Existing guidance around MNPs
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Dr. Stanley Zlotkin CM, MD, PhD
Chief, Global Child Health
Hospital for Sick Children, Canada
This presentation will review the resources existing to provide support for MNP programmers and the current guidance.
Session Outline: Existing guidance around MNPs

Literature
- Cochrane Review
- Other systematic reviews

WHO Guidelines
- Use of multiple micronutrient powders for infants and children 6–23 months of age
- WHO Essential Nutrition Actions

HF-TAG Guidance
- Guidance documents developed in collaboration with UNICEF, WFP, UC Davis, GAIN, CDC, Sight&Life...
  - Manufacturing Guidance
  - Programmatic Guidance
Existing guidance: Literature

• A Cochrane systematic review* was conducted to assess the effects and safety of MNPs consumed by children under 2 years

• Outcomes were anaemia, haemoglobin, iron status and growth; secondary outcomes included side-effects, morbidity, mortality and neurocognitive outcomes

• 8 trials (n = 3,748 children) conducted in Cambodia, Ghana, Haiti, India, Kenya, the Kyrgyz Republic and Pakistan (5 trials in malaria endemic regions); interventions lasted for 2–12 months

• MNP reduced anaemia by 31% and iron deficiency by 51% in infants and young children when compared with no intervention or a placebo

Existing guidance: Literature, continued

• Other systematic reviews support benefit of MNP in improving anemia and hemoglobin; however, the need to investigate impact on growth and morbidity outcomes requires further consideration:


Existing guidance: WHO Guidelines

- Home fortification of foods with multiple micronutrient powders is recommended to improve iron status and reduce anaemia among infants and children 6–23 months of age (strong recommendation)

Available at: http://apps.who.int/iris/bitstream/10665/44651/1/9789241502047_eng.pdf
### WHO MNP Guidelines: Suggested Scheme

| Composition per sachet | • Iron: 12.5 mg of elemental iron, preferably as encapsulated ferrous fumarate  
| • Vitamin A: 300 μg of retinol  
| • Zinc: 5 mg of elemental zinc, preferably as zinc gluconate |
| Frequency | One sachet per day |
| Duration and time interval between periods of intervention | At minimum, for a period of 2 months, followed by a period of 3–4 months off supplementation, so that use of the micronutrient powders is started every 6 months |
| Target Group | Infants and children 6–23 months of age, starting at the same time as weaning foods are introduced into the diet |
| Setting | Populations where the prevalence of anaemia in children under 2 years or under 5 years of age is 20% or higher |
Existing Guidance: WHO Essential Nutrition Actions

Actions to promote home fortification with MNPs for children:

• Conduct an evaluation of the nutritional status of under 5s
• Ensure adequate measures to prevent, diagnose and treat malaria in endemic areas
• Include a behaviour change strategy to promote awareness, correct use, hygiene, and steps to manage diarrhoea
• Promote recommended breastfeeding practices after 6 mo of age and age-appropriate preparation of complementary foods in terms of frequency, amounts, consistency and variety.
• Ensure a high-level of coordination and commitment, as well as a communication component to raise awareness

Available at: http://apps.who.int/iris/bitstream/10665/84409/1/9789241505550_eng.pdf
Home Fortification Technical Advisory Group (HF-TAG)

• HF-TAG is a community of stakeholders involved in home fortification comprised of members from the public, private, academic and non-governmental organization sectors

• HF-TAG’s mission is to provide leadership by advocating and supporting well designed and effective home fortification interventions at scale for children and women, based on sound technical guidance and best practices
HF-TAG Manufacturing Guidance


HF-TAG Programmatic Guidance

HF-TAG MNP Composition Manual

HF-TAG Programmatic Guidance, cont’d

HF-TAG Manual for developing and implementing monitoring systems form home fortification interventions


A MANUAL FOR DEVELOPING AND IMPLEMENTING MONITORING SYSTEMS FOR HOME FORTIFICATION INTERVENTIONS

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www.spring-nutrition.org
Thank you!
For more information, please contact: stanley.zlotkin@sickkids.ca
Or...
http://www.hftag.org

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