

Maternal, infant and young child nutrition:

Nutrition situation and WHO strategic focus

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Outline

1. *Nutrition situation*
2. *WHA resolutions on Infant and maternal nutrition*
3. *The five global targets*
4. *Nutrition challenges*
5. *WHO Country level support in nutrition*
6. *Partnership and international initiatives*



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Zinc Deficiency



Vitamin A Deficiency

The Ugly Face of “Hidden Hunger”



**Ca and Vitamin D
Deficiency**

Rickets



Iron Deficiency



Iodine Deficiency



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Micronutrient Deficiency Diseases

Disease:

- Anaemia
- Xerophthalmia
- Goitre
- Beriberi
- Pellagra
- Scurvy
- Rickets & Osteoporosis
- NTD

Nutrient:

Iron
Vitamin A
Iodine
Thiamine
Niacin
Vitamin C
Vitamin D
Folic acid



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Why nutrition? The facts

Over 165 million children under 5 are stunted as a result of malnutrition.

- **52 million children** are too thin and require special treatment.
- At the same time, **43 million children** are overweight - some as a result of poverty, when families are unable to afford a balanced, nutritious diet.
- **2 billion** people are deficient in key vitamins & minerals

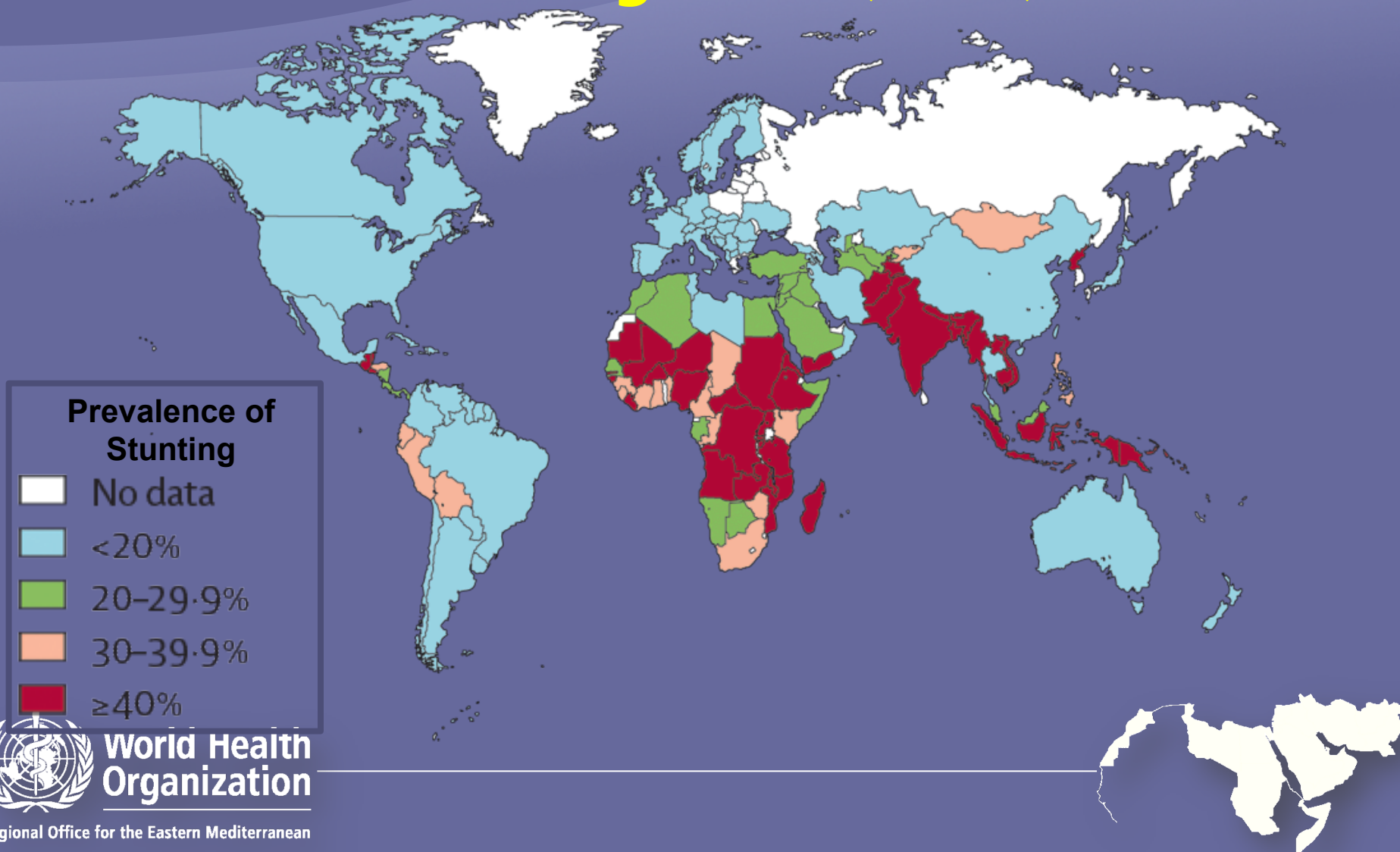


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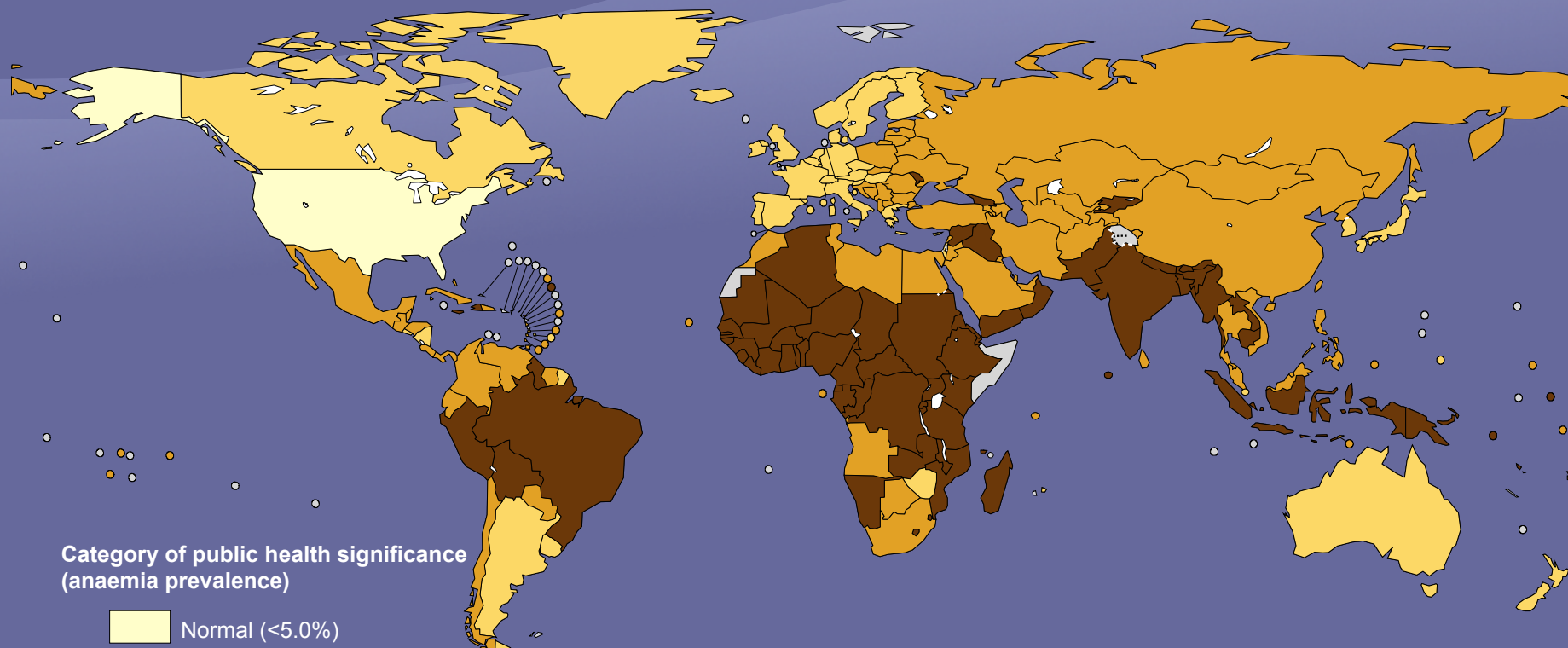
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171 million children under 5 stunted growth (2010)



293 million children under 5 are anaemic



Category of public health significance
(anaemia prevalence)

- Normal (<5.0%)
- Mild (5.0-19.9%)
- Moderate (20.0-39.9%)
- Severe (≥40.0%)
- No Data



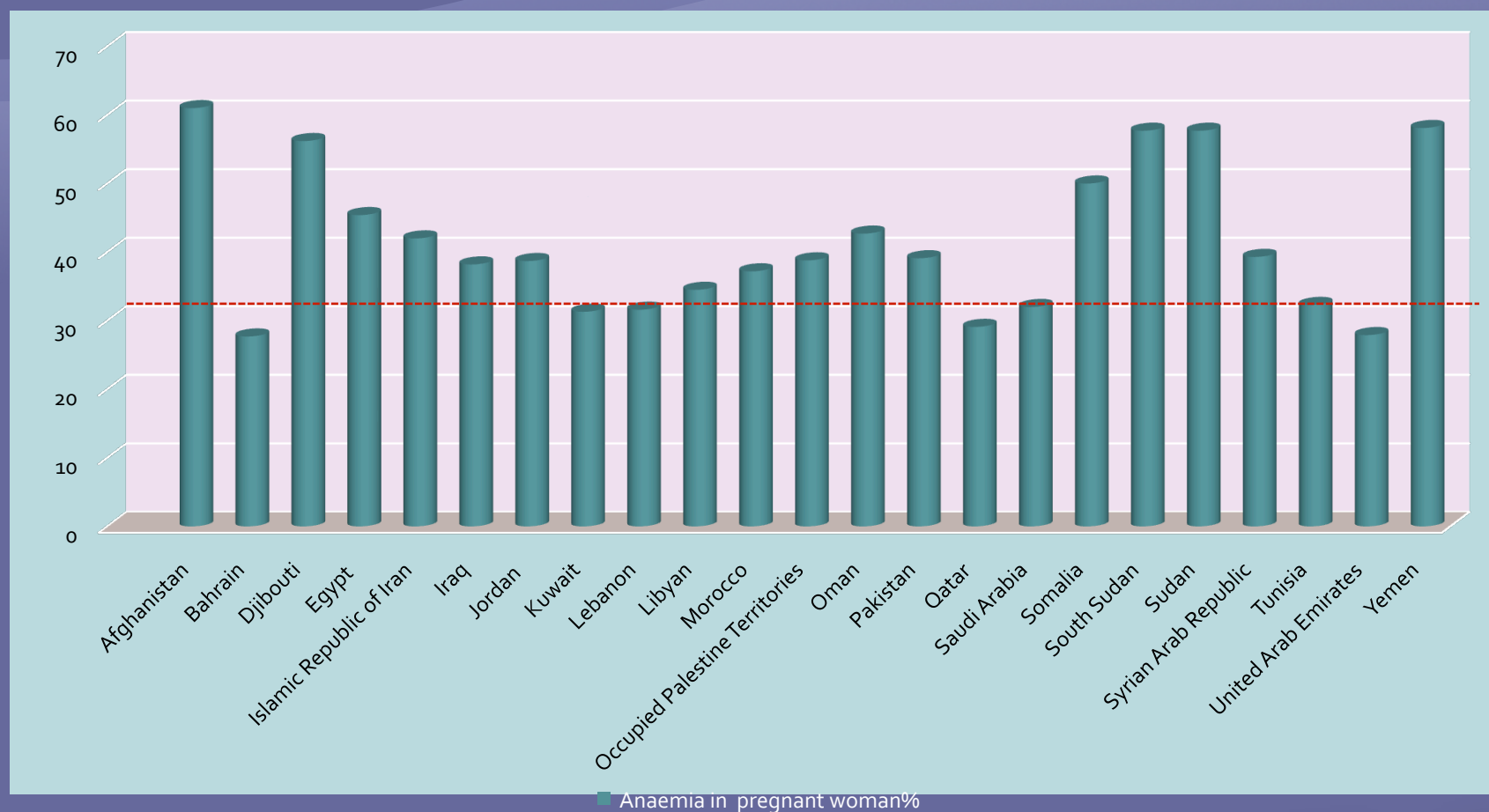
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Source: WHO Global database on Anaemia, 2006



Anemia in pregnant woman in EMR countries



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Why nutrition?

Because when..

Girls & women
are well-
nourished and
have healthy
newborn babies

Children
receive proper
nutrition and
develop strong
bodies &
minds

Adolescents
learn better &
achieve higher
grades
in school

Young adults
are better able
to obtain
work & earn
more

Families &
communities
emerge out of
poverty

Communities &
nations are
productive &
stable

**The world is a
safer, more
resilient &
stronger place**

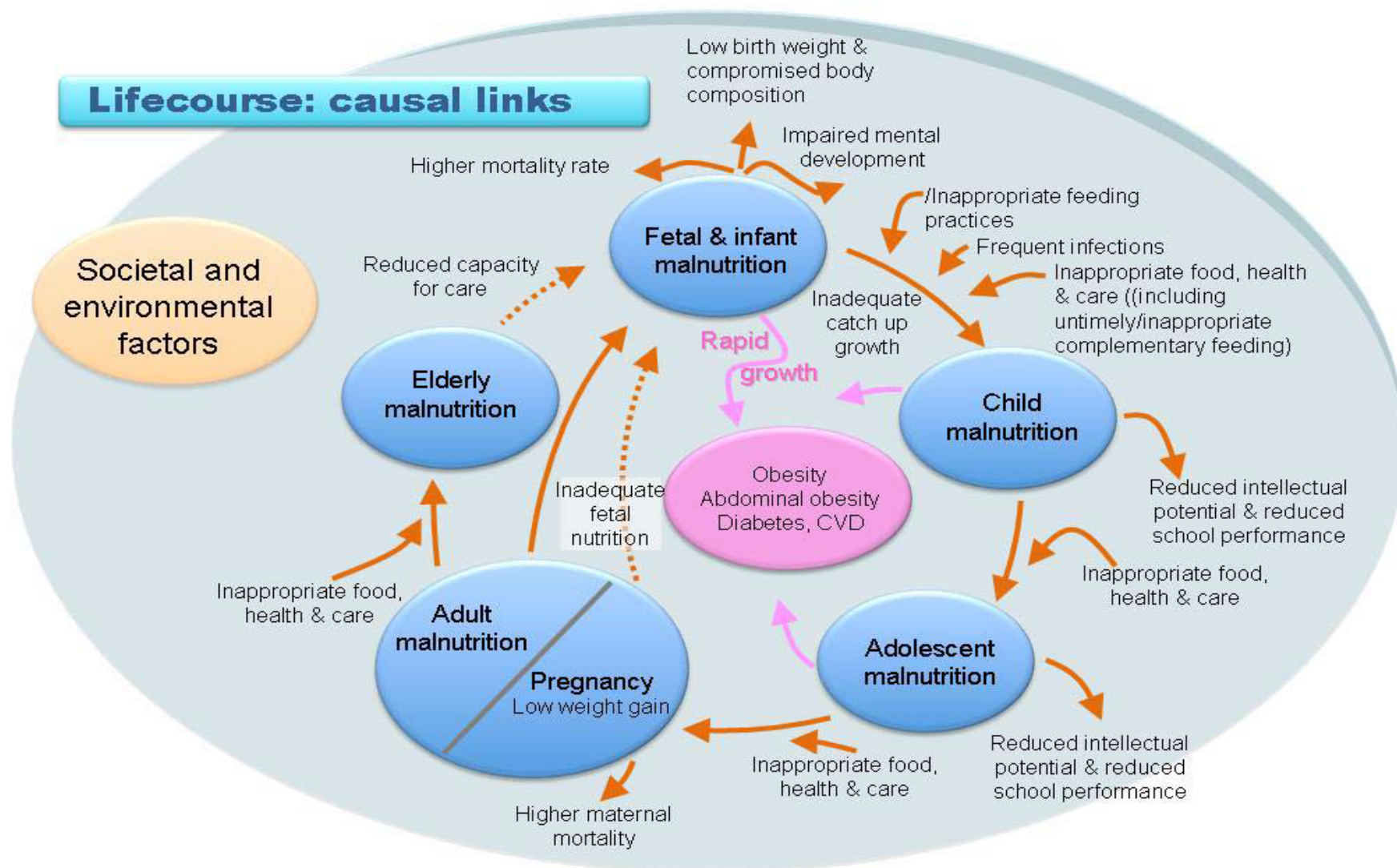


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The life course approach



Source: Darnton-Hill, Nishida & James, 2002 (adapted)

The causes of malnutrition are interconnected

Insufficient access
to affordable,
nutritious

FOOD

throughout the year



Lack of good

CARE

for mothers &
children
& support for
mothers on
appropriate child
feeding practices



Inadequate access
to

HEALTH

sanitation & clean
water services



ROOTED

Political &
Cultural
Environment

| *IN*
Poverty |

Disempowerme
nt of women



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Global targets 2025: to improve maternal, infant and young child nutrition

Together, countries and supporting stakeholders are collectively working to reach the global targets set out by the

World Health Assembly 2012 Resolution WHA65/6 :

- Target 1:** 40% reduction of the global number of children under 5 who are stunted
- Target 2:** 50% reduction of anemia in women of reproductive age
- Target 3:** 30% reduction of low birth weight
- Target 4:** Increase exclusive breastfeeding rates in the first 6 months up to at least 50%
- Target 5:** No increase in childhood overweight
- Target 6:** Reducing and maintaining childhood wasting to less than 5%

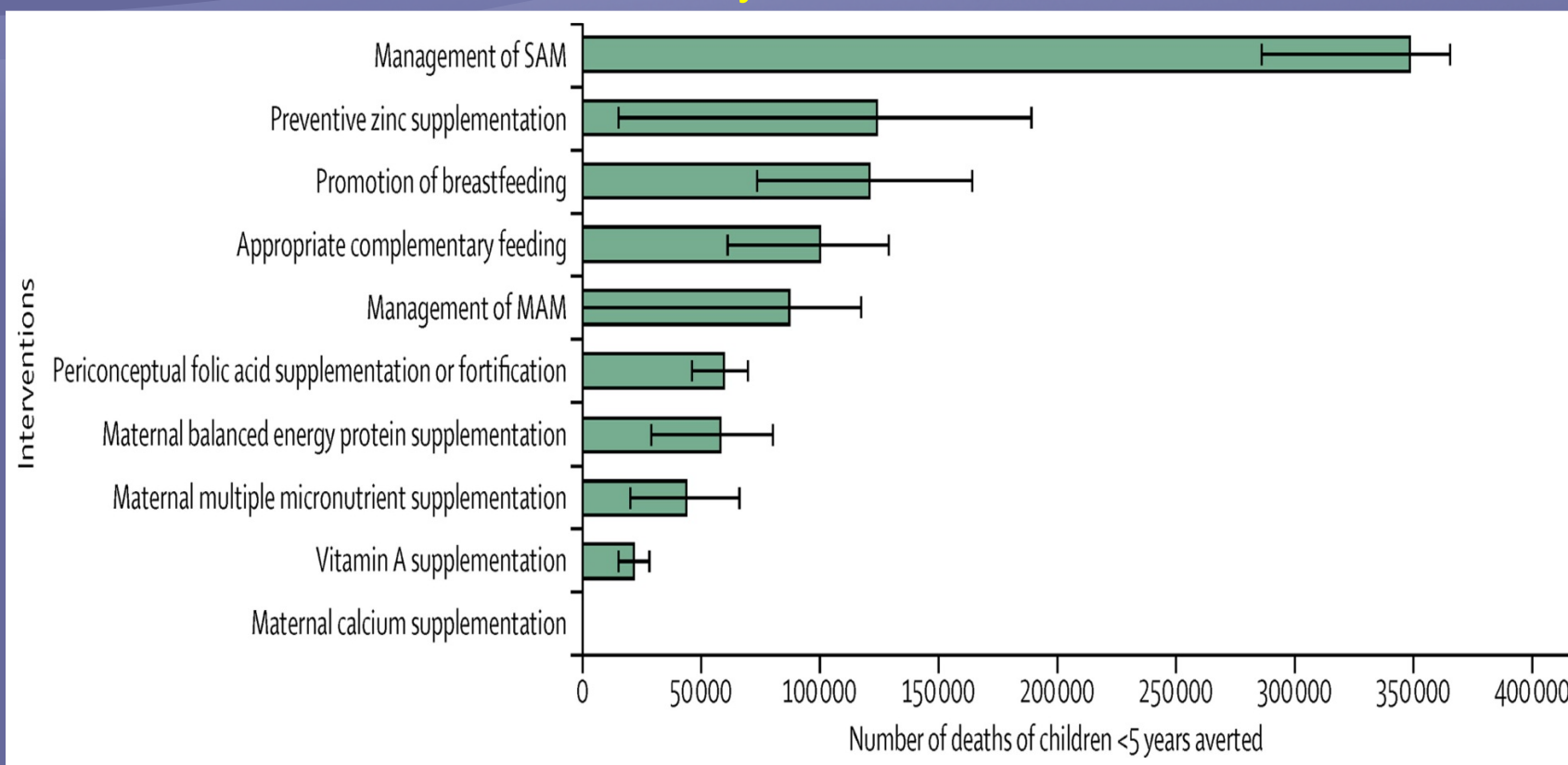


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Effect of scale up of interventions on deaths in children younger than 5 years



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Source: [https://doi.org/10.1016/S0140-6736\(13\)60996-4](https://doi.org/10.1016/S0140-6736(13)60996-4) (DOI:10.1016/S0140-6736(13)60996-4)



Nutrition-sensitive strategies increase the impact of specific actions for nutrition

Specific Actions for Nutrition

Feeding Practices & Behaviors:

Encouraging exclusive breastfeeding up to 6 months of age and continued breastfeeding together with appropriate and nutritious food up to 2 years of age and beyond

Fortification of foods: Enabling access to nutrients through incorporating them into foods

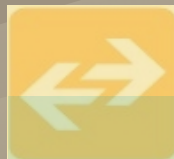
Micronutrient supplementation: Direct provision of extra nutrients

Treatment of acute malnutrition: Enabling persons with moderate and severe malnutrition to access effective treatment



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Nutrition-Sensitive Strategies

Agriculture: Making nutritious food more accessible to everyone, and supporting small farms as a source of income for women and families

Clean Water & Sanitation: Improving access to reduce infection and disease

Education & Employment: Making sure children have the nutrition needed to learn and earn a decent income as adults

Health Care: Access to services that enable women & children to be healthy

Support for Resilience: Establishing a stronger, healthier population and sustained prosperity to better endure emergencies and conflicts



WHO Country level support in nutrition

THE FUNCTIONS

- ◆ Analysing the needs : nutrition surveillance
- ◆ Analysing the responses and the capacities : policy analysis
- ◆ Supporting the development of integrated food and nutrition policies
- ◆ Strengthening the delivery of essential nutrition actions through the health system
- ◆ Guidance on programme design and implementation
- ◆ Assisting in emergency responses

THE PROGRAMMES

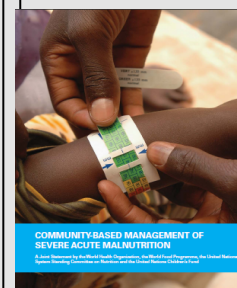
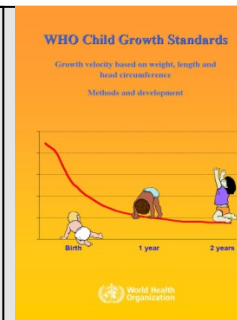
- ♥ Landscape analysis
- ♥ Growth standards
- ♥ Micronutrients supplements in antenatal care and in child care
- ♥ Micronutrient fortification of staple food
- ♥ Nutritional support of people living with HIV and TB
- ♥ Integrated treatment of malnutrition
- ♥ Promotion of breastfeeding, safe and adequate complementary feeding



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Source: Branca, 2012



Global movement to scale up nutrition

1. **Scaling Up Nutrition Network (SUN)**
 - ♦ a global movement led by countries.
2. **Renewed Efforts Against Child Hunger and under-nutrition (REACH).**
 - ♦ Initiating partners of the UN Network include FAO, UNICEF, WFP, WHO and IFAD.



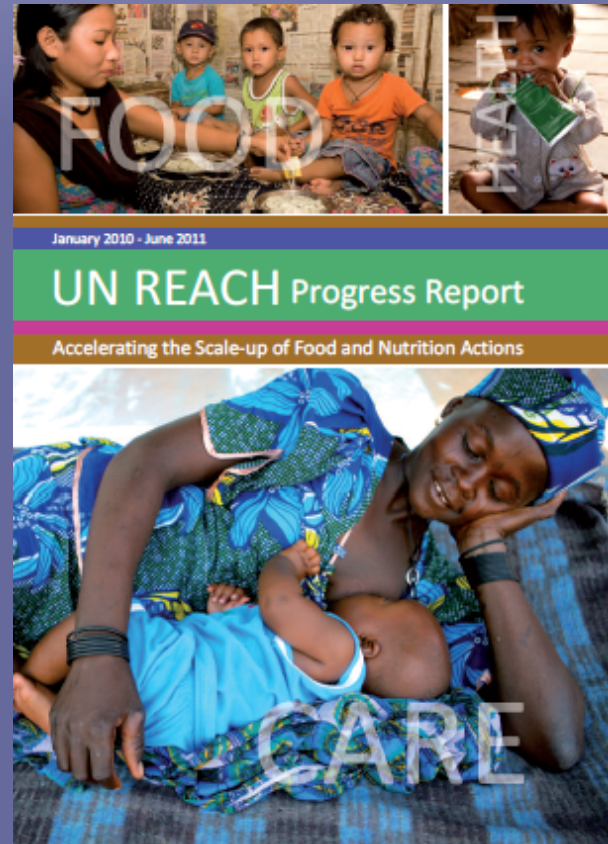
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REACH – a country level UN partnership

- ◆ MoU signed and operational
- ◆ Steering Committee in place, leading on workplan, budget and resource mobilization.
- ◆ 10 countries supported (Ethiopia, Ghana, Mali, Mauritania, Mozambique, Niger, Rwanda, Tanzania, Uganda, Bangladesh, Laos. Nepal)
- ◆ 7 additional considered (Chad, Cambodia, Sri Lanka, Timor Leste, Namibia, Zambia, Afghanistan)
- ◆ Funding from CIDA, USAID and the Bill & Melinda Gates Foundation.



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“window of opportunity”

By focusing on improving nutrition for mothers and children in the 1,000 day window,

Evidence shows that the right nutrition during the 1,000 day window can:

- ♦ save more than one million lives each year;
- ♦ significantly reduce the human and economic burden of diseases such as tuberculosis, malaria and HIV/AIDS;
- ♦ reduce the risk for developing various non-communicable diseases such as diabetes, and other chronic conditions later in life;
- ♦ improve an individual's educational achievement and earning potential; and,
- ♦ increase a country's GDP by at least 2-3 percent annually.



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Maternal Nutrition

- Improve nutritional status – adolescence and pre-pregnancy
- Pre-pregnancy use of fortified foods – iron, folic acid, zinc, iodine
- MN supplementation: iron, folic acid, other MNs
- De-worming, TT, IPTp, ITN use
- Macronutrients - food support/security
- Child protection – prevent teenage pregnancies
- Support innovative approaches: newly wed



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Food fortification

- ◆ Strategy to improve overall baseline micronutrient status
 - ◆ Identify vehicles for fortification – flour, sugar, oil, condiments, complementary food, salt
 - ◆ Assess industry structure and willingness
 - ◆ Focus on ‘low hanging fruit’ - distribute through public institutions (schools, ...)
 - ◆ Market based approaches



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♦ Thank you



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