

## Meeting on nutrition in emergencies in the Eastern Mediterranean Region\*

Citation: World Health Organization. Meeting on nutrition in emergencies in the Eastern Mediterranean Region. *East Mediterr Health J.* 2024;30(5):390–391. <https://doi.org/10.26719/2024.30.5.390>.

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### Introduction

Emergencies have a negative impact on every aspect of human life, including health, education, economic, social, political, environment, etc (1). Emergencies disrupt commercial activities, including farming, food supply chains and logistics, and sometimes cause the destruction of food crops. Sometimes available food becomes contaminated and unhealthy for consumption (2,3). All these negative situations due to emergencies are risk factors for malnutrition, disease and death (4). Therefore, nutrition is a key public health concern and a top priority that must be addressed during emergencies (1-5).

In November 2023, the WHO Regional Office for the Eastern Mediterranean convened a meeting on nutrition in emergencies to raise awareness and understanding among Member States of available guidance, tools and resources to support nutrition during emergencies, share experience and lessons on protecting and promoting nutrition during emergencies, and identify country support needs and opportunities for collaboration.

### Summary of discussions

Twelve of the 22 countries and territories in the Eastern Mediterranean Region (EMR) have been facing complex emergencies and humanitarian crises, thus making nutrition interventions a critical need in the region (6,7). WHO and partners have been supporting nutrition initiatives in these 22 countries and territories through the development and implementation of regional and country nutrition strategies and plans, capacity strengthening to manage nutritional demands, and integration of nutrition into other services in refugee camps and at health facilities (4).

Updated in 2003, the WHO guideline on the prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years has 4 focus areas: (i) infants less than 6 months old at risk of poor growth and development, (ii) moderate wasting in infants and children aged 6–59 months, (iii) severe wasting and nutritional oedema in infants and children aged 6–59 months, and (iv) prevention of wasting and

nutritional oedema from a child health perspective (8). The guideline was developed to accelerate action on wasting and emphasizes prevention of malnutrition. It recommends that infant and child feeding should be a priority during emergencies with emphasis on outpatient care for mothers and children. It also recommends a multisectoral approach to effectively implementing the guidelines in any humanitarian context.

Priority interventions to improve nutrition during emergencies in the EMR include enhancing the skills of healthcare workers in severe acute malnutrition, infant and young child feeding, and nutrition surveillance and strengthening or establishing nutrition surveillance systems, including malnutrition tracking and integration of relevant indicators into existing healthcare frameworks (9). Others are policy refinement to provide guidelines for malnutrition management, integration of nutrition into emergency plans, and regulating the marketing of breastmilk substitutes; integrating nutrition interventions into existing healthcare structures, including integrated management of childhood illness and integrated management of acute malnutrition; strengthening partnerships and collaboration; and resource mobilization (9).

To be effective, national nutrition surveillance systems should be integrated into existing health information systems, especially in fragile settings and such integration should make provision for sustained and coordinated data collection and analysis and leverage data from existing community surveys (10). A stepwise approach that covers essential nutritional components and a minimal set of indicators will enable a strategic expansion of surveillance capabilities in alignment with each country's needs and priorities.

Emergency preparedness and response planning should focus on scaling up life-saving treatment for acute malnutrition programmes; leveraging cost-effective interventions such as breastfeeding, complementary feeding and vitamin supplementation, and implementing preventive measures such as enhancing water supply and sanitation to avert disease outbreaks.

\* Summary report on the meeting on nutrition in emergencies in the Eastern Mediterranean Region, Amman, Jordan, 20–21 November 2023. <https://applications.emro.who.int/docs/WHOEMNUT315E-eng.pdf?ua=1>.

## Recommendations to Member States and WHO

Participants recommended the following actions for Member States and WHO:

### To Member States

1. Incorporate disaster and emergency preparedness into the relevant policies and programmes.
2. Ensure that policies and actions during emergencies and humanitarian crises promote, safeguard and endorse breastfeeding.
3. Equip health workers with the essential supplies and training needed to screen malnourished children and treat severe cases effectively at health facilities.
4. Formulate contingency and emergency preparedness plans for nutrition and food security, enabling an effective response and safeguarding the nutritional well-being of the population.

### To WHO

1. Facilitate engagement with and contribution to global networks for the exchange of food safety information, especially during emergencies.
2. Support the establishment of a regional emergency taskforce on nutrition to strengthen and accelerate efforts towards achieving the global nutrition targets.
3. Support the formulation of a regional toolkit on nutrition during emergencies, including essential nutritional supplements, medications and tools.
4. Support establishment of nutrition programmes in countries with the most significant emergency and humanitarian burdens.
5. Facilitate exchange of experiences and lessons learning on nutrition in emergency and humanitarian settings among countries.

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