IPA → IMTF meeting, Vienna 2012,

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March 19/20, 2012

IPA Vision

Every child will be accorded the right to the highest attainable standard of health, and the opportunity to grow, develop, and fulfill to his or her human potential.

IPA Mission

Pediatricians, working with other partners, will be leaders in promoting physical, mental, and social health for all children, and in realizing the highest standards of health for newborns, children, and adolescents in all countries of the world.

IPA Values

Excellence of knowledge and expertise in child health:
Pediatricians will be leaders in defining and creating a sound body of scientific and practical knowledge concerning child health.

Evidence based action:
Pediatricians will incorporate best practices validated by evidenced based studies into all their professional activities.

Prevention as well as treatment:
Pediatricians will emphasize prevention of disease and ill health, as well as care for illness which has not been prevented.

Service:
Pediatricians will deliver the best possible preventative and curative services for children, and will strive for the necessary facilities to provide these services.

IPA Values

…

Education:

Pediatricians will design and implement education and training programs for pediatricians and other child health personnel, basing these programs on the needs of their populations and the best evidence based information.

Partnership:

Pediatricians will seek out and work with other partners in maternal and child health, including their government ministries of health, United Nations agencies at country and global levels, and donors.

Advocacy:

Pediatricians will promote health for all children from birth through adolescence, and will advocate for the right of every newborn, child, and adolescent to health and well being.

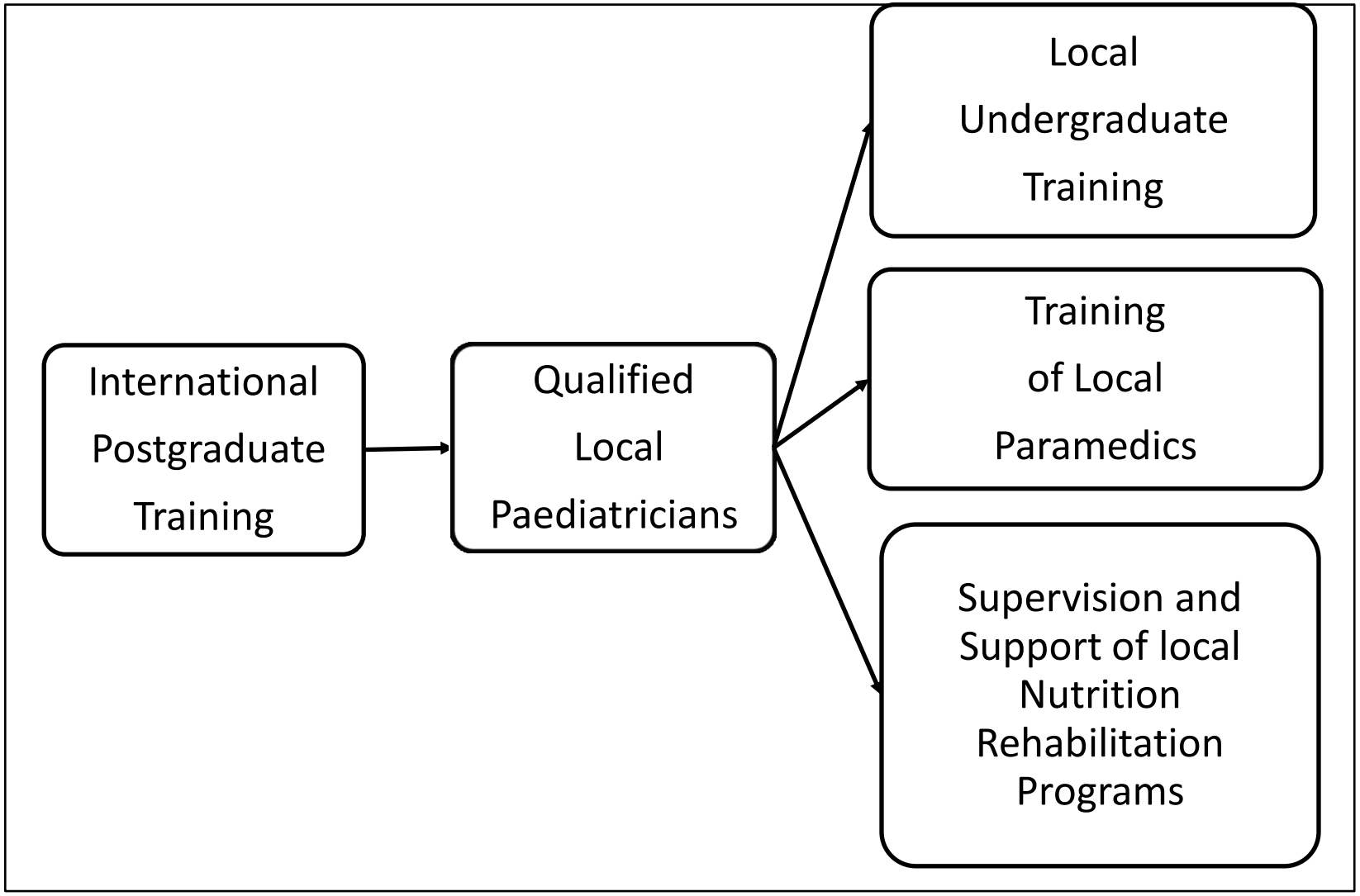
Collegiality:

Pediatricians will be global citizens, collaborating locally and internationally with their colleagues in pediatrics and child health.

From the conclusion of the IMTF/IPA-precongress workshop in 2010:

'... Paediatricians as effective advocates for children are uniquely placed to meet the challenge of eradicating this significant cause of death and disability of children.

In order to do this effectively Pediatricians must not only be knowledgeable but competent in the practice of treating severely malnourished children.'


International Postgraduate Training
Qualified Local Paediatricians
Local Undergraduate Training
Training of Local Paramedics
Supervision and Support of local Nutrition Rehabilitation Programs

COMPETENCES AT COMPLETION OF GENERAL PAEDIATRIC TRAINING

LEVEL 1 COMPETENCES

Graduates in medicine will have the ability to:

- carry out a consultation with a newborn, child, adolescents and family
- assess clinical presentations in newborns, children and adolescents by appropriate history and exam, order investigations, make diagnoses and negotiate a management plan
- provide immediate care of paediatric emergencies including first aid and resuscitation
- prescribe diets, drugs, fluids and blood products

Appendix 1: List of essential practical procedures

1 Airway, Breathing, Circulatory support

2 Nutrition

- Advise Families on Breastfeeding and Complementary Feeding
- Recognize nutritional deficiencies (energy, macro- & micronutrients)
- Advise on healthy diets for children and adolescents

COMPETENCES AT COMPLETION OF GENERAL PAEDIATRIC TRAINING

LEVEL 2 COMPETENCES

Paediatricians on completion of general paediatric training will have the ability to:

Carry out a consultation with a patient and family

- assess growth and development
- assess nutritional status

Prescribe diets, drugs, fluids and blood products

- prescribe clearly and accurately diets, drugs, fluids and blood products
- match appropr. diets, drugs, fluids & blood products to the clinical context
- review the appropriateness of therapy & evaluate the potential benefits & risks

Promote health at the level of the individual and the population, and work effectively in a healthcare system

- advise on promoting child development
- evaluate nutritional status and provide appropriate advice and support, including management of obesity and malnutrition

Indicators to monitor the implementation and achievements of SUN

(http://un-foodsecurity.org/sites/default/files/SUNRoadMap.pdf)

Indicator	Definition	Rationale for the choice	Remarks
1) Proportion of stunted children below age five (<2yrs and 2-5yrs)	Height-for-age < –2 SD of the WHO Child Growth Standards median	Stunting is the result of long-term nutritional deprivation and often results in delayed mental development, poor school performance and reduced intellectual capacity.	Height has been measu-red in all recent surveys
2) Proportion of wasted children below age 5 (< 2yrs and 2-5yrs)	Weight-for-height < –2 SD of the WHO Child Growth Standards median	Wasting in children is a reflec-tion of acute undernutrition, usually as a consequence of insufficient food intake and/ or a high incidence of infectious diseases, especially diarrhoea.	This is a sen-sitive index of short-term events (e.g.famines, emergencies

Planned IPA-IMTF-training courses for paediatricians in Africa, Asia, and Latin America

day 1	day 2	day 3	day 4	day 5
1 Introduction	6 Breastfeeding (management)	11 Complementary feeding (policy)	16 Facility-based management of SAM	21 Iron deficiency
2 Nutrition and food security, Right to Food	7 Breastfeeding (policy)	12 Anthropometry	17 Community-based management of SAM	22 Vitamin A deficiency
3 Prenatal programming	8 Complementary feeding (physiology)	13 Undernutrition (pathophysiology)	18 Household food security	23 Iodine deficiency
4 Breastfeeding (physiology)	9 Complementary feeding (foods,diversity)	14 Undernutrition (clinical aspects)	19 Post-Rehabilitation care	24 Other micronutrient interventions
5 Nutrition laboratory	10 Fasting and stress	15 Refeeding syndrome	20 Parenteral nutrition	25 Review and Evaluation

What is the evidence ?

Review 1 (Ruel 2001):

problems in study design for food based approaches, little knowledge about possibilities to enhance bioavailability of micronutrients from plant food

Review 2 (Dewey K et al. 2008):

Education modest effect on weight and linear growth; provision of complementary food in well-controlled situations indicate significant impact on growth

Field research in Laos (Kaufmann S 2008):

Integrated food and nutrition program (community program): significant decrease in stunting in underfives (over 3 yr annual change: -3.9 % vs -2.5% on national level)

Field research in China (Shi L et al. 2010):

Education intervention and home prepared complementary foods for 12 months targeting young infants: significant increase in weight and length gain compare to control group

Nutrition Education

needs to play

a big role

in overcoming

child malnutrition

What do I need to know about Nutrition? (1)

Having the knowledge and skills to:

- Choose foods that are nutritionally valuable
- Plant a variety nutrient-rich foods and know how to cultivate them

What do I need to know about Nutrition? (2)

Having the knowledge and skills to:

- harvest, process, preserve and store foods for the winter period to conserve vitamins

What do I need to know about Nutrition? (3)

Having the knowledge and skills to:

- prepare food safely
- combine different foods to prepare a nutritious meal for all the family
- try to use clean water for drinking and washing

What do I need to know about Nutrition? (4)

Knowing about the nutritional needs of different family members:

- Infants
- Children
- School children
- Young women
- Pregnant women
- Lactating women
- Elderly people
- Sick people
- Physically active people

Challenge: How to achieve WHO dietary indicators for children aged 6-23 months ?

- Minimum dietary diversity: Children receiving food from four or more food groups
- Minimum meal frequency:
  - Breastfed children: 6-8 mo‘s - 2 meals; 9-23 mo‘s – 3 meals
  - Non breastfed children: 6-23 mo’s – 4 meals
- Minimum acceptable diet:
  - Breastfed children receiving the minimum dietary diversity and minimum meal frequency
  - Non breastfed children receiving the minimum dietary diversity and minimum meal frequency and two milk formula meals per day

Preliminary data on CF-research in Malawi

Age group	N	Minimum Dietary Diversity (%)	Minimum Meal Frequency (%)	Minimum acceptable diet (%)
Non-breastfed	44	61.4	18.2	9.1
Breastfed	769	56.0	76.1	47.1

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Suggested precongress workshop
'Successful transition from therapeutic nutrition to improved family diet'

Topics:

-'Assigning the severely malnourished child to treatment'

- 'F75, F-100, F-135 – properties, benefits, limitations'

-'RUTF and the opportunity of CBM'

- 'From therapeutic to sustainable healthy diet'