Cuba

Overview

Malnutrition status

Cuba is off course to meet the global targets for all indicators analysed with adequate data. There is insufficient target data to assess Cuba's progress for under-five overweight, under-five stunting, and under-five wasting.

Although Cuba has no data for under-five overweight, it faces a malnutrition burden in both its stunting and wasting levels. The national prevalence of under-five stunting is 7%, which is significantly less than the developing country average of 25%. Cuba's under-five wasting prevalence of 2.4% is also less than the developing country average of 8.9%.

In Cuba, 32.8% of infants under 23 months are exclusively breastfed, this is well above the Caribbean average of 25.6%. Cuba's 2015 low birth weight prevalence of 5.3% has increased slightly from 5.2% in 2000.

Cuba's adult population also face a malnutrition burden. While there is no prevalence data available for anaemia among women of reproductive age, 9.6% of adult women suffer from diabetes, compared to 7.3% of men. Meanwhile, 30.3% of women and 18.9% of men suffer from obesity.

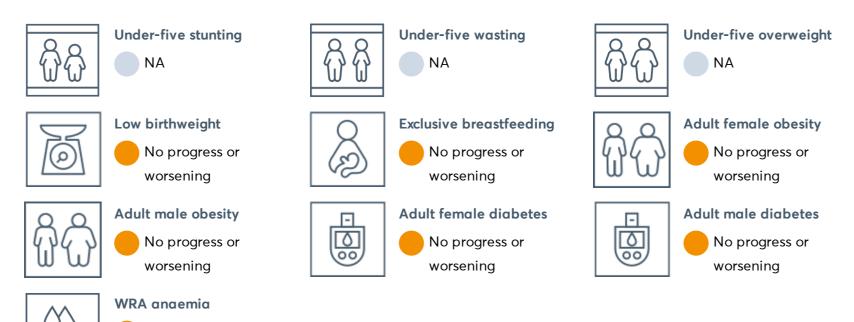
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF/WHO Low birthweight estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Data on the adult indicators are based on modelled estimates.

Progress against global nutrition targets 2018

No progress or

worsening



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.

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Infant and child (under-five) status

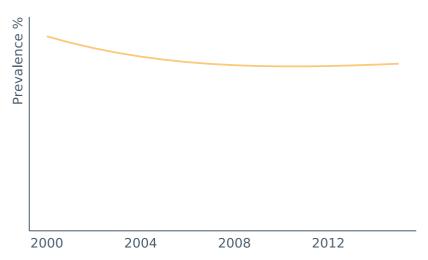
Under-five coexistence of wasting, stunting and overweight



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.

Low birth weight



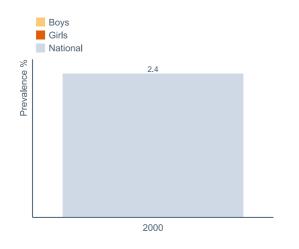
Source: UNICEF/WHO Low birthweight estimates, 2019 edition

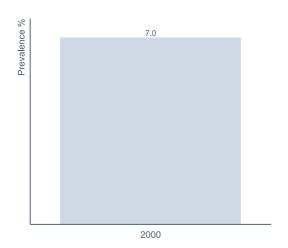
Children (under-five) nutrition status

Wasting by gender

Stunting by gender

Overweight by gender



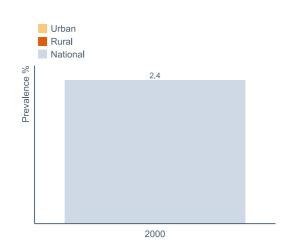


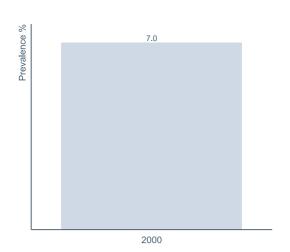


Wasting by location

Stunting by location

Overweight by location



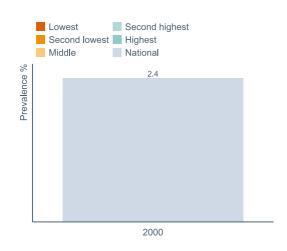


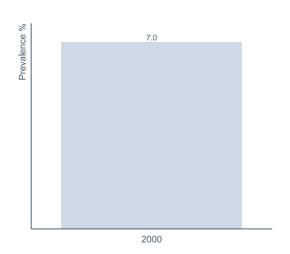


Wasting by income

Stunting by income

Overweight by income









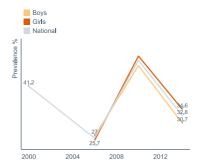
2000

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

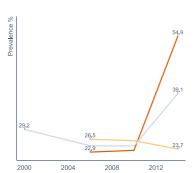
2000

Infant and child (under-five) feeding over time

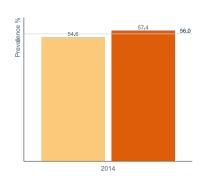
Exclusive breastfeeding by gender



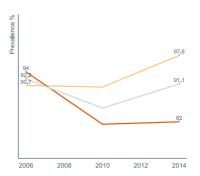
Continued breastfeeding at 1 year by gender



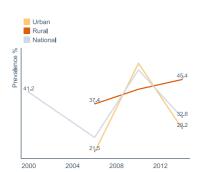
Minimum acceptable diet by gender



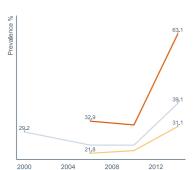
Introduction to solid, semi-solid or soft foods by gender



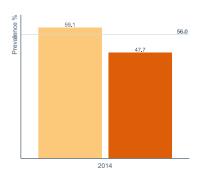
Exclusive breastfeeding by location



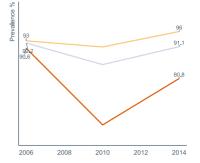
Continued breastfeeding at 1 year by location



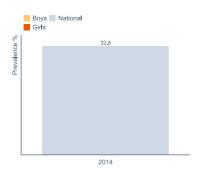
Minimum acceptable diet by location



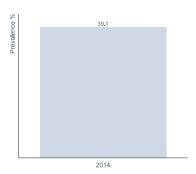
Introduction to solid, semi-solid or soft foods by location



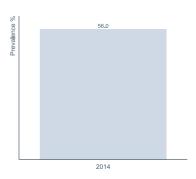
Exclusive breastfeeding by income



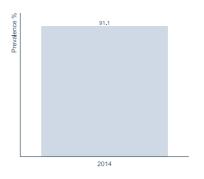
Continued breastfeeding at 1 year by income



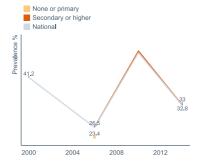
Minimum acceptable diet by income



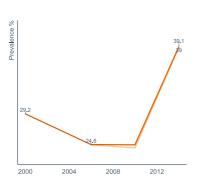
Introduction to solid, semi-solid or soft foods by income



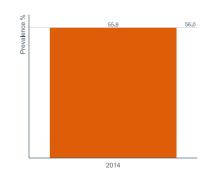
Exclusive breastfeeding by mother's education



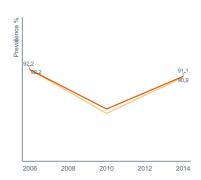
Continued breastfeeding at 1 year by mother's education



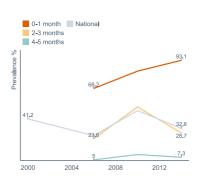
Minimum acceptable diet by mother's education



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



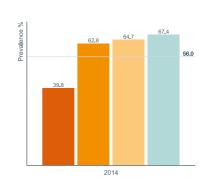
Exclusive breastfeeding by age



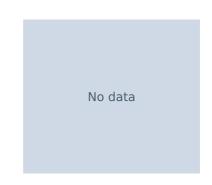
Continued breastfeeding at 1 year by age



Minimum acceptable diet by age

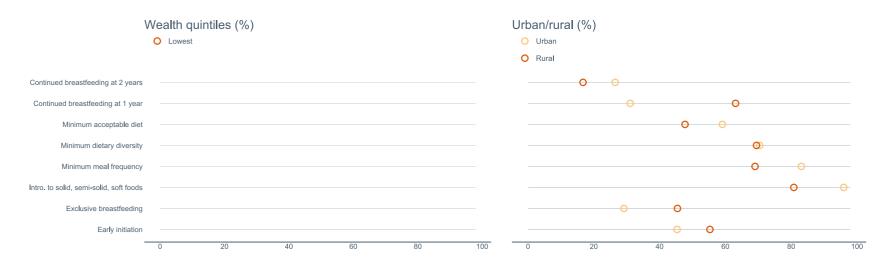


Introduction to solid, semi-solid or soft foods by age



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.

Infant and young child feeding



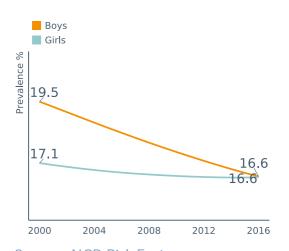
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

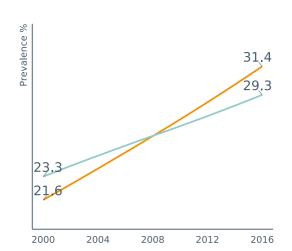
Children and adolescent (aged 5-19) nutrition status

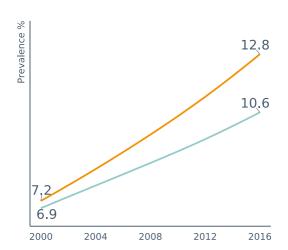
Ages 5-19 by gender: underweight (%)

Ages 5-19 by gender: overweight (%)

Ages 5-19 by gender: obesity (%)







Sources: NCD Risk Factor

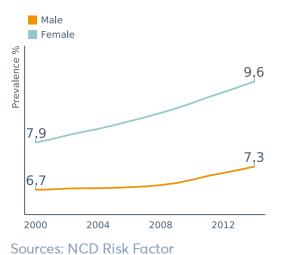
Collaboration.

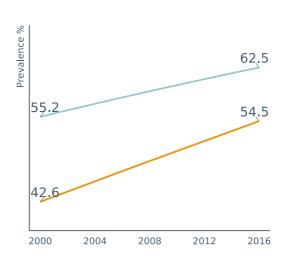
Adult nutrition status

Adult by gender: diabetes (%)

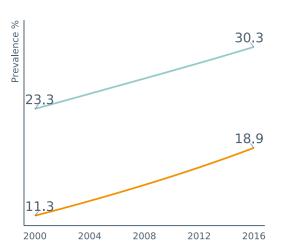
overweight (%)

Adult by gender: obesity (%)





Adult by gender:

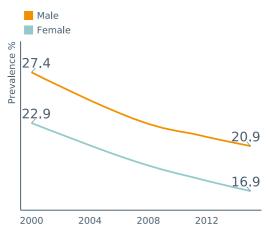


Collaboration.

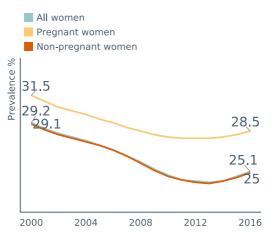
Adult by gender: raised blood pressure (%)

Adult: anaemia in WRA (%)

Adult: sodium intake (grams per day)

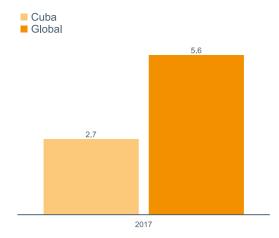


Sources: NCD Risk Factor Collaboration.



Source: WHO Global Health Observatory.

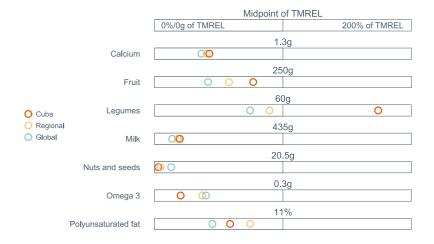
Notes: WRA = women of reproductive

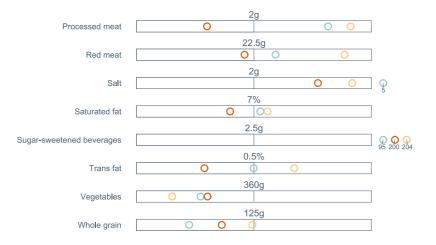


Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

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.

Intervention coverage

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	NA	NA	NA	NA

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 6-59 months who received A supplements in last 6 months	NA	NA	NA	NA
Children 6-59 months given iron supplements in past 7 days	NA	NA	NA	NA
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	NA			NA
Household consumption of any iodised salt	NA	NA	NA	NA

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.

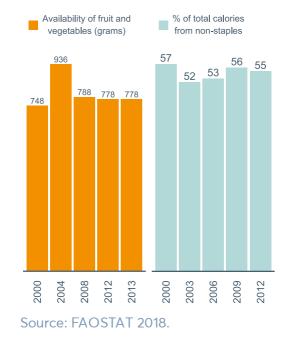
Determinants

Undernourishment (% population)

Food supply

Gender-related determinants





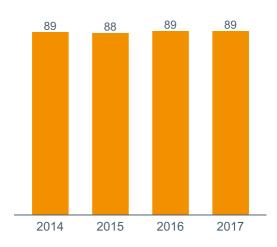
Early childbearing: births by age 18 (%) ¹	6	2014
Gender Inequality Index (score [*]) ²	0.3	2017
Gender Inequality Index (country rank) ²	66	2017

Sources: ¹ UNICEF 2018; ² UNDP 2018. Notes: *0 = low inequality, 1 = high inequality.

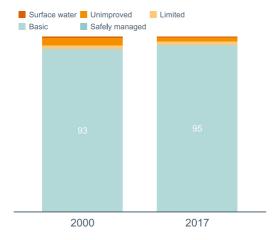
Female secondary education enrolment (net, % population)

Drinking water coverage (% population)

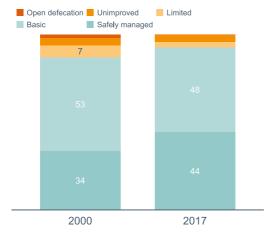
Sanitation coverage (% population)



Source: UNESCO Institute for Statistics 2018.



Source: WHO/UNICEF Joint Monitoring Programme 2019.

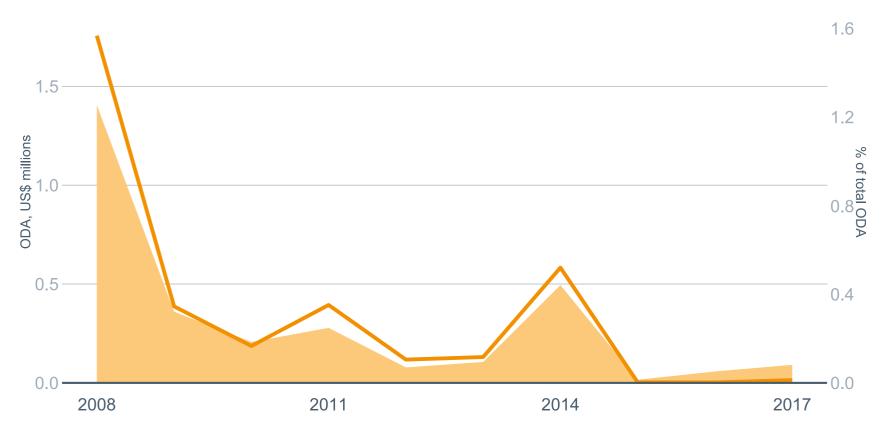


Source: WHO/UNICEF Joint Monitoring Programme 2019.

Resources, policies and targets

Development assistance

- Basic nutrition ODA received
- % of total ODA



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	Yes
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: Add note: 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	No
Salt intake	Overweight adults and adolescents
Yes	Yes
Multisectoral comprehensive nutrition plan	
No	

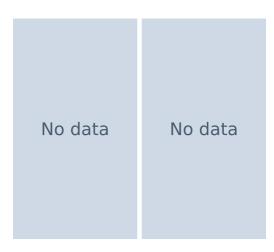
Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

Economics and demography

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

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

Government revenues (\$m)

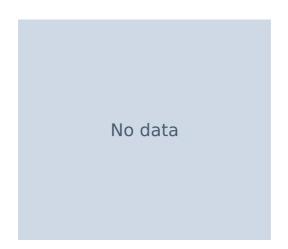


Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

Notes: PPP = purchasing power parity.



Source: UN Inter-agency Group for Child Mortality Estimation 2018.



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 (120).

Population

Population (000)	11,338,138	2018
Under-five population (000)	587	2019
Rural (%)	23	2018
>65 years (000)	1,764	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	7.52	2014
Nurses and midwives	7.98	2014
Community health workers	NA	NA

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