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Summary report on the

**WHO global meeting
to accelerate progress
on SDG target 3.4 on
noncommunicable diseases
and mental health**

Side meeting on nutrition

Muscat, Oman
12 December 2019



REGIONAL OFFICE FOR THE

**World Health
Organization**

Eastern Mediterranean

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1. Introduction

The Global Meeting to Accelerate Progress on SDG Target 3.4 on Noncommunicable Diseases and Mental Health took place in Muscat, Oman, from 9 to 12 December 2019. A regional side meeting on nutrition was organized on 12 December to launch a new strategy on nutrition for the Eastern Mediterranean Region 2020–2030. Country representatives from 17 Member States took part, along with WHO staff from the WHO Regional Office for the Eastern Mediterranean and country offices, and expert consultants.

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, welcomed participants and emphasized the important role of nutrition and diet in the health of the Region's population. The Region was facing a double burden of malnutrition, he noted, so new approaches were needed to be able to promote healthy diets and tackle undernutrition at the same time as overweight, obesity and diet-related noncommunicable diseases (NCDs). For this reason, a new [strategy on nutrition for the Eastern Mediterranean Region 2020–2030](#) had been developed with input from Member States and United Nations (UN) partners and had been adopted by the WHO Regional Committee for the Eastern Mediterranean in October 2019. The Regional Director observed that the multisectoral policy responses required under the new strategy were in alignment with the Health for All by All vision for improving health in the Region. He concluded by wishing the participants a fruitful meeting and success in the effective implementation of the strategy.

WHO presented H.E. Dr Ahmed Al Saidi, Minister of Health of Oman, with an award for key policy interventions on nutrition. The award was received by H.E. Dr Mohammed Al Hosni, Undersecretary for Health Affairs, who expressed gratitude for the award and for Oman's effective

partnership with WHO that had brought all stakeholders together to improve the diet of the country's children.

Dr Asmus Hammerich, Director, Universal Health Coverage/Noncommunicable Diseases, WHO Regional Office for the Eastern Mediterranean, welcomed the new regional strategy on nutrition and the opportunity it presented for countries to make real progress on ending all forms of malnutrition. He said that the strategy was designed to provide a framework for country efforts to deliver on previously agreed commitments and was aligned with the six key areas of action of the UN Decade of Action on Nutrition (2016–2025). However, while the policy responses which were needed were clear, the health sector could not do it alone, he noted, because the actions of many other sectors had a direct impact on nutrition. Strong government leadership, robust governance and multisectoral coordination on nutrition were, therefore, essential, along with reliable data to inform and drive policy action.

Dr Hammerich highlighted that, as a first step, countries were being called upon to review and strengthen the arrangements for recommended priority actions, including the: establishment or strengthening of national cross-government, multisectoral coordination mechanisms for nutrition, with a clear mandate and allocated funds/resources, by the end of 2020; development/updating and operationalization of a national action plan on nutrition (including national SMART targets) to give effect to the strategy, by the end of 2020; and establishment of a food and nutrition surveillance system (or strengthening an existing system) to provide information on the nutrition status of populations and on factors that influence nutrition, by the end of 2021. He reiterated WHO's commitment to providing technical support for these efforts, and encouraged countries to clearly articulate their support needs, so that a regional action plan could be developed and resources allocated to support it.

Dr Akjemal Magtymova, WHO Representative in Oman, congratulated the strong nutrition team under Dr Samia Al Ghannami, Director of the Nutrition Department, at the Omani Ministry of Health for their efforts to improve nutrition, including on sugar-sweetened beverages, trans fatty acids, front-of-pack nutrition labelling and establishment of a multisectoral national policy and mechanism. She welcomed the food systems approach of the new regional strategy, along with its focus on the nutrition of women and children.

Strategy on nutrition for the Eastern Mediterranean Region 2020–2030

Dr Ayoub Al-Jawaldeh, Regional Adviser for Nutrition, WHO Regional Office for the Eastern Mediterranean, presented a summary of the nutrition situation in the WHO Eastern Mediterranean Region and an overview of the new regional strategy. The new strategy builds on the previous regional strategy on nutrition, bringing together existing landmark commitments to improve nutrition and tackle NCDs, including those enshrined in the Sustainable Development Goals (SDGs).

Malnutrition in all its forms takes a heavy toll on the health, well-being and sustainable development of populations in the Region. Some countries, especially those affected by conflict, continue to experience high levels of food insecurity, undernutrition and micronutrient deficiencies. The growth of an estimated 20.2 million children under-5 years of age has been stunted by poor nutrition in the Region. At the same time, 50% of women, more than 40% of men and 15% of school-age children or adolescents are overweight or obese. Two thirds of deaths in the Region are now due to NCDs, and unhealthy diets – along with physical inactivity – are key contributors to this burden.

The vision of the new strategy is that the countries in the Region have strengthened action on nutrition to achieve food security, end all forms of malnutrition and improve nutrition throughout the life course by 2030.

Its specific objectives are to:

1. support countries to operationalize a current national nutrition strategy and plan of action in order to achieve global and regional targets and, by 2030, to:
 - reduce the number of children under 5 who are stunted by 50%;
 - reduce and maintain childhood wasting to less than 3%;
 - reduce the prevalence of overweight in children under 5 to not more than 3%;
 - reduce low birth weight by 30%;
 - reduce anaemia in women of reproductive age by 50%;
 - improve rates of early initiation of breastfeeding and continued breastfeeding and, specifically, increase the rate of exclusive breastfeeding in the first 6 months up to at least 70%;
 - halt the rise in diabetes and obesity in adults;
 - halt the rise in overweight in school-age children and adolescents 5–18 years old;
 - reduce mean population intake of salt/sodium by 30%; and
 - virtually eliminate industrially-produced trans fats from the food supply.
2. provide a framework for countries to accelerate efforts to improve nutrition and food security through six key action areas of the UN Decade of Action on Nutrition.

Karen McColl, Nutrition Consultant, WHO Regional Office for the Eastern Mediterranean, outlined the six key areas for action¹ in the strategy and the recommended key priority actions for each of these areas.

2. Summary of discussions

Country priorities for action

Countries are at different stages in the nutrition transition and the implementation of their national nutrition strategies, and some are experiencing emergency situations. As a result, priority actions vary from country to country.

Priority actions being undertaken in countries include the following.

- Promoting healthy diets through legislation, reformulation and standards to reduce levels of salt, sugars and saturated fats and eliminate trans fats, and developing food-based dietary guidelines.
- Adopting fiscal policies, including taxes and subsidies.
- Strengthening health systems and universal health coverage, including counselling, prescriptions, community education, screening for overweight/obesity and risk factors, management of overweight/obesity, and dissemination of nutrition protocols for NCD management to doctors.
- Addressing maternal, infant and young child nutrition, including promoting and supporting breastfeeding and appropriate complementary feeding.

¹ Sustainable, resilient food systems for healthy diets; Aligned health systems providing universal coverage of essential nutrition actions; Social protection and nutrition education; Trade and investment for improved nutrition; Safe and supportive environments for nutrition at all ages; Strengthened nutrition governance and accountability.

- Establishing child obesity control programmes.
- Establishing micronutrient programmes (fortification and supplementation).
- Addressing food environments, including actions in the workplace and public institutions (schools, hospitals, military, prison and other government institutions).
- Enacting food safety and food control laws.
- Addressing nutrition in emergencies.
- Improving governance, including:
 - establishment of a comprehensive multisectoral coordination mechanism/committee;
 - development of national strategic plans (or implementation of recently completed action plans) and definition of national targets;
 - development of surveillance and monitoring and evaluation frameworks, including establishing a surveillance system, conducting a baseline survey and creating an annual progress mechanism; and
 - undertaking advocacy, including building an investment case, developing policy briefs and conducting advocacy missions.

Barriers and challenges

A number of common challenges facing countries in implementing action to improve nutrition were identified.

Food and nutrition surveillance is one challenge shared by many countries. There is a tendency for countries to prioritize representative national surveys, but these require extensive resources and the process is lengthy. There are other options, depending on the country context, including use of data from electronic health information systems in primary care, small-scale surveys and university studies. The WHO

Regional Office is committed to providing support, guidance and training and surveillance in this area.

Another key challenge relates to being able to monitor and evaluate the implementation and impact of the regional strategy and the priority actions highlighted within it. Suggested indicators for the strategy are set out in its annex 3, but further work is necessary to design a monitoring and evaluation framework that defines the indicators more precisely and sets out agreed phased targets at the regional level. This would then provide a starting point for national monitoring and evaluation.

There are several other areas where the need for support to build capacity and/or technical guidance were identified. These include implementation issues, such as the drafting of legislation and design of policy measures to tackle the double burden of malnutrition.

There are also challenges relating to communication and advocacy, including the difficulty in convincing other sectors/stakeholders of the importance of action to improve nutrition and in how to deal with opposition from vested interests or persuade donors of the need to invest in addressing all forms of malnutrition. The general need to raise awareness of these issues at all levels among policy-makers, professionals and the general public was recognized.

The poor standard of nutrition education and issues relating to certification of nutrition professionals were also highlighted as challenges in several countries.

There was recognition that many countries in the Region are dealing with protracted crises or experiencing periods of political transition, posing extra challenges for the continuity and implementation of policies.

Country support needs

Throughout the discussion, countries articulated specific areas where support from WHO would be welcome.

These include support to:

- monitor and evaluate progress on implementation of the strategy (and various policy measures) and its impact, at both regional and national levels, including definition of precise indicators, agreement on regional targets, setting of national targets and use of a standardized methodology to define the extent of each country's contribution to regional targets;
- implement or strengthen food and nutrition surveillance systems;
- better communicate and advocate for strong policy responses and regulatory measures on healthy diets with political decision-makers and other stakeholders in health and other sectors in all contexts, including integration in the humanitarian response and donor agenda, demonstrating the benefits for other sectors, building the investment case and developing policy briefs;
- develop legislation and navigate the legislative process;
- better understand how to eliminate trans fatty acids (and how to replace them), reduce salt/sugar/saturated fats and implement other policies and double-duty actions to promote healthy diets or reform food systems, including through technical guidance and concrete examples of country experience;
- handle interaction with private sector actors, while managing conflicts of interest, and respond to commonly-used industry opposition arguments;
- develop food-based dietary guidelines;
- operationalize action plans;

- improve nutrition education and introduce certification of nutrition practitioners;
- implement International Code of Marketing of Breast-milk Substitutes legislation;
- evaluate implementation of the Baby-Friendly Hospital Initiative;
- implement programmes to deal with the high prevalence of acute malnutrition in some areas;
- develop or update/improve food composition databases; and
- develop guidance for general practitioners and other primary care professionals on the early identification and management of nutritional problems.

It was suggested that countries should review current plans for WHO country support, in order to identify opportunities to add specific actions relating to the above identified needs.

3. Concluding remarks

The WHO Regional Office undertook to review the support needs and propose a plan for country support in 2020. It was noted that, based on their own experience, some countries were in a position to be able to support other countries. In addition, support would be sought from the best-placed experts at WHO headquarters and in other regions.

Dr Al-Jawaldeh encouraged countries to use the strategy as a starting point for developing national action plans and clear frameworks for action. He noted that an updated WHO package of essential nutrition actions to be mainstreamed into primary health care and communities had been published earlier in 2019.¹ Countries were encouraged to refer

¹ Essential nutrition actions: mainstreaming nutrition throughout the life-course. Geneva: World Health Organization; 2019.

to this document, in conjunction with the regional strategy, to guide their actions. This was particularly important in relation to actions on micronutrients, which needed to be designed carefully to take the latest guidelines into account.

A particular focus was also needed, he said, on double-duty actions that address multiple forms of malnutrition. These include measures to promote breastfeeding and optimal infant and young child feeding, as well as school feeding programmes.

Dr Hammerich thanked participants for their contributions and their efforts to date. He reiterated WHO's commitment to support countries in taking the bold measures needed to promote healthy diets and tackle malnutrition.

The image features a minimalist, abstract design composed of several rectangular blocks of color. A large teal block occupies the top right and bottom right portions. A grey block is positioned in the top left. A horizontal grey band runs across the middle. A dark grey block is located in the bottom left. The bottom of the image is a solid grey bar containing white text.

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