

**ICN2** Second International Conference on Nutrition

better nutrition better lives



Food and Agriculture  
Organization of the  
United Nations



World Health  
Organization

## **Meeting Report: Bi-regional meeting on Scaling-up Nutrition**

**10-12 August  
Colombo  
Sri Lanka**

World Health Organization Regional Office for South-East Asia  
World Health Organization Regional Office for Western Pacific  
Department of Nutrition for Health & Development, WHO Geneva  
In collaboration with FAO, UNICEF, WFP and the World Bank

The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the Food and Agriculture Organization of the United Nations (FAO) or of the World Health Organization (WHO) concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or products of manufacturers, whether or not these have been patented, does not imply that these are or have been endorsed or recommended by FAO or WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters. All reasonable precautions have been taken by FAO and WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall FAO and WHO be liable for damages arising from its use.

The views expressed herein are those of the authors and do not necessarily represent those of FAO or WHO.

## Table of Contents

<b>Acknowledgements</b>	<b>2</b>
<b>Abbreviations</b>	<b>3</b>
<b>SUMMARY</b>	<b>4</b>
<b>INTRODUCTION</b>	<b>5</b>
<b>Objectives:</b>	<b>5</b>
<b>PROCEEDINGS</b>	<b>6</b>
<b>Day 1</b>	<b>6</b>
Inaugural session	6
Launch of eLENA	9
Global and regional nutrition situation, policies and strategies	10
Working groups – country challenges and achievements	13
Analysis of cross-cutting issues: policy development and implementation needs	14
<b>Day 2</b>	<b>14</b>
Comprehensive Implementation Plan	14
Country examples of successful delivery of nutrition interventions through the health system	16
Successful examples of Nutrition in All Policies	19
Working groups	23
<b>Day 3</b>	<b>25</b>
The ‘Scaling Up Nutrition’ movement	25
Role of different actors	25
Implementation tools	27
Meeting conclusions	28
<b>ANNEXES</b>	<b>30</b>
<b>Annex 1: Meeting participants</b>	<b>30</b>
<b>Annex 2: Meeting agenda</b>	<b>47</b>
<b>Annex 3: Country delegate statements on the Comprehensive Implementation Plan</b>	<b>50</b>
<b>Annex 4: Meeting papers</b>	<b>59</b>

## Acknowledgements

This report was prepared by Prof Don Matheson, Dr Sujatha Samarakoon and Susan Cook.

## Abbreviations

ASEAN	Association of Southeast Asian Nations
BFCI	Baby Friendly Community Initiative
BFHI	Baby Friendly Hospital Initiative
BMI	Body mass index
CIP	Comprehensive Implementation Plan
CCT	Conditional cash transfers
EBF	Exclusive breastfeeding
eLENA	e-Library of Evidence for Nutrition Actions
FAO	Food and Agriculture Organization
GINA	Global Information System on Nutrition Action
ICN	International Congress on Nutrition
IDD	Iodine deficiency disorders
IBFAN	International Baby Food Action Network
IYCF	Infant and young child feeding
LBW	Low birth weight
MDG	Millennium Development Goal
MCH	Maternal and child health
MIYC	Maternal, infant and young child
NCDs	Non communicable diseases
NGO	Non governmental organization
NPAN	National Plan of Action
PHC	Primary health care
REACH	UN interagency initiative on 'ending child hunger and under-nutrition'
SAM	Severe acute malnutrition
SEARO	South East Asia Regional Office of WHO
SAARC	South Asian Association for Regional Cooperation
SUN	Scaling Up Nutrition
UN	United Nations
UNICEF	United Nations Children's Fund
UNSCN	United Nations Standing Committee on Nutrition
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization
WPRO	Western Pacific Regional Office

## Summary

In response to current global nutrition challenges, the 63rd World Health Assembly (WHA) in 2010 approved resolution 63.23, urging Member States to increase political commitment in order to prevent and reduce malnutrition in all its forms, and requested the Director-General to develop a comprehensive implementation plan on infant and young child nutrition as a critical component of a global multi-sectoral nutrition framework. This bi-regional meeting was jointly called by the Regional Directors of SEARO and WPRO, with WHO HQ and in collaboration with FAO, UNICEF, WFP and the World Bank, to conduct a joint regional consultation on the Comprehensive Implementation Plan (CIP).

The meeting was held in Colombo, Sri Lanka from 10 to 12 of August 2011 and attended by over 80 representatives of 19 countries and 13 international and regional agencies.

Regional and global experts provided the context for the CIP, emphasizing the high level of stunting in the region, the need to take a life course approach beginning before pregnancy, the emergence of a double burden of over and under nutrition occurring simultaneously, and the widespread and persistent prevalence of micronutrient deficiencies.

Countries provided detailed feedback on the CIP. Overall, countries were satisfied the CIP met the expectations of the WHA resolution and suggested a number of ways it could be further enhanced including; presenting challenges as country-specific to enable countries to translate the CIP into their national context, aligning timeframes and targets with existing MDG and existing country targets and timeframes, mapping interventions in the CIP to existing programmes and avoiding duplication generally, more emphasis on health system strengthening, more information on cost effectiveness, cost benefit and innovative financing mechanisms, more emphasis on non-health sector indicators of nutrition, and monitoring of multi-sector activity so it is clear which would add value. The countries also requested clear and specific information in the CIP on roles and responsibilities of the different actors, at all levels and including private and public actors, involved in nutrition. There was mixed response to the reporting timeframe, although the majority favoured a two-yearly cycle for international reporting.

The meeting was also used to alert the regions on the development of new tools and partnerships to address nutritional issues. eLENA, the WHO e-Library of Evidence for Nutrition Actions was launched. The Scaling Up Nutrition (SUN) movement and country-level planning tools, the REACH process and resources, monitoring implementation progress tools, and the World Bank's *Scaling up Nutrition. What will it cost?* costing and advocacy tool were all presented, along with successful country and regional multi-sectoral initiatives.

The meeting concluded with an invitation by WHO to provide any additional feedback or advice on the CIP before the end of September, and a strong endorsement of the need for strong relationships, and skills and information sharing at global, regional, country and community levels to progress this important work.

## Introduction

In response to current global nutrition challenges, the 63rd World Health Assembly (WHA) in 2010 approved resolution 63.23, urging Member States to increase political commitment in order to prevent and reduce malnutrition in all its forms, to strengthen and expedite the sustainable implementation of the global strategy for infant and young child feeding, to develop or review current policy frameworks addressing the double burden of malnutrition, to scale up interventions to improve maternal, infant and young child nutrition and strengthen nutrition surveillance. The Sixty-third WHA requested the Director-General to develop a comprehensive implementation plan on infant and young child nutrition as a critical component of a global multi-sectoral nutrition framework for preliminary discussion at the Sixty-fourth WHA and for final delivery at the Sixty-fifth WHA, through the Executive Board and after broad consultation with Member States.

An outline of the Comprehensive Implementation Plan (CIP) has been prepared and comprises four main sections: challenges; implementation of policies and programmes to reduce the double burden of malnutrition; objectives, targets and time frame; and actions. The plan provides details about high-priority interventions, sectoral policies and indicators. The outline is supported by four background papers that provide:

- (1) an analysis of the implementation of nutrition policies globally;
- (2) a review of effective nutrition interventions;
- (3) a description of country processes to scale up nutrition interventions; and
- (4) a framework for monitoring the implementation of the implementation plan.<sup>22</sup>

A public call for comments has been launched on the CIP outline and on the background papers. The purpose of this meeting was to conduct a joint regional consultation on Scaling Up Action to Improve Nutrition.

Over 80 delegates with nutrition, agricultural, education, health, planning and development, communication, and economic and social backgrounds from Bangladesh, Bhutan, Brunei, Cambodia, China, India, Indonesia, Lao, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Papua New Guinea, Philippines, Sri Lanka, Thailand, Timor-Leste and Vietnam participated in the meeting, held in Colombo, Sri Lanka from 10 to 12 August 2011. UN agencies and other partners, temporary advisors, WHO Secretariat and country offices, and observers also attended the meeting. See Annex 1 for a list of participants.

### Objectives:

The objectives of the regional consultation were to:

- (a) Present country progress, needs and commitments to scale up nutrition across different sectors;
- (b) Collect country contributions, feedbacks and perspectives on the comprehensive implementation plan; and
- (c) Explore the commitment of development partners to supporting implementation of proposed actions.

## Proceedings

The agenda of the meeting is shown in Annex 2. The three-day meeting consisted of background, technical and country presentations and statements, working group discussions on key issues of policy and implementation, examples of successful initiatives, and considerations of CIP responsibilities and implementation.

### Day 1

The objective of day 1 was to present country progress, needs and commitments to scale up nutrition across different sectors.

#### Inaugural session

The national anthem was played and the traditional Sri Lankan ceremony of lighting of the oil lamp was performed.

#### Welcome Address by Dr. F. R. Mehta, World Health Organisation Representative to Sri Lanka



Dr. Mehta

*“often nutritional issues are unseen”*

Dr. Mehta welcomed the Sri Lankan Minister of Health the Hon. Maithripala Sirisena, high level officials from the UN agencies and delegates from 19 countries. He drew attention to the double burden of under-nutrition and nutrition associated with non-communicable diseases (NCDs).



### **Address by Dr Festo Kavishe Deputy Regional Director, UNICEF**

Dr Kavishe spoke of the significance of the Lancet 2008 series on “scaling up effective actions”<sup>1</sup>. He noted the fragile state of the activities to put this compelling evidence into action, and the need to fill the leadership gap.

Leadership is being shown by the United Nations Scale Up Nutrition (SUN) initiative. Through this, 100 institutions have been brought together and the “Nutrition movement is slowly taking shape”. What is required now is to translate this global commitment into high-level political commitment and practical approaches at the country level.

MDG1 (eradicate extreme poverty and hunger) will not be achieved unless more progress is made. It is an enigma in Asia that despite rapid economic growth, nutrition is being left behind. Economic development has brought with it the double burden of poor nutrition, with under-nutrition and underweight coexisting with the rising tide of obesity. All other MDGs pivot on achieving this important goal.

Underweight however is not the whole story. Stunting is a major problem for the region, which can exist with and without the child being underweight. Children in rural areas are 1.5 times more likely to be impacted. Inequity also plays a significant role, with double the rate in poorer households. Addressing equity must be part of any solution.

Children under 2 years are the most vulnerable, with irreversible impacts on lifelong physical and mental development. It also negatively impacts on countries’ economic growth.

Dr Kavishe concluded by saying nutrition is more than a footnote in the food security debate – it is just as important as education and clean water. The time for action is now. We can’t wait for any trickle down affects of economic development.

He reiterated UNICEF’s commitment to work with all partners in government and the United Nations. Action is now required.

### **Address by Mr. Kenro Oshidari, Regional Director for Asia, World Food Programme**

Mr. Oshidari said it was an honour to attend amongst so many people devoted to women’s and children’s nutrition in Asia. He noted that some countries in the region will meet MDG 1, but a major challenge to this achievement is population growth and increased health inequities. Malnourishment will likely increase in some areas.

He noted the importance of focusing on the “1000 day window” from pregnancy till the child is 2 years old. This is the crucial period to improve nutrition, and, in particular, prevent stunting. He said the current losses of children’s lives and lost income and development from nutritional causes are unacceptable. He referred to the World Bank Paper<sup>2</sup> on the economic impact of poor nutrition, and noted the cost of ending under-nutrition is low compared to the returns. Mr. Oshidari noted the leadership being shown globally through SUN. He also noted the importance of investing in nutrition technology, taking a multi-sectoral approach, establishing effective partnerships, and using indicators

---

<sup>1</sup> The Lancet, “Maternal and Child Undernutrition,” Special Series, January, 2008.

<sup>2</sup> <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/Peer-Reviewed-Publications/ScalingUpNutrition.pdf>

to measure overall progress. He concluded by noting we have the knowledge, and we know what to do. What is needed now is to unite and act..

**Address by Dr Brian Thompson, Senior Nutrition Officer, FAO, Rome.**

Dr. Thompson welcomed delegates and congratulated the WHO Regional Offices for convening the meeting. He said it is important to note that there is progress towards reducing the levels of malnutrition in the Asia Region. However, there are still many children who are suffering from malnutrition. As population growth takes place nutrition challenges will be difficult to control.

In South Asia about 50% of the child population is malnourished. Nutrition deficiencies in early stages of life are very important and the first 24 months of an infant's life have to be given attention. All sectors should be galvanized to get the best out of this window of opportunity to improve child nutrition.

The CIP needs four important elements: leadership; investing in nutrition technology (for example to produce supplementary foods); a multi sectoral approach - agriculture, health, social protection, education, and finance sectors all need to be all galvanized; and partnerships – the private sector is a key partner and should be used for production of high quality food, fortification of vitamins and minerals, and social marketing for positive nutrition messages.

**Video Message from Dr. Shin Young-soo, Regional Director, WHO WPRO**

Dr. Shin drew attention to the importance of nutrition by highlighting that malnutrition cuts across all diseases and accounts for 11% of the global disease. Dr. Shin noted that nutrition has been a “neglected area” on the health agenda with enormous human and economic costs. He said poverty and malnutrition are joined in a vicious cycle. This cycle cannot be broken by the health sector alone, and requires input from multiple actors and a broad range of experts including from agriculture, education, social support and finance, UN partners and colleagues in civil society and media.

Involving multiple actors and experts was modelled in the successful summit on food security (Food Secure Pacific) undertaken in Vanuatu last year<sup>3</sup>.

This CIP consultation must determine the size of the problem and identify gaps in information on nutrition status and dietary practices, especially for the most vulnerable groups such as young children, pregnant women and the elderly, so surveillance and monitoring systems can be improved.

**Address by Dr. Samlee Plianbangchang, Regional Director, WHO SEARO**

Dr. Plianbangchang told participants that because nutrition is a cross-cutting issue in health and human development, it is essential to work using a coordinated and multi-sectoral approach to be effective.

He outlined the development of intervention strategies to prevent malnutrition and of the CIP on infant and young child nutrition and maternal nutrition. The South-east Asian and Western Pacific regions have their similarities and differences in areas of nutrition determinants, nutrition-related disease epidemiology, food production patterns, food consumption patterns, and cultural practices.

---

<sup>3</sup> [www.foodsecurepacific.org/](http://www.foodsecurepacific.org/)

Dr. Plianbangchang said that under-nutrition is a serious and neglected public health problem in this part of the world. The most vulnerable groups - women and children, especially those in poor and under-privileged groups - have not been reached adequately. Deficiency states that commence in early life progress towards adulthood, with subsequent huge human social and economic costs. Malnutrition is associated with stunting, wasting, and also significantly contributes to NCD. The economic advancement and urban status of the population in South-east Asia is changing. Reduced physical activity, diets high in packaged foods and stress lead to NCDs. The coexistence of under-nutrition and over nutrition is the double burden of nutrition. Overall, unhealthy diets affect human well-being.

Dr. Plianbangchang concluded by emphasising that elimination of all forms of malnutrition through a multi-sectoral approach and early action to improve nutritional status of women and children is necessary.

### **Inaugural Speech by Hon. Maithripala Sirisena, Minister of Health, Government of the Democratic Socialist Republic of Sri Lanka**

The Hon. Sirisena noted that good nutrition is essential for achieving and maintaining good health, improving quality of life and socio-economic development of the country. The first Sri Lankan nutrition policy was developed in 1986 and in 2008 it was scaled up to cover the next ten years. The Hon. Sirisena was pleased to see a multi-sectoral approach is being adopted to achieve the objectives of the policy, and noted this approach is being successfully led by a National Nutrition Council in Sri Lanka.

He noted that food insecurity is one of the main causes of malnutrition, and the main concern today should be to design and implement solutions that increase the availability, affordability and quantity of nutritious foods. As the Minister of Agriculture in the previous government, he commenced a food campaign called “*Api Wawamu - Rata Nagamu*” to promote individual and family cultivation of small areas of land nutritious vegetables and fruits.

He conveyed special thanks to Dr. Samlee Plianbanchang and Dr. Firdosi Metha for their financial and material support to his Ministry. Finally, the Hon. Sirisena welcomed the distinguished delegates and thanked the commitment of the organizers.

### **Launch of eLENA**



The Hon Sirisena, Dr Branca, and Dr Plianbangchang.

The Hon Sirisena, Dr Branca, and Dr Plianbangchang went ‘online’ and successfully launched eLENA, the WHO e-Library of Evidence for Nutrition Actions. eLENA is an online library of evidence-informed guidelines for nutrition interventions. It acts as a single point of reference for the latest nutrition guidelines, recommendations and related information.

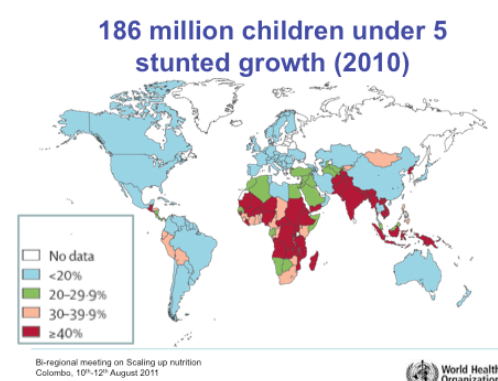
eLENA aims to help countries successfully implement and scale-up nutrition interventions by informing as well as guiding policy development and programme design

## Global and regional nutrition situation, policies and strategies

### Global nutrition situation: burden and policy response – Mr. Francesco Branca, Director, Department for Nutrition for Health, WHO

Mr. Branca presented on nutrition issues facing both globally and in Asia, and the policy response to these. The burden in Asia includes large numbers of cases of stunting and wasting, increasing prevalence of overweight and anaemia, and plateauing or decreasing rates of exclusive breastfeeding.

Vital statistics on child nutrition in Asia (2010)			
Condition	Prevalence (%)	Population (millions)	Trend (1990 to 2010)
Stunting	28	100	Down
Wasting	11	38	Down
Overweight	4.9	18	Up
Breastfeeding	<50		Static



These changes are the result of profound social and economic changes and changes in the food system. Dietary patterns have been influenced by trade liberalization, the expansion of supermarkets and fast foods delivering foods high in energy, salt and saturated fatty acids and a reduction in fresh foods, marketing of foods, and insufficient fruit and vegetable production.

The 2010 WHO Global Nutrition Review found that although most countries have nutrition policies in place, these often do not address the existing challenges, are not adopted or not implemented, and lack a focus on gender and vulnerable groups. A key issue is the “disconnect” between the health sector that develops the policies and other crucial sectors that influence food (for example, agriculture). A better understanding of and improved inter-sectoral work, including high-level policy coordination and budget allocation, is vital.

Significant policy gaps include an emphasis on gender, maternal under-nutrition, stunting, addressing particular needs of vulnerable groups, and integrating these into the overall nutrition policy framework. Consistency of micronutrient policies and practices and adequate focus on NCDs are also policy issues that should be brought to the table without delay.

In conclusion, he noted the importance of developing consistent and comprehensive policy that influences the underlying factors to nutrition-related disease and links nutrition to overall development, and emphasised the importance of inter-sectoral work and advocacy.

## **Nutrition situation in Asia – Dr. Tommaso Cavalli Sforza and Ms. Danxi Cheng, WHO Regional Office for the Western Pacific**

Asia includes 48 countries, 53% of the world's population, and has 63% of undernourished people globally. Although Asia is diverse, common issues include aging, social disparities, rapid urbanization, poverty, and the double burden of disease.

Overall, there has been progress in reducing underweight in children under 5 years, and China, Mongolia and Vietnam have already achieved the MDG target of a 50% reduction by 2015. Overweight is an issue, with 25% of most Asian countries overweight, and in the Asian population heart disease and diabetes is associated with a lower BMI than in non-Asian populations. NCDs are the leading causes of death in WPR countries, and a major cause of death in SEAR countries. NCDs are the leading causes of death in both developed and developing countries.

Low birth weight (LBW) is an indicator for the double burden of disease in developing countries and the poorer sections of the population in developed countries. The highest rates of LBW are found in some of the low income and middle income countries. The burden of both underweight and stunting in children under 5 years is also highest in lower income countries. Exclusive breastfeeding rates are low in most Asian countries and complementary feeding practices need to be improved.

Iron, iodine and vitamin A are the most common vitamin and mineral deficiencies. Zinc and folate deficiencies are also of concern in some countries. Southeast Asia has greater numbers and prevalence of iron-deficiency anemia than the Western Pacific, with low, middle and high-income countries having higher than normal levels of anemia.

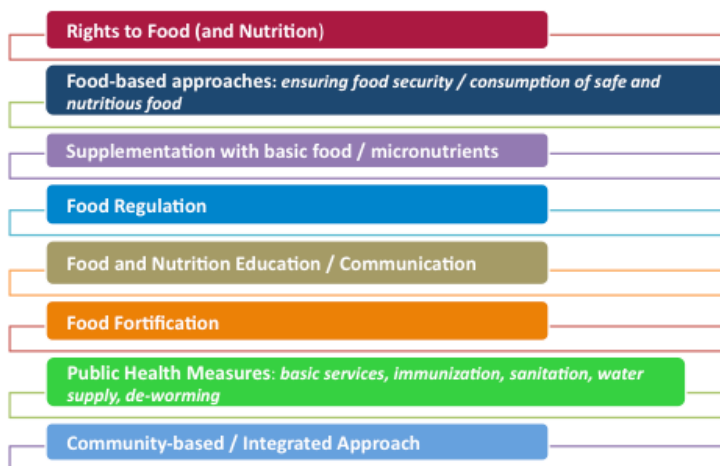
Current nutritional challenges that face the region are alleviating the remaining undernutrition problems, reducing inequalities between sectors of society, and preventing and controlling the growing threat of over weight /obesity and NCDs.

## **Strategies in nutrition: an overview – Dr. Kunal Bagchi, Regional Advisor – Nutrition and Food Safety, WHO SEARO**

Dr Bagchi identified nutrition as the link between food and health. He noted the region faced a number of nutrition-related challenges: child malnutrition, vitamin and mineral deficiencies, lifestyle changes, NCDs, aggressive marketing of foods and shifts in food preferences, increasing reliance on imported foods, decline in local food production, impact of climate change, and rising food prices. He described the double burden of malnutrition – countries with large numbers suffering from undernutrition and micronutrient deficiencies, and overweight and obesity – and said that these issues are rooted in poverty and co-exist in communities, and even the same households, in many countries.

He outlined important strategies to address this:

#### Strategies / Actions to prevent and control different forms of malnutrition



From K.Tontisirin, INMU-2007 Bi-regional meeting on Scaling-up Nutrition, Colombo, Sri Lanka, 10-12 August 2011

10

Dr. Bagchi showed sectors involved in the coordination of nutrition policies globally, and drew attention to major regional food and nutrition strategies, including the Framework for Action on Food Security in the Pacific 2010, the South Asian Association for Regional Cooperation Declaration on Food Security 2008, and the WHO South-East Asia Region Regional Nutrition Strategy. The key to all of these is the commonality of issues and the requirement for a multi-sectoral response.

#### **Joint FAO/WHO International Conference on Nutrition 20 years later – Dr. Brian Thompson and Ms Leslie Amoroso, Nutrition and Consumer Protection Division, FAO**

Mr. Thompson and Ms Amoroso presented on the International Conference on Nutrition 20 years later (ICN+20) to be held in 2013 in Rome.

The 1992 International Conference on Nutrition (ICN) unanimously adopted a World Declaration and Plan of Action for Nutrition. One of the outstanding results of the ICN was the preparation of National Plans of Action for Nutrition (NPANs) that represent the countries' priorities and strategies for alleviating hunger and malnutrition. Despite attempts and achievements in getting nutrition higher on the international agenda, it is estimated that the number of hungry people is higher than when world leaders agreed to reduce the number of hungry by half at the World Food Summit in 1996, having increased after the recent food and economic crises of 2008/09. Malnutrition in all its forms is an intolerable burden on national health systems, the entire cultural, social and economic fabric of nations, and is the greatest impediment to the fulfilment of human potential.

The ICN+20, jointly organized by FAO and WHO in collaboration with sister agencies and other global stakeholders in nutrition, will be a high-level political event and the first global intergovernmental conference devoted solely to addressing the world's nutrition problems in the 21st century. The conference will bring food, agriculture, social protection and health sectors together. It will address both under and over nutrition issues in women and children, individuals, families and communities. It will revitalize the role of nutrition at an international level, promote political and policy coherence and coordination, and strengthen governance for nutrition by supporting other initiatives. Preparations include regional and expert meetings, stakeholder consultation, and country case studies.

## Working groups – country challenges and achievements

### Group 1: Cambodia, Lao PR, Myanmar, Papua New Guinea, Philippines, Thailand, Vietnam.

All countries in this group are concerned with under-nutrition, and over-nutrition is also emerging as an issue. Countries report “remarkable” progress on micronutrient deficiency reduction, although problems remain. Creating links with other stakeholders, empowering local communities, and public-private partnerships have been important areas of work.

Insights offered by this group included the importance of the legal system and a regulatory approach including food standards, the critical role of advocacy, not only of the community but also with elected officials, the need for updated and evidence-based information, and the utilisation of the media in a strategic and sustained way.

Issues identified in this group included the need for social safety nets in nutrition in some groups, monitoring and evaluation, strengthening institutional development, multi-sectoral approaches, and funding.

### Group 2: Bhutan, India, Maldives, Nepal, Sri Lanka

Countries in this group presented their countries’ policies and programmes. Political commitment and strong leadership have sped up the implementation of these. A focus of many of these programmes has been on maternity protection and safety net programmes and the multi-sectoral and capacity building nature of these. Climate change was a focus for the Maldives, being very vulnerable to sea level changes.

Insights offered by this group included the absolute necessity of addressing geographical and socioeconomic inequality, and the critical importance of maternity leave legislation as a way to improve exclusive breastfeeding rates.

Issues identified by this group included the need for better awareness of nutrition through the education curricula, the need for greater attention and resources to nutrition-related NCDs, human resources capacity at all levels (central, district and community), and the need for improved communication and advocacy. Social protection was also emphasised as a crucial component of support for effective to address the underlying causes of malnutrition.

### Group 3: Brunei, China, Indonesia, Malaysia, Mongolia, Timor- Leste

This group focused on both under-nutrition and obesity. They outlined major achievements in food legislation, inter-sectoral coordination, a focus on food security, policy implementation and capacity building in addressing these.

Issues and remaining challenges include persistently low exclusive breastfeeding rates, aggressive marketing of breastmilk substitutes, energy dense foods, human and financial resources for nutrition, monitoring and evaluation, geographical and socioeconomic disparities, the dual burden of malnutrition and the sustainability of programmes.



## **Summary of report-backs from the working groups discussions**

Key themes from the working group discussions were that the current policy climate should be considered a challenge for scaling up nutrition, and that human and institutional capacity development are important for progress. Policy and commitment is generally strong at a central level, but implementation at a district level is often a challenge. Implementation may be improved through better advocacy and community involvement.

Overall, there has been great progress in policy development. The exception is in the area of NCD policy, where more clarity and learning from the successes of decentralization is needed.

Key success factors include the development of legislation, policy-makers ensuring there is sufficient financial commitment, involving activists, advocacy, and the use of the media, particularly to build social movements in support of nutrition action.

## **Analysis of cross-cutting issues: policy development and implementation needs**

### **Landscape analysis on readiness to accelerate action to reduce maternal and child under-nutrition in Sri Lanka – Dr. Renuka Jayatissa, Consultant Medical Nutritionist and Head, Department of Nutrition, Ministry of Health**

Sri Lanka, on track to achieve MDG-1, conducted a landscape analysis to: identify barriers that are impeding the scaling up of essential nutrition actions; mobilize further resources and /or identify how to better use existing resources to accelerate nutrition actions; and, make strategic, relevant and specific recommendations to the national plans of actions in the scaling up of nutrition-related activities.

Methods used to undertake the analysis were document analysis, self-administered questionnaire, and in-depth interviews. The two areas of focus were political and policy commitment and capacity to act. The analysis concluded that there was adequate commitment at the central level, although there were financial constraints. All the provinces experienced barriers to accelerate nutrition action. The two main recommendations were:

- i. Sensitize the policy-makers to develop nutrition action plans to reduce the barriers identified and to allocate resources accordingly; and,
- ii. Develop an effective monitoring and evaluation plan linked to the relevant barriers and linked with a monitoring body with proper authorities.

## **Day 2**

The objective of day 2 was to collect country contributions and perspectives on the comprehensive implementation plan.

## **Comprehensive Implementation Plan**

### **Overview of the comprehensive implementation plan on maternal, infant and young child nutrition – Mr. Francesco Branca, Director, Department of Nutrition for Health and Development, WHO**



"...increase political commitment to preventing and reducing malnutrition in all its forms, to expedite implementation of the global strategy on infant and young child feeding, and to expand interventions"

Dr. Branca presented the purpose and outline of the comprehensive implementation plan (CIP). He noted the challenges the CIP addresses: child under-nutrition (wasting and stunting), low birth weight, micronutrient deficiencies, child overweight, maternal under-nutrition, maternal anaemia, maternal overweight, and inequities. There is a window of opportunity to address these from the beginning of pregnancy until 2 years of age, but, "although most Member States have nutrition policies and programmes, they have not always been officially adopted, do not comprehensively address all the nutrition challenges and do not articulate operational plans and programmes of work".



Addressing the double burden of disease using a single approach is a key objective in the CIP, and global and country targets and timeframes are included. He showed the actions in the CIP:

#### 4 - Actions

- ACTION 1** : To create a supportive environment for the implementation of comprehensive food and nutrition policies
- ACTION 2** : To include all required effective health interventions with an impact on nutrition in plans for scaling up
- ACTION 3**: To stimulate the implementation of non health interventions with an impact on nutrition
- ACTION 4** : To provide adequate human and financial resources for the implementation of health interventions with an impact on nutrition
- ACTION 5** : To monitor and evaluate the implementation of policies and programmes

Bi-regional meeting on Scaling up nutrition  
Colombo, 10th-12th August 2011



Dr. Branca noted that interventions need to be inter-sectoral, evidence based, efficient, and not replicating mechanisms that are already in place, that resources need to be considered, and capacity building included.

The CIP will be finalized by October 2011. The link with NCDs is important and this will be addressed when SUN hosts a side event at the United Nations high-level meeting on noncommunicable disease prevention and control in September 2011<sup>4</sup>. The important point here is the direct link between early nutrition and NCDs later in life.

#### Country statements on the comprehensive implementation plan.

Country delegations then made statements on the CIP. See Annex 3 for the detail of these statements.

Overall, all countries agreed that the plan adequately addressed the request of the World Health Assembly resolution. As the representative from Bangladesh noted " *it is a very good guideline*".

<sup>4</sup> [http://www.who.int/nmh/events/un\\_ncd\\_summit2011/en/](http://www.who.int/nmh/events/un_ncd_summit2011/en/)

In relation to the challenges in the CIP there was a mixed response on the breadth of the challenges noted. However, many countries strongly supported the suggestion that the challenges be more “country specific” so that it enables countries to translate the CIP into their national context. A specific suggestion was that there be greater regional emphasis on ‘over nutrition’.

A number of countries commented on the objectives and targets, and the need to not unnecessarily create new targets and time frames when there are already existing targets and timeframes. In particular, those commenting wanted the targets and timeframes to directly align with MDG reporting, and also to mesh with country level targets and reporting timeframes.

There was a similar response to the issue of interventions. Where possible, interventions in the CIP should be mapped to existing programs (such as MCH, Health System Strengthening, NCDs) and assistance provided to map interventions into the local country context. Some countries felt there needed to be more emphasis in the document on health system strengthening, and in particular the 6 health system building blocks<sup>5</sup>.

There was a broad consensus that cost effectiveness and cost benefit information was needed for the specific interventions. Countries also requested more information on innovative financing mechanisms as discussed during this meeting.

In response to the issues of monitoring, countries focused their feedback on the need for indicators of non-health sector action on nutrition, and indicators that would monitor the effectiveness of multi-sector activity, so that it is clearer that these activities are adding value. There was also a call for transparency of financial monitoring so that moneys invested in nutrition were publicly accounted for. The countries felt the CIP should be clear and specific about the roles and responsibilities of the different actors involved in nutrition. This included actors at the global level (UN agencies and donors) as well as both public and private sector actors within countries.

There was a mixed response from countries on the timeframe for reporting, with the majority favouring a two-year cycle. As noted earlier, *alignment* with existing country reporting lines and countries’ Monitoring and Evaluation Plans would be beneficial.

In summary, the key ideas coming through the country statements were to see in the CIP recognition of the different context in which individual countries were operating and the importance that it interfaces with, and does not duplicate, other country or global activity, both in and outside the health sector.

Furthermore, it was recommended that the CIP should be made available in the lead up to the United Nations high-level meeting on noncommunicable disease prevention and control.

## Country examples of successful delivery of nutrition interventions through the health system

### Scaling up prevention of iron deficiency anaemia – Vietnam team.

Iron deficiency anaemia has negative impacts on a women’s health and productivity, foetal growth, and infant LBW, illness, delays in cognitive, social-affective and motor development, and on school performance. The prevalence of anaemia in children under 5 years declined from 1995 to 2008, but increased slightly among pregnant and non-pregnant women. Overall, the levels of anaemia are at moderate levels. There are ecological regions disparities in anaemia.

---

<sup>5</sup> Everybody’s business : strengthening health systems to improve health outcomes : WHO’s framework for action. World Health Organisation 2007.

The intervention presented was a weekly iron folate supplementation (WIFS) and 4 monthly de-worming. The project was implemented by village and community health workers with support from the provincial level and the research team. There was an initial phase and a scaling up phase, and both impact and compliance research. Eighty-one percent of the target population were accessed and the compliance rate was around 70%. Anaemia prevalence and hookworm infections decreased and birth weight increased.

Success factors included strong involvement from local authorities, using the existing health system for implementation, health education and communication, good training, monitoring and supervision, and low costs of the iron folate tablet supply, running costs and anaemia treatment costs. Funding came from the local province – a user-pays system – and this is a challenge for the project sustainability. Another challenge is a lack of national policies for anaemia.

Issues for scaling up from this example include defining contextual specific approaches (rural, urban, poverty, vulnerability...), developing/revising national guidelines for supplementation and de-worming, developing a M&E framework, local production of supplements, strengthening collaboration: between Ministry of Health departments and inter-sectorally, and advocacy to policy makers to increase commitment and funding.

### **Community-based approach to managing malnutrition in Thailand – Professor Kraissid Tontisirin, Senior Advisor, Institute of Nutrition, Mahidol University, Thailand**

Professor Tontisirin reported that Thailand faces the double burden of malnutrition and inequities in malnutrition. Malnutrition has been made an issue of injustice and poverty, and nutrition has been included in the Poverty Alleviation Plan within the National Development Plan.

Basic principles of the National Plan are: priority to specific areas, providing minimum basic services everywhere, using low-cost technology, people participation, and self-help. The National Plan fosters interaction and linkages between national, district and community levels. Indicators are assessed and action is based on these. Community based programmes are based on a menu of activities that includes antenatal care, a growth monitoring programme, and food production. The main achievements to-date are a reduction in anaemia in pregnancy and low birth weight. Reductions in malnutrition are expected to continue provided the system stays intact.

Key to the success of the plan has been linking food with health and focusing on health as the core issue. Emphasis was placed on food strategy, food culture, food security and supply, nutrition, and climate change. Multiple strategies were necessary to control factors that contribute to malnutrition. As well, community mobilisation and ownership of community-based programmes has been crucial.

He concluded by identifying community participation and using nutrition as an indicator as critical success factors.

### **Elimination of Iodine Deficiency Disorders – Bhutan**

Iodine deficiency is related to the health of the soil, and this has been influenced in Bhutan by melting glaciers, floods and rivers changing course.

In 1983 the prevalence of iodine deficiency disorders was 64%. In 1984 the Iodine Deficiency Control Program (IDDCP) was launched. Program components included salt iodization and distribution, monitoring of iodine content in salt, evaluation of program, development and dissemination of IEC materials, and development of guidelines & training health workers. In 1998 cyclic monitoring began.

This identified that certain populations were missing out on iodised salt, and that poor storage and availability were issues.

In 2003 Bhutan was one of the first countries in the world to eliminate IDD. In 2008 the monitoring and reporting system was revived to ensure elimination was sustained and it indicated there was 98% coverage, and also prompted a reassessment and re-setting of the level of iodisation required. .

Key success factors included sustained political commitment including the National Assembly banning of imports of non iodized salt, establishment of a local salt plant for iodization as a joint venture between a private firm and the government, and regular cyclic monitoring including monitoring of iodine at various levels. Information, education and communication, and private-public partnership were also important elements.

### **Promote, protect and support breastfeeding: successful example from Cambodia – Dr. Ou Kevanna, Manager, National Nutrition Programme**

Dr. Kevanna outlined Cambodia's National Policy on Infant and Young Child Feeding (IYCF). Breastfeeding policies are one part of creating an enabling environment for optimal IYCF. Approaches and strategies for IYCF were using the policy and legal environment, advocacy and communication strategies, facility-based provision of quality IYCK services, and encouraging community-based activities for improving family and community practices. The Baby Friendly Hospital Initiative and the Baby Friendly Community Initiative were introduced to support appropriate feeding practices for infants.

Dr. Kevanna said there has been incredible progress over the last ten years, with an increase in early initiation and exclusive breastfeeding. The IYCF has contributed to a drop in infant mortality, alongside immunization, poverty reduction, improved education and better roading, and Cambodia is on track to achieve MDG-4.

Factors for successful optimal breastfeeding have been: implementation of combined interventions at different and all levels, including mass media and interpersonal communications; supportive political, legal and community environments including strong commitment by government and other partners; close coordination and collaboration; use of communication strategy; and, sufficient funds for interventions.

Challenges include: less support from development partners from 2008, insufficient resources, increase in BFHI is slow and it is difficult to maintain external support for BFHI, supporting working mothers living in urban areas, complementary feeding practices are poor, in service training has to be sustained, and external support is decreasing.

### **Improving infant nutrition through essential intrapartum and newborn care in the Philippines – Mrs. Mariella S. Castillo, MCH Technical Officer, WHO Philippines**

Evidence shows that the following newborn care practices will save lives: immediate and thorough drying, early skin-to-skin contact, properly timed cord clamping, and non-separation of the newborn from mother for early breastfeeding. This essential intrapartum and newborn care (EINC) campaign, labeled "the first embrace", was developed to optimize the natural protective factors for newborn infants and discourage the health care system from practices negatively impacting on health.

The campaign rested on four main pillars: a hospital reform agenda, network of Centers of Excellence, curriculum changes, and a social marketing campaign. Implementation has resulted in improved practices, reduced neonatal mortality and sepsis, and meeting WHO standards of care.

### **Integration of nutrition programmes in primary health care in Sri Lanka – Family Health Bureau, Ministry of Health, Sri Lanka**

An overview of important social, health and nutrition indicators were presented. Sri Lanka has very remarkable social and health indicators, for example infant and maternal mortality rates are very low. Life expectancy and literacy levels are high, but nutrition indicators need improvement with stunting, wasting, LBW, underweight, anaemia, and vitamin A deficiency being noted.

An overview of the primary care system was provided. Primary health care (PHC) is a universal concept for health development and provides essential health care. In Sri Lanka primary care is both curative and preventative. Preventive services are provided through well structured PHC. The Medical Officer of Health units are the central point from where public health system is implemented.

Health services are provided using the life cycle approach. The National Maternal and Child Health Programme connects care through the lifecycle and is implemented as integrated services with packaging of interventions at community and institutional levels. This has a nutrition component, including: care of lactating mothers through support for breastfeeding, screening, nutrition education, and provision of micronutrients including vitamin A, iron, calcium and vitamin C; and a child health package including a school health programme with immunization, supplementation, provision of meals, and life skills.

### **Successful examples of Nutrition in All Policies**

#### **Nutrition-sensitive food and agriculture-based approaches: lessons learned and best practices from Asia and the Pacific – Dr. Nomindelger Bayasgalanbat, Nutrition and Consumer Protection Division, FAO**

Mr. Bayasgalanbat presented the guiding principles to FAO's regional approach and their initiatives in Asia. The guiding principles include a multi-sectoral approach; investing in country-owned, country-led strategies; scaling up evidence-based interventions; strategic coordination regionally and locally; public and private sector investment; facilitate knowledge and sharing; and regional dialogues to identify opportunities for action and collaboration.

Three significant multi-sectoral initiatives in the two regions were presented:

- The South Asian Association for Regional Cooperation (SAARC) Regional Strategy for Food Security to improve crop production and nutrition security.
- The Association of Southeast Asian Nations (ASEAN) Food Security Framework and Strategic Plan of Action to ensure long-term food and nutrition security & improve the livelihoods of farmers.
- The Pacific Food Forum Framework for Action on Food Security.

Mr. Bayasgalanbat presented three initiatives, one on building capacity for food security and better nutrition in Lao, one on improved complementary feeding for young children projects in a number of countries, and another on food and dietary diversification through home and school gardens in several countries.

Lessons learned from these included the importance of political will and the translation of this into policy promulgation, prioritizing action, and recognizing malnutrition as a key indicator of poverty. A well-functioning, well-led organization with high level advocates, networks into the villages and community participation will contribute to a program's success. Indigenous and/or community workers and volunteers can serve as vital links between village and service providers. Coordination through sectors and capacity building through levels, and the convergence of capacity-building initiatives into one UN or REACH framework is important. Finally, the need for good information for effective planning, implementation and evaluation in was emphasized, and monitoring and evaluation in each project component is essential.

### **Addressing malnutrition through nutrition-sensitive food and agriculture-based approaches – Dr. Brian Thompson and Mrs. Leslie Amoroso, Nutrition and Consumer Protection Division, FAO**

FAO's mandate in improving nutrition is to focus on the relationship between agriculture, food and nutrition and protecting, promoting and improving food-based systems as sustainable solutions to achieve this. Nutrition makes an important contribution for the achievement of each of the MDGs, and progress in the achievement of MDG-1 is crucial for the achievement of the others.

Agriculture has a central role for improving nutrition, and is the primary source of food, employment and income worldwide. FAO focuses on longer-term preventive solutions aiming to produce sustainable and positive dietary and nutrition outcomes. It is currently working to better integrate nutrition into agriculture, food security and vulnerability policy frameworks – a food and nutrition security approach. Food is the primary tool for improving the quality of the diet and for addressing and preventing malnutrition and nutritional deficiencies. It also supports the right-to-food approach in preventing hunger and ensuring health and wellbeing.

Improving the food and agriculture-based aspects of nutrition security narrows the “nutrition gap” – the gap between current food intake patterns and intake patterns that are optimal in terms of macro and micronutrient content. Narrowing the nutrition gap means increasing the availability, access and actual consumption of a diverse range of foods by safeguarding the quality and quantity of food in each step of the food chain. Investment options need to promote simple technologies to boost production and consumption of a diversity of high quality foods.

The presentation concluded by showing FAO's recent actions on nutrition including the publication *Combating micronutrient deficiencies: Food-based approaches* and the *International Symposium on Food and Nutrition Security: Food-Based Approaches for Improving Diets and Raising Levels of Nutrition*, and FAO policy and operational responses to the issues of food and nutrition security. Next steps for FAO include advocacy on the political agenda, creating an enabling environment, the role of women in agriculture and rural development, promoting nutrition education, and consumer awareness.

### **Role of education in leveraging nutrition – World Food Programme**

Using the UNICEF conceptual framework for analysing the causes of malnutrition, this presentation identified the caregiver as the key actor in child health. The key sectors to support the caregiver are food security, social protection, communication, health services, and education. They noted:

*“...damage suffered in early life leads to permanent impairment, and might also affect future generations. This evidence, combined with the well-known short-term effects of undernutrition, is*

*sufficient for giving the prevention of undernutrition high priority in national health, education, and economic agendas in low-income and middle-income countries” Lancet series, paper 2<sup>6</sup>. Thus, malnutrition is an intergenerational issue.*

They said schools are an ideal setting and practical platform to provide integrated interventions at a critical age. Nutrition interventions include de-worming, supplementation, home grown school feeding, health and nutrition education, nutritious school meals, cash transfer – take home rations, and hygiene and sanitation.

Challenges and gaps include reaching children not in school, reaching adolescent girls, fragmented and insufficient interventions, lack of policy and action, and lack of evidence-based data on nutrition. The presentation concluded by identifying political commitment, policy action and resources to scale up as critical ways forward.

### **Nutrition sensitive development in the education sector of Nepal. Examples of nutrition in education related plans and policies – Mr. Khagendra B. Singh, Ministry of Education, Nepal**

Mr Singh outlined nutrition and education sector issues. Nepal ranks among the top ten countries for stunting prevalence (49%), and the top 20 for wasting (13%). Nepal has made slow progress to reduce under-nutrition. Education in Nepal is a free and basic right, and it is recognised as a nutrition-sensitive sector. The School Health and Nutrition Strategy focusing on improving services, environments, behaviours, and community support and policies, and the National Multi-sectoral Nutrition Framework and Plan of Action, focusing on improving education, life skills and nutritional status of adolescent girls, are two examples of education related nutrition plans and policies.

Mr Singh concluded by noting that both technical and financial support are needed for scaling up nutrition actions. Planning, curriculum development, training, monitoring, and support for logistics and programme operation and expansion are required.

### **Role of social transfers in leveraging nutrition – Dr. France Begin, Regional Nutrition Advisor, UNICEF**

Dr. Begin defined and discussed social protection with reference to nutrition. She showed that although stunting decreased overall in South Asia from the year 2000, the decline was greater in rich families at 28% than the 14% decline in the poorest families. Better economic growth does not necessarily translate in better nutrition in the poorest households, and so these households need greater attention.

The definition of social protection is: *“The set of public and private policies and programs aimed at reducing and eliminating the economic and social vulnerabilities of children, women and families, in order to ensure their right to a decent standard of living and basic social services”*. Key components of this definition include social transfers, access to services, social support, and equity-enhancing legislation. Social transfer instruments include cash and food transfers, nutritional supplementation, public works and food and fuel subsidies.

Cash transfers increase family income and raise consumption, and are mainly provided to women who are more likely to prioritise spending it on nutrition, education and health. Disadvantages include that the impact is low where money is not spent on the original purpose and targeting can be an issue. There has been a review of evidence on the impact of conditional cash transfers (CCT) on child

---

6 Maternal and Child Undernutrition: Consequences for adult health and human capital: Cesar G Victora, Linda Adair et al. Lancet Series, paper 2, Lancet 2008

nutrition. Although CCT programmes improve anthropometry, there is little impact on micronutrient status. There is a positive impact on several outcomes in the pathways to improve nutrition, although the mechanisms are unknown.

Monitoring and evaluation are important, including monitoring for unintended consequences. Bringing best nutrition practices to CCT programmes including behaviour change communication, health services that help overcome other constraints to good nutrition such as prenatal care, immunization, infection treatment, and micronutrient and food supplementation may also improve the impact of CCT.

### **Financing nutrition interventions - Kumari Vinodhani Navaratne, Public Health Specialist, World Bank**

Mrs Navaratne spoke about the importance of costing and using cost-effective interventions in the scaling up of nutrition interventions. Costing can be used for different purposes, including to estimate resource requirements, make decisions based on allocations, and to make "investment cases" or advocacy.

The World Bank's *Scaling up Nutrition. What will it cost?*<sup>7</sup> report was prepared to offer a preliminary answer to the question "What resources are needed to fight under-nutrition?" It is mainly an advocacy/fundraising tool, but is also useful for country-level costing. She discussed the costing of three types of interventions: behaviour change, micronutrients and deworming, and complementary and therapeutic feeding. These interventions are delivered through three platforms: primary health care, market based mechanisms, and community nutrition programs, and all have strong links to health systems strengthening.

There are two methods for costing: an ingredients approach that costs each input, or a program approach that uses existing programs to estimate the cost.

Costs for interventions were presented. For example, the cost of breastfeeding interventions through community nutrition programs is US\$5-15 pre person per year, and the cost of other behaviour change interventions can be zero if included in community nutrition programs. Micronutrient supplementation costs between US\$1 and US\$3.60 per child per year depending on the supplement and age of the child. Fortification of foods can be from US\$0.05 to US\$0.20 per person per year. On the other hand, treatment of malnutrition is more expensive: US\$40-80 per child per year for moderate malnutrition and US\$200 per episode for severe malnutrition.

Economic analysis compares the cost and the outcome or benefit, and can be used to prioritise resources. In general, there is good evidence available for highly cost-effective health sector nutrition-specific interventions, but less for nutrition interventions in other sectors, as these are less likely to have been subject to economic analysis.

She said the World Bank have calculated it would cost \$11.8B annually to provide 36 countries with funding to scale up to near 100% coverage. Main sources of funding include public spending, donors, consumers, and the private sector. There are equity issues in the segmentation of sources of financing for nutrition, and, in general, lower income households are less easily reached with some models of funding.

---

<sup>7</sup> **Scaling Up Nutrition: What Will It Take? The Window of Development Opportunity** November 12, 2009, *The World Bank*.  
<http://web.worldbank.org>



The importance of planning was highlighted, and the need for comprehensive multi-sectoral plans of action for nutrition. Costing helps select interventions that are affordable and likely to produce a good return on investment. In some cases small changes may have the biggest impact.

### **Working groups**

Participants worked in small groups to discuss six critical topics arising from the CIP.

#### **Group 1 : Behavioural change interventions**

The group discussed the various communication approaches used to promote child and maternal health, and noted that all countries utilize a range of approaches from policy advocacy, social and community mobilisation, to interpersonal communication. They noted the behaviour change successes of Cambodia, Sri Lanka, and Philippines in improving rates of breastfeeding and increased childbirth deliveries at health facilities.

Challenges to behavioural change have included complementary feeding practices and giving water to infants, formula advertising, and not obtaining financing beyond health issues.

Increasing the capacity and skill of public health workers, financial resources and the effective planning and use of these to optimise results from communications, knowledge sharing, improved and strategic communication, and government and community involvement were identified as important factors in overcoming behavioural challenges. Implementation stage-by-stage allows sharing and learning from other countries.

Finally, the group noted the importance of the involvement and assistance from international and regional partners and NGOs, and the crucial role of these in monitoring.

#### **Group 2 : Micronutrient interventions**

The group outlined the range of micronutrient interventions in place throughout the region. All countries in the group had a national policy and programme in place with high coverage for vitamin A supplementation to children under 5 years, and some have programmes for postpartum women. Iron supplementation to children under 5 years is less well implemented and it is a challenge to integrate it into national strategies and plans. Iron and folate to adolescents is generally not universal although Sri Lanka has a national policy with good coverage. Advocacy to policy makers was identified as a key challenge. All countries have national policies for iron and folate supplementation to pregnant women, but there is inconsistency in supplementation of a micronutrients package.

The group concluded that technical support and advice, for example on the development of a costed national plan, financial support and provision of supplies, and support for monitoring and evaluation are required to improve work in this area.

#### **Group 3 : Targeted nutritional support and other health Interventions**

The group reported that treatment facilities are available or under development and community interventions exist for severe acute malnutrition (SAM) in all countries. Only a fraction of children with SAM reach hospital, but facilities need adequate quantities of appropriate food product to treat these children. Follow-up community care is often inadequate. Further challenges to implementation include a lack of suitable, affordable food product for treatment that is based on local food habits and

meets technical specifications, and the production and distribution of product, and the lack of funding for follow-up and capacity-building.

Policies are in place for community-based intervention for moderate under-nutrition in children, however programme coverage is low in many countries. Monitoring in the community for early detection is rarely done, and interventions may not be effective. Decentralisation is important in large and diverse countries, but also work to enhance coordination between funders and implementers in smaller countries.

Nutrition care for patients with tuberculosis (Tb) and HIV-AIDS was discussed; both groups are at risk of under-nutrition and micronutrient deficiencies. Correction, with food and/or supplementation, is important because it improves response to therapy. In the case of HIV-infected persons, providing food for their family may also improve compliance with anti-retroviral therapy. Food and/or supplementation is limited or absent in most countries.

Finally, this group discussed nutritional care for women with low BMI. No countries in this group have policies or programmes in place to screen, detect or provide supplements to women with low BMI, with the exception of pregnant women. Coverage and follow-up are often sub-optimal.

#### **Group 4 : Nutrition-sensitive food and agriculture-based approaches**

This group noted agricultural products, including cereals, pulses, fruits, vegetables and meat, which must increase 70% by 2050 to feed the growing population. The group discussed the importance of agricultural sustainability and good soil health. They considered integrated farming as important in achieving this; reducing or eliminating pesticides and chemical fertilizers, using compost and bio-fertilizers, and integrated pest management.

Agricultural product markets are also important and should drive production. The emphasis should be on producing safe, diverse, optimally nutritious food. Linking small farmers to markets is essential, and so is improved agricultural technology.

Other important factors include Good Agricultural Practice (GAP), support for small-scale agri-production, and women's empowerment.

Interventions include: increase the small-scale production of macro and micronutrient rich foods and commercialize the production of these, reduce post-harvest losses to maintain nutrient levels in commonly eaten foods, select plants and breeds to increase nutrient content, education and social marketing strategies to increase consumption of macro and micronutrient rich foods (see other working group), include improved nutrition as a goal of agricultural research, and promote gender sensitive agricultural technology.

#### **Group 5 : Education and social protection**

To be completed.

Education and social protection are important in the economic crisis. Most countries have social protection policies and programmes but few are nutrition sensitive.

Challenges and opportunities include moving from policy to action, building an evidence base including best practices, capacity building, system development, advocating for investment, financing mechanisms – private sector donors, and sharing the best and promising practices in the region.

#### **Group 6 : Financing mechanisms and policies**

The group outlined different financing mechanisms in their countries. They reported that financing is facilitated with a comprehensive, integrated, and costed plan. Costings may be done by central government or each sector and finance is often received from government and development partners. However, innovative funding mechanisms were identified. For example, Thailand through a 2% tax on Tobacco and Alcohol for health promotion, and Nepal through local government tax and conditional grants to local government. The private sector also may have a funding role. Each country discussed their experiences with financing mechanisms.

The group discussed prioritizing programmes. They noted that prioritizing decisions are influenced by politics, and that projects are funded based on government and development partners, often with little use of the evidence to inform national priorities. They identified that broad guidance was needed on cost effectiveness of interventions for prioritizing and choosing programs that are effective and fit the 'fiscal space' available in the country. They recommended this is explicitly built into the CIP.

Sustainability and advocacy are two further critical issues. Government ownership and capacity building, including strengthening systems, are important factors in achieving sustainability. Advocacy is also important, and several tools exist, and communication is used to generate funding. Good advocacy requires a multi-sectoral integrated approach with strong oversight and leadership. The group concluded by noting that improved nutrition is ultimately an income generating activity.

## Day 3

The objective of day 3 was to explore commitment to supporting implementation of proposed actions.

### The 'Scaling Up Nutrition' movement

Dr. David Nabarro, Special Representative of the UN Secretary General for Food Security and Nutrition, presented a video message to the conference.

Dr. Nabarro emphasised that access to nutritious food is a basic human right. There are around 20 countries committed and 100 groups involved in the first year of Scaling Up Nutrition (SUN). The focus is to achieve results by 2013. In each country, leadership is provided by the Head of Government or another high-level person. Supporting national action by multi-sectoral stakeholders is important, as is addressing other health issues impacting on nutrition.

### Role of different actors

#### **Scaling Up Nutrition. Role of civil society organisations – Dr Akoto Osei, Helen Keller International (HKI)**

Dr Osei discussed the important role of civil society organisations in addressing issues of scaling up. These challenges include how to provide the right nutrition support at the right time to the right person(s), identifying context-specific nutrition issues and use these to guide choice of interventions, and identifying who and where are the people not being reached by current interventions and how they can be reached. She noted that from pregnancy to 24 months are critical lifecycle contact points for intervention.

She stated there are many missed opportunities in current health and development programmes to provide nutrition support, particularly in urban and less poor communities. There is a lack of harmonization within the health sector and across other sectors, and a lack of guidance on how to integrate interventions across sectors. Limited resources, strategies for accountability, and capacity are further challenges.

She said civil society organisations have a role in joining partners to mainstream the SUN framework into national strategies and programs, identify context-specific nutrition issues and interventions, advocacy, resource mobilization and capacity building, monitoring and evaluation, and share lessons learned across countries. She finished by outlining HKI's work in Asia Pacific.

### **Scaling up nutrition: IBFAN's perspectives and commitments – Mrs. Radha Holla, Breastfeeding Promotion Network of India and International Baby Food Action Network Asia**

She noted that the causes of child malnutrition are complex, but includes the influence of political, cultural, economic and social systems, and underlying household and family-level causes such as lack of human resources, lack of food, maternal and child care, water/sanitation and health care services.

The major tools to address infant and young child malnutrition are the International Code of Marketing and Breastmilk Substitutes (the Code) and the Global Strategy for Infant and Young Child feeding. The International Baby Food Action Network (IBFAN) monitors the status of the Code. Overall 193 Member States, 67 have taken action to implement the Code at the national level, 33 have laws which cover all provisions of the Code, 34 have legislation encompassing many provisions, and 50 countries have taken some action, but overall this is insufficient.

The WBTi is a web-based tool to assess infant feeding policies and programmes at the country level, identify gaps, and build consensus on actions. Mrs. Holla presented some of the national findings, available on the web-based tool at <http://www.worldbreastfeedingtrends.org/index.php>.

Mrs. Holla ended by presenting the IBFAN Statement on the Promotion and Use of Commercial Fortified Foods as Solutions for Child Malnutrition.

### **Public Private Partnership for an improved food supply – Professor Don Matheson, Massey University**

Professor Matheson discussed partnerships and how they can be used for improving nutrition. A partnership is built around different actors in a system with the aim of making the system work more effectively. The food industry is an important partnership entity. However, for partnerships to work with the private sector, there must be a common goal. Not all food industry goals will be aligned with government policy; their motivations for a partnership with governments include commitment to improve nutrition, avoiding brand and product damage from public health campaigns, and to avoid regulatory approaches.

He discussed examples of public private partnerships, including the Responsibility Deals with industry in the United Kingdom, the New Zealand Food Industry Group formed to help reduce obesity but also to avoid regulation, and the Food Secure Pacific initiative where the private food industry is treated as a partner alongside all other actors in the food system.

In summary, Professor Matheson emphasised that partnerships can improve nutrition where there is a genuine shared agenda, an understanding of partner motivations, and if changes made towards one

goal are not offset by marketing of unhealthy foods (for example, fortifying foods high in fat, salt or sugar).

### **UN Standing Committee on Nutrition and the global nutrition architecture –Dr Marzella Wüstefeld Technical Officer, United Nations Standing Committee on Nutrition**

Dr. Wustefeld noted the number of players involved in the international nutrition system: governments, communities, donors, civil society, academia, UN agencies, and the private sector. She said they are fragmented, and innovate reform is needed so stakeholders can advance nutrition together and the system can perform key stewardship functions, mobilise resources, provide services in emergencies, and strengthen capacity in low income and middle-income countries.

She outlined the history of the UN Standing Committee on Nutrition (SCN) and its role in harmonizing nutrition policies and activities in response to needs of countries. The UNSCN Executive Committee is now trying to improve the working processes of the UNSCN and bring stakeholders together for information sharing, networking and tracking of progress.

Dr. Wustefeld also noted the UNSCN Secretariat's role in supporting the SUN movement and work on the World Committee on Food Security.

### **REACH experience in supporting nutrition at country level - Dr Brenda Pearson, REACH, UN Interagency initiative on 'ending child hunger and undernutrition', World Food Programme**

REACH is a country-led process that supports governments for scaling-up nutrition actions for the most vulnerable segments of the population: under-fives and mothers. It aims to end child hunger and under-nutrition. It acts as a catalyst to improve governance and management of scaling-up nutrition actions through a multi-sectoral approach to achieve coverage and equity of coverage, quality and effectiveness of implementation, the capacity to sustain, and critical inter-sectoral linkages, where they are needed.

The essential conditions for scaling-up nutrition actions are functional and technical capacities and leadership. Knowledge sharing, forging partnerships and communication and advocacy are key actions.

The REACH resource toolkit was outlined, and examples of the tools used by various countries were presented, including scoping, logframe, prioritization, monitoring and evaluation, stakeholder mapping, and coverage tools. Examples of policy, planning and governance, and implementation were also presented.

## **Implementation tools**

### **Monitoring framework for scaling up nutrition efforts in countries – Dr. Francesco Branca, Director, Department of Nutrition for Health and Development, WHO/HQ**

Dr. Branca presented on a framework to monitor implementation progress and accounting for results and resources of policies and programmes; the fifth key action of the CIP. Core indicators in the areas of input (policy environment, capacities, and international/legal frameworks), output or outcomes (specific nutrition interventions and nutrition sensitive development), and impact (improved nutrition

and improved survival) are included in the framework. He noted that data are to be disaggregated to reflect equity and gender issues.

Finally, he outlined the next steps at a country level. These included mapping and assessment of data collection sources, systems and capacities, capacity building around collection, management, analysis and interpretation, and preparation of country baseline and profile reports.

### **Developing country scale up plans –Dr Chizuru Nishida, Coordinator, Nutrition Policy and Scientific Advice, Nutrition, WHO**

Dr Nishida outlined a proposed process for developing country scale-up plans. Establishing an inter-sectoral coordination team to guide the process is a critical start to the process. She then outlined five key steps: first, context mapping and assessment of implementation challenges in countries; second, holding a country stakeholders' workshop to discuss and identify existing challenges for implementing scale-up plans; third, preparation of policy briefs (i.e. strategic operational plan) and consideration of integration and inter-relationships between health issue, programmes, and planning by levels and systems; fourth, convening deliberative dialogue; and, fifth, preparation of the scale-up plan that aligns with other sectors and the broader development agenda.

### **Implementation tools for scaling up nutrition action – eLENA and GINA – Mrs. Hannah Neufeld, Technical Officer, Nutrition in the Lifecourse, Department of Nutrition for Health and Development, WHO/HQ**

The WHO (eLENA) is an online library of evidence-informed guidelines for nutrition interventions. It is a single point of reference for the latest nutrition guidelines, recommendations and related information. eLENA aims to help countries successfully implement and scale-up nutrition interventions by informing as well as guiding policy development and programme design.

The Global Information System on the Implementation of Nutrition Actions (GINA) was also outlined. The GINA database includes policies and interventions and the Global Nutrition Review, and links to eLENA.

<http://www.who.int/elena>

### **Meeting conclusions**

In conclusion, the following key points were identified from the three-day meeting:

The changing picture of nutritional disease was identified, with a complex presentation now being seen of malnutrition presenting in a variety of forms; wasting, stunting, and even obesity. The emergence of non communicable diseases is now seen as a significant nutritional issue with its origins partly due to poor nutrition in early life. .

Nutritional deficiencies of minerals and vitamins remain a substantial issue for the two regions.

The approach required is across the “Life Course” with a special emphasis on pregnancy and the first 1000 days.

In addition, the importance of a focus on cross cutting issues of gender inequity and vulnerable groups was seen as necessary to comprehensively address nutritional issues. The important role of social

protection schemes was highlighted, as part of a multi sectoral approach. All activities need to be underpinned by regular monitoring and evaluation.

The countries expressed their support for the draft CIP and provided feedback on a number of aspects, including a call for increased recognition of the different contexts in which individual countries were operating and the importance that the CIP interfaces with and does not duplicate with other country or global activity, both in and outside the health sector.

A number of countries presented innovative and successful examples of nutrition and a wide variety of policy and implementation issues were discussed.

The meeting concluded with an invitation by WHO to provide any additional feedback or advice on the CIP before the end of September, and a strong endorsement of the need for strong relationships, skills and information sharing at global, regional, country and community levels to progress this important work.

## Annexes

### Annex 1: Meeting participants



World Health Organization Regional Office for South-East Asia  
World Health Organization Regional Office for Western Pacific  
The Department of Nutrition for Health & Development, WHO-Geneva  
**Bi-regional Meeting on Scaling-up Nutrition**  
Colombo, Sri Lanka, 10-12 August 2011  
*[In collaboration with FAO, UNICEF, WFP and the World Bank]*

[Rev.1]

### **PROVISIONAL LIST OF PARTICIPANTS**



## **BHUTAN**

Ms Ugyen Zangmo  
Sr. Program Officer  
Nutrition Program  
Department of Public health  
Ministry of Health  
Thimphu, Bhutan  
Tele:  
Fax:  
Email:

Mr. Tenzin  
Sr. Regulatory and Quarantine Inspector  
(food)  
Bhutan Agriculture and Food Regulatory  
Authority (BAFRA)  
Paro International Airport  
Paro, Bhutan  
Tele:  
Fax:  
Email:

Ms Dema  
Planning Officer  
Ministry of Agriculture  
Thimphu, Bhutan  
Tele:  
Fax:  
Email:

Ms Binita Lhadon Ghalley,  
Trade Office  
Department of Trade,  
Ministry of Economic Affairs  
Royal Government of Bhutan  
Thimphu, Bhutan  
Tele:  
Fax:  
Email:

Mr. Lam Dorji  
Teacher  
Takse Middle Secondary School  
Trongsa, Bhutan  
Tele:  
Fax:  
Email:

Mr. Wangchuk Tobgyel  
Producer/Anchor of the Dungscho BBS TV  
Programme and also focal person from TC  
Department for the Nutrition and Dietary  
working committee member

Bhutan Broadcasting Service Corporation  
Ltd.  
Thimphu, Bhutan  
Tele:  
Fax:  
Email:

Mr. Ugyen Norbu  
Ag. Chief Information and Media Officer  
Ministry of Health  
Thimphu  
Tele: 321842  
Fax No. 326038

## **INDIA**

Ms Sila Deb  
Assistant Commissioner (CH-2)  
Ministry of Health and Family Welfare  
Government of India  
New Delhi  
Tele: 011-23061218  
Mobile: 9868843430  
Fax: 011-23061218  
E-mail: [siladeb@gmail.com](mailto:siladeb@gmail.com)  
[Sila.deb@nic.in](mailto:Sila.deb@nic.in)

Mr Surender S. Ghonkrokta  
Director,  
Food Safety and Standards Authority of  
India (FSSAI)  
FDA Bhavan, Nr Bal Bhavan, Kotla Road  
New Delhi, India  
Tele: +91 11 23236975 / 23014005  
Mobile: 09958281717  
Fax: +91 11 23220992  
Email: [sghonkrokta@fssai.gov.in](mailto:sghonkrokta@fssai.gov.in)  
[sghonkrokta@hotmail.com](mailto:sghonkrokta@hotmail.com)

Dr P K Saha  
Deputy Commissioner (Crops)  
Crops Division  
Ministry of Agriculture  
Krishi Bhavan  
New Delhi, India  
Tele: 011 – 23385781  
Mobile: 09953124101  
Fax: 011 - 23385781  
Email: [pk.saha@nic.in](mailto:pk.saha@nic.in)  
[pk.saha@gmail.com](mailto:pk.saha@gmail.com)

Shri Chaitanya K.Prasad  
Officer on Special Duty  
Ministry of Information & Broadcasting  
"A" Wing, Shastri Bhavan

New Delhi, India  
Tele: 011-23073316  
Fax:  
Email:

Mobile: 0815666759  
Fax: 62 21 5350050  
Email: [ellyburhan@gmail.com](mailto:ellyburhan@gmail.com)

## INDONESIA

Mr Entos Zainal  
Directorate of Nutrition  
Ministry of Health  
Republic of Indonesia  
JI H.R. Rasuna Said Blok X.5 Kav. 4-9  
Jakarta, Indonesia  
Tele: 021 5203883  
Fax: 021 5210176  
Email: [entos\\_zainal@yahoo.com](mailto:entos_zainal@yahoo.com)

Ms. Yeni Restiani  
Indonesia Food and Drug Authority  
Jakarta, Indonesia  
Tele: 021 7440364  
Fax: 021 42875780  
Email: [restiani75@yahoo.com](mailto:restiani75@yahoo.com)  
[Subdit\\_spk@yahoo.com](mailto:Subdit_spk@yahoo.com)

Mr Bambang Poerwowibowo  
Food Security Board  
Ministry of Agriculture  
Republic of Indonesia  
Jakarta, Indonesia  
Tele: 021 7801014  
Fax: 021 7801014  
Email: [pirwo77@yahoo.co.id](mailto:pirwo77@yahoo.co.id)

Ms Yosi Dani Trisnawati  
Ministry of Planning and Development  
Jakarta, Indonesia  
Tele: 021 31934379  
Fax: 021 3926603  
Email: [yosi@bappenas.go.id](mailto:yosi@bappenas.go.id)

Ms Dwi Rini Wahyu  
Ministry of National Education  
Jakarta, Indonesia  
Tele: 021 5725641  
Fax: 021 5725635  
Email: [drini27@yahoo.co.id](mailto:drini27@yahoo.co.id)

Ms Elly Burhani Faizal  
The Journalist  
The Jakarta Post  
Jl. Palmerah Barat 142-143  
Jakarta, Indonesia  
Tele: 62 21 5300476

## MALDIVES

Ms Zuhudha Shakir  
Public Health Programme Officer  
Centre for Community Health and Disease  
Control  
Male'  
Republic of Maldives  
Mobile: (960) 7788891  
Fax: (960) 3014484  
E-mail: [zuhudha\\_shakir@health.gov.mv](mailto:zuhudha_shakir@health.gov.mv)

Ms Mariyam Shabeena  
Senior Scientific Officer  
Maldives Food and Drug Authority  
Male'  
Republic of Maldives  
Mobile: (960) 7948666  
Fax: (960) 3014300  
E-mail: [shabeena@health.gov.mv](mailto:shabeena@health.gov.mv)

Mr. Ibrahim Shabau  
Director  
Ministry of Fisheries and Agriculture  
Male'  
Republic of Maldives  
Mobile: (960) 7796141  
Fax: (960) 3014300  
E-mail: [ibrahim.shabau@fishagri.gov.mv](mailto:ibrahim.shabau@fishagri.gov.mv)

Ms. Shiuna Khalid  
Administrative Officer  
Ministry of Economic Development  
Male'  
Republic of Maldives  
Mobile: (960) 7488739  
Fax: (960) 3323848  
E-mail: [shiuna.khalid@trade.gov.mv](mailto:shiuna.khalid@trade.gov.mv)

Ms. Mariyam Ahmed  
School Health Officer  
Ministry of Education/(School Health  
Safety Section)  
Male'  
Republic of Maldives  
Mobile: (960) 7602385  
Fax: (960) 3320206  
E-mail: [maryam.misha@gmail.com](mailto:maryam.misha@gmail.com)

Mr Abdulla Rameez

Director (Training)  
Maldives National Broadcasting  
Cooperation  
Male'  
Republic of Maldives  
Mobile: (960) 7909040  
Fax: (960) 3317273  
E-mail: [abdulla.rameez@mnb.com.mv](mailto:abdulla.rameez@mnb.com.mv)

## MYANMAR

Dr (Mr.) Htin Lin  
Assistant Director (Nutrition)  
Department of Health,  
Naypyitaw, Myanmar  
Tele: 067-411267  
Mobile: 0095 96700577  
Email: [linngood@gmail.com](mailto:linngood@gmail.com)

Dr (Mrs.) Su Su Paing  
Food Control Officer  
Department of Health  
Naypyitaw, Myanmar  
Tele: 09 505 8305  
Mobile: 95 9 5058305  
Fax: 95 67 431134  
Email: [drspacing@gmail.com](mailto:drspacing@gmail.com)

Mr Tin Wa  
Manager  
Myanmar Agriculture Service  
Ministry of Agriculture and Irrigation  
Nay Pyi Taw, Myanmar  
Tele: 067 410524  
Mobile: 95 9 8304319  
Fax: 95 67 410138  
Email: [zawmoelwin76@gmail.com](mailto:zawmoelwin76@gmail.com)

Dr (Mr) Soe Win  
Deputy Director  
Directorate of Trade  
Ministry of Commerce  
Naypyitaw, Union of Myanmar  
Myanmar  
Tele: 067 408414  
Mobile: 95 95056471  
Fax: 95 67408321  
Email: [soefather@gmail.com](mailto:soefather@gmail.com)

Dr Thant Zin  
Associate Professor  
Department of Zoology  
Mandalay University  
Ministry of Education  
Nay Pyi Taw, Myanmar

Tele: 02 72611  
Mobile: 0943101491  
Email: [thantzingenetics@gmail.com](mailto:thantzingenetics@gmail.com)

Mrs Ei Ei Swe  
Health Education Officer  
Central Health Education Bureau  
Department of Health, Naypyitaw  
Tele: 067 411382  
Mobile: 098619079  
Fax: 0095 067 411382  
Email: [eiiei69@gmail.com](mailto:eiiei69@gmail.com)

## NEPAL

Mr Raj Kumar Pokharel  
Senior Public Health Administrator  
Child Health Division  
Ministry of Health & Population  
The Government of Nepal  
Teku, Kathmandu, Nepal  
Mobile: +977 9851055347  
Tel: +977 1 4225558  
Email: [rajkumarpokharel@gmail.com](mailto:rajkumarpokharel@gmail.com)

Mr Kamal Raj Gautam  
Program Director  
Agribusiness Promotion & Market  
Development Directorate  
Harihar Bhawan, Kathmandu  
Nepal  
Tele: 9851068759  
Email: [krgkrishi@yahoo.com](mailto:krgkrishi@yahoo.com)

Mr Khagendra Bahadur  
Section Officer  
Government of Nepal  
Ministry of Education & Sports  
Food for Education Project  
Naxal, Kathmandu, Nepal  
Tele: 977 1 4431895  
Fax: 977 1 4430650  
Email: [ffep@wlink.com.np](mailto:ffep@wlink.com.np)

Mr Bed Nath Gautam  
Ag Chief  
Regional Food Technology and Quality  
Control Office  
Nepalgunj, Nepal  
Tel: +977 081 521537  
Mobile: +977 9848263490  
Email: [bedgautam@hotmail.com](mailto:bedgautam@hotmail.com)

Ms Gita Sapkota

Senior Correspondent "Health"  
The Rising Nepal/Gorkhpatra  
Bhugol Park, Kathmandu, Nepal  
Tele: 9841511109  
Fax:  
Email:

Ms Jamuna Mishra  
National Planning Commission  
Singha Durbar, Kathmandu  
Nepal  
Tele:  
Fax:  
Email:

Mr Dhan Bahadur Shrestha  
Under Secretary  
Ministry of Development  
Government of Nepal  
Shri Mahal, Pulchowk  
Lalitpur, Nepal  
Tele: +977 1 5523329  
Fax: +977 1 5522045  
Email:  
[dhanbahadur\\_shrestha@yahoo.com](mailto:dhanbahadur_shrestha@yahoo.com)

## **SRI LANKA**

Dr D B T Wijeratne  
Additional Secretary (Agricultural  
Development)  
Ministry of Agriculture  
80/5, Rajamalwatte Avenue  
Battaramulla, Sri Lanka  
Tele: 11 2887431  
Fax: 11 2868926  
Email: [dbtwij@hotmail.com](mailto:dbtwij@hotmail.com)

Dr Ananada Jayalal  
Director  
Environment and occupational Health  
Ministry of Health  
Colombo, Sri Lanka  
Tele: 11 2672004  
Fax: 11 2672004  
Email: [direoh@health.gov.lk](mailto:direoh@health.gov.lk).

Dr Hiranya Jayawickrama  
Consultant Community Physician  
Family Health Bureau  
Ministry of Health  
Colombo, Sri Lanka  
Tele: 11 2693934  
Fax: 11 2690790  
Email: [Senanij@hotmail.com](mailto:Senanij@hotmail.com)

Ms P.G.P. Rasanjalee  
Assistant Director (Planning)  
Ministry of Mass Media and Information  
"Asidisi Medura"  
No.163, Kirulapone Mawatha, Polhengoda  
Colombo, Sri Lanka  
Tele: 11 2514353  
Fax: 11 2512343  
Email: [Peruka75@yahoo.com](mailto:Peruka75@yahoo.com)

Dr V.S.K. Subasinghe  
Regional Director to Health Services  
Nuware Eliya,  
Sri Lanka  
Tele: +94 522 222 217  
Fax: +94 522 222 217  
Email: [vsksubasinghe@yahoo.com](mailto:vsksubasinghe@yahoo.com)

Dr P.D.K. Adhikari  
Regional Director to Health Services  
Monaragala,  
Sri Lanka  
Tele: +94 055 2276262  
Fax: +94 055 2276262  
Email: [pdkadikari@gmail.com](mailto:pdkadikari@gmail.com)

## **THAILAND**

Miss Krongkaew Konmark  
Nutritionist, Professional Level  
Bureau of Nutrition  
Department of Health  
Ministry of Public Health  
Nonthaburi, Thailand  
Tele: (66 2) 590 4336  
Fax: (66 2) 590 4339  
Email: [krongkaew.k@anamai.mail.go.th](mailto:krongkaew.k@anamai.mail.go.th)

Miss Jiratatana Thesasilpa  
Food and Drug Technical Officer  
Professional Bureau of Food  
Food and Drug Administration  
Ministry of Public Health  
Nonthaburi, Thailand  
Tele: (66 2) 590 7179  
Fax: (66 2) 591 8476  
Email: [jiratanat@gmail.com](mailto:jiratanat@gmail.com)  
[jirataate@fda.moph.go.th](mailto:jirataate@fda.moph.go.th)

Lt. Jg. Manat Larpphon  
Standards Officer, Senior Professional  
Level

National Bureau of Agricultural Commodity  
and Food Standards  
Ministry of Agriculture and Cooperatives  
Bangkok, Thailand  
Tele: (66 2) 561 2277  
Mobile: (66 8) 9243 8619  
Email: [manat@acfs.go.th](mailto:manat@acfs.go.th)

Mrs Sukasem Tepsit  
Educator, Professional Level  
Bureau of Academic Affairs and  
Educational Standards  
Office of the Basic Education Commission  
Ministry of Education  
Bangkok, Thailand  
Tele: (66 2) 288 5779  
Mobile: (66 8) 1913 1759  
Fax: (66 2) 281 2602  
Email: [sukasem\\_5@hotmail.com](mailto:sukasem_5@hotmail.com)

Miss Kanchana Chaisatitwanit  
Mass Communications Officer,  
Professional Level  
National Broadcasting Services of  
Thailand  
Public Relations Department  
Office of the Prime Minister  
Bangkok, Thailand  
Mobile: (66 8) 1904 5293  
Email: [kanchanakris@hotmail.com](mailto:kanchanakris@hotmail.com)

Ms Sanida Khoonpanich  
Standard Office  
National Bureau of Agricultural Commodity  
& Food Standards,  
Ministry of Agriculture & Cooperatives  
50 Phaholyothin Road  
Ladyao Chatuchak, Bangkok 10900  
Thailand  
Tele: (66-2) 561 2277 extn 1445  
Fax: (66-2) 561 3373  
(66-2) 561 3357  
Email: [sanida.sk@gmail.com](mailto:sanida.sk@gmail.com)

#### **TIMOR-LESTE**

Mr Gil Rangel Da Cruz  
National Director of Agriculture &  
Horticulture  
Head of Inter- Ministerial Task Force for  
Food Security and Nutrition  
Dili, Timor- Leste  
Tele: +670-7312315 / 7235336  
Email: [gilrangeld@yahoo.com](mailto:gilrangeld@yahoo.com)

Mr Sancho Da Silva  
The National Food Security Manager  
Ministry of Tourism, Trade and Industry  
Dili, Timor-Leste  
Tele: +6707480288  
Email: [sanchodasilva@gmail.com](mailto:sanchodasilva@gmail.com)

Mr Paulo Bonifacio Soares  
L. Ed., Focal Point  
School Health Program  
Ministry of Education  
Dili, Timor-Leste  
Tele: +670 7864117/ 3339663  
E-mail: [pb\\_soares99@yahoo.co.id](mailto:pb_soares99@yahoo.co.id)

Mr David Hugo Da Silva  
Journalist  
News Department of Radio  
Timor-Leste  
Tele: +670 7304483  
Email: [dhugo80@gmail.com](mailto:dhugo80@gmail.com)

#### **TEMPORARY ADVISERS**

Prof. Tahmeed Ahmed  
Director  
Nutrition Department  
ICDDR,B  
Dhaka, Bangladesh  
Tele: +88 02 9899206  
Fax: +88 02 8823116  
E-mail: [tahmeed@icddr.org](mailto:tahmeed@icddr.org)

Dr Prema Ramachandran  
Director  
Nutrition Foundation of India  
C-13, Qutab Institutional Area  
New Delhi 110016, India  
Tele: 26962615  
Fax : 26857814  
E-mail: [premaramachandran@gmail.com](mailto:premaramachandran@gmail.com)

Prof. Emeritus Kraisid Tontisirin  
Chairman - Policy Board  
The Thailand Research Fund  
14th Floor, SM Tower  
979/17-21 Phaholyothin Road,  
Sansaen-Nai Phayathai  
Bangkok 10400, Thailand  
Tele: 087-717-0126  
E-mail: [kraisid@trf.or.th](mailto:kraisid@trf.or.th);  
[kraisid.tontisirin@gmail.com](mailto:kraisid.tontisirin@gmail.com)

## **UN AGENCIES & OTHER PARTNERS GAIN**

Dr Rajan Sankar  
Regional Manager & Special Advisor  
Suite 15 AB, AMAN New Delhi  
Lodhi Road, New Delhi-110003  
Tele: +91 11 4314 7575  
Mobile: +91 9717141110  
Fax: +91 11 4314 7580  
Email: [rsankar@gainhealth.org](mailto:rsankar@gainhealth.org)

## **HELLEN KELLER INTERNATIONAL**

Dr Akoto Osei  
Regional Nutrition Advisor for Asia  
Hellen Keller International  
House 43Z43, Street 466,  
P.O Box 168  
Phnom Penh, Cambodia  
Tel No.  
Fax No.  
Email: [aosei@hki.org](mailto:aosei@hki.org)

## **MICRONUTRIENT INITIATIVE**

Dr Deepika Nayar Chaudhery  
Deputy Regional Director, Asia  
Micronutrient Initiative  
Tel: + 91 11 46862011 (D)  
+91 11 46862000 (x11)  
Fax: +91 11 46862048  
E-mail:  
[dchaudhery@MICRONUTRIENT.ORG](mailto:dchaudhery@MICRONUTRIENT.ORG)

## **REACH**

Dr Brenda Pearson  
REACH, UN Interagency initiative on  
'ending child hunger and undernutrition'  
World Food Programme  
Via Cesare Giulio Viola 68/70  
00148 Rome  
Italy  
Tel: +39 06 6513 2575  
E-mail: [brenda.pearson@wfp.org](mailto:brenda.pearson@wfp.org)

## **SAVE THE CHILDREN**

Ms Neera Sharma  
Senior Programme Co-ordinator-Nutrition  
Save the Children  
Nepal Country Office  
5&6 Floor, JDA Office Complex  
Sundhara, Kathmandu, Nepal  
Tele: +977 1 422 2271

Fax: +977 1 422 7389  
Email:  
[neera.sharma@savethechildren.org](mailto:neera.sharma@savethechildren.org)

## **UNICEF-CAMBODIA**

Mr Joel Conkle  
Nutrition Specialist  
United Nations Children's Fund (UNICEF)  
No. 11, Street 75, Sangkat Sraschark,  
Phnom Penh, CAMBODIA  
Tel.: +855 (0)23 426 214 ext.155  
Fax: +855 (0)23 426 284 |  
Mobile: +855 (0)12 894 669  
E-mail: [jconkle@unicef.org](mailto:jconkle@unicef.org)

Ms Chin Sedtha  
HIV Specialist  
United Nations Children's Fund (UNICEF)  
No. 11, Street 75, Sangkat Sraschark,  
Phnom Penh, CAMBODIA  
Tel: +855 (0)23 426 214/5 (Ext 157) |  
Fax: +855 (0)23 426 284  
Mobile: +855 (0)12 819 915  
E-mail: [schin@unicef.org](mailto:schin@unicef.org)

## **UNICEF-APSSC**

Dr France Begin  
Regional Nutrition Adviser  
Asia-Pacific Shared Services Centre  
(APSSC)  
UNICEF  
19 Phra Atit Road, Bangkok 10200  
Thailand  
Tele :( 66-2) 356 9274  
Mobile: (6689) 9275501  
Fax: +662 280 5941  
Email: [fbegin@unicef.org](mailto:fbegin@unicef.org)

## **UNICEF-EAPRO**

Dr Festo Kavishe  
Deputy Regional Director  
UNICEF East Asia and Pacific Regional  
office  
19 Phra Atit Road  
Bangkok 10200, Thailand  
Tele: (66-2) 356 9403  
Mobile: + 66 81 8361177  
Fax: (66-2) 280 3563  
Email: [fkavishe@unicef.org](mailto:fkavishe@unicef.org)

## **UNICEF-Nepal**

Pradiumna Dahal  
Nutrition Specialist,  
Nutrition Section  
UNICEF - Nepal Country Office  
UN House, Pulchowk  
P.O. Box 1187, Kathmandu, Nepal  
Tel : 977-1-5523 200 Ext.1121  
Fax : 977-1-5527 280 / 5535 395  
E-mail: [pdahal@unicef.org](mailto:pdahal@unicef.org)  
<http://www.unicef.org/nepal>

#### **UNICEF – Sri Lanka**

Dr S M Moazzem Hossain  
Chief of Health & Nutrition  
No 35, Balapokuna Road  
Colombo 5, Sri Lanka  
Tel:+94 112768555  
Fax: 94 112768650  
Email: [smhossain@unicef.org](mailto:smhossain@unicef.org)

Dr Deepika Attygalle  
Nutrition Specialist  
No 35, Balapokuna Road  
Colombo 5, Sri Lanka  
Tel:+94 112768555  
Fax: 94 112768650  
Email: [dattygalle@unicef.org](mailto:dattygalle@unicef.org)

#### **UN-SCN**

Dr Marzella Wüstefeld  
Technical Officer  
United Nations Standing Committee on  
Nutrition (UN/SCN)  
c/o The World Health Organization  
CH-1211 Geneva 27  
Tel: +41 22 79 12936  
E-mail: [wustefeldm@who.int](mailto:wustefeldm@who.int)

#### **WORLD BANK**

Dr Kumari Navaratne  
Public Health Specialist  
World Bank  
73/5, Galle Road, Colombo 5  
Sri Lanka  
Tel: +941125561311  
Email: [knavaratne@worldbank.org](mailto:knavaratne@worldbank.org)

Mr Emre Özaltın  
Health Economist  
Human Development Unit  
East Asia and the Pacific Region  
Cambodia Country Office, The World  
Bank

Tele: (885 23) 217 304 ext.377  
E-mail: [eozaletin@worldbank.org](mailto:eozaletin@worldbank.org)

#### **WFP**

Mr Kenro Oshidari  
Regional Director – Asia Bureau  
UN-World Food Programme  
55 Wireless Road-Lumpini-Patumwan  
Bangkok-Thailand-10330  
Tel: (66-2) 655 4115  
Fax: (66-2) 655 4415  
Email: [Kenro.Oshidari@wfp.org](mailto:Kenro.Oshidari@wfp.org)

Dr Rita Bhatia  
Senior Regional Programme Advisor  
The United Nations World Food  
Programme  
55 Wireless Road-Lumpini-Patumwan  
Bangkok, Thailand-10330  
Tel Direct: + 662 659 8640  
Mobile: + 66 81 913 4281  
Fax: +662 655 4415  
E-mail: [Rita.Bhatia@wfp.org](mailto:Rita.Bhatia@wfp.org)

Mr Kurt Burja  
Programme Officer  
UN World Food Programme – Cambodia  
House 250, Street 63, P.O.Box 937  
Phnom Penh, Cambodia  
Tel: +855 23 210 943 / 212 137 (Ext.  
2412)  
Fax: +855 23 218 749  
Mobile: +855 12 838 393  
Email: [Kurt.Burja@wfp.org](mailto:Kurt.Burja@wfp.org)

Ms. Edith Heines  
Deputy Country Director  
UN World Food Programme – Cambodia  
House 250, Street 63, P.O.Box 937  
Phnom Penh, Cambodia  
Tel: +855 23 210 943 / 212 137 (Ext.  
2101)  
Fax: +855 23 218 749  
Email: [Edith.Heines@wfp.org](mailto:Edith.Heines@wfp.org)

Ms Aachal Chand  
Head – Nutrition Unit  
UN World Food Programme  
WFP Country Office, Vientiane Laos  
Tele: (856) 21 330300  
Fax: (856) 21 330307 / 486039  
Email: [aachal.chand@wfp.org](mailto:aachal.chand@wfp.org)

Ms Eri Kudo  
Country Director  
UN World Food Programme  
WFP Country Office, Vientiane Laos  
Tele: (856) 21 330300  
Fax: (856) 21 330307  
Email: [Eri.Kudo@wfp.org](mailto:Eri.Kudo@wfp.org)

Mr Massimo Larosa  
REACH Country Coordinator  
Un World Food Programme  
WFP Country Office, Dhaka, Bangladesh  
Tele: (88-02) 8116344 – 48  
Fax: (88-02) 8113147  
Email: [Massimo.Larosa@one.un.org](mailto:Massimo.Larosa@one.un.org)

Ms Farzana Ishrat  
REACH National Facilitator  
UN World Food Programme  
WFP Country Office, Dhaka, Bangladesh  
Tele: (88-02) 8116344 – 48  
Fax: (88-02) 8113147  
Email: [Farzana.Ishrat@wfp.org](mailto:Farzana.Ishrat@wfp.org)

Ms Sophiya Uprety  
Programme Office (Nutrition)  
UN World Food Programme  
WFP Country Office  
Patan Dhoka Road, Chakupat,  
Lalitpur, Kathmandu, Nepal  
Tele: (977-1) 5260607  
Fax: (977-1) 5260201  
Email: [Sophiya.Uprety@wfp.org](mailto:Sophiya.Uprety@wfp.org)

#### **WFP - Sri Lanka**

Mr Giancarlo Stopponi  
Head of Prigramme  
World Food Programme  
2, Jawatte Road, Colombo 7  
Sri Lanka  
Tel; +94 112 502468  
Fax: +94112 586244  
Email: [giancarlo.stopponi@wfp.org](mailto:giancarlo.stopponi@wfp.org)

Dr Dula De silva  
Programme Officer (Nutrition)  
World Food Programme  
2, Jawatte Road, Colombo 7  
Sri Lanka  
Tel; +94 112 502468  
Fax: +94112 586244  
Email: [Dula.desilva@wfp.org](mailto:Dula.desilva@wfp.org)

Ms Anila SK  
Consultant  
World Food Programme  
2, Jawatte Road, Colombo 7  
Sri Lanka  
Tel; +94 112 502468  
Fax: +94112 586244  
Email: [anila.sk@wfp.org](mailto:anila.sk@wfp.org)

Mr Laksiri Nanayakkara  
VAM Officer  
World Food Programme  
2, Jawatte Road, Colombo 7  
Sri Lanka  
Tel; +94 112 502468  
Fax: +94112 586244  
Email: [laksiri.nanayakkara@wfp.org](mailto:laksiri.nanayakkara@wfp.org)

Mr Anders Petersson  
VAM Officer  
World Food Programme  
2, Jawatte Road, Colombo 7  
Sri Lanka  
Tel; +94 112 502468  
Fax: +94112 586244  
Email: [anders.petersson@wfp.org](mailto:anders.petersson@wfp.org)

#### **OBSERVERS**

Dr Sudarshani Fernandopulle  
Member of Parliament  
Gampaha District  
276/1 Welihena Kochchikade  
Sri Lanka  
Tel: +9431 22 77337  
Fax: +9431 22 72186  
Email; [sudarshini@supportсударshini.com](mailto:sudarshini@supportсударshini.com)

Dr Sarath Amunugama  
Director,  
Health Education Bureau  
2 Kynsey Road  
Colombo 08  
Tel: +94 112 696606  
Fax: +94 112 692613  
Email: [amunugama@slt.net.lk](mailto:amunugama@slt.net.lk),  
[healthedu@slt.net.lk](mailto:healthedu@slt.net.lk)

Dr Shanthi Gunawardena  
Nutrition Coordinator  
Nutrition Coordination Division  
Ministry of Healthcare and Nutrition  
555/5, 7th Floor  
Elvitigala Mawatha  
Narahenpita



Sri Lanka  
Tel: +94 112 368321  
Fax: +94 112 368320  
Email: [shanthi\\_gunawardana@yahoo.com](mailto:shanthi_gunawardana@yahoo.com)

Dr M Samaranayke  
Director, Nutrition Division  
Ministry of Healthcare and Nutrition  
555/5, 7th Floor  
Elvitigala Mawatha  
Narahenpita  
Sri Lanka  
Tel: +94 112 559250  
Fax: +94 112 559250  
Email: [nutritiondiv@slt.net.lk](mailto:nutritiondiv@slt.net.lk)

Dr P N Rathnayake  
Director (E&UH)  
Ministry Of Health  
385, Deans Road  
Colombo 10  
Sri Lanka  
Tel: +94 112 672239  
Fax: +94 112 690035  
Email: [state.health@yahoo.com](mailto:state.health@yahoo.com)

Dr Renuka Jayatissa  
Head Nutrition Division  
Medical Research Institute  
9 Baseline Road  
Colombo 09  
Sri Lanka  
Tel: +94 112 693532  
Fax: +94 112 691495  
Email: [renukajayatissa@ymail.com](mailto:renukajayatissa@ymail.com)

Dr Nilmini Hemachandra  
CCP Maternal Care  
Family Health Bureau  
231 De Saram Place  
Colombo 10  
Sri Lanka  
Tel: +94 112 696677  
Fax: +94 112 690790  
Email: [nilmini0822@gmail.com](mailto:nilmini0822@gmail.com)

Dr Ayesha Lokubalasoorya  
CCP Adolescent and School Health  
Family Health Bureau  
231 De Saram Place  
Colombo 10  
Sri Lanka  
Tel: +94 112 696677  
Fax: +94 112 690790  
Email: [ravi.ceb@gmail.com](mailto:ravi.ceb@gmail.com)

Dr Senarath Mahamithawa  
CC Nutrition Division  
Ministry of Healthcare and Nutrition  
555/5, 7th Floor  
Elvitigala Mawatha  
Narahenpita  
Sri Lanka  
Tel: +94 112 559250  
Fax: +94 112 559250  
Email: [dr\\_mahamithawa@yahoo.com](mailto:dr_mahamithawa@yahoo.com)

Dr Ananda Ranathunga  
President  
Sri Lanka College of Obstetricians and  
Gynaecologists,  
No 112, Model Farm Road,  
Colombo 08  
Sri Lanka  
Tel: +94 112 689036  
Fax: +94 112 689036  
Email: [randas5130@hotmail.com](mailto:randas5130@hotmail.com)

Dr Deepthi Samarage  
President  
Sri Lanka College of Paediatricians  
6 Wijarama Mawatha  
Colombo 07  
Sri Lanka  
Tel: +94 112 683178  
Fax: +94 112 684625  
Email: [deepthiks@slt.net.lk](mailto:deepthiks@slt.net.lk)

Dr (Mrs) Deepthi Perera  
Director  
Family Health Bureau  
231 De Saram Place  
Colombo 10  
Sri Lanka  
Tel: +94 112 696677  
Fax: +94 112 690790  
Email: [fhb.dmch@gmail.com](mailto:fhb.dmch@gmail.com)

Dr Dhammika Rowel  
CCP Intra Natal and New born care  
Family Health Bureau  
231 De Saram Place  
Colombo 10  
Sri Lanka  
Tel: +94 112 696677  
Fax: +94 112 960790  
Email: [dhammika.rowel@yahoo.com](mailto:dhammika.rowel@yahoo.com)

Prof Narada Warnasuriya  
No. 6, Ebenezer Place  
Dehiwala  
Sri Lanka  
Tel: +94 112 717837  
Mobile: +94 717 315299  
Email: [naradadw@gmail.com](mailto:naradadw@gmail.com)

Dr Lalith Chandradasa  
Director, Community Health Unit &  
GSATM  
Nagarodaya, Dr. Danister de Silva Mw  
Colombo 8  
Tel: +94 112 667365  
Fax: +94 112 667365  
Email: [chandradasa@gmail.com](mailto:chandradasa@gmail.com)

**WHO-SECRETARIAT  
WHO-HQ**

Dr Francesco Branca  
Director, NHD-HQ  
CH-1211, Geneva 27  
Tele: +41 22 791 1025  
Fax: +41 22 791 4156  
E-mail: [brancaf@who.int](mailto:brancaf@who.int)

Dr Hannah Neufeld  
Technical Officer, NHD-HQ  
CH-1211, Geneva 27  
Tele: +41 22 791 4519  
Fax: +41 22 791 4156  
E-mail: [neufeldh@who.int](mailto:neufeldh@who.int)

Dr Chizuru Nishida  
Coordinator NPU/NHD  
CH-1211, Geneva 27  
Tele: : +41 22 791 3317  
Fax: : +41 22 791 4156  
E-mail: [nishidac@who.int](mailto:nishidac@who.int)

**WHO-SEARO**

Dr Kunal Bagchi  
Regional Adviser  
Nutrition and Food Safety (NFS)  
World Health Organization  
Regional Office for South-East Asia  
New Delhi, India  
Tele: (91-11)-23309313 (Direct)  
(91-11)-23370804 (Extn.26313)  
Fax: (91-11)-23378510; 23370197  
Email: [bagchik@searo.who.int](mailto:bagchik@searo.who.int)

Ms Vismita Gupta-Smith  
Public Information and Advocacy Officer  
World Health Organization  
Regional Office for South-East Asia  
New Delhi, India  
Tel: (91-11) 23370804 Extn : 26401  
Fax: (91-11)23370197  
E-mail: [guptasmithv@searo.who.int](mailto:guptasmithv@searo.who.int)

Ms Santosh Katyal  
Sr. Administrative Secretary  
Nutrition and Food Safety (NFS)  
World Health Organization  
Regional Office for South-East Asia  
World Health House, Indraprastha Estate  
Mahatma Gandhi Marg, New Delhi 110  
002, India  
Tele: +91(11) 23370804 Ext. 26312 ;  
+91(11) 23309312 (Direct)  
Fax: +91(11) 23378510, 23370197,  
23379507  
E-mail: [santoshk@searo.who.int](mailto:santoshk@searo.who.int)

Ms Priyanka Sharma  
Nutrition and Food Safety (NFS)  
Regional Office for South-East Asia  
World Health Organization  
World Health House, I.P. Estate  
Mahatama Gandhi Marg, New Delhi-110  
002  
Tele: +91(11) 23370804 Ext 26693;  
+91(11) 23309693(Direct)  
Fax: +91(11) 23378510; 23370197;  
23379507  
E-mail: [sharmap@searo.who.int](mailto:sharmap@searo.who.int)

**WCO Sri Lanka**

Dr Firdousi Rustom Mehta  
WHO Representative to Sri Lanka  
No. 226, Bauddhaloka Mawatha  
(P O Box 780), Colombo – 7  
Sri Lanka  
Tele: (0094-11) 250 2319  
(0094-11) 250 2842  
Direct: (0094-11) 259 2727  
Mobile: (0094-11) 7777-27000  
Fax: (0094-11) 250 2845  
Email: [mehtaf@searo.who.int](mailto:mehtaf@searo.who.int)

Mr Prem Pal Singh  
Administrative Officer  
World Health Organization  
N0.226, Bauddhaloka Mawatha  
(P O Box 780), Colombo – 7  
Sri Lanka

Tele: (0094-11) 237 2319  
(0094-11) 250 2842  
Mobile: (0094-11) 7730 43324  
Fax: (0094-11) 250 2845  
Email: [singhpp@searo.who.int](mailto:singhpp@searo.who.int)

Mrs Sarojini Manikarajah  
National Consultant  
World Health Organization  
N0.226, Bauddhaloka Mawatha  
(P O Box 780), Colombo – 7  
Sri Lanka  
Tel: +94-11-2502319  
Mobile: +94- 77-3207626  
Fax: +94-11-2502845  
E-mail: [manikarajhs@searo.who.int](mailto:manikarajhs@searo.who.int)

Ms Geethani Dissanayake  
World Health Organization  
N0.226, Bauddhaloka Mawatha  
(P O Box 780), Colombo – 7  
Sri Lanka  
Tele: (0094-11) 237 2319  
Email: [dissanayakeg@searo.who.int](mailto:dissanayakeg@searo.who.int)

## COUNTRY OFFICES

### India

Dr Nidhi Chaudhary  
National Professional Officer  
(Nutrition and Food Safety)  
Office of WHO Representative to India  
Room No 537, Wing A, Nirman Bhawan,  
Maulana Azad Road, New Delhi – 110011  
Phone No.: + 91-11- 23061955 Ext.  
23105  
Direct Ph No: +91-11-47594805  
Mob: +91-9818531474  
Fax No.:+ 91-11-23062450, 23061505  
E mail: [chaudharyni@searo.who.int](mailto:chaudharyni@searo.who.int)

### Indonesia

Dr Sugeng Eko Irianto  
NPO – Nutrition  
WHO Country Office for Indonesia  
WHO Indonesia  
Gedung Bina Mulia 1. 9<sup>th</sup> Fl  
Jl. HR Rasuna Said Kav 10  
Jakarta – 12950  
Phone No : +62 813 3269 5646  
GPN: 23921  
Email: [iriantoS@searo.who.int](mailto:iriantoS@searo.who.int)

### Maldives

Dr. Patanjali Dev Nayar  
Medical Officer (Public Health)  
WHO, Maldives  
Telephone (Office): (960) 332-2410,  
Fax: (960) 332-4210  
GPN: 26927  
Mobile: (960) 7750842  
Email: [nayarp@searo.who.int](mailto:nayarp@searo.who.int)

### Nepal

Mr Ashok Bhurtyal  
National Professional Officer (NUT)  
WHO Representative  
UN House, Pulchowk Lalitpur  
Kathmandu, Nepal  
Tele: 009-771-55233200 extn.1319  
Fax: 009-771-5527756  
GPN: 24419  
Email: [bhurtyalA@searo.who.int](mailto:bhurtyalA@searo.who.int)

### Sri Lanka

Dr. C. Anoma Jayathilaka  
National Professional Officer  
(MPS, CAH, RH, GWH)  
226 Bauddhaloka Mawatha  
Colombo 7, Sri Lanka  
Tel: (0094-11) 250 2319  
(0094-11) 2502842 Ext. 24625  
Mobile: +94-11-777-489810  
Fax: +94-11-2502845  
Email: [jayathilakac@searo.who.int](mailto:jayathilakac@searo.who.int)

### WPR

#### BRUNEI DARUSSALAM

Dr Hajah Norhayati Hj Md Kassim  
Senior Medical Officer  
Ministry of Health  
Bandar Seri Begawan  
Brunei Darrusalam  
Tel:  
Fax:  
Email:

Dayang Hajah Roseyati DP Haji Yaakub  
Senior Dietitian  
Ministry of Health  
Bandar Seri Begawan  
Brunei Darrusalam  
Tel:

Fax:  
Email:

No.2 Yabaolu, Chaoyang District  
Beijing, China  
Tel:861085695579  
Fax:861085695579  
Email: [shuyi\\_zhang@163.com](mailto:shuyi_zhang@163.com)

#### **CAMBODIA**

H.E. Ngy Chanphal  
Secretary of State, Ministry of Interior  
Vice Chairman of CARD  
Council for Agricultural and Rural  
Development (CARD)  
Office of the Council of Ministers  
Building 41, Russian Federation Blvd,  
Phnom Penh, Cambodia  
E-mail: [MRDNGYCP@forum.org.kh](mailto:MRDNGYCP@forum.org.kh)  
[mrdngygp@online.com.kh](mailto:mrdngygp@online.com.kh)

Mr Wu Yuefu  
Department of Social Affairs,  
Ministry of Civil Affairs  
No.147 Beiheyuan Street  
Beijing, China  
Tel:861058123265  
Fax:  
Email: [mxbxiaowu@126.com](mailto:mxbxiaowu@126.com)

Prof Sann Chan Soeung -  
Deputy Director General for Health  
Ministry of Health  
Phnom Penh, Cambodia  
Tel:  
Fax:  
Email: [workmoh@gmail.com](mailto:workmoh@gmail.com)

#### **LAO PDR**

Dr Khamseng Philavong  
Nutrition Focal Point  
Department of Hygiene and Prevention  
Disease  
Ministry of Health  
Vientiane, Lao PDR  
Tel: (856) 21 21410  
Fax: (856) 21 21410  
Email: [khamseng\\_P@hotmail.com](mailto:khamseng_P@hotmail.com)

Dr Ou Kevanna  
Manager, National Nutrition Programme  
Ministry of Health  
Phnom Penh, Cambodia  
Tel: (+855) 023428388  
Fax:  
Email: [kevannaou@ezecom.com.kh](mailto:kevannaou@ezecom.com.kh)

Dr Bounkouang Pichit  
Vice Minister, Ministry of Health  
Ministry of Health  
Vientiane, Lao PDR  
Tel: 856-214003  
Fax: 856-214003  
Email: [nao\\_b@moh.gov.la](mailto:nao_b@moh.gov.la)

H.E. Rath Virak  
Secretary General  
Council for Agricultural and Rural  
Development  
Phnom Penh, Cambodia  
Tel:  
Fax:  
Email: [virakath@hotmail.com](mailto:virakath@hotmail.com)

Dr Bounfeng Phoummalaysith  
Deputy Director of Cabinet  
Ministry of Health  
Vientiane, Lao PDR  
Tel: 856-214003  
Fax: 856-214003  
Email: [pbounfeng@gmail.com](mailto:pbounfeng@gmail.com)

#### **CHINA**

Dr Xu Zongyu  
Deputy Director, Division of Children  
Health, Department of Maternal Child  
Health and Community Health  
No.1 Xizhimenwaii, South Road  
Beijing, China  
Tel:861068792317  
Fax:861068792321  
Email: [xuzyu999@126.com](mailto:xuzyu999@126.com)

Mr Bouasavath Inthavanh  
Deputy Director General  
International Cooperation Department  
Ministry of Planning and Investment  
Tel: (856) 20 2223 2424; (856)21 222214  
Fax: (856) 21 222214  
Email: [b\\_vath@yahoo.com](mailto:b_vath@yahoo.com)

Mrs Zhang Shuyi  
Assistant Professor  
Capital Institute Pediatric

Ms Xiangxia Lee  
Director of the Inclusive Education Center  
Ministry of Education  
Tel: (856) 20 5425 7755

Fax: (856) 21 251 498  
Email: [yangxiale@yahoo.com](mailto:yangxiale@yahoo.com)

Mr Savanh Hanephom  
Deputy Director General  
Department of Planning  
Ministry of Agriculture and Forestry  
Tel: (856) 20 5540 1116  
Fax: (856) 21 415363  
Email: [savanh.hanephom@yahoo.com](mailto:savanh.hanephom@yahoo.com)

Dr Khamtan Thadavong  
Deputy Director General  
Department of Agriculture  
Ministry of Agriculture and Forestry  
Tel: (856) 20 22414350  
Fax: (856) 21 412350, (856) 21 452386  
Email: [khamtanhthadavong@yahoo.com](mailto:khamtanhthadavong@yahoo.com)

#### **MALAYSIA**

Ms Fatimah Salim

Tel.:  
Fax:  
Email:

#### **MONGOLIA**

Dr Batjargal Jamiyan  
Director of Food and Nutrition Research  
Centre, Public Health Institute  
13381 Peace Avenue, 17 Bayanzurkh  
District  
Ulaan Baatar, Mongolia  
Tel: 455600/99230965  
Fax: 976-11 458645  
Email: [batjar\\_@hotmail.com](mailto:batjar_@hotmail.com)

Mrs Erdenebayar Azzaya  
Officer  
Ministry of Food Agriculture and Light  
Industry  
Ulaan Baatar, Mongolia  
Tel: 99903794  
Fax:  
Email: [azaa\\_e@yahoo.com](mailto:azaa_e@yahoo.com)

Mrs Bold Bolorchimeg  
OIC of Food Nutrition  
Ulaan Baatar, Mongolia  
Tel: 99020045  
Fax:  
Email: [boldbolorchimeg@yahoo.com](mailto:boldbolorchimeg@yahoo.com)

#### **PHILIPPINES**

Ms Maria Lourdes Vega  
Chief  
Nutrition Policy and Planning Division  
National Nutrition Council  
FTI Compound  
Tauig, Metro Manila  
Philippines  
Tel: 632 - 8463598  
Fax: 632 - 8464351  
Email: [dd\\_vega23@yahoo.com](mailto:dd_vega23@yahoo.com)

Ms Liberty Importa  
Supervising Health Programme Officer  
National Center for Disease Prevention  
and Control  
Department of Health  
San Lazaro Compound, Manila  
Philippines  
Tel: 632 4555061  
Fax: 632 7117846  
Email: [limporta@yahoo.com](mailto:limporta@yahoo.com)

Dr Maria Corazon C. Dumlao  
OIC-Director, Health and Nutrition Center,  
Department of Education  
University of Life Complex, Mabini  
Building  
Meralco Avenue, Pasig City  
Tel: 6388525  
Fax:  
Email:

#### **PAPUA NEW GUINEA**

Mrs Eileen Dogimab  
Programme Officer Nutrition  
Capacity Building Service Center (CBSC)  
PO Box 87, Waigani  
Papua New Guinea  
Tel: (675)3013727  
Fax: 3239170  
Email: [edogimab@cbsc.org.pg](mailto:edogimab@cbsc.org.pg)

Dr Theresia Georgina Rongap  
Acting Deputy Chief Pediatrician  
Mamose Region  
P.O. Box 4065, LAE  
Morobe Province 411  
Papua New Guinea  
Tel.: (675)4721732  
Fax: 4721732  
Email: [tgrongap@daltron.com](mailto:tgrongap@daltron.com)

**VIET NAM**

Nguyen Duc Vinh  
Deputy Director,  
MCH, Ministry of Health  
Ha Noi, Viet Nam  
Tel:84-62732188  
Fax:84-438464060  
Email: [nguyen\\_ducvinh@yahoo.com](mailto:nguyen_ducvinh@yahoo.com)

Nguyen Hung Long  
Deputy Director General,  
VietNam Food Administration  
135 Nui Truc Street,  
Ha Noi, Viet Nam  
Tel:84-4-98464490  
Fax:84-4-38463739  
Email: [nguyen\\_hung\\_long@yahoo.com](mailto:nguyen_hung_long@yahoo.com)

Dr Nguyen Do Huy  
Vice Director of Food and Nutrition  
Training Center  
The National Institute of Nutrition  
Chief of Nutrition and Dietetic Department  
The Medical Technical University  
Ha Noi, Viet Nam  
Tel.: (+84)0913558179  
Fax:  
Email: [nguyendohuy1965@yahoo.com](mailto:nguyendohuy1965@yahoo.com)

**WHO-WPRO Secretariat**

Dr. L.T. Cavalli-Sforza  
Regional Adviser in Nutrition  
WHO Regional Office for the Western  
Pacific  
P.O. Box 2932, Manila 1000, Philippines  
Tele: 632-5289864 (direct), 5288001  
(general)  
Fax: 632-5260279;  
E-mail: **Error! Hyperlink reference not valid.**

Professor Don Matheson  
WHO Consultant  
Massey University  
102 Adelaide Road  
Wellington  
New Zealand  
Tel.: +6421856870  
Email: [D.P.Matheson@massey.ac.nz](mailto:D.P.Matheson@massey.ac.nz)

Ms Marilu Lingad  
Assistant  
Public Information Office  
WHO Regional Office for the Western

Pacific  
P.O. Box 2932, Manila 1000, Philippines  
Tele: 632-5289993 (direct), 5288001  
(general)  
Fax: 632-5260279;  
E-mail: [lingadm@wpro.who.int](mailto:lingadm@wpro.who.int)

Ms Danxi Cheng  
Intern  
Maternal, Child Health and Nutrition  
WHO Regional Office for the Western  
Pacific  
P.O. Box 2932, Manila 1000, Philippines  
Tele: 5288001 (general)  
Fax: 632-5260279;  
E-mail: [chengd@wpro.who.int](mailto:chengd@wpro.who.int)

**Country Offices**

Dr Howard Sobel  
Medical Officer  
WHO Representative Office in Cambodia  
No. 177-179 corner Pasteur (51) and 254  
P.O. Box 1217  
Sangkat Chaktomouk  
Khan Daun Penh  
Phnom Penh  
Tel. No.: (855) 23-216610  
Fax No.: (855) 23-216211  
E-mail: [sobelh@wpro.who.int](mailto:sobelh@wpro.who.int)

Ms La-Ong Tokmoh  
Nutrition Technical Officer  
WHO Representative Office in Cambodia  
No. 177-179 corner Pasteur (51) and 254  
P.O. Box 1217  
Sangkat Chaktomouk  
Khan Daun Penh  
Phnom Penh  
Tel. No.: (855) 23-216610  
Fax No.: (855) 23-216211  
Email: [tokmohl@wpro.who.int](mailto:tokmohl@wpro.who.int)

Dr Wen Chunmei  
National Programme Officer  
WHO Representative Office in the  
People's Republic of China  
401, Dongwai Diplomatic Office Building  
23, Dongzhimenwai Dajie  
Chaoyang District  
Beijing 1000600  
Tel. No.: (86-10) 6532 7189  
Fax No.: (86-10) 6532 2359  
Email: [wenc@wpro.who.int](mailto:wenc@wpro.who.int)

Mrs Mongkhongkam Khounphet  
SSA  
WHO Representative Office  
in the Lao People's Democratic Republic  
125 Saphanong Road, Unit 5  
Ban Saphangthongtai, Sisattanak District  
Vientiane  
Tel. No.: (856-21) 353 902  
Fax No.: (856-20) 353 905  
E-mail: [parkku@wpro.who.int](mailto:parkku@wpro.who.int)

Dr Tsogzolmaa Bayandorj  
National Professional Officer  
WHO Representative Office in Mongolia  
Ministry of Health, Government Building  
VIII  
Olympic Street-2  
Sukhbaatar district,  
Ulaanbaatar, Mongolia  
Tel: 976-11-327870  
Fax: 976-11-324683  
Email: [bayandorjt@wpro.who.int](mailto:bayandorjt@wpro.who.int)

Dr Mariella Castillo  
Technical Officer  
WHO Representative Office in the  
Philippines  
1/F, Building 3  
Department of Health  
San Lazaro Hospital Compound  
Sta. Cruz, Manila  
Tel. No.: (632) 338 7479  
Fax No.: (632) 338 8605  
E-mail: [castillomar@wpro.who.int](mailto:castillomar@wpro.who.int)

Dr Ornella Lincetto  
Medical Officer  
WHO Representative Office  
in the Socialist Republic of Viet Nam  
63 Tran Hung Dao Street  
Hoan Kiem District  
Ha Noi  
Tel. No.: (844) 943 3734 to 36  
Fax No: (844) 943 3740  
E-mail: [lincetoor@wpro.who.int](mailto:lincetoor@wpro.who.int)

Dr Hoang Thi Bang  
National Programme Officer  
WHO Representative Office  
in the Socialist Republic of Viet Nam  
63 Tran Hung Dao Street  
Hoan Kiem District  
Ha Noi  
Tel. No.: (844) 943 3734 to 36  
Fax No: (844) 943 3740  
E-mail: [lincetoor@wpro.who.int](mailto:lincetoor@wpro.who.int)

## REPRESENTATIVE/S OF PARTNER AGENCIES

Atty Levie Cequena  
Secretariat  
European Food Law Association  
Singapore  
Tel.: +65 81981587  
Fax:  
Email: [secretariat-asia@efla-aeda.org](mailto:secretariat-asia@efla-aeda.org)

Ms Radha Holla  
Campaign Coordinator  
International Baby Food Action Network  
IBFAN/Asia  
BPNI PB-33 Pitampura  
Delhi 110088  
India

Dr Akoto Osei  
Regional Nutrition Advisor for Asia  
Hellen Keller International  
House 43Z43, Street 466,  
P.O Box 168  
Phnom Penh, Cambodia  
Tel No.  
Fax No.  
Email: [aosei@hki.org](mailto:aosei@hki.org)

Mr Joel Conkle  
Nutrition Specialist  
United Nations Children's Fund (UNICEF)  
No. 11, Street 75, Sangkat Sraschark,  
Phnom Penh, CAMBODIA  
Tel.: +855 (0)23 426 214 ext.155  
Fax: +855 (0)23 426 284 |  
Mobile: +855 (0)12 894 669  
E-mail: [jconkle@unicef.org](mailto:jconkle@unicef.org)

Ms Chin Sedtha  
HIV Specialist  
United Nations Children's Fund (UNICEF)  
No. 11, Street 75, Sangkat Sraschark,  
Phnom Penh, CAMBODIA  
Tel: +855 (0)23 426 214/5 (Ext 157) |  
Fax: +855 (0)23 426 284  
Mobile: +855 (0)12 819 915  
E-mail: [schin@unicef.org](mailto:schin@unicef.org)

Mr Kurt Burja  
Programme Officer  
UN World Food Programme - Cambodia  
Tel: +855 23 210 943 / 212 137 (Ext.  
2412)

Fax: +855 23 218 749  
Mobile: +855 12 838 393  
Email: [kurt.burja@wfp.org](mailto:kurt.burja@wfp.org)

Ms. Edith Heines  
Deputy Country Director  
UN World Food Programme - Cambodia  
Tel: +855 23 210 943 / 212 137 (Ext.  
2101)  
Fax: +855 23 218 749  
Email: [edith.heines@wfp.org](mailto:edith.heines@wfp.org)

Mr Emre Özaltın  
Health Economist  
Human Development Unit, East Asia and  
the Pacific Region  
Cambodia Country Office, The World  
Bank  
Phone: (885 23) 217 304 ext.377  
email: [eoaltin@worldbank.org](mailto:eoaltin@worldbank.org)



## Annex 2: Meeting agenda



### Bi-regional Meeting on Scaling-up Nutrition

Colombo, Sri Lanka, 10-12 August 2011

World Health Organization Regional Office for South-East Asia  
 World Health Organization Regional Office for Western Pacific  
 Department of Nutrition for Health & Development, WHO Geneva  
 In collaboration with FAO, UNICEF, WFP and the World Bank

#### PROVISIONAL PROGRAMME

<b>10 August 2011, Wednesday</b>	
0800 – 0900 hours	Registration
0900 – 1015 hours	Inaugural session National Anthem Lighting of the Traditional Oil Lamp Welcome Address by the World Health Representative, Sri Lanka Address by Deputy Regional Director, UNICEF Address by Regional Director, WFP Address by Regional Director, FAO Video Message from Regional Director, WHO WPRO Address by Regional Director, WHO SEARO Inaugural Speech by H.E. Minister of Health, Government of the Democratic Socialist Republic of Sri Lanka
1015 – 1030 hours	Launch of eLENA [ <i>e-Library of Evidence for Nutrition Actions</i> ]
1030 – 1130 hours	<i>Break</i> <i>Group Photo</i> <i>Media Interaction</i>
<b>1130 – 1200 hours</b>	<b><i>Setting the stage</i></b> Meeting objectives and expected outcomes – K. Bagchi Introduction of participants Nomination of chair and rapporteur of each session
<b>1200 – 1800 hours</b>	<b><i>Day One Objective: To present country progress, needs and commitments to scale up nutrition</i></b>
1200 – 1245 hours	Global nutrition situation and policy responses – F. Branca Regional nutrition situation – T. Cavalli Sforza Strategies in nutrition: an overview – K. Bagchi
1245 – 1300 hours	International Conference on Nutrition: Health and Agriculture – B. Thompson

1300 – 1400 hours	Break
1400 – 1415 hours	The ‘Scaling Up Nutrition’ movement – video message by D. Nabarro
1415 – 1615 hours	Working groups on country challenges and achievements <b>Group 1</b> : Cambodia, Lao PDR, Myanmar, Papua New Guinea, Philippines, Thailand, Vietnam <b>Group 2</b> : Bhutan, India, Maldives, Nepal, Sri Lanka <b>Group 3</b> : Brunei, China, Indonesia, Malaysia, Mongolia, Timor-Leste
1615 – 1645 hours	Break
1645 – 1815 hours	Analysis of cross-cutting issues: policy development and implementation needs - Landscape Analysis – the ‘Sri Lankan experience’ – R Jayatissa - Reporting back of the summary of working group discussions
1900 hours	Reception

<b>11 August 2011, Thursday</b>	
<b>0830 – 1830 hours</b>	<b>Day Two Objective: To collect country contributions and perspectives on the comprehensive implementation plan</b>
<b>0830 – 1100 hours</b>	<b>Comprehensive Implementation Plan (CIP)</b>
0830 – 0900 hours	Comprehensive Implementation Plan on maternal, infant and young child nutrition, WHO – F. Branca
0900 – 1100 hours	Statements from all participating country delegations, followed by general discussions
1100 – 1130 hours	Break
<b>1130 – 1300 hours</b>	<b>Country example of successful delivery of nutrition interventions through the health system</b>
	<ul style="list-style-type: none"> <li>• Scaling up prevention of iron deficiency anaemia - Vietnam</li> <li>• Community-based approach to managing malnutrition - Thailand (K. Tontisirin)</li> <li>• Elimination of Iodine Deficiency Disorders - Bhutan</li> <li>• Promotion of breastfeeding – Cambodia</li> <li>• Improving infant nutrition through essential newborn care – The Philippines</li> <li>• Integration of nutrition programmes in primary health care – Sri Lanka</li> </ul>
1300 – 1400 hours	Break
1400 – 1600 hours	<b>Successful examples of nutrition in all policies</b>
	<ul style="list-style-type: none"> <li>• Role of agriculture in leveraging nutrition - FAO</li> <li>• Success stories from a country on nutrition-sensitive development in agriculture</li> <li>• Role of Education in leveraging Nutrition - WFP</li> <li>• Success stories from a country on nutrition-sensitive development in education</li> <li>• Role of Social Safety Net in leveraging Nutrition and country experiences on nutrition-sensitive development in social support - UNICEF</li> <li>• Financing nutrition interventions - World Bank</li> </ul>

1600 – 1630 hours	<i>Break</i>
1630 – 1830 hrs	<b>Working Groups</b> Group 1 : Behavioural change interventions Group 2 : Micronutrient interventions Group 3 : Targeted nutritional support and other health Interventions Group 4 : Nutrition-sensitive food and agriculture-based approaches Group 5 : Education and social protection Group 6 : Financing mechanisms and policies

<b>12 August 2011, Friday</b>	
0830 – 1530 hours	<b><i>Day Three Objective: To explore commitment to supporting implementation of proposed actions</i></b>
0830 – 1000 hours	Working group reports
1000 – 1130 hours	<b>Role of different actors</b> <ul style="list-style-type: none"> <li>• Role of the civil society – IBFAN &amp; HKI</li> <li>• Public Private Partnership for an Improved Food Supply – D. Matheson</li> <li>• UN global support mechanisms (SCN) – M. Wustefeld</li> <li>• REACH experience in supporting Nutrition at country level - B. Pearson</li> </ul>
1130 – 1200 hours	<i>Break</i>
1200 – 1300 hours	<b>Implementation Tools</b> <ul style="list-style-type: none"> <li>• Monitoring framework – F. Branca</li> <li>• Development of country scale up plans – C. Nishida</li> <li>• eLENA (Electronic Library of Evidence for Nutrition Action) and GINA (Global Information System on Nutrition Action) – H. Neufeld</li> </ul>
1300 – 1400 hours	<i>Break</i>
1400 – 1500 hours	Meeting report and conclusions
1500 – 1530 hours	Closing ceremony

## Annex 3: Country delegate statements on the Comprehensive Implementation Plan

### Bangladesh

Overall:	Faces a huge burden of nutrition-related disease. Notes that many policies play a role, for example including food safety, and these must be made nutrition sensitive. In June 2011 the Bangladesh national nutrition programme ceased and is now mainstreamed into the existing maternal and child health system.
Challenges:	
Objectives, targets and timeframes:	
Interventions:	Noted that interventions needed to be selected based on the unique local context and that appropriate bundling of interventions is required for functions suitable for all or parts of the country.
Financing:	Need sufficient financing to roll out interventions at a level that can be delivered to the whole population at risk.
Monitoring:	
Reporting:	
Roles and responsibilities:	

### Bhutan

Overall:	The CIP is detailed. The policy directions should be identified.
Challenges:	Bhutan has a double burden of malnutrition at 7.6% of the population: obesity; stunting is a major issue at 37%; high prevalence of anaemia for children < 3 years of age and 65% of school children. Maternal nutrition is now being scaled up.
Objectives, targets and timeframes:	To be in line global ones. Bhutan is more concentrated on infant feeding practices.
Interventions:	Need to scale up EBF. Community based nutrition programmes have to be considered
Financing:	
Monitoring:	Health information systems should be improved.
Reporting:	
Roles and responsibilities:	Need to be defined.

## **Brunei**

Overall:	CIP has come at an important time as we are now reviewing MCH. It has helped in identifying gaps.
Challenges:	To broaden the base and to involve multi sectoral players. To address the double burden.
Objectives, targets and timeframes:	Are identified based on Global indicators
Interventions:	Are taking place.
Financing:	
Monitoring:	
Reporting:	
Roles and responsibilities:	

## **Cambodia**

Overall:	Approve of the CIP. Recognise the need to have global and local implementation balance. Suggest CIP focus on not only on the <i>what</i> , but also the <i>how</i> . How to move to implementation at the subnational level is an important consideration.
Challenges:	To identify common barriers. Suggest this section be renamed “challenges and opportunities” to highlight the many success that have been achieved.
Objectives, targets and timeframes:	It is important to build on existing structures and frameworks that are in place and not create new ones. Present cost effectiveness of the interventions so that they can be prioritized by decision makers.
Interventions:	
Financing:	Needs to include the cost of scaling up (for example, training, human resources, infrastructure) and cost effectiveness. The value of the document would increase for advocacy if cost effectiveness information is included.
Monitoring:	Monitoring is useful.
Reporting:	
Roles and responsibilities:	

## **China**

Overall:	The CIP is broad and is comprehensive. Policy and programmes are important.
----------	--

Challenges:	Maternal and child nutrition. District disparities are there which needs to be corrected. Low EBF and marketing promotion. To reduce the prevalence of LBW.
Objectives, targets and timeframes:	In line with global targets.
Interventions:	Launched a national programme of weaning and development. Life style changes are included. Baby friendly hospital initiative is promoted. Safe complementary feeding is promoted. Universal coverage of iodised salt.
Financing:	
Monitoring:	Underweight and obesity and health status needs to be monitored.
Reporting:	
Roles and responsibilities:	Increase the capacity of health workers.

## India

Overall:	The CIP is consistent with WHA. Should include a section on country-specific policies and progress.
Challenges:	Challenges should include food security indicators relevant to nutrition such as price control, agriculture and drinking water.
Objectives, targets and timeframes:	Indicators should include socio-economic indicators. Timeframes: Strategic Plan 5-10 years. Operational plan 2yrs. Targets need be explicitly defined and locally applicable.
Interventions:	Interventions for specific settings should include costing. Need to prioritise the different interventions, and cost effectiveness is vital information for this.
Financing:	India has its own funding mechanism and is less reliant on donors.
Monitoring:	
Reporting:	India has annual reporting. Countries should agree on reporting. India uses a local program called ITMSY.
Roles and responsibilities:	Accountability mechanism should be defined. Malnutrition impact assessment should be done. Roles and responsibility of different actors need to be clearly defined.

## Indonesia

Overall:	Has several policies for infant and young child. National and food plan, government regulation on breastfeeding and breastmilk substitutes.
Challenges:	Inter-sectoral collaboration is there and it should be strengthened.

Objectives, targets and timeframes:

Interventions: Breastfeeding counselling courses.

Financing:

Monitoring:

Reporting: Every 6 month data should be submitted.

Roles and responsibilities:

## **Lao**

Overall: The CPI meets WHA expectations

Challenges: Mention required of root causes, including climate change and food prices.

Objectives, targets and timeframes: Indicators on food security are required.  
Timeframes should be consistent with their existing plan of action.

Interventions: There needs to be more focus on other sector interventions, such as household food production.  
Need tools to assist countries making prioritization decisions.  
Role of action-oriented research and capacity building in relevant sectors should be emphasized.

Financing: Implementation plan should include costing of specific activities to create a realistic budget line.

Monitoring: Ministries with a role for each line should monitor their activity.  
These should be submitted to a multi-sectoral body oversight body.

Reporting: There needs to be Terms of Reference in the CIP for each sector and report annually.

Roles and responsibilities:

## **Malaysia**

Overall: Agrees with the CIP

Challenges:

Objectives, targets and timeframes: Adequate.

Interventions: Health and non-health interventions are comprehensive.  
Not addressed obesity.  
There is an overlap of interventions, therefore strong coordination is required.

Financing: Indicators should be identified as there will be an outcome-based budgeting system.

Monitoring: Infant and young child indicators for NCDs should be included as

integration is important. Intrauterine growth retardation is associated with NCDs and therefore it is important.

Need detailed operational plans.

Annual monitoring is necessary.

Need a good nutrition surveillance system

Reporting:

Roles and responsibilities:

They should be specified for different actors.

## **Maldives**

Overall:

The policies provide benefit to all.

Challenges:

Challenges addressed.

Country specific programs are required rather than general programs.

Objectives, targets and timeframes:

After 5 yrs this CIP plan itself needs to be assessed.

Interventions:

A full manual of interventions needs to be worked out.

The challenge of overweight is not adequately addressed in the document.

More information is required on costs of intervention.

Financing:

Financing mechanisms need further description.

Monitoring:

Goals should be identified for each sector.

Reporting:

Twice a year reporting recommended in order to keep it on the agenda.

Country specific reporting is important.

Roles and responsibilities:

Urge support of all to the plan.

## **Mongolia**

Overall:

Latest national programme on food safety, National Programme for NCDs, endorsement of salt fortification.

Challenges:

Vitamin and iron deficiencies - trying to address the micronutrient deficiencies

Objectives, targets and timeframes:

Interventions:

Prioritize the interventions.

Food security and safety interventions should be scaled up.

Health promotion foundation is supporting.

Government support production

Tax free policy.

Financing:

Monitoring:

Not monitoring micronutrition.

Reporting:

Collect data once in 5 years .

Roles and

Challenging as there should be more coordination therefore roles &



responsibilities: responsibilities should be identified.

### **Myanmar**

Overall: Addresses WHA (World Health Assembly Resolution) well.

Challenges: Challenges could be classified/categorized into under- and over- nutrition and health and non-health challenges.

Objectives, targets and timeframes: Timeframe needs to be in line with country health planning cycle.

Interventions: Nutrition counseling HIV / pregnant mothers to be added.  
Prioritization criteria need to be included and based on country situation.

Financing: Need more on costing, and financing mechanisms.

Monitoring: Monitoring should identify the roles and indicators of sectors specified.

Reporting: Regular reporting linked to nutrition plan.

Roles and responsibilities:

### **Nepal**

Overall: CIP outline addresses the WHA.  
Multi sectoral section not highlighted.  
Integrated approach should be identified.

Challenges: Anaemia among female children should be included.  
Inequities should be included.  
Sections should be more analytical.  
Primary contributory factors should be there.

Objectives, targets and timeframes: Objectives and targets are comprehensive.  
Anaemia in girls is a significant issue. This is helped if the age of marriage increases.

Interventions: CIP should guide countries, and countries have to be prioritize their interventions.  
Look at cost effective interventions.  
Adolescent nutrition should be included.  
Pre-natal counselling, agriculture related interventions are necessary.

Financing: Should give guidance on costing tools.

Monitoring: Include accountability implementation indicators.

Reporting: Every 2 years there should be reporting.

Roles and responsibilities: Clear leadership should be identified.

### **Philippines**

Overall: Satisfactorily addresses WHA.

Challenges: Regional differences need to be identified as well as needs of pregnant

	women.
Objectives, targets and timeframes:	Targets required for pregnant women. Link targets to MDG timeframe Timeframe needs to consider to consultation other sectors.
Interventions:	Give full menu of programs but priorities and conditions that call for their use. Include programs for school children, and adolescent females. Include climate change – and the issues for women in non-formal labour, (especially in relation to policies around breast feeding, social support mechanisms.)
Financing:	
Monitoring:	Once two years adequate for monitoring
Reporting:	
Roles and responsibilities:	Identify clearly the different responsibilities in the CIP for UN agencies, donors, government, private sector.

### **Sri Lanka**

Overall:	Sri Lanka feels that the CIP adequately address the request by the WHA
Challenges:	More region specific issues/challenges should be elaborated on under the micronutrient component. eg to include problems/overall manifestations in terms of nutrition in different countries. All 6 building blocks of the health system should be there (service delivery, information, medical products and technology, health workforce, financing, leadership and governance) The 5 steps on “Managing implementation” (advocacy, resource mobilization, managing resources, managing supervision and monitoring) need to be emphasized.
Objectives, targets and timeframes:	Adequately addressed
Interventions:	Comprehensive list of evidence based health interventions should be there with their impact (eg EBF shows a 13% reduction of under 5 mortality) Prioritization by countries is necessary
Financing:	Information on costing is needed
Monitoring:	Accounting component
Reporting:	Every quarter / annual at country level and annually at regional level
Roles and responsibilities:	Clear definitions

### **Thailand**

Overall:	Maternal, Infant and Young Children nutrition
Challenges:	Maternal, Infant and Young Children nutrition

Objectives, targets and timeframes: Time frame: 2-4 years

Interventions: Food diversification is important  
Supplementation.  
Fortification of instant noodles an innovation  
Three iodine integrated with Health promotion and health care

Financing: Universal coverage of PHC needs to be the basis of the system.  
Health promotion foundations can play an important role

Monitoring:

Reporting:

Roles and responsibilities:

### **Timor-Leste**

Overall: As per WHA strategic nutrition programmes.  
Inter ministerial commitments

Challenges: Double burden of disease  
Food insecurity  
Lack of resources for local products  
Budget limitations

Objectives, targets and timeframes: Indicators

Interventions: Supplementary feeding programmes, facility based treatment  
BFHI  
Wide nutrition programmes  
School health programmes  
Safe water access

Financing:

Monitoring:

Reporting:

Roles and responsibilities: Should be defined well

### **Vietnam**

Overall: OK.  
Add item of budget for plan from donors and government.  
It is too broad. Needs to point to where most emphasis is to be focused.

Challenges: Needs to include regional specificity

Objectives, targets and timeframes: Targets OK.

Interventions:	Too general for nutrition area, prioritise for each country. le tailor to the country needs and evidence base. Needs to specify socio economic, financial, health services and condition differences. Inequity needs greater focus.
Financing:	Information on costs and benefits. Especially iron supplementation.
Monitoring:	
Reporting:	Based on existing system in country. CIP needs to be incorporated into country plans eg 5yr, 10 yr. Here??
Roles and responsibilities:	To be specified for each stakeholders

**Summary from the Vice Chair (Dr Hajah Norhayati Hj Md Kassim from Brunei)**

Overall:	All countries feel its adequate. Include inequities, poverty, food security. Including Health System strengthening as a part of the CIP Incorporate into national plans.
Challenges:	Challenges are regional and country specific. Inequities, poverty, climate change, food prices. Opportunities also should be included – women and young children. NCDs should be included.
Objectives, targets and timeframes:	Targets should be linked with countries own planning and reporting cycles and reporting related to the MDGs reporting.
Interventions:	Interventions linked to needs of countries, and linked to existing programs, for example NCDs and MCH. Those that relate to non-health sector also need to be linked to monitoring
Financing:	More information on financing mechanism and discussion on types, and support for prioritization and decision-making. Information sharing is necessary.
Monitoring:	Monitoring needs development – to be clear for specific factors. There should be specific detailed plans and indicators for non-health indicators need to monitor the effectiveness multi sectoral
Reporting:	Reporting should be in line with countries own reporting mechanism
Roles and responsibilities:	Improving HSS support. Incorporate CIP with countries own specific plans. Need realistic roles.

## Annex 4: Meeting papers

1. Briefing on Maternal, Infant and Young Child Nutrition: Comprehensive Implementation Plan (CIP)
  - a. WHA A64/22 Provisional agenda item 13.13
  - b. Comprehensive Implementation Plan for MIYCN and its 4 background papers
2. SUN Framework
  - a. Briefing on the SUN Framework by David Nabarro
  - b. Scaling Up Nutrition: a Framework for Action
  - c. A Road Map to Scaling-Up Nutrition
3. Nutrition information sheet for meeting participants
4. Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. World Health Organisation, 2007.