

Nutrition interventions in Egypt, What is missing?

Dr/Gihan Fouad

National Nutrition Institute

Presentation Outline

Country profile and Nutritional situation

State of Policy and Research

Nutrition actions

What is Missing?

Country Profile

- Egypt is low-medium income country.
- Total Population: 94.8 million
- Under five Children: 9 million (10.6%).
- Health Care System: complex - many organization/entities in charge of providing health Care (29 entities), including army, police, universities, etc.

But the MoH is the single provider for preventive services, which includes nutrition.

Nutritional Situation

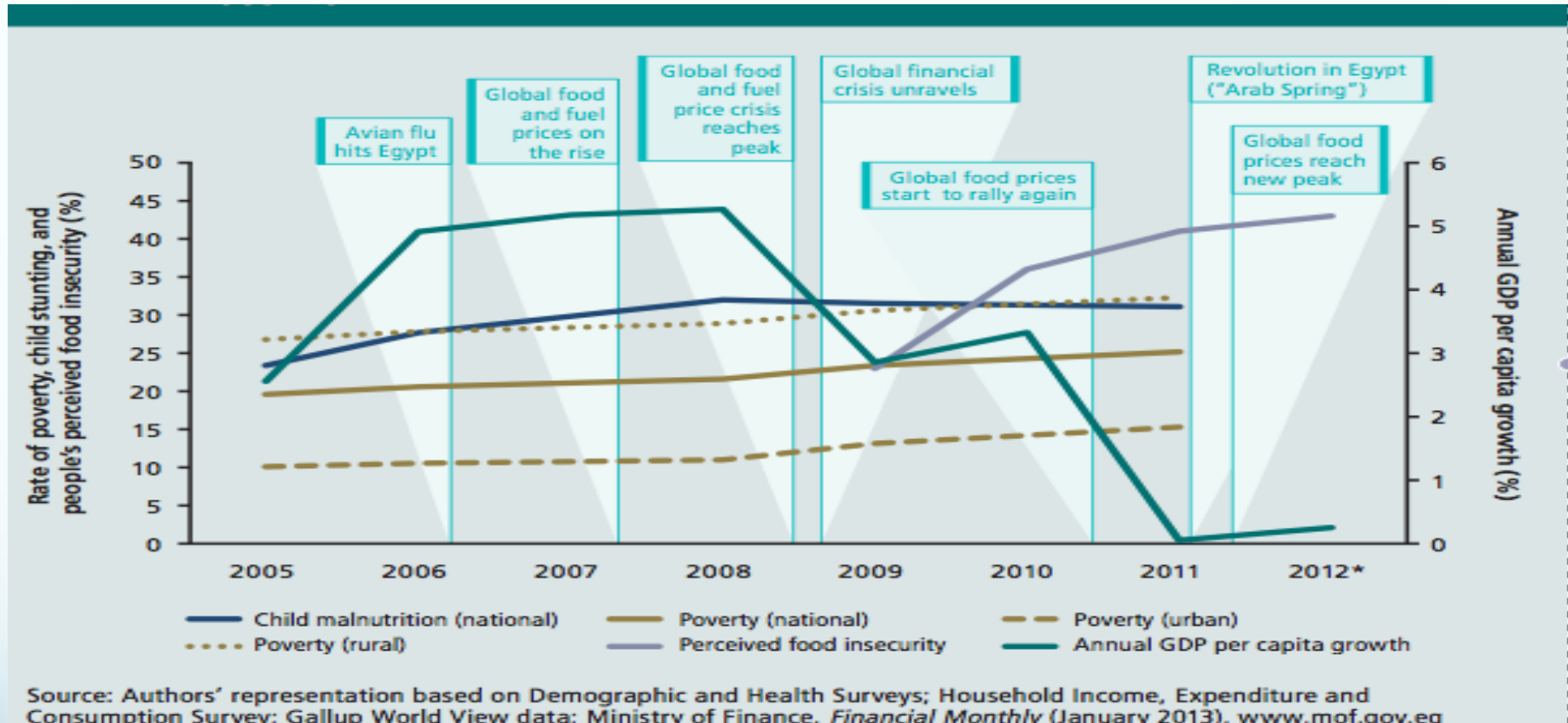
- 29 % chronic malnutrition or stunting
- 7 % are acutely malnourished.
- Increase in wasting, stunting and underweight between 2005 and 2008 .
- Rates of obesity overweight are increasing; especially among women and adolescent
- Feeding practices for only around 40 % of children age 6-23 months met the recommended standards

Figure 14.2 Trend in Nutritional Status of Young Children
(WHO Child Growth Standards)
Egypt 2000-2008



Note: Data are for children under age five for whom the nutrition status measure fell below -2 SD from the WHO Child Growth Standards reference population median.

Cost of Hunger (2010-2012)



Following revolution – Annual GDP had a massive reduction while food prices almost doubled



Egypt STEPS Survey 2011-12

Fact Sheet

Summary of combined risk factors

- current daily smokers
- less than 5 servings of fruits & vegetables per day
- low level of activity
- overweight (BMI ≥ 25 kg/m²)
- raised BP (SBP ≥ 140 and/or DBP ≥ 90 mmHg or currently on medication for raised BP)

Percentage with none of the above risk factors	0.6% (0.0-1.1)	0.5% (0.0-1.2)	0.7% (0.0-1.8)
Percentage with three or more of the above risk factors, aged 25 to 44 years	42.0% (38.7-45.4)	45.2% (40.4-50.0)	38.2% (32.0-44.5)
Percentage with three or more of the above risk factors, aged 45 to 64 years	79.2% (76.5-81.9)	77.1% (72.9-81.3)	81.9% (77.2-86.6)
Percentage with three or more of the above risk factors, aged 25 to 64 years	51.1% (48.2-54.0)	53.2% (47.4-59.0)	48.5% (43.1-53.9)

Only 1% of the population have none of the risk factors for non communicable disease (NCDs)

CHALLENGES

- High levels of food insecurity due to low income, high food prices and low local agricultural production.
- Poor dietary practices due to lack of awareness, and inadequate health service provision capacities.
- Uncoordinated and disjointed planning of nutrition activities; often leading to sub-optimal use of resources and impact on nutrition status.
- Environmental pollution and food safety challenges due to lack of enforcement of existing laws.

State of Policy and Research

- Egypt has placed nutrition as one of its main priorities. With a 10-year Food and Nutrition Policy and Strategy (2007–2017).
- In 2010 a Landscape Analysis (LA) done with UNICEF/WHO
- However, no specification for time limit, persons or institutes responsibility for every task ,method of funding for every task and a well cited methods for monitoring.

So nothing with value or observable impact done until now

Nutrition actions

- Iodized salt consumption in seven governorates.
- Food fortification, food subsidies and other social assistance.
- Infant and Young Child Feeding five-year national plan (BFHI, Code).
- Establishing a Nutrition Surveillance System in seven governorates.
- Supporting the Vitamin A supplementation programme for women and children.

Nutrition actions

- School and health facility nutrition kitchens; providing technical advice to national and sub-national levels (by UN agencies);
- Innovative community-based nutrition programmes in rural and poor settings;

Noteworthy is that none of these activities is operating at scale to meet the current needs.

What is Missing?????

- Strengthen nutrition governance
- Inclusion in international Movements e.g. SUN and REACH
- Establishment of nutrition budget lines.
- Replication of other Country's success stories and mechanisms for information exchange
- Improving nutrition around the life-course.
- Scale up of community based programming and improved monitoring of large-scale programmes
- Strengthen nutrition surveillance

A



BIG

THANKS!

THANKS!