08-02-2020

Nutrition Advocacy in Public Interest (NAPi)- India comments on the draft Global Action Plan on Child Wasting by WHO

Question No. 1 - Do you have any general comments on the draft Global Action Plan on Child Wasting?

1. Right to adequate food is a fundamental right is enshrined in the Universal Declaration of Human Rights (Article 25) [1], the International Covenant on Economic, Social and Cultural Rights (Article 11) [2], the Convention on the Elimination of All Forms of Discrimination against Women (article 12) [3] and Convention on the Rights of the Child (article 24) [4]. Right to adequate food should remain an overarching factor while defining the strategy, framework of action, commitments and research agenda in the Global Action Plan on Child Wasting. This becomes crucial as over 820 million people are currently suffering from chronic hunger in the world including men, women and children.
2. In the section on strategic approach, we suggest inclusion of gender equality as well equity for women and children in providing adequate nutritious food, recognising that women and children are more vulnerable for hunger and malnutrition.

References:

1. https://www.un.org/en/universal-declaration-human-rights/
2. https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx
3. https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx
4. https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

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Question No. 2 - Do you have any comments on the four outcomes of the document?

1. In the framework for action, nutrition sensitive interventions like women's empowerment, agriculture, food systems, women’s education and employment should also be included. All these interventions have a cross-cutting significance for preventing wasting by reducing incidence of low birth weight, improving child health, improving infant and young child feeding.

Question No. 3 - Do you have any comments on the operational priorities and the commitments of the document? Please give feedback on which ones should be prioritized under each outcome.

1. Commitments for outcome 1 on reducing low birth weight babies:
    a. The Global Action Plan should not include support to establish services to provide balanced energy/protein supplements, as it may not be appropriate for all pregnant mothers, especially in view of high incidence of gestational diabetes. Its use should be contextual and selective rather than universal. [1]
    b. The Global Action Plan should include support for adequate diet with diverse food items for adolescent girls and pregnant women including counselling about healthy eating and keeping physically active
    c. The Global Action Plan should include support for enhancing maternal education, reducing teen-age pregnancies, and increasing birth – spacing

d. Regarding micronutrient fortification, there is still lack of consensus of its benefit. According to 'the WHO recommendations on antenatal care for a positive pregnancy experience' [2], Multiple Micronutrient supplementation is not recommended for pregnant women to improve maternal and perinatal outcomes. Also, it is not clear which micronutrients are prioritized for fortification.

2. Commitments for outcome 3 on improved infant and young child feeding:
    a. GAP should include support for enhancing initiation of breastfeeding with-in one hour as it is crucial for neonatal and child survival and development. [3]
    b. GAP should include support for breastfeeding/breastmilk feeding for low-birth weight infants as improved feeding of LBW babies helps in preventing early growth retardation. [4]
    c. GAP should include support for strengthening national legal instruments/mechanisms for regulating marketing of breastmilk substitutes. Protecting breastfeeding from the promotional activities of breastmilk substitute manufacturers is crucial in improving optimal breastfeeding practices.
    d. GAP should include support for adequate diet with diverse food items for children particularly below 2 years of age.
    e. GAP should include support for assessment and strengthening of policies and programmes on infant and young child feeding, developing a national plan of action and financial provisions for implementing the plan.

3. Commitments section for outcome 4 on improved treatment of children with wasting:
    a. Treatment of moderate wasting and severe wasting should not be clubbed. There is hardly any evidence that children with moderate wasting require special foods such as RUTF. In fact, WHO recommendation in this regard says, "routinely providing supplementary foods to moderately wasted infants and children (i.e. with acute undernutrition) presenting to primary health-care facilities is not recommended." [5]
    b. RUTF should not be mentioned as the only treatment option for SAM and MAM. Evidence to favour RUTF against home-based foods is not sufficient and persuasive.[6] Moreover, available information suggest that RUTF presently available are ultra processed, high fat, high sugar products. Recommending a product high in fats and sugar by children contradicts WHO's guidelines and recommendation on sugar and fat intake [7,8] and may have long-term health implications. Treatment with RUTF is very costly and may lead to replacement of budgetary provisions for other essential interventions like breastfeeding and infant and young child feeding. Extreme caution is warranted to avoid commercial exploitation of wasting management by market based solutions.
    c. Including commitment to support inclusion of RUTF into essential medicine list contradicts WHO's present position on this issue. [9] Including RUTF in this list gives an impression that RUTF is the only way to treat wasting. Also, there is no evidence from a controlled trial setting that RUTF is lifesaving, particularly in view of low case fatality rates in the current health care scenario in South Asian countries specially India. [10,11] There is no direct evidence that only nutrition therapy prevents deaths in uncomplicated SAM. Available evidence suggest that RUTF is not essential, either as a drug or

food to treat MAM and SAM because several other alternatives like home-based foods work as well. For sustainability, locally available foods should be prioritized over RUTF for treatment of wasting and severe wasting.

d. The commitment section for outcome 4 should include support for sustainable interventions like empowering women and family members on nutrition action through Participatory Learning and Action (PLA) and providing comprehensive care at home to children with SAM with supervised feeding using local foods with focus on protein-sufficiency and calorie- density. [12]

References:

1. WHO (2016). WHO recommendations on antenatal care for a positive pregnancy experience. See: https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf?sequence=1
2. https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf?sequence=1
3. Implementation guidance: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services – the revised Baby-friendly Hospital Initiative. See: https://apps.who.int/iris/bitstream/handle/10665/272943/9789241513807-eng.pdf?ua=1
4. Guidelines on optimal feeding of low birth-weight infants in low- and middle-income countries. See: https://www.who.int/maternal_child_adolescent/documents/9789241548366.pdf?ua=1
5. Guideline: 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 (IMCI)
6. Schoonees A, Lombard MJ, Musekiwa A, Nel E, Volmink J. Ready-to-use therapeutic food (RUTF) for home-based nutritional rehabilitation of severe acute malnutrition in children from six months to five years of age. *Cochrane Database Syst Rev*. 2019;5(5):CD009000. Published 2019 May 15. doi:10.1002/14651858.CD009000.pub3
7. https://www.who.int/nutrition/publications/guidelines/sugars_intake/en/
8. https://www.who.int/news-room/fact-sheets/detail/healthy-diet
9. WHO technical consultation: Nutrition-related health products and the World Health Organization Model List of Essential Medicines – practical considerations and feasibility. Geneva, Switzerland, 20–21 September 2018. Meeting report. See: https://apps.who.int/iris/handle/10665/311677
10. Prost A, Nair N, Copas A, Pradhan H, Saville N, et al. (2019) Mortality and recovery following moderate and severe acute malnutrition in children aged 6–18 months in rural Jharkhand and Odisha, eastern India: A cohort study. PLOS Medicine 16(10): e1002934. https://doi.org/10.1371/journal.pmed.1002934
11. Sachdev HS, Sinha S, Sareen N, Pandey RM, Kapil U. Survival and Recovery in Severely Wasted Under-five Children Without Community Management of Acute Malnutrition Programme. Indian Pediatr. 2017;54(10):817–824. doi:10.1007/s13312-017-1142-y
12. Prasad V, Sinha D, Chatterjee P, Gope R. Outcomes of Children with Severe Acute Malnutrition in a Tribal Daycare Setting. Indian pediatrics. 2018 Feb 1;55(2):134-6.

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4. Do you have any comments on the research agenda?

- In the section on research agenda, following research questions should be included:
    - What are the long-term health, nutrition and growth outcomes in children who received RUTF as a treatment for SAM?

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5. Are there any missing elements that should be included in the document?

   Infections such as diarrhea are important causes of wasting, especially persistent wasting. Treatment and prevention of diarrhea and other infections should figure in outcome 2, improved child health.