ONCA « Optimal Nutritional Care for All ».

**Vision:** In all the European countries, each individual at risk of malnutrition or malnourishment should be systematically screened, evaluated and followed-up, and be able to benefit from high quality, equitable and appropriate nutritional care.

ENHA “The European Nutrition for Health Alliance” launched and supports the **ONCA campaign** (2014).

ENHA is a European platform of active partners in public health, health and social care; by developing and encouraging actions, ENHA **tries to improve the quality of nutrition in its broadest possible sense, from basic food to nutritional support** (adapted oral feeding, oral nutritional supplements, enteral and parenteral nutrition) and **tackle malnutrition and the risk of malnutrition in Europe.**

Concerning ONCA, ENHA firstly **encourages and supports** each member state to **create and foster their own alliances** and secondly brings members **together twice a year to encourage exchanges and generate joint actions (good practices).**

National alliances are composed of partners, concerned in the broadest possible sense by “Nutritional Care”, included the **Public Authorities.**

**Why ONCA?**

Disease-related malnutrition or malnutrition as a result of social, psychological or economic circumstances is a global public health problem.

In Europe, 33 million adults are at risk of malnutrition. This poses a **significant financial impact** for public health leading to **additional costs** of €170 billion /year.

**Situation in Belgium:**

Disease-related malnutrition or malnutrition as a result of social, psychological or economic circumstances concerns all care sectors: hospitals, rest and nursing homes, rehabilitation centers, care centers for the disabled…and at home.

Both quality of food supply and nutritional care have to be improved and must be, in all care sectors, an integral part of global care management.

**Lots of initiatives at various levels are initiated** by Authorities (see action plans from 2005, first federally, then regionally) and by all sectors of healthcare professionals working in partnership with members of service providers and relevant actors in the food industry.

**The surveys conducted in Belgium,** Nutriaction I (2008, n= 5334) and Nutriaction II (2013-n=3641), of older people (>70y) living at home and at nursing homes show the effect of malnutrition on loss of mobility and autonomy.
Belgian Alliance ONCA

Recent initiative (November 2015) which is part of the dynamics of the ONCA campaign.

Mission: Optimize and integrate nutritional care in the global approach in order to reduce malnutrition and the risk of malnutrition and to improve patients’ prognosis and quality of life.

“Nutritional care” means on one hand, the basic food, the meals with their nutritional value, their taste quality, their new healthy and tasty mode of preparation and on the other hand the nutritional support (adapted meals, oral nutritional supplements, enteral and parenteral feeding), screening, evaluation, assessment, advice, care and follow-up. All health care sectors are concerned in nutritional care. This assignment involves a significant numbers of partners.

The Belgian Alliance ONCA (BA ONCA) is a multidisciplinary platform open to all potential partners playing a role in nutritional care, whatever their skills and sector.

BA ONCA concerns: All the representatives of health care professionals (physicians, pharmacists, dieticians, nurses, language therapisits, paramedics, kitchen chefs and kitchen staff…), associations, organizations, teachers, foundations, institutions, enterprises … the representatives of the governmental federal and regional public authorities, of the INAMI/RIZIV, of the mutual insurances, of the patients and family care givers, of the food and medical nutrition industry, of the catering companies and other service providers.

Strengths:
Pooling and joining on a very broad platform all the competence and force of the Belgian food supply and nutritional care partners to create a win-win situation with exchange of information and experiments, to build the momentum, reinforce current actions and develop new goals together.

Short term action plan: Together, step by step, improving the current situation.

5 strategic axes are identified and lead to work groups:
• Awareness campaign (+ website creation).
• Policies and standards, quality indicators, certification.
• Reimbursement of oral nutritional supplements and better reimbursement of enteral feeding, and financial assistance for meals.
• Implementation of nutritional care in all the health care sectors: hospitals, rest and nursing homes, rehabilitation centers, centers for the disabled…and at home.
• Education.

Modus operandi:

BA ONCA’s work is based on scientific rigor; it is neutral and independent and freely welcomes all Belgian potential actors concerned with nutritional care.

All projects or texts will be submitted to all partners for comments and approval before further steps are taken.
Current achievements:

At Belgian level: Invitation for partners and creation of the Belgian Alliance ONCA
Meetings (+reports), workgroups, information.

At European level: Participation at meetings and ENHA ONCA projects.
Communication/collaboration with other partners.

Restricted Committee:

A. Van Gossum (coordinator), S. Vereecken (contact person),
SBNC, SPF SP/FOD VGZ, CuSL CLAN, VVKVM, beMedTech.

Partners:

List of partners will be completed after the approval of the “Position Paper” and confirmation to participate at BA ONCA.

References:

- Prevalence of ‘being at risk of malnutrition’ and associated factors in adult patients receiving nursing care at home in Belgium. Geurden B, Franck E, Lopez Hartmann M, Weyler J, Ysebaert D. International Journal of Nursing Practice, 2014; May 9 DOI: 10.1111/inj.12341
- Briefing Paper on the role of the DIn the Prevention and management of Nutrition-related Disorders in Older Adults. Revision October 2015. EFAD. European Federation of the Associations of Dietitians.