Nutrition country profile

Lebanon

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

Demographics

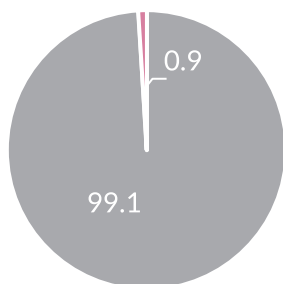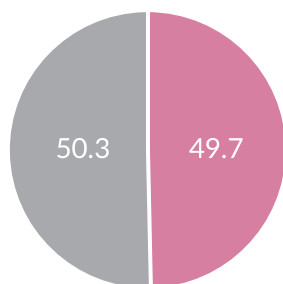|	
Total population (2020)	6 825 442
Life expectancy at birth (years) female/male (2019)	81/77
Under-5 mortality rate (per 1000 live births) (2019)	7
Gross domestic product per capita (current US$) (2020)	4891

Population as percentage of regional total, 2020

0.9
99.1

■ Region ■ Lebanon

Percentage of female and male population, 2020

50.3   49.7

■ Female ■ Male

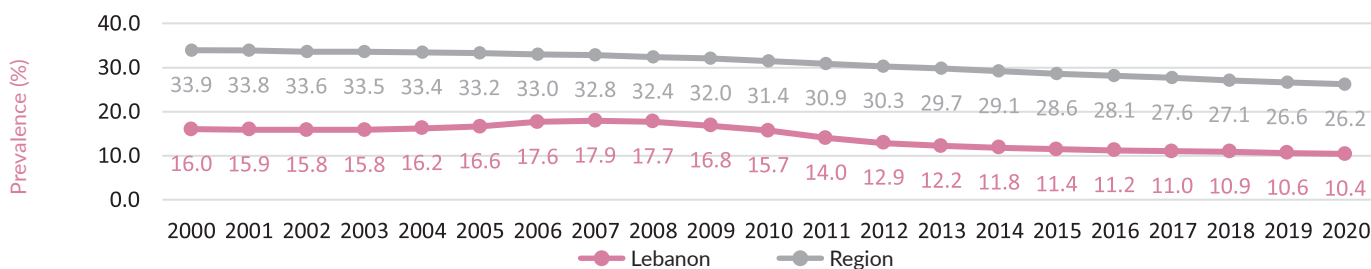**Population aged 0–14 of total population, 2020**

25.1
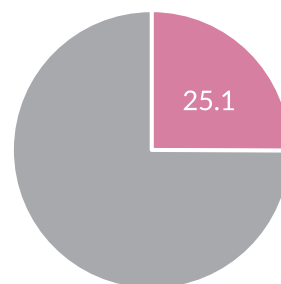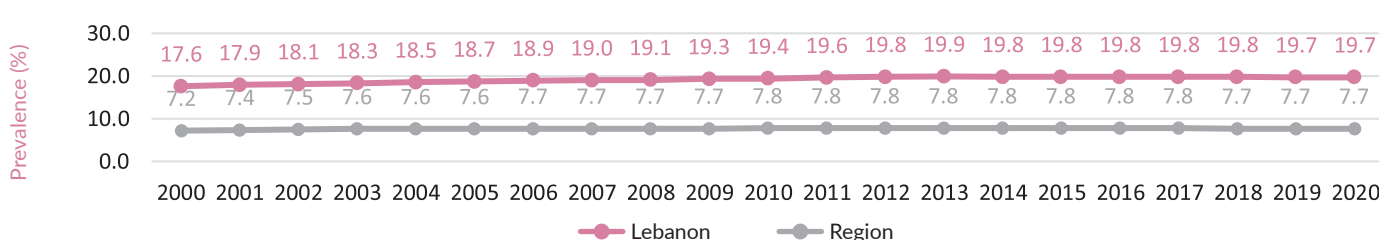
■ 0–14 ■ > 14

Source: The World Bank

Child malnutrition

According to the WHO Global Health Observatory, the prevalence of stunting in children under five in Lebanon has decreased from 16.0% in 2000 to 10.4% in 2020, remaining at a significantly lower level than the regional average throughout the past two decades. During the same period, the prevalence of overweight in children under five has increased from 17.6% to 19.7%, which is among the highest prevalence rates in the Region.

Stunting prevalence among children under 5 years of age

Prevalence (%)

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Region	33.9	33.8	33.6	33.5	33.4	33.2	33.0	32.8	32.4	32.0	31.4	30.9	30.3	29.7	29.1	28.6	28.1	27.6	27.1	26.6	26.2
Lebanon	16.0	15.9	15.8	15.8	16.2	16.6	17.6	17.9	17.7	16.8	15.7	14.0	12.9	12.2	11.8	11.4	11.2	11.0	10.9	10.6	10.4

●— Lebanon ●— Region

Overweight prevalence among children under 5 years of age

Prevalence (%)

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Lebanon	17.6	17.9	18.1	18.3	18.5	18.7	18.9	19.0	19.1	19.3	19.4	19.6	19.8	19.9	19.8	19.8	19.8	19.8	19.8	19.7	19.7
Region	7.2	7.4	7.5	7.6	7.6	7.6	7.7	7.7	7.7	7.7	7.8	7.8	7.8	7.8	7.8	7.8	7.8	7.8	7.8	7.7	7.7

●— Lebanon ●— 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.

Wasting, stunting and overweight in under fives according to the National Nutrition SMART Survey

According to the Lebanon National Nutrition SMART Survey[1], the prevalence of wasting was 1.8%, the prevalence of stunting was 7.0% and the prevalence of overweight was 3.7% in 2021. Lebanon is meeting the regional target of reducing wasting to less than 3% and maintaining this level.

Infant and young child feeding

The prevalence of exclusive breastfeeding in children at 6 months of age in Lebanon was estimated to be 14.8% in 2009.[2]

Breastfeeding practices
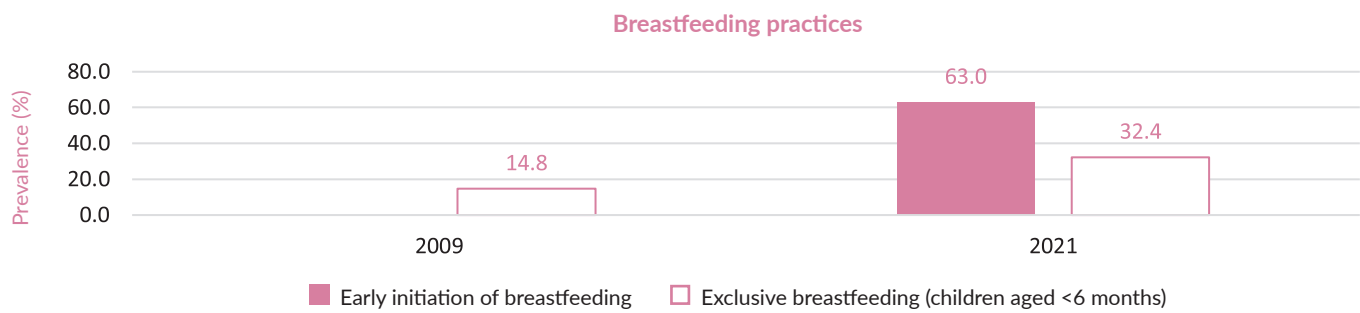
Sources: Lebanon Nutrition Sector, Central Statistics Department.

Anaemia in women of reproductive age

The prevalence of anaemia in women of reproductive age (pregnant and non-pregnant women combined) has remained at a relatively stable level between 2000 and 2019; the prevalence was estimated to be 26.6% in 2000 and 28.3% in 2019.

Anaemia prevalence in women of reproductive age (15–49 years)
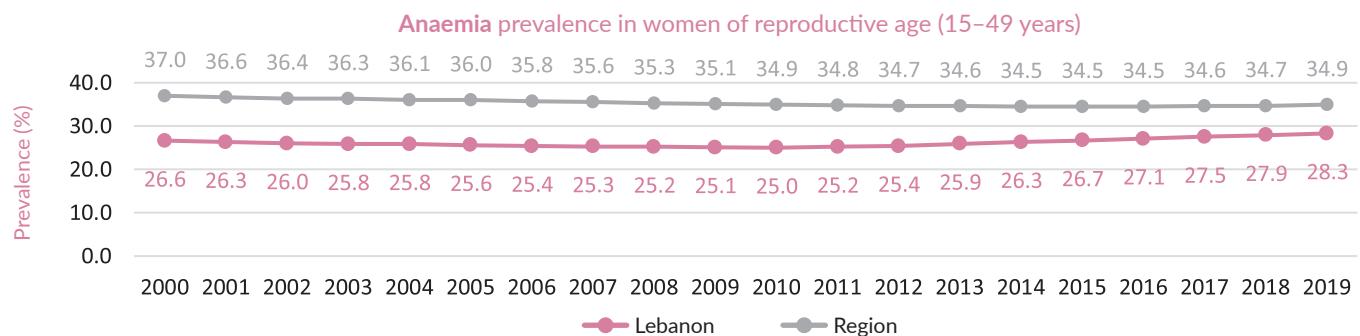
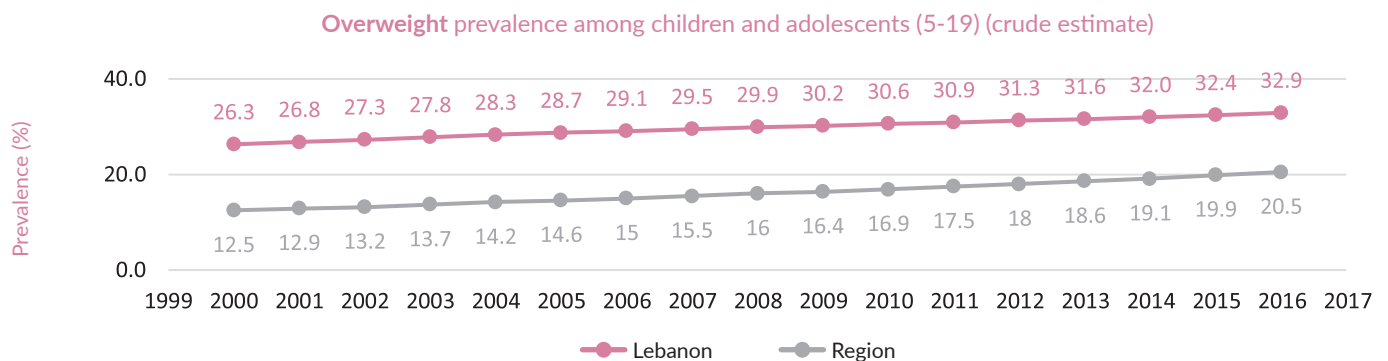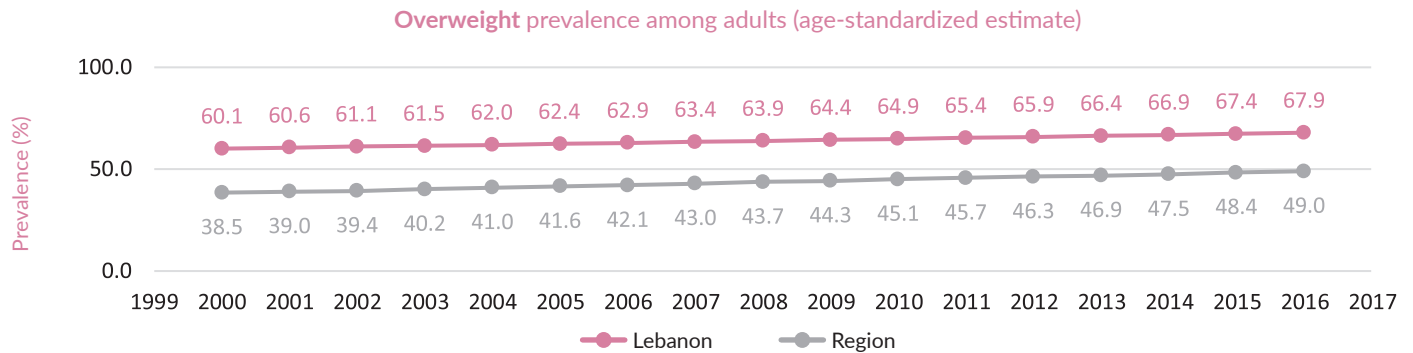Source: WHO Global Health Observatory.

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/.

[1] Lebanon Nutrition Sector. Lebanon national nutrition SMART survey report. 2022 (https://www.unicef.org/mena/media/15741/file/National%20Nutrition%20SMART%20Survey%20Report%20.pdf, accessed on 13 July 2022).

[2] أوضاع متابعة النساء والاطفال [Monitoring the situation of women and children]. Beirut: Central Statistics Department; 2009 (in Arabic) (http://www.cas.gov.lb/images/Mics3/CAS_MICS3_survey_2009.pdf), accessed on 13 July 2022).

Overweight and obesity

A significant increase in the prevalence of overweight among adults in Lebanon (from 60.1% to 67.9%) was recorded between 2000 and 2016. Also, the prevalence of overweight among children and adolescents aged 5–19 rose from 26.3% in 2000 to 32.9% in 2016.

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 greatest total number of disability-adjusted life years (DALYs) in Lebanon in 2019.[3] The prevalence of obesity has increased from 24.6% to 32% between 2000 and 2016. Similarly, the prevalence of obesity among children and adolescents aged 5–19 has significantly increased between 2000 and 2016, from 9.4% to 13.9%.
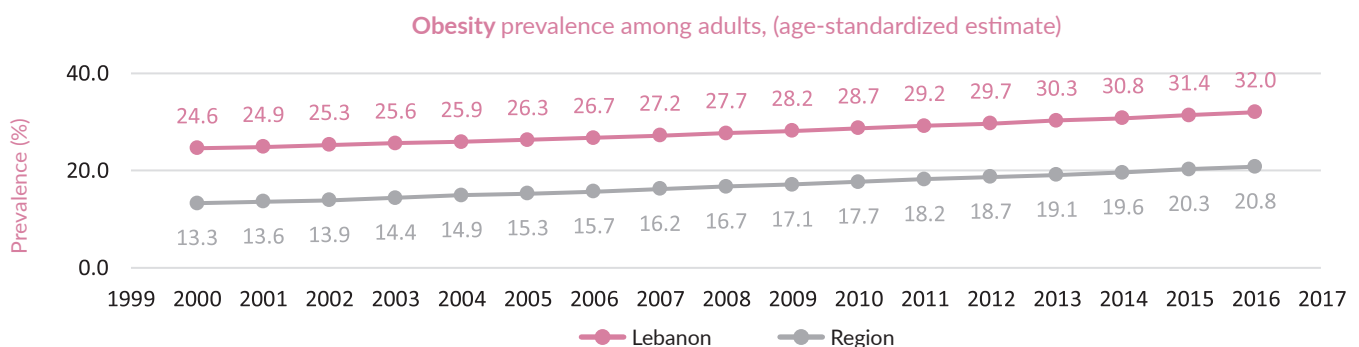
Obesity prevalence among adults, (age-standardized estimate)

[3] Lebanon Nutrition Sector. Lebanon national nutrition SMART survey report. 2022 (https://www.unicef.org/mena/media/15741/file/National%20Nutrition%20SMART%20 Survey%20Report%20.pdf, accessed on 13 July 2022).

Obesity prevalence among children and adolescents 5–19 years (crude estimate)
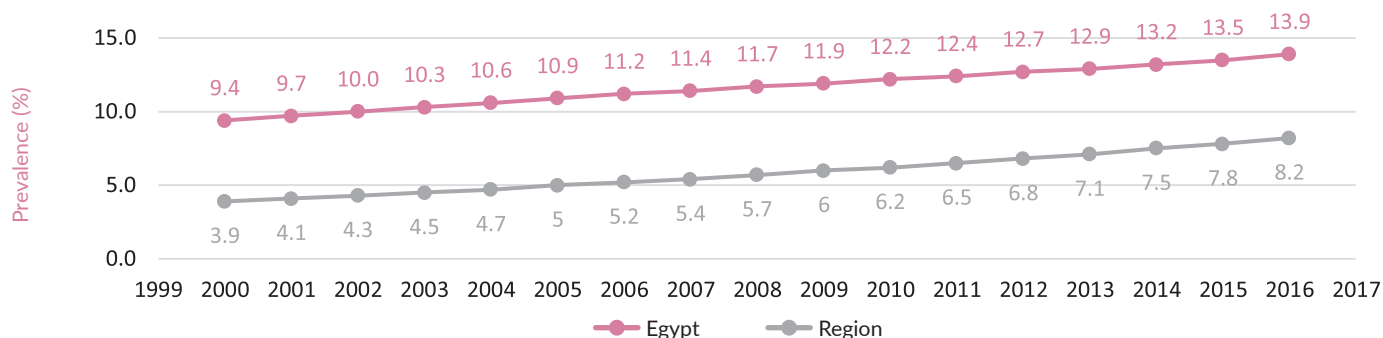
Source: WHO Global Health Observatory.

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/.

Overweight and obesity according to the STEPWISE survey (2017)

According to the Lebanon STEPWISE survey conducted in 2017, the prevalence of overweight (body mass index (BMI) ≥ 25–29.9) among adults was 38% while the prevalence of obesity (BMI ≥ 30) was 27%.[4]

Micronutrient status

The iodine intake in Lebanon is insufficient (defined as < 100 µg/L) as the estimated median urinary iodine concentration among school children was 66 µg/L in 2013.[5]

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 2021–2026
Plan of action for obesity prevention [b, c]	✓	2016
Strategy or plan of action on infant and young child feeding [a,c]	✓	2008
Code of marketing of breast milk substitutes [a, c, d, e]	✓	Since 2011
Child growth monitoring [c]	✓	Since 1996
School feeding programme [a, c]	✓	Since 1980

Policies	Policy to reduce salt/sodium consumption	Tax on sugar sweetened beverages	Policy to limit trans-fatty acid intake [b]	Policy to reduce the impact of marketing of food to children [c]	Policy on salt iodization [c, f]	Front-of-pack nutrition labelling for food	Wheat flour fortification [c]
	☒	☒	☑	☑	☑	☒	☑
			2021-2022	1980	1995		

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

[4] Republic of Lebanon Ministry of Public Health, World Health Organization. WHO stepwise approach for non-communicable diseases risk factor surveillance, Lebanon 2016-2017. Beruit: Republic of Lebanon; 2017 (https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/lebanon/steps/lebanon-steps-report-2016-2017.pdf?sfvrsn=b67a627f_3&download=true, accessed on 13 July 2022).

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

[a] Policies in Lebanon: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (https://extranet.who.int/nutrition/gina/en/policies/1475, accessed 13 July 2022).

[b] WHO Eastern Mediterranean Regional Office database in collaboration with WHO Country Office.

[c] Programmes/actions in Lebanon. In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (https://extranet.who.int/nutrition/gina/en/programmes/1475, 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] 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.

Success stories

Nutrition in the national agenda: experience from Lebanon

The national nutrition strategy and action plan (2021–2026) is the first nutrition strategy ever developed for Lebanon. The process was led by WHO Lebanon, following a thorough consultative process with key stakeholders in the country, including the ministries of public health, agriculture, economy and trade, and others. The strategy comes at a critical time when the country is facing several crises that are having impacts on people's health and nutrition, with a high prevalence of noncommunicable diseases and emerging food insecurity. Lebanon, similar to other countries in the Region, is experiencing a nutrition transition with a double burden of malnutrition associated with inadequate dietary intake and poor nutritional habits. Nutrition interventions have long relied on public and private institutions and nongovernmental organizations in the absence of a national strategy and with suboptimal coordination. The strategy ensures good governance of nutrition interventions and coordination of efforts at the national level. It aims to ensure optimal nutritional outcomes among all persons residing in Lebanon and contribute to improving overall health and well-being.

Ministry of Public Health website: https://www.moph.gov.lb/en

WHO-EM/NUT/298/E