

Note for Guideline Implementation

WHO, WFP, and UNICEF

1. The Guideline for Assessing and Managing Children at the Primary Health-Care Facilities to Prevent Overweight and Obesity in the Context of the Double Burden of Malnutrition is an update for primary healthcare facilities.¹
2. Every child with moderate acute malnutrition (MAM) deserves treatment. Treatment includes medical interventions – when necessary – and counseling, dietary support, and other complementary interventions as indicated. The reason for not systematically recommending supplementary foods as a default component of treatment for MAM is that not every child with MAM in every context requires this specific intervention.
3. Infants and children aged 6–59 months with moderate acute malnutrition need to consume a diet consisting of nutrient-dense foods to meet their extra needs for nutritional and functional recovery. Ideally, this should come in the form of locally available nutritious foods. Feasibility of which should take into account the availability, affordability, and accessibility of nutrient-dense foods. Nutrient-dense foods are those high in nutrients relative to their caloric content, i.e., they have a relatively high content of vitamins, minerals, essential amino acids, and healthy fats. Examples of nutrient-dense foods include animal-source foods, beans, nuts, and many fruits and vegetables.
4. In some contexts, there is a role for supplementary foods² as part of the management of MAM to improve the nutrient density of the child’s diet. This is supported by an evidence base that shows that supplementary foods that are formulated in compliance with the WHO Technical Note contribute to the recovery of children with MAM.³
5. The use and composition of supplementary foods for the management of moderate acute malnutrition should continue to follow existing guidance (WHO Technical Note, CMAM Tool, Decision Tree for MAM in emergencies, national guidelines where they exist).
6. There is concern about the association between rapid weight gain in childhood, including in the first three years of life, and the rising prevalence of overweight, obesity, and non-communicable diseases (NCD), even in settings where undernutrition is prevalent within communities and within the same households. No evidence, however, was identified indicating that supplementary foods used in the treatment of MAM increase the risk of overweight, obesity, and NCDs.

Notes

01. Note that this guideline is not intended for guidance on the prevention and comprehensive treatment of acute malnutrition.
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).
03. WHO. Technical note: supplementary foods for the management of moderate acute malnutrition in infants and children 6–59 months of age. Geneva: World Health Organization; 2012. Internet: http://apps.who.int/iris/bitstream/handle/10665/75836/9789241504423_eng.pdf?sequence=1 (accessed 23 April 2018).