Update from WHO

Zita Weise Prinzo

Inter-Agency Working Group for Specialized Nutritious Food Products
12th Annual Meeting, Geneva
20 June 2019
• WHO Transformation – Nutrition

• Latest relevant guidelines; Overview of systematic reviews on specially formulated foods

• Technical specification of RUTF: Evidence needed for change
GPW 13 (2019-2023): A set of interconnected strategic priorities and goals to ensure healthy lives and promote well-being for all at all ages

**HEALTH EMERGENCIES**
1 billion more people better protected from health emergencies

**HEALTHIER POPULATIONS**
1 billion more people enjoying better health and well-being

**UNIVERSAL HEALTH COVERAGE**
1 billion more people benefitting from universal health coverage

**Source:** Draft thirteenth general programme of work 2019–2023
GPW 13 (2019-2023): What is new?

-Base GPW 13 on the SDGs
-Measure impact
-Prioritize
-Step up leadership at all levels
-Drive impact in every country
-Strengthen its normative work
-Transform its approach to resource mobilization
-Act with a sense of urgency, scale, and quality

Source:
Draft thirteenth general programme of work 2019–2023
• The result of direct insights and experiences from headquarters, regional and country staff to address Member States’ needs and challenges
WHO is committed to work with Member States and partners to ensure universal access to effective nutrition actions and to healthy and sustainable diets.

We use our convening power to help set, align and advocate priorities to move nutrition forward.

What priorities, targets & commitments?

What works in real life?

How to best implement?

Lead

Provide guidance

Implement

Monitor

Other partners and actors

We develop evidence-informed guidance based on robust scientific and ethical frameworks.

What nutrition works best for health?

We support in adoption, adaptation and implementation of guidance.

Member States and partners ensure universal access to effective nutrition actions and to healthy and sustainable diets.

We monitor and evaluate policy and programme implementation and nutrition outcomes.

Where are we at? Did it work?

We develop evidence-informed guidance based on robust scientific and ethical frameworks.

Communicable diseases are treated

NCDs are prevented

Malnutrition is reduced

We use our convening power to help set, align and advocate priorities to move nutrition forward.

What priorities, targets & commitments?

What works in real life?

How to best implement?

Where are we at? Did it work?
Mainstreaming nutrition to support WHO’s Member States

**LEADERSHIP**
- Shape the global narrative on nutrition
- Leverage changes in the food sector and the environment to improve and mainstream nutrition in relevant non-health sectors

**WHO’s work in Nutrition**
- Define healthy sustainable diet and guide the identification and use of effective nutrition interventions
- Mainstream nutrition in health systems
- Leverage the implementation of effective nutrition policies and programmes including situations of emergencies and crisis
- Support establishment of country targets and monitoring systems for nutrition

**MONITORING**

**GUIDANCE**

---

Evidence & Programme Guidance
Department of Nutrition for Health and Development

PROMOTE HEALTH • KEEP THE WORLD SAFE • SERVE THE VULNERABLE

World Health Organization
A healthy diet according to WHO

- **Breastfeed** exclusively babies for the first 6 months and continuously breastfeed until two years and beyond.

- **Energy** intake should **balance** energy expenditure.

- Keep **total fat** intake to less than 30% of total energy intake, with a shift in fat consumption away from **saturated fats** to **unsaturated fats**, and towards the elimination of industrial **trans fats**.

- Limit intake of **free sugars** to less than 10% (or even less than 5%) of total energy intake.

- Keep **salt** intake to less than 5 g/day. Eat at least 400g of **fruit and vegetable** a day.
WHO Guiding Principles and Framework Manual for Front-of-Pack Labelling for Promoting Healthy Diets

- The system should be aligned with other food regulation, public health policies, and authoritative sources of dietary advice.

- A single system that is widely used, with consistency in format and criteria should be developed to improve the impact of FOPL.

- Mandatory nutrient declarations on food packages are a pre-requisite for FOPL.

- The evolution of FOPL systems should be acknowledged and the importance of learning how to improve including a process to monitor and review any FOPL system.

- Any additional country/regional-specific aims, scope and principles of a system need to be transparent and easily accessible while being mindful of the ideal of having as much global consistency as possible.
Guidelines

- **Daily Iron Supplementation**
  - for infants and children
  - for adult women and adolescent girls
  - for postpartum women

- **Fortification of maize flour and corn meal with vitamins and minerals**

- **Guidelines: Use of Multiple Micronutrient Powders**
  - for foods consumed by pregnant women
  - for foods consumed by infants and young children aged 6–23 months and children aged 2–12 years
Guidelines

- Nutritional interventions
- Maternal and fetal assessment
- Preventive measures
- Interventions for common physiological symptoms
- Health system interventions to improve utilization and quality of ANC
Guidelines

Overweight and obesity

Infant and young child feeding

Communicable diseases

Nutritional biomarkers

Adolescent nutrition
Recommendation

• 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.
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*
Systematic reviews on formulated foods for 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.

➢ Part of comprehensive guideline on wasting
Systematic reviews on formulated foods for prevention and treatment of under-nutrition

• LNS to improve the nutrient intake of pregnant women and its impact on pregnancy, birth and infant developmental outcomes in stable and emergency settings.
  ➢ *Antenatal guidelines*

• Provision of LNS given with *complementary foods* to infants and young children 6 to 23 months of age for *health, nutrition and development outcomes*.
  ➢ *Complementary feeding guidelines*
Simplified approaches on treatment of wasting, WHO, Geneva, March 2019

- Simplifications varied across screening, admission and discharge criteria, as well as provision of specialized nutritious food (location and frequency, and amount and type)
- Limited in scope and context specific, and relatively small scale – ultimate impact on population-based outcomes and cost are not yet known
- No change in global recommendations
- Support simplified approaches in exceptional circumstances where warranted; monitoring needs to be conducted and reported on (recovery, mortality, relapse)
UN Global Action Plan on Wasting, Dec. 2019

• Prevention and treatment of wasting in all settings (not only in humanitarian crises) – e.g. South Asia, evidence on social safety nets

• Risk profiles and definition of vulnerabilities (individual and population levels) and appropriate prevention and treatment interventions

• High risk children - UHC

• Package of interventions (health, WASH, nutrition etc)

• Integration in national and local services
**RUTF formulations**

- WHO doesn’t “approve” (or not “approve”) formulations with different ingredients that follow the WHO nutrient composition (WHO recommended “targeted nutrient intakes”)

- WHO guideline process needed for RUTF with no milk powder (dairy)/dairy replaced by:
  - Commercially formulated amino acids
  - Other animal sources (eggs, fish)
Planned activities

- WHO Guideline process on RUTF with non-diary ingredients
- Update of complementary feeding guidance
- Update of nutrient requirements of children
- Technical meeting on wasting, November 2019
- UN Summit on wasting, mid-2021
- Comprehensive guideline on wasting, end 2021