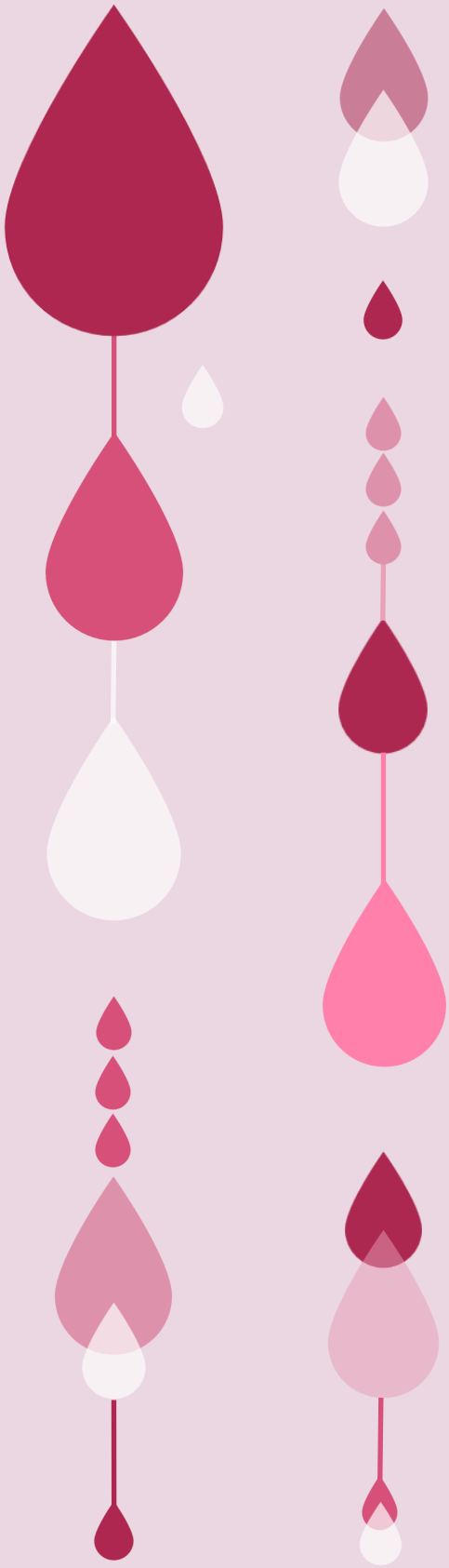


WHO global anaemia estimates

Key findings, 2025

World Health Organization

Introduction

A midwife draws blood from a woman as part of a regular pregnancy exam in Canada, December 2019 © WHO/Christine McNab

Fatigue, lethargy, shortness of breath, dizziness – millions of women go about their daily lives while enduring such debilitating symptoms of anaemia, a condition whereby the numbers of red blood cells are lower than normal, preventing the adequate transport of oxygen to tissues and organs. The determinants of anaemia are multi-faceted and context-specific, ranging from nutritional deficiencies, chronic diseases, inflammation, infections, gynaecological and obstetric conditions, and inherited red blood cell disorders. Beyond physiological causes, broader pathways such as socioeconomic status, gender inequality, educational and geographic disparities play a fundamental role in the aetiology of anaemia, thus presenting a complex challenge to treat and prevent the condition *(1)*.

Anaemia leads to poorer health, well-being and productivity, ultimately costing societies with socio-economic losses. Women of reproductive age are particularly vulnerable to blood loss due to menstruation and pregnancy, the latter being a critical period for both the mother and foetus. Anaemia during pregnancy increases a mother's risk of developing obstetric complications, maternal and perinatal mortality, and adverse birth outcomes such as miscarriage and low birthweight. Their babies face poor cognitive and motor development during growth and development *(2)*. This vicious intergenerational cycle warrants the attention of leaders and stakeholders to make an effort to reduce this global public health issue.

The World Health Organization (WHO) updates global, regional and country-specific estimates on the prevalence of anaemia among women aged 15-49 years every three to five years. These estimates are important for understanding the burden of anaemia, planning of public health interventions, and improving clinical care. The 2025 edition focuses on estimates for women aged 15-49 years and supersedes previous editions. The most recent estimates in children are those from the 2019 edition.

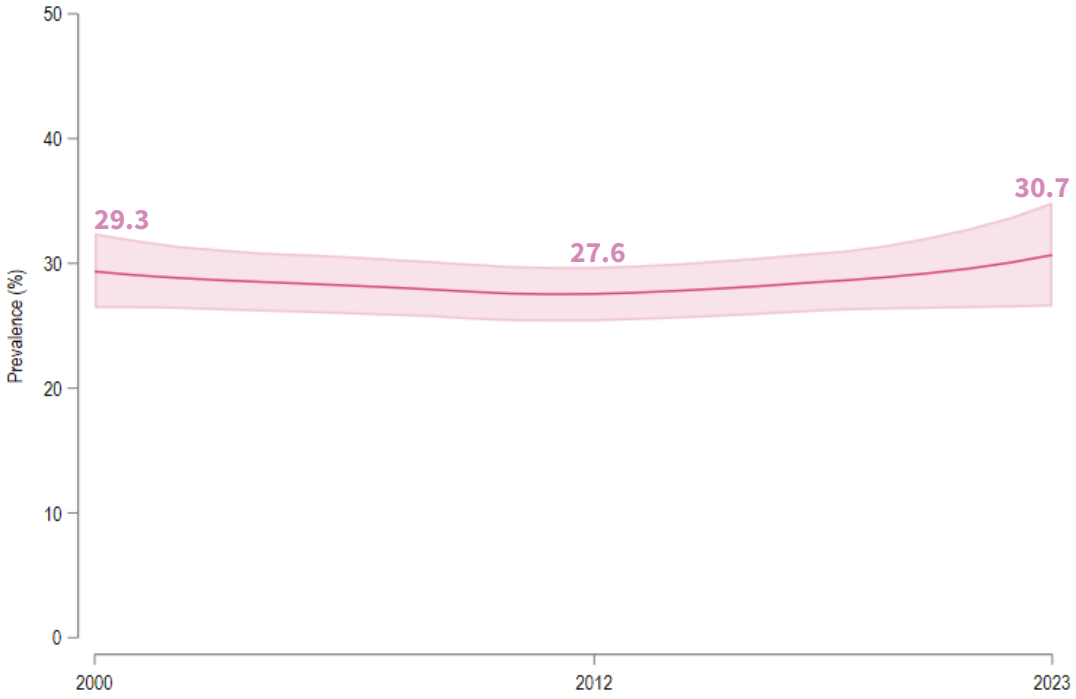
The 2025 edition considers factors like the type of blood sample and the equipment used to assess haemoglobin concentrations, based on the latest evidence on variability in measurement errors influencing accuracy and precision estimates. This update is based on a thorough search for complete information on analytical methods. Surveys were included when complete analytical methods were reported, while surveys that lacked this information were not included. Estimates, therefore, may not fully reflect variations across all countries and regions. To enhance the accuracy of the estimates, consultations with WHO Member States were conducted to identify more data sources and methods.

This brief provides a snapshot of the latest situation of anaemia among women at country, regional and global levels, and progress towards the achievement of the global anaemia target by 2030, in tandem with the Sustainable Development Goals. This edition highlights that anaemia in women remains a significant issue and more targeted efforts to alleviate their chronic suffering is urgent. Not addressing this global challenge could continue to harm national economies and social development. Key interventions include routine screening of young children and pregnant women for anaemia, prevention and treatment of micronutrient deficiencies and infectious diseases, management of gynaecological and obstetric conditions, family planning, and enhancement of screening and management of inherited red blood cell disorders in areas where these are prevalent *(1)*.

Global overview

Global progress to reduce anaemia prevalence in women of reproductive age has been stagnant over the last two decades (Figure 1).

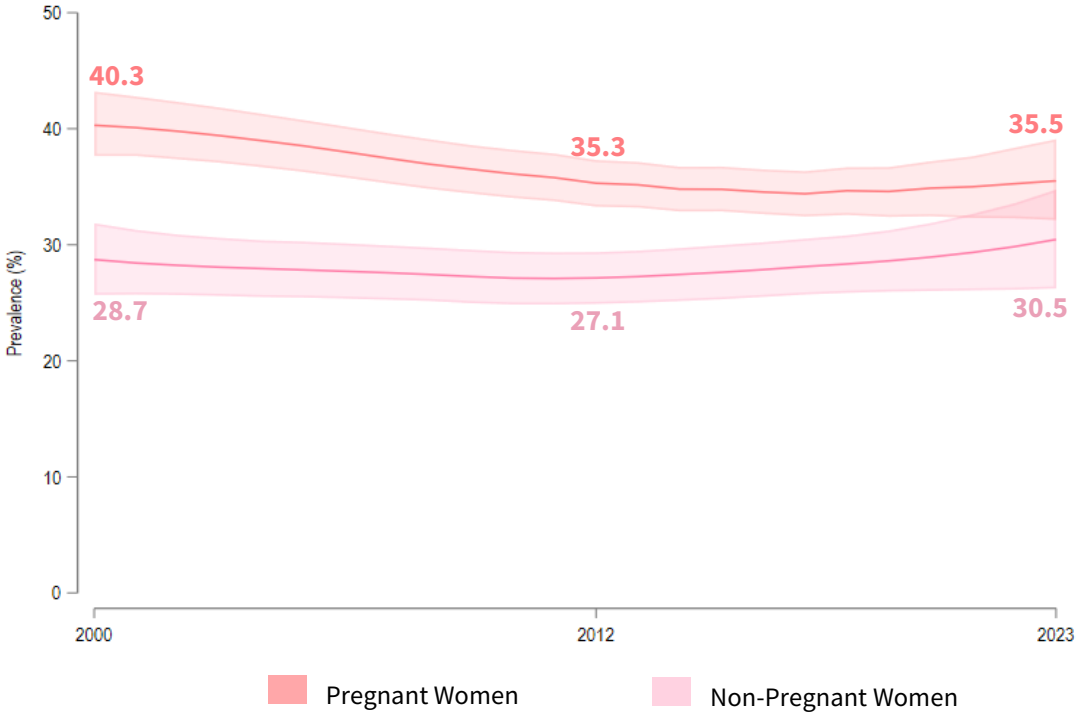
Figure 1. Prevalence of anaemia in women of reproductive age (15-49 years), 2000 to 2023, globally



Source: WHO global anaemia estimates: key findings, 2025.

Since 2012, prevalence in non -pregnant women appears to be increasing (Figure 2).

Figure 2. Prevalence of anaemia in pregnant and non-pregnant women (age 15-49 years), 2000 to 2023, globally



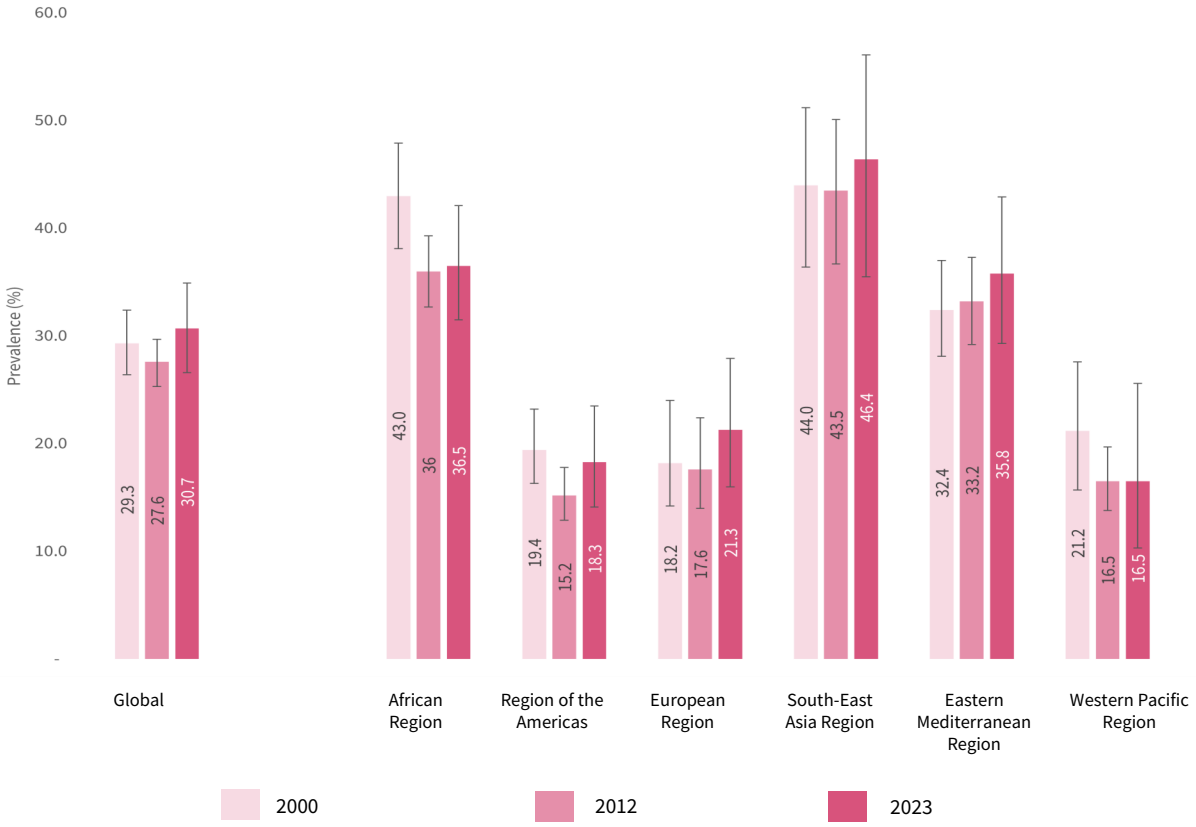
Source: WHO global anaemia estimates: key findings, 2025.

Global and regional trends

Women of reproductive age (15-49 years)

Over the last decade, nearly **4 in 10** women in Africa and the Eastern Mediterranean region were affected with anaemia (Figure 3 and Table 1).

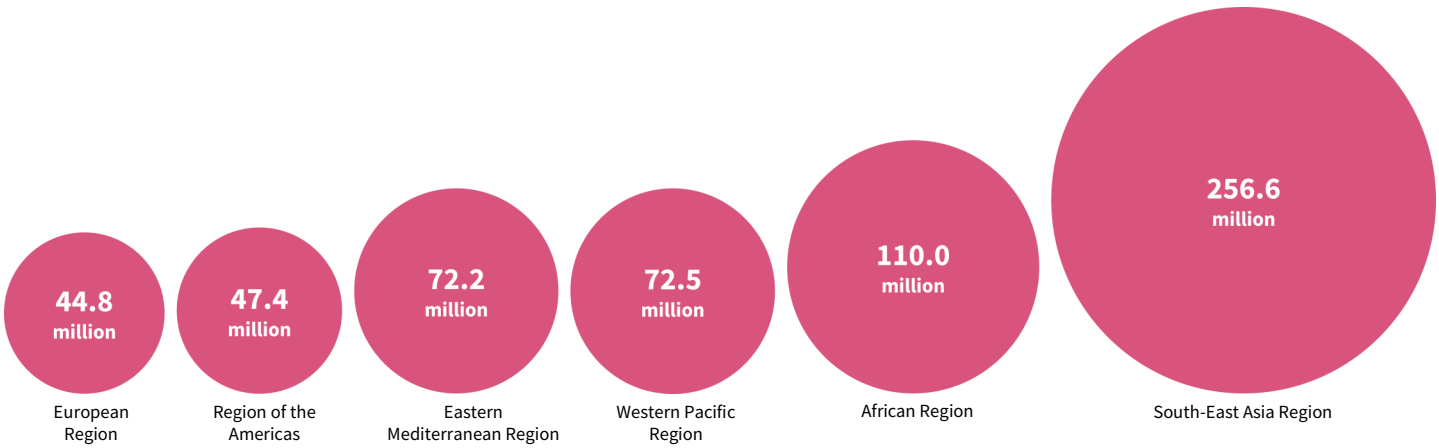
Figure 3. Prevalence of anaemia in women of reproductive age (15-49 years), 2000, 2012 and 2023, by WHO region



Source: WHO global anaemia estimates: key findings, 2025.

Women with anaemia in the WHO African and South-East Asia regions together account for more than **60% of the global burden among** women of reproductive age (Figure 4 and Table 2).

Figure 4. Number of women of reproductive age (15-49 years) with anaemia in 2023, by WHO region

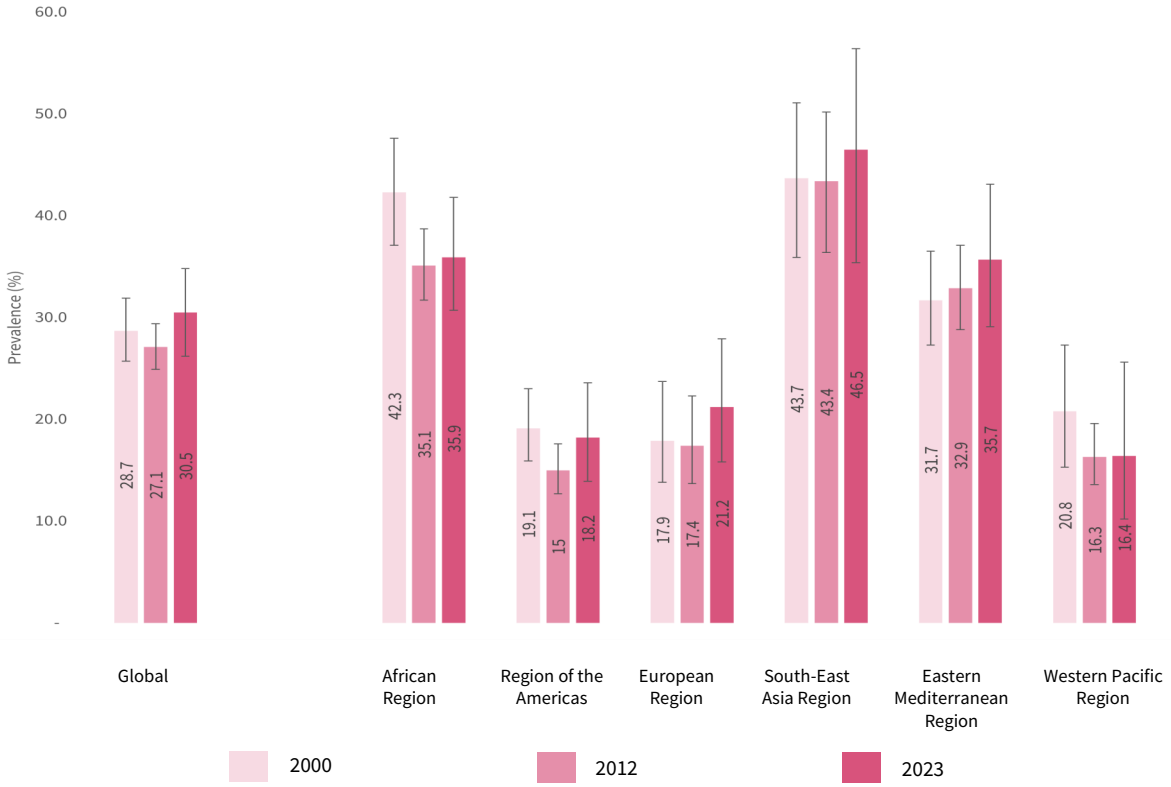


Source: WHO global anaemia estimates: key findings, 2025.

Non-pregnant women (age 15-49 years)

No region has shown progress in reducing anaemia in non-pregnant women (Figure 5 and Table 1).

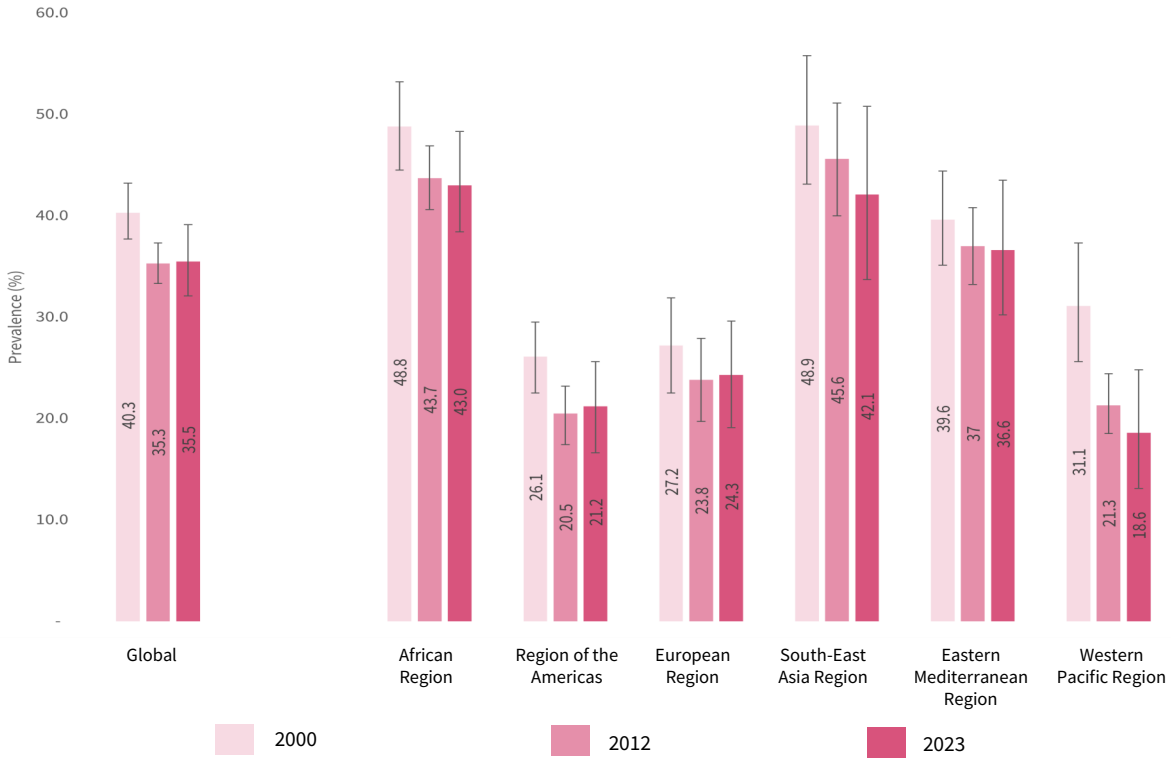
Figure 5. Prevalence of anaemia in non-pregnant women (age 15-49 years), 2000, 2012 and 2023 by WHO region



Source: WHO global anaemia estimates: key findings, 2025

Pregnant women (age 15-49 years)

Figure 6. Prevalence of anaemia in pregnant women (age 15-49 years), 2000, 2012 and 2023 by WHO region



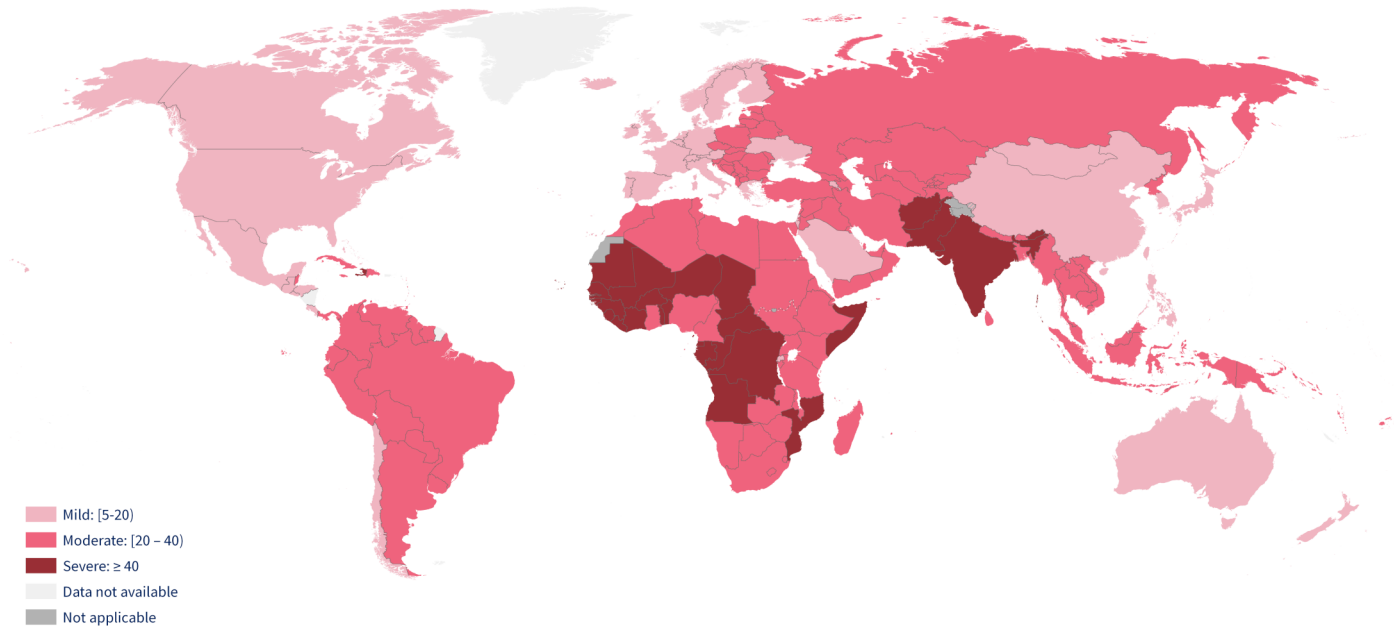
Source: WHO global anaemia estimates: key findings, 2025.

Country overview

Women of reproductive age (15-49 years)

75% of countries have a moderate or severe anaemia burden among women of reproductive age (Figure 7).

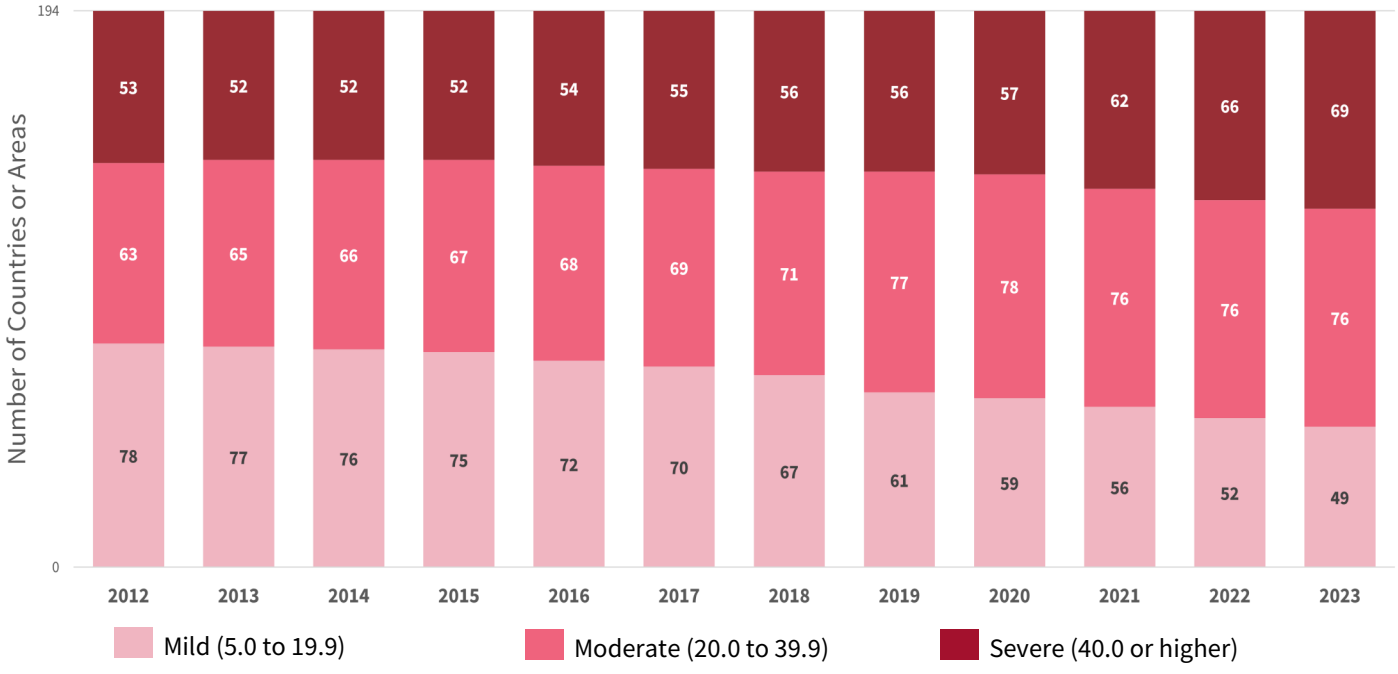
Figure 7. Prevalence of anaemia in women of reproductive age (15-49 years) in 2023, by country or territory



Source: WHO global anaemia estimates: key findings, 2025.
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lined on the on maps represent approximate border lies for which there may not yet be full agreement.

The severity of the public health burden of anaemia has been **increasing in most countries** since 2012 (Figure 8).

Figure 8. Number of countries or areas with prevalence categorized by public health significance for women of reproductive age (15-49 Years) from 2012 to 2023

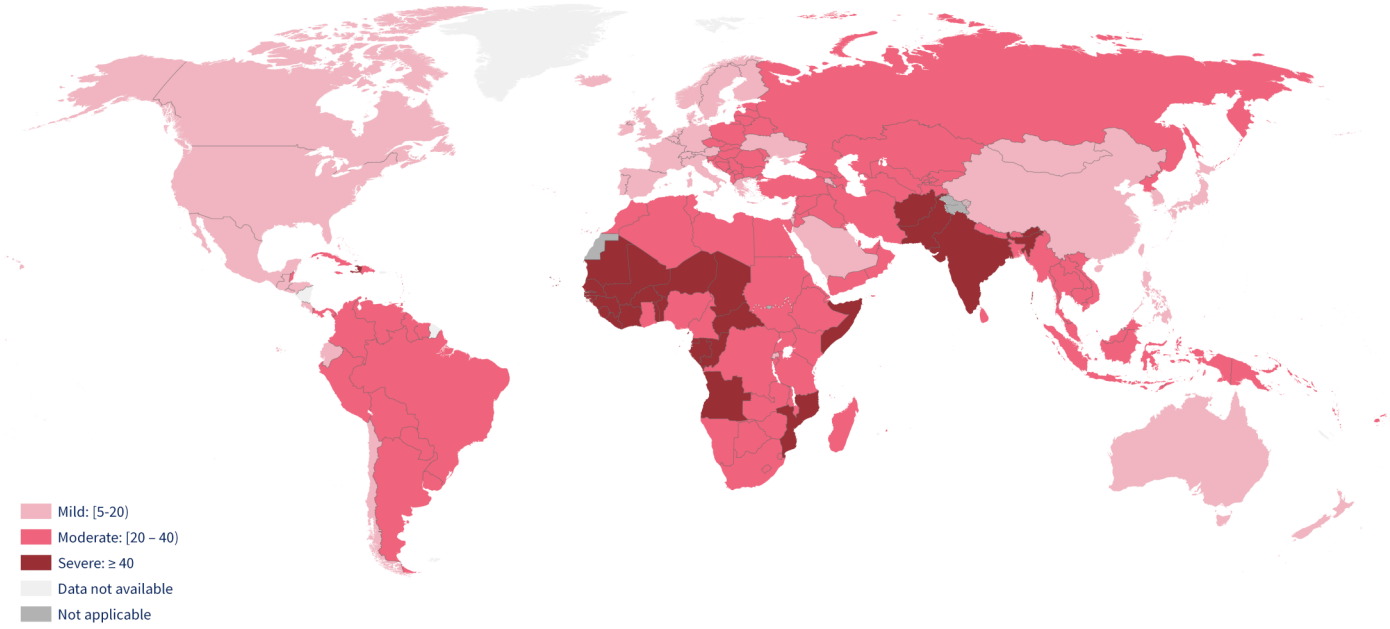


Source: WHO global anaemia estimates: key findings, 2025.
For information about categories of public health significance, see Methodology section.

Non-pregnant women (age 15-49 years)

In **3 out of 4 countries**, anaemia prevalence in non-pregnant women **is higher than 20%** (Figure 9).

Figure 9. Prevalence of anaemia in non-pregnant women (age 15-49 years) in 2023, by country or territory



Source: WHO global anaemia estimates: key findings, 2025.
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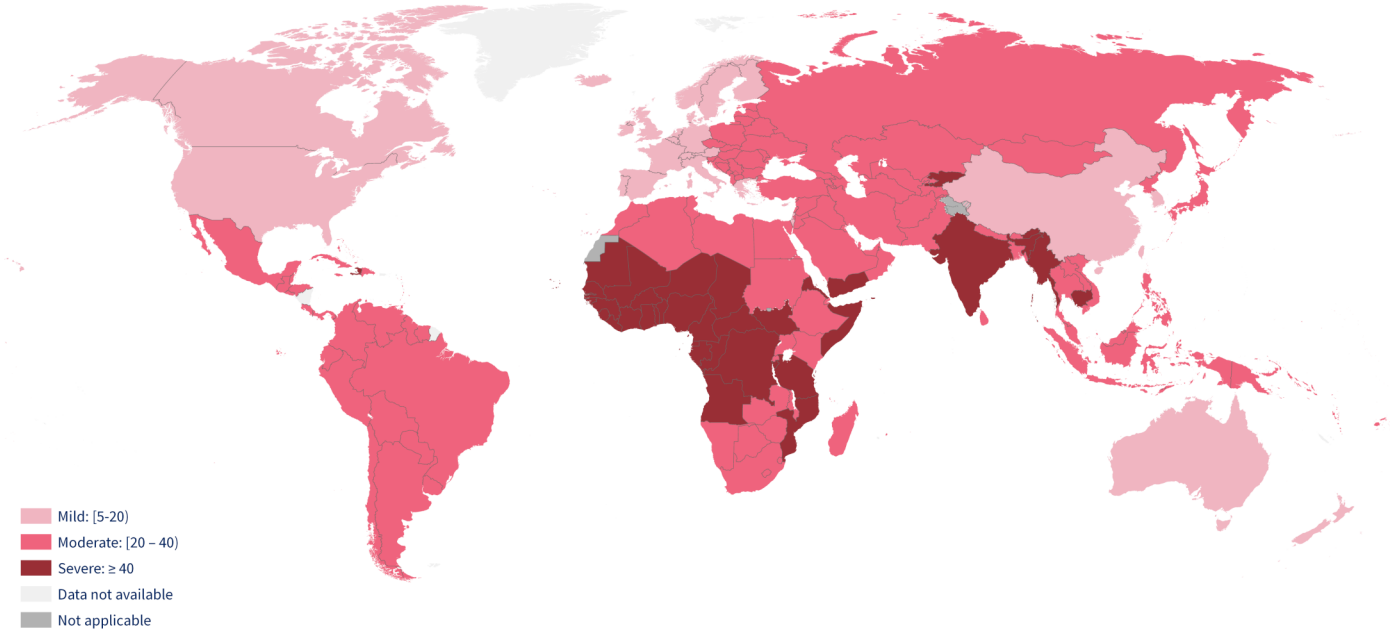
Pregnant women (age 15-49 years)

80% of countries have a moderate to severe burden of anaemia among pregnant women (Figure 10).

Figure 10. Prevalence of anaemia in pregnant women (age 15-49 years) in 2023, by country or territory



Source: WHO global anaemia estimates: key findings, 2025.
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lined on the on maps represent approximate border lies for which there may not yet be full agreement.

Progress towards global targets

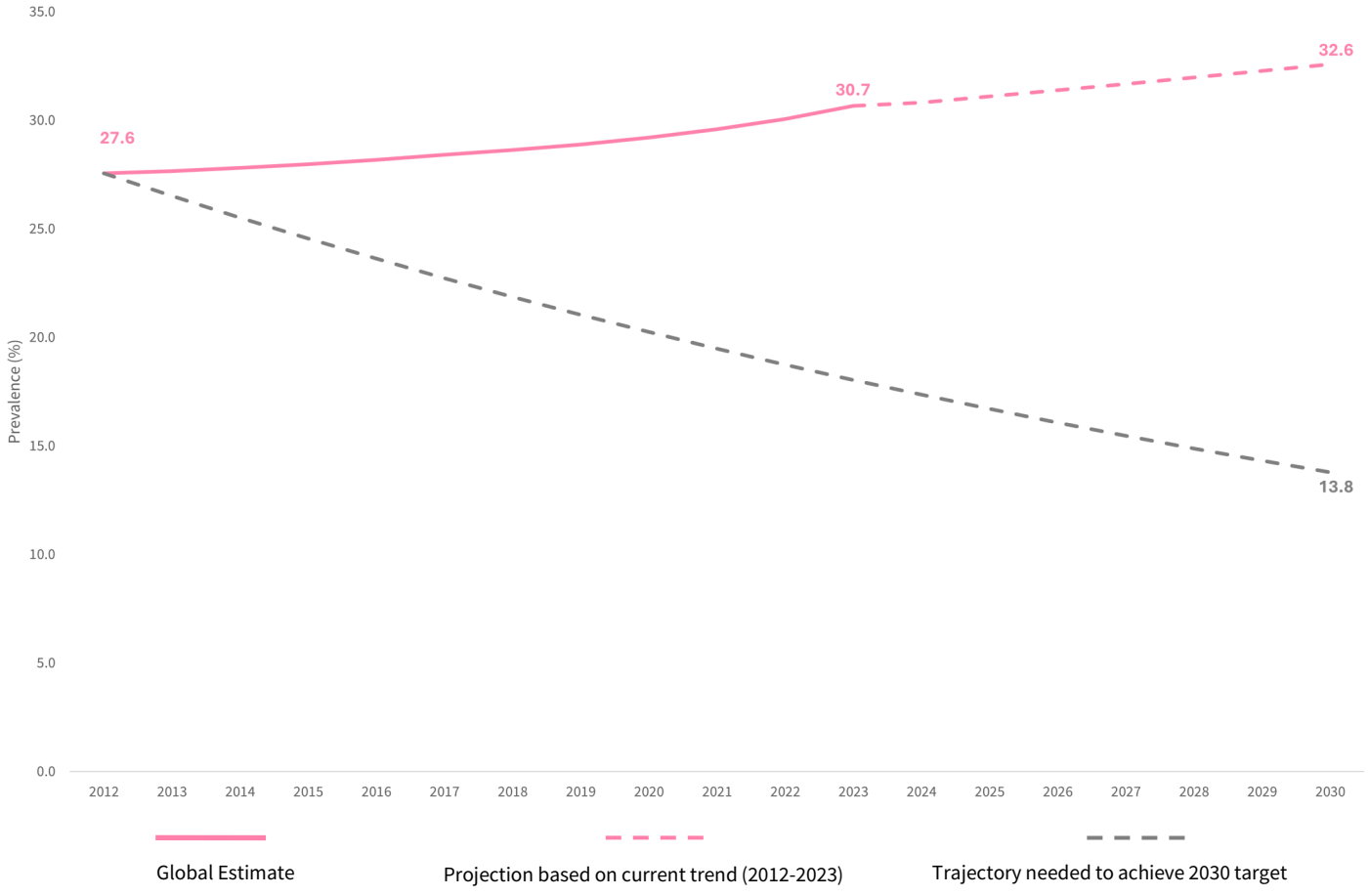
Six global nutrition targets were established at the 65th World Health Assembly and articulated in Resolution 65.6, namely, childhood stunting, overweight, wasting, low birthweight, anaemia, and breastfeeding. Member States have committed to monitor their national progress towards the achievement of these targets by 2025, guided by a global accountability framework envisioned in the *Comprehensive implementation plan on maternal, infant and young child nutrition (MIYCN).* The global target for anaemia focuses on women of reproductive age, where the goal is to reduce the prevalence of anaemia in this population group by 50% from baseline (2012).

2030 Target: Achieve a 50% reduction in anaemia in women of reproductive age

The global nutrition targets have been extended to 2030 in alignment with the Sustainable Development Goals (SDGs) that are enshrined in the 2030 Agenda for Sustainable Development. In SDG 2.2 (End all forms of malnutrition), WHO is the key data custodian for Target 2.2.3 – *Prevalence of anaemia in women aged 15 to 49 years, by pregnancy status (percentage)* – and closely monitors this indicator. Current trends and future projections point to insufficient global, regional and country progress to reach the 2030 global anaemia target. Member States must continue to invest in resources to achieve the global anaemia target and attain the SDG 2.2.3 targets in the next five years.

The world is **off track** to achieve the 2030 global nutrition target for anaemia (Figure 11).

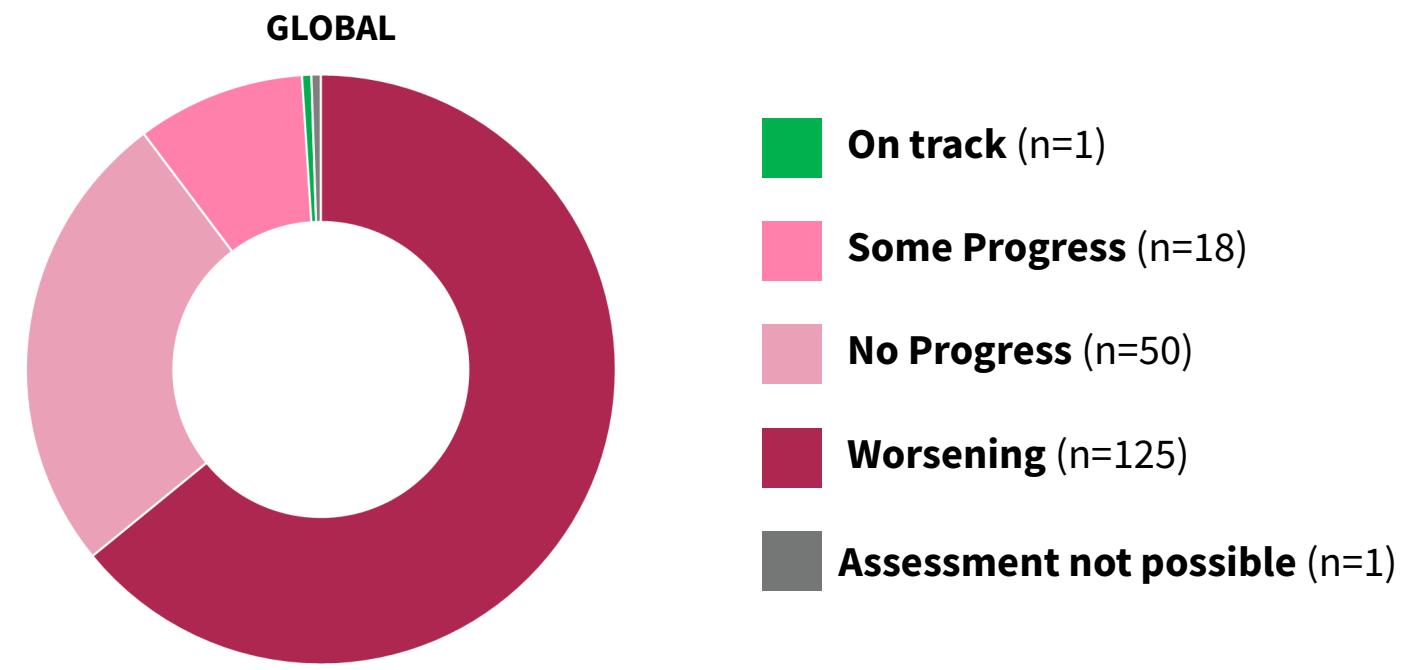
Figure 11. **Prevalence of anaemia in women of reproductive age (15-49 years), 2012 to 2030, globally**



Source: WHO global anaemia estimates: key findings, 2025.
For information about projection methodology and the global targets, see Methodology section.

Only **one country** is on track to achieve the 2030 global nutrition target for anaemia (Figure 12).

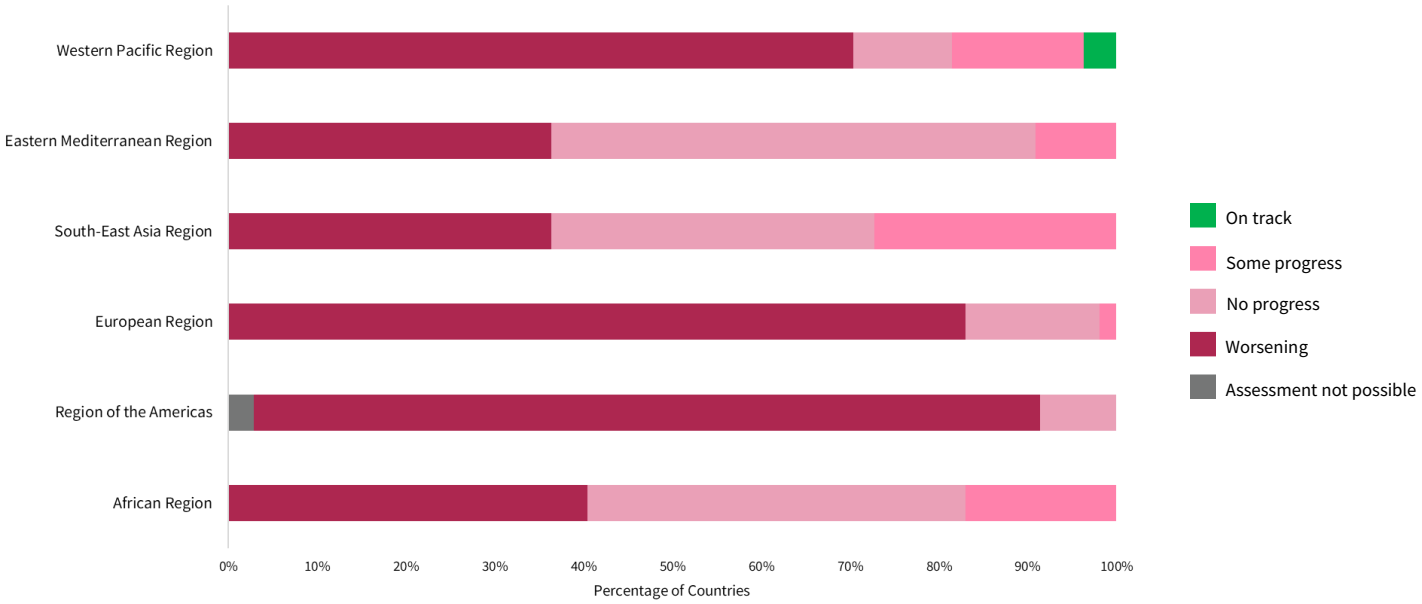
Figure 12. Prevalence of anaemia in women of reproductive age (15-49 years), 2000 to 2023, globally



Source: WHO global anaemia estimates: key findings, 2025.
For information about the global targets, see Methodology section.

In all WHO regions, most countries have shown **no progress** or are **worsening** (Figure 13).

Figure 13. Prevalence of anaemia in women of reproductive age (15-49 years), 2000 to 2023, by WHO region



Source: WHO global anaemia estimates: key findings, 2025.
For information about the global targets, see Methodology section.

Prevalence estimates

Table 1. **Anaemia prevalence (%) in women aged 15-49 years by region, for 2000, 2012 and 2023**

	Women of reproductive age (15-49 years)			Non-pregnant Women (age 15-49 years)			Pregnant Women (age 15-49 years)		
	2000	2012	2023	2000	2012	2023	2000	2012	2023
World	29.3 [26.4-32.4]	27.6 [25.3-29.7]	30.7 [26.6-34.9]	28.7 [25.7-31.9]	27.1 [24.9-29.4]	30.5 [26.2-34.8]	40.3 [37.7-43.2]	35.3 [33.3-37.3]	35.5 [32.1-39.1]
WHO regions									
African Region	43.0 [38.1-47.9]	36.0 [32.7-39.3]	36.5 [31.5-42.1]	42.3 [37.1-47.6]	35.1 [31.7-38.7]	35.9 [30.7-41.8]	48.8 [44.5-53.2]	43.7 [40.6-46.9]	43.0 [38.4-48.3]
Region of the Americas	19.4 [16.3-23.2]	15.2 [12.9-17.8]	18.3 [14.1-23.5]	19.1 [15.9-23.0]	15.0 [12.7-17.6]	18.2 [13.9-23.6]	26.1 [22.5-29.5]	20.5 [17.4-23.2]	21.2 [16.6-25.6]
European Region	18.2 [14.2-24.0]	17.6 [14.0-22.4]	21.3 [16.0-27.9]	17.9 [13.8-23.7]	17.4 [13.7-22.3]	21.2 [15.8-27.9]	27.2 [22.5-31.9]	23.8 [19.7-27.9]	24.3 [19.1-29.6]
South-East Asia Region	44.0 [36.4-51.2]	43.5 [36.7-50.1]	46.4 [35.5-56.1]	43.7 [35.9-51.1]	43.4 [36.4-50.2]	46.5 [35.4-56.4]	48.9 [43.1-55.8]	45.6 [40.0-51.1]	42.1 [33.7-50.8]
Eastern Mediterranean Region	32.4 [28.1-37.0]	33.2 [29.2-37.3]	35.8 [29.3-42.9]	31.7 [27.3-36.5]	32.9 [28.8-37.1]	35.7 [29.1-43.1]	39.6 [35.1-44.4]	37.0 [33.2-40.8]	36.6 [30.2-43.5]
Western Pacific Region	21.2 [15.7-27.6]	16.5 [13.8-19.7]	16.5 [10.3-25.6]	20.8 [15.3-27.3]	16.3 [13.6-19.6]	16.4 [10.2-25.6]	31.1 [25.6-37.3]	21.3 [18.5-24.4]	18.6 [13.1-24.8]
United Nations regions									
Africa	41.2 [37.0-45.5]	34.9 [31.9-38.0]	35.9 [31.2-41.1]	40.6 [36.1-45.2]	34.1 [30.9-37.3]	35.3 [30.4-40.7]	47.1 [43.3-51.1]	42.4 [39.5-45.3]	42.5 [38.1-47.3]
Eastern Africa	34.6 [28.9-41.0]	27.3 [23.5-31.6]	31.4 [24.8-39.4]	33.6 [27.6-40.4]	26.3 [22.3-30.7]	30.8 [24.0-39.1]	42.1 [36.8-47.5]	36.7 [32.5-40.6]	37.9 [31.1-45.1]
Middle Africa	52.9 [43.6-61.1]	44.1 [38.3-50.2]	41.7 [30.4-53.9]	53.0 [42.7-62.1]	43.8 [37.5-50.4]	41.2 [29.4-54.2]	52.1 [44.9-60.4]	46.4 [41.6-51.7]	45.6 [36.9-56.2]
Northern Africa	33.6 [27.0-41.2]	29.5 [23.2-36.7]	32.0 [23.0-41.8]	33.5 [26.7-41.5]	29.3 [22.8-36.8]	31.7 [22.6-41.8]	35.3 [29.5-42.1]	32.5 [26.5-39.1]	36.2 [27.6-45.9]
Southern Africa	32.7 [22.4-45.6]	26.0 [20.5-32.0]	31.0 [17.1-49.2]	32.7 [21.9-46.0]	25.9 [20.2-32.1]	31.1 [16.9-49.8]	33.3 [23.3-43.7]	28.8 [21.5-35.3]	29.6 [17.5-41.6]
Western Africa	52.0 [42.4-61.3]	45.2 [38.3-52.5]	41.9 [34.6-50.5]	51.3 [40.9-61.5]	44.4 [37.2-52.0]	41.1 [33.7-50.0]	57.1 [48.8-65.3]	51.9 [45.7-58.5]	49.4 [42.8-57.5]
Asia	32.1 [27.8-36.6]	30.6 [27.4-33.8]	33.6 [27.3-39.7]	31.5 [27.2-36.1]	30.3 [27.0-33.6]	33.5 [27.1-39.8]	42.0 [38.1-46.2]	36.0 [33.1-39.0]	35.2 [29.9-40.7]
Central Asia	39.8 [33.2-46.6]	32.3 [26.7-38.7]	32.0 [22.9-43.4]	39.8 [33.0-46.8]	32.1 [26.3-38.8]	31.7 [22.2-43.5]	39.7 [34.5-45.1]	34.9 [29.7-40.3]	36.0 [26.9-46.3]
Eastern Asia	20.6 [14.4-27.9]	15.9 [12.8-19.5]	16.0 [8.8-26.5]	20.3 [14.1-27.7]	15.8 [12.7-19.5]	16.0 [8.8-26.6]	29.0 [22.3-36.4]	18.9 [15.5-22.7]	15.4 [9.0-23.3]
South-eastern Asia	29.9 [25.2-35.4]	26.0 [21.3-31.5]	24.2 [16.4-34.4]	29.3 [24.4-35.0]	25.7 [20.9-31.3]	24.1 [16.1-34.4]	40.6 [34.5-46.7]	32.9 [27.4-38.3]	28.1 [20.0-36.4]
Southern Asia	45.4 [37.1-53.2]	45.9 [38.8-52.7]	49.3 [37.7-59.4]	45.1 [36.5-53.2]	45.9 [38.6-52.9]	49.6 [37.8-59.9]	49.2 [43.4-56.1]	46.6 [41.2-52.0]	42.8 [34.2-51.5]
Western Asia	31.4 [23.3-41.6]	28.0 [21.7-36.3]	28.7 [20.6-38.9]	31.1 [22.8-41.8]	27.7 [21.3-36.4]	28.4 [20.2-39.0]	35.2 [28.9-42.1]	31.5 [26.2-37.4]	33.1 [25.0-41.6]
Latin America and the Caribbean	26.1 [21.3-31.8]	17.7 [14.3-21.5]	19.9 [14.3-27.5]	25.8 [20.9-31.7]	17.4 [14.0-21.3]	19.7 [14.0-27.5]	31.2 [26.8-35.8]	24.2 [20.3-27.7]	25.8 [19.9-30.8]
Caribbean	31.9 [24.8-40.7]	24.6 [19.2-31.5]	29.1 [20.1-40.0]	31.5 [24.1-40.4]	24.2 [18.7-31.3]	28.9 [19.7-39.9]	40.6 [33.5-48.2]	33.7 [27.2-40.1]	34.4 [26.1-43.2]
Central America	19.4 [15.5-24.6]	10.6 [7.5-15.0]	13.8 [9.7-19.2]	18.8 [14.7-24.2]	10.0 [6.9-14.5]	13.3 [9.1-18.9]	29.2 [24.6-33.7]	21.9 [16.8-26.5]	25.0 [18.1-30.9]
South America	28.0 [21.6-35.9]	20.0 [15.3-25.0]	21.8 [14.2-32.4]	27.8 [21.3-35.9]	19.8 [15.1-25.0]	21.7 [13.9-32.4]	31.2 [25.1-37.5]	24.3 [19.3-28.6]	25.2 [17.7-31.8]
Europe	14.8 [10.5-21.1]	14.5 [10.7-20.0]	18.6 [12.8-26.2]	14.6 [10.2-21.0]	14.4 [10.4-19.9]	18.6 [12.6-26.3]	23.5 [17.7-29.1]	20.2 [15.1-25.3]	19.4 [13.2-25.8]
Eastern Europe	19.5 [10.8-33.0]	19.0 [11.2-30.7]	23.5 [12.3-39.8]	19.3 [10.5-33.0]	18.8 [10.9-30.8]	23.4 [12.1-40.0]	28.5 [18.5-38.5]	24.5 [14.9-32.4]	24.8 [14.6-33.8]
Northern Europe	11.3 [9.3-13.8]	11.6 [9.7-14.1]	14.8 [9.7-20.7]	11.0 [9.0-13.6]	11.4 [9.5-13.9]	14.7 [9.7-20.8]	20.8 [12.9-28.3]	17.1 [10.1-24.5]	15.3 [7.2-25.6]
Southern Europe	13.3 [8.5-20.9]	13.3 [8.6-20.5]	17.2 [10.2-28.3]	13.1 [8.2-20.8]	13.1 [8.3-20.4]	17.2 [10.1-28.4]	22.4 [14.5-30.9]	18.8 [12.0-27.2]	18.2 [9.9-28.9]
Western Europe	9.3[6.2-13.4]	9.5 [6.5-13.3]	14.2 [8.1-22.3]	9.0 [5.8-13.2]	9.3 [6.3-13.2]	14.2 [8.0-22.4]	19.0 [11.0-26.8]	15.5 [9.2-22.9]	15.2 [7.0-25.6]
Australia and New Zealand	8.3 [4.7-15.1]	7.4 [5.5-10.1]	11.3 [5.2-21.0]	8.0 [4.2-14.8]	7.1 [5.2-9.9]	11.2 [5.0-21.0]	19.1 [9.0-29.2]	15.4 [7.1-24.6]	13.8 [4.5-27.2]
Northern America	7.9 [5.9-10.4]	10.3 [8.6-12.3]	14.9 [10.3-20.3]	7.7 [5.8-10.3]	10.3 [8.6-12.3]	15.0 [10.4-20.5]	12.1 [8.2-16.2]	11.2 [8.3-14.5]	10.7 [5.4-18.2]
Oceania excluding Australia and New Zealand	27.1 [18.8-38.9]	25.4 [16.8-37.5]	28.8 [12.7-52.4]	26.3 [17.7-38.5]	25.0 [16.1-37.4]	28.7 [12.1-53.2]	36.1 [22.1-50.6]	31.6 [17.6-46.1]	31.0 [12.2-51.7]
SDG regions									
Australia and New Zealand	8.3 [4.7-15.1]	7.4 [5.5-10.1]	11.3 [5.2-21.0]	8.0 [4.2-14.8]	7.1 [5.2-9.9]	11.2 [5.0-21.0]	19.1 [9.0-29.2]	15.4 [7.1-24.6]	13.8 [4.5-27.2]
Central Asia and Southern Asia	45.2 [37.2-52.7]	45.4 [38.5-52.0]	48.7 [37.5-58.4]	44.9 [36.6-52.7]	45.4 [38.3-52.2]	49.0 [37.6-58.9]	49.0 [43.3-55.7]	46.2 [40.9-51.4]	42.5 [34.4-50.9]
Eastern Asia and South-eastern Asia	23.0 [18.1-28.7]	18.8 [16.1-21.9]	18.7 [12.6-26.8]	22.6 [17.7-28.4]	18.6 [15.9-21.7]	18.7 [12.5-26.8]	33.2 [28.2-38.7]	24.0 [20.9-27.2]	21.8 [15.8-28.1]
Latin America and the Caribbean	26.1 [21.3-31.8]	17.7 [14.3-21.5]	19.9 [14.3-27.5]	25.8 [20.9-31.7]	17.4 [14.0-21.3]	19.7 [14.0-27.5]	31.2 [26.8-35.8]	24.2 [20.3-27.7]	25.8 [19.9-30.8]
Northern America and Europe	12.7 [9.6-17.2]	13.2 [10.5-16.9]	17.3 [13.1-22.7]	12.5 [9.3-17.1]	13.1 [10.3-16.9]	17.4 [13.1-22.8]	19.3 [15.0-23.3]	17.1 [13.4-20.6]	16.0 [11.2-21.5]
Western Asia and Northern Africa	32.5 [26.6-39.3]	28.7 [23.7-34.9]	30.2 [23.2-38.3]	32.3 [26.3-39.3]	28.5 [23.4-34.9]	30.0 [22.8-38.2]	35.2 [30.3-40.5]	32.0 [27.6-37.0]	34.6 [27.9-41.9]
Sub-Saharan Africa	43.5 [38.5-48.4]	36.3 [33.0-39.8]	36.8 [31.8-42.6]	42.8 [37.4-48.1]	35.4 [32.0-39.0]	36.2 [31.0-42.2]	49.1 [44.8-53.6]	44.1 [41.0-47.3]	43.4 [38.7-48.7]
Oceania excluding Australia and New Zealand	27.1 [18.8-38.9]	25.4 [16.8-37.5]	28.8 [12.7-52.4]	26.3 [17.7-38.5]	25.0 [16.1-37.4]	28.7 [12.1-53.2]	36.1 [22.1-50.6]	31.6 [17.6-46.1]	31.0 [12.2-51.7]
World Bank Income groups (Fiscal Year 2025)									
Low Income	39.6 [34.9-44.7]	33.2 [29.9-36.9]	35.7 [29.9-42.4]	39.0 [33.9-44.3]	32.5 [28.9-36.4]	35.1 [29.1-42.1]	44.5 [40.4-49.0]	40.0 [37.0-43.1]	41.1 [35.8-47.2]
Middle Income	32.7 [29.0-36.6]	30.1 [27.4-32.9]	32.8 [27.8-37.9]	32.1 [28.3-36.1]	29.8 [27.0-32.6]	32.7 [27.6-37.9]	42.3 [39.1-45.9]	36.8 [34.3-39.3]	36.5 [32.5-40.8]
Lower-middle income	43.8 [37.8-49.5]	42.0 [37.0-47.0]	43.8 [35.9-50.7]	43.4 [37.1-49.3]	41.8 [36.6-46.9]	43.9 [35.7-51.0]	49.2 [44.8-54.0]	45.3 [41.6-49.0]	42.4 [36.9-47.9]
Upper-middle income	23.7 [19.5-28.6]	19.0 [16.6-21.7]	20.1 [15.1-26.7]	23.4 [19.2-28.4]	18.8 [16.4-21.6]	20.0 [14.9-26.7]	31.2 [27.3-35.5]	23.4 [20.9-26.0]	23.6 [19.4-28.2]
Low and Middle Income	33.2 [29.6-36.8]	30.4 [27.8-32.9]	33.1 [28.4-37.9]	32.6 [28.9-36.4]	30.0 [27.3-32.6]	32.9 [28.1-37.8]	42.6 [39.7-45.8]	37.3 [35.1-39.5]	37.5 [33.8-41.4]
High Income	14.0 [11.5-17.5]	14.1 [11.9-17.1]	17.4 [13.7-21.9]	13.8 [11.2-17.4]	13.9 [11.7-17.0]	17.4 [13.7-21.9]	21.0 [17.0-25.2]	18.3 [14.9-21.8]	16.8 [12.3-22.0]

Source: WHO global anaemia estimates: key findings, 2025.

Estimated numbers

Table 2. Number of women aged 15-49 years affected by anaemia (in millions) by region, for 2000, 2012 and 2023

	Women of reproductive age (15-49 years) (millions)			Non-pregnant Women (age 15-49 years) (millions)			Pregnant Women (age 15-49 years) (millions)		
	2000	2012	2023	2000	2012	2023	2000	2012	2023
World	464.3 [417.6-512.7]	505.7 [465.2-545.5]	604.8 [523.7-688.2]	429.9 [384.4-476.8]	473.5 [434.5-512.2]	575.6 [495.9-656.9]	34.4 [32.1-36.8]	32.2 [30.4-34.0]	29.2 [26.4-32.2]
WHO regions									
African Region	68.1 [60.4-75.8]	79.6 [72.4-87.0]	110.0 [94.9-127.1]	59.6 [52.2-67.1]	69.9 [63.1-77.0]	99.1 [84.9-115.5]	8.5 [7.8-9.3]	9.7 [9.0-10.4]	10.9 [9.7-12.2]
Region of the Americas	42.3 [35.4-50.5]	37.1 [31.5-43.3]	47.4 [36.7-61.1]	39.7 [33.0-47.8]	35.2 [29.7-41.3]	45.6 [35.0-59.2]	2.6 [2.2-2.9]	1.9 [1.6-2.2]	1.8 [1.4-2.1]
European Region	40.5 [31.5-53.4]	38.9 [30.8-49.4]	44.8 [33.7-58.7]	38.8 [29.9-51.4]	37.2 [29.2-47.5]	43.4 [32.3-57.1]	1.7 [1.4-2.0]	1.7 [1.4-2.0]	1.5 [1.1-1.8]
South-East Asia Region	176.6 [146.3-205.4]	213.2 [179.9-245.5]	256.6 [196.2-310.2]	163.8 [134.7-191.8]	202.4 [169.9-234.0]	247.7 [188.2-300.3]	12.8 [11.3-14.6]	10.8 [9.5-12.2]	8.9 [7.1-10.7]
Eastern Mediterranean Region	38.1 [33.1-43.6]	54.6 [48.1-61.4]	72.2 [59.1-86.6]	34.2 [29.5-39.4]	50.2 [43.9-56.7]	67.7 [55.1-81.6]	3.9 [3.4-4.3]	4.5 [4.0-4.9]	4.5 [3.7-5.4]
Western Pacific Region	97.0 [71.7-126.2]	80.7 [67.4-96.4]	72.5 [45.4-112.5]	92.2 [67.7-120.9]	77.1 [64.1-92.5]	70.8 [44.0-110.4]	4.8 [4.0-5.8]	3.5 [3.1-4.1]	1.7 [1.2-2.3]
United Nations regions									
Africa	81.2 [73.0-89.6]	94.4 [86.2-102.8]	129.9 [112.9-148.7]	71.7 [63.7-79.8]	83.5 [75.7-91.4]	117.7 [101.4-135.6]	9.6 [8.8-10.4]	10.9 [10.2-11.7]	12.3 [11.0-13.7]
Eastern Africa	20.6 [17.2-24.4]	23.4 [20.1-27.0]	38.0 [30.0-47.6]	17.6 [14.5-21.2]	20.3 [17.2-23.7]	34.2 [26.7-43.5]	3.0 [2.6-3.4]	3.1 [2.8-3.5]	3.8 [3.1-4.5]
Middle Africa	11.8 [9.7-13.7]	14.5 [12.6-16.5]	19.6 [14.3-25.4]	10.4 [8.3-12.1]	12.7 [10.9-14.6]	17.3 [12.3-22.8]	1.5 [1.3-1.7]	1.8 [1.6-2.0]	2.3 [1.9-2.9]
Northern Africa	15.0 [12.0-18.4]	16.7 [13.2-20.8]	21.5 [15.4-28.1]	13.9 [11.1-17.3]	15.5 [12.1-19.5]	20.1 [14.4-26.5]	1.0 [0.9-1.2]	1.2 [1.0-1.5]	1.3 [1.0-1.7]
Southern Africa	4.8 [3.3-6.7]	4.5 [3.6-5.6]	6.2 [3.4-9.8]	4.6 [3.1-6.4]	4.3 [3.3-5.3]	5.9 [3.2-9.5]	0.3 [0.2-0.3]	0.3 [0.2-0.3]	0.3 [0.2-0.4]
Western Africa	29.0 [23.7-34.2]	35.2 [29.9-40.9]	44.7 [37.0-53.9]	25.2 [20.1-30.2]	30.7 [25.8-36.1]	40.1 [32.9-48.8]	3.8 [3.3-4.4]	4.5 [4.0-5.1]	4.6 [4.0-5.3]
Asia	310.8 [269.6-354.2]	345.9 [309.2-381.8]	394.3 [320.7-466.1]	289.8 [249.6-332.1]	327.7 [292.0-362.8]	380.0 [306.9-451.1]	21.0 [19.1-23.1]	18.2 [16.7-19.7]	14.3 [12.2-16.6]
Central Asia	5.9 [4.9-6.9]	5.9 [4.8-7.0]	6.4 [4.6-8.7]	5.6 [4.6-6.6]	5.5 [4.5-6.7]	6.0 [4.2-8.2]	0.3 [0.3-0.3]	0.3 [0.3-0.4]	0.4 [0.3-0.6]
Eastern Asia	83.1 [58.0-112.5]	66.8 [53.7-82.0]	57.9 [32.0-95.8]	79.5 [55.0-108.2]	64.3 [51.6-79.2]	56.9 [31.4-94.4]	3.6 [2.8-4.5]	2.5 [2.0-3.0]	1.0 [0.6-1.5]
South-eastern Asia	42.5 [35.8-50.4]	43.6 [35.8-52.9]	43.4 [29.3-61.6]	39.6 [33.0-47.4]	41.2 [33.5-50.3]	41.6 [27.8-59.5]	2.9 [2.5-3.4]	2.5 [2.1-2.9]	1.8 [1.3-2.3]
Southern Asia	164.7 [134.5-192.8]	212.2 [179.4-243.7]	264.9 [202.7-318.9]	151.5 [122.6-178.5]	200.5 [168.7-231.2]	255.0 [194.0-307.6]	13.1 [11.6-15.0]	11.8 [10.4-13.1]	9.9 [7.9-12.0]
Western Asia	14.6 [10.8-19.3]	17.4 [13.5-22.6]	21.7 [15.6-29.5]	13.5 [9.8-18.1]	16.3 [12.5-21.3]	20.5 [14.6-28.1]	1.1 [0.9-1.3]	1.1 [0.9-1.4]	1.2 [0.9-1.5]
Latin America and the Caribbean	36.0 [29.5-43.9]	28.6 [23.1-34.7]	34.6 [24.8-47.6]	33.8 [27.4-41.6]	27.0 [21.7-33.0]	33.1 [23.5-46.0]	2.2 [1.9-2.6]	1.6 [1.4-1.8]	1.5 [1.2-1.8]
Caribbean	3.1 [2.4-3.9]	2.6 [2.0-3.3]	3.1 [2.1-4.3]	2.9 [2.2-3.7]	2.5 [1.9-3.2]	3.0 [2.0-4.1]	0.2 [0.2-0.2]	0.2 [0.1-0.2]	0.1 [0.1-0.2]
Central America	7.0 [5.6-8.8]	4.6 [3.3-6.6]	6.8 [4.8-9.5]	6.3 [4.9-8.2]	4.2 [2.9-6.1]	6.3 [4.3-9.0]	0.6 [0.5-0.7]	0.5 [0.4-0.6]	0.5 [0.3-0.6]
South America	26.0 [20.1-33.3]	21.3 [16.4-26.8]	24.7 [16.0-36.6]	24.6 [18.8-31.7]	20.3 [15.5-25.6]	23.8 [15.3-35.6]	1.4 [1.1-1.7]	1.0 [0.8-1.2]	0.9 [0.6-1.1]
Europe	27.3 [19.3-38.9]	25.5 [18.7-35.1]	30.1 [20.6-42.3]	26.2 [18.3-37.8]	24.5 [17.8-34.0]	29.3 [19.9-41.4]	1.1 [0.8-1.3]	1.0 [0.8-1.3]	0.8 [0.5-1.0]
Eastern Europe	15.8 [8.7-26.7]	14.0 [8.2-22.6]	15.4 [8.1-26.1]	15.3 [8.3-26.1]	13.4 [7.8-22.0]	15.0 [7.8-25.6]	0.5 [0.3-0.6]	0.5 [0.3-0.7]	0.4 [0.2-0.5]
Northern Europe	2.6 [2.1-3.1]	2.7 [2.3-3.3]	3.5 [2.3-4.9]	2.4 [2.0-3.0]	2.6 [2.2-3.2]	3.4 [2.2-4.8]	0.1 [0.1-0.2]	0.1 [0.1-0.2]	0.1 [0.0-0.2]
Southern Europe	4.8 [3.1-7.6]	4.7 [3.0-7.3]	5.3 [3.2-8.8]	4.6 [2.9-7.3]	4.6 [2.9-7.1]	5.2 [3.1-8.6]	0.2 [0.1-0.3]	0.2 [0.1-0.2]	0.1 [0.1-0.2]
Western Europe	4.1 [2.8-6.0]	4.1 [2.8-5.7]	5.9 [3.3-9.2]	3.9 [2.5-5.7]	3.9 [2.6-5.5]	5.7 [3.2-9.0]	0.2 [0.1-0.3]	0.2 [0.1-0.3]	0.2 [0.1-0.3]
Australia and New Zealand	0.5 [0.3-0.9]	0.5 [0.4-0.7]	0.8 [0.4-1.5]	0.5 [0.2-0.8]	0.5 [0.3-0.6]	0.8 [0.4-1.5]	0.0 [0.0-0.1]	0.0 [0.0-0.1]	0.0 [0.0-0.1]
Northern America	6.2 [4.7-8.3]	8.5 [7.1-10.1]	12.8 [8.9-17.5]	5.9 [4.4-7.9]	8.2 [6.8-9.8]	12.6 [8.7-17.2]	0.3 [0.2-0.4]	0.3 [0.2-0.4]	0.3 [0.1-0.5]
Oceania excluding Australia and New Zealand	0.5 [0.4-0.7]	0.7 [0.5-1.0]	1.0 [0.4-1.8]	0.5 [0.3-0.7]	0.6 [0.4-0.9]	0.9 [0.4-1.7]	0.1 [0.0-0.1]	0.1 [0.0-0.1]	0.1 [0.0-0.1]
SDG regions									
Australia and New Zealand	0.5 [0.3-0.9]	0.5 [0.4-0.7]	0.8 [0.4-1.5]	0.5 [0.2-0.8]	0.5 [0.3-0.6]	0.8 [0.4-1.5]	0.0 [0.0-0.1]	0.0 [0.0-0.1]	0.0 [0.0-0.1]
Central Asia and Southern Asia	170.6 [140.4-198.8]	218.1 [185.0-249.9]	271.3 [209.1-325.2]	157.1 [128.1-184.3]	206.0 [174.0-236.9]	260.9 [200.0-313.6]	13.4 [11.9-15.3]	12.1 [10.7-13.5]	10.4 [8.4-12.4]
Eastern Asia and South-eastern Asia	125.7 [98.9-156.6]	110.4 [94.8-128.8]	101.3 [68.1-145.0]	119.1 [93.2-149.2]	105.5 [90.1-123.3]	98.5 [65.9-141.7]	6.5 [5.5-7.6]	5.0 [4.3-5.6]	2.8 [2.0-3.6]
Latin America and Caribbean	36.0 [29.5-43.9]	28.6 [23.1-34.7]	34.6 [24.8-47.6]	33.8 [27.4-41.6]	27.0 [21.7-33.0]	33.1 [23.5-46.0]	2.2 [1.9-2.6]	1.6 [1.4-1.8]	1.5 [1.2-1.8]
Northern America and Europe	33.5 [25.2-45.2]	34.0 [27.0-43.6]	42.9 [32.4-56.3]	32.1 [23.9-43.8]	32.7 [25.7-42.2]	41.9 [31.5-55.1]	1.4 [1.1-1.7]	1.3 [1.0-1.6]	1.0 [0.7-1.4]
Western Asia and Northern Africa	29.5 [24.2-35.7]	34.1 [28.2-41.5]	43.2 [33.2-54.7]	27.4 [22.3-33.3]	31.8 [26.1-39.0]	40.7 [31.0-51.9]	2.1 [1.8-2.4]	2.4 [2.0-2.7]	2.5 [2.0-3.1]
Sub-Saharan Africa	66.3 [58.7-73.8]	77.7 [70.6-85.1]	108.5 [93.8-125.5]	57.7 [50.6-65.0]	68.0 [61.4-74.8]	97.5 [83.6-113.7]	8.5 [7.8-9.3]	9.7 [9.0-10.4]	10.9 [9.8-12.3]
Oceania excluding Australia and New Zealand	0.5 [0.4-0.7]	0.7 [0.5-1.0]	1.0 [0.4-1.8]	0.5 [0.3-0.7]	0.6 [0.4-0.9]	0.9 [0.4-1.7]	0.1 [0.0-0.1]	0.1 [0.0-0.1]	0.1 [0.0-0.1]
World Bank Income Groups (Fiscal Year 2025)									
Low Income	35.1 [30.9-39.6]	42.4 [38.1-47.2]	63.3 [53.0-75.1]	30.3 [26.4-34.5]	37.1 [33.0-41.6]	56.7 [47.0-67.9]	4.7 [4.3-5.2]	5.3 [4.9-5.7]	6.5 [5.7-7.5]
Middle Income	383.7 [340.3-429.2]	417.8 [379.9-456.0]	486.5 [412.3-562.2]	356.0 [313.9-400.0]	392.7 [356.0-430.0]	465.2 [392.4-540.0]	27.6 [25.5-29.9]	25.1 [23.4-26.9]	21.3 [18.9-23.7]
Lower-middle income	228.9 [197.3-258.5]	281.6 [247.9-315.0]	349.2 [286.2-404.3]	209.1 [178.8-237.6]	262.7 [229.9-295.1]	332.2 [270.7-386.1]	19.8 [18.1-21.8]	18.9 [17.4-20.4]	17.0 [14.8-19.2]
Upper-middle income	154.7 [127.4-186.4]	136.2 [118.9-155.5]	137.3 [103.4-182.7]	146.9 [120.4-178.0]	130.0 [113.2-148.9]	133.0 [99.6-178.0]	7.8 [6.8-8.9]	6.2 [5.6-6.9]	4.3 [3.5-5.1]
Low and Middle Income	418.7 [374.3-465.3]	460.2 [420.8-498.8]	549.8 [472.0-628.2]	386.4 [343.2-431.7]	429.8 [392.0-467.4]	521.9 [445.8-598.8]	32.4 [30.1-34.8]	30.4 [28.6-32.2]	27.8 [25.1-30.7]
High Income	43.8 [35.9-54.9]	44.0 [37.1-53.3]	53.3 [41.9-66.9]	41.9 [34.0-53.0]	42.3 [35.5-51.4]	52.0 [40.8-65.5]	1.9 [1.5-2.3]	1.7 [1.4-2.0]	1.3 [1.0-1.7]

Source: WHO global anaemia estimates: key findings, 2025.

Methodology

Global anaemia estimates standard methodology

Between 2000 and 2023, trends in blood haemoglobin levels for women aged 15-49 years by pregnancy status were estimated in 197 countries and territories. The analysis included five steps:

1. Identifying data sources on haemoglobin and anaemia;
2. Assessing data sources for inclusion;
3. Accessing and extracting necessary data and metadata;
4. Adjusting haemoglobin levels for altitude;
5. Using statistical modelling to estimate trends in blood haemoglobin distributions with uncertainty intervals for women aged 15-49 years by pregnancy status.

1. Identifying data sources on haemoglobin and anaemia

As part of the Vitamin and Mineral Nutrition Information System (VMNIS), WHO maintains a Micronutrients Database which contains mean haemoglobin concentrations, anaemia prevalence and assessment methods. Data are identified through periodic MEDLINE searches and an international network of collaborators who provide data sources not reported in routine databases. To include recent data, a search on bibliographic databases was performed.

2. Assessing data sources for inclusion

Data sources were included if:
- blood haemoglobin was measured.
- the study reported anaemia and/or mean haemoglobin for women 15-49 years of age.
- a probabilistic sampling method with a defined sampling frame was used and data were representative of at least three areas within a country.
- the haemoglobin measurement method was stated, including device and model of the haemoglobimeter.
- the data was collected in or after 1995.

Data were from 194 Member States and 3 areas: Puerto Rico; Taiwan, China; occupied Palestinian territory, including east Jerusalem; and standard, validated data collection techniques and laboratory methodologies were used. As some data sources lacked this information, estimates may not fully reflect variations across countries and regions.

3. Accessing and extracting necessary data and metadata

We obtained anonymised individual-level data of women aged 15 to 49 years from health-examination surveys and household surveys with haemoglobin measurements. In this update, we included individual level data only when haemoglobin concentrations were assessed using venous blood. Haemoglobin concentrations recorded in survey datasets that were considered biologically implausible were excluded, that is, haemoglobin measurements that were less than 25 g/L or greater than 200 g/L.
For values measured in capillary blood, and in cases where anonymized individual-level venous blood data could not be obtained, summary statistics included in the VMNIS data was used. In some cases, where the sample size was not reported, we conservatively assumed a sample size of 100.

4. Adjusting haemoglobin levels for altitude.

When altitude measurements corresponding to individual-level observations were available, we adjusted haemoglobin concentrations using a formula developed by the US Centers for Disease Control and Prevention in 1989 *(3)*. The adjustment is only applied to individuals living at altitudes over 1000 metres at sea level (m.a.s.l.). We were unable to obtain altitude information for individual subjects for some surveys with individual record data. In such cases, when the proportion of population living at altitudes above 1500 m.a.s.l. (an altitude at which there is 3 g/L effect on haemoglobin concentration) was less than 5% of total population (hereafter termed low-altitude countries), we included the data source.

5. Using statistical modelling to estimate trends in blood haemoglobin distributions with uncertainty intervals for women aged 15-49 years by pregnancy status.

A Bayesian hierarchical mixture model was used to estimate trends for each country-year, informed by data from the same country-year, other years for the same country, and other countries in the same region. The model accounted more for areas with less data, and less for data-rich regions. Trends were modelled as linear plus smooth nonlinear trends at country, regional, and global levels. Estimates were also informed by covariates like socio-demographic index, meat supply, and overweight prevalence. Further information can be found in the *WHO standard methodology to estimate SDG 2.2.3 indicator on anaemia prevalence in women 15-49 years, by pregnancy status, 2000-2023: background document (4)*.

This edition improved how data from capillary puncture and HemoCue® 301 are treated due to potential measurement errors and bias. Mean haemoglobin concentrations were used to minimize errors in capillary blood, while all available data were used for venous blood assessments. An indicator for HemoCue® 301 was included in the model to improve anaemia prevalence predictions.

This provided consistent estimates of haemoglobin levels and anaemia prevalence, based on WHO thresholds from 1989 (<110 g/L for pregnant women, <120 g/L for non-pregnant women) *(5)*. Although the latest criteria from 2024 *(6)* were not used, updates are ongoing for the next round.

Consultations with WHO Member States and SDG national focal points

A country consultation with SDG national focal points and other nominated focal points from WHO Member States was conducted from 4 November to 13 December 2024. The purpose of this consultation was to enhance the accuracy of the estimates by identifying more data sources and to share the methodology with focal points prior to publication. Preliminary estimates based on the database closed on 17 September 2024 and shared with focal points. Based on their feedback and newly obtained data sources, the database closed on 14 February 2025 and final estimates were generated.

Generation of regional and global estimates

Global and regional prevalence estimates were calculated as population-weighted averages of the constituent countries. The population weights are based on the 2024 Edition of the World Population Prospects *(7)*.

Public Health Significance Thresholds

The following thresholds were used to classify prevalence by the level of public health significance *(6)*.

Prevalence of anaemia (%)	Category of public health significance
≤4.9	No public health problem
5.0–19.9	Mild public health problem
20.0–39.9	Moderate public health problem
≥40.0	Severe public health problem

Assessing progress towards the 2030 targets

A. Calculating the average annual rate of reduction (AARR)

The progress assessments are based on average annual rates of reduction (AARR). These rates of reduction are calculated using a linear regression analysis. The dependent variables are the natural log transformations of all data points. The independent variables are all the years for the data points. The coefficient of this linear regression (β) can be translated into the average annual rate of reduction by using the formula:

$$AARR = 1 - e^{\beta}$$

This methodology is based on applying the AARR from the baseline year (2012) to the latest year with available data (2023). The baseline year is 2012 in accordance with the baselines set forth in WHA Resolution 65.6 – Comprehensive implementation plan for maternal, infant and young child nutrition *(8)*.

i. Calculating the current AARR

The current AARR is calculated using all the data points from the baseline to the latest year of available data.

ii. Calculating the required AARR

The required AARR is the AARR required to reach the target of a 50% reduction in anaemia in women of reproductive age in 2030, from the baseline of 2012. This is calculated using two data points: the baseline data point and the target prevalence. A 50% reduction across a 18-year span would result in a required AARR of 3.78% per year.

B. Rules for assessing progress

On track: Current AARR ≥ required AARR (3.78% per year)
Off track—Some Progress: Current AARR < required AARR (3.78% per year) but Current AARR > 0.5
Off track—No Progress: Current AARR < required AARR (3.78% per year) but Current AARR < 0.5 and ≥ -0.5
Off track—Worsening: Current AARR < required AARR (3.78% per year) but Current AARR < - 0.5

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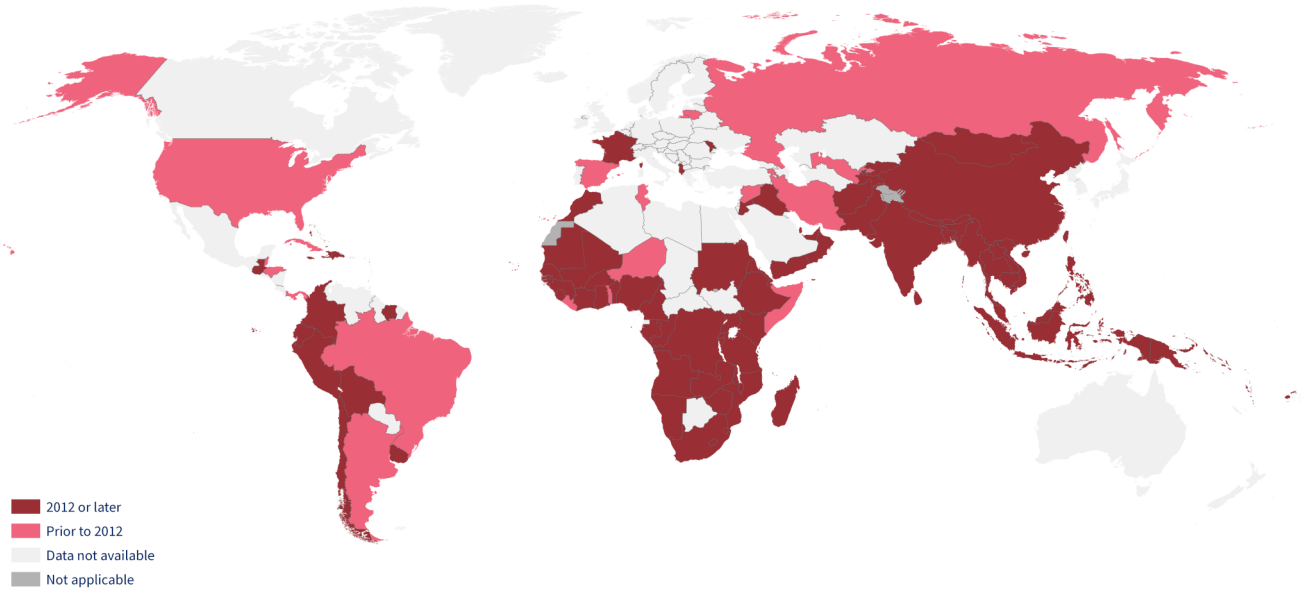
National policy goals to reduce anaemia

WHO monitors food and nutrition-related policies, strategies and action plans in countries through the WHO Global database on the Implementation of Food and Nutrition Action (GIFNA). Since the adoption of the global nutrition targets in 2012, **93** Member States have included policy goals to reduce anaemia in women, while another **20** Member States already had such goals prior to 2012 (Figure 14).

Figure 14. Policy goals to reduce anaemia in national policies before and after the adoption of the global nutrition targets, by country or territory



Source: WHO Global database on the Implementation of Food and Nutrition Action (GIFNA)
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lined on the on maps represent approximate border lies for which there may not yet be full agreement.

Additional resources

Anaemia in women and children in the WHO Global Health Observatory
https://www.who.int/data/gho/data/themes/topics/anaemia_in_women_and_children

WHO Micronutrient Survey Analyser
https://www.who.int/tools/micronutrient-survey-analyser-and-other-tools

WHO Vitamin and Mineral Nutrition Information System
https://www.who.int/teams/nutrition-and-food-safety/databases/vitamin-and-mineral-nutrition-information-system

WHO Micronutrients database in the Nutrition Data Portal
https://platform.who.int/nutrition/micronutrients-database

Global Nutrition Targets Tracking Tool
https://www.who.int/tools/global-targets-tracking-tool

WHO Global database on the Implementation of Food and Nutrition Action (GIFNA) Global Nutrition Targets
https://gifna.who.int/summary/GlobalNutritionTargets

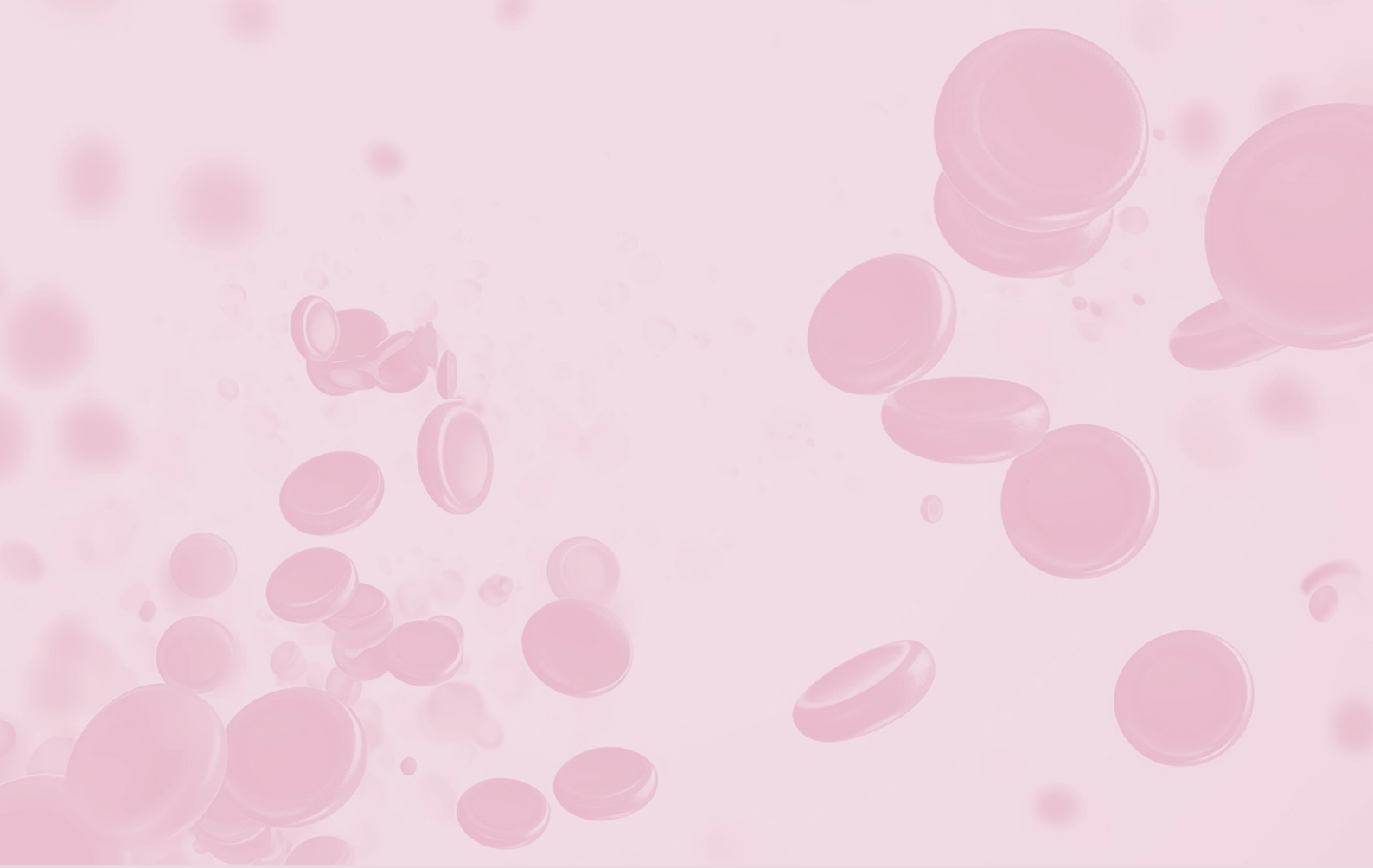


Image credits: Freepik.com

Acknowledgements

This publication was developed by the WHO Nutrition and Food Safety Department under the leadership of Elaine Borghi, Head of the Monitoring and Surveillance Unit - Nutrition and Food Safety. Individuals involved in developing the estimates were: Monica Flores Urrutia, Richard Kumapley, Lisa Rogers, and Maria Nieves Garcia Casal; Gretchen Stevens and Chris Paciorek (senior WHO statistical consultants); and Andi Mariyasari and Dang Bahya-Batinda (WHO data manager consultants). We are grateful to Giovanna Gatica-Dominguez, Caroline Dos Santos, Charlee Roberts, and Ann Mizumoto for providing support to the anaemia country consultations; and to Kaia Engesveen for providing information on national policies. Finally, we thank our Director, Luz Maria de Regil, for her steadfast leadership and support.

Suggested citation

WHO global anaemia estimates: key findings, 2025. Geneva: World Health Organization; 2025.

Disclaimer

The new estimates and trends presented in this report supersede all previously published estimates for years that fall within the same time period. Care should be taken to use only these estimates for the interpretation of trends in anaemia prevalence from 2000 to 2023; due to modifications in methodology and changes in data availability, differences between these and previous estimates should not be interpreted as representing time trends.

WHO global anaemia estimates: key findings, 2025

ISBN 978-92-4-011393-0 (electronic version)
ISBN 978-92-4-011394-7 (print version)

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