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IBFAN Comment on the UNICEF Discussion Paper on a standard for Ready-to-Use-Foods

Agenda item 2 (a)

IBFAN is pleased to have the opportunity to respond to the UNICEF discussion paper on a standard for Ready-to-Use-Foods (RUFs).

We wish to comment with both **general** statements on the use of RUFs as well as **specific** comments on the discussion paper submitted by UNICEF.

General comments on the use of RUFs to treat acute malnutrition (SAM)

1. The major advantage of the use of RUFs in the treatment of SAM is that its use is suitable for at-home treatment[1] and thus is able to reduce the cost on in-patient health facilities.
2. However, the evidence that RUFs are effective as a treatment for SAM when compared to other treatments is weak[2, 3,4]. The UNICEF paper notes that the treatment aims are to allow catch up growth; prevent death from acute malnutrition; strengthen resistance to infection; allow for convalescence from prior illnesses and help to restore normal mental, physical and metabolic status, however there is little or no evidence to substantiate that RUFs are effective for all these aims when compared to home based family food treatments.
3. The treatment with RUFs requires the child to consume extra water. If clean, potable water is not available then the risk of infections is increased and the proposed treatment aims cannot be achieved. Research on access to safe water and the risk of natremic dehydration with the use of RUFs appears to be lacking.
4. The concentrated energy content of RUFs risks the reduction of breastmilk consumption, critical for nutritional recovery and for its immunological capacity as breastfed children regulate their intake.
5. The use of RUFs does nothing to contribute to sustained nutritional rehabilitation. Children fed a single treatment food will not develop a taste for normal, local, bio-diverse, nutritious family foods essential for their recovery, rehabilitation and long term health[5].
6. The use of RUFs is very expensive. Since 77% of the products are manufactured in Europe and the US, their manufacturing, importation and distribution costs make them prohibitively expensive as a treatment

food. As reported in the discussion paper, in 2013 UNICEF and WFP purchased 50,000 metric tone at a cost of $(USD) 195 million without solid evidence of effectiveness.

7. How can such costs be justified, instead of more sustainable solutions such as support for breastfeeding and nutrition education to optimize complementary feeding?
8. The creation of a standard will do nothing to address the root causes of malnutrition, alleviate poverty or reduce the global economic disparity that inevitable leads to multiple forms of malnutrition[6].
9. Funding for the treatment of malnutrition is primarily dependent on external donors, humanitarian and emergency aid. Such funding is often short term and not sustained.
10. Before scaling up the use of RUFs, there is an urgent need for sound, independently funded evidence of their effectiveness and their safety. The limited usefulness and outcome of RUFs cannot be justified without its integration into sustainable, local, family based solutions. However this also raises concerns about the ethical nature of the testing of products on malnourished infants and young children in poverty settings.
11. Programs for the treatment of SAM and all forms of malnutrition must be bases on human rights principles and must address the right to adequate and appropriate nutritious food[8].
12. Before scaling up their use, safeguards, such as controls on marketing[9] must be in place to prevent the inappropriate spill over of these products into the normal complementary feeding of infants and young children. RUFs must not be allowed to undermine confidence in the use and efficacy of normal sustainable family based foods. Advertisements suggesting RUFs are superior have already been noted in Africa, India and elsewhere. Their widespread use and distribution by health authorities creates the impression that they are “superior” to local foods which consequently has a negative impact on the use and perception of local family foods that are invariably more nutritious and culturally appropriate.
13. Conflicts of interest, inherent in the “scaling-up” of the use of RUFs and are a serious problem. For example: partnerships with manufacturers of RUFs at both the international program levels with UN agencies and at national levels allow undue commercial influence over the regulatory and approval processes for the importation and use of RUFs; the funding of research to develop evidence for the efficacy and the use of RUFs; and NGO implementation programs at community levels. The close integration between manufacturers and programs to address malnutrition create situations where governments and health facilities have become facilitators for the marketing of these products. The business of malnutrition is alive and well.
14. It is important to note the incestuous nature of the argumentation for scaling up these products. Donor-industry based countries support the research, develop the programming, manufacture the products and also do advocacy to use the products. Developing countries, where the bulk of malnutrition exists, have hardly any say.

15. If RUFs are medical foods for a well defined and necessarily limited number of children, the question must be asked whether it is appropriate to develop a standard for them? Codex is not the appropriate forum for discussions about very special health conditions and their unique nutritional requirements. The purpose of a Codex Standard is to facilitate trade for general foods. The creation of a Standard for such niche products would inevitably increase the risks of spillover and these products being used as complementary foods – replacing appropriate and sustainable local family foods.

Specific comments on the discussion paper

Scope

4. "Consumers" is an inappropriate term for those suffering from acute malnutrition.

The addition of "or wasting" as an inclusion for the use of RUFs as a treatment food is incorrect. Wasting cannot be "treated" and needs to be prevented, primarily at the prenatal stage and early infancy stages of growth and development.
It should be clear that RUFs are only used for the treatment of SAM.
The product can best be described as a Ready-to-Use-Treatment-Food (RUTF).

It is also important to note that if a standard is developed that the 'science' about the nutritional composition and use of the product covered will be based on a single product made from combinations of a limited number of ingredients: peanuts, powdered cow's milk, sugar and micronutrients.

Introduction

8. The inclusion of the definition of MAM suggests that these products can also be used for MAM. RUF as a treatment food for SAM is unsuitable as a rehabilitation treatment food for MAM.

9. Needs editing and is confusing.

RUF products applicable for the Codex standard

20. Although not mentioned in the scope, RUFs are now defined as RUTFs and RUSFs for the treatment of both SAM and MAM.

Purpose of RUFs

22. Treatment aims are theoretical and not evidence based.

Food Hygiene Aspects

32-36. RUF products will be used primarily in Africa, where ambient temperatures are conducive to rapid microbial growth. The risk of infection and illness with the use of these products is high in children with SAM and MAM. It should be noted that the hygienic standards for these products have not been

determined, so those suffering from SAM and MAM are put at increased risk for infection and illness.

Contaminants

37-39. The use of peanuts contaminated with mycotoxins, aflotoxin is near impossible to avoid. Will the use of a single treatment food increase the risk of illnesses related to mycotoxins?

Recommendation

40. IBFAN is opposed to the development of a standard for RUFs.

The Project Document

If the proposed work is to proceed it must strongly recommend that regulation of marketing be implemented in all countries to safeguard breastfeeding and the use of local family based complementary foods for infants and young children.

The need to seek scientific advice should not be limited to hygienic and safety concerns only but must also be resourced for all aspects of use, such as all costs, labelling, marketing, efficacy and reduction in capacity to implement sustainable solutions of these products.

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