

20 August 2021

# Proposed draft Guidelines for Ready-to-use Therapeutic Foods

## ISDI reply to Circular Letter (CL 2021/31-NFSDU) at STEP 6

Preamble
<p>Children affected by severe acute malnutrition (SAM) need safe, palatable foods with a high energy content and adequate amounts of vitamins, minerals and other nutrients. Children with SAM need efficacious and timely intervention and RUTF is one of the options for the dietary management of children with uncomplicated SAM from 6-59 months. These guidelines should be used in accordance with technical recommendations of that are based on the relevant evidence and related Codex texts/documents by WHO, UNICEF and WFP<sup>1</sup>.</p> <p><sup>1)</sup> A Joint Statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children's Fund. 2007. <i>Community-Based Management of Severe Acute Malnutrition</i>; A Joint Statement by the World Health Organization and the United Nations Children's Fund. 2009. <i>Child growth standards and the identification of severe acute malnutrition in infants and children</i>, Geneva: World Health Organization; World Health Organisation. 2013. <i>Guideline: Updates on the management of severe acute malnutrition in infants and children</i>, Geneva: World Health Organization; World Health Organisation. 2003. <i>Global Strategy for Infant and Young Child Feeding</i>, Geneva: World Health Organization; World Health Organisation. [1981. <i>International code of marketing of breast-milk substitutes</i>, Geneva: World Health Organization and subsequent relevant WHA Resolutions on infant and young child feeding]; <i>Code of Ethics for International Trade in Food including Concessional and Food Aid Transactions (CXC 20-1979)</i>; Food and Agriculture Organisation and World Health Organisation. 2016. <i>FAO/WHO Microbial safety of lipid-based ready-to-use foods for management of moderate acute malnutrition and severe acute malnutrition</i>, Rome: Food and Agriculture Organisation.].</p>

### ISDI Comment

ISDI notes that RUTF is not a breastmilk substitute, therefore, ISDI questions the reference to guidelines included as part of Footnote 1: 1981. *International code of marketing of breast-milk substitutes*, Geneva: World Health Organization and subsequent relevant WHA Resolutions on infant and young child feeding. ISDI notes this information is not specific to the Guidelines for Ready to Use Foods and considers this sentence should be deleted.

ISDI also questions the following reference in Footnote 1: World Health Organisation. 2003. *Global Strategy for Infant and Young Child Feeding*, Geneva: World Health Organization. This reference does not provide specific guidance relevant to the purpose of the RUTF.

Finally, ISDI proposes to update the date of publication of the *Code of Ethics for International Trade in Food including Concessional and Food Aid Transactions (CXC 20-1979)*; Food and Agriculture Organisation and World Health Organisation. A new version of this report was published in 2021 and this should be reflected.

Please see the proposal for the adapted preamble as per ISDI comments:

Preamble
<p>Children affected by severe acute malnutrition (SAM) need safe, palatable foods with a high energy content and adequate amounts of vitamins, minerals and other nutrients. Children with SAM need efficacious and timely intervention and RUTF, <b><u>of which efficiency shall be demonstrated by scientific evidence</u></b>, is one of the options for the dietary management of children with uncomplicated SAM from 6-59 months. These guidelines should be used in accordance with technical recommendations of that are based on the relevant evidence and related Codex texts/documents by WHO, UNICEF and WFP<sup>1</sup>.</p>

<sup>1)</sup> A Joint Statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children's Fund. 2007. *Community-Based Management of Severe Acute Malnutrition*; A Joint Statement by the World Health Organization and the United Nations Children's Fund. 2009. *Child growth standards and the identification of severe acute malnutrition in infants and children*, Geneva: World Health Organization; World Health Organization. 2013. *Guideline: Updates on the management of severe acute malnutrition in infants and children*, Geneva: World Health Organization; World Health Organisation. 2003. *Global Strategy for Infant and Young Child Feeding*, Geneva: World Health Organization; World Health Organisation. [1981. *International code of marketing of breast-milk substitutes*, Geneva: World Health Organization and subsequent relevant WHA Resolutions on infant and young child feeding]; *Code of Ethics for International Trade in Food including Concessional and Food Aid Transactions (CXC 20-1979)*; Food and Agriculture Organisation and World Health Organisation. ~~2016~~ **2021**. *FAO/WHO Microbial safety of lipid-based ready-to-use foods for management of moderate acute malnutrition and severe acute malnutrition*, Rome: Food and Agriculture Organisation.].

<b>Lipids</b>			
Lipids should provide 45% to 60% of the total energy.			
[The level of linoleic acid should not be less than 333mg <del>346</del> mg per 100 kcal and shall not be more than 1110 mg per 100 kcal. The level of alpha-linolenic acid should not be less than 33 mg/100kcal.]			
<b>Annex: Nutritional Composition of RUTF</b>			
<b>Lipids</b>			
<b>Unit</b>	<b>Minimum</b>	<b>Maximum</b>	<b>GUL</b>
g/100kcal	5	7	-
<b>n-6 Fatty acids</b>			
<b>Unit</b>	<b>Minimum</b>	<b>Maximum</b>	<b>GUL</b>
mg/100kcal	330	[1111] or [780]	-
<b>n-3 Fatty acids</b>			
<b>Unit</b>	<b>Minimum</b>	<b>Maximum</b>	<b>GUL</b>
mg/100kcal	[33] or [110]	280	-

### ISDI Comment

ISDI notes that the eWG on RUTF in 2020 and 2021 deliberated and was presented with evidence to modify these values. ISDI would like to reiterate its comments.

From a scientific point of view, ISDI supports the proposal based on the evidence presented in the discussion paper. However, ISDI believes that the evidence presented should be complemented by an evaluation of the availability (development of local agricultural sectors) and quality of the raw materials that would allow reaching these recommendations. This work has not yet been done and the current specifications from the joint statement<sup>1</sup> may be noted in a footnote to explain the transition step.

Also, it should be noted that while fish oil is unlikely to be used, it may be included as there is no prohibition. If the Committee decides to change the nutritional profile towards higher levels of PUFA, ISDI wishes to point out that fish oil can contain up to 6000 mg/kg of tocopherol.

ISDI also notes that the level of linoleic acid and alpha-linolenic is detailed in the Annex, therefore, we consider there is no need to repeat the text in this section.

Therefore, ISDI proposes the following amendments:

Lipids should provide 45% to 60% of the total energy.

{The level of linoleic acid should not be less than 333mg 316 mg per 100 kcal and shall not be more than 1110 mg per 100 kcal. The level of **and** alpha-linolenic acid **are mentioned in the Annex: Nutritional composition of RUTF.** should not be less than 33 mg/100kcal.}

<sup>1</sup>A Joint Statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children's Fund. 2007. Until the evaluation on the availability (development of local agricultural sectors) and quality of the raw materials that would allow reaching these recommendations has been done, a maximum of 1111 mg/100 kcal for n-6 fatty acids and a minimum of 33 mg/100 kcal n-3 fatty acids are permitted based on the Joint Statement by the World Health Organization, the World Food Programme, the United Nations System Standing Committee on Nutrition and the United Nations Children's Fund. 2007.

#### Annex: Nutritional Composition of RUTF

##### Calcium

Unit	Minimum	Maximum	GUL
mg/100 kcal	55	151	-

##### Magnesium

Unit	Minimum	Maximum	GUL
mg/100 kcal	[15] or [30]	[45] or [90]	-

#### ISDI comment

The WHO recommendation from 2004 indicates an RNI of 60 mg/day for 1-3 years and 76 mg/day for 4-6 years (respectively a relative ration of 0,05 mg Mg/kcal/day and 0,04 mg Mg/kcal/day). Therefore, ISDI understands the concerns raised that the minimum values suggested may be too low. However, there is no scientific evidence on the specific requirements for managing SAM.

Therefore, ISDI would suggest setting the minimum at 15 mg/100 kcal and the maximum at 45 mg/100 kcal.