Nutrition country profile
Saudi Arabia

Demographics

- Total population (2019): 34,813,867
- Life expectancy at birth (years) female/male (2019): 77/74
- Under-5 mortality rate (per 1000 live births) (2020): 7
- Gross domestic product per capita (current US$) (2020): 20,110.3

Child malnutrition

The most recent estimate for the prevalence of wasting in children under five in Saudi Arabia was 3.8% in 2020. The prevalence of stunting has decreased from 13.3% to 3.9% over the past two decades. Over the same period, the prevalence of overweight in children under five has increased from 3.1% to 7.6%, approaching the regional average.

Source: The World Bank

Source: WHO Eastern Mediterranean Regional Health Observatory.
Nutrition country profile
Saudi Arabia

Breastfeeding practices

<table>
<thead>
<tr>
<th>Year</th>
<th>Early Initiation of Breastfeeding</th>
<th>Exclusive Breastfeeding (children aged &lt;6 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>43.6</td>
<td>68.7</td>
</tr>
<tr>
<td>2017</td>
<td>43.9</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>41.4</td>
<td></td>
</tr>
</tbody>
</table>

Sources: WHO Eastern Mediterranean Regional Health Observatory, Ahmed et al.

Infant and young child feeding

The prevalence of early initiation of breastfeeding in Saudi Arabia was 43.6% in 2016. The prevalence of exclusive breastfeeding decreased from 68.7% in 2016 to 41.4% in 2018.

Anaemia in women of reproductive age

The prevalence of anaemia in women of reproductive age (pregnant and non-pregnant women combined) decreased from 31.7% in 2000 to 27.5% in 2019.

Overweight and obesity

A significant increase in the prevalence of overweight among adults in Saudi Arabia was recorded between the years 2000 and 2016 (from 61% to 69.7%). Also, the prevalence of overweight among children and adolescents aged 5–19 rose from 25.1% in 2000 to 35.6% in 2016.

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/.

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.

Obesity is the reported risk factor responsible for the greatest total number of disability-adjusted life years (DALYs) in Saudi Arabia in 2019. The prevalence of obesity increased from 26.2% to 35.4% between 2000 and 2016. Similarly, the prevalence of obesity among children and adolescents aged 5–19 significantly increased between 2000 and 2016 from 9.8% to 17.4%.

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Micronutrient status

Iodine intake in Saudi Arabia determined by median urinary iodine concentration (UIC) is adequate (defined as 100–299 μg/L) as the estimated median UIC among school children was recorded as 133 μg/L in 2012.


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 a</td>
<td>For 2014–2025</td>
</tr>
<tr>
<td>Plan of action for obesity prevention b, c</td>
<td>Updated 2015</td>
</tr>
<tr>
<td>Strategy or plan of action on infant and young child feeding b, c</td>
<td>Updated 2020</td>
</tr>
<tr>
<td>Code of marketing of breast milk substitutes a, c, d</td>
<td>Updated 2021</td>
</tr>
<tr>
<td>Child growth monitoring b, c</td>
<td>Since 1990</td>
</tr>
<tr>
<td>School feeding programme b, c</td>
<td>Updated 2020</td>
</tr>
</tbody>
</table>

Policies

- Policy to reduce salt/sodium consumption a, c, f
- Tax on sugar sweetened beverages a, b, c, g
- Policy to limit trans-fatty acid intake a, b, c, h
- Policy to reduce the impact of marketing of food to children a, c
- Policy on salt iodization c, i
- Front-of-pack nutrition labelling for food a, c, j
- Wheat flour fortification b, c, k

Updated 2021

- 2017–2019
- 2017-2020
- Updated 2018
- Updated 2018
- Updated 2021

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

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c WHO Eastern Mediterranean Regional Office: Programmes in collaboration with Saudi Food and Drug Authority (SFDA)

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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/.

Impact of carbonated and energy drink taxes in Saudi Arabia

Saudi Arabia levies a 50% tax on carbonated drinks and a 100% tax on energy drinks. These taxes were adopted for Gulf Cooperation Council countries in 2016 and Saudi Arabia became the first to implement the measure in June 2017. In addition, a 5% value added tax was added to the beverage tax in 2018. Since December 2019, a 50% tax has also been applied to other sugary drinks. Carbonated drink prices increased by 67% and annual purchases, in volume per capita, of carbonated and energy drinks reduced by 41% and 58%, respectively, in 2018 compared with 2016.6

Healthy food strategy

In 2013, the Saudi national health informatics survey conducted by the Ministry of Health revealed that almost 59.4% of the population are overweight (BMI ≥ 25), and 28.7% of them are obese (BMI ≥ 30)7. NCDs account accounted for 73% of total mortality (WHO, 2018). Therefore, in line with Saudi Arabia’s vision for 2030 and in light of the WHO recommendations, the SFDA in collaboration with other governmental sectors has launched a Healthy Food Strategy in order to tackle the prevalence of NCDs. In 2017, regular multisectoral meetings resulted in a country roadmap to tackle the prevalence of NCDs. The SFDA has started working on different initiatives in order to promote public health, by setting different nutrition policies to reduce the amount of sugar, salt and fats in all food products. These policies include: (1) the labelling of food products, juices, nectar and fruit drinks; (2) the reduction of salt in food products by setting limits of salt for many food categories; (3) setting a limit of 1 g salt per 100 g in bread; (4) banning the use of partially hydrogenated oils (PHOs) in food manufacturing.

Furthermore, SFDA has enacted many nutritional policies for food establishments to enable consumers to select healthier choices when dining out, including: (1) Requiring calorie counts and allergens to be displayed on the menus of all food service establishments. (2) Requiring nutrition information and juice composition to be displayed in all food and drink service establishments.

Several educational campaigns have been launched by the SFDA, as a part of the healthy food strategy, to promote healthy diets to consumers. Measures included a voluntary pledge by the food Industry as part of which 11 food companies have signed a voluntary commitment with the SFDA to reduce the amount of sugar, salt and fat in their food products on a yearly basis; an initiative to promote public health in the workplace in order to improve the nutritional status of the Saudi population; an initiative entitled My Fitness, My Meal which encourages food establishments (restaurants, cafes, etc.) to create a simple meal plan (600 calories for breakfast, 600 calories for lunch and 600 calories for dinner).8

Progress with trans-fatty acids

The use of trans-fat is a major public health risks, with consequences such as cardiovascular diseases, obesity and high blood pressure. This issue has become a matter of great concern in Saudi Arabia, and therefore a number of nutrition policies have been issued to prohibit its use in food products. The SFDA set up a four-phase legislative framework, which would ultimately prevent the use of PHOs in food manufacturing. Phase 1 started in 2015; the SFDA issued trans-fat (TFA) labelling, which was implemented in September 2016. During phase 2, the SFDA has set limits of TFAs at 2% in fats and oils and 5% in other food products. These limits took effect in 2017. After a few months of implementation, the SFDA started collecting samples of prepackaged foods from different markets across the country to assess the compliance rate with the new regulation at the national level. The sampling report showed a high level of compliance (94.7%). This motivated the SFDA to collaborate with the private sector and sign a voluntary pledge to encourage the food industry to reformulate their food products, with lower amounts of TFA (less than 1% of the product). Phase four was started by banning the use of PHOs from 1 January 2021.

References


Ministry of Health Website: https://www.moh.gov.sa/en/Pages/default.aspx