#### Tuvalu

#### **Country overview**

#### Malnutrition burden

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

Although it performs relatively well against other developing countries, Tuvalu still experiences a malnutrition burden among its under-five population. As of 2007, the national prevalence of under-five overweight is 6.3%. The national prevalence of under-five stunting is 10%, which is less than the developing country average of 25%. Tuvalu's under-five wasting prevalence of 3.3% is also less than the developing country average of 8.9%.

In Tuvalu, 34.7% of infants under 23 months are exclusively breastfed, this is well below the Polynesia average of 70.3%. There is insufficient data on low birth weight.

Tuvalu's adult population also face a malnutrition burden. While there is no prevalence data available for anaemia among women of reproductive age, 24.3% of adult women have diabetes, compared to 23.2% of men. Meanwhile, 56.2% of women and 47% of men have obesity.

Sources: 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 2018

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

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



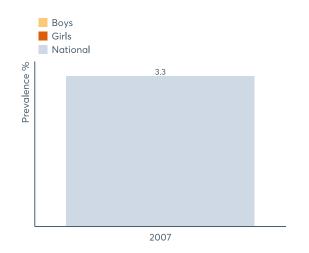
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

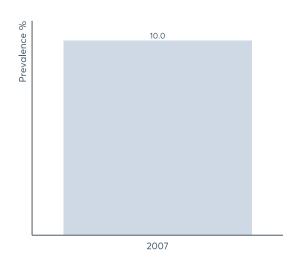
#### Child (under-five) nutrition status over time

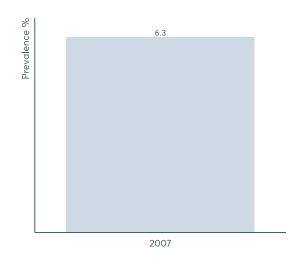
Wasting by gender

Stunting by gender

Overweight by gender



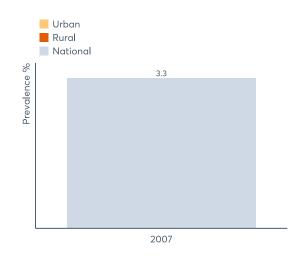


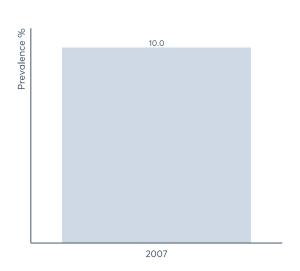


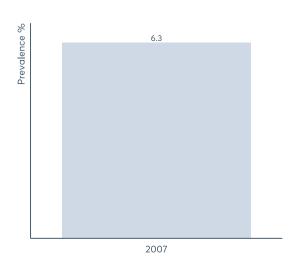
Wasting by location

Stunting by location

Overweight by location



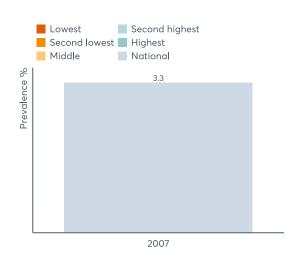


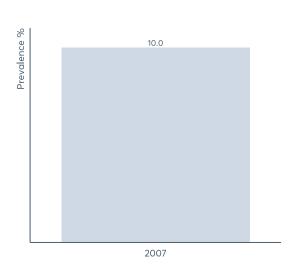


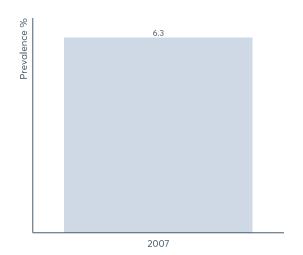
Wasting by income

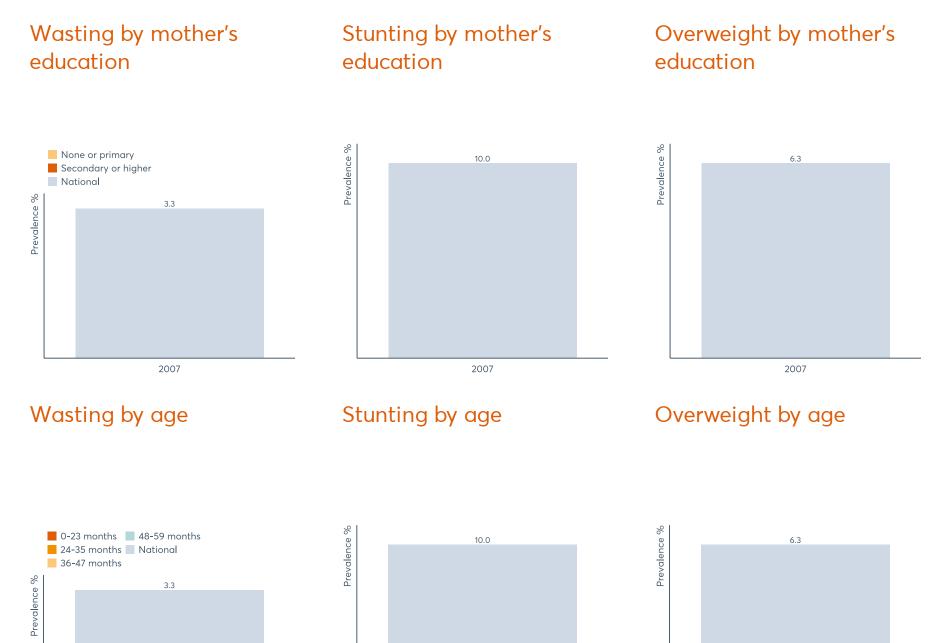
Stunting by income

Overweight by income









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

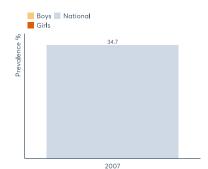
#### Infant and young child feeding over time

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



No data

No data

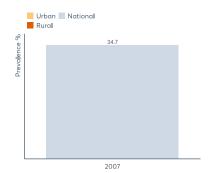


Exclusive breastfeeding by location

Continued breastfeeding at 1 year by location

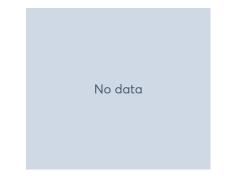
Minimum acceptable diet by location

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



No data

No data

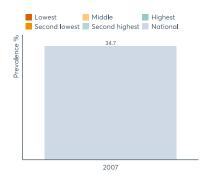


Exclusive breastfeeding by income

Continued breastfeeding at 1 year by income

Minimum acceptable diet by income

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

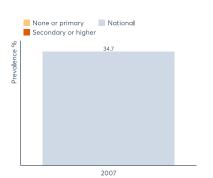




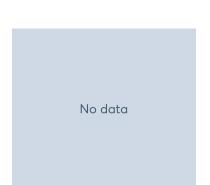




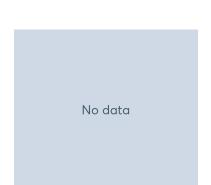
# Exclusive breastfeeding by mother's education



#### Continued breastfeeding at 1 year by mother's education



# Minimum acceptable diet by mother's education



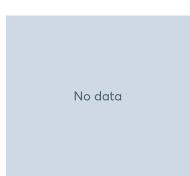
#### Intro. to solid, semi-solid, soft foods by mother's education



# Exclusive breastfeeding by age



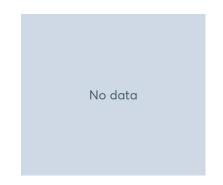
## Continued breastfeeding at 1 year by age



# Minimum acceptable diet by age

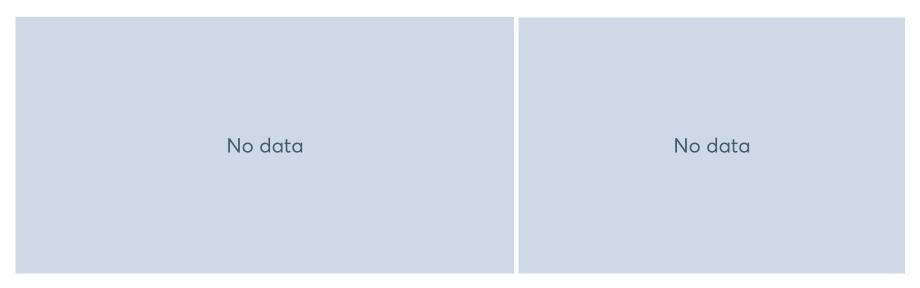


Intro. to solid, semi-solid, soft foods by age



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



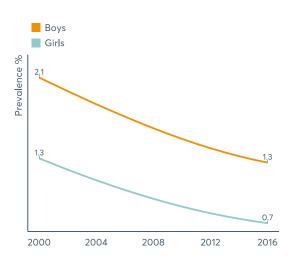
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

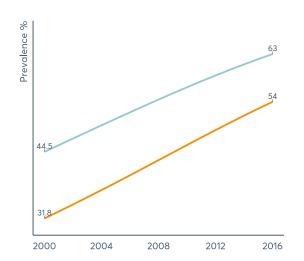
#### Child and adolescent (aged 5-19) nutrition status

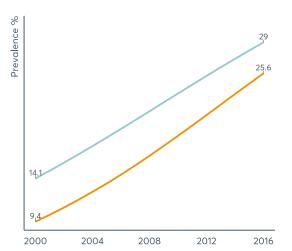
Underweight by gender

Overweight by gender

Obesity by gender







Sources: NCD Risk Factor Collaboration.

#### **Adult nutrition status**

#### Diabetes by gender

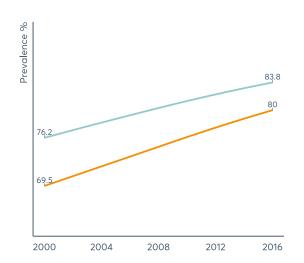
# Male Female 30 24.3 23.2

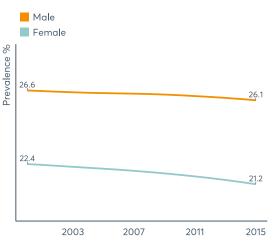
Sources: NCD Risk Factor Collaboration.

Raised blood pressure by

gender

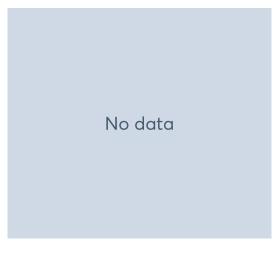
#### Overweight by gender





Sources: NCD Risk Factor Collaboration.

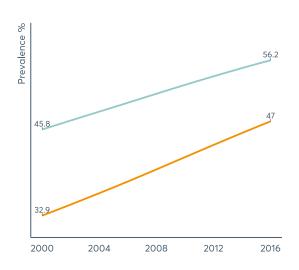
#### Anaemia in WRA



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

#### Obesity by gender



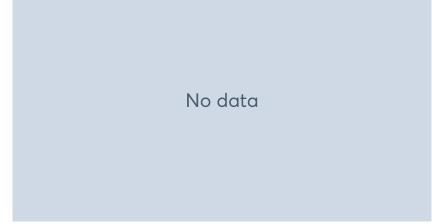
Salt intake (grams per day)



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

#### **Dietary needs**

#### Consumption of food groups and components, 2016



No data

Sources: TMREL = theoretical minimum risk of exposure level. Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: 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 and UNICEF global databases, 2019.

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

#### **Determinants**

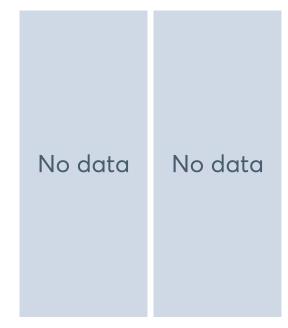
#### Undernourishment

#### Food supply

## Gender-related determinants



Source: FAOSTAT 2018.

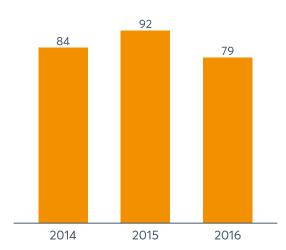


Source: FAOSTAT 2018.

Early childbearing births by age 18 (%) <sup>1</sup>	3	2007
Gender Inequality Index (score *) <sup>2</sup>	No data	No data
Gender Inequality Index (country rank) <sup>2</sup>	No data	No data

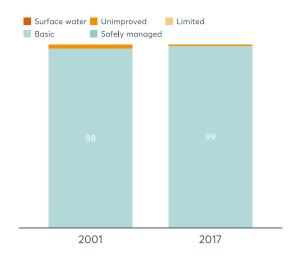
Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> UNDP 2018. Notes: \*0 = low inequality, 1 = high inequality.

# Female secondary education enrolment (net, % population)



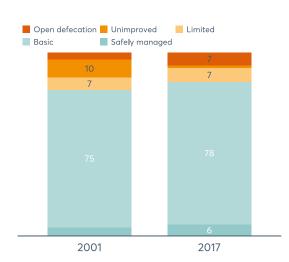
Source: UNESCO Institute for Statistics 2018.

## Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

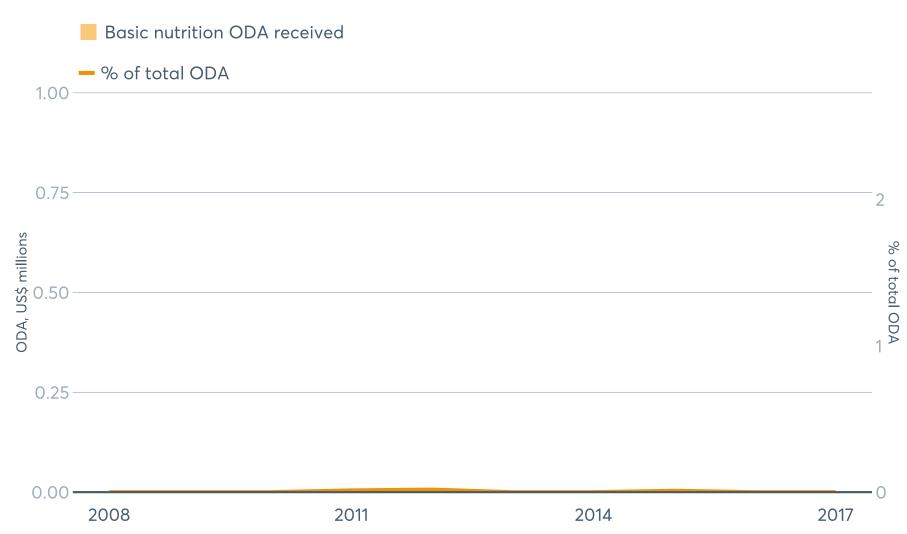
## Sanitation coverage (% population)



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	No
Sugar-sweetened beverage tax	No
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	No
Operational, multisectoral national NCD policy, strategy or action plan	No
Operational policy, strategy or action plan for diabetes	No
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.

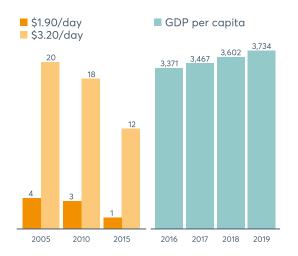
#### Targets included in national (nutrition or other) plan

Stunting	Anaemia
No	No
Low birth weight	Child overweight
No	No
Exclusive breastfeeding	Wasting
No	No
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**

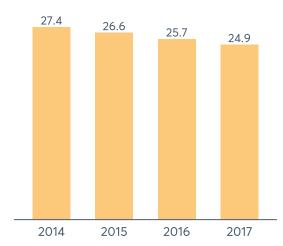
## Poverty rates (%) and GDP (PPP\$)



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
39	98	2010

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)	12	2018
Under-five population (thousands)	No data	No data
Rural (%)	38	2018
>65 years (thousands)	No data	No data

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

#### Population density of health workers per 1,000 people

Physicians	1.09	2010
Nurses and midwives	5.82	2010
Community health workers	No data	No data

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