Australia and New Zealand

Subregional overview

Malnutrition burden

In the Australia and New Zealand subregion, there has been some progress towards achieving global nutrition targets. The global targets for male diabetes and female diabetes each have one country on course to meet them. However, not a single country in the subregion is on course to meet the targets for under-five overweight, under-five stunting, under-five wasting, infant exclusive breastfeeding, anaemia in women of reproductive age, low birth weight, male obesity, and female obesity. Two countries in the subregion have insufficient data to comprehensively assess their progress towards these global targets.

The Australia and New Zealand subregion has no prevalence data available for under-five overweight, stunting, or wasting.

There is also insufficient data on exclusive breastfeeding among infants, while the subregion's average low birth weight prevalence of 6.4% is less than the global average of 14.6%.

The Australia and New Zealand subregion's adult population face a malnutrition burden. An average of 9.5% of women of reproductive age have anaemia, and 7% of adult men have diabetes, compared to 5.2% of women. Meanwhile, 29.6% of men and 28.9% 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

Under-five stunting

0 On course
0 Off course
2 No data

Under-five wasting

0 On course
0 Off course
2 No data

Under-five overweight

0 On course
0 Off course
2 No data

Low birthweight

0 On course
2 Off course
0 No data

Exclusive breastfeeding

0 On course
0 Off course
2 No data

Adult female obesity

0 On course
2 Off course
0 No data

Adult male obesity

0 On course
2 Off course
0 No data

Adult female diabetes

1 On course
1 Off course
0 No data

Adult male diabetes

1 On course
1 Off course
0 No data

WRA anaemia

0 On course
2 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.

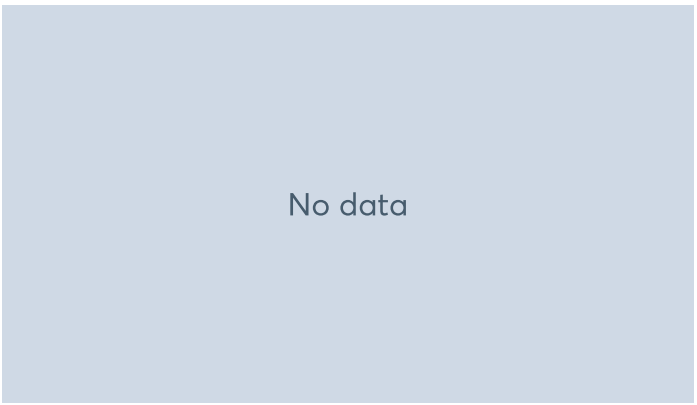
Child (under-five) nutrition status

Coexistence of wasting, stunting and overweight

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

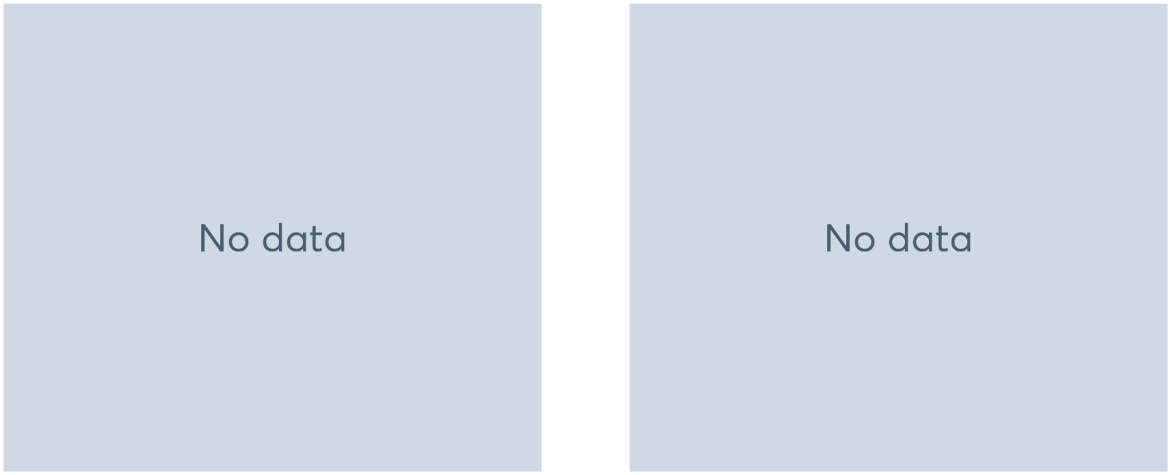


Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

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.

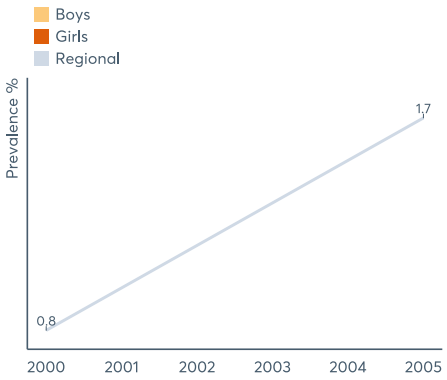
Notes: 5 km level map shows prevalence at the 5 x 5-km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.

Child (under-five) nutrition status over time

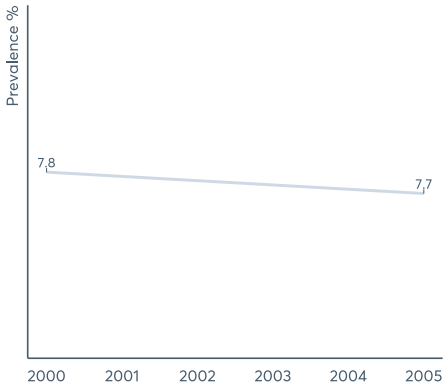
Wasting by gender

No data

Stunting by gender



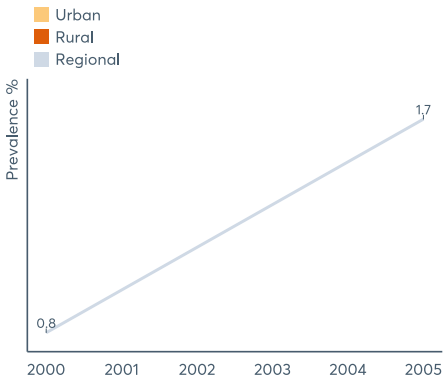
Overweight by gender



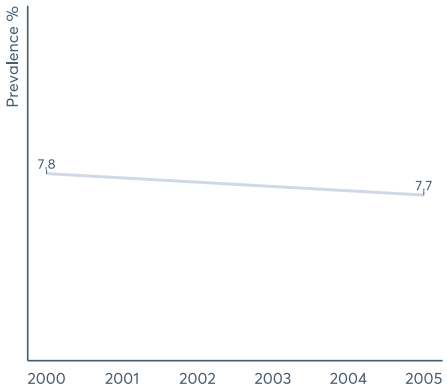
Wasting by location

No data

Stunting by location



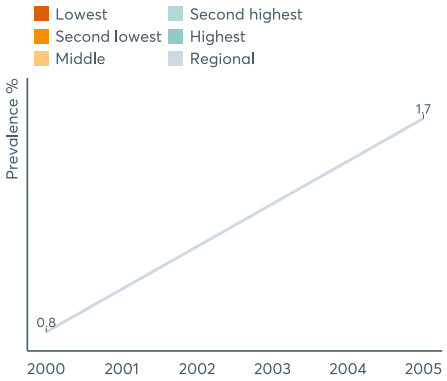
Overweight by location



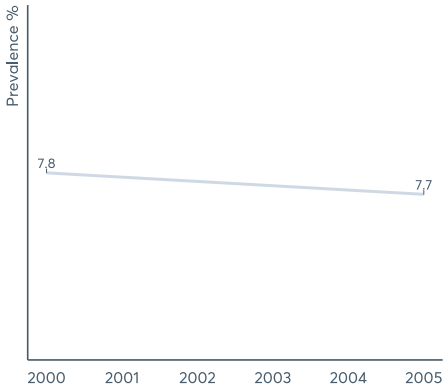
Wasting by income

No data

Stunting by income



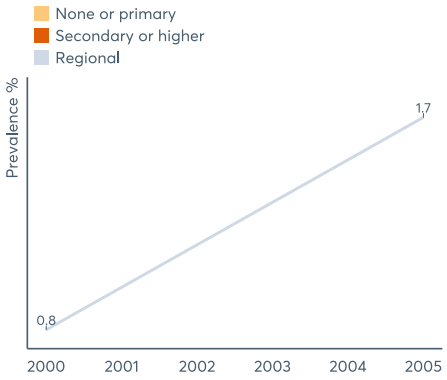
Overweight by income



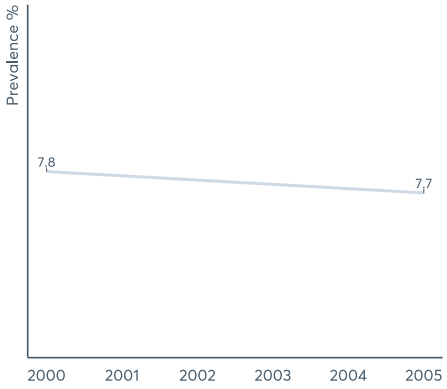
Wasting by mother's education

No data

Stunting by mother's education



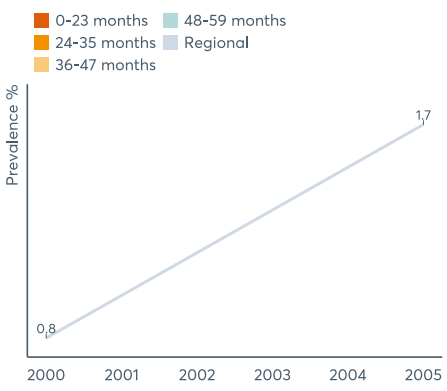
Overweight by mother's education



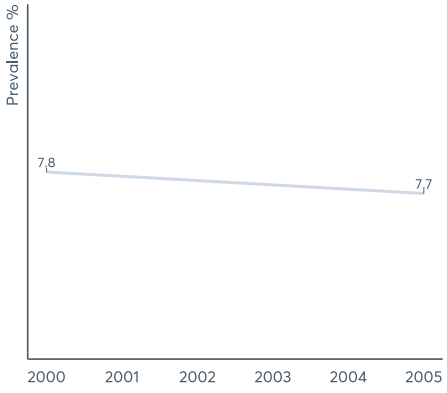
Wasting by age

No data

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. Based only on Australian data. 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.

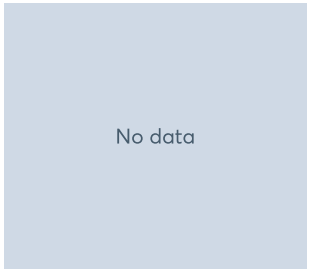
Infant and young child feeding over time

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

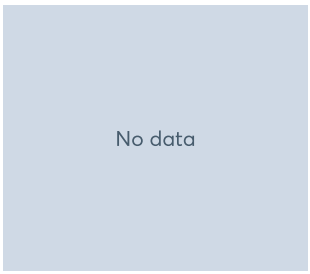
Exclusive breastfeeding by mother's education

Continued breastfeeding at 1 year by mother's education

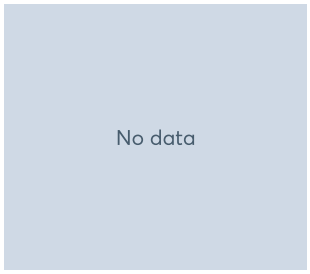
Minimum acceptable diet by mother's education

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

Exclusive breastfeeding by age

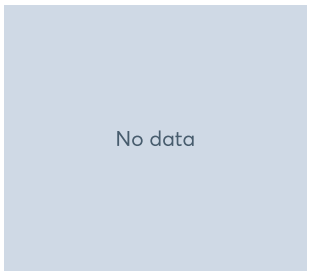


Continued breastfeeding at 1 year by age



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: 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.

Infant and young child feeding

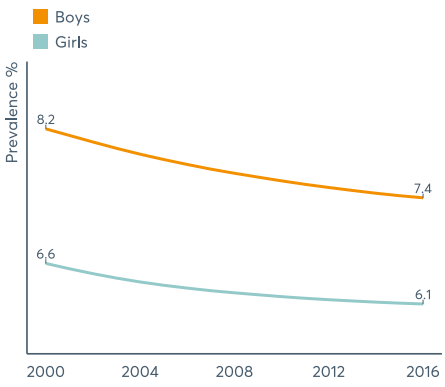
No data

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

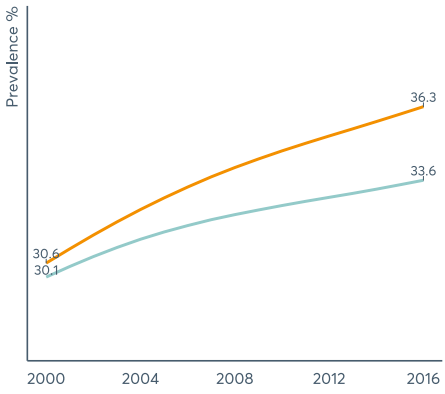
Underweight by gender



Sources: NCD Risk Factor Collaboration.

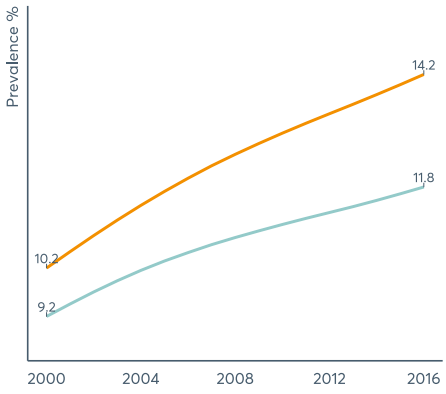
Notes: Based on population weighted means of 2 countries.

Overweight by gender



Notes: Based on population weighted means of 2 countries.

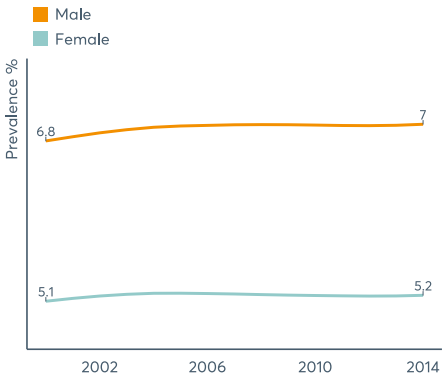
Obesity by gender



Notes: Based on population weighted means of 2 countries.

Adult nutrition status

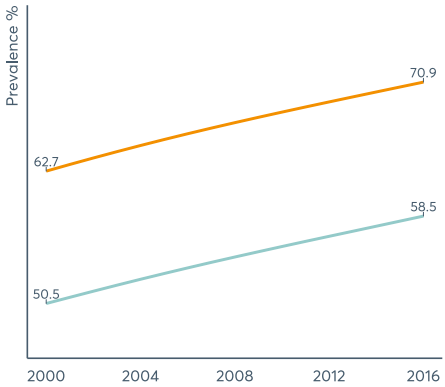
Diabetes by gender



Sources: NCD Risk Factor Collaboration.

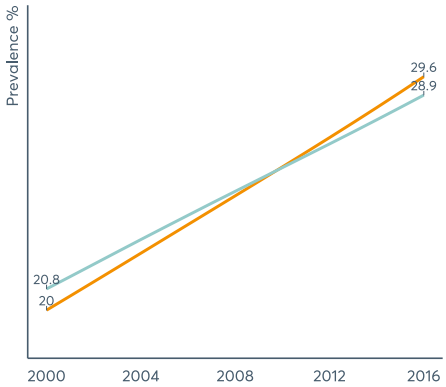
Notes: Based on population weighted means of 2 countries.

Overweight by gender



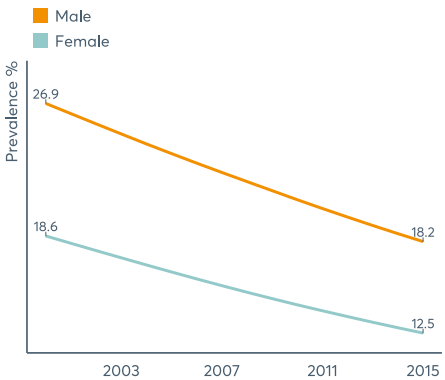
Notes: Based on population weighted means of 2 countries.

Obesity by gender



Notes: Based on population weighted means of 2 countries.

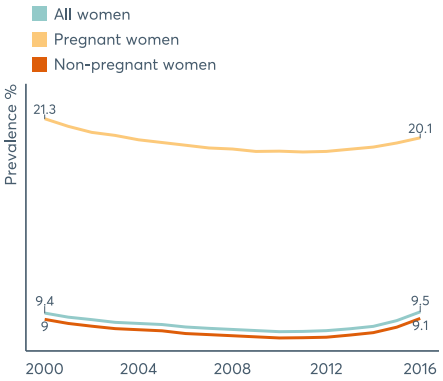
Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

Notes: Based on population weighted means of 2 countries.

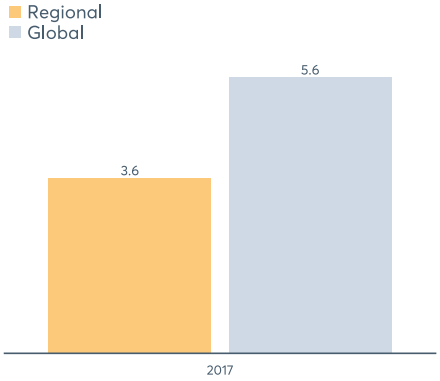
Anaemia in WRA



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age. Based on population weighted means of 2 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 2 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 2 countries.

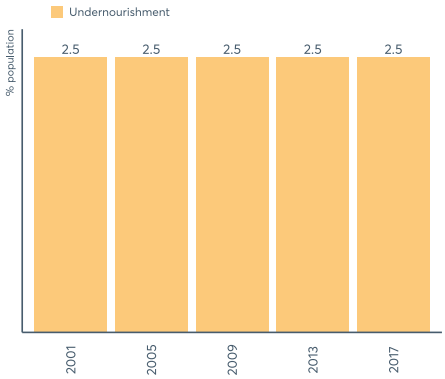
Intervention coverage

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.

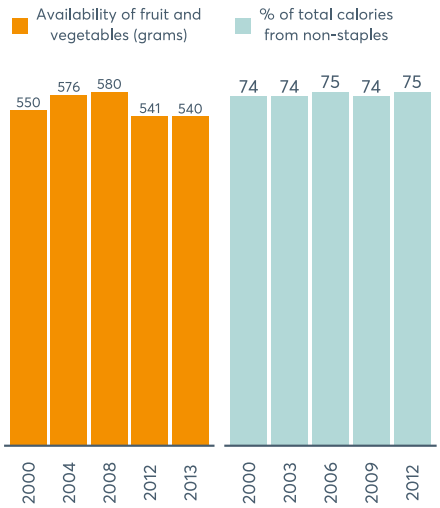
Determinants

Undernourishment



Source: FAOSTAT 2018.

Food supply



Source: FAOSTAT 2018.

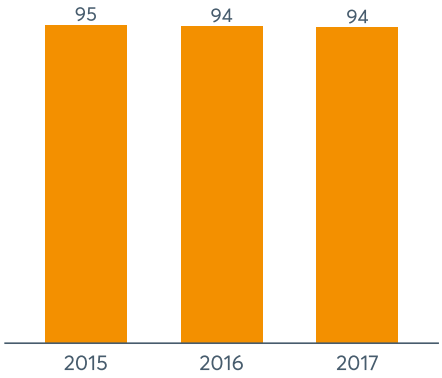
Gender-related determinants

Early childbearing births by age 18 (%)[1]	NA	NA
Gender Inequality Index (score*)[2]	NA	NA
Gender Inequality Index (country rank)[2]	NA	NA

Sources: [1] UNICEF 2018; [2] UNDP 2018.

Notes: * 0 = low inequality, 1 = high inequality.

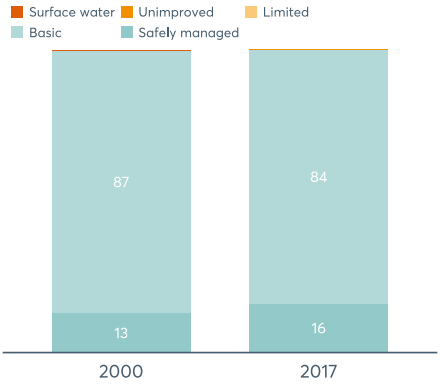
Female secondary education enrolment (net, % population)



Source: UNESCO Institute for Statistics 2018.

Notes: Based on population weighted means of 2 countries.

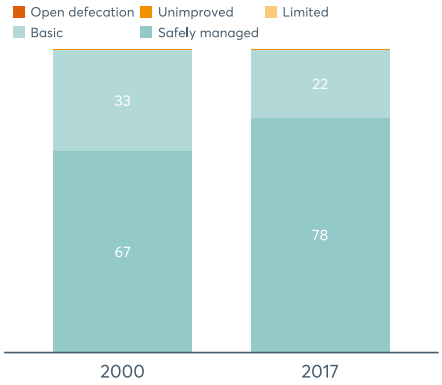
Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

Notes: Based on population weighted means of between 1 and 2 countries.

Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

Notes: Based on population weighted means of 2 countries.

Resources, policies and targets

Development assistance

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

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

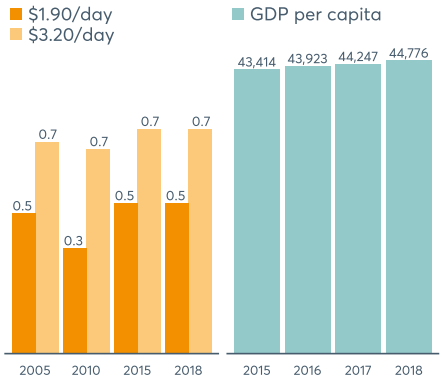
Stunting	Anaemia
0/2	0/2
Low birth weight	**Child overweight**
1/2	1/2
Exclusive breastfeeding	**Wasting**
1/2	0/2
Salt intake	**Overweight adults and adolescents**
1/2	2/2
Multisectoral comprehensive nutrition plan	
1/2	

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

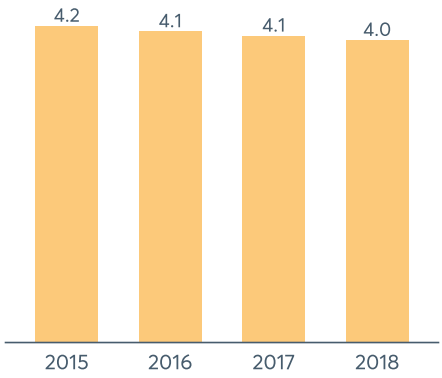
Poverty rates (%) and GDP (PPP$)



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

Notes: PPP = purchasing power parity. Based on population weighted means of between 1 and 2 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 2 countries.

Government revenues ($m)

No data

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
NA	NA	NA

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)	29,878	2018
Under-five population (thousands)	1,956	2019
Rural (%)	14	2018
>65 years (thousands)	4,778	2019

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

Notes: Based on population weighted means of 2 countries.

Population density of health workers per 1,000 people

Physicians	3.43	2016
Nurses and midwives	12.34	2016
Community health workers	0.05	2016

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

Notes: Based on population weighted means of between 1 and 2 countries.