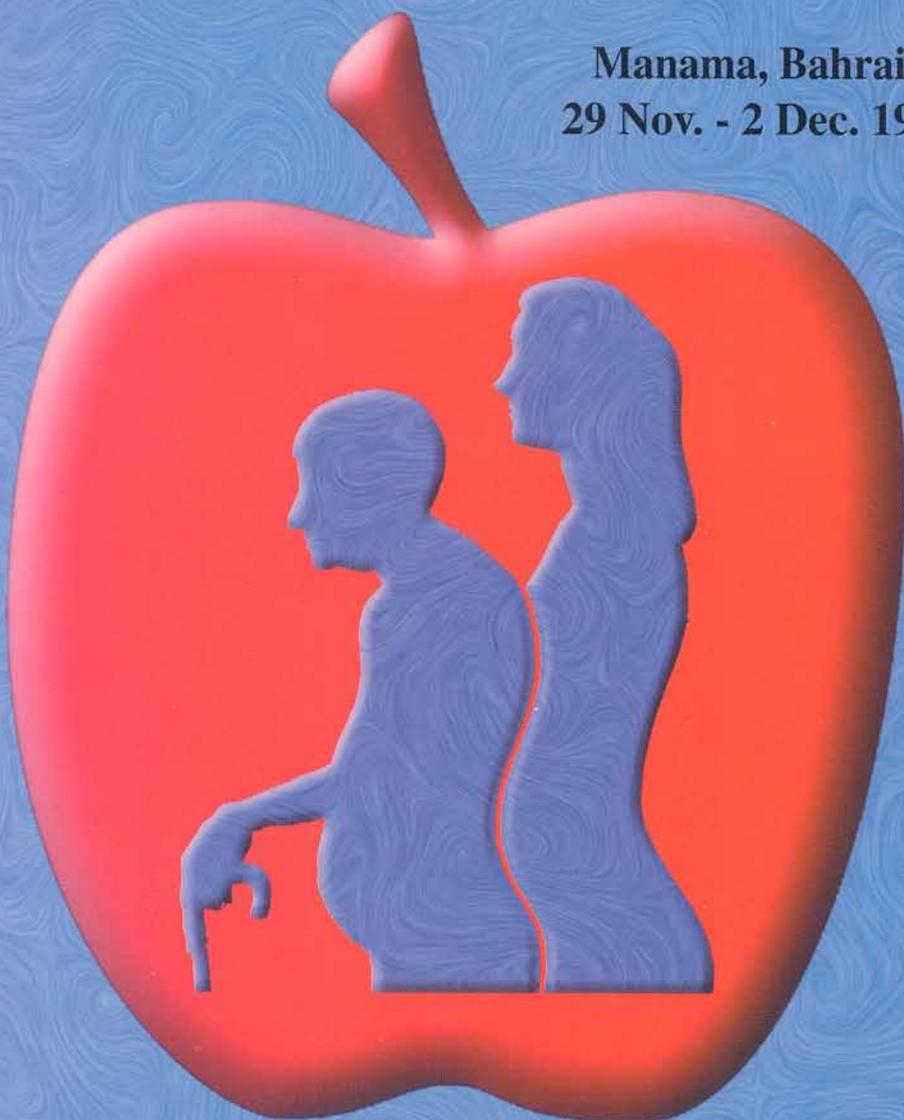




Workshop on

Targeting Nutrition for Female and Elderly in the Arab Countries

**Manama, Bahrain
29 Nov. - 2 Dec. 1999**



**PROGRAMME
AND ABSTRACTS**

FAO/BCSR WORKSHOP ON

Targeting Nutrition Programmes for Females and Elderly in the Arab Countries

Manama, Bahrain, 29 November - 2 December 1999

Organized by

**Food and Agriculture Organization
Bahrain Center for Studies and Research**

Programme, Abstract and List of Participants



PROGRAMME

FAO/BCSR Workshop on
Targeting Nutrition Programmes for Female and Elderly
in the Arab Countries

Manama, Bahrain, 29 November – 2 December 1999

Monday 29 November 1999

8:00 – 9:00	Registration
9:00 – 9:30	Opening Ceremony
9:30 – 10:00	Coffee Break

First Session: Targeting Nutrition Programme and Female Population
Chairman: Hafez Al-Shazli (AGU/Bahrain)

10:00 – 10:45	Targeting Nutrition Programme, Definition, Objectives and Application (V. Menza/FAO/Rome)
10:45 – 11:30	Targeting Programme in the Arab Countries (S. Miladi/FAO/RNE/Cairo)
11:30 – 12:15	Demographic and Socio-economic Aspects of Female Population in the Arab Countries (H.Rashad/AUC/Cairo)
12:15 – 12:30	Coffee Break

Second Session: Nutrition of Female Through Lifecycle
Chairman: Hoda Rashad (AUE/Cairo)

12:30 – 13:15	Cultural and Environmental Factors Associated with Health and Nutrition Status of Females in the Arab Countries (M. Hossain/UAE University)
13:15 – 14:00	Nutrition of Females Throughout Their Life Span (K. Bagchi/India)
14:00 – 14:30	Nutrition for Preschool Females in the Arab countries (Hafez El-Shazli/ AGU/Bahrain)

Tuesday 30 November 1999

Third Session: Nutrition of Female Through Lifecycle (Continued)

Chairman: Kalyan Bagchi (India)

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|---------------|--|
| 8:30 – 9:15 | Nutrition of School Children and Adolescent females in the Arab Countries
(A. Musaiger/BCSR/Bahrain) |
| 9:15 – 10:00 | Nutrition of Pregnant and Lactating Women in the Arab Countries
(Wafaa Mousa/Nutrition Institute/Egypt) |
| 10:00 – 10:45 | Diet-Related Diseases in Women in the Arab Countries
(R.Hamadeh/AGU/Bahrain) |
| 10:45 – 11:00 | Coffee Break |
| 11:00 - 14:00 | Group discussion - Targeting for Nutrition of Female |

Wednesday, 1 December 1999

Fourth Session: Nutrition and Elderly

Chairman: Wafaa Mousa (Egypt)

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|-------------|---|
| 08:30-09:15 | Demographic and Socio-Economic Aspects of Older People in Arab Countries
(K. Louhichi/League of Arab States/Cairo) |
| 09:15-10:00 | Biological and Physiological need of Elderly
(Vinod Kumar/India) |
| 10:00-10:30 | Nutrition and Aging
(Mahshid Ahrari/Iran) |
| 10:30-11:00 | Coffee Break |

Fifth Session: Case Studies (Nutrition Situation of Elderly)

Chairman: Vinod Kumar (India)

- | | |
|-------------|------------------------|
| 11:00-11:30 | Bahrain-A. Al-Sayyad |
| 11:30-12:00 | S. Arabia-T. Al-Waznah |
| 12:00-12:30 | Egypt-A.Ashour |

13:00-13:30

UAE-H.Qazaq

13:00-14:00

Qatar-E.Al-Sulaiti

Thursday 2 December 1999

Fifth Session: Nutrition and the Elderly (Continued)

Chairman: A. Musaiger (BCSR/Bahrain)

08:30-10:30

Working Group Discussion on Targeting Programmes to Improve Nutrition of the Elderly

10:30-11:00

Coffee Break

Sixth Session: Conclusions and Recommendations

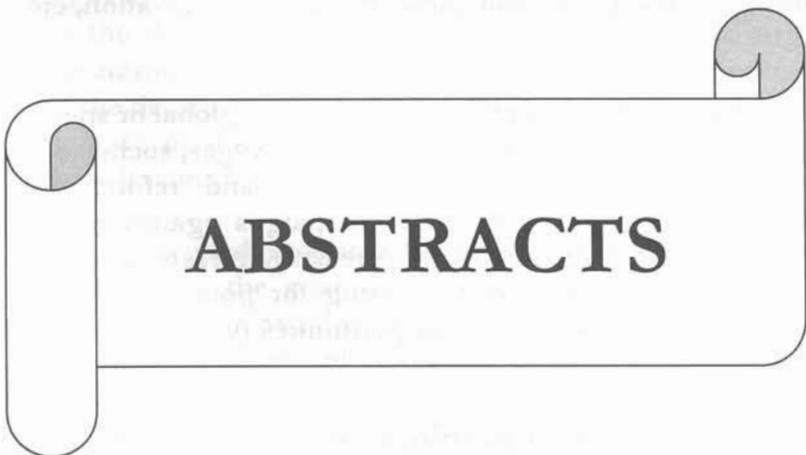
Chairman: Samir Miladi (FAO/RNE/Cairo)

11:00-12:30

Working Group Reports and Discussion

12:30 – 14:00

Conclusion and Recommendations



ABSTRACTS

TARGETING PROGRAMMES IN THE ARAB COUNTRIES

SAMIR S. MILADI

Food and Agricultural Organization, Regional office, Cairo, Egypt

This paper will review different targeting programmes that are operated by governments, international organization and NGOs, especially those that are directed to improve nutritional status such as food subsidies, food rations and food stamps, special food distribution (emergency - weaning food, group feeding, (school feeding, etc.), supplementation and fortification, nutrition education and consumer awareness (breast feeding, etc.), nutrition labeling, food for work programmes, nutrition intervention programmes (home and school gardening, food preservation, etc.) and cash delivery.

There are also indirect programmes taxation (global or special tax), laws and regulations (age of marriage, minimum wages, social security, health insurance, price control, fixation of rent, land reform, etc.), income generation activities, education and campaigns against illiteracy, health services (prevention and control of diseases), infrastructure (water, roads, environmental sanitation, etc.), housing for poor, family planning and population control, employment opportunities (youth, rehabilitation, etc.), and environmental protection.

Experiences from the Arab Countries are emphasized such as food subsidies and rationing (Egypt, Tunisia and Jordan: self targeting, inferior goods, superior goods), school feeding programmes (Morocco, Tunisia, Kuwait and Afghanistan), food as an incentive for health services (Somalia and Djibouti), food for Work Programme (Egypt-Land Reclamation, Syria-Drainage, Tunisia-Forestation), Nutrition Intervention Programme (Sudan-Nutrition education and School Gardening, Bahrain- Nutrition Education Promotion of Breast Feeding).

Special issues in targeting will be reviewed specially cost benefit, duration of programmes, impact on local food production (Egypt and Libya), introduction of new foods replacing traditional foods (Sudan), leakage, inferior goods and services, monitoring and evaluation, integration of targeting programmes and phase out of the programmes.

SOCIO-ECONOMIC CONTEXT OF NUTRITIONAL STATUS OF FEMALES IN THE ARAB REGION: IMPLCATIONS FOR INTERVENTIONS STRATEGIES

HODA RASHAD

*Head Social Research Center, AUC, American University of Cairo,
Cairo, Egypt*

This presentation attempts to highlight the underlying socio-economic context that governs the production of poor nutritional status of female population in the Arab region. It is intended to guide the targeting on nutrition programmes for females in our region and hence emphasizes the imbalance in the distribution of certain contextual resources by sex and the regional specificity of their operation mechanism. The presentation also attempts to draw lessons from other intervention experiences.

The discussion is divided into three sections. The first briefly summarizes the basis for focussing the attention on certain demographic and socio-economic aspects. The second describes the existing state of knowledge on these aspects and their mode of operation in the Arab region. The third section discusses the implications of the socio-economic context of the choice of interventions and their adopted strategies.

CULTURAL AND ENVIRONMENTAL FACTORS ASSOCIATED WITH HEALTH AND NUTRITIONAL STATUS OF FEMALES IN THE ARAB COUNTRIES

MOSHADDEQUE HOSSAIN¹ AND HUSSAIN S. QAZAQ²

¹Faculty of Medicine and Health Sciences, UAE University;

*²Nutrition Department, Al-Ain Medical District,
Al-Ain, United Arab Emirates.*

The association of cultural and environmental factors with the health and nutritional status of human is well recognized. This association is complex, dynamic and known to vary across population groups and time periods. Cultural and environmental factors are known to influence both the occurrence of and response to health and nutritional problems in humans. In females, cultural and environmental factors are particularly important because of their associations with unique health and nutritional issues related to pregnancy, childbirth and lactation. There are both similarities and differences among the Arab countries as to the health and nutritional status of females and related environmental and cultural factors. Also, the health and the national status of the Arab females and the associated environmental and cultural conditions are changing at different paces in various parts of the Arab world. While it is widely believed that cultural and environmental factors are important determinants of the health and nutritional status of Arab females, few studies have directly and thoroughly examined these associations. However, some published studies of various aspects of the health and nutritional status of Arab females have touched on the role of cultural and environmental determinants. In this presentation, important published information about cultural and environmental factors associated with health and nutritional status of females in the Arab countries will be summarized and the implications of this information as to relevant theory, practice and research will be highlighted.

ROLE OF NUTRITION ON THE QUALITY OF LIFE OF FEMALES THROUGHOUT THEIR LIFE SPAN

KALYAN BAGCHI

Nutrition Syndicate, New Delhi, India

The statement that nutrition has profound influence on the quality of life of human being from "womb to tomb" is aptly illustrated in the life of females. Starting with intrauterine growth retardation as a result of under-nutrition during pregnancy in a malnourished mother, who is herself a product of under-nutrition during her infancy, childhood and adolescence, a low-birth weight female infant is an eloquent proof of intergenerational malnutrition perpetuated through the life of female. A large number of factors are involved, all of discriminatory nature against the life of females, vividly seen in each segment of female life spectrum.

That the low birth weight female infants get nutritional neglect, has been recorded in numerous studies - published and unpublished - in almost all developing countries. The most cruel manifestation of female nutritional neglect is seen even in the breast-feeding practices - putting the female infant to the breast after a much older male sibling had his fill.

Childhood of girls leading to adolescence, marked by several nutritional deficiencies, leads quite often to adolescent girls in the developing world commonly described as "stunted in height with narrow pelvis and anaemic". Early marriage and early pregnancy, quite often "forced to conceive" to prove her fertility to her husband's family, is another segment of female life marked by numerous morbidities, associated with and accentuated by various types of nutritional deficiencies. Anaemic and stunted young mothers with narrow pelvis are the major procedures of "low-birth weight infants".

The recent observation of Barker that low-birth weight infants due to intrauterine growth retardation is the real start of chronic degenerative disease in adult age, is of serious concern - and focuses attention on the urgent need of targeting nutrition protection and promotion of maternal nutrition. The tragic story of malnutrition of women is continued during two or more decades of reproductive function with "nutritional neglect" and followed by menopausal changes.

The longer life expectancy of females and the later years of her life as an elderly widow with again nutritional deficiencies due mostly to socio-economic reasons completes the tragic story of nutritional neglect of females throughout her life span.

NUTRITION OF PRESCHOOL FEMALES IN THE ARAB WORLD

HAFIZ AL-SHAZALI

*College of Medicine & Medical Sciences, Arabian Gulf University,
Bahrain*

Breast milk is still the most important food for infants and young children the world over, the Arab World is no exception. The survival of many infants depends on it. The changes in lifestyle, the working of mothers, immigration and ruralization of cities have adversely affected the practice of breast-feeding. Infants lost the nutritional, the anti-infective advantages and other valuable benefits of breast milk also lost in the extended family life. Baby girls suffered more because of cultural reasons, baby boys were preferably fed on breast milk for longer periods. The decline in breast feeding led to increased use of other foods, especially milks in various forms and even in this aspect the fate of female children was as bad. Although, given optimal conditions, the use of other foods is the second best choice to breast milk, yet still there are some nutritional, allergic and psychosocial disadvantages.

In the Arab world the infant nutritional problems vary from country to country and even within the same country. In the Gulf States the problem is relatively small, obesity being the main problem. The economically disadvantaged Arab countries, especially in Africa, suffer from under-nutrition and protein-calorie-malnutrition together with micronutrient deficiencies. Natural and man-made disasters, infections, poverty, ignorance and others are the main causative factors. Infants and young children morbidity and mortality are very high especially among girls. In many countries especially the agricultural ones, the girls and mothers do most of the work at the field and at home, yet they get the least quality and quantity of family food. Thus baby girls, the future mothers, start with nutritional disadvantage and are less prepared for their role of the mothers of tomorrow, in reality many start this role at the age of seven or eight years, mothering their siblings. This would deprive them of their regular education and lower their status compared to their brothers.

Improvement of child feeding cannot be fulfilled in isolation it has to be combined with improvement of maternal nutrition, health care delivery, economic development and intersectorial collaboration. In developing countries the WHO/UNICEF strategy of "Integrated Management of Childhood Illness" is a step in the right direction.

NUTRITION OF SCHOOL CHILDREN AND ADOLESCENT FEMALES IN THE ARAB COUNTRIES

ABDURAHMAN O. MUSAIGER

*Environmental & Biological Programme,
Bahrain Center for Studies and Research, Manama, Bahrain.*

Several studies were carried out among school and adolescent girls in the Arab countries to determine their nutritional status. Underweight, iron deficiency anaemia, overweight and dental caries are the main nutritional problems. At age of 6-9 years, there were no significant differences between boys and girls in most of these problems. However, at the age of 10 years and onwards anaemia, overweight and dental caries were more observed among schoolgirls than boys. Skipping breakfast and snacking were also more practised by girls than boys at adolescent stage.

Obesity in children and adolescents may be a predisposing factor for adult obesity. The prevalence of overweight and obesity among adolescent girls is increasing dramatically in many Arab countries, especially in Arab Gulf Countries. Unsound food habits, lack of physical activity and sedentary lifestyle are the main reasons for the high occurrence of obesity in these girls. Early age at marriage is one of the risk factors affecting the nutrition status of women in the Arab countries. A relatively high percentage of adolescent girls get married at the age of 15-18 years. This lead, of course, to early pregnancy. The hazards of teenage pregnancy are that it can cause maternal morbidity and mortality, and infants with low birth weight.

In general, health and nutrition of adolescent girls has been neglected in health programmes in most Arab countries. Suggestions to improve nutrition of school and adolescent girls in the Arab countries are provided.

NUTRITION OF PREGNANT AND LACTATING WOMEN IN THE ARAB COUNTRIES

WAFAA MOUSSA

Nutrition Institute, Cairo, Egypt

Pregnant and lactating women constitute the most nutritionally vulnerable segment of women in the child bearing age. Mothers of under five children include pregnant, lactating and non-pregnant non-lactating women in the child bearing age. Using the relevant indicators, per caput GNP and dietary energy supply "DES", Arab countries can be divided into high-income, middle and low-income countries. One of the most sensitive indicators of maternal nutrition status is birth weight. Low birth weight "LBW" (<2.5Kg) ranges from 2% in Jordan to 7% in Kuwait and Syria to 9% in Egypt, Bahrain and Lebanon, to very high level (47%) in Yemen. Maternal mortality rate ranges from very low as in United Arab Emirates, Qatar and Saudi Arabia (0.2 to 1.8/10,000 live births) to very high as in Yemen and Somalia (100 & 160) and in between, Egypt and Morocco (17.4 & 22.8).

The most prominent nutritional problem among pregnant and lactating women in Arab countries is iron deficiency anaemia "IDA". IDA constitutes a severe public health problem (> 40%) among pregnant and lactating women in Iraq, Syria, Morocco, Tunisia, Palestine, Sudan and Oman. IDA is a moderate problem (20-39%) in the rest of Arab countries. Iron supplementation to pregnant women is going on in almost all Arab countries. In Egypt, as an example of middle income countries, mothers in the child bearing age, apart from IDA, suffer of overweight (7.7%), overweight and obesity (58.0%), IDD (TGR 21.4%) and sub-clinical Vitamin A deficiency (10.2%). Food consumption studies in Egypt show that mothers in the child bearing age, pregnant, lactating and non-pregnant non-lactating, suffer various grades of dietary inadequacies regarding energy and micronutrients.

DIET-RELATED DISEASES IN ARAB WOMEN

RANDAH R. HAMADEH¹ AND ANNETTE S. ROBERTSON²

¹*College of Medicine and Medical Sciences,*

²*Arabian Gulf University, Bahrain*

Arab countries encounter two kinds of nutritional problems; those associated with affluence and those with underdevelopment. The purpose of this review is to highlight these health problems in Arab women using available data sources. Noncommunicable diseases are of considerable importance among Arab women. With the exception of breast cancer, there is marked variation in the relative frequencies of diet-related cancers. Breast cancer is the most common cancer in Arab women in countries with available data, except for Algeria, where it is second to cancer of the cervix. The percentage of women reporting a cardiovascular disorder is 12% in Bahraini and Emirati women reaching 40% in those aged 50-69 years. The prevalence of diabetes and impaired glucose tolerance are highest among Bahraini women (25.0% and 16.7% respectively) and lowest in Sudanese (3.4% and 3.3% respectively). Overweight (BMI=25-29.9) and obesity (BMI >30) are major health problems especially among Arab Gulf. Adult (>20years) Tunisian females present a higher percentage of hypertensives (160/95 mm Hg) than their counterparts in other Arab countries. Moreover, high prevalence rates have also been reported in older Bahraini women. Nutritional deficiencies, particularly iron deficiency anaemia, have been reported in Arab females with high prevalence rates in pregnant women. Arab countries should focus on improving the nutritional status of females across their life span and give priority to diet-related national preventive programmes.

DEMOGRAPHIC AND SOCIO-ECONOMIC ASPECTS OF THE AGEING POPULATION IN THE ARAB COUNTRIES

KHALED LOUHICHI

Population Setion, League of Arab States, Cairo, Egypt

The percentage of ageing population in the Arab world (estimated by 6%) indicates in general that this category doesn't represent an important burden that needs investigation or policy formulation.

However, giving an overall look to the ageing population characteristics and to the socio-demographic indicators related to this category in some Arab countries, especially in the future, emphasizes the need to conduct several researches and studies and to pay special attention to this category.

Within this frame, this paper aims at representing the most important current, as well as future size and socio-demographic characteristics of ageing population in the Arab countries and in light of the Arab and international experience to highlight the aspects and dimensions which needed more research investigations and policy attention assuring a better care for the current as well as the future ageing population.

BIOLOGICAL AND PHYSIOLOGICAL NEEDS OF ELDERLY

VINOD KUMAR

*WHO Expert Advisory Panel on Ageing & Health,
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Slow functional decline and a high prevalence of physical, psychological and socioeconomic problems are chiefly responsible for the biological and physiological needs of the elderly persons. Many diseases coexist in old age, have atypical presentations and may be causally related to past unhealthy lifestyles. Socioeconomic difficulties, adverse drug reactions and need for chronic care and rehabilitation further compound the impact of these diseases in old age. In view of rapidly rising population of elderly persons in an environment which is financially inadequate in many nations, it has become urgently important to identify multidimensional needs of older persons in different regional and cultural contexts so as to offer appropriate strategies to ensure their health, fitness and quality of life. Health related quality of life is linked to numerous determinants like nutrition and diet, physical exercise, smoking, alcoholism, personal cleanliness, environmental pollution, extremes of weather, mental stress, financial, educational and work status, family and social set up and individual's coping ability. Frequently these factors operate over the entire life course and some are culturally determined. Deficient nutrition is very common in old age especially in villages. Indian anthropometric data show that a sizeable elderly population is suffering from chronic energy deficiency (CED) and hence malnourished. CED also shows increasing trend with age. As many as 38% of people of age 70 years and above suffer from CED.

In the beginning, it may be difficult to differentiate effects of ageing process from actual diseases but the rampant frequency of known cardiovascular, cerebrovascular, neoplastic, respiratory, neurological, locomotor, visual and hearing disorders on one hand and relatively unclassified problems of general weakness, fatigue, breathlessness, nutritional deficiencies, weight loss, body aches, sleeplessness, constipation, flatulence, depression, loneliness, impotence and impaired memory and taste sensations on the other hand can be easily appreciated. In poor societies, all of this gets aggravated due to financial constraints. Data highlighting the above mentioned body of knowledge form the basis of identifying biological and physiological needs of elderly in a society and will be presented in detail. Same knowledge should also constitute the basis of designing need based interventions in the direction of umbrella concept of health promotion comprising of its three components, namely health education, health maintenance and disease prevention. Primary, secondary and tertiary care needs to be cost effective and culturally adjusted. Finally, importance of interventions based on life course perspective and appropriately augmented at pre-retirement stage needs due consideration. Comments on interventional strategies will also be highlighted.

NUTRITION AND AGEING

MAHSHID AHRARI

UNICEF Nutrition Consultant, Iran

With the rapid increase in the number of elderly people around the globe, the needs of an ageing population will shape every facet of society in the next century, including nutrition. The challenge will be to bring about and sustain a higher degree of physiologic performance through the later stages of the life cycle.

The elderly are a more diverse population than any other age group. On the whole, elderly persons are more likely than younger adults to be in marginal nutritional health and thus to be at higher risk for frank nutritional deficiency in times of stress or health care problems.

As elderly population grows, good nutrition and exercise become key to better health. It is now evident that many older persons can remain vital and continue enjoying good health well into their later years if they follow a healthy lifestyle. Optimum nutrition for the ageing adult, whether well or afflicted with disease, should lessen the risk and/or progression of degenerative disease and minimize the negative impact of chronic disease on nutritional status and function. Therefore understanding of the role of both the ageing process on nutritional status, and the effect of good nutrition on slowing or modulating the ageing process is of great importance.

This article briefly explores the effect of age-associated changes on the nutrition status of older adults, the nutritional needs and the appropriateness of the current Recommended Dietary Allowances (RDAs) for the elderly, nutrition promotion guidelines for the elderly, and finally targeting nutrition programmes for the elderly through nutrition risk screening schemes.

HEALTH AND NUTRITIONAL STATUS OF ELDERLY IN BAHRAIN

ABDULRAHMAN O. MUSAIGER

*Environmental and Biological Programme
Bahrain Center for Studies and Research, Manama, Bahrain.*

In Bahrain, the proportion of the population aged 60 years and over was 4% in 1980 and projected to be 6.4% in 2001. The life expectancy at birth was 68.2 years during 1980-85, and projected to increase to 73.2 years during 2000-2005, and to 76.0 years at 2020-2025.

A rapid assessment survey was carried to determine health status and dietary habits of home living Bahraini elderly aged 65 years and over. The prevalence of chronic diseases was 13.4% for heart disease, 15.4% for hypertension, 13% for diabetes and 33% for arthritis. In general, women were more susceptible to these chronic diseases than men. About 62% of the elderly had chewing problem and more women (66%) than men (57%) had this problem. A high percentage of the elderly (36.8%) were unable to do light homework such as washing and cleaning. Based on the dietary intake, it was found that protein intake has slightly exceeded the Recommended Daily Allowance (RDA) for protein. Using the US RDA, the daily intake of energy, calcium and iron were below the RDA by less than 60% for energy and calcium and less than 80% for iron. It is very important to establish dietary guidelines for elderly in the region. Recommendations to promote the health and nutrition of elderly in Bahrain are discussed.

HEALTH AND NUTRITION SITUATION OF ELDERLY IN EGYPT

ABDEL-MONEIM ASHOUR

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Care of the elderly is a moral obligation. In the developing world, ageing has not received its due care compared to childhood. According to the World Health Organization's recommendations in 1972, ageing starts arbitrarily at the age of 65, as it is the common retirement age in most of the countries. Nevertheless in the case of Egypt, retirement commences at the age of 60, thus ageing begins as of 60. In Egypt the annual increase of the elders rose from 5% in 1960 to about 7% in 1990. There was an increase in life expectancy at birth and a drop in death rate. It was also stated that women survive more than men after the age of 60. Furthermore, their husband's early deaths leave the widows in financial need and consequently cause more health problems for elderly women.

The elders are more liable to illness than others and they need a special medical care. An early detection of illness in old age is needed. Among the most important problems that could occur to elders are mental illness and impairments. Recent developments in the medicine have made possible, the treatment of some of the conditions, that for a long time were dismissed as hopeless. This paper will discuss the health and nutrition situation of the elderly in Egypt.

A decorative graphic of a scroll with a black outline and grey shading on the rolled-up ends. The text 'LIST OF PARTICIPANTS' is centered within the scroll.

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