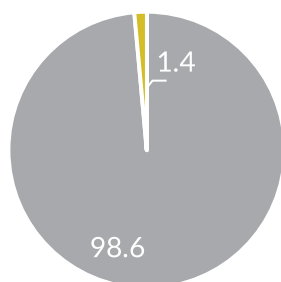


Jordan

Demographics

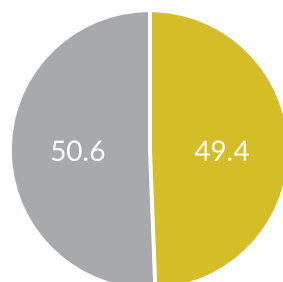
Total population (2020)	10 203 140
Life expectancy at birth (years) female/male (2019)	76/73
Under-5 mortality rate (per 1000 live births) (2019)	16
Gross domestic product per capita (current US\$) (2020)	4282.8

Population as percentage of regional total, 2020



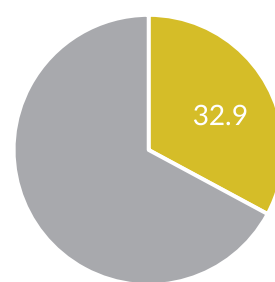
■ Region ■ Jordan

Percentage of female and male population, 2020



■ Female ■ Male

Population aged 0-14 of total population, 2020



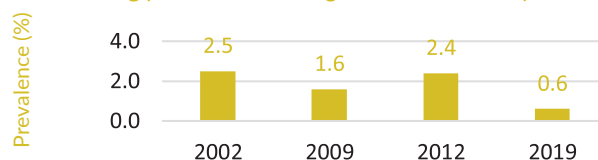
■ 0-14 ■ > 14

Source: The World Bank

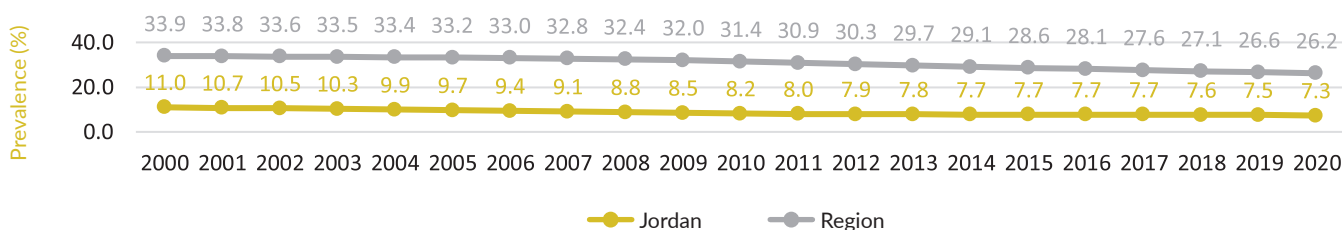
Child malnutrition

The prevalence of wasting in children under five in Jordan decreased from 2.5% in 2002 to 1.6% in 2009, after which it increased to 2.4% in 2012, although the country is still on track to meet the global and regional target to reduce childhood wasting to less than 3% and maintain this level. The prevalence of stunting has decreased from 11.0% to 7.3% over the past two decades. During the same period, the prevalence of overweight in children under five has increased from 5.1% to 7.1%.

Wasting prevalence among children under 5 years of age

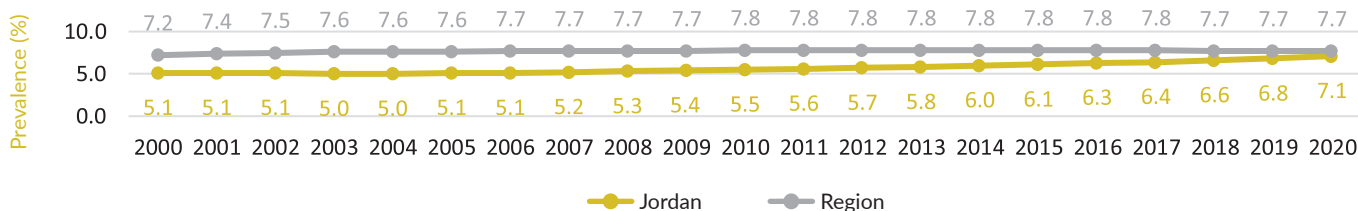


Stunting prevalence among children under 5 years of age



● Jordan ● Region

Overweight prevalence among children under 5 years of age



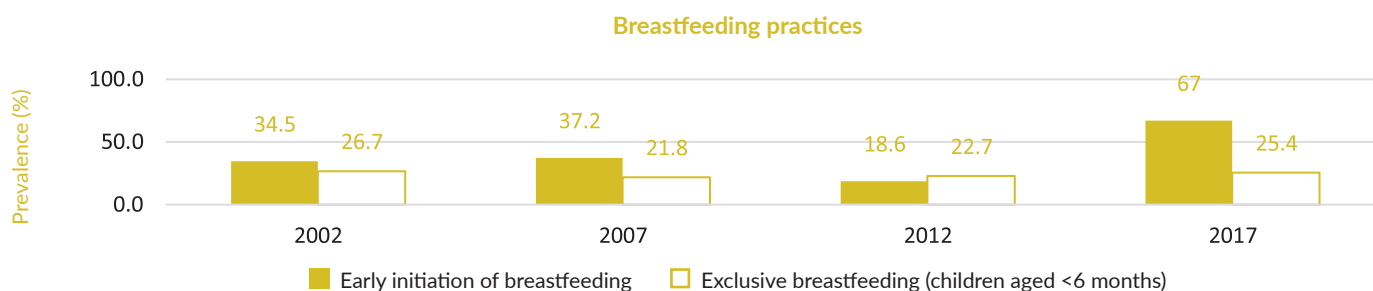
● Jordan ● Region

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

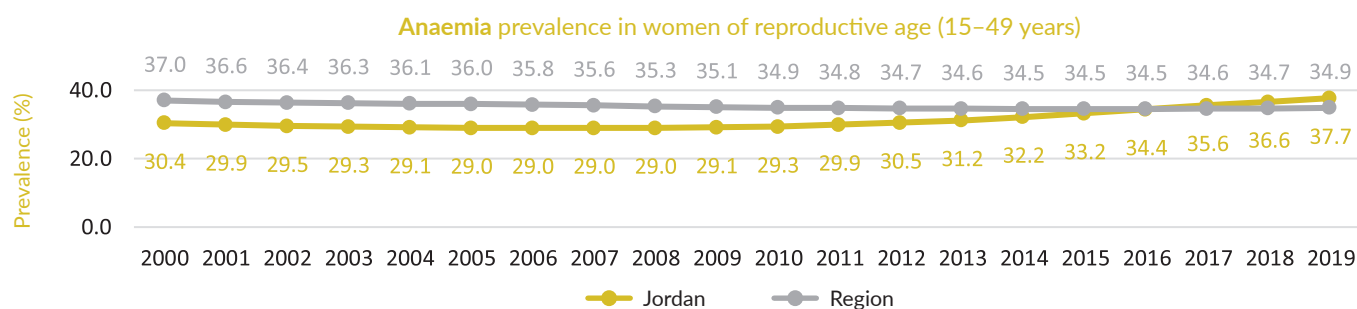
The prevalence of early initiation of breastfeeding (within one hour of birth) in Jordan increased remarkably between the years 2012 (18.6%) and 2017 (67%). The prevalence of exclusive breastfeeding has remained stable, with the latest estimate from 2017 being 25.4%.



Sources: UNICEF.

Anaemia in women of reproductive age

The prevalence of anaemia in women of reproductive age (pregnant and non-pregnant women combined) has increased from 30.4% in 2000 to 37.7% in 2019.



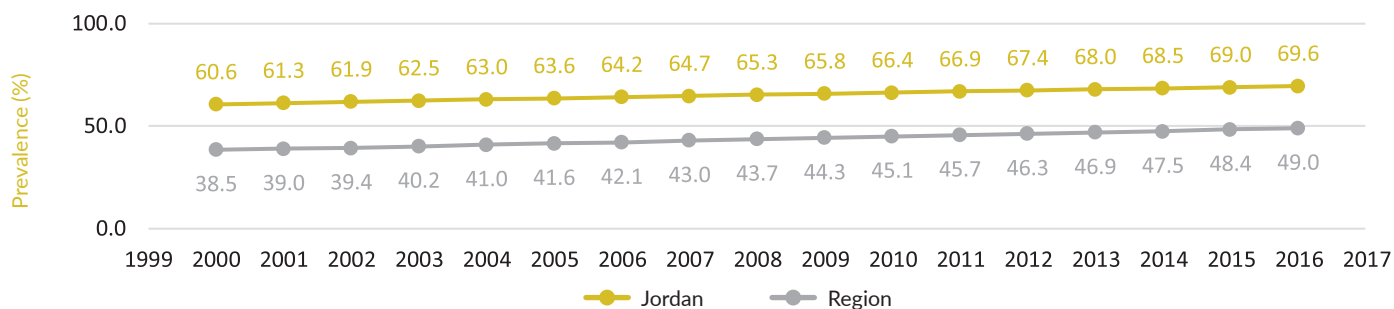
Source: WHO Global Health Observatory.

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/>.

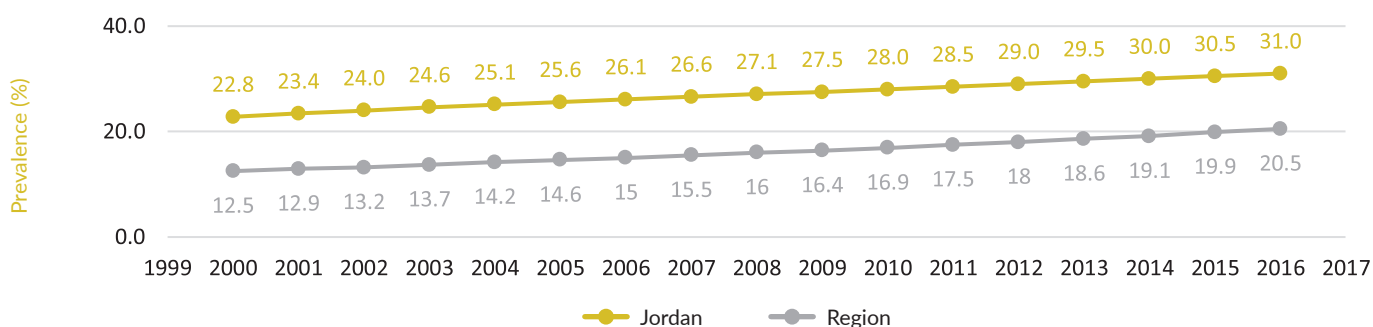
Overweight and obesity

An increase (from 60.6 to 69.6%) in the prevalence of overweight among adults in Jordan has been recorded between the years 2000 to 2016. Also, the prevalence of overweight among children and adolescents aged 5-19 significantly rose from 22.8% in 2000 to 31% in 2016.

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



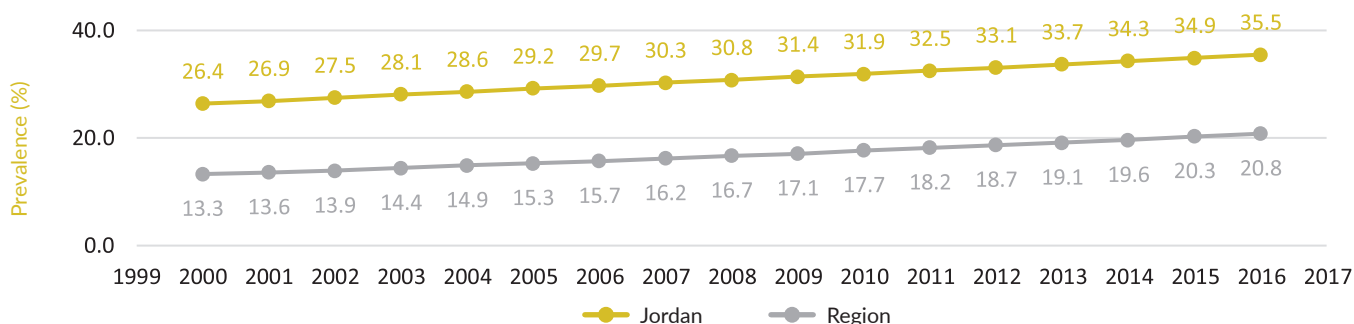
Overweight prevalence among children and adolescents (5-19), (crude estimate)



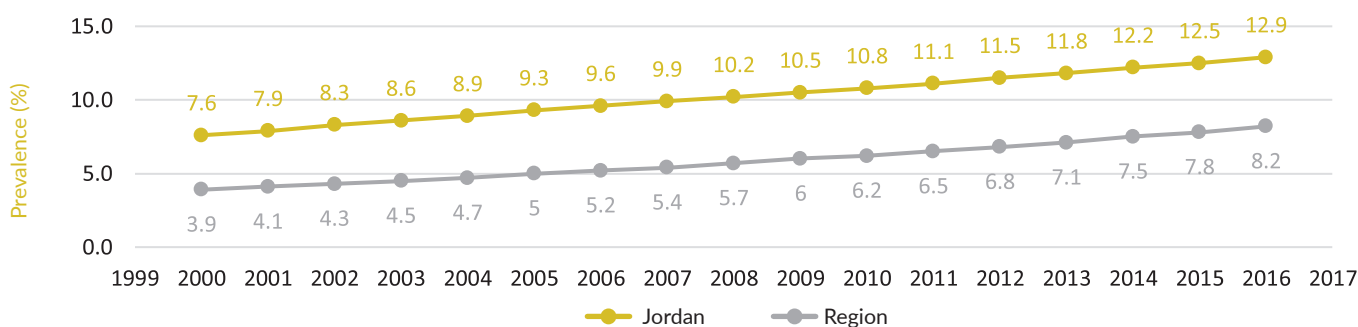
BMI = body mass index. (Overweight in adults is defined as a BMI of 25 or greater, and in children and adolescents as a BMI one or more standard deviations above the median. Obesity in adults is defined as a BMI of 30 or greater, and in children and adolescents as a BMI two or more standard deviations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

Obesity is the reported risk factor responsible for the greatest total number of disability-adjusted life years (DALYs) in Jordan in 2019.¹ The prevalence of obesity has increased from 26.4% to 35.5 % between 2000 and 2016. Among the countries in the Region that suffer from a high incidence of obesity among adults, Jordan is ranked second after Kuwait. Similarly, the prevalence of obesity among children and adolescents aged 5–19 in Jordan has significantly increased between 2000 and 2016 from 7.6% to 12.9%.

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



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



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

¹ Country profiles. Seattle, WA: Institute for Health Metrics and Evaluation, University of Washington; 2021 (<https://www.healthdata.org/results/country-profiles>, accessed 11 July 2022).

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/>.

Overweight and obesity according to the STEPwise survey (2019)

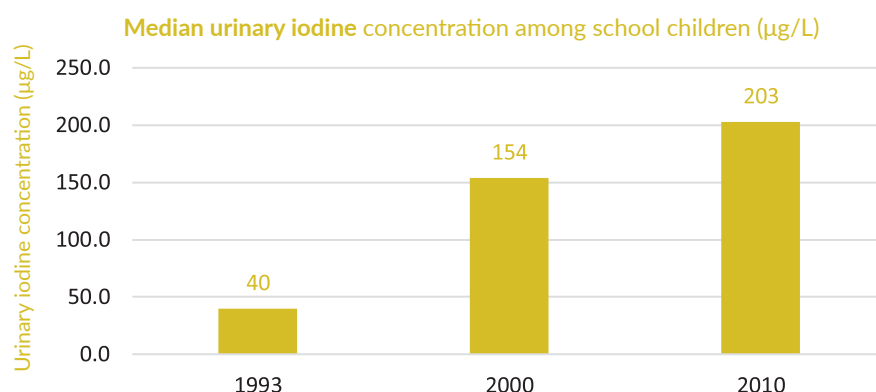
Data from the STEPwise survey 2019 revealed the prevalence of overweight (BMI ≥ 25) among adults in Jordan (age-standardized estimate) to be 60.7%, while the prevalence of obesity (BMI ≥ 30) was 32.3%.²

Source: Ministry of Health of Jordan

Micronutrient status

The prevalence of vitamin A deficiency (serum retinol ≤0.7 μmol/L) in Jordan was 8.1% among preschool age children (children 6–59 months) in 2019. However, iodine intake has been determined to be sufficient (defined as 100–299 μg/L), as the estimated median urinary iodine concentration among school children has markedly upregulated from 40 μg/L in 1993 to 154 μg/L in 2000, and increased again in 2010 to reach 203 μg/L.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, b}	✓	For 2023–2030
Plan of action for obesity prevention ^{a, b, c}	✓	For 2018–2023
Strategy or plan of action on infant and young child feeding	✗	
Code of marketing of breast milk substitutes ^{a, b, d, e}	✓	Updated 2019
Child growth monitoring ^c	✓	Since 1999
School feeding programme ^c	✓	Since 1999

Policies	Policy to reduce salt/sodium consumption ^{a, c, f}	Tax on sugar sweetened beverages	Policy to limit trans-fatty acid intake ^{a, c, g}	Policy to reduce the impact of marketing of food to children ^{b, c}	Policy on salt iodization ^{c, h}	Front-of-pack nutrition labelling for food	Wheat flour fortification ^{a, i}
	✓	✗	✓	✓	✓	✗	✓
	2019		2016	1992-2012	1995 Mandatory		2002 Mandatory

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

^a Policies in Jordan: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (<https://extranet.who.int/nutrition/gina/en/policies/1464>, accessed 6 July 2022).

^b WHO Eastern Mediterranean Regional Office database in collaboration with WHO Country Office and Ministry of Health.

^c Programmes in Jordan: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (<https://extranet.who.int/nutrition/gina/en/programmes/1464>, accessed 6 July 2022).

² Jordan National Stepwise Survey (STEPS) for Noncommunicable Diseases Risk Factors 2019. Amman: Ministry of Health of Jordan; 2019 (<https://extranet.who.int/ncdsmicrodata/index.php/catalog/853/download/6010>, accessed 11 July 2022).

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.

^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 AA, 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 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.

^h 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.

ⁱ 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/ijorm/v6i3.ft01.

Success stories

Multisectoral coordination to tackle obesity in Jordan

In March 2019, a multisectoral technical committee on nutrition was established under the national framework of action on obesity prevention in Jordan 2018–2023. Under the umbrella of the Ministry of Health, the committee also involved the Jordan Food and Drug Administration, the Jordan Standards and Metrology Organization, the Ministry of Education, Amman Municipality, the Ministry of Youth, the Ministry of Industry and Trade, the Royal Medical Services, the University of Jordan and the private sector. The committee's objectives relate to the reformulation of regulations to eliminate trans-fats and reduce saturated fats, sugars and salt, along with the promotion of physical activity, mandatory nutrition labelling and restrictions on marketing of foods high in fats, sugars and salt as well as breast-milk substitutes. Early achievements include the modification of all standards for dairy products (obliging manufacturers to eliminate the addition of industrial trans-fats and non-dairy fats in dairy products), reducing salt levels in Arabic bread from 1.5% to 1%, publication of food composition tables for traditional Jordanian foods, publication of dietary guidelines for the management of noncommunicable diseases, publication of national food-based dietary guidelines, prohibiting the use of trans-fats, margarine and saturated fats in foods provided in hospitals and some other public institutions, and providing healthy meals through youth camps. Items in progress include improving the standards of nutrition labelling and obliging manufacturers to refrain from the addition of plant oils to iced milky products. In collaboration with the World Health Organization the Ministry of Health -Nutrition Department, launched the National Nutrition Strategy and its implementation framework 2023-2030.

Ban on partially hydrogenated oil in dairy products in Jordan

The Ministry of Health in collaboration with the Jordan Standards and Metrology Organization banned use of partially hydrogenated oils in dairy products in 2016. The decree states that only animal fat occurring naturally in dairy products is permitted in milk and cheese. This was implemented to avoid the harmful impact of using hydrogenated fats in processed cheese and its consequences for cardiovascular health.

Ministry of Health Website: <https://www.moh.gov.jo/Default/En>

WHO-EM/NUT/296/E