

# Commentary

## Joint UN Note Clarifies WHO Guideline's Recommendation on the Use of Supplementary Foods for the Treatment of Moderate Acute Malnutrition

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The WHO Guideline for Assessing and Managing Children at Primary Health-Care Facilities to Prevent Overweight and Obesity in the Context of the Double Burden of Malnutrition: Updates for the Integrated Management of Childhood Illness, which was published in October 2017, includes a recommendation regarding the provision of supplementary foods for the treatment of moderate acute malnutrition (MAM), which has caused confusion.

Recognizing that there was a need for clarity, WHO, WFP, and UNICEF met in March 2018 to discuss the guidance for the use of supplementary foods for the treatment of MAM and developed a joint Note for Implementation of the above-mentioned Guideline (see below). The Note reiterates that treatment of MAM requires a continuum of care that should be defined by context and may require counseling, dietary support in the form of provision of supplementary foods, medical interventions, and/or complementary programming in health, food security, and WASH.

### “Treatment of MAM requires a continuum of care that should be defined by context”

The provision of supplementary foods in MAM treatment programs should be considered when families are unlikely to be able to provide adequately nutrient-dense foods to support their child(ren)'s recovery from MAM. Children suffering from MAM have higher nutrient requirements than normal, healthy peers;<sup>1</sup>

and often a vulnerable nutritional home environment is a factor in the development of MAM, making recovery without some form of nutritional support difficult to achieve. Circumstances where this may be the case include both food insecurity that affects the quantity of food available to the household (e.g., lower number of meals and/or smaller meals than preferred) and situations of low dietary diversity due to the non-availability (lean season) or unaffordability of nutrient-dense foods, including animal-source foods, beans, nuts, fruits, and vegetables.

Furthermore, with regard to the recommendation in the Guideline to not routinely provide supplementary foods to children suffering from MAM,<sup>2</sup> it is important to note that:

- a) This wording was meant to be interpreted as “not all children presenting to primary health care facilities with MAM anywhere in the world should always receive supplementary food,” i.e., it should not be the default response that is implemented everywhere, but there are circumstances where the provision of supplementary foods is indicated; and
- b) No evidence was found that supplementary foods used in the treatment of MAM increase the risk of overweight, obesity, and non-communicable diseases.

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### Notes

01. Golden MH. Proposed nutrient densities for moderately malnourished children. *Food Nutr Bull.* 2009;30:S267-S342.
02. The term “supplementary foods” here refers to foods that have been formulated to support recovery from moderate acute malnutrition. See the WHO Technical Note for further information on target nutrient content (see Note 3).