

Country overview

Malnutrition burden

Burundi is on course to meet the global targets for under-five overweight and infant exclusive breastfeeding, but is off course to meet the targets for all other indicators analysed with adequate data. There is insufficient target data to assess Burundi's progress for female obesity.

Although it performs relatively well against other developing countries, Burundi still experiences a malnutrition burden among its under-five population. As of 2016, the national prevalence of under-five overweight is 1.4%, which has decreased slightly from 2.9% in 2010. The national prevalence of under-five stunting is 55.9%, which is significantly greater than the developing country average of 25%. Conversely, Burundi's under-five wasting prevalence of 5.1% is less than the developing country average of 8.9%.

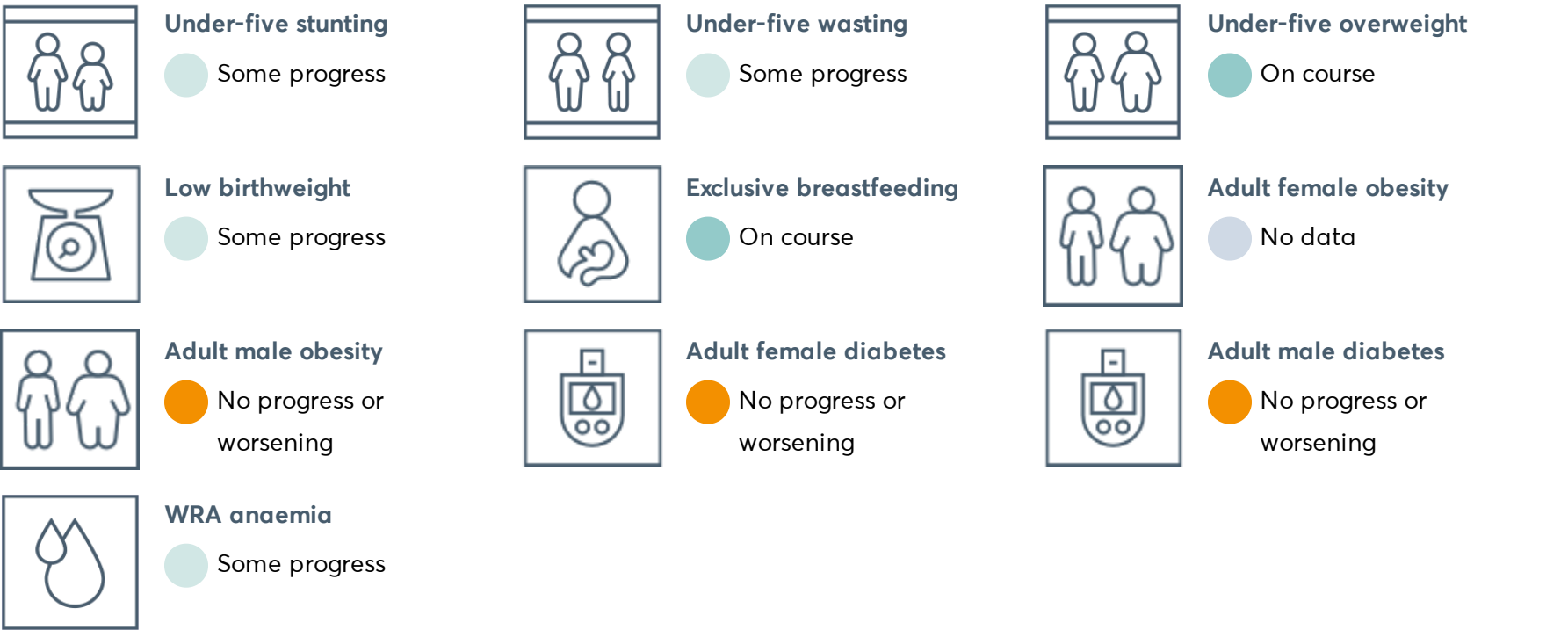
In Burundi, 82.3% of infants under 6 months are exclusively breastfed. Burundi's 2015 low birth weight prevalence of 15.1% has decreased slightly from 17.4% in 2000.

Burundi's adult population also face a malnutrition burden. 26.7% of women of reproductive age have anaemia, and 4.2% of adult men have diabetes, compared to 4.1% of women. Meanwhile, 8.6% of women and 2.1% 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

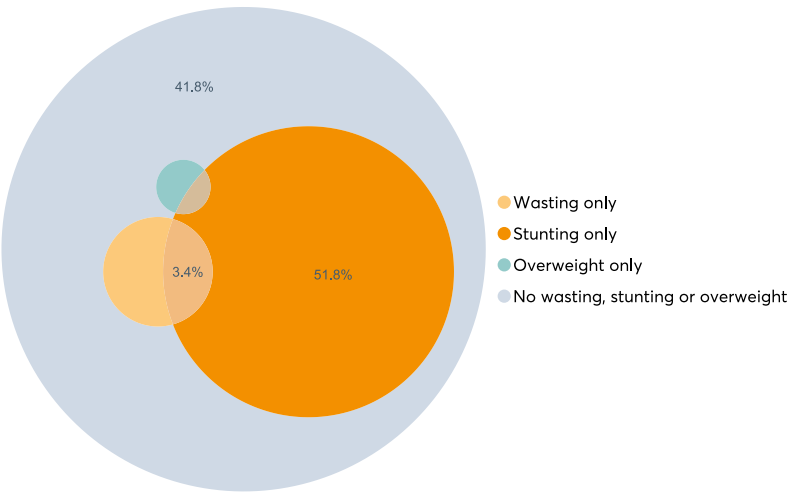


Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

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

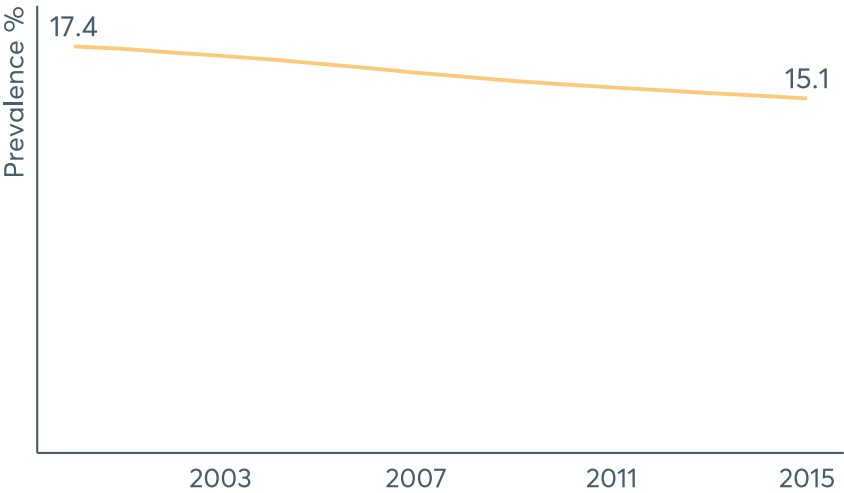
Coexistence of wasting, stunting and overweight



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.

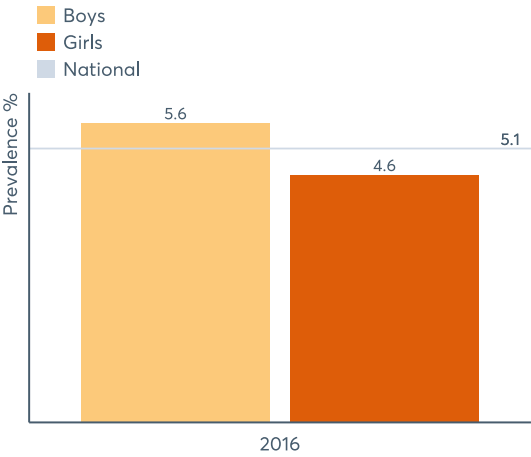
Low birth weight



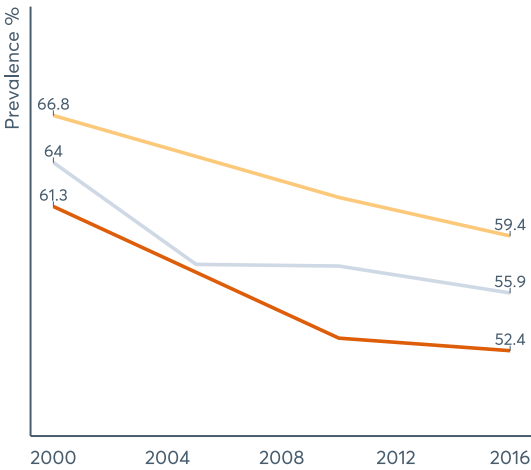
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

Child (under-five) nutrition status over time

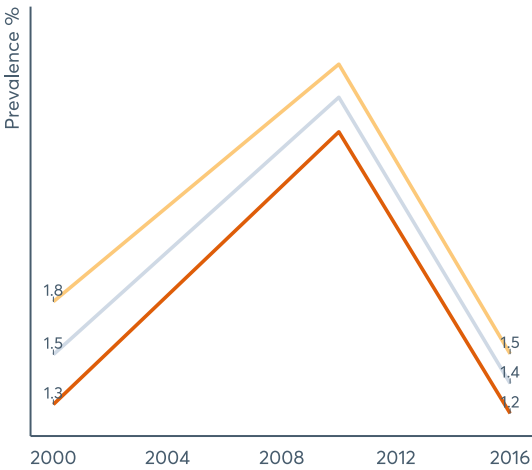
Wasting by gender



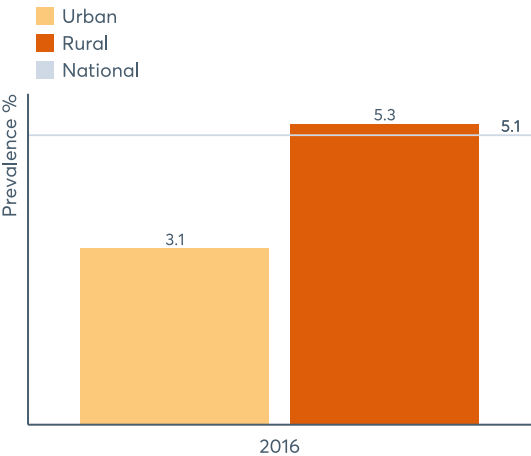
Stunting by gender



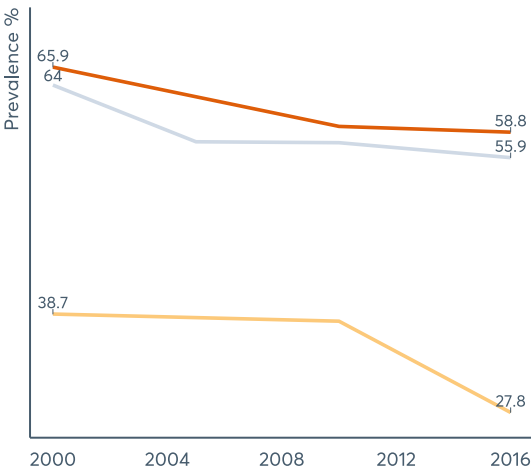
Overweight by gender



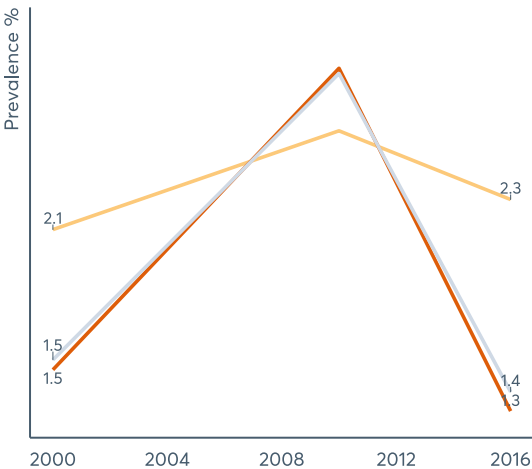
Wasting by location



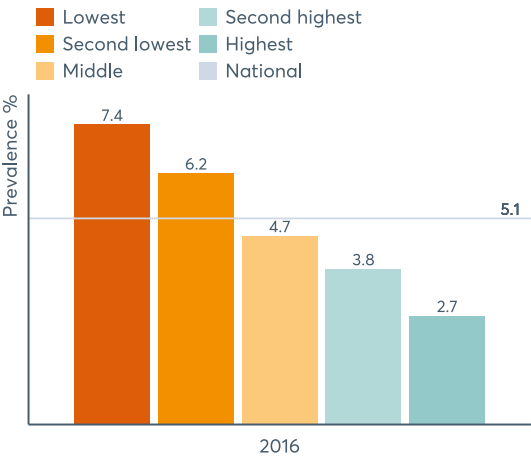
Stunting by location



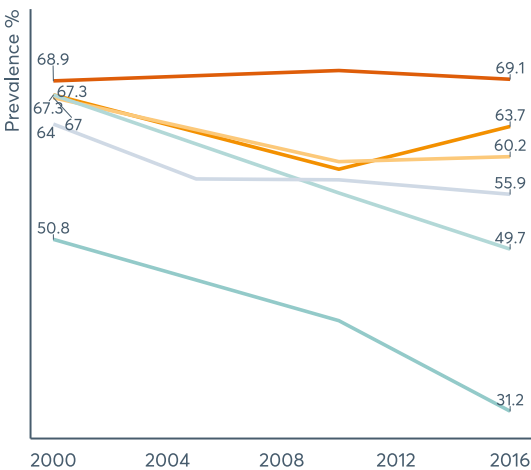
Overweight by location



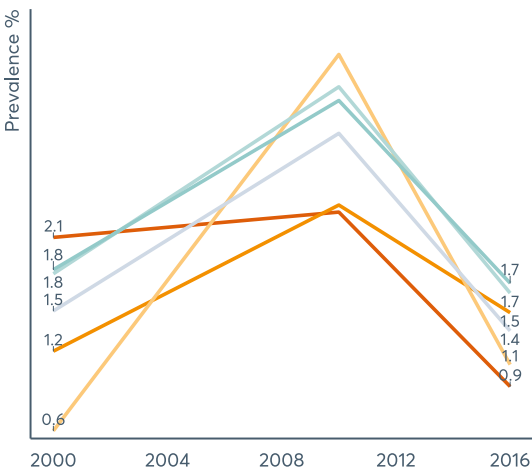
Wasting by income



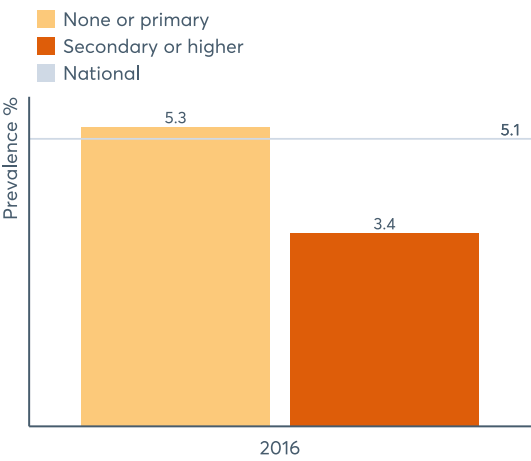
Stunting by income



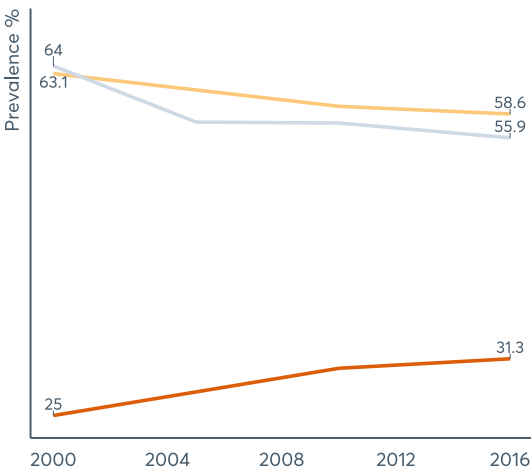
Overweight by income



Wasting by mother's education



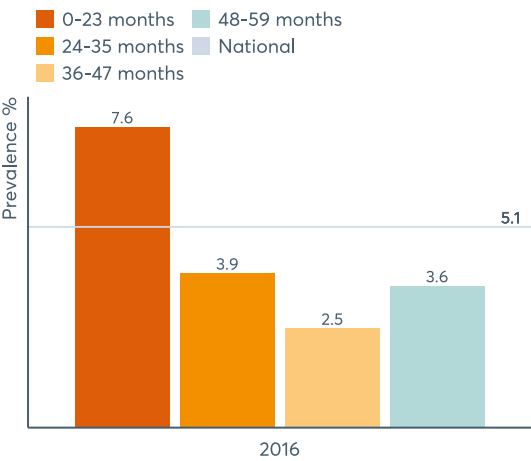
Stunting by mother's education



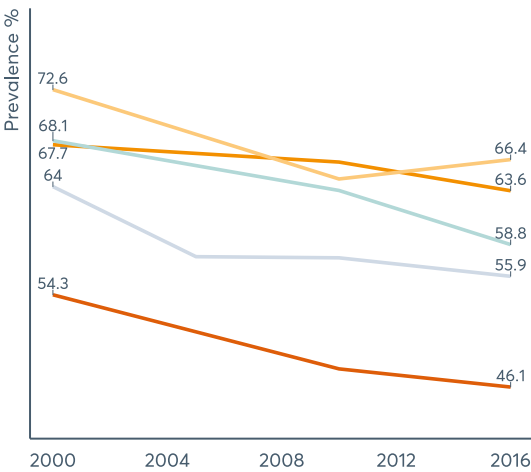
Overweight by mother's education



Wasting by age



Stunting by age



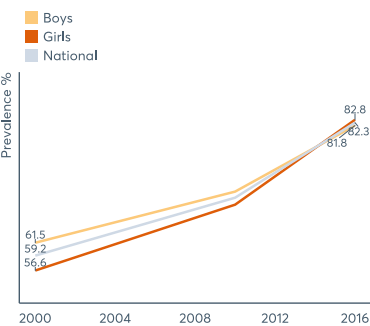
Overweight by age



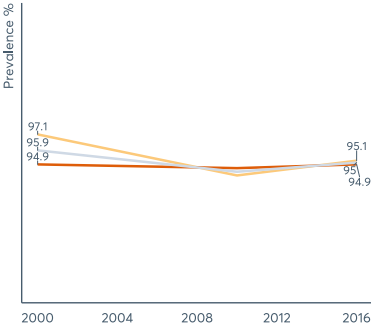
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

Infant and young child feeding over time

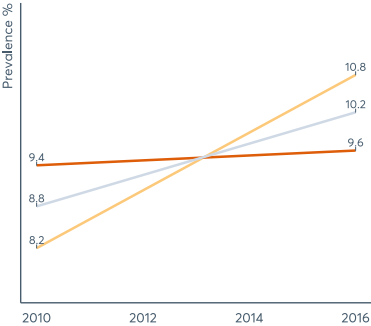
Exclusive breastfeeding by gender



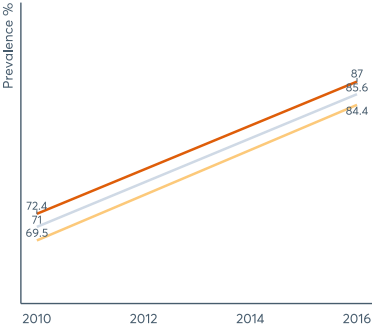
Continued breastfeeding at 1 year by gender



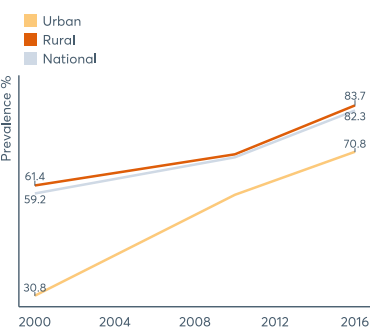
Minimum acceptable diet by gender



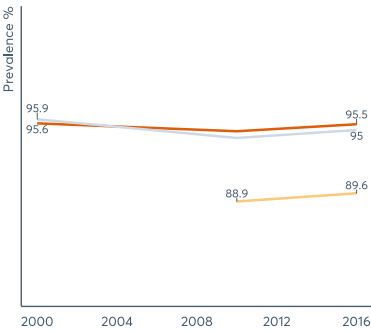
Intro. to solid, semi-solid, soft foods by gender



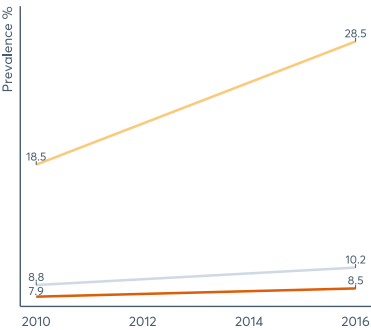
Exclusive breastfeeding by location



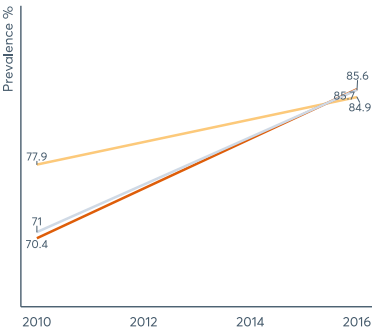
Continued breastfeeding at 1 year by location



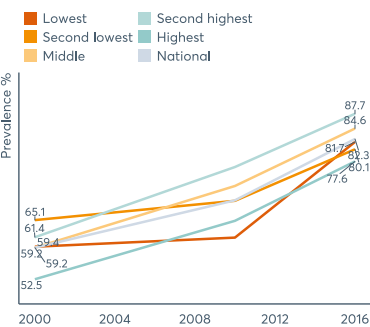
Minimum acceptable diet by location



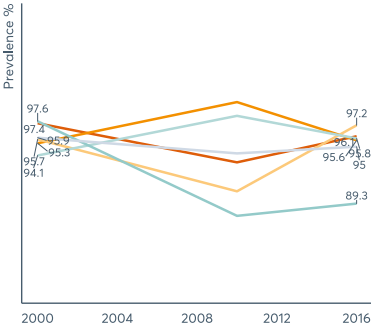
Intro. to solid, semi-solid, soft foods by location



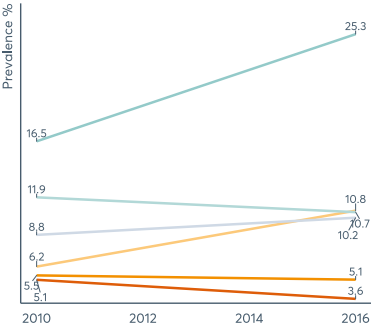
Exclusive breastfeeding by income



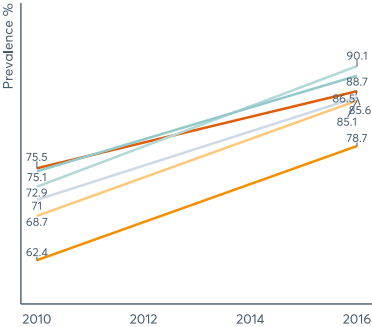
Continued breastfeeding at 1 year by income



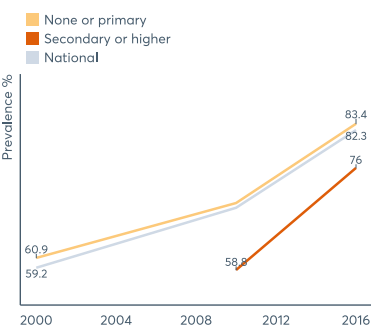
Minimum acceptable diet by income



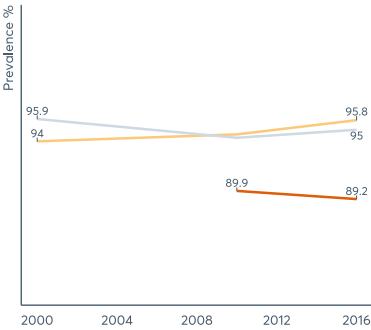
Intro. to solid, semi-solid, soft foods by income



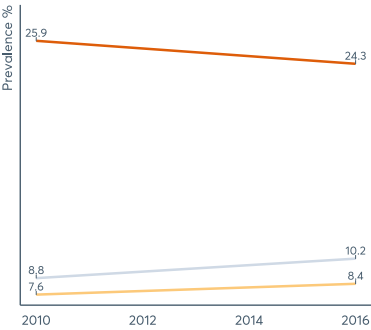
Exclusive breastfeeding by mother's education



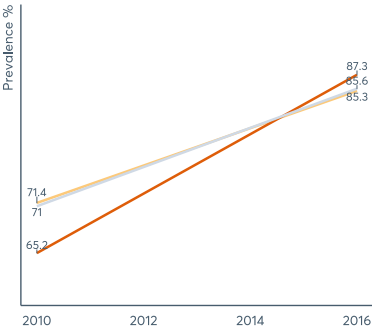
Continued breastfeeding at 1 year by mother's education



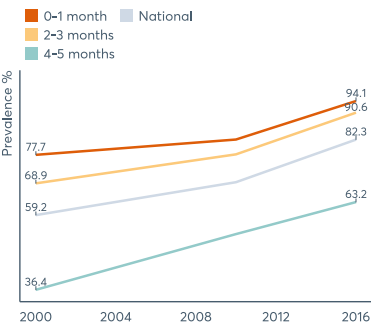
Minimum acceptable diet by mother's education



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



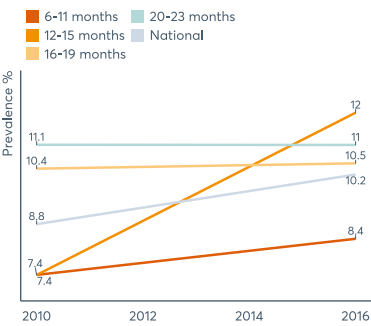
Exclusive breastfeeding by age



Continued breastfeeding at 1 year by age



Minimum acceptable diet by age

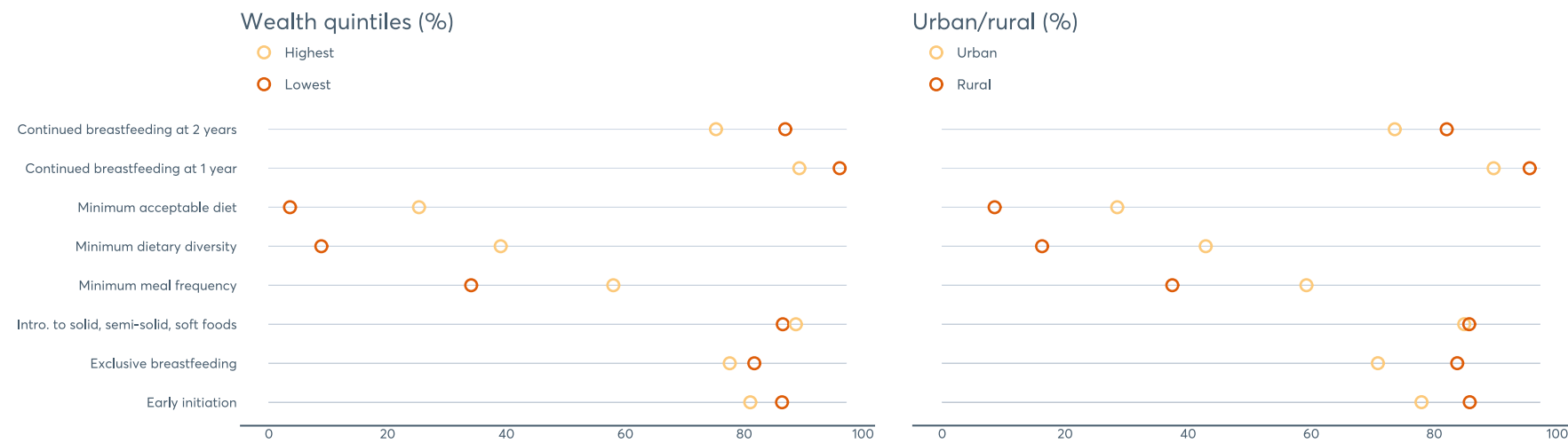


Intro. to solid, semi-solid, soft foods by age



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

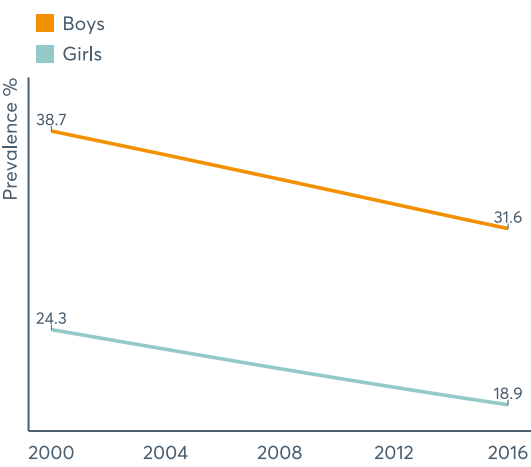
Infant and young child feeding



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.

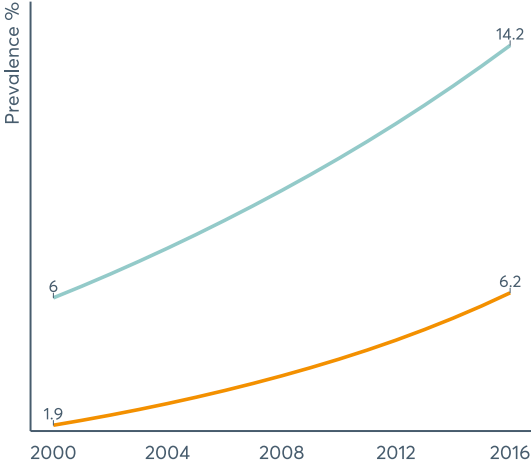
Child and adolescent (aged 5-19) nutrition status

Underweight by gender

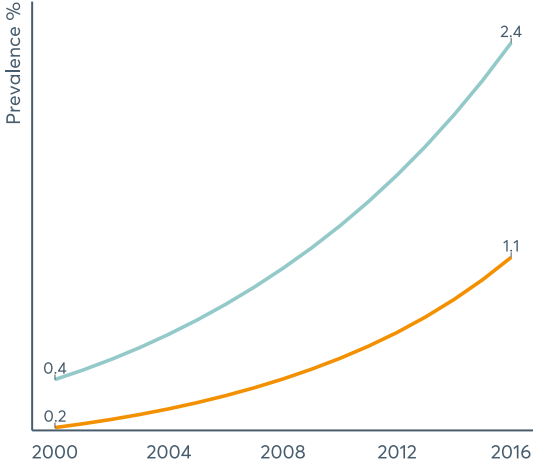


Sources: NCD Risk Factor Collaboration.

Overweight by gender

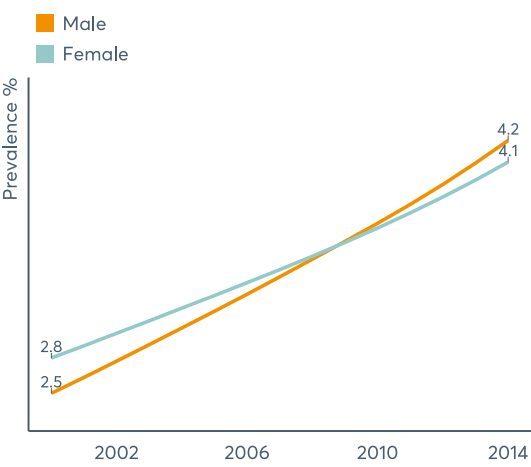


Obesity by gender



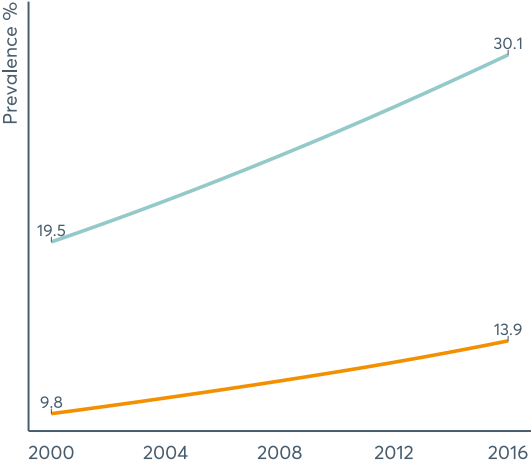
Adult nutrition status

Diabetes by gender

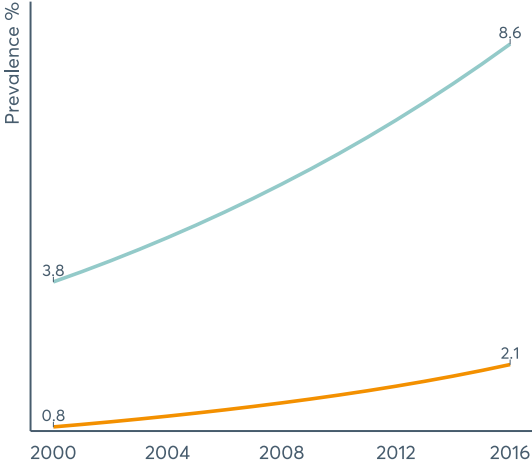


Sources: NCD Risk Factor Collaboration.

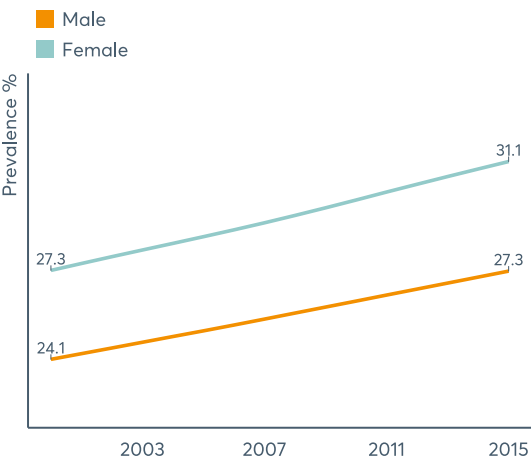
Overweight by gender



Obesity by gender

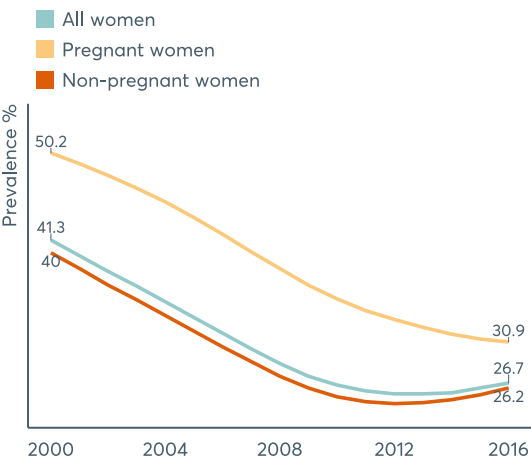


Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

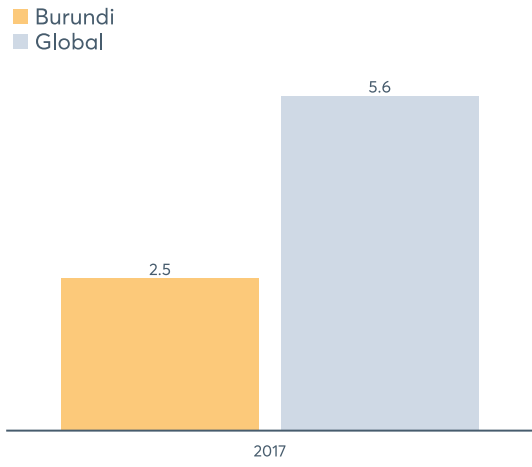
Anaemia in WRA



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	15	16	14	2016
Children 6-59 months who received vitamin A supplements in last 6 months	69	68	69	2016
Children 6-59 months given iron supplements in past 7 days	8	8	8	2016
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	48	NA	NA	2016
Household consumption of any iodised salt	99	NA	NA	2016

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.

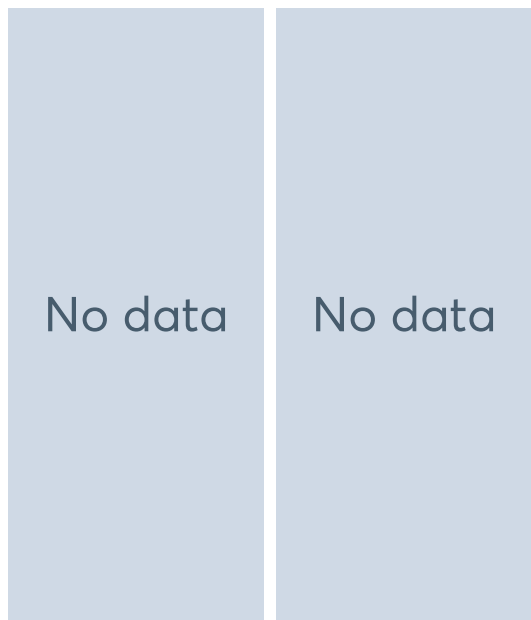
Determinants

Undernourishment



Source: FAOSTAT 2018.

Food supply



Source: FAOSTAT 2018.

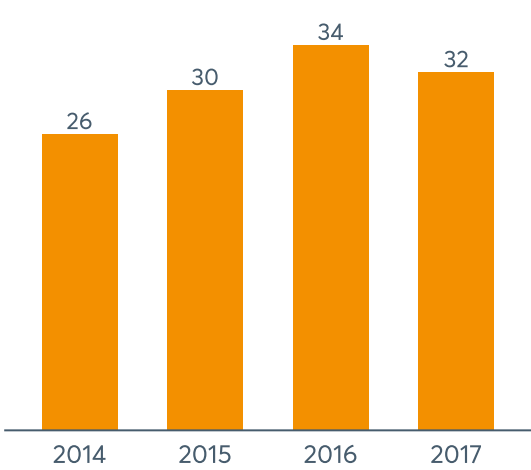
Gender-related determinants

Early childbearing births by age 18 (%) ¹	11	2010
Gender Inequality Index (score [*]) ²	0.47	2017
Gender Inequality Index (country rank) ²	114	2017

Sources: ¹ UNICEF 2018; ² UNDP 2018.

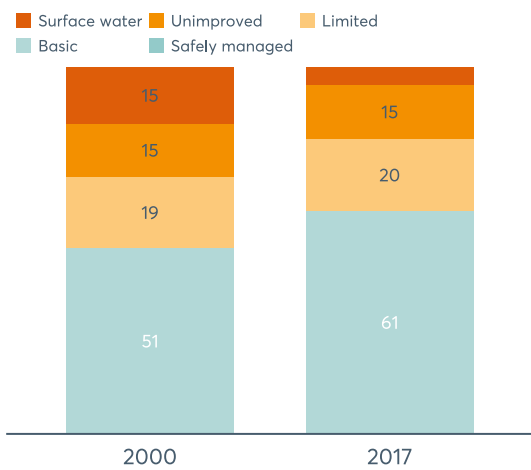
Notes: ^{*} 0 = low inequality, 1 = high inequality.

Female secondary education enrolment (net, % population)



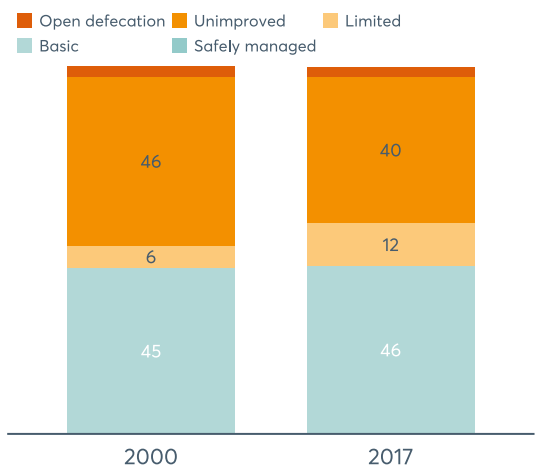
Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

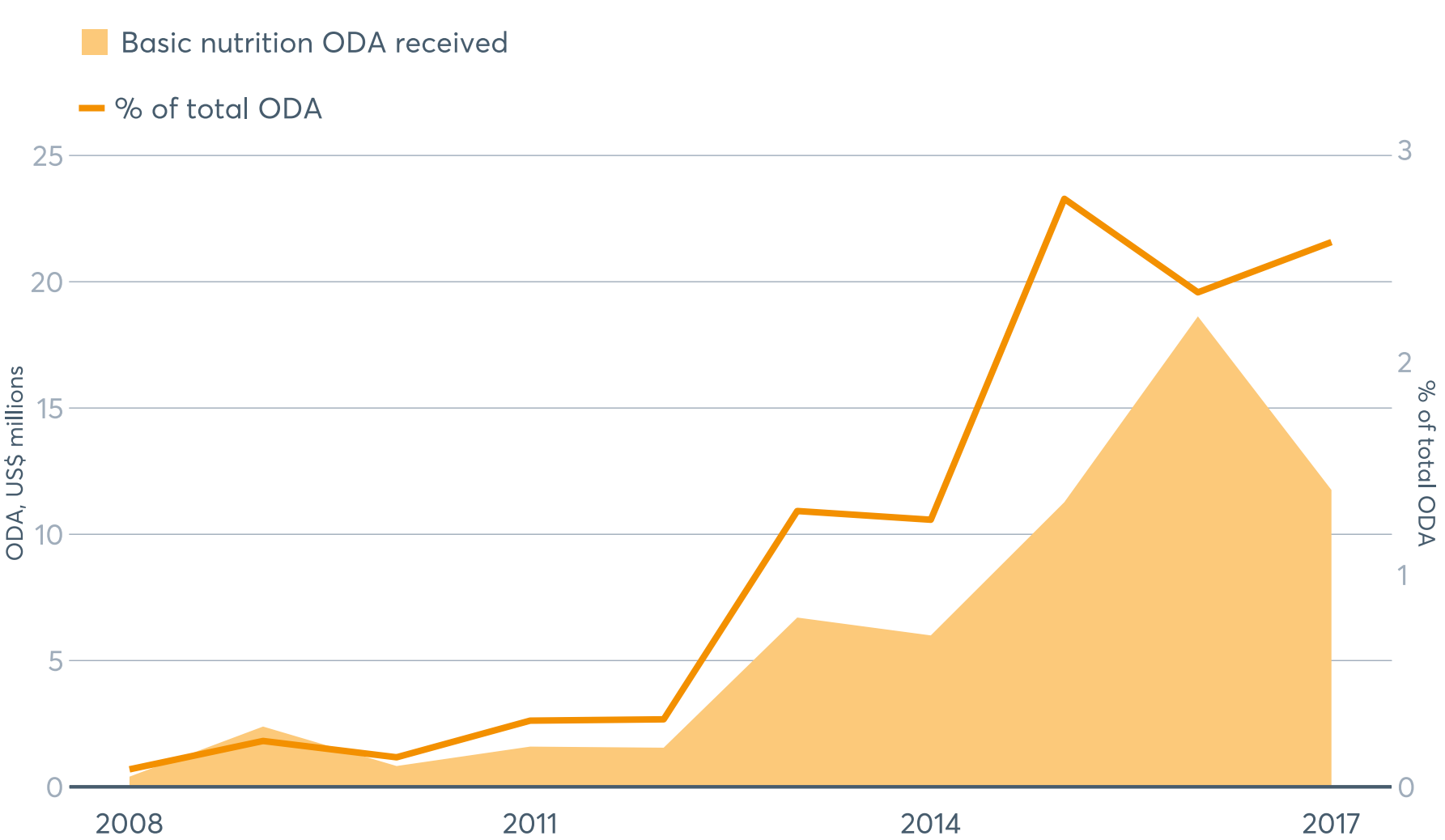
Sanitation coverage (% population)



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	No data
Policy to reduce salt consumption	No
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	No
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.

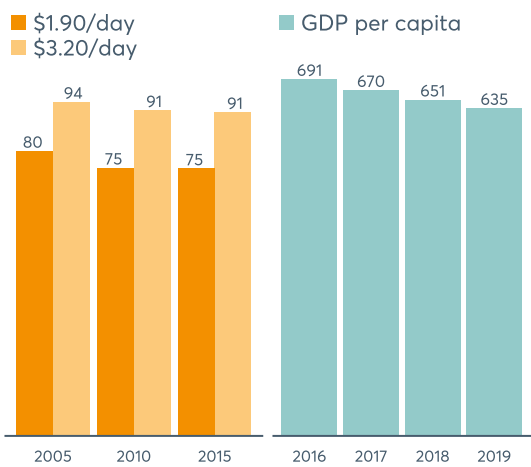
Targets included in national (nutrition or other) plan

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

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

Economics and demography

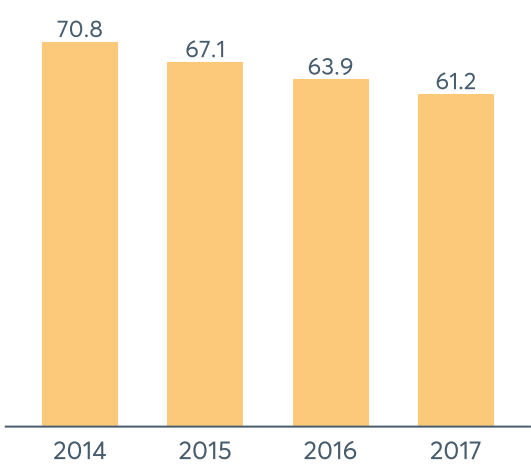
Poverty rates (%) and GDP (PPP\$)



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

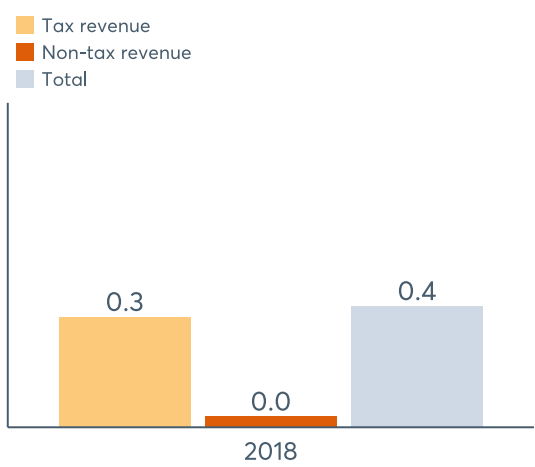
Notes: PPP = purchasing power parity.

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
39	94	2013

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)	11,175	2018
Under-five population (thousands)	2,019	2019
Rural (%)	87	2018
>65 years (thousands)	267	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	0.03	2004
Nurses and midwives	0.18	2004
Community health workers	0.07	2004

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