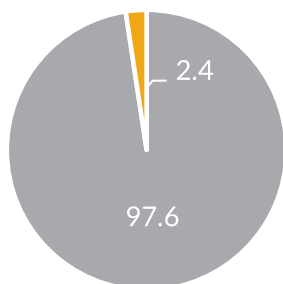


Syrian Arab Republic

Demographics

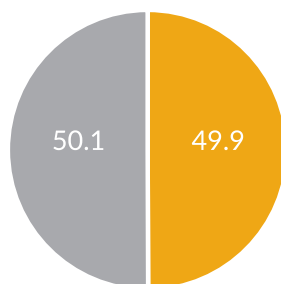
Total population (2020)	17 500 657
Life expectancy at birth (years) female/male (2019)	78/68
Under-5 mortality rate (per 1000 live births) (2019)	22
Gross domestic product per capita (current US\$)	N/A

Population as percentage of regional total, 2020



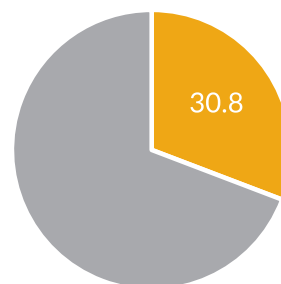
■ Region ■ Syrian Arab Republic

Percentage of female and male population, 2020



■ Female ■ Male

Population aged 0-14 of total population, 2020



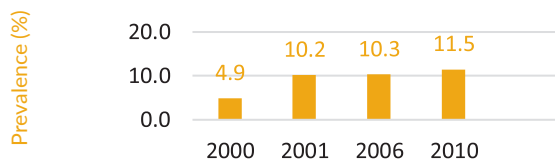
■ 0-14 ■ > 14

Source: The World Bank

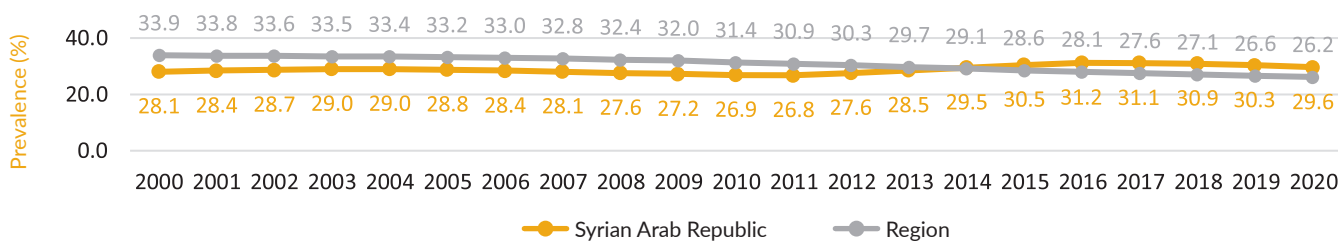
Child malnutrition

According to the WHO Global Health Observatory, the prevalence of wasting in children under five in the Syrian Arab Republic increased from 4.9% in 2000 to 11.5% in 2010. The prevalence of stunting has remained relatively steady over the past two decades, with the latest estimate from 2020 being 29.6%. During the same period, the prevalence of overweight in children under five in the Syrian Arab Republic has slightly increased from 16.9% in 2000 to 18.2% in 2020.

Wasting prevalence among children under 5 years of age

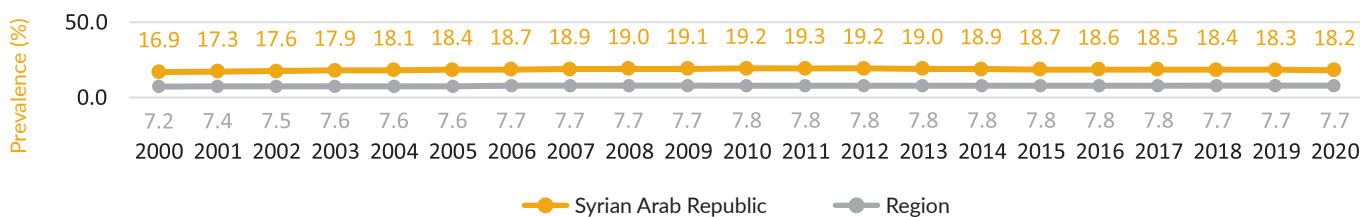


Stunting prevalence among children under 5 years of age



● Syrian Arab Republic ● Region

Overweight prevalence among children under 5 years of age



● Syrian Arab Republic ● Region

Source: WHO Global Health Observatory.

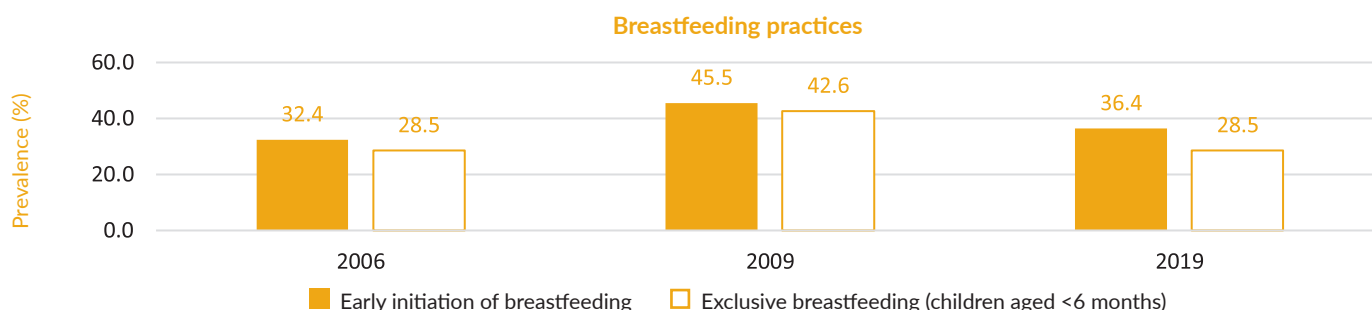
Note: The UNICEF/WHO/WB joint child malnutrition estimates for stunting and overweight are modelled at logit (log-odds) scale using a penalized longitudinal mixed-model with a heterogeneous error term. The country modelled estimates are generated using the JME country dataset, which uses the collection 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 children under five according to the Syrian Arab Republic Nutrition SMART Survey

According to the Syrian Arab Republic Nutrition SMART Survey 2019¹, the prevalence of wasting (measured as global acute malnutrition without oedema, based on weigh-for-height scores) was 1.7%, the prevalence of stunting was 12.6% and the prevalence of overweight was 4.6% in 2019.

Infant and young child feeding

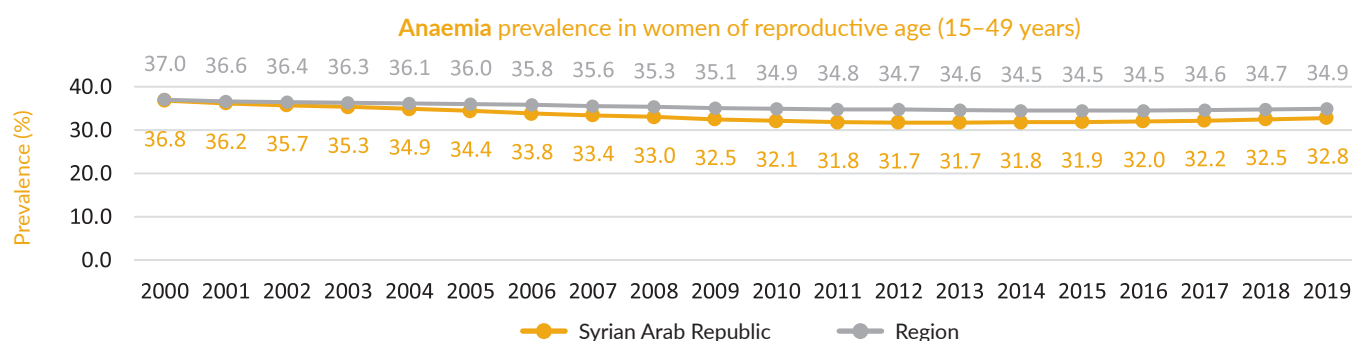
Despite an increase between 2006 and 2009, the prevalence of early initiation of breastfeeding (within one hour of birth) and exclusive breastfeeding in the Syrian Arab Republic have remained relatively stable in the long run; the prevalence of early initiation of breastfeeding was 32.4% in 2006 and 36.4% in 2019, while the prevalence of exclusive breastfeeding was 28.5% both in 2006 and 2019.



Sources: UNICEF, Syrian Arab Republic Nutrition SMART Survey 2019.

Anaemia in women of reproductive age

The prevalence of anaemia in women of reproductive age (pregnant and non-pregnant women combined) in the Syrian Arab Republic decreased from 36.8% in 2000 to 32.8% in 2019.



Source: WHO Global Health Observatory.

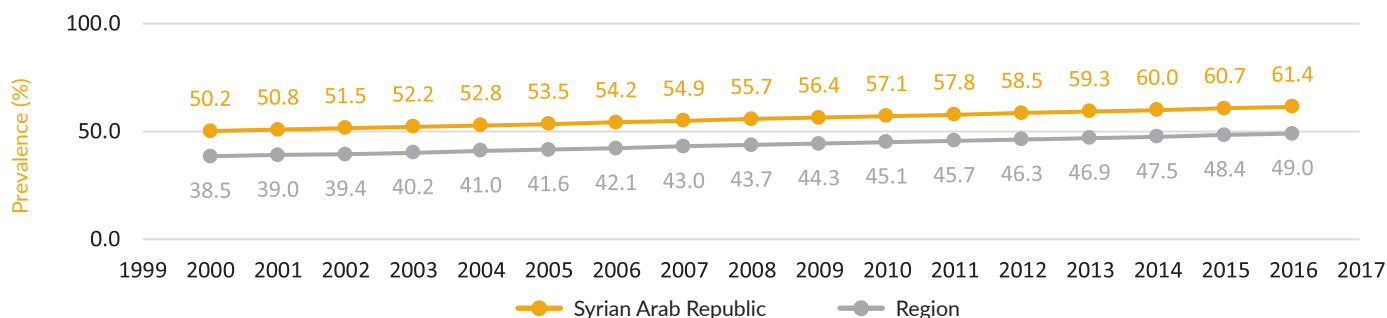
Note: The WHO global anaemia estimates are derived from a hierarchical Bayesian mixture model that uses all available data to make estimates for each country and year. In the model, estimates for each country are informed by data from that country itself, if available, and by data from other countries, 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

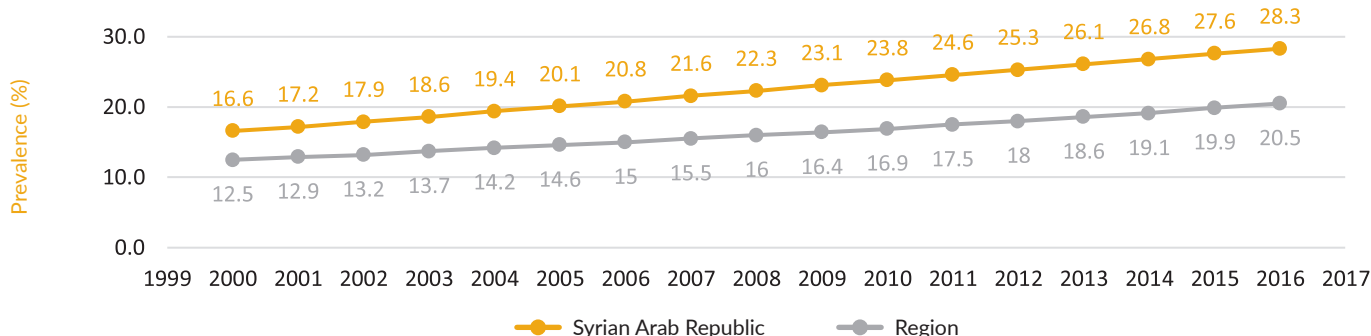
An increase in the prevalence of overweight among adults in the Syrian Arab Republic was recorded between the years 2000 and 2016 (from 50.2 to 61.4%). Moreover, the prevalence of overweight among children and adolescents aged 5-19 rose from 16.6% in 2000 to 28.3% in 2016.

¹ Nutrition SMART Survey Report Syria, March - April 2019. PHC Directorate – Nutrition Department and United Nations Children's Fund; 2019.

Overweight prevalence among adults, (age-standardized estimate)



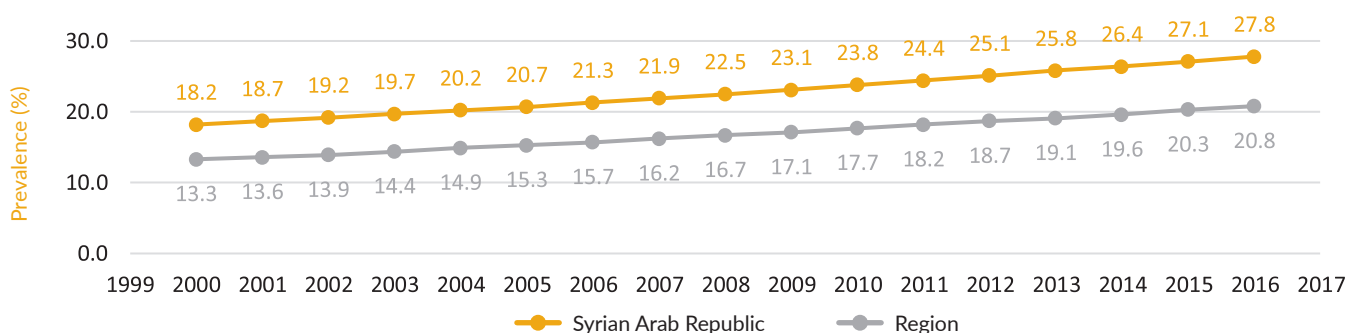
Overweight prevalence among children and adolescents (5-19), (crude estimate)



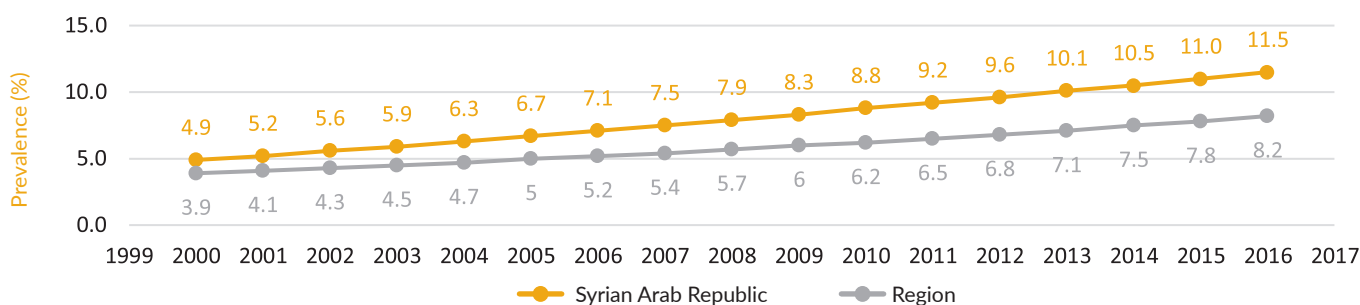
BMI = body mass index. (Overweight in adults is defined as a BMI of 25 or greater, and in children and adolescents as a BMI one or more standard deviations above the median. Obesity in adults is defined as a BMI of 30 or greater, and in children and adolescents as a BMI two or more standard deviations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

Obesity is the reported risk factor responsible for the second greatest total number of disability-adjusted life years (DALYs) in the Syrian Arab Republic in 2019.² The prevalence of obesity increased from 18.2% to 27.8% between 2000 and 2016. Similarly, the prevalence of obesity among children and adolescents aged 5–19 significantly increased between 2000 and 2016 from 4.9% to 11.5%.

Obesity prevalence among adults, (age-standardized estimate)



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



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

² 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).

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

No data are available on micronutrient status in the Syrian Arab Republic.

Nutrition policies and strategies

Key national programmes

		Date
Development of national nutrition strategy or action plan ^{a, b}	✓	For 2022–2025
Plan of action for obesity prevention ^d	✓	
Strategy or plan of action on infant and young child feeding ^{b, c, d}	✓	For 2022–2025
Code of marketing of breast milk substitutes ^{e, f}	✓	2000
Child growth monitoring ^d	✓	2007
School feeding programme ^{b, c}	✓	Updated 2021
Community-based management of acute malnutrition (CMAM) ^{b, c, d}	✓	2020–2021

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

✓ =Policy/programme implemented

✗ =Policy/programme not implemented

^a Policies in Syrian Arab Republic: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (<https://extranet.who.int/nutrition/gina/en/policies/1549>, accessed 6 July 2022).

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

^c National Nutrition Action Plan, Syrian Arab Republic 2021

^d Programmes in Syrian Arab Republic: In: Global database on the Implementation of Nutrition Action [website]. Geneva: World Health Organization; 2022 (<https://extranet.who.int/nutrition/gina/en/programmes/1549>, accessed 6 July 2022).

^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 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 July 2022).

^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: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/ijstrm/v6i3.ft01.

Success stories

WHO support for treatment of children with complicated severe acute malnutrition in the Syrian Arab Republic

In the north-east of the Syrian Arab Republic, due to an escalation of violence, tens of thousands of people fled north from Dayr az Zawr. Most arrived at Al-Hol camp in Al Hasakah governorate in a very poor health condition, including many children suffering from malnutrition, mostly severe. The population of the camp increased sevenfold in just four months. More than 70 000 people, mainly women and children under 12, are currently living in a camp designed to hold 10 000. WHO responded to their needs by working with a subcontracted private facility in Al Hasakah. Children with severe acute malnutrition with medical complications continue to be referred to a WHO-supported nutritional stabilization centre in a private hospital. WHO provided training for the medical and nursing staff and therapeutic nutritional supplies, as well as meeting all other needs and covering the costs of hospitalization. A total of 726 children with severe acute malnutrition with medical complications were admitted and treated. Most cases were in children under 24 months due to the severe food insecurity, dire humanitarian conditions and weak infant and young child feeding practices before arrival at the camp. Despite the severe circumstances, overwhelming caseload and minimal resources, the programme has achieved good results in managing cases admitted to Al Hikmah hospital, with low mortality rates (3.3 %), high weight gain (14 g per kg per day) and an acceptable duration and cost of hospitalization.

Ministry of Health Website: <https://www.moh.gov.sy/en>

WHO-EM/NUT/308/E