Uruguay

Country overview

Malnutrition burden

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

Although it performs relatively well against other developing countries, Uruguay still experiences a malnutrition burden among its under-five population. As of 2011, the national prevalence of under-five overweight is 7.2%, which has decreased slightly from 7.9% in 2007. The national prevalence of under-five stunting is 10.7%, which is less than the developing country average of 25%. Uruguay's under-five wasting prevalence of 1.3% is also less than the developing country average of 8.9%.

There is insufficient data on exclusive breastfeeding among infants. Uruguay's 2015 low birth weight prevalence of 7.6% has decreased slightly from 7.7% in 2000.

Uruguay's adult population also face a malnutrition burden. 20.8% of women of reproductive age have anaemia, and 9.8% of adult women have diabetes, compared to 9.1% of men. Meanwhile, 30.6% of women and 24.9% 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

No progress or

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

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.

Prevalence of under-five stunting

Stunting at subnational level

Stunting at 5km level

No data





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.

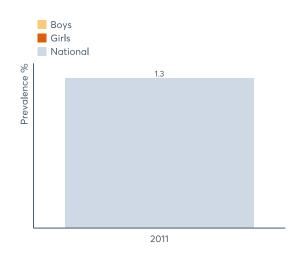
Notes: 5 km level map shows prevalence at the 5×5 -km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.

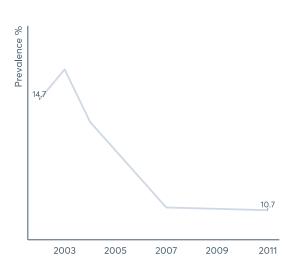
Child (under-five) nutrition status over time

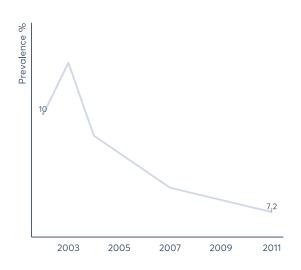
Wasting by sex

Stunting by sex

Overweight by sex



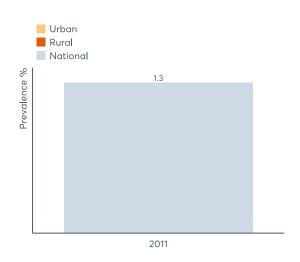


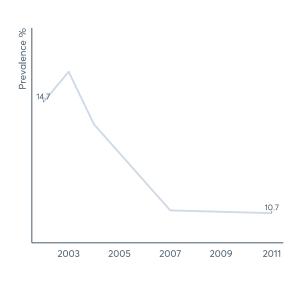


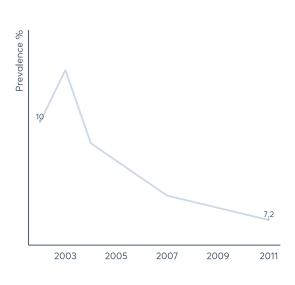
Wasting by location

Stunting by location

Overweight by location



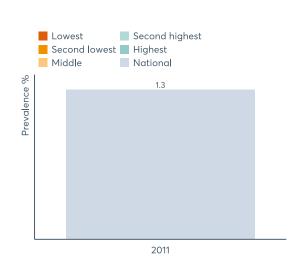


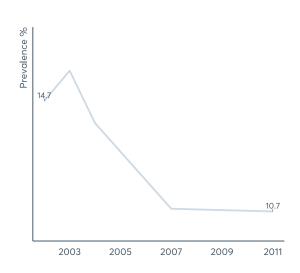


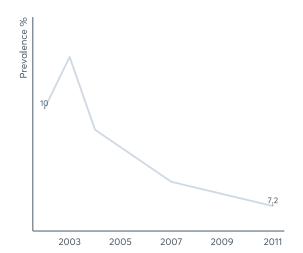
Wasting by income

Stunting by income

Overweight by income



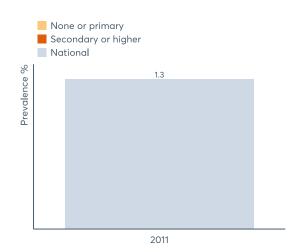


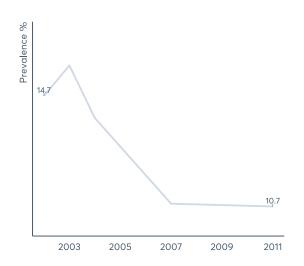


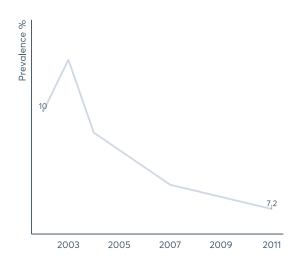
Wasting by mother's education

Stunting by mother's education

Overweight by mother's education



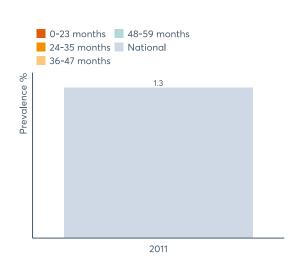


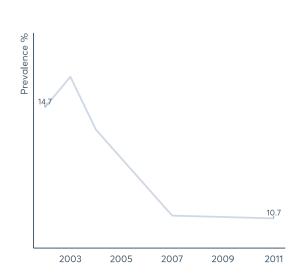


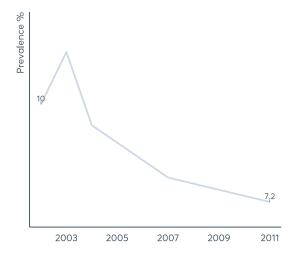
Wasting by age

Stunting by age

Overweight by age



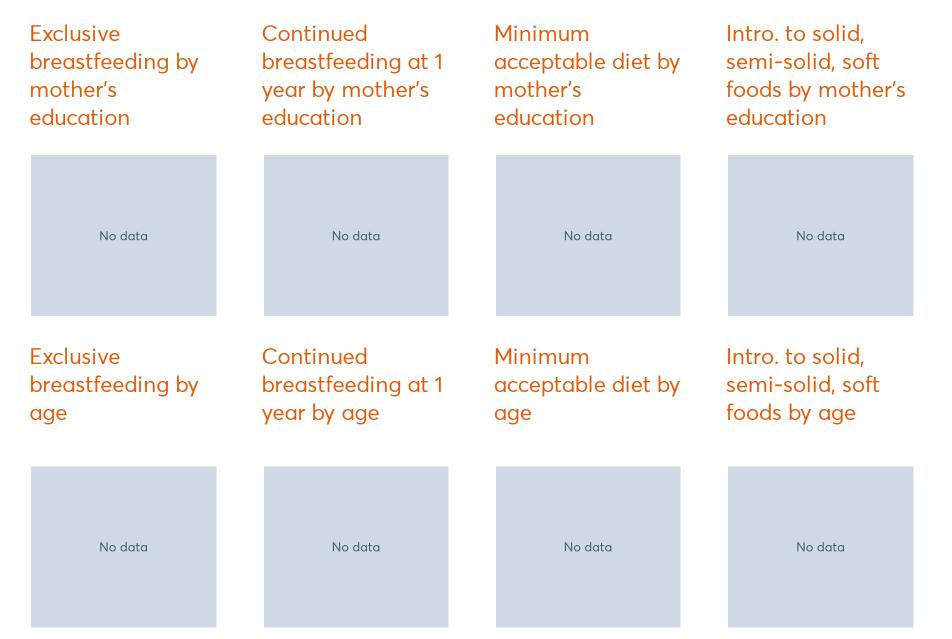




Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

Infant and young child feeding over time

Exclusive 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



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



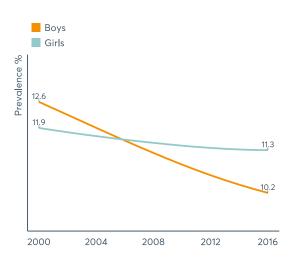
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

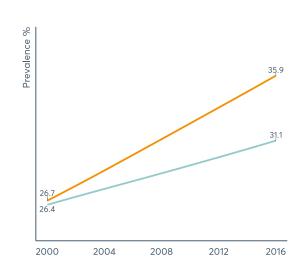
Child and adolescent (aged 5-19) nutrition status

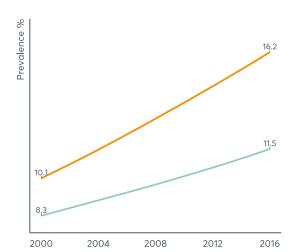
Underweight by sex

Overweight by sex

Obesity by sex







Sources: NCD Risk Factor Collaboration.

Adult nutrition status

Diabetes by sex

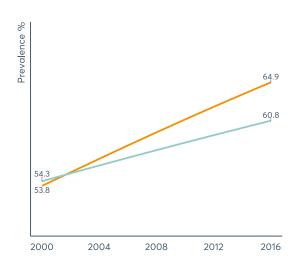
Male Female 9,8 9,8 9,1

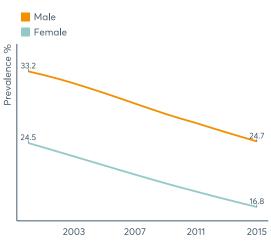
Sources: NCD Risk Factor Collaboration.

Raised blood pressure by

sex

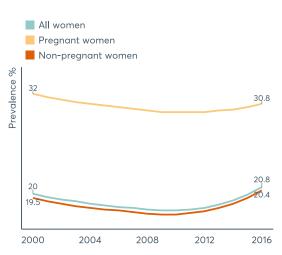
Overweight by sex





Sources: NCD Risk Factor Collaboration.

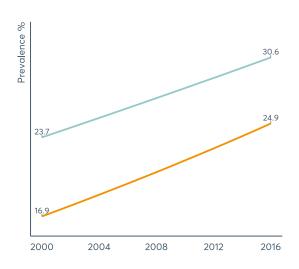
Anaemia in WRA



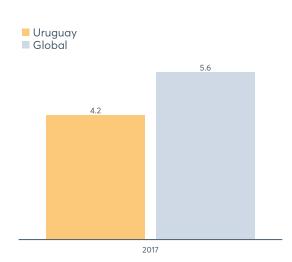
Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

Obesity by sex



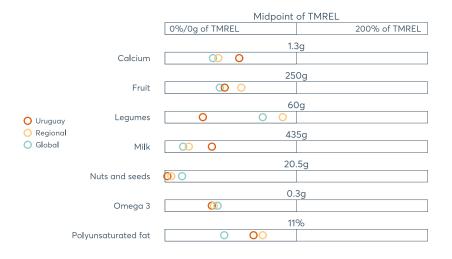
Sodium intake (grams per day)

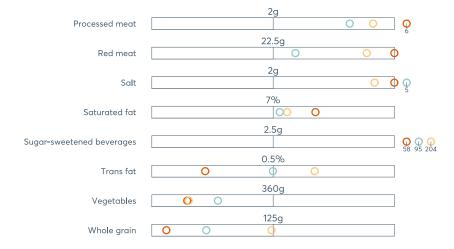


Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

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	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.

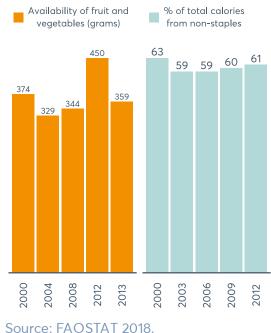
Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

Determinants

Undernourishment

2001 2005 2013 Source: FAOSTAT 2018.

Food supply

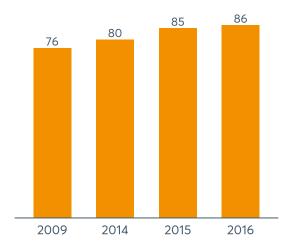


Gender-related determinants

Early childbearing births by age 18 (%) ¹	No data	No data
Gender Inequality Index (score *) ²	0.27	2017
Gender Inequality Index (country rank) ²	57	2017

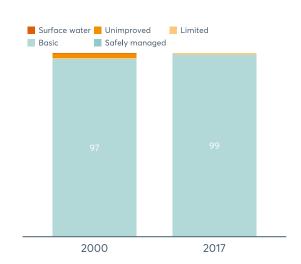
Sources: ¹ UNICEF 2018; ² UNDP 2018. Notes: *0 = low inequality, 1 = high inequality.

Female secondary education enrolment (net, % population)



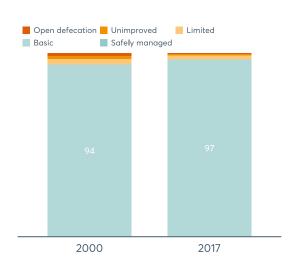
Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

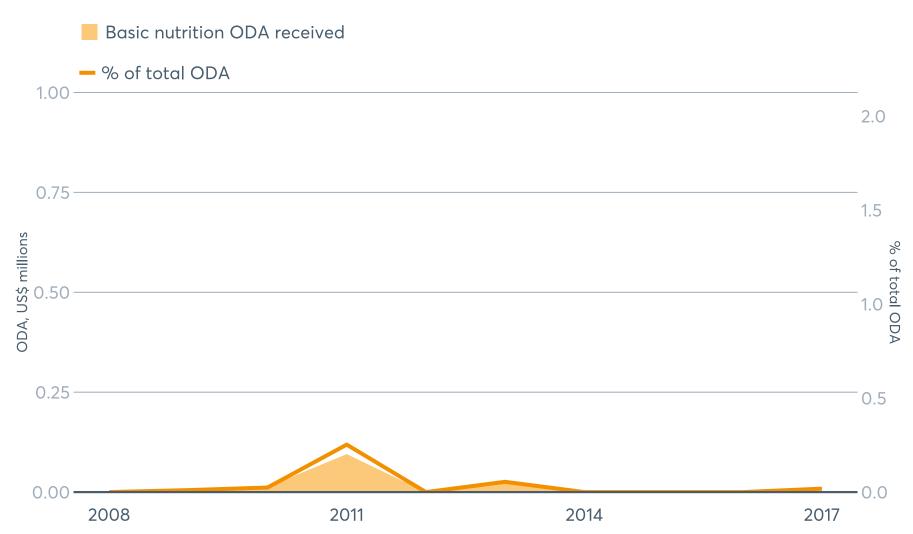
Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

Resources, policies and targets

Development assistance



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	Yes
Policy to reduce salt consumption	Yes
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	Yes
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.

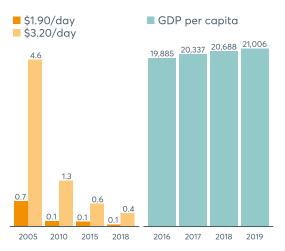
Targets included in national (nutrition or other) plan

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

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

Economics and demography

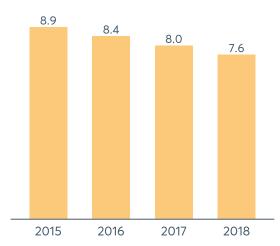
Poverty rates (%) and GDP (PPP\$)



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
40	100	2017

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)	3,449	2018
Under-five population (thousands)	238	2019
Rural (%)	5	2018
>65 years (thousands)	517	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	3.74	2010
Nurses and midwives	5.55	2010
Community health workers	No data	No data

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