

Call to action to address

# Maternal and child undernutrition in the Middle East and North Africa, Eastern Mediterranean and Arab regions

With a focus on Afghanistan, Djibouti, Lebanon,  
Pakistan, Somalia, Sudan, Syrian Arab Republic  
and Yemen



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## 1. INTRODUCTION

Malnutrition in all its forms takes a heavy toll on the health, well-being and sustainable development of countries in the Middle East and North Africa, Eastern Mediterranean and Arab regions. Infants, young children, pregnant women and breastfeeding mothers, in particular, face significant risks to their nutritional status and well-being in contexts where access to essential health and nutrition services and affordable healthy diets is constrained.

Most countries in these regions bear the double burden of malnutrition, which means that they face childhood stunting,<sup>1</sup> wasting<sup>2</sup> and micronutrient deficiencies at the same time as growing rates of overweight, obesity and diet-related noncommunicable diseases (NCDs). Some countries, especially those affected by conflict and humanitarian crises, continue to experience high levels of food insecurity and undernutrition.

Since 1990, these regions have seen a significant reduction in the number of stunted children; however, the prevalence of stunting still remains too high – with 6 of 25 countries/territories<sup>3</sup> in these regions having  $\geq 30\%$  of their children under 5 years of age stunted. Wasting, which is the most lethal form of malnutrition, is also high across many countries in these regions. The regional average of over 6% of children under 5 years of age in the Middle East and North Africa, Eastern Mediterranean and Arab regions with wasting, masks the very high wasting levels ( $\geq 15\%$ ) in some countries.<sup>4</sup> Further efforts are needed to accelerate progress in addressing the high stunting and wasting levels to meet the agreed targets of the Sustainable Development Goals (SDGs) for 2030.<sup>5</sup> In addition, high levels of anaemia in children and women of childbearing age, and other micronutrient deficiencies in these groups, continue to threaten safe pregnancies and deliveries as well as children's development and growth in these regions.

Childhood undernutrition has serious lifelong consequences for children's health and development. Poor nutritional status of women before, during and after pregnancy also negatively impacts on the long-term health of women and their children. Stunting and wasting result from poor nutrition in utero, poor nutrient intake in early childhood and/or infection and disease, particularly during the first 1000 days from conception to a child's second birthday. Stunting is largely irreversible and is a major barrier to human development. It has long-term effects on individuals, through diminished cognitive and physical development, poor health

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<sup>1</sup> Stunting is a chronic form of malnutrition, whereby a child is stunted if they are too short for their age, which is defined as having a height which is more than two standard deviations below the WHO child growth standards median.

<sup>2</sup> Wasting is a reduction or loss of body weight in relation to height (low weight-for-height) and can be classified as moderate or severe. Severe acute malnutrition is defined as severe wasting and/or mid-upper arm circumference (MUAC) less than 115 mm and/or bilateral pitting oedema. Moderate acute malnutrition is defined as moderate wasting and/or MUAC of at least 115 mm and less than 125 mm.

<sup>3</sup> Afghanistan (35.1%), Djibouti (34%), Libya (43.5%), Pakistan (36.7%), Sudan (33.7%) and Yemen (37.2%), according to the latest available data.

<sup>4</sup> Djibouti (21.5%), Sudan (16.3%) and Yemen (16.4%), according to the latest available data.

<sup>5</sup> Countries have signed up to a series of globally-agreed nutrition targets for 2025 and specific regional targets on malnutrition for 2030. The targets for the WHO Eastern Mediterranean Region are to reduce the number of children under 5 who are stunted by 50% by 2030 and to reduce and maintain childhood wasting to less than 3% by 2030.

and increased risk of NCDs later in life. Stunting also has serious consequences for societies, through reduced productive capacity, loss of economic productivity and the health care costs associated with the poorer health of stunted individuals. Stunting is, therefore, an enormous drain on economic productivity and growth — costing countries, on average, the equivalent of 7% of their gross domestic product (1). Wasting weakens the immune system and increases the risk of disease and death for children — severely wasted children are, on average, 11 times more likely to die than their healthy counterparts. Even higher mortality has been reported with children that are both stunted and wasted. Undernutrition in childhood is also associated with an increased risk of becoming overweight or obese or of developing NCDs later in life — prevention of childhood undernutrition is thus vital for elimination of these multiple forms of malnutrition.

Multiple factors — at community, household and family level — can contribute to maternal and child undernutrition. Key determinants include, among many others, a lack of access to nutritious and safe foods and affordable healthy diets, sub-optimal feeding practices for infants and young children and inadequate coverage of essential health services and nutrition interventions. Addressing high levels of maternal and child undernutrition in these regions will require these key determinants to be addressed.

## **2. NEW AND ONGOING THREATS TO FOOD SECURITY AND MATERNAL AND CHILD NUTRITION**

In addition to the existing challenges, many countries are now facing a number of additional threats to food security and the nutritional status of children and women. Food insecurity is having detrimental effects on access to nutritious foods, healthy diets, purchasing power and dietary patterns, and is adversely affecting the nutritional status of the most vulnerable, particularly children, adolescent girls and women. In addition to the ongoing COVID-19 pandemic — which has undermined food security and nutrition — global food prices have reached an all-time high in 2022 (2). The conflict in Ukraine is disrupting global supplies of wheat, maize and other crops, as well as fertilizer, creating further pressure on prices and additional challenges to ensuring food security for many countries (2). These global pressures are further compounding the impact of the humanitarian and economic crises in many countries in the Middle East and North Africa, Eastern Mediterranean and Arab regions.

The combined effects of COVID-19 and containment measures, along with the emerging global recession, have caused some disruption to food systems. Food supply chains remain vulnerable to the risks associated with the pandemic, including border restrictions, lockdowns and COVID-induced labour shortages. The exposure and type of risk varies considerably between countries depending on the economic context and food system resilience. The economic impact of the pandemic means that many people have lost their jobs or livelihoods and vulnerable families are struggling to secure household income and bring food to the table. In addition, malnutrition may also increase pressures on already-strained health systems and other community-based services, resulting in resources being diverted from a range of nutrition interventions and services.

Several countries in these Regions are experiencing or recovering from conflict- or instability-related humanitarian emergencies (Afghanistan, Iraq, Libya, occupied Palestinian territory, Pakistan, Somalia, Sudan, the Syrian Arab Republic and Yemen). Three of the world's most serious food crises are ongoing — in Sudan, the Syrian Arab Republic and Yemen (3).

Countries in conflict and instability are most at risk of descending further into food insecurity (3) and the populations are even more vulnerable to the impact of the crisis (4). At the start of the pandemic, around 93 000 children were already being treated for severe acute malnutrition in Sudan, the Syrian Arab Republic and Yemen (4). In addition, caregivers of infants and children are missing out on support for feeding their children a nutritious and safe diet by practicing age-appropriate breastfeeding and complementary feeding. Pregnant and lactating women are also missing out on essential nutrition services such as provision of iron/folic acid supplements and access to nutrition counselling. Refugees and displaced people are also more vulnerable because they generally have less access to adequate nutritious food and to essential services (water, sanitation, health and social protection), and are more likely to face difficulties in adopting optimal feeding practices and to have underlying health conditions.

In May 2020, the regional directors of the Food and Agriculture Organization of the United Nations (FAO), the United Nations Children’s Fund (UNICEF), the World Food Programme (WFP) and the World Health Organization (WHO) issued a joint statement warning about the potential impact of COVID-19 on food security and nutrition in the Middle East and North Africa, Eastern Mediterranean and Arab regions (5). This joint statement called on governments, international development partners, donors and the private sector to take action. In 2021, the joint United Nations *Global action plan on child wasting: a framework for action to accelerate progress in preventing and managing child wasting and the achievement of the Sustainable Development Goals* was launched (6). In addition, the Strategic Framework for Zero Hunger in the Arab Region was adopted in February 2022 (7).

### **3. A COMPREHENSIVE, MULTISECTORAL APPROACH IS NEEDED TO ADDRESS THE KEY DETERMINANTS OF UNDERNUTRITION**

Given that malnutrition is multifactorial, different sectors — involving people from a variety of disciplines — need to be involved in designing effective strategies for its prevention, timely detection and treatment at the national, regional, community and household levels. Appropriate and timely multisectoral support for maternal, infant and young child nutrition saves lives, protects child nutrition, health and development, and benefits mothers. Five sectors — health, agriculture, education, social protection and water/sanitation — play a particularly key role, and national nutrition policies and strategies should address the role of these sectors.

#### **3.1 Health**

The health sector has a critical role in protecting vulnerable populations, particularly in crisis situations. Within the health system, a set of essential nutrition actions is recommended to address malnutrition (8). Access to these services needs to be improved through actions at the policy, institutional, community and household levels. Universal access to adequate preventive antenatal and postnatal care in health facilities is essential. Strong and resilient health systems, which are accessible to all, are needed to be able to deliver preventive nutrition interventions, protect maternal health and nutrition — starting with adolescent girls — and promote and support optimal infant and young child feeding. At the same time, it is important to improve the coverage of early detection and treatment for wasting, using the community-based management approach, and improve disaster and emergency preparedness. Legislative measures are needed to regulate the marketing of breast-milk substitutes, end inappropriate promotion of foods for infants and young children and require employers to provide paid maternity leave and breastfeeding breaks. Furthermore, policies and programmes are needed

to prevent and control malaria and other infectious diseases, improve treatment of infectious diseases and provide micronutrient supplements, as appropriate.

### 3.2 Agriculture

Access to a diverse range of micronutrient-rich foods, particularly during the complementary feeding and antenatal period, is vital for the prevention of undernutrition. There is a need to transform agrifood systems to deliver nutritious and healthy diets to the youngest and the most vulnerable age groups. Major efforts are needed to increase the diversity of the food supply in a sustainable way. This can be achieved, for example, by supporting local food producers and small family farms and creating incentives for greater production of nutrient-rich foods. Reducing food loss and waste will help to increase the availability of nutritious food. Food safety is also critical for improved nutrition and prevention of food-borne infections. Thus, investment in safe food storage and handling, effective food control systems and robust food safety standards are needed.

### 3.3 Education

There are a variety of ways in which education can help address the causes of undernutrition. Policies that expand girls' education throughout adolescence, for example, may delay the age of marriage and childbearing, with positive health outcomes for young women and their children. Incorporating nutrition and hygiene into school curricula provides an opportunity to teach future parents about healthy diets and good hygienic practice. Particularly in food insecure contexts, school feeding acts as a safety-net for children and their households while providing a much-needed source of nutritious foods. Nutritious school meals can contribute to the development of healthy eating patterns, especially important among girls who will later become mothers.

Outside the formal education sector, a variety of educational techniques, from individual counselling by health professionals to mass media, can be used to promote behaviour change messages about important actions relevant to the prevention of childhood, adolescent and maternal undernutrition. These include messages about infant feeding practices — including breastfeeding and complementary feeding — hygiene, caregiving and responsive feeding, as well as giving children opportunities for play and learning. These efforts to promote healthy diets and optimal infant feeding, should be underpinned by food-based dietary guidelines that address the needs of infants, young children and pregnant and lactating women.

### 3.4 Social protection

Nutrition-sensitive social protection measures can improve household food security and dietary diversity, empower caregivers and are particularly important to reach the most vulnerable (9). Social protection schemes should help ensure that the most vulnerable groups are able to access nutritious foods, and this is particularly important since more than half of the population in these regions cannot afford a healthy diet. Examples include cash transfers, food subsidies, integrated microcredit and school feeding programmes. Coverage of social protection, however, remains low in many countries in our regions, and many poor and vulnerable people fall through the cracks. In June 2020, in response to the imminent threat posed to food security and nutrition by COVID-19, the United Nations Secretary-General called on countries to strengthen social protection systems for nutrition. This included ensuring that food and

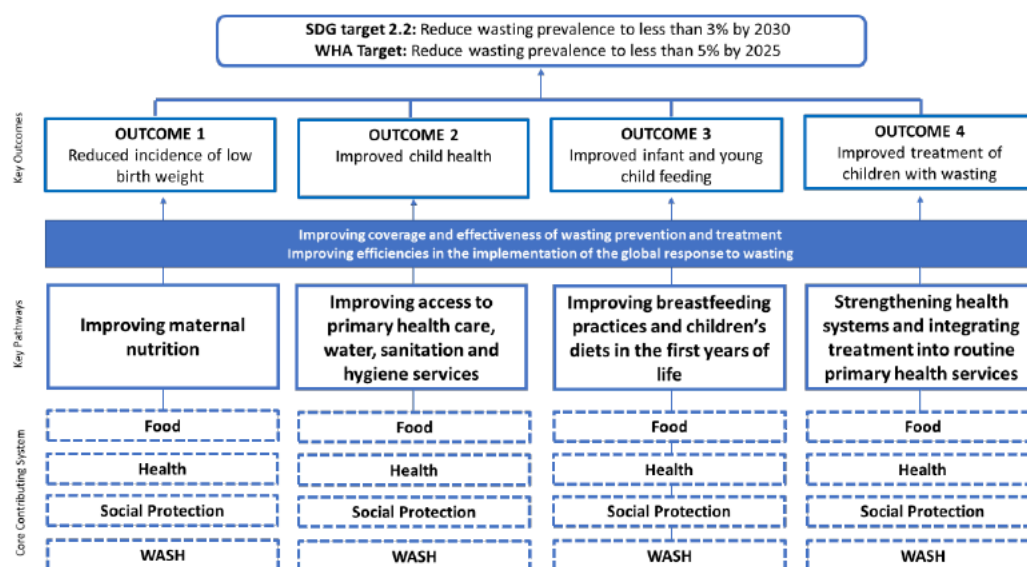


nutrition assistance is at the heart of social protection programmes, strengthening the health system response for nutritional care, protecting the most vulnerable population groups (including women and children) and tailoring nutrition-sensitive social protection programmes (10). At the policy level, there is a need for nutrition-sensitive social protection policies and programmes that target nutritionally at-risk women and children with strong monitoring and clear nutrition outcomes. In addition, there is a need to develop innovative approaches and tools to deliver key messages to the contact points of social protection programmes and promote integrated sectoral approaches for social and behaviour change communication, especially in rural settings.

### 3.5 Water and sanitation

Water and sanitation interventions and services remain central to the prevention of undernutrition, especially during childhood. Severe infectious disease can hinder growth and sub-clinical infections can also contribute to stunting if they impair nutrient absorption and harm the body's defences against disease. A lack of access to sanitation and safe drinking water, exposure to other environmental contaminants and poor hygiene practices can all contribute to poor nutrition outcomes.

The specific roles of these different sectors have also been set out in the framework for action of the Global Action Plan on Child Wasting (Fig. 1) (6). This action plan is designed to accelerate action towards four key outcomes to support achievement of the SDG targets on wasting: reduced incidence of low birth weight; improved child health; improved infant and young child feeding; and improved treatment of children with wasting. These outcomes can be achieved by improving the coverage and effectiveness of wasting prevention and treatment and improving efficiencies in the global response to wasting which, in turn, can be realized by four pathways: improving maternal nutrition; improving access to primary health care and water, sanitation and hygiene services; improving breastfeeding practices and children's diets in the first years of life; and strengthening health systems and integrating treatment into routine primary health services.



**Figure 1. Framework for action of the Global Action Plan on Child Wasting**

#### **4. MULTISECTORAL COORDINATION IS ESSENTIAL FOR A MULTISECTORAL APPROACH TO ADDRESSING UNDERNUTRITION**

Coordinating the wide variety of sectors and actors that are implicated in maternal and child undernutrition is extremely challenging, and high-level multisectoral coordination mechanisms are required at the country level. Countries are recommended to establish or strengthen national cross-government, multisectoral coordination mechanisms for nutrition, with a clear mandate and allocated funds/resources, and develop and/or update and operationalize a current national action plan on nutrition (including national SMART targets) to give effect to this strategy (11). In addition, there is a need to establish strong linkages between the humanitarian and development coordination.

#### **5. COUNTRIES' RECENT COMMITMENTS ON NUTRITION**

The year 2021 was very important for advancing action to address food security and nutrition – and the food systems transformation that is required to ensure that everyone has access to affordable nutritious and healthy diets. Many countries made new commitments or reinforced their commitments at the United Nations Food Systems Summit in September and at the Nutrition for Growth Summit in December.

#### **6. A CALL TO ACTION FOR AN URGENT RESPONSE TO PROTECT MATERNAL AND CHILD NUTRITION**

To follow up on the coordinated approach to the COVID-19 pandemic and the joint Global Action Plan on Child Wasting, the regional directors for the WHO Eastern Mediterranean Region, the FAO Near East and North Africa Region and UNICEF and WFP's Middle East and North Africa regions are calling for urgent action to protect populations by preventing, timely detecting and treating maternal and child undernutrition. Accelerated action is necessary to address undernutrition and other forms of malnutrition given the continued ramifications of the pandemic, the ongoing crises in many countries/territories and the serious threat to food security and staple food prices as a result of the conflict in Ukraine.

In order to protect, promote and fulfil populations' rights, it is now more important than ever to implement the approaches and actions described in the joint United Nations *Global action plan on child wasting: a framework for action to accelerate progress in preventing and managing child wasting and the achievement of the Sustainable Development Goals*, the WHO *Strategy on nutrition for the Eastern Mediterranean Region 2020–2030*, the UNICEF *nutrition strategy 2020–2030: nutrition, for every child* and the *Strategic framework for zero hunger in the Arab Region*. This call to action highlights some immediate priority areas to address the high undernutrition in the context of the current food security situation, the ongoing pandemic and the multiple crisis or post-crisis situations in the Middle East and North Africa, Eastern Mediterranean and Arab regions.

There are particular concerns about the nutrition situation in Afghanistan, Djibouti, Lebanon, Pakistan, Somalia, Sudan, the Syrian Arab Republic and Yemen, and a focus on these countries is warranted.

It is important to recognize that there are significant barriers and challenges facing some countries in their efforts to reduce maternal and child undernutrition. Many have been badly

affected by conflict, for example, and several countries face emergency situations and long-term development challenges. Investment in nutrition requires resources and human capacity, and these are constrained in many countries. Furthermore, a lack of nutrition and health data, sometimes coupled with weak governance and poorly defined responsibility and accountability, can hinder progress. It is, therefore, essential to mobilize resources from within governments and the donor community to invest in improving access to nutritious, safe, affordable diets from sustainable food systems, in tandem with adequate services and practices for addressing high undernutrition in the Middle East and North Africa, Eastern Mediterranean and Arab regions.

Countries are encouraged to implement the following actions as part of a comprehensive nutrition strategy and action plan that aims to tackle malnutrition in all its forms. Many of the recommended actions to address undernutrition will also contribute to achieving other nutrition goals and targets as well as targets relating to combating NCDs. For more specific recommended actions see Annex 1.

1. Improve situation analyses to understand the status of undernutrition and its determinants in a country, including the scale of prevention, early detection and treatment programmes and services.

In order to be able to design appropriate programmes it is important to know how children and women are affected by undernutrition, i.e. the magnitude and burden of malnutrition, areas with high prevalence and the underlying determinants of undernutrition (including the scale of prevention, early detection and treatment programmes and services) in their specific contexts. A sound situation analysis is critical for designing need-based programmes and this should be prioritized. In addition, target setting and improved surveillance to monitor the trends in key indicators is also important to assess progress and whether programmes are working. This aligns well with actions to meet other nutrition targets and implementing national nutrition strategies and action plans, which all depend on access to surveillance data and monitoring of implementation activities.

2. Improve policies and programmes to ensure access to nutritious, diverse, safe and affordable foods, particularly for pregnant or lactating women and for young children aged 6–23 months.

Access to nutritious, affordable, diversified and healthy diets is important to prevent all forms of malnutrition. Coherent policies across multiple sectors — including food and agriculture, trade, education and environment — are required to transform food systems, promote healthy food environments and deliver affordable healthy diets. This should include policies to incentivize changes in the food supply and regulatory instruments to promote a healthy diet. In addition, programmes and services to improve access to nutritious, diverse, safe and affordable foods need to be strengthened, specifically the linkages with social protection/welfare programmes.

3. Increase investment in essential maternal and child nutrition services, particularly during the first 1000 days, and improve the quality and coverage of such services.

Nutrition needs to be integrated into primary and community-based health care and capacity for service delivery of essential nutrition actions needs to be strengthened. Improvements in

the design, delivery and coverage of these essential services is critical for reducing undernutrition. Such improvements require additional resources for nutrition from domestic funding, and the buy-in of decision-makers/political leaders is needed to allocate budgets and mobilize resources.

4. Adopt and implement policies in relevant sectors — including agriculture, health, education, social protection, and water and sanitation — to support adequate nutrition and essential maternal and child nutrition services.

Strengthening the policy environment across relevant sectors — including agriculture, health, education, social protection, and water and sanitation — is needed to support the implementation, scale and reach of essential maternal and child nutrition services. Actions at the policy level are needed to protect and promote optimal breastfeeding and age-appropriate and adequate complementary feeding. Measures to support safe pregnancy and delivery, prevent adolescent pregnancy and promote pregnancy spacing, are also important. Furthermore, culturally-appropriate policies to ensure universal access to sanitation and clean drinking water are important.

5. Strengthen the delivery and reach of nutrition counselling and social and behaviour change interventions at the community and facility level.

Nutrition counselling and social and behaviour change interventions are vital to raise awareness, support families in practising optimal behaviours and generate demand for accessing essential services. Nutrition counselling and support is critical to promote optimal infant and young child feeding and the adoption of healthy eating habits by mothers. Health workers are a key source of information, counselling and support to mothers/caregivers, their families and communities. To improve the delivery of skilled counselling and support, they need good quality training and support. Information, education and counselling to promote good hygiene practices, including handwashing with soap, is also important in many contexts. In addition, at-scale and multi-channel social and behaviour change communication programmes are needed to increase awareness about the benefits of good diets and healthy eating practices amongst families and communities.

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## Annex 1

### Tackling maternal and child undernutrition in the Middle East and North Africa, Eastern Mediterranean and Arab regions – Recommended priority actions

Priority area	Specific recommended actions for countries
<p>1. Improve situation analyses to understand the status of undernutrition and its determinants in a country, including the scale of prevention, early detection and treatment programmes and services.</p>	<p>Conduct a situation analysis to understand the status of undernutrition and its determinants in the particular country context</p> <p>Develop or review/revise national stunting and wasting targets that are in line with, and will contribute to, the achievement of global and regional targets.</p> <p>Strengthen methods to accurately assess the burden of child undernutrition, in order to effectively plan, design and monitor programmes.</p> <p>Incorporate linear growth assessment into routine child health services, to inform target setting and progress monitoring.</p> <p>Promote a holistic view of malnutrition and ensure services for undernutrition are implemented in a more cohesive fashion.</p>
<p>2. Improve policies and programmes to ensure access to nutritious, diverse, safe and affordable foods, particularly for pregnant or lactating women and for young children aged 6–23 months.</p>	<p>Strengthen programmes and services to improve access to nutritious, diverse, safe and affordable foods, specifically the linkages with social protection/welfare programmes, through:</p> <ul style="list-style-type: none"> <li>• targeted social transfers (cash and/or foods) for households with at-risk pregnant and lactating women and children aged 6–23 months;</li> <li>• targeted seasonal emergency and resilience programmes for households with at-risk children and pregnant and lactating women (e.g. seeds, breeds, animal feeds, tools);</li> <li>• support packages (e.g. farming inputs, nutrition education, food safety awareness, equipment for food handling) for producer households with at-risk pregnant or lactating women and young children aged 6–23 months.</li> </ul> <p>Promote a healthy food environment through the involvement of multiple sectors and stakeholders, including government and the public and private sectors.</p> <p>Create coherent national policies and investment plans to promote a healthy diet and protect public health through:</p> <ul style="list-style-type: none"> <li>• adopting an agrifood systems approach in the formulation of national food security and nutrition policies;</li> <li>• increasing incentives for producers and retailers to grow, consume and sell fresh fruit and vegetables;</li> <li>• reducing incentives for the food industry to continue or increase production of processed foods containing high levels of saturated fats, trans fats, free sugars and salt/sodium;</li> <li>• encouraging reformulation of food products to reduce saturated fats, trans fats, free sugars and salt/sodium, with the goal of eliminating industrially-produced trans fats;</li> <li>• implementing the WHO Set of recommendations on the marketing of foods and non-alcoholic beverages to children;</li> <li>• establishing standards to foster healthy dietary practices through ensuring the availability of healthy, nutritious, safe and affordable foods in preschools, schools, other public institutions and the workplace;</li> <li>• exploring regulatory instruments (e.g. marketing restrictions, nutrition labelling policies, fiscal, trade and pricing policies) to promote a healthy diet;</li> <li>• encouraging transnational, national and local food services and catering outlets to improve the nutritional quality of their foods, ensuring the availability and affordability of healthy choices, and to review portion sizes and pricing;</li> <li>• strengthening the assessment and strategic analysis of food control systems.</li> </ul> <p>Encourage consumer demand for nutritious foods and meals through supporting point-of-sale information, including through nutrition labelling that ensures accurate, standardized and comprehensible information on nutrient contents in foods (in line with the Codex Alimentarius Commission guidelines), with the addition of front-of-pack labelling to facilitate consumer understanding</p>

Priority area	Specific recommended actions for countries
3 Increase investment in essential maternal and child nutrition services, particularly during the first 1000 days, and improve the quality and coverage of such services.	<p data-bbox="429 271 1418 360">Integrate nutrition in health-promotion strategies and strengthen service-delivery capacity in primary health systems and community-based care for prevention of stunting and acute malnutrition, supported by social protection programmes where feasible.</p> <p data-bbox="429 376 1418 434">Ensure universal access to essential nutrition actions for nutritional care during pregnancy and postpartum through:</p> <ul data-bbox="429 443 1418 645" style="list-style-type: none"> <li data-bbox="429 443 1418 472">• nutritional counselling on healthy diet to reduce the risk of low birth weight;</li> <li data-bbox="429 479 1418 537">• energy and protein dietary supplements for pregnant women in undernourished populations;</li> <li data-bbox="429 544 1418 573">• daily iron and folic acid supplementation for pregnant women;</li> <li data-bbox="429 580 1418 609">• intermittent iron and folic acid supplementation for pregnant women;</li> <li data-bbox="429 616 1418 645">• vitamin A supplementation for pregnant women.<sup>1,2</sup></li> </ul> <p data-bbox="429 651 1418 680">Protect, promote and support breastfeeding through:</p> <ul data-bbox="429 689 1418 981" style="list-style-type: none"> <li data-bbox="429 689 1418 748">• supporting, revitalizing, expanding and institutionalizing the Baby-Friendly Hospital Initiative, and its Ten Steps to Successful Breastfeeding;</li> <li data-bbox="429 754 1418 813">• creating an enabling environment for breastfeeding in health facilities (disseminating guidelines, providing training for health workers and coordinating clinical systems);</li> <li data-bbox="429 819 1418 909">• improving maternity protection through the workplace (e.g. 6 months of mandatory paid maternity leave and policies to encourage women to breastfeed in the workplace) to empower women to exclusively breastfeed;</li> <li data-bbox="429 916 1418 981">• strengthening the monitoring and enforcement of the International <i>Code of Marketing of Breast-milk Substitutes</i> to limit marketing of formula milk.</li> </ul> <p data-bbox="429 987 1418 1046">Protect and promote age-appropriate complementary foods and feeding practices in the first 2 years of life through:</p> <ul data-bbox="429 1055 1418 1337" style="list-style-type: none"> <li data-bbox="429 1055 1418 1113">• strengthening nutrition counselling and social and behaviour change communication (see number 5 below);</li> <li data-bbox="429 1120 1418 1209">• improving access to diverse and nutritious complementary foods at household level and to vitamin and mineral supplements/fortified food if necessary, in settings where nutrient-poor diets prevail;</li> <li data-bbox="429 1216 1418 1274">• improving access to affordable and nutritious foods through social protection programmes and counselling services;</li> <li data-bbox="429 1281 1418 1337">• improving micronutrient intake through food fortification and use of supplements when and where needed.</li> </ul>

<sup>1</sup> See the WHO Comprehensive implementation plan on maternal, infant and young child nutrition. Geneva: World Health Organization; 2014 ([https://apps.who.int/iris/bitstream/handle/10665/113048/WHO\\_NMH\\_NHD\\_14.1\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/113048/WHO_NMH_NHD_14.1_eng.pdf)).

<sup>2</sup> Depending on the context, WHO recommends micronutrient supplementation as follows: daily calcium supplementation for pregnant women in populations with low dietary calcium intake; iodine supplementation for pregnant and lactating women in countries where less than 20% of households have access to iodized salt; daily oral iron (30 mg to 60 mg of elemental iron) and 400 µg folic acid supplementation for pregnant women; intermittent iron and folic acid supplementation in menstruating women in populations where the prevalence of anaemia among nonpregnant women of reproductive age is 20% or higher; oral iron supplementation, either alone or in combination with folic acid, to postpartum women in settings where gestational anaemia is of public health concern; vitamin A supplementation for pregnant women, infants and young children in areas where vitamin A deficiency is a severe public health problem; and zinc supplementation for infants and children with diarrhoea.



Priority area	Specific recommended actions for countries
4. Adopt and implement policies in relevant sectors — including agriculture, health, education, social protection, and water and sanitation — to support adequate nutrition and essential maternal and child nutrition services	<p>Take action at the policy level to protect and promote optimal breastfeeding and age-appropriate and adequate complementary feeding.</p> <p>Introduce policies, programmes and interventions to ensure access to quality services that ensure adequate support for safe pregnancy and delivery for all women, along with efforts to prevent adolescent pregnancy and encourage pregnancy spacing.<sup>3</sup></p> <p>Implement policies to foster safe food-storage and handling practices, to avoid infections from microbial contamination and mycotoxins.</p> <p>Strengthen efforts to achieve universal access to safe drinking water and adequate sanitation and allocate resources for their implementation.<sup>4</sup></p> <p>Implement policies and programmes to improve prevention and treatment of infectious diseases, including malaria.<sup>5</sup></p> <p>Promote nutrition-sensitive social protection approaches with explicit nutrition objectives to enhance the positive impact of social protection interventions on nutrition.</p>
5. Strengthen the delivery and reach of nutrition counselling and social and behaviour change interventions at the community and facility level.	<p>Support optimal infant and young child feeding by:</p> <ul style="list-style-type: none"> <li>• enabling parents and caregivers to access appropriate help when they have concerns about feeding;</li> <li>• provision of at least six breastfeeding counselling contacts, beginning in the antenatal period through to the introduction of complementary feeding and beyond;</li> <li>• provision of quality counselling of mothers and caregivers and support for appropriate complementary feeding at the facility and community level;</li> <li>• strengthening national social and behaviour change communication and child feeding strategies, plans and budgets to include tested context-specific messages, delivery platforms and channels for improving infants' and young children's diets;</li> <li>• strengthening national and subnational capacity of health cadres through pre- and in-service training and supportive supervision in the delivery of skilled counselling;</li> <li>• facilitating alignment of social and behaviour change communication within the health sector with other sectors, including agriculture, social protection, and water, sanitation and hygiene.</li> </ul> <p>Strengthen delivery of information, counselling and support to encourage good hygiene practices, such as handwashing with soap through a variety of communication channels (e.g. through health workers, teachers, community groups and mass media).</p> <p>Encourage consumer demand for nutritious foods and meals through:</p> <ul style="list-style-type: none"> <li>• promoting consumer awareness of a healthy diet;</li> <li>• developing food-based dietary guidelines with group-specific sections for young children and pregnant or lactating women;</li> <li>• developing school policies and programmes that encourage children to adopt and maintain a healthy diet;</li> <li>• educating children, adolescents and adults about nutrition and healthy dietary practices;</li> <li>• encouraging culinary skills, including in children through schools;</li> <li>• providing nutrition and dietary counselling at primary health care facilities.</li> </ul>

<sup>3</sup> See the WHO regional framework for action on preconception care 2019–2023 in WHO Regional Committee for the Eastern Mediterranean technical paper EM/RC65/6 Rev.1 on promoting health and well-being. Annex 5. Cairo: WHO Regional Office for the Eastern Mediterranean; 2018 ([https://applications.emro.who.int/docs/RC\\_Technical\\_Papers\\_2018\\_6\\_20540\\_EN.pdf?ua=1](https://applications.emro.who.int/docs/RC_Technical_Papers_2018_6_20540_EN.pdf?ua=1)).

<sup>4</sup> See the WHO regional framework for action on health and the environment 2019–2023, which includes extension of water supply and sanitation services to the underserved, in WHO Regional Committee for the Eastern Mediterranean technical paper EM/RC65/6 Rev.1 on promoting health and well-being. Annex 4. Cairo: WHO Regional Office for the Eastern Mediterranean; 2018 ([https://applications.emro.who.int/docs/RC\\_Technical\\_Papers\\_2018\\_6\\_20540\\_EN.pdf?ua=1](https://applications.emro.who.int/docs/RC_Technical_Papers_2018_6_20540_EN.pdf?ua=1)).

<sup>5</sup> For recommended actions see Regional malaria action plan 2016–2020: Towards a malaria-free Region. Cairo: WHO Regional Office for the Eastern Mediterranean; 2017 (<https://apps.who.int/iris/handle/10665/258992>).



