Standing Committee
for Economic and Commercial Cooperation
of the Organization of Islamic Cooperation (COMCEC)

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Proceedings of the 9th Meeting of the COMCEC Poverty Alleviation Working Group

"Malnutrition in the OIC Member Countries: A Trap for Poverty"

COMCEC COORDINATION OFFICE
May 2017

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PROCEEDINGS OF THE 9TH MEETING OF THE COMCEC POVERTY ALLEVIATION WORKING GROUP ON

"Malnutrition in the OIC Member Countries: A Trap for Poverty"

(April 6th 2017, Ankara, Turkey)

COMCEC COORDINATION OFFICE
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Introduction

The 9th Meeting of the COMCEC Poverty Alleviation Working Group was held on 6 April 2017 in Ankara, Turkey with the theme of "Malnutrition in the OIC Member Countries: A Trap for Poverty".

The Meeting was attended by the representatives of 15 Member States namely, Afghanistan, Algeria, Gabon, Gambia, Iraq, Jordan, Kuwait, Oman, Pakistan, Palestine, Saudi Arabia, Senegal, Somalia, Tunisia and Turkey. Representatives of COMCEC Coordination Office, IDB, SESRIC, UNICEF and World Health Organization (WHO) have also attended the Meeting.[1]

The Meeting began with a recitation from Holy Quran. Afterwards, Mr. Mehmet Metin EKER, the Director General of the COMCEC Coordination Office (CCO), and Mr. Mohammadullah RAHEMDIL, Head of Poverty Evaluation Department, Ministry of Economy of Afghanistan and the Chairman of the Meeting, made their opening remarks. Afterwards, the representative of the CCO made a presentation on "COMCEC Poverty Outlook 2016: Human Development in the OIC". During the presentation on the COMCEC Poverty Outlook 2016, the participants were informed about the state of poverty and human development in the world and in the OIC Member Countries.

The Meeting continued with the presentation of the research report titled "Malnutrition in the OIC Member Countries: A Trap for Poverty" which was conducted specifically for the 9th Meeting to enrich the discussions.

The afternoon session began with a policy debate session. The policy recommendations for reducing malnutrition in the member countries were discussed by the participants. The Room Document prepared by the CCO in light of the findings of the research report and the answers of the Member Countries to the policy questions was discussed. Then, participants expressed their opinions and observations about the policy recommendations included in the Room Document.

Following the moderation session, representatives of Oman, Senegal, Tunisia and Turkey shared the experiences in reducing malnutrition in their respective countries.

Finally, the participants listened to the representatives of WHO and UNICEF to learn about their experiences in conducting programs about malnutrition.

[1] The list of participants is attached as Annex 4.

1. Opening Session

In line with the tradition of the Organization of the Islamic Cooperation (OIC), the Meeting started with the recitation from the Holy Quran. Afterwards, Mr. M. Metin EKER, Director General of the COMCEC Coordination Office welcomed all participants. Thereafter, Mr. EKER explained the details of the programme of the Meeting.

Afterwards, Mr. Mohammadullah RAHEMDIL, Head of Poverty Evaluation Department, Ministry of Economy of Afghanistan, as the chairman of the Meeting, welcomed all the participants to the 9th Meeting of the Poverty Alleviation Working Group. After introducing himself, Mr. RAHEMDIL invited Mr. İbrahim Emre İLYAS, expert from the COMCEC Coordination Office, to make his presentation on Poverty Outlook in the OIC Member Countries.

2. COMCEC Poverty Outlook 2016: Human Development in the OIC

Mr. İbrahim Emre İLYAS, Expert from the COMCEC Coordination Office has presented the key findings of the COMCEC Poverty Outlook 2016: Human Development in the OIC.

In his presentation, Mr. Emre İLYAS explained the state of poverty in the world and in the OIC Member Countries by emphasizing key indicators on monetary and non-monetary poverty and gave insight on human development in the OIC.

Mr. İLYAS stated that the most frequently used method is to define poverty in monetary terms, such as US$1.90 a day poverty line of the World Bank, or the value of a minimum calorie requirement. Poverty headcount ratio at $1.90 a day is the percentage of the population living on less than $1.90 a day at 2011 international prices.

Then, he briefly informed the participants about the indexes used in the outlook. The Human Development Index (HDI), produced by UNDP since 1990, measures the achievements in key dimensions of human development: a long and healthy life, being knowledgeable and have a decent standard of living. The HDI is a composite index obtained from life expectancy at birth, mean and expected years of schooling and GNI. He added that the Multidimensional Poverty Index (MPI) is also a composite index obtained from health, education and standard of living indicators. MPI was also generated by UNDP in 2010 and it reflects the multidimensional nature of poverty. Furthermore, the Global Hunger Index (GHI) is designed to measure and track hunger globally and by country as well as by region and calculated each year by the International Food Policy Research Institute (IFPRI). The GHI highlights successes and failures in hunger reduction and provides insights into the drivers of hunger.

Mr. İLYAS continued his presentation with poverty situation in the world. The last three decades witnessed a significant global poverty reduction. The global poverty head count ratio fell to 10.7% in 2013 from 35% in 1990. Similarly the number of poor has decreased by around 1 billion people to 767 millon in 2011 from 1.8 billion in 1990. Regarding income groups, while this ratio was 46 percent for upper-middle income countries, 45 percent for lower-middle income countries and 70 percent for low income countries in 1990, these ratios fell to 5 percent, 19 percent and 47 percent for these income groups respectively in 2012.

With regards to non-monetary poverty indicators, he firstly touched upon the HDI. 48 out of 49 "very high human development" countries are high income countries, and the "high human development" category is dominated by upper-middle income countries. Similarly, "medium human development" category is dominated by lower-middle income countries. In the "low human development category" there are, surprisingly, 2 countries from upper middle and high income groups. The rest of the countries are from low income and lower middle income groups. Mr. İLYAS expressed that for most of the cases the income level of a country is in parallel with its human development category.

Regarding Multidimensional Poverty Index, he stated that the index was calculated for 101 countries in Human Development Report 2015. Almost 1.5 billion people in these countries -about 29 percent of their population- live in multidimensional poverty.

Since 2000, significant progress has been made in the fight against hunger. The 2000 Global Hunger Index (GHI) score was 30 for the developing world, while the 2015 GHI score was 22.

Despite the lower hunger level reflected by the 2015 global GHI score, the number of hungry people in the world remains unacceptably high. According to projections from the FAO, about 795 million people worldwide are estimated to be chronically undernourished; 51 million children suffer from wasting, 161 million children are stunted. Furthermore, about 3.1 million children per year die due to malnutrition.

Mr. İLYAS continued his presentation with the state of poverty in the OIC. He pointed out that the OIC represents a highly diverse group in terms of GDP per capita, which varies from less than thousand dollars to 144 thousand dollars (i.e. Niger and Qatar). According to World Bank classification, 7 OIC countries are in high income, 16 OIC countries are in upper middle income, 18 OIC countries in lower middle income and remaining 16 OIC countries are in low income category.

Like in the case of GDP per capita, the poverty head count ratio varies remarkably among the OIC Member Countries. According to estimates, there are around 375 million poor people in the OIC region. In terms of monetary poverty, there is no poor in the high income countries. The poverty rate is generally low in the upper-middle income countries except Gabon and Iraq. Lower-Middle income countries display a highly dispersed picture and poverty headcount ratio ranges from 0.08% in Palestine to 62% in Nigeria. Not surprisingly, the poverty headcount ratios of the low income countries are very high ranging from a quarter to three fifth of the population.

As to the multidimensional poverty, Mr. İLYAS stated that according to Human Development Report (HDR) 2015, around 470 million people are multidimensionally poor in the OIC. Among the OIC countries, for which multidimensional poverty head count ratio is calculated, this ratio is highest in Niger and lowest in Kazakhstan.

He continued his presentation with the GHI values of the Member Countries which range between zero and 46.4. None of the member countries experience an extremely alarming hunger situation and 3 countries are in alarming situation while 22 countries are in serious situation of which Chad is the most severe one. On the other hand, 9 member countries are in moderate hunger situation and 12 countries are in low hunger situation.

Furthermore, Mr. Emre İLYAS expressed that the world human development index (HDI) average has increased from 0.597 to 0.711 between 1990 and 2015. For the same period, the OIC average rose from 0.505 to 0.616 and remained significantly below the OECD and world average. OIC's HDI values are only higher than those of LDCs. On the other hand, the gap between the OIC and developing countries has enlarged in the last 25 years. In 1990, it was only 0.008 points whereas it has risen to 0.044 points in 2015 implying a more rapid progress in developing countries. He added that, according to his estimation, given the current growth rate, it will take approximately another 18 years for the OIC to reach the current level of world average.

Finally, Mr. İLYAS enumerated some of his findings about the poverty in the OIC region. He stated that monetary poverty is significant in the member countries; however, non-monetary poverty is devastating. Nearly a quarter of the population in the OIC member countries live under multidimensional poverty. He added that progress in the human development varies significantly among the member countries. There is an improvement over time; however a faster progress is needed.

3. Malnutrition in the OIC Member Countries: A Trap for Poverty

3.1. Overview of Malnutrition in the World and OIC

Dr. Jean-Pierre TRANCHANT, research fellow at Institute of Development Studies (University of Sussex), presented the findings of the research study titled "Malnutrition in the OIC Member Countries: A Trap for Poverty" on the overall situation of malnutrition in the world and the OIC.

He started by summarising the objectives and methods of the study before discussing the concepts of malnutrition and its indicators. He informed the participants about the concepts of protein-energy malnutrition and micro-nutrient deficiencies; as well as of the differences between undernutrition and over-nutrition. Dr. TRANCHANT then described the UNICEF conceptual framework on maternal and child malnutrition, paying special attention to the immediate causes (dietary intake and diseases) and the underlying causes (food insecurity, inadequate care, household environment) of malnutrition.

He presented the 4 indicators of malnutrition used in the report, i.e. wasting (acute malnutrition), stunting (chronic malnutrition), anaemia (chronic malnutrition) and overweight (over-nutrition) among children below 5 years of age. A child is considered wasted if his/her weight for height is below 2 standard deviations from a reference population. This is an indicator of acute malnutrition, and wasted children are at risk of dying if not provided with assistance. A child is considered stunted if his/her height for age is below 2 standard deviations from a reference population. Stunting is a chronic malnutrition, due to persistent dietary intake inadequacies. Stunted children are less likely to do well at school and are at health risks. Anaemia is linked with iron deficiency and causes fatigue. Finally, overweight is an indicator of excessive supply of nutrients, and is associated with a host of non-communicable disease.

Dr. TRANCHANT continued by explaining why malnutrition could lock people and communities in poverty. Malnutrition is associated with increased mortality rates (which reduce the workforce); heightened burden of disease (which mean healthcare costs); and hampered cognitive and non-

cognitive development (which causes children to do less well at school and at work when adults). Dietary intake deficiencies in the first 1000 days of the life of the child (in utero until year 2) have thus a permanent impact on individuals. In addition, malnutrition is strongly intergenerational. Maternal deficiencies at the time of conception, pregnancy and breastfeeding are passed on to the child thereby creating an intergenerational malnutrition trap. He also showed that this was the case for over-nutrition (overweight mothers are at risk of birth complications) and that undernutrition in utero and early years of life make it more likely to become overweight later.

Afterwards, Dr. TRANCHANT described the global policy framework, focusing on the MDGs and SDGs. He argued that the MDGs were a useful framework, but also too narrow in its focus (hunger only), indicators (undernourishment) and lacking in roadmaps to the objectives. The SDGs mark an improvement with a broader focus on malnutrition, more indicators (e.g. wasting and stunting) and a clearer monitoring framework. He stressed the key role of intersectorality in the fight against malnutrition and how the Scale-Up Nutrition model (of which 26 OIC members take part in) has the potential to improve it. Then he touched upon the regional policies in the OIC, noting that they are often strong on paper but weak on accountability mechanisms and funding.

He finished the first presentation by presenting figures on the state of malnutrition. He showed that on the 4 indicators of choice, the OIC member countries systematically fare less well than non-OIC countries. This is especially the case for stunting (33% vs 29%), anaemia (53% vs 43%) and overweight (7.4% vs 5.5%). He explained that this is not surprising in light of the UNICEF conceptual framework. Indeed, on most measures of immediate and underlying causes of malnutrition (e.g. food insecurity, healthcare, water and sanitation), the OIC member countries are at a disadvantage with respect to non-OIC countries, even when looking only at developing countries. He noted that this message was consistent with a previous SESRIC report on health in the OIC and that OIC countries are particularly exposed to climate change. Later on, Dr. TRANCHANT presented his calculations on trends of malnutrition. He argued that trends of malnutrition reduction are mostly similar in OIC and non-OIC countries.

He finished the presentation on the relationships between malnutrition and poverty. He showed his calculations relating poverty rate (at the 1.9$ a day line) and malnutrition prevalence in the OIC countries. The results show an absence of link between poverty and wasting and a positive relationship between poverty and stunting. Anaemia prevalence and poverty are also positively related but only among countries below a certain threshold of poverty. Finally, overweight tends to be highest among countries with lowest and highest poverty rates. He concluded with summarising implications on the role of economic growth on malnutrition reduction that can be drawn from this analysis.

Questions and Remarks

Question: It was asked about the reference population which is considered in measurement of the stunting rates. Is it from the country itself or is there any referred group from other countries?

Answer: Dr. TRANCHANT mentioned that the reference group was determined in USA in 2006. After some criticizing as it was not universal random sample, the WHO has now different groups of children from different countries which are not affected from malnutrition.

Comment: Some parts of malnutrition are missing in the SDGs. However, the countries can go beyond the identified targets and strive for data availability in the relevant indicators. **Question:** What are the selection criteria for the case countries?

Answer: The member countries which were subject to case analysis were selected considering their ability to represent different regions of the OIC. Data availability on different dimensions of malnutrition was also a part of the selection criteria.

3.2. Policy Framework for Malnutrition in the Case OIC Member Countries

Dr. TRANCHANT dedicated the second part of his presentation to the country case studies. He started by presenting the methodology used by his team in each country; and the selection criteria for the 5 countries (Senegal, Egypt, Indonesia, Bangladesh, Tajikistan). He explained that the case countries were selected among the OIC Member Countries representing main geographic areas of the OIC and capturing variations along poverty and malnutrition.

He informed the participants about the methodology of case country analysis. He pointed out that in each case study, the research team conducted a mix of qualitative and quantitative enquiries to learn about the state of malnutrition, causes of malnutrition, intergenerational transmission of malnutrition, and the policy environment.

In Senegal, Dr. TRANCHANT underlined that the prevalence of anaemia is very high at around %60. He added that wasting and especially stunting are strongly associated with multidimensional poverty. In this respect, very limited provision of healthcare and water and sanitation infrastructures negatively affect the life quality and thus cause a very strong intergenerational transmission of under-nutrition. As a policy response, there is a high level of political commitment by the government of Senegal. However, he stressed that the share of health expenses in GDP decreased since 2004. He underlined that investments in health sector needs to be increased to improve access to sanitation, water and healthcare.

In Egypt, poverty levels have increased since 1999 and food insecurity is a major issue, especially since global food crisis of 2009. In addition, anaemia and stunting rates are high which are %27.2 and %21.4 respectively. The rate of overweight also remains relatively high with %14.9. Dr. TRANCHANT mentioned about ambiguous effect of the food subsidy policy which makes the energy-rich but nutrient-poor food cheaper for the poor. Though, intergenerational transmission of malnutrition remains relatively weak in Egypt.

Dr. TRANCHANT continued with Indonesia and expressed that the rates of stunting and anaemia are very high; %36.4 and %32.8 respectively. Like in Egypt, overweight rate is also high with %11.5. Then, he mentioned about harmful IYCF Practices which are linked with under- and over-nutrition. He expressed that there is a need for a strong focus on stunting.

With regards to malnutrition in Bangladesh, stunting rate is very high %36.1 of the children under-5 years of age. Dr. TRANCHANT touched upon the acute problem of food insecurity since 2007 and high reliance on rice. Feeding practices are also at sub-optimal levels. He also

underlined there is a very strong intergenerational transmission of undernutrition in Bangladesh. For this reason he stressed the need for improved healthcare, water and sanitation.

Lastly, he informed the participants about malnutrition in Tajikistan. Similar to all other case countries, the rate of children, which are under-5 years of age, experiencing anaemia is %30.7. Likewise, stunting prevalence is also high with a rate of %26.8. Dr. TRANCHANT expressed that diet diversity is insufficient, and it is linked with both under- and over-nutrition. He added that Tajikistan experiences strong intergenerational transmission of under-nutrition. He argued that implementation of nutrition-specific and nutrition-sensitive policies are a challenge due to insufficient funding, lack of clear framework and structural weakness of health sector.

After delivering the key findings for each case study, he presented the main messages of the study and some recommendations. Some of the important key messages are the fact that economic growth is not enough to reduce malnutrition, that implementation of nutrition-specific and nutrition-sensitive policies should be engaged where the gaps are, that the double burden of malnutrition is insufficiently integrated and that poor access to healthcare, safe water and sanitation, as well as harmful feeding practices, are core reasons holding back progress in reducing malnutrition.

Comment: The data availability is a common concern for many countries. In the African countries like Senegal, the seasonality should be considered while collecting data. Malnutrition rates change during the lean season for example. There is not sufficient data on micronutrient deficiencies in Senegal. The rate of anaemia is very high in Senegal; however, it is decreasing thanks to fortification of white flour with vitamin A and iron. Nevertheless, food crisis and emergency situations can affect the nutritional status of people, particularly of women and children. It was stated that political commitment and establishing specific units for nutrition are crucial. In Senegal such a unit was established in 2001 under the Prime Minister's Office. Nonetheless, increasing technical capacity of such units is of paramount importance. Designing national programmes and implementing as well as monitoring these programmes with an efficient coordination at the community level require a strong team with high technical capacity.

Question: There are sub items related to nutrition sensitive programmes such as food subsidy under the government budget in many countries. In the presentation, lack of nutrition budget was mentioned as a challenge. What is the reason behind this perspective?

Answer: The fragmentation of the budget for nutrition programs exists in many countries due to the multidimensional nature of malnutrition which is related with many sectors. The logic behind the advice for consolidating these sub items in one budget line is to use the existing funds effectively and in a good coordination.

4. Policy Discussion Session

The session was moderated by Mr. Ebrima NJIE, Administrative Officer at the Embassy of the Gambia in Ankara.

At the beginning of the session, Mr. Selçuk KOÇ, Director at the COMCEC Coordination Office, made a brief presentation on the responses of the Member Countries to the policy questions on

malnutrition which were sent to the Poverty Alleviation Working Group focal points as well as other participants by the CCO. In his presentation, Mr. KOÇ gave brief information on policy questions. Afterwards, he presented the policy advices provided in the room document.

After the presentation, Mr. NJIE gave the floor to all delegations asking their opinions and comments for each policy recommendations. The participants shared their comments on the policy recommendations given in the room document. Based on intensive deliberations, the participants have highlighted the following policy advices:[2]

- Developing and implementing nutrition-specific and nutrition-sensitive interventions, especially towards women of reproductive age from vulnerable groups
- Improving infant and young child feeding (IYCF) practices
- Ensuring universal access to healthcare, safe water and sanitation, and launching educational campaigns on infectious diseases to eliminate all forms of undernutrition
- Providing access to safe and nutritious food for all with community-based initiatives and by forming resilient capacities for food-security

5. COMCEC Project Funding

Mr. Burak KARAGÖL, Director at COMCEC Coordination Office delivered a presentation on utilizing the COMCEC Project Funding (CPF) for the poverty related projects of the member countries as well as the OIC institutions.

At the beginning, Mr. KARAGÖL informed the participants about the role of CPF in implementation of the COMCEC Strategy. Mr. KARAGÖL described the basic qualifications of the CPF as "simple and clearly defined procedures and financial framework". He stated that the COMCEC Cooordination Office (CCO) has provided continuous support to the member countries during the all stages of the COMCEC CPF. Regarding the financial framework, he emphasized that the funds are grant in nature and would be provided by the CCO.

Then he briefly explained the CPF by underlining the potential project owners. Mr. KARAGÖL mentioned that relevant ministries and other public institutions of the Member Countries and the OIC Institutions operating in the field of economic and commercial cooperation can submit project proposals. He also emphasized that to be able to submit their project proposals, member countries have to be registered to the relevant Working Group(s).

In his presentation, Mr. KARAGÖL stressed three key actors and their responsibilities under the CPF; Project Owner (Project Submission and Implementation); the CCO (Program Management) and the Development Bank of Turkey (Project Monitoring and Financing). In addition, he highlighted the basic steps and roles of these key actors throughout the project application process.

Mr. KARAGÖL continued his presentation by explaining the "Project Selection Criteria" namely, compliance with Strategy's Principles, and targeting strategic objectives of the Strategy, focusing

[2] The Room Document is attached as Annex 3.

on output areas and pursuing multilateral cooperation among the member countries. He stressed that project proposals should be convenient with the sectoral themes for the fourth call stated in the Program Implementation Guidelines. He underlined the importance of the multilateralism for project appraisal and expressed that project proposals should focus on common problems of at least two member countries and also should offer joint solutions for these problems.

He then briefly informed the participants on the projects implemented in 2014, 2015 and 2016. In this respect, he explained that member countries and OIC institutions had shown great interest and 209 project proposals were submitted by member countries and OIC institutions in three-year period (2013-2015). Furthermore, Mr. KARAGÖL stated that 57 project proposals received under the fourth project call and 15 of them will be funded in 2017. He also mentioned that 4 projects of Albania, the Gambia, Indonesia and Suriname in the field of poverty alleviation will be funded in 2017.

Lastly Mr. KARAGÖL informed the participants on the common characteristics of successful project proposals. He enumerated the key success factors as follows;

- Sufficient and informative project summary,
- Sound project activities and relevant details about them,
- Qualified human resources in line with Program Implementation Guidelines requirements,
- Detailed and well-designed work plan,
- Realistic cost estimations in the budget and sufficient explanations for them,
- Project Owner's cooperation and communication with CCO and
- Active participation to the relevant Working Group.

6. Member State Presentations

In this section, the representatives of Oman, Senegal, Tunisia and Turkey made presentations to inform the participants about policies and programs conducted for reducing malnutrition in their countries.

6.1. Oman

Dr. Salima Al MAMARY, Family physician at Nutrition Department in Ministry of Health made a presentation on malnutrition experience of Oman.

At the beginning of her presentation she informed the participants about malnutrition prevalence in Oman. The first national health survey for protein energy malnutrition was conducted in 1999. According to the results of the survey, the rates of wasting, stunting and underweight were %7, %10.6 and %17.9 respectively.

Then Dr. Al MAMARY enumerated the main risk factors related to malnutrition among children under-5 years of age in Oman namely high frequency of pregnancies and deliveries, inadequate maternal nutrition, low compliance to iron supplements among pregnant women and lack of an integrated malnutrition management in the health care system.

She continued her presentation with the interventions of the government to reduce malnutrition. Firstly, she touched upon the National Strategy introduced in 2004 to fight against malnutrition. She stated that the Strategy aimed at reducing malnutrition from %17.9 to less than %5 in 2010. Within the scope of the strategy the government intended to integrate malnutrition prevention and control programs into the health care services and establish sufficient number of nutrition clinics with well trained staff. Moreover, promotion of breast feeding and prevention and control of micronutrient deficiencies among children and pregnant women were also targeted.

Afterwards, Dr. Al MAMARY touched upon the Second National Health Survey conducted in 2009 for protein energy malnutrition in children under-five years of age. According to the survey the rate of wasting, stunting and underweight was %7.1, %9.8 and %8.6 respectively. In addition, the rate of overweight and obesity was %2.4. Then she compared the results of the surveys and pointed out that there had been a considerable decrease in underweight from 17.9 to 8.6 percent from 1999 to 2009.

With this perspective, Dr. Al MAMARY mentioned about some programmes implemented by the government. She firstly touched upon the National Social Campaign of child Nutrition in 2010. Then, she stated that Omani government has implemented various programs to fight against micronutrient malnutrition since 1996 including salt iodization, fortification of wheat flour with iron and folate as well as fortification of edible oil with vitamin A and D.

Dr. Al MAMARY pointed out that anaemia and iron deficiency among infants and young children decreased steadily since 1980s in Oman. She added the fact that the Iodine Deficiency Disorders (IDD) has been controlled in Oman; however, monitoring the salt iodization coverage is essential to ensure continuity of this success.

Lastly, Dr. Al MAMARY expressed that childhood obesity is also on the agenda of the government and a national plan has been prepared in this regard. Given the importance of restricting unhealthy food marketing for children, the government is preparing relevant legal regulations. She added that the current “Omani Code for Marketing of Breast milk Substitutes” is being updated.

Question: Is there any nutrition programs including education in Oman?

Answer: The campaigns are very comprehensive and include extensive education for people. In addition, the campaigns are designed in very simple format so that uneducated people can also benefit from them. Moreover, there are focal points in each province to teach people and get feedback from them.

Question: Is there any family plan for reducing malnutrition apart from the national strategy on reducing malnutrition?

Answer: There are efforts to provide more time for working mothers in order to encourage them for breastfeeding and take care of their children.

6.2. Senegal

Mr. Abdoulaye KA, National Coordinator at Agency of Fight Against Malnutrition made a presentation on achievements and perspectives regarding nutrition in Senegal.

At the beginning of his presentation Mr. KA attracted the attention of the participants to the Sustainable Development Goals (SDGs) and the place of nutrition in the SDGs. He also informed the house about the SUN (Scaling Up Nutrition) Movement which is an initiative targeting reduction of malnutrition involving 58 countries around the world.

Mr. KA expressed that the SUN countries, including the government of Senegal, strive for achieving the World Health Assembly targets which are:

- %40 reduction in the number of children under-5 who are stunted,
- %50 reduction of anaemia in women of reproductive age,
- %30 reduction in low birth weight,
- No increase in childhood overweight,
- Increase the rate of exclusive breastfeeding in the first 6 months up to at least %50,
- Reduce and maintain childhood wasting to less than %5,
- No increase in overweight, obesity and diabetes (in adults and adolescents).

He continued his presentation with some of the major challenges in reducing malnutrition in Senegal. Low prioritization and ownership for pro-nutrition interventions in agriculture, health, education, social protection and water and sanitation sectors are the challenges faced for a long term. He also mentioned about the fragmented approaches in different sectors and underlined the necessity for an integrated approach across the relevant sectors. Mr. KA also highlighted the importance of giving place to the issues such as low birth weight, anaemia, child obesity and undernutrition in the national development agenda.

To overcome these challenges the government newly engaged Multisectoral Strategic Plan in line with the new nutrition policy adopted in 2015. He highlighted that the National Nutrition Development Policy was designed for the period between 2015 and 2025 in parallel with global guiding principles and elaborated in a participatory approach. Thus, the Nutrition Multisectoral Strategic Plan envisages engagement of all stakeholders and improved mechanisms for implementation, monitoring and evaluation.

Mr. KA mentioned that the government has established the Nutrition Coordination Unit under the Prime Minister's Office. He added that the budget allocated for nutrition has increased to 5.7 million USD in 2015 while it was only 0.3 million USD in 2002. He pointed out that %70 of the children under-5 has been covered through community based nutrition interventions. He also touched upon the fortification of white flour with vitamin A and iron which directly helps reducing anaemia.

Lastly, Mr. KA touched upon the major partner institutions around the globe such as World Bank, World Health Organization (WHO), UNICEF, FAO, World Food Programme (WFP) African Development Bank and SUN Movement.

Question: Considerable number of people suffers from digestive diseases such as Hepatitis B and it affects nutritional status of people. Is there a specific intervention for Hepatitis B in Senegal?

Answer: The government of Senegal prioritizes the infectious diseases such as diarrhea which has direct results in children in terms of acute malnutrition. There are vaccination programs for Hepatitis B; however, it is not a prioritized issue in Senegal for reducing malnutrition.

Question: The poor people consume rice with considerable amounts. Is there any intervention for rice fortification or for any other staple food.

Answer: The prioritized food products are bread, salt and oil which are the most consumed foods in Senegal. Through fortifying these products government of Senegal aims at reducing deficiency of vitamin A and iron, and thus to reduce anaemia.

6.3. Tunisia

Dr. Leila Alouane TRABELSI, Nutrition Professor at National Institute of Nutrition delivered a presentation on experiences and practices in reducing malnutrition in Tunisia.

She began her presentation by showing some figures of different types of malnutrition. Among the children under-5 years old %2.3 are wasted, %10 are stunted, %14 are over weighted and %9.5 are obese in Tunisia.

Dr. TRABELSI touched upon the differentiation of the malnutrition related figures due to socio economic differences between the regions of the country. The northern and western regions are the most disadvantaged areas. Therefore, the rate of wasting is %4 in northern and western regions while this rate is %2.3 nationally. Stunting is around %15 for these regions while the national rate is nearly %10. The rate of over-weighted children under-5 years old is %19 whereas this rate is %14 at national level. Similarly, the rate of low weight at birth is %10.5 in northern and western regions this ratio is %7 nationally.

Afterwards, she compared favoured children with those who are disadvantaged and pointed out that the development indicators are completely different. She mentioned that the rate of death before the first birthday is %5 for disadvantaged children while this rate is %2.2 for the advantaged children. She added that stunting is much more prevalent among the disadvantaged children with %22 while this rate is %7 for the advantaged children.

Dr. TRABELSI demonstrated the figures related to wasting, stunting and obesity between 1988 and 2012 in Tunisia. She drew the participants' attention to the sharp increasing levels of stunting and obesity. For this reason, to overcome the obesity she underlined the necessity of increased access to healthy food with reduced salt, sugar and fat in manufactured products. She also highlighted the need of decreasing the marketing of unhealthy food.

6.4. Turkey

Dr. Bekir KESKİNKILIÇ, Vice Chairman of the Public Health Institution of Turkey, delivered a presentation on nutrition programs of Turkey.

At the outset, Dr. KESKİNKILIÇ underlined that "Zero Hunger Goal" specifically addresses the causes and consequences of all forms of malnutrition.

Concerning the global picture of malnutrition, Dr. KESKİNKILIÇ mentioned that currently malnutrition affects 1 in 3 people and if the current trends continue it will effect 1 in 2 people in next decades. Today, 800 million people are hungry, 2 billion have micronutrient deficiency, 1.9 billion are overweight or obese. Comparing with the fast rising in overweight/obesity rates across the globe, undernutrition rates decreasing too slowly. He continued by mentioning that stunting rates are dropping but 156 million children under 5 around the world were still affected. There are approximately 42 million overweight children in the world. Wasting has continued to threaten the lives of 50 million children under 5 globally. He showed some figures about the sub-regional overview of stunting, overweight and wasting and highlighted the main causes of deaths among the children under-five years of age.

Dr. KESKİNKILIÇ continued his presentation by mentioning the Strategic Plan 2013-2017 of Turkey in terms of health. He enumerated the nutritional objectives of the said plan as follows;

- Contributing to inter-sectoral coordination and cooperation to improve food safety and nutritional quality,
- Ensuring inter-sectoral cooperation to improve healthy nutrition,
- Organizing training events and campaigns to increase the awareness of the importance of exclusive breastfeeding in the first 6 months of life and of supplemental breastfeeding between 6 months–2 years of age,
- Improving and implementing breastfeeding programs in order to prevent acute nutrition disorders,
- Improving and sustaining vitamin and mineral supplementation programs for infants,
- Improving the programs implemented to reduce the ratio of children with acute nutrition disorders,
- Sustaining the programs supporting healthy nutrition for children aged 6-24 month in addition to breastfeeding in order to prevent chronic nutrition disorders.

Then, he briefly explained the main child and adolescent health programs of Public Health Agency. Dr. KESKİNKILIÇ emphasized on the Promotion of Breastfeeding and Baby Friendly Health Facilities Program expressing that the programme has been implemented since 1991, with the cooperation of UNICEF, with a view to ensuring, supporting and expanding breastfeeding. He stated that this program consists of four sub programmes which are Baby-Friendly Province Program (2002), Baby-Friendly Primary Health Care" on the basis of "Eight steps", Golden Baby-Friendly Province (2008) and Baby-Friendly Neonatal Intensive Care Units (2012). Then he demonstrated the progress in breastfeeding indicators from 1993 to 2013. He also showed the increasing number of baby friendly hospitals and provinces in Turkey.

At the end of his presentation, Dr. KESKİNKILIÇ touched upon the Complementary Feeding and Micronutrient Support Programmes which are critical for struggling with malnutrition in Turkey. He underlined that these programmes covered almost %99 of the targeted children or infants.

7. Perspective of International Institutions and NGOs

7.1. World Health Organization (WHO)

Dr. Toker ERGÜDER, as the representative of WHO Ankara Office, made a presentation on the efforts exerted by WHO to reduce malnutrition. At the outset of his presentation, Dr. ERGÜDER briefly mentioned about overview of malnutrition. He stated that the term of malnutrition covers two broad groups of conditions; undernutrition and overweight. He mentioned that undernutrition includes stunting (low height for age), wasting (low weight for height), underweight (low weight for age) and micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals), while overweight includes obesity and diet-related non-communicable diseases (such as heart disease, stroke, diabetes, and cancer).

Dr. ERGÜDER touched upon the vicious circle of malnutrition under biological and dietary factors, socioeconomic factors as well as environmental factors. He underlined that malnutrition affects all regions worldwide and shared some statistics on malnutrition. He highlighted that the double burden of malnutrition is characterısed by the coexistence of undernutrition, along with overweıght and obesity, or diet-related non-communicable diseases, within individuals, households, and populations, and across the life course and added that in the WHO Euro Region, particularly in the eastern part of the region, there is double burden of malnutrition. There is a sharp increase in overweight especially in children and women of reproductive age. He also provided some details on double burden of malnutrition in Euro Region and shared some statistics regarding the trends in the WHO Euro Region in terms of underweight, stunting wasting and overweight. Dr. ERGÜDER also shared some statistics on obesity prevalence among boys and girls by age group and country.

Regarding the regional prevalence of adolescents overweight, Dr. ERGÜDER underlined that along with the undernutrition prevalence, the situation in the eastern part of the WHO European Region is particularly worrying, given the speed at which the prevalence rates are catching up with those in the countries of the western part of the Region.

Dr. ERGÜDER expressed that the WHO European Region made significant progress towards the elimination of all forms of under-nutrition although in some countries more needs to be done and added that Progress towards the achievement of some selected global targets is uneven. For some indicators, a vast majority of countries is off track, particularly when it comes to breastfeeding, obesity and physical activity. He mentioned that exclusive breastfeeding rates in the Region are stalling, and inappropriate complementary feeding practices are still common.

Dr. ERGÜDER mentioned that to end hunger and eradicate malnutrition worldwide and ensure access to healthier and sustainable diets, UN Decade of Action on Nutrition 2016-2025. At the last part of his presentation he shared information on Global Nutrition Targets 2025, Global Targets for NCDs 2025, Euro Food and Nutrition Action Plan 2015-2020 as well as individual country

practices. He argued that Political commitment and cooperation among stakeholders, in and out the nutrition field, will be crucial for creating healthy environments and conditions for affordable, accessible, and sustainable healthy foods for all and, particularly, for those most at risk of malnutrition in all its forms.

7.2. UNICEF

Dr. Mehmet Ali TORUNOĞLU, Health Specialist at UNICEF Ankara Office, made a presentation on UNICEF's Role in Reducing Malnutrition.

At the beginning of his presentation, Dr. TORUNOĞLU touched upon the background and terminology of malnutrition. He stated that Malnutrition is a broad term that refers to all forms of poor nutrition. Malnutrition includes both undernutrition and overnutrition. He mentioned that UNICEF aims to address the problems of stunting and other forms of undernutrition, as well as child overweight and obesity.

Regarding indicators and targets for malnutrition, he highlighted that stunting was endorsed as a key indicator for monitoring maternal, infant and young child nutrition by the World Health Assembly (WHA) in 2012. During the 2012 WHA, a 13-year (2012–2025) comprehensive implementation plan to address maternal, infant, and child nutrition was endorsed. UNICEF will contribute to this plan to alleviate the triple burden of undernutrition, micronutrient deficiencies and overweight and obesity in children, by supporting attainment of six global targets:

- %40 reduction in the number of children under 5 who are stunted
- 50% reduction in anaemia in women of reproductive age
- 30% reduction in low birthweight
- No increase in childhood overweight
- Increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%
- Reduce and maintain childhood wasting to less than 5%

Dr. TORUNOĞLU briefly informed participants regarding 17 headline goals of the SDGS and shared information on UN Network for SUN Strategy (2016-2020). He touched upon that the document outlines the five-year strategy for the UN Network for Scaling Up Nutrition (SUM) 2016-2020 as a contribution to the Scaling Up Nutrition (SUN) Movement. The strategy, endorsed by the FAO, IFAD, UNICEF, WFP and WHO, reaffirms the UN commitments and contributions to the aims of the Sun Movement.

Dr. TORUNOĞLU continued his presentation by sharing statistics on stunting prevalence. He stated that stunting affects approximately 183 million under-five years of age in the developing world; about one in three and added that it is still a major problem among poorest children in many Latin America and Caribbean (LAC) countries.

Furthermore, he briefly informed participant on the UNICEF Conceptual Framework of the Determinants of Child Undernutrition and UNICEF's works against to malnutrition.

At the last part of his presentation, Dr. TORUNOĞLU briefly touched upon the nutrition-specific interventions and nutrition sensitive approaches. He also shared some successful examples with participants regarding stunting reduction.

8. Closing Remarks

The Meeting ended with closing remarks of Mr. Mohammadullah RAHEMDIL, Chairman of the Meeting and Mr. Metin EKER, Director General of the COMCEC Coordination Office (CCO).

Mr. RAHEMDIL thanked all the member country representatives as well as participants from IDB, SESRIC, UNICEF and World Health Organization (WHO) for their active participation and valuable contributions.

Mr. Metin EKER also thanked all delegates for their attendance and valuable contributions. He expressed that the main outcome of the meeting is the Room Document which includes a number of policy advices for the member countries. He stated that these advices will be submitted to the 33rd COMCEC Ministerial Meeting as an output of the 9th Meeting of the Poverty Alleviation Working Group.

Furthermore, Mr. EKER informed the participants that the 10th Meeting of the COMCEC Poverty Alleviation Working Group will be held on October 5th, 2017 in Ankara with the theme of "Education of Disadvantaged Children: The Key to Escape from Poverty". He stated that as per the usual practice a research report will be prepared on the theme of the 10th Meeting and will be shared with the focal points in advance of the meeting.

ANNEXES

Annex 1: Agenda of the Meeting

AGENDA

OF THE 9TH MEETING OF THE COMCEC

POVERTY ALLEVIATION WORKING GROUP

6th April, 2017 Ankara, Turkey

"Malnutrition in the OIC Member Countries: A Trap for Poverty"

Opening Remarks

1. COMCEC Poverty Outlook
2. Global Overview of Malnutrition
3. Malnutrition in the OIC Member Countries
4. Policy Debate Session on Reducing Malnutrition in the OIC Member Countries
5. Member State Presentations
6. Perspective of international institutions
7. Utilizing the COMCEC Project Funding

Closing Remarks

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Annex 2: Programme of the Meeting

PROGRAMME OF THE 9TH MEETING OF

THE COMCEC POVERTY ALLEVIATION WORKING GROUP

(April 6th, 2017, Crowne Plaza Hotel, Ankara, Turkey)

"Malnutrition in the OIC Member Countries: A Trap for Poverty"

08.30-09.00 **Registration**

09.00-09.05 **Recitation from Holy Qur'an**

09.05-09.15 **Opening Remarks**

COMCEC Poverty Outlook

09.15-09.35 Presentation: "Outlook of Poverty in the OIC Member States"

Mr. İbrahim Emre İLYAS, Expert
COMCEC Coordination Office

09.35-09.45 Discussion

Malnutrition in the World and the OIC

09.45-10.25 Presentation: "Overview of Malnutrition in the World and OIC"

Dr. Jean-Pierre TRANCHANT, Research Fellow
Institute of Development Studies (IDS), University of Sussex

10.25-10.55 Discussion

10.55-11.10 **Coffee Break**

Policy Framework for Malnutrition in the Case OIC Member Countries

11.10-11.50 Presentation: "Case Country Evaluations on Malnutrition: Bangladesh, Egypt, Indonesia, Senegal and Tajikistan and Policy Recommendations"

Dr. Jean-Pierre TRANCHANT, Research Fellow
Institute of Development Studies (IDS), University of Sussex

11.50-12.30 Discussion

12.30-14.00 **Lunch**

Policy Options for Reducing Malnutrition

There was a moderation session under this agenda item. The participants deliberated on the policy options/advices for reducing malnutrition in the Member Countries. The Room Document was prepared by the CCO, in light of the findings of the analytical study prepared specifically for the Meeting and the answers of the Member Countries to the policy questions which was sent by the CCO. This Document was shared with the Poverty Alleviation Working Group focal points. At the beginning of the session, CCO made a presentation introducing the responses of the Member Countries to the policy questions as well as the Room Document.

14.00-14.15 Presentation: "Responses of the Member Countries to the Policy Questions on Policy Framework for Malnutrition in the OIC Member Countries"
Mr. Selçuk KOÇ, Director
COMCEC Coordination Office

14.15-15.30 Discussion

Utilizing the COMCEC Project Funding

15.30-15.45 Presentation: "Utilizing the COMCEC Project Funding"
Mr. Burak KARAGÖL, Director
COMCEC Coordination Office

15.45-16.00 Discussion

16.00-16.15 **Coffee Break**

16.15-17.15 **Member Country Presentations**

- Sharing Experiences and Good Practices in Reducing Malnutrition
Discussion

Perspective of International Institutions

17.15-17.30 Presentation: "The Efforts Exerted by WHO to Reduce Malnutrition"
Dr. Toker ERGÜDER, National Professional Officer
World Health Organization (WHO) Ankara Office

17.30-17-45 Presentation: "UNICEF's Role in Reducing Malnutrition"
Dr. Mehmet Ali TORUNOĞLU, Health Expert
UNICEF Ankara Office

17.45-18.00 Discussion

18.00-18.10 **Closing Remarks and Family Photo**

Annex 3: The Policy Recommendations

ROOM DOCUMENT FOR THE POLICY DEBATE SESSION OF THE 9TH MEETING OF THE COMCEC POVERTY ALLEVIATION WORKING GROUP

A policy debate session was held during the 9th Meeting of the Poverty Alleviation Working Group (PAWG) and the Working Group came up with some concrete policy recommendations for reducing malnutrition in the OIC Member Countries and approximating policies among the Member Countries in this important issue. The policy advices presented below have been identified in light of the main findings of the research report titled *"Malnutrition in the OIC Member Countries: A Trap for Poverty"* and the responses of the Member Countries to the policy questionnaire which was sent by the COMCEC Coordination Office.

Policy Advice 1: Developing and implementing nutrition-specific and nutrition-sensitive interventions, especially towards women of reproductive age from vulnerable groups

Rationale:

Nutritional status of women at the time of conception and during pregnancy is of particular importance both for the health of the mother and for ensuring healthy fetal growth and development. Neonates with fetal growth restriction are also at substantially increased risk of being stunted at 24 months and of development of some types of non-communicable diseases in adulthood. Furthermore, good nutrition early in life is essential for children to attain their developmental potential. Yet, 27% of all births in low and middle income countries are of low weight. Individual counselling and group-wise education for mothers have been demonstrated to have positive impacts on improving nutritional status of women at the time of conception and during pregnancy. Moreover, providing maternity conveniences at the workplace for pregnant women is an important nutrition-sensitive intervention that help improve the future prospects of the baby.

Proven nutrition-specific interventions aimed at improving mothers' nutrition status include iron and folic acid supplementation, calcium supplementation, and iodine supplementation and fortification (iodised salt). Multiple micronutrient deficiencies often exist in low and middle income countries and need to be addressed through multiple micronutrient supplementations. Furthermore, maternal wasting and food insecurity need to be addressed through balanced energy and protein supplementation. Such nutrition-specific interventions would reduce malnutrition up to15%.

Policy Advice 2: Improving infant and young child feeding (IYCF) practices

Rationale:

Poor IYCF practices, including inadequate breastfeeding contribute to the high levels of malnutrition. WHO guidelines state that children should be breastfed within 1 hour of birth and exclusively breastfed for 6 months. Mother milk shall be provided up to 2 years in conjunction with complementary feeding. Labor laws shall be implemented in such a way that encourages these requirements.

Beyond this period, complimentary foods should be introduced in line with the guidelines on minimum acceptable diet, which accounts for both meal frequency and dietary diversity. Preventive zinc supplementation, vitamin A supplementation and iron supplementation for infants and young children should also be encouraged. On the other hand, regulation of mother-milk substitutes effectively and preventing false-marketing of unhealthy food are also important implementation issues.

Interventions to increase knowledge of and positive attitudes towards recommended feeding practices and dispelling harmful beliefs are needed to ensure optimum nutrition of infants and young children. In this respect, behavioral change communication – in the form of individual counselling for primary caregivers/mothers – can have a considerable positive effect on nutrition, if properly implemented. Moreover, developing IYCF integrated curriculum for health provider education programmes and establishing IYCF counselling and other support services in primary health care facilities can enable the poor segments of the societies to reach necessary knowledge on appropriate feeding practices.

Malnutrition in the form of child obesity could be a problem as much as undernutrition. These together forms the double burden of malnutrition. It is crucial to put in place an action plan to fight the scourge of childhood obesity that affects several Islamic countries.

Policy Advice 3: Ensuring universal access to healthcare, safe water and sanitation, and launching educational campaigns on infectious diseases to eliminate all forms of undernutrition

Rationale:

Infections lead to loss of appetite and reduced food intake, as well as a malabsorption of nutrients and metabolic losses, and are a direct cause of malnutrition. Moreover, there is a clear link between a range of micronutrient deficiencies and risks of infection: vitamin A deficiency, for instance, increases risks of severe diarrhea, malaria and measles severity and child mortality. Hence these two mutual effects form a vicious cycle. This calls for wide micronutrient supplementation of children as well as widespread fortification of staple food (such as wheat flour) with iron, zinc, vitamin and water-soluble vitamins.

Poor access to safe sanitation, drinking water and healthcare are also significantly associated with heightened vulnerability to infectious and water-borne diseases, eventually leading to acute and chronic malnutrition. For instance, 90% of all deaths from diarrhea are attributable to lack of access to safe drinking, water and sanitation, and poor hygiene practices. Protecting children from infectious diseases requires increasing access to safe drinking water, sanitation and health through investment in infrastructures and planning (thereby eradicate open defecation), effective and wide-spread vaccination programs and behavioral interventions aimed at improving hygiene practices (such as systematic hand-washing with soap after toilet use).

Policy Advice 4: Providing access to safe and nutritious food for all with community-based initiatives and by forming resilient capacities for food-security

Rationale:

Consistent access to safe, nutritious and culturally appropriate food is a fundamental human right, and is necessary to eradicate malnutrition. In situations of acute or chronic food insecurity, scaling up the coverage of food aid interventions to reach the poor – especially in remote, rural areas - is crucial to avoid under-nutrition, hunger, and starvation. Community-based programs that leverage local food production (for example by expanding house-gardening practices) and expand the capacities of local food storage facilities are important for increasing access to food and reducing food prices.

Due to natural and man-made disasters, some countries need emergency relief on a wide scale to prevent millions of children suffering from acute malnutrition. Despite actions taken by the international community, the level of emergency assistance that reach vulnerable countries often fall short of the requirements. It is also more cost-effective to support resilience and early responses to crises than to rely on emergency interventions once large-scale crises have unfolded. All the stakeholders including governments, international organizations and other donors should take steps for funding and allocating resources.

It is also important to ensure availability and access to safe and nutritious food outside of emergency contexts. Cash transfer programs can have the potential to improve food security for poor households, whereas raising awareness of what nutritious foods are, and ensuring affordability of these foods are critical to avoid both under- and over-nutrition.

Instruments to Realize the Policy Advices:

COMCEC Poverty Alleviation Working Group: In its subsequent meetings, the Working Group may elaborate on the above-mentioned policy areas in a more detailed manner.

COMCEC Project Funding: Under the COMCEC Project Funding, the COMCEC Coordination Office issues calls for project proposals each year. With the COMCEC Project Funding, the member countries participating in the Working Groups can submit multilateral cooperation projects to be financed through grants by the COMCEC Coordination Office. For realizing above-mentioned policy recommendations, the member countries can utilize the COMCEC Project Funding facility. These projects may include organization of seminars, training programs, study visits, exchange of experts, workshops and preparation of analytical studies, needs assessments and training materials/documents, etc.

Annex 4: List of Participants

LIST OF PARTICIPANTS
9th MEETING OF THE POVERTY ALLEVIATION WORKING GROUP
April 6th, 2017, Ankara

A. MEMBER COUNTRIES OF THE OIC

THE ISLAMIC REPUBLIC OF AFGHANISTAN

- Mr. MOHAMMADULLAH RAHEMDIL
  Head of Poverty Evaluation Department, Ministry of Economy
- Mr. ABDULLAH BARAKZAI
  Director General, Policy and Planning, Ministry of Labour, Social Affairs, Martyrs and Disabled

THE PEOPLE'S DEMOCRATIC REPUBLIC OF ALGERIA

- Mr. ABDELLAH HADDAB
  Director of Insertion and Social Development Programs, Ministry of National Solidarity and Family

THE GABONESE REPUBLIC

- Mr. CLEMENT MASSALA MANDONGAULT
  First Counsellor, Embassy of Gabon in Ankara

THE REPUBLIC OF THE GAMBIA

- Mr. SERING M. NJIE
  Deputy Head of Mission, Embassy of the Gambia in Ankara
- Mr. EBRIMA S. NJIE
  Administrative Officer, Embassy of the Gambia in Ankara

REPUBLIC OF IRAQ

- Mr. RAOOF AL KHATEEB
  Expert, Ministry of Social Affairs
- Mr. THARWAT SALMAN
  Commercial Attache, Embassy of Iraq in Ankara

THE HASHEMITE KINGDOM OF JORDAN

- Mr. BESLAN JALOUQA
  Public Relations Officer, Embassy of Jordan in Ankara

THE STATE OF KUWAIT

- Mr. SAAD ALRASHIDI
  Head of the OIC Affairs, Ministry of Finance
- Mr. SAQER ALFADHLI
  First Foreign Affairs Researcher, Ministry of Finance

THE SULTANATE OF OMAN

- Ms. MAYA AL HAJRI
  Financial Analyst, Supreme Council for Planning-The General Secretariat
- Ms. SALIMA AL MAAMARI
  Doctor, Ministry of Health

PAKISTAN

- Mr. TAHIR MAHMOOD
  Second Secretary, Embassy of Pakistan in Ankara

PALESTINE

- Mr. AZMI ABU-GHAZALEH
  Counsellor, Embassy of the State of Palestine in Ankara

THE KINGDOM OF SAUDI ARABIA

- Mr. SAMI ALDAMIGH
  Consultant to the Minister, Ministry of Labor and Social Development

THE REPUBLIC OF SENEGAL

- Mr. ABDOULAYE KA
  National Coordinator, Agency of Fight against Malnutrition
- Mr. ANSOU SOUBA BADJI
  Head of the Industrial Trade Policy Bureau, Ministry of Trade

THE FEDERAL REPUBLIC OF SOMALIA

- Mr. ABDULLAHI MOHAMUD ABDI
  Expert, Ministry of Commerce and Industry

THE REPUBLIC OF TUNISIA

- Ms. NAJET DKHIL GALAI
  Director, Ministry of Social Affairs
- Ms. LEILA ALOUANE TRABELSI
  Nutrition Professor, National Institute of Nutrition - Ministry of Health

REPUBLIC OF TURKEY

- Mr. BEKİR KESKİNKILIÇ
  Vice President, Public Health Institution - Ministry of Health
- Ms. AYŞE ÇELİKTEN
  Head of Department, Ministry of Family and Social Policies
- Ms. BAŞAK KARAKAYA
  Interpreter, Ministry of Family and Social Policies
- Mr. HAYDAR RIDVAN CİVAN
  Expert, Ministry of Health

B. THE OIC SUBSIDIARY ORGANS

STATISTICAL, ECONOMIC, SOCIAL RESEARCH AND TRAINING CENTER FOR ISLAMIC COUNTRIES (SESRIC)

- Ms. FATIMA ZAHRA KAMAL
  Technical Cooperation Specialist

C. SPECIALIZED ORGANS OF THE OIC

ISLAMIC DEVELOPMENT BANK (IDB)

- Mr. AZHARI GHASIM AHMED
  Economist

D. INVITED INSTITUTIONS

CONSULTANT

- Dr. JEAN PIERRE TRANCHANT
  Research Fellow at Institute of Development Studies (IDS)
  University of Sussex

UNITED NATIONS CHILDREN'S FUND (UNICEF)

- Dr. MEHMET ALİ TORUNOĞLU
  Health Specialist

WORLD HEALTH ORGANIZATION (WHO)

- Dr. TOKER ERGÜDER
  National Professional Officer

E. COMCEC COORDINATION OFFICE

- Mr. M. METİN EKER
  Director General, Head of COMCEC Coordination Office
- Mr. SELÇUK KOÇ
  Director at COMCEC Coordination Office
- Mr. BURAK KARAGÖL
  Director at COMCEC Coordination Office
- Mr. İBRAHİM EMRE İLYAS
  Head of Department
- Mr. RIDVAN KURTİPEK
  Head of Department
- Mr. BİLGEHAN ÖZBAYLANLI
  Expert
- Mr. SERVET ORÇUN ERPİŞ
  Expert
- Mr. MEHMET AKİF ALANBAY
  Expert
- Mr. MUSTAFA ADİL SAYAR
  Expert