



THIRTY-FIRST WORLD HEALTH ASSEMBLY

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THE ROLE OF THE HEALTH SECTOR IN THE DEVELOPMENT OF
 NATIONAL AND INTERNATIONAL FOOD AND NUTRITION POLICIES AND PLANS

Report by the Director-General

In compliance with resolution WHA30.51, the Director-General is reporting on the reorientation of the WHO nutrition programme, with emphasis on the development of national food and nutrition policies and the integration of nutrition in health services, particularly in primary health care. A new strategy is outlined, with clearly defined priorities and based on a rational utilization of local resources. An action-oriented research and development programme, which will mobilize international cooperation and strengthen the overall nutrition programme of the Organization, is proposed in support of the new strategy. The Director-General would appreciate the views of the Health Assembly on the reorientation of the programme. The research component will then be reviewed at the twentieth session of the global Advisory Committee on Medical Research in June 1978, as requested in resolution EB61.R33.¹

CONTENTS

	<u>Page</u>
Introduction	2
Food and nutrition policies	2
Nutrition in health services	4
An action-oriented research and development programme in nutrition	4
Objectives	4
Programme organization and design	7
Development and financing	8

¹ WHO Official Records, No. 244, 1978, p. 22.

INTRODUCTION

1. In pursuance of Health Assembly resolution WHA30.51¹ and Executive Board resolution EB61.R33,² the Director-General is submitting this report for consideration of the Thirty-first World Health Assembly. It describes the reorientation of the WHO nutrition programme, and proposes a series of actions to support it.
2. Following the Technical Discussions at the Thirtieth World Health Assembly, and in the light of resolution WHA30.51, an in-depth review was made of the WHO nutrition programme: its components at country, regional and headquarters levels, its linkages with other programmes of WHO, the United Nations and the relevant nongovernmental organizations, and alternative action necessary for reducing the extent and severity of malnutrition and undernutrition in the world.
3. It is recognized that malnutrition results from a complex interplay of many factors which include food availability, the capability of families to obtain the food they need, and dietary practices and beliefs. These factors determine the type of diet that people follow. In addition, nondietary factors such as infectious and parasitic diseases, particularly those associated with diarrhoea, as well as other environmental stresses, contribute to the problem and are aggravated by it. The correction of malnutrition therefore requires coordinated multisectoral action. The health sector has important responsibilities, but its actions will only be effective if carried out closely with agriculture, education and other developmental activities.
4. Within the health sector also, activities to improve nutrition are most efficient and effective when properly integrated with services to meet basic health needs, particularly with activities relating to maternal and child health, family planning, environmental sanitation, and control of infectious diseases.
5. The cooperation of the Organization with Member countries in the field of nutrition is therefore being reoriented to give priority to:
 - (1) the introduction of nutritional objectives in national development plans, and the development and implementation of multisectoral food and nutrition policies and programmes;
 - (2) integration of nutritional activities within health sector responsibilities especially at the community level.
6. The strengthening of technical cooperation in these two areas will complement on-going activities in nutritional surveillance, control of specific nutritional deficiencies and nutrition education and training.

FOOD AND NUTRITION POLICIES

7. Ensuring the availability and consumption of an adequate diet for all the population is recognized as a fundamental responsibility of governments. Specific developmental efforts oriented towards this end should therefore be included as important components of national development plans. But resources to support these efforts are scarce, particularly in those countries where malnutrition is widely prevalent, and competition for them is great. Therefore, a systematic approach is needed to define priorities, plans and strategies according to national characteristics and conditions.
8. A food and nutrition policy has to deal with the implications for nutrition of governmental actions affecting the ability of the population, particularly the less privileged, to obtain the food they need. This includes income distribution, patterns and levels of food production, food prices, systems for storage, processing and marketing of foods, and food export and import

¹ WHO Official Records, No. 240, 1977, p. 3.

² WHO Official Records, No. 244, 1978, p. 22.

policies. Specific action such as food subsidies and supplementary feeding programmes may also need to be considered. A food and nutrition policy also has to concern itself with the quality of foods, including their nutritional value and their safety. Guidance has to be provided for adequate consumption, taking into consideration cultural preferences and the economy of the country as a whole, and of the different sectors of the population. Furthermore, since infectious and parasitic diseases, particularly those associated with diarrhoea, as well as other environmental factors, cause wastage of foods consumed and increase nutritional needs, their control has to form part of an overall, integrated food and nutrition policy.

9. A first step is the identification of the nature and magnitude of the food and nutrition problems, including the population affected and the main causes. Elaborate studies are not necessarily needed; rather, in most instances, it should be possible to begin with already available information. On the basis of such a preliminary analysis, decisions have to be taken on solutions to the problems, establishing the priorities and strategies accordingly. Modest initial steps can be taken while progressively building up a coherent policy, thus avoiding the planning of isolated and frequently ineffective activities of a transitory nature.

10. The need for multisectoral, coordinated action is clear and must be considered within the overall national development plans. A report of the Joint FAO/WHO Expert Committee on Nutrition¹ describes in more detail the basic principles and actions involved in this approach that countries need to consider when dealing with malnutrition.

11. The health sector has an important role in stimulating and even initiating the development of such a multisectoral strategy. It has also major sectoral responsibilities in contributing to the assessment of the nature and magnitude of the problems; in identifying the population groups at greater risk and which require special attention; in setting norms and standards for nutritional requirements and for the types of diets necessary to meet them; in developing and implementing direct measures through the health services for the prevention, treatment and rehabilitation of the different forms and degrees of malnutrition, and for the control of infectious and parasitic diseases; and in organizing programmes for food hygiene. The health sector also supports activities in other sectors, such as school feeding programmes and nutrition education through different media.

12. WHO cooperates with countries in the development of national food and nutrition policies and plans, and in related training programmes to develop national expertise in this area. This will be strengthened further through collaboration with other international organizations and agencies. For this purpose, WHO has been actively involved in the establishment of the ACC Sub-Committee on Nutrition, on which organizations and agencies of the United Nations system having responsibilities in food and nutrition are represented. Its main purpose is to coordinate the technical cooperation programmes; independent technical advice is obtained through an Advisory Group on Nutrition. The Sub-Committee also has close contacts with bilateral agencies and other institutions concerned with national programmes for nutrition improvement.

13. To date, experiences in the development of national food and nutrition policies indicate that there is an urgent need to devise realistic dietary recommendations which take into consideration the ecological, economic and sociocultural characteristics of the countries and which are adequate from the nutritional and health point of view. This is important for agricultural planning as well as for effective nutrition education and guidance as part of health sector action at the local level. The definition and testing of such dietary recommendations therefore, based on the use of local resources, has been selected as a priority area of WHO collaboration, and is one of the main purposes of the action-oriented research and development programme proposed in this report.

¹ WHO Technical Report Series, No. 584, 1976 (Food and nutrition strategies in national development: ninth report of the Joint FAO/WHO Expert Committee on Nutrition).

NUTRITION IN HEALTH SERVICES

14. Two major reasons why health services have not been more effective in nutrition in the past have been identified. One is the reliance on conventional means of service delivery, which frequently have low coverage and do not reach the groups most at risk. Furthermore, nutrition-oriented activities have often been implemented in isolation, or not properly integrated with complementary health care activities, such as maternal and child care, family planning and control of infectious diseases. To overcome this problem, many countries are adopting the primary health care approach, with nutrition as one of its priority components. Countries are also beginning to define better the groups at greater risk.
15. The other major reason is that efforts to improve dietary practices are most often based on principles which are out of step with the local conditions and sociocultural background and are impossible for the populations to which they are addressed to follow. These principles are derived from conventional knowledge and experience which are inapplicable to, and therefore cannot meet, the needs of the vast majority of people in the world.
16. New approaches are required, based on community participation - particularly women's participation - and more efficient use of local resources.
17. It is therefore proposed to develop an action-oriented research and development programme as a new element of the Organization's nutrition programme. The purpose is to test, under actual field conditions, how the nutritional needs of the population can best be met with locally available and acceptable foods; and to develop appropriate methods for integrating nutrition-oriented activities into health programmes with wide and effective coverage. The programme will be oriented around a new strategy initially aimed at attacking the problem during the most critical period of the life cycle, making maximum use of local resources.
18. This critical period is defined as the very early formative period of the life cycle - from intrauterine life up to about three years of age when the young child's diet is fully assimilated to that of the adult family. Malnutrition in this period is critical not only in terms of infant and early childhood mortality, but also in terms of consequences for the physical and mental health of the survivor for the rest of life.

AN ACTION-ORIENTED RESEARCH AND DEVELOPMENT PROGRAMME IN NUTRITION

19. In order to provide the support and information required for the formulation and implementation of realistic national food and nutrition policies, an action-oriented research and development programme in nutrition is proposed. By focusing on ways to meet the nutritional needs of the community with its own resources, the programme is intended to contribute to the strengthening of national and community self-reliance.

Objectives

20. The overall objective of the programme is:

To develop and translate into operational activities new knowledge and approaches that can be used to improve nutrition and health through action at the community level.

Three specific objectives have been set:

- (1) to test at the community level how locally available foods can best meet the nutritional needs of vulnerable groups;
- (2) to identify, develop and evaluate different types of appropriate methods for food preparation in the home or community, and educational techniques than can be utilized for local community action and in health care systems for improving dietary practices;

(3) to assess different approaches to the integration of nutrition activities into the various types and levels of health care delivery systems, and to provide appropriate learning experiences in action-oriented operational research as well as opportunities for on-the-job training of front-line health workers.

21. To reach these objectives, it is necessary to work progressively, step by step. First, an analysis has to be made of the nutrition component of on-going community health programmes and of the problems, needs and resources of the communities served by those programmes, as they relate to nutrition. On the basis of this analysis, specific objectives can be modified, new areas identified and specific studies designed. The programme is therefore oriented to problem-solving, based on the actual needs of the communities, their health care programmes and available resources.

22. A brief description follows of the type of work foreseen with regard to each of the specific objectives.

Specific objective (1): To test at the community level how locally available foods can best meet the nutritional needs of vulnerable groups.

23. Current knowledge permits the theoretical definition of nutritionally adequate diets based on a variety of foods which are customary in different ecological situations and within the economic reach of poor population groups. Some epidemiological evidence and a few studies, carried out mainly under clinically controlled conditions, support this theory. However, diets thus defined have not been systematically tested under the living conditions prevailing in communities.

24. The initial emphasis will be on small children during the weaning and post-weaning period. Often the food consumed in different combinations by the family is nutritionally adequate for older children and adults, but not for infants and small children who have special physiological characteristics and nutrient requirements.

25. Food, and combinations of food as usually consumed, will be tested for nutritional value, acceptability and digestibility by small children, long-term tolerance, energy density, frequency of feeding required to achieve adequate intake, rate of spoilage, and risk of bacterial contamination. In those instances where the energy density of the foods is too low in relation to the eating capacity of small children, the possibility of increasing the energy density by the addition of oils or other concentrated sources of energy will be investigated. It is possible that some of these diets may still be deficient in important nutrients such as vitamin A and iron. Various methods of correcting such deficiencies would have to be investigated. Research on these problems, which the Organization has already been supporting, provides useful basic information.

26. Most of the studies will be carried out in communities, though some may need the support of highly qualified food and nutrition laboratories and facilities for metabolic studies; the cooperation of existing research centres in both developing and developed countries will be required. This will give such centres the opportunity of participating in very relevant problem-solving research, within a framework of international collaboration.

27. In addition to being of immediate interest to the nutrition activities within the health sector, the information obtained will provide the basis for relevant activities in agriculture, in education and in other sectors, and for the design of realistic food and nutrition policies and plans.

Specific objective (2): To identify, develop and evaluate different types of appropriate methods for food preparation in the home or community, and educational techniques that can be utilized for local community action and in health care systems for improving dietary practices.

28. This objective embraces a number of areas: some are already identifiable, while others will emerge as the programme develops. Those calling for priority action are:

(a) Appropriate methods for food preparation in the home or community

Where foods are prepared in the home for the family as a whole, it is a common phenomenon that not enough consideration is given to the special needs of young children and to their physiological limitations. Children are often fed only some of the foods available to the rest of the family, and those selected for the small children are commonly not the most nutritious ones, or are not prepared in the right combination or in the right form.

The information obtained under specific objective (1) will serve as a basis for identifying appropriate methods for the preparation of foods in ways that will make them suitable for administration to children in the amounts required. Consideration will be given to available facilities, local customs and traditions, time at the disposal of the mother, fuel availability and other relevant local conditions. Special attention will be given to the evaluation of existing indigenous methods and the extent to which they can be adopted or adapted.

The initial phase of this research will concentrate on an analysis of information about sociocultural, ecological and economic characteristics of the families and their beliefs and practices concerning food preparation, as well as the frequency and pattern of food distribution within the family. The suitability for young children of foods usually prepared in the home will be studied in order to determine what modifications may be needed.

If feasible, the preparation of foods or special supplements for young children from locally available products through village cooperative or cottage industries will also be explored. In some instances this might need the technical support of qualified food technologists.

(b) Improving the effectiveness of nutrition education

Since the ultimate goal is to translate the information gained into improved dietary practices, particularly for the feeding of young children, special efforts are needed to evaluate different educational techniques.

Research will focus on factors influencing food habits and food consumption among various population groups, different members of the family and particularly young children. Attempts will be made to elucidate the rationales for these beliefs and practices in order that related education may remain consistent with them.

The studies will also attempt to identify cultural practices and traits which may serve to help introduce innovative measures and make nutrition education activities more acceptable and effective. Approaches and methods will be explored whereby education is made part of the process of ensuring individual and community participation. Application of the behavioural and social sciences will be an important component of these studies.

Special objective (3): To assess different approaches to the integration of nutrition activities into the various types and levels of health care delivery systems, and to provide appropriate learning experiences in action-oriented operational research as well as opportunities for on-the-job training of front-line workers.

29. With the development of new knowledge and experience of how to satisfy nutritional needs using local resources, steps will be taken to incorporate them into the health delivery systems of the countries, particularly at the primary level of health care. Efficient approaches and methods for this purpose will have to be identified or developed.

30. Questions to be raised will include: what type of nutrition activities would be most effective? how these can be conducted with available resources? who will perform these activities and with what support and training? and how can maximum coverage be obtained?

31. To answer these questions, operational research on the delivery system and in other related areas will be required. A team approach will be needed. Individuals will have to be

mobilized who have the knowledge, skills and experience in health and nutrition, planning and management, epidemiology and research methodology, communication and education, social science and community development. One of the long-term goals of the programme will be to prepare teams of experienced people capable of carrying out operational research in nutrition in the context of health care systems. The proposed programme will thus not only provide the information required for effective action, but will also result in the building-up of national expertise and institutions, and will contribute to self-reliance in the analysis and solving of problems.

32. The proposed research will suggest strategies and methods which, once they are operational, can be useful in the training of all health personnel, especially that of instructors and supervisors of front-line workers.

33. The activities described above in the proposed action-oriented research and development programme will be closely linked with the on-going WHO nutrition programme, as well as with other WHO activities in primary health care, family health, environmental health, and control of communicable diseases. In particular, it will be linked with activities for the promotion of breastfeeding, research and training in tropical diseases, the Expanded Programme on Immunization, appropriate technology for health, and health service research.

34. It is intended that solutions emerging from these efforts will form an integrated strategy to combat malnutrition.

Programme organization and design

35. In the development of this proposal, the Organization consulted highly qualified scientists and public health managers from different parts of the world, who agreed with the reorientation of activities and recognized the need for the proposed supporting programme.

36. The scope of the programme in its initial stage is limited to the most critical and urgent problems. The various components are further broken down into clearly defined objectives, so that the complicated and interrelated questions involved can be tackled in the most systematic way. The programme is to be organized in a globally coordinated manner and carried out in a variety of developing countries with different dietary patterns and ecological, sociocultural and economic conditions, in order to obtain a range of locally valid solutions. General principles of wide application, with appropriate adaptation, may also emerge.

37. In addition to countries' own mechanisms to ensure the application of ethical principles in the planning and implementation of the research, WHO would also collaborate, whenever necessary, by providing guidelines and the support of a review mechanism concerned with maintaining standards of ethics in research.

38. The programme will require intensive and sustained research efforts by food and nutrition research centres and other national institutions both in developed and developing countries. Some of these institutions already exist, but may need strengthening and/or reorientation. In many developing countries the capacity to carry out the required studies will have to be developed. In this way technical cooperation will be stimulated among developing countries, and between developed and developing countries, in this area of global interest.

39. WHO will play a mainly catalytic role at all operational levels. The Organization's role at the global level will be primarily one of promotion, coordination and support, while most of the activities will be carried out in the countries by national workers, with participation of WHO staff as required.

40. The experience of the Organization in other major programmes of research and development will be utilized and adapted in structuring the programme. It is proposed to establish task forces related to specific components, and a technical advisory committee, with national managers and technical experts, to provide overall guidance to the programme.

Development and financing

41. In accordance with resolution EB61.R33¹ and following the discussions and recommendations of the present Health Assembly, the research programme outlined in this report will be presented to the session of the global Advisory Committee on Medical Research scheduled for June 1978.

42. If the Health Assembly concurs with the general direction of this proposed programme, the resources needed by the Organization for its support will have to be obtained from extra-budgetary sources. As a first step, resources will be sought for the developmental stage, which will include consultations with interested countries, agencies and institutions, and the preparation of detailed and specific action for the consideration of potential donors and participants.

¹ WHO Official Records, No. 244, 1978, p. 22.