



# Update from WHO

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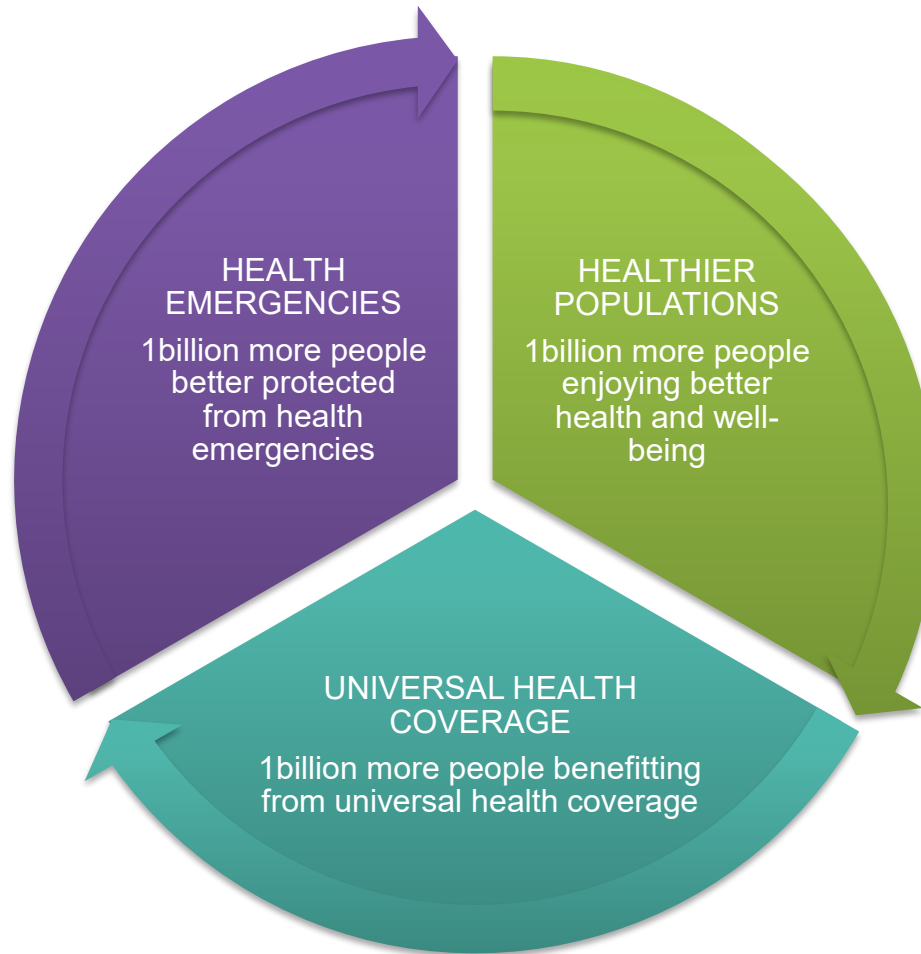
Inter-Agency Working Group for Specialized  
Nutritious Food Products  
12<sup>th</sup> Annual Meeting, Geneva  
20 June 2019

- 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**

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*Source:*  
Draft thirteenth general  
programme of work 2019–2023

# GPW 13 (2019-2023): What is new?



Source:  
Draft thirteenth general  
programme of work 2019–2023

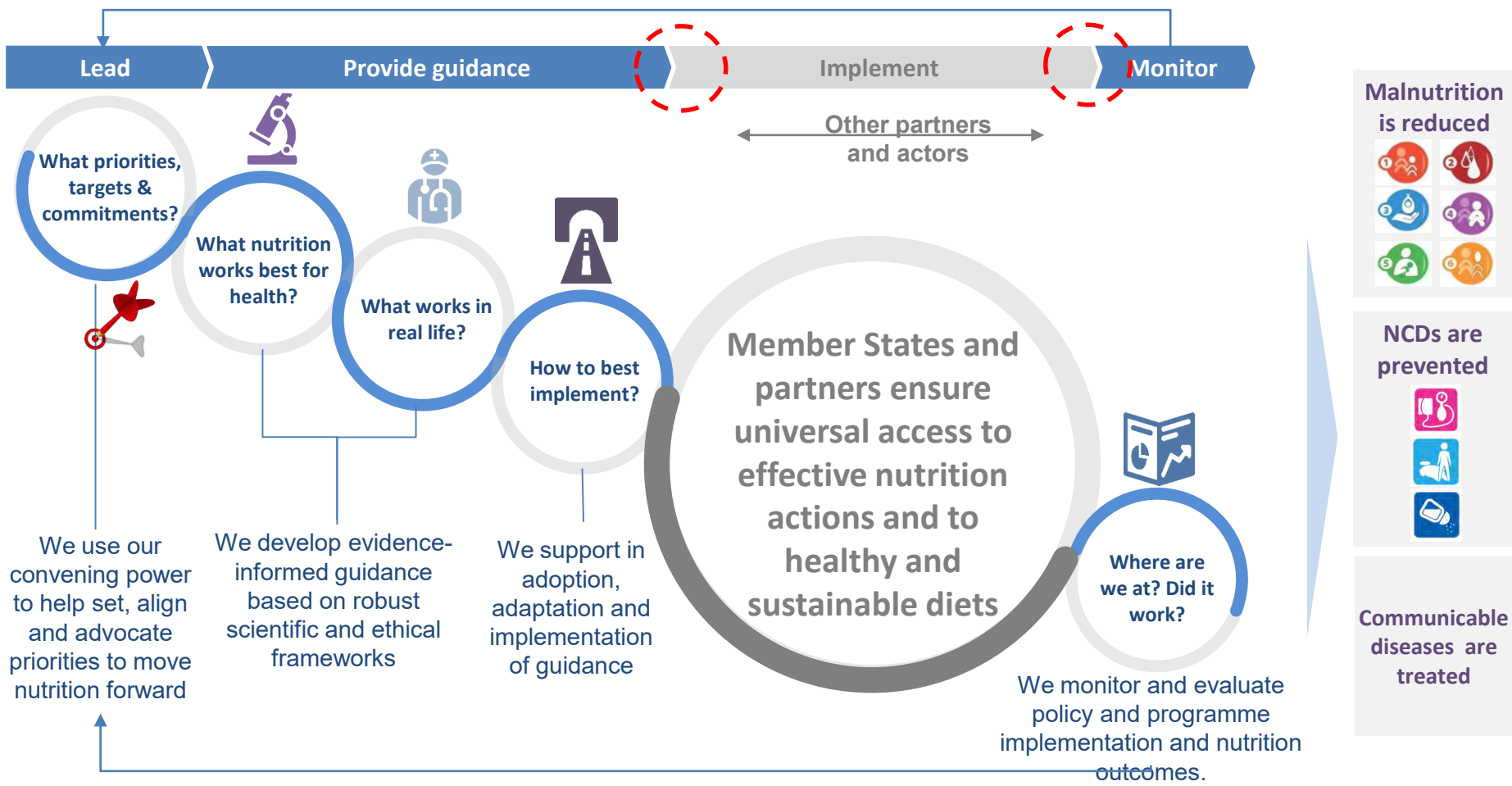


- The result of direct insights and experiences from headquarters, regional and country staff to address Member States' needs and challenges



Ambition and Action in Nutrition 2016–2025.  
Geneva: World Health Organization; 2017.  
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# WHO is committed to work with Member States and partners to ensure universal access to effective nutrition actions and to healthy and sustainable diets



# Mainstreaming nutrition to support WHO's Member States



- 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

- 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

# 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.



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# Guidelines



**infants and  
children**



**adult women  
and adolescent  
girls**



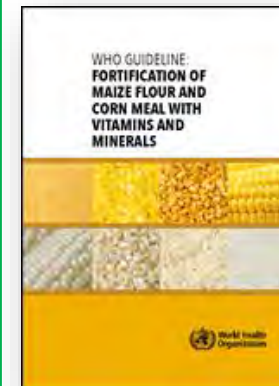
**postpartum  
women**



**foods  
consumed  
by pregnant  
women**



**foods  
consumed by  
infants and  
young  
children aged  
6–23 months  
and children  
aged 2–12  
years**



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



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# Guidelines



**Breastfeeding  
in the context  
of Zika virus**



**Infant feeding  
in areas of  
Zika virus  
transmission**



**Updates  
on HIV and  
infant  
feeding**



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



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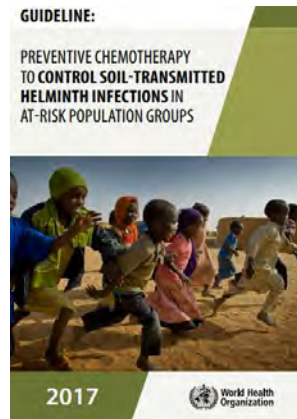
# Guidelines



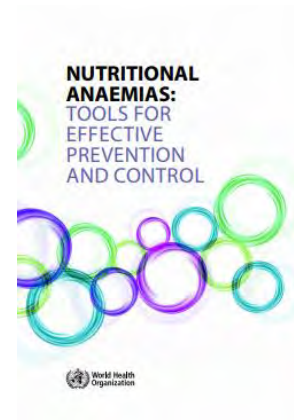
Overweight and obesity



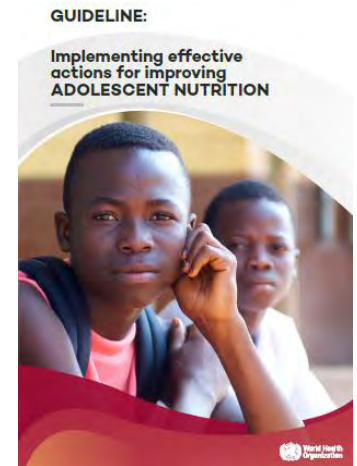
Infant and young child feeding



Communicable diseases



Nutritional biomarkers



Adolescent nutrition



World Health Organization

# 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.



## Guideline

Assessing and managing **children** at primary health-care facilities to prevent overweight and **obesity** in the context of the double burden of **malnutrition**

—  
Update for the Integrated Management of Childhood Illness (IMCI)





## 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