



WORLD HEALTH ORGANIZATION

MEETING OF INTERESTED PARTIES

GENEVA, 18 TO 29 JUNE 2001

Area of work: nutrition

Progress report 2000

1. HUMAN HUNGER AND MALNUTRITION: SUMMARY OF THE GLOBAL SITUATION IN 2000

Hunger and malnutrition remain among the most devastating problems facing the world's poor and needy, and they continue to dominate the health of the world's poorest nations. Nearly 30% of humanity suffers from one or more of the multiple forms of malnutrition. *This is a continuing travesty of the fundamental human right to adequate food and nutrition, and freedom from hunger and malnutrition, particularly in a world that has both the resources and knowledge to end this catastrophe.*

Magnitude and trends: Malnutrition kills, maims, cripples and blinds on a massive scale worldwide. Each of the major forms of malnutrition, dwarfs most other diseases worldwide. Current dimensions include:

Current dimensions of some of the major forms of malnutrition and nutrition-related disease	
(Estimates are for the year 2000, unless otherwise indicated)	
Intrauterine growth retardation	: 30 million (23.8% of all births) per year (1995 data)
Protein-energy malnutrition	: 161 million under-five children (stunted, in developing countries)
Iodine deficiency disorders	: 740 million people (goitre)
Vitamin A deficiency	: 250 million under-five children
Anaemia (including iron deficiency)	2 billion, especially women and young children
Obesity	: 302 million adults, 21.5 million children
Cancer (diet-related)	: Of approximately 10.3 million cases of cancer annually, 3-4 million are preventable by appropriate diet and exercise (1997 data)

Other important issues include:

- inappropriate breastfeeding/complementary feeding practices;
- scurvy, beriberi and rickets;
- folate deficiency;
- zinc deficiency.
- Selenium deficiency

2. AIM

The aim of WHO's work in nutrition is to prevent, reduce and eliminate malnutrition in all its forms worldwide, thereby promoting the sustainable health and well-being of all peoples, accelerating poverty reduction, and fostering human and national development.

3. OBJECTIVES

- **Strengthen and support the capabilities and effectiveness** of Member States for assessing and addressing malnutrition and diet-related problems, particularly through development and implementation of national nutrition policies, programmes and plans of action.
- Develop an authoritative knowledge base – **methodologies, standards, norms, criteria, guidelines** and **strategies** – for detecting, preventing and managing malnutrition, whether of deficiency or excess, and disseminate these for application by Member States.
- Promote the sustainable health and nutrition benefits of **food-assisted development projects for the vulnerable food-insecure**, particularly by ensuring the relevance and effectiveness of World Food Programme policies and programmes in emergency and development contexts.
- Undertake **global nutrition surveillance**, through development and maintenance of global nutrition databases, to monitor, evaluate and report on major forms of malnutrition, effectiveness of nutrition programmes, and progress towards achieving national, regional and global targets.

4. PRIORITIES

Nutrition for Health and Development (NHD) focuses on seven priority activities through its support to Member States and normative standard-setting activities:

- **Protein-energy malnutrition:** assessment, monitoring/management, prevention, reduction
- **Micronutrient malnutrition:**
 - Elimination of vitamin A deficiency, iodine deficiency disorders
 - Reduction of iron deficiency anaemia
- **Obesity and other diet-related diseases:** epidemiology, prevention/management
- **National nutrition policies and programmes:** strengthen development and implementation
- **Infant and young child feeding:** promote appropriate breastfeeding/complementary feeding practices
- **Nutrition in emergencies:** response and preparedness
- **Food Aid for Development:** guidance for food-assisted development activities

Other emerging priority issues include:

- folic acid deficiency, neural-tube defects;
- zinc deficiency;
- adolescent nutrition;
- ageing and nutrition.

5. ACHIEVEMENTS IN 2000

5.1 Protein-energy malnutrition

- The Multicentre Growth Reference Study continued in Brazil, Ghana, India, Norway, Oman and the United States of America.
- Global Database on Child Growth and Malnutrition updated every three months via the Web. Global and regional analyses on levels and trends in child malnutrition made available through scientific journals.
- Manual on management of severe malnutrition translated; related training materials field-tested in a joint headquarters/Regional Office for South-East Asia workshop.

5.2 Micronutrient malnutrition

- Micronutrient Deficiency Information System redesigned and updated.
- Vitamin A supplement schedule revised in collaboration with Blindness and Deafness, Child and Adolescent Health and Development, Expanded Programme on Immunization, Nutrition for Health and Development and Reproductive Health and Research; revised edition of vitamin A supplementation guidelines prepared.
- Vitamin A supplements distributed to preschool children in 18 African countries as part of Micronutrient Initiative-supported EPI/NHD project.
- References reassessed for measuring thyroid size using ultrasound; strategy prepared to reinforce monitoring of Iodine Deficiency Disorders (IDD) control programmes.
- Participated in adoption of the partnership principle involving all actors in IDD control, including the salt industry.
- Reviewed public health significance of iron deficiency and anaemia during a joint WHO/International Nutritional Anaemia Consultative Group consultation.
- Conducted a multicentre control trial to examine impact of zinc supplementation on morbidity/mortality among preschool children in collaboration with CAH and Johns Hopkins University.
- Published guidelines on iodine-induced hyperthyroidism to prevent over-iodization of salt.

5.3 Obesity and related issues

- Published report of a consultation on preventing and managing the global obesity epidemic.
- Reviewed dietary, behavioural, sociocultural and environmental risk factors contributing to obesity.
- Held workshops to develop Pacific and Caribbean regional strategies for obesity prevention and control.
- Developed a practical tool for estimating the cost of obesity.
- Reviewed and developed regional food-based dietary guidelines in the Eastern Mediterranean and South-East Asia regions.
- Developed nationally representative data sets to enhance utility of Global Database on Body Mass Index.

5.4 National policies and programmes

Support to countries for strengthening and implementing nutrition policies and plans

- Held regional meetings, with FAO and UNICEF, to review progress in developing and implementing national nutrition plans and policies.

Guidelines and methodologies for developing effective nutrition policies and programmes

- Developed and field-tested in the European Region training modules for intersectoral food and nutrition plans and policies.
- Drafted global training modules for field-testing in two regions.
- Completed study – in China, Egypt, Ghana, Indonesia, Myanmar and South Africa – on improving household food and nutrition security.
- Reviewed intra-household food and nutrition dynamics.

Global monitoring and evaluation of nutrition policies and plans

- Updated the Global Database on National Nutrition Policies and Programmes; began review of policies and plans.

5.5 Infant and young child feeding

- Made Global Data Bank on Breastfeeding available on the Web; analysed prevalence and trend data; initiated household feeding surveys.
- Organized consultation as a step towards new global strategy on infant and young child feeding; tested strategy in seven countries.
- Published reassessment/monitoring tools to ensure global baby-friendly quality criteria; introduced administrators' course in all regions.
- Published a health workers' guide on family foods for breastfed children; prepared a training course on complementary feeding.
- Initiated new information module on HIV and nutrition.
- Collaborated in developing a training course on infant feeding in emergencies for field staff and programme managers.

5.6 Nutrition in emergencies

- Disseminated technical guidelines on:
 - The management of nutrition in major emergencies.

- Scurvy, thiamine deficiency and pellagra, and their prevention and control in major emergencies.
- Provided technical support to UNHCR, UNICEF, WFP, and nongovernmental organizations in the production of:
 - Guidelines for estimating food and nutritional needs in emergencies.
 - Operational guidance on infant feeding in emergencies.
- Collaborated with Emergency and Humanitarian Action (EHA) in briefings on East Timor, Gujarat, Guinea, Iraq, Kosovo and Sierra Leone and the Consolidated Appeal Process; identified a consultant for the WHO representative in Ethiopia; provided technical inputs for EHA documents on:
 - Communicable disease control in emergencies
 - Technical hazards
 - Health and internally displaced persons
- Provided support, with EHA, in Orissa, India; organized follow-up on assessment, nutritional surveillance and monitoring of vitamin A supplementation.
- Prepared documents list on nutrition in emergencies for field staff.

5.7 Food Aid for Development

Analysis and review of proposals for WFP assistance to the nutritionally vulnerable and food insecure

- Assisted in appraisal and design of a health and nutrition-related intervention in Chad, Mali and Nepal.
- Conducted a mid-term technical review of a school-feeding programme in Mauritania.
- Conducted a mid-term review of a supplementary feeding intervention in Yemen.
- Appraised a new project proposal for vulnerable groups in Cuba.
- Conducted a mid-term review of an urban sanitation intervention in Senegal.
- Evaluated health/nutrition effects of emergency aid in the Democratic People's Republic of Korea.

Development/implementation of WFP strategies and guidelines

- Participated in workshop to review policy linking food aid and development in Lesotho, Madagascar, Malawi, Mozambique and Zambia.

- Assisted in preparing regional workshops, for introducing health measures in school-feeding projects, in the Sahel and Great Lakes region.

6. SUPPORT THROUGH REGIONAL NUTRITION PROGRAMMES

Most countries have established food and nutrition programmes within the health sector that typically deal with all types of malnutrition, in collaboration with other sectors. They seek to develop sustainable policies, strategies and activities to improve nutritional status and promote good food and nutrition practices, particularly among vulnerable groups. NHD supports these programmes by providing technical and financial support through the six regional nutrition programmes. A major focus is assessing key nutrition problems; and developing, implementing, and monitoring and evaluating programmes, *especially in least-developed and developing countries.*

7. NORMATIVE WORK

Priority activities are undertaken through expert reviews, research, consultations, and production of authoritative norms, guidelines, criteria, methodologies and standards. WHO's publications catalogue has over 50 nutrition titles – a number are all-time best sellers – including guidelines, methodologies and standards concerning micronutrient deficiencies, anaemia, nutrition assessment, infant feeding, education and training, nutrition policy and programmes, management of malnutrition, and nutrition in emergencies.

8. NUTRIENT REQUIREMENTS

This task is undertaken in collaboration with FAO; it consists of updating recommended nutrient intakes and requirement levels, for every age group, across the range of over 20 essential nutrients, including protein, energy, carbohydrates, fats and lipids, vitamins, minerals and trace elements.

9. NUTRITION RESEARCH

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| <ol style="list-style-type: none">1. Multicentre/multicountry nutrition studies.2. Regional nutrition research networks and initiatives.3. Nutrition research and training through global collaborating centre networks.4. Direct technical/financial support for nutrition research activities by nutrition units, institutes and others.5. Collaboration with other WHO programmes on research with nutrition-related outcomes. |
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Examples include two multicountry studies – on development of a new international reference for child growth and malnutrition, and household food and nutrition security; and the work of the South-East Asia Nutrition Research-cum-Action network to identify and implement nutrition research activities.

10. PROVIDING AN EVIDENCE BASE

NHD operates seven global data banks in key areas for which there is a high demand among Member States, the international community, nutrition institutes, universities and professional bodies.

Global data banks
<ul style="list-style-type: none">▪ Child growth and malnutrition▪ Iodine deficiency disorders▪ Vitamin A deficiency▪ Anaemia▪ Breastfeeding▪ Obesity and body mass index (BMI)▪ National nutrition policy and plans of action

11. COLLABORATIVE LINKAGES AND NETWORKING

Given malnutrition's multicausal nature and multisectoral dimensions, interdepartmental collaboration has been established with over a dozen programmes in Evidence and Information for Policy, Family and Community Health, Health Technology and Pharmaceuticals, Noncommunicable Diseases and Mental Health and Sustainable Development and Healthy Environments. Extensive collaboration and networking also occurs with FAO, IAEA, IFAD, UNDP, UNESCO, UNHCR, UNICEF, WFP, World Bank, ILO, ACC/Subcommittee on Nutrition, bilateral development agencies, international scientific advisory groups and international nongovernmental organizations.

12. COLLABORATING CENTRES

A worldwide network of 28 distinguished collaborating centres in nutrition undertake a wide range of nutrition research and training. Six of these form the WHO South-East Asia Nutrition research network.

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