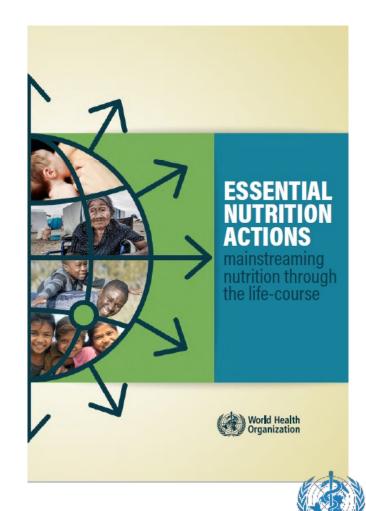
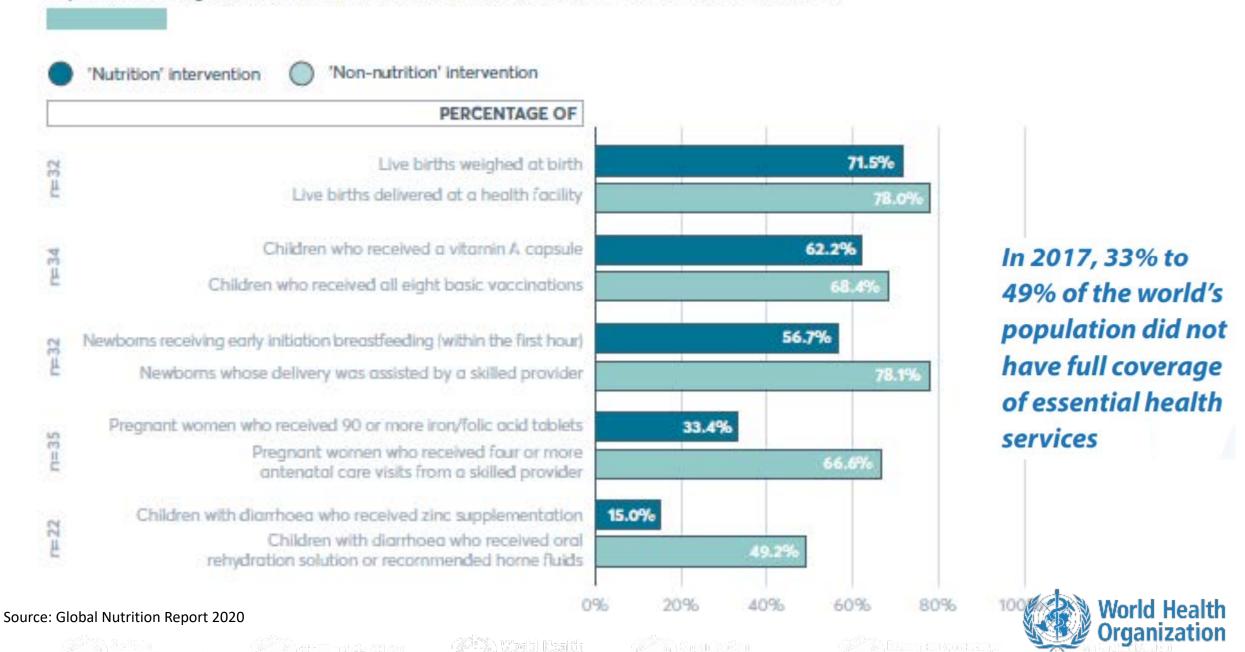


# Essential Nutrition Actions in Primary Health Care

- Diagnostics (Growth monitoring, Screening for obesity)
- Management of nutrition disorders (Wasting, LBW infants, TB, HIV, Obesity, vitamin and mineral deficiencies)
- BCC: counselling on breastfeeding, CF, healthy diets
- Breastfeeding support
- Prevention campaigns (vitamin A, Iron and folic acid supplements)



### Population coverage of maternal and child 'nutrition' vs 'non-nutrition' interventions in 35 countries



## DISTRIBUTION OF NUTRITION PROFESSIONAL DENSITY (NUTRITION PROFESSIONALS PER 100 000 POPULATION) IN 126 COUNTRIES PROVIDING DETAILED INFORMATION



Source: Global Nutrition Policy Review 2016-2017

2016-2017 : 2.2/100,000





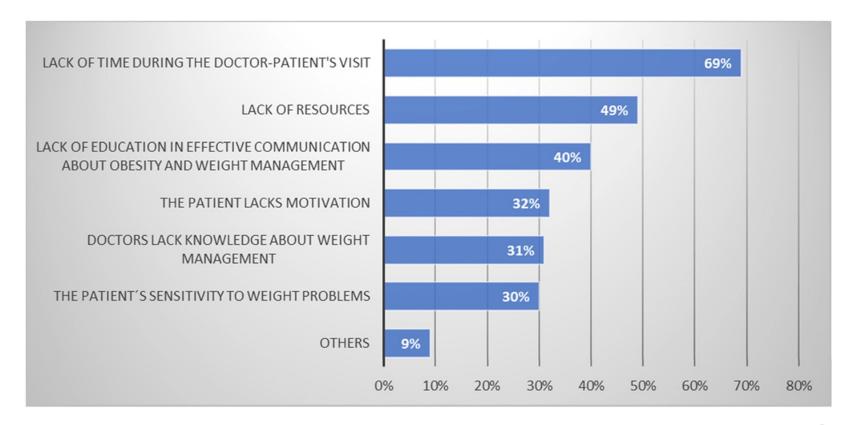








# Why obesity is not treated in primary care



# Model of care for prevention and management of obesity (antenatal; 0-5 years: 5-9 Years; 10-19 years; 19+)



Reorganization of tasks among clinical and community team members including people and families living with obesity



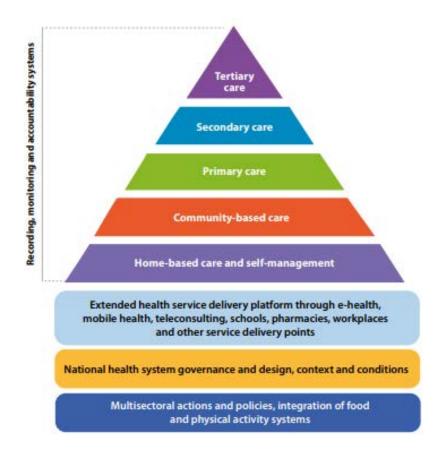
Integration with innovative technology to expand the service delivery framework and increase access to the population

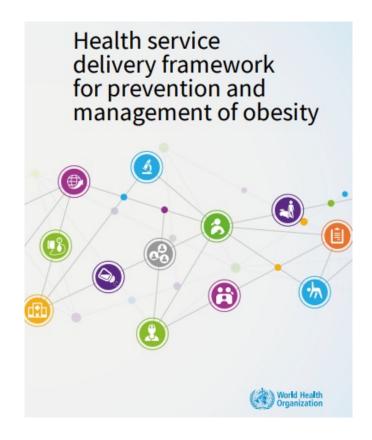


Extension of health service delivery platform to school-based programmes, pharmacies, workplaces



Participatory input of people and families living with obesity in the design and delivery of the services







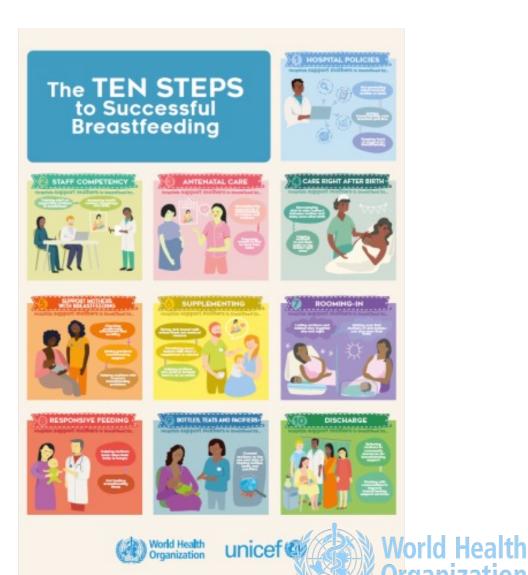
## Ten Steps to Successful Breastfeeding

### **Critical management procedures**

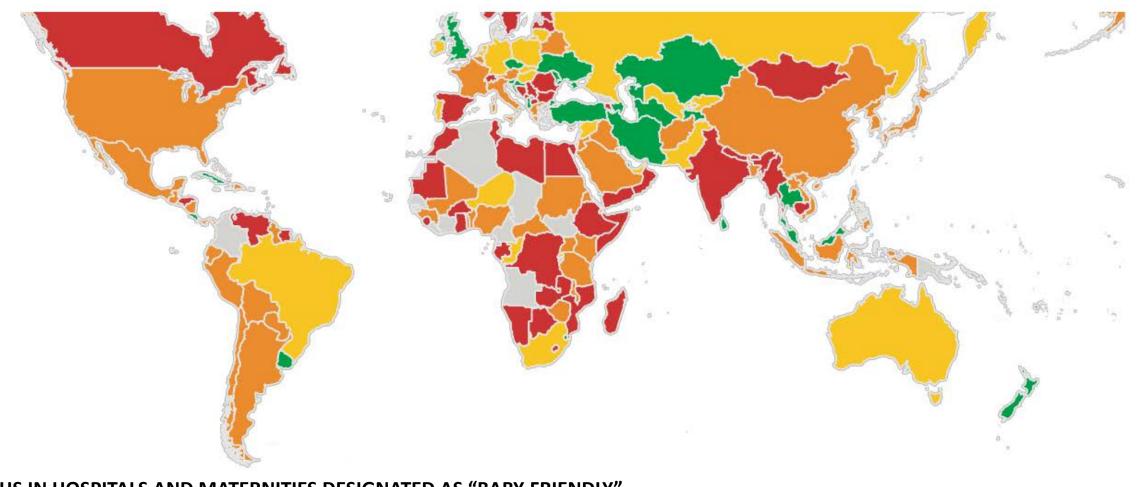
- 1. Facility policies:
  - a) Code of marketing
  - b) Breastfeeding policy
  - c) Internal monitoring
- 2. Staff competency

### **Key clinical practices**

- 3. Antenatal information
- 4. Immediate postnatal care
- 5. Support with breastfeeding
- 6. Supplementation
- 7. Rooming-in
- 8. Responsive feeding
- 9. Feeding bottles, teats and pacifiers
- 10. Care at discharge



## Status of Ten Steps to Successful Breastfeeding





>=50% 20–50 0.1–20% Source : Global breastfeeding scorecard | Global Breastfeeding Collective

None







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### Decade of Action on Nutrition

https://www.un.org/nutrition/news/canadian-nutrition-society-and-canadian-malnutrition-task-force-commit-nutrition-decade

Home About Action Networks Commitments News Events Resources Contact	Home	About	Action Networks	Commitments	News	Events	Resources	Contact
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Home - The Canadian Nutrition Society and the Canadian Malnutrition Task Force commit to the Nutrition Decade

# The Canadian Nutrition Society and the Canadian Malnutrition Task Force commit to the Nutrition Decade

31 October 2022 | ROME - The formal commitment recently submitted by the Canadian Nutrition Society and its standing committee, the Canadian Malnutrition Task Force, will support two action areas of the UN Decade of Action on Nutrition.

### Supporting two action areas

The commitment submitted today by the Canadian Nutrition Society (CNS) and its standing committee, the Canadian Malnutrition Task Force (CMTF), is related to the establishment of evidence-based practices and advocacy for policies to address Disease Related Malnutrition (DRM).

The generation of new evidence and guidance on effective nutrition programmes and policies is one of the modalities of implementation of the Nutrition Decade as described in its Work Programme . The CNS/CMTF commitment is aligned with this modality of implementation and will be a valuable contribution to the Nutrition Decade's vision of a world where all people, at all times, and at all stages of life have access to affordable, diversified, safe and healthy diets.

In support of the Nutrition Decade's action area 2 "Aligned health systems providing universal coverage of essential nutrition actions", the CNS/CMTF commitment will strengthen and enable more resilient health systems, and support the development of policies that will ultimately improve nutrition for the health of both Canadians and all global citizens.

In support of the Nutrition Decade's action area 6 "Strengthened governance and accountability for nutrition", the CNS/CMTF commitment will allow for greater attention to governance and coordination mechanisms for food security and nutrition, and the establishment of policies and programmes related to nutrition.

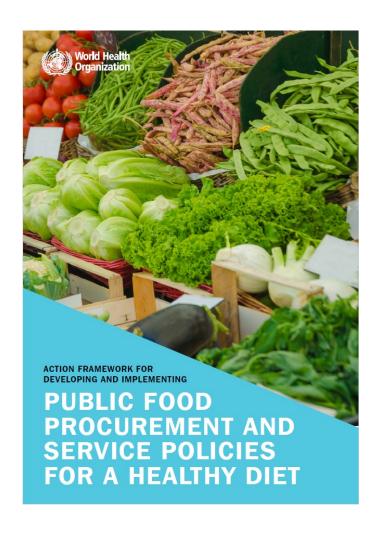




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# Action framework for developing and implementing public food procurement and service policies for a healthy diet





- With government funds, served/sold in any public setting
- Any foods, beverages, ingredients, meals or snacks covered by the policy
- Entire process of purchase, subsidy, provision, distribution, service and sale

# Healthy public food procurement and service policy

- Limit the intake of free sugars
- Shift fat consumption away from saturated fats to unsaturated fats and eliminate industrially produced trans fats
- Limit sodium consumption and ensure salt is iodized
- Increase consumption of whole grains, vegetables, fruits, nuts and pulses
- Ensure the availability of free, safe drinking water

 Policies, strategies, directives, legislation, rules, standards or guidelines; mandatory as well as voluntary



### Nutrition criteria

are established to define food to be encouraged, limited or prohibited in public food procurement and service in order to promote healthy diets

### Nutrient-based criteria

- National or regional dietary recommendations
- WHO Regional Nutrient Profile Models
- WHO Healthy Diet factsheet

### Food-based criteria

- National or regional FBDGs
- WHO 5 keys to a healthy diet

#### Other nutrition-related criteria

- Targeting the preparation or service of food
- Cooking methods, portion sizes, placement of food or menu labelling

#### COUNTRY EXAMPLE

ВОХ

COMPREHENSIVE PUBLIC PROCUREMENT FOR ALL CITY AGENCIES IN NEW YORK CITY

In 2008, the New York City Mayor issued an executive order requiring all city agencies to meet comprehensive public food procurement standards, which applied to more than 260 million meals and snacks served per year (53). The standards apply to all food purchased, served and sold by more than 3000 programmes at 12 city agencies, such as schools, after-school programmes, hospitals, seniors centres, homeless shelters and correctional facilities. Nutritional requirements specify the nutrient content of categories of foods, such as dairy, cereals, meat, and canned fruits and vegetables. The requirements also set thresholds for the overall nutrient content of meals served during the day (54). City agencies publicly report progress each year (55), and the New York City Health Department provides guidance and technical assistance to support full compliance.



### Key messages

- Universal health coverage cannot be achieved without ensuring everyone has access to quality nutrition services.
- Primary health care is an important platform to achieve universal health coverage. However, essential nutrition actions are required at multiple levels of health service delivery, including secondary and tertiary care.
- Hospitals can contribute to address malnutrition and unhealthy diets by promoting, protecting and supporting breastfeeding; by addressing hospital malnutrition; by performing nutrition screening; by providing healthy diets to patients, staff and visitors
- Improved hospital nutrition can improve prognosis



