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SPEAKERS

Juan Pablo Pena-Rosas, Beatrice Bernescut, Dr Katherine Rouleau

B Beatrice Bernescut 00:00
Good afternoon, everyone. My name is Beatrice Bernescut, welcoming you to the next in our PHC Webinar Series. And may I introduce Dr. Katherine Rouleau, our leader.

D Dr Katherine Rouleau 00:13
Thank you, Beatrice. Hi, everyone. So, as Beatrice said, I'm Katherine Rouleau. I'm the Technical Officer for Primary Health Care, in the absence of our usual wonderful leader in primary health care, Dr. Shannon Barkley, who is away at the moment. And it gives me great pleasure today to introduce our speaker. Before I do, as I did, sadly, the last time I was involved in this webinar, I will apologize to our speaker and to Beatrice and to all of you for having to skip out on what I know is going to be a very interesting, pertinent, and important session, because of other commitments. The topic, as you know today, is nutrition and primary health care. And though we often say that primary health care concerns us all, I think that there is no better example of that, than in the topic of nutrition, both in the way it expresses globally as excess, and insufficiency - the full range. And so, it gives me great pleasure to introduce to you somebody who's led the thinking and the guidance around nutrition, here at the WHO, and, by extension, across the global community, Dr. Juan Pablo Peña-Rosas. I'm very sorry in trying to go fast I did it poorly. Juan, as I say, is a leader. He will lead this discussion in conversation with Beatrice. I do hope Juan, who you will see on camera in a minute, that you are able to touch on all of the

elements of primary health care. So certainly the multisectorial policy and action, the engaged people in communities which are so central to primary health care, and, of course, the integrated-health services that combine clinical services and essential public-health functions. I look forward to watching this online after and I encourage you, those of you who are online, to of course send us your comments and your questions after the session. And to share this video once it comes out. Again, thank you very much Juan to take time out of your very busy schedule, and have a great session everyone.

J

Juan Pablo Pena-Rosas 02:40

Thank you. Thank you very much to the organizers of this session. I would like to show some of the slides to the organizers and participants of this primary health care webinar series on understanding or clarifying the role of nutrition in primary health care. And nutrition is a determinant of healthier populations, and malnutrition in all its forms is a key risk factors for health with an important impact on morbidity, and capital, human capital, of course, through the life course

B

Beatrice Bernescut 03:39

Excuse us for just a moment, so we can make sure that the slides are being displayed for you. Excellent, thank you, everybody for your patience.

J

Juan Pablo Pena-Rosas 04:01

So...malnutrition as it is, in all its forms includes now on undernutrition and also includes overnutrition or excessive nutrition. And also micronutrient deficiencies or micronutrient excess, or includes diet-related non-communicable diseases. So it's a broad term now that in several languages, if they have the word and they have undernutrition, and they have malnutrition, and that will have embraced as a continuum of nutrition from deficient to excessive, and all of those are related to diet. So malnutrition involves what we call wasting, stunting (like growth deficiencies), and overweight and obesity, and the global burden of disease study in 2013 identified dietary risk as the main driver of disease, of global burden of disease, with followed with maternal malnutrition, and high body mass index - so overweight and obesity - as not very far behind. To illustrate this in numbers, dietary risks are responsible for 11.3 million deaths a year, where child and maternal malnutrition is responsible for 1.7 million of deaths with high body mass index, for 4.4 millions of deaths. So...

B

Beatrice Bernescut 05:43

Killing ourselves with a knife and fork.



Juan Pablo Pena-Rosas 05:46

It's a lot of morbidity attributable to malnutrition in all its forms. In terms of mortality, 45% of mortality is attributable to undernutrition, in children under five years of age. So that speaks about the importance of nutrition in health and well-being. So in order to understand the relevance of nutrition in essential health care and how we can talk about what is the role in primary health care, I would like to go back to the basic concepts of what is nutrition, and then maybe with our audience, of what is primary health care. So nutrition is the intake of food considered in relation to the body's dietary needs. Good nutrition or optimal nutrition is obtained through a balanced diet or a healthy diet, combined with regular physical activity, and is a cornerstone of our health and well-being. Poor nutrition can reduce immunity, increases susceptibility to diseases, impairs physical and mental development, reduces productivity. And in general, the field of nutrition involves the role of nutrients such as carbohydrates, fats, proteins, water, vitamins, minerals, trace elements, and even other substances that are, for example, antioxidants, that are in all the components of foods that are, those are just mentioned, that have also a role in health and well-being. So they are useful for several normal functions. For our body to function, we need these nutrients. And they are part of enzymes, they are part of the blood, they're part of the normal biological systems like the circulatory system, the digestive system, the lymphatic system, the immune system, the reproductive system, the skin that protects us - all of those are systems, (we have classified them to understand better the complexity of a human body), in which nutrients have an important role. And that's why I've been talking about being invisible until something goes wrong, or something that is failing. And that's when we talk about malnutrition. But normally when we have optimal nutrition, everything is working, and everybody's fine. And the recognition of nutrition sometimes is less. And when you see it in express in a function that is not working properly.



Beatrice Bernescut 08:42

So in other words, we tend to ignore it until something goes wrong.



Juan Pablo Pena-Rosas 08:45

Exactly. And that's the debate that we were having, when you have that with the science.....when you have everything is working, you don't realize it's happening. But we are normally breathing, blood is circulating, we have energy, glucose is arriving to our brain. And all of those processes, when they are not know happening is when you have a

failure of growth so that when you ask why a baby is not growing? Well, what happened? What is he eating? What are you giving him or her the adequate diet when you have some manifestations of malnutrition, for example, undernutrition or deficiency. Of course, it can go up to the severe consequences of immunity. You could have for example, think about vitamin C. And that's if you hear about the role of vitamin C in the common cold, you have the role of zinc in the management of diarrhea. You talk about fiber when you talk about when you hear about constipation, but normally, we are getting the nutrients that we need, and our body's functioning well, normally. So the diet that we eat are normally, determined by the availability of the foods, and also the palability of the foods, but also by our cultural preferences. So we're getting different nutrients in our diet and what we can afford, what is convenient, in the foods that we have - the processed foods and less processed foods - a fresh vegetable versus, you know, processedfrench fries, baked potato. So all of these things have to do with the preferences of each individual and availability of these foods in the people. So acknowledging this role of nutrition and diet in health and wellbeing, this is where I think we could start with the definition, understanding what is the role of nutrition in primary health care. So, this is an infographic from WPRO i think that, in addition to the main the core of it, is the one that is from the primary health care definition. And they have made some designs around it, to basically say that it involves a lot of happening for health and well-being. So I wanted to...primary health care is the foundation of universal health coverage. It's the means for achieving universal health coverage with significant commitment for the Sustainable Development Goals towards 2030. It's a whole-of-society approach to health and well-being centred on the needs and preferences of individuals, families and community and it addresses the broader determinants of health, focusing on comprehensive and interrelated aspects of physical, mental and social health. Just remember the definition of health by WHO is complete well-being in physical well-being, mental well-being and social well-being and not only the absence of infirmity or disease. So in nutrition we have a perfect example of this, because nutrition and diet involves all these aspects very clearly, with very concrete examples. The integrated-health services that we refer to in our model of primary health care include both personal and population-based health services, so personal services that are targeted to a particular individual and include the full spectrum of universal health coverage domains: health promotion, prevention of disease, treatment or therapeutic care, rehabilitation and palliative care. Now with the renewed focus on primary health care, the focus is on health promotion, and prevention, because it is most cost-effective than waiting for illness, or for why we practitioners have to become patient. What we were discussing was we don't need to be waiting until they become patients and present to the primary care, but we're talking about having more efforts before, so that we have less admissions to hospitals and less patients to the curative and palliative and rehabilitative. In other words, they will be, of course, individuals and communities are empowered to be healthy and well, and primary health care practitioners are encouraged

to maintain the status of health and well-being of all the population. So I wanted to talk about this recent publication, it's called "Essential Nutrition Actions" that addresses some of how nutrition is integrated across the life-course, with the life-course approach, and also with some of the different domains of promotion, prevention, therapeutic or curative, rehabilitation, and palliative care. This 2019 edition also organizes the actions on nutrition interventions through the life course, and also is an updated version of an earlier publication that focus mostly on maternal and child nutrition. And now this version expands to older persons and interventions are giving a community at the primary care or that may require some referrals. But also includes the involvement of other sectors that are not necessarily the health sector, for example, agriculture, the education sector, and the industry.

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Beatrice Bernescut 15:21

So if I may, it goes back to what you were just talking about with the infographic: multisectoral action. It is not just about your family doctor, it's about much more than that.

J

Juan Pablo Pena-Rosas 15:31

Exactly. I think that these efforts around these empowered communities and individuals, there will be more demand for questions and counseling and support on some of the policies that actually are going to happen before they actually have the primary care center. So they will be affecting, for example, the replacing of trans fatty acids or elimination of trans fatty acids that is part of the General Programme of Work of WHO. They separated the reduction of salt in foods or the reduction of sugar intake through the taxation in sugar-sweetened beverages. So those are interventions that are not happening necessarily in the clinical setting. But as part of primary health care, they will require advice on how to implement these, because they will be...these are health interventions that require a health-in-all-policies approach, so that require leadership from the health sector from primary health care practitioners, because it's expected that we will know what it refers to. So the presentation and the reference are there available. And I would advise, going to see, to go ahead, we have this online, and you have a lot of older, more initial, information and summaries of the actions that we're referring to.

B

Beatrice Bernescut 17:11

And we will put a link to all this information in the transcript of...not in the transcript, but on the page for the webinar where the transcript is located.



Juan Pablo Pena-Rosas 17:22

So, to illustrate the role of nutrition in primary health care, I am using some of the infographics that were used for the launch of the Essential Nutrition Actions, and they have some examples. And what I would like is to use two, and then I will leave the other ones in the presentation but I will not describe them. And this one refers to intrapartum care, so we're dealing with prevention, and we're dealing with newborns and also with the mothers that are giving birth. So, at a time of birth, the infant is attached to a mother via the umbilical cord, and which is part of the placenta. The infant is usually separated from the placenta by clamping the cord and this clamping is one part of the third stages of labour. So the timing can vary according to clinical policy. And one of the important advantages of delayed cord clamping or optimal cord clamping, (as delayed again in different languages has different implications); this is for healthy term infants is that it's related to higher birth weight, to earlier good hemoglobin concentrations and mainly to an increased iron reserve in the first six months of life that are demonstrating through the evidence. So WHO recommends cord clamping no sooner than one minute after birth. In fact, it is between one or three minutes until it's less pulsating. And it is from the nutritional perspective, it's because the nutrients continue to flow in this period, and then an early or premature clamping of the umbilical cord avoids having this important reserves that are helping this baby in the first six months of life. So this is an example of an intervention that is part of intrapartum care in the third stage is labour that we necessarily do not think about it as a nutrition intervention, but it has nutrition implications, very important nutrition implications. As you know, iron is essential for mental development and for the myelination of the connection between the nerve cells, so it has implications for the mental development of the child. It's not that is going to be necessarily cognitively impaired, but is not going to allow this baby, if he has iron deficiencies in the first two years of life, to reach his potential in the mental realm, including, you know, limitation of the potential IQ (intellectual quotient) to lower. All that because they clamped the cord too soon... Because of the iron deficiency. Yes. It is not necessarily attributable to that, but the relationship is linked to iron-deficiency anemia in the first two years of life with consequences that are not able... You can recover from iron deficiency, but the consequences of that missed opportunity are in the first two years of life are not recoverable. So they are permanent. And for that, that's the first example I wanted to use. The second example is an antenatal care. The World Health Organization has a vision of a world where every pregnant woman and newborn receive quality care throughout pregnancy, childbirth, and the postnatal period. Within a continuum of reproductive health care, antenatal care provides a platform for important health care functions, including health promotion, screening, and diagnosis and disease prevention. It has been established that by implementing timely and appropriate evidence-supported practices, antenatal care also can save lives. Antenatal care is defined as the care provided by skilled health-care professionals to pregnant women and adolescent girls to ensure the

best conditions for the mother and for the baby. When we see...women see pregnancy as a normal event in their lives, so they don't see that as an event that requires necessarily going to the doctor. And that's why primary health care practitioners complain usually about women coming rather late to antenatal care, to routine antenatal care, but our systematic reviews on values and preferences of women they see that this is a normal event and pregnancy. So unless I have a complication - similar to what I was talking about nutrition - unless I have a complication, I will not go to the doctor, or when I'm about to give birth. Otherwise what women want is really a positive experience. And that's why the WHO guidelines are called "WHO recommendations on antenatal care for a positive pregnancy experience", because that's really what women want. This positive pregnancy experience was defined as "maintaining physical and social cultural normality, a healthy pregnancy for the mother, and the baby having an effective transition to positive labor and birth, and achieving a positive motherhood". So nutrition has an important role in antenatal care for health promotion, and prevention and also for identifying risk factors, or dealing with interventions that are necessary to deal with some of the symptoms. Common physiological accompany pregnancy, for example, constipation, nausea in the first month of pregnancy, vomiting or leg cramps. So for all of these symptoms, there are some nutrition interventions. And for something that is that we don't necessarily think about, when we talk about antenatal care and the role of nutrition. A lot of the antenatal care deals with preventing, health promotion of counseling on diet, because the requirement for nutrients are increased as pregnancy progresses. And then also for preventing that the costs of nutrients needed in pregnancy are provided through healthy diet or through the provision of supplements. We want to diagnose anemia in pregnancy because of the consequences, so we want to intervene in case of...is part of routine antenatal care. And the number of visits is recommended to be eight. in each of the eight visits to the primary health care provider that has different set of interventions, not only nutrition, but some of them nutrition.



Beatrice Bernescut 24:38

Did I understand correctly - you said the recommended number of visits is eight?



Juan Pablo Pena-Rosas 24:42

Eight contacts during pregnancy.



Beatrice Bernescut 24:44

So essentially...one visit every month.



Juan Pablo Pena-Rosas 24:47

One visit every month. So and then the minimum....because, of course, in the implementation of this recommendation we have seen countries where they are actually having 10 visits, and this is where the quality of services needs to be discussed in the context of national policy-makers. But in the past, WHO recommended four visits only, and in this new recommendation recommends eight visits.



Beatrice Bernescut 25:18

OK, so this is important to be aware of, because he has many people, particularly working in development are used to hearing four antenatal as a minimum, but now WHO has changed the standard to recommend eight. So monthly check visits during pregnancy. All right, I just wanted to make sure that we're clear.



Juan Pablo Pena-Rosas 25:38

Yes, because I know that there are a lot of interventions that are recommended and that are then, in each of the different visits, scheduling different pieces. So I think this is an example of where we need to understand that antenatal care is not a medical condition, it's a normal part of women's lives, and with empowered communities and empowered individuals, this message needs to get across from us primary health care practitioners and then they will then come earlier to have advice on you know, all the doubts to the community health worker or the midwife or the nurse and so on.



Beatrice Bernescut 26:24

So, these are eight visits, it doesn't necessarily need to be eight visits with a doctor it can be eight visits monthly visits with the community health worker their midwife or their...



Juan Pablo Pena-Rosas 26:33

Yes, so we're talking about some examples of task-shifting. And the distribution in includes, for example, the distribution recommended nutritional supplements which have iron and folic acid routinely recommended for all women, or calcium supplements in areas of low calcium intake for prevention of preeclampsia, or multiple micronutrient supplements in areas of risk of undernutrition, or in emergency, or in settings of emergencies. This task shifted to a broad range of the cadre, including auxiliary nurses, nurses, midwife and doctors, and the counseling of nutritious foods and healthy diets are part of the routine antenatal care. So I have some other examples of health promotion

and prevention activity, like growth monitoring in children, prevention of iron deficiency in adolescent girls, particularly during menstruation, because they're losing...they have blood loss in menstruation, and healthy diets. I would like to conclude this presentation with this vision of what happened this week. You know, this week there was the first high-level meeting at the UN General Assembly, with a political declaration of universal health coverage and we have a big delegation of WHO and our Director-General that announced the approval of the world leaders of this comprehensive health declaration in history that is making an emphasis, identifying primary health care as the means to achieve a universal health coverage. That is one of the Sustainable Development Goals targets. But I think he's talking about the health for all, rich and poor, able and disabled, old and young, urban and rural, citizens and refugees. And it's also recognizing that primary health care is brings people into first contact with a health system and it's most inclusive. I think that with empowered communities, and a renewed effort to strengthen primary health care, we in primary health care will have will continue to be a reference on healthy diet, what is a healthy diet?, what are the recommended nutrients? and foods? that are good for everyone and for health promotion, prevention, and for curative purposes and rehabilitation or palliative care. When the cancer patients need a diet, the patient with chronic conditions that require palliative care requires some nutrition advice. So maybe in a very specialized rehabilitation is another example where also nutrients are important. And then you may have to be dealing with adjusting the dietary intake of some nutrients for these patients. Thank you very much for your kind attention.

B

Beatrice Bernescut 29:43

You had a great quote from Thomas Edison.

J

Juan Pablo Pena-Rosas 29:45

Yes, I had it. That was...I changed it. But it was Thomas Edison, who was an inventor and one of the greatest inventors of the United States that back in 1903. So...talked about how he envisioned the doctor of the future. And the future now is primary health care with all the different health worker cadre, and everyone has a role. And in that in the time of 1903, he was talking that they...and this is in relation to the beginning of the basic services in the United States. He was talking about prevention, health promotion and prevention. And I thought it was a funny one, very linked to how this renewed emphasis after the declaration of Astana, on really focusing on foods as a way to achieve health and well being. So I thought it was a very nice quote.

B

Beatrice Bernescut 30:48

And we will add that quote to our page when we post the webinar. Let me check on the questions that we've been receiving. So one question is: my question concerns stunting, i.e. chronic malnutrition. It is not easy to detect it. The only way to diagnose it is the measurement of the indices length-for-age, but we know how it affects the neuron development, and then the IQ. What are the main actions recommended by WHO to address the issue, particularly in terms of prevention?

J

Juan Pablo Pena-Rosas 31:24

Yes. So I think there are for stunting, there are several interventions, some of them in the field of nutrition, they are called nutrition-specific (for those interventions, typically dealing with nutrients). And there are nutrition-sensitive interventions that are outside of the nutrition field that say, but has an impact on the nutritional classes. Okay. Some of those are, for example, dewarming, the water and sanitation, and some other interventions that not necessarily linked to what we would think of as nutrition but have an impact in the adequate growth of infants and children. So we use the...this is a marker of the work that WHO is doing...the prevalence of stunting in children under five years of age. So we keep with our database, and Global Health Observatory, the data with annual estimates together with UNICEF and the World Bank and the team here in nutrition on the estimates of stunting and see the difference...the advances that there are per country in reducing the prevalence of stunting in children under five years of age. So there are several interventions that can be done. I think that individually, they are, it's very difficult to find a specific intervention that will...that are giving, changes are - it's a combination of different strategies that needs to be put together to be able to to reduce this stunting and that we expect to do by 2030.

B

Beatrice Bernescut 33:17

Okay, and there will be more detailed information in the Essential Nutrition Actions report.

J

Juan Pablo Pena-Rosas 33:25

Yeah, in the Essential Nutrition Actions, we have identified what are the global targets each intervention addresses, so if you go to the essential nutrition actions checklist, you will see there are six global targets in nutrition, one is stunting, the other one is on exclusive breastfeeding, the other one is on wasting, anemia in women, and also overweight. So I think these global targets that are initially part of the commitment from the global decade of action in nutrition for 2025, now we are was going to extend it to 2030 to align it with other other efforts are to reduce the number of...the prevalence of

stunting in children under five. We are measuring it and also linking it to different interventions that are contributing synergistically to achieve this goal.

B

Beatrice Bernescut 34:27

In other words, is not one solution to stunting in general.

J

Juan Pablo Pena-Rosas 34:31

And sometimes it is...also changes are required, in many cases, intergenerational changes. So I think that the switch is to show progress in the prevalence. But it will take more time longer than...that is one of the priorities of the World Health Organization to have this monitored closely.

B

Beatrice Bernescut 34:55

You mentioned anemia. Someone is asking how good is it to introduce iron tablets for adolescent girls who have started menstruating? Like as in a mass distribution of iron tablets? Would that be a good idea?

J

Juan Pablo Pena-Rosas 35:09

I think again, the idea of...we have a global level is to provide evidence-informed recommendations that require the involvement of national stakeholders over some sub-national stakeholders to identify where it is a priority area. There are many, many interventions that are feasible. In areas where there is a high prevalence of anemia we are recommending the provision of weekly iron and folic acid supplements for women weekly. Because it is for prevention purposes, once you have a diagnosed case of anemia and investigating it is due to iron deficiency, then you will have a more specific treatment. But if it's preventive, you assume that more than 50% or about 50 to 60% are attributable to iron deficiency. So the first line of action is to provide iron or provide counseling on diets and identify maybe some risk factors for why that anemia is happening. The first way to think about it is diet: are they consuming foods that are rich in iron, or not? Do they have some preferences or they're vegans so that then they need some counseling on the combination of foods that will help improve absorption of the iron that they're getting. And then the focus on or is of course in adolescent girls because of the menstruation but also the boys need to be empowered and be engaged in this effort. In an experience that I was able to witness in Cambodia, they were asking, the way that they were promoting the intake of weekly iron in schools was because of beauty. That this message from they were using the national market research, qualitative research, and this was an important thing.

And what you can make a link to beauty this isn't you know, in the eyes of who sees it... I remember the boys, as we were meeting with all the girls on the school. And they take it every week. And then the boys were in the window, wanting to know what's going on and why. Why don't we get anything? It was an interesting meeting because then, I think in this effort also to include equity and not create differences and have the men also being part of the supportive campaign for women, adolescents, and everyone is of the women and adolescent girls, everything else is we want to create support for the interventions, we want to have stigmatization and some of that. So I think another example that I have in relation to this question is on the issue of multiple micronutrient supplements. And so multiple vitamins and minerals that are recommended in the case of women in pregnancy. Women with HIV were recommended to have multiple micronutrient supplements. At the time the recommendation was iron and folic acid only. So in South Africa, they started with the implementation of multiple micronutrient supplementation for the patients with HIV pregnant, they were pregnant, in a separate clinic. So now that in 2016 we have this guidance or recommendation for a positive pregnancy experience where the recommendations are iron and folic acid and the recommendation for multiple was mostly as part of for places where there is a higher risk of undernutrition. So as an unintended consequence of this is that first that the patients that had HIV, they didn't know they were receiving some multis, and they were wondering why they weren't, leading to the stigmatization of the women, when in fact, we want to have, you know, all of the integrated services also with this primary health care setting, renewal is integration of all the different streams of health in primary care rather than going to HIV clinics, TB clinic and so on, is seen as more holistic and very modern work, but a more broad comprehensive approach. And then after the 2016 publication of guidance and they removed the multiple micronutrient supplements on the recommendations, and then went back to iron and folic acid. So, now, this unintended consequences were in fact, this idea of giving more than the requirements of vitamins and minerals are increased in pregnancy. And in the case of HIV, which is where they are recommended, and in the routine antenatal care, because it is a decision that has to be decided, they are more costly, but the requirements are also higher. This created this inequity in the standardization towards this. So I think that this is an unintended consequence of were policy makers trying.... So that besides you need to have clarification and then involvement of the communities, of the other sectors to understand what is the decision that it's through them

B

Beatrice Bernescut 41:24

To not to take a decision become efficient in a vacuum, which leads me to the next question actually. Because this person writes: thank you for recommending delayed cord clamping, but I was concerned about the emphasis on micronutrients rather than

breastfeeding and biodiverse family foods. How can we ensure that the parents are protected from inappropriate commercial advice?



Juan Pablo Pena-Rosas 41:53

So, this is related to the use of marketing of foods for children, that is some of our colleagues here are working on that. And also there are some recommendations on the code of marketing of breastmilk substitute or the avoidance of bad practices and the promotion of breastfeeding for the first six months of life. And the current recommendation is breastfeeding exclusively, early initiation within an hour, then breastfeeding exclusively up to six months of age, and then continue up to two years of age. So there are there are also some medical reasons - you will find them in the essential nutrition actions also - where the breast milk may be also transmitting some conditions, for in the case of Ebola outbreak or Zika - we are continuing the monitoring of the situation and updating the evidence and monitoring what is the recommendation in these specific cases where you will say, is a mother negative? Is a child negative? Depending on the particular condition. So we are updating the recommendations on Ebola and on Zika, because yes, breastfeeding is recommended.



Beatrice Bernescut 43:29

It's the best option. Unless..



Juan Pablo Pena-Rosas 43:31

...there's a very specific reason not to breastfeed or to stop breastfeeding temporarily. That you will also think about other early intervention. But I think in primary health care now, the focus is on health promotion and prevention. So then the supplements, yes, the supplement is an intervention that I think it will be like a secondary intervention before you have explored, you know, and discovered that it is a supplement what you need.



Beatrice Bernescut 43:59

Can I go back to what you just said, because I think it's important that we single it out. And you said this earlier...As PHC professionals, it is not...you don't want to wait until they become patients. The leadership role that PHC practitioners have is to help promotion. But also that doesn't mean just at the level of the individual person, it also means at the level of the community and their policy. Am I understanding you correctly?



Juan Pablo Pena-Rosas 44:34

Yes, and there is some of these examples of foods or healthy diets. For example, when you talk about healthy diet concept, people might think necessarily of non-communicable diseases. And this is not the main...healthy diet is, if you think that...using the concept of health of WHO again, well-being physical, physical and social well-being, mental well-being and not only the prevention is the absence of non-communicable diseases or diabetes, then if you attach that concept to diet, then basically a healthy diet is a diet that helps you achieve this. So it's a diet that is socially contributing to your well-being, your social well-being, to your physical well-being, mental and not only preventing disease. So as a child, throughout our life, even before we're born, we need nutrients, so we need them when we're in utero, we need them.....



Beatrice Bernescut 45:04

The resources...the information.... So whether it's talking to a school about what's healthy for the children, or whether it's working with policy-makers to make decisions about soda taxes...



Juan Pablo Pena-Rosas 45:53

So there are some of the population-based intervention that are involved, for example, fortification of staple foods and identify what are the staple foods. In some places, a staple food, may be corn, flour that is used for tortillas in Mexico or for some specific special preparations in African countries, or for arepas in my own country, Venezuela, that's the staple food every day. Or even here, it's...I eat it every day. When I first....staple food is a staple food also of Colombia. So these are the foods that are... bread. Bread is another staple food. Salt is another staple food in many places where it has been identified as an ideal vehicle for iodine fortification. It's a public health intervention, so we're not making it a choice. Basically, because the population needs iodine, and it is the best way for people to get it through universal salt ionization. So you're not choosing between dimensions, between brand A or brand B, but they are both by law fortified with iodine. So there are, again, some of these global efforts for the fortification of other staple foods like wheat flour, for baking. Bread is a staple food. Or rice fortification in rice-consuming countries, or wheat flour bread or other foods....The ones that are the best vehicle for getting the nutrients in population. One example of this is also the folic acid fortification of foods. Of flours. That, yes, we know that pre-conceptional period, that is the period when women are planning to have a baby, they can start eating more folic acid, even though through the diet it is very difficult to achieve the levels that are related to the prevention of congenital anomalies. So there's a recommendation actually, of supplements that you would not...the problem is that in the implementation, most than

50% of the pregnancies are unplanned. So then you...by the time that a woman herself finds out that she's pregnant, all the effective actions of the preconceptional period, and during organogenesis, is too late. So we don't discourage it to take the folic acid because it's very, you know, it's imprecise, the effects are important in the first 40 days. So as soon as possible, they should start taking a supplement. So one of the alternatives to this issue, is the fortification of staple foods so that you're consuming it without necessarily making it to actively take. First a counseling to take the tablet, or to actively take a tablet every day isn't necessarily convenient. But in some places it might be for family planning clinics it might be the way to go. But in general, the fortification of staple foods with folic acid has helped reduce the number of neural tube defects in many countries: in Canada, in Chile, it is very well documented.

B

Beatrice Bernescut 49:16

Along those lines, it's interesting note that in the 19th century, Switzerland had a very big problem with goiter. And they started adding iodine to...

J

Juan Pablo Pena-Rosas 49:26

It was the first country to include iodine in salt, and it's a universal because it includes all the salt that is using food production, in animals, and also in direct human consumption. So it's all the salt. Now that we have this effort to reduce salt, because of the non-communicable disease we go into, yes, reduce it, but that is iodized. Then there's an adjustment to the levels of ionization that can be changed. And that's why the policies are less strict, they can be changed at the normative level. And sometimes sometimes they are the beginning of the of these efforts of universal salt ionization, in some places by the Constitution, or by the health law, and then to change that and to adjust the amount has been a challenge. So now we're keeping the recommendation to do universal salt iodization. It's compatible with a strategy also to reduce salt intake. But these two sectors need to talk to each other to know what is said is the appropriate quantities that need to be added to foods, to salt in this case, because they are habits are able to change the habits of having a salt in the table or to add it to the foods. Now with the processing, it's more invisible, this addition of content of salt or sugar or fats.

B

Beatrice Bernescut 50:14

That alone can make it an interesting talk, adding things to food, salt, sugar, etc. But we're coming to the end of our time together. If you had one thing that you wanted primary health care professionals to remember as they go about their work, whether they're a nurse a midwife or researcher, a pharmacist, the doctor, what's the one thing about

nutrition that you would want them....



Juan Pablo Pena-Rosas 51:21

I think that the primary health care practitioner...we are allies in all of this and we're advocating optimal nutrition and healthy diets. And I think we are in this quest and this effort jointly. And sometimes we're doing things because this is the policy and we don't think about it as a nutrition intervention, but it has nutrition implications. These two examples that I used illustrated that antenatal care, we do have antenatal care because we want a positive experience. We want to avoid problems for the mother and the baby without doing it necessarily for nutrition reasons. But it is only again, avoiding malnutrition is the idea for nutrition. So that that would be accomplished through health promotion and prevention. We don't need to wait until the patient has anemia, or iron deficiency or else rickets, we know the mechanism of action so we can then prevent them through diet reaching vitamin D, calcium, and....



Beatrice Bernescut 52:29

I also hear you saying and correct me if I'm wrong. I hear you saying that PHC professionals are already doing nutrition without even consciously thinking about it as a separate thing.



Juan Pablo Pena-Rosas 52:45

We're empowering the community, we're empowering the individuals, and yes each of you will be getting more and more questions and requests for counseling on many things, because there are campaigns for the elimination of trans fatty acids. So they will probably come to the primary health care practitioners, like what is that about a trans fatty acid? Which foods contain it?, which foods don't contain it? What is this issue with sugar? If you're in, for example, in a healthy school programme, you will be asked whether you should eliminate sugar-sweetened beverages or soda for what type of food you should be able to allow in the school setting, and so on. So I think that there are some examples where the health sector will be a resource and primary health care will be a resource to support in these efforts of multisectoral action, empowered communities that will be asking for more information. So it is nutrition is already integrated in many interventions and we're getting not necessarily everybody's thinking of breastfeeding as a nutrition intervention, or deworming as a nutrition intervention or when they're treating a patient with malaria and has anemia, part of the recommendation is to also give iron supplements before discharge. So it is now thinking on this aspect that will come more and more to you, to the primary health care practitioners. So nurses will be asked for more

for more advice, counseling on diet. What is a healthy diet? What do we do about this situation on, you know, salt reduction? And I think we're calling for more prevention and this, I think, but again, I'm from the field of nutrition. So nutrition is a cornerstone of all these efforts on primary health care.



Beatrice Bernescut 54:52

Terrific. Juan, I'm afraid we've run out of time this afternoon. So, thank you, everybody, for joining us. In a few days you will find the recording of this webinar, along with transcript and some links to important documents, including the Essential Nutrition Actions report that has just recently been published. And if you do have any other questions, please feel free to contact us at primaryhealthcare@who.int and be sure to join us for next month's webinar which will be announced in the newsletter very shortly. Thank you.