Country overview

Malnutrition burden

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

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

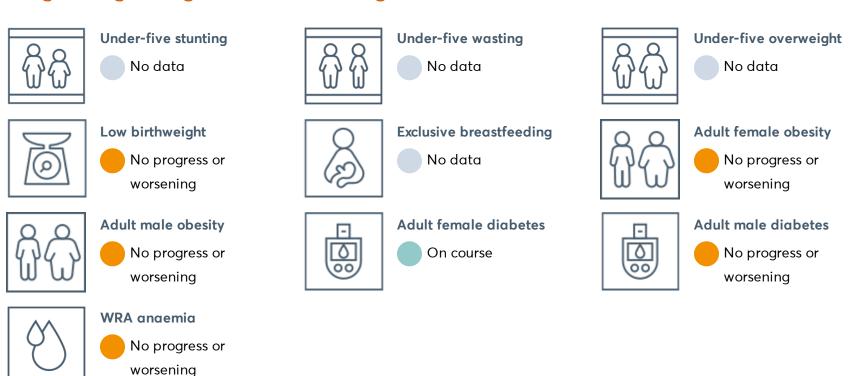
There is also insufficient data on exclusive breastfeeding among infants. Italy's 2015 low birth weight prevalence of 7% has decreased slightly from 7.1% in 2000.

Italy's adult population face a malnutrition burden. 17.3% of women of reproductive age have anaemia, and 7.1% of adult men have diabetes, compared to 4.6% of women. Meanwhile, 20.1% of men and 19.5% 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



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.

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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.

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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

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

No data No data No data

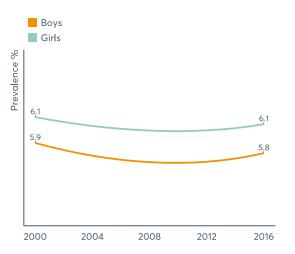
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

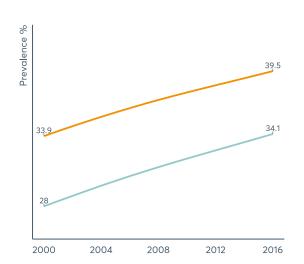
Child and adolescent (aged 5-19) nutrition status

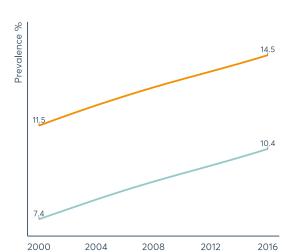
Underweight by gender

Overweight by gender

Obesity by gender







Sources: NCD Risk Factor Collaboration.

Adult nutrition status

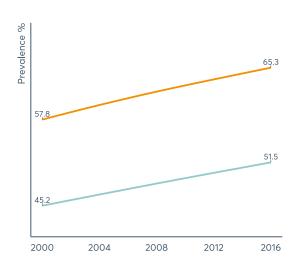
Diabetes by gender

Male Female 7,1 4,7 4,6

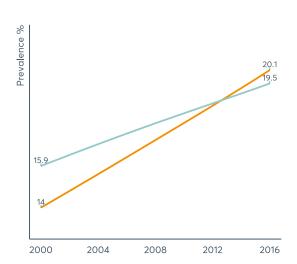
Sources: NCD Risk Factor Collaboration.

2014

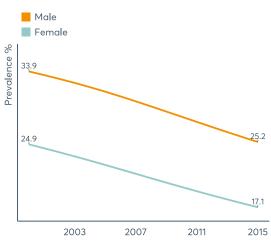
Overweight by gender



Obesity by gender

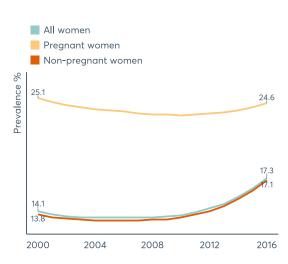


Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

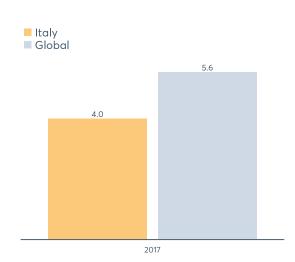
Anaemia in WRA



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

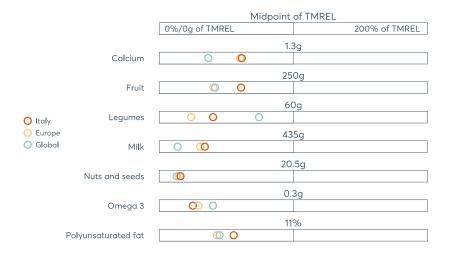
Salt intake (grams per day)

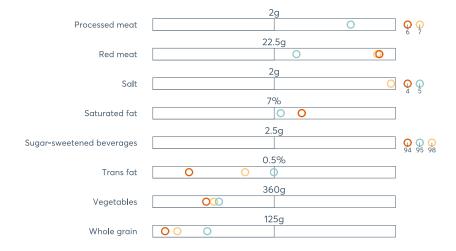


Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Dietary needs

Consumption of food groups and components, 2016





Sources: 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.

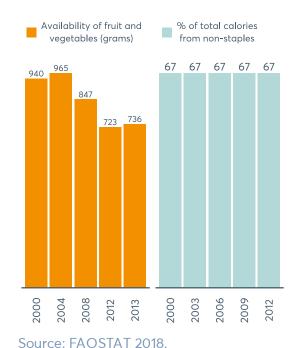
Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

Determinants

Undernourishment



Food supply



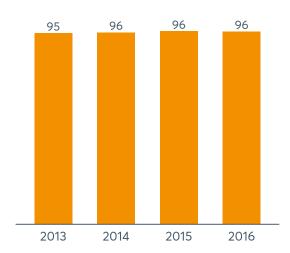
Gender-related determinants

Early childbearing births by age 18 (%) ¹	No data	No data
Gender Inequality Index (score [*]) ²	0.09	2017
Gender Inequality Index (country rank) ²	18	2017

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

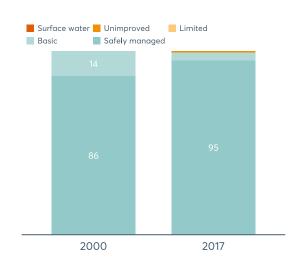
inequality.

Female secondary education enrolment (net, % population)



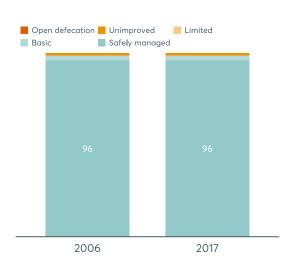
Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

Sanitation coverage (% population)

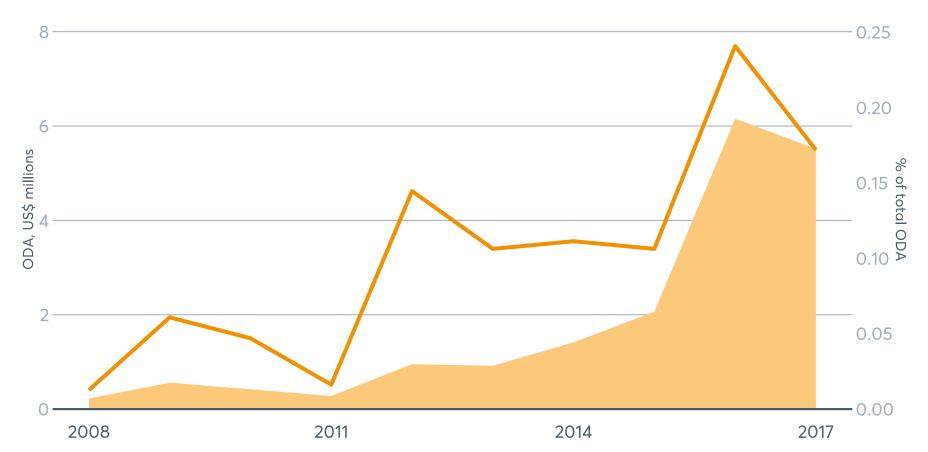


Source: WHO/UNICEF Joint Monitoring Programme 2019.

Resources, policies and targets

Development assistance

- % of total ODA
- Basic nutrition ODA disbursed



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	No
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	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	Yes
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	No	
Low birth weight	Child overweight	
No	Yes	
Exclusive breastfeeding	Wasting	
Yes	No	
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

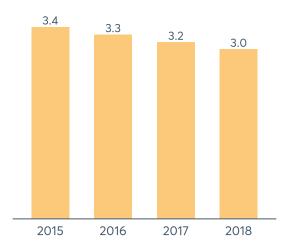
Poverty rates (%) and GDP (PPP\$)

\$1.90/day \$3.20/day 2.6 2.6 34,273 34,865 35,233 35,115 1.0 0.7 2015 2016 2017 2018 2019

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
35	63	2015

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)	60,431	2018
Under-five population (thousands)	2,383	2019
Rural (%)	30	2018
>65 years (thousands)	13,934	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	4.02	2016
Nurses and midwives	5.72	2016
Community health workers	No data	No data

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