

IBFAN Briefing RUFs
Agenda item 2
Discussion paper on RUFs

Bali, Nov 24 to 28, 2014

General comments



- We acknowledge that RUFs are being used in the management of Acute MN, however **the evidence that RUFs are effective when compared to other treatments is weak**
- 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.**

RUTF for home-based treatment of SAM in children from 6 mo. – 5 yr. (2013)



- Current evidence is limited and, therefore, we **cannot conclude that there is a difference between RUTF and flour porridge as home treatment for severely malnourished children,** or between RUTF given in different daily amounts or with different ingredients.
- Either RUTF or standard diet such as flour porridge can be used to treat severely malnourished children at home.
- **Decisions should be based on availability, cost and practicality.**
- In order to determine the effects of RUTF, more high-quality studies are needed.

Schoonees A et al. Cochrane Database of Systematic Reviews 2013.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009000.pub2/abstract>

Cochrane analysis Specially formulated foods for treating children with MAM in low- and middle-income countries – (2013)



- Giving Lipid based nutrient supplements (LNS) does not reduce progression from MAM to SAM and has no impact on child mortality.
- Whatever benefit emerged from the studies on MAM was in the form of weight gain and higher rates of recovery; however, a significant proportion of recovered infants and children relapse into MAM within six months

Lizzerini M. Cochrane Database of Systematic Reviews 2013, Issue 6.
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009584.pub2/abstract>

Lancet Series on Maternal and Child Nutrition - 2013



- The authors found inconclusive evidence of a reduction in deaths in facility-based management and **“no significant differences in mortality”** in community settings

Bhutta ZA et al. Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? LCMCN 2013.

Conflict of Interest



- COI, inherent in the “scaling-up” are a serious problem
- 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.
- 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.

Additional concerns



- The treatment with RUFs requires the child to consume extra water. Research on access to safe water and the risk of hypernatremic dehydration with the use of RUFs appears to be lacking.
- 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.
- RUFs do not contribute to sustained nutritional rehabilitation.

Additional concerns



- A single treatment food will not develop a taste for normal, local, bio-diverse, family foods essential for recovery, rehabilitation and long term health
- Use of RUFs is very expensive, 77% of the products are manufactured in Europe and the US, in 2013 UNICEF and WFP procured these products worth \$(USD) 195 million without solid evidence of effectiveness

Conclusion



- IBFAN is of the opinion that a standard is not necessary as these products are for medical purposes only as treatment for SAM and not enough scientific evidence is available about their utility
- The poorest countries where SAM is prevalent, the capacity to monitor and enforce a standard may not exist and resources available are better utilized for sustainable solutions to prevent SAM and all forms of malnutrition
- IBFAN has already made a call to the UN bodies and policy makers to ensure that factors like robust evidence on efficacy, cost, long-term impact on nutrition, sustainability, and replacement of traditional feeding practices are considered before products are promoted

Conclusion cont...



- Sound, independently funded evidence of their effectiveness and their safety is needed, though this also raises concerns about the ethical nature of the testing of products on malnourished children in poverty settings
- Treatment of all forms of malnutrition must be based on human rights principles and must address the right to adequate food

Thanks !