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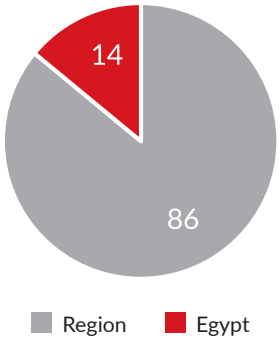
REGIONAL OFFICE FOR THE Eastern Mediterranean

Egypt

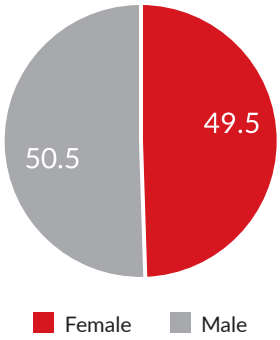
Demographics

Total population (2020)	102 334 403
Life expectancy at birth (years) female/male (2019)	74/70
Under-5 mortality rate (per 1000 live births) (2019)	20
Gross domestic product per capita (current US$)	3547.9

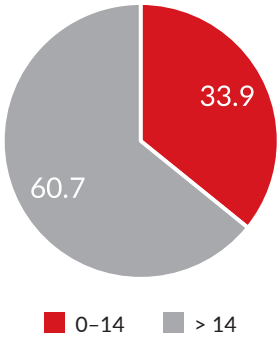
Population as percentage of regional total, 2020



Percentage of female and male population, 2020



Population aged 0–14 of total population, 2020

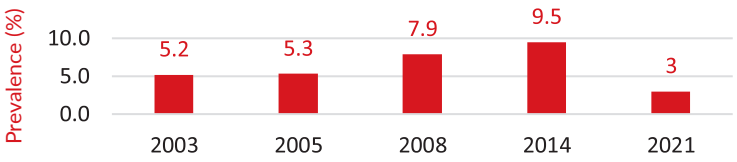


Source: The World Bank

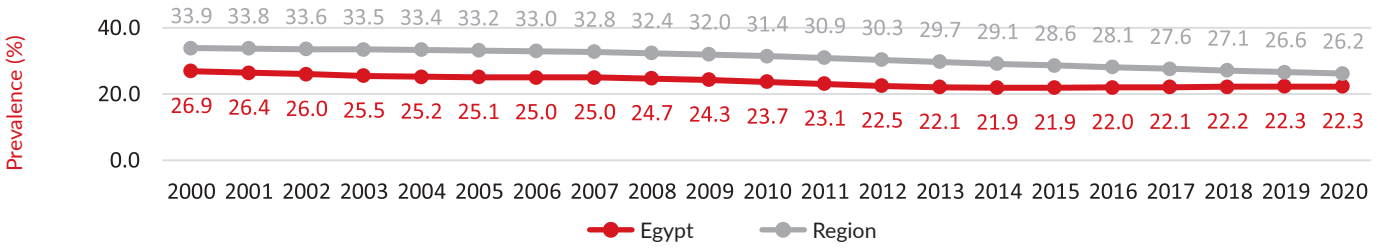
Child malnutrition

The prevalence of wasting in children under five in Egypt increased from 5.2% in 2003 to 9.5% in 2014[1] after which it decreased down to 3% in 2021.[2] The prevalence of stunting decreased from 26.9% to 22.3% over the past two decades. During the same period, the prevalence of overweight in children under five in Egypt increased from 13.9% to 17.8%.[1]

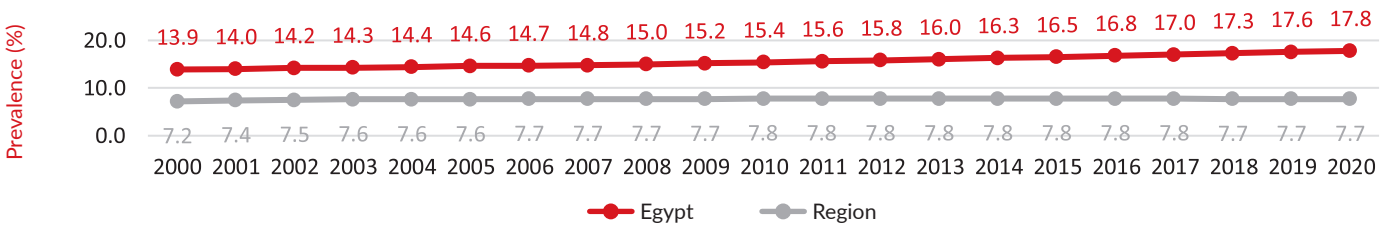
Wasting prevalence among children under 5 years of age



Stunting prevalence among children under 5 years of age



Overweight prevalence among children under 5 years of age



Source: WHO Global Health Observatory.

[1] WHO Global Health Observatory [website]. Geneva: World Health Organization; 2022 (https://www.who.int/data/gho/data/themes/theme-details/GHO/gho-nutrition, accessed 6 July 2022).

[2] Egypt Family Health Survey. Cairo: Central Agency for Public Mobilization and Statistics (CAPMAS); 2021 (https://www.capmas.gov.eg/Pages/Publications.aspx?page_id=5109&Year=23639, accessed 6 July 2022).

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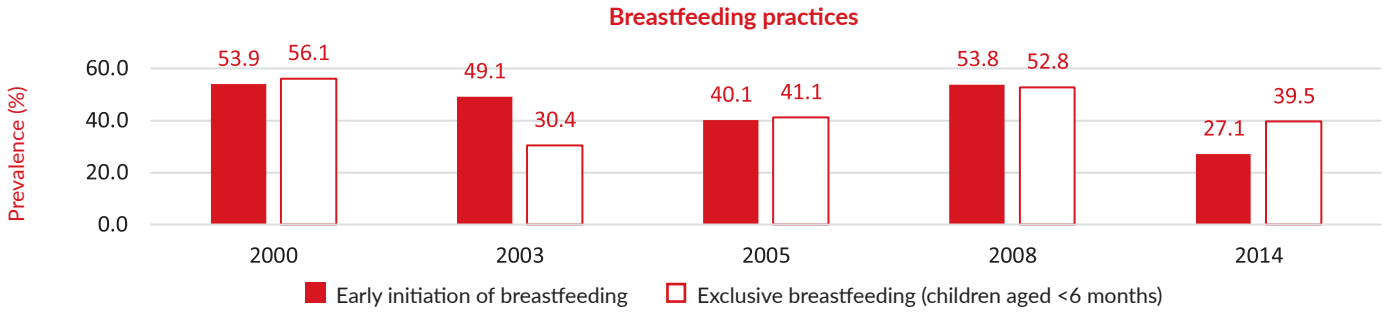
Note: The UNICEF/WHO/WB joint child malnutrition estimates for stunting and overweight are modelled at logit (log-odds) scale using a penalized longitudinal mixed-model with a heterogeneous error term. The country modelled estimates are generated using the JME country dataset, which uses the collection 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.

Infant and young child feeding

The prevalence of early initiation of breastfeeding (within one hour of birth) in Egypt decreased from 53.9% in 2000 to 27.1% in 2014. The prevalence of exclusive breastfeeding decreased from 56.1% to 39.5% during the same period.



Source: UNICEF.

Anaemia in women of reproductive age

The prevalence of anaemia in women of reproductive age (pregnant and non-pregnant women combined) in Egypt decreased from 35.5% in 2000 to 28.3% in 2019.

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/.

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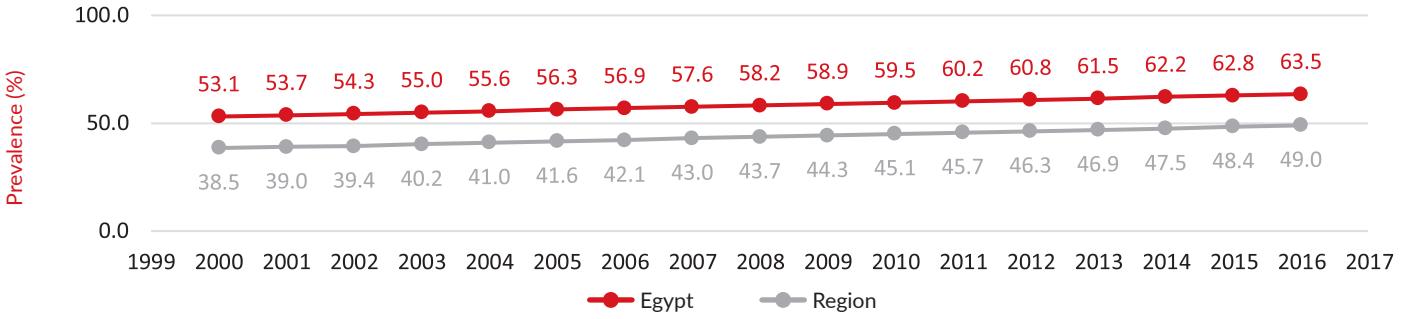
Overweight and obesity

An increase in the prevalence of overweight among adult Egyptians was recorded between the years 2000 to 2016 (from 53.1 to 63.5%). Moreover, the prevalence of overweight among children and adolescents aged 5–19 significantly rose from 22.6% in 2000 to 36.7% in 2016. In the Region, Egypt has the third highest incidence of overweight among children, after Kuwait and Qatar.

Overweight prevalence among adults (age-standardized estimate)

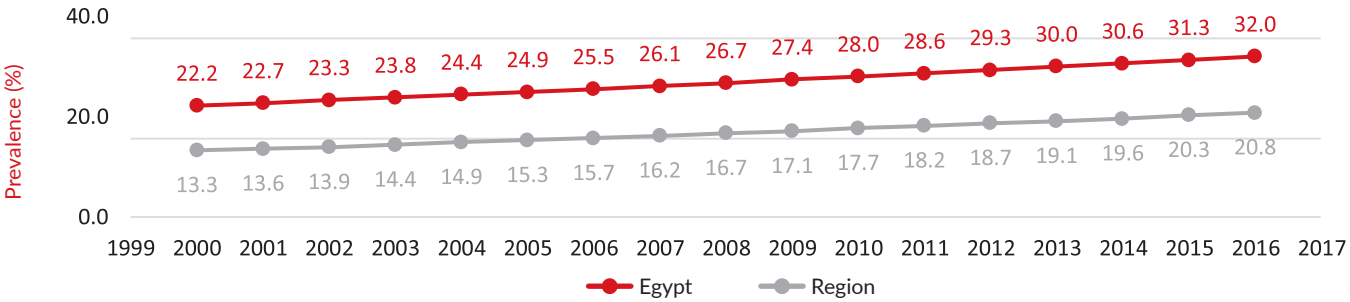


Overweight prevalence among children and adolescents (5-19) (crude estimate)

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.)

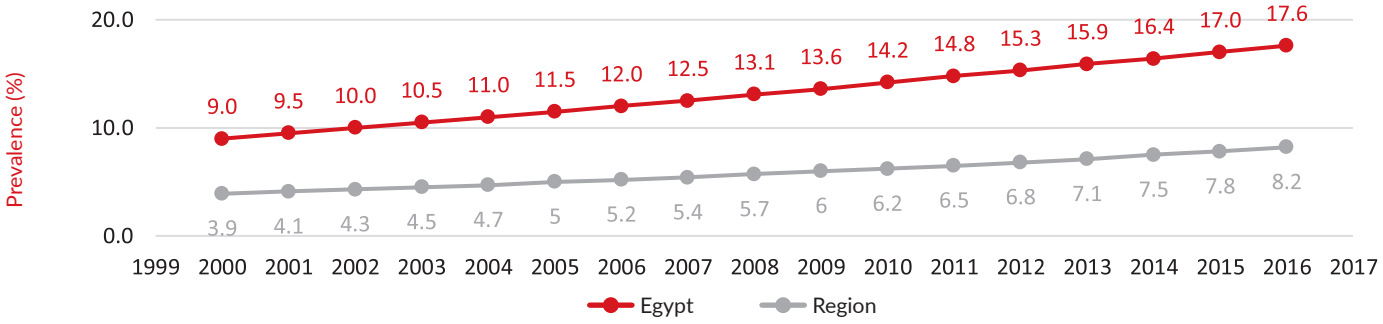
Obesity is the reported risk factor responsible for the second greatest total number of disability-adjusted life years (DALYs) in Egypt in 2019.[3] The recorded increase in obesity between 2009 and 2019 was 41.6%. The prevalence of obesity among adults increased from 22.2% to 32% between 2000 and 2016. Similarly, the prevalence of obesity among children and adolescents aged 5–19 nearly doubled between 2000 to 2016, increasing from 9% to 17.6%.

Obesity prevalence among adults, (age-standardized estimate)



[3] Country profiles [website]. Seattle, WA: Institute for Health Metrics and Evaluation, University of Washington; 2021 (https://www.healthdata.org/results/country-profiles, accessed 11 July 2022).

Obesity prevalence among children and adolescents 5–19 years (crude estimate)



Source: WHO Global Health Observatory, Institute for Health Metrics and Evaluation.

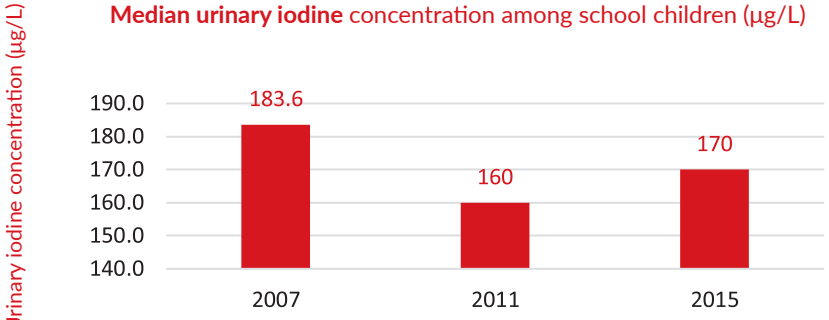
Note: The WHO estimates for overweight and obesity are derived from a Bayesian hierarchical model that uses NCD-RisC database of population-based data. The model has a hierarchical structure in which estimates for each country and year are informed by its own data, if available, and by data from other 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 prevalence of vitamin A deficiency (serum retinol <0.70 µmol/L) in Egypt was 12.6% among preschool age children (children aged 6–71 months) in 2003.[4] However, the iodine intake is considered sufficient (defined as 100–299 µg/L) as although the estimated median urinary iodine concentration among school children decreased from 183.6 µg/L in 2007 to 160 µg/L in 2011, it increased again in 2015 to reach 170 µg/L.[5]

Source: WHO Micronutrients Database. Vitamin and Mineral Nutrition Information System.

Median urinary iodine concentration among school children (µg/L)



Nutrition policies and strategies

Key national programmes		Date
Development of national nutrition strategy or action plan [a, b]	✓	Updated 2021
Plan of action for obesity prevention [c]	✓	
Strategy or plan of action on infant and young child feeding [c]		2014
Code of marketing of breast milk substitutes [d, e]	✓	Since 2018
Child growth monitoring [c]	✓	Since 2010
School feeding programme [c]	✓	

[4] Saad F, Rogers L, Doggui R, Al-Jawaldeh A. Assessment of vitamin A supplementation practices in countries of the Eastern Mediterranean Region: Evidence to Implementation. J Nutr Sci Vitaminol (Tokyo); 2021;67(1):1-12. doi:10.3177/jnsv.67.1.

[5] 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.

Policies	Policy to reduce salt/sodium consumption [c, f, g]	Tax on sugar sweetened beverages [b]	Policy to limit trans-fatty acid intake [c, i]	Policy to reduce the impact of marketing of food to children [a, c, j]	Policy on salt iodization [j]	Front-of-pack nutrition labelling for food	Wheat flour fortification [c, k]
	☑	☑	☑	☑	☑	☒	☑
	2017–2021	2021			2008–2015		2009–2012

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

[a] Policies in Egypt: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (https://extranet.who.int/nutrition/gina/en/policies/1593, accessed 28 July 2022).

[b] WHO Eastern Mediterranean Regional Office database.

[c] Programmes in Egypt: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (https://extranet.who.int/nutrition/gina/en/programmes/1593, accessed 28 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] WHO Global Health Observatory, Indicators [website]. Geneva: World Health Organization; 2022 (https://www.who.int/data/gho/data/indicators, accessed 28 July 2022).

[g] Al-Jawaldeh A A, et al. Salt reduction initiatives in the Eastern Mediterranean Region and evaluation of progress towards the 2025 Global Target: A systematic review. Nutrients. 2021;13(8):2676. doi:10.3390/nu13082676.

[h] Al-Jawaldeh A et al. A systematic review of trans fat reduction initiatives in the Eastern Mediterranean Region. Front Nutr. 2021;8:771492. doi:10.3389/fnut.2021.771492.

[i] Al-Jawaldeh A, Jabbour J. Marketing of Food and Beverages to Children in the Eastern Mediterranean Region: A Situational Analysis of the Regulatory Framework. Front Nutr. 2022;9:868937. doi:10.3389/fnut.2022.868937.

[j] 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.org/10.1007/s12011-020-02083-1.

[k] Al-Jawaldeh AE. 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/ijsrm/v6i3.ft01.

Success stories

Country experience with national dialogues on food systems transformation

Egypt shared their experience of national food systems dialogues in the run-up to the Food Systems Summit. The national food systems dialogue was underpinned by a thorough assessment of the current food system, nutrition situation and regulatory context. This assessment clearly described the double burden of malnutrition in the country — Egypt is one of the 36 countries that bear 90% of the global burden of malnutrition — and identified an urgent need to create food environments to deliver safe, healthy and sustainable diets. These findings fed into the national food systems dialogue, which presented a unique opportunity for change. The WHO Country Office Egypt described this multisectoral process led by the Ministry of Foreign Affairs, which brought together diverse stakeholders for discussion across five action tracks and resulted in a consolidated paper for the Summit. Lessons that can be drawn from this process include: the importance of high-level political commitment and the leadership of a nutrition governing body and national action plan, as well as the need to identify current systems failures and gaps, prepare scientific data in a timely manner, leverage available resources, and build on existing foundations wherever possible rather than creating new systems.

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