Update on WHO Guidelines related to management of under-nutrition

Zita Weise Prinzo
Evidence and Programme Guidance
Department of Nutrition for Health and Development
WHO HQ

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AREAS OF WORK

Strengthen the evidence base for nutrition-related interventions and biomarkers for addressing the double burden in stable and emergency settings.

Develop evidence-informed norms, standards and policy options for nutrition interventions and use of biomarkers for the assessment of nutritional status, with equitable implementation practices.

Development of implementation tools and global reports for the promotion of WHO recommendations and the measurement of progress towards achieving global nutrition targets and nutrition-related SDGs.
Updated recommendations on SAM:
- Admission and discharge criteria;
- Therapeutic feeding approaches;
- Use of antibiotics;
- Management of oedema;
- Fluid management of dehydrated children;
- Management of HIV;
- Management of infants less than 6 months of age
Implementation guidance - SAM


- Update of WHO Training Course on the management of SAM

- Update of drug list and development of medical kit for inpatient SAM
Guidelines and tools - SAM

- Update expected in 2017 based on existing up-to-date guidelines – scope to be widened to include continuum of care and healthy growth.
Guidelines and tools – MAM


- Essential Nutrition Actions (2013) – includes under-nutrition

- Wasting Policy Brief (2014)
- Stunting Policy Brief (2014)
Interventions for treatment/prevention of children with moderate acute malnutrition:

- Treatment of infections
- Breastfeeding promotion and support
- Counselling for families
- Optimal use of locally available foods
- Where necessary specially formulated foods.
Evidence-informed guidelines in 2016

Reproductive Health and Research (RHR)
Nutrition for Health and Development (NHD)
Maternal, Newborn, Child and Adolescent Health (MCA)

39 recommendations related to five types of interventions:
- Nutritional interventions
- Maternal and fetal assessment
- Preventive measures
- Interventions for common physiological symptoms
- Health system interventions to improve utilization and quality of ANC
Evidence-informed guidelines in 2016

Recommendation:

In undernourished populations that are highly food insecure or those with little access to a variety of foods, *balanced energy and protein dietary supplementation* is recommended for pregnant women to reduce the risk of stillbirths and small-for-gestational-age neonates.

*Supplements in which protein provides less than 25% of the total energy content*
Evidence-informed guidelines in 2017

• WHO Guideline: Assessing and managing children at primary health-care facilities to prevent overweight and obesity in the context of the double burden of malnutrition (approved, in press)
Evidence-informed guidelines in 2017

Recommendations in guideline:

• Routinely providing supplementary foods to moderately wasted infants and children (i.e. with acute under-nutrition) presenting to primary health-care facilities is not recommended.

   Note: There may be a role for the provision of supplementary foods in settings where there is a high prevalence of wasting or food insecurity, at community or household level, and as part of the continuum of care for the individual child that includes appropriate treatment of clinical conditions and other modifiable factors, provision of nutritional counselling and subsequent follow-up to assess response.

• The provision of supplementary foods for treating stunting (chronic malnutrition) among infants and children who present to primary health-care facilities is not recommended.
Evidence-informed guidelines in 2017

- WHO guideline: Formulated foods for infants and children in stable and emergency settings

(Guideline Development Group meeting planned early 2018)
Systematic reviews on formulated foods for prevention and treatment of under-nutrition

- The safety and effectiveness of RUTF/fortified blended foods to treat severe acute malnutrition in infants and children 6-59 months of age.

- The safety and effectiveness of LNS/fortified blended foods to treat moderate acute malnutrition in infants and children 6-59 months of age.

- LNS/fortified blended foods to improve the nutrient intake of pregnant women and its impact on pregnancy, birth and infant developmental outcomes in stable and emergency settings.

- Provision of LNS/fortified blended foods given with complementary foods to infants and young children 6 to 23 months of age for health, nutrition and development outcomes.
Evidence-informed guidelines in 2016

- Daily iron supplementation in infants and children
- Daily iron supplementation in adult women and adolescent girls
- Breastfeeding in the context of Zika virus: Interim guideline
- Use of multiple micronutrient powders for point-of-use fortification of foods consumed by pregnant women
- Infant feeding in areas of Zika virus transmission
- Updates on HIV and infant feeding
Evidence-informed guidelines in 2016

- Daily iron supplementation in postpartum women
- Fortification of maize flour and corn meal with vitamins and minerals
- Use of multiple micronutrient powders for point-of-use fortification of foods consumed by infants and young children aged 6-23 months and children aged 2-12 years
Recommendation:

Routine use of MMPs during pregnancy is not recommended as an alternative to standard iron and folic acid supplementation during pregnancy for improving maternal and infant health outcomes.
Use of multiple micronutrient powders for point-of-use fortification of foods consumed by infants and young children aged 6–23 months and children aged 2–12 years

Recommendation:

In populations where anaemia is a public health problem, point-of-use fortification of foods with iron-containing micronutrient powders* in children aged 2 to 12 years is recommended, to improve iron status and reduce anaemia.

*Defined as MNPs containing at least 3 micronutrients with one of them being iron.
Recommendation on MMN supplements:

Multiple micronutrient supplementation is not recommended for pregnant women to improve maternal and perinatal outcomes.

Note: There was overall insufficient evidence. More research is needed to determine which micronutrients improve maternal and perinatal outcomes, and how these can be optimally combined into a single supplement.
Other work planned

• WHO is planning a consultation early 2018 to discuss key questions for research on MAM so as to build a better evidence-base for making recommendations in this area

• Update of complementary feeding guidelines
Thank you

http://www.who.int/nutrition/en/index.html