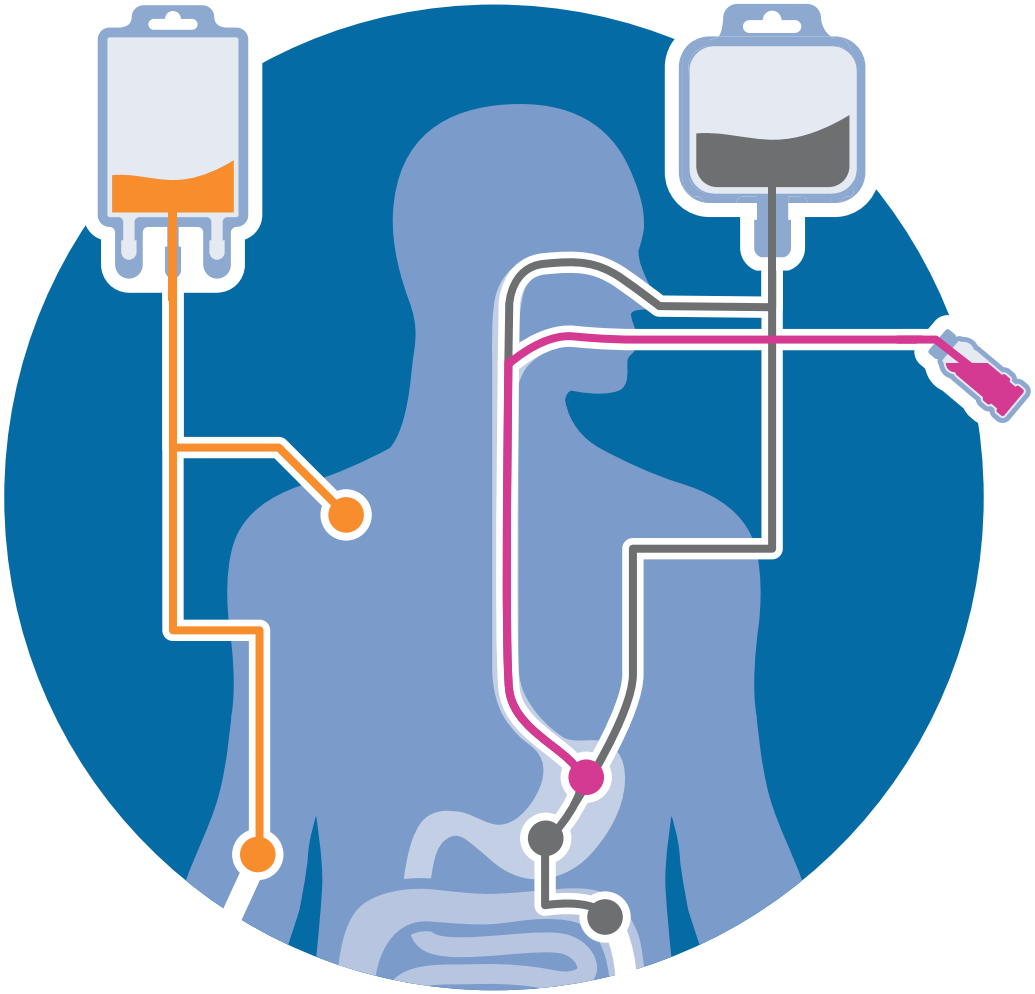
medical nutrition international industry

20 YEARS

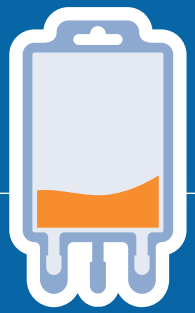
Better care through better nutrition





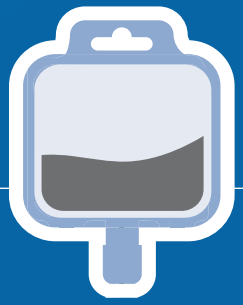
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All detailed references and sources are provided within factheets that are promoted in this document.



PARENTERAL NUTRITION (PN)

Parenteral Nutrition - also known as 'intravenous feeding' - is a method of getting nutrition directly into the blood circulation, bypassing the gastrointestinal tract. PN is delivered via a catheter inserted into a peripheral or central vein. PN is needed when a patient is unable to obtain sufficient nutrition through normal food, ONS or tube feeding. For instance indications for PN include gastrointestinal failure which can occur after surgery or in critically ill patients, short bowel syndrome, intestinal obstruction, a fistula in the gastrointestinal tract, cancer patients with severe mucositis or premature infants.



ENTERAL TUBE FEEDING (ETF)

Enteral Tube Feeding is administered into the gastrointestinal tract via a nasogastric, nasoenteric or percutaneous tube. ETF is required when a patient is unable to consume sufficient nutrition via the oral route. Examples include severe cystic fibrosis, cerebral palsy, after a stroke or major surgery, such as head and neck surgery, and critical illness. ETF can be supplementary to oral intake or parenteral nutrition, or can be the sole source of nutrition.



ORAL NUTRITIONAL SUPPLEMENTS (ONS)

Oral Nutritional Supplements provide macronutrients and micronutrients and are designed to be consumed orally, thus taste and format are important considerations. ONS are available as ready-to-drink liquids or powders that can be prepared as drinks (also called 'sip feeds') but are also available in pre-thickened form. They may be suitable as a sole source of nutrition but are most commonly used as a supplement to normal foods. ONS are an effective and non-invasive solution to tackle disease-related malnutrition in patients who are typically able to consume some normal food, but not enough to meet all of their nutritional needs. ONS are effective in a large number of diseases and their treatment - including cancer, stroke, neurological and gastrointestinal conditions, and surgery.

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About MNI

The Medical Nutrition International Industry Association (MNI) serves as the global voice of the medical nutrition sector. MNI gathers companies that offer specialised nutritional solutions and services designed to meet the diverse nutritional needs of patients, such as Oral Nutritional Supplements (ONS), Enteral Tube Feeding (enteral nutrition via the gastrointestinal tract), and Parenteral Nutrition (intravenous feeding).

Together, MNI members work to address nutritional insufficiencies arising from a disease, disorder or medical condition of patients, when they are unable to meet their requirements via usual dietary intake.

As a recognised expert in its field, MNI is a key contributor and advocate for shaping policies that allow patients to access appropriate nutritional care.

This publication reflects on two decades of MNI's dedication to advancing medical nutrition - highlighting key milestones, advancements, and the most recent collaborative achievements. It is a testament to the enduring legacy we have built together with the nutritional care community at large: raising the importance of medical nutrition in the care pathway, safeguarding and enhancing patient access to medical nutrition in the European Union and ensuring the proper clinical use of medical nutrition.



Learn more about medical nutrition from our factsheet.

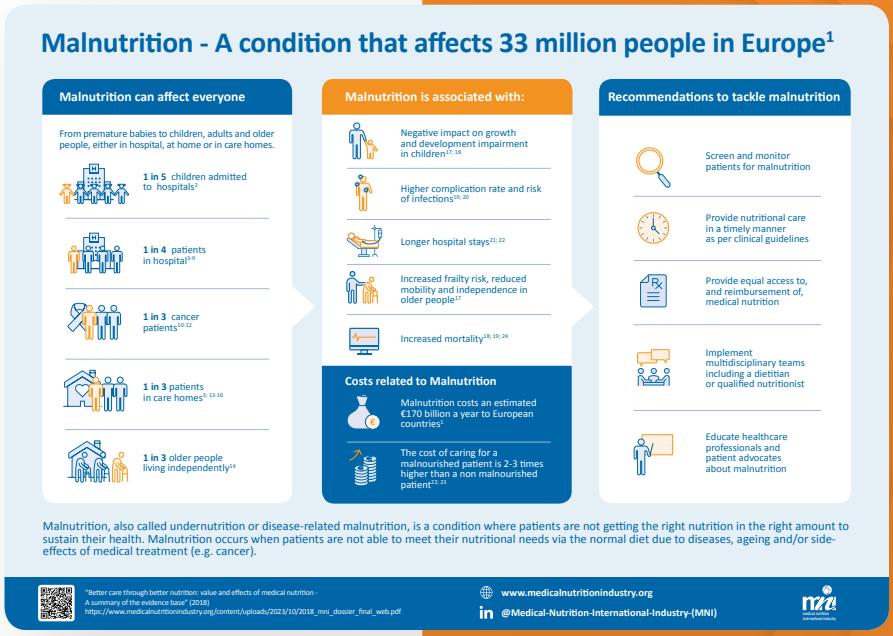
https://bit.ly/MNfactsheet

About disease-related malnutrition

MNI stands at the forefront of a quiet yet profound ailment: across Europe, more than 33 million individuals are at serious risk or are already affected by disease-related malnutrition (DRM). The economic burden on healthcare systems is equally staggering: with malnutrition-related costs reaching an estimated €170 billion annually.

Malnutrition does not discriminate; it can affect anyone, regardless of age or background. The consequences of DRM are profound and far-reaching. Its effects are wide-ranging and severe:

- In children: impaired growth, increased infection risk, and higher mortality.
- In older adults: increased frailty, reduced mobility, and higher hospitalisation rates.
- In patients with chronic disease, including cancer: longer stays in hospitals, more complications, and increased mortality among malnourished patients.



Learn more about disease-related malnutrition from our factsheet.

https://bit.ly/DRMinfographics

From Paris to Brussels: the founding and rise of MNI

MNI was formally **established on 12 December 2005** in Paris by pioneering companies, which recognised the need for a strong, unified voice to represent the medical nutrition industry, with the mission to advocate for the value of medical nutrition and its role in improving health outcomes at the international level. The founding members included Novartis, Numico (now Nutricia), Nestlé, Fresenius Kabi, B. Braun, Abbott Laboratories, and Baxter.

Recognising the strategic importance of proximity to European institutions, MNI **relocated its headquarters to Brussels in 2010**. This move enabled more effective engagement with key European stakeholders, EU institutions and authorities, reinforcing MNI's role as an expert contributor and advocate for shaping policies that ensure access to appropriate nutritional care.



Learn more about the MNI's history and watch the video with one of the founding members, Mr Michel Gardet.

https://bit.ly/MGardet

ESPEN-backed MNI Grant attracted 195 applications from all over the world

In 2008 MNI launched the MNI Grant to award high-quality initiatives endorsed by local Parenteral and Enteral Nutrition (PEN) Societies at a national level contributing to optimal nutritional care. The first winner of the MNI Grant was the campaign “Malnutrition Matters” promoted by the British Association for Parenteral and Enteral Nutrition (BAPEN) in the United Kingdom.

MNI Grant has always been awarded during the ESPEN Congress to reinforce that quality nutritional care demands multi-stakeholder collaboration.

Since its launch the MNI Grant has become a powerful catalyst for change: awarding around €560,000 in funding to 18 projects endorsed by PEN societies worldwide. Throughout the years, MNI received a total of 195 applications, reflecting its global reach and the high calibre of proposals it attracts. Each selected project has delivered meaningful contributions toward embedding nutritional care in national health systems and improving public health frameworks.

18

PROJECTS

funded since 2008 via MNI Grants to champion optimal nutrition care

560,000

awarded through MNI Grant, advancing optimal nutritional care

195

APPLICATIONS

validated by national clinical nutrition medical societies worldwide have been received for assessment



View all
the awarded
projects

https://bit.ly/MNIgrant

Below, you can review all the projects that have received the award:

2008, United Kingdom

"Malnutrition Matters' campaign"

Elia, M.,Russell,C.A., Smith,R.M.

2009, Denmark

"Fighting Malnutrition with a Multi-modal Strategic Approach: The Danish Experience 2007-9"

Rasmussen HH, Holst M, Beck AM, Andersen JR, Hejgaard T, Kondrup J

2010, the Netherlands

"Top-down and bottom-up approach of malnutrition leads to a decrease in prevalence rates in all health care settings in the Netherlands"

M. van Bokhorst-de van der Schueren, C. Jonkers-Schuitema, H. Kruizenga, A. Evers, E. van derHeijden, E. Leistra, J. Schilp, J. Meijers, R. Halfens, J. Schols, K. Joosten, G. Wanten, C. Mulder

2011, Spain

"Multidisciplinary consensus on hospital malnutrition in Spain: A step forward of the Spanish Society for Clinical Nutrition and Metabolism (SENPE) to its compromise on the fight against malnutrition"

A. García de Lorenzo, J. Álvarez Hernández, M. Planas, R. Burgos and K. Araujo

2012, Greece

"Fighting malnutrition in Greece: From idleness to mobilization – key actions to achieve awareness and new legislation"

Prof. D. Kouvelas and Dr. M. Chourdakis

2013, Ireland

"Fighting the malnutrition battle: The Power of Partnerships"

Rice N, Dowsett J and O' Hanlon C

2014, Switzerland

"A step forward in the fight against malnutrition: Improving home nutritional therapy in Switzerland"

Peter E. Ballmer, Maya Rühlin, Christina Möltgen, Alexandra Uster

2016, Turkey

"Seeding a fertile land: A little effort before graduation can open a big window to awareness of malnutrition"

Sadık Kılıçturgay, Kubilay Demirağ, Derya Hopancı Bıçaklı, Hülya Sungurtekin, Zekeriya Ülger, Tülay Erkan, Kutay Demirkan, Osman Abbasoğlu

2017, United Kingdom

"Nutrition Education Policy for Healthcare Practice"

Harrison Carter, Minha Rajput-Ray, Celia Laur & Sumantra Ray

2018, Spain

“Development of a cost-economy tool to assist autonomous administrations to tackle DRM in Spain”

Dr. Miguel León Sanz

2019, Portugal

“Mandatory Screening Implementation To promote an effective malnutrition diagnosis”

Aníbal Marinho, Lino Mendes

2020, Spain

“Identification of the most effective and fastest tool for nutritional diagnosis in hospitalised patients”

Carmen Gómez-Candela, Marta Clavero Fraile, Cristina SanturinoFontecha, Edwin Fernández Cruz, Marina Morato Martínez, Lucia Arcos Castellanos, Marlhyn Valero, Samara Palma Milla, Bricia López Plaza.

2021, Australia

“An intelligent online platform to predict adverse outcomes from cancer-related malnutrition using the GLIM criteria”

Nicole Kiss, Abbas Khosravi, Roohallah Alizadehsani, Belinda Steer, Marian de van der Schueren, Jenelle Loeliger, Lara Edbrooke, Irene Deftereos, Erin Laing

2022, Italy

“Empowering junior medical oncology clinicians on cancer-related malnutrition”

Italian Society of Clinical Nutrition and Metabolism, L. Santarpia, M. Zanetti, F. Bozzetti

2023, India

“Structured Medical Nutrition Training to identify Malnutrition”

Shilpa Varma, Mansi Patil, PC Vijayakumar, Biju Pottakat, Shivshankar Timmanpyati, Datta Patel

2023, Poland

“Passport to health. Nutritional self-assessment. Empowerment of the patient and primary care health professionals.”

D.Bogdanowska-Charkiewicz, D.Mańkowska-Wierzbicka, K.Kurek

2024, Sweden

“Taking the GLIM Framework from Research into Clinical Practice: A Swedish Initiative”

Dietrichson M, Orrevall Y, Windahl K, Jager-Wittenaar H, Einarsson S., Einarsson S.

2025, France

“A multicentre study on the resting energy expenditure of cancer patients METHEHO Group”

Pamela Funk-Debleds, Damien Vansteene, François Goldwasser

Over the years, MNI has collaborated with ESPEN on various important initiatives, the MNI Grant being one notable example. We continually seek ways to support ESPEN as a valued partner. This booklet highlights some of these joint efforts, among them the dissemination of the ESPEN Guidelines App and the ESPEN HPN Operational Recommendations, participation in the ESPEN Congress, funding of the Nutrition Education in Medical School (NEMS) project, and support for the ESPEN Symposium.



Watch the video interview with ESPEN representative, Prof. André Van Gossum on cross-sector collaboration.

https://bit.ly/AVanGossum

MNI Medical Nutrition Dossier: a comprehensive evidence-based publication

First released in 2009 as a detailed compilation of evidence on malnutrition and the benefits of ONS, the publication underwent updates in 2010, 2012 and finally in 2018, the so-called MNI medical nutrition dossier “Better Care Through Better Nutrition: Value and Effects of Medical Nutrition” was expanded to encompass all categories of medical nutrition, including enteral tube feeding and parenteral nutrition.

This comprehensive report presents the prevalence, causes, and economic burden of disease-related malnutrition across care settings, and consolidates robust clinical and cost-effectiveness data demonstrating the critical role of medical nutrition in managing it.

Today, after another extensive update, the MNI Dossier has been transformed into a digital tool. It now offers a user-friendly way to access the latest data on the prevalence, causes, and consequences of malnutrition, as well as its economic impact and the benefits of medical nutrition. By consolidating up-to-date evidence, medical society guidelines, and best practices, this online platform supports the nutritional care community at large.



Cooperation with ENHA since its first steps

In the same year as MNI, “the European Nutrition for Health Alliance” (ENHA) was established to highlight the critical need to address disease-related malnutrition. ENHA aims to act as a strong, unified voice within the nutritional-care community, advocating policymakers and stakeholders at EU and member-state levels to take appropriate action.

Since the beginning, MNI has been one of main contributors to ENHA - an overarching platform that brings together influential stakeholders such as the European Society for Clinical Nutrition and Metabolism - ESPEN, The European Geriatric Medicine Society - EuGMS, International Association of Geriatrics and Gerontology - IAGG, Association Internationale de la Mutualité - AIM, European Hospital and Healthcare Federation - HOPE, European Federation of the Associations of Dietitians - EFAD, European Nursing Directors Association - ENDA, International Longevity Centre – UK - ILC, and Pharmaceutical Group of the European Union (Community Pharmacists) - PGEU - all actively collaborating to advance nutritional screening and care across Europe.

ENHA launched the **Optimal Nutritional Care for All (ONCA)** campaign in 2014 - to which MNI was a key supporter - to help countries establish and strengthen national, multi-stakeholder platforms for nutritional risk screening and enhanced nutritional care. Today, the campaign actively supports 20 European countries, coordinating efforts to implement systematic screening and improve nutritional outcomes at the national level.

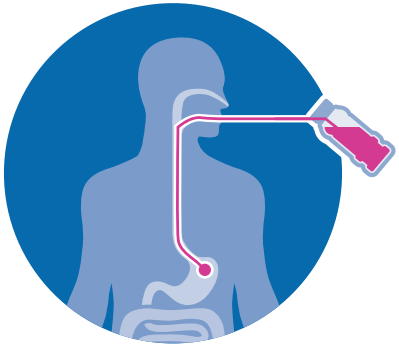


In 2013, the booklet **“Patient Perspectives on Nutrition”** was published, marking one of the earliest collaborations that brought together the voices of patient advocates and nutritional scientists. It was co-produced by the European Patient Forum (EPF), the European Genetic Alliances Network (EGAN), together with ENHA. The booklet underscores the commitment to promoting malnutrition screening and amplifying the patient’s perspectives in nutritional care. MNI was a proud sponsor of this activity.

The role of Oral Nutritional Supplements

Oral Nutritional Supplements (ONS) are ready to drink liquids or powders that can be mixed into drinks, providing macronutrients and micronutrients. They are designed for patients who can eat but cannot meet all their nutritional needs through food alone.

In 2015, two systematic reviews analysing the cost and cost-effectiveness of using standard ONS in community and care home settings, and in hospital showed that managing malnutrition with oral nutritional supplements improves patients' outcomes and reduces healthcare costs.



This served as inspiration for MNI to publish a video animation on how ONS can address disease-related malnutrition. The video is available in different languages.

https://bit.ly/ONSvideo

Enteral tube feeding: stay connected

Enteral Tube Feeding is administered into the gastrointestinal tract via a nasogastric, nasoenteric or percutaneous tube. ETF is required when a patient is unable to consume sufficient nutrition via the oral route.

In 2019, MNI and the Global Enteral Device Supplier Association (GEDSA) publicly endorsed the draft ISO 20695 standard for designing and testing enteral feeding systems (giving sets, feeding tubes, syringes, and accessories), urging national standards bodies to adopt it in the final vote to promote global consistency and enhance patient safety.

The formal adoption of ISO 20695 in 2019 established a unified global standard for enteral devices, significantly strengthened patient safety by minimising the risk of misconnections between enteral feeding systems and devices for other medical applications.

Significant efforts have already been made to promote this standard. In anticipation of its adoption, various stakeholders launched the global Stay Connected campaign in 2012 to accelerate the implementation of the safer new connector system worldwide.



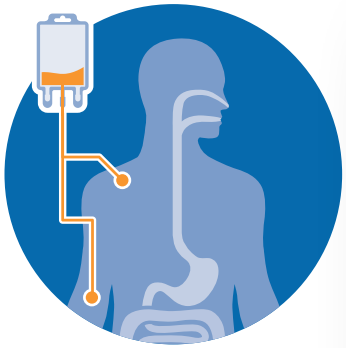
From hospital to home with parenteral nutrition: feasibility and equal access

Patients unable to meet their nutritional needs through food may require enteral or parenteral support, temporarily or for life. Home parenteral nutrition (HPN) sustains life when other methods fail. It is administered outside the hospital - either at home or at nursing home - and can help patients stay active and maintain daily activities.

ESPEN has, over time, developed and updated numerous clinical resources on HPN, ranging from comprehensive guidelines to operational recommendations, designed to ensure safe and high-quality care at home. MNI has proudly sponsored the ongoing dissemination of some of these valuable publications, underscoring its commitment to safeguarding and enhancing patient access to Medical Nutrition and ensuring the proper (clinical) use of medical nutrition.

Despite the clear benefits of HPN, its availability across Europe remains inconsistent as some countries lack supportive legislation, others have weak enforcement, uneven adoption of clinical guidelines, and insufficient reimbursement. To promote equal access, MNI published the 2023 white paper **Factors Contributing to Unequal Access to HPN in Europe**, highlighting barriers such as infrastructure disparities, fragmented policies, and regional funding differences. The report concludes with three urgent calls to action aimed at harmonising care, funding, and support services to ensure all patients, irrespective of geography, can benefit from safe, high-quality HPN.

Throughout the years, MNI has developed numerous Home Parenteral Nutrition (HPN) initiatives, promoting it as a cost-effective therapy that allows patients to receive clinical care in the comfort of their homes or nursing homes under proper medical supervision. Recognising that many patients and their caregivers are apprehensive about managing medical equipment and procedures at home, in 2019 MNI launched a dedicated **HPN online hub** with the aim of reassuring them by showing that with appropriate training and support HPN is safe to be administered at home.



The hub features essential resources, such as FAQs, explanatory videos from HCPs, and heartfelt patient testimonials, and, a year later, the animated video From Hospital to Home with Parenteral Nutrition, which illustrates the full HPN pathway and underscores its safety and efficacy.

www.home-nutritional-care.org

Food for Special Medical Purposes: harmonising regulations

Food for Special Medical Purposes (FSMPs) is defined by the European Union as food specially processed or formulated and intended for the dietary management of patients, including infants, to be used under medical supervision; it is intended for the exclusive or partial feeding of patients with a limited, impaired or disturbed capacity to take, digest, absorb, metabolise or excrete ordinary food or certain nutrients contained therein, or metabolites, or with other medically-determined nutrient requirements, whose dietary management cannot be achieved by modification of the normal diet alone.

In 2011, the European Commission (EC) began revising the rules for Foods for Special Medical Purposes (FSMPs). This process led to Regulation 609/2013 and the follow-up Commission Delegated Regulation 2016/128, which clarified what these products must contain and how they need to be labelled. Thanks to MNI's input, these regulations balance clear rules for manufacturers with the flexibility needed to innovate and support patients and healthcare professionals by ensuring safe, reliable nutritional support. During the drafting and adoption of the regulation, MNI partnered with Specialised Nutrition Europe (SNE) to provide appropriate feedback on FSMPs to the authorities.



SNE and MNI have consistently collaborated on regulatory matters concerning **Foods for Special Medical Purposes (FSMPs)**. They welcomed the European Commission's Notice on the classification of FSMPs, published in 2017, appreciating its efforts to harmonise definitions and scopes across the EU. Over the years, both organisations have recognised the importance of developing comprehensive communication materials to bridge the gap between regulatory frameworks and practical applications. This culminated in the publication of a couple of publications, which serve as a valuable resource for stakeholders navigating the complexities of FSMP regulations.

In November 2022, MNI issued a **Statement of Principles** to further clarify the distinctions between FSMPs and general or fortified foods under EU law. This initiative aimed to address the confusion often encountered in the EU regulatory landscape and to provide stakeholders with clear guidance on the classification of these products.

In 2023, MNI and Specialised Nutrition Europe (SNE) jointly developed an **Explanatory Document on the Labelling of Food for Special Medical Purposes (FSMPs)**. This guidance interprets key elements of Commission Delegated Regulation (EU) No 2016/128, which supplements Regulation (EU) No 609/2013 concerning the specific compositional and information requirements for FSMPs. While not an official legal interpretation, the document serves as a reference for national associations engaging with local competent authorities on FSMP labelling matters.

MNI, in collaboration with SNE, developed in 2022 a clear, user-friendly factsheet titled **"6 Easy Ways to Recognise an FSMP Under EU Law."** This resource was designed to help healthcare professionals, policymakers, and consumers easily identify Foods for Special Medical Purposes (FSMPs) by highlighting six key labelling criteria mandated by EU regulations.

Similarly, MNI, together with the International Special Dietary Foods Industries (ISDI), created a comparable factsheet titled **"6 Easy Ways to Recognise an FSMP Based on Codex Alimentarius – International Food Standards."** This document serves as a guide to help stakeholders identify FSMPs according to the international standards set by Codex Alimentarius, emphasising six essential labelling criteria.



Both documents aim to facilitate the recognition of FSMPs, with the EU version focusing on compliance within the European Union and the Codex version providing international guidelines.

MNI and SNE continue to work together to ensure fair implementation of these rules for the benefit of patients and a proper use of medical nutrition at the European level.

European recognition of disease-related malnutrition and calls to action

In September 2007, ESPEN, ENHA, and MNI, gathered in Prague under the motto “Stop disease-related malnutrition and diseases due to malnutrition!” and issued the Prague Declaration, the final version of which was published in June 2009. In this document, EU Member States Health Ministries, the Czech Presidency of the EU, ESPEN, ENHA and other key partners declared disease-related malnutrition an urgent public-health and healthcare crisis in Europe, comparable to obesity, and urged immediate action, including awareness campaigns, clinical guideline development, mandatory nutritional screening, research, professional training, national care plans, funding across all settings, and attention during upcoming EU Presidencies.

This Declaration is a demonstration of the genuine collaboration among ENHA, ESPEN, and MNI to embed nutritional care into health policy, practice and systems across Europe.

In 2010, then MEP Alojz Peterle (from Slovenia) chaired the EU NutritionDay Conference in the European Parliament, urging mandatory nutritional risk screening for all hospital patients—a proposal he committed to advancing through a parliamentary resolution.

Building on this momentum, in October 2011 the Warsaw Declaration, endorsed by ENHA, ESPEN, POLSPEN, and others, reaffirmed these efforts and prioritised four key areas: nutrition-risk screening, public awareness, reimbursement frameworks, and medical education.



More recently, ESPEN launched the International Declaration on the Human Right to Nutritional Care at its congress in Vienna 2022. This document, also known as the Vienna Declaration, affirms that access to nutritional care is a fundamental human right, linked to both the right to food and the right to health. In line with these developments, in 2024, ESPEN together with the WHO Regional Office for Europe, shared the publication Disease-related malnutrition: a time for action. This concise document summarises ESPEN’s guideline-based recommendations to strengthen nutritional care in primary care and for hospital outpatients and inpatients. It highlights the importance of training health-care professionals in nutritional care and provides a factsheet tailored for national and regional policymakers, thereby enhancing the impact of these recommendations.

Advocating for nutritional care in EU policies

Ahead of the 2024 European Parliament elections, MNI launched a comprehensive **EU Manifesto** advocating for the integration of nutritional care as a core component of patient treatment pathways for the 2024–2029 EU mandate. Endorsed by organisations All.Can, Specialised Nutrition Europe (SNE), and the European Specialist Nurses Organisation (ESNO), the Manifesto calls for early malnutrition screening, recognition of nutritional care as essential treatment, equitable reimbursement policies, and the clinical use of evidence-based nutritional interventions. This document was broadly promoted among members of the European Parliament, health attachés at national permanent representations to the EU, and other key stakeholders.

In the past 20 years, **MNI also actively contributed to reflections and consultations run by the European Commission** on topics of relevance to the sector, e.g. non-communicable diseases, clinical trials, mental health, the ageing initiatives roadmap, etc. thereby demonstrating its ability to share meaningful data and evidence that contribute to high-level reflections on public health and proper care.



Malnutrition and cancer: building evidence

A practical **dossier Value of medical nutrition in oncology**, published in 2020 by MNI, compiled a robust evidence review on cancer-related malnutrition, showing how medical nutrition delivers lasting benefits. It highlights improvements in treatment tolerance, quality of life, lean body mass, and reduced hospital stays. Serving as a one-stop resource, it equips healthcare professionals, policymakers, and patients with clear, science-backed insights into using nutrition as a vital component of oncology care across Europe.

To evaluate **the cost-utility of medical nutrition for the management of cancer-related malnutrition in an out-of-hospital setting**, in 2023, MNI commissioned an independent impact assessment – Health Economics And Outcome Research (HEOR) Oncology Model. This analysis used the perspective of the UK National Health Service (NHS) and Prescribed Specialised Services (PSS) and utilised a hybrid decision-tree and Markov model to assess the cost-effectiveness of medical nutrition versus standard of care (no medical nutrition) on a hypothetical cohort of patients. The modelled analysis estimated life-expectancy gains of 14% (lung), 5% (colorectal), and 10% (head & neck cancer). Although home-based medical nutrition interventions initially raise costs, Incremental Cost-Effectiveness Ratios (ICERs) fall well within the UK's standard NICE willingness-to-pay threshold of £20,000–£30,000 per quality-adjusted life year, indicating these interventions are both cost-effective and good value for money.



A factsheet on malnutrition in cancer was also released in 2020, sharing key findings as an easy-to-use reference for healthcare providers, policymakers, and patients.

https://bit.ly/DRMandCancer

Malnutrition and cancer: pushing for policy change

"The Europe's Beating Cancer Plan" an initiative from the European Commission aimed at addressing the second leading cause of mortality in the European Union, was welcomed by MNI upon its publication in 2021. MNI urged that nutritional care becomes a core element of oncology treatment. Highlighting that one in three patients with cancer is at risk of malnutrition, MNI emphasised the need to integrate nutritional screening, multidisciplinary nutritional support (including dietitians), education, clinical guideline implementation, and reimbursement into cancer care to improve patient outcomes and alleviate healthcare system burdens. Failing integration in the plan of these core elements of care, MNI published recommendations and called upon the EU Institutions and Member States to establish nutritional support as part of optimal and patient-centric cancer care, for the implementation phase of the Plan.

In February 2022, the European Parliament adopted the **Resolution on the Report "Strengthening Europe in the Fight Against Cancer,"** developed by the Special Committee on Beating Cancer (BECA). MNI acknowledged its potential to reduce cancer incidence, mortality, and improve patient quality of life. MNI advocated for the inclusion of clinical nutrition in cancer care and succeeded: the BECA report explicitly recognised the importance of nutritional care as an integral component of cancer treatment.

Building on this initiative, just after World Cancer Day in February 2025, MEP Vytenis Andriukaitis hosted a **roundtable in the European Parliament titled "From Awareness to Action: Addressing Disease-Related Malnutrition."** The event brought together policymakers, healthcare professionals, and patient advocates to discuss integrating nutritional care into cancer treatment pathways. MEPs Tomislav Sokol and András Kulja also participated in the event, demonstrating their commitment to addressing malnutrition in oncology care.



Prof. André Van Gossum, MEP Vytenis Andriukaitis, MNI Executive Commitee Member Sébastien Guéry, MNI Director Catherine Hartmann

More recently, in 2025, MEP Tomislav Sokol took a significant step by submitting a question to the European Commission on medical nutrition and cancer, marking the first time such inquiry had been made regarding the subject. This action underscores the growing political momentum to prioritise nutritional care in EU health policies. In his reply, Commissioner for Health and Animal Welfare, Olivér Várhelyi, explicitly stated its alignment with the European Parliament's Special Committee on Beating Cancer (BECA) report and recognised the crucial role of nutritional support in cancer care.

MNI and health crisis

During the COVID-19 pandemic, MNI swiftly mobilised to highlight the critical role of medical nutrition in managing non-ventilated hospitalised patients. Recognising the risk of malnutrition among **COVID-19 patients, MNI developed a dedicated website page** featuring valuable resources and a comprehensive factsheet entitled Medical Nutrition Benefits in COVID-19 Patients. To further support healthcare professionals and patients, MNI created an **infographic named Why is Nutritional Care Important for Patients with COVID-19 Across the Healthcare Continuum?** By producing these evidence-based resources, MNI aimed to ensure that nutritional care was recognised as an integral component of COVID-19 patient management, thereby improving patient outcomes and optimising healthcare resource utilisation.

More recently with the war at its doorstep, the Critical Raw Materials (CRM) Act - published in 2022 addresses Europe's growing strategic vulnerability by ensuring that essential materials remain accessible amid rising global demand tied to decarbonisation goals. MNI welcomed the public consultation that preceded the launch of the Act and emphasised **the importance of planning for medical nutrition**, a vital part of treatment and care. MNI called for the inclusion of ingredients essential to nutritional care in the list, alongside those vital for the sustainable functioning of the European economy. Additionally, MNI advocated for the establishment of strategic reserves of critical raw materials (CRMs) at the EU level, where possible, to prevent market speculation and mitigate potential risks of shortages.

MNI today

MNI's core values highlight a belief in global, patient-centred care. The organisation is driven towards a future where medical nutrition is seamlessly integrated across all stages of healthcare, from hospital to home.

Vision:
Better care through better nutrition, across all ages and healthcare setting

Mission:
To support the quality of nutritional interventions and services to best serve the interests of patients, healthcare professionals and healthcare providers.



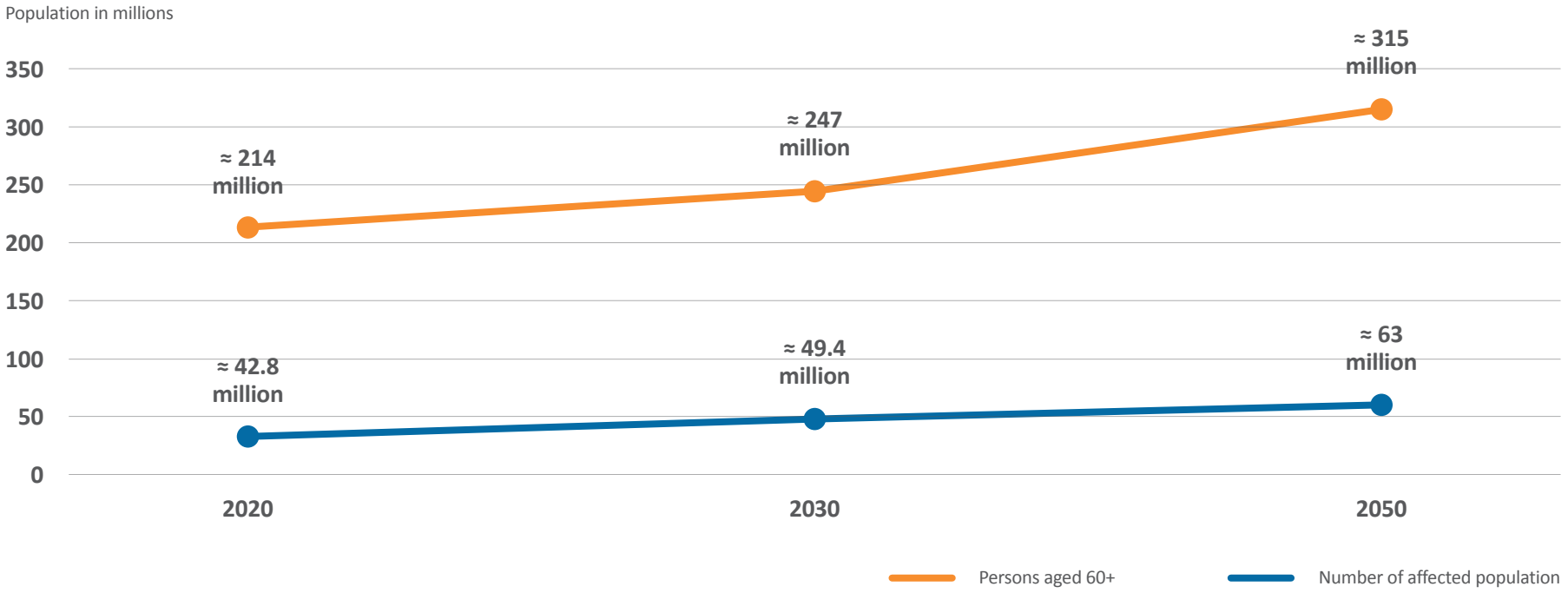
Please see the interview with MNI President, Martin Halbeis.

https://bit.ly/MNIpresident

With the global population ageing and cancer rates increasing, integrating disease-related malnutrition screening and nutrition into medical care is more crucial than ever. According to the World Health Organization (WHO), by 2050, the global population aged 60 and over will more than double, to 2.1 billion*.

In this context, the role of the Medical Nutrition International Industry becomes even more crucial. Proper nutritional care is essential for maintaining health and quality of life among older adults. As the population ages, the demand for effective nutritional interventions will increase, underscoring the importance of MNI's work in promoting **better care through better nutrition.**

Estimated number of people aged 60+ affected by disease related malnutrition per decade



World Health Organization. (2024, October 1). Ageing and health. https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

MNI timeline

2005

- MNI is founded

2006

- The first General Assembly meeting was held

2007

- Prague Declaration: first joint call for action to fight malnutrition

2008

- Launch of MNI Grant
- First video campaign of this kind: “Malnutrition - Another Weight Problem”

2016

- Publication of the factsheet “Medical Nutrition: What it is and Why it matters”
- MNI launch of the ONS video animation and ONS factsheet

2017

- Launch of new website and intranet

2018

- First update of the MNI Dossier, data on ETF and PN usage included

2019

- Launch of the HPN website
- MNI-GEDSA joint position paper on ISO standard for enteral feeding systems

2020

- New MNI video animation “From Hospital to Home with Parenteral Nutrition”
- Raising awareness on gaps in relation to nutritional care in Europe’s Beating Cancer Plan
- MNI launched the “Cancer care: why nutrition matters” AND MNI contributed to Europe’s Beating Cancer Plan Roadmap

2021

- Launch of a dedicated COVID-19 resource page
- Recommendations for Europe’s Beating Cancer Plan implementation

2022

- Publication of the MNI-SNE “6 easy ways to recognise a FSMP under the EU law”
- Publication of the MNI-ISDI - “6 easy ways to recognise an FSMP based on Codex Alimentarius International Food Standards”
- Contribution to the EU Non-communicable diseases Initiative
- Publication of the factsheet “Medical Nutrition Benefits in Covid-19 Patients”

2009

- Publication of MNI Dossier “Oral Nutritional Supplements to tackle malnutrition”
- Disease-related malnutrition declared an urgent public health problem by EU Member States Health Ministries, the Czech Presidency of the EU, ESPEN, ENHA and other key partners

2010

- MEP Alojz Peterle calls for mandatory screening of malnutrition

2011

- Start of EU FSMP regulatory framework overhaul
- Warsaw declaration calls for education

2012

- Enteral connectors: a step forward in patient safety

2013

- Publication of the booklet “Patient perspectives “ on nutrition

2014

- MNI’s support to launch the “Optimal Nutritional Care for All (ONCA)” campaign

2015

- Major systematic reviews confirm cost-effectiveness of ONS
- MNI-ENHAESPEN Joint Session: Integrating nutritional care in cancer patient management

2023

- Launch of the white paper “Factors contributing to unequal access to home parenteral nutrition in Europe”
- MNI Strategy 2023-2027
- Launch of the new website and new logo

2024

- Launch of MNI Manifesto
- HEOR Oncology Model

2025

- Roundtable in the European Parliament on cancer and malnutrition
- Publication of the “White Paper on Inequalities”
- Revamped Dossier, powered by updated evidence and a streamlined online dashboard

medical nutrition
international industry

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