Nutrition country profile

Palestine

REGIONAL OFFICE FOR THE Eastern Mediterranean

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76/72

3 239.7

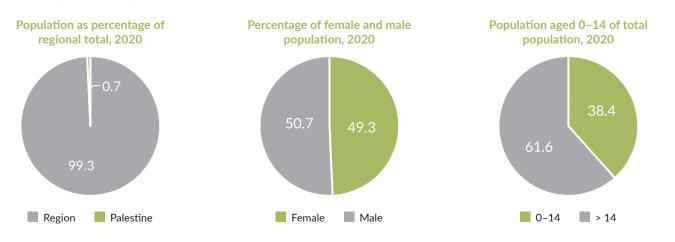
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World Health Organization

Demographics

Total population (2020)

Life expectancy at birth (years) female/male (2019) Under-5 mortality rate (per 1000 live births) (2019) Gross domestic product per capita (current US\$) (2020)

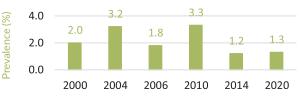


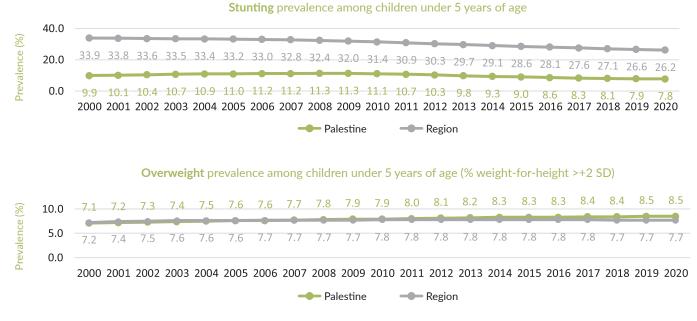
Source: The World Bank

Child malnutrition

The prevalence of wasting in children under five in Palestine decreased from 2.0% in 2000 to 1.3% in 2020. Despite peaks in the prevalence rates in 2004 and 2010, recent estimates indicate that Palestine is on track to meet the global and regional target to reduce childhood wasting to less than 3% and maintain that level. The prevalence of stunting decreased from 9.9% to 7.8% over the past two decades. During the same period, the prevalence of overweight in children under five increased from 7.1% to 8.5%.





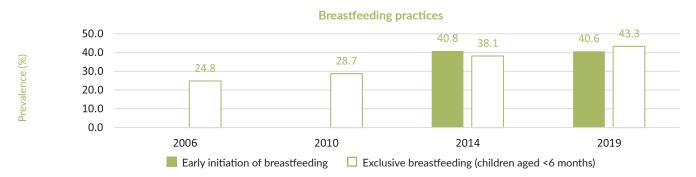




Note: The UNICEF/WHO/WB joint child malnutrition estimates for stunting and overweight are modelled at logit (log-odds) scale using a penalized longitudinal mixed-model with a heterogeneous error term. The country modelled estimates are generated using the JME country dataset, which uses the collection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

Infant and young child feeding

The prevalence of early initiation of breastfeeding (within one hour of birth) in Palestine remained stable between 2014 (40.8%) and 2019 (40.6%). The prevalence of exclusive breastfeeding increased from 24.8% in 2006 to 43.3% in 2019.^{1,2}



Sources: UNICEF, Palestinian Central Bureau of Statistics.

Anaemia in women of reproductive age

The prevalence of anaemia among women of reproductive age (pregnant and non-pregnant women combined) in Palestine decreased from 36.7% in 2000 to 31.0% in 2019.

Anaemia prevalence in women of reproductive age (15-49 years)

| (%) | 40.0 | 37.0 | 36.6 | 36.4 | 36.3 | 36.1 | 36.0 | 35.8 | 35.6 | 35.3 | 35.1 | 34.9 | 34.8 | 34.7 | 34.6 | 34.5 | 34.5 | 34.5 | 34.6 | 34.7 | 34.9 |
|-----------|----------------------|------|------|------|------|------|------|------|------|-----------------|------|------|----------------|------|------|------|------|------|------|------|------|
| revalence | 30.0 20.0 10.0 | 36.7 | 36 | 35.5 | 35.2 | 34.9 | 34.5 | 33.9 | 33.4 | 32.8 | 32 | 31.3 | 30.8 | 30.5 | 30.3 | 30.2 | 30.2 | 30.3 | 30.5 | 30.7 | 31 |
| ā | 0.0 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 Palesti | | 2010 | 2011 — Regi | | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |

Source: WHO Global Health Observatory.

Note: The WHO global anaemia estimates are derived from a hierarchical Bayesian mixture model which 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=daOfbb5f_11 and here: https:// pubmed.ncbi.nlm.nih.gov/25103581/.

Overweight and obesity

Data from the STEPS Survey conducted in Palestine 2010–2011 revealed the prevalence of overweight (body mass index (BMI) \geq 25) among adults to be 57.8%, while the prevalence of obesity (BMI \geq 30) was recorded as 26.8%.³

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pdf&psig=AOvVaw0Ppk2IGc0uwYHgPvVgqBJm&ust=1659166705710572, accessed 29 July 2022).

¹ Infant and young child feeding [website]. New York: United Nations Children's Fund; 2021 (https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding/, accessed 26 July 2022).

² Palestinian Multiple Indicator Cluster Survey 2019-2020, Survey Findings Report. Ramallah: Palestinian Central Bureau of Statistics; 2021 (https://www.pcbs.gov.ps/Downloads/book2552.pdf).

³ Palestine STEPS survey 2010-2011 fact sheet. Geneva: World Health Organization (https://www.google.es/

who.int%2Fncdsmicrodata%2Fndex.php%2Fcatalog%2F733%2Fdownload%2F5150%2F51EPS_OccupiedPalestmianIerritory_2010_hact



Micronutrient status

The prevalence of vitamin A deficiency, defined as serum retinol level <0.7 μ mol/L, was at high level in 2013 as it was estimated at 33% among preschool aged children (6-59 months old).⁴ lodine intake was considered sufficient (defined as 100–299 μ g/L), as the estimated median urinary iodine concentration among school aged children was recorded 193 μ g/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} | \checkmark | For 2017-2022 |
| Plan of action for obesity prevention ^c | \checkmark | |
| Strategy or plan of action on infant and young child feeding $^{\rm a,c,d}$ | \checkmark | For 2017-2022 |
| Code of marketing of breast milk substitutes ^{a, e} | \checkmark | Since 2012 |
| Child growth monitoring ^c | \checkmark | Since 2010 |
| School feeding programme | × | |

| Policies | Policy to reduce salt/sodium consumption a, c, f | Tax on sugar sweetened beverages ^c | Policy to limit trans-fatty acid intake ^{a, c, g} | Policy to reduce the impact of marketing of food to children | Policy on salt iodization ^{f, h, i} | Front-of-pack nutrition labelling for food | Wheat flour fortification ^{f, j} | |
|----------|---|---|--|---|---|--|--|--|
| | \checkmark | \checkmark | \checkmark | × | \checkmark | × | \checkmark | |
| | 2019-2020 Mandatory | 2022 | 2021 | | 2005 Mandatory | | 2006 Mandatory | |

✓ =Policy/programme implemented

 \mathbf{X} =Policy/programme not implemented

^a Policies in Palestine: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (https://extranet.who.int/nutrition/gina/en/policies/1591, accessed 28 July 2022).

^b Assessment report, bottlenecks in anemia prevention and control in the West Bank and Gaza Strip. Washington, DC: The World Bank; 2022 (https://openknowledge.worldbank.org/bitstream/handle/10986/37431/P1727390041c580c60aa9502e5d1d658991.pdf?sequence=1&isAllowed=y, accessed 29 July 2022). c WHO Eastern Mediterranean Regional Office database in collaboration with Ministry of Health.

^d National Strategy for Infant and Young Child Feeding 2017-2022. Ramallah: Ministry of Health (in Arabic).

^e 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.

^f Programmes in Palestine: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (https://extranet.who.int/nutrition/gina/en/programmes/1591, accessed 28 July 2022).

^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 The Mandatory Technical Instructions 14-2005 for the table salt. Palestine:Palestine Standards Institution (in Arabic) (http://www.psi.pna.ps/ar/ TechnicalInstructions/MandatoryPalestinianTechnicalInstructions/%D9%85%D9%84%D8%AD%20%D8%A7%D9%84%D8%B7%D8%B9%D8%A7 %D9%85.pdf)

^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/ijsrm/v6i3.ft01.

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.

⁴ Palestine Micronutrient Survey 2013.Ramallah: Ministry of Health; 2013.



Success stories

Baby-friendly hospital initiative in Palestine

The Baby-Friendly Hospital Initiative was launched in 2013 in Palestine, to support, promote and protect exclusive breastfeeding for children for the first six months of their lives and breastfeeding as well as complementary feeding from six to 24 months of age. This involved implementing the 10 steps to successful breastfeeding, the International Code of Marketing of Breast-milk Substitutes and maternity-friendly care. To support this implementation, the Nutrition Department of the Ministry of Health developed implementation action plans, an infant and young child feeding strategy and policy, a staff training plan, a patient education plan, data collection, a national regulation covering the marketing of breast-milk substitutes and technical regulations relating to infant formula and follow-on formula. Audit tools were also developed for use in the external evaluation of facilities. The process of designating facilities as baby-friendly includes an external evaluation and this designation is valid for three years. Ongoing data collection and quality improvement activities are vital to ensure that facilities maintain their standard of care. By September 2019, there were 23 facilities — in the public, private and nongovernmental-organization sectors, as well as United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNWRA) facilities — designated as baby-friendly, and a further five were working towards designation. All governmental hospitals and the primary health care centres developed a network between them in order to closely follow up women during the prenatal and postnatal period. In 2019–2020, the percentage of children who were breastfeed within one day of birth was 87.3%.

Ministry of Health Website: http://site.moh.ps/

WHO-EM/NUT/303/E