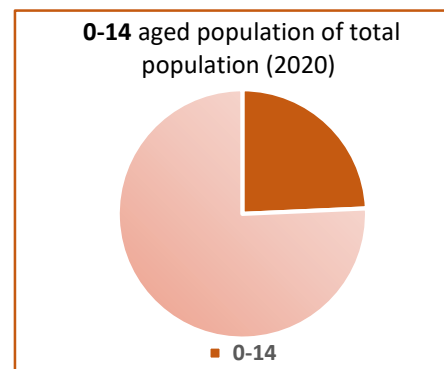
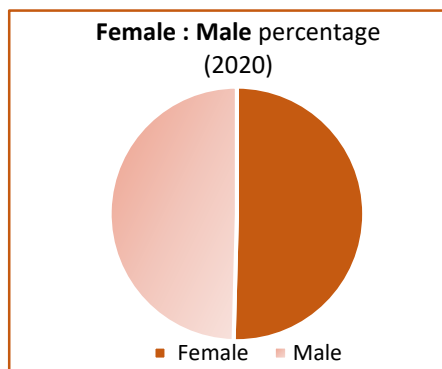
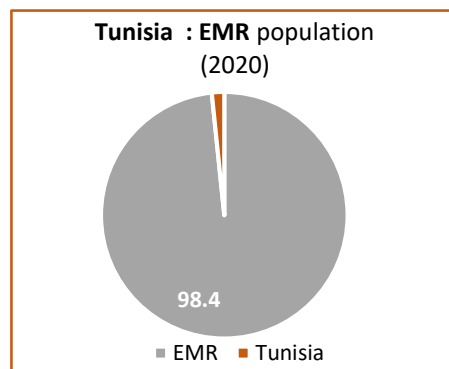


NUTRITION COUNTRY PROFILE

TUNISIA

DEMOGRAPHICS

Total population	11 818 618	(2020)
Life expectancy at birth (years) female/male	79/75	(2019)
Under-5 mortality rate (per 1000 live births)	17	(2019)
GDP per capita (current US\$)	3 319.8	(2020)

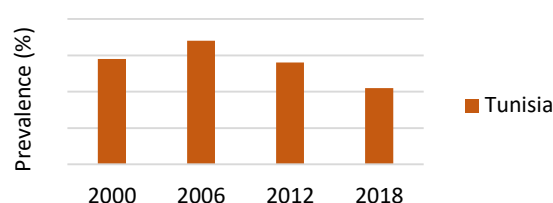


Source: <https://data.worldbank.org/>

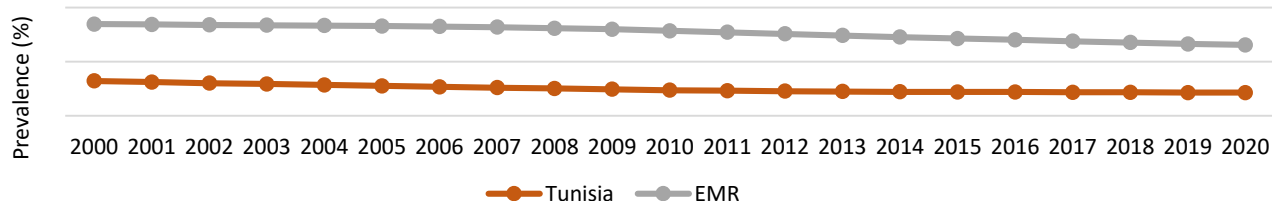
CHILD MALNUTRITION

The prevalence of wasting increased from 2.9% in 2000 to 3.4% in 2006, after which it has decreased to 2.1% by 2018, indicating that Tunisia is on track to meet the global and regional target to reduce and maintain childhood wasting to less than 3%. For stunting, the prevalence has decreased from 12.9% to 8.6% and has been significantly lower than the regional average over the past two decades. During the same period, the prevalence of overweight in children under-5 in Tunisia has increased sharply from 4.6% to 16.5% which is among the highest prevalence rates in the Region.

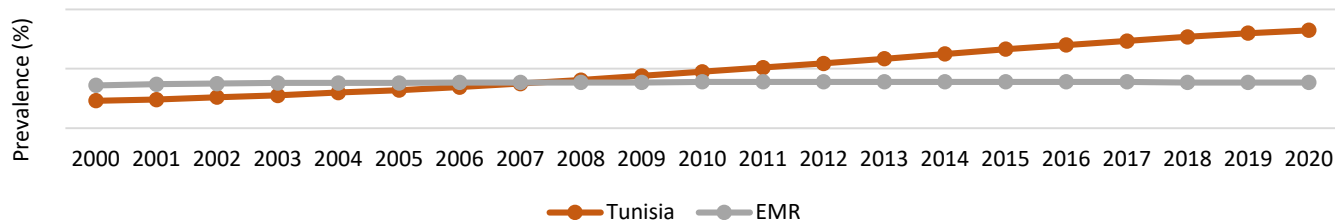
Wasting prevalence among children under 5 years of age (% weight-for-height <-2 SD)



Stunting prevalence among children under 5 years of age (% height-for-age <-2 SD)



Overweight prevalence among children under 5 years of age (% weight-for-height >+2 SD)



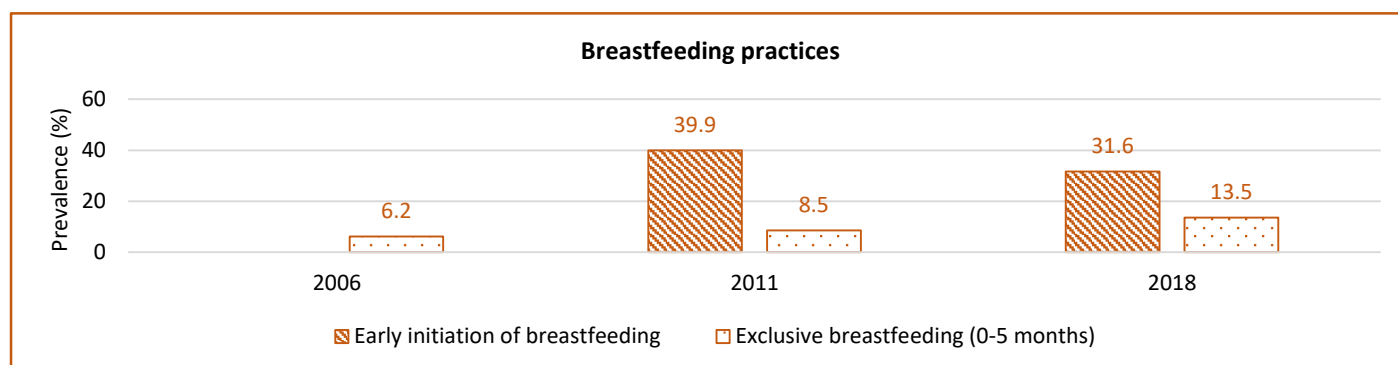
Source: <https://www.who.int/data/gho/data>

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<http://www.emro.who.int/entity/nutrition/index.html>

INFANT AND YOUNG CHILD FEEDING

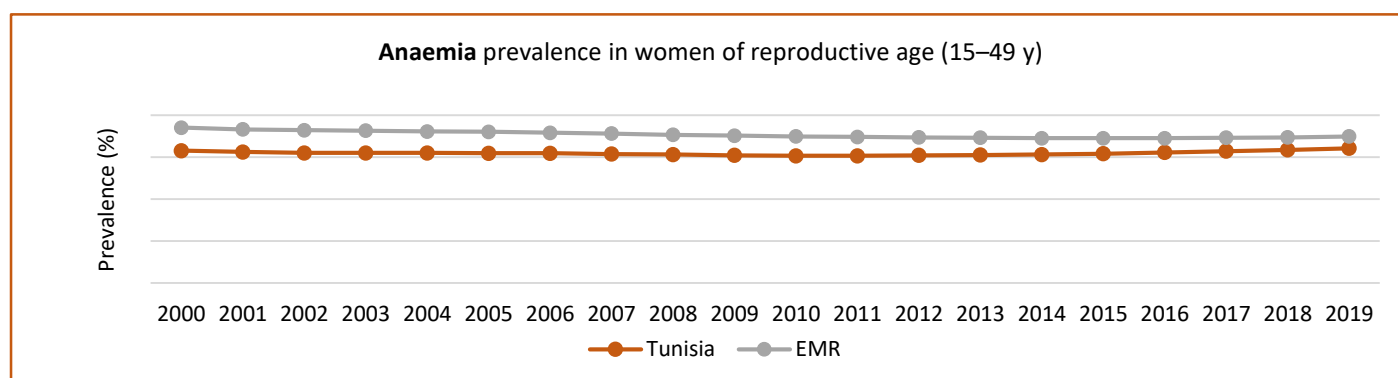
The prevalence of early initiation of breastfeeding (within one hour of birth) in Tunisia decreased from 39.9% in 2011 to 31.6% in 2018. The prevalence of exclusive breastfeeding has been at very low level throughout the measuring period, though it has slightly increased to 13.5% in 2018.



Source: <https://data.unicef.org/topic/nutrition/infant-and-young-child-feeding>

ANAEMIA IN WOMEN OF REPRODUCTIVE AGE

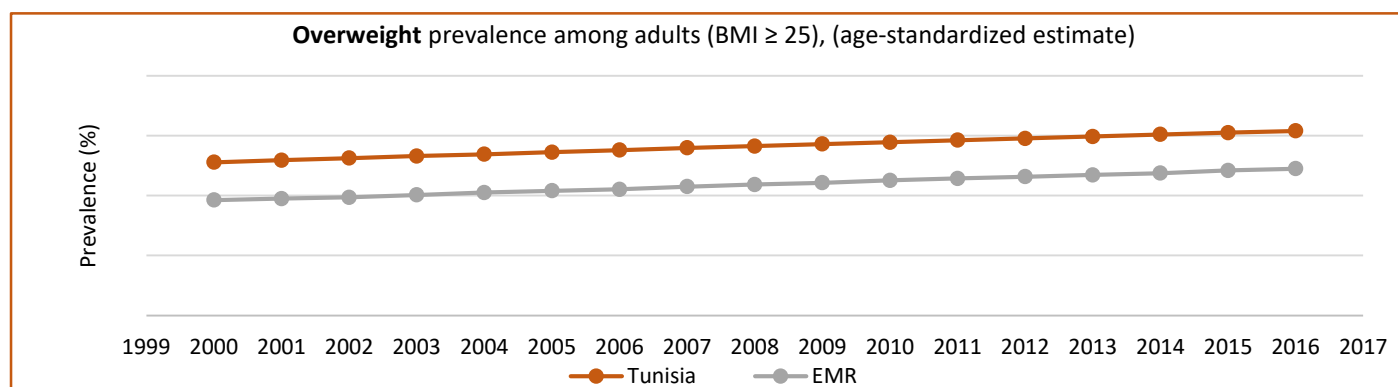
The prevalence of anaemia in women of reproductive age in Tunisia has remained relatively stable throughout the past two decades, with the latest estimate from 2019 being 32.1%.



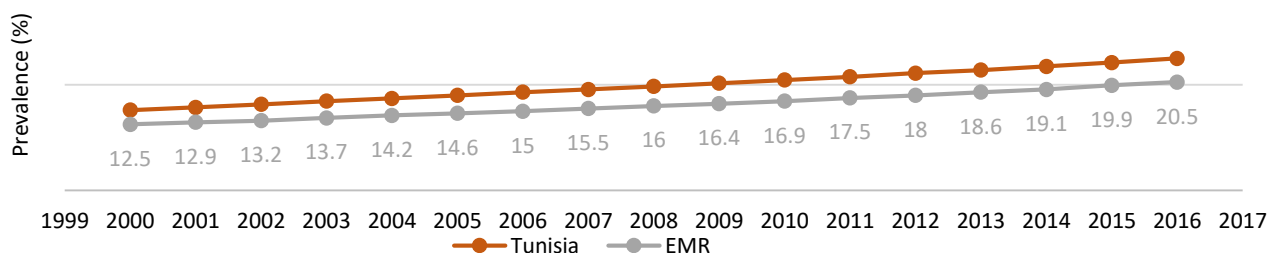
Source: <https://www.who.int/data/gho/data>

OVERWEIGHT AND OBESITY

A significant increase in the prevalence of overweight among adults in Tunisia has been recorded between the years 2000 and 2016 (from 51.1 to 61.6%). Moreover, the prevalence of overweight among children and adolescents aged 5–19 has risen in Tunisia from 15.2% in 2000 to 25% in 2016.

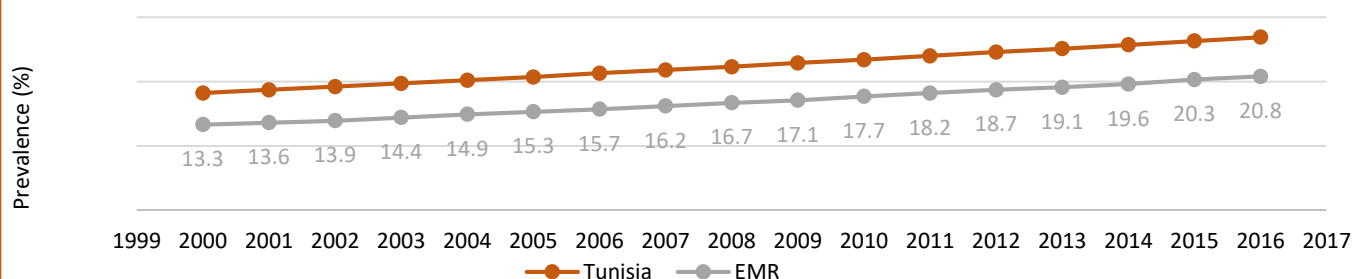


Overweight prevalence among children and adolescents aged 5-19 years (BMI > +1 SD above the median), (crude estimate)

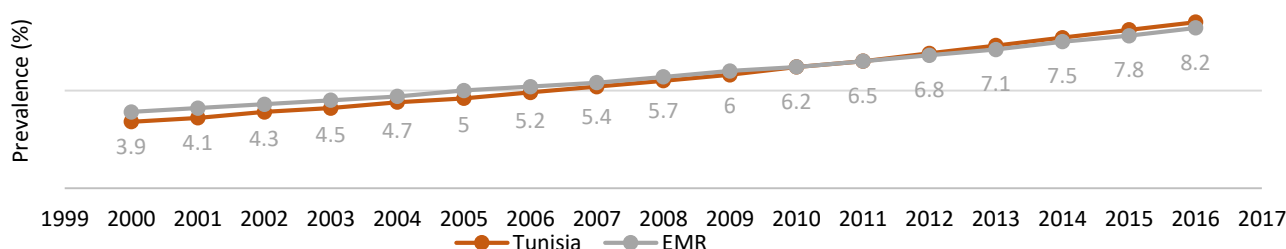


Obesity is the second reported risk factor in Tunisia responsible for the total number of DALYs in 2019. The prevalence of obesity in Tunisia has increased from 18.2% to 26.9% between 2000 and 2016. Similarly, the prevalence of obesity among children and adolescents aged 5-19 in Tunisia has significantly increased between 2000 and 2016 from 3.4% to 8.5%.

Obesity prevalence among adults (BMI ≥ 30), (age-standardized estimate)



Obesity prevalence among children and adolescents aged 5-19 years (BMI > +2 SD above the median), (crude estimate)

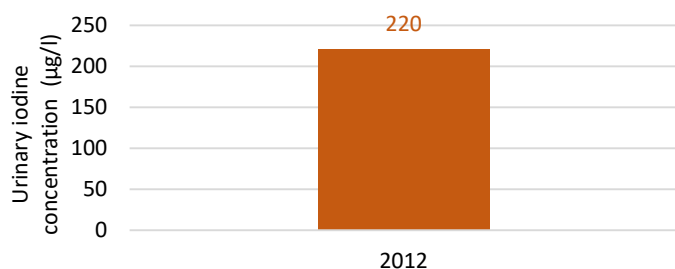


Source: <https://www.who.int/data/gho/data>, <http://www.healthdata.org/results/country-profile>.

MICRONUTRIENTS STATUS

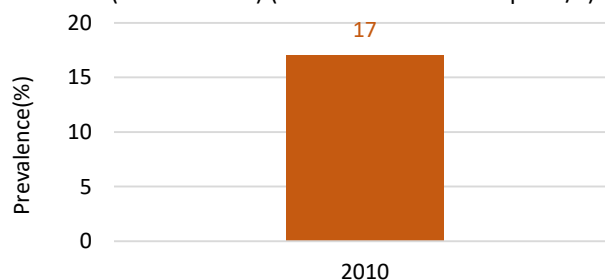
The prevalence of vitamin A deficiency in Tunisia was 17% among pre-school age children (children 6–71 months) in 2010. While, the iodine intake in Tunisia is adequate as the estimated median UIC among school children was 220 µg/L in 2012.

Median urinary iodine concentration among school children (µg/l)



Source: <https://doi.org/10.1007/s12011-020-02083-1>

Vitamin A deficiency in pre-school children (6-71 months) (serum retinol <0.70 µmol/L)



Source: <http://dx.doi.org/10.3177/jnsv.67.1>

NUTRITION POLICIES AND STRATEGIES

National key programmes		Update/launch
Development of national nutrition strategy or action plan	✓	2014-2025
Plan of action for obesity prevention	✓	2013-2017
Strategy or plan of action on IYCF	✓	Updated 2019
Code of marketing of breast milk substitutes	✓	Updated 2017
Child growth monitoring	✗	
School feeding program	✓	Updated 2019

Policies	Policy to reduce salt/sodium consumption	Tax on sugar sweetened beverages	Policy to eliminate industrially produced trans-fatty acids	Policy to limit saturated/trans-fatty acids intake	Policy to reduce the impact of marketing of food to children	Policy on salt iodization	Nutrition labelling for food	Wheat flour fortification
	✓	✓	✗	✓	✗	✓	✗	✗
	2013	2018		2017		1987		

SUCCESS STORIES

Salt iodization to tackle iodine deficiency disorders in Tunisia

Tunisia implemented an iodine deficiency disorders control programme in 1996, including legislation to require salt iodization. By 2000, 97% of households were reported to be using iodized salt and the country was the second in the Eastern Mediterranean Region to be declared iodine deficiency disorders-free. Nearly two decades later, however, progress has slipped and in 2017 only half of the households were using adequately iodized salt, and, while urinary iodine concentrations were acceptable at the population level, there were regional disparities. This points to the need to strengthen regular monitoring of iodized salt production.

Successful pilot experiment of salt reduction in Tunisian bread

The Tunisian government has embarked on a national programme to improve the nutritional quality of the Tunisian diet and to combat obesity as well as non-communicable diseases by reducing the fat, sugar and salt content of the diet. As bread is the most consumed food by the Tunisian population and the major source of salt, a pilot experiment of salt reduction in bread was conducted in Bizerte city. Application of the salt reduction programme allowed a gradual decrease of salt content in bread by 35% during three years without detection by Tunisian consumers.

Source: El Ati et al., International Journal of Environmental Research and Public Health, 2021 A Successful Pilot Experiment of Salt Reduction in Tunisian Bread: 35% Gradual Decrease of Salt Content without Detection by Consumers. Int. J. Environ. Res. Public Health 2021, 18.

Ministry of Health website: <http://www.santetunisie.rns.tn/ar/>

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<http://www.emro.who.int/entity/nutrition/index.html>