### **Western Africa**

#### **Overview**

#### Malnutrition status

In Western Africa, there has been some progress towards achieving global nutrition targets. 8 countries are on course to meet the global target for infant exclusive breastfeeding. 7 countries are on course for under-five overweight. 4 countries are on course for under-five stunting. 1 country is on course for under-five wasting. However, no countries in Western Africa are on course for each of anaemia in women of reproductive age, low birth weight, male diabetes, female diabetes, male obesity, and female obesity. 7 countries in Western Africa have insufficient data to comprehensively assess their progress towards these global targets.

Western Africa experiences a malnutrition burden among its under-five population. The average prevalence of overweight in under-fives is 2.1% - the lowest compared to other subregions in Africa. The prevalence of stunting in under-fives is 29.2%, this is greater than the global average of 21.9%. Western Africa's prevalence of wasting in under-fives of 8.1% is also greater than the global average of 7.3%.

Some 30.8% of infants under 23 months in Western Africa are exclusively breastfed, while the subregion's average low birth weight prevalence of 15.2% is greater than the global average of 14.6%.

Western Africa's adult population also face a malnutrition burden. An average of 49.3% of women of reproductive age have anaemia, and 6.7% of adult men suffer from diabetes, compared to 6.2% of women. Meanwhile, 13% of women and 4.4% of men suffer from 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



#### **Under-five stunting**

4 On course

11 Off course

1 No data



#### Low birthweight

0 On course9 Off course

7 No data



#### **Under-five wasting**

1 On course

14 Off course

1 No data



#### Exclusive breastfeeding

8 On course

5 Off course

3 No data



#### Under-five overweight

7 On course

7 Off course

2 No data



#### Adult female obesity

0 On course

15 Off course

1 No data



#### Adult male obesity

0 No data





#### Adult female diabetes

0 On course 16 Off course

0 No data



#### Adult male diabetes

0 On course

16 Off course

0 No data



#### WRA anaemia

0 On course

16 Off course

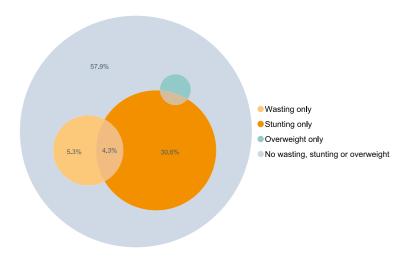
0 No data

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.

### Infant and child (under-five) status

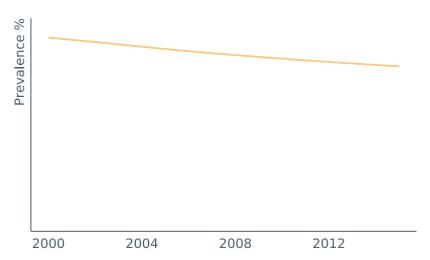
### Under-five coexistence of wasting, stunting and overweight



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. 15 countries included in aggregates.

### Low birth weight



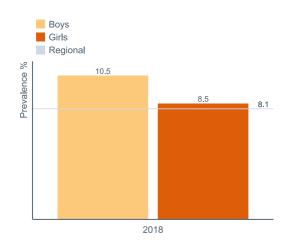
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

### Children (under-five) nutrition status

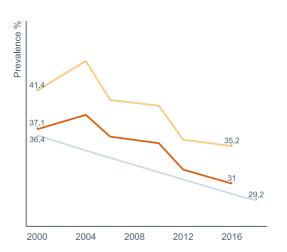
Wasting by gender

Stunting by gender

Overweight by gender



Wasting by location



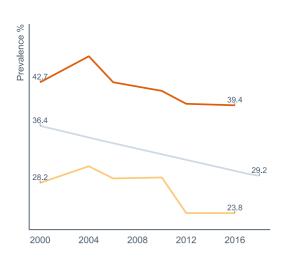
Stunting by location



Overweight by location



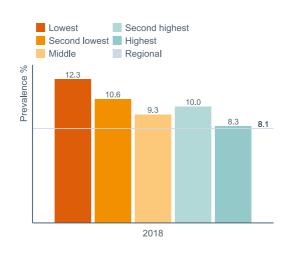
Wasting by income

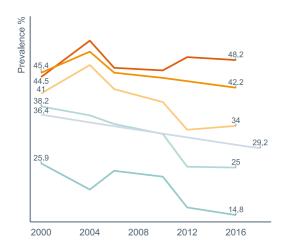


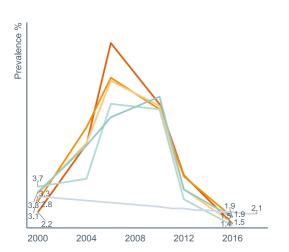
Stunting by income

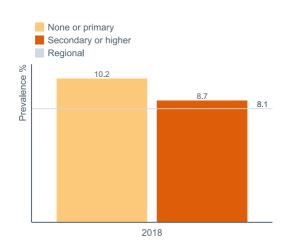


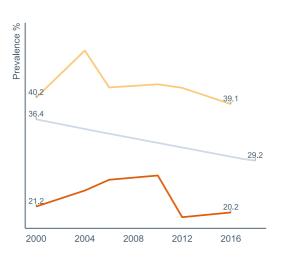
Overweight by income

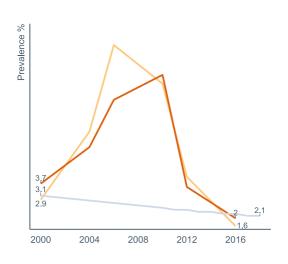












Wasting by age

Stunting by age

Overweight by age





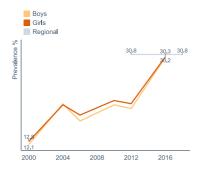


Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates. From 2 to 15 countries included in aggregates.

Notes: Regional figures are from UNICEF, Division of Data Research and Policy (2019) where available and are aggregated otherwise.

### Infant and child (under-five) feeding over time

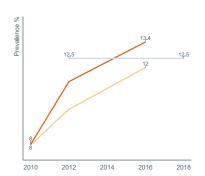
Exclusive breastfeeding by gender



Continued breastfeeding at 1 year by gender



Minimum acceptable diet by gender



Introduction to solid, semi-solid or soft foods by gender



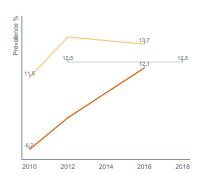
Exclusive breastfeeding by location



Continued breastfeeding at 1 year by location



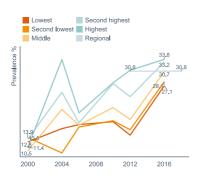
Minimum acceptable diet by location



Introduction to solid, semi-solid or soft foods by location



Exclusive breastfeeding by income



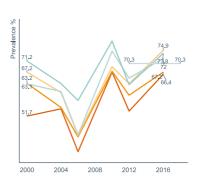
Continued breastfeeding at 1 year by income



Minimum acceptable diet by income



Introduction to solid, semi-solid or soft foods by income



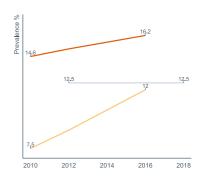
# Exclusive breastfeeding by mother's education



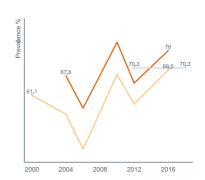
# Continued breastfeeding at 1 year by mother's education



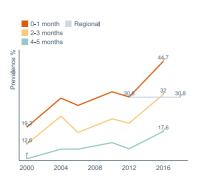
### Minimum acceptable diet by mother's education



### Introduction to solid, semi-solid or soft foods by mother's education



## Exclusive breastfeeding by age



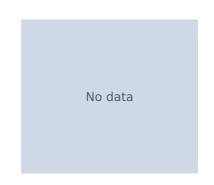
Continued breastfeeding at 1 year by age



Minimum acceptable diet by age

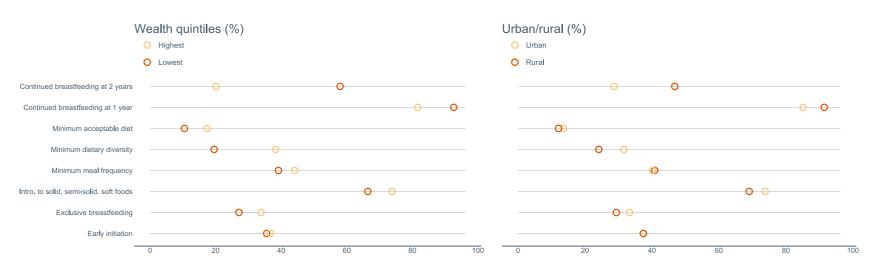


Introduction to solid, semi-solid or soft foods by age



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. From 1 to 14 countries included in aggregates.

### 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. From 1 to 14 countries included in aggregates.

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

### Ages 5-19 by gender: underweight (%)

# Boys Girls 43.7

34.5

22.8

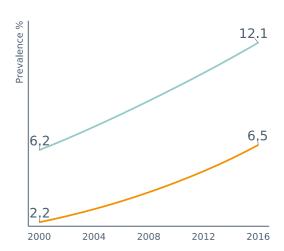
2016

Sources: NCD Risk Factor Collaboration. 16 countries included in aggregates.

2008

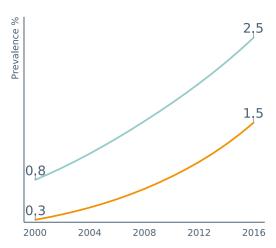
2012

### Ages 5-19 by gender: overweight (%)



16 countries included in aggregates.

### Ages 5-19 by gender: obesity (%)



16 countries included in aggregates.

#### **Adult nutrition status**

### Adult by gender: diabetes (%)

27.8

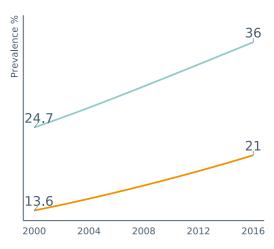
2000

2004



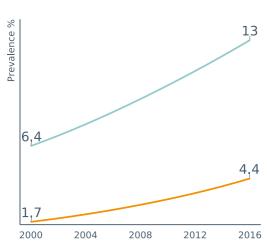
Sources: NCD Risk Factor Collaboration. 16 countries included in aggregates.

### Adult by gender: overweight (%)



16 countries included in aggregates.

### Adult by gender: obesity (%)

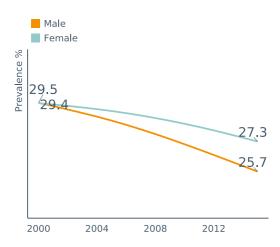


16 countries included in aggregates.

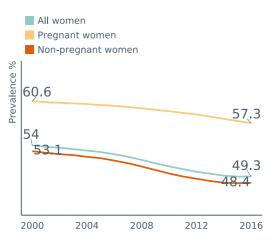
### Adult by gender: raised blood pressure (%)

### Adult: anaemia in WRA (%)

### Adult: sodium intake (grams per day)

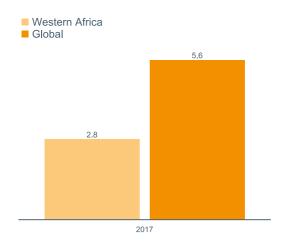


Sources: NCD Risk Factor
Collaboration. 16 countries included in aggregates.



Source: WHO Global Health Observatory.

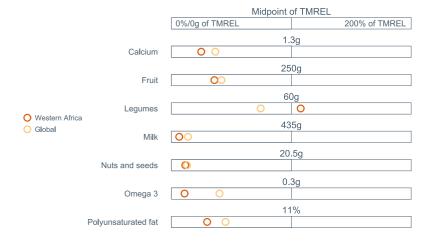
Notes: WRA = women of reproductive age. 16 countries included in aggregates.



Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation. 16 countries included in aggregates.

### **Dietary needs**

### Consumption of food groups and components, 2016





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. 16 countries included in aggregates.

### Intervention coverage

Coverage/practice indicator	Total	Boy	Girl	Year
	(%)	(%) (%) (%)	rear	

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	23	22	24	2017
Children 6-59 months who received A supplements in last 6 months	58	58	59	2017
Children 6-59 months given iron supplements in past 7 days	12	11	12	2017
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	92			2017
Household consumption of any iodised salt	79	NA	NA	2017

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. From 1 to 5 countries included in aggregates.

### **Determinants**

### Undernourishment (% population)

# 15.2 14.4 12.3 10.5 10.8

2009

2013

2017

Source: FAOSTAT 2018.

2001

2005

### Food supply



Source: FAOSTAT 2018.

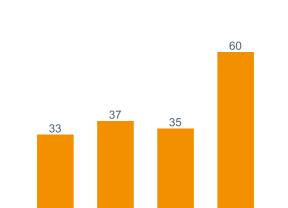
### Gender-related determinants

Early childbearing: births by age 18 (%) <sup>1</sup>	29	2016
Gender Inequality Index (score <sup>*</sup> ) <sup>2</sup>	0.6	2017
Gender Inequality Index (country rank) <sup>2</sup>	143	2017

Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> UNDP 2018. Notes: <sup>\*</sup>0 = low inequality, 1 = high inequality. From 1 to 16 countries included in aggregates.

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

## nt



Source: UNESCO Institute for Statistics 2018. From 1 to 10 countries included in aggregates.

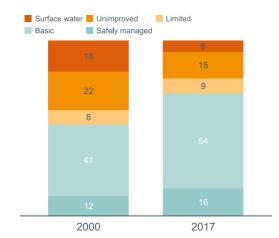
2017

2018

2016

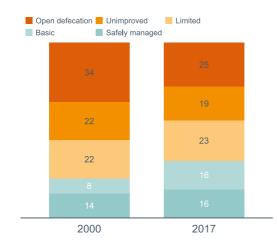
2015

### Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019. From 4 to 16 countries included in aggregates.

### Sanitation coverage (% population)

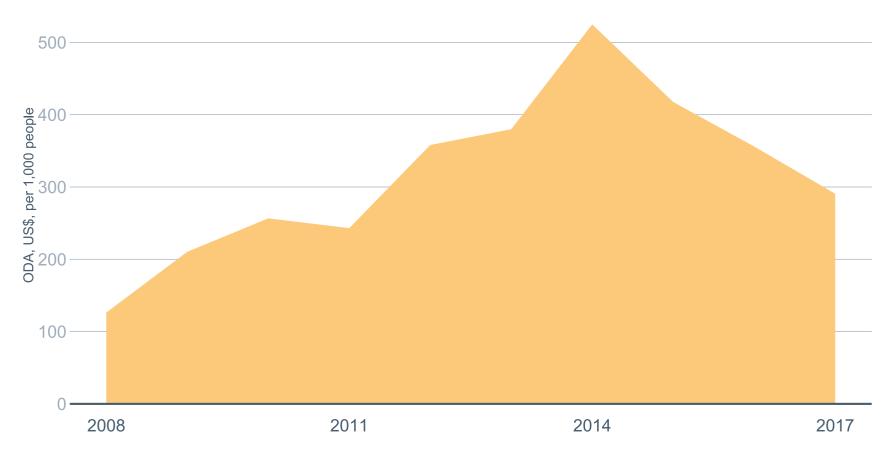


Source: WHO/UNICEF Joint Monitoring Programme 2019. From 5 to 16 countries included in aggregates.

### Resources, policies and targets

### Development assistance

Basic nutrition ODA received



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	15/16
Sugar-sweetened beverage tax	0/16
Food-based dietary guidelines	3/16
Policy to reduce salt consumption	2/16
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	9/16
Operational, multisectoral national NCD policy, strategy or action plan	6/16
Operational policy, strategy or action plan for diabetes	10/16
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids,	2/16
free sugars or salt	_,
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	1/16

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: Add note: NA = not applicable; NCD = non-communicable disease.

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

Stunting	Anaemia
16/16	14/16
Low birth weight	Child overweight
12/16	11/16
Exclusive breastfeeding	Wasting
16/16	16/16
Salt intake	Overweight adults and adolescents
6/16	13/16
Multisectoral comprehensive nutrition plan	
13/16	

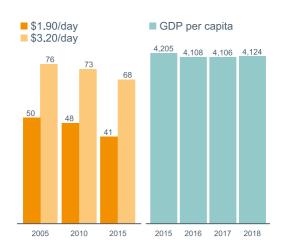
Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

### **Economics and demography**

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

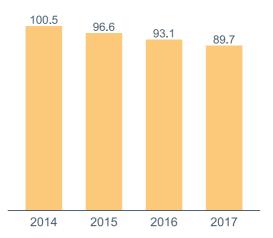
### Under-five mortality (per 1,000 live births)

### Government revenues (\$m)



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

Notes: PPP = purchasing power parity. 16 countries included in aggregates.



Source: UN Inter-agency Group for Child Mortality Estimation 2018. 16 countries included in aggregates.



Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019). 15 countries included in aggregates.

#### Income inequality

Gini index score <sup>1</sup>	Gini index rank <sup>2</sup>	Year
42	117	2016

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 (120). From 1 to 4 countries included in aggregates.

#### **Population**

Population (000)	109,783,198	2018
Under-five population (000)	64,212	2019
Rural (%)	54	2018
>65 years (000)	10,955	2019

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019. 16 countries included in aggregates.

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

Physicians	0.25	2016
Nurses and midwives	1.07	2016
Community health workers	0.15	2016

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data. From 12 to 16 countries included in aggregates.