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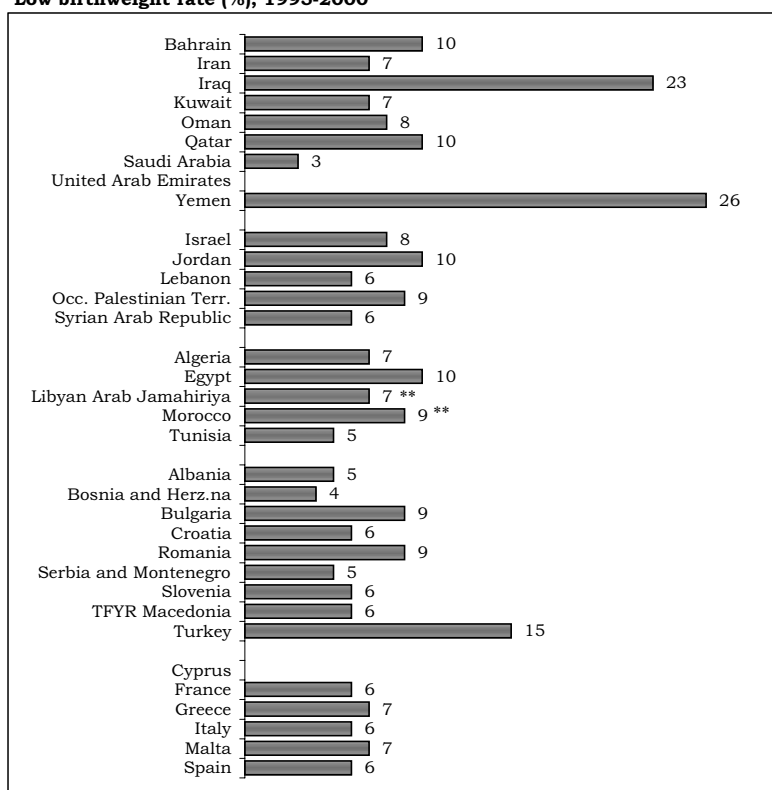
10. Children born underweight

Low birthweight (LBW) - less than 2.5 kilos- is a serious problem associated with significant neonatal mortality and morbidity as well as long term effects on health. Some of the known risk factors associated with LBW include teenage conceptions, low nutritional and educational status, plural multiple pregnancies, smoking, and access to quality antenatal care services. There is a close connection between LBW and maternal consumption of energy, protein and a range of other nutrients before and around the time of conception. Weight at birth is, therefore, a good indicator not only of a mother's health and nutritional status, but also the newborn's chances for survival, growth, long-term health and psychosocial development.

In developing countries, many infants are not weighed at birth; for example, according to UNICEF estimates, about 82% of birthweights are not recorded in the Middle East and North Africa. Existing data on low birthweight in many developing countries can therefore be underestimates of the true levels.

According to the most recent estimates, the percentage of low birthweight babies is around 10% in Bahrain, Egypt, Jordan, Morocco and Qatar, rising to a high of 23% in Iraq and 26% in Yemen. By contrast, low birthweight rate in industrialized countries in southern Europe is only 6%. The most promising figures are registered for Saudi Arabia (3%).

Low birthweight rate (%), 1995-2000*



* Data refer to the most recent year available during the period specified in the column heading

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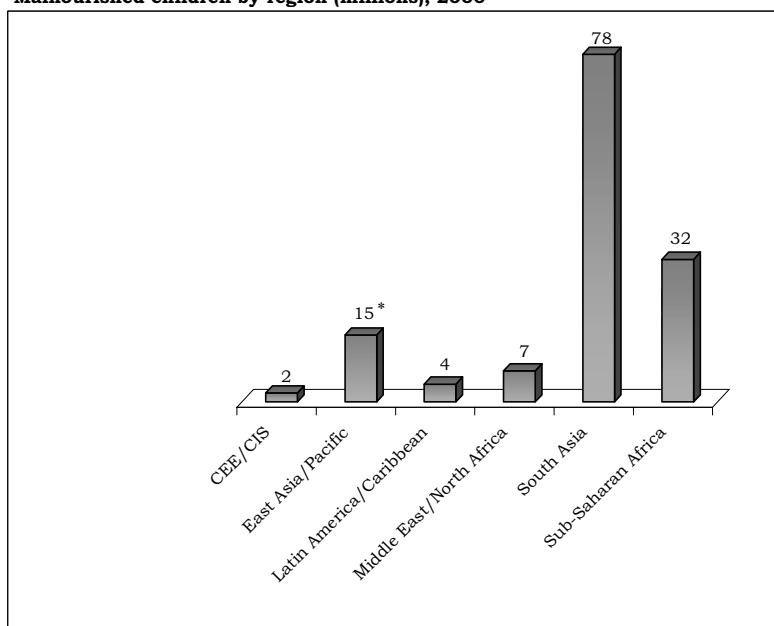
Source: UNICEF, 2003

11.1 Malnutrition

UNICEF regards malnutrition as being implicated in more than half of all child deaths worldwide, and UNFPA estimates that it causes 5.9 million deaths a year. An examination of data on the prevalence of malnutrition reveals that the percentages of underweight children are negligible in the Balkan region, the Middle East and North Africa by comparison with South Asia and Sub-Saharan Africa. Nevertheless, the data indicate that the number of malnourished children in the Middle East and North Africa is around 7 million in 2000. Malnutrition in the Arabian peninsula and the Gulf region is still frequent in the under-five population not only in the economically weaker countries but also in some of the oil producing nations.

As for the Southwest European countries, the absence of data does not mean that no problem exists in this area.

Malnourished children by region (millions), 2000



* World Development Report, World Bank, 2004

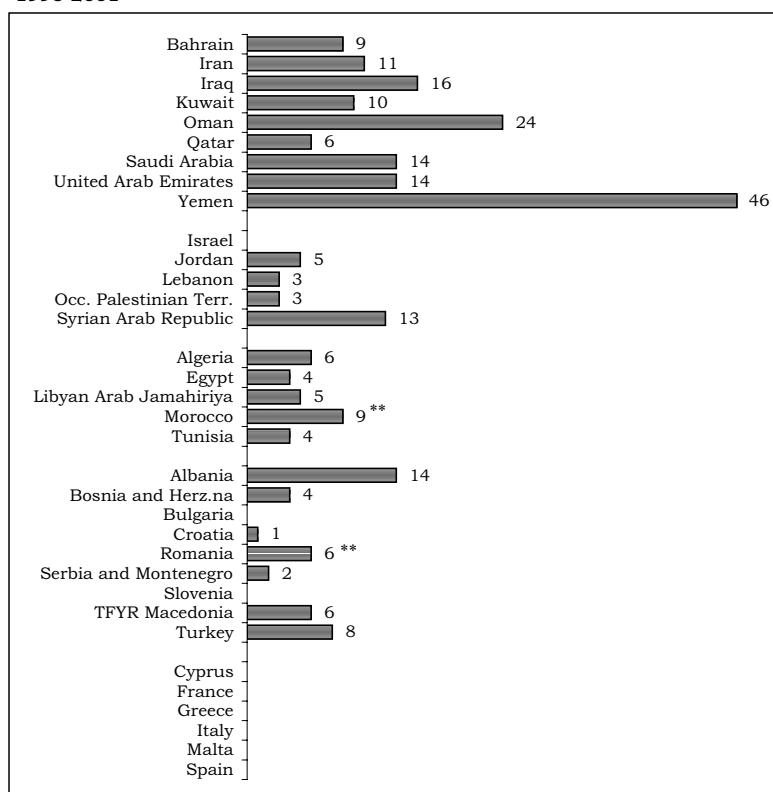
Source: *Meeting the promises of the World Summit for children - 1990 to 2000*

11.2 Malnutrition

Despite the great improvements achieved in the nutritional status of children in the Euro-Mediterranean area in the 1990s, malnutrition still affects a considerable segment of the population under five years of age in some countries in the Balkan region -e.g. Albania (14%), Romania (6%), and TFYR Macedonia (6%)- and North Africa, e.g. Morocco (9%). Malnutrition reaches alarming levels in Syria (13%) and throughout the Arabian peninsula. The underweight prevalence rate is as high as 14% in Saudi Arabia and United Arab Emirates. Yemen continues to suffer from staggeringly high level of child malnutrition with close to half of all children under age five being underweight. The very high levels registered in Iraq (16%) and Oman (24%), and the fact that underweight children are nearly the majority in the under five population of Yemen threaten to undermine all efforts to improve the health of new generations in these areas. Malnutrition slows down the process of mental and physical development and can cause blindness as well as imbalances in the immune system with devastating effects in terms of morbidity and mortality. Data referring to the size of malnutrition are shown in the next table.

The following table shows prevalence rates of underweight, wasting, and stunting, among children under five years of age, as recorded in the period 1995-2001. The absence of data for the Southwest European countries does not necessarily mean the absence of malnutrition in this region.

Underweight children aged under five (moderate and severe) (as % of total), 1995-2001*



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Source: UNICEF, 2003

11.3 Malnutrition

Prevalence rates of underweight, wasting, and stunting, among children under five years of age (%), 1995-2001*

Country	Underweight prevalence (severe)	Wasting prevalence (moderate and severe)	Stunting prevalence (moderate and severe)
Bahrain	2	5	10
Iran	2	5	15
Iraq	n.a.	n.a.	22
Kuwait	3	11	24
Oman	4	13	23
Qatar	n.a.	2	8
Saudi Arabia	3	11	20
United Arab Emirates	3	15	17
Yemen	15	13	52
Israel	n.a.	n.a.	n.a.
Jordan	1	2	8
Lebanon	0	3	12
Occ. Palestinian Terr.	0	1	8
Syrian Arab Republic	4	9	21
Algeria	1	3	18
Egypt	1	3	19
Libyan Arab Jamahiriya	1	3	15
Morocco **	2	2	23
Tunisia	1	2	12
Albania	4	11	32
Bosnia and Herz.na	1	6	10
Bulgaria	n.a.	n.a.	n.a.
Romania **	1	3	8
Serbia and Montenegro	0	4	5
Slovenia	n.a.	n.a.	n.a.
TFYR Macedonia	1	4	7
Turkey	1	2	16
Cyprus	n.a.	n.a.	n.a.
France	n.a.	n.a.	n.a.
Greece	n.a.	n.a.	n.a.
Italy	n.a.	n.a.	n.a.
Malta	n.a.	n.a.	n.a.
Developing countries	10	8	32
Industrialized countries	n.a.	n.a.	n.a.
MENA	4	6	22
World	10	8	32

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Source: UNICEF, 2003

12. Breastfeeding

Breastfeeding indicators (%), 1995-2001*

Country	Exclusive Breastfeeding Rate (<4months)	Timely Complementary Feeding Rate (6-9 months)	Continued Breastfeeding Rate (20-23 months)
Bahrain	34	65	41
Iran (Islamic Republic of)	66	96	41
Iraq	n.a.	n.a.	25
Kuwait	12	26	9
Oman	31	n.a.	n.a.
Qatar	12	48	21
Saudi Arabia	31	60	30
United Arab Emirates	34	52	29
Yemen	18	79	41
Israel	n.a.	n.a.	n.a.
Jordan	11	68	12
Lebanon	27	35	11
Syrian Arab Republic	n.a.	50	n.a.
Occupied Palestinian Territory **	29	78	11
Algeria	13	38	22
Egypt	57	71	30
Libyan Arab Jamahiriya	n.a.	n.a.	23
Morocco	31	33	20
Tunisia **	12	n.a.	16
Albania	6	24	6
Bosnia and Herz.na	n.a.	n.a.	n.a.
Bulgaria	n.a.	n.a.	n.a.
Croatia	23	n.a.	n.a.
Romania **	n.a.	n.a.	n.a.
Serbia and Montenegro	11	33	11
Slovenia	n.a.	n.a.	n.a.
TFYR Macedonia	37	8	10
Turkey	7	34	21
Cyprus	n.a.	n.a.	n.a.
France	n.a.	n.a.	n.a.
Greece	n.a.	n.a.	n.a.
Italy	n.a.	n.a.	n.a.
Malta	n.a.	n.a.	n.a.
Spain	n.a.	n.a.	n.a.
Developing countries	39	54	52
Industrialized countries	n.a.	n.a.	n.a.
MENA	41	68	30
World	39	54	52

* Data refer to the most recent year available during the period specified in the column heading

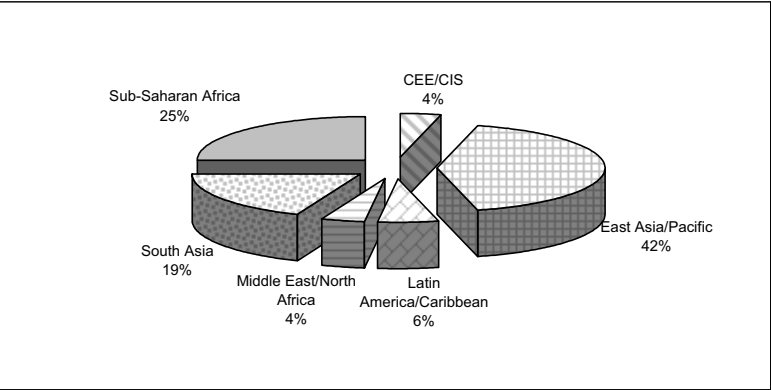
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Source: UNICEF, 2003

13.1 Drinking water

The lack of access to adequate water supply contributes to deaths and illness, especially in children. There are still over one billion people - or one sixth of the world's population- without access to safe sources of drinking water. This figure includes a high proportion of communities living in rural areas and overcrowded peri-urban settlements in Sub-Saharan Africa and South Asia (25% and 19% of the world total), and especially in East Asia and the Pacific region (42%). People in the Middle East and North Africa without access to safe drinking water account for 4% of the world total.

People without access to safe drinking water by region (as % of total), 2000



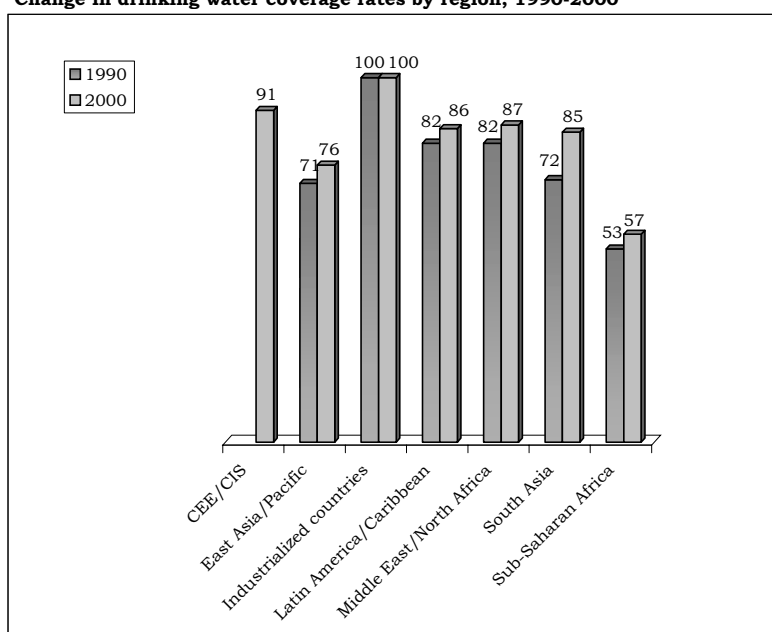
Source: UNICEF, 2001

13.2 Drinking water

Access to drinking water, which is one of the most precious natural resources, has increased considerably in recent years (from 77% to 82% over the last decade) and, in general, no longer appears to constitute a significant problem for most of the European countries on the Mediterranean. Efforts to meet the targets set for 2000 in terms of ensuring sustainable sources of clean water have achieved great results, even though drinking water resources are still scarce especially in Asia and Sub-Saharan Africa.

In the Middle East and North Africa, around 13% of the population are still denied access to adequate water supply, compared to 22% for developing countries.

Change in drinking water coverage rates by region, 1990-2000

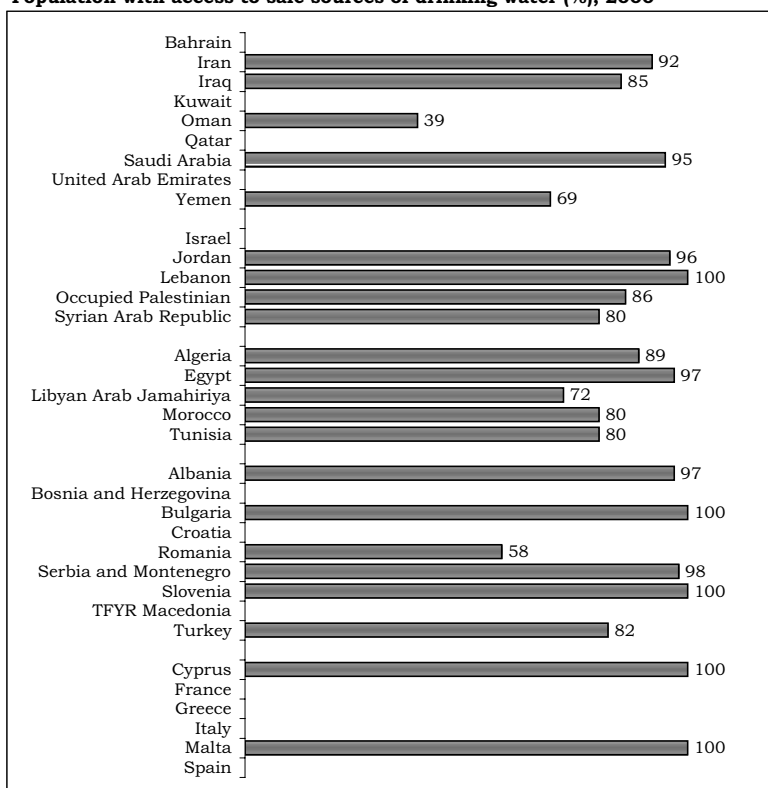


Source: *Meeting the promises of the World Summit for children - 1990 to 2000*

13.3 Drinking water

Access to drinking water has increased considerably in recent years and, in general, no longer appears to constitute a significant problem for most of the European countries on the Mediterranean. Difficulties in the provision of drinking water are still considerable in Romania, however, where less than 60% of the population have access to safe sources. In the Middle East and North Africa, around 13% of the population are still denied access to adequate water supply, compared to 22% for developing countries. The most significant case in North Africa is Libya, where only 72% of the population have access to safe water supply. The most dramatic case in the Arabian peninsula is Oman, where only 39% of the population have access to safe sources of drinking water. Another important feature is the significant disparity between rural and urban services, and the high proportion of people living in rural areas in several Arab states, who still lack access to adequate water supply.

Population with access to safe sources of drinking water (%), 2000



Source: UNICEF, 2003

13.4 Drinking water

Population with access to safe sources of drinking water (as % of total), 2000

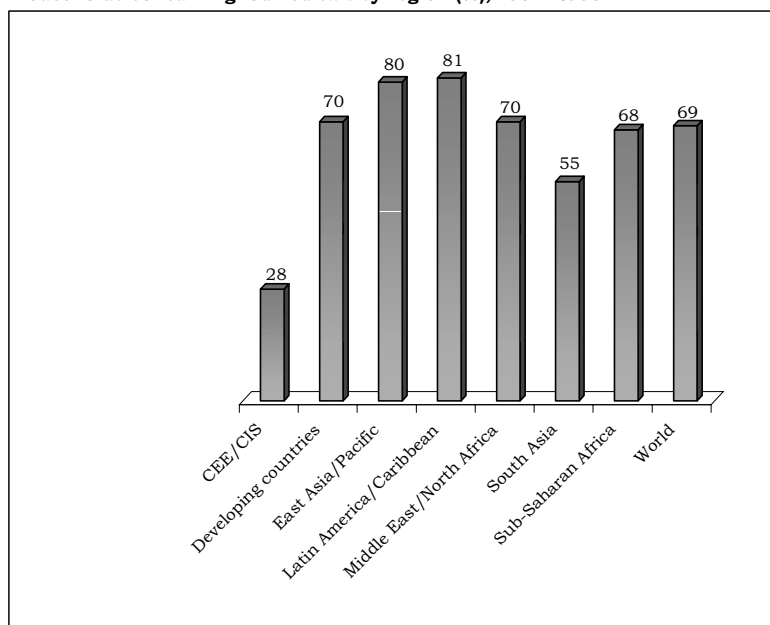
Country	Population		
	Total	Urban	Rural
Bahrain	n.a.	n.a.	n.a.
Iran	92	98	83
Iraq	85	96	48
Kuwait	n.a.	n.a.	n.a.
Oman	39	41	30
Qatar	n.a.	n.a.	n.a.
Saudi Arabia	95	100	64
United Arab Emirates	n.a.	n.a.	n.a.
Yemen	69	74	68
Israel	n.a.	n.a.	n.a.
Jordan	96	100	84
Lebanon	100	100	100
Occupied Palestinian Territory	86	97	64
Syrian Arab Republic	80	94	64
Algeria	89	94	82
Egypt	97	99	96
Libyan Arab Jamahiriya	72	72	68
Morocco	80	98	56
Tunisia	80	92	58
Albania	97	99	95
Bosnia and Herzegovina	n.a.	n.a.	n.a.
Bulgaria	100	100	100
Croatia	n.a.	n.a.	n.a.
Romania	58	91	16
Serbia and Montenegro	98	99	97
Slovenia	100	100	100
TFYR Macedonia	n.a.	n.a.	n.a.
Turkey	82	81	86
Cyprus	100	100	100
France	n.a.	n.a.	n.a.
Greece	n.a.	n.a.	n.a.
Italy	n.a.	n.a.	n.a.
Malta	100	100	100
Spain	n.a.	n.a.	n.a.
Developing countries	78	92	69
Industrialized countries	100	100	100
MENA	87	95	77
World	82	95	71

Source: UNICEF, 2003

14.1 Consumption of iodized salt

The iodization of salt enables children to consume a sufficient quantity of iodine to prevent physical and mental retardation. Following the massive campaigns launched to eradicate iodine deficiency, it is estimated that over 70% of households in the Middle East and North Africa now consume iodized salt.

Households consuming iodized salt by region (%), 1997-2000*



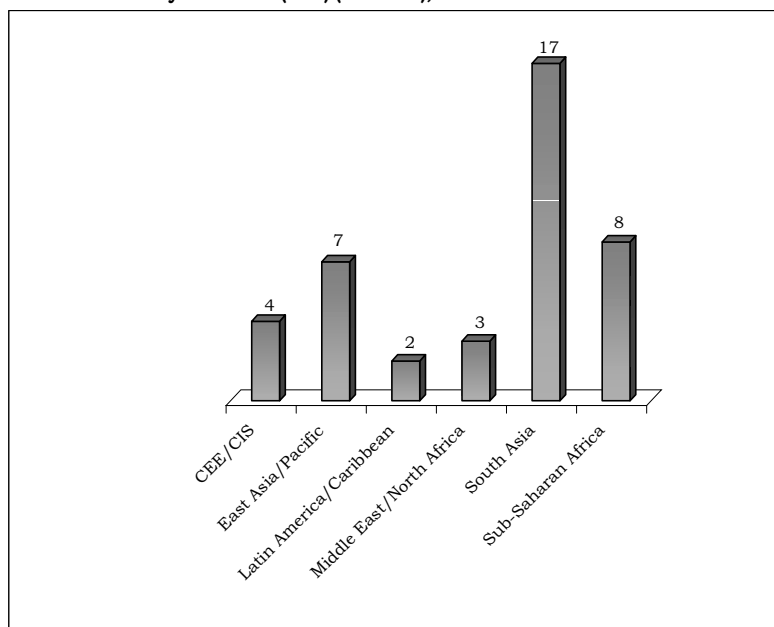
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Source: UNICEF, 2001

14.2 Consumption of iodized salt

Despite the impressive progress worldwide to achieve the goal of Universal Salt Iodization, about 41 million babies are still being born every year unprotected from iodine deficiency and its lifelong consequences. This figure includes 3 million newborns in the Middle East and North Africa, compared to 17 million in South Asia and 8 million in Sub-Saharan Africa.

Number of Newborns still unprotected from learning disabilities linked to iodine deficiency disorders (IDD) (millions), 2000

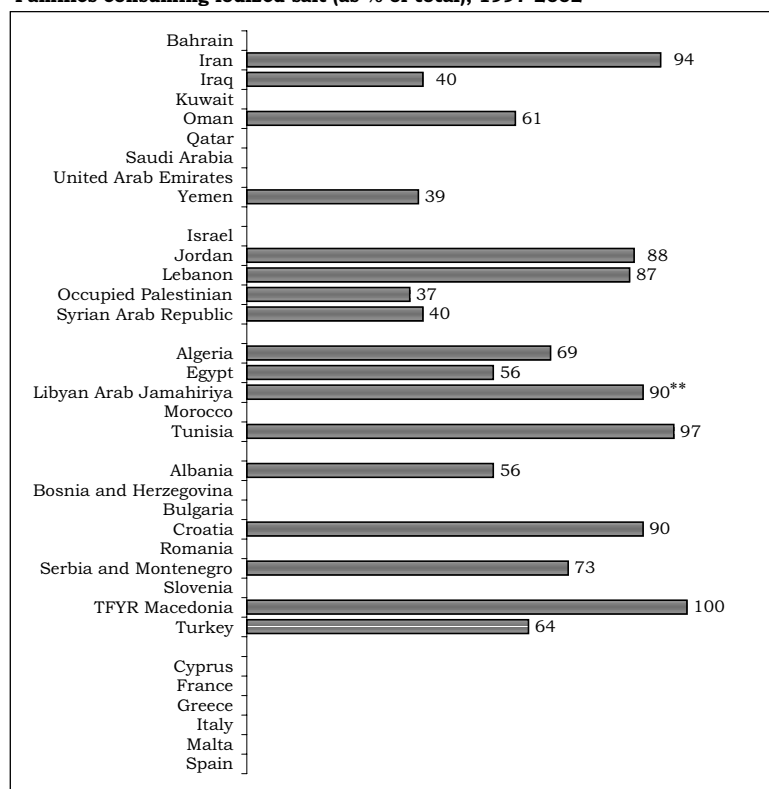


Source: UNICEF, 2001

14.3 Iodized salt consumption

The consumption of iodized salt plays an important preventive role with respect to mental retardation. Iodine deficiency has severe repercussions on children's learning ability and can cause cretinism. The effects for women include higher risks of stillbirth and miscarriage. The proportion of households consuming iodized salt in developing countries has increased since 1990 from 20% to 70%, thus reducing the risks associated with iodine deficiency and its lifelong consequences. Despite the successes achieved through widespread consumption of iodized salt, there are many countries where this is still restricted to just over 50% of the population, as in the case of Albania (56%), Oman (61%), Turkey (64%) and Algeria (69%). The consumption of iodized salt is still very low (around 40%) in Palestine, Syria and Yemen.

Families consuming iodized salt (as % of total), 1997-2002*



* Data refer to the most recent year available during the period specified in the column heading

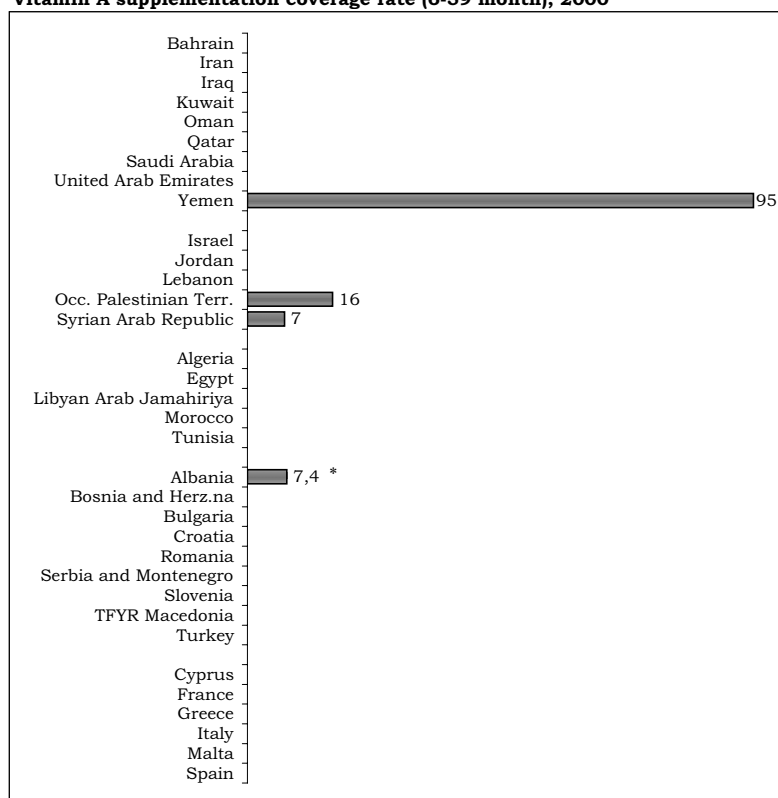
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Source: UNICEF, 2003

15. Vitamin A supplementation

Vitamin A is essential if the immune system is to function correctly. According to WHO, a deficiency of this element is the root cause of irreversible blindness and can lead to a substantially higher risk of death from illnesses such as measles, malaria and diarrhea. Two doses of vitamin A capsules a year for children under 5 can prevent this deficiency, which UNICEF regards as having caused the death of about 1 million children in the world over the period 1998-2000. For this reason, there has been a considerable increase in efforts to promote the distribution of vitamin A. While it is difficult to obtain accurate national figures for the percentage of children receiving vitamin A, those supplied range from the worrying low levels of 7% and 16% in Syria and Palestine respectively to the reassuring 95% in Yemen.

Vitamin A supplementation coverage rate (6-59 month), 2000



* Source: UNICEF, MICS Albania 2002, children aged 6 to 59 months

Source: UNICEF, 2003