**Nutrition country profile**

### 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

#### 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.

**Stunting prevalence among children under 5 years of age**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence (%)</td>
<td>33.9</td>
<td>33.8</td>
<td>33.6</td>
<td>33.5</td>
<td>33.4</td>
<td>33.2</td>
<td>33.0</td>
<td>32.8</td>
<td>32.6</td>
<td>32.4</td>
<td>32.0</td>
</tr>
</tbody>
</table>

**Overweight prevalence among children under 5 years of age**

<table>
<thead>
<tr>
<th>Year</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence (%)</td>
<td>16.9</td>
<td>17.3</td>
<td>17.6</td>
<td>17.9</td>
<td>18.1</td>
<td>18.4</td>
<td>18.7</td>
<td>18.9</td>
<td>19.0</td>
<td>19.2</td>
<td>19.3</td>
</tr>
</tbody>
</table>

Source: The World Bank

Source: WHO Global Health Observatory.
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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 2019\(^1\), the prevalence of wasting (measured as global acute malnutrition without oedema, based on weight-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.

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.

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.


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. 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%.

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

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

Nutrition policies and strategies

<table>
<thead>
<tr>
<th>Key national programmes</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of national nutrition strategy or action plan</td>
<td>✔</td>
</tr>
<tr>
<td>Plan of action for obesity prevention</td>
<td>✔</td>
</tr>
<tr>
<td>Strategy or plan of action on infant and young child feeding</td>
<td>✔</td>
</tr>
<tr>
<td>Code of marketing of breast milk substitutes</td>
<td>✔</td>
</tr>
<tr>
<td>Child growth monitoring</td>
<td>✔</td>
</tr>
<tr>
<td>School feeding programme</td>
<td>✔</td>
</tr>
<tr>
<td>Community-based management of acute malnutrition (CMAM)</td>
<td>✔</td>
</tr>
</tbody>
</table>

### Policies

<table>
<thead>
<tr>
<th>Policies</th>
<th>Tax on sugar sweetened beverages</th>
<th>Policy to limit trans-fatty acid intake</th>
<th>Policy to reduce the impact of marketing of food to children</th>
<th>Policy on salt iodization</th>
<th>Front-of-pack nutrition labelling for food</th>
<th>Wheat flour fortification</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Policy to reduce salt/sodium consumption</td>
<td>✔</td>
<td>✗</td>
<td>✗</td>
<td>✔</td>
<td>✗</td>
<td>✔</td>
</tr>
<tr>
<td>✗ Policy to limit sugar sweetened beverages</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>

Date: For 2022–2025

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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/.

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
- Front-of-pack nutrition labelling for food
- Wheat flour fortification

Policy implementations:

- ✔ = Policy/programme implemented
- ✗ = Policy/programme not implemented

- **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
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

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