Commercial Exploitation of Young Child Feeding and Malnutrition

If lobbying efforts by UNICEF and Médecins Sans Frontières (MSF) to the UN Secretary General High Level Task Force on Global Food Security succeed, over the next five years, young child feeding patterns will dramatically change from natural foods to ready-to-use packaged foods like 'pastes' or 'spreads'. 'Artificial fortification' rather than 'natural fortification' will become the norm with 'energy dense foods' or 'micronutrient rich foods'.

This amounts to legitimization by UN agencies and other international well-meaning groups of commercial products to feed young children. It represents a simplistic solution for child malnutrition. This is evident from WHO's guidelines which focuses on what countries should do to treat severe acute malnutrition, the preferred treatment consists of Ready to Use Therapeutic Food (RUTF)[i]. These guidelines do not point to solving child malnutrition problems in a holistic manner. MSF estimates that to treat 19 million children with severe acute malnutrition, and 36 million children with moderate acute malnutrition, with such a commercial product would cost about US$3.6 billion. The push for branded RUTF (PlumpyNut is the most popular brand), for both treatment and prevention of more severe forms of malnutrition, seems to underline the fact that malnutrition is becoming commercialised. Based on just one study, 'a therapeutic food' has turned into a 'normal food'. Given the large numbers and the huge profits involved, there will most likely be unprecedented commercial activity with these ready-to-use-foods in the developing world, where most of the worlds' malnourished children live. Considering just India as a potential market, the number of malnourished under-five children is more than 60 million.

The intention of commercial interests is clearly expressed in a recent press release by MSF[ii]. The press release relates to a published study in the Journal of the American Medical Association[iii], which showed that children in a rural region in Niger, who had received ready-to-use supplementary foods, had a 58 percent lower chance of suffering from severe malnutrition. Any extra food, including ready-to-use food (RUF), will of course reduce the chances of malnutrition. However, the study is fundamentally flawed because it compares "an intervention" with "no intervention". It is easy to understand that in this situation any food, whether commercially prepared

'ready to use' or a locally available food, is better than 'no food'. Medical scientists know that 'n' number of trials can be conducted to prove 'n' number of points (even opposite points). All that is needed is a suitable hypothesis and a study design tailored to suit that hypothesis. On the other hand, the *Lancet* 2008 nutrition series[iv] which analysed all relevant available studies on child under-nutrition, does not rate the use of RUTF as very high.

One success story in an emergency situation is quickly being translated into a mainstream intervention for the prevention and treatment of severe child malnutrition. While the application of RUTF shows excellent results in emergency situations for treatment of severe acute malnutrition (i.e. severe wasting, very low weight for height), dropping the "T" (for "therapeutic") and making it Ready to Use Foods (RUFs) does not seem valid.. The changes this will bring in the food habits of the population, which is already reeling under poverty and lack of health care, are too enormous to ignore. Once we start using RUFs as a preventive strategy, as advocated by international agencies, child nutrition turns into a big market. The Government of India[v] says it is not the government policy to use commercial RUTFs or simply ready to use foods. However, UNICEF hurriedly implemented a project in Madhya Pradesh in India that distributed RUTF (Brand: PlumpyNut). UNICEF labeled the situation as an "emergency situation", and showed that RUTF had a positive impact. Efforts are underway to identify manufacturers for the product. The large number of local products made by people themselves is being ignored in this process. These work satisfactorily. The MSF team did agree during a recent meeting in India that MSF is not for importing RUTFs. However, they were non-committal with respect to not distributing RUTFs for the prevention of severe malnutrition. They also expressed no position with respect to the promotion of the use of locally available solutions for treating severe malnutrition, and instead stressed the need for "scientific validation" and "high quality" of RUTFs. UNICEF recently finished a study gathering data on severe acute malnutrition (SAM) in Bangladesh, showing their keen interest in this subject. A newly coined term for what has existed for many years.

The drive by influential agencies such as WHO, WFP, UNICEF, and UN SCN to make a product look like a panacea or a magic bullet to address under-nutrition hides the fact that foods are the primary prevention and treatment for malnutrition. Even RUTF or RUF are just foods, and the fact that they are commercial foods should not

raise their status higher than any other food. Their potential to change the very way that poor children eat make them an undesirable option. It also raises a serious question of the food sovereignty of the people as one can ask: who really benefits from such interventions?

One may argue that if the product is very useful, why not use it? But those who generated scientific evidence related to the product's usefulness, were involved in a conflict of interests, In 2003[vi], studies were funded by Nestle Foundation and Nutriset France (makers of PlumpyNut), which raised the suspicion that the evidence showing "huge" benefits to the public hid an element of private gain. Interventions and policies promoting the distribution of RUTFs will only benefit a few large corporations that will manufacture ready to use foods in the hope that UN and humanitarian organisations and donors will buy them. The idea that poor children in villages or tribal areas, who eat indigenous food, should be made to rely on ready to eat and packaged food is totally impractical, unacceptable and unsustainable.

Agencies that advocate the implementation of commercial programmes for the treatment of SAM, show no commitment to the prevention of SAM. The WHO and UNICEF Global Strategy for Infant and Young Child Feeding states that: "As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond." A Joint Statement on Continued Breastfeeding was produced following the WABA Global Breastfeeding Partners Meeting (GBPM) in October 2008 in response to shared concerns that breastfeeding after 6 months has slipped off the policy and programme agenda. Action and investment in improving complementary feeding or providing foods supplements seems to be taking place with little consideration for supporting or improving breastfeeding amongst 6- 24+ month old children, despite estimates that 20% of deaths in 12-24 month age group in developing countries are due to lack of breastfeeding[vii] . This approach, if properly implemented, will prevent malnutrition in children. It calls for the adequate and efficient support to women to breastfeed through the services of trained counsellors, support at birth to initiate breastfeeding, child care centers at women's work places, and financial assistance to women for the duration of exclusive breastfeeding. Most

importantly, each family should be enabled to access enough of the right foods at affordable prices. In short, this approach acknowledges that adequate, safe and culturally acceptable food is a fundamental human right. Of course, this approach does not produce large corporate profits, without which little will be done to improve infant and young child feeding practices other than giving lip service to this idea. One asks: For how long will a country continue to treat SAM, before serious efforts are made to prevent it?

Efforts must be made to ensure that children get enough and diverse foods to eat and to prevent malnutrition. Nations must first put in place preventive health and nutrition policies, and they should resist commercial interventions in the name of addressing problems of child malnutrition.

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NOTES FOR EDITORS

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[i] Community-based management of severe acute malnutrition , A Joint Statement by the World Health Organization, the World Food Programme, and the United Nations

System Standing Committee on Nutrition and the United Nations Children's Fund ,WHO 2007.

[ii] http://www.msf.org/msfinternational/invoke.cfm?objectid=F5C5570D-15C5-F00A-25BBD8AAAF65058A&component=toolkit.pressrelease&method=full_html

[iii] Isanaka S, Nombela N, Djibo A, Poupard M, Van Beckhoven D, Gaboulaud V, Guerin PJ, Grais RF. Effect of preventive supplementation with ready-to-use therapeutic food on the nutritional status, mortality, and morbidity of children aged 6 to 60 months in Niger: a cluster randomized trial. JAMA 2009; 301(3):327-8.

[iv] Bhutta ZA, Ahmed T, Black RE, Cousens S, Dewey K, Giugliani E, Haider BA, Kirkwood B, Morris SS, Sachdev HP, Shekar M; Maternal and Child Undernutrition Study Group. What works? Interventions for maternal and child undernutrition and survival. Lancet. 2008;371(9610):417-40.

[v] Government of India Circular No. Z.28020/50/2003-CH Government of India Ministry of Health and Family Welfare Child health Division dated December 30th 2008.

[vi] Diop EHI, Dossou NI, Ndour NM, Briend A and Wade S: Comparison of the efficacy of a solid ready-to-use food and a liquid, milk-based diet for the rehabilitation of severely malnourished children: a randomized trial, American Journal of Clinical Nutrition, Vol. 78, No. 2, 302-307, August 2003.

[vii] Protecting, Promoting and Supporting Continued Breastfeeding from 6–24 + Months: Issues, Politics, Policies & Action. Joint Statement based on a workshop of the World Alliance for Breastfeeding Action (WABA) Global Breastfeeding Partners Meeting (GBPM) VII in Penang, Malaysia, October 2008