



Food and Agriculture
Organization of the
United Nations

2021

NEAR EAST
AND NORTH AFRICA
**REGIONAL OVERVIEW
OF FOOD SECURITY
AND NUTRITION**

STATISTICS AND TRENDS

Required citation:

FAO. 2021. *Near East and North Africa – Regional Overview of Food Security and Nutrition 2021: Statistics and trends*. Cairo. <https://doi.org/10.4060/cb7495en>

The designations employed and the presentation of material in this information product do not imply the expression of any opinion whatsoever on the part of the Food and Agriculture Organization of the United Nations (FAO) concerning the legal or development status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The mention of specific companies or products of manufacturers, whether or not these have been patented, does not imply that these have been endorsed or recommended by FAO in preference to others of a similar nature that are not mentioned.

ISBN 978-92-5-135255-7

© FAO, 2021



Some rights reserved. This work is made 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/legalcode>).

Under the terms of this licence, this work may be copied, redistributed and adapted for non-commercial purposes, provided that the work is appropriately cited. In any use of this work, there should be no suggestion that FAO endorses any specific organization, products or services. The use of the FAO logo is not permitted. If the work is adapted, then it must be licensed under the same or equivalent Creative Commons licence. If a translation of this work is created, it must include the following disclaimer along with the required citation: “This translation was not created by the Food and Agriculture Organization of the United Nations (FAO). FAO is not responsible for the content or accuracy of this translation. The original English edition shall be the authoritative edition.”

Disputes arising under the licence that cannot be settled amicably will be resolved by mediation and arbitration as described in Article 8 of the licence except as otherwise provided herein. The applicable mediation rules will be the mediation rules of the World Intellectual Property Organization <http://www.wipo.int/amc/en/mediation/rules> and any arbitration will be conducted in accordance with the Arbitration Rules of the United Nations Commission on International Trade Law (UNCITRAL).

Third-party materials. Users wishing to reuse material from this work that is attributed to a third party, such as tables, figures or images, are responsible for determining whether permission is needed for that reuse and for obtaining permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

Sales, rights and licensing. FAO information products are available on the FAO website (www.fao.org/publications) and can be purchased through publications-sales@fao.org. Requests for commercial use should be submitted via: www.fao.org/contact-us/licence-request. Queries regarding rights and licensing should be submitted to: copyright@fao.org.

COVER PHOTOGRAPH ©FAO/Sithembile Siziba

Sanaa, a young farmer and recent graduate of the ‘Green jobs and Sustainable Income Opportunities for Palestinian Female and Male Youth in the Agri-food Sector’ programme in her strawberry farm, Palestine.

2021
**NEAR EAST
AND NORTH AFRICA**
**REGIONAL OVERVIEW
OF FOOD SECURITY
AND NUTRITION**
STATISTICS AND TRENDS

Food and Agriculture Organization of the United Nations
Cairo, 2021

CONTENTS

FOREWORD	v
ACKNOWLEDGEMENTS	vii
ACRONYMS AND ABBREVIATIONS	viii
CHAPTER 1	
SUSTAINABLE DEVELOPMENT GOAL 2.1: UNDERNOURISHMENT AND FOOD INSECURITY	1
1.1 Prevalence of undernourishment	2
1.2 Prevalence of food insecurity based on the Food Insecurity Experience Scale	7
CHAPTER 2	
SUSTAINABLE DEVELOPMENT GOAL 2.2: MALNUTRITION	12
2.1 Stunting among children under five	12
2.2 Wasting among children under five	15
2.3 Overweight among children under five	17
2.4 Anaemia among women of reproductive age	19
CHAPTER 3	
ADDITIONAL WORLD HEALTH ASSEMBLY NUTRITION INDICATORS	21
3.1 Adult obesity	21
3.2 Prevalence of exclusive breastfeeding during the first six months of life	24
3.3 Prevalence of low birthweight	26
ANNEXES	
ANNEX I: Data tables	28
ANNEX II: Food security and nutrition indicators definitions	39
ANNEX III: Notes	42
ANNEX IV: Country groupings	44

TABLES

1	Prevalence of undernourishment (percent)	4
2	Number of people undernourished (millions)	6
3	Prevalence of food insecurity (percent)	8
4	Number of moderately or severely food insecure people (millions)	10
5	Number of severely food insecure people (millions)	11
6	Prevalence of stunting among children under five (percent)	13
7	Prevalence of wasting among children under five (percent)	15
8	Prevalence of overweight among children under five (percent)	17
9	Prevalence of anaemia among women of reproductive age (15–49 years) (percent)	19
10	Prevalence of obesity among adults (percent)	22
11	Prevalence of exclusive breastfeeding among infants 0–5 months of age (percent)	25
12	Prevalence of low birthweight (percent)	27
13	Prevalence of undernourishment (percent)	28
14	Number of undernourished people (millions)	29
15	Prevalence of food insecurity (percent)	30
16	Number of food insecure people (millions)	31
17	Prevalence of stunting among children under five (percent)	32
18	Prevalence of wasting among children under five (percent)	33
19	Prevalence of overweight among children under five (percent)	34
20	Prevalence of anaemia among women of reproductive age (15–49 years) (percent)	35
21	Prevalence of obesity among adults (percent)	36
22	Prevalence of exclusive breastfeeding among infants 0–5 months of age (percent)	37
23	Prevalence of low birthweight (percent)	38

FIGURES

1	Prevalence of undernourishment in the world and the Arab States, and the number of undernourished in the Arab States	3
2	Prevalence of undernourishment in the Arab States by subregion	4
3	Prevalence of undernourishment in the Arab States by country	5
4	Number of people undernourished in the Arab States by subregion	6
5	Prevalence of food insecurity in the Arab States by subregion	8
6	Prevalence of moderate or severe food insecurity in the Arab States by country	9
7	Number of moderately or severely food insecure people in the Arab States by subregion	10
8	Number of severely food insecure people in the Arab States by subregion	11
9	Prevalence of stunting among children under five in the Arab States by subregion	13
10	Prevalence of stunting among children under five in the Arab States by country	14
11	Prevalence of wasting among children under five in the Arab States by subregion (2020)	15
12	Prevalence of wasting among children under five in the Arab States by country (latest year available)	16
13	Prevalence of overweight among children under five in the Arab States by subregion	17
14	Prevalence of overweight among children under five in the Arab States by country	18
15	Prevalence of anaemia among women of reproductive age (15–49 years) in the Arab States by subregion	19
16	Prevalence of anaemia among women of reproductive age (15–49 years) in the Arab States by country	20
17	Prevalence of obesity among adults in the Arab States by subregion	22
18	Prevalence of obesity among adults in the Arab States by country	23
19	Prevalence of exclusive breastfeeding among infants 0–5 months of age in the Arab States by subregion	24
20	Prevalence of exclusive breastfeeding among infants 0–5 months of age in the Arab States by country (latest year available)	25
21	Prevalence of low birthweight in the Arab States by subregion	26
22	Prevalence of low birthweight in the Arab States by country	27

FOREWORD

The 2021 Regional Overview of Food Security and Nutrition provides an update on the progress made in the Arab States towards Sustainable Development Goal (SDG) 2 targets related to hunger, food security and nutrition, as well as the 2025 global nutrition targets set by the World Health Assembly (WHA). This short 2021 report is different from previous reports and focuses exclusively on recent trends in the above indicators.

Data presented in this report show that the Arab States face significant challenges in achieving both SDG target 2.1, ensuring regular access to sufficient, safe and nutritious food for all people, and SDG target 2.2, ending all forms of malnutrition. Previous editions highlighted the fact that the region had been off track to achieve hunger and nutrition-related SDG targets even before the COVID-19 pandemic. Hunger has been rising since 2015–17, mostly due to the conflicts experienced in several countries of the region.

The report estimates that 69 million people in the region were undernourished in 2020, which is 4.8 million more than in 2019. The increase in the levels of undernourishment has occurred across all income levels, in conflict-affected as well as non-conflict countries. In addition, nearly 141 million people did not have access to adequate food in 2020 – an increase of more than 10 million people since 2019.

While it is still too early to assess precisely the impact of the COVID-19 pandemic on nutrition, the deteriorating food security situation suggests that a greater number of people face difficulties in accessing a healthy diet, which will have negative implications for their nutritional status. Many Arab countries still show high levels of stunting and overweight in children under five years of age. The prevalence of anaemia in women of reproductive age remains a severe public health problem in low-income economies of the region. The prevalence of adult obesity is more than double the global average, with high-income countries of the region displaying particularly high rates.

The worsening trends here show that the efforts made to achieve food security and nutrition targets in the region have stalled and are not likely to improve in the context of the overwhelming economic disruptions caused by COVID-19. The region must take action and apply greater efforts to overcome the enormous challenges it faces to achieve the goals of the 2030 Agenda for Sustainable Development and eradicate hunger, food insecurity and all forms of malnutrition.

Abdul Hakim El Waer

**Assistant Director-General and Regional Representative for the Near East and North Africa
Food and Agriculture Organization of the United Nations**

ACKNOWLEDGEMENTS

This report was prepared by Tamara Nanitashvili in collaboration with Ahmad Mukhtar under the overall leadership of Abdul Hakim El Waer of the Food and Agriculture Organization of the United Nation's (FAO) Regional Office for the Near East and North Africa (FAORNE). Jean-Marc Faurès also provided a range of inputs that facilitated the preparation of the report.

Máximo Torero Cullen and José Rosero Moncayo from FAO headquarters provided guidance in terms of structure and content of the report, Olivier Lavagne d'Ortigue provided support for data visualization, Anne Kepple, Juan Feng, Olivier Lavagne d'Ortigue, Hernán Muñoz and Firas Yassin provided valuable comments and inputs. Mohamed Alaidaroos and Mariam Hassanien coordinated the publishing process.

For more information about this publication, please contact FAO-RNE@fao.org

ACRONYMS AND ABBREVIATIONS

FAO	Food and Agriculture Organization of the United Nations
FIES	Food Insecurity Experience Scale
IFAD	International Fund for Agricultural Development
LDC	Least developed country
PoU	Prevalence of undernourishment
SDG	Sustainable Development Goals
UNICEF	United Nations Children’s Fund
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

CHAPTER 1

SUSTAINABLE DEVELOPMENT GOAL 2.1: UNDERNOURISHMENT AND FOOD INSECURITY

Key messages

- Hunger in the Arab region has continued to rise since 2014. The number of undernourished people reached 69 million in 2020, or 15.8 percent of the population. This is a 91.1 percent increase in the past two decades, and is close to the peak of 2011 when the region suffered from a major shock due to uprisings. The COVID-19 pandemic brought another major shock and the number of undernourished people in the region increased by 4.8 million compared to 2019. Hunger surged across all income levels, in conflict-affected countries as well as non-conflict countries. Somalia and Yemen, two conflict-affected, low-income countries had the highest levels of undernourishment in the region in 2020.
- Moderate or severe food insecurity has also continued its rising trend, affecting an estimated 141 million people in 2020. This is an increase of more than 10 million people from the previous year and it is 17.3 percent higher than in 2014. Hence, an estimated 32.3 percent, or nearly one-third of the region's population, did not have regular access to sufficient and nutritious food in 2020. The number of people that were exposed to severe food insecurity, which is another measure that approximates hunger, has also grown consistently with the undernourishment trend. In 2020, an estimated 49.4 million people experienced severe food insecurity, which is 2.9 million people more than in the previous year.
- The recent trends in hunger and food insecurity suggest that it will be enormously difficult for the region to achieve by 2030 SDG 2, zero hunger. The region has already been off track to eliminate hunger and food insecurity because of pre-existing vulnerabilities and exposure to multiple shocks and stresses such as poverty, inequality, conflict, climate change and many others.

Note: The data and analyses presented in this report refer to the Arab States: Algeria; Bahrain; the Comoros; Djibouti; Egypt; Iraq; Jordan; Kuwait; Lebanon; Libya; Mauritania; Morocco; Oman; Qatar; Saudi Arabia; Somalia; the Sudan; the Syrian Arab Republic; Tunisia; the United Arab Emirates; Yemen, as well as Palestine.

1.1 PREVALENCE OF UNDERNOURISHMENT

The Food and Agriculture Organization of the United Nation's (FAO) prevalence of undernourishment (PoU) indicator is derived from official country data on food supply, food consumption and energy needs, while taking into consideration demographic characteristics such as age, sex and levels of physical activity. Designed to capture a state of energy deprivation lasting over a year, it does not reflect the short-lived effects of temporary crises or a temporarily inadequate intake of essential nutrients.

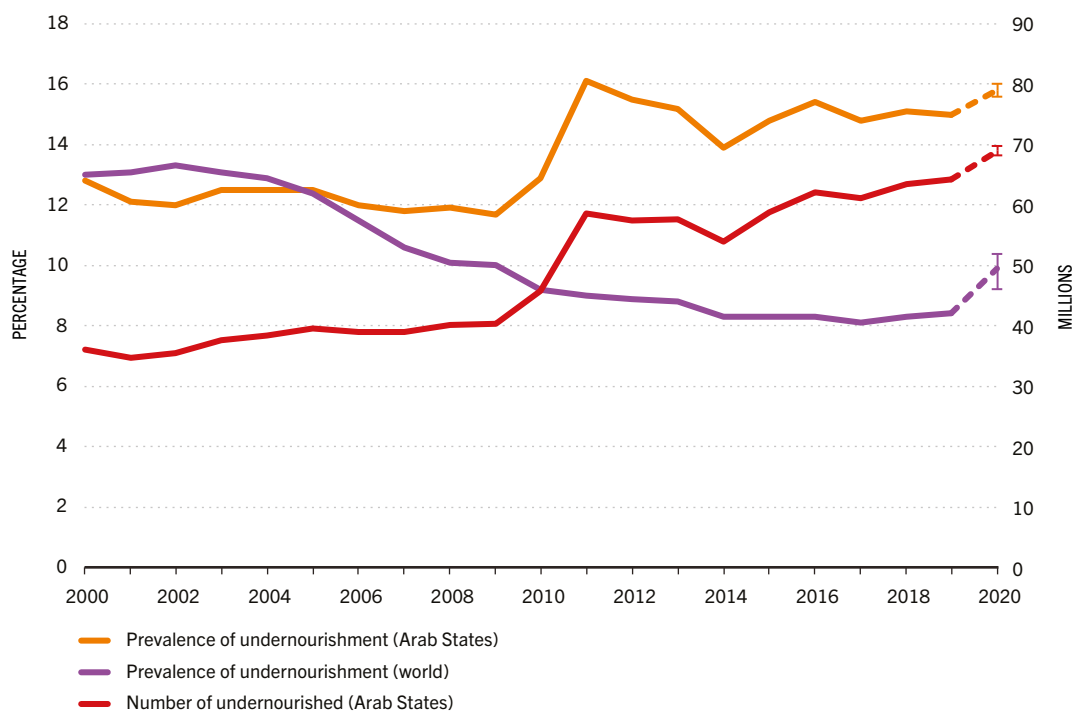
FAO strives always to improve the accuracy of the PoU estimates by taking into account new information; the entire historical series is updated for each report. For this reason, only the current series of estimates should be used, including for values in past years.¹

Hunger has been on the rise in the Arab States since 2014, but years of progress have been erased since 2000. The PoU was 15.8 percent in 2020, close to the peak of 2011, which are the years when the region experienced two major shocks in a decade – the COVID-19 pandemic in 2020 and popular uprisings in 2011. PoU increases are observed across all income levels, in conflict-affected countries since 2010 and in non-conflict countries since 2015. As a result, the number of undernourished increased by close to 30 percent between 2014 and 2020, to 69 million. This is also 4.8 million more than in 2019. When the outbreak of the COVID-19 pandemic started in 2020 it brought major disruptions to the region's economy and people's livelihoods.

¹ For more detail see FAO, IFAD, UNICEF, WFP & WHO. 2019. *The State of Food Security and Nutrition in the World 2019*. Rome, FAO.

FIGURE 1

Prevalence of undernourishment in the world and the Arab States, and the number of undernourished in the Arab States



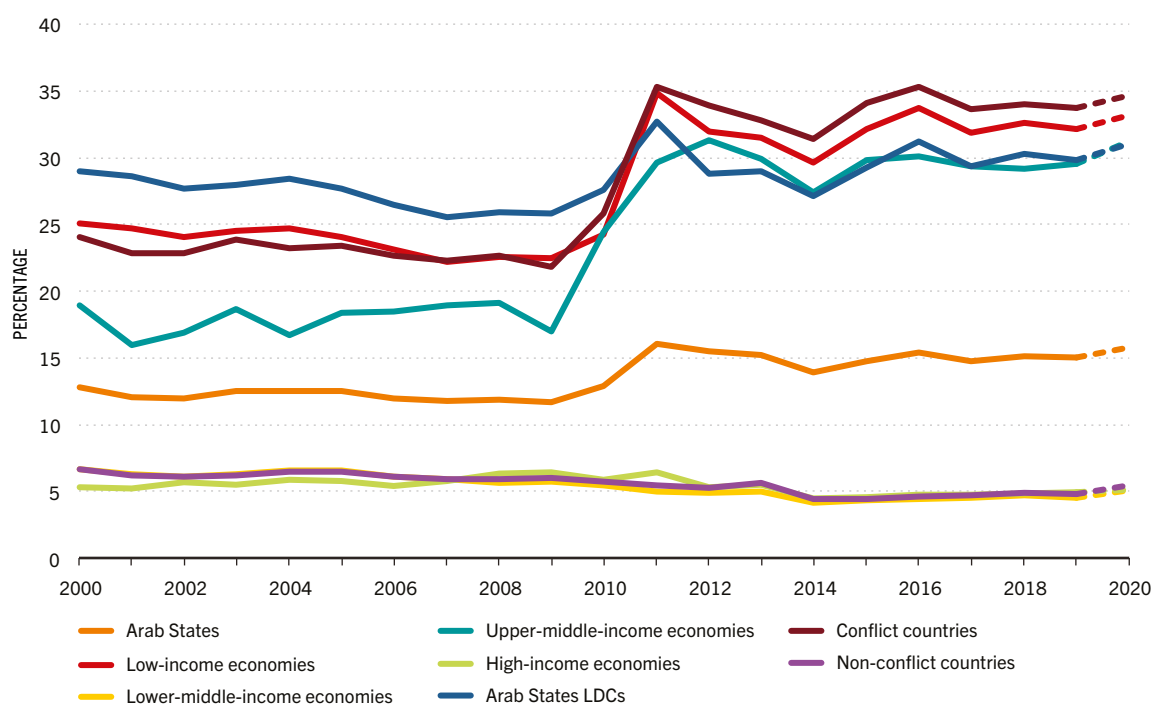
SOURCE: FAO.
 NOTES: Values for 2020 are projections. The bars indicate the range of the 2020 estimates.
<https://doi.org/10.4060/cb7495en-fig01>

The regional PoU is higher than the global average of 9.9 percent. Looking at income levels, the PoU in low-income economies was 33.2 percent, compared to 31.2 percent in upper-middle-income economies, 5.1 percent in high-income economies and 5.1 percent in lower-middle-income economies.² Hunger in conflict-affected countries has always been much higher than in non-conflict countries, in the order of 17 to 30 percentage points. In 2020, the PoU in conflict-affected countries was 34.7 percent, more than six times as high as in non-conflict countries. Hunger has also been consistently high in the least developed countries (LDCs) of the region.

² The PoU aggregates for Arab upper-middle-income countries need to be interpreted with caution. There are only four countries in this group and the aggregates are dominated by Iraq, the most populous country in this group.

FIGURE 2

Prevalence of undernourishment in the Arab States by subregion



SOURCE: FAO.

NOTE: Values for 2020 are projections.
<https://doi.org/10.4060/cb7495en-fig02>

TABLE 1

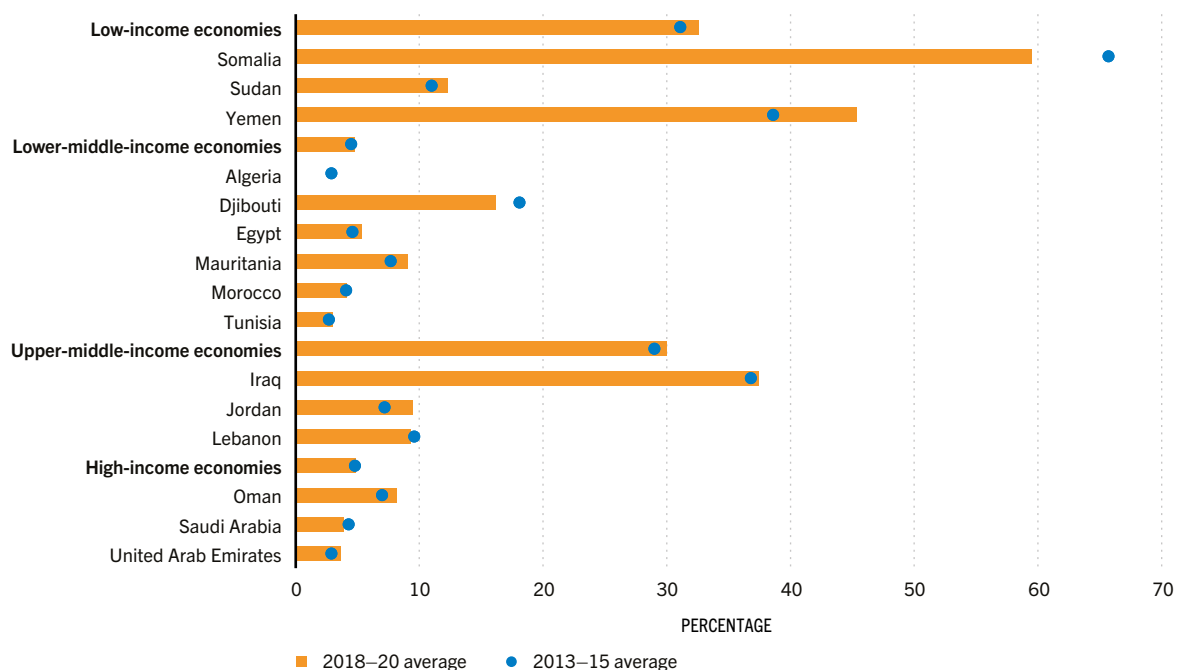
Prevalence of undernourishment (percent)

	2000	2010	2014	2015	2019	2020
World	13.0	9.2	8.3	8.3	8.4	9.9
Arab States	12.8	12.9	13.9	14.8	15.0	15.8
Low-income economies	25.1	24.2	29.6	32.1	32.1	33.2
Lower-middle-income economies	6.7	5.5	4.2	4.3	4.5	5.1
Upper-middle-income economies	18.9	24.4	27.4	29.8	29.5	31.2
High-income economies	5.3	5.8	4.4	4.5	4.9	5.1
Arab States LDCs	29.0	27.6	27.1	29.3	29.8	31.0
Conflict countries	24.1	25.8	31.4	34.1	33.7	34.7
Non-conflict countries	6.7	5.7	4.4	4.4	4.8	5.5

SOURCE: FAO.

NOTE: Values for 2020 are projections.

FIGURE 3

 Prevalence of undernourishment
in the Arab States by country


SOURCE: FAO.

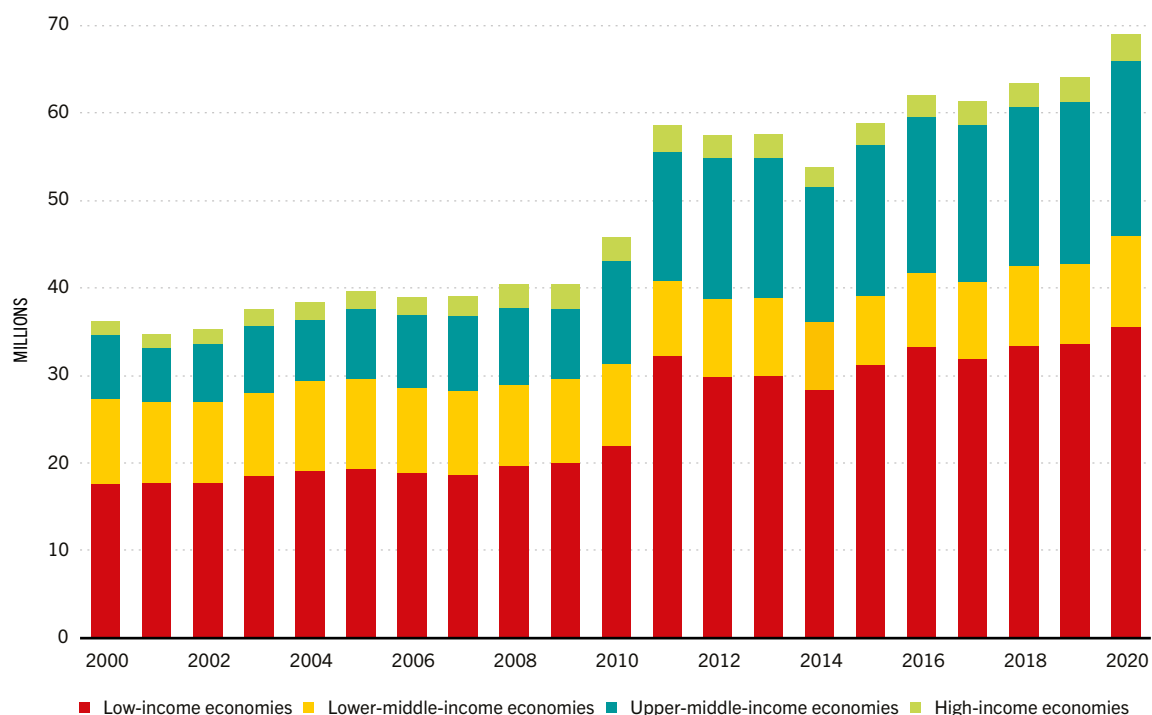
 NOTE: Values for 2020 are projections.
<https://doi.org/10.4060/cb7495en-fig03>

Data for the individual country estimates is only available for 15 Arab countries out of a total of 22. Most countries (10 out of 15 listed) for which data is available show an increase in the PoU between 2013–2015 and 2018–2020. Undernourishment trended upwards across all country income groups. Somalia and Yemen, two conflict-affected, low-income countries displayed the highest levels of undernourishment in the region in both periods, with varying trends. The PoU has declined in Somalia to 59.5 percent, while in Yemen it has increased, reaching 45.4 percent. In 2018–2020, the lowest levels of PoU, below 4 percent, were recorded in Saudi Arabia, Tunisia and the United Arab Emirates.

The number of undernourished in the Arab region reached 69 million in 2020, up from 32.9 million, or 91.1 percent, compared with 2000. The region accounted for 9 percent of the global total of 768 million in 2020. Low-income economies had 35.6 million undernourished people, upper-middle-income economies had 20 million, lower-middle-income economies had 10.4 million and high-income economies had 3 million. There were 54.3 million undernourished people in conflict-affected countries, which is more than three times as high as the 15.5 million in non-conflict countries. The number of undernourished people increased by 4.8 million compared to 2019 because of the COVID-19 pandemic. The increases occurred across all income levels and in conflict-affected as well as non-conflict countries of the region.

FIGURE 4

Number of people undernourished in the Arab States by subregion



SOURCE: FAO.

NOTE: Values for 2020 are projections.

<https://doi.org/10.4060/cb7495en-fig04>

TABLE 2

Number of people undernourished (millions)

	2000	2010	2014	2015	2019	2020
World	800.3	636.8	606.9	615.1	650.3	768.0
Arab States	36.1	45.8	53.9	58.8	64.2	69.0
Low-income economies	17.6	22.0	28.4	31.2	33.6	35.6
Lower-middle-income economies	9.8	9.4	7.8	8.0	9.2	10.4
Upper-middle-income economies	7.2	11.8	15.3	17.2	18.6	20.0
High-income economies	1.6	2.6	2.3	2.4	2.8	3.0
Arab States LDCs	16.7	20.7	22.4	24.9	27.9	29.7
Conflict countries	23.8	32.8	42.9	47.5	50.8	53.4
Non-conflict countries	12.3	13.0	11.0	11.4	13.4	15.5

SOURCE: FAO.

NOTE: Values for 2020 are projections.

The worsening food security situation is reflected in the prevalence of undernourishment data as well as in the prevalence of moderate or severe food security in the population figures presented below.

1.2 PREVALENCE OF FOOD INSECURITY BASED ON THE FOOD INSECURITY EXPERIENCE SCALE

The Food Insecurity Experience Scale- (FIES) based prevalence of moderate or severe food insecurity is an estimate of the proportion of the population facing moderate or severe constraints on their ability to obtain sufficient food over the course of a year. People face moderate food insecurity when they are uncertain of their ability to obtain food and have been forced to reduce, at times over the year, the quality and/or quantity of food they consume due to lack of money or other resources. Severe food insecurity means that individuals have likely run out of food, experienced hunger and, at the most extreme, have gone for days without eating, putting their health and well-being at serious risk.

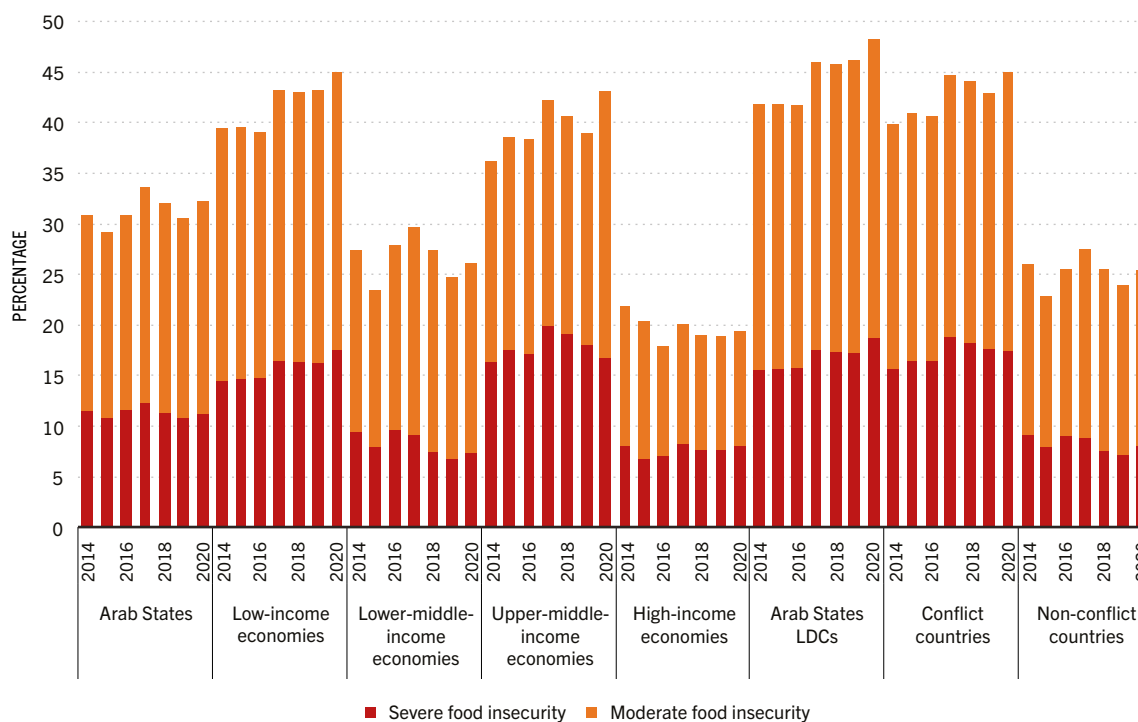
The prevalence of moderate or severe food insecurity in the Arab region was 32.3 percent in 2020, up from 30.8 percent in 2014. It is higher than the global average of 30.4 percent. The levels of moderate or severe food insecurity in the region were also higher compared to 2019. In 2020, 45 percent of the people in low-income economies were severely or moderately food insecure, compared to 43.1 percent in upper-middle-income economies, 26.1 percent in lower-middle-income economies and 19.3 percent in high-income economies. The prevalence of moderate or severe food insecurity increased in conflict-affected countries up to 45 percent but has declined slightly in non-conflict countries (down to 25.4 percent) between 2014 and 2020. However, the prevalence is higher in both country groups compared to 2019, largely due to increases in moderate food insecurity.

In contrast, severe food insecurity affected 11.3 percent of the people in the Arab region in 2020, down from 11.5 percent in 2014: 17.5 percent in low-income economies, 16.8 percent in upper-middle-income economies, 8 percent in high-income economies and 7.4 percent in lower-middle-income economies. However, the levels of severe food insecurity in the region are higher compared to the previous year (10.9 percent).

The prevalence of moderate or severe food insecurity is available only for ten Arab countries. The rates of moderate or severe food insecurity have risen in 2018–2020 from 2014–2016 in most countries with available data. The highest prevalence of moderate or severe food insecurity in 2018–2020 was recorded in two of the least developed, conflict-affected countries of the region: Somalia, 79.1 percent, and the Sudan, 49.4 percent. In contrast, the lowest levels of moderate or severe food insecurity, 12.2 percent, were recorded in Kuwait representing a high-income country in the region.

FIGURE 5

Prevalence of food insecurity in the Arab States by subregion



SOURCE: FAO.
<https://doi.org/10.4060/cb7495en-fig05>

TABLE 3

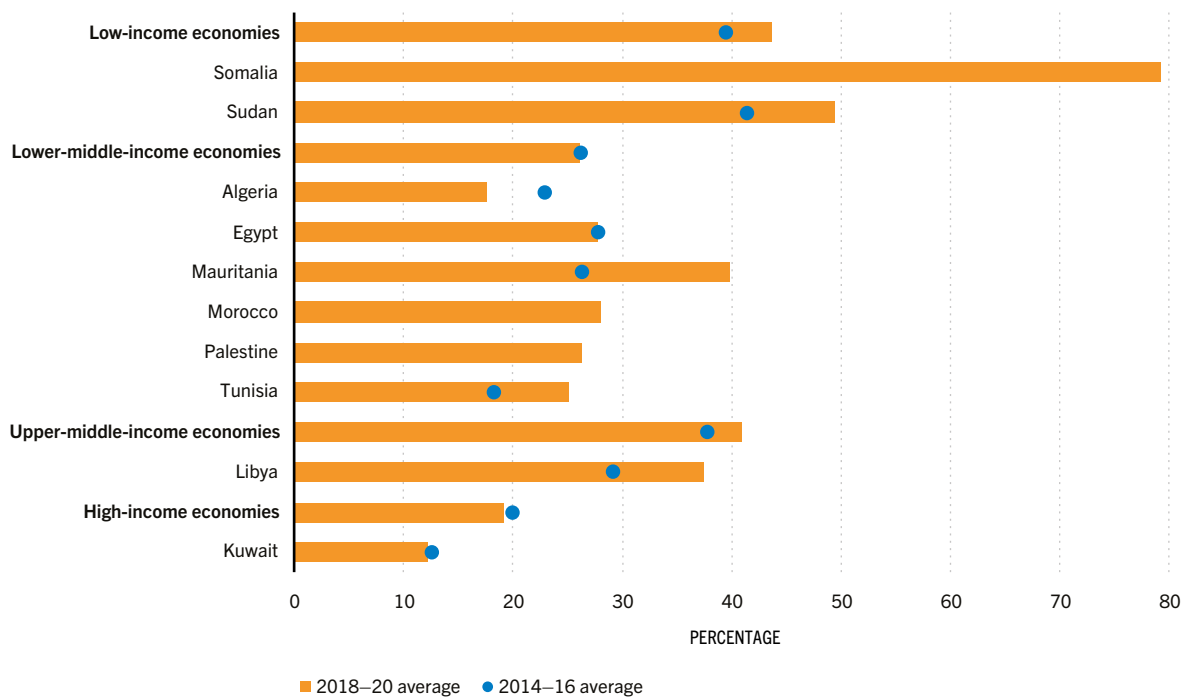
Prevalence of food insecurity (percent)

	Moderate food insecurity			Severe food insecurity			Moderate or severe food insecurity		
	2014	2019	2020	2014	2019	2020	2014	2019	2020
World	14.3	16.5	18.5	8.3	10.1	11.9	22.6	26.6	30.4
Arab States	19.3	19.7	21.0	11.5	10.9	11.3	30.8	30.6	32.3
Low-income economies	24.9	26.9	27.5	14.5	16.3	17.5	39.4	43.2	45.0
Lower-middle-income economies	17.9	18.0	18.7	9.4	6.8	7.4	27.3	24.8	26.1
Upper-middle-income economies	19.8	20.9	26.3	16.4	18.0	16.8	36.2	38.9	43.1
High-income economies	13.8	11.2	11.3	8.0	7.7	8.0	21.8	18.9	19.3
Arab States LDCs	26.1	28.9	29.5	15.6	17.3	18.8	41.7	46.2	48.3
Conflict countries	24.1	25.3	27.6	15.7	17.6	17.4	39.8	42.9	45.0
Non-conflict countries	16.8	16.7	17.4	9.2	7.2	8.0	26.0	23.9	25.4

SOURCE: FAO.

An estimated 141 million people in the Arab Region experienced moderate or severe food insecurity in 2020, an increase of 21.3 million, or 17.8 percent compared with 2014. The region accounted for 6 percent of the global total of 2.4 billion in 2020. Lower-middle-income economies had 53.8 million moderately or severely food insecure people, compared with 48.1 million in low-income economies, 27.6 million in upper-middle-income economies and 11.3 million in high-income economies. The number of moderately or severely food insecure people rose both in conflict-affected (14.9 million) as well as non-conflict countries (6.4 million) in 2020 compared to 2014. From 2019, the number of people affected by moderate or severe food insecurity in the region increased by more than 10 million, likely due in large part to the economic and social disruptions caused by the COVID-19 pandemic that has exacerbated pre-existing vulnerabilities and negatively impacted peoples’ lives and livelihoods. High-income countries showed the least increase compared to the other country income groups. The number of moderately or severely food insecure people has increased from 2019 in both conflict-affected as well as non-conflict countries of the region.

FIGURE 6
Prevalence of moderate or severe food insecurity in the Arab States by country

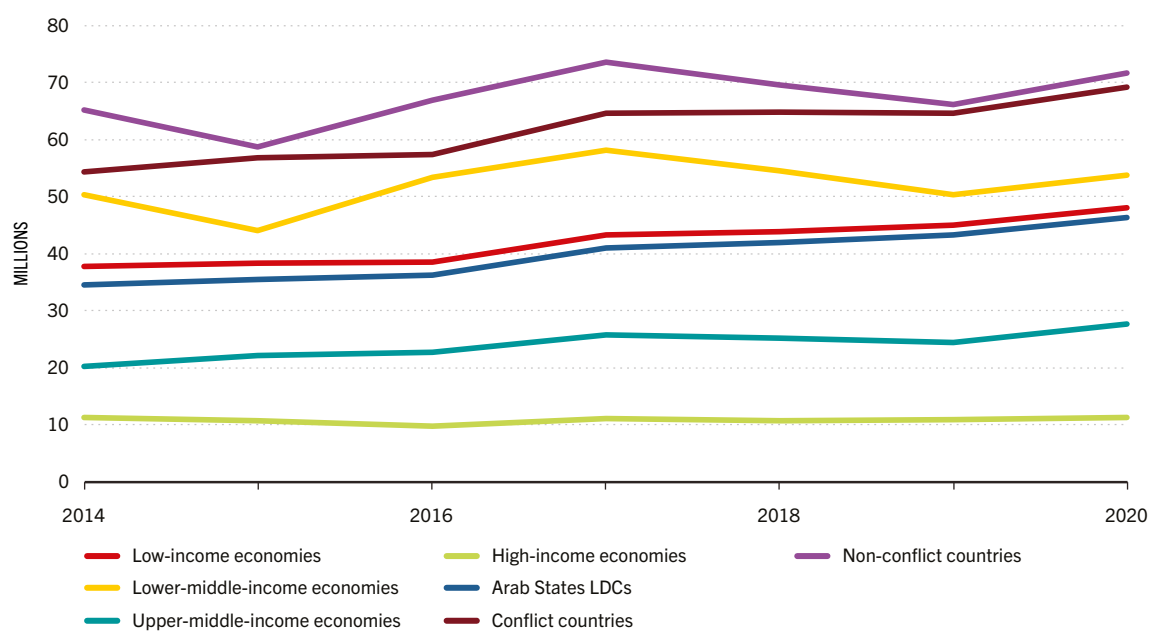


SOURCE: FAO.
<https://doi.org/10.4060/cb7495en-fig06>

An estimated 49.4 million people in the region experienced severe food insecurity in 2020, an increase of 4.9 million, or 11 percent compared with 2014. The region accounted for 5.3 percent of the global total of 0.9 billion in 2020. Low-income economies had 18.7 million severely food insecure people, compared with 15.3 million in lower-middle-income economies, 10.8 million in upper-middle-income

FIGURE 7

Number of moderately or severely food insecure people in the Arab States by subregion



SOURCE: FAO.
<https://doi.org/10.4060/cb7495en-fig07>

TABLE 4

Number of moderately or severely food insecure people (millions)

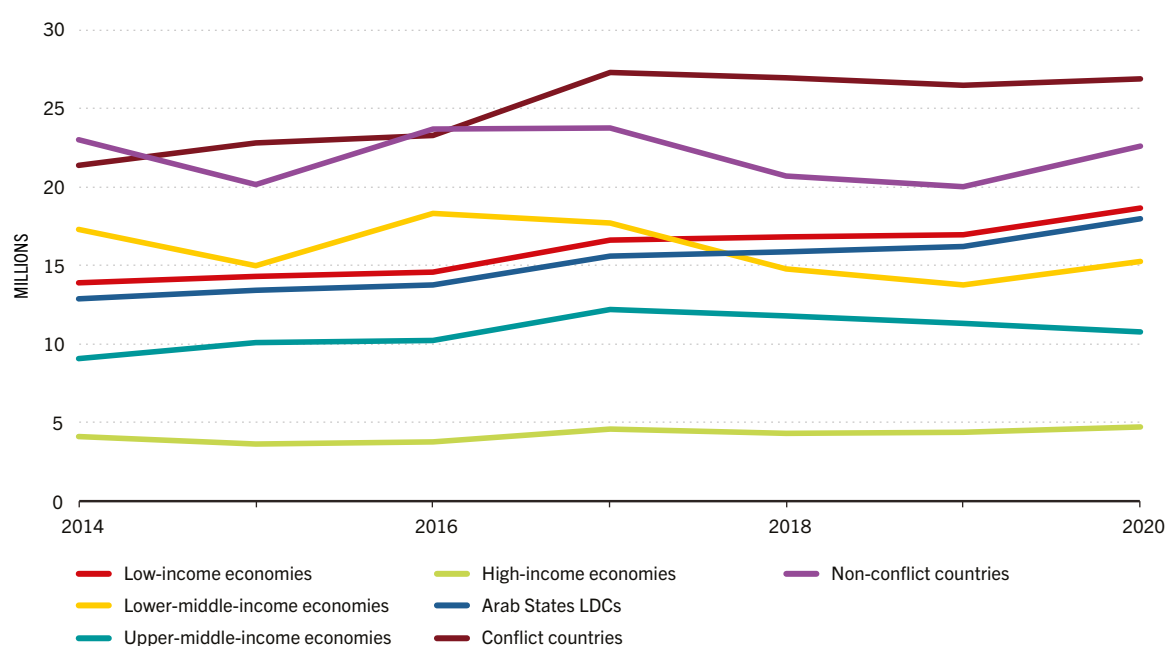
	2014	2016	2018	2019	2020
World	1 645.5	1 762.9	1 978.7	2 049.9	2 368.2
Arab States	119.7	124.5	134.5	130.9	141.0
Low-income economies	37.8	38.6	43.9	45.1	48.1
Lower-middle-income economies	50.4	53.4	54.6	50.3	53.8
Upper-middle-income economies	20.3	22.7	25.2	24.5	27.6
High-income economies	11.3	9.7	10.8	10.9	11.3
Arab States LDCs	34.5	36.3	41.9	43.3	46.4
Conflict countries	54.4	57.5	64.9	64.6	69.3
Non-conflict countries	65.3	67.0	69.6	66.2	71.7

SOURCE: FAO.

economies and 4.7 million in high-income economies. Severe food insecurity also showed an upward trend from 2019, with 2.9 million more people not having regular access to sufficient and nutritious food. Both conflict-affected as well as non-conflict countries in the region showed increased levels of severe food insecurity in 2020 compared to 2019.

FIGURE 8

Number of severely food insecure people in the Arab States by subregion



SOURCE: FAO.
<https://doi.org/10.4060/cb7495en-fig08>

TABLE 5

Number of severely food insecure people (millions)

	2014	2016	2018	2019	2020
World	604.5	620.2	731.3	779.9	927.6
Arab States	44.5	47.0	47.7	46.5	49.4
Low-income economies	13.9	14.6	16.8	17.0	18.7
Lower-middle-income economies	17.3	18.3	14.8	13.8	15.3
Upper-middle-income economies	9.1	10.2	11.8	11.3	10.8
High-income economies	4.1	3.8	4.3	4.4	4.7
Arab States LDCs	12.9	13.8	15.9	16.2	18.0
Conflict countries	21.4	23.3	27.0	26.5	26.9
Non-conflict countries	23.0	23.7	20.7	20.0	22.6

SOURCE: FAO.

CHAPTER 2

SUSTAINABLE DEVELOPMENT GOAL 2.2: MALNUTRITION

Key messages

- The Arab region continued to suffer from multiple forms of malnutrition. Rates of stunting (20.5 percent) and overweight (10.7 percent) among children under five years of age were high in 2020. The prevalence of wasting was equivalent to 7.8 percent, indicating a medium public health issue, yet it was higher than the global average of 6.7 percent. The least developed countries of the region suffered from high to very high levels of wasting. In contrast, most LDCs displayed low levels of childhood overweight.
- The prevalence of anaemia in women of reproductive age (15–49) was estimated at 33.5 percent in 2020, indicating a moderate public health issue in the region. Despite the declining trends in the past two decades, anaemia continued to remain a severe public health problem in the low-income economies of the region. Yemen had the highest prevalence of anaemia in 2020, affecting 61.5 percent of women of reproductive age.
- Conflict-affected countries of the region performed worse on undernutrition indicators compared to non-conflict countries. The prevalence of both wasting and stunting among children under five years of age was high in conflict-affected countries and medium in non-conflict countries. In contrast, conflict-affected countries fared better on the childhood overweight indicator, which was a medium public health problem in 2020 versus a high prevalence in non-conflict countries.

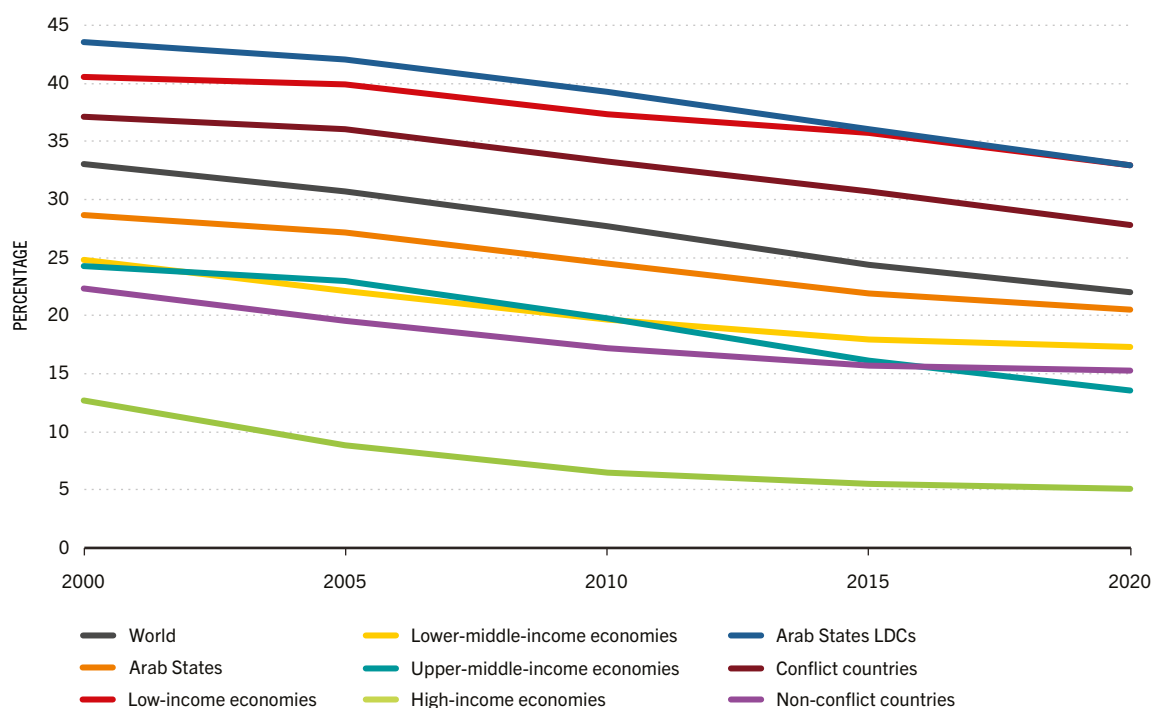
This section reports on four global nutrition indicators: stunting, wasting and overweight in children under five years of age, and anaemia in women of reproductive age.

■ 2.1 STUNTING AMONG CHILDREN UNDER FIVE

The prevalence of stunting among children under five years in the Arab region was 20.5 percent in 2020, down from 28.7 percent in 2000. Despite the improvement in the past two decades, the current prevalence of stunting in the region is still considered as high based on the World Health Organization (WHO) classification of malnutrition severity as a public health problem. Stunting has declined steadily since 2000 across all income levels, conflict-affected and non-conflict countries in the region. The current estimate for the Arab region is lower than the global average

FIGURE 9

Prevalence of stunting among children under five in the Arab States by subregion



SOURCE: UNICEF, WHO and World Bank.
<https://doi.org/10.4060/cb7495en-fig09>

TABLE 6

Prevalence of stunting among children under five (percent)

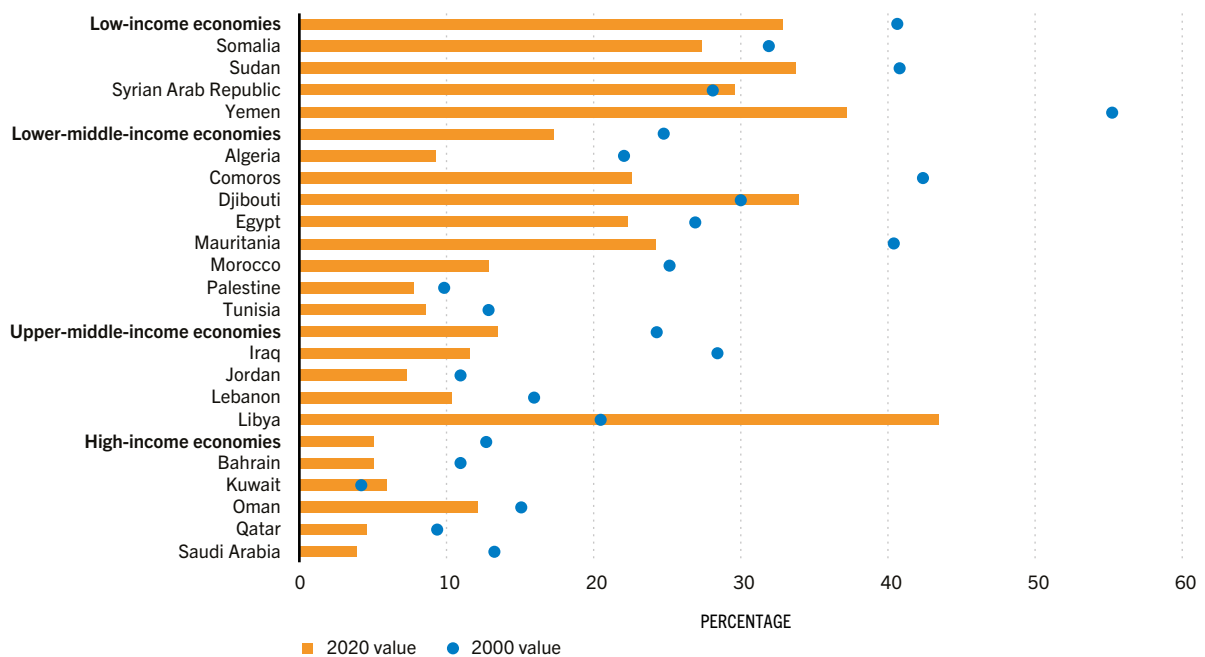
	2000	2005	2010	2015	2020
World	33.1	30.7	27.7	24.4	22.0
Arab States	28.7	27.1	24.5	21.9	20.5
Low-income economies	40.6	39.9	37.3	35.7	32.9
Lower-middle-income economies	24.8	22.1	19.7	17.9	17.3
Upper-middle-income economies	24.3	23.0	19.8	16.1	13.5
High-income economies	12.7	8.8	6.5	5.5	5.1
Arab States LDCs	43.5	42.0	39.3	36.1	32.9
Conflict countries	37.1	36.1	33.3	30.7	27.8
Non-conflict countries	22.3	19.5	17.2	15.7	15.2

SOURCE: UNICEF, WHO and World Bank.

of 22 percent. By level of income, low-income economies are the most affected with 32.9 percent, indicating very high prevalence. This is followed by lower-middle-income economies with 17.3 percent (medium public health problem), upper-middle-income economies with 13.5 percent (medium') and high-income economies with 5.1 percent (low). Conflict-affected countries have a high prevalence of stunting among children under five years (27.8 percent), while the prevalence is a medium public health problem in non-conflict countries (15.2 percent).

The prevalence of stunting declined in the vast majority of Arab States between 2000 and 2020. The exceptions are Djibouti, Kuwait, Libya and the Syrian Arab Republic where the stunting rates have increased. The most significant increase occurred in Libya where the prevalence of stunting has more than doubled from 20.5 percent in 2000 to 43.5 percent in 2020. This is the only country in the region where the public health significance of the prevalence of stunting has changed for the worse in the past two decades from high to very high. In the rest of the Arab countries the public health significance of stunting has remained the same or it has improved. The most significant progress has been achieved in Algeria where the prevalence of stunting as a public health issue has improved from high in 2000 to low in 2020. In 2020, four Arab countries, including Djibouti, Libya, the Sudan and Yemen exhibited a very high prevalence of stunting. Five other countries, the Comoros, Egypt, Mauritania, Somalia and the Syrian Arab Republic, have high levels of stunting among children under five years of age. Stunting was a low public health issue in eight countries of the region, including Algeria, Bahrain, Jordan, Kuwait, Palestine, Qatar, Saudi Arabia and Tunisia.

FIGURE 10
Prevalence of stunting among children under five in the Arab States by country

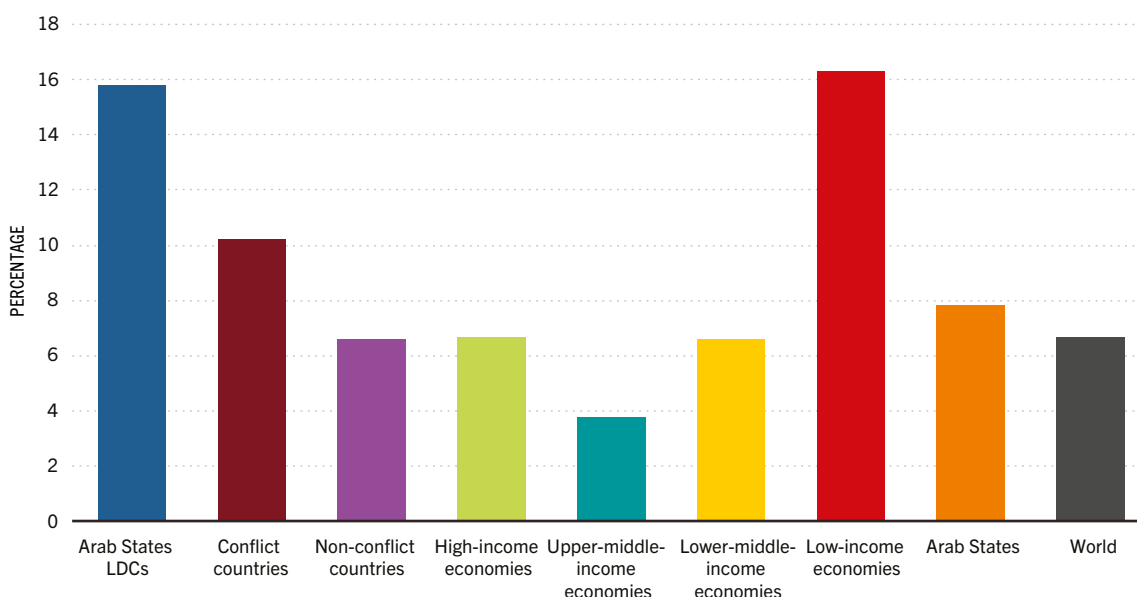


SOURCE: UNICEF, WHO and World Bank.
<https://doi.org/10.4060/cb7495en-fig10>

2.2 WASTING AMONG CHILDREN UNDER FIVE

The share of children under five years affected by wasting in the Arab region was 7.8 percent in 2020, higher than the global average of 6.7 percent. Childhood wasting is a medium public health problem both in the region as well as globally. Low-income countries of the region displayed a very high prevalence of wasting among children under five years (16.3 percent) in 2020. The prevalence was medium in high-income countries (6.7 percent) and lower-middle-income countries (6.6 percent) and low in upper-middle-income countries (3.8 percent). In conflict-affected Arab countries wasting was a high public health problem with a prevalence of 10.2 percent. In non-conflict countries 6.6 percent of children under five years were wasted, which is a medium public health issue.

FIGURE 11
Prevalence of wasting among children under five in the Arab States by subregion (2020)



SOURCE: UNICEF, WHO and World Bank.
<https://doi.org/10.4060/cb7495en-fig11>

TABLE 7
Prevalence of wasting among children under five (percent)

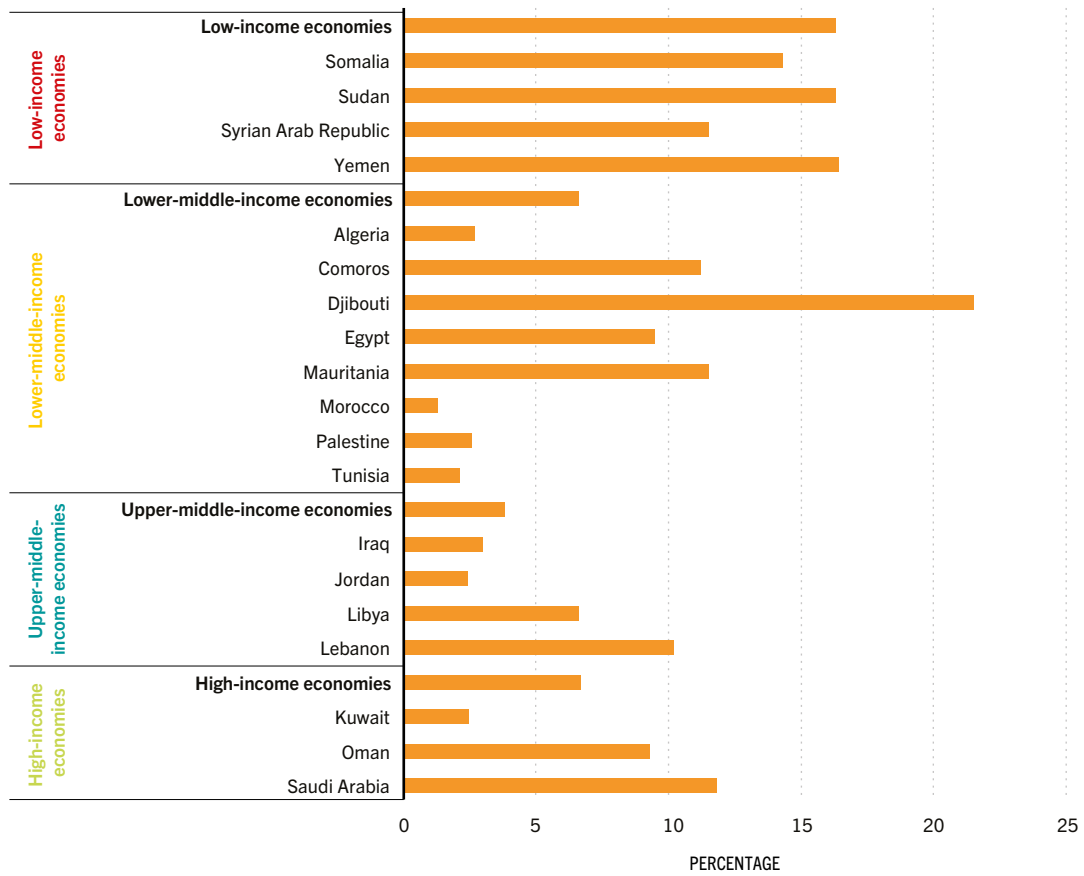
	World	Arab States	Low-income economies	Lower-middle-income economies	Upper-middle-income economies	High-income economies	Arab States LDCs	Conflict countries	Non-conflict countries
2020	6.7	7.8	16.3	6.6	3.8	6.7	15.8	10.2	6.6

SOURCE: UNICEF, WHO and World Bank.

The most recent country-level data shows a very high prevalence of wasting in Djibouti (21.5 percent), the Sudan (16.3 percent) and Yemen (16.4 percent), all three representing the least developed countries of the region. The other three LDCs, the Comoros, Mauritania and Somalia, had high levels of wasting. A very low prevalence of wasting was found in Jordan, Palestine and Tunisia.

FIGURE 12

Prevalence of wasting among children under five in the Arab States by country (latest year available)



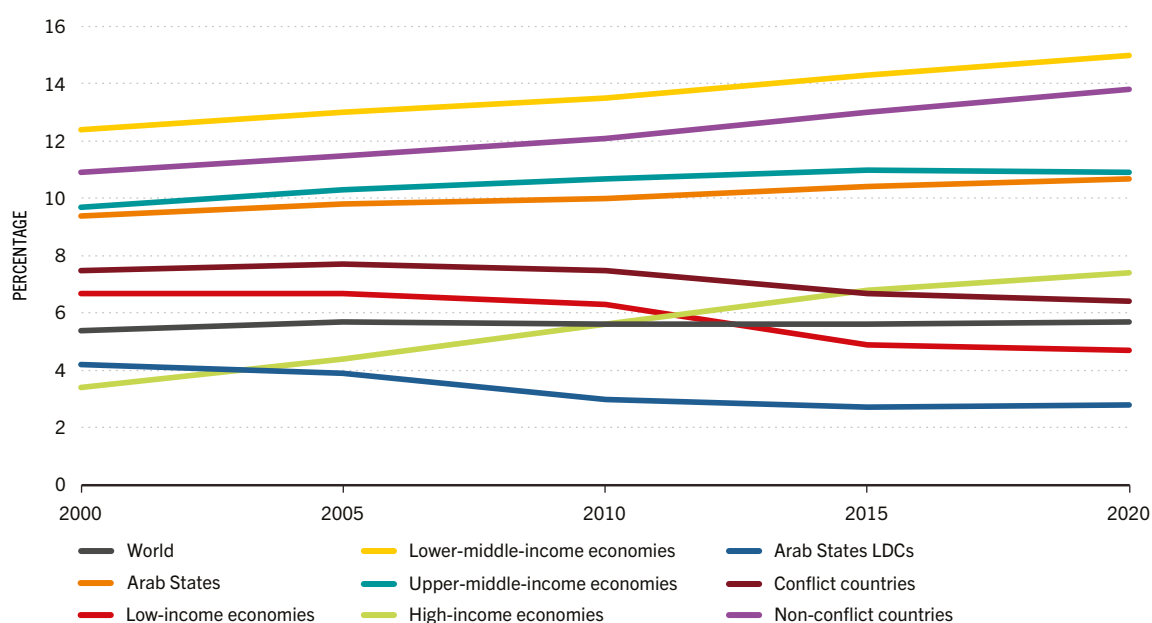
SOURCE: UNICEF, WHO and World Bank.
<https://doi.org/10.4060/cb7495en-fig12>

2.3 OVERWEIGHT AMONG CHILDREN UNDER FIVE

In the Arab region, 10.7 percent of children under five years were overweight in 2020, up from 9.4 percent in 2000. Childhood overweight is a high public health problem in the region, exceeding the global average of 5.7 percent (medium).

FIGURE 13

Prevalence of overweight among children under five in the Arab States by subregion



SOURCE: UNICEF, WHO and World Bank.
<https://doi.org/10.4060/cb7495en-fig13>

TABLE 8

Prevalence of overweight among children under five (percent)

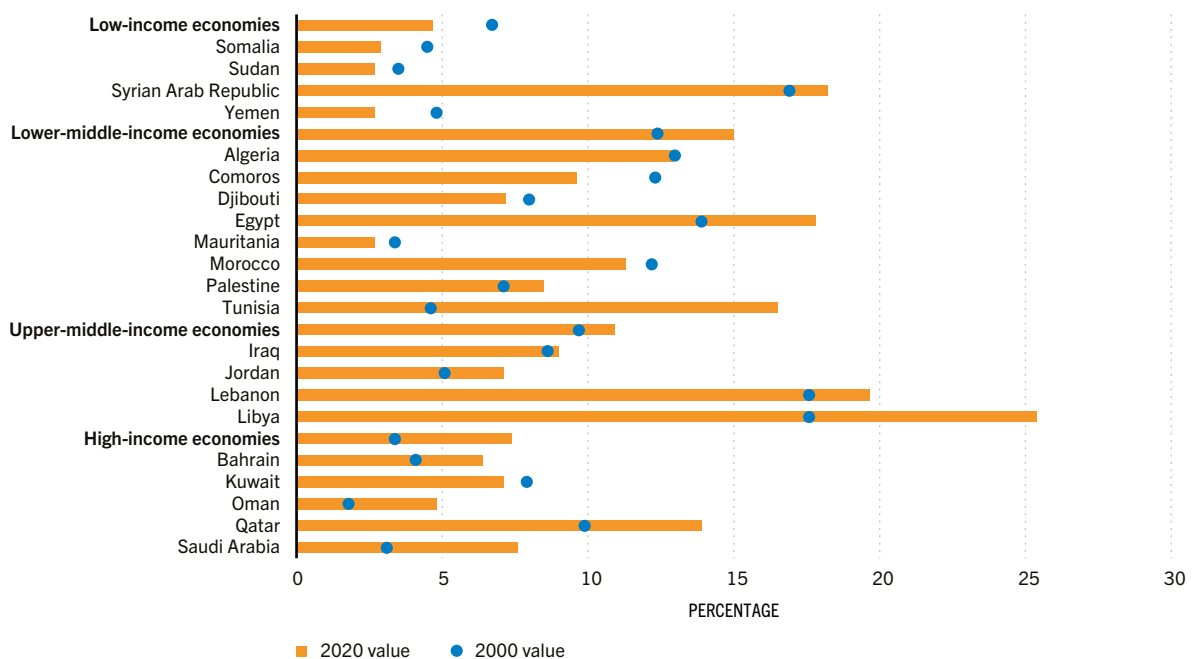
	2000	2005	2010	2015	2020
World	5.4	5.7	5.6	5.6	5.7
Arab States	9.4	9.8	10.0	10.4	10.7
Low-income economies	6.7	6.7	6.3	4.9	4.7
Lower-middle-income economies	12.4	13.0	13.5	14.3	15.0
Upper-middle-income economies	9.7	10.3	10.7	11.0	10.9
High-income economies	3.4	4.4	5.6	6.8	7.4
Arab States LDCs	4.2	3.9	3.0	2.7	2.8
Conflict countries	7.5	7.7	7.5	6.7	6.4
Non-conflict countries	10.9	11.5	12.1	13.0	13.8

SOURCE: UNICEF, WHO and World Bank.

Lower-middle-income economies are the most affected, with 15 percent (very high public health problem), followed by upper-middle-income economies (10.9 percent, high), high-income economies (7.4 percent, medium) and low-income economies (4.7 percent, low). The prevalence of overweight is high among children under five years in non-conflict countries, whereas it is medium in conflict-affected countries. Data shows a steady increase in childhood overweight in the region since 2000. Overweight has mainly been on the rise in lower-middle income, high income and upper-middle income countries of the region. In contrast, the low-income countries displayed a declining trend in childhood overweight in the past two decades.

The prevalence of overweight is a very high public health problem in five countries of the region: Egypt (17.8 percent), Lebanon (19.7 percent), Libya (25.4 percent), the Syrian Arab Republic (18.2 percent) and Tunisia (16.5 percent). The levels are high in three other countries: Algeria (12.9 percent), Morocco (11.3 percent) and Qatar (13.9 percent). Only five countries in the region displayed a low prevalence of childhood overweight, including four LDCs, Mauritania, the Sudan, Somalia and Yemen, as well as one high-income country, Oman. In the past two decades, overweight in children under five years has declined in eight countries: the Comoros, Djibouti, Kuwait, Mauritania, Morocco, the Sudan, Somalia and Yemen. All other countries in the region showed increases during this period. The most significant increase (12 percent) over this period is in Tunisia.

FIGURE 14
Prevalence of overweight among children under five in the Arab States by country



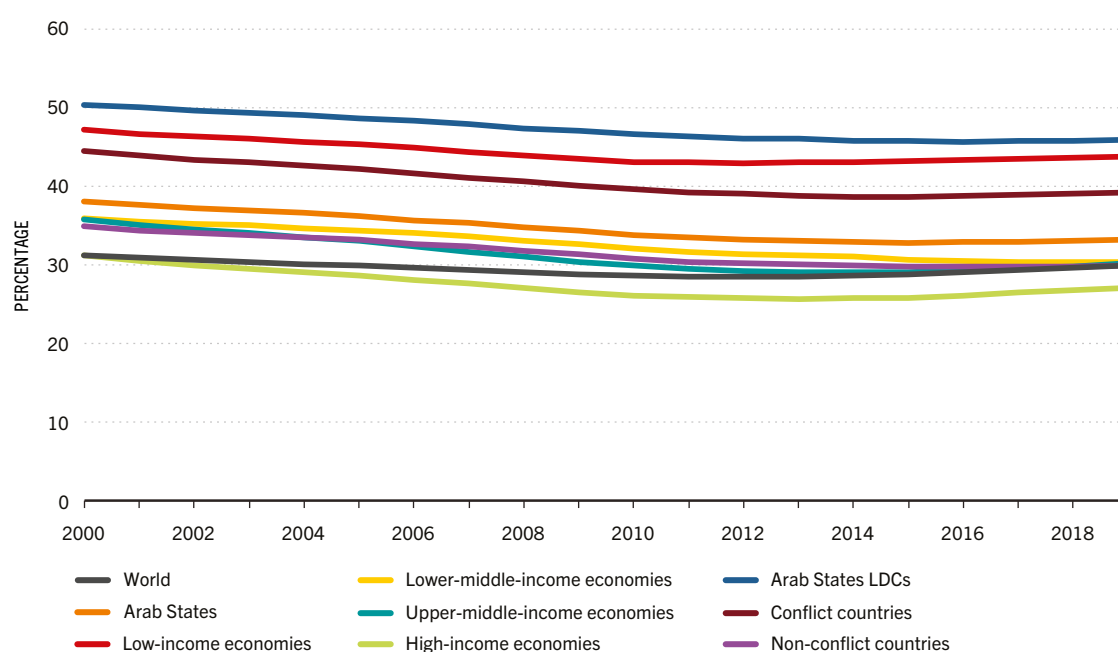
SOURCE: UNICEF, WHO and World Bank.
<https://doi.org/10.4060/cb7495en-fig14>

2.4 ANAEMIA AMONG WOMEN OF REPRODUCTIVE AGE

The prevalence of anaemia among women of reproductive age in the Arab region was estimated at 33.2 percent in 2019, 4.9 percentage points lower than in 2000. This is higher than the global average of 29.9 percent. Based on the WHO classification

FIGURE 15

Prevalence of anaemia among women of reproductive age (15–49 years) in the Arab States by subregion



SOURCE: WHO.
<https://doi.org/10.4060/cb7495en-fig15>

TABLE 9

Prevalence of anaemia among women of reproductive age (15–49 years) (percent)

	2000	2005	2010	2015	2019
World	31.2	29.9	28.6	28.8	29.9
Arab States	38.1	36.2	33.8	32.8	33.2
Low-income economies	47.2	45.3	43.1	43.2	43.8
Lower-middle-income economies	35.9	34.4	32.1	30.7	30.3
Upper-middle-income economies	35.8	33.0	29.9	29.1	30.2
High-income economies	31.2	28.6	26.1	25.8	27.1
Arab States LDCs	50.4	48.6	46.6	45.8	45.9
Conflict countries	44.5	42.2	39.6	38.7	39.2
Non-conflict countries	34.9	33.2	30.8	29.8	29.9

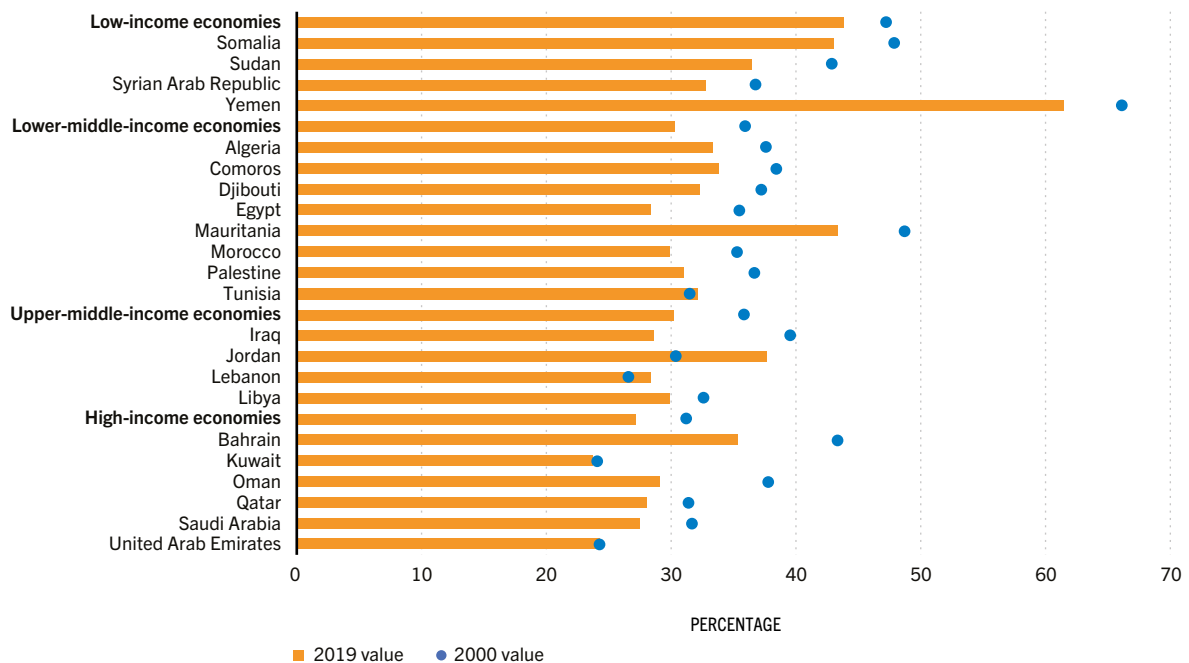
SOURCE: WHO.

of public health significance, anaemia is a moderate public health problem in the region. However, anaemia in women of reproductive age is a severe public health problem in low-income economies, with the prevalence of 43.8 percent. In all other country income groups, anaemia is categorized as a moderate public health issue, with the prevalence of 30.3 percent in lower-middle-income economies, 30.2 percent in upper-middle-income economies and 27.1 percent in high-income economies. The prevalence of anaemia is a moderate public health issue in both conflict-affected countries (39.2 percent) as well as non-conflict countries (29.9 percent).

The prevalence of anaemia in women of reproductive age has declined in 19 out of 22 Arab States in the past two decades. The exceptions are Jordan, Lebanon and Tunisia where it has increased, while remaining as a moderate public health problem. The public health significance of anaemia in women of reproductive age was categorized as moderate in most Arab countries. The exceptions are the low-income countries of Mauritania, Somalia and Yemen, where it was a severe public health problem in 2019. Yemen displayed the highest prevalence of anaemia in the region with 61.5 percent.

FIGURE 16

Prevalence of anaemia among women of reproductive age (15–49 years) in the Arab States by country



SOURCE: WHO.
<https://doi.org/10.4060/cb7495en-fig16>

CHAPTER 3

ADDITIONAL WORLD HEALTH ASSEMBLY NUTRITION INDICATORS

Key messages

- Prevalence of obesity among adults (18 years and above) has been increasing steadily in the region since 2000. The latest year estimate for the Arab region shows that 28.8 percent of the adult population was obese, i.e. more than double the global average of 13.1 percent. High-income countries exhibited the highest prevalence of adult obesity in the region whereas the low-income countries had the lowest levels. Nine out of 22 countries in the region displayed particularly high rates of adult obesity, exceeding 30 percent.
- Despite an increasing trend in recent years, the prevalence of exclusive breastfeeding in infants (0–5 months) in the Arab region, estimated at 38.4 percent in 2019, was lower than the global average of 44 percent. High income countries of the region had the lowest prevalence with less than one-quarter of mothers having exclusively breastfed their infants for the first five months.
- Based on the most recent available data, the prevalence of low birthweight in the Arab region, estimated at 11.6 percent, was lower compared to the global average of 14.6 percent. Most countries of the region have shown progress in reducing low birthweight since 2000. Based on recent estimates, low birthweight is highest in low-income countries, while it is lowest in high-income countries in the region.

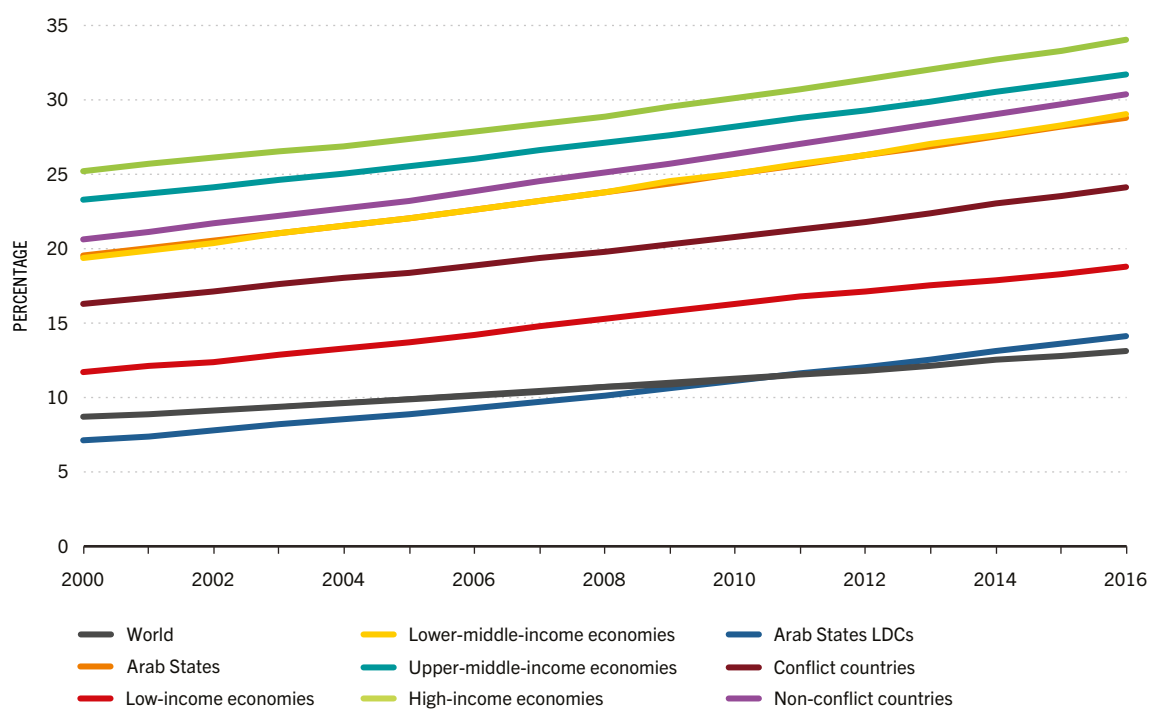
This section assesses progress towards three additional WHA endorsed global nutrition targets, i.e. exclusive breastfeeding, low birthweight, and adult obesity.

■ 3.1 ADULT OBESITY

The prevalence of obesity among adults of 18 years and above increased in the Arab region, from 19.5 percent in 2000 to 28.8 percent in 2016. This is more than double the global average of 13.1 percent. High-income countries had the highest prevalence of adult obesity with 34 percent, followed by upper-middle-income economies (31.7 percent), lower-middle income economies (29 percent) and low-income economies (18.8 percent). Prevalence of adult obesity is higher in non-conflict countries (30.4 percent) compared to conflict-affected countries (24.1 percent) of the region.

FIGURE 17

Prevalence of obesity among adults
in the Arab States by subregion



SOURCE: WHO.
<https://doi.org/10.4060/cb7495en-fig17>

TABLE 10

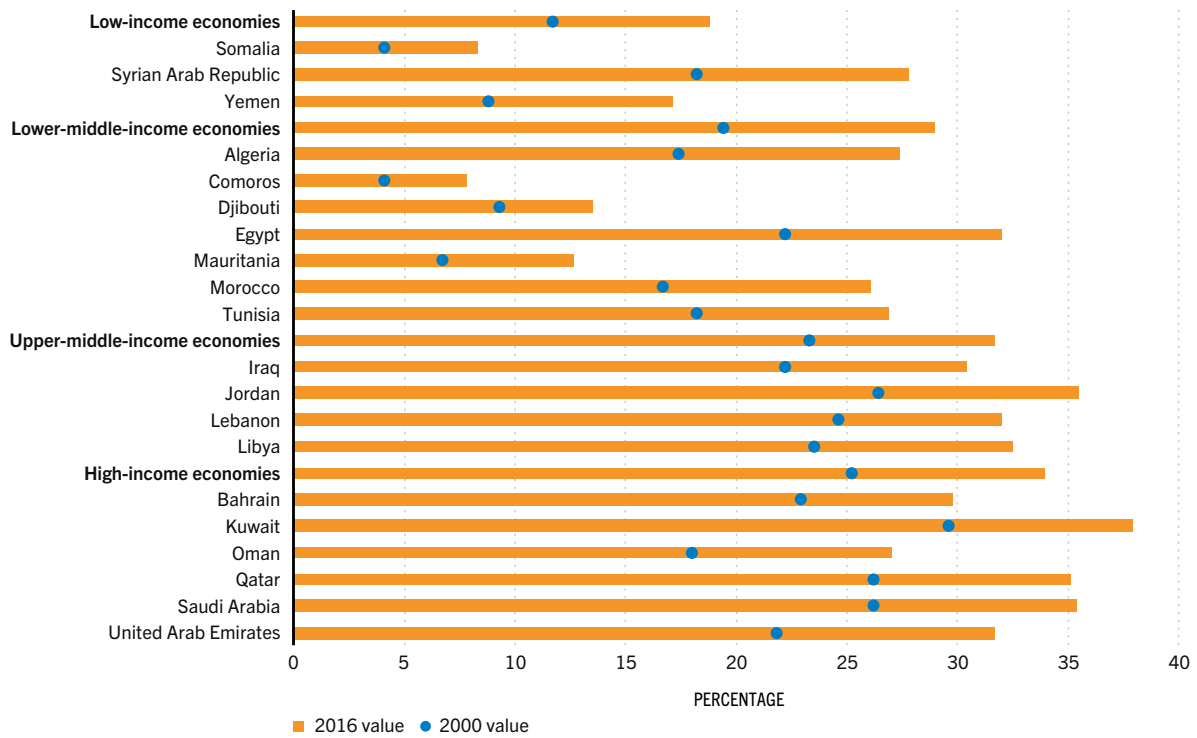
Prevalence of obesity
among adults (percent)

	2000	2005	2010	2014	2015	2016
World	8.7	9.9	11.2	12.5	12.8	13.1
Arab States	19.5	22.0	25.0	27.5	28.2	28.8
Low-income economies	11.7	13.7	16.3	17.9	18.3	18.8
Lower-middle-income economies	19.4	22.0	25.0	27.6	28.3	29.0
Upper-middle-income economies	23.3	25.5	28.2	30.5	31.1	31.7
High-income economies	25.2	27.4	30.1	32.7	33.3	34.0
Arab States LDCs	7.1	8.9	11.1	13.1	13.6	14.1
Conflict countries	16.3	18.4	20.8	23.0	23.5	24.1
Non-conflict countries	20.6	23.2	26.4	29.0	29.7	30.4

SOURCE: WHO.

The prevalence of obesity increased at different rates in all countries of the region since 2000. The highest increase of 10 percent is in Algeria and Jordan. The prevalence of adult obesity is highest in Kuwait, 37.4 percent, while it is lowest in the Comoros, 7.5 percent. Nine countries in the region had a prevalence of over 30 percent, including Egypt, Iraq, Jordan, Lebanon, Libya, Kuwait, Qatar, Saudi Arabia and the United Arab Emirates.

FIGURE 18
Prevalence of obesity among adults in the Arab States by country

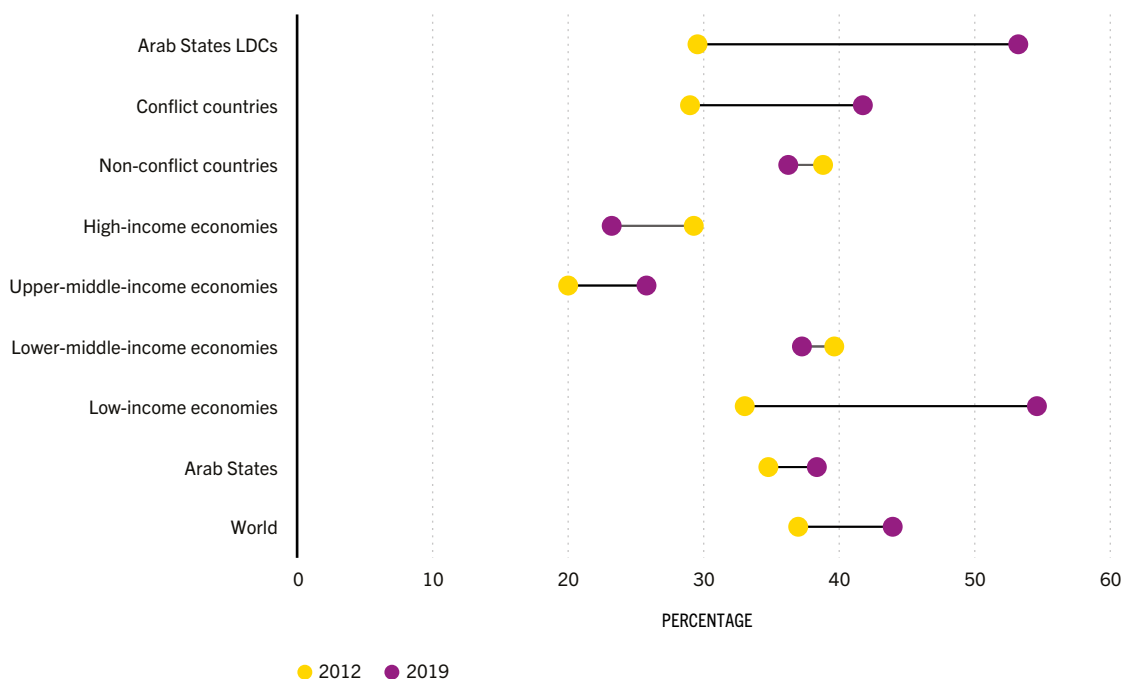


SOURCE: WHO.
<https://doi.org/10.4060/cb7495en-fig18>

3.2 PREVALENCE OF EXCLUSIVE BREASTFEEDING DURING THE FIRST SIX MONTHS OF LIFE

The prevalence of exclusive breastfeeding among infants (0–5 months) has increased in the Arab region from 34.8 percent in 2012 to 38.4 percent in 2019. However, the rates are lower compared to the global average of 44 percent. The prevalence has increased in low-income economies and upper-middle economies, while it has declined in the lower-middle and high-income economies of the region. High-income countries showed the worst performance on this indicator with less than one-quarter of mothers having exclusively breastfed their infants for the first five months. In contrast, breastfeeding rates were highest in low-income countries, with 54.6 percent. Conflict-affected countries have relatively higher rates of exclusive breastfeeding (41.8 percent) compared to non-conflict countries (36.3 percent) in the region. Based on the latest country-level estimates, the Sudan had the highest prevalence of exclusive breastfeeding with 54.6 percent, whereas Somalia had the lowest with 5.3 percent.

FIGURE 19
Prevalence of exclusive breastfeeding among infants 0–5 months of age in the Arab States by subregion



SOURCE: UNICEF.
<https://doi.org/10.4060/cb7495en-fig19>

TABLE 11

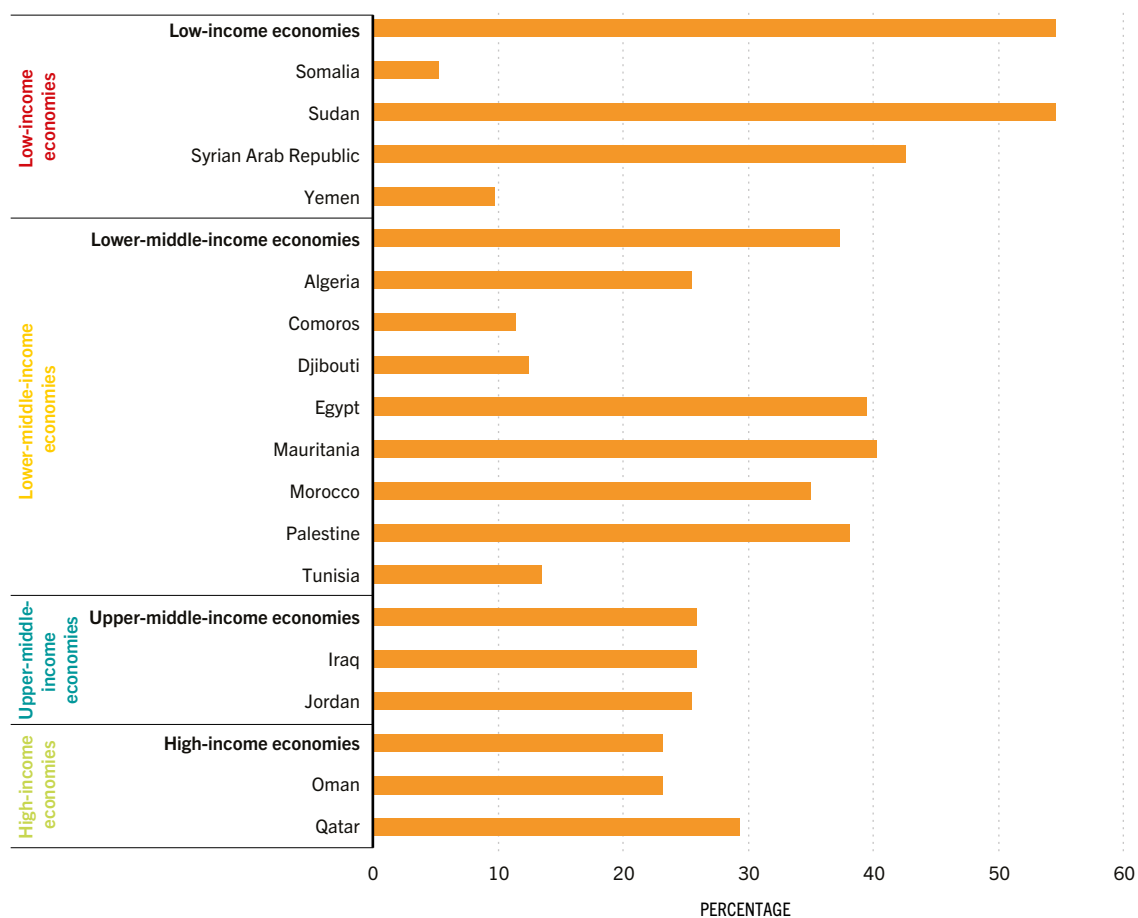
Prevalence of exclusive breastfeeding among infants 0–5 months of age (percent)

	World	Arab States	Low-income economies	Lower-middle-income economies	Upper-middle-income economies	High-income economies	Arab States LDCs	Conflict countries	Non-conflict countries
2012	37.0	34.8	33.1	39.7	20.0	29.3	29.6	29.0	38.8
2019	44.0	38.4	54.6	37.3	25.8	23.2	53.2	41.8	36.3

SOURCE: UNICEF.

FIGURE 20

Prevalence of exclusive breastfeeding among infants 0–5 months of age in the Arab States by country (latest year available)

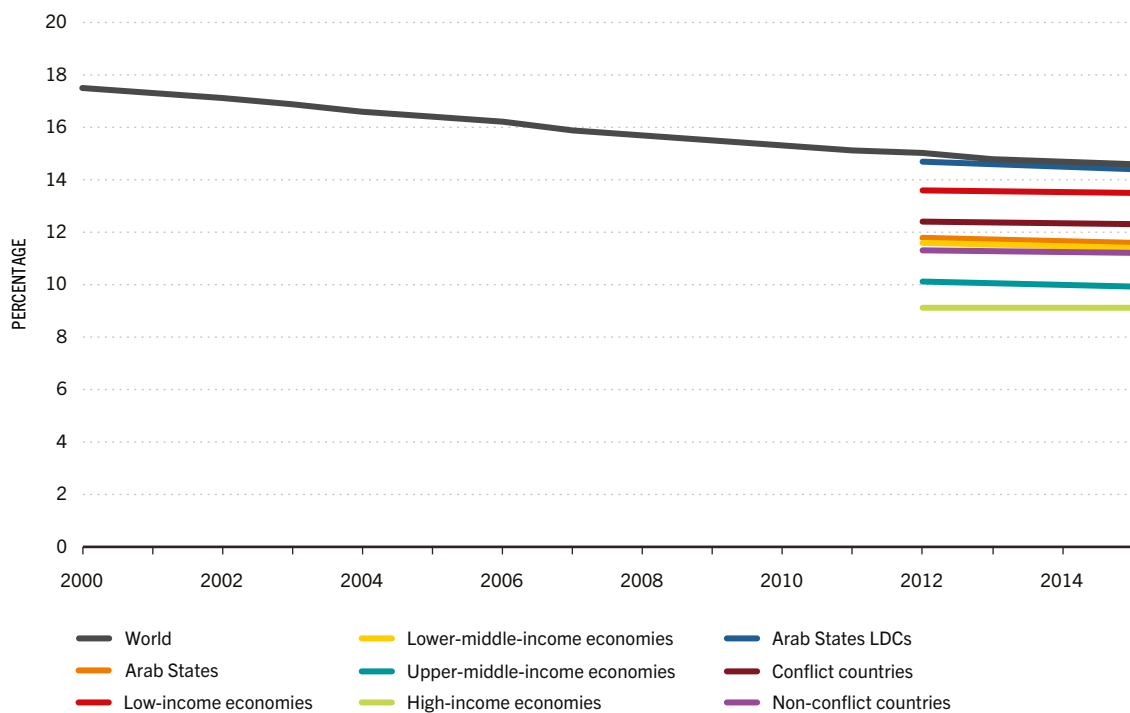

 SOURCE: UNICEF.
<https://doi.org/10.4060/cb7495en-fig20>

3.3 PREVALENCE OF LOW BIRTHWEIGHT

The prevalence of low birthweight in the Arab region was 11.6 percent in 2015. This is lower than the global average of 14.6 percent. However, data is not available for nearly half (10 out of 22) of the Arab countries. The prevalence of low birthweight was highest in low-income economies, with 13.5 percent, followed by 11.4 percent in lower-middle-income economies, 9.9 percent in upper-middle-income economies and 9.1 percent in high-income economies. Conflict-affected countries had a higher prevalence of low birthweight, 12.3 percent, compared to non-conflict countries, 11.2 percent. When comparing data from the two most recent years, the prevalence of low birthweight has slightly declined in the region across all income levels and in conflict-affected as well as non-conflict countries. There has been progress in reducing low birthweight since the year 2000 in all Arab countries with available data, except in Bahrain where the prevalence has increased by 3.4 percentage points. Based on the latest estimates, the prevalence of low birthweight was highest in the Comoros with 23.6 percent, and the lowest was in Qatar with 7.3 percent.

FIGURE 21

Prevalence of low birthweight in the Arab States by subregion



SOURCE: UNICEF and WHO.
<https://doi.org/10.4060/cb7495en-fig21>

TABLE 12

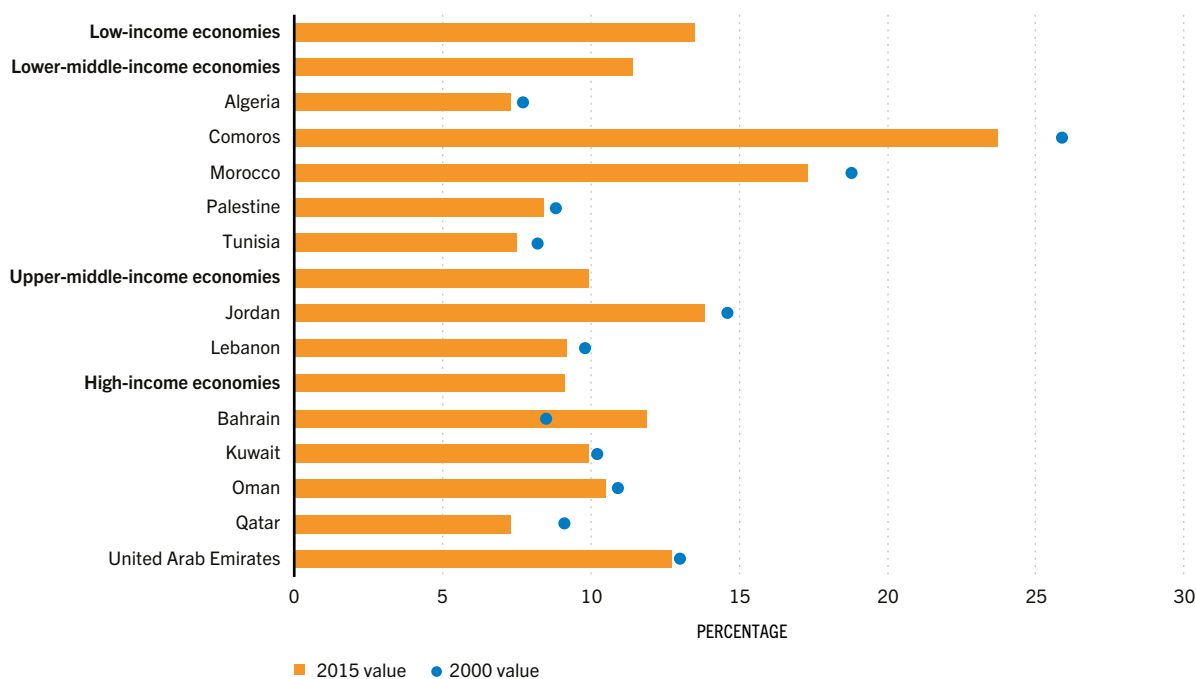
Prevalence of low birthweight (percent)

	2000	2005	2010	2012	2014	2015
World	17.5	16.4	15.3	15.0	14.7	14.6
Arab States				11.8		11.6
Low-income economies				13.6		13.5
Lower-middle-income economies				11.6		11.4
Upper-middle-income economies				10.1		9.9
High-income economies				9.1		9.1
Arab States LDCs				14.7		14.4
Conflict countries				12.4		12.3
Non-conflict countries				11.3		11.2

SOURCE: UNICEF and WHO.

FIGURE 22

Prevalence of low birthweight in the Arab States by country


 SOURCE: UNICEF and WHO.
<https://doi.org/10.4060/cb7495en-fig22>

ANNEX 1

DATA TABLES

TABLE 13

Prevalence of
undernourishment (percent)

	2000–2002	2004–2006	2009–2011	2014–2016	2016–2018	2017–2019	2018–2020
WORLD	13.2	12.3	9.4	8.3	8.2	8.3	8.9
Arab States	12.3	12.3	13.6	14.7	15.1	15.0	15.3
Low-income economies	24.6	23.9	27.2	31.9	32.7	32.2	32.6
Lower-middle-income economies	6.4	6.4	5.4	4.3	4.5	4.6	4.8
Upper-middle-income economies	17.2	17.9	23.8	29.1	29.6	29.4	30.0
High-income economies	5.3	5.6	6.2	4.5	4.7	4.8	4.9
Arab States LDCs	28.4	27.5	28.8	29.2	30.3	29.8	30.4
Conflict countries	23.2	23.1	27.7	33.6	34.3	33.8	34.1
Non-conflict countries	6.3	6.4	5.7	4.5	4.7	4.8	5.1
Algeria	8.0	6.7	4.6	2.8	2.7	<2.5	<2.5
Bahrain							
Comoros							
Djibouti	42.0	31.3	22.9	17.5	16.4	16.0	16.2
Egypt	5.2	6.4	5.4	4.4	4.9	5.1	5.4
Iraq	22.4	23.8	31.6	37.8	37.9	37.4	37.5
Jordan	9.7	5.5	7.1	6.3	7.7	8.2	9.5
Kuwait	2.6	<2.5	<2.5	<2.5	<2.5	<2.5	<2.5
Lebanon	7.8	10.9	10.2	5.9	6.7	7.2	9.3
Libya							
Mauritania	8.3	9.4	7.3	8.3	8.6	8.7	9.1
Morocco	6.3	5.5	5.5	3.8	3.7	3.7	4.2
Oman	12.3	9.6	9.1	8.1	8.4	8.1	8.2
Palestine							
Qatar							
Saudi Arabia	4.9	4.8	5.9	3.7	3.7	3.8	3.9
Somalia	57.9	58.2	75.6	60.3	58.7	57.4	59.5
Sudan	21.5	18.9	16.5	11.2	11.8	12.0	12.3
Syrian Arab Republic							
Tunisia	4.4	4.3	3.4	2.5	<2.5	2.5	3.0
United Arab Emirates	3.3	8.8	6.3	2.7	3.2	3.4	3.7
Yemen	26.7	27.8	26.4	43.4	46.6	45.4	45.4

SOURCE: FAO.

TABLE 14

Number of undernourished people
(millions)

	2000–2002	2004–2006	2009–2011	2014–2016	2016–2018	2017–2019	2018–2020
WORLD	819.2	804.0	652.3	613.8	622.7	632.9	683.9
Arab States	35.5	38.9	48.3	58.3	62.2	62.9	65.5
Low-income economies	17.7	19.1	24.7	31.0	32.9	32.9	34.1
Lower-middle-income economies	9.4	10.1	9.2	8.1	8.8	9.1	9.6
Upper-middle-income economies	6.7	7.7	11.5	16.8	17.9	18.2	18.9
High-income economies	1.6	2.0	2.8	2.4	2.6	2.7	2.8
Arab States LDCs	16.8	18.1	21.5	24.8	27.0	27.3	28.5
Conflict countries	23.6	26.0	35.2	46.8	49.6	49.8	51.4
Non-conflict countries	11.9	12.9	13.1	11.5	12.7	13.1	14.1
Algeria	2.5	2.2	1.6	1.1	1.1		
Bahrain							
Comoros							
Djibouti	0.3	0.2	0.2	0.2	0.2	0.2	0.2
Egypt	3.7	4.9	4.4	4.1	4.7	5.0	5.4
Iraq	5.4	6.4	9.4	13.4	14.2	14.4	14.7
Jordan	0.5	0.3	0.5	0.6	0.8	0.8	1.0
Kuwait	<0.1						
Lebanon	0.3	0.5	0.5	0.4	0.5	0.5	0.6
Libya							
Mauritania	0.2	0.3	0.3	0.3	0.4	0.4	0.4
Morocco	1.8	1.7	1.8	1.3	1.3	1.3	1.5
Oman	0.3	0.2	0.3	0.3	0.4	0.4	0.4
Palestine							
Qatar							
Saudi Arabia	1.0	1.1	1.6	1.2	1.2	1.3	1.3
Somalia	5.3	6.1	9.1	8.3	8.6	8.6	9.2
Sudan	6.0	5.8	5.7	4.4	4.8	5.0	5.3
Syrian Arab Republic							
Tunisia	0.4	0.4	0.4	0.3		0.3	0.3
United Arab Emirates	0.1	0.4	0.5	0.3	0.3	0.3	0.4
Yemen	4.8	5.6	6.1	11.5	13.0	12.9	13.2

SOURCE: FAO.

TABLE 15

Prevalence of food insecurity (percent)

	Moderate or severe food insecurity				Severe food insecurity			
	2014–2016	2016–2018	2017–2019	2018–2020	2014–2016	2016–2018	2017–2019	2018–2020
WORLD	23.0	24.8	25.8	27.6	8.2	8.9	9.5	10.5
Arab States	30.3	32.1	32.0	31.6	11.3	11.8	11.5	11.2
Low-income economies	39.4	41.8	43.1	43.7	14.7	15.9	16.4	16.7
Lower-middle-income economies	26.2	28.3	27.3	26.1	9.0	8.7	7.7	7.2
Upper-middle-income economies	37.7	40.5	40.6	40.9	17.1	18.8	19.0	17.9
High-income economies	20.0	19.0	19.4	19.1	7.3	7.7	7.9	7.8
Arab States LDCs	41.7	44.5	46.0	46.8	15.7	16.9	17.4	17.8
Conflict countries	40.4	43.1	43.9	44.0	16.2	17.9	18.3	17.8
Non-conflict countries	24.8	26.2	25.6	24.9	8.7	8.5	7.9	7.6
Algeria	22.9	19.7	17.6	17.6	13.0	11.4	9.3	6.9
Bahrain								
Comoros								
Djibouti								
Egypt	27.8	33.1	31.2	27.8	8.4	8.6	7.4	6.7
Iraq								
Jordan								
Kuwait	12.6	12.3	12.3	12.2	4.9	4.9	4.9	4.9
Lebanon								
Libya	29.1	33.2	35.7	37.4	11.2	14.3	16.7	18.6
Mauritania	26.3	32.3	35.9	39.8	4.6	5.5	5.9	6.5
Morocco			26.7	28.0				
Oman								
Palestine		26.3	26.3	26.3		4.4	4.4	4.4
Qatar								
Saudi Arabia								
Somalia				79.1				43.0
Sudan	41.4	46.4	48.9	49.4	13.4	15.4	16.4	16.8
Syrian Arab Republic								
Tunisia	18.2	20.0	22.1	25.1	9.1	9.1	9.7	10.7
United Arab Emirates								
Yemen								

SOURCE: FAO.

TABLE 16

Number of food insecure people (millions)

	Moderate or severe food insecurity				Severe food insecurity			
	2014–2016	2016–2018	2017–2019	2018–2020	2014–2016	2016–2018	2017–2019	2018–2020
WORLD	1 696.1	1 874.4	1 970.1	2 132.3	607.7	669.4	722.7	813.0
Arab States	119.9	132.4	134.6	135.4	44.8	48.6	48.4	47.9
Low-income economies	38.3	42.0	44.1	45.7	14.3	16.0	16.8	17.5
Lower-middle-income economies	49.3	55.4	54.3	52.9	16.9	17.0	15.4	14.6
Upper-middle-income economies	21.7	24.5	25.1	25.8	9.8	11.4	11.8	11.3
High-income economies	10.6	10.5	11.0	11.0	3.9	4.3	4.5	4.5
Arab States LDCs	35.5	39.7	42.1	43.9	13.4	15.1	15.9	16.7
Conflict countries	56.3	62.3	64.7	66.3	22.5	25.9	26.9	26.8
Non-conflict countries	63.7	70.1	69.9	69.2	22.3	22.7	21.5	21.1
Algeria	9.1	8.2	7.4	7.6	5.2	4.7	3.9	3.0
Bahrain								
Comoros								
Djibouti								
Egypt	25.7	31.9	30.7	27.9	7.8	8.3	7.3	6.8
Iraq								
Jordan								
Kuwait	0.5	0.5	0.5	0.5	0.2	0.2	0.2	0.2
Lebanon								
Libya	1.9	2.2	2.4	2.5	0.7	0.9	1.1	1.3
Mauritania	1.1	1.4	1.6	1.8	0.2	0.2	0.3	0.3
Morocco			9.6	10.2				
Oman								
Palestine		1.3	1.3	1.3		0.2	0.2	0.2
Qatar								
Saudi Arabia								
Somalia				12.6				6.8
Sudan	16.1	19.0	20.4	21.2	5.2	6.3	6.8	7.2
Syrian Arab Republic								
Tunisia	2.0	2.3	2.6	2.9	1.0	1.0	1.1	1.2
United Arab Emirates								
Yemen								

SOURCE: FAO.

TABLE 17

Prevalence of stunting among children under five (percent)

	2000	2005	2010	2015	2018	2019	2020
WORLD	33.1	30.7	27.7	24.4	22.9	22.4	22.0
Arab States	28.7	27.1	24.5	21.9	21.0	20.8	20.5
Low-income economies	40.6	39.9	37.3	35.7	34.1	33.5	32.9
Lower-middle-income economies	24.8	22.1	19.7	17.9	17.6	17.4	17.3
Upper-middle-income economies	24.3	23.0	19.8	16.1	14.6	14.0	13.5
High-income economies	12.7	8.8	6.5	5.5	5.2	5.2	5.1
Arab States LDCs	43.5	42.0	39.3	36.1	34.1	33.5	32.9
Conflict countries	37.1	36.1	33.3	30.7	29.0	28.4	27.8
Non-conflict countries	22.3	19.5	17.2	15.7	15.4	15.3	15.2
Algeria	22.1	17.9	13.7	11.1	9.9	9.5	9.3
Bahrain	11.0	8.6	6.8	5.8	5.3	5.2	5.1
Comoros	42.4	38.8	34.7	28.7	24.9	23.7	22.6
Djibouti	30.0	29.8	30.8	33.1	33.9	34.0	34.0
Egypt	26.9	25.1	23.7	21.9	22.2	22.3	22.3
Iraq	28.4	26.3	21.8	16.2	13.4	12.5	11.6
Jordan	11.0	9.7	8.2	7.7	7.6	7.5	7.3
Kuwait	4.2	4.2	4.5	5.3	5.7	5.8	6.0
Lebanon	16.0	16.6	15.7	11.4	10.9	10.6	10.4
Libya	20.5	22.6	26.2	34.8	40.1	41.5	43.5
Mauritania	40.4	32.3	27.9	26.0	25.1	24.7	24.2
Morocco	25.2	20.3	17.4	15.1	13.8	13.4	12.9
Oman	15.1	12.3	11.3	11.7	12.0	12.1	12.2
Palestine	9.9	11.0	11.1	9.0	8.1	7.9	7.8
Qatar	9.4	7.3	6.2	5.6	4.9	4.7	4.6
Saudi Arabia	13.3	8.9	6.2	4.7	4.2	4.1	3.9
Somalia	31.9	32.6	31.9	29.7	28.3	27.9	27.4
Sudan	40.8	38.6	36.7	35.3	34.4	34.1	33.7
Syrian Arab Republic	28.1	28.8	26.9	30.5	30.9	30.3	29.6
Tunisia	12.9	11.1	9.5	8.8	8.7	8.6	8.6
Yemen	55.2	55.0	50.1	43.1	39.3	38.2	37.2

SOURCE: UNICEF, WHO and World Bank.

TABLE 18

Prevalence of wasting among children under five (percent)

	2000	2005	2010	2015	2018	2019	2020
WORLD							6.7
Arab States							7.8
Low-income economies							16.3
Lower-middle-income economies							6.6
Upper-middle-income economies							3.8
High-income economies							6.7
Arab States LDCs							15.8
Conflict countries							10.2
Non-conflict countries							6.6
Algeria	3.1					2.7	
Comoros	13.3						
Egypt		5.3					
Iraq	6.6				3.0		
Kuwait		3.3	2.4	3.1			
Mauritania	15.3			14.8	11.5		
Palestine	2.0		3.3				1.3
Sudan			15.4				
Syrian Arab Republic	4.9		11.5				
Tunisia	2.9				2.1		
Yemen		13.8					

SOURCE: UNICEF, WHO and World Bank.

TABLE 19

Prevalence of overweight among children under five (percent)

	2000	2005	2010	2015	2018	2019	2020
WORLD	5.4	5.7	5.6	5.6	5.7	5.7	5.7
Arab States	9.4	9.8	10.0	10.4	10.6	10.6	10.7
Low-income economies	6.7	6.7	6.3	4.9	4.6	4.6	4.7
Lower-middle-income economies	12.4	13.0	13.5	14.3	14.8	14.9	15.0
Upper-middle-income economies	9.7	10.3	10.7	11.0	11.0	11.0	10.9
High-income economies	3.4	4.4	5.6	6.8	7.2	7.3	7.4
Arab States LDCs	4.2	3.9	3.0	2.7	2.7	2.7	2.8
Conflict countries	7.5	7.7	7.5	6.7	6.4	6.4	6.4
Non-conflict countries	10.9	11.5	12.1	13.0	13.5	13.7	13.8
Algeria	13.0	13.7	13.6	13.2	13.0	12.9	12.9
Bahrain	4.1	4.7	5.4	6.0	6.2	6.3	6.4
Comoros	12.3	14.2	11.7	10.1	9.8	9.7	9.6
Djibouti	8.0	9.0	7.6	6.9	7.1	7.2	7.2
Egypt	13.9	14.6	15.4	16.5	17.3	17.6	17.8
Iraq	8.6	9.0	9.1	9.2	9.1	9.1	9.0
Jordan	5.1	5.1	5.5	6.1	6.6	6.8	7.1
Kuwait	7.9	8.1	8.0	7.6	7.3	7.2	7.1
Lebanon	17.6	18.7	19.4	19.8	19.8	19.7	19.7
Libya	17.6	21.4	24.8	26.0	25.9	25.8	25.4
Mauritania	3.4	3.3	2.1	2.0	2.4	2.5	2.7
Morocco	12.2	12.3	11.9	11.5	11.4	11.3	11.3
Oman	1.8	2.0	2.6	3.6	4.3	4.5	4.8
Palestine	7.1	7.6	7.9	8.3	8.4	8.5	8.5
Qatar	9.9	11.4	12.6	13.5	13.8	13.9	13.9
Saudi Arabia	3.1	4.1	5.5	6.9	7.4	7.5	7.6
Somalia	4.5	4.5	3.4	2.9	2.9	2.9	2.9
Sudan	3.5	3.5	2.7	2.4	2.6	2.6	2.7
Syrian Arab Republic	16.9	18.4	19.2	18.7	18.4	18.3	18.2
Tunisia	4.6	6.4	9.5	13.3	15.4	16.0	16.5
Yemen	4.8	3.8	3.1	2.7	2.6	2.6	2.7

SOURCE: UNICEF, WHO and World Bank.

TABLE 20

Prevalence of anaemia among women of reproductive age (15–49 years) (percent)

	2000	2005	2010	2015	2017	2018	2019
WORLD	31.2	29.9	28.6	28.8	29.3	29.6	29.9
Arab States	38.1	36.2	33.8	32.8	32.9	33.0	33.2
Low-income economies	47.2	45.3	43.1	43.2	43.5	43.7	43.8
Lower-middle-income economies	35.9	34.4	32.1	30.7	30.4	30.3	30.3
Upper-middle-income economies	35.8	33.0	29.9	29.1	29.6	29.8	30.2
High-income economies	31.2	28.6	26.1	25.8	26.5	26.7	27.1
Arab States LDCs	50.4	48.6	46.6	45.8	45.8	45.8	45.9
Conflict countries	44.5	42.2	39.6	38.7	38.9	39.0	39.2
Non-conflict countries	34.9	33.2	30.8	29.8	29.8	29.8	29.9
Algeria	37.6	35.2	33.3	32.8	33.0	33.1	33.3
Bahrain	43.3	40.1	36.9	35.7	35.6	35.5	35.4
Comoros	38.4	35.8	33.2	33.0	33.3	33.5	33.8
Djibouti	37.2	33.3	31.0	31.3	31.8	32.0	32.3
Egypt	35.5	34.5	31.9	29.7	28.8	28.5	28.3
Iraq	39.5	35.9	31.2	28.6	28.4	28.4	28.6
Jordan	30.4	29.0	29.3	33.2	35.6	36.6	37.7
Kuwait	24.1	21.2	20.4	22.4	23.1	23.4	23.7
Lebanon	26.6	25.6	25.0	26.7	27.5	27.9	28.3
Libya	32.6	30.7	28.8	28.9	29.4	29.6	29.9
Mauritania	48.7	47.7	45.9	44.2	43.7	43.5	43.3
Morocco	35.3	33.2	30.5	29.5	29.6	29.7	29.9
Oman	37.8	33.8	29.7	28.8	29.1	29.1	29.1
Palestine	36.7	34.5	31.3	30.2	30.5	30.7	31.0
Qatar	31.4	29.2	27.4	27.2	27.6	27.9	28.1
Saudi Arabia	31.7	29.2	26.4	26.0	26.8	27.1	27.5
Somalia	47.9	46.6	44.6	43.5	43.3	43.2	43.1
Sudan	42.9	40.2	37.4	36.3	36.4	36.4	36.5
Syrian Arab Republic	36.8	34.4	32.1	31.9	32.2	32.5	32.8
Tunisia	31.5	30.9	30.3	30.8	31.4	31.7	32.1
United Arab Emirates	24.3	23.4	23.8	23.7	23.7	24.0	24.3
Yemen	66.1	64.3	62.1	61.3	61.4	61.5	61.5

SOURCE: WHO.

TABLE 21

Prevalence of obesity among adults (percent)

	2000	2005	2010	2013	2014	2015	2016
WORLD	8.7	9.9	11.2	12.1	12.5	12.8	13.1
Arab States	19.5	22.0	25.0	26.9	27.5	28.2	28.8
Low-income economies	11.7	13.7	16.3	17.5	17.9	18.3	18.8
Lower-middle-income economies	19.4	22.0	25.0	27.0	27.6	28.3	29.0
Upper-middle-income economies	23.3	25.5	28.2	29.9	30.5	31.1	31.7
High-income economies	25.2	27.4	30.1	32.0	32.7	33.3	34.0
Arab States LDCs	7.1	8.9	11.1	12.5	13.1	13.6	14.1
Conflict countries	16.3	18.4	20.8	22.4	23.0	23.5	24.1
Non-conflict countries	20.6	23.2	26.4	28.4	29.0	29.7	30.4
Algeria	17.4	20.2	23.3	25.3	26.0	26.7	27.4
Bahrain	22.9	24.7	26.6	28.2	28.8	29.3	29.8
Comoros	4.1	5.1	6.2	6.9	7.2	7.5	7.8
Djibouti	9.3	10.5	11.8	12.6	12.9	13.2	13.5
Egypt	22.2	24.9	28.0	30.0	30.6	31.3	32.0
Iraq	22.2	24.4	26.9	28.6	29.2	29.8	30.4
Jordan	26.4	29.2	31.9	33.7	34.3	34.9	35.5
Kuwait	29.6	32.0	34.6	36.2	36.8	37.4	37.9
Lebanon	24.6	26.3	28.7	30.3	30.8	31.4	32.0
Libya	23.5	26.0	28.8	30.6	31.3	31.9	32.5
Mauritania	6.7	8.4	10.3	11.4	11.8	12.3	12.7
Morocco	16.7	19.2	22.1	24.1	24.7	25.4	26.1
Oman	18.0	20.0	23.1	24.9	25.6	26.3	27.0
Qatar	26.2	28.7	31.1	33.1	33.8	34.5	35.1
Saudi Arabia	26.2	28.4	31.5	33.4	34.1	34.7	35.4
Somalia	4.1	5.2	6.4	7.3	7.6	7.9	8.3
Syrian Arab Republic	18.2	20.7	23.8	25.8	26.4	27.1	27.8
Tunisia	18.2	20.7	23.4	25.1	25.7	26.3	26.9
United Arab Emirates	21.8	24.5	27.7	29.7	30.3	31.0	31.7
Yemen	8.8	11.0	13.5	15.2	15.9	16.5	17.1

SOURCE: WHO.

TABLE 22

Prevalence of exclusive breastfeeding among infants 0–5 months of age (percent)

	2000	2005	2010	2015	2017	2018	2019
WORLD							44.0
Arab States							38.4
Low-income economies							54.6
Lower-middle-income economies							37.3
Upper-middle-income economies							25.8
High-income economies							23.2
Arab States LDCs							53.2
Conflict countries							41.8
Non-conflict countries							36.3
Algeria	12.6						
Comoros	10.2						
Egypt	56.1	41.1					
Iraq	11.6					25.8	
Jordan					25.4		
Mauritania	20.2			41.1		40.3	
Morocco			27.8		35.0		
Oman					23.2		
Palestine			28.7				
Somalia	9.0						
Sudan			41.0				
Tunisia						13.5	

SOURCE: UNICEF.

TABLE 23

Prevalence of low birthweight (percent)

	2000	2005	2010	2012	2013	2014	2015
WORLD	17.5	16.4	15.3	15.0	14.8	14.7	14.6
Arab States				11.8			11.6
Low-income economies				13.6			13.5
Lower-middle-income economies				11.6			11.4
Upper-middle-income economies				10.1			9.9
High-income economies				9.1			9.1
Arab States LDCs				14.7			14.4
Conflict countries				12.4			12.3
Non-conflict countries				11.3			11.2
Algeria	7.7	7.5	7.3	7.3	7.3	7.3	7.3
Bahrain	8.5	8.9	9.5	10.2	10.6	11.2	11.9
Comoros	25.9	25.4	24.6	24.2	24.1	23.9	23.7
Jordan	14.6	14.3	14.0	13.9	13.9	13.8	13.8
Kuwait	10.2	10.1	10.0	9.9	9.9	9.9	9.9
Lebanon	9.8	9.5	9.3	9.3	9.3	9.3	9.2
Morocco	18.8	18.2	17.7	17.5	17.4	17.4	17.3
Oman	10.9	10.7	10.6	10.6	10.6	10.5	10.5
Palestine	8.8	8.6	8.5	8.5	8.4	8.4	8.4
Qatar	9.1	8.3	7.7	7.5	7.4	7.4	7.3
Tunisia	8.2	7.8	7.6	7.5	7.5	7.5	7.5
United Arab Emirates	13.0	12.9	12.8	12.7	12.7	12.7	12.7

SOURCE: UNICEF and WHO.

ANNEX 2

FOOD SECURITY AND NUTRITION INDICATORS DEFINITIONS

Undernourishment

Undernourishment is defined as the condition of an individual whose habitual food consumption is insufficient to provide, on average, the amount of dietary energy required to maintain a normal, active and healthy life. The indicator is reported as a prevalence and is denominated as “prevalence of undernourishment”, which is an estimate of the percentage of individuals in the total population who are in a condition of undernourishment.

Data source: FAOSTAT

Food insecurity as measured by the Food Insecurity Experience Scale (FIES)

Food insecurity as measured by the FIES indicator refers to limited access to food, at the level of individuals or households, due to lack of money or other resources. The severity of food insecurity is measured using data collected with the FIES survey module (FIES-SM), a set of eight questions asking respondents to self-report conditions and experiences typically associated with limited access to food. For purposes of annual SDG monitoring, the questions are asked with reference to the 12 months preceding the survey.

FAO provides estimates of food insecurity at two different levels of severity: moderate or severe food insecurity and severe food insecurity. People affected by moderate food insecurity face uncertainties about their ability to obtain food and have been forced to reduce, at times during the year, the quality and/or quantity of food they consume due to lack of money or other resources. Severe food insecurity refers to situations when individuals have likely run out of food, experienced hunger and, at the most extreme, gone for days without eating. The prevalence of moderate or severe food insecurity is the combined prevalence of food insecurity at both severity levels.

Data source: FAOSTAT.

Stunting, wasting and overweight in children under five years of age

Stunting (children under five years of age): Height/length (cm) for age (months) < -2 SD of the WHO Child Growth Standards median. Low height-for-age is an indicator that reflects the cumulative effects of undernutrition and infections since and even before birth. It may be the result of long-term nutritional deprivation, recurrent infections and lack of water and sanitation infrastructures. Stunted children are at greater risk for illness and death. Stunting often adversely affects the cognitive and physical growth of children, making for poor performance in school and reduced intellectual capacity.

Prevalence cut-off values for public health significance are as follows: very low <2.5 percent; low 2.5–<10 percent; medium 10–<20 percent; high 20–<30 percent; very high ≥30 percent.

Wasting: Weight (kg) for height/length (cm) < -2 SD of the WHO Child Growth Standards median. Low weight-for-height is an indicator of acute weight loss or a failure to gain weight and can be the result of insufficient food intake and/or an incidence of infectious diseases, especially diarrhoea. Wasting indicates acute malnutrition and increases the risk of death in childhood from infectious diseases such as diarrhoea, pneumonia and measles.

Prevalence cut-off values for public health significance for wasting are as follows: very low <2.5 percent; low 2.5–<5 percent; medium 5–<10 percent; high 10–<15 percent; very high ≥15 percent.

Overweight: Weight (kg) for height/ length (cm) > +2 SD of the WHO Child Growth Standards median. This indicator reflects excessive weight gain for height generally due to energy intakes exceeding children's energy requirements. Childhood overweight and obesity is associated with a higher probability of overweight and obesity in adulthood, which can lead to various non-communicable diseases, such as diabetes and cardiovascular diseases.

Prevalence cut-off values for public health significance for child overweight are as follows: very low <2.5 percent; low 2.5–<5 percent; medium 5–<10 percent; high 10–<15 percent; very high ≥15 percent.

Data source: UNICEF, WHO & World Bank. 2021. Levels and Trends in Child Malnutrition. UNICEF/WHO/World Bank Group Joint Child Malnutrition Estimates. Key findings of the 2021 edition. <https://data.unicef.org/resources/jme-report-2021>, www.who.int/data/gho/data/themes/topics/joint-child-malnutrition-estimates-unicef-who-wb, <https://datatopics.worldbank.org/child-malnutrition>

Exclusive breastfeeding

Exclusive breastfeeding for infants under 6 months of age is defined as receiving only breastmilk and no additional food or drink, not even water. Exclusive breastfeeding is a cornerstone of child survival and is the best food for newborns, as breastmilk shapes the baby's microbiome, strengthens the immune system and reduces the risk of developing chronic diseases. Breastfeeding also benefits mothers by preventing postpartum haemorrhage and promoting uterine involution, decreasing risk of

iron-deficiency anaemia, reducing the risk of various types of cancer and providing psychological benefits.

Data source: UNICEF. 2020. Infant and young child feeding. In: *UNICEF*. New York, USA. Cited 19 April 2021. <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding>

Low birthweight

Low birthweight is defined as a weight at birth of less than 2 500 g (less than 5.51 lbs), regardless of gestational age. A newborn's weight at birth is an important marker of maternal and foetal health and nutrition.

Data source: UNICEF & WHO. 2019. UNICEF-WHO joint low birthweight estimates. In: *United Nations Children's Fund*. New York, USA and Geneva, Switzerland. Cited 28 April 2020. www.unicef.org/reports/UNICEF-WHO-low-birthweight-estimates-2019, www.who.int/nutrition/publications/UNICEF-WHO-lowbirthweight-estimates-2019

Adult obesity

The body mass index (BMI) is the ratio of weight-to-height commonly used to classify the nutritional status of adults. It is calculated as the body weight in kilograms divided by the square of the body height in metres (kg/m²). Obesity includes individuals with BMI equal to or higher than 30 kg/m².

Data source: WHO. 2020. Global Health Observatory (GHO) data repository. In: *World Health Organization*. Geneva, Switzerland. Cited 28 April 2020. <https://apps.who.int/gho/data/node.main.A900A?lang=en>

Anaemia in women of reproductive age

Definition: percentage of women aged 15–49 years with a haemoglobin concentration less than 120 g/L for non-pregnant women and lactating women, and less than 110 g/L for pregnant women, adjusted for altitude and smoking.

Prevalence cut-off values for public health significance are as follows: no public health problem <5 percent; mild 5–19.9 percent; moderate 20–39.9 percent; severe ≥40 percent.

Data source: WHO. 2021. Vitamin and Mineral Nutrition Information System (VMNIS). In: *WHO*. Geneva, Switzerland. Cited 25 May 2021. www.who.int/teams/nutrition-food-safety/databases/vitamin-and-mineral-nutrition-information-system. WHO. 2021. Global anaemia estimates, Edition 2021. In: *Global Health Observatory (GHO) data repository*. Geneva, Switzerland. Cited 25 May 2021. [www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-anaemia-in-women-of-reproductive-age\(-\)](http://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-anaemia-in-women-of-reproductive-age(-))

ANNEX 3 NOTES

For specific country notes, please refer to Tables A.1.1 and A.1.2 in FAO, IFAD, UNICEF, WFP & WHO. 2021. *The State of Food Security and Nutrition in the World 2021. Transforming food systems for food security, improved nutrition and affordable healthy diets for all*. Rome, FAO. <http://www.fao.org/3/cb4474en/cb4474en.pdf>

Prevalence of undernourishment

Regional estimates were included when more than 50 percent of the population was covered. National estimates are reported as three-year moving averages to control for the low reliability of some of the underlying parameters such as the year-to-year variation in food commodity stocks, one of the components of the annual FAO Food Balance Sheets, for which complete and reliable information is scarce. Regional and global aggregates are reported as annual estimates on account of the fact that possible estimation errors are expected not to be correlated across countries.

Food insecurity

Regional estimates were included when more than 50 percent of the population was covered. To reduce the margin of error, national estimates are presented as three-year averages.

FAO estimates refer to the number of people living in households where at least one adult has been found to be food insecure.

Country-level results are presented only for those countries for which estimates are based on official national data or as provisional estimates, based on FAO data collected through the Gallup® World Poll, for countries whose national relevant authorities expressed no objection to their publication. Note that consent to publication does not necessarily imply validation of the estimate by the national authorities involved and that the estimate is subject to revision as soon as suitable data from official national sources are available. Global, regional and subregional aggregates are based on data collected in approximately 150 countries.

Child stunting, wasting and overweight

The collection of household survey data on child height and weight were limited in 2020 due to the physical distancing measures required to prevent the spread of COVID-19. Only four national surveys included in the database were carried out (at least partially) in 2020. The estimates on child stunting, wasting and overweight are therefore based almost entirely on data collected before 2020 and do not take into account the impact of the COVID-19 pandemic.

For child wasting regional estimates, values correspond to the model predicted estimates for the year 2020 only. Wasting is an acute condition that can change often and rapidly over the course of a calendar year. This makes it difficult to generate reliable trends over time with the input data available – as such, this report provides only the most recent global and regional estimates.

Some aggregates are calculated by FAO.

Exclusive breastfeeding

Regional estimates are included when more than 50 percent of the population is covered.

Some aggregates are calculated by FAO.

Low birthweight

Some aggregates are calculated by FAO.

Adult obesity

Some aggregates are calculated by FAO.

Anaemia in women of reproductive age

Some aggregates are calculated by FAO.

ANNEX 4

COUNTRY GROUPINGS

FAO uses the World Bank income groups, available at <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>

The groupings are:

- **High-income economies:** Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, the United Arab Emirates;
- **Lower-middle-income economies:** Algeria, the Comoros, Djibouti, Egypt, Mauritania, Morocco, Palestine, Tunisia;
- **Low-income economies:** Somalia, the Sudan, the Syrian Arab Republic, Yemen; and
- **Upper-middle-income economies:** Iraq, Jordan, Lebanon, Libya.

In addition, the following groupings are used for information purposes:

- **Arab States LDCs:** the Comoros, Djibouti, Mauritania, Somalia, the Sudan, Yemen;
- **Conflict countries:** Iraq, Libya, Somalia, the Sudan, the Syrian Arab Republic, Yemen; and
- **Non-conflict countries:** Algeria, Bahrain, the Comoros, Djibouti, Egypt, Jordan, Kuwait, Lebanon, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Tunisia, the United Arab Emirates.

ISBN 978-92-5-135255-7



9 789251 352557

CB7495EN/1/11.21