

Ninth Meeting of the WHO South-East Asia Nutrition Research-cum-Action Network

*Report of the Meeting
24–26 September 2008, Hyderabad, India*



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1. Introduction

The Ninth meeting of the South East Asia Nutrition Research-cum-Action Network was organized by the WHO Regional Office for South-East Asia (SEARO) in collaboration with the National Institute of Nutrition (NIN) of the Indian Council of Medical Research, from 24-26 September 2008 in Hyderabad, India.

The general objective of the meeting was to optimize linkages between nutrition research and action for an accelerated implementation of evidence-based interventions for priority nutrition problems in Member countries. The specific objectives were to review the current status of the Network and its relevance to the national nutrition policies and plans of action; and to assess the rising food insecurity and its implications on the health and nutritional status of the vulnerable populations and identify appropriate action plans.

In addition to participants from all the Member States of the region, regional and national representatives from the Food and Agriculture Organization of the United Nations, UNICEF, United Nations World Food Programme, the International Council for the Control of Iodine Deficiency Disorders, the International Centre for Diarrhoeal Diseases Research, the Micronutrient Initiative, the United States Agency for International Development as well as a number of select experts also participated in the meeting. Representatives from the four WHO nutrition-related Collaborating Centres in the Region – National Institute of Nutrition, India; the Department of Food and Nutrition, the Maharaja Sayajirao University, India; the Institute of Nutrition of the Mahidol University, Thailand; the Centre for Research and Development in Nutrition, Bogor, Indonesia – also participated.

2. Inauguration

In his inaugural address, the Director of the National Institute of Nutrition, Dr. B. Sesikaran, highlighted the problems related to food and nutrition security in the Region and urged the participants to work together in identifying common solutions towards mitigating nutrition insecurity. He

emphasized the importance of information exchange pertaining to nutrition research and actions among the network members and suggested that successes achieved in some Member States, if communicated appropriately, could also be adopted in other settings. Dr Sesikaran suggested that a multi-country collaborative research on any aspect of nutrition be undertaken to highlight the network's effectiveness and importance.

The message from Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region, was delivered by Dr Dini Latief, Director, Department of Family and Community Health, WHO/SEARO. In his message, the Regional Director mentioned that the movement towards evidence-based nutrition policy and nutrition interventions have been gaining momentum over the past several decades. This originated from an increasing awareness that effective nutrition research would lead to successful nutrition interventions, further leading to the use of more advanced and sophisticated research designs. He referred to the broad and specific objectives of the meeting which focused on optimizing linkages between nutrition research and actions for an accelerated implementation of evidence-based interventions for priority nutrition problems in Member States. The network's activities were also relevant to the development of national nutrition policies and plans of action, in assessing the rising food insecurity and its implications on the health and nutritional status of the vulnerable populations and in identifying appropriate action plans.

The Regional Director hoped that the meeting would provide a forum for a detailed review of the network's activities over the past four years including successes and constraints in closing the gap between research and effective action. The meeting would also focus on the rapid emergence of food insecurity in the Region and its implications on existing undernutrition and micronutrient deficiencies among the vulnerable populations.

The message from the Assistant Director-General, Food and Agriculture Organization Regional Office for Asia and the Pacific (FAO/RAP) was delivered by Dr Biplab K Nandi, Senior Food and Nutrition Officer, FAO/RAP. FAO has been a close partner with WHO in the network activities, emphasizing on issues related to malnutrition, food insecurity and work toward meeting the Millennium Development Goals in the Member States. It was FAO's position that the network should address the immediate concerns like soaring food prices and actionable community-based nutrition interventions.

Dr Kunal Bagchi, Regional Adviser, Nutrition for Health and Development, WHO/SEARO introduced the agenda and mechanics of the meeting. Prof. Kraisid Tontisirin, Dr G.N.V. Brahmam and Dr BK Nandi were elected as chairpersons for the first, second and third day of the meeting, respectively. Dr Lakshmi Bhawani and Mr. Subba Rao were nominated as the rapporteurs.

3. Objectives

General

To optimize linkages between nutrition research and actions for an accelerated implementation of evidence-based interventions, for priority nutrition problems in Member Countries.

Specific

- (1) To review the current status of the South-East Asia Research-cum-Action Network and its relevance to the national nutrition policies and plans of action.
- (2) To assess the rising food insecurity and its implications on the health and nutritional status of the vulnerable populations and identify appropriate action plans.

4. Technical sessions

South-East Asia Nutrition Research-cum-Action Network: translating research into action

(Dr G.N.V. Brahmam, National Institute of Nutrition, Hyderabad, India)

Dr Brahmam provided an overview of the genesis of the nutrition research-cum-action network and its present status. The activities of the National Institute of Nutrition, the current Secretariat of the Network, were also described. Dr Brahmam concluded with a request to identify the priority areas for collaborative research among Member Countries in the Region and emphasized the need to identify potential funding agencies to sustain the activities of the network.

SEA RCA Network Newsletter: increasing effectiveness

(Mr Subba Rao, National Institute of Nutrition, Hyderabad, India)

Mr Subba Rao's presentation was focussed on the network newsletter that was published every six months and how the newsletter was received by the Member States. He explained the new system introduced by the Secretariat to receive timely and relevant information from Member States for incorporating in the newsletter. The question of sustainability was also discussed as well as the utilization of the newsletter. Mr Subba Rao urged participants from Member States to contribute regularly to the newsletter.

Key points of discussion emerging from the presentation of Dr GNV Brahmam and Mr Subba Rao

- The WHO SEA Nutrition Research-cum-Action Network was the only such body in the Region and it was agreed that all Member States and partner organizations should make maximum use of it;
- It was necessary to expand the membership of the network to include partner organizations, national nutrition societies, international and national non-governmental organizations as well as academic institutions for wider dissemination of the network's activities and its sustainability through increased resource mobilization;
- There was a need to create a separate segment in the newsletter to serve as a platform to seek inputs or opinion on nutrition research and actions, wherein the responses could be invited from interested quarters of the network;
- The creation of an e-community on the lines of "Solution exchange for food and nutrition security" to facilitate a continuous dialogue among the members was recommended.

Rising food insecurity – health and nutrition implications for the South-East Asia Region

(Dr Chizuru Nishida, WHO-HQ)

Dr Nishida highlighted the global food crisis and its impact on the health and nutritional status of populations and pointed out that rising prices were attributable to rising fuel costs, increased production of bio-fuels, increased demand for food prompted by economic growth and environmental conditions. She presented a comprehensive picture of food price trends in

the Region, price transmission from the international markets to countries in the Region and how different socioeconomic segments of people responded differently to changes in food prices in different situations. Dr Nishida pointed out the clear lack of evidence on the impact of rising food prices and lack of proper surveillance on health and nutrition status of populations in the Member countries and commented that it would be essential for the countries to address the effects of the food crisis on the nutritional status of the populations. She emphasized that efforts to reduce the nutritional impact of rising food prices should target the poor.

Food & agriculture perspective on agriculture, food prices and household food insecurity

(Dr Biplab Nandi, Food & Agriculture Organization)

Dr Nandi emphasized the need to incorporate the agriculture perspective in nutrition goals to tackle the problem of rising global food insecurity and to increase availability and affordability of staple foods. He said that the most important challenge lies in conserving the environment, especially in the current scenario where the soil and water resources are limited and there are growing pressures associated with urbanization and climate change. He informed the group that the High-level Conference on World Food Security held in Rome in June, 2008 had developed a comprehensive framework for action to address the global food crisis - provision of key agricultural inputs to the farmers to ensure success of the next planting season with an objective to increase production and demonstrate that improved inputs increase yields; development of country-level action plans to undertake a quick inventory of national priorities, policies and strategies, and formulation of national priority actions and national institutional mechanisms; identifying short- to medium-term actions like establishment of a regional Food Security Stock/Reserve, an International Dialogue Forum for Agricultural Inputs, establishment of a special fund and market intelligence for addressing the problem of soaring food prices.

Food aid in the emerging food crisis – role of the World Food Programme (WFP)

(Dr Minnie Mathew, World Food Programme)

Dr Mathew said that in response to the new face of hunger due to soaring food prices, the WFP was providing assistance to about 75 million people

globally, of which 28 million vulnerable poor were in 14 countries in Asia. The WFP interventions include scaling-up safety nets for the vulnerable populations, targeted food distribution, supplementary nutrition feeding, school feeding, food or cash transfers, employment schemes (food/cash), using the distribution network to support partner agencies, local purchases to support small farmers and policy advice to governments to respond to the crisis. She said that these measures are mainly country-based and context-specific, usually based on request for assistance from governments.

Key points of discussion emerging from the presentations of Dr Nishida, Dr Nandi and Dr Mathew

- There was an urgent need to establish a regular surveillance system at national level in the Member States in order to assess the impact of food prices on the nutritional and health status of the populations.
- It was recognized that Member States needed to produce enough food for consumption rather than the production of bio-fuel.
- FAO called for proposals in the area of increasing food production from Member States. FAO also indicated support with technologies to enhance production in limited resource settings by providing technical support as well as seeds and fertilizers, which would lead to increased affordability and enhanced food consumption
- Participants mentioned that Member States should adopt country-specific systems for management of food distribution systems in order to facilitate maximum utilization of available food in an appropriate manner. Some participants added that such efforts should be further strengthened with appropriate nutrition knowledge dissemination.
- The meeting recognized that there was ample scope for research and for collating data on assessing the impact of varying cooking practices/ fortification strategies on food and nutrition security of the populations.
- Participants agreed on the need for maximum usage of all available mass media including mobile phones, to reach populations living in remote and inaccessible geographic locations.

Community-based management of mild and moderate malnutrition

(Dr Kraisd Tontisirin, Thailand)

Dr Tontisirin highlighted the fact that community-based management of malnutrition was an integrated programme that needed to be effectively

implemented at the micro level (district level and below) as well as at the macro (national) level. Such an approach required community actions which was possible through adequate support from national and local leadership, commitment to nutrition improvement, favourable policies, an enabling environment and effective communication strategies for mass mobilization.

He stressed that the components of nutrition care for infants and young children should include an integrated package of services covering ante-natal care, women's health and nutrition, appropriate breastfeeding and complementary feeding practices, growth monitoring and promotion, micronutrient fortification of foods, adequate external / bcal supplies of foods to promote supplementary feeding, oral rehydration therapy (ORT), complete immunization and periodical deworming. He suggested that the essential components of ensuring good nutrition for school-age children should include regular monitoring of their height and weight and necessary follow-up actions based on growth status. These follow-up services should encompass many components like food services (e.g. school lunch/meals), basic food supply, personal and environmental hygiene, school kitchen, nutrition and health education and promotion of physical activity.

Dr Tontisirin cited some successful community-based efforts in Thailand that had contributed to a significant reduction in child malnutrition. These interventions comprised the promotion of home and school gardens, supplementary foods for pregnant mothers, complementary foods for infant and young children, equipping women with simple food preservation and processing techniques and economically empowering the community with micro credit.

Management of severe acute malnutrition (SAM) – principles and practices:

(Dr Mohamed Iqbal Hossain, ICDDR, Bangladesh)

Dr Hossain said that the treatment of children with severe acute malnutrition remained a highly neglected area. This was further compounded with faulty case management, weak health systems, inappropriate training and lack of support for staff. He shared his observations and experiences in the successful management of children with severe acute malnutrition by following the WHO protocol at the

International Centre for Diarrhoeal Disease Research (ICDDR), Bangladesh. Such interventions could successfully reduce the case fatality rate among children with SAM from about 50% in the 1990s to about 5% in the current year. He said that there was a need to develop low cost, culturally acceptable, energy-dense supplementary/therapeutic foods that could be made available throughout the year.

Dr Hossain suggested that community-based management of severe malnutrition without complications should be established within the routine health systems or should be built upon existing interventions of the nutrition sub-sector. This approach would be more sustainable and advantageous as it could facilitate early discharge from hospital, provide continuity of care, offer an alternative to inpatient care, reduce exposure to hospital-acquired infections, reduce the time mothers/caregivers spend away from home, lessen opportunity costs and minimize the risk of possible neglect of siblings. Dr Hossain said that the national guidelines on the management of SAM in children were being developed and would be broadly in line with the WHO guidelines and with some modifications considering the local context and available facilities. He said that there were also plans to translate these guidelines in order to make them available to a wider group including nurses and auxiliary staff. There were also plans by the Government of Bangladesh to introduce these country-specific guidelines into the curricula for medical and nursing courses or to conduct intensive short-term courses for wider dissemination of the same.

Nutrition interventions in the state of Rajasthan, India – UNICEF’s experiences

(Dr Laxmi Bhawani, UNICEF)

Dr Bhawani from the UNICEF India country office spoke on UNICEF’s nutrition interventions in Rajasthan, India. UNICEF’s emphasis in the area of infant and young child feeding (IYCF) has been to build counselling skills of service providers and empowering the mothers/families with skills related to IYCF through ‘Behaviour Change Communication (BCC)’ models. She also informed about the use of micronutrient sprinkles to improve the nutrient quality of complementary foods as part of UNICEF’s wide-ranging interventions for the control and prevention of micronutrient deficiencies in the vulnerable population groups. UNICEF’s successful experience in the development of the ‘Mother and Child Protection Cards’ for effective

growth monitoring, promotion and counselling was explained. The cards facilitated the service providers as well as the mothers to monitor the child's growth. UNICEF had contributed to all the above-mentioned activities through provision of technical support, developing evidence-based models, facilitating inter-sectoral convergence, partnerships and effective knowledge management.

Key points of discussion emerging from the presentations of Dr Tontisirin, Dr Hossain and Dr Bhawani

- More research is needed to establish the efficacy of Ready-to-use Therapeutic Foods (RUTF) like Plumpy Nut in management of SAM among children and its impact on lipid profile. Since RUTF was a therapeutic food, its use should be restricted to the management of SAM as a treatment strategy with the focus on follow-up care.
- It is necessary to develop alternative formulations of RUTF using locally available food items and identifying acceptability and compliance of such food items in countries of the South-East Asia Region.
- Research in building models of community-based production, supply and usage with emphasis on adequacy, quality, quantity and safety of food supplements to address malnutrition needs to be promoted.

Anaemia – strategy for behaviour change communication (BCC)

(Mr Sunanrno Ranu Widjoyo, Indonesia)

Mr Widjoyo spoke about the Behavioural Change Communication (BCC) strategy contributing to the anaemia control programme in four districts of Indonesia, as developed by the Centre for Research and Development on Food and Nutrition, Bogor, (CRDB). The formative research used Focus Group Discussions (FGDs), in-depth interviews and direct observation studies among various target groups like beneficiaries (pregnant women and adolescent girls), households (husband, mothers, mothers-in-law of the pregnant women), service providers (health officer and teachers) and policy makers at central, province and district levels. The findings identified gaps in the knowledge and practices of policy makers, functionaries and beneficiaries on the problem of anaemia, its identification, prevention and control. Combinations of issues like lack of political will for health development, supportive environment and budgetary allocations had contributed to this situation.

The strategy used for individual behaviour change adopted a multi-media approach for nutrition and health education with the objective of empowering the primary beneficiaries i.e., pregnant women and adolescent girls. The secondary beneficiaries were the husband, mother, mother-in-law, health professionals, school principal and teachers. As part of policy advocacy measures, the primary targets were identified as the policy makers at national, provincial and district level and the secondary targets were the civil society and the media. The advocacy strategies included embedding policy advocacy in policy research, participatory policy drafting, policy monitoring and evaluation, policy dialogue, capacity building for policy makers and provision of press relations.

Key points of discussion emerging from the presentation of Mr Widjoyo

- These strategies can be emulated in other Member countries with region/country-specific modifications. Its feasibility in dealing with other micronutrient deficiencies may also be explored.
- The BCC should also identify both the desirable and undesirable behaviours and the underlying reasons of negative behaviours.
- The BCC strategy should also be considered for the control and prevention of other nutritional problems.

Monitoring, evaluation and quality control issues in the prevention and control of national iodine deficiency disorders

[Dr C.S. Pandav, International Council for the control of Iodine Deficiency Disorders (ICCIDD)]

Dr Pandav reviewed the situation globally and in the South-East Asia Region in relation to iodine deficiency disorders and presented a framework for programme evaluation along with some key take-home messages including the effect of climatic changes on iodine availability in soil, water, plants, livestock and humans. The household usage of iodized salt ranged from a low of 40% in DPR Korea to a high of 96% in Bhutan among the 11 participating countries of the SEA Network.

The “Centre for Disease Control (CDC) framework for programme evaluation in public health” for assessment, monitoring and elimination of IDD was also presented. These consisted of: engaging all stakeholders through advocacy and alliance building (personal meetings, letters, electronic media, print media and events); describing the programme; focus on the monitoring and evaluation design (inputs, process /activities, outputs, outcomes and impact; gathering credible evidence measure impact (iodization indicators at production, importation, household consumption levels etc); justifying conclusions and making recommendations; sharing the lessons learnt.

Key points of discussion emerging from the presentation of Dr Pandav

- The emphasis should be on Behaviour Change Communication (BCC) as an integral component of the IDD elimination programme. For achieving this, behavioural, social and communication scientists and experts should be involved.
- Implementation of universal iodization is difficult in some Member countries due to cross-border markets with associated delivery of low-cost, non-iodized salt. This perhaps should be discussed with the SAARC secretariat for arriving at feasible solutions.
- Uniform WHO/UNICEF/ICCIDD guidelines should be followed in all the Member countries for iodization of salt and in the programme on prevention and control of IDD.
- Establishment of regional training and reference laboratories for effective quality control, assurance procedures, training and research in the participating Member countries of the SEA-RCA network should be considered.
- A manual should be developed providing all relevant information on the technology required for an effective salt iodization programme in order to assist Member States to identify the technology gaps in their national salt iodization activities.

5. Group work

Participants were divided into three groups. Each group was assigned the task of identifying both the research and action issues for ‘Community-based management of malnutrition-identifying research issues and prioritizing interventions’. The co-ordinator of this activity was Dr Prema Ramchandran.

Group work I

The three groups made brief presentations that included taking a life-cycle approach in the management of malnutrition, current status of such efforts in the Member States and priorities for research and action.

Key points of discussion on Group work I

- There is a need for development and implementation of a comprehensive package for managing malnutrition at all levels of the human lifecycle including the older population. The psychosocial support needed for each segment of the population should be considered.
- Total coverage of such a package through complementary actions and encouraging community participation by creating an enabling environment to achieve a sustainable change in the nutritional status of populations should be ensured.
- Due recognition to nutrition orientation needs to be given in agricultural plans and policies.
- Ensuring community participation, particularly women's participation and empowerment is key to the success of the community based approach.
- Operational research to develop community-based models for managing malnutrition and demonstrate their effect in different community settings should be promoted.
- Constant monitoring of government programmes and community-based initiatives was stressed for effectively building up follow-up actions.
- Universal adoption of the new WHO child growth standards in all the Member countries for nutrition assessment was recommended.

Group work II

For the second group work, whose theme was 'Effective and sustainable IDD prevention and control – research priorities and action strategies', Dr C.S. Pandav was the co-ordinator. Group presentations were made on consolidation of research into action and on technology transfer issues in salt iodization.

Key points of discussion on Group work II

- There was a need to identify cost effective vehicles for including other micronutrients along with iodine to address the problem of micronutrient deficiencies.
- The participants unanimously suggested establishing regional training and reference laboratories for training, research and quality control assurance procedures, which would contribute significantly to prevention and control of IDD in the South-East Asia Region.
- Some participants felt that technology transfer issues related to machinery for uniform iodization of salt at various levels need to be addressed.
- With regard to iodization of salt, quality assurance at production sites, effective monitoring and surveillance at retailer and community levels were stressed.
- It was felt that a multi-sectoral approach was required to strengthen BCC to address IDD.
- Steps like subsidies and tax exemption on iodized salt need to be explored for ensuring compliance of usage of iodized salt.
- It was suggested that a manual providing all relevant information on the technology required for an effective salt iodization programme should be prepared and shared with all the Member countries of the South-East Asia Region.

Group work III

In the group activity that followed the above presentation, all the three groups deliberated separately on 'BCC in control and prevention of anaemia'. Prof. Veni Hadju co-ordinated the group work. The task assigned to various groups required them to identify the research issues and the effective interventions to control and prevent anaemia.

Key points of discussion on Group work III

- The need for increasing research efforts to determine the bioavailability of iron in various traditional cooked foods and carrying out efficacy studies to determine their use in addressing the problem of IDA, was also recognized.
- Reinforcing the messages for prevention and control of IDA at the growth monitoring and promotion (GMP) sessions, was identified as an operationally feasible strategy to bring about desirable change in the community, in almost all the Member countries.

- Use of multiple channels of communication to reinforce and repeat validated and tested messages for effective behaviour change was stressed.
- Assessment, validation and implementation of a reliable, cost effective and uniform methodology for estimation of haemoglobin was identified as an immediate research priority in all the Member countries.
- Reliable and authentic data on association of anaemia with functional changes in different age and physiological groups in addition to the economic consequences need to be generated for use by policy makers to implement appropriate interventions.
- Promoting universal coverage of iron and iron folic acid (IFA) should include both clinic-based and community-based approaches.
- National supplementation programmes should assess the feasibility and benefits of supplementing other micronutrients such as zinc, riboflavin iodine etc. along with iron and folic acid in the prevention and control of anaemia.
- Food-based approaches vis-a-vis nutrient-based approaches should be explored for sustainable change.
- Social scientists, behavioural scientists and communication experts should be involved in addressing advocacy measures in nutrition as it is a multi-sectoral subject.

6. Conclusions and recommendations

Conclusions

- (1) Appreciating the South-East Asia (SEA) Nutrition Research-cum-Action (RCA) Network, which is one of its kind and unique to this Region, the meeting felt that the Network should be further strengthened in the areas of operations research with wider dissemination and exchange of technical information among the Member States, academic institutions and interested national and international partners.
- (2) While deliberating on the global rise in food prices and consequent increase in food insecurity in the South-East Asia Region, the meeting felt that the existing nutrition surveillance and health information systems in the Member States need to be strengthened further as they are the best tools to reflect the

impact of food insecurity upon the nutrition and health status of the populations.

- (3) Technical presentations revealed that technologies used to enhance food production in limited resource settings increased the availability, affordability and access to food. Several Member States had instituted effective public safety interventions including public distribution of food and these could well serve as good practices for the Member States.
- (4) It was also suggested that Member States may request additional support from UN agencies as a follow-up of the High Level Conference (HLC held in FAO, Rome in June 2008) to address the issues relating to soaring food prices.
- (5) It was recognized that Member States have made considerable progress in several instances with limited resources and constraining environments. However, the traditional, country/culture specific practices need to be identified and promoted for effective management of the food systems.
- (6) Severe acute malnutrition (SAM) in young children remains a medical emergency. It requires a set of sophisticated and coordinated approach for early detection and effective management, including specific therapeutic dietary intervention. The importance of close linkages with the medical referral systems and community-support was recognized.
- (7) Priority has to be given for a community-based integrated package of services for prevention, detection and management of mild and moderate under-nutrition.
- (8) Universal detection and management of mild and moderate under-nutrition is required. Interventions should include capacity building, formulation of cost effective food supplements with diverse nutrient-rich local foods and their acceptability, compliance and efficacy.
- (9) While Member States have made considerable progress in the control and prevention of iodine deficiency disorders (IDD), it was recognized that several challenges remained for the elimination of IDD as a public health problem. Climatic changes prompting depletion of iodine in the soil affecting its availability was also identified as a key issue.

- (10) Monitoring and evaluation of national IDD programmes required close adherence to a limited number of indicators. For effective quality control, assurance procedures, training and research, it was suggested that regional training and reference laboratories be established.
- (11) Although there is adequate availability of iodized salt, low consumption is still prevalent at the household level. The meeting emphasized the need to develop and implement effective BCC strategies.
- (12) In the context of high prevalence of nutritional anaemia, the meeting strongly urged the need for systematic, comprehensive and sustained BCC strategies to address the issue.
- (13) As part of the measures to promote media and policy advocacy, the functional and economic consequences of anaemia and other nutritional deficiency disorders should be disseminated.
- (14) In view of the multiple micronutrient deficiencies, efforts should be made to explore the feasibility of multiple micronutrient supplementation such as multi-vitamin, iron and other minerals for pregnant and lactating mothers, infants and young children. Fortification of foods such as rice, wheat flour, salt, fish sauce, oils, noodles etc. with multiple micronutrients may be explored. Also, dietary diversification should be promoted.
- (15) It was also recognized that there should be a reliable, affordable and uniform methodology for estimation of haemoglobin.
- (16) Functional changes associated with different grades of anaemia in different age groups and physiological conditions need to be generated for providing appropriate evidence-based interventions.

Recommendations

- (1) The meeting recommended that the SEA RCA Network needs to be further expanded to partner with a number of international and bilateral organizations, academic institutions, international and national non-governmental organizations. For resource mobilization, the possibility of partnering with other like-minded and interested agencies may be explored.

- (2) For more effective exchange of information, the meeting suggested to identify additional contact points (in addition to the existing focal points) in the respective Member States.
- (3) In the context of the phenomenon of soaring food prices, it was recommended to strengthen and streamline the nutrition surveillance and information systems in the Member States in order to generate valid information on its impact on nutrition and health so as to initiate appropriate actions.
- (4) The existing surveillance/information systems should focus on the growth monitoring of young children and adolescents adopting the international growth references developed by WHO.
- (5) While adopting the lifecycle approach to address the problems of malnutrition, the meeting recommended that the older population also be included.
- (6) It was recommended that research should be undertaken to explore the formulation of ready-to-use therapeutic foods (RUTF) using the energy and nutrient-dense local foods for the rehabilitation and management of severe acute malnutrition.
- (7) It was recommended to develop a manual providing all relevant information on the technology required for an effective salt iodization programme. Such a manual would assist Member States to identify the technology gaps in their national salt iodization activities. Micronutrient Initiative (MI) given its past expertise in this area, could consider undertaking this task with necessary technical inputs from ICCIDD.
- (8) Comprehensive behaviour change communication strategies should be evolved at the country level in order to address the problems of all forms of malnutrition. For this, the experiences of ongoing efforts should be shared among Member States.

Annex 1

Programme

Wednesday, 24 September 2008

0830 – 0900 hours	Registration of participants
0900 – 0945 hours	Inauguration Message from the Regional Director, WHO-SEAR Message from the Assistant Director-General and Regional Representative, FAO-RAP Introduction of participants Nomination of Chairperson and Rapporteur Adoption of agenda
0945 – 1000 hours	Objectives and mechanics of the meeting <i>Dr Kunal Bagchi, WHO/SEARO</i>
1030 – 1045 hours	Overview of the South-East Asia Research-cum-Action Network: translating research into action <i>Dr G.N.V. Brahmam, NIN, India</i>
1045 – 1100 hours	SEA RCA Network Newsletter: increasing effectiveness <i>Mr G.M. Subba Rao, NIN, India</i>
1100 – 1130 hours	Discussion
1130 – 1145 hours	Rising food insecurity: health and nutrition implications for the South-East Asia Region" <i>Dr Chizuru Nishida, WHO/HQ</i>
1145 – 1200 hours	Agriculture, food prices and household food insecurity: the FAO perspective <i>Dr Biplab Nandi, FAO</i>
1200 – 1215 hours	Food aid in the emerging food crises in South-East Asia: the Role of World Food Programme. <i>Dr Minnie Mathew, WFP</i>
1215 -1245 hours	Discussion
1330 – 1345 hours	Community-based initiatives for the management of mild/moderate forms of malnutrition <i>Dr Kraisid Tontisirin, INMU, Thailand</i>
1345 – 1400 hours	Management of severe malnutrition: principles and practices <i>Dr Md. Iqbal Hossain, ICDDR/B/Bangladesh</i>
1400 – 1415 hours	Nutrition interventions: UNICEF's experiences. <i>Ms Laxmi Bhawani, UNICEF-Jaipur</i>

- 1415 – 1500 hours **Group Work I:** Community-based interventions for the management of malnutrition – identifying research issues and prioritizing interventions
- 1515 – 1730 hours Group Work I (contd.)

Thursday, 25 September 2008

- 0830 – 1000 hours Group Work I (contd.)
- 1030 – 1130 hours Presentations of group work
Discussions
Recommendations
- 1130 – 1145 hours Monitoring, evaluation and quality control issues in the prevention and control of national Iodine Deficiency Disorders
Dr C.S. Pandav, ICCIDD, India
- 1145 – 1200 hours Discussion
- 1200 – 1245 hours **Group Work II:** Effective IDD control and prevention programme
- 1330 – 1600 hours Group Work II (contd.)
- 1600 – 1700 hours Presentations of group work
Discussion
Recommendations

Friday, 26 September 2008

- 0830 – 0845 hours Anaemia – strategy for behavioural change communication
Mr Sunarno, Indonesia
- 0845 – 0915 hours Discussion
- 0915 – 1000 hours **Group Work III:** Anemia: behavioral change communication in the control and prevention of anemia
- 1030 – 1245 hours Group Work III (contd.)
- 1330 – 1430 hours Presentations of group work
Discussion
Recommendations
- 1430 – 1515 hours Conclusions & Recommendations
- 1515 – 1530 hours Closing sessions

Annex 2

List of participants

Bangladesh

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The ninth meeting of the South-East Asia Nutrition Research-cum-Action Network was organized by the WHO Regional Office for South East Asia at the National Institute of Nutrition, Hyderabad, India from 24-26 September 2008. The three-day meeting was an endeavour to promote effective exchange of information among Member States of the Region, partner organizations and institutions. Participants from all the 11 Member States of the Region as well as representatives from academic institutions, WHO Collaborating Centres and international and bilateral partner organizations attended the meeting.

While discussing the ways and means to revitalize the Network, the meeting also focused on the rising food prices in the Region and its impact on household food insecurity. The participants also shared successful programmes and experiences in the management of mild, moderate and severe malnutrition using community-based approaches. There were sessions on the control and prevention of micronutrient deficiencies and what would be the future research needs, behaviour change communication and evidence-based interventions for addressing a wide range of malnutrition.

The meeting made a number of recommendations dealing with the need to upgrade / strengthen national nutrition surveillance systems, behaviour change communication for nutrition problems and the need for integration of community-based and clinic-based facilities for the management of malnutrition in children.



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