

Country overview

Malnutrition burden

Chile is on course to meet the global targets for under-five overweight, under-five stunting, and under-five wasting, but is off course to meet the 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 Chile's progress for infant exclusive breastfeeding.

Chile experiences a malnutrition burden among its under-five population. As of 2014, the national prevalence of under-five overweight is 9.3%, which has decreased slightly from 10.1% in 2013. The national prevalence of under-five stunting is 1.8%, which is significantly less than the developing country average of 25%. Chile's under-five wasting prevalence of 0.3% is also less than the developing country average of 8.9%.

There is insufficient data on exclusive breastfeeding among infants. Chile's 2015 low birth weight prevalence of 6.2% has increased slightly from 5.2% in 2000.

Chile's adult population also face a malnutrition burden. 15% of women of reproductive age have anaemia, and 10.8% of adult women have diabetes, compared to 10.2% of men. Meanwhile, 31% 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



Under-five stunting

● On course



Under-five wasting

● On course



Under-five overweight

● On course



Low birthweight

● No progress or worsening



Exclusive breastfeeding

● No data



Adult female obesity

● No progress or worsening



Adult male obesity



No progress or
worsening



Adult female diabetes



No progress or
worsening



Adult male diabetes



No progress or
worsening



WRA anaemia



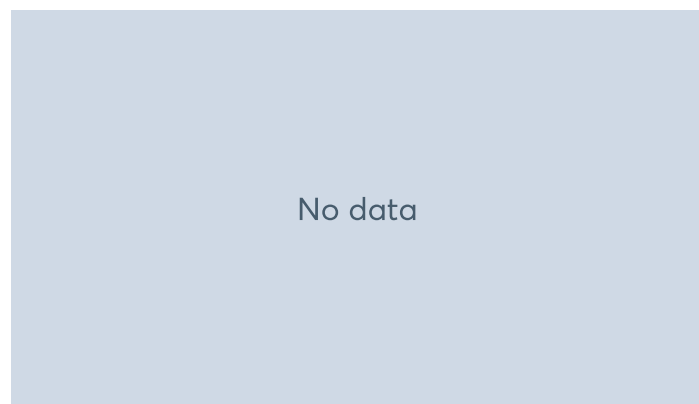
No progress or
worsening

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

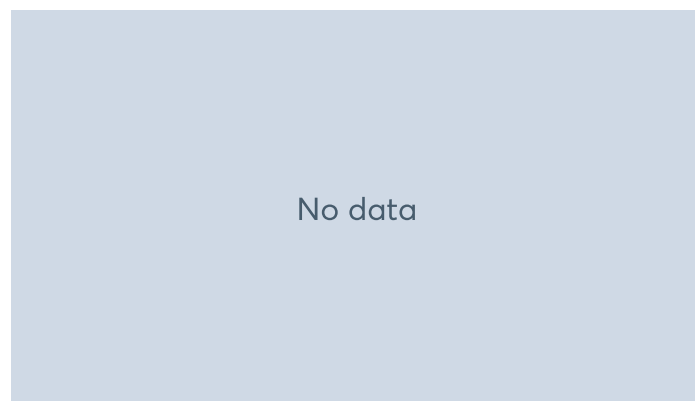
Coexistence of wasting, stunting and overweight



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

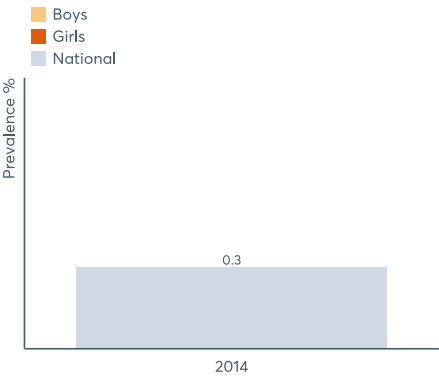


Source: Kinyoki, D.K. et al. Mapping child growth failure across low- and middle-income countries. Nature 577, 231–234 (2020) doi:10.1038/s41586-019-1878-8.

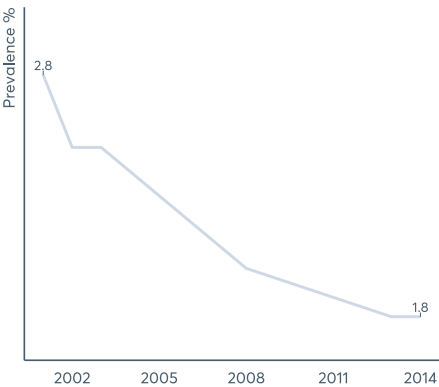
Notes: 5 km level map shows prevalence at the 5 x 5-km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.

Child (under-five) nutrition status over time

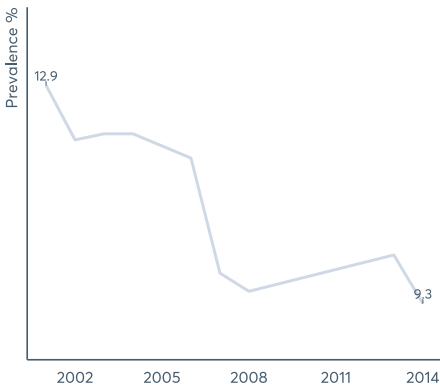
Wasting by gender



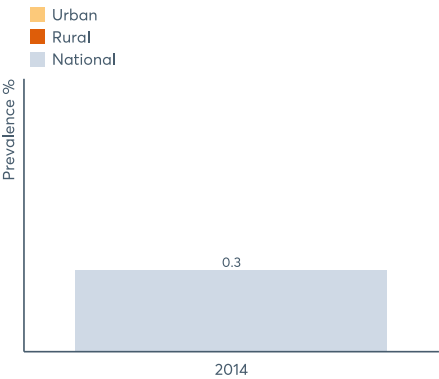
Stunting by gender



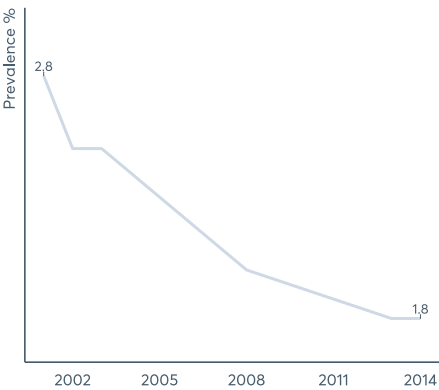
Overweight by gender



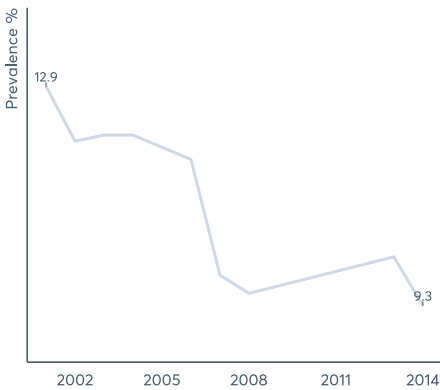
Wasting by location



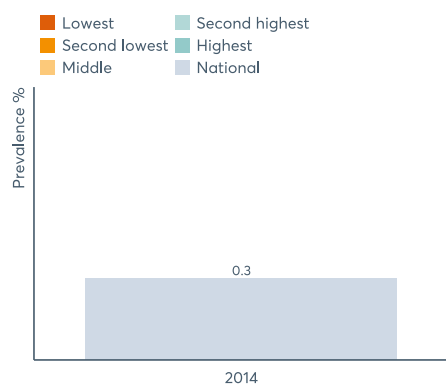
Stunting by location



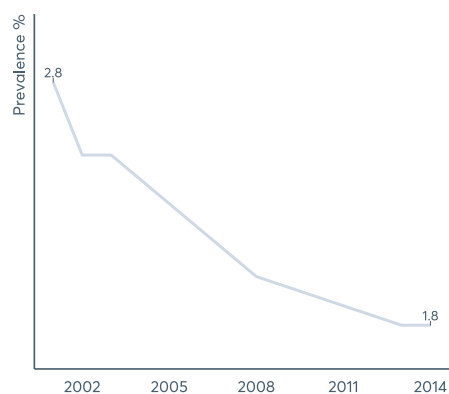
Overweight by location



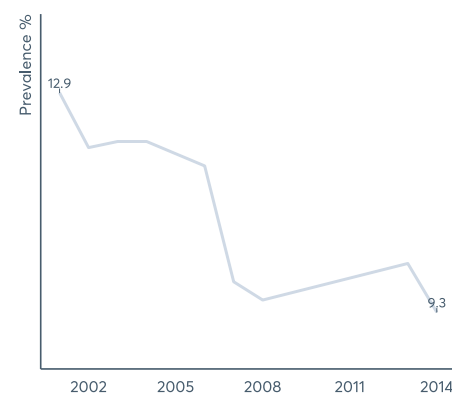
Wasting by income



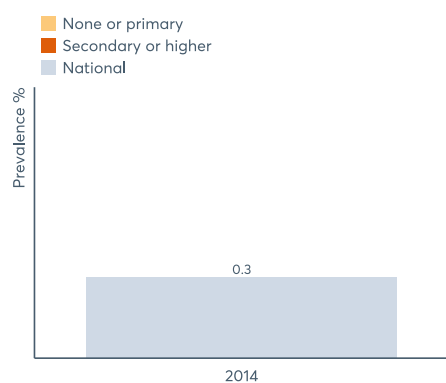
Stunting by income



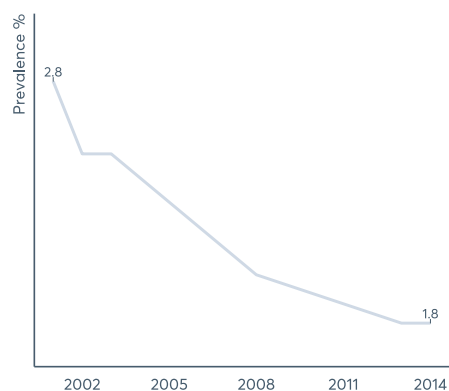
Overweight by income



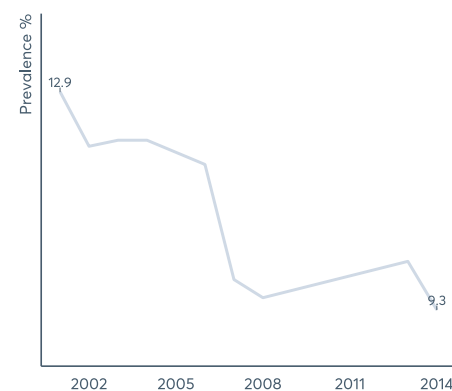
Wasting by mother's education



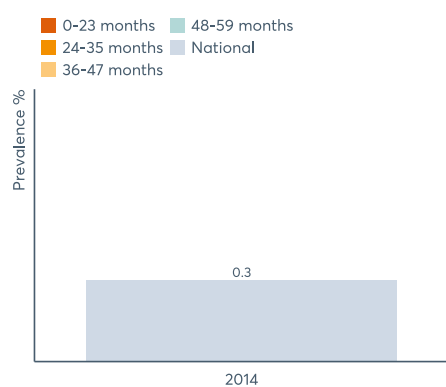
Stunting by mother's education



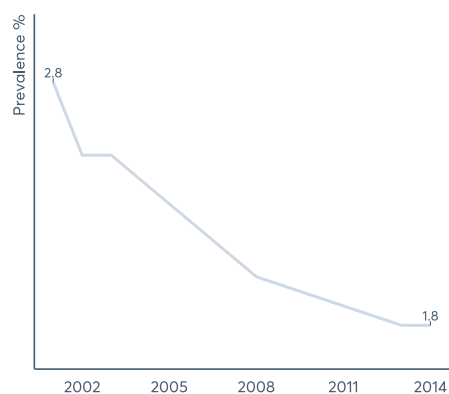
Overweight by mother's education



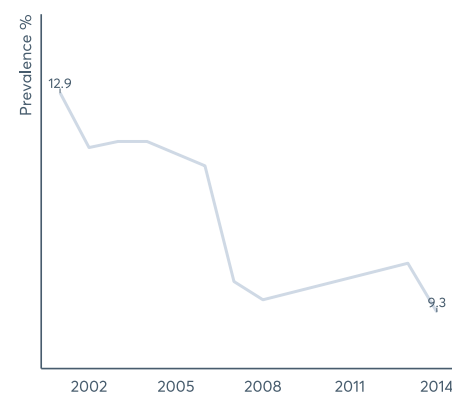
Wasting by age



Stunting by age



Overweight by age



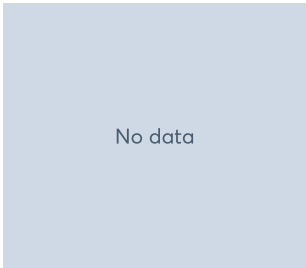
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

Infant and young child feeding over time

Exclusive
breastfeeding
by gender



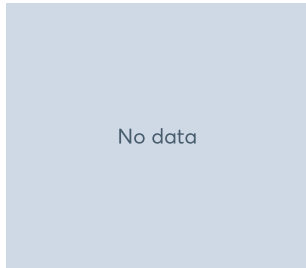
Continued
breastfeeding
at 1 year by
gender



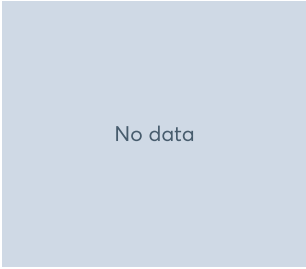
Minimum
acceptable
diet by gender



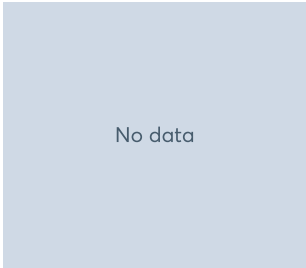
Intro. to solid,
semi-solid, soft
foods by
gender



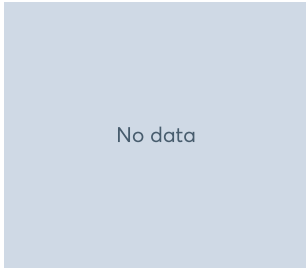
Exclusive
breastfeeding
by location



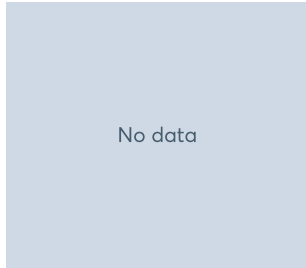
Continued
breastfeeding
at 1 year by
location



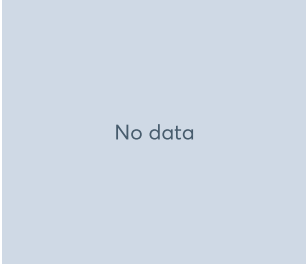
Minimum
acceptable
diet by
location



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



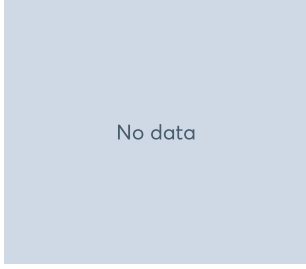
Exclusive
breastfeeding
by income



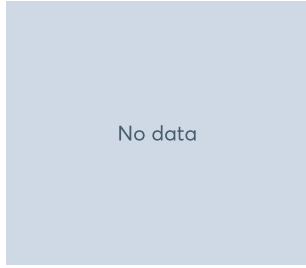
Continued
breastfeeding
at 1 year by
income



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.

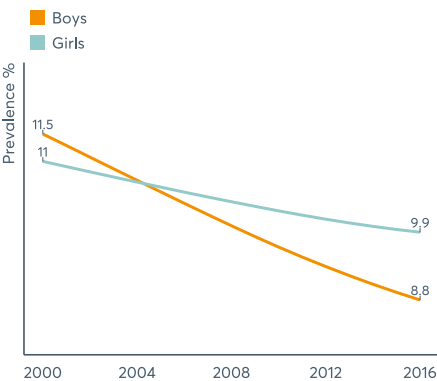
Infant and young child feeding



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.

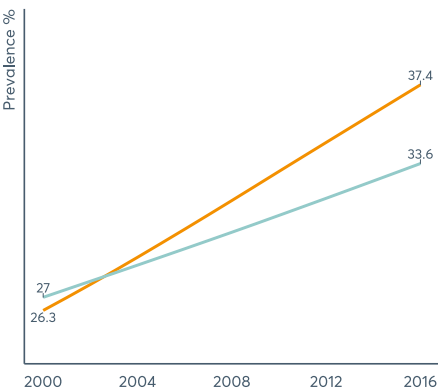
Child and adolescent (aged 5-19) nutrition status

Underweight by gender

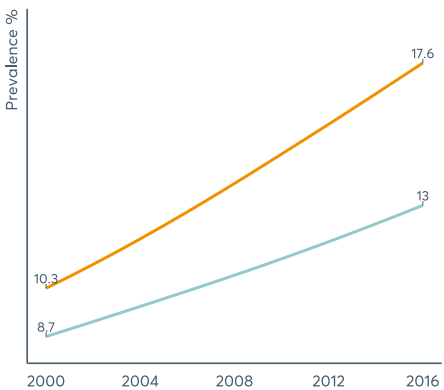


Sources: NCD Risk Factor Collaboration.

Overweight by gender

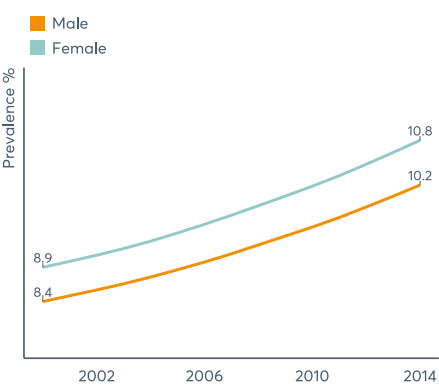


Obesity by gender



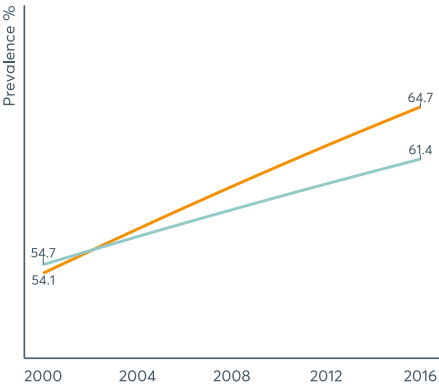
Adult nutrition status

Diabetes by gender

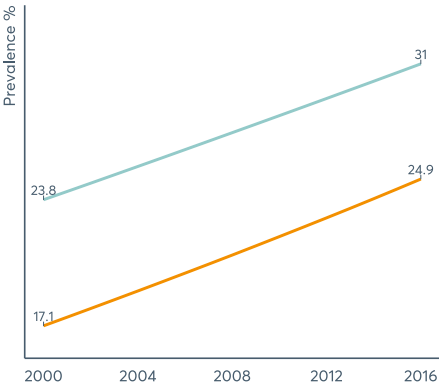


Sources: NCD Risk Factor Collaboration.

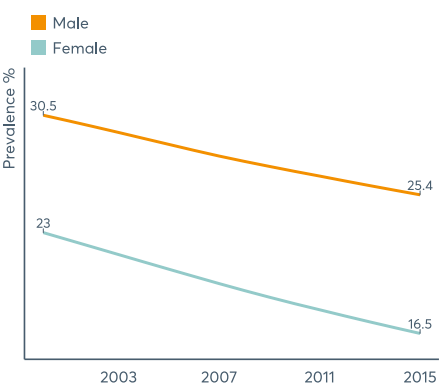
Overweight by gender



Obesity by gender

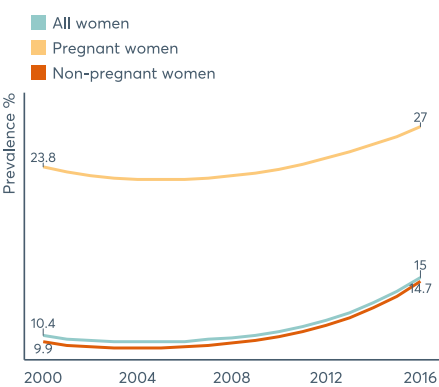


Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

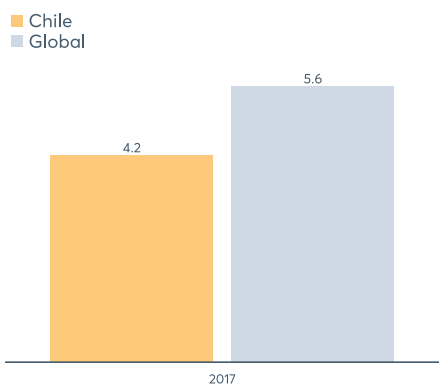
Anaemia in WRA



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

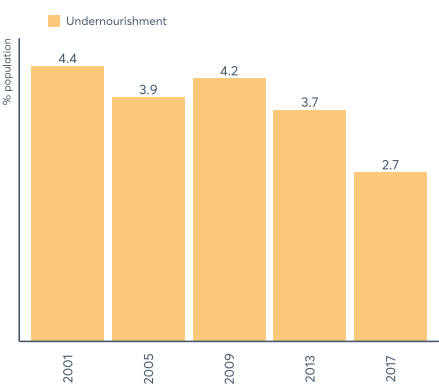
Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	No data	No data	No data	No data
Children 6-59 months who received vitamin A supplements in last 6 months	No data	No data	No data	No data
Children 6-59 months given iron supplements 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

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.

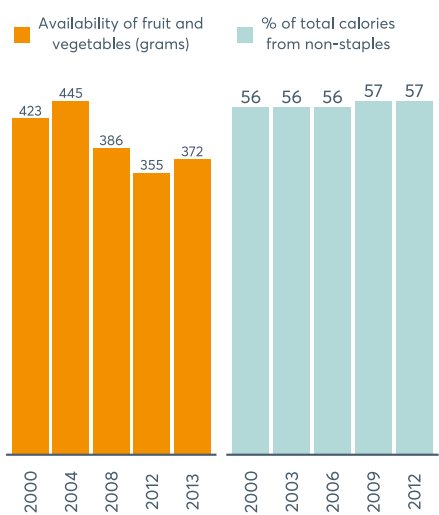
Determinants

Undernourishment



Source: FAOSTAT 2018.

Food supply



Source: FAOSTAT 2018.

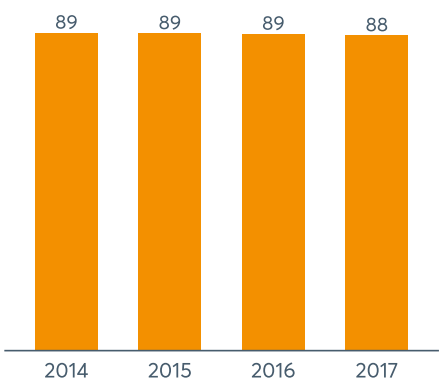
Gender-related determinants

Early childbearing births by age 18 (%) ¹	No data	No data
Gender Inequality Index (score [*]) ²	0.32	2016
Gender Inequality Index (country rank) ²	72	2016

Sources: ¹ UNICEF 2018; ² UNDP 2018.

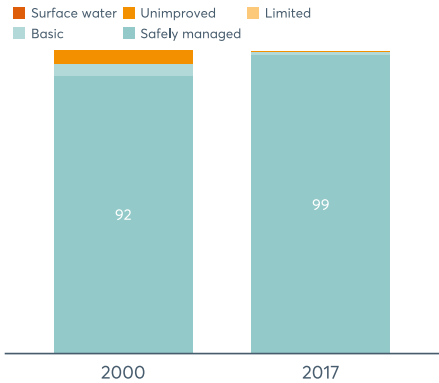
Notes: ^{*} 0 = low inequality, 1 = high inequality.

Female secondary education enrolment (net, % population)



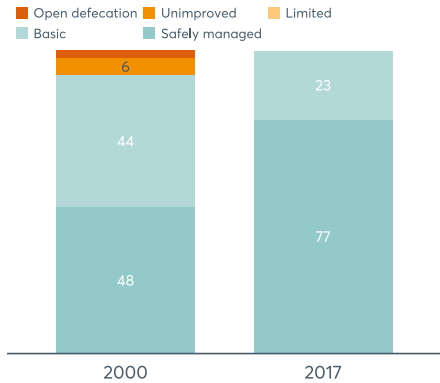
Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

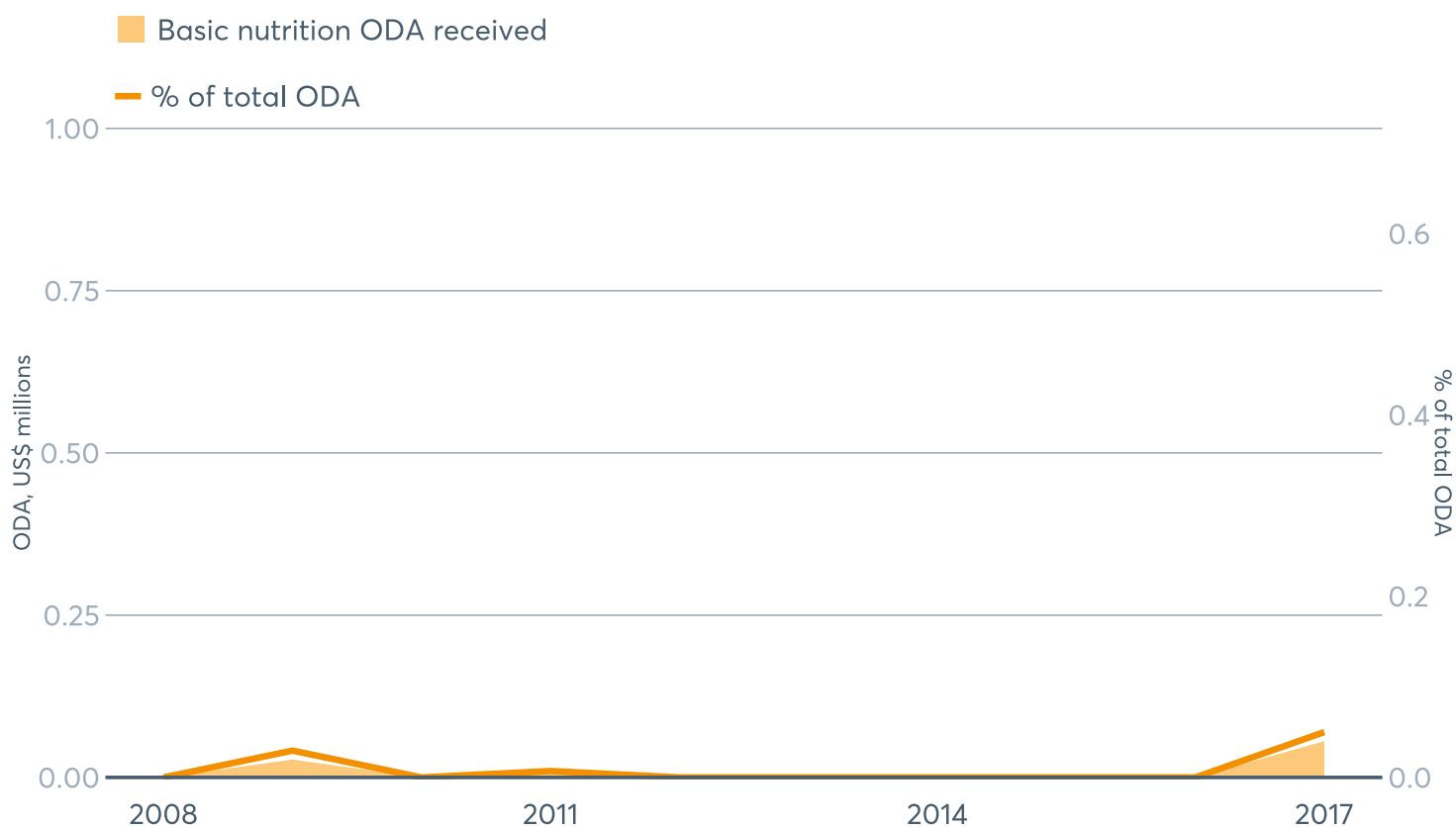
Sanitation coverage (% population)



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	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	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.

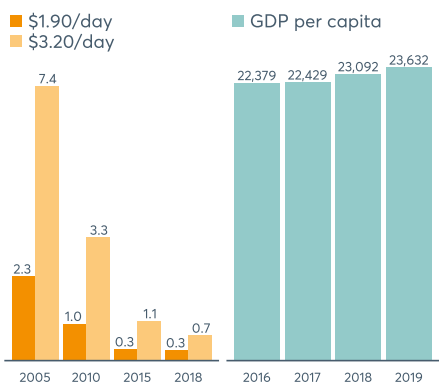
Targets included in national (nutrition or other) plan

Stunting	Anaemia
Yes	No
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

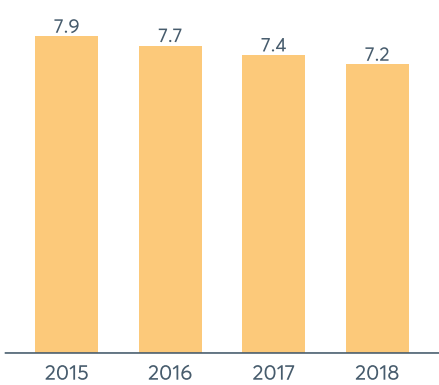
Poverty rates (%) and GDP (PPP\$)



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
47	136	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)	18,729	2018
Under-five population (thousands)	1,183	2019
Rural (%)	12	2018
>65 years (thousands)	2,252	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	1.03	2009
Nurses and midwives	0.14	2009
Community health workers	No data	No data

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