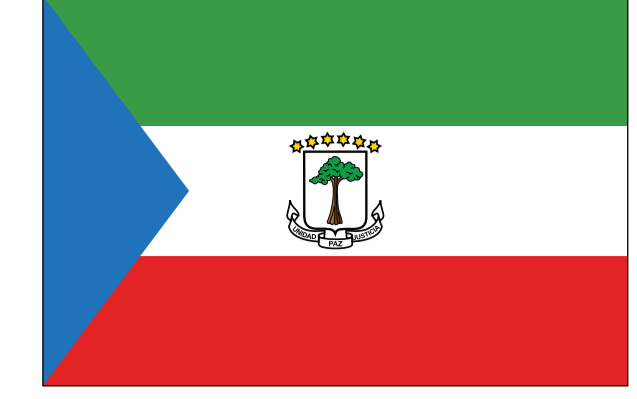


NUTRITION PROFILE

Equatorial Guinea



ACCELERATING HEALTH, SOCIAL AND ECONOMIC DEVELOPMENT OUTCOMES THROUGH IMPROVED NUTRITION

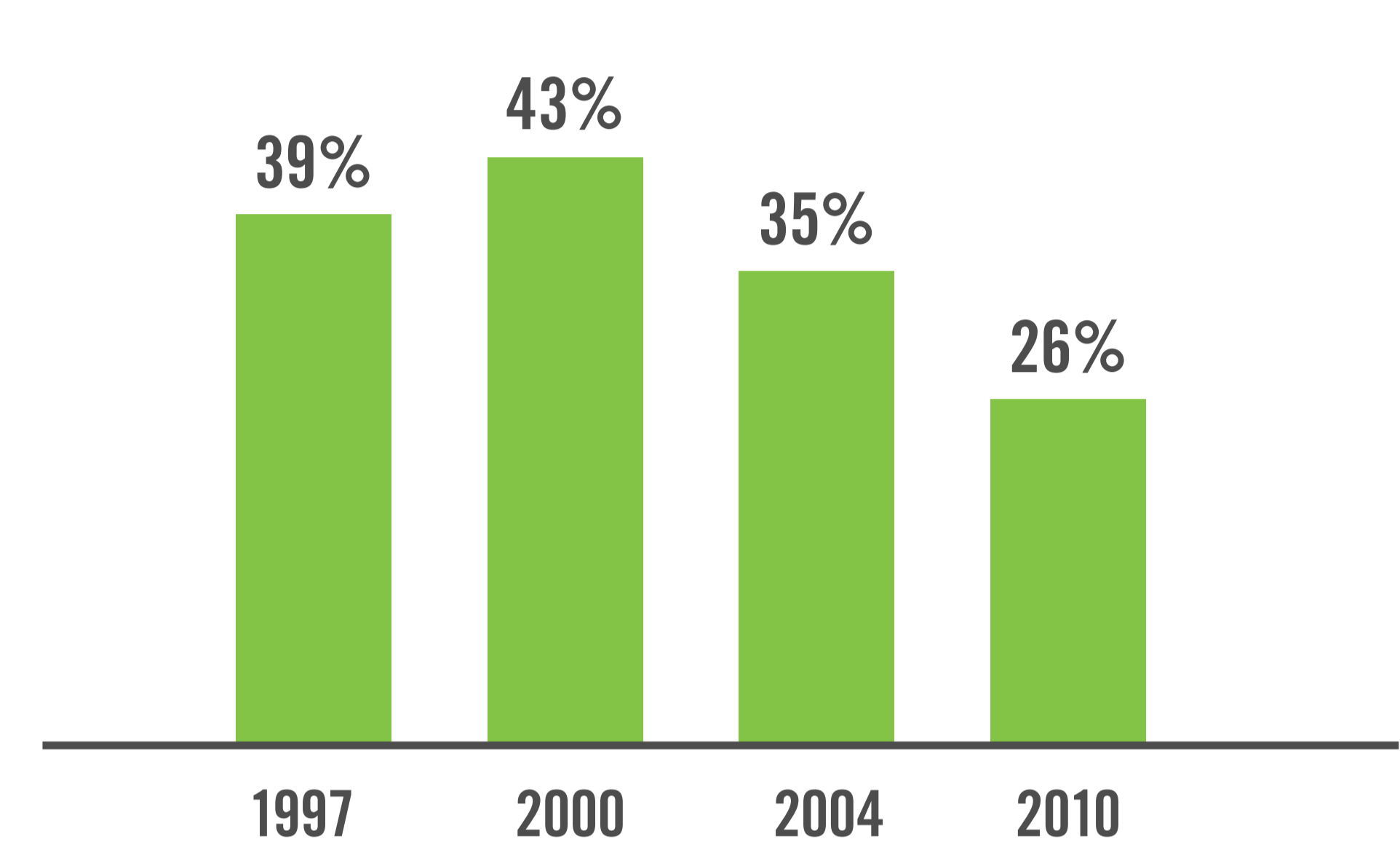
Equatorial Guinea has made progress against stunting since 2000, yet exclusive breastfeeding rates have decreased and child mortality remains high. To realize the full health, social and economic benefits of improved nutrition, Equatorial Guinea should:

- Adopt and implement the International Code of Marketing of Breast-milk Substitutes, including effective monitoring and enforcement mechanisms
- Develop multi-sectoral coordination mechanisms for nutrition and integrate nutrition into national development plans and economic growth strategies
- Finalize and implement a costed nutrition plan, including a separate budget line for nutrition

INFANT AND YOUNG CHILD FEEDING PRACTICES¹

| | |
|---|-----|
| Early initiation of breastfeeding within the first hour | 21% |
| Exclusive breastfeeding of infants under 6 months | 7% |
| Breastfeeding at 1 year | 52% |
| Minimum acceptable diet (6-23 months) | 11% |
| Minimum dietary diversity (6-23 months) | 37% |

PROGRESS AGAINST STUNTING²



CHILD NUTRITION INDICATORS³

6% of children under-five are **underweight**

26% of children under-five are **stunted**

3% of children under-five are **wasted**

13% of children are born with **low birthweight**

Malnutrition has lasting effects on individuals, families and nations⁴

- **NEARLY HALF** of all child deaths are related to poor nutrition
- **10% or more** of a person's lifetime earnings can be lost due to lower productivity, reduced cognitive ability and increased health care costs
- **3% to 16%** of the GDP in African economies is lost due to undernutrition

CHILD MORTALITY⁵

94 deaths per 1,000 live births which puts Equatorial Guinea **seriously off-track** to contribute to reducing under-five mortality to 25 per 1,000 live births (Sustainable Development Goal 3).

MATERNAL NUTRITION AND HEALTH⁶

| | |
|--|-----|
| Women of reproductive age with anaemia | 49% |
| Women of reproductive age, thinness | 3% |
| Women of reproductive age, short stature | 2% |

PROGRESS AGAINST THE WORLD HEALTH ASSEMBLY'S GLOBAL NUTRITION TARGETS 2025⁷

| WHA Global Nutrition Target | 40% reduction in the number of children under-five who are stunted | Reduce and maintain childhood wasting to less than 5% | No increase in childhood overweight | 50% reduction of anaemia in women of reproductive age | Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50% | 30% reduction in low birth weight |
|------------------------------|--|---|-------------------------------------|---|---|-----------------------------------|
| Equatorial Guinea's Progress | Off course, some progress | On course | Off course, some progress | Off course | N/A | N/A |

POLITICAL COMMITMENT FOR NUTRITION

| | |
|--|---------------------------------|
| Maternity Leave | 12 weeks, 75% paid ⁸ |
| International Code of Marketing of Breast-milk Substitutes | N/A ⁹ |
| Multi-Sectoral Nutrition Plan | N/A |
| Costed Nutrition Plan | On course |
| Separate Nutrition Budget | On course |
| SUN Country | No |

IMPROVING NUTRITION STRENGTHENS NATIONS AS A LEADING CONTRIBUTOR TO:¹⁰

- Reducing mortality rates
- Promoting optimal growth and development
- Decreasing the risk of infectious diseases
- Protecting against chronic conditions later in life
- Improving future earning potential

1 UNICEF Infant and Young Child Feeding Database 2016

2 UNICEF/WHO/WB 2015

3 UNICEF State of the World's Children 2016

4 *The Lancet*, the World Bank, The Global Panel on Agriculture and Food Systems for Nutrition

5 UNICEF State of the World's Children 2016

6 DHS 2011

7 Adopted from the Global Nutrition Report 2015. New analysis will be released in 2017

8 ILO Maternity and Paternity at Work 2013

9 WHO National Implementation of the International Code Status Report 2016

10 UNICEF, *The Lancet*