WHO-EM/NUT/269/E

Summary report on the

Intercountry meeting on nutrition

Amman, Jordan
7–9 June 2015

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Regional Office for the Eastern Mediterranean

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1. Introduction

Malnutrition is the main underlying cause of death in children under 5 years of age, causing 45% of all child deaths in the world in 2013. Nearly one-third of children in the low- and middle-income countries of the Eastern Mediterranean Region are stunted, and more than 30% of the people suffer from micronutrient deficiencies, including anaemia. Adequate nutrition, beginning in early stages of life, is crucial to ensure good physical and mental development and long-term well-being.

While the problem of under-nutrition still exists, the burden of obesity and noncommunicable diseases is alarming in the Region. Noncommunicable diseases contribute to approximately 57% of all deaths in the Region, while overweight and obesity among adults exceed 50% in most of the middle-income and high-income countries (WHO, 2012). Changing lifestyles and diets, including high intake of fat, salt and sugar and low physical activity, are two of the major immediate causes for obesity and noncommunicable diseases.

In May 2012, the 65th World Health Assembly endorsed the Comprehensive Implementation Plan on Maternal, Infant and Young Child Nutrition. Resolution 65/6 urges Member States to put the Plan into practice by including proven nutrition interventions relevant to the country in maternal, child and adolescent health services and care. Interventions carried out should ensure universal access, and establish and engage policies in agriculture, trade, education, social support, environment and other relevant sectors to improve nutrition.

The targets are vital for identifying priority areas for action at the regional level and catalysing global change. The global targets are as follows.

1. 40% reduction of the global number of children under 5 who are stunted
2. 50% reduction of anaemia in women of reproductive age
3. 30% reduction in low birth weight
4. No increase in childhood overweight
5. Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%
6. Reduce and maintain childhood wasting to less than 5%

In May 2013 the Health Assembly endorsed a global action plan for the prevention and control of noncommunicable diseases 2013–2020 including a set of policy options for promoting a healthy diet. In November 2014 the Food and Agriculture Organization of the United Nations (FAO) and WHO jointly convened the second International Conference on Nutrition (ICN2), which endorsed the Rome Declaration on Nutrition and the ICN2 Framework for Action, including recommendation for actions to improve nutrition through multiple sectors.

The Eastern Mediterranean regional strategy and action plan in nutrition was developed by WHO, jointly with FAO, United Nations Children's Fund (UNICEF) and World Food Programme (WFP), in 2009. Subsequently most countries developed national policies and action plans. A review of the progress made, of the new challenges and of the policy approached recommended by the global policy documents developed is therefore warranted. In particular, it is important to understand the factors that prevented or delayed the full implementation of the 2009 regional action plan and to assess whether the national plans address comprehensively the double burden of malnutrition, how nutrition is addressed in country health and development policies and governance mechanisms in place.

To address this situation, the WHO Regional Office for the Eastern Mediterranean held an intercountry meeting on nutrition in Amman, Jordan, on 7–9 June 2015. It was attended by nutrition focal points in countries of the Region, along with international experts in nutrition and staff of UNICEF, the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), WFP and WHO. The main objectives of the meeting were to:

- review the current nutrition situation and identify key challenges;
- review the regional and national nutrition strategies and policies;
- review country commitments with regard to the ICN2 recommendations and identify needs for technical support; and
- identify areas where the regional strategy needs to be updated.

Expected outcomes of the meeting were roadmaps for implementing the ICN2 recommendations and for further review and updating of the regional nutrition strategy.

2. Summary of discussions

The Regional Office conducted a mapping to the nutrition situation in the Region and prepared nutrition cards, reflecting a summary of the nutrition situation in each country and the current programmes. These documents were shared with the Member States and reviewed with them before the meeting.

A key principle in the Rome Declaration on Nutrition and the Framework for Action is the call for “coherent policies” from production to consumption and across relevant sectors. The Framework for Action provides a set of policy options and strategies which governments can consider in relation to national needs and conditions.

The ICN2 agreements call for all countries, and especially for developing countries, to improve food and nutrition information systems and increase their capacity for data collection and analysis. It is especially important to have good data in order to identify nutrition problems accurately and craft solutions and ensure accountability.

What is needed from Member States? Countries needs to set national targets, and to set priority interventions for each target (2–5 interventions). Targeted interventions will generate more progress, therefore it has been decided to work on practical and operational steps to achieve each target

A number of challenges were identified by the Member States. The Region is very complex and countries have different nutrition problems and challenges with different socioeconomic profiles. There is a double burden of malnutrition and at least 16 countries are experiencing internal conflicts and political instability.

The Region faces other challenges that generally contribute to malnutrition, including internal inequalities, limited natural resources (water scarcity, limited land for agriculture), recurrent drought conditions and high population growth rates. Health budgets are allocated disproportionately by Member States, often at the expense of preventive strategies such as those for nutrition and noncommunicable diseases. Although a significant decrease in child and maternal mortality has been observed over time, there are still at least 9 countries in the Region with high burden.

The prevalence of stunting shows slight progress while the prevalence of wasting is increasing. Countries with the highest burden of stunting and underweight include Afghanistan, Djibouti, Pakistan, Sudan and Yemen. Anaemia is still a public health problem in most countries of

the Region, especially in low-income and middle-income countries, and the quality of the data is not reliable in most countries. Children and women in high burden countries are more vulnerable to inadequate pre-natal care, infant and young child nutrition.

Weaknesses of coordination across all sectors, including in agriculture and food systems health, social protection, education, employment, trade, environment, information, consumer affairs, planning and other sectors.

Data collection and surveillance for the core nutrition indicators are weak, which limits capacity to identify interventions based on thorough situation analysis and accurate data. There is a need to train and encourage Member States to adopt a standardized approach in nutritional assessment. Participants agreed that the challenges are huge and countries need to set priorities in order to show progress.

3. The way forward

The following priority interventions were identified by the experts and Member States in order to scale up nutrition in countries of the Region and address the global targets.

Stunting and wasting

- Strengthening the growth monitoring and surveillance system (Egypt + Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan
- Implementing behavioural change communication programmes (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan)

- Scaling up the treatment of severe acute malnutrition via community-based management of malnutrition programmes (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan)
- Promoting supplementation of vitamin D and calcium during pregnancy (GCC countries, Islamic Republic of Iran)
- Promoting supplementation of vitamin D and Zn for schoolchildren (GCC, Islamic Republic of Iran)
- Scaling up the IMCI programme (Egypt)
- Promoting locally produced complementary food (Egypt)
- Conducting advocacy for WASH intersectoral district planning (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan; Egypt)
- Implementing income-generating activities/social safety nets (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan)

Anaemia

- Monitoring anaemia (Egypt + Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan) and assessing the underlying causes (GCC countries, Islamic Republic of Iran)
- Improving outreach the and quality of flour fortification programmes (Jordan, Morocco, Palestine, Egypt; Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan; GCC countries, Islamic Republic of Iran) + expanding to Lebanon, Tunisia;
- Improving outreach and compliance with iron and folic acid supplementation among women of reproductive age (Egypt, Lebanon, Morocco, Tunisia and Palestine, Egypt, Lebanon,

Morocco, Tunisia and Palestine, GCC countries, Islamic Republic of Iran) + expanding to adolescent girls (GCC countries, Islamic Republic of Iran)

Low birth weight

- Strengthening detection and monitoring (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan)
- Developing comprehensive primary health care packages including counselling for maternal nutrition, supplementation, family care services, diversification of food (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan)
- Promoting breastfeeding of low-birth weight infants (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan)
- Strengthening advocacy on the magnitude of the burden and developing action involving key community leaders, religious leaders (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan)
- Adopting (Morocco) or strengthening (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan, GCC countries, Islamic Republic of Iran) and monitoring (all) implementation of the International Code of Marketing of Breast-milk Substitutes
- Adopting maternity protection laws: maternity leave to 4–6 months and breastfeeding breaks (Egypt, Lebanon, Morocco, Tunisia and Palestine; Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan; GCC countries, Islamic Republic of Iran)
- Institutionalizing the baby-friendly hospital initiative (Egypt, Lebanon, Morocco, Tunisia and Palestine; Somalia, Sudan,

Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan; GCC countries, Islamic Republic of Iran)

- Implementing breastfeeding promotion, protection and support at facility level and community level (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan; GCC countries, Islamic Republic of Iran) + promoting storage of own milk (working mothers) (GCC countries, Islamic Republic of Iran)
- Training health workers (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan)
- Conducting breastfeeding advocacy for policy-makers and opinion leaders (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan).

Overweight/healthy diet

- Including weight and height measurements in routine child visits (Egypt, Lebanon, Morocco, Tunisia and Palestine)
- Restricting marketing of unhealthy food (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan) + using nutrient profiling module (Egypt, Lebanon, Morocco, Tunisia and Palestine)
- Adopting nutrition labelling regulations (Egypt, Lebanon, Morocco, Tunisia and Palestine) + implementing colour coded front-of-the pack (GCC countries, Islamic Republic of Iran)
- Developing regulations and voluntary initiatives to: a)reduce sugar in sugar sweetened beverages; b) reduce salt in bread and cheese; c) eliminate industrial trans fatty acids; d) restrict the use of oils high in saturated fatty acids (GCC countries, Islamic Republic of Iran + Egypt, Lebanon, Morocco, Tunisia and Palestine)

- Regulating food procurement for school canteens and other public institutions (Egypt, Lebanon, Morocco, Tunisia and Palestine)
- Regulating the use of oils and portion size for restaurants and takeaway food providers and monitoring implementation (GCC countries, Islamic Republic of Iran)
- Improving the nutritional quality of food support and social safety nets (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan)
- Increasing people's knowledge on healthy diet (GCC countries, Islamic Republic of Iran) and developing food-based dietary guidelines (Egypt, Lebanon, Morocco, Tunisia and Palestine)
- Raising taxes on products containing palm oil and on sugar sweetened beverages (GCC countries, Islamic Republic of Iran)
- Adopting import restrictions on palm oil (GCC countries, Islamic Republic of Iran)

Proposals for regional initiatives

- Nutrition surveillance: routine weight and height measurements; haemoglobin (All)
- Outreach/compliance/target of iron and folic acid supplementation programmes (All)
- Breastfeeding regulatory package: Code, maternity protection, institutionalization of the Baby-friendly hospital initiative (All)
- Scaling up treatment of severe acute malnutrition (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan)
- Behavioural change communication (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan)
- Low birth weight and maternal nutrition advocacy (Somalia, Sudan, Yemen, Syria, Djibouti, Pakistan, Iraq and Afghanistan)
- Reformulation + labelling + marketing (middle–high income countries)

World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int