

Statement by

the Food and Agriculture Organization of the United Nations (FAO),
the United Nations International Children's Fund (UNICEF),
the World Food Programme (WFP) and
the World Health Organization (WHO)
on nutrition during the COVID-19 pandemic in the
Middle East and North Africa, Eastern Mediterranean and Arab Regions

27 May 2020

Executive summary

Governments and partners across the Middle East and North Africa Region (MENA) are acting to protect citizens from coronavirus disease 2019 (COVID-19). These crucial efforts will save many lives. However, measures needed to slow the transmission of the disease are resulting in hardship for many vulnerable families. In particular, the COVID-19 pandemic is having worrying impacts on household incomes, food supply chains, health services and schools.

The recently released *Global Report on Food Crises 2020*¹ highlights how serious the impact of the pandemic could be for countries already facing a food crisis. It is likely to have a major negative impact on the quantity, frequency and diversity of the food children eat, creating new food crises or worsening existing ones.

The United Nations Network on Nutrition, comprising the FAO, UNICEF, WFP and WHO, is closely following the impact of the COVID-19 pandemic on the nutrition status of those most affected, particularly the poor and vulnerable in the MENA, Eastern Mediterranean and Arab Regions.

According to the latest estimates, nearly 110 million people were undernourished in the Region². Further, an estimated 7.6 million children under the age of five were suffering from wasting; 20 million children were stunted, and 5.4 million children were overweight in the Region.

The current situation aggravates the difficulties many families already face in terms of the availability, access and affordability of better varieties of safe and nutritious foods.

We urgently call upon governments, international development partners, donors and all other stakeholders to tackle the issues relating to the availability, access and affordability of safe and nutritious foods which are of high concern to many, and to take immediate action to protect the nutritional status of the most vulnerable families, especially pregnant, lactating women and young children across the Regions, while implementing appropriate infection prevention and control measures. The key actions needed are as follows.

1. Food security and healthy diets

¹ Global Report on Food Crises 2020. Rome: Food Security Information Network; 2020. <https://www.fsinplatform.org/global-report-food-crises-2020>

² The Region covers the following countries: Afghanistan, Algeria, Bahrain, Comoros, Djibouti, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates, Yemen

- Ensure that food supply chains keep moving and safe and nutritious foods remain available.
- Protect the incomes and livelihoods of those dependent on agriculture and casual labour.
- Establish and support social protection schemes and community programmes to help ensure that the most vulnerable groups, as well as those who have lost their jobs because of lockdowns due to the COVID-19 pandemic, are able to access sufficient, safe, and nutritious foods.
- Communicate clear messages about the importance of maintaining a healthy and safe diet while limiting the consumption of foods that contribute to overweight and obesity.
- Pay careful attention to the special needs of pregnant and lactating mothers, the elderly and the chronically sick.

2. Maternal, infant and young child nutrition

- Health services should continue to provide essential nutrition services for pregnant and breastfeeding mothers, newborns and sick children.
- Health services should also provide appropriate support for mothers to breastfeed, including those with COVID-19, and communicate accurate information on maternal, infant and young child nutrition.

3. Management of wasting

- Maintain life-saving services to treat both wasted children and undernourished mothers, and adapt services to require less frequent treatment visits and more take-home supplies.
- Implement wasting prevention measures for vulnerable children and other population groups at risk of thinness, including older people and the sick.

4. Micronutrient supplementation

- Continue programmes to prevent and control micronutrient deficiencies where possible during routine services for pregnant women and young children. However, planned mass micronutrient campaigns (e.g. vitamin A supplementation and deworming) can be temporarily suspended/postponed and re-planned for the earliest opportunity once conditions allow.

5. School feeding and nutrition

- While schools are closed, provide guidance to school staff, parents and children on the importance of safe and healthy diets, hygiene and physical activity for school-aged children.
- Explore alternative modalities such as cash transfers and food deliveries to homes to help poorer families get nutritious meals for children while schools are closed.
- When schools reopen, resume school meal programmes and encourage school staff to promote them to children and their parents.

6. Nutrition surveillance

- We urge the establishment of a tailored food security and nutrition surveillance system using remote mobile phone or web-based surveys to monitor food market functionality, coping mechanisms, food consumption patterns and multi-dimensional poverty.
- Timely collection and updating of food security and nutrition information is critical not only to identify populations at risk but also to monitor and address factors likely to have a negative impact on the nutrition status of vulnerable groups.

This statement was developed based on the current understanding of COVID-19 and recommendations for physical distancing. Our advice will be updated periodically as new evidence emerges and we continue to develop our understanding of how to deliver effective nutrition support programmes in the context of COVID-19. A more detailed brief on each of the six domains, a glossary and resources on healthy diets, and a set of references accompany this statement.

We, the Regional Directors of the four United Nations agencies, will support the leadership of all our Member States in the Region to respond and recover from the impact on nutrition caused by COVID-19.

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Accompanying brief to this UN joint statement on nutrition in the context of COVID-19

Access to and consumption of healthy diets

The COVID-19 outbreak is having a dramatic impact on the lives of families in the MENA, Eastern Mediterranean and Arab Regions. Many people have lost their jobs or livelihoods, children are no longer accessing school meals and some families are struggling to buy their regular range of foods. People are having to spend more time at home and there could be a shift towards non-diversified diets, with increasing consumption of pre-packaged, processed foods and decreasing consumption of nutritious foods, including whole fresh fruits and vegetables. Current circumstances may aggravate the already difficult situation that many families face in accessing affordable quality diets. Food systems and supply chains are being disrupted by lockdowns, curfews, closure of borders and air space, and movement restrictions.

A well-balanced, diversified, nutritious diet, including whole grains, legumes, fruits, vegetables and animal source foods, is crucial to promote health and nutritional well-being and help maintain a strong immune system. To achieve this, food systems require support and supply chains must continue to supply adequate foods, minimize food waste and ensure that everyone, particularly vulnerable populations, can access good quality, safe, affordable food in sufficient quantity. It is critical to communicate clear messages about the importance of a healthy diet and the need to limit foods that contribute to overweight and obesity and increase the risk of noncommunicable diseases, dental problems and long-term ill health. Recommendations include:

1. **Support vulnerable people to access nutritious foods** in both urban and rural areas. This includes households who cannot afford to buy nutritious foods because of lost jobs and/or livelihoods. Support can be provided through social protection and community programmes. Provision of micronutrient fortified staples should be continued, while foods that are high in fats, salt and sugar should be avoided – including donated foods.
2. **Support the movement of food supply chains** and reduce loss and waste by providing safety nets to help food suppliers survive the current economic disruption, support investment to enhance productivity, and help reduce post-harvest crop and storage losses to improve food stocks. Remove artificial constraints on domestic trade to enable small holders to access markets.

3. **Provide accurate information on how to maintain a healthy diet** for all, and especially **children**, pregnant and breastfeeding women, older people and the sick. Such information should be widely promoted and communicated, with a focus on multi-media channels. Consuming a healthy diet based on WHO recommendations and national dietary guidelines is an important way to maintain and boost immunity and long-term health. A healthy diet means consuming well-balanced, diversified, nutritious foods, including whole grains, legumes, fruit, vegetables and animal source foods. There is no evidence that particular foods or food supplements can protect against COVID-19, but particular micronutrients can contribute to a well-functioning immune system (see the section on micronutrient supplementation below). Avoiding foods high in fat, salt and sugar (HFSS foods) helps to maintain a healthy diet, prevent overweight and reduce the risk of noncommunicable diseases.
4. **There is no evidence to date that the virus causing COVID-19 can be transmitted through food or food packaging.** It is safe to consume staples, fruit, vegetables, dairy products, pulses, meat, fish and eggs while practicing normal food safety measures and implementing food hygiene principles.
5. **Promote personal food hygiene standards** including handwashing with soap before **preparation** and handling of food.
6. **Promote and communicate the key lifestyle factors that are critical for maintaining well-being** and a healthy immune system. These include avoiding tobacco and excess alcohol, exercising as regularly as possible, reducing sedentary behaviour and getting adequate sleep.
7. For more information, please refer to:
Nutrition advice for adults during the COVID-19 outbreak:
www.emro.who.int/nutrition/nutrition-infocus/nutrition-advice-for-adults-during-the-covid-19-outbreak.html

Please also see the glossary and resources annexed to this document.

Maternal, infant and young child nutrition

Infants, young children, pregnant women and breastfeeding mothers face significant risks to their nutritional status and well-being when access to essential health and nutrition services and affordable nutritious diets is constrained. The impact of the COVID-19 pandemic on household incomes, market access and health services is particularly concerning. Appropriate and timely support of maternal, infant and young child nutrition saves lives, protects child nutrition, health and development, and benefits mothers. In particular, there is an urgent need to ensure mothers receive accurate advice and support on breastfeeding.

1. **Governments should prioritize services to protect, promote and support infant and young child feeding (IYCF)**, including breastfeeding, as a critical component of the health and nutrition response to COVID-19. This response needs to be adapted according to the evolving COVID-19 situation in countries and within different parts of each country (see current UNICEF/GTAM/GNC brief on IYCF in the context of COVID-19).³
2. **Mothers should initiate and continue to breastfeed even if they have COVID-19**, as per WHO's advice on coronavirus and breastfeeding (see link at end of this section). A mother with COVID-19 should be supported to safely breastfeed, have skin-to-skin contact and share a room with her baby. Mothers may also express and safely feed breastmilk to their infants. This advice is based on the known benefits of breastfeeding and the growing evidence that the COVID-19 virus is not present in breastmilk. The main risk of transmission between a caregiver and their child is through close contact via respiratory air droplets. For caregivers with suspected or confirmed COVID-19 infection, hospital protocols and caregiver messages should reinforce respiratory hygiene practices to prevent transmission when feeding infants and young children, including wearing a face mask, frequent handwashing, and routinely cleaning and disinfecting surfaces and objects. Mothers and caregivers with suspected COVID-19 infection should not be stigmatized.
3. **In cases where the mother is too ill or otherwise unable to breastfeed or express breastmilk**, the infant should be provided with donor breastmilk if appropriate screening and pasteurization is available, or with an appropriate breastmilk substitute. Health facilities and their staff should teach mothers and caregivers how to safely prepare milk and how to give milk using a cup.
4. **Full adherence to the International Code of Marketing of Breast-milk Substitutes** and subsequent WHA resolutions (including World Health Assembly resolution 69.9 and the associated *WHO guidance on ending the inappropriate*

³ Infant and young child feeding in the context of COVID-19. Brief No. 2 (v1), 30 March 2020. UNICEF, Global Technical Assistance Mechanism for Nutrition (GTAM) and Global Nutrition Cluster. <https://www.unicef.org/media/68281/file/IYCF-Programming-COVID19-Brief.pdf>

promotion of foods for infants and young children) should be maintained in all contexts. Donations of breastmilk substitutes (BMS), complementary foods and feeding equipment, including bottles and teats, should not be sought or accepted for targeted or blanket distribution. Donations of BMS by manufacturers have been shown to lead to increased use of substitutes and a reduction in breastfeeding. In circumstances where the use of BMS is required, they should be purchased, distributed and used according to strict criteria.

5. **For infants or young children who become sick with suspected, probable, or confirmed COVID-19** or any other illness, health workers should advise mothers to continue breastfeeding. For those aged at least six months, they should also advise caregivers to offer more and varied foods to the child, especially during convalescence.
6. **For infants and young children aged 6–23 months**, health workers' advice to mothers and caregivers should emphasize the importance of age-appropriate healthy diets that are as balanced and diversified as possible during complementary feeding, together with safe food preparation and handling.
7. **For pregnant and breastfeeding women**, nutrition services such as the provision of iron and folic acid or multiple micronutrient supplements (see the section on **micronutrient** supplementation below), nutrition counseling on the mother's diet and breastfeeding advice should continue where antenatal care is being provided, with appropriate infection control measures. For both mothers and children aged 6–23 months, social protection measures to safeguard diets should be a priority.
8. **Alternative strategies to provide counseling and advice on feeding, diets and nutrition** for mothers, infants and young children should be implemented where restrictions on movement interrupt routine services such as antenatal care and immunization/well child clinics, including telephone and online counseling and advice.
9. For more guidance relevant to the Regions, please refer to:
 - Breastfeeding advice during the COVID-19 outbreak:
www.emro.who.int/nutrition/nutrition-infocus/breastfeeding-advice-during-covid-19-outbreak.html
 - Feeding babies and young children during the COVID-19 outbreak:
www.emro.who.int/nutrition/nutrition-infocus/feeding-babies-and-young-children-during-the-covid-19-outbreak.html

Management of wasting in the context of COVID-19

The COVID-19 crisis is likely to further worsen the vulnerability of children to wasting. Treatment services for wasted children and thinness in mothers should be prioritized along with the protection of vulnerable children and other population groups at risk of thinness, including older persons and the sick, despite capacity challenges in health facilities and restrictions on the movement of personnel and essential supplies. To prevent and manage child wasting and maternal thinness, the following actions are recommended:

1. **Protect, promote and support appropriate and safe feeding** for all breastfed and non-breastfed children during and after illness, with strong hygiene standards for mothers (see guidance above).
2. Ensure strict adherence to **recommended hygiene and safety measures** in inpatient wards delivering treatment for severely wasted children with medical complications, e.g. by limiting contact with multiple health workers, keeping a physical space of at least two metres between beds and restricting visits by family members to primary caregivers.
3. Intensify **pre-positioning of essential nutrition commodities** (F75/F100, ready-to-use therapeutic foods, take-home rations, fortified blended foods, etc.) and routine medical supplies at national, health facility and community level in anticipation of supply chain disruptions.
4. **Reduce follow-up visits to one per month** for wasted children without complications by increasing the take-home rations of nutrition commodities (if all services are suspended, consider distributing up to 8 weeks' supplies at a time). Whenever possible, deliver all treatment for uncomplicated wasting in the community (children, mothers and older persons) via community health workers (CHWs) or other community-based platforms. Measures to reduce overcrowding should be observed in all settings.
5. **In food-insecure contexts, protect vulnerable children and pregnant and breastfeeding women** from becoming wasted by scaling-up the preventive distribution of special fortified nutritious foods, particularly for children under two years of age to supplement complementary foods provided at home, as well as for pregnant and breastfeeding women, and reinforce linkages between households and existing social protection systems (as also mentioned above in the section on access to healthy diets).

Micronutrient supplementation for women and children

Micronutrients (vitamins and minerals) are essential for proper growth and development. They also play a vital role in disease prevention by supporting the immune system. A healthy diet (see section above) is a good source of vitamins and minerals. However, additional interventions such as micronutrient supplementation are needed for population groups at high risk of micronutrient deficiencies.

Micronutrient deficiencies are recognized public health issues in many countries of the MENA, Eastern Mediterranean and Arab Regions, with deficiencies in iodine, vitamin A, iron and folic acid being most common. They are a major threat to health, particularly in children, pregnant women, older people and the sick. During times of crisis, vulnerable populations may be more susceptible to micronutrient deficiencies due to inadequate intake and interruption of regular micronutrient supplementation programmes for pregnant women and vitamin A and multiple micronutrient powders (MNPs) for young children. In the context of COVID-19, the following is recommended:

1. **Maintain micronutrient prevention and control programmes where possible**, depending on the country context, including micronutrient supplementation for pregnant and breastfeeding women who attend antenatal and postnatal care respectively, and vitamin A and MNPs for children who attend immunization visits/clinics, as well as sick children who attend health facilities. Where possible, extra supplies of micronutrients should be distributed to children or women to reduce the frequency of their visits. The decision to maintain routine distribution of micronutrients should be guided by local mandates for physical distancing, the health system context, the status and anticipated status of local COVID-19 transmission (classified as no cases, sporadic, clusters, or community transmission), and factors such as population demographics and migration patterns. This advice is also consistent with WHO guidance on considerations for routine immunization. Micronutrient supplement supply chains should be maintained and included in pre-positioning.
2. **Maintain support where possible for the treatment and care of patients with clinical signs and symptoms of micronutrient deficiencies** presenting at health care facilities, as these are critical interventions. Examples include iron for anemic mothers and calcium for women presenting with hypertension in pregnancy.
3. **Alternative distribution methods** may need to be considered if services can be conducted under safe conditions while maintaining physical distancing measures and appropriate infection control precautions, equipped with the necessary supplies for those precautions.

4. **Planned mass micronutrient campaigns (e.g. vitamin A supplementation and deworming) should be temporarily suspended/postponed.** Instead, vitamin A supplements should be distributed alongside routine health services that continue to be operational (e.g. routine immunization, screening for acute malnutrition, etc.).
5. **Countries should plan to reinstate and intensify mass distribution of vitamin A supplementation** at the earliest opportunity once conditions allow and national **authorities** have deemed that campaigns and/or routine distribution of vitamin A supplementation can go ahead. There is **currently no evidence that high doses of vitamin A supplementation are effective in treating COVID-19** or reducing the severity of the illness in children or adults.

School feeding and nutrition and health programmes

To minimize the spread of COVID-19, governments in more than 180 countries have temporarily closed schools, affecting over 80% of the world's learners, including over 1 million students from the MENA Region. School closures do not just affect children's education; they also remove them from a well-protected school environment and prevent them from accessing crucial school health and nutrition services, including nutritious school meals. School feeding acts as a safety net for children and their households, particularly in food-insecure contexts, while providing a much-needed source of nutritious foods. Their absence could harm children's health and nutrition.

In the MENA Region 17 520 796⁴ students are currently deprived of school meals – the main meal of the day for many of them. School meals represent about 10% of the monthly income of many poor households, so school closure adds significantly to their economic burden. To protect the health and nutrition of school-aged children during the crisis, joint efforts between key government ministries, donors and partners are required in both the short and medium term. Joint guidance from FAO, UNICEF and WFP provides more details.

Recommended actions when schools are closed:

1. **Provide information and communication** to school staff, parents and children on the importance of safe healthy diets, hygiene and physical activity for school-aged children. This information should be easily accessible and easy to understand, and can be linked with messages on preventing COVID-19.
2. Where possible, while schools are closed continue to invest in **providing school meals using an alternative transfer modality** through options such as catering systems, take-home rations, voucher transfers or cash-based transfers, with standard infection control safeguards. This will provide children with sustained access to at least one nutritious meal per day. If it is not possible to continue school meals, the government should consider targeting school-aged children through other social safety net programmes. Countries may explore the use of online, and mobile platforms, radio networks and other mass media channels to broadcast messages on the continuity of food distribution.

⁴ Data from the WFP analytics server: <https://analytics.wfp.org/#/views/COVID19-Dashboard/NewVisuals/ChildrenMissingoutonSchoolMeals?iid=1>

Recommended actions when schools are planned to reopen or are reopening:

1. Before schools reopen, **conduct an assessment and mobilize resources to address existing gaps** in water, hygiene and sanitation infrastructure and supplies, and upgrade existing school health and food safety protocols and guidance.
2. As schools resume, **reinforce messages on good nutrition** and the benefits of healthy diets, healthy eating practices and active living, as well as **prudent hygiene behaviours** and practices among schoolchildren and staff, parents and communities.
3. **School meals will attract children back** to schools as they reopen. Develop a plan, and prepare teachers and other school staff for the resumption of school meals and health and nutrition services. Encourage parents and children to rejoin school and benefit from school health and nutrition services.
4. **Assess the potential to expand school meal programme coverage as a safety net providing** indirect income transfer to households and communities, to offset some of the negative economic and food security consequences of COVID-19.

Nutrition surveillance and assessment in the context of COVID-19

Timely collection and updating of information on food security and nutrition is critical in the changing context of the COVID-19 pandemic, to identify populations at risk and monitor and potentially influence factors likely to harm people's nutrition. The pandemic is likely to impede access to nutritious foods and other basic needs, especially among socially and economically disadvantaged groups, due to movement restrictions, disrupted markets, higher commodity prices and limited access to health services and hygiene. Market disruption may also force people to consume less nutritious, more highly processed and convenient foods. Routine nutrition surveillance systems may be disrupted due to the closure of health facilities and outreach services and the shift of personnel to COVID-19 response. In this context, it will be important to put in place a tailored food security and nutrition surveillance system using remote mobile phone or web-based surveys. Ensuring the coordination of activities relating to nutrition data will be crucial to avoid duplication of efforts. Relevant nutrition data and information should be easily accessible to all stakeholders.

Surveillance should cover the following areas:

1. **Market functionality**, including the availability of food (possibly including commercially available complementary foods) and price fluctuations through interviews with retailers. Tracking food prices for basic food commodities, especially those of high nutritional value, is fundamental to determine whether food is affordable and assess the overall food security outlook for households and individuals.
2. **Coping mechanisms**: what coping mechanisms people adopt to meet their daily nutrition needs, and how these mechanisms might change over time. This can be tracked at the household level using the reduced coping strategy index (RCSI) or livelihood coping strategy index (LCSI).
3. **Food consumption patterns and trends**: what people eat and their sources of food, and possible changes over time. This can be tracked using several standardized indicators at the household level: food consumption score for nutrition (FCS-N) and household dietary diversity score (HDDS); and at individual level: minimum dietary diversity for women (MDD-W) and minimum acceptable diets (MAD) for children under 2 years of age as well as breastfeeding practices, using the latest standard definitions for these indicators.
4. **Multi-dimension poverty (deprivation)**: this provides information on households' access to key services, including health, education and food, and covers barriers to physical access as well as income shortages, among other things.

5. **Additional considerations:** these could include issues of cost of diet, interruption of health and nutrition services, interruption of school meals, protection and gender-based violence that may further impact nutrition.

Given the need for physical distancing measures, countries will need to customize the survey design to minimize the public health risk involved in carrying it out. They may consider remote mobile-based surveys (mobile phone or web-based surveys) and secondary data review and analysis, which are the commonly proposed methodologies so far.

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Annex:

glossary and further resources on access to food, healthy diets, unhealthy foods and food safety

- Food security** A situation that exists when all people, at all times, have physical, social and economic access to **sufficient, safe** and **nutritious** food that meets their dietary needs and food preferences for an active and healthy life.
- See: www.fao.org/3/y4671e/y4671e06.htm
- Food access** The supply of, and access to, food must be maintained and not completely disrupted due to the COVID-19 outbreak. The following actions will be critical:
1. **Ensure stable food supply** by supporting smallholder farmers to enhance their productivity, logistical distribution and marketing of nutritious foods; and ensure that the supply chain for nutritious foods is intact, focusing on key logistical bottlenecks in different regions of the country.
 2. **Provide nutritious foods to the most vulnerable people** through food assistance, social protection or community programmes in both rural and urban areas.
 3. **Immediately review food trade and taxation policy options** and their likely impacts on the supply of nutritious food, and create a favourable environment for continued food trade.
- See: COVID-19 and the risk to food supply chains: How to respond?
• www.fao.org/documents/card/en/c/ca8388en
- Healthy diets** A healthy diet consists of:
1. **A variety of foods across all food groups** to ensure adequate intake of key nutrients.
 2. **Plenty of fruit and vegetables** that provide essential vitamins and minerals as well as fibre and bioactive compounds.
 3. **Moderate amounts of fat and oils**, preferably unsaturated such as nuts, oily fish and whole grains.
 4. **Limited quantities of sugar and salt**, which in small amounts make food palatable but are damaging to health in excess.
 5. **Plenty of water** to keep you well hydrated.
 6. Fortified staple foods and condiments.

See:

- <http://applications.emro.who.int/docs/9789290222996-eng.pdf?ua=1>
- www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/food-and-nutrition-tips-during-self-quarantine
- <https://www.who.int/behealthy/healthy-diet>
- www.fao.org/nutrition/education/food-dietary-guidelines/en/
- <http://www.fao.org/documents/card/en/c/ca8380en>
- <https://www.who.int/nutrition/publications/micronutrients/9241594012/en/>
- http://applications.emro.who.int/docs/EMROPUB_2019_en_23536.pdf?ua=1

Foods high in fats, salt and sugars (HFSS)

Consumption of foods high in saturated and trans-fats, free sugars, and/or salt (HFSS foods) increases risks of overweight and noncommunicable diseases such as diabetes and hypertension. Processed foods tend to be HFSS and there are numerous different types of HFSS foods depending on the national context. It is not possible to provide a comprehensive list of all HFSS foods.

The following sources of information may help to guide decisions on HFSS food:

- <http://applications.emro.who.int/docs/9789290222996-eng.pdf?ua=1>

Nutrient profiles that have been developed in for the Eastern Mediterranean Region:

- http://applications.emro.who.int/dsaf/EMROPUB_2017_en_19632.pdf?ua=1

Proposed policy priorities for preventing obesity and diabetes in the Eastern Mediterranean Region:

- https://extranet.who.int/iris/restricted/bitstream/10665/259519/1/emro-pub_2017_20141.pdf?ua=1
- <https://www.who.int/nutrition/topics/profiling/en/>

Food-based dietary guidelines (FBDGs) that advise on the daily consumption of foods and food groups to contribute to healthy diets and minimize the risks of malnutrition and diet-related noncommunicable diseases. FBDGs also suggest types of food and drink to be consumed in small quantities.

- www.fao.org/nutrition/education/food-dietary-guidelines/en/
- http://www.emro.who.int/dsaf/emropub_2011_1274.pdf?ua=1