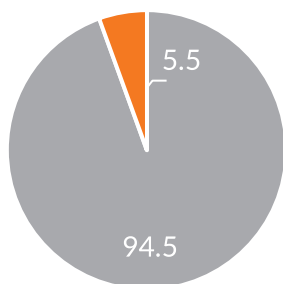


Iraq

Demographics

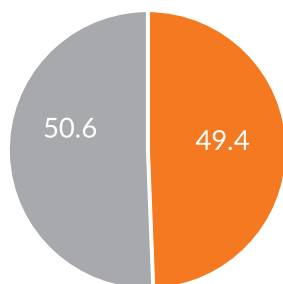
Total population (2019)	40 222 503
Life expectancy at birth (years) female/male (2019)	73/69
Under-5 mortality rate (per 1000 live births) (2019)	26
Gross domestic product per capita (current US\$) (2020)	4 157.5

Population as percentage of regional total, 2020



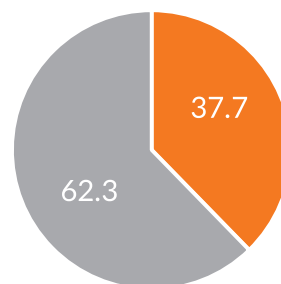
■ Region ■ Iraq

Percentage of female and male population, 2020



■ Female ■ Male

Population aged 0-14 of total population, 2020



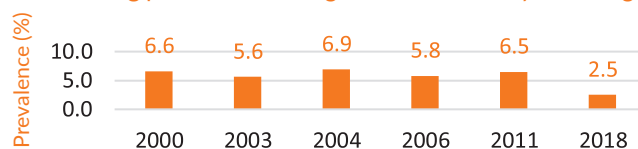
■ 0-14 ■ > 14

Source: The World Bank

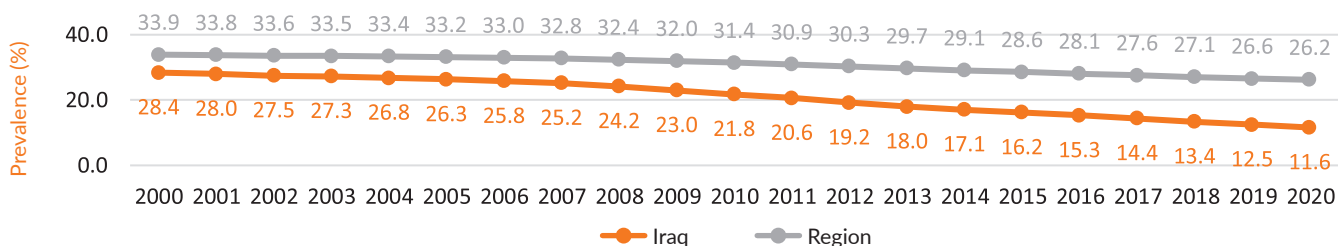
Child malnutrition

The prevalence of wasting in children under five in Iraq decreased from 6.6% in 2000 to 2.5% in 2018. A remarkable decrease in the prevalence of stunting from 28.4% to 11.6% occurred between the years 2000 and 2020. During the same period, the prevalence of overweight in children under five remained relatively stable at 8.6% in 2000 and 9.0% in 2020.

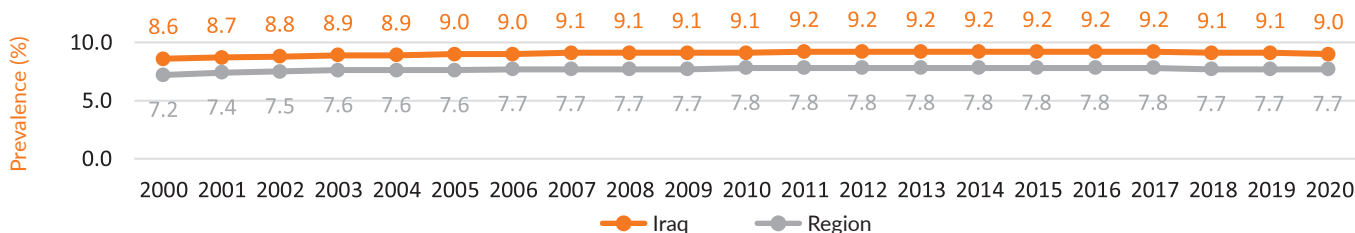
Wasting prevalence among children under 5 years of age



Stunting prevalence among children under 5 years of age (% height-for-age <-2 SD)



Overweight prevalence among children under 5 years of age

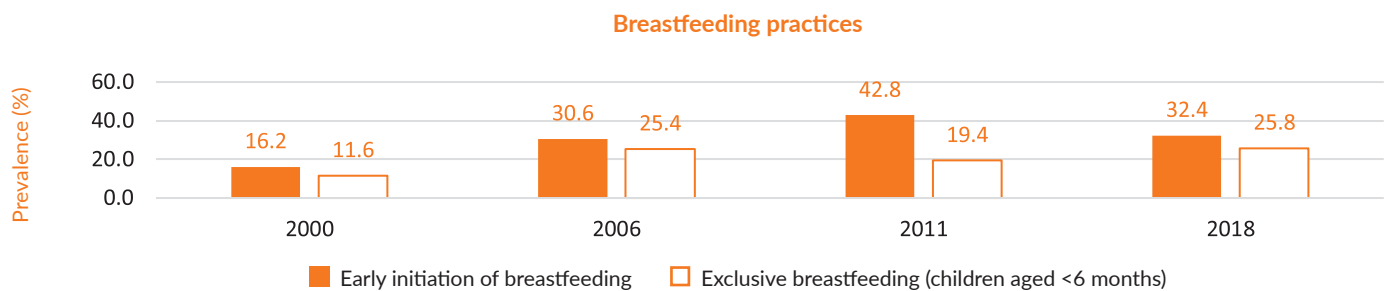


Source: WHO Global Health Observatory.

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.

Infant and young child feeding

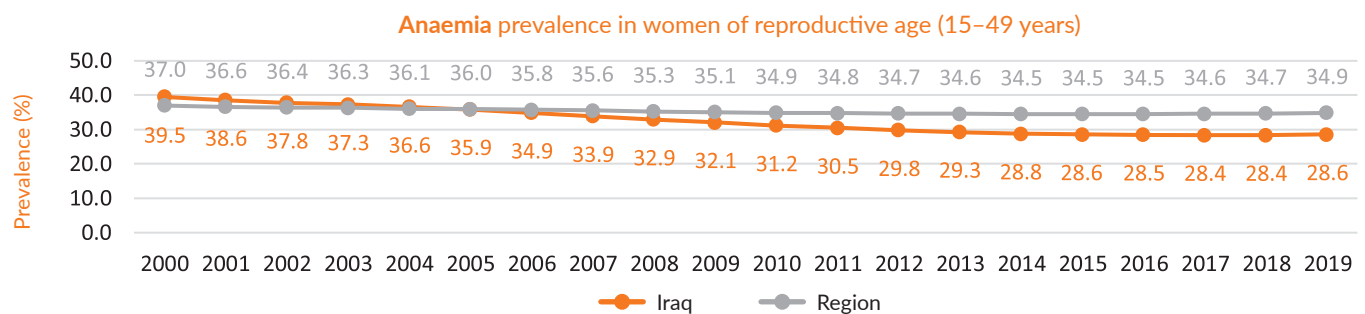
The prevalence of early initiation of breastfeeding (within one hour of birth) in Iraq increased from 16.2% in 2000 to 32.4% in 2018. During the same period, the prevalence of exclusive breastfeeding increased from 11.6% to 25.8%.



Sources: UNICEF.

Anaemia in women of reproductive age

The prevalence of anaemia in women of reproductive age (pregnant and non-pregnant women combined) in Iraq decreased from 39.5% to 28.6% between the years 2000 and 2019.



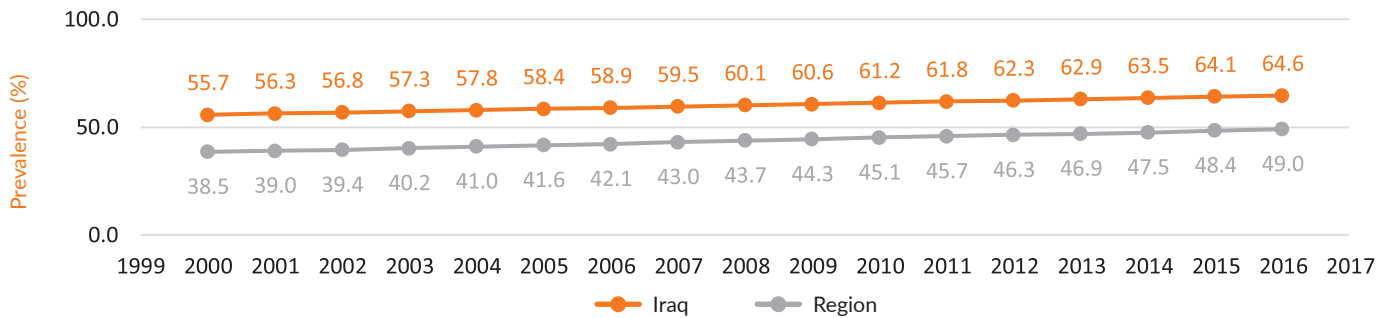
Source: WHO Global Health Observatory.

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

An increase in the prevalence of overweight among adults in Iraq was recorded between the years 2000 and 2016 (from 55.7% to 64.6%). Also, the prevalence of overweight among children and adolescents aged 5–19 rose from 22.2% in 2000 to 32% in 2016.

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



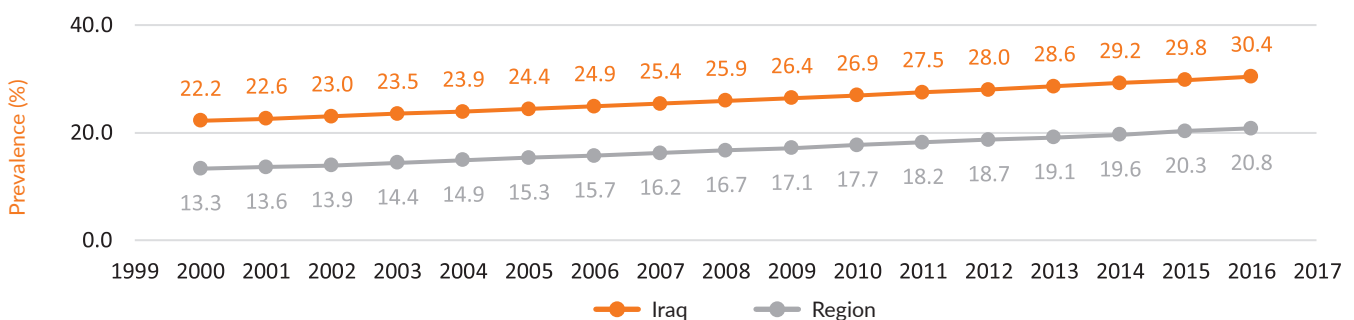
Overweight prevalence among children and adolescents (5-19) (BMI > +1 SD above the median), (crude estimate)



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.)

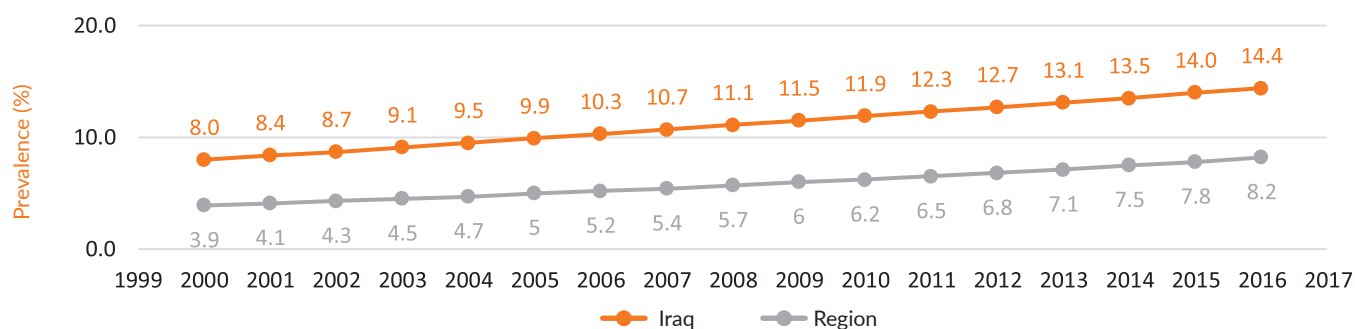
Obesity is the reported risk factor responsible for the second greatest total number of disability-adjusted life years (DALYs) in Iraq in 2019.¹ The prevalence of obesity increased from 22.2% to 30.4% between 2000 and 2016. Similarly, the prevalence of obesity among children and adolescents aged 5–19 significantly increased between 2000 and 2016, from 8% to 14.4%.

Obesity prevalence among adults (BMI ≥ 30), (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).

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



Sources: 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 for children 12–59 months, defined as plasma or serum retinol level <0.7 µmol/l, in 2011–2012 was estimated at 15%. The iodine intake in Iraq is considered inadequate (defined as < 100 µg/L), as the estimated median urinary iodine concentration among school children was 84 µg/L in 2012.²

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	✓	For 2012–2021
Plan of action for obesity prevention	✗	
Strategy or plan of action on infant and young child feeding ^{b, c}	✓	2008
Code of marketing of breast milk substitutes ^{a, d, e}	✓	Since 2015
Child growth monitoring ^{b, c}	✓	Since 2010
School feeding programme ^{b, c}	✓	Since 2010
Community-based management of acute malnutrition ^{b, c}	✓	

Policies	Policy to reduce salt/sodium consumption ^{f, g}	Tax on sugar sweetened beverages ^f	Policy to limit trans-fatty acid intake ^h	Policy to reduce the impact of marketing of food to children	Policy on salt iodization ^{c, i}	Front-of-pack nutrition labelling for food	Wheat flour fortification ^{a, c, j}
	✓	✗	✓	✗	✓	✗	✓
					1993 Voluntary		2008 Mandatory

✓ = Policy/programme implemented

✗ = Policy/programme not implemented

² 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.

- ^a Policies in Iraq: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (<https://extranet.who.int/nutrition/gina/en/policies/1460>, accessed 28 July 2022).
- ^b Programmes in Iraq: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (<https://extranet.who.int/nutrition/gina/en/programmes/1460>, accessed 28 July 2022).
- ^c Global nutrition policy review 2016-2017: country progress in creating enabling policy environments for promoting healthy diets and nutrition. Geneva: World Health Organization; 2018 (<https://www.who.int/publications/i/item/9789241514873>, accessed 13 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 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.
- ^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 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 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/ijrm/v6i3.ft01.

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

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