

Summary report on the

Meeting of nutrition focal points in the Eastern Mediterranean Region

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Muscat, Oman
23–25 September 2013



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean held an intercountry workshop on nutrition in Muscat, Oman, during the period 23–25 September 2013. The workshop was attended by 36 participants including: national nutrition focal points from Afghanistan, Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Pakistan, Palestine, Syrian Arab Republic, Sudan, Tunisia, United Arab Emirates and Yemen; representatives of two nutrition collaborating centres, the Nutrition Department of United Arab Emirates University and the Food Technology Research Institute (NNFTRI) of the Islamic Republic of Iran; representatives of the Food and Agriculture Organization of the United Nations (FAO), United Nations Children’s Fund (UNICEF), World Food Programme, International Council for the Control of Iodine Deficiency Disorders (ICCIDD) and International Baby Food Action Network (IBFAN) and WHO staff from global, regional and country level (Afghanistan, Oman, Pakistan, Sudan and Yemen).

The meeting was inaugurated by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. He noted that the Political Declaration of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases had tasked WHO and Member States with developing an action plan to reduce exposure to risk factors. A resolution (EM/RC59/R.2) adopted by the Fifty-ninth session of the WHO Regional Committee for the Eastern Mediterranean in 2012 urged Member States to “implement the core set of interventions in the regional Framework for Action”. These included promoting breastfeeding and implementing the International Code of Marketing of Breast-milk Substitutes, reducing salt intake, replacing trans-fats with polyunsaturated fats at population level, and controlling obesity and overweight. Unhealthy diets were becoming more prevalent in lower-resource settings. He closed by stressing the need to engage all key partners UN organizations and nongovernmental

organizations to help countries to prepare the needed plans and ensure their implementation.

H.E. Dr Ali bin Talib Al-Hinai, First Undersecretary for Health Planning, Oman, stressed the need for collaborative efforts from all concerned organizations to strengthen food security and improve the quality of food in general. He said that the implementation of food-based dietary guidelines was a top priority in the near future which needed the support of WHO. There was also need to promote a healthy diet and physical exercise as early as possible (during childhood and school age).

The meeting was facilitated by Dr Haifa Madi and Dr Ayoub Al Jawaldeh and other staff from WHO, collaborating centres and UN agencies. The facilitators presented in detail WHO recommendations and guidelines tackling maternal, young child and infant nutrition and noncommunicable diseases focusing on targeted interventions.

The objectives of the meeting were to:

- review the current nutrition situation in all Member States and progress achieved during the past decade;
- orient the nutrition focal points on recent global and regional nutrition related initiatives;
- develop national action plans for infant and maternal nutrition with special emphasis on stunting and anaemia
- develop national action plans for promoting healthy diet with special emphasis on salt and fat intake reduction; and
- set up national monitoring and evaluation systems.

The meeting was organized into plenary sessions and group work. In the plenary sessions, the following topics were presented and discussed in detail.

- Nutrition situation in the Eastern Mediterranean Region; magnitudes and consequences
- Effective actions to address maternal, infant and young child nutrition infant and young child feeding
- Nutrition policies and strategies for addressing the double burden of malnutrition including under-nutrition, over-nutrition and diet-related noncommunicable diseases, and policy implementation tools
- Promoting healthy growth and preventing childhood stunting
- The International Code of Marketing of Breast-milk Substitutes within the global strategy for infant and young child feeding: where do we stand with meeting the target?
- Role of nongovernmental organizations and consumer protection organizations in implementing the Code
- Development of national food composition table in Oman
- Role of UN agencies to support the implementation of the WHA resolutions related to maternal, infant and young child nutrition and noncommunicable diseases
- Developing a regional nutrition surveillance system and the draft core indicators on health situation and health system performance developed by the Regional Office
- The status of anaemia in the Region and opportunities for effective actions
- Expanding nutrition programmes during emergencies

For the group work, participants were divided to three groups and requested to identify the main nutrition challenges facing their countries, and to come up with recommended action to scale up nutrition to achieve the WHO global target by 2015 and promote healthy diet. The working groups identified the most cost effective interventions and priority areas based on the WHO strategies and recommended interventions for maternal, young child and infant nutrition and prevention of noncommunicable diseases.

2. Summary of discussions

- A regional nutrition strategy and action plan is in place addressing the double burden of malnutrition and covering the period of 2010–2019.
- The majority of countries have developed national nutrition strategies and national plans of action, based on the regional nutrition strategy
- Nutrition indicators are improving in high- and middle-income countries, but still critical in low-income countries, and in countries with complex emergency situations.
- All countries have established national nutrition programmes and related priorities, but some areas still need scaling up and resources, i.e. supplementation, food and home fortification to address anaemia, vitamin A and iodine deficiency, promotion of breastfeeding and implementation the Code of Marking of Breast-milk Substitutes; management of moderate and severe acute malnutrition in health and community facilities in low-income countries, and nutrition surveillance and surveys in a few countries.
- The current meeting will contribute also to the acceleration plans developed by WHO, UNFPA and UNICEF to achieve MDGs 4 and 5 in the following countries of the Region: Afghanistan, Djibouti, Egypt, Iraq, Morocco Pakistan, Somalia, Sudan and Yemen.
- Addressing healthy diets and lifestyle choices including salt and fat reduction strategies is still in early stages at national levels. A few countries are taking action on salt reduction in bread, e.g. Bahrain, Kuwait and Qatar. The near future will witness more work on both areas in many countries.
- Many countries have adopted the International Code and are monitoring its application. Nevertheless, some are only in the preliminary stages of drafting national measures for this purpose, while still others have hardly begun.
 - Comprehensive law: Afghanistan, Bahrain, Islamic Republic of Iran, Lebanon, Pakistan, Saudi Arabia, Yemen

- Many provisions into law: Djibouti, Egypt, Jordan, Oman, Tunisia, West Bank and Gaza Strip
- Some provisions into law: Qatar, United Arab Emirates
- Voluntary measures: Kuwait
- Measure drafted, awaiting final approval: Iraq, Morocco
- Measures being studied: Syrian Arab Republic
- Action to end free supplies only: Libya, Sudan
- No action: Somalia, South Sudan

Challenges and gaps

- Nutrition data show no progress has been achieved especially in low and middle income countries. Recent statistics indicated that about 35% of infants and children under five in the Region are stunted or short for their age. The main causes for deteriorating the nutrition situation is due to political instability and food insecurity in the following countries: Afghanistan, Djibouti, Iraq, Pakistan, Somalia, Sudan, Syrian Arab Republic, and Yemen. The stunting breakdown by sub-regions is as follows:
 - 10% in high-income countries
 - 23% in middle-income countries
 - 46% in low-income countries.

The challenge for low income countries is how to deal with very high levels of stunting/wasting with limited resources and capacity?

- About 38% of infants under six months of age are exclusively breastfed. Increasing support for breastfeeding is therefore a public health priority.
- Anaemia among pregnant women was 45%, with highest rates in low income countries (49%) which considered severe.
- While problems of under-nutrition still exist, the burden of overweight, obesity and diet-related chronic diseases is increasing

due to nutrition transition, especially in high- and middle-income countries, which is alarming as it negatively impacts on health systems in the Region:

- Child obesity is a relatively new concern in the Region, and its emergence in the past two decades comes at a time when the problems of undernourishment continue and should be taken into account in any policies to tackle obesity.
- Child obesity has increased dramatically in the wealthier countries within a generation with, for example, the prevalence of overweight among Saudi Arabian boys rising from 3% to 25% in just 17 years (1988–2005).
- Noncommunicable diseases, mainly cardiovascular diseases, diabetes, cancers and chronic respiratory diseases, are associated with a tremendous burden in countries of the Region. They are responsible for an average of 53% of all deaths, and up to 80% of all deaths in some countries. Up to 60% of such mortality is premature. Noncommunicable diseases thus have a profound effect on economies, putting additional pressure on already stretched health systems and on prospects for development and eradication of poverty. This is especially the case in countries with weak social health protection schemes where noncommunicable diseases can lead to impoverishment due to catastrophic out-of-pocket health expenditures.
- Iodine deficiency is not dominating the Region any more except in few countries, i.e. Morocco, while many countries shows excess sodium intake, i.e. GCC countries. The key challenge is to maintain iodine intake through salt intake reduction strategy, through expanding salt iodization for salt used in food industry.
- There is a lack of national and regional studies and data on salt and trans-fat intake in the Region.

Key gaps in response may be seen in the following areas:

- coverage and quality of delivery of effective interventions;
- policy coherence among the different sectors and within the health sector;
- population awareness of nutrition problems;
- commitment by policy makers;
- capacities of the managers and the service providers;
- financial investment;
- coordination among the different players, including the food industry.

Main conclusions

- Implementation and institutionalization of nutrition-based programmes and interventions require many capacities and processes with collaboration of all relevant ministries, international agencies, nongovernmental organizations, etc.
- Cost-effective interventions and programmes to address double burden of malnutrition are available and were shared with participants to be reflected in their nation plans. These best buys build on evidence and published studies.
- They mentioned lesson learnt at the meeting, described critical role of professional development, training, technical assistance, and organizing forums for ongoing sharing of information and coaching.
- Research institutions, universities, medical colleges, surveillance units and health information systems should be involved in developing evidence-based data on nutrition.
- All countries should set up or review their monitoring system to report on the suggested indicators developed by the Regional Office and headquarters; technical support and regional comprehensive tools will be provided to countries for tracking and reporting.
- The participants made comments and inputs on proposed key regional indicators more emphasis on nutrition indicators for consideration by the Regional Office.

3. Recommendations

To Member States

1. Conduct a national consultation on nutrition action planning to address stunting, noncommunicable diseases, micronutrient deficiencies etc. as well as to articulate an implementation plan to build on the recommendations of this meeting.
2. Consolidate the recommended action plans on maternal, infant and young child nutrition, implementation of the International Code of Marketing of Breast-milk Substitutes, salt and fat intake reduction, nutrition surveillance, anaemia, and other micronutrient deficiencies and send it back to the Regional Office after 14 days. These plans to be integrated with the acceleration plans on achieving MDGs 4 and 5 and other national and regional initiatives.
3. Integrate interventions targeted at early life exposures and growth patterns into national social protection programmes, especially in low-income countries. Such interventions include:
 - targeted subsidies for nutritious foods for pre-pregnancy and pregnancy
 - counselling in pregnancy, breastfeeding support, baby-friendly hospitals
 - provision of breastfeeding facilities in out-of-home environments
 - support for breastfeeding in workplaces employing women, support for maternity leave
 - foods subsidies for mothers of infants 0–6 months and for infants 6–24 months, especially among disadvantaged groups
 - controls on marketing formula and inappropriate complementary foods/drinks
 - review of feeding programmes which encourage rapid early weight gain in infants.
4. Integrate community-based management of acute malnutrition services with infant and young child feeding and IMCI/child health

- in primary health care services in order to increase coverage and reach most of the target children.
5. Conduct a critical review of nutrition programmes and other strategic requirements to scale up appropriate infant and young child feeding programmes.
 6. Establish or review national nutrition surveillance systems, benefiting from WHO tools and other experiences in the Region, focusing on an integrated approach within the national health information system.
 7. Conduct in-depth secondary analysis of anaemia in terms of level of severity (mild, moderate and severe) in order to monitor the impact of nutrition interventions in the Region and identify and evaluate current interventions in the following countries: Afghanistan, Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Oman, Palestine, United Arab Emirates and Yemen.
 8. Strengthen iron and folic supplementation programmes for women of reproductive age, following the new WHO guidelines, and ensure regular supply and coverage among pregnant women.
 9. Implement the International Code of Marketing of Breast-milk Substitutes through the national coordination body, guided by the policy statement and action plan agreed on the meeting.
 10. Start developing nutrition profiling and food-based dietary guidelines to be used as basis for developing obesity prevention programmes (including physical activity) and regulating marketing of unhealthy food while promoting safe and healthier lifestyle and food choices at different stages of life.
 11. Ensure all studies in iodine are linked to sodium and potassium using the WHO protocol of 24-hour urine collection, starting with small-scale studies.
 12. Start implementing the regional strategies on salt and fat intake reduction according to the phases recommended in the regional action plan.

13. For countries which have yet to achieve universal salt iodization, continue working with partners and stakeholders to improve access and utilization of iodized salt.

To collaborating centres in nutrition

14. Work very closely with countries to implement the WHO collaborative workplans, focusing on building capacity and filling the gaps in data collection, research and programming.
15. Strengthen networking between the nutrition focal points and expand the breastfeeding network started in the GCC to include the whole Region.
16. Strengthen coordination among national nutrition, noncommunicable disease and maternal and child health focal points to ensure adequate intrasectoral cooperation, i.e. implementation of the acceleration plan for MDGs 4 and 5 and implementation of the regional framework on noncommunicable diseases.

To WHO

17. Strengthen collaboration with nutrition partners in official relations with WHO such as ICCIDD, the U.S. Centers for Disease Control and Prevention (CDC), IBFAN and the Global Alliance for Improved Nutrition (GAIN).

To WHO and UN agencies, civil society, networks

18. Organize a regional meeting with the organizations involved in nutrition and food security and work jointly on an MOU, aligned with recommended interventions to streamline support and resources to the Member States.
19. Maintain meetings with the nutrition focal points once every year.



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