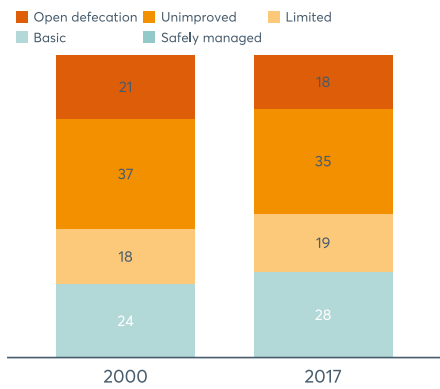
## Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

Notes: Based on population weighted means of between 1 and 9 countries.

## Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

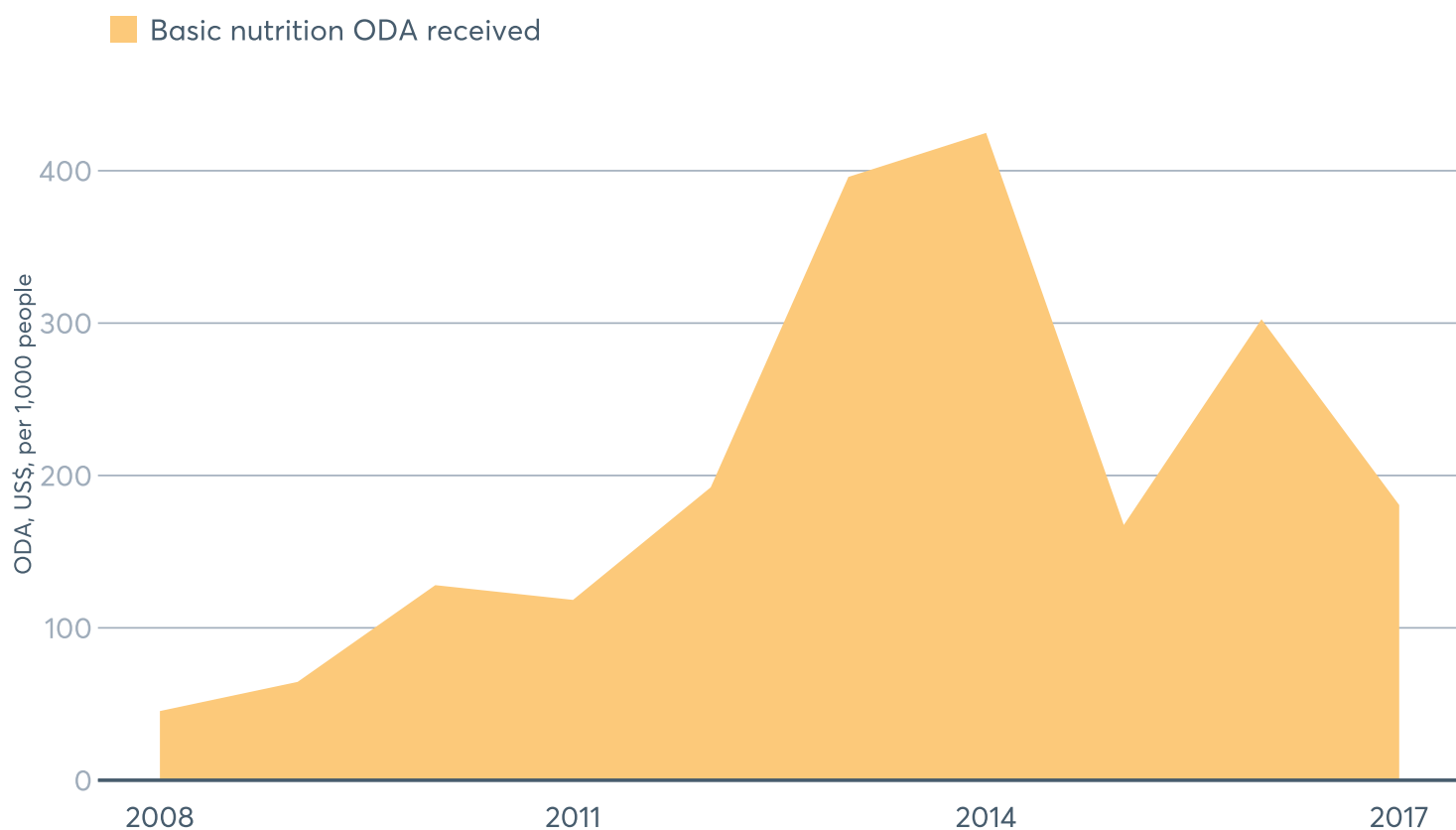
Notes: Based on population weighted means of between 8 and 9 countries.

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## 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	7/9
Sugar-sweetened beverage tax	2/9
Food-based dietary guidelines	0/9
Policy to reduce salt consumption	1/9
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	4/9
Operational, multisectoral national NCD policy, strategy or action plan	2/9
Operational policy, strategy or action plan for diabetes	5/9
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	1/9
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	1/9

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

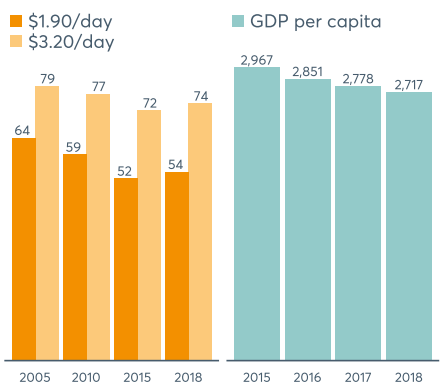
Stunting	Anaemia
7/9	2/9
Low birth weight	Child overweight
4/9	3/9
Exclusive breastfeeding	Wasting
6/9	8/9
Salt intake	Overweight adults and adolescents
2/9	5/9
Multisectoral comprehensive nutrition plan	
4/9	

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

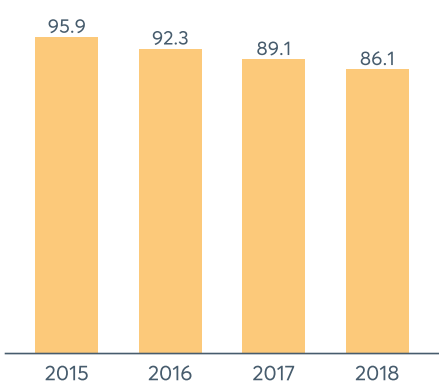
Poverty rates (%) and GDP (PPP\$)



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

Notes: PPP = purchasing power parity. Based on population weighted means of between 7 and 9 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 9 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)	169,122	2018
Under-five population (thousands)	30,190	2019
Rural (%)	50	2018
>65 years (thousands)	4,817	2019

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

Notes: Based on population weighted means of 9 countries.

## Population density of health workers per 1,000 people

Physicians	0.1	2016
Nurses and midwives	0.91	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 9 countries.