

Summary of the Meeting of the Working Group on Nutrition in Emergencies

by Annalies Borrel

The 26th ACC/SCN meeting was held from the 8th to 15th of April in Geneva. The Working Group on Nutrition in Emergencies, made up of NGO, bilateral and UN agency members and some members of the AGN, met to discuss nutritional issues in emergencies on Sunday April 11th. Two of the agenda items were the evolution of nutrition responses in emergencies since 1976 and the impact of the recent crisis in Southern Sudan on adolescents and adults.

Dr. Mike Toole (Macfarlane Burnet Centre for Medical Research, Australia) gave an overview of the trends in nutrition assistance programmes in emergencies between 1976 and 1999. Dr. Toole prefaced his presentation by saying that although the quality of nutritional assistance has improved considerably in the last two decades, some problems still persist such as the continuing outbreaks of micro nutrients deficiency disorders. Furthermore, the rapidly changing geopolitical context had raised new challenges in the provision of adequate food aid.

Key milestones in nutritional assistance in emergencies were identified and summarised.

These included the following:

- | Nutrition assessment surveys routinely began to use anthropometry making comparisons with the WHO/CDC/NCHS reference population during the refugee crises of the late 1970s, specifically the influx of Laotians, Vietnamese and Cambodian refugees into Thailand
- | During the early 1980s in Somalia and Ethiopia outbreaks of scurvy and measles in refugee camps demonstrated inadequacies in the range of nutrients in refugee diets and that communicable disease programmes were critical in the prevention of excess mortality among malnourished children.
- | During the late 1980s acute malnutrition persisted in many refugee camps highlighting food distribution mechanisms as a key factor in emergency response.
- | The term "complex humanitarian emergency" was coined following the international response to the displacement of Kurds from northern Iraq. The lessons learned during this emergency included: the potential impact of diarrhoea on the nutritional status of previously well-nourished populations; the dangers associated with displacement of a population where prevalence of breast feeding is low and the impact of local food trade in preventing micro nutrient deficiency diseases.
- | Following the dissolution of the Soviet Union, a number of economic crises occurred, most significantly in the former Yugoslavia. In these settings, children were not found to be as vulnerable to nutritional disorders as the elderly, particularly those surviving on fixed pensions in urban situations in cold climates.
- | During the 1990s, armed conflicts in Somalia and southern Sudan led to severe famines, where extremely high rates of malnutrition were reported (all age groups were affected including adults). The need to standardise nutrition assessment methods and to improve the assessment and management of adult and adolescent malnutrition was highlighted during this period.

Some unresolved issues which urgently need to be addressed were summarised as: assessment and management of acute malnutrition in adolescents and adults; prevention of vitamin C deficiency in large African food aid dependent populations and the management of anaemia among severely malnourished children.

Dr. Peter Salama (Medical co-ordinator for emergencies, Concern Worldwide) presented background information and a case study to highlight the ongoing lack of attention to adult and adolescent malnutrition in nutritional emergencies.

The experience of Somalia (1992-93) and Angola (1993-94) led to recognition of the need to develop anthropometric indices and treatment protocols for adult malnutrition. A case study was presented on the situation in Ajiep, Bahr el Ghazal in southern Sudan in 1998. In this situation where there were some 18 NGOs operating over 50 Supplementary Feeding Programmes (SFPs) and 21 Therapeutic Feeding Programmes (TFPs), not one of these programmes was tailored for adolescents and adults. Concern established adult and adolescent therapeutic and supplementary feeding programmes. Two key conclusions that were drawn from the presentation were: (i) that towards the end of a severe famine, adult and adolescent malnutrition is frequently a significant health problem and (ii) that with the correct treatment and management of malnutrition, even the most emaciated individuals can survive.

Dr Salama recommended that there was a need for (i) programmes to target adult and adolescent malnutrition and that these conditions should be systematically investigated as part of any relief response and (ii) an inter-agency working group on adult and adolescent malnutrition in order to:

- | further standardise eligibility criteria and treatment protocols in selective feeding programmes for this demographic group
- | establish survey methodologies for determining prevalence of adult and adolescent malnutrition and population prevalence cut-offs
- | determine an operational research agenda.

The SCN agreed that it would take on responsibility for following-up specific recommendations on adult and adolescent malnutrition.

For further information contact: ACC/SCN, 20 Avenue Appia, 1211 Geneva 27, Switzerland. e-mail: accscn@who.ch Web: <http://www.unsystem.org/accscn/>

Taken from Field Exchange 8

PDF generated 13 July 2017

www.ennonline.net/fex/8/summary

© 2017. ENN is a registered charity in the UK no. 1115156, and a limited company no. 4889844.