5. WORKING GROUP SESSIONS

5.1 Group session 1

Participants were divided into two groups for the group sessions. Group One comprised participants from Egypt, Islamic Republic of Iran and Pakistan; whereas Group Two comprised participants from Bahrain, Jordan, Kuwait, Lebanon and the Syrian Arab Republic.

In the first session, both groups were asked to identify constraints and gaps in the preparation of food-based dietary guidelines in the participating countries, including the availability of appropriate data and information, and to identify factors that can facilitate and promote the process, including the necessary technical skills and resources.

Presentation Group One (Egypt, Islamic Republic of Iran, Pakistan)

In all three countries in this group, dietary guidelines are available, but they need to be updated and further developed into FBDG. The group agreed that this should be undertaken by a steering committee. Once developed, the FBDG need to be pilot-tested with the appropriate target groups, implemented and monitored. The following organizations should be involved in the process: the Ministries of Agriculture, Commerce, Education, Health, and Supply; the media; nongovernmental organizations; academia; industry; policy makers; and assemblies, while the steering committee, supported by FAO and WHO, should lead the process.

Constraints to be overcome in Egypt included insufficient partner collaboration, limited financial and technical resources, the fact that nutrition and health are not national priorities, and the existence of contradictory messages. In the Islamic Republic of Iran harmonization and collaboration is required in order to jointly seek resources, donors and assistance.

Anticipated needs for technical assistance in this group included designing and analysing data collection, information and communication technology, intra and regional communication message development and dissemination, and evaluation and monitoring. The need for building capacity in nutrition and health for the public, professionals, epidemiologists and paraprofessionals, as well as in the IT sector, is also foreseen.

The group proposed that several FBDG could be developed to address different vulnerable groups, different age groups, and in Iran also ethnic
groups. In Pakistan the FBDG should be translated into several languages. In the plenary discussion that followed, participants were strongly advised to start with one set of FBDG. However, various education materials should be developed based on these FBDG for their dissemination to targeted age and vulnerable groups.

*Presentation Group Two (Bahrain, Jordan, Kuwait, Lebanon, Syrian Arab Republic)*

None of the countries in Group Two has developed national dietary guidelines.

The group identified the same data requirements presented by Dr Antonia Trichopoulos and added under-nutrition to the list. Except for data on food composition, most information is available, although it may not always be representative data. Despite this, countries should proceed to develop a country report as the basis for the development of their FBDG. The same format should be used by all countries in order to facilitate comparison. For future data collection, the Group stressed the need for standardized methods and cut-off points.

Instead of developing one set of FBDG for the Region, the group agreed that national FBDG are required, based on a regional framework. To develop the FBDG, the Ministry of Health (MOH) was identified as the key-stakeholder, and a stepwise approach was recommended. The process should start with the establishment of a task force with experienced individuals, under the umbrella of the MOH. Once the highest level in the MOH is behind the initiative, interministerial support could be sought. The issue of leadership was deemed extremely important. The MOH should take the lead, supported by the other ministries (Ministry of Agriculture, Ministry of Commerce, Ministry of Population), the NGOs, and the scientific community.

The main constraint identified was the lack of political commitment and the difficulties expected in convincing decision makers. Therefore, country data should be presented along with FAO/WHO recommendations and success stories on FBDG.

The lack of awareness of the need for nutrition education among medical doctors was another constraint identified by this group. Accordingly, integration of nutrition in the medical curricula is needed.

By and large, the technical capacities are available in the countries in this group. Where this is lacking, FAO/WHO technical assistance may be needed or expertise from outside the country should be sought.
Points raised in the discussion

- Leadership is needed, especially where more institutions have to collaborate in the development of FBDG; a steering committee could be a good solution.
- Key stakeholders need to be identified.
- FAO/WHO could have a facilitating role, but starting the process is the responsibility of each country.
- Countries should develop one FBDG first for a defined target population.
- Children <2 years need their own guidelines, while one set of FBDG could address all other age groups.
- Specific channels could be used to target subgroups in the population, for which the FBDG may need to be adapted.

5.2 Group session 2

In Group Session 2, the groups reflected upon identifying the roles and responsibilities of different sectors and partners, and defining the outline of national FBDG.

Presentation Group One (Egypt, Islamic Republic of Iran, Pakistan)

Partnership is needed among all stakeholders (National Nutrition Committee or Institute, the Ministries of Agriculture, Commerce, Education, Health and Supply, the media, NGOs, academia, industry, policy makers, FAO, WHO and UNICEF). In order to build partnerships, one single organization should take the lead and a focal point needs to be selected in each organization. In order to identify qualified and effective collaborating individuals within each organization, certain criteria can be applied: they should have authority and responsibility, as well as the necessary training and expertise. For each collaborating organization, a job description will be needed in order to prevent overlapping activities and to optimize the use of resources.

Volunteer organizations may be asked to provide accurate statistical data and technical expertise to carry out research, provide funds, help in advocacy and social marketing, assist in communication and dissemination, provide training, capacity building and the needed umbrella, authority and influence to implement the FBDG.
Building trust is needed both within the National Nutrition Committee/Institute and between such committee and the community. Full participation of the stakeholders will help to build trust. Intercommittee, intercountry and interregional linkages should be developed through personal contact, regular meetings, web sites and communication.

Exchange programmes with existing guidelines and expertise were recommended in order to learn from earlier experiences. Some of the lessons learned elsewhere included the need for robust participation, a long term action plan, and communication plans.

In order to finance the process, the group recommended that each agency should use its own funds for the implementation of their role in the process. In addition, the involvement of the national community, industry and private sector, nongovernmental organizations and international organizations was recommended, as well as the possibility of and fundraising.

In order to understand the public/consumer, the group agreed that focus group discussions would be important, as well as pilot testing of developed FBDG messages.

Group One prepared the following outline for national FBDG:

- nationally defined
- simple
- practical
- nutritional scenario
- basic information
- 6-10 guidelines
- rationale in simple words explaining choice of guidelines
- flyers and other media pamphlets.

Once FBDG has been defined, many things should be provided, i.e. training for disseminating the FBDG, evaluation and monitoring, and dietary guides which are specific for age, rural-urban settings, have special considerations, and dietary serving information.
Presentation Group Two (Bahrain, Jordan, Kuwait, Lebanon, Syrian Arab Republic)

Partnerships are needed with the Ministries of Health, Agriculture, Commerce and Planning, the media, the National Council for Research, academia, the food industry, food producers, consumers, mass caterers, and nongovernmental and international organizations. To start the process, this group recommended holding an initiation workshop, during which data on the country’s nutrition-related problems should be presented and compared with that of other countries. In preparation for this workshop the national nutrition report should be prepared. During the workshop, the importance for developing FBDG will be stressed. Inputs from the different participating bodies in relation to the activities and responsibilities will be discussed, resulting in defining the roles of the various partners in developing and implementing FBDG. Volunteer organizations will be asked to adopt the FBDG and to assist in their implementation and dissemination. The need for training of professionals is foreseen among public health workers, health educators, medical doctors, nurses and dieticians.

In order to build trust, periodic meetings are recommended to share information, update the group, and upgrade the procedure in view of the parties’ input. Local, regional and international linkages can be enhanced by identifying a focal point in all collaborating organizations. In addition, reports of progress should be communicated either through a web page with a discussion group, a newsletter, a progress report or an e-mail list, (provided resources are available for a focal point and secretarial support), as well as periodic meetings.

The group identified the following roles for collaborating organizations:

- Ministry of Health: formulation and dissemination of FBDG
- Ministry of Agriculture: input related to agricultural policies including food production, processing and distribution as needed for the formulation of FBDG
- Ministry of Commerce: labelling, consumer protection, trade, food security
- Ministry of Planning: financial strategies and policies
- media: dissemination
- National Council for Research: funding support for research
- academia: scientific justifications and research for FBDG and education
- food industry: quality control, support for research to develop new products, collaborators
- food growers: produce food in line with FBDG
- consumers: collaboration, cooperation, testing and adoption
- mass caterers: collaborators
- nongovernmental and international organizations: collaborators.

Exchange programmes for information on and comparison of FBDG could take the form of annual meetings, or electronic linkages. Academia could be asked to study lessons and best practices from earlier experiences with FBDG, and has an important role to play in providing training, which is needed for professionals and trainers, as well as for the media and community. Group 2 foresees that funds can be obtained from the private sector, government, international organizations and donor agencies.

A well-planned protocol should be developed for the dissemination of information, which may include a goodwill ambassador, television, brochures for distribution in schools, universities, clinics, community centres, supermarkets, etc., legislation for defining who can talk and inform on nutrition.

Group Two developed the following outline for national FBDG:

- Do not exceed the optimal body weight for your height
- Eat fruit and vegetables with meals and snacks
- Choose unsalted nuts as snacks, instead of sweets or candy bars
- Choose whole-grain bread, rice or pasta instead of refined ones
- Always drink water and fresh fruit juices rather than soda drinks
- Eat a variety of foods
- Increase physical activity
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- Decrease intake of salt and sugar
- Decrease intake of solid fat (soft margarine and oils rich in saturated fat).

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<th>Points raised in the discussion</th>
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<td>A website on the development of FBDG would support the work in the Region</td>
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<td>Some countries would like to invite FAO/WHO to participate in the national steering committee.</td>
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5.3 Group session 3

In Group Session 3, the groups were asked to discuss and develop a national plan of action for developing national FBDG, and to suggest activities for further follow-up.

*Presentation Group One (Egypt, Islamic Republic of Iran, Pakistan)*

The group drafted a plan of action for developing national FBDG and outlined the necessary steps to be taken. A time frame applicable to each country was presented for all the activities suggested. The main steps in the plan of action were:

- Form a steering committee with the objectives of formulating tasks, and fulfilling them, as well as fundraising. Involved bodies can include the Ministry of Health and the national nutrition committee. The committee can be funded by organizational support.

- Create and appoint task forces: for food consumption, food production, commerce, health data, advocacy and fund raising, as well as capacity-building education and database formation.

- Organize a meeting on national FBDG to agree on the work of the task forces, to formulate a draft of the work plan, and to appoint working groups for circulation and dissemination plan of the draft and for feedback collection.

- Develop consumer materials: develop material, expert review, pilot testing, revision, finalization of the product and launching.

- Lay down a follow-up plan. This should be planned and implemented
by the same steering committee and should include assessment of the need for more than one FBDG based on age, sex or special group needs, as well as strengthening national expertise and building capacity.

- Organize evaluation, monitoring and dissemination of lessons learned: this includes collecting data and comparing them with the baseline data, measuring the impact of national FBDG, deciding on the need for revision, establishing a regional databank and sharing lessons learned.

*Presentation Group Two (Bahrain, Jordan, Kuwait, Lebanon, Syrian Arab Republic)*

The plan of action developed by Group Two was similar in principle to that of Group One, including establishing steering or intersectoral committees, organizing meetings and workshops to discuss and approve each step in developing national FBDG, and planning and implementing follow-up plans. In addition, the group went into more details in discussing each step of the process, and included specific ideas and examples.

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<td>- Government commitment is primordial.</td>
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<td>- A national workshop could be organised to sensitize stakeholders on the need to develop FBDG</td>
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<td>- The agricultural sector is needed to ensure an adequate food supply in order to implement recommendations.</td>
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<td>- This sector also ensures that food is of good quality and safe for consumption.</td>
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<td>- It also provides a channel for dissemination of FBDG to the rural population.</td>
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<td>- One FBDG could be developed for all GCC countries.</td>
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<td>- In these countries the agricultural sector is less relevant.</td>
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