# Lebanon

## Overview

### Nutritional information

**Lebanon is off course to meet the global targets for anaemia in women of reproductive age, low birth weight, male diabetes, female diabetes, male obesity, and female obesity. There is insufficient target data to assess Lebanon's progress for under-five overweight, under-five stunting, under-five wasting, and infant exclusive breastfeeding.**

Although it performs relatively well against other developing countries, Lebanon still experiences a malnutrition burden among its under-five population. As of 2004, the national prevalence of under-five overweight is 16.7%. The national prevalence of under-five stunting is 16.5%, which is less than the developing country average of 25%. Lebanon's under-five wasting prevalence of 6.6% is also less than the developing country average of 8.9%.
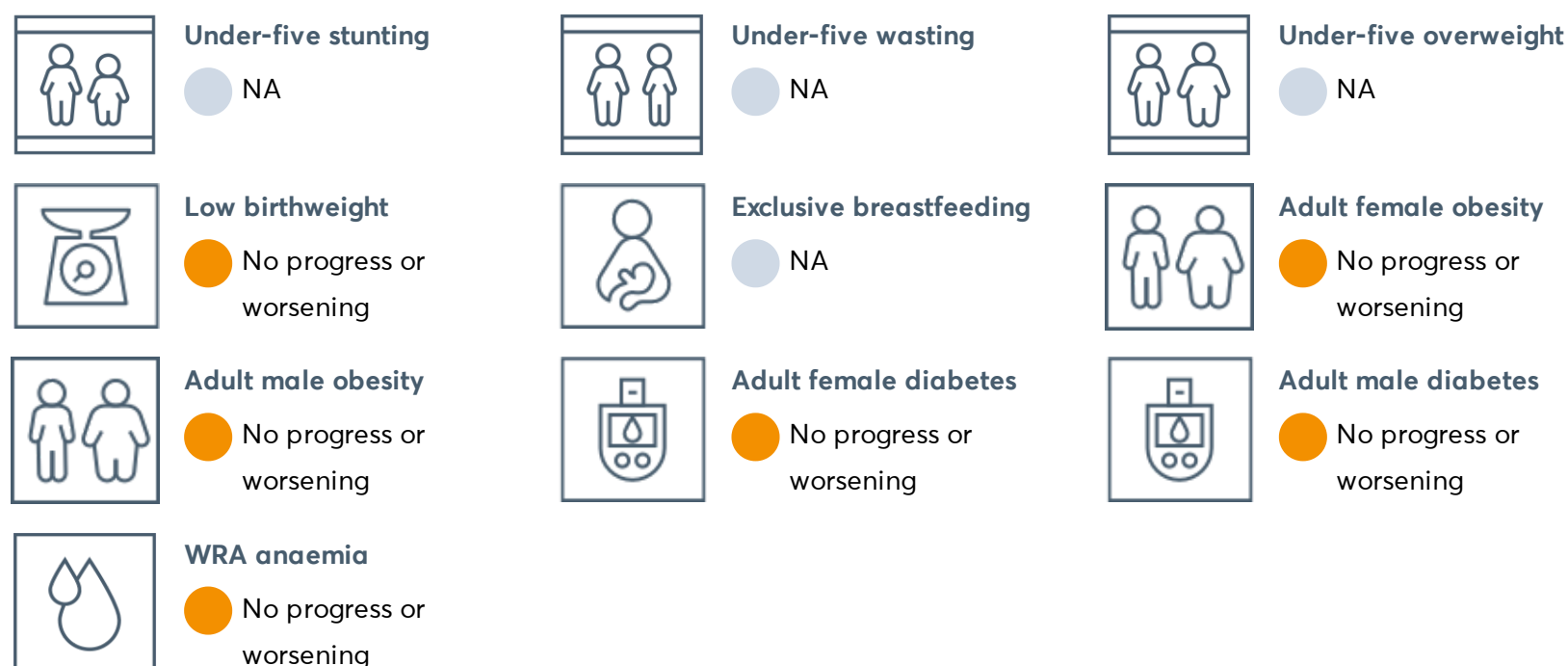
There is insufficient data on exclusive breastfeeding among infants. Lebanon's 2015 low birth weight prevalence of 9.2% has decreased slightly from 9.3% in 2014.

Lebanon's adult population also face malnutrition burdens. While there is no prevalence data available for anaemia among women of reproductive age, 14.5% of adult men suffer from diabetes, compared to 12.2% of women. Meanwhile, 37% of women and 27.4% of men suffer from obesity.

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-five years >20%; anaemia in women of reproductive age >20%; overweight (body mass index >25) in adult women aged >18 years >35%.

### Progress against global nutrition targets 2018

| | | |
|---|---|---|
| **Under-five stunting** — NA | **Under-five wasting** — NA | **Under-five overweight** — NA |
| **Low birthweight** — No progress or worsening | **Exclusive breastfeeding** — NA | **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 |
| **WRA anaemia** — No progress or worsening | | |

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

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.

# Infant and child (under-five) status

## Under-five coexistence of wasting, stunting and overweight

No data
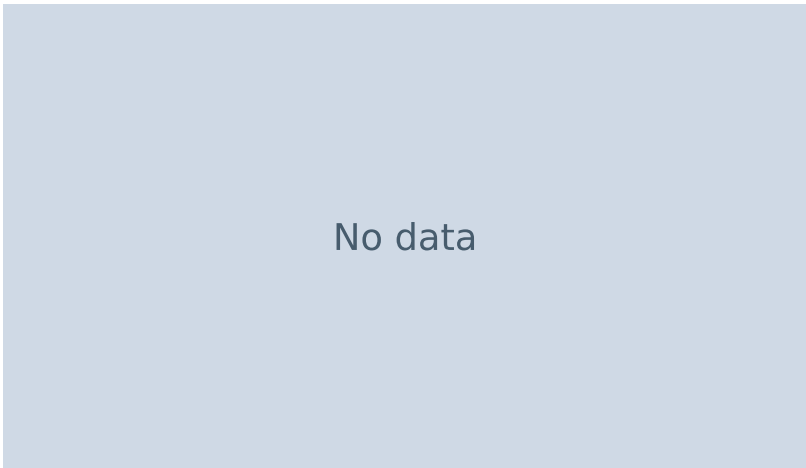
Sources: UNICEF, Division of Data Research and Policy (2019). UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight, January 2019, New York.

Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.
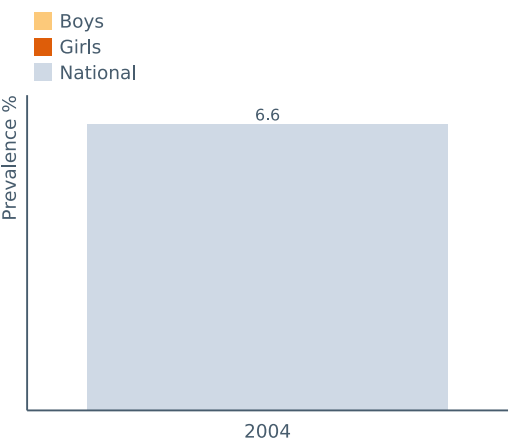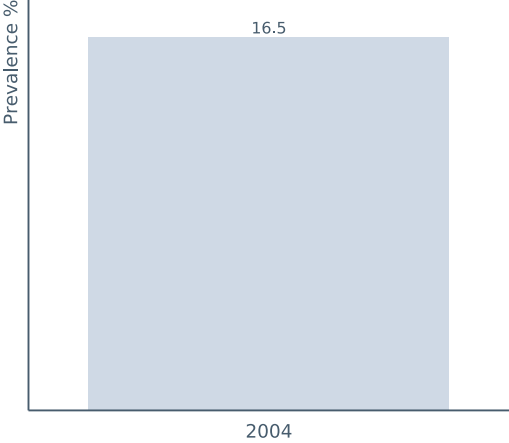
## Low birth weight (%)

Prevalence %

9.8

9.2

2000    2004    2008    2012
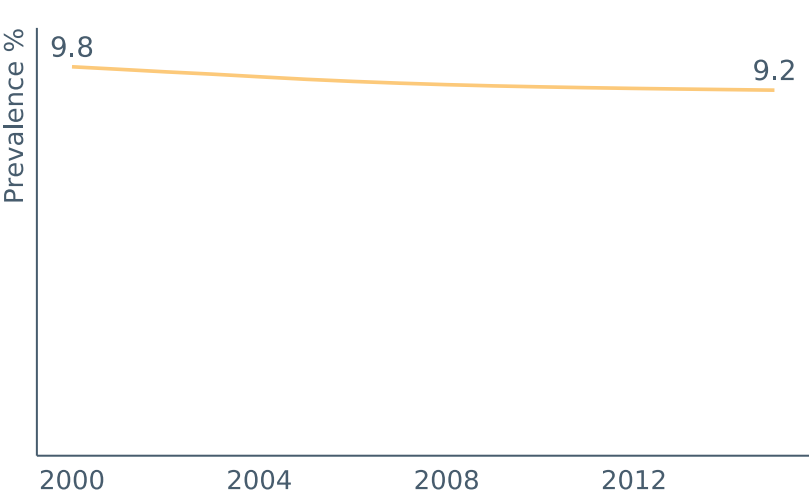
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

# Children (under-five) nutrition status

## Wasting by gender (%)

Legend:
- Boys
- Girls
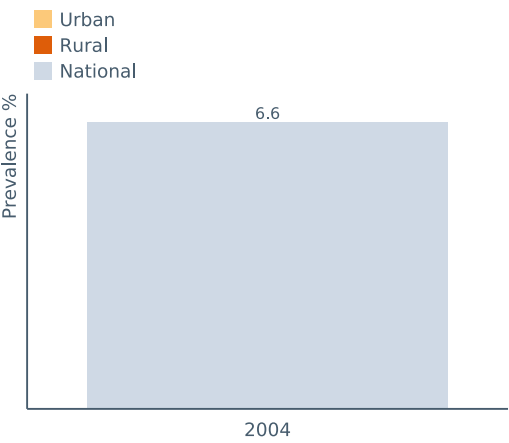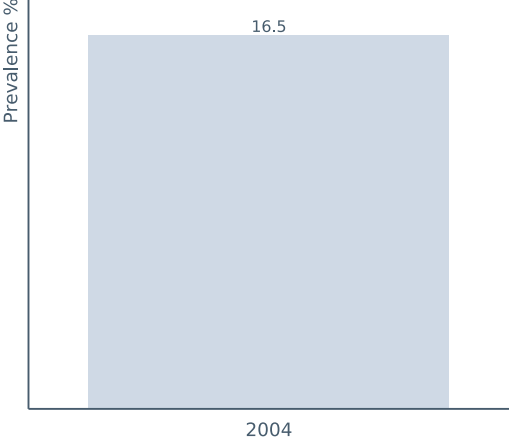- National

Prevalence %

6.6

2004

## Stunting by gender (%)

Prevalence %

16.5

2004

## Overweight by gender (%)

Prevalence %

16.7

2004

## Wasting by location (%)

Legend:
- Urban
- Rural
- National

Prevalence %

6.6

2004
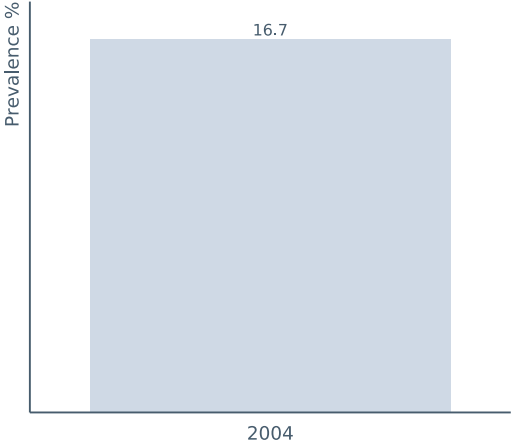
## Stunting by location (%)

Prevalence %

16.5

2004

## Overweight by location (%)

Prevalence %

16.7

2004

## Wasting by income (%)

Legend:
- Lowest
- Second lowest
- Middle
- Second highest
- Highest
- National

Prevalence %

6.6

2004

## Stunting by income (%)

Prevalence %

16.5

2004
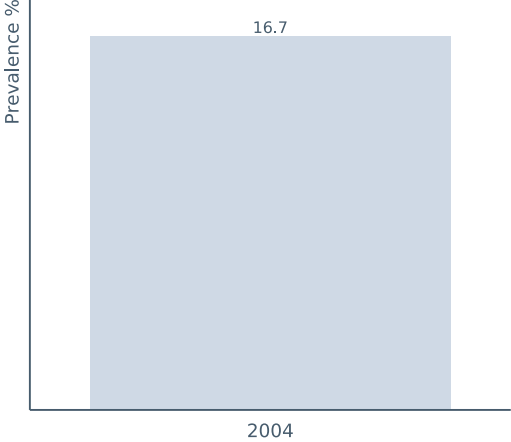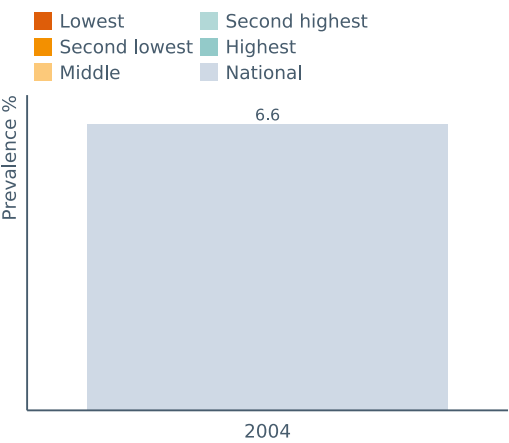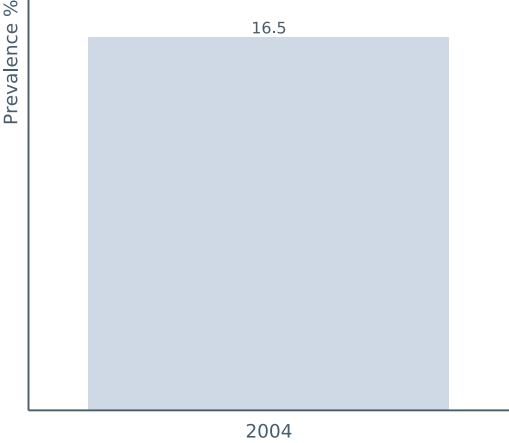
## Overweight by income (%)

Prevalence %

16.7

2004

# Wasting by education (%)

Prevalence %

■ None or primary
■ Secondary or higher
■ National

Prevalence %

6.6

2004
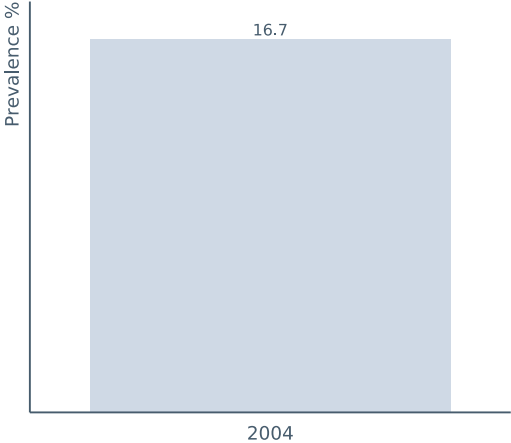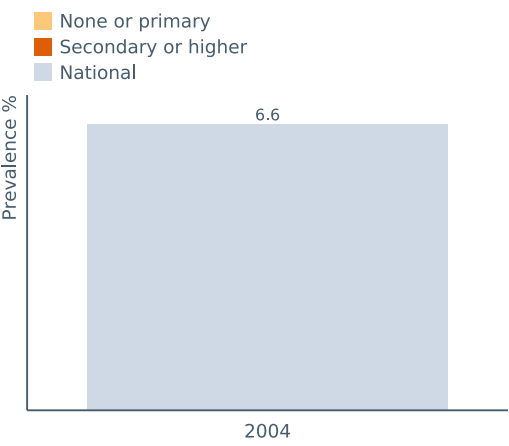
# Stunting by education (%)

Prevalence %

16.5

2004
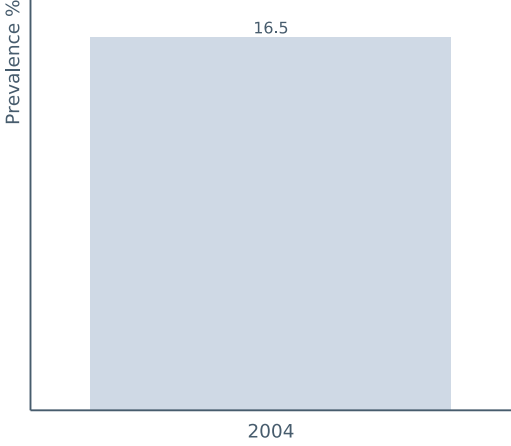
# Overweight by education (%)
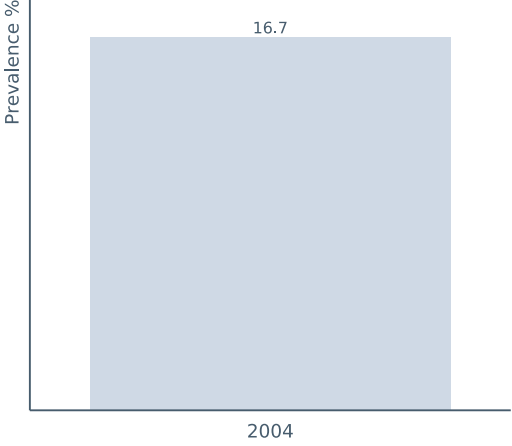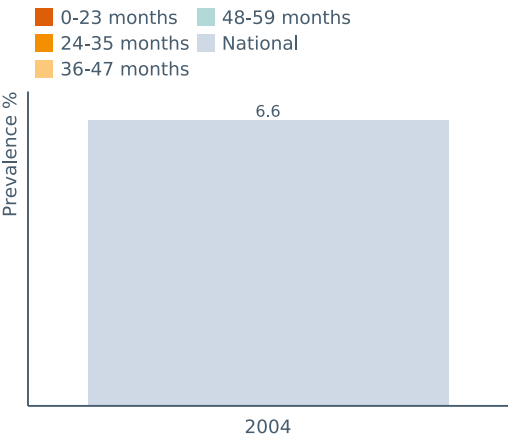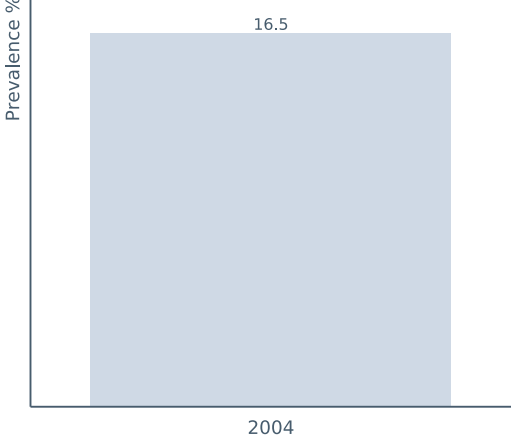
Prevalence %

16.7

2004

# Wasting by age (%)

Prevalence %

■ 0-23 months  ■ 48-59 months
■ 24-35 months  ■ National
■ 36-47 months

Prevalence %

6.6

2004

# Stunting by age (%)

Prevalence %

16.5

2004
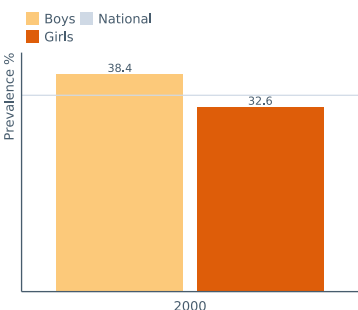
# Overweight by age (%)

Prevalence %

16.7

2004
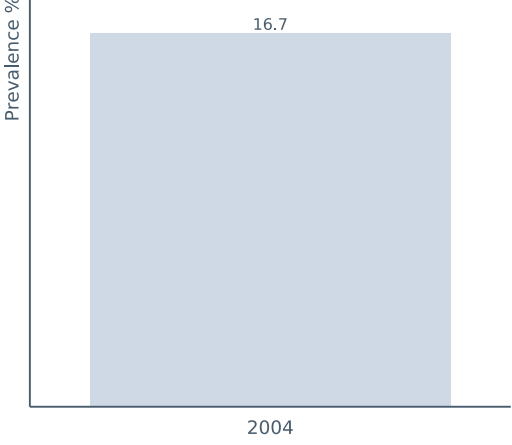
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

# Infant and child (under-five) feeding over time

## Exclusive breastfeeding by gender

No data

## Continued breastfeeding at 1 year by gender

Boys — National
Girls

Prevalence %

38.4

32.6

2000

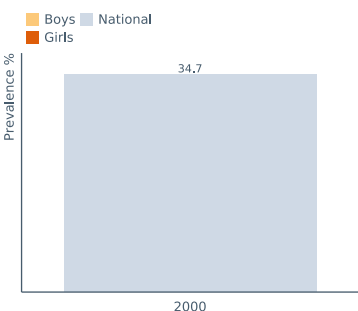## Minimum acceptable diet by gender

No data

## Introduction to solid, semi-solid or soft foods by gender

No data

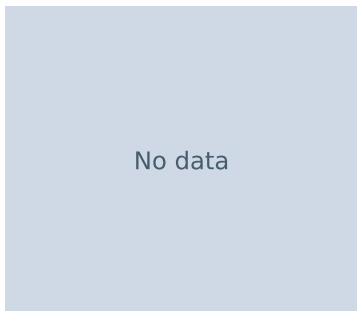## Exclusive breastfeeding by location

No data

## Continued breastfeeding at 1 year by location

Boys — National
Girls

Prevalence %

34.7

2000

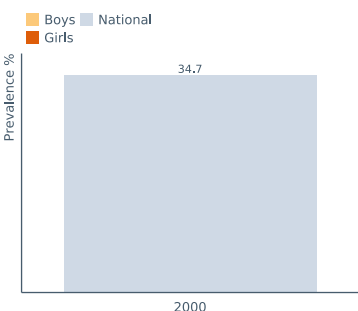## Minimum acceptable diet by location

No data

## Introduction to solid, semi-solid or soft foods by location

No data

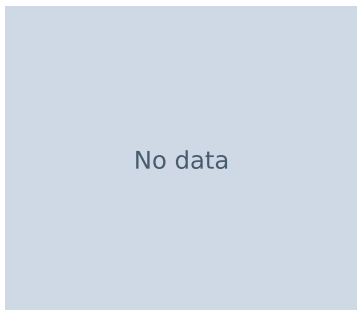## Exclusive breastfeeding by income

No data

## Continued breastfeeding at 1 year by income

Boys — National
Girls

Prevalence %

34.7

2000

## Minimum acceptable diet by income
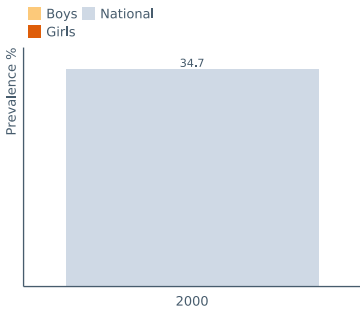
No data

## Introduction to solid, semi-solid or soft foods by income

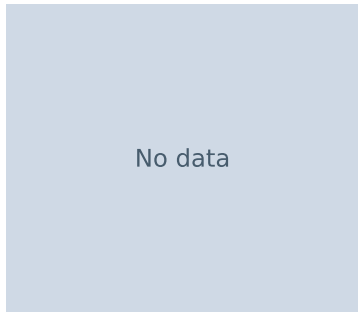No data

## Exclusive breastfeeding by mother's education

No data

## Continued breastfeeding at 1 year by mother's education

Boys | National
Girls

Prevalence %

34.7

2000

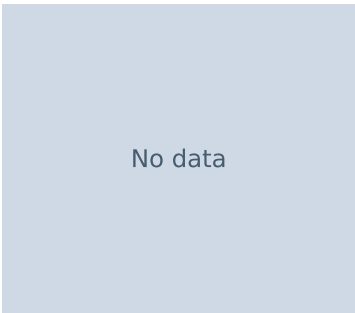## Minimum acceptable diet by mother's education
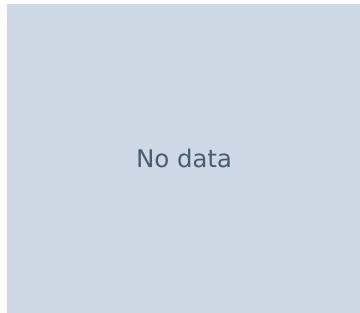
No data

## Introduction to solid, semi-solid or soft foods by mother's education

No data

## Exclusive breastfeeding by age

No data

## Continued breastfeeding at 1 year by age

No data

## Minimum acceptable diet by age

No data
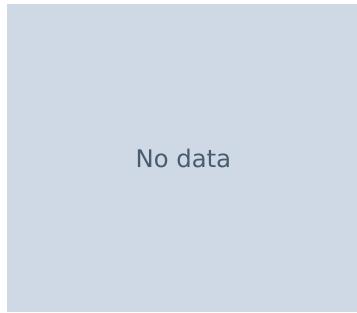
## Introduction to solid, semi-solid or soft foods by age
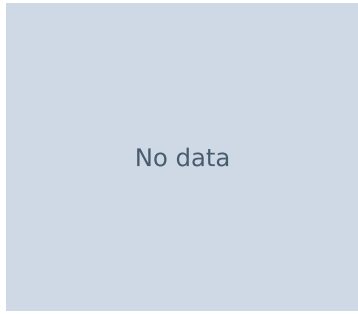
No data

Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

# Infant and young child feeding
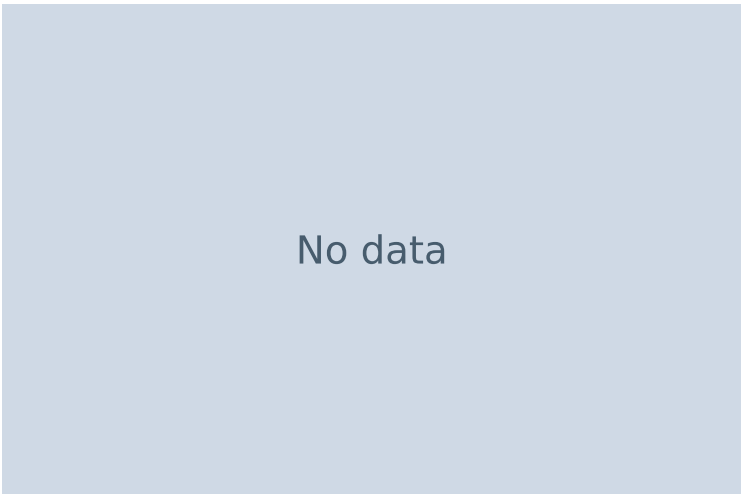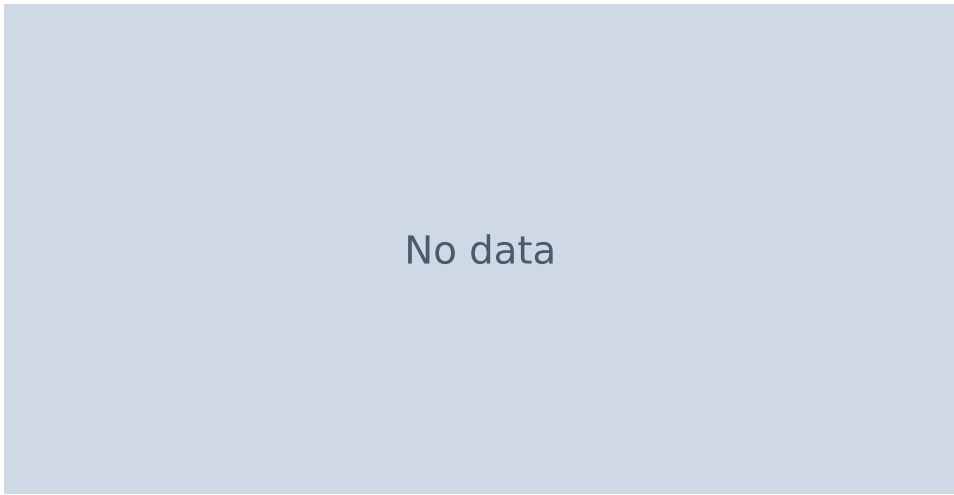
No data

No data

Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

# Children and adolescent (aged 5-19) nutrition status

## Ages 5-19 by gender: underweight (%)

Boys
Girls

22.5

19.1

17.8

17.9

Prevalence %

2000  2004  2008  2012  2016

## Ages 5-19 by gender: overweight (%)

Prevalence %

36.6

30.4

26.6

26

2000  2004  2008  2012  2016
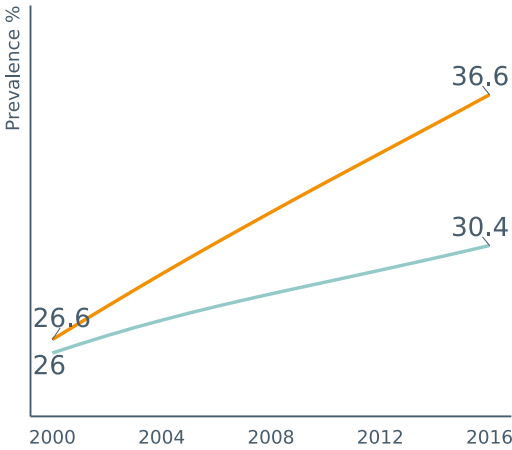
## Ages 5-19 by gender: obesity (%)

Prevalence %

16.9

11.9

10.7

8.2

2000  2004  2008  2012  2016
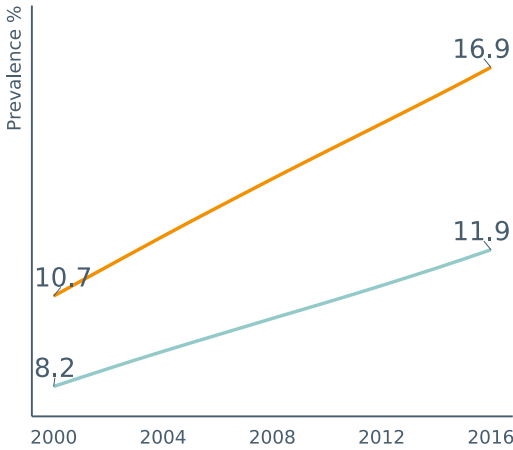
# Adult nutrition status

## Adult by gender: diabetes (%)

Male
Female

Prevalence %

14.5

12.2

9

8.4

2000  2004  2008  2012

## Adult by gender: overweight (%)

Prevalence %

69.1

66.9

62.9

57

2000  2004  2008  2012  2016

## Adult by gender: obesity (%)

Prevalence %

37

27.4

30.1

18.6

2000  2004  2008  2012  2016
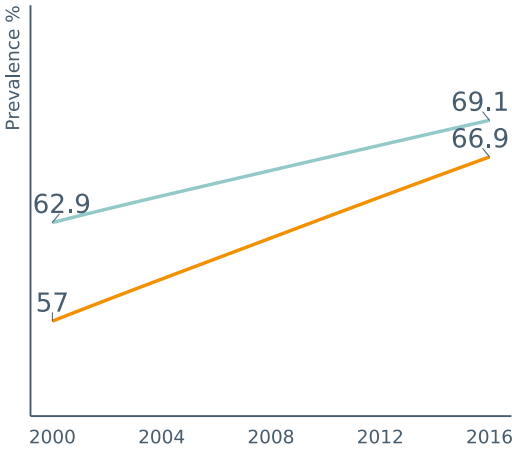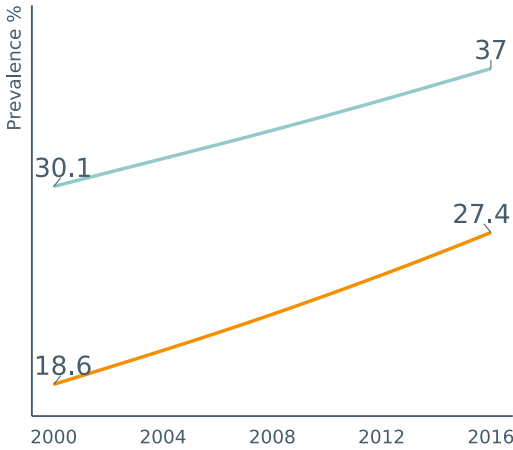
## Adult by gender: raised blood pressure (%)



- Male
- Female

26.1
24.7
23.3
17.8
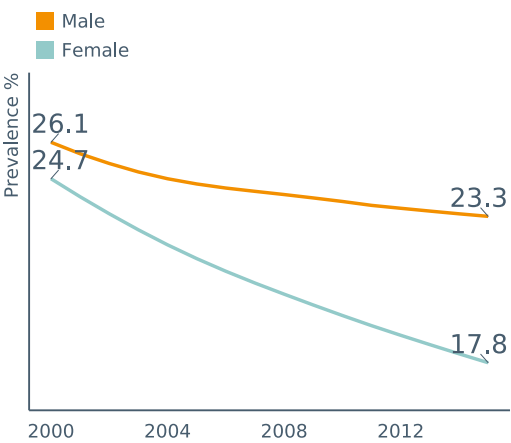
Sources: NCD Risk Factor Collaboration.

## Adult: anaemia in WRA (%)



- All women
- Pregnant women
- Non-pregnant women

35.2
31.1
29.3
26.9
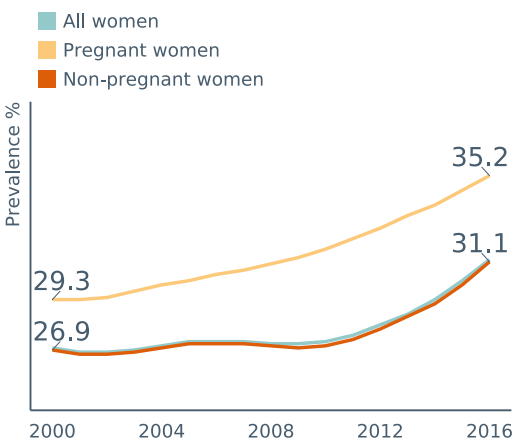
Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

## Adult: sodium intake (grams per day)



- Lebanon
- Global

4.0
5.6
2017
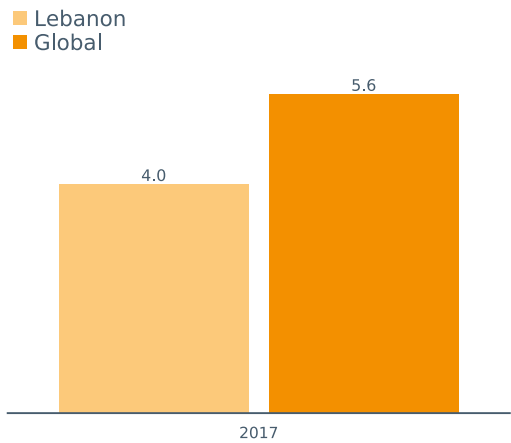
Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

# Dietary needs

## Consumption of food groups and components, 2016



Midpoint of TMREL

0%/0g of TMREL    200% of TMREL

| | |
|---|---|
| Calcium | 1.3g |
| Fruit | 250g |
| Legumes | 60g |
| Milk | 435g |
| Nuts and seeds | 20.5g |
| Omega 3 | 0.3g |
| Polyunsaturated fat | 11% |

- Lebanon
- Asia
- Global

| | |
|---|---|
| Processed meat | 2g |
| Red meat | 22.5g |
| Salt | 2g (4 5 5) |
| Saturated fat | 7% |
| Sugar-sweetened beverages | 2.5g (84 95 111) |
| Trans fat | 0.5% |
| Vegetables | 360g |
| Whole grain | 125g |
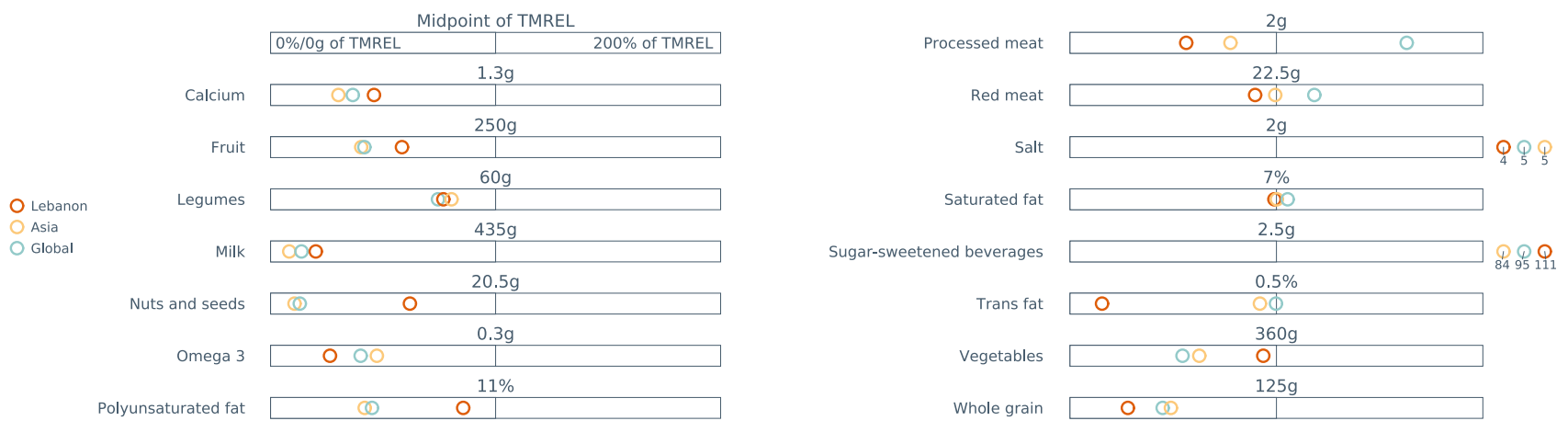
Sources: TMREL = theoretical minimum risk of exposure level. Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: Men and women aged 25 and older.

# Intervention coverage

| Coverage/practice indicator | Total (%) | Boy (%) | Girl (%) | Year |
|---|---|---|---|---|
| Children 0-59 months with diarrhoea who received zinc treatment | NA | NA | NA | NA |
| Children 6-59 months who received A supplements in last 6 months | NA | NA | NA | NA |

| Coverage/practice indicator | Total (%) | Boy (%) | Girl (%) | Year |
|---|---|---|---|---|
| Children 6-59 months given iron supplements in past 7 days | NA | NA | NA | NA |
| Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care | NA | | | NA |
| Household consumption of any iodised salt | NA | NA | NA | NA |

Sources: Huestis A. and Kothari M., based on *2016 Global Nutrition Report* and UNICEF global databases, 2019.

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

# Determinants

## Undernourishment (% population)
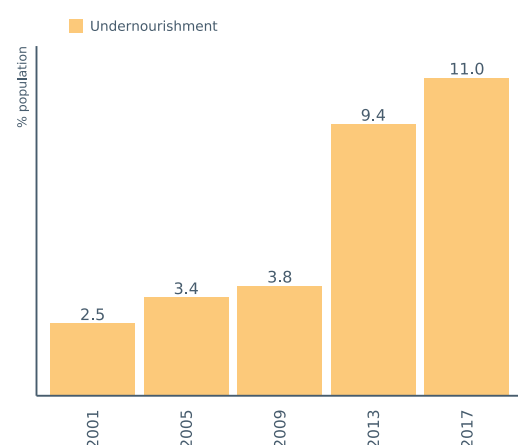


Source: FAOSTAT 2018.

## Food supply
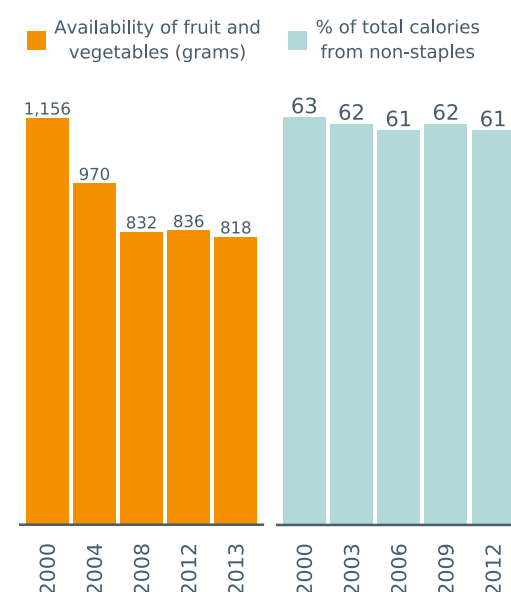


Source: FAOSTAT 2018.

## Gender-related determinants

| | | |
|---|---|---|
| Early childbearing: births by age 18 (%)[1] | NA | NA |
| Gender Inequality Index (score*)[2] | 0.38 | 2017 |
| Gender Inequality Index (country rank)[2] | 86 | 2017 |

Sources: [1] UNICEF 2018; [2] UNDP 2018.

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

## Female secondary education enrolment (net, % population)

| Year | Value |
|------|-------|
| 2009 | 71 |
| 2010 | 70 |
| 2011 | 70 |
| 2012 | 65 |
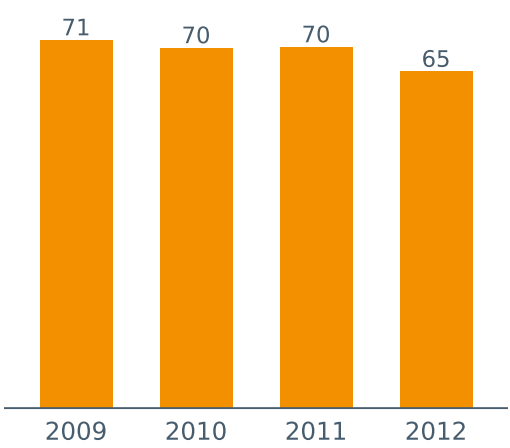
Source: UNESCO Institute for Statistics 2018.

## Drinking water coverage (% population)

Legend: Surface water · Unimproved · Limited · Basic · Safely managed

| Category | 2000 | 2017 |
|----------|------|------|
| Surface water | 8 | |
| Unimproved | 7 | |
| Limited | | 7 |
| Basic | 41 | 45 |
| Safely managed | 44 | 48 |
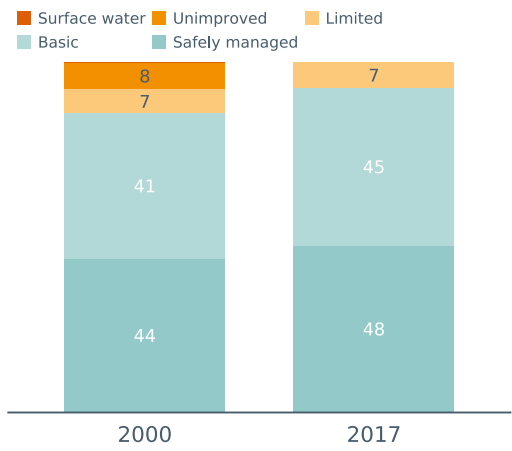
Source: WHO/UNICEF Joint Monitoring Programme 2019.

## Sanitation coverage (% population)

Legend: Open defecation · Unimproved · Limited · Basic · Safely managed

| Category | 2000 | 2017 |
|----------|------|------|
| Open defecation | 24 | |
| Basic | 58 | 77 |
| Safely managed | 17 | 22 |
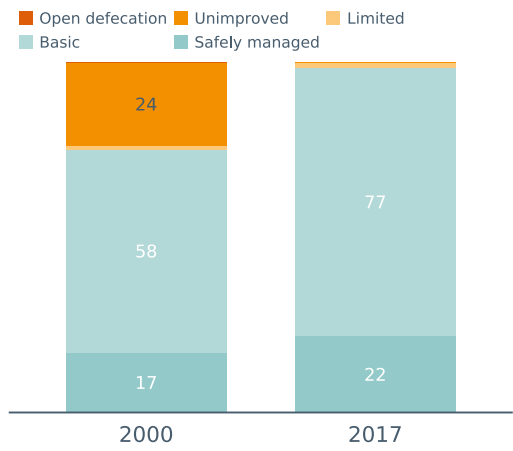
Source: WHO/UNICEF Joint Monitoring Programme 2019.

# Resources, policies and targets

## Development assistance

No data

Sources: Development Initiatives based on OECD Development Assistance Commitee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

# National policies

| | |
|---|---|
| Mandatory legislation for salt iodisation | Yes |
| Sugar-sweetened beverage tax | No |
| Food-based dietary guidelines | Yes |
| Policy to reduce salt consumption | No |
| Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs | Yes |
| Operational, multisectoral national NCD policy, strategy or action plan | No |
| Operational policy, strategy or action plan for diabetes | Yes |
| Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt | No |
| Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats | No |

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, WHO Global Health Observatory.

Notes: Add note: NA = not applicable; NCD = non-communicable disease.

# Targets included in national (nutrition or other) plan

| Stunting | Anaemia |
|---|---|
| No | No |

| Low birth weight | Child overweight |
|---|---|
| No | No |

| Exclusive breastfeeding | Wasting |
|---|---|
| No | No |

| Salt intake | Overweight adults and adolescents |
|---|---|
| No | No |

| Multisectoral comprehensive nutrition plan |
|---|
| No |

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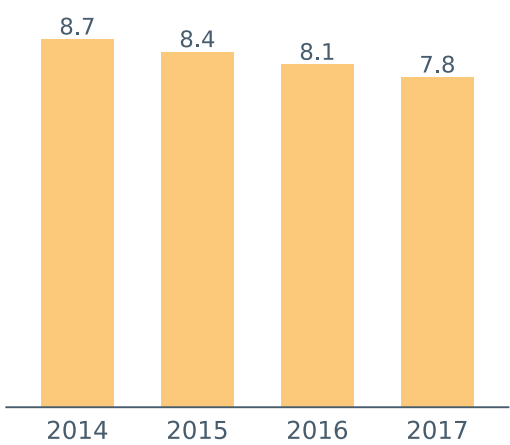
# Economics and demography

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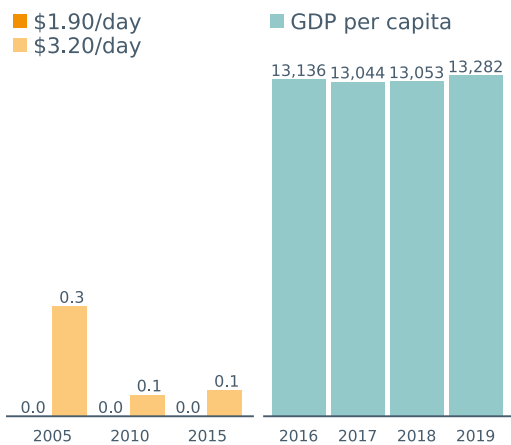


Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

Notes: PPP = purchasing power parity.

## Under-five mortality (per 1,000 live births)



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

## Government revenues ($m)

No data

Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

## Income inequality

| Gini index score[1] | Gini index rank[2] | Year |
|---|---|---|
| 32 | 32 | 2011 |

## Population

| Population (000) | 6,848,925 | 2018 |
|---|---|---|
| Under-five population (000) | 592 | 2019 |
| Rural (%) | 11 | 2018 |
| >65 years (000) | 499 | 2019 |

## Population density of health workers per 1,000 people

| | | |
|---|---|---|
| Physicians | 2.38 | 2014 |
| Nurses and midwives | 2.56 | 2014 |
| Community health workers | NA | NA |