Child malnutrition

The prevalence of wasting in children under five in Qatar decreased from 10.1% in 2013 to 2.8% in 2017. The prevalence of stunting decreased from 9.4% to 4.6% over the past two decades, remaining significantly lower than the regional average. During the same period, the prevalence of overweight in children under five increased from 9.9% to 13.9%, remaining at a notably higher level than the regional average.
Nutrition country profile
Qatar

A significant increase in the prevalence of overweight among adults in Qatar was recorded between the years 2000 and 2016 (from 62.9% to 71.7%). Also, the prevalence of overweight among children and adolescents aged 5–19 rose from 31.7% in 2000 to 38.7% in 2016.

Overweight and obesity

A significant increase in the prevalence of overweight among adults in Qatar was recorded between the years 2000 and 2016 (from 62.9% to 71.7%). Also, the prevalence of overweight among children and adolescents aged 5–19 rose from 31.7% in 2000 to 38.7% in 2016.

Infant and young child feeding

The prevalence of early initiation of breastfeeding (within one hour of birth) in Qatar was 33.5% in 2012. The prevalence of exclusive breastfeeding among children under six months was 29.3%.

Sources: UNICEF.

Anaemia in women of reproductive age

The prevalence of anaemia in women of reproductive age in Qatar decreased slightly from 31.4% to 28.1% between the years 2000 and 2019.

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://www.who.int/mediacentre/factsheets/fs368/en/.

Source: WHO Global Health Observatory.
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 greatest total number of disability-adjusted life years (DALYs) in Qatar in 2019.¹ The prevalence of obesity in Qatar increased from 26.2% to 35.1% between 2000 and 2016. Similarly, the prevalence of obesity among children and adolescents aged 5-19 in Qatar significantly increased between 2000 and 2016, from 13.6% to 19.5%.

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 iodine intake in Qatar is considered excessive, as the estimated median urinary iodine concentration among school children was recorded to be 341 μg/L in 2014.2


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, b</td>
<td>✓ 2017–2022</td>
</tr>
<tr>
<td>Plan of action for obesity prevention b</td>
<td>✓ 2015</td>
</tr>
<tr>
<td>Strategy or plan of action on infant and young child feeding b</td>
<td>✓ Since 2014</td>
</tr>
<tr>
<td>Code of marketing of breast milk substitutes c, d</td>
<td>×</td>
</tr>
<tr>
<td>Child growth monitoring b</td>
<td>✓ 2011–2016</td>
</tr>
<tr>
<td>School feeding programme a, b, e</td>
<td>✓ 2018–2019</td>
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Policies

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</thead>
<tbody>
<tr>
<td>Policy to reduce salt/sodium consumption b, f</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
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<tr>
<td>Tax on sugar sweetened beverages g, h</td>
<td>✓</td>
<td>2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy to limit trans-fatty acid intake h, i</td>
<td>✓</td>
<td>2011–2016</td>
<td></td>
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<tr>
<td>Policy to reduce the impact of marketing of food to children a, j</td>
<td>✓</td>
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<tr>
<td>Policy on salt iodization h, k</td>
<td>✓</td>
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<tr>
<td>Front-of-pack nutrition labelling for food</td>
<td>✓</td>
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<tr>
<td>Wheat flour fortification b, l</td>
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</tbody>
</table>

✓ = Policy/programme implemented  × = Policy/programme not implemented


Success stories

Sustainability considerations in the Qatar dietary guidelines

The Qatar dietary guidelines, a part of the National Health Strategy and Nutrition and Physical Activity Plan published in 2016, include a recommendation to “eat healthy while protecting the environment”. Specific advice is to emphasize a plant-based diet (including vegetables, fruit, whole grain cereals, legumes, nuts and seedings), reduce leftovers and waste, consume foods produced locally and regionally, choose fresh, homemade foods and conserve water in food preparation. The guidelines include some explanatory facts on sustainability issues related to food production and preparation and some key tips for households.

Ministry of Health Website: https://www.moph.gov.qa/english/Pages/default.aspx