Nutrition country profile

Somalia

REGIONAL OFFICE FOR THE Eastern Mediterranean

15 893 219

59.2/54

117

309.4

World Health Organization

Demographics

Total population (2020)

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



Source: The World Bank

Child malnutrition

According to the Global Health Observatory, the prevalence of wasting in Somalia increased slightly from 13.3% in 2006 to 14.3% in 2009. The prevalence of stunting has decreased from 31.9% to 27.4% over the past two decades, staying very close to the regional average. During the same period, the prevalence of overweight in children under five in Somalia has decreased from 4.5% to 2.9%, which is significantly lower than the regional average.

Wasting prevalence among children under 5 years of age



Stunting prevalence among children under 5 years of age

Prevalence (%)



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-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.

Wasting and stunting

According to the Somali Health and Demographic Survey 2020¹, in 2018-2019 the prevalence of wasting was 11.9% and the prevalence of stunting was 26.9%.

Infant and young child feeding

The prevalence of early initiation of breastfeeding (within one hour of birth) in Somalia increased from 26.3% in 2006 to 60.2% in 2018-2019. The prevalence of exclusive breastfeeding increased from 9% in 2000 to 33.7% in 2018-2019.



Sources: UNICEF.

Anaemia in women of reproductive age

The prevalence of anaemia in women of reproductive age (pregnant and non-pregnant women combined) was estimated to have decreased slightly from 47.9% in 2000 to 43.1% in 2019, remaining at a significantly higher level than the regional average.



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=da0fbb5f_11 and here: https:// pubmed.ncbi.nlm.nih.gov/25103581/.

Overweight and obesity

An overall increase in the prevalence of overweight among adults in Somalia was recorded between the years 2000 and 2016 (from 20% to 28.4%). Also, the prevalence of overweight among children and adolescents aged 5–19 rose from 6.3% in 2000 to 12.9% in 2016.

¹ Somali health and demographic survey 2020. Mogadishu: Somalia National Bureau of Statistics; 2020 (https://www.nbs.gov.so/survey-detail/25;id=25;title=The%20 Somali%20Health%20and%20Demographic%20Survey%202020;description=To%20be%20provided<%2Fp>;postFlag=true;docsSource=https:%2F%2Fapi.nbs.gov. so%2Fwwwroot%2FSurvey%2Fdbb04e360624913938ac77983a2dcda.pdf;createdAt=2022-05-23T00:00:00, accessed 19 July 2022).





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.)

Despite the low incidence of obesity among adults in Somalia, its prevalence has nearly doubled between 2000 and 2016, from 4.1% to 8.3%. Similarly, the prevalence of obesity among children and adolescents aged 5-19 has tripled between 2000 and 2016 from 0.8% to 3%.







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/.

Micronutrient status

The prevalence of vitamin A deficiency among preschool children (aged 6–59 months), defined as retinol binding protein <0.70 μ mol/L, was 34.4% in 2019. The iodine intake, determined by median urinary iodine concentration (UIC) (μ g/L) in Somalia was excessive (defined as \geq 300 μ g/L) as the estimated median UIC among school children was 417 μ g/L in 2009.²

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

Nutrition policies and strategies Key national programmes Date For 2020-2025 Development of national nutrition strategy or action plan^{a, b} \checkmark х Plan of action for obesity prevention For 2012-2016 Strategy or plan of action on infant and young child feeding ^{a, c} Code of marketing of breast milk substitutes X Child growth monitoring х School feeding programme х Policy to reduce Policy to limit Front-of-pack Wheat flour Policy to reduce Policy on salt Tax on sugar salt/sodium sweetened trans-fatty acid the impact of iodization ^d nutrition fortification **Policies** consumption beverages intake marketing of food labelling for food to children Х Х Х X Х Х

✓ =Policy/programme implemented

 \mathbf{X} =Policy/programme not implemented

^a Policies in Somalia: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (https://extranet.who.int/nutrition/gina/en/policies/1545, accessed 13 July 2022).

^b Somalia Nutrition Strategy 2020–2025. Mogadishu: Ministry of Health and Human Services; 2020 (https://www.unicef.org/somalia/media/1756/file/ Somalia-nutrition-strategy-2020-2025.pdf.

^c Programmes in Somalia: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (https://extranet.who.int/nutrition/gina/en/programmes/1545, accessed 6 July 2022).

^d 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

Management of severe acute malnutrition

WHO is working hard to sustain and increase its support to the stabilization centres in Somalia to enhance and improve the clinical outcome of the case management of severe acute malnutrition with medical complications. In 2021, WHO provided training on this type of case management for 100 health care workers from 37 stabilization centres in Somalia. The main goal of this training was to improve the knowledge and skills of health care staff on the inpatient management of severely malnourished children with medical complications in hospital.

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

Ministry of Health Website: https://moh.nomadilab.org/

WHO-EM/NUT/306/E

© World Health Organization 2023

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 iGO licence (CC BY-NC-SA 3.0 iGO; https://creativecommons.org/licenses/by-nc-sa/3.0/igo).