

## Country overview

### Malnutrition burden

**Egypt is on course to meet the global targets for under-five overweight and under-five stunting, but is off course to meet the targets for all other indicators analysed with adequate data. There is insufficient target data to assess Egypt’s progress for low birth weight.**

Egypt experiences a malnutrition burden among its under-five population. As of 2014, the national prevalence of under-five overweight is 15.7%, which has decreased from 20.4% in 2008. The national prevalence of under-five stunting is 22.3%, which is less than the developing country average of 25%. Conversely, Egypt’s under-five wasting prevalence of 9.5% is greater than the developing country average of 8.9%.

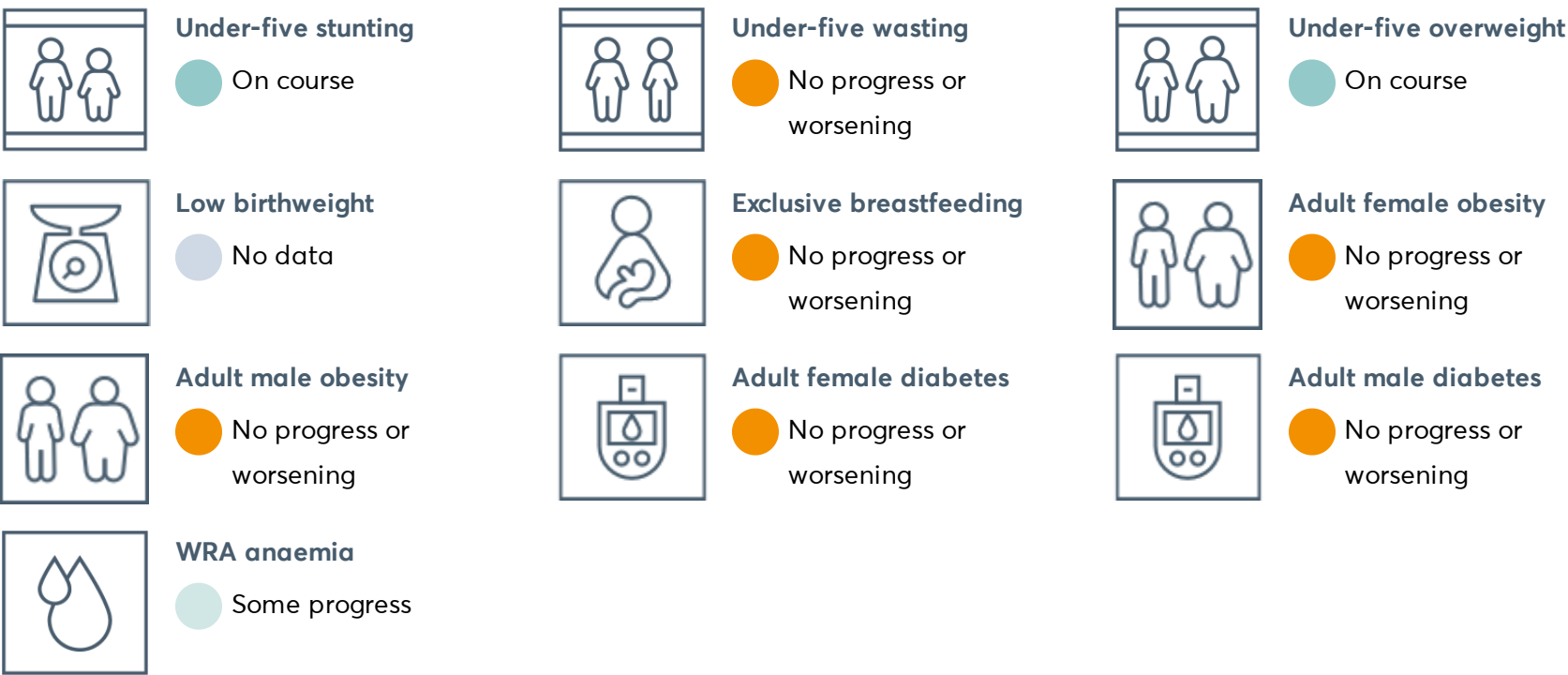
In Egypt, 39.5% of infants under 23 months are exclusively breastfed. There is insufficient data on low birth weight.

Egypt’s adult population also face a malnutrition burden. 28.5% of women of reproductive age have anaemia, and 19.8% of adult women have diabetes, compared to 16% of men. Meanwhile, 41.1% of women and 22.7% of men have obesity.

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

Notes: Data on the adult indicators are based on modelled estimates.

### Progress against global nutrition targets 2018

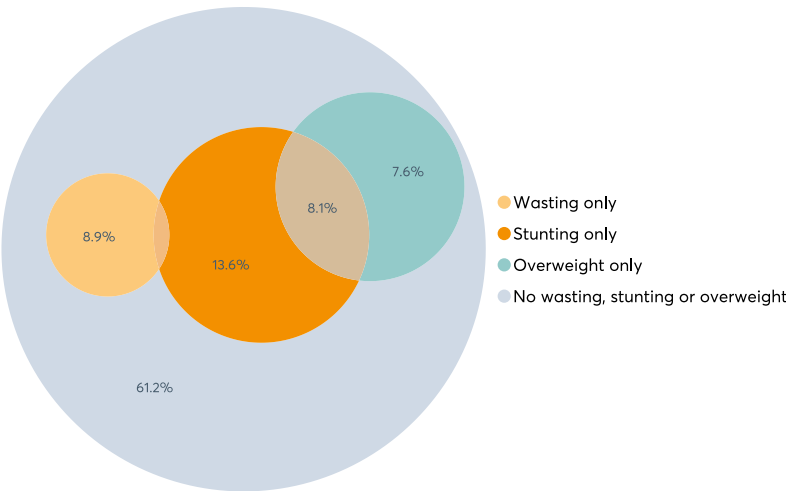


Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

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.

# Child (under-five) nutrition status

## Coexistence of wasting, stunting and overweight



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.

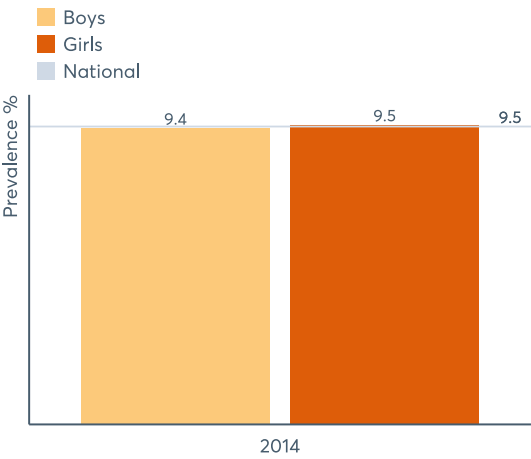
## Low birth weight



Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

# Child (under-five) nutrition status over time

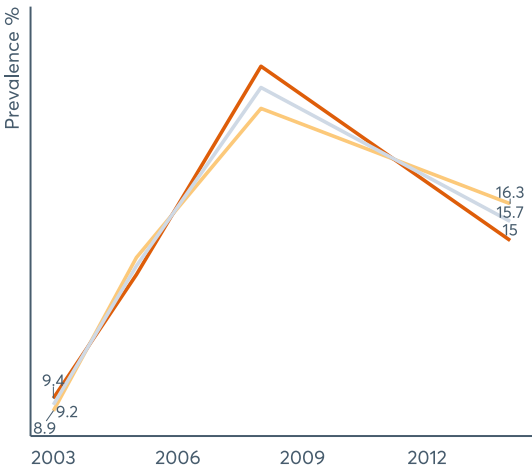
Wasting by gender



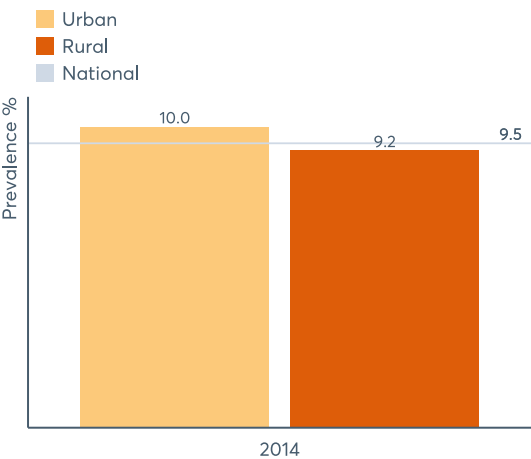
Stunting by gender



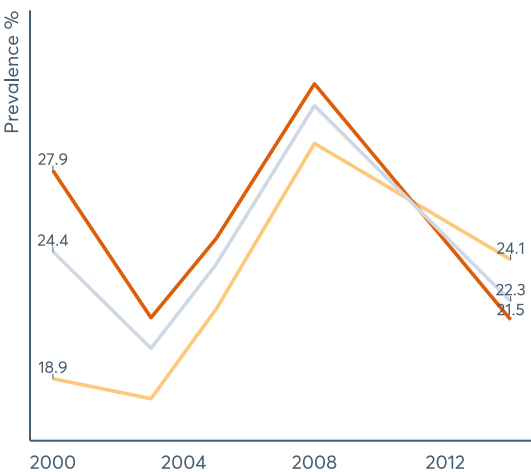
Overweight by gender



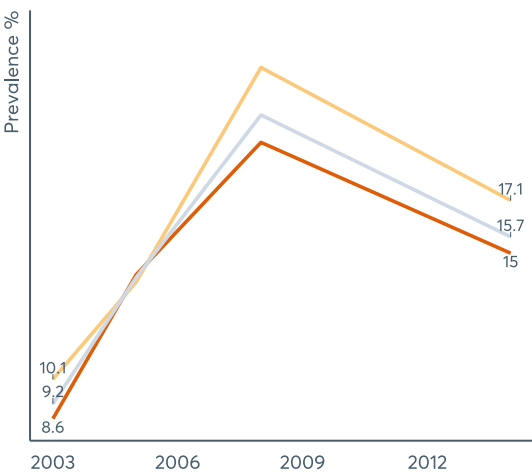
Wasting by location



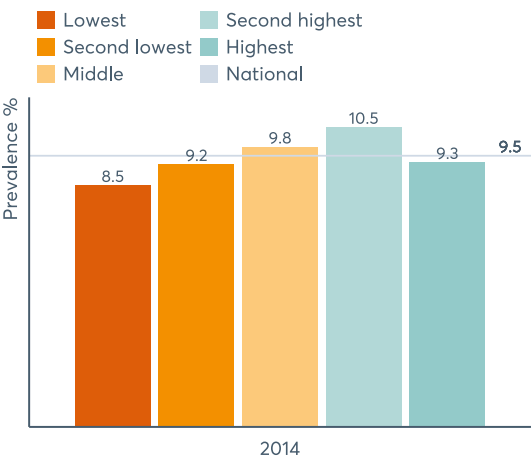
Stunting by location



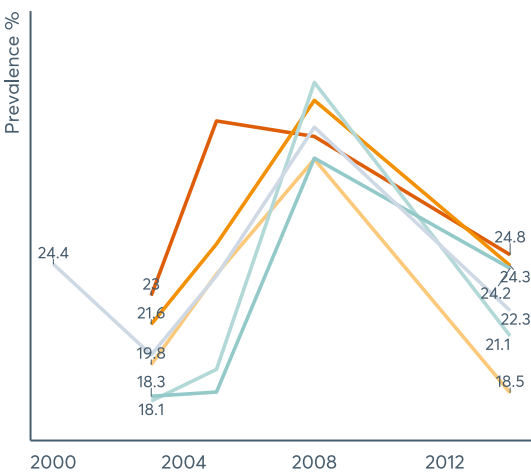
Overweight by location



Wasting by income



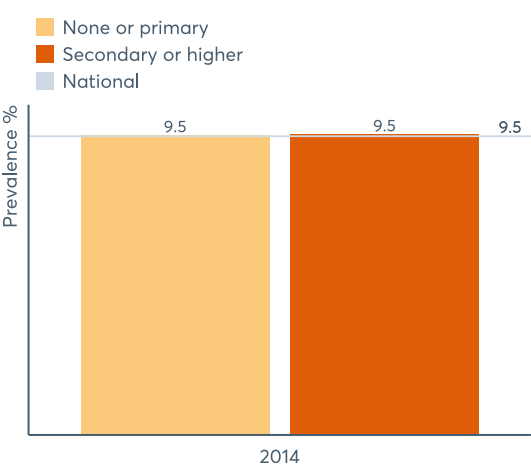
Stunting by income



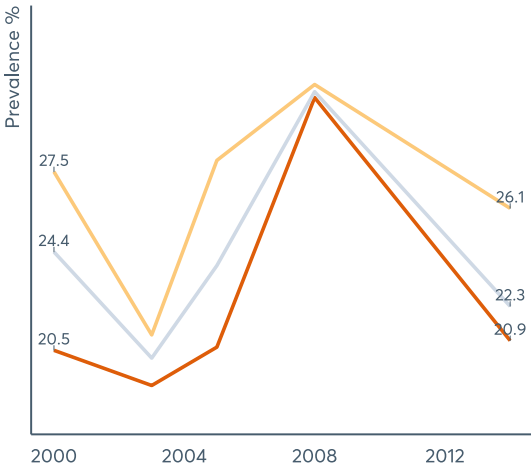
Overweight by income



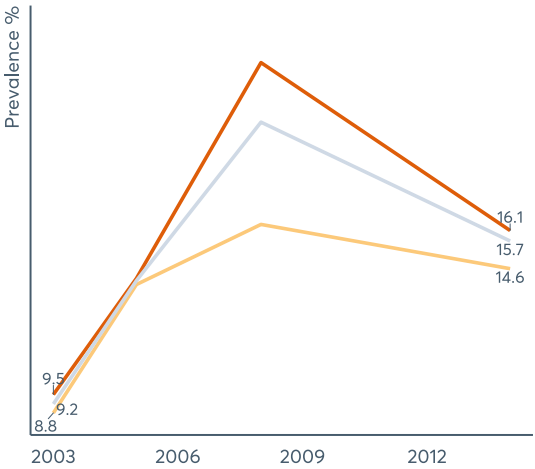
# Wasting by mother's education



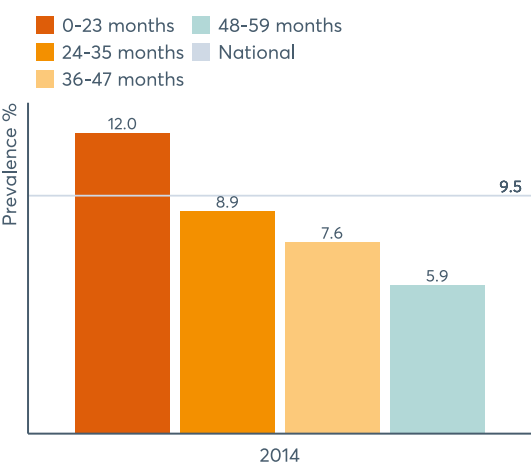
# Stunting by mother's education



# Overweight by mother's education



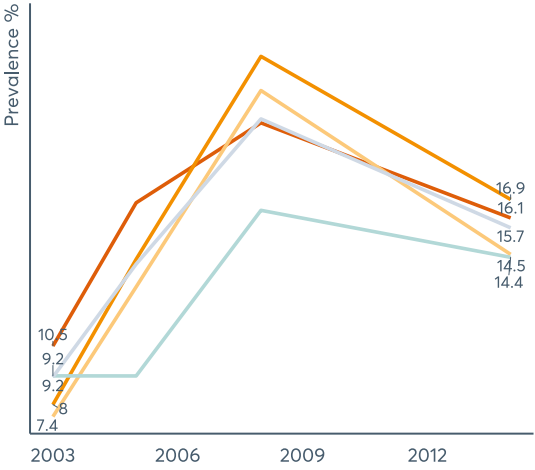
# Wasting by age



# Stunting by age



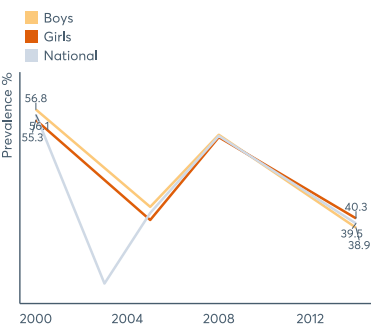
# Overweight by age



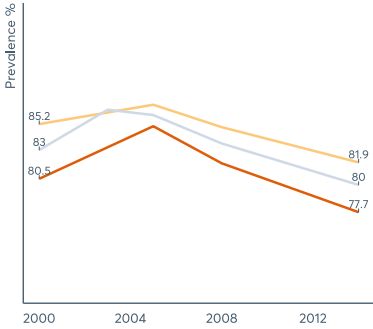
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

# Infant and young child feeding over time

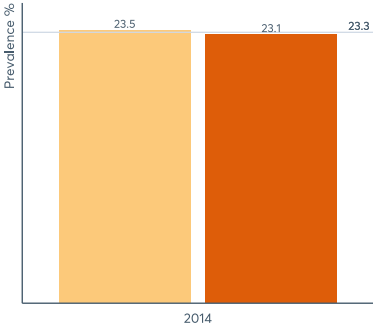
Exclusive breastfeeding by gender



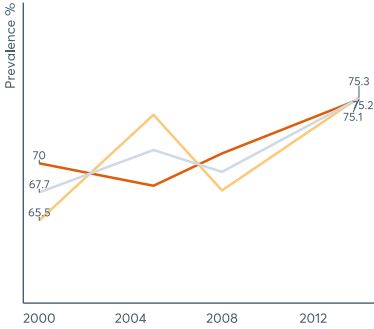
Continued breastfeeding at 1 year by gender



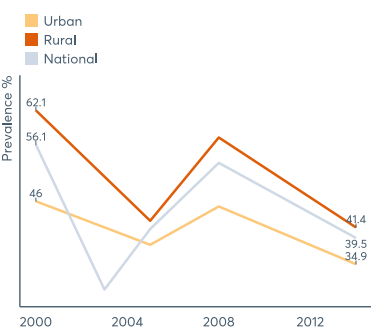
Minimum acceptable diet by gender



Intro. to solid, semi-solid, soft foods by gender



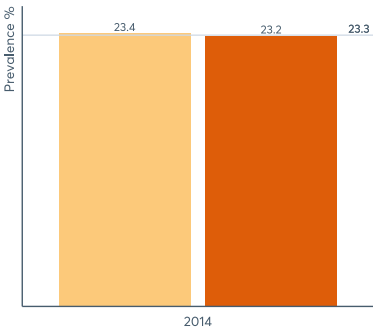
Exclusive breastfeeding by location



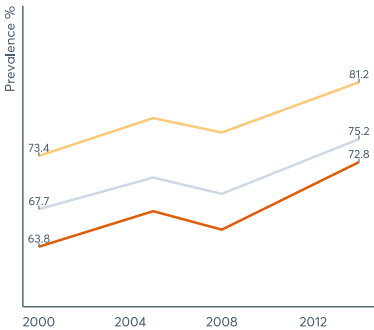
Continued breastfeeding at 1 year by location



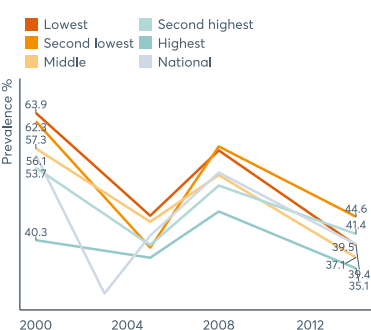
Minimum acceptable diet by location



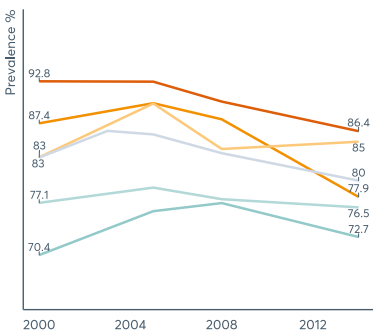
Intro. to solid, semi-solid, soft foods by location



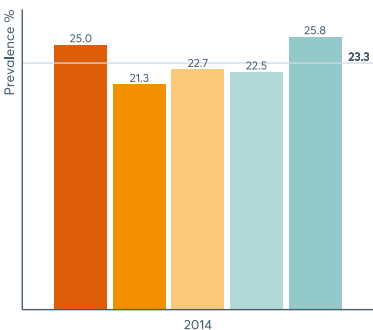
Exclusive breastfeeding by income



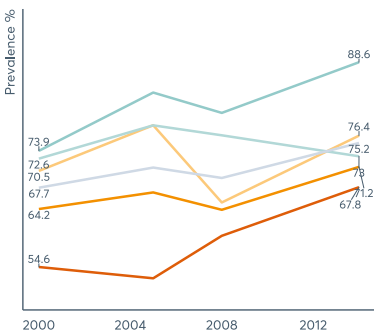
Continued breastfeeding at 1 year by income



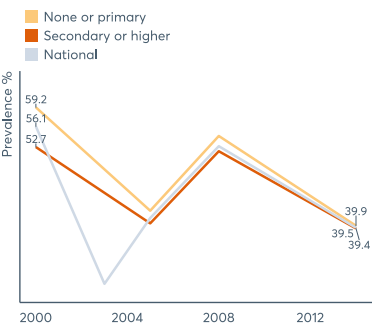
Minimum acceptable diet by income



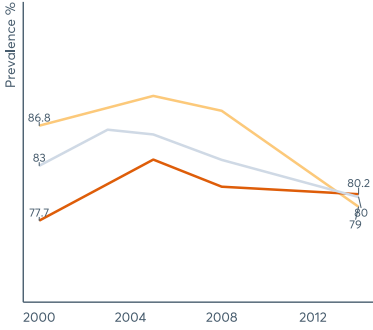
Intro. to solid, semi-solid, soft foods by income



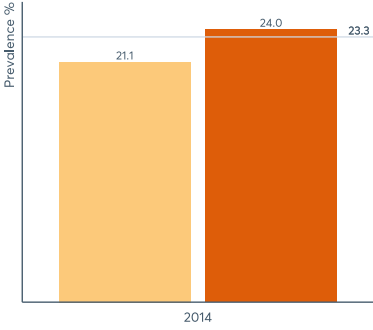
Exclusive breastfeeding by mother's education



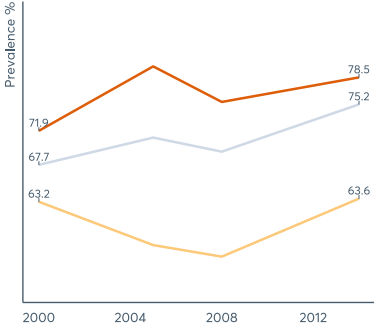
Continued breastfeeding at 1 year by mother's education



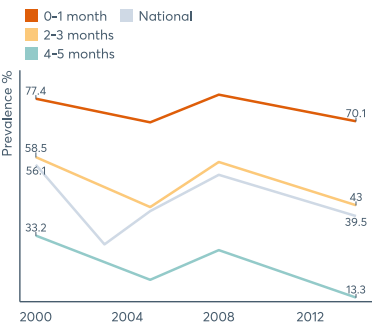
Minimum acceptable diet by mother's education



Intro. to solid, semi-solid, soft foods by mother's education



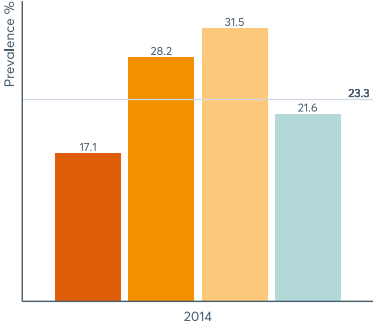
Exclusive breastfeeding by age



Continued breastfeeding at 1 year by age



Minimum acceptable diet by age

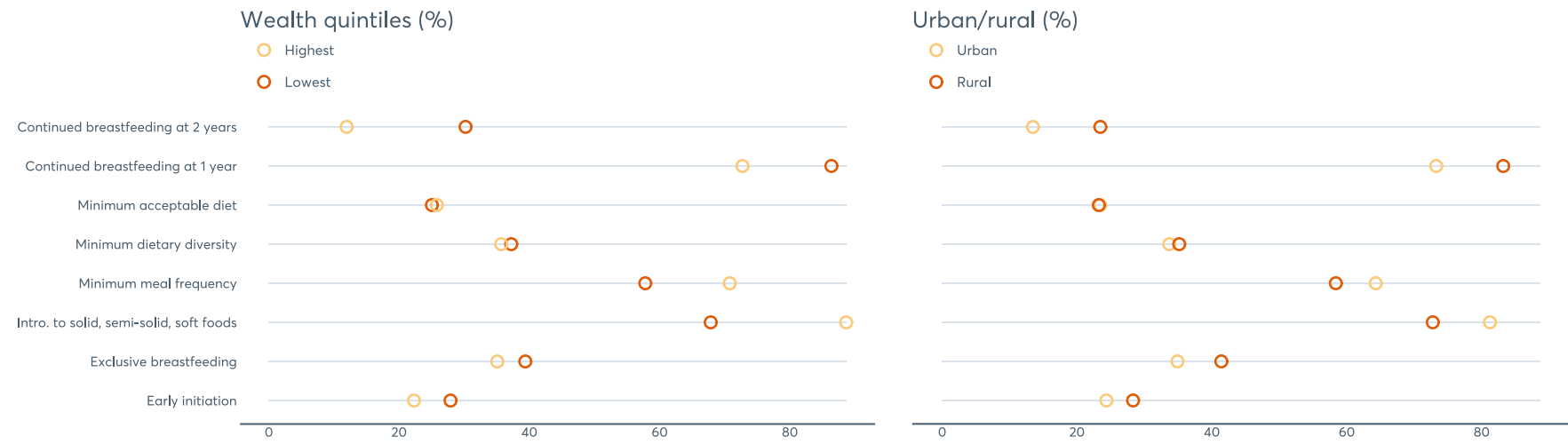


Intro. to solid, semi-solid, soft foods by age



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

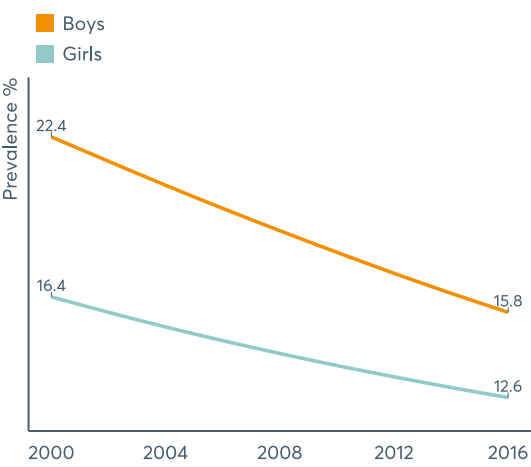
Infant and young child feeding



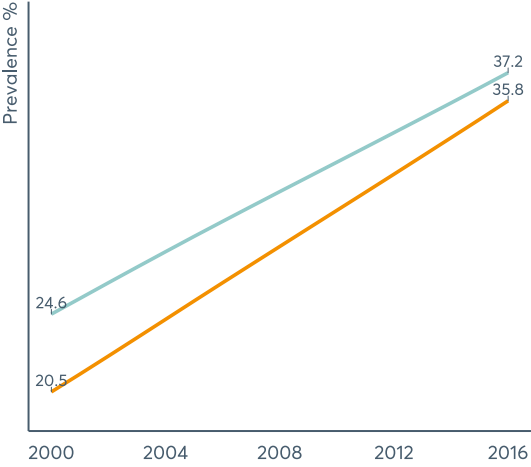
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

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

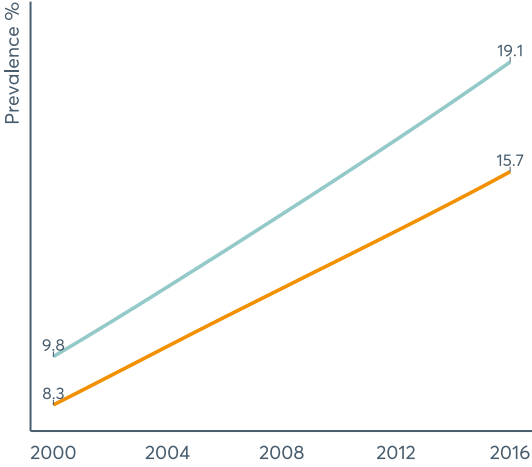
Underweight by gender



Overweight by gender



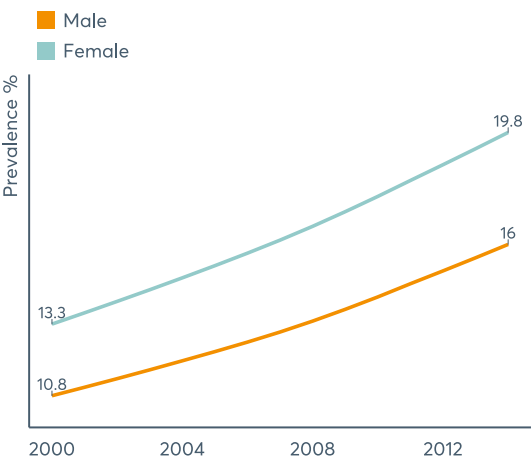
Obesity by gender



Sources: NCD Risk Factor Collaboration.

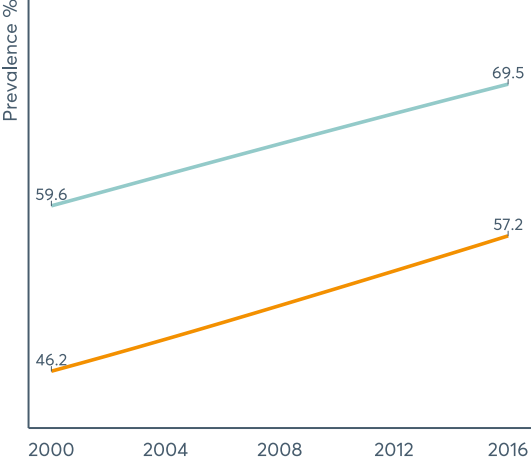
# Adult nutrition status

## Diabetes by gender

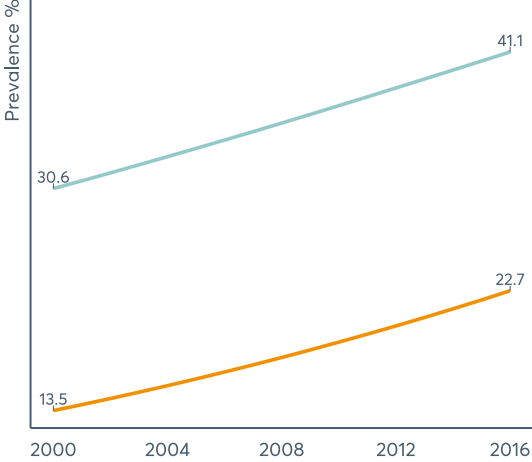


Sources: NCD Risk Factor Collaboration.

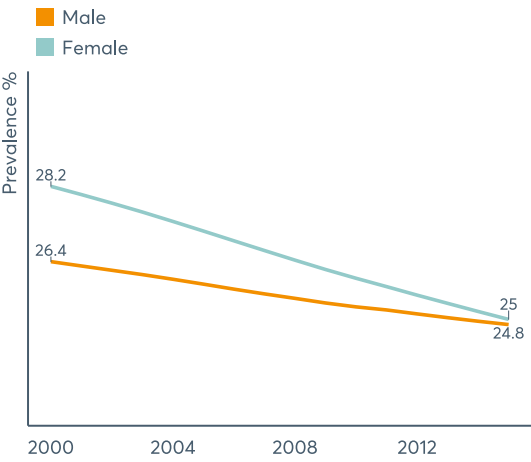
## Overweight by gender



## Obesity by gender

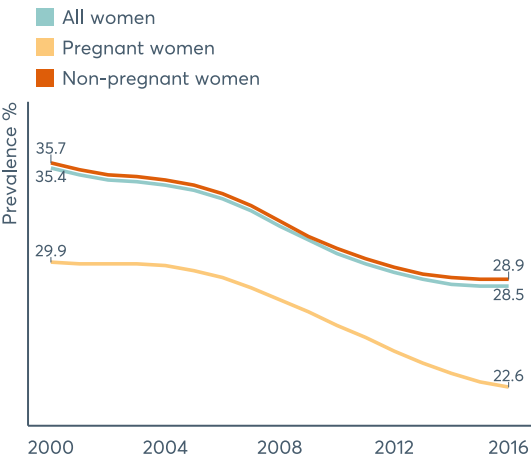


## Raised blood pressure by gender



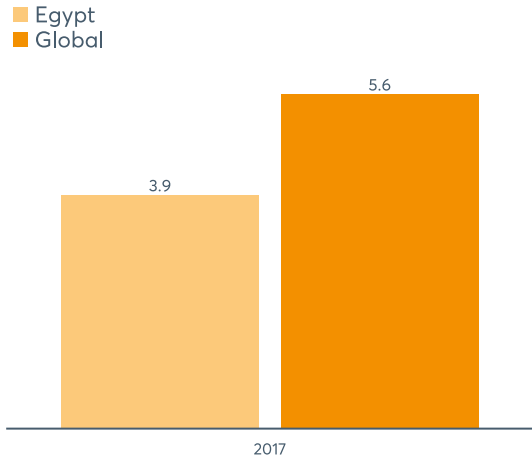
Sources: NCD Risk Factor Collaboration.

## Anaemia in WRA



Source: WHO Global Health Observatory.  
Notes: WRA = women of reproductive age.

## Salt intake (grams per day)



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



# Dietary needs

## Consumption of food groups and components, 2016



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

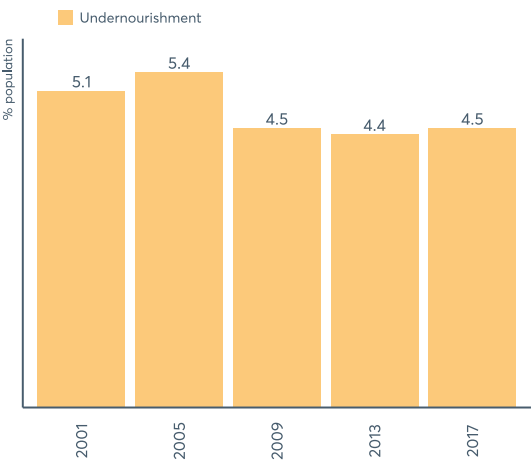
Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	2	2	2	2014
Children 6-59 months who received vitamin A supplements in last 6 months	17	17	17	2014
Children 6-59 months given iron supplements in past 7 days	8	8	7	2014
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	66	NA	NA	2014
Household consumption of any iodised salt	91	NA	NA	2014

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.

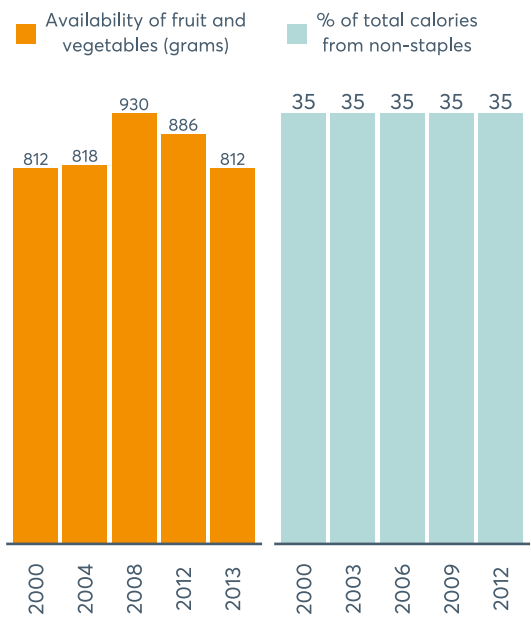
# Determinants

## Undernourishment



Source: FAOSTAT 2018.

## Food supply



Source: FAOSTAT 2018.

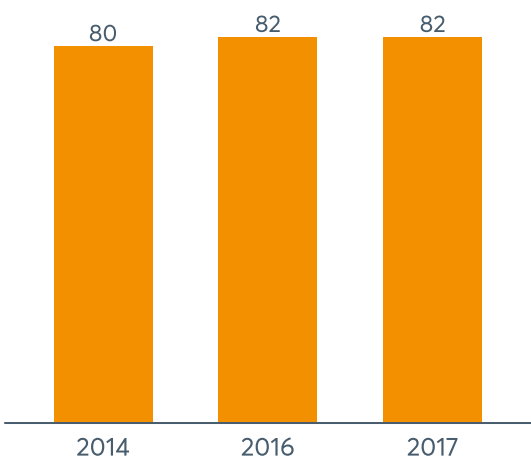
## Gender-related determinants

Early childbearing births by age 18 (%) <sup>1</sup>	7	2014
Gender Inequality Index (score <sup>*</sup> ) <sup>2</sup>	0.45	2017
Gender Inequality Index (country rank) <sup>2</sup>	101	2017

Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> UNDP 2018.

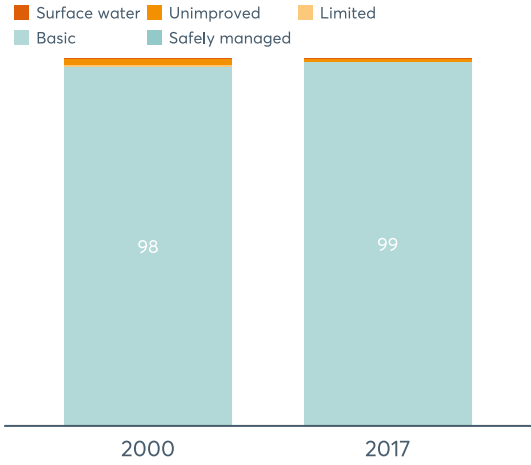
Notes: <sup>\*</sup> 0 = low inequality, 1 = high inequality.

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



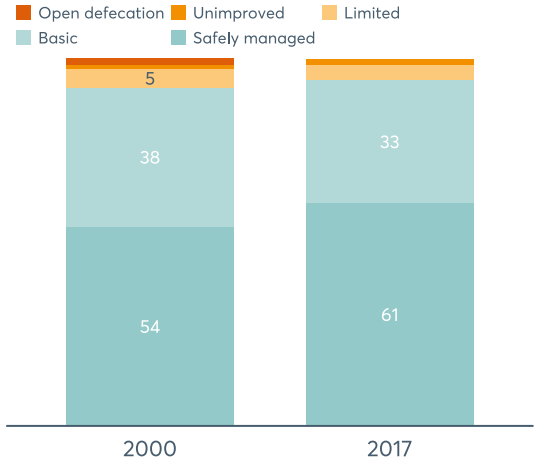
Source: UNESCO Institute for Statistics 2018.

## Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

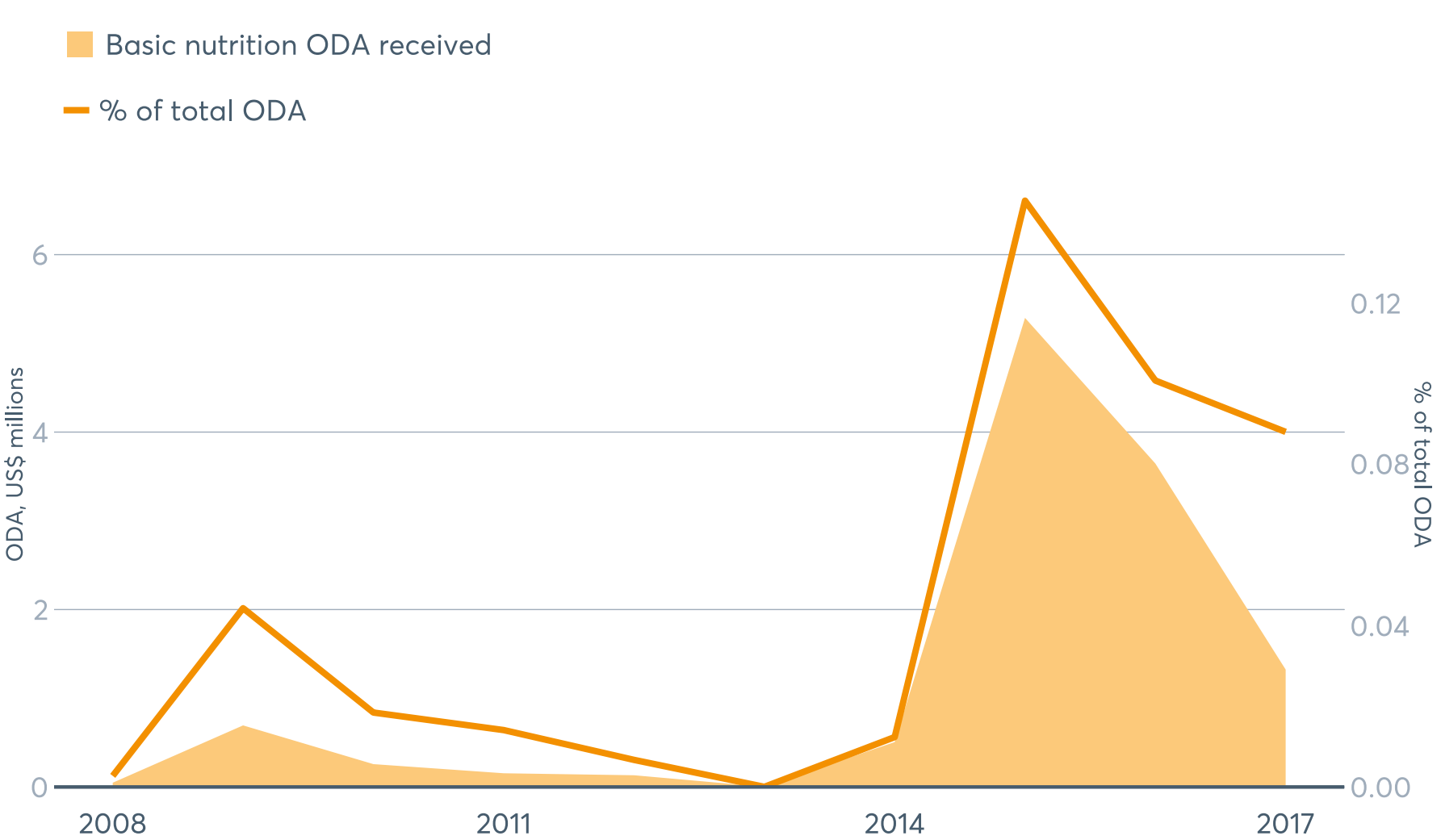
## Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

# Resources, policies and targets

## Development assistance



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 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	No data
Policy to reduce salt consumption	Yes
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: NA = not applicable; NCD = non-communicable disease.

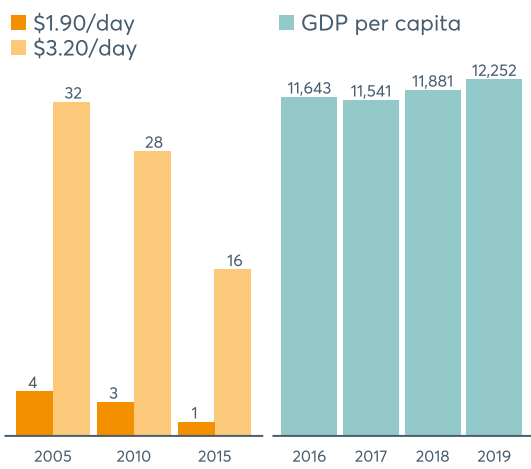
Targets included in national (nutrition or other) plan

Stunting	Anaemia
Yes	No
Low birth weight	Child overweight
No	Yes
Exclusive breastfeeding	Wasting
Yes	No
Salt intake	Overweight adults and adolescents
Yes	Yes
Multisectoral comprehensive nutrition plan	
No	

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

# Economics and demography

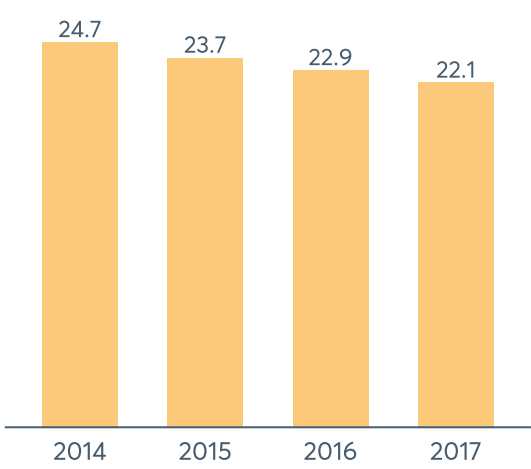
## Poverty rates (%) and GDP (PPP\$)



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)



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

## Income inequality

Gini index score <sup>1</sup>	Gini index rank <sup>2</sup>	Year
32	32	2015

Sources: World Bank 2019.

Notes: <sup>1</sup> 0 = perfect equality, 100 = perfect inequality.<sup>2</sup> Countries are ranked from most equal (1) to most unequal (120).

## Population

Population (thousands)	98,424	2018
Under-five population (thousands)	12,804	2019
Rural (%)	57	2018
>65 years (thousands)	5,297	2019

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

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

Physicians	0.81	2014
Nurses and midwives	1.43	2014
Community health workers	No data	No data

Sources: WHO’s Global Health Workforce Statistics, OECD, supplemented by country data.