Regional Overview on Maternal and Child Nutrition and Examples of Nutrition Governance and Policy Responses: Europe, Central Asia and Eastern Mediterranean Regions

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Keywords

Malnutrition · Children · Maternal · Double burden · Governance

Abstract

The Eastern Mediterranean Regions and Europe and Central Asia Regions are facing an epidemiological and nutrition transition, especially among vulnerable groups including mothers, children and adolescents. This has led to a double burden of malnutrition (DBM). Poor infant and young child feeding (IYCF), poor dietary diversity, excessive consumption of energy dense unhealthy foods, a growing obesogenic environment for children, including aggressive marketing of unhealthy foods for children, and reduced physical activity are among the main causes. In addition, several countries in the region lack the nutrition governance capacity to respond effectively to the DBM. This article reviews the context and provides a set of conclusions in which countries are called to reduce the marketing of unhealthy foods for children, enforce the fortification of staple foods with micronutrients to reduce micronutrient deficiencies and improve IYCF, including breastfeeding in the region. Also, the call is strong for cross-border multi-sectoral efforts to address the DBM in these regions.

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Published by S. Karger AG, Basel

Introduction

The WHO regions for Europe, Central Asia and Eastern Mediterranean (<https://www.who.int/about/who-we-are>) are facing an epidemiological and nutrition transition, characterized by a high prevalence of both under- and over-nutrition, that is, a double burden of malnutrition (DBM). Accelerating multi-sectoral approaches and strengthening countries' capacities in nutrition governance are essential in tackling the DBM effectively. This paper presents a summary of presentations given at a session at the international symposium on the DBM in December 2018 that addressed the epidemiology of the DBM in the Eastern Mediterranean Region (EMR) and Europe and Central Asia Regions (ECAR).

The article is part of the Proceedings of the International Symposium on Understanding the Double Burden of Malnutrition for Effective Interventions organized by the International Atomic Energy Agency (IAEA) in cooperation with United Nations Children's Fund (UNICEF) and World Health Organization (WHO) (10–13 December 2018, Vienna, Austria).

Epidemiology and Landscape

The DBM is evident in the EMR as the prevalence of overweight and obesity has been increasing over recent decades [1]. In several countries, approximately 1 in 5 children is obese by the age of 6–9 years. Central Asia sub-region has the second highest prevalence of overweight among children under the age of 5 in the world [1]. In the EMR, 50% of the adult women and >40% of men are overweight or obese [2].

The increased prevalence of nutrition-related chronic diseases is mainly related to dietary and activity patterns [3]. Poor diets and low physical activity also threaten health systems due to high treatment costs of nutrition-related chronic diseases. For example, obesity is associated with 2–4% of total health expenditures in three European countries [4]. Prevention through the promotion of healthy diets and physical activity remains the only viable long-term solution to the obesity epidemic, but more effective management of overweight and obesity is an immediate need. At the same time, under-nutrition is still prevalent in some countries across ECAR. In general, the prevalence of stunting, wasting and anaemia has been declining in the region since the 1990s. However, 11.8% of children in Central Asia and the Caucasus are stunted and as many as 25% in some areas in Central Asia.

Additionally, maternal, infant and young child nutrition are far from optimal. For example, the percent of women exclusively breastfeeding infants at 6 month of age in the WHO European Region ranges from 1% in Finland, 7% in Norway and 10% in Austria to 34% in Portugal, 44% in Hungary, and 49% in Slovakia [5], suggesting that 4.3 million babies in ECAR do not receive optimal feeding during the first 6 months of life. Although 69% of children in the region receive timely introduction of complementary foods, only 28% enjoy a minimum acceptable diet from 6 to 23 months of age [5]. Aggressive marketing of breast-milk substitutes and ready-to-use complementary foods for infants, the lack of effective infant and young child feeding (IYCF) counselling services and the lack of community awareness are among the main barriers to a healthy diet. The inappropriate promotion of foods for infants and young children, including those with a poor nutrient density and high content of sugar, salt or unhealthy fat threatens appropriate feeding practices and the nutritional status of children. In addition, poor availability and access to healthy foods along with poor skills and knowledge of families limits proper dietary diversity.

With regard to micronutrient deficiencies, anaemia affects up to 40% of children aged 6–59 months [6] and 20% of women of reproductive age, and between 8 and 26 million women are anaemic [6]. National strategies to prevent iron-deficiency anaemia (such as large-scale fortification and supplementation) are not fully implemented. Regardless of the available evidence, another challenge lies in changing policies to address these issues. In some populated countries in the ECAR, the prevalence of iodine deficiency is high, yet there are no national mandatory universal salt iodization programmes in place. Therefore, addressing malnutrition in all its forms requires improved capacity and better surveillance with coherent, innovative actions that cover the entire food system to ensure a diverse, balanced and healthy diet for all.

Programmatic Experiences

Interventions to address the DBM require support for healthy diets using a life course and multi-sectoral approach focused on critical periods of growth and the formation of optimal dietary habits as early life is a key window of opportunity to prevent all forms of malnutrition. In addition to the health system, food, social protection, legislative and community systems need to act to achieve sustainable impacts. Protecting and promoting optimal IYCF remains a priority [7, 8] along with efforts to ensure the development of healthy food preferences and dietary behaviours among children. Furthermore, improved support for breastfeeding, full implementation of the International Code on the Marketing of Breast-milk Substitutes, and scaling up the Baby Friendly Hospital Initiative are warranted [9, 10]. In addition, restrictions on the marketing of unhealthy foods to children need to be expanded. Furthermore, countries must ensure that their policy frameworks effectively address the DBM.

In 2010, the World Health Assembly endorsed recommendations on the marketing of foods and non-alcoholic beverages to children that led to a framework on how to implement such recommendations [11]. Within Europe, a network of WHO Member States has identified and implemented specific actions that could reduce the extent and impact of such marketing to children. However, as reported by WHO Europe [12], there is slow progress in the effective implementation of such recommendations. Still, Norway has shown great achievement in creating an environment to ensure compliance with the aforementioned WHO recommendations. In Norway, television advertisements of any food

before, during and after children's programmes is prohibited and a self-regulatory scheme was introduced to expand the range of voluntary restrictions on marketing aimed at children under 13 years. In addition, a draft regulation has been introduced for comprehensive restrictions on marketing aimed at children under 18 years.

In Central Asia and Caucasus, the nutrition agenda to prevent the DBM lacks the strategic attention of the governments. To strengthen the nutrition governance in Central Asia and Caucasus, the Regional Nutrition Capacity Development and Partnership Platform was established in 2018. It is based on policy recommendation of the Second International Conference on Nutrition and the United Nations Decade of Action on Nutrition (2015–2025). Eight Member States in Central Asia and Caucasus participate, with UNICEF and other UN agencies providing support. This platform is a systematic, cross-border partnership-oriented mechanism to develop the nutrition governance capacity to tackle the DBM. Continued efforts promoted by this platform should include building leadership and governance capacity in nutrition, improving financing for nutrition and nutrition services in the public health care system to respond more effectively to the DBM, and enhancing the capacity of the nutrition workforce while reinforcing the multi-sectoral approaches to tackle the DBM. Countries should be encouraged and supported to develop a national nutrition plan, expand and improve the nutrition workforce to address complex nutrition issues. In addition, nutrition needs to be addressed in primary health care, education and research institutions and university-level education in nutrition needs to be expanded in Central Asia and the Caucasus.

Recommendations and Conclusions

In conclusion, although the situations differ between and within Europe, Eastern Mediterranean and Central Asia, there is evidence of a DBM. Therefore, it is important to analyse the context in which the DBM has become prevalent and adjust the policies and programmes accordingly. Countries must take solid and measurable actions to tackle the DBM by formulating country-specific specific, measurable, achievable, relevant and time-bound commitments for improving diets from conception throughout the life course. More important, countries must strengthen sustainable and resilient nutrition-specific and nutrition-sensitive actions. The

prevention of the DBM can be achieved only if a multi-sectoral approach involving health, education, social protection and agriculture is adopted. Likewise, understanding how food may play a convening role in bringing synergy to the collective work of all sectors is a priority. It is also important to support engagement with the private sector with a transparent and solid perspective of expected outcomes. Among the thematic areas where stronger action by countries is needed are efforts to reduce the marketing of unhealthy food for children, fortification of staple foods with micronutrients to reduce micronutrient deficiencies and promote proper IYCF practices including stronger implementation of baby friendly hospitals. The building blocks of an influential, strong and functional nutrition sector include, but are not limited to, a functional and trained workforce, leadership and governance, adequate financing, evidence generation, information systems, knowledge exchange and integrated programmes. A Regional Nutrition Capacity Development and Partnership Platform has been established to develop the capacity of nutrition governance to tackle the DBM in Central Asia and Caucasus. This platform must be further institutionalized with active engagement of Member States via multi-sectoral committees, the global developmental partners as well as International Finance Institutions and donors.

Acknowledgement

The authors would like to thank Cornelia Loechl, Daniel Hoffman and Theodora Mouratidou for their critical reviews of the manuscript. The authors also acknowledge the contribution of Knut-Inge Klepp in the initial development of the manuscript.

Statement of Ethics

The authors have no ethical conflicts to disclose for this review because there were no humans or animals involved directly.

Disclosure Statement

The authors have no conflicts of interest to declare. The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of WHO or UNICEF. The presentation of material therein does not imply the expression of any opinion whatsoever on the part of WHO or UNICEF.

Funding Sources

No external funding source contributed to the writing of this paper.

Open access provided with a grant from the International Atomic Energy Agency.

Author Contributions

A.Y. conceptualized the overall design of the manuscript and all authors contributed to writing of the manuscript and approved the final draft.

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