Summary report on the

WHO/FAO technical consultation
to review the regional
food-based dietary guidelines

Cairo, Egypt
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1. INTRODUCTION

A regional technical consultation organized by the World Health Organization (WHO) to review the draft regional food-based dietary guidelines for the Eastern Mediterranean Region was held in Cairo, Egypt, from 24 April 2007. The consultation was organized jointly by the WHO Regional Office for the Eastern Mediterranean and the Food and Agriculture Organization of the United Nations (FAO) Regional Office for the Near East. Experts from Bahrain, Egypt, Islamic Republic of Iran, Lebanon and Pakistan, and staff from the FAO; the World Food Programme (WFP) and WHO Regional Office for the Eastern Mediterranean, also attended the consultation.

The objectives of the consultation were to:

- review the draft regional food-based dietary guidelines;
- incorporate additional relevant food and dietary information into the draft guidelines;
- finalize the content and format of the guidelines.

The meeting was opened by Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. Dr Gezairy highlighted the phenomena of the double burden of under-and over-nutrition in Member States of the Region. He focused on the coexistence of micronutrient deficiencies, childhood obesity and diet-related noncommunicable diseases and their adverse impact on national development plans. He noted the importance of food-based dietary guidelines as an effective tool in informing and educating the public. He stressed that the purpose of developing regional food-based dietary guidelines was in order that they could serve as a template for countries
to create their own guidelines and to adapt these guidelines according to
countries' own national priorities.

Dr Khairya Moosa was elected Chair and Dr Zahra S. Ahmed as Rapporteur.

2. SUMMARY OF DISCUSSIONS

The technical consultation on national food-based dietary
guidelines organized in 2004 by WHO and the FAO addressed all aspects
of developing dietary guidelines. Since this consultation several Member
States have initiated the development of their own national food-based
dietary guidelines. In the Region there is a pressing need to revise,
complete and update data on diet-related and chronic diseases, such as
cardiovascular diseases, hypertension, diabetes, cancer, overweight and
obesity. Revision and completion of the evidential data on nutrients
associated with noncommunicable diseases, such as saturated fat, trans-
fatty acids, omega 3 fatty acids, polyunsaturated fatty acids, fibre, also
needs to be initiated.

All patterns of food consumption existing in the Region need to be
addressed by the guidelines, such as the low consumption of fruit and
vegetables reported by some dietary studies. Food availability data used
to draft the guidelines is drawn solely from FAO statistical food balance
sheets, and the Total Diet Study, conducted in 2001 in urban Beirut,
Lebanon, by the American University in Beirut, which relied on actual
food consumption. Contribution of food groups to daily energy intake as
a percentage of total intake is not calculated from dietary consumption
surveys in the Region. Micronutrient intake data reports the results of
limited non-representative studies. The picture of infant-feeding practices
in the Region is also incomplete. Availability of, and accessibility to, recent country representative data on food consumption is deficient. The WHO regional food-based dietary guidelines will incorporate data on physical activity, complementary feeding practices and childhood obesity. Participants emphasized the need for statements on exclusive breastfeeding to be produced in separate paediatric guidelines.

Pakistan’s experience in developing its own national dietary guidelines demonstrated the challenge of considering all existing local variations in dietary habits. The first draft of Pakistan’s national food-based dietary guidelines was also considered too pro-poor. The guidelines stipulated the size and number of servings to be consumed by each age group and this necessitated a review of energy requirements. The importance and limitations of using food groups in the drafting of dietary guidelines was discussed as issues such as which food groups certain foods belong to requires clarification and elaboration. Literacy levels were also discussed in relation to nutrition communication in the development of guidelines and the importance of involving audiences and eliciting their feedback in the development of guidelines. Lessons learned from the development of dietary guidelines in South Africa have also shown that the timing of food industry involvement in the development process is critical.

Participants stressed the importance of identifying differences between countries in developing the guidelines as for the guidelines to be effective, they need to be able to be adapted to a country’s particular environmental, social, economic and cultural context.

The draft guidelines will be finalized after incorporating data on physical activity, complementary feeding, childhood obesity and food consumption patterns at the household level. The guidelines will also
address the double burden of malnutrition as the simultaneously occurring deficiencies of undernutrition and micronutrient deficiencies remain serious public health problems in many countries of the Region, in addition to the increasing burden of diseases such as diabetes, cardiovascular diseases and obesity. In spite of the considerable amount of basic information provided in the guidelines, more data on actual food consumption patterns are still required and Member States and international agencies were requested to provide greater data on diet-related diseases.

3. **RECOMMENDATIONS**

   *To Member States*

1. Identify resources for the development and implementation of the regional food-based dietary guidelines, soliciting assistance from FAO/WHO as required.

2. Adapt and further develop the guidelines, including validation and implementation.