

## Country overview

### Malnutrition burden

**Mauritius 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 Mauritius' progress for under-five overweight, under-five stunting, under-five wasting, and infant exclusive breastfeeding.**

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

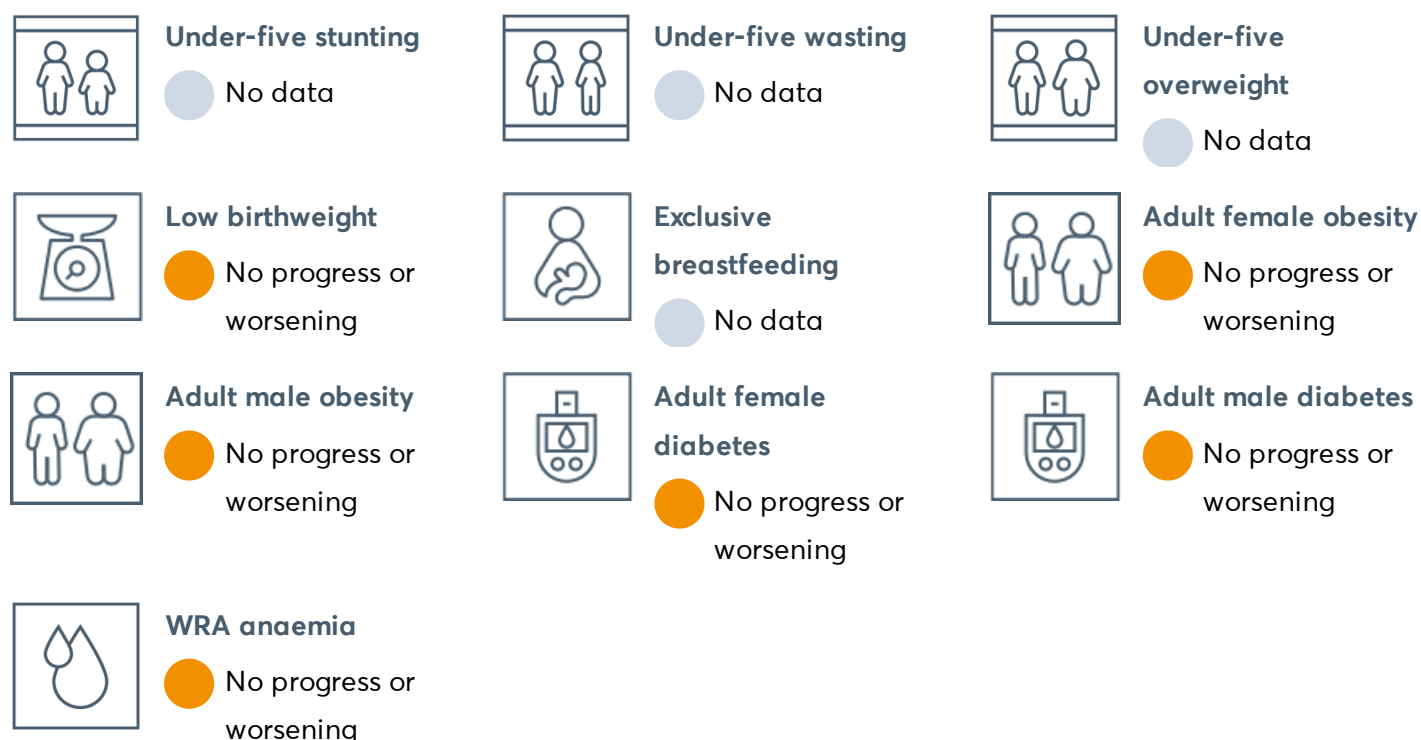
There is also insufficient data on exclusive breastfeeding among infants. Mauritius' 2015 low birth weight prevalence of 17.1% has increased from 12.7% in 2000.

Mauritius' adult population face a malnutrition burden. 25.1% of women of reproductive age have anaemia, and 13.1% of adult women have diabetes, compared to 12.9% of men. Meanwhile, 15.7% of women and 5.6% 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



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

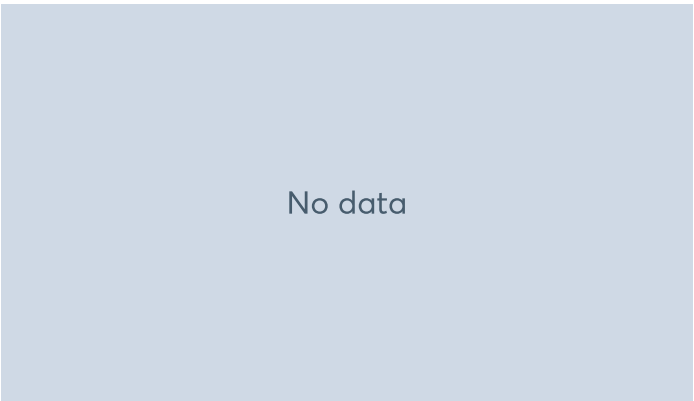
### Coexistence of wasting, stunting and overweight



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

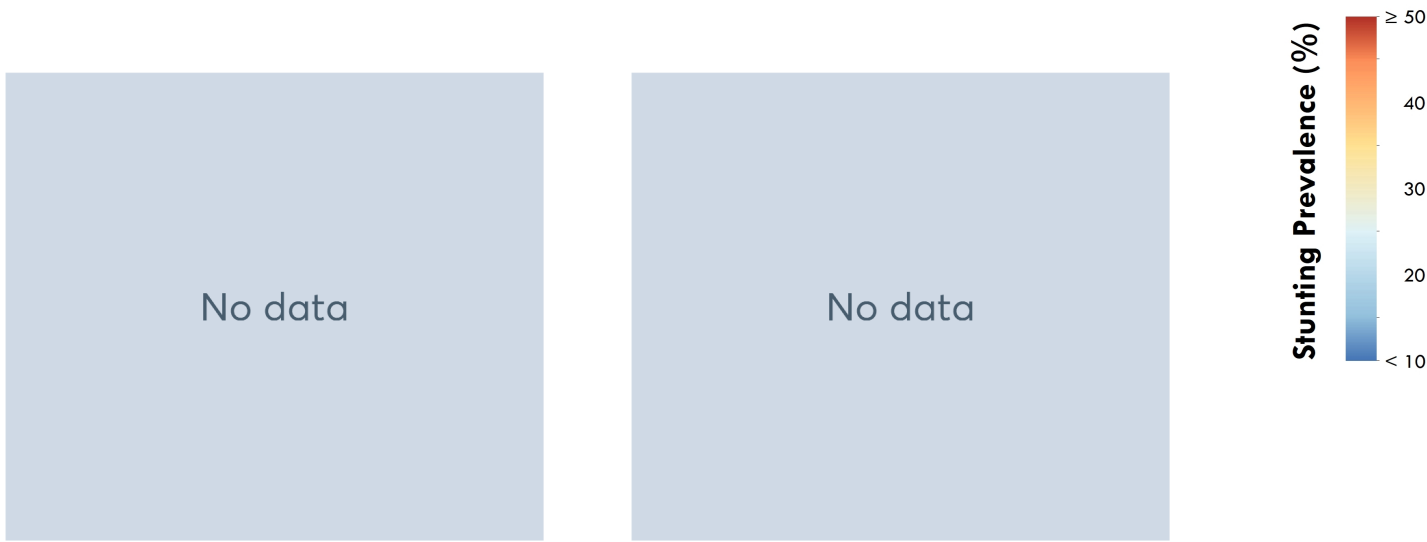


Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

# 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

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

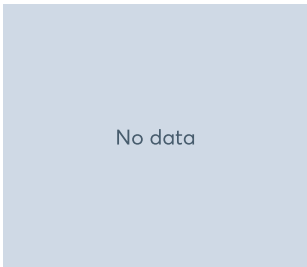
No data

No data

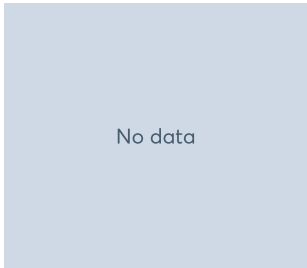
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

# Infant and young child feeding over time

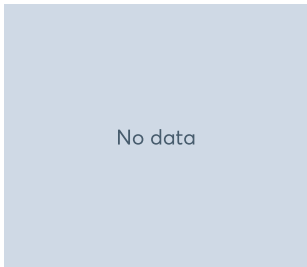
Exclusive  
breastfeeding  
by gender



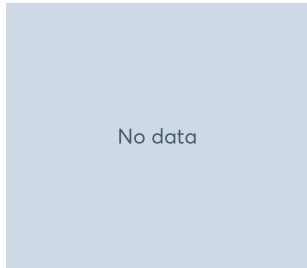
Continued  
breastfeeding  
at 1 year by  
gender



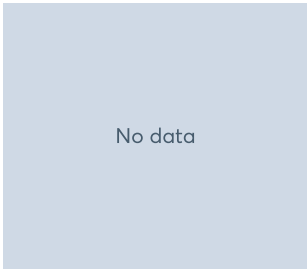
Minimum  
acceptable  
diet by gender



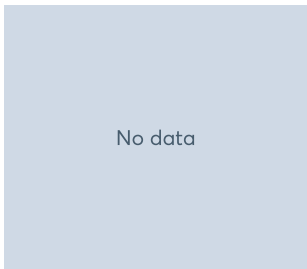
Intro. to solid,  
semi-solid, soft  
foods by  
gender



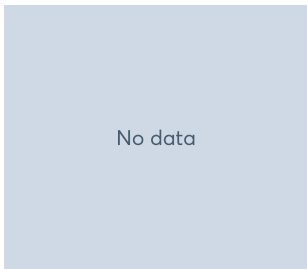
Exclusive  
breastfeeding  
by location



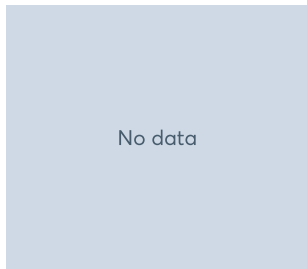
Continued  
breastfeeding  
at 1 year by  
location



Minimum  
acceptable  
diet by  
location



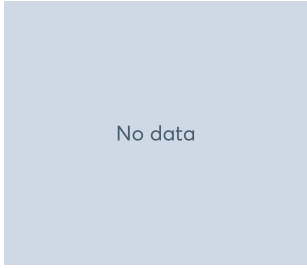
Intro. to solid,  
semi-solid, soft  
foods by  
location



Exclusive  
breastfeeding  
by income



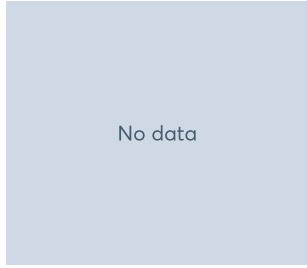
Continued  
breastfeeding  
at 1 year by  
income



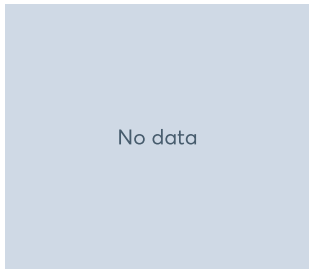
Minimum  
acceptable  
diet by income



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



Exclusive  
breastfeeding  
by mother's  
education



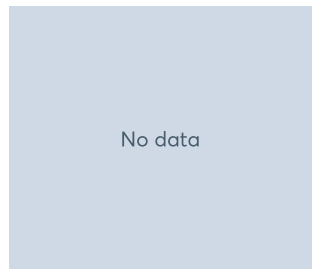
Continued  
breastfeeding  
at 1 year by  
mother's  
education



Minimum  
acceptable  
diet by  
mother's  
education



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



Exclusive  
breastfeeding  
by age



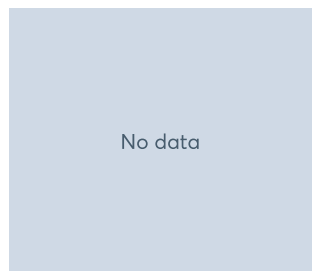
Continued  
breastfeeding  
at 1 year by  
age



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.

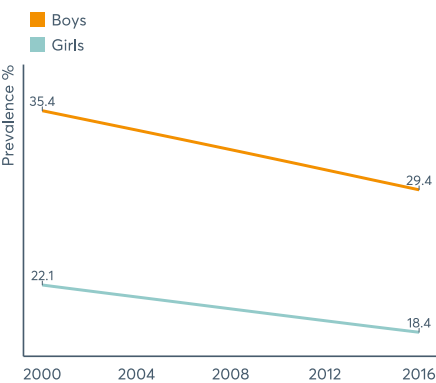
# Infant and young child feeding



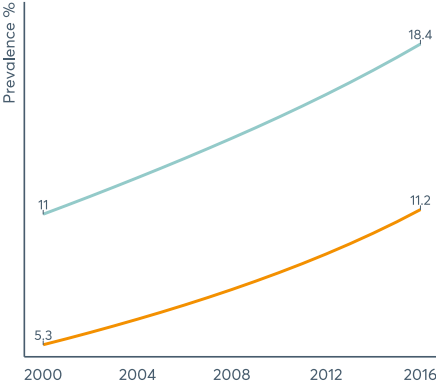
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

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

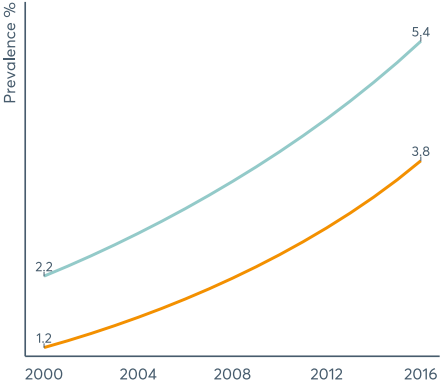
Underweight by gender



Overweight by gender



Obesity by gender

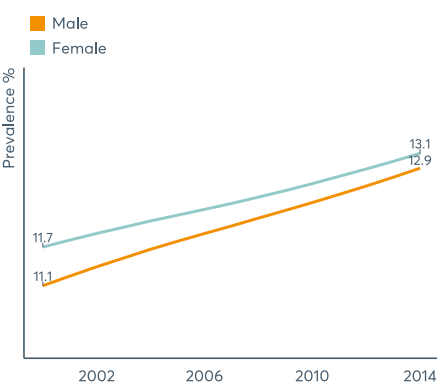


Sources: NCD Risk Factor Collaboration.



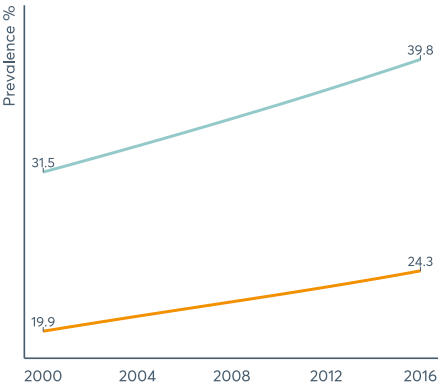
# Adult nutrition status

## Diabetes by gender

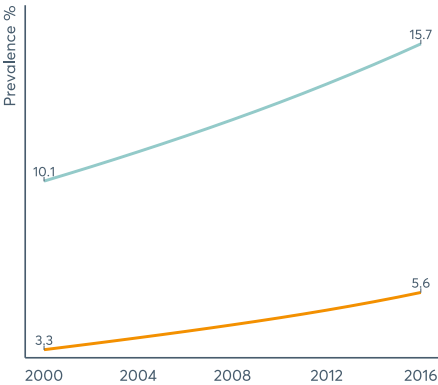


Sources: NCD Risk Factor Collaboration.

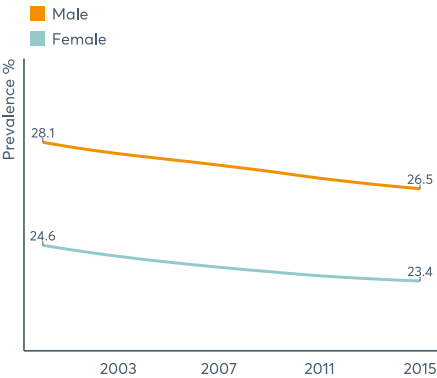
## Overweight by gender



## Obesity by gender

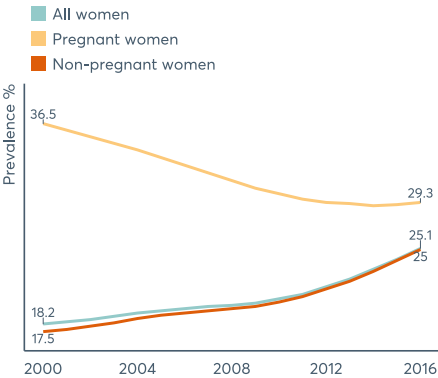


## Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

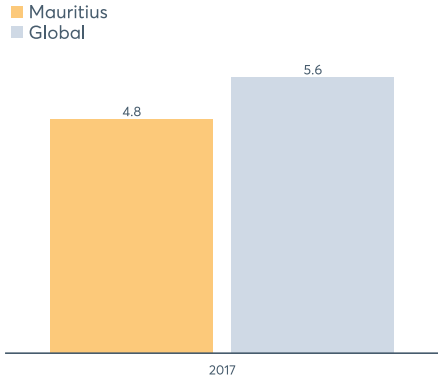
## Anaemia in WRA



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

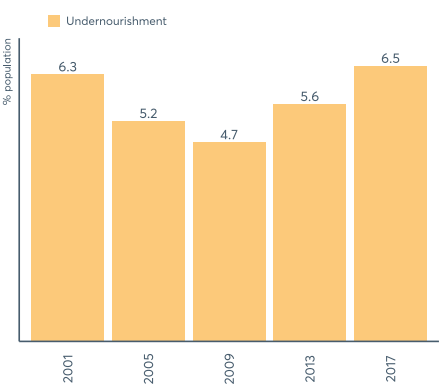
| Coverage/practice indicator   | Total (%) | Boy (%) | Girl (%) | Year    |
|---|-----------|---------|----------|---------|
| Children 0-59 months with diarrhoea who received zinc treatment   | No data   | No data | No data  | No data |
| Children 6-59 months who received vitamin A supplements in last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

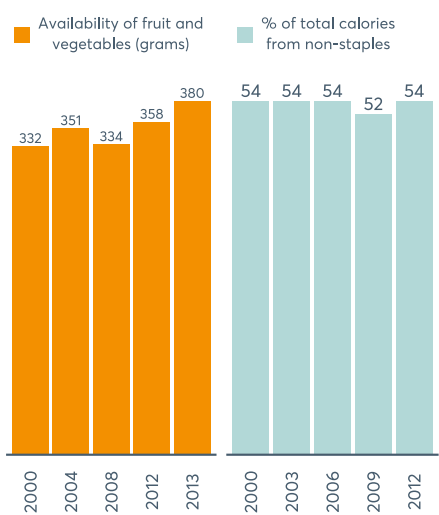
# Determinants

## Undernourishment



Source: FAOSTAT 2018.

## Food supply



Source: FAOSTAT 2018.

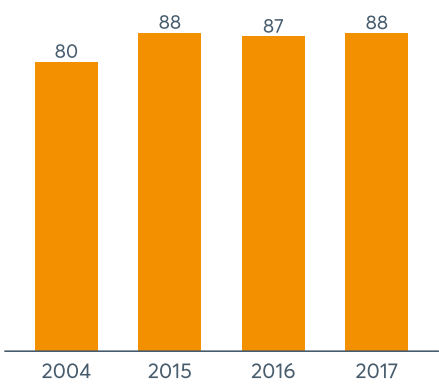
## Gender-related determinants

|  |         |         |
|--|---------|---------|
| Early childbearing births by age 18 (%) <sup>1</sup>       | No data | No data |
| Gender Inequality Index (score <sup>*</sup> ) <sup>2</sup> | 0.37    | 2017    |
| Gender Inequality Index (country rank) <sup>2</sup>        | 84      | 2017    |

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

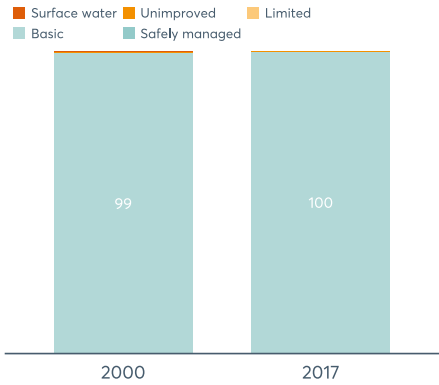
Notes: <sup>\*</sup> 0 = low inequality, 1 = high inequality.

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



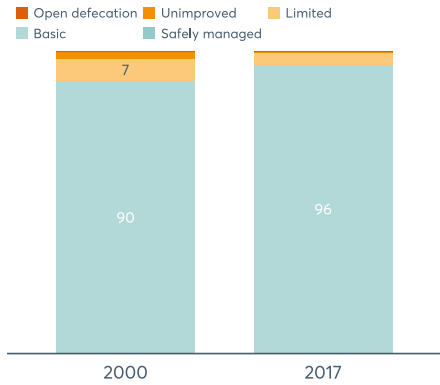
Source: UNESCO Institute for Statistics 2018.

## Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

## Sanitation coverage (% population)

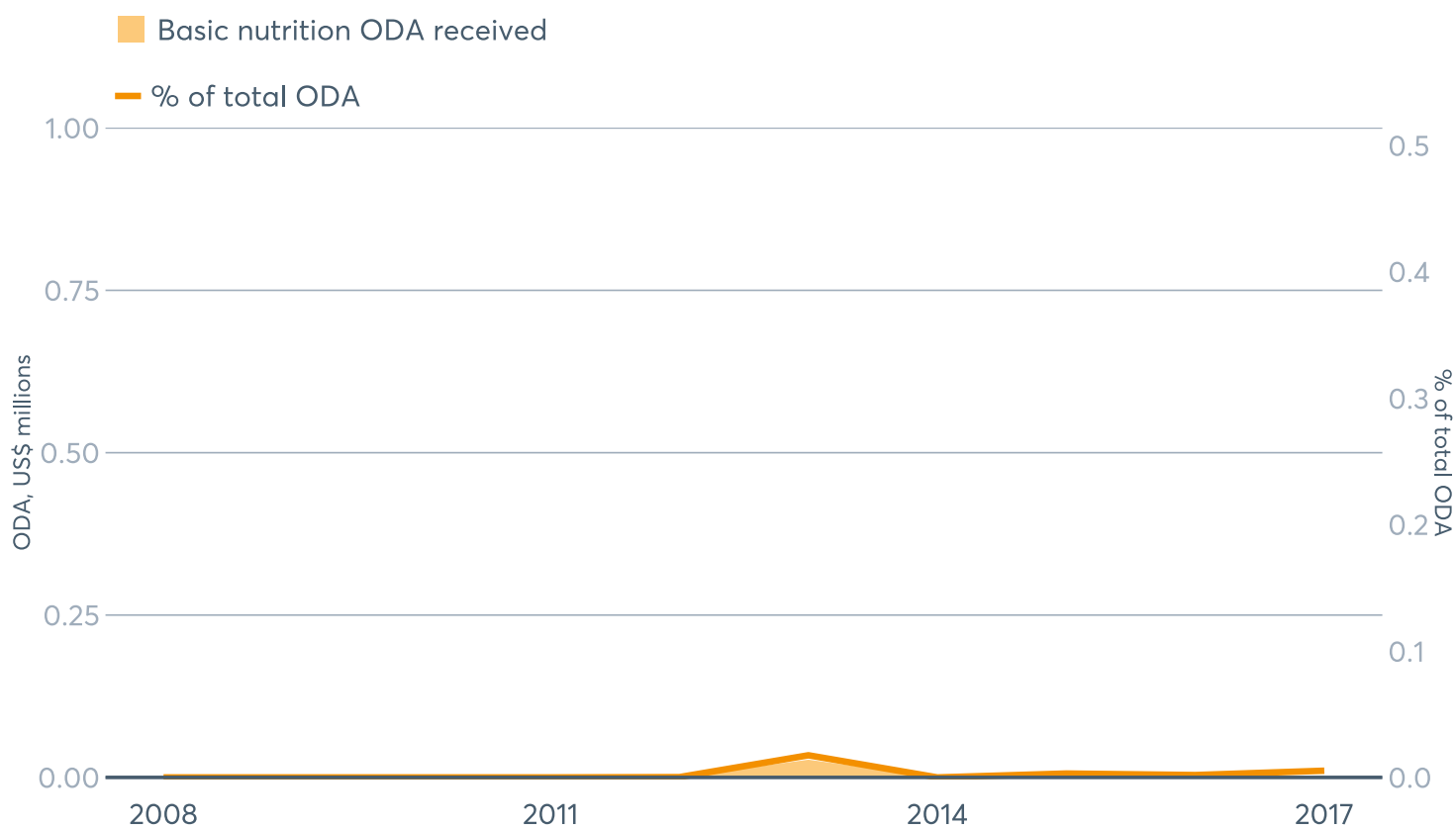


Source: WHO/UNICEF Joint Monitoring Programme 2019.

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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  | No      |
| Sugar-sweetened beverage tax   | Yes     |
| Food-based dietary guidelines  | No data |
| 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   | 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.



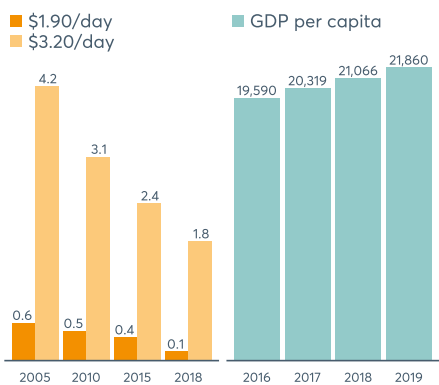
## Targets included in national (nutrition or other) plan

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

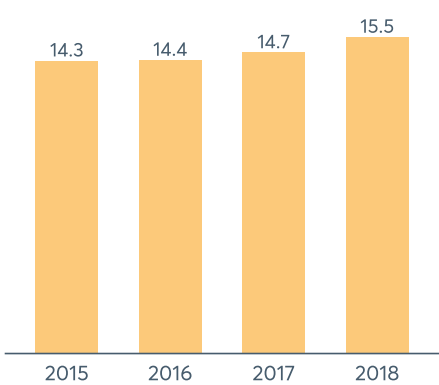
Poverty rates (%) and GDP (PPP\$)



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 <sup>1</sup> | Gini index rank <sup>2</sup> | Year |
|-------------------------------|------------------------------|------|
| 36                            | 68                           | 2012 |

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)            | 1,265 | 2018 |
| Under-five population (thousands) | 65    | 2019 |
| Rural (%)                         | 59    | 2018 |
| >65 years (thousands)             | 152   | 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               | 2.0  | 2015 |
| Nurses and midwives      | 3.35 | 2015 |
| Community health workers | 0.19 | 2004 |

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