



Overview

Burden classification

The Global Nutrition Report classifies this country as experiencing three forms of malnutrition – overweight, anaemia and stunting

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Thresholds for a country having the form or not: stunting in children aged under 5 years \geq 20%; anaemia in women of reproductive age \geq 20%; overweight (body mass index \geq 25) in adult women aged \geq 18 years \geq 35%.

Progress against global nutrition targets 2018



Under-5 stunting



Under-5 wasting NA



Under-5 overweight



WRA anaemia





Exclusive breastfeeding



Adult female obesity No progress or worsening



Adult male obesity No progress or worsening



Adult female diabetes No progress or worsening



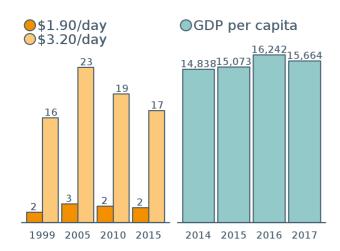
Adult male diabetes

No progress or worsening

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF global databases: Infant and Young Child Feeding, NCD Risk Factor Collaboration, WHO Global Health Observatory. Notes: The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates. See Appendix 1 of the 2018 Global Nutrition Report for details of the methods and sources used to assess progress towards global nutrition targets.

Economics and demography

Poverty rates (%) and GDP (PPP\$)



Source: World Bank 2018. Note: GDP = gross domestic product. PPP = purchasing power

Under-5 mortality (per 000 live births)



Source: UN Inter-agency Group for Child Mortality Estimation 2018.

rank)²

Income inequality

Gini index score ¹		Gini index rank ²	Year	
	30	22	2012	

Source: World Bank 2018.

Notes: 0 = perfect equality, 100 = perfect inequality. Countries are ranked from most equal (1) to most unequal (155).

Population

12

0.51

121

2011

2017

2017

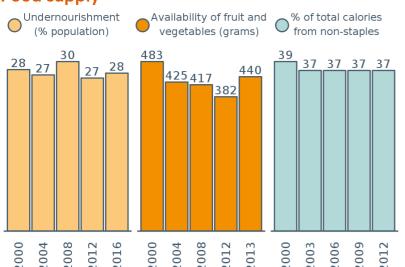
Population (000)	38,275	2017
Under-5 population (000)	5,944	2018
Rural (%)	30	2017
>65 years (000)	1,284	2018

Source: UN Population Division 2017.

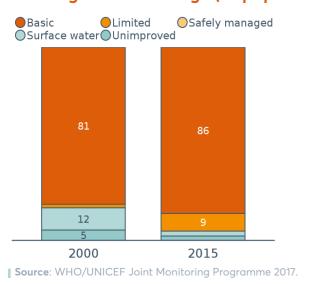
Underlying determinants

Food supply

Source: FAOSTAT 2018.



Drinking water coverage (% population)



Note: *0 = low inequality, 1 = high inequality.

Sources: UNICEF 2018: UNDP 2018.²

per 1,000 people

Population density of health workers

Gender-related determinants

Early childbearing: births by age 18

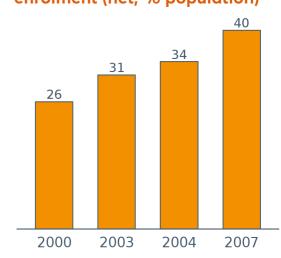
Gender Inequality Index (score*)²

Gender Inequality Index (country

Physicians	0.85	2014
Nurses and midwives	1.81	2014
Community health workers	0.01	2004

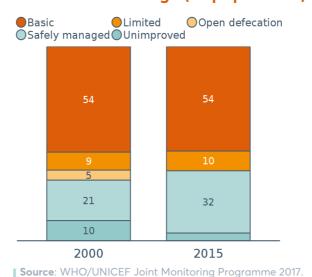
Source: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.

Female secondary education enrolment (net, % population)

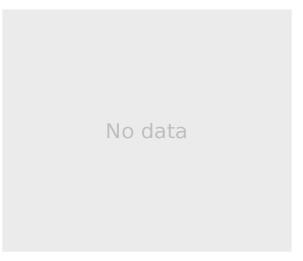


Source: UNESCO Institute for Statistics 2018.

Sanitation coverage (% population)



Government expenditures (% total)



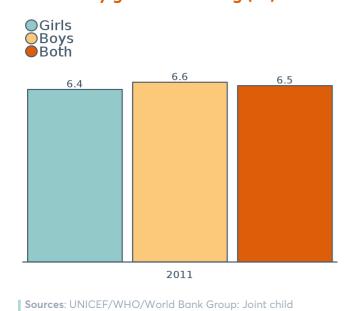
Source: IFPRI 2015.

Iraq

malnutrition estimates.

Children (under 5) nutrition status

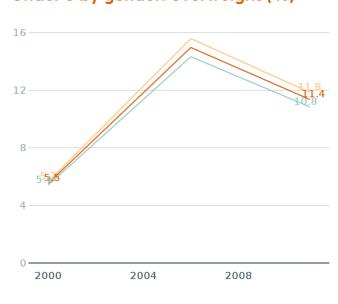
Under 5 by gender: wasting (%)



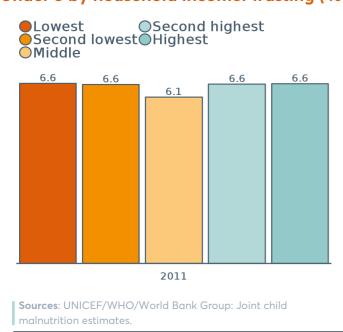
Under 5 by gender: stunting (%)



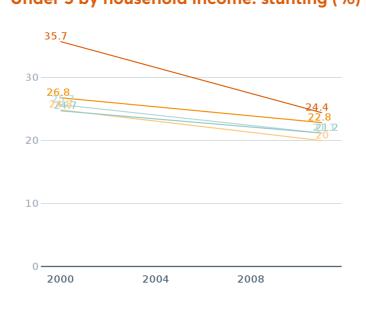
Under 5 by gender: overweight (%)



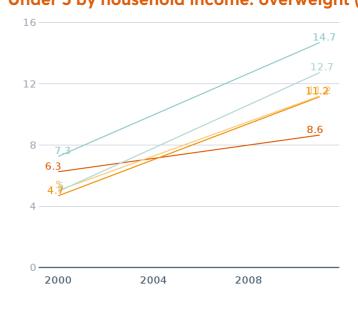
Under 5 by household income: wasting (%)

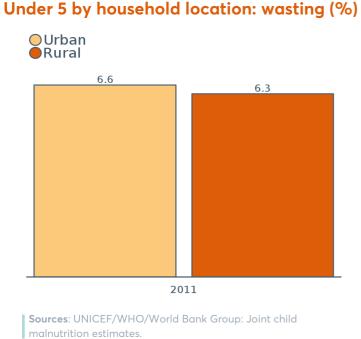


Under 5 by household income: stunting (%)

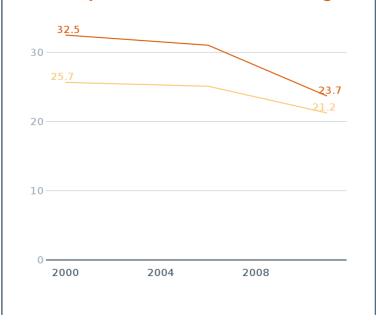


Under 5 by household income: overweight (%)





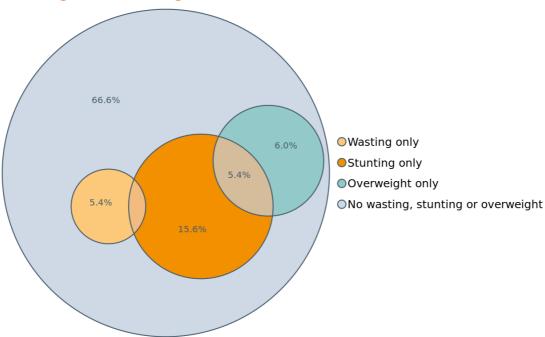
| Under 5 by household location: stunting (%)



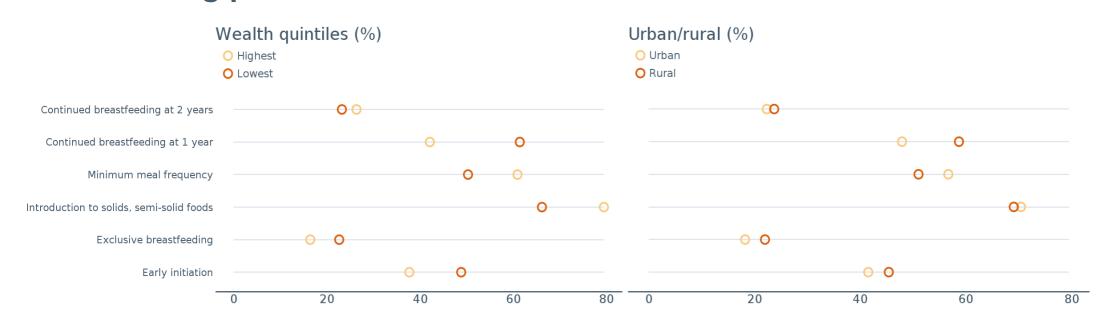
Under 5 by household location: overweight (%)



Under-5 coexistence of wasting, stunting and overweight

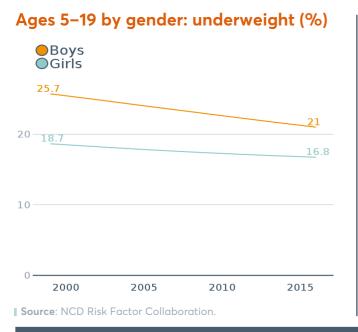


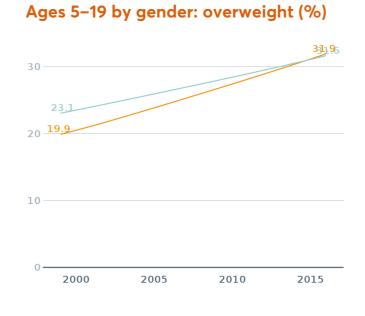
Child feeding practices

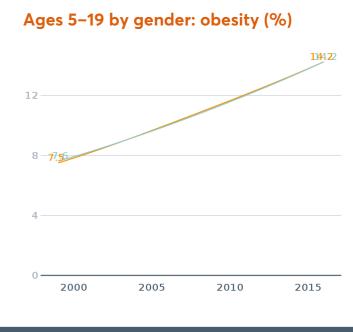


Sources: UNICEF, Division of Data Research and Policy (2018), Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2018.

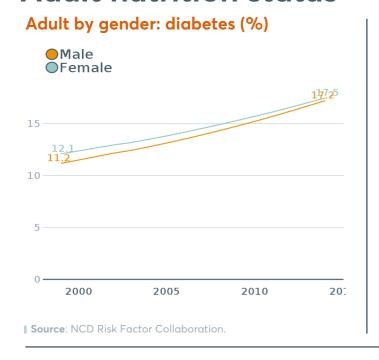
Children and adolescent (aged 5-19) nutrition status

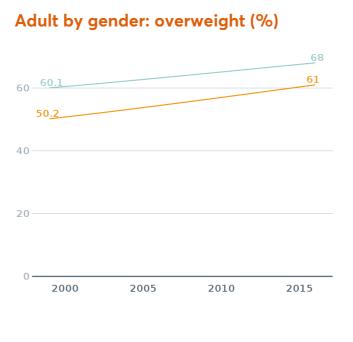


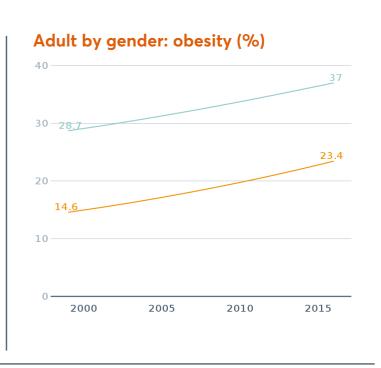


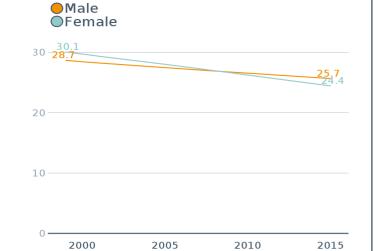


Adult nutrition status



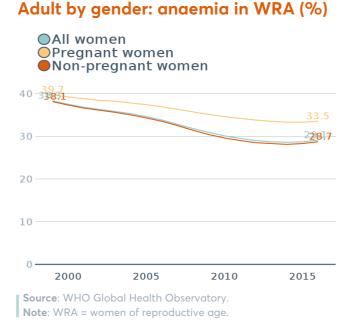


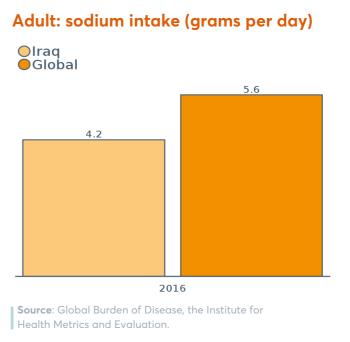




| Source: NCD Risk Factor Collaboration.

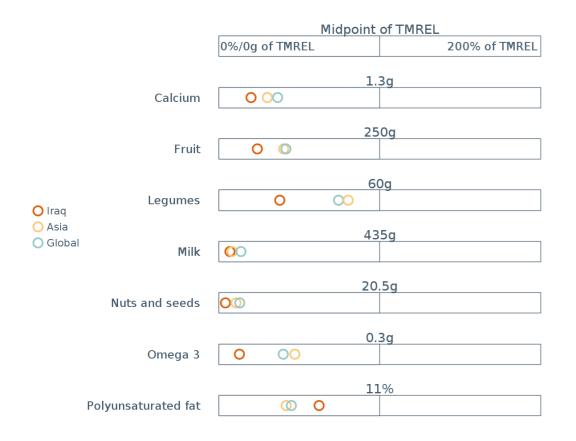
Adult by gender: raised blood pressure (%) |

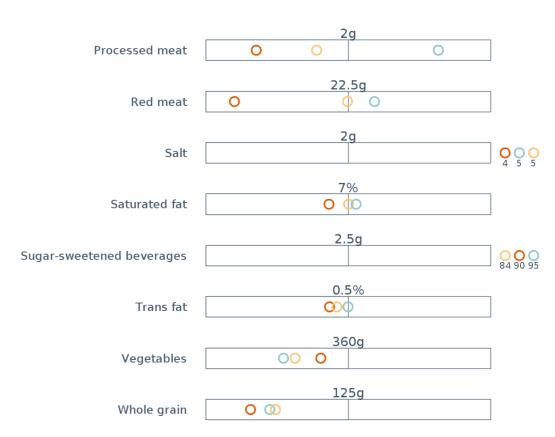






Dietary needs





Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation. **Notes**: Men and women aged 25 and older. TMREL = theoretical minimum risk exposure level.

Financial resources and policy, legislation and institutional arrangements

Development assistance Basic nutrition ODA received -% of total ODA 0.06 80.75 0.04 0.02 0.02 0.00

2008 2010 2012 2014 2016 Sources: Development Initiatives based on OECD Development Assistance Committee (DAC)

Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant
2016 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

National policies

Mandatory legislation for salt iodisation	No
Sugar-sweetened beverage tax	No
Food-based dietary guidelines	NA
Multisectoral comprehensive nutrition plan	Yes

Sources: Global Fortification Data Exchange 2018; Sugar-sweetened data prepared using data from the NOURISHING database, academic references and market reports; FAO 2018; WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

Targets included in national (nutrition or other) plan

Stunting	Anaemia	Low birth weight	Child overweight	Exclusive breastfeeding	Wasting	Salt intake	Overweight adults and adolescents
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

Intervention coverage

Coverage/practice indicator	%	Male	Female	Year
Children 0–59 months with diarrhoea who received zinc treatment	NA	NA	NA	NA
Children 6–59 months who received vitamin A supplements in last 6 months	NA	NA	NA	NA
Children 6–59 months given iron supplements in past 7 days	NA	NA	NA	NA
Women with a birth in last five years who received iron and folic acid during their most recent pregnancy	NA		NA	NA
Household consumption of any iodised salt	NA	NA	NA	NA

Sources: Kothari M. and Huestis A., based on 2016 Global Nutrition Report and UNICEF global databases, 2018.

Notes: Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005–2017.