



Afghanistan

Baby-friendly villages in Afghanistan

To ensure that as many babies as possible are born into an environment that supports, promotes and protects breastfeeding, it is necessary to look beyond baby-friendly hospitals and ensure that community-based facilities are supportive. In Afghanistan, a Baby-Friendly Village project has been established in Takhar, Badakhshan and Kunduz provinces. In Takhar province, 40 villages across 10 districts were selected in 2009. The aim was to promote appropriate infant feeding practices among mothers and also their broader communities and social support networks. The influence of husbands and mothers-in-law over infant feeding was considered particularly important. The project aimed, therefore, to improve knowledge, attitudes and practices of pregnant and lactating mothers and to raise awareness and promote supportive attitudes to infant and young child feeding among husbands and mothers-in-law.

The intervention took place at the village level — through support groups — and at health facilities, through the work of infant and young child feeding counsellors. At the end of the project, survey data suggest that initiation of breastfeeding increased from 41.7% at baseline to 86.4% at the end of the project, while exclusive breastfeeding for 6 months had increased from 47.4% to 79.4%. The project suggested that establishment of community-level support groups for breastfeeding is possible and can be accepted by the community. This experience fed into the development by the Ministry of Public Health of a national community-based nutrition programme in 2017.

Sentinel-site based nutrition surveillance in Afghanistan

The Ministry of Public Health in Afghanistan established a sentinel-site based nutrition surveillance system, with the support of WHO and UNICEF and with funding from the Government of Canada. Since 2013 this health-facility based system collects data on key nutrition indicators to inform the planning, implementation, monitoring and evaluations of programmes to improve nutrition in the country, particularly for women and children. There are 175 sentinel sites in health facilities in all 34 provinces and these gather anthropometric data for children up to 2 years. A total of 953 health posts act as community-based sentinel sites and

gather data with the support of community health workers. Since 2013, WHO has supported the training of over 1500 health workers to take accurate nutrition measurements and assessments. Data generated by the system is analysed on a quarterly basis. When surveillance revealed high levels of neural tube defects in newborns and low haemoglobin levels of pregnant women, this resulted in a strengthening of the provision of iron and folic acid supplements to pregnant women during antenatal care visits. The system promotes detection of malnutrition and enables action to be taken at an early stage.

Bahrain

Regulating the handling and marketing of energy drinks in Bahrain

In 2009, the Gulf Cooperation Council Standardization Organization developed a technical regulation on "Recommendation of handling energy drinks", which Bahrain adopted in 2010. This regulation specifies the ingredients and the labeling requirements. The Kingdom of Bahrain imposed a 100% excise tax on energy drinks in 2017 to encourage individuals to stop consuming these drinks. In 2021, Bahrain also set more restrictions on the handling and marketing of energy drinks to children under the age of 18, selling energy drinks in restaurants, school canteens, health or educational establishments, and that energy drinks should not be marketed unless being licensed from the competent authority..

Eliminating trans fat in the Kingdom of Bahrain

In 2014, many bakeries in Bahrain started to replace trans fats with healthier fat alternatives, voluntarily. In 2015, the Kingdom of Bahrain laid down a national strategy for reducing the consumption of trans fat and saturated fat. The strategy included action plans followed by implementation steps to reduce saturated fat content in the food supply. Limiting the use of trans fats in the food industry and local eateries using recommendations provided by Bahrain's Ministry of Health was carried out in 2016. These included guidelines and some tips on trans fat elimination. Restricting the maximum amount of trans fat content to 2% of the total oil or fat, and in other foods to 5% of the total fat content, including ingredients sold to restaurants, was accomplished through developing (GSO 2483) standard in 2016. Raising awareness was performed through holding large media campaigns about trans fat sources, healthier alternatives and the association with noncommunicable diseases. Moreover, to facilitate the implementation of eliminating trans fat and associated legal regulations, intensive workshops were conducted in 2019 for food suppliers. In 2020, the Ministry of Health started to monitor the implementation of the trans fat declaration on products labels.

Improving the nutritional quality of school canteen foods in Bahrain

In 2016, nutrition for school-aged children has been designated as a priority in Bahrain. A multisectoral higher-level committee released a healthy meal menu guideline based on WHO standards that included healthy preparation methods, lowering salt, sugar and trans fat levels, and a list of foods to avoid in school canteens. Several training workshops were conducted in

2019 for food vendors on general dietary needs as well as on healthy cooking techniques. Random visits to school canteens were made to analyze the foods and beverages served in schools. By 2022, it is expected that all food providers follow the rules, otherwise, penalties will be applied.

Flour fortification programme in Bahrain

In 2001, the Ministry of Health of the Kingdom of Bahrain launched a national flour fortification programme to fortify flour with iron and folic acid. It was launched as a national strategy to prevent and control iron deficiency and anemia among all age groups, especially women of reproductive age and children. In 2002, legislation to fortify flour with 60 ppm iron and 1.5 ppm folic acid was issued by the Ministry of Commerce and Industry. Bahrain Flour Mills Company has complied with the legislation. Since 2001, the Ministry of Health has been regularly monitoring and evaluating the fortification programme by sampling and conducting laboratory analyses. The programme has had a positive impact on anemia prevalence among all age groups. During the past 18 years, the prevalence of anemia among women of reproductive age has decreased from 51.3% to 35.4%. In 9-month old children, it has decreased from 58.2% to 41%.

Salt reduction in Bahrain

The Kingdom of Bahrain is one of the first countries in the Region that implemented policies on salt reduction, in compliance with WHO's recommendations. The initial situation regarding salt intake among the population and salt levels in bread samples was mapped in 2013–2014. In 2015, a committee on reduction of salt, sugar, and fat was established by the Nutrition Section in the Ministry of Health in cooperation with the government and private sector. A ministerial resolution to reduce the amount of salt to a target of 5 g of salt per 1 kg of flour (equivalent to 0.5%) in traditional and European bakery products was issued by the Ministry of Health at the end of 2018. A monitoring mechanism was established, and the latest results show that 14.6% of the examined samples reached the target and 49% almost reached the target, while in the previous assessment only 5.5% of the samples reached the target and 43.3% almost reached the target. Yet greater commitment is pursued, and therefore bakeries have been actively informed about the current salt target.

Tackling obesity: identification, evaluation and treatment of obesity and overweight among adults and adolescents

In 2008, the first nutrition clinic was established within the existing primary healthcare facilities of the Ministry of Health, as a response to the notable rise in obesity and overweight in Bahrain that was recorded in 2007, and by the year 2018, the Ministry of Health had established a total of five nutrition centers covering all regions. The nutrition centers are managed by the Nutrition Section, part of the Public Health Directorate of the Ministry of Health..

Designing healthy eating and lifestyle patterns through establishing Bahraini food-based dietary guidelines

In 2020, a mission led by the WHO Regional Office for the Eastern Mediterranean visited the kingdom of Bahrain and discussed the procedure of establishing the food-based dietary guidelines with the Nutrition Section of the Public Health Directorate in the Ministry of Health. The initial drafts of the food-based dietary guidelines aimed to help citizens and residents of Bahrain to adopt healthy eating habits and lifestyles using modern, scientific and facilitated approaches. The healthy eating key messages have been tested, identified and formulated in Bahraini slang which emphasizes maintaining a healthy weight, increasing physical activity, balancing diet, eating more fruit and vegetables, switching to healthier animal proteins, while emphasizing low-fat milk, choosing vegetarian alternatives to red and processed meat, paying attention to salt and sugar intake, staying hydrated, safe food production, decreasing food waste and eating homemade foods.

Regulating marketing of breast-milk substitutes in Bahrain

Bahrain adopted an Emiri Decree concerning the control on the use, marketing and promotion of breast-milk substitutes in 1995. The measures fully implement the provisions of the International Code of Marketing of Breast-milk Substitutes. A ministerial resolution was issued to reinforce the existing Decree and provide enforcement powers in 2018.

Countries of the Gulf Cooperation Council

Eliminating trans fats from countries of the Gulf Cooperation Council

In 2016, a standard on trans fatty acids (GSO 2483) was developed by the Gulf Standards Organization for the countries of the Gulf Cooperation Council. The standard specifies a maximum level of 2% in vegetable oils and soft spreadable margarines and 5% in all other foods, including ingredients sold to restaurants, requiring declaration of trans fats as part of nutrition labels for products containing 0.5 g per 100 g or more and regulating “trans fat free” claims. This standard was adopted in Bahrain in 2016 and will be enforced on a mandatory basis from 2020. In Saudi Arabia, the upper limit of the standard was introduced in 2017, with implementation mandatory for all imported food effective from 2020. This has been followed by a ban on partially hydrogenated oils in food products from January 2020. In Oman, a Ministerial Decree has been issued stating that the Directorate of Standards should follow all GSO-approved standards and the Ministry of Commerce is working to issue a specific standard. In Qatar, compliance with Gulf Cooperation Council technical standards is mandatory and GSO standard 2483 has been submitted to the cabinet for endorsement. In Kuwait, the government issued a resolution adopting GSO 2483/2015 in 2017.

Islamic Republic of Iran

High-level coordination mechanism for food and nutrition security in Iran

The Iranian High Council of Health and Food Security was established in 2004 and is under the direct supervision of the President. It consists of ministries and organizations affecting health, as the highest decision-making authority in the field of intersectoral collaboration. The Council's goal is to institutionalize management, policy-making, evaluation and coordination in relation to food and nutrition security, and reduce diseases due to malnutrition and promote public health in the country. Recent analysis found that there was some overlap and duplication in responsibilities relating to food security and nutrition, and an intersectoral nutrition and food security working group was established to generate agreements with key organizations, the media, academia and the private sector.

Front-of-pack nutrition labelling in Islamic Republic of Iran

Islamic Republic of Iran introduced simplified front-of-pack labelling in 2014. The traffic lights label was initially voluntary but has been mandatory since 2016. The label covers calories, sugars, total fat, trans fat and salt, with colour coding (green, yellow, red) according to the levels in the product. By 2017, it was estimated that 80% of food products carried the traffic light label.

Restricting marketing of unhealthy foods in the Islamic Republic of Iran

The Islamic Republic of Iran has implemented a ban on unhealthy food marketing. Broadcast advertising (television and radio) of soft drinks has been prohibited since 2004. The regulations have been designed to cover both children (under 12 years) and adolescents (between 12 and 19 years) on the grounds that both these groups are susceptible to the adverse effects of unhealthy food marketing. The sale of unhealthy food in school canteens and by vendors around schools is also prohibited. There are also restrictions on the sponsorship of some social events, such as seminars, congresses and food festivals, by the food industry that produces unhealthy food (e.g. soft drinks, edible oils and salty snacks). In 2014, the Ministry of Health and Medical Education proposed a list of 24 food items to be prohibited from advertising in all media.

Jordan

Multisectoral coordination to tackle obesity in Jordan

In March 2019, a multisectoral technical committee on nutrition was established in Jordan, under the National Framework of Action on Obesity Prevention in Jordan 2018-2023. Under the umbrella of the Ministry of Health, the Committee also involved the Jordan Food and Drug Administration, Jordan Standards and Metrology Organization, Ministry of Education, Amman Municipality, Ministry of Youth, Ministry of Industry and Trade, the Royal Medical Services, Ministry of Planning and the University of Jordan. The committee's objectives relate to reformulation to eliminate trans fats and reduce saturated fats, sugars and salt, along with promotion of physical activity, mandatory nutrition labelling and restrictions on marketing of

foods high in fats, sugars and/or salt as well as breast-milk substitutes. Early achievements include modification of all the standards for dairy products (obliging manufacturers to eliminate addition of industrial trans fats and non-dairy fats in dairy products), reducing salt levels in Arabic bread from 1.5% to 1%, publication of food composition tables for traditional Jordanian foods, publication of dietary guidelines for management of noncommunicable diseases, publication of national food-based dietary guidelines, prohibiting use of trans fats, margarine and saturated fats in foods provided in hospitals and some other public institutions and provision of healthy meals through youth camps. Items on the agenda include improving the standards of nutrition labelling and obliging manufacturers to eliminate addition of plant oils in iced milky products.

Ban on partially hydrogenated oil in dairy products in Jordan

The Ministry of Health in collaboration with the Jordan Standards and Metrology Organization banned use of partially hydrogenated oils in dairy products in 2016. The decree states that only animal fat occurring naturally in dairy products be permitted in milk and cheese. This was implemented after media coverage and public concern about the use of hydrogenated fats in processed cheese and the consequences for cardiovascular health.

Kuwait

Salt reduction in Kuwait

In January 2013, the Kuwaiti Food and Nutritional Administration established a salt reduction strategy. Voluntary agreements were reached with the food industry to reduce the level of salt in bread and cheese. Progress was achieved by educating the companies on why and how to lower salt levels, emphasizing the role of the private sector, determining levels of sodium in locally and imported food products and creating a collaborative salt reduction plan. Within three months, the Kuwait Flour Mills and Bakeries Company, responsible for 80% of bread production in the country, reduced the amount of salt added to its breads by 10% and by the end of the year the level of salt in all but one of the company's breads had been reduced by 20%.

Lebanon

Nutrition in the national agenda: experience from Lebanon

The draft National Strategy on Nutrition (2020-2030) and Action Plan is the first nutrition strategy to be developed for Lebanon, to ensure optimal nutritional outcomes amongst all persons residing in Lebanon and contribute to improving overall health and wellbeing. Amidst a volatile economic and political situation, the nutrition outcomes are worsening. Lebanon, similar to other countries in the Eastern Mediterranean Region, is going through a nutrition transition with a double burden of malnutrition associated with inadequate dietary intake. Poor nutritional habits, the rise in nutrition-related noncommunicable diseases and food and nutrition insecurity are all aspects of this transition. While there was no national nutrition strategy, multiple actors in

Lebanon have been taking initiatives to improve the nutrition situation in the country. These continue to be ad-hoc with suboptimal coordination. The development of the strategy is being led by WHO Lebanon, following a thorough consultative process with all key stakeholders in the country, including ministries of health, agriculture, economy and trade, and others. Feedback has been solicited at the different milestones of development of the strategy.

Morocco

Promoting and supporting breastfeeding in Morocco

Between 2011 and 2018, exclusive breastfeeding rates in Morocco rose from 27.8% to 35%, apparently reversing a downward trend recorded since 1992. Over the same period, the median duration of breastfeeding increased from 14.3 to 17.4 months. The country's efforts to promote and support breastfeeding included revitalization of the Baby-friendly Hospital Initiative, which had been launched in 1992, institutionalization of National Breastfeeding Promotion Week, implementing a social mobilization plan involving multiple sectors, training health professionals to provide infant and young child feeding counselling and organizing awareness-raising sessions for mothers in health facilities. Free distribution of infant food is prohibited and a 2012 Ministerial Circular requires all public health structures to comply with the Code. In addition, the country provides 14 weeks of maternity leave at 100% pay. Unusually, and in line with the ILO Convention, this is payable from a national social security fund, rather than payable by employers. A pregnant woman is also entitled to an additional year of unpaid leave. In rural areas, however, many women work in informal sectors, such as agriculture, and it is not clear how well these maternity protections cover such women.

Reducing micronutrient deficiencies among children in Morocco

Morocco's strategy to combat micronutrient deficiency disorders was restructured in 2000, comprising supplementation for young children and women of childbearing age and fortification of salt, flour, oil and pasteurized milk. These measures were accompanied by nutrition education, promoting exclusive breastfeeding and dietary diversity.

By 2018, 90% of children under 5 were receiving at least one dose of vitamin A and coverage with at least one dose of vitamin D was equivalent to 97%. Following introduction of salt iodization in 1996, 42% of households were using iodized salt by 2000. In addition, more than 80% of table oil is fortified with vitamins A and D and by 2008 more than 75% of industrial soft wheat flour was fortified with iron and B vitamins. In 2019, a new decree on flour fortification was published to replace electrolytic iron with sodium EDTA iron. In addition, the Ministry of Health has promoted exclusive breastfeeding up to 6 months, dietary diversification and consumption of nutrient-rich and fortified foods by the population. Following these efforts, the most recent data showed some improvements in certain nutritional indicators. In particular, vitamin A deficiency rates among children aged 6 to 59 months declined from 41% in 1996 (Survey of Vitamin A deficiency, 1996) to 22% in 2008 (sentinel surveillance, Ministry of Health,

2008).

Oman

Success with wheat flour fortification in Oman

Fortification of wheat flour has been mandatory in Oman since 1996, and this has been associated with a reduction in the occurrence of spina bifida in the country. Spina bifida is a type of neurological anomaly (neural tube defect) which is associated with poor folate status in women before and during pregnancy. Strategies to improve the folate status of women of reproductive age include dietary diversification, provision of folate supplements and food fortification with folic acid. All flour produced in Oman is produced in industrial mills, and the programme of fortification with iron and folic acid covers 89% of the flour in the country. Annual incidence of spina bifida fluctuated from 2.34 to 4.03 per 1000 deliveries between 1991 and 1996, but fell sharply in 1997 to 2.11 per 1000 deliveries and the downward trend continued, reaching 0.29 in 2006.

Promoting sustainable food systems for nutrition in Oman

In Oman, which is faced with the double burden of malnutrition, the Ministry of Health is working with other Ministries and other partners on a food system approach to promote sustainable food systems and healthy nutrition. The approach includes increasing local production and consumption of fruits, vegetables and fish, while also tackling issues such as sustainability and employment. Land has been allocated to citizens for small-scale production of fruits and vegetables, using technological solutions to ensure production is nutrient and water efficient, and creation of home and school gardens is being supported.

Pakistan

High-level commitment to tackling malnutrition in Pakistan

In Pakistan, nutrition has been identified as a priority in the 5-year plan adopted by Government and the Prime Minister has identified “malnutrition and stunting” as prime health challenges and efforts to tackle them as his priority. A national Multi-Sectoral Nutrition Strategy for 2018-2025 has been approved and a health and nutrition dashboard has been created by the Ministry of Health Services, Regulation and Coordination to integrate programme data from the provinces. Provincial multi-sectoral plans have been costed. In addition, Pakistan’s biggest poverty eradication programme, EHSAS, is being implemented with the aim of changing the lives of at least 3.3 million poor people within four years. Funding of around USD 2 billion was allocated in 2015-2016 and 2016-2017 for nutrition-sensitive and nutrition-specific programmes. Multisectoral nutrition steering committees are functional in some provinces and districts. At the national level, coordination mechanisms and advisory bodies include the National Nutrition Working Group, Community Management of Acute Malnutrition Technical Working Group, Infant and Young Child Feeding Technical Advisory Group and an Early Childhood Task Force.

Improving adolescent nutrition in Pakistan

In January 2020, the Government of Pakistan launched the Adolescent Nutrition Supplementation Guidelines for Pakistan. The guidelines recommend screening of adolescents in schools, health facilities and in the community and enrolling at-risk adolescents in programmes where they will be assessed and provided with counselling. In addition, the guidelines recommend daily iron and folic acid supplementation, provision of multiple micronutrient tablets to underweight non-pregnant married women and antenatal counselling on healthy diet. Other recommendations to improve adolescent nutrition include improving intakes of fruits and vegetables, prohibiting the sale of unhealthy snacks and drinks in schools, nutrition standards for school meals and measures to increase participation in physical activity.

Improving the management of severe acute malnutrition in Pakistan

In Pakistan, WHO has extensively supported training of care providers on the management of severe acute malnutrition. Across the country, 14 stabilization centre kits have been provided by 2017, and the Department of Health supported in capacity building and training in severe acute malnutrition treatment guidelines. In addition, Sentinel Surveillance Sites (HANSS) have been established in all provinces.

Nationally representative survey in Pakistan

In 2018 the government of Pakistan and UNICEF carried out a national nutrition survey (NNS 2018). The survey, which included children, women of reproductive age and adolescent boys and girls, was the fifth national nutrition survey since 1965 and the first to provide district-representative data and to include adolescents. The cross-sectional, household-level survey combined quantitative and qualitative approaches. A national, province and district representative sample of 76 742 children under 5, 145 847 adolescents (10-19 years) and 145 324 women of reproductive age (15-45 years) was selected from 115 600 households.

The survey assessed nutritional status — stunting, wasting, underweight, overweight and micronutrient status (anaemia, iron, zinc, vitamins A and D, iodine). It also evaluated infant and young child feeding practices, implementation of universal salt iodization, household food insecurity, social protection and water, sanitation and hygiene (WASH). The survey highlighted that the double burden of malnutrition is becoming increasingly apparent, with almost one in three children under 5 underweight while the prevalence of overweight in the same age group was 9.5% and had almost doubled 5% between 2011 and 2018. The survey was also able to highlight differences between urban and rural areas, by gender and by province/region.

Palestine

Baby-friendly Hospital Initiative in Palestine

The Baby-Friendly Hospital Initiative was launched in 2013 in Palestine, to support, promote and protect exclusive breastfeeding for children for 6 months and breastfeeding as well as complementary feeding from 6 to 24 months of age. This involved implementing the 10 Steps to Successful Breastfeeding, implementing the International Code of Marketing of Breast-milk Substitutes and maternity-friendly care. To support implementation, the Nutrition Department of the Ministry of Health developed implementation action plans, an infant and young child feeding strategy and policy, a staff training plan, a patient education plan, data collection, a national regulation covering the marketing of breast-milk substitutes and technical regulations relating to infant formula and follow-on formula. Audit tools were also developed for use in the external evaluation of facilities. The process of designating facilities as baby-friendly includes an external evaluation and designation is for a three-year period. Ongoing data collection and quality improvement activities are vital to ensure that facilities maintain the standard of care. By September 2019, there were 23 facilities — from the public, private and nongovernmental organizations sectors, as well as UNWRA facilities — designated as Baby-friendly and a further five were working towards designation.

Qatar

Sustainability considerations in the Qatar dietary guidelines

The Qatar Dietary Guidelines, published in 2016, a part of the National Health Strategy and Nutrition and Physical Activity Plan, include a recommendation to “eat healthy while protecting the environment”. Specific advice is to emphasize a plant-based diet (including vegetables, fruit, whole grain cereals, legumes, nuts and seedings), reduce leftovers and waste, consume foods produced locally and regionally, choose fresh, homemade foods and conserve water in food preparation. The guidelines include some explanatory facts on sustainability issues of food production and preparation and some key tips for households.

Saudi Arabia

Impact of soft drinks taxes in Saudi Arabia

The Kingdom of Saudi Arabia levies a 50% tax on soda (carbonated drinks) and 100% tax on energy drinks. This tax was adopted for Gulf Cooperation Council (GCC) countries in 2016 and Saudi Arabia was the first to implement the measure in June 2017. In addition, a 5% value added tax was added to the beverage tax in 2018. Since December 2019, a 50% tax has also been applied to other sugary drinks. Soda prices increased by 67% and annual purchases, in volume per capita, of soda and energy drinks reduced by 41% and 58% respectively in 2018 compared to 2016.

Sudan

Building nutrition capacity in Sudan

Nutrition capacity at the field level in Sudan has been boosted by the recruitment, with WHO's support, of field nutrition experts to support state nutrition teams in nine States. Training of trainers has also been conducted for physicians, paediatricians, nurses and nutritionists from 10 States. Furthermore, capacity building of health and nutrition staff has been conducted to support the operation of Stabilization Centres for the management of severe acute malnutrition and improve the quality of inpatient care provided.

Syria

WHO response on complicated severe acute malnutrition for children in Syria

In the north-east of Syria, due to an escalation of violence, tens of thousands of people fled north from Deir-ez-zor. Most arrived at Al-Hol camp in Al-Hasakeh governorate in very poor health conditions, including many children suffering from malnutrition, mostly severe. The population of the camp increased seven-fold in just four months. More than 70 000 people, mainly women and children under 12, are living in a camp designed to hold 10 000.

WHO responded to the needs by working with a sub-contracted private facility in Al-Hasakeh. Children with severe acute malnutrition with medical complications were and still are being referred to a WHO-supported nutritional stabilization centre in the private hospital. WHO provided training for the medical and nursing staff and therapeutic nutritional supplies, as well as meeting all other needs and covering the costs of hospitalization. A total of 726 children with severe acute malnutrition with medical complications were admitted and treated. Most cases were under 24 months due to the severe food insecurity, dire humanitarian conditions and weak infant and young child feeding practices before arrival at the camp.

Despite the severe circumstances, overwhelming caseload, and minimum resources, the programme achieved good results in managing cases admitted to Al Hikmah hospital, with low mortality rates (3.3 %), high weight gain (14g per kg per day) and acceptable duration and cost of hospitalization.

Tunisia

Salt iodization to tackle iodine deficiency disorders in Tunisia

Tunisia implemented an iodine deficiency disorders control programme in 1996, including legislation to require salt iodization. By 2000, 97% of households were reported to be using iodized salt and the country was the second in the Eastern Mediterranean Region to be declared iodine deficiency disorders-free. Nearly two decades later, however, progress has slipped and in 2017 only half of the households were using adequately iodized salt, and, while urinary iodine concentrations were acceptable at the population level, there were regional

disparities. This points to the need to strengthen regular monitoring of iodized salt production.

United Arab Emirates

Baby-friendly community health centres in Sharjah, United Arab Emirates

The Baby-Friendly Hospital Initiative has been promoted by the Maternal and Child Health Central Administration in the United Arab Emirates since 1993. Since 2002, the baby-friendly approach has been extended to community health centres. The first Baby-friendly Health Centre was the Maternal and Child Health Centre in Sharjah. In 2018, the city of Sharjah was recognized by UNICEF as the first Child Friendly City in the Gulf.

Yemen

Early detection of malnutrition in Yemen

The Ministry of Public Health and Population, with support from WHO and funding from the World Bank and in collaboration with partners, has established a facility-based sentinel site surveillance system in district hospitals across the country. Regular screening is routinely conducted for all forms of malnutrition among children attending health facilities. The system aims to detect malnutrition early and ensure timely case referral, as well as functioning as an early warning system. Between January and July 2019, over 46 000 children aged under 5 years were screened in seven governorates. In addition to enabling early identification of individual cases, this surveillance enables close monitoring of particular areas considered to be at high risk. In July 2019, for example, a very high proportion of moderate acute malnutrition cases was identified in 10 districts, very high proportion of stunting in 41 districts and very high proportion of underweight in 42 districts.

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