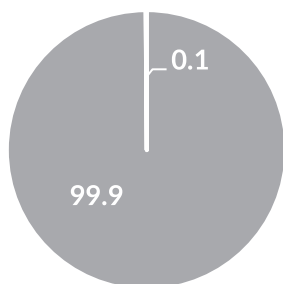


Djibouti

Demographics

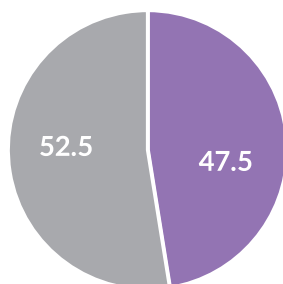
Total population (2020)	988 002
Life expectancy at birth (years) female/male (2019)	69/65
Under-5 mortality rate (per 1000 live births) (2019)	58
Gross domestic product per capita (current US\$) (2020)	3 425.5

Population as percentage of regional total, 2020



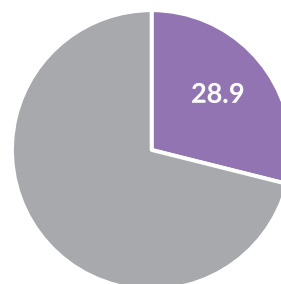
■ Region ■ Djibouti

Percentage of female and male population, 2020



■ Female ■ Male

Population aged 0-14 of total population, 2020



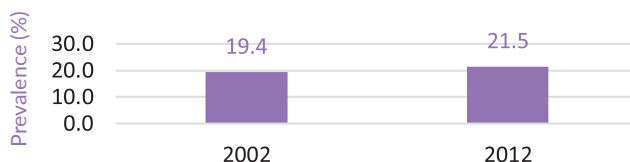
■ 0-14 ■ > 14

Source: The World Bank

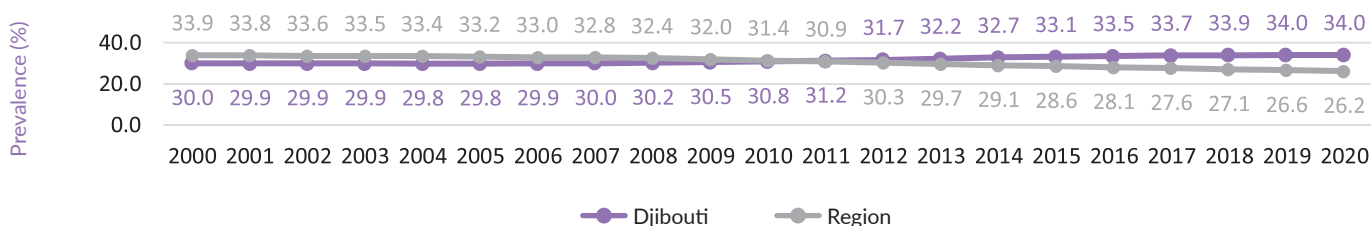
Child malnutrition

According to Global Health Observatory, the prevalence of wasting in children under five in Djibouti increased from 19.4% in 2002 to 21.5% in 2012. For stunting, the prevalence has slightly increased from 30.0% to 34.0% over the past two decades. During the same period, the prevalence of overweight in children under five in Djibouti has decreased slightly from 8.0% to 7.2%.

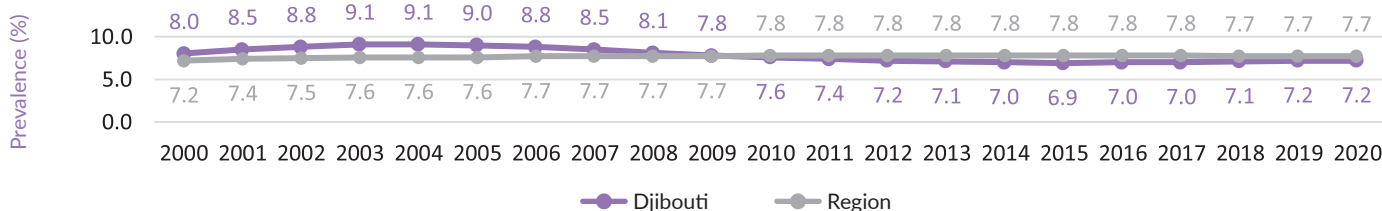
Wasting prevalence among children under 5 years of age



Stunting prevalence among children under 5 years of age



Overweight prevalence among children under 5 years of age



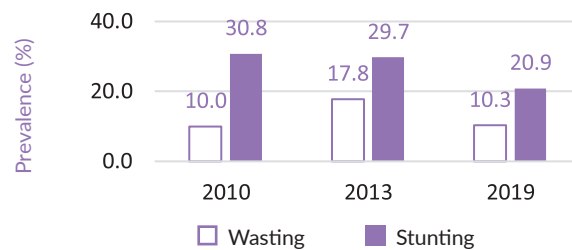
Source: WHO Eastern Mediterranean Regional Health Observatory; WHO Global Health Observatory.

Note: The UNICEF/WHO/WB joint child malnutrition estimates for stunting and overweight are modelled at logit (log-odds) scale using a penalized longitudinal mixed-model with a heterogeneous error term. The country modelled estimates are generated using the JME country dataset, which uses the collection of national data sources. Due to this method, estimates may differ from official estimates of Member States (i.e., the stunting prevalence from a household survey for a given country in a given year is not reported as the prevalence for that country in that year; rather, it feeds into the modelled estimates). The methodology is described here: <https://www.who.int/publications/i/item/9789240025257>. Wasting is defined as a percent weight-for-height that is two or more standard deviations below the median. Stunting is defined as a percent height-for-age that is two or more standard deviations below the median. Overweight is defined as a percent weight-for-height that is two or more standard deviations above the median

According to the National Nutrition Survey of Djibouti, the prevalence of wasting in children under five increased from 10.0% in 2010 to 17.8% in 2013 and then decreased to 10.3% in 2019. The prevalence of stunting decreased from 30.8% in 2010 to 29.7% in 2013 and to 20.9% in 2019.

Source: Ministry of Public Health in Djibouti.

Wasting and stunting prevalence according to the National Nutrition Survey 2019 report



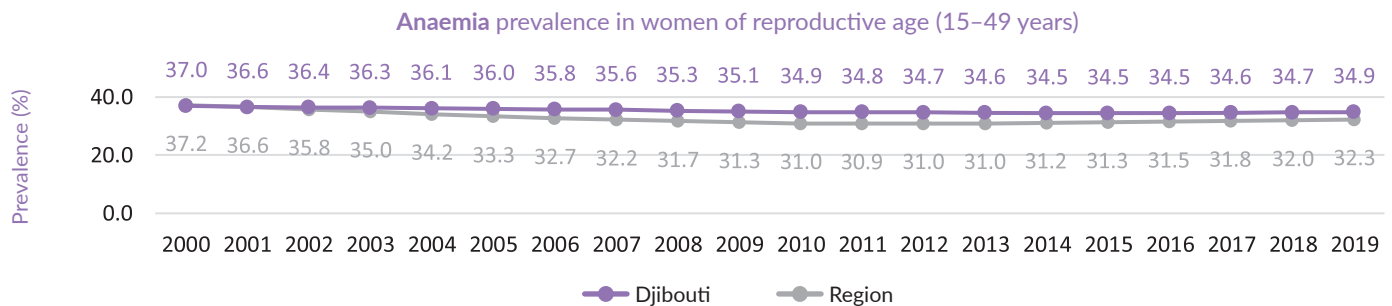
Infant and young child feeding

The prevalence of early initiation of breastfeeding (within 1 hour of birth) in Djibouti was 52.0% while the prevalence of exclusive breastfeeding among children aged <6 months was 12.4% in 2012.

Source: UNICEF.

Anaemia in women of reproductive age

The prevalence of anaemia in women of reproductive age in Djibouti has decreased slightly between 2000 and 2019 from 37.2% to 32.3%, remaining very close to the regional average



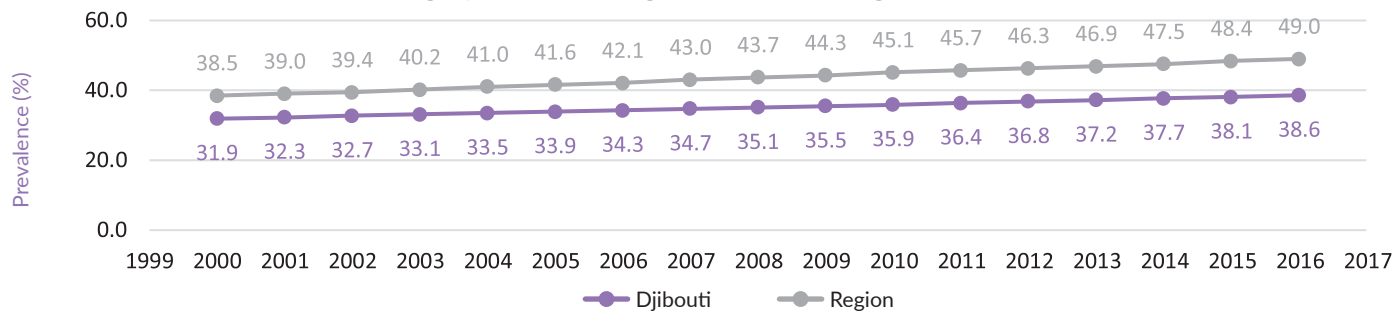
Source: WHO Global Health Observatory.

Note: The WHO global anaemia estimates are derived from a hierarchical Bayesian mixture model that uses all available data to make estimates for each country and year. In the model, estimates for each country are informed by data from that country itself, if available, and by data from other countries, especially those in the same region. Due to this method, the estimates may differ from official estimates of Member States. The methodology is described here: https://cdn.who.int/media/docs/default-source/anaemia-in-women-and-children/hb-methods-for-gather.pdf?sfvrsn=da0fbb5f_11 and here: <https://pubmed.ncbi.nlm.nih.gov/25103581/>.

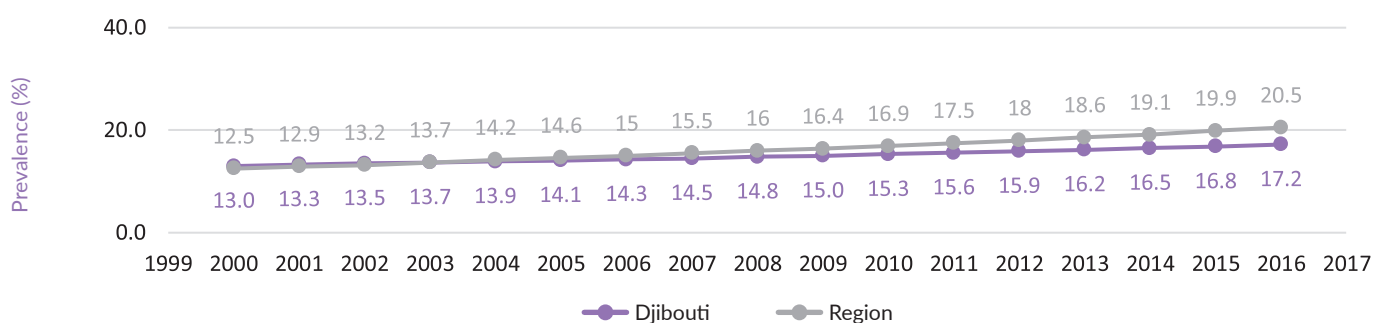
Overweight and obesity

An overall increase in the prevalence of overweight among adults in Djibouti was recorded between 2000 and 2016 (from 31.9 to 38.6%). Also, the prevalence of overweight among children and adolescents aged 5–19 rose from 13% in 2000 to 17.2% in 2016.

Overweight prevalence among adults (BMI ≥ 25), (age-standardized estimate)



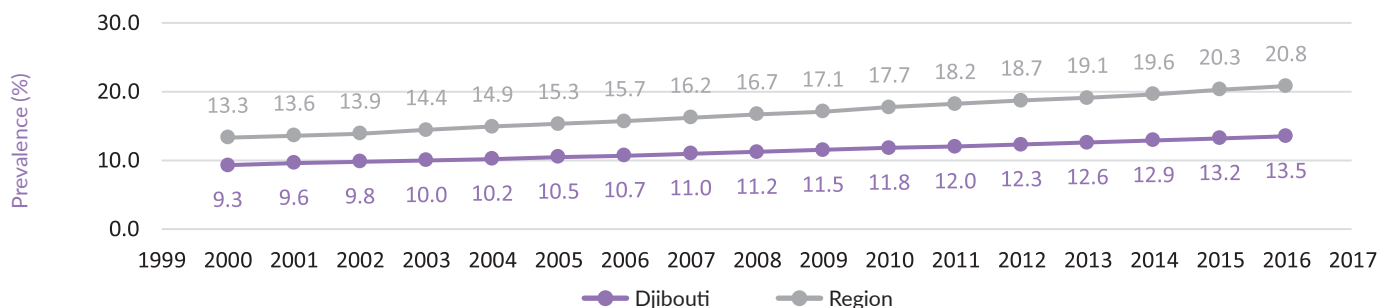
Overweight prevalence among children and adolescents (5–19) (BMI > +1 SD above the median), (crude estimate)



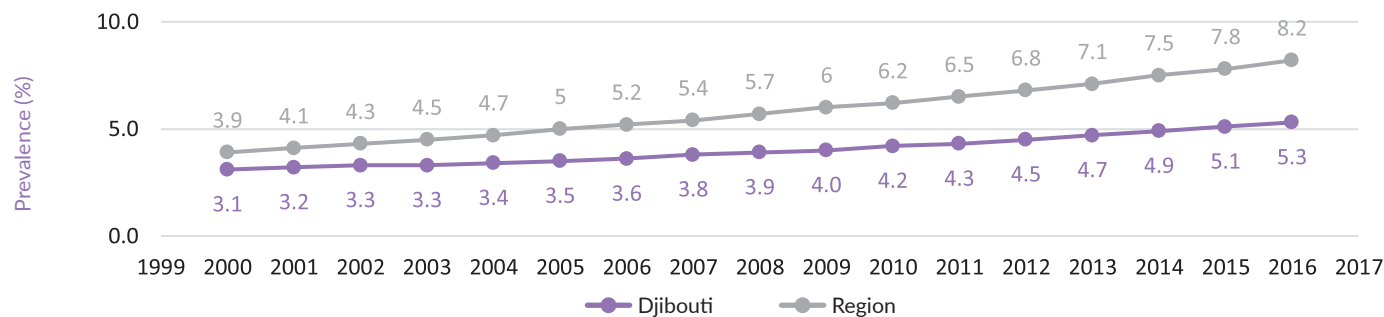
BMI = body mass index. (Overweight in adults is defined as a BMI of 25 or greater, and in children and adolescents as a BMI one or more standard deviations above the median. Obesity in adults is defined as a BMI of 30 or greater, and in children and adolescents as a BMI two or more standard deviations above the median.)

Djibouti has a low incidence of obesity among adults but the prevalence of obesity has increased from 9.3% to 13.5% between 2000 and 2016, and among children and adolescents aged 5–19 it has increased between 2000 and 2016 from 3.1% to 5.3%.

Obesity prevalence among adults (BMI ≥ 30), (age-standardized estimate)



Obesity prevalence among children and adolescents (5–19) (BMI > +2 SD above the median), (crude estimate)



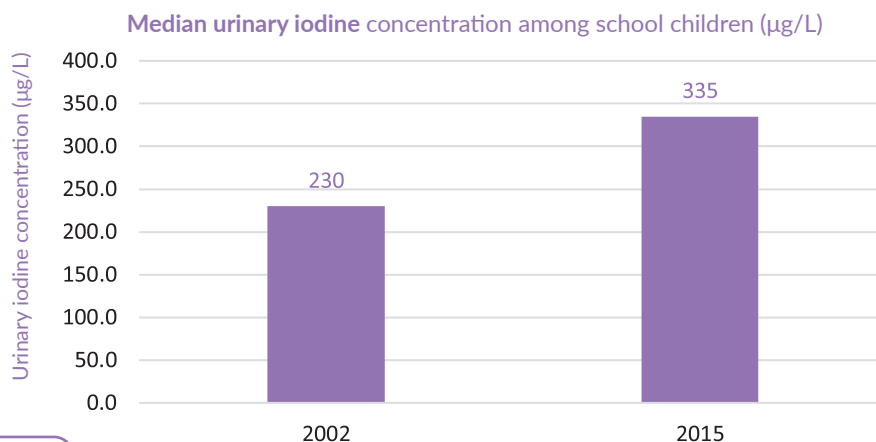
Source: WHO Global Health Observatory.

Note: The WHO estimates for overweight and obesity are derived from a Bayesian hierarchical model which uses NCD-RisC database of population-based data. The model has a hierarchical structure in which estimates for each country and year are informed by its own data, if available, and by data from other years in the same country and from other countries, especially those in the same region with data for similar time periods. Due to this method, the estimates may differ from official estimates of Member States. The methodology is described here: <https://pubmed.ncbi.nlm.nih.gov/29029897/>.

Micronutrient status

The iodine intake in Djibouti was adequate (100–299 µg/L) in 2002 as the median urinary iodine concentration among school children was 230 µg/L, while in 2015 it became excessive (defined as ≥300 µg/L) at 335 µg/L.^{1, 2}

Source: Iodine Global Network; Djibouti.



Nutrition policies and strategies

Key national programmes

		Date
Development of national nutrition strategy or action plan ^{a, b}	✓	For 2020–2024
Plan of action for obesity prevention	✗	
Strategy or plan of action on infant and young child feeding ^c	✓	
Code of marketing of breast milk substitutes ^{a, d, e}	✓	Since 2010
Child growth monitoring ^c	✓	
School feeding programme ^c	✓	
Community-based management of acute malnutrition (CMAM) ^{a, c}	✓	For 2018–2022

Policies	Policy to reduce salt/sodium consumption	Tax on sugar sweetened beverages	Policy to limit trans-fatty acid intake	Policy to reduce the impact of marketing of food to children	Policy on salt iodization ^{a, f}	Front-of-pack nutrition labelling for food	Wheat flour fortification ^{a, c, g}
	✗	✗	✗	✗	✓	✗	✓
					1997 Mandatory		2013 Mandatory

✓ = Policy/programme implemented ✗ = Policy/programme not implemented

^a Policies in Djibouti: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (<https://extranet.who.int/nutrition/gina/en/policies/1418>, accessed 6 July 2022).

^b Djibouti country strategic plan. Rome: World Food Programme; 2019 (<https://www.wfp.org/operations/dj02-djibouti-country-strategic-plan-2020-2024>).

^c Programmes/actions in Djibouti. In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (<https://extranet.who.int/nutrition/gina/en/programmes/1418>, accessed 6 July 2022).

^d Al Jawaldeh A, Sayed G. Implementation of the International Code of Marketing of Breastmilk Substitutes in the Eastern Mediterranean Region. East Mediterr Health J. 2018(1):25–32. doi:10.26719/2018.24.1.25.

^e Marketing of breast milk substitutes: national implementation of the international code, status report 2020. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/9789240006010>, accessed 6 June 2022).

^f Doggui R, Al-Jawaldeh H, Al-Jawaldeh A. Trend of iodine status in the Eastern Mediterranean Region and impact of the universal salt iodization programs: a narrative review. Biol Trace Elem Res. 2020; 198, 390–402. doi:10.1007/s12011-020-02083-1.

^g Al Jawaldeh A. E. The regional assessment of the implementation of wheat flour fortification in the Eastern Mediterranean Region. Int J Sci Res Manag. 2019; 7(03), 28–37. doi:10.18535/ijrsm/v6i3.ft01.

¹ Global Scorecard of Iodine Nutrition in 2019, Ottawa: Iodine Global Network; 2019 (https://www.ign.org/cm_data/Global_Scorecard_2019_SAC.pdf, accessed 7 July 2022).

² Republic of Djibouti, Politique nationale de nutrition 2020–2030. City of Djibouti: Republic of Djibouti; 2020.

Success story

Acute malnutrition situation in Djibouti

The acute malnutrition situation has improved between 2013 and 2019 as a result of the nutritional programmes implemented by the Ministry of Health, with the collaboration of WHO, UNICEF, WFP and other partners in response to the national emergency of 2013.

Ministry of Health Website: <https://sante.gouv.dj/>

WHO-EM/NUT/292/E