Nutrition country profile

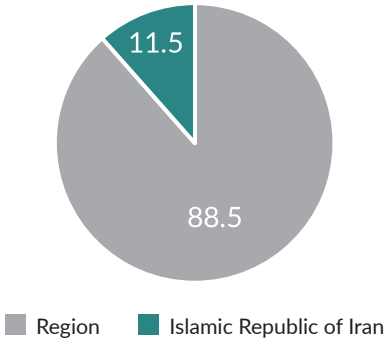
World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Islamic Republic of Iran

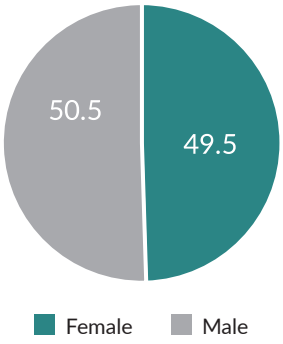
Demographics

Total population (2020)	83 992 953
Life expectancy at birth (years) female/male (2019)	78/76
Under-5 mortality rate (per 1000 live births) (2019)	14
Gross domestic product per capita (current US$) (2020)	2 282.6

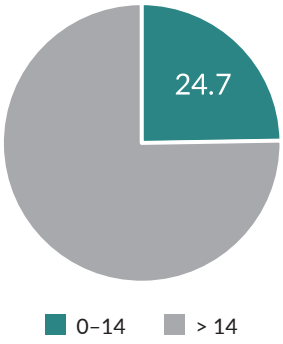
Population as percentage of regional total, 2020



Percentage of female and male population, 2020



Population aged 0–14 of total population, 2020

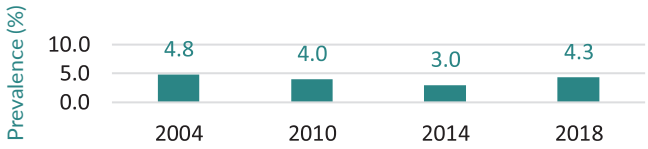


Source: The World Bank

Child malnutrition

The prevalence of wasting among children under five in the Islamic Republic of Iran decreased from 4.8% in 2004 to 3.0% in 2014, after which it increased to 4.3% in 2018. The prevalence of stunting decreased from 14.5% to 6.3% over the past two decades, remaining significantly lower than the regional average. During the same period, the prevalence of overweight in children under five increased from 6.8% to 9.4%.

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

Sources: WHO Global Health Observatory, WHO Eastern Mediterranean Regional Health Observatory.

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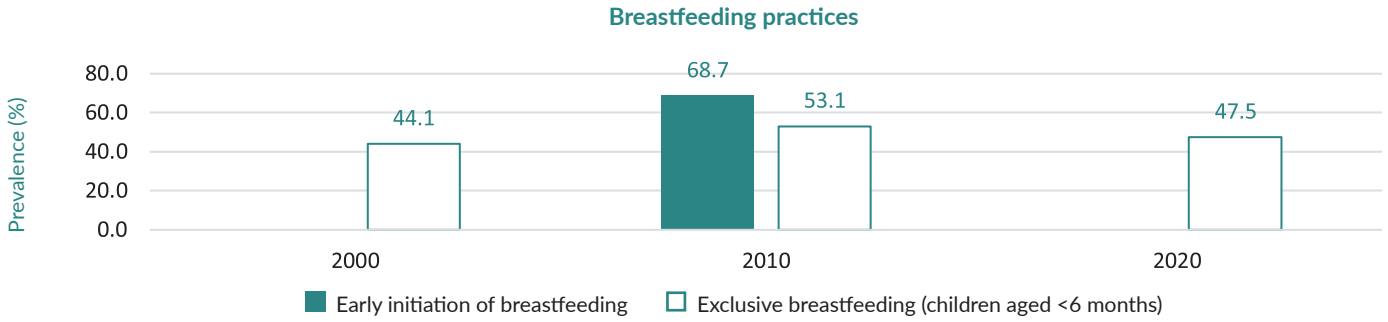
Note: The UNICEF/WHO/WB joint child malnutrition estimates for stunting and overweight are modelled at logit (log-odds) scale using a penalized longitudinal mixed-model with a heterogeneous error term. The country modelled estimates are generated using the JME country dataset, which uses the collection 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 the Islamic Republic of Iran was 68.7% in 2010. The prevalence of exclusive breastfeeding increased slightly from 44.1% in 2000 to 47.5% in 2020.



Sources: UNICEF, WHO Eastern Mediterranean Regional Health Observatory.

Anaemia in women of reproductive age

The prevalence of anaemia in women of reproductive age (pregnant and non-pregnant women combined) decreased slightly, from 27.4% in 2000 to 24.1% 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/.

Overweight and obesity

A significant increase (from 49.7% to 61.6%) in the prevalence of overweight among adults in the Islamic Republic of Iran was recorded between the years 2000 and 2016. Also, the prevalence of overweight among children and adolescents aged 5–19 rose from 16.8% in 2000 to 25.6% in 2016.

Islamic Republic of Iran

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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 in the Islamic Republic of Iran in 2019.[1] The prevalence of obesity increased from 16.6% to 25.8% between 2000 and 2016. Similarly, the prevalence of obesity among children and adolescents aged 5–19 significantly increased between 2000 and 2016, from 4.4% to 9.8%.

Obesity prevalence among adults (age-standardized estimate)

[1] 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).

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Obesity prevalence among children and adolescents (5–19), (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 the Islamic Republic of Iran was 18.3% among preschool age children (children aged between 15 and 23 months) in 2012.[2] However, iodine intake is considered adequate (defined as 100–299 µg/L), as the estimated median urinary iodine concentration among school children was 161 µg/L in 2014.[3]

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

Nutrition policies and strategies

Key national programmes		Date
Development of national nutrition strategy or action plan [a]	✓	1995
Plan of action for obesity prevention [b]	✓	
Strategy or plan of action on infant and young child feeding [b]	✓	
Code of marketing of breast milk substitutes [a, c, d]	✓	2010
Child growth monitoring [b]	✓	Since 2007
School feeding programme [b]	✓	Since 2007

Policies	Policy to reduce salt/sodium consumption [a, b, e, f]	Tax on sugar sweetened beverages [e, g]	Policy to limit trans-fatty acid intake [b, e, g, h]	Policy to reduce the impact of marketing of food to children [a, b, e]	Policy on salt iodization [b, i]	Front-of-pack nutrition labelling for food [a, f, g, j]	Wheat flour fortification [a, j, k]
	☑	☑	☑	☑	☑	☑	☑
	2019	2019	2015	2016	1990 Mandatory	2017 Mandatory	2007 Mandatory

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

[2] 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.

[3] 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.

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[a] Policies in Iran (Islamic Republic of). In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (https://extranet.who.int/nutrition/gina/en/policies/1458, accessed 28 July 2022).

[b] Programmes in Iran (Islamic Republic of). In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (https://extranet.who.int/nutrition/gina/en/programmes/1458, accessed 28 July 2022).

[c] 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.

[d] 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 28 July 2022).

[e] 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).

[f] 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.

[g] Al-Jawaldeh A, Hammerich A, Doggui R, Engesveen K, Lang K, McColl K. Implementation of WHO Recommended Policies and Interventions on Healthy Diet in the Countries of the Eastern Mediterranean Region: From Policy to Action. Nutrients; 2020;12(12):3700. doi:10.3390/nu12123700.

[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] 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..

[j] Al-Jawaldeh A, Rayner M, Julia C, Elmadfa I, Hammerich A, McColl K. Improving Nutrition Information in the Eastern Mediterranean Region: Implementation of Front-Of-Pack Nutrition Labelling. Nutrients. 2020;12(2):330. doi:10.3390/nu12020330.

[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

High-level coordination mechanism for food and nutrition security in the Islamic Republic of Iran

The Iranian High Council of Health and Food Security was established in 2004 and is under the direct supervision of the President. It consists of ministries and organizations affecting health and acts as the highest decision-making authority in the field of intersectoral collaboration. The Council's goal is to institutionalize management, policy-making, evaluation and coordination in relation to food and nutrition security, reduce diseases due to malnutrition and promote public health in the country. Recent analysis found that there was some overlap and duplication in responsibilities relating to food security and nutrition, and an intersectoral nutrition and food security working group was established to generate agreements with key organizations, the media, academia and the private sector.

Front-of-pack nutrition labelling

The Islamic Republic of Iran introduced simplified front-of-pack labelling in 2014. The traffic lights label was initially voluntary but has been mandatory since 2016. The label covers calories, sugars, total fat, trans-fat and salt, with colour coding (green, yellow, red) according to the levels in the product. By 2017, it was estimated that 80% of food products carried the traffic light label.

Restricting marketing of unhealthy foods

The Islamic Republic of Iran has implemented a ban on unhealthy food marketing. Broadcast advertising (television and radio) of soft drinks has been prohibited since 2004. The regulations have been designed to cover both children (under 12 years) and adolescents (between 12 and 19 years) on the grounds that both these groups are susceptible to the adverse effects of unhealthy food marketing. The sale of unhealthy food in school canteens and by vendors around schools is also prohibited. There are also restrictions on the sponsorship of some social events, such as seminars, congresses and food festivals, by the manufacturers of certain types of unhealthy food (e.g. soft drinks, edible oils (frying oil, consumer edible vegetable oil, Margarine, and shortening) and salty snacks). In 2014, the Ministry of Health and Medical Education prepared a list of 24 food items for which advertising in all media would be prohibited.

Ministry of Health Website: https://irangov.ir/ministry-of-health-and-medical-education

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